

**Summer Training at
NHM, Kheda, Gujarat
(April 3 to June 2, 2017)**

Identifying the Gaps for Reducing Neonatal Mortality Rate

**By
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**Under the guidance of
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**MBA Hospital & Health Management
2016-2018**

 **IIHMR UNIVERSITY**
Institute of Health Management Research
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2017

CERTIFICATE

This is to certify that **Dr. Monika** has undergone summer training in **NHM Gujarat (Kheda District)** from **3rd April to 2nd June 2017**.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.



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**DISTRICT HEALTH OFFICE
KHEDA –NADIAD**

**KHEDA, DISTRICT PANCHAYAT, HEALTH BRANCH, NADIAD
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**To Whomsoever It May Concern
Training Certificate**

This is to certify that **Dr. Monika**, a student of Masters in Business Administration (Health and Hospital Management) batch 2016-2018 at IIHMR University Jaipur has undergone summer training in National Health Mission Gujarat, Kheda District (Nadiad Headquarters) from 3rd April 2017 to 2nd June 2017.

She has successfully completed her project work on “**Study and Identifying the Gap for Reducing Neonatal Mortality Rate**”. During the training, her conduct and behavior was very good. She has shown a responsive approach towards the assignments given to her. She has shown great promise by venturing beyond the scope of the subject syllabi.

We wish her all success in her academic endeavors and in life.

Date: 31/5/17
Place: Kheda



Ash Langhi
Chief District Health Officer
Kheda District Panchayat
Nadiad
Chief District Health Officer
District Kheda, Gujarat

ACKNOWLEDGEMENT

I have taken effort in this project; however it would not have been possible without the kind support and help of many individuals and organizations. I would like to extend my sincere thanks to all of them from NHM, kheda district, Gujarat.

In the beginning, I would like to acknowledge my sincere thanks to our institute, INSTITUTE OF HEALTH MANAGEMENT AND RESEARCH, Jaipur for providing me platform to gain enough knowledge and skills indifferent aspects of health management.

I am highly indebted to my mentor Dr. Anoop Khanna for their guidance and constant supervision as well as providing necessary information regarding the project and also for their support in project completion. I would like to express my gratitude towards my project coordinator (Dr. Kapadia) for the encouragement which helps me in completion of my project.

I would like to thank to supervisors and coordinators for giving me such attention and time at various stages of my project who have willingly helped me out with their abilities.

I would like to express my special thanks to my faculty member for giving me such a time and appreciations in developing the project with their abilities.

Last but not the least I would like to thank god and my beloved parents for their blessings for the successful completion of the summer training.

Thanking you

Dr. Monika

IIHMR University

Jaipur

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<u>ACRONYM</u>	<u>FULL FORM</u>
PIPs	PROGRAM IMPLEMENTATION PLANS

FHW	FEMALE HEALTH WORKER
CHA	CIVIL HOSPITAL AHMEDABAD
PHC	PRIMARY HEALTH CENTRE
SC	SUB CENTRE
BCG	BACILLUS CHALMETTE GUERIN
IFA	IRON FOLIC ACID
TT	TETANUS TOXOID
DPT	DIPHThERIA, PERTUSSIS AND TETANUS
IEC	INFORMATION EDUCATION COMMUNICATION
JSY	JANANI SURAKSHYA YOJANA
KPSY	KASTURBA POSHAN SAHAY YOJANA
JSSK	JANANI SHISHU SURAKSHYA KARYAKARAM
CMTC	CHILD MALNUTRITION TREATMENT CENTRE
IUD	INTRAUTERINE DEVICES
SAM	SEVERE ACUTE MALNUTRITION
NICU	NEW BORN INTENSIVE CARE UNIT
HBNC	HOME BASED NEW BORN CARE

OBSERVATIONAL LEARNING

ABOUT NHM

SECTION 1

THE NHM envisages achievement of universal accessibility to affordable, equitable and quality health care services that are accountable and responsive to people's needs.

Various Components of NHM

The NHM comprises of two sub-missions that are as follows:

- **The NRHM**
- **The NUHM**

1. The NRHM (NATIONAL RURAL HEALTH MISSION)

Under the NHM there is new initiative undertaken by the government of India i.e. The National rural health mission to address the health needs of the underserved rural areas by the Indian Prime Minister Manmoihan Singh in April 2005. Initially the National Rural Health Mission was tasked to address the health needs of 18 states that had been identifying with weak public health indicators.

1. THE NUHM (NATIONAL URBAN HEALTH MISSION)

The union cabinet beholds its decision on 1st may 2013 to approve the launch of NUHM as a submission of an overarching NHM, with National Rural Health Mission being the other submission of National Health Mission.

Outcomes for national health mission in 12th plan are synonymous with those of the 12th and are part of the overall vision. The endeavor would be to ensure achievement of those indicators. Specific goals for the states will be based on existing levels context and capacity. Process and outcome indicators will be developed to reflect efficiency, quality, equity and responsiveness. Targets for the communicable and NCDs will be set at state level based on epidemiological patterns and taking into account the financing available for each of these conditions.

NHM has five financing components:

- **PART A : NRHM + RCH Flexi Pool**
- **PART B : NUHM Flexi Pool**
- **PART C : Flexible Pool for communicable disease**
- **PART D : Flexible Pool for Non-communicable disease including Injury and Trauma**
- **PART E : Infra-structure Maintenance**

The main programmatic components include:

- Communicable and non- communicable diseases.
- Strengthening of health systems in rural and urban areas
- Reproductive-maternal-child and adolescent health (RMNCH+A)

GOALS of NHM

- Reduce maternal mortality rate to 70 per 100000 live births
- Reduce infant mortality rate to 25 per 1000 live births
- Reduce total fertility rate to 2.1
- Prevention and reduction of anemia in woman of age group 15-49 years.
- Prevent and reduce mortality and morbidity from communicable and non-combutable disease, injuries and emerging diseases.
- Reduce out of pocket expenditure on total healthcare expenditure.
- Reduce annual incidence and mortality from Tb by half.
- Reduce prevalence of leprosy to less than 1 per 10000 populations and incidence to zero in all districts.
- Annual malaria incidence to be less than 1 per 1000.

SECTION 2

MODE OF DATA COLLECTION:

Methodology

Study type- Descriptive study

Study Area- kheda district, Gujarat

Sample size- one year data (March 2016-april2017)

Sampling Technique- Random Sampling

Duration of Study-3rd April to 2nd June

SECTION 3

GENERAL FINDINGS ON LEARNING:

DESCRIPTION OF FIELD VISIT

1.CIVIL HOSPITAL, NADIAD

In Nadiad, Civil Hospital is a recognized name in patient care. It was incepted in the year 1976. They are one of the well-known Hospitals in Civil Hospital Road. Backed with a vision to offer the best in patient care and equipped with technologically advanced healthcare facilities, they are one of the upcoming names in the healthcare industry. Located in, this hospital is easily accessible by various means of transport. A team of well-trained medical staff, non-medical staff and experienced clinical technicians work round-the-clock to offer various services that include X-ray, Sonography



