

**Summer Training at
National Health Mission, Rajasthan**

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

**By
Gopal Swarup Bhatnagar**

**Under the guidance of
Dr. Ruchi Garg**

**MBA Hospital & Health Management
2017-2019**

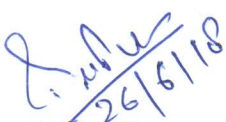

Institute of Health Management Research
**The IIHMR University, Jaipur
2018**

CERTIFICATE

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

The candidate himself completed the project assigned to him during summer training. His 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 him success in all his future endeavors.


26/6/18
Dr. Ruchi Garg

Assistant Professor

IIHMR University, Jaipur


(Col (Dr) Ashok Kaushik)
for Col.(Dr.) Ashok Kaushik 26.6.18

Dean (Academic & Student Affairs)

IIHMR University, Jaipur



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/2017/403

Dated: - 4/06/18

CERTIFICATE

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

His performance was found satisfactory. We extend him 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. Ruchi Garg from The IIHMR University, Jaipur.

Dr. Gopal Swarup Bhatnagar
(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 - Accredited 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 Suraksha 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

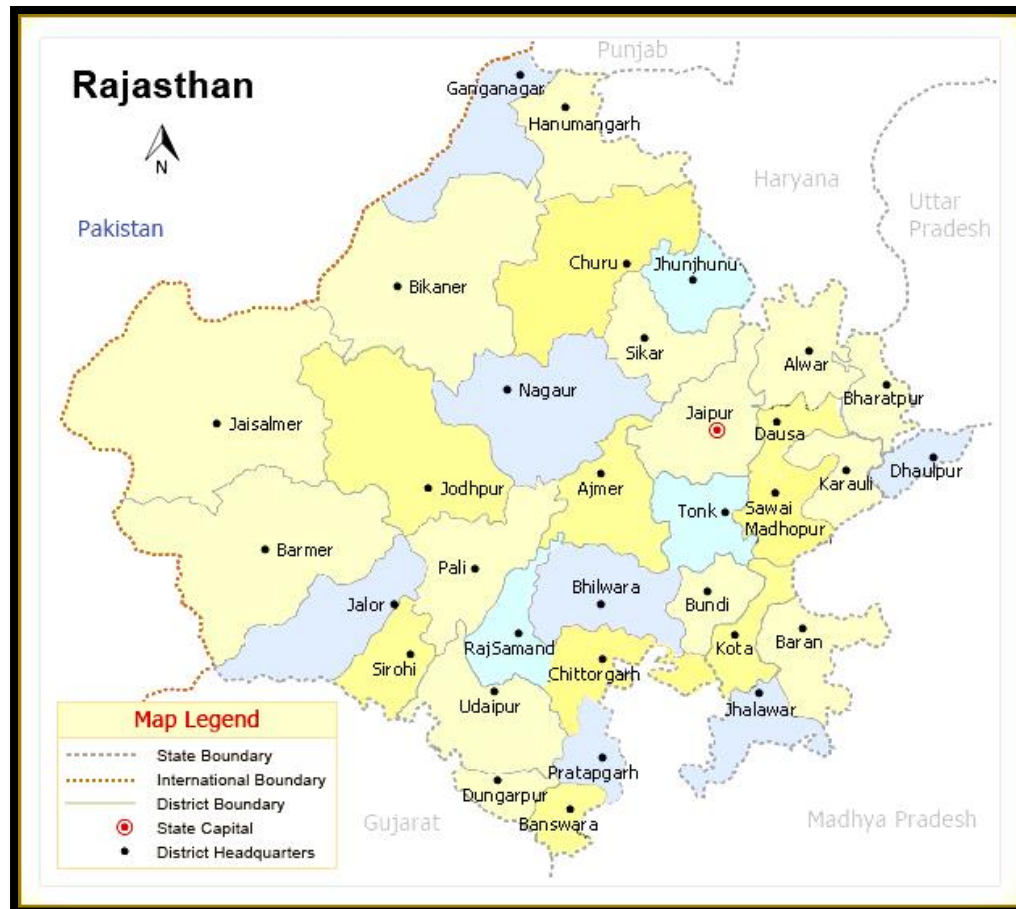
WHO- World Health Organization

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”.



