

**Summer Training at
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**ESTIMATION OF FACILITY BASED INFANT MORTALITY OF AN
EAG STATE RAJASTHAN: IS THERE ANY GENDER DIFFERENCE**

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**Government of Rajasthan
Department of Family Welfare and
National Health Mission, Swasthya Bhawan, Jaipur**

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CERTIFICATE

This is to certify that Dr. Charu Yadav student of Post Graduate Diploma in Hospital and Health Management (PGDHM-18thbatch), Institute of Health Management Research (IIHMR, Jaipur) has successfully completed her Summer Training Program at NRHM, Rajasthan from 01st April 2014 to 31st May 2014. She has worked under the guidance of SPM, NRHM on following assignments:

1. Projects on-
 - "Estimation Of Facility Based Infant Deaths Of An EAG State, Rajasthan; Is There any Gender Difference?"
 - "Gap Analysis Of New Born Stabilization Unit(NBSU), In The CHC's of Rajasthan"
2. Accomplished Given Task in maternal health department of Data Collection and analysis of gaps of Sub center Delivery Points of Rajasthan.
3. Report on functioning of sense center of 108 ambulance service at GVK-EMRI office, SHIFW, Jaipur, Rajasthan.
4. She has worked in SPM Unit and plan cell, maternal health-JSSY,JSK,MDR,-, child health, immunization, ISC-108ambulances,104-Medical Services and family planning department.
5. Carried out field visits on various health facilities of Banswara - District hospital, Sub-divisional hospital, and CHCs, PHCs and Aganwadi centre to enhance her knowledge.

She has been a sincere worker and a curious learner during the Summer Training Program. I extend him my good wishes for a bright and successful career ahead.


(Dr. Anuradha Aswal)
State Program Manager
NRHM, Rajasthan

ESTIMATION OF FACILITY BASED INFANT MORTALITY OF AN EAG STATE, RAJASTHAN:IS THERE ANY GENDER DIFFERENCE?

INTRODUCTION-

In India, the high levels of fertility and mortality is contributed mostly by a group of States now termed as Empowered Action Group (EAG) States, formerly referred to as BIMARU States. These eight states are Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Orissa and Rajasthan. These eight States constitute 46 percent of the total population of India and account for 59 percent of the total poor in India.

EAG States alone contribute to more than half (55 percent) of the estimated live births, two-thirds of infant deaths (66 percent) and eight out of ten maternal death (80 percent) in India. Rajasthan belongs to this group of states. Considering the fact that most of population and health indicators is at a low level in the state, it has been considered as a High Focus State under the National Rural Health Mission (NRHM:2005-2012). In 2008, the IMR was 53/1,000 live births. Eight states contribute to 75 per cent of infant mortality: Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Andhra Pradesh, Orissa, Gujarat and Assam

LEVELS OF EAG STATES IN IMR ACCORDING TO AHS(2010-2011)-

<u>STATE</u>	<u>RANK IN IMR, AHS(2010-2011)</u>
Assam	4
Bihar	6
Chhattisgarh	7
Jharkhand	9
Madhya Pradesh	2
Orissa	3
Rajasthan	5
Uttar Pradesh	1
Uttarakhand	8

INDIA's INFANT MORTALITY

- Stillbirth rate per 1,000 total births (2009) [2]- 22
- Neonatal mortality rate per 1,000 live births (2012)[3]- 30.9
- Infant mortality rate per 1,000 live births (2012) [3]- 43.8

Infant Mortality Rate (IMR): The IMR, according to SRS 2010 at national level was

47 per 1000 live births in 2010 as compared to 50 in 2009. The IMR has shown a steady decline from 129 deaths per 1000 live births in 1971 to the current level. The IMR is higher in respect of Female (49) as compared to Male (46). IMR is also higher in rural areas (51 per 1000 live births) as compared to urban areas (31 per 1000 live births) during 2010. The IMR varied very widely across the states; Kerala with an IMR of 13 is the best performing state among the bigger States in the country

Yearly child mortality rates in India have fallen between 1·7% and 2·3% in the past two decades. Despite this decrease, the United Nations (UN) estimates that about 2·35 million children died in India in 2005. This figure corresponds to more than 20% of all deaths in children younger than 5 years worldwide, which is more than in any other country.^{1,3} More than three-fifths of all 2·3 million child deaths in India in 2005 were from five causes: pneumonia, prematurity and low birthweight, diarrhoeal diseases, neonatal infections, and birth asphyxia and birth trauma

RAJASTHAN Infant Mortality Indicators-

- Infant Mortality Rate- 49(SRS-september 2013)
- Infant Mortality Rate- 55/1000 live births.
- Neonatal mortality rate -37
(AHS-2012-2013)-

Rajasthan Infant mortality rate according to AHS(2012-2013)- District Wise

ANNUAL HEALTH SURVEY(2012-2013)		
S.NO.	District hospital name	IMR
1	District: Kota	36
2	District: Hanumangarh	45
3	District: Jodhpur	46
4	District: Bikaner	47
5	District: Churu(ratangarh)	48
6	District: Jhunjhunu	48
7	District: Bharatpur	49
8	District: Ajmer nasirabad	50
9	District: Jaipur I	50
10	District: Jaisalmer	50
11	District: Sikar	50
12	District: Alwar	52
13	District: Nagaur	52
14	ganganagar	52
15	District: Dausa	53
16	District: Pali	54
17	District: Baran	55
18	District: Banswara	57
19	District: Tonk	57
20	District: Dholpur	58
21	District: Rajsamand	59
22	District: Chittorgarh	63
23	District: Jhalawar	63

24	District: Bhilwara	64
25	District: Karauli	69
26	District: Jalore	72

According to the study “Causes of neonatal and child mortality in India: a nationally representative mortality survey”(5)-

- . 5 causes account for nearly two-thirds of all 2.3 M(23 lakhs) child deaths in India
 - a. 3 causes account for 80% of the 1 M (10 lakhs) deaths in the first month of life:
 - i. prematurity and low birth weight
 - ii. neonatal infections
 - iii. birth asphyxia and birth trauma
 - b. 2 causes account for 50% of the 1.3 M (13 lakhs) deaths at ages 1–59 months:
 - i. pneumonia
 - ii. diarrhoea

About 70 per cent of the childhood under-five is caused by perinatal conditions (33.1 per cent), respiratory infections (22 per cent) and diarrhea (13.8 per cent). Malnutrition is an underlying cause responsible for about one third of all deaths in childhood.lth indicators

TERMINOLOGY-

1. **Infant death** is the death of a child less than one year of age.
2. **Neonate death** is the death of a child within 28 days of birth.
3. **Still birth**-It is a baby born with no signs of life at or after 28 weeks' gestation.

The major causes of stillbirth include:

- childbirth complications
- maternal infections in pregnancy
- maternal disorders (especially hypertension and diabetes)
- fetal growth restriction
- Congenital abnormalities.
- Almost half of stillbirths occur happen when the woman is in labour.

(WHO)

4. **Asphyxia** means lack of oxygen. Birth asphyxia happens when a baby's brain and other organs do not get enough oxygen before, during or right after birth. This can happen without anyone knowing. Without oxygen, cells cannot work properly. Waste products (acids) build up in the cells and cause temporary or permanent damage.

Birth asphyxia occurs in about four of every 1,000 full-term births. It may be even more common when babies are born prematurely.

5. **Low birth weight** is the child born with weight less than 2.5kg.

6. **Prematurity** is a term for the broad category of neonates born at less than 37 weeks' gestation . Also called preterm babies. (<http://emedicine.medscape.com/article/975909-overview>), AND(WHO)

RESESRCH QUESTION-

1. What is the status of infant death in the district hospitals of rajasthan?
2. Is there any gender difference?

OBJECTIVES-

- To analyze the infant death proportion in 27 district of Rajasthan through financial year 2012-2014.
- To analyze the still birth proportion in district hospitals.
- To analyze the infant death proportion according to gender.
- To analyze the causes of death in different district hospital.
- To analyze the district hospital proportion out of the total district data on Total births live births, still births and infant deaths,

METHODOLOGY-

Study design- Cross sectional descriptive study.

Study area- 26 District hospitals of Rajasthan.

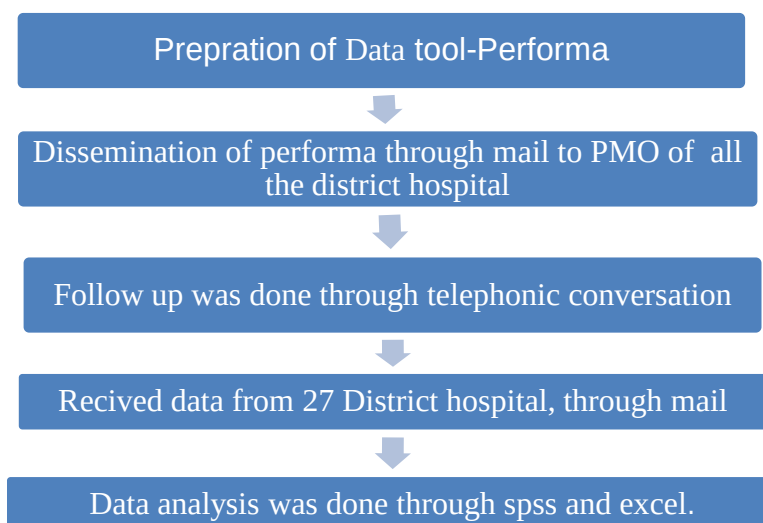
Study population- infants (0-1yrs) born or admitted in the facility through 27 districts.

