

## **Implementation of Rashtriya Bal Swasthya Karyakram in Himachal Pradesh: A Study**

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### **Abstract**

The Rashtriya Bal Swasthya Karyakram (RBSK) is a flagship initiative under the National Health Mission aimed at improving child health through early detection and management of 4Ds (Defects at birth, Diseases, Deficiencies, and Developmental delays), including disabilities. Himachal Pradesh, with its unique topography and scattered population, presents both opportunities and challenges in implementing such health programs. This study evaluates the implementation of RBSK in Himachal Pradesh, focusing on its impact, challenges, and effectiveness. The primary objective of the study is to know the opinion of the beneficiaries regarding facilities provided under RBSK Program. The study was conducted in Shimla district of Himachal Pradesh. For the purpose of present study total 200 sample respondents were selected with the help of purposive, snowball and convenience sampling techniques. Both primary and secondary data were used. With the help of pre-tested questionnaire, the required information was collected from the selected samples from different categories as mentioned in the sampling part. The results were analysed with the help of average and percentage. The findings highlight that while RBSK has been effective in identifying and addressing many child health issues, significant gaps remain in terms of infrastructure, manpower, and community awareness. The mobile health teams (MHTs) have played a crucial role in screening children at schools and anganwadi centers, but logistical challenges, such as inaccessible terrain and limited health resources, have affected their reach. Despite these challenges, the program has shown success in linking identified cases to treatment and follow-up services, albeit inconsistently. The study concludes that while RBSK has positively impacted child health in Himachal Pradesh, its full potential remains untapped due to operational and infrastructural barriers. Strengthening community engagement, enhancing resource allocation, and addressing logistical challenges are critical for improving the program's effectiveness.

**Keywords:** Rashtriya Bal Swasthya Karyakram, child health, Himachal Pradesh, health screening, early intervention, public health programs.

### **Introduction**

The Rashtriya Bal Swasthya Karyakram (RBSK) is a government initiative under the National Health Mission (NHM) of India. Launched in 2013, it aims to improve the health of children by providing early detection and treatment of diseases. RBSK focuses on four key conditions: birth defects, deficiencies, diseases, and developmental delays, including disabilities. Children aged 0-18 years are screened at Anganwadi centers, government

schools, and health facilities. A team of medical professionals visits these centers to conduct regular health check-ups, and referrals are made to specialized facilities if treatment is needed. The program's goal is to ensure that every child has access to quality healthcare services early in life, preventing long-term health issues. Through this significant initiative of Rashtriya Bal Swasthya Karyakram, all new-born delivered at public health facilities and homes are screened for birth-defects by health personnel and ASHA. The children in the age group of six weeks to six years including these Anganwadi Centre and children in the age group of 6-18 years enrolled in government and government aided schools are screened by dedicated Mobile Health Team. This universal screening has led to early detection of medical condition, timely intervention, ultimately leading to a reduction in mortality, morbidity and life-long disability.

The main goal of RBSK is to identify and address health conditions in children from birth to 18 years of age, focusing on early detection of birth defects, diseases, deficiencies, and developmental delays. RBSK aims to reduce the number of children suffering from serious health issues, which can lead to death or lifelong disabilities if untreated. The program ensures that children receive timely health check-ups, referrals, and treatments. It also promotes access to advanced care if needed. The program aims to improve the overall well-being and development of children, thus contributing to their educational and social growth. With this particular service, it aims to cover all children of 0-6 years of age group in rural areas and urban slums in addition to older children up to 18 years of age enrolled in classes 1<sup>st</sup> to 12<sup>th</sup> in Government and Government aided schools. It is expected that these services will reach and benefit about 27 crore children in a phased manner.

