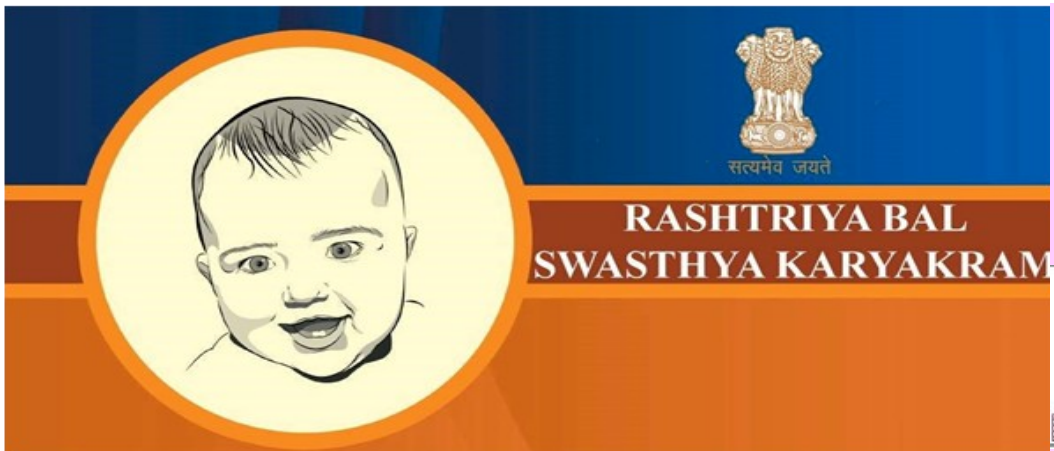




A COMPARATIVE STUDY OF RASHTRIYA BAL SWASTHYA KARYAKRAM IN TWO DISTRICTS OF MADHYA PRADESH



Rashtriya Bal Swasthya Karyakram (RBSK) is a new initiative aimed at screening over 27 crore children from 0 to 18 years for 4 Ds - Defects at birth, Diseases, Deficiencies and Development Delays including Disabilities.

Children diagnosed with illnesses shall receive follow up including surgeries at tertiary level, free of charge under NHM.

Objectives :

- To know the current status of RBSK implementation at Raisen and Hoshangabad districts
- To facilitate treatment of positive diagnosed children under RBSK

Methodology:

MAP OF HOSHAGABAD

7 blocks
14 health teams

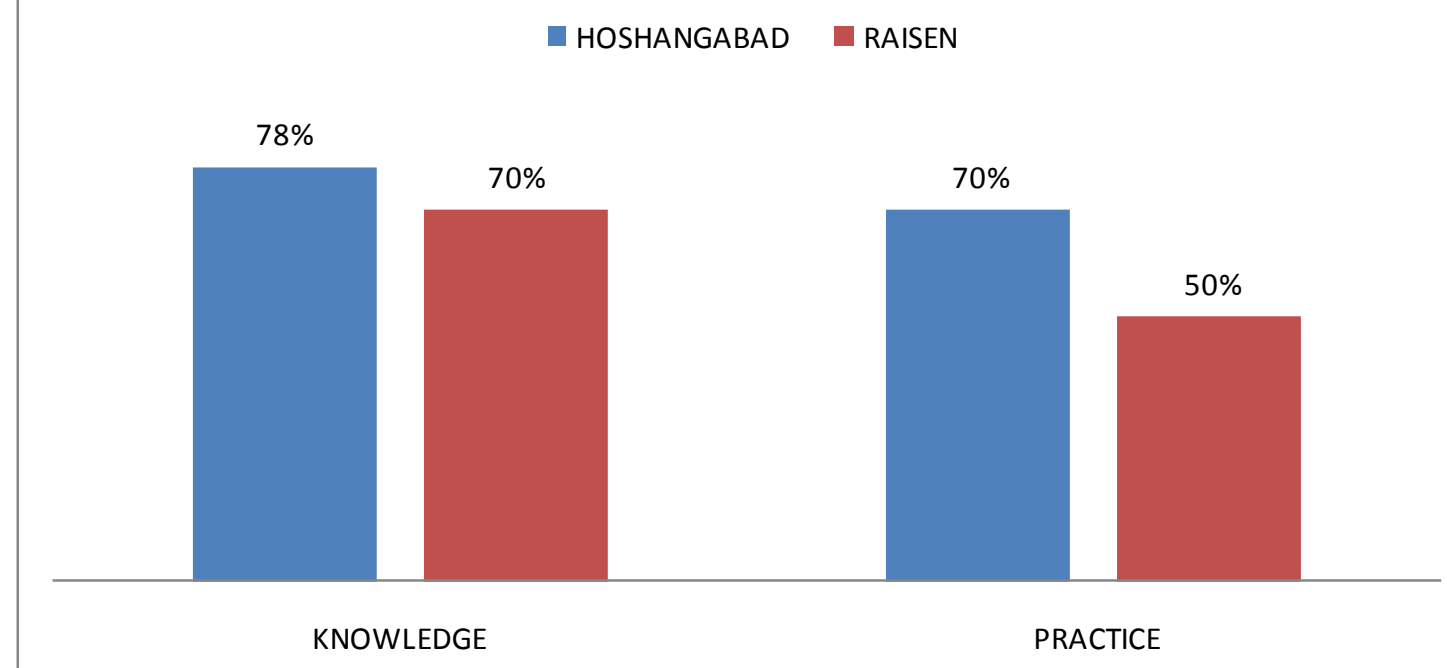


MAP OF RAISEN

7 blocks
14 health teams



PERCENTAGE DISTRIBUTION OF RBSK TEAM MEMBERS BY THEIR KNOWLEDGE AND PRACTICE



Methods of Primary data collection

- Interview with RBSK team
- Direct observation
- Review of guidelines, and RBSK MIS

Tools of data collection

- Interview schedule-Structured questionnaire of 20 items to assess the knowledge and practice of health care personnel based on operational guidelines. The content validity of the tools was established by requesting 1 expert to validate the tool and give their valuable suggestions. Each correct answer was given a score of 1 and wrong answer a score of 0.

- Total Scores – 20 (ranged 0-20)
- <50 % (<10)- Inadequate knowledge
- 50-75 % (11-15) - Moderate knowledge
- >75% (>15) – Adequate knowledge

FINDINGS:

HUMAN RESOURCE

INFRA STRUCTURE

PLANNING

TOOLS , EQUIPMENT

LEADERSHIP

HOSHANGABAD

•RBSK Coordinator position filled

•Well established DEIC

•Well designed micro plan
• As per RBSK guidelines proper information flow to stakeholders

•Availability of all functional tools and equipments as per the guidelines

• Able leadership and cordial behaviour of district level officials.

