

Convergence



The Way Ahead for breaking the vicious cycle of diarrhoea and malnutrition amongst children

The good news is that across India, there is a renewed thrust to address child health issues. Reducing under 5 mortality or death of children under five years of age has been the overarching objective of most child health interventions. The nation has set before itself a commitment to prevent and reduce under 5 mortality from more than 120 (per 1000 live births) in the year 1990 to around 39 (per 1000 live births) by the year 2015. The estimated current rate is 60 (per 1000 live births).

Diarrhoea is the second leading cause of all under 5 deaths. It is important to note that most deaths in diarrhoea are due to severe dehydration (loss of body water and salts). Severity of diarrhoea is influenced by the following factors which are dependent upon the nutritional status of the child:

- Pre-existing malnutrition and/or undernutrition is associated with increased severity of diarrhoea
- Exclusive breast-feeding reduces the risk of diarrhoea in infants
- Continued feeding during a diarrhoeal episode results in early recovery and less severe illness

Thus, diarrhoea and malnutrition can be said to be closely interlinked.



Malnutrition decreases the ability of the immune system to fight infections, thus, making diarrhoeal episodes more frequent. Children who are malnourished are at higher risk of contracting severe, prolonged and frequent episodes of diarrhoea, and therefore are more susceptible to death.

On the other hand, diarrhoea is the leading cause of malnutrition in children. Diarrhoea in children results in decreased food intake and reduced nutrient absorption during the acute episode as well as during the recovery period contributing to malnutrition. Repeated episodes of diarrhoea can often result in stunted growth (which is a reflection of chronic malnutrition). Malnutrition overall is also estimated to be linked to 1/3rd of all under 5 deaths. Naturally, strong linkages need to be established between diarrhoea treatment services and nutrition programmes in the community.

In practice, co-ordination between the public health functionaries (Medical Officers, ANMs and ASHAs) and the nutrition flag-bearers (CDPO, Supervisors and Anganwadi workers) would yield greater results in addressing under 5 mortality.

The above demonstrated linkage between diarrhoea and malnutrition calls for a close co-ordination between two Government Departments, i.e. Department of Health and Family Welfare and Department of Social Welfare which can be mutually beneficial.

So far, the project has engaged all the three frontline functionaries ANM, ASHA and Anganwadi workers in the treatment of childhood diarrhoea, with Zinc and ORS combination therapy.

Early learnings from the project (MI's Zinc and ORS Scale-Up programme) estimate that Anganwadi workers have contributed to treating nearly 40% of childhood diarrhoea cases that sought care in the public sector, at the level of Health Sub-centre.

We hereby urge all concerned to suggest measures for greater co-operation between health and nutrition programmes in this country.

