RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

Child Health Screening and Early Intervention Services

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LAYOUT OF PRESENTATION

- History
- Rational
- Introduction
- Target Group
- Implementation Mechanism
- Methodology of Screening
- Health Condition Identified For Screening
- Dissertation Work

HISTORY

- We are committed to UN Declaration of Right of the child,1959
- 1960 the Ministry of Health, Government of India set up a school Health Committee under the chairmanship of Smt. Renuka Ray.
- ICDS Was launched in 1975.
- CSSM launched in 1992.
- RCH launched in 1997

RATIONAL

IN INDIA

- Defect at birth-1.7 million accounting for

  10% of total new born death.

  4% of under 5 mortality rate.

- Deficiencies and Diseases

  Malnourished-47%

  Underweight-43%

  Wasted-20%

Severely acute malnourished-8 million

Anaemia in under 5-70%

Dental caries-50% to 60%

- Developmental delay-10% of child population

MADHYA PRADESH STATEMENT

- In Madhya Pradesh Infant mortality rate (IMR) is 44 (Urban) 54 Rural (per 1,000 live birth) and Under five mortality rate (U5MR) is52 in urban and 69 in rural. (NFHS-4,15-16)
- Children under 5 years who are stunted (height-for-age) is12 (%) 37.5 Urban 43.6 Rural
- Children under 5 years who are wasted (weight-for-height)is12 (%)- 22.0 urban 27.1 rural
- Children under 5 years who are severely wasted (weight-for-height) is13 (%)- 8.1Urban 9.6 Rural
- Children under 5 years who are underweight (weight-for-age) is12 (%)- 36.5Urban 45.0 Rural

INTRODUCTION

- Rashtriya Bal Swasthya Karyakram,a child health screening and early intervention services programme aims to roll out 27 crore children from 0-18 years of age started in 2013
- The key feature of the services is the continuum of care extending over different phase of the life of a child over first 18 years.
- The guideline made on basis of identification and management of selected prevalent conditions of huge public significance in India.
- In the long run, the programme would bring social and economic gains, particularly for the poor and marginalized.
- All those children who may be diagnosed for any of the 30 illnesses would receive follow-up referral support and treatment & management of 4D's

TARGET GROUP

Target Group under Child Health Screening and Intervention Services	
Categories	Age group
Babies born at public health facilities and home	Birth to 6 weeks
Preschool children in rural areas and urban slums	6 weeks to 6 years
Children enrolled in classes 1st to 12th in Government and Government aided schools	6 to 18 years

Implementation Mechanisms

For new born:

- Facility based new born screening at public health facilities, by existing health manpower.
- Community based new born screening at home through ASHAs for new born till 6 weeks of age during home visitation.

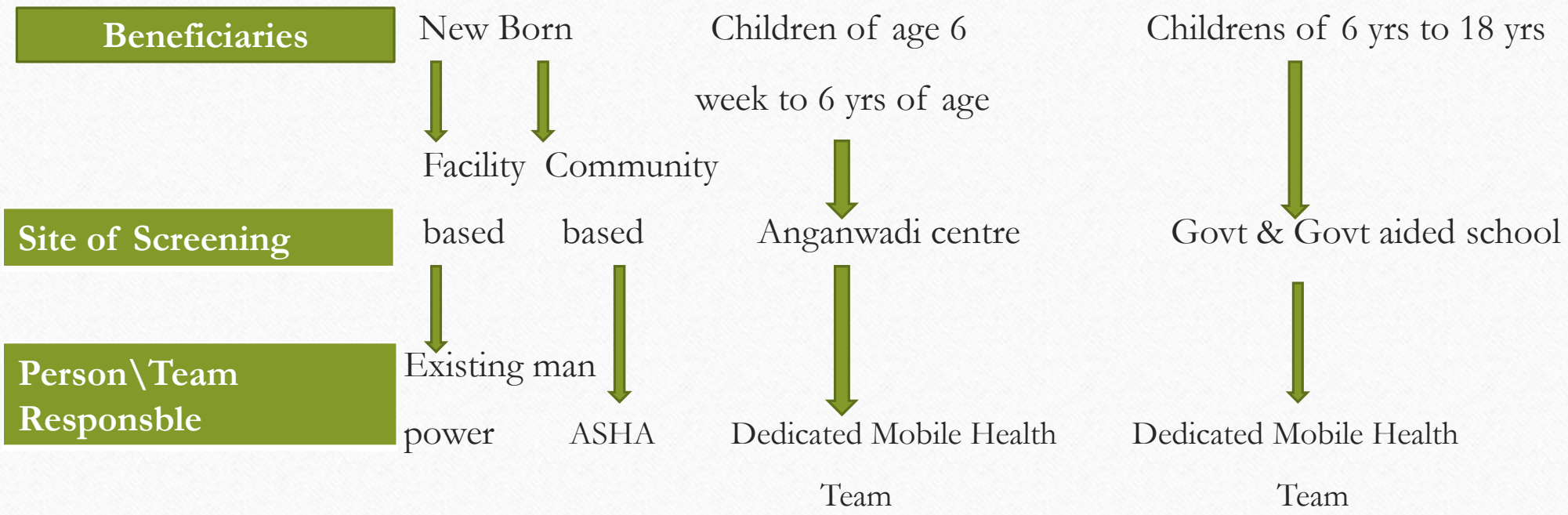
For children 6 weeks to 6 years:

- Aaganwadi Centre based screening by the dedicated Mobile Health Teams

For children 6 years to 18 years:

- Government and Government aided school based screening by dedicated Mobile Health Teams.

IMPLEMENTATION MECHANISMS



MOBILE HEALTH TEAM

Suggested Composition of Mobile Health Team		
S.No	Members	Numbers
1	Medical officers (AYUSH) - 1 male and 1 female at least with a bachelor degree from an approved institution	2
2	ANM/Staff Nurse	1
3	Pharmacist with proficiency in computer for data management	1

- Teams will screen all the children upto 6 years of age registered with the Anganwadi Centers and all children enrolled in Government and Government aided schools

TOOL KIT

Composition of Tool Kit for Mobile Health Team	
6 weeks to 6 years	**6-18 years**
1. Equipments for Screening including Developmental Delays	
Bell, rattle, torch, one inch cubes, small bottle with raisins, squeaky toys, coloured wool	**Vision charts, reference charts BP apparatus with age appropriate calf size**
2. Equipments for Anthropometry	
Age appropriate- Weighing scale (mechanical newborn weighing scale , standing weighing scale) Height measuring – Stadiometers/ Infantometers Mid arm circumference tape/ bangle Non stretchable measuring tape for head circumference	

METHODOLOGY OF SCREENING

LOOK-Pictorial job aid:

A simple photograph of a new born\child with any visible birth defect\abnormality is to be shown. Such tool will be used by MHTs & ASHA for easy identification of health conditions

ASK-Questionnaire tool in the form of cheklist for 0-6& 6-18 yrs age group-

A simple questionnaire tool is to used for identification of deficiency, diseases,developmental delay including disability. These are age specified & disease appropriate, for easy identification of the selected health condition.

PERFORM: Clinical Examination\Simple test to confirm the condition:

Basic tests can be used for identification of deficiencies & diseases e.g Swelling in the neck for goitre etc.

HEALTH CONDIATION IDENTIFIED FOR SCREENING

Identified Health Conditions for Child Health Screening and Early Intervention Services	
Defects at Birth **1. Neural Tube Defect** **2. Down's Syndrome** **3. Cleft Lip & Palate /Cleft Palate alone** **4. Talipes (club foot)** **5. Developmental Dysplasia of the Hip** **6. Congenital Cataract** **7. Congenital Deafness** **8. Congenital Heart Diseases** **9. Retinopathy of Prematurity**	Deficiencies 10. Anaemia especially Severe Anaemia 11. Vitamin A Deficiency (Bi tot spot) 12. Vitamin D Deficiency (Rickets) 13. Severe Acute Malnutrition 14. Goiter
Childhood Diseases **15. Skin conditions (Scabies, Fungal Infection and Eczema)** **16. Otitis Media** **17. Rheumatic Heart Disease** **18. Reactive Airway Disease** **19. Dental Caries** **20. Convulsive Disorders**	Developmental Delays and Disabilities 21. Vision Impairment 22. Hearing Impairment 23. Neuro-Motor Impairment 24. Motor Delay 25. Cognitive Delay 26. Language Delay 27. Behaviour Disorder (Autism) 28. Learning Disorder 29. Attention De cit Hyperactivity Disorder
30. Congenital Hypothyroidism, Sickle Cell Anaemia, Beta Thalassemia	

