

IMPACT ASSESSMENT

Special Education & Healthcare Services for PwDs

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Prepared for:



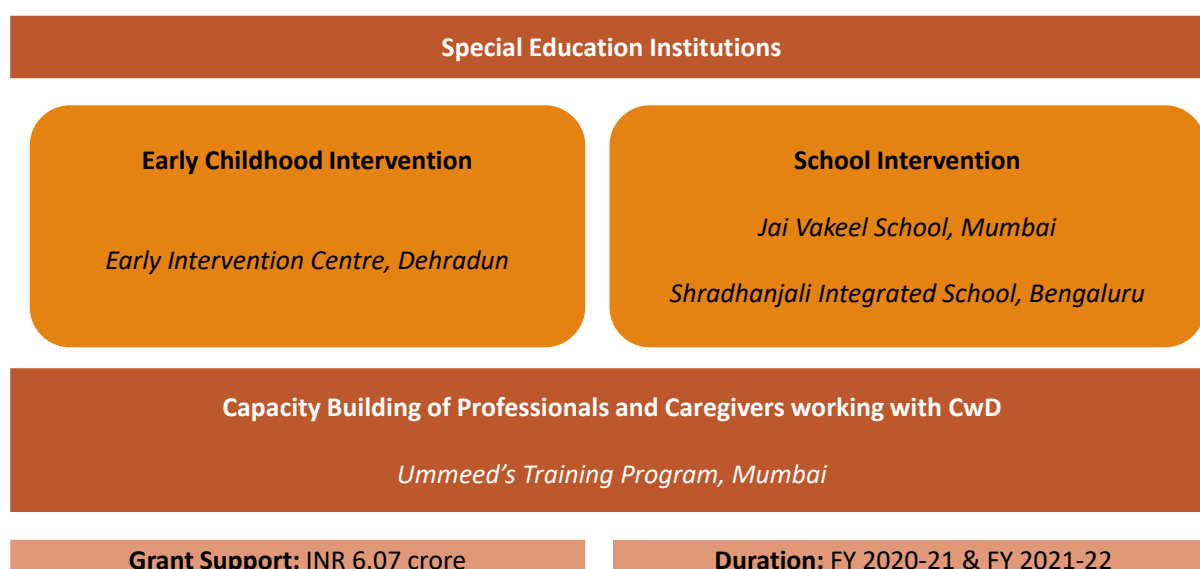
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1 Overview

People with disabilities are overrepresented among the people living in extreme poverty. A person with disability faces institutional and societal barriers and is less likely to have access to rehabilitation, education, and employment. Economist Amartya Sen notes that the poverty line for disabled people should consider the extra expenses they entail in translating their income into the freedom to live well¹. Considering the endless cycle of disability and poverty, CSR support becomes relevant for reaching the differently-abled from lower socio-economic background.

HDFC Ltd, through its CSR, works to improve the quality of life of children and persons with disabilities from a social and economic lens. The **Supporting Persons with Disabilities – Special Education & Capacity Building Project** supports the continuum of special education for children with disabilities (CwD) from early intervention to schooling and upskilling professionals and caregivers to improve the quality of their diagnosis, assessment and practices. The project supports institutions and resource development to improve learning and health outcomes for CwD, especially those who are most vulnerable from the lower socio-economic section of the society.



2 Approach and Methodology

2.1 Objective

The impact assessment aimed to answer the following:

- **Results** of the grant support and its **impact** on the target group.
- **Effectiveness of implementation** and **technical intervention strategies**
- **Recommendations** for programmatic improvement

¹ Sen's keynote address at the World Bank's conference on "Disability and Inclusive Development" 2004

2.1.1 Approach

The impact assessment used a participative and strengths-based approach. Participatory approach seeks participation of the primary stakeholders. Strengths-based approach (Brinkerhoff 2007; Cooperrider 2005; Rhodes 2013 and 2014) was selected in recognition of the concept that the process of valuing existing strengths and recognising existing assets contributes to ongoing motivation towards positive change. The interview and focus group discussion questions were framed in a way to bring out aspects that the individuals respected, liked, and appreciated in the programs. The strength-based approach throws light on the gaps in the project and strengths that can be a supporting framework to close the gaps.

2.1.2 Methodology

The assessment analyses the monitoring and evaluation (M & E) information available to track the progress and establish the effectiveness and impact. Project reports and records were examined to identify the number of target groups reached and achievement of outcomes. Additionally, the assessment also collected primary data from the following stakeholders:

Table 1 Details of Stakeholders who Participated in the Evaluation

Stakeholders	Semi Structured Interviews (SSIs)	Focus Group Discussions (FGDs)	No. of Participants in FGDs	Total no. of Participants
Parents	18	6	43	61
Teachers	13	4	42	55
Board, Management	14	-	-	14
Staff, Therapists, Trainers, Officials	21	1	3	24
Children	-	2	15	15
Trainees	13	4	12	25
Observation	18 Classes & sessions with 15 teachers, therapists & 4 assistants and 147 children			161

Survey: A questionnaire was sent to participants of the trainings and twenty-six trainees responded. The survey aimed at examining information as per Kirkpatrick's model for evaluating training /seminars/ coaching, along the following four aspects:

1. **Reaction** - the degree to which participants find the training favourable, engaging and relevant to their jobs.
2. **Learning** - the degree to which participants acquire the intended knowledge, skills, attitude, confidence and commitment based on their participation in the training.
3. **Behaviour** - the degree to which participants apply what they learned during training when they are back on their job.
4. **Results** - The degree to which targeted outcomes occur as a result of the training.

