

ZINC ORS

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Strengthening The Links In The Supply Chain - Zinc and ORS

Diarrhoea is one of the leading causes of under-five mortality in India. For tackling this critical health concern, the government of India has put in place a national policy since November 2006, emphasizing the availability of Zinc, along with an effective communication strategy; and methodical training of healthcare providers for using Zinc with ORS.

In the public health system, existing delivery channels for Zinc and ORS include the district and sub-district hospitals, block PHCs, sub-centres, and village-level distribution through Anganwadi workers and ASHAs.

The conventional systems of annual procurement and supply chain management, however continue to harbor challenges. Chief among these are; accurate information for reliable forecasting; timeliness and adequacy of procurement; and scale for warehousing and distribution.

The Bihar state government is thus increasingly recognizing and attempting to address the need to ensure regular supplies of Zinc and ORS, by streamlining the supply chain. In this endeavor it has sought techno-managerial assistance from MI, supported by Children's Investment Fund Foundation (CIFF).

MI has been providing technical expertise for capturing information from service delivery points (SDP) via supply audits for gauging stock availability; advocating inclusion of Zinc Sulphate in the Bihar Medical Services & Infrastructure Corporation Limited's procurement website to ease online

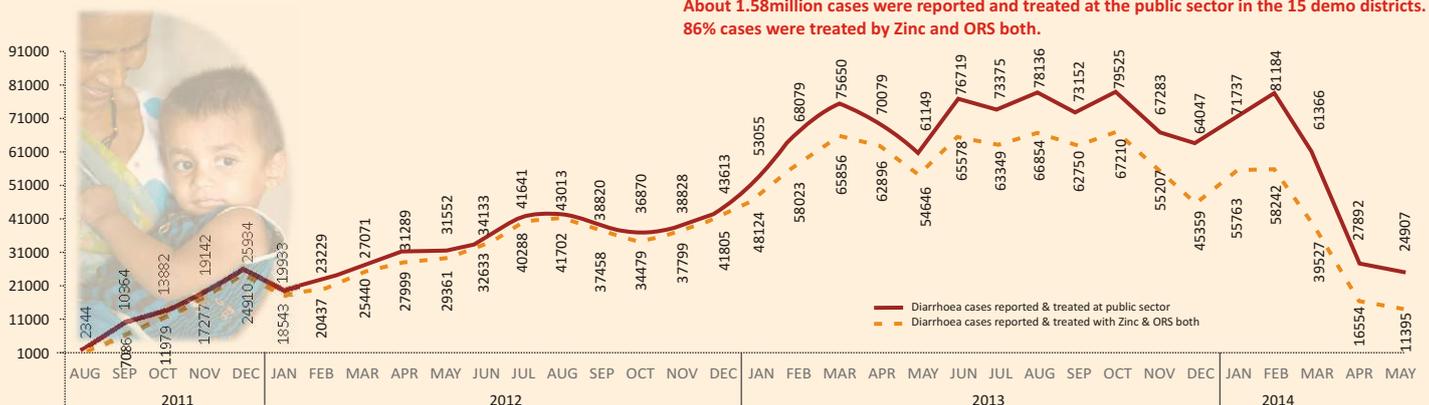
requisitions of Zinc; planning systematic distribution till the 'last mile', and real-time stock monitoring at SDPs.

"Zinc and ORS supplies need to be further regularized so they can reach the community through trained health functionaries and public health facilities" says Vikas Kumar, District Community Mobilizer (Jamui). *"MI has been facilitating us in making the supply chain more robust by streamlining estimation, procurement and distribution of Zinc and ORS till the ASHA AWW level. This will surely make supplies faster and regular."* says Dr. Anjani Kumar Sinha, District Immunization Officer (Jamui).

Irrefutably, the availability of Zinc and ORS at SDPs with trained health workers is directly impacting the number of cases of childhood diarrhoea treated by Zinc and ORS. Between August 2011 and May 2014, over 1.58 million cases of childhood diarrhoea have been reported treated in the 15 MI demonstration districts in Bihar; of which about 86% cases have been treated with both Zinc and ORS.

