

## Minutes of the RBSK Review Meeting

**Date: - 23/10/2017**

**Time: 2:30 pm to 5:15 pm**

**Venue: - Conference Hall, DHS, Campal, Panaji.**

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State level RBSK Review meeting was held in the presence of Dr. Rajnanda Desai, under secretary to Health Minister, Dr. Jose D'sa, Dy. Director (PH), Nodal Officer, NHM, Dr. Vandana Dhume, Chief Medical Officer, SFWB, Dr. Rupa Naik, State Level Immunization Officer cum Chief Medical Officer, National Programme for Blindness of Control, DHS, Dr. Lalitha Umraskar, LMO, SFWB.

As a part of convergence with related departments, Mr. Sudesh Gaude, Asst. Director, Directorate of Social Welfare, Panaji Goa, Mrs. Laura Britto, Jt. Director, ICDS, Women & Child Department, Panaji, & Mrs. Maria de Fatima Mascarenhas, State coordinator for RBSK, Education Department, Porvorim Goa, were present during the meeting.

The following deliberations were held during this review meeting:-

### **Performance presentation by DEIC North Goa:**

- Manager, North Goa DEIC presented performance of North Goa DEIC . Each therapist presented their success stories.

### **Briefing on disability certifications/ social welfare schemes for persons with disabilities by Assistant Director, Directorate of Social Welfare.**

- Assistant director, Directorate of Social Welfare, Panaji Goa, Mr. Sudesh Gaude, briefed schemes by state and central government for welfare of disabled children such as financial assistance under Dayanand Social Security Scheme(**DDSSY**) by govt. of Goa, **ADIP** scheme for purchase and fitting of aids & appliances, under this scheme, prosthetic & orthotic device, all types of devices for activity of daily living, cochlear implants, hearing aids, learning equipments such as digital magnifiers, talking books, brail learning equipments etc. He emphasised the need of early identification, certification and early intervention.
- He informed that Govt. of Goa has notified medical boards for certifying disabilities. Both district hospitals can certify physical disabilities and neurological problems and disabilities due to mental illness.
- He suggested that decentralisation of certification would reduce waiting time and expedite issuing of certificates.
- IPHB has medical board for certification of mental illness, Autism etc.
- There are two brail libraries funded by govt. and run by NGOs.
- Asst. Director said that government departments are doing a lot of work for welfare of people, however, they work in isolation. Convergence is necessary for effective implementation of programmes, better penetration of welfare schemes to the beneficiaries & maximum utilisation of available resources.

### **Convergence with Women & Child Department:**

- It was informed by CMO that though attempts have been made for convergence with WCD department, early this year, eg. CDPO Tiswadi was invited to attend one of the RBSK meeting. CMO (FW) along with LMO (FW) has had a meeting with director WCD, Mrs Redkar, there was a half day sensitization programme was held at DHS for CDPOs and Mukhya Sevikas. Pamphlets regarding various child health programmes were distributed during this programme. Cooperation from AWCs have definitely improved however, screening coverage for 0- 6 yrs age group need to be improved.
- It was informed that a lot of children registered with AWCs are not available for screening during RBSK visit days, especially those registered for SMP, even though, RBSK MOs do share their tentative visit plan with AWC workers, information is also passed on phone to the AWC worker regarding scheduled visits.
- Attendance of WCD person for sectoral meeting at health centre is poor.
- Jt. Director ICDS Madam Laura suggested that copy of tour plan be forwarded to her at WCD office, and also to the respective CDPOs.
- She assured that she shall speak to her staff for being more cooperative in achieving screening coverage.

### **Convergence with Education Department:**

- Mrs. Maria de Fatima Mascarenhas, State coordinator for RBSK, Education Department, Porvorim Goa, was present for the meeting. RBSK MOs brought to her notice, issues faced in collecting student's data which is needed to be uploaded in RBSK soft ware. Data is requested from schools in soft form. Madam Fatima extended full cooperation and stated that she can share all the necessary information to MOs. However, she said that she can share data from primary schools in hard form as it is available in that form only. She explained that primary schools does not have computers or clerks and they submit their data in hard form only.
- She said that data available in soft form can be shared as it is.
- She said that her phone number can be shared with RBSK MOs so that they can directly contact her regarding problems faced with respect to educational institutes.
- MOs requested Fatima madam to share prescribed format with schools and to instruct schools to submit data in prescribed formats only as the same can be uploaded to RBSK portal of MoHFW, GoI.
- Dr. Elyska, Developmental Pediatrician at South Goa DEIC, informed that see children with special education needs (learning issues), are identified at DEICs, and that there is need for efforts to identify such children and provision for imparting special education under SSA.

