



Use of Zinc in the Management of Diarrhea:

The Public Sector Experience in Nepal

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Initiation

- Evidence base considered by Government of Nepal (GoN)
- Technical working group formed
- Policy on Zinc and low osmolar ORS formulated and endorsed by GoN (2005)
- Training materials for health facility and community level developed and tested





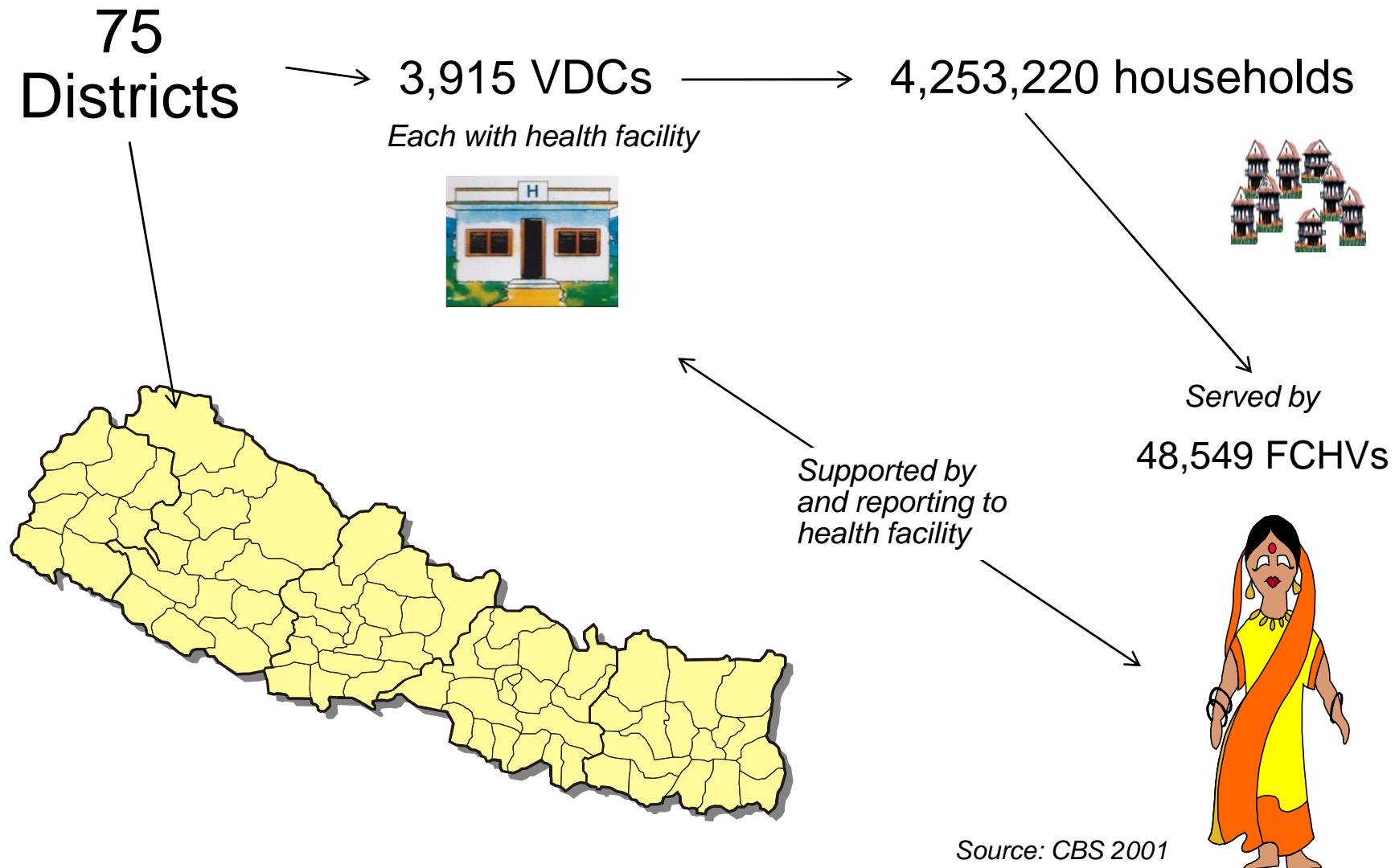
Piloting

- **Initially implemented in 2006 in two districts (one Terai, one hill) as a pilot with the financial and technical support of USAID/NFHP**
- **Strategy for implementation included:**
 - *Mainstreaming with other program/activities in districts as far as possible*
 - *Integrating the initiative with Community-based Integrated Management of Childhood Illness (CB-IMCI) program implementation, thus involving Female Community Health Volunteers (FCHVs)*
- **Procurement of zinc tablets done through External Development Partners (EDPs) for pilot**
- **Assessment of the piloted districts completed**
- **Regional and district level orientation started to begin scale up process**