Fig: THE ENABLING ENVIRONMENT FOR SKILLED ATTENDANCE

SOURCE: FAMILY CARE INERNATIONAL AND THE SAFE MOTHERHOOD INERAGENCY GROUP, 2001

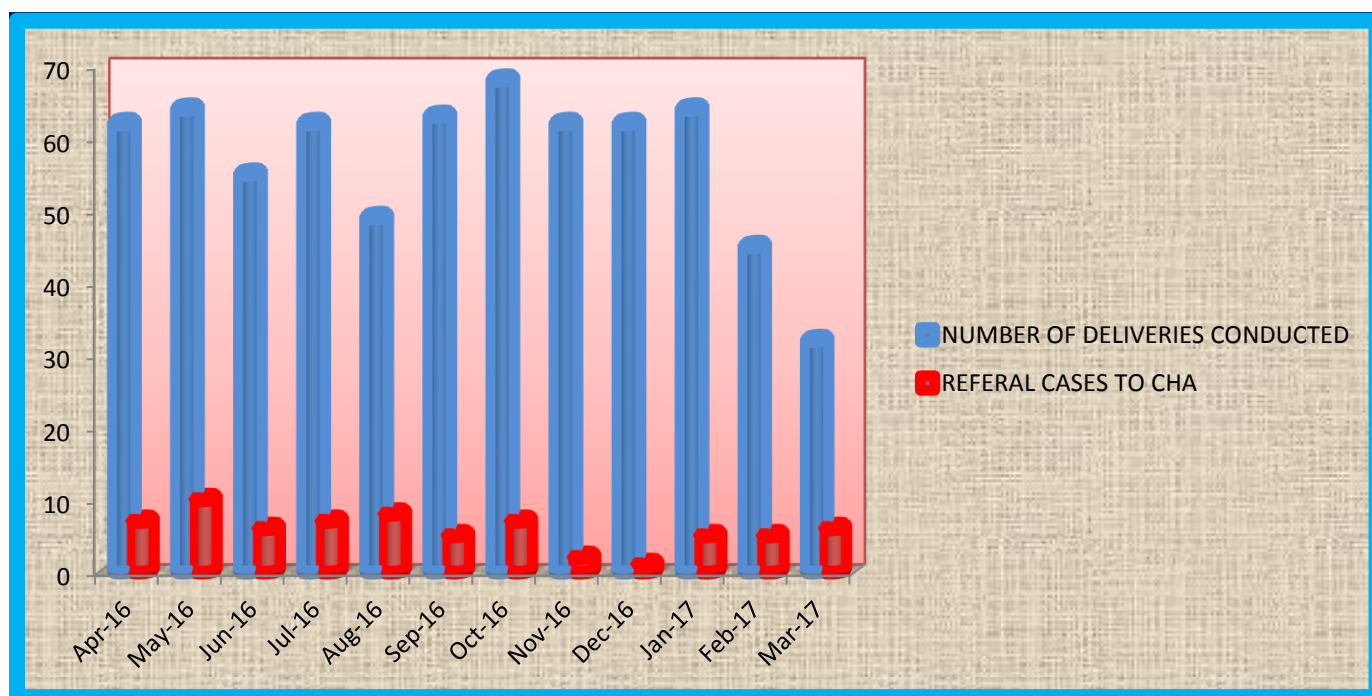
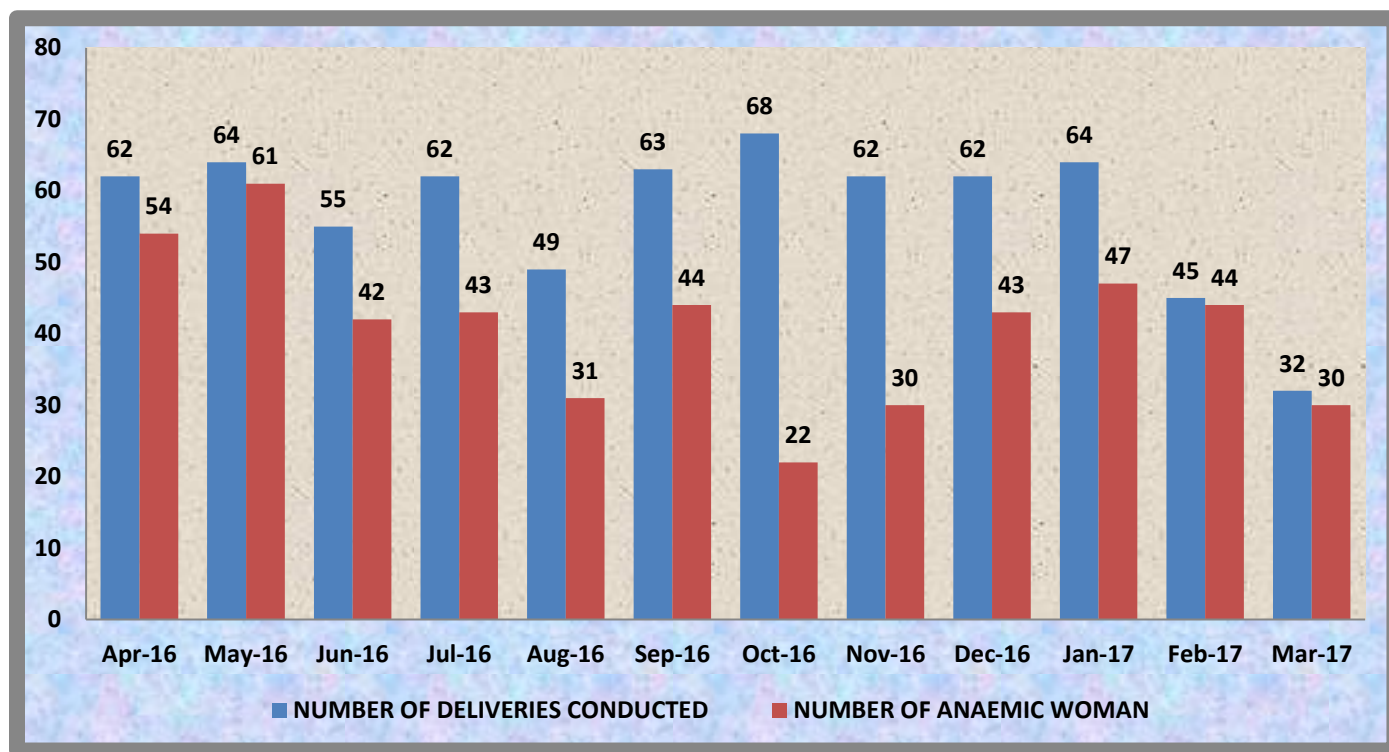
MATERNAL DATA

MONTHS	NUMBER OF DELIVERIES CONDUCTED	NUMBER OF HYPERTENSIVE WOMAN	NUMBER OF ANAEMIC WOMAN	REFERAL CASES TO CHA
APRIL 2016	62	0	54	7
MAY 2016	64	0	61	10
JUNE 2016	55	6	42	6
JULY 2016	62	0	43	7
AUG 2016	49	0	31	8
SEP 2016	63	4	44	5
OCT 2016	68	2	22	7
NOV 2016	62	0	30	2
DEC 2016	62	3	43	1
JAN 2017	64	4	47	5
FEB 2017	45	5	44	5
Mar 2017	32	9	30	6

REASONS FOR REFEFERAL to CHA:

- Lack of blood facility in case of severe anemic woman (Hb less than 7 gm).
- More postpartum Bleeding.
- Post-natal care for baby
- Convulsions
- Uterine collapse
- Severe anemia
- Cases for ANC with previous history of cesarean surgery.
- Edema and subarachnoid hemorrhage cases.

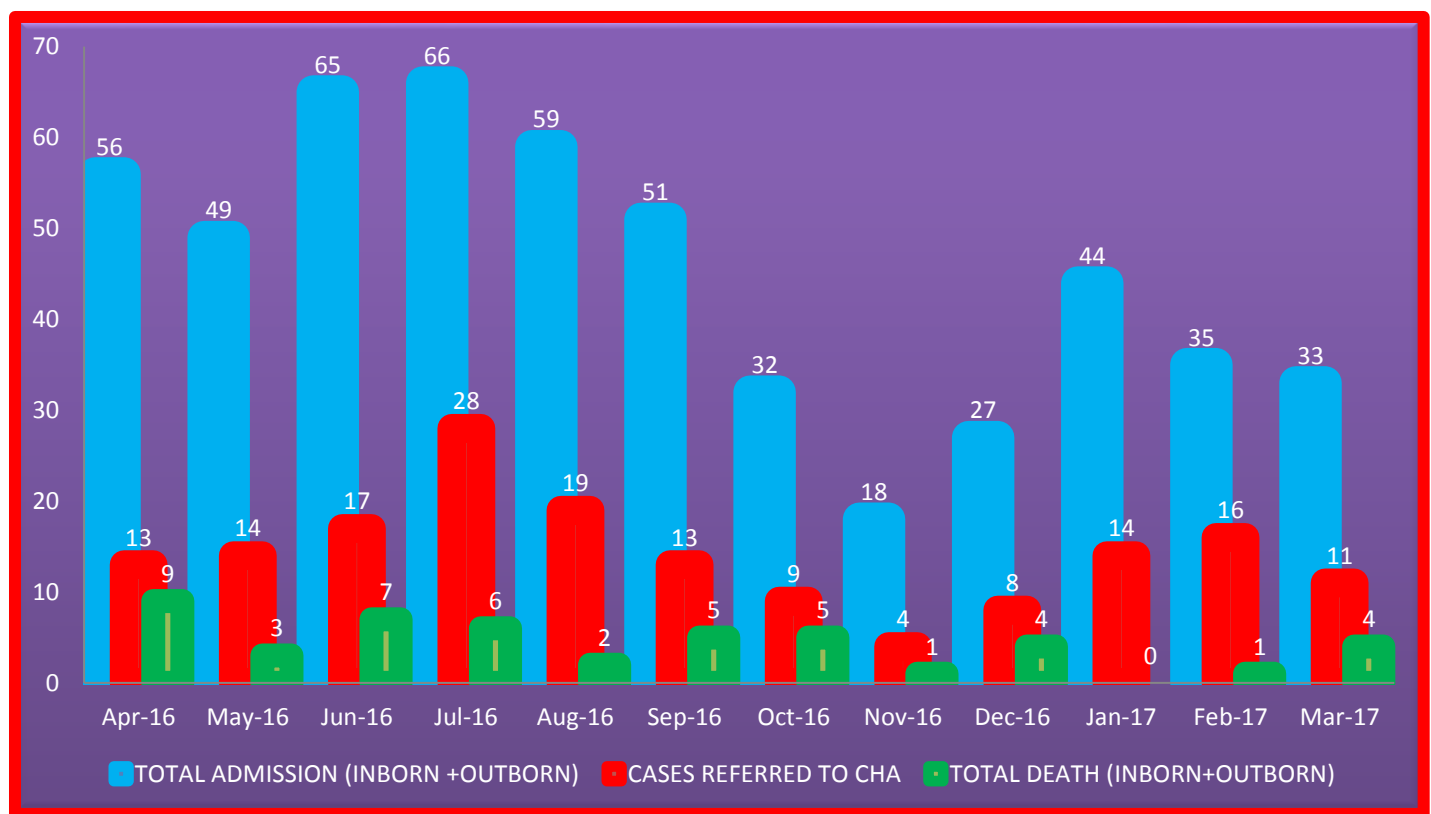
INFERENCE



PEDIATRIC DATA

MONTHS	TOTAL ADMISSION (INBORN +OUTBORN)	CASES REFERRED TO CHA	TOTAL DEATH (INBORN+OUTBORN)
APRIL 2016	56	13	9
MAY 2016	49	14	3
JUNE 2016	65	17	7
JULY 2016	66	28	6
AUG 2016	59	19	2
SEP 2016	51	13	5
OCT 2016	32	9	5
NOV 2016	18	4	1
DEC 2016	27	8	4
JAN 2017	44	14	0
FEB 2017	35	16	1
MARCH 2017	33	11	4

