

# Diarrhea & Pneumonia Working Group Country Update Summary

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September 2014

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## Key implementation bottlenecks/questions for the Working Group

### Democratic Republic of Congo

- We would like to know if the Working Group can provide the final version of the UN Commission quantification guide for child health commodities.

### Ethiopia

- Initiating local production of zinc

### India

- Support needed to catalyze progress on pneumonia (any partners from the Working Group with plans/resources?)
- Clarity from partners with new funding on plans to ensure new activities build on existing efforts

### Niger

- Certification of the zinc/ORS co-pack in each country is a lengthy required procedure that the programs must sidestep by simply packing the two separate products together for use by children.
- A high-level discussion should be launched with a view to international certification, industrial manufacture and market availability of the therapeutic combination of ORS and zinc as an essential generic medicine, so as to hasten its universal adoption and use for the welfare of children.

### Nigeria

- Funds for Phase I UN Commission child health activities still have not yet been disbursed, resulting in continued delays in implementation

### Pakistan

- What is the status of the RMNCH country engagement process for Pakistan? How can these funds be used to support treatment scale-up?
- Lady Health Workers still do not have sufficient stock of amoxicillin and zinc due to lack of funds

### Uganda

- Any best practices to share most cost-effective sales force/detailing models or community-based interventions?
- How to effectively launch/implement where enforcement/regulation is likely to be weak?
- Any guidance, tools, or training curriculum available for supporting severe pneumonia management at higher level facilities?
- What is the status of co-financing opportunities to supplement support from the recent Global Fund malaria concept note submission?
- Do partners have examples of monitoring/supervision tools for iCCM? (e.g., on assessing supply chain, stock reporting, training, child assessment)

**Bangladesh**

**Lead partner: ICDDR,B**

*Please refer to country update from May 2014.*

	DIARRHEA	PNEUMONIA
Secure an enabling environment	<b>Policy/regulatory indicators:</b> <i>All zinc/ORS milestones have been achieved</i>	<b>Policy/regulatory indicators:</b> <ul style="list-style-type: none"> <li># recommended antibiotics registered (<b>In progress</b>): 3 dossiers in progress</li> </ul>
	<b>National scale-up plan:</b> <ul style="list-style-type: none"> <li>There are 3 key plans prioritizing treatment scale-up: 1) <i>Framework for Acceleration of the Reduction of Maternal and Child Mortality in DRC</i>, 2) <i>Strategic Plan for Essential Medicines Coverage for Child Survival</i>, and 3) <i>Global Fund Malaria Concept Note</i>.</li> </ul> <b>Partner coordination:</b> <ul style="list-style-type: none"> <li>Provided by the 10<sup>th</sup> Direction through the MNCH Task Force (next meeting will be held on August 21). Key partners include: USAID, WHO, UNICEF, UNPFA, World Bank, MSH, SANRU, DFID, ASSP, World Vision, Save the Children, C-Change, PSI, Pathfinder, and others. A full partner mapping is available on <a href="#">Dropbox</a>.</li> </ul> <b>Resource Mobilization:</b> <ul style="list-style-type: none"> <li>USD 16M in large-scale funding secured. A GF concept note was submitted, including iCCM to cover 308 health zones through end 2015. Additional funding prospects include: UNICEF (iCCM co-financing) and DMI (MCH mass media campaign)</li> </ul>	
Ensure availability of high-quality, affordable supply	<b>Key accomplishments from last quarter:</b> <ul style="list-style-type: none"> <li>ORS distribution: &gt;500,000 packs in 78 health zones (IHP)</li> <li>Zinc distribution: &gt;1.2M units (IHP, UNICEF/HPP)</li> <li>Ora-Zinc<sup>®</sup> distribution: &gt;210,000 co-packs in 72 health zones (PSI, ASF); &gt;125,000 co-packs in 4 HZs (PSI/Lundin)</li> <li>Treated &gt;136,000 new diarrheal episodes representing 72% of expected target (IHP and HPP)</li> </ul> <b>Priorities for next quarter:</b> <ul style="list-style-type: none"> <li>Obtain additional co-pack supply (1.5 million units) (IHP, UNICEF)</li> </ul>	<b>Key accomplishments from last quarter:</b> <ul style="list-style-type: none"> <li>Received 200,000 blisters of AMX DT<sup>2</sup> (UNICEF/HPP)</li> <li>Treated &gt;122,000 new pneumonia cases representing 85% of the expected target (IHP and HPP)</li> </ul> <b>Priorities for next quarter:</b> <ul style="list-style-type: none"> <li>Obtain additional supply of AMX DT (&gt;820,000 blister packs; order in process) (IHP, UNICEF)</li> </ul>
	<b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b> <ul style="list-style-type: none"> <li>Rolled out ORS/zinc/AMX 125mg and integrated treatment at community care sites in 7 health zones in Katanga province (RACe/WHO)</li> <li>Ordered essential commodities to cover 29 health zones supported by Global Fund in Equateur and Bandundu provinces (UNICEF)</li> <li>Finalized Global Fund Malaria Concept Note, integrating community care of diarrhea and pneumonia. Estimated needs for ORS-zinc, amoxicillin and other commodities to cover 308 health zones between now and the end of 2015.</li> </ul> <b>Priorities for next quarter:</b> <ul style="list-style-type: none"> <li>Conduct quantification of diarrhea and pneumonia commodities for second year (2014-2015) for 7 health zones and 3 extension health zones (RACe/WHO)</li> <li>Order sufficient commodities in Equateur and Bandundu provinces (UNICEF)</li> <li>Distribute family kits in 6 health zones in 3 provinces (Kasaï Oriental, Kasaï Occidental, and Katanga) (UNICEF/HPP)</li> </ul>	