2.1.3 Limitations

1. People with disabilities are diverse in their lived experience and an individual cannot represent others with similar disabilities, just as an individual from one gender, one location, information from one family or one organization cannot necessarily represent others.

2. Efforts were made to have sample representatives from all the stakeholders. The findings of the assessment are based on the responses as described above. It may not exactly match a summary of the total population study, partly due to the fact the study uses both qualitative and quantitative data reported on different mediums by different stakeholders.

The above limitations were addressed by involving many people in the study. Triangulation of all major findings and themes were sought, with at least two sources of information to verify relevance and consistency.

3 Overall Reach

The project directly benefits CwD in the 2 schools and 1 early intervention centre. The capacity building intervention impacts professionals and caregivers through training sessions.

Table 2 Total Beneficiaries Reached

Special Education Institutions	2 Schools and 1 Early Intervention Centre	
	FY 2020-21	FY 2021-22
Students	616	635
Parents & Caregivers supported ²	1,232	1,270
Capacity Building	FY 2020-21 & FY 2021-22	
Professionals (doctors, therapists, educators) trained		687
Caregivers trained		61

4 Early Childhood Intervention

4.1 About the Intervention

Services to young children at risk for development delays have been shown to positively impact outcomes across all developmental domains when they start intervention at the earliest³. Latika Roy Foundation has been working in the field of disability since 1994 with a mission to provide specialized local services for CwD and their families. Their Early Intervention Centre (EIC) is for children from 0-6 years with developmental delays and their families. EIC ensures comprehensive overall development and focuses on improvement of daily living skills through speech, physio, and occupational therapies. One of the main approaches used at the EIC is Communication DEALL (COMM DEALL) method which is an early intervention program with graded developmental milestones.

² estimate based on 2 parents/ caregivers per student

³ The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families (*The National Early Childhood Technical Assistance Centre*): 2011

4.2 Key Findings

4.2.1 Output

Table 3 Output - EIC in Dehradun

Output	FY 2020 - 2021	FY 2021 - 2022
No. of Children Enrolled	62	66
Dropouts from the Programme	2	6
Average Attendance	82%	76%

During the 2020-21 COVID lockdown, EIC moved to online session with parents as co-therapists. Since the teaching was in virtual mode, the attendance reflects online attendance. As the children and parents attended the EIC entirely from home in FY 2020-21, the online attendance was better in 2020-21. EIC campus reopened in February 2022 and the drop out is slightly higher in 2021-22, which can be because of difficulty in travelling to EIC.

4.2.2 Effectiveness and Impact

- **Achievement of student development goals**

The first point for children and parents is the assessment centre after which the children are admitted to EIC and channelized into the various education streams that the EIC has. As very young children come to EIC (0 - 6 years), the focus is mostly on functional skills. The toddlers are taught on one-to-one basis, other children have two hours of play-based learning and other therapies.

An **Inter Disciplinary Plan (IDP)** is designed for each child based on their assessment. The principle behind IDP is that all the specialists, namely, special educator, speech therapist, physio and occupational therapist, should work towards a common goal. IDP is assessed periodically, and goals are set. The areas under which goals are set that give guidance to the professionals are:

1. Reading and Writing
2. Numerical and Arithmetic
3. Socio and Emotional Development
4. Daily Living Skills and Personal Skills
5. Gross and Fine Motor Skills
6. Cognitive and Personal Development
7. Speech and Language
8. Occupational Area
9. Indoor and Outdoor Recreation

The **collaborative goal setting** helps the special educator and therapists to focus on relevant skills to the goals in their therapies, lesson planning and implementation. Such a consorted effort enables **smooth coordination among specialists and focused achievement** of the goals.

During the 2020-21 COVID lockdown, teachers made videos on making creative Teaching Learning Materials (TLM), they adopted teaching/ therapy techniques to suit what was available at home – walking using railing for support, simple parallel bars created using backs of rows of dining chairs etc. Most parents stated that their confidence level increased after teaching their children during COVID. These measures ensured that the children did not drop much in performance, but it still lacked in the

specialised care that EIC can provide, this could be the reason for the drop in achieving IDP goals in 2020-21.

To support inclusion, the EIC conducts sensitising workshops and training to mainstream school teachers, principals, and students. Children who show potential for **entering mainstream school** are guided in a structured manner.