INFERENCE:



REASONS FOR REFERRAL:

According to data collected total 535 neonates admitted in civil hospital in Nadiad district out of this 166 new born are refer to CHA for special care

- Some of the neonates referred to CHA due to lack of blood facility in Nadiad district
- Lack of staff in civil hospital of Nadiad district (only 1 pediatrician)
- Limited beds in pediatric ward
- Some neonates had serious problems so refer to CHA such as follows
 - ✓ Birth asphyxia
 - ✓ Hypothermia
 - ✓ Pre-term baby
 - ✓ low birth weight baby
 - ✓ Respiratory distress syndrome
 - ✓ Septicemia

PHC YOGINAGAR



Medical officer on duty: Dr. Nayak

Population Covered: 24000

No of deliveries conducted: 375 (during 2016-17)

Early ANC visit =

1stANC visit = 92.47

2ndANC visit = 93.55

3rdANCvisit = 95.70

4thANCvisit = 87.10

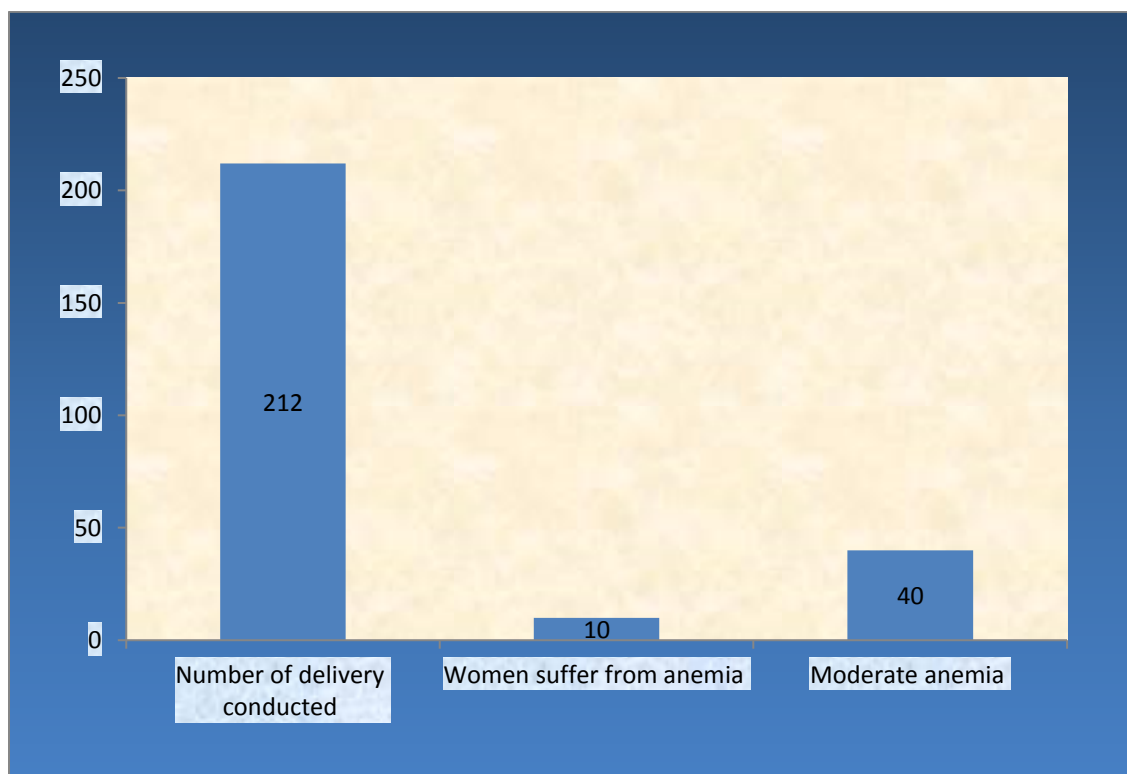
Number of delivery conducted =83.87

Abortion =7.53

1st PNC = 88.46

2nd PNC = 88.46

3rd PNC = 89.74



Live birth =76

Infant death =0

Low birth weight= 4

3 PHC, PIJ Village



Population covered: 24811

Medical officer on duty: Dr. Satyam

Number of sub Centre covered= 4

Number of delivery conducted =205 (during 2016-17)

Women suffer from anemia=10

Moderate anemia =40

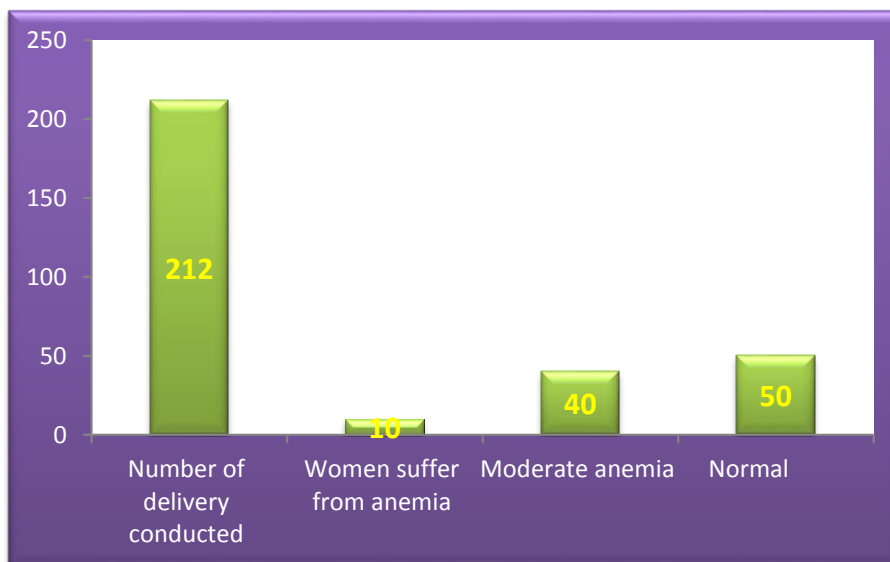
Normal = 50

Hypertensive = 4 per year

Pre-term baby = 4

Out of the delivery children having VLBW= 10 percent

And of the LBW are 20 percent this infant referred to civil hospital of Nadiad district for further care



Reasons for referral:

- Due to lack of facilities to manage low birth weight infant
- Due to social factor (patient preference for private instead of higher level of govt. hospital)
- Due to lack of caesarian facility.

Meeting with ASHA and Health Workers

Population covered = 24811(1000 per ASHA)

Facilitator for ASHA =1

Date and day of visit = 17th April 2017 and Monday

Every Monday there is MAMTA divas on every PHC

MAMTA DIVAS (VILLAGE HEALTH AND NUTRITION DAY)

It's organized once in a month at every PHC and SC on every Monday and Wednesday respectively / about 1000 population on fix day fix sight. All antenatal cases registered at PHC and SC on MAMTA divas. Every pregnant woman has to visit PHC or SC every month on Mamta divas. She is

- Weighed to assess her weight gain(nutrition status)
- Height
- Examined for any health complaint
- Blood pressure is measured
- Blood Hb% is tested
- Urine albumin and sugar tested

PROVIDED:

- Prophylactic therapeutic supplement IFA and Calcium
- Iodized salt for the family
- TT vaccine as per schedule.

COUNSELED her for her weight gain, Hb status, diet care and vaccination need, compliance for IFA and Calcium, institutional delivery, Chiranjeevi and JSY and care of the child immediately after birth.

DURING OUR VISIT VACCINATION RECEIPIENT:

Vaccination under ANC =4

Children Covered = 22

SUBCENTRE WATHAWALI



Population covered: 9000

FHW: 2 (1 per 5000 population)

Date and day of visit: 19 March 2017 and Wednesday

During our visit with ADHO there are

- Pregnant women for Ante Natal Care Visits
- Women for pregnancy testing (positive or negative)
- Mothers with their child for vaccination.

