



Health Awareness



For Service Providers 2014
Tamil Nadu

Circular No. 18 / 2014

RBSK Rashtriya Bal SwasthyKaryakram - Guidelines



NATIONAL HEALTH MISSION

State Health Society - TN

DMS Complex, Chennai

Circular No.18 / 2014

**Roc No: 3543 / P5 / SHS / 2014,
Dated 24.06.2014**

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DMS Complex, Chennai – 6

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"Children are our most valuable resource"

"Every journey to a long distance begins with a single step"

-Anonymous

Sub: SHS-TN – NRHM/RCHP – National initiative Rashtriya Bal SwasthyaKaryakram (RBSK) – Child Health Screening and Early Intervention Services– Regarding.

- Ref:** 1. Govt. of India D.O.Ir.No. Z-28020/145/2012-CH (pt.file), Min. of Health & Family Welfare, New Delhi.
2. G.O (Ms) No.170 /Health and Family Welfare Department, dated 14.06.2010
3. G.O (Ms) No.342 /Health and Family Welfare Department, dated 14.12.2012
4. PIP 2013-14
5. Main RoP 13-14
6. Supplementary RoP 13-14
7. This office proc. No.1578/P7/SHS/13 dt.15.7.13
8. 24th EC meeting held on 8.10.13

I would like to draw your attention to the references cited above with respect to the points mentioned in the subject.

In a vast country like India, the need for ensuring a healthy and dynamic future for a large populace and creating a developed society, agile and able to compete with the rest of the world, stands as of paramount importance. Hence distribution of available resources and focusing on equity becomes of prime importance. The dream of a healthy and developed society can be achieved through concerted efforts and initiatives undertaken in a systematic manner at all levels. ***Equitable child health, care and early detection and treatment can be the most pragmatic initiative, or rather solution, at this juncture!***

Background:

1. NRHM is committed to the reduction of underfive mortality in the country.
2. As per available estimate, 6% of children are born with birth defects and 10% children are affected with developmental delays leading to disabilities. Further 4% of under five mortality and 10% neonatal mortality is attributed to birth defects.

Objectives of RBSK

Government of India has launched a new initiative RashtriyaBalSwasthyaKaryakram (RBSK) a Child Health Screening and Early Intervention Service with the aim to screen all the children from 0-18 years for four Ds- namely,

- a. Defects at birth,
- b. Diseases
- c. Deficiencies and
- d. Developmental delays including disabilities.

The 'Child Health Screening and Early Intervention Services' Programme under National Rural Health Mission initiated by the Ministry of Health and Family Welfare, therefore, aims at early detection and management of the above said 4Ds prevalent in children.

Health screening of children is a known intervention under the School Health Programme. It is now being expanded to cover all children from birth to 18 years of age. The Programme has been initiated, as significant progress has already been made in reducing child mortality under the National Rural Health Mission. However, further gains can be achieved by early detection and management of conditions in all age groups.

Many components mentioned under RBSK are already being carried out under various schemes in Tamil Nadu namely Modified school health programme, Correction of refractive errors (KannoliKaapomThittam), Comprehensive school children Dental Programme, Congenital Defects Programme, and various other NGO schemes.

Now as per Guidelines issued by GoI under RBSK, it is proposed to bring all the programmes functioning in different scheme under one roof as RBSK.

Programme in detail:

Where will the children be screened?

a) New born till 6 weeks:

Facility based new born screening at all delivery points, by existing health manpower and home based regular post natal visits.

b) Children 6 weeks to 6 years:

6 weeks to 6 years at the Anganwadi centers

c) 6 years to 18 years:

6 to 18 years at Government and Government-aided school based screening by dedicated Mobile Health Teams.