Table 4 Student Outcomes

	FY 2020 - 2021	FY 2021 - 2022
Number of IDPs created	600*	642* ⁴
% of children meeting IDPs	80%	91%
Number of children transitioning to mainstream school	4	5

- **Improved capacity of resources to provide early intervention services to children**

Teachers are constantly capacitated with trainings and workshops in various subjects, few of them to mention are:

1. Preparing resource material development,
2. Usage of technology,
3. Practice Model of Pathways and Resources for Engagement and Participation
4. Neuro Developmental Therapy,
5. Global Update from WHO & UNICEF,
6. Autism Intervention Training Program (AITP)
7. AVAZ App for children with Autism. It allows users of the app to communicate their thoughts, emotions, ideas, needs and wants by pointing at pictures.
8. Mental Health Training Program (MHTP)

90 sessions were provided for capacity building for the teachers in the two years of support. The staff is updated on current developments and technological advancements in the field.

"I am proud to work in LRF," says a staff. There is real pride among the staff in being part of the LRF and its mission. "I have been in other clinical places, but the opportunity to learn is high here, it is refreshing" says a therapist.

The staff of the EIC are also resource persons for many trainings conducted in coordination with government and other agencies.

Table 5 Teachers & Therapists at EIC and Engagement with them

	FY 2020 - 2021	FY 2021 - 2022
Number of Teachers in EIC	2	3
Number of Therapists in EIC	4	4
Number of hours of training provided to teachers during the year	28	40

⁴ * A child can have many goals. Each individual goal of the child is one IDP.

- **Increased capacity of Parents**

The parent and child attend sessions together wherein the parents are taught different topics including - effective and easy handling of children, activity of daily living (toilet training, cleanliness, communication, handwashing etc). In addition, parents are given individual and group counselling.

Table 6 Activities with Parents

	FY 2020 - 2021	FY 2021 - 2022
Parents Teacher Meetings/ virtual group sessions	71	240
Follow up sessions on phone	1,265	477
Group Counselling Sessions	49	83
Individual Counselling Sessions	178	260
Hands on Training Sessions	288	746



Session with parent and child at EIC

The EIC ran a survey to assess the capacity building of its parents. **83% of parents reported counselling services as a beneficial tool to uplift their mental health and 92% of parents reported that the center's staff uplifted their confidence in being capable and joyful parents.** During Focus Group Discussions (FGDs) of this assessment, many parents stated that *"We feel at home here," "We feel we have someone who understands," "I tell Didi (teacher) everything, she supports me"*. In the survey, 88.2% of

parents positively reported that they can find solutions for their household challenges at the EIC. 85.3% of parents agreed that they can handle their child better; with 35.3% reporting that now after their time at EIC they are able to have a larger capacity to handle the concerns of their child.

"We receive a lot of supportive care," states a parent. During COVID, parents were co-teachers and trainers, this can be further strengthened to capacitate the parents. During FGDs parents asked for training in behavior management and basic therapies.

Parents of the children unanimously appreciate the understanding and coping skills they have gained. *"I learnt how to work with my child and manage her needs, this I did not know before"* says a parent.

5 Schools - Special Education School and Integrated School

For children with intellectual and multiple disabilities, mainstream schools still pose challenges, such as curriculum that is not standardized, assessments that are not relevant and teachers that are not adequately equipped. The project aims to redefine the paradigm of education for children with intellectual and physical disabilities, who would otherwise be unable to cope in mainstream schools, by prioritising functional abilities and academic goals that correspond to different disability levels.

5.1 Special Education School

Special Education facilitates teaching methods which are specially designed to address the individual needs of CwD. Children for whom learning, thinking, and understanding is much harder than others, such specialised education provides avenues for better learning and understanding.

5.1.1 About the Intervention

Jai Vakeel Foundation is a 75-year-old NGO working with the intellectually challenged. The Jai Vakeel School is one of the oldest and largest schools in India cater to the entire spectrum of ID ranging from mild, moderate, severe to profound, including multiple disabilities. The school campus at Sewri – Mumbai caters to students from 3 to 18 years with early intervention, functional academics, and pre-vocational training. For children with mild to moderate Intellectual Disabilities (ID), the focus is more on functional academics whereas for children with severe to profound grade of ID, the focus is more on activities of daily living. Apart from functional academics, the students also learn dance, music, sports, yoga and art.

Online School during COVID

CwD need routine and familiarity of the classroom and teachers. The COVID restrictions took them out of their familiarity, created confusion, and significantly limited their social interactions. Jai Vakeel developed the project ACE (Assisting Children Electronically) for teaching children during the pandemic. 82 Smartphones, 210 data recharges, and 59 dongles were provided to children in need.

Table 7 Activities conducted during Covid in Three Phases

First Phase	The school got in touch over the phone with the families to know their situation and, where needed, provided food, nutrition, and medicinal support
Second phase	The students had the same teachers on call who focused on reinforcing what they had learnt already. Once familiarity was ensured, it was easier to prevent the children from regressing.
Third Phase	Online classes for new content were started. Parents were partners of the teachers and the child throughout the various phases in both learning and teaching. A digital content library was created with 156 videos across 18 playlists and was launched on YouTube. Zoom and other online resources were used. Parents selected home goals (more functional skills), and the teachers selected academic goals.

