

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:49

ANSWERED ON:22.02.2013

RASHTRIYA BAL SWASTHYA KARYAKARAM

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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Union Government has recently launched a new child health screening and early intervention service viz. Rashtriya Bal Swasthya Karyakaram (RBSK) at Palghar in Maharashtra;
- (b) if so, the salient features of the programme;
- (c) whether such a programme is proposed to be extended in other districts across the country;
- (d) if so, the details thereof; and
- (e) the likely expenditure to be met by the Union and State Governments on the programme?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) Yes, Child health screening and early intervention services has been rolled out under the National Rural Health Mission.

(b) The salient features of the programmes are:

The purpose of Rashtriya Bal Swasthya Karyakram is to improve survival, development and quality of life of children in the age group of 0 to 18 years through early detection of Defects at birth, Diseases, Deficiencies, Development Delays including Disability and follow-up management.

The child health screening services builds on the existing school health services and will be provided through dedicated mobile health teams placed in every block. The block level dedicated mobile medical health teams would comprise of trained doctors and paramedics.

The teams will screen children in the age group 0 – 6 years at Anganwadi centres besides screening of all children enrolled in Government and Government aided schools from class1to class12.

The newborns will be screened for birth defects in health facilities where deliveries take place and during the home visits by ASHA.

An estimated 27 crore children in the age group of 0 to 18 years are expected to be covered in a phased manner.

RBSK envisages to cover 30 common health conditions prevalent in children for early detection and free intervention and treatment.

There is a provision for District Early Intervention Centres at the district level for management of cases referred from the blocks and further referral to tertiary level health services in case of need.

Existing services offered by Ministry of Women and Child Development, Social Justice and Empowerment and Education will also be optimally utilized.

(c) & (d) The programme would cover all States and UTs in the country.

(e) The initiative is under the aegis of National Rural Health Mission where 75 percent funding is given by the central Government and 25 percent by States / UTs except North-east and special category where funding pattern is 90:10.