

Actions to reduce Child Deaths

Review of Child Deaths

- Ensure reporting of all child deaths
- Incentive to ASHA for reporting home and facility deaths
- Training of MOs and Staff on conducting death audits
- Detail investigation/audit of all facility deaths and 6 community based death audits per block per month
- Monthly review at CS level and CEO level for at least 6 death cases
- Prepare and communicate actions to improve services to all health facilities and FLWs
- New MPCDSR software for child death reporting

Birth Asphyxia (12% of Deaths)

- **Good maternal and newborn care:**
 - Use **partograph** for vigilant labor monitoring
 - Allow **birth companion** during labor and birth
 - Ensure supportive **2nd stage management** based on fetal and maternal condition
 - Avoid **incorrect practices like uncontrolled oxytocin**
 - Manage **pre-eclampsia** correctly
- **Ensure skilled attendance at birth** to prevent and manage asphyxia
- **Respectful Maternal Care** - Emotional support, alternative positions, hydration
- **Strengthen referral mechanism:** For timely referral
- **Establish Newborn Care Area/Corner in LRs:** For essential newborn care
- **Management of Birth Asphyxia:** Use of Oxygen, CPAP

Care of Preterm and LBW Babies (35% of Deaths)

➤ Preventive actions:

Quality Antenatal care: Weight gain and hemoglobin monitoring, Identification of high risk cases – Hypertension, GDM, infections

➤ **Use of Antenatal Steroids:** Identification of preterm labour and ensure early administration of Inj Dexamethasone, try to achieve full dose (4 doses 12 hrs apart)

➤ **Use of CPAP** in delivery room and Surfactant therapy at SNCUs

➤ **Early and exclusive breastfeeding**

➤ **Kangaroo Mother Care:** For all LBW babies in PNC wards and SNCUs/NBSUs

➤ Home Based KMC Counselling by ANM/MO and ASHAs

➤ Strengthening HBNC and HBYC visits of ASHAs

Congenital Defects (7% of Deaths)

Prevention:

- Early registration of ANC and folic acid supplementation
- Quality ANC Care: Mandatory lab tests like Syphilis, TSH, GDM and management of these cases
- USG of all ANC during 18-20 weeks of gestation

Early Identification and treatment:

- Comprehensive Newborn Screening at all Delivery Points
- Early identification and referral of all newborn with defects to higher facilities by RBSK/DEIC
- Follow up of operated newborns by DEIC

Sepsis in Newborn (10% of Deaths)

• Prevention:

At Health Facility:

- Manage maternal infections
- No unnecessary PV examinations
- Maintain 6 cleans during delivery and Hand Hygiene
- Ensure early initiation of breastfeeding and exclusive breast feeding
- Ensure dry cord care and warmth
- Avoid routine suction

In Community:

- Counselling regarding hygiene, breastfeeding and KMC during HBNC visits
- Early identification of high risk cases and referral with prereferral dose as per SAANS guidelines

• Treatment:

- Shift to NBSU/SNCU
- Use of blood culture facility
- Timely and Judicious use of antibiotics
- Use of Inj Gentamicin and Amoxicillin by ANM in case of denial of referral services
- Care during referral to health facility

Pneumonia (7% of Deaths)

SAANS Program (Social Awareness and Action to Reduce Pneumonia Successfully):

Protect Prevent Treat

(A) PROTECT:

- Exclusive Breast feeding upto 6 months
- Vitamin A Supplementation
- Adequate Complementary feeding

(B) PREVENT:

