



BEYOND TELEREHABILITATION: REACHING CHILDREN WITH DISABILITIES DURING COVID-19 PANDEMIC IN A COMMUNITY-BASED EARLY INTERVENTION PROGRAM IN RURAL SOUTH INDIA

Navamani Venkatachalapathy¹, Dinesh Krishna^{1,2}, Marie Brien^{1,2}, Sankara Raman Srinivasan¹

¹Amar Seva Sangam, Ayikudi, India. ²Handi-Care Intl, Toronto, Canada

Background

COVID-19 imposed challenges to the provision of face-to-face developmental services and continuity of care, compounding existing barriers faced in lower resource settings.

Objectives

We describe a community-based early intervention program in rural Tamil Nadu, Amar Seva Sangam's Enabling Inclusion® (EI) Program, that harnessed digital technology to ensure continuity of therapeutic services for children with developmental disabilities while supporting families.

Faced with the challenge of COVID-19 lockdowns, the EI Program pivoted from community-based to family-centered virtual services.

Methods

A **multipronged approach** was developed to optimize use of technology and community resources, including:

(1) 'Stay-connected'- cell phone calls and messaging regarding pandemic precautions and resources, child's health and therapy needs, family wellbeing:

- From Day 1, we connected with families through calls to categorize them into families having smartphone, no phone and normal phone.
- 55 % of families had only normal phone
- 39 % of families had smart phone; of these 27 % of families have regular data and 12% of families were not able to afford data during extended lockdown.
- 6 % of families had no phone.

(2) Telerehabilitation sessions- therapy demo videos and discussion exchanges between parents and multidisciplinary rehab team:

- *Instructions on mobile phone positioning* were provided to families for best visualization of therapy sessions.
- *Descriptive messages of therapy/training* sent to parents.
- *Therapy demo videos* taken by therapists and shared with the parents; parents recorded their children's therapy, sessions and shared with therapists with mutual discussion for corrections/clarifications.
- About 10 % of the service users shifted to live in their convenient places during COVID. Using tele-rehab, we were able to connect to continue services.

(3) Telemedicine visits with medical specialists

- Regular medical follow-up were all closed due to Covid-19.
- EI program staff connected families with doctors in quarantine through telemedicine to utilize their services with children in need of medical follow-up.

(4) WhatsApp parent support groups-sharing lived experiences and peer-guidance

- WhatsApp parent groups were formed, therapeutic postings were shared weekly, followed by parent discussions.
- Parent support was provided for their health care and care taking needs during pandemic.

(5) Family-centered outreach for engagement of siblings and extended family nurturing of the child in their household.



Results

During the 10 months of COVID-19 lockdowns during two waves of the pandemic in India:

- 94 % of families (2359 children and 5001 caregivers) in the program received therapeutic guidance without any gap in services
- 25% of families being reached through videoconferencing on their smartphone
- 6% of families had no access to phones and were not reachable
- In total, 66,549 tele-rehab sessions and 297 medical specialists' consultations occurred and 255 participated actively in WhatsApp parent support groups.

Conclusion

- Families of children with disabilities benefitted from technology-supported family-centered services during the pandemic.
- Low-tech connectivity and digital platforms were successfully used in a rural low-income setting to support child developmental needs, family well-being, and peer connections.
- The Enabling Inclusion® program continued its service provision for children and families without any break, and almost all the planned activities.



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Contact Information

Navamani Venkatachalapathy BPT, PGDT
 Email: above6vbrirehabcoord.amarseva@gmail.com
 Web: www.amarseva.org
 Early Intervention – Amar Seva mVBR-EI