Bihar is one of the high burden states for diarrhoea in children under the age of five, and is afflicted with one of the highest rates of under-5 mortality in India. To address this situation, the Government Of India is focusing efforts on four states, including Bihar, through the Integrated India Action Plan for Prevention of Pneumonia and Diarrhoea (IAPPD) program.

To develop a framework of integrated district and state-level action plans for the prevention and control of diarrhoea and pneumonia in these states, in October 2014 in New Delhi, the Ministry of Health & Family Welfare and partner agencies organized a workshop on ‘Integrated Approaches for Prevention and Management of Pneumonia and Diarrhoea for achievement of MDG 4’. Key stakeholders including MI and senior government officials from the department of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) and subject matter experts participated in this workshop. During the workshop MI provided its technical expertise to Bihar, Uttar Pradesh and Rajasthan state teams for drafting the integrated district and state-level action plans for the prevention and control of pneumonia and diarrhoea in select high-priority districts.

Going a step further in Bihar, to scale-up the planned interventions in a coordinated manner, MI is working to strengthen the district supply chains of Zinc and ORS. Advocating for regular and sufficient supplies of Zinc and ORS in Bihar, MI organized a Partners’ Meet in Patna on November 25th to highlight common concerns and explore sustainable solutions. The outcome was a joint advocacy strategy developed for the Bihar government, to eliminate delays in procuring Zinc and ORS. To implement this advocacy strategy, MI has held meetings with senior health officials at the state and central government level. Meeting with Shri Brajesh Mehrotra, Principal Secretary, Health (Bihar), WHO and UNICEF in 2013 launched the ‘Integrated Global Action Plan for Pneumonia and Diarrhoea’ (GAPPD) aimed at ending preventable child deaths from pneumonia and diarrhoea by 2025. As an adaptation of GAPPD, in October 2014 India’s Ministry of Health & Family Welfare, along with representatives from high pneumonia and diarrhoea burden states and districts, WHO, UNICEF, and other stakeholders including MI, developed an Integrated India Action Plan for Pneumonia and Diarrhoea (IAPPD). This includes a framework for monitoring selected high-burden state- and district-level progress in achieving GAPPD targets via ‘score cards’ and ensuring accountability in the implementation of corrective actions. This plan is being presently targeted in high priority districts of four states – Bihar, Uttar Pradesh, Rajasthan and Madhya Pradesh – which account for more than half of under-five deaths.
MI highlighted the situation of low Zinc supplies; emphasizing that unless stocks were replenished, annually 27 lakh episodes of childhood diarrhoea would not receive ORS and Zinc resulting in a possible 23,000 deaths of children below five years of age.

To ensure Zinc and ORS supplies are in place, in light of the IAPPD program, MI along with other partners has recommended feasible solutions to the state government for procurement such as: procuring from zinc manufacturers in the public sector, procuring at the regional level, and short-term tendering for Zinc and ORS at the district-level by sharing the revised Essential Drug List of 2013–14 with all districts. In yet another high-level meeting with the Secretary, Department of Social Welfare (Bihar), to increase access, MI advocated that Zinc and ORS be included in the Anganwadi Worker’s Medicine Kit, and that Anganwadi workers be allowed to use flexi-funds for procuring Zinc and ORS. To other development partners as well, MI is providing technical support in developing a broad strategy to procure ORS and Zinc at Anganwadi Centres, which is to be shared with the Secretary.

MI is working to ensure better availability and wider use of Zinc and ORS for treating childhood diarrhoea in Bihar; advocating with key health officials, ensuring that challenges being faced are acknowledged and feasible solutions provided.

MI’s Childhood Diarrhoea Management Program in Bihar, supported by the Children’s Investment Fund Foundation (CIFF) aims to ensure Zinc and ORS reaches children suffering from diarrhoea.

