**Internship**

**At i i**

**Piramal iFoundation, iDELHI i**

**To ireview ithe i“Zero iDiarrheal iDeath ianalysis” of child under 5 years iat iSouth iSalmara iBlock iunder iDhubri iDistrict, iAssam.**

 **i**

 **i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i iA iReport**

**By**

**Mr. iAnup iChoudhury i**

**PG i/18 i/104**

**Under ithe iGuidance iof**

 **i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i I i i iDr. iPankaj i iTalreja**

**“**

**Post iGraduate iDiploma iin iHospital iand iHealth iManagement”**

**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.

 

 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 Foundatiom, 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.

 

Dr. Pankaj Talreja, Kaushik Nath

International Institute of Hospital DTM , Dhubri

And Health Management Research 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.

 Acknowlegement

At i ithe iend iof imy idissertation i, iI i iwould ilike ito i ishow isincere igratitude ito iPiramal ifoundation i, ifor iproviding ime isuch iopportunity i. iWithout itheir iconstant isupport iand iguidance iit iwould inever ibe ia isuccess i.

I iwish ito iexpress ideep isense iof igratitude ito imy iorganizational imentor iKaushik iNath i, iDTM ifor ihis iconstant ihelp iand icooperation iable iguidance iand ivaluable isuggestion iand iinspiration.

 iI iam iglad ito iacknowledge imy iguide iDr. iPankaj iTalreja i,IIHMR-New iDelhi ifor iincorporating iright iattitude iin imy iproject itowards ilearning iand ifor ihelping iand isupporting iwhenever irequired i.

 iI iam ithankful ito iInternational iInstitute iof iHealth iManagement iResearch i, iNew iDelhi ifor igiving ime ian iopportunity ito ilearn idifferent isubjects.

I igenuinely ithank ito imy ifather ifor ihis imental isupport iwithout ibeing ipresence iwith ime i.My imother iand ifriend isupport ialso ihelp ime iduring ithis itime i. i

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of theIntern** | **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 exisiting 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.  |
| **E:\desktop\SIGNATURE.jpg****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)

 **Abstract i**

 i iTo ireview ithe i i“**Zero iDiarrheal iDeath ianalysis of child under 5 years i”**  iat i**South iSalmara iBlock iunder iDhubri** iDistrict i, iAssam. i

 i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i iBy i

 i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i iAnup iChoudhury

 i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i iPG/2018/104

Background i: iThe ilimited iaccess, i iinsufficient iavailability iof iinfrastructure i, isub ioptimal ior iunknown iquantity iof ihealth iservices iand ihigh iout iof i ipocket iexpenditure i, ipoor ieconomic icondition iof ithe ipeople iare ikey ichallenges iin ithis iarea.

These ichallenges iexits ialongside ia igoal ito imake ithis i iBlock i“ iZero iDiarrheal iDeath”

Objectives iof ithe istudy

1.To iknow istatus iof iZinc igiven iduring idiarrhea i i ias izinc isupplements ireduce ithe iduration iof ia idiarrhoea iepisode iby i25% iand iare iassociated iwith ia i30% ireduction iin istool ivolume for child

2. iStatus iof iChild ihaving iDiarrhea iin ipast i2 iweeks i

3. iTo i iobserved istatus iof iRotavirus ivaccine’s idifferent idoses i

 iMethodology i

Study iArea i i i i i i:South iSalmara iblock iunder iDhubri i idistrict iof iAssam iis itaken iup ias istudy ipurpose ias ithere iis i iless istudy iabout ithis i.

Study iDesign i i:An iexperimental iobservational i istudy iwas idone iat ivarious ipart iblock i iwho iare idesigned ias ibeneficiaries iof i igovernment ifacilities i

Sample iSize i i: iTwo ivillages iunder i iSouth isalmara iblocksize ibetween iFeb i03 ito iMarch i15 i iin i2020

Source iof idata i:I itook idata ifrom i i“Piramal ifoundation” i i iwho i iprepared ithe iReport i i“Zero iDiarroeal iDeath ianalysis i.

