



To Evaluate the Functioning
Of District Early Intervention
Centre established under
Rashtriya Bal Swasthya
Karyakaram

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MBA HM 20 (0085)

NATIONAL HEALTH MISSION, MADHYA PRADESH



- ▶ The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups.
- ▶ The Union Cabinet vide its decision dated 1st May 2013, has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission.



Vision

The State's vision has primarily two components, namely empowering the people living in the state with knowledge and skills required to keep them healthy and equity in access to effective and affordable health care.



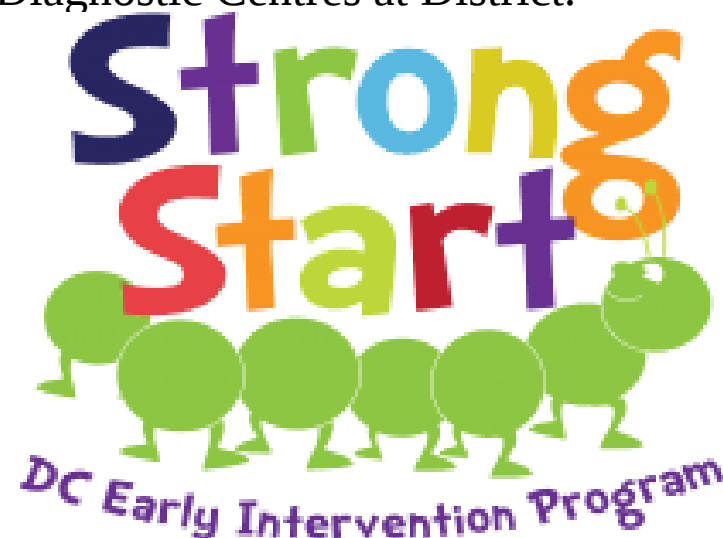
Rashtriya Bal Swasthya Karyakram



- ▶ Rashtriya Bal Swasthya Karyakram is committed to improve survival outcome in children in age group of 0-18 years through screening, early identification and management of Defects at Birth, Deficiencies, Diseases, Developmental delays including disabilities– ‘4 Ds’, and assured link to care, support, and treatment to meet these challenges.
- ▶ RBSK adopted a new feature of ECHO diagnosis facility at DEIC/ district level for heart patients.
- ▶ As per 1% occurrence of Congenital Heart Disease children in Madhya Pradesh out of 0.1% of screened children that need surgical corrections, the total number of CHD patients turn out to be 295 i.e. rounded off to 300 patients every year.
- ▶ Since, RBSK focuses on catching children young of any ailment thus the ECHO Test facility is been offered to them free of cost under RBSK, it become beneficial for rural population poor families to get proper treatment.



- ▶ The cost of test i.e. Rs 2000 would be paid to private diagnostic centres by District CMHO on case to case basis on supplying of bills of test by the diagnostic centre.
- ▶ As this facility is currently unavailable at District Hospitals at Madhya Pradesh, so in existing scenario too, this test is done by outsourcing services of private diagnostic centres but patient bears the cost.
- ▶ To reduce that out of pocket burden of patients (0-18 Years), this activity is proposed at DEIC centres.
- ▶ The patient would come to DEIC and diagnostic test would be facilitated by DEIC Manager for the patient by outsourcing it to Private Diagnostic Centres at District.



INTRODUCTION



- ▶ The 'Child Health Screening and Early Intervention Services' Programme under National Rural Health Mission initiated by the Ministry of Health and Family Welfare, aims at early detection and management of the 4D's prevalent in children. These are Defects at birth, Diseases in children, Deficiency conditions and Developmental Delays including Disabilities.
- ▶ Health screening of children is a known intervention under the School Health Programme. It is expanded to cover all children from birth to 18 years of age.
- ▶ Out of every 100 babies born in this country annually, 6 to 7 have a birth defect. In Indian context, this would translate to 1.7 million birth defects annually and would account for 9.6 per cent of all newborn deaths.
- ▶ Various nutritional deficiencies affecting the preschool children range from 4 percent to 70 percent.



- ▶ Developmental delays are common in early childhood affecting at least 10 percent of the children. These delays, if not intervened timely, may lead to permanent disabilities with regard to cognition, hearing and vision.
- ▶ There are also groups of diseases which are very common in children e.g., dental caries, otitis media, rheumatic heart disease and reactive airways diseases which can be cured if detected early. It is understood that early intervention and management can prevent these conditions to progress into more severe and debilitating forms, thereby reducing hospitalization and resulting in improved school attendance.
- ▶ The purpose of Early Intervention Centre is to provide referral support to children detected with health conditions during health screening.