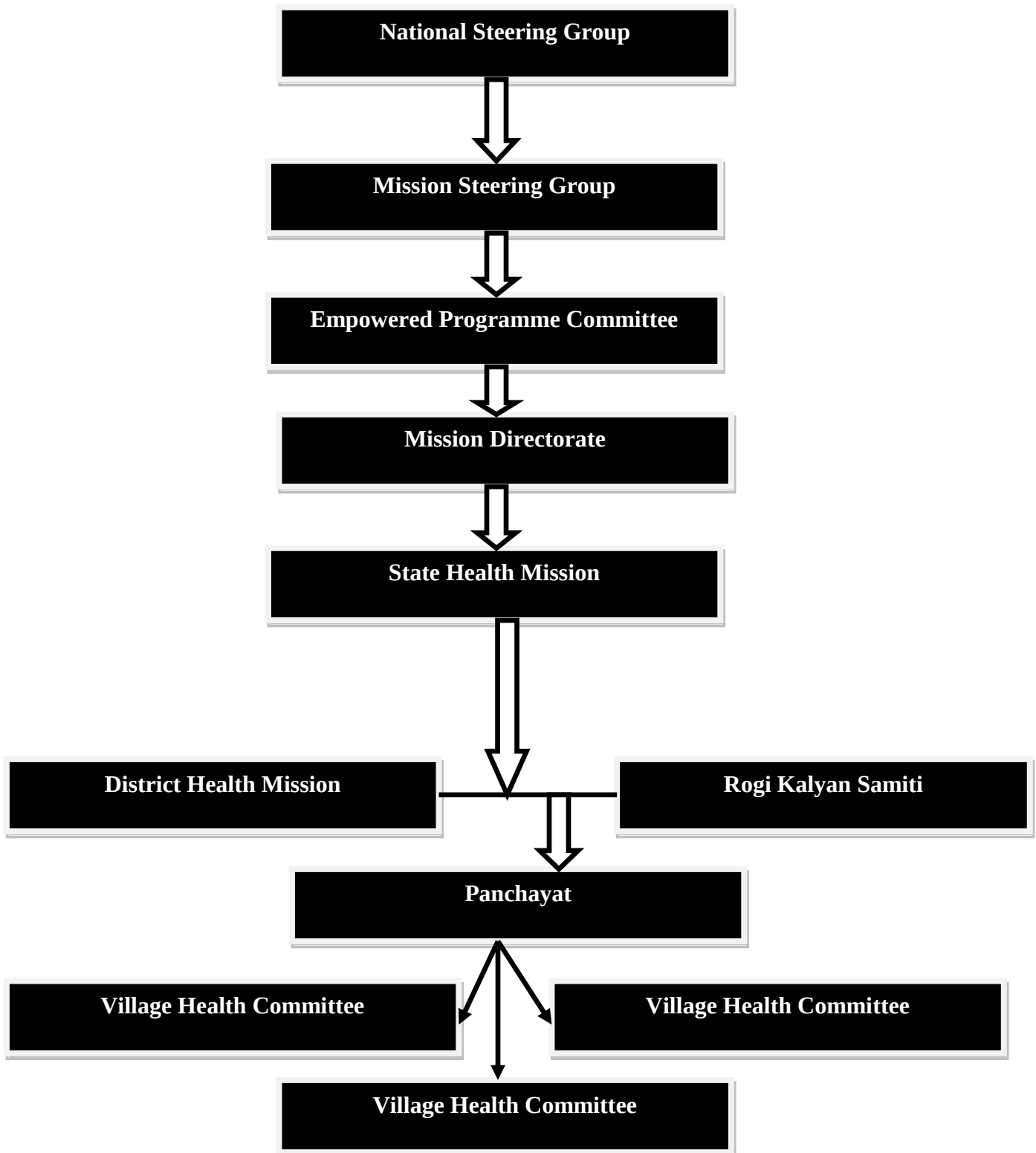
The **National Health Mission (NHM)**, is a State Health Mission which is under the governance of Chief Minister and has been constituted with a similar composition, as that of the National Steering Group. The State Health Mission's roles include the following aspects:

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.

