

Internship

At

Piramal Foundation, DELHI

**To review the “Zero Diarrheal Death analysis” of child under 5 years
at South Salmara Block under Dhubri District, Assam.**

A Report

By

Mr. Anup Choudhury

PG /18 /104

Under the Guidance of

Dr. Pankaj Talreja



Post Graduate Diploma in Hospital and Health Management

2018-20

(Completion of Dissertation from respective organization)

The certificate is awarded to

ANUP CHOUDHURY

In recognition of having successfully completed his

Internship at South Salmara Block, Dhubri , Assam

To review the “Zero Diarrheal Death analysis” of child under 5 years at South Salmara Block under Dhubri District, Assam.

And has successfully completed his Project on

February to April (2020), Piramal Foundation , Assam

He comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish him all the best for future endeavors.

A handwritten signature in blue ink, appearing to read 'Hans', is written on a light-colored, slightly textured background.

District Transformation Officer

Dhubri District

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **ANUP CHOUHURY** student of **Post Graduate Diploma in Hospital and Health Management** (PGDHM) from **International Institute of Health Management Research New Delhi**, has undergone internship training at **Piramal Foundation, Assam** from February to April 2020

The Candidate has successfully carried out the study designated to him during Dissertation training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors

Dr. Pradeep K Panda

Dean, Academics and Student Affairs

IIHMR, New Delhi

Certificate of Approval

The following dissertation titled **“To review the “Zero Diarrheal Death analysis” of child under 5 years at South Salmara Block under Dhubri District, Assam”** at **Piramal Foundation, Assam** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Signature

Dr Manish Priyadarshini

Dr Sumeet Swain

Dr Nikita Sbherwal

Dr Ajay Sood

Certificate from Dissertation Advisory Committee

This is to certify that **Anup Choudhury** , a post graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He is submitting this dissertation titled "" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

A handwritten signature in blue ink, appearing to read 'Kaushik', is centered within a rectangular box. The signature is fluid and cursive.

Dr. Pankaj Talreja,
International Institute of Hospital
And Health Management Research

Kaushik Nath
DTM , Dhubri
Piramal foundation

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **To review the “Zero Diarrheal Death analysis” of child under 5 years at South Salmara Block under Dhubri District, Assam.**

and submitted by **Anup Choudhury** Enrollment No. **PG/18/104**

Under the supervision of Dr. Pankaj talreja For award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from February to April 2020

Embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Acknowledgement

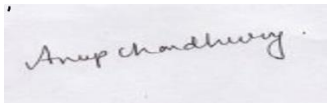

At the end of my dissertation , I would like to show sincere gratitude to Piramal foundation , for providing me such opportunity . Without their constant support and guidance it would never be a success .

I wish to express deep sense of gratitude to my organizational mentor Kaushik Nath , DTM for his constant help and cooperation able guidance and valuable suggestion and inspiration.

I am glad to acknowledge my guide Dr. Pankaj Talreja ,IIHMR-New Delhi for incorporating right attitude in my project towards learning and for helping and supporting whenever required .

I am thankful to International Institute of Health Management Research , New Delhi for giving me an opportunity to learn different subjects.

I genuinely thank to my father for his mental support without being presence with me .My mother and friend support also help me during this time .