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<sup>1</sup> Acronyms: ASSP (Accès aux Soins de Santé Primaires); DMI (Development Media International); E2A (Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls ) HPP (Health for the Poorest Populations); IHP (Integrated Health Project); RACe (Rapid Access Expansion programme); SANRU (Santé Rurale ); SIFPO (The Support for International Family Planning Organizations )

<sup>2</sup> Specifically AMX DT 125mg (through WHO RACe) and 250mg (through MSH)

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	DIARRHEA	PNEUMONIA
Build caregiver and provider demand	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>Completed zinc/ORS social marketing in 72 health zones in 7 provinces (Kinshasa, Katanga, Sud Kivu, Nord Kivu, Kasai Occidental, Kasai Oriental and Orientale) (SIFPO/PSI)</li> <li>Trained 721 service providers/community agents in diarrhea-related activities (SIFPO/PSI)</li> <li>Developed document on MCH media campaign (DMI)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>In Kasai Oriental province, conduct campaign on hygiene and sanitation (UNICEF) and mini-campaign on seeking diarrhea treatment (Sankuru, IHP, HPP) in Kasai Oriental</li> <li>Broadcast media messages (diarrhea treatment seeking, WASH, etc.) on ~35 community radio stations to reach 2.5 million people (DMI, IMA World Health, Save the Children)</li> </ul> <p><b>Geographic coverage:</b></p> <ul style="list-style-type: none"> <li>CHW and clinical provider training (9 health zones in Kasai Oriental and Katanga; IHP, HPP)</li> <li>Social marketing and provider training (in Kinshasa, Katanga, Sud Kivu, Nord Kivu, Kasai Occidental, Kasai Oriental and Orientale; SIFPO/PSI)</li> <li>Post-training CHW follow up (7 health zones in Katanga; RAcE/OMS)</li> </ul> <p><b>New materials:</b></p> <ul style="list-style-type: none"> <li>ORA-Zinc poster (<a href="#">link</a>)</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>Distributed technical sheets for pneumonia management in 34 health zones (IHP)</li> <li>Conducted data quality audit on pneumonia in 9 health zones (IHP)</li> </ul> <p><b>Priorities for next quarter :</b></p> <ul style="list-style-type: none"> <li>Conduct data quality audit on pneumonia in 4 health zones in Katanga province (IHP)</li> <li>Launch campaign on seeking treatment for pneumonia in Kasai (IHP and HPP)</li> <li>Continue training health care providers in the 5 health zones in Kasai and Katanga (HPP)</li> </ul> <p><b>Geographic coverage:</b></p> <ul style="list-style-type: none"> <li>CHW and clinical provider training (9 health zones in Kasai Oriental and Katanga; IHP, HPP)</li> <li>Post-training CHW follow up (7 health zones in Katanga; RAcE/OMS)</li> </ul> <p><b>New materials:</b></p> <ul style="list-style-type: none"> <li>Wall poster on care of respiratory infection (<a href="#">link</a>)</li> </ul>
	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>Trained 195 CHWs (in 9 health zones) and providers in flow charts (in 13 health zones) on correct diarrhea and pneumonia treatment (IHP, HPP)</li> <li>Completed post-training follow-up for CHWs in the 7 health zones in Katanga province (RAcE/OMS)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Prepare for project extension activities in 3 additional health zones in the district. Identify sites that respond to national criteria, sensitize community leaders and populations, select or elect CHWs (RAcE/WHO)</li> </ul> <p><b>New materials:</b></p> <ul style="list-style-type: none"> <li>8 documents<sup>3</sup> produced by MOH in context of implementing accelerated reduction of MDGs 4 and 5</li> </ul>	

<sup>3</sup> Introduction, Community dynamics and communication for social and behavioral change, SCM, Continuity of care, referral and counter-referral, Accreditation of health facilities, Contracting and verification mechanisms, Financing and budgeting, and Monitoring and evaluation

