To,

Principal Secretary / Secretary
Health & Family Welfare
All States / UTs

Sir / Madam,

The aim of the Rashtriya Bal Swasthya Karyakram (RBSK) is to support children from birth to age 18 years for 30 selected conditions. Of these, 13 health conditions require surgical management. For accelerated roll out of early interventions especially for these 13 health conditions it is mandatory that states ensure that following guidelines are met well before undertaking surgical management of health conditions under RBSK:

1. States/UTs to map Secondary and Tertiary health institutes in the public sector to serve as management and referral centres for various surgical interventions under RBSK. A committee of domain experts, preferably from State Medical Colleges will assess institutes for:
   a. Capacity of any institution specifically for equipment/infrastructure/manpower for feasibility of conducting any (one or more) particular surgery
   b. Assess existing waiting period for surgeries after confirmation of diagnosis, if the institution is already catering to this age group
   c. Assess capacity of the institution to train manpower in the respective domains.

   Referrals to these identified institutions for specific health conditions would then accelerate the services accessed by children requiring surgical interventions.

2. Tertiary health care facilities which are thus found 'eligible' would then be entitled for respective surgical packages according to RBSK model costing. Part of the total cost may also be used for strengthening the institute and part should also be earmarked to the surgical team as an incentive.

3. A committee of technical experts (from the public sector) of a particular Government institute should be constituted to authorize the surgery (that is, whether required or not, type of surgical procedure to be undertaken and timing of surgery) based on the medical records of the patient communicated electronically to the committee and its decision communicated to the State/District RBSK nodal person electronically. These records are to be maintained by the by the RBSK nodal person for medical audit.

4. Claims are to be cleared only when pre-operative and post-operative records are maintained and pre operative authorization has been obtained as per the guidelines. Such records are also to be maintained by the institutions for medical audit.
5. Documentation before the operation and after the operation based on the guidelines, including follow up of such cases, must be maintained by the State/UT for each surgical procedure for audit.

6. The surgical procedures undertaken under RBSK and their costing will be reviewed and updated periodically as per the recommendations of technical experts as new evidence emerges and management practice and costing patterns change.

7. A ‘Letter of Disclaimer’ by the Head of the Institution identified to undertake surgical procedures under RBSK must indicate that “No funds are collected/raised from any quasi-government institutions, corporates, professional bodies or individuals towards the procedure before and after”. This signed disclaimer must accompany each claim put up for settlement for each case surgically managed.

8. Tertiary care institutes in private sector may be considered as referral centres by technical experts only if the public sector does not have the facility for a particular procedure. States/UTs however, are simultaneously required to work towards improving capacity of respective public sector institutions. Identified National Collaborative Centres would technically support State/UT in this capacity improvement.

Accordingly State/UTs would work towards ensuring early management and compliance of the above guidelines for surgical management of children under RBSK.

Yours faithfully,

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Deputy Commissioner
(Child Health & Immunization)
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Enclosure: Procedures & model costing for surgeries under RBSK

Copy to:
1. Mission Director, NHM, All States/UTs
2. RBSK Nodal officer, All States / UTs
3. PPS to JS (RCH)
4. Office copy