PREGNANT WOMEN FOR ANTE NATAL CARE VISITS:

On the day of visit to SC 8 women came for ANC visit with the ASHA. On her visit, she undergoes:

- Weight check up
- Height checkup
- PREGNANCY TEST
- Hb check up
- BP check up
- Vaccination according to MAMTA card

TABLETS GIVEN TO PREGNANT WOMEN

- Ferrous sulfate and folic acid
- Calcium

**MAMTA DIVAS
DAY**

WOMEN FOR PREGNANCY TESTING (POSITIVE OR NEGATIVE):

During our visit 2 women came with ASHA for pregnancy testing as their Last menstrual period is 1 month 10 days and 1 month 15 days respectively as described by them. After testing with Pregnancy kit (Nischay Program) a 5-min urine test with card, they got two purple lines one at 'C' and one at 'T' Showing that women is pregnant

As their test is positive according to the guidelines on utilization of pregnancy testing kits at Sub Centre and below by the department of Health and Family Welfare:

Woman wants to continue pregnancy: refer the client for ANC Registration and checkups

Woman wants to terminate pregnancy: refer to service provide for safe abortion services.

Both the women want to continue pregnancy so registration is done by FHW and Mamta Card is issued and other procedures done as follows

- Weight check up
- BP check up
- Hb check up
- First dosage of vaccination is given.
- Health education
- Follow up services

MOTHERS WITH THEIR CHILD FOR VACCINATION

10 mothers came with their child for the vaccination as per Mamta Card

Women do regular visits according to the date given on Mamta Card as they answered us during our visit or described by the FHW present there.

➤ Dosage given to the child

- Iron Syrup 1ml twice a week on Wednesday and Saturday
- DPT booster Vaccine
- Measles Vaccine
- BCG Vaccine
- Pentavalent VACCINE
- Polio drops
- PCM tablet given to avoid fever according to dose
- To prevent from anemia

➤ Other procedures

- Height check up
- Weight check up
- Diet counseling

PHC, SINHUJ



WORLD MALARIA DAY

Date and Day of Visit: 25 April, 2017 and Tuesday

Medical Officer on duty: Dr. Jinesha Chauhan

AYUSH (RBSK): Dr. Reena Dhahi

AYUSH (NRHM): Dr. Aarti Bhavasar

Population covered: 35307

Sub Centre covered: 8

Number of delivery conducted =53 (during 2016-17)

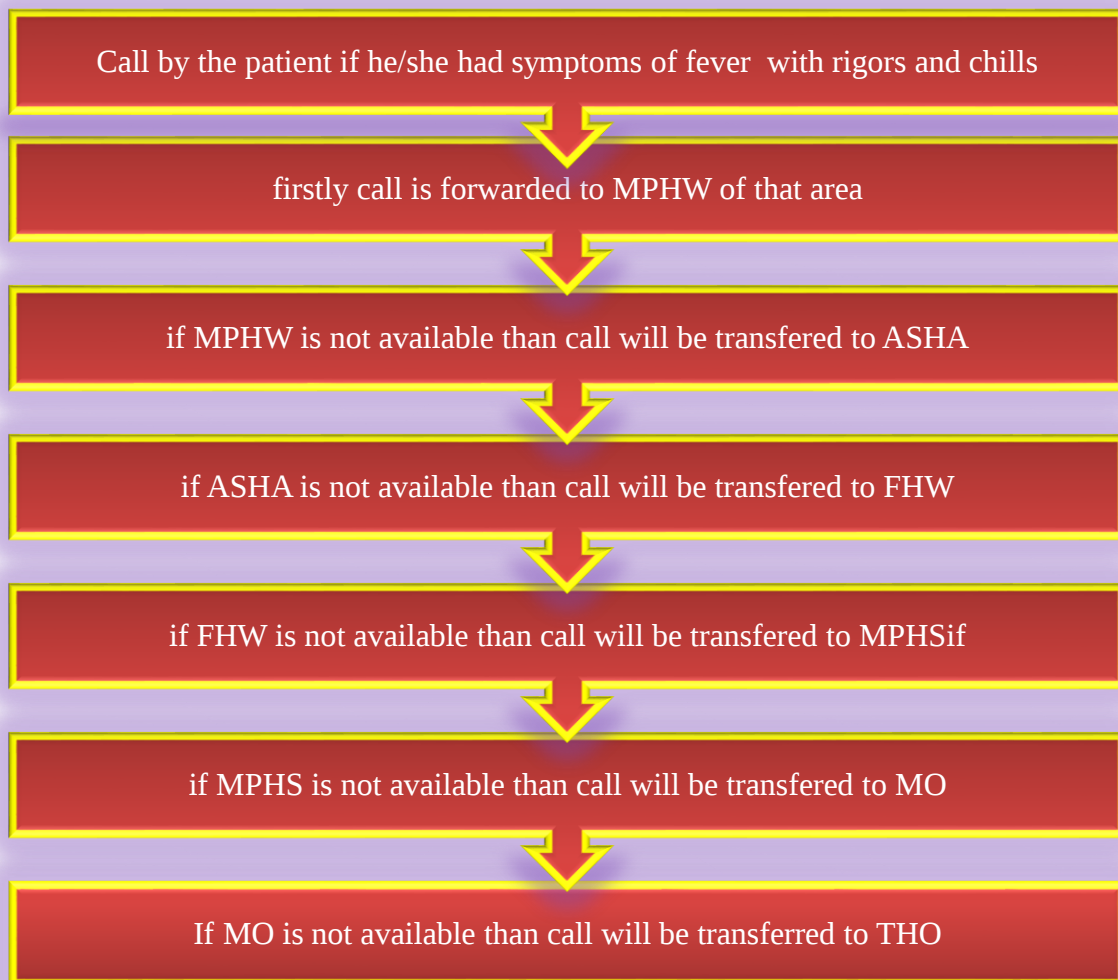
WORLD MALARIA DAY: According to the world malaria report 2016, in 2015, there were 212 million new cases of malaria and 429000 deaths. One child dies from malaria every two minutes.



Rally of ASHA is organized in Sinhuji PHC by the MO and passed through the whole village with IEC material to create awareness among villager regarding prevention of malaria.

During this rally ABAT solution is added in the closed water container or breeding areas of mosquitoes to prevent malaria. This is the step to prevent ANC from malaria to decrease the complications in newborns.

104 FEVER HELPLINE: To achieve the target of ‘malaria free Gujarat’ by 2022, 104 fever helpline to be launched by Gujarat govt. for quick detection and treatment of fever.



The available Health worker or officer will do the visit at home of the patient and collect the blood sample and give treatment at home.

MEETING WITH AYUSH (RBSK)

RBSK (Rashtriya BAL Swasthya Karyakaram) is new initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's i.e.

- **DEFECTS AT BIRTH**
- **DEFICIENCIES**
- **DISEASES**
- **DEVELOPMENT DELAYS INCLUDEING DISABILITY.**

0-6 YEARS Age group should be specifically managed at District Early Intervention Centre (DEIC) level while for 6-18 years age group, management of conditions should be done through existing public health facilities. DEIC will act as referral linkages for both the age groups.

- First level of screening is to be done at all delivery points through existing Medical officers, Staff Nurses and ANMs after 48hrs till 6 weeks the screening of newborns will be done by ASHA at home as a part of HBNC package.
- Outreach screening will be done by dedicated mobile block level teams for 6 weeks to 6 years at Anganwadi's Centre's and 6-18 years children at school.
- Once the child is screened and referred from any of these points of identification, it would be ensured that the necessary treatment /intervention are delivered at zero cost to the family.