	DIARRHEA	PNEUMONIA
Secure an enabling environment	<p><b>Policy/regulatory indicators:</b> <i>All zinc/ORS milestones have been achieved</i></p>	<p><b>Policy/regulatory indicators:</b></p> <ul style="list-style-type: none"> <li>• Appropriate antibiotic included in EML (<b>In progress</b>)</li> <li>• # recommended antibiotics registered (<b>In progress</b>)</li> </ul>
	<p><b>National scale-up plan:</b> iCCM is being scaled up to the pastoralist/emerging regions  <b>Partner coordination:</b> The FMOH leads the Child Survival TWG. There is a partner mapping for diarrhea and pneumonia treatment scale-up efforts which is being updated regularly. Key partners include Save the children, Integrated Family Health Project, JSI-L10K, International Rescue Committee, Merlin, UNICEF, and MI.  <b>Resource mobilization:</b> Funding secured from USAID and UNICEF. A concept note including funding for iCCM is currently being reviewed by Global Fund. Ethiopia is also a UN Commission pathfinder country. For key funding gaps, refer to the concept note prepared for the 2013 Special Donor Session.</p>	
Ensure availability of high-quality, affordable supply	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• ORS and zinc are now available at health facilities</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Working closely with the MOH and Child Survival Technical Working Group to facilitate local production of zinc</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• AMX DT is imported and distributed for the treatment of newborn sepsis. Distribution for the treatment of pneumonia will occur once cotrim pediatric tablets in health facilities are consumed.</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Distribute AMX DT as 1<sup>st</sup>-line treatment for pneumonia</li> </ul>
	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Rapid data quality assessment on iCCM was conducted by the Institute of International Programs Johns Hopkins University and Save the Children which showed that a parallel system exists and limited use of data for decision making at the local level.</li> <li>• End line evaluation findings from the Supply Chain for CCM (SC4CCM) project were disseminated which highlighted the need to fully integrate iCCM products into the demand-based Integrated Pharmaceutical Logistics System</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Revise the proposal that was developed for scaling-up iCCM nationally to reflect current status and exert renewed effort to mobilize additional resources.</li> <li>• Strengthen the supply chain management systems to fully implement the Logistics Management Information System (LMIS) to prevent stock outs.</li> </ul>	
Build caregiver and provider demand	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Awareness raising messages on the importance of Zinc were developed and is being transmitted through media (both TV and radio messages).</li> </ul> <p><b>Geographic coverage:</b> National</p>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• NA</li> </ul>

	DIARRHEA	PNEUMONIA
Secure an enabling environment	<p><b>Policy/regulatory indicators:</b> <i>All zinc/ORS milestones have been achieved</i></p>	<p><b>Policy/regulatory indicators:</b></p> <ul style="list-style-type: none"> <li>AMX recommended as 1<sup>st</sup>-line treatment (<b>In progress</b>): Per Joint Secretary, official policy change is expected soon</li> <li>Appropriate antibiotic included in EML (<b>In progress</b>)</li> </ul>
	<p><b>National scale-up plan:</b> The key strategies guiding scale up of child essential medicines are the <i>RMNCH+A Strategy</i> and <i>Operational Guidelines for Diarrhea Control</i>.</p> <p><b>Partner coordination:</b> The Diarrhea Taskforce is the primary mechanism for sharing information; additional coordination achieved through DAZT Steering Committee and Gates TSU. Need to further strengthen these mechanisms. Key partners include: Abt, CHAI, FHI360, HLPPT, MI, PATH, PSI, UNICEF, and World Health Partners.</p> <p><b>Resource mobilization:</b> ~USD 60M in large scale funding secured. Additional funding being pursued for pneumonia and demand generation.</p>	
Ensure availability of high-quality, affordable supply	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>300,000 ORS units &amp; 200,000 zinc units sold per month in UP</li> <li>Continued coordination with Gates TSU and UP partners to strengthen public sector procurement</li> <li>Transition plan for zinc/ORS activities in UP in DAZT focal districts developed</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Continued detailing visits to RMPs with a focus on productivity and placement</li> <li>Partnering with Government of UP to incorporate improved zinc/ORS packaging design into public sector supply</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>Per Joint Secretary Dr. Rajesh Kumar, the official policy recommendation for AMX as first-line treatment for pneumonia is expected soon</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Continue to identify partners with resources/plans to support scale-up</li> </ul>
	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>GAPPD stakeholder meeting held in June to discuss alignment of current activities</li> <li>Gol announced plans to introduce rotavirus vaccine as part of India's Universal Immunization Programme</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Next GAPPD workshop to be held in September to develop state and district-level plans for 4 states (UP, MP, Bihar, Rajasthan)</li> </ul>	
Build caregiver and provider demand	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>&gt;1M caregivers reached through school activities, self-help groups and women's meetings (UP, MP, and Gujarat)</li> <li>Intensified Diarrhea Control Fortnight (IDCF), led by Gol on Jul 28-Aug 8, which included distribution through ASHAs and ORS/zinc corners and communication campaigns</li> <li>ORS Day integrated campaign, led by IAP, held on July 28</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Continued rollout of caregiver activities</li> <li>Develop media plan to determine most cost-effective channels for expanded demand generation</li> </ul> <p><b>Geographic coverage:</b></p> <ul style="list-style-type: none"> <li>Gujarat (all districts, CHAI, DAZT); MP (all districts, CHAI); Bihar (select districts, MI); Odisha (UNICEF), UP (~50% of the state, CHAI, DAZT, MI, UNICEF)</li> </ul> <p><b>New materials:</b></p> <ul style="list-style-type: none"> <li>NRHM IDCF Toolkit, including IEC materials (<a href="#">link</a>)</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>Pneumonia BCC Consultative Group meeting convened by King George Medical University to disseminate formative research findings and BCC materials</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Continue to identify partners with resources/plans to support scale-up</li> <li>Support further dissemination of KGMU pneumonia BCC materials</li> </ul> <p><b>New materials:</b></p> <ul style="list-style-type: none"> <li>KGMU pneumonia BCC materials (website available soon)</li> </ul>
	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b> See above</p> <p><b>Priorities for next quarter:</b> See above</p>	

