

# THE RESULTS OF THE COMMUNITY NEEDS ASSESSMENT FOR A GLOBAL GRANT

### **OVERVIEW OF THE COMMUNITY:**

The project targeted population is located in the city of Armenia, Quindío, Colombia, in vulnerable areas, distributed across 23 Institutional Units for Early Childhood (UIPI), covering approximately 2,460 children\*, these units have access to educational services through programs provided by Colombian Institute of Family Welfare - ICBF<sup>-1</sup> and are linked to government health coverage under both contributory and subsidized regimes.

\* Available openings

1- INSTITUTE OF FAMILY WELFARE (ICBF) is the state entity working for the comprehensive prevention and protection of early childhood and adolescence, as well as the strengthening of youth and families in Colombia, it provides special attention to those facing threats, neglect, or violation of their rights.

## DATA COLLECTION FROM THE COMMUNITY NEEDS ASSESSMENT

Meetings were conducted with Dr. Liliana Quintero, Epidemiologist from the Municipal Health Secretariat, Mrs. Maritza Yaneth Alvira, Specialized Professional at the North Armenia Zonal Center - ICBF, serving as a liaison for early childhood. Subsequently, discussions took place with Dr. Adriana Echeverry, Director of the Colombian Institute of Family Welfare, (ICBF), and teachers Gladys Moreno and Diego Alejandro Bustamante, (principal of the Children's Home Gustavo Matamoros in La Union neighborhood). These conversations commenced in June 2023.

The Municipal Health Secretariat approached our Rotary Health Committee through its epidemiologist, expressing interest in the possibility of educating and motivating the medical, educational, and student community to implement an "Early Detection Program for Potential Hearing Impairments in Preschool Children in the City of Armenia"; subsequently, a visit was made to the Colombian Institute of Family Welfare (ICBF) to gather official information data on the target population, complemented by a field visit to the Children's Home Gustavo Matamoros in La Union neighborhood. Additionally, an analysis of the referrals made for audiological assessments by the medical team responsible for childcare, revealed errors and lack of knowledge on the subject.

#### TARGET POPULATION

2,460\* Preschool children aged 2 to 5 from Early Childhood Institutional Units (UIPI) as direct beneficiaries; additionally, indirect beneficiaries: children's families, approximately 7,500 individuals, teaching staff of Early Childhood Institutional Units (UIPI), around 140 teachers, and the medical staff of the Health System of Armenia.

The Municipal Health Secretariat and ICBF, will directly benefit from the establishment of the "Hearing Screening Program", including its training, implementation and monitoring protocol, enabling its continuity.



#### STRENGTHS, NEEDS, COMMUNITY PRIORITIES, AND PROJECT DESIGN

The target population is situated in vulnerable conditions and areas that may lead to comprehensive developmental disruptions due to difficulties in monitoring and recording potential hearing disabilities. It becomes a priority to initiate a universal study, covering children in the critical age range of 2 to 5 years; this aims to facilitate the process of beginning through the General System of Social Security in Health, the opening of the RIAS for clinical diagnosis, timely intervention and rehabilitation for these pathologies and carrying out the relevant follow-up.

Direct intervention in state programs addressing early childhood is necessary to control the entire coverage of the target population and to channel them properly into the healthcare system, following the protocol proposed in the project.

The community has limited economic resources; as a strength, children are attended to by the ICBF and public educational institutions. Furthermore, the coverage of health insurance in the subsidized regime in the municipality of Armenia is 100%.

As a vulnerable population, they lack the necessary resources for children to have adequate developmental and nutritional progress, resulting in a high risk of auditory and overall disability of the child. Additionally, health and education teams lack the required skills and guidance to detect these auditory-communicative issues early on.

Despite the existing regulations outlining comprehensive health care routes for early childhood, including early detection of auditory impairments, these are not implemented in the State of Quindío, and its capital Armenia.

Facilitating access for the vulnerable population to screening, diagnosis, treatment, and rehabilitation of auditory impairments, is outlined in the regulations (Law 1980 – July 2019) but has not been implemented. The medical staff is unfamiliar with the protocol for early detection of auditory issues in the pediatric population, necessitating specialized training to identify potential impairments in children. Therefore, educational talks on topics related to hearing will be conducted.

The project proposes early auditory screening for children to detect potential hearing problems. Currently, the community only seeks health services when a severe auditory pathology is very evident, typically occurring late.

The group of teachers and medical staff attending to this population lacks sufficient tools for timely detection.

An auditory screening protocol will be implemented, utilizing audiometric equipment with pure tones at 25 dB HL in frequencies of 500 - 1000 - 2000 - 4000 Hz; results will be categorized as PASS or FAIL and appropriate routes will be applied according to the established protocol:

<u>PASS</u>: Care recommendations, Auditory Stimulation and Audiological Control are given every year up to 5 years of age and monitoring of the process with the insurer (RIAS).

<u>FAIL</u>: Re-Screening is performed after 20 days, if PASS continues the described route; If it FAILS, it is sent to the insurer (EPS) with the address corresponding to:

- Clinical Hearing Evaluation: Behavioral Audiometry / Impedance Measurement

- Otorhinolaryngologist for ordering and Intervention: Medical Treatment / Amplification / Rehabilitation Therapies before 6 months.