

Government of West Bengal  
State Health & Family Welfare Department  
Swasthya Bhavan, GN-29, Sector-V, Salt Lake  
Kolkata – 700091

Memo No: HST/11-S-01-2012/961

Date: 14.06.2013

MEMORANDUM

**Sub: Strengthening of Referral and linkage for children screened in Schools and Anganwadi Centres under RBSK**

In the backdrop of recently launched Health Screening under Rashtriya Bal Swasthya Karyakram, the mobile medical teams will visit schools/ Anganwadi Centres as per microplan to screen the children for **4-Ds - Defects at birth, Diseases, Deficiencies and Development Delays including Disabilities**. The children who will be referred, are required to be managed at different tiers of public health facilities according to the merit of the ailments. The efficient, timely and prioritized management of referred children and adolescents at primary, secondary and tertiary tiers assumes utmost importance for realization of the objectives of this program.

**In order to strengthen the referral and linkage system, the protocol outlined below shall be followed henceforth.**

An illustrative list of 4 Ds with appropriate referral tiers, is annexed herewith-Annexure-A. All entitlements are free for the beneficiaries under existing RBSK norms.

**The team:**

- The mobile health team will refer the children in need of specialized care to various public health facilities, depending upon the nature of problems, using referral slip.
- The referral slip in duplicate will be issued by Mobile Health Team (with legible signature and name of the M.O.). Both the slips will be handed over to the referred child/teacher/Anganwadi worker/parent for production at the referral site.
- At the referral site, the attending Medical Officer will fill up and sign both the copies. One copy of the referral slip will be kept at the referral site for records of the Nodal Officer (Secondary and Tertiary tiers) and for the mobile health team (For primary tier) to maintain line-listing. The other copy will be brought back to the school/ Anganwadi centre and kept in safe custody for future reference.
- A line list of referrals to the secondary and tertiary tiers will be shared with BMOH, BPHN and ANM of the Subcentre concerned for a follow up and feedback on the course of events subsequent to referral.
- The platform of the monthly meeting is to be utilized for review of the same.
- *Referral slips/ letters used by health care providers of any tier, must be superscribed and stamped as – “RBSK Referral”*

**Referral Tiers:**

Primary: PHC/BPHC/RH (Primary Health Centre/ Block Primary Health Centre/ Rural Hospitals):

- The children referred to PHC/BPHC/RH, will be managed at those facilities on a dedicated day and time (except for acute cases). 'Saturday' OPD has been earmarked for the same.
- The teachers/Anganwadi Worker/ parents may accompany the children to the facilities on those days with referral slips signed by Medical Officer, Mobile Health Team.
- The Dental Surgeon and Para Medical Ophthalmic Assistant must attend to the referred children on Saturdays at the BPHCs/RHs where they are posted.
- In case of BPHC/RH, where PMOA is not posted presently, the CMOH will by local arrangement deploy a PMOA, so that eye check up happens on a specific day in the facility and this should be notified.
- In case of the BPHCs not having Dental Surgeon in position, dental camp needs to be organized by utilizing the services of other Dental Surgeons by local arrangement, once every fortnight on a fixed day. Therefore, for dental problems, referrals will be done on those specific camp days instead of fixed routine referral day i.e Saturday. The district will fix up the day for these camps based on available resources and disseminate the information to the DI of Schools (Sec and Pri), DPO-ICDS, BMOH and mobile health teams.
- An alternative option of linking the adjacent block/blocks to the facility provided with Dental Surgeon on days dedicated for each linked block, may be exercised at the discretion of the district authority.

Secondary: SDH/DH (Subdivisional Hospital/ District Hospital)

- The district will prepare and circulate a speciality-wise referral calendar for each Subdivisional Hospital and the District Hospitals. This will be shared with the DI and SI of School, DPO and CDPO of ICDS, BMOH and the Mobile Medical Team.
- This exercise of preparing the calendar will be done by Dy. CMOH-III under supervision of CMOH in consultation with Superintendents of the respective facilities.
- The Assistant Superintendent of the facilities and Medical Officer/Counsellor of Adolescent Friendly Health Clinic will be designated as nodal officer for coordinating this referral at their respective facility. A record of all such referrals is to be available with the nodal officer.

