India launches programme for child-health screening

The Indian Government announced a new and ambitious child-health screening initiative last month that will run nationally, covering 270 million children. Tamoghna Biswas reports.

Birth defects affect 6% of all children in India, which translates to a staggering 1·7 million birth defects annually. Developmental delays are also a substantial cause of morbidity in early childhood, affecting around 10% of children. That’s why many experts have welcomed a new government initiative to screen children for birth defects and intervene early, although concerns have been raised about implementation of the programme.

The Ministry of Health and Family Welfare launched the Child Health Screening and Early Intervention Services initiative last month under the umbrella of the National Rural Health Mission to provide targeted, comprehensive care to children aged 0–18 years. Rohit Agrawal, president of the Indian Academy of Pediatrics in 2012, welcomed the news. "Early screening is prudent and will be of great benefit in reducing morbidity and mortality of these children. Screening would give us an opportunity of early intervention in conditions like congenital cardiac diseases, and would also allow us the option of genetic counselling in certain conditions."

"Screening would give us an opportunity of early intervention in conditions like congenital cardiac diseases..."" says Manpreet Singh Khurmi, national consultant for newborn and child health at the Ministry of Health and Family Welfare. He tells The Lancet that special teams will undertake at least twice yearly visits to anganwadi centres (centres in villages that provide basic health care) to screen children aged 6 weeks to 6 years and, at least once a year, they will visit all government and government-aided schools to screen children in the age group of 6–18 years. The children identified as requiring further management will be referred to District Early Intervention Centres (DEIC) for confirmation of their diagnosis and further care. Khurmi adds that technical guidelines and training manuals are being developed for the DEICs.

"The screening would be implemented at various levels by facility-based screening for newborns born at health facilities (public sector) and for home deliveries by accredited social health activists", says Chandrakant S Pandav, head of the Centre for Community Medicine at the All India Institute of Medical Sciences, New Delhi, and past president of the Indian Public Health Association, however, highlights another important concern regarding implementation. "The programme focuses on those who are enrolled in ICDS (Integrated Child Development Services) or any government or government-aided schools. There are many children, who are outside this umbrella, who are more vulnerable and are in need of these services. The more vulnerable children are more likely to be out of schools because of developmental delays. Provisions should be built in the programme to address this segment", Pandav says.

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According to Khurmi, considerable challenges include the operationalisation of DEIC, training of DEIC staff in the various tests that would be undertaken for confirmation of diagnosis, and monitoring the data that is expected to come from more than 270 million children. "A software tool would be used to monitor the programme as a whole for all children and would cover details of children identified after screening for further management", he explains. According to him, the success of the programme depends upon the strengthening of three pillars: recruitment of human resources and their capacity building; supply of logistics, training manuals, equipment and so on; and lastly, information, education, and communication, including behaviour-change communication.

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