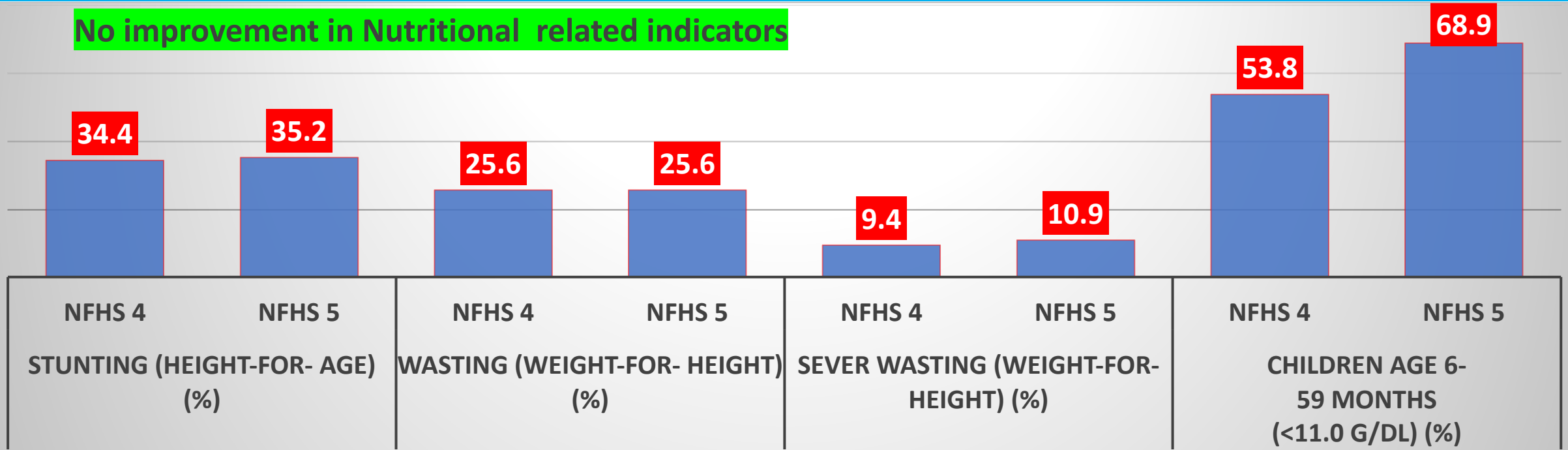
- **Immunization:** Timely immunization as per schedule (Penta, PCV, Measles Rubella)

(C) TREAT

- **Training** of all frontline workers (CHO, ANM, ASHA) and MO/SN
- **Protocols display** at facilities and with FLWs
- **Drugs:** Ensure availability of drugs (Syp/tab amoxycillin & inj Gentamicin) at all levels
- **Role of ANM:** Use of Genta and amoxicillin by ANM for PSBI (in case of denial of referral services)
- Ensure **pre referral dose** before referral of sick child
- Ensure **oxygen therapy** at health facility level

