



EARLY INTERVENTION SERVICES IN MUMBAI, INDIA – *NEW BEGINNINGS*



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ISSOP Conference, Bonn

September 2018.



OBJECTIVES

- **Introduction to India and context of EI in Mumbai**
- **The Ummeed story**
- **Scaling up – lessons from India**
- **Implications for other low resource settings**

INDIA: A COUNTRY OF CONTRASTS



Annual GDP growth of over 7% for last 3 years

**High Infant Mortality and Malnutrition (IMR over 40/1000
in most states, 38% children under 5 are still stunted)**



CHILDREN WITH DISABILITY IN INDIA





HOW BIG IS THE PROBLEM?

The prevalence of childhood disability in Low and Middle Income Countries is

15%

*(WHO World Disability Report 2010,
Lancet series on ECD)*

India has an estimated **52 million** children with disabilities



CHILDREN WITH DISABILITY IN INDIA: WHAT DO WE OFFER THEM NOW?

An official prevalence
of **2%**

28% of them out of school as
opposed to **2.9%** of children
without disability

The Supreme Court in October 2017 said
“It is **impossible** to think that the children
who are disabled or suffer from any kind of
disability or who are mentally challenged
can be **included** in the mainstream schools
for getting an education”

Only a **handful** trained
Developmental & Behavioral
Pediatricians



UMMEED, THE CENTER: NOVEMBER 2001

**A team under one
roof**

Family Centered

Strengths based

Care for ALL





UMMEED TODAY

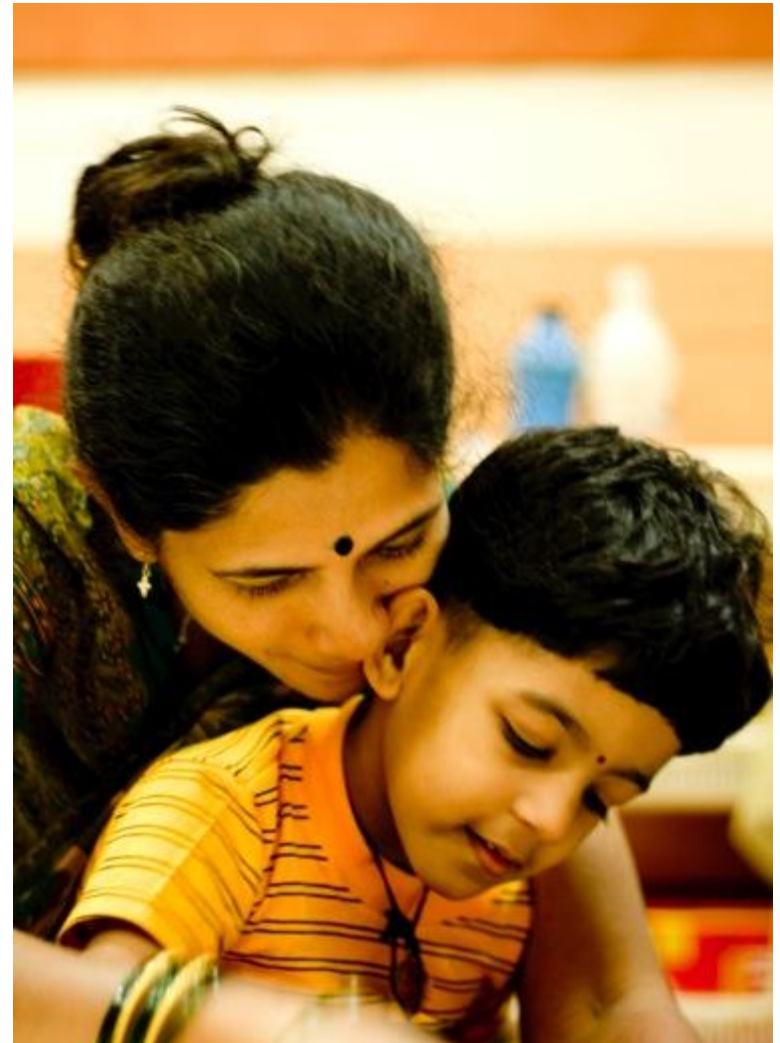
90 professionals

Four verticals

- **Clinic – multidisciplinary team**
- **Training – separate training facility**
- **Advocacy – local, national and international**
- **Research - Building best practices for our context**

7200 visits a year,

Over 11,000 families seen



HOW DO WE REACH CHILDREN WITH POVERTY RELATED RISK FACTORS?



