

PART V

PRESENTATION

I presented the over all view of my thesis on the topic "**Female Community Health Volunteer training: A Strategy to improve the case management of acute respiratory infection in children under 5 years old in Nepal.**" on 8th September, 1998 to the examination committee. The presentation was divided into four parts; introduction, essay, proposal and data exercise.

In the essay part, I presented the issues addressing the thesis, conclusion, evidence, reasons for the issue, magnitude and severity of the ARI problem, conceptual frame work of the factors affecting Community-Based Management of children under 5 years old, the need of FCHV training, possible strategies for the reduction of ARI in children under 5 years old. I also presented some data about the ARI problem as well as the prevalence of ARI in Nepal.

In the proposal, I presented the figures showing the process of Community Based Management of ARI in under 5 years olds in the intervention village to reduce pneumonia as well as ARI related mortality in the village. I presented the general objectives, specific objectives of the given intervention. The proposed program which

I presented was divided into four parts such as Training to FCHV, Strengthening the drug supply, strengthen supervision and monitoring of case management services provided by FCHVs and the impact assessment of the above activities.

In the data exercise part which was done in the intervention Thakre village of Dhading District Nepal. In this part I presented the objective of the data exercise, methods used in the data exercise, the conclusion of the data exercise, the limitation of the data exercise and lesson learned from data exercise

During presentation, the committee members asked me questions about my thesis and I tried to answer the queries as far as possible. In the meantime, the committee members gave me advice to improve my study and I have incorporated this advice into my thesis.

All together I presented 31 slide. Among these there were some tables and maps which are in the appendices, So these are not shown here. Others are given sequentially as shown in the examination committee

Title of the thesis

Female Community Health Volunteer training: A Strategy to improve the case management services of children under 5 years old with ARI in Nepal.

ARI problem Globally and Nationally

- ☐ 15 million of children under 5 years old die each year, among them 96% are from the third world and 1/3 of these die from pneumonia.
- ☐ Out of a hundred thousand children in Nepal, more than 40 thousand deaths are due to ARI specifically from pneumonia.
- ☐ An average of 5 episode of ARI occur in Nepal per child per year.
- ☐ More than 60 % of the reported cases are pneumonia and severe pneumonia in Nepal.

