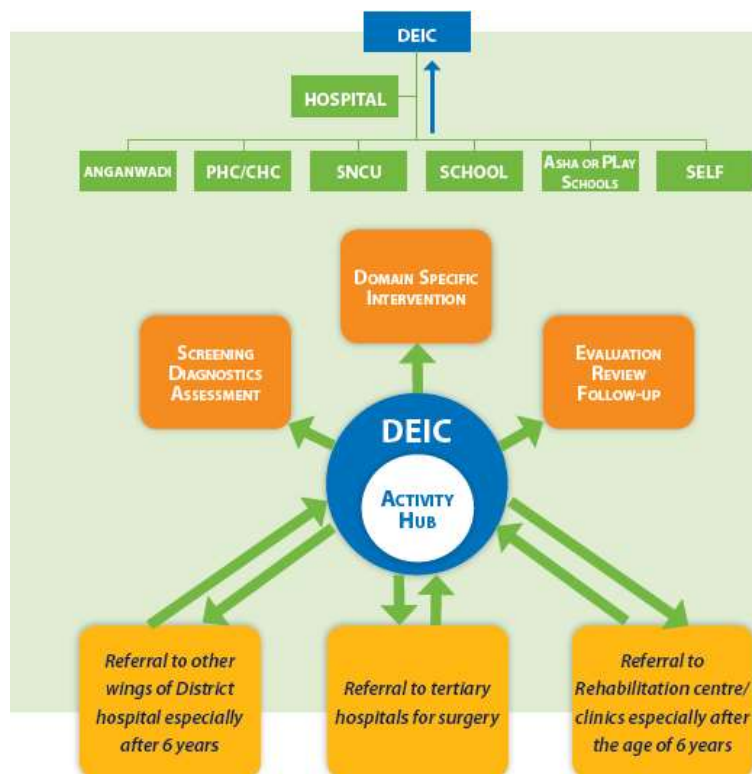


DISTRICT EARLY INTERVENTION CENTRES (DEIC)
HIMACHAL PRADESH

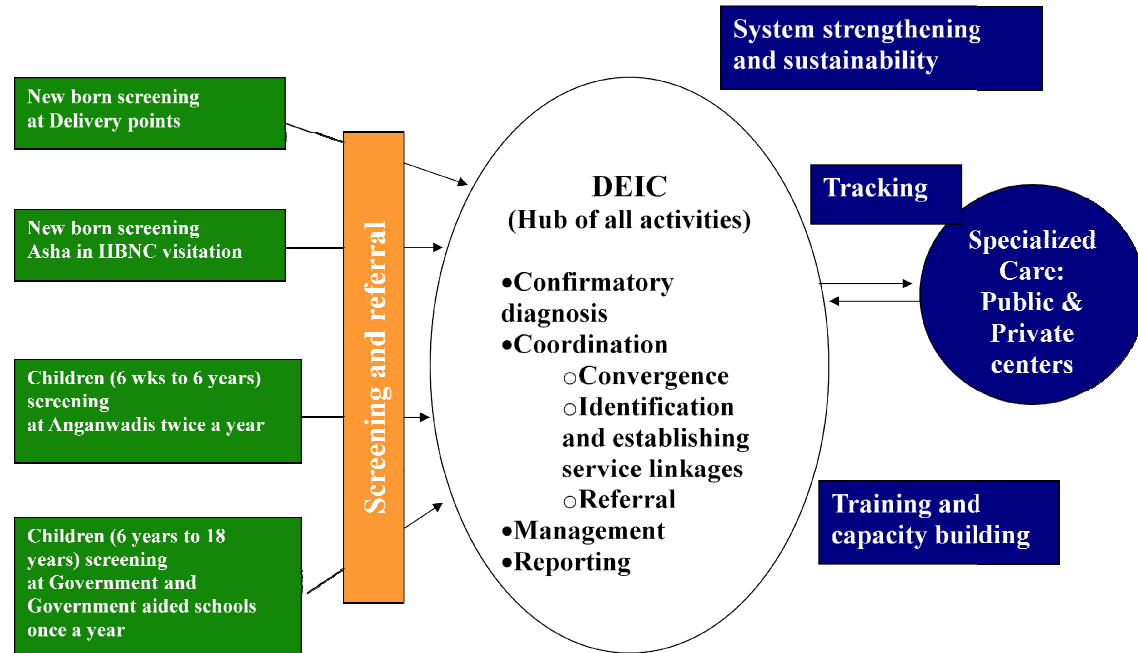
Introduction and Rationale

Children upto the 18 years of age are being screened for 4 D's (Defects at birth, Deficiencies Diseases & Developmental delays) at all the delivery points by the Public Health Institution staff and at AWC as well as Government schools by Mobile Health Teams (MHT) under RBSK. The purpose of DEIC is to provide referral support to children detected with health conditions during health screening, primarily for children up to 6 years of age group. These guidelines aim to provide essential information about the processes involved and forward-backward referral linkages of the screened children with the District Early Intervention Centres.



