

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

UNSTARRED QUESTION NO:1971
ANSWERED ON:08.03.2013
CHILDREN WITH CLUBFOOT DEFORMITY
Singh Kunwar Rewati Raman

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

- (a) whether children born with clubfoot deformity is an important factor of disability amongst the children in the country;
- (b) if so, the details thereof including the estimated number of children born with clubfoot deformity every year in the country, State/UT-wise;
- (c) the methods being adopted for treating the children born with clubfoot deformity in the country;
- (d) whether the Government proposes to launch any National Clubfoot Deformity Eradication Programme for the timely and affordable treatment during the 12th Five Year Plan and entered into partnership with certain organisation for the purpose; and
- (e) if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ABU HASEM KHAN CHOUDHURY)

(a) & (b): Club foot is a type of birth defect and is one of the most common congenital physical disabilities worldwide, known to occur in 1-3 of every 1,000 births (worldwide) with evidence of higher rates in developing nations. The specific data state-wise are not available.

(c) to (e): Recently, a new national programme 'Rashtriya Bal Swasthya Karyakram' (RBSK) has been launched under National Rural Health Mission. The details of this initiative are as below:

1. The purpose of RBSK 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 for appropriate management and treatment, if required (medical or surgical).
2. RBSK envisages covering 30 common health conditions prevalent in children for early detection and free intervention and treatment and clubfoot is one of these.
3. The child health screening services build 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.
4. The newborns will be screened for birth defects in health facilities where deliveries take place and during the series of home visits by ASHA under HBNC scheme.
5. The teams will screen children in the age group 6 weeks to 6 years at Anganwadi centres besides screening of all children enrolled in Government and Government aided schools from class 1 to class 12.
6. An estimated 27 crore children in the age group of 0 to 18 years are expected to be covered in a phased manner.
7. 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.
8. Existing services offered by Ministry of Women and Child Development, Social Justice and Empowerment and Education will also be optimally utilized.