



Ummeed Child Development Center

Impact of Training

2018 - 2019

Developed By **START UP!**
The First Step in Social Change

Supported by: **Cipla Foundation**

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Executive Summary

Ummeed, located in Mumbai, started in 2001 to address the concerns of child development and developmental disabilities that affect a child's growth and learning process. It provided clinical services to children to address the entire set of issues that intersect the lives of the child and his/her family, including their emotional and mental wellbeing, learning processes, and ability to participate in mainstream activities. Subsequently, in 2004, Ummeed initiated training programs for parents to support and build their capacities to interact with the child within their own home setting. This opened the door for developing and running a robust mix of training programs, over the next decade. The training programs catered to a diverse group of stakeholders of a child's growth process – teachers, community workers, health professionals, education professionals, civil society organizations working with children, among others. In 2016, Ummeed, with the support of Cipla Foundation, set up Ummeed Training Center, dedicated entirely to developing and running capacity building programs. Along with its clinical services, research and advocacy work, the training programs work towards shaping and strengthen the sector of child development and developmental disabilities, in India.

Start Up! collaborated with Ummeed in August 2018, with Cipla Foundation's support, to conduct an assessment of Ummeed's training engagement so far. The study was designed and executed through the period of September 2018 to April 2019. The methodology and tools were co-created by Start Up! and Ummeed.

A total of 106 respondents that included both training participants (parents, community workers, education and health professionals) and sector stakeholders such as donors, heads of partner organizations, the Ummeed team itself, and heads of social sector organizations who use capacity building as a core approach. They were part of in-depth interviews and focus group discussions. The journey of training participants was mapped along the '4A' continuum of empowerment – Awareness, Ability, Action and Amplification. The feedback from the other respondents complemented the insights and led to creating an overall assessment and set of recommendations for Ummeed's training vertical, in order for it to become a significant sector shaper in child development and developmental disabilities.

The key findings that have emerged in the Impact Assessment are:

- All respondents, including those who work with children identified with DD and those 'at risk', have shifted forward on the 4A continuum of empowerment in knowledge, skills, behavior and action. They have utilized their learning from Ummeed to reach out to children who are on the entire spectrum of development delays – from being at-risk to requiring active intervention and management of diagnosed conditions. They have been assisted through the Ummeed engagement to address specific capital deficits that hinder their participation as contributors for shaping the sector of DD.
- Through its training programs, Ummeed has catalysed shifts in stakeholders along perspective, behavior and skills to create a wider pool of resources that can cater to the concerns of child development and developmental disabilities (DD). The changes have been along two pivots:

- Around 80% have reported a shift in their approach and response to DD and child development, including children 'at-risk' i.e. the primary transformation that Ummeed has envisaged
- 20% respondents reported an internalization of a strengths-based approach across all realms of their engagement, and not just DD. It reflects in the adoption of a strengths-based approach in all their interactions, at work and outside
- Respondents reported **increased levels of confidence in the self** and recognition of their significant role in addressing the needs of children with DD
- Service providers reported a **willingness to try new skills and strategies** as well as to go beyond the prescribed role and engage with the child/family on a deeper level to become facilitators in their journey of change
- Sustained capacity building investments in groups within organizations (therapists, community workers) has helped **shift the needle across the entire organization**
- The training programs have given **practical tools and approaches** that participants take back and use to convert the theoretical construct of strengths-based approach, family centred care, and client-based practice
- The increased ability of children to **respond positively to the external environment** with the use of alternative learning tools was attributed to Ummeed's training inputs
- There has been an **increase in the number of children receiving specific attention to their learning needs** due to increased ability of trained stakeholders to detect learning delays and disorders at an early stage

The Assessment underscores that Ummeed's training initiative, has, over the years, reached out to a wide and diverse group of stakeholders, who shape and build the ecosystem of response in a child's developmental journey. To fulfill their vision of creating an amplified ecosystem of support and guidance for all children, it is recommended that Ummeed:

- Consolidate and direct their services with a specific focus towards building a robust pool of health professionals that work with the principles of client and family centred approach
- Build geographical clusters with a web of resources of education, health, families, and communities to provide holistic support to children
- Build a strong core with a central unit which will be the point of development, testing and knowledge building
- Design ways to sustain the momentum for training participants after long-term training engagements

Introduction

About Ummeed

Ummeed (meaning ‘Hope’) was launched in November 2001 by Dr Vibha Krishnamurthy as a first step to address the paucity of services for children with developmental disabilities, in India. The landscape of developmental disabilities is marked by a combination of factors which intersect to marginalize children and families living with the same, key among which are:

- **Incidence of developmental disabilities:** India has at least 50 million children with disabilities, under the age of 15, including children born with disabilities and those who acquire them due to economic poverty and other risk factors. However, the area of developmental disabilities in India remains largely ignored – the 2011 Census states a prevalence of only 2.2 per cent for all disabilities, which is in stark contrast to WHO estimates of 10-15 per cent, reflecting massive lack of awareness¹.
- **Resource availability:** Developmental disorders are a much-ignored subject in academia in India, and training opportunities for people/organizations hoping to work with children with developmental disabilities are extremely rare, or of sub-optimal quality. Consequently, there is a dearth of trained human resources who can assess children, flag developmental issues, and direct families to available resources and provide support through their journeys. It is estimated that there is about 1 therapist available for 427 children and that there are less than 100 trained developmental and behavioural paediatricians across India, largely clustered in urban areas².
- **Lack of comprehensive, quality services:** There are several non-profits in India working in the space of developmental disabilities. However, typically they work with specific disabilities and not with the entire range of conditions. The government has set up national level institutes for intellectual disability, hearing impairment, etc. which are of variable quality. The private sector has slim pickings in terms of organizations, and they are mostly individual practitioners and some high-end clinics that provide therapy. Families end up travelling large distances to see various therapists, with none of them communicating with each other on the therapy plan for the child. Navigating the private health care system can be both daunting and expensive.
- **Unexplored centrality of the family’s role:** Family-centred approaches leading to better health outcomes, wiser allocation of resources, and greater patient and family satisfaction is gradually gaining acceptance among health professionals. However, the concept of ‘family as expert’ and the criticality of building on its strengths, especially for chronic conditions, are not the popular approach, and definitely not in the space of developmental disabilities.

Ummeed Child Development Center (‘Ummeed’) started as a team of four, in 2001, and has now grown to over 90, including developmental pediatricians, counselors, autism therapists, occupational and neurodevelopmental therapists, speech therapists, special educators, social workers and support teams, who can support children and families across the entire range of developmental disabilities. Right from the start, it was built as a space for medical and therapeutic professionals to work together as a team with children (and their families) across diverse disabilities (including

¹Source: Ummeed document

²Source: Ummeed document



cerebral palsy, Down syndrome, autism spectrum disorder, attention deficit hyperactivity disorder, learning disabilities, global developmental delays, and behavioral challenges, among other developmental disabilities). Training and education programs for parents has been a key offering. This ensured that they were supported through a therapeutic process to provide care in the natural setting of the child. Ummeed stayed true to its commitment to ensure that everybody got access to its services, serving marginalized groups at the clinic and through partnerships with other organizations working with children and families.

Values

Team members of Ummeed have internalized and strive towards living the core values of **respect, excellence, inclusion, partnership, and collaboration** in their commitment to provide the best for the child and family. Their work is guided by a combination of **family-centeredness, a strengths-based approach, and trans-disciplinary care**. These values and guiding principles come together to create the non-negotiable foundation of every activity that Ummeed undertakes. It is the 'Ummeed way'!

Program Thrusts

Growing from specialized care for developmental disabilities, the four thrust areas of the organization have developed as: (a) a complete range of **clinical services**; (b) **capacity building programs**; (c) fostering **advocacy**; and (d) conducting **research**.

Clinical services

Ummeed's Clinical Services, located at its center in Mumbai, are designed to help children and families address challenges of developmental disabilities by fostering children's independence and participation in everyday life, while helping them climb the developmental ladder. In addition, families are assisted in their journey from acceptance to empowerment. Every year, the Clinic sees around 1200 children and their families, in multiple sessions³. The team works with them through a family-centered, strengths-based approach, committed to the tenets of: the uniqueness of every family, the recognition that the family is the single most constant support in a child's life, and that the family is the expert on all matters regarding the child.

The Clinic caters to both, children born with developmental disabilities, and those who are at risk because of environmental factors such as poverty. To enhance its reach to the latter group, Ummeed has offered its services through partner organizations working with marginalized communities.

Building capacity

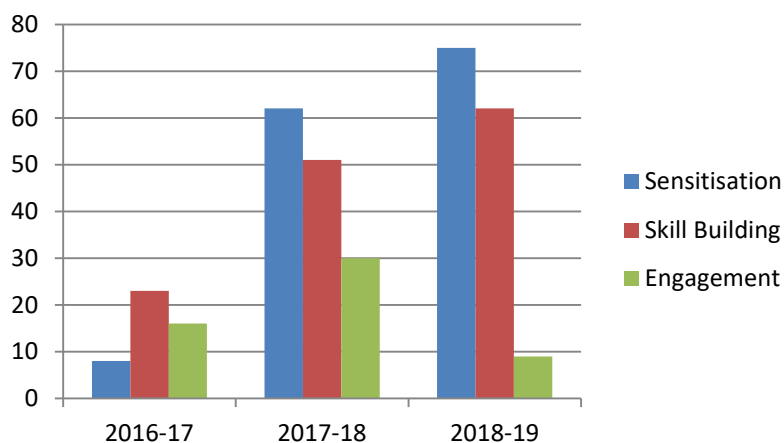
Through training programs conducted at its dedicated Training Facility and at partner locations, Ummeed works towards creating resources in the wider community that children with developmental disabilities and their families can leverage. The training programs developed for doctors, therapists, community workers, parents, teachers, and special educators, among others are expected to alter the landscape of support and services available for children diagnosed with developmental disabilities as well as those at-risk. The training programs are designed and delivered in different formats:

³Ummeed report

- **Sensitization workshops** to increase awareness and generate demand
- **Skill-building programs** towards enhancing the skills of existing resources
- **Long-term engagement** with a view to develop new resources

The dedicated Training facility established in 2016 has helped move the outreach needle for Ummeed. With a space entirely dedicated for development, testing, delivery and follow up of training modules, Ummeed expanded its basket of offerings both in terms of the number of training programs and the training days. The Training Centre has made it possible to introduce ECHO® method of training professionals, through its technology-driven, hub and spoke model. Around the same time, Ummeed invested in developing a strong internal, training feedback and monitoring system using the Kirkpatrick tool. The tool monitors the effectiveness of training programs on individuals at 4 levels: Reaction, Learning, Behavior and Results.

The exhibit below takes a closer look at the last 3 years of Ummeed's training offering, from 2016 to 2019. During this period, Ummeed's conducted 336 training programs reaching out to 7,967 participants⁴. As is evident, this was a period of rapid growth of the training vertical. The growth has accrued largely from the expansion of the 'Sensitization' and 'Skill building' offerings.



Advocacy

Ummeed has built its credibility in the developmental disabilities sector, building on its high-end domain expertise and experience of working closely with families and children from a wide range of socio-economic backgrounds and conditions. It has leveraged this position in two ways – on the one hand, it has utilized forums and platforms at national and international levels to advocate for the rights of children and families, and, on the other, it has worked with those living with disabilities to create awareness of their rights and ways to access them. Some of the advocacy and policy forums where Ummeed has had representation are: Expert Committees on Disability and Early Childhood Development at the WHO and the UNICEF, Expert Committee on Autism at the Rehabilitation Council of India, Sarva Shiksha Abhiyan, National Trust, International Developmental Pediatrics Association, Cultural Diversity Committee of the International Society for Autism Research, Committee of the Protection of Children from Sexual Offences Act.

⁴ Ummeed database

Research

Ummeed's research effort is built on the recognition of a missing ecosystem of public awareness and action about developmental disabilities. Through the measurement of outcomes under its 'Research' vertical, Ummeed has made the effort to build and document best practices, for wider dissemination. As part of a global, multi-locational effort, Ummeed has standardized and validated a tool for monitoring child development, which is now available for community workers to use in low and middle-income countries.

About Start Up!

Start Up! is an incubator, impact accelerator, and leadership springboard for social entrepreneurs. We launch and scale ventures that create lasting impact in underserved communities. We provide these services to social entrepreneurs at different stages in their lifecycle – seed, growth and maturity. Our services are geared to build out balanced social change models that focus on impact and sustainability.

Over ten years, Start Up! has incubated and scaled more than 65 social ventures across 15 states. We have trained 300+ early stage social entrepreneurs, cultural entrepreneurs and grassroots women leaders in strategic planning, business plan development and leadership development. We manage the India Social Entrepreneur of the Year Award on behalf of Schwab Foundation for Social Entrepreneurship and the Jubilant Bhartia Foundation.

The Ummeed-Start Up! Partnership

The idea for an impact assessment was initiated by Ummeed with Cipla Foundation, which supported the exercise in entirety. Ummeed appointed Start Up! to conduct the assessment of the organization's model, with specific focus on its Training Vertical. The assessment sought to analyze the organization's training impact and contribution as eco-system builder for child development and developmental disabilities. The impact assessment was launched in August 2018 and closes with this report in May 2019.

Objectives of the Impact Assessment

The Impact Assessment was designed to map the changes that Ummeed's training effort has achieved over the years. Specifically, it aimed to do the following:

- Trace the movement of critical stakeholders (parents, community workers, health and education professionals) through the stages of the 4A continuum – Awareness, Ability, Action and Amplification
- Map the journey of institutions (Ummeed's partner organizations, donors) vis-à-vis their engagement with child development and developmental disabilities
- Identify the turning points on the journey for each stakeholder in their perception, skills and behaviour
- Distil Ummeed's contribution, through training, to the shifts at each point and for every stakeholder
- Map why some respondents disengaged from Ummeed training programs and how they have continued to play a role in the space of child development and developmental disabilities

- Identify the continuing areas of challenge for stakeholders in their work with children with delays and difficulties
- Recommend a role for Ummeed such that:
 - It can propel itself forward as an eco-system builder, a knowledge shaper and a policy advocate for child development and developmental disabilities
 - Its training vertical can be sharpened as a vehicle on the pathway to scale

Methodology

The Impact Assessment of Ummeed's Training Vertical was carried out through a methodology comprising three segments:

1. An immersive enquiry into Ummeed's journey so far
2. Design, development and implementation of the assessment framework and methodology
3. Analysis and presentation of the Impact Assessment

The methodology was carried out through a number of steps, described below, from August 2018 to April 2019.

1. An immersive enquiry into Ummeed's journey so far	• Secondary, desk research was carried out from nearly 70 sources provided by Ummeed, to analyse information and insights, of the framework, approaches, and models currently in use • 23 in-depth interviews (IDI) were carried out with members of Ummeed's senior and middle management teams, and those working in the Training team, to map the growth path, enablers and barriers of the idea, the organization and the movement that is Ummeed • Responses from the IDI were analysed through the McKinsey 7S framework (Structure, Strategy, Systems, Shared values, Style of Leadership, Skills and Staff), using the and Six Thinking Hats methodology⁵ • The analysis was presented to the senior management team of Ummeed. (The key insights from the interviews that informed the research design and framework for the Impact Assessment are given below)
2. Design, development and implementation of the impact assessment framework and methodology	• Based on the secondary and primary analysis and insights gathered, the framework for the impact assessment process was developed at a research design workshop, with the core leadership team of Ummeed. A detailed set of research tools and field guides were created for different stakeholders during the workshop, and subsequently shared with the team for final approval • The methodology of enquiry used was a combination of focus group discussions (FGD), and in-depth interviews (IDI) and key informant interviews (KII) • The IDI were conducted either in-person or telephonically. One FGD was conducted over ZOOM
3. Analysis and presentation of the impact assessment	• The data from the IDI, KII and FGD were collated and analysed in the '4A Model of Impact' (detailed below) co-created with the Ummeed team • The emerging insights were presented to the senior management team of Ummeed for discussion and further analysis • A draft and feedback incorporated final version of the report have been submitted to Ummeed

⁵ Developed by Edward de Bono, the father of Lateral Thinking, The Six Thinking Hats establishes that a well-rounded enquiry into any issue is incomplete till it has been approached from diverse points of view. It identifies 6 different approaches of enquiry – the Six Thinking Hats – where each hat stands for a distinct mode and is marked by a color (yellow for optimism, black for critical thinking, green hat for problem solving, and so on).