<sup>4</sup> Acronyms: DAZT (Diarrhea Alleviation through Zinc/ORS Therapy), Gates TSU (Technical Support Unit), Gol (Government of India), IAP (India Academy of Pediatrics), IDCF (Intensified Diarrhea Control Fortnight), MP (Madhya Pradesh), NRHM (National Rural Health Mission), UP (Uttar Pradesh)

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Secure an enabling environment	<p><b>Policy/regulatory indicators:</b> <i>All zinc/ORS milestones have been achieved.</i></p>	<p><b>Policy/regulatory indicators:</b></p> <ul style="list-style-type: none"> <li>AMX as 1<sup>st</sup>-line treatment (<b>In progress</b>): Cotrim recommended as 1<sup>st</sup> line but AMX used more widely in practice. Absence of clear guidance on appropriate 2<sup>nd</sup> line treatment. Pending clinical trials in Kenya.</li> <li>Policy allowing community level use of antibiotics (<b>In progress</b>)</li> </ul>
	<p><b>National scale-up plan:</b></p> <ul style="list-style-type: none"> <li>The <i>Scaling up Strategy for Essential Treatment in Children Under 5</i> is the key framework for driving treatment scale-up efforts. Progress underway to increase IMCI coverage and launch iCCM policy documents at national and county levels.</li> </ul> <p><b>Partner coordination:</b></p> <ul style="list-style-type: none"> <li>An MOH-led coordination mechanism is in place and a partner mapping and performance dashboard have been developed to track progress. Key partners include: CHAI, MI, PSK, SHOPS, UNICEF, USAID/MCHIP, SCUK, AMREF, Kenya Red Cross.</li> </ul> <p><b>Resource mobilization:</b></p> <ul style="list-style-type: none"> <li>USD 7M secured for 2013/2014 financial year. Prospects include Global Fund (iCCM) and RMNCH Trust Fund Phase II. Country dialogue for GF HSS and malaria component in progress. Key financing gaps include CCM, commodities, equipment, logistics, demand generation, M&amp;E</li> </ul>	
Ensure availability of high-quality, affordable supply	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>Rolled out health commodities management platform tool in &gt;200 facilities across 7 counties; dashboards developed for coordinators to track stock levels, consumption, expiries and orders (CHAI)</li> <li>Provided quantification and forecasting support to 10 counties; identified key logistics and supply chain management barriers for lifesaving commodities and developed plans to address challenges in 10 counties (CHAI, UNICEF)</li> <li>Supported redistribution of essential medicines in Nairobi and Coast (CHAI)</li> <li>Procured zinc, ORS, and AMX for public sector including FBO health facilities to bridge commodity gap; advocated to county governments for increased allocation for child essential medicines (UNICEF)</li> <li>Formed sub county commodity working groups, led by county and sub-county pharmacists, to discuss commodity management including redistribution (UNICEF)</li> <li>Printed commodity management and reporting tools for health facilities (UNICEF)</li> </ul>	
	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>Supported facilities to manually bundle ORS and zinc singles into 250,000 co-packs in 15 of 47 counties (CHAI, UNICEF, PATH, AMREF)</li> <li>ORS/zinc procurement recommendation from MOH to counties and appoint procurement agencies initiated (MOH, CHAI)</li> <li>Over 150 orders generated on HCMP from facilities</li> <li>80,000 zinc/ORS co-packs distributed in private sector (2014, YTD)</li> <li>Conducted 21 CMEs reaching 1,100 health care providers in the private sector and 4 pharmacy campaigns reaching 146 pharmacies (COSMOS, CHAI, SHOPS)</li> <li>Conducted detailing visits to drug outlets through supplier field forces (CHAI)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Sign off and dissemination of co-pack procurement recommendation to counties and procurement agencies</li> <li>Continue supporting counties on commodity management</li> <li>Expand distribution of co-pack to more retail and community outlets</li> <li>Provide gap-fill donation for zinc/ORS procurement at county level</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>See above for integrated activities</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>See above for integrated activities</li> </ul>