BENEFICIARIES under RBSK

- ✓ Newborn up to 6 years Anganwadi's (AW) children
- ✓ Children up to 18 years of age enrolled in classes 1st to 12th in all schools (govt. and private schools)
- ✓ Non-school going children up to age of 14 yrs.
- ✓ Children / Juvenile home, Madrassa are also covered

**SELECTED HEALTH CONDITIONS FOR CHILD HEALTH SCREENING AND
EARLY INTERVENTION SERVICES.**

DEFECTS AT BIRTH

1. NEURAL TUBE DEFECT
2. DOWN'S SYNDROME
3. CLEFT LIP & PALATE /CLEFT
PALATE ALONE
4. TALIPES (CLUB FOOT)
5. DEVELOPMENTAL DYSPLASIA OF
THE HIP
6. CONGENITAL CTARACT
7. CONGENITAL DEAFNESS
8. CONGENITAL HEART DISEASES
9. RETINOPATHY OF PREMATURITY

DEFICIENCIES

10. ANAEMIA ESPECIALLY SEVERE
ANAEMIA
11. VITAMIN A DEFICIENCY (BITOT
SPOTS)
12. VITAMIN D DEFICIENCY
(RICKETS)
13. SEVERE ACUTE MALNUTRITION
14. GOITRE

DISEASES OF CHILDHOOD

15. SKIN CONDITIONS (SCSBIES,
FUNGAL INFECTION AND ECJEMA)
16. OTITIS MEDIA
17. RHEUMATIC HEART DISEASE
18. REACTIVE AIRWAY DISEASE
19. DENTAL CONDITIONS
20. CONVULSIVE DISORDERS

**DEVELOPMENTAL DELAYS AND
DISABILITIES**

21. VISION IMPAIRMENT
22. HEARING IMPAIRMENT
23. NEURO-MOTOR IMPAIRMENT
24. MOTOR DELAY
25. COGNETIVE DELAY
26. LANGUAGE DELAY
27. BEHAVIOR DISORDER(AUTISM)
28. LEARNING DISORDER
29. ATTENTION DEFICIT
HYPERACTIVITY DISORDER

30. CONGENITAL HYPOTHYROIDISM, SICKLE CELL ANEMIA, BETA
THALASSEMIA(OPTIONAL)

CHC, MAHMDABAD



Meeting with MEDICAL OFFICER: Dr. Purani

Total intrauterine deaths (IUD) as described: 18(2016-2017)

➤ **Reasons for IUD:**

- Premature baby
- Meconium aspiration
- very low birth weight baby (as less as 750gm)
- ANC visits are not regular

➤ **10% of total delivery cases are referred to civil hospital Nadiad and reasons for referral are:**

- Hypertension not treated previously and patient does not follow the treatment given and associated with other factors like proteinuria and long-standing edema.
- Eclampsia
- Previous history of caesarian section as no permanent Gynecologist.
- No blood storage facility
- Cardio respiratory compromise patient.
- Dietary advice not followed by the patient leads to non-curing of anemia.

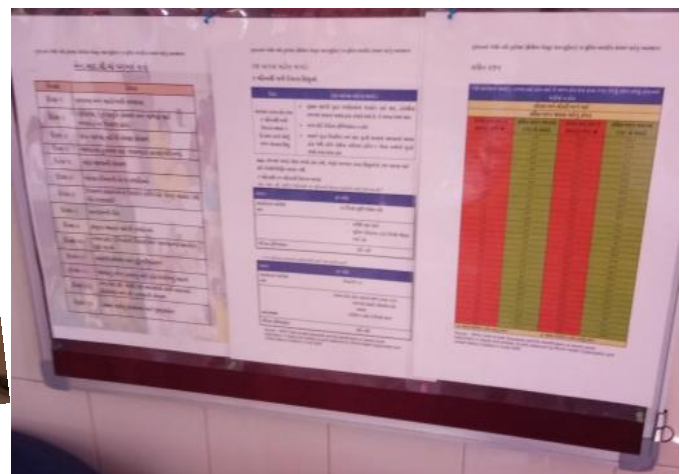
➤ **Other cultural factors:**

- Gender bias
- Girl child ignorance due to social stigma
- Illness of girl child is ignored as they are gift by God and cannot die.
- Do not touch the pregnant lady due to their cultural belief.

CHILD MALNUTRITION TREATMENT CENTRE

Child Malnutrition Treatment Centre (CMTc) provides nutritional therapy to severe malnourished children. Programmatically, it is helpful to categorize children with SAM into two cases i.e. complicated and uncomplicated based on the clinical criteria which is as follows

- Facility/hospital-based care for children with SAM and medical complications.
- Home/community-based care for children with SAM but without medical complications.



Diagnostic criteria for SEVERE ACUTE MALNUTRITION in children aged 6–60 months

Indicator	Measure	Cut-of
Severe wasting	Weight-for-height	< -3SD
Severe wasting	MUAC	< 115mm
Bilateral edema	Clinical sign	

Services provided at the facility: the services and care provided for the in-patient management of SAM children include:

- 24-hour care and monitoring of the child.
- Treatment of medical complications.
- Therapeutic feeding.
- Providing sensory stimulation and emotional care.
- Social assessment of the family to identify and address contributing factors.
- Counseling on appropriate feeding, care and hygiene.
- Demonstration and practice- by -doing on the preparation of energy dense child foods using locally available, culturally acceptable and affordable food items.
- Follow up of children discharged from the facility

SCREENING OF CHILDREN IN BAL SEWA KENDRA

a) All children attending OPD of CHC/PHC and referred to Bal Sewa Kendra shall be screened for

- ☐ Weight
- ☐ Height
- ☐ MUAC
- ☐ Weight/Age
- ☐ Weight/Height
- ☐ Clinical examination for infections (F IMNCI)
- ☐ Edema
- ☐ Anemia
- ☐ Vitamin. A deficiency

- Child from 1-3 categories along with one or more of the following conditions i.e.
- a. Infection (detected by a pediatrician or by MO as per FIMNCI protocol)
 - b. Pitting Edema on both legs or body,
 - b) Criteria for admission of child at Bal Sewa Kendra shall be
 1. Child with SAM, detected as ($<-3sd$) weight to height and or MUAC $<11.5cm$.
 2. Severely Underweight children (Red classification of WHO growth chart)
 3. Underweight child showing serious growth faltering (declining trend of growth line between two consecutives Measures)
 - c. Fails in Appetite test

MUAC: The mid upper arm circumference (MUAC) of children aged 6 – 59 months gives an indication of the degree of wasting and is a good predictor of mortality.

AFTER THE MEASUREMENT OF MUAC ACCORDING TO THE SET CRITERIA THE SCORE CATEGORIZE AS FOLLOWS:

MUAC SCORE	INDICATION
$<11.5cm$	Severe Acute Malnutrition
11.5 to 12.5cm	Moderate Malnutrition
$>12.5\text{ cm}$	Normal

PHC SALUN



Population covered: 38000

Medical officer on duty: Dr.Anjana Soni

Number of deliveries conducted: 566 per year

OBSERVATIONS:

- 1 Medical officer and 2 AYUSH doctor in PHC
- 24*7 PHC
- Separate sterilization room
- Bio-medical waste criteria are followed tie up with private company to collect the waste.
- CCTV cameras were installed.

CHC DAKOR

Population covered: 206725

Medical superintend on duty: Dr.A.K. WALA

Normal delivery conducted at CHC: 1631 (2016-17)

C-section conducted: 634 (2016-17)

Total delivery conducted: 2275

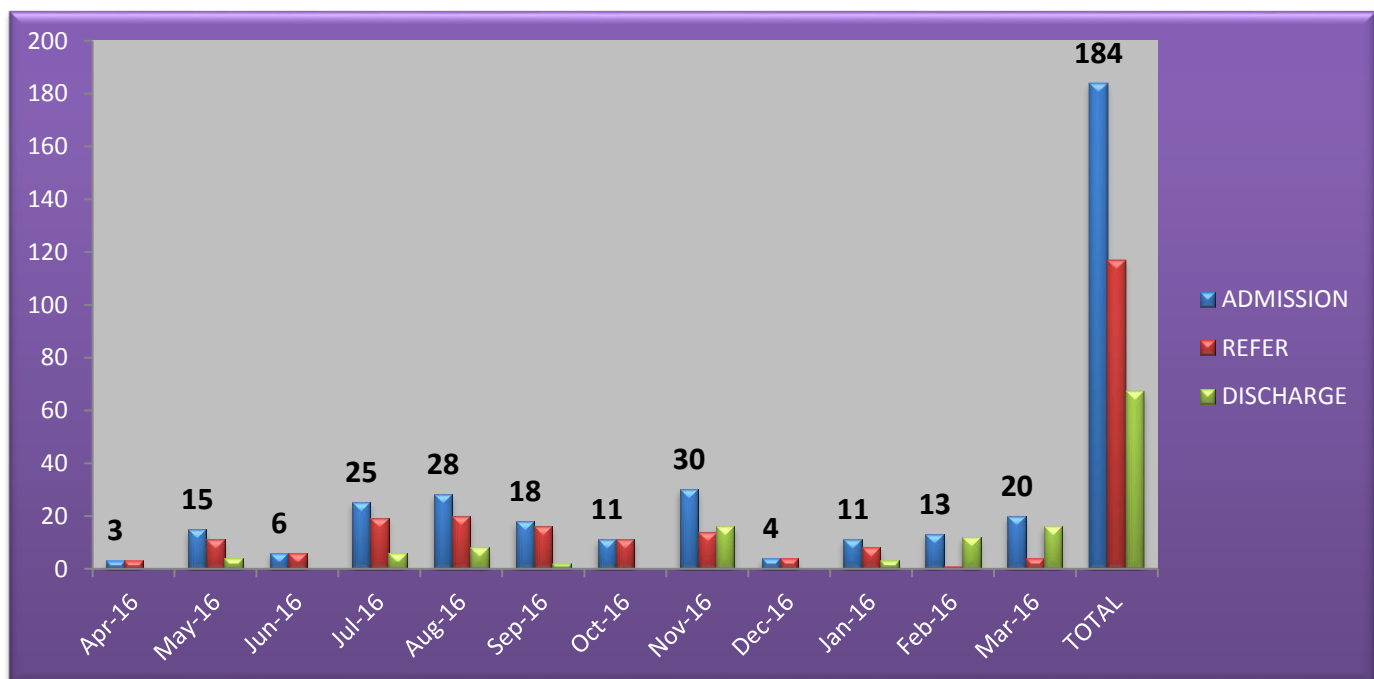
ANC registered: 8449 (2016-17).

