SYNOPSIS

ASSESSING THE EFFECTIVENESS OF THE RBSK PROGRAM: CAREGIVER ADHERENCE TO REFERRAL ADVICE AND SERVICE UTILIZATION FOR CHILDREN WITH DISABILITIES IN RAJASTHAN

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Title:
Assessing the effectiveness of the RBSK program: Caregiver adherence to referral advice and service utilization for Children with Disabilities in Rajasthan.

Introduction:
Launched on April 12, 2005, the National Rural Health Mission (NRHM) addresses the need for affordable and quality health care for rural populations, especially vulnerable groups. The National Urban Health Mission (NUHM) was added as a sub-mission on May 1, 2013. The Rashtriya Bal Swasthya Karyakram (RBSK) aims to screen children from birth to 18 years for four Ds—Defects at birth, Diseases, Deficiencies, and Development delays—under 40 common health conditions, ensuring early detection and free treatment, including surgeries at empanelled hospitals.

Literature Review:
Implementation of RBSK in Rajasthan
The RBSK program in Rajasthan has been operational since 2013. The state has established a structured framework comprising mobile health teams, dedicated RBSK managers, and District Early Intervention Centers (DEICs). The primary activities include regular health screening of children in schools and Anganwadi centers, referral services, and follow-up treatments.

Screening and Intervention Statistics
Data from various annual reports and research studies indicate that Rajasthan has made significant progress in reaching out to children across rural and urban areas. For instance, the National Health Mission's 2018-2019 annual report shows that approximately 70% of the targeted children were screened under RBSK. The health issues identified ranged from congenital anomalies to nutritional deficiencies and developmental delays.

Early Intervention Services
Early intervention is a cornerstone of the RBSK program, aimed at addressing identified health issues promptly. DEICs in Rajasthan have been pivotal in providing specialized care, including speech therapy, physiotherapy, and nutritional support. According to the NHM Rajasthan report (2019-2020), DEICs have managed to deliver substantial interventions, with over 60% of referred cases receiving necessary treatment within six months of identification.

Challenges in Implementation
Despite significant achievements, the RBSK program in Rajasthan faces several challenges:

Infrastructure and Resource Constraints: Limited medical infrastructure and shortages of trained healthcare professionals in remote areas impede the program's efficacy.

Follow-up and Continuity of Care: Ensuring continuous follow-up and adherence to treatment plans for referred cases is challenging, particularly in rural regions.

Awareness and Community Participation: There is a need for greater community awareness and involvement to enhance the program's reach and effectiveness

Comparative Analysis
Comparative analysis with other states shows that while Rajasthan has a robust screening mechanism, the intervention and follow-up processes need strengthening. States like Tamil Nadu and Kerala, with more developed healthcare infrastructure and higher levels of community participation, show better outcomes in early intervention services.

Outcomes and Impact
The RBSK program has had a notable impact on child health outcomes in Rajasthan. There has been a documented decrease in the prevalence of untreated congenital disorders and nutritional deficiencies. The program has also facilitated early educational interventions for children with developmental delays, contributing to improved school performance and reduced dropout rates.

Policy Recommendations
To enhance the effectiveness of RBSK in Rajasthan, the following policy recommendations are proposed:

- Strengthening DEICs: Increase the number and capacity of DEICs to manage the higher volume of cases efficiently.
- Capacity Building: Regular training programs for healthcare professionals and community health workers to improve screening accuracy and intervention quality.
- Integrated Health Services: Foster integration with other child health programs to ensure comprehensive care and efficient use of resources.
- Enhanced Monitoring and Evaluation: Implement robust monitoring and evaluation mechanisms to track program progress and outcomes accurately.

Objective:
This study aims to evaluate how caregivers follow and adhere to referral advice given through the RBSK program. The overarching goal is to evaluate the effectiveness of the current community-based screening and district-based intervention service model for children with disabilities, focusing on factors influencing caregiver decision-making and service utilization

Research Methodology:
This study primarily aimed at determining caregiver uptake and compliance to referral advice of the RBSK, with the larger goal of determining the utility of the community-based screening and district-based intervention service model for caregivers of children with disabilities.

Design of Research:

The research employed a descriptive cross-sectional design.

Assessment involves anthropometric measurements, head to toe clinical examinations, and age-appropriate screening as per established guidelines for developmental delays

and neuromotor impairment (Ministry of Health and Family Welfare, 2013b). Caregivers may or may not be present during screening. Telephone numbers of caregivers are recorded and mobile teams/AW workers/ school teachers contact and inform the caregiver about the suspected condition and the next steps of the referral process.

Caregivers are referred to the nearest tertiary-level facility or the district hospital or the DEIC in Jaipur, Rajasthan. For the first visit, they are provided with transportation to the facility, met by doctors from the RBSK team and supported in understanding the diagnosis. Children requiring medical care are provided with free surgery/ other interventions through general tertiary care services at government hospitals. For specialist care, hospitals with the requisite skills and infrastructure have been empanelled under the RBSK programe. Physical and other therapies are provided at the DEIC in Jaipur, which also has a pediatrician for evaluation of referred children. Once the diagnosis and treatment plan have been decided, the subsequent steps of the treatment/ rehabilitation process become the responsibility of the caregivers.

Sample size:

The study included 115 caregivers of children with disabilities who were referred by the RBSK program. This sample size was determined to provide sufficient statistical power for analyzing uptake rates, compliance behaviors, and barriers to accessing recommended treatments and interventions.

Methodology of data collection:

Caregivers were contacted by the RBSK mobile team.
A semi-structured questionnaire was used to collect data on:
(a) whether the caregiver was aware of the child's health issue, and whether any treatment had been sought prior to the RBSK screening
(b) actions taken after receiving the referral advice from the RBSK team
(c) current medical care and therapies being provided to the child and
(d) reason for non-compliance or discontinuation of treatment. Data was entered and analysed in Microsoft Excel, and described using simple proportions.

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Previous research articles on NRHM and RBSK:

Singh, A., & Gupta, N. (2020). Evaluating the impact of Rashtriya Bal Swasthya Karyakram on child health in India. Journal of Public Health Research, 9(1), 12-21. https://doi.org/10.4081/jphr.2020.1734

Patel, R., & Sharma, S. (2019). Challenges in the implementation of RBSK: A case study of Rajasthan. Indian Journal of Community Medicine, 44(2), 123-128. https://doi.org/10.4103/ijcm.IJCM_194_18

Field visit notes and interview transcripts with Mobile Health Teams and DEIC staff.

Field visit notes and interview transcripts (2023). Conducted by Research Team in Rajasthan, India.