

BELARUS SYSTEM of DETECTION, INTERVENTION, CARE and REHABILITATION of CHILDREN U3 with special needs to prevent their abandonment and institutionalization



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2011: MAIN DEMOGRAPHIC INDICATORS



Population 9,5 mln.

Birth rate 11,5
(per 1000 population)

Death rate 14,3
(per 1000 population)

Life expectancy 70,6



A map of Belarus is shown in the background, filled with a landscape image of a blue sky with white clouds and green trees. The map is semi-transparent, allowing the background image to be seen through it.

Child population of Belarus (0-17)- 1,7 mln.

(18% of total population in the country)

320 000 children from 0 to 3

(19% of total child population)

25 000 children with disabilities from 0 to 17

(1,4% of total child population)

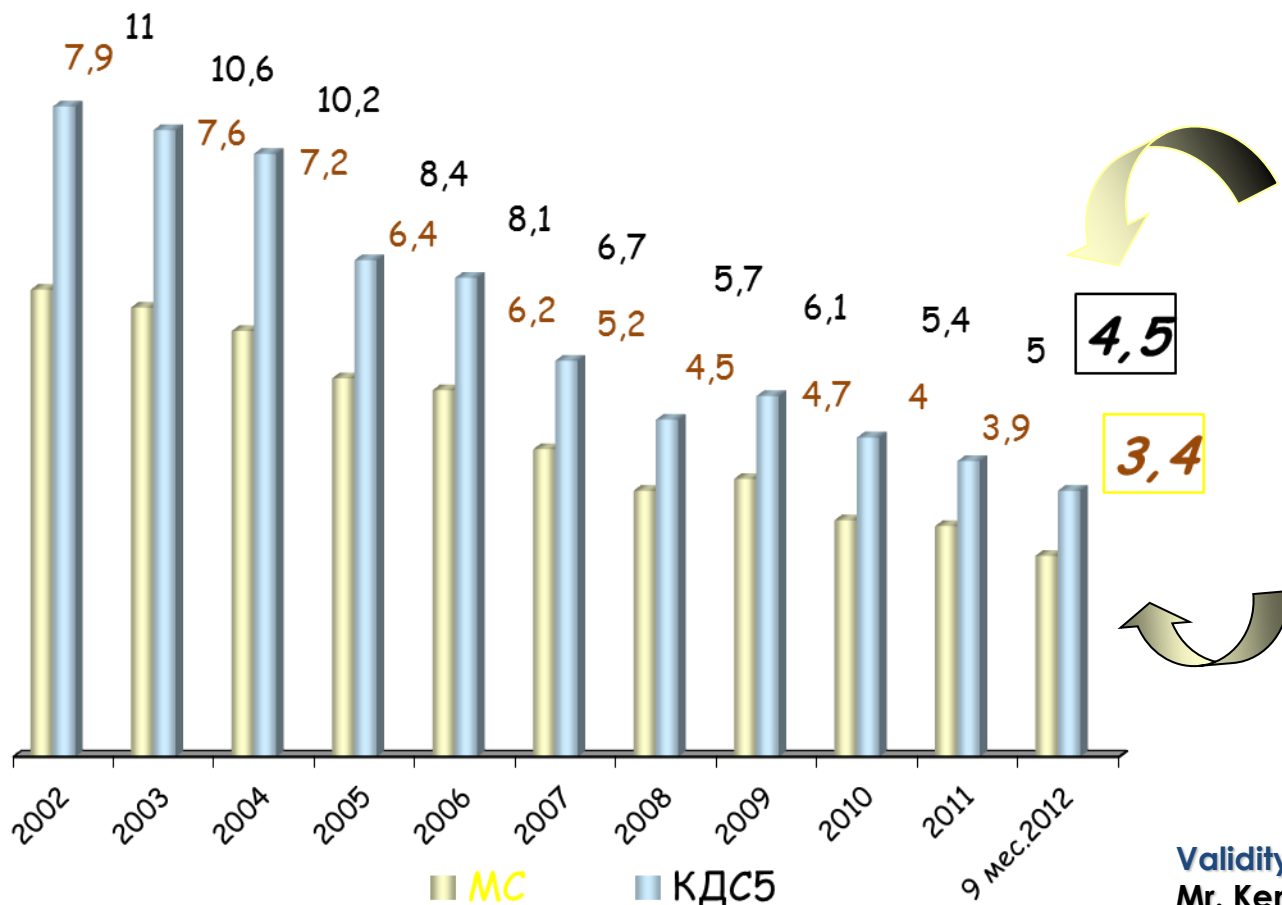
900 children with disabilities from 0 to 3

