



## Role of Mobile Health Team in Implementation of Rashtriya Bal Swasthya Karyakram: A Study of Shimla District of Himachal Pradesh

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### ABSTRACT

The Rashtriya Bal Swasthya Karyakram, a National Child Health Program launched by the Indian government, aims to provide holistic healthcare for children up to 18 years old. In the Shimla District, mobile health teams play a crucial role in reaching remote and underserved areas. This research paper examines the role of mobile health teams in the successful implementation of the program, focusing on preventive and promotive healthcare measures. The study uses a qualitative approach, utilizing interviews, surveys, and observational data to assess the impact of these teams on children's health outcomes. The findings are expected to contribute significantly to the existing knowledge on public health interventions, particularly in child health. The study's insights may inform policy decisions to enhance the efficiency and impact of mobile health teams in public health programs.

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## **INTRODUCTION**

The landscape of public health in India has undergone significant transformations in recent years, driven by an earnest commitment to address the healthcare needs of its fast growing population. Central to this commitment is the Rashtriya Bal Swasthya Karyakram (RBSK), a pioneering initiative by the Government of India that envisages comprehensive healthcare for children and adolescents up to the age of 18 years. In the pursuit of this noble objective, the role played by mobile health teams becomes particularly pronounced, especially in regions marked by geographical intricacies and limited access to conventional healthcare infrastructure. Shimla District, nestled in the picturesque state of Himachal Pradesh, stands as a microcosm of the challenges and opportunities inherent in delivering healthcare to remote and underserved populations. The implementation of the RBSK in this context necessitates innovative and adaptive approaches, with mobile health teams emerging as a linchpin in bridging the healthcare divide. This research seeks to unravel the intricacies of their role and assess their impact in the successful execution of the RBSK in Shimla District.

The significance of this study lies in its potential to contribute valuable insights into the dynamics of public health interventions tailored for children and adolescents in challenging terrains. The utilization of mobile health teams represents a strategic response to the unique geographic and demographic nuances of Shimla District, where traditional healthcare delivery models face constraints. As we delve into the specifics of their contribution, it becomes evident that these teams play a pivotal role in extending healthcare services to the farthest corners, ensuring that no child is left without access to essential healthcare.

Preventive and promotive healthcare measures take center stage in the RBSK, aiming to detect health issues at their nascent stages and provide timely interventions. Through a qualitative lens encompassing interviews, surveys, and observational data, this research aims to illuminate the nuanced aspects of the operational dynamics of mobile health teams. As we embark on this exploration, the anticipated outcomes of the research extend beyond the confines of Shimla District. By distilling the lessons learned and best practices identified, this study aspires to contribute to the broader discourse on optimizing child healthcare delivery, especially in regions characterized by challenging terrains and limited access to conventional healthcare facilities. Through a deeper understanding of the role of mobile health teams, we aim to inform policy decisions that enhance the efficiency and impact of such teams, fostering a healthier future for the children and adolescents of India.

The Shimla district, situated in the enchanting state of Himachal Pradesh, is a region of both historical significance and natural beauty. It is best known for its capital city, Shimla, which served as the summer capital during the British colonial era. Nestled amidst the majestic Himalayan mountains, the district is a captivating destination for researchers interested in exploring the cultural, historical, and geographical aspects of this unique region. Shimla district boasts a blend of colonial architecture, traditional heritage, and scenic

landscapes. The district's historical importance is reflected in its landmarks, such as the Ridge and ancient temples. Researchers can delve into the archives to uncover the evolution of Shimla and its role in shaping the history of the region. The natural beauty of Shimla district, with its snow-capped peaks and lush greenery, also provides an intriguing backdrop for ecological and environmental research. From the bustling markets to serene Mall Road, the district offers a diverse range of subjects for study. The area of Shimla district is 5131 sq. km. having 3358 villages, 412 Gram Panchayats, 1 Municipal Corporation, 26 Tehsils and Sub Tehsils, 11 Sub-Divisions and 12 Development Blocks.

Nestled amidst the scenic landscapes of Himachal Pradesh, Shimla District stands as a testament to the amalgamation of natural beauty and the inherent challenges of delivering healthcare in geographically challenging terrains. Encompassing diverse topographies ranging from mountainous terrains to remote valleys, the district presents a unique context for public health interventions, particularly in the realm of child healthcare. The Rashtriya Bal Swasthya Karyakram (RBSK), a comprehensive child health program initiated by the Government of India, unfolds within this picturesque yet demanding backdrop. The study area, Shimla District, becomes a microcosm for examining the operational intricacies and effectiveness of mobile health teams tasked with implementing the RBSK. This introduction aims to set the stage for a nuanced exploration into the challenges and opportunities inherent in providing healthcare services to children and adolescents in a region characterized by its diverse landscapes and distinctive healthcare needs.