Name of the Intern	ANUP CHOUDHURY	Designation	Intern
Department	OPERATIONS	Branch /Location	South Salmara, Dhubri
ID No	20559	Date of Joining	03/02/2020
Confirmation due date		Date of review	15/04/2020
Task performance: Rating Scale: 5 - Excellent, 4 - Very Good, 3 - Good, 2 - Average, 1- Poor			
S.No	Tasks Performed during the Probation Period	Rating	
1	Monthly Reporting of data (Facility based indicators)	4	
2	Data Analysis (Ability to analyze the datasets and facility assessment)	4	
3	Ability to assess the public health facilities (FRUs) critical to services and quality	4	
4	Relevance of dissertation submitted and use in existing by in intern on ADT program	3	
5	Meetings, Trainings/ capacity building sessions attended	5	
6	Stakeholders Management	4	
7	Any other task assigned (Pl. specify)	4	
Personal Attributes:			
1	Attendance	5	
2	Functional Knowledge	3	
3	Interpersonal Communication	3	
4	Team Work/ Integration with Team	3	
5	Initiative	3	
6	Integrity	4	
7	Decision Making	4	
8	Goal/ Task Orientation	4	
9	Learning & Sharing Ability	3	
10	Adherence to Org. Culture and Values	4	
Comments:			
Achieves optimal levels of performance and accomplishment with hard work, Excels at developing strategies that have delivered good results, Shows a sincere interest in FLW's and the solutions to their problems for healthy relationship, shares ideas and techniques with fellow mates, Builds strong relationships with all stake holders. Maintain harmonious and cooperative spirit.			
 Intern's Name & Signature with :Anup Choudhury, BTO , South Salmara (Dhubri) Date: 16th April 2020		 Reporting Manager's Name & Signature: Kaushik Nath, DTM Dhubri Date:- 15th April 2020 Reporting Manager's Name & Signature: Kaushik Nath, DTM Dhubri	

INTERNSHIP REVIEW REPORT (IRR) - (To be filled by reporting manager)





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CERTIFICATE ON PLAGIARISM CHECK

Name of Student (in block letter)	Dr./Mr./Ms.: ANUP CHOUDHURY		
Enrollment/Roll No.	P4/18/104	Batch Year	2018-20
Course Specialization (Choose one)	Hospital Management	Health Management	Healthcare IT
Name of Guide/Supervisor	Dr./ Prof.: PANKAJ TALREJA		
Title of the Summer Training/ Dissertation	To review the "Zero Diarrhoea Death Analysis" of child under 5 yrs to Santa Salmarca Block under Dibrugarh District - ASSAM.		
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Abstract

To review the “**Zero Diarrheal Death analysis of child under 5 years** ” at **South Salmara Block under Dhubri District** , Assam.

By

Anup Choudhury

PG/2018/104

Background : The limited access, insufficient availability of infrastructure , sub optimal or unknown quantity of health services and high out of pocket expenditure , poor economic condition of the people are key challenges in this area.

These challenges exists alongside a goal to make this Block “ Zero Diarrheal Death”

Objectives of the study

- 1.To know status of Zinc given during diarrhea as zinc supplements reduce the duration of a diarrhoea episode by 25% and are associated with a 30% reduction in stool volume for child
2. Status of Child having Diarrhea in past 2 weeks
3. To observed status of Rotavirus vaccine’s different doses

Methodology

Study Area :South Salmara block under Dhubri district of Assam is taken up as study purpose as there is less study about this .

Study Design :An experimental observational study was done at various part block who are designed as beneficiaries of government facilities

Sample Size : Two villages under South salmara blocksize between Feb 03 to March 15 in 2020

Source of data :I took data from “Piramal foundation” who prepared the Report “Zero Diarroeal Death analysis .

Data Anaysis : The collected data will be analyzed manually as well as by using statistical methods

Expected Outcome :

- good personal and food hygiene;
- health education about how infections spread; and
- rotavirus vaccination
- exclusive breastfeeding for the first six months of life;

Main Text

Introduction :

Piramal foundation is part of Piramal group . The foundation undertakes projects under the four areas healthcare , education , livelihood creation and youth empowerment . These project are done with communities , government and citizens

Project :

Swasthya : Piramal Swasthya is supported by Piramal Foundation . The project has signed with Karnataka Government to provide helpline services 104 .

The foundation tie up with NRHM Assam has set up a call centre for Pregnant Women in Assam . The efforts are focused towards reducing IMR (Infant Mortality rate) and MMR (Maternal Mortality rate) through this initiative .

Sarvajal : It is a social system that provides clean water through water ATM. It is operated in Madhya Pradesh , Punjab , Gujarat .

Piramal school of leadership :Education and Youth empowerment . This arm of piramal foundation is to develop leadership skills and relevant knowledge to impact the quality of education in the schools

[\[10\]](#)

ADT (Aspirational District Transform) :

NITI Aayog has partnered with Piramal foundation to “Transform Aspirational Districts” in India across education and primary healthcare & Nutrition

Piramal foundation become a section 8 company under the Companies Act , 2013 . It is an operating foundation and its own employees work on these described projects21 states of the country

Section :

Introduction :

As per WHO , Diarrhea is having three or more loose or liquid stools per day or as having more stools than is normal for that person

Different types of diarrhea

Secretory diarrhea means that there is increase in active secretion ,or there is an inhibition of absorption . There is little to no structural damage .