(3,6% of children with disabilities)



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DYNAMIC of INFANT and U5 MORTALITY RATE (%)



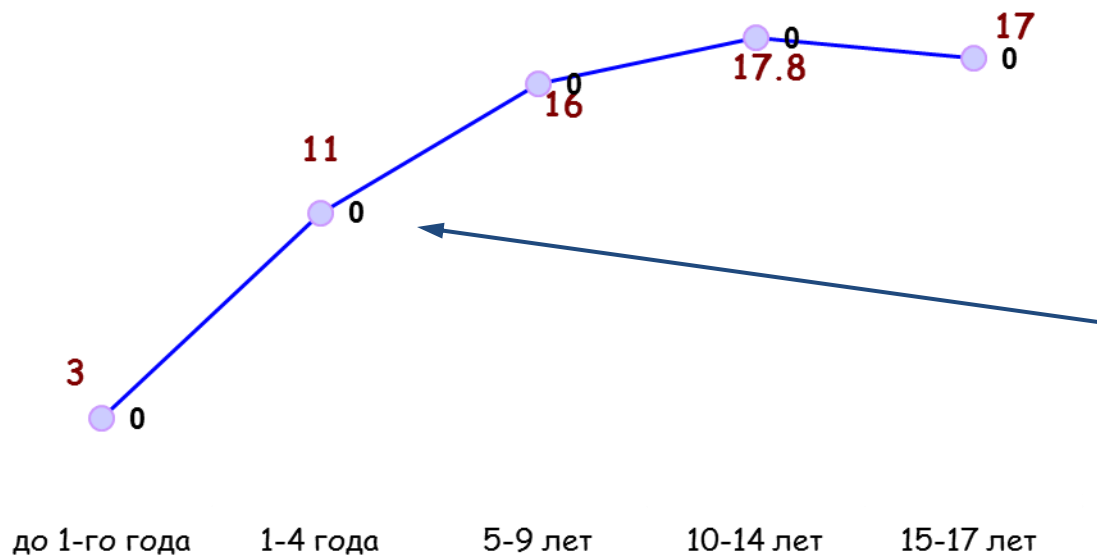
Over the last
10 years
infant and U5
mortality rates
decreased more
than 2 times.

Validity of data is confirmed in May 2011.
Mr. Kenneth Hill, Stanton-Hill Research,
LLC Chair, the Technical Advisory Group
of the UN Inter-agency Group for
Child Mortality Estimation (IGME)



2011: CHILD'S DISABILITY by AGE GROUPS

(per 1000 of child population of the respective age)



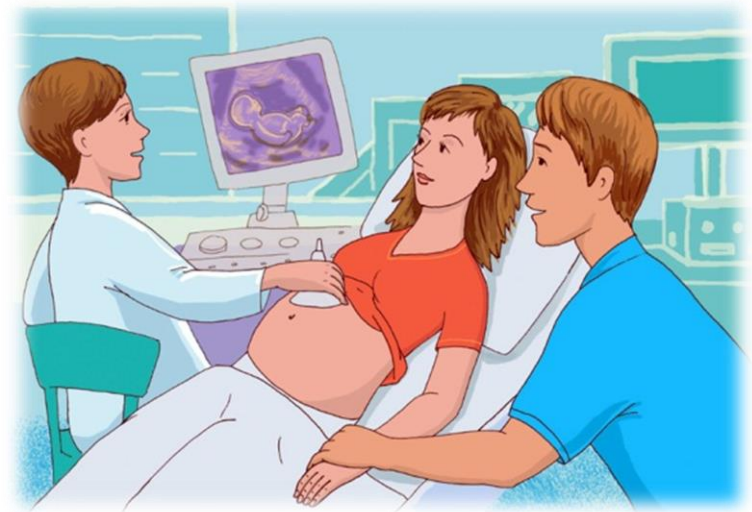
At pre-school age
child's disability is
mainly diagnosed



