

## Describe two Institutional Best Practices as per the NAAC format

provided in the Manual Response:

### **BEST PRACTICE 1**

**Title of the practice:** “*Autism Therapy*” using Multi modal Intensive Therapeutic Care

**Objectives of the best practice:** Prevention of disability among the children affected by the developmental disorders like Autism spectrum disorders, Intellectual Disability, Attention Deficit Hyperactivity Disorders, Specific Learning Disability, Cerebral Palsy, Seizure Disorders is quite important. Otherwise these children suffer lifetime disability. To prevent disability among Autism affected children comprehensive intervention protocol had to be developed using inhouse evidence based practice

**The context:** Most of these children with Autism Spectrum Disorders suffer from multiple issues and co morbidities. These problems need to be addressed by a team of professional experts with domain specific expertise. However, they have to work as a team with complete synergy among themselves to provide individual specific medical rehabilitation and care. The multi modal therapeutic protocol was developed to cater to specific needs of every child with Autism Spectrum Disorders. It targeted focusing Multi modal Therapy at the early intervention phase of life that is zero to three years by a team of medical rehabilitation experts. When every child with special needs suffering any neuro developmental disorders like the Autism Spectrum Disorders is provided with comprehensive therapeutic care, they will bounce back with development of normal or near normal functional skills instead of living life of disability.

**The Practice:** Institute of Health Sciences adopted client centered approach for rendering medical rehabilitation for people with Disabilities due to Autism Spectrum Disorders. This drastic change from the conventional professional centered approach has opened up new ways of dealing with a very difficult problem. Normally, the disability or disabling condition affected children are considered for charity as the suffering is perceived to be for lifetime. When, IHS offered institution based multi modal intensive therapeutic care with adequate doses of individual therapy, it created scope for normal or near normal functional skills development. Evidence based practice has lead IHS to formalise the intervention protocols for specific disorders and Disabilities. That included the following:

1. IHS has built up the team of professionals with domain specific expertise
2. Developed infrastructure for rendering array of specific therapeutic interventions
3. Built up protocols for specific disorders
4. Documentation of the intervention and progress report
5. Certifying at the time of discharge and monitoring of children during integration in thenormal mainstream schools.

Children with Autism Spectrum Disorders exhibit range of features linked to oral communication skill, sensoriand motor information processing ability, socialisation, independence in daily living activities and general behaviour. The diagnosis can be done early with a team of medical physicians and medical rehabilitation professionals. But there is no single professional who can deal with all the requirements of an Autism affected child. Thus, the Institute of Health Sciences created a protocol of twenty different

professional interventions as Autism therapy which included mainstream therapies like Speech- Language therapy, Occupational Therapy, Psychotherapy, Special Education and some innovation including dietary intervention, Recreational therapy and movement therapy etc. Each child received need based bouquet of therapies in adequate doses. Autism affected children thus received the Autism Therapy

**Evidence of success:** The uniqueness of the program has helped many children drop the diagnosis of Autism and become independent with development of much of the functional skills at normal or near normal level. It has relieved the affected children from lifetime suffering. The children showed excellent development of not only the relevant deficient skills like oral communication, written communication and socialisation etc., they achieved freedom from the comorbidities like epileptic seizure, gastro intestinal issues, allergic reaction and immunity related issues. The children joined mainstream schools as a normal students and achieved academic excellence competing with other peers who are ordinary children. The family members have got the respite from managing the Autism disability affected children for their lifetime. The society has become less burdened with some of Autism affected children who are discharged from the Institute of Health Sciences after development of normal functional skills

#### **Problems:-**

1. Early identification/ proper assessment is essential for the intervention to begin. The medical fraternity is not trained enough for the referral to happen at the early stage.
2. In the absence of professional consultation, many parents undermine the importance of such intervention. It makes very difficult for the child to be treated after the critical age is crossed
3. Parents find the long duration treatment difficult to manage. Others find the related expenditure over the long duration expensive.

**Resources required:** a) Residential Facility: Residential facility for the children along with the parents is very much required to tap into 24 hours of the child in the campus. That could even further hasten up the recovery process and children could benefit better.

b) Information dissemination: A lot of public awareness campaign should be done to let the public know what to do and what not to do and also importance of early intervention.