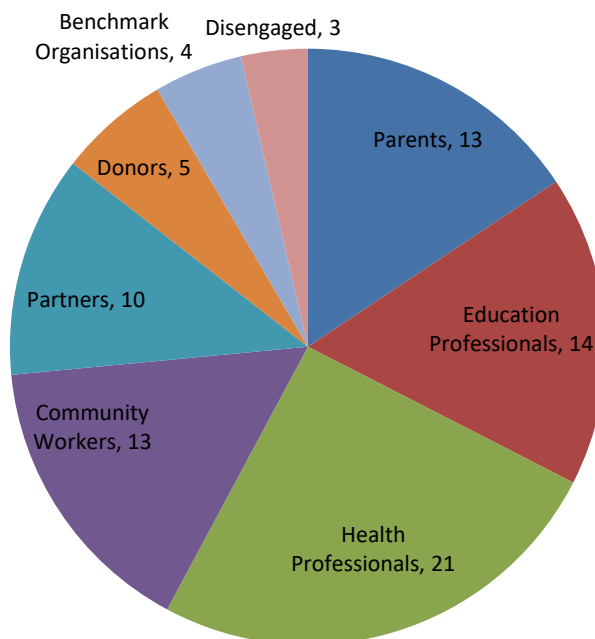
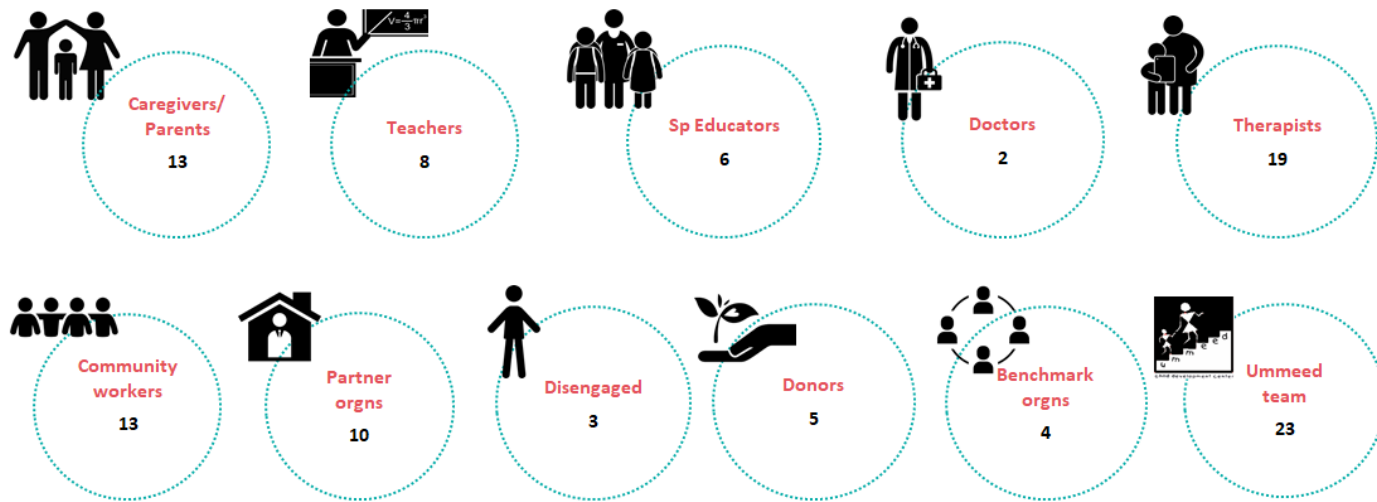
Insights from the Ummeed team about the Training vertical

- Creation of a dedicated training team has taken off a significant amount of logistical workload from the trainers/clinicians' plates
 - Setting up the Training Center has systematized processes around training logistics and outreach
 - The Kirkpatrick framework has helped to structure not only the assessment of training programs, but has influenced the orientation towards assessment for Clinical services too
- Opportunity for the Ummeed team to undergo its own training programs addresses their potential stagnation and has helped to fill market competency gaps e.g. speech therapists, autism team members
- The mission of 'training as a pathway to scale' must be broken down into a clear model across the organization, including realizing the vision of training as a critical method to build partnerships for broad-basing the 'Ummeed way'
 - There is a need to build a clear trajectory for training participants and identify those who will cover the entire course from sensitization to change making
 - An adaptive blueprint of training has to be developed to bring on board partners on the pathway to scale
 - Capacitating partners may imply stepping out of Ummeed's expertise areas. For instance, partners may need support in fundraising to be able to implement the skills gained through training
- While the Ummeed team has grown exponentially, clinicians who double up as trainers are struggling with competing claims on their time

Sampling and respondent mix

- The sample of respondents was proposed as 3% of the entire universe of stakeholders in different categories. Purposive sampling was used to identify the categories of respondents from the total universe of stakeholders. Those who have undergone training, were stratified into categories of training programs offered – 'Sensitization', 'Skill-building', and 'Engagement' and selected using random sampling from these strata.
- Of a proposed 164 respondents, IDI, FGD and KII were conducted across 11 stakeholder groups covering 106 respondents.
- While parents, education professionals, health professionals and community workers have undergone training by Ummeed, heads of partner organizations, donors and some benchmarked organizations were approached from a 'sector influencer' perspective.
- The IDI with Ummeed focused on analysing the journey of the organization and developing the framework for the impact assessment.
- The distribution of respondents across stakeholders is given below:

Distribution of Respondents



- 74% of the respondents – parents, education professionals (teachers and special educators), health professionals (doctors and therapists), and community workers – have undergone training programs at Ummeed
- 18% of the respondents comprised stakeholders who have been engaged with the Training vertical but have not undergone any training programs themselves: heads of partner organizations and donor agency representatives.
- One parent and an education professional have not undergone any training at Ummeed but have used the clinic services and been an employee, respectively. Insights from their interviews contributed to charting a holistic understanding of Ummeed's services.

- Heads of benchmark organizations were respondents as ‘sector influencers’.
- The trajectory of 3% of the respondents who represent the ‘disengaged’ group could not be mapped as explained in the section on limitations below.
- 88% of all respondents who have undergone training were women. In the education professionals’ group, there were no male respondents.

Limitations

- The primary limitation faced in conducting the impact assessment pertained to the total, proposed sample size of respondents who could not be reached out to. Some of the reasons were:
 - Finding a common day, time and venue at which working professionals could meet for an FGD session was a challenge. Out of the proposed 10 FGD covering 73 participants, 4 were conducted with 26 participants. They provided rich insights into participant experiences of training and have been incorporated into the analysis.
 - Out of the initial 13 proposed respondents from the disengaged category only 3 were finally lined up for IDI which did not create a large enough sample for analysis. Consequently, their responses have contributed to the insights drawn in the categories they represent – community worker, therapist and partner organization.
- The number of respondents covered in the ‘Sensitization’ category was lower than proposed; the analysis was, therefore, skewed towards the other categories of training
- In the health professionals’ category the sample was not representative of the universe

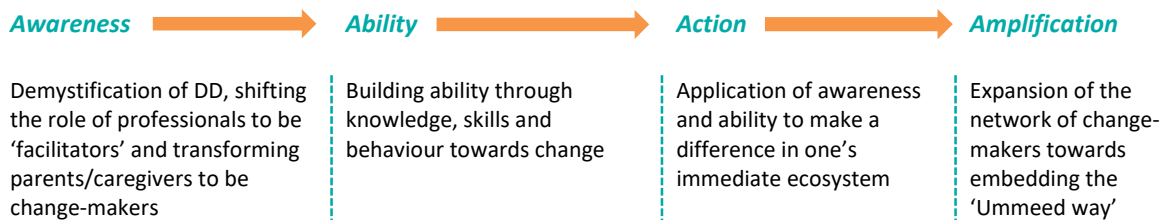
Ummeed's Training Vertical

The 4A Journey of Empowerment

In the 17 years of its operation, Ummeed has carved a niche for itself in the space of developmental disabilities (DD). It has gained success in:

- Creating awareness of the visible and invisible dimensions of developmental disabilities
- Empowering and enabling families to find solutions and implement them
- Offering a continuum of trans-disciplinary services to children and their families

Ummeed has worked towards building **a multi-stakeholder movement** for the inclusion of all children and their families in the mainstream and working with them to help each child reach their maximum potential. Embedding the 'Ummeed way', it has worked through the '4A journey', where each 'A' stands for a milestone in the journey of empowerment of stakeholders towards inclusion – Awareness, Ability, Action and Amplification.



Stakeholders: Children (with disabilities/at risk), Families & Caregivers, Professionals, Organizations/Institutions

The stakeholders' journey of empowerment with Ummeed results from a combination of the organization's engagement through its thrust areas of **Clinical services, Training, Advocacy** and **Research**. Through Training, Ummeed's envisages that stakeholder groups will achieve the following:

Family members and caregivers

- Use appropriate strategies to support the child and lessen the functional impact of the disability
- Know their rights and advocate for their child

Health professionals

- Diagnose delays and disabilities early
- Provide evidence-based/culturally relevant specialized services
- Work cross functionally using the principles of family-centred care

Other Professionals/Community Workers/Non-profit Organizations working with children

- Identify risk factors, delays and disabilities early
- Intervene appropriately
- Refer for specialised services wherever available
- Work cross functionally using the principles of family-centred care

Training Offerings

The Training vertical contributes to stakeholders' journey along the 4A continuum of Awareness, Ability, Action and Amplification through its bouquet of offerings. Each stage can be reached through either one or a combination of several training programs.

- Through 2-4 hour **Sensitization workshops**, participants are taken through a process of demystification of developmental disabilities, helping them to gain a foundational understanding and to become aware of the possibilities of addressing them. Most importantly, they realize their own potential to play a significant role in identifying and managing DD. Professionals (teachers, special educators, therapists, doctors) are taken through a shift in how they see their role – from 'expert' to 'facilitator of solutions'. The larger community is informed about the role it can play in more meaningful inclusion of children with disabilities.
- **Skill-building programs** of 2-3 days' duration are designed to enhance the ability and effectiveness of those who are working on child development and DD. Participants are taught specific tools and techniques in the framework of strengths-based and family-centred approaches towards enhancing their knowledge, developing specific skills and building the capacity to respond.
- Multi-modular **Engagement programs**, combined with supervision and mentoring have been designed for durations ranging from 6 to 12 months, aimed at developing new resources to work on child development and DD. It is envisaged that participants will be able to start applying their heightened awareness and ability to respond in their immediate ecosystems.

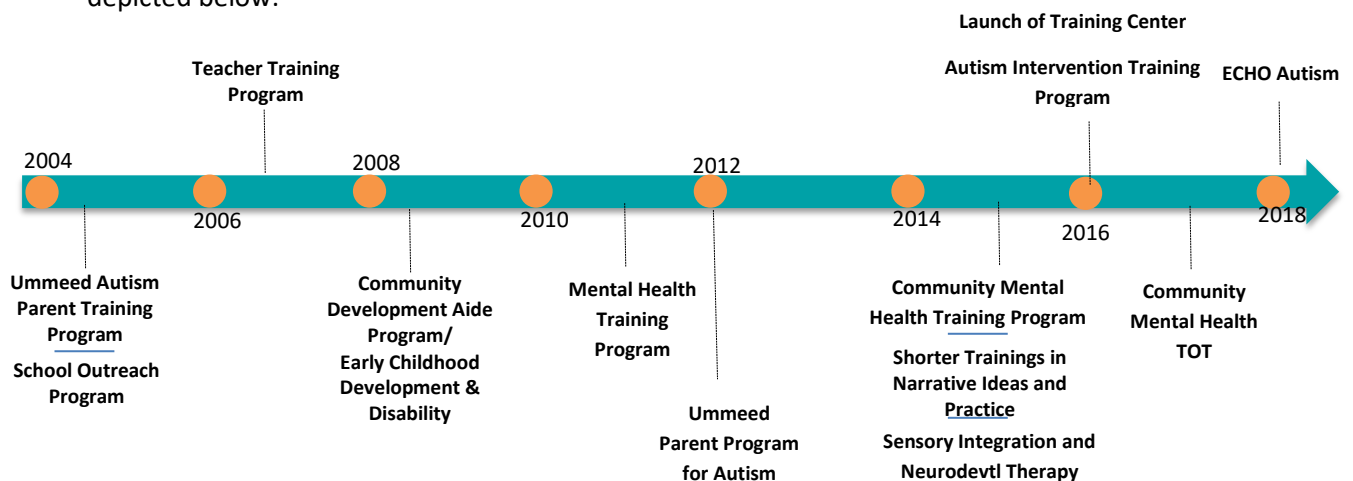
The evolving bouquet of training offerings by Ummeed in each category are listed below:

<i>Sensitization</i>	<i>Skill Building</i>	<i>Engagement</i>
• What is Autism? Basic strategies to work with Children with Autism • Early Diagnosis and Intervention for Children with Autism • Know Your Rights • What is Mental Health in Children • Responding to Bullying • Safe Touch and Unsafe Touch • Sexuality • Introduction to Narrative Therapy • Negotiating Supervision • Decoding Participation in a Paediatric Context • Making Everyday Easy • Making Sense of Sensations • Classroom Management: Tuning in to the Learning Frequency • Know and Act to Make the Early Childhood Years Count • Learning Together: Parenting Through a Scientific Lens • Child Development and Disabilities: The Role of Nature	• Teaching Communication Skills to Children with Autism • Behaviour Management for Parents with Children with Autism • Behaviour Management for Professionals Working with Children with Autism • Toilet Training Workshop for children with Autism • Introduction to Narrative Therapy • Therapeutic Letter Writing • Responding to Children Experiencing Abuse • Re-Membering: Working with Children and Young People Responding to Grief • Can Problems be Turned into Manageable Characters? • Negotiating Supervision • Making Everyday Easy For Caregivers of Children with Cerebral Palsy • Writing Made Easy • Mealtimes Made Easy	• Autism Intervention Training Program (AITP) • Ummeed Parent Program for Autism (UPPA) • Community Mental Health Training Program (CMHTP) • Mental Health Training Program (MHTP) • Negotiating Supervision • Fellowship in Developmental and Behavioural Paediatrics • Child Development Aide (CDA) Training Program • Early Childhood Development and Disability (ECDD) Training Program • School Outreach Training (SOT) Program • ECHO – Think Participation • Pediatric ECHO such as ECHO Autism

- and Nurture
- Overview to Autism Spectrum Disorder
- Early years matter: Importance of Early Child Development
- Overview to Inclusion
- Understanding How Children Experience Disabilities in the Classroom
- Understanding Mental Health in Children
- Incorporating Developmental Paediatrics in General Paediatric Practice
- Literacy Skills Development Program
- Numeracy Skills Development Program
- Understanding and Managing Challenging Behaviours in the Classroom
- Understanding and Supporting Children Experiencing Attention Deficit Hyperactivity Disorder (ADHD)
- Understanding and Supporting Children Experiencing Learning Disabilities
- Understanding Teacher Burnout
- Effective Communication

The Journey of the Training Vertical

Ummeed started in 2001 with an initial offering of clinical services. In 2004-05, it launched its first training program – Ummeed Autism Parent Training Program. Alongside, it offered the School Outreach Program to help counselors in schools identify and support children with disabilities more effectively. Gradually, it built on its portfolio of training offerings reaching out to family members, caregivers, education and health professionals, community workers, and others who worked on child development and DD. The key milestones on the development of Ummeed's training portfolio are depicted below:



Respondents' Journey with Ummeed

Overview

The Impact Assessment shows, without doubt, that all respondents, including those who work with children identified with DD and those at risk, have shifted forward on the 4A continuum of empowerment in knowledge, skills, behavior and action. They have utilized their learning from Ummeed to reach out to **children who are on the entire spectrum of development delays** – from being at-risk to requiring active intervention and management of diagnosed conditions.

They have been assisted through the Ummeed engagement to address specific capital deficits that hinder their participation as contributors for shaping the sector of DD.

	Envisaged impact of Ummeed's engagement
Leadership Capital	Build confidence and perspective to view themselves as facilitators and change-makers
Knowledge and Skills Capital	Develop disability-specific knowledge and technical skills to be able to facilitate and respond
Social Capital	Build relationships and management skills to be able to apply the new knowledge and skills in their immediate ecosystem
Change-making Capital	Create networks and collaborations to apply the perspective, knowledge and skills beyond the immediate scope of influence

The shift that respondents have undergone is on **two pivots**:

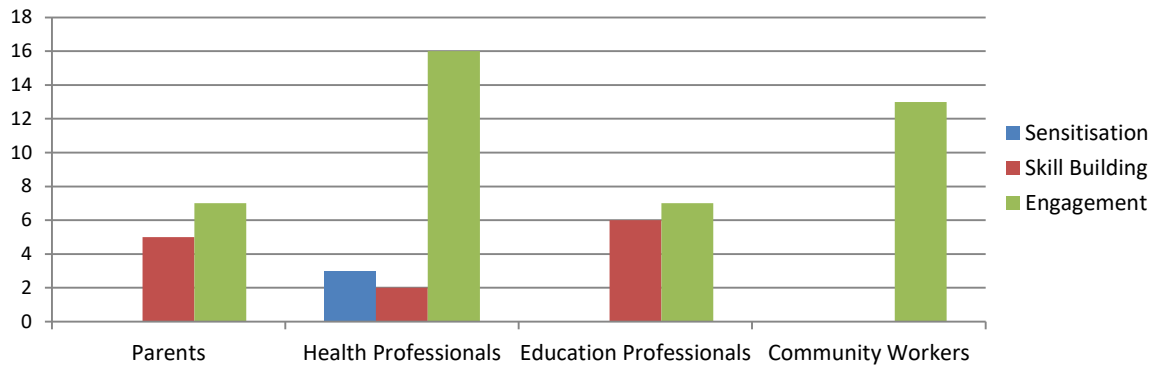
1. Around 80% have reported a shift in their approach and response to DD and child development, including children 'at-risk' i.e. the primary transformation that Ummeed has envisaged
2. Internalization of a strengths-based approach across all realms of their engagement (going beyond DD), was reported by around 20% respondents. It reflects in the adoption of a strengths-based approach in all their interactions, at work and outside.

The response of each category of stakeholders has been detailed in the subsequent section. The overall trend of responses indicates the following:

- A significant number of respondents reported **increased levels of confidence in the self**, attributed to shifts in perspectives and approach learnt during training programs and workshops
- Service providers reported a **willingness to try new skills and strategies** as well as to go beyond the prescribed role and engage with the child/family on a deeper level to become facilitators in their journey of change
- Sustained capacity building investments in groups within organizations (therapists, community workers) has helped **shift the needle across the entire organization**
- The training programs have given **practical tools and approaches** that participants take back and use to convert the theoretical construct of strengths-based approach, family-centred care, and client-based practice
- Participants who have undergone Narrative Therapy workshops attribute their **significant transformation in perspective and approach** to them

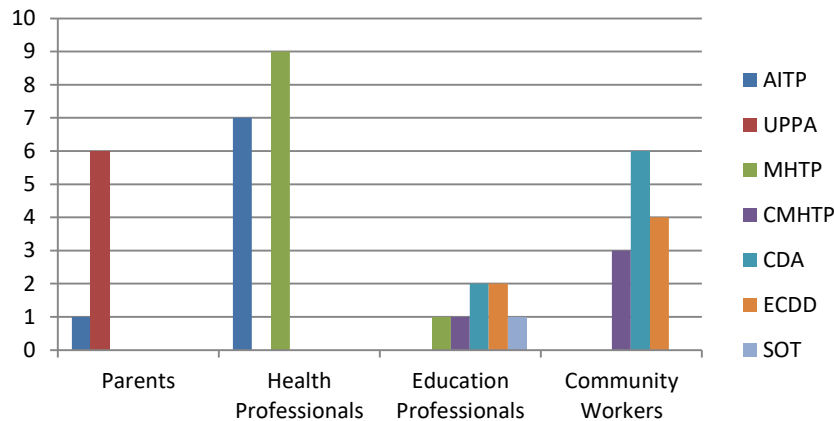
Distribution of respondents across training categories

Nearly three-fourth (73%) of respondents was trained through intensive, long-term, 'Engagement'. Therefore, the shifts in perspective, behavior and skills reported by the respondents are, largely, a reflection of this category of training engagement. In the community workers' group, all respondents had undergone long-term, 'Engagement' training programs. The 'Sensitization' group (5%) was largely represented by the health professionals. A breakdown of respondent categories by training programs attended is depicted in the exhibit below:



A further breakdown of respondents who have undergone the intensive, multi-modular, 'Engagement' training programs, illustrates that:

- Education professionals have undergone the most diverse set of programs – from Mental Health Training to overall Child Development, reflecting the range of issues that they address in schools, whether integrated or 'special', and in catering to different age groups and income profiles
- All but one parent spoken with have children on the autism spectrum, and have undergone training related to autism



Training Programs attended by 'Engagement' participants

AITP - Autism Intervention Training Program | **UPPA**- Ummeed Parent Program for Autism
MHTP-Mental Health Training Program | **CMHTP**-Community Mental Health Training Program
CDA-Child Development Aide Training Program | **ECDD**-Early Childhood Development and Disability Program | **SOT**- School Outreach Training Program

Distribution of respondents on the 4A continuum

At the time of conducting the Impact Assessment:

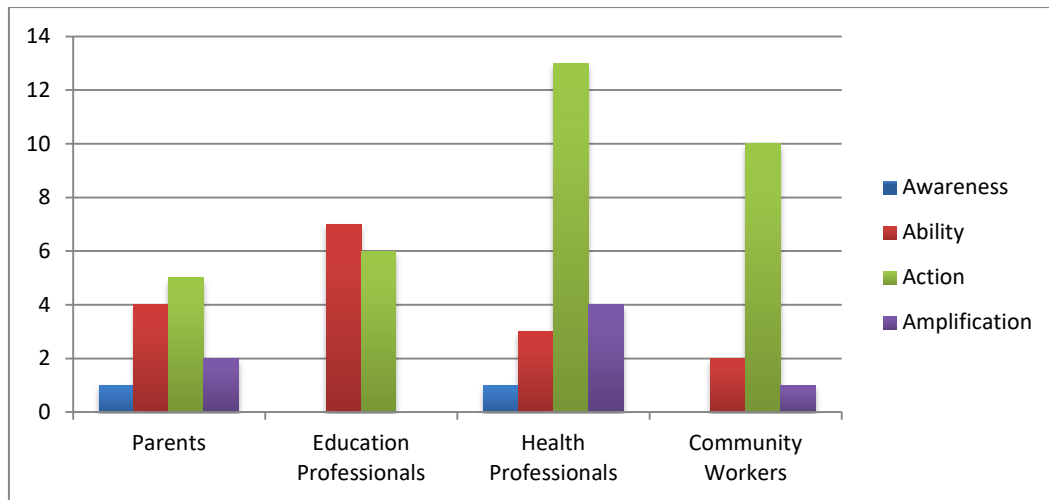
- Majority of the respondents (58%) were actively applying their awareness and ability to influence their immediate ecosystem i.e. they are at the stage of 'Action'
- A fourth (27%) reported to have moved from a stage of 'Awareness' to 'Ability' where they had built knowledge, skills and behaviour to respond
- 12% had taken their ability beyond their own immediate ecosystem ('Amplification')
- 3% had achieved 'Awareness' of DD and the 'Ummeed way' but were yet to move to the next levels of empowerment



A deeper analysis of the respondents on the continuum indicates the following:

- Of the respondents who were in the stage of 'Ability', around 43% were education professionals and 25% were parents
- The respondents who had moved to the stage of 'Action' were largely community workers (30%) and health professionals (40%)
- Only 12% of respondents were in the stage of 'Amplification', of whom around 60% are health professionals

The analysis has been presented in the exhibit below.