DISSERTATION WORK

Project title

Assessment of Human Resource and other Resources available with Mobile Health Teams working under Rashtriya Bal Swasthya Karyakram(RBSK) in Ashok Nagar district of Madhya Pradesh, India

District Profile
Ashoknagar, Madhya Pradesh

- Ashoknagar is located on the northern part of Madhya Pradesh between Sindh and the Betwa rivers.
- It comes under the northern part of Malwa plateau, though main part of its district lies in the Bundelkhand Plateau.
- On 15 August 2003 Ashoknagar was created as a separate district from Guna.
- The District consist five tehsils named Ashoknagar, Chanderi, Isagarh, Mungaoli and Shadora.

- Number of Villages 899
- Population 845,071 (Males 443,837 Females 401,234)
- Area (in sq Km.) 4674.00
- Density of Population (Persons per sq Km.) 181
- Sex Ratio 904
- Literacy 66.42%

SOURCE OF DATA: CENSUS 2011

RATIONAL OF STUDY:

Mobile Health Teams are the foundation of Rashtriya Bal Swasthya Kariyakaram and are responsible for the screening and identification services, under the programe, to the children up to 18 years .

Therefore, it is important that these teams are equipped with the approved manpower as well as equipments/materials, which in turn, will ensure quality screening of child and proper identification of 4Ds positive children.

OVERALL OBJECTIVE:

The overall objective of the study was to assess the Human Resource and other Resources available with mobile health teams working under RBSK in Ashok Nagar District of Madhya Pradesh.

SPECIFIC OBJECTIVES:

- To find the gaps, if any, in the existing manpower available with mobile health teams
- To find the gaps, if any, in the existing resources (equipments/materials) available with mobile health teams
- To give suggestions for further improvement of functioning of mobile health teams

REVIEW OF LITERATURE:

An extensive search was conducted using a search engine (google) to find the related research and articles/papers. However, no study was found in line with the current study. As a result, guidelines and standard operating procedures of RBSK formed the basis to carry out the study.

METHODOLOGY:

Study design: Cross -sectional study

Study area: All the four blocks (Chanderi, Mungwali, Essagarh, Shadora) of Ashoknagar district of Madhya PradeshStudy Population: Mobile Health Teams working in all the four blocks of district.

Sample size: All the seven functional Mobile Health Teams of district.

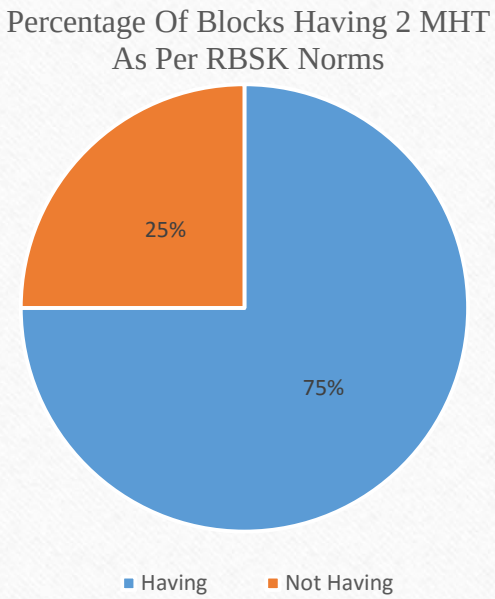
Sampling method: Since the study covered all the mobile health teams of all the four blocks of the district, no sampling was done and no sampling method was adopted.

