UMMEED CHILD DEVELOPMENT CENTER

IMPACT OF TRAINING

2018 - 2019

Developed by: START UP!

Supported by: Cipla Foundation
EXECUTIVE SUMMARY

Training Impact Assessment

Recommendations
Executive Summary

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 (DD) in India. It brings together a range of services to address the entire spectrum of issues that intersect the lives of the child and her/his family, including their emotional and mental wellbeing, learning processes, and ability to participate in mainstream activities. While Ummeed began with direct clinical services in 2001, in 2004 it 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. The training programs catered to a diverse group of stakeholders – teachers, community workers, health professionals, education professionals, and civil society organizations working with children, among others. In 2016, Ummeed, with the support of Cipla Foundation, set up the Ummeed Training Center, dedicated exclusively to developing and running capacity building programs for this growing base of stakeholders and eco-system players. Along with its clinical services, research and advocacy work, Ummeed aims to deliver the training programs towards shaping and strengthening the sector of child development and developmental disabilities, in India.

Ummeed’s training offerings are in 3 categories:

- **2-4 hour sensitization workshops** during which participants are taken through a process of demystification of DD, 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.
- **Skill-building programs** of 2-3 days’ duration 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-centered approaches towards enhancing their knowledge, developing specific skills and building the capacity to respond.
- **Multi-modular engagement programs**, combined with supervision and mentoring 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 eco-systems.

Training Impact Assessment

Start Up! collaborated with Ummeed in August 2018, with Cipla Foundation’s support, to conduct an assessment of the organization’s training engagement so far. The study was designed and executed through the period of September 2018 to April 2019.

Respondents

A total of 106 respondents that included, both, training participants (parents, community workers, education and health professionals) and sector stakeholders (donors, heads of partner organizations, heads of social sector organizations who use capacity building as a core approach), and a cross-section of the Ummeed team itself, 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 respondents who have not undergone training, 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.

**Methodology**
The methodology spanned:

- An immersive enquiry into Ummeed’s journey so far through in-depth interviews with a cross-section of Ummeed’s senior and middle-management teams.
- Design and development of the Impact Assessment framework (Start Up! and Ummeed teams).
- In-depth interviews and focused group discussions with respondents, including training participants and sector stakeholders.
- Analysis and presentation of the Impact Assessment.

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Ability</th>
<th>Action</th>
<th>Amplification</th>
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<tr>
<td>Demystification of DD, shifting the role of professionals to be ‘facilitators’ and transforming parents/caregivers to be change-makers.</td>
<td>Building ability through knowledge, skills and behavior towards change.</td>
<td>Application of awareness and ability to make a difference in one’s immediate eco-system.</td>
<td>Expansion of the network of change-makers towards embedding the ‘Ummeed way’.</td>
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**Stakeholders: Children (with disabilities/at risk), Families & Caregivers, Professionals, Organizations/Institutions**

**Training the Respondents’ Journey**

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, to varying degrees. These are the deficits that hinder their participation as contributors for shaping the sector of DD.
### Impact of Ummeed’s Engagement

<table>
<thead>
<tr>
<th>Capital</th>
<th>Benefits</th>
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<tr>
<td>Leadership Capital</td>
<td>• Build confidence and perspective to view themselves as facilitators and change-makers.</td>
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<tr>
<td>Knowledge and Skills Capital</td>
<td>• Develop disability-specific knowledge and technical skills to be able to facilitate and respond.</td>
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<tr>
<td>Social Capital</td>
<td>• Build relationships and management skills to be able to apply the new knowledge and skills in their immediate eco-system.</td>
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<tr>
<td>Change-making Capital</td>
<td>• Create networks and collaborations to apply the perspective, knowledge and skills beyond the immediate scope of influence.</td>
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While 80 per cent of respondents have reported a shift in their approach and response to DD and child development, including towards children ‘at-risk’ (the primary transformation that Ummeed has envisaged), 20 per cent reported not just a shift in their approach and response to DD, they also saw an internalization of a strengths-based approach across all realms of their engagement (going beyond DD). It reflects in the adoption of a strengths-based approach in all their interactions, at work and outside.

Tracking the journey of respondents from the time that they came in touch with Ummeed's training to the time of conducting this Impact Assessment has indicated the movement forward as given below. The detailed trajectories have been described in the report.
<table>
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<tr>
<th>At the beginning of the journey with Ummeed</th>
<th>At the time of conducting the Impact Assessment</th>
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| 37% of respondents attended their first training with Ummeed at a stage of being unaware of child development and DD related issues. | • 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 eco-system. |
| 25% of respondents had a basic level of awareness of child development and DD when they attended their first training. The majority of this group were parents (around 60%) whose children were already receiving clinic services. | • 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 eco-system.  
• 17% have gone beyond their immediate ecosystems and expanded their scope of influence to 'Amplify' their work. |
| 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 eco-system.  
• 25% have gone beyond their immediate eco-systems 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 eco-system.  
• 8% of them have been able to build their capacities to go beyond their immediate eco-systems 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. | |
Impact on Children and Families
The impact of the training engagement with Ummeed is envisaged with an eye to fulfilling the final objective – shifting the ground for children who are at-risk and those who have been diagnosed with delays and DD. Some of the areas of impact on the children are:

- Parents report that their children can interact better with family members, including their extended family.
- Children are able to pick up visual cues and respond to them.
- Children are comfortable visiting public spaces as well as neighbors’ 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.

