

**STUDY TO UNDERSTAND CURRENT FACILITY STATUS FOR
TREATMENT OF CHILDHOOD PNEUMONIA AND DIARRHOEA
IN DISTRICT GONDA, UTTAR PRADESH**

**Dissertation
At
India Health Action Trust,
Uttar Pradesh**

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**Under the guidance of
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**MBA Hospital & Health Management
2013–15**


**Institute of Health Management Research
Jaipur
2015**

TO WHOMSOEVER MAY CONCERN

This is to certify that Amit Kumar Singh, student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at India Health Action Trust, Uttar Pradesh from Feb 28, 2015 to May 09, 2015.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



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In recognition of having successfully completed his
Internship in
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And has successfully completed his Dissertation Project on

**“A study on facility assessment for the Treatment of Childhood
Pneumonia and Diarrhoea.”
Mankapur, Rupiaddeh, Itiathok, Jhanjhari and Paraspur Blocks,
District- Gonda, Uttar Pradesh**

He comes across as a committed, sincere & diligent person who has a
Strong drive & zeal for learning

We wish him all the best for future endeavors



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Signature

Amit Kumar Singh

Abstract

Introduction: The facility assessment for treatment of any illness help any organization to identify the gap and to make the intervention with appropriate strategy for the Pneumonia and Diarroeha Programme. This study is an attempt to assess the existing facility status of the facilities in five blocks of Gonda, Uttar Pradesh. The study covers five CHCs, ten PHCs and twenty five Sub Centers through a structured observational checklist for availability of Drugs, Equipment's Infrastructure and Human Resources. Qualitative data were also gathered through Focus Group Discussion with Auxiliary Nurse Midwives (ANM).

Objective of Study

1. To assess the current facility status for treatment of Childhood Pneumonias and Diarrhoea
2. To know the practice of the Public front line worker for disease identification, treatment and referral for the children suffering from lower respiratory disease and Diarrhoea.

Methodology for the study:

Study Design-

Cross sectional Descriptive study

Study Area-

Five blocks (Jhanjhari, Mankapur, Rupaideeh, Paraspur and Itiathok) of the district Gonda in Uttar Pradesh were taken for the study..

Study Participants- Medical Officer, Staff Nurse, Nurse, Mentor, Pharmacists and ANM

Research method- Both Qualitative and Quantitative

Sampling Method-

Non-probability/Purposive sampling: As all the blocks has already been decided for the facility assessment.

Data Collection Tools and Technique-

Face to face interview with concerned staff using semi-structured Interview schedule and Focus group discussion and Observational Checklist

Results:

The data indicate that ORS and Zinc are available at the CHCs but they were not uniformly distributed as the availability at Sub centers for ORS and Zinc is only 87 per cent and 74 per cent respectively. However some of the antibiotic like Cephalosporin and Amoxicillin were not found anywhere. X ray was found functional in only one facility and same for feeding tube. Pulse oximeter was not found at any of the visited facilities.

Only 68 per cent have safe drinking water at the facility and 72 per cent have the functional toilet facility at the health facilities. Human resources vacant position was one of the major challenge. No training has been provided till for the management of the Pneumonias and Diarroeha.

Majority of the Pneumonia and Diarroeha cases reported were in severe conditions which show the need of facility should be prepared with all the essential elements to handle the cases.

The results of study may be useful in planning and developing the suitable strategies in strengthening the facility.

Acknowledgement

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. I hereby take an opportunity to express my sincere gratitude towards everyone who helped directly or indirectly in completion of my dissertation at India Health Action Trust (UP-TSU).

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I would also like to specially thank all of my study participants MOICS/MO, Staff Nurse, Pharmacist and ANMs of selected three blocks of Bareilly) who have been cooperative in participating and responding well during the interview.

Amit Kumar Singh

The IIHMR University Jaipur

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Abbreviations

AAA : ANM, ASHA, ANGANWADI

ANC : ANE NATAL CARE

ANM : AUXILLARY NURSING MIDWIFE

APHC : ADDITIONAL PRIMERY HEALTH CENTRE

ARO : ASSISTANT RESEARCH OFFICER

ASHA : ACCREDITED SOCIAL HEALTH ACTIVIST

AWC : ANGANWADI CENTRE

AWW : ANGANWADI WORKER

BCG : BACILLUS CALMETTE GUERIN

BCS : BLOCK COMMUNITY SUPERVISOR

BPHC : BLOCK PRIMERY HEALTH CENTRE

CHC : COMMUNITY HEALTH CENTRE

CMO : CHIEF MEDICAL OFFICER

CMS : CHIEF MEDICAL SUPERVISOR

CRP : COMMUNITY RESOURCE PERSON

DH : DISTRICT HOSPITAL

DCS : DISTRICT COMMUNITY SPECIALIST

DM&ES : DISTRICT MONITORING & EVALUATION SPECIALIST

DPT: DIPHTHERIA PERTUSIS TETANUS

GOI : GOVERNMENT OF INDIA

HEO : HEALTH & EDUCATION OFFICER

LMO : LADY MEDICAL OFFICER

MCP : MOTHER & CHILD PROTECTION CARD

MO : MEDICAL OFFICER

MOIC : MEDICAL OFFICER IN CHARGE

NBCC : NEW BORN CARE CORNER

NM : NURSE MENTOR

OPV: ORAL POLIO VACCINE

OT : OPERATION THEATRE

PHC : PRIMARY HEALTH CENTRE

RI : ROUTINE IMMUNIZATION

RMNCH+A : REPRODUCTIVE MATERNAL NEW BORN CHILD HEALTH +
ADOLESCENTS

SC : SUB CENTRE

SDH : SUB DIVISIONAL HOSPITAL

SN : STAFF NURSE

SNCU : SPECIAL NEWBORN CARE UNIT

UP-TSU : UTTAR PRADESH-TECHNICAL SUPPORT UNIT

TT : TETANUS TOXOID

SPSS : STATISICAL PACKAGE FOR SOCIAL SCIENCES

Chapter 1

INTRODUCTION:

Pneumonia and Diarrhoea remains the major cause of childhood death. Together these disease causes 29 % of under-five mortality. Unfortunately India accounts highest toll of children's death i.e. 318000 due to Pneumonia and Diarrhoea as per the latest Pneumonia and Diarrhoea progress report 2014.

