EARLY INTERVENTION SERVICES
IN MUMBAI, INDIA – NEW BEGINNINGS

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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
A team under one roof

Family Centered

Strengths based

Care for ALL
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

 Partner with community based organizations

- Existing infrastructure for community work
- Interest in ECD and Maternal & Child Health
- Experience of community based projects
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
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
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<th>PLANNING</th>
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<tr>
<td>Articulate who the stakeholders are</td>
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<td>Planning implementation with partners</td>
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<td>Program coordinators &amp; supervisors</td>
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<td>Resource mapping</td>
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<tr>
<td>Content of training</td>
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<td>Process of training</td>
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<td>Iterative training</td>
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<td>Supervisor training</td>
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## IMPLEMENTATION

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<th>Individualizing intervention algorithm</th>
<th>Translating training into intervention</th>
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<tbody>
<tr>
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<td>Individualizing the algorithm</td>
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| Integrating ECDD                      | Ongoing process                        |

| Periodic support                     | Validating and scaffolding efforts      |
### Monitoring & Evaluation

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<th>Data</th>
<th>Not necessarily a valued resource</th>
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<td>Negotiation begins in planning phase</td>
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<td>Fidelity as well as outcomes</td>
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<td><strong>Output vs outcomes</strong></td>
<td><strong>Turnaround not quick or tangible</strong></td>
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Need to share results with CHWs and other stakeholders to ensure course correction *

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
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?