Creative Solutions to Reach the Underserved



Photo Credit: ASSA

Here's how innovators are employing creative solutions to extending services to hard to reach populations.

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ABOUT THIS BRIEF

This policy brief is part of a series **exploring practical lessons** from ongoing and past Saving Brains Transition to Scale projects. **Saving Brains**, a collaboration of **Grand Challenges Canada** and its partner organizations, supports innovations for early childhood development in low- and middle-income countries. Saving Brains seeks bold ideas to enhance three key areas of healthy development that are essential to every child: health and nutrition, enrichment and nurturing, and protection against maltreatment. Saving Brains values effectively integrating solutions for these areas and sustainably delivering them to the highest number of children possible. Accordingly, in addition to funding small "Proof of Concept" pilots, Saving Brains supports larger "Transition to Scale" projects, where the challenge of sustainable scaling takes center stage.

The briefing series reviews how Saving Brains innovators currently in the "Transition to Scale" phase are confronting this challenge. The present brief highlights three examples of innovations creatively delivering quality early childhood development (ECD) services in hard to reach areas.



Photo Credit: ASSA

Summary

- "Leaving no one behind" has been emphasized by international organizations regarding global early childhood development objectives. Underserved populations present a challenge when satisfying this principle at large scales, as traditional scaling up approaches often either deliver inadequate – or inadequately tailored – packages for these families or miss them altogether.
- This policy brief highlights three innovations in India and Kenya currently working on extending ECD services to underserved populations. The brief describes how these innovators are employing creative models to design and deliver scalable and sustainable interventions.
- The three innovations described are currently funded in the Saving Brains portfolio, supported by Grand Challenges Canada. Each innovation has previously demonstrated its effectiveness and is now working on expansion.

INTRODUCTION

Supporting early childhood development (ECD) in low- and middle- income countries is a global priority. In order to accomplish this goal for all children, underserved populations require special attention.

The UN Sustainable Development Goals (SDG) reflect an international consensus on early childhood, with Target 4.2 calling for universal access to quality ECD services by 2030. A core principle of Target 4.2 and the SDGs more broadly is "leaving no one behind," and there is a growing concern that many populations remain out of reach when it comes to fundamental ECD services. The UN's 2019 Progress Report acknowledges that such significant divergences across regions are obstacles to realizing SDG targets around early childhood development, resulting in disadvantages for the underserved.

In 2018, building on the SDGs, the World Health Organization (WHO), UNICEF, the World Bank and other partners developed the *Nurturing Care Framework* to shape international action on healthy childhood development through responsive care. Proposed Action 1.3 of the Framework calls to "strengthen laws, policies, services, and information in relevant sectors and give special attention to those communities most underserved or at major risk," further highlighting this commitment.

Despite the global consensus around increasing access for underserved populations, responding to the core ECD needs of such families presents a challenge for policymakers and other key players in ECD. Vulnerable populations are difficult for large-scale, uniform approaches to access effectively. Reaching these groups constitutes what many economists refer to as "the last mile problem," and such populations often experience differential needs as a result of remote location, social exclusion, cultural diversity, or specific circumstances or needs (e.g., disability).

So, how do we resolve the tension between ensuring access to ECD services in an economical, scalable way, while at the same time reaching and meeting the multiple, complex needs of underserved populations?

Assuring delivery, acceptance and effectiveness of ECD services for populations requires flexibility and innovative approaches that can be sustained over time. For this reason, innovations that are creatively tailored to their respective beneficiaries and designed to be scaled up can see considerable success in expanding their projects to underserved areas. This policy brief illustrates how three Saving Brains innovators are employing **creative models** to deliver ECD services to underserved populations. These projects are keeping underserved populations at the forefront of their interventions, effectively **creating scalable solutions** to critical access challenges.



SAVING BRAINS INNOVATORS (1/3)

Early Intervention Therapy for Children with Delayed Development: Tamil Nadu, India

Innovator: Amar Seva Sangam (ASSA)

Early intervention (EI) therapy, which includes speech therapy, physiotherapy, and special education services, is an effective strategy to help developentally disabled children achieve improved long-term functioning. However, EI requires intensive, specialized support which has traditionally only been available in rehabilitation centres in urban settings, so EI therapy has remained inaccessible for these children. ASSA extended EI to children in rural areas through a mobile application called mVBRI (Mobile Village Based Rehabilitation Initiative). The app connects Community Rehabilitation Workers (CRWs) with rehabilitation specialists to provide EI services in the home or in nearby "Parent Participation" centres. ASSA is currently using this model to deliver home- and centre-based EI therapy to 700 children under 6 across 8 blocks of the Tirunelvelili District in Tamil Nadu. This includes training 350 village health nurses and 280 local health workers to screen 70,000 children in the District for developmental delays prior to enrollment in EI therapy.