In India the contribution of Pneumonia and Diarrhoea in under five children death is even greater than global ratio it accounts 24% and 19% respectively. Hence to address child death it is feasible to address gaps in pneumonia and diarrhoea death prevention and treatment strategies.

Globally, pneumonia and diarrhoea are among the leading causes of child mortality. Together, these diseases account for 29% of all child deaths, causing the loss of more than 2 million young lives each year. In 2010, the number of child deaths from pneumonia and diarrhoea was almost equal to the number of child deaths from all other causes after the neonatal period - that is, nearly as many children died from pneumonia and diarrhoea as from acquired immunodeficiency syndrome (AIDS), malaria, measles, meningitis, injuries and all other post-neonatal conditions *combined*.

The solutions to tackling pneumonia and diarrhoea do not require major advances in technology. Proven interventions exist. Children are dying because services are provided piecemeal and those most at risk are not being reached. Many of the causes and solutions for childhood pneumonia and diarrhoea are inter-related, and thus, this plan proposes an innovative approach for integrating the planning, delivery and monitoring of health interventions for these two diseases.

Chapter 2:

Problem Statement:

The Uttar Pradesh contributes to highest Under five Mortality Rate in India. Diarrhea and Pneumonia are major silent killers which are contribution its significant role in highest mortality rate.

Chapter 3:

Rationale of the Study:

In India the four high burden states (Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan) targeted for the implementation of the integrated action plan for prevention of Pneumonia and diarrhoea. The University of Manitoba along with IHAT (India Health Action Trust) is providing techno managerial support to government of Uttar Pradesh through RMNCH+A platform. Among RMNCH+A activities addressing childhood pneumonia and diarrhea is the key component hence the organization has started a new programme with an emphasis on ending preventable childhood death from pneumonia and diarrhoea.

Here in this study I am are trying to understand facility preparedness service providers regarding identification and treatment of childhood pneumonia and diarrhea so that the findings can be keep in mind during the implementation phase.

Chapter 4:

Literature Review:

1. A study in rural Bihar concluded that there is huge gap between knowledge and practice of public and private front line workers for treatment of childhood pneumonia and diarrhoea². The study says Practitioners performed poorly with vignettes and standardized patients, with large know-do gaps, especially for childhood diarrhoea. Efforts to improve health care for major causes of childhood mortality should emphasize strategies that encourage paediatric health care practitioners to diagnose and manage these conditions correctly through better monitoring and incentives in addition to practitioner training initiatives ².

2.The Lancet Series on Childhood pneumonia and Diarrhoea, led by Aga Khan University, Pakistan, provides evidence for integrated control efforts for childhood pneumonia and diarrhoea. The first paper assesses the global burden of these two illnesses, comparing and contrasting them, and includes new estimates of severe disease and updated mortality estimates for 2011. Findings from the second paper show that a set of highly cost-effective interventions can prevent most diarrhoea death and nearly two third of pneumonia death by 2025 if delivered at scale. The third paper present the result of consultations with several in high burden countries and explores the barriers and enablers they face in dealing with these two disease and potential ways forward. The final paper represents a call to action and discusses the global and country-level remedies needed to eliminate preventable deaths from these illnesses by 2025⁵.

3.There was a study from Sierra Leone shows that deployment of community volunteer for free treatment of common childhood illness was associated with a reduced treatment burden at facilities and less reliance on traditional treatments³. As we have ASHA as free service provider to the community and because she is from the community hence we can consider her as community volunteer.

4. In Kenya a study titled as “Local Barriers and Solutions to Improve Care-Seeking for Childhood Pneumonia, Diarrhoea and Malaria in Kenya, Nigeria and Niger: A Qualitative Study” was giving an insights of treatment seeking behaviour of the community and it comes with five overarching themes were identified around which barriers to care-seeking and treatment (and related solutions) are organised- These are 1) financial barriers; 2) distance/location of health facilities; 3) socio-cultural barriers and gender dynamics; 4) knowledge and information barriers; and 5) health facility. Hence the understanding of both perspective service provider and service seeker is important because Pneumonia and Diarrhoea has various determinants and these determinants are predominantly affecting the child health due to vulnerability of age group⁴.

Chapter 5:

5.1 Research Question:

1. What are the current status of facility preparedness for the identification, treatment and referral of childhood Pneumonia and Diarrhoea at different level?
2. What are the Practices for the treatment of Childhood Pneumonia and Diarrhoea by frontline workers (ANM)?

5.2 Objective of Study

1. To assess the current facility status for treatment of Childhood Pneumonias and Diarrhoea
2. To know the practice of the Public front line worker for disease identification, treatment and referral for the children suffering from lower respiratory disease and Diarrhoea.

Chapter 6:

Methodology for the study:

.6.1 Study Design-

Cross sectional Descriptive study : The study has been done for a particular point of time. February to April 2015.

6.2 Study Area-

Five blocks (Jhanjhari, Mankapur, Rupaideeh, Paraspur and Itiathok) of the district Gonda in Uttar Pradesh were taken for the study.

6.3 Study Participants:

The study participant were Medical Officer In charge, Staff Nurse, Auxiliary Nurse Midwife, Pharmacist and Medical Officer.

6.4 Sampling Method:

Non Probability or Purposive Sampling.

The five CHCs were selected from the different blocks and from those CHCs, two PHCs were selected randomly and from each PHCs five sub centres were selected randomly.

