

# ZINC ORS

*Integration of reporting indicators on CDMP in government HMIS*

*Success story of an ASHA*

*Life-saving messages reach mothers in Bihar*

*Championing a cause*

## Integration of Reporting Indicators on Childhood Diarrhoea Management Program (CDMP) in Government HMIS

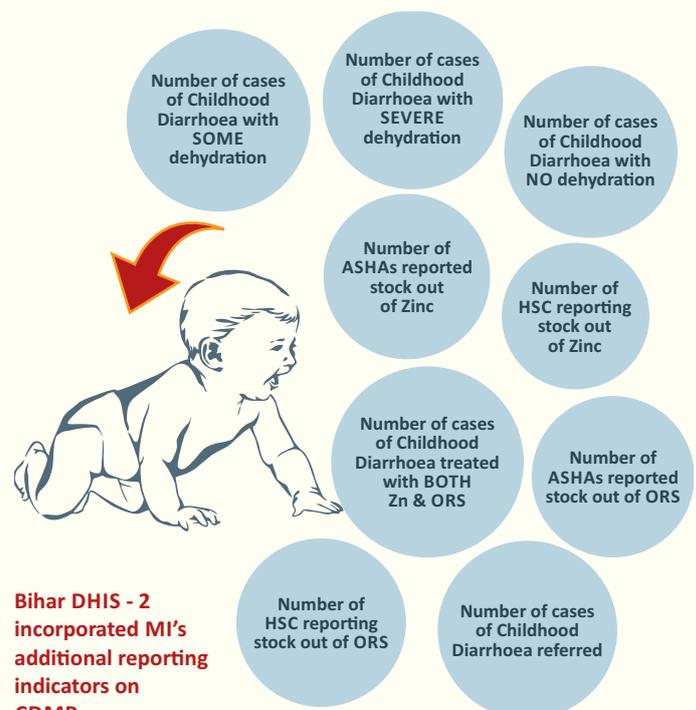
An efficient Health Management and Information System (HMIS) is an integral part of an effective public health system. Taking a step in this direction, the government of India established a dedicated HMIS portal in 2008. This enabled tracking performance for taking corrective action and effective implementation of programs such as the Childhood Diarrhoea Management Program (CDMP). In Bihar, a robust system of reporting has been adopted under the CDMP with systematic reporting right from the village-level upwards. CDMP reporting includes certain critical indicators relating to childhood diarrhoea, which earlier were not a part of HMIS. As this reporting mechanism exhibited higher childhood diarrhoea cases reported and treated, the government of Bihar while scaling-up the program, decided to incorporate the same strategies for its HMIS.

Through the combined efforts of The Micronutrient Initiative (MI) and the State Health Society (Govt. of Bihar), the Frontline Health Workers (ASHAs and AWWs) were established as the first-tier for formal reporting on childhood diarrhoea. Further, for effective implementation the Bihar District Health Information System-2 (DHIS-2) under the section 'Diarrhoea and Dehydration', incorporated additional indicators suggested by MI for reporting on childhood diarrhoea management; such as the classification of dehydration, ASHAs reporting stock-out of ORS and/or Zinc, and other relevant indicators.

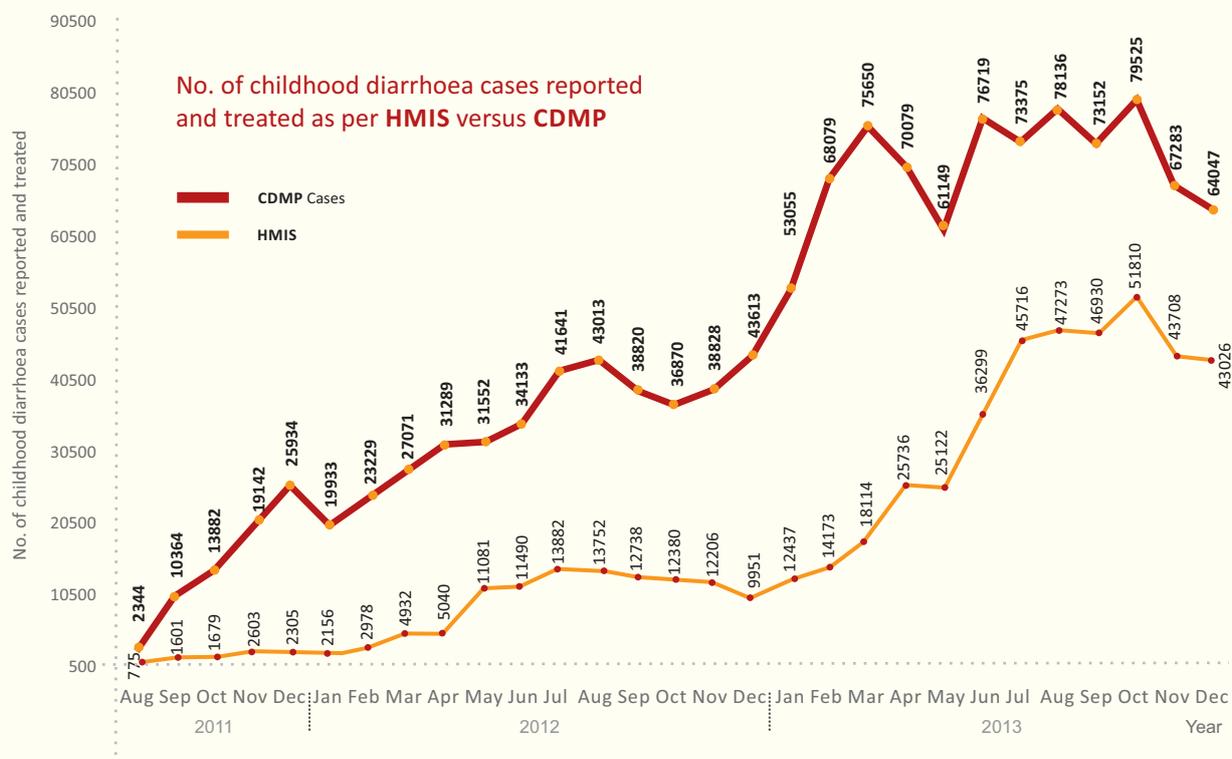
To ensure ease of working with this reporting mechanism, MI introduced pictorial reporting formats for ASHAs and AWWs, keeping in mind their educational background and the fact that they would be formally reporting for the first time. MI further facilitated training sessions on these reporting formats and the reporting mechanism for the frontline workers, M&E officers and data entry operators in the District Health Society. On field these efforts were supplemented by peer-group learning, hand-holding and supportive supervision by the Block Community Mobilizers

