ANALYSIS OF CHILD DEATH IN DEVBHUMI DWARKA, DISTRICT OF GUJARAT

Under the Guidance of :
Dr. Piyusha Majumdar

Submitted By :
Dr. Shashank Khandal
Roll No. - 0665
MBA-HM 22th Batch

Introduction

- Child Death Review (CDR) is a strategy to understand the geographical variation in causes of child deaths and thereby initiating specific child health interventions. This information can be used to adopt corrective measures and fill the gaps in community and facility level service delivery, information can be compared over a period of time and common factors identified and addressed through the national programme.

Rationale

- Child mortality is a very important indicator which represents the health care status of any district, state and ultimately the whole country. Child mortality has always been a matter of prime concern for NHM. In order to control and reduce child mortality it is important to calculate the death of children under the age of five years and also to know the major reasons behind all such cases. Only then the preventive majors can be thought of and applied successfully.

Research Question

- What are the major causes of Child Mortality in Devbhumi Dwarka District Gujarat?

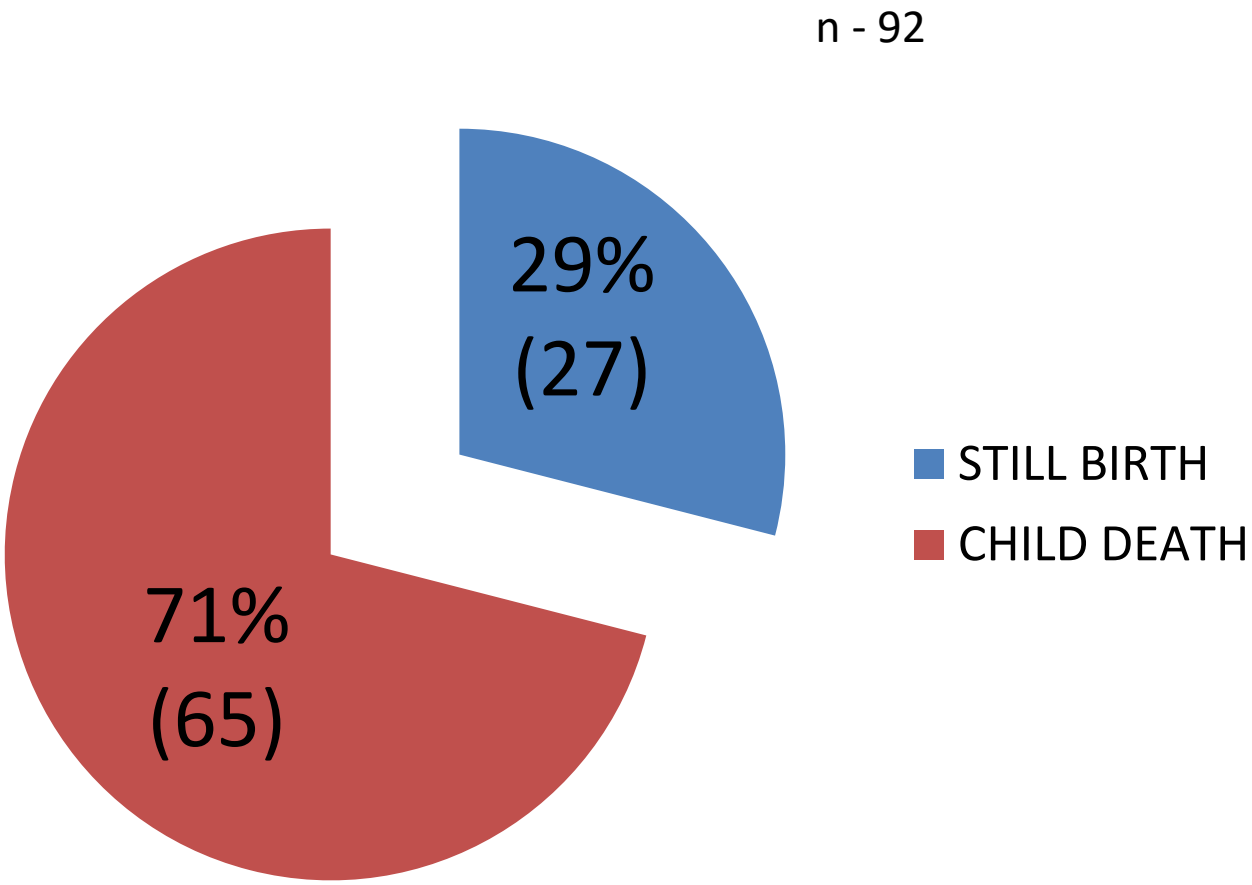
Objective

- To find causes of Child Mortality in Devbhumi Dwarka District of Gujarat from February to April 2019

