MASTER OF PUBLIC HEALTH

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Management of Training under Rashtriya Bal Swasthya Karyakram in Rajasthan: A Study

Practicum Report by

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2013-2015

Abstract

Need for proficient regular training for all the involved medical staff working for the ongoing "Rashtriya Bal Swasthya Karyakaram" (RBSK) program has come out as the key. This practicum project aims at measuring the depth or effect of training provided under this program since training is a continuous process; retention of already trained staff has always been an issue in the government sector.

The objectives of this study are: (i) Training for capacity building of the field workers/ front line workers, (ii) Understand the program (how different this program is from the previous programs). (iii) AYUSH doctors involvement. The project is based on interviews made with the master trainers for RBSK and AYUSH doctors involved in RBSK program. These interviews were done on the basis of a format dedicated to know the standards of training given, views about the training and the scope of improvement of this training. The interviews made were the major challenge as most of the doctors were busy in not only RBSK program but were also involved in other national programs like Pulse polio immunisation, etc. The results from interviews were analysed separately for MT's and AYUSH doctors to identify the lacunas during their training period and efforts were made to identify the missing links and to address the same what is feasible.

Acknowledgement

This project would not have been possible without the support of Dr. Nutan P. Jain, who is also the advisor for this Practicum project. Dr. Jain's sincere efforts in explaining the subject and the related topics helped me to accomplish each step through the project. Thereby I extend my sincere thanks to Dr. Jain, for her active involvement right from the beginning of the project. Also I am grateful to the entire IIHMR faculty for being extremely helpful throughout my practicum project.

I am grateful to Shri Naveen Jain, MD NHM & RMSCL, for allowing me to conduct this study from his good office and permitted me to take necessary help from other office bearers.

I am also extremely thankful to Dr. V. K. Mathur (Dir. RCH), Add. Director, RCH and all associated staff of Medical Directorate for their cooperation and whole hearted support during this project.

Lastly thanks to AYUSH Doctors who participated in this study and for providing me information and recollecting project data which I consider as the most difficult task accomplished in a short time.

Contents

Practicum

Practicum is a requirement to complete MPH course. In the second year of the course the students is supposed to get exposure of the real world. Government of Rajasthan has launched a new program related to children, namely Rashtriya Bal Swasthaya Karyakram and therefore, training under the program was reviewed for the purpose.

Introduction

Children are the future of our country and so it is necessary to start taking necessary measures to improve health and behaviour of our future generation. According to SRS 2012 the infant mortality rate in Rajasthan State is 52, urban-32, rural-57. As per the RBSK guidelines issued by government of India in 2013, it is reported that 6% of children are born with birth defects, 10% children are affected with development delays leading to disabilities. In all, there are more than 15 lakh new-borns with birth defects annually. Further, 4% of under mortality and 10% of neonatal mortality is attributed to birth defects. Therefore, the RBSK is one of the most important programs under NRHM. In any new program, training of the service providers is an important component, and therefore, the study was taken on training under RBSK.

Objectives of the study

The objectives of the study are:

- To review the RBSK training plan and its management plan
- To study the implementation of RBSK training
- To identify areas to strengthen capacity of trainees and trainers in future.

Methodology

The following steps were taken to complete the practicum.

- The study has been planned to visit each Master trainer in person and also selected AYUSH doctors who are directly involved in this project. Special attention was taken not to pressurize the doctors while asking those questions related to their profession. It was also discussed that no information would be shared to the higher authorities and names will not be disclosed.
- The check list for each section was different and had its own purpose as both the groups had different tasks to perform.
- Interview with training managers, trainers and trainees – interview schedule along with informed consent
- Special efforts were made to schedule the meeting as per the convenience of the respondents so that correct data may be registered from them. However additional director RCH, who is directly monitoring this program, was asked for permission before starting any of the interviews.

Ethics consideration:

The ethical consideration for this study will be voluntary participation, privacy, confidentiality only use for research purpose. No risk will be involved as the responses/

findings will not be shared with officials by name. Anonymity, as data will be compiled and results will be shared as a group.

RBSK: An Overview

Government of Rajasthan is committed to provide sufficient health security and improving the health status of the child population between the age group 0 to 18 years under Rashtriya Bal Swasthya Karyakaram (RBSK). The children are selected and checked in all the government schools, Anganwadi centers via mobile health camps. Mainly the focus of this program is on indentifying four D's – Birth defects, Deficiencies Diseases, Development delays and Disabilities and simultaneously addressing/treating these problems.

If any child between the specified age group is found suffering with any of the 30 diseases already identified then referral system along with the treatment expenses will be borne by the government. If any surgical interventions are required during the diseases process that expenses will also be borne by the government.