Trajectory of Respondents

The exhibit below depicts the trajectory that Ummeed envisages for participants who actively work with children with DD. At the time of participants' first contact with Ummeed, they are typically at one of the 3 stages:

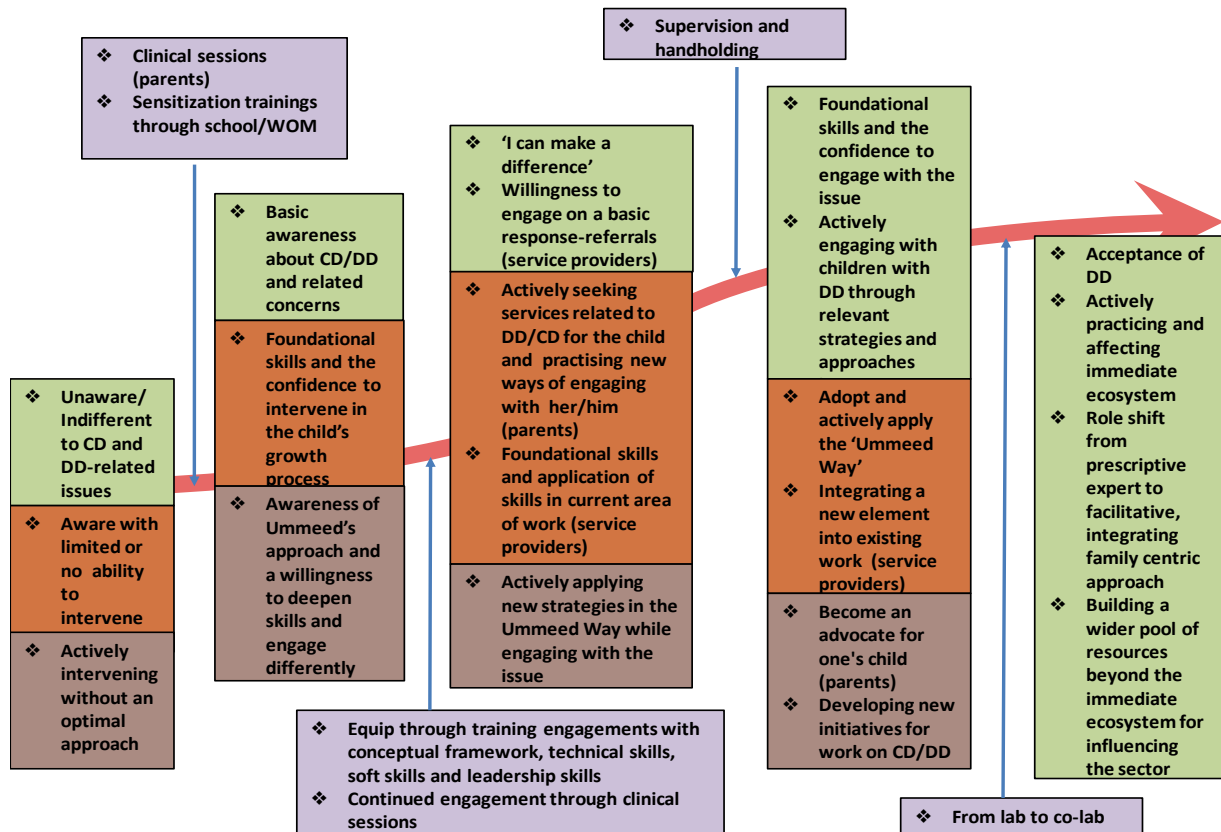
- Unaware/indifferent to child development and DD related issues
- Aware of child development and DD but with limited or no ability to intervene
- Actively intervening on DD without an optimal approach

Ummeed envisages their final destination to be a state of:

- Complete acceptance of DD
- Active practice to impact the immediate ecosystem
- Role shift integrating a strengths-based approach
- Active engagement beyond the immediate ecosystem to influence the sector of DD

Their pathway towards the envisaged destination and Ummeed's points of intervention, are depicted in the exhibit below:

The boxes in **green** indicate the milestones that stakeholders unaware of DD at the time of their first training with Ummeed are envisaged to go through; those in **rust** indicate the journey of stakeholders who are either partially aware and/or are aware but lack the skills to intervene effectively and the ones in **brown** map the journey of stakeholders who are already invested in the sector, however their interventions lack an optimal approach. The **purple** boxes encapsulate Ummeed's intervention at different points in the stakeholders' journey.



Tracking the respondents on this pathway indicates the following:

At the beginning of the journey with Ummeed

37% of respondents attended their first training with Ummeed at a stage of being **unaware** of child development and DD related issues.

~25% of respondents had a **basic level of awareness** of child development and DD when they attended their first training. Majority of this group is parents (around 60%) whose children were already receiving clinic services

At the time of conducting the Impact Assessment

- 6% reached the stage of **'Aware'** about child development and DD
- 35% have learnt the skills and have the **'Ability'** to address developmental disability challenges.
- 59% have started taking **'Action'** using skills and knowledge gained, in their immediate ecosystem
- 8% have learnt the skills and reported to have the **'Ability'** to address DD challenges
- 75% have started taking **'Action'** using the skills and knowledge gained, in their immediate ecosystem
- 17% have gone beyond their immediate ecosystems and expanded their scope of influence to **'Amplify'** their work

<i>At the beginning of the journey with Ummeed</i>	<i>At the time of conducting the Impact Assessment</i>
~9% of the respondents had attended their first training with Ummeed at a stage of having foundational level of skills to work with children with DD	• 25% have deepened their understanding and 'Ability' to address DD challenges • 50% have started taking 'Action' using the skills and knowledge in their immediate ecosystem • 25% have gone beyond their immediate ecosystems and expanded their scope of influence to 'Amplify' their work
25% of the respondents were already using their skills and working with children on DD when they attended their first training with Ummeed. They were working either as independent practitioners or as employees in an organization	• Around 92% of them reported to be able to continue with their 'Action' with greater efficiency by upgrading skills and capabilities, thereby intensifying their response to their immediate ecosystem • 8% of them have been able to build their capacities to go beyond their immediate ecosystems and expand their scope of influence to 'Amplify' their work
4% of respondents were already influencing the landscape beyond their immediate ecosystems ('Amplification') when they attended a training program at Ummeed. These are professionals who had set up organizations working with children living with DD and/or learning delays. They have continued to work in this space with a more intensified engagement, using a strengths-based approach	

Respondents' journey beyond DD

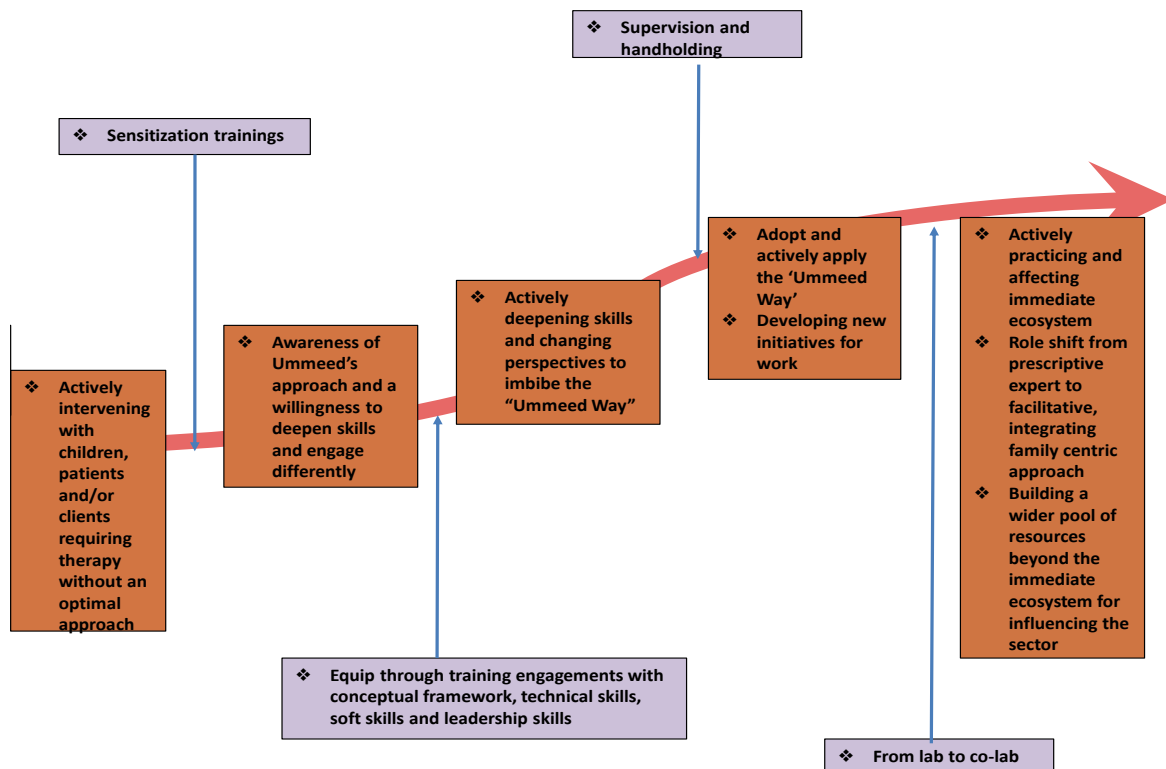
20% respondents reported to have moved across the 4A continuum on the second pivot as well, i.e. the internalization of a strengths-based approach across all realms of their engagement (going beyond DD). They span health professionals, education professionals and a community worker, all of whom are into direct service provision.

At the beginning of their journey with Ummeed, they were all actively intervening with children, patients and/or clients, without an 'optimal' approach. Ummeed envisages that, through their engagement, they will be able to integrate the following in their services:

- Role shift from prescriptive experts to facilitators, integrating a strengths-based, family centric approach
- Building a wider pool of resources beyond the immediate ecosystem for influencing the sector
- Active practice and influence on the immediate ecosystem

Their pathway towards the envisaged destination and Ummeed's points of intervention, are depicted in the exhibit below:

The boxes in **rust** indicate the milestones of stakeholders and the **purple** boxes encapsulate Ummeed's intervention at different points in their journey.



Tracking the journey of this group of respondents, indicates the following:

- Around 42% of them attended their first training with Ummeed at stage when they were ***actively working in their area of expertise***, but were not able to relate with their clients/stakeholders through an approach grounded in principles of empathy and strengths.
 - **All respondents** moved from this stage to the stage of '**Ability**' where they are currently engaged in transforming their approach towards cementing relationships of trusts with their colleagues, clients, and other stakeholders.
- Another 42% of respondents in this category had begun their Ummeed journey at a stage of ***partial awareness and/or practice of a client-centred approach*** in their work. Of these,
 - 40% have moved onto the next stage of '**Ability**' with inputs from Ummeed training programs
 - 40% have traversed the continuum to the stage of '**Action**' where they have been able to actively practise the principles and approaches learnt
 - 20% of the respondents moved to the stage of '**Amplification**' to impact a larger net of people

The transformative journeys of respondents were influenced by skills largely acquired through narrative therapy trainings. Whether it is the adoption of a specific approach such as the strengths-

based approach and the family-centred approach or a general shift towards an empathetic, democratic and empowering approach, respondents have been able to transform their professional environment. These transitions have been detailed further in the stakeholder journey sections below.

Continuing challenges

While there have been movements forward, to varying degrees, for all respondents, they continue to face challenges in their engagement on child development and DD. A summary of their continuing challenges is given below, and is detailed in subsequent sections, specific to stakeholders.

- Intense focus on up-skilling and empowering non-specialists have given big wins in the 'Action' component, but the ***lack of reliable specialists who children can be referred to*** and can continue the engagement in the 'Ummeed way' is a hurdle. Respondents who feel empowered with technical skills gained, find themselves at a loss when they seek advanced care knowledge and skills.
- While non-specialists are becoming spokespersons in their own ecosystems, there are ***missing advocates and influencers who can take the effort to a multi-stakeholder, sector level***. This is reflected in the lack of gains reported in change-making capital, detailed below.
- In the absence of continued engagement by Ummeed with resources and support, respondents feel ***constrained in sustaining their work***. Even those who work in organizations and with teams, feel the need for periodic intervention by Ummeed to help them keep up the momentum of their work.
- ***Lack of funding for capacity building*** is restricting participation in Engagement opportunities for intensive 'Action'. Organizations not located in Mumbai often refrain from sending participants for trainings due to the high costs incurred in stay and travel.

The Impact Journey

Overview

Following from the section above which summarizes the transformation that trained participants have undergone, this segment breaks down and tracks the shifts for each category of respondents. Going beyond quantitative markers, anecdotes and qualitative feedback have been incorporated to communicate the shifts in entirety. The analysis of transition delves into the entire basket of capabilities called out by respondents to capture the wide net of influence through Ummeed training engagements.

Each stakeholder section is structured in the following way:

- Profile of the respondent group and an overview of their impact journey
- An aggregation of their journey on the 4A Continuum of Empowerment
- Specific deficit areas addressed and gains for the respondents
- Continuing challenges

The impact journeys described below capture their shifts on both the pivots – specifically on DD, and going beyond DD in other aspects of their lives.

The Outcome for Children

The impact of the training engagement with Ummeed is with an eye to the final objective – shifting the ground for children who are at-risk and those who have been diagnosed with delays and DD.

At the time of the Impact Assessment, the respondents who have undergone training were reaching out to an average of 35 children, each, at any given point of time:

- Education professionals (teachers and special educators), on average, reach out to 49 children through the year
- Community workers work with about 55 children each, at any point of time
- Therapists work with nearly 180 children and their families, each, per year
- All parents, but one, are working with their own child

They spoke about how their engagement with Ummeed has positively impacted the interaction with children they work with. While each stakeholder section below has incorporated their specific feedback, some of the key areas of improvement which were attributed to knowledge, skills and perspective gained at Ummeed are:

- Parents report that their children can interact better with family members, including extended family
- Children are able to pick up visual cues and respond to them
- They have been able to visit public spaces as well as neighbours' homes
- Professionals have been able to address the needs of children who were hitherto not identified as having learning disabilities/delays
- Children with DD have received and applied inputs on interacting with other children in the class

- Through training inputs it has been possible to integrate children with DD into activities of classrooms, crèches, etc.
- Therapists said their relationship with clients has been positively impacted ever since the pressure of being the “expert” has been lifted

Caregivers and Parents

A total of **13 primary care-givers** were covered for the Assessment. They are all located in Mumbai except for one who moved to Kolkata a year ago. All parents, except one, were living with children who were on the autism spectrum. The analysis of training impact is based on responses from 12 participants since one respondent had not undergone any training programme. However, her journey is narrated in the section separately as a case story.

- After their exposure to Ummeed, all parents reported to having an **enhanced understanding of their child's condition and recognition of the self as the expert** for their child. Parents have traversed more intense journeys of empowerment with Ummeed, than the other stakeholders
- Almost all respondents (except two) had **begun their journeys through clinic sessions** and then later participated in training programs.
 - Parents viewed the clinic as much as a site of capacity building as training programs, a complementary extension of clinic services.
- Two respondents are also part of the parents' support group in Ummeed

Traversing the 4A Continuum of Empowerment

The key milestones and markers on parents' journeys on the 4A Continuum are:

- All parents reported shifts in two areas: their **ability to deal with their child's condition** and their **ability to engage about the child's needs** with others in the immediate as well as external environment
- All respondents reported an increased efficiency in their **ability to interact with their child** as well as **intervene, as experts, in their child's growth and learning process**

Sushila⁶, who has attended several skills training and UPPA told us, 'Many things changed in the way I started dealing with my child. I am not entirely dependent on the therapist anymore. When I am at home, I know exactly what to do with him. I know that I can't scold him and shout at him like any other parent does with their child, I know that when I use a new word I have to be mindful and use the word slowly, and so many more things. And now I can take him with me to parties and to neighbours' homes. I know what to do when he starts screaming in a public place.'

