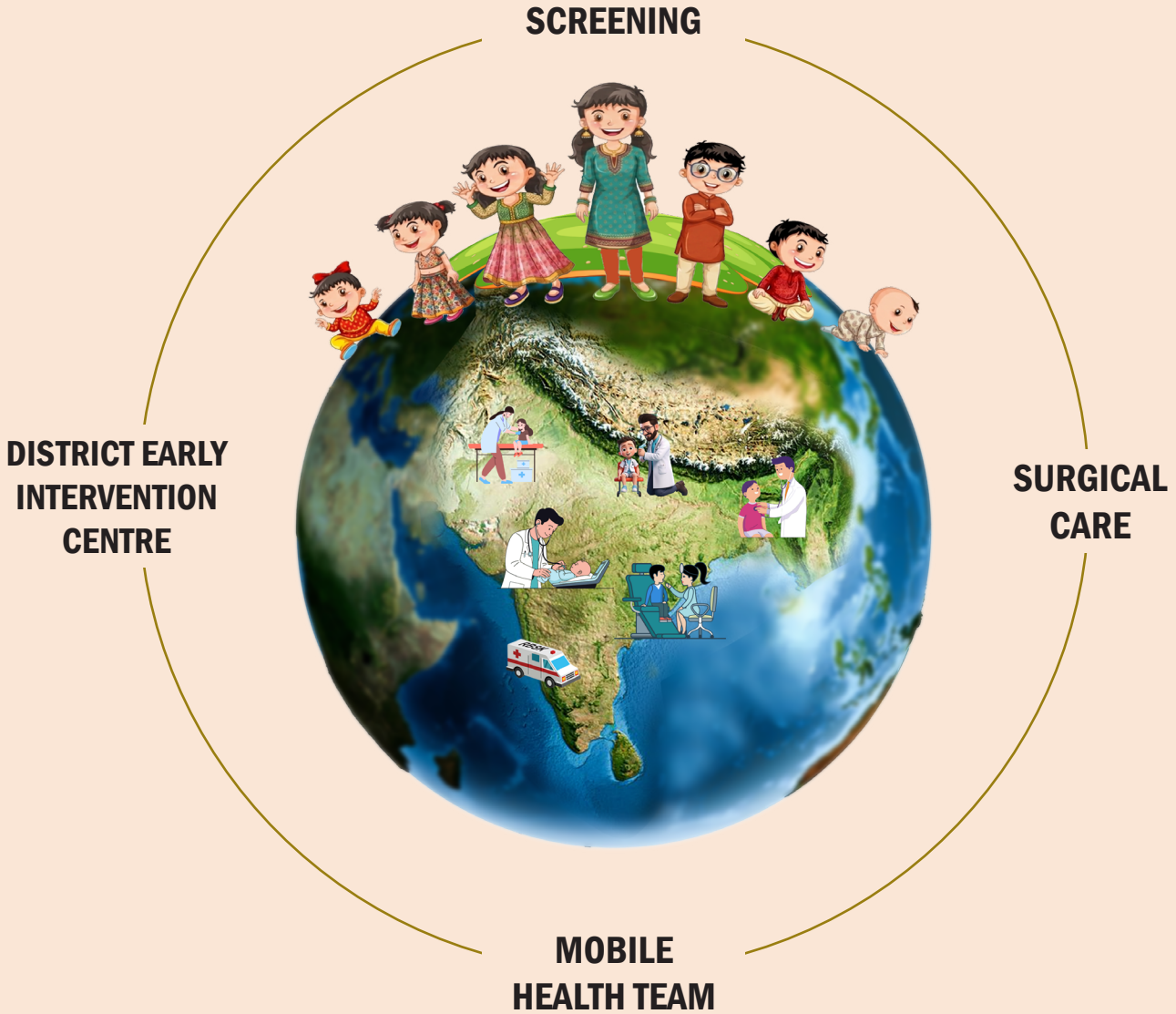




Ministry of Health & Family Welfare
Government of India

RBSK
RASHTRIYA BAL SWASTHYA KARYAKRAM
राष्ट्रीय बाल स्वास्थ्य कार्यक्रम
FROM SURVIVAL TO HEALTHY SURVIVAL

Rashtrīya Bal Swasthya Karyakram (RBSK 2.0)



स्वास्थ्य के हर कदम
बच्चों के सामर्थ्य को बढ़ाते हरदम

OPERATIONAL GUIDELINES - 2026

Child Health Division
Ministry of Health & Family Welfare
Government of India

Rashtriya Bal Swasthya Karyakram 2.0

OPERATIONAL GUIDELINES - 2026

**Child Health Division
Ministry of Health & Family Welfare
Government of India**



जगत प्रकाश नड्डा
JAGAT PRAKASH NADDA



मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार
Minister
Health & Family Welfare
and Chemicals & Fertilizers
Government of India

MESSAGE

With committed efforts to improve maternal and child health, India has been setting various benchmarks through transformative public health interventions. India has achieved a sharp decline in maternal and child mortality, far surpassing the global average over the past few years. This progress is rooted in a comprehensive life-cycle strategy that addresses the health needs of mother and child in a continuum of care journey.

The Rashtriya Bal Swasthya Karyakram (RBSK) is closely aligned with the goals of Universal Health Coverage and serves as a key operational pillar in India's progress towards achieving it. The program has evolved into one of the world's largest child health screening initiatives. By systematically addressing the 4Ds - Defects at birth, Deficiencies, Diseases and Developmental Delays, it provides a vital safety net through extensive screenings, enabling early identification and management of health conditions and helping children reach their full potential.

The release of the RBSK 2.0 operational guidelines marks a significant step in strengthening our paediatric healthcare strategy. These revised guidelines being more comprehensive, have an expanded scope of interventions that address emerging and complex child health challenges. The programmatic framework is also supported by a robust digital framework, ensuring that all aspects of child health are managed with care and full coordination, while enabling systematic tracking and appropriate follow-up at every level.

By prioritizing early interventions supported by comprehensive care, the endeavour seeks to ensure a healthier and more empowered childhood for the younger generation, thereby advancing the vision of a Viksit Bharat by 2047.

(Jagat Prakash Nadra)



अनुप्रिया पटेल
ANUPRIYA PATEL



Message

राज्य मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार

MINISTER OF STATE
HEALTH & FAMILY WELFARE
AND CHEMICALS & FERTILISERS
GOVERNMENT OF INDIA



In recent years, India's child health landscape has witnessed notable progress. Through a lifecycle-based, mission-driven approach and the sustained implementation of targeted interventions, substantial gains have been achieved in reducing child mortality and morbidity. Strengthened service delivery, improved access to essential healthcare and focused public health initiatives have contributed to better survival outcomes and overall well-being. These efforts have not only ensured a healthier start to life for millions of children but have also laid a strong foundation for their continued growth, development and productivity at every stage of life.

The Rashtriya Bal Swasthya Karyakram (RBSK) has played a pivotal role in driving this progress. By systematically addressing the 4Ds—Defects at birth, Deficiencies, Diseases, and Developmental Delays—it has established a comprehensive and inclusive screening and intervention framework for children from birth to 18 years of age. The programme's outreach across communities and institutions has enabled early identification of health conditions, followed by timely and free-of-cost management. This continuum of care has been instrumental in mitigating long-term health risks and ensuring that children are able to reach their developmental milestones without preventable constraints.

Building on this strong foundation, RBSK 2.0 marks a significant advancement in India's child health strategy. The revised operational guidelines expand the scope of interventions to address evolving and multifaceted health priorities, including non-communicable diseases, mental health concerns, and the changing healthcare needs of children and adolescents. The programme also places greater emphasis on strengthening referral linkages across levels of care and ensuring the availability of quality services closer to communities. The integration of robust digital platforms for screening, tracking, and monitoring further enables real-time data-driven decision-making, improved follow-up, and greater accountability across the health system.

Through sustained focus on early identification, timely intervention, and coordinated service delivery, these efforts aim to ensure optimal growth and holistic development for every child. By nurturing a generation that is healthy and capable, India moves closer to a future where every child is empowered to contribute meaningfully to the nation's long-term development goals by 2047.


(Anupriya Patel)

April 24, 2026
New Delhi.



पुण्य सलिला श्रीवास्तव, भा.प्र.से.
सचिव

PUNYA SALILA SRIVASTAVA, IAS
Secretary



सत्यमेव जयते



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



Message

Maternal and Child Health (MCH) services remains a core policy priority for the Ministry of Health and Family Welfare. It is aligned with the strategic vision of the National Health Mission to provide universal access to equitable, affordable, and quality healthcare.

The early identification of health conditions, timely intervention, and sustained follow-up care for children is essential to preventing morbidity, and promoting optimal growth and development. Recognizing this, the Government of India operationalized the Rashtriya Bal Swasthya Karyakram (RBSK) as a flagship initiative to systematically screen children from birth to 18 years for the “4Ds” Defects at birth, Deficiencies, Diseases, and Developmental delays while providing comprehensive management through an established referral network.

Building upon a decade of implementation experience and guided by emerging public health priorities, the RBSK framework has been further strengthened through the introduction of the RBSK 2.0 Operational Guidelines. This revised policy framework expands the scope of child health services by incorporating additional conditions like common congenital anomalies and non-communicable diseases (NCDs) affecting children. It also addresses emerging new age concerns such as screen time, behavioural issues reflecting a shift towards more advanced and preventive care strategies.

I hope that the strong implementation of these guidelines will further strengthen the MCH ecosystem and contribute to the realisation of our collective goal of ensuring that every child not only survives but thrives well, thereby enabling a healthier, more productive, and resilient India.

Punya Salila
(Punya Salila Srivastava)

#StopObesity

टीबी हारेगा देश जीतेगा / TB Harega Desh Jeetega



आराधना पटनायक, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Aradhana Patnaik, IAS
Additional Secretary & Mission Director (NHM)



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



FOREWORD

The National Health Mission (NHM) has significantly strengthened public health systems by advancing Maternal and Child Health (MCH) outcomes and operationalizing Comprehensive Primary Health Care. Improved service coverage, expansion of Ayushman Aarogya Mandir (AAM), and strengthened community platforms have contributed to better child survival, early diagnosis, and continuity of care.

Within this strengthened ecosystem, ensuring early identification and management of health conditions in children remains critical to reducing morbidity and promoting optimal development. The Rashtriya Bal Swasthya Karyakram (RBSK) has been instrumental in this effort, providing systematic screening and early intervention for children from birth to 18 years, with a focus on the "4Ds," supported by mobile health teams, facility-based screening and referral linkages through District Early Intervention Centres (DEICs). The Mobile Health Team (MHT) under RBSK for screening will be further strengthened through support of health personnel from allied program of NHM namely National Mental Health Programme (NMHP), Rashtriya Kishor Swasthya Karyakram (RKSK), National Oral Health Programme (NOHP), National Programme for Control of Blindness and Visual Impairment (NPCBVI).

Building on this foundation, the RBSK 2.0 Operational Guidelines represent a strategic advancement in child health programming. The expanded scope encompasses additional birth defects, a wider range of paediatric conditions, as well as behavioural and developmental disorders, thereby strengthening the continuum of care across screening, diagnosis and management.

RBSK 2.0 places strong emphasis on systems strengthening through enhanced financial provisioning, including revised model costing for surgical interventions, and improved access mechanisms for referral to health facilities. Furthermore, the transformation of the RBSK web portal into a comprehensive digital platform marks a significant step towards leveraging technology for governance and service delivery. The platform enables data capture, case-based tracking, integrated referral pathways and longitudinal health records, thereby improving accountability, continuity of care, and evidence-based decision-making.

States and Union Territories are encouraged to prioritize the effective implementation of the RBSK 2.0 guidelines, with a focus on strengthening service delivery systems, ensuring early detection and timely interventions, and enhancing convergence across programmes. Sustained efforts in capacity building, monitoring, and community engagement will be critical to achieving improved child health outcomes and ensuring equitable access to quality care across all regions.

I urge all States/UTs to reach out to every child so that each one is screened and managed up to the last mile.

Dated: 27th April, 2026

#StopObesity


(Aradhana Patnaik)

टीबी हारेगा देश जीतेगा / TB Harega Desh Jeetega



मीरा श्रीवास्तव, आई.आर.एस.
संयुक्त सचिव
Meera Srivastava, IRS
Joint Secretary



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



PREFACE

At the core of India's public health framework lies the commitment that every child matters and deserves all opportunities to grow, develop, and realize their full potential. Over the years, the National Health Mission has strengthened child health services, resulting in measurable improvements. With health conditions identified at early age, interventions support measures are also being scaled-up for larger reach of the community. However, India's fidelity for its children goes beyond survival. A child who survives must also grow physically, cognitively and emotionally as well and carry the same into adulthood.

Within this continuum, the Rashtriya Bal Swasthya Karyakram (RBSK) serves as a key platform for early detection and timely management of health conditions in children from birth to 18 years. The programme operationalizes structured screening at community and facility levels, supported by mobile health teams and District Early Intervention Centres (DEICs), ensuring that identified children are linked for appropriate levels of care through a defined referral pathway.

The evolution of RBSK into its 2.0 framework reflects a more holistic and needs-based approach to child health. The revised guidelines extends the focus beyond the traditional "4Ds" to capture a wider spectrum of childhood health challenges, including congenital conditions, renal disorders, non-communicable diseases, neurodevelopmental disorders, and socio-behavioural concerns. The framework also introduces key operational reforms to improve system responsiveness and continuity of care, including strengthened service delivery mechanisms and improved financial and logistical support. In parallel, the digital transformation of the programme through an upgraded web-based platform enables real-time monitoring, structured case tracking, and longitudinal health records, thereby enhancing programme oversight and continuity of care.

In view of these integrated programmatic and system-level enhancements, sustained and effective implementation of RBSK 2.0 across States and Union Territories will be critical to full realization of its intended objectives. Strengthening early detection, timely intervention, and continuity of care will help improve long-term health outcomes and continued support for the development of a healthy Nation.

मीरा श्रीवास्तव

#Measles Rubella Elimination

#Anemia Mukta Bharat

(Meera Srivastava)

डॉ. शोभना गुप्ता

उपायुक्त एवं प्रभारी (बाल स्वास्थ्य / आरबीएसके)

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Kartavya Bhawan-1, New Delhi-110001



ACKNOWLEDGMENT

Rashtriya Bal Swasthya Karyakram (RBSK) has played a pivotal role in strengthening child health services by ensuring early identification and timely management of health conditions among children. RBSK 2.0 has been developed as a more comprehensive framework in accordance with emerging child needs. The revised guidelines strengthened the 4Ds to include behavioural concerns, lifestyle-related risks, mental health, non-communicable diseases and developmental disorders. A key advancement is the strong emphasis on digital integration through child health records, digital tracking and convergence with National digital platforms to improve monitoring, referral and follow-up. With improved referral mechanisms, stronger institutional linkages, flexible human resource deployment, and greater inter-sectoral convergence, RBSK 2.0 aims to provide every child a healthier start to life.

I sincerely express my gratitude to the Secretary (Health & Family Welfare), AS & MD (NHM) and Joint Secretary (RCH) for their valuable guidance, encouragement, and strategic direction throughout the development of this document. Their leadership has been instrumental in shaping these revised guidelines.

I extend my sincere thanks to all stakeholders, technical experts, and development partners for their valuable support, cooperation and contributions in strengthening this document and in ensuring the effective implementation of the revised RBSK 2.0 Guidelines.

I also acknowledge the contribution of the NIPI-CURE Team for their support during the preparation of this document. My sincere appreciation goes to the Child Health and RBSK Team for their dedicated coordination, technical support and continuous efforts in finalizing this guideline.

I urge all States/ UTs to actively support the effective implementation of these Guidelines through collaborative and coordinated action for healthier future for every child.

(Dr. Shobhna Gupta)

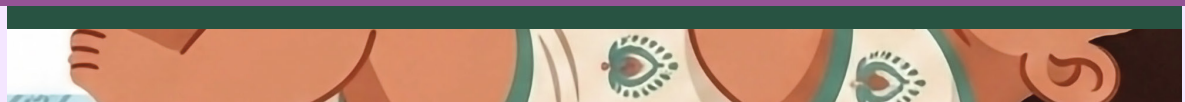
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Every Child, A Healthy Start



RBSK Screening of Newborn at Facility



1.1 BACKGROUND

The cradle of India's future lies in the health and well-being of its children, with each life supported through thoughtful care and nurturing. Ensuring quality care and services is essential for proper growth and development of our children. Early childhood is the most critical window for growth and development; a period when timely identification and management of health conditions can make a profound and lasting difference to a child's life trajectory. This includes early screening within communities, building trust at the grassroots level, and strengthening systems that reaches all parts of country. Creating confidence in last-mile delivery enables that children are not left behind in accessing essential health services.

These efforts can be reflected upon in the progress made in the last decade. Globally, India has emerged as a leading exemplar and is amongst the top performing countries with reduction in child mortality rates. India achieved a 41% (against Global 18%) decline in the under-five mortality rate and 37% (against Global 15%) decline in the neonatal mortality rate during 2014-2024 (Source: UNIGME report). These efforts are being sustained with committed efforts and evaluated with continuous monitoring and review for deliverables to ensure that momentum is not only maintained but also accelerated to ensure achievement of the embedded aims and objectives.

At the core of RBSK lies a structured, operationally viable framework designed to screen children across four priority domains; collectively known as the 4Ds: Defects at birth, Deficiencies, Diseases, and Developmental delays. This framework combines facility-based newborn screening with community-level outreach conducted by dedicated Mobile Health Teams operating through Anganwadi Centres and school networks. Children identified with health conditions by connecting through public health facilities for free treatment and follow-up care through District Early Intervention Centres (DEICs). This integrated model has strengthened coverage across the country by extending care to every child.

A defining feature of RBSK is its strong convergence with established national delivery platforms. By operating through Anganwadi Centres and school networks, the programme has effectively bridged the intersection of health, nutrition, and education. Embedding health screening and follow-up services within these pre-existing community touchpoints has enabled a more holistic approach to child development; one where children already accessing nutrition support and educational services simultaneously receive health assessments and interventions. This integrated model has strengthened the programme's reach, coverage, and impact by ensuring that screening and curative services are available within familiar settings that children and families already engage with.

RBSK: A DECADE OF TRANSFORMATIVE IMPACT



One of the largest population-based child health screening programmes globally



Implemented across all States and Union Territories of India



Reached millions of children through nationwide coverage



Extensive network of Mobile Health Teams and District Early Intervention Centres ensuring continuum of care



Enabled integrated, community-based service delivery



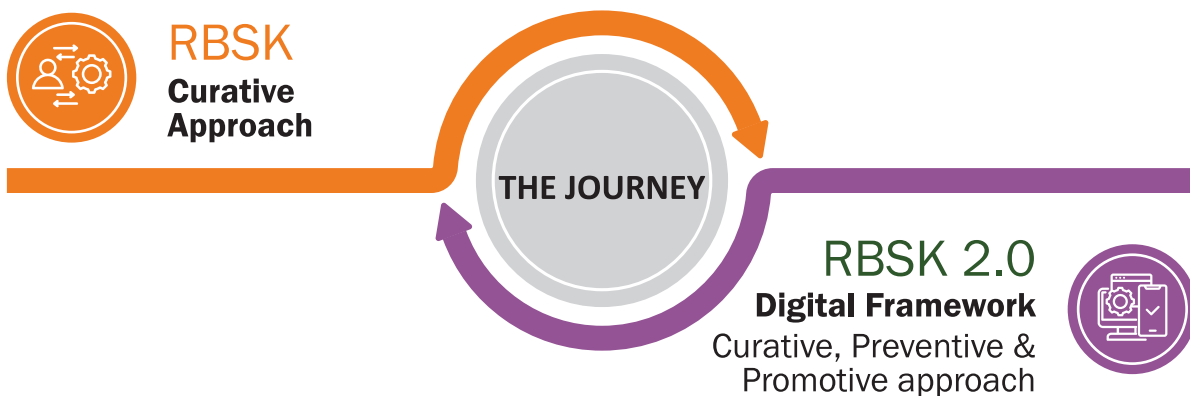
Brought early detection and definitive care closer to communities



Reduced out of pocket expenditure to families for treatment

1.2 RATIONALE FOR RBSK 2.0

Across the globe, the child health landscape is rapidly evolving, and India is proactively adapting to this dynamic shift. With the growing young population and changing socio-economic context, the health needs of children and the demand for services are also evolving over time, influenced by multiple determinants. There is a rising concern of obesity, diabetes mellitus, and hypertension among children, indicating a shift in the overall child health profile. The rapid advancement of the digital era has introduced new dimensions affecting child health, including increased screen exposure, altered lifestyle patterns, changing environmental and behavioural factors. These changes are increasingly reflected in children presenting with issues such as sleep issues, reduced attention and concentration, and other behavioural concerns. Further, with improved awareness, availability of quality health care, and enhanced access to health services have led to increased care-seeking behaviour among families. Keeping in view these paradigm shifts, the RBSK programme strengthened its focus on contemporary issues as well for preventive, promotive, and therapeutic care with early detection and treatment.



Screening of Children at School

1.3 EVOLVING APPROACH UNDER RBSK 2.0

Given the significant strides made by India towards Universal Health Coverage (UHC) and achievements towards SDGs for children, the RBSK programme has evolved contemporaneously to meet the requirements of emerging child health needs and new era conditions.



1

Strengthening the 4Ds

RBSK 2.0 is built on the existing 4D framework to expand the programme's scope to include behavioural dimensions, social determinants, and emerging health conditions.

This approach integrates preventive, promotive, and curative care, with added emphasis on development of healthy habits and strengthening of health-seeking behaviour. The programme scope is expanded to include non-communicable diseases, developmental disorders such as autism, mental health conditions, lifestyle-related risks, and additional conditions including kidney disorders, ensuring a comprehensive continuum of care from identification to treatment and follow-up. It also addresses lifestyle factors; such as digital exposure related issue and sleep disorders that significantly influence long-term child health outcomes.



2

Expanding Human Resources and Flexible Service Delivery

RBSK 2.0 strengthens the Mobile Health Team structure while keeping its core composition intact. The flexibility of the core team has been expanded to accommodate MBBS/ BDS Surgeons alongside AYUSH Medical Officers, further strengthening clinical assessment capability at the screening level. Additionally, trained professionals such as nursing staff, interns, counsellors, and allied health personnel as available in NHM programs/ Government programs to reinforce the core team's capacity. Further, additional functionaries such as Community Health Officers (CHOs), Health and Wellness Ambassadors (HWAs), Peer Educators, Adolescent Health Counsellors/ Block Coordinators, and Ophthalmic Assistants are envisaged to support screening, counselling, and follow-ups. States and Union Territories are provided flexibility to re-appropriate and augment team composition based on local needs, population norms, and geographical context. This enables more efficient, equitable, and context-specific outreach, particularly in underserved and hard-to-reach areas.