At the time of the Impact Assessment, the respondents (other than parents) who had undergone training were reaching out, annually, to an average of 80 children each. Therapists have the highest outreach among all categories, reaching out to nearly 180 children and their families through the year. All parents, but one, were engaged with their own child with DD.

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 the report.

- 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 eco-systems, 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.
- 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.
Sector Stakeholders’ Response

**Donors**
The partnership with Ummeed has influenced donors, in that, their Program Officers have undergone a journey of increased awareness and understanding of DD. They have not only enhanced their portfolios pertaining to child development and disabilities, but have also encouraged relevant partner organizations (grantees) to attend Ummeed’s training programs. The evidence of capacity building as a core strategy that can complement service delivery has been driven home by Ummeed, and donors have been able to integrate it in their approach to supporting work with vulnerable populations.

Ummeed has helped break the myth that organizations working with disabilities have low funds absorption capacity, something that comes in the way of enhancing grant portfolios. Its 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.

However, donor respondents continue to face challenges in increasing funding commitment to the level that they would like to, for various reasons, including the inability to find a critical mass of organizations, especially in remote geographies, which they can support with their current bandwidth. Many such organizations do not only need funding support, they also need institutional strengthening. Donors also find there is a paucity of organizations which complement service delivery with evidence-based, policy advocacy. This combination is critical for them to be able to make a case for enhancing support to DD, internally as well as externally, in forums and consortia that they may be part of.

**Benchmarked Organizations**
Some key insights were gained from other organizations that are working in the social sector and are using capacity building of partners as a key strategy for scaling their work. Some of the most significant insights pertain to:

- Vision alignment of the entire organization to position itself as a sector shaper, going beyond its commitment to excellence in its own implementation.
- A commitment to joint, collaborative learning and experience sharing with other sector shapers, covering a wide range of sizes, skills and profiles.
- Resolute faith in the possibility of enhancing footprint through engagement with other organizations and the belief in the complementarities of strength.
- Openness to deal with risks and learning from ‘failures’.
- Willingness to engage in transparent and committed partnerships, with clear expectations and documented non-negotiables pertaining to vision, mission, participation, governance and monitoring.
- Working closely with donors to include them in the collaborative effort, without becoming a ‘representative’ of the donor.
Sector Gaps
A synthesis of all the gaps and challenges delineated by the respondents, indicate to the aggregate of the gaps in the DD sector as far as its advancement through capacity building is concerned. Some of the key gaps are:

- Specialists who can carry forward the continuum of family-centric care is conspicuous by its absence. 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.
- Ummeed’s training initiative has been able to shift the need in the areas of leadership capital, knowledge and skills capital, and social capital to a large extent. However, it has not been able to have a similar impact on change-making capital because of the absence of ecosystem support and follow-up to carry forward what participants learn at training programs.
- The pool of organizations that can work at scale with evidence-based, policy engagement is not growing in a way that the donor community can engage with it.
- Capacity building does not receive as much resource allocation as it needs to be able to upskill and create large cadres of responsive resources.

Recommendations

The Impact 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 eco-system of response in a child’s developmental journey. To fulfill their vision of creating an amplified eco-system 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 a client and family centered 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.

Way Forward

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 were 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 Center**, with additional responsibility of a dedicated ‘Amplification’ team. It will act as a Center of Excellence, designing, testing and running training programs for multiple stakeholders.
- 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 eco-systems** (mentioned below) and will also serve as the **node of the Mumbai geographic cluster**.
- In its role as **influencer of the donor landscape** for DD, the Unit will work closely with donor agency representatives to help them **grow the portfolio** of support to DD and will co-create 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. It will also **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’. Each cluster will comprise:

- A **nodal, partner organization** which will be the custodian of relationships and capacity building in the cluster.
- An **eco-system 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, and 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.
- ‘**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 eco-system.
- **Periodic ‘meet-ups’/conferences** at the cluster level of all stakeholders.
Abbreviations
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AITP</td>
<td>Autism Intervention Training Program</td>
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<tr>
<td>ANM</td>
<td>Auxiliary Nurse Mid-wife</td>
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<td>APPI</td>
<td>Azim Premji Philanthropic Initiative</td>
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<tr>
<td>CBO</td>
<td>Community-based Organizations</td>
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<tr>
<td>CD</td>
<td>Child Development</td>
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<tr>
<td>CDA</td>
<td>Child Development Aide Training Program</td>
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<td>CMHTP</td>
<td>Community Mental Health Training Program</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>DD</td>
<td>Developmental Disabilities</td>
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<td>ECDD</td>
<td>Early Childhood Development and Disability Program</td>
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<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>GMCD</td>
<td>Guide for Monitoring Child Development</td>
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<td>IDI</td>
<td>In-depth Interview</td>
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<tr>
<td>KII</td>
<td>Key Informant Interview</td>
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<td>MCGM</td>
<td>Municipal Corporation of Greater Mumbai</td>
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<tr>
<td>MHTP</td>
<td>Mental Health Training Program</td>
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<tr>
<td>MIS</td>
<td>Management Information System</td>
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<tr>
<td>SE</td>
<td>Special Educator</td>
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<td>SOT</td>
<td>School Outreach Training Program</td>
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<td>TMCP</td>
<td>Tara Mobile Crèches Pune</td>
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<td>UPPA</td>
<td>Ummeed Parent Program for Autism</td>
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<td>WHO</td>
<td>World Health Organization</td>
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