### **Literature Reviews**

Sangra, Choudhary, and Narangyal (2020) assessed the knowledge of ASHA and Anganwadi workers about the Rashtriya Bal Swasthya Karyakram (RBSK) in Budhi zone, Kathua district. It included 18 ASHA workers and 35 Anganwadi workers, revealing that most Anganwadi workers were 12th pass, while ASHA workers had lower educational qualifications. The study found that the majority were aware of RBSK and received training on screening equipment. It concluded that enhancing awareness of workers' roles could improve program efficiency. Chauhan and Suryavanshi (2021) This narrative review analyzed the impact of NRHM/NHM in Himachal Pradesh over 15 years. The study highlighted significant progress in key health indicators like IMR and institutional deliveries but noted challenges such as unmet family planning needs and anemia. It recommended strengthening capacity building, coordination, and monitoring for better outcomes. Mehta et al. (2022) mixed-method study in Uttarakhand explored challenges faced by RBSK clients, using telephonic interviews with 43 parents/guardians. Key issues included out-of-pocket expenses, referral delays, and unavailability of resources. Despite these, most respondents were satisfied with RBSK services. The study emphasized the need to address indirect costs for better utilization. Dave et al. (2023) study in Ahmedabad investigated maternal determinants of 4Ds among children registered under RBSK. It found significant links between maternal age, antenatal care, and Iron Folic Acid supplementation with child health outcomes. Poor maternal health and inadequate ANC visits were associated with deficiency disorders. The study emphasized improving maternal care for better outcomes. Thirunavukkarasu et al. (2024) Conducted in Dadra and Nagar Haveli, and Daman and Diu,

this cross-sectional study screened children aged 0–18 years using the e-RBSK portal. It identified a high prevalence of defects, deficiencies, diseases, and developmental delays, especially in older children. The study advocated for digital health records for better diagnosis, follow-up, and health outcome tracking. Gokul et al. (2024) This Bengaluru-based study validated the RBSK screening tool for detecting developmental delays in children under three years. With 262 children screened, the tool demonstrated high sensitivity (97.01%) and specificity (96.43%), aligning well with the ASQ gold standard. The study confirmed the RBSK tool's effectiveness for early detection and intervention.

### **Research Gap**

Present study focuses on opinion of the beneficiaries regarding implementation of RBSK Program in Himachal Pradesh. This centrally sponsored program has commendable objectives. This program needs special focus in research point of view which will help in the success of this program. One of the significant research gaps lies in the accessibility of the RBSK program in Himachal Pradesh. In remote and rural areas of the state, there is limited information on the actual reach of the RBSK. More researches need to be conducted to assess how many children in these remote and rural areas are actually being covered by the RBSK program. Assessing the opinion of the beneficiaries can help the coverage and effectiveness of the RBSK program.

### **Selection of the Problem**

Children are important asset of any country. They are future of the society. Therefore it is the responsibility of the nation to take care of their children's health. Millions of children around the world are growing up in situations that prevent them from ever reaching their full potential, both physically and morally. As a result, preparation for a child's health evaluation requires extra attention and is classified as a target-based facility. It ought to be seen holistically as a component of the social well-being of the country. The world's greatest population of children aged 0–18 is found in India. Given that India accounts for 20 per cent of all child fatalities worldwide, the country's child health statistics are concerning. Therefore, it is impossible to consider the issue of child welfare in a vacuum. Good health and development of the children in any society is the symbol of prosperity of that society. With respect to the present study, with limited epidemiological and social research data on children with birth defect, deficiencies, diseases and development delays, the objective of present study would be to determine the understanding of knowledge, attitude and belief regarding this program. Health seeking practices among caregivers of children with 4Ds, and social norms that influence opinion of caregivers. The study also documenting keys challenges and barriers facing by caregiver form accessing RBSK services at the referral center. The study sought to determine supply functionaries to understand their facilities required to deliver services and barriers and biases faced by MHT, service provider and referral institutional level stakeholders at state/District/block in delivering effective service under RBSK. Keeping these aspects into consideration, the researcher has selected the present topic for research purpose.

### **Significance of this Problem**

In order to improve the health and well-being of children in Himachal Pradesh, a state with difficult geographic characteristics that make it difficult to provide healthcare in remote

areas, this study is crucial. With an emphasis on the Rashtriya Bal Swasthya Karyakram (RBSK), it seeks to offer insightful information for improving healthcare services for kids ages one to eighteen. The study looks at the coverage and reach of the program, especially in neglected distant and mountainous areas. It aims to provide solutions for fair healthcare access by recognizing obstacles such as lack of awareness, cultural considerations, and transportation problems. In order to guarantee high levels of care, the study also assesses the caliber of healthcare services provided under RBSK, including medical equipment, staff proficiency, and facility infrastructure. The study evaluates the program's effect on lowering child morbidity and death, offers input on how effective it is, and points out areas that require more attention. Additionally, it tackles the program's sustainability by exploring financial, administrative, and operational problems, offering suggestions for its long-term success. Policymakers can use the findings to improve healthcare delivery, quality, and accessibility. In addition to improving child healthcare in Himachal Pradesh, this study is a useful tool for students studying public administration and health welfare, providing guidance for improved RBSK and related programs.

