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भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI - 110011

Z-28020/304/2013-CH (RBSK) Pt II

Dated: 2nd January, 2019

As you are aware, Clubfoot is one of the 30 health conditions covered under the Rashtriya Bal Swasthya Karyakram (RBSK). With the rich experience gained and the expertise incrementally built in our public health system in the last 4 years with help of state experts and partners, we have an opportunity to eliminate clubfoot disability.

To achieve this, RBSK focuses on early identification and early treatment of clubfoot through Ponseti method. As part of the Comprehensive newborn screening under RBSK, newborns with clubfoot need to be identified at all delivery points. Once identified, these children are to be comprehensively treated at District Early Intervention Centre (DEIC). Districts where DEIC is yet to be made functional, arrangement at District Hospitals needs to be established with support of available and trained orthopaedicians and technicians .

Further under RBSK, the following has to be ensured

1. Comprehensive New-born screening at each delivery point, beginning with high case load facilities. RBSK Mobile Health Teams have to be encouraged and monitored to identify children with defects at birth, beyond 6 weeks, at Anganwadis and Schools during their visits for screening. All visible birth defects including clubfoot in newborn and children, should be recorded and they should be properly referred and managed.
2. District wise orthopaedic specialist(s) and plaster technician(s), have to be identified and trained in serial plastering through Ponseti technique in young children and to render services at DEIC. RBSK /NHM training budget may be used for this purpose.
3. Clubfoot treatment expenses as given in RBSK Model Procedure and Costing Guidelines may be included in PIP under RBSK FMR for Secondary/ Tertiary Care based on estimated number of children. Logistic arrangements should be made for plaster and braces. Since a child may require multiple braces, the used braces can be properly refurbished for younger children, State can also establish brace-banks.
4. Clubfoot awareness should be included in the mass communication materials including print media and electronic media under RBSK.

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In this regard, CURE International India Trust (CIIT) is one of the partners working for children affected with clubfoot and has agreed to work closely with the state health societies. States may consider their services offered on merit.

It should be our combined endeavour that no child with clubfoot is left without treatment, to ensure that no child suffers from disability from clubfoot.

I request you to take up this on a priority basis and encourage your State health facilities and RBSK teams to identify and ensure treatment for all children.

Yours Sincerely

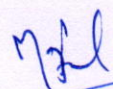
Sd/-

(Manoj Jhalani)

Special Chief Secretary/Addl. Chief Secretary/Secretary (Health) of all States / UTs

CC:

1. Mission Directors National Health Mission of all States / UTs
2. Smt. Vandana Gurnani, Joint Secretary, MH&FW, Govt. of India.


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