Treatment and follow up

- a) Treatment for the children and students for minor ailments will be provided by the mobile health team.

b) District early intervention centers (DEIC)

- i. At district level, early intervention centre will be located in the Medical College Hospitals and in Districts without medical college hospital, it will be located at District Head Quarters Hospital which will provide referral support to children detected with health conditions during screening.
- ii. The children and students presumptively diagnosed to have a disease/deficiency/ disability/defect and who require confirmatory tests or further examination will be referred to the designated tertiary level health facilities through DEICs.
- iii. The DEIC would promptly respond to and manage all issues related to developmental delays, hearing defects, vision impairment, neuromotor disorders, speech and language delay, autism and cognitive impairment. This center would have the basic facilities to conduct tests for hearing, vision, neurological tests and behavioral assessment.
- iv. Besides, the team at DEICs will also be involved in new born screening at district level. The follow up has to be done by both the mobile health team and the DEIC whoever refers the case.

Operationalisation of the programme:

A. Mobile Health Teams @ 2per block in 385 blocks

1. Under this initiative it has been decided to appoint 770 dedicated Mobile Health Teams (MHT) with a separate vehicle for each team across the state apart from the existing Hospital on Wheels (HoW) vehicle to screen the children in the Anganwadicentres and in Government & Government aided Schools. Each team will have one Medical Officer, one Staff Nurse and one Pharmacist with computer proficiency for data management.
2. The vehicles will be stationed at identified locations. The MHTs will be equipped with BP apparatus with age appropriate cuff size, vision charts, reference charts, squeaky toys, bell, rattle, torch, one inch cubes etc. It will also contain equipments for anthropometry.
3. In addition, each MHT will be provided with a laptop and a data card for web connectivity and online data entry.
4. Each MHT will have a fixed tour programme and will be covering two schools per day. The Mobile Health Team will cover a minimum of 40km/day and will work for 25 days a month excluding Sundays and other Tamil Nadu govt holidays. The first school will be covered between 9 am to 12 noon and the second between 1pm to 4pm. The Anganwadicentres will be covered on the school vacation days.
5. All the children in the Anganwadi and in government & government aided schools will be screened. School dropouts and children in the village will be mobilized at identified locations in the village and will be screened too. A line list of those screened will be prepared and regular follow up will be done. Those in need of further treatment at higher centres will be referred to the District Early Intervention Centres (DEIC) housed at the Medical College Hospitals or the District Headquarters Hospital.
6. The MHT will be assisted by the field staff including the Health Inspector (HI) and Village Health Nurse (VHN) wherever and whenever necessary. The objective of forming the MHTs is to improve the quality of life of the children by early identification of any diseases, deficiencies, birth defects and developmental delays with disabilities and planning an early intervention to reduce the consequent mortality and or morbidity considerably.
7. Modified School Health Programme (MSHP), Comprehensive School Dental Programme, Correction of Refractive Errors in School children Programme (PalliSirarKannoliKappomThittam) and Congenital Defects Screening which are already running in Tamil Nadu will be brought under RBSK as a single entity.
8. The Block Medical Officers and the Deputy Director of Health Services may monitor the functioning of the MHT at the block and district levels respectively.

Duties and Responsibilities of the MHT?

- a. Preparing a detailed Fixed Tour Programme (FTP) for the team.
- b. Submitting a copy of the FTP to O/o DDHS, O/o DPH and O/o SHS.
- c. Adhering to the FTP and communicating the same to all the schools and anganwadis covered under the block.
- d. Visiting two schools per day and screening the children, class and section wise.
- e. A minimum of 50 students should be screened in each of the two sessions (forenoon and afternoon)
- f. Visiting the Anganwadis on school vacation days.
- g. Identifying school drop outs, mobilizing them at a particular location in the village and screening them.
- h. Preparing a line list of the screened children and doing routine follow up.
- i. Maintaining all the necessary registers.
- j. Providing treatment for minor ailments.
- k. Referral of children to DEIC.
- l. Online entry of daily data regularly.
- m. Furnishing reports whenever necessary.
- n. Creating healthcare awareness among teachers and students.
- o. Reporting field level difficulties immediately to the concerned officials (DDHS and BMO).
- p. Prompt reporting of any delay in start or any unexpected event.

