



Review Article

## **Rashtriya Bal Swasthya Karyakram: A Novel Way of Harnessing the Potential of Ayurvedic Graduates**

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### **ABSTRACT**

Children are central to sustainable development of a country. As such, developmental delays and disabilities of children ultimately impact the pace of economic growth of country itself. Success of population control is also intimately related to survival outcome of children. So, the issues of delays and disabilities in children need a prompt and definitive medical attention, which largely depends upon early recognition of such conditions. *Rashtriya Bal Swasthya Karyakram* (RBSK) is a new national program dedicated to this issue. The recognition and diagnosis of a disease is less concerned with the system of medicine. So, *Ayurvedic* graduates have been made an essential component of the mobile health teams of RBSK. This can thus also be viewed as a novel uncontroversial method of utilizing *Ayurvedic* graduates in strengthening of the national health programs.

**Key words:** *Ayurvedic* graduates, *Rashtriya Bal Swasthya Karyakram*, National Health Programs.

### **INTRODUCTION**

World Health Organisation (WHO) defines health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, which clearly follows the *Ayurvedic* standards of health. [1,2] When it comes to children, an early recognition of disease or infirmity is vital, as it permits timely institution of medical interventions, in the absence of which his/her future as a productive adult may be endangered. In fact, correct and timely diagnosis is the first step to successful management of any disease. The curriculum of BAMS graduates is rich enough to enable them identify the

childhood illnesses after a minimal preliminary training. [3] Appreciation of this fact has probably mobilized the Government of India (GOI) to come up with a newer way of making a judicious use of the medical graduates of *Ayurvedic* system of medicine, viz. using them in early identification of the diseased children, followed by timely referral to an appropriate center for further management. As the medical graduates carry out only diagnosis, the controversies of the system of medicine used for treating the disease are also warded off. This is thus a novel and uncontroversial method of engaging the *Ayurvedic* graduates in various national health programs, eventually leading

to a wholesome strengthening of the healthcare system of India.

### **The Rashtriya Bal Swasthya Karyakram (RBSK program)**

The RBSK is a relatively newer national health initiative launched in Feb. 2014, for providing comprehensive healthcare and improving the quality of life of children in pursuance of the objective of “Health for All”.

#### **Background**

The need for having a new national program dedicated to childhood diseases was felt owing to following facts:-

- Children are central to sustainable development. It is well known that millions of children under five years of age in our country still do not receive appropriate care and support to become physically healthy, mentally alert and emotionally secure.
- According to March of Dimes (2006), out of every 100 babies born annually, 6 to 7 have a ‘birth defect’. As our country’s annual birth cohort is 26 million, this would translate to around 17 lakh birth defects, which account for almost 10% of the total newborn deaths and 4% of under five mortality in our country. <sup>[4]</sup>
- Children also suffer from a variety of ‘deficiencies’. Various nutritional deficiencies affecting the preschool children range from 4 to 70%. Nearly 47% of all children are malnourished, 43% underweight and 20% wasted, including 8 million severely acute malnourished children. <sup>[5]</sup>
- When coming to ‘developmental delays’ (including disabilities), they are known to afflict 10% of our child population. These delays if not intervened timely, may lead to permanent disabilities including cognitive, hearing or vision impairment, which ultimately impacts the pace of economic growth of the country. However, if detected in time, it may be possible to

manage such disabilities and groom these children with adequate medical support so that they may lead a near normal life.

- And last but not the least, there are some diseases which are quite common in children viz. dental caries, rheumatic heart disease, reactive airways disease etc. Early detection and management of such diseases including deficiencies bring added value in preventing these conditions, to progress to their more severe & debilitating form and thereby reducing hospitalization and improving implementation of ‘Right to Education’.

Such a scenario is a matter of concern, demanding urgent and effective action. Although under National Rural Health Mission, significant progress has been made in reducing mortality in children during the seven year period from 2005 to 2012, further reduction in child mortality is still desired, along with a dire need to improve the survival outcome too. This would be reached by early detection and management of conditions that were not addressed comprehensively in the past. This necessitated drawing up an effective program dedicated to early identification of defects at birth, deficiencies, diseases and developmental delays, followed by their appropriate management- all through a concerted effort of the experts working as a team. Recognizing this need of a structured approach to child health screening & early intervention services as a public health approach in order to improve survival outcome, GOI launched this new initiative, the RBSK. The launch of this program assumes great significance as it corresponds to the release of Reproductive, Maternal, Newborn, Child Health & Adolescent Health Strategy (RMNCH +A) and also with the Child Survival and Development – A call to Action Summit held from Feb. 7-9, 2013 in Mahabalipuram, Tamil Nadu.

