

# Giving every child a healthy start to life

ICPH is an innovative model of integrating primary care with public health, where the best of global knowledge steers our comprehensive interventions for children



Primary Care | Public Health Practice |  
Academic & Capacity Building Programs | Research & Policy

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# Glimpses



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## INTERNSHIP AT THE INTERNATIONAL CENTRE FOR CHILD AND PUBLIC HEALTH (ICPH) from 17.9 to 8.11.18 - Janet Gomez, HedS La Source and Shanti Ashram, Coimbatore

### Clinical/Public Health Outreach

- Pediatric low vision clinic (with the Aravind eye hospital)
- Height, weight: Observation of different sections (reception, BP, refraction, referral, ophthalmologist) 103 children screened, 6 referrals
- Geriatric clinics (2)
  - 33 elders (21 women, 2 men); 44 elders (37 women, 7 men - 16 new - highest representation in 50-60s age group)
  - BP, saturation, pulse, observation of bone density analysis, ENT evaluation, mental health assessment, physiotherapy, eye assessment, pulmonary assessment
  - In Switzerland similar tests (eg Time up and go) are used to assess an older person's physical health, and also for mental health (memory assessment, clock - all part of the MMS)
- Bala Shanti Kendra
  - Nutritional counselling: Health checkup and MMR (9 children)
  - 4 half day field trips to 4 schools (with hygiene and nutritional assessment)
- Weekly well child community clinics (4)
  - Ramachettibabaiyann (40); Kurchi (56); Gokulam (33); Kulathu Palayam (14)
- Monthly SUDAR clinic (35 children)
- Shanti ashram provides basic food and housing security - base of Maslow triangle, AIDS medication funded by the Bill Gates Society and by the government
- Community Nutrition Hub
  - Little Chef's competition (at Shanti ashram); nutritional counselling, height and weight (BSK)
  - Deepavali function for SUDAR children (at Shanti ashram)
  - Deepavali function for elders (at Shanti ashram)

### Theory

Basic Pediatric Skills for Nurses (book) in particular 'Approach to a Sick Child'; 'Dealing with parents of sick children'; Indian paediatric values for BP, RR, HR, Nutrition Science: B Srikrishna (book)  
**Discussions** about immunisation (Pentavac & MR - free; ICPH gives MMR and typhoid, free to vulnerable communities - donations); dietary advice/nutritional counselling  
**Research** on complaints, medication

### ICPH theory - links with activities

- Research and public policy e.g. co-creation in field of mental health
- Empowerment of vulnerable communities e.g. Little Chef's competition
- Provision of affordable health care e.g. consultations for women entrepreneurs
- Public health practice and research e.g. road safety awareness to adolescents
- Connection of successful community health care projects e.g. referrals from well child community clinics
- Integration of primary care with public health e.g. Jyothi project
- Nutrition research work e.g. with the Avinashilingam University for Women
- Capacity building esp. for vulnerable communities e.g. women entrepreneurs
- Immunisation of vulnerable communities e.g. schoolchildren
- Partnerships: ACC, Aravind Eye hospital, PSG
- Provision of health care services to vulnerable communities e.g. weekly well child community clinics, bimonthly geriatric clinics, monthly SUDAR clinic
- Supporting routine government immunisation consultations for routine immunisation (well-child check up)

### Primary Care/Drop-in patients

Most common complaints and diagnoses: cough, cold, dental caries, impetigo, throat infection (strep), scabies, itinea, body rash, papular rash, mouth ulcer, cut in scalp, headache, dry skin, abdominal pain, ear infection, vomiting, loose stools (with or without mucous), dyspnea, wheezing. Special cases: Irregular heartbeat; intussusception URI, LRI, UTI; hyper-reactive allergic disease, viral fever, throat pyrexia, node swelling, AOM; ECOG with ventricular premature complex

Medication prescribed: antibiotic (Mox, Tavam, Augmentin), cough syrup (Alex, ascoril, Chericof), analgesic: paracetamol, ibuprofen, antacid (panacid) PPI (digene), antihistamine (Ebastine), probiotics, vitamins (Zincovit), Skin (calosoft, dipalac - cortisol), Steroids (Wycalone)