District early intervention centre (DEIC): @ 1 per district in 31 Districts.

1. At district level, early intervention centre will be located in the Medical College Hospitals in districts with medical college and in District Head Quarters Hospital in districts without medical college. The purpose of Early Intervention Center is to provide treatment, rehabilitative and referral support to children detected with health conditions during health screening.
2. A team consisting of a Paediatrician, a Medical officer, a Dentist, a Physiotherapist, an Audiologist cum Speech therapist, a Psychologist, an Optometrist, an Early interventionist cum special educator cum social worker, two Lab technicians, a Dental technician, a System analyst and a data entry operator will be engaged to provide services.
3. The System analyst will carry out mapping of tertiary care facilities in Government institutions for ensuring adequate referral support.

What are the job responsibilities of the DEIC team?

S.no	Category	No. per unit	Duties and Responsibilities
1	Paediatrician	1	Planning intervention and deciding further treatment
2	Medical Officer	1	Screening
3	Dentist	1	Screening and treating dental conditions
4	Physiotherapist	1	Rehabilitation services
5	Audiologist and-speech therapist	1	Rehabilitation and Vocal training
6	Psychologist	1	Counseling
7	Optometrist	1	Testing for Visual acuity
8	Early intervention-ist cum special educator cum social worker	1	Planning special education for the differently abled
9	Lab technician	2	Blood sample collection and testing
10	Dental technician	1	Assisting the Dentist in dental procedures
11	System analyst	1	Mapping of tertiary care facilities in Government institutions for ensuring adequate referral support
12	Data entry operator	1	Data entry and archiving of data

District Level:

Deputy Director of Health Services of each district is responsible for the proper functioning of the programme. Routine monitoring of the mobile health teams function and strategic planning of implementation forms mainstay of their responsibility as far as the scheme goes.

Job Responsibilities:

1. Collecting the FTP prepared by each Mobile Health Team.
2. Ensuring the availability of sufficient vehicles for the teams.
3. Ensuring the working condition and the safety measure of the vehicle supplied to each team.
4. Routine monitoring of the teams adherence to the FTP.
5. Regular follow up the MHT activities.

6. Surprise visits to schools and surprise inspection of the teams function at the field level.
7. Ensuring that the MHTs start at the right time and visits two schools per day.
8. Investigating the reasons for delay in start up or poor performance of any team.
9. Monitoring the activity of the service provider and reporting to the state level unit.

District Level Committee:

District Collector	Chairman
Deputy Director of Health Services (DDHS)	Convener
Chief Education Officer (CEO)	Member
District Education Officer (DEO)	Member
District Elementary Education Officer (DEEO)	Member
Chief Education Officer, SarvaShiksha Abhiyan (CEO-SSA)	Member
PO (ICDS)	Member

The committee is supposed to meet on the first Wednesday of each month. The time and venue may be decided as per the convenience of the Chairman.

Agenda for the meeting:

1. Review of the performance of each Mobile Health Team.
2. Reviewing the number of schools visited during the month against the proportional target for the month.
3. Number of school dropout children screened per month.
4. Planning innovations in implementation.
5. Discussing and deciding on any problems identified in implementing the scheme.
6. Other issues related to the scheme.

B. State Level Unit:

For implementing, coordinating and monitoring the scheme, a state level unit will have to be established headed by the existing Additional Director of State Health Society and one consultant Paediatrician post to be created in the rank of Asst. Surgeon to CS cadre which will be filled by deputation. On the event of the vacancies not filled by deputation, then the Mission Director may be permitted to fill the posts by outsourcing

contractual / retired persons. Director of Public Health and Preventive Medicine (DPH & PM) is responsible for the overall planning, implementation and monitoring of the scheme.