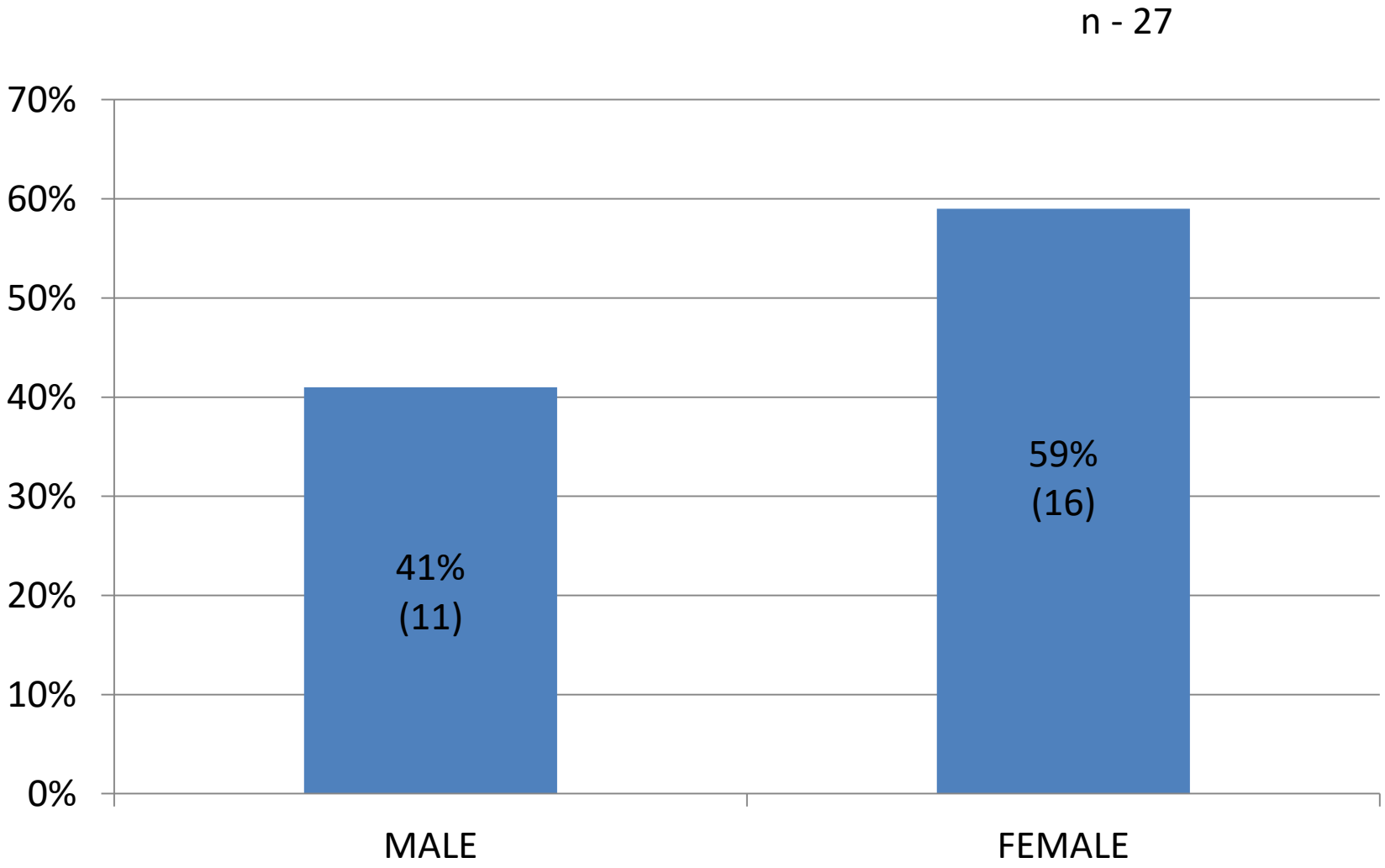
Methodology

- **Study type**: Cross sectional descriptive study
- **Study duration**: February to April, 2019
- **Study location**: Devbhumi Dwarka District of Gujarat
- **Study population**: Number of child deaths and still births in Devbhumi Dwarka
- **Sample Size**
- **Sampling process**: Non randomised sampling process (Purposive sampling)
- **Data collection tool**: Form 5 (a): Child Death and Still Birth Monthly Line List of district.
- **Data analysis**: MS Excel and SPSS.