SYSTEM of EARLY DETECTION, CARE and REHABILITATION

Regular medical examination of pregnant women:

- ✓ up to 20 visits to obstetrician-gynecologist during the pregnancy;
- ✓ prenatal US-screening for inherited malformation during 1, 2, 3 trimester of pregnancy;
- ✓ STI tests, HIV test, TORCH, US, cardiotocography;
- ✓ *if needed:*
 - biochemical screening,
 - medical-genetic counseling,
 - hospitalization



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AVAILABILITY is CONFIRMED

- ✓ 95,8% of women are registered during the first 12 weeks of pregnancy;
- ✓ Only 0,53% of woman in childbirth did not have regular medical examination;
- ✓ Only 0,2% of deliveries take place out of maternity hospitals.



NEONATAL PERIOD

- ✓ Examination of neonatologist (pediatrician)
- ✓ rooming-in and breast feeding
- ✓ screening
- ✓ vaccination
- ✓ If needed: other examinations, examinations by profile physicians



If there is a need:

Transferring to specialized department or at the 2nd stage of special medical care



OUTPATIENT/POLYCLINIC MEDICAL CARE

- **Epicrisis defining group of health and risk groups**
- **Notification of the polyclinic about child's discharge from the hospital**
- **First three days after discharge: home visit by pediatrician and nurse**



AVAILABILITY of PHYSICIANS

District principle:

- ✓ per 1 district pediatrician – 800 children from 0 to 17
80-100 of them are children U1

Consultative specialized care

- ✓ neonatologist - 1 per 10 000 of population
- ✓ endocrinologist - 1 per 10 000 of population
- ✓ ophthalmologist - 1 per 10 000 of population
- ✓ surgeon - 1 per 20 000 of population
- ✓ orthopedist - 1 per 20 000 of population
- ✓ otolaryngologist - 1 per 10 000 of population



OUTPATIENT/POLYCLINIC MEDICAL CARE

Plan of child's regular medical examination



Difference:

Number of visits of pediatrician and nurse
Timeframe for special medical examinations
Timeframe for additional examinations



A CHILD is HEALTHY

Examination by pediatrician:

- ✓ home visit - 14th and 20th day
- ✓ in polyclinic - 1 month old and monthly later up to 12 months

Examination by nurse:

- ✓ Home visit – 5th day, then weekly 2 times per week up to 1 month
- ✓ 2- 6 months – home visits 2 times per month
- ✓ 6-12 months – 1 home visit per month

Profile physicians:

- ✓ neurologist, orthopedist – up to 3 months
- ✓ otolaryngologist, ophthalmologist, dentist – first 12 months
- ✓ blood and urine examination - 2 months, and 1 year old



A CHILD is AT RISK GROUP

Example: risk group of central nervous system pathology

Main criterion:

1. asphyxia or hypoxia
2. rapid or prolonged labor
3. instrumental delivery, emergency cesarean section
4. prematurity, low birth weight or big fetus, prolong pregnancy
5. jaundice
6. IVF children
7. birth trauma

Frequency of examination during the first month:

- Pediatrician (home visits not less then 4 times)
- Neurologist and ophthalmologist - 1 month old
- brain US – 1 month old

2-6 months:

- Pediatrician – 2 times per month
- Neurologist – 3rd, 6th months
- Ophthalmologist – if needed

Remove from the register
at 6 months old.
If there is a pathology –
dispensary group



