



DPHICON 2024



PUBLIC HEALTH - ENHANCING THROUGH SYNERGIES

STANDARD OPERATING PROCEDURE

RBSK

PROGRAMME



DIRECTORATE OF PUBLIC HEALTH AND PREVENTIVE MEDICINE





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DIRECTORATE OF PUBLIC HEALTH AND PREVENTIVE MEDICINE

STANDARD OPERATING PROCEDURE FOR RBSK PROGRAM

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PREFACE

It gives me immense pleasure to present the DPHICON 2024 Conference Book, which focuses on the Standard Operating Procedures (SOPs) for the Rashtriya Bal Swasthya Karyakram (RBSK). This publication is a significant milestone in our collective efforts toward strengthening child health services in India. The RBSK program, with its core focus on early identification and intervention for children from birth to 18 years of age, addresses four D's—Defects at birth, Deficiencies, Diseases, and Developmental delays including disabilities. The program plays an instrumental role in ensuring that children receive the care they need at the earliest possible stage.

Our commitment to promoting holistic child development remains unwavering, and the SOPs detailed in this publication aim to streamline the implementation of the RBSK program. This document is not only a guide but also a reflection of our dedication to delivering high-quality healthcare services to children, especially those from underserved communities.

I would like to extend my heartfelt appreciation to all the contributors who have diligently worked on refining the processes and protocols outlined in this book. Their relentless dedication ensures that the health and well-being of our children remain a top priority.

As we move forward, let us continue to work together in fostering healthier futures for the children of our nation. I trust that this book will serve as an invaluable resource for healthcare providers and program implementers alike, helping them deliver effective and efficient services under the RBSK program.

I wish the DPHICON 2024 conference great success and hope that the discussions, ideas, and innovations emerging from this event will pave the way for new achievements in public health.


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STANDARD OPERATING PROCEDURE FOR RBSK PROGRAM

I. Background:

The Rashtriya Bal Swasthya Karyakram (RBSK) is a health screening initiative launched by the Government of India that focuses on children from birth to 18 years. Implemented through Integrated Child Development Services (ICDS) at Anganwadi Centres and schools, RBSK aims to conduct comprehensive health assessments to identify any illnesses or developmental issues among children. When health conditions are diagnosed, RBSK teams provide immediate medical treatment during field visits. For children needing specialized consultation, referrals are made to tertiary care facilities using RBSK vehicles. The program also ensures continuous follow-up care, including surgeries if necessary, to support the effective management of health issues and improve overall developmental outcomes for children.



II. Aim - to detect 4Ds

- Defects at Birth
- Development Delays and Disability.
- Diseases
- Deficiencies

III. Objectives of RBSK

- The objective of forming the RBSK team is to improve the quality of life of the Children by early identification of any diseases, deficiencies, birth defects and developmental delays with disabilities and planning and early intervention to reduce the consequent mortality and or morbidity.
- The screening of all children to find out the 4D cases as per prevalence of each disease as per Annexure-1



1. Defects at Birth

1. Neural Tube Defect
2. Down's Syndrome
3. Cleft Lip & Palate
4. Talipes (club foot)
5. Developmental Dysplasia of Hip
6. Congenital Cataract
7. Congenital Deafness
8. Congenital Heart Disease
9. Retinopathy of Prematurity

2. Deficiencies

10. Anaemia especially Severe Anemia
11. Vitamin A Deficiency (Bitots spots)
12. Vitamin-D Deficiency, (Rickets)
13. Severe Acute Malnutrition (SAM)
14. Hypothyroidism

3. Diseases

15. Skin Conditions
16. Otitis Media
17. Rheumatic Heart Disease
18. Reactive Airway Disease
19. Dental Conditions
20. Convulsive Disorders

4. Developmental delay and disability

21. Vision Impairment
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
- Others: (Optional)
30. Congenital Hypothyroidism, Beta Thalassemia, Sickle Cell Anemia, Adolescent Problems

Figure 1: The 4D's of RBSK Program

IV. Target Groups

a) Newborn to 6 Weeks:

Facility-based newborn screening at all delivery points by health facility staff Doctors/Staff nurses and home-based regular postnatal visits & Home based young child care visit by Village Health Nurses.

b) Children 6 Weeks to 6 Years:

6 weeks to 6 Years at the Anganwadi Centres by RBSK team.

c) 6 Years to 18 Years:

6 to 18 Years at Government and Government – aided school-based screening by RBSK Team.

V. RBSK TEAM-COMPOSITION

1. There are 770 dedicated RBSK teams (2 per block- 1 male and 1 female teams) with a separate vehicle for each team across the state to screen the children in the Anganwadi centres.
2. For covering Greater Chennai Corporation schools and Anganwadi centres, 15 RBSK teams are present.
3. The remaining 35 teams should cover other corporations in Tamil Nadu.
4. Each team should consist of one Medical Officer (Male/female to screen the gender concern), Staff Nurse/SHN, Driver (hired) and one Pharmacist with computer proficiency for data management. In Chennai, each vehicle should have two doctors and a pharmacist.
5. In addition, each RBSK team should be provided with an android tablet and a data card for web connectivity and online data entry.