Sampling- Total 33 district hospitals of Rajasthan was contacted, through mail, out of which 26 responded

Data Collection-

Collection, compilation and analysis of primary and secondary data

A Proforma was made and it was sent by Email, through the mail ID of project director child health, NRHM Rajasthan, to the Principal Medical Officers (PMO) of all the district hospitals and follow up was done through telephonic conversation, to obtain the data on infant deaths in financial year (2013-2014) in the facilities. Mail was sent to all the 33 district hospitals, out of which 27 DISTRICT HOSPITAL responded, and the data of those facilities was analyzed through excel and spss PREGNANCY CHILD TRACKING AND HEALTH SERVICES MANAGEMENT SYSTEM (PCTS) was also used to take district data and to analyze the district hospital share of infant deaths. SRS and AHS data were also used and relate it with the analysed data.



DATA ANALYSIS-

The collected Data was then analyzed through excel and spss. Following formulas were used to do the analysis and comparisons within the states. After that charts, tables, and graphs were made.

FORMULAS USED-

Infant Death Percentage=
$$\frac{\text{No Of Infant Died} \times 100}{\text{No Of Births}}$$
 Neonate Death Percentage=
$$\frac{\text{No Of Neonate Death} \times 100}{\text{No. Of Births}}$$
 Low Birth Weight Born Infant Percentage=
$$\frac{\text{No Of Infant Born With Lbw} \times 100}{\text{No Of Live Birth}}$$
 Infant Death Due To Low Birth Weight=
$$\frac{\text{No Of Infant Died Due To Lbw} \times 100}{\text{Total Infant Born With LBW}}$$
 Pneumonias Infant Death Percentage=
$$\frac{\text{Total Deaths Due To Pneumonia} \times 100}{\text{Total Infant Deaths}}$$
 Septicemias Infant Death Percentage=
$$\frac{\text{Total Deaths Due To Septicemia} \times 100}{\text{Total Infant Deaths}}$$
 Low Birth Weight Infant Death Percentage=
$$\frac{\text{Total Deaths Due To Low Birth Weight} \times 100}{\text{Total Infant Deaths}}$$
 Prematurity Infant Death Percentage=
$$\frac{\text{Total Deaths Due To Prematurity} \times 100}{\text{Total Infant Deaths}}$$
 Hypothermia Infant Death Percentage=
$$\frac{\text{Total Deaths Due T0 Hypothermia} \times 100}{\text{Total Infant Deaths}}$$
 Jaundice Infant Death Percentage=
$$\frac{\text{Total Deaths Due To Jaundice} \times 100}{\text{Total Infant Deaths}}$$
 Total Still Birth Percentage=
$$\frac{\text{No Of Still Births} \times 100}{\text{Total Births}}$$
 Male Still Birth Percentage=
$$\frac{\text{No Of Male Still Births} \times 100}{\text{Total Births}}$$
 Female Still Birth Percentage=
$$\frac{\text{No Of Female Still Births} \times 100}{\text{Total Births}}$$

Findings-

- There were 2,00,079 total births in 27 district hospitals of Rajasthan, out of which 52% are male and 48% are female, in the study.
- Total live birth was 196109, out of which 55% are male and 45% are female.
- Still birth was calculated for 26 districts, Still Births were 3970 out of which 53% are male and 47% are female. Still birth accounted about 2.1% of total live births OF 26 districts.

INFANT DEATHS-

It was found in the study, that Sikar district hospital had highest proportion of infant death followed by Hanumangarh district hospital, and there was no infant death in Jaipur district hospital in last financial year 2013-2014, followed by Bikaner district hospital (0.1%) and then Jodhpur district hospital (.2%) of deaths. (table-1)

NEONATE DEATHS-

In the study it was found that Hanumangarh district hospital had highest proportion of neonate deaths, followed by Sikar district hospital.

Table below shows infant death percentage and on the basis of that percentage, district hospital have been categorized-

Table1-PERCENTAGE OF INFANT DIED IN THE DISTRICT HOSPITAL

S.No.	District Hospital Name	Male	Female	Total Infant Death Percentage
1	District: Jaipur I	0.0	0.0	0.0
2	District: Bikaner	0.0	0.3	0.1
3	District: Jalore	0.1	0.1	0.1
4	District: Jodhpur	0.1	0.2	0.2
5	District: Bharatpur	0.2	0.0	0.2
6	District: Ajmer nasirabad	0.2	0.0	0.2
7	District: Rajsamand	0.3	0.3	0.3
8	District: Nagaur	0.6	0.3	0.5
9	District: Churu (ratangarh)	0.6	0.8	0.7

10	District: Banswara	0.7	1.1	0.7
11	District: Dausa	0.7	0.6	0.7
12	District: Pratapgarh	0.7	0.6	0.9
13	District: Karauli	0.9	1.2	0.9
14	District: Jhunjhunu	0.9	1.3	1.0
15	District: Jhalawar	1.0	0.9	1.1
16	District: Baran	1.1	1.3	1.2
17	District: Tonk	1.1	1.3	1.2
18	District: Kota	1.2	1.8	1.2
19	ganganagar	1.3	1.1	1.1
20	District: Dholpur	1.4	1.8	1.3
21	District: Alwar	1.4	1.1	1.3
22	District: Pali	1.7	1.0	1.5
23	District: Jaisalmer	2.3	0.0	1.6
24	District: Bhilwara	2.3	2.4	2.4
25	District: Chittorgarh	2.6	2.3	2.3
26	District: Hanumangarh	2.6	2.4	2.5
27	District: Sikar	2.7	2.6	2.6

Graph-1

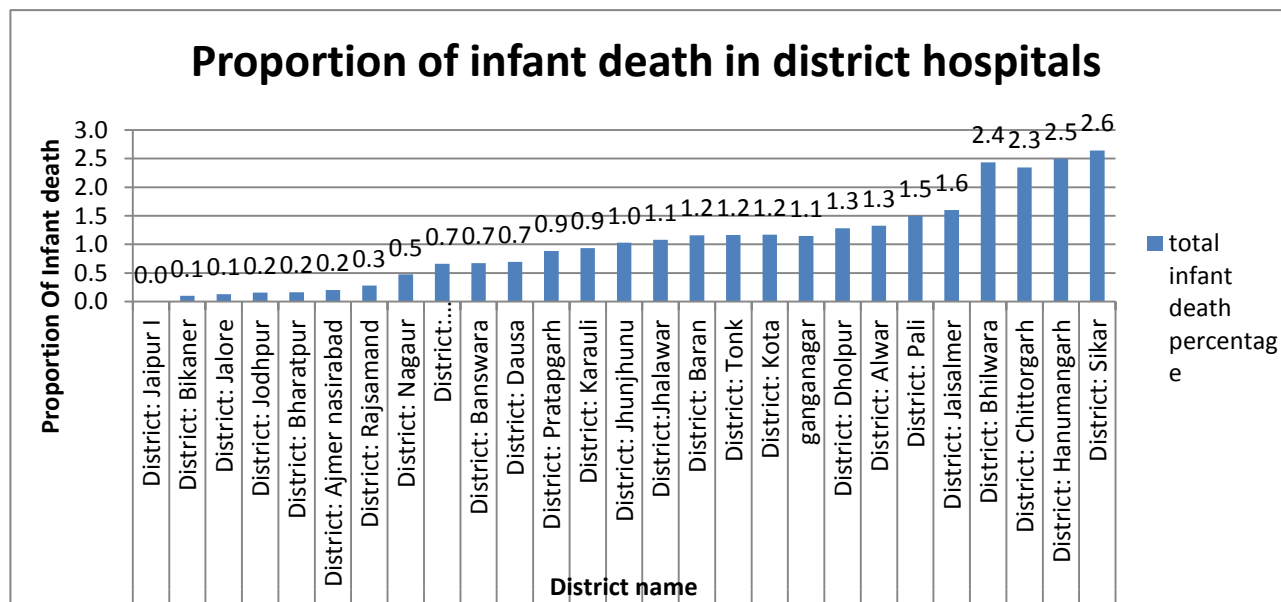
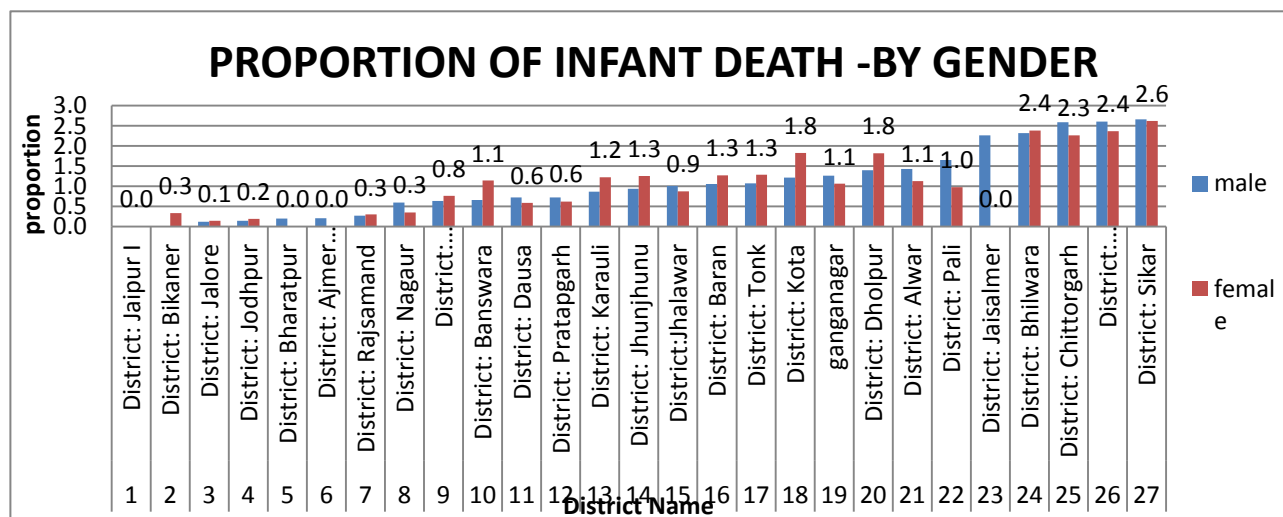