In same way it has been done for the rest of four blocks facilities.

6.5 Methods and Instruments for Data Collection:

Facility Observational Checklist for availability of Drugs, Equipment, Human Resource and Infrastructure.

Semi structured questionnaire for focus group discussion.

The study is based on facility observational checklist and Semi structured Questionnaire for the ANMs.

6.6 Data Analysis Plan- Written questionnaire were checked for completeness and correctness and entered Excel for further analytical treatment and graphical

presentation. The Qualitative data garnered through face to face interview will divided into themes to analyses.

Chapter 7

Ethical Consideration:

1. Informed consent have been taken by the Participants of the study.
2. Participants information were kept confidential.

Chapter 8

Results

8.1 Status of ORS and Zinc at the Facility (CHC&PHC):

ORS and Zinc were found in all the facilities. But the process of indent was not on actual requirement from the community. The Pharmacist was indenting the demand of the Zinc and ORS arbitrary.

Fig.8 .1 Percentage of availability of Amoxicillin forms

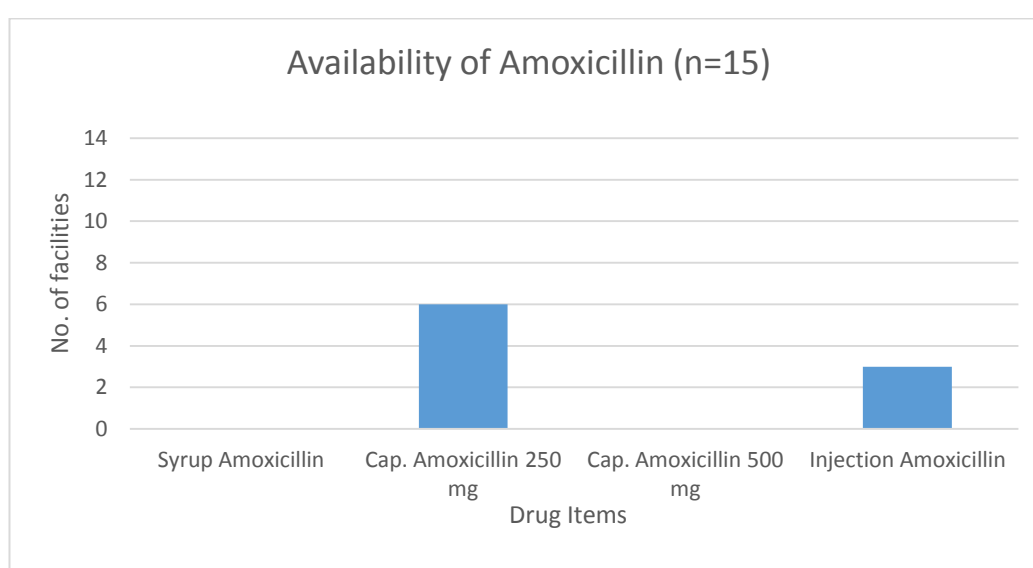
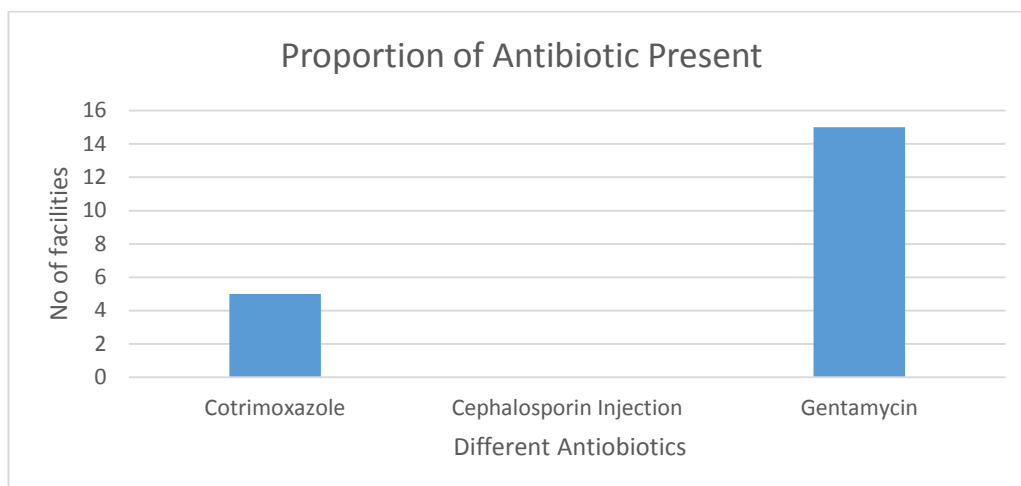


Fig 8.1 shows that only six facilities were having Capsule Amoxicillin 250 mg while only three facilities were having Injection for of the Amoxicillin. None of the visited had Syrup Amoxicillin and Capsules Amoxicillin 500 mg.

