Summer Training at
National Health Mission, Rajasthan

Assessment of Partially Treated and Left Out Patients Under RBSK in District Jaipur, Ajmer and Tonk

By
Shikha

Under the guidance of
Dr. Piyusha Majumdar

MBA Hospital & Health Management
2017-2019

Institute of Health Management Research
The IIHMR University, Jaipur
2018

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Shikha** has undergone summer training in IIHMR University at **National Health Mission , Rajasthan** from **2nd April 2018 to 2nd June 2018.**

The candidate herself completed the project assigned to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Piyusha 26/6/18

Dr. Piyusha Majumdar

Assistant Professor

IIHMR University, Jaipur

(Col (Dr) Pramod Kumar)
for **Col.(Dr.) Ashok Kaushik** 26.6.18.

Dean (Academic & Student Affairs)

IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Government of Rajasthan
National Health Mission, Rajasthan
Department of Medical, Health & FW, Swasthya Bhawan, Jaipur
Tel.No.0141-2229108,EmailID:spm_raj.nrhm@yahoo.com

No. F 2 (153) NHM/SPM/2017/404 Dated: - 4/06/18

CERTIFICATE

This is to certify that **Dr. Shikha**, student of MBA Institute of Health Management Research (IIHMR, Jaipur) has successfully completed her Summer Training Program at NHM, Rajasthan from **2nd April, 2018 to 2nd June, 2018**. She has worked on the project– **Rashtriya Bal Swasthya Karyakram (RBSK).**

Her performance was found satisfactory. We extend her good wishes for a bright and successful career ahead.

Director-RCH

Acknowledgement

The success of this report and final outcome of the project needed a lot of support, guidance and assistance from many people and I am extremely privileged to get this all in the completion of my project. All that I have done is only due to such guidance and assistance and I would not forget to thank them.

I humbly thank Mr. Naveen Jain , MD & Secratory NHM Rajasthan, for providing me an opportunity to do the project work in NHM Rajasthan .I owe my deep gratitude to our State Program Manager Dr. Jalaj Vijay to give all support throughout the project. I also respect and thank my mentor Dr.S.Lal (Project director) and state consultant Mrs. Preeti Sharma for providing the all the needed guidance and support.

I am greateful and fortunate to get constant support and guidance from my mentor Dr. Piyusha Majumdar from The IIHMR University, Jaipur.

Dr. Shikha

(The IHMR University, Jaipur)

Contents

S. No.		Page no.
1	Abbreviations	5-6
2	NHM Rajasthan	7-9
3	Institutional setup of NHM at GOI	10
4	NHM Rajasthan Organogram	11
5	Rashtriya Bal Swasthya Karyakram (RBSK)	12
6	RBSK Rajasthan	13-21
7	Table 1 (Demographic structure)	22
8	Table 2 (Health Screening Institutions)	23
	Project	
9	Assessment of partially treated or left out patients under RBSK	24-37
10	Annexure 1	38-39
11	Annexure 2	40
12	Annexure 3	41

13	Annexure 4	42
14	Annexure 5	43
15	References	44

Abbreviations

AYUSH - Ayurveda Yoga Unani Siddha Homeopathy

ASHA -Acredited Social Health Care Activist

CDHO-Chief District Health Officer

CHC- Community Health Center

DEIC – District Early Intervention Centre

MHT- Mobile Health Team

FP-Field Planning

ICDS-Integrated Child Development Services

IPHS-Indian Public Health Services

JSSK- Janani Sishu Surakha Karyakram

MAS- Mahila Arogya Samiti

MCH- Maternal and Child Health

MD- Mission Director

MSG- Mission Steering Group

MO-Medical officer

NABH-National Accreditation Board of Hospital and Healthcare Organization

NCD- Non communicable Diseases

NHM - National Health Mission

NGO- Non Governmental Organization

NUHM - National Urban Health Mission

NRHM - National Rural Health Mission

PO- Planning Officer

PHC - Primary Healthcare Center

HBNC- Home Based Newborn Care

RCH- Reproductive and Child Health

SDH- Sub District Hospital

SPMU-State Planning Management Unit

SIHFW- State Institute of Health and Family Welfare

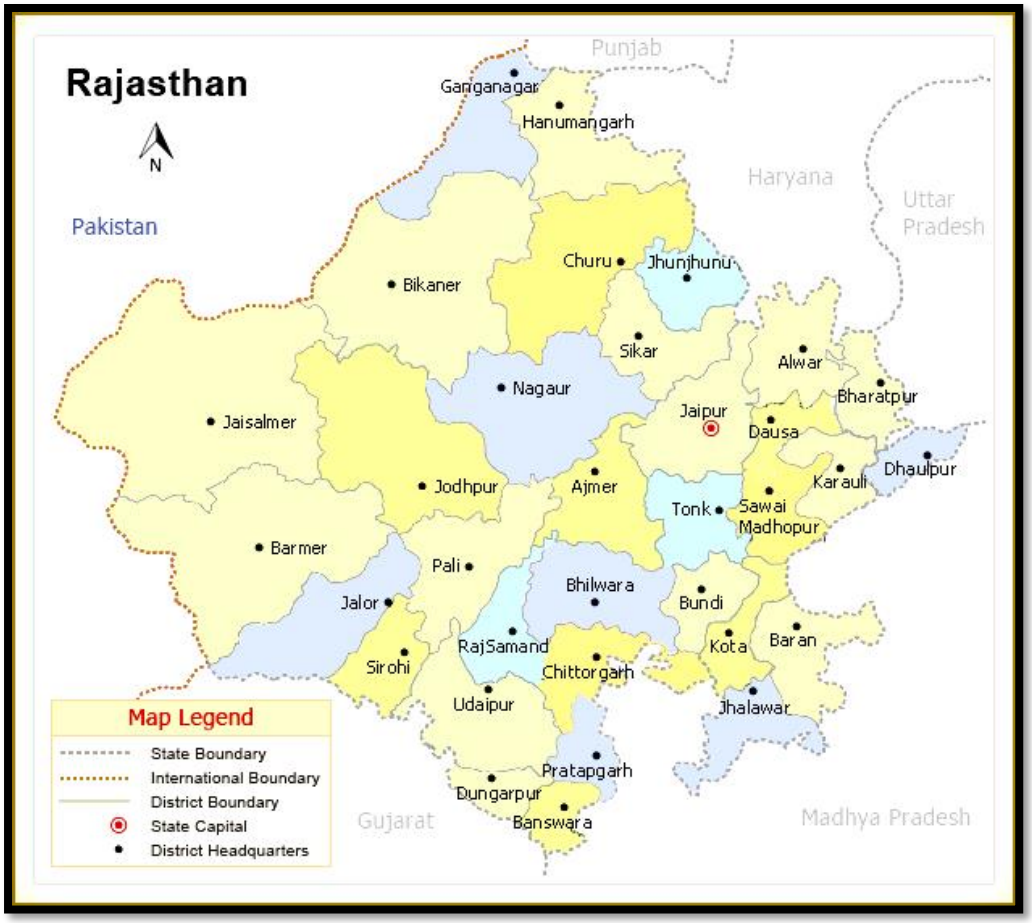
THO- Taluka Health Officer

WHO- World Health Organization

NHM Rajasthan

Vision

"The National Rural Health Mission (NRHM) is a National effort at ensuring effective healthcare through a range of interventions at individual, household, community, and most critically at the health system levels".



The **National Health Mission** (NHM), is a State Health Mission which is under the governance of Chief Minister and has been constituted with a similar composition, as that of the National Steering Group. The State Health Mission's roles include the following aspects:

1. To implement the Policies and Institutional Reforms for effective and efficient implementation of NRHM and its functioning.

2. Planning, implementation and monitoring of various programs at state level.

3. To support District level planning and its implementation and monitoring.

4. To provide Training and support at district level.

5. Coordination among relevant departments.

6. Management of cash flows .

Core Values

- To Safeguard and nurture the health of the poor, vulnerable and disadvantaged people and to move towards a right desired approach to health through entitlements and guaranty of services.