Female Community Health Volunteers

Pillars to Nepal's Public Health Programs

Nepal: 23,151,423 total population





Piloting Results¹

- **Of the 596 women surveyed whose children aged 2 to 59 months suffered from diarrhea during the one month preceding the survey, only 29% reported to have given zinc to their children**
- **Treatment compliance was moderate, with 41% of the mothers giving zinc for the full 10 days**
- **However, FCHVs were almost universally knowledgeable about appropriate doses and duration of zinc treatment**
- **And 85% of FCHVs gave zinc to children encountered and suffering from diarrhea in the last one month**
- **At health facilities, the mean number of reported diarrhea cases seen in the month before the survey was 16.7, out of which 12.8 cases were treated with zinc and ORS (77%)**

¹ *Survey of Coverage and Compliance of Zinc in Diarrhea in Rautahat and Parbat Districts.* Valley Research, 2007

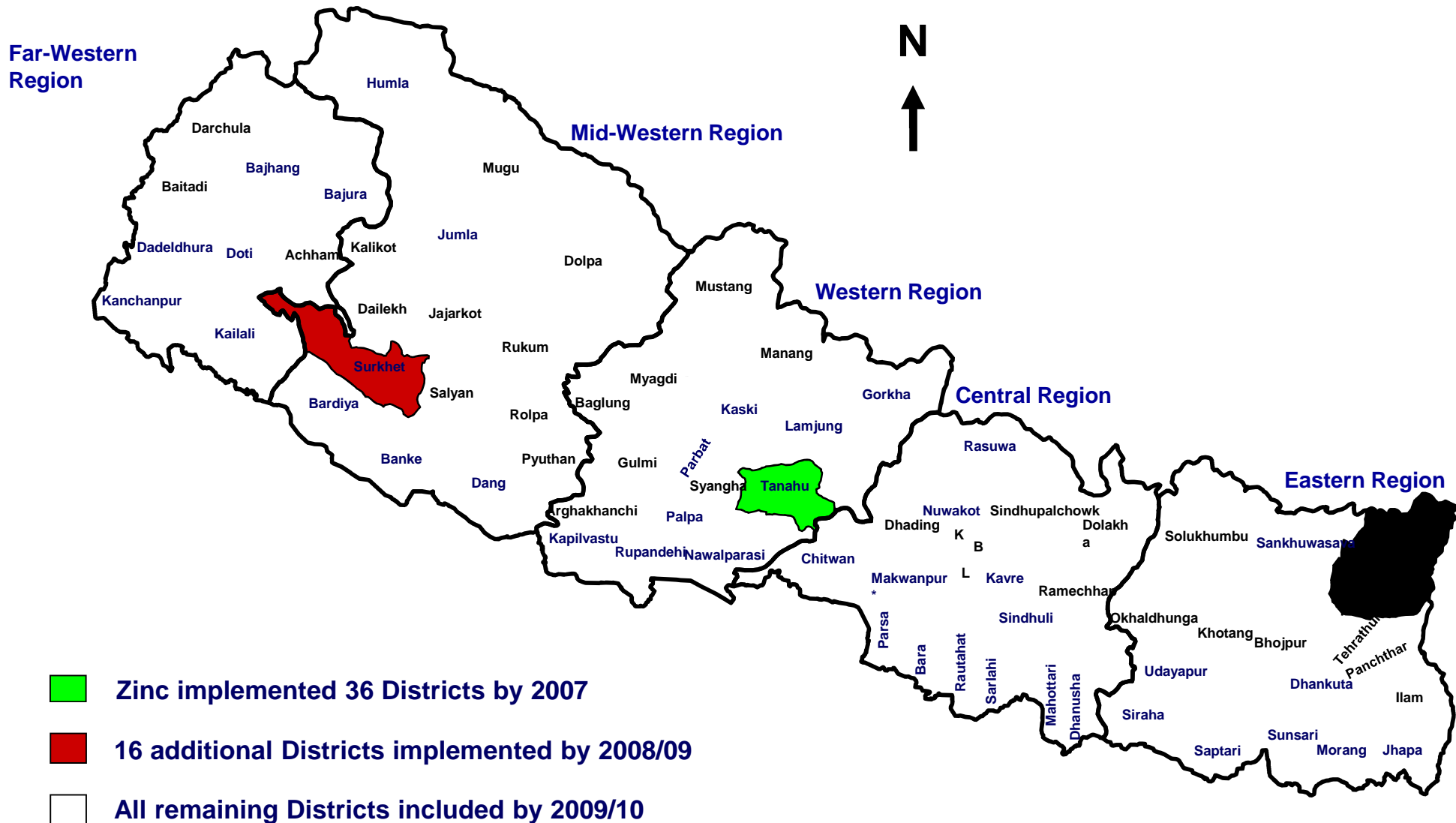


Initial scaling up

- Initiated orientation for District technical staff, Health Facilities (HFs) and community level health workers in 20 districts (with multiple partners)
- Included zinc with CB-IMCI roll out in 10 districts
- Recording/reporting added to HMIS system (2009)
- USAID/NFHP provided TA support to all districts and financial support in 6 districts
- Thus initiated in 36 initial districts



Zinc Program Expansion (2006-2010)





Logistics Supply Mechanism

Central level (Logistic Management Division)



Regional Level (Regional Medical Store)