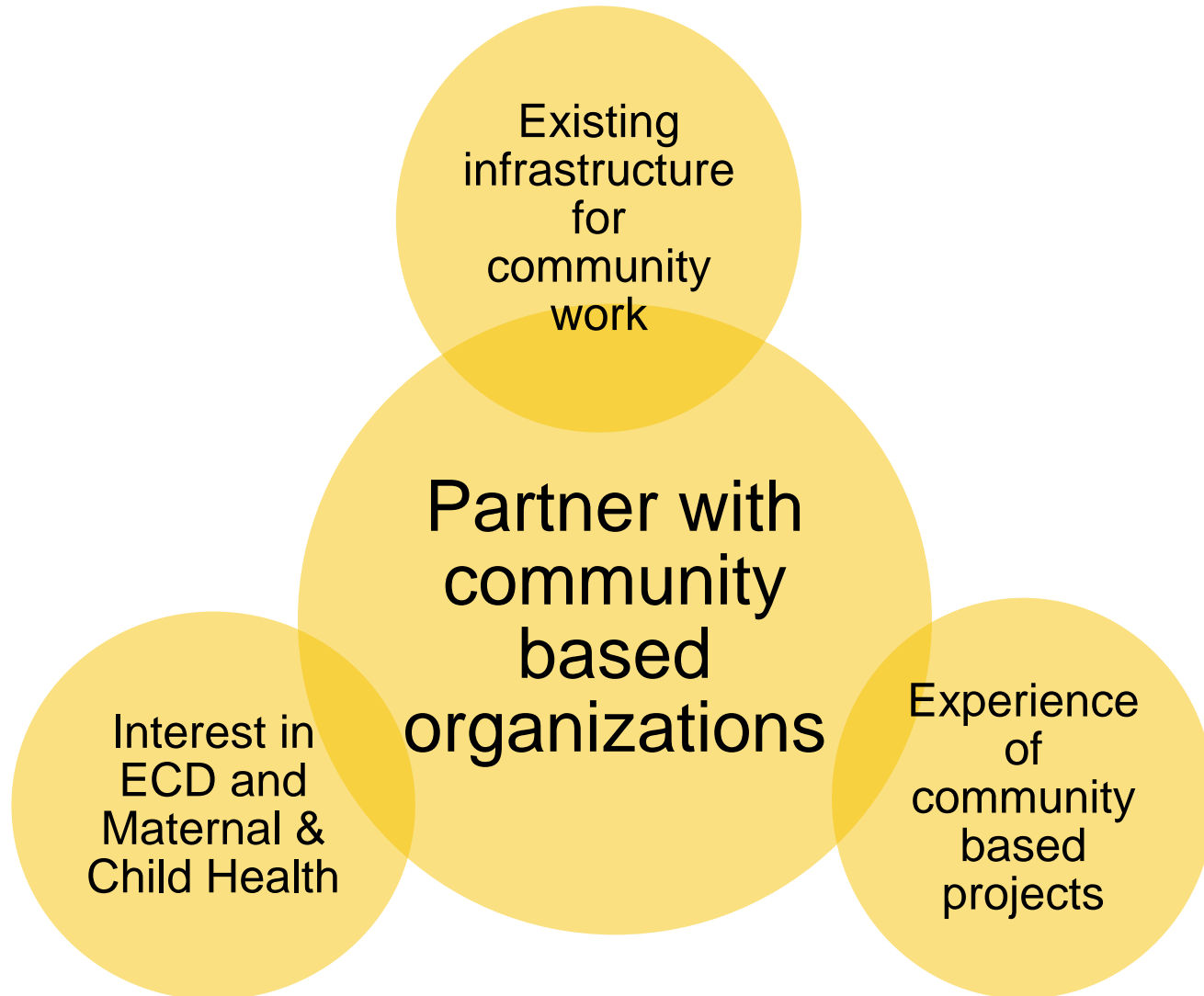


UMMEED EARLY CHILDHOOD DEVELOPMENT AND DISABILITY (ECDD) PROGRAM – THE SPECTRUM OF ECD





UMMEED ECDD PROGRAM – WORKING WITH PARTNERS since 2009





180 Community Health Workers

Over 10,000 children



ECDD CURRICULUM

- **Module 1 – Typical child development and how to promote it – Based on WHO CCD**
- **Module 2 – Monitoring ECD. Teaching the GMCD (Guide for Monitoring Child Development)**
- **Module 3 - Working with families. Play based, parent mediated activities (Based on Vroom)**
- **Module 4 – Understanding and working with developmental disabilities**