ASHAs with Caregivers - Saving Children From Deadly Diarrhoea

Shobha Devi, a home-maker in Salkhua (District Saharsa) has guests coming over today and is busy cleaning the house. She sweeps away in her thatch house, with one-year old Shrishti perched comfortably on the hip. Nearly a month ago the mood was quite different in her house; when Shobha was at her wits’ end about how to stop her child’s diarrhoea. She was done trying all home remedies the elders advised, and nothing seemed to work. The mother of two, finally picked up her mobile phone and called up Sudha Devi. Sudha Devi is the designated ASHA (Accredited Social Health Activist) for Samarkhurd and Kopariya panchayats. A well-respected figure in these parts, she is usually the first point of contact for offering solutions to common health issues. After hearing Shobha’s account, Sudha Devi visited
MI at the Bihar Gram Saras Mela 2014

The Rural Development Department (Govt of Bihar) and Bihar Rural Livelihood Promotion Society- JEEVIKA, organized the Bihar Gram Saras Mela in Patna between 1st and 14th December 2014. The state rural development minister, Shri Nitish Mishra inaugurated the regional exhibition-cum-sales fair, which saw 19 states of India showcase their local crafts, alongside 30 stalls dedicated for government departments like the State Health Society (Bihar), disaster management, and the education department to showcase their achievements and awareness campaigns.

The Micronutrient Initiative was invited by the Patna District Health Society (Ministry of Health and Family Welfare, Government of Bihar) at the Gram Saras Mela to collaborate and display relevant Information, Education and Communication (IEC) and Behavior Change Communication (BCC) material on Vitamin A deficiency, Salt Iodization, and ORS & Zinc for childhood diarrhoea management.

Visitors at the MI and DHS (Patna) stall Browsing through the IEC material.

The exhibition stall displayed MI material used for training healthcare personnel and promoting awareness amongst the community, such as training modules, ASHA supplements, flipbooks, flipcharts, and posters. Other material also displayed related to Infant and Young Child Feeding (IYCF), Non-Communicable Diseases, Immunization and relevant government health schemes.

“Diarrhoea is a common problem among children. I have two small children as well so the information provided at this stall is very useful for my family” said a visitor at the stall. Visitors especially found the displayed IEC/BCC material to be informative and repeatedly asked for take aways of informative leaflets and pamphlets to keep at home and share with others in their community. Encouraging feedback from the visitors was reflective of the community’s growing interest in knowing more about essential micronutrients and their role in our overall well-being.
Program Champions - Anita Kumari

Anita Kumari (ASHA, village Shivpuri) breaks into a smile as she remembers her relief when her 3-year-old son recovered from diarrhoea.

A training session for frontline health workers is underway in Shivpuri, a quiet village in the Kishanpur block of district Supaul. ASHAs from nearby villages have gathered for a week-long training session being organized by the State Health Society (Govt of Bihar). MI being a key development partner for tackling childhood diarrhoea in the state, has requested to facilitate one session on Childhood Diarrhoea Management during this training.

Anita Kumari, an ASHA with over four years of experience, is sitting in the front row, absorbing each word the trainer says. A resident of Shivpuri, she lives with her husband and two children; a five-year-old girl and a boy, Yashwant, who is three-years-old. In the recent summer months, Yashwant had taken ill with diarrhoea. In the following two days as his condition worsened, Anita remembers the extreme anxiety that had gripped her. With her training as an ASHA, she recognized the symptoms of frequent, watery stools, increasing restlessness; and started treating Yashwant’s diarrhoea with Zinc and ORS, an otherwise common disease in under-fives in India, and thus many-a-times neglected by caregivers until too late. Starting him on the ORS and Zinc treatment she stabilized his dehydration, and took him to the nearby health facility for getting a medical opinion.

Anita pauses in her story as her eyes glaze over and she relives the horror of those days. Unable to hold back tears, she breaks down, while her colleagues sitting around console her. Wiping tears with her light pink and blue sari (The ASHA uniform), she composes herself. “I can’t explain to you how helpless I felt at that time, as if all would simply end for me if anything happened to my child.”

“We stayed awake the whole night. I never stopped giving him ORS. It helped to restore the fluids in his body” says Anita. In the wee hours of the next morning as the child showed some signs of recovery Anita remembers feeling relieved. Proper care and treatment with both zinc and ORS over the next few days helped Yashwant recover completely.

Anita has now become an even bigger champion for using Zinc and ORS in the treatment of childhood diarrhoea in her neighborhood. Her training and own experience has given her evidence of this potent combination to counter diarrhoea in young children. As an ASHA worker, the families in her work area are directly benefitting from her strong advocacy of the benefits of Zinc and ORS.