Data iAnaysis i i: iThe icollected idata iwill ibe ianalyzed imanually ias iwell ias iby iusing istatistical imethods

Expected iOutcome i:

* good ipersonal iand ifood ihygiene;
* health ieducation iabout ihow iinfections ispread; iand
* rotavirus ivaccination
* exclusive ibreastfeeding ifor ithe ifirst isix imonths iof ilife;

Main iText i

Introduction i: i

Piramal ifoundation iis ipart iof iPiramal i igroup i. iThe ifoundation iundertakes iprojects iunder ithe ifour iareas i ihealthcare i, ieducation i, ilivelihood icreation iand iyouth iempowerment i. iThese iproject iare idone iwith icommunities i, igovernment iand icitizens i

Project i: i

Swasthya i: iPiramal iSwasthya iis isupported iby iPiramal iFoundation i i. iThe iproject ihas isigned iwith iKarnataka iGovernment i ito iprovide ihelpline iservices i104 i. i

The ifoundation itie iup iwith iNRHM iAssam i ihas iset iup ia icall icentre i ifor iPregnant iWomen iin iAssam i. iThe i iefforts iare ifocused itowards ireducing iIMR i(Infant iMortality irate i) iand iMMR i i( iMaternal iMortality irate i) ithrough ithis iinitiative i.

Sarvajal i: iIt iis ia isocial isystem ithat iprovides iclean iwater ithrough iwater iATM. iIt iis ioperated iin iMadhya iPradesh i, iPunjab i, iGujarat i.

Piramal ischool iof ileadership i:Education i iand iYouth iempowerment i. iThis iarm iof ipiramal ifoundation iis ito idevelop ileadership iskills iand irelevant iknowledge ito iimpact ithe iquality iof ieducation iin ithe ischools i

[[10]](https://en.wikipedia.org/wiki/Piramal_Foundation#cite_note-10)

ADT i( iAspirational iDistrict i iTransform) i i:

NITI iAayog ihas ipartnered iwith iPiramal ifoundation ito i“Transform iAspirational iDistricts” iin iIndia iacross ieducation iand iprimary ihealthcare i& iNutrition i

Piramal ifoundation ibecome ia isection i8 icompany iunder ithe i iCompanies iAct i, i2013 i. iIt iis ian ioperating ifoundation iand iits iown iemployees i iwork i ion ithese idescribed i iprojects21 istates i iof ithe icountry i

Section i:

 Introduction i:

As iper iWHO i, iDiarrhea iis ihaving ithree ior imore iloose ior iliquid istools iper iday i ior ias ihaving imore istools ithan iis inormal ifor ithat iperson

**Different itypes iof idiarrhea i**

**Secretory idiarrhea** imeans ithat ithere iis iincrease iin iactive isecretion i,or ithere iis ian iinhibition iof iabsorption i. iThere iis ilittle ito ino istructural idamage i.

**Osmotic idiarrhea** ioccurs iwhen itoo imuch iwater iis idrawn iinto ithe ibowels i i.If ia iperson idrinks isolutions iwith iexcessive isugar ior iexcessive isalt i, ithese ican idraw iwater ifrom ithe ibody iinto ithe ibowel iand icause iosmotic idiarrhea i.

### Exudative idiarrhea ioccurs iwith i ipresence iof iblood iand ipus iin ithe istool i.This ioccurs iwith iinflammatory ibowel idiseases i, isuch ias iCrohn’s idisease. i

**Inflammatory idiarrhea i ioccurs i**when iis idamage ito ithe imucosal ilining ior ibrush iborder i, iwhich ileads ito ia ipassive iloss iprotein irich ifluids iand idecreased iability ito iabsorb ithese ilost ifluids i. i

 **i iDysentery i**means iif ithere iis iblood ivisible iin ithe istools i. iThe iblood iis itrace iof ian iinvasion iof ibowel itissue i.

