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# ZINC ORS NEWS

Quarterly Newsletter on Childhood Diarrhoea Management in Bihar *Issue No. 2*

## FOREWORD



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Zinc programming is the newest area of expansion for the Micronutrient Initiative (MI) which has a long history of supporting interventions targeted to reduce Vitamin A Deficiency, Iron Deficiency Anemia, and Iodine Deficiency Disorders. With huge advances over the past decade in decreasing the rates of under-five mortality in the region, diarrhoea treatment has been a generally overlooked, yet potentially high impact area for public health nutrition.

MI's work in Bihar represents for us the single biggest zinc programme at scale globally for our organization, and in all probability, for any organization. This work has already impacted how we at MI undertake zinc programmes in other countries in the Region in which we work, including Afghanistan, Bangladesh and Indonesia. The attention to supply and procurement of combination kits of Zinc and Oral Rehydration Salts (ORS) is being replicated wherever possible. Methodology for training is being shared with other programmes. Communication strategies with a strong focus on assisting mothers in compliance with the Zinc/ORS regimen have been shared with MI's other country programmes. The intensive monitoring and evaluation systems developed for this programme are being adapted for use in all of our zinc and non-zinc programmes as well.

Working with key partners such as UNICEF, and needless to say, under the strong leadership of the State Health Society of Bihar, we are proud of the early successes that this programme has witnessed and are confident that this will remain the gold standard for our programming in the Asia Region.

Recognized as one of the world's leaders in micronutrient supplementation, the Micronutrient Initiative is applying its influence and expertise to encourage and support more governments in adopting zinc supplementation policy and to help those who have done so to turn policy into effective, sustainable programmes. MI is indebted to its donors and to its partners, our team of high calibre professionals, national governments, local communities and many others, with whose support we are continually expanding our reach with the solid implementation of proven interventions.

# Micronutrient Initiative and Government of Bihar Collaborate to Address Childhood Diarrhoea



Photo (L to R): Ms. Melanie Galvin, Regional Director MI Asia, Sri Sanjay Kumar, Secretary cum Executive Director – State Health Society, Bihar and Mr. Peter McDermott, Managing Director, CIFF exchanging the Memorandum of Cooperation

With a view to ensure effective implementation of the childhood diarrhoea management programme in the state, a Memorandum of Cooperation (MoC) was signed on 24 January 2012 between the State Health Society, Government of Bihar, the Micronutrient Initiative (MI) and Children's Investment Fund Foundation (CIFF), UK.

As per the MoC, the Micronutrient Initiative shall provide technical, management, programme design and implementation support to strengthen the State Health Society Bihar to facilitate the scale up and mainstreaming of zinc supplementation and oral rehydration for treatment of childhood diarrhoea through the public sector. This also includes technical support to the State Health Society Bihar on ensuring adequate supplies of both zinc and ORS through timely procurement and logistics, demand creation through the frontline health workers. The State Health Society Bihar is to provide the relevant support as per sanctioned government plans to achieve the objectives of the memorandum, implement the project defined in approved Grant Agreements and to scale up approaches state-wide.

The MoC signing event was attended by Mr. N. K. Sinha, State Immunisation Officer Bihar, Mr. Mathew Joseph, Director, India, MI, Zinc Scale-Up programme team, key officials from State Health Society and nodal officers from the programme districts along with representation from development partners in the state including UNICEF, B-TAST, and WHO. The programme is to be implemented in 15 districts of the state over a course of three years, after which, it will be scaled up in the entire State.

## Zinc and Health

Zinc is an essential micronutrient for human health. Zinc deficiency in humans, especially among young children, is a widespread and global issue with about one-third of the world's population receiving insufficient zinc through their diets. Our body gets zinc primarily from the food we eat. Foods such as meat, poultry, fish, as well as whole cereals and dairy products are rich in zinc. This essential micronutrient activates overall growth and physical as well as mental development. Zinc deficiency in children weakens their immune system and leaves them vulnerable to conditions such as diarrhoea. Zinc deficiency is also accountable for impairing physical and intellectual development, preventing children from reaching their full potential. Zinc supplementation can help prevent and treat diarrhoea.