Siddhi who has also attended the UPPA workshop, said, 'I realised that my daughter could not study alone. So I started actively seeking a study partner for her. I finally managed to find her a partner and gradually, she started working with her partner, without me. I learnt games that I can play with her, learnt how to get her to speak, to respond.'

- Continued engagement with Ummeed through both clinic and training sessions had also catapulted more than half of the respondent towards 'Action'. They have **advocated for**

⁶All names of training participants have been changed

their child's rights by initiating conversations with family members (immediate and extended), teachers, and neighbours.

'I feel the trainings gave me ways of speaking to people at home, to my family members. I'm able to explain to them how they should be when they interact with my son. And there's a difference now. They have slowly started to understand.'

Two of the parents who are now in the stage of 'Action', had attended skill building workshops, alone. While one of them was already part of the clinic sessions, Ankita, had only attended trainings and had moved from an initial stage of being unaware about developmental disabilities to taking action, including speaking with teachers in her child's school: 'I attended the Behavioural Modification workshop while I was going through an extremely trying time with my daughter. I couldn't understand why she was behaving the way she was, she would not look at me, she wouldn't respond to me...her paediatrician had told me there was no issue! After that one workshop, I was convinced that she was on the autism spectrum and needed a specific kind of care. I've attended several other workshops since and have spoken to my family members about it as well as her school. I explained her condition to people at school. I even organized a video call with Ummeed and the school authority to understand her and spread awareness on autism'

- While clinic sessions are effective in equipping parents with the confidence and skills with which to intervene directly with their child, they felt training programs provided them with additional **skills of communication and self-confidence** to become champions for the rights of their child
- All respondents shared a desire to engage beyond their own child and to work with other children. However both, **lack of time (beyond taking care of their own child with DD) and perceived inadequate skills and knowledge** were holding them back
 - Parents deal with the extreme emotional, physical and mental exhaustion of being the primary care-giver to their child with DD. All respondents reported, almost always, feeling a severe time crunch.
- **Only two parents have moved from the stage of 'Action' to 'Amplification'** beyond their immediate environments to impact the sector of DD.

Seema, has formed a virtual support group for mothers of children living with developmental disability. As a parent of a child on the autism spectrum, she constantly felt the need for support, especially emotional and mental. She realised that there are others like her who are seeking such support. She started a WhatsApp group with parents she met at Ummeed and keeps the connect alive even if physical meetings are not possible. She actively designs games and shares them with the group and encourages conversations and discussions among members.

Sushmita, has actively taken on the role of counselling children with delays and disorders after undergoing the AITP training at Ummeed. Although her transformation and competency in the sector has been heavily influenced by both Ummeed as well as another organization she has trained at, she attributes the learning of specific technical skills required for counselling to AITP.

'I knew most of the things from other workshops. But, I got to learn from a therapist's perspective in great details. The level of detail was exceptional.'

Addressing capital deficits

The transformative journeys of parents and primary care givers have been influenced by both clinic and training sessions. However, as has been detailed above, training has also had specific impacts in terms of enhancing skills and capabilities. The section below highlights the incremental advantage

training programs have provided to parents over and above the clinic sessions which also have in-built components of observation and training. The outcomes, mapped below as capitals gained are those that the group has identified through their training engagement with Ummeed.

Outcome of Ummeed's engagement	
Leadership Capital	Recognition of the self as the expert: Training experiences shaped parents as informed individuals who can effectively intervene at each stage of development of their child. While increased levels of confidence is also attributed to clinic experience, training programs boost the process of empowerment by: building theoretical knowledge on DD, providing skilling sessions on specific behaviours and everyday actions (e.g.: toilet training), and most importantly, providing a space for collective learning and sharing of experiences <i>'I started realising that I can change her life. All I have to do is continue to engage with her'</i>
Knowledge and Skills Capital	- All parents reported large gains in acquiring specific skills to intervene, or to gain new knowledge to understand their child better. They reported that application of the new skills positively affected the way the child relates with them, and with the external environment - Respondents shared a change in their way of interacting with their child from commanding to reasoning on gaining greater clarity about their condition <i>'Earlier, when my child threw a tantrum, I used to immediately resort to scolding him or punishing him. I have gradually changed that because understand that a lot of things he does isn't necessarily under his control. I have to be patient. I have to speak with him in a certain way, I can't just expect him to obey me.'</i> Understanding behaviour: An extremely empowering experience for parents through training programs was 'being able to understand why my child was doing what s/he was'. Whether it was through UPPA or through shorter workshops such as Behaviour Management, gaining an in-depth insight into the minds of their children, heavily impacted parents both at an emotional level as well as at that of cognizance <i>'I am able to identify the pain points in my daughter's life. Even though she is unable to communicate issues I can understand what is troubling her'</i> <i>'I understood how important it is to give the child space, even from me. He now spends some time away from me every month for a couple of days with his aunt and uncle. I've also told them how to interact with him and they follow all the strategies'</i> - While the clinic sessions provide regular inputs to parents on how to communicate and engage with their child, programs such as UPPA have provided parents with various games and play methods to be used to build on the child's skills. Respondents found these especially helpful to keep the child engaged as well as to elicit responses from him/her. <i>'Attending the UPPA I've picked up many different ways of playing with the child and teaching through playing. I can now show him how to play with one toy in many ways to break a pattern; I learnt the use of visual tools when engaging my child'</i>
Social Capital	All respondents unanimously voiced the immense power that they felt in the trainings by being part of a group that was going through similar experiences. They highlighted feeling a sense of 'oneness' through the sharing of experiences and cross-learning and emotional relief felt at knowing that they are not alone. <i>'I met 15-16 parents whom I didn't know before. There was so much that I learnt from their experiences. I felt inspired listening to the stories of struggles and victories of other parents' said Anjali, who has attended an UPPA training apart from other skill building sessions.</i> <i>'There is so much taboo and stigma that surrounds autism. There's a lot of negativity. Parent's need all the support they can because it can get very frustrating. Meeting</i>

others who are going through the same experience can be emotionally empowering.'

- Moving beyond the child and **communicating with family members** was seen as essential by all respondents. While not all of them have been able to successfully engage with them yet, three respondents shared small victories in their efforts at conversing with parents, in-laws and husbands about their child's condition. They attributed specific skills gained through the trainings in preparing them to find ways to constructively communicate with family members.

'It is not easy managing my child as well as the rest of the responsibilities at home all on my own. The greatest challenge is for people to accept her. Just telling my family that this is what it is, didn't work. I had to communicate in a way that would make them see her with empathy. I used to get angry and frustrated really easily before when they wouldn't understand or would ignore her. But I have learnt to be patient and learnt how to communicate.'

Continuing challenges

Despite all the gains and shifts that parents have experienced, they are faced with some challenges, old and evolving, in addressing the needs of their children.

- Mothers shared the huge distance that remains to be covered when it comes to **the entire family adopting an approach of empathy towards the child**. Although a few parents reported progress in this area, convincing family members, both immediate and extended is a challenge when it comes to: getting them to acknowledge the disability and unique needs of the child; and subsequently, getting them to follow the ways of interaction and learning that the mother has learnt from Ummeed.

'My husband came to attend a workshop with me but left mid-session; he thought, after listening to other parents speak, that there was no change in any child and therefore there is no hope. He doesn't show any interest. I take my child to therapy, I help him learn. All I asked from my husband was that to show appreciation and encourage him when he does something well. But he can't even do that.'

'I have told my father-in-law repeatedly, to not give the phone to my son even if he throws a tantrum. But he won't listen, and gives the phone to him. I try to tell them that we are supposed to ignore the tantrums and let him be. We have to ignore him. That is what I have learnt. But, no one listens. They will always indulge him. Give him food even before he asks; it leads to over eating. I think it's because they don't know how to deal with him; they give in to his tantrums so that they don't have to engage.'

- Mothers expressed **intense exhaustion** at having to not only be the primary care-giver for her child but also to manage the entire household without adequate support systems.

'No one asks me how I am doing. I don't have a social life, a work life, any other identity. I spend 5-6 hours travelling with him for therapy and other needs'

- Another parent who had also visited a therapist outside Ummeed shared,

'I have been told I need to put my child through 40 hours of therapy every week. How do I make that time? I have two children...time management and equal attention is a big challenge. And family members don't even want to help by playing simple games with him.'

- Respondents shared anecdotes of interaction and of raising awareness among other stakeholders in their children's universe. However, these are largely in the realm of teachers.

When it came to speaking with neighbours or friends, parents said they **lack confidence in engaging with them**

'I still feel a little anxious and scared when I go to someone's house or when we are in a public function, that she might break something or do something destructive. Although now when we go to anyone's house we make it very clear that our daughter has a condition. Still, we feel a little anxious'

- Even though respondents have been able to seek support and solidarity from other parents they met at training programs, they miss **a sustained support network** that they can reach out to
- Even where parents would like to 'amplify' their role to become sector shapers, in practice, they are **unable to go beyond addressing their own children's concerns** and break the cycle of dependence on them.

Health Professionals

A total of 21 health professionals were spoken with through IDI (10), short dipsticks over the telephone (2) and FGD (9). Of the 21 respondents, two were doctors. The analysis, therefore, reflects responses primarily of 'therapists' which includes the net of health professionals engaged in counselling, and the entire range of therapy – speech, occupational therapy, and so on.

More than any other category of stakeholders, health professionals underscored the life-changing possibilities of the Narrative Therapy course and workshops.

Therapists

Traversing the 4A Continuum of Empowerment

The key milestones on therapists' journey are:

- Therapists have **started enjoying their work** ever since the burden of being the 'expert' has been lifted. They have redefined their role to guide the family to join the dots and find solutions, rather than prescribe them.
- Most therapists were already at a stage of 'Action' when they entered the Ummeed landscape. They have been able to intensify their action with: relevant, updated knowledge, efficient strategies of intervention, effective communication skills. Thus, they have gained **technical skills as well as a larger approach shift towards their work and clients**, to intensify and deepen their 'action'
- Those in the 'Amplification' stage accessed trainings to **build on specific skills** that can augment the impact of their work
- Two of the respondents began their journey with Ummeed at a time when they were already shaping and building the eco-system around them. One of them has founded, and is running, a development centre for children focussing on delays and disorders, while another co-founded, and runs, a parent support organisation for persons with children with auditory disabilities. They attended the MHTP course and acquired specific skills that they have taken back to their work to **grow their circle of influence**

Veena's son who was born with a hearing disability. Over the last 21 years of actively intervening in her son's growing and learning process, Veena has sought support from several places and has voraciously read up all the information pertaining to her son's development. In 2007, Veena collaborated with another parent to form a much-needed parent-support group. This later grew into an organisation that is now working towards not just providing a support network but also a resource pool for knowledge pertaining to development of children with hearing disabilities. In 2017, Veena enrolled in the MHTP training programme after a friend shared her experience of attending Ummeed's training program. She was aware of Ummeed's services but had not attended any training programs until then.

The training had a transformational impact on Veena. 'After the MHTP training, I am more in control of myself which is helping me to empower others', she said. While there have been significant changes in her personally, the most important gain in her opinion is the effect it has had on her organisation. Veena is certain that the course has the potential to change organisational cultures. She is already in the process of inculcating some of the communication skills within the organisation to improve dynamics between co-workers. However, her biggest take-away from the training has been the importance of collaboration. 'MHTP has helped me understand the importance of collaborating and not being restricted to me and myself. I want to connect with my MHTP batch-mates to see what kind of work can be done with them in collaboration. I want the organisation to focus on expanding the work by collaborating with other professionals from the same field as well as different fields in the universe of delays and disorders.'

Affecting change beyond DD

- Five respondents reported shifts in their work through the strengths-based approach, especially in the nature of their relationship with their clients/patients. All of them had attended either the long-term engagement training on Narrative Therapy or the two day training on the subject. Knowledge and skills acquired through these programs had empowered them to bring about constructive changes in their work. Respondents reported large shifts in their '**Action**' that centred on **changing an initial prescriptive approach to a more democratic, and client-centred one**.
- A clinical psychologist shared how she had moved beyond the conventional, transactional, doctor-patient relationship towards a more empathetic approach that pushed her beyond the regular clinic visits to **designing special grief workshops** for clients going through severe trauma. These were based on strategies she had learnt during the two-day Narrative Therapy workshop.
- Another respondent, also a clinical psychologist, attributed an entire change in his interaction and dynamics with his patients to the insights gained at the narrative therapy workshop.

'I understood how power dynamics worked between me and my patient and how that affected their treatment process. My approach has shifted from 'I' to 'patient'. I ask: what does the patient want?'

Seeta, a therapist, narrated her experience of using Narrative Therapy knowledge and skills when working with survivors of sexual violence and abuse. She has been able to improve her professional capabilities as a therapist through skills she learnt at the training, such as the use of maps. At present she is in the process of designing a workshop for unpacking and re-constructing concepts of gender and power using Narrative Therapy practices in her organisation that works on Prevention of Sexual harassment at the Workplace

Doctors

The doctor respondents have seen a shift in their journey along the stages of the 4A continuum around the second pivot, through the internalisation of a strengths-based approach in their work.

Khadija is an oncologist with 30 years of experience, including a stint at the Tata Memorial Hospital. During her work, she realised that apart from prescribing medicines and following the course of treatment, there was still a lot that was left wanting in terms of improving the well-being of a patient's life. Khadija quit her work with a vision of creating a space where patients could find solace, peace, happiness, mental and emotional healing. Without much knowledge on running such a place, she initially felt at sea, but was determined to not give up. On a friend's suggestion she attended the MHTP course in Narrative Therapy in Ummeed. 'It was the best decision I made, because the course gave me so much – confidence in myself, technical know-how including various forms of counselling and therapies that I didn't even know existed.'

Khadija finished her course in September 2017 and her Centre was inaugurated in October 2017. She admits that she wasn't entirely convinced about the relevance of the course to her project, initially: 'Most patients at the centre were going to be adults, and I wasn't sure how Ummeed who works with children could give me any inputs on counselling adults.' However, the course proved to exceed her expectations and Khadija has structured many sessions, activities, therapy sessions in the centre around the content of the training. Over time, she realised that she could extrapolate most of her learning to her adult patients. 'Most of the course was about approaches and perspectives. And these could be applied across age ranges. I spend a lot of time with my staff on how to speak with patients, how not to be judgemental, to listen and understand the patient's perspective...I even opened up the centre to not just patients but their families and care givers as well. There is a great deal of pressure on them also and no space to release their anxieties and frustrations.'

Addressing capital deficits

	Outcome of Ummeed's engagement
Leadership Capital	- Being introduced to a democratic and client-based approach, for doctors meant a shift from their previous prescriptive approach towards their patient to a more facilitative and participatory approach. The two respondents we spoke with attributed the constructive relationships they were able to create with their patients to this new approach. - For therapists, this shift in approach has led to a shift in their self-perception, from 'problem solvers' to facilitators. As facilitators, they now feel less burdened at work and are able to enjoy their interaction with the client. The dissipation of the frustration they felt at work to provide answers has been the most empowering experience for therapists. <i>'I always felt pressured to provide answers to problems parents would have. I thought it was MY role to figure out the solution. After Narrative Therapy that changed. It made me change my approach completely and make it collaborative. I am now acknowledging that the family knows best and that they have the answers, has made me feel more comfortable when I work. Now I have conversations with the family and through those conversations we collaboratively figure out a possible solution,' said a psychologist working with children with developmental disabilities</i>
Knowledge and Skills Capital	Understanding why a child behaves and responds to his/her environment in a certain manner through the training inputs added greatly to respondents' professional skills <i>'I've struggled with dealing with behaviour of children. Didn't know what to do if a child started crying when I'd take away something from their hand. I wouldn't know how to make the child stop crying so I'd just give back the object. AITP helped me understand behaviour so I'd know exactly how to deal with the child,' said Madhumita who works in an organisation that provides clinical services to children with developmental disabilities</i> - All respondents shared that they had learnt specific technical skills and strategies through the trainings; they had gained new knowledge both in theory and practice which were immensely beneficial <i>'I used to have reactive strategies. That has changed. For example, earlier, I used to respond to how a child acts when s/he comes to me. The child may feel uncomfortable in a new environment and start crying or screaming and I wouldn't know what to do. This changed after the training because I learnt how to apply proactive strategies. In a similar situation now, a week before the child comes to visit me, I send pictures of the room to the caregiver and ask them to show those to the child and familiarise him/her.'</i> (Therapist) <i>'The training (AITP) had so much for me to learn from and it was all contextually</i>

	<i>relevant. We learnt a lot, starting from how we assess kids...there was a checklist that Ummeed put together of different kinds of intervention strategies.’ (Therapist)</i> <i>‘I have started using maps when working with clients who are in abusive relationships. This technique helps me as a professional navigate through client concerns that don’t resonate with me, like idol worship,’ said Seeta, a therapist working with adolescents and adults</i>
Social Capital	Majority of the respondents reported a positive, constructive relationship of trust between the parent, child and therapist due to better interaction skills gained at Ummeed. As with other professionals, therapists too reported increased ability to establish open and positive channels of communication with parents. Much of this was attributed to being able to finally understand concerns and anxieties from the parents’ perspective as well as then having strategies to deal with them and support them through the journey. This has significantly impacted their practice and made their work easier and less challenging.

Continuing challenges:

- The **dominant, medical fraternity continuing to have a prescriptive approach**, especially with children is a cause of concern for those who have adopted the ‘Ummeed way’. They feel, a prescriptive approach not only impacts patients’ well-being and treatment, but also that of health professionals’ who would feel much less burdened using a participatory approach. A paediatrician working in a Mumbai hospital, felt that Narrative Therapy could contribute to the much needed behavioural changes among medical and para-medical staff, towards patients.

‘Most therapists, because they are from the medical background, approach every case as a problem that needs to be diagnosed and then treated. No one looks at the human aspect of things, no one gives the individual any value.’(Therapist)

- Professionals working in an organisation felt that **embedding the ‘Ummeed Way’ in their organizations was difficult unless the entire team undergoes similar processes**. When only a handful of professionals in the organisation participate in trainings and learn new skills and perspectives, they find it challenging to come back to a space where others were unaware of the changes.
- Therapists and counsellors who work independently feel **unsupported without guidance on their ability to apply the skills learnt at training programs**. In the absence of a supervisor or mentor to provide feedback to them on their implementation of the skills learnt, respondents felt unsure if they are applying new knowledge in an optimal way.

Education Professionals

13 education professionals were respondents for the Impact Assessment, of whom 9 were interviewed telephonically and 4 were part of an FGD. Of them, 6 are Special Educators and are already embedded in DD, while 7 are Teachers.

Teachers

Teachers reported gaining leadership and knowledge capital that helped them make the transition from being unaware of DD to both, an increase in theoretical knowledge as well as an increased ability to identify children with delays and disorders.

