ACCESS TO AND UTILIZATION OF HEALTH SERVICES IN THE AREAS WITH AND WITHOUT CIVIL CONFLICT IN NEPAL: A CASE FOR TUBERCULOSIS SERVICES THROUGH DISTRICT HEALTH FACILITIES



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A Dissertation Submitted in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy in Public Health
Health Systems Development Program
College of Public Health
Chulalongkorn University
Academic Year 2003
ISBN 974-9599-39-X
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	Access to and Utilization of Health Services in the Areas With and Without Civil Conflict in Nepal: A Case for Tuberculosis Services through District Health Facilities
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AN ABSTRACT

PH: 021345 : MAJOR HEALTH SYSTEMS DEVELOPMENT PROGRAMME

KEYWORDS: ACCESS, UTILIZATION, BURDEN, PHYSICAL AVAILABILITY, FINANCIAL AFFORDABILITY, ACCEPTABILITY, GEOGRAPHICAL ACCESSIBILITY AND CIVIL CONFLICT. SURESH KUMAR TIWARI: ACCESS TO AND UTILIZATION OF HEALTH SERVICES IN THE AREAS WITH AND WITHOUT CIVIL CONFLICT IN NEPAL: A CASE FOR **TUBERCULOSIS SERVICES** THROUGH DISTRICT FACILITIES. DISSERTATION ADVISOR: PROFESSOR CHITR SITTHI-AMORN, M.D., Ph.D. DISSERTATION CO-ADVISOR: PROFESSOR EDGAR J. LOVE, M.D., Ph.D. 335 pp. ISBN 974-9599-39-X.

Objectives: To determine amongst TB patients, whether the existing a) burden of disease, b) physical availability, c) financial affordability, d) acceptability, e) geographical accessibility, and f) level of civil conflict affect access to and utilization of TB services in the areas with and without civil conflict. Then, to develop plans including their evaluation for strengthening DOTS to be used by District Health Facilities (HF) that will assist in improving access to and utilization of TB services in areas with and without civil conflict

Methods: The cross sectional study with both qualitative and quantitative research methods was used in this study. For the reliability of the data from FGD inter rater reliability testing, the Holsti test (Coefficient of Reliability > 0.80) was used. A questionnaire was administered to 180 randomly selected TB patients in each of the Districts of Lalitpur (NCA) and of Dang (CA). The data was analyzed using the chisquare test and logistic regression; with only P<0.05 being considered as statistically significant.

Results: The prevalence of the TB has been found to be increasing in CA. An analysis of FGD suggested that the burden of disease is higher in CA than NCA. The multivariate analysis demonstrated that knowledge about TB drugs and dogmatic behaviors of health workers are statistically associated (P-value .008, and .004) with access to TB services between CA and NCA. In addition to that the model showed that satisfaction with the services, health facilities within walking distance and killings which happened in the patients family and community are statistically associated (Pvalue .039, .024 and .004) with utilization of TB services.

Conclusion: Based upon the findings, plans were developed and will be recommended for the implementation by District Health Facilities. It is acknowledged that an extensive study with larger samples, wider time span and multidisciplinary research study team are crucial to establish more valid conclusions.

Field of the Study: Health Systems Development

Academic Year: 2003

Student's Signature: Advisor's Signature: Buth Ally and Co-advisor's Signature:

Acknowledgements

I would like to express my profound appreciation to Professor Chitr Sitthiamorn, my advisor who provided ample academic guidance, encouragements and guardianship during my study. Without his support I cannot be reached to this point of my study.

As I used to hear a story from my Mother about the luck, how it comes and what it makes different in peoples' life. The story of my Mother has been linked with a statement of an Indian fortuneteller who forecasted that "You will get a renowned Father who will provide you ample opportunities to make you as him". A year latter I met the person in the Surkhet district of Nepal, my Mother Land, who proposed me to be his son that renowned person is Professor Edgar J. Love from department of community health sciences, University of Calgary. I am sorry to say that I cannot say thanks to him, simply because I need better word than that, which is in my Heart in my Guts. The Professor Love fulfilled my Ph.D. learning interest through his heightened knowledge, encouragement, love and financial support.

My special thanks go to Dr. Dirgh Singh Bam, the Director of NTC Nepal and my local supervisor, who encouraged me to complete my Ph. D soon. I am thankful to Associate. Prof. Sathirakorn Pongpanich, who encouraged me to shape my proposal and has provided the administrative support during my study. I am thankful to Dr. Yuthichai Kasetjaroen and Dr. Marc Van der Putten for giving me academic inputs to my study. I am indebted with support of Mr. Tara Singh Bam, planning officer of NTC. I am thankful to the staffs of the academic administration and library for their support. I am highly thankful with my study team without their support I would not be able to carry out the study. My special thanks go to the participants of FGD and TB patients who responded to my questionnaire. I am also thankful to the staffs of the district administration and health facilities for their kind support. I am thankful with Miss Peraya Aungudornpukdee for her untiring supports in shaping my dissertation. Last but not least I am thankful to my family and my better-half Asha Singh, for their sacrifice and encouragements throughout my study.

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List of Abbreviation

AIDS Acquired immune deficiency syndrome

ANM Auxiliary nursing mid-wife

BBC British broadcasting corporation

CA Conflict area

CBS Central bureau of statistics

DAO District administrative office

DDC District development committee

DFID UK department for international development

DHF District health facilities

DHO District health office

DHSP District health strengthening project

DoHS Department of health services

DOTS Directly observed treatment short-course

DTLA District tuberculosis and leprosy assistance

FCHV Female community health volunteer

FGD Focus group discussion

GDP Gross domestic production

GTZ German technical co-operation

HC Health center

HIV Human immune virus

HMGN His majesties government of Nepal

HAM Health action model

HP Health post

HSSP

Health sector support program

IDRC

International development resource center

INGO

International non-governmental organization

INSEC

informal sector education center

MCHW

Mother and child health worker

MDR

Multi drug resistance

MOH

Ministry of health

NGO

Non-governmental organization

NHDR

Nepal human development report

NHRC

Nepal health research council

NTC

National tuberculosis center

NTP

National tuberculosis program

PHC

Primary health center

SAARC

South Asian association for regional cooperation

SDC

Swiss agency for development and co-operation

SEARO

South-east Asia regional office

SNV

Netherlands development organization

SHP

Sub health post

TB

Tuberculosis

TBA

Traditional birth attendants

UNDP

United nations development program

UNICEF

United nations children's emergency fund

VHW

Village health workers

WHO

World health organization