KEY TRAINING PRINCIPLES - ADULT LEARNING

Adults

- Are self directed – decide what and how they learn
- Bring to the training their own experiences
- Learn through doing
- Learn best when the material is relevant and immediately applicable to them
- Core principle –
'Genuine curiosity about the learner'





KEY TRAINING PRINCIPLES – COACHING SKILLS

- Most CHWs and their supervisors have never experienced responsive care
- The training, supervision and coaching process needs to be model this behavior





KEY TRAINING PRINCIPLES – TEACHING PROBLEM SOLVING SKILLS

Every parent a ‘brain builder’

What, When and How - in daily activities

Ask Jemma to help you make the bed in the morning. Ask her to fold her blanket. Talk about what you see like” I see you made a square” Ask questions like “ when you fold the blanket does it become bigger or smaller?”

Why – ‘brainy background’

When you use shape and size words with your child you build the foundation for more learning. You help her feel important when you work together to get the job done



www.vroom.org

OUR COMMUNITY WORKERS



Mature women– with some standing in the community

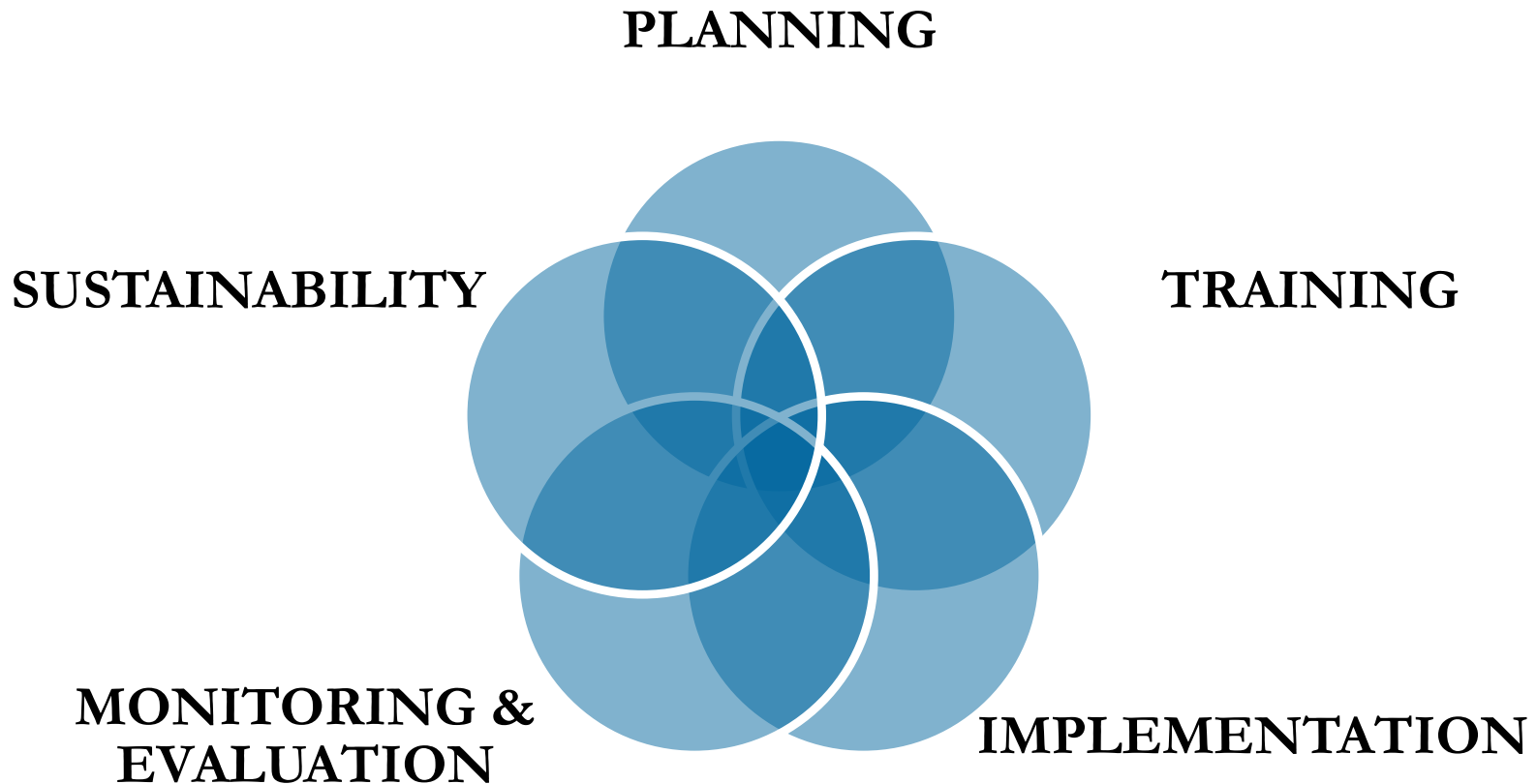
Education ranging from Primary school to 10th.