A CHILD is SICK

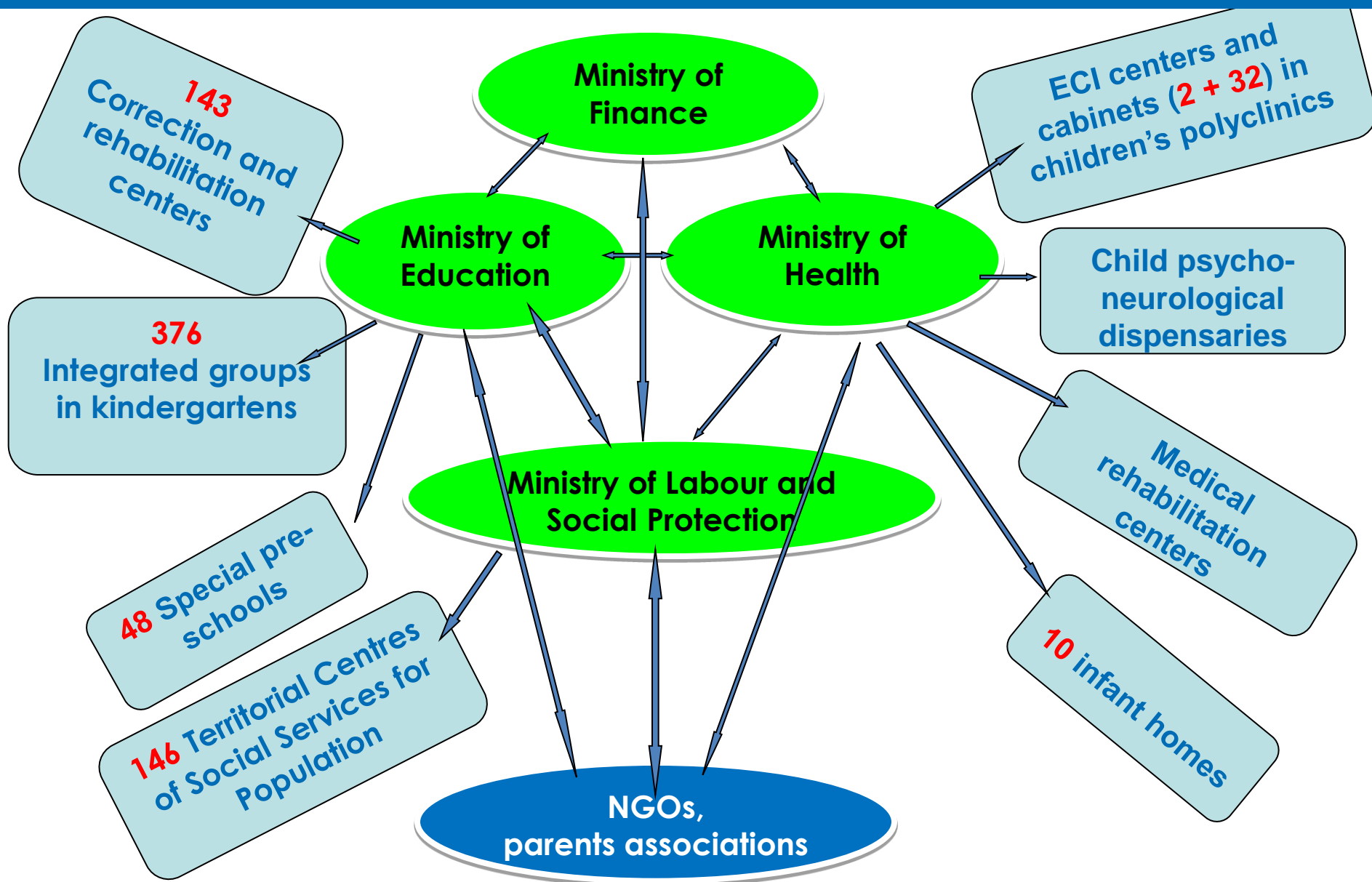
✓ Treatment in the hospital in pediatric or specialized department:

7,3 hospital beds per 1000 children 0-17,
among them:

- pediatric – 5,6;
- rehabilitation – 1,5;
- specialized – 0,1-0,2;



SERVICES FOR CHILDREN WITH SPECIAL NEEDS AND CHILDREN WITH DISABILITIES



ECI FUNCTIONS

- ✓ Development of individual rehabilitation plan for young children, its implementation, and monitoring;
- ✓ Education of parents in early care and support to young children with special needs aimed at full development of child's potential at a maximum possible capacity
- ✓ Provision of social and psychological support to families raising children with disabilities and children with special needs



ECI OBJECTIVES

100%

- ✓ identification of children with high level of risk to disability
- ✓ coverage with quality rehabilitation services for children under 6 months with high level of risk of disability

RESULT:

Decreased number of children up to 18 with disability status and reduction of the level of disability



CRITERIA of EFFECTIVENESS

**Early identification of disorders and
developmental delays**

+

Early rehabilitation

+

**Mixed health and education
approaches**

=

**Improvement of quality of life of
children with special needs;
Prevention of institutionalization**



LESSONS LEARNED (1)