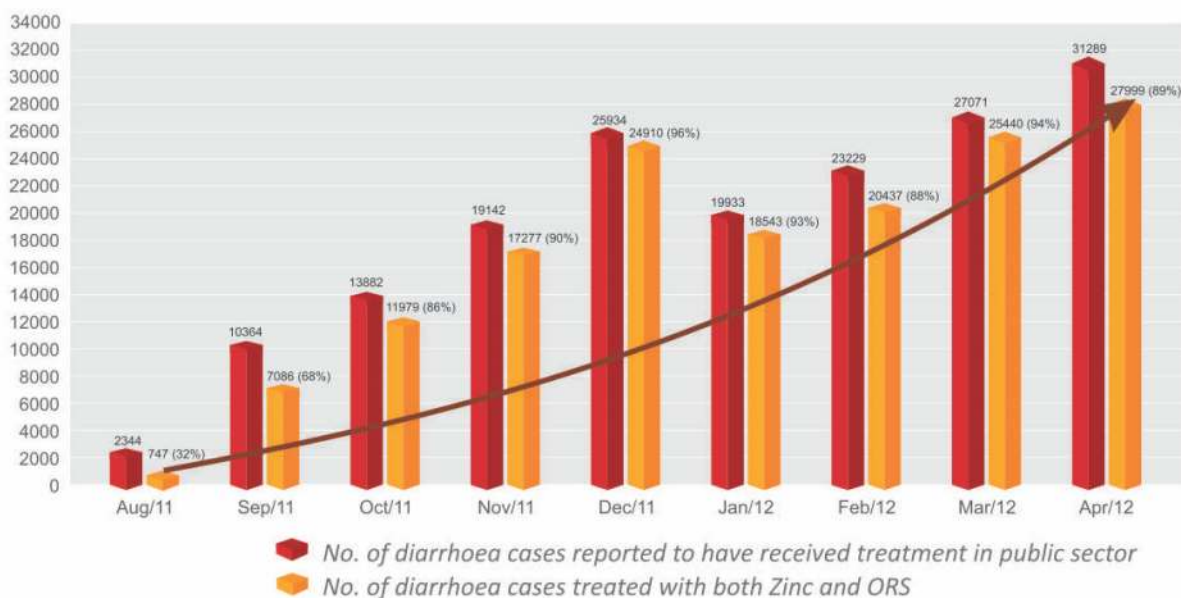
Progress in Service Delivery

Under the Childhood Diarrhoea Management Programme implemented by MI, trainings have been provided to the Government functionaries from Health and ICDS in 10 programme districts till date. These training programmes also included capacity building of frontline workers (ANM/ AWW and ASHA). The supply of Zinc and ORS was also ensured at all the service delivery points.

Post implementation it became imperative to have a systematic monitoring system in place to track the progress. MI developed a user friendly monitoring mechanism to track progress at various PHC, HSC and district levels. The ASHA and AWWs have also been involved in reporting of the cases from the village level. Considering the basic literacy levels of village level functionaries, particularly of ASHAs, formats were made simple, pictorial and easily comprehensible to ensure smooth registration and reporting of the diarrhoea cases. This system of monitoring has helped to track the treated cases on monthly basis right from the ASHA and AWWs, the lowest level of treatment point to HSC, PHC and district level.

Under the programme, in first five programme districts (Banka, Bhagalpur, Samastipur, Sitamarhi and Sheohar), a total of 1,73,188 child diarrhoea cases have been reported within nine months of implementation, starting from August 2011. These figures reflect an increasing trend in the reporting of cases over the months. Of these reported cases, a large number (1,54,418 constituting 89% of the reported cases) were treated with Zinc and ORS combination therapy, which is one of the major objectives of the programme.

The chart below reflects number of diarrhoea cases reported and treated with Zinc and ORS combination therapy. Based on the reporting estimates, a large proportion (84%) of diarrhoea cases has been treated at sub-centre and village level. Of the total cases treated at sub-centre and village level, more than two third cases have been treated by ASHA and AWW. The success rate in reporting and management of diarrhoea cases till now, clearly calls for continued convergence between the Department of Health and Family Welfare and Department of Social Welfare at all levels including the grass root level.



Childhood diarrhoea cases reported to have received treatment in the public sector in five districts

Streamlining Reporting through Supportive Supervision: A glimpse from field...

The Zinc ORS Scale-Up programme by MI has introduced the concept of Supportive Supervision which emphasizes on the engagement of the Block Community Mobilizers (BCMs). In 10 out of the 15 initially chosen Demonstration districts of Bihar, all the Block Community Mobilizers (who supervise the work of ASHA) were trained on Supportive Supervision component by the Micronutrient Initiative. This training programme was meant to capacitate the BCMs on all aspects of supportive supervision. Detailed block wise plans were also developed.

BCMs from these 10 Demonstration districts have been trained and are making valuable contribution to the programme. Many of the BCMs have carried forward the learnings from the training and also have taken initiatives at their own level to improve the programme performance.



Rakesh Kumar, Block Community Mobilizer, Bhagalpur



Rakesh Kumar, filling up the Supportive Supervision Checklist

Bhagalpur, in Bihar has 16 blocks & one Sadar area. One of its blocks is Sultanganj. Sultanganj Referral hospital has 26 HSCs and 6 APHCs. The reporting of Zinc and ORS Scale-Up programme was initiated in Sultanganj from the month of October 2011. Initially only 3 HSCs submitted their report. In the month of November, it further reduced to 2 HSCs and this greatly affected the programme assessment and regular monitoring system in the entire district. Mr. Rakesh after being capacitated through the Supportive Supervision training was determined to improve the reporting mechanism and ensure that he established it well.

He discussed this issue with the block level officials and individually started interacting with each ANM who understood the problem of all ASHAs in her area. He built the capacity of ANMs who in turn supported the ASHAs to report. Mr. Rakesh also met the ASHAs individually during his supervisory visits and assessed their problems related to reporting. He began building their capacities to overcome bottlenecks in reporting. He also attended all the meetings of ASHA and ANM at block level to motivate them and build their capacity on childhood diarrhoea management.