Launching of RBSK in Rajasthan

Rashtriya Bal Swasthya Karyakram (RSBK) was launched in Rajasthan from 14th Nov. 2014, Bal Diwas (children's day) in a phased manner. In the first phase RBSK was launched in nine high priority districts, three tribal districts and eight zonal headquarters. In rest of the districts this program was launched in school health program.

Achievements of the program at a glance

In this program total 33901 Anganwadi centres and 48532 government schools have been identified where all the children are been checked. It is been estimated that total One crore children will be benefitted under this scheme.

Although the guidelines were made in Feb. 2013 and funds were transferred to the state government in April 2014, but this scheme started its function in all 34 districts from 14.11.2014.

At present RBSK started with all the seven zone headquarters (Ajmer, Bharatpur, Kota, Jodhpur, Jaipur I and II and Udaipur), also started at the priority districts like Banswara, Barmer, Bundi, Dholpur, Dungerpur, Jaisalmer, Jalor, Karoli and Rajsamand, also included tribal belt like Baran, Pratapgargh, Jaisalmer and Sirohi. At all these 20 districts 2-2 mobile health teams were formed and trained centrally, these teams as per the micro plan will work at their respective prescribed area curtailing government schools and Anganwadi centers. These teams are trained to identify the children suffering from these 30 diseases and refer them to their nearest possible PHC/CHC/District Hospital/ Medical College. At present these teams are using 104 Janani express, Government ambulance and other vehicles free of cost.

The present situation at the Rajasthan State level following results has been attained after the launching of RSBK:-

- As per the data available till date these teams have checked 283300 children and referred 27334 children for their treatment to the respective health centers.
- At present across the state 250 such kinds of Mobile Health teams have been formulated.
- Each mobile Health team has 1 AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy, abbreviated as AYUSH doctor is a governmental body in

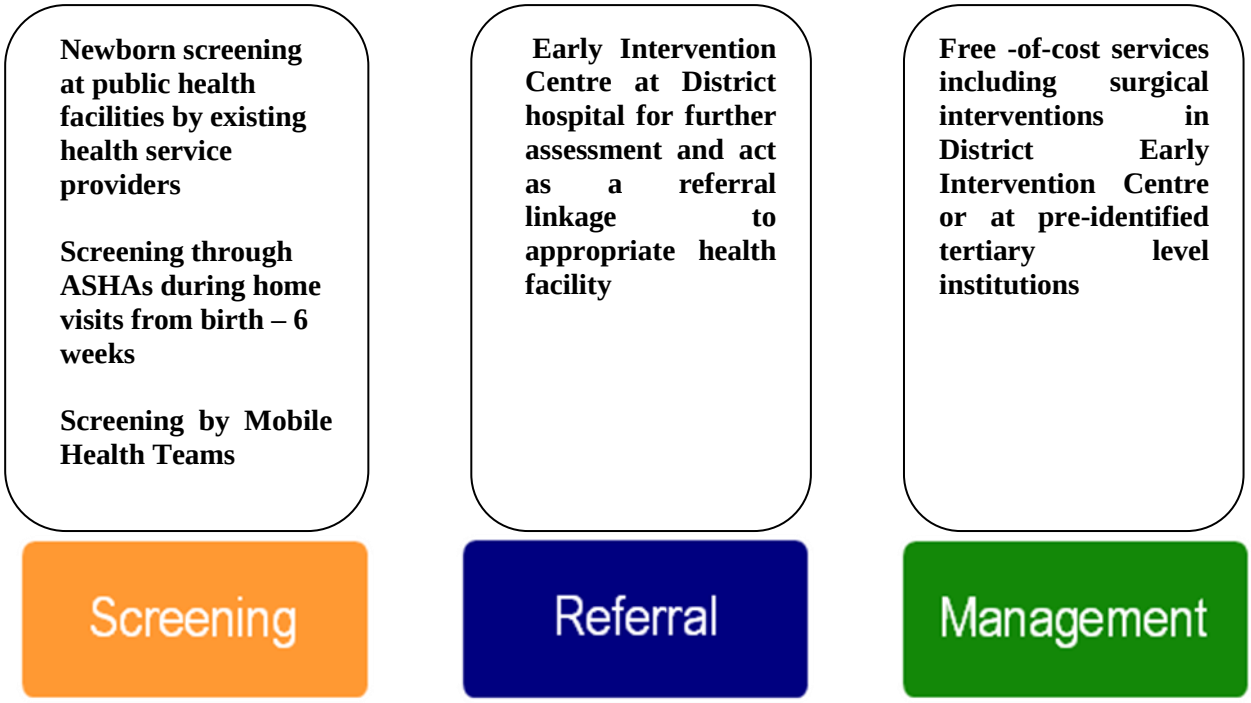
India purposed with developing education and research in ayurveda Indian traditional medicine, yoga, naturopathy, unani, siddha, and homoeopathy, and other alternative medicine systems) and 2 paramedical staff has been identified.