8.2 Status of Antibiotics at the facilities:

Fig. 8.2. Proportion of Antibiotics availability



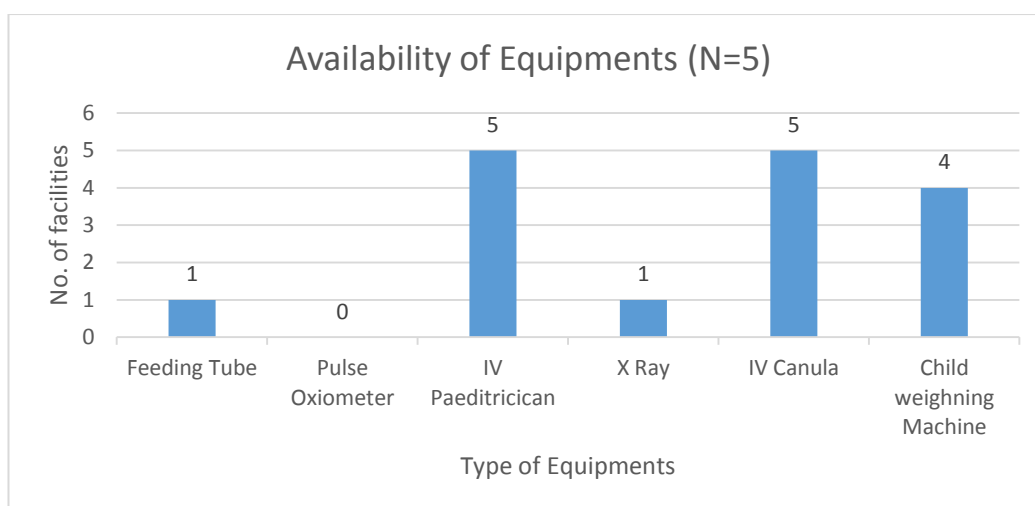
According to fig 8.2, The Gentamycin was found everywhere while Cotrimoxazole was only in only 5 facilities. Cephalosporin was not found at anywhere.

Vitamin A syrup has been found at all the facilities (N=15).

The unavailability of some of the drugs at the facilities was due to lack of indenting.

8.3 Status of Equipment's at the facility:

Fig: 8.3Proportion of Equipment's Availability

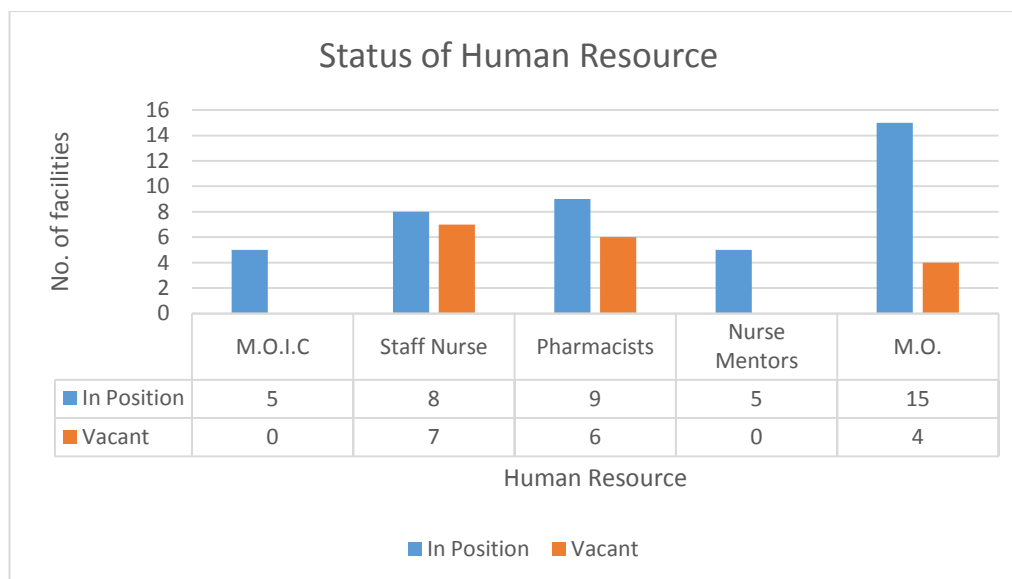


According to the fig 8.3The IV Pediatrician and IV Cannula were found in all facilities (N=5) while Child weighing machine was found in only one facility. X ray and Feeding

tube were present were found in one facility. The Pulse Oximeter was not found at any of the facilities.

8.4 Current Human Resource Status:

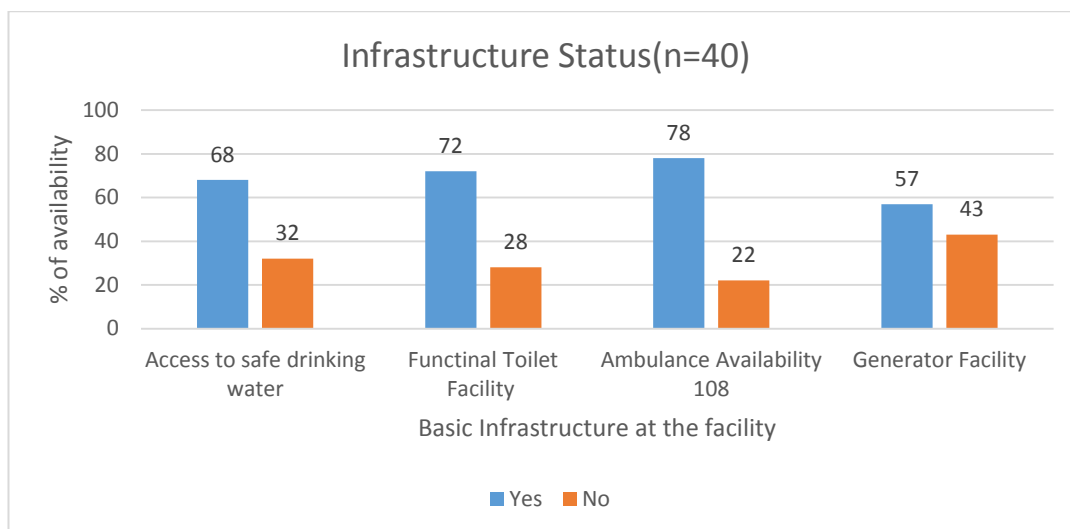
Fig No: 8.4. Proportion of Human Resource available



According to fig 8.4, The MOICs and Nurse Mentors were present at every facility while four facilities were not having any Medical Officer. In same way staff nurse and pharmacists vacant positions were 7 and 6 respectively. From last one year these positions vacant are vacant as not any recruitment has been done.

