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302 Effect of Home Based Child Care (HBCC) on Child Mortality in a Tribal Population: Results of a Field Trial

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Abstract

Background: Melghat is tribal area in India with very high child mortality & malnutrition. The major causes of mortality & morbidity are infectious diseases. We developed Home Based Child Care (HBCC) model for tribal population to reduce children mortality and infectious diseases.

Objectives:

- 1. To reduce Neonatal mortality rate (NMR), Infant Mortality rate (IMR) & under 5 children mortality rate(U5MR) (especially due to infections) from 54, 90, & 140 to 32.4, 58.05 & 72.1 per 1000 live births respectively in population of 14,120 of Melghat over 3 years.
- 2. To reduce incidence of infectious diseases by 35% over 3 years.

Methods: Study-design was Randomised Control Trial. We selected 16 intervention (population 14,888) and 18 control (population 16,310) villages. Trained village health

workers in intervention area treated post-neonatal diseases such as diarrhoea, acute respiratory infections, malaria and neonatal diseases like neonatal sepsis, neonatal pneumonia, etc. Behaviour Change Communication programs were conducted.

Results: Baseline mortality indices in control versus intervention areas were: NMR- 57.19 vs 50.93, IMR- 72.97 vs 94.9, & U5MR- 102.56 vs 143.52. After intervention NMR, IMR & U5MR were significantly decreased in intervention area to 16.52, 24.79 & 37.19 respectively ($p < 0.05$). The incidence, number of deaths & case fatality rates due to infectious diseases in intervention area were reduced significantly ($p < 0.05$).

Conclusions: HBCC resulted in significant decrease in children mortality especially due to infections & incidence of infectious diseases. Our model is replicable for reducing children mortality due to infectious disease.

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