- To strengthen the public health systems as the basis for universal access and social protection against the rapidly increasing cost of health care.

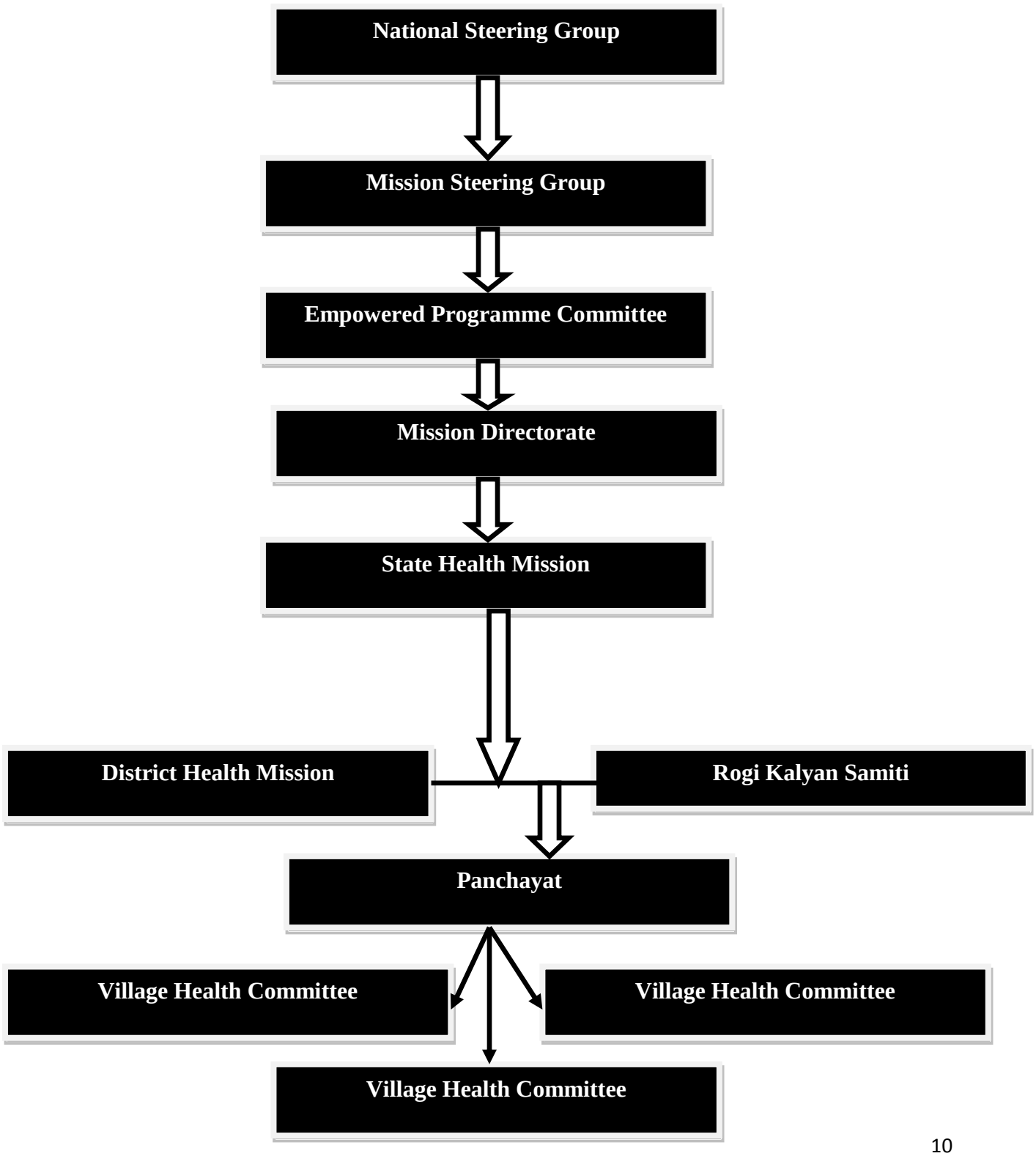
- To build an environment of trust between the people and the providers of health care services.

- To empower the society to become active participants in the process of attaining highest possible levels of health.

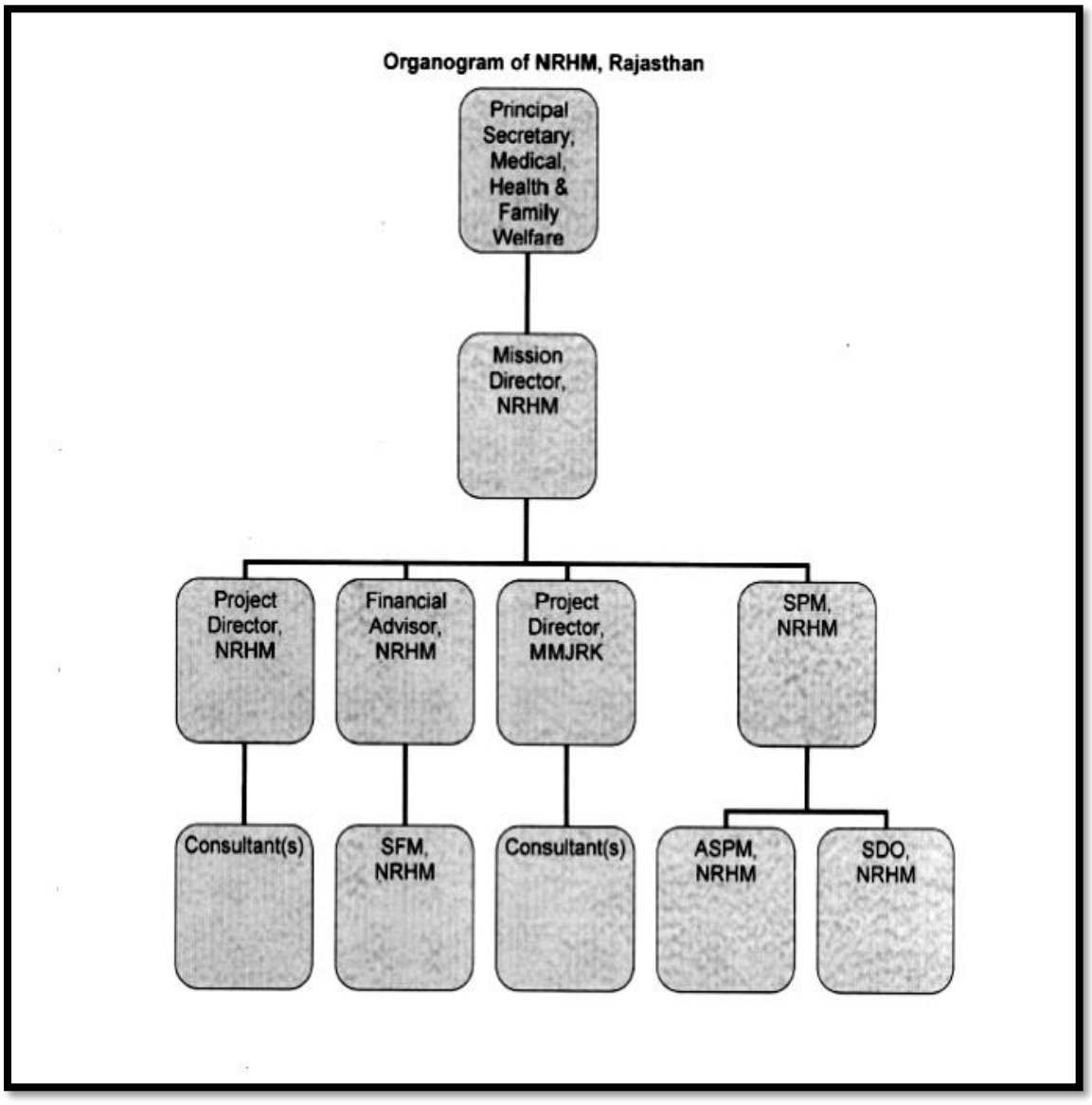
- To institutionalize transparency and accountability in all processes and mechanisms.

- To improve the efficiency to optimize use of available resources effectively.