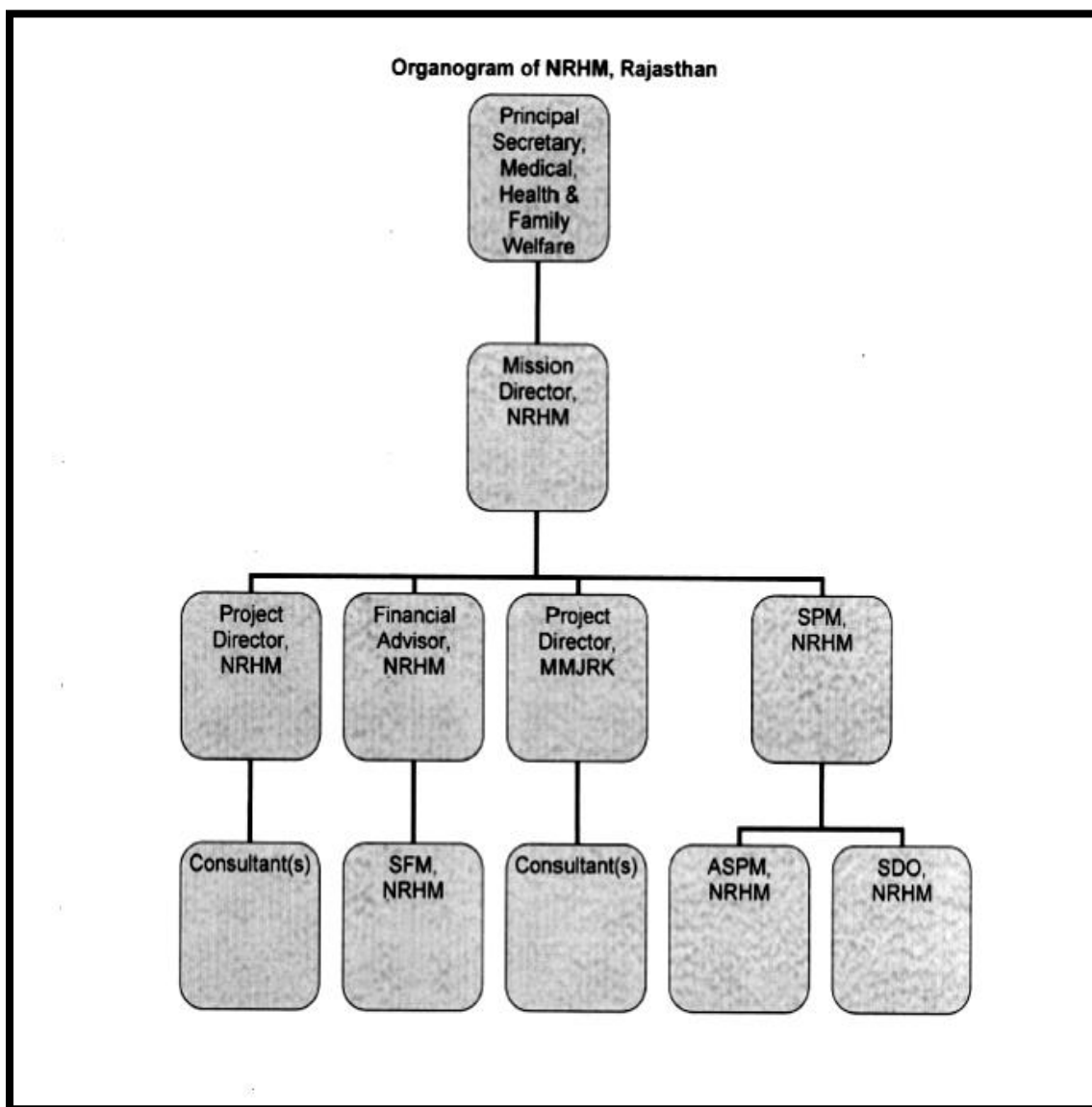
Core Values

- 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 as a 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 madaras 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 systemised 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 Banswara, 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 in 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 Hypothyroidism 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) Talipes

- 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 vehicles 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 from 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.