- These health teams were selected at directorate level in three different phases. In the first phase 64 teams were trained by SIHFW and the second phase 140 teams and in the third phase 70 teams were trained by SIHFW.
- At all the districts, one District AYUSH Coordinator and one BSK nodal officers and one additional AYUSH doctor have been identified as additional nodal officer.
- For all the mobile health teams government vehicle had been provided and all the district nodal officers RBSK have been ordered to strictly monitor this program.
- All the district health facilities are also ordered to treat these referred patients on priority.
- All the facilities of transportation and treatment are free of charge to all the identified children.
- All the essential drugs are made available for all the mobile health teams for free treatment of these children.
- Posters, Banners, Referral Cards, Screening cards, Stickers, Broachers , mobile health registration and other IIC materials are made available at all the districts across the state.

Paraphernalia under RBSK

All the equipment and instruments necessary are already made available for these mobile health teams for the check up/ identification of these children.

Working flow diagram showing implementation mechanism of this program:-



Goals of DEIC:-

Sr. No.	The broad goals and services for DEIC include:
1	Screening of Children from Birth-18 Years for 4D's
2	Early Identification of Selected Health Conditions
3	Holistic Assessment
4	Investigations
5	Diagnosis
6	Intervention
7	Referral
8	Prevention

Sr. No.	The team screens and identifies any 4Ds, those are:-
1	Defects at Birth
2	Deficiencies
3	Diseases
4	Developmental delays including disabilities

Such screened children by these teams are referred to DEIC (District Early Intervention Center).

These DEIC are consisting of team as under:-

Sr. No.	DEIC Specialists Team	Number	Frequency of visits
1	Paediatrician	1	Full Timer
2	Medical Officer	1	
3	Dentist	1	
4	Physiotherapist / Occupational therapist / Early Interventionist with Physiotherapy/ Occupational therapy background	1	
5	Clinical Psychologist/ Rehabilitation Psychologist	1	
6	Paediatric Optometrist	1	
7	Paediatric Audiologist & Speech pathologist / Early Interventionist with Paediatric Audiology & Speech pathology background	1	
8	Special Educator	1	
9	Lab Technician	2	
10	Dental Technician	1	
11	Manager	1	
12	Data entry operator	1	
13	Counsellor (optional)	1	
14	Nutritionist	1	
15	Paediatrician trained for ECHO in smaller children	1	
16	Nurses	2	

DEIC Specialists required on "as and when required basis":-

Sr. No.	DEIC Specialists Team	Number	Frequency of visits
1	ENT specialist	1	2 times a week
2	Ophthalmologist	1	2 times a week
3	Orthopedic specialist	1	2 times a week
4	Neurologist	1	1 times a week
5	Psychiatrist	1	2 times a week
6	Group D staff, for cleaning	1	All days a week
7	Volunteers	1	All days a week
*Visiting Medical specialists- Will have to visit DEIC esp. for children from birth to 6 years. Do not ask younger children to attend specialist OPD along with older children			

These centers are aim at detection of defect and minimize disability through intervention.

MHT (Mobile Health Teams):

Block level Mobile Health Teams (MHT) of RBSK:-

Block level MHT of RBSK		
S. No.	**Member**	**Number**
1	**MOs (1 Male, 1 Female) , could be AYUSH at least with a bachelor degree from an approved institution**	**2**
2	**ANM/SN**	**1**
3	**Pharmacist* with proficiency in computer for data management**	**1**
***In case a pharmacist is not available, other paramedics – Lab Technician or ophthalmic assistant with proficiency in computer for data management is considered.**		

Out of 30 diseases few diseases patients were identified like:

Talipes (Club foot), Cleft palate and lip, Dental Caries, Severe acute malnutrition, Down's syndrome.

Most of the reports are coming for these above mentioned diseases which reflect the level of understanding of MHT after training. Therefore suggestion of MT may be incorporated for future improvements if planned by the government.

Training under RBSK

The master trainers were trained to only train the AYUSH doctors whereas the AYUSH doctors were required to head the mobile health team (MHT) and identify the patients, guide them to appropriate health facility and also provide mobility support to child and relatives.

Initially in three batches these doctors were trained at State Institute of Health and Family Welfare (SIHFW). Mainly the focus of the training was identification of thirty diseases

amongst the children between the age group of 0-18 yrs. The training TOT (Training of Trainers), was intended to focus mainly on Aganwadi and schools and if required, train the ANM's who would further help in delivering services of this program.