- ✓ **Inter-agency cooperation to ensure that no child will be left out of the system**
- ✓ **Development of standards, identification and monitoring of young children with special needs**
- ✓ **Outreach services to identify and serve all special needs children (special focus on children in rural areas)**



LESSONS LEARNED (2)

- ✓ Capacity development of all engaged stakeholders
- ✓ Parents' engagement in all ECI services
- ✓ Results based evaluation system is needed
- ✓ Continuity of care of ECI stakeholders in health care, education, social protection

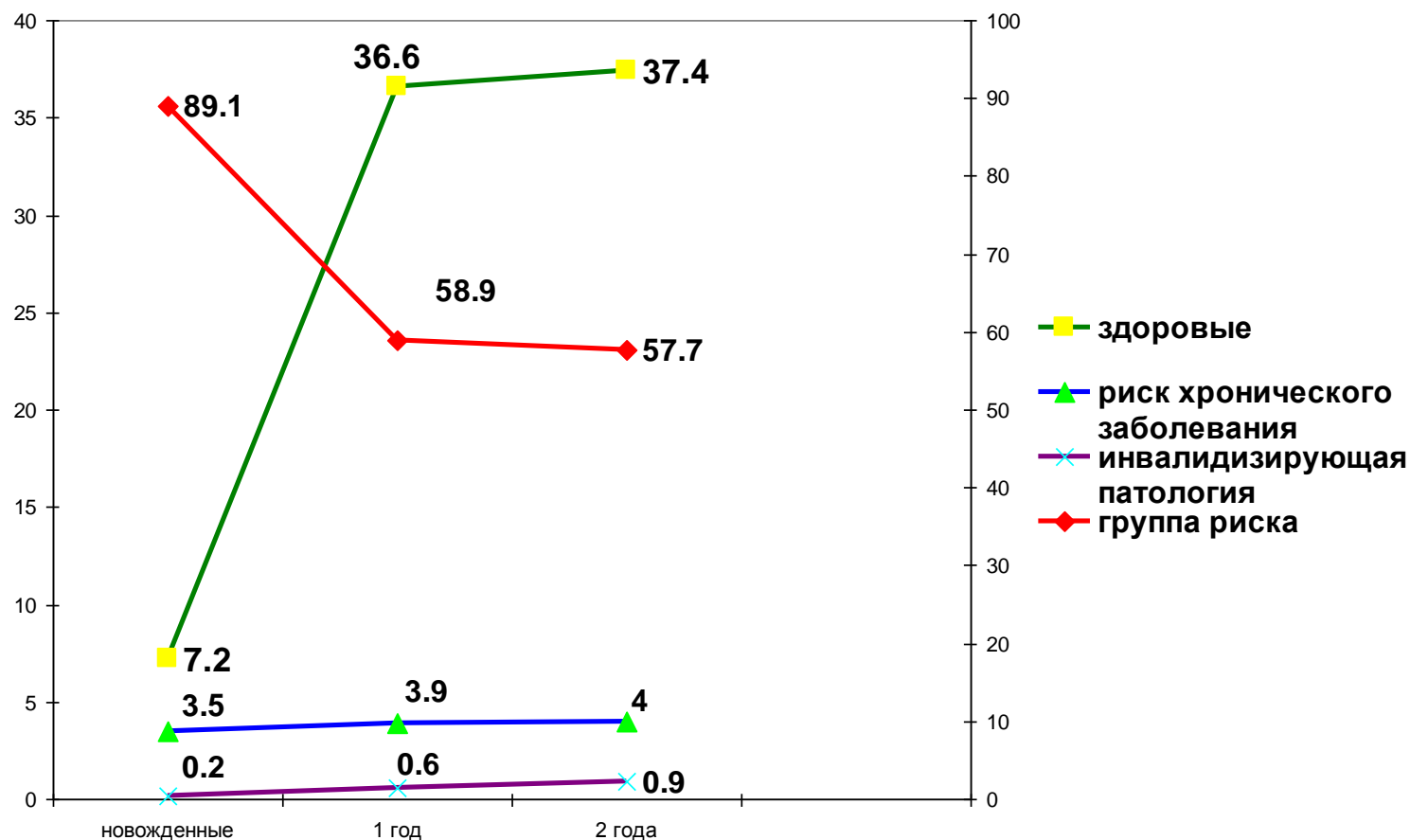


LESSONS LEARNED (3)