In the last weeks of May, districts in Bihar have received supplies of ORS and initiated immediate dispatch to field functionaries; but Zinc is yet to reach them. A robust supply chain for ensuring consistent availability of Zinc and ORS is thus vital for achieving better health outcomes, while ensuring that critical information on supply and demand is being transmitted back to planners and policy-makers for continuous improvement.

About 1.58 million cases were reported and treated at the public sector in the 15 demo districts. 86% cases were treated by Zinc and ORS both.



Frontline Health Workers - Scaling 'The Last Mile' Challenges



■ ANM Vibha Bharti at the RI Cell, AWC No.18, Block Ghatkusumbha (Dist. Shiekhpora).

Twenty-odd kilometers from Ghatkusumbha PHC in Sheikhpura, the Anganwadi center no.18 sees a steady flow of women. The ends of their colorful cotton saris cover their heads from the heat, and within its folds fidget their little secrets; the young ones who've compelled mothers to gather today for Routine Immunizations (RI). Armed with vaccines carriers, ORS packets, relevant IEC material and her reporting registers, ANM Vibha Bharti is manning the AWC since morning, accompanied by the ASHAs and Anganwadi worker.

High prevalence of childhood diarrhoea exacerbates poor nutrition thus contributing to a vicious cycle of malnutrition and infection. Routine Immunization days such as the one today, provide a platform to deliver critical vaccinations, key health messages, and are a platform to provide Zinc and ORS for treating children with diarrhoea.

Since 2006, the Government of India has incorporated the use of Zinc in the national guidelines for treatment of diarrhoea. In

keeping with this, the Bihar state government is endeavoring to ensure that Zinc and ORS supplies reach the 'last mile' functionaries and facilities; with technical assistance from MI. Specifically to strengthen the supply chain of Zinc and ORS, MI is providing technical support to the government for scientific estimation of demand, procurement, distribution planning, and inventory management across service delivery points.

"With the rains approaching, diarrhoea cases will be on the rise. For treating this we'll give two ORS packs and if we have Zinc supplies we'll give one bottle each to caregivers. In case Zinc is unavailable with us, villagers will either forego it or procure from the private sector." says Vibha Bharti, the ANM. After nearly two months of wait, towards the end of May, Vibha has finally received 712 packets of ORS.

Vibha, trained for managing childhood diarrhoea under the IMNCI (*Integrated Management of Neonatal and Childhood Illnesses*) program, regrets being unable to attend the MI training on Childhood Diarrhoea Management. However a colleague who did attend, passed on the training material, which Vibha used for refreshing her knowledge. *"I went through the flipbook and the calendar which was given to all the ANMs in the MI training. After going through its colorful, pictorial explanations and simple directions, I learnt about the correct dosage of Zinc and ORS, signs of dehydration, and overall managing childhood diarrhoea better."*

Ensuring adequate and timely supplies of Zinc and ORS at each service delivery point, with cadres of trained healthcare personnel, are key pillars for the Childhood Diarrhoea Management Program (CDMP). In district Sheikhpura, in the last one year from June 2013 onwards, 33692 cases of childhood diarrhoea were reported, of which 90 % were reported to be treated with both Zinc and ORS. Efficient public health supply chain performance is essential for assuring access to health supplies, leading up to positive health outcomes.

Committing to Action - Empowering communities with better child health

Pritam and Funtoosh, are neighbors and two little girls not very different from each other. In village Ghatkusumbha of Shiekhpora district, their households have much in common economically, socially and otherwise. Much like all things good, disease too seems to strike in close succession here. In February this year, 9-month-old Pritam Kumari fell ill with diarrhoea. Pritam, was fortunate as her mother Rita Devi got her a timely opinion from the ASHA who gave 2 sachets of ORS and 1 bottle of Zinc syrup; advising her on how to prepare and administer these. *"I was aware that the ASHA keeps medicines for treating childhood diarrhoea. Of the syrup she gave, I used to give half a spoon, and the powder I mixed in a litre of water and made her drink as many times as she wanted"* says Rita Devi.

