**Child Health**

As per SRS 2013, the under-five mortality rate (U5MR) of Odisha is 66 and infant mortality rate (IMR) is 51. The most common causes of under-five mortality are pneumonia, diarrhea, malaria & measles, with the underlying cause being malnutrition. Around 45% of under-five children are under nourished and 74% are anemic.

Following strategies are taken for survival of the under-five children of the state:

1. **Community Level Interventions**
	* Implementation of **Integrated Management of Neonatal & Childhood Illnesses (IMNCI)** in 20 districts
	* **Village Health & Nutrition Day (VHND)** covers all the villages at least once monthly where ANMs identify malnourished children and /or any other children suffering from common childhood illnesses and refer them to the facility.
	* **Routine Immunization (RI):** Immunization programme is being conducted by ANMs every Wednesday, as per the microplan developed, covering all the areas under each sub-center. Children are immunized against all vaccine preventable diseases such as diphtheria, pertussis, tetanus, hepatitis B, polio, tuberculosis and measles. Pentavalent vaccine and IPV are going to be implemented shortly.
	* **Integrated Action for Prevention of Pneumonia & Diarrhea (IAPPD):**Pneumonia and diarrhoea are the two major causes of under-five deaths. To address this, community health workers are trained on detection of pneumonia by counting respiration and on assessment of dehydration in case of a child suffering from diarrhea. At the same time supply of drugs to sub-center level is ensured through Odisha State Medical Corporation so that all the ANMs can treat pneumonia with amoxicillin & gentamycin and diarrhea with ORS & zinc.
2. **Facility Level Interventions:** ANMs and ASHAs are trained to refer sick under-five children to facility level for further treatment. Therefore:
* **Standard treatment protocols** for common diseases are available at DHH, SDH and selected CHCs having indoor facilities. Doctors & staff nurses of the concerned facilities are trained on treatment and management of sick children at facility level **[facility based IMNCI (f-IMNCI)]**
* **Nutrition Rehabilitation Centre (NRC):**  This is a special facility for treatment of children suffering from severe acute malnutrition (SAM), with availability of trained manpower. Besides treatment, there is provision of diet in the NRC for the SAM child and his/her mother along with loss of wages for family during stay at the facility. Mothers are also trained on preparation of nutritious food and maintenance of hygiene during child feeding. Moreover, for sensory stimulation of children, there is provision of indoor & outdoor games and audio-visual aids in the facility.
* Detection of SAM children is generally done by Anganwadi workers at Anganwadi Centres. In addition to this, they are also being detected at VHND sessions by Rashtriya Bal Swasthya Karyakram (RBSK) team.
* **Infant & Young Child Feeding Practices (IYCF):** IYCF training program for Anganwadi workers and other health service providers are going on for awareness regarding exclusive breastfeeding and complementary feeding.
* **National Iron Plus Initiative (NIPI):** Under this scheme iron & folic acid syrup and tablets are being distributed to different age groups in the following prescribed dosage:

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Type of Drug** | **Dosage** |
| 6 months – 5 years | IFA syrup | 1 ml biweekly |
| 6 years – 10 years | IFA tablet (paediatric) | Once weekly |
| 11 years – 19 years | IFA tablet (blue color) | Once weekly |