8.5 Current Infrastructure Status of the Facilities:

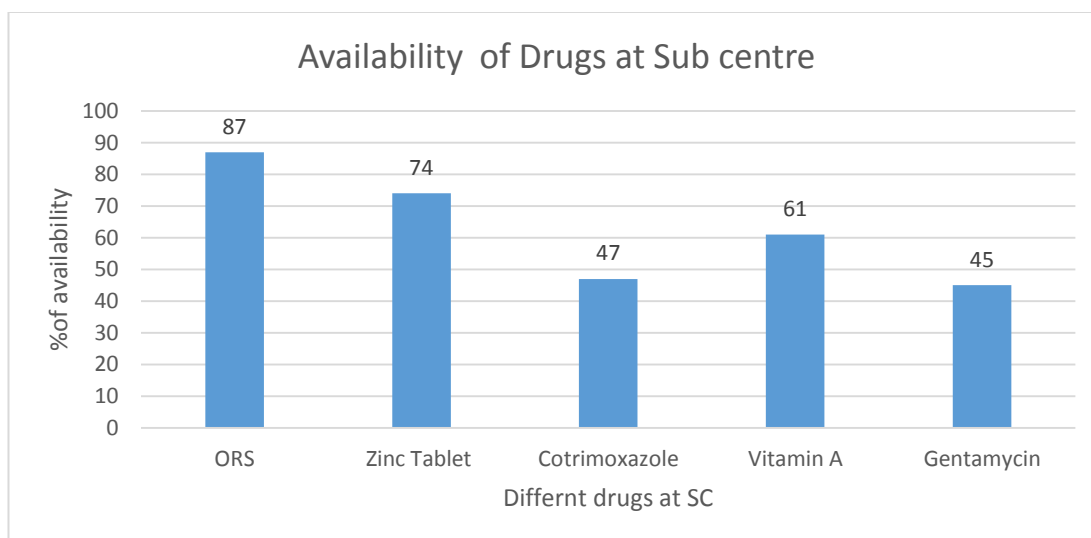
Fig no: 8.5 Proportion of Infrastructure available



According to graph, 68 per cent of health facilities had access to Safe drinking water while 32 per cent don't. About one third of health facilities have functional toilet facilities while rest of don't have. About 78 per cent health facilities have the Ambulance Facilities while 22 per cent don't. About half of the facilities have Generator facilities in their facilities while rest of them don't.

8.6 Status of Drugs at Sub Centre:

Fig no: 8.6 percentage of drugs available at sub center



The Presence of ORS was only 87 per cent while zinc was 74 per cent to the visited Sub Centers. Vitamin A Syrup and Cotrimoxazole were found 61 per cent and 47 per cent respectively. The Gentamycin was found in less than half (45per cent) of the facility visited.

8.7 Cases of Pneumonia and Diarrhea at Facility during last four months

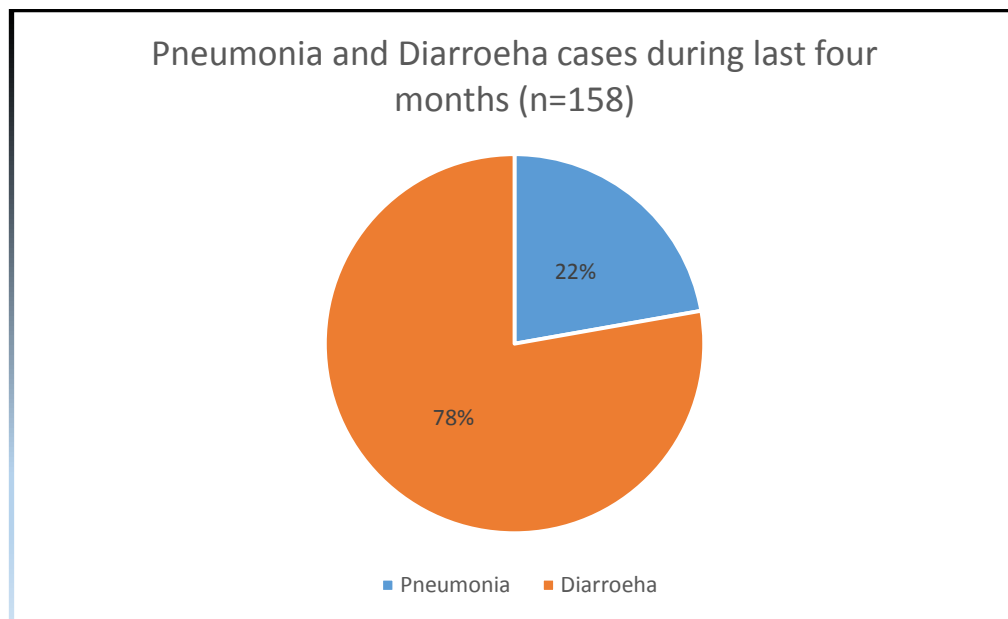
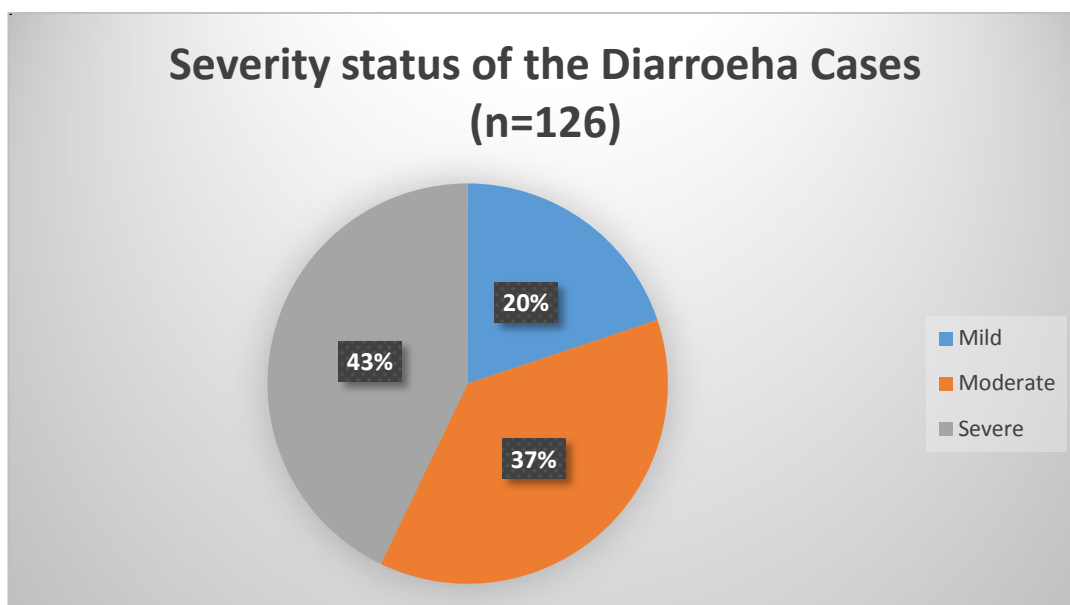