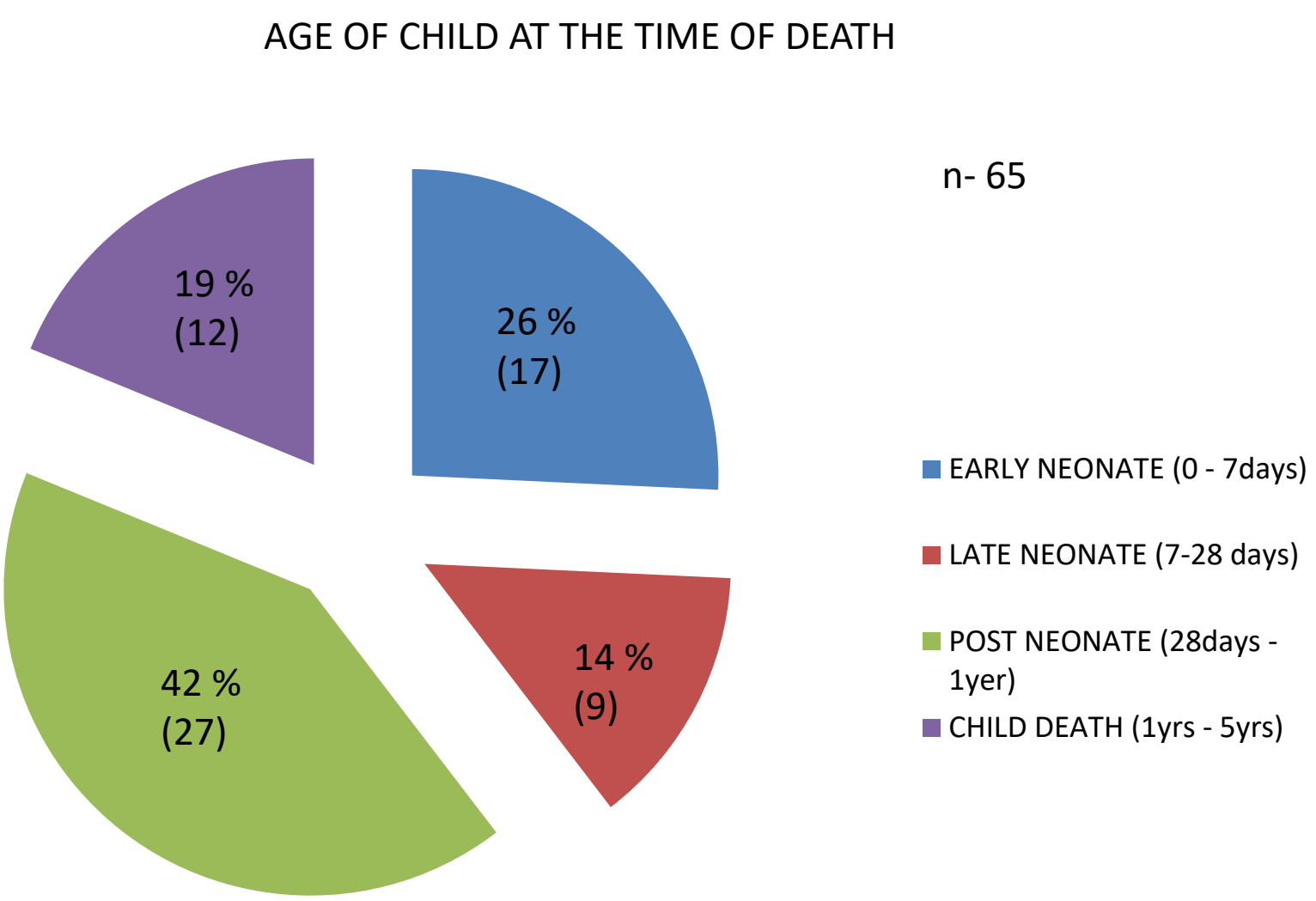
TOTAL CHILD DEATH



SEX OF STILL BIRTH



TOTAL CHILD DEATH BY AGE

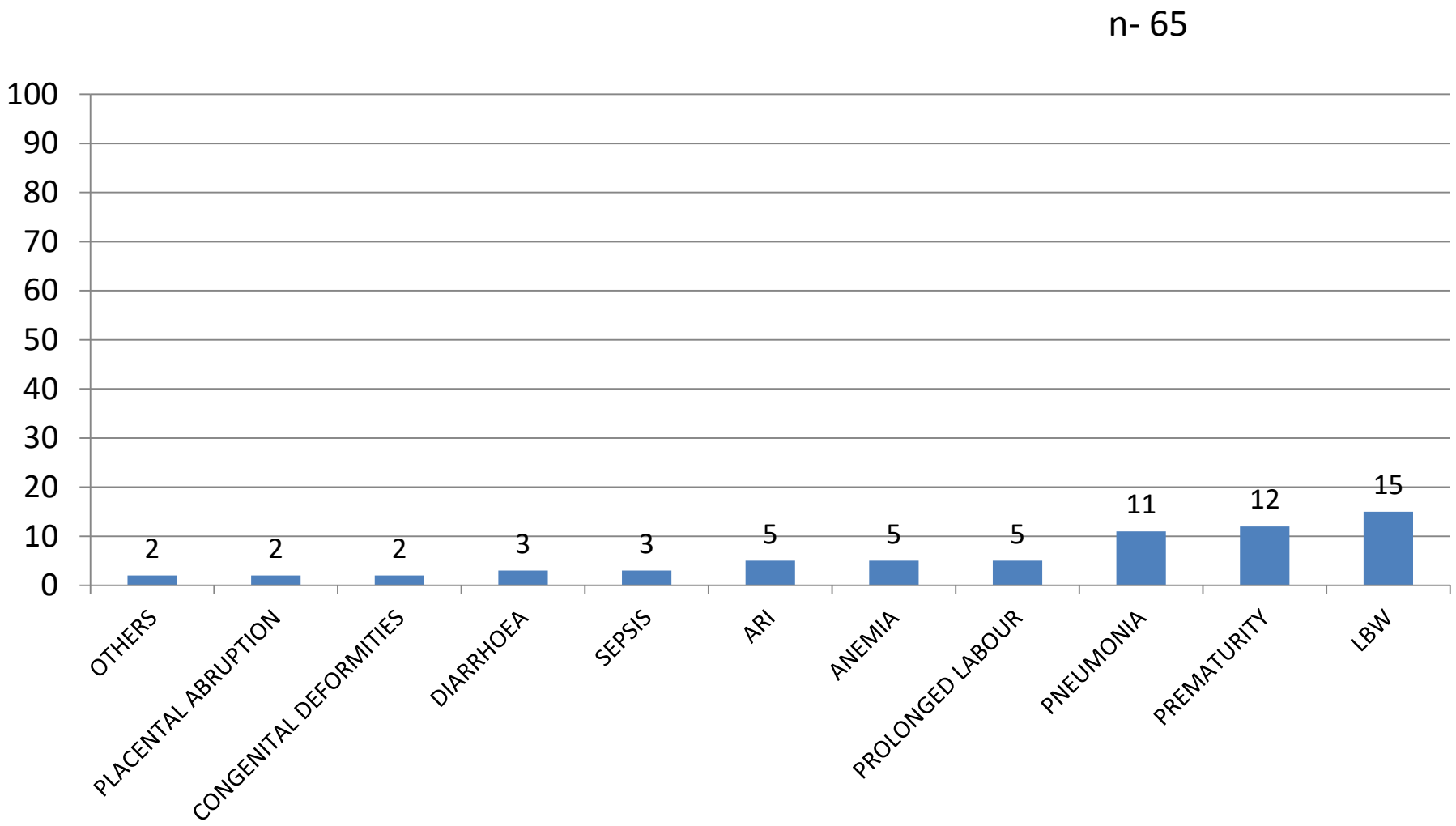


- Maximum (42%) deaths occurred in Post Neonate .

- 26% were early neonates followed by 19% under 5 years whereas 14% were late neonates.

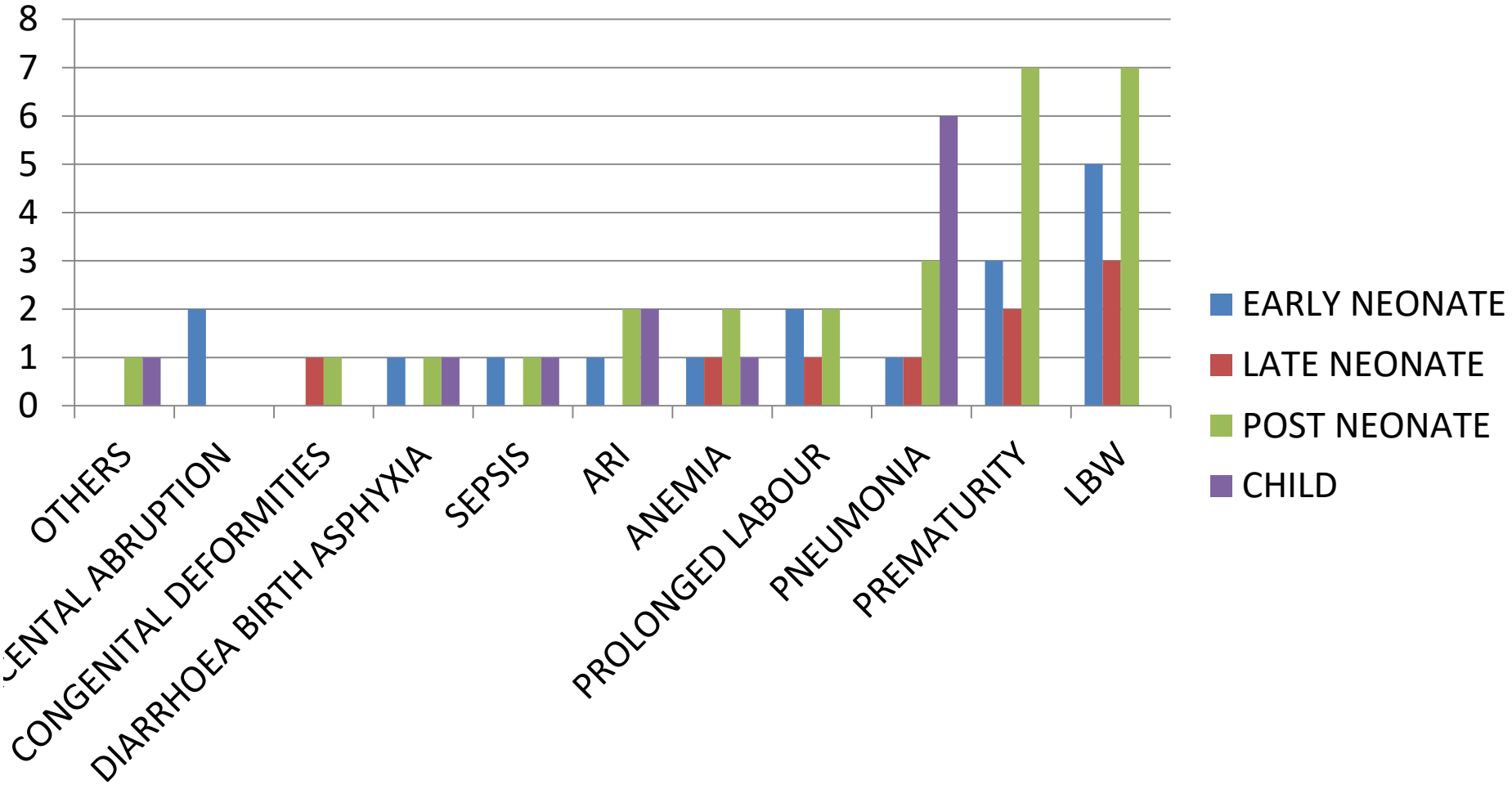
- Hence, crucial periods came out when baby is 28 days – 1 year.