Using zinc tablets/syrup along with oral rehydration therapy (ORT) during diarrhoea can:

- decrease the severity and duration of diarrhoea
- reduce hospital admission rates by 15-20%
- can decrease the incidence of subsequent episodes of diarrhoea (and pneumonia) over next 3 months

Source: [www.zincsavestives.com](http://www.zincsavestives.com) | [www.zinc.org](http://www.zinc.org) | Health Workers Information Series No.3, NCHRC, NIHFW

Various studies have also indicated that prescription of antibiotics for the treatment of diarrhoea has reduced with the use of zinc.



# Using Inter-personal Communication Tools to Influence Behaviour

During the block-level trainings, ANMs, ASHA, Anganwadi workers have been trained to use the inter-personal communication toolkit. The toolkit comprises interactive communication materials – a set of flash cards along with compliance card meant for use during community visits and interaction with caregivers. The inter-personal communication materials are pictorial and easily comprehensible to help the frontline health worker in dissemination of key messages on diarrhoea management.

The use of inter-personal communication tool kit is aimed at improving interaction between grassroots level health workers and caregivers. Caregivers should be motivated to learn prevention and management of diarrhoea to seek diarrhoea treatment kit from nearest health facility and to ensure compliance to the recommended 14-day treatment with zinc. Community-based interactions aided with interpersonal communication tools can influence individual behaviour to enhance the overall environment surrounding ORS and zinc use and increase the demand of health services for diarrhoea treatment.

## Case Reporting: Simplified Monitoring Tools to Record and Report Cases

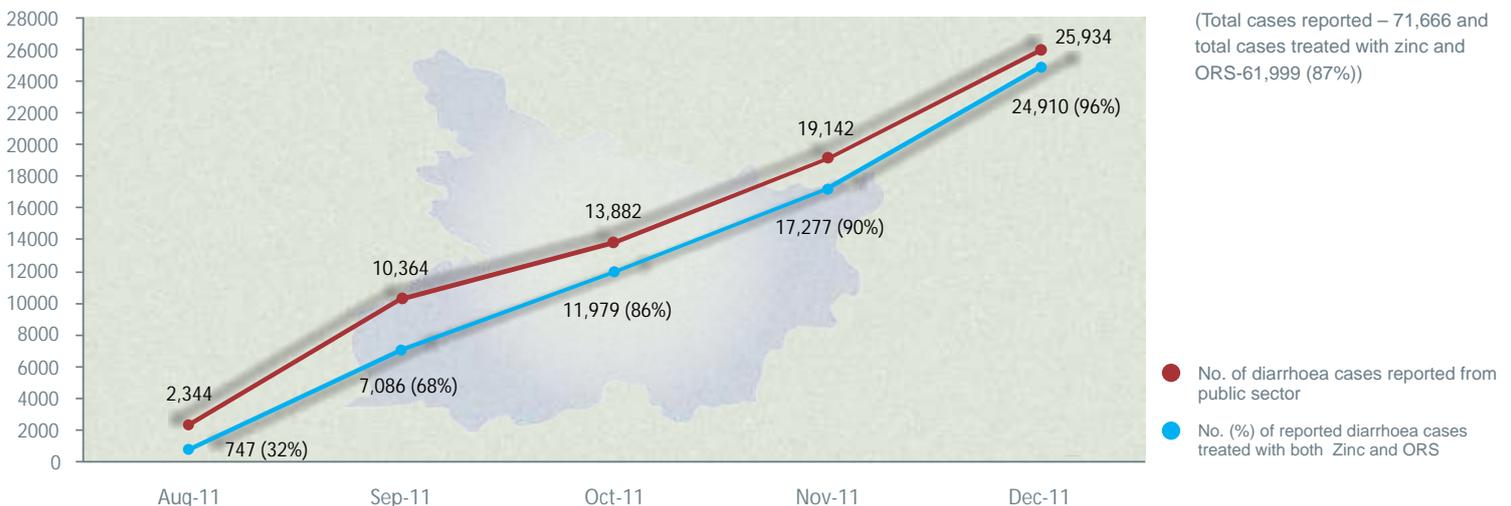
Under the programme, monitoring tools have been developed for recording and reporting of treatment of childhood diarrhoea cases from village, health sub centre, primary health centre and district levels.