Osmotic diarrhea occurs when too much water is drawn into the bowels .If a person drinks solutions with excessive sugar or excessive salt , these can draw water from the body into the bowel and cause osmotic diarrhea .

Exudative diarrhea occurs with presence of blood and pus in the stool .This occurs with inflammatory bowel diseases , such as Crohn's disease.

Inflammatory diarrhea occurs when is damage to the mucosal lining or brush border , which leads to a passive loss protein rich fluids and decreased ability to absorb these lost fluids .

Dysentery means if there is blood visible in the stools . The blood is trace of an invasion of bowel tissue .

Health effect :

Diarrheal disease may cause a negative impact on both physical health and mental development .Early childhood malnutrition resulting from any cause reduces physical fitness and work productivity in adults , and diarrhea is primary cause of childhood malnutrition

Further evidence cause that diarrheal disease has significant impacts on mental development and other health .Diarrhea can cause electrolyte imbalance , kidney impairment , dehydration and defective immune system responses .When oral drugs are administered , the efficiency of the drug is to produce a therapeutic effect and the lack of this effect may be due to the medication , changing the dosing schedule , discontinuation of the drug and rehydration

Causes

Acute diarrhea is most commonly occur to viral gastroenteritis with rota virus . Bacterial infections also play crucial part . Various toxins such as mushrooms poisoning and drugs can alos cause acute diarrhea

Infection:

There are many causes of infection of diarrhea which includes parasite , bacteria . Rota virus cause huge problems in children below 5 years of age .

Some reasons for the infection :

Sanitation is a cause of concern for the diarrhea . Poverty associated with poor housing , food and other basic component which leads to create problems in sanitation .

Again **Nutrition** is also a cause of concern for the person having poor economic condition , lack of proper infrastructure and little knowledge of health

Methods of prevention:

1. Hand Washing is one of the basic method of prevention of diarrhea . It has been clearly seen a division between developed and developing countries . This is attribute to lack of soap .
2. Water is another component of prevention of disease of diarrhea .
3. Vaccination is very crucial method of prevention
4. Nutrition is also cause of concern for the diarrheal prevention . Zinc supplement decreases the rate of diarrheal death
5. Breast feeding is crucial for any diarrheal prevention of diarrheal infections

Epidemiology :

In 2004 , approximately 2.5 billion cases of diarrhea occurred whereas 1.5 million deaths among children under the age of five .Most of them cases are from Africa and south Asia .

Literature review :

Disease burden in India is

Disease burden in India is a significant problem in terms of country's development indicators . The health of National Survey conducted in 2016 by ministry of health and family Welfare reported that the overall health scenario in India saw significant improvement in 26 years between 1990 and 2016 .Diarrhoea , a major disease spurned by unsafe sanitation practices was a major cause of death in India, contributing to an average of 15.5% of total death in India .The states like Bihar , Chhattisgarh ,Jharkhand , Madhya Pradesh , Odisha , Rajasthan and Uttar Pradesh showed childhood mortality rates due to diarrhoea at severely high percentages between 50-60% compared to the national average of

13 %

According to United nations children's Fund Report ,626 million people in India practice open defecation .Poor sanitation , lack of access to clean water and in adequate personal hygiene are responsible for an estimated 88% of childhood diarrhea in India . Though the sanitation coverage in India is 59% there is huge disparity in terms of use of toilets in rural urban areas .however there have been significant improvement in households using toilets in rural areas during the last 10 years .

Hand washing before preparing food is a particularly important opportunity to prevent childhood diarrhea and it work best when it is part of a package of behavior change interventions . Washing hands after defecating or handling children's faces , washing hands with soap can reduce the risk of diarrheal disease by 42-47 % .