CAUSES OF DEATH

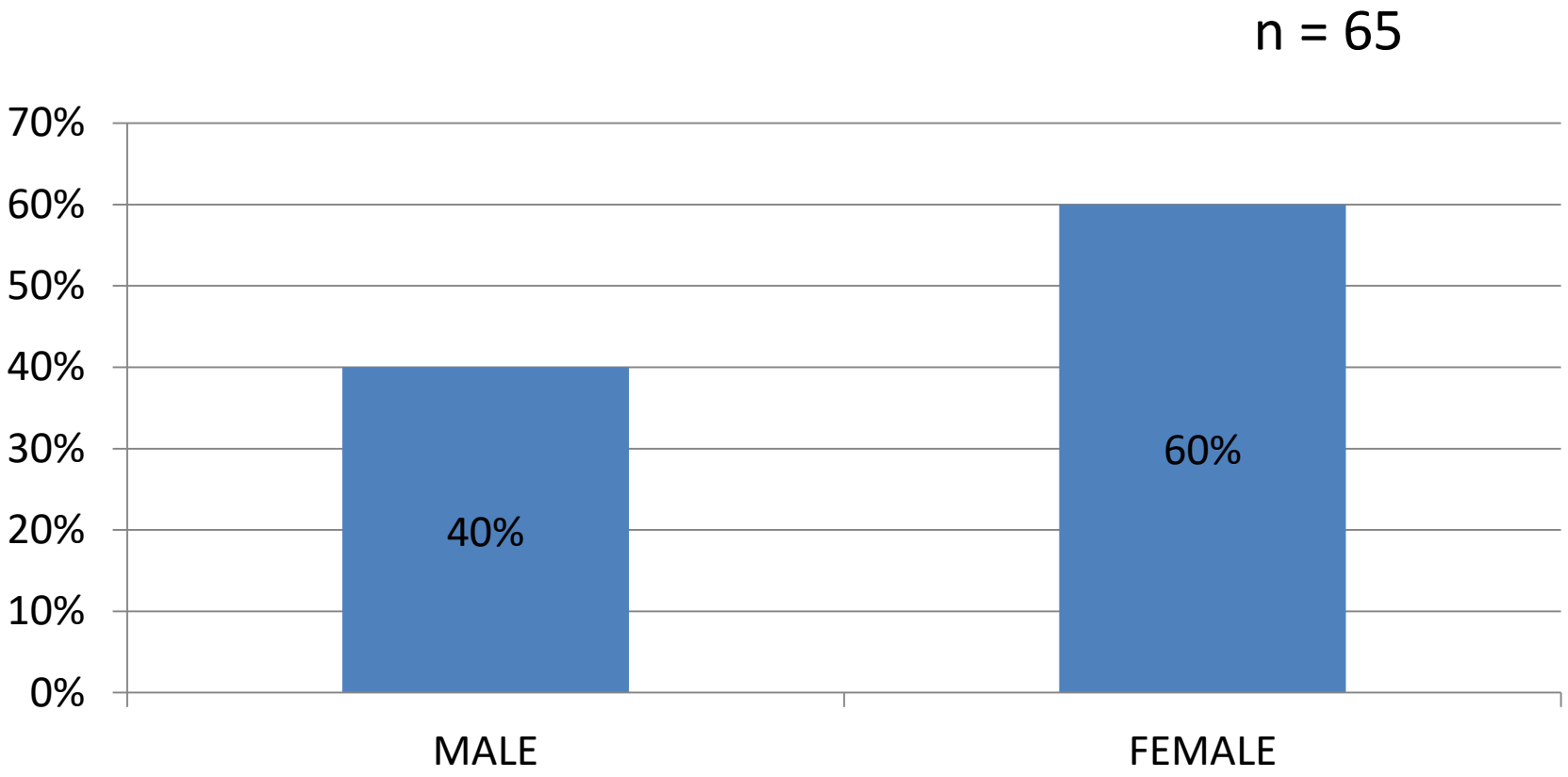


- Major causes of mortality are Low Birth Weight 15(23.07%)
- Prematurity 12(18.46%).
- Pneumonia 11(16.92%).