The RBSK, technically termed as “Child Health Screening and Early Intervention Services Programme”, is now working under the flagship of the National Rural Health Mission, with the initiative of providing comprehensive care to all the children in the community. [6]

**The Objectives of RBSK**

The objective of this initiative is to improve the overall quality of life of children through early detection of birth Defects, Diseases, Deficiencies, Development delays and Disability.

**The dimensions of RBSK program**

1) **Screening element:**

The RBSK aims for early identification & early intervention of 4 Ds (viz. Defects at birth, Deficiencies, Diseases & Developmental delays including disability) in children from birth to 18 years. Presently 30 health problems have been identified to be managed under this program (13 require surgical management).

Universal screening would lead to early detection of medical conditions. This facilitates timely intervention, ultimately leading to a reduction in mortality, morbidity & lifelong disability. [7]

<b>Health issues covered (presently) under RBSK</b>		
<b>Defects at birth</b>		
1. Neural tube defects.	2. Down’s syndrome.	3. Cleft lip &/or cleft palate.
4. Talipes (club foot)	5. Development dysplasia of hip.	6. Congenital cataract.
7. Congenital deafness.	8. Congenital heart diseases.	9. Retinopathy of prematurity (ROP).
<b>Deficiencies</b>		
10. Anemia (especially severe anemia).	11. Severe Acute Malnutrition.	
12. Vitamin A deficiency (Bitot Spot).	13. Goiter.	14. Vitamin D deficiency (Rickets).
<b>Childhood Diseases</b>		
15. Skin conditions.	16. Reactive airway disease (Scabies, fungal infection & eczema)	
17. Dental conditions.	18. Otitis media.	19. Convulsive disorders.
20. Rheumatic heart disease.		
<b>Development Delays and Disabilities</b>		
21. Vision Impairment.	22. Cognitive delay.	23. Hearing impairment.
24. Language delay.	25. Neuromotor impairment	26. Behaviour disorder (Autism).
27. Motor delay	28. Learning disorder.	29. Attention Deficit Hyperactivity Disorder.
30. <b>Congenital hypothyroidism, Sickle cell anemia, Beta Thalassemia</b> (optional): can be included by states & UT based on their epidemiological situation and other support facilities.		

2) **Management element :**

Screened children of 0-6 year age group will be managed at District Early Intervention Centers (DEIC), whereas management of children in 6-18 years age group will be done through existing public health facilities. DEIC shall also act as referral linkages for both the age groups.

**The Beneficiaries (Target age group)**

The RBSK beneficiaries are children of 0 to 18 years age. They have been grouped into 3 categories owing to the fact that different sets of tools need to be used and also so that different sets of conditions could be optimally prioritized.

**Table 1: Target age group under Child Health Screening and Intervention Service Categories**

<b>Categories</b>	<b>Age Group</b>	<b>Estimated Coverage</b>
Babies born at public health facilities & home	Birth (0)to 6 weeks	2 crore
Pre-school children in rural areas & urban slums	6 weeks to 6 years	8 crore
School children enrolled in class 1 <sup>st</sup> to 12 <sup>th</sup> in Govt. & Govt. aided schools	6 years to 18 years	17 crore

## **Administration & working of RBSK** [6]

- The ‘block’ is the unit of micro-planning for RBSK mobile team. The ‘in charge MO’ of the block will take lead in the micro planning process of ‘RBSK mobile team’ visits. He will be supported by the members of mobile team and ‘local health staff’ (including those in PHCs) in making the micro plan. In case of urban areas, the ‘District CMO’ will designate a ‘nodal hospital/dispensary’ with a key ‘in-charge staff’ for overseeing the activities and preparing micro plans related to RBSK.

### **Suggested composition of a MHT (Mobile Health Team)**

- 1) Medical officers (AYUSH): 2 (one male & one female - with a bachelor’s degree).
- 2) ANM/Staff Nurse: 1.
- 3) Pharmacist\* (with proficiency in computer for data management): 1.

\*If not available, any other paramedic-lab technician or ophthalmic assistant who is proficient in computer for data management may also be considered.