Training for capacity building of the field workers/ front line workers: -

ANMs who were identified as one of the front line workers, involved in screening the children if non availability/non performing AYUSH doctors at these centers for 30 identified diseases under RBSK.

Understand the program (difference from the previous programs): -

Under RBSK a multitasking team has been prepared, which will identify children between 0 to 18 years age group with 30 most susceptible diseases.

All the medicines, equipment required to give primary treatment to identified child, transportation of the effected child to the required health facility is free.

As per WHO, early detection and early intervention will minimize disabilities among growing children. Also it was inferred that, these defects or developmental delay under these 30 identified diseases leads to functional disability and these functional disability in turn lead to handicap if not addressed adequately.

The burden of this handicap is borne by the family and also by society.

A team of 1 AYUSH doctor and 2 such paramedical staff has been identified under RBSK for DEIC (District Early Intervention Center).

At present 250 such team have been trained and deployed in field. Till date reports from only 20 districts are been received, due to lack of manpower this program is yet to be initiated in other districts.

Results & Discussion:

The results are divided into two parts as the study was conducted looking to different aspects one master trainers point of view and other one is from the field workers view.

Looking to the vast area of the state to cover and being headquarter, Jaipur zone was chosen for study. The study was conducted with

- State level Master Trainers: All five Doctors were interviewed and final inference sheets were made (Annexure I)
- Trainees: 10% of the trainees (AYUSH + paramedical) i.e. out of 250 AYUSH doctors 23-25 doctors were interviewed and final inference sheets were made (Annexure II)

MT

The first line of trainees were Master Trainers, all five trainers were given special training in Chandigarh by specialized doctors. All these MI's were keenly involved in the training program, as everyone participated wholeheartedly in preparation of training modules, slides, practical training on equipment and instruments to be used in screening of patients and also during primary treatment.

Profile of MT

All the five master trainers were doctors on permanent pay roll of government and were from different fields and gender. Like four were mail doctors and one female, one pediatrician, two public health specialist and two general physicians. This diversified field doctors were just picked up by senior authorities voluntarily.

Key results

- The training should be conducted on regular basis, in small batches, in native language and should be done preferably at the respective district. Since each block / MHT had its own reservations and problems and accordingly the training should be planned.
- More funds exclusively for arrangements of training should be made so that good sense of training may be established amongst the trainers and trainees.
- Staff, equipment and instruments requirements should be ascertained for the ongoing program

Trainees

The second lines of trainee were AYUSH doctors, in all 250 doctors were trained throughout the state. These doctors were trained who would further form mobile health teams to identify children affected with 30 categorized diseases. These doctors have a staff of 3-4 ANM/Pharmacist, whom they would train for accomplishing their task at their respective districts.

Profile

All the trained AYUSH doctors were on permanent payroll of government and had more than three years of experience. They used 104 vehicles as mode of transportation both for mobile health team and for referring patients to the higher health institute.

Key results

- Regular monitoring of working at field level should be done. The trained AYUSH doctors who are The RBSK trained team has to perform other duties like that of a Medical officer which dilutes their dedication towards their primary goal. This was due to lack of staff.

  Therefore a separate wing for RBSK should be made in all the district hospitals and new recruitments of staff exclusively for RBSK referred children should be done. Deputing Informatics Assistants (IA) and ANM who can keep records

  Incentives like free mobile etc. should be given to all the workers involved under RBSK.

- Regular ongoing training for AYUSH doctors and DEIC staff should be scheduled at regular intervals. DEIC should be established as per the guidelines, so that children get treatment on time.

- Coordination of three departments: - Medical and Health, ICDS (Integrated Child Development Services) and Education Department will help is success of this program.

Conclusion

MT (Master Trainers):

- Separate dedicated teams especially for RBSK to improve interest in tasking and working.
- District early intervention Center (DEIC) must be established at the earliest with full staff and well equipped as per the center guidelines.
- Limit number of trainees in each batch for more interaction and better learning.
- More number of days shall be given so that disease identification becomes easy.
- The modules must be in Hindi or local/native language.
- Training should be repeated every year, for better orientation.

What are requirement for RBSK training in future?

Before launching any scheme at a large scale, government agency should pilot the project with dedicated team involvement. Fixing responsibility by scheduled monitoring with appropriate action for any misconduct will sure display improvements in the future.

- To review the RBSK training plan and its management plan

Through interviews of MT and AYUSH doctors, guidelines issued by GOI for implementation of RBSK, training methods and its management was studied. It was inferred that the trainings made were satisfactory with some reservations like mode of language used for training and number days for training should also be increased.

