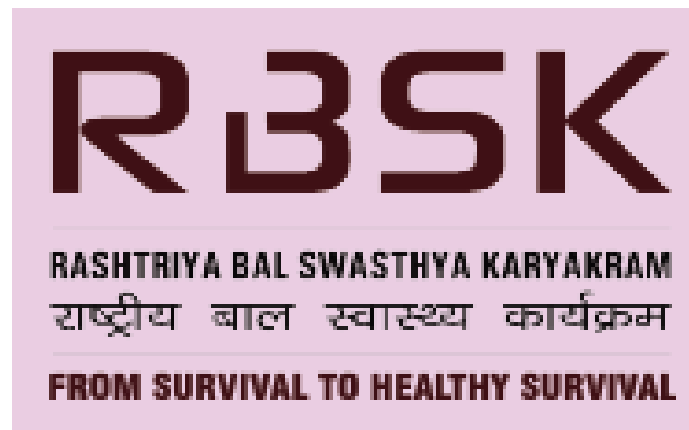
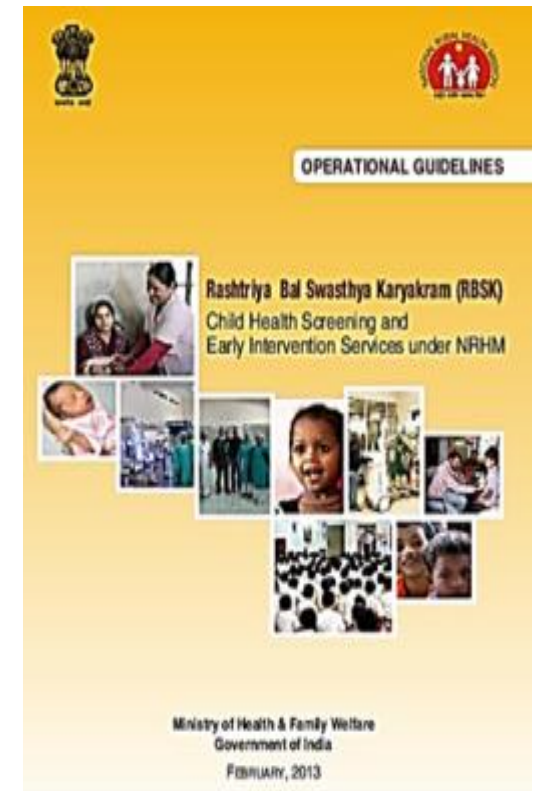


# An Overview of Child health screening and early intervention services

## Rashtriya Bal Swasthya Karyakram (RBSK) “From Survival to Healthy Survival”



- **Rashtriya Bal Swasthya Karyakram** is an initiative to improve child Survival & Quality of life.
- Systemic approach to early identification of **4Ds: Defects at birth, Diseases, Deficiencies and Developmental delays including Disabilities** in **children 0 to 18 years of age**.
- Existing **School health programme under NRHM** is now expanded to include comprehensive screening for all children: Scheme is expected to cover more than **27 crore** children in a phased manner.
- This initiative ensures free management and treatment including surgical interventions at tertiary level through NHM.



# Magnitude of 4Ds in India

## Defects at birth

- Estimated **17 lakh babies** are likely to be born with a birth defect
- Account for **9.6%** of all newborn deaths

## Diseases

- Dental caries affects **50-60%** Indian school children
- Rheumatic heart disease : estimated to affect **1.5 /1000** children