CAUSES OF CHILD DEATH AS PER AGE



SEX OF CHILD

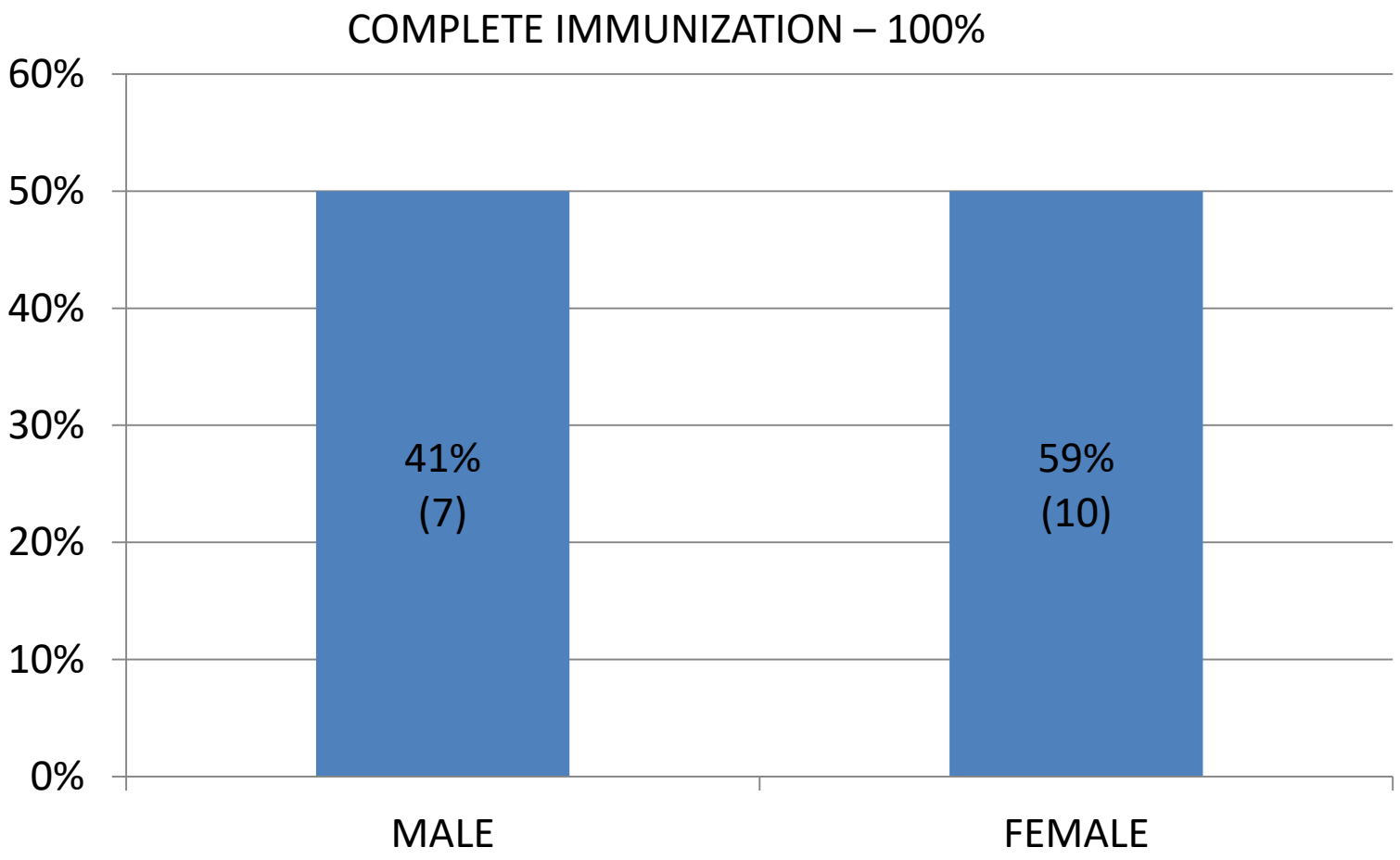


•39 (60%) deaths occurred in female child while 26 (40%) were male child, which suggests that there is still a need to show a bit more concern towards female child.

IMMUNIZATION STATUS

EARLY NEONATES (0 – 7 days)