Conclusions from drop-in patient analysis from 15.10 to 31.10.18: 75 patients; most common complaints- cough/cold, fever, ear infection; most common diagnoses - LRI, URI, viral fever, AOM, nutrition - 99% non-veg; average mother's age - 32; most common social status - high (both with degrees); most common birth type - inconclusive between C-section and natural)



### Observations

- IM vaccination for pregnant ladies and DTP to infants administered in vastus lateralis of thigh
- Oral polio vaccination at 9 months (Inactivated Polio vaccination used in Switzerland)
  - Private clinics do not have oral polio so given when government nurse is in attendance
- MMR vaccination given subcutaneously
- Nearly 50% children in India are undernourished
- Paediatric food protocol - South India versus Switzerland (in India only breast milk is given during the first 6 months)
- Child development in India versus Switzerland
- Approach to immunisation and schedule in India versus Switzerland
- Child social developmental milestones (BSK)
- Drop-in patient analysis (see above)

### Field trips

with main divisions of Shanti Ashram (summary)

- ICPH - well child community clinics,
  - Corporate public health outreach with ACC (Madukarai): HIV / aids awareness and screening program (40 participants, 20 voluntary screening) in cooperation with the DPAC (District prevention and control government, Road safety awareness campaign, road safety awareness, AIDS awareness)
- Sustainable Development programme - Women entrepreneurs scheme - Shanti ashram (money lending scheme to empower women entrepreneurs, monthly visit for data and money collection (1st trip: 4 women) (2nd trip: 2 women))
- Bala Shanti Kendra programme - 4 half day observation/integration visits to 4 schools (74 children); visits for height, weight assessment, vaccination programme (9), nutritional counselling
- Youth development programme - MMR vaccination programme at Vidy Vanam school in Anaikatti (216 children)

with institutions associated with the ICPH

- Avinashilingam University for Women (nutrition and home science)



### Culture

- Flower market
- Birthday celebration
- Home visit with Indian host family and visit to the Shivesh Arun Centre
- Many different Indian dishes
- Doh
- Temples (Marilynam and Kamatchi Amman)
- Varna concert
- Vaidyagrama
- Deepavali celebrations

### Objectives

1. To discover and explore economic, cultural and technical aspects of the health care system in India, in particular community health care, and especially those aspects related to the child population - technical aspect concerning paediatric eye health; cultural aspect related to road safety awareness, patient's clinical expectations of a visit to the doctor; economic aspect - ICPH fees
2. To explore and to work on how I present myself as a nurse in the context of community child care within another health care culture - learning basic Tamil; exchanges about cultural approaches to sexuality, minorities, nurse's role in India; improved confidence when interacting with different populations and in different contexts
3. To take part in activities to prevent disease and promote community health care to improve the quality of life of the patients in the program(s) I'm assigned to - through exchanges, participation in clinics (geriatric and well child community, low vision) - research, observations and participation in health care prevention and promotion activities (e.g. ACC) and the community nutrition hub initiative (e.g. Little Chef's competition - experience of an innovative - for me anyway - approach to health promotion); growth assessment; supporting the ashram team at the road safety awareness campaign; assisting during MMR vaccination camp; compilation of comparative data about child nutrition and development and immunisation in India and Switzerland; health promotion and disease prevention through play and song
4. To collaborate and exchange with health care professionals with different priorities concerning disease prevention and health care promotion - activities and exchanges during the clinics about immunisation, corporate public health, outreach work, exchanges with medical and paramedical team from PSG, exchanges with members of ICPH team; adapting use of ear thermometer to the local economic situation; discussion with trainee paediatrician about doctor's working conditions and re. measures for patients with swine flu or dengue fever; discussion with BS teacher about water usage



Acknowledgements: Deepest gratitude to the ICPH team and the teams of the Bala Shanti Kendra, Sustainable Development Programme, and Youth Leadership Programme, and also to the partner institutions (PSG, Aravind eye hospital, ACC)

