The Micronutrient Initiative (MI) works to eliminate vitamin and mineral deficiencies among the world’s most vulnerable populations. In Bihar, MI is working with the support of Children’s Investment Fund Foundation (CIFF) in collaboration with the state government to implement the Childhood Diarrhoea Management Program (CDMP). MI’s intervention aims to increase the coverage of Zinc and ORS for the treatment of childhood diarrhea and improve compliance of caregivers to the recommended course of treatment through the public health service delivery channels. Though the CDMP has shown positive results since its inception in August 2011, yet gaps in knowledge and awareness levels of caregivers contribute to lower compliance with Zinc and ORS dosage. To address this, starting June 2014 MI has been implementing a demand generation intervention covering 500 villages in nine blocks of Bihar; Chandi, Sarmera, Noorsarai, and Rahui in district Nalanda and blocks Ariari, Barbigha, Chewara, Ghat Kusumbha, and Sheikpura in Sheikhpura district.

The intervention will increase awareness levels of caregivers and the community at large, on the benefits of Zinc and ORS for managing childhood diarrheoa. Community-level activities under this endeavor are engaging caregivers and key influencers to boost their understanding and promptly manage diarrheoa in children with Zinc and ORS. As part of the Behavior Change Communication (BCC) strategy for demand generation, specific activities are being implemented at multiple levels.

Key project activities include Inter Personal Communication, Group counseling (With women Self Help Groups, Mothers groups, Village Health Nutrition and Sanitation Committees), School-level and Mid-media activity. To measure the effectiveness of demand generation activities being conducted, baseline and endline evaluations of the intervention are also part of the project strategy.

One of the highlights of this project is the inter-personal communication with caregivers, taking place through local women trained as Village-level Community Mobilizers (VCMs). MI is working with a partner agency to train VCMs, hand-holding them, reinforcing learnings and solving field-level issues, to ensure increase in caregiver compliance to using Zinc and ORS in managing diarrheoa.

About 1.8 million cases of childhood diarrheoa were reported and treated at the public sector in the 15 demonstration districts of MI. Nalanda and Sheikhpura are two such demonstration districts for MI.
Enabling Local Women as Mobilizers of Community

Empowering local women from rural communities, can enable them to work towards improving health conditions in their communities. A part of MI’s endeavor to enhance uptake of Zinc and ORS in the districts of Bihar - Nalanda and Shiekhpura, is facilitating a gradual transformation of local village women, into change agents fostering positive health behavior. As part of the capacity building strategy, MI has selected, trained and engaged 200 eligible women as Village Community Mobilizers (VCMs). The VCMs enjoy a unique rapport within their communities, and are familiar with the distinct conditions and challenges; this imparts an in-depth insight that translates into ease while conveying and convincing caregivers on key health messages for tackling childhood diarrhoea.

Despite adverse environmental conditions, floods and heavy rainfalls in Bihar, training of VCMs was completed between August 23rd - 31st, 2014, wherein two-days of capacity building sessions were held for seven batches, replete with pre and post training evaluations, feedback and discussion sessions. IEC and BCC experts, supported by Block Coordinators as master trainers, covered four key components during training: Knowledge and information, Behavior change communication and tools, Practice and demonstration in groups, and Roles and responsibilities. Key aspects on childhood diarrhoea management were covered including the importance of ORS and Zinc, recognizing symptoms, food and sanitation, preparation of ORS and Zinc, roles and responsibilities of VCMs, using job-aids given during training (Flipchart, Flipbook, Demonstration kits), conducting IEC/IPC sessions, encouraging uptake of ORS and Zinc from ASHAs and ANMs, reporting on MIS formats and other key areas. The participative and interactive nature of trainings made for effective learning and good rapport-building between project teams and the VCMs.

MI’s endeavor to empower VCMs from within the community, is aimed at imparting sustainability to the community-based health programs for tackling childhood diarrhoea. Currently, VCMs continue to be supported by MI’s project personnel through hand-holding, problem-solving, advocacy with government health functionaries, refresher sessions, monitoring and felicitation of good performers.