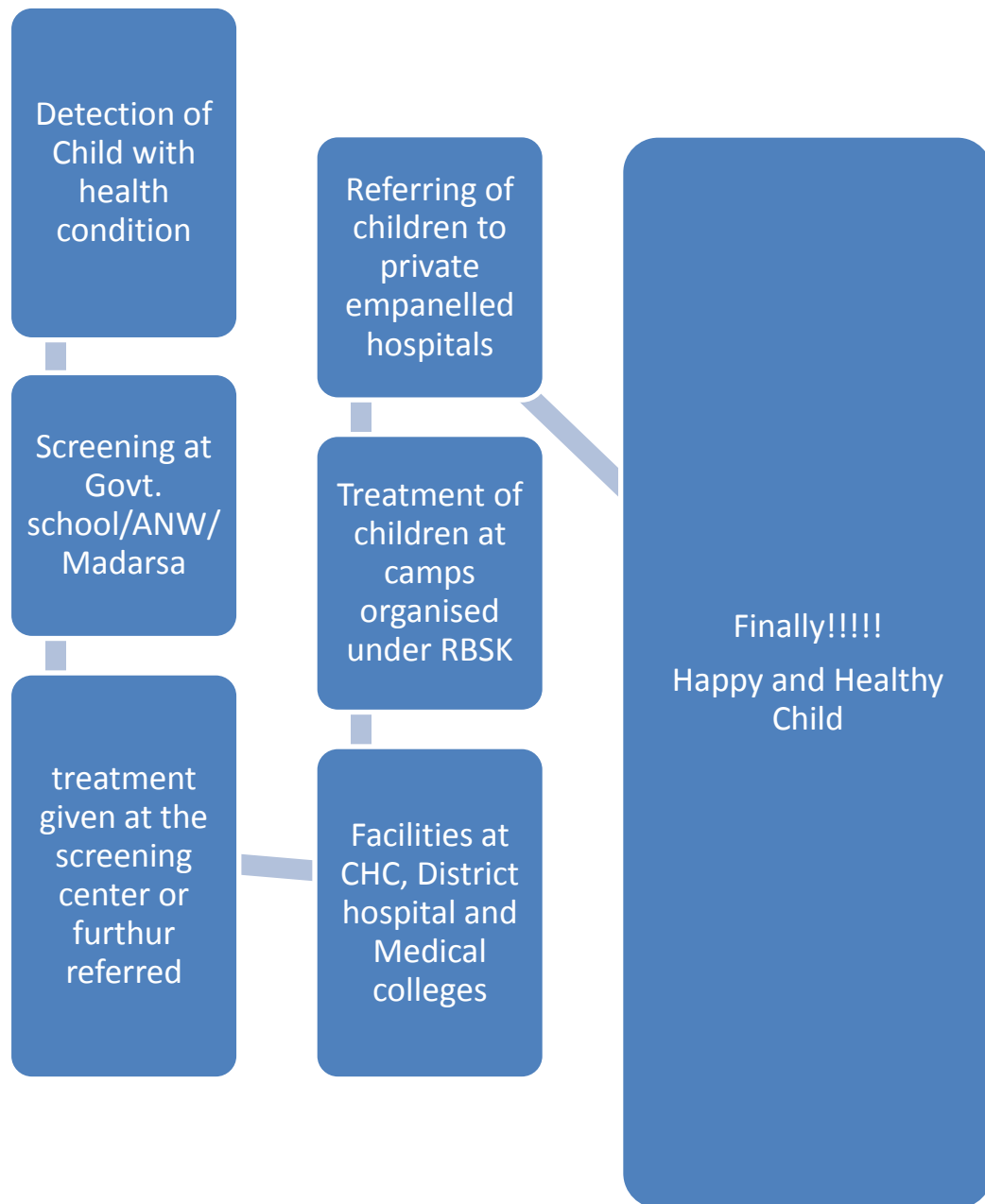
Comoposition of teams in District Early Intervention Centers

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 sciences, 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	6.86 Cr	66.3 Lk	14.2 lk	14.2 Lk
Population		9.7%	2.07%	(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	Madars a	Cov ere d
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 Secondary

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 or completely left out.

Secondary Data: Screening records maintained with the state department.

