RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK) PROGRAMME IN INDIA AND ITS SCOPE IN PAKISTAN

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INTRODUCTION

Developing countries have been overtly focusing on reducing under-five mortality rate and have made variable gains in this reduction during the last decade. The Indian Government under the National Rural Health Mission, launched in year 2005, demonstrated a 36% reduction in under-five mortality rate (U5MR) from 2008 to 2013.[1] In order to reduce morbidity and mortality further, Rashtriya Bal Swasthya Karyakram (RBSK), an ambitious program that is aimed to cover 27 crore children in India, was launched in 2013. This take account of sick newborns discharged from health facilities, i.e., Special Newborn Care Units (SNCUs) in addition to regular screening of all newborns at birth, whether born at home or at public health facilities.[2]

Under Facility Based Newborn Care initiative in India, a series of Special Newborn Care Units (SNCUs) have been made operationalized. In the SNCU Technical reports, it was noted that 10% of the newborns die within these facilities and another 10% die within 1 year.[2,3] Under Home Based Newborn Care scheme, any infant born at home or at health facility, is followed up by series of home visits made by Accredited Social Health Activists (ASHAs).[4] The purpose of these visits is to identify early danger signs and prompt referral. Moreover, under Janani Shishu Suraksha Karyakram (JSSK) such newborn and children up to 1 years of age are entitled to free of cost treatment at any public health facility in the country. RBSK program is modelled on the progress made in the recent past under National Rural Health Mission, now called National Health Mission.[5] This program is aimed to screen and manage such children till 18 years of age on the lines of Universal Health Care.

Child Health Status in Pakistan:

According to World Health Organization (WHO), the main cause of mortality in children less than 5 years, all over the world in 2013 was prematurity. It also states that almost 50% deaths were due to infectious diseases. The other causes of death in children include pneumonia (13%), intra-partum related complications including birth asphyxia (11%), diarrhea (9%), neonatal sepsis (7%) and malaria (7%). Measles, HIV/AIDS and neonatal tetanus account for less than 2% of deaths in children under-five years of age.[6]

According to another study, there are six diseases that account for 70% of deaths among children under-five years of age. These include pneumonia (19%), diarrhoea (18%), malaria (8%), measles (4%), HIV/AIDS (3%) and other neonatal conditions (37%).[7] In developing countries like Pakistan and India, leading cause of deaths in children is still infectious diseases, as compared to developed, where injuries is the leading cause of deaths, besides neonatal causes such as birth defects.[8]

According to United States Census Bureau (USCB), Pakistan is the world sixth most populous country in year 2014.[6] Globally, U5MR is 46 deaths per 1000 live births. It has reduced from 90 deaths per 1000 in 1990 to 46 deaths per 1000 in year 2013. There is 49% decline in U5MR from year 1990 to 2013. The number of under-five deaths declined from 12.7 million to 6.5 million during 1990 to 2013. Despite of such decrease in U5MR, seventeen thousand children die every day. Neonatal period is most vulnerable time for a child's survival. 2.8 million Neonates died before 28 days of life in 2013. Globally, neonatal mortality rate is declining; it has declined from 33 deaths per 1000 live births to 20 deaths per 1000 live births. U5MR is 76 deaths per 1000 live births in people with low income as compared to 6 per 1000 live births in people with high income.

In Pakistan U5MR are 86 deaths per 1000 live births. In 1990 and 2000, U5MR in Pakistan was 139 and 113 respectively. U5MR declined with annual rate of reduction of 2.1% from 1990 to 2013. Infant mortality rate declined from 106 deaths per 1000 to 69 deaths per 1000 live births from 1990 to 2013. Neonatal mortality rate declined from 56 to 42 deaths per 1000 live births from 1990 to 2013.[7]

Key Elements of RBSK:

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years

This program is based on the Continuum of care model; that aims to screen and manage children for 4 D's, i.e., Defects at birth, Diseases, Deficiencies and Developmental delays including disabilities.

It intends to cover children of rural areas and urban slums from age 0 till 6 years and those enrolled in schools from grade 1st till 12th in Government and

Government aided Schools. Child Health Screening and Early intervention Services under RBSK envisage to cover 30 selected health conditions for screening, early detection and free management. The conditions are as following[2]:

Selected Health Conditions for Child Health Screening & Early Intervention Services	
Defects at Birth	**Deficiencies**
1. Neural tube defect	10. Anaemia especially Severe anaemia
2. Down's Syndrome	11. Vitamin A deficiency (Bitot spot)
3. Cleft Lip & Palate / Cleft palate alone	12. Vitamin D Deficiency, (Rickets)
4. Talipes (club foot)	13. Severe Acute Malnutrition
5. Developmental dysplasia of the hip	14. Goiter
6. Congenital cataract	
7. Congenital deafness	
8. Congenital heart diseases	
9. Retinopathy of Prematurity	
Diseases of Childhood	**Developmental delays and Disabilities**
15. Skin conditions (Scabies, fungal infection and Eczema)	21. Vision Impairment
16. Otitis Media	22. Hearing Impairment
17. Rheumatic heart disease	23. Neuro-motor Impairment
18. Reactive airway disease	24. Motor delay
19. Dental conditions	25. Cognitive delay
	26. Language delay

Scope of RBSK in Pakistan

Over 82.5 percent parents in Pakistan are first cousins, 6.8 percent are blood relatives, 6.3 percent belong to the same caste and family, and only 4.4 percent are married out of their families.[8]

A lot of international studies carried out in different parts of the world have also confirmed the hazards of consanguineous marriages which include birth defects.[9] The Indian Government should be given credit to have recognized the hidden issue of birth defects and developmental delays and shaping them in the form of RBSK, i.e., Universal Health care for children even when in majority of their population have a low risk of birth defects due to non-consanguineous marriages. Although, there is a reduction in U5MR rate in Pakistan through programs targeting traditional issues; yet the country has no program for birth defects and developmental delays even with a high risk due to consanguineous marriages. Pakistan should not wait for more time but should initiate policy discussions to develop a concept note or policy on same lines as the neighbouring country. RBSK can be integrated in programs already targeting child health like Maternal and Child Health Program (MNCH), National Program for Family Planning and Primary Health care and Integrated management of childhood illnesses (IMNCI) strategy.

There is a need for the country to plan and prioritize resources and in doing so, consider to start Early Intervention Centres in districts that have shown slower decline in U5MR or reported high number of children with birth defects. A National level Technical Resource Group and an Advisory Group is required to guide the Ministry of Health for planning, budgeting and detailing year wise activities.

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