“I never knew earlier, about how serious something like diarrhoea can be for a child. During the session the trainer demonstrated the dehydrating affect diarrhoea has on a child’s body, by ‘wringing a wet washcloth’. I was deeply affected by this demonstration, and now demonstrate the same to my community, urging them for immediate intervention with Zinc and ORS” says VCM, Poornam Kumari (She is the assigned VCM for the three villages of Khojagachi, Dariachak, Khalilchak).

Malti Devi is the designated Village-level Community Mobilizer (VCM) for Jamalpur and Nasarpur villages. Today she is busy finishing morning chores, in preparation of a scheduled home visit, also locally called a ‘Griha Bhraman’, regarding childhood diarrhoea management. Her empathy and the support of her mother-in-law (also the village Anganwadi Sevika), always ensured she was an active volunteer during health and wellness events in the village. Today, carrying her backpack replete with demonstration kit and job-aids given during MI’s training session; Malti crosses dirt roads and muddy puddles to finally reach Shelia Devi’s home.

A few days ago the youngest child of Shelia Devi, six-month old Sundaram, was suffering from diarrhoea. Although now recovered, Malti has requested time, to counsel her on correctly tackling childhood diarrhoea in case of a recurrence. A crucial part of the VCMs responsibilities, is a minimum of two homes visits every month to the homes of children affected with diarrhoea as part of the interpersonal communication strategy for educating caregivers on ORS and Zinc usage during childhood diarrhoea.

As Malti starts discussing with Shelia, she finds the mother distraught, describing her torment of how Sundaram suffered from diarrhoea, the endless trips the family made to hospitals and doctors, the despair of failing treatments, exorbitant medical bills and the uncertainty of finding whether or not the treatment finally worked. Malti patiently hears all and painstakingly explains how many parents...
Improving Caregiver’s Health-Seeking Behavior In Childhood Diarrhoea

The Kosi river is also known as Bihar’s ‘river of sorrow’ for the annual flooding it causes in Bihar, that brings with it a cycle of destruction, disease and much despair. This year has been no different for most of the districts of Bihar, including MI’s intervention district of Sheikhpura and its village Dih Kusumbha, in block Ghat kusumbha (Photo in inset shows the flood-affected village of Dih Kusumbha; what earlier was dry land, now needs a boat to cross to the other side). Adding to the people's woes in these times of desperation, is the wrath of the deadly diarrhoea.

Reena stands with her son at the entrance of AWC No.24 (Village Dih Kusumbha) after attending the mother’s meeting on childhood diarrhoea management. Moni Kumari the VCM is seen standing behind her. Reena couldn’t bring her ten-month-old daughter to the meeting, as she was recovering from a recent episode of diarrhoea (Photo in inset shows the flood-stricken village of Dih Kusumbha)

Reena has two children, a boy of four and a ten-month-old daughter. She raises them mostly alone as her husband works far away in the state of Haryana, as a daily-wager. Today Reena has come to the Anganwadi Center No. 24, as a neighbor told her there will be a discussion on childhood diarrhoea. She’s come hoping to pick some good advice she can use. Few days ago, her daughter Munni suffered from diarrhoea. Not knowing how to treat her, Reena kept trying various home remedies, while Munni’s condition worsened. Finally, she sought help from the village ANM who gave her two packets of ORS and a bottle of Zinc syrup. With the advised dosage Munni was better in days, but Reena decided she must know more to be well-prepared next time.

Just like her, get caught in a vicious circle spending large sums of money on expensive and long-drawn treatments when their child suffers from diarrhea; whereas infact, childhood diarrhoea can be easily and promptly managed within the comfort of ones’ own home if detected early on, by following a simple and cost-effective regimen with ORS and Zinc.

As the discussion carries on, little Sundaram lies comfortably swaddled on the floor, cooing, looking from his mother to the others in the room, while Shiela’s other children and elders of the family crowd around her, listening and nodding in agreement. Encouraging Shiela’s questions, Malti uses her flipbook to help Shiela visualize the key messages; signs and symptoms of diarrhoea, benefits of ORS and Zinc and method of preparation, correct dosage, duration and manner of administration. She explains that ORS and Zinc can be easily accessed from the village Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM) or other public health service delivery points.

