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Coimbatore village to be adopted for zero-infant mortality project

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Focus on preventing cases of pneumonia

4 lakh children died of pneumonia in India every year

Health cards to be provided to children

COIMBATORE: A pilot project to create zero infant mortality zones across the State will soon be launched in Coimbatore district.

On a call from the Department of Public Health in the State, the Indian Association of Paediatrics (IAP) will adopt a village in the district to make it free of infant mortality, with the primary focus on managing and preventing cases of pneumonia, Director of Public Health S. Elango said here on Sunday.

With primary focus on pneumonia as the prime cause of infant mortality, the project would concentrate on preventing other diseases that threatened the under five age group, Dr. Elango told presspersons on the sidelines of a Pneumococcal Disease Conference, organised by the Indian Chapter of the Asian Strategic Alliance for Pneumococcal Disease Prevention and the IAP.

“This is a partnership programme of the Government and the IAP in which doctors of private hospitals can also participate,” he said. Even private drug manufacturers and suppliers could join this project by providing medicines and vaccines free of cost.

A village with poor socio-economic conditions, probably of tribals, would be identified soon, Joint Director of Health M. Duraikannan said. Health cards would be provided to children. These would contain the family’s economic, social and health status.

After the village was identified, a list of the children in the paediatric age group would be prepared and their health condition monitored. Pointing out that malnutrition was one of the major factors causing pneumonia, Dr. Elango said women in the village would be educated on the importance of breastfeeding.

With the State government already improving the conditions at Primary Health Centres to reduce maternal and child mortality, safety through institutional delivery would be another area of sensitisation.

Pneumonia led to deaths owing to acute respiratory tract infection. Therefore, local village health nurses would be educated on managing such cases. They would also be trained to sensitise villagers to the need for vaccination, nutrition and also refer cases to hospitals.

Dr. Elango emphasised the need for a comprehensive programme against pneumonia by pointing out that the disease was the prime cause of deaths in South-East Asian countries. Four lakh children died in India every year, of which 10,000 were from Tamil Nadu. The death rate in the State was in one every 50 minutes. Low birth weight and malnutrition were some of the major factors. External factors were pollution at home, exposure to cigarette smoke and lack of protection from cold conditions.

The State government's Integrated Management of Newborn Care programme focused on checking neo-natal deaths. Under this, doctors

in 385 block primary health centres had been trained in emergency newborn care. The centres were provided with baby warmers and the 108 ambulance service rushed infants in trouble to the centres in 25 minutes.

With the Government improving the conditions, staff strength and introducing 24-hour service at 1,533 primary health centres across the State, institutional deliveries had increased from 81,000 in 2005-2006 to 2.6 lakh in 2008-2009. With a 'zero vacancy objective,' government counselling was being held once in two months for doctors to fill up vacancies in rural areas. One such session would be held on June 30 to appoint 400 doctors, Dr. Elango said.