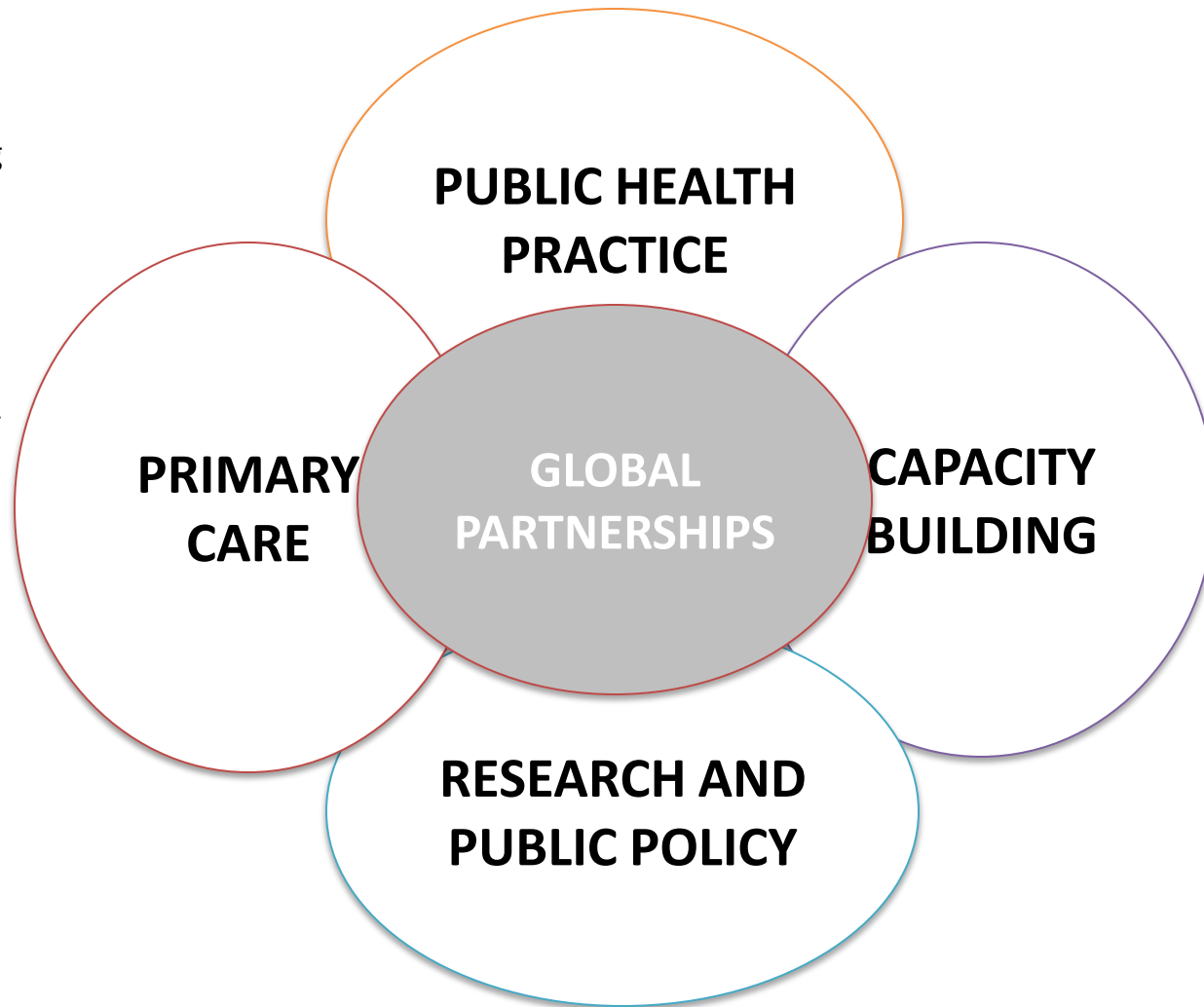
# Vision

**To become a nodal institution for practice, active research and global policy making in child and public health**

- Creating **an innovative model** of promoting community health by integrating primary care with public health
- An **Integrated approach to service delivery**, from interventions focused on providing a healthy start to life, partnering with children themselves to realize sustainable solutions, and empowering the ecosystem in which development takes place.
- A core **focus on using technology and data**, local and global, to drive innovative practice and evidence-based research

# Our paths

## Synergistic Interventions



- **Public Health Practice**- scaling up work in identified priority areas with concurrent monitoring
- **Academic Capacity Building**- Adolescent Health workshops for caregivers, parents, healthcare providers; CME for Health professionals
- **Global Partnerships**-
  - USA
  - Canada
  - Germany
  - Switzerland
  - South Africa
  - Srilanka
  - Nepal

- **Research**  
Brainstorming ideas and creating innovative models
- **Primary Care**-  
Developing primary and secondary health Infrastructure and Clinical Team