



Status and impact of Rashtriya Bal Swasthya Karyakram in Lodha Block, Aligarh, U.P. - A field survey

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ABSTRACT

To assess the status and impact of services being provided under Rashtriya Bal Swasthya Karyakram (RBSK) programme specifically Child Health Screening and Early Intervention Services under NHM, the rural community of the Lodha Block, Aligarh, were surveyed. To make awareness among community people of rural areas in Lodha block of district Aligarh (U.P) about the RBSK programme of NHM this study was conducted. 878 care givers and 170 community members of 8 villages of the mentioned block of the Aligarh districts has been interviewed and data recorded. Duration of the study was 21st Sep 2022 to 10th Oct 2022. Of all the care givers interviewed, nearly 60% of the caregivers had a child with 4Ds, 33% of them had children identified with developmental delays, and 22% of them had children with birth defects. Congenital Heart Disease (CHDs) was the most common birth defect (25%), and language delay was the most common developmental delay (27%).

Keywords: RBSK; NHM; NRHM; Unani Medicine; Child Health; MPH.

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INTRODUCTION

The National Rural Health Mission (NRHM), now under National Health Mission is an initiative undertaken by the government of India to address the health needs of under-served rural areas. Launched on 5th April 2005 by Indian Prime Minister Manmohan Singh, the NRHM was initially tasked with addressing the health needs of 18 states that had been identified as having weak public health indicators. The Union Cabinet headed by Dr. Manmohan Singh vide its decision dated 1 May 2013, has approved the launch of (NUHM) as a Sub-mission of an overarching National Health Mission (NHM), (NRHM) being the other Sub-mission of National Health Mission.

Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities. As per the 12th Plan document of the Planning Commission, the flagship programme of NRHM will be strengthened under the umbrella of National Health Mission. The focus on covering rural areas and rural population will continue along with up scaling of NRHM to include non-communicable diseases and expanding health coverage to urban areas. Accordingly, the Union Cabinet, in May 2013, has approved the launch of National Urban Health Mission (NUHM) as a sub-mission of an overarching National Health Mission, with National Rural Health Mission being the other sub-mission of the National Health Mission. It was further extended in March 2018, to continue till March 2020^{1,2}.

Introduction to RBSK

With a child population of over 400 million, India has the largest number of children between the ages of 0-18 years globally. India's child health indicators are a cause of concern, as India contributes 20% to global child deaths. The actual burden of birth defects and developmental delays are not known in India due to inadequate epidemiological information. Birth defects prevalence varies from 61 to 69.9 per 1000 live births. With a large birth cohort of almost 26 million per year, India would account for the largest share of birth defects in the world, which translates to 1.7 million birth defects annually accounting for 9.6 per cent of all new-born deaths. Further, developmental delays including disabilities are also a substantial cause of morbidity in

early childhood, affecting around 10% of children. About 20% of babies discharged from Special New-born Care Units (SNCUs) were found to be suffering from developmental delays or disabilities at a later age. Developmental delays including disabilities in the first five years significantly hinder the growth potential of the child. With a view to comprehensively address all child health conditions, including birth defects, disease of childhood, deficiency disease and developmental delays including disabilities, the Ministry of Health and Family Welfare launched the Rashtriya Bal Swasthya Karyakram in 2013 to provide targeted, comprehensive care to children aged 0–18 years. The programme covers screening, early intervention, management and treatment, including surgeries for the required health conditions, free of cost. Although it was initiated in 2013, the implementation of the programme has been staggered, with different States at different stages of implementation.^{1,2,3,4,5,6,7}

Target group

The services aim is to cover all children of 0-6 years of age group in rural areas and urban slums, in addition to older children up to 18 years of age enrolled in classes 1st to 12th in Government and Government aided schools. It is expected that these services will reach to about 27 crore children in a phased manner. The broad category of age group and estimated beneficiary is as shown below in the table. The children have been grouped in to three categories owing to the fact that different sets of tools would be used and also different set of conditions could be prioritized.