A survey conducted by UNICEF in 2005 on well being of children and women had shown that only 47 % of rural children in the age group 5-14 wash hands after defecation .Although the interventions promoting hand –washing and other hygiene measures clearly show a reduction in diarrheal risk in the short term , sustainability of hand washing behavior in the communities and the benefits of upscaling interventions need to be studied as India –specific data are scarce .Hand –hygiene program and mass media campaign on the hand washing day .

Programs should aim to make all communities free of open defecation by focusing on social and behavior change and the use of affordable , appropriate technologies .Emphasis should be laid on the sustainable use of sanitation facilities rather than the construction of infrastructure , through involment of a variety of stakeholders .As per the total sanitation campaign program in India , communities take a central role in Planning and implementing improved sanitation with assistance from the Government .There is a need for prioritization of certain interventional strategies with respect to environmental sanitation in India .

It became part it became part of child survival and safe motherhood program in 1992 and reproductive and child health (RCH) programme in 1997 ,.

Subsequently , it became part of child survival and safe motherhood program in 1992 and reproductive and child health programme in 1997 . Integrated management of Neo natal and Childhood illnesses has been implemented under RCH phase II ,in 223 of India's 640 district and more than 200000 workers had been trained since 2003 .

NRHM reaches out to underserved areas through health programs such as the Village health and Nutrition day . During these nutrition and health education sessions organized by auxiliary nurse midwife and anganwadi workers use of ORT is popularized among the community members

Subsequently, it became part of child survival and safe motherhood program in 1992 and reproductive and child health (RCH) programme in 1997. Integrated Management of Neonatal and Childhood Illnesses has been implemented under RCH phase II, in 223 of India's 640 districts, and more than 200,000 workers had been trained since 2003.[\[30\]](#) NRHM reaches out to underserved areas through health programs such as the Village Heal

General objectives of the study :

To review the “Zero Diarrheal Death analysis” at South Salmara Block under Dhubri district

Specific objectives of the study

- 1.To know status of Zinc given during diarrhea as zinc supplements reduce the duration of a diarrhoea episode by 25% and are associated with a 30% reduction in stool volume.
2. Status of Child having Diarrhea in past 2 weeks
3. To observed status of Rotavirus vaccine’s different doses

Methodology

Study Area :South Salmara block under Dhubri district of Assam is taken up as study purpose as there is less study about this .