Though it has been a laborious and challenging process, the Special School has managed to create resources (offline videos etc.) and processes for online education. As the children were at home, life skills to assist in household activities were introduced e.g., simple cleaning, vegetable cutting, cooking and other daily chores which will be needed for an independent life.

5.1.2 Key Findings

5.1.2.1 Output

The Special School had 339 children in 2020-21 and 325 children in 2021-22. The online attendance was 75% in 2020-21. **On-campus school reopened in the first quarter of 2022** and average annual attendance was 61% in 2021-22, as children stayed back in their villages and came to school after summer holidays. Also, in general, school attendance of CwD tends to be lower due to their physical condition (many children will be taking regular medication that may hinder their attendance).

5.1.2.2 Effectiveness and Impact

- **Physical Campus**

The aspect which stood out during the visit was the school's physical infrastructure. The campus is maintained with various well-planned sections and there is enough space for sports including artificial turf for games. Accessibility is well established with universal signs guide everyone to respective sections. The campus has a medical and therapeutic intervention for children and adults with intellectual & developmental disabilities. A well-equipped professional team provides diagnosis and therapy and counselling for parents.



Outdoor play area and artificial turf

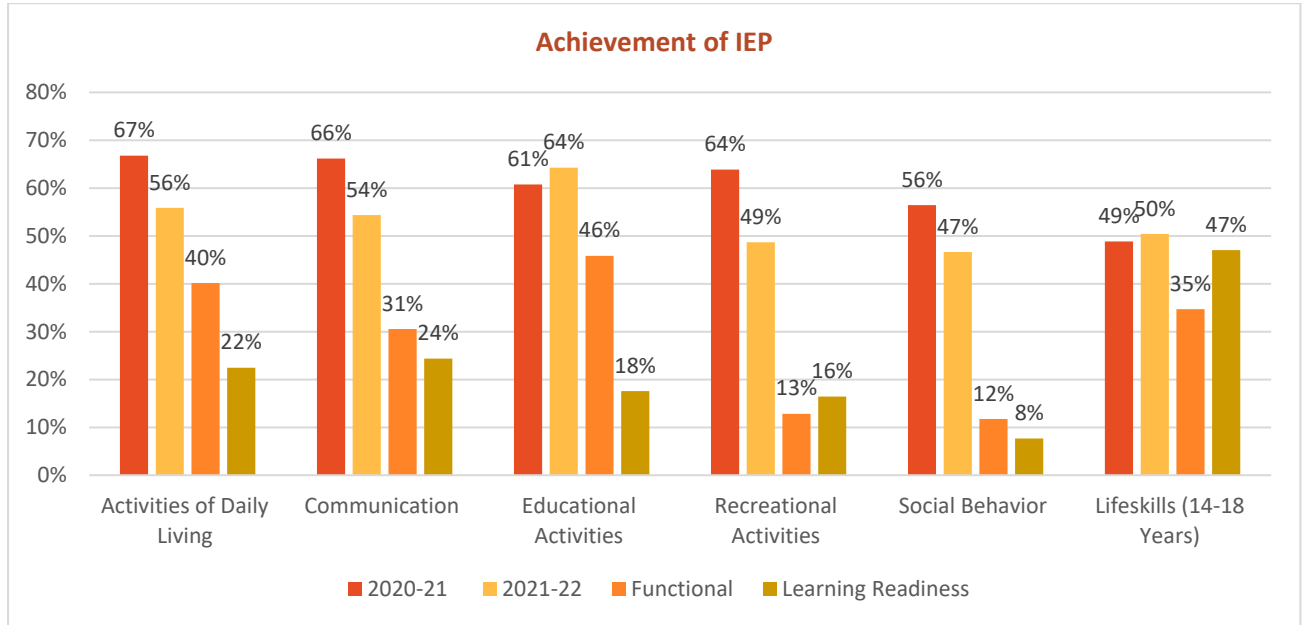
- **Multi Sensory Curriculum**

Teaching and curriculum are based on two major principles – 'Interest, Teach and Apply' and the 'VAKT'(multisensory) model of teaching. The 'Interest, Teach and Apply' philosophy promotes learning by initially sparking an interest in a subject, followed by a precise methodology to teach it and finally providing relevant avenues to test and apply the newly acquired knowledge. The VAKT model stands for Visual, Auditory, Kinaesthetic, and Tactile way of teaching. Research has proved that multisensory teaching uses all learning pathways in the brain to enhance memory and learning especially in CwD". JVF has standardized a multi-sensory curriculum for CwD and in 2019, the curriculum was certified by National Institute for Empowerment of Persons with Intellectual Disability (NIEPID). An MoU was signed with the Government of Maharashtra (Department of Social Justice & Special Assistance) to disseminate the curriculum among special government aided schools of Maharashtra.