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	DIARRHEA	PNEUMONIA
Build caregiver and provider demand	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>• IMCI: Completed trainings in Nairobi, Coast (6 counties), and Homabay, reaching &gt;2,000 health workers in public facilities (CHAI, MI, UNICEF). Distributed IMCI chart booklets and pediatric protocols to &gt;7,000 public and private facilities.</li> <li>• iCCM: Completed trainings in Homabay and in MI supported counties reaching ~4,000 CHWs and 360 CHEWs. Supported home treatment of &gt;15,000 diarrhea and &gt;8,000 pneumonia cases by CHWs and referral of &gt;2,800 cases for immunization in Homabay. Provided ongoing support to community dialogue and IPC through CHWs. Payment of monetary incentives for CHWs also provided in 2 counties (UNICEF).</li> <li>• Developed draft MNCH health talk kit for health facilities (MOH, CHAI, PSI)</li> <li>• Caregiver messages ran on radio in 14 local languages (PSK for prevention; CHAI for treatment)</li> <li>• Printed 50,000 prevention and treatment posters, 10,000 khangas/wrappers, and 50,000 ORS cups/mixing jugs for caregivers (CHAI)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• IMCI: Scale-up IMCI trainings in 5 additional counties, continue training assessment/follow-up for all trained providers to complete IMCI certification; introduce mentorship model (in CHAI counties); roll out trainings in Siaya and Turkana (UNICEF)</li> <li>• iCCM: CHAI to train 150 CHEWs as TOTs to train ~5,000 CHWs in 11 counties (CHAI). UNICEF to continue training of remaining CHWs in Turkana, complete monitoring and accreditation of CHWs, finalize CHW and caregiver IPC booklet. MI to continue training CHEW and CHWs in 10 focus counties</li> <li>• Finalize MNCH health talks kit</li> </ul> <p><b>New materials:</b> Posters and caregiver merchandise, health talk kits, iCCM materials</p> <p><b>Geographic coverage:</b> IMCI (Nairobi, Coast, Kajiado, Kiambu, Machakos, Nakuru), iCCM (Turkana, Siaya, Homabay)</p>	
	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• dts-Z ad running in 5 swahili radio stations. Ran generic co-pack messages on availability and price on radio (CHAI, SHOPS)</li> <li>• Produced 54,000 pieces of promotional material (banners, prescription pads, pens, key chains, dummy packs) (CHAI, SHOPS)</li> <li>• ORT corner equipment produced for facilities in Nairobi, 6 counties at the coast, Kiambu, Kajiado, Nakuru &amp; Makueni (CHAI)</li> <li>• ORT corners set up in all facilities in Nairobi</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Conduct additional CME sessions (16 CMEs to be organized by Phillips) (CHAI)</li> <li>• Train 162 CBOs on zinc/ORS sales (PSI)</li> <li>• Evaluate impact of radio campaign</li> <li>• Set up ORT corners in 10 counties (CHAI)</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• See above for integrated activities</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• See above for integrated activities</li> </ul>

	DIARRHEA	PNEUMONIA
Secure an enabling environment	<p><b>Policy/regulatory indicators:</b> <i>All zinc/ORS milestones have been achieved</i></p>	<p><b>Policy/regulatory indicators:</b></p> <ul style="list-style-type: none"> <li>• Policy allowing community providers to dispense recommended antibiotics (<b>In progress</b>)</li> <li>• # recommended antibiotics registered (<b>unknown</b>)</li> </ul>
	<p><b>National scale-up plan:</b> An existing child survival strategy guides national implementation efforts for treatment scale-up. An RMNCH concept note is being written at the request of the health ministry, with support from an ad hoc technical committee, technical and financial partners, and international and domestic consultants. Implementation of clinical IMCI and community IMCI in the health districts.</p> <p><b>Partner coordination:</b> Meeting of technical RMNCH committee. Coordination meetings with partners (health/nutrition cluster). Mapping of partners (see gap analysis in Global Fund's NFM proposal). Key stakeholders include: International NGOs (World Vision, Save the Children, PSI, MSF), Domestic NGOs (Al'Umma, Goulbi), WHO, UNFPA, Ministry of Public Health.</p> <p><b>Resource mobilization:</b> Total USD \$4 million in large-scale funding secured. Funding prospects include: RMNCH Trust Fund (concept note is being written), Global Fund (concept note on iCCM of pneumonia, diarrhea and malaria is being written). A budgetary analysis of key financing needs is still in progress.</p>	
Ensure availability of high-quality, affordable supply	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Inputs provided for the 4 health districts receiving support.</li> <li>• BCP signed with the NGO PSI for distribution of zinc/ORS co-packs to households: 260,783 children under the age of 5; 165,520 affected households in the vulnerable areas.</li> <li>• Integrated supervision conducted in the health districts.</li> <li>• Support provided for Survival Week in July 2014 and for organizing the pediatric caravan in the villages.</li> <li>• TRO ELISA kit provided.</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Ensure availability of zinc/ORS in the clinics.</li> <li>• Conduct monitoring-plus in the 4 health districts.</li> <li>• Continue supervision of the clinics.</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Provision of amoxicillin DT to the 4 health districts.</li> <li>• Distribution of 165,520 leaflets to inform mothers of sick children and motivate them to seek curative care for pneumonia.</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Ensure availability of amoxicillin DT.</li> <li>• Continue supervision of the clinics.</li> <li>• Conduct monitoring-plus of high-impact interventions in the 4 districts.</li> </ul>
	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Organization of a Survival Week with distribution of kits and leaflets for care in cases of pneumonia and diarrhea, along with raising awareness about hand washing, water purification and provision of soap and Aquatabs to prevent diarrhea, in collaboration with the Ministry of Public Health.</li> <li>• Advocate certification and registration of the zinc/ORS co-pack in Niger as an essential generic medicine.</li> <li>• Conduct pediatric caravans to provide care for children in collaboration with the Ministry of Public Health, as a part of Child Survival Week.</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Ensure availability of sufficient ORS, zinc and amoxicillin in the 4 health districts receiving support.</li> <li>• Restart discussions with the Ministry of Public Health on zinc/ORS co-packing.</li> <li>• Supervise Integrated Health Centers (CSI) and health stations (Cases de Santé).</li> <li>• Collect data, analyze progress and formulate corrective action to improve performance levels.</li> </ul>	