Institutional setup of NHM at Govt. Of India



Organogram of NHM Rajasthan



RBSK (Rashtriya Bal Swasthya Karyakram)

The National Rural Health Mission under National Health Mission launched an initiative Rashtriya Bal Swasthya Karyakram in the year 2015 which is a child health screening and early intervention services program aiming to provide a comprehensive care to all the children from 0-18 years in the community. The

main objective of this program is to improve the overall health status and quality of life of children with the help of early detection of birth defects, disease, deficiencies, developmental delays and disability. The increasing burden of these childhood disease health conditions contributes asa prominent reason for child mortality , morbidity leading to out of pocket expenditure of poor families.

The child health screening and early intervention services focuses to cover 38 identified health conditions with their early detection , free treatment and their management through dedicated mobile health teams .

The teams do the screening of all the children registered at Anganwadi centres twice a year ,screening of all children studying in government and government aided schools and madarsas annually, whereas the newborns will be screened in health care facilities by the service providers and during the home visits by ASHAs . District Early Intervention Centres are planned to set up as first referral point for further investigations, treatment and management ..

As per the national records in India out of every 100 new borns 6-7 newborns suffer from birth related defects.This resulted in tentative 9.6% deaths of new borns were due to these diseases and 4-70% children of school going age suffer from deficiency problems. This

main effort is targeted to provide benefit to more than 27 Crore children annually in a systamised and planned manner in the entire nation.

RBSK in Rajasthan

In Rajasthan Rashtriya Bal Swasthya Karyakram (RBSK) started its first phase in the year 2014-15 in seven districts i.e. Ajmer, Bharatpur, Bikaner, Kota, jodhpur, Jaipur and Jodhpur. In addition to it nine high priority districts were given special emphasis which includes Banswada, Badmer, Bundi, Dhaulpur, Dungpur, Jaisalmer, Jalore, karoli and Rajsamand plus 3 tribal areas i.e. Baran, Pratapgarh and Sirohi. In 2015-16 the programme was extended to the entire state. Through RBSK the state wants to provide free of cost treatment to children ranging from newborn till the age of 18 years.

The diseases are covered under 4Ds i.e.

1) Birth Defect
2) Deficiencies
3) Disease
4) Developmental delays and disabilities

A new segment called as adolescent health is also added I addition to 4Ds.

The screening is done by Mobile Health Teams(MHT) at ground level at 3 different centers i.e Anaganwadi, Govt. schools and Madarsas. At present there are approx .512 MHT in Rajasthan out of which tentatively 472 are in working order.

Health conditions identified for screening

The Child health screening and early intervention services provided under NHM focuses to cover 38 identified health conditions for early detection and free treatment and management. Depending on the severity and prevalence of disease like Sickle cell Anemia beta Thalassemia and Hypothyrodism in certain geographical pockets of some states /UTs, and availability of testing and specialized support facilities, these states and UTs may incorporate them as part of this initiative .

DEFECTS AT BIRTH:

1) Down's Syndrome
2) Neural Tube Defect
3) Cleft palate and lip/ Cleft palate alone
4) Congenital Cataract
5) Developmental Dysplasia of the hip
6) Telipies

7) Congenital Deafness
8) Retinopathy of Prematurity
9) Congenital Heart Disease

DEFICIENCY DISEASES:

10) Anaemia or severe anaemia
11) Vitamin D deficiency (Rickets)
12) Vitamin A deficiency (Bitot Spot)
13) Severe acute malnutrition (SAM)
14) Goiter

CHILDHOOD DISEASE:

15) Skin conditions (Scabies, Fungal infections, Eczema)
16) Rheumatic Heart Disease
17) Otitis Media
18) Reactive airway disease
19) Convulsive disorder
20) Dental Caries

DEVELOPMENTAL DELAYS AND DISABILITIES:

21) Hearing impairment
22) Vision Impairment
23) Neuro-motor impairment Delay
24) Cognitive Delay
25) Language Delay
26) Motor Delay
27) (Autism)

28) Learning disorder

29) Attention deficit hyperactivity disorder

30) Congenital Hypothyroidism , Sickle cell anaemia , Beta Thalassemia

MOBILE HEALTH TEAM (MHT)

For the children in the age groups 6 to 18 years, will be screened at government and government aided schools and the block will be the center of all activities for the programme. Atleast two MHT in every block will be engaged to conduct screening of children. Villages which comes under the jurisdiction of block will be distributed amongst the mobile health teams. The screening of children at Anaganwadis will be conducted twice a year and once a year in government schools.

The mobile health team consists of four members i.e. two AYUSH doctors one female and one male with bachelor's degree , one pharmacist with a proficiency in computer for data management and one ANM.

S. No	Members	Numbers
1.	AYUSH Medical doctor – 1 male and 1 female with a bachelors degree from recognised institution	**2**
2	ANM/ Nurse	**1**
3	Pharmacist	**1**

Team will screen all enrolled children upto 6 years of age at anganwadi centers and all the children enrolled in government and government aided schools. For better functioning by MHT vehiciles are provided to teams for their

movement to all the said centers. An essential tool kit is also provided to MHT members.

There is a provision for taking help form a block program manager who mainly provides logistic support for the monitoring of the entire health screening process. The block teams work under the supervision of CHC medical officer who checks the micro plan of the teams. A log book is also maintained for movement of hired vehicles.

District Early Intervention Center (DEIC)

The DEIC centers will be established in all the districts of Rajasthan. The primary purpose of these centers is providing early intervention care to children diagnosed or detected with health conditions during screening. The DEIC manager carries out mapping of tertiary care facilities at government institutions for ensuring needed referral support. The funds will be provided by NRHM for their management at tertiary level at the rates which are fixed by the governments (State) in consultation with Ministry of health and Family Welfare.

Roles of District early Intervention Centers.

1) To provide referral health services to the referred children for the confirmation of diagnosis of disease and its treatment.
2) Screening of children at DEIC.

3) Ensuring that every child born sick , preterm or with low birth weight or with any birth defects is followed up to DEIC.
4) All the referred children for developmental delays are followed and their records are maintained.
5) To ensure the linkage with the tertiary care facilities through agreed MOU.

All the children diagnosed with the disease/ deficiency / disability/ defect, will be referred to designated tertiary level public sector health facilities through DEICs.