- Madam Fatima informed that there are school counsellors appointed by Goa Education Development Corporation (GEDC) and that children with learning issues are referred to these counsellor.
- In this regard, it was proposed to have a meeting with school counsellors to coordinate & converge with RBSK MOs.  
SFWB to write to the Managing Director, GEDC, Porvorim Goa .
- CMO(FW) suggested to have quarterly convergence meeting of all stake holder of RBSK (Health dept, WCD, Education dept., Education Development Corporation (GEDC) SSA, directorate of social welfare and incharges of various health programmes eg. Non communication Disease control Programme ie NCD) etc.

### **Convergence with National Blindness Control Programme:**

- Dr. Rupa Naik , Chief Medical Officer, National Program for Control of Blindness & Visual Impairment stated that ophthalmic cell, DHS will provide Snellen's charts (Roman Alphabets & dots) to RBSK MOs, to be used during screening visits.

### **Entries to software:**

- Student Data sharing by education department/ WCD department :  
RBSK program include a software by Ministry of Health & Family Welfare (MoHFW) where in demographic and screening details of the children screened by Mobile Health Teams (MHTs) has to be entered. Software has few "Mandatory" fields. RBSK MOs have been requesting for this bare minimum mandatory data from respective institutions, but only few institutes have cooperated.  
The same was brought to the notice Jt. Director ICDS, WCD dept. & Nodal Officer RBSK, education department. Nodal Officer RBSK , education dept, said that she has data from primary schools in hard form and she can share the same with RBSK MOs.  
Jt. Director ICDS stated that she shall speak to her officers for being cooperative.

### **Achievement of target coverage by MHT:**

- Performance of Porvorim and Aldona is poor and need improvement. CMO (FW) asked MOs of both the PHCs to explain the reasons for their poor performance. Currently both the MOs are visiting schools together. CMO instructed them to visit institutions individually for achieving set targets.
- Porvorim should try to make up for deficit for AWC first round.
- Porvorim and Aldona to to maintain segregated records of target population, educational institutes including AWCs, achievement. However, reporting to be done together.

- Poor performance of Sankhali: MO stated that last month they had difficulty in getting vehicle, but now the problem is solved so they have already started to make up for the back log of 1<sup>st</sup> round of AWC visits.
- Betki Poor performance: Chimbhel, Khorlim, Betki to sit together and chalk out a plan to increase their coverage.
- Considering school sports days and gatherings coming up in the month of Feb, followed by examinations in March and April, CMO (FW) instructed RBSK MOs for maximum utilisation of available time in the months of Novemebr, December & January.

### **Referral cases & follow up**

- Dr. D'sa, Dy. Director stressed on recording "Success rate of RBSK". For that he emphasized on need for proper follow up of the referred out cases, to ensure that children referred to higher centres finally avail services they are referred for.
- CMO (FW) instructed to maintain a follow up register by each MHT with line list of children referred out and status of their service access at the referral facility.
- ANMs to be involved in the process of following up referred patients. they may follow up during their home visits.

### **Reporting & record keeping by MHTs:**

- October month report for RBSK MHTs to be sent in new format that has been already mailed to all the health centres.
- Errors found in MHT monthly reports were listed and discussed with MHTs.
- Registers to be maintained at all delivery points for identifying and recording congenital visible birth defects. Guidelines for screening of visible birth defects have been mailed to all delivery points. Cases identified with visible birth defects should be reported to SFWB in prescribed format. Cases reported positive need to be followed up to ensure proper management of the birth defects.
- ANMs to be involved in follow up process of birth defect cases as well as RBSK referred out cases.
- Letter regarding maintaining registers to be made to all delivery points including SDH Ponda.

### **Performance presentation by MHT Valpoi:**

- RBSK Medical Officer, Valpoi, Dr. Vaibhav Gadgil presented performance of MHT Valpoi the year 2016-17 & 2017-18. He assured CMO that MHT Valpoi will achieve their targets satisfactorily. Status of cases referred by MHT Valpoi for confirmation & management at higher centres was presented.
- A case of cardiac murmur referred by MHT Valpoi was confirmed as VSD and it has been posted for cardiac catheterization at GMC.

### **Implementation of National Iron Plus Initiative (NIPI) in Goa:**

- CMO briefed participants regarding NIPI program and that the program shall be started initially in government schools of select areas only. It may be noted that there is significant prevalence of iron deficiency anaemia in the state of Goa.





