



## Executive Summary

Although, assorted reports from health departments reveal the poor status of the desert state in health care delivery, the miserable health scores for Jalore district of Rajasthan, as stated by AHS 2010 were a shocking eye opener. In spite of the technical advances that have increased the rate of infant survival in the state, IMR at Jalore is still 46.3% above the state average.

Flabbergasted by the findings of Annual Health Survey (AHS) 2010, Directorate of Medical and Health Services (DM&HS) solicited State Institute of Health and Family Welfare (SIHFW), Jaipur to review the figures regarding Infant Mortality Rate (IMR) quoted by the annual survey report.

Health and survival of mothers and their newborns are intrinsically linked and call for identical interventions. The existing skilled staff and well equipped institutional delivery arrangements at the health care facilities' are questionable in view of the reported 25.2 % death of the infants who were delivered at the institution, within a day of their life and almost 47 % within 7 days.

The report underlines the fact that **out of the total infant deaths in Jalore in the surveyed area, 68.2% of the children die within one month of their birth and almost 30 % within 2 days of birth.**

The specialist care is lacking in the district with **only 1 gynecologist and 2 pediatricians** catering the entire population. The unavailability of the field level health staff in their respective work areas, with only 37 Accredited Social Health Activist (ASHA) posted in total 79 villages surveyed, was also observed which majorly affect the knowledge and practices of the community regarding health care services.

In the total of 328 households surveyed, **62.8% infants who died had their home within 2 kms from the nearest health facility, which was a Sub Center.** Many of the sub centers visited did not conduct deliveries, which simply mean that despite a facility within the approach services remained unavailable.

Majority of the households surveyed were Hindus and belonged to above poverty line (APL) category. However, more dead infants were seen in Other backward caste (OBC) (35.4%) followed by Scheduled Caste (SC) category (32.3%).

Education level of mothers hardly had any bearing on survival of child. 53.7% mothers from Household of (h/o) infant death were in the age group of 18-20 yrs at the time first pregnancy.

Of 56.1% of the dead infants having birth order of 3 or more, maximum infants died of low birth weight (LBW).

LBW (29.3%) and rapid breathing (26.8%) were the prominent symptoms at the time of birth while 26.8% infants died because of LBW followed by infection and fever (28.7%). More of infants from



below poverty line (BPL) family died of infections (22.8%) as compared to 15.9 % infants belonging to APL families.

**More of male infants were born prematurely** (dead infants: 26, live infants: 30) than female (dead infants: 18; live infants: 14). The most probable cause of death of those infants dying within an hour of birth (24 infants), was birth asphyxia (50%) followed by LBW (25%)

**In case of dead infants, 34.8% deliveries were conducted at home as compared to only 25.6% home deliveries in case of live infants.** Of the 34.8% delivered at home more than 50 % were conducted by family members out of whom 38.7% died within 24 hours.

93.9% of the pregnant women (PW) in dead infant households were registered at the facility compared to 97 % mothers of live infants. Of these 53.5% pregnant females in the live infant households got 3 or more Ante natal care (ANC) checkups done in the concerned pregnancy as compared to only 41.5% in the dead infant households. **Tetanus Toxoid<sub>2</sub> (TT<sub>2</sub>) coverage was > 80%**. In both the type of households while **90% had received Iron Folic Acid (IFA) tablets** during pregnancy and **more than 70% consumed it too.**

**42 % babies who died before 1 year received breastfed within an hour of birth** and only 57 % of the dead infants received colostrums as compared to a majority 88 % of the live infants. 42.7% of the women who were fortunate to have their children surviving did opt for exclusive breastfeeding. Considering the time of death, 48 % were immunized as compared to 92.7% live infants.

87.8 % of the h/o dead infants were aware of the registration of PW at the facility compared to 93.9 % h/o of live infant. More than 40 % respondents in both the category believed that the registration should be done after 3 months of pregnancy. 55.6% of the respondents from the live infant group knew that the PW should get 3 or more ANC checkups as compared to only 42 % respondents from the dead infant's households.

Families where the infant survived, 74.4% households knew that 2 TT injections should be given during pregnancy as compared to only 61.6% from the other group. Only 8.5 % respondents from the families of dead infants were aware that 100 IFA tablets should be taken by the PW as compared to 16.4% of the respondents from families of live infants.

Knowledge level regarding the child immunization was almost equal (approximately 90 %) among the households with infant deaths and live infants.

Approximately 70 % households in both the categories were aware of 108 ambulance services but the usage (14.2%) was poorer in the households with dead infants.



67.7% families of dead infants said that Maternal Child Health and Nutrition (MCHN) day is organized in their village as compared to 72.6% families of live infants. An equal number in both the groups were aware about the Janani Suraksha Yojana (JSY) services (94.5%).

Only 28% respondents stated that the referral was done for the dead infants before they died. Of the referred, 91.3% respondents took the infant to the higher health facility. Of these, 23.8% respondents stated that it took them time to reach the health facility. The reasons for getting delayed were – unavailability of transport, indecisiveness on part of family on where to take the infant and faith in local healers.

44.5% respondents reported that the infant was attended by doctor prior to death which suggests that medical help was sought for the sick infant. 35.4% infants, however, died without any medical aid.

In case of live infants, 22.6% of the respondents of live infants reported that the child had the sickness episode in the last three months. 91.4% respondents reported that the symptoms were noticed and sick children were taken to the health facility (self referral) while 8.6% were asked by the Auxillary Nurse Midwife (ANM) to take the child to a health facility.

By and large it was observed that infants deaths occurred as a result of LBW and related complications in infants, which remain unattended inspite of institutional deliveries (ID) because of lack of specialist care services at the health facilities and low referral from the periphery. Apart from these, socio economic factors played a major role in the decision making at the family level.

**However, the practices have improved but the lack of knowledge and service delivery at the facility needs interventions for improvements.**