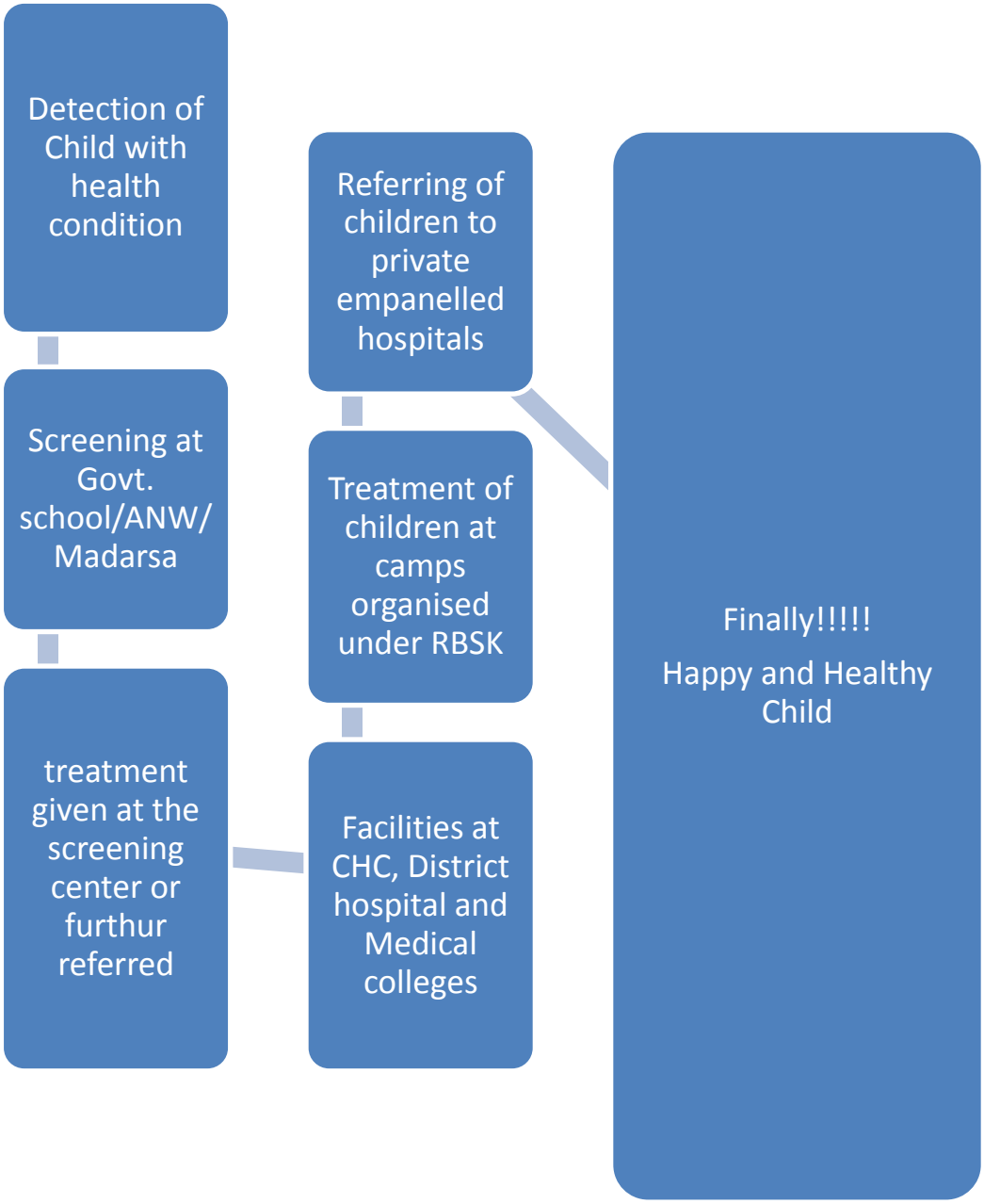
Comopsition of teams in District Early Intervention Centers

Professionals	**Numbers**
Medical professionals (Paediatrician-1, Medical Officer-1, Dental Doctor – 1)	3
Physiotherapist	1
Audiologist & Speech therapist	1
Psychologist	1
Optometrist	1
Early interventionist / social worker	1
Lab technician	2
Dental technician	1
Manager	1
Data entry operator	1

List of empanelled private hospitals under RBSK

1) Internal heart care and research institute
2) Fortis escorts hospital, Jaipur
3) Narayana Hridayalya, jaipur
4) Metromass hospital , jaipur
5) Center for life intensive care center, jaipur
6) Abhishek Hospital, jaipur
7) Heart and general Hospital, jaipur
8) CKS hospital, jaipur
9) Mittal hospital and research center, ajmer
10) Pacific institute of medical scinces, Udaipur
11) Geetanjali medical college and Hospital, Udaipur
12) Mediplus hospital, Jodhpur
13) Kota heart institute and research center, Kota
14) Raj Jindal Hospital and research center, bharatpur
15) Dr.Vinod gupta hospital, bharatpur

Screening Process of Children under RBSK



Demographic structure of Rajasthan in comparison to Jaipur, Ajmer and Tonk

Items	Rajasthan	Jaipur	Ajmer	Tonk
Total Population	6.86 Cr	66.3 Lk 9.7%	14.2 lk 2.07%	14.2 Lk (2.07%)
Sex ratio	928	909	951	952
Child sex ratio (0-6)	888	861	901	892
Children (0-6)	1.6Cr	929926(5.8%)	381167(2.4%)	204038(1.3%)
Literacy Rate	76.4%	75.51%	69.33%	61.6%

.

Health Screening Institutions

Districts	Govt.Schools	Covered	Anganwadi	Covered	Madarsa	Covered
Jaipur	3617	3408	4202	4145	251	234
Ajmer	1864	1737	1874	1784	81	67
Tonk	1439	1439	1421	1403	252	251

Assessment of partially treated or left out patients under RBSK in District Jaipur , Ajmer and Tonk

Aim of the study

- To assess the causes for partially treated or left out patients RBSK in District Jaipur, Ajmer and Tonk.
- To do the SWOT Analysis of RBSK Program.
- To rule out the challenges faced by RBSK program.

Objectives:

To assess the patient approach towards RBSK Treatment and the reasons for being reluctant towards the treatment provided.

Research design

Study area: Jaipur , Ajmer and Tonk

Study design: Descriptive

Data collection method: Primary and Secondry

Questionnaire: Open ended and Closed ended

Primary data: Interview was made with the help of a questionnaire consisting of both close ended and open ended questions to assess the psychology of patient for getting reluctant to the facilities provided by RBSK resulting them into partially treated of completely left out.

Secondary Data: Screening records maintained with the state department.

FINDINGS

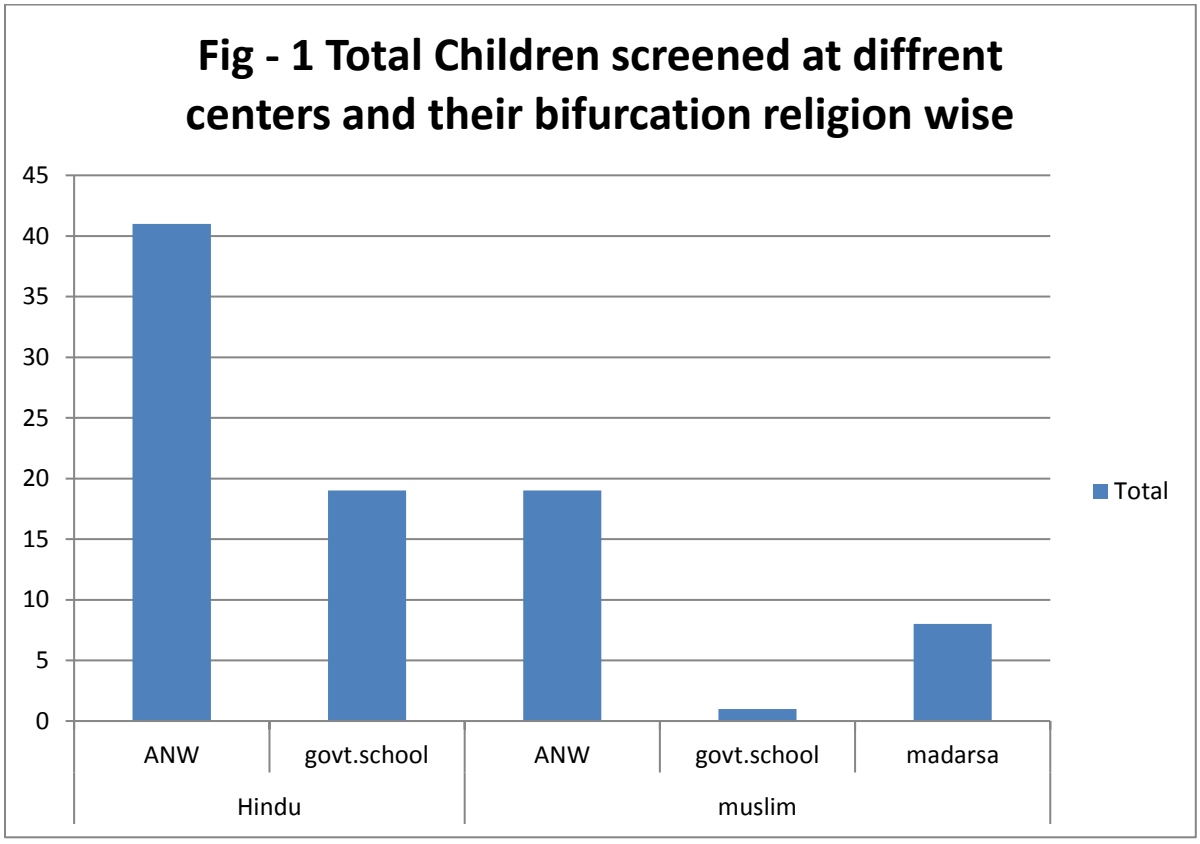


Figure 1

With the help of this graph distribution of children according to there screening centers and religion is shown. In a sample of 90 , out of total 62 Hindus 42 were screened at Anganwadis, 20 at government schools where as in case of muslims out of total 28 , 19 were screened at Anganwadi, 1 at government school and 8 at Madarsa.