STILL BIRTH: 25 (2016-17)

NEW BORN SPECIAL CARE:

<i>MONTHS</i>	<i>ADMISSION</i>	<i>REFER</i>	<i>DISCHARGE</i>
APRIL 2016	3	3	0
MAY 2016	15	11	4
JUNE 2016	6	6	0
JULY 2016	25	19	6
AUG 2016	28	20	8
SEP 2016	18	16	2
OCT 2016	11	11	0
NOV 2016	30	14	16
DEC 2016	4	4	0
JAN 2016	11	8	3
FEB 2016	13	1	12
MAR 2016	20	4	16
TOTAL	184	117	67

INFERENCE:



➤ **REASONS FOR REFERRAL:** According to available data total 184 neonates admitted to NBSC out of this 117 new born are referred to Civil Vadodara and Nadiad for special care due to:

- Lack of blood availability in CHC.
- Lack of non-availability of pediatrician in CHC. Some neonates had serious problems such as:
 - ✓ Birth asphyxia
 - ✓ Hypothermia
 - ✓ Pre-term baby
 - ✓ low birth weight baby
 - ✓ Respiratory distress syndrome
 - ✓ Septicemia

OBSERVATION:

- OPD was optimum. (per year 58580)
- Due to lack of pediatrician staff.
- ✓ Blood storage room is locked from last 2 months due to non-availability of blood.
- ✓ new born unit is there.

SECTION 4

CONCLUSION:

In spite of such programs like Mamta Divas, 104 helpline for fever and malaria and free medicines and treatments provided by the government, health of the population living in Kheda is not up to the mark. due to the following reasons:

- Lack of acceptance of the government program running in the Kheda district.
- Lack of staff in civil hospital, CHC.
- Lack of trust of the people on the government sector due to non-availability of the staff and blood facilities.

RECOMMENDATIONS:

- Gynecologist and pediatrician should be given enough incentives to hold them in government sector.
- Computer operator should be provided to every government health sector to keep the online data up to date.
- Government should focus on each visit of all the children having congenital abnormalities so that their parents attract towards government sectors.
- Online app should be there so that work done by FHW reach directly to the authority and drop out cases should be taken care of.
- Computer operator must be provided according to the workload of PHC and CHC.

PROJECT REPORT

RESEARCH TOPIC:

IDENTIFYING THE GAP FOR REDUCING NEONATAL MORTALITY RATE

SECTION 1

ABOUT THE TOPIC

NEONATAL MORTALITY

The first 28 days of life – the neonatal period – is the most vulnerable time for a child’s survival.

The worldwide neonatal mortality rate fell by 47 per cent between 1990 and 2015 from 36 to 19 deaths per 1,000 live births. Over the same period, the number of newborn babies who died within the first 28 days of life declined from 5.1 million to 2.7 million.

However, the decline in neonatal mortality in 1990–2015 has been slower than that of post-neonatal under-five mortality (1-59 months): 47 percent, compared with 58 percent globally.

Preterm birth and intrapartum-related complications are responsible for the majority of neonatal deaths

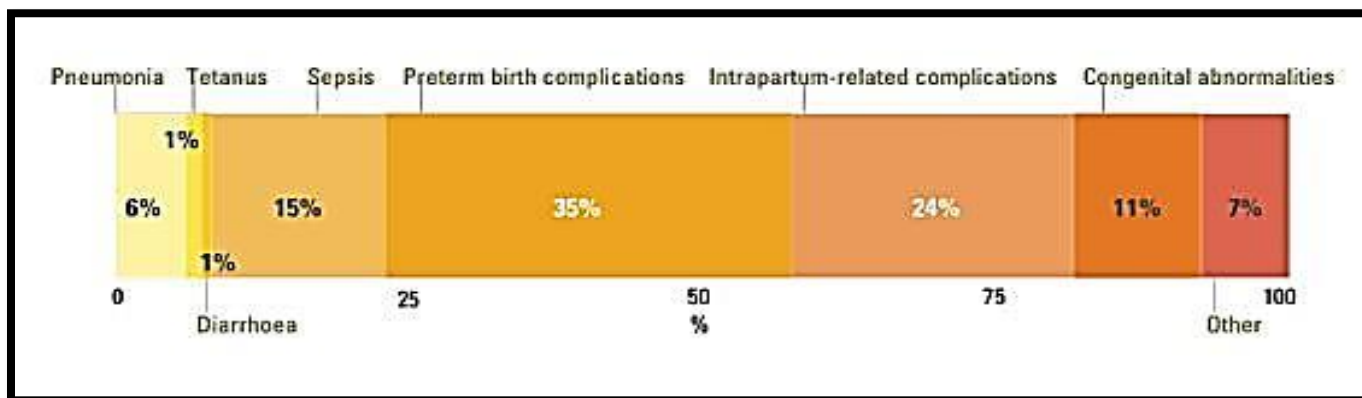
NEONATAL MORTALITY RATE: The number of neonatal deaths per 1000 live births in a calendar year.

A neonatal death is defined as a death during the first 28 days of life (0-28days).

$$= \frac{\text{Total number of neonatal deaths}}{\text{Total number of live births in a Calendar year}} * 1000$$

The NMR is often broken down into early and late mortality rates.

- **THE EARLY NEONATAL MORTALITY RATE:** The Number of Neonates Deaths in 0-7 Days in a calendar Year per 1000 Live Births.
- **THE LATE NEONATAL MORTALITY RATE:** Total Number of Neonates Death in 8-27 Days per 1000 Live Births Ina Calendar Year.



GOAL

- To identify the gaps for reducing the Neonatal Mortality Rate

OBJECTIVES

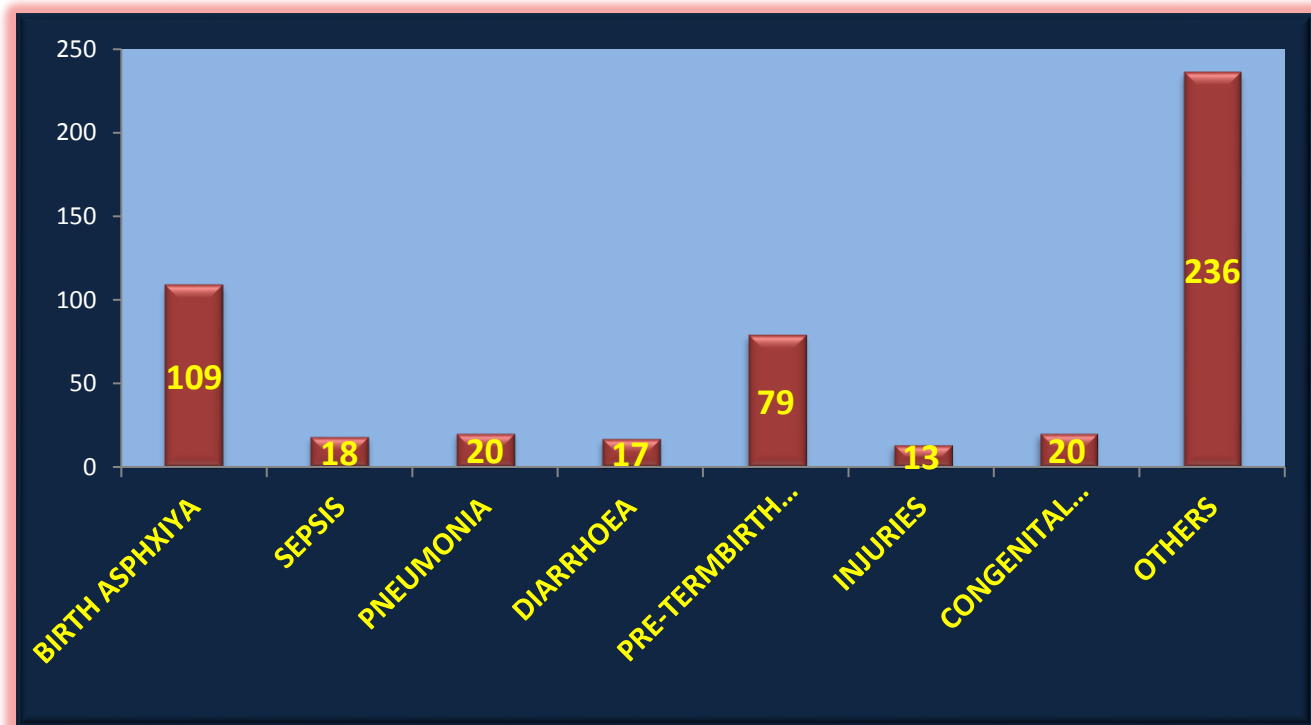
- To reduce the Neonatal Mortality Rate. By identifying the gaps in health services i.e.
 - ✓ Antenatal care
 - ✓ Institutional deliveries
 - ✓ Breast feeding
 - ✓ Prevent hypothermia
 - ✓ Prevention of sepsis
 - ✓ Care for low and very low birth weight babies.
 - ✓ Follow up by MO/ AYUSH
 - ✓ Follow up by FHW/ ASHA

