ARNEC CASE STUDY

Children, disability and COVID-19

UMMEED CHILD DEVELOPMENT CENTER, INDIA

child development center
EARLY START
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Asia-Pacific Regional Network for Early Childhood

ABOUT UMMEED

Ummeed is a non-profit non-government organisation that was established in 2001 in Mumbai, India. The organisation provides specialised care for children with developmental disabilities through a multisectoral approach that includes clinical services, school readiness, and parenting support and has moved into areas of training for health care workers and community-based organisations, research, and advocacy. Ummeed's mission is to support children and families with developmental disabilities and advocate for their inclusion within educational settings, healthcare, and society. Ummeed believes in partnering with other organisations to leverage resources and reach out to children and families. These partnerships are often mutually beneficial as organisations contribute to the learnings of Ummeed and have also benefited from Ummeeds training programs. Ummeed often collaborates with organisations on both research and advocacy initiatives.

EXECUTIVE SUMMARY OF THE CHILDREN, DISABILITY, AND COVID-19 PROGRAM

Ummeed's Children, Disability, and COVID-19 Program encompassed the adaptation of two pre-existing training programs – The Early Childhood Champions (ECC) and The Child Development Aide (CDA) – to a blended delivery model of online and face-to-face components, and the development of a novel series of online workshops and videos. The ECC and CDA programs were originally one-year programs targeted towards training community-based organisations and community health workers (CHW) to promote early childhood development, monitor child development, and provide interventions and/referrals for children with disabilities. These programs were prioritised by Ummeed during the COVID-19 pandemic due to the continued and heightened need to strengthen the capacity of the health sector in childhood disability care and intervention. The online workshops and videos were developed in response to the heightened need to support the mental health of CHW and parents during the pandemic. These workshops involved a series of free two-hour workshops and complementary videos to teach CHW strategies to support their own mental health, as well as the mental health of families within their communities. Funding for the Children, Disability, and COVID-19 Program was gained through existing donors and their subsequent top-up funds.

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KEY PROGRAM FEATURES

In response to the COVID-19 pandemic in India, beginning in March 2020, Ummeed had to quickly place all in-person programs on hold. The team used this time to consider ways to reach clients and families remotely. Ummeed's initial response included the provision of emotional support to families over the phone and working with partner community-based organisations (CBO) to ensure social protections for families were in place, including access to food and healthcare. From May to June 2020, Ummeed conducted a phone-based needs assessment to understand the impact of COVID-19 on caregivers. Two training programs were adapted to include a hybrid structure, and one novel program was developed in response to community needs:

1. Early Childhood Champions Program (hybrid): A one-year program designed to create/strengthen community-based organisations' (CBO) capacity to promote early childhood development
2. Child Development Aide Program (hybrid): A one-year flagship transdisciplinary program to train community health workers (CHW) as Community Development Aide (CDA) to enable them to monitor child development and provide intervention to children with disabilities in their communities
3. Mental Health Workshop (novel): A series of three free-to-access online workshops and complementary videos created for community health workers (CHW) to support their own and parents/caregivers' mental health during COVID-19 within their communities.

For Ummeed, a large part of this program adaptation included converting the Early Childhood Champions Program and the Child Development Aide Program to an online format. It was established that, while a large portion of the programs could be transferred to an online delivery model, certain components needed to continue to be implemented face-to-face due to the nature of the content (e.g., learning basic intervention skills). Subsequently, a hybrid model was created combining both online and face-to-face components. This took place over an eight-month period in 2020/2021.

PROGRAM RATIONALE

The Early Childhood Champions and Child Development Aide training programs were targeted towards providing training for frontline Community-based Organisations (CBO) and community health workers (CHW) in low-income communities across India. Program training focused on ways to promote early child care and development (ECCD) for children at risk of poor developmental outcomes, recognise signs of developmental delays using standardised tools, and refer families to appropriate local resources and services. These programs strengthened health systems through integrating ECCD with CHW and CBO existing knowledge and skillsets. CHW typically receive no formal training in ECCD or supporting children with additional support needs or developmental disabilities. Therefore, this program was prioritised during the COVID-19 pandemic to ensure continued community-level support for children with additional support needs and their families.

Additionally, through consultations with CHW, Ummeed learnt of the increased complexities that CHW, parents, and caregivers were facing during the pandemic. These included limited food/nutrition, inadequate health care services, and a sudden loss of livelihood. These stressors led to increased mental stress, alcoholism, and incidence of domestic violence. Similarly, CHW and families reported difficulties in engaging with their young children in the home during COVID-19 lockdown restrictions. They also reported challenges with children's behavioural changes and developmental regressions. In response, Ummeed developed a series of online workshops and videos for CHW to support both their own and parental mental health and wellbeing.