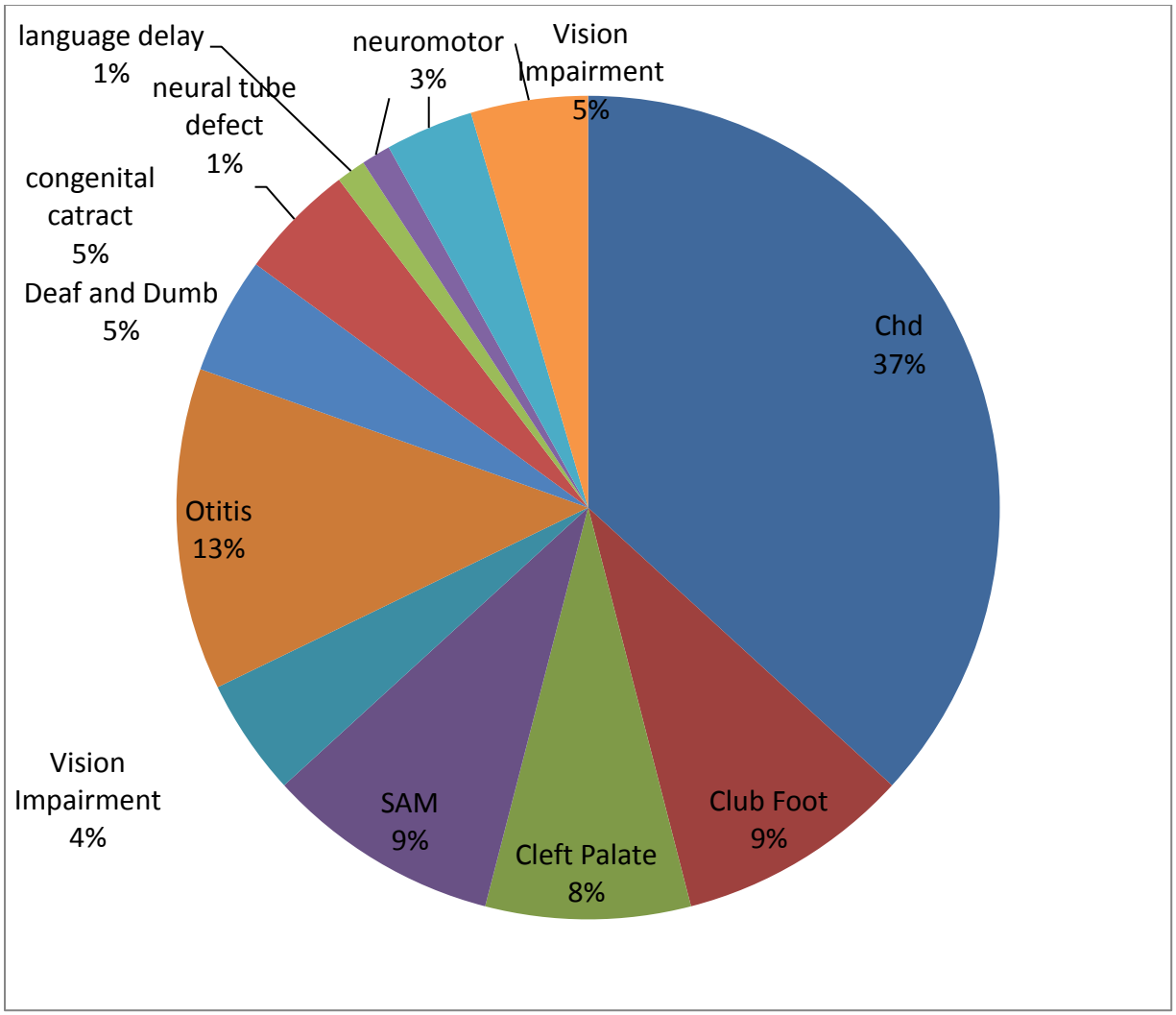


Figure 2 Distribution of disease among the patients

In this graph majority of the cases of left out or partially treated of Congenital heart disease (37%) followed by that of Otitis (13%), Club foot and SAM(9%), Cleft palate(8%) an thn followed by deaf and dumb ,congenital cataract, language delay and neuro motor defect. It is belived that cases of SAM would be more but they were not tracable due to migratory nature of population hence resulting in poor followup.

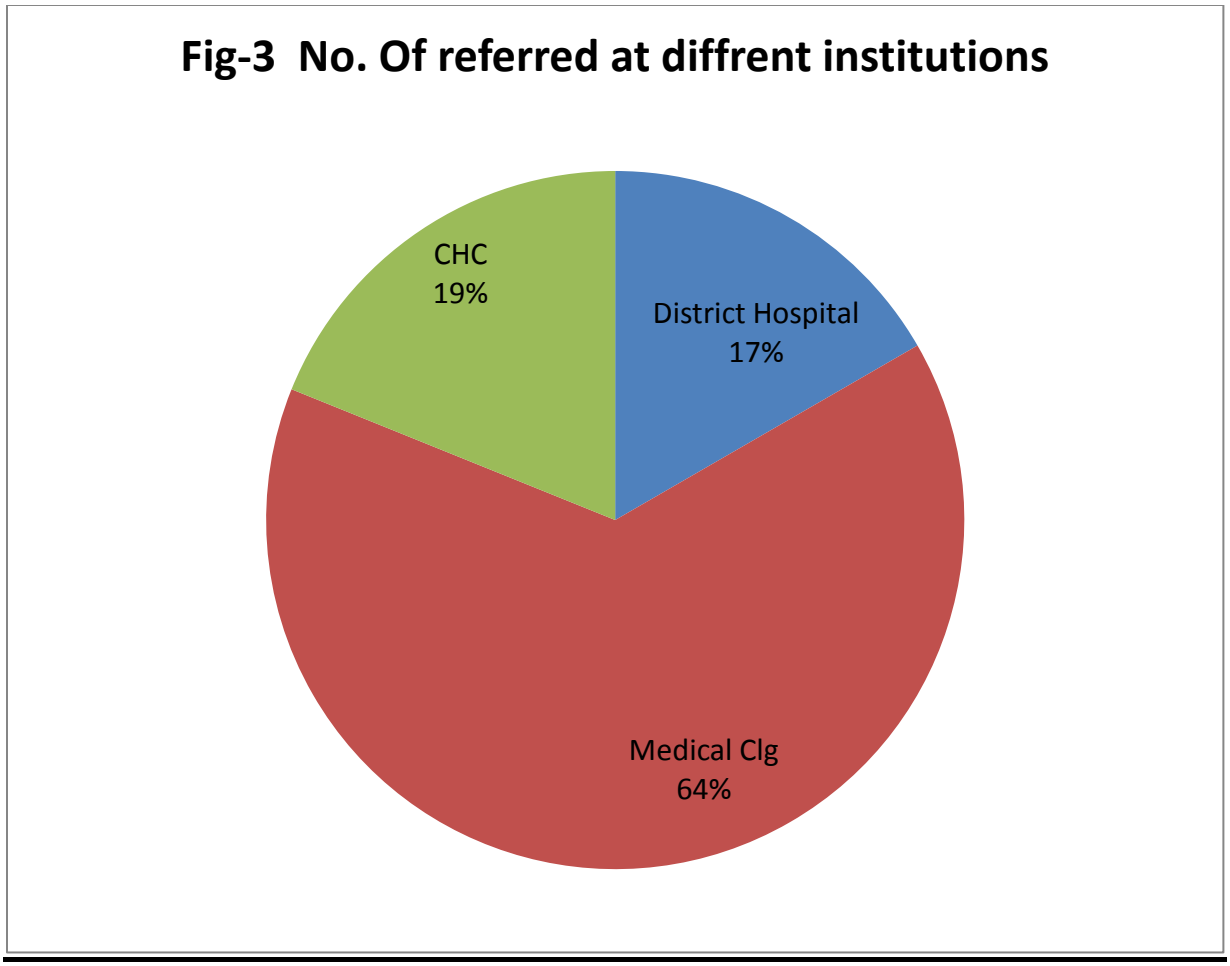


Figure 3

This pie chart shows the distribution of patients referred by MHT to different institutions under RBSK depending upon the severity of the disease. Maximum cases are first referred to Medical colleges i.e.64% followed by district hospitals and than CHC. Diseases like Otitis or dental carries were referred to CHC and other surgical conditions to district hospital or medical college.Medical college can further refer to private hospital too.