While health department is the lead agency, it will also have to take the help of the Education Department, ICDS Department and local Panchayati Raj Institutions.

- **Training for RBSK:** A standard training program of about 38 hours (5 days) is arranged at state and district level for mobile health teams (MHT), in strength of 30 trainees per batch.
- **The execution of RBSK program:** Screening and referral marks the beginning of appropriate management of the 30 identified health problems through DEIC & recognized higher centers.
- **The mechanism of screening (1<sup>st</sup> step of RBSK):** As said before, child screening under RBSK is done at two levels- community & facility level:-  
**Facility level screening**
  - First level screening (newborn screening): It is to be done at all delivery points (at public health

facilities like PHC/CHC/DH) through the existing manpower like Medical Officers, Staff Nurses and ANMs.

### ***Community level screening***

- After 48 hours (postnatal) till 6 weeks: The screening of newborns will be done by ASHA at home as a part of home based newborn care (HBNC) package.
- Outreach screening: To be done by the dedicated mobile block level teams (MBT) in following manner-

**Table 2: Place of Screening**

Age of child	Place of screening
6 weeks to 6 years	At Anganwadi centers (AWC)
6 years to 18 years	At Schools (Govt./Govt. aided ones)

Once a child is screened & referred from any of the aforesaid points of identification, it would be ensured that the necessary treatment or intervention is delivered free of cost to the family.

### ▪ **The management of the screened children (Step 2 of RBSK):**

- As a part of RBSK program, DEICs are to be made operational in all districts to treat the cases referred from block levels. Tertiary health services would also be made available for cases requiring surgery.
- A DEIC is composed of a multidisciplinary team, viz. medical professionals (pediatrician, medical officer and a dentist), physiotherapist, audiologist & speech therapist, psychologist, optometrist, early interventionist cum special educator cum social worker, lab technician, dental technician, manager and a data entry operator.
- A DEIC should be able to provide the required treatment (medical/surgical/therapy) and referral services to tertiary level care to the children requiring further

management. These children would then be followed up as required.

- It is important to note here that :-
    - 0 to 6 year age group: will be specifically managed at DEIC level.
    - While for 6 to 18 year age group: management of the conditions is done through existing public health facilities.
- But, DEIC shall act as referral linkages for both the age groups.

## DISCUSSION

India is still struggling with a shortage of doctors, having only one doctor per 1,800 citizens, as against a minimum ratio of 1:1,000 stipulated by the WHO. [8,9] Also, the resources are belittled on account of it being the second most populated country. The inhabitation of a good amount of population is difficult geographical terrains, further limit the outreach of the national health programs. These issues may be significantly melted down by engaging the presently under-utilized *Ayurvedic* graduates in national health programs, as is being done in RBSK. This radical change in approach can ultimately contribute to an overall strengthening of the healthcare system, enhanced survival outcome and a better state of health of the future citizens of the country.

### Benefits of RBSK to the society

The herculean effort of RBSK is ultimately targeted to benefit more than 27 crore children annually in a phased manner throughout the country. [10] Needless to say that the dividends of early intervention would be huge including improvement of survival outcome, reduction of malnutrition prevalence, enhancement of cognitive development and educational attainment and overall improvement of quality of life of our citizens. It will also bring down the out of pocket expenses on belated treatment of

diseases / disabilities (many of which become highly debilitating and incurable) and also reduce the pressure on health system on account of their timely management.

### Benefits of RBSK to the *Ayurvedic* graduates

The RBSK has thus indirectly suggested a newer slot for the *Ayurvedic* graduates in various national health programs. RBSK may in fact be envisaged as a forerunner of a newer trend of utilizing *Ayurvedic* graduates in almost all national health programs for the purpose of making a diagnosis and then timely mobilizing the diagnosed children to appropriate health care centers.

## CONCLUSION

1. Identification and diagnosis of disease is the first step to successful management and it is less concerned with the system of medicine.
2. RBSK is meant to promote early identification of the 4 Ds and facilitate early institution of corrective measures.
3. The *Ayurvedic* graduates form an essential component of the mobile health teams of RBSK.
4. Quite similar to RBSK, a collaborative use of *Ayurvedic* graduates with modern system of medicine may be done in other national health programs also.
5. The potential of *Ayurvedic* graduates still remains grossly under-utilized, when it comes to their role in national health programs.

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