Tertiary: Medical Colleges and other tertiary referrals:

- Two days are hereby earmarked for this referral purpose i.e. Tuesday and Thursday. One assistant superintendent will be designated as the nodal Officer for RBSK. She/he will facilitate the linkage of the referred children to the appropriate departments.
- A line list of these referrals should be available with the District Program Coordinators and District Program Supervisors. The referrals should be coordinated with designated Nodal Officer RBSK of the concerned facility and Manager of the Early Intervention Centre/EIC (wherever established and functional).

## Annexure -A

Place of Primary screening				Intervention
	Selected Health Condition	Block Health Team (6 weeks and above)	District Early Intervention Centre/DEIC *	
1	Vitamin A Deficiency (Bitot Spot)	Y	-	At BPHC/RH Level
2	Vitamin D Deficiency, (Rickets)	Y		
3	Severe Acute Malnutrition , SAM/Stunting	Y		
4	Skin conditions (Scabies, Fungal Infection and Eczema)	Y		
5	Reactive Airway Disease	Y	-	
6	Dental Caries	Y		
7	Developmental Dysplasia of the Hip	Y		
8	Congenital Cataract	Y	Y	At District Hospitals
9	Anaemia especially Severe Anaemia	Y		
10	Goiter	Y		
11	Otitis Media	Y		
12	Convulsive Disorders	Y	-	
13	Vision Impairment	Y		
14	Hearing Impairment	Y	-	
15	Neural Tube Defect	Y		
16	Down's Syndrome	Y		At tertiary health Facilities

17	Cleft Lip & Palate	Y	
18	Club Foot	Y	
19	Congenital Deafness		Y
20	Congenital Heart Diseases	Y	Y
21	Retinopathy of Prematurity only for preterm babies	-	Y
22	Rheumatic Heart Disease only at school	Y	
23	Neuro-motor Impairment (CP)	-	Y
24	Motor Delay		Y
25	Cognitive Delay		Y
26	Language Delay		Y
27	Behaviour Disorder (Autism)		Y
28	Learning Disorder (6 years to 9 years)		Y
29	Attention Deficit Hyperactivity Disorder (6 years to 9 years)	Y	Y
30	Others	Y	Y

**\*DEIC- will be applicable when operational. As of now, Early intervention centre is only functional at IPGMER.**

Copy forwarded for information and necessary action to:

1. The Secretary Department of School Education
2. The Commissioner School Education
3. The Commissioner Social Welfare
4. The SPD, PBSSM
5. The Joint Secretary PHP
6. The State Family Welfare Officer
7. The Addl. DHS-HA
8. The Joint DHS, PH&CD
9. The Principal, (All Medical Colleges) .
10. The MS & VP, (All Medical Colleges) .
11. The DDHS, Admin
12. The ADHS, School Health
13. The ADHS, Ophthalmology
14. The State Nodal Officer, Adolescent Health
15. The ADHS, Dental
16. The CMOH, (All Districts) .
17. The Deputy CMOH III, (All districts) .
18. The Deputy CMOH II, (All districts)
19. The Superintendent (All District Hospitals) .
20. The PS to The Principal Secretary, Health & Family Welfare
- ✓ 21. IT cell, to publish in the website