It has been observed that after screening from the peripheral health institutions or by MHTs, the children are being referred to the secondary and tertiary health institutions for treatment of identified conditions under RBSK but due to lack of coordination or lack of awareness amongst the staff at these institutions, many children get lost during the transition or suffer inconvenience at these institutions. DEIC is being envisaged as a nodal centre to bridge this gap.

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



Services & Activities at DEIC

The following services shall be available at the DEIC:

1. Medical services – for diagnostic or evaluation purposes, medical treatment of children suffering from diseases and deficiencies.
2. Dental services – for problems of teeth, gums and oral hygiene in children from birth to 6 years esp. “Early Childhood Caries”
3. Occupational therapy & Physical therapy – services that relate to self-help skills, adaptive behaviour and play, sensory, motor, and postural development i.e. services to prevent or lessen movement’s difficulties and related functional problems, sensory integration, oro-motor and feeding difficulties.
4. Psychological services & Cognition services + Social support services – administering and interpreting psychological tests and evaluation of a child’s behaviour related to development, learning and mental health as well as planning services including counselling, consultation, parent training, behavior modification and knowledge of appropriate education programs.

5. Audiology & Speech-language pathology – identifying and providing services for children with hearing loss among children from birth to 6 years for both congenital deafness and also acquired deafness.
6. Vision services – Identification of children with visual disorders or delays and providing services and training to those children.
7. Lab services – for routine blood investigations among children to begin with but slowly would develop services for confirming congenital hypothyroidism, Thalassemia and Sickle cell Anemia or other inborn error of metabolism depending on the prevalence of such diseases.
8. Nutrition services – services that help address the nutritional needs of children that include identifying feeding skills, feeding problems, food habits, and food preferences.
9. Psycho-social services – includes designing learning environments and activities that promote the child's development, providing families with information, skills, and support to enhance the child's development.
10. Transportation and Service coordination/ Referral services following referral guidelines – providing or reimbursing the cost of travel necessary to enable a child and family to receive any tertiary level services.
11. Documentation and maintenance of case records, data storage for service delivery, follow up and research.

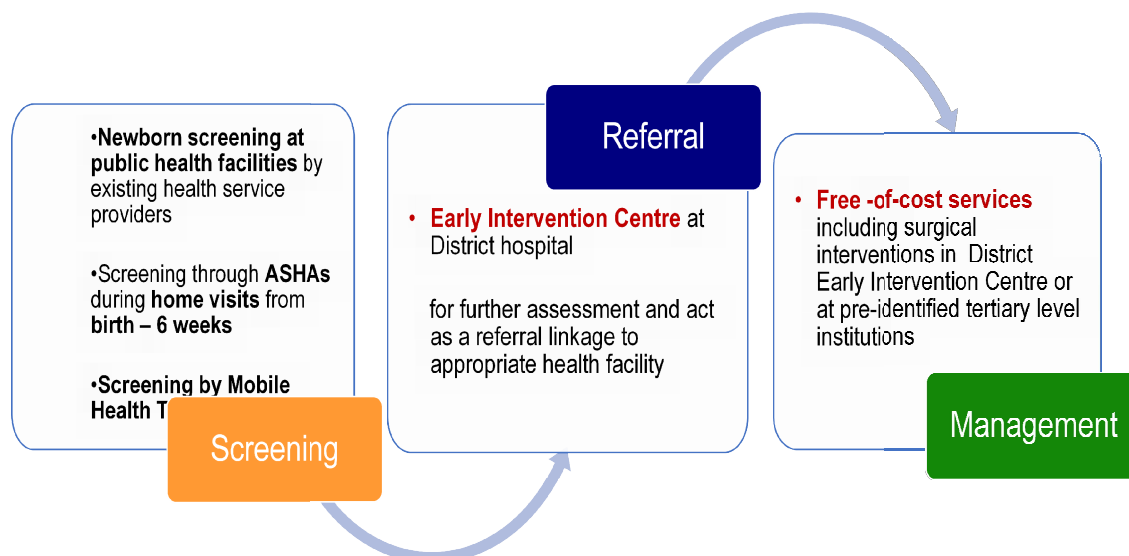
THE BROAD GOALS AND SERVICES FOR DEIC INCLUDE:

- A. **SCREENING OF CHILDREN FROM BIRTH-18 YEARS FOR 4D's**
- B. **EARLY IDENTIFICATION OF SELECTED HEALTH CONDITIONS**
- C. **HOLISTIC ASSESSMENT**
- D. **INVESTIGATIONS**
- E. **DIAGNOSIS**
- F. **INTERVENTION**
- G. **REFERRAL**
- H. **PREVENTION**
- I. **PSYCHO-SOCIAL INTERVENTIONS**

The following activities shall be undertaken in DEIC:

1. Screening all infants discharged from Sick Newborn care unit (SNCUs) who are at risk of developmental delays and neuro-motor impairment.