Traversing the 4A Continuum of Empowerment:

- Teachers have either attended their first Ummeed training at a stage of being completely unaware of DD or having partial knowledge on the issue and its related concerns.
 - Respondents who were initially completely unaware have been able to move to the stage of '**Ability**' having inculcated skills and theoretical knowledge through the trainings they attended.
 - Those who, initially, had a basic level of awareness on learning delays and disabilities reported being able to move to the next step of taking first level '**Action**' such as identifying a child in the class with a delay/disorder.

Affecting change beyond DD

- Respondents were able to implement new approaches that resulted in behaviour shifts leading to better relations with children as well as their families.

Meena who works as an anganwaditeacher in a centre that runs through public-private partnership, has attended the CDA training in her work site. She said, 'The training actually helped me build my team. I started identifying strengths of team members and introduced new activities, including discussions...I became more open to listening to observations and feedback from others.'

Lena has been part of many, skills training programs by Ummeed. Through all of these she has been able to distil ways of building constructive relationships of trust with both parents and children in her class. She feels that the trainings can even address questions of violence and neglect that children from resource poor communities often face.

Addressing capital deficits

	Outcome of Ummeed's engagement
Leadership Capital	• Most respondents shared that they were either completely unaware or had partial knowledge of DD and child development concerns. They reported a shift in their knowledge and perspective post Ummeed training programs. Some of these shifts reflect a general understanding of delays and disorders; a few respondents have also reported increased theoretical knowledge on specific disorders <i>'Everything I learnt on autism and other mental health disorders and disabilities was completely new to me. I have been teaching for a while but I had no idea that these things existed' said Malini, a pre-school teacher prior to the CDA training in Ummeed. She currently works as a special educator.</i> • Interestingly teachers reported a lack of theoretical knowledge on development disabilities, despite being taught about disorders in the B Ed curriculum. <i>'I had learnt about all kinds of disabilities when I did my B Ed. However, since they</i>

	remain in the ambit of theory somehow when one starts to actually teach, in the daily routine these things start fading away from memory. During the Ummeed training all of it seemed like new knowledge to me' (School teacher) - Teachers, especially those working with primary and junior school children reported a marked difference in their levels of self-confidence post Ummeed training. An expansion of their knowledge base on issues of child development has equipped them with a sense of belief and faith in their own ability to make a difference in lives of the children they teach. <i>'I became more confident; my language changed. Earlier I looked at children through one lens, as disruptive; and I had accepted that as the truth. I have completely changed the way I approach children in my class now.'</i> (Primary school teacher) - A common challenge for all teachers was their initial inability to understand why 'some children would just not get what was being taught, even after trying everything, including scolding the child'. This often resulted in self-blame and teachers were left constantly questioning their competency. Trainings with Ummeed have resulted in a change in this pattern. All respondents unequivocally voiced a sense of empowerment that they felt at being able to de-personalise and recognize the unique needs of the child <i>'As a teacher my aim was to ensure everyone in my class understood what was being taught. But I could somehow never reach out to the one or two children who were unable to grasp what I taught. I used to try adding fun elements, change the way I'd teach, even tried scolding but still there were kids who wouldn't just respond. I just didn't understand why I repeatedly failed to reach out to them,' said Lena, who works as a teacher in a non-formal education centre</i> <i>'In the training we learnt a new approach towards our work. It has really helped me understand my work better and also understand my children. I am now more open to learning than to teach and I am more confident in my communication with children who are slow learners' (School teacher)</i>
Knowledge and Skills Capital	Respondents reported a perspective shift in their approach towards teaching. Trainings enabled participants to re-shape their attitude and behavior, when engaging with children, through a strengths-based approach. It has enabled teachers to develop constructive relationships of trust with children who were previously labelled as 'disruptive' and 'problematic' and were mostly ignored. <i>'Every time I struggled with a child, I'd resort to negativity and I used to be really aggressive and pushy. The strengths-based approach has turned this around. I now first approach the child by identifying the positives in her/him and I work backwards with these in mind' (School teacher)</i>

Prerna has been working as a consultant at a Nursery School as their curriculum designer as well as a private tuition teacher in Mumbai, for the last twenty odd years. Her students are mainly boys in the age group of 8-13. Two years back, she was facing considerable challenges in teaching one of her students who was around 13 years old. Despite all her efforts, the boy found it difficult to learn; he could not retain an old concept/theory the moment he learnt a new one. After many discussions with his parents, he was taken to a counsellor and finally he was diagnosed as being on the autism spectrum. However knowing this in itself was not enough for Prerna who was still struggling to teach him. Prerna's sister told her about Ummeed where she attended a few skill building training programs. What impacted her most have been the skills she picked up through the Narrative Therapy conference and the Autism workshop. It gave her the right tools and techniques to engage with her student and help him in his learning process. He cleared his tenth standard board exams last year! 'The Narrative Therapy workshop helped me understand how to deal with him without taking the blame and stress all on myself. And the autism workshop gave me tips and strategies that I could use to aid him in his learning. It is easy to adapt some of the strategies with adolescents.'

Special Educators

Special Educators reported an ease in their ability to communicate with parents and carry out their work ever since they have identified themselves as facilitators and the parent as the 'expert' in matters of the child.

Traversing the 4A Continuum of Empowerment

- None of the respondents had begun their journey with Ummeed at a stage of being completely unaware of developmental delays and disorders. They were already actively intervening with children with learning difficulties.
- Two respondents who were previously working with children (including some with learning delays) as generalists, were **recognised as Special Educators** in their organizations, after their training engagement with Ummeed.

Malini currently works as a Special Educator in an inclusive school in Mumbai. She joined the school as a pre-school teacher 11 years ago. She had prior experience of working with children in other organizations, but did not have any specific training or awareness on developmental delays or disorders. When she joined her current organisation, it was the first time she was meeting and working with children who had learning difficulties. But she felt out of her depth since she could not understand how to engage with them and bring them into the fold with the other children. 'The place wasn't inclusive. No one knew what to do with children who weren't learning things the same way as the others.' In 2010, Malini was chosen along with another colleague to attend Ummeed's CDA training. She wasn't sure of what to expect at the training except that it would be on disabilities. The training met her expectation of learning about disabilities and much more. Apart from learning about specific delays and disorders, the training instilled in Malini a sense of confidence that was not based only on theoretical knowledge but the acquiring of numerous tools and strategies with which she would go back to the organisation and to the children in her class.

After going back to her organisation, Malini's role was changed from that of a pre-school teacher to that of a Special Educator. She was part of a group that worked exclusively with children facing learning difficulties and worked on creating specialized learning modules that were tailor made to accommodate each child's learning process.

- All respondents reported following approaches that were heavily dependent on the special educator in the role of the expert with minimal inclusion of parents in the learning process of their child. Thus, while respondents were both 'Aware' and 'Able', the 'Action' was not at the optimum level. Through the Ummeed trainings all have transformed their approach to one that is more family, and client-centred. They have been able to successfully transition to the stage of '**Action**' where interventions are planned, designed and executed with the foundational principles of Ummeed using appropriate and effective strategies.

Although Latika was a trained Special Educator, working in a school for children on the autism spectrum, she was constantly faced with doubts and fear at work. 'I was always scared of new kids joining us. I'd agonise and be anxious about what would happen; whether I'd be able to figure the child out, understand their behaviour...I was just so scared.' Ummeed's skilling inputs specifically on communication helped pull her out of the zone of self-doubt and lift her towards planning active interventions. 'I picked up skills of interaction and engaging with a new child...how to build trust and rapport. I try to understand the needs of the child first and then gradually design action plans with them.'

Addressing capital deficits

Outcome of Ummeed's engagement	
Leadership Capital	Respondents reported a significant shift in their perception of themselves as professionals. Workshops especially, the Narrative Therapy one, are able to build on the strengths of professionals to transform the way they view a client-professional relationship and their role in it <i>'My approach has now shifted. Now, I see it as 'the problem is the problem, the problem is not the person'. I have learnt to handle the challenges, so the challenge does not remain a challenge. I realise that they can be worked through,' said Kavita, a Special Educator in a private school in Mumbai</i>
Knowledge and Skills Capital	- All respondents acknowledged having gained new insights about DD. The knowledge gained ranged from recognising disabilities beyond the physical form to being able to differentiate between different kinds of disorders to learning about the development stages of a child. <i>'Everything I learnt on autism and other mental health disorders and disabilities was completely new to me; earlier I thought disabilities were only physical', said Malini</i> <i>'The fact that a child can have multiple disabilities was not something I had known earlier. It helped me understand the behaviour especially of one child in my school', said Shyama, a Special Educator</i> - All the respondents mentioned acquiring specific technical skills that enhanced their professional capabilities and increased the efficiency of their interventions with the children. An effective strategy learnt at the trainings was the use visual tools like flash cards, for children on the autism spectrum.
Social Capital	- All the respondents reported an increased ability to interact with parents in a way that is non-blaming and non-threatening, using the strengths-based approach and building on effective communication skills acquired during the trainings - One respondent underscored the importance of such trainings in terms of the potential they have in effecting change in the relationship between teachers and Special Educators <i>'There's always a shifting of blame between teachers and Special Educators, and I found it tough to have conversations with teachers. The training has definitely helped me overcome this barrier. I suggest strategies to teachers for the one-on-one engagement sessions. I am so much more confident now when I speak with teachers, and I can communicate with them in a way that I am heard,' said Shyama</i>

Continuing challenges

- To be able to apply their skills to the fullest, Special Educators feel **the need for other staff in the organization to be trained**. When teachers are not trained they pass on the responsibility of dealing with children with difficulties entirely to Special Educators, particularly the task of communicating with parents.
- Teachers, although aware of DD and its signs, do not feel confident to do early identification of delays**. Most respondents expressed a lack of confidence in being able to transition from 'Ability' to 'Action'. While they voiced gains in confidence, perspective shifts as well as theoretical knowledge, there was also an acceptance of not being able to move ahead into applying those successfully. They still find it difficult to recognise delays and disorders at an early stage and most are still unable to engage with a child who has been detected with a learning difficulty. In some cases teachers felt it beyond their scope of work and ability to intervene effectively.

- While talking about the crucial role played by the counsellor, a school teacher in Mumbai said, 'The counsellor comes only on Thursdays and primary school children can't wait. What we need is a **remedial educator for early intervention**. I cannot do all these things.'
- Special Educators feel the need for a mechanism to help them identify if they are able to implement the skills learnt correctly and adequately, through **guided feedback of their actions and interventions**.

'I am not clear about my progress after the training. I've applied many of the strategies taught there...I've used visual cards, flash cards, behavioural charts...but there's no feedback on whether the usage is okay' (School teacher)

- Addressing concerns of children of **higher age groups** continues to be a challenge for teachers and Special Educators alike, especially the need to address the concerns of employability and financial sustenance.

Community Workers

Of the 13 community workers who participated in the Impact Assessment, 5 were part of IDI and the rest were in a FGD. The group was of a mixed educational background, ranging from those who had completed their Masters in Social Work, to those who could not complete their primary education. All respondents had undergone long term engagement trainings with Ummeed; the range of trainings covered by them includes Child Development Aide Training Programme (CDA), Early Childhood Development and Disability Program (ECDD), and Community Mental Health Training Program (CMHTP).

Since all of them were employed in community-based organizations that were working either directly or indirectly with children, during and after the Ummeed training program, their responses were located within the design and implementation in their organisation. Respondents were from organizations in Mumbai, Pune, Kalol and Dehradun. This section does touch upon some of the organisational insights gained through community workers; the next section on Partners (Organizations/Institutions) provides a more detailed analysis of the impact of Ummeed's training engagements on organizations as a whole.

Traversing the 4A Continuum of Empowerment

- 10 respondents' journey with Ummeed began at a stage of being completely unaware of developmental delays and disorders. From there, nine have traversed the path towards **'Action'**.
- One respondent has moved to a stage of **'Ability'** on the second pivot of internalization of a strengths-based approach across all realms of action and engagement beyond DD.
- In tandem with Ummeed's vision for community workers to be skilled in early identification and referrals, all respondents reported large gains in their **'Ability'** to detect delays and disorders at an early stage and refer them to appropriate professional services.
- Long term engagement trainings have not only been able to generate awareness and build capacities in individuals who prior to Ummeed had no grasp of the subject, but also instilled in them **a sense of responsibility and willingness to translate the knowledge and skills into 'Action'**. Respondents shared creative and innovative approaches that they designed and piloted within their communities to further work on developmental disabilities through community led initiatives.

Vishal, who attended a CMHTP training, works with an organization that focuses on education of children in underserved communities. He spoke at length of the change in approach adopted by him, while working with the community, as a result of the training. 'We work with women's groups in the community, including creating leaders and change makers from among them. After we had done our narrative therapy training, we realized that among the women, their understanding on health is restricted to its physical aspects. We decided to conduct a Narrative Therapy session with some of them. It was a 5-day course. Their perspective on mental health completely changed after this training. They started focusing on children with learning delays in the community. They would look out for such children and started referring them to Ummeed. Their levels of confidence and self-esteem have also gone up immensely'

- Respondents have also seen a change in themselves in that they realize the need, have the confidence and the ability, to **reach out to other stakeholders in the child's life**, especially the primary caregiver.

'Even if a mother wants to understand what is going on with her child, she can't because our society is made up in a way that doesn't advantage women. So, the doctor won't explain things to her properly and will send her off. We sit with mothers and make them aware of different delays and disorders and also guide them on how to speak with the doctor and follow what s/he is saying,' said Rakhi who works in Pune in urban slums.

- Only one respondent, has reached out beyond his immediate circle of influence to impacting the larger eco-system('Amplification')

Sameer (CMHTP participant) founded an organization for children living in under-resourced communities with a focus on delays and disabilities. His transition to the stage of 'Amplification' has been shaped by several influences of which training is one. He has himself been a client of Ummeed's clinical services when he was a child and has grown up with family members who are on the autism spectrum. Thus, the CMHTP training boosted his self-motivation with the technical know-how to reach out to a wider audience.

- For a few respondents, undergoing training in Ummeed resulted in a **shift in roles and responsibilities within the organisation**. They were viewed as specialists and given specific roles requiring domain expertise.

Lata, who was working as an Assistant to primary school teachers in a school that has students with learning difficulties, was promoted to the role of a Junior Instructor once she had finished her CDA course. She was given tasks that would require her to apply the technical skills she had acquired such as speaking with parents using the GMCD tool to obtain information on the child, and also to increase their community outreach to parents using the principles of family-centred approach.

Santosh and Priya both attended the CDA training after which their organizations gave them the responsibility of supervisors and mentors for the next batch of trainees who went for CDA training. In her organization, Priya was also promoted to 'programme coordinator' level for an entire vertical of community-based programme.

Addressing capital deficits

Outcome of Ummeed's engagement

Leadership Capital

- Irrespective of educational background, all respondents reported having gained **new insights on both DD and child development**. Most respondents reported significant shifts in their grasp of the latter. This has also led to an increased acceptance of DD by the participants.
'In the first month of my training, I was familiar with the content because MSW teaches us mental health and counselling. When the training shifted to Narrative Therapy, then it was an entirely new experience. We are only taught theory in our education system. Narrative therapy finally gave me a powerful way to apply the theory in field' Vishal, who has attended the CMHTP training
- While increased levels of confidence were reported across all groups of stakeholders, community workers specifically expressed a **sense of pride** that they associated with the ability to impart to their colleagues the new knowledge and skills learnt
- Two respondents have undergone further training with Ummeed on supervision and facilitation skills to become **mentors for subsequent batches of trainees** in their organization
'I realised that everyone has the capacity to bring about change. If I have the right skills and strategies, I can make a difference' (CMHTP participant)
'We have now become more positive in addressing the issue. The staff feels more empowered to deal with cases. We have trained staff, so we don't have to refer all cases outside. The staff now knows which ones need to be referred out,' said Priya, who attended a CDA training
- All respondents emphatically underscored having **overcome self-doubt and the tendency to second guess** while engaging with the community.
'I knew something was wrong with the child. But I didn't know what. I wasn't sure if I should speak to the parents about it, because what would I say? Maybe she was fine,

and I was over-thinking. But I think everyone should go through this training. I now know when I am right and the child requires specific attention. I know exactly what to tell her parents,' said Lakshmi a community worker who attended a CDA training

- All respondents unequivocally emphasised a **complete shift in their approach towards work**, beyond DD per se. This approach is perceived to be more democratic, empathetic and brings in the lens of a facilitator, catalysing change and not directing it. This perception is held across all community workers, including those who do not actively work on DD

'As a social worker we generally work with this notion that we are changing things, we are the active agents. But after this training that changed. I realised that everyone has the capacity to bring about their own change. It's just that some people lack the external resources, or for some the situation they are in, is not favourable,' according to Vishal. Further, 'We are able to look at the child, at the family, now, as people who have back stories because of which they are what they are, they do what they do. The way we approached each issue with a child, earlier, used to be from an investigative point of view to see where and which stakeholder, including the child, has gone wrong. It was like a police investigation. And this used to bring in a judgemental attitude. We used to emphasise the mistake and speak to the child about it. We used to punish the child.'

- Along with adopting a strengths-based approach in their work, respondents also emphasized on the shift in their approach towards **accepting families as the experts of their children's lives**. This, they said, led to easier communication with parents as well as greater participation from parents in their child's lives.

'We work with migrant families; we tend to be dismissive about parents' care. We have now learnt to identify their strength. How do we utilize even the smallest amount of time that parents have, to build a relationship with the child? Sometimes migrant families are with us just for a week, but we can't ignore their children because time is short. So we focus on planting something in the family which they can take back with them.'

Knowledge and Skills Capital

- All respondents, except two, specifically mentioned having **gained a heightened ability to recognize delays and disorders in children**. Prior to the Ummeed training they could identify children who exhibited severe symptoms of disorders such as non-responsiveness and physical symptoms. After the training, they are able to detect early signs of delays as well as differentiate between different kinds of delays and disorders.

'During the CDA training I learnt new things like developmental stages. I learnt about gross and fine motor skills and how they start developing in a child,' said Lata

- Apart from the ability to grasp theoretical concepts and distil their essence in practice, majority of the respondents have been influenced to **delve deeper into the lives of children and connect with them on a deeply emotional and empathetic level**. They can now recognize the 'why' behind the symptoms and manifestations, and then intervene.

'At the balwadi there was a child who was always restless and would never sit quietly. The mother who did not know what to do, would only keep hitting the child. Finally, I understood that he was getting irritated by the environment inside the balwadi. I explained to her to sit with him and observe him. Once the mother sat with him, the child became calm.'

- Almost all community workers (11 out of 13) felt they had gained the **ability to communicate, interact and engage with children whom they previously did not 'understand' and largely ignored**. They attributed this to the practical lessons they had undergone on observing clinical sessions as well as the mentoring support they had received during their field work from Ummeed.

