BACKGROUND

- The Government of India introduced guidelines on therapeutic supplementation of zinc for management of childhood diarrhoea in 2007, but programmatic constraints delayed its introduction into public health programs.
- MI initiated a program in 2011 to demonstrate and scale-up use of zinc through public sector channels by building capacity of community health workers and including them as service providers to increase community access to health services in the state of Gujarat.
- Usually, in public sector, service provisioning has been through to hospitals, facilities and outreach health camps and not through CHWs.

OBJECTIVES

To document the change in care seeking and coverage of zinc and ORS for the treatment of childhood diarrhoea as an outcome of the public sector childhood diarrhoea management program in six demonstration districts of Gujarat state of India.

RESULTS

- Between May 2011 and December 2013 care seeking for childhood diarrhoea increased from 19.6% to 37.6% in public sector and dropped from 80% to 74% in private care, indicating a shift from public to public sector care seeking.
- Community health workers have also contributed to increases in overall coverage of zinc from 1.7% in baseline during May 2011 to 28.5% in end-line during November 2013.
- Project strategies led to increase in coverage of zinc from public sector from 53% in baseline to 71.7% in the endline.
- Dispersing of zinc by CHWs substantially increased while at the facility level, there was a decline.

CONCLUSIONS

- It is feasible and visible to involve community level health workers in scaling-up therapeutic zinc supplementation as an adjuvant to ORS in the management of childhood diarrhoea through public sector channels.
- Regular availability of supplies, proactive engagement with the community level workers and government are key essentials for improved coverage of zinc.

ACKNOWLEDGEMENTS

This program was implemented in partnership with the Government of Gujarat and funded by the Bill and Melinda Gates Foundation through US Fund for UNICEF. We acknowledge their support including evaluation partner Johns Hopkins Bloomberg School of Public Health, caregivers and MI staff who implemented the program.

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