200 000 babies die in Maharashtra: Unwept, unsung

According to an in-depth multisite survey of child deaths in Maharashtra, nearly 200 000 children die in the state every year—525 deaths a day. ‘The Child Death Study and Action Group’ launched in 1998 recently completed the study and says that the data of the health department of the state is miserably incomplete, failing to record as many as 80% of deaths among children.

Officials figures show that the infant mortality rate (IMR) in Melghat, a remote tribal area in Maharashtra is only 37—an incredible figure. ‘We thought that child mortality was being grossly under-reported,’ said Dr Abhay Bang, project director and the author of the study. ‘Along with 13 non-governmental organizations we worked exhaustively to cover a populace of 227 000 people in 14 areas, 231 villages and 6 slums over two years. We visited each home four times in two years to collect data, and made panchnamas to ensure that no death went unconfirmed. By comparing our estimates for the whole state with the deaths recorded by the health department, we found that nearly 150 000 children were dying in Maharashtra every year without being noticed by the management information system of the health department of the state,’ he argued.

The survey detected 9377 births and 777 child deaths. Of 1000 children born, 32 were delivered dead (stillbirth rate), 51 died within 4 weeks of birth (neonatal mortality rate) and 69 died before 1 year of age (IMR). The survey also showed that female infanticide could be occurring in some areas.

The study was widely publicized by the media in Maharashtra. The health secretaries and ministers, stung by a wave of criticism, initially rejected the study and disagreed with the magnitude of the difference. However, on 5 December 2001 Dr Bang met Chief Minister Vilasrao Deshmukh. The meeting ended with the chief minister convinced that serious errors in the system called for urgent rectification. Dr Bang pleaded that 3 different wings of the state—the health department, the rural development department under the gram panchayat and the workers under the Integrated Child Development Scheme (ICDS)—were collecting data, but nobody was collating or compiling them. The person recording the death knew that earlier records were under-reports. He was afraid of recording a higher rate, ‘because on paper nobody wants more babies to die during his tenure’. The chief minister agreed that this indeed could have been the case.

The mortality data will now be monitored independently by the women’s gram sabha at the village level, by the collector at the district level, by an independent agency at the state level and also by non-governmental organizations.

The study also showed that next to neonatal deaths, pneumonia, diarrhoea and malnutrition accounted for most other deaths. The SEARCH (Society for Education Action and Research in Community Health) team had shown that when dais and village health workers were taught how to provide home-based neonatal care and to treat pneumonia in children, the IMR could be brought down from 121 to 40 in a tribal, poor and illiterate population of Gadchiroli district within a decade (Lancet 1990;336:201–6 and 1999;354:1955–61). The intervention is highly cost-effective: one needs to spend only Rs 4000 to save a life. The state government hopes to reduce the IMR by half in the next 5 years by adopting the SEARCH strategy in 14 districts in the state.

Deaths trigger fresh controversy over vitamin A programme in India

Paediatricians and nutritionists launched a barrage of criticism after 14 children died and thousands fell ill in the third week of November 2001 in the north-eastern state of Assam following a vitamin A campaign supported by UNICEF. Health officials are investigating the deaths and illness amid suspicions that children might have been overdosed during the statewide campaign to deliver vitamin A to 3 million children aged 1–5 years.

UNICEF had replaced the traditional 2 ml spoons with 5 ml cups to pour out vitamin A for the campaign. Health officials suspect that this switch in the method of measuring the dose and the inadequate training of health workers might have led to overdoses, but they have not ruled out contamination or other causes. UNICEF officials in New Delhi said that the cups had been introduced because they were considered more efficient and hygienic. They said the cups were now being withdrawn, but added that it was unlikely that overdoses had caused the deaths and illness. ‘Even a full 5 ml cup of vitamin A would not be lethal,’ a UNICEF official said.

