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# IMPROVING CHILD HEALTH IN INDONESIA (TO1)

## BASICS III

USAID/BASICS worked with the Ministry of Health (MOH) and the Zinc Task force to conduct a national assessment for the introduction of zinc as part of diarrhea case management in Indonesia in 2007. The implementation of Zinc therapy in the management of childhood diarrhea was expected to significantly reduce child mortality and morbidity from diarrhea, and diminish the routine use of antibiotics and anti-diarrheals.

A key recommendation made from the assessment 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.

Click [here](#) to read *Assessment for the Introduction of Zinc in Improved Management of Diarrhea In Indonesia*.

In light of this recommendation, USAID/BASICS began work in early 2008 with the Ministry of Health (MOH) and partners to support an update of the national standard treatment for diarrhea case management for young children. Based on WHO international recommendations, the five core elements of the updated protocol included:

1. Zinc therapy
2. Low osmolarity oral re-hydration solution
3. Continued breastfeeding/feeding
4. Selective use of antibiotics
5. Appropriate counselling to the mother/caregiver on danger signs and when to return for care

To facilitate the promotion of the updated protocol, the term *LINTAS DIARE* or *Lima Langkah Tuntaskan Diare* (Five Steps to Overcoming Diarrhea) was coined and a national campaign slogan and logo developed. Activities included the development of various print media, such as a poster for caregivers on the five elements of *LINTAS DIARE*, a poster for service providers on the new diarrhea case management algorithm, a FAQ pocket book for health providers, and a colorful plastic fan to popularize *LINTAS DIARE* and the MOH's new approach to diarrhea case management for children under five years of age.

Click [here](#) to see the LINTAS DIARE poster for health providers.

Click [here](#) to see the LINTAS DIARE pocket book.

Piloting of *LINTAS DIARE* among health providers at the Puskesmas (community health center) level began in November 2008. Puskesmas in three districts close to Jakarta were selected for participation in the initial awareness-building seminars organized by the MOH, USAID/BASICS and USAID's Health Service Program (USAID/HSP). Two awareness seminars for Heads of Puskesmas from three districts, including 101 puskesmas from Bogor and 92 puskesmas from Bandung and Bandung Barat attended the one-day meetings. Stocks of zinc blister packs were distributed during the events as well as the new *LINTAS DIARE* print media. Four weeks following the awareness meetings, USAID/BASICS, the MOH and USAID/HSP organized a monitoring visit to assess the response of health providers and caretakers to the new treatment protocol for diarrhea and to identify barriers and propose solutions for its strengthening.

The assessment showed that, although the *LINTAS DIARE* sensitization meetings were attended by almost every puskesmas' officer-in-charge in the three pilot districts, some resistance to changing prescription behaviors for diarrhea still existed. While healthcare providers were prepared to prescribe Zinc and Oralit (low-osmolarity ORS), most were reticent to abandon continued prescribing of the antibiotics and anti-diarrheals they deemed to be so effective. Similarly, it was suggested that the majority of caretakers who come to puskesmas for diarrhea care-seeking expect to receive antibiotics for their children and would likely go elsewhere if they did not receive the prescription they desired.

It was further noted by certain health providers that, despite being provided with effective materials, the counselling aspect of the new protocol was difficult to achieve because of time constraints created by the large number of clients treated on a daily basis.

Some irregularities in the supply availability of the zinc and ORS also contributed to the reduced impact.

Based on the assessment results, USAID/BASICS put forward four major recommendations to ensure success of the *LINTAS DIARE* effort:

1. Strengthen health providers' ability to practice *LINTAS DIARE*, including by making sensitization a regular part of monthly supervision/problem solving meetings with puskesmas staff and extending awareness-raising activities to national professional associations, like the General Practitioners Association.
2. Build awareness at the community level, such as through the mobilization of community health workers as information disseminators and, eventually, service providers.
3. Improve the consistent availability of zinc and ORS by improving the private sector's ability to produce a range of quality products in-country.
4. Facilitate collaboration between the Ministry of Health (including all departments involved in child survival), multilaterals, bi-laterals, NGOs, and professional organizations on *LINTAS DIARE* promotional activities.

Click [here](#) to read *The Introduction of Zinc and LINTAS DIARE for Improved Diarrhea Case Management In Indonesia*.