## Deficiencies

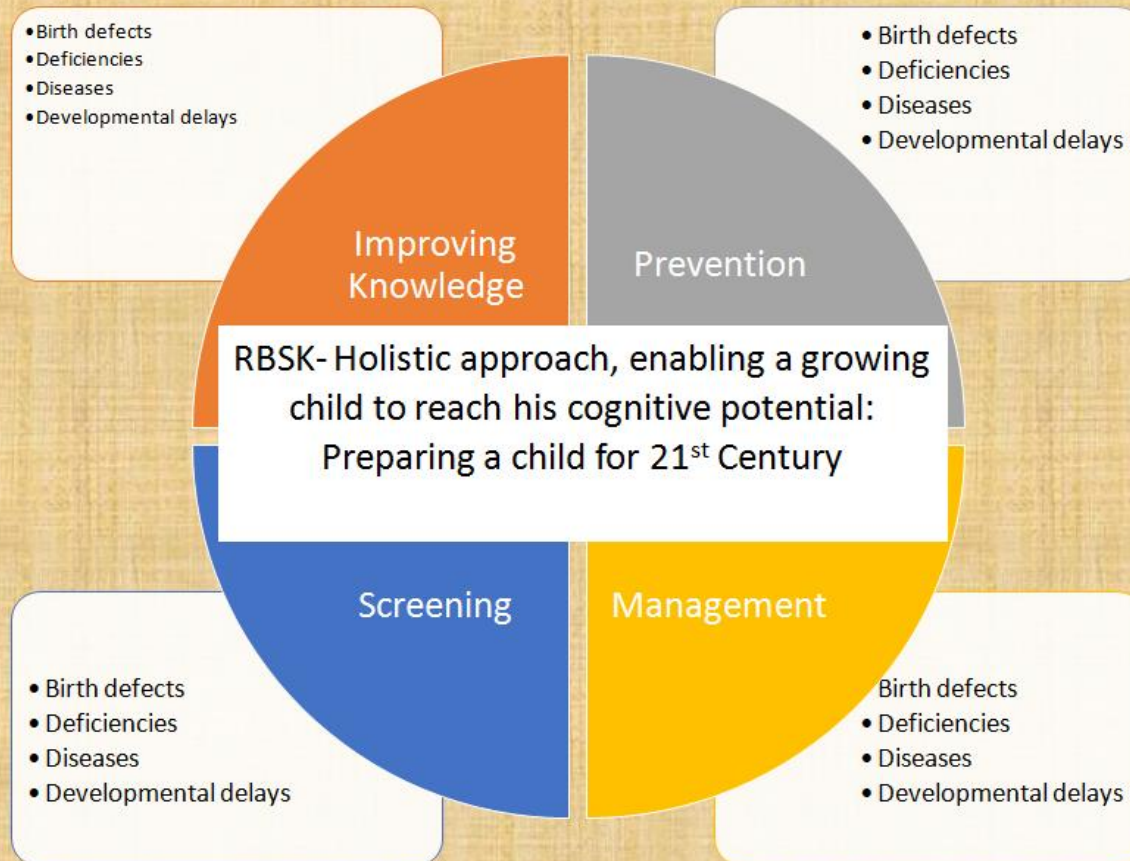
- Various deficiencies affect **4-70%** preschool children
- **70%** under five children anaemic,
- **43%** underweight

## Developmental delays & disabilities

- **10%** children are affected with development delays leading to disabilities
- **20%** of newborns discharged from SNCUs may have developmental delays

# What's new in RBSK?

- The program focuses on birth defects which contribute to almost 10% of new born deaths, their identification and quality management based on current scientific evidence at zero cost to the families. This would involve training **ASHAs, Medical Officers, Nurses, and Mobile Health Teams including AYUSH doctors.**
- Another new area of focus is management of developmental delays and disabilities which affects 10% of children below the age of 6 years through providing a **District Early Intervention Centre (DEIC)** at each of the districts in the country.



# 30 health conditions to be screened and managed

## A. Defects at Birth

1. Neural tube defect
2. Down's Syndrome
3. Cleft Lip & Palate
4. Talipes (club foot)
5. Developmental dysplasia of the hip
6. Congenital cataract
7. Congenital deafness
8. Congenital heart diseases
9. Retinopathy of Prematurity

## B. Deficiencies

10. Anaemia especially Severe anaemia
11. Vitamin A deficiency (Bitot spot)
12. Vitamin D Deficiency (Rickets)
13. Severe Acute Malnutrition
14. Goiter (Iodine Deficiency)