RBSK Team (Medical officer/SHN or Staff Nurse/Pharmacist/Driver(hired))		
S. No.	Category	No. of RBSK Team
1	Rural	770
2	Urban	35
	Total	805

RBSK- Urban Teams			
S.no	HUDs	Corporations Name	No of teams
1	Chennai	Chennai Corp.	15
2	Coimbatore	Coimbatore Corp.	3
3	Dindigul	Dindigul Corp.	2
4	Madurai	Madurai Corp.	3
5	Salem	Salem Corp.	2
6	Tiruchirappalli	Tiruchirappalli Corp.	2
7	Tirunelveli	Tirunelveli Corp.	3
8	Tiruppur	Tiruppur Corp.	2
9	Vellore	Vellore Corp.	3
	Urban Total		35

Figure 2: Number of RBSK Teams in Rural and Urban Areas



Figure 2: RBSK vehicle

RBSK Action Plan 2024-25								
S.NO	Month	Activity	Number of Centers	Targeted Children	No. Of Anganwadi Visit Per Month	No. Anganwadi Children Screening Per Month	No. Of School Visit Per Month	No. School Children Screening Per Month
1	Apr-24	Anganwadi First Round Screening	54,439	38,21,075	18,146	12,73,692		
2	May-24	Anganwadi First Round Screening	54,439	38,21,075	18,146	12,73,692		
3	Jun-24	Anganwadi First Round Screening	54,439	38,21,075	18,146	12,73,692		
4	Jul-24	School Screening	45,890	69,70,267			7,648	11,61,711
5	Aug-24	School Screening	45,890	69,70,267			7,648	11,61,711
6	Sep-24	School Screening	45,890	69,70,267			7,648	11,61,711
7	Oct-24	School Screening	45,890	69,70,267			7,648	11,61,711
8	Nov-24	School Screening	45,890	69,70,267			7,648	11,61,711
9	Dec-24	School Screening	45,890	69,70,267			7,648	11,61,711
10	Jan-25	Anganwadi Second round Screening	54,439	38,21,075	18,146	12,73,692		
11	Feb-25	Anganwadi Second round Screening	54,439	38,21,075	18,146	12,73,692		
12	Mar-25	Anganwadi Second round Screening	54,439	38,21,075	18,146	12,73,692		
Target	Anganwadi children		38,21,075		2 times/year		76,42,150	
	School children		69,70,267		1 times/year		69,70,267	
	Total no. of children covered by RBSK team					1,46,12,417		

Figure 3: RBSK annual action plan for the year 2024-2025

VI. Field level activity

- A. Screening after Birth (Facility based /Delivery point screening)
- B. Screening of 0-6 weeks (Home based screening)-Post natal visit
- C. Screening of 6 weeks- 6 years (at Anganwadi centres)
 - a. In Tamil Nadu 54,439 Anganwadi centres are present and approximately 38 lakh children are present in the state.
- D. Screening of 6 years – 18 years (at government and government-aided schools)

In Tamil Nadu, there are totally 37559 govt schools, 7266 govt aided schools, 1065 partially aided schools. There is a total of 69,70,267 students should be covered per annum.

In addition to the above work, the following activities also should be carried out

- Awareness creation in ICDS, School on important days/dates.
- Fever control activities in screening areas by coordinating with Health Inspectors.
- Shifting the children need consultation in RBSK vehicle weekly once to DEIC.
- Mobilising children for special camps conducted for 7 conditions namely Congenital Heart Disease (CHD), Rheumatic Heart Disease (RHD), Club foot (CF), Cleft Lip and Palate (CL&P), Congenital cataract (CC), Congenital Deafness (CD), Neural Tube Defects (NTD).
- Flood/Cyclone post disaster control activity.

A. Screening of 0-6 weeks (Facility-based screening)

- Delivery point screening of newborns should be done at public health facilities like PHCs, upgraded PHCs, Govt Hospitals, Taluk Hospitals and Medical colleges.
- It is done by existing health service providers (Medical Officers and staff nurses) within 48 hours of birth
- The screening should be done as per protocol as given in the format annexure 2 from head to foot inspection.
- Existing health service providers at all designated delivery points should be trained to detect, register and report.
- That every child born sick or preterm or with low birth weight or any birth defect is followed up at the District Early Intervention Centre.
- A Child Health Card is printed and provided to the parents during the discharge of the mother and the baby at government institutions. This card serves as an important tool for tracking the child's health and development milestones as per annexure 3.
- Delivery Point Register to be maintained by all the health facilities.

- The Well Baby Clinic should be conducted in all blocks, where a paediatrician from the Government Hospital (GH) visits monthly from 10:00 AM to 1:00 PM. This initiative allows all children under the age of five to receive essential consultations at critical developmental milestones, including 2 weeks, 6 weeks, 2 months, 4 months, 6 months, 9 months, and 12 months, with annual check-ups continuing until the child reaches five years of age. By ensuring regular health assessments, vaccinations, and developmental screenings, the Well Baby Clinic plays a vital role in promoting the overall health and well-being of young children in the community.

