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# IMPROVING CHILD HEALTH IN EAST AFRICA

## BASICS III

## INTRODUCTION

In 2004, WHO and UNICEF recommended a new protocol for treating diarrhea in children under the age of five that included the use of low-osmolarity oral rehydration salts (ORS) and zinc. Yet, even in 2007, individual countries in East Africa were still giving insufficient focus to improving diarrhea case management.

Lack of attention to diarrheal diseases in the region was related to the replacement of programs for the control of diarrheal diseases (CDD) with Integrated Management of Childhood Illnesses (IMCI) strategies, which had not been fully implemented at the time. Even when fully implemented, IMCI does not always address the full range of activities which were once included in CDD programs. For instance, health centers may not have Oral Rehydration Treatment (ORT) corners and surveys showed that correct case management was not consistently occurring. Assessments of district hospital care of children with severe dehydration performed by WHO and USAID's Quality Assurance Project highlighted serious deficiencies in management of severe dehydration in children below five years of age, especially when combined with malnutrition.

With funding from USAID's East Africa Bureau, USAID/BASICS 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. Prior to USAID/BASICS' intervention, no other significant efforts had been made in the four countries to boost or revitalize diarrhea case management. Makerere University's Regional Center for Quality of Health Care was a partner in this effort.

The initiative was composed of three primary activities:

1. Desk reviews of pertinent data on the quality of diarrhea case management, guidelines and policies and epidemiology.
2. Stakeholder meetings in Uganda, Rwanda, Democratic Republic of the Congo, and Kenya to advocate revitalizing diarrheal disease case management.
3. A regional workshop to develop country-level implementation plans and establish a regional network focused on child survival, including working groups for diarrheal disease case management and the introduction of zinc.

## ACTIVITIES AND ACHIEVEMENTS

### Diarrhea

#### *Desk reviews*

Desk reviews for each of the countries participating in the regional initiative were conducted by USAID/BASICS in early 2007. The purpose of these was to contribute to a comprehensive diarrhea assessment that the Ministry of Health would undertake in each country.

The reviews indicated that key factors influencing treatment of diarrhea in children under the age of five were low and continuing a downward trend over time.

#### **Factors influencing treatment of diarrhea in children under five in Kenya, Rwanda, DR Congo, and Uganda over time (%)**

	Kenya			Rwanda			DR Congo		Uganda		
	1989	1993	2003	1992	2000	2005	1995	2001	1988	1995	2000-2001
Use of ORS packets	21.1	31.6	29.2	27.6	13.6	11.6	17.7	16.8	13.7	48.2	33.5
Access to piped water	30.7	32.6	31.6	22.5	34.6	27.4				7.0	10.9
Access to a flush toilet	9	9.9	11.0	0.8	1.2	1.0				1.5	1.7
Exclusive breast feeding during diarrhea		21.7						55.5			
Increased fluid intake during diarrhea		49.7	34.2	25.2	17.3	18.6				48.6	27.7
Supplementary feeding			6.6			5.7	12.5		12.6		4.6
IMCI implemented?	Yes (Expansion phase)			Yes (Adopted in 2000)			Yes (Adopted in 1999) (Started in 2000)		Yes (Started in 1995)		

Click [here](#) to download the desk review for Kenya.

Click [here](#) to download the desk review for Rwanda

Click [here](#) to download the desk review for DR Congo

Click [here](#) to download the desk review for Uganda

### *Stakeholder meetings*

In February 2007, USAID/BASICS held stakeholder meetings with the Ministries of Health and their partners in Uganda, Rwanda, Democratic Republic of the Congo, and Kenya. The purposes of these meetings was to advocate revitalization of diarrhea treatment, outline the objectives of the regional initiative, and provide the ministries with a ready-to-use survey tool that would be the first step in introducing zinc for the treatment of diarrhea. The tool engaged stakeholders in a decision-making process and became the primary resource for informing the development of country action plans.

A guiding principle of the proposed assessment was that it should take place only once advocacy for the introduction of the new treatment guidelines had been completed. That is to say, the primary focus of the assessment team would be to inform the development of country implementation plans rather than on building consensus for policy change.

To this end, an assessment tool used earlier by USAID/BASICS in Indonesia was adapted for use in Uganda, Rwanda, Democratic Republic of the Congo, and Kenya. The steps in a country assessment for the introduction of zinc for the clinical management of diarrhea comprise:

1. Establishing a task force and assessment team
2. Planning activities
3. Conducting a desk review of epidemiology and service statistics
4. Developing a checklist/topic guide
5. Collecting data at the central level
6. Collecting data in peripheral sites
7. Validating field site findings
8. Analyzing data
9. Presenting findings and developing a draft action plan
10. Debriefing with donors, and completing and disseminating a final report

Despite a strong strategic approach and intensive meetings, the assessments were not conducted in any of the countries. Despite this lack of action, the tool developed for this effort was further improved by USAID/BASICS and used later in Madagascar for the same purposes.