- Children under age 6 are assessed and identified with developmental delays at large-case identification camps held in local villages.
- Identified children enroll in EI therapy and are assigned a CRW to design a treatment plan.
- CRWs provide scheduled therapy services at least once a week with parents with the support of the mVBRI app, either at home or at a Parent Participation centre.



Photo Credit: ASSA

Scope of Transition-to-Scale Phase

(with Saving Brains funding I as of July 2019)

- 1,102 children under 6 have received Early Intervention therapy.
- 1,362 health workers have been trained.
- 700 children have been served through the mVBRI app.

Proof of Concept Results

(with Saving Brains funding)

In the pilot, 38 children improved sufficiently to be enrolled in neighbourhood government schools.

The mVBRI app showed a 73% completion rate for planned home visits or parental visits to participation centres, surpassing the goal of 65%. All enrolled children are still active in the EI program.

SAVING BRAINS INNOVATORS (2/3)

Mile for the Brain: Bungoma County, Western Kenya

Innovator: Global Integration and Innovation Africa Limited (GIIA)

Undernutrition and stunted growth are widespread among Kenyan children. Distribution bottlenecks hinder the delivery of nutritional supplies and advice for parents to underserved rural populations. Using a micro-entrepreneurship model, Mile for the Brain aims to increase access to enhanced baby food and nutritional education for remote households. The project team employs women to distribute and market COPPEA (a low-cost, protein-rich complementary food product) to rural areas and provide information regarding age-appropriate feeding. This creates a cycle of increased demand for COPPEA, resulting in greater availability and a lower product cost. This model fulfills a dual purpose: (1) addressing undernutrition in rural Kenya; and (2) encouraging income generating opportunities for women. At full scale, Mile for the Brain aims to reach 70,000-100,000 children in four countries and reduce child malnutrition by 30% in rural areas.

- 300 female entrepreneurs from 30 women's groups undergo training in microenterprise and how to provide information on age-appropriate child nutrition.
- Entrepreneurs are seeded an initial stock of COPPEA, which they then sell through their social networks using a peer-marketing strategy. Half of their sales revenue goes toward new stock, while the other half is retained as profit.



Photo Credit: Global Integrated Innovations Africa

Proof of Concept Results
(with Saving Brains funding)

592
Children reached in the pilot phase of the intervention.

10%
Average income gain for participating entrepreneurs.

SAVING BRAINS INNOVATORS (3/3)

Investing in Children and their Societies – Skillful Parenting (ICS SP): Bungoma and Kisumu Counties, Kenya

Innovator: Investing in Children and their Societies (ICS)

Poverty poses risks to child development through many channels, for example by limiting food security. Investing in Children and their Societies – Skillful Parenting (ICS SP) adopts a two-generation approach to poverty in Kenya, combining skillful parenting and income strengthening to promote ECD among 0-5-year-olds, address child maltreatment, and reduce family poverty. ICS SP delivers a parental skill-building program while also partnering with Agrics, a social enterprise strengthening agricultural value chains, as well as the Kenyan Welfare System to improve income support for families. This partnership approach in turn gives ICS SP capacity to deliver parallel services at scale. ICS SP is currently expanding their enhanced parenting program to the Bungoma and Kisumu counties in Kenya, and further scaling goals include rollout in the Siaya and Busia counties in Kenya, and into other countries, Tanzania, and Cote d'Ivoire. The team expects to benefit 20,000 parents and 60,000 children aged 0-5 by 2020.

- **Skillful Parenting** – caregivers and children under age 18 come together weekly for a 12-week group-based program, featuring locally facilitated ICS modules on parenting knowledge.
- **Family Economic Strengthening** – Agrics provides smallholder farms with training on modern agronomic practices, credit services, and a market for their produce. The Kenyan Social Welfare System provides cash transfers to qualifying families.



Photo Credit: ICS SP

Scope of Transition-to-Scale Phase

(with Saving Brains funding I October 2018 – December 2020)

- 13,400 children 5 and under and 5,000 parents are expected to be reached.
- 413 frontline service providers are expected to receive training.
- By 2020, ICS expects to reach 20,000 parents and improve the lives of 60,000 children 5 and under.

Proof of Concept Results

(with Saving Brains funding)

The pilot study reached 138 children 36 months and under. Findings showed that Skillful Parenting plus Agrics reduced child maltreatment with an effect size of 0.54 standard deviations.