3

Strengthened Screening, Referral Mechanisms and Financial Protection

RBSK 2.0 introduces improvements in screening tools, referral pathways, and financial support systems. Under RBSK 2.0, a digital health card is generated for every child screened and digitally mapped to their health record. Age-appropriate screening questionnaires for children aged 0–6 years and 6–18 years are revised to include newly identified and emerging conditions. Mobile Health Team toolkits are upgraded with additional equipment to enhance early detection different health conditions like diabetes and hypertension.

Referral mechanisms are streamlined with clearly defined pathways to ensure timely access to all children diagnosed as per NHM norms. Strengthened linkage with District Early Intervention Centres (DEICs), along with improved follow-up systems, supports continuity of care. An expanded network of tertiary and mentoring institutions is leveraged to improve referral compliance and quality of care.

To reduce out-of-pocket expenditure for families, model costing guidelines have been aligned with Pradhan Mantri Jan Arogya Yojana (PMJAY). All children diagnosed under RBSK 2.0 are entitled to advanced care, with coverage extended to avail secondary and tertiary services. In certain circumstances, States can utilize a mix of financing mechanisms including RBSK funds, CSR funds, state/UT funds/schemes, and other partnerships to facilitate children are facilitated in accessing healthcare services. Additionally, the eligible age for cochlear implant coverage has been revised up to 6 years, strengthening timely access to this critical intervention.



States are supported based on the NHM norms to ensure coverage as per requirements. Special camps and mop-up rounds can supplement regular activities as per the microplanning to capture the missed cases.

4

Digital Tracking, Monitoring and Accountability

RBSK 2.0 leverages digital platforms to strengthen programme efficiency, monitoring, and accountability. Ensure a longitudinal digital health record for continuous tracking and follow-up. Integration with National Digital System such as JANANI (RCH 2.0), UDISE+, U-WIN, and Poshan Tracker supports better data sharing, synchronized planning, and evidence-based decision-making. This enhances programme monitoring, improves service delivery, and ensures accountability across all.



5

Whole-of-Government Convergence

RBSK 2.0 strengthens inter-sectoral convergence through a whole-of-government approach. Inter-ministry convergence with Ministry of Women and Child Development, Ministry of Education, and Ministry of Social Justice and Empowerment to ensure aligned action and shared accountability. Intra- Ministerial convergence is established across the Ministry of Health and Family Welfare programs. This convergence supports alignment of services related to nutrition, early childhood development, education, and social support through platforms such as Anganwadi Centres, schools, and community-based systems. It ensures a more comprehensive and holistic approach to child development. Intra- Ministerial convergence helps in ensuring children are benefited for availing services across the departments of vision, hearing, dental, mental health, adolescent health and other departments.



6

Social and Behaviour Change Communication (SBCC) with Participatory Care

RBSK 2.0 places strong emphasis on awareness generation and behaviour change. Information, Education and Communication (IEC) strategies are strengthened to improve understanding and awareness regarding various issues of the children at the household level.

The concept of enabling a child's health card is promoted so that the families can regularly monitor their child health status. This supports informed decision-making and timely care-seeking behaviour.



7

Addressing Emerging Social and Lifestyle Determinants

RBSK 2.0 expands its focus beyond clinical conditions to actively promote healthy behaviours and lifestyle changes among children. Key areas highlighting screen time, adequate sleep, healthy dietary practices, and positive lifestyle habits are integrated now. This ensures that children and caregivers receive relevant, actionable guidance on associated risks and preventable measures.



8

Early Health Education and Concept Building

The programme emphasizes early education and concept building among children regarding healthy and unhealthy practices. Age-appropriate communication is promoted to help children understand body functions, nutrition, hygiene, physical activity, mental well-being, and responsible healthy behaviour. This early engagement supports development of lifelong healthy habits and positive attitudes towards health.



9

Community and Family Participation

RBSK 2.0 promotes active involvement of children, families, schools, and communities in the continuum of care and adoption of healthy practices at home. Coordinated efforts at household, school, and community levels help reinforce protective behaviours and improve long-term health outcomes.



10

Expanded Scope of Secondary & Tertiary Care

The scope of secondary and tertiary care under RBSK 2.0 is envisioned with a structured hub-and-spoke model to enable specialist services reach children at all levels. Institutional partnerships, can be established, as per norm, to facilitate expert consultations and therapeutic interventions. This model enables specialized services ensuring equitable access for children as per need.



11

Capacity Building

Structured capacity building is institutionalised across all cadres to ensure programme readiness and sustained service quality. An integrated training module covering all components of RBSK is developed for frontline workers; ASHAs, ANMs, and CHOs to bridge existing gaps across all levels of care. DEIC staff are regularly mentored and technical skill upgradation is inbuilt in the program.



12










Strengthened Review Mechanism

A robust accountability mechanism is institutionalized through various mechanisms such as: regular reviews by the states, interdepartmental convergence meetings, state review missions under NHM to enable a structured and accountable program oversight. State is to strengthen the programs through various mechanisms as per the state's needs. Emphasis is placed on a robust system to ensure that the programme is systematically reviewed, challenges are identified and addressed for effective implementation.



Screening of Children by RBSK Team and Promoting Early Childhood Development

1.4 NEW COMPONENTS UNDER RBSK 2.0

THEME	RBSK	RBSK 2.0
 <p>FRAMEWORK</p>	4Ds: Defects, Deficiencies, Diseases, Developmental Delays	Expanded 4Ds, digital exposure, inclusion of healthy behaviours, Lifestyle factors, and socio-climatic determinants.
 <p>SCOPE OF CONDITIONS</p>	Focus on health conditions, deficiencies, and developmental delays	Inclusion of NCDs, mental health, behavioural issues, lifestyle risks, and additional conditions (e.g., kidney disorders)
 <p>PROGRAMME OBJECTIVE</p>	Early detection and treatment (curative approach)	Early detection, timely treatment & follow up, concurred through digital framework. Promotion of lifelong healthy practices (i.e. curative along with preventive, promotive approach)
 <p>CHILD & FAMILY ENGAGEMENT</p>	Beneficiary-centric approach	Participatory approach with active involvement of children and families in care and follow-up
 <p>CONVERGENCE</p>	Linkages with ICDS and schools	Strengthened inter-ministerial convergence (MoHFW, MoWCD, MoE, MoSJE) and intra-ministerial convergence within different programs under MoHFW
 <p>HUMAN RESOURCES</p>	Fixed MHT composition (primarily AYUSH-based, Total no: 4 persons)	Strengthened existing MHT with multidisciplinary flexible HR composition (MBBS/ BDS/ AYUSH) with additional support from nurses/ counsellors/ interns of other existing health programs of NHM
 <p>DIGITAL SYSTEMS</p>	Basic reporting through RBSK portal	RBSK 2.0 digital platform with longitudinal tracking, digital health records, dashboards, integrated with JANANI (RCH 2.0), U-WIN & POSHAN
 <p>HEALTH CARD CONCEPT</p>		Introduction of longitudinal “Health Card” linked with child tracking (report card concept)
 <p>FINANCIAL PROTECTION</p>	State-based funding support under RBSK	Model costing guidelines revised in alignment with PMJAY Utilization of RBSK, CSR, State/UT funds/schemes for treatment as per Government regulations
<p>AGE GROUP OF COCHLEAR IMPLANT INTERVENTION</p>	0-2 Years	Expansion of coverage of age group 0-6 years

Little Lives, Big Future



Screening of Children at Aganwadi Centre by RBSK Team

2.1 REVISED OPERATIONAL FRAMEWORK COMPONENTS

The aim of the guideline is to establish a revised operational framework for RBSK 2.0, accelerating on the achievements of the past decade while systematically addressing the gaps and valuing the emerging health challenges among children and adolescents aged 0–18 years.

1

4Ds CONTINUUM CARE

To provide a robust system for appropriate management of 4Ds through early identification, screening, referral, treatment, and follow-up in children for healthy survival.

2

INTEGRATED APPROACH

To broad base the program to strengthen the programme scope by integrating emerging priorities such as lifestyle disorders, climatic and socio-behavioural determinants.

3

EQUITABLE DELIVERY

To ensure equitable and quality service delivery across community, school, and health facilities for all eligible beneficiaries.

4

COLLABORATIVE ACTION

To strengthen delivery system through a technically augmented trained human resources, capacity building, functional DEICs, digital monitoring, and data-driven programme management.

5




HOLISTIC DEVELOPMENT

To promote inter-sectoral convergence and community participation for holistic growth, development, and well-being of every child and adolescent.

2.2 TARGET AUDIENCE

The program aims to provide health coverage to children and adolescents in the 0–18 years age group, including those enrolled in Anganwadi Centres, Government and Government-aided schools.

Together, these target groups form the continuum of child health coverage under RBSK 2.0 from birth through adolescence ensuring that no child is left outside the reach of systematic screening, early intervention, and follow-up care, regardless of geography, socioeconomic status, or institutional enrolment.

CATEGORIES	AGE GROUP	PLATFORMS
 Children born at public health facilities	Birth to 6 weeks	Delivery Points
 Preschool children	6 weeks to 6 years	Anganwadi Centers
 Children enrolled in classes 1st to 12th in Government & Government-aided schools	6 to 18 years	Government & Government-aided Schools

Strong Foundations for Every Child



Screening at District Early Intervention Centre

3.1 HEALTH CONDITIONS

RBSK 2.0 newborn and child health screening and early intervention services under NHM envisages to cover identified health conditions for early detection, free treatment and management as given in the table below.

Health Conditions Identified for Newborn and Child Health Screening and Early Intervention Services

DEFECTS AT BIRTH



1. Neural tube defects
2. Down syndrome
3. Cleft lip & palate/ cleft lip or 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
10. CAKUT (Congenital Anomalies of the Kidney and Urinary Tract)[#]

CHILDHOOD DISEASES INCLUDING NCDs



16. Skin conditions (Scabies, fungal infection and Eczema)
17. Rheumatic heart disease
18. Reactive airway disease
19. Dental caries
20. Convulsive disorders
21. Diabetes Mellitus (T1 & T2)
22. Hypertension
23. Disorders of kidney/ nephrotic syndrome/ glomerulonephritis
24. Acute suppurative otitis media/ chronic suppurative otitis media
25. Tuberculosis
26. Leprosy

DEFICIENCIES



11. Vitamin A deficiency
12. Vitamin D deficiency (rickets)
13. Severe acute malnutrition
14. Goiter
15. Anaemia

DEVELOPMENTAL DELAYS



27. Vision impairment
 - 27.1 Refractive error
 - 27.2 Strabismus
28. Hearing impairment
29. Neuro-motor impairment
30. Motor delay
31. Cognitive delay
32. Language delay
33. Behavioural disorders
 - 33.1 Anxiety disorders
 - 33.2 Attention-deficit hyperactivity disorder (ADHD)
 - 33.3 Sleep disorders*
34. Neurodevelopmental disorders
 - 34.1 Autism & autism spectrum disorder (ASD)
 - 34.2 Specific learning disorders (SLD)
35. Global developmental delay (GDD)
36. Optional: congenital hypothyroidism
37. Specific health concerns among adolescents
38. Red flag for referral to health facility

[#]Included with existing health conditions covered under RBSK comprehensive newborn screening

* Excluding organic sleep disorders

3.2 INCLUSION OF NON-COMMUNICABLE DISEASES

India is witnessing a silent but significant rise in non-communicable diseases (NCDs) among children and adolescents, a trend that demands urgent programmatic and policy attention within the public health system. Conditions such as Type 1 and Type 2 Diabetes Mellitus, hypertension, and obesity are now being increasingly diagnosed in the paediatric age group, driven by changing dietary patterns, reduced physical activity, rising screen time, and genetic predisposition. If left undetected and unmanaged, these conditions can lead to serious long-term complications, increased healthcare burden, and adverse implications for human capital development and national productivity. This epidemiological transition necessitates a shift from an exclusively acute care approach to a continuum of preventive, promotive, screening, referral, and long-term management services within child health programmes.

RBSK 2.0 recognises this evolving disease burden and accordingly expands its screening scope to include NCD risk identification, early detection, referral, and linkage to care as an integral programme component of the 4Ds framework. This strategic inclusion strengthens the alignment of RBSK with the broader National Health Mission goals of comprehensive primary healthcare and continuum of care. By embedding structured screening for these conditions within the existing RBSK screening protocol through Mobile Health Teams, the programme ensures systematic identification of at-risk children, timely counselling of caregivers, and referral to appropriate facilities for confirmatory diagnosis and management. Standardised operational pathways, clearly defined referral mechanisms, convergence with NP-NCD services, and digital monitoring through integrated portals further support implementation fidelity and accountability. This approach transforms RBSK into a comprehensive and responsive platform addressing both communicable and non-communicable diseases in child and adolescent health, while strengthening early intervention, equity in access, and long-term health outcomes.

3.2.1 DIABETES MELLITUS

Diabetes Mellitus is one of the leading non-communicable diseases being diagnosed in children, underscoring the need for early screening & management. The ongoing epidemiological transition in India, where non-communicable diseases such as diabetes are increasingly affecting children and adolescents along with traditional child health conditions. Diabetes Mellitus has been included under the “Diseases” component of the 4Ds of RBSK to ensure early identification and timely intervention.

RBSK Mobile Health Teams (MHTs) will conduct symptom-based screening for all children up to 18 years using the 4Ts - Toilet, Thirsty, Tired, and Thinner and risk-based screening for Type 2 Diabetes among adolescents, followed by on-the-spot Random Blood Sugar (RBS) testing using glucometers for suspected cases. Children with raised RBS will be referred to District Hospital NCD Clinics under NP-NCD for confirmatory diagnosis and classification as Type 1 or Type 2 Diabetes. These NCD Clinics provide treatment initiation, insulin therapy, glucometers, strips, lancets, counselling, complication screening, and regular follow-up, especially for Type 1 Diabetes which requires lifelong insulin therapy. Data flow under RBSK 2.0 is ensured through registration and follow-up on the NCD portal with API-based integration with the RBSK portal for seamless bidirectional data sharing and monitoring. Strong intersectoral convergence between RBSK and NP-NCD supports continuity of care from school-based screening to lifelong management and eventual transition into adult NCD services.

3.3 PREVENTIVE AND PROMOTIVE CARE

3.3.1 HEALTHY EATING

Healthy eating is one of the most powerful and modifiable determinants of a child's growth, development, and long-term health. A balanced and diverse diet providing the right quantities of macronutrients and micronutrients at every stage of childhood supports cognitive development, physical growth, immune function, and protection against both undernutrition and non-communicable diseases. Unhealthy dietary patterns characterised by high intake of processed foods, excessive sugar and salt, and empty calories not only contribute to micronutrient deficiencies but also drive the rising burden of obesity, hypertension, and metabolic disorders among children and adolescents. Recognising food as the foundation of preventive child health care, RBSK 2.0 integrates healthy eating promotion as a core counselling and behaviour change component within its screening and follow-up protocol. This is further reinforced through convergence with the Government of India's Eat 'Right India movement', a national initiative promoting safe, healthy, and sustainable diets across all age groups. By embedding the principles of the Eat Right programme, engagement of peer educators and school health & wellness ambassadors in community outreach and caregiver counselling, the programme helps the children and families receive consistent dietary guidance for healthy living.

3.3.2 PHYSICAL EXERCISE

Regular physical activity is a foundation of healthy child development, playing a critical role in building physical strength, supporting cognitive function, maintaining healthy weight, and reducing the risk of non-communicable diseases from an early age. Children and adolescents who engage in adequate physical activity demonstrate better academic performance, improved mental well-being, and stronger cardiovascular and metabolic health outcomes. Conversely, sedentary behaviour driven by rising screen time, reduced outdoor play, and increasingly desk-bound school routines is a significant and growing risk factor for childhood obesity, hypertension, and early-onset metabolic disorders. RBSK 2.0 recognises physical inactivity as a modifiable determinant of child health and integrates structured promotion of physical activity as an integral component of its screening, counselling, and follow-up processes. This is further strengthened through convergence with the yoga and wellness initiatives delivered at Ayushman Arogya Mandirs, which serve as accessible, community-level platforms for promoting physical and mental well-being across all age groups. By linking RBSK's child health screening with the wellness services available at Ayushman Arogya Mandirs, the programme ensures that children and caregivers receive consistent, practical guidance on age-appropriate physical activity embedding a culture of active living within the broader framework of preventive child health care.

3.3.3 ISSUES CONCERNING DIGITAL EXPOSURE

Digital technology has fundamentally transformed how children & adolescents learn, communicate, and engage with the world. While digitalization offers unprecedented opportunities for education and connection, excessive and unregulated screen time poses significant risks to child health and development. This chapter provides evidence-based guidance for health workers and program managers to identify, counsel, and manage problematic digital use among children and adolescents within the RBSK 2.0 framework.

Building on global learnings, RBSK 2.0 integrates issues concerning digital exposure, with a focus on early identification, counselling, and community-level behaviour change. Training modules will incorporate digital well-being, enabling providers to deliver age-appropriate counselling on safe use of digital devices. Screening processes will include simple behavioural assessments related to digital usage patterns, sleep disturbances, and psychosocial concerns. This will facilitate timely identification of children and adolescents at risk of digital dependency and enable early intervention within the existing service delivery platform.

Recent scientific evidences recommend no screen time for children under 2 years of age, as this critical period of brain development is best supported through direct sensory experiences, physical exploration, and caregiver interaction. For children aged 2 to 5 years, screen time should be limited to a maximum of one hour per day of high-quality, educational content, ideally with caregiver co-viewing to ensure content appropriateness and meaningful engagement.

The effects of the same may have multiple level effect on growth & development of child. Broadly the same could impact the health of the child in following manner.

HEALTH EFFECTS OF EXCESSIVE SCREEN TIME

PHYSICAL HEALTH CONSEQUENCES

1

Excessive digital engagement is associated with a range of physical health concerns, including eye strain, headaches, fatigue, and reduced physical activity. Prolonged exposure to screens, particularly during late hours, disrupts sleep patterns and causes daytime fatigue. The blue light emitted by screens suppresses melatonin production, delaying sleep onset and reducing sleep quality. Over a period of time, sedentary behaviour linked to excessive screen use increases the risk of overweight and obesity among children. Poor posture during device use can cause musculoskeletal problems, including neck and back pain, commonly referred to as “text neck.”

MENTAL HEALTH AND EMOTIONAL WELL-BEING

2

The mental health implications are particularly concerning. Growing evidence links excessive digital use with increased levels of anxiety, depression, irritability, and low self-esteem. Continuous exposure to social media environments may contribute to unhealthy comparison, fear of missing out, and emotional distress. Emerging research suggests that prolonged engagement with digital platforms can alter neural pathways related to reward and impulse control, increasing susceptibility to addictive behaviours. Adolescents who spend excessive time on social media report higher rates of loneliness and social isolation, paradoxically despite being more “connected” than earlier generations.

BEHAVIOURAL AND COGNITIVE EFFECTS

3

From a behavioural and cognitive perspective, digital addiction is associated with reduced attention span, impaired concentration, impulsivity, and difficulties in learning and academic performance. Children may develop dependence on digital stimulation, leading to reduced ability to engage in sustained offline activities and diminished coping skills. The constant switching between apps, notifications, and content fragments attention and reduces the capacity for deep, focused thinking. Teachers and parents commonly report that children with excessive screen time struggle to complete homework, follow multi-step instructions, and engage in prolonged reading or problem-solving tasks.

SOCIAL & DEVELOPMENTAL OUTCOMES

4

The social consequences are equally significant. Excessive screen time limits face-to-face interactions, weakens family relationships, and may impair the development of communication and social skills. Children who spend substantial time on screens have fewer opportunities to practice reading social cues, resolving conflicts, and building empathy through direct human interaction. Digital use also increases exposure to risks such as cyberbullying, online exploitation, and inappropriate content, further affecting emotional well-being and safety. Adolescents may withdraw from family activities and peer relationships in favour of solitary screen time, leading to social isolation and reduced support networks.

TEST CHECKS FOR ISSUES DUE TO DIGITAL EXPOSURE

RBSK 2.0 integrates test checks for issues of concern due to digital exposure within existing child health screening activities conducted by Mobile Health Teams, community health officers, and counsellors.

Quick Screening Tool

For Adolescents (10-18 years):

Ask the Adolescent:

1. Do you spend more time on your phone/ internet than you planned to?
2. Have you tried to cut down but found it difficult?
3. Do you feel restless or upset when you cannot use your phone?
4. Has your screen time affected your studies, sleep, or relationships?
5. Do you use your phone to escape from problems or bad feelings?

For Children (5-9 years):

1. Does the child have tantrums when device is taken away?
2. Does screen time interfere with meals, homework, or bedtime?
3. Has the child lost interest in non-screen activities?
4. Does the child sneak device use or lie about screen time?

Referral Pathway

When to Refer to Counsellor/ Psychologist

- Screen time severely impacts daily functioning (in school, home and society)
- Signs of depression, severe anxiety, or aggression when device is restricted
- Child cannot reduce use despite multiple family efforts
- Co-existing conditions: ADHD, specific learning disorders, autism spectrum disorder
- Online safety concerns: cyberbullying victim/perpetrator, exposure to harmful content, contact with strangers

Referral Levels

- Primary/ Secondary Health Centre: Initial counselling by medical officer/ CHO
- District Hospital: Clinical psychologist/ counsellor for moderate cases
- Medical College/ Tertiary Centre: Psychiatrist for severe addiction or co-morbid mental health conditions

Counselling: School and Community Interventions

RBSK 2.0 strengthens behaviour change communication through community outreach and school platforms. Key messages will include moderated social media use, improved sleep hygiene, increased physical activity, and strengthening of offline social interactions.

Engagement with teachers, peer educators, and families promotes awareness of digital risks and reinforces positive behaviours.

School-Based Activities: During school health days, health workers should conduct awareness sessions on healthy screen habits and on screen time guidelines. Health workers should encourage schools to implement phone-free policies during school hours and promote outdoor activities, sports, and non-screen hobbies. Teachers should be trained to identify at-risk students and refer them appropriately. Convergence with school health and adolescent health initiatives supports sustained awareness and early action.

Community Outreach: Integration with school health program as in the existing guidelines.



Invest in Health, Invest in Childhood



Screening at School



Community-based Newborn Screening for Birth Defects (0-6 weeks)

Accredited Social Health Activists (ASHAs) during home visits for newborn care will use the opportunity to screen the babies born at home and the institutions till 6 weeks of age. The HBNC program will complement the RBSK program.

Screening of Children Aged 6 Weeks to 6 Years: Anganwadi Centres

All children aged 6 weeks to 6 years attending Anganwadi Centres are to be screened by dedicated Mobile Health Teams (MHTs). Screening at Anganwadi Centres is conducted at a minimum twice annually to ensure timely identification and referral of health conditions so as to enable timely capture of birth defects, delayed or lost milestones and developmental delays.