Significance of the study

While the programme exists to cater to children with 4Ds with i.e Defects at birth, Deficiencies, Diseases, Developmental delays including disability. India, India does not have a surveillance system to capture the magnitude of these 4Ds. developmental delays including disabilities. In addition to limited surveillance/ epidemiological data, social research studies on this topic with the different types of birth defects childhood disease, deficiency disease and developmental delays including disabilities is very scarce. Consequently, very little is known about the perceptions, knowledge, attitudes and practices of care givers of children with 4Ds and that of the larger community including health system functionaries.

While there are other health programmes in place to address the diseases and deficiencies covered under RBSK, interventions exist to address 4Ds. disease and development delays including disabilities (4Ds). As a result, a formative study focusing on 4Ds are essential including disabilities is essential at this juncture, to address this gap and build evidence on the social norms, knowledge, attitudes, practices and health-seeking behaviours, and barriers of care givers of children with 4Ds and community members. Indicated earlier, RBSK implementation

has been quite slow and different states are in a different stage of implementation. This formative study was also meant to provide inputs into systemic and operational challenges that are impeding progress of the programme.

The perspectives collected will be used to inform the development of a communication framework aimed at targeting and overcoming attitudinal and behavioural challenges. The study aims to offer clarity on the target audiences, the themes for messages that need to be tailored for social change, and different modes of communication that would be effective in reaching out to the target population. This kind of targeted communication framework is expected to achieve two-fold benefits – (1) sensitization of communities on the benefits of early diagnoses and services of the programme and (2) influence their readiness to access services under RBSK and improve utilization

METHOD

The study was set in a rural context, and was carried out across 8 High Priority Villages chosen across the block being a formative study with limited research and secondary data on the topic, the study adopted a qualitative approach to explore responses of primary care givers of children with 4Ds covering all age groups new-born's (0-6 weeks), children 6 weeks up to 6 years of age, 6 years up to 18 years of age.

The methods included in-depth interviews with 878 care givers, interviews and focus groups with over 170 community members including mothers-in-laws, informal health providers (IPs), head teachers, key community members from the village (GP/SHG/SDMC members). The study also included interviews with Block level Health Department officials, other Department officials including WCD, Social Justice, and School Education. Systemic and operational challenges, capacity development constraints including gaps in skills and motivation to ensure effective delivery of services under RBSK were covered.

Planning of Micro plan for the visit.

- Coordination meeting with ICDS and Education department, in which the discussion on the attendance of the children in schools and AWC's that should be increased especially on the visit day and to help the Mobile Health Teams (MHT) in the screening of the target group at their centres.
- Daily visit of dedicated Medical Health Team so as to ensure the planned screening of the children without any gap.
- Screening of target group at visit site.

Health conditions to be screened

Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management. States and UTs may also include diseases namely hypothyroidism, Sickle cell anaemia and Beta Thalassemia based on epidemiological situation and availability of testing and specialized support facilities within State and UTs.

Selected Health Conditions for Child Health Screening & Early Intervention Services^{1,2}

Defects at Birth	Deficiencies
Neural tube defect	Anaemia especially Severe anaemia
Down's Syndrome	Vitamin A deficiency (Bitot spot)
Cleft Lip & Palate / Cleft palate alone	Vitamin D Deficiency, (Rickets)
Talipes (club foot)	Severe Acute Malnutrition
Developmental dysplasia of the hip	Goitre
Congenital cataract	
Congenital deafness	
Congenital heart diseases	
Retinopathy of Prematurity	

Diseases of Childhood	Developmental delays and Disabilities
Skin conditions (Scabies, fungal infection and Eczema)	Vision Impairment
Otitis Media	Hearing Impairment
Rheumatic heart disease	Neuro-motor Impairment
Reactive airway disease	Motor delay
Dental conditions	Cognitive delay
Convulsive disorders	Language delay
	Behaviour disorder (Autism)
	Learning disorder
	Attention deficit hyperactivity disorder

Investigators roles and responsibilities during this community services

- Suggestions in planning of Micro plan
- Organized and Fruitful visit at centres for maximum coverage
- Properly informed and managed visits with prior information to the heads of centres
- Coordination meetings with the CDPO (ICDS department) and ABSA (Education department) for proper implementation and awareness through these reamendments at village level
- To ensure Awareness among the people of rural community through camp and campaign
- Educate the people of the community about the benefits of the program and also the
- Benefits to them and their children.
- To help in the screening of the children during the visit.

