

SAMARPAN

Early Identification and Intervention to check Disability

Teaching notes

This case study is based on experience of a District Magistrate who started an Early Intervention Centre (EIC) for delays, diseases and disabilities in the year 2010 at District Hoshangabad, Madhya Pradesh through inter departmental and inter institutional convergence. The case study demonstrates how scientific concepts of critical period of development and neuroplasticity can be effectively applied to roll out an initiative which focuses on finding out the earliest symptoms of delay, disabilities and diseases. In addition, it showcases the efficacy of inter departmental and inter institutional convergence as also leadership, team work and goal setting in a typical government setting. The fact that based on the success of Samarpan, Government of India (GOI) launched Rashtriya Bal Suraksha Karyakram¹(RBSK) under National Rural Mission of Health(NRHM) in March 2013 vindicates the efficacy and efficiency of the convergence model and points to the tremendous potential which exist at the grass root of administration for enhancing efficiency of government programmes.

The concept of Samarpan Early Interventional Centre (EIC)

The concept of critical period of development and neuroplasticity is well established in medical and biological sciences. Critical period of development, refers to a specific time during which the environment has its greatest impact on an individual's development. Neuroplasticity refers to changes in neural pathways (nerves and or brain) and synapses (connections) which are due to changes in behavior, environment and neural process.

Early intervention and identification of disabilities is one of the seven commitments of United Nation's (UN) decades for disability in 2003-12. The concept of Early Intervention Centre (EIC) focuses on earliest identification of development delay or disability. It aims at facilitating normal growth of a child on the principle that if the earliest sign of development delay is identified in under 5 (U5) year old child, then by specialized intervention, there is a possibility to bring the child back to almost normal growth of development.

Samarpan Early Intervention Centre (EIC) is a *suo-motto* attempt to reach out to community for early identification of development delay or symptom of disability in under 5 (U5) children by their *en-masse* screening and subsequent intervention. It is a holistic approach in which different line departments like Health, Women and Child Welfare Development, Social Justice and Empowerment, Revenue, Public Relations etc and organizations, institutes (IPGEMR, Kolkata, RC, Rotary International, UNOPS etc) are involved by pooling of human, financial and technical resources.

¹ Rashtriya Bal Swasthya Karyakram

Samarpan works on the bedrock of screening by which possible cases of development delay or disability are identified in all U5 children registered in ICDS of a district. A screening tool named as Samarpan Screening Test (SST) was developed by adopting the screening test designed by National Institute for Mentally Handicapped (NIMH), Secunderabad), under their Reaching and Programming for Identification of Disabilities (RAPID) programme. The screening tool enumerates a set of simple activities which can be carried out by grass root level workers (such as Anganwadi Workers and Accredited Social Health Activists) of development milestones. A developmental milestone refers to skill gained by a child which should be achieved by a given age. For example, AWWs/ASHAs would screen a 6 week old child for the development milestone of smiling as it is well established that a 6 week child, upon eye contact, imitates back the smile given to her. Similarly, AWWs/ASHAs screens eight month old child for the developmental milestone of being able to sit unsupported as sitting unsupported by eight months for a child is an established development milestone. Failure to achieve a particular milestone by a given age is indicative of development delay.

Objectives:

Samarpan Early Identification Centre has following main objectives:

1. To understand the concept of early identification & intervention of development delays
2. *Suo-motu* identification of early signs of delays in U5 children in the district by conducting screening test based on developmental mile stones for early identification of development impediments in newborn and U5 children
3. To have a comprehensive specialized multi-disciplinary evaluation of child for social development, visual development, speech and hearing development, mental development, normal development growth etc. under a single roof,
4. To provide comprehensive specialized multi-disciplinary intervention to remove or reduce developmental impediments,
5. To facilitate acceptance of onset of development delay by a family in their infant,
6. Making society aware about the concept of EIC; increasing acceptability of disability in society and to involve it in society-based and home-based identification.

As Samarpan is based on inter-departmental and inter-institutional convergence, a brief description of structure of district administration and important schemes / departments involved in model is being provided so as to orient the facilitator of case study. For a mixed group of officials (on whom the study may be used), Facilitator is expected to orient the trainees so as to maximize the learning through the case.