FINDINGS

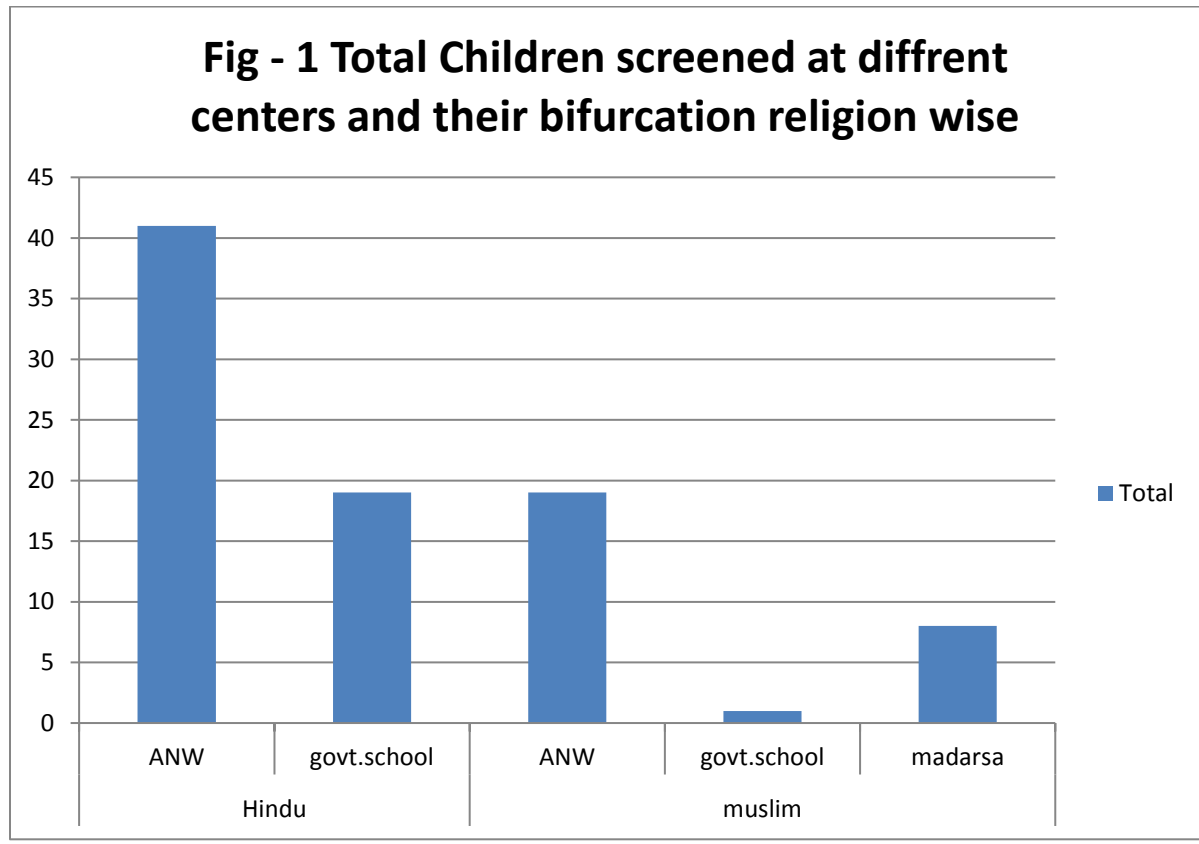


Figure 1

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.