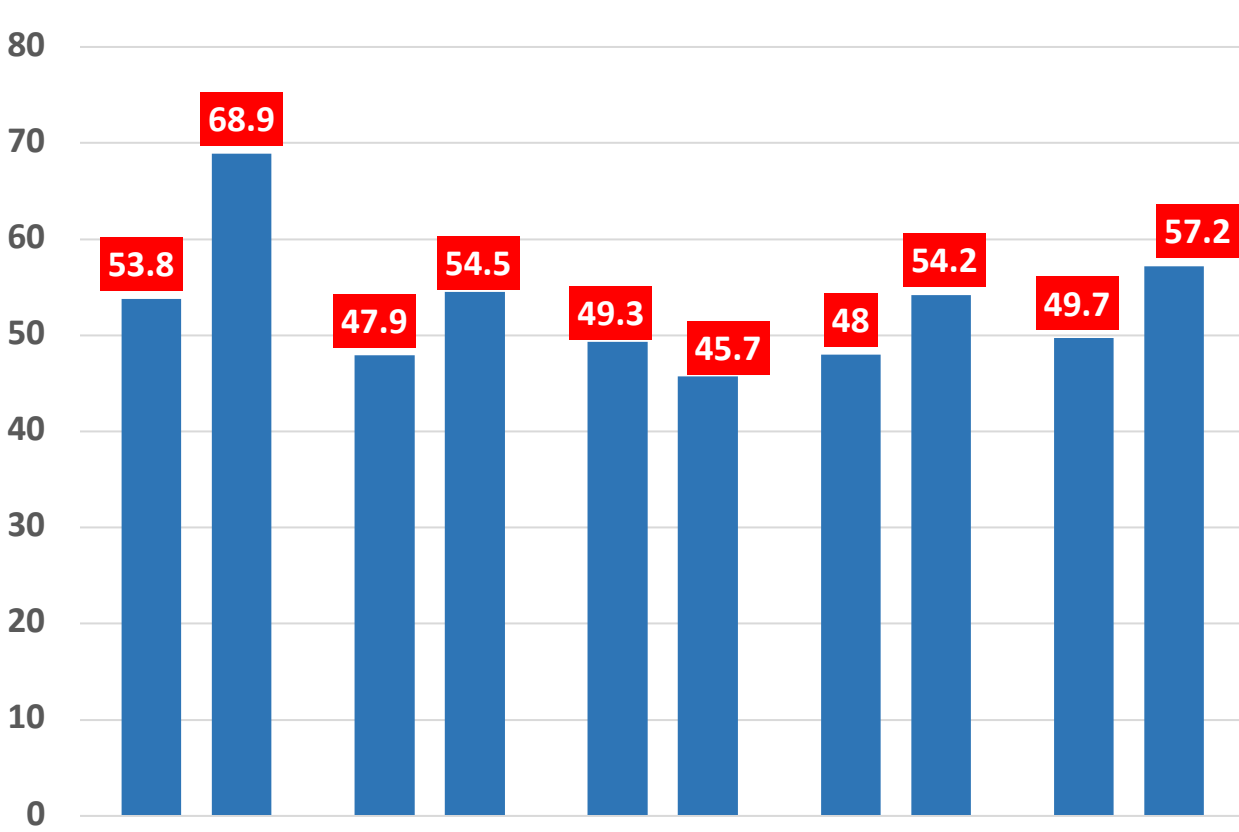
Nutrition Related Indicators NFHS 4 and 5

No improvement in Nutritional related indicators



- ANC- Weight gain and hemoglobin monitoring, IFA consumption and Quality ANC care
- Exclusive Breast feeding and Complementary feeding practices
- Strengthening HBNC and HBYC program
- Strengthening management of under 6 months old SAM children
- Early identification of SAM and management
- Anemia – Strengthening IFA Syrup supplementation and treatment of anemic children
- Deworming – Improve coverage of deworming in children

ANEMIA MUKT BHARAT



NFHS 4	NFHS 5	NFHS 4	NFHS 5	NFHS 4	NFHS 5	NFHS 4	NFHS 5	NFHS 4	NFHS 5
Children aged 6-59 months who are anemic (<11.0 g/dl)		Non-pregnant women aged 15-49 years who are anemic (<12.0 g/dl)		Pregnant women aged 15-49 years who are anemic (<11.0 g/dl)		All women aged 15-49 years who are anemic		All women aged 15-19 years who are anemic	

- Convergence between PHD, ICDS and Education
- Strengthening of supply chain from district to PHCs/Schools and ASHAs.
- FIX DAY for supplementation in Schools
- Identification and treatment of anemic children during VHSND/RI sessions, at OPD/IPD, Maitri clinics, RBSK, adolescent health days etc
- Establishing reporting system from ASHA to District.
- Strengthening review mechanism

General Actions for Districts

- **Strengthen FRUs** – Availability of Specialists, trained Staff, all essential drugs and diagnosis facilities
- **Quality Certification: LaQshya / SUMAN / MusQan**
- **Fill vacancy in CRITICAL AREAS (LR, SNCU/NBSU) and No Rotation Policy**
- **Strengthen other delivery points – PHC/RH**
- **Focus on high risk areas** like villages/subcenters with high mortality, remote areas, resistant population, tribal blocks, other HRAs
- **Immunization and Vitamin A Supplementation**
- Focus on **Community based programs** – HBNC and HBYC