Screening of Children Aged 6 to 18 Years: Government and Government-Aided Schools

Children enrolled in Government and Government-aided schools are screened by Mobile Health Teams (MHTs) at least once every academic year. The block level serves as the primary hub for planning, coordinating, and monitoring school health screening activities to ensure systematic coverage, timely referral, and structured follow-up of identified cases.



4.2 DISTRICT EARLY INTERVENTION CENTRES (DEICs)

DEICs to function as the primary referral and service delivery hubs under RBSK 2.0, providing multidisciplinary therapeutic care to children from birth to 18 years. All children identified through community-level screening at Anganwadi Centres, schools, and health facilities are to be referred to DEICs for further evaluation, confirmation, and management. The guiding principle of every DEIC is to ensure that no child with a developmental delay, congenital condition, or chronic health need is lost to follow-up within the health system.



DEICs

Comprehensive Care.
Every Child. Every Step.



DEICs shall provide a comprehensive range of condition-specific services, including:

- 

01 Developmental Delays:
Individualized early stimulation programmes supported by parent counselling and structured home-based intervention guidance
- 

02 Hearing Impairment:
Diagnostic audiology including OAE and BERA, provision of hearing aids, cochlear implant referrals, and integrated speech therapy
- 

03 Vision Impairment:
Comprehensive eye examination, provision of corrective lenses, and surgical referrals for conditions such as cataract and squint
- 

04 Neuro-motor Disorders:
Physiotherapy, occupational therapy, and training in activities of daily living
- 

05 Speech and Language Delays:
Tailored therapy, augmentative and alternative communication support, and caregiver training
- 

06 Autism and Cognitive Impairment:
Behavioural therapy, structured teaching, cognitive stimulation, and special education support
- 

07 Non-Communicable Diseases:
Linkage with NCD clinics under NP-NCD for continued management of conditions such as Diabetes Mellitus
- 

08 Post-Surgical Follow-up:
Rehabilitation and coordinated tertiary care for surgical cases including congenital heart disease, cleft lip/palate, and clubfoot



DEICs ensure early identification, timely intervention, and holistic support—empowering every child to reach their full potential.

Multidisciplinary Team



Each DEIC is to be staffed by a functional multidisciplinary team comprising paediatricians, medical officers, psychologists, speech therapists, audiologists, optometrists, physiotherapists, occupational therapists, dentists, and social workers. This integrated team structure are to ensure comprehensive care for every child.



Equity and Continuity of Care

DEICs are to ensure that specialized services are available locally, reducing the burden on families to travel to distant facilities. All services at DEICs are to be provided free of cost to all eligible beneficiaries. Seamless continuity of care are to be maintained from initial screening by Mobile Health Teams through treatment.

4.3 TERTIARY CARE

Role of District Early Intervention Centres

- Assessment of Children of 0-18 years at “District Early Intervention Centre”
- Provide referral services to identified children for confirmation of diagnosis and treatment
- Screen all newborns delivered at district hospital, SNCU, postnatal, and paediatric wards for hearing, vision, congenital heart disease, and other birth defects before discharge
- Follow-up of high-risk newborns (preterm, low birth weight, birth defects, sick newborns)
- All referrals for developmental delay to be followed, and records to be maintained
- Linkage with tertiary care facilities

Children and students presumptively diagnosed to have a disease/ deficiency/ defect covered under RBSK and who require confirmatory tests or further examination will be referred to the designated tertiary level public sector health facilities through the DEICs.

The States/ UTs would conduct mapping to identify public health institutions for specialized treatment. Accredited health institutions will be reimbursed for the specialised service provided as per approved norms for the cost of tests or treatment packages as per extant regulations.

FRAMEWORK FOR TERTIARY CARE



COMPONENTS

Financial Provisioning

Funds for tertiary-level management are provisioned under the National Health Mission (NHM), in accordance with MoHFW guidelines and as per approvals through the annual program implementation plan.

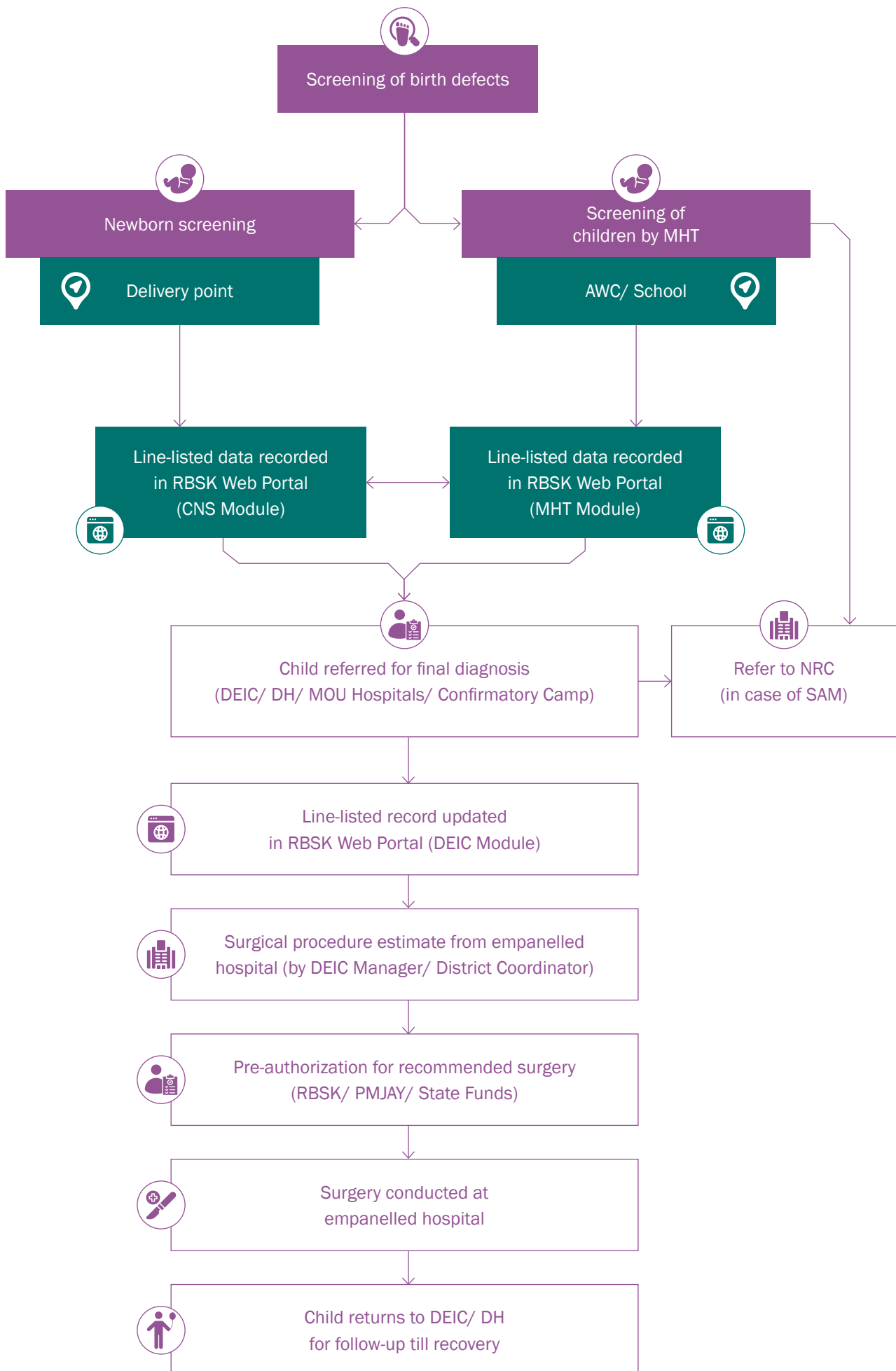
Telemedicine and Clinical Mentorship

Telemedicine services are to be integrated into the referral system to enable real-time specialist consultations for children in remote and underserved areas. Hub-and-spoke are envisaged wherein tertiary facilities serve as hubs providing clinical mentorship, specialist referrals, e-sanjeevani & Tele-manas while district and sub-district units function as spokes for decentralized delivery of specialized and allied health services. Institutional partnerships, including MoUs with private hospitals and specialist institutions as appropriate, are to be established to further strengthen this network.

Patient Transport & Referral

The existing NHM patient transport network are to be utilized to ensure timely transfer of children requiring secondary or tertiary care. Each child is issued a three-part referral card containing screening observations, treatment instructions, and the address of the designated referral facility. The block level medical officers are to record preliminary clinical observations in the referral card to ensure continuity of care across all levels. Treatment details are to be shared routinely with the Mobile Health Team to enable structured follow-up and tracking.

SPECIAL PROVISION FOR BIRTH-DEFECT MANAGEMENT



4.4 SCREENING, REFERRAL AND MANAGEMENT PATHWAYS

A structured and standardised care pathway is to guide the screening, referral, and management of all four conditions under RBSK 2.0 from community-level identification through facility-based diagnosis to appropriate management and follow-up. Each step in the pathway are enabled for seamless movement of children across levels of care, minimising delays and improving health outcomes.

Screening Coverage and Reach



Universal screening is ensured across all platforms; Anganwadi Centres, Government and Government-aided schools. Mobility support is provisioned for Mobile Health Teams as per NHM norms. Adequate time to be allocated by each Mobile Health Team to ensure thorough and quality screening of every child, avoiding rushed assessments that may result in missed or inaccurate identification. Special camps and mop-up rounds are conducted periodically to capture missed and drop-out cases, ensuring no child remains unscreened regardless of location or circumstance.

Referral Pathway



All children identified during screening will be referred to DEICs or appropriate facilities based on clinical need. Each child is issued a three-part referral card documenting screening observations and treatment instructions. The existing NHM patient transport network are leveraged to facilitate timely transfers for secondary and tertiary care.

Management and Continuity of Care



DEICs serve as the primary hub for multidisciplinary evaluation and early intervention. For conditions requiring advanced specialist care, a hub-and-spoke may be operationalized with tertiary facilities providing clinical mentorship, telemedicine support, and specialist referrals, and district and sub-district units delivering decentralized allied health services. Mobile Health Teams facilitates ensuring systematic follow-up for all referred children and continuity of care upon return to the community.

Financial Provisioning



To minimize out-of-pocket expenditure for families, model costing guidelines are aligned with PMJAY. All children diagnosed under RBSK 2.0 are entitled to avail surgical services for secondary and tertiary services as per approved NHM norms.

Accountability and Follow-Up



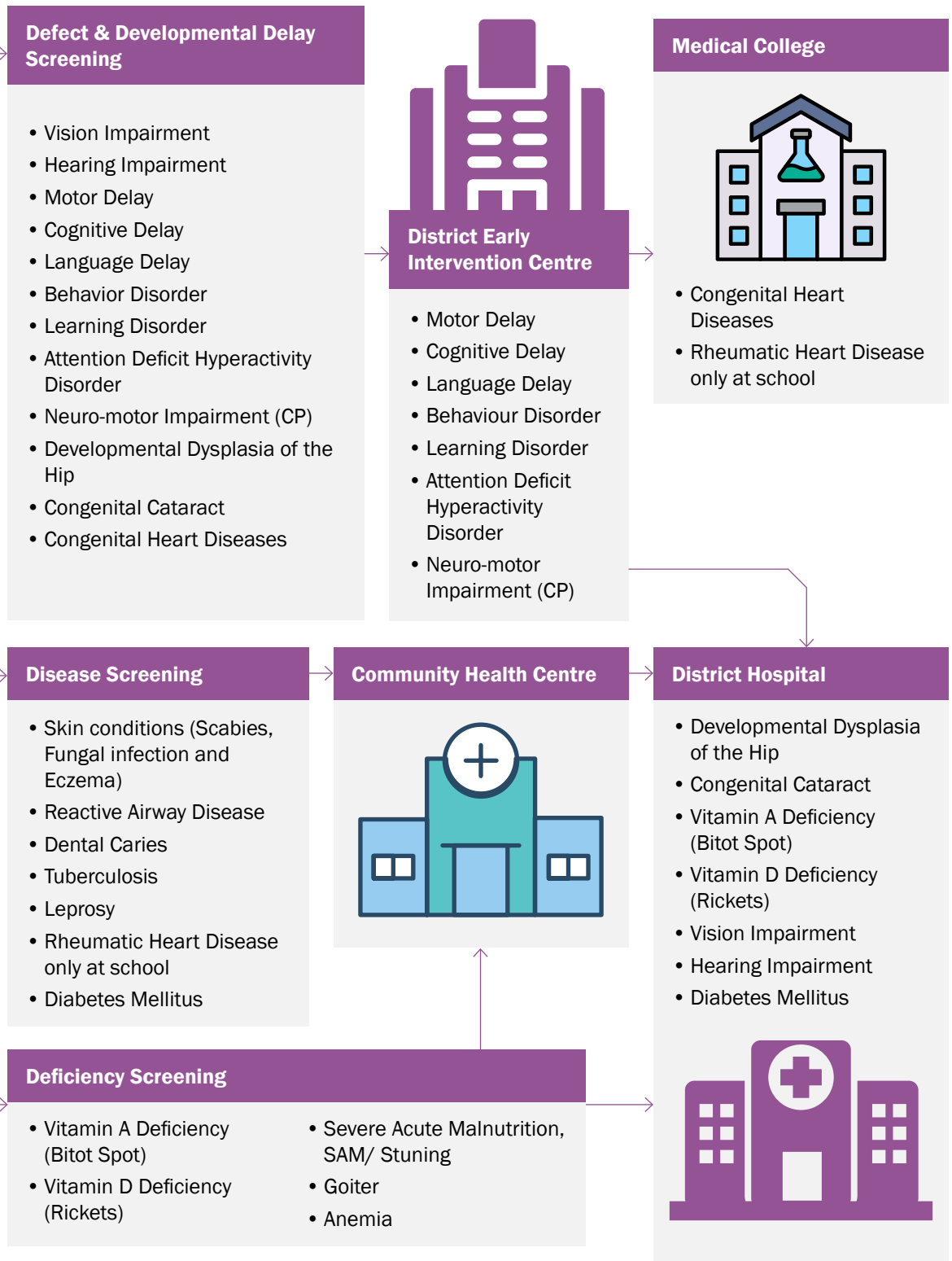
Coordinated responsibilities across all healthcare tiers are clearly defined and monitored through a digital dashboard at the National, State, District, and Block levels. Treatment details are shared routinely with Mobile Health Teams to ensure structured follow-up and prevent loss to care. This standardised pathway is strengthening the quality, continuity, and efficiency of service delivery and follow up ensuring every child identified with a health condition receives comprehensive, timely, and uninterrupted care.

CHILD SCREENING (0-18 YEARS)

REFERRAL AND MANAGEMENT

MOBILE HEALTH TEAM

Screening
at AWC and
school



Child Screening (0-18 years)

Mobile Health Team screens children at AWC and school



Screening Areas

Developmental, Disease & Deficiency screening for early identification



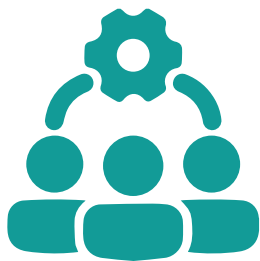
Referral and management

Children are referred to appropriate health facilities for care and treatment



Early identification, better future

Timely screening and management for a healthy tomorrow



HUMAN RESOURCES UNDER RBSK 2.0

Chapter 5

5.1 Mobile Health Teams (MHTs)

5.2 District Early Intervention Centres (DEICs)



Care Early, Grow Strong






Screening at Anganwadi Centre

5.1 MOBILE HEALTH TEAMS (MHTs)

The number of Mobile Health Teams is determined by state-specific requirements, taking into account population norms, the number of children registered at Anganwadi Centres, school enrolment figures, and the presence of hard-to-reach areas. States and Union Territories have the flexibility to re-appropriate existing NHM human resources and augment team composition in accordance with local needs to improve screening coverage.

COMPOSITION OF MOBILE HEALTH TEAM

MEMBERS	NUMBER
 Medical officers (MBBS/ BDS/ AYUSH) - With a Bachelor's degree from an approved institution	2
 ANM/ MPW/ Staff Nurse/ BSc Nursing from an approved institution	1
 Pharmacist* with proficiency in computer for data management	1

SUPPORT TEAM FOR MHT

- Under RBSK 2.0, efficient and optimal utilisation of available health manpower is envisaged through a flexible, need-based team configuration.
- While the core MHT composition remains intact, additional cadres including HWAs, peer educators, adolescent health counsellors, ophthalmic assistants, RKSK/AFHC counsellors, mental health counsellors, medical interns, and B.Sc. nursing students may be engaged as available under NHM program/ government program as supporting units to reinforce the core team and strengthen child health screening under the programme.

***In case a pharmacist is not available, other paramedics – lab technician or ophthalmic assistant with proficiency in computer for data management may be considered.**



Mobile Health Teams screen all children up to 6 years of age registered with Anganwadi Centres and children aged 6 to 18 years enrolled in Government and Government-aided schools. Mobility support is provided for movement of teams to Anganwadi Centres and schools, and each team is equipped with a standard toolkit containing essential screening equipment.

TOOL KIT FOR MOBILE HEALTH TEAMS

6 weeks to 6 years

6 to 18 years

Equipment for Screening to Identify Developmental Delays and NCDs



Bell, rattle, torch, one-inch cubes, small bottle with raisins, squeaky toys, coloured wool



Vision charts, reference charts

Glucometer with strips and lancets

Hemoglobinometer with strips
(to be provided by AMB program)

BP apparatus with age-appropriate calf size

Manual, structured tool and a card with age-appropriate developmental check list to record milestones to identify developmental delays (6 weeks - 9 years)

Equipment for Anthropometry

Age appropriate:

- Weighing scale (mechanical newborn weighing scale, standing weighing scale)
- Height measuring – stadiometers/ infantometers
- Mid arm circumference tape/ bangle
- Non stretchable measuring tape for head circumference

5.2 DISTRICT EARLY INTERVENTION CENTRES (DEICs)

The composition at the District Early Intervention Centre (DEIC) remains the same and is detailed as below:

PROFESSIONALS	NUMBER
Medical Professionals (Paediatrician-1, Medical Officer-1, Dental Doctor-1)	3
Physiotherapist/ Occupational therapist	1
Audiologist & Speech Therapist	1
Psychologist	1
Optometrist	1
Early Interventionist cum Special Educator cum Social Worker	1
Lab Technician*	1
Dental Technician	1
Manager	1
Data Entry Operator	1

*A sample collection centre may be established at the DEIC by utilising the services of the lab technician, wherever available and deployed exclusively at the DEIC, even if a fully equipped laboratory is not yet in place.



ROLES AND RESPONSIBILITIES OF HEALTH PROVIDERS UNDER RBSK 2.0

Chapter 6

- 6.1 State Nodal Officers (SNOs)
- 6.2 DEIC Managers/ District Coordinators
- 6.3 Mobile Health Teams (MHTs)
- 6.4 Block Program Officers (BPOs)
- 6.5 School Health and Wellness Ambassadors (SHWAs)
- 6.6 RKSK Counsellors
- 6.7 ASHAs
- 6.8 Community Health Officers
- 6.9 ANM/ MPW/ Staff Nurses



Empowering Healthy Beginnings



Mobile Health Team

Table below enlists key roles and responsibilities of different types of health care providers envisaged under the RBSK 2.0.

6.1 State RBSK Manager/ Nodal Officer



- Conduct state level orientation/ review meeting and dissemination of updated 'Operational Guidelines' to all the districts.
- Ensure appointment of district nodal officers for RBSK for all districts.
- Ensure translation of tools, training packages, printing of formats, training material into local language and facilitate training of master trainers.
- Estimation of the total requirement of number of dedicated Mobile Health Teams in all the districts.
- Ensure operationalization of MHTs in all the districts.
- Mapping and memorandum of understanding with facilities and institutions (public and private) for treatment of specific health conditions.
- Facilitate procurement and supply of equipment, logistics, HR for RBSK program.
- Ensure periodic inter-sectoral coordination meetings with ICDS and School & Mass Education Department.
- Supportive supervision of RBSK activities in all the districts.
- Financial and administrative management at state level.
- Facilitate monthly review meetings at state level and ensure timely reporting and compliance.

6.2 District Early Intervention Centre Manager/ District Coordinator or any State official deputed by State



- Estimation of the total requirement of number of dedicated Mobile Health Teams & recruitment of the Mobile Health Team members.
- Monitoring the MHT teams: Ensuring vacancies are informed to the competent authority for completing the recruitment
- Ensure operationalization of MHTs in all blocks.
- Establishment and operationalization of functional DEIC at District Hospital overall management for optimum functionalization of DEIC.
- Ensure screening of all children, including newborn screening, management of identified children with 4Ds health conditions at DEIC.
- Facilitate referral of identified children for treatment at empanelled higher health institutions.
- Ensure periodic inter-sectoral coordination meetings with ICDS and School & Mass Education Department.
- Supportive supervision of RBSK activities in the district.
- Facilitate monthly review meetings at district level and ensure timely reporting and compliance.
- Responsible for RBSK portal - DEIC module entry, closing the loop & follow up of all children post-surgery and final diagnosis.

6.3 Mobile Health Teams (MHTs)



- Screen all children up to 18 years for 4Ds biannually at each AWC and annually in Government and Government-aided schools.
- Ensure smooth coordination with the block level Education and ICDS department to ensure active participation during screening at AWC/ schools.
- Provide initial diagnosis and management at field level.
- Refer children with any Defects at birth, Deficiencies, Diseases, Developmental Delays, NCDs to appropriate institutions/ DEICs and accompany them to the institution for necessary treatment.
- Follow-up with children with identified 4Ds health conditions.
- Provide health education and counselling.
- Ensuring proper recording and reporting and tracking of referred vehicle.
- Maintain log book, tour diary for movement of hired vehicles.
- Data entry of all the children in RBSK portal – MHT module and generation of RBSK Health Report Card.

6.4 Block Program Officers (BPOs)



- Support Mobile Health Team for preparing detailed micro plans in coordination with Mobile Health Teams, ICDS, School and Mass Education Departments.
- Ensure visits of MHTs as per the micro plan and community mobilization by front line health workers.
- Provide support for referral of identified children with 4Ds to higher health institution and DEIC.
- Ensure periodic inter-sectoral coordination meetings with ICDS and School & Mass Education Departments.
- Supportive supervision of RBSK activities in the block.
- Ensure timely reporting and facilitate block level monthly review.

6.5 School Health and Wellness Ambassadors (SHWAs)



- Support RBSK MHTs during school visit for health screening.
- Assist RBSK-MHTs in basic health screening like anthropometry, Height, Weight and BMI.
- Follow up and compliance for treatment for students identified with health condition.
- Aid in prior prelisting of students with any health concern based on day-to-day interaction and referred to nearest public health facility in case of need.
- Ensure communication with parents during Parent Teacher Meeting (PTM) about scheduled MHT visit for screening.
- Creation of ABHA ID for children in schools for seamless digital tracking and follow up.