2. Monitor development of all infants discharged from the SNCUs to track whether their development trajectories are within normal limits up to the age of 2 years.
3. To confirm the diagnosis of 4Ds after screening by MHTs, Delivery points, ASHAs, private practitioners and self referral.
4. To coordinate tertiary level treatment.
5. Assessment, intervention and parent counselling for the children who have confirmed diagnosis of neuro-motor impairment as therapies need to be provided for next 6 years of age.
6. To maintain records of each and every child attending the DEIC for treatment therapy and education.



Institutions in Himachal Pradesh

DEIC shall be established in following Institutions of the State with the support of National Health Mission:

S. No.	Name of Institution where DEIC shall be established	Districts catered to
1	RH, Bilaspur	Bilaspur
2	Pt. Jawahar Lal Nehru Govt. Medical College, Chamba	Chamba
3	Dr. Radha Krishan Government Medical College, Hamirpur	Hamirpur

4	Dr. RPGMC Tanda	Kangra
5	RH, Kullu	Kullu, Lahaul
6	SLBSGMC, Ner Chowk	Mandi
7	IGMC, Shimla	Shimla, Kinnaur, Spiti
8	Dr. YSPGMC, Nahan	Sirmour
9	RH, Solan	Solan
10	RH, Una	Una

Tertiary care services will be provided by Medical Colleges in case of Referral from DEICs.

Human Resources

The DEIC shall be manned by the following HR core team:

1. **Ayurvedic MO** will be posted in these DEIC as (Link officer) who shall
 - a) Coordinate and liaison with all the specialities in the hospital.
 - b) Coordinate and liaison with all the referring units MHTs, ASHAs, Aanganwadis.
 - c) Liaison with tertiary care centres for referred children from DEIC.
 - d) Segregation of the referred children and identification for a particular ancillary service.
 - e) Preliminary evaluation of the child referred to the particular DEIC and assisting the Paediatrician in treatment.
 - f) Ensuring treatment of referred children services in hospital on priority basis.
 - g) Pre-inform all the specialities regarding referred children load and take time accordingly.
 - h) Client satisfaction and retention.

2. **RBSK ANM** will be posted at DEIC
 - a) All anthropometric measures will be measured and documented by her.
 - b) Mobilise beneficiaries in Hospital with Pink Slip for priority basis services.
 - c) Health talk and educate parents in waiting area.

- d) List any requirement of equipment or logisitics for providing services to children by mapped facilities in hospital under supervision of RBSK Manager.
- e) Any works assigned by RBSK Manager.

3. **RBSK Manager** will be posted at DEIC

- a) Maintain track and record of all the children referred to DEIC and their follow-up.
- b) Registration of referred children in hospital on the hospital Registration system and generating registration on special 'pink' slip as well.
- c) Sharing data of SNCU children with the CMO, DPO CP and ASHA coordinator of the concerned District to facilitate the Home Based care by the Frontline Health Workers. If the child has been admitted with the SNCU in a particular district but the child belongs to some other district, the RBSK Manager of the district where SNCU is located shall share the information with the RBSK manager of the District to where the child belongs. This way, each RBSK manager shall collect information from RBSK managers in different Districts and also from the SNCUs located within that particular district and share consolidated report with the District Authorities.
- d) Obtain list listing of all the referred children from the MHTs located within that particular district and compare the number of children referred and number of children who have reported. On the basis of this comparison, it shall be the responsibility of the RBSK manager to contact the left out children and bring them to DEIC. The same shall also be communicated to the concerned MHTs and 104 Help Line for mobilisation.
- e) Documentation and Reporting.

Dedicated manpower providing ancillary services like Physiotherapy, Psychological evaluation, Audiometry, Speech Therapy, Vision services and nutrition services etc. shall be provided gradually as per the work load and performance of each DEIC.

Infrastructure:

The space for setting up DEIC shall be provided by the concerned Medical Superintendent/SMO IC.

1. Registration cum waiting area

- a. Registration will be done by RBSK Manager
- b. Special hospital slip (Colored pink slip) will be generated.
- c. Anthropometric measurement will be taken by ANM.
- d. Waiting area shall be modelled as a play area.

2. Early Intervention Room / Consultation Room is

- a. Children registered shall be segregated (for various facilities e.g. dental, vision, auditory services etc) after examining the Referral cards or provide treatment if required.

The rooms shall be adequately branded with signages and IEC material with children friendly environment.

The DEIC shall be provided with the following logistics:

- 1. One Desktop with Printer with internet connection
- 2. Two mobile phones with permanent Numbers – one each for AMO and RBSK Manager
- 3. Necessary stationary
- 4. Toys etc. for the play area
- 5. Preliminary Evaluation tools like Snellen Charts, Weighing machine etc.

Equipments required for ancillary services shall be provided gradually as per the work load and performance of each DEIC.