Assessment Of Annual Physical Progress Of Rashtriya Bal Swasthya Karyakram In Rajasthan

Presented by- Dr. TIKA KUMARI,(Roll-no.1644, MBA HM 27)

Under the guidance of-

Dr. Piyusha Majumdar(University Mentor) & Organization Mentor Dr. Mukesh Kumar Digarwal(programme director)

INTRODUCTION

National Health Mission-The National Rural Health Mission (NRHM) was launched on 12th April 2005 in India by the prime minister Manmohan Singh . Main aim of the programme is to address the need of affordable and quality health care to the rural population, especially the vulnerable groups. On 1st May 2013,the Union Cabinet Vide has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of the overarching National Health Mission.

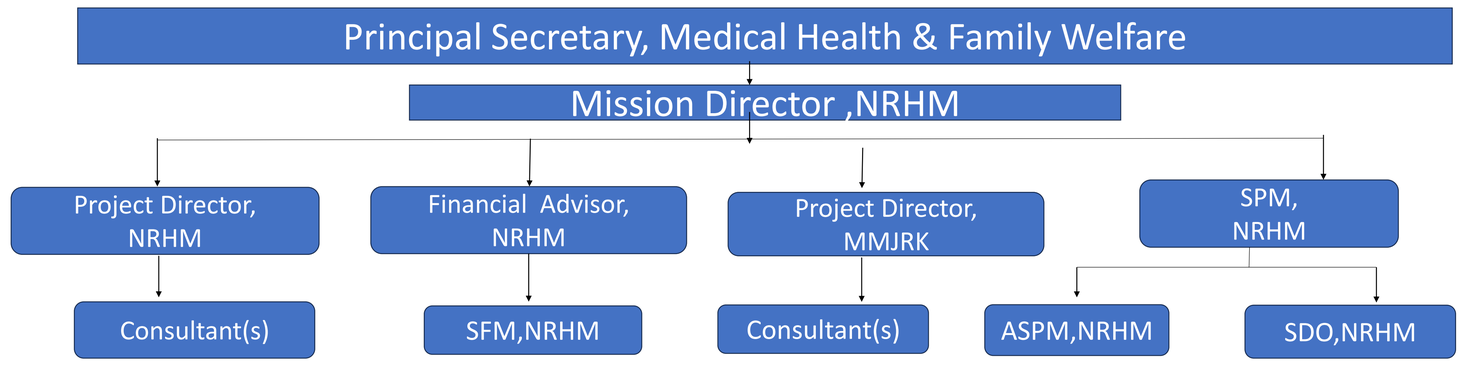
Rashtriya Bal Swasthya Karyakram (RBSK) is a program to provide the quality life to children and comprehensive care to all the children especially. The main aim of programme is screening of children from birth to 18 years of age for four Ds-Defects at birth, Diseases, Deficiencies and Development delays, under 40 common health conditions so that their early detection and free treatment and management, including surgeries at RBSK empanelled hospital .Children diagnosed with identified health conditions are treated at same time and children with major health condition are refer to DEIC(District Early Intervention Centre).

VISION AND MISSION

- To improve the overall quality of the life of children
- Enable a systematic approach to Child health screening and early intervention.
- This initiative ensures free management and treatment including surgical interventions at tertiary level through National Health Mission.

PRACTICAL EXPOSURE	THEORETICAL UNDERSTANDING
Field visit at Anganwaadi and able to understand the service provided under programme from grass root level.	Theoretical learning about the programme
Met Mobile Health Team and observe how they screen children.	Theoretical learning of screening procedure and criteria for treatment on spot and criteria to refer children to District Early Intervention Centre.
Visit the District early intervention Centre of Jaipur, met with human resource, collect the secondary data and observe how they maintain record of treater, referred and follow up children.	Learn how District Early Intervention Centre did their work, human resource , how the tackle the referred children of different area and age group.

ORGANISATION SRTUCTURE



SWOT ANALYSIS

STRENGTH

- Regular screening
- Early detection
- Community awareness
- Reduction of child mortality
- Trained health professional

WEAKNESS

- Consistent Follow up
- Infrastructure
- Insufficient Human Resource
- Limited reach
- Inadequate Monitoring

OPPORTUNITY

- Comprehensive healthcare services
- Universal access to healthcare
- Data collection and research.
- Strengthening health care infrastructure.

THREAT

- Insufficient funding
- Weak referral system
- Political and administrative factors
- Limited coordination between different stakeholders

CHALLENGES

- Lack of awareness among the target population effect the work efficiency.
- Hot weather
- Long distance from residence.
- Long ways during field .
- Adapting to the work environment and culture.

OBJECTIVE

- To conduct a thorough assessment of the annual physical process From 2018 To 2023 within the RBSK(Rashtriya Bal Swasthya Karyakram) program in Rajasthan) programme, analyzing its implementation and quality in Rajasthan.
- To determine the number of available human resources within the Mobile Health Team of RBSK(Rashtriya Bal Swasthya Karyakram) program in Rajasthan).
- To locate and retrieve the referred cases from District Early Intervention Centre of the RBSK(Rashtriya Bal Swasthya Karyakram) program in Rajasthan.