RATIONALE

- ▶ Developmental impairment is a common problem in children health that occurs in approximately 10% of the childhood population and even more among “at risk” children discharged from the sick newborn care unit. Children, disabled or non-disabled, under 6 years of age, represent a rapidly growing segment in India.
- ▶ The adverse effect of failing in early identification and early intervention can lead to irreversible developmental damage.
- ▶ When India is making sincere efforts to strengthen Health Systems for publicly provided care our aim is to have more accessible health facilities with infrastructure and resources for interdisciplinary evaluation and interventions to be delivered under one roof.
- ▶ The need of the hour is to bring together trained professionals from different disciplines, who had been working in silos so far, in the intervention setting to learn from one another in meeting the needs of the children.
- ▶ A pool of resource professionals and trained manpower with relevant courses for Early Intervention an acute need to establish a center at the district level with age appropriate and domain specific equipment's and with specific trained domain specialists such as Dentist, Optometrist, Audiologist, Psychologist, Physiotherapist etc. Such a center would act as the apex center of the district.





- ▶ It is understood that early intervention and management can prevent conditions to progress into more severe and debilitating forms.
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- ▶ DEIC aim is to have more accessible health facilities with infrastructure and resources for interdisciplinary evaluation and interventions to be delivered under one roof. The DEIC is the hub of all activities will act as a clearing house and also provide referral linkages.



Research Question

What is the current status of infrastructure, staff and equipments of District Early Intervention Centre in Indore district of Madhya Pradesh?



Objectives

- ▶ To analyze the gaps related to infrastructure, staff and equipments as per DEIC Operational Guidelines.
- ▶ To determine the job experience and satisfaction level of employees working in DEIC Indore.



RESEARCH METHODOLOGY

Materials and Methods

- ▶ **STUDY DESIGN:** The study design is Cross sectional observational study design to assess the gaps related to infrastructure, staff and equipments in District Early Intervention Centre.
- ▶ The total duration of study was for three months 6 February to 5 May 2017.
- ▶ A detailed discussion with the employees, Observation and record review shows the current status of infrastructure, staff and equipments in District early intervention centre.
- ▶ A Semi Structured Questionnaire was prepared to determine the job Experience and Satisfaction of employees working in District Early Intervention Centre.



- ▶ Collected data is more focused on observable qualities as opposed to numbers.
- ▶ Research is typically conducted using a smaller number of participants as the investigation is usually a lot more detail oriented.
- ▶ Data is collected at a specific point in time and often used to assess the prevalence of an illness or disease.



METHOD

- ▶ A Porforma for facility survey for District Early Intervention Centre, Indore on the basis of DEIC Operational Guidelines was prepared to determine the status of infrastructure, staffing and Equipments.
- ▶ Face to face discussions and record review was administered to sought information on equipments.
- ▶ Observation tells about the status of infrastructure and staffing of DEIC as per DEIC Operational Guidelines.
- ▶ A Semi Structured Questionnaire was prepared to determine the job experience and satisfaction of employees working in District Early Intervention Centre.
- ▶ The questionnaire was designed to be voluntary and completely confidential for those who decided to take part. Further, it is important to let the respondents know what is the study and why is it being done for, in order to promise an overall better turnaround rate of responses.
- ▶ Undisguising the survey will also help to ensure a better understanding of the questions being asked, providing validated data and results.



STUDY AREA AND POPULATION

Eight employees of District Early Intervention Centre of Indore District of Madhya Pradesh.