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<b>Build caregiver and provider demand</b>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• 22 clinical IMCI trainers trained.</li> <li>• 40 trainers on management of essential generic medicines trained.</li> <li>• Training on EFP: 14 technical units in Matamèye: 1,554 health promoters and 1,914 leaders trained.</li> <li>• Communication for behavior change.</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Conduct MoRES for the commune of Sarkin Yamma and the 3 communes designated as “communes of convergence” (ComDeCo) in Zinder (Dogo, Gafati, Koléram).</li> <li>• Complete training of 752 health promoters and 1,265 community leaders for Madarounfa, and 492 participants from Matamèye.</li> <li>• Finish revising the community monitoring record book.</li> <li>• Conduct public broadcasts.</li> </ul> <p><b>Geographic coverage:</b></p> <ul style="list-style-type: none"> <li>• Mirriah-Matamèye: Educational talks, home visits, disease prevention and hygiene: Total 84,000 participants.</li> <li>• Mayahi-Madarounfa: Educational talks,</li> <li>• Home visits, disease prevention and hygiene: Total 47,242 participants (Madarounfa, Mayahi, Mirriah and Matamèye health districts).</li> </ul> <p><b>New materials:</b></p> <ul style="list-style-type: none"> <li>• Zinc/ORS co-packs (zinc and ORS packaged in a single packet).</li> <li>• Guide for monitoring high-impact interventions.</li> <li>• Revision of community monitoring record book is in progress.</li> <li>• New flip chart is currently being printed. It includes the 8 EFP being promoted.</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• 22 clinical IMCI trainers trained.</li> <li>• 40 trainers on management of essential generic medicines trained.</li> <li>• EFP training: 14 technical units in Matamèye: 1,554 health promoters and 1,914 leaders trained.</li> <li>• Communication for behavior change.</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Conduct MoRES for the commune of Sarkin Yamma and the 3 communes designated as “communes of convergence” (ComDeCo) in Zinder (Dogo, Gafati, Koléram).</li> <li>• Complete training of 752 health promoters and 1,265 community leaders for Madarounfa, and 492 participants from Matamèye.</li> <li>• Finish revising the community monitoring record book.</li> <li>• Conduct public broadcasts</li> </ul> <p><b>Geographic coverage:</b></p> <ul style="list-style-type: none"> <li>• Madarounfa, Mayahi, Mirriah and Matamèye Health Districts.</li> </ul> <p><b>New materials:</b></p> <ul style="list-style-type: none"> <li>• Coupons for self-referral to care for children with pneumonia.</li> </ul>
	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Organization of the Survival Week for community-based care and prevention of diarrhea and pneumonia at the household level.</li> <li>• Support from the Ministry of Health for the organization of pediatric caravans in the villages during Survival Week.</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Provide inputs for clinics.</li> <li>• Continue training on management of drugs.</li> <li>• Organize the second 2014 Survival Week.</li> </ul>	
<p><b>New country implementation resources:</b></p> <ul style="list-style-type: none"> <li>• One of the lessons learned in integrating the large-scale distribution of the zinc/ORS co-pack with the distribution of soap and Aquatabs is the following: Integrating zinc/ORS distribution with the promotion of hand washing with soap and Aquatab-purified water furthers a holistic understanding by households of the cause and treatment of diarrhea, and improves acceptance.</li> </ul>		