Despite the ambitious goals of the Rashtriya Bal Swasthya Karyakram (RBSK) in ensuring comprehensive healthcare for children and adolescents, the effectiveness of its implementation is contingent upon numerous factors, particularly in regions characterized by challenging geographical terrains. In the case of Shimla District, Himachal Pradesh, the intricacies of delivering healthcare to remote and underserved populations underscore the need for a critical examination of the role played by mobile health teams within this national child health program. The existing gap in the literature reveals a paucity of in-depth studies assessing the nuanced challenges faced by mobile health teams operating in Shimla District under the RBSK. Questions surrounding the effectiveness of these teams in reaching diverse populations, the adequacy of preventive and promotive measures, and the identification of obstacles hindering their seamless integration into the healthcare delivery system remain unanswered. Understanding the intricacies of these challenges is paramount for informed decision-making, program refinement, and policy development, ultimately aiming to optimize the impact of the RBSK in improving child and adolescent health outcomes in Shimla District.

The significance of this study lies in its potential to contribute substantial insights into the critical intersection of child healthcare and the operational dynamics of mobile health teams within the Rashtriya Bal Swasthya Karyakram (RBSK) framework, specifically in the context of Shimla District, Himachal Pradesh. Several aspects underscore the importance of undertaking this

research. Understanding the role and effectiveness of mobile health teams is crucial for optimizing the delivery of healthcare services to children and adolescents. By identifying challenges and success factors, this study aims to offer recommendations that can enhance the efficiency and impact of mobile health teams within the RBSK, contributing to improved health outcomes for the targeted demographic. The findings of this research can inform policy decisions at both the state and national levels. Insights into the operational challenges faced by mobile health teams can guide policymakers in refining strategies, allocating resources, and tailoring interventions to address the unique healthcare needs of children in geographically challenging areas like Shimla District. Ascertaining the challenges faced by mobile health teams in the execution of the RBSK contributes to the sustainability of the program.

By identifying and addressing operational obstacles, the research aims to provide actionable insights that can contribute to the long-term success and continuity of child health initiatives in Shimla District and similar regions. This study contributes to the academic knowledge base by providing a nuanced understanding of the challenges and successes associated with mobile health teams in the RBSK. The research findings may fill gaps in the existing literature, serving as a valuable resource for scholars, researchers, and practitioners interested in public health interventions for children and adolescents. Insights derived from this study can be utilized to enhance the training and capacity building of mobile health teams. By identifying areas of improvement and skill development, the research aims to contribute to the professional development of healthcare workers involved in the implementation of child health programs.

## **METHODOLOGY**

A mixed-methods research design that combines qualitative and quantitative approaches was employed. This has provided a comprehensive understanding of the role of mobile health teams in the implementation of the Rashtriya Bal Swasthya Karyakram (RBSK) in Shimla District, Himachal Pradesh.

For the present Shimla district was selected as study area. There are total ten medical blocks in Shimla district out of which four medical blocks namely Chirgaon, Matiana, Nankhari and Nerwa were selected.

In Shimla district total 17 Mobile Health Teams are sanctioned out of these 14 teams are functional. One Mobile Health Team consists of four team members including one male Medical Officer, one female Medical Officer, One Pharmacist and one ANM/GNM. Total 68 posts of members of Mobile Health Teams have been sanctioned by the government and presently only 47 members are in position. As far as study area is concerned, in Nankhari Medical block 1 Mobile Health Team is sanctioned and is functional having full team members i.e., 4 members. Chirgaon Medical block has also 1 sanctioned Mobile Health Team and is in function having full team members i.e., 4 members. Matiana Medical block has 2 sanctioned Mobile Health Teams and both are in function having full team members i.e., 8 members. Nerwa Medical block has 3 sanctioned Mobile Health Teams among which two teams are in function having 2 team members in each Mobile Health Team and one

sanctioned Mobile Health Team is not in function. All these four Medical Blocks covered under study area consist of total 7 Mobile Health Teams of which one team is inactive. The total strength of team members in all these Mobile Health Teams are 20 in position. All these 20 members were covered as respondents during the field survey by the researcher.

To collect the qualitative data in-depth interviews were conducted with members of Mobile Health Teams to gather insights into their experiences and perceptions regarding the implementation of the RBSK. Employ thematic analysis to identify recurring patterns, challenges, and success factors. To collect qualitative data, a field survey was conducted with the help of structured questionnaire and opinions of the members of the Mobile Health Teams were generated. On-site observations of Mobile Health Team activities were also conducted. Secondary data was collected through the review of relevant program documents, reports, and records related to the RBSK in Shimla District.

Qualitative and quantitative data were integrated using a convergent design, allowing for a comprehensive analysis of the research questions. Qualitative data was analyzed thematically; while quantitative data was undergo statistical analysis.

## **RESEARCH RESULT AND DISCUSSION**

The study revealed that Mobile Health Teams operating within the Rashtriya Bal Swasthya Karyakram (RBSK) in Shimla District have played a pivotal role in extending healthcare services to remote and underserved populations. Quantitative data indicated a notable increase in the reach of healthcare services, accessing preventive and promotive measures. Interviews with respondents corroborated these findings, highlighting the adaptability and responsiveness of Mobile Health Teams to the unique challenges presented by the district's geographical terrain. The analysis of preventive and promotive measures implemented by Mobile Health Teams underscored the effectiveness of early detection and timely interventions. The survey data indicated a positive perception among communities regarding the impact of these measures on the overall health of children and adolescents. Thematic analysis of qualitative data further elucidated the specific strategies employed by Mobile Health Teams contributing to improved health outcomes.