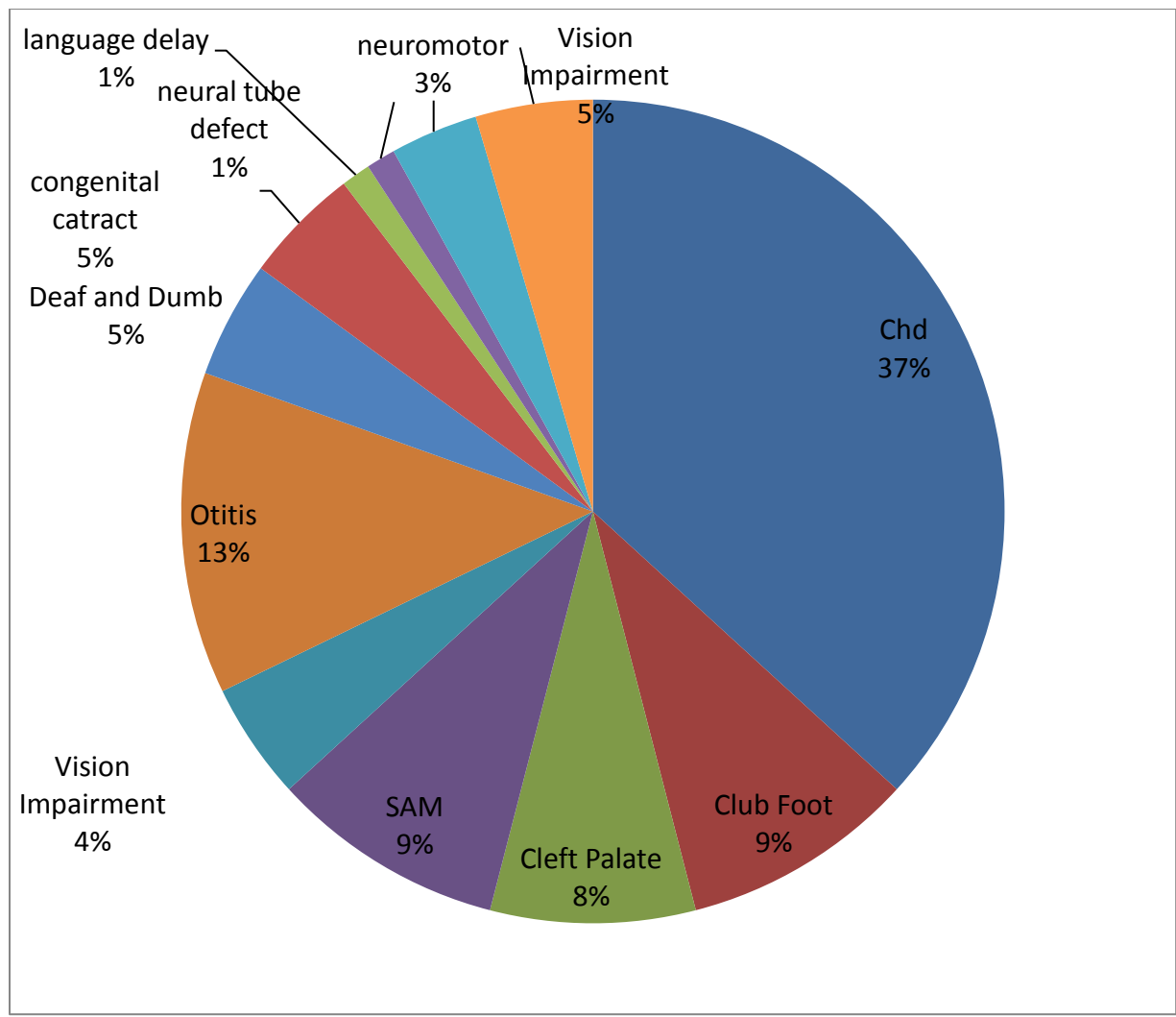


Figure 2 Distribution of disease among the patients

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%) and then followed by deaf and dumb ,congenital cataract, language delay and neuro motor defect. It is believed that cases of SAM would be more but they were not traceable due to migratory nature of population hence resulting in poor followup.

Fig-3 No. Of referred at diffrent institutions

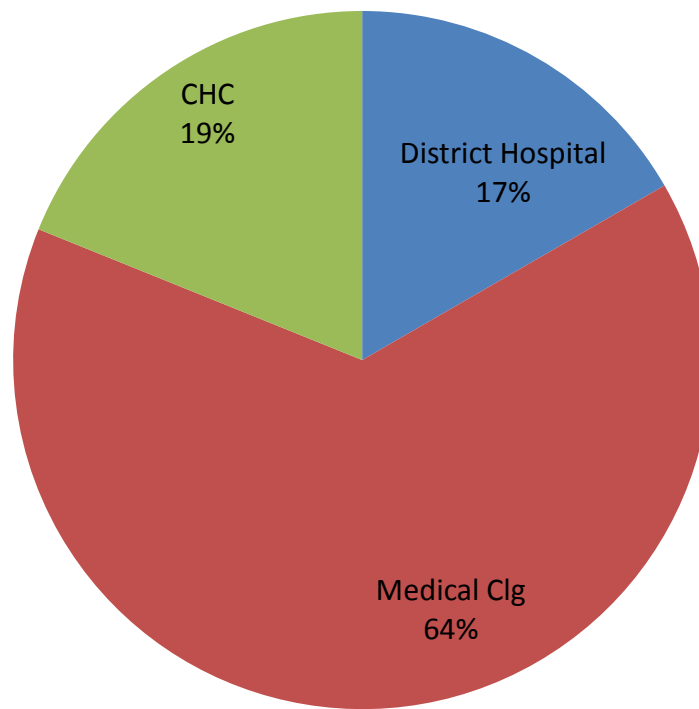


Figure 3

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.