B. Screening of 0-6 weeks (Home based screening)

- Village Health Nurses / Accredited Social Health Activists (ASHAs) during home visits for newborn care should screen the babies born at home and the institutions till 6 weeks of age. For this newborn screening head to toe format should be used.
- Postnatal visit – 3rd day, 7th day, 14th day, 21st day, 28th day, 42nd day
- Village Health Nurses / Accredited Social Health Activists should be trained with simple tools for detecting gross birth defects.
- Training of Village Health Nurse / ASHA - A tool kit consisting of a pictorial reference book having self-explanatory pictures for identification of birth defects should be used to train.
- Offer guidance and resources to mothers for the early stimulation of children aged 0-6 weeks, promoting their developmental progress.
- Every child born sick or preterm or with low birth weight or any birth defect should be referred using a referral slip and followed up in the District Early Intervention Centre.
- RBSK Register to be maintained by the ANM / ASHA which incorporates the Home based New Born Care component (HBNC).

C. Screening of 6 weeks- 6 years (at Anganwadi centres)

1. The Vehicles should be stationed only at concerned Block PHCs. The RBSK teams should be equipped with RBSK kit (BP apparatus with age appropriate cuff size, vision charts, reference charts, squeaky toys, bells, rattles, torches, one-inch cubes etc). It should also contain equipment for anthropometry.
2. All RBSK staff, including MO, staff nurse/SHN, and pharmacist, should mark their attendance in the biometric machine kept at the Block PHC and FRAS in the morning and evening daily. They should be in the field during working hours from 9 AM to 4 PM. This should be monitored by the BMO.
3. The RBSK teams should screen Anganwadi children at least twice a year (Phase 1 and Phase 2).
4. Phase 1 screening should be finished in April – June when other schools are closed/ are on annual holidays. Phase 2 should be conducted from January to March, following the Annual Training Plan (ATP).
5. Each RBSK team should have an Annual tour programme (ATP) and should cover all Anganwadi centres.
6. The RBSK team should intimate 2 days prior to CDPO & Anganwadi teacher regarding their screening date in prior so that all children are mobilised and present during the screening.
7. The RBSK team should cover a minimum of 40km/day and should work for 25 days a month excluding Sundays and other Tamil Nadu govt holidays.
8. The first anganwadi centre should be covered between 9 am to 12 noon and the second between 1 pm to 4 pm.
9. The children should be screened for 4D's by the RBSK medical officer.

10. A line list of those screened should be prepared and regular follow-up should be done.
11. Those in need of further treatment at higher centres should be referred to the District Early Intervention Centres (DEIC) housed at the Medical College Hospitals or the District Headquarters Hospital through a referral slip accompanied by a staff nurse or pharmacist in an RBSK vehicle. Referral registers should be maintained.
12. Health Inspectors (His), Village Health Nurses (VHNs), and MLHPs should assist the RBSK team as needed in mobilizing and screening children, especially those aged 0-3 years.

D. Screening of 6 years – 18 years (at government and government aided schools)

- The RBSK team should screen school children at least once a year.
- Male Medical Officers should screen boys, while Female Medical Officers (MOs) should screen girl.
- The Vehicles should be stationed at Block PHCs. The RBSK team should be equipped with BP apparatus with age appropriate cuff size, vision charts, reference charts, squeaky toys, bell, rattle, torch, one-inch cubes etc. It should also contain equipment for anthropometry.
- All RBSK staff, including MO, staff nurse/SHN, and pharmacist, should mark their attendance in the biometric machine kept at the Block PHC in the morning and evening daily. They should be in the field during working hours from 9 AM to 4 PM. This should be monitored by the BMO.
- Each RBSK team should have an Annual tour programme (ATP) and should cover all schools with one or two schools per day.
- A minimum of 60 students should be screened, including two sessions (forenoon and afternoon).

- The RBSK Team should cover a minimum of 40km/day and should work for 25 days a month excluding Sundays and other Tamil Nadu govt holidays.
- The first school should be covered between 9 am to 12 noon and the second between 1 pm to 4 pm.
- The absentee list (for those missing more than 3 days) should be collected and handed over to the PHC Medical Officer (MO), Village Health Nurse (VHN), Multi-Purpose Health Worker (MLHP), and Health Inspector for follow-up care.
- All children in government and government-aided schools should be screened for the 4 D's as per the target of the concerned block.
- School dropouts and children in the village should be mobilized to nearby schools or Health Sub-Centres (HSCs) and screened as well. A separate plan should be prepared for each block.
- A line list of those screened should be prepared, and regular follow-up should be conducted.
- Those needing further treatment at higher centers should be referred to the District Early Intervention Centres (DEIC) housed at the Medical College Hospitals or the District Headquarters Hospital, accompanied by a staff nurse or pharmacist in an RBSK vehicle. A referral register must be maintained.
- Each student should be provided with a school health card that is duly filled out.
- School water chlorination and Antilarval work should be supervised along with Health Inspector.
- The list of suspected cases of leprosy and TB should be shared with the BMO and concerned NMS(Non medical Supervisor) and STS (Senior Treatment supervisor) for further follow-up care.