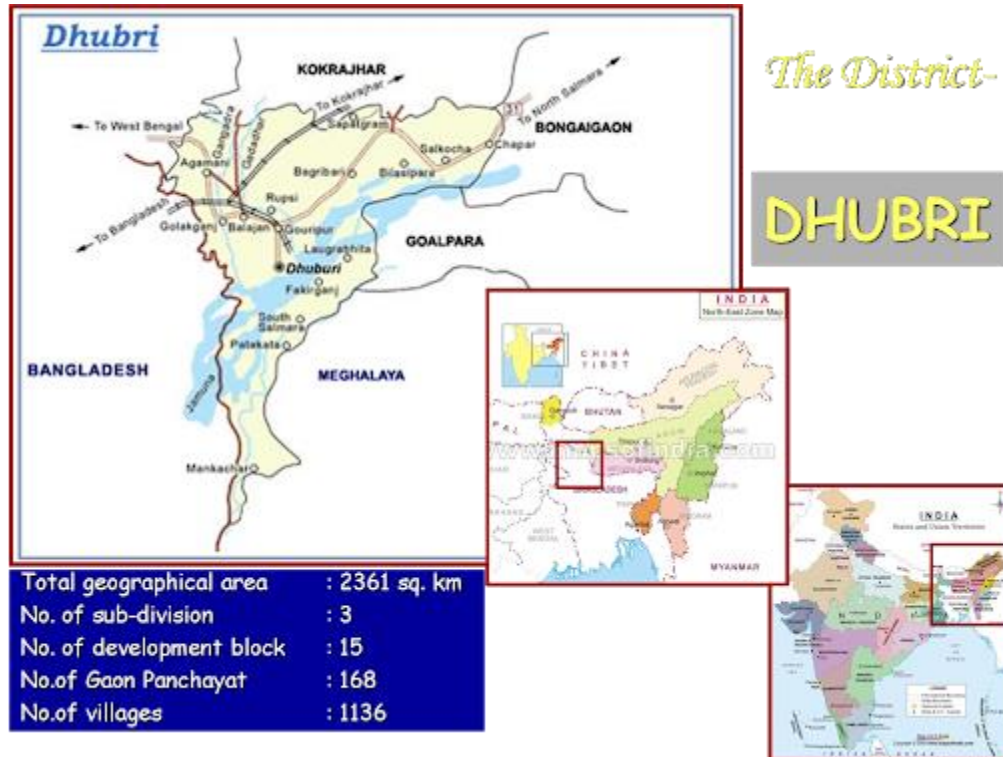
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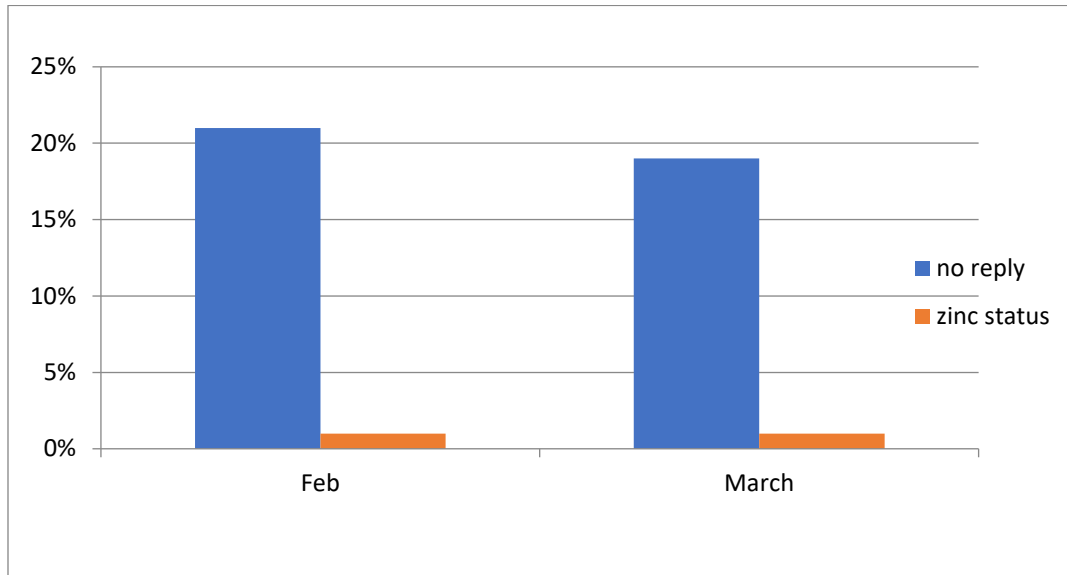
South Salmara political map



Result :

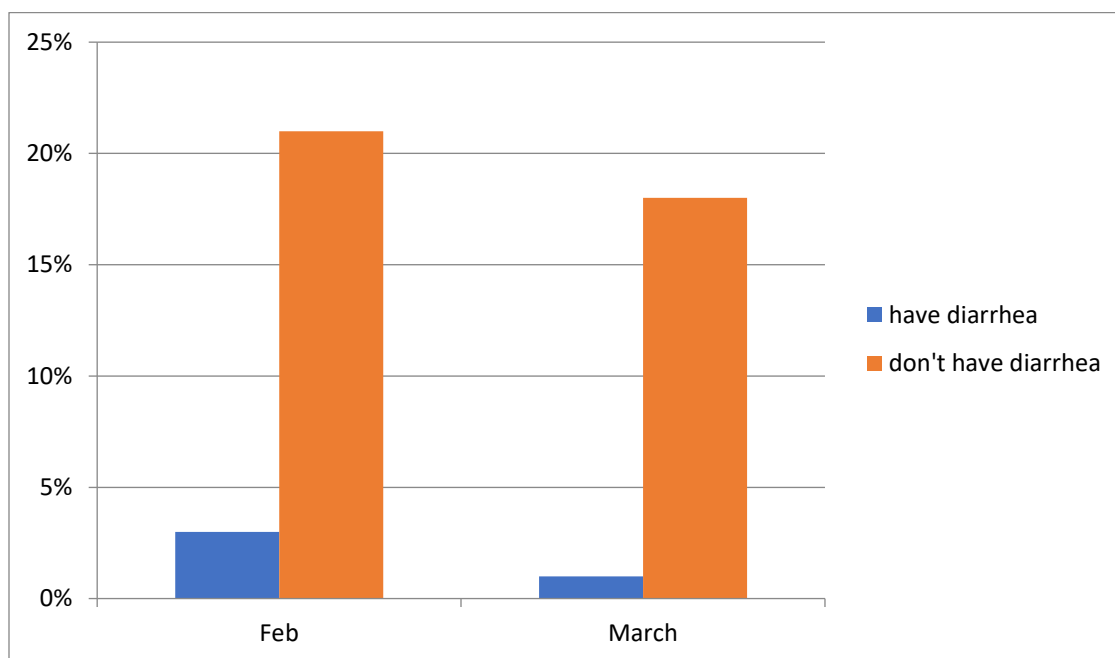
1. status of Zinc given during diarrhoea