	DIARRHEA	PNEUMONIA
Secure an enabling environment	<p><b>Policy/regulatory indicators:</b> <i>All zinc/ORS milestones have been achieved</i></p>	<p><b>Policy/regulatory indicators:</b></p> <ul style="list-style-type: none"> <li>• Appropriate antibiotic included in EML (<b>In progress</b>): Decision expected by Essential Meds Review Committee (Q4)</li> <li>• Policy allowing community access of antibiotics (<b>In progress</b>): Meeting of Task-Shifting Committee ongoing. The Standing Orders Committee has included AMX DT in its review, now in editorial phase (decision expected Q4)</li> <li>• Registration of recommended antibiotic (<b>In progress</b>): Dossiers from 2 suppliers (Daily Need Group and Chazon) in progress</li> </ul>
	<p><b>National scale-up plan:</b> The <i>National Essential Medicines Scale-Up Plan</i> is the primary strategy for scale-up. Additional RMNCH strategies prioritizing child essential medicines include, SOML, UNCoLSC Nigeria country plan and MOH 8-quarter plan.</p> <p><b>Partner coordination:</b> Key mechanisms include the National Essential Medicines Coordinating Mechanism (NEMCM) and iCCM Taskforce. Implementing partners include: BBCMA, CHAI, MI, NAFDAC, PACT, PATHS2, PMGMAN, PRRINN-MCH, Save the Children, SFH, SHOPS, SURE-P, USAID /TSHIP, WBF, WHO, UNH4+, NMEP.</p> <p><b>Resource mobilization:</b> ~\$45M in large-scale funding secured. Key prospects: RMNCH Trust Fund (Phase II) and Global Fund (iCCM). Financing gaps: national roll-out of demand generation activities and public sector procurement contributions from state governments.</p>	
Ensure availability of high-quality, affordable supply	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Signed distribution agreement with 1 supplier (Emzor)</li> <li>• Increase in zinc sales from local suppliers (1.4 million units in last quarter)</li> <li>• Distributed &gt;56,000 co-packs to hard-to-reach areas and &gt;704,000 units of water treatment product (PUR)</li> <li>• Provided matching grants to existing/new commercial partners to promote product in 3 states; identified wholesale points and incentives for PPMVs in 2 states</li> <li>• Linked manufacturers and distributors to increase zinc supply; developed retail market activation ‘push’ strategy to strengthen distribution to rural areas in 1 state</li> <li>• &gt;87,000 co-packs procured/supplied to each of 6 zones</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Implement agreement with Emzor and develop costed distribution agreement with Olpharm</li> <li>• Roll out wholesaler activation to improve zinc/ORS volumes through existing supply chains in 2 states</li> <li>• Replicate zinc market ‘push’ strategy in 2 addl. states</li> <li>• Provide marketing grants to commercial partners to promote zinc/ORS brands in 4 states</li> <li>• Sign MoU with ≥ 1 zinc/ORS supplier to work in 2 states</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• 20 bottles of AMX suspension supplied to 1,000 facilities (SURE-P MCH)</li> <li>• Completed draft of AMX DT market analysis, which indicates that DT is expected to be 4 times cheaper than suspension</li> <li>• Identified/began engaging with local manufacturers of AMX DT (Daily Needs Group/Emzor for supplying SURE-P’s MNCH facilities; Evans/Swipha for partnering on ICARE project)</li> <li>• Provided evidence summaries to FMOH to support inclusion of AMX DT into EML, NSTGs and National Standing Orders for CHEWs, CHOs, and JCHEWs</li> <li>• Initial advocacy for AMX DT procurement and TA to selected states, building on CHX community-based distribution</li> <li>• Supported contextual analysis towards RMNCH quantification for AMX DT in Nigeria (JSI/SC4CCM/DELIVER)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Continue to provide TA to local manufacturers of AMX</li> <li>• Negotiate agreement with interested manufacturers to promote/distribute AMX DT in ICARE project states</li> <li>• Continue to support iCCM Task Force and partners to adopt/fill gaps in performance indicators for pneumonia</li> </ul>
	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Supported FMOH to update national EML with recommended Life-Saving Commodities</li> <li>• NPHCDA began updating national standing orders for CHOs, CHEWs and JCHEWs</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Continue to work with federal and state governments to update EMLs with recommended commodities</li> <li>• Complete and print updated standing orders for CHOs, CHEWs and JCHEWs</li> <li>• Continue to support iCCM Task Force and partners to develop and adopt a national iCCM implementation framework</li> </ul>	

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<sup>5</sup> Acronyms: NSTG (National Standard Treatment Guidelines), CHEWs (Community Health Extension Workers), CHO (Community Health Officers), JCHEW (Junior Community Health Extension Workers), SOML (Saving One Million Lives Initiative)

<sup>6</sup> CHAI (lead partner for zinc/ORS), TSHIP (Pneumonia Coordinator)

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	DIARRHEA	PNEUMONIA
Build caregiver and provider demand	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• SMS, jingles and radio magazines initiated in focus states</li> <li>• Held diarrhea management trainings for &gt;700 key influencers in 2 states</li> <li>• Trained &gt;2,000 PPMVs on diarrhea management and reached &gt;1.2 million caregivers in 20 states through community outreach</li> <li>• Tested communication concepts for community activation in Northern Nigeria</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Conduct public sector trainings and community activation with key influencers</li> <li>• Develop/implement post-training follow-up for both public and private sector providers in focus states</li> <li>• Map and identify &gt;4,000 key influencers in 3 states; train &gt;3,000 key influencers in focus states and monitor message-cascade in communities</li> <li>• Develop, adapt, and disseminate BCC materials for community activation and post training follow-up</li> <li>• Continue deploying SMS, jingles and radio magazines</li> <li>• Production of programs in 16 radio stations in 7 states; train radio producers from 31 stations in 15 states to integrate health messaging into radio programs</li> <li>• Contributions from Ohafia women group (in Abia state) to allow zinc purchases for PHCs to be sold at subsidized prices to community members</li> </ul> <p><b>Geographic coverage:</b></p> <ul style="list-style-type: none"> <li>• Caregivers (10 states fully covered/27 partial); providers (13 states fully covered/24 partial), media (47 stations in 17 states; 31 stations in 15 focal states)</li> </ul> <p><b>New materials:</b></p> <ul style="list-style-type: none"> <li>• Flip charts, flyers and banners (caregivers)</li> <li>• Video, training guide, posters, detailing aid (providers)</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Designed initial concepts and messaging for pneumonia management</li> <li>• Developed integrated social media messaging and discussions on childhood pneumonia through the “End Pneumonia” Nigeria campaign (using Googleplus, Facebook and Twitter)</li> <li>• Oriented community-based health volunteers (CBHVs) on pneumonia key messages in 2 states (Bauchi and Sokoto)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Develop materials and integrate messaging in health talks at ANCs, immunization clinics and MNCHWs</li> <li>• Activate health professional associations on proper pneumonia management practices</li> <li>• Production and pretesting of 10 pneumonia Public Service Announcements (PSAs) in local languages for national broadcast</li> <li>• Complete orientation of all 10,000 CBHVs</li> <li>• Finalize the EML, NSTG, and NSO reviews and update</li> <li>• Continue rollout of TSHIP’s PPMV pilot in 4 LGAs (in Bauchi state)</li> </ul> <p><b>Geographic coverage:</b></p> <ul style="list-style-type: none"> <li>• Media activities (20 stations in 10 focal states), CBHV orientation (2 states)</li> </ul> <p><b>New materials:</b></p> <ul style="list-style-type: none"> <li>• Community mobilization flipcharts</li> </ul>
	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Reached &gt;11,000 unskilled providers with trainings on managing childhood illnesses in 6 states and &gt;800 skilled providers on diarrhea management in 5 states</li> <li>• Constructed latrines, handwashing stations, and improved storage for prevention of diarrhea in 6 communities (Benue State)</li> <li>• Engaged 20 additional radio stations in 10 states to broadcast weekly MNCH programs and produce weekly health programs</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Work with PCN to incorporate module on childhood illnesses into existing training curriculum/manual for PPMVs</li> <li>• Commence trainings for private sector retailers in 10 states on the management of childhood illness</li> <li>• Hold trainings and production workshops for media executives on pneumonia and diarrhea</li> <li>• Carry out formative research to provide more specific audience information on pneumonia and diarrhea in 5 focal states</li> </ul>	