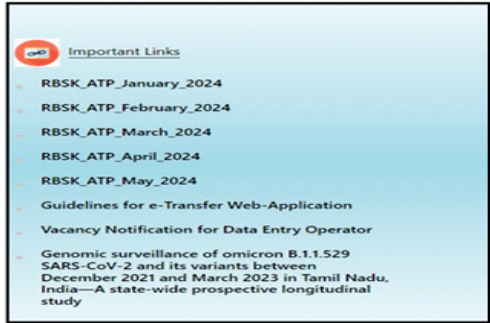
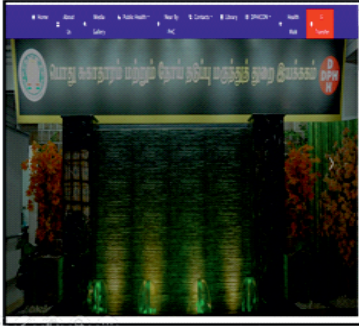


Figure 6: ATP provided by the district, updated on the TNDPHM website every month

VII. Composition of Tool Kit for Mobile Health Team

The mobile health team should be equipped with a comprehensive tool kit designed for effective developmental assessment and screening of children. The following items should be included in the tool kit:

1. Developmental Assessment Tools:

- o Bell
- o Rattle
- o Torch
- o One-inch cubes
- o Small bottle with raisins
- o Squeaky toys
- o Coloured wool

2. Vision and Reference Charts:

- o Vision charts
- o Reference charts

3. Vital Signs Equipment:

- o BP apparatus with age-appropriate cuff sizes

4. Developmental Checklist:

- o Manual and cards specific to each age group (6 weeks - 9 years)
- o Age-appropriate developmental checklist for recording milestones to identify developmental delays

5. Anthropometry Equipment:

Weighing Scales:

- Mechanical newborn weighing scale
- Standing weighing scale

Height Measuring Devices:

- Stadiometers
- Infantometers

Circumference Measurement:

- Mid-arm circumference tape/bangle
- Non-stretchable measuring tape for head circumference



Figure 7: RBSK Tool Kit

XI. Treatment and follow up

- a. Treatment for the Children and Students for minor ailments should be provided by the RBSK team.
- b. District early intervention centres (DEIC)
 - i. At district level, early intervention centre should be located in the Medical College Hospitals and in Districts without medical college hospital, it should be located at District Head Quarters Hospital which should provide referral support to children detected with health conditions during screening.
 - ii. The children and students presumptively diagnosed to have a disease/deficiency/ disability/ defect and who require confirmatory tests or further examination should be referred to the designated tertiary level health facilities through DEICs.
 - iii. The DEIC would promptly respond to and manage all issues related to developmental delays, hearing defects, vision impairment, neuromotor disorders, speech and language delay, autism and cognitive impairment. This centre would have the basic facilities to conduct tests for hearing, vision, neurological tests and behavioural assessment.
 - iv. DEIC Organises special camps for 7 conditions (CHD, RHD, CF, CL&P, CC, CD, NTD) at the Medical college by coordinating with Specialists
 - v. DEIC coordinates with the De-addiction centre in the Tertiary care centre
 - vi. Paediatrician, MO, Dentist, Psychologist, Audiometrist, Special Educator/Early Interventionist, Lab Technician, Physiotherapist, Optometrist are heading the team
 - vii. Services provided encompass hearing screening, IQ assessment, therapy for autism and ADHD, growth hormone therapy for severe short stature (hypopituitarism), and follow-up care for children referred from peripheral centers.

Besides, the team at DEICs should also be involved in new born screening at district level. The follow up has to be done by both the mobile health team and DEIC whoever refers the case

XII. Management of Children at District Early Intervention Centre (DEIC)

The District Early Intervention Centre (DEIC) plays a crucial role in the early identification and management of children with developmental delays and related disorders. The following outlines the key functions, processes, and staff roles within the DEIC:

Screening of Referred Children

1. Referral Follow-Up:

- o All referrals for developmental delays are meticulously followed up to ensure that children receive the necessary assessments and interventions.
- o Comprehensive records of referred children are maintained to track their progress and outcomes.

2. Screening for Inborn Errors of Metabolism:

- o The Lab Technician at the DEIC conducts screenings for inborn errors of metabolism and other disorders at the district level. This early detection is critical for timely intervention and management.

3. Linkage with Tertiary Care Facilities:

- o Establish strong linkages with tertiary care facilities to facilitate further assessments, specialized treatments, and multidisciplinary support for children requiring advanced care.

- Data collection occurs using Google Spreadsheets at all levels.
- Additionally, the EMIS app is utilized to enter screenings conducted by school teachers, which are further confirmed by RBSK medical officers.
- The EMIS application is currently under development to include additional features like post referral follow-up and downloading of referred cases line list.

TN EMIS (Education Management Information System Application)

- Development and Access:
 - o The TN EMIS application was developed by the Tamil Nadu School Education Department (TNSSED).
 - o Access is provided to RBSK medical officers, teachers, DPHPM, NHM, and other stakeholders.

Screening Process:

Primary Screening by Teachers:

- Screening is conducted by trained school teachers using a 49-question questionnaire (9 questions for eye screening and 39 general questions).
- Children identified with potential issues are referred to the RBSK team.

Data Management:

- The portal includes data related to Anganwadi children and school children.
- RBSK Medical Officers have access to a line list of all children in the age group of 0-19 years within this portal.

