

Problem Statement

India has a large birth cohort of estimated 26 lakh and understandably an estimated 17 lakh babies are likely to be born with a birth defect. Congenital defects accounts for 9.6% of all new born deaths. The incidence of congenital hypothyroidism is 1 in 1000 live births with a similar incidence of Down's syndrome. Diagnosis is often delayed due to lack of awareness among professional and ignorance about the technical expertise required to handle such cases of birth defects.

Evidence also suggests that 48% of children < 5 years are chronically malnourished. Nearly 47 million of these children are stunted, 43% underweight and 20% wasted. 6% children suffer from Severe Acute Malnutrition (SAM), anaemia is present is estimated to be 70% due to iron deficiency.

Dental caries affects 50 – 60% Indian School Children while Rheumatic Heart Disease is estimated to affect 10 – 15 lakh children between the ages of 6 – 18 years. The median prevalence of reactive prevalence of reactive airway disease including asthma is reported to be 4.75 percent among children.

Additionally nearly 200 million children do not reach their development potential either physically or cognitively during the first five years because of poverty, poor health, nutrition and lack of early stimulation. 10% children are affected with development delays leading to disabilities and 20% of new-borns discharged from SNCUs may have developmental delays.

Program Description

Child Health Screening and Early Intervention Services under NRHM envisages to cover 30 identified health conditions for early detection, free treatment and management , which have been categorised under 4 groups – Defects at Birth, Deficiencies, Childhood Diseases and Developmental Delays and Disabilities which are the '4 Ds'.

Identified Health Conditions for Child Health Screening and Early Intervention Services	
Defects at Birth <ol style="list-style-type: none"> 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 	Deficiencies <ol style="list-style-type: none"> 10. Anaemia especially Severe Anaemia 11. Vitamin A Deficiency (Bitot spot) 12. Vitamin D Deficiency (Rickets) 13. Severe Acute Malnutrition 14. Goiter
Childhood Diseases <ol style="list-style-type: none"> 15. Skin conditions (Scabies, Fungal Infection and Eczema) 16. Otitis Media 17. Rheumatic Heart Disease 18. Reactive Airway Disease 19. Dental Caries 20. Convulsive Disorders 	Developmental Delays and Disabilities <ol style="list-style-type: none"> 21. Vision Impairment 22. Hearing Impairment 23. Neuro-Motor Impairment 24. Motor Delay 25. Cognitive Delay 26. Language Delay 27. Behaviour Disorder (Autism) 28. Learning Disorder 29. Attention Deficit Hyperactivity Disorder
<ol style="list-style-type: none"> 30. Congenital Hypothyroidism, Sickle Cell Anaemia, Beta Thalassemia (Optional) 	

To reach all the target group of children for health screening an age-wise strategy has been developed. For the new-born children, there will be facility based new-born screening at public health facilities, by existing health manpower. There will also be community based new-born screening till 6 months of age through the ASHA at home during home visits. For children 6 weeks to 6 years it is envisaged to have Anganwadi centre based screening by dedicated Mobile Health Teams for children 6 years to 18 years Government and Government aided school based screening by dedicated Mobile Health Teams.

An Early Intervention Centre (DEIC) will be established at the District Hospitals with a purpose of providing referral support to children detected with health conditions during screening. Further confirmatory tests for the existing ailment will be conducted at the tertiary level public health facilities through the DEICs.

Training of personnel involved in Child Health Screening and Early Intervention services is an essential component of the program and instrumental in imparting necessary information and skills required for the child health screening process at various levels. A cascade training approach will be adopted to ensure free flow of skills and knowledge at all levels. Collaborative Centres will coordinate, mentor, provide supportive supervision and train health workers of various cadres, and analyse data and give feedback.

Conclusion: Through RBSK the Government aims to cover all children 0 – 6 years of age in rural and urban slums and also older children upto the age of 18 years. The services are expected to benefit 27 crore children in a phased manner.