CHAPTER I

INTRODUCTION

Acute respiratory infections (ARI) have long been recognized as a leading cause of morbidity and mortality. especially among the very old and very young. ARI, diarrhoeal diseases and under nutrition are the principal causes of illness and death among children under 5 years of age. ARI caused approximately 4.5million death among children under 5 years of age and the majority of these deaths occurs in developing countries. It has been estimated that about 20 % of infants born in developing countries failed to survive their fifth birthday and that one fourth to one third of child mortality is attributed to ARI. According to WHO estimates among all the child death, 33 % of the death are due to ARI. mostly from pneumonia. ARI is the most common cause of death among under 5 children in developing countries and it accounts 80% of death (WHO, 1986).

The severity and lethality of ARI is much greater in developing countries than that of developed countries. Pneumonia in children in developing countries are 30 to 70 times higher than in developed countries (WHO, 1986). Many episodes of pneumonia lead to death within 3-5 days. Many deaths from pneumonia occur because of lack of appropriate antibiotics in the health care facility. Easy and quick access to anti-microbial therapy is a crucial factor in the reduction of mortality from pneumonia.

Standard case management for ARI, recently introduced by WHO, states that pneumonia should be diagnosed early before it becomes life threatening. It has been found that the critical signs can be learned easily by a minimally trained health worker and mother/care taker. It includes giving antibiotic and treat at home or hospital / any health institution.

Acute respiratory infection poses a significant problem in Nepal. It is estimated that among the 100 thousands death in children of under 5 years from all causes, ARI alone accounts about 40,000 of death (MOH, 1994). Many factors are responsible for the mortality from ARI. In the case management of children with ARI, especially for pneumonia, provision of appropriate antibiotics has an important role in treating early for saving life of the children. It is therefore because a child with pneumonia can not survive if he does not get an appropriate antibiotic in time. In Nepalese context, the target of reducing child mortality from 118 to 70 by the year 2002 AD might fail if the case management on pneumonia and supply of appropriate antibiotics is not strengthened at the sub-health post level. Health post and Sub-health post are grass root level health institution and most of the population depends on these health institution for primary health care services (NPC, 1997)

It is found that use of health facility for the treatment of ARI is low in Nepal. Less than 1 in 5 children suffering from ARI were reported to be taken to health facility (Pradhan et al., 1996). Due to the quick progressive nature of ARI and the present inability of the existing health infrastructure to meet the needs of rural communities, many pneumonia cases do not get proper and timely treatment. Therefore, community

health worker must be trained to deal with this major public health problem and the drug supply should be strengthened at the Sub-Health post.

To reduce high morbidity and mortality, community-based approach is extremely important, giving the difficult and inaccessible villages and poor health infrastructure in Nepal. Similarly, it is also related with low use of Health facility for the treatment of ARI in Nepal. Female Community Health Volunteers come from the community where they live and they are readily available in the community. Therefore, they could be trained and they might help in reducing the morbidity and mortality at the doorstep if proper training on ARI case management with appropriate support with drugs and follow-up is carried out.

The preceding part of the essay gives an overview of ARI/Pneumonia in the world as well as in Nepal. Various problems and solution are discussed in this chapter. Different intervention for the control of ARI/ Pneumonia taken by various institution and persons are discussed. Among the various intervention, I have selected an appropriate intervention to give training on case management of ARI to the community Health worker (In Nepalese context for FCHV) as well as the strengthening of drug supply and ARI case management in the door step by Female Community Health Volunteer (FCHV).

In the proposal part, discussion is done to clarify the study rationale, problem statement, study site, purpose statement. Training to FCHV, Strengthening of drug supply, supply of drug to FCHV and ARI case management by FCHV at the doorstep will be done as a part of the intervention.

Documents review will also be done to assess the impact of the given intervention in other countries. After one year of these sort of activities impact assessment will be carried out. For impact assessment, quality of services given by FCHV to mothers, continuity of drug supply, knowledge of FCHV on ARI Case Management, opinion of Community people on FCHV service will be reviewed. Qualitative approach will be used for the evaluation. Documents review, Semi-Structure Interview and Focus Group Discussion (FGD) will be used to collect qualitative data for the given intervention.

Data exercise was done by visiting the intervention site, Tharke Sub-Health Post in Dhading District Nepal. Detailed information on data exercise is given in Chapter 4. The important findings of data exercise is that the FCHV are not trained on ARI management and therefore have not taken care of any child with ARI in their areas. Similarly, another important finding was that the primary anti-bacterial was supplied in a very low quantity, sufficient only for 4-6 months. This does not include supply to FCHV and covers only OPD patients. Experience from data exercise showed that the local Village Development Committee (VDC) seems to be willing to help the Sub-Health post in carrying out ARI management to children.

For the study, literature on ARI was collected from medical library and pharmaceutical library of Chulalongkorn University. In this university, I collected sufficient amount of journals including BOSTID research findings on ARII and collected ARI news from Nonthaburi and a number of journal and other information from the College of Public Health library and Central library of Chulalongkorn University. Similarly, I have used WHO and UNICEF library, Institute of Medicine

located in Kathmandu Nepal during my fieldwork for data collection. I have collected a lot of relevant articles to my study from all these sites. It helped me a lot to clarify many issues related with ARI and functioning of SHP and FCHV.

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