GOALS OF THE PROGRAM

Early Childhood Champions Program: this program included three main objectives: (1) promoting ECCD in children using a parent-mediated communication and play based approach; (2) monitoring and identifying children with developmental delays and concerns; and (3) addressing and supporting mitigation of risk factors and developmental delays.

Child Development Aide Program: this program involved directly training and supporting CHW with the objective of monitoring ECCD and implementing strategies to support children with or at risk of disabilities within their communities.

Online workshop and videos: this aimed to alleviate CHW burnout and increase their capacity to support their own and parents' wellbeing during the COVID-19 pandemic.

PROGRAM DEVELOPMENT AND STRUCTURE

Ummeed's Early Childhood Champions and Child Development Aide training programs were underpinned by theory and evidence and monitored through cyclical evaluations (e.g., using the Kirkpatrick Model of Training Effectiveness). The Early Childhood Development and Disability (ECDD) team were responsible for program planning and implementation both pre and during COVID-19. This team consisted of allied health workers (e.g., occupational therapists), psychologists, teachers, and professionals trained in early childhood education. During the COVID-19

pandemic, the two programs were altered to respond to increased need and social restrictions:

Early Childhood Champions Program:
Three of the four training modules for this program were moved to online delivery sessions facilitated by trainers, with the third module delivered in person with COVID-19 protocols in place. Existing community contacts were able to help participants (supervisors and CHW within community-based organisations) with technological challenges during online delivery. The content/sessions were recorded so participants could pace themselves, repeat or revisit content. Lines of communication were kept open with participants to ensure that they were aware of any adaptations to content or delivery based on the feedback cycles. Between modules, Ummeed provided ongoing support and mentorship to the participants via phone calls and periodic on-site visits when it was safe to do so and no lockdown restrictions were in place.

Child Development Aide Program:
The theoretical/content component of this program was moved to online delivery. Orientation programs with participants helped trainers to determine whether CDAs had access to internet, as well as access to children with disabilities (this was important for reinforcing practical skills learned through program content). Trainers ensured that the program plan was flexible and adaptable, understanding that participants might not always be available for scheduled sessions due to COVID-19 impacts (e.g., medical emergencies and bereavement). The program was conducted with 4 modules delivered over 8 months, including practical components at their respective organisations. One face-to-face mentorship visit was conducted at a few sites, with COVID-19 precautions in place. The participants that did not receive the face-to-face visit were supported through video coaching while they were working with children.

Online Workshops and Videos:
From May to June 2020, Ummeed conducted a phone-based needs assessment with partner CBOs and CHW (many of whom were parents themselves) across India to understand how parents and caregivers were coping with the COVID-19 pandemic. Two dominant themes emerged from this assessment: (1) increased mental stress among caregivers, and (2) caregivers experiencing difficulty in engaging with children at home during lockdown and restrictions. In response, the Ummeed ECCD team, with support from the in-house communications team, developed three online workshops and accompanying videos to support CHW to look after their own mental health and support the mental health of parents and caregivers. The workshops were conducted in August 2020, were two hours in length, and conducted over Zoom or Google Meet in the local languages of CHWs.

All programs followed a hierarchy of connectivity protocol to address technological and connectivity challenges faced by participants within remote areas. Ahead of the sessions, participants would be informed of this hierarchy protocol, so they knew what to expect. This protocol involved a Zoom call as the first and ideal communicative platform, followed by a WhatsApp call if Zoom failed. If neither Zoom or WhatsApp worked, communication was conducted through a phone call.

Ummeed staff developed and conducted Zoom orientation sessions to support participants low levels of internet literacy. Despite this strategy requiring a considerable amount of time, it was perceived by Ummeed to be a necessary investment, saving time in future online delivery. The Ummeed ECCD team drew upon connections with an in-house communication team to support online delivery.