Table -2DISTRICT WITH MORE FEMALE INFANT DEATH PERCENTAGE THAN MALE-

District Where Female Infant Proportion Was More Than Male	Bikaner, Jodhpur, churu, jhunjhunu, baran, tonk dholpur, bhilwara, banswara.
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Graph-2



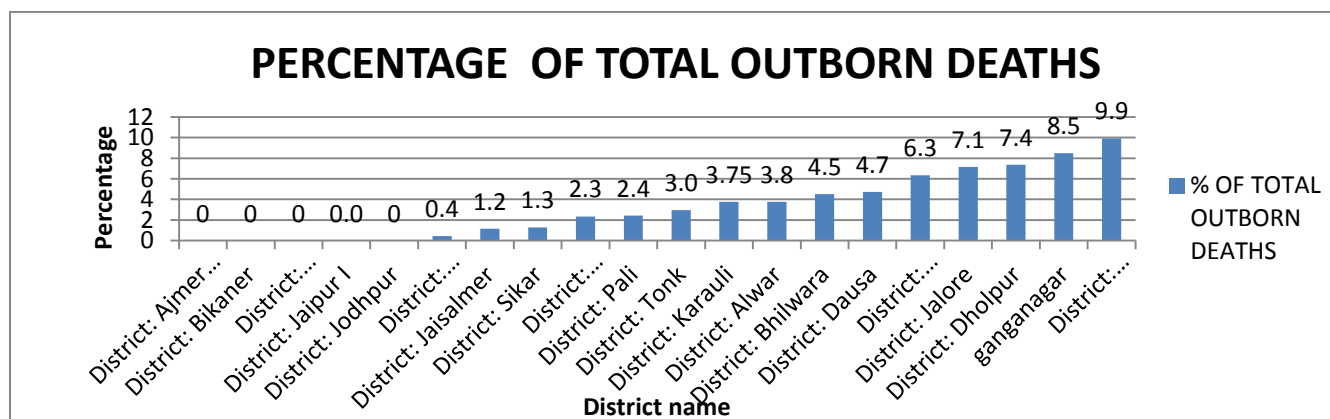
OUTBORN INFANT DEATHS IN THE DISTRICT HOSPITALS OF RAJASTHAN-

Table- 3 OUTBORN DEATHS-

S.NO	DISTRICT HOSPITAL NAME	PROPORTION OF TOTAL OUTBORN DEATHS
1	District: Ajmer nasirabad	0
2	District: Bikaner	0
3	District: Churu(ratangarh)	0
4	District: Jaipur I	0.0
5	District: Jodhpur	0
6	District: Rajsamand	0.4
7	District: Jaisalmer	1.2
8	District: Sikar	1.3
9	District: Pratapgarh	2.3
10	District: Pali	2.4
11	District: Tonk	3.0
12	District: Karauli	3.75

13	District: Alwar	3.8
14	District: Bhilwara	4.5
15	District: Dausa	4.7
16	District: Hanumangarh	6.3
17	District: Jalore	7.1
18	District: Dholpur	7.4
19	ganganagar	8.5
20	District: Jhunjhunu	9.9

Graph-3



STILL BIRTHS IN THE DISTRICT HOSPITALS OF THE RAJASTHAN-

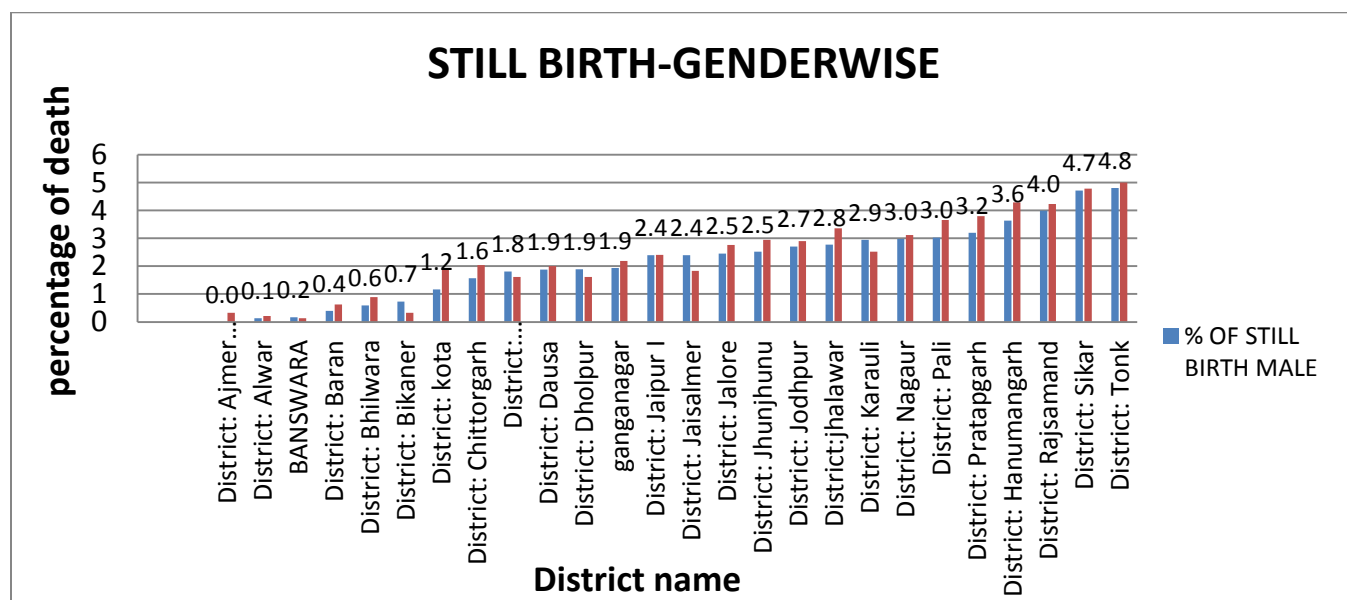
In the study it was found that banswara district hospital had highest proportion of neonate deaths, followed by jodhpur district hospital. lowest proportion of still birth in jhunjhunu followed by ganganagar and hanumangarh was found.

TABLE-4 -

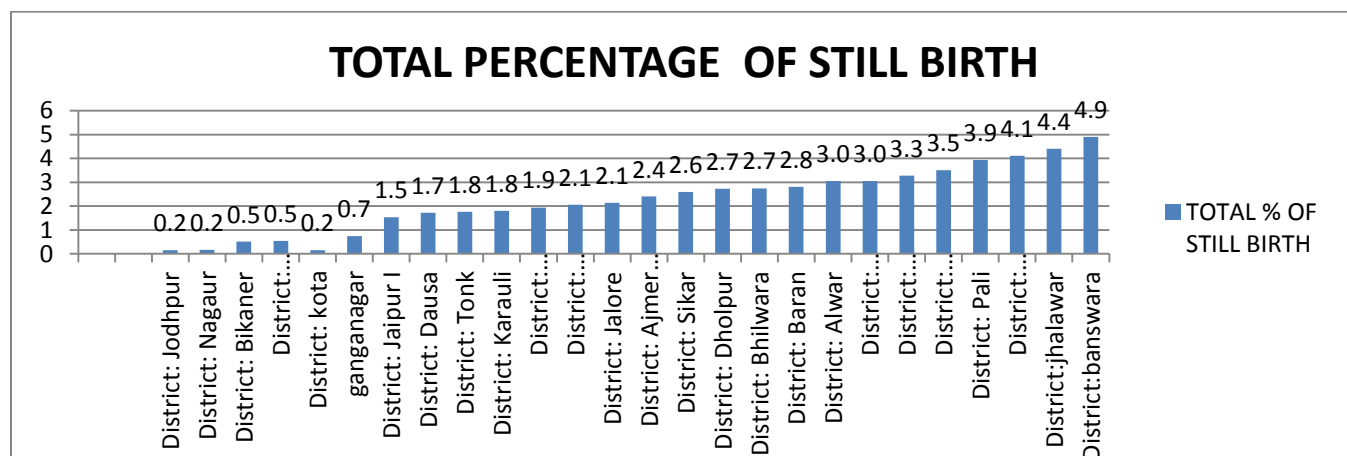
s.no	District hospital name	% OF STILL BIRTH MALE	% OF STILL BIRTH FEMALE
1	District: Ajmer nasirabad	0.0	0.3
2	District: Alwar	0.1	0.2
3	BANSWARA	0.2	0.1
4	District: Baran	0.4	0.6
5	District: Bhilwara	0.6	0.9
6	District: Bikaner	0.7	0.3
7	District: kota	1.2	1.9

8	District: Chittorgarh	1.6	2.0
9	District: Churu(ratangarh)	1.8	1.6
10	District: Dausa	1.9	2.0
11	District: Dholpur	1.9	1.6
12	ganganagar	1.9	2.2
13	District: Jaipur I	2.4	2.4
14	District: Jaisalmer	2.4	1.8
15	District: Jalore	2.5	2.8
16	District: Jhunjhunu	2.5	3.0
17	District: Jodhpur	2.7	2.9
18	District: jhalawar	2.8	3.4
19	District: Karauli	2.9	2.5
20	District: Nagaur	3.0	3.1
21	District: Pali	3.0	3.7
22	District: Pratapgarh	3.2	3.8
23	District: Hanumangarh	3.6	4.3
24	District: Rajsamand	4.0	4.2
25	District: Sikar	4.7	4.8
26	District: Tonk	4.8	5.0

GRAPH-4



GRAPH-5



LOW BIRTH WEIGHT

In the study it was found that tonk district hospital had highest proportion of low birth weight infant ,followed by jhalore district hospital. lowest proportion in baran followed by hanumangarh was found.