Click [here](#) to download the assessment tool (and report) from Madagascar.

### ***Regional workshop***

In June 2007, a workshop was held in Kenya with 24 participants from Uganda, Kenya, DR Congo and Rwanda. These comprised senior program managers from the Ministries of Health who were responsible for IMCI, diarrhea disease control and pharmaceutical policy, and drug supply, as well program officers from UNICEF and WHO, country representatives from USAID/BASICS and program officers from NGOs, such as Helen Keller and Intrahealth.

Participants reached consensus on the need to set up a regional child survival network that will support existing intervention-specific networks in advocating for the improved implementation and scaling up of child health interventions. This would provide countries with the opportunity to:

- Access zinc at competitive prices through coordinated informed buying, including pooled procurement
- Achieve high numbers of skilled health workers appropriately trained on this intervention through regional training institutions (i.e., economies of scale in training)
- Place scaling up of zinc treatment high on the agenda of key decision makers

By the close of the workshop the initial versions of the plans were established as a result of the event. However, none of the four countries pursued action for implementing these plans after the workshop. For example, Rwanda opted to move away from a specific approach to revitalization of diarrhea treatment, citing that its national IMCI plan takes precedence. DR Congo, on the other hand, had already begun revitalization activities and did not require an updated plan.

Click [here](#) to download the conference report

Click [here](#) to download the first draft of Uganda's country plan for the revitalization of diarrhea treatment.

Click [here](#) to download the first draft of DR Congo's country plan

Click [here](#) to download the first draft of Kenya's country plan

Click [here](#) to download the first draft of Rwanda's country plan

## **Transition**

This activity was finalized as a regional initiative in September 2007 with the completion of the Regional Workshop and the development of country-specific implementation plans. The lack of specific funds for follow-on activities, either on the part of Ministries of Health, partners, or technical assistance providers was a major obstacle to further progress.

A number of key successes were achieved:

- Awareness was raised for the role of zinc in improving diarrhea treatment in children.
- Momentum gained in East Africa was brought back to Senegal (through a Senegal-based USAID/BASICS regional advisor), where a zinc feasibility assessment was conducted, and zinc was subsequently widely introduced for treatment of diarrheal disease.
- The Regional Center for Quality of Health Care designed a 4 ½ day course on quality of diarrhea case management for senior program managers, and delivered it for the first time in March 2009 (in Kigali, Rwanda).

USAID/BASICS, through its programs in Rwanda and DR Congo, continued to monitor the implementation of the country-level plans. So there was some progress, such as in DR Congo, where a total of 91 health zones had been reached by the revitalization of diarrheal case management activities, appropriate IEC messages were developed for diarrheal disease and UNICEF purchased 60 million zinc tablets for community-level distribution.

Click on the titles below to access reports and other materials developed during USAID/BASICS' REDSO program.

Title	Type	Description	Technical Focus Area(s)	Key items of importance in this document include...
<a href="#">Draft Country Work Plans for the Revitalization of Diarrhea Treatment</a> <ul style="list-style-type: none"> <li>• <a href="#">DR Congo</a></li> <li>• <a href="#">Kenya</a></li> <li>• <a href="#">Rwanda</a></li> <li>• <a href="#">Uganda</a></li> </ul>	Work Plan	Four draft country work plans for the revitalization of diarrhea case management.	<ul style="list-style-type: none"> <li>▪ Diarrhea</li> </ul>	
<a href="#">Case Management of Diarrhea in East Africa Desk Review</a> <ul style="list-style-type: none"> <li>• <a href="#">DR Congo</a></li> <li>• <a href="#">Kenya</a></li> <li>• <a href="#">Rwanda</a></li> <li>• <a href="#">Uganda</a></li> <li>• <a href="#">Annotated Bibliography</a></li> </ul>	Desk Review	Four literature reviews summarizing the prevalence of diarrhea, care-seeking behavior, and treatment trends in the health systems of DR Congo, Kenya, Rwanda, and Uganda.	<ul style="list-style-type: none"> <li>▪ Diarrhea</li> </ul>	
<a href="#">Assessment for the Introduction of Zinc and the Revitalization of Diarrhea Case Management In Madagascar</a>	Assessment Report	Assessment report for the introduction of zinc in Madagascar, including an updated version of the assessment tool proposed to participant countries in the REDSO initiative.	<ul style="list-style-type: none"> <li>▪ Diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assessment tool: pg. 55</li> </ul>
<a href="#">Zinc and Diarrhoeal Diseases Case Management Workshop</a>	Workshop Report	Report of proceedings and outcomes of a regional workshop whose primary aim was to support the development of country work plans for the revitalization of diarrhea treatment.	<ul style="list-style-type: none"> <li>▪ Diarrhea</li> </ul>	