CONTENT

Early Childhood Champions Program:
This training involved a mix of didactic and practical sessions for CHW and their supervisors from CBO. These included 4 modules:

1. **Typical child development (birth to three years) and working with families**
   - This module was conducted over five days and was based on the WHO/UNICEF Care for Child Development Inventory package with modifications made by Ummeed to meet the needs of the population
   - Introduction to child development and the role of the caregiver, importance of early stimulation and secure environments, typical child development and milestones (birth to three), responsive caregiving, the importance of play, using the Look-Ask-Listen framework, age-appropriate play and communication strategies and working with families to provide strength-based approaches
2. **Monitoring development using a standardised tool**
   - Content for this module focused on the administration of the standardised tool The International Guide to Monitor Child Development (GMCD)
3. **Interpreting GMCD and recommendations to promote development**
   - This module was delivered in person and covered how to interpret the GMCD, planning recommendations to promote development using

the Vroom format, and facilitating parent-mediated play-based, communication-based interventions

4. **Understanding developmental disabilities and supporting caregivers**
    - Overview of developmental disabilities and understanding a few more prevalent disabilities in detail, and enabling participants to support children with developmental disabilities with specific recommendations and strategies for use in the home

An additional supervisor training was offered prior to Module One providing an overview of ECC program, introduction to data management system, introduction to facilitative supervision methods. Periodic support was also given to supervisors during on-site mentorship visits by the Ummeed team where possible and with COVID-19 safety precautions. Between modules, Ummeed trainers provided ongoing support to the supervisors and community health workers. Support was also given to management of CBO to better integrate child development initiatives and goals with organisational initiatives and goals.

Child Development Aide Program:

Through this program, CDAs were familiarised with and practiced a transdisciplinary model of child development which included family-centred approaches to intervention, and recognition of biological and environmental factors that can be barriers to development. The program is divided into two components:

1. **Theoretical component:**
    - This was delivered (over six months) by trainers remotely over online platforms (Zoom, WhatsApp)
    - Included various modules:
        1. Module 1 – Typical child development (birth to six years): mental health, task analysis, developmental milestones
        2. Module 2 – Monitoring development using standardised tool
        3. Module 3 – Assessment and goal setting
        4. Module 4 – Developmental disabilities and intervention
2. **Practical component**
    - Previously delivered in-person between trainers and CHWs, however primarily delivered online during the COVID-19 pandemic (included video coaching and on-call meetings)
    - Delivered over six months
    - Working with children was supervised over video calls and mentorship was conducted largely via video and phone calls, with some participants receiving one face-to-face on site visit with COVID-19 precautions in place

The CDA program teaches CHW about developmental milestones (gross motor, fine motor, communication and social development) and how to administer the GMCD. They are also taught simple ways to promote child development, including play-based interventions.

Online workshops and videos:

This consisted of three two-hour workshops delivered over Zoom or Google Meet to CHWs. It was delivered in English and local languages (i.e., Hindi, Marathi, Gujarati) to ensure a wider reach. The three workshops included:

1. **Workshop 1 Mental Health Support for CHWs:** this workshop focused on the mental health of CHWs. It explored what mental health is, why it matters, what can impact mental health (e.g., COVID-19), and self-care practices
2. **Workshop 2 Mental Health Support for Caregivers and Parents:** this workshop included an animated video on strategies to support caregiver MH, explored impact of pandemic on caregiver/parent MH, prompted discussions around caregiver self-care practices, and discussed how video could be disseminated to communities. The video was then shared with CHWs via WhatsApp for further dissemination within their communities
3. **Workshop 3 Promoting Early Child Development in challenging times:** this workshop included an animated video promoting ECCD in children birth to three years, how the pandemic has affected the five components of nurturing care, how CHWs can support caregivers and communities to promote child development, and a brainstorming session of ways to disseminate the video. The video was then shared with CHWs on WhatsApp for further dissemination within their communities

TRAINING & SUPPORT

There was no formal training for trainers and the ECDD team, however, they received considerable support from various teams within Ummeed to adapt content and processes to an online format. Formal training was not sought as the team adapted content through self-learning and support within Ummeed and its network. The team also took on self-initiated learning in online implementation and crisis response. Intellectual support to adapt to shifts in practice was also sought from the Ummeed founder, as well as through regular consultations with national and international ECDD

experts. No additional personnel were recruited into the team as it was decided that doing so would require new personnel to be trained and brought up to speed quickly, and there was limited time and capacity to do so. Trainers for the programs were from varied backgrounds, and included occupational therapists, social workers, psychologists, and early childhood educators.

DURATION & INTENSITY

Early Childhood Champions Program

The four training models span 16 days, over a one-year period with time in between for implementation and support. The family support and mentoring took place at least once a month in the form of phone/online communication and centre visits where possible. In the hybrid model (during the COVID-19 pandemic), three of the four training modules were conducted online in two to three hour sessions. This division of sessions into smaller chunks ensured participants were able to sustain attention during online training.