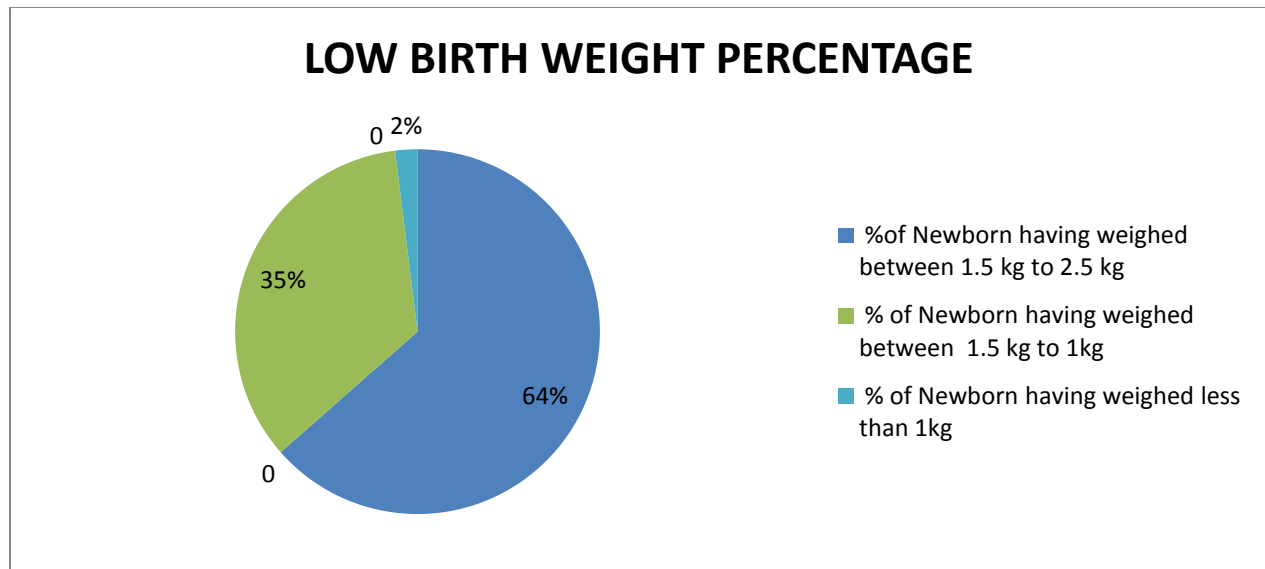
Proportion of infant death due to low birth was highest in baran hospital followed by hanumangarh hospital, and lowest was in ajmer, bikaner, followed by tonk.

In the study it was found that the infant death, neonate death, infant death due to lbw was high in Hanumangarh district hospital but proportion of still birth and low birth weight infant was low in it.

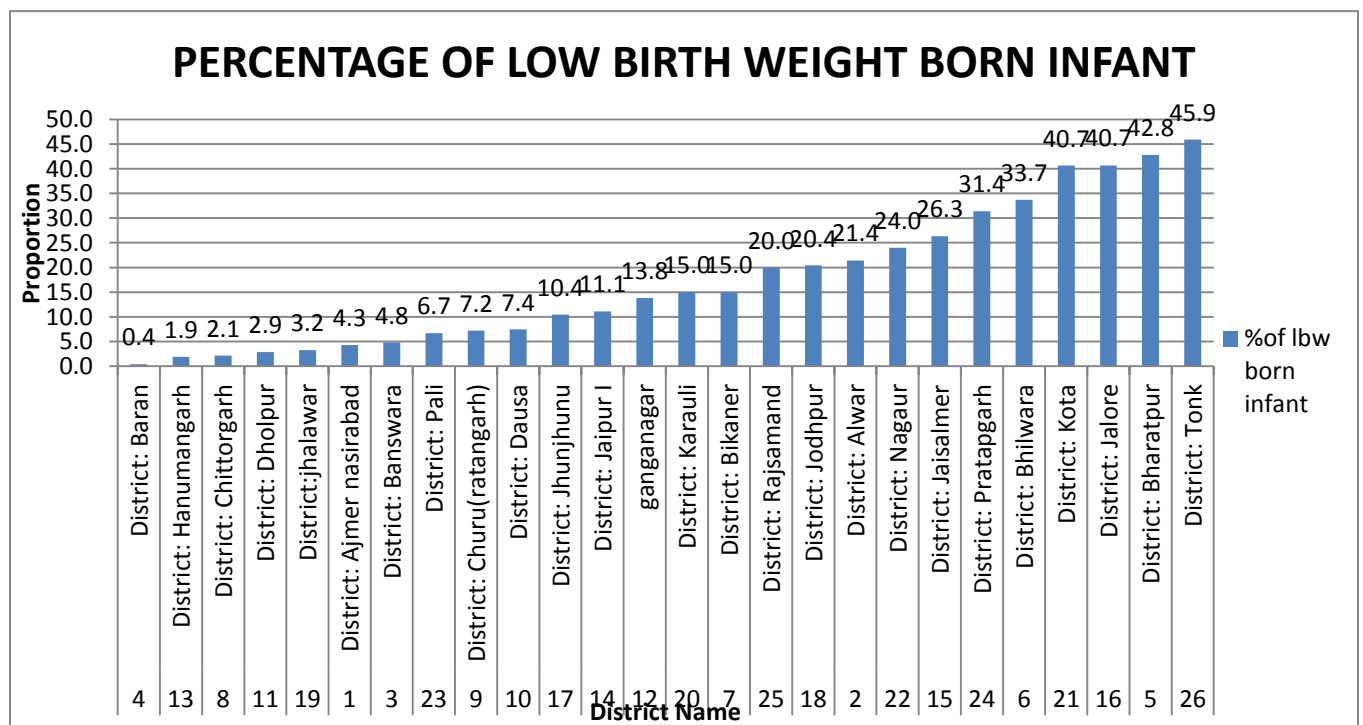
Table-5 INFANT BORN WITH LOW BIRTH WEIGHT IN THE DISTRICT HOSPITALS OF RAJASTHAN–

LBW INFANT	%of Newborn having weighed between 1.5 kg to 2.5 kg	% of Newborn having weighed between 1.5 kg to 1kg	% of Newborn having weighed less than 1kg
LBW %	64%	35%	2%

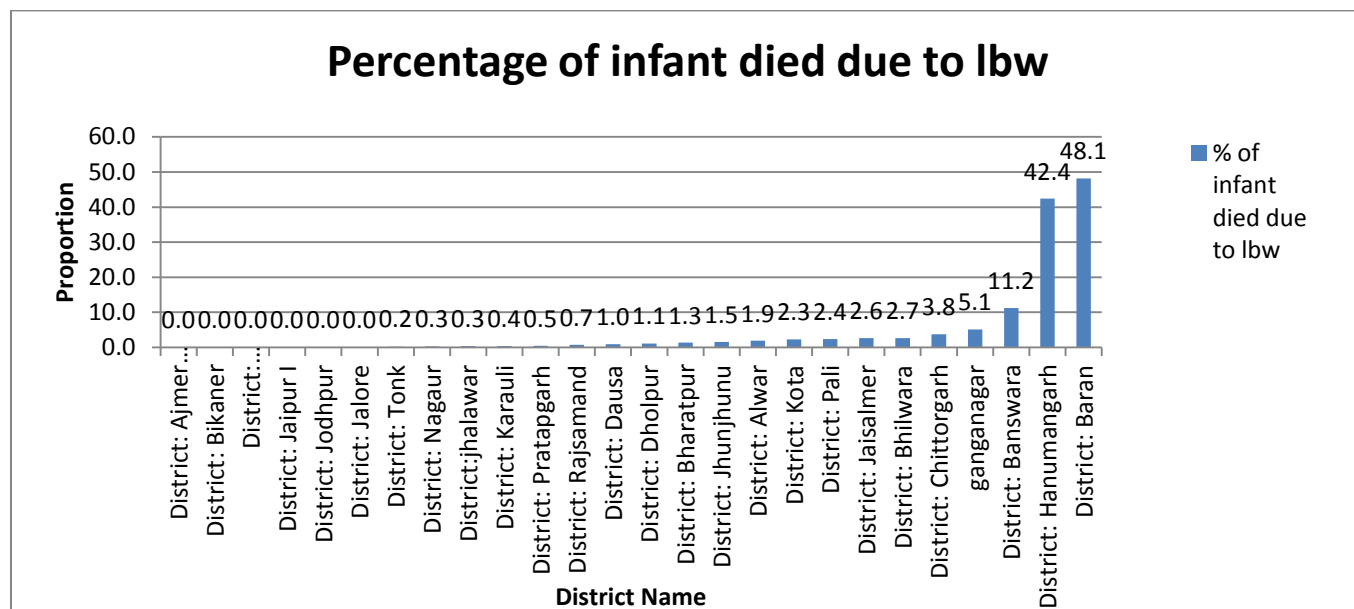
GRAPH-6



GRAPH-7



Graph-8 INFANTS DEATHS DUE TO LBW IN THE DISTRICT HOSPITALS OF RAJASTHAN



CAUSES OF DEATH-

It was found in the study that three main causes of death were low birth weight (30.7%), Prematurity (19.4%), birth asphyxia (17.6%)

In male Infants three main causes of death was low birth weight (34.8), prematurity (18.4%), birth asphyxia and other causes (15.3). In female Infants three main causes of death was low birth weight (25.2), prematurity (20.8%), birth asphyxia (20.6%)

It was found In inborn infants, that the three main causes of death were low birth weight (41%), birth asphyxia (21.5%), other (13.2). It was found in outborn infants, the three main causes of death were low birth weight (32.7%), others (24.8%), prematurity (13.5%).

HANUMANGARH district hospital was found to have highest proportion of death due to various causes.