- **Achievement of Individual student goals**

An overall review shows that the special school has been achieving its objectives. The school aims to give skills to children so that they are independent through Activities of Daily Living (ADL) skills training. Every child has an Individualized Education Program (IEP). The IEP is developed after assessing the child using an Assessment Checklist certified by NIEPID. This checklist consists of over 200 questions across 5 domains of Activities of Daily Living, Communication, Educational Activities, Recreational Activities and Social Behaviour. Based on the assessment, goals are set for the child in IEP, discussed with parents and finalised as home (functional) and school (academics & functional) goals. The goals are reviewed every four months.

Figure 1 Achievement of Goals at Jai Vakeel School



1. The goals for online learning were lesser during FY 2020-21 than the ones set during face to face teaching. Also, students' time with the teacher reduced from 6 hours to 1.5 hours.
2. In 2020-21, maximum progress is seen in ADL. This could be as students and parents were at home due to COVID, and parents were working on the ADL goals at home. Teachers communicated with parents everyday leading to transfer of knowledge. Parents became co-teachers in the educational journey.
3. Lowest progress is seen in 'The Social Behaviour' domain, which could be because of inability to make effective behavioural interventions on an online platform and added behavioural challenges due to the inability of the child to understand COVID related restrictions.
4. In FY 2021-22, students and teachers became adept in using online platform and were creative in their teaching and learning. There is an increase in the achievement of educational goals, however achievement of other goals was lesser than FY 2020-21. The reason is attributed to the online fatigue of the students, parents' burn out, and parents were not available as before as they had started working.

5.2 Integrated School

Educational services have largely been separated into general education and special education. Previously, children with differing needs (especially those with special needs) were believed to be best educated in separate settings. Contemporary understanding, new approaches and technology have changed this belief and made it possible and indeed preferable for all children to be educated together with their peers.⁵ Inclusive education provides the approaches and systems to bring all students together, irrespective of their ability, under one roof and build an inclusive educational community.

⁵ Organisation for Economic Co-operation and Development (OECD). *Inclusive education at work: students with disabilities in mainstream schools*. (1999). Paris.

5.2.1 About the Intervention



Students' Outdoor Activity at SIS

Association of People with Disability (APD) is one of the foremost organisations working for the rights of people with disabilities in the state of Karnataka. They established the **Shradhanjali Integrated School (SIS)** in 1973. The school is registered under the Karnataka State Education department and teaches the state board syllabus. There are classes from primary to VII standard. The school maintains an 80:20 ratio of CwD and children without disabilities.

5.2.2 Key Findings

5.2.2.1 Output

For FY 2020-21, the school enrolled 215 children, and 244 children in FY 2021-22, of which 170 and 196 were CwD from grades 1 to 7 respectively. The online attendance was 60% in FY 2020-21. School campus was closed during the pandemic and reopened in July 2021, attendance was 79% in FY 2021-22.

5.2.2.2 Effectiveness and Impact

- **Curriculum**

Inclusion is a process of curriculum adaptation techniques that assist the development of every child according to his or her capacity. The Integrated School has three streams of curriculum:

1. For children without any intellectual challenges, state board curriculum is adopted. This enables smooth transition into mainstream schools.
2. For children with intellectual challenges, DISHA curriculum is used.
3. The National Institute of Open Schooling (NIOS) curriculum is used for children who are home bound and unable to come to school every day.

All children and teachers are taught sign language. There is a specific instructor for sign language, who is a person with hearing impairment. This has immensely helped the students with hearing impairment, not only in academic learning but also in gaining friends and expressing themselves.



Sign Language at SIS

- **Engagement with students through educational and therapeutic inputs**

Table 8 List of Educational and Therapeutic Inputs

Educational and Therapeutic Inputs	FY 2021-22
TLM preparations, power points, videos, question banks, sign language videos	1,378
Physiotherapy services	8,610
Occupational Therapy services	9,702
Speech Therapy	7,742
Counselling sessions	2,520
Sign Language sessions	1,470
Number of students who received aids and devices	42

The above services enabled more than 50% of the students to achieve their yearly goals.

The school designs and implements individualized education (IEP) and disability management – Individualized Rehabilitation Plans (IRP) for every child. By creating a separate IRP with designated timings, the school is able to manage implementation of state curriculum for children who have only sensory issues. For educating children with hearing impairment, teaching via sign language ensures better understanding of concepts and language development. The achievement of children in their individual academic goals are as below:

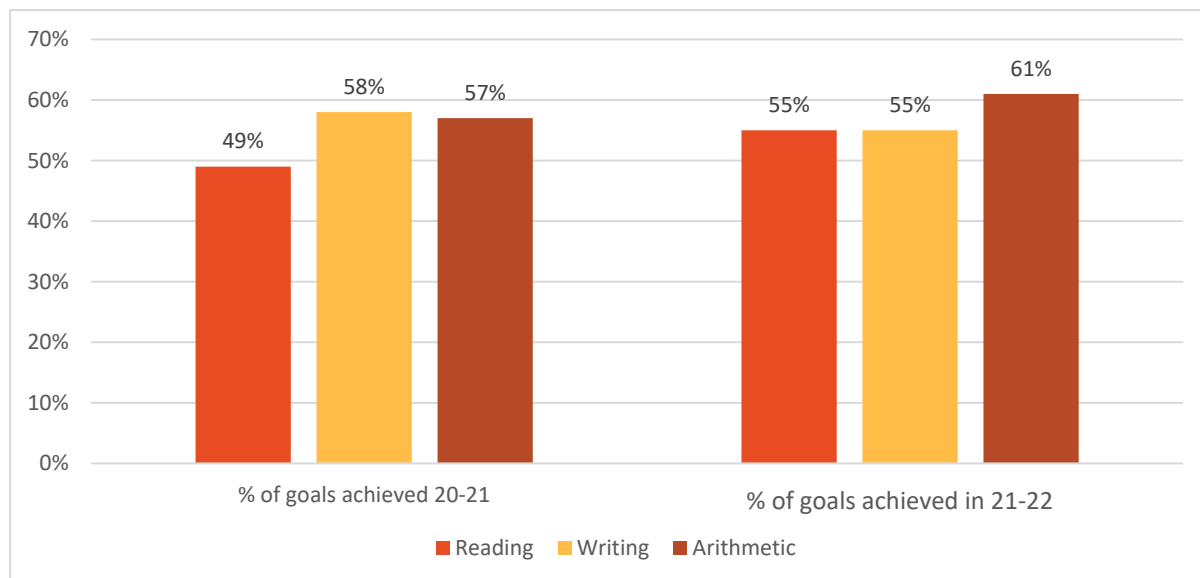


Figure 1 Achievement of Goals set in IEP at SIS, in the period of 2020-21 and 2021-22

The school aimed that atleast 50% of the children will show achievement of yearly goals. They have achieved the same in two of the domains (writing and arithmetic) in the assessment period, except for a drop in reading achievement during 2020-21, the COVID year.

Achievement in IRP was better in 2021-22 as compared to 2020-21. The percentage of children who need full assistance to achieve their rehabilitation goals had reduced from 31% to 22% in 2021-22, and those who have achieved complete independence increased to 41% in 2021-22.

Table 9 Achievement of Individual Rehabilitation Plans (IRP)

Achievement of IRPs	CwD requiring Full Assistance	Completely Independent CwD
FY 2020-21 ⁶	31%	35%
FY 2021-22 ⁷	22%	41%

During the lockdown, classes and therapy sessions were done in virtual mode and this had lead to lesser achivement in both academic and rehabilitation goals.

Children, with and without special needs, stated that they appreciate the **non-discriminatory approach** in the school. *“We are happy together and teachers treat us all same, there is no difference. We are given enourgament in all steps. I like playing with my friends. There is no difference among us. I like helping my friend who is not able to do some things,”* were some of the statements from the children. One can see the ease in which they mingle among themselves.

In 2012-13, APD started Model Schools in Bangalore urban through School Support Program (SSP). In later years, the same initiative continued in other districts of Karnataka. The model schools implement inclusive education through the technical support from the Integrated School staff. Most students who complete their studies in SIS are admitted in these model schools.

- **Capacity building of Teachers**

Teachers were provided training in teaching various subjects, preparing TLM, resource material development, usage of technology and reorientation on IE, Child Rights, National Education Policy and RTE and teaching NCERT syllabus. More than fifty plus sessions were provided for capacity building each year and all teachers attended many webinars during the COVID times.

- **Capacity building of Parents and ensuring their engagement**

In monthly parents’ meetings and other workshops, parents were provided information on disability management, importance of active participation in teaching and therapy inputs, and orientation to social securities. More than one thousand counselling sessions were provided to the parents each year. Parents are highly appreciative and also showed openness to assist in the classrooms.

Interviews with students and their parents clearly show that the program had significant impact in their lives. One of the parent states, *“My child does things in their own steam, not dependent on others. It gives me time for myself”*.

At the family and individual level, the services provided are relevant and appropriate to the child. The children feel encouraged, and parents see the changes in their child and their life. In conclusion, the assessment confirms the good degree of relevance of the project’s objectives and activities in the context of the timeline in which it was implemented.

⁶ Sample size 55 children

⁷ Sample size 80 Children

6 Capacity Building of Educators, Professionals and Caregivers

Poverty and access to the right resources are primary barriers to persons with disabilities receiving adequate healthcare, so HDFC CSR's support is focused on training human resources for persons with disabilities, including community workers, therapists, teachers and parents, and developing a resource pool for the sector. Ummeed was started in 2001 to work with children with or at risk of developmental disabilities to ensure that they are able to reach their maximum potential and are included in society. Ummeed has a trans-disciplinary team that works in a family centered approach to provide strengths and evidence based high quality care.

6.1 About the Intervention

Ummeed offers short and long term training to medical professionals, para medicals, parents, teachers, and community workers to understand developmental issues and offer appropriate services to individuals and families. This training helps in building deeply-skilled resources around the child.