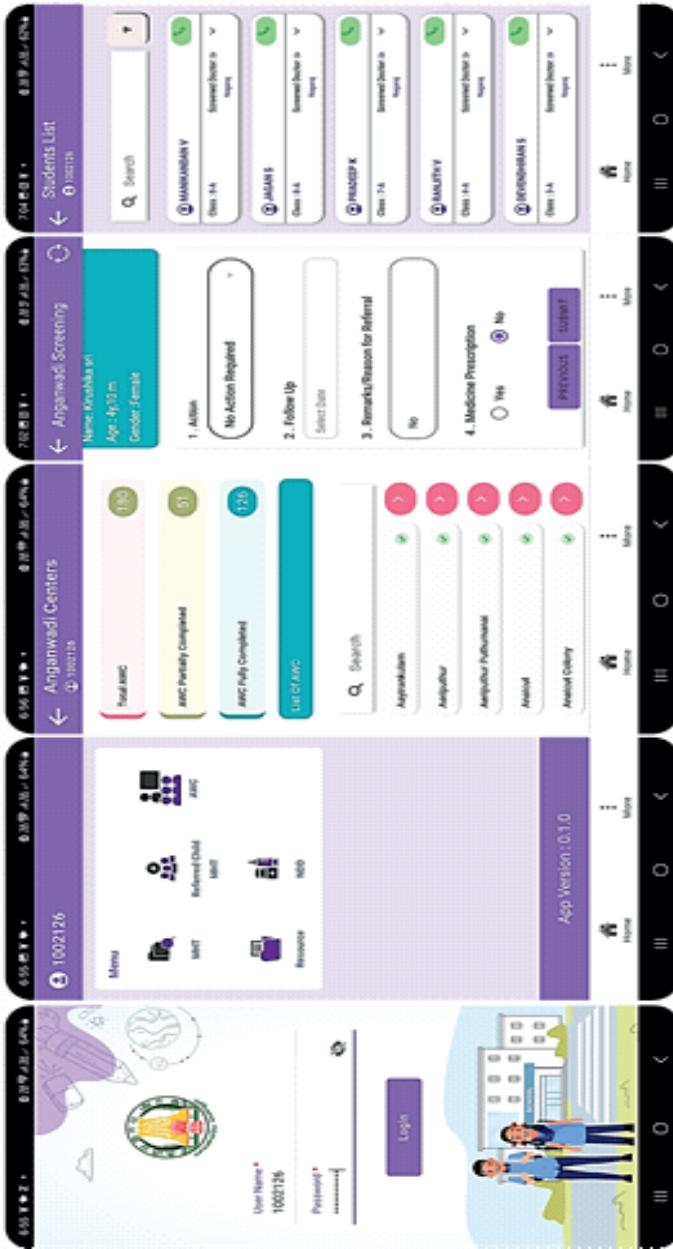


Figure 9 :TN SED Anganwadi screening portal

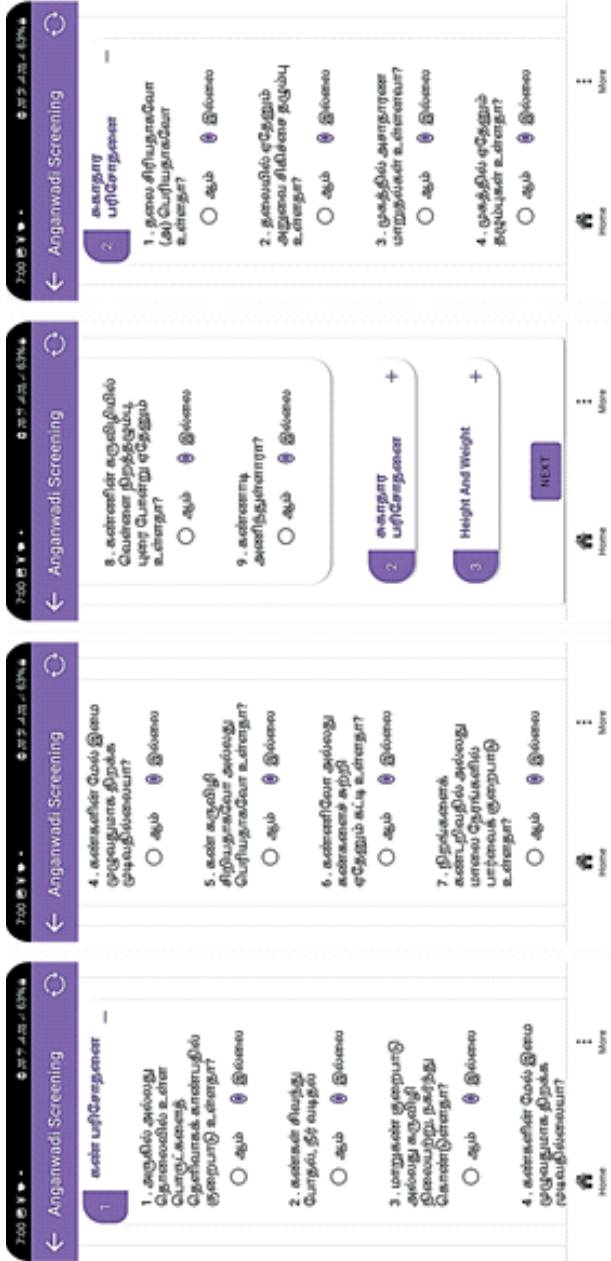


Figure 10: Sample Questions from the 49-Question Screening Questionnaire for screening of children