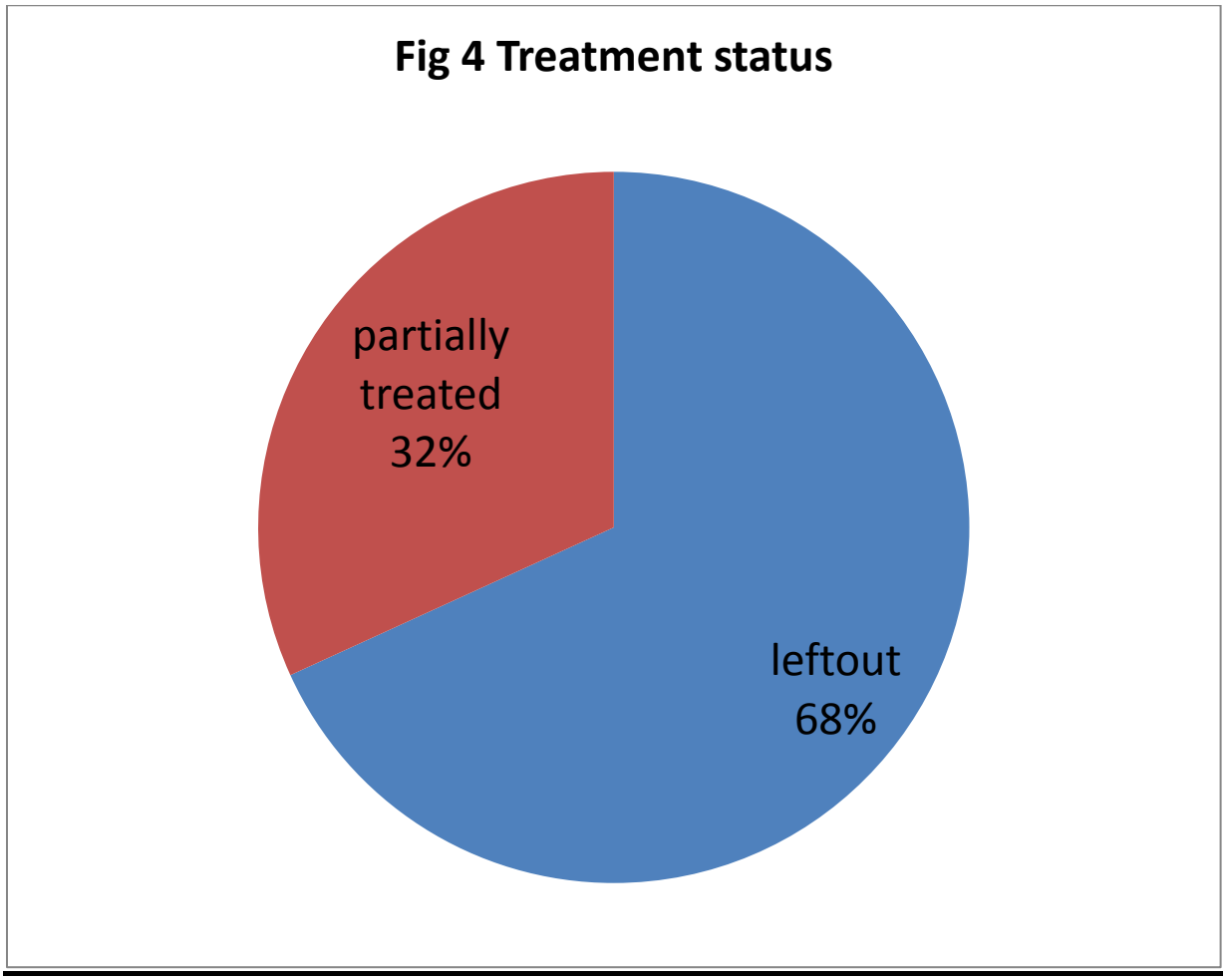


Figure 4

In a total sample of 90 it was found that 68% cases were left out and 32% case were partially treated who refused the treatment after getting appointments for surgeries or left the treatment during the course itself for diseases like SAM or neuromotor, etc

Reasons given by patients on interviewing them for not availing the treatment facilities given under RBSK- Fig- 5

Reasons given by patients	No. of patients
Lack of time	17
Handicapped reservation	12
Long waiting	12
Negligent attitude	10
Social pressure	9
Religious constraints	6
Money demanded	6
Long distance	5
Orthodox Believes	3
Grand parental pressure	3
Lack of facilities	3

Figure 5

1) On interviewing the patients it was seen that maximum patients gave the reason lack of time. Since RBSK mainly covers rural or urban slums where maximum population

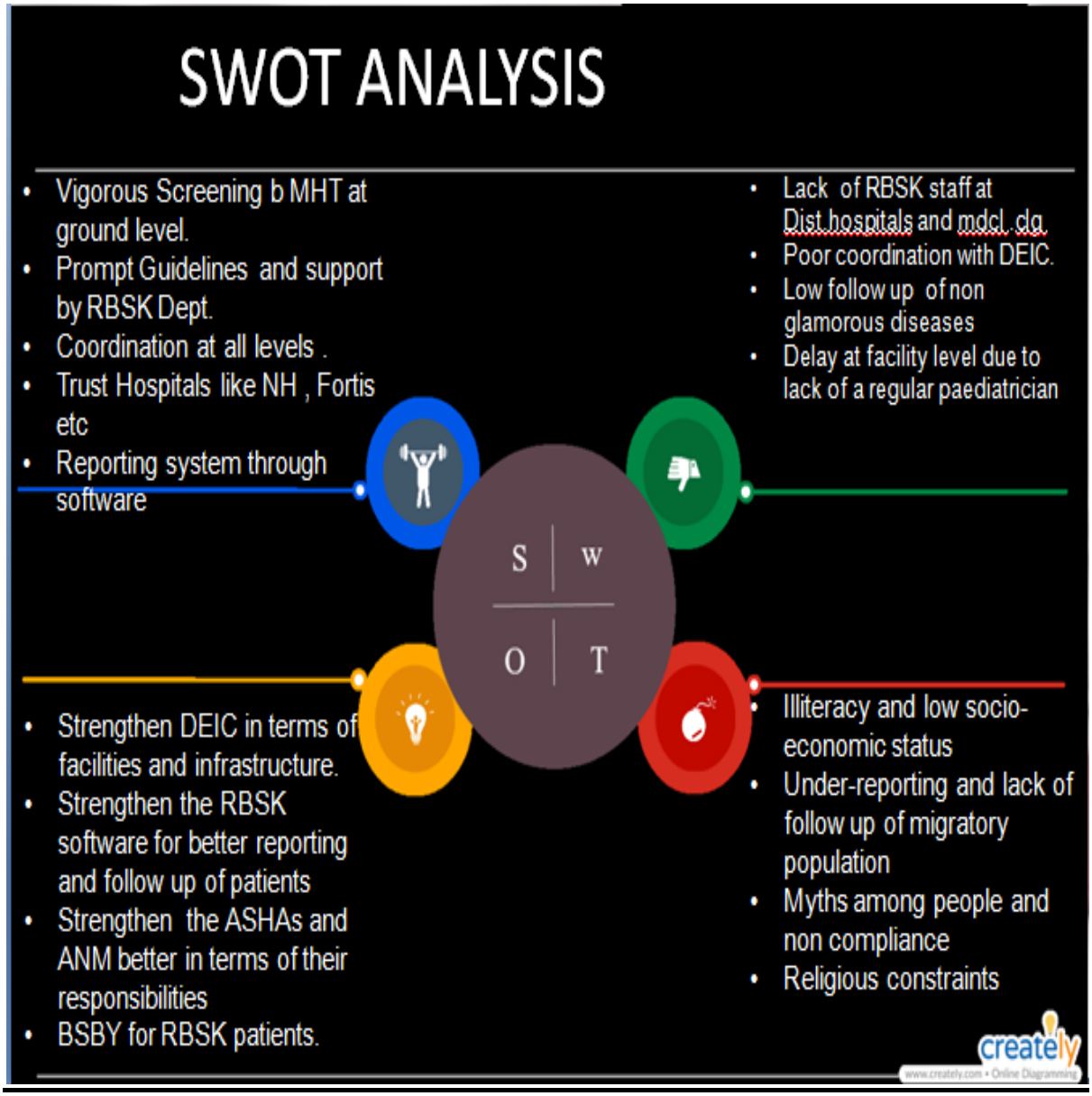
resides on daily earnings so it was difficult for them to leave there work or to wait for getting appointment for getting there child's surgery done where they have to wait for months together for getting the dates.