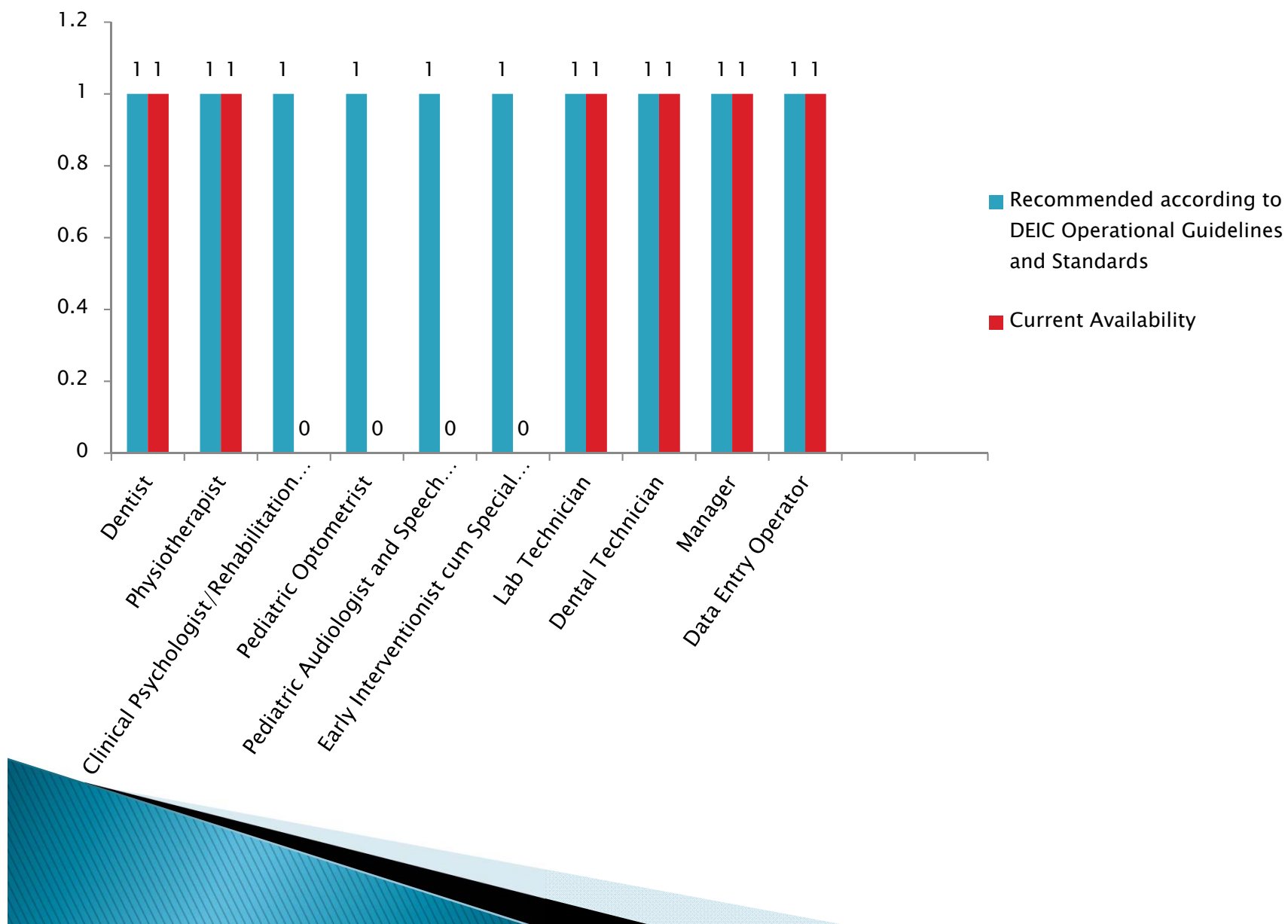


TOOLS FOR DATA COLLECTION

- ▶ DEIC guidelines for Early Intervention is to be used as reference keeping in view the resources available with respect to functional requirements with minimum standards such as manpower, infrastructure, equipments and other services etc. available at DEIC.
- ▶ Porforma for facility survey of District Early Intervention Centre according to DEIC Operational Guidelines used for assessment of infrastructure, equipments and staffing pattern is used and a semi structured questionnaire used for determine the job experience and satisfaction of the employees.