**30. Optional** (based on epidemiological situation and availability of testing and specialized support)  
Congenital Hypothyroidism, Sickle cell anaemia, Beta thalassemia

## C. Childhood Diseases

15. Skin conditions (Scabies, fungal infection and Eczema)
16. Otitis Media (Infection in Middle ear)
17. Rheumatic heart disease
18. Reactive airway disease
19. Dental caries
20. Convulsive disorders

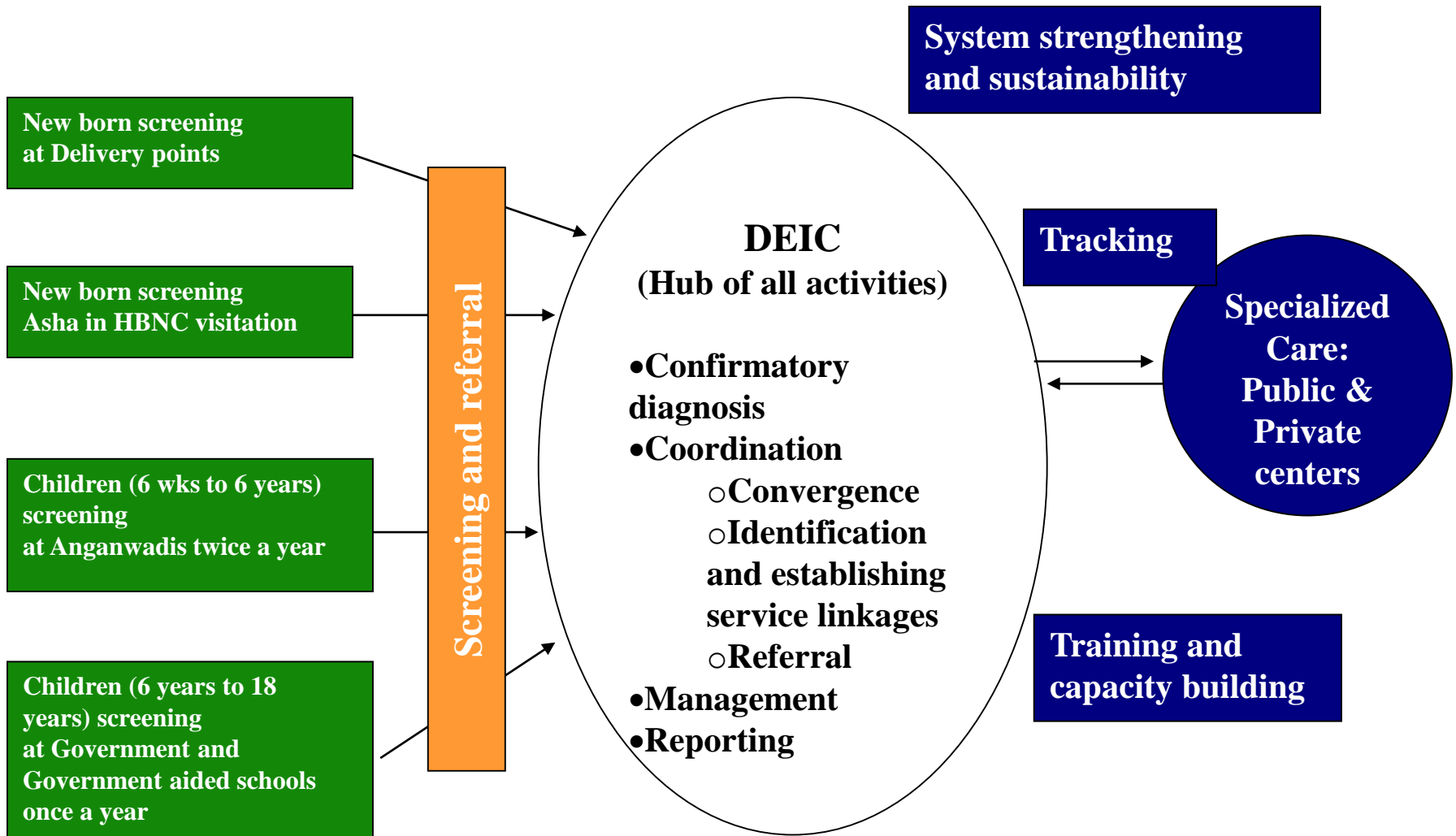
## D. Developmental delays and Disabilities