2) Another major reason noted was that that the patients were more interested in getting handicapped reservation for there child for future prospects and so they were not interested in getting the treatment done. In government institutions like SMS medical college patient suffers due to long waiting period to get date for surgery. Financial instability makes them reluctant in availing the treatment.
3) Negligent attitude was another prominent reason as the caregivers and the society is not much aware about the health and related issues and this lack of knowledge also resulted in social pressure upon caregivers.
4) In some cases religious constraints were also noticed despite of getting appointment for surgery the patient refused to take treatment. It was especially noticed in some particular sections of the society. Orthodox believes were also noticed .
5) Long Distance was another problem for the caregivers. People living in near by villages or outskirts were

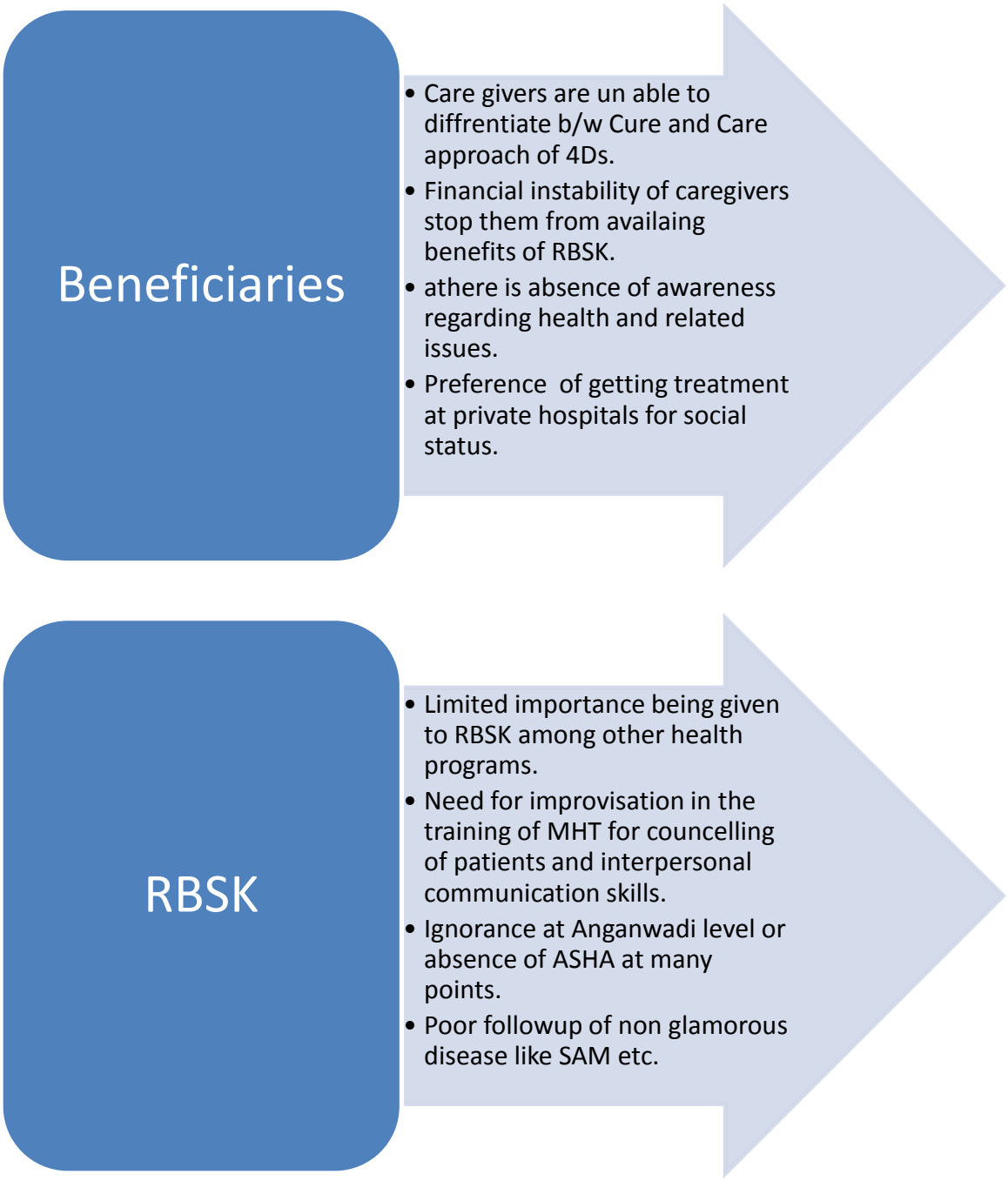
reluctant due to long distance and the expenditure they have to make to commute.

6) Grand parental pressure was seen in some cases.
7) For certain cases like cochlear implant even the institutions like SMS medical college dosent have proper facilities and so patients are left partially treated of leftout.

SWOT Analysis



Interpretation



Challenges

- The living conditions of people in low socio economic bracket is very poor which stops them from skipping there work activities since they totally rely on daily earnings
- Lack of enough skilled personnel and specialists at DEIC, which lead to both lack of demand of healthcare and delay in case demand is made.
- Lack of the promotion of healthy practices and care-seeking behaviours among families. Government needs to conduct health programs to social awareness.
- Illiteracy and social norms of the population further hampers the treatment seeking behaviour. Community pressure is one of the prominent reason.
- Lack of ASHA at various anganwadis which hinders the screening of children below age of 6 years. Especially 0-6 weeks.
- Increasing migration of population is one of the leading cause children being left untreated or partially treated .

Suggestions

1) A better reporting of Migratory population should be done as it hampers the follow ups by MHT. In urban slums and rural areas people rely on daily basis earnings and so are migratory in search of work. This leads to poor monitoring of such patients.

2) Some counselling measure should be taken to aware the mother regarding her and her child's health because it was observed that the mothers were not too sorry for the deaths of their children.

3) The older women of the village can be counselled to further motivate the pregnant ladies to be conscious of her child's well being. Community participation can help a lot.

4) Need of social and behavioural communication framework on RBSK so as to make community more involved in government health schemes and more aware about them.

5) Introduction of mapping of tertiary care services and strengthening network of tertiary care institutions including DEIC and needed staff from district hospital to sit at DEIC centers.

6) Sensitising ASHA workers along with fellow sahaika and karyakarta.