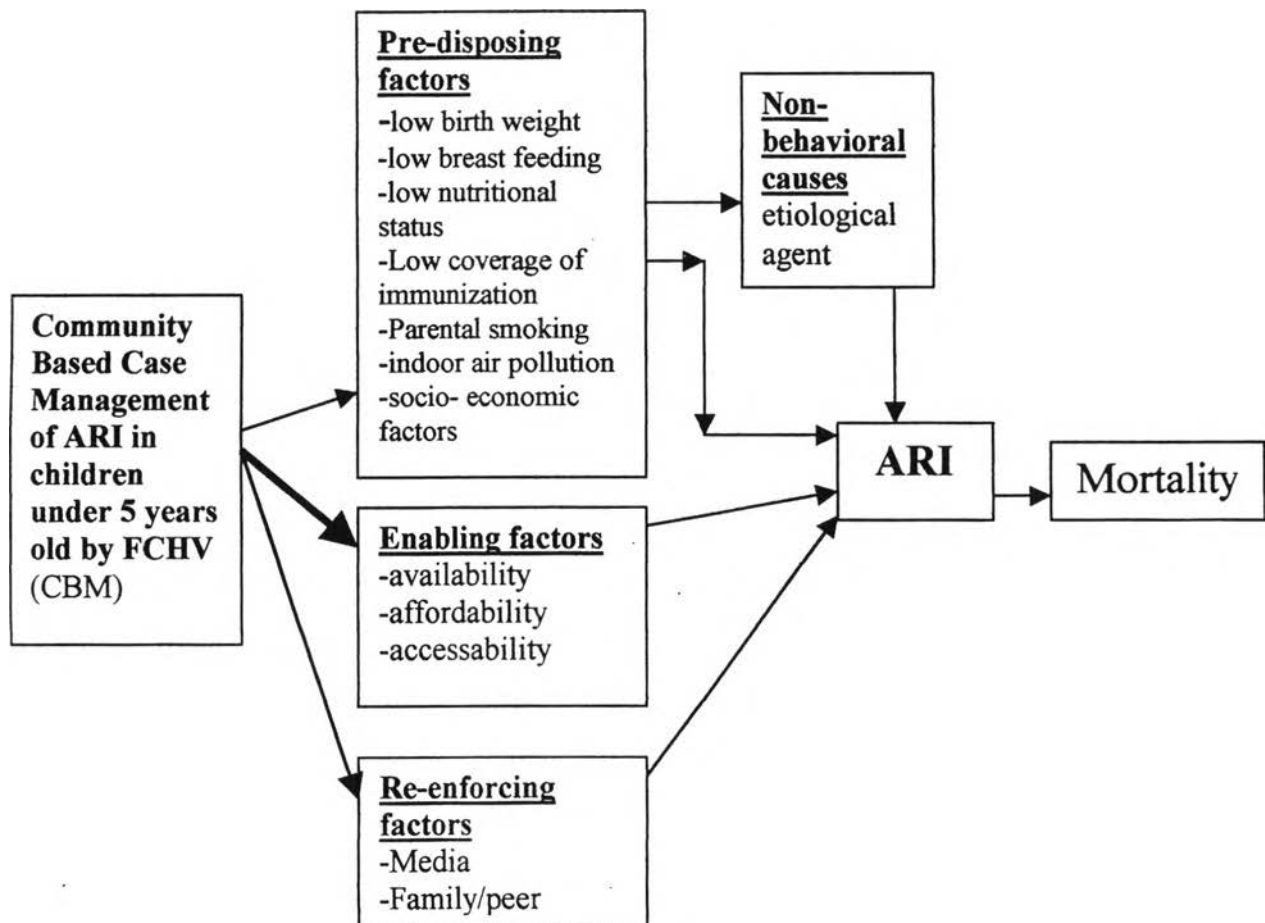
Issue

What strategy can improve the ARI case management in under 5 year olds in Nepal?

Conclusion

Training to Female Community Health Volunteer on Acute Respiratory Infection can improve Case management services to children under 5 years old in Nepal.

**CONCEPTUAL FRAME WORK SHOWING THE CAUSAL
RELATIONSHIP OF FACTORS AFFECTING 5 ARI IN
CHILDREN UNDER 5 YEARS OLD**



Source: The PRECEDE-PROCEED Model for Health Promotion Planning and

Evaluation. By Kaplan, Sallis and Patterson : Text book of Health and Human

Behavior

Reasons

- ☐ ARI case management knowledge and skills among Poor community health workers.
- ☐ Deficit quantity of ARI anti-bacterial in the health institutions of Nepal.
- ☐ Lack of accessibility of health services.
- ☐ Low literacy level among women.

Possible strategies

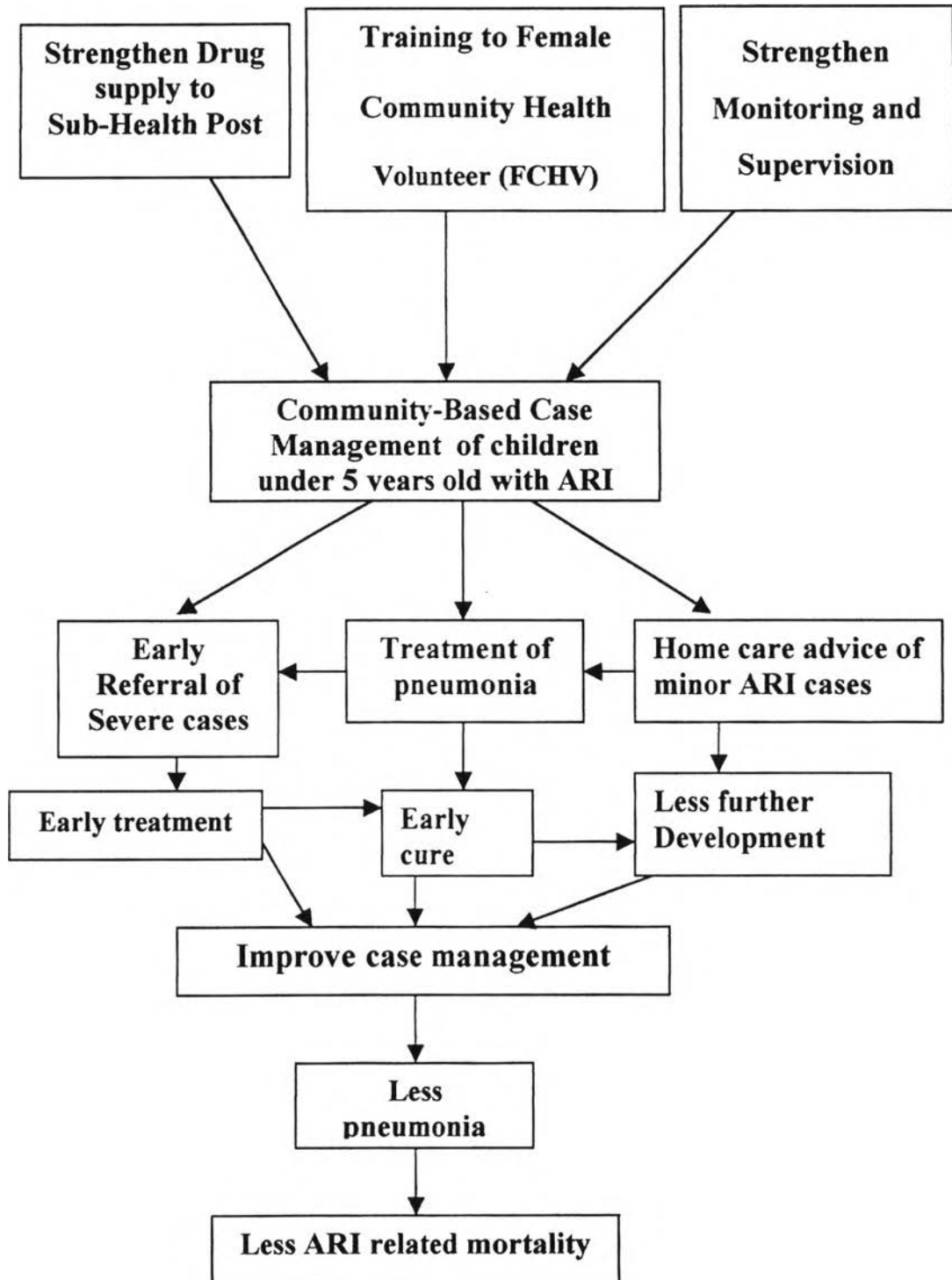
- ☐ Integration of the health services with other health programs.
- ☐ Emphasize the appropriate training of the health workers.
- ☐ Adequate supply of ARI anti-bacterial to the health institutions
- ☐ Health education to the community.
- ☐ Immunization and pneumo-coccal vaccine.
- ☐ Immediate referral to hospitals