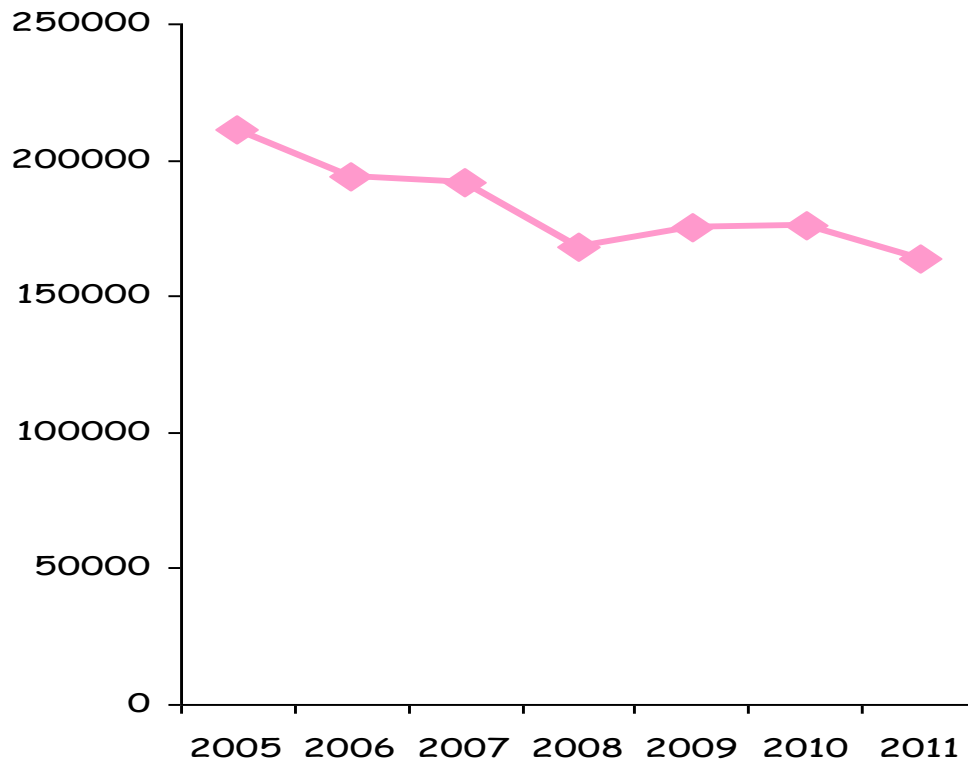
- ✓ **Unified inter-agency Database on U3 children who are at risk group**
- ✓ **Careful planning for the transition of children and parents from ECI services to inclusive pre-schools and primary schools**
- ✓ **Palliative care development if needed**



THE IMPACT OF ECI ON THE HEALTH OF CHILDREN FROM 0 TO 3 (2011, %)