Annexiure- 1

Questionnaire:

Name:

Age/Sex:

Religion:

MHT Team:

Disease:

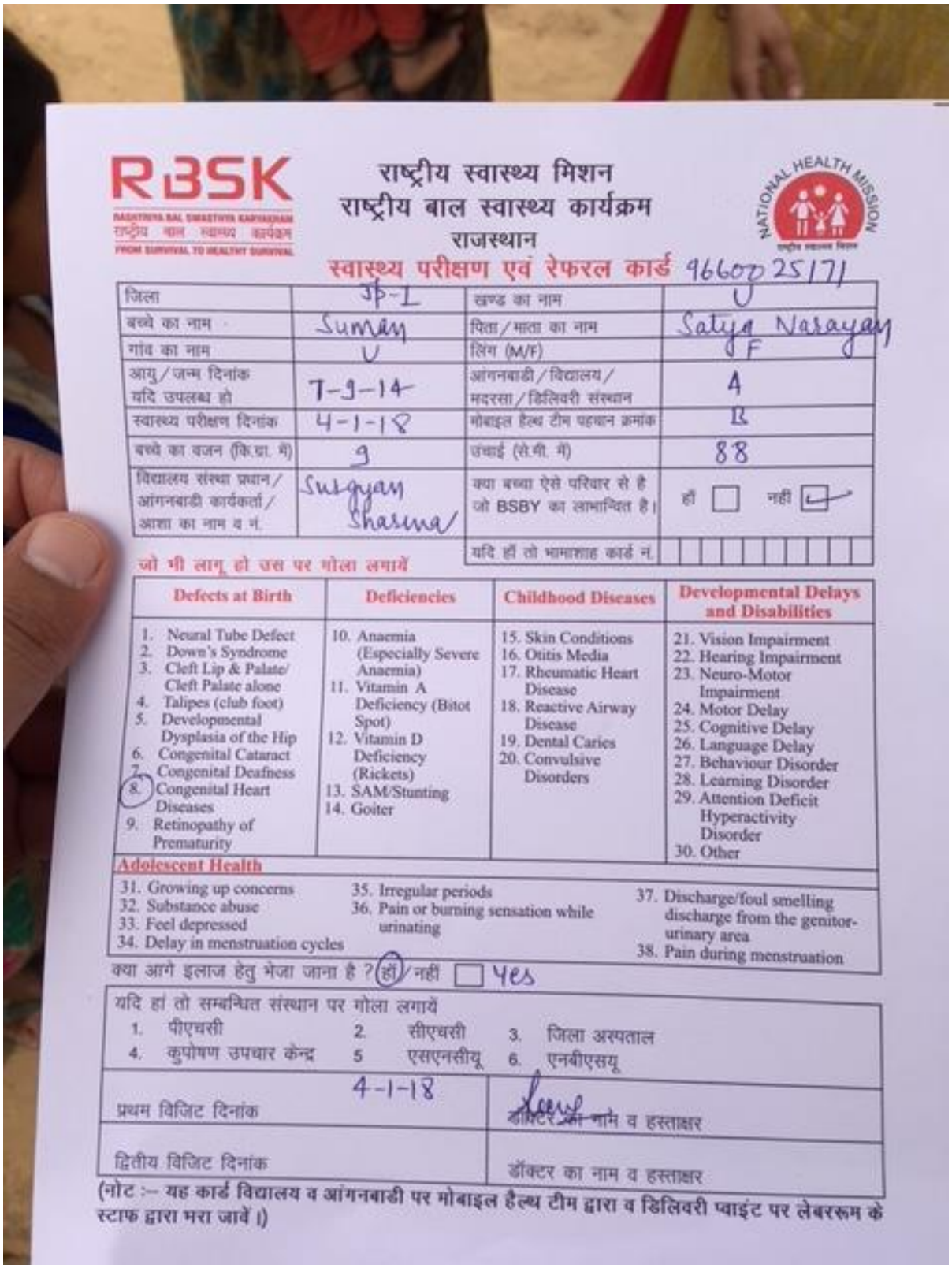
RBSK ID:

1) Where was your child screened?
    - ANW
    - Govt.School
    - Madarse
2) Who Informed you about your child's disease?
    - School Teacher
    - ASHA
    - MHT Team
3) Were you given proper details about your child's disease?
   Yes/no
   If No, than specify.

4) Where were you referred by MHT for treatment/diagnosis?
    - CHC
    - Dist.Hospital
    - Medical College
5) Did you go to the referred centre? Yes/no
   If no, specify.
6) If answerer to Q.5 is yes than did you get the appointment with the doctor in time at the referred centre? Yes/ no
7) Was the behaviour of staff good with u at the referred centre? yes/no
8) Were you given complete treatment at the referred centre? Yes/no
   If no, specify
9) In case of surgeries were you further referred to any private hospital for treatment? Yes/no
10) Did you go to the referred Hospital after getting appointment? Yes/no
   If No, specify
11) Were you given complete treatment there? Yes/no
   If NO, specify.


नबाड़ी पाठशाला


आंगनबाड़ीकेन्द्र, नीलमशाहकॉलोनी
कार्यकर्ता : हुमेरा खान
सहायिका : नाजमीन खान
आया : सुमन शर्मा
ग्रीष्मकालीन :सुबह 8 बजे 12 बजे तक
शीतकालीन -सुबह 10 से 2 बजे तक



RBSK
RASHTRIYA BAL SWASTHYA KARYAKRAM
राष्ट्रीय बाल स्वास्थ्य कार्यक्रम
FROM SURVIVAL TO HEALTHY SURVIVAL

राष्ट्रीय स्वास्थ्य मिशन
राष्ट्रीय बाल स्वास्थ्य कार्यक्रम
राजस्थान

NATIONAL HEALTH MISSION

स्वास्थ्य परीक्षण एवं रेफरल कार्ड 9660725171

जिला	Jp-L	खण्ड का नाम	U
बच्चे का नाम	Suman	पिता / माता का नाम	Satya Narayan
गांव का नाम	U	लिंग (M/F)	F
आयु / जन्म दिनांक यदि उपलब्ध हो	7-9-14	आंगनबाडी / विद्यालय / मदरसा / डिलिवरी संस्थान	A
स्वास्थ्य परीक्षण दिनांक	4-1-18	मोबाइल हेल्थ टीम पहचान क्रमांक	R
बच्चे का वजन (कि.ग्रा. में)	9	उंचाई (से.मी. में)	88
विद्यालय संस्था प्रधान / आंगनबाडी कार्यकर्ता / आशा का नाम व नं.	Surgyan Sharma	क्या बच्चा ऐसे परिवार से है जो BSBY का लाभान्वित है।	हाँ ☐ नहीं ☑
		यदि हाँ तो भामाशाह कार्ड नं.	

जो भी लागू हो उस पर गोला लगायें

Defects at Birth	Deficiencies	Childhood Diseases	Developmental Delays and Disabilities
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. SAM/Stunting 14. Goiter	15. Skin Conditions 16. Otitis Media 17. Rheumatic Heart Disease 18. Reactive Airway Disease 19. Dental Caries 20. Convulsive Disorders	21. Vision Impairment 22. Hearing Impairment 23. Neuro-Motor Impairment 24. Motor Delay 25. Cognitive Delay 26. Language Delay 27. Behaviour Disorder 28. Learning Disorder 29. Attention Deficit Hyperactivity Disorder 30. Other

Adolescent Health

31. Growing up concerns 32. Substance abuse 33. Feel depressed 34. Delay in menstruation cycles	35. Irregular periods 36. Pain or burning sensation while urinating	37. Discharge/foul smelling discharge from the genitor-urinary area 38. Pain during menstruation

क्या आगे इलाज हेतु भेजा जाना है ? (हां) / नहीं ☐ Yes

यदि हां तो सम्बन्धित संस्थान पर गोला लगायें

1. पीएचसी 2. सीएचसी 3. जिला अस्पताल
4. कुपोषण उपचार केन्द्र 5 एसएनसीयू 6. एनबीएसयू

प्रथम विजिट दिनांक 4-1-18	डॉक्टर का नाम व हस्ताक्षर
द्वितीय विजिट दिनांक	डॉक्टर का नाम व हस्ताक्षर

(नोट :– यह कार्ड विद्यालय व आंगनबाडी पर मोबाइल हैल्थ टीम द्वारा व डिलिवरी प्वाइंट पर लेबररूम के स्टाफ द्वारा भरा जावें।)

Reference:

- www.rbskraj.com
- www.rajswasthya.nic.in