1. District Administration

The district in India is a cutting edge of administration. The district administration is headed by the District Collector/Deputy Commissioner, drawn from IAS and he is responsible among others for the general control of the district. A district is split up into number of sub-divisions for the purpose of administrative convenience. In turn, the sub-divisions are split up into number of Tehsils which in turn are split up into Revenue Circles which consist of certain number of villages. The Collector is assisted in general administration of the district at the sub-divisional level by an officer, who is the Sub-Divisional Officer and at the Tehsil level by an officer who is called Tehsildar. Revenue

Inspector and Patwaris/Kotwars are further extension of district administration at Revenue Circles and village level. The Collector is a Generalist and one of the most important function of his office is coordination of activity of all government departments for carrying out government programmes and initiatives. In present scenario, the District Collector is more and more entrusted with the additional responsibility of implementing all government developmental programmes in the district.

2. Integrated Children Development Services (ICDS)

Launched on 2nd October, 1975, the ICDS scheme, under the department of Women and Child Welfare, is one of the world's largest most unique programme for early childhood development. Its main objectives are to improve the nutritional health and status of under 6 age (U6) children; foundation for proper psychological, physical and social development of the child and to reduce the incidence of mortality, mal-nourishment etc.

The ICDS is headed at the district level by District Programme Officer, who in turn, is supported at the block level by Child Development Project Officer (CDPO), who in turn is supported by Sector Supervisors (SS), at the sector level, who in turn are supported by Anganwadi Workers and Anganwadi Sahayikas at village level.

3. National Rural Health Mission(NRHM)

National Rural Health Mission (NRHM) was launched in April, 2005 to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially to the poorest households in the remote regions. It aimed at bridging the gap at rural health services through the survey of cadres of Accredited Social Health Activists (ASHA) and hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources.

Under NRHM, a Project Implementation Plan (PIP) is prepared by each and every district as a part of decentralized planning which gives the opportunity for the district level officials such as Chief and Health Medical Officer, Civil Surgeon etc. under the leadership of the District Collector to design a programme which suits best for their district. Financial outlays for this plan are also decentralized planned by the district subject to the approval at the state level.

4. District Disability Rehabilitation Centre(DDRC)

The District Disability Rehabilitation Centre (DDRC) for persons for disability (PWD) was launched by Government of India in January, 2000 to provide rehabilitation services and implementation of Persons with Disability act (PWD), 1995. The major objectives of DDRC are to provide comprehensive rehabilitation services to persons with disability; enable them to become self-sufficient and to be productive; to act as a centre of dissemination of information resulting to all aspects of delays and disability; to strengthen and assist in controlling them; to facilitate a convergence of schemes and programmes of various departments; and mobilize/utilize local resources and expertise for development of people with disability etc.

In addition to the above mentioned departments who were major contributors for Samarpan, a vast number of other government departments such as Department of

Public Relations, Panchayat and Rural Development, Sarva Shiksha Abhiyan of Department of Education, etc. also contributed immensely for the success of the initiative.

Sample questions for discussions

1. What do you understand by convergence in Govt. Sector?
2. What do you understand by early intervention?
3. Why screening at early stage is important?
4. What are the major problems Wankhede faces?
5. There can be many strategies to achieve the objectives. As Wankhede, what would be your strategy?
6. Do you think Wankhede's convergence model is sustainable? Can it be replicated?
7. How do you view the success of Samarpan?
8. What are the challenges Samarpan is likely to face in future?
9. Which other departments can use an inter-departmental, inter-institutional convergence model (which was used in Samarpan) for implementing their schemes?
10. What role has been played by various stake-holders in roll out of Samarpan initiative?
11. What, according to you, is the way forward for initiative Samarpan?
12. As an administrator, what are the key lessons you have learnt from this case?

Comments:

The case study of Samarpan focuses on relevance of inter sectoral and inter departmental and inter institutional convergence to achieve the objectives. It also highlights how scientific concepts can be translated into practical programmes, benefitting the entire society. It highlights the critical leadership role of the District Collector and presents a classic example of coordination amongst various line departments. The case study proves that often cited resources crunch, in particular financial resources crunch, is a myth which can be busted by hard looking at the existing resources at the district level. The study illustrates importance of active participation by stake holders, free and open discussions in a non-threatening environment and honest, regular review of initiative for course correction. The protagonist in the case proposes changes which are met with lot of inertia, suspicion, and anxiety initially but over a period of time, he overcomes them through his leadership and conviction and persistence. The success of the model has been vindicated by the roll out of RBSK by Govt. of India in 2013.

Feedback and comments are most welcome to improve this case and can be sent at nishantias@gmail.com.