"To study the gaps and causes contributing to child mortality in rural Chhattisgarh using Verbal Autopsy tool"

State Health Resource Centre,Raipur (CG)

By-Meenakshi Agrawal

BACKGROUND-

SHRC is involved in state wide research study on child mortality to find the reasons behind child deaths occurring in rural areas of Chhattisgarh. It is important to find gaps behind these death and level at which these gaps are taking place (Family level, transportation level and facility levels), so that necessary improvement steps can be taken at related levels.

ASSIGENED WORK OBJECTIVES-

1. To identify the medical causes for neonatal and post-neonatal death.
2. To find the gaps at Community level.
3. To find the gaps at Facility level.

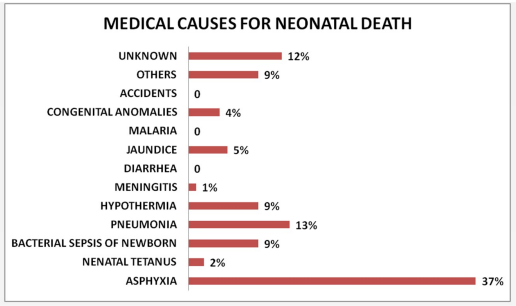
METHODOLOGY-

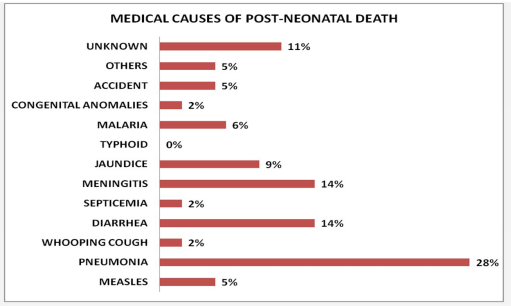
The data for the assignment was collected from October 2014 to December 2014. Data is collected at block level; three child death cases were randomly (chit system) selected every month for conducting household interviews. A predesigned questionnaire based on verbal autopsy is used for recording the chronological events of child death. Block surveyors are trained to conduct verbal autopsies and fill up this questionnaire. These questionnaires are then submitted to SHRC every month for further analysis. Discussion of each case with the surveyors at the SPS meetings for getting complete information about the case.

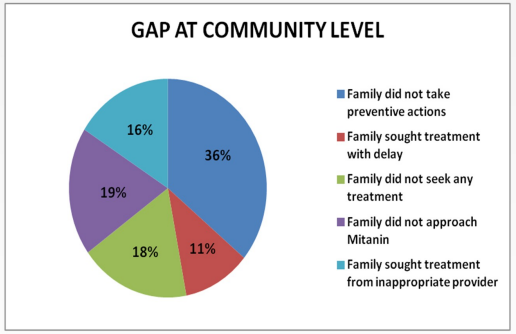
Analysis technique:

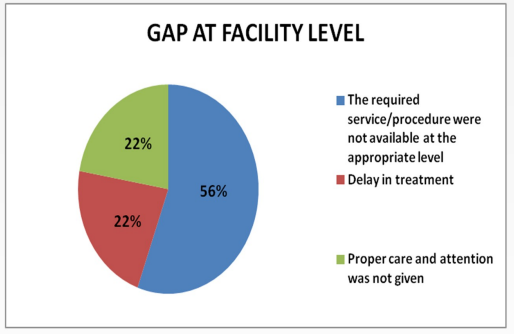
1)Checking every questionnaire for each case reviewed.
2)Segregate the case studies in neonates(0-42days) and post-neonates(42days-5years).
3)Assigning the most appropriate cause (s) of death based on WHO criteria for diagnosis.
4) Preparing summery for every case in local language (Hindi) after interpreting the gaps and levels at which these gaps took place in a prescribed format.
5)Quantitative analysis of these interpretations was done using MS Excel.

INTERPRETATIONS







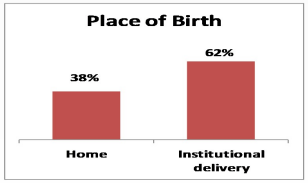


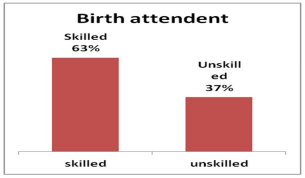
GENDER WISE DISTRIBUTION OF CHILDREN

	Neonates		Post-Neonates		Total	
	No.	%	No.	%	No.	%
Male	53	50%	32	65%	85	**55%**
Female	53	50%	17	35%	70	**45%**
Total	106	**68%**	49	**32%**	155	100%

RISK FACTORS CONTRIBUTING CHILD DEATH

RISK FACTOR	
NEONATES	
Low birth weight	22%
Preterm	4%
Low birth weight + Pre-term	12%
POST-NEONATES	
Severe malnurition	41%





SUGGESTIONS-

1)Government should appoint a statutory body for continuous auditing, monitoring and recommendations for priority diseases among children.
2)Introducing a non formal education system in form of cultural events to understand the disease process and difference between favorable and unfavorable health practices.
3)To promote the utilization of the schemes such as RSBY smart card scheme awareness creation programmes and information campaign should be organized with the help of local NGOs to make people aware about the scheme, their benefits and for assistance.
4)There needs to be emphasis on audit of care and outcomes as part of quality assurance program to ensure that all the medical and non-medical staff treats the patients with respect and empathy.