6.6 RSKK Counsellors



- RSKK counsellors accompany Mobile Health Teams (MHTs) during school visits to provide counselling support for children identified with adolescent health issues.
- Anaemia counselling and record keeping for management/ follow up.
- Follow-up Care: Counsellors will ensure appropriate follow-up of these children at Adolescent Friendly Health Clinics (AFHCs) or designated health centres.
- Documentation: A line listing of all students counselled are prepared by the RSKK counsellors and shared with the RSKK MHTs for entry into the RSKK Web Portal.
- Creation of ABHA ID for children in schools for seamless digital tracking and follow up.

6.7 ASHAs



- Create awareness in the community regarding 4Ds: Defects at birth, Deficiencies, Diseases including NCD in children, and Developmental Delays.
- Identify and report children with any birth defect to Mobile Health Team, ensure notification under the Home Based Newborn and Child Care (HBNCC) programme, and facilitate referral to the District Early Intervention Centre (DEIC).
- Follow up of children with birth defects identified under RSKK.

6.8 Community Health Officers



- Ensure referral of all 4D children to appropriate centres like CHC/ DEIC/ NRC.
- Coordinate with RSKK Mobile Health team, ASHA, AWW, ANMs and facilitate the treatment and follow up for children aged 0-18 years.
- Facilitate RSKK mobile health teams for conducting special camps in high risk and hard-to-reach areas (nomadic or left-out population) and screening.
- Follow-up with the identified 4D cases in their area.
- Facilitate the creation of ABHA IDs for children to enable seamless monitoring and tracking of children as per official program.

6.9 ANM/ MPW/ Staff Nurses



- Screening of all newborns at the delivery point for birth defects.
- Referral of all 4D children to appropriate centres like CHC/ DEIC/ NRC.
- MPW/ ANM at the community to coordinate with AWW and RSKK MHT to screen children.
- Facilitate RSKK mobile health teams for conducting special camps in high risk and hard-to-reach areas (nomadic or left-out population) and screening.
- Follow-up with the identified 4D cases in their area.



RBSK 2.0 CAPACITY BUILDING AND TRAINING FRAMEWORK

Chapter 7

7.1 Mobile Health Team Training

7.2 DEIC Training

7.3 Integrated Training for the Frontline Workers



Start Right, Grow Bright



Promotion of Early Childhood Development

OVERVIEW

Capacity building forms the cornerstone of RBSK 2.0 programme success. Capacity building is not a one-time event but a continuous process of skill development, knowledge upgradation, and quality improvement. The RBSK 2.0 training framework presented in this chapter provides a comprehensive, evidence-based approach to equipping all cadres of health workers with the competencies needed to deliver high-quality child health services. Equipping personnel at all levels from national technical agencies to block-level Mobile Health Teams (MHTs) and District Early Intervention Centre (DEIC) staff with current knowledge, clinical skills, and programme understanding is essential to ensuring consistent quality, efficiency, and effectiveness across all child health service delivery points.

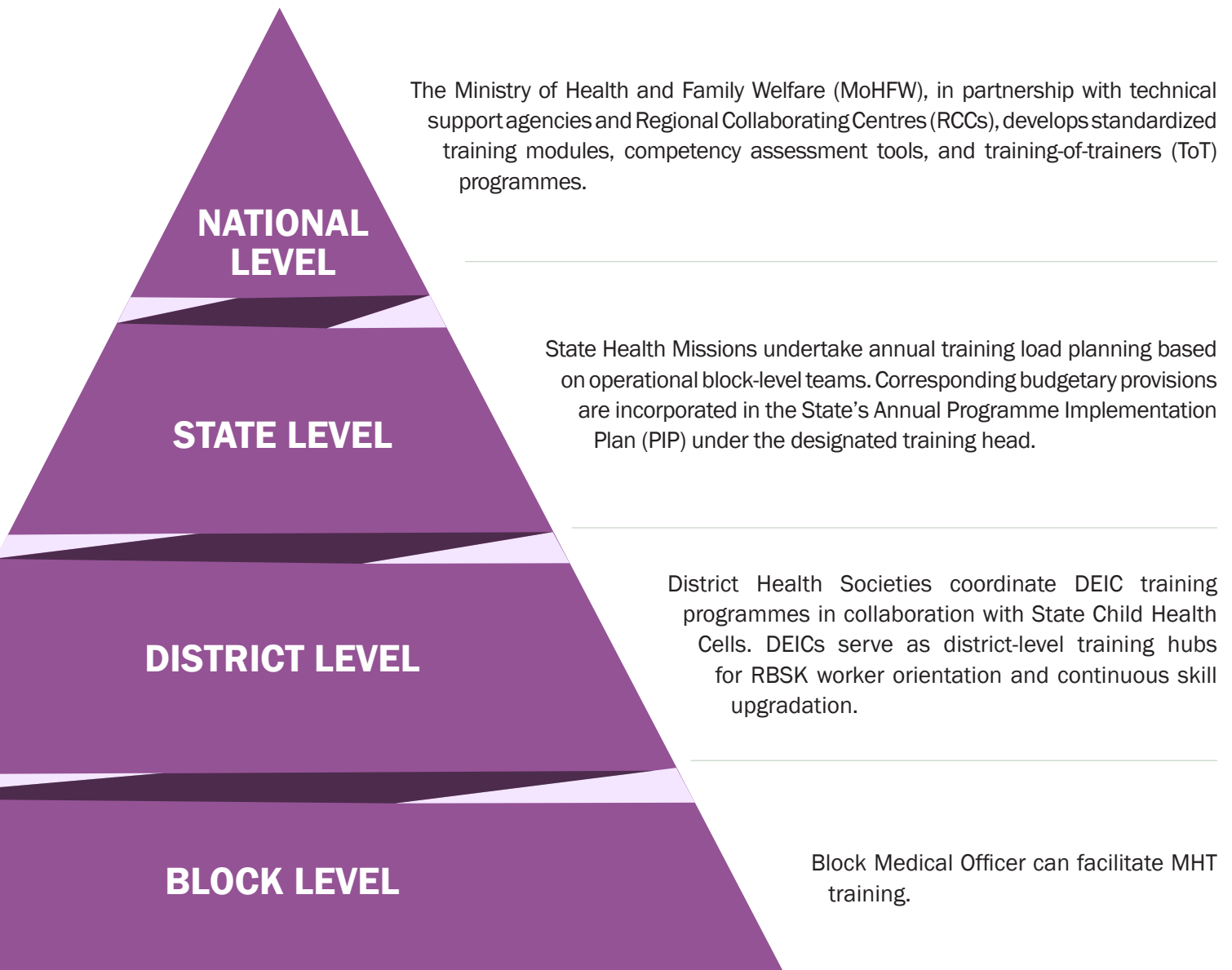
This chapter presents a unified, evidence-based training framework that integrates three distinct but interconnected training streams:

- **Mobile Health Team (MHT) Training:** 5-day foundational competency programme for block level screening teams
- **DEIC Staff Training:** 5-day advanced clinical skills programme for district-level early intervention specialists
- **Frontline Worker Training:** Integrated module for ASHAs, ANMs, CHOs, and Medical Officers supporting community-level screening and referral

TRAINING GOVERNANCE AND ARCHITECTURE








INSTITUTIONAL FRAMEWORK

RBSK 2.0 adopts a cascading training model that ensures standardized knowledge and skill transfer from national to state, district, and block levels. This architecture enables every cadre involved in screening and early intervention to receive contextually relevant, standardized training aligned with programme objectives.



7.1 MOBILE HEALTH TEAM (MHT) TRAINING PROGRAMME

The MHT training programme equips block-level health teams with competencies to:

COMPETENCY	
	Conduct systematic screening for the 4Ds (Defects at birth, Deficiencies, Diseases, Developmental delays) in children from birth to 18 years
	Perform accurate anthropometric measurements and interpret growth parameters
	Apply standardized RBSK Screening Tool
	Identify red flags requiring immediate referral to DEIC or higher facilities
	Maintain accurate records and report data through the RBSK Management Information System (MIS) and in RBSK Web Portal
	Counsel families on screening findings, referral rationale, and follow-up requirements
	Coordinate with ASHAs, ANMs, and school health staff for community mobilization and tracking

FRAMEWORK FOR MHT TRAINING

The Mobile Health Team (MHT) Training represents a carefully structured five days journey of capacity building. It is designed not merely as a training exercise, but as a transformative initiative to strengthen the MHTs ability to identify, manage, and respond to child health conditions across the life cycle - from birth through adolescence. By equipping MHTs with sharper skills in screening, referral, and follow-up, the program is strengthening the foundation of child health services, safeguarding timely interventions and improved outcomes for every child.

A. TRAINING ON CORE CONCEPTS

At the heart of this initiative lies the focus on the “4Ds” - Defects at birth, Deficiencies, Diseases, and Developmental delays. These four pillars encapsulate the major health challenges faced by children and form the backbone of RBSK’s screening activities. The training ensures that participants not only gain conceptual clarity but also acquire practical, hands on skills to recognize, classify, and refer children covering the following aspects:

- **Defects at birth:** Congenital conditions such as neural tube defects, down syndrome, cleft lip and palate, club foot, congenital cataract, and congenital heart diseases are emphasized. Through pictorial tools and clinical demonstrations, participants learn to recognize visible signs with precision.
- **Deficiencies:** Nutritional disorders, including anemia, vitamin A deficiency, rickets, and goitre, are highlighted. The sessions stress early detection through simple, field-friendly methods.
- **Diseases including Pediatric NCDs:** Common childhood illnesses - skin infections, otitis media, rheumatic heart disease, respiratory disorders, dental conditions, and convulsive disorders - are covered. Pediatric NCDs such as obesity, hypertension, and diabetes mellitus are also included. Teams are oriented to provide basic advice and ensure timely referral.
- **Developmental delays:** A critical component, encompassing motor, cognitive, language, and social delays, as well as conditions like autism, ADHD, learning disorders, hearing and vision impairment, along with emerging digital issues. The training emphasizes the use of milestone charts, checklists, and job aids for early detection.

B. TRAINING ON DIGITAL FRAMEWORK

The digital framework of RBSK 2.0 Web Portal forms an integral component of MHT training. Participants are oriented to the digital platform that enables efficient digitization of screening data, ensuring accuracy, continuity of care, and real-time monitoring.

C. QUALITY AND COVERAGE COMPONENTS

States and Union Territories are advised to ensure that all thematic components are comprehensively covered within the five-day schedule. Continuous capacity building should remain a priority and ongoing activity, with regular refresher trainings organized to help existing MHTs reinforce and update their skills. Newly recruited members must also receive comprehensive orientation and skill training to ensure uniform standards across all teams.

D. SOFT SKILLS TRAINING COMPONENTS

In addition to technical knowledge, the training strongly emphasizes soft skills - particularly the importance of engaging with children gently and empathetically. Mentors are expected to instill in participants the value of providing adequate time and attention during screenings to ensure quality assessments and improved health outcomes.

E. PHASE WISE TRAINING

The program unfolds in a day wise progression, blending theory with practice to nurture confidence and competence. The importance of translation of academic content with hands on training is necessary to ensure 360-degree completion in the training program.



**HANDS-ON
LEARNING**



**PRACTICAL SKILLS
ON IMPACT**



**CASE-BASED
LEARNING**



**FIELD PRACTICE
UNDER SUPERVISION**



**BETTER CHILD
HEALTH OUTCOMES**

7.2 DEIC TRAINING

The DEIC training programme builds advanced clinical competencies for district early intervention specialists, equipping multidisciplinary teams with practical skills to conduct detailed assessments, diagnose complex disorders, and implement specialized therapies. Participants also master family counselling and system coordination.

The five-days RBSK-DEIC training program is not merely a timetable of lectures and case discussions - it is a carefully curated journey designed to strengthen the capacity of health professionals to identify red flags in child development and intervene early.

At its heart, the training embodies the spirit of teamwork. Pediatricians, therapists, psychologists, audiologists, and optometrists come together, each contributing their specialized knowledge. Instead of functioning in isolation, they learn to view the child holistically - where medical, developmental, behavioral, auditory, and visual needs converge. This collaborative model ensures that no aspect of a child's health is neglected, and interventions are harmonized rather than fragmented. It fosters a culture of shared responsibility for child health, which is the cornerstone of RBSK-DEIC.

1. FOUNDATIONS & DEVELOPMENTAL ASSESSMENTS

Building detailed knowledge of child development and applying evidence-based diagnostic criteria.



Standardized Assessments

Application of comprehensive developmental tools



Cognitive Evaluation

Comprehensive special education-focused assessment



Neurodevelopmental Disorders

Understanding CP, autism spectrum, ADHD



Outcome Tracking

Initial DEIC records maintenance via RBSK MIS web portal

2. MULTIDISCIPLINARY DIAGNOSIS & INTERVENTIONS

Applying domain-specific therapy protocols for gross motor, fine motor, communication, and learning.



Gross Motor Interventions Physiotherapy for motor disorders



Communication & Speech

Assessment and intervention for speech delays



Fine Motor & ADL Skills

Occupational Therapy and sensory integration strategies



Individualized Planning

Special education and coordination across medical and therapeutic domains

3. LONG-TERM CARE

Extending care to home-based settings, maintaining quality data.



Family Counselling

Teaching realistic expectations and home-based interventions



DEIC Record Management

Tracking long term outcomes and detailed reporting



Referral Management

To tertiary hospitals

7.3 INTEGRATED TRAINING FOR THE FRONTLINE WORKERS



Training Objectives

Frontline workers form the community-level backbone of RBSK 2.0, supporting screening, referral, and follow-up activities. As part of integrated training module on NHM, this training part equips ASHAs, ANMs, CHOs, and Medical Officers to:

1. Understand RBSK 2.0 objectives and their specific roles within the programme
2. Recognize common 4Ds conditions during routine contacts with children and families
3. Support MHTs during screening camps through community mobilization and logistics
4. Counsel families on the importance of screening, referral compliance, and follow-up
5. Track referred children and support adherence to intervention recommendations
6. Maintain community-level records and report data through existing health information systems



Training Venue

Block-level training centres/ CHCs/ as decided by State/ UT.



Training Methodology

Frontline worker training emphasizes participatory, experiential learning through interactive lectures, Short, focused presentations with visual aids and real-world examples.

Group discussions: case scenarios, problem-solving exercises, and experience sharing

Role plays: Counselling scenarios, community mobilization simulations, referral conversations etc.



Training Quality Assurance and Monitoring

- **Daily feedback:** End-of-day participant feedback forms to identify and address issues in real-time
- **Faculty observation:** Peer review and mentoring among training faculty
- **Competency checklists:** Structured assessment of practical skills during hands-on sessions
- **Attendance monitoring:** Minimum 90% attendance required for certification
- **Field-level competency assessment through** supportive supervision visits
- **Screening quality indicators** (number of children screened, referral rates, follow-up compliance), data quality audits, and beneficiary feedback

TRAINING BUDGET AND RESOURCE PLANNING

States must include the following budget heads for venue, logistics, training material, equipment and supplies, TA/ DA for participants/ faculty in their trainings in their Annual Programme Implementation Plan (PIP):

Programme managers at state and district levels must prioritize training quality over speed, develop annual training calendar with timelines and targets ensuring that every participant achieves demonstrated competency before independent practice. Post-training support mechanisms - mentoring, refresher courses, peer learning networks, and supportive supervision - are critical to sustaining skills and addressing implementation challenges.

By investing in robust capacity building, RBSK 2.0 ensures that every child screened, every referral made, and every intervention delivered meets the highest standards of clinical excellence and programme effectiveness. This commitment to quality ultimately translates into improved health outcomes for India's children and fulfillment of the programme's vision of universal access to early detection and intervention services.

Right Start, Bright Path



Vision Check-up at School by RBSK team

8.1 RBSK 2.0 WEB PORTAL

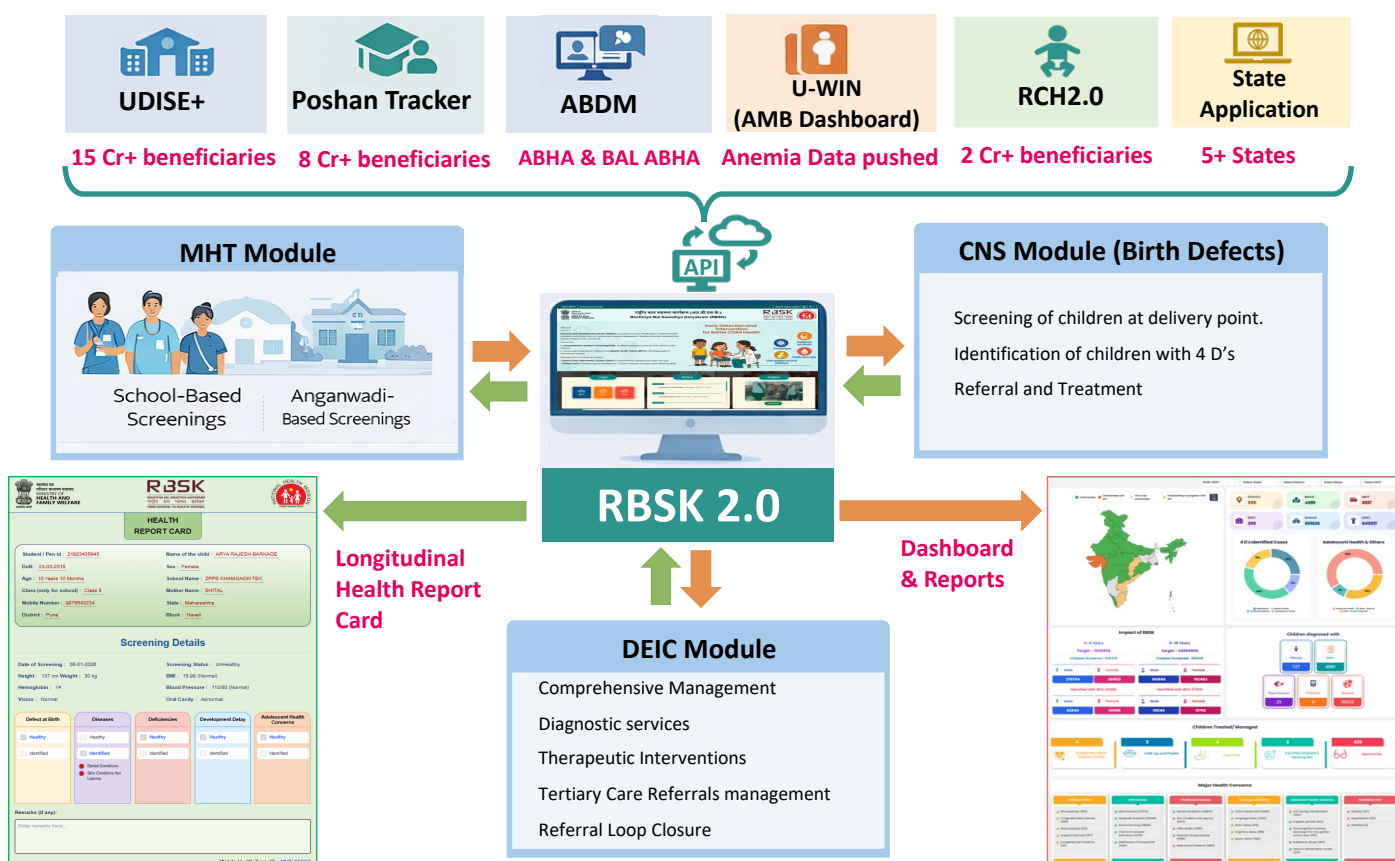
Over the past decade, RBSK has reached millions of children across the country, establishing itself as one of the largest child health screening programmes in the world. Building on this strong foundation, RBSK 2.0 now advances the programme’s digital capabilities to further strengthen data flow, enhance real-time visibility into programme performance, and ensure that every child screened is systematically tracked through the full continuum of care from screening and referral to treatment and confirmed follow-up.

MAJOR STRUCTURAL CHANGE

RBSK 2.0 represents a transformative leap in child health surveillance, with the vision to leave no one behind. By integrating screening, diagnosis, referral, and case management into a unified continuum of care, the RBSK 2.0 portal strengthens programme monitoring and supports evidence-based decision-making at all levels. From the moment a child is born until they reach 18 years of age, the health journey is seamlessly supported through an end-to-end digital ecosystem.

ARCHITECTURE OF THE DIGITAL FRAMEWORK

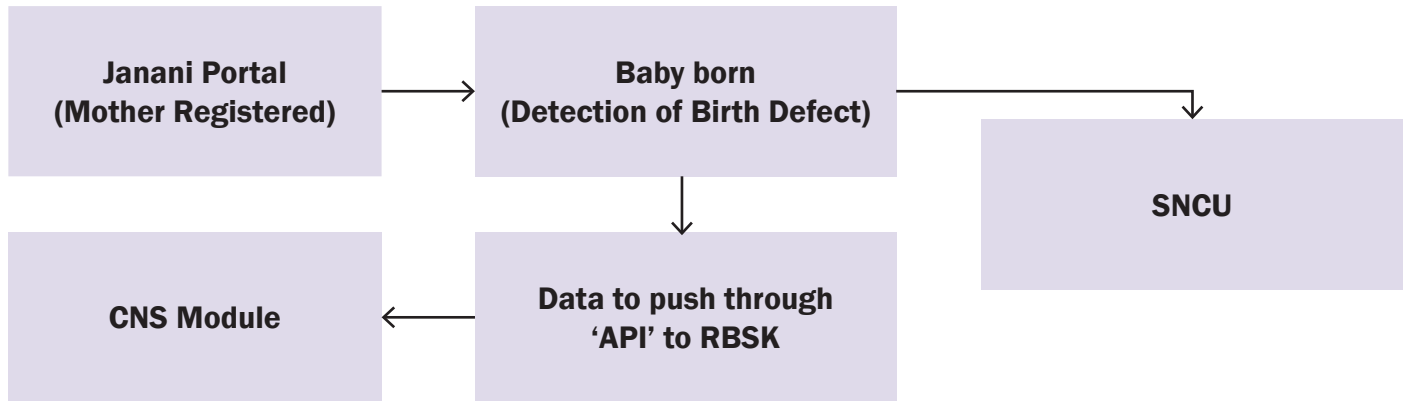
The digital framework of RBSK 2.0 is built on three integrated modules, each addressing a distinct stage of the child health continuum. Together, these modules create a seamless, end-to-end digital record that travels with the child from birth through adolescence. The architectural plan is given below:



1

Comprehensive Newborn Screening (CNS Module)

The first point of digital entry into the RBSK system is at birth. For newborns, the Comprehensive Newborn Screening (CNS) module plays a critical role. By enabling early detection of congenital anomalies, it provides a safety net at the very start of life, ensuring that high-risk cases are flagged and referred without delay. Every newborn screened at a public health facility i.e. delivery points is registered on the digital platform. The Newborn Screening Module Enables that the children born in a public facility exits without being digitally enrolled and flagged if a condition is identified requiring further evaluation or follow-up.



