

## SETHU'S BELIEF ABOUT HOW CHANGE OCCURS – A theory of change

OUR VISION FOR CHANGE IS AN INCLUSIVE WORLD WHERE ALL CHILDREN ARE NURTURED AND CELEBRATED

### THREE CORE TENETS SERVE AS OVERARCHING PRINCIPLES

The early years last forever.  
Therefore,  
**EARLY INTERVENTION IS BEST**

Everyone has abilities and is  
doing something right. So,  
**START WITH STRENGTHS**

It takes a village to raise a child  
**BUILD BRIDGES**

WE BELIEVE OUR VISION MAY BE REALIZED THROUGH CONCURRENT CHANGE IN **FIVE DOMAINS**

5. RELEVANT POLICIES ARE IMPLEMENTED EFFECTIVELY (NEP, RTE, RPwD, MENTAL HEALTH ACT 2017) AND THERE IS STRONG ACCOUNTABILITY TO VULNERABLE CHILDREN AND THEIR FAMILIES

4. EMPOWERED CHILDREN, THEIR PARENTS AND FAMILIES SEEK SUPPORT AND CLAIM THEIR RIGHTS

1. CHILDREN AND FAMILIES ACCESS STRENGTH-BASED FAMILY CENTERED CARE SERVICES

2. CHILDREN ATTEND INCLUSIVE SCHOOLS & ECD FACILITIES

3. CHILDREN WITH NDDs ARE VALUED AND PARTICIPATE IN INCLUSIVE COMMUNITIES

SOME **POTENTIAL BREAKTHROUGHS** THAT MAY SIGNAL SIGNIFICANT PROGRESS TOWARD THESE CHANGES MAY BE...

Significantly more trained, dependable, affordable medical professionals providing family centered care

Easily and widely accessible resources and opportunities to learn about NDDs

Families of children with NDDs have strong networks of support and friends in communities

Voices & representation of children with NDDs/ families in key dev & policy forums

Growing narrative in the pub domain of children actively participating in school learning processes

Growing narrative highlighting children with NDDs actively involved and valued in community life

Many examples of smart use of data driving effective policy implementation and greater accountability

Training for all government ECD, education and health professionals includes child dev, disability, inclusive edu.

Parents are connected and proactively supporting other families in similar situation

### MANY STAKEHOLDERS PLAY ROLES IN CONTRIBUTING TO THE CHANGES DESCRIBED

Children, parents and families are key change agents -- in their homes, in building inclusive communities, and in claiming their rights; Teachers, anganwadi workers and supervisors, school management, PTAs, and NGOs working with the education system can all play roles in building inclusive schools that offer children with NDDs admission and create enabling environments for them; In communities everywhere, people can play important roles in creating opportunities for children with NDDs to participate in community life and offering support to families. Policy makers and funders can listen and focus greater attention on the perspectives and needs of children/ adolescents with NDDs and their families.

Over the years, Sethu's understanding of this ecosystem has grown. **Our role is shifting** from mainly focused on developing and delivering family centered care services and providing targeted training to proactively engaging and collaborating with a wider range of stakeholders in the child development ecosystem, learning with them, bridging gaps and building connections.

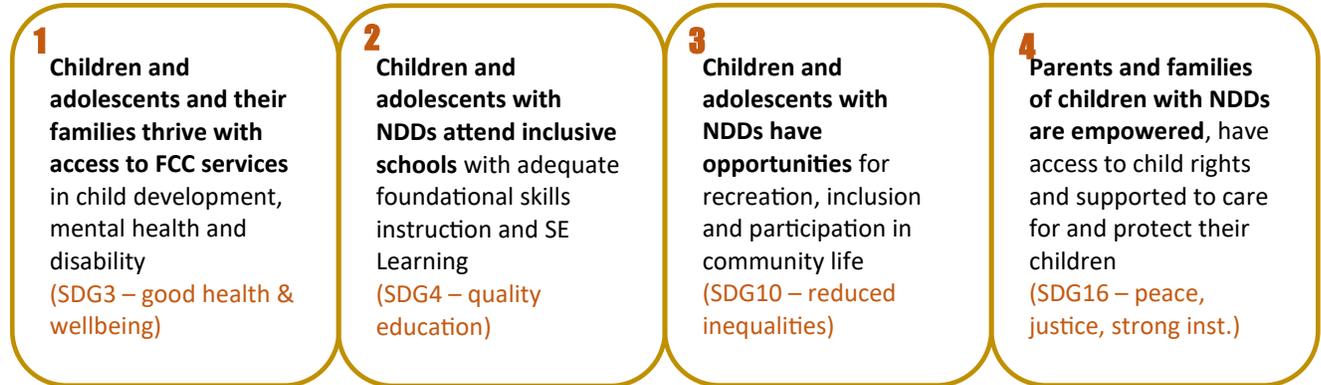
**SOME UNDERLYING BARRIERS TO CHANGE:** Discriminatory attitudes toward people with NDDs; Low awareness of NDDs in families, communities, society; A culture of "fixing" rather than enabling neurodiversity; Low capacities to fulfill policy commitments; High ratios of children to teachers and professional service providers to children needing support

# SETHU'S CONTRIBUTION TO CHANGE – A theory of action

Building bridges for a better world for all children

**LONG TERM IMPACT: An inclusive Goa where all children are celebrated, serving as a shining example for the world**

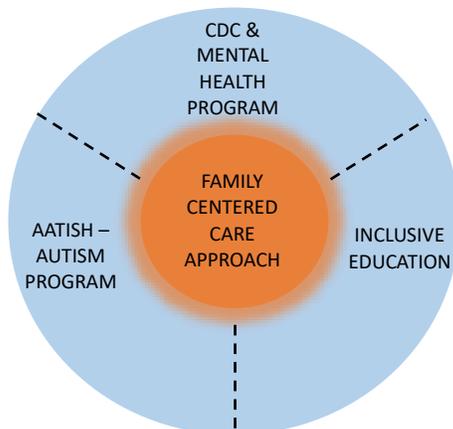
ACHIEVED BY WORKING TOWARD **FOUR SDG ALIGNED GOALS**



WORKING ALONG **FIVE CHANGE PATHWAYS**, TRACKING PROGRESS TOWARD **FIVE OUTCOMES**



THROUGH ACTIVITIES OF SETHU'S TEAMS AROUND A **STRENGTHS-BASED FAMILY CENTERED CARE APPROACH**



A learning-driven **strengths-based Family Centered Care approach** lies at the heart of everything Sethu does across its teams and in collaboration with other stakeholders. This approach is aligned with the ICF Framework (International Classification of Functioning Disability and Health – WHO, 2001), the Nurturing Care Framework for early child development (WHO), and the Socio-Ecological Model of Human Development (Bronfenbrenner 1979).

Work is organized across three interconnected programs – The Child Development Clinic and Mental Health program, The Autism program (AATISH) and Inclusive Education.