Fig 4 Treatment status

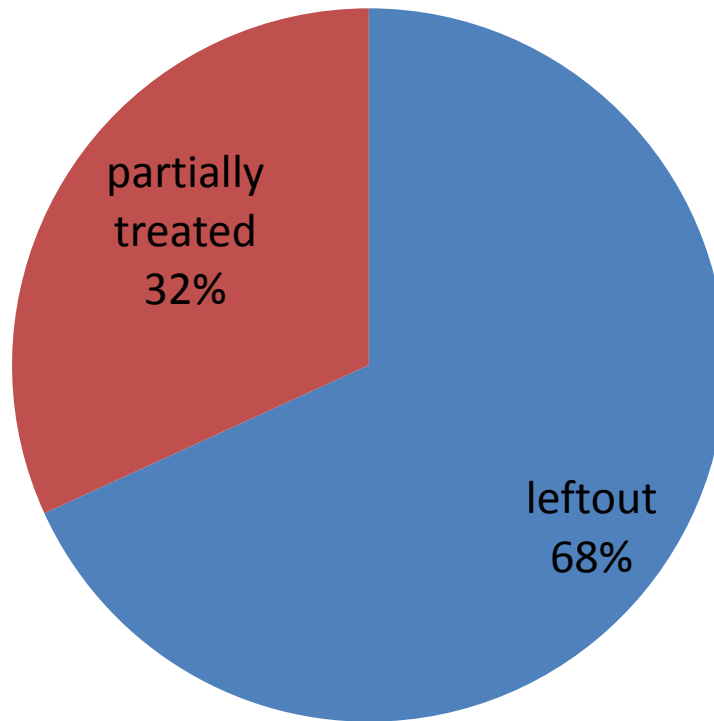


Figure 4

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 their work or to wait for getting appointment for getting their child's surgery done where they have to wait for months together for getting the dates.