Next month in March, diarrhoea struck again, only this time at her neighbors' home. Suhaagi Devi's three-year old, Funtoosh suffering from diarrhoea too received timely attention from

Anita Devi, the ASHA, but in terms of drug availability she was a little less fortunate. This time the HSC reported stock-out of ORS, and Anita was compelled to hand only a Zinc bottle to Suhaagi, explaining that the syrup would increase immunity and help in resisting a relapse. *"There was no ORS available, so I couldn't give her any"* says



■ 9-month-old Pritam with mother at AWC No.18 (Ghatkusumbha, Dist. Shiekhpora), successfully treated in February, using both Zinc & ORS.

Anita. So she advised the young mother give additional fluids and feed the child other easily-digestible foods.

Over the next few months MI is set to initiate demand generation activities for the Childhood Diarrhoea Management Program in two districts of Bihar-Shiekhpura and Nalanda, for sensitizing the community on childhood diarrhoea management through behavior change communication. These efforts are supported with MI's technical assistance to the government, for streamlining the Zinc and ORS supply chain, such that awareness is coupled with access. Scaling-up access to these simple, yet potentially life-saving products is essential to reducing child mortality and morbidity; so children like Funtoosh can receive the combined benefits of both Zinc and ORS.



■ *Suhaagi Devi, mother of 3 year-old Funtoosh, says she couldn't receive ORS. Between March and May HSC Ghatkusbhha reported stock-out of ORS, though Zinc was available.*

Messengers of good health - BCMs Reinforcing Knowledge of ASHAs



■ *(Sitting) Kamlesh Kumar - (BCM, PHC Halsi, Lakhisarai), (Standing) Dr. Durbha Rohini Kumar - (DC, MI) using the MI - developed ASHA guide book , during a refresher session on CDMP for ASHAs.*

MI has been working on the Zinc and ORS Scale-Up Program with the Bihar government since September 2010, for improving management of diarrhoea among 0-5 year-olds. In its 15 demonstration districts, millions of cases of childhood diarrhoea have been reported treated in the public health sector. Of these more than half have been treated by frontline health workers; underlining the importance of training them on CDMP.

Encouraging results of MI's program in demonstration districts, have led to successful advocacy for scaling-up the endeavours in remaining 23 districts; with the state government issuing directives for trainings on CDMP for ASHAs in scale-up districts as well. These efforts aim to bring about a sustainable change in diarrhoea management procedures in the public health system through customised training, supportive supervision and streamlining the Zinc and ORS supply chains.

Lakhisarai is such a scale-up district, which exhibited a robust performance in the Diarrhoea Control Campaign of October last

year. The sites monitored in Lakhisarai during the campaign had set-up Zinc and ORS corners for caregivers at the health facilities, where ANMs demonstrated hand-washing and preparation of Zinc and ORS, distributed relevant IEC material, counseled caregivers and tended to childhood diarrhoea cases at the health facility. Much of this success in Lakhisarai could be attributed to the enhanced knowledge and efforts of ASHAs; who were trained on childhood diarrhoea management by Zinc and ORS, right before the campaign began. Similar trainings are now ongoing in other scale-up districts, with MI encouraging trained Block Community Mobilizers (BCMs) to use ASHA monthly meetings as a platform for imparting refresher sessions on childhood diarrhoea management.