ASHA (Accredited Social Health Activist – the village-level health volunteer) and Anganwadi worker (the village-level functionary involved in provision of nutritional services for women and children, and pre-school education) have been trained for providing diarrhoea treatment at village level. Therefore, to know the accurate performance of the programme it was necessary to involve them in the monitoring of the programme. However, ASHA and AWW are not adequately equipped and experienced for recording and reporting of diarrhoea related events. Moreover, ASHAs have not been involved so far for systematic recording and reporting in any of the programmes.

In order to overcome the above challenges and for ensuring smooth recording and reporting of the programme performance, simple monitoring formats have been developed by making them pictorial. These formats were pilot tested and ASHAs and AWWs were provided with hands on training.

The above efforts have been helpful in getting accurate data.

### Diarrhoea cases reported under the program and treated with both zinc and ORS from Aug-Dec 2011



# Programme Champion

Mrs. Pratima Toppo is an Auxiliary Nurse Midwife for more than a decade. Presently she is working in the Raksia health sub-centre of Runni Saidpur PHC, Sitamarhi district. Pratima has been one of the active and committed frontline healthcare workers catering to the health needs of more than 10,000 people in her area. She performs her duties with the help of a team of nine Anganwadi workers and five ASHAs.



Pratima Toppo (right) with a health worker

While acknowledging the challenge posed by diarrhoea incidences, she guides her team on classification of dehydration by carefully observing the symptoms in the child and also about vital role of zinc and ORS as line of treatment in diarrhoea. She also adds that due to the regular supply of diarrhoea treatment kits, the use of zinc and ORS has increased significantly and some workers in her team have already exhausted their stocks. She takes a note of such stock-outs and replenishes them.

## Supportive Supervision:

### Building The Capacity of Health Workers



Role-play by BCMs during supportive supervision training

Often capacity building of health and frontline workers is associated with didactic training programmes that are routinely organised on various health topics. However, the training may just sensitise them to complex health scenarios and equip them to initiate service delivery. The health and frontline workers actually need continued support for them to perform various tasks within a programme including the role as a health educator, service provider to varying case scenarios, managing drug stocks and accurate recording and reporting of progress.

This programme has planned a model for continued capacity building and support of health and frontline functionaries, known as supportive supervision. It involves a combination of one-on-one field visits to ANM, ASHA and Anganwadi workers and periodic interaction during meetings and reviews. Block Community Mobilisers (BCM), a relatively recent cadre in the NRHM structure in Bihar have been identified to lead this activity in every block.

### Helping Supervisors Redefine Their Roles

Mr. Ramesh Kumar Raman is one of the Block Community Mobilisers, who attended the state level training on supportive supervision. He is posted in Runni Saidpur block of Sitamarhi district. Working since September 2010, Ramesh acknowledges the positive impact of training on the way he interacts and supervises the work done by the health workers. Earlier due to workload or sheer in-experience in handling the issues, he used to find faults and criticise the health workers. After attending the training, Ramesh could understand the indispensable role of frontline health workers in the program. This has led to a perceptible change in their behaviour. The health workers seek his help and share their field level problems as well.

The training has also helped him in improving the reporting for the program. He supervises reporting across 33 sites (24 health sub-centres, 6 APHCs and 3 Panchayats). For the month of January 2012, he has received reports from 23 out of 33 sites. Ramesh also feels proud of the authenticity of the data that is being reported in his block.



Ramesh interacting with a health worker

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