Training Programmes:

1. Autism Intervention Training Program (AITP), a one-year intensive programme, was launched in 2016 with the purpose to train professionals to effectively support children between 1 and 12 years of age having Autism Spectrum Disorder (ASD).
2. ECHO Autism, which utilizes an online platform to train physicians, pediatricians, and other medical professionals in applying effective techniques towards identification, evaluation, and management of children with ASD. ECHO programme was started as an online training prior to the COVID-19 situation.
3. ECHO - ICF and PFCC approaches (an introduction for Pediatric Therapists), an online training for pediatric therapists across disciplines like occupational therapy, physiotherapy, and speech therapy, to create awareness and build knowledge and skills in concepts which are core to Ummeed's clinical intervention model, e.g. family-centered care and participation-based outcomes.
4. Ummeed Parent Program on Autism (UPPA), which targets families of children with ASD, and supports caregivers to build attention, participation, communication, and play routines with their child within their natural environment, through daily activities.
5. Mental Health Training Program (MHTP), a long-term program providing a thorough grounding in the ideas and practices of Narrative Therapy, to professionals who support the mental health of CwD, families, groups, and communities.
6. Community Mental Health Training Program (CMHTP), a program that trains community workers to identify and respond to mental health needs at the community level, help raise awareness to minimize myths and stigma, encourage help-seeking behavior, and increase access to care in the community.

Ummeed is involved in awareness and advocacy to have a demonstrable shift in attitude towards developmental disability in policy and society.

COVID

During COVID, Ummeed converted their mode of training to online, taking advantage of technology. Even before COVID, they were implementing some trainings online, but converting all in-person training from analogue to digital mode needed time and adjustment to reorient all the training activities, adapt the content for online mode and develop suitable activities for virtual interactions.



Online Graduation ceremony for Ummeed's MHTP training

children with spectrum disorders, developmental delays, mental illness, and intellectual challenges.

Ummeed has been successful in keeping the training courses interesting and engaging. Post COVID, Ummeed is conducting training in hybrid mode.

6.2 Key Findings

6.2.1 Output

Ummeed, through the support of HDFC Ltd, has reached 748 professionals and parents, who are involved in diagnosis, assessment, teaching, grassroots identification and counselling of

Table 10 Training Programs Supported

Courses	FY 2020-21 Participants	FY 2021-22 Participants	Total	Type of Participants
AITP	23	29	52	Doctors, Special Educators, Therapists
ECHO Autism	107	159	266	Doctors
ECHO ICF PFCC	197		197	Paediatric Therapists
ECHO ADHD		88	88	Doctors
UPPA	61		61	Caregivers
MHTP	15	35	50	Therapists and Educators
CMHTP	12	22	34	Community workers
TOTAL	415	333	748	

The online trainings during COVID enabled professionals from remote parts of the country and outside India to participate.

6.2.2 Effectiveness and Impact

• Curriculum

Ummeed, in all its trainings, ensures that the voices of parents and children are heard. Their therapy starts with “child’s preference sheet”, which gives the preferences of the child, allowing the expert to design their therapy around those preferences. What is crucial is that the parents’ perspectives are incorporated in rehabilitation measures for the child.

The curriculum review of the trainings showed the quality of programmes is very good and the content to be relevant and updated to give a sound theoretical knowledge and practical skills on interventional approaches. The support structures that are provided to the trainees are excellent and quite flexible and accommodative to suit the needs, aspirations, and convenience of the trainees. The quality was further affirmed by all the participants of thesis.

- **Engaging and Relevant Training**

Trainees interviewed were highly appreciative of the trainings. Some of them attended more than one training because of its relevance and usefulness to their work. Interviewees mentioned that the *“trainings opened their eyes to parent’s perspective and the importance of working with parents”*. The topics were relevant, and it had *“perfect mix of theory and practical.”* The courses were *“engaging and gave a chance to interact, meet other professionals, and get their views,”* and the *“discussions were varied and rich”*.

- **Trainees acquired the intended knowledge, skills, attitude, and confidence**

The interview participants were appreciative of the content of the training, when asked what needs to be modified, none had suggestions on the content. The survey participants were asked what percentage they remember (after one year of training). Overall, 42% of them remember 50-75% of the concepts taught during the training and 27% remember more than 75% of the concepts and knowledge. The retention level of the trainees is at a reasonable level; and many participants answered questions testing knowledge and content of the trainings.

- **Trainees apply what they learned**

The interviewees and survey participants stated that they *“have managed to organise the environment to suit the child, follow the child’s lead, are less obsessed with checklists and more interested in listening to the child’s story, more attentive to the parent and involve them.”* Parents who attended the UPPA trainings stated that they *“can understand the child and support through the skills acquired.”* They were able to apply learnings in making structural changes in the therapy space, using toys relevant and specific to the child’s context in sessions, developing social stories for communication. Participants started writing Autism specific measurable goals which focused on additional areas such as attention, engagement, play, communication, understanding of language & environment, and activities of daily living. In addition, the trainees have started coaching parents⁸. A parent stated *“The training impacted me in a positive way, it cleared many misconceptions we had.”* Another parent said, *“I thought there was no “hope,” Ummeed gave us hope. I gained knowledge and skills that helped me to talk to my child at her own level.”*

Nearly 66% of the survey participants have stated that they use more than 50% of the strategies taught. 35% of the participants use more than 75% of the concepts and strategies taught during the trainings.