**Health ieffect** i i i: i

Diarrheal idisease imay icause i ia inegative iimpact ion iboth iphysical i ihealth iand imental idevelopment i.Early ichildhood imalnutrition iresulting ifrom iany icause ireduces iphysical ifitness iand iwork iproductivity iin iadults i, iand idiarrhea iis iprimary icause iof ichildhood imalnutrition i

Further ievidence icause i ithat idiarrheal idisease ihas isignificant iimpacts ion imental idevelopment iand iother ihealth i.Diarrhea ican icause ielectrolyte iimbalance i, ikidney iimpairment i, idehydration iand idefective iimmune isystem iresponses i.When ioral idrugs i iare iadministered i, ithe iefficiency iof ithe idrug iis ito iproduce ia itherapeutic ieffect iand ithe ilack iof ithis ieffect imay ibe idue ito ithe imedication i i, ichanging i ithe idosing ischedule i, idiscontinuation iof ithe idrug iand irehydration i

## Causes i

## Acute idiarrhea iis imost icommonly ioccur i ito iviral igastroenteritis iwith irota ivirus i i. iBacterial iinfections ialso iplay icrucial ipart i. iVarious itoxins isuch ias imushrooms ipoisoning iand idrugs ican ialos icause iacute idiarrhea i

Infection:

There iare imany icauses iof iinfection i iof idiarrhea i iwhich iincludes iparasite i, ibacteria i. iRota ivirus icause ihuge iproblems iin ichildren ibelow i5 iyears i iof iage i.

Some ireasons ifor ithe iinfection i:

**Sanitation** iis i i ia icause iof iconcern ifor ithe i idiarrhea i. iPoverty iassociated iwith ipoor ihousing i, ifood iand iother ibasic icomponent iwhich ileads ito icreate iproblems iin isanitation i.

Again i**Nutrition** iis ialso ia icause iof iconcern ifor ithe i iperson ihaving ipoor ieconomic icondition i, ilack iof iproper iinfrastructure iand ilittle iknowledge iof ihealth i

Methods iof iprevention:

1. Hand iWashing i i iis ione iof ithe ibasic i i imethod iof iprevention iof idiarrhea i i. iIt ihas ibeen iclearly iseen ia i idivision ibetween ideveloped iand ideveloping icountries i. iThis iis iattribute ito ilack iof isoap i. i
2. Water iis ianother icomponent iof iprevention iof idisease iof idiarrhea i.
3. Vaccination iis ivery icrucial imethod iof iprevention i
4. Nutrition i iis ialso icause iof iconcern ifor ithe idiarrheal iprevention i. iZinc isupplement idecreases ithe irate iof idiarrheal ideath i
5. Breast ifeeding i iis icrucial ifor iany idiarrheal iprevention i iof idiarrheal iinfections i i

Epidemiology i i:

In i2004 i, iapproximately i2.5 ibillion icases iof idiarrhea ioccurred iwhereas i1.5 imillion ideaths iamong ichildren iunder ithe iage iof ifive i.Most iof ithem icases iare ifrom iAfrica iand i isouth iAsia i. i

Literature ireview i:

Disease iburden iin iIndia iis i

Disease iburden iin iIndia iis ia isignificant iproblem iin iterms iof icountry’s idevelopment iindicators i. iThe ihealth iof iNational iSurvey iconducted iin i2016 iby iministry iof ihealth iand ifamily iWelfare ireported ithat ithe ioverall ihealth iscenario iin iIndia isaw isignificant iimprovement iin i26 iyears ibetween i1990 iand i2016 i.Diarrhoea i, ia imajor idisease ispurned iby iunsafe isanitation ipractices iwas ia imajor icause iof ideath iin iIndia, icontributing ito ian iaverage iof i15.5% iof itotal ideath iin iIndia i.The istates ilike iBihar i, iChhattisgarh i i,Jharkhand i, iMadhya iPradesh i, iOdisha i, iRajasthan iand iUttar iPradesh ishowed ichildhood imortality irates idue ito idiarrhoea iat iseverely ihigh i ipercentages ibetween i50-60% icompared ito ithe inational iaverage iof i

13 i%

According ito iUnited inations ichildren’s iFund iReport i,626 imillion ipeople iin iIndia ipractice iopen idefecation i.Poor isanitation i, ilack iof iaccess ito iclaen iwater iand iin iadequate ipersonal ihygiene iare iresponsible ifor ian iestimated i88% iof ichildhood idiarrhea iin iIndia i. iThough ithe isanitation icoverage iin iIndia i iis i59% ithere iis ihuge idisparity iin iterms iof iuse iof itoilets iin irural iurban iareas i.however ithere ihave ibeen isignificant iimprovement iin ihouseholds iusing itoilets iin irural iareas iduring ithe ilast i10 iyears i. i