- To study the implementation of RBSK training

Due lack of dedicated team for RBSK, proper expected outcome is yet to be seen. However it was inferred my interview that most of the AYUSH doctors needed training again. As after working in field many practical problems were faced by them which are to be addressed soon.

- To identify areas to strengthen capacity of trainees and trainers in future.

Positives: most of the patients identified were getting benefits through RBSK team.

Capacity building to successful implementation of RBSK by AYUSH doctors had given a new breakthrough for these doctors. Now they have a definite task to perform and submit results on weekly basis.

Otherwise AYUSH doctors were not performing well before the lunching of RBSK.

Through RBSK training, quality of training was crucial to produce competent personnel like AYUSH who are also supposed to train further. If they are not competent and willing to do the program proper results could not be expected. Therefore training of AYUSH doctors is the "Focal Point" for this program.

Annexure I

Compiled Sheet after analyzing filled sheets Master Trainers under RBSK

Identification

1.1 Name of Trainer: - Dr. Janardan Sharma, Dr. Jalaj Vijay, Dr. Rajesh Chavada, Dr. Sonica Sharma, Dr. Devendra Sharma

1.2 Sex of the trainer: - Four male doctors and one female

1.3 Designation: - Medical Officer, Nodal officer RBSK, JD (H A.), nodal fluorosis, Practicing Pediatrician, Nodal Officer Cold Chain Officer

1.4 Place of Posting: - Jaipuria District Hospital, Jaipur, Medical Directorate, NHM, Gandhi Nagar Dispensary Jaipur Deputation (Beelwa) Posting.

1.5 Professional Qualifications:- M.D. Pediatric, MBBS, Master's in global & Health & development, ULL, London, DMCH, Certificate Course in Health & Family welfare

1.6 Any relevant professional training: - RBSK TOT at Chandigarh, Professional dev. course (IHMR & UOR), IMMUNIZATION, RBSK TOT.

1.7 Area of interest/ specialization: - Public health & child health, Maternal and child Health, - Child Health Dist. trainer pulse polio Measles, Pediatrics

1.8 Training/Teaching Experience (Years):- 3 – 25 years

1.9 Topics/ Modules covered by you:-

- Introduction of RBSK,
- Basic Genetics,
- Developmental Displasia of Hip (DDH)
- Learning Disabilities
- Adolescent Health,
- Anthropometry and Nutritional Deficiencies,
- Cleft Lip,
- Vitamin A deficiency & Vitamin D deficiency,
- Goitre,
- Relative air way disease
- Neuromoter impairment
- Vision impairment,

- Attention deficit disorder (ADD),
- Planning and conducting.

Training Participation

2.1 Type of Training you were involved in:

AYUSH Doctors	(1)
Medical Officers	(2)
RBSK Nodal officer	(3)
Other (specify)	(4)

AYUSH Doctors and RBSK nodal officers were involved

2.2 Number of Sessions

Category of Trainees	Module / topic Taught	No. of Sessions	Duration (in minutes)			Methodology used
			Actual	Desired	Gap	
AYUSH Doctors	All the Modules/ topics were covered including following diseases:- 1. Neural tube defect 2. Down's Syndrome 3. Cleft Lip & Palate / Cleft palate alone 4. Talipes (club foot) 5. Developmental dysplasia of the hip 6. Congenital cataract 7. Congenital deafness 8. Congenital heart diseases 9. Retinopathy of Prematurity 10. Anaemia especially Severe anaemia 11. Vitamin A deficiency (Bitot spot) 12. Vitamin D Deficiency, (Rickets) 13. Severe Acute Malnutrition 14. Goitre 15. Skin conditions (Scabies, fungal infection and Eczema) 16. Otitis Media 17. Rheumatic heart disease 18. Reactive airway disease 19. Dental conditions 20. Convulsive disorders 21. Vision Impairment	Daily 4 sessions spread over 5 days	8 hrs	8 hrs	Gap for lunch and tea	PPT, Questioner, Instruments

	22. Hearing Impairment 23. Neuro-motor Impairment 24. Motor delay 25. Cognitive delay 26. Language delay 27. Behavior disorder (Autism) 28. Learning disorder 29. Attention deficit hyperactivity disorder 30. Congenital Hypothyroidism, Sickle cell anemia, Beta thalassemia (Optional)					
Medical Officers						
RBSK Nodal officer						
Other (specify)						
TOTAL						

Training of Trainers

3.1 Have you undergone any training of trainers (TOT) program?
Yes (1)
No (2)

All the master trainers said YES

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3.2 If yes, please specify the details.