Fig no: 8.7 percentage of Pneumonia and Diarroeha cases during last three months

According to fig.8.7, There were about 78 per cent of the Diarroehal cases were reported during last three months while Pneumonia cases were only 22 per cent.

8.8 Stage of Severity while reporting at health Facility:

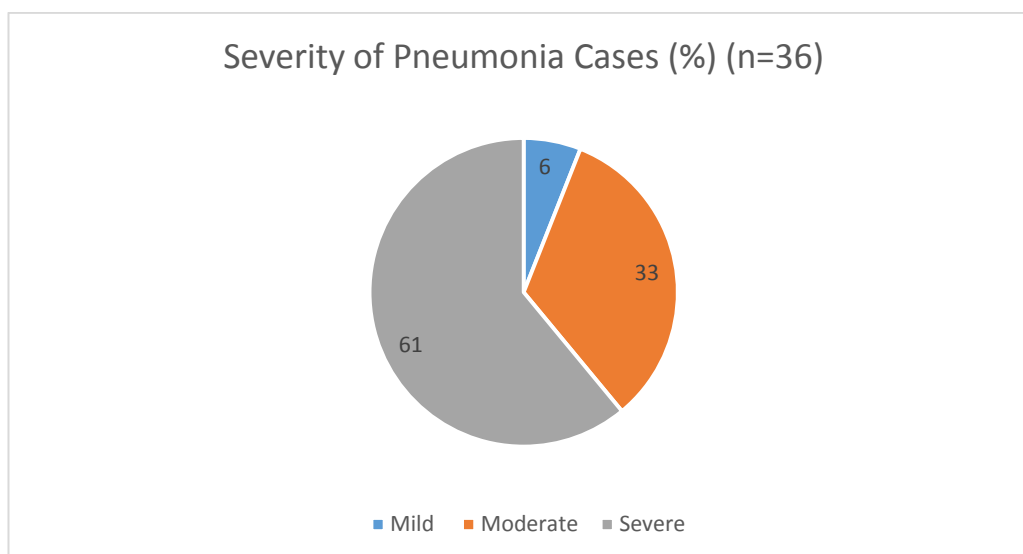
Fig No:8.8 percentage of severity stage of Diarroeha Cases



According to figure. Majority of the diarrheal cases (43 per cent) admitted to the health facilities were in severe dehydration (passage of watery stool more than 8 times in a day) condition while 37 per cent and 20 per cent cases were moderate (passage of watery stool more than five to eight times in a day) and mild (passage of watery stool more than two to three time in a day) dehydration condition respectively.

8.9 Severity of Pneumonia cases:

Fig No: 8.9 Percentage of severity of Pneumonia cases



About one sixth of the reported Pneumonia cases were in severe condition while remaining 33 per cent and 6 per cent cases were moderate and mild cases. Most of the cases reported severe because they approach at the last time when the patient becomes unable to breathe properly. At initial stage they contact to Rural Medical Practitioners or quacks which generally complicates the cases and contributes to its critically.

8.10 Treatment of Pneumonia & Diarroeha cases by ANM (N=25):

About one fourth of the respondents (76 per cent) reported that they treat the Pneumonia and Diarroeha cases while remaining 24 per cent did not give any kind of treatment to the Pneumonia and Diarroeha Patients. However if they came across any case they refer it to the next level.