ACCORDING TO THE REGISTERED DATA IN KHEDA DISTRICT, GUJARAT

MARCH 2016-April 2017										
LIVE BIRT H	STILL BIRT H	INFANT DEATH				MATERNAL DEATH				
		WITH IN 1 WEE K	1WEE K TO 1 MONT H	1M ON TH TO 1 YE AR	TOT AL	1YE AR TO 5 YEA R	DURING PREGNA NCY	DURING DELIEV ERY	WITHI N 6 WEEK OF DELIVE RY	TOT AL
46732	282	293	97	90	480	31	8	0	18	26

ASPHX IYA	SEPSI S	PNEUMON IA	DIARRHO EA	PRETERM BIRTH COMPLICATI ON	INJURI ES	CONGENIT AL DEFORMIT Y	OTH ERS
109	18	20	17	79	13	20	236

REASONS FOR DEATH OF NEONATES IN KHEDA DISTRICT, GUJARAT



IN
THIS

OTHERS INCLUDE LOW BIRTH WEIGHT NEONATES AND VERY LOW BIRTH WEIGHT NEONATES.

SECTION 2

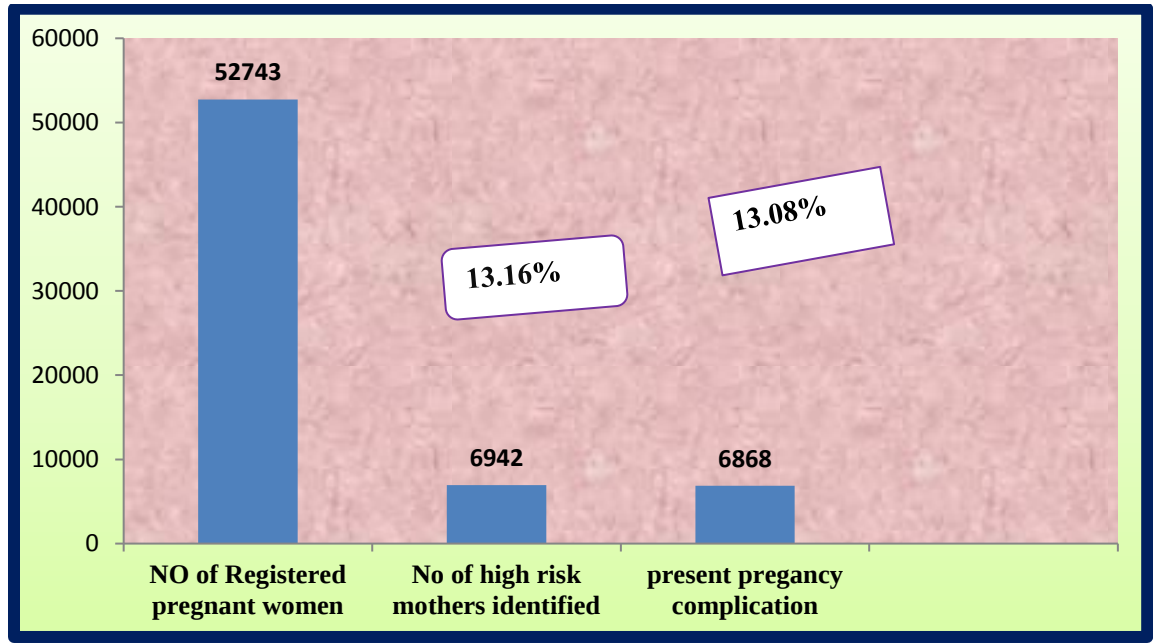
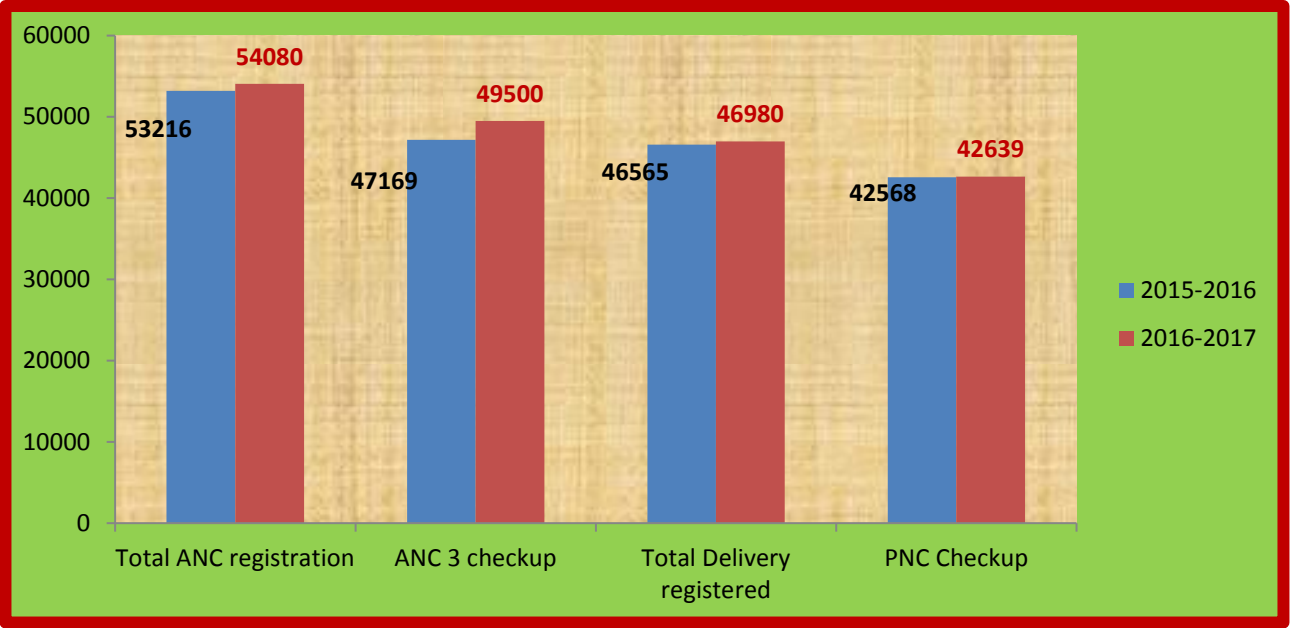
MODE OF DATA COLLECTION:

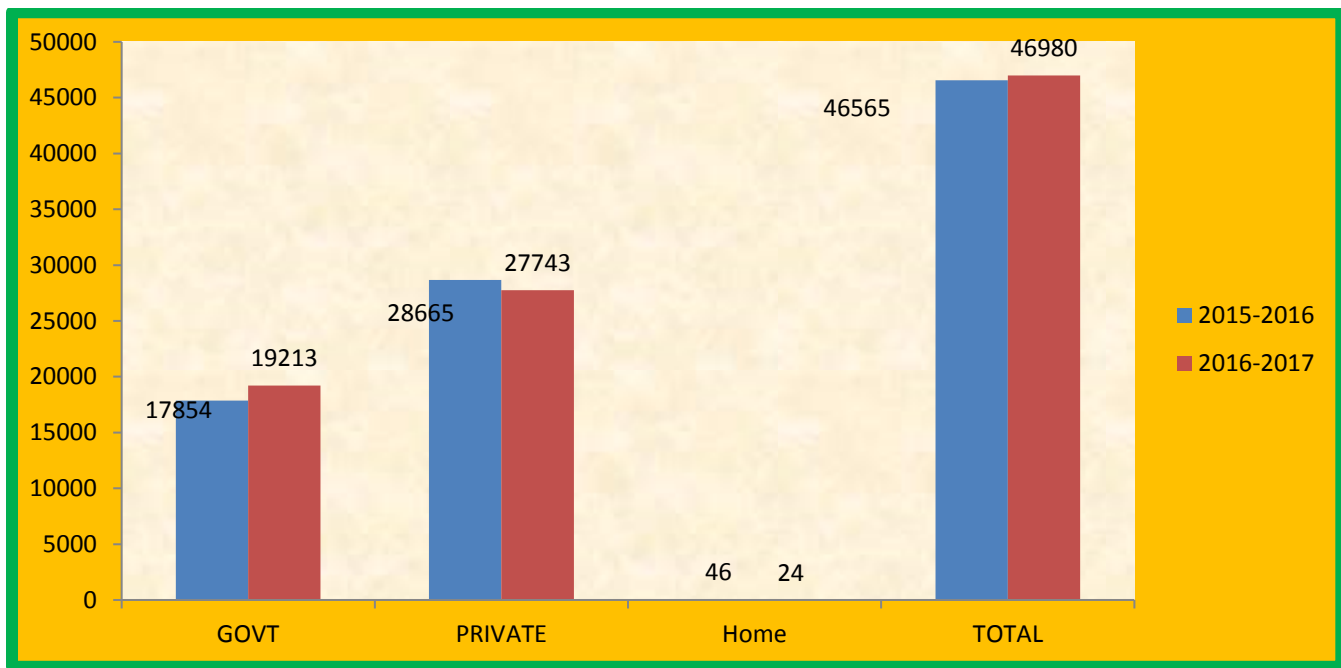
Secondary Data:

- Manual data recorded in Kheda district April 2016-March 2017
- In depth interview: with the Medical Officers, AYUSH, ASHA and FHW.