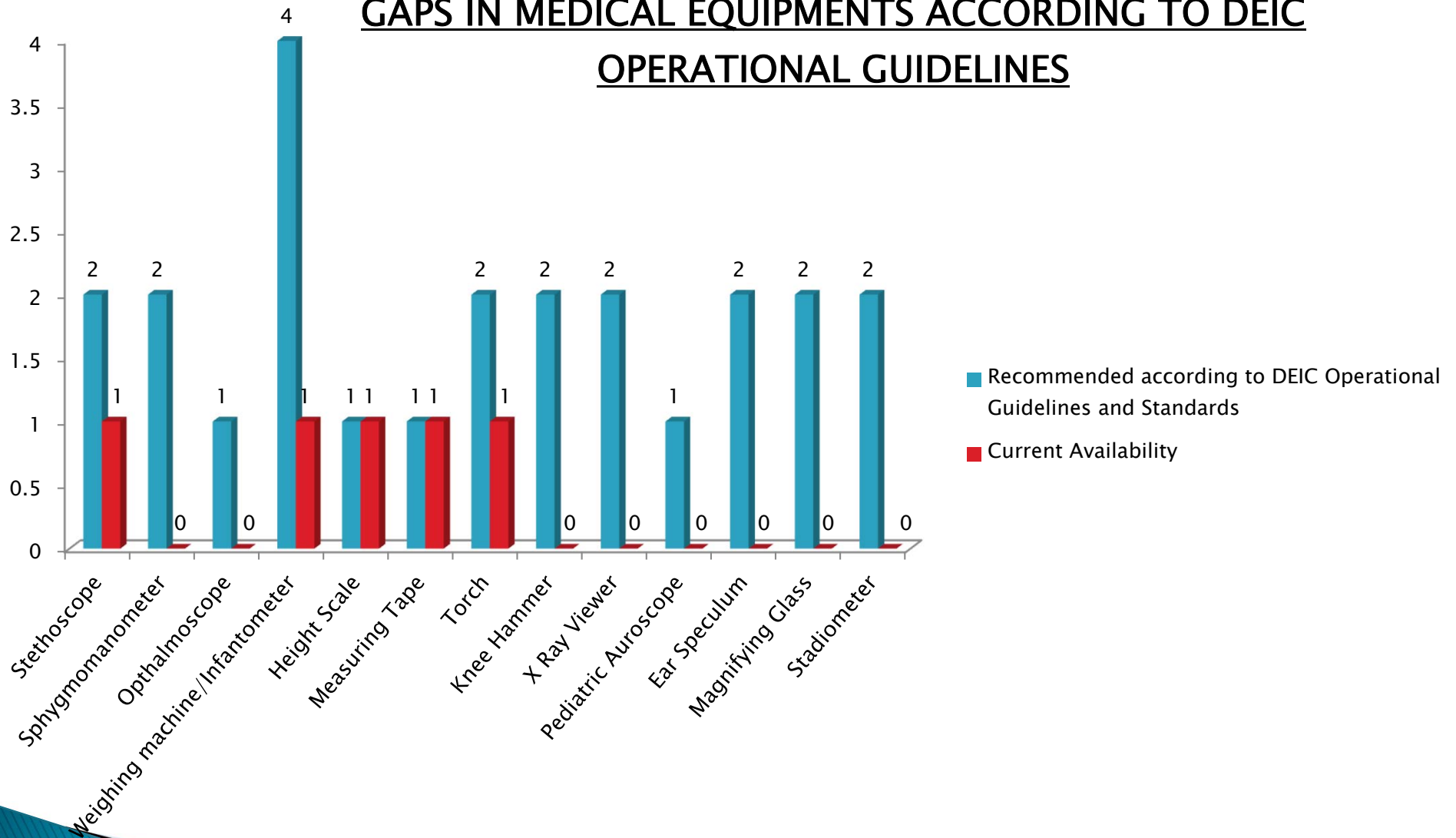


GAPS RELATED TO AVAILABILITY OF STAFF WORKING IN DEIC ACCORDING TO OPERATIONAL GUIDELINES



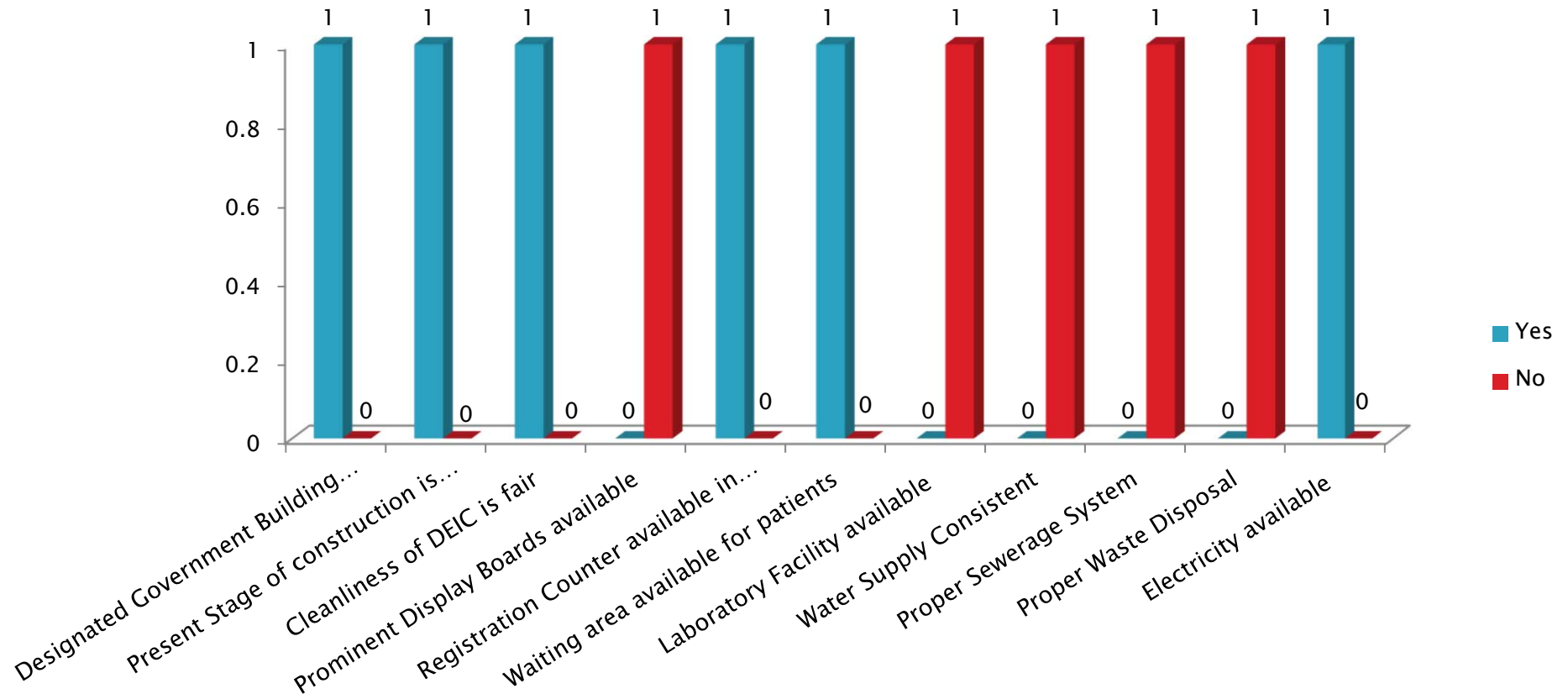
EQUIPMENTS

GAPS IN MEDICAL EQUIPMENTS ACCORDING TO DEIC OPERATIONAL GUIDELINES