'We had a child with cerebral palsy at one of our centres for many years. We had no idea how to speak with him; we used to keep him separate from the rest, in a corner, because we were scared he would get hurt. Only after the training did we learn how to be with him. Now he plays with all the other children'

'Earlier I never looked at the child as the resource in itself. After the training we started building the capacity of the child so that s/he could solve their own problems,' according to Vishal

	- A range of skills was identified by respondents that contributed to their behavioural and perspective shifts. These skills were not only used in their interaction with the children, but also with parents to build on the relationship of trust. From changing the way one asks questions to use of tools like GMCD or maps for understanding a person's life story, participants provided numerous instances where these acquired skills were applied on ground. <i>'One needs to ask questions without implying blame...instead of 'why' one needs to ask 'what do you think?', according to Santosh while Lata said, 'I went back and started reaching out to parents in the community. We were taught how to use the GMCD tool in the training, so I used that when talking to parents.'</i> - All the respondents mentioned learning effective and empathetic ways of communication with a wide net of stakeholders including not just children but families and other community members as well. A few specifically mentioned learning skills of observation in the context of early identification of disorders.
Social Capital	- Respondents from all three (CDA, ECDD, and CMHTP) training programs have been able to constructively change dynamics with their colleagues and team mates. This has in turn led to a change in the dynamics among colleagues in some of organizations <i>'I had a theoretical understanding and knowledge of matters concerning developmental disabilities. I could see that a child in the community had a particular disability. But, as Program Coordinator, I didn't know how to communicate that to the community worker without making it seem like a top-down imposing of knowledge. Many a times I would end up losing control and being brash and impulsive when speaking with the team. The training has helped me overcome the hierarchies and actually engage my team in discussions,' - Priya</i> - Most respondents spoke about the transformation in their relationship with families of children they work with. Training inputs have considerably improved communication channels between community workers and parents, especially of those living with children with learning delays and disorders. <i>'Earlier when mothers would be reluctant to speak with us, we would give up because if the mother is not interested, why should we be. Now we keep trying.'</i> <i>'We were trained on how to speak with the family, with the mother and father. Initially we only spoke with the mother and even discouraged men to come to the centre. But we realised after the ECDD training that both are important. We put our efforts into building a good rapport with both parents. Now all children at our centres have both parents working with them.'</i> (Community workers' FGD) - Some respondents highlighted the importance of having a peer group that is alive and supportive. A vibrant support network was seen as a place for continuous cross learning and sometimes, even collaboration. Even when some participants seemed to have lost touch with Ummeed, they felt a pull towards their training batch-mates and those who weren't in touch with them expressed a desire to reconnect.

Continuing challenges

- When only a handful of community workers in an organization undergo training, they have to **impart the appropriate skills to the rest of the organization**, something they do not always feel equipped for. Although learning a new skill/theory is an empowering process for community workers, they feel ill-equipped as facilitators/mentors to impart this new skill to others in the organisation. It becomes extremely challenging for him/her to explain complex concepts to others in comprehensible way.
- Although respondents are able to detect delays at an early stage, however, they feel restricted by the **lack of specialists for referrals who will continue the 'Ummeed way' of**

engagement. Once the care and intervention required for a child moves beyond the ambit and technical knowledge of the community worker, there is no place for referral that maintains the standards and approach of Ummeed. Those in Mumbai refer children to Ummeed; it comes with the challenge of a long waitlist. Outside Mumbai, the situation is way bleaker.

- **Funding for capacity building of staff is hard to come by.** Organizations are constrained in sending repeat batches of staff for long-term training due to distance and cost, including that of bringing substitute staff on board. Attending a 6-month training in Mumbai not only implies travel, it also entails accommodation in a city that is often unaffordable.

Partner Organizations

Overview

Some NGOs who work on issues of DD and/or child development, have consistently linked team members with Ummeed training programs, on-site or off-site. It is hypothesized that a sustained engagement of the organizations through multiple training courses, has created a shift not only in the participants, but overall, in the organization as well. These organizations are viewed as ‘partner organizations’ by Ummeed. To test its hypothesis, leaders of 7 partner organizations were spoken with through telephonic IDI. Their responses have been integrated with that of the staff who have undergone training.

The analysis of their responses focuses on the ability of capacity building engagements to up-skill organizations in the DD sector as well as to push them to move beyond their immediate sphere of influence and ‘**Amplify**’ to become eco-system builders.

Detailed stories of the journey of 3 partner organizations have been included in this section – Muktangam working on education, Sethu working on DD, Tara Mobile Crèches Pune working with migrant labor communities – to gauge the specific elements of the partnership that have influenced shifts.

Of the 7 organizations, all but one works with children – Anchorage works with adults with developmental disabilities. Four of them specifically work on intellectual disability and DD while three were not working with a specific focus on developmental disabilities at the time that they started their training engagement with Ummeed. For the latter group, Ummeed has conducted CDA and ECDD trainings with two organizations.

The key elements of the partner organizations covered here are:

Akanksha Foundation, Mumbai

- Founded in 1991 with the mission to deliver high quality education to every child, irrespective of their background, it works through a Public-Private Partnership model in Municipal Schools in Pune and Mumbai, to create constructive synergies between students, parents, schools, and the community to ensure children are in a supportive and nurturing environment at school and at home
- Currently 21 Akanksha Schools impact 8,000 children
- Akanksha Foundation has been engaged with Ummeed for the last 12 years. Recently, 12 members attended the Narrative Therapy training

Anchorage, Mumbai

- Founded in 1998, Anchorage works with adults with special needs to ensure dignity, self-esteem, holistic care and community-building
- Anchorage aims to reach out to as many special needs adults as possible, directly or indirectly, with job work and lifeskills training to help families address ageing issues
- From 2012, its staff has attended the Narrative Therapy workshops and training programs

Jai Vakeel, Mumbai

- Set up over 70 years ago, Jai Vakeel Foundation works with severely intellectually disabled children providing them healthcare, education, skill development and support services



- It estimates to have impacted over 1 lakh lives
- Beginning with sending 2 senior staff members for an autism course, Jai Vakeel has linked many of its team members with Ummeed training programs

Latika Roy Foundation, Dehradun

- Founded in 1994, the organization works with children and young adults with disabilities through creative diagnostics, education and therapy to children and adults focusing on the socio-economically marginalized
- They sent 2 team members for CDA training in 2009 and subsequently 4 more members were sent over 2 years
- 2 staff members have also attended the MHTP training

Muktangan, Mumbai

- In partnership with the Municipal Corporation of Greater Mumbai, (MCGM) the first Muktangan preschool was started in 2003, with a vision of an alternative model to bridge gaps and disconnects in schooling through an inclusive, student-friendly, community based framework of education within the mainstream system
- An estimated 3,700 students and 815 teachers have been developed through the model
- A Learning Resource Group has been set up and teachers have been trained by Ummeed to respond to the special needs of children with learning difficulties
- From 2009 to 2013, 10 teachers have undergone the CDA training in three batches

Sethu, Goa

- Set up in 2005, Sethu's mission is to be a bridge between children and their families, their schools and their communities to foster their complete development
- They work through a comprehensive model of assessment, therapy, educational initiatives, advocacy, awareness and capacity building
- Early intervention, strengths-based approach and training those who work with children are the keystones of their approach
- From 2016, the staff has attended AITP and MHTP trainings

Tara Mobile Creches, Pune (TMCP)

- Originally founded as a branch of Mobile Crèches Delhi, TMCP has been working in Pune since 1980 and was hived off as a separate organization in 2007
- It works with a mission to ensure that migrant construction workers' children enjoy the right to safety, healthcare, education, recreation and participation
- They work through centers/crèches on construction sites in and around Pune
- From 2015 to 2018, 21 employees have undergone CDA (5) and ECDD (16) training
- Additionally, the first two CDA participants have received critical mentorship for capacity building as facilitators

Traversing the 4A Continuum of Empowerment

- Five partner organizations came into the Ummeed universe at the 'Action' stage when they were deeply invested in the developmental disabilities sector, but lacked skills to work with an optimal approach. All of them have deepened their understanding, inculcated new perspectives and approaches, gained new technical insights and skills to now function at a higher level of 'Action'.

- One partner organization entered the training arena at a stage of being unaware of developmental disabilities. Through sustained training engagement of around 20 team members over a course of three years, the organisation is now in the '**Action**' stage where the staff is able to identify children with delays and disabilities as well as engage with them. Where the issue seems beyond their skill level, they refer the child to a professional.
- Overall, the '**Ability**' and willingness of organizations and their employees to reach out to and engage with children who have growth and learning needs has increased. This, in turn, has increased the actual number of children impacted by each organisation. The partner organizations have seen:
 - An increase in the number of children identified with delays and disabilities
 - An increase in referrals to either Ummeed or to other local professionals
 - Greater acceptance of DD by parents

Organization-wide shifts

Training inputs from Ummeed have worked at two levels for partner organizations:

1. An enhancement of professional skills of employees on child development and DD
2. An organizational shift in systems and structure

Enhancement of professional skills of employees

- For team members in *Latika Roy Foundation* and *Jay Vakeel* who were already working with children and adolescents with developmental and intellectual disabilities, there were some challenges in their work that required employees to learn new skills. These were by way of gaining a **deeper understanding of a particular condition to address evolving complexity of conditions**. Ummeed has plugged this gap through their long term engagement training programs, by building on the existing skills of the employees, both in theory and practice (the sections above about community workers, education and health professionals, outline these skills in detail). This has raised the knowledge capital of the organization, overall.
- Another major area of challenge for the staff, which Ummeed has been able to effectively address, is that of **communication with parents**. The staff found it extremely difficult to address the sensitive nature of the issue, and the associated stigma. Often, asking questions to understand the child better would lead to a breakdown in communication. As outlined in the earlier sections, participants have been able to change their approach entirely when interacting with parents, especially in their ability to seek information without necessarily using language that may seem judgmental or imposing blame onto parents.

Shift in systems and structure

- *Sethu* and *TMCP* have been able to **change their work ethos** by changing and/or creating systems with the foundational principles learnt at Ummeed training programs.
- An internalisation of the strengths-based and family-centred approach impacted dynamics in the organization, whereby team members are able to interact with more empathy and foster a supportive and collaborative environment.

'The staff was committed but there was no end goal or purpose with which activities were being carried out. There was no structure or framework within which the organisation was running. There

was an immediate need to work on staff attitude and behaviour and to change the dynamics in the organization. Both the CDA and ECDD trainings over the last few years have helped in changing the dynamics between team members and create systems and structures that are less power heavy and follow a more bottom-up approach.'

- Sethu has been able to **re-plan its clinical services offering** with Ummeed's training inputs, to reflect the principles of client- and family-centred work. This shift has been detailed in the section on Sethu's journey, below.

Continuing challenges

The challenges that partner organizations face vis-à-vis training engagements are:

- In most organizations, only a few employees have undergone training. They find it difficult to come back to their workspace and **keep up the energy and momentum**. Particularly, in organizations that are not already invested in DD, participants found it hard to apply their skills in their work and expand its scope to include DD.
- For outstation organizations in particular, **sending participants for long periods of time to Mumbai causes considerable financial pressure** and this becomes a key reason for organizations refraining from sending repeat participants
- From the responses and stories shared by partner organization, it is evident that a transformation in skills, behaviour, attitudes, and perspectives is only possible through a **prolonged and continued training engagement spanning employees across the organisation**
- Organizations that do not work on DD, find it challenging to play their newly envisaged role in the **absence of reliable, support organizations/individuals** like clinics, therapists, and inclusive schools

Muktangan

Muktangan began work in Mumbai around 14 years ago, as a model school towards an inclusive, student-friendly, community-based model within the mainstream system. At present Muktangan runs in seven municipal schools across Mumbai. With the aim of setting up truly inclusive schools, Muktangan worked with a special focus on children with learning disabilities. Teachers in Muktangan are largely from the community from where students come; they receive in-house training on all aspects of teaching including catering to slow learners.

However, due to the lack of prior learning specific to DD and related disorders, teachers faced considerable hurdles and challenges in providing the best learning experience to children who had learning delays and disorders.

- Teachers were unable to comprehensively grasp the developmental stages in children and implement this understanding in their teaching.
- Muktangan was unable to address the gap in teachers, both in terms of theory as well as practice and was seeking external support.
- The lack of confidence in engaging with children with special needs was felt also by the team that designed the curriculum. Without a more comprehensive understanding of DD as well as child development, the staff felt ill-equipped to design syllabus that would truly cater to the learning needs of all students

In 2009, staff from Muktangan attended their first training on 'Inclusion' by Ummeed facilitators. Subsequently, over the next three years, batches of teachers from Muktangan attended the CDA and ECDD programs. The expectation was to build a team of teachers and curriculum design staff who were confident in engaging with all students, who were able to understand the needs of each child and speak to their learning

and growth process needs, and who would be able to collaborate with each other to truly create a school where each child could maximize their learning potential at their own pace.

Journey of Empowerment

Through sustained training engagement over four years, Muktangan schools have been able to transform learning experiences of students as well as build capacities in the staff that reflects in knowledge, behavioral and perspective shifts. There has been a ***deepening of existing skills and changed perspective to 'Act' at a higher level***. Specifically,

- Muktangan created the Learning Resource Group after engaging with Ummeed. The Group comprises dedicated staff who create customized learning modules for each child with a learning delay/disorder based on their learning ability
- For a few teachers, their roles changed to that of Special Educator after they finished the training course with Ummeed

At present, Muktangan has a team of 15 teachers dedicatedly working as a Learning Resource Group, across the 7 centers with around 200 children with learning delays and disabilities. Of these around 60 children live with severe developmental disabilities and require customized learning plans made by Special Educators.

The specific deficit areas addressed through the Ummeed engagement are:

	Outcome of Ummeed's engagement
Leadership Capital	• Increased confidence in team members of their professional ability on DD, leading to a clarity of role and contribution of each member on child development and learning difficulties • Increased competency in designing customized learning agenda for each child • Perspective shift about addressing learning difficulties
Knowledge and Skills Capital	• New knowledge gained on DD • New approaches learnt towards better communication and interaction with both children and their parents • Technical skills gained
Social Capital	• Better relations forged with parents and ability to communicate issues in a facilitative and empathetic manner

Teachers from Muktangan who are now working as Special Educators, attribute much of the transformation in behavior and confidence in their ability to the Ummeed training. However, the staff continues to face challenges, some of which include:

- ***Lack of complementary support from teachers*** who feel the responsibility of engaging with children with difficulties lies solely with Special Educators. This leads to a break down in achieving the collaborative and supportive environment that they envision
- ***A gap in transferring knowledge and skills by trained staff (largely Special Educators) to the rest of the organization (especially teachers)*** hinders the transformation of the organization as a whole with a new approach and perspective
- The staff does not have similar opportunities to ***learn about other disabilities*** which come in the way of engaging with children, like auditory and visual impairment. They also ***feel at a loss in envisioning a future*** for those with DD in a higher age group

Located in Goa, **Sethu** was established in 2005 to provide services for children with developmental, behavioral, emotional and educational challenges. The focus is on the developmental and behavioral well-being of children from birth to 19 years. With the belief that 'it takes a village to raise a child', Sethu reaches out to the entire network of stakeholders actively involved in a child's life especially the immediate family. Their team comprises 23 members including Development Pediatricians, Special Educators, Speech Therapists, and Clinical Psychologists. To be able to provide quality services to the child and his/her family, Sethu engages with multiple partners and collaborators to constantly update its staff's capacities and capabilities through trainings, workshops, discussions among others.

Through their work, Sethu constantly felt the need to experiment and explore other forms of therapy besides the traditional one-on-one form. Simultaneously there was also a need felt to upgrade staff skills to a notch above the current levels. While other trainings were providing generic inputs, Sethu felt a gap in specific technical skills with which to elevate their services.

Journey of Empowerment

From 2016, therapists from Sethu have attended either the training on Narrative Therapy or the AITP. Interviews with staff across the organization revealed that both training programs were able to add and build on the existing skills of the respondents. It has deepened their existing skills and changed their perspective to 'Act' at a higher level.

- The biggest gain reported by them was their **ability to enjoy their work after a perspective shift in their understanding of their roles as therapists**. Most therapists shared the constant angst and anxiety with which they worked, 'a pressure to give a solution to the client'. Having undergone trainings with Ummeed, this perception of one's role shifted. Therapists have now adopted an approach that is inclusive, empathetic, participatory and client-centered. Families and the child are not looked at as passive recipients of treatment but active change-makers who can collaborate in finding best approaches towards providing growth and learning solutions for the child. This has considerably lessened the burden on therapists.
- Apart from changes at the therapists' level, Sethu has made an organizational shift by modifying their programme on autism. With Ummeed's training inputs, Sethu has introduced new assessment tools and re-structured the process of planning intervention goals with the children. The goals are now drawn up in an inclusive manner involving the family, the child and the therapist.

At present, the Autism team in Sethu comprises four therapists who attend to around 60 children (both new cases and follow-ups) every week.

The specific deficit areas addressed through the Ummeed engagement are:

	Outcome of Ummeed's engagement
Leadership Capital	• Therapists are able to enjoy their work • Participants are able to take on leadership and mentoring roles for the rest of the staff
Knowledge and Skills Capital	• Enhanced understanding of planning and assessment methods and alternatives • Understanding behaviour and applying proactive strategies, including the introduction of different kinds of therapy methods • Therapists are skilled with a new approach to problem solving
Social Capital	• Up-skilled team in engaging and interacting with parents through a family-centered approach

Some of the continuing challenges for Sethu are:

- **Engaging external stakeholders** is a challenge. Ideally, Sethu would like to work with groups and individuals in the region who have a stake in the growth and development of the child, such as teachers, counsellors, and therapists. Working with state-appointed counsellors due to their non-democratic, and prescriptive approach, is a particular challenge
- The inability to **expand the net of competent professionals** who work with an approach similar to Ummeed/SETHU in Goa

An offshoot of Mobile Crèches Delhi, Tara Mobile Crèches, Pune (TMCP) established itself as an independent organization in 2007. TMCP works in resource poor, migrant communities to provide crèche and day care facilities. At present there are 16 centers in Pune in various communities. Each center caters to an average of 10-20 children, at any point of time. Along with the work at the centers, the staff also conducts outreach programs in the communities to spread awareness on issues, including information on government schemes

and entitlements.

In 2013, with a change in leadership, there was also a change in the organizational structure of TMCP. The new Director identified gaps in effective functioning of the organization:

- Lack of an organizational vision
- Activities perfunctorily performed by employees without any investment into the larger change
- Children who had obvious learning issues were being ignored due to both a lack in the ability to identify the disorder as well as a gap in skills to address the issue.