Hand iwashing ibefore ipreparing ifood iis ia iparticularly iimportant i iopportunity ito iprevent i ichildhood i idiarrhea iand iit iwork ibest iwhen iit iis ipart iof ia ipackage iof ibehavior ichange iinterventions i. iWashing ihands iafter idefecating ior ihandling ichildren’s ifaces i, iwashing ihands iwith isoap ican ireduce ithe irisk iof idiarrheal idisease iby i42-47 i% i.

A isurvey iconducted iby iUNICEF i iin i2005 ion iwell ibeing iof ichildren iand iwomen ihad ishown ithat ionly i47 i% iof irural ichildren iin ithe iage igroup i5-14 iwash ihands iafter idefecation i.Although ithe iinterventions ipromoting ihand i–washing iand iother ihygiene imeasures iclearly ishow ia ireduction iin idiarrheal irisk iin ithe ishort iterm i, isustainability iof ihand iwashing ibehavior iin ithe icommunities iand ithe ibenefits iof iupscaling iinterventions ineed ito ibe istudied ias iIndia i–specific idata iare iscarce i.Hand i–hygiene iprogram iand imass imedia icampaign ion ithe ihand iwashing iday i. i

Programs ishould iaim ito imake iall icommunities ifree iof iopen idefecation iby ifocusing ion isocial iand ibehavior ichange iand ithe iuse iof iaffordable i, iappropriate itechnologies i.Emphasis ishould ibe ilaid ion ithe isustainable iuse iof isanitation ifacilities irather ithan ithe iconstruction iof iinfrastructure i, ithrough iinvolment iof ia ivariety iof istakeholders i.As iper ithe itotal isanitation icampaign iprogram iin iIndia i, icommunities itake ia icentral i irole iin iPlanning iand iimplementing iimproved isanitation iwith i iassistance ifrom ithe iGovernment i.There iis ia ineed ifor iprioritization iof icertain iinterventional i istrategies iwith irespect ito ienvironmental isanitation iin iIndia i.

It ibecame ipart iit ibecame ipart iof ichild isurvival iand isafe imotherhood iprogram iin i1992 iand ireproductive iand ichild ihealth i(RCH i) iprogramme iin i1997 i,.

Subsequently i, iit ibecame ipart iof ichild isurvival iand isafe imotherhood iprogram iin i1992 iand ireproductive iand ichild ihealth iprogramme iin i1997 i. iIntegrated imanagement iof iNeo inatal iand iChildhood iillnesses ihas ibeen iimplemented iunder iRCH iphase iII i,in i223 iof iIndia’s i640 idistrict iand imore ithan i200000 iworkers ihad ibeen itrained isince i2003 i. i

NRHM ireaches iout ito iunderserved i iareas ithrough ihealth iprograms isuch ias ithe iVillage ihealth iand iNutrition i iday i. iDuring ithese inutrition iand ihealth ieducation isessions iorganized iby iauxiliary inurse imidwife iand ianganwadi iworkers iuse iof iORT iis ipopularized iamong ithe icommunity imembers

Subsequently, iit ibecame ipart iof ichild isurvival iand isafe imotherhood iprogram iin i1992 iand ireproductive iand ichild ihealth i(RCH) iprogramme iin i1997. iIntegrated iManagement iof iNeonatal iand iChildhood iIllnesses ihas ibeen iimplemented iunder iRCH iphase iII, iin i223 iof iIndia's i640 idistricts, iand imore ithan i200,000 iworkers ihad ibeen itrained isince i2003.[[30](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4367049/#ref30)] iNRHM ireaches iout ito iunderserved iareas ithrough ihealth iprograms isuch ias ithe iVillage iHeal i i

General i iobjectives iof ithe istudy i:

To ireview ithe i“Zero iDiarrheal iDeath ianalysis” iat iSouth iSalmara iBlock iunder i iDhubri idistrict i

 iSpecific iobjectives iof ithe istudy

1.To iknow istatus iof iZinc igiven iduring idiarrhea i i ias izinc isupplements ireduce ithe iduration iof ia idiarrhoea iepisode iby i25% iand iare iassociated iwith ia i30% ireduction iin istool ivolume.