### **Objectives of the Study**

1. To know the opinion of the beneficiaries regarding facilities provided under RBSK Programme.
2. To provide some practical suggestions for the effective implementation of RBSK Programme.

### **Methodology**

The Shimla district of Himachal Pradesh was chosen to host the current study. The district was selected since Shimla is capital of Himachal Pradesh. Shimla is home to all of the department heads' headquarters. It is believed that Shimla's basic infrastructure is adequate to give residents access to essential services and facilities. Regarding medical facilities, Shimla is home to the state's main hospital, Kamla Nehru Hospital, also referred to as KNH, which is used to diagnose women and children. In addition, Shimla is home to the oldest medical school and hospital, Indira Gandhi Medical College and Hospital (IGMC). In addition to being located in Shimla's major city, Deen Dayal Upadhyay Zonal Hospital (DDU) offers better medical facilities than other state-wide zonal hospitals. As the District Nodal Agency and the primary hub of the RBSK program for the Shimla district, DDU serves as the program's regulating agency. The Shimla district is home to 152 medical facilities that offer healthcare services to the public. Further Shimla district is divided in to ten medical blocks, out of which four medical blocks namely Chirgaon, Chopal, Matiyana and Nankhari were selected for the study as study area. Blocks are chosen according to their geographic location. Nankhari medical block is situated in the north, Chopal medical block is situated in the South, Chirgaon medical block situated in the east and Matiyana medical block is situated in the West of District Shimla. Although, medical block Moshabra located in the Western part, but due to urban touch, Mashobra block was not covered under this study.

For the purpose of present study total 200 sample respondents from all the four selected Medical Blocks (50 from each Medical Block) were selected. During the selection of sample respondents among beneficiaries, purposive, snowball and convenience sampling techniques were used, this is because proper list of the beneficiaries was not available with any

competent authority and it was not possible to the researcher to collect the opinion of the beneficiaries on any other mode. The methodology adopted to collect the required data in present study keeping in view the research problem and research questions were essentially empirical and warrants use of primary and secondary data. The primary data was collected through questionnaire face to face interview and open discussion with the beneficiaries of RBSK. During the interview and discussion valuable information was noted and recorded with the permission of the respondents. For the purpose of secondary data, digital platform, offline libraries, books, articles, journals, government report of ministry of health and family welfare were consulted. With the help of pre-tested questionnaire, the required information was collected from the selected samples from different categories as mentioned in the sampling part. The results were analysed with the help of average and percentage.

### **Opinion Analysis of the Beneficiaries**

In the present case beneficiaries are parents/care takers of the children up to the age group of 0-18 years. A beneficiary in a government scheme is any person, group, or organization that has an interest or concern in that scheme. Beneficiaries can be directly affected by the scheme or can influence its outcome.

**Table 1**  
**Awareness about Rashtriya Bal Swasthya Karyakram**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
To a Large Extent	34	17.00
To Some Extent	148	74.00
Not at All	18	9.00
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

It is evident from the above data that only 17 per cent respondents were aware about the Rashtriya Bal Swasthya Karyakram to large extent, 74 per cent respondents were about the Rashtriya Bal Swasthya Karyakram to some extent whereas 9 per cent respondents were not aware at all about the Rashtriya Bal Swasthya Karyakram.

**Table 2**  
**Source of Awareness about Rashtriya Bal Swasthya Karyakram**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Through Mobile Health Team	34	17.00
Through Anganwadi Workers	49	24.50
Through ASHA Workers	45	22.50
Through School Teachers	62	31.00
Through Media	2	1.00
Self-Awareness	8	4.00
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

The results in the table 2 shows that 17 per cent respondents told Mobile Health Team as the source of their awareness about the Rashtriya Bal Swasthya Karyakram, 24.5 per cent 17 per cent respondents told Anganwadi Workers as the source of their awareness about the Rashtriya Bal Swasthya Karyakram, 22.5 per cent respondents told ASHA workers as the source of their awareness about the Rashtriya Bal Swasthya Karyakram, 31 per cent respondents told Schools Teachers as the source of their awareness about the Rashtriya Bal Swasthya Karyakram, 1 per cent respondents told Media as the source of their awareness

about the Rashtriya Bal Swasthya Karyakram and 4 per cent respondents told that they were self aware about the Rashtriya Bal Swasthya Karyakram.

**Table 3**  
**Your Children Screened By**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Mobile Health Team	167	83.50
Doctors at Hospital	22	11.00
In Health Check-up Camp	11	5.50
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

The table shows that 83.5 per cent parents/caretakers respondents that their children were screened by Mobile Health Teams, 11 per cent parents/caretakers respondents that their children were screened by doctors at hospital and 5.5 per cent parents/caretakers respondents that their children were screened in health check-up camp.

**Table 4**  
**Referral Team Take Follow-up of Your Child**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Yes	43	21.50
No	125	62.50
Can't Say	32	16.00
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

In the table 4, a question regarding follow-up of their child by referral team after refer was asked. It is found that only 21.5 per cent respondents responded that the referral team take follow-up of the child after refer.62.5 per cent respondents responded that the referral team do not take follow-up of the child after refer and 16 per cent respondents responded that they can't say anything regarding this.

**Table 5**  
**Screening Team Make You Aware about the Provision of Free Treatment under Rashtriya Bal Swasthya Karyakram**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Yes	138	69.00
No	32	16.00
Can't Say	30	15.00
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

The results regarding the awareness made by the screening teams about the provision of free treatment under Rashtriya Bal Swasthya Karyakram shows that in 69 per cent cases screening teams make the beneficiaries aware about the provision of free treatment under Rashtriya Bal Swasthya Karyakram, in 16 per cent cases screening teams do not make the beneficiaries aware about the provision of free treatment under Rashtriya Bal Swasthya Karyakram and 15 per cent respondents responded that they can't say about this.

**Table 6**  
**Your Child get Free Treatment under Rashtriya Bal Swasthya Karyakram**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Always	176	88.00
Sometimes	24	12.00
Never	0	00.00
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

Table 6 reveals the results regarding free treatment of their children under Rashtriya Bal Swasthya Karyakram. 88 per cent respondents responded that their children always get free treatment of their children under Rashtriya Bal Swasthya Karyakram whereas 12 per cent respondents responded that their children sometimes get free treatment of their children under Rashtriya Bal Swasthya Karyakram.

**Table 7**  
**Source of Prescribing Medicines**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Hospital Dispensary	182	91.00
Private Medical Store	18	9.00
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

A question regarding prescription of medicines by the doctors was asked from the respondents. It is found that 91 per cent respondents responded that doctors prescribe medicine from hospital dispensary which are free of cost and only 9 per cent respondents responded that the doctors prescribe the medicines from private medical stores which are paid medicines.

**Table 8**  
**Satisfaction with the Facilities Provided to Your Child during Treatment**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
To a Large Extent	89	44.50
To Some Extent	111	55.50
Not at All	0	00.00
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

The table 8 depicts that 44.5 per cent respondents were satisfied to a large extent about the facilities provided to their child during treatment. 55.5 per cent respondents were satisfied to some extent about the facilities provided to their child during treatment.

**Table 9**  
**You Feel Language Difficulty with Medical Staff during Treatment of Your Children**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Always	24	12.00
Sometimes	13	6.50
Never	163	81.50
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

Table 9 reveals that 12 per cent respondents responded that they always feel language difficulties with the medical staff during treatment of their children. 6.5 per cent respondents responded that they sometimes feel language difficulties with the medical staff during treatment of their children whereas 81.5 per cent respondents responded that they never feel language difficulties with the medical staff during treatment of their children.

**Table 10**  
**Doctors give Sufficient Time to Check Your Child at Hospital**

Variables	Frequency	Percent
Yes	138	69.00
No	32	16.00
Can't Say	30	15.00
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

Table 10 depicts that 69 per cent respondents replied that the doctors give sufficient time to check their child at hospital. 16 per cent respondents replied that the doctors do not give sufficient time to check their child at hospital whereas 15 per cent respondents replied that they can't say anything regarding this.

**Table 11**  
**You get Proper Guidance from Hospital Management during Hospital Visit**

Variables	Frequency	Percent
Always	47	23.50
Sometimes	124	62.00
Never	29	14.5
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

It is evident from the table 11 that 23.5 per cent respondents responded that they always get proper guidance from hospital management during hospital visit. 62 per cent respondents responded that they sometimes get proper guidance from hospital management during hospital visit and 14.5 per cent respondents responded that they never get proper guidance from hospital management during hospital visit.

**Table 12**  
**You Feel that Rashtriya Bal Swasthya Karyakram is Beneficial for Children in Terms of Health**

Variables	Frequency	Percent
Highly Beneficial	200	100.00
Beneficial to Some Extent	0	00.00
Not at All	0	00.00
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

The data in the above table depicts that all the respondents feel that Rashtriya Bal Swasthya Karyakram is beneficial for children in terms of health.



**Table 13**  
**Overall Rating to Rashtriya Bal Swasthya Karyakram**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
Excellent	200	100.00
Very Good	0	00.00
Good	0	00.00
Average	0	00.00
Poor	0	00.00
Very Poor	0	00.00
<b>Total</b>	<b>200</b>	<b>100.00</b>

Source: Primary Prove

Results in the table above reveals that all the respondents rated the Rashtriya Bal Swasthya Karyakram as excellent.

### **Findings from the Study**

Only 17 per cent beneficiaries were aware about the Rashtriya Bal SwasthyaKaryakram to large extent, 74 per cent beneficiaries were about the Rashtriya Bal SwasthyaKaryakram to some extent whereas 9 per cent beneficiaries were not aware at all about the Rashtriya Bal SwasthyaKaryakram. 17 per cent beneficiaries accepted Mobile Health Team as the source of their awareness about the Rashtriya Bal SwasthyaKaryakram, 24.5 per cent beneficiaries accepted Anganwadi Workers as the source of their awareness about the Rashtriya Bal SwasthyaKaryakram, 22.5 per cent beneficiaries accepted ASHA workers as the source of their awareness about the Rashtriya Bal SwasthyaKaryakram, 31 per cent beneficiaries accepted Schools Teachers as the source of their awareness about the Rashtriya Bal SwasthyaKaryakram, 1 per cent beneficiaries accepted Media as the source of their awareness about the Rashtriya Bal SwasthyaKaryakram and 4 per cent beneficiaries accepted that they were self-aware about the Rashtriya Bal SwasthyaKaryakram. 83.5 per cent parents/caretakers accepted that their children were screened by Mobile Health Teams, 11 per cent parents/caretakers accepted that their children were screened by doctors at hospital and 5.5 per cent parents/caretakers accepted that their children were screened in health check-up camp.

Only 21.5 per cent beneficiaries responded that the referral team take follow-up of the child after refer. 62.5 per cent beneficiaries responded that the referral team do not take follow-up of the child after refer and 16 per cent beneficiaries responded that they can't say anything regarding this. In 69 per cent cases screening teams make the beneficiaries aware about the provision of free treatment under Rashtriya Bal SwasthyaKaryakram, in 16 per cent cases screening teams do not make the beneficiaries aware about the provision of free treatment under Rashtriya Bal SwasthyaKaryakram and 15 per cent respondents responded that they can't say about this. 88 per cent beneficiaries responded that their children always get free treatment of their children under Rashtriya Bal SwasthyaKaryakram whereas 12 per cent beneficiaries responded that their children sometimes get free treatment of their children under Rashtriya Bal SwasthyaKaryakram. 91 per cent beneficiaries responded that doctors prescribe medicine from hospital dispensary which are free of cost and only 9 per cent beneficiaries responded that the doctors prescribe the medicines from private medical stores which are paid medicines. 44.5 per cent beneficiaries were satisfied to a large extent about

the facilities provided to their child during treatment. 55.5 per cent beneficiaries were satisfied to some extent about the facilities provided to their child during treatment.

12 per cent beneficiaries responded that they always feel language difficulties with the medical staff during treatment of their children. 6.5 per cent beneficiaries responded that they sometimes feel language difficulties with the medical staff during treatment of their children whereas 81.5 per cent beneficiaries responded that they never feel language difficulties with the medical staff during treatment of their children. 69 per cent beneficiaries replied that the doctors give sufficient time to check their child at hospital. 16 per cent beneficiaries replied that the doctors do not give sufficient time to check their child at hospital whereas 15 per cent beneficiaries replied that they can't say anything regarding this. 55.5 per cent beneficiaries were highly satisfied with the behaviour of doctors at hospital during treatment of their child. 41 per cent beneficiaries were satisfied to some extent with the behaviour of doctors at hospital during treatment of your child and 7 per cent beneficiaries were not satisfied at all with the behaviour of doctors at hospital during treatment of your child. 23.5 per cent beneficiaries responded that they always get proper guidance from hospital management during hospital visit. 62 per cent beneficiaries responded that they sometimes get proper guidance from hospital management during hospital visit and 14.5 per cent beneficiaries responded that they never get proper guidance from hospital management during hospital visit. All the beneficiaries feel that Rashtriya Bal SwasthyaKaryakram is beneficial for children in terms of health. All the respondents rated the Rashtriya Bal SwasthyaKaryakram as excellent.

### **Suggestions for Strengthening the Implementing Rashtriya Bal Swasthya Karyakram (RBSK) in Himachal Pradesh**

Based on the findings from the study, some important suggestions can be made to improve the implementation of Rashtriya Bal Swasthya Karyakram (RBSK) in Himachal Pradesh. Offer conflict resolution and communication training for medical staff to help them manage and de-escalate situations where parents/caretakers might misbehave. Develop and communicate clear guidelines and policies regarding acceptable behavior in healthcare settings. Ensure that these guidelines are visibly posted in hospitals and clinics. Implement a system for sending automated reminders to parents/caretakers about their upcoming appointments and follow-ups. This can help improve attendance and adherence to treatment schedules. Develop incentive programs to encourage parents to bring their children for regular check-ups and complete the treatment process. Incentives could include free health check-ups, nutritional supplements, or small rewards for consistent follow-up. Provide targeted training for medical staff on effective communication techniques, focusing on simplifying medical jargon and using culturally appropriate language to ensure parents understand their child's health issues. Implement translation services for parents who are not proficient in the local language to help medical staff convey messages more clearly. Organize regular workshops for parents to educate them about the medical process and the importance of adhering to treatment plans. Use visual aids and simple explanations to make the information accessible. Develop and distribute easy-to-understand guides or pamphlets that outline common health issues, treatment processes, and the importance of following medical advice.

Design outreach programs tailored to reach beneficiaries from different age groups, educational backgrounds, and family structures. Utilize local community leaders and

influencers to disseminate information about the RBSK program effectively. Provide informational materials in multiple languages and formats to ensure accessibility for illiterate beneficiaries and those with varying levels of education. Identify areas with higher concentrations of beneficiaries below the poverty line (BPL) and implement targeted mobile health clinics or outreach services to improve access to healthcare for marginalized communities. Address transportation challenges faced by beneficiaries, especially those in rural areas, by providing subsidized or free transportation services to RBSK facilities. Implement health literacy programs aimed at empowering beneficiaries with knowledge about preventive healthcare practices, early warning signs of common illnesses, and the importance of seeking timely medical attention for children. Collaborate with schools to integrate health education into the curriculum, ensuring that children are equipped with essential health knowledge from an early age. Develop standardized protocols for follow-ups of referred children, ensuring consistency and thoroughness in monitoring their health status. Implement digital tracking systems to facilitate easier and more efficient follow-ups, allowing MHTs to update and access information in real-time.

### **Conclusion**

An empirical analysis of beneficiaries is essential to understanding the real impact of any program or policy on the target population. Through data collected directly from beneficiaries, we can evaluate whether the program is meeting its objectives and what improvements are necessary. In such an analysis, feedback from beneficiaries provides insights into how well a program is functioning. For example, their responses may reveal whether they are receiving the benefits or services they were promised, whether there are delays or difficulties in accessing these services, or if there are areas where the program could be better designed. This kind of firsthand information is crucial for making the program more efficient and effective. Moreover, empirical analysis helps identify the gap between the intended goals of the program and actual outcomes. For instance, while a program may aim to benefit a certain number of people, an empirical analysis might show that some groups are not being reached or are not benefiting as expected. It can also highlight any disparities in how different segments of the population (such as rural vs. urban) are impacted. Empirical analysis of beneficiaries is a valuable tool for policymakers and program implementers. It helps ensure that resources are being used effectively and that the program's benefits reach the intended population. The findings from such analysis are crucial for making informed decisions and adjustments to improve the overall impact of the program.

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