Having had around 30 odd years of experience as a Special Educator herself, the Director recognized the need to train the staff specifically on both child development and DD. After spending a couple of years on introducing new systems and structure that addressed a bottom-up approach, better communication and dialogue between staff members as well as an end vision towards the work, in 2015, the first two employees were sent to attend the CDA course in Ummeed.

Journey of Empowerment

Over three years, employees of TMCP attended two ECDD programs and CDA training. This continued and sustained engagement was a planned process to ensure a deep entrenching in the staff of knowledge, practical skills, perspectives and approach towards working on DD and child development. Through this engagement, the TMCP team has moved from a stage of being unaware of DD to ***actively intervening through first level responses***.

- TMCP has been able to ***completely re-haul its organizational culture*** from being a top-down, hierarchical organization to one where power is distributed horizontally, decisions are made through inclusive and participatory methods and there is better communication between team members
- ***Community workers***, previously unaware of learning delays and disorders ***are now able to confidently identify and also engage with children who have DD***. Where they feel ill-equipped to address the issue, they refer the child to a professional
- Sustained input by Ummeed to the first two CDA participants on mentorship and facilitation has helped them take up the role of grooming and nurturing the next batches of trained community workers, thereby creating ***a self-sustaining model of transformation***

At present, TMCP works with around 1000 children across its 16 centers. The ratio of staff to child is maintained at 1:10, across the different age group segments - birth to 3 years, 3 to 6 years, above 6 years).

The specific deficit areas addressed through the Ummeed engagement are:

	Outcome of Ummeed's engagement
Leadership Capital	• Change in attitude of participants leading to a better working ethos as well as increased skills of mentoring and guiding • Community workers are confident in their ability to identify children with delay and disorders
Knowledge and Skills Capital	• Knowledge gained on DD leading to a willingness to deepen skills of engaging with children with special needs • Introduced to the strengths-based approach
Social Capital	• Investment of staff in children with delays has increased • Nature of engagement with parents has changed to a strengths-based one • Increased engagement with fathers

Some of the continuing challenges for TMCP are:

- Since staff from only nine out of the 16 centres have been trained till date, the ***skills learnt need to spread further and wider*** to create an organization level shift
- In the ***absence of a larger pool of mentors***, there is a lot of pressure on the only two who have been trained for mentoring

Insights from Ecosystem Influencers

Donors

Right from its inception, Ummeed has partnered with a number of progressive donors who have supported its growth and encouraged it to innovate for increased benefits for children with DD. While some donors were predisposed to supporting child development and DD even before their contact with Ummeed, others had a history of supporting children's issues but were not extensively supporting DD interventions.

As part of the Impact Assessment, representatives of five donor agencies were interviewed, to map their partnership journey with Ummeed and identify any shifts that they may have undergone during this time, individually and/or as an organization. An analysis of their responses has led to the identification of the nature of Ummeed's contribution to shifts at each point in the journey of the donor agency.

The donor agencies whose representatives were interviewed, have all played a significant role in supporting Ummeed's training and capacity building initiatives. They are:

Azim Premji Philanthropic Initiatives (APPI), Bengaluru (Private Philanthropy)

- APPI has supported Ummeed since 2017 to build the market and demand for its training programs.
- The total support/commitment by APPI, at the time of this assessment, was ~₹ 4.0 crores.
- The partnership with Ummeed has been classified under APPI's category of support to 'Vulnerable Groups' (includes 'Persons with Disability'). Of the overall funds commitment by APPI, around 50% is committed to this category.
- The respondent for this Impact Assessment was the organization's Senior Manager, Programs.

Bajaj Auto Ltd, Pune (Corporate Social Responsibility)

- Bajaj Auto Limited has supported Ummeed since 2017 under its Corporate Social Responsibility (CSR) allocation, towards upgradation of facilities and operations.
- The total support/commitment by Bajaj Auto Limited, at the time of this assessment, was ~ ₹ 8.0 crores.
- The partnership with Ummeed is classified under Bajaj Auto Limited's support category of 'Children with Special Needs', towards which around 10% of CSR funds is currently committed.
- The respondent for this Impact Assessment was the organization's General Manager, CSR.

Cipla Foundation, Mumbai (Corporate Social Responsibility)

- Cipla Foundation has supported Ummeed since 2015 towards operations and for setting up and running Ummeed's dedicated Training Centre.
- The total support/commitment by Cipla Foundation, at the time of this assessment, was ~ ₹ 5.0 crores.
- The partnership with Ummeed was classified by the Foundation under 'Health' (including support for working with persons with disability, which comprised approx. 14% of the entire portfolio of the Foundation's support).

- The respondents for this Impact Assessment were the Foundation's Chief Executive Officer, Chief Operating Officer, and Head of Department, Palliative Care.

HT Parekh Foundation, Mumbai (Corporate Social Responsibility)

- HT Parekh Foundation has supported Ummeed since 2015 to carry out its community-based interventions and training.
- The total support/commitment by the Foundation, at the time of this assessment, was ₹ 1.3 crores.
- The partnership with Ummeed is classified under HT Parekh Foundation's category of 'Differently Abled' towards which less than 10% of the Foundation's funds are committed.
- The respondent for this Impact Assessment was the Foundation's Program Officer.

Narrotam Sekhsaria Foundation, Mumbai (Private Philanthropy)

- Narrotam Sekhsaria Foundation (NSF) has supported Ummeed for over 8 years, towards a range of capacity building initiatives, including support for a team member to attend an overseas training program.
- The total support/commitment to Ummeed so far was approximately ~ ₹ 40 lakhs.
- The support to Ummeed is aligned with NSF's commitment to capacity building of the social sector, a running theme across all its support.
- The respondent for this Impact Assessment was the erstwhile Vice President of the Foundation who worked closely with Ummeed during her tenure.

Journey of empowerment

All the respondents from donor agencies underscored that the partnership with Ummeed has provided immense **opportunity to deepen learning about DD**. It has given them **exposure to high-end, domain expertise and rigorous implementation of DD services**. It has also **demonstrated the possibilities of capacity building** as an effective mechanism for building the sector.

Analysis of responses

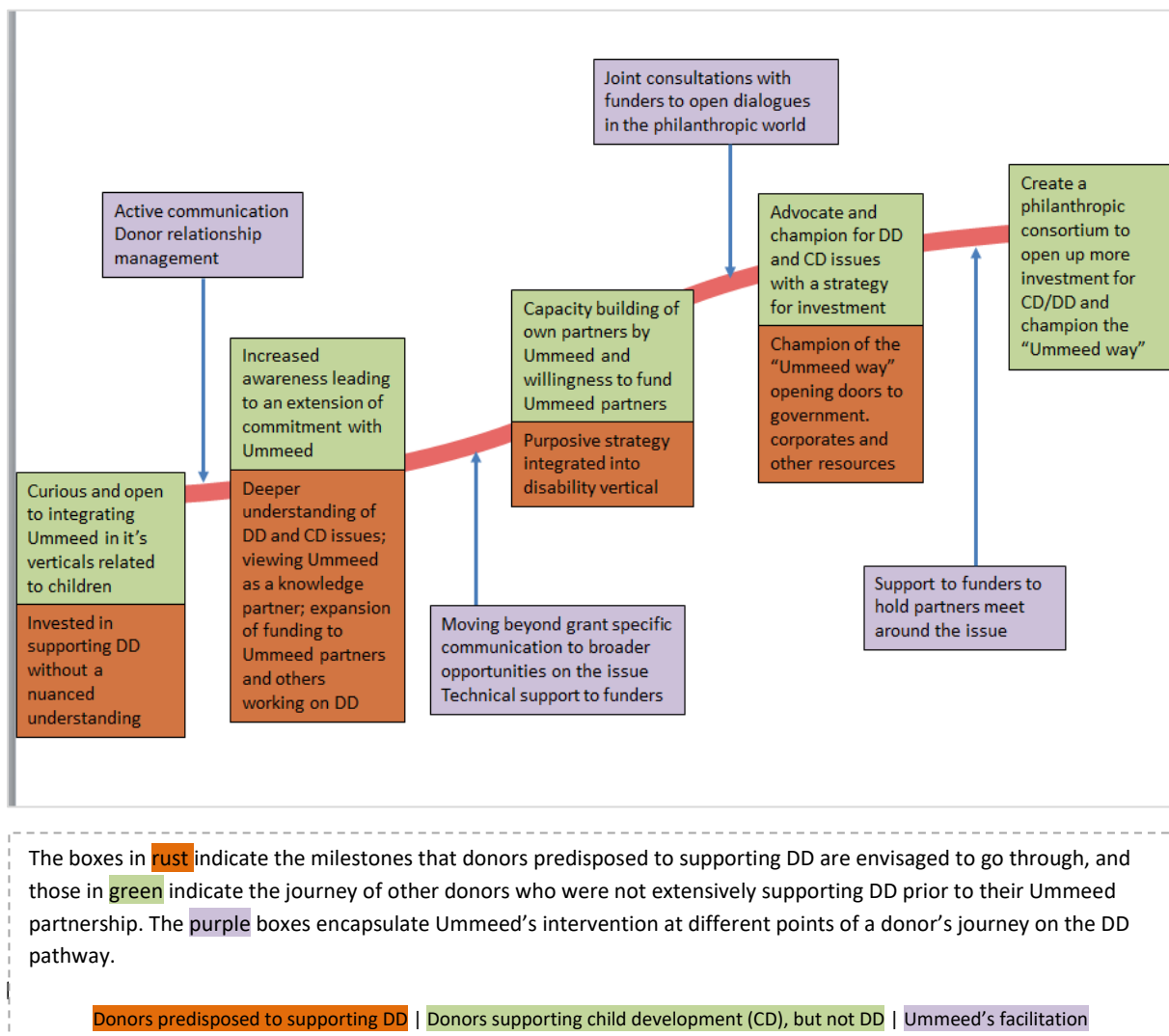
- Of the five donor agencies interviewed,
 - One was supporting DD interventions prior to their partnership with Ummeed. The respondents of two organizations had former exposure and understanding of DD issues.
 - Two reached out to Ummeed as part of its search for organizations working on DD to enhance its portfolio of child development and outreach to vulnerable groups.
 - One donor approached Ummeed's proposal from an overall commitment to capacity building as a way to build the child development sector, not restricted to DD alone.
 - One donor identified Ummeed through its search for organizations reaching the 'unreached'
- At the time of conducting the Impact Assessment, two of the donors had partnered with Ummeed for over a year, two for over three years, and one did not have an active, on-going partnership, but had been supporting the organization from nearly 8 years ago.

Ummeed visualizes a pathway for its funding partners, beginning from a willingness to support the organization, moving to enhanced support to Ummeed and DD interventions, and ultimately,

becoming champions of the ‘Ummeed way’. The exhibit below depicts this visualization of the journey of donors.

The donors interviewed were at different stages on this pathway:

- One of the donors was actively encouraging other partners working with children to undergo capacity building by Ummeed
- Four donors (who have on-going funding) have explored partnerships with organizations recommended by Ummeed
- One of them is actively looking to Ummeed to help play a role in building their support for DD
- While one agency has enhanced its portfolio of support to DD to include conditions that they had not hitherto supported, another was considering capacity building as a strategy for support for the entire portfolio of organizations working with vulnerable groups.



- The Program Officers engaged with Ummeed have undergone a journey of increased awareness and understanding of DD. One of them has been able to influence the widening of portfolio to include conditions that they were not supported earlier, like cerebral palsy.

'I sat through a few training sessions and attended some home visits. Along with my conversations with the Ummeed team, they helped me become a champion for the cause, internally.'

- The partnership with Ummeed has helped break the myth that NGOs working on DD have low, funds absorption capacity. Addressing the reluctance of, what are viewed as, low ticket partnerships requiring as much or higher management investments as big ticket ones, has helped create and enhance portfolios of partnership with such NGOs.
- One of the donors has encouraged other organizations it works with, and those who work with children among them, to attend Ummeed's training programs. It is envisaged that an understanding of typical development will benefit children across the board, and not only those who have been diagnosed with DD conditions.
- One donor has recognised and integrated capacity building, along with service delivery and policy advocacy, as an effective strategy for reaching vulnerable populations. It has sought out new partners, including small and remote ones, to support for training.
- Ummeed's cross-subsidy model for clinical services has opened up conversations with one donor's partners working with vulnerable populations, as a possible strategy for contribution towards sustainability.

'Ummeed helped me understand how capacity building and training can become central to the strategy of working with vulnerable populations. I have been able to convince the team to extend the model to our work with other vulnerable groups'

Continuing challenges

The representatives spoke of continuing challenges that they face in facilitating the development of a strong DD sector.

- The increased level of understanding of DD in the Program Officer may not have necessarily converted into increase in funding commitment, because decision-making authorities (Board members, senior management) may not always be aligned.
- Many organizations working on DD are small, founded and run by parents of children with DD. Even where donors want to enhance their portfolio of support to DD organizations, they are constrained by their inability to work with such organizations – the donor does not have the bandwidth to engage with such organizations to fill their institutional capacity gaps.

'Our Board was not convinced that we should invest in DD services because they felt there is a lot of funding for it already. We were keen to support capacity building – however, somebody needs to do it at scale. We cannot fund many organizations doing the same thing'

- Where remote geographies have been identified by donors for multi-dimensional support (health, education, livelihoods, governance, etc.), they can rarely find credible organizations to provide DD services in these regions.
- There is a paucity of DD organizations which complement service delivery with evidence-based, policy advocacy. This combination is critical for donors to be able to make a case for enhancing support to DD internally as well as externally, in consortia that they may be part of.

Benchmarked Organizations

Ummeed has identified capacity building as a pathway to scale the impact of its work and to play an enhanced role in influencing the sector, beyond what it can achieve through direct service delivery. As part of the Training Impact Assessment exercise, senior-management of four organizations which have adopted capacity building as a core strategy for scaling their work, were covered through in-depth interviews (IDI).

The IDI aimed to:

- Understand the respondent's experience of scaling their change models through the training route, with focus on their approach, strategy, skills required, lessons learnt.
- Map their model of working with partners through capacity building spanning:
 - Core partnership offerings
 - Training and coaching pedagogy
 - Intensity of touch points
 - Partnership frameworks, expectations and non-negotiables with partners
 - Insights for managing diverse groups of organizations
 - Processes for cross-fertilizing learning across partnerships
- Identify challenges, risks and risk mitigation factors
- Distil key recommendations for Ummeed in using training as a pathway to scale

The organizations covered by the IDI were:

1. Aajeevika Bureau, Udaipur
2. Banyan Academy of Leadership in Mental Health (BALM), Kovalam
3. Naz Foundation, New Delhi
4. Quest Alliance, Bengaluru

The respondent organizations are experts in fields different from Ummeed. The conversations were aimed at gaining deep insights into understanding how change-makers in the social sector, working across different themes work towards high-impact, sustainable scaling through capacity building. Their experience of influencing their ecosystem and building their body of work significantly has shaped the recommendations for Ummeed in scaling impact.

Aajeevika Bureau, Udaipur

Pioneer in working to ensure secure and dignified lives of communities dependent on migration and labour, Aajeevika Bureau was founded in 2005 in Udaipur. It works through a multi-pronged approach of: (a) direct service delivery through a network of field based Workers Support and Resource Centres, and (b) technical support and capacity building to other organizations through a dedicated team, 'Centre for Migration and Labour Solutions'.

The capacity building initiative

Initiated by Tata Trusts, Aajeevika Bureau worked with 35 organizations as Technical Support Agency for embedding its model of working on migration, from 2009-2014. The partner organizations were identified by Tata Trusts. The Trusts' financial due diligence exercise was complemented by Aajeevika Bureau's field assessment of the organization's engagement and capability. Upon

clearance of due diligence, the partner organizations were guided by the resource team to write a proposal and prepare a budget for submission to Tata Trusts. Once the proposal was sanctioned, the partner organizations went through a 5-day induction to Aajeevika Bureau's work, including an exposure visit to Udaipur. They worked towards pre-determined targets, supported by quarterly handholding and review visits by the Aajeevika Bureau's team. A strong MIS helped track progress on process indicators during the partnership period.

Banyan Academy of Leadership in Mental Health (BALM), Kovalam

BALM is a mental health and social science research & teaching institution, based in Kovalam. It is the sister organization of The Banyan, a pioneer in comprehensive mental health solutions for the poor and homeless.

The capacity building initiative

BALM offers:

- Full-time, Masters programs in: Clinical Psychology, Counselling Psychology, and Social Work in Mental Health.
- Diploma in Community Mental Health Care, a 6-month course for social workers from local communities to become grassroots level interventionists

The latter was the focus of the IDI since it came closer to Ummeed's offerings than the former. Beyond clinical care aspects, BALM prepares the participants of its Diploma program to cover the entire gamut of welfare measures essential for well-being from a mental health perspective. The program design comprises theory classes once a week and field work three days a week. Six batches have gone through the program so far.

Naz Foundation, New Delhi

Set up in 1994, Naz Foundation has the vision of creating a just and equitable society by transforming individuals from socially and economically excluded communities into agents of change. Its offerings span: home-based care, clinical services, telephone-based counselling, and drop-in information centers for persons living with and affected by HIV and members of the LGBTQ community.

Since 2006, Naz Foundation has been running 'Goal', a girls' empowerment program using Netball and life skills education to address the information and opportunities asymmetry that majority of adolescent girls face.

The capacity building initiative

Built on the success of a pilot in 2006, Naz Foundation worked with 5 partners to take the program to new geographies where Naz had no operational presence. It invited a large number of organizations for a 3-day workshop and left them with the question of whether the program would be relevant for them. This was followed by extensive due diligence for re-granting and handholding to embed and layer 'Goal' in partner organizations.

Quest Alliance, Bengaluru

Quest Alliance was set up in 2005, with a vision of addressing the disconnect in education and employment sector that leaves many youth unemployed or under-employed, by building self-

learning pathways for youth to succeed in the 21st century. The organization has designed and implemented scalable solutions that enable educators to address critical gaps for quality education and skills training.

The capacity building initiative

‘My Quest’ uses blended learning to deliver innovative materials and strategies to develop facilitators, as well as enable young people to connect with the right careers and achieve their dreams. Quest Alliance works through 2 models of partner engagement and capacity building:

1. Provide training and curriculum to partners to take the implementation forward in their own way. Commitments and expectations from the partner and from Quest Alliance are made very clear right up-front, a key requirement being submission of data to track and monitor progress of the initiative
2. Partners identified for ‘full transformation’ that go through training, demonstrations, coaching, and receive funding. Quest Alliance conducts due diligence before the re-granting process begins, followed by regular monitoring cum handholding visits by Program and Finance teams.

