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 **BASICS**

DIARRHEAL DISEASES

BASICS III

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What is this technical area?

The treatment of diarrhea focuses on treatments in the home of oral rehydration therapy, which includes using oral rehydration solution—ORS, increased fluids and continued feeding of the child to prevent severe dehydration. Treatment with zinc is used to reduce the severity and duration of the episode of diarrhea. Recent reductions in mortality from diarrheal diseases among children are primarily the result of the improved availability and use of oral rehydration therapy (ORT) to prevent and treat dehydration due to acute watery diarrhea. Since 2004, WHO and UNICEF have recommended a new low-osmolality oral rehydration solution (ORS) and zinc supplementation as part of ORT.

Exclusive breastfeeding for infants is also an important preventative step because it eliminates exposure to diarrhea through other liquids and foods, and contains anti-infection factors.

Why is this technical area important to child health?

About 15% (1.5 - 2.5 million) of worldwide childhood deaths are attributed to diarrheal diseases. The overall incidence rate of diarrhea among children has changed little in the last 30 years. It is estimated that children aged 6-11 months have approximately 5 diarrheal episodes per year, and children aged 1-5 years have an average of 2.6 annual episodes.

Despite the significant contribution of diarrhea to under-five mortality and the new, more effective protocol for ORT that has been prescribed, individual countries are still giving insufficient focus to improving diarrhea case management. As suggested in the USAID/BASICS East Africa Regional Initiative final report, lack of attention to diarrheal diseases is likely related to the replacement of earlier programs for the control of diarrheal diseases with Integrated Management of Childhood Illnesses (IMCI) strategies, which have not been fully implemented in many areas. And, even when fully implemented, IMCI does not always address the full range of activities that were once included in Control of Diarrhea Disease (CDD) programs.

Introduction of the new protocol for diarrhea, low-osmolality oral rehydration solution (ORS) and zinc supplementation, is seen as an opportunity to revitalize diarrhea case management.

What is the implementation process?

As explained above, diarrhea case management is almost exclusively implemented as part of IMCI (usually along with pneumonia, malaria, and nutrition elements), both at the facility and community levels. Implementation thus centers on a process of

introducing zinc and low-osmolairty ORS into existing IMCI algorithms and training health care workers in their use. As part of revitalization efforts, the opportunity is also used to refresh overall diarrhea management skills, including such things as providing counseling on feeding practices during diarrhea episodes.

Because IMCI is not fully implemented in many countries, different health workers have different training needs in terms of diarrhea case management. For example, in DR Congo, three training approaches were employed at the facility level:

1. Health workers already trained in IMCI received a one-day day orientation on new protocols, as well as refresher training in IMCI.
2. Health workers not yet trained in IMCI, but already scheduled for such were provided with near-immediate training,
3. Health workers not yet trained in IMCI and not scheduled for such attended a 2-day session that focused on diarrhea case management, as well as systematic assessment of children presenting with any symptom illness at a health facility.

At the community level, active community health workers were briefed during a post-training follow-up meeting and new community health workers had zinc incorporated into their diarrhea training.

In general, USAID/BASICS, has recommended the use of a four-step training model (across technical areas) that comprises:

1. Establishing a pool of trainers and conduct training-of-trainers in each region.
2. Using one or more districts within the implementing region as a practical training ground for all trainers.
3. Involving the entire pool of trainers in follow-up of trainees in the practical training district.
4. Expanding training to the remaining districts in the region.

The actual implementation of a program to deal with diarrheal diseases would have followed these steps, in most BASICS countries:

- Assessment of the problem
- Revitalization of oral rehydration therapy with Zinc adopted as policy
- Zinc introduced as part of oral rehydration therapy
 - Inclusion on essential drug list
 - Inclusion in supply chain to have regular provision to health facilities and health posts
- Training Tools Developed
 - Diarrhea disease elements of IMCI
 - Specialized for non-IMCI trained health staff
- LQAS to be used for monitoring implementation and impact

Results

USAID/BASICS conducted assessments in Indonesia and Madagascar to gauge each country's readiness to introduce zinc for the treatment of diarrhea. In Indonesia, this effort was followed by collaboration with the Ministry of Health and its partners update the national standard treatment for diarrhea case management for young children

The project also designed a year-long initiative in 2007 to help revitalize diarrheal disease case management in Uganda, Rwanda, Democratic Republic of the Congo, and Kenya through a regional strategy. And, finally USAID/BASICS was a main contributor to the Ministry of Health's diarrhea revitalization strategy in DR Congo.

Click [here](#) to read the East Africa Regional Initiative final report.

Click [here](#) to read the Indonesia final report.

Click [here](#) to read the zinc readiness assessment report for Madagascar.

Click [here](#) to read an overview of USAID/BASICS' diarrhea program in DR Congo.

What we learned

Successful advocacy

A key recommendation made from the assessment in Indonesia was engaging general practitioners and doctors in public health facilities and private practice on the significance of Zinc therapy for children with diarrhea as a precursor to more generalized promotional efforts. By gaining acceptance for the use of zinc (as well as ORS and continued feeding and breastfeeding) in diarrhea case management in these influential circles, it was expected that standard treatment practice for diarrhea in children under five years of age would be significantly strengthened and become the treatment norm for health practitioners across the board.

Successful assessments of zinc readiness

It is necessary to ensure that there is not only the professional acceptance of zinc therapy for treatment of diarrheal disease but that the supplies are sufficient to meet demand once it is introduced. There must also be a regular restocking system that will be responsive to demand for zinc in treatment of diarrheal disease.

Successful implementation

In DR Congo, USAID/BASICS helped Ministry develop an innovative approach to implementation that used an existing technical working group of partners who had been involved in the introduction of an integrated community case management intervention that included pneumonia, malaria, and diarrhea, as well as a nutrition component.

Developing a task force for introduction of zinc and revitalization of diarrhea management within the context of an existing technical working group had three distinct strategic advantages. First, members were already working together and had momentum to move faster on revitalization activities. Second, despite a lack of availability of zinc in the country, the group had included zinc (as well as low-osmolarity oral rehydration solution) in the integrated community case management package, and had advocated its acquisition. Finally, given that UNICEF was an active member of the group, procurement of zinc was made possible even before product registration had occurred.