(under NRHM), to ease implementation of this modified reporting mechanism.

Since these efforts have taken effect, the reporting of cases under CDMP and thus, HMIS has increased, with more than 1.3 million cases of childhood diarrhoea reported and treated, 88 per cent of which have been treated by both Zinc and ORS. Currently, the CDMP reporting mechanism and



HMIS are running parallel to each other, though figures reported in CDMP are still higher. When reporting taking place through HMIS further smoothens and reaches closer to program reporting figures, the CDMP reporting is intended to be withdrawn.



Since August 2011, over 1.3 million cases of childhood diarrhoea have been reported and treated in the public health sector; with 88% of cases treated by Zinc & ORS

## Saving Young Lives from Childhood Diarrhoea

Diarrhoeal diseases are a leading cause of morbidity and mortality in children below five years of age in India. Given this scenario, the role of the ASHA (Accredited Social Health Activists under the National Rural Health Mission) in treating childhood diarrhoea cases is critical. Among other responsibilities, the ASHAs serve as a key channel of communication between the prevailing healthcare system and the rural populations. In effect, they ensure that life-saving messages on diarrhoea management reach mothers and caregivers in the village community.



**Kalpana Jha**  
(ASHA, Village Malaad, PHC Kishanpur, District Supaul)  
Emphasizes the importance of seeking timely treatment for childhood diarrhoea through Zinc & ORS

Kalpana Jha is an ASHA in Malaad village (under PHC Kishanpur) in Supaul district. She is the go-to person in her village for common health concerns. This health guardian of nearly 1,250 people has big responsibilities to shoulder, prime amongst which is to help young children suffering from diarrhoea by providing them with Zinc and ORS.

Kalpana recounts a case in November 2013 when her neighbour reached out to her, for her child who was suffering from diarrhoea. When Kalpana reached to check on one-year-old Karan Kumar, she noticed that he showed symptoms of 'some' dehydration, with slightly sunken eyes, general restlessness and frequent watery stools. Kalpana explained to Karan's mother that he was suffering from diarrhoea, but it was a condition that she could easily manage by keeping a few simple things in mind. She proceeded to demonstrate to his mother, the correct method of washing hands and prepared a litre of ORS solution using a clean jug, water, glass and spoon. "Shareer may namak, paani, anya sookshma tatvon ki kami ho jaati hai" (The body loses essential salts, water and minerals during diarrhoea), Kalpana explained to the young mother; detailing the need to continually administer ORS, replacing it every 24 hours. Alongwith this she advised giving Karan a Zinc tablet dissolved in milk, continuing this for 14 days.

Over the next couple of days, as Kalpana kept a check on Karan's condition, she was relieved to see the treatment take effect, with Karan well on his way to recovery. In fact, Karan has not had any repeat episodes since; much to the relief of his mother. Kalpana Jha, a grandmother herself, says "I've always trusted ORS and Zinc to cure my grand-daughter when she had diarrhoea, and so I'm confident when advising mothers and other caregivers in the community to administer the same treatment."

The State Health Society (NRHM, Govt. of Bihar) in association with MI has endeavored to address the gaps in implementation and management of childhood diarrhoea, by introducing focused orientation and capacity building initiatives for health and Integrated Child Development Service (ICDS) functionaries, such as the ASHAs.