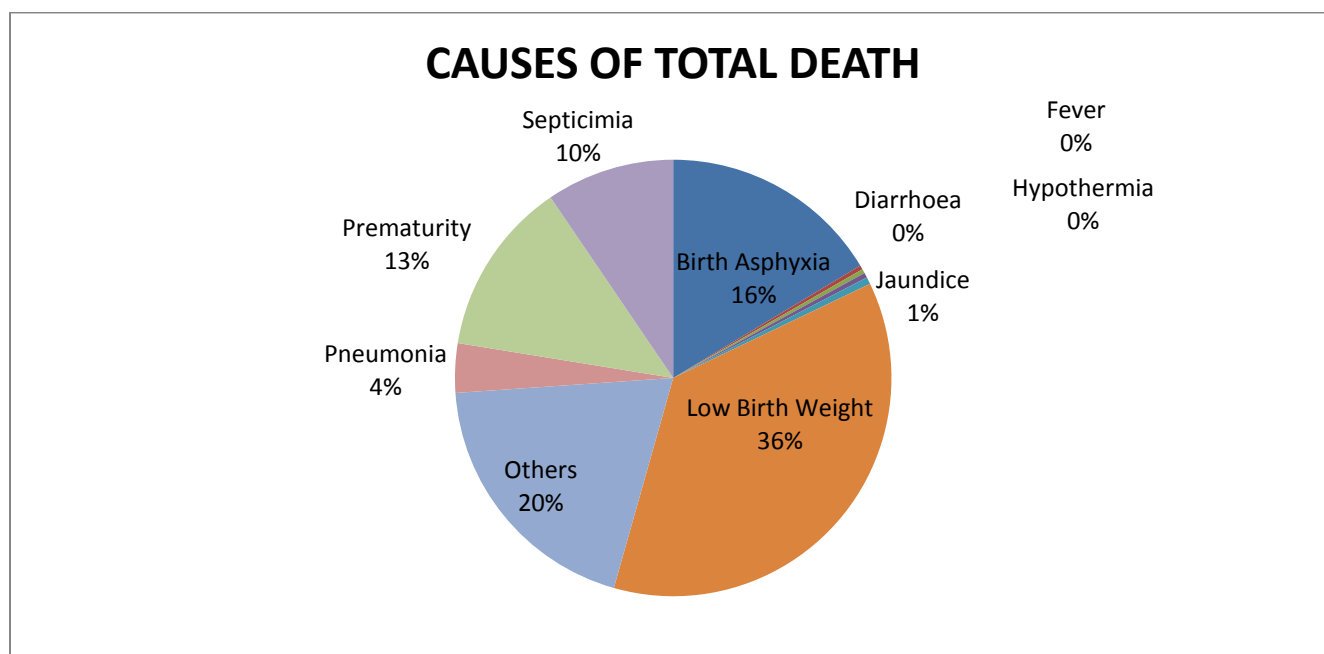
Table below shows the highest proportion of death in district hospitals, due to various causes-

TABLE-7

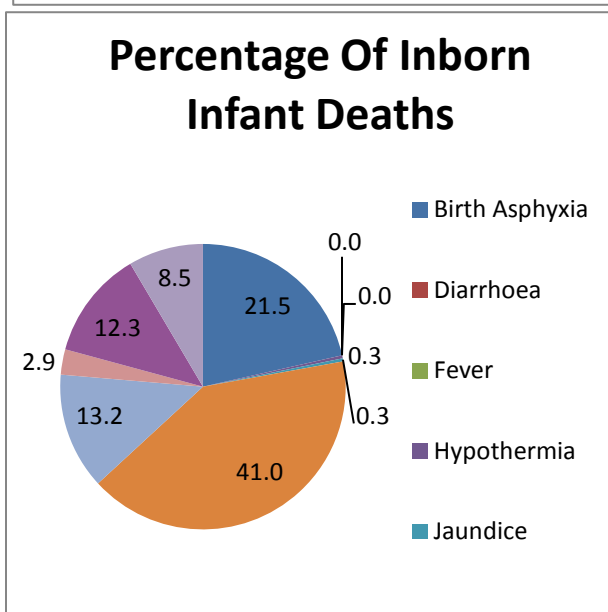
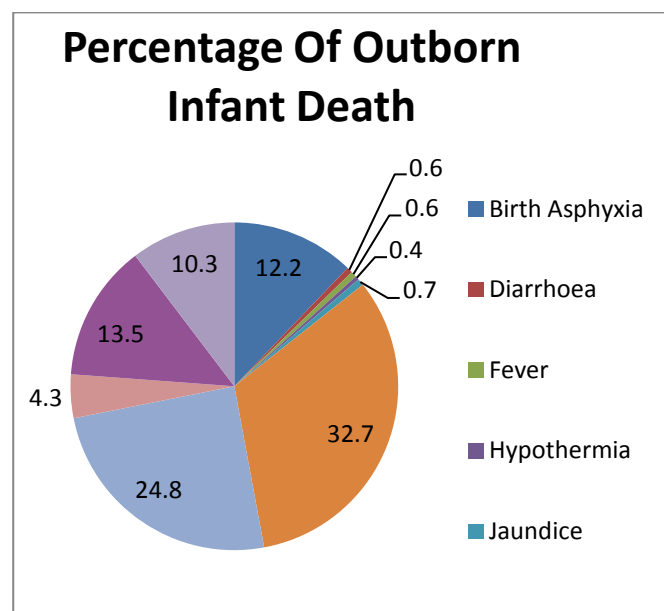
S.NO	CAUSES OF DEATH	DISTRICT NAME	HIGHEST PROPORTION
1	LBW	Sikar	2.9
		Hanumangarh	2.7

		Jaiselmer	1.7
2	Prematurity	hanumangarh	1.6
		bhilwara	1.5
		jaiselmer	1.3
3	Birth Asphyxia	hanumangarh	1.7
		ganganagar	1
		jhunjhunu,alwar	0.9
4	Others	pali	1.8
		hanumangarh	0.8
		ganganagar	0.7
5	Septicimia	hanumangarh	0.87
		alwar	0.48
		jhalawar	0.38
6	pneumonia	hanumangarh	0.49
		tonk	0.27
		jhalawar	0.26

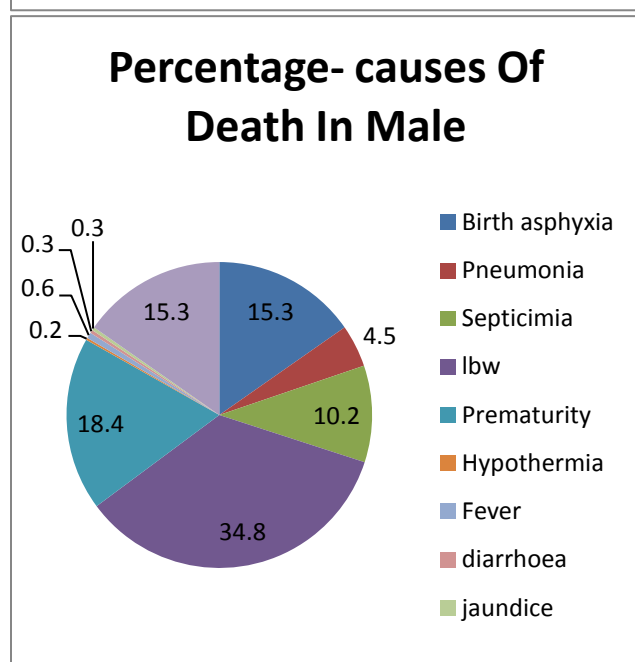
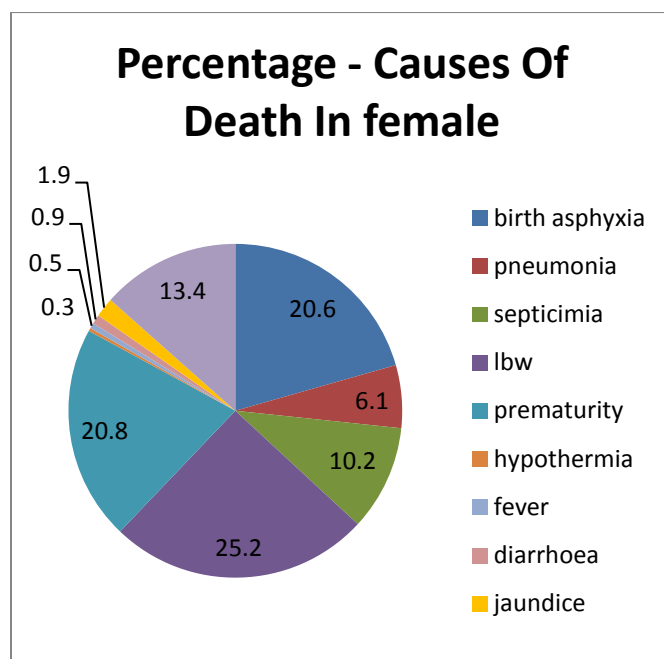
GRAPH-9