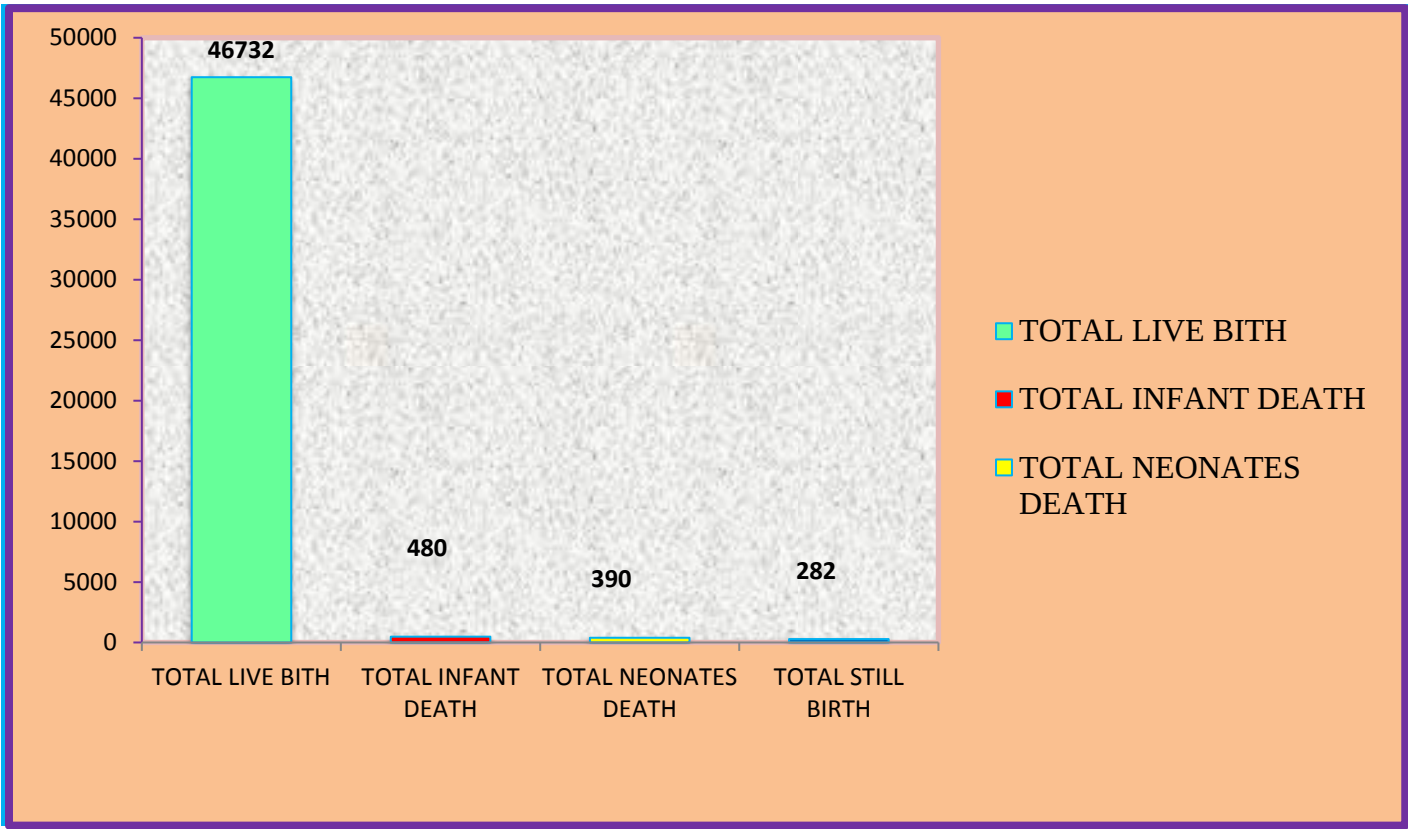
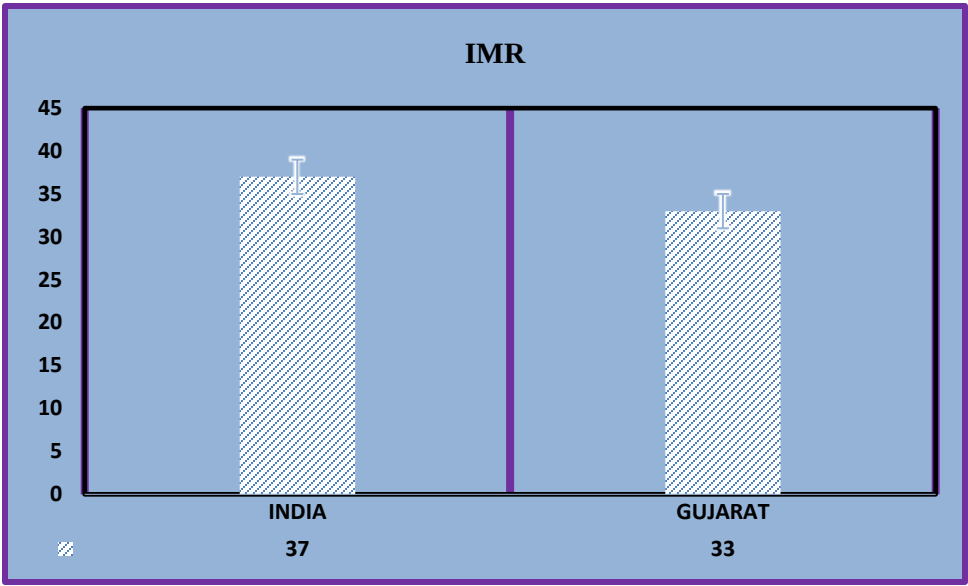
SECTION 3

ANALYSIS





Total ANC registered in 2016-2017 54080 out of which registered pregnancies are 52743, out of those registered 6942 are high risk mother and present pregnancy complications are 6868, so total deliveries are 46980 out of which 19213 deliveries were in govt. hospital.



TOTAL 46980 DELIEVERIES CONDUCTED IN THE NADIAD DISTRICT OUT OF WHICH 282 STILL BIRTHS AND TOTAL 480 INFANT DEATHS ARE REPORTED. OUT OF TOTAL INFANT DEATHS 390 ARE THE NEONATES. ACCORDING TO THIS IMR IS 10.27 AND NMR IS 8.34 THAT ARE TOO LOW. THIS IS DUE TO THE:

- UNDERREPORTING BY THE FHW DUE TO THEIR LACK OF KNOWLEDGE
- PRIVATE HOSPITAL DID NOT REPORT NEONATES DEATH HAPPENED IN THEIR HOSPITAL.

MAJOR GAPS IDENTIFIED

- NICU is there but full-time pediatrician is not there in CHC Dakor.
- Patients and medical equipment's are there but full-time gynecologist is not there in Civil Hospital.
- Blood storage bank is there but blood is not available in CHC Dakor so for this blood donation camp should be organized.
- Blood storage unit is not there in civil hospital Nadiad despite such a workload of deliveries and 87% women are anemic from total deliveries.



SECTION 4

RECOMMENDATIONS:

- Staff must be recruited according to the norms and workload in PHC, CHC, and civil hospital so that medical equipment's providing by the govt. should not be wasted otherwise it is wastage with scarcity.
- Increasing number of PHC and CHC is not the solution, available PHC, CHC must be fully functional like
- Medical officer in PHC and CHC should be aware of HBNC visits of ASHA.
- Incentives must be given to the staff (gynecologist, medical officer) according to their workload for the appreciation.
- Online system for the records of all the ANC should be STRENGTHENED so that their previous visits data can be traced anywhere because many women don't have their Mamta card during their admission to hospital for delivery.
- Online system for the reminder of next visits by calling on their registered phone number should be there to avoid drop outs in ANC visits and child immunization.
- Vaccination should be available for reducing pneumonia and diarrhea because pneumonia and diarrhea is one of the major causes in mortality.
- Regular Training of MO, AYUSH, FHW for NSSK (Navjat Shishu Suraksha Karyakaram) so we can prevent new born death.
- Strengthening of the HBNC visit by ASHA.
- Regular monitoring of all high-risk mothers and their new born.
- Regular meeting of the entire program at PHC, Taluka place and District place about Child death.

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