# Factors Affecting the Preference for Acute Respiratory Infection Service Providers Working Under Integrated Management of Childhood Illness Programme in Nawalparasi District

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Date: 2002

**Background**

Acute Respiratory Infection is a major cause behind high mortality of under-5 children in developing countries. Integrated Management of Childhood Illness has been implemented to improve the case management skill of the health-care workers, overall health systems, and family and community health practices and to reduce the overall mortality rate of under-5 children.

**Methods**

This study was descriptive and cross-sectional. The study was done in Nawalparasi district. The study took place in Bhujhawa, Amraut and Banjaria (considered as one VDC to complete sample size) VDCs from terai area and Benimanipur and Dibyapuri VDCs from the hill area. The study sample consisted of the cases of acute respiratory infection management at all levels of the four VDCs. Method of data collection was interview, observation and reviewing secondary data from both health institutions and FCHVs. The VDCs were selected using purposive sampling. Total number of cases from the Terai area was 160 and 148 were from the hill area.

**Results**

Based on the eight factors of satisfaction considered in this study, it was found that majority (92%) of the care-seekers were satisfied with the ARI case management provided to the children under integrated management of childhood illness in health institutions whereas 93.83% of the care seekers were satisfied with the ARI case management provided to the children under integrated management of childhood illness by FCHVs. By area, 93.8% of the care-seekers were satisfied in Terai with compared to 91.97% of the care-seekers in the hill area. Location of ARI service providers for ARI case management was found to be satisfactory for 98.1% of the care-seekers of health institutions and 96.1% care-seekers are satisfied with the location of FCHVs. Examination procedure under IMCI was found to provide satisfaction for the 94.8% of the care-seekers of the health institutions and 95.5% care-seekers are satisfied with FCHVs. A total of 94.2% of the care-seekers are satisfied with behavior of health institution staffs and 96.8% of the care-seekers are satisfied with the behavior of FCHVs. A total of 92.9% of the care seekers are satisfied with the drug availability in health institutions and 93.5% of the care-seekers are satisfied with the drug availability with FCHVs. A total of 92.2% of the care seekers are satisfied with the perceived costs of available drugs in health institutions compared with 95.5% of the care-seekers with FCHVs. Perceived advices given during the ARI case management under IMCI is found to be 96.1% and 93.5% for health institutions and FCHVs respectively. For the users of health institutions, 80.5% care seekers are satisfied with the follow up visit while 85.7% of the care seekers are satisfied with the FCHVs. For the perceived result of ARI cases being managed under IMCI, 87% of the care seekers are satisfied with the health institutions and 94.8% care seekers with FCHVs. In this study, 40.3% of the health institution users and 40.9% of the FCHV users were found to have been informed of the four general danger signs. Geographically, it is found to be 32.5% and 49.3% for terai and hill area respectively. However more than 60% of the care seekers cannot recall any of the four danger signs after one year of visit. More than 75% of all care seekers are found to be informed about nutrition and immunization status.

**Conclusions**

IMCI has improved the health system and brought about a positive change in family and community health practices. This could be further improved upon by improving the skill level of ARI service providers and through appropriate form of drug supplied and by encouraging field-visits by the VHWs and MCHWs. The access to FCHVs and health institutions should be made easier by training more manpower. The programme could be made more effective by providing regular refresher courses to the FCHVs and raising awareness level of care seekers themselves through the use of appropriate IEC materials.

**Keywords:** acute respiratory infection; care-seekers; FCHVs; health institutions; integrated management of childhood illness; service providers.