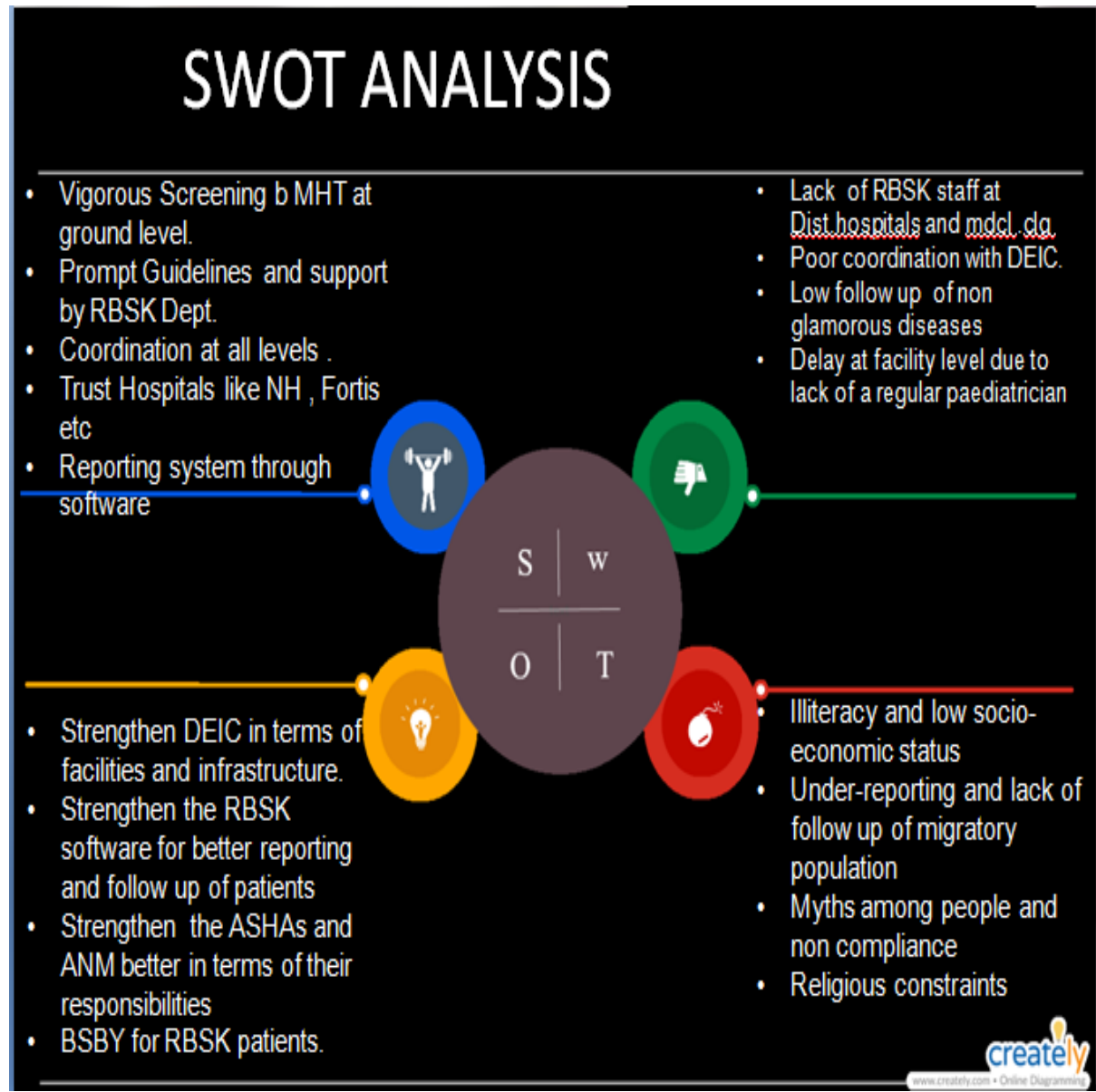
- 2) Another major reason noted was that the patients were more interested in getting handicapped reservation for their child for future prospects and so they were not interested in getting the treatment done. In government institutions like SMS medical college patients suffer due to long waiting period 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 beliefs 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

Beneficiaries

- Care givers are un able to differentiate b/w Cure and Care approach of 4Ds.
- Financial instability of caregivers stop them from availing benefits of RBSK.
- there is absence of awareness regarding health and related issues.
- Preference of getting treatment at private hospitals for social status.

RBSK

- Limited importance being given to RBSK among other health programs.
- Need for improvisation in the training of MHT for counselling of patients and interpersonal communication skills.
- Ignorance at Anganwadi level or absence of ASHA at many points.
- Poor followup of non glamorous disease like SAM etc.

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.







RBSK

RAJASTHAN BAL SWASTHYA KAPAKSHAN
राजस्थान बाल स्वास्थ्य कार्यक्रम
FROM SURVIVAL TO HEALTHY SURVIVAL

राष्ट्रीय स्वास्थ्य मिशन
राष्ट्रीय बाल स्वास्थ्य कार्यक्रम
राजस्थान



स्वास्थ्य परीक्षण एवं रेफरल कार्ड 96607 25171

जिला	JP-I	खण्ड का नाम	U
बच्चे का नाम	Suman	पिता/माता का नाम	Satya Narayan
गांव का नाम	U	लिंग (M/F)	F
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विद्यालय संस्था प्रभान/ आंगनवाड़ी कार्यकर्ता/ आशा का नाम व नं.	Susgyan Sharma	क्या बच्चा ऐसे परिवार से है जो BSBY का लाभार्थी है।	हाँ ☐ नहीं ☒
जो भी लागू हो उस पर मोला लगायें		यदि हाँ तो भ्रमाशय कार्ड नं.	

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

क्या आगे इलाज हेतु भेजा जाना है? (हाँ/नहीं) ☒ Yes

यदि हाँ तो सम्बन्धित संस्थान पर मोला 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 आंगनवाड़ी पर मोबाइल हेल्थ टीम द्वारा व डिलिवरी प्वाइंट पर लेबररूम के स्टाफ द्वारा भरा जावे।)

Reference:

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