PHYSICAL INFRASTRUCTURE

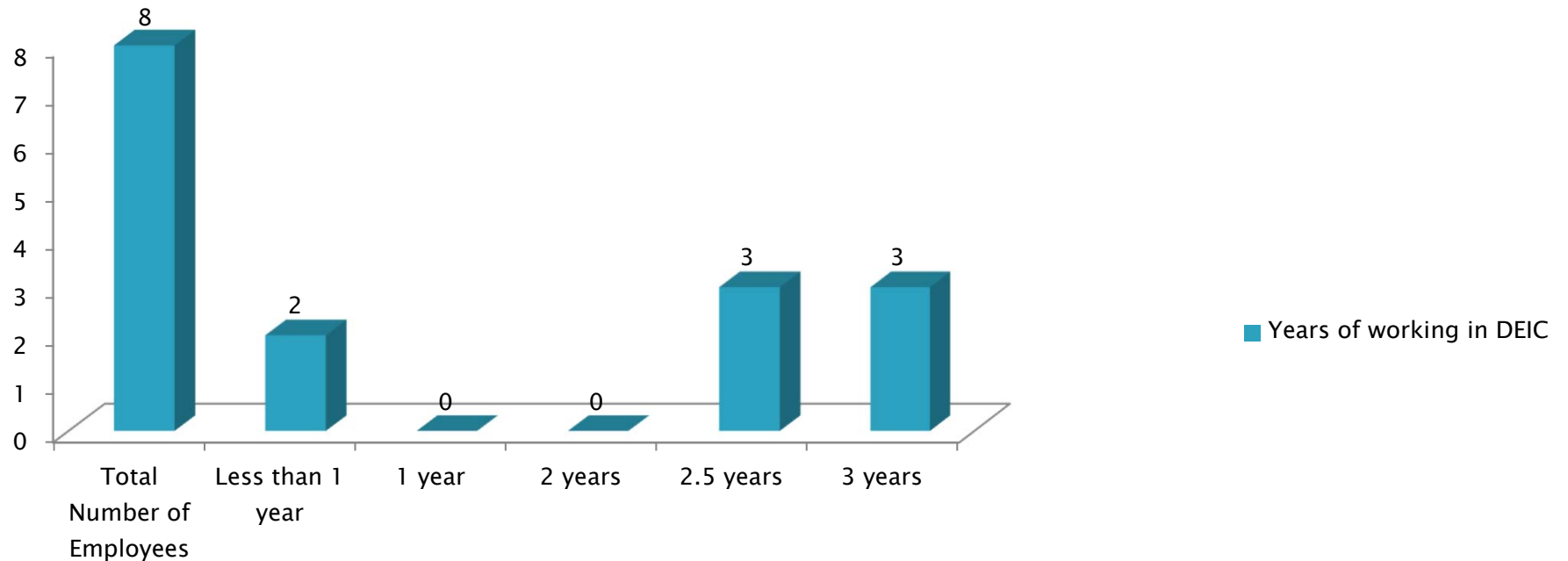
GAPS IN PHYSICAL INFRASTRUCTURE



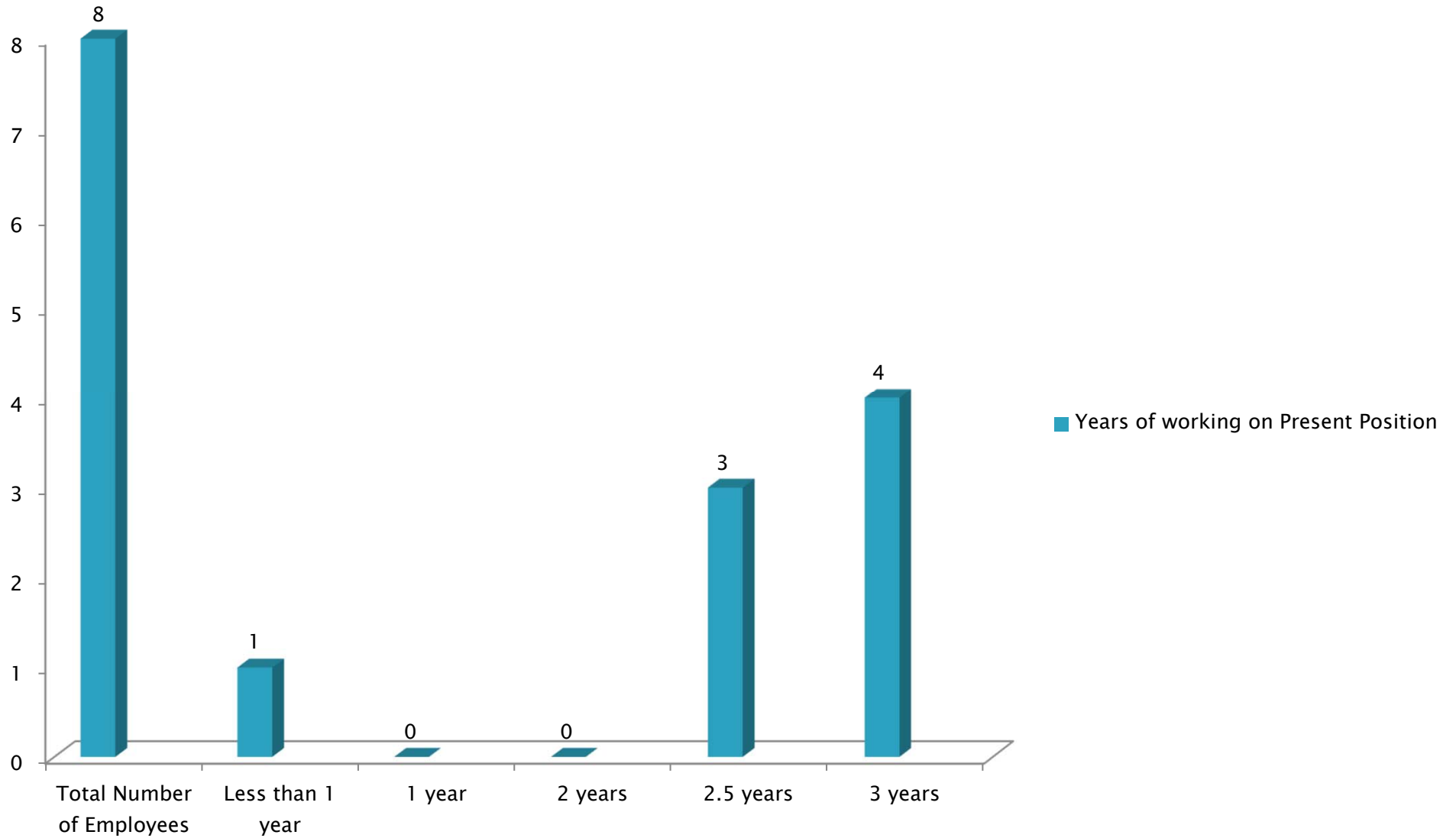
Interpretation- According to the observation regarding physical infrastructure of DEIC the cleanliness is fair, no display boards, no lab facilities, absence of water supply and absence of sewerage and waste disposal is there. There is designated government building available for DEIC.