2

MHT Module: Longitudinal Digital RBSK Health Report Card

The Mobile Health Team module is the operational heart of the digital framework. At the community level, Mobile Health Teams (MHTs) serve as the first point of contact. They visit Anganwadi Centres and schools, conducting screenings and recording detailed information about each child directly into the RBSK-MHT module. This grassroots outreach ensures that early signs of health conditions are captured for timely interventions. The children screened at AWC, Government or Government-aided school and are issued a digital RBSK 'Health Card'. It is a longitudinal electronic health record that is updated at every screening interaction by RBSK teams across the child's life, from 6 weeks to 18 years of age.

The Health Report Card captures a comprehensive set of health parameters at each visit, including:

- **Anthropometric data:** Height and weight, tracked over time to monitor growth patterns and identify nutritional deficiencies
- **Vision screening:** Detection of refractive errors, squint, and other ocular conditions
- **Dental health:** Assessment of dental caries, malocclusion, and oral hygiene
- **Haemoglobin (Hb):** Screening for anaemia
- **Body Mass Index (BMI):** Early identification of undernutrition, overweight, and obesity, including lifestyle-related risks
- **Blood Sugar:** Symptom based screening for early indicators of obesity, hypertension (HTN) & Diabetes Mellitus (DM) reflecting RBSK 2.0's expanded focus on emerging non-communicable conditions

RBSK HEALTH REPORT CARD

Student / Pen Id : 236000102936 Name of the child : JADI VISHAL
 DOB : 18-02-2020 Sex : Male
 Age : 5 Years 10 Months School/ AWC Name : MPSP TALANDI
 Class (only for school) : Nursery Mother Name : JADI RAJITHA
 Mobile Number : 0 State : Telangana
 District : KUMURAMBHEEM ASIFABAD Block : ASIFABAD

Screening Details

Date of Screening : 05-12-2025 Screening Status : UnHealthy
 Height : 102 cm Weight : 17 kg BMI : 16.34 (Normal)
 Hemoglobin : 12.6 Blood Pressure : 100/90 (Normal)
 Vision : Normal Oral Cavity : Normal

Defect at Birth	Diseases	Deficiencies	Development Delay	Adolescent Health Concerns
<input type="checkbox"/> Healthy	<input type="checkbox"/> Healthy	<input checked="" type="checkbox"/> Healthy	<input checked="" type="checkbox"/> Healthy	<input checked="" type="checkbox"/> Healthy
<input checked="" type="checkbox"/> Identified	<input checked="" type="checkbox"/> Identified	<input type="checkbox"/> Identified	<input type="checkbox"/> Identified	<input type="checkbox"/> Identified
● Congenital Eye Problems	● Skin Conditions			

Remarks (if any):

This longitudinal record allows healthcare providers to track trends in a child's health over time. For example, a child whose BMI is trending upward across successive screenings, or whose haemoglobin has remained persistently low, can be identified for targeted intervention. The Health Report Card is linked with unique ABHA ID enabling interoperability with other national health platforms where applicable.

3

DEIC Module

The District Early Intervention Centre module digitally captures the full scope of secondary and tertiary care delivered through DEICs. Child identified of the screening with defects/ developmental delay are referred to the DEIC/ DH. DEIC/ DH manager would ensure entry of the children into DEIC module.

THE DEIC MODULE RECORDS:

- **Range of services provided:** Specialist consultations, diagnostic workups, surgical interventions, and assistive device provision are all captured, creating a complete record of the care delivered to each child at the DEIC.
- **Infrastructure, equipment, and HR mapping:** The DEIC module also functions as a facility management tool. It maps the physical infrastructure, available equipment, and human resources at each DEIC. This enables programme managers to update the status of HR/ functionality status of equipment in every 6 months and to identify existing scope to address the service gaps effectively.

The DEIC module is the critical closing mechanism of the digital loop. When a child is referred from a screening platform to a DEIC, the referral is recorded digitally. When the child arrives at the DEIC and receives care, the DEIC module updates the child's record. If a child does not arrive at the DEIC within the expected timeframe, the system flags the case for follow-up. This helps to achieve the compliance till resolution.

DIGITAL MONITORING AND EVALUATION SYSTEM



Beyond data capture, the digital framework of RBSK 2.0 incorporates a comprehensive Monitoring and Evaluation system designed to drive programme quality, accountability, and continuous improvement.

APPROPRIATE DIGITAL MEASURES

Under RBSK 2.0, the system actively tracks every child through each stage of the care pathway i.e. screening, referral pathway, DEIC visit, treatment, and follow-up – and flags open loops at every level.

An automated SMS alert system is also being envisaged as a supportive mechanism.

The portal's architecture is fully API-enabled, allowing secure and efficient data exchange with national platforms such as UWIN (AMB Dashboard), RCH 2.0, UDISE+, AMB portal or platform, UWIN portal and the Poshan Tracker. This interoperability ensures that child health data is not siloed but instead contributes to a broader ecosystem. These will help in creating a holistic view of child well-being, enabling informed, data-driven decisions.. RBSK 2.0 also provides dashboards and analytics tools. District, state, and national authorities can track screening coverage, identify disease trends, and monitor service utilization.



EFFICIENCY OF DATA MANAGEMENT

The digital framework replaces fragmented, manual data flows with a unified, centralised data management system. Data entered by MHT members in the field is available to block, district, state, and national programme managers. Programme managers at every level have access to dashboards that present key performance indicators children screened, referrals generated, DEICs visited, treatments completed in an accessible, actionable format.



The system also enables longitudinal data analysis at the individual child level, allowing tracking of health outcomes over time rather than just counting service delivery events. This is a fundamental shift in how the programme measures its own performance from counting outputs to tracking outcomes.

CLUSTER-BASED ANALYSIS FOR PROGRAMME INTELLIGENCE

One of the most powerful features of the RBSK 2.0 digital system is its capacity for cluster-based analysis the ability to examine health data not just at the individual level, but across geographic and demographic clusters. This capability serves two critical programme management functions:

- **Geographical distribution of diseases and service utilisation:** The system maps the distribution of specific health conditions anaemia, vision defects, congenital anomalies, developmental delays across geographies, enabling programme managers to identify where the burden of specific conditions is highest. Equally important, it maps service utilisation patterns, identifying areas where services are being over-utilised relative to the population (which may indicate concentration of services in accessible areas) and areas where utilisation is low relative to need (which may indicate access barriers, geographical challenges, or gaps in community mobilisation).
- **Identification of gaps and referral mapping:** Cluster-based analysis also enables systematic identification of programme gaps - geographies with low screening coverage, high referral dropout rates, or poor DEIC utilisation. Referral mapping overlays referral patterns on geographic data to reveal whether children are being referred to appropriate and accessible facilities, and whether referral pathways are functioning as designed. Where gaps are identified, programme managers can direct targeted corrective action, deploying additional MHTs to underserved clusters, strengthening DEIC capacity in high-burden districts, or intensifying community mobilisation in areas with high dropout.



INTEROPERABILITY AND INTEGRATION

The digital framework of RBSK 2.0 is designed with interoperability as a foundational principle. The programme's digital systems are aligned with national digital framework such as the Ayushman Bharat Digital Mission (ABDM), U-WIN and JANANI (RCH 2.0) portal. This interoperability ensures that RBSK data contributes to and draws from the broader digital health ecosystem avoiding duplication of data entry, enabling continuity of care when a child transitions between health platforms, and strengthening the national child health data infrastructure.



THE CLOSED LOOP: A COMMITMENT TO EVERY CHILD

The defining principle of the RBSK 2.0 digital framework is that no child is lost to follow-up. Every child who enters the programme whether as a newborn screened at a facility, a child assessed by an MHT at an Anganwadi Centre, or an adolescent screened at a Government school is tracked through a digitally enforced care pathway until their health episode is resolved. The combination of longitudinal health records, automated caregiver communication, real-time monitoring dashboards, and cluster-based programme intelligence creates a system that is not merely a data repository but an active management tool one that flags, alerts, and drives action at every level of the programme.



Select State | Select District | Select Block | Select MHT

District
558

Block
4299

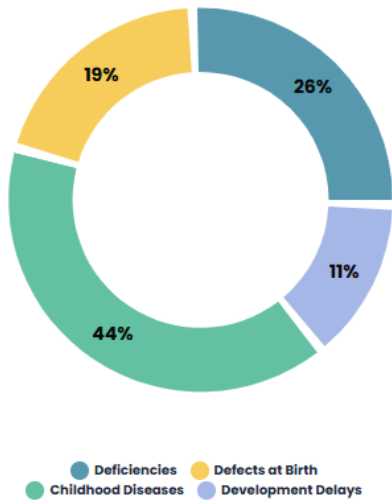
MHT
8227

DEIC
309

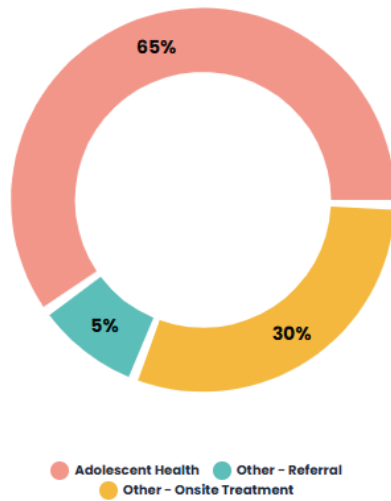
School
601826

AWC
845017

4 D's Identified Cases



Adolescent Health & Others





ENSURING TERTIARY CARE LINKAGES AND INSTITUTIONAL COLLABORATION

Chapter 9

9.1 Strengthening collaborations

9.2 Core Functions of the Centre of Excellence

9.3 List of Collaborative Centres



*Comprehensive Child Health:
From Early Detection to Complete
Development*



Newborn Screening at Delivery Point

9.1 STRENGTHENING COLLABORATIONS

The large majority of these conditions identified under RBSK are responsive to early, evidence-based intervention, particularly when addressed in the first years of life. Contemporary evidence affirms that caregiver-led, play-based, home-environment intervention within an enriched developmental setting produces the best outcomes for children with developmental delays and disabilities. Aligning DEIC practice with this evolving evidence base requires sustained institutional support for a continuum of care.

District Early Intervention Centres are the clinical backbone of RBSK the institutional point where children identified through community and facility-based screening receive specialist assessment, therapeutic intervention, rehabilitative support, and onward referral for definitive care. The quality of outcomes for children entering the RBSK pathway is therefore directly linked to the clinical competence, technicality, and operational effectiveness of DEIC teams.

RBSK 2.0 responds to this need by establishing dedicated Centres of Excellence at premier national medical institutions, including AIIMS and designated Medical Colleges, to serve as apex technical, training, and mentoring hubs for the DEIC network across states.

THE HUB AND SPOKE MODEL

The institutional framework under RBSK 2.0 operates on a structured hub and spoke model. Each Centre of Excellence at a premier medical institution function as the hub, providing technical leadership, specialist mentoring, standardised training, tele-consultation, and programme oversight. The DEICs at the district level function as spokes receiving continuous clinical and managerial support from the hub while delivering frontline early intervention services to children in their catchment areas.

This model between institutions; where the hub brings global evidence and specialist expertise to the district level, and the district level generates field data, real-world clinical experience, and programme intelligence that informs the hub's training and research functions. Together, the hub and its spokes form an integrated institutional system oriented towards one shared goal: better health outcomes for every child who enters the RBSK pathway.

STRUCTURE OF THE CENTRE OF EXCELLENCE

Each Centre of Excellence is established at an institution with demonstrated multidisciplinary expertise in child health. The core departments contributing to the Centre include Paediatrics, Physical Medicine and Rehabilitation, ENT, Ophthalmology, Psychiatry and Clinical Psychology, Physiotherapy, Occupational Therapy, Speech Therapy, and Community Medicine. A dedicated programme team comprising a Nodal Officer, Programme Coordinator, Therapists, Psychologist, Data Manager, and administration support the sustained operational functioning of the Centre.

Within the centre, a model DEIC is established in accordance with national DEIC guidelines, serving dual purposes: as a fully functional one-stop service centre for children with special needs in the surrounding region, and as a hands-on training and demonstration site for DEIC professionals from across the state. Trainees observe and practise clinical assessment, therapeutic intervention, family counselling, and documentation in a real, quality service delivery environment.

9.2 CORE FUNCTIONS OF THE CENTRE OF EXCELLENCE

TRAINING AND CAPACITY BUILDING

1

The Centre delivers structured, cascade training to DEIC staff and RBSK Mobile Health Team members across foundational, specialised, and refresher levels. Training covers RBSK-DEIC protocols, developmental screening, growth and neurodevelopmental assessment, early stimulation, therapy principles, counselling, referral pathways, and digital documentation. Specialised modules address conditions including Autism Spectrum Disorder, Cerebral Palsy, ADHD, specific learning disorders, and hearing and vision impairments. A blended delivery format combining on-site, virtual, and tele-mentoring modes ensures accessibility for professionals across all districts.

MENTORING AND ON-SITE TECHNICAL SUPPORT

2

Annual on-site mentoring visits by a multidisciplinary faculty team from the Centre of Excellence are to be conducted at each DEIC under its network. These structured visits enable direct observation of DEIC clinical functioning, hands-on guidance to staff, identification of site-specific technical and operational gaps, and immediate corrective support.

TELE-DEIC: DIGITAL MENTORING AND TELE-CONSULTATION

3

A Tele-DEIC platform is to be enabled across all DEICs in the state through a structured digital interface, facilitating need-based tele-consultation for complex and diagnostically challenging cases, monthly virtual case discussions, and regular dissemination of updated management guidelines. This model ensures that DEIC teams in remote and underserved districts have continuous access to specialist clinical guidance, effectively extending tertiary-level expertise to the district level.

STANDARDISATION OF CLINICAL PROTOCOLS & LEARNING MATERIALS

4

The Centre develops, updates, and disseminates standardised clinical guidelines and Standard Operating Procedures for DEIC functioning across the state. Existing training manuals are upgraded to reflect current evidence, and online learning modules are developed for self-paced learning ensuring accessibility for DEIC staff across all geographies and at all stages of their professional development.

MONITORING, SUPERVISION, AND PROGRAMME EVALUATION

5

The Centre implements a structured performance monitoring system for the DEIC network under its oversight. Assessment tools including knowledge tests, case scenario evaluations, online case presentations, and caregiver feedback mechanisms are deployed to measure the quality and outcomes of DEIC services. Programme evaluation follows a systematic framework assessing context, inputs, processes, and outcomes for generating actionable evidence for continuous programme improvement.

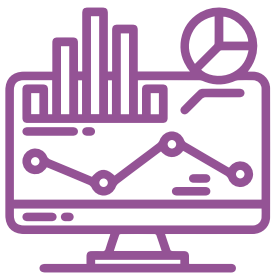
REFERRAL LINKAGES



The Centre implements a structured performance monitoring system for the DEIC network under its oversight. Assessment tools including knowledge tests, case scenario evaluations, online case presentations, and caregiver feedback mechanisms are deployed to measure the quality and outcomes of DEIC services. Programme evaluation follows a systematic framework assessing context, inputs, processes, and outcomes for generating actionable evidence for continuous programme improvement.

9.3 LIST OF COLLABORATIVE CENTRES

S.No.	Institute Medical College/ Hospital	States/ UTs
1	PGIMER, Chandigarh	Jammu and Kashmir, Punjab, Haryana, Chandigarh, Himachal Pradesh
2	IPGMER, Kolkata	West Bengal and all North East States
3	CDC, Trivandrum	Kerala
4	AYJNIHH, Mumbai	All States/ UTs
5	AIISH, Mysore	Karnataka
6	MAMC, New Delhi	Delhi
7	CMC, Vellore	Tamil Nadu, Andaman and Nicobar
8	ICH, Chennai	Tamil Nadu
9	APOLLO, Chennai	Tamil Nadu
10	Shankar Netralaya, Chennai	Tamil Nadu
11	LVPEI, Hyderabad	Andhra Pradesh
12	NIMHANS, Bangalore	Andhra Pradesh, Odisha
13	AIIMS, Guwahati	Assam
14	JIPMER, Puducherry	Lakshadweep
15	IGMC, Shimla	Himachal Pradesh
16	RIMS, Lamphelpat	Manipur
17	JNIMS, Porompat	Manipur
18	RIMS, Ranchi	Jharkhand
19	GMCH-32 & 16, Chandigarh	Chandigarh
20	IIPH, Hyderabad	Andhra Pradesh
21	AIIMS, Bhopal	Madhya Pradesh
22	Gandhi Medical College, Bhopal	Madhya Pradesh
23	SMS Hospital, Jaipur	Rajasthan
24	AIIMS, Jodhpur	Rajasthan
25	LVPEI, Bhubaneswar	Odisha
26	AIIMS, Bhubaneswar	Odisha
27	SVNIRTAR, Olatpur, Cuttack	Odisha
28	AIIMS, Nagpur	Maharashtra
29	AIIMS, Patna	Bihar
30	IGIMS, Patna	Bihar
31	U N Mehta Hospital, Surat	Gujarat, Dadar Nagar Haveli & Daman Diu
32	U N Mehta Institute of Cardiology & Research Centre, Ahmedabad	Gujarat
33	Satya Sai Hospital, Kasindra	Gujarat
34	M & J Institute of Ophthalmology, Ahmedabad	Gujarat
35	Spine Institute	Gujarat
36	Swami Vivekanand Netra Mandir, Super Specialty Eye Hospital, Surat	Gujarat
37	Audiology College, GMERS, Sola	Gujarat
38	Cochlear Limited, Mumbai	Gujarat



MONITORING, REPORTING & REVIEW MECHANISM UNDER RBSK 2.0

Chapter 10

10.1 Reporting Mechanism under RBSK

10.2 Key Performance Indicators (KPIs)



RBSK: From Birth to 18, Every Step Cared



Robust monitoring and reporting systems form the backbone of programme, operational efficiency, and effectiveness. Under RBSK 2.0, a standardised and integrated reporting framework is developed for systematic documentation, regular review of the program.

The RBSK 2.0 web portal functions as an integrated, modular digital platform enabling comprehensive longitudinal health tracking, early identification, timely referral, and follow-up for children from birth to 18 years. It supports real-time data capture and programme monitoring across community, facility, district, and state levels, while ensuring interoperability with key national platforms including UDISE and the POSHAN Tracker for cross-sectoral child tracking.

10.1 REPORTING MECHANISM UNDER RBSK

Designated health service providers are assigned standardised reporting formats with monthly periodicity to systematically capture data on screening, referrals, treatment, and follow-up. The District RBSK Manager consolidates and validates data from all cadres through the RBSK portal, ensuring completeness, consistency, and timely submission. Regular monitoring visits by block, district, and state teams verify field implementation and support corrective action, while periodic review meetings and quarterly inter-sectoral convergence reviews strengthen programme oversight and coordination.

S.No.	Health Service Providers	Reporting Format	Frequency of Reporting
1	Providers at Delivery Point	Form 1	Monthly
2	ASHA	Form 2 - HBNC	Monthly
3	MHT	Form 3	Monthly
4	District RBSK Manager	Form 4	Monthly
5	District RBSK Manager	Form 5	Monthly
6	District RBSK Manager	Secondary tertiary care of children format	Monthly
7	District RBSK Manager	DEIC checklist	Monthly

10.2 KEY PERFORMANCE INDICATORS (KPIs)

A structured and comprehensive KPI framework ensures systematic tracking of programme performance across all implementation levels, enabling accountability and informed decision-making. The KPI framework tracks critical dimensions, including the availability and functionality of Mobile Health Teams and District Early Intervention Centres (DEICs), coverage and quality of newborn and child screening services, implementation of targeted interventions in high-risk and priority areas, referral patterns and service uptake, and the proportion of children receiving appropriate management and completed follow-up.

States and Union Territories are encouraged to incorporate context-specific KPIs aligned with local epidemiological profiles, geographic challenges, and health system priorities, ensuring that monitoring mechanisms remain adaptive, responsive, and locally relevant.

Regular reporting and systematic review of these indicators support evidence-based decision-making, enable timely corrective actions, and ensure continuous alignment of programme implementation with its strategic objectives and intended outcomes.

A: Suggested Key Performance Indicators (KPIs)

S.No.	KPIs	Type of Indicator
1	Percentage of children screened and managed by RBSK MHTs	Output
2	Number of beneficiaries received Secondary/ Tertiary Management against ROP approval (for surgical intervention specified under RBSK)	Output

B: Monitoring Indicator from RBSK Web Portal 2.0

1	Number of RBSK longitudinal health cards generated	Process
2	Number of children identified with 4Ds	Output
3	Number of children treated for Congenital Heart Disease (CHD)	Output
4	Number of children treated for Cleft Lip and/ or Palate	Output
5	Number of children treated for Clubfoot	Output
6	Number of children provided Cochlear Implants and/or Hearing Aids following diagnosis of hearing impairment	Output
7	Number of children screened and provided with spectacles for refractive errors	Output

REVIEW MECHANISM

A strengthened review mechanism is integral to ensuring accountability, programme quality, and continuous improvement under RBSK 2.0. Review is institutionalised at all levels national, state, district, and block through a structured, data-driven approach that enables timely identification of performance trends and facilitates informed decision-making at each level of programme management.

STATE REVIEW MISSION (SRM)

At the state level, RBSK review is formalised within the State Review Mission (SRM) under the National Health Mission framework. The SRM provides a dedicated platform for periodic appraisal of programme performance, convergence outcomes, and service delivery quality across districts. This institutionalised review process ensures that RBSK receives consistent oversight within the broader NHM governance architecture, with findings feeding directly into programme planning and resource reallocation decisions.

DIGITAL DASHBOARD, REPORTS & REVIEW

Underpinning the review mechanism is a digital dashboard and reporting system, operational at the state, district, and block levels. The dashboard presents key programme indicators children screened, referrals generated, DEIC utilisation, and follow-up completion in an accessible, up-to-date format, enabling programme managers at every level to monitor performance continuously rather than periodically.

End-to-End Child Health Care



Screening at Schools

Child health is a shared outcome that emerges from the coordinated functioning of multiple platforms, departments, and delivery systems working in the same direction under MoHFW. RBSK 2.0 recognises this reality and places convergence and collaboration at the centre of its operational design. Rather than building parallel structures, the programme strengthens child health service delivery by pooling efforts within and across existing programmes maximising reach, avoiding duplication, and ensuring that every child benefits from the full range of services available to them.