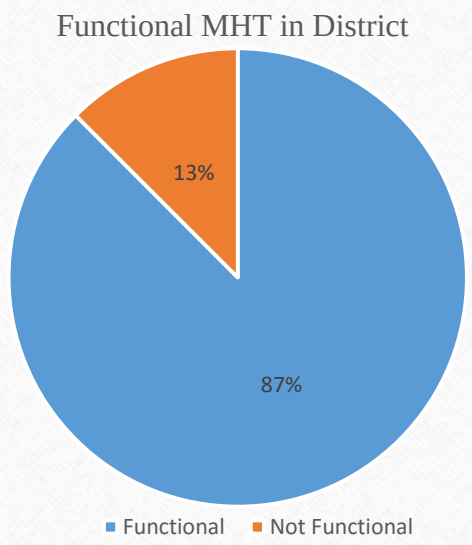
Study tool: Mapping tool, based on RBSK guideline was used to collect the data from MHTs

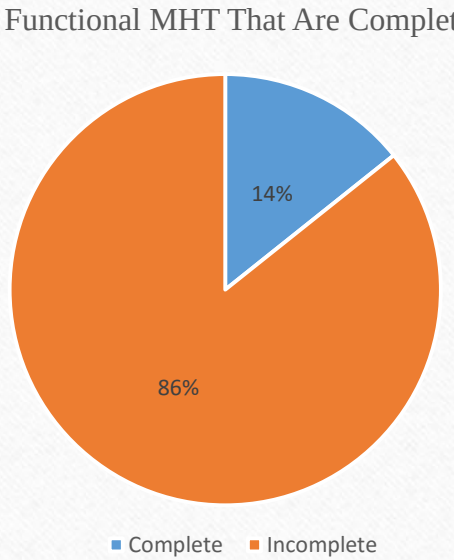
Statistical methods: Descriptive analysis was carried out using MS-Office Excel (version 2013)

Study period: 27 March 2017 to 30 April 2017

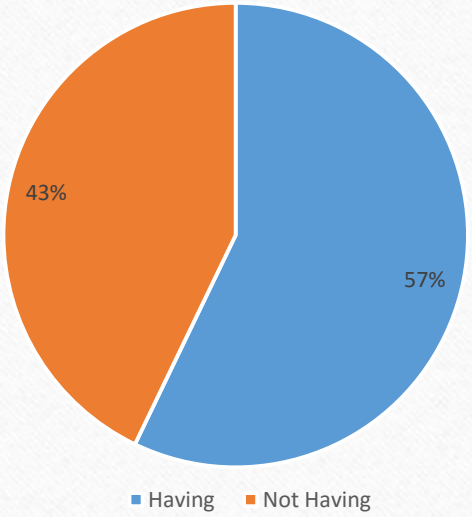
RESULTS:


Percentage Of Blocks Having 2 MHT As Per RBSK Norms
25%
75%
Having
Not Having

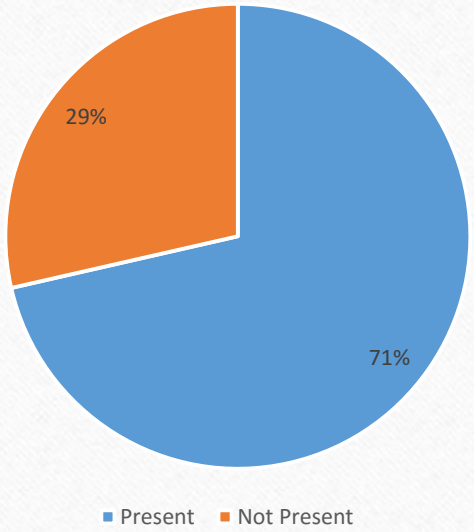

Functional MHT in District
13%
87%
Functional
Not Functional


Functional MHT That Are Complete
14%
86%
Complete
Incomplete

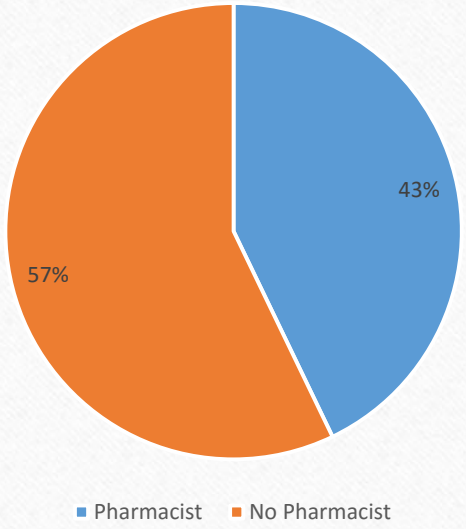
Functional MHT Having Female AYUSH Doctors