Experience with community work

Understanding of community dynamics



UMMEED ECDD – PROCESS LESSONS FROM THE FIELD





PLANNING

Articulate who
the stakeholders are

Planning
implementation
with partners

Senior management/
fundere

Program coordinators & supervisors

Resource mapping



TRAINING

Content of training

Regional language

Break down of concepts and skills

Onsite training

Driven by implementation need

Process of training

Based on Principles of Adult Learning

Cascade of learning – ‘Do unto others what you want them to do unto others’



TRAINING

Iterative training

Supervisors and CHWs are new to ECDD concepts and skills

CHW attrition

Video recording of trainings, refreshers and ToT program

Supervisor training

Implementation training

Facilitative supervisory skills



IMPLEMENTATION

**Individualizing
intervention
algorithm**

Translating training into intervention

Individualizing the algorithm

Integrating ECDD

Ongoing process

Periodic support

Validating and scaffolding efforts



MONITORING & EVALUATION

Data

Not necessarily a valued resource

Negotiation begins in planning phase

Fidelity as well as outcomes

Output vs
outcomes

Turnaround not quick or tangible

Need to share results with CHWs and other stakeholders to ensure course correction *

* *Yousafzai et al , Ann. N.Y. Acad. Sci. 1419 (2018)*



SUSTAINABILITY

Partner organization's ability to sustain the program

Community initiative towards sustaining the program



CHILD DEVELOPMENT AIDES - WHERE THERE IS NO THERAPIST




1 year training
Funded by USAID – 2009
In partnership with local university



BARRIERS TO SCALE



HEALTHCARE IN INDIA



80% of health care is private

Very few children can access a physician leave alone a pediatrician

Child development and disability is a negligible part of pediatric training

BRIDGING THE GAP BETWEEN SCIENCE & POLICY, POLICY & IMPLEMENTATION





COMMUNITY WORKERS IN THE GOVERNMENT SYSTEM ANGANWADI OR 'VERANDAH' WORKER



**Integrated Child
Development scheme**

—

1 million centers

**Reach out to 75 million
children under 5**

**Preschool Child
Development is one of
the goals**

**Very little monitoring
or training**

**Does not address 0 to
3 years**



COMMUNITY WORKERS

THE NOT FOR PROFIT SECTOR

Numerous NGOs working with community development and children (there are more NGOs than schools!)

Child Development and disability not a priority for most

BUILDING THE DEMAND

*REACHING EVERY PERSON WHO
REACHES YOUNG CHILDREN*





INTEGRATING EARLY INTERVENTION INTO COMMUNITY WORK – *COMPETING PRIORITIES*



ACCESS – ONLINE PLATFORMS?





Thank you!

December 2019
IDPA Congress in Manila!

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QUESTIONS TO CONSIDER ..

- **How do we build demand for Early Intervention in low resource settings ?**
- **In low resource settings what are the strengths of the families and communities we can leverage?**
- **Can we focus on *monitoring* child development and *building local capacity* rather than *screening and referral*, in low resource settings?**