Graph-10 Infant death according to admissions

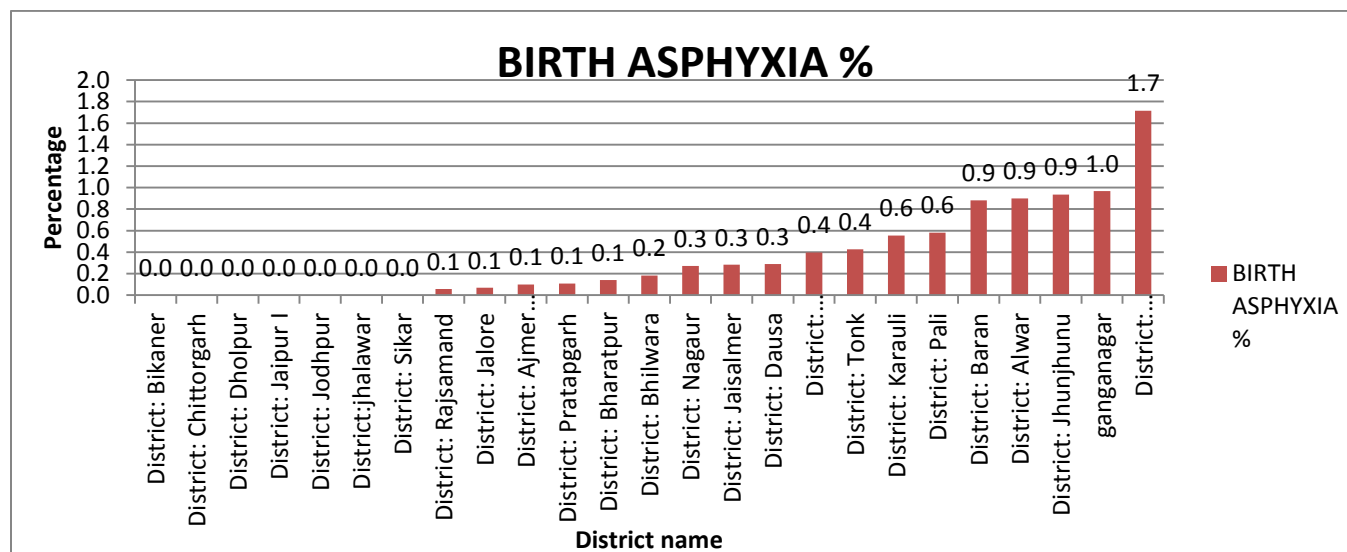


Graph-11 Infant death according to gender-

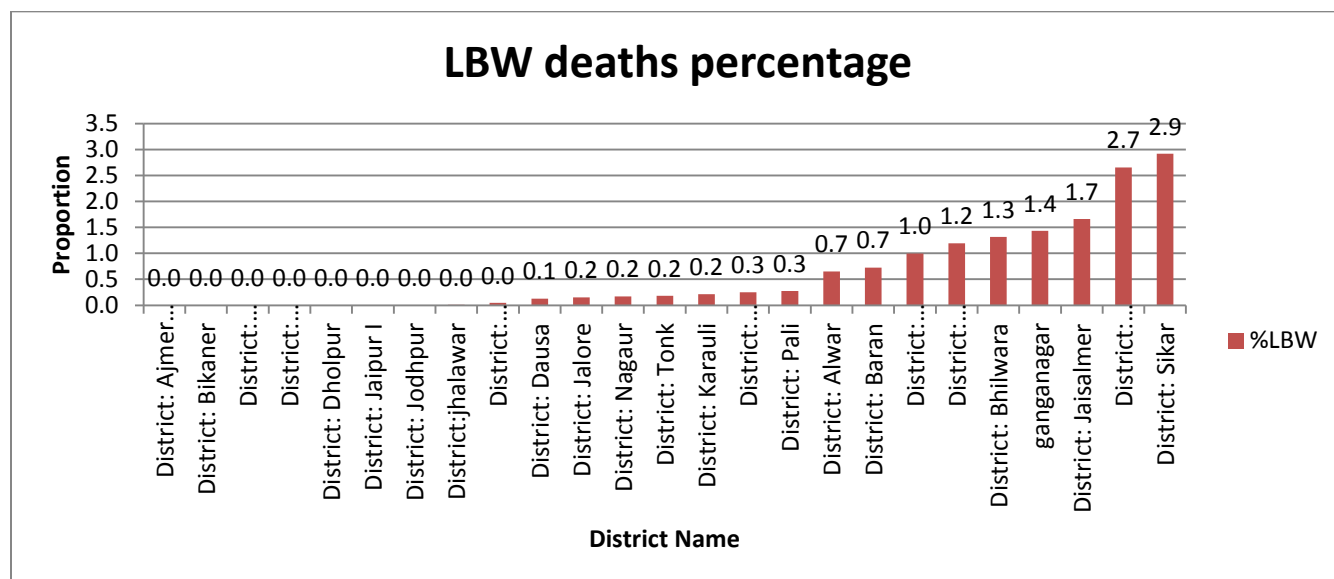


CAUSE OF DEATH DISTRICT WISE

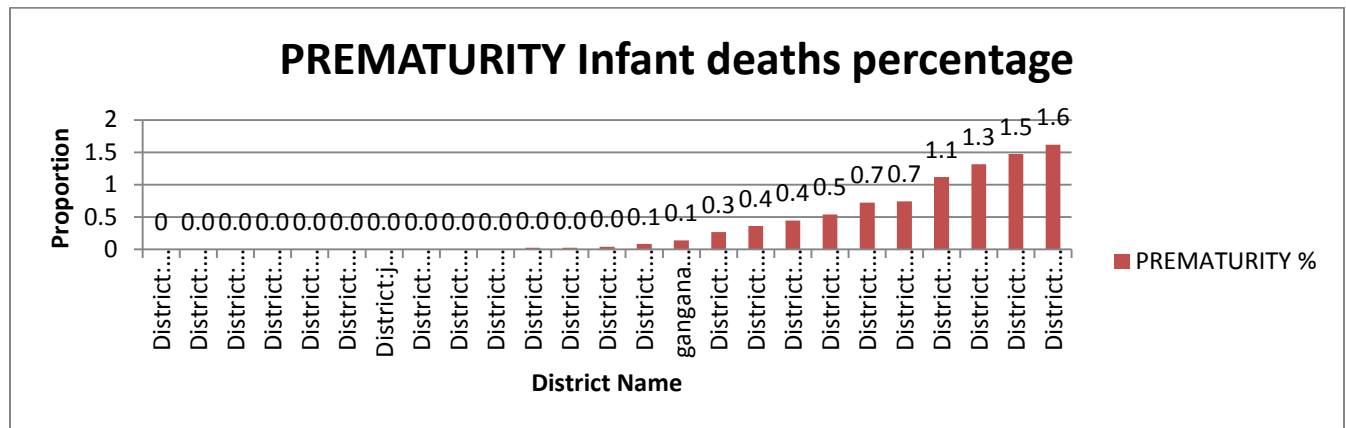
Graph-12 Deaths Due To Birth Asphyxia In District Hospitals Of Rajasthan -



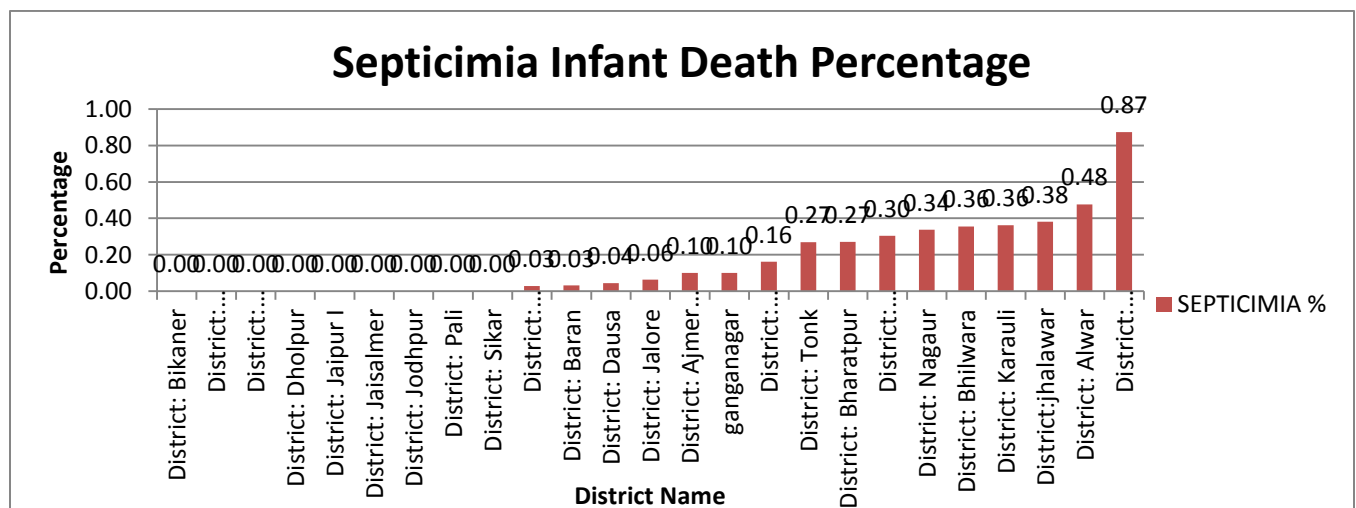
Graph-13 Deaths Due To Low Birth Weight In District Hospitals Of Rajasthan



