

A cross-sectional study to evaluate the functioning and infrastructure of DEIC, and client satisfaction Ujjain and Indore districts established under RBSK.

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Abstract

Background: Rashtriya Bal Swasthya Karyakram (RBSK) is newly launched programme under NRHM, under which screening of 0 to 18 yr children is done and The DEIC promptly responds and manages all issues related 4Ds.

Objective: To evaluate the functioning and infrastructure of DEIC, and client satisfaction.

Materials and Methods: Observational Check List according to norms used for assessment of facilities, staffing pattern, and Semi structured questionnaire used for client satisfaction..

Result: DEIC of Indore and Ujjain district were deficient in staff and infrastructure.

Among all referred cases to various facility 10.24% were referred to DEIC Indore while in Ujjain 20.1% were referred to DEIC among all the referred cases only 5.2% and 6.01% reached the DEIC Indore and Ujjain respectively, among which birth defect were found 0.7% and 0.8%, deficiency disease cases were 0% and 0.2% respectively in Indore and Ujjain district, childhood disease were 1.49% and 3.48% respectively in Indore and Ujjain district and developmental delays and disease were 3.46% and 1.62% respectively in Indore and Ujjain district. 76.92% beneficiaries were dissatisfied with the referral service and DEIC Staff (Behavior and Availability) in Indore while in Ujjain 65.3% were dissatisfied. Beneficiaries remained dissatisfied with regard to expenses, 71.1% in Indore and 63.4% in Ujjain.

Conclusion: There was a deficiency of staff and infrastructure in DEICs of both Indore and Ujjain, There was lack of proper referral system between MHTs and DEICs in both the districts thus affecting the rendition of services to beneficiaries under RBSK program.

The beneficiaries were dissatisfied with the Referral services and Availability and Behavior of DEIC Staff.

I. Introduction

An Early Intervention Centre has to be established at the District Hospital. The purpose of Early Intervention Centre is to provide referral support to children detected with health conditions during health screening. 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. Children with disabilities are often denied access to appropriate services. According to the National Sample Survey Organization (NSSO 2002), the total number of disabled population in India is approximately 1.85 crores (1.8% of the population), however the actual estimates may be higher.

The idea behind early intervention is to intervene early and minimize disability. Once the disability is already established then the intervention would include enhancement of child development for the child to reach the highest potential for the child possible and prevent progression to handicap that may arise from activity limitation.

Research has proved that the period from birth to 6 years are the most critical years for all children. This is especially true for children with developmental delay. Therefore, it stands that early identification and early intervention programs can significantly improve the quality of their lives.

At this point of time, when India is making sincere efforts to strengthen Health Systems for Publicly provided care, we also have more SNCU survivors who are "at-risk" for developmental impairments; DEIC

established with the aim is to have more accessible health facilities with infrastructure and resources for interdisciplinary evaluation and interventions to be delivered under one roof.

The broad goals and services for DEIC include [1]:

1. Screening of Children from Birth-18 Years for 4D's
2. Early Identification of Selected Health Conditions
3. Holistic Assessment
4. Investigations
5. Diagnosis
6. Intervention
7. Referral
8. Prevention
9. Psychosocial Interventions

The proposed team composition at the District Early Intervention Center (DEIC)[1]

Professionals	Number
Medical Professionals (Pediatrician -1, Medical Officer 1, Dental Doctor -1).	3
Physiotherapist	1
Audiologist & Speech Therapist	1
Psychologist	1
Optometrist	1
Early Interventionist cum Special Educator cum Social Worker	1
Lab Technician	1
Dental Technician	1
Manager	1

DEIC aimed at early detection and early intervention so as to minimize disabilities among growing children. WHO has stated that defect or developmental delay leads to functional disability and these functional disability in turn lead to handicap if not addressed adequately.

The burden of this handicap is borne by the family and also by society. DEIC should aim at detection of defect and minimize disability through intervention. This study tries to evaluate the programme in Indore and Ujjain districts of Madhya Pradesh state.

Methodology- District early intervention centre were chosen from both Indore and Ujjain districts Observational Check List according to norms used for assessment of facilities, staffing pattern, and Semi structured questionnaire used for client satisfaction. 52 beneficiaries were chosen from each districts for client satisfaction who have assessed the services in year april 2014 to march 2015,

II. Result

DEIC of Indore and Ujjain district were running in same building of district hospital and not having any infrastructure according to norms of RBSK. In terms of staffing DEIC Indore, Pediatrician, Dentist, Physiotherapist lab and dental technician were available, while in DEIC Ujjain, Dentist, Physiotherapist, optometrist, manager, data entry operator, lab and dental technician were available. In Ujjain, Pediatrician and Medical officer were not posted. Among all referred cases to various facility 10.24% were referred to DEIC while in Ujjain 20.1% were referred to DEIC among all the referred cases 5.2% and 6.01% reached the DEIC Indore and Ujjain respectively, among which birth defect were found 0.7% and 0.8% , deficiency disease cases were 0% and 0.2% respectively in Indore and Ujjain district, childhood disease were 1.49% and 3.48% respectively in Indore and Ujjain district and developmental delays and disease were 3.46% and 1.62% respectively in Indore and Ujjain district.

76.92% beneficiaries were dissatisfied with the referral service and DEIC Staff (Behavior and Availability) in Indore while in Ujjain 65.3% were dissatisfied. Beneficiaries remained dissatisfied with regard to expenses, 71.1% in Indore and 63.4% in Ujjain.

III. Discussion

Out of all referred children found positive with birth defects only 2.51% were supported through DEIC Indore and 8.25% were supported through DEIC Ujjain.

Out of all referred children found positive for various Deficiencies none were supported by DEIC Indore and only 0.2% were supported through DEIC Ujjain. In case of SAM out of all detected cases, 53.68% were referred to NRC in Indore while 93.34% to NRC in Ujjain.

Out of all referred children with Childhood Diseases, only .48% were supported through DEIC Indore and 1.2% were supported through DEIC Ujjain. Out of all referred children with Developmental Delays and Disabilities, only .89% supported through DEIC Indore and 2.62% were supported through DEIC Ujjain. There was big difference in the number of referred children and those supported by DEIC in both the districts demonstrating a lack of proper referral system and follow up. This has to be remedied immediately and effectively if we wish to improve the program outcome.

IV. Conclusion

There was a deficiency of staff and infrastructure in DEICs of both Indore and Ujjain, There was lack of proper referral system between MHTs and DEICs in both the districts thus affecting the rendition of services to beneficiaries under RBSK program.

The beneficiaries were dissatisfied with the Referral services and Availability and Behavior of DEIC Staff.

Table 1

S.No.		Indore	Ujjain
1.	Total no. of children having Birth Defects Visit to DEIC after referral	09	32
2.	Total no. of children having Deficiencies	00	08
3.	Total no. of children visited DEIC having Childhood Diseases	19	135
4.	Total no. of children having Developmental Delays and Disabilities	44	65

*Data from DEIC Indore was available for 3months only i.e. Jan-Mar2015

References

- [1]. Operational guideline of DEIC Rashtriya Bal Swasthya Karyakram http://nrhm.gov.in/images/pdf/programmes/RBSK/Operational_Guidelines/Operational-Guidelines-DEIC-RBSK.pdf