## “I knew ASHA *didi* could help my baby recover from diarrhoea”...

Usha Devi, a mother of two, is busy laying the foundation of her thatch house that caved in a few days ago. While her family shares quarters with a relative nearby, she hurries to finish the house before the monsoons arrive in Bihar. She takes a break from work and emerges with little Jyoti, her



Usha Devi  
(Block Salkhua, District Saharsa)  
Mother of one-year-old Jyoti, now fully recovered  
from diarrhoea

one-year-old daughter perched on the hip; mother and daughter both adequately splattered with mud. She washes up a bit and smiles tenderly at the child, “There is more play and splattering than any real work with her around!” she says, as Jyoti settles down with the well-chewed corner of



Mothers listen intently to a frontline health worker  
speaking on tracking childhood diarrhoea

her mothers' sari in her mouth. “Jyoti will put anything she finds in her mouth” says Usha Devi, knowing well how this exposes her child to an environment that may cause diarrhoea.

Some months ago, Jyoti did indeed suffer from a bout of diarrhoea. The parents were much distressed and when all home remedies failed to make any difference, Usha knew she had to call Sudha Devi, the ASHA in the village, to help her child recover. It was late at night, yet Sudha came to see the child and observed that she was crying, looked tired and the frequent stools she passed were watery, clear signs of diarrhoea with 'some' dehydration. The good thing was Jyoti seemed very thirsty. Immediately the two women got to work making the recommended ORS solution and administering the first dose of Zinc. Sudha showed Usha how to dissolve the Zinc tablet and then stood aside watching while she fed the Zinc portion to Jyoti.

“Its important to keep an eye on the child intermittently, else sometimes parents may become lax about the dosage and fail to administer it for 14 days continually. So I kept coming back to check on Jyoti”, says Sudha Devi. Intensive efforts by ASHAs in the field have led to greater awareness amongst caregivers through activities like mothers' meetings where discussions focus on importance of hygienic cooking, clean feeding habits, maintaining hygiene, demonstrating preparation of ORS and Zinc to manage diarrhoea, following-up with caregivers to ensure compliance; all of which are essential for preventing and managing childhood diarrhoeal diseases.

MI through its focused intervention in Bihar, has endeavored to accelerate positive behaviour change in caregivers like Usha Devi, for tackling childhood diarrhoea. Diarrhoea treated promptly in the home to prevent and treat dehydration, rarely becomes lethal. It is the turning point for many young lives when a young mother like Usha Devi decides to seek the right treatment, to ensure her child stays healthy.



A child shows the combi-kit designed by MI, containing  
2 sachets of ORS and 14 tablets of Zinc

## Program Champion - Makhdum Asharaf

A narrow brick road leads up to the Salkhua Primary Health Center. The morning rush hour has patients huddled into groups, awaiting their turn. A brief wait and Makhdum Asharaf, the Block Community Mobilizer (BCM, Block Salkhua, District Saharsa) enters with a welcoming smile. Under his purview are 16 Health Sub Centers, 2 Additional PHCs and 1 PHC; where he works closely with 218 ANMs, ASHAs and AWWs. Makhdum is the first point of contact for these frontline health workers, for addressing their routine work-related challenges. One of his key roles is to support and provide them on-the-job training through hand-holding

“Nearly 11 % children under the age of 5 die every year in India due to diarrhoeal diseases,” says Makhdum. He has since taken it upon himself to lower this statistic, by holding village-level discussion meetings with key stakeholders (including Panchayati Raj Institution members, ANMs, ASHAs, AWWs, caregivers, key decision-makers in families). His discussions are focused on issues pertaining to hygiene and cleanliness, dispelling myths, demonstrating hand-washing, identifying gaps in knowledge and practice, and arriving at agreeable solutions to prevent morbidity resulting from childhood diarrhoea.



Makhdum Asharaf  
(BCM, PHC Salkhua)  
On ASHA day, distributing ORS & Zinc combo-kits to ASHAs

sessions, problem-solving meetings and helping to overcome challenges in the field, thus enabling them to execute the mandate of key health programs like the Childhood Diarrhoea Management Program.

In this context, Makhdum speaks of the state-level training on 'Supportive Supervision', facilitated by the Micronutrient Initiative which he attended in February 2013. “Now I can better empathize with ASHAs and ANMs and the challenges they face in the field. It has helped me connect with them more effectively”. He especially comments on the knowledge update provided during the training, “Updated information provided on childhood diarrhoea is important for us, as we carry it forward to our ANMs, ASHAs and AWWs in the block, and they in turn carry it deeper, reaching each house.”

In addition to training endeavours, the Micronutrient Initiative is supporting BCMS like Makhdum through a 'mobility support' of Rs 500 per visit, for weekly supportive supervision visits to frontline health workers. This support enables Makhdum to meet travel costs towards visiting one ANM, and under her purview, an ASHA and AWW each, to review their progress and resolve any challenges faced in the Childhood Diarrhoea Management Program. To ensure that benefits are indeed reaching children affected by diarrhoea, BCMS also meet with at least two caregivers serviced by this ANM, and one caregiver each serviced by the ASHA and AWW. Through the relentless efforts of BCMS like Makhdum and the frontline health workers, many young lives continue to have hope for a healthy future.



An AWW and ASHA explain the importance of ORS & Zinc during a mothers' meet

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