He initiated the process of attending the Anganwadi workers' meetings at the block level and enhanced the convergence between the ASHAs and AWWs. The AWWs too were capacitated further on reporting during these meetings. With the above efforts of Mr. Rakesh Kumar, there has been an increase in the reporting on CDMP from 11 HSCs in the month of January to 24 HSCs in March and 25 HSCs in April 2012.

The endeavor for 'streamlining the reporting mechanism' undertaken by Mr. Rakesh Kumar with ICDS at the block level is emerging as a "promising practice". Efforts are on for further improvement on the reporting system at the HSC and block levels.

Practicing now... Preached earlier



ASHA, Renu Kumari with her granddaughter, Komal

Renu Kumari, an ASHA (village level volunteer under NRHM) at PHC Suppi, in Sitamarhi district of Bihar was trained on adequate diarrhoea management along with the use of Zinc and ORS combination therapy.

After the training, she was actively engaged in creating awareness among the community about appropriate management of diarrhoea through administration of Zinc and ORS available through the public health system. It was during one of Renu Kumari's daughter's visit to her mother's place that the young granddaughter of Renu Kumari (Komal, aged 6 months) suffered from diarrhoea. Although Renu Kumari was the village level health volunteer, she did not have adequate conviction in the public health system supply and instead opted for a visit to the local medical store where the shopkeeper gave her some "medicine" for diarrhoea. Even after administering the "shop purchased medicine" for 3 days, Komal did not recover from diarrhoea.

Seeing her condition, Renu Kumari thought of trying the Zinc and ORS combination kit as supplied for diarrhoea management through the public health system by MI. Upon receiving the 'combi-pack' therapy, Komal recovered from diarrhoea within 2 days. This convinced Renu Kumari that the combination therapy of Zinc and ORS that she advocates for, works very well. After her personal experience, she does her work with greater conviction and firm faith in this cost effective and proven child survival intervention.



Programme Champion

Dr. Shailesh Anand, championing the cause....

“Saving Children, Saving Life, Saving Future Citizens”, these are the words of Dr. Shailesh Anand, a Block Community Mobilizer (BCM) from Dhoraiya PHC in Banka district of Bihar who has been associated with the Zinc and ORS Scale-Up programme since its inception.

Dr. Anand who is having a Doctorate in 'Study of development programme for Paharia tribes' (a primitive tribe in Jharkhand) was deeply moved by the poor health conditions of the tribal and rural population. He decided to become a BCM and contribute his expertise towards the betterment of rural population. Dr. Anand chose to associate with MI and make his contribution in saving the lives of children under 5 which are otherwise lost due to lack of proper knowledge and awareness about diarrhoea management. Dr. Anand dedicated himself to the cause and has been a very committed and motivated programme champion in the role of a Block Community Mobilizer.

His usual working days are all properly planned and he prepares himself well by refreshing the technical contents of diarrhoea management to be able to answer all queries of the frontline workers. His supervisory bag consists of the 'Combi Kit' and the IPC tools which are developed by the Micronutrient Initiative.

His contribution is greatly acknowledged and highly appreciated by the Auxiliary Nursing Midwives (ANMs) who regularly work with him. They have been greatly benefited by his supportive supervision and strong grassroot presence in the block. He offers need based support to every frontline worker after assessing his/her existing knowledge and tries to remove barriers if any while providing quality health services for diarrhoea management.

Dr. Anand derives his inspiration from the satisfaction on the faces of frontline workers, who he believes save lives through their hard work. Upon being asked about his experience while working with MI, Dr. Anand simply says “It's an ecstatic experience to save a life, I feel very happy and contented about it”.

(Dr. Shailesh Anand can be contacted for further information about his work and would be happy to respond to queries related to his contribution to the programme. He can be contacted at bcm.dhoraiya@gmail.com / +91-9471634407)



For further information/queries and contributions on programme please contact:

Country Office

Dr. Mahesh Srinivas, Programme Manager, Zinc & ORS Scale-Up Programme
11, Zamroodpur Community Centre, Kailash Colony Extension, New Delhi – 110 048
Tel: + 91 11 46862000

State Office

Dr. Devaji Patil, State Programme Manager
H.No. / Plot No. CH-5, Sri Krishna Nagar, Road No. 25, Near Andhra Bank,
Kidwaipuri, Patna 800 001, Bihar, India
Tel: +91 612-2524044