	DIARRHEA	PNEUMONIA
Secure an enabling environment	<b>Policy/regulatory indicators:</b> <i>All zinc/ORS milestones have been achieved</i>	<b>Policy/regulatory indicators:</b> <i>All amoxicillin/antibiotic milestones have been achieved</i>
	<b>National scale-up plan:</b> <ul style="list-style-type: none"> <li>With consent from KPK and Balochistan departments of health, developed and shared draft provincial action plans with stakeholders. The final review and stakeholder meeting was originally planned for May but has been postponed on account of the security situation.</li> </ul> <b>Partner coordination:</b> <ul style="list-style-type: none"> <li>To be finalized after completion of partner mapping. Potential provincial partners have also been identified. Key partners include: Departments of Health, UNICEF, INGOs.</li> </ul> <b>Resource mobilization:</b> <ul style="list-style-type: none"> <li>Large-scale funding secured for integrated activities including CHW trainings. Support expected from corporate donor (Reckitt &amp; Benkiser) for diarrhea prevention and control in 2 districts of Punjab. Pakistan is an RMNCH Trust Fund Phase II country.</li> </ul>	
Ensure availability of high-quality, affordable supply	<b>Key accomplishments from last quarter:</b> <ul style="list-style-type: none"> <li>NA (activities to commence after approval of provincial plans)</li> </ul> <b>Priorities for next quarter:</b> <ul style="list-style-type: none"> <li>NA (activities to commence after approval of provincial plans)</li> </ul>	
Build caregiver and provider demand	<b>Key accomplishments from last quarter:</b> <ul style="list-style-type: none"> <li>NA (activities to commence after approval of provincial plans)</li> </ul> <b>Priorities for next quarter:</b> <ul style="list-style-type: none"> <li>NA (activities to commence after approval)</li> </ul>	

	DIARRHEA	PNEUMONIA
Secure an enabling environment	<b>Policy/regulatory indicators:</b> <i>All zinc/ORS milestones have been achieved</i>	<b>Policy/regulatory indicators:</b> <ul style="list-style-type: none"> <li>Policy allowing community providers to dispense recommended antibiotics (<b>In progress</b>)</li> <li># recommended antibiotics registered (<b>In progress</b>)</li> </ul>
	<b>National scale-up plan, partner coordination, resource mobilization:</b> <i>Please refer to previous country update.</i>	
Ensure availability of high-quality, affordable supply	<b>Key accomplishments from last quarter:</b> <ul style="list-style-type: none"> <li>Fast tracking of ORS-Zinc co-pack. Zinc/ORS co-pack registration is in process. The zinc/ORS co-pack includes 10 tablets and 2 sachets of ORS, which is the dosage for one client. No one is appointed for coordinating distribution under private sector.</li> </ul>	<b>Key accomplishments from last quarter:</b> <ul style="list-style-type: none"> <li>Amoxicillin DT has already been registered. The partner who is leading procurement of amoxicillin DT country-wide is UNICEF but so far they have procured for public sector and the one who coordinate the issues of distribution is MSD (Medical store department).</li> </ul>
Build caregiver and provider demand	<b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b> <ul style="list-style-type: none"> <li>IMCI trainings to service providers for appropriate case management including diarrhea management in under fives</li> <li>Development of communication materials for diarrhea and pneumonia</li> <li>Key partners supporting IMCI trainings include: Egpaif, Tibu Homa and UNICEF.</li> <li>On the materials developed