ADVANCING EARLY SUPPORT FOR CHILDREN WITH DISABILITIES IN RESOURCE LIMITED SETTINGS







Key Summary

The purpose of this brief is to present key findings from a global initiative on early support for children with disabilities in resource-limited settings. This information brief is intended for government officials, donors, non-governmental organisations, organisations of persons with disabilities, parent organisations, technical experts, and anyone involved or interested in early support. We aim to inform key actors and mobilise global collaboration to create coherent, inclusive, and early responses to the needs of children with disabilities or those at risk, as well as their parents and carers.



CONTEXT AND URGENCY

Globally, over 240 million children live with disabilities, 95% of whom are in low- and middle-income countries. Many of these children are not identified or supported until after age five, missing a critical window for early development. Lack of early identification and intervention contributes to poorer developmental outcomes, avoidable deaths, and lifelong exclusion. The disability sector remains fragmented, with limited coordination across health, education, and social services.



Literature review



Survey



Global stakeholder interviews



Focus Group Discussion

THE EARLY IDENTIFICATION AND INTERVENTION GLOBAL STATE INITIATIVE

- Gathers, synthesises, and scales best practices for early support
- Focuses on resource-limited settings in Africa and Asia
- Develops a Global State Report
- Sets up an online resource hub that will expand over time
- Explores a coalition for coordinated advocacy

FINDINGS - GOOD PRACTICES

COMMUNITY

NATIONAL

INTERNATIONAL

Basic Assessments

Early identification, screening, and developmental assessments using tools like TQMICS, MDAT IDEC, and newborn hearing tests

Inclusive Systems and Services

Develop inclusive, evidence-based services for children with disabilities. Integrate early support into routines.

Collaborative Efforts

Support local initiatives with funding, technical assistance, and best practices. Collaborate with UNICEF, WHO, and others.

Family-Centred Interventions

Educating caregivers, home-based interventions, parent support groups, STEP training, and resource provision.

Government Systems

Collaborate with health services and integrate into community systems.

Implement effective policies with funding

Resource Development and Sharing

Develop and share resource materials. Use standardized tools like MDAT. Knowledge sharing is crucial.

Awareness and Education

Raising awareness, educating communities, capacity building, Baby Ubuntu, peer support, and training sessions.

Training

Include 1-2 day training sessions for HCWs and CHWs. Use objective hearing screening tools that can be used by different levels of workforce.

Monitoring and Research

Utilize play-based learning strategies. Implement monitoring frameworks. Support research and funding. Address developmental disabilities.

Community Stakeholder Collaboration

Collaborating with stakeholders, community health workers, daycare teachers, volunteers, and referral systems.

Multistakeholder Collaboration

Emphasise multi-disciplinary collaboration. Integrate early intervention programs into community health systems.

Integrated Approach

Combining feeding, parent education, childcare, playful learning, CBR, early detection, and vaccination campaigns.

Financial Sustainability

Allocate sufficient funding for EIEI services. Establish partnerships and cost-sharing arrangements with institutions.

Resource Materials

Utilising ICF framework, pictorial toolkits, Sambhav platform, WGSQ, ARSS, ECCD checklists, AKTIBU app, and Ubuntu Toolkit.

FINDINGS - GAPS AND CHALLENGES

| | COMMUNITY LEVEL | NATIONAL LEVEL | INTERNATIONAL LEVEL |
|---------------------|---|--|---|
| CHALLENGES | limited trained workers persistent sitgma poor referral systems | policies remain on paper insufficient funding fragmented coordination gaps in data collection | coordination challengessignficant funding gapsgaps in data sharing |
| NEEDS | access to guidelinescommunitysensitization | | better coordinationbetter funding strategiesadaption of toolstrained personnel |
| RECOMMEND ATIONS | consistent trainingpaternalengagement | improve funding resource allocation management information system | |



FINDINGS - RECOMMENDATIONS

| COMMUNITY LEVEL | NATIONAL LEVEL | INTERNATIONAL LEVEL | | |
|--|---|--|--|--|
| Capacity building and support • invest in training programs and continuous professional development for community and health workers. | Policy implementation and Resource mobilisation unified EIEI policies mobilising resources government commitment | Collaboration and cross-pollination strengthen collaboration between organisations sharing experiences and best practices fostering partnernships | | |
| Parental involvement train and empower caregivers promote home-based interventions provide ongoing support and education peer/parent support groups | Training and mentorship systems | Advocate and promote adopting a whole-of-government approach advocating for neonatal screening supporting comprehensive EIEI policies addressing social stigma | | |
| Awareness conduct awareness campaigns to reduce stigma educate communities on early interventions address nutrition issues | Integrated service delivery system-level integration multisectoral involvement multidisciplinary teams | Develop, share, offer | | |
| Community-Based Models • strengthen community engagement • involve community leaders • develop service delivery models. | Tool development and harmonisation • harmonise tools • strandardised tools • monitoring | Role of assistive technology • need for comprehensive reporting • examples of technologies used + understanding their effectiveness | | |
| Factors to scale • deliver integrated EIEI services • enhance collaboration | | Resource allocation providing adequate funding and resources addressing gaps in training and | | |

- promote inclusive practices
- integrate community health systems

- addressing gaps in training and service provision
- supporting local initiatives



WHAT IS NEXT?

Liliane Fonds, JF Kapnek Zimbabwe and CHAI are working to finalize and launch the Global State Report in 2025. Through this initiative, we aim to foster a **community of practice by** hosting global and regional learning events on early identification and intervention of children with disabilities. We also aim to galvanize support to scale up services in priority countries.

Follow www.lilianefonds.org to stay updated.

CALL TO ACTION

Momentum is building around Inclusive Early Childhood Development - but lasting change depends on commitment.

- 1. Engage with the early support knowledge hub to share tools, case studies, and implementation experiences, which is hosted on the Liliane Fonds website: www.lilianefonds.org.
- **2.** Integrate early support good practices into national policies, systems, and funding frameworks.
- Advocate for early support as a foundational child's right linked to equity, inclusion, and sustainable development.
- **4.** Collaborate across sectors and regions to scale contextually relevant solutions for early support, to help children with disabilities thrive.



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ANNEX

Key tools and guidelines for early identification and early interventions for children with disabilities

The tools below are grouped into three categories:

- 1) those used primarily for early identification
- 2) those for early intervention
- 3) tools that serve both purposes (cross-cutting)

1. Examples of Early Identification tools identified:

- Ages and Stages Questionnaire (ASQ)
- Guide for Monitoring Child Development (GMCD)
- Malawi Developmental Assessment Tool (MDAT)
- Parents' Evaluation of Developmental Status (PEDS)
- Ten Questions Screen (TQS)
- At Risk Surveillance System (ARRS)

2. Examples of Early Intervention tools identified:

- Caregiver Skills Training (CST)
- Early Childhood Care and Development Checklists (ECCD)
- Early Intervention for Motor Delays Program
- Inclusive Education Training Manual
- WHO Community-Based Rehabilitation Guidelines

3. Examples of Cross-Cutting tools:

- Survey of Wellbeing of Young Children: Brief Parent Scales, which includes:
- Baby Pediatric Symptom Checklist (BPSC, <18 months)
- Parent's Observations of Social Interactions (POSI)
- Parents' Evaluation of Developmental Status (PEDS)
- Guide for Monitoring Child Development (GMCD)
- Early Childhood Care and Development Checklists 1 & 2 (ECCD)

A full repository of over 70 tools, training materials, and country adaptations will be available soon on the online knowledge platform