It has been noticed that in the month status of Zinc given during , in month of Feb20 is 1% and in march 1% .And no reply from parent sides is Feb is 21% and march is 19%



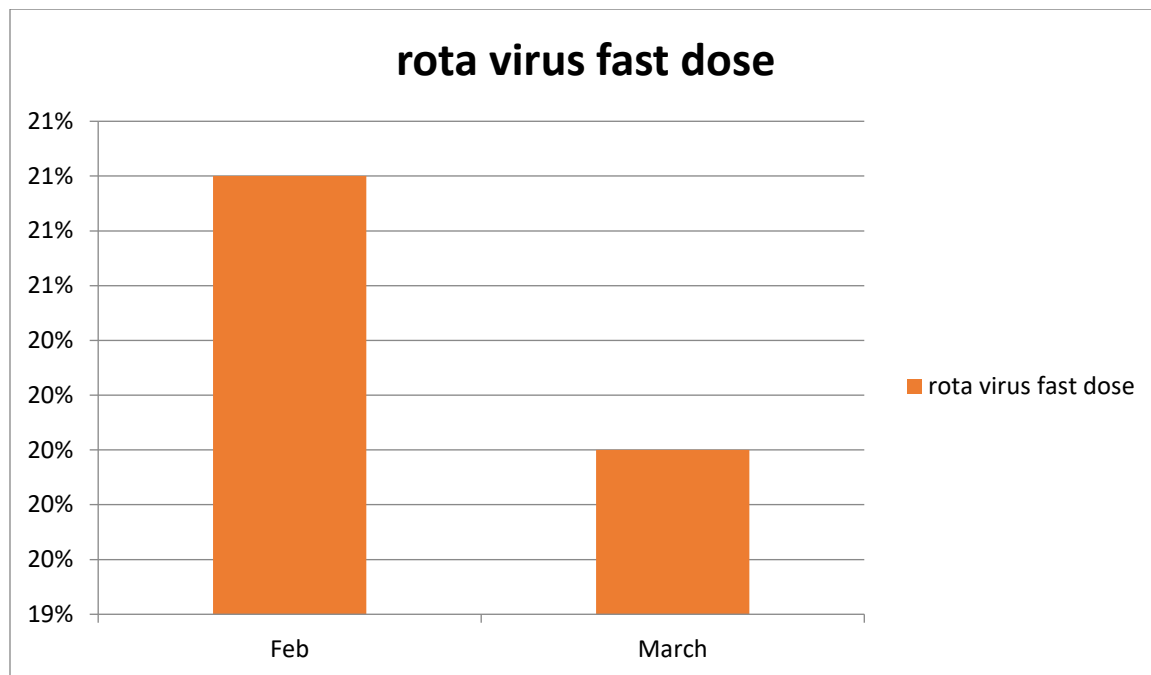
2. Status of Child having Diarrhea in past 2 weeks

It has been found that in “past 2 weeks” child have diarrhea in the moth of Feb is 3% and march is 1% and Child don’t have diarrhea in past 2 weeks Feb is 21 % and march 18%