8.11 Identification method for Diarroeha by ANM:

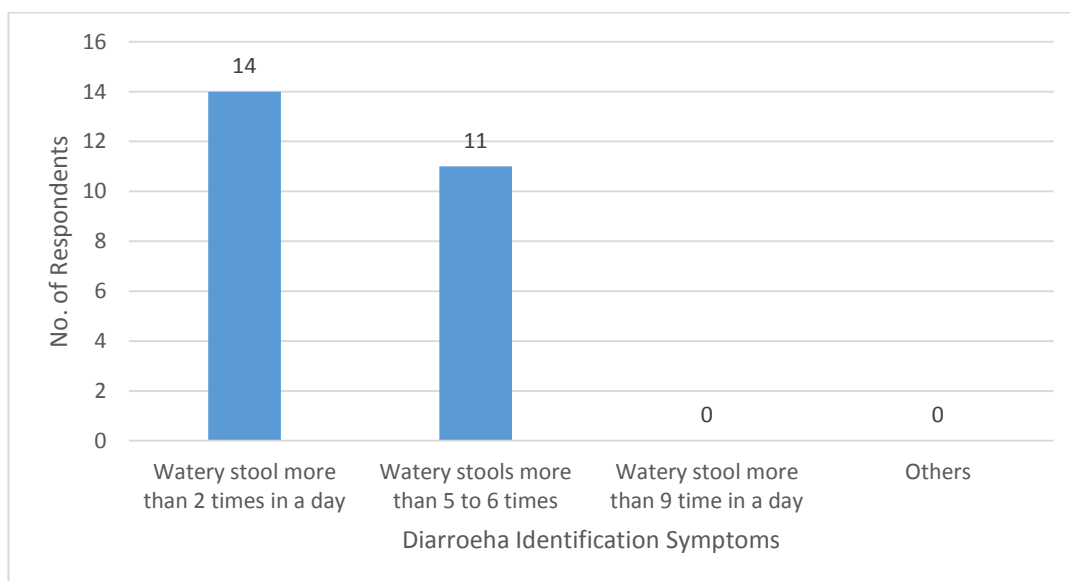


Fig no: 8.10 Proportion of Respondents for Identification of Diarroeha

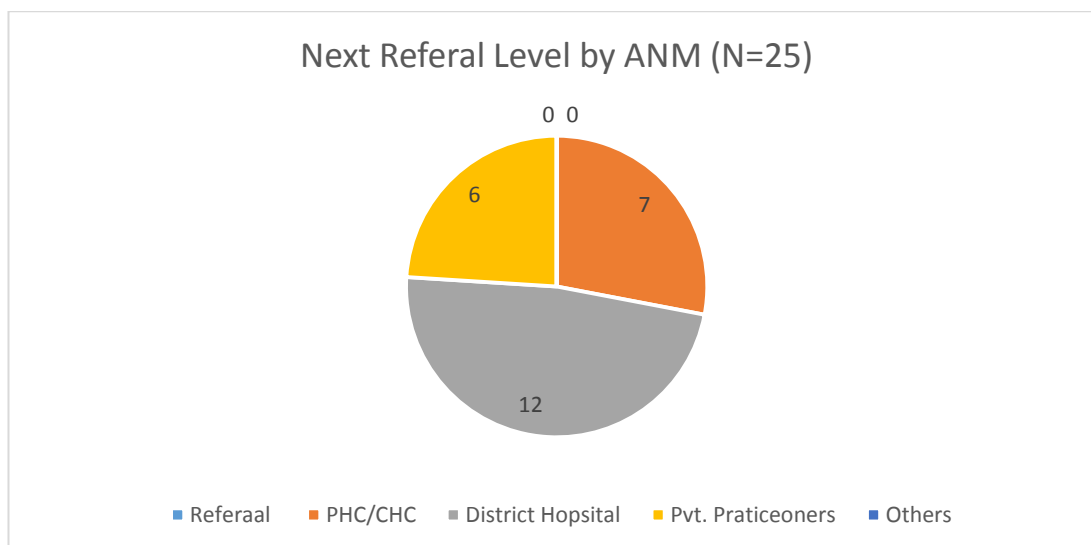
According to fig.8.10 more than half respondents believes the diarrhea incidence occurs with watery stools more than two times in day while remaining of them understands watery stools more than 5 to 6 times in day.

8.11 Status off Training of ANM for Pneumonia and Diarroeha Management:

None of the respondents had been trained for Management of the Pneumonia and Diarroeha Cases. The respondents were treating the patients on their knowledge level. However they directly refers the complicated to the next level if they came across.

8.12 Referral Status for Severe Cases:

Fig no: 8.12 Proportion of next referral level



According to the fig 8.12 about half of the respondents (48 per cent or n=12) or reported that they directly refer the patients to the District Hospital while rest of them (28 per cent or n=7) refers the patients to the PHC/CHC. About one fourth of respondents also (24 per cent or n=6) refers the Patients to the Private practitioners because of their accessibility.

8.13 Regular availability of the drugs at the Sub center (N=25):

There has been poor availability of all the essential drugs at the sub center which are required for management and treatment for the Pneumonia and Diarroeha Cases as 88 per respondents reported that they don't have the regular supply of the drugs. However only 12 per cent of the respondents have reported that have regular availability of the essential drugs for Pneumonia and Diarroeha management at their level..

8.17 In case of Unavailability of drugs the suggestion given to the patient by ANM:

When respondents don't have the drugs with them, then 59 per cent of the respondents usually suggests the patients to go to next level for the treatment while reaming 41 per cent suggest them to purchase the medicines by themselves.

Discussion:

The objective of the study was to assess the current facility status for the treatment and management of Childhood Pneumonia and Diarrhoea in five blocks of the district Gonda, Uttar Pradesh.

Having facility preparedness for Management of any diseases or disorders is very important for achieving the desired outcomes and in eliminating the diseases started by the Government.

The study covers five Community Health Centre (CHC), ten Primary Health Centre (PHC) AND 25 Sub Centers. The facilities were also checked with the observational checklist for the management of Pneumonia and Diarrhoea cases at the facility level according to the guidelines. In addition to that quantitative data were gathered by using structured questionnaire in Focus Group Discussion with the ANMs.

The study showed that availability of Zinc and ORS were found everywhere (100% availability) but the stock were not according to the demand. The process of indenting for the Zinc and ORS was not on any mechanism as they were doing it arbitrarily. At some of the facilities it was in access while on other hand some of the facilities were having less than the requirement.

Likewise Capsule Amoxicillin 250 mg has been found at only 6 facilities out of 15 and Injection Amoxicillin was in only 4 facilities. But Syrup form Amoxicillin and Capsule Amoxicillin 500 mg was not found at any of the visited facilities. The unavailability of these drugs had contributes mainly in increasing the severity of the diseases and also increases the out of pocket expenditure to the patients as they have to avail the services from the private practitioners.

The Cotrimoxazole was found in only 5 facilities as its regular supply has been insured by the Pharmacists at the different facilities.

The Gentamycin and Vitamin A syrup has been found at every facility as it has been regularly being asked by the facilities from the District Hospital.

Cephalosporin's was not found at any of the facilities as the facilities never ask for the demand of Cephalosporin's.