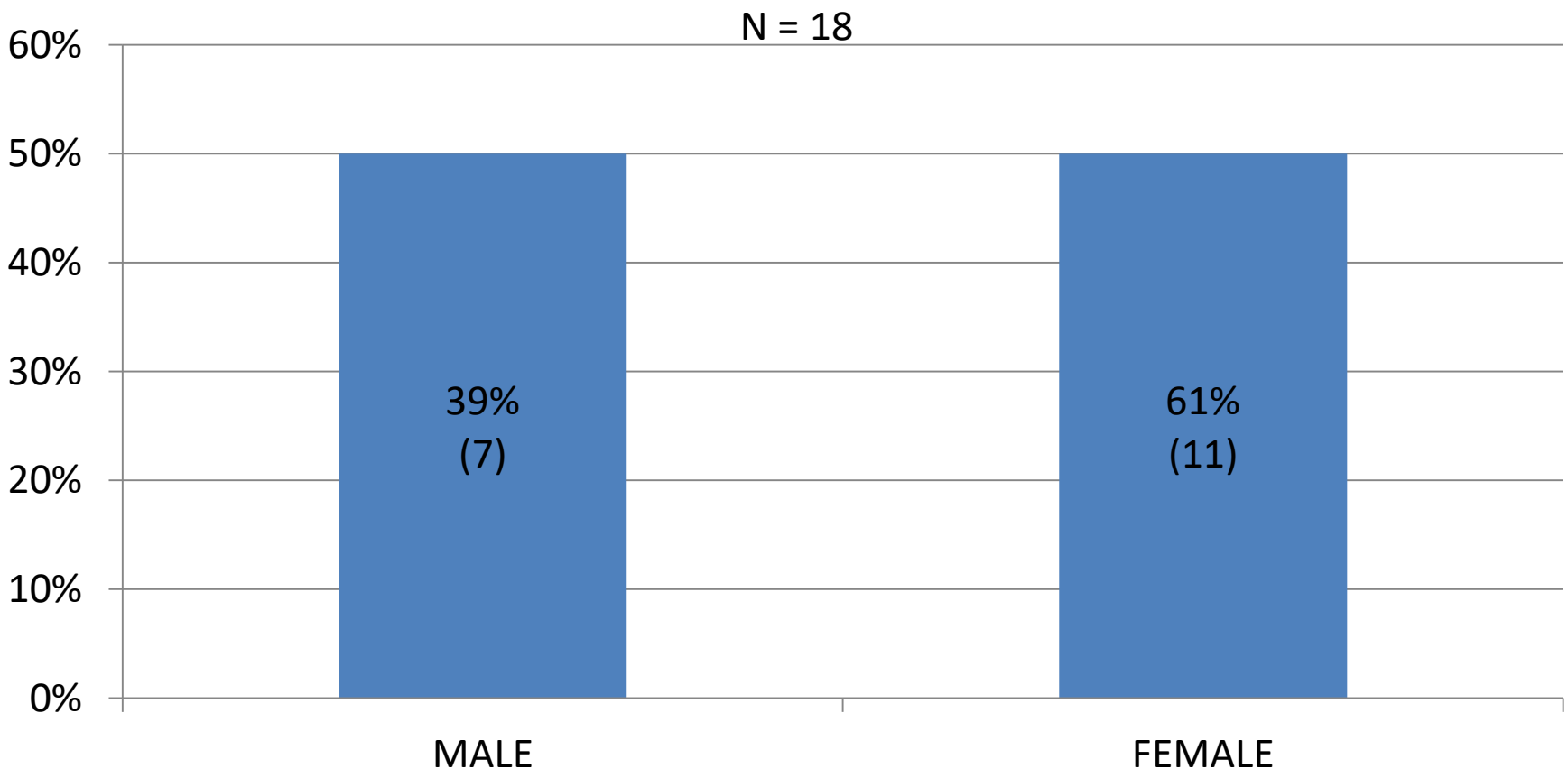
n = 17



NEONATE (7 days – 1 yr)

TOTAL DEATH= 36

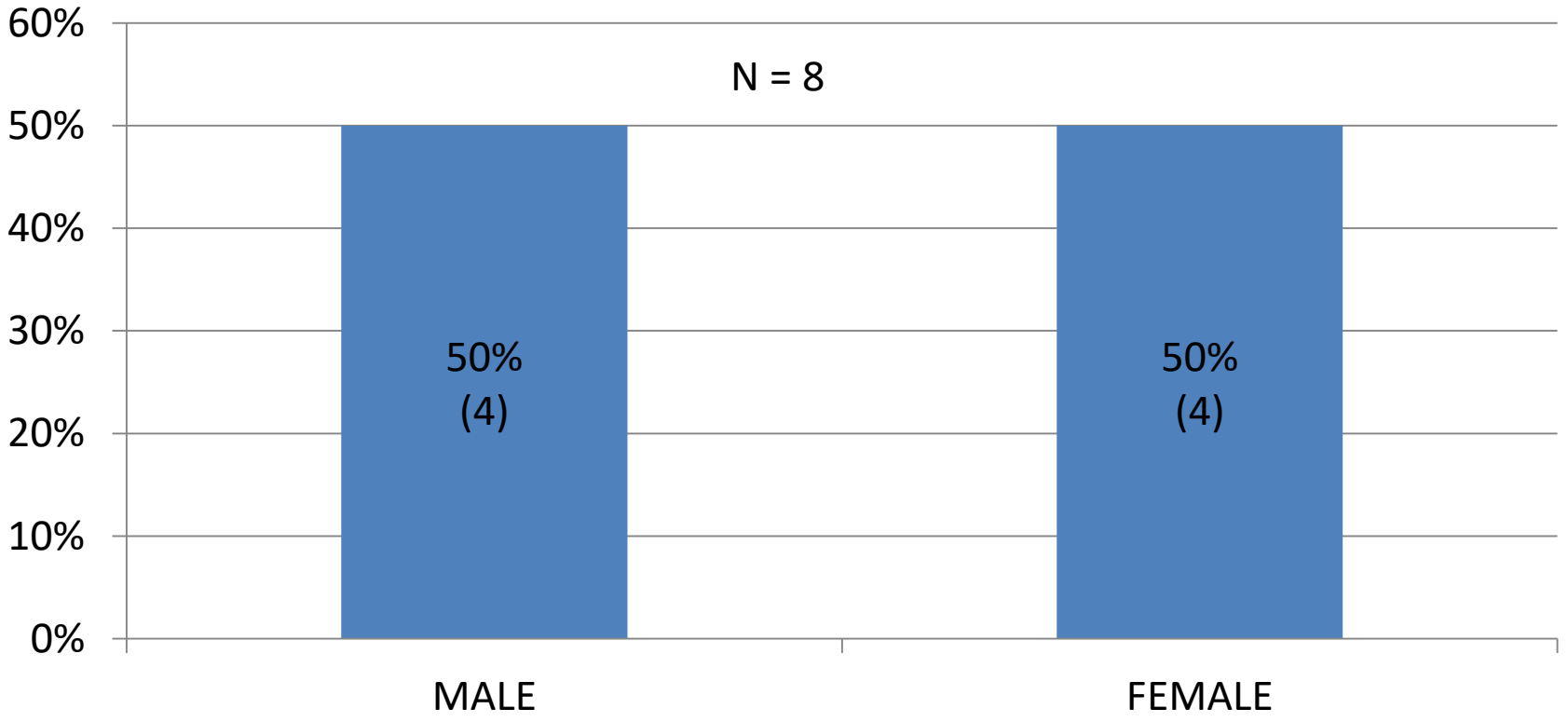
COMPLEATE IMMUNIZATION – 18 (50%)