Figure 11: TNSD school screening portal

XIV. MONITORING AND SUPERVISION

A. District Level Committee:

District Collector	-Chairman
District Health Officer	-Convener
Chief Education Officer (CEO)	-Member
District Education Officer (DEO)	-Member
District Elementary Education Officer (DEEO)	-Member
Chief Education Officer, Sarava Shiksha Abhiyan (CEO-SSA)	-Member
PO(ICDS)	-Member

The committee is supposed to meet on the first Wednesday of each month. The time and venue may be decided as per the convenience of the Chairman.

B. District Level:

The District Health officer of each district is responsible for the proper functioning of the programme. Routine monitoring of the RBSK teams function and strategic planning of implementation form the mainstay of their responsibility as far as the scheme goes.

C. Job Responsibilities of DHO:

1. Collecting the ATP prepared by each RBSK team.
2. Ensuring the availability of sufficient vehicles for the teams.
3. Ensuring the working conditions and the safety measures of the vehicle supplied to each team.
4. Routine monitoring of the team's adherence to the ATP.
5. Regular follow up the RBSK team activities.

6. Surprise visits to schools and surprise inspection of the team function at the field level.
7. Ensuring that the RBSK team start at the right time and visits schools or Anganwadi centres as per ATP.
8. Investigating the reasons for delay in start-up or poor performance of any team.
9. Monitoring the activity of the service provider and reporting to the state level unit.

D. Block level

The Block Medical Officers should monitor the functioning of the RBSK team at the block level. Whenever a new vehicle is hired to replace an old one, GPS devices should be transferred from the old vehicle to the new one before the final payment for the old vehicle is settled. This process should be communicated to the DHO office and subsequently to the DPHPM office.

E. During the district level review meeting, the following indicators should be discussed

- Children screened in Schools by RBSK mobile teams
- Children screened in Anganwadi by RBSK mobile teams
- RBSK Team School visit
- Children Identified with 4D's at all levels
- Children Treated with 4D's at all levels
- Leprosy/TB Cases Confirmed by RBSK Team
- Children managed at DEIC
- Children waiting for surgical corrections

XV. GPS monitoring of Vehicles:

- GPS monitoring of vehicles involves fitting them with GPS devices to track their location through latitude and longitude coordinates. This allows for monitoring deviations from the designated route or destination point. Additionally, the GPS provides real-time updates on the vehicle's status, indicating whether it is offline or online.
- Daily reports on ATP deviation, lesser distance travelled (<20km), and offline devices are obtained through an automated message sent by glovision techno through Gmail in addition to the portal report for monitoring.

Option for districts to provide the reason for being offline

Thursday, September 12, 2024 11:36:36

WELCOME TO RBSK ADMINISTRATOR

- Home
- Groups Wise Tracking
- Devices List
- Devices Live Tracking
- Graphical Analytics
- Reports
 - Idle & Stoppage Report
 - Over Speed Report
 - Offline Devices
 - Daily Offline Deviation Check
 - Devices Running Status
 - Device Event History
 - Device Event History Interval
 - Devices Distance Report
 - Ignition ON/OFF Report

Daily Offline Check

(arewathing) • telcom287 • 12-09-2024 00:00:00 12-09-2024 15:36:01 Upload Offroad Vehicles

GroupID	Description	EM	Driver Number	Last Lat Long	Offline Date	Last Location	Speed	Distance	Status	Instance	Deviation	Details	Comments	Actions
7	arewathing (Telangana) [51340000170]	5548993434	01779279	04097492406	12	CHANDRAPUR ROAD, PUDUCHUAI, GANDAPURKOTTAI, PUDUCHOTTAI, DISTRICT TAMIL NADU, 22 M FROM PH	0	0	None	0	MOVING			

Figure 14: Options for Districts to Provide Reasons for Offline Reporting - a feature of RBSK GPS portal

XIV.ROLE OF STAKEHOLDERS:**1. Department of Social Welfare and Women Empowerment:**

Since the program involves screening of school children and children in Anganwadi, cooperation from the necessary departments from the Basis for the success of the programme. Complete cooperation and hassle-free communication is essential.


- Cooperation from the Child Development Project Officer (CDPO) at the block level is required
- Informing and engaging Anganwadi workers to offer support and cooperation is crucial.
- Anganwadi workers should coordinate with RBSK team and mobilize children wherever screenings occur to ensure comprehensive coverage.
- Proper data entry in the Poshan Abhiyan portal must be carried out, and the list may be forwarded to the Public Health Directorate.
- The ICDS Director to facilitate and coordinate the implementation of the program effectively

2. Directorate of School Education

- To identify nodal teachers, one teacher per school and train the teacher to provide preliminary screening for children.
- Entry of EMIS (Education Management Information System) application should be made on screening of children by the nodal teachers.


3. Directorate for the Welfare of the Differently Aabled

- Collaboration with this department is essential for addressing the needs of children with disabilities identified during the screening process.
- This includes providing necessary support services, accommodations, and resources to ensure inclusivity and equal opportunities for all children.