- Proper guidance of the guardians/parents of the referred children.
- Coordination between the patient and referred centres like CHC and DEIC for the proper treatment and for due concern.

Achievements

- The RBSK is one of the flagship programmes of the NHM of the Government of India implemented through Health and Family Welfare Department, Government Uttar Pradesh.
- It is an initiative to improve child survival and quality of life through a systemic approach to early identification of 4Ds such as defects at birth, diseases, deficiencies and developmental delays, including disabilities in children from 0 to 18 years of age.
- This ensures free management and treatment including surgical interventions at tertiary level through dedicated Mobile Health Teams (MHTs) at block levels.
- Major tasks of RBSK MHT include screening of 4Ds of young children between 0 and 18 years in Anganwadi Centres (AWCs) twice a year, Government School once a year and residential school, quarterly once.
- Currently at DEIC Aligarh which was established in 2015 in Aligarh since then there is about 3400 registrations done for the treatment of RBSK included diseases out of which 1100 registration are of surgical interventions like CHD, Cleft lip and palate, vision impairment and otitis media.
- 225 successful surgeries have been done yet of congenital heart disease, vision impairment and cleft lip and palate etc.
- Around 1300 children treated through medical interventions like of Neuro-motor impairment motor delay, skin condition SAM and other diseases.

Limitations

1. People are not ready to change their practices and beliefs.
2. All anganwadi worker and the village heads were not so much cooperative.
3. People were only concerned about the monetary help from the Government.
4. Mobilization of referred children from the community to the centers like CHC and DEIC.
5. People still not concern about the health of their children
6. Attendance of children in AWC's and Schools is considerably low

Plan for utilization of competencies gained from the study

1. I can now deliver information about health-related issues or policies and their consequences to very well to public while working on further programmes.

2. I can do data analysis.
3. I got a clear understanding about maintaining a healthy interpersonal relationship to reach the goal successfully
4. I can now easily able to convince the people about the health issues.
5. I can now able to do awareness program in the community efficiently.
6. I gained experience of being interact with the rural community people and their problems which I will implement for the betterment of the community

FINDINGS AND RESULT

The methods included in-depth interviews with 878 care givers, interviews and focus groups with over 170 community members in which 796 caregivers successfully convinced for the screening of their children by the mobile Health Team (MHT) of Rashtriya Bal Swasthya Karyakram and 140 community members are convinced for the same and hence screening had done for them in which the following findings were there, The formative study included a total of 878 of care givers of children who have been screened to have a birth defect or development delay, unscreened children suspected to have 4D, apparently 'normal' children, and new-borns. The study covered a diverse representation of rural population in terms of income, education, religion, and caste. Of all the care givers interviewed, nearly 60% of the caregivers had a child with 4Ds, 33% of them had children identified with developmental delays, and 22% of them had children with birth defects. CHDs was the most common birth defect (25%), and language delay was the most common developmental delay (27%).

CONCLUSION

With this study we observe that still many children are undiagnosed and deprived of treatment for curable diseases. And this hidden part of children with defects, diseases or deficiencies constitutes a major part in child mortality. Any effective health intervention will reduce both direct costs and out-of-pocket expenditure and here, Child Health Screening and promotion of Early Intervention Services is more important for improvement in health status of children. It will also be very helpful in reducing the extent of disability, in improving the quality of life and enabling all persons to achieve their full potential. The beautiful feature of the RBSK Services are continuum of care extending over different phases of the life of a child over the first 18 years. And in future days we sincerely hope that it will be further extended to cover all the children of the community through NHM.

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