CLEAR Initiative

COVID-19 Leadership Response in Vulnerable Settings

Bal Umang Drishya Sanstha (BUDS) Early Childhood Education Drop-in Centres

By Megan Mattes, with James Radner, Nathaniel Foote and Jasjeet Ajimal

December 2020
ABOUT THIS BRIEF

This brief is part of a series of case summaries designed to spotlight and draw lessons from the extraordinary stories of local leaders working in low-resource settings to respond to the COVID-19 pandemic, and to the economic and human effects of COVID-19 restrictions. The briefs have been developed through qualitative interviews with local leaders; they include accounts of specific responses along with reflections on their broader implications.

The case brief series is part of the CLEAR program, an initiative of the Center for Higher Ambition Leadership. CLEAR collaborates with local leaders to document, extend and enhance effective responses to COVID-19 in low-resource settings. The CLEAR team believes these stories are powerful learning tools, exemplifying how local leaders are working with their communities to adapt and innovate amidst the crisis, in ways that sustain and extend human services, deliver continued and new benefits for individuals and families, and build community resilience. The preparation of this case brief series is support by Grand Challenges Canada (funded in turn by the Government of Canada) and a lead private donor.

Table of Contents

| Part 1: The Basics | 3 |
| Part 2: The Story | 4 |
| Part 3: Lessons | 7 |

Photo credit: BUDS
THE LEADER: DR. RAJEV SETH

Rajeev Seth was already a certified MD in India when he moved to the USA to further his studies in pediatrics. After completing residency and postdoctoral research in San Francisco and Los Angeles, Dr. Seth felt compelled to return to his home country to work with those he felt needed his services the most – children in poor and marginalized communities. Once back, he started working to provide medical and social services to street children, especially providing care to those living with HIV/AIDS. Before long, Dr. Seth, along with several colleagues, decided to form a non-profit called BUDS.

THE ORGANIZATION: BUDS

BUDS stands for Bal Umang Drishya Sanstha. In Hindi, bal means child, umang means exaltation, drishya means vision, and sanstha means organization; thus BUDS is named to be an organization that serves underprivileged children with a positive vision for offering them bright futures.

BUDS is a non-profit organization formed with the objective of advancing the wellbeing, education, health and welfare of children in India without distinction of caste, class, gender, ethnicity, religion, or physical and mental disability. BUDS’s four areas of work are access to health services; access to education; prevention of abuse, neglect, and exploitation; and promotion of lasting change by building healthy communities.

BUDS is committed to incorporating social determinants of health into its services. In addition to the four pediatricians employed at the organization, this staff includes a child psychologist, social workers, and early childhood educators. BUDS incorporates both children and parents in its services and attends to the full spectrum of human well-being: physical, social, psychological and educational.

THE PROGRAM: EARLY CHILDHOOD EDUCATION DROP-IN CENTRES

Early childhood education drop-in centres are one of the programs BUDS operates. Prior to COVID-19, children could attend one of four drop-in centres located in urban slum communities across Delhi. To support children’s growth and development, these centres use educational toys and physical activity to engage children in play-based learning. Structured as an informal education program, the centres function as a safe place where children from poor communities can go during the day to learn, play, and eat.

Located in busy areas such as near railway stations, these centres serve marginalized communities that live nearby. In addition to an early childhood education teacher and a remedial educator, each centre employs an outreach worker who is familiar with the community they seek to serve.
THE IMPACTS OF COVID-19

When COVID-19 hit Delhi, the impact on poor and marginalized populations was swift and severe. Due to the mandatory lockdown measures, many families lost their incomes, and thus their ability to purchase even the basics for survival.

Knowing the communities they served were suffering, the BUDS team acted quickly. Through conversations with past users of BUDS’s services, they quickly identified pressing problems people were facing: income loss, and hunger. To support the community, they immediately raised funds to purchase and distribute rations. They also distributed informational brochures to educate on sanitation and the importance of wearing masks; deployed social workers to support families with the many non-medical complications to families caused by COVID-19; and helped connect people to government relief programs, providing them with sustainable aid during the pandemic.

Once their response to these most pressing community needs had launched, the team turned their attention to their next challenge: figuring out how to continue the delivery of their programs.
ADAPTING TO COVID-19

BUDS was also hearing that with COVID-19 closures young people were facing another problem: boredom. The BUDS team was motivated to restart engagement with children, but the path to adapting an early childhood education program to be delivered in a fashion that respects the physical distancing measures required to minimize COVID-19 transmission was not immediately clear. The team had pressing questions to address: Could the program maintain in-person delivery, or would delivery have to shift to a remote learning model? Would some components of the program have to be cut if delivered remotely? What tools would parents and children need at home to support them through the adapted delivery?