Annexure-1

Prevalence rate of conditions




RBSK SCREENING CONDITIONS


Sl.No.	Prevalence	Calculation
1	11.4/1000	Neurtal tube defect 11. / 1000 live birth
2	1.09/1000	Down syndrome
3	0.17/1000	Cleft palate 0.17/1000 live birth
4	0.93/1000	Cleft lip & palate 0.93/1000 live birth
5	1-2 / 1000	Talipes (Club foot) 1-2 / 1000 live birth
6	8-10/1000	Congenital Heart disease 10 / 1000 live birth
7	5.6-10 /1000	Congenital Deafnees 10/1000 live birth
8	1-15/10000	Congenital cataract 15/10000 live birth
9	1:2500-1:2800	Congenital Hypothyroidism 1:2800 live birth
10	20% - 22%	Retionpathy of maturity 22% live birth
11	22%	Neuro motor impairment 2% live birth
12	5.40%	Hearining impairment 10% in No. of children 0-10 Years
13	5-10%	Vision impairment 10% in No of children 3-6 years
14	3%	Amblyopia 3% in No. of Children 0-7 Years
15	2-4%	Strabismus 4% in No. of Children 0-7 Years

RBSK SCREENING CONDITIONS

Sl.No.	Prevalence	Calculation
16	3-19%	Language delay 19% in No. of Children 0-6 Years
17	1.41%	Behaviour disorder (Autism) 1.41% in No. of Children 0-6 Years
18	4.79%	Cognitive Impairment 4.79% in No. of Children 0 -6 Years
19	70%	Anaemia 70% in No. of children 0-6 years
20	12-20%	Iodine Deficiency disorder 20% in No. of children 11-17 Ye
21	8.60%	Otitis Media 8.60% in No. of Childrens 3-6 Years
22	50%-60%	Dental carries 60% in No. of Children 3-6 Years
23	0.70%	Vitamin A deficiency (Bitot spot) 0.7% in No. of Children 3-6 Years
24	1.5/1000	Rheumatic Heart disease 1.5/1000 in No. of Children 5-9 Years
25	0.13-1.1/1000	Rheumatic heart disease 1.1/1000 in No. of children 10-14 Years
26	30%-40%	Protein Energy Malnutrition 40% in No. of children 0-6 Years
27	10%	Developmental delay 10% in No. of children 0-6 years
28	2.50%	Development Disability 2.5% in No. of Children 0-6 Years
29	14.79%	Neuro Developmental Disorder 14.79% in No. of children 0-6 Years



Annexure-2
Newborn screening format
(Head to Toe)