**Needs of ARI Case Management through
Female Community Health Volunteer**

- ☐ Closest Health care provider.
- ☐ Knowledge of their community needs
- ☐ Available whenever necessary
- ☐ Understand the terminology used by the mothers
- ☐ Mothers can contact FCHV to seek care in the early stages
- ☐ Most of the ARI death occur in the community, at home, in Nepal

**PROCESS OF COMMUNITY- BASED MANAGEMENT OF
ARI IN CHILDREN UNDER 5 YEARS OLD IN THE INTERVENTION**

VILLAGE



<p><u>Proposal</u></p> <ul style="list-style-type: none"> ☐ Rationale ☐ Problem statement ☐ Propose statement ☐ Objectives ☐ General ☐ Specific Intervention design research approach 	<ul style="list-style-type: none"> ☐ Research components ☐ Budget of the study ☐ Plan for data analysis ☐ Plan of Activity ☐ Potential problem ☐ Ethical issues ☐ Technical equipment requirement ☐ Man-power requirement
--	---

General objectives of the study

- ☐ To improve the management of severe Acute Respiratory Infection in children under 5 years old at the grass root level through Female Community Health Volunteer (FCHV), to reduce the mortality from ARI

Specific objectives of the Study

- ☐ To train the FCHVs on ARI case management in Thakre village of Dhading districts, Nepal according to the available guidelines for providing service at the door step.
- ☐ To strengthen the drug supply for ARI case management at the Thakre Sub-health Post in Dhading District Nepal.
- ☐ To improve services through supervision and monitoring
- ☐ To assess the impact of the intervention

Assessment of the impact of the intervention

Component of the intervention

- ☐ Socio-demographic profile
- ☐ Diseases profile encountered in the last year.
- ☐ Quality of health services rendered by FCHVs regarding ARI case management and referral
- ☐ Drug availability for the ARI case.

Research Method

- ☐ Documents Review
- ☐ Semi-structured interview
- ☐ Focus group discussion

Research Instruments

- ☐ Documents Review checklist
- ☐ Semi-structured interview guidelines
- ☐ Focus group discussion guidelines

Data exercise

- ☐ Introduction of data exercise
- ☐ Data collection method
- ☐ Data collection procedure
- ☐ Interaction with key partners at central level
- ☐ Data collection at targeted area
- ☐ Findings of data exercise
- ☐ Discussion on findings of data exercise
- ☐ Conclusion
- ☐ Limitation of data exercise

Objectives of data exercise

- ☐ To find out the level of knowledge on ARI case management among FCHV of targeted village
- ☐ To find out the willingness of the FCHV on ARI case management
- ☐ To improve the design of intervention program based on the lesson learned from data exercise

Methods used in data collection

- ☐ Semi-structured interview FCHV
- ☐ Focus group discussion with FCHV
- ☐ Interviews with mothers of children under 5 years old

Conclusion of data exercise

- ☐ FCHVs are interested in receiving training.
- ☐ They visit the houses every now and then.
- ☐ They are eager to help sick children and provide treatment for ARI if drugs are supplied to them.