Job Responsibilities:

1. Guiding in monitoring and implementation of the scheme.
2. Routine follow up of services.
3. Regular visit to the districts and field.
4. Conducting regular review of field staff, mobile team and DEIC staff.
5. Planning innovations in implementation in difficult to implement areas.
6. Monitoring the service of the service provider.
7. Evaluating the performance of the service provider and taking appropriate decisions whenever and wherever necessary.

State Level Committee:

Mission Director, NRHM	Chairman
State Programme Manager	Convener
Director of School Education	Member
Director of Elementary Education	Member
Director of Social Welfare	Member
Director of Medical Education (DME)	Member
Director of Medical and Rural Health Services (DM & RHS)	Member
Director of Public Health and Preventive Medicine (DPH & PM)	Member
Additional Director, NRHM	Member
Joint Director, Health Education Bureau (JD HEB) O/o DPH & PM	Member

Agenda for the monthly meeting:

1. Discussing about the overall performance of the district.
2. Identifying reasons for poor performance and taking remedial action.
3. Planning innovations in implementation.

C. Department of School Education, Department of Elementary Education and Social Welfare Department:

Since the scheme involves screening of school children and children in anganwadi, cooperation from the necessary departments forms the basis for the success of the programme. Complete cooperation and hassle free communication is essential and mandatory from both the sides.

All the officers are requested to adhere to the instructions and submit their report within time – Concerned HOD is requested to ensure whether all the above said instructions are carried out in time.

Sd/ ...
(Dr.C.N. Mahesvaran)
Mission Director,
National Health Mission-TN.

To

The All District Collectors
The Director of Medical Education
The Director of Medical & Rural Health Services
The Director of Public Health & Prevention Medicine
All Joint Directors in the District
All Deputy Director of Health Services
Medical Superintendent of Taluk & District Hospitals & Non-Taluk Hospitals
All Primary Health Center Medical Officers
Programme Officers and HOD's of Vertical Programme
Copy Submitted to Secretary to Government
Health & Family Welfare Department,
Secretariat, Chennai.

ANNEXURE I To MD, NRHM Circular No.18 Dated, 24.6.2014

Format to review the performance of MHT

A	Name of the district	
	Name of the HUD	
	Name of the block	
B	FTP available? (enclose FTP as annexure)	
	No. of days the vehicle was mobile in the month	
	No. of schools to be visited in the reporting month	
	No. of schools visited in the reporting month	
	No. of children to be covered in the reporting month	
	No. of children covered in the reporting month	
	No. of school dropouts to be screened in the reporting month	
	No. of school dropouts screened in the reporting month	
	Number of reviews by BMO/PHC M.O in the reporting month?	
	Drug pass book available?	
	During School Vacation	
	No. of Anganwadis to be visited in the reporting month	
	No. of Anganwadis visited in the reporting month	
C	Human resources	In position/ vacant

	Medical Officer		
	Staff nurse		
	Pharmacist		
D	Financial Performance	Human resources	Maintenance
	Amount received (in Rs)		
	Expenditure (in Rs.)		
	Balance available (in Rs.)		
E	Issues (if any)		

Note: Each MHT should submit the form every month

ANNEXURE II To MD, NRHM Circular No. 18 Dated, 24.6.2014

Format to review the performance of DEIC

A	Name of the district	
	Location of DEIC	
B	No. of children screened (enclose the list of children screened for different conditions as annexure)	
	No. of children treated (enclose the list of children treated for different conditions as annexure)	
	Number of reviews by Dean / RMO or J.D in the reporting month?	
	Drug pass book available?	
C	Human resources	In position/ vacant
	Paediatrician	
	Medical Officer	
	Dentist	
	Physiotherapist	
	Audiologist and speech therapist	
	Psychologist	
	Optometrist	
	Early interventionist cum special educator cum social worker	
	Lab technician	
	Dental technician	

	System analyst		
	Data entry operator		
D	Financial Performance	Human resources	Maintenance
	Amount received (in Rs)		
	Expenditure (in Rs.)		
	Balance available (in Rs.)		
E	Issues (if any)		

Note: Each DEIC should submit the form every month