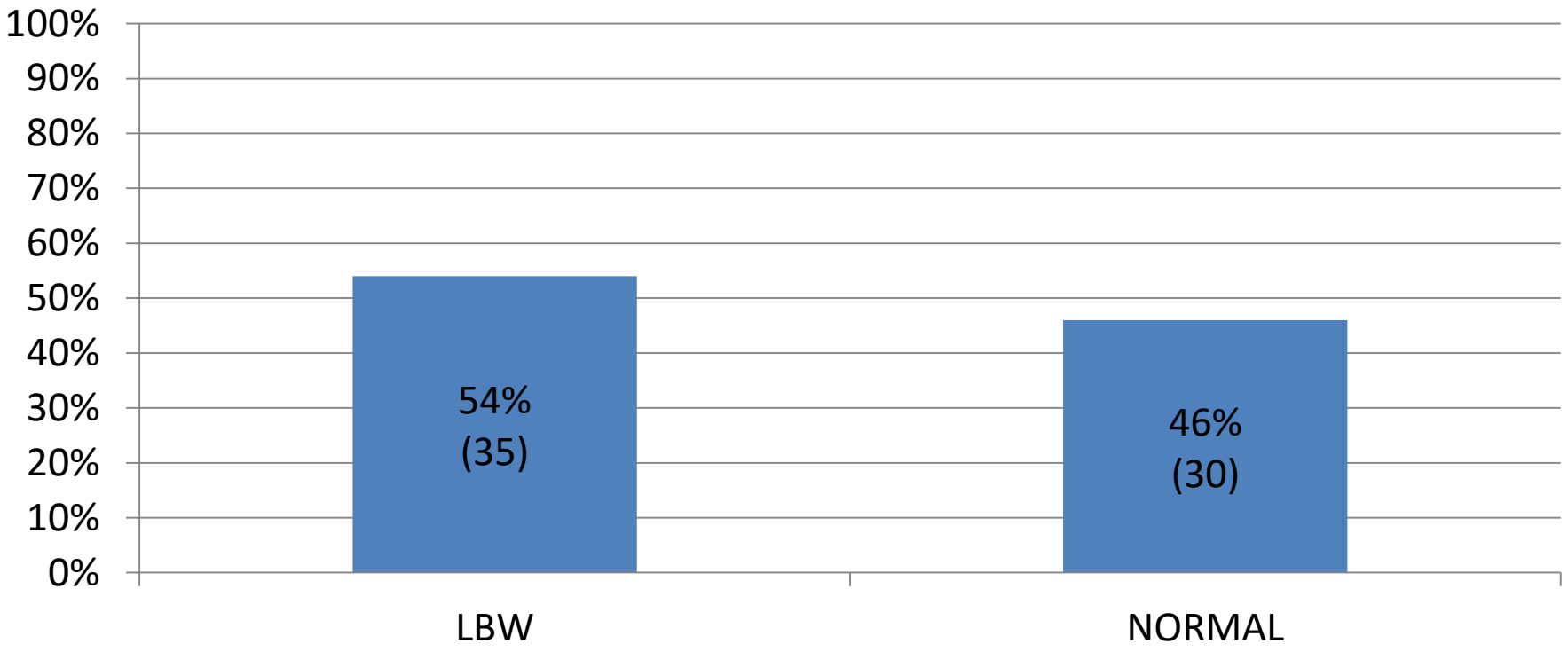
CHILD (1yr – 5yr)

TOTAL DEATH = 12

COMPLETE IMMUNIZATION – 8 (66%)



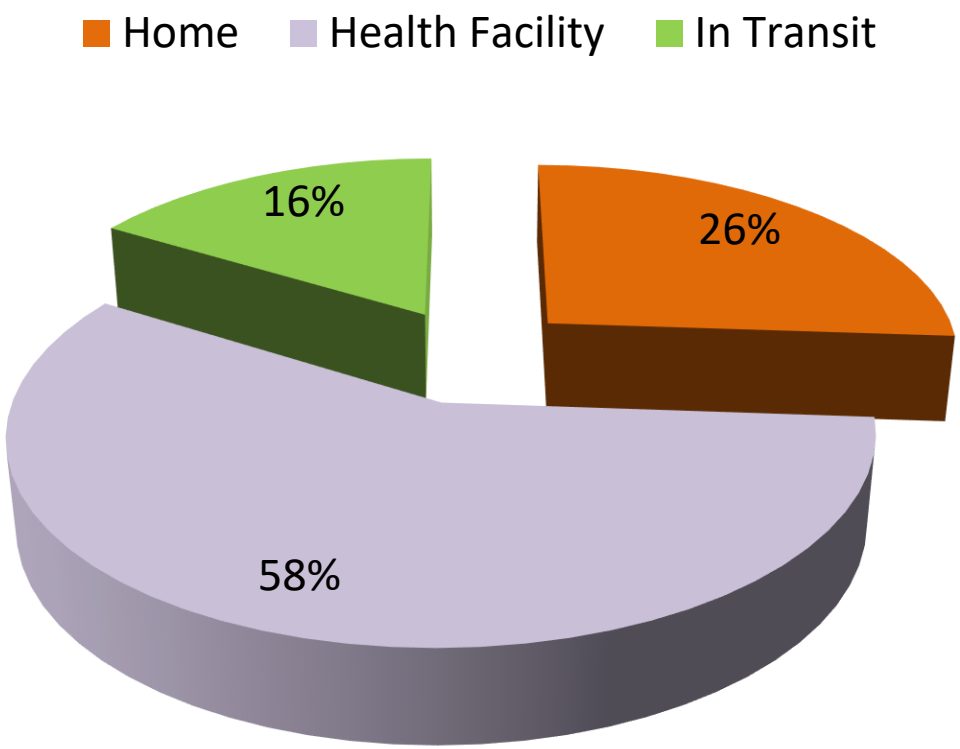
WEIGHT AT THE TIME OF BIRTH



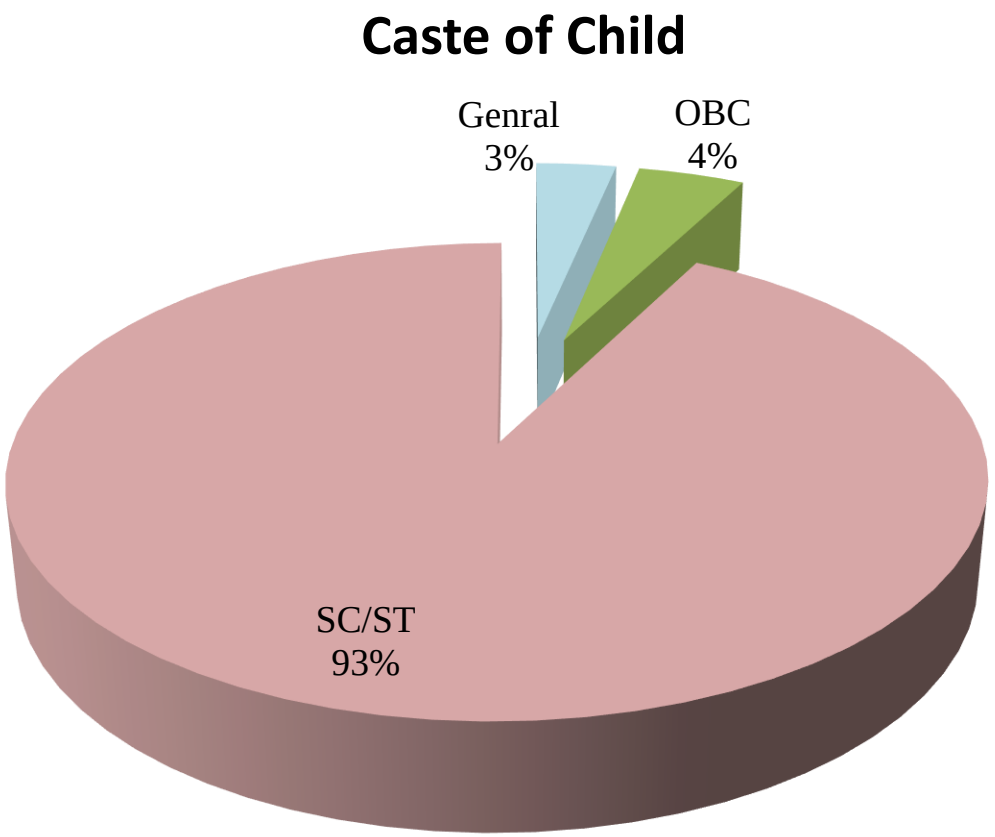
• Out of 65 child deaths 35 were reported underweight at the time of birth. Low birth weight can be cured by sending them in **Child Malnutrition Treatment Centre** and **Nutrition Rehabilitation Centres.**