MORBIDITY of CHILDREN from 0 to 1

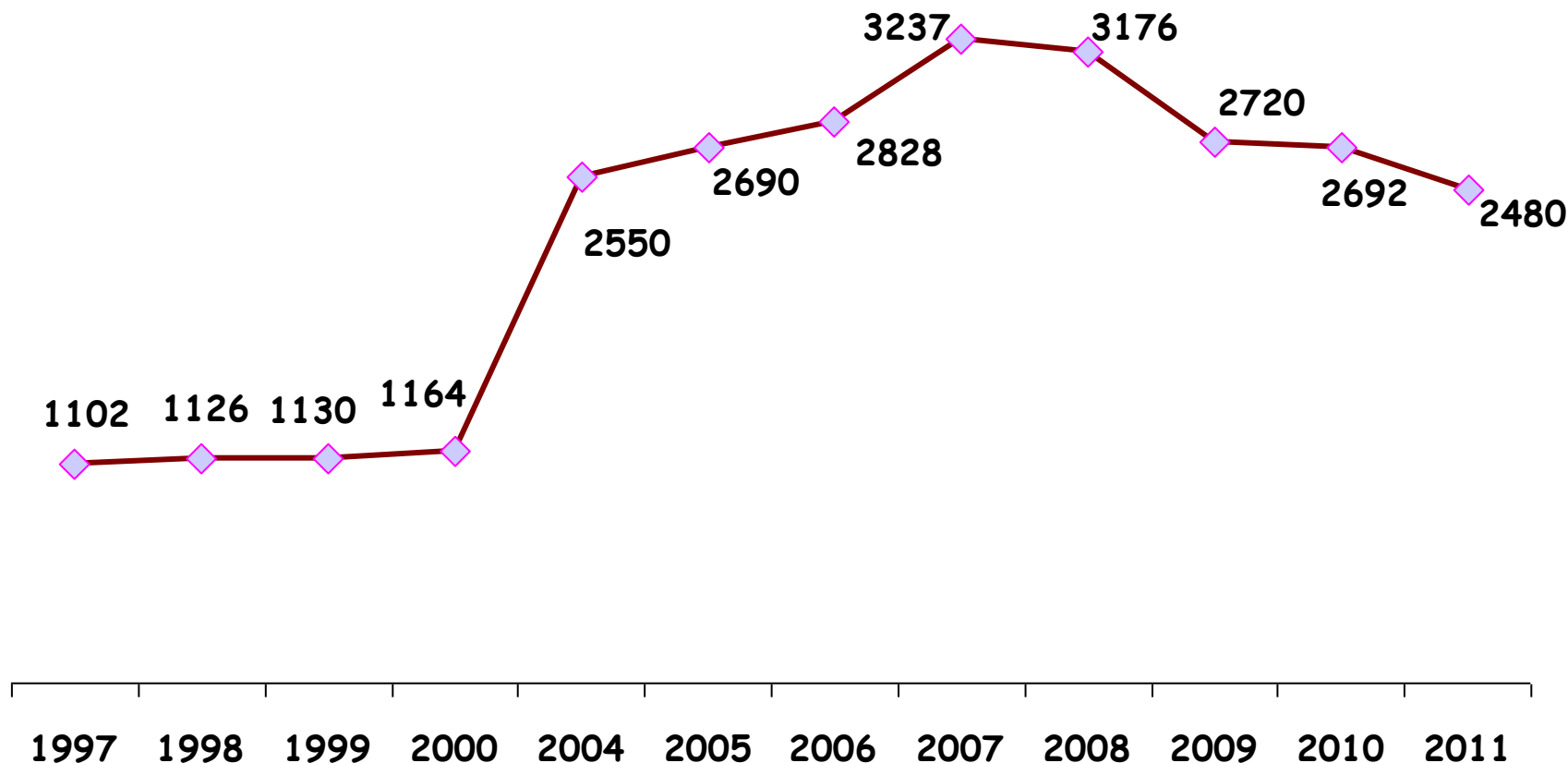


Incorporation of new contemporary perinatal technologies have significant impact on child's health.



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MORBIDITY of NEUROLOGIC DISORDERS AMONG CHILDREN U1



Prevention of institutionalization of children U3 is a priority of state programmes

- ✓ Belarus supported UNICEF regional initiative to put an end to placing children under three years, including children with disabilities, in institutions
- ✓ Changes in legislation:
 - New types of alternative family-type care for orphans and children deprived of parental care, patronat system is been developing;
 - Additional support mechanisms for families raising children with special needs.



EXAMPLES OF EFFECTIVENESS OF PREVENTION OF INSTITUTIONALIZATION OF CHILDREN U3

- ✓ The number of child's abandonment reduced by 3,5 times over the last 7 years.
- ✓ 11 artificial lung ventilation children leave in the families over the last 2 years;





Infant homes:

- ✓ 20% of children with disabilities;
- ✓ 48,7% children with special needs .



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PERSPECTIVES (1)

- ✓ **Piloting respite care service in infant homes for families with children with disabilities from 0 to 3;**
- ✓ **Strengthening capacity of psychologist and medical staff on supporting parents with newborns at risk or with developmental delays;**
- ✓ **Creation of the mother and child support centres to place mothers with young children who find themselves in a crisis situation**



PERSPECTIVES (2)

- ✓ Special training and provision of financial incentives for foster families raising children under 3 and children with disabilities
- ✓ Raising public awareness on children with disabilities and their families to change attitude towards them
- ✓ Formation of social norms supportive of family placement for children U3 deprived of parental care including those with disabilities and special needs
- ✓ Re-profiling of infant homes into health care institutions providing palliative care, medical and social follow-up for families rearing children with disabilities





THANK YOU