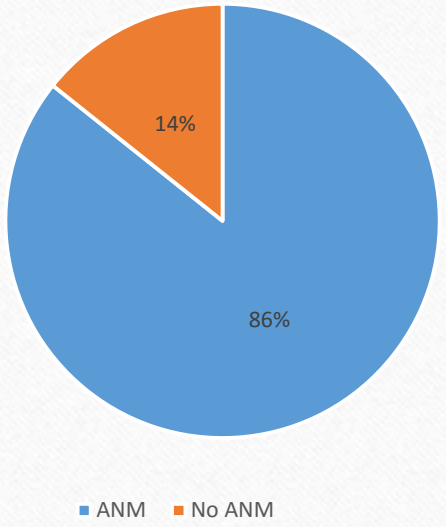
Functional MHTs With Male Doctors



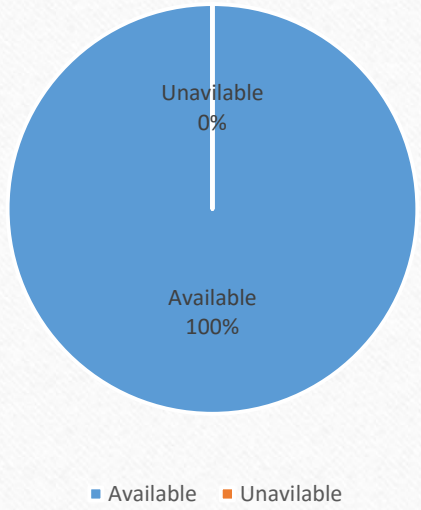
Functional MHT Having Pharmacist



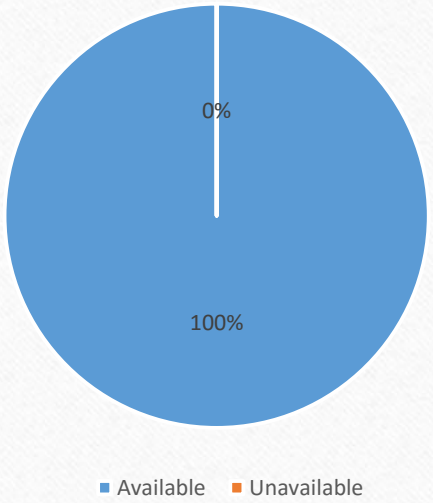
Functional MHT Having ANM



MHTs Having Drugs With Tham

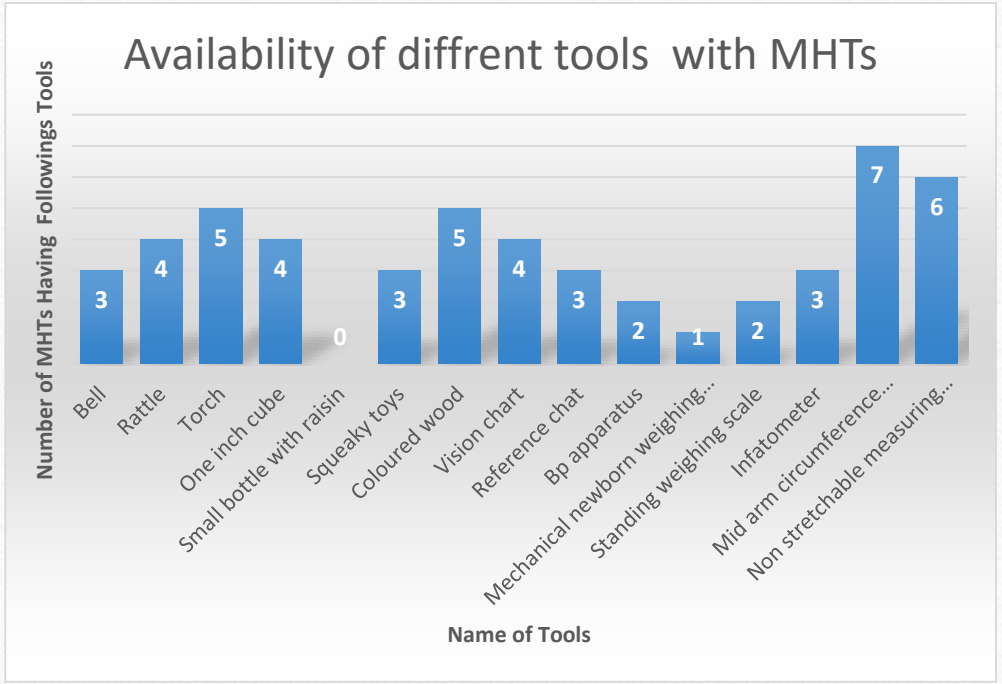


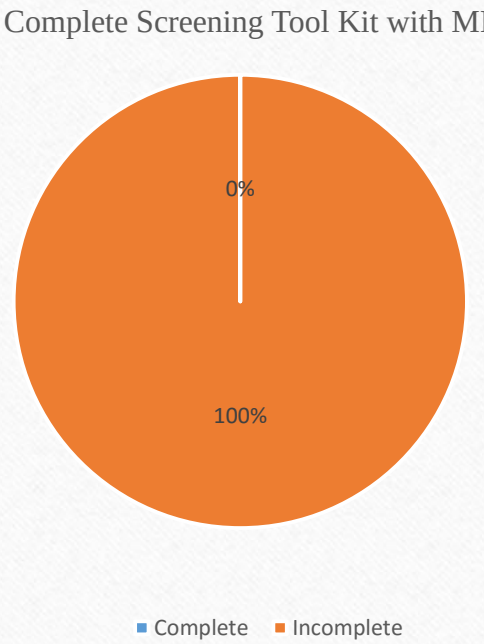
Mobility support with MHTs



Availability of different tools with MHTs

S.NO	Name of Tools	Yes	% Of MHTs having these tools.
1	Bell	3	43%
2	Rattle	4	57%
3	Torch	5	71%
4	One inch cubes	4	57%
5	Small bottle with raisins	0	0%
6	Squeaky toys	3	43%
7	Coloured wool	5	71%
8	Vision charts	4	57%
9	Reference charts	3	43%
10	BP apparatus with age appropriate calf size	2	29%
11	Mechanical new born weighing scale	1	14%
12	Standing weighing scale	2	29%
13	Infantometers	3	43%
14	Mid arm circumference tape/ bangle	7	100%
15	Non stretchable measuring tape for head circumference	6	86%




Complete Screening Tool Kit with MHTs
0%
100%
Complete
Incomplete

CONCLUSSION:

- The present study tries to assess the human resource and availability of other resources with Mobile Health Team working under Rashtriya Bal Swasthya Karyakram in Ashoknagar district of Madhya Pradesh.
- All most all the Mobile Health Team were deficient in AYUSH Doctors and Pharmacists. Lack of AYUSH Doctors in teams were leading to compromise with the quality of screening of children.

- Absence of female AYUSH Doctors in Mobile Health Teams was making it difficult to facilitate screening of adolescent girls.
- Lack of Pharmacists cum data entry operator overburdens doctors and it effects the monthly reporting time and somewhere quality of reporting.
- All Mobile Health Team were deficient in tool kit for screening as they are not provided with tool kit with regular interval, so lack of tool kit was effecting the quality of screening.

SUGGESTIONS

Based on the observation made, following are the suggestions of present study:

- Recruitment of drop out and vacant staff post should be done as early as possible for quality screening.
- Timely replacement of damaged and unavailable tool of Kit of Mobile Health Teams should be done and there should be provision of fund for each MHTs for purchasing tools as per their requirements.

- AYUSH Doctors should not be involved or engaged in other health camps or other works because due to this they were not able to work according to their prepared micro plan as a result sometimes they compromise with quality of screening to achieve their monthly target.

REFERENCES:

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THANK YOU