- **Enabling trainees to reach out to more CwD**

80% of the participants have reported a moderate increase in the number of children seen with developmental disability. **Participants have started using screening and monitoring tools to identify delays & disabilities, are making more referrals** and using available Autism specific resources to share with families. Many trainees further trained their staff and other professionals in their organisations.

⁸ Report to HTPF – 20-21

- **Awareness initiatives**

The project supported creation and dissemination of content on social media and mass media around key days such as World Autism Day, World Down Syndrome Day etc. During the assessment period there were 30 videos created published via YouTube, Twitter and other social media, four newspaper advertisements. In addition to “SELebrating Inclusion Summit”, an education report on inclusion titled “Differently together” was published. Through these efforts, Ummeed’s **message on autism and early identification has been amplified across to over 16 lakhs readers**. Their video on Down’s Syndrome has unprecedented numbers in reach and engagement, highlighting the need for such credible information.

7 Recommendations

7.1 Special Education Institutions

7.1.1 Interaction with former students and parents

“Seeing is believing” - Former students who are in different walks of life can come and speak with the children and parents. It will help parents, especially newer parents, to meet those other parents who are well adjusted.

7.1.2 Potential of involving parents as co-teachers

The pandemic gave parents and extended families opportunities to be involved in the teaching of the children. A hybrid model - offline videos, parents’ guides with more pictorial explanations and online instructions should continue to capacitate parents to be partners in teaching. Parents can be involved in events, become assistant teachers and those eligible can be encouraged to undergo special education training.

7.1.3 Conduct home visits

COVID also has given opportunities for teachers to visit students' homes either physically or virtually. In the future, individual goals can be continued to be set in discussion with parents and, if possible, at home (physical/ virtual).

7.1.4 Expand community integration efforts

The community integration programme of schools can be creatively expanded to include activities that increase social behavior like more collaborations, encouraging the parents to take children out more frequently, having mock sessions/ role plays to mirror appropriate social behaviours.

7.2 Capacity Building

7.2.1 Additional sessions for medical professionals

In certain trainings of Ummeed such as ECHO Autism, ADHD, it will be good to have at least one separate session for developmental pediatricians who want more information on patient management than identification and referral. It can be a breakout-session and will allow them to further clarify their doubts.

7.2.2 Create multiple influencers

Ummeed can proactively try to train more than one participant from an organization (especially school teachers and community workers). When more participants are trained

from the same organization, a critical number of staff having changed attitude and methods of working and will be available to influence others.

7.2.3 Virtual training content

Availability of the sessions (without compromising confidentiality) in YouTube/ as videos, will allow participants to revisit them again. The basic content can be developed into self-study e-learning modules. A trainer guide can be used by a trainee to train others in his/her organisation. Such e-learning packages can be supported with clarification of doubts online and periodical online meetings with Ummeed's training team.

Abbreviations

ACE	Assisting Children Electronically
ADLS	Adapted Daily Living Skills
AITP	Autism Intervention Training Program
APD	Association of Physically Disabled
CSR	Corporate Social Responsibility
CMHTP	Community Mental Health Training Program
CP	Cerebral Palsy
CwD	Children with disabilities
DAC	Development Assistance Committee
DHH	Children who are Deaf or Hard of Hearing
EIC	Early Intervention Centre
FACP-PMR	Functional Assessment Checklist for Programming of Students with Profound Mental Retardation
FGD	Focus Group Discussion
FY	Financial Year
HDFC	Housing Development Finance Corporation Limited
IDD	Intellectual & Developmental Disabilities
IDP	Inter Disciplinary Plan
IRP	Individual Rehabilitation Plans
JVF	Jai Vakeel Foundation
JVS	Jai Vakeel School
IEP	Individual Educational Plan
LRF	Latika Roy Foundation
LR	Learning Readiness
NCERT	National Council for Education, Research and Training
NIEPID	National Institute for Empowerment of Persons with Intellectual Disability
MHTP	Mental Health Training Program
MIS	Management Information System
M & E	Monitoring and Evaluation
MoU	Memorandum Of Understanding
NIOS	The National Institute of Open Schooling
NGO	Non-Governmental Organisations
OECD	The Organization for Economic Cooperation and Development
PwD	Person with disabilities
SII	Semi Structured Interviews
SIS	Shradhanjali Integrated Primary School
TLM	Teaching Learning Materials
ToC	Theory of Change
UPPA	Ummeed Parent Program on Autism
VAKT	Visual, Auditory, Kinaesthetic, and Tactile

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