District level (DHO/DPHO Store)



Health facilities (PHC, HP and SHP Store)



Supply to CHWs



HMIS reported data moves from FCHV upward





Social Marketing

- **PSI/USAID supported implementation of social marketing approach in three districts in public and private sector**
- **Included a drug retailers' orientation in 27 districts**
- **Production of zinc tablets started by four local pharmaceutical companies with supply to their drug retailers**



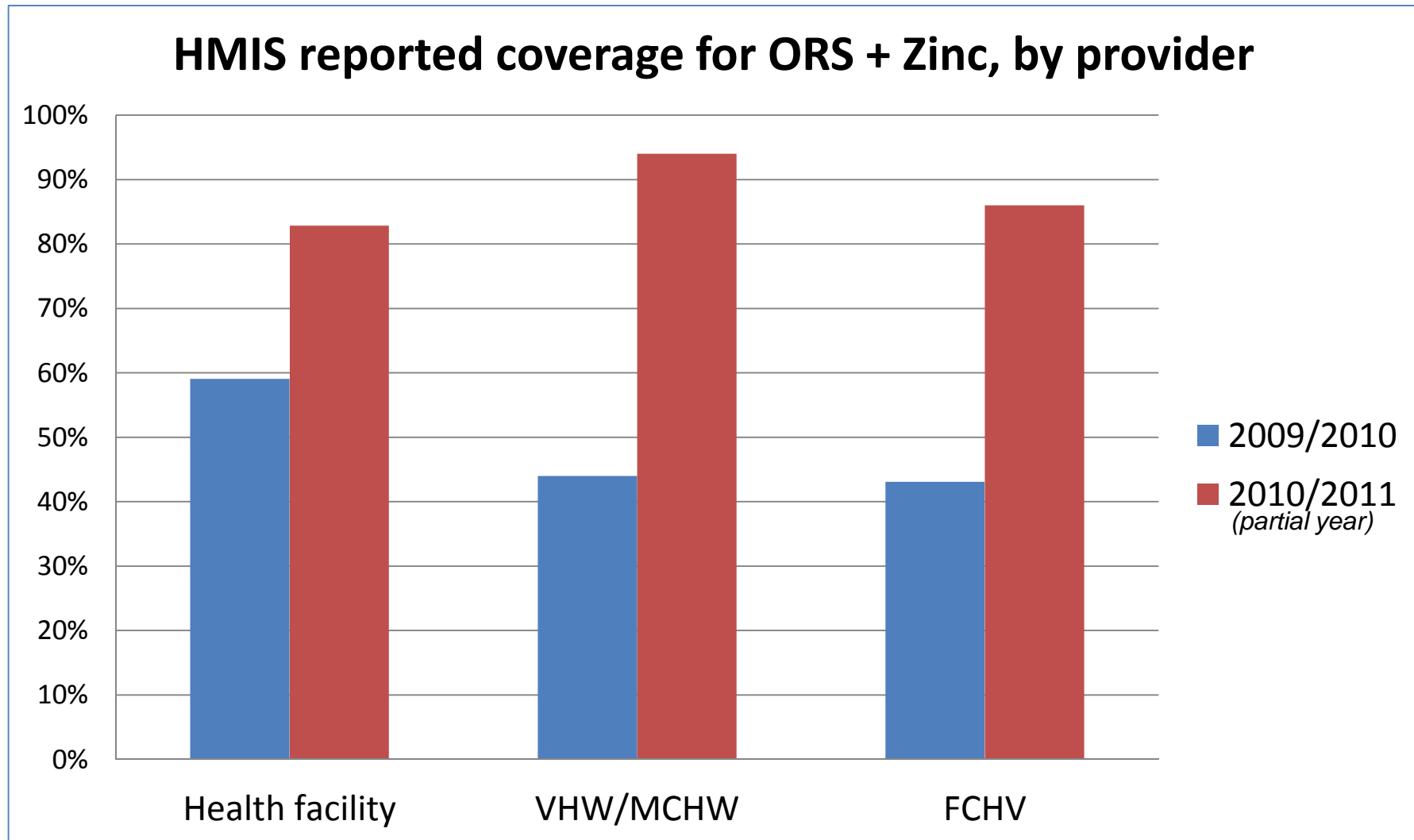


Expansion

- **Rolled out with CB-IMCI expansion in all new districts**
- **Separate expansion completed in remaining districts, achieving national coverage for all 75 districts by 2009/10**
- **Essential drug list revised in 2009 to include zinc tablets**
- **GoN is currently procuring zinc tablets for all implemented districts and supplying through its regular essential drug distribution mechanism**
- **Regular monitoring has been established at all levels by EDPs and GoN, by inclusion with IMCI indicators within HMIS**



HMIS reports¹



¹ Department of Health Services Annual Report, 2009/10; current data 2010/11



Challenges

- Ensuring adequate supply of zinc and ORS down to the community level
- Ensuring and monitoring compliance of mothers' dosing for 10 days
- Continuing regular and supportive monitoring at all levels
- Ensuring accuracy of HMIS monitoring data





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Thank you