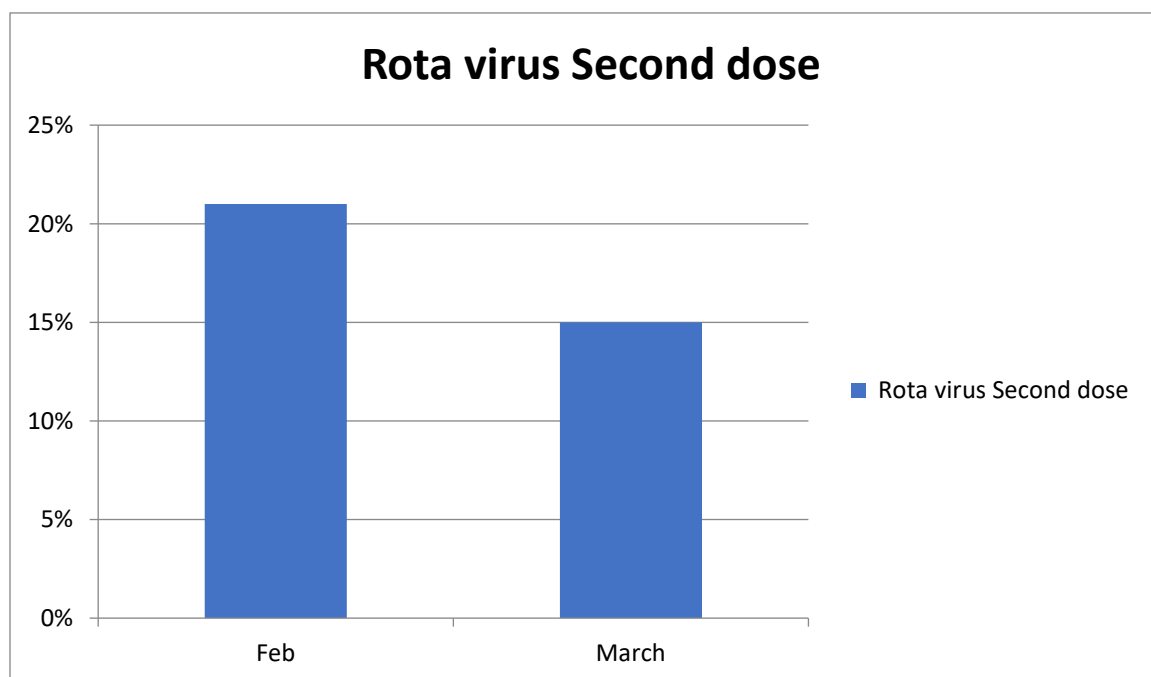


3. To observed status of Rotavirus vaccine's different doses

a. It is seen that status of Rotavirus vaccine first dose in Feb is 21 % and in march is 20%



b. It has been proved that Rotavirus vaccine **second dose** in Feb is 21% and march 15 %



Suggestions and recommendations :

1. Some of the areas in Dhubri along with Assam are doing good in this but still greater focuses on that are lacking with the pace . For this we need investment , focus , innovations for these areas
2. In diarrhea disease ,research across the spectrum, of basic , social issues with behavioral issues is essential
3. We need to focus on management strategies measures like environmental sanitation , health promotion and prevention practices like breastfeeding and use of clean drinking water are essential to reduce transmission of diarrheal disease .
4. Again we need to abide by the principle of MDG goal 4 (earlier) and now SDG

Conclusion :

India is always focus to achieve on this step . Assam , (dhubri) are committed to achieved better health indicators with focus on at bottom of the pyramid . We have been doing great towards our goals with limited resources . It will go further and bring a healthy society .

References :

<https://mohfw.gov.in/>

<https://niti.gov.in/>

<https://www.piramalswasthya.org/>

<https://hfw.assam.gov.in/>,

For more related information :

<http://pib.nic.in/newsite/PrintRelease.aspx?relid=177816>

<https://niti.gov.in/theme-type/health>

Annual health survey : http://www.censusindia.gov.in/vital_statistics/AHS/AHS_report_part1.pdf

<https://des.assam.gov.in/information-services/state-profile-of-assam>

Socio economic census 2011 : <https://secc.gov.in/welcome>



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