Ensuring Access through Creative Delivery Models

A "creative delivery model" can mean any number of things. Here, creativity entails addressing multiple outcomes through the combination of different solutions in order to target populations otherwise unserved by traditional approaches. The three innovators featured here employed two main areas of focus when designing their creative solutions:

1. **Technology:** Standard technology-based programs, such as SMS texts, are often "low-touch," meaning that they involve little personal engagement from trained service providers. They may be easy to expand at low cost, but may also be insufficient to effectively handle more complex needs such as developmental disabilities. Typical "high-touch" models, in contrast, require a high-quality network of professionals on the front line, with their associated scaling challenges and implementation costs. The high-touch approach emphasizes human relationships: personal, direct interactions with ECD providers, which can be especially valuable in working with marginalized populations. ASSA's innovation involved finding a way to blend technology with human engagement, reaping the scalability benefits of a low-touch product with the service quality of a high-touch approach. ASSA's mVBRI app supported remote service providers and connected them to centrally based specialists, enable effective delivery of Early Intervention (EI) therapy to a rural population. By using the app to track progress as well as the quality expertise of local and remote frontline workers delivering EI therapy, ASSA achieved significant results at a feasible cost.

2. **Combination of ECD Services with Economic Development:** A "two-generation strategy" focusing on family economic well-being as well as ECD represents a second creative approach to the multi-dimensional challenge of supporting child development in high-poverty environments. By providing families with the resources needed to sustain positive childhood development outcomes while also building childcare skills, two-generation strategies can cope effectively with multiple risk factors. They can also harness economic incentives to support sustainable scaling. For example, Mile for the Brain increases access to nutritional supplementation for families while improving the income generating power for female entrepreneurs, who can use this extra income to help support their own families. ICS SP delivers a combined package of skillful parenting and income strengthening in order to create a holistic support system for children and their families.

Ensuring Access through Creative Delivery Models

	India: ASSA	**Kenya:** Mile for the Brain	**Kenya:** ICS SP
Challenge Faced	How can Early Intervention (EI) therapy be delivered in low-resource, rural settings in India?	How can distribution bottlenecks of nutritional supplements be overcome at the last mile, and how can relevant nutritional knowledge be spread?	How can economic support and positive parenting skills be delivered in parallel in low-resource settings, so that the benefits of each support the other?
Creative Solution	Integrating mobile technology (the mVBRI app) with human interaction at the front line as well as expertise at ASSA's home base.	Using market incentives and a women-led distribution model to supply enhanced baby food and offer education around age-appropriate nutrition at the last mile.	Extending Skillful Parenting programs to a geographically isolated subset of the population and connecting families with economic support in agribusiness and to government social protection systems.
How the creative solution was accomplished	ASSA used the mVBRI app to connect local Community Rehabilitation Workers (CRWs) with rehabilitation professionals located remotely to deliver high-quality EI therapy for the children enrolled in the program. • CRWs share live photos and videos through the app to rehabilitation specialists who are further away. Rehab specialists suggest treatment based on this information, and CRWs deliver treatments while providing status updates through the app. • Rehab specialists use the app to conduct assessments and evaluations of users and provide information to CRWs. • mVBRI data also goes to ASSA executives, who conduct monitoring and research analysis, and doctors and research consultants, who keep track of service users and suggest treatments online. CRWs and rehabilitation specialists work together to tailor EI therapy. • Rehabilitation specialists all had expertise in one or more domains where delays were identified (e.g., speech, motor, cognition), and CRWs were all trained to deliver the recommended treatments. • To increase reach in rural communities, treatments were either delivered in the home or through centre-based sessions.	Because face-to-face delivery of is one of the most effective ways to increase adoption of complementary foods in rural areas, women share information at the time of product distribution. This information includes: • Benefits of complementary foods for infants • Age-appropriate nutrition and feeding practices Leveraging the market stimulated both the supply and demand of complementary foods. • Supply: female farmers are loaned cowpea seeds and provided a farming contract to develop the COPPEA. A mobile phone-based system tracks the supply chain to ensure constant supply of the product. • Demand: Regular COPPEA distribution is expected to encourage businesses to stock complementary foods at lower costs. GIIA incentivized the female salesforce through: • Compensating the entrepreneurs with 25% of the profits. • Creating a funding pool for entrepreneurs to contribute to, which helps to support business costs and incidental expenses.	Safe and nurturing family environments were promoted through Skillful Parenting (SP) programs. • Community professionals were trained and certified to deliver 9 SP modules. These include Play and Stimulation, Nutrition, Child Protection, Self-esteem, and Communication. • Special parenting sessions were organized for fathers as well as teenage parents to empower them on their parental roles and responsibilities. Family Economic Strengthening was employed to promote food security and expand opportunities for families to increase their income and assets. • ICS SP worked with families that access cash grants from governments to provide skillful parenting, financial literacy, and family budgeting training. • The team partners with Agrics to train farmers on modern agronomic practices and provide them with seeds and fertilizers on credit. • Parents and caregivers have reported less stress, increased nutritious meals, and increased ability to pay for education and health services as a result.

To learn more about these projects and more, visit the Grand Challenges Canada website

www.grandchallenges.ca

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