Ratna Kumari, the village ASHA in Jamalpur meanwhile is enthused that Malti has joined forces with her. “Malti is helping me spread life-saving messages to highlight the issue of treating childhood diarrhoea with Zinc and ORS... I am thankful to her... she’s doing a great job.” Malti meanwhile has this to say “I am doing this work in the hope that it will keep my village children healthy. I too am a mother, I know the despair a parent can feel when a child falls ill.”

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Many like Reena, are sole caregivers, struggling to keep things afloat in the most challenging of circumstances. There are multitudes of influencing factors impacting a caregivers’ health-seeking behavior. They may have limited knowledge and fail to recognize the importance of early treatment till severity increases, treatment practices may not correspond with global health recommendations, caregivers may have limited access to healthcare service delivery points, or they have different perceptions on feeding practices, convalescence, follow-up and compliance to treatment. Success in reducing childhood mortality and morbidity arising from diarrhoea, needs more than the availability of adequate health services and well-trained health professionals. As families are the first point of child care, success requires a partnership between health systems and families with the correct caregiver perception on diarrhoea in under-fives.
Kanchan Kumari, a high-school pass-out is the VCM assigned three villages under the demand generation intervention—Kashmirichak, Marhara and Belsar, each with a population of about a thousand people. Today, at the Anganwadi Center of Kashmirichak she tries to bring to attention the roomful of thirty-odd mothers and grandmothers with their children, who have come to attend the women’s group meeting. As they chatter on excitedly about what Kanchan, a known figure to all of them has to say, she starts the session with a greeting to all. The enraptured women hang onto every word she says, nodding in agreement and interrupting when they have an urgent question.

As Kanchan launches into why they all must know everything about diarrhoea, its causes, symptoms, and Zinc and ORS for treating it, a young mother raises a concern “How will I know if my child is malnutritioned and so more susceptible to diarrhoea?” Kanchan looks at the frolicking three-year old in the woman’s lap and patiently answers “If she seems lethargic, isn’t growing as she normally should, has lesser weight and height, then she may be malnutritioned.”

“If your child does have diarrhoea, how will you know?” Kanchan asks the crowd. Some chime in with the correct answers, “frequent stools”, “vomiting”, she agrees encouragingly and adds on other symptoms they must note. She uses her flip chart, and the audience is rapt with its colorful pictures. They start discussing amongst themselves on what this or the other picture may mean. Kanchan takes them through the flipchart, reiterating all key messages. She emphasizes the women must use a calendar at their homes, to ensure 14 days of full dosage of Zinc and ORS is taken from their village ASHA or ANM and administered to the child suffering from diarrhoea. From her training backpack, Kanchan pulls out a jug, spoon, glass, a mixing container, and an ORS packet to demonstrate preparation of ORS and Zinc. She then demonstrates hand washing, encouraging all to imitate her as she enacts the steps of hand-washing, measuring water into a glass, dissolving ORS and giving the requisite dosage, while throwing away any excess remaining after 24 hours.

The 45-minute session ends in a crescendo as women crowd around Kanchan asking for Zinc and ORS packets to be better prepared for childhood diarrhoea; they ask her questions on hand-washing, sanitation, and food habits. “Earlier few people from the village questioned me when I tried to hold women’s group meetings. I even had to conduct meetings sometimes on road-sides. Gradually my efforts have won them over, and the Anganwadi Sevika has invited me to hold my group meetings within the Anganwadi Center.” She breaks into a smile, “Now people encourage me”.

Today even the ASHA, Mala Kumari (PHC Nawsarai) has joined Kanchan’s session as an audience, “I support Kanchan’s work so I come to hear her session sometimes; it is for a good cause and I think she is very well-trained and doing a good job. I think some things she explains, are even better than I can do myself. We work well together.”