A case in point is the ASHA monthly meeting at PHC Halsi (District Lakhisarai). 80-odd ASHAs sit on the coarsely-carpeted floor, in an elongated room devoid of ceiling fans, intermittently dipping into their notebooks, to note important points. Kamlesh Kumar, the BCM notes details of ASHAs and ASHA Facilitators, some of who have braved the sweeping heat and humidity, to reach from villages as far as 20 kms away. The MI Divisional Coordinator, Dr. Durbha Rohini Kumar, has joined the meeting to contribute to the refresher session on childhood diarrhoea management. These trainings in the scale-up districts, have acquired a heightened significance in light of the upcoming month-long Diarrhoea Control Campaign from June 16th onwards.

During these sessions, BCMs are using interactive methods of discussion, encouraging ASHAs to share knowledge, experiences and practices. They are helping reinforce key messages for correctly recognizing symptoms, preparing and administering Zinc and ORS, and filling reporting formats under the CDMP. The ASHA guidebook, Flipbooks, Training Video on childhood diarrhoea management and similar tools developed by MI, are proving instrumental for reinforcing knowledge during these refresher sessions.

Program Champions - Reaching Each Child With Zinc and ORS



■ Kumkum Kumari, ASHA (Mohabbatpur HSC) at the PHC Sheikhopur Sarai during the ASHA meeting day.

The PHC Sheikhopur Sarai gradually stirs into action in the summer heat; where ASHAs and AWWs are waiting patiently. With 13 HSCs under its purview, the PHC caters to healthcare needs of a 69,000-odd population. The Block Health Manager, Manish Rishi looks proudly over at the gathering, "These ASHAs are the first points-of-contact for most. When the Diarrhoea Control Campaign starts on June 16th, we'll set the Zinc & ORS corner right here, next to the OPD... ASHAs will play a key role in its success."

For the ASHA meeting today; ASHAs from across the block have gathered seeking knowledge refreshers on key health issues like childhood diarrhoea, redressal of their incentive-related issues, and challenges faced in the field. Amongst them is Kumkum Kumari, ASHA from HSC Mohabbatpur, stationed at the Uttari AWC. She has been in service since the last 9 years; and currently serves the 900-odd population in Mohabbatpur, belonging to some of the most backward sections of society.

She recollects attending the training on childhood diarrhoea management conducted by MI few months ago in Shiekhpora. A simple query has her ticking-off all the do's and don'ts for its correct management. "I work with some of the most backward sections of society. Their low literacy and deprived socio-economic circumstances, makes it quite challenging to convince

them. I manage the best I can with my knowledge and resources, but for any case beyond my scope, I don't wait and watch, and immediately refer it higher-up" says Kumkum. In February, a young mother in Kumkum's neighborhood, Ruby Devi reached out to her with her six-month-old. Checking the child for symptoms, Kumkum found her passing frequent and watery stools. She then gave the mother 2 sachets of ORS and a bottle of Zinc, explaining its preparation and dosage, and counseling to continue breast-feeding. Within 2-3 days the child was on its path to recovery. In addition to trained frontline health workers in place, timely provision of Zinc and ORS at health facilities is critical for saving lives from succumbing to childhood diarrhoea. Kumkum has recently received ORS supplies; with Zinc yet to reach. "If I don't have supplies of Zinc or ORS with me, till further treatment at least I advise more fluids or simple dietary adjustments; for a younger child I recommend continued breast-feeding till further treatment" says Kumkum.

The Medical Officer Incharge (MoIC) at PHC Sheikhopur Sarai, Dr. Triveni Prasad, who has attended a training session by MI on Childhood Diarrhoea Management, recollects the presentations and discussions during the training, for detecting the types of dehydration, demonstration of ORS and Zinc preparation, and other key take-aways. "Highlighting Zinc as a key component for childhood diarrhoea treatment along with ORS, is a significant contribution made by MI. I remember even our medical textbooks didn't emphasize Zinc for reinforcing the body's defense mechanism in diarrhoea. Today, I increasingly observe Zinc and ORS being prescribed together, for treating it" says Dr. Triveni Prasad.



■ Dr. Triveni Prasad (MoIC, PHC Sheikhopur Sarai, District Sheikhpura)

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