Child Development Aide Program

This program involves a one-year intensive training model for CHW. Four training modules included theory and practical components, undertaken over eight months with supervision support in between modules. This included one-month supervised working with children at the candidates' respective organisations, and three months' mentorship via video and phone calls. While most of these components were implemented face-to-face pre-COVID, due to restrictions during the pandemic the majority of delivery was moved to an online format, with the exception of aspects such as home visits that could not be conducted online.

Online workshops and videos

The program included three two-hour online workshops for CHW with follow-up conversation and discussions on WhatsApp.

FUNDING

Funding was gained through existing donor organisations. Some donors provided a top-up fund, recognising the extra work involved in program modification, while some donors decided to add additional funding to specific components that they valued, such as technology.

PARTNERSHIPS

Partnered with other external CBO and non-government organisations (i.e., UNICEF).

IMPACTS & OUTCOMES

Early Childhood Champions Program

- Since its inception in 2015, the program has trained 166 CHW. On average, each CHW works with approximately 20 unique families each year

Child Development Aide Program

- Since its inception in 2009, the program has trained 68 CDAs from 19 organisations. On average, each CDA works with 20 unique children each year

Online workshops and videos

- Workshop 1: 106 participants from 11 organisations over 13 workshops (8-10 participants per workshop)
- Workshop 2: 100 participants from 11 organisations over 7 workshops, CHWs felt better equipped to understand and talk about caregiver mental health
- Workshop 3: 103 participants from 11 organisations over 5 workshops. This workshop helped participants talk to caregivers about simple and effective home-based play and communication activities for ECD
- Participants were more accountable and committed to the online trainings because they could join from any location, whereas in the face-to-face model participants would have to miss an entire day of training if they could not attend for any reason (e.g., travel). Online delivery meant that participants could join for parts of the training and catch up on recorded materials afterwards.

EVALUATION

A five-year impact study on programs is being conducted. Focus group discussions with caregivers and CHW have begun. This will present an opportunity to compare pre-COVID-19 programs and approaches to programs that were altered/developed during COVID-19. Informal participant feedback has been gained throughout the delivery of programs.

FACILITATORS & BARRIERS

Facilitators:

- Addressed internet/technological barriers through offering CHW and clients a hierarchy of connectivity, which involved first offering Zoom as the ideal platform, then a WhatsApp call if Zoom was unviable, and finally a phone call if connectivity did not permit Zoom or WhatsApp
- Providing participants with clear expectations of what can realistically be achieved over a remote platform
- Developed a Zoom orientation session for all participants prior to first session/module
- For CDA training, pre-recorded role plays were a means of demonstrating what ideal home visits might look like in practice
- Slides (via WhatsApp) and pre-recorded videos

(YouTube links) sent in advance for trainings

- Increased the frequency of sessions/touch points, made sessions shorter, simplified content to decrease screen time/screen fatigue
- Multiple reminders sent in advance (digital flyers via WhatsApp group chat)
- During trainings, content was summarised every 10-15 minutes in response to the predicted effects of screen fatigue
- To increase remote engagement, training materials were sent to participants beforehand, slides were created to be simple and engaging (less text), direct questions were asked to encourage participation, discussion questions were placed on slides and sent via WhatsApp, WhatsApp chat was used to reinforce learning, and trainers were alternated during Zoom sessions to minimise monotony
- Close connections with motivated community members (CBOs and CHW) who could provide contextualised knowledge of familial needs and come up with innovative solutions to support them
- Flexible and understanding donors who collaborated and adapted to the shifting priorities of programs
- Strong motivated team committed to a shared vision and goals

Barriers:

- The concept of self-care taught through the online workshops was difficult for CHW and families to accept due to traditional gender roles and societal norms (i.e., in the Indian context, Indian women rarely give themselves time for self-care and it is considered selfish)
- Encountered technological issues as CHW and clients from remote areas often had limited access to reliable internet
- Basic technological literacy was low amongst participants and older participants less familiar with technology
- Cultural preferences for in-person/hands on coaching and support

FUTURE DIRECTIONS

Key Learnings:

- Shifting to an online delivery model meant that more participants could engage in the programs without having to travel to Mumbai for the face-to-face components. This heightened the potential scalability of the programs and other training approaches
- Online training enabled a more diverse range of participants from different geographies with diverse experiences. This helped to enrich group discussions
- The pandemic served as a catalyst to accelerate mental health initiatives that existed as only ideas or initial discussions within Ummeed prior to the pandemic

Future Directions:

- Utilising the hybrid model implemented during COVID-19
- Re-writing of program content as the content and intentions did not change during COVID-19 (apart from the online workshops) and will need to be updated to best fit a hybrid delivery model
- Developing mental health programs (like the CHW online workshops) for parents and other community personnel
- More short-term programs
- More mental health and wellbeing programs
- Producing publications to assist in scaling up efforts and building relationships with government

LINKS TO THE WHO NURTURING CARE FRAMEWORK OUTCOMES	
	Increased awareness and understanding of mental health for CHW, as well as their ability to support the mental health of parents within their communities.
	Enhanced parental capacity to engage in responsive caregiving strategies for children with disabilities.
	CHW guided families play and interaction-based interventions within the home learning environment.
	Increased capability of CHW to support parental wellbeing and combat arising challenges from the pandemic including increases in domestic violence, alcoholism, and mental stress.

Mapping to Nurturing Care Framework (NCF)

NURTURING CARE – OUTPUTS (STRATEGIC ACTIONS)

The NCF suggests five strategic actions for a program to align with best practice:

1. LEAD AND INVEST

- The programs were guided by the overarching goals of Ummeed's Training Centre. Each of the programs had clear objectives, outputs, and outcomes outlined from the outset of the programs in relation to what the participants and CBO would be able to achieve after completion of the program.
- The program was developed in a mature policy environment supporting quality ECCD services.
- The program adopted a multi-level structure with clear role descriptions for the Ummeed, supervisors/ trainers, CHW, and participants to collectively support ECCD.
- Clear roles and responsibilities for implementation were assigned on an organisational level, accountabilities were given to supervisors/trainers and CHW to execute all program elements.
- Due to the nature of the Ummeed and its funding models, funding for the program was relatively easily obtained (i.e., transferred from other previously existing programs or top ups by doners). Nonetheless, preparing a long-term financial strategy to support the program was required.

2. FOCUS ON FAMILIES

- The programs focused on the support of families and children through the CHW, including practical experiences and support facilitated by the trained CHW.
- Consultations with families and experts on the experiences and needs required for COVID-19 response programs were conducted prior to adapting and developing the response programs, which afforded opportunities for responsive amendments on a needs basis.
- Families were supported by CHW within the CBO, who were the drivers of change for children's development.

3. STRENGTHEN SERVICES

- The programs were based on previously implemented Ummeed programs and, in the future, could strengthen those existing programs flexibility of online learning.
- The online workshops and videos were newly developed materials that support mental-health of CHW and families, as well as support the ECCD in challenging times.
- Protocols were in place to mentor and supervise all CHW and families to ensure high-quality practices and experiences for everyone.
- The program trainers were psychologists, therapists and professionals trained in ECE who trained, monitored and strengthened the capacity of CHW with to provide familial mental-health and home learning support for ECCD.

4. MONITOR PROGRESS

- Progress was monitored based upon CHW and parental informal feedback, as well as focus groups, with consistent review of program content and frameworks based on the needs during the pandemic.

5. USE DATA AND INNOVATE

- Data and resources have been shared with and through partnerships, such as ARNEC and Family Health International 360, to support an international platform for early learning and research regarding effective practices in response to the pandemic.
- A five-year long-term assessment strategy is currently underway. This presents opportunities to assess acceptability, feasibility and effectiveness of its response to COVID-19 adjusted and new programs. The long-term effects will inform the need for adaptations within the programs to increase sustainability and scalability.

NURTURING CARE – OUTCOMES

To reach children's full potential of adequate early development, the NCF identifies five components of nurturing care, including good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety.

Stakeholder experiences and considerations for future implementation

Stakeholders from Education and Health sectors recognised that this program:

- Ensured primary caregivers and young children have access to good-quality health information and support
- Made health services more supportive of nurturing care
- Increased outreach to families and children with the greatest risk of sub-optimal development
- Collaborated with other sectors to ensure a continuum of nurturing care
- Reinforced the importance of education/play in the home environment, in the early years
- Ensured good health practices in the home environment
- Ensured primary caregivers had the means to engage in early childhood activities with their child in the home environment
- Integrated children with additional needs and reached the most vulnerable
- Shielded families and children from poverty
- Protected children from maltreatment and family dissolution

For future implementation, the success of Ummeed's approach during COVID-19 suggests a hybrid model is beneficial for vulnerable families, offering remote options where in-person approaches are not viable. The Ummeed team recognised that further refinement of the program will be required to ensure the hybrid delivery model is successful into the future and in other times of crisis. Given the significant stressors identified, particularly for parents and caregivers, it is critical that future implementation places emphasis on caregiver mental health and wellbeing.