21. Vision Impairment
22. Hearing Impairment
23. Neuro-Motor Impairment

### Developmental delays

24. Motor
25. Cognitive
26. Language
27. Behaviour (Autism)
28. Learning disorder
29. Attention deficit hyperactivity disorder

# Implementation of RBSK



# District Early Intervention Centre (DEIC)

- An early intervention center is to be established at the District Hospital.
- The primary purpose of early intervention center is to identify developmental delays, their confirmation and quality management.
- The center would provide referral support to children detected with health conditions following health screening.

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## How

At the district Hospital  
As screening, facilitation and  
management facility

- Confirmation of the referred cases,
- Linkages with appropriate secondary and tertiary facilities within District and/or State,
- Provide management interventions for developmental delay and disability



# Manpower of DEIC under NHM

<b>Professionals</b>	<b>Number</b>
Paediatrician	One
Medical Officer	One
Dentist	One
Physiotherapist / Occupational therapist / Early Interventionist with Physiotherapy/ Occupational therapy background	One
Clinical Psychologist/ Rehabilitation Psychologist	One
Paediatric Optometrist	One
Paediatric Audiologist & Speech pathologist / Early Interventionist with Paediatric Audiology & Speech pathology background	One
Special Educator	One
Lab Technician	Two
Dental Technician	One
Manager	One
Data entry operator	One
Counsellor (Optional)	One

# DEIC Status in Odisha

Status	Name of the Districts
Functional DEIC	Bhadrak, Jharsuguda, Kalahandi, Kandhamal, Keonjhar, Kendrapada, Koraput, Mayurbhanj, Sundergarh, RGH, Rourkela, Sishu Bhawan, Cuttack, Capital Hospital, Bhubaneswar
Functional DEIC under Process (To be completed by January-2016)	Bolangir, Ganjam, Balasore, Puri, Sonepur, Bolangir, Raygada, Malkangiri, Nayagarh, Nabarangpur, Nuapada
Expected to be Operationalized by March-2016	Angul, Bargarh, Boudh, Deogarh, Khurda, Jajpur, Gajpati, Jagatsinghpur, Sambalpur, Subarnapur,

# Role of Functionaries of School & Mass Education:

## A. Screening:

- Block functionaries are requested to participate in the preparation of annual Micro plan of MHT school visit. MHTs to be shared school wise child strength for preparation of Micro plan.
- Joint Micro plan shared to Block level functionaries to be shared with school Head Masters at Block /cluster level meetings.
- During screening days/dates, all enrolled children to be encouraged to attend the school for ensuring screening of all children.

## Role of Functionaries of School & Mass Education:

- Space/room for screening may be arranged for screening by the concerned school and children to be arranged properly for smooth screening activity by MHT.
- Prior to visit, Children Identified with defects, deformity or suffering with any health condition may be screened on priority during screening. The list of CWSN may also be shared with MHT for their referral to DEIC.
- HM or any designated teacher of the school may support the MHT staff in conducting screening and arranging awareness session for the children.

# Role of Functionaries of School & Mass Education:

## B. Management & Follow Up of Identified cases:

- After screening of all children, MHT & School teachers to discuss on the referral of identified children to appropriate health facility.
- School staff will support MHT in the referral of the child. It is the joint responsibility of MHT & School staff for proper referral, treatment and follow up of the identified children.

## **Role of Functionaries of School & Mass Education:**

- Up to complete treatment of the child, the child is to be followed up jointly by the MHT & School functionaries.
- School staff to be in touch of MHT and DEIC for ensuring proper assessment and therapeutic services to the CWSN.
- Support of DEIC may also be sought for conducting therapeutic session for CWSN at block level.

**Thank You**