Insights

The IDI with senior team members of the benchmarked organizations threw up rich insights and learning about the enabling and hindering factors for capacity building as a means to scale. Their responses were analysed using the McKinsey 7S framework mentioned earlier. The key factors under each ‘S’ are delineated below:

Shared values

Enabling factors

- The benchmarked organization and its partner were both ***committed to respond to community needs and play a complementary role in reaching out to those unreached***. For instance, Naz Foundation had a highly successful implementation model in Delhi and Mumbai, but did not know how to reach communities in smaller towns, while Sneha, in Nagapattinam, was working with fisher communities but was unable to respond to the needs of adolescent girls.
- It was critical for the benchmarked organization to have ***faith in its model and a commitment to make it transferable and scalable***.
- The core of the partnership was defined by ***an alignment on its core purpose (the ‘why’)***.

Hindering factors

- Early alarm bells were heard where it was clear that partners were ***coming on board only for the funding*** that they would receive, even while there was a recognition that without access to funding it is not possible for some organizations to participate.

Strategy

Enabling factors

- Partnership engagement was a natural extension of the benchmarked organization’s ***aspiration to play a leadership and advisory role in shaping and growing the sector***.
- The organization was convinced about ***training of partners as an efficient and effective way to scale its model*** without investing in setting up and running its own establishments.

- While identifying partners, it was advised to ***steer clear of very early stage organizations***. Typically, they are still figuring out their model and programs. They are, therefore, not ideal for layering their work with a new element that the partnership will bring.
- It was beneficial to ***create a series of engagement options from low to high intensity***:
 - Short training/workshop as a window into the offerings from which the partner organization may take back some elements and apply them in their own way
 - Invite the potential partner to spend time with the benchmarked organization for deeper exposure. The partner may want an adaptive blueprint to take back and apply in their context with periodic touch-points
 - Intense handholding and transference of the benchmarked organization's model after detailed due diligence and jointly agreeing on deliverables and monitoring mechanisms

Hindering factors

- An ***expectation of identical outcomes*** in the partners' context set the partnership up for disappointment
- Although re-granting gives more legitimacy to pursue deliverables, ***where the benchmarked organization was viewed as donor or its representative monitoring body, a synergistic relationship of equal supply and demand was hindered***

Skills & Staff

Enabling factors

- The point of departure for a capacity building/partnership model is the ***recognition of a sector-wide gap of skilled service providers*** who can enhance the ecosystem of support, which plays out even more acutely among those with deep community connect
- The organization ***did not seek out partners which are absolutely identical in skill-capital*** because there is limited scope for incremental contribution

Hindering factors

- The partnership process brought home repeated reminders of the ***reality of the poor talent pool of the development sector***, especially in skills pertaining to data collection, analysis, research orientation, documentation
- While the acute need to work with small, low-capacity organizations was felt strongly, the ***relative ease of working with those with a higher baseline of skills*** created a natural preference to work with the latter
- ***Internal staff issues in the partner organization*** can adversely impact the outcome of the program; the benchmarked organization must, however, steer clear of them. At best, it could share knowledge products on good practices to deal with staff issues.

Style of leadership

Enabling factors

- The ***buy-in and vision alignment of the leader*** is critical to ensure the success of a partnership
- Leaders of established and larger organizations must view the partnership around building ***'the next big thing'*** – something that will help them maintain their edge and innovation

- Leaders of smaller organizations must recognise the opportunity not just for funding support but for ***access to multiple resources and platforms*** to amplify their voice and build social capital
- The ***relationship with partners was managed at multiple levels***:
 - The ***program team*** was the main custodian of relationship management on a day-to-day basis working closely with program coordinators of partner organizations
 - In some cases, a separate ***domain team*** focused solely on training and capacity building
 - The ***chief functionary*** worked with the leader of the partner organization and engaged with them at a visioning level. They engaged at state level networks through annual visits to meet partners and assess the work on the ground. They actively engaged on scoping out new areas for engagement

Hindering factors

- The leadership of the benchmarked organizations had to constantly address ***resistance in their teams to go the partnership way rather than implement themselves***. They had to convince their teams that if they start believing that nobody does it as well as they do, there was a problem; it was not always easy to keep the faith that the partner will be able to take the mission forward at a desired quality level
- The teams had to be prepared for ***end outcomes that did not look exactly like how they did in the benchmarked organization's context***
- It was critical for the team to be ***ready to deal with the risks and failures***

Structure & Systems

Enabling factors

- ***No compromise on due diligence*** spanning finance, governance, community connect, willingness to bring in a new element in their work, bandwidth, etc. was critical. This applied to all potential partners, including those that the benchmarked organization knew well
- The willingness of partners to adhere to reporting structures and systems was made possible by ***jointly defining the non-negotiable outcomes at both ends and the pathway and mechanisms to get there***

Hindering factors

- Partners saw the need to ***modify processes as part of the partnership, as a potential loss of control***.
- ***Inadequate discipline and understanding on collection and quality of data*** impacted the tracking and analysis of progress; this was even more acute where there was no feedback based on the data to help the partner understand its significance in the larger mission of the project
- ***Data entry formats requiring multiple iterations before submission caused delays*** and ended up in poor quality documentation and reporting

Recommendations for Ummeed

In sum, the insights that Ummeed can take forward from the IDI respondents, as it charts its course of capacity building as a pathway to scale are:

Vision alignment

- The entire organization must agree to position itself as a sector shaper, going beyond its commitment to excellence in its own implementation. It will have to be open to adaptations of its model for best fit in other contexts with a view to embed the model far and wide
- A collaborative learning and experience sharing agenda brings on board partners in a synergistic way creating opportunities for 2-way exchange

Belief in partners

- It must have faith in the possibility of enhancing its footprint through engagement with other organizations and must believe in the complementarity of strengths
- It is essential to be prepared and open to dealing with risks and learning from 'failures'

Joint goal and expectation setting

- Transparency and directness in setting goals and expectations based on the partners' approach, skills and bandwidth is critical.
- The outcomes of the partnership must be jointly defined, underscoring the expectations and non-negotiable for all involved

Partner identification and mix

- In order to design an effective partnership, the organization must collect and review data on the baseline of partners from different dimensions – leadership alignment, team inclination, bandwidth, community feedback, donor feedback, etc.
- A mixed profile of partners (size, bandwidth and skillsets) is more effective in achieving the sector-shaping goal than a homogenous group
- Working with organizations with different levels of intensity of engagement (and commensurate outcome expectations) maintains a balance across the partnership model
- Beginning with a small, core group of partners that the organization knows well is beneficial to establish the model; it can be used as a springboard to broaden the network over time
- Geographic proximity to partner organizations is a big plus. Outcomes are better achieved by going deep in a few clusters, rather than spreading wide

Systems and processes

- A strong MIS with data transparency and feedback loop is critical for effective capacity building; the practicality of data feeding for the MIS and its use must be tested in advance

Funding

- Re-granting relationships allows more latitude in pursuing and monitoring deliverables
- While donor education to build a framework to engage with small and remote organizations is essential, being perceived as 'donor representative' is detrimental

Sector gaps

A synthesis of all the sector gaps highlighted by respondents, has been presented below. These gaps need to be addressed in the effort to **shape and build an eco-system and sector** of changed knowledge, perspectives, skills, and behavior towards child development and developmental disabilities. They are:

Missing link of like-minded specialists

- While Ummeed's training engagement has created an expanded network of aware, confident, and skilled non-specialists (parents, community workers, etc.), the growth of skilled specialists (particularly, doctors) in the 'Ummeed way' has not been at the same pace. This is creating a missing group of specialized advocates and influencers to build a sector level, multi-stakeholder movement.
- Education professionals (teachers and special educators alike) feel inadequate in their capacity to address the needs of older children with DD; they do not have any specialized professionals or organizations for referral either.
- Those from the medical fraternity, who have adopted a democratic, facilitative approach of working with children and their families, are unable to find like-minded collaborators; the larger medical fraternity continues to have a prescriptive approach, especially with children.

Change-making capital deficit

- Ummeed's training initiative is designed to address four capital deficits in the DD sector – leadership capital, knowledge & skills capital, social capital, and change-making capital. While it has been able to shift the needle in all these areas to varying extents, the least impact has been on that of building change-making capital. Trained and up-skilled, individuals find they are unable to convert their technical skills into sector shaping influence.
- Those who work in institutions and organizations (teachers, special educators, community workers), feel constrained in applying their enhanced skills and altered framework since their colleagues and seniors are not trained in the same way; they are constrained in building a movement in the 'Ummeed way'.

Lack of sustained support

- The intense highs and feeling of solidarity that participants feel during their engagement with Ummeed is not sustained when they are back in their own contexts. Thus, converting their enhanced awareness and skills into action, is not realized.
- Special educators, therapists and counsellors do not have any mechanisms to check and receive guidance on the accuracy of their application of skills learnt during training programs.

Inability to expand scope of influence

- The absence of reliable support systems outside the family, has limited parents who would like to amplify their role to make a difference beyond their own children.
- At the resource mobilization end, the increased level of awareness of training as a means to enhance response to DD may not have necessarily converted to a conviction for increase in funding commitment. This has restricted the growth of the sector beyond support for direct services.

- Where donor agencies are willing to look at a larger portfolio of DD organizations to support, they are constrained by the availability of a pool that can align with funds absorption and reporting norms. There is also a paucity of organizations which can complement service delivery with evidence-based, policy advocacy, as a contribution to build donor agency portfolios.

Participation constraints

- In a landscape of limited training opportunities, the lack of funding for capacity building has restricted the participation of organization staff for long-term training programs.
- The absence of reliable support systems for children, have also restricted parents' participation in training programs.

Recommendations

Respondent recommendations

The Impact Assessment exercise underscores that Ummeed's training initiative, has, over the years, reached out to a wide and diverse group of stakeholders, who shape and build the ecosystem of response in a child's developmental journey.

Every respondent, without exception, reported a movement forward on the continuum of empowerment from 'Awareness' to 'Amplification', or a deepening and intensification of their engagement. They have, in their own ways, become ambassadors of Ummeed's vision and mission of inclusion of every child in the mainstream. The pedagogy, built on a strengths-based approach has been able to reach out to and influence every category of training participant and empowered them to enhance their relationship with children and their families. The final benefits have accrued for the children.

Some suggestions for Ummeed and its training engagement, which, they felt, would enhance its commitment to DD sector-shaping and realize its vision of inclusion of all children, span:

- Building a holistic ecosystem
- Increasing training outreach
- Building sustained support systems
- Filling the funding gap

Specifically, they recommended the following:

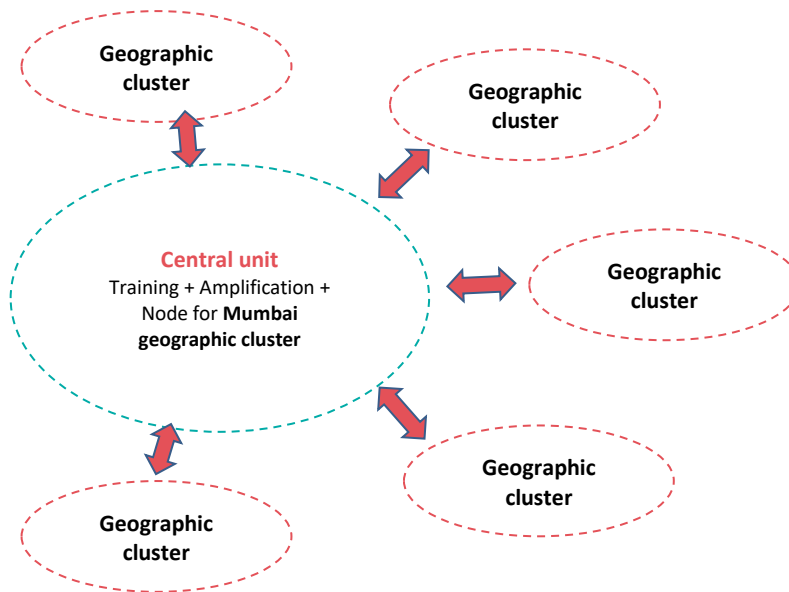
Building a holistic ecosystem

- Develop and support new nodes of transformation with partner organizations in specific geographies, facilitating the development of mini-ecosystems around them comprising networks of specialists and non-specialists who can support and work together
- Focus on training organizations rather than individual staff members who are unable to apply the learning in the organization
- Similarly, focus on individuals who are leaning towards setting up their organizations to work on DD
- Through training and awareness activities reach out to hospitals and medical institutions, especially those that provide services to children
- Build an inclusive ecosystem for children through holistic investment in schools spanning all teaching, non-teaching staff, management, and parents' committees

Increasing training outreach	- Identify organizations which can respond to the need of young adults, including their income generation needs - Despite all the challenges, systematic investment needs to be made with healthcare professionals, especially mainstream paediatricians. Short workshops or multi-modular courses spread through the year could be designed for them to participate in while they continue their practice - Training of teachers for early identification of delays, and subsequent referral for diagnosis and treatment, will help fill a major gap of undiagnosed conditions in children - In order to overcome the dire scarcity of teams of doctors, paramedics and therapists, who can together provide services, training programs have to bring together trans-disciplinary units of professionals - Organizations working with children, especially those in remote areas, need constant updation of their team's skills and knowledge base. Training programs at their location and online forums could fill this gap in a cost-effective way
Building sustained support systems	- Facilitate parent groups for support and sustained connect with tools, skills and approaches; such groups provide strength to parents in dealing with stakeholders such as extended family members, teachers and neighbours - Follow up training programs with periodic visits to the site of work, particularly of special educators and therapists, for observation and feedback - Encourage organization-wide support systems for trained community workers to apply their skills in a conducive environment
Filling the funding gap	- Co-design engagements with donors, to attract more funds for DD and capacity building for DD - Increase offerings of on-site and online training programs so that both cost and time constraints of organizations can be addressed

Moving the needle

A synthesis of recommendations received from Ummeed's stakeholders was presented by Start Up! to the senior leadership of the organization. Review and analysis of the recommendations was undertaken in keeping with Ummeed's mission to shape the sector through multi-stakeholder, capacity building. Subsequently, the way forward for Ummeed's capacity building initiative has been proposed in a framework of ***multiple geographic clusters, brought together by a central facilitation unit.***



Central unit

The **Central Unit** is visualized as an extension of the existing **Training Centre**, with additional responsibility of a **dedicated 'Amplification' team**.

- In executing its **training responsibilities**, the Unit will:
 - Continue to run training programs at its premises for multiple stakeholders
 - Act as a laboratory for developing and testing new training designs integrating the learning of the other verticals of Ummeed and feedback from the ground
 - Design and run online and on-site training programs for targeted groups
 - Proactively reach out to critical audiences who have fallen through the crack of training so far, like doctors, and bring them into the fold of the 'Ummeed way'
- A **dedicated 'Amplification' team** in the Central Unit will build networks and champions who can inspire, empower and activate communities of change-makers to contribute in the 'Ummeed way'
 - It will create a blue-print for partnerships and execute it to **build geographic clusters of mini-ecosystems** as described below
 - The team will also serve as the **node of the Mumbai geographic cluster**
 - With a view to **bring on board new participants**, the team will build avenues for awareness and sensitisation such that 'unaware' stakeholders learn about the Ummeed movement and are inspired and curious to participate in it. Wide-scale communication, including through social media, for instance will help to create an entry option into the Ummeed ecosystem. In case of parents and caregivers, it will build a way for them to be part of Ummeed even without using the services of the clinic.
 - The unit will create a range of **opportunities for continued engagement** of stakeholders who may or may not have undergone training programs, like periodic online discussion forums. It will facilitate and trigger the setting up of peer support

networks for sustained engagement with options of face-to-face and online interactions.

- In its role as ***influencer of the donor landscape*** for DD, the Unit will:
 - Work closely with donor agency representatives (typically, Program Officers) to help them ***grow the portfolio*** of support to DD.
 - Co-create with donors and offer to run ***a model of building new and small organizations*** in a way that they become ‘fundable’, programmatically and institutionally, over a period of time. By offering to bring together small NGOs under one umbrella, and take on the responsibility and accountability of deliverables on their behalf, the Unit can help the donor reach under-served, remote geographies.
 - ***Create avenues for donors to increase interest, knowledge and commitment to DD***, by involving their representatives (from Program Officer to Board members), in forums beyond funding.

Geographic clusters

It is proposed that Ummeed builds ***decentralized, yet interconnected, multi-stakeholder, geographic clusters*** that can forge the path of change in the universe of DD in the ‘Ummeed way’. Anchored by the ‘Amplification’ team, these clusters will serve as mini-ecosystems of the ‘Ummeed way’, across geographies. The selection of the clusters will be in a phased manner, beginning with locations where Ummeed has worked with partner organizations that are aligned with its approach, and are willing to play the role of a nodal agency.

Each cluster will comprise:

- A ***nodal, partner organization*** which will be the custodian of relationships and capacity building in the cluster. The Ummeed team will utilise a robust, step-by-step partnership blueprint to identify potential partners, conduct their due diligence, set out expectations and deliverables (by both), and track their achievement.
- An ***ecosystem of institutions*** for light touch to high touch engagement with DD for identification, diagnosis and response, comprising CBOs, NGOs, citizens’ organizations, hospitals, district associations of health professionals, schools and education centers, government outreach agencies.
- ***Pool of frontline workers*** (teachers, *anganwadi* workers, community workers, ANM, etc.) and parents who can be trained for early identification and effective management
- A supportive net of ***engaged specialists*** for referrals, diagnosis and sustained management of conditions of DD. Multi-stakeholder Communities of Practice will be facilitated especially to bring on board missing advocates and influencers in the sector.
- ***‘Allies’ for services beyond therapy*** e.g.: employment and recreation
- Diversified group of ***donors*** to support Ummeed’s engagement and partners in the cluster, directly and indirectly
- ***Forums and platforms*** to ensure sustained support to and engagement of participants in the ecosystem
- ***Periodic ‘meet-ups’/conferences*** at the cluster level of all stakeholders

Abbreviations

AITP: Autism Intervention Training Program

ANM: Auxiliary Nurse Mid-wife

APPI: Azim Premji Philanthropic Initiative

CD: Child Development

CDA: Child Development Aide Training Program

CMHTP: Community Mental Health Training Program

CSR: Corporate Social Responsibility

DD: Developmental Disabilities

ECDD: Early Childhood Development and Disability Program

FGD: Focus Group Discussion

GMCD: Guide for Monitoring Child Development

IDI: In-depth Interview

KII: Key Informant Interview

MCGM: Municipal Corporation of Greater Mumbai

MHTP: Mental Health Training Program

MIS: Management Information System

SE: Special Educator

SOT: School Outreach Training Program

TMCP: Tara Mobile Creches Pune

UPPA: Ummeed Parent Program for Autism

WHO: World Health Organization