Links to research base and previous evidence

- The focus on addressing and supporting parental mental health and wellbeing within the online workshop program aligns with evidence that highlights an association between parental mental health and wellbeing and parental ability to engage in responsive parenting practices and subsequently support child developmental outcomes (Belcher et al., 2007; Phua et al., 2020; Yesmin et al., 2016).
- Similarly, evidence suggests that due to shortages of mental health support in low- and middle-income countries, the upskilling of CHW to deliver mental health support may be one low-cost solution to providing mental health care and support in low-resourced communities (Barnett et al., 2018; Buttorff et al., 2012; Kazdin & Rabbit, 2013). Additionally, as members of the communities in which they serve, CHW can help to reduce the stigma around seeking mental health support through building trust with community members and addressing community-level barriers (Barnett et al., 2018; Balaji et al., 2012; Katingbak et al., 2015).
- A growing body of research looking into the efficacy of blended learning approaches, including hybrid models of face to face and online delivery, suggest that learner engagement and continuation within programs and courses is highly dependent on social factors, including levels of interaction and connectedness with peers and teachers, system functionality and technology quality, including reliability and ease of use, and their level of satisfaction with the content and approach (Goyal & Tambe, 2015; Kintu et al., 2017; Tselios et al., 2011; Vallee et al., 2020; Wilging & Johnson, 2009).

Policy considerations

Ummeed's response to COVID-19 was multifaceted, consisting of three programs responding to community needs: 1) Early Childhood Champions Program (promoting ECD); 2) Child Development Aide Program (training community health workers); and 3) Online Workshops and Videos (to support parent and caregiver mental health and wellbeing).

The Early Childhood Champions and Child Development Aide training programs benefited front-line workers in low-income communities across India, assisting them to recognise signs of developmental delays. This ensured continued community-level support for children with additional support needs and their families, and was supplemented by the online workshops and videos.

The successful design, development, implementation and evaluation of this hybrid program depended on several background conditions. These include, but are not limited to,

1. **Use of technology**
   Zoom and WhatsApp were integral to Ummeed's programs. Equitable and sustainable learning and education programs, with potential for both remote and in-person implementation, ensure a bigger cohort of children benefit from rich ECCD support. Stable, ongoing funding is required to bridge the digital divide to meet the needs of families in their home environment, particularly those who are most vulnerable and have limited experience with digital and remote technologies.

2. **Remote community engagement**
   Close connections with motivated community members (e.g., Community Health Workers) were pivotal to the success of Ummeed's COVID-19 response. Community workers provided contextualised knowledge of familial needs and provided critical, innovative solutions to support their community members. Advocating for government investment in community support that meets the needs of primary caregivers and children, as well as leveraging partnerships to support learning programs that improve access to quality education, is essential.

3. **Emphasis on importance of home-learning environment**
   Caregivers expressed that they were experiencing difficulty in engaging with children at home during lockdown and restrictions. Ummeed's online response included strategies to ameliorate concerns and assist caregivers to support the home-learning environment. Policy decisions should be based on an evaluation of how best to target and support young children and their families in the home environment, with significant investment in children's services required by governments to ensure maximum reach and impact, particularly during times of crisis such as the pandemic. Related to this is the importance of primary caregivers as teachers, and the recognition that their mental wellbeing ought to be supported. Mental health determines how caregivers respond to, understand, and interact with their children.

4. **Pre-existing programs and workforce**
   Existing personnel (e.g., Community Health Workers) were able to engage with communities in novel ways (e.g., WhatsApp) to encourage continuous engagement and provide critical support and information to vulnerable communities. Stable, ongoing funding and a facilitative policy environment is required to continue to train and ensure supply of a suitable workforce, as well as ensuring they are equipped with up-to-date strategies that best meet the needs of young children and families at risk of developmental delays.

5. **Flexibility and program responsiveness**
   Ummeed's COVID-19 response was based on community consultation and careful consideration of vulnerable families and their needs. Their multi-faceted, hybrid approach ensured wide-reaching benefits for support workers and families. Ummeed's responsiveness and flexibility in programming ensured that support was provided in a timely and effective fashion, ensuring best outcomes for communities. Stable, ongoing funding and effective coordination of services is critical to ensure continued support during the changing landscape of the pandemic and into the future.

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This is one of the ten case studies from ARNEC's documentation of good ECD practices and innovations in the context of COVID-19.

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