Children under five years of age with acute respiratory infection and fever (ARI) taken to facility

Rationale for use

Respiratory infections are responsible for almost 20% of all under-five deaths worldwide. Under-fives with ARI that are taken to an appropriate health provider is a key indicator for both coverage of intervention and care seeking and provides critical inputs to the monitoring of progress towards the child survival related millennium development goals (MDGs) and strategies.

Definition

Proportion of children aged 0-59 months who had presumed pneumonia (ARI) in the last two weeks and were taken to an appropriate health provider.

Associated terms

Strictly speaking, ARI means acute respiratory infection. During the UNICEF/WHO Meeting on Child Survival Survey-based Indicators, held in New York, June 17-18, 2004, it was recommended that ARI be described as “presumed pneumonia” to better reflect the probable cause and the recommended interventions. The definition of ARI used in the Multiple Indicator Cluster Surveys (MICS) was chosen by the group and is based on mothers’ perceptions of a child who has a cough, is breathing faster than usual with short, quick breaths or is having difficulty breathing, excluding children that had only a blocked nose.

Appropriate health care provider - the definition of “appropriate” care provider varies between countries.

Data sources

- Household surveys such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

Methods of estimation

Empirical data.

Disaggregation

By age, location (urban/rural, major regions/provinces), and socio-economic characteristics (e.g. mother’s education level, wealth quintile).

References


**Data base**

- Demographic and Health Surveys (DHS). (http://www.measuredhs.com)

- Multiple Indicator Cluster Surveys (MICS). (http://www.childinfo.org/MICS2)

**Comments**

The framework for the review of child survival indicators during the UNICEF/WHO Meeting on Child Survival Survey-based Indicators was the set of prevention and treatment interventions outlined in the *Lancet* series on child survival.

These indicators are usually collected in DHS and MICS surveys; however the accuracy of reporting in household surveys varies and is likely to be prone to recall bias. Seasonality related to the prevalence of ARI may also affect the results and their comparability across and within countries.