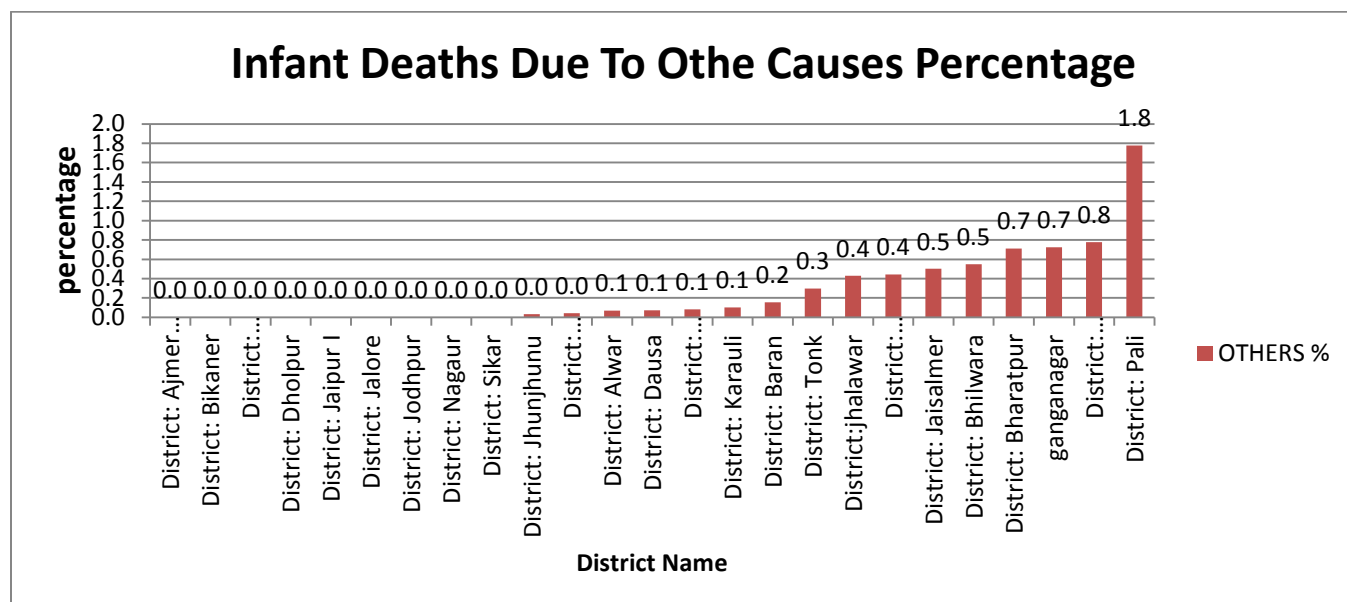
Graph-14 Infant Deaths Due To Prematurity In District Hospitals Of Rajasthan



Graph-15 Infant Deaths Due To septicemia In District Hospitals Of Rajasthan



Graph-16 Infant Deaths Due To other causes In District Hospitals Of Rajasthan



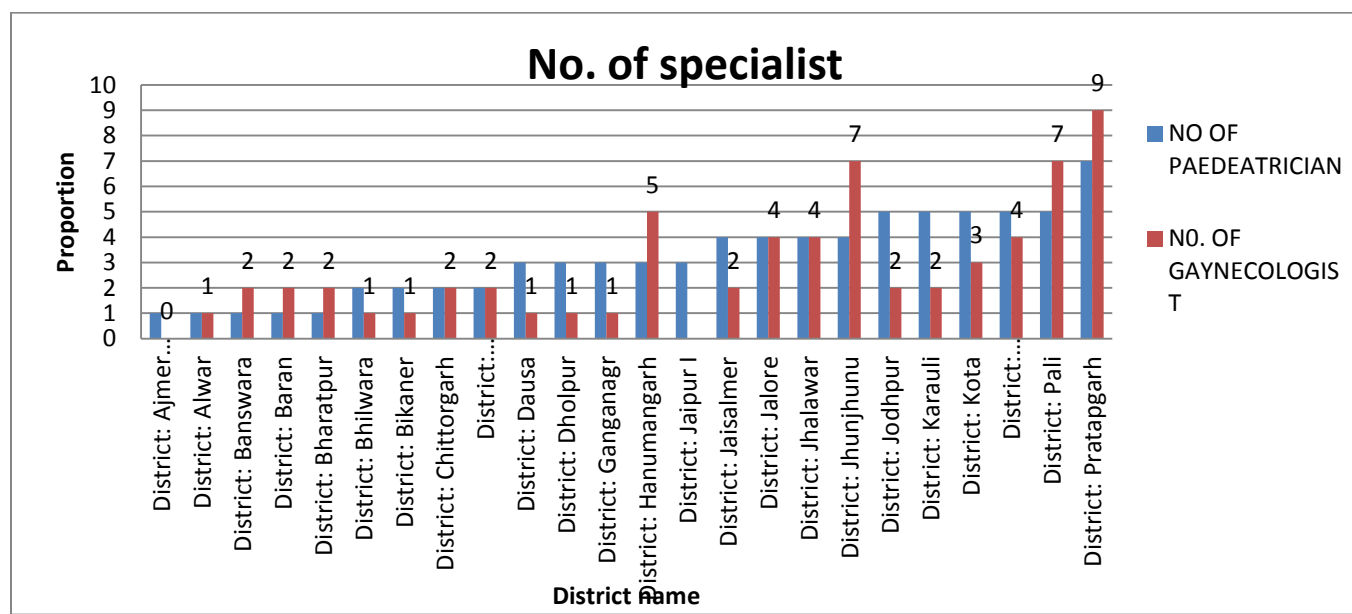
PAEDIATRICIAN AND GAYNECOLOGIST AVAILABLE IN THE DISTRICT HOSPITAL OF RAJASTHAN-

Table-8 NO. OF PAEDIATRICIAN AND GAYNECOLOGIST-

DISTRICT HOSPITAL	NO OF PAEDEATRICIAN	N0. OF GAYNECOLOGIST	TOTAL
District: Ajmer nasirabad	1	0	1
District: Alwar	1	1	2
District: Banswara	1	2	3
District: Baran	1	2	3
District: Bharatpur	1	2	3
District: Bhilwara	2	1	3
District: Bikaner	2	1	3
District: Chittorgarh	2	2	4
District: Churu(ratangarh)	2	2	4
District: Dausa	3	1	4
District: Dholpur	3	1	4
District: Ganganagr	3	1	4
District: Hanumangarh	3	5	8
District: Jaipur I	3		

District: Jaisalmer	4	2	6
District: Jalore	4	4	8
District: Jhalawar	4	4	8
District: Jhunjhunu	4	7	11
District: Jodhpur	5	2	7
District: Karauli	5	2	7
District: Kota	5	3	8
District: Nagaur(deedwana)	5	4	9
District: Pali	5	7	12
District: Pratapgarh	7	9	16
TOTAL	75	65	140

Graph-17



TOTAL DISTRICT HOSPITAL SHARE OF TOTAL BIRTHS, LIVE BIRTHS, STILL BIRTHS AND INFANT DEAT IN 27 DISTRICTS OF RAJASTHAN-

In study it was found that the district hospital had following proportion in various components of infant death out of total district data which includes total data including all the facility and community based data-

TABLE-10

S.NO	COMPONENTS	Proportion of Birth in 27 districts	Proportion of Birth in 27 district hospitals
1	Total Birth	70.80%	29.20%
2	Live Birth	73.20%	26.80%
3	Still Births	69.50%	30.50%
4	Infant Death	88.50%	11.50%

- Out of total births and live births in DHOLPUR DISTRICT it was found that 66.8% and 65.5% respectively birth were in DHOLPUR district hospital, and lowest being in jodhpur district hospital that is only 1.9% of total birth and live births in the district.

It was found that PRATAPGARH district hospital had 88.9% of still births out of total still births in the district, followed by jhalawar and dausa, and lowest in jaipur1 that is 0.2% followed by nagaur and bikaner.

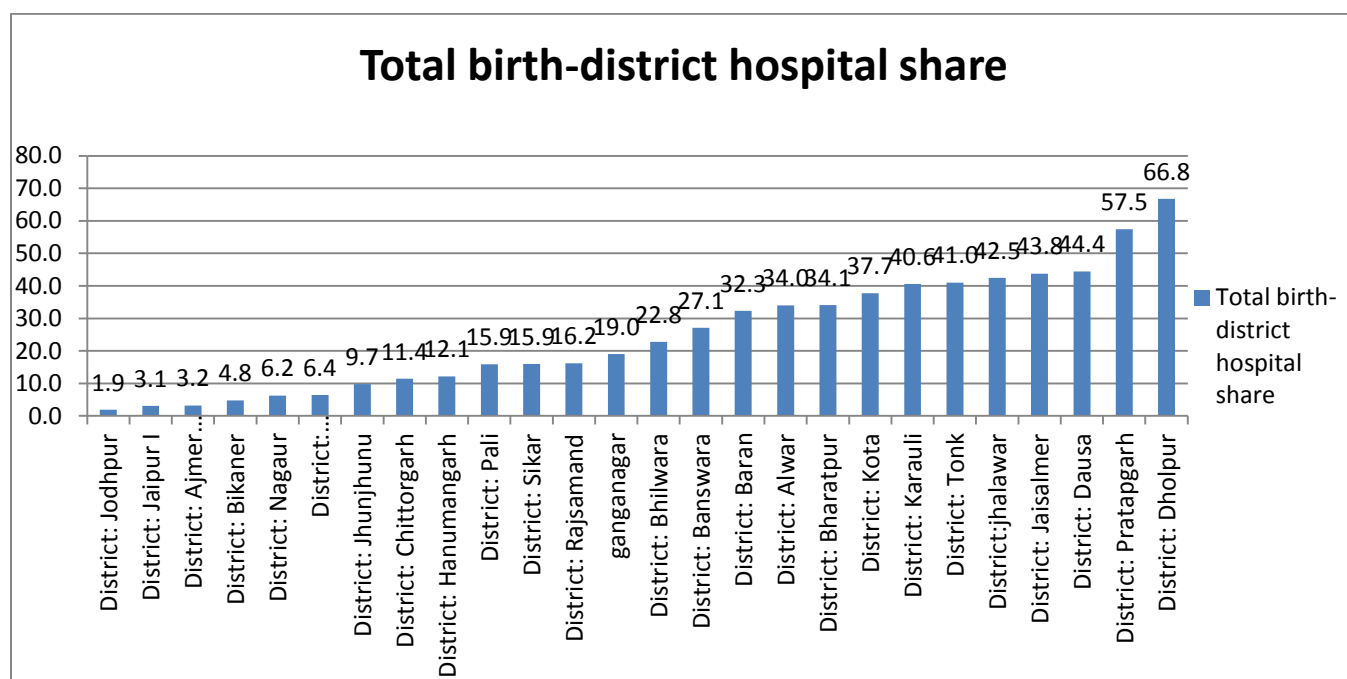
Infant death in Jaiselmer district hospital was found to be highest that is 52.6% out of total infant deaths in the district, lowest being in Jodhpur that is 0.1%. Jaipur district hospital had no deaths in financial 2013-2014