S No	Name of training	Venue	Dates		Type of training		Topics covered	Resource persons	Usefulness (rate 1-5)
			From	To	Residential	Other			
1.	RBSK TOT	Marriot hotel Chandigarh	27th Oct	31st Oct 2013	Yes		All the module were covered	Dr. Arun Singh, Mrs Shikha	4-5 Average 4.6

Training Curriculum

4.1 Were you involved in designing the training curriculum?
Yes (1)
No (2)

All the master trainers said, NO

Training Modules/Material

5.1 Do you have training modules for RBSK?
Yes (1)
No (2)

All the master trainers said, yes

5.2 If yes, please collect a copy

Soft Copy collected

5.3 Did you develop any other training material other than the module?
Yes (1)
No (2)

All the master trainers said NO
If yes, please specify

5.4 Whether the training module/material was distributed to each participant?
Yes (1)
No (2)
All the master trainers said, yes

5.4.1 If **no**, please specify reasons.

All the master trainers said, yes

5.5 What was the shape in which material was distributed?
Printed (1)
Photocopied (2)
Any other, specify (3)

Printed, Photocopies and also in the form of soft copy in Pen drive

5.6 Please give your comments for the quality of the modules (used by you in the training)

S. No.	Name of the Module/ topic	Ratings			Comments/Suggestion
		Very relevant	Relevant	Not relevant	
1	• Introduction of RBSK	√	X	X	
2	• Basic Genetics, • Vitamin A deficiency & Vitamin D deficiency,	√	X	X	
3	• Developmental Displasia of Hip (DDH)	√	X	X	
4	• Learning Disabilities	√	X	X	

5	• Adolescent Health	√	X	X	
6	• Anthropometry and Nutritional Deficiencies	√	X	X	
7	• Cleft Lip, Demonstration of tools	√	X	X	
8	• Practical sessions	√	X	X	

Support and Co-operation

6.1 What was the extent of support and co-operation from training institution for conducting your sessions?
Excellent…..... (1)
Better than expected…..... (2)
Satisfactory…..... (3)
Below average…..... (4)

Out of five Master Trainers, Three MT: - Excellent and Two Satisfactory

6.2 Please explain.
No one explained about the reason

6.3 Did you face any problem from participants in your sessions?
Yes (1)
No (2)
All the master trainers said No

6.4 If yes, please explain.

All the master trainers said No

Feedback

7.1 Did you get any feedback about your sessions?
Yes (1)
No (2)
All the master trainers said, yes

7.2 If Yes, at the end of each session (1)
If Yes, at the end of the training (2)
Other (specify) (3)

Three said at the end of each training, one said at the end of each session and one said both.

Resources

8.1 What is your impression about adequacy of resources for conducting your sessions. Please circle the appropriate response in front of each resource.

Sno	Resources	Applicability (Yes=1) No=2)	Adequacy Adequate=1 Inadequate =2	Remarks if any
1	Building conditions	1 √ 2	1 √ 2	
2	Training Room (furniture and fixtures)	1 √ 2	1 √ 2	
3	Black Board/ Whiteboard	1 √ 2	1 √ 2	
4	OHP/Slide Projector	1 √ 2	1 √ 2	
5	Training aids/ material	1 √ 2	1 √ 2	
6	TV/VCR	1 2 Only one participant said No	1 2 Only one participant said Inadequate	
7	Library	1 √ 2	1 √ 2	
8	Accommodation	1 √ 2	1 √ 2	
9	Transport	1 √ 2	1 √ 2	For field visits
10	Resources for clinical/technical training	1 √ 2	1 √ 2	
11	Trainers/Faculty	1 √ 2	1 √ 2	
12	Food/ snacks etc.	1 √ 2	1 √ 2	
13	Photocopy machine	1 √ 2	1 √ 2	
14	Other (specify)			

Program Organization

9.1 Did you face any problem in conducting your sessions?
Yes (1)
No (2)
All the master trainers said No

9.1.1 If yes, please explain
All the master trainers said No

9.2. What suggestions or comments would you like to make for improving overall quality of training programs under RBSK?

1. Dedicated teams as suggested by the RBSK program must be recruited. (To improve interest in tasking and working)
2. District early intervention Center (DEIC) must be established at the earliest; only then the program can function smoothly.
3. Batches should not be more than 30 participants, as the batch size was 150 (approx.) candidates.

4. One of the MT has taken the foundation course sessions for the AYUSH doctors; it was very difficult to cover the topics as a whole in one session. Therefore the MT's sometimes used to either miss the topics or could not go into details.
   It is therefore suggested to have at least 3 sessions for an overview of the whole program.
5. The modules must be in Hindi or local/native language.
6. Trainers should be dedicated team
7. Guidelines should be followed by the superior authorities also.
8. Training should be always for 5 days and may be repeated every year, yearly orientation can be done.