Place of death

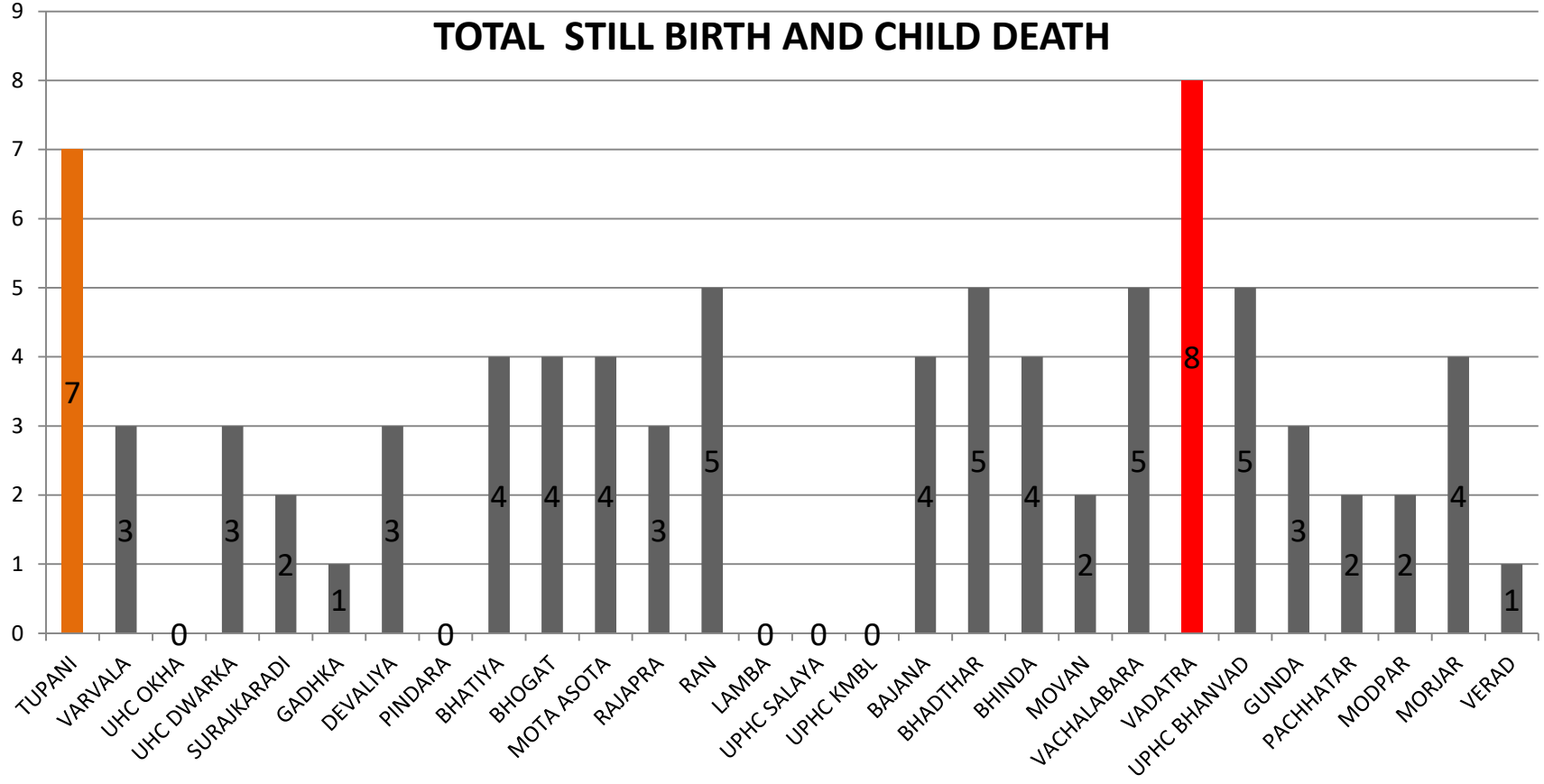
n= 65



A major concern is that 58% death occurred at health facilities; they must be strengthened and provided with more advance facilities.



•93% of child deaths occurred in the vulnerable groups of society that is in schedule cast and schedule tribe.



•PHC Vadatra was recorded highest number of child deaths (8) at the time of study period and 7 deaths recorded on PHC Tupani

Conclusions

- There were 65 child deaths recorded in the month of February to April and major reasons were low birth weight, prematurity and pneumonia .
- One thing to notice here is that a big section is still birth.
- Maximum number of deaths occurred in post neonate.
- Female child are still the one to be given more attention.

  Number of female child deaths are 35 in comparison to 30 males.

Conclusions

- The vaccination schedule needs to follow strictly as only 40% children were complete immunized at the time of death.

- A few of the deaths could have been avoided if the children were sent to CMTC and NRCs because they reported underweight at the time of birth.

- A major concern is that 58% death occurred at health facilities; they must be strengthened and provided with more advance facilities.

Suggestions

- There should be no discrepancy in the data.
- Health facilities should be strengthened.
- Vaccines should be provided as per the vaccination schedule.
- Need of proper management of Low Birth weight cases as the number of deaths by this cause is high.
- Need Doctors on every PHC & CHC


Thank you