LEARNING

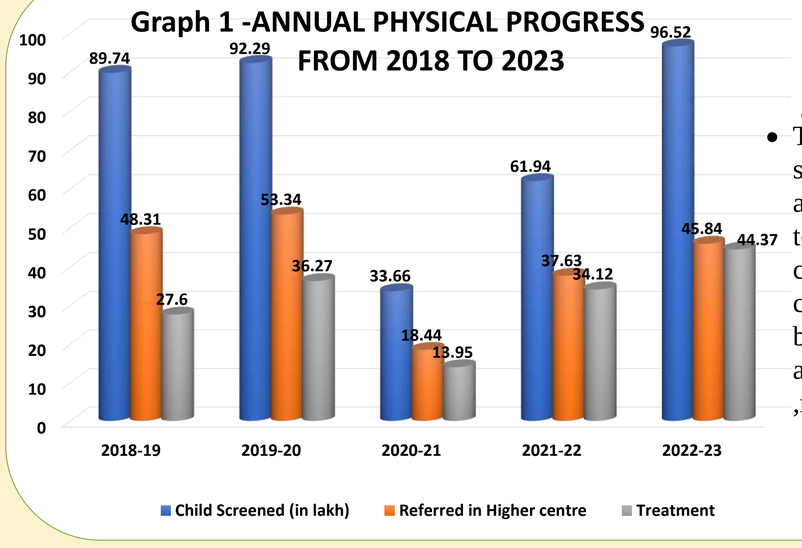
- Learnt about the Programme their vision and mission.
- Learnt how secondary data compilation of physical progress report and analysis of data from 2018 to 2023
- Learnt how screening of children is done and what is the criteria to refer children to District Early Intervention Centre
- Learnt about the role of District Early Intervention Centre, Mobile Health Team.
- Learnt how District Early Intervention Centre tackle the referred children and how they maintain record of treated , refer and follow up children

FIELD VISITS

At Anganwaadi (with Mobile Health Team)

At District Early Intervention Centre of Jaipur

Graph 1 -ANNUAL PHYSICAL PROGRESS FROM 2018 TO 2023



FINDINGS-

- There is increase in the number of screening of children ,refer cases and treatment from the year 2018 to 2019 but after 2019 due to the covid the rate of screening ,refer cases and treatment was reduced but after the year 2021 there is again rise in the rate of screening ,refer cases and treatment.

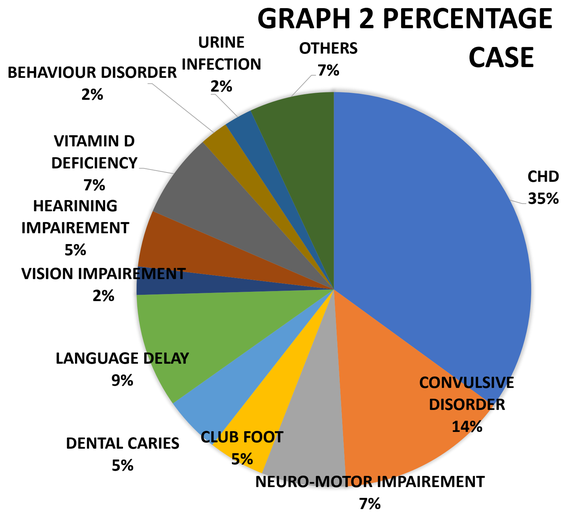
USEFULNESS OF INTERNSHIP

- Practical exposure about the organization
- Understanding Public Health Systems
- Enhanced learnings
- Building professional network .
- Enhance wide range of skills.

SUGGESTION

- Ensuring the availability of necessary and new medical equipment, diagnostic tools, medicines, and trained healthcare professionals.
- Regular training should be conducted twice a year or annually for healthcare professionals involved in Rashtriya Bal Swasthya Karyakram) program in Rajasthan.
- Recruitment of Human Resource require as per norm

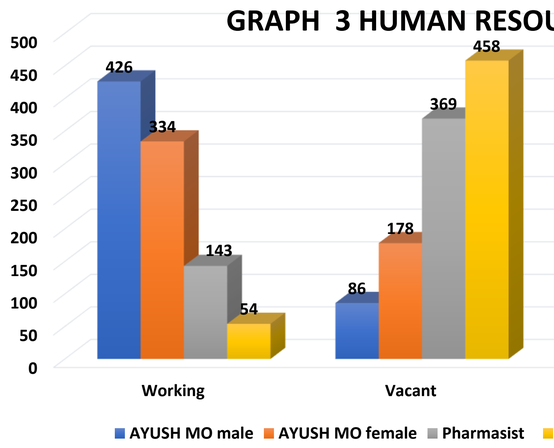
GRAPH 2 PERCENTAGE OF REFERRED CASE



FINDINGS-

- Representation of referred cases of screen children at District Early Intervention Centre in the form of pie chart (total cases are 118 in which 45 are referred cases under RBSK).

GRAPH 3 HUMAN RESOURCE Within MOBILE HEALTH TEAM



FINDINGS-

- This graph shows the current status of human resource within Mobile Health Team team of Rajasthan.
- There are 512 sanction post Comparison to sanction post the working post of Auxiliary nurse midwife and pharmacist is low.