2. iStatus iof iChild ihaving iDiarrhea iin ipast i2 iweeks i

3. iTo i iobserved istatus iof iRotavirus ivaccine’s idifferent idoses i

 iMethodology i

Study iArea i i i i i i:South iSalmara iblock iunder iDhubri i idistrict iof iAssam iis itaken iup ias istudy ipurpose ias ithere iis i iless istudy iabout ithis i.

Study iDesign i i:An iexperimental iobservational i istudy iwas idone iat ivarious ipart iblock i iwho iare idesigned ias ibeneficiaries iof i igovernment ifacilities i

Sample iSize i i: iTwo ivillages iunder i iSouth isalmara iblock i ibetween iFeb i03 ito iMarch i15 i iin i2020

Source iof idata i:I itook idata ifrom i i“Piramal ifoundation” i i iwho i iprepared ithe iReport i i“Zero iDiarrheal iDeath ianalysis i.

Data iAnaysis i i: iThe icollected idata iwill ibe ianalyzed imanually ias iwell ias iby iusing istatistical imethods

South iSalmara ipolitical imap



Result i:

1. status iof iZinc igiven iduring idiarrhoea i i i

It ihas ibeen inoticed ithat iin ithe imonth istatus iof iZinc igiven iduring i, iin imonth iof iFeb20 iis i1% iand iin imarch i1% i.And ino ireply ifrom iparent isides iis iFeb iis i21% iand imarch iis i19%

 i

1. Status iof iChild ihaving iDiarrhea iin ipast i2 iweeks i

It ihas ibeen ifound ithat iin i“past i2 iweeks” ichild ihave i i i idiarrhea iin ithe imoth iof iFeb iis i3% iand imarch iis i1% iand iChild idon’t ihave idiarrhea iin ipast i2 iweeks iFeb iis i21 i% iand i imarch i18%

3. iTo i iobserved istatus iof iRotavirus ivaccine’s idifferent idoses i

a. iIt iis iseen ithat istatus iof iRotavirus ivaccine ifirst idose i iin iFeb iis i21 i% iand iin imarch iis i20% i

b. iIt ihas ibeen iproved ithat i iRotavirus ivaccine i**second idose** iin iFeb iis i21% iand imarch i15 i%

Suggestions iand irecommendations i:

1. Some iof ithe iareas iin iDhubri i ialong iwith iAssam i iare idoing igood iin ithis ibut istill igreater ifocuses ion ithat iare ilacking iwith ithe ipace i. iFor ithis iwe ineed iinvestment i, ifocus i, iinnovations ifor ithese iareas
2. In idiarrhea i idisease i,research iacross ithe ispectrum, iof ibasic i, isocial iissues iwith ibehavioral iissues iis iessential i
3. We ineed ito ifocus ion imanagement istrategies imeasures ilike ienvironmental isanitation i, ihealth ipromotion iand iprevention ipractices i ilike ibreastfeeding iand iuse iof iclean idrinking iwater iare iessential ito ireduce itransmission iof idiarrheal i idisease i.
4. Again i iwe ineed ito iabide iby ithe iprinciple iof iMDG i igoal i4 i( iearlier i) iand inow iSDG i

Conclusion i:

India iis ialways ifocus ito iachieve ion ithis istep i. iAssam i, i( idhubri i) iare icommitted ito iachieved ibetter ihealth i iindicators iwith ifocus ion iat i ibottom iof ithe ipyramid i. iWe ihave ibeen idoing igreat itowards iour igoals iwith ilimited iresources i. iIt iwill i igo ifurther i iand ibring ia ihealthy isociety i.

References i:

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

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

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

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

For imore i irelatedinformation i:

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

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

Annual ihealth isurvey i:<http://www.censusindia.gov.in/vital_statistics/AHS/AHS_report_part1.pdf>

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

 i iSocio ieconomic icensus i2011 i:<https://secc.gov.in/welcome>