RAISEN

• RBSK Coordinator position vacant since one year

•DEIC is proposed in third phase of construction

• No scheduled micro plan
• Stakeholders lack information from District Hospital

• Tools and equipments inadequate as per the guidelines

• Lack of leadership skills of district level officials

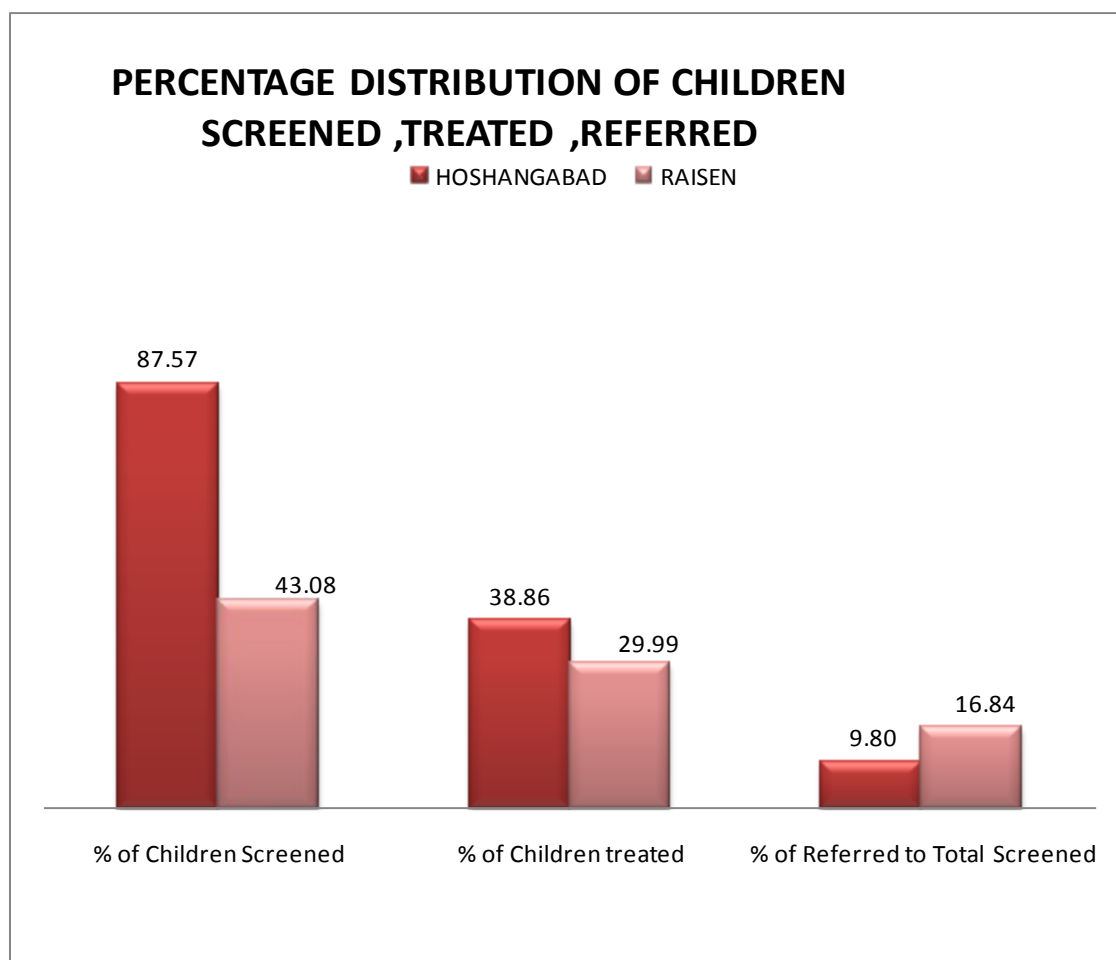
ENLISTED FOUR DISEASES (BIRTH DEFECTS) OUT OF THE 30 DISEASES OF RAISEN

- 1) CLEFT LIP & PALATE
- 2) CONGENITAL HEART DISEASES
- 3) COCHLEAR HEARING IMPAIRMENT
- 4) CLUB FOOT

FACILITATED CAMP ON CLEFT LIP AND CLEFT PALATE AT DISTRICT HOSPITAL RAISEN

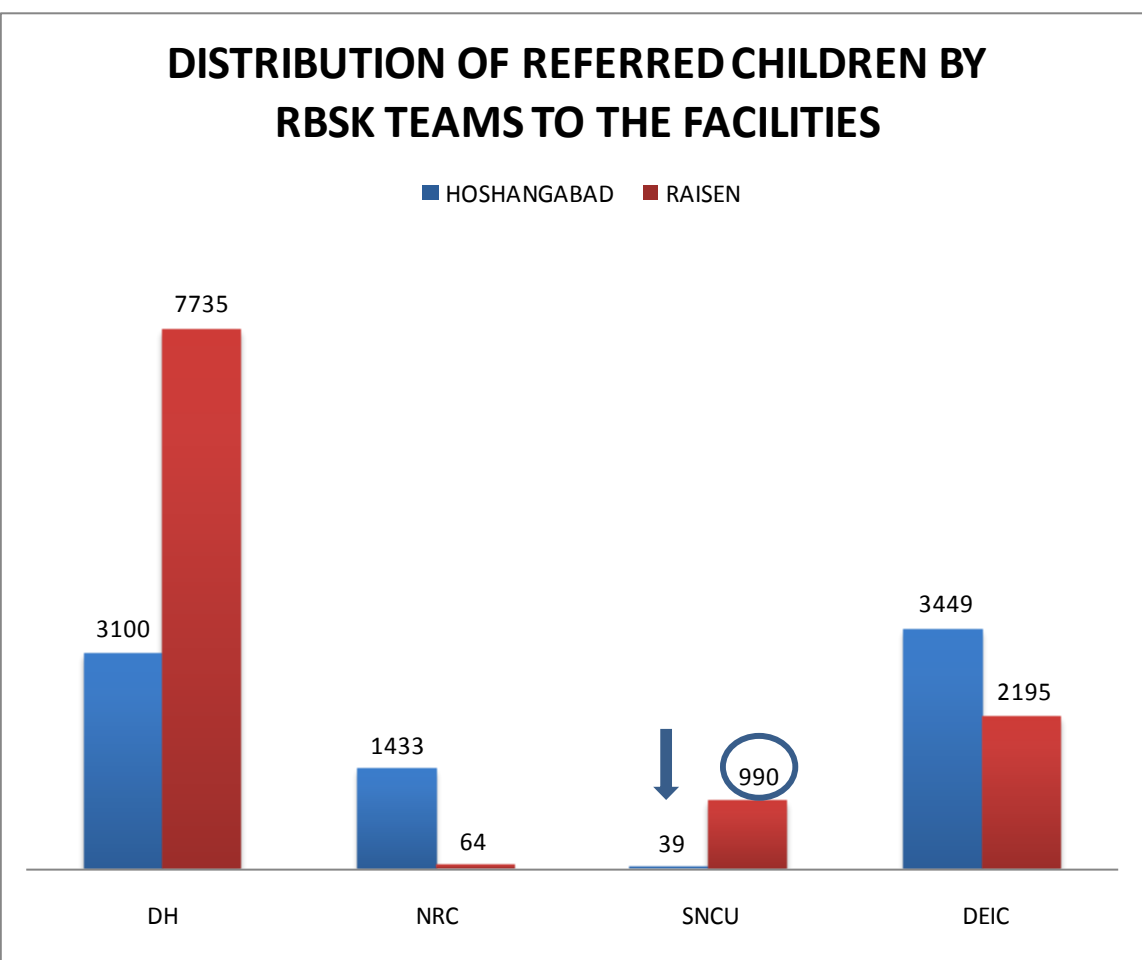
Blocks No. of Children

Udaipura	3
Sanchi	3
Obedullagunj	2
Silvani	2
Bareli	2
Begamgunj	1
Total	13



SOURCE: RBSK state health card April 2014 to March 2015

Target screened children - 369600
Number of children screened - 323674
Number of surgery done - 87



Source: RBSK monthly report

Target screened children - 369600
Number of children screened - 159217
Number of surgery done - 1

Reasons for poor performance at Raisen

- Lack of convergence with WCD department and Education department.

- Inadequate human resources (attrition, vacant positions)

- Lack of efforts on continuous training

- Lack of communication with hospitals who are providing surgical assistance for RBSK.

- Lack of understanding of the guidelines for surgical treatment and referral procedures

- Discrepancies in data and human errors in reporting

MINOR PROJECTS:

- 1) To develop a performance appraisal for ANMs at Sub center level Non delivery point through HMIS and MCTS .
- 2) Rapid assessment of L1 and L2 functional and non functional delivery points.



Suggestions :-

- Regular monitoring and supervision of mobile teams of RBSK.
- More and more spot treatments
- Software may help for easy and quality reporting .

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