TABLE-11 SHOWING HIGHEST AND LOWEST PROPORTION OF INFANT DEATH INDICATORS DISTRICTWISE

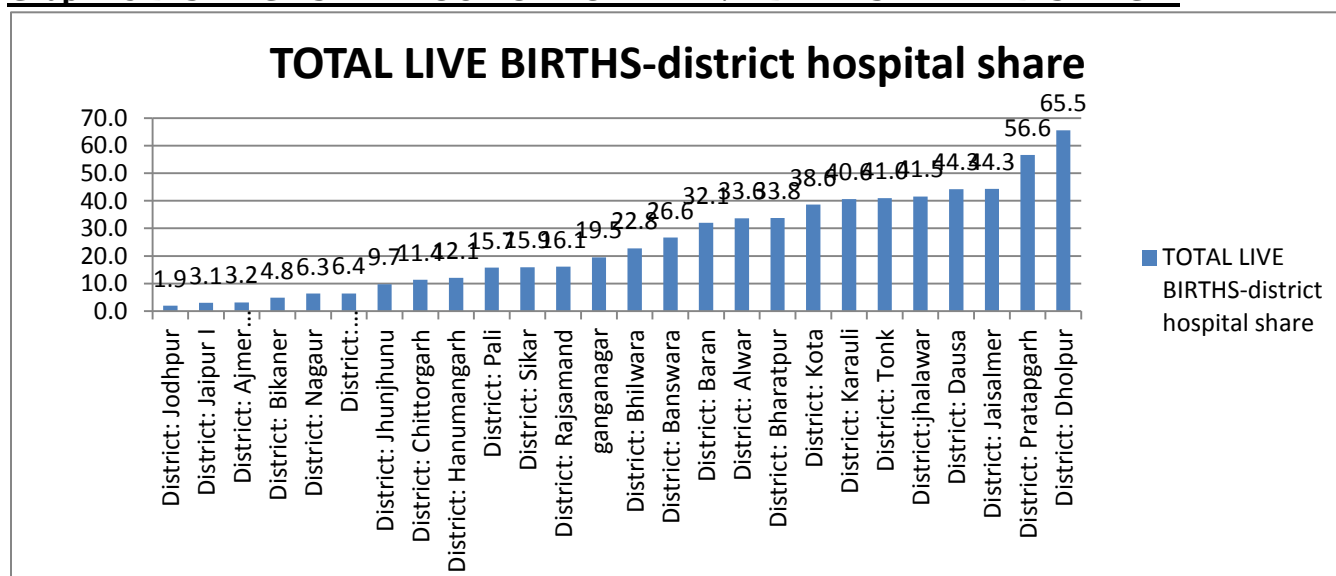
S.NO	COMPONENTS	DISTRICT NAME	Highest Proportion	DISTRICT NAME	Lowest Proportion
1	Total births	Dholpur	66.8	jodhpur	1.9
		Pratpgarh	57.5	jaipur1	3.1
		Dausa	44.4	Ajmer nasirabad	3.2
2	Live Births	Dholpur	65.5	Jodhpur	1.9

		Pratapgarh	56.5	Jaipur I	3.1
		Jaisalmer	44.1	Ajmer nasirabad	3.2
3	Stillbirths	Pratapgarh	88.9	Jodhpur	0.2
		Jhalawar	79.1	Nagaur	0.6
		Dausa	56.8	Bikaner	1.2
4	Infant Deaths	Jaisalmer	52.6	jaipur1	0
		Kota	44	Jodhpur	0.1
		Dholpur	40.8	Ajmer nasirabad	0.2

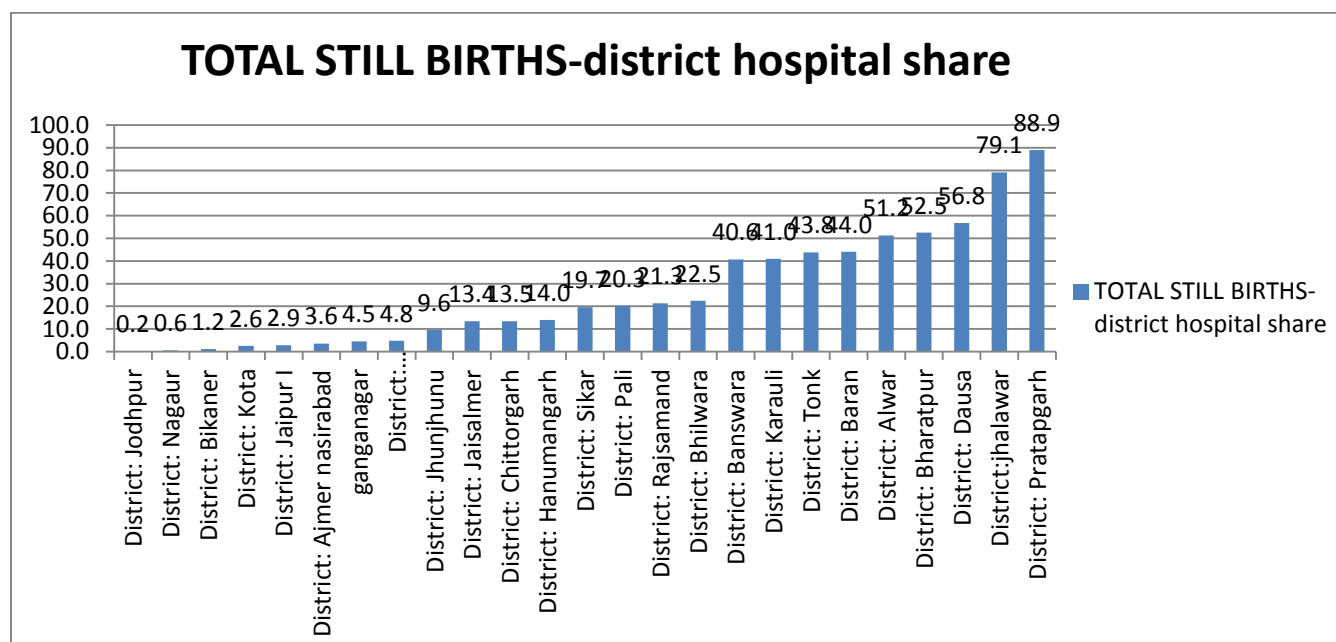
Graph-18 DISTRICT HOSPITAL PROPORTION OUT OF TOTAL BIRTH IN THE DISTRICT-



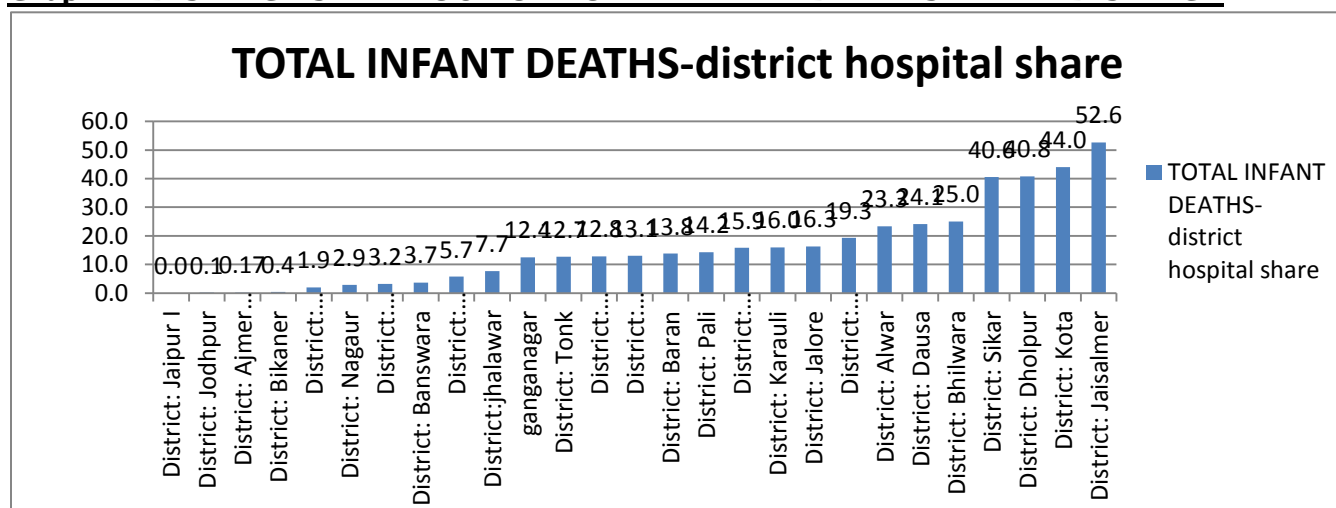
Graph-19 DISTRICT SHARE OUT OF TOTAL LIVE BIRTHS IN THE DISTRICT-



Graph-20 DISTRICT HOSPITAL PROPORTION OUT OF TOTAL STILL BIRTHS IN THE DISTRICT



Graph-21 DISTRICT SHARE OUT OF TOTAL INFANT DEATHS IN THE DISTRICT



CONCLUSION-

THIS STUDY CAN BE CONCLUDED AS FOLLOWS-

- It was found that there was difference in male and female in infant deaths proportion.
- Jaipur1 had no deaths in the district hospital, Jodhpur district hospital had 1 female infant death and no male deaths, Ajmer nasirabad had 2 male deaths and no female deaths, in financial year 2013-2014.
- Sikar district hospital had the highest proportion of death then followed by hanumangarh.
- There was 68.4% of neonate death out of total infant deaths.
- There was 2.1% of still births out of total births, in financial year 2013-2014, in 26district hospital of rajasthan.
- Three major causes of death in infants was found to be LOW BIRTH WEIGHT, PREMATURITY, and BIRTH ASPHYXIA.
- District hospitals contribute less in infant deaths then the other facilities and community infant deaths.