Despite their positive impact, the study identified several challenges faced by mobile health teams in Shimla District. These challenges include logistical constraints in reaching remote areas, limited resources, and occasional difficulties in community acceptance. Interviews with team members provided valuable insights into the need for improved infrastructure and additional training to address these challenges effectively. Success factors contributing to the effectiveness of Mobile Health Teams were also identified. The qualitative data highlighted the importance of strong community engagement and the use of culturally sensitive approaches. The study found that successful teams demonstrated a proactive approach to community outreach, fostering a sense of ownership and trust among community members. The findings of the present

research have significant policy implications. Policymakers can use the insights gained to refine strategies for the deployment of Mobile Health Teams, addressing logistical challenges, and optimizing resource allocation. Additionally, the study recommends targeted capacity building programs for team members, with a focus on enhancing community engagement skills and addressing specific challenges identified in the field.

## CONCLUSIONS AND RECOMMENDATIONS

In conclusion, this research endeavors to shed light on the transformative potential of Mobile Health Teams in implementing the Rashtriya Bal Swasthya Karyakram. By unraveling the intricacies of their role and impact, the study aspires to contribute meaningfully to the ongoing discourse on optimizing healthcare delivery for children and adolescents, particularly in regions characterized by challenging terrain and limited access to conventional healthcare facilities. The results and discussion of this study underscore the vital role played by mobile health teams in the successful implementation of the Rashtriya Bal Swasthya Karyakram in Shimla District. The positive impact on healthcare delivery, coupled with the identification of challenges and success factors, contributes valuable knowledge to the optimization of child health programs in geographically challenging regions. The policy recommendations derived from this research aim to inform evidence-based decision-making, fostering improvements in the delivery of healthcare services to children and adolescents in similar contexts. However, the study also brings to light inherent challenges faced by Mobile Health Teams, such as logistical constraints and occasional difficulties in community acceptance. These challenges necessitate strategic interventions, including improvements in infrastructure, resource allocation, and targeted capacity building for team members. The identified challenges, when addressed, have the potential to further enhance the impact of mobile health teams, making healthcare services more accessible and responsive to the unique needs of children and adolescents in remote areas. This study contributes to the broader discourse on public health interventions by providing evidence-based insights that can inform decision-making at both the state and national levels. As we envision a healthier future for children and adolescents in geographically challenging regions, the culmination of this research serves as a stepping stone towards fostering transparency, accountability, and continuous improvement in government health programs. By leveraging the strengths of Mobile Health Teams and addressing their challenges, we move closer to the overarching goal of the Rashtriya Bal Swasthya Karyakram, ensuring comprehensive healthcare for every child, regardless of their geographical location or access to conventional healthcare infrastructure.

1. **Strengthening Infrastructure and Logistics:** Addressing the logistical challenges faced by mobile health teams is paramount for improving their effectiveness. Recommending investments in infrastructure, such as better transportation and communication facilities, can enhance the teams' ability to reach remote areas promptly and efficiently.

Additionally, the implementation of advanced technology, such as telemedicine, can overcome geographical barriers and facilitate timely consultations.

2. **Target Capacity Building and Training Programs:** Develop and implement targeted capacity building programs for mobile health team members. Training initiatives should focus on enhancing clinical skills, community engagement strategies, and cultural sensitivity. Continuous professional development can equip teams with the necessary tools to navigate diverse challenges and foster effective collaboration with the communities they serve.
3. **Community Sensitization and Awareness Campaign:** Launch community sensitization and awareness campaigns to educate residents about the importance of preventive and promotive healthcare measures offered by mobile health teams. Emphasizing the role of communities as partners in healthcare delivery can enhance acceptance and utilization of services, leading to improved health outcomes for children and adolescents.
4. **Regular Monitoring and Evaluation:** Establish a robust monitoring and evaluation system to assess the ongoing performance of mobile health teams. Regular assessments can identify areas for improvement, measure the impact of interventions, and provide timely feedback for program refinement. This continuous feedback loop is essential for ensuring the sustained effectiveness of the Rashtriya Bal Swasthya Karyakram.
5. **Collaboration with Local Stakeholders:** Encourage collaboration between mobile health teams and local stakeholders, including community leaders, schools, and non-governmental organizations. Such partnerships can strengthen the teams' integration into local communities, fostering a sense of ownership and support. Local collaborations can also facilitate the identification of community-specific health needs and culturally appropriate interventions.
6. **Research and Innovation Funding:** Allocate funding for research and innovation in the field of mobile health teams and child healthcare delivery. Investing in innovative solutions, such as the integration of technology and data analytics, can enhance the efficiency and effectiveness of mobile health teams. Research grants can support studies aimed at further refining strategies and addressing emerging challenges.
7. **Flexibility in Program Implementation:** Recognize the diverse and dynamic nature of geographically challenging regions. Allow flexibility in program implementation to accommodate local variations in healthcare needs and preferences. Tailoring interventions to the specific context of each community can enhance the relevance and effectiveness of mobile health teams.

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