**Notes :** The Institute of Health Sciences has been conducting training for transfer of skills and specific expertise. It has trained heads of Institutions to learn the multi modal therapeutic care that has been formalised as Autism Therapy. Thus the best practice developed at IHS can be adopted by other institutions through replication and collaboration with Institute of Health Sciences.

## **BEST PRACTICE 2**

**Title of Best practice:** “*Kshamata Express*”, reaching the inaccessible areas for identification of disability

**Objective of the practice:** Early identification of disorders in remote areas through doorstep delivery of professional services is the objective. Outreach program is necessary as most people with disability in rural areas, tribal areas and urban slums don't avail the facilities developed in urban city based institutions. The target was to get the remediable disability to be corrected, functional independence developed and to facilitate access to the govt facilities and financial benefits. The identified people with disability should get the certification of disability and to achieve possible independence is achieved through employment, self employment and vocational training.

**The Context:** Early identification of the people with disabling conditions is the key to implementation of early intervention programs for prevention of disability. But many people miss the bus and become disabled as timely professional intervention did not happen. Diagnostic facility, professional consultants and the developed services are normally available at the urban centers. Lesser populated areas neither have even the minimal medical rehabilitation facility nor the qualified experts for availing the professional services. Even where services are regularly available, the Institution based facilities are mostly accessed by the educated elite. Thus, quite a lot of people become disabled in the absence of any regular outreach program providing comprehensive diagnostic and rehabilitation services by professional experts. The scenario is just the same in most parts of the state of Odisha. Hence the Kshamata Express project idea was conceived for implementation in Odisha.

**The Practice:** The Institute of Health Sciences had approached the Govt of Odisha with its idea of doorstep delivery of professional services for identification, assessment, consultation and possible intervention at the home, community of the beneficiary or nearby medical rehabilitation centers, wherever such facility is available. The Kshamata Express project proposal included taking a team of rehabilitation professionals like Physiotherapist, Prosthetic engineer, Audiologist, Psychologist, Speech Language Pathologist, Social worker and medical physician to the otherwise inaccessible rural areas in a dedicated camp vehicle. The required diagnostic equipment, tools and gadgets were to be taken to the camping sites for delivery of on the spot services. The Govt of Odisha, in the SSEPD department, approved the outreach program of Institute of Health Sciences and permitted the outreach services in ten districts of Odisha which are dominated by rural areas and primarily populated by tribal people.

The team worked in close cooperation with the district administration, the local govt. officials, elected representatives to the local bodies as well as the non govt organisations for better information dissemination, referral of larger number of cases to camps and smoother coordination among different agencies for effective delivery of services. The locally available building infrastructure was used as camping site for Kshamata Express team. The services included registration of the cases, basic level assessment, diagnosis and basic level allied professional services. The identified cases were followed up for referral to clinical establishments for required medical rehabilitation services including fitting assistive aids and appliances, admission in the Special schools, linking up with the govt. authority for issue of disability certificate and such other benefits to persons with disabilities. Special care was also given to certain other vulnerable sections of the society, such as the homeless beggars, the destitute and the senior

citizens who are quite vulnerable with poor social support system and limited access to medical rehabilitation services.

**Evidence of success:**The vehicle carrying the professionals became a symbol of hope for the disability affected people. The success story of this project is not limited to the respectable figures of statistics of the services rendered through Kshamata Express. The impact of the project was well covered by local media, both print and electronic, highlighting the much needed services to disability affected people and other vulnerable segments of the society. The Kshamata Express figures as such are impressive

No. of Block covered	80
No. of Gram panchayats covered	461
No of cases registered	11751
No. of Person with disability registered	7711
No. of UDID generated( Unique Disability Identification number )	3118
No. of Senior citizens provided with services	2494
No. of destitute and Beggars rehabilitated	1546
No. of disability identity card issued to the identified persons with disability	1255

**Problems encountered and resources required:** The road conditions was not all that good for movement of bigger vehicles. Hence, proposed camps at certain areas had to be relocated. The continuity of the services was also dependent on the vagaries of weather and availability of other support systems. The funding support is to be ensured by funding agencies for sustainability of the Kshamata Express project services. Many professional experts expect higher level of remuneration for their field based duty.

**Notes:** Govt of Odisha had taken the help of two more organisations to render the Kshamata Express services. Institute of Health Sciences provided technical assistance and professional guidance to other organisations to spread the rehabilitation services in Odisha. The experiences can be replicated and spread at other parts of the country.