DEIC staff should also be trained and DEIC should be established so that children get treatment in time.

Annexure II

Checklist for AYUSH Doctors (Trainees under RBSK)

1. Are you involved in RBSK implementation?
   In all, 24 AYUSH doctors were interviewed, and therefore everyone said yes for this question.

2. What are your responsibilities under RBSK?

S no	Responsibilities as per the guidelines	f	% (n=)
1.	Screening Children	12	50 %
2.	Identifying 4D's diseases of two target groups a) 6 week- 6 years at AWC. b) 6- 18 yrs at Govt. Schools	4	16%
3.	Referring the identified children (through referral cards) to appropriate centers (CHC and DEIC) for further treatment and follow up	6	25%
4.	To find out any abnormality or disease	2	8%
5.	total	24	100%

3. Were you trained under RBSK? Yes=1; No=2, other =3 All said yes
   a) When (Dates and duration)
   11th March 2014 to 15th March 2014 and 14th Nov 2014 to 15th Nov 2014

Duration	f	%
Less than 5 days	3	12.5 %
5 days	21	87.5 %
More than five days	0	0%
March 2014	21	87.5%
November 2014	3	12.5%
HFWTC, Jaipur	18	75%
SIHFW	6	25%
Residential	24	100%
non-residential	0	0%
Received information how many days in advance		
Less than a week	24	100%
More than a week	0	0%
lecture	24	100%
power point presentation	22	91 %
role play	2	8.3 %
demonstration	6	25 %

case study	12	50 %
Practical sessions	6	25 %
Any other (specify)	Referral cards system	

b) Satisfied with the training - Average with range

All the interviewed AYUSH doctors were satisfied with the training

4. Were you able to translate your learning in the field?

4.1 How? (Qualitative)

- Because they knew the local language and could take the help of A W Workers
- Due good quality of training they were able to diagnose 4D's, council children easily

4.2 Identification of diseases as per the 4 Ds. If yes, please name the disease which you are able to identify confidently.

Spontaneous recall

Identified Health Condition for Child Health Screening and Early Intervention Services as per 4D's							
Defects at Birth				**Deficiencies**			
S. No		**No. AYUSH Doctors who could recall the disease**	**% AYUSH Doctors who could recall the disease**	**S. No**		**No. AYUSH Doctors who could recall the disease**	**% AYUSH Doctors who could recall the disease**
1	**Neural Tube Defect**	**2**	**8.3**	**1**	**Anaemia especially Severe Anaemia**	**3**	**12.5**
2	**Down's Syndrome**	**7**	**29.2**	**2**	**Vitamin A Deficiency (Bitot Spot)**	**1**	**4.2**
3	**Cleft Lip & Palate/ Cleft Palate alone**	**9**	**37.5**	**3**	**Vitamin D Deficiency (Rickets)**	**1**	**4.2**
4	**Talipes (Club Foot)**	**9**	**37.5**	**4**	**Severe Acute Malnutrition**	**10**	**41.7**
5	**Developmental Dysplasia of the Hip**	**2**	**8.3**	**5**	**Goiter**	**2**	**8.3**
6	**Congenital Cataract**	**3**	**12.5**				
7	**Congenital Deafness**	**4**	**16.7**				
8	**Congenital Heart Diseases**	**1**	**4.2**				
9	**Retinopathy of Prematurity**	**0**	**0.0**				
Childhood Diseases				**Developmental Delays and Disabilities**			
S. No.		**No. AYUSH Doctors who could recall the disease**	**% AYUSH Doctors who could recall the disease**	**S. No.**		**No. AYUSH Doctors who could recall the disease**	**% AYUSH Doctors who could recall the disease**
1	**Skin Conditions (Scabies, Fungal Infection and Eczema)**	**6**	**25.0**	**1**	**Vision Impairment**	**6**	**25.0**
2	**Otitis Media**	**8**	**33.3**	**2**	**Hearing Impairment**	**3**	**12.5**
3	**Rheumatic Heart Disease**	**0**	**0.0**	**3**	**Neuro-Motor Impairment**	**1**	**4.2**
4	**Reactive Airway Disease**	**1**	**4.2**	**4**	**Motor Delay**	**0**	**0.0**
5	**Dental Caries**	**13**	**54.2**	**5**	**Cognitive Delay**	**1**	**4.2**
6	**Convulsive Disorders**	**2**	**8.3**	**6**	**Language Delay**	**1**	**4.2**
				7	**Behavior Disorder(Autism)**	**2**	**8.3**