Employees of DEIC Job Experience and Satisfaction

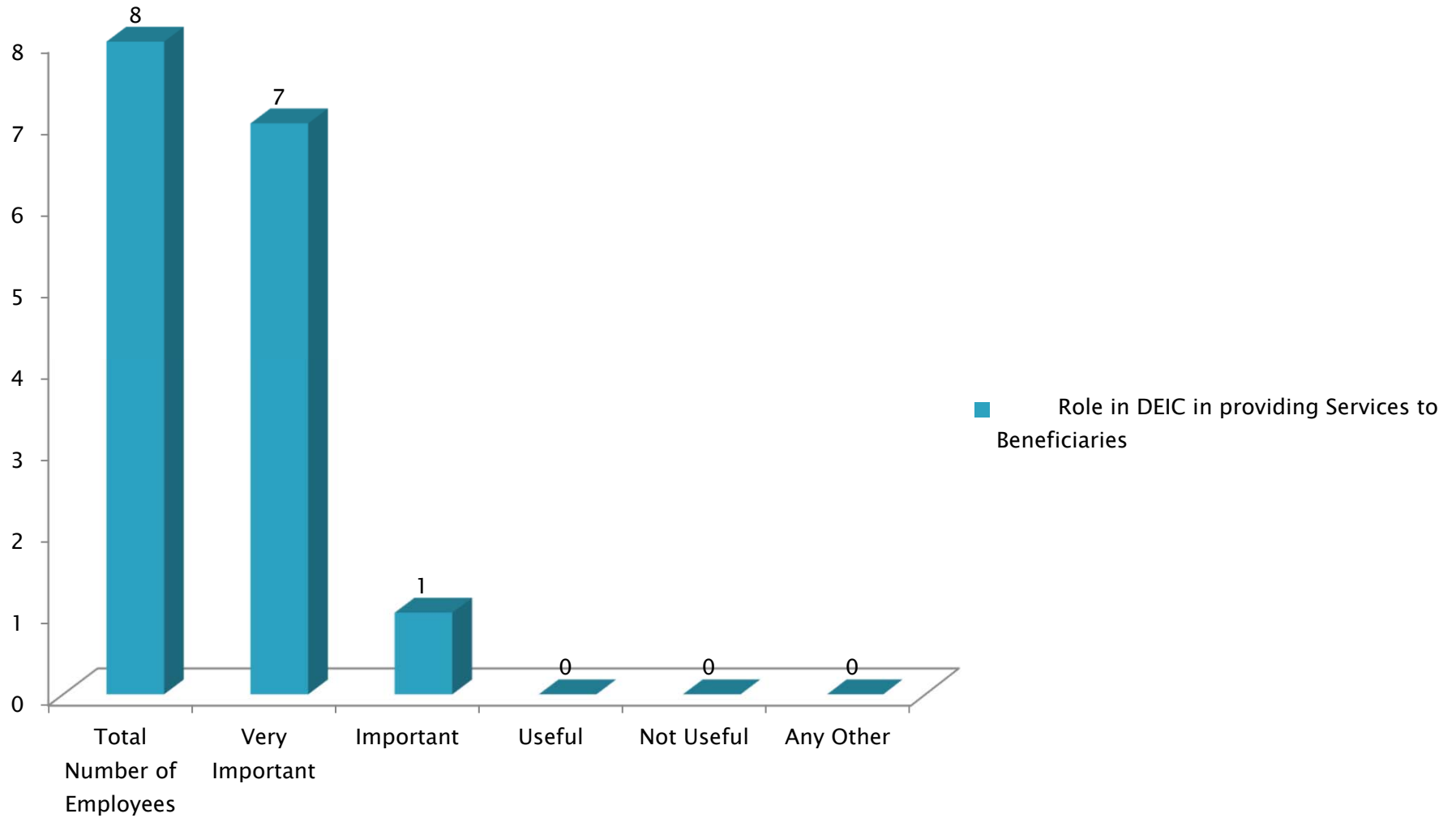
Years of working in DEIC



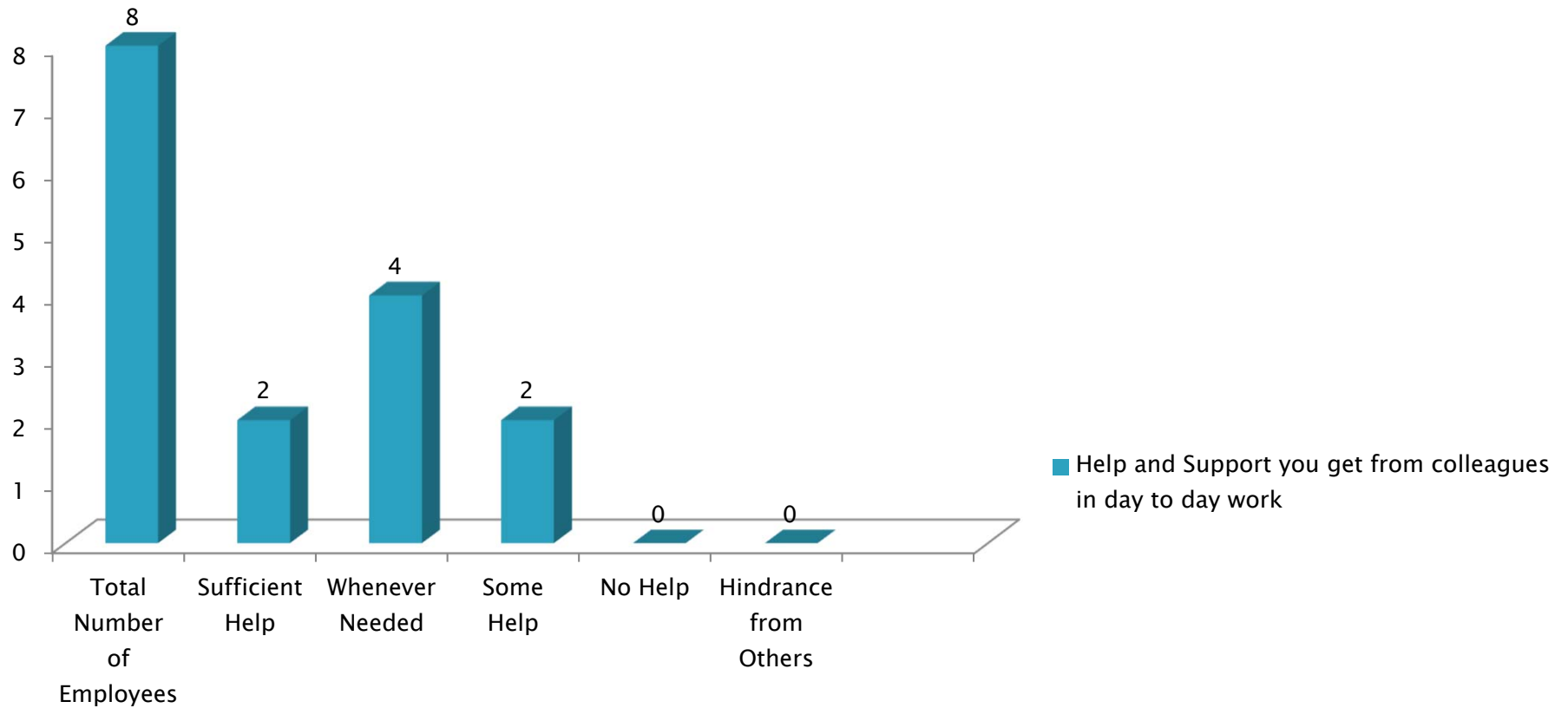
Years of working on Present Position



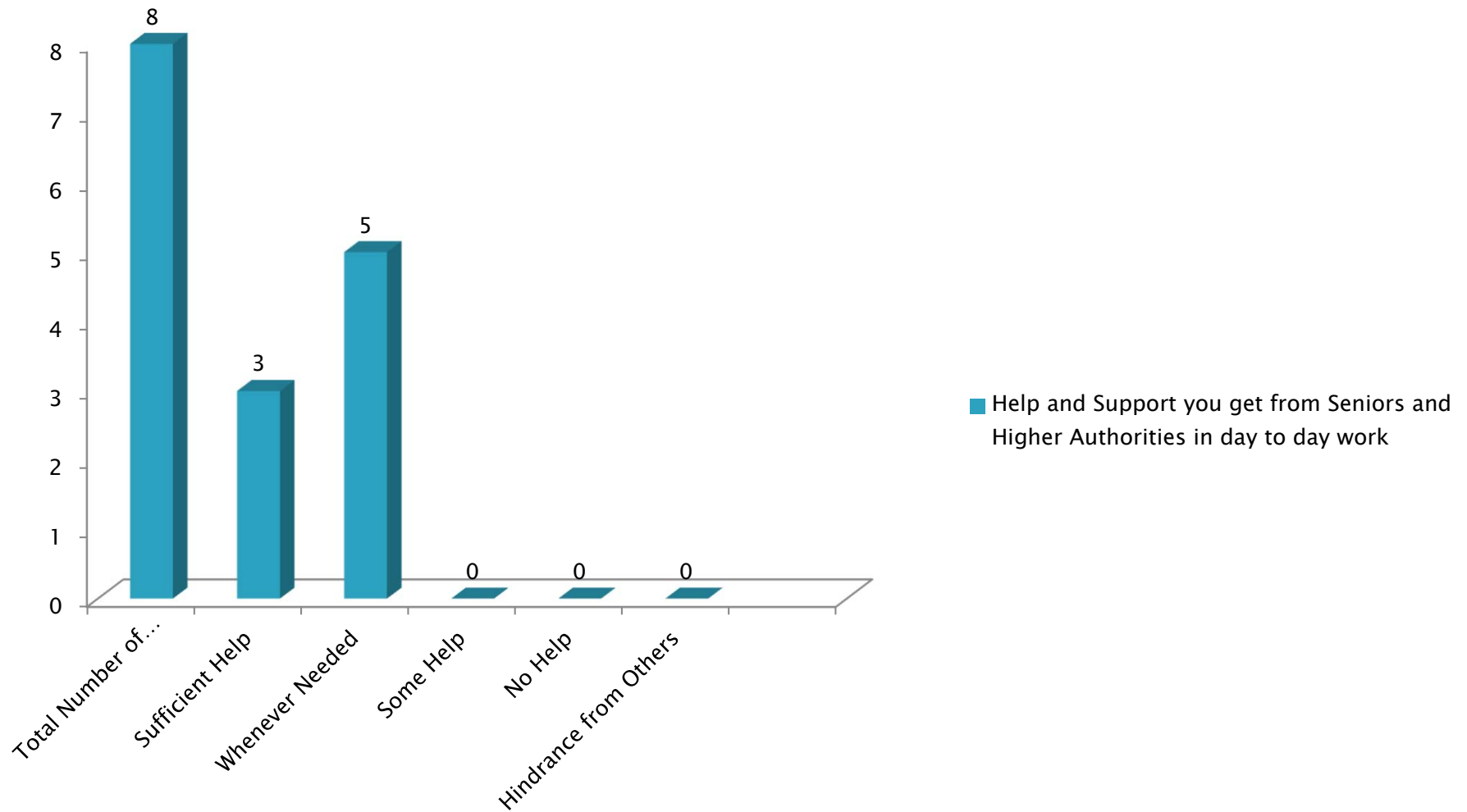
Role in DEIC in providing Services to Beneficiaries



Help and Support you get from colleagues in day to day work



Help and Support you get from Seniors and Higher Authorities in day to day work



CONCLUSION

- ▶ There is deficiency of staff, equipments and physical infrastructure in DEIC of Indore.

The problems the employees are facing related to DEIC are as follows:

- ▶ Regarding amenities, equipments and treatment facilities.
- ▶ No Water, internet and phone facilities for follow up of patients.
- ▶ Laboratory not available in DEIC. Pathological requirement reagent not available.
- ▶ Lack of facility in Dental Machinery.
- ▶ The results determines that the manpower present in DEIC includes dentist, medical officer, physiotherapist, lab technician, dental technician, manager and data entry operator while psychologist, Speech therapist, pediatric optometrist and audiologist are absent.
- ▶ Total manpower of DEIC must be 10 according to DEIC Operational guidelines but only 6 people are available at present.
- ▶ The physical infrastructure have some gaps related to cleanliness, availability of display boards, laboratory facility, water supply, sewerage disposal and Waste disposal.
- ▶ DEIC Indore is lagging in manpower, equipments and physical infrastructure.



RECOMMENDATIONS

Based on the observations made, the following are the recommendations of the present study:

- ▶ The recruitment of drop out and vacant staff posts to be filled at the earliest of district early intervention centre.
- ▶ There should be a provision of availability of equipments and infrastructure gaps as per requirement must be fulfilled.
- ▶ The employees must get sufficient help from their colleagues, seniors and higher authorities so that they get motivated and satisfied from their job.
- ▶ The employees are facing problem related in DEIC which must be solved as soon as possible so that proper functioning of DEIC must be there.



*Thank
you*