Department of Health and Family Welfare
Delivery Point Screening Card

District		HUD		Name of the Institution		PHC/UPHC/GH/MH/Private MCH/ Private Hospital/Others	
Delivery						Screening	
Date		Time		Date		Time	
Mother's Name		Father's Name		Gender:	Male <input type="checkbox"/>	Weight (kg):	LBW <input type="checkbox"/>
Phone Number		Phone Number		Female <input type="checkbox"/>		Length (cm):	
Mother RCH ID :	1 3 3	Child ID :	2 3 3	Amalgam		Head Circumference (cm) :	
Address:	Door No/ Name of the Street			Birth Status :		Mode of Delivery :	
	Land Mark			Term (37- 40 weeks)	<input type="checkbox"/>	Labour Natural	<input type="checkbox"/>
	Village/Town/City			Pre Term (< 37 weeks)	<input type="checkbox"/>	Assisted Forceps Delivery	<input type="checkbox"/>
	Pincode			Post Term (> 40 weeks)	<input type="checkbox"/>	Breech Extraction	<input type="checkbox"/>
						LSCS	<input type="checkbox"/>
Birth Dose Immunisation (Mention the Date)				Referred to DEIC / others & Name of the Institution (Date & Time)			
BCG :		OPV :					
Hepatitis B :		Inj.Vitamin K1 :					
SCREENING TOOL							
Head and Spine	Absence of Cranial vault <input type="checkbox"/> Sac like protrusion in the spinal cord <input type="checkbox"/> Large head <input type="checkbox"/>	Herniation of brain through a defect in the skull <input type="checkbox"/> Enlarged skull <input type="checkbox"/>	Abnormal curvature of spine <input type="checkbox"/> Small head <input type="checkbox"/> Tuft of hair <input type="checkbox"/>				
Face	Red lesion over the skin <input type="checkbox"/> Absent of one or both eyes <input type="checkbox"/>	Dysmorphic <input type="checkbox"/> Dropping of the eyelid <input type="checkbox"/>	Small eyes <input type="checkbox"/> Gap in the structure of the eyelid <input type="checkbox"/>				
Eye	Congenital Cataract <input type="checkbox"/> Sub Conjunctival Haemorrhage <input type="checkbox"/>	Large Cornea <input type="checkbox"/>	Hazy Cornea <input type="checkbox"/>				
Ear	Low set ears <input type="checkbox"/>	Absent ear <input type="checkbox"/>	Small / Malformed ear <input type="checkbox"/>				
Mouth & Lips	Cleft Lip <input type="checkbox"/>	Cleft Palate <input type="checkbox"/>	Both <input type="checkbox"/>				
Neck	Swelling <input type="checkbox"/>	Webbing <input type="checkbox"/>	Fractured clavicle <input type="checkbox"/>				
Skin	Hypopigmented patches <input type="checkbox"/>	Congenital birth mark <input type="checkbox"/>					
Heart	Significant murmur <input type="checkbox"/> Dextrocardia <input type="checkbox"/>	Critical Congenital Heart disease <input type="checkbox"/>	SPO2 Right upper limb% SPO2 Left lower limb%				
Abdomen	Scaphoid Abdomen <input type="checkbox"/>	Absence of Abdominal wall <input type="checkbox"/>	Visible lump in the groin one or both side <input type="checkbox"/>				
Urinary Tract	Malformed & exposed bladder <input type="checkbox"/>	Loose / wrinkled Abdomen <input type="checkbox"/>					
Anus	Imperforate Anus <input type="checkbox"/>	Absent Anus <input type="checkbox"/>	Abnormal Position of Anus <input type="checkbox"/>				
Genitalia	Ambiguous Genitalia <input type="checkbox"/> Absence of Vaginal opening <input type="checkbox"/> Undescended testis <input type="checkbox"/>	Urethral opening on the upper side of the penis / between clitoris and labia <input type="checkbox"/> Urethral opening on the lower side of the penis / vaginal cavity <input type="checkbox"/>	Inguinal Swelling <input type="checkbox"/> Micro Penis <input type="checkbox"/> Balloon like swelling in the groin or scrotum <input type="checkbox"/>				
Limb	Club Foot <input type="checkbox"/> Asymmetry of Hip <input type="checkbox"/> Absence of one or more fingers <input type="checkbox"/>	Limb reduction defects <input type="checkbox"/> Accessory fingers <input type="checkbox"/>	Internal rotation of arm <input type="checkbox"/> Fused / Webbed fingers <input type="checkbox"/>				
Downs Syndrome	Hypotonia (Floppiness) <input type="checkbox"/> Wide, short hands with short fingers <input type="checkbox"/> A big space between the first and second toe <input type="checkbox"/>	Inner corner of the eyes rounded (epicanthic folds) <input type="checkbox"/> Single deep crease across the center of the palm <input type="checkbox"/> Enlarged appearing tongue in relationship to size of mouth <input type="checkbox"/>	Flattened nose <input type="checkbox"/> Flat face <input type="checkbox"/> Upward slanting eyes <input type="checkbox"/>				
Others:	<ul style="list-style-type: none"> ROP(Pre term babies), SPO2, OAE- Must be done before discharge of the baby 						

No obvious visible birth defects.

Signature of the Paediatrician / Medical Officer
Name:
Designation:



Annexure-3

Child Health Card





Annexure - 4
Registers of Program



Anganwadi Register



RASHTRIYA BAL SWASTHYA KARYAKRAM

MOBILE HEALTH TEAM REGISTER FOR ANGANWADI CENTRE

RBSK

RASHTRIYA BAL SWASTHYA KARYAKRAM

FROM SURVIVAL TO HEALTHY SURVIVAL




Name of the Block :

District :

Mobile Health Team ID:

பொது சுகாதாரம் மற்றும் நோய் தடுப்பு மருந்துத் துறை
சென்னை-6.

Delivery Point Register



RASHTRIYA BAL SWASTHYA KARYAKRAM

DELIVERY POINT REGISTER

RBSK




RASHTRIYA BAL SWASTHYA KARYAKRAM
FROM SURVIVAL TO HEALTHY SURVIVAL

Name of the :
Hospital / PHC

District :

பொது சுகாதாரம் மற்றும் நோய் தடுப்பு மருந்துத் துறை
சென்னை-6.

MHT Register for School

RASHTRIYA BAL SWASTHYA KARYAKRAM

MOBILE HEALTH TEAM REGISTER FOR SCHOOL

RBSK
RASHTRIYA BAL SWASTHYA KARYAKRAM
FROM SURVIVAL TO HEALTHY SURVIVAL




Name of the Block :

District :

Mobile Health Team ID:

பொது சுகாதாரம் மற்றும் நோய் தடுப்பு மருந்துத் துறை
சென்னை-6.

VHN Register



RASHTRIYA BAL SWASTHYA KARYAKRAM

VHN REGISTER

RBSK

RASHTRIYA BAL SWASTHYA KARYAKRAM
FROM SURVIVAL TO HEALTHY SURVIVAL

Name of the Block :

District :

HUD :

PHC :

HSC :

பொது சுகாதாரம் மற்றும் நோய் தடுப்பு மருந்துத் துறை
சென்னை-6.

DEIC Register



RASHTRIYA BAL SWASTHYA KARYAKRAM

DISTRICT EARLY INTERVENTION CENTRE (DEIC) REGISTER

RBSK

RASHTRIYA BAL SWASTHYA KARYAKRAM

FROM SURVIVAL TO HEALTHY SURVIVAL

Name of the Hospital :

District :

பொது சுகாதாரம் மற்றும் நோய் தடுப்பு மருந்துத் துறை
சென்னை-6.



DIRECTORATE OF PUBLIC HEALTH AND PREVENTIVE MEDICINE

