

**FEMALE COMMUNITY HEALTH VOLUNTEER TRAINING:
A STRATEGY TO IMPROVE THE CASE MANAGEMENT
OF ACUTE RESPIRATORY INFECTION
IN UNDER 5 CHILDREN IN NEPAL**

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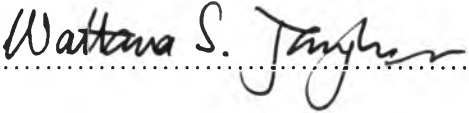
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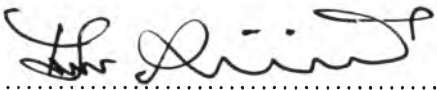
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ABSTRACT

The high morbidity and mortality among children under 5 years of age in Nepal is mainly due to the Acute Respiratory infection. The Government of Nepal has set a target in reducing child mortality from 118 to 70 by the year 2002 AD. Looking at the present situation, it is not possible to reduce ARI mortality without an appropriate intervention that will be the training to the community health worker on ARI case management and provision of treatment at the door step to the children.

The general objective of the proposed study is to improve the management of severe acute respiratory infection at the grass level through Female Community Health Volunteer (FCHV) to reduce the mortality of under 5 child from ARI. For this study, some specific objectives like Training to FCHV in ARI case management, Strengthening of drug supply, providing of ARI case management service with drug at the door step of the intervening village have been set out.

A three days ARI case management training program to FCHV will be conducted starting from December 1998 by the researcher with the help of National Health Training Center and Child Health Division in Thakre Sub-Health Post of Dhading District, Nepal. Along with the training, drug supply to that particular SHP will be strengthened. After the training the FCHV will provide ARI case management

services to the under 5 child of that village. A regular supply of Primary antibacterial (Co-trimoxazole) will be made to the FCHV through VHW.

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

Impact assessment of the given intervention will be carried out after one year. The data collection method will be semi-structured interview, Focus Group Discussion (FGD), and documents review. This intervention will help to know the strength and weaknesses of the given intervention. This intervention gives the possible answer to: Are FCHV a proper person for the case management of ARI at the grass root level? What are the possible difficulties in carrying out such types of intervention? Ultimately the impact evaluation will help the programmer and planner to plan similar type of intervention in order to reduce morbidity and mortality in the country.

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ACRONYMS AND ABBREVIATIONS

ARI	=	Acute Respiratory Infection
AHW	=	Auxillary Health Worker
CHD	=	Child Health Division
Co-trim	=	Co-trimoxazole (Trimethoprim + Sulphamethoxazole)
DHO	=	District Health Office
DoHS	=	Department of Health Services
FCHV	=	Female Community Health Volunteer
HMG	=	His Majesty's Government
HMIS	=	Health Management Information System
HP	=	Health Post
LMD	=	Logistic Management Division
MOH	=	Ministry of Health
MCHW	=	Maternal and Child Health Worker
NPC	=	National Planning Council
NHTC	=	National Health Training Center
NHEICC	=	National Health Education, Information and Communication Center
RMS	=	Regional Medical Store
SCM	=	Standard Case Management
SHP	=	Sub-Health Post
TBA	=	Trained Birth Attendants
VDC	=	Village Development Committee
VHW	=	Village Health Worker