				8	**Learning Disorder**	**2**	**8.3**
				9	**Attention Deficit Hyperactivity Disorder**	**0**	**0.0**
S. No.						**No. AYUSH Doctors who could recall the disease**	**% AYUSH Doctors who could recall the disease**
1	**Congenital Hypothyroidism, Sickle Cell Anaemia, Beta Thalassemia (Optional)**					**0**	**0 %**

4.3 What do you do after identifying the symptoms?

Qualitative

- After identifying the patient, we refer the patient to the higher health center like CHC, DEIC or Tertiary Health centers.
- The referral cards are used to explain the Teacher, Parents or Pradhan what next steps are to be followed.

What are the guidelines, what do they do actually

These steps are very well mentioned in the guidelines and it was also explained during the training of RBSK.

4.3a During December 2014, how many children you identified by name of disease out of the 30.

Age Average:
Not mentioned in the questioner

Sex % of AYUSH provided info on the proportion of sex %
Not mentioned in the questioner

Disease %

S. No.	Names of the diseases identified	f	%
1	Neural Tube Defects	7	23.3
2	Down's Syndrome	10	33.3
3	Talipes	10	33.3
4	Developmental Displasia of Hip (DDH)	7	23.3
5	Severe Acute Malnutrition	12	40.0
6	Cleft Palate	13	43.3
7	Congenital Heart Disease (CHD)	5	16.7
8	Skin Conditions	7	23.3

9	Otitis Media	7	23.3
10	Rheumatoid Heart Disease	3	10.0
11	Dental Caries	12	40.0
12	Language Delays	3	10.0
13	Cognitive Delays	7	23.3
14	Vision impairment	9	30.0
15	Pain during Menstruation	4	13.3
16	Behavior Disorder (Autism)	5	16.7
17	Congenital Cataract	3	10.0
18	Vitamin A deficiency	3	10.0
19	Vitamin D deficiency	3	10.0
20	Goiter	5	16.7
21	Convulsive Disease	3	10.0
22	Neuro - motor Impairment	3	10.0

4.3b During December 2014, among the children who were identified, how many of them you referred.
In all 3756 children were referred by these 24 selected AYUSH doctors

Average: - 157 children were referred by each AYUSH doctor

Age Average
Not mentioned in the questioner

Sex % of AYUSH provided info on the proportion of sex %

Not mentioned in the questioner

Disease %

4.4 What are referral mechanisms under RBSK?

- Referral card were filled for each patient.
- A thorough discussion with concerned Principal of school, ASHA worker, AWW or Parents was made to guide them as to how they can take their child to the referred health facility.
- 104 are the commonest transport media which is free for all the selected patients.

5. Do you work in Co-operation with the paramedical staff? If yes;

a) Who?
GNM, ANM and AYUSH compounder,

b) What (for what purpose)
To keep records for registration, instrument setting

c) How?
Through their knowledge and experience identification of child patient becomes easy.

b) How could it be better?
Every one month seminars or classes should be conducted by expert doctors, more staff should be provided, DEIC should be fully functional with complete staff and infrastructure.

6. Do you have any kind of working guidelines related RBSK? If Yes, Please collect a copy.

Every AYUSH doctor said yes, one soft copy collected.

7. Mention things you would like to change related to RBSK responsibilities, if any?

- Reporting and record keeping part should be improved
- Responsibility of District Education Officer and CDPO (Child Development Project Officer) should also be included in this program
- Fresh recruitment of officers in this scheme
- Extra allowances should be given.

8. Please suggest how to change these things?

- Separate wing for RBSK should be made in all the district hospitals and new recruitments of staff exclusively for RBSK referred children should be done.
- Coordination of three departments: - Medical and Health, ICDS (Integrated Child Development Services) and Education Department will help is success of this program.
- Deputing Informatics Assistants (IA) and ANM who can keep records
- Incentives like free mobile etc. should be given to all the workers involved under RBSK

9. Would you like to have refresher training?
4 Yes, 20 No

References:-

1. Rashtriya Bal Swasthya Karyakram (RBSK)recourse material, Oct., 2013;Child Health Screening and Early Intervention Services NHM
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3. Presentations of RBSK by the master trainers; available at: copy taken during the time of interview
4. Records and original orders from NHM and DM&HS Rajasthan, Nov. 2014; related to AYUSH doctors and paramedical staff
5. http://www.rchiips.org/nfhs/NFHS-3,20Data/VOL-2/Report.20Volume-II.pdf
6. http://planningcommission.nic.in/data/datatable/data_2312/DatabookDec2014.20219.pdf
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