The Pulse Oximeter was not found any one the visited facility while functional X- ray machine and feeding tube were found at only one facility out of the visited facility. This directly contributes the poor equipment status as these are the critical equipment's which are generally used in handling such type of cases.

No Training for the Management of the Pneumonia and Diarroeha has been provided to the staff at any level which directly affects the knowledge and skill level off the concerned staff in managing the complicated cases.

The Human resource availability at all the facilities was not found as there has been many vacant positions like seven staff Nurse, four Medical Officer and Six Pharmacists.

Human resources are the most important input in providing quality service delivery to the beneficiaries and providing the prompt treatment and management of the complicated cases.

Infrastructure conditions of the facilities as only 63 per cent (N=40) were having safe drinking water facility while 72 per cent have the functional toilet facility. Even generator facility was not found at every facility which are properly functioning. These basic challenges also contributes in making the facility nonfunctional overall.

During last four months 78 diarroeha cases and 22 per cent Pneumonia cases were reported at the facilities (n=158). Majority of the cases which were reported were in severe condition i.e. Diarroeha (47 per cent) and Pneumonia (61 per cent). This is

because of poor identification at the community level and non-availability of basic essentials drugs and equipment at the different levels of the health facilities.

The status of all the essentials drugs which should be available at the sub center were very critical as it's the first contact point to the community.

The basic drugs status like ORS and Zinc was 87 per cent and 74 per cent which are the basic things that should be available at all the time. The unavailability of Pharmacists also contributes at many centers because no one is looking for the requirement from the Sub center.

More than half of the ANMs identifies the Diarroeha cases by the symptoms of watery stool between two to three time in a day while remaining identifies watery stool more than five times in day. The gap in their knowledge level is mainly due to lack of any training programme on identification and management of the Pneumonia and Diarroeha cases.

Forty eight per cent of the ANMs directly referring the cases from Sub Centre to the District Hospital while 28 per cent to the either PHC or CHC based on the availability and accessibility of the facility. The twenty four per cent directly refers the cases to Private practitioners because they are easily available and with the required infrastructure, equipment and drugs.

In Unavailability of the drugs at the Sub Centre the 59 per cent of ANMs directly suggest the patients to go the private pharmacy and purchase the drug while remaining 31 per cent suggest the patients to go to next facility level.

These are the very important and critical factors which affects the facility status and quality of the services provided at the different facility.

The infrastructure at the sub center level were not according to the guidelines. Many positions are vacant for ANMs which are also affecting the services and its proper execution.

Chapter 9

Conclusion:

The study has been conducted for assessing the existing facility status for the treatment of the Childhood Pneumonia and Diarrhoea. As it has been evident from the results and discussion the status of facility in terms of drug availability, Infrastructure, Equipment's and Training is not at satisfactory level.

First of all, the vacant positions of the staff should be hired and training should be given to them.

A common indenting process should be followed which will ensure the availability of the drugs according to the requirement.

The basic infrastructure part should be maintained as its current situation is not as per the standards..

Chapter 11

Limitations of the Study:

1. The study have been conducted in Only 5 block with small sample size so it cannot be generalized for the whole district.
2. Time constraints for various type of the activities.
3. Selection of blocks has been taken randomly as per convenience.

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CHECKLIST FORM

Existing Facility Status for Pneumonia and Diarroeha Management,

Interview Schedule

Informed consent: I would like to thank you for taking the time to meet me. My name is Amit Kumar Singh. I would like to talk to you about your facility status. There are no direct benefits for you a part of this research, however your contribution will help the Pneumonia and Diarroeha treatment and its management. . The interview should take about 30 minutes to 1 hours minutes. The responses will be kept confidential. This means that the interview responses will be shared only with the research team and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any time.

1 .Annexure

FACILITY ASSESSMENT CHECKLIST FOR
PNEUMONIA AND DIARRHOEHA MANAGEMENT

Date:.....

	Name of the Facilities :				
	Mark , 1: Available 0: Not Available				
Services	A	B	C	D	E
Pediatrician					
F-IMNCI Trained MO					
F-IMNCI Staff Nurse					
IMNCI -ANM					
Staff Nurse Trained in ADD Management					

MO –IMNCI Training					
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Name of Drugs	A	B	C	D	E
ORS					
Zinc Tablet					
Cap. Amoxycillin 250 mg					
Cap Amoxycilling 500 mg					
Cotrimoxazole Tablet					
Injection Ampicillin/Amocycilllin					

Injection Cephalosporin					
Syrup Vitamin A					

Equipment Status	Facility A	Facility B	Facility C	Facility D	Facility E
Feeding Tube					
Pulse Oxiometer					
IV set Pedia					
X Ray Unit					

IV Canula (22/24) G					
Child Weighing Scale/Machine					

Infrastructure	Facility A	Facility B	Facility C	Facility D	Facility E
Ambulance Facility					
Generator					
Availability of functional toilet					
Safe drinking water Availability					

Annexure 2:

QUESTIONARIE

1. Had you been ever participated in any training programme for the Identification and Management of Pneumonia and Diarroeha cases?

- a) Yes b) No

1.1 If yes, then which training programme and when?

- a)-----

2. Do Pneumonia and Diarroeha cases comes to you for treatment?

- a) Yes b) No

3. How do you recognize the cases of Diarroeha?

- a) Frequent loose motions more than twice in a day

- b) Watery stools more than 5 to 6 times

- c) Stool with Water

d) Others

4. If the patient is sever then where do you first refer the Patient?

a) PHC/CHC

b) District Hopsital

c) Pvt. Pratticeoners

d) Others

5. Do you have the regular supply of the drugs which are required for the management of the Pneumonia and Diarroeha cases?

a) Yes

b) No

6. If No, What do you suggest to the Patients Accompany for availing the drugs?

a) Ask them to buy themselves

b) Send them to PHCs/CHCs

c) Others