To operate an adapted version of the program while respecting physical distancing requirements, the BUDS team decided on a remote delivery strategy that used cellphones to communicate with the children’s parents. Due to their community survey, BUDS knew that many families possessed a cell phone. Though this wasn’t a perfect solution since some families don’t have cellphones, the BUDS team found this approach to be the best option to reach the most people.

In addition to adapting the delivery method, BUDS also adapted the content of its early education program: educational activities that were feasible within the home environment were shared with parents. These activities were meant to be entertaining while also keeping children safe, and aimed to deliver learning opportunities while also helping children to adapt to the changes associated with the pandemic.
Children’s social needs were another priority of the adapted program. The community survey conducted by BUDS found that some parents were struggling to adapt to having children present in the home all day, every day, and lockdown measures were leading to an increase in abuse and violence towards children. To help foster a positive home environment for children, the team provided information to parents on positive parenting, responsive caregiving and stimulation, feeding, and how to protect children from abuse.

As another element of its adapted program, BUDS provided parents with up-to-date, accurate information on COVID-19. This includes information on how the virus is spread, how to protect their families from contracting it, and where and when to seek health services.

Children’s nutritional needs remained a vital priority of the program. The children were no longer present in person at a drop-in centre, so BUDS attended to these nutritional needs by distributing rations and nutritional supplements to children and their families. To respect physical distancing, families were given a time slot to pick up these supplies at the BUDS Centre. Across the duration of the pandemic, approximately 25,000 children and parents benefited from BUDS’s ration distribution.

To address the health needs of vulnerable children who normally attend BUDS drop-in centres, BUDS has managed to safely resume another of its programs that was shut down at the start of the pandemic: their mobile health vans. Using the vans, the BUDS team provides health care to children and families, focusing on the three Ps of health – prevention, promotion, and prompt treatment.

Meanwhile, BUDS is now exploring the possibility of resuming in-person programming for children. This would require shrinking the program from 21 children to five at a time, with each group of children attending for only part of the day. That in turn would require shortening program modules from two hours to 45 minutes. They face two major obstacles to re-opening at full capacity, however. Firstly, space: each drop-in centre operates within a two- or three-bedroom apartment – an arrangement that can’t accommodate physical distancing needs. And secondly, transportation. Though centres are located near the communities they serve, public transportation hasn’t fully resumed in Delhi, preventing some staff from reaching the centres in order to deliver programs in-person.
Aspects of BUDS’s response that have helped them successfully adapt their programming to support their community during the pandemic include:

Firstly, BUDS responded immediately to the most pressing need of the community – hunger. This immediate adaptation in BUDS’s programming not only helped people survive when incomes and access to food plunged, but it also helped to build a strong relationship with the communities based on care and trust.

Second, that focus on relationships was woven into BUDS’s response. Even as they worked to distribute rations for example, the BUDS team held a guiding question in mind: how could these initial services be provided in a way that ensured continued community engagement going forward? Third, before designing the adapted versions of their programs which would operate in the medium- and long-term, BUDS conducted a survey to identify the needs and capacities of the community. This served to ensure programs were targeting real needs, rather than perceived ones, and that delivery methods (e.g. cell phones) were feasible.

Third, BUDS had learned from previous experience with emergencies (including unrest, disease outbreaks, and weather events) that they needed to be agile in dealing with such crises. BUDS program leaders drew on these personal experiences to enable fast and adaptive responses.

Finally, rapid mobilization of financial resources was key. For example, BUDS was able to leverage existing relationships with program funders to redirect funds to support their hunger alleviation work as an immediate response to the lockdown.
This brief is part of a series from the CLEAR initiative – COVID-19 Leadership Response in Vulnerable Settings. To learn more about the CLEAR initiative, visit the Center for Higher Ambition Leadership.

https://www.higherambition.org/clear

CLEAR’s work has been made possible by:

CENTER FOR HIGHER AMBITION LEADERSHIP

https://www.higherambition.org/

Grand Challenges Canada
Grands Défis Canada

https://www.grandchallenges.ca

PORTICUS

https://www.porticus.com

We extend a thank you to the BUDS teams who shared their stories for this brief. We would also like to thank Grand Challenges Canada, Porticus, and International Society for Social Pediatrics and Child Health (ISSOP).

Bal Umang Drishya Sanstha (BUDS)
https://www.facebook.com/budsngonewdelhi/