Convergence under RBSK 2.0 operates at two levels: within the Ministry of Health and Family Welfare through intra-ministerial programme integration, and across ministries through structured inter-ministerial collaboration.

11.1 INTRA-MINISTERIAL CONVERGENCE

Several national health programmes operating under the Ministry of Health and Family Welfare address specific dimensions of child health. These programmes have their own delivery mechanisms, trained manpower, and community-level reach. RBSK 2.0 actively converges with these programmes to ensure that screening, referral, and follow-up services are reinforced by and contribute to the objectives of each allied programme. Key areas of intra-ministerial convergence include:

National Programme for Control of Blindness and Visual Impairment (NPCB & VI)

Vision screening is an integral component of RBSK's screening protocol. Convergence with NPCB & VI strengthens the identification and management of refractive errors, squint, and other visual impairments in children. Children identified for refractive errors are distributed with spectacles. Visual impairments are referred for required surgeries and followed up.

Deafness Control Programme

Hearing screening, particularly in newborns and young children, is a critical early intervention priority under RBSK 2.0. Through convergence with the National Programme for Prevention and Control of Deafness, children identified with hearing impairment are provided hearing aids, and those requiring cochlear implantation are supported accordingly. Children needing surgical intervention are referred to ENT specialists at tertiary care facilities, ensuring a complete continuum of care.

National Programme for Non-Communicable Diseases (NCD)

With RBSK 2.0 expanding its scope to include lifestyle disorders and metabolic conditions such as Type 1 and Type 2 Diabetes Mellitus, hypertension, and obesity, convergence with the National Programme for Non-Communicable Diseases becomes particularly relevant for children and adolescents. Robust referral linkages and integrated management pathways enable that children identified with NCD risks receive timely care through the existing public health system in a coordinated and seamless manner.

Oral Health

Dental health screening is a core component of the RBSK MHT screening protocol. Convergence with national oral health initiatives ensures that children identified with dental caries, malocclusion, and oral hygiene are referred to dentist at PHC & CHC and managed through an integrated care pathway, with dental surgeons now formally included in the expanded core MHT composition under RBSK 2.0.

Ayushman Bharat

Ayushman Arogya Mandirs serve as the primary care backbone at the sub-centre and health and wellness centre level. RBSK 2.0 integrates with this platform to strengthen follow-up and community-level care for children identified during screening. Community health officers posted at Ayushman Arogya Mandirs are envisaged as supporting units within the MHT structure.

Mental Health

Recognising the growing burden of mental health conditions among children and adolescents, RBSK 2.0 incorporates mental health screening as part of its expanded scope. Convergence with the District Mental Health Programme and availability of mental health counsellors as supporting MHT members ensures that children with behavioural, emotional, or developmental concerns are identified early and linked to appropriate support services.

11.2 INTER-MINISTERIAL CONVERGENCE

Child health outcomes are shaped as much by education and nutrition as by healthcare. RBSK 2.0 formalises inter-ministerial collaboration with two key ministries whose platforms are central to the programme's outreach and impact.

Ministry of Education

Government schools are the primary outreach platform for RBSK screening of children aged 6 to 18 years. The convergence with the Ministry of Education, particularly through the PM-POSHAN scheme, strengthens the integration of health screening within the school environment. PM-POSHAN's school-based infrastructure, mid-day meal programme, and enrolment data provide a practical foundation for systematic health screening, and health outcomes are assessed together within the same institutional setting with the help of RBSK MHT team.

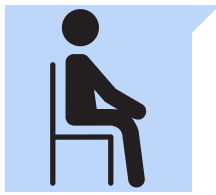
Ministry of Women and Child Development

Anganwadi Centres are the primary platform for RBSK screening of children from 6 weeks to 6 years of age. The convergence with the RBSK, Ministry of WCD through POSHAN 2.0 ensures that data would be seamlessly shared by API integration to enable unique beneficiary identification, remove duplication and to facilitate referral linkages. Children attending Anganwadi Centres for supplementary nutrition, growth monitoring, and early childhood education are simultaneously covered under RBSK's screening protocol. This integrated delivery model reduces the burden on caregivers, improves coverage, and ensures a holistic approach to early childhood development across health, nutrition, and education domains.

OPERATIONALISING CONVERGENCE

At the district level, DEICs serve as the nodal point for convergent referral and follow-up, receiving children from across all screening platforms and coordinating with allied programme units for specialised care. At the block and community level, MHTs function as the convergence vehicle bringing together health, nutrition and education services through a single, coordinated field visit.

PROMOTING HEALTHY DIGITAL PRACTICES AMONG CHILDREN AND ADOLESCENTS

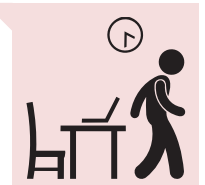


POSTURE AND SAFE DEVICE USE

- Avoid staying in the same posture for long periods
- Maintain correct sitting posture while using devices
- Poor ergonomic practices may lead to long-term health issues

TAKE REGULAR BREAKS

- Take frequent short breaks during screen use
- During breaks: stand up, walk around, stretch, and practice deep breathing



PHYSICAL ACTIVITY AND ROUTINE

- Engage in regular physical activity, including yoga and exercise
- Encourage participation in outdoor and play-based activities
- Maintain a balanced daily routine including sleep, study, screen time, and social interaction

EYE CARE AND FATIGUE MANAGEMENT

- Avoid continuous screen exposure without breaks
- Limit screen use before sleep; avoid screens at least 40 minutes before bedtime

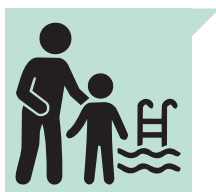


EMOTIONAL WELL-BEING

- Parents and teachers should regularly monitor children's emotional health
- Watch for signs of anxiety, irritability, or depression

BALANCED USE OF DIGITAL MEDIA

- Combine digital learning with offline activities such as reading, games, creative work, and experiments
- Limit non-academic screen use, including unnecessary browsing and scrolling



SUPERVISION AND SAFE ENVIRONMENT

- Keep devices in common areas; avoid unsupervised use in bedrooms
- Establish family rules such as screen-free zones, time limits, and internet safety practices

DIGITAL SAFETY AND PARENTING ROLE

- Teach children safe online behaviour (responsible sharing)
- Monitor screen time and content, and stay engaged during online learning



ANNEXURE 2



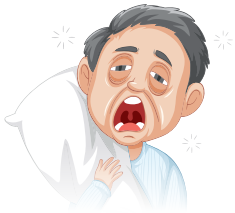
Keep meals media free



Watch and talk about media together



Using screens in bed adversely affects Vision, Sleep Quality and increases Screen Dependency



Poor Sleep
(Blue light delays sleep hormones)



Continuous screen use without breaks- causes Severe Eye



Mood Swings
(Anxiety, irritability, poor attention span)



Social Skills
(Reduced face-to-face interactions with friends and family)



Less physical activity
(Prone to weight gain)



Eye Strain
(Dry eyes, headaches, blurry vision)



Set simple screen time rules - and follow through



Use parental controls & blue light filters to protect young eyes

Help stay **SCREEN-WISE!**



Try the **20-20-20 Rule**

Every 20 minutes, look 20 feet away for 20 seconds - give those superhero eyes a break!



COMPENDIUM OF EXISTING RBSK PROGRAM GUIDELINES

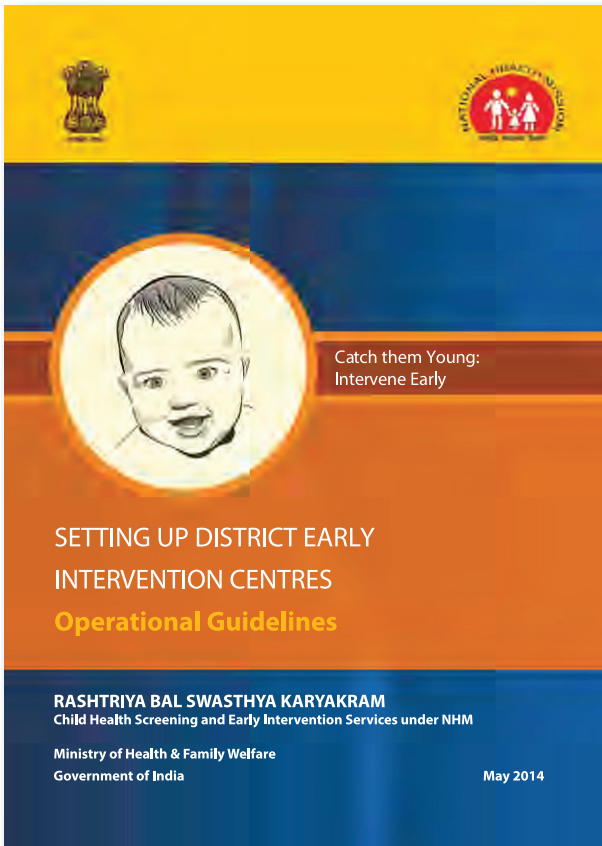
SET 1

The cover features the Government of India emblem and the National Rural Health Mission logo. The title 'OPERATIONAL GUIDELINES' is in a white box. Below it, the text reads 'Rashtriya Bal Swasthya Karyakram (RBSK) Child Health Screening and Early Intervention Services under NRHM'. A collage of photos shows a health worker with a child, a newborn, and a group of children. At the bottom, it says 'Ministry of Health & Family Welfare Government of India FEBRUARY, 2013'.

The cover features the Government of India emblem and the National Rural Health Mission logo. The title 'RESOURCE MATERIAL' is in a white box. Below it, the text reads 'Rashtriya Bal Swasthya Karyakram (RBSK) Child Health Screening and Early Intervention Services under NRHM'. A collage of photos shows a health worker and children. At the bottom, it says 'Ministry of Health & Family Welfare Government of India OCTOBER, 2013'.

The cover features the Government of India emblem and the National Rural Health Mission logo. The title 'RASHTRIYA BAL SWASTHYA KARYAKRAM' is in a white box. Below it, the text reads 'Participant's Manual For Mobile Health Teams'. A central illustration shows a hand holding a fetus surrounded by leaves. At the bottom, it says 'Ministry of Health & Family Welfare Government of India July 2014'.

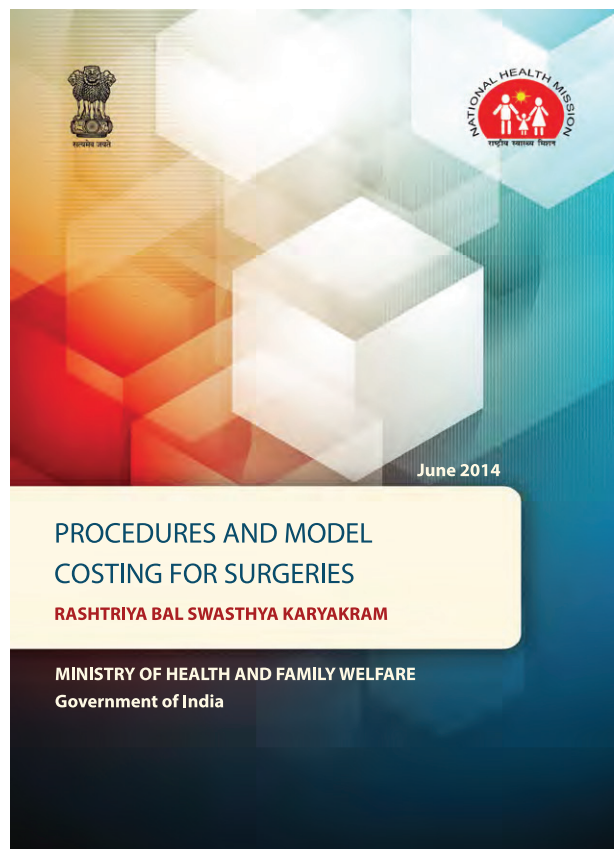
The cover features the Government of India emblem and the National Rural Health Mission logo. The title 'JOB AIDS' is in a white box. Below it, the text reads 'Rashtriya Bal Swasthya Karyakram (RBSK) Child Health Screening and Early Intervention Services under NRHM'. A collage of photos shows a health worker and children. At the bottom, it says 'Ministry of Health & Family Welfare Government of India OCTOBER, 2013'.

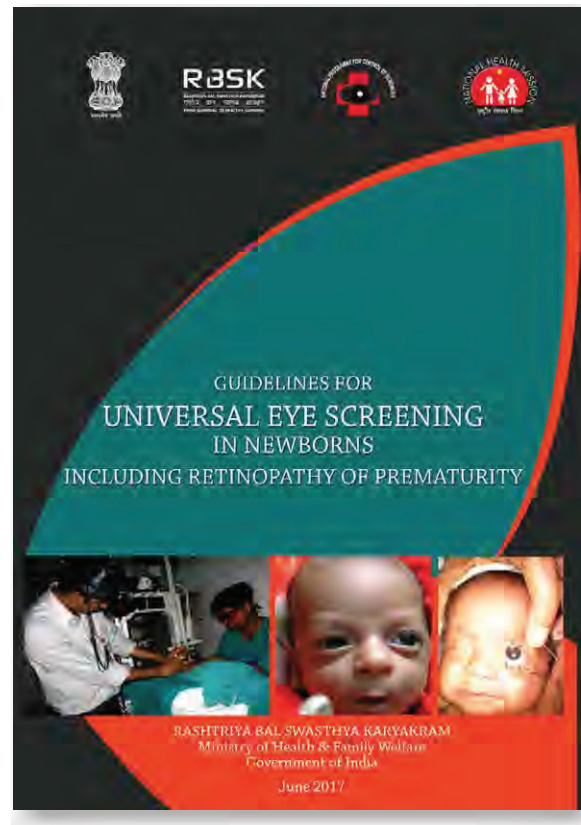
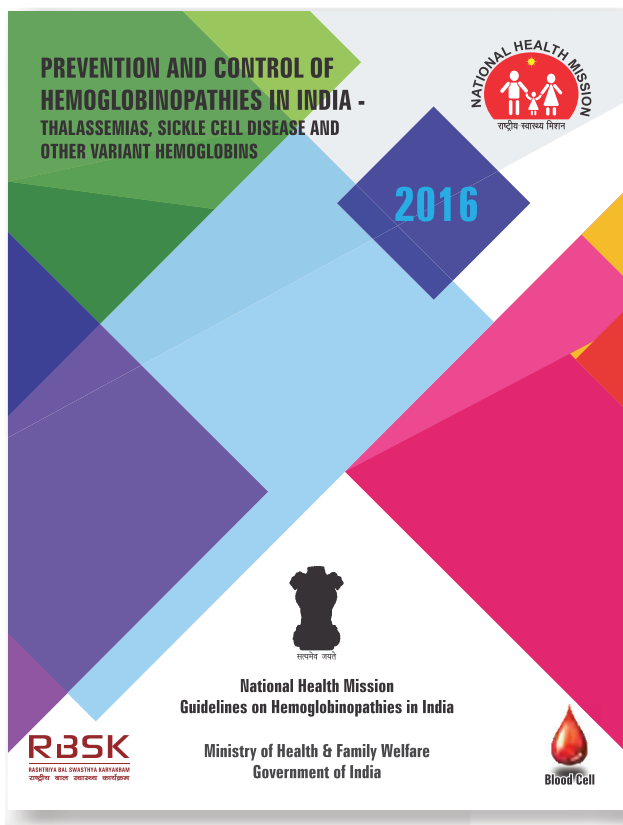


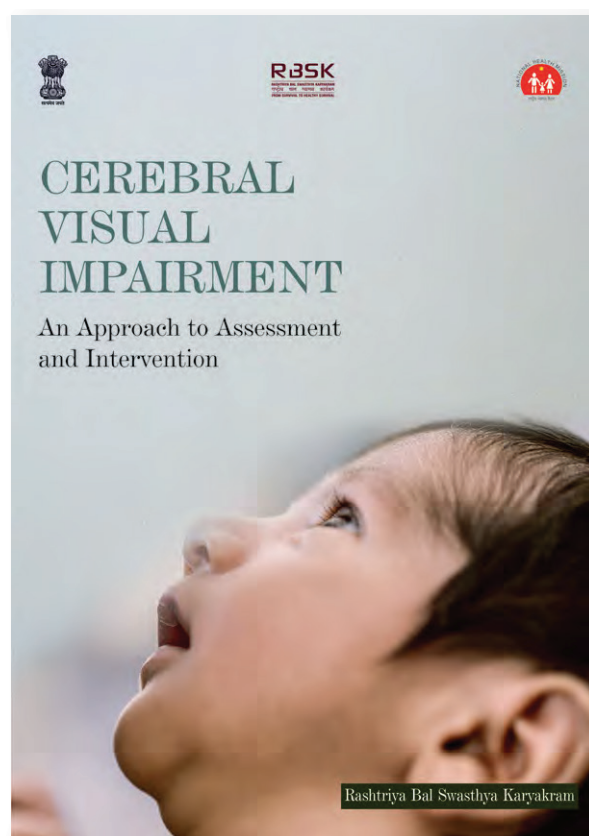
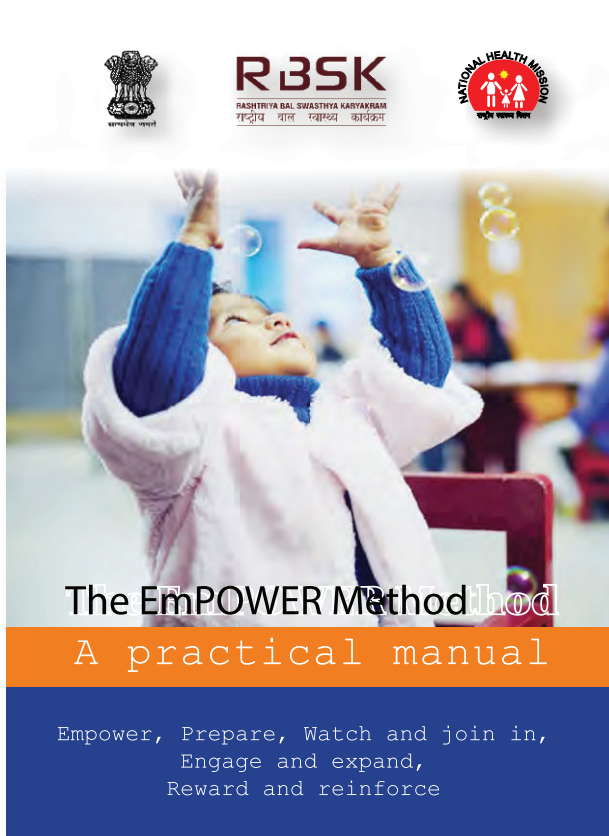
Resource Manual for
EQUIPMENT AND INFRASTRUCTURE
for DEIC (including Model DEIC)
Under RBSK



Government of India
Ministry of Health and Family Welfare
RASHTRIYA BAL SWASTHYA KARYAKRAM







ANNEXURE 4

COMMUNICATION MATERIALS: FOR DEMAND GENERATION AND AWARENESS

RBSK POSTERS

RBSK
RASHTRIYA BAL SWASTHYA KARYAKRAM
राष्ट्रीय बाल स्वस्थता कार्यक्रम

Ministry of Health and Family Welfare,
Government of India

4Ds
Defects at Birth
Deficiencies
Diseases
Development Delays

Early Screening and Management of 4Ds in Children from Birth to 18 years of age

Rashtriya Bal Swasthya Karyakram (RBSK)
FROM SURVIVAL TO HEALTHY SURVIVAL

Prevention, Screening, Evaluation, Management

All services, including medical and surgical are provided free of cost under National Health Mission
For more information please contact your nearest health worker or government hospital
Also see the website www.rbsk.gov.in or write to rbsk@mhfw.gov.in

RBSK
RASHTRIYA BAL SWASTHYA KARYAKRAM
राष्ट्रीय बाल स्वस्थता कार्यक्रम

Ministry of Health and Family Welfare,
Government of India

**स्वस्थ और
खुशहाल जीवन
की ओर अग्रसर**

- जन्म से लेकर 18 वर्ष तक के आयु वर्ग के बच्चों की स्वास्थ्य संबंधी 30 अवस्थाओं की प्रारंभिक स्वास्थ्य जांच एवं सुकामती उपचार
- सभी बच्चों की स्वास्थ्य संबंधी जांच
- जन्म स्वास्थ्य केंद्रों पर
- भोजपुर स्वास्थ्य टीमां हत्या और गणसकियों तथा सरकारी/सरकारी अनुदान प्राप्त विद्यालयों में
- आशा द्वार पर पर
- डिली शीट हस्तक्षेप केंद्र (डी ई जाई सी) पर, जहाँ प्रभाषित उपचार की विशेषज्ञ सुविधाएँ तथा प्रदान हेतु मध्याह्न में ही जांच वाली स्वयंसेवक स्वास्थ्य सुविधाएँ उपलब्ध हैं
- राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत शुक्र मुक्त शाला चिकित्सा उपचार सहित सभी सुविधाएँ

माता-पिता को अपने बच्चे की स्वास्थ्य संबंधी देखभाल के विषय में जानने तथा नि:शुल्क प्रशिक्षण हेतु सहायता करें

BIRTH DEFECT POSTERS

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राष्ट्रीय बाल स्वस्थता कार्यक्रम

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Government of India

CONGENITAL DEAFNESS

Thank you Maa, I can now hear your voice and lullaby!

REMEMBER TO:

Screen

- Every baby by 1 month of age
- High-risk babies before discharge

Two-Stage Screening

- OAE - screening test
- BERA - confirmatory test

Periodic testing is important
Hearing aid as soon as detected
Cochlear implants as and when recommended
Regular follow-up for speech therapy at DEIC

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Government of India

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Government of India

CONGENITAL HEART DISEASE

Congenital Heart Disease is a birth defect with problem with heart structure

More than **2,00,000** children are estimated to be born with **Congenital Heart Disease** in India every year

Thank you, Doctor
for keeping my heart healthy!

Detect by Ultrasound (level II) or Fetal Echocardiogram

Examine Newborn at Birth
May appear normal


- ✓ **Look** - Respiratory rate, Heart rate, Cyanosis
- ✓ **Feel** - Pulse, Perfusion
- ✓ **Hear** - Murmur
- ✓ **Do** - Pulse Oximetry (Effective Non-Invasive Screening tool)


Do Timely Management for:

- ✓ Improved survival
- ✓ Adequate growth
- ✓ Mental and Physical well-being

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 राष्ट्रीय स्वास्थ्य विभाग
 प्रभु सुखदायक, स्वस्थ परिवार






CLEFT LIP AND PALATE

Visible birth defect

Thank you, Doctor
 for giving me a beautiful smile!