Some doctors have questioned the benefits and safety of the administration of vitamin A through the ‘pulse campaign’ promoted by UNICEF. The campaign involves delivering the supplement to all children aged 1–5 years across a state on a single day. The Indian health ministry has had a vitamin A supplementation programme running for more than three decades that covers children aged 9 months to 3 years and is linked to immunization. However, less than 30% of targeted children in India receive even one dose of vitamin A. Paediatricians are urging more selective use of vitamin A because child nutrition has improved and symptoms of eye disease associated with vitamin A deficiency are becoming less common. However, UNICEF maintains that such symptoms are associated with advanced vitamin A deficiency and that children might be needlessly put at risk of impaired immune function and fatal infections long before such symptoms appear. Their argument is based on three separate trials of children hospitalized with measles. In all three, deaths among children given high-dose vitamin A supplements were significantly lower than among children not supplemented. The consistent results suggest that a change in vitamin A status can rapidly alter basic physiological functions concerned with cellular repair and resistance to infection, thereby saving lives. Paediatricians, on the other hand, reject that argument. ‘There is no clinching evidence to show reduction in mortality through vitamin A among children with subclinical vitamin A deficiency,’ said Dr Harsh Pal Singh Sachdev, Professor of Paediatrics and Clinical Epidemiology at the Maulana Azad Medical College, New Delhi.

A technical consultation initiated by the health ministry last year concluded that the existing data were not sufficient to recommend vitamin A supplementation to reduce mortality in children aged 1–5 years. The Nutrition Society of India has warned that the Assam episode will lead to an erosion of public confidence in government healthcare programmes and might even cause a serious setback to the pulse poliomyelitis campaign. The Assam government has been quick to blame UNICEF, which paid for the vitamin A, whereas UNICEF points out that the distribution programme is run by the government. It also says many of the deaths may not have been related to vitamin A.

S. P. KALANTRI, Sevagram, Maharashtra

ATUL SHARMA, Kolkata, West Bengal
Junior doctors’ strike in Andhra Pradesh

The Andhra Pradesh Junior Doctors Association (APJUDA) launched an indefinite strike in September 2001. They were seeking implementation of the demands that the government had accepted after its 22-day strike in January 2000.

The state government issued an order in March 2000 agreeing to increase postgraduate (PG) seats. However, it had neither notified these seats nor allocated the required money in the budget so far. Andhra Pradesh has only 606 PG seats against 1500 in Tamil Nadu, 1800 in Karnataka and 2200 in Maharashtra. Further, only 35 of the 116 PG courses in the state were recognized by the Medical Council of India (MCI). In some of the medical colleges, ‘all’ the PG courses remained unrecognized. This resulted in the weird situation of doctors holding PG degrees from these colleges, finding themselves technically disqualified to pursue speciality courses at other centres despite passing entrance examinations of these institutions. There was also the issue of refusal to allocate the promised sum of Rs 1.5 million for upgrading the library of each college.

Other than the hike in stipend, their only new demands were cancellation of a recent government order making 1-year rural service compulsory for all PGs and doing away with the collection of the ‘academic development fund’ from newly admitted students.

The strike was called off after 5 days when the government agreed in principle to allocate funds for libraries, cancel the orders for compulsory rural service and scrap the collection of the academic development fund. The government also agreed to make efforts to secure recognition from the MCI for the existing PG seats and increase the number of seats.

ALLADI MOHAN, Tirupati, Andhra Pradesh

National conference on people with mental handicaps

The Fifteenth National Conference on People with Mental Handicaps was held at Dehradun from 7 to 9 December 2001. It was sponsored by the National Institute for the Mentally Handicapped and hosted by Karuna Vihar, a local school for children with special needs. Over 400 participants from all over the country, including special educators, parents of children with disabilities as well as disabled people, attended it. An important feature of this conference was its interactive nature and the stress that the organizers placed on ‘showing by doing’.

The mysterious Siliguri fever is now believed to have been caused by a Nipah or Hendra-like virus, rather than a mutating measles virus. An official statement is yet to be released by the government.

Robert Tools, 59, the first person to receive a heart implant, died 151 days after surgery. He had severe abdominal bleeding and multi-organ failure, partly the result of anticoagulants. Four other patients have received AbioCor artificial hearts after Robert Tools; a fifth died during implant surgery.