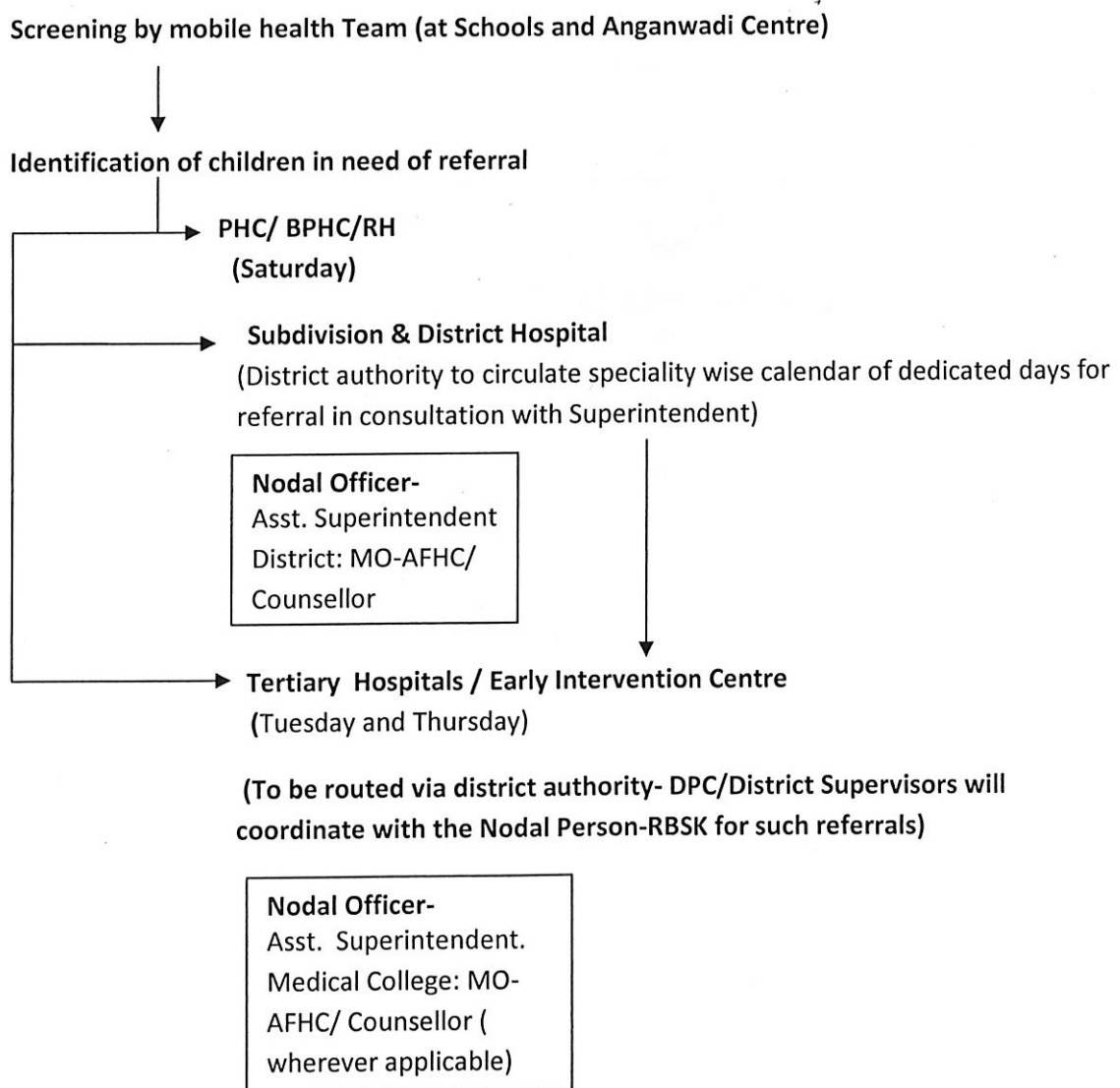


Commissioner Family Welfare

- All referrals to the tertiary Hospitals would be routed through the District health authorities. The DPC and Program Supervisor will be the focal points under the guidance of Dy. CMOH III and overall control of the CMOH.

The referred children will be managed at the facilities referred to, with due priority and they will be treated free of cost. In case of specialized invasive/ non invasive interventions and investigations with defined cost implications at identified tertiary facilities, requisition of fund for the same, may be placed to the State Family Welfare Bureau by competent district authority. The funds would be made available for "referral support" to the Secretary District Health and Family Welfare Samity or CMOH for payment of the authorised cost. The cost should in no case exceed the limits laid down in the existing WBHS norms.

**Schematic presentation for this referral chain has been laid down:**



*[Signature]*  
Director of Health Services &  
EO Secretary

*[Signature]*  
Director of Medical Education &  
EO Secretary