Before After

REMEMBER TO :

Follow Feeding and Nursing Advice

- Use appropriate breastfeeding techniques
- Consider specialized feeding devices for severe cases


Monitor Growth and Development
 Follow the **Rule of 10 :**

- 10 weeks
- Hb 10g/L
- Wt. 10 pounds (4.5 kgs)
- WBC <10,000

Timely Surgical Management and Follow-up at DEIC

- Dental Care
- Post surgical speech therapy
- Adequate growth monitoring and healthy survival

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 प्रभु सुखदायक, स्वस्थ परिवार





CLUB FOOT

Birth defect in which foot is twisted out of position/shape




Thank you,
 I can now run, walk and play!


- Identifiable at Birth
- Start treatment as early as possible after birth
 - Serial Casting and Braces/Shoes treats most of the cases
 - Some cases may require surgical intervention
 - Regular follow-up is essential
- Parental counselling for completion of treatment
- Excellent outcome

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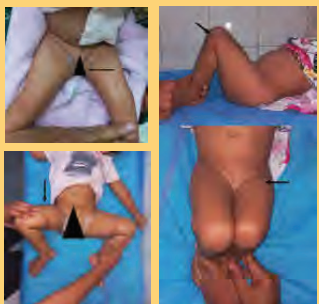
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 राष्ट्रीय स्वास्थ्य विभाग
 प्रभु सुखदायक, स्वस्थ परिवार





DEVELOPMENTAL DYSPLASIA OF THE HIP

A Condition that Affects the Neonatal and Infant Hip Joint



Demonstrate asymmetrical skin creases

Restricted movement of limb on affected side


The limb is shortened on the affected side

HIGH RISK


- Girl Child
- Breach Delivery
- Family History of Childhood Limping Among Parents or Sibling

TREATMENT


- Reduction & Immobilization using Harness in Infants up to Six Months of Age
- Surgical Management in Children Older than Six Months
- Proper Child Holding Practice




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NEURAL TUBE DEFECT

Neurological disorder present at birth that can be treated surgically



BEFORE AFTER

Thank you Maa,
 for taking the magic pill "Folic Acid" to prevent Neural Tube Defect (NTD)


More than 70% of NTD are Preventable

- Periconceptional Folic Acid for all women of child-bearing age
- ANC check-up along with Level II Ultrasound

Timely Intervention

- Surgery
- Physiotherapy

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RETINOPATHY OF PREMATURITY (RoP)

One of the leading Cause of Blindness in Children



Screening for:

- All Preterm Babies < 34-weeks
- Weight less than 2000 gms
- Sick newborns with risk factors

Timing of Screening:

- First screening at **3-4 weeks** of birth by Ophthalmologist
- Periodic evaluation of retina till 45 weeks

Treatment As Soon As Possible

- 90% infants with mild RoP - No treatment required
- Others may need Laser Therapy/Anti - VEGF Therapy (Injection)



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Thank you

for making healthy choices to Prevent Birth Defects



Pre-pregnancy Planning

- Folic Acid supplementation (400 µg/day)
- Regular intake Folic Acid rich food like green leafy vegetables, pulses
- Rubella Vaccination
- Intake of fortified food



Care during Pregnancy

- Discuss your genetic and family history with your health care team
- Get your regular antenatal checkup at least four times during pregnancy
- Inform your doctor before starting or stopping any medications



Avoid Harmful Substances: alcohol/ smoking (including passive smoking) at any time during pregnancy

- Maintain healthy lifestyle
- Maintain a healthy weight
- Keep diabetes under control



Getting Family Support




- Family members to maintain positive environment at home
- Avoid any maternal stress and domestic violence



Keeping Personal Hygiene



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Yes, even children can have high BP! Childhood Hypertension

PARENTS




- Frequent headaches or dizziness
- RBSK MHT checks B.P during screening at school and AWCs
- Check early, check regularly – it prevents heart and kidney problems
- Make it a family rule – good habits start at home.

TEACHERS




- Remind students to stay active – morning assembly stretches count!
- Listen when children say they feel dizzy, tired, or have headaches
- Link them to RBSK MHT or ANM for B.P check
- Schools can shape lifelong heart-healthy habits

Simple Lifestyle Modification Recommendations for Early Management of Hypertension

- Moderate to vigorous physical aerobic activity for at least 60 minutes a day, 3-4 times a week
- Avoid more than 2 hours of continuous sedentary activity
- Diet rich in vegetables, fruits and whole grains
- Reduce salt intake to less than 5g (approx. 1 tsp) per day
- Limiting foods with high fat, salt and sugar (HFSS Foods)

Together, parents and teachers can help children build healthy habits for a healthy heart

CHILDHOOD OBESITY “Healthy-looking” isn’t always healthy!

PARENTS


- RBSK MHT checks weight/BMI during screening at school and AWCs.
- If your child tires quickly, snores or avoids playing - get weight/height/BMI checked at your nearest PHC/AAM.

TEACHERS

- Encourage every child to be active – fun physical games make a big impact!
- Talk about healthy snacks during breaks.
- Notice children who tire easily or avoid activity – guide parents to the school health team.
- Promote “Move More, Sit Less” every day!


SMALL STEPS, BIG DIFFERENCE

- Eat more fruits and veggies, less chips and cola.
- Play outdoors for at least 1 hour daily
- Limit screen time – move more, sit less.
- Eat healthy together – family habits build healthy kids.






FOLLOW 5-2-1-0 RULE DAILY!


- 5** Consume 5 servings of fruits and vegetables a day
- 2** Keep daily screen time below 2 hours
- 1** Participate in at least 1 hour of physical activity
- 0** Consume 0 sugary drinks each day



Together, parents and teachers can help children build healthy, active lives

my habits, my health

 I Am

Healthy FOOD makes me strong

Good Eating Habits

- Eat balanced meals Include fruits, vegetables, whole grains, pulses, milk, and proteins in your daily diet
- Drink plenty of water - 6-8 glasses a day
- Eat on time: Have breakfast, lunch, and dinner at regular timings

Bad Eating Habits

- Skipping meals Especially breakfast-leads to weakness and overeating later
- Eating too much of junk foods - Pizza, burgers, chips, sweets-high in fat, salt, and sugary drinks
- Eating late at night as it affects sleep, digestion, and weight

Right SCREEN TIME makes me bright

How much of Screen time is Ok for You?

AGE	Screen Time (Minutes)
<2 Years	< 20 Mins
2-5 Years	20-30 Mins
5-12 Years	1-1.5 Hrs
13-18 Years	2-2.5 Hrs

Keep yourself HAPPY - Follow The 20-20-20 Rule


20 MINUTES

20 FEET AWAY


20 PRE AWAY

No Screen Zones

- Mealtime
- 1 hour before sleep
- <2 Yrs child
- Homework breaks



Continuous screen use without breaks- causes Eye Strain, Poor Sleep, Obesity due to inactivity, Mood Swing, Headaches, and Fatigue



Using screens in bed adversely affects Vision, Sleep Quality and increases Screen Dependency

How Do You Know If I'm Healthy?

Healthy Child	Unhealthy Child
Cheerful, Alert	Feeling Sad or upset
Focussed and Attentive	Poor attention span
Sleeping well	Tired
Good Interpersonal Communication	Mood Swing/ Anger burst
Energetic and Playful	Socially Withdrawn
	Poor Appetite





Signs of Type 1 Diabetes

Watch out for one or more of the **4Ts**



thirsty



tired



toilet



thinner

If person presents with any of the 4Ts, refer to nearby health facility for further evaluation.

Type 1 Diabetes can be detected using a simple blood glucose test



ANNEXURE 5

**EDUCATIVE INFORMATION FOR CONCEPT
LEARNINGS ON HEALTH AND EFFECT OF
LIFESTYLE AND HABIT ON THE SAME**



सत्यमेव जयते
Government of India



My



HEALTH

WORLD



Ministry of Health and Family Welfare



Why Do You Need Enough of Sleep?

- Brain Boost**
Makes your brain super smart! It helps you remember stuff and figure things out fast.
- Stay Strong & Healthy**
Fight off germs; bye to sick days!
- School Hero**
Helps you focus better in class and ace those tests like a champ!
- Level Up your Growth**
Releases hormones to help you get taller and stronger.
- Mood Magic**
Keeps you smiling; no one likes feeling grumpy

zzz Sleep is Battery Recharge Time

While you snooze, your body rests and your brain powers up - so you can wake up feeling fresh, focused, and ready for a new day!!

FUN SLEEPY FACTS

- You spend nearly 1/3 of life sleeping. That's about 25 years!
- Sleeping burns around 400 calories a night!

How Much Sleep Do YOU Need?

AGE	Time in Hours
6-12 Years	9-12 Hrs
13-18 Years	8-10 Hrs

DO'S



Make a fun bedtime routine (story time or gentle music)



Keep your room dark, quiet, and cool - it tells your brain, "Sleep time!"



Sleep at the same time every night - even weekends!



Use your bed only for sleep (no snacks, no screens!)

DONT'S



No screens 1 hour before bed (say goodnight to TV and mobile!)




Avoid sugary stuff or sugary drink at night - they keep you bouncing!



Skip long naps in the afternoon - they steal your sleepy feeling at night.




Eating sugary foods & greasy food will disturb your sleep



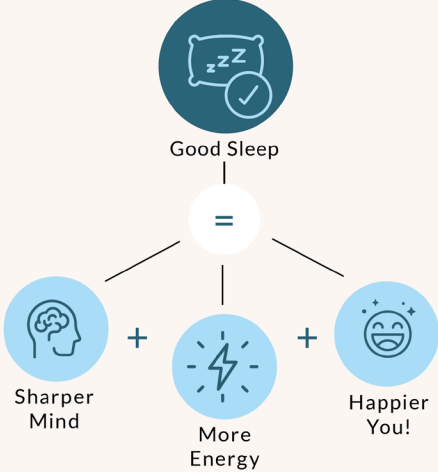
SO IF YOU WAKE UP AT 6:30 AM...

You should hop into bed by **8:00 PM to 9:30 PM** depending on your age

Great Job!




REMEMBER




Good Sleep
= Sharper Mind + More Energy + Happier You!

91

I Am Your
SCREEN TIME




78



Using screens in bed adversely affects Vision, Sleep Quality and increases Screen Dependency

.....



Continuous screen use without breaks- causes Severe Eye Strain, Poor Sleep, Weight gain due to inactivity, Mood Swings, Headaches, and Fatigue

80


It's ME! **PLUGGED** in!

I am your Screen Time i.e. the total time you spend on using digital devices be it mobile phones, tablets, computers, TVs, and gaming consoles etc.




79


No Screen Zones




Mealtime



<2 Yrs child

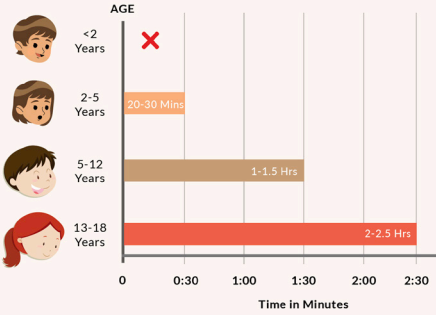


1 hour before sleep



Homework breaks

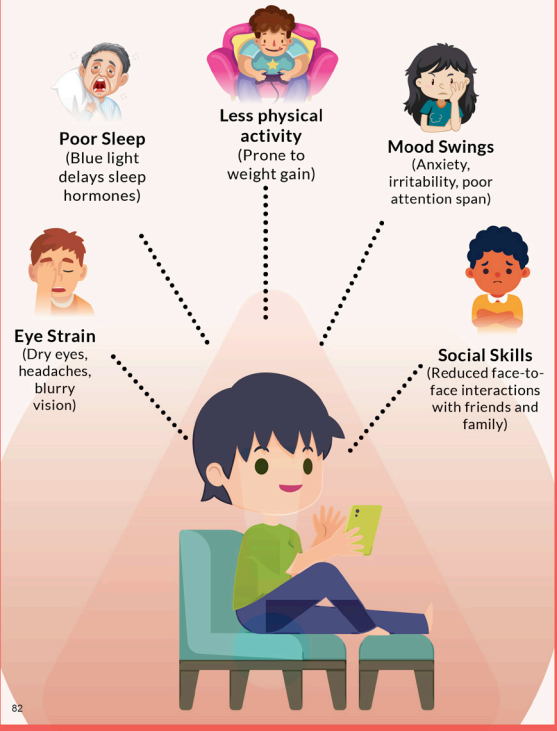
How much of Screen time is Ok for You?



AGE	Recommended Screen Time
<2 Years	None (marked with a red X)
2-5 Years	20-30 Mins
5-12 Years	1-1.5 Hrs
13-18 Years	2-2.5 Hrs

81

! Too Much Screen Time Leads To...



82

Learn More, Scroll Less

Use screens to explore, discover, and learn - not just for games and funny videos but with books.



Move It After Use It!

After screen time, take a break: Go outside, Draw, Play, Stretch



84

But... you can take care of us!

Try the 20-20-20 Rule

Every 20 minutes, look 20 feet away for 20 seconds - give those superhero eyes a break!



No-Screen Zones

Keep screens away during, Mealtime, 1 hour before bedtime, Homework breaks



No Screens in Dream Zones

Keep devices out of bedrooms - your brain sleeps better without the glow!



83

Tips for Parents & Teachers

Help stay SCREEN-WISE!



More screen time with fun: reading, sports, music, crafts



Set simple screen time rules - and follow through



Watch and talk about media together



Keep meals media free




Use parental controls & blue light filters to protect young eyes

I can Empower You or Exhaust You! Choose Me Wisely!

85

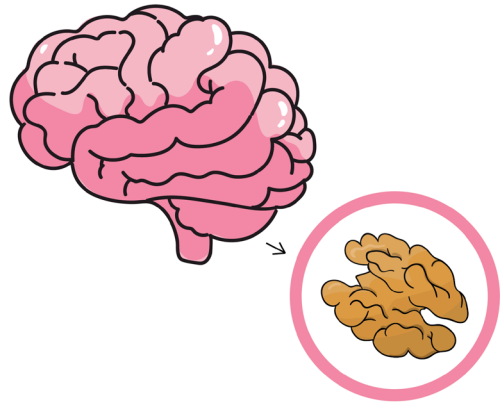
I Am The
BRAIN!



12

What Do I Look Like?


I look like a walnut and there are different parts of me that do different jobs - like helping you balance, speak, or even dream at night.



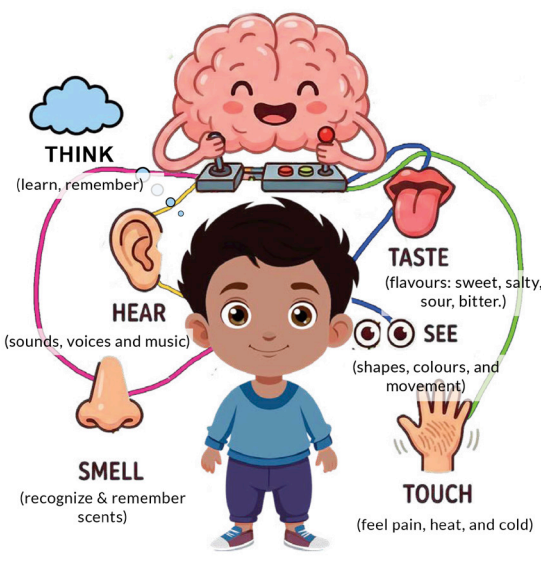
Did you Know?

- The brain generates enough electrical energy to power a **25-watt light bulb!**
- **Brain commands our body** **Movement, Speech, Vision, Hearing etc**

14

I make YOU uniquely  you

**I am the central command centre of your body
YOUR VERY OWN CONTROL ROOM!**



THINK
(learn, remember)

HEAR
(sounds, voices and music)

SMELL
(recognize & remember scents)

TASTE
(flavours: sweet, salty, sour, bitter.)

SEE
(shapes, colours, and movement)

TOUCH
(feel pain, heat, and cold)

13

I help you...



Think and Solve puzzles

Use your senses – see, hear, taste, touch, and smell

Remember your best friend's name or your teacher's birthday

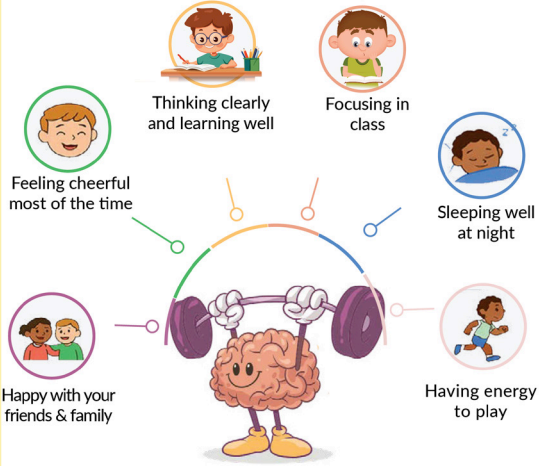
Feel emotions like happiness, anger, or excitement

Move around and play!


15

My Health Matters for My  Power!

Healthy Brain



16

Dimaag ki batti jalane ke liye karein 



Talk to a parent, teacher, or someone you trust
Oh! I am relaxed now!



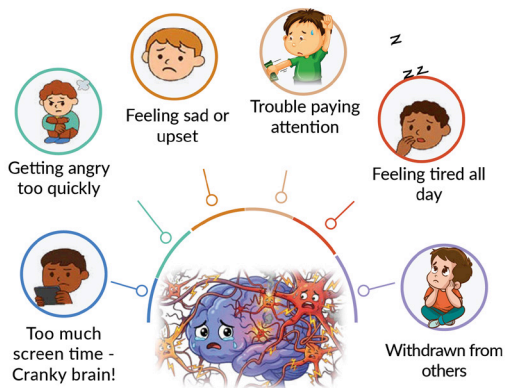
Take breaks and do fun things (solve puzzles, dance etc.)
I feel energized and healthy!



Eat Brain-friendly foods like nuts, fruits, and veggies
Wonderful! I am healthy!

18

Stressed Brain



17



Go outside and play
Great! it helps me think better!



Get enough sleep - I'm super busy
Now I feel recharged!!



Deep breathing or spend quiet time to help relax.
Wow! I am relaxed now!

*Remember, I'm your best buddy inside your head.
Take care of me - and I'll take care of you!*

19

We Are Your Teeth!
*We Help You Smile,
 Speak & Chew*



Types of Teeth & Their Jobs

We live inside your **mouth**, fixed firmly in your **jaws**.

Type	What They Do
Incisors	Cut food (front teeth)
Canines	Tear food
Premolars	Crush food
Molars	Grind food

Every tooth has layers:

- **Enamel** – hardest part (shield)
- **Dentin** – supports enamel
- **Pulp** – nerves & blood (feels pain!)



What Do We Do All Day?

We help your body by:



Strong teeth = healthy body!

We may be small, but we do **BIG** work every day!
 We help you **bite, chew, smile, speak clearly**, and feel confident.
 We don't grow back once damaged so taking care of us is super important!

Where Are We & What Do We Look Like?

We live inside your **mouth**, fixed firmly in your **jaws**.

You have **two sets of teeth** in childhood:

- **Temporary or Milk Teeth (20)**
 - » First teeth
 - » Help you chew soft food
 - » Make space for permanent teeth



- **Permanent Teeth (32)**
 - » Stronger and bigger
 - » Meant to last a lifetime



Happy Teeth vs Upset Teeth



Happy Teeth	VS	Upset Teeth
Clean and white		Yellow or brown spots
Strong enamel		Cavities (holes)
No pain or bleeding		Toothache or bleeding gums
Fresh breath		Bad breath
Eat fruits, milk, nuts		Too much sugar & poor brushing



Beware! What Can Hurt Your Teeth?



Too many sweets, chocolates, candies



Sugary drinks & fizzy sodas



Not brushing before bed



Sticky plaque (germs + sugar)



Using teeth to open bottles or bite hard objects



Tobacco, smoking & areca nut (very dangerous!)

How Do Cavities Happen?



You eat sugary food



Germs use sugar to make acid



Acid attacks enamel



Holes (cavities) form



Pain starts

Brushing breaks this chain!

Warning Signs – Tell an Adult If You Have:

- » Toothache or sensitivity
- » Bleeding gums
- » Swollen mouth or jaw
- » Bad breath that doesn't go away
- » Black or white spots on teeth

Early care saves teeth!



Fun Oral Health Activities at School

- » **Poster Art** – “My Sparkling Smile”
- » **Role Play** – Dentist & Patient
- » **Toothbrushing Calendar** – Tick twice daily brushing
- » **Sugar Detective** – Check labels of snacks
- » **Brush-Along Song** – Two minute brushing rhythm
- » **Oral Health Day** – Dental screening & demos



Cool Teeth Facts!

- Enamel is the **hardest substance** in your body
- No two smiles are the same
- Teeth do **not heal** like skin or bones
- Saliva protects teeth from acids
- Brushing at night is the **most important**

Be an ORAL HEALTH HERO!



Brush Right

- » Brush **twice a day** (morning & before bed)
- » Use **pea-sized fluoride toothpaste**
- » Brush for **2 minutes**



Clean Between Teeth

- » Use **dental floss** (with adult help)



Eat Smart

- » Milk, curd, cheese – strong teeth
- » Fruits & vegetables – natural cleaners
- » Drink plenty of **water**



Say NO To

- » Tobacco, gutkha, pan masala
- » Too many sugary snacks



Visit the Dentist

- » Once every **6 months**
- » Early check = no pain later

Together for a Sparkling Smile!

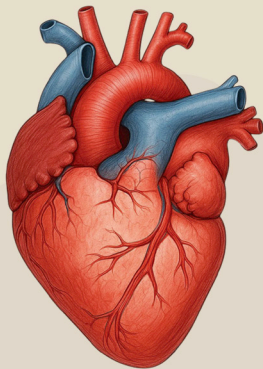
Your teeth work hard every day to help you eat, talk, and smile with confidence.

When schools, teachers, families, Health & Wellness Ambassadors, and YOU work together, we can prevent cavities and build lifelong oral health habits.



Healthy Teeth = Healthy Body = Confident YOU!

We Are Your Heart
Always Beating for You



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WHAT DO WE DO?

Here's how we keep you alive and full of energy



Circulate Blood
From head to toe



Deliver Oxygen
So your cells can work hard



Remove Waste
Carry away carbon dioxide and toxins



Maintain Pressure
Keep blood moving at the right speed

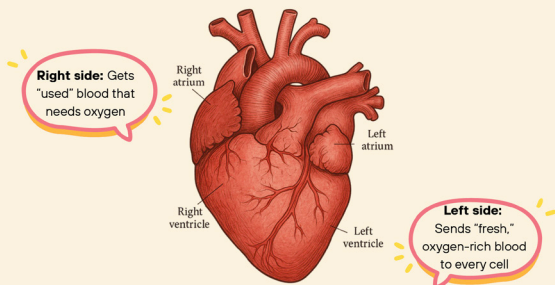
38

We're your body's powerful pump – sending blood everywhere so you can jump, think, play, and grow. We work 24x7, no breaks, making sure every cell gets what it needs.

Where Are We? What Do We Look Like?

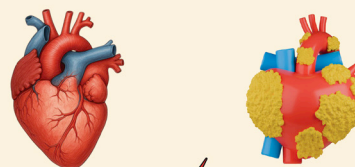
We live inside your chest, a little to the left, protected by your ribs – like armor!

We've got four chambers (rooms)



Every beat is like saying, Let's go, blood!

37



Joyful Heart	VS	Upset Heart
Beats strong and steady		Beats too slow, fast, or uneven
Arteries are clear and smooth		Arteries get blocked or narrow
You feel active and energetic		You get tired or breathless easily
Eats smart, moves daily		Eats junk, sits too much

39



BEWARE WHAT CAN HURT YOUR HEART?



Fried snacks



Sugary drinks



Too many chips



Little sleep



Sitting too long



Skipping outdoor play



Too much stress



Smoking or being around smoke



Family history of heart issues

Warning Bells – See a Doctor if You Feel

- Out of breath often
- Chest pain or “fluttery” heartbeat
- Tired even with small effort
- Dizzy or faint

Fun Heart Activities at School

- **Heart Week:** Food stalls, yoga, and fun exercises
- **Poster Art:** Draw “My Healthy Heart”
- **Sports Clubs:** Run, jump, play games together
- **Heart Journal:** Track your steps, food, sleep, and feelings



COOL HEART FACTS

- Your heart beats around 100,000 times a day
- It pumps 7,000 liters of blood daily
- You can feel your heartbeat by placing your hand on your chest
- It’s about the size of your fist



HOW TO BE A HEART HERO



Sleep Well

- Your heart recharges when you get 8–10 hours of sleep



Move Every Day

- Run, dance, skip, play outside – at least 60 minutes a day



Be Kind to Your Mind

- Try breathing, yoga, talking about feelings



Say NO to Tobacco & Alcohol

- They damage your heart – don’t even start

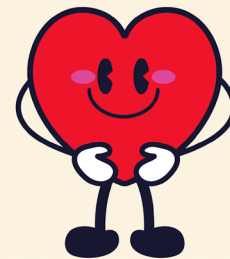


Eat Smart

- More fruits, veggies, nuts, pulses, and whole grains
- Less junk food, sugary snacks, and packaged drinks

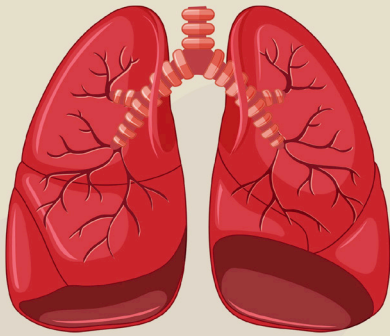
TOGETHER FOR A JOYFUL HEART

A strong heart starts young. When schools, teachers, families, and YOU work together, we can build a generation that grows up smart, active, and heart-healthy!



Your heart works all day to keep you active and happy. When you eat healthy food, stay active, and manage your feelings well, you help your heart stay strong.

We Help You Breathe
We Are Your Lungs



WHAT ELSE WE DO



Protect you:
Trap dust and germs
with mucus and immune
cells.



Help you speak:
Airflow powers your
voice.



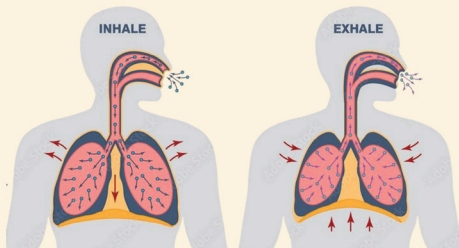
Keep balance:
Breathing maintains
your body's acid-base
levels.

HOW WE WORK

Air enters through
your nose or mouth,
gets filtered and
warmed.

Located beside your
heart, protected by
your ribs.

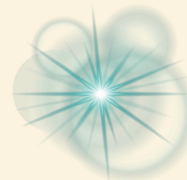
Travels down the
windpipe, splitting into
two bronchi — one for
each lung



Inside, millions of tiny
alveoli exchange gases
— oxygen in, carbon
dioxide out

That's respiration — your breath of life!

FEEL THE POWER OF YOUR LUNGS



- You can't see your lungs — but you can feel them in action!
- Put your hands on your chest and take a deep breath in.
- Feel your chest rise... now breathe out and feel it relax.
- That's your lungs at work — your body's natural power engine!

WHY WE'RE YOUR BEST FRIENDS



- We power every cell – from brain to toes.
- We filter the air you breathe.
- We help you talk, laugh, and sing.

WHAT MAKES US UPSET



- **Smoking:** Damages airways and alveoli
– lung tissue doesn't grow back.
- **Pollution:** Makes breathing harder.
- **Allergens:** Trigger cough or watery eyes.
- **Dust & Chemicals:** Harm lungs in certain jobs.
- **Genetics:** Some lung issues can run in families.

48

HOW TO CARE FOR US



Don't smoke or breathe secondhand smoke



Exercise regularly to build lung strength



Avoid infection, wash hands, wear masks, and stay away from crowds when sick



See a doctor if you cough, wheeze, or feel breathless often

50

YOU MUST KNOW THIS - SMOKING HURTS



Raises risk of lung cancer

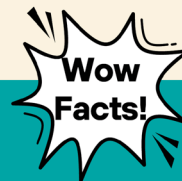


Causes thick mucus, swollen airways, and breathlessness



Destroys alveoli, reducing oxygen intake

49



- Left lung is smaller – it makes room for your heart.
- We breathe 25,000 times a day, inhaling about 11,000 litres of air.
- Lungs are the only internal organs exposed to the outside world.
- If opened flat, your lungs could cover a tennis court!
- Your lung airways stretch over 2,400 km – longer than many highways.
- Together, both lungs hold 300–500 million alveoli – tiny air sacs for gas exchange.
- Lungs are the only organs that float on water, even after you exhale.



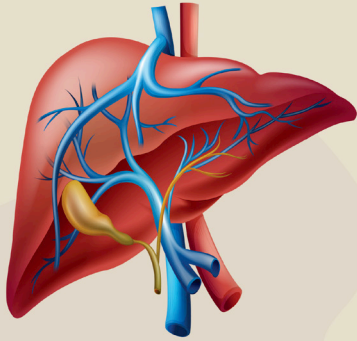
Try This! Lung Test

- Take a deep breath, hold it, and count the seconds.
- Compare with friends – see who's got the strongest lungs!

Your lungs help you breathe and play with energy. Clean air, physical activity, and deep breathing keep your lungs healthy and full of life.

51

We Never Stop Filtering *We Are Your Liver*



52

WHAT DO WE DO ALL DAY?

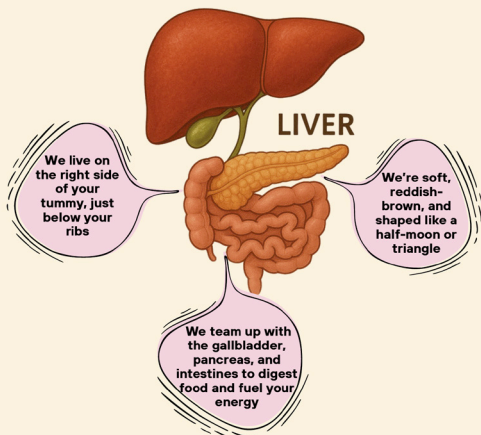
We keep your body running smoothly by:

- 1 Cleaning Blood:**
Removing toxins and waste
- 2 Making Bile:**
A special juice that helps digest fats
- 3 Storing Energy:**
Keeping glycogen as your body's power bank
- 4 Fighting Germs:**
Supporting your immunity
- 5 Balancing Nutrients:**
Managing sugar, fat, and vitamins

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We're your super-cleaners – filtering, storing, and powering everything you do! We clean your blood, turn food into energy, and never stop working – not even when you're asleep!

WHERE ARE WE AND WHAT DO WE LOOK LIKE?



53



Joyful Liver	VS	Upset Liver
Smooth, shiny, and reddish-brown		Yellow, swollen, or rough
Works fast to clean blood		Works slowly, gets tired
Full of energy and balance		Feels heavy, tired, or painful
Loves fruits, veggies, and water		Hates junk, sugar, and late nights

55



BEWARE! WHAT CAN HURT YOUR LIVER



Smoking or alcohol - scars liver cells permanently



Lack of exercise - leads to liver inflammation and scarring



Too much junk or fried food - causes fatty liver



Too much sugar - turns into fat inside your liver



Sleeping too late - disturbs repair time



Self-medicating - some medicines harm your liver

56

Warning Signs – When to Tell an Adult

- Yellow eyes or skin (jaundice)
- Constant tiredness
- Stomach pain or swelling
- Loss of appetite or nausea

If you notice these, visit a doctor quickly!



Fun Liver Activities at School

- **Poster Art:** My Clean Liver, My Happy Body!
- **Liver Week:** Fruit stalls, hydration drives, healthy tiffin days
- **Quiz Time:** Guess the Function!
- **Liver Diary:** Track your water intake, meals, and sleep



Wow Liver Facts!

- We're your largest internal organ - about 1.5 kg!
- We can regrow if a part is damaged - the only organ that can!
- We do 500+ functions every day.
- Our bile gives poop its brown color!
- We filter 14 liters of blood every minute!

58

BE A LIVER HERO



Eat Smart: Choose fruits, veggies, pulses, and home-cooked food



Stay Active: Run, dance, or play for at least 60 mins a day.



Drink Water: Flush out toxins naturally



Say No to Alcohol & Smoking: Even second-hand smoke hurts your liver.



Avoid Skipping Meals: Keeps your liver's metabolism balanced.

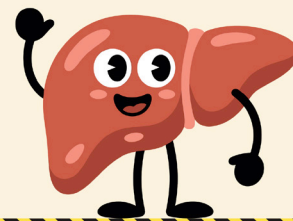


Sleep Well: Go to bed and wake up on time - your liver loves routine.

57

Together for a Joyful Liver

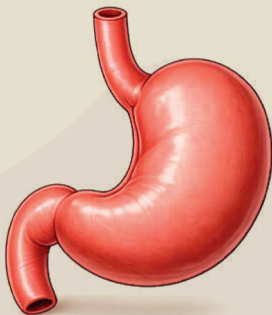
- Together for a Happy Liver!
- Your liver works silently but powerfully - protecting you every second. So Eat right, stay active, sleep well, and care for your super cleaner inside
- Your liver never rests for you - give it the care it deserves!



Your liver keeps your body clean and balanced. Choosing healthy food and good habits helps your liver do its important work every day.

59

We Are Your Stomach!
We Help You Digest & Grow Strong



What is Our Job?

We help your body by:



Storing food
for a short time



Breaking food
into small pieces



Mixing food
with digestive juices

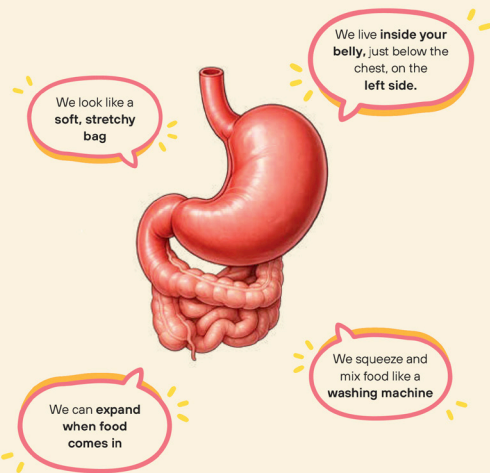


Sending food slowly
to the intestines

Good digestion = energy, growth & immunity

We may be hidden, but we do **BIG** work every day!
We help your body digest food, absorb nutrients,
give you energy, and grow healthy and strong.
Every bite you eat comes to us so keeping us
healthy is very important!

Where Are We & What Do We Look Like?



How Does Digestion Happen in the Stomach?



You chew food in your mouth



Food travels through the food pipe



Food reaches the stomach



Stomach juices mix and soften food

The stomach works slowly so your body can use food properly.

Happy Stomach vs Upset Stomach



Happy Stomach	VS	Upset Stomach
No pain or burning		Stomach pain or cramps
Good appetite		Acidity or burning
Smooth digestion		Vomiting or loose motions
Active and energetic body		Bloating or gas
Eats on time & healthy food		Skipping meals or junk food

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Common Stomach Problems in Children



Indigestion



Diarrhoea



Acidity



Constipation



Gas & bloating



Worm infection

66

Be a DIGESTION HERO!



- Eat Right**
- » Home-cooked food
 - » Fruits, vegetables, dal, roti, rice
 - » Curd for good digestion



- Eat on Time**
- » Don't skip breakfast
 - » Fixed meal timings help the stomach



- Drink Safe Water**
- » Clean, boiled or filtered water
 - » Enough water daily



- Chew Well**
- » Eat slowly
 - » Chew food properly



- Stay Clean**
- » Wash hands before eating
 - » Keep nails short

67



Beware! What Can Hurt Your Stomach?



Too much junk, oily or spicy food



Eating too fast or overeating



Skipping meals



Drinking dirty water



Eating uncovered or stale food



Too many cold drinks & packaged snacks



Stress and irregular sleep

65

Warning Signs – Tell an Adult If You Have:

- Severe stomach pain
- Repeated vomiting
- Blood in stool
- Loose motions for many days
- Burning or acidity daily
- Not feeling hungry at all

Early care keeps the stomach healthy!



Fun Stomach Health Activities at School

- Digestive Journey Chart – Food from mouth to stomach
- Healthy Plate Activity – Draw a balanced meal
- Handwash Demo – Before eating
- Good Food vs Junk Food Game
- Role Play – Doctor & child with tummy ache
- Water Tracker Chart – Daily water intake



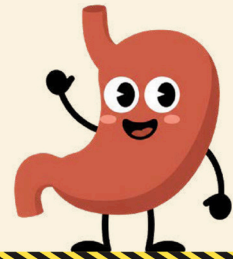
Cool Stomach Facts!

- The stomach can stretch like a balloon
- Digestive juices are very strong
- Stomach works even when you sleep
- A healthy stomach improves mood & focus
- Eating slowly helps digestion the most

68

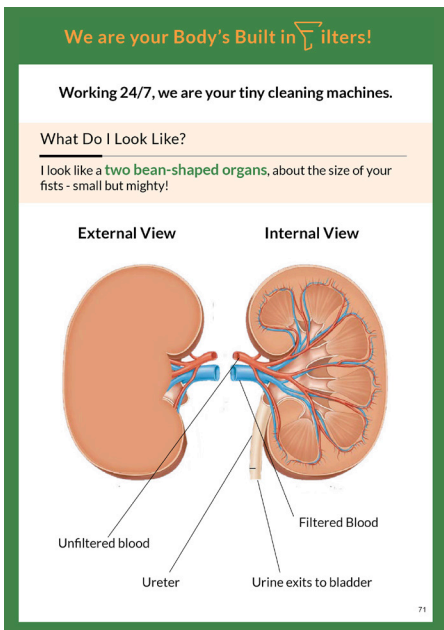
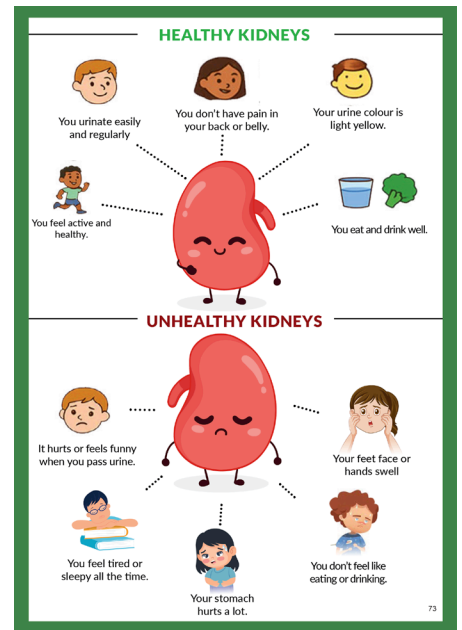
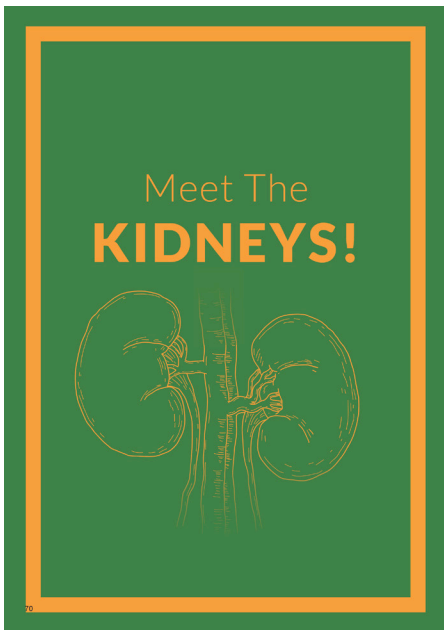
Together for a Healthy Tummy!

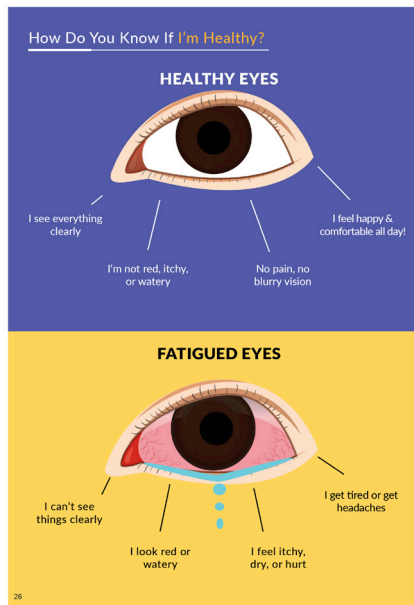
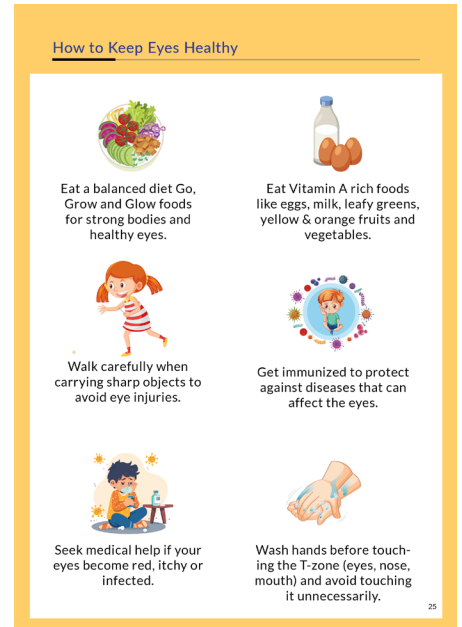
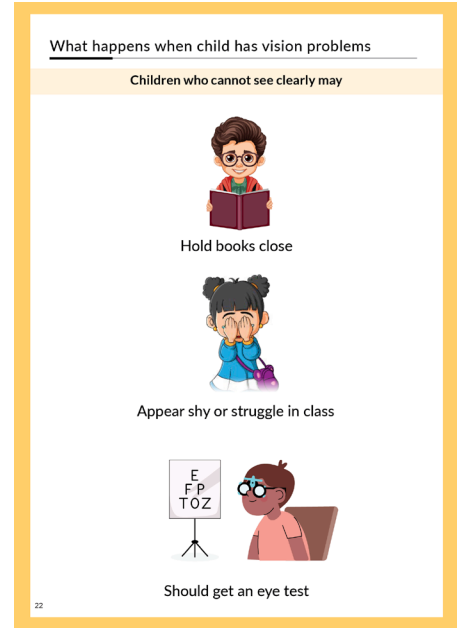
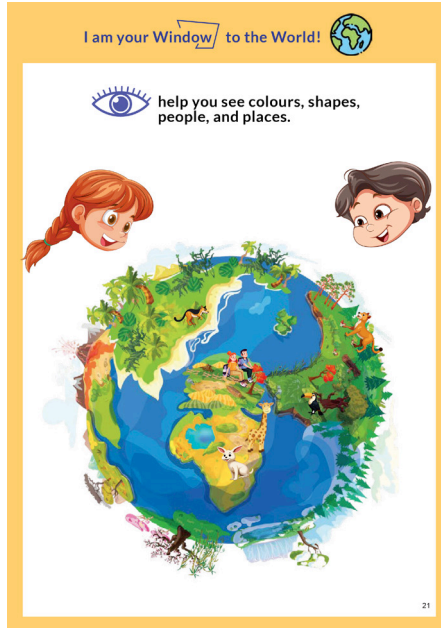
Your stomach works hard every day to turn food into energy and strength. When schools, teachers, families, Health & Wellness Ambassadors, and YOU work together, we can prevent stomach problems and build healthy eating habits for life.



Healthy Stomach = Healthy Body = Happy YOU!

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RBSK PROGRAM PHOTOGRAPHS - SCREENING DEIC SERVICES, CAPACITY BUILDING AND COMMUNITY OUTREACH

MHT SCREENING





TRAINING

MHT TRAINING

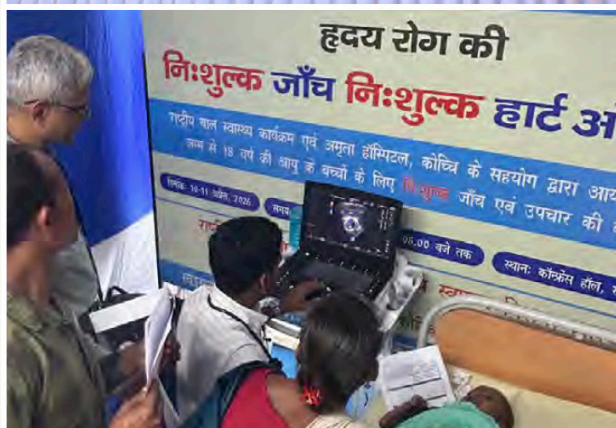
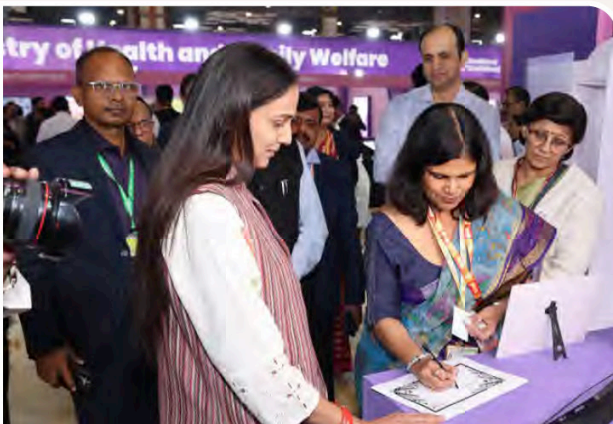






COMMUNITY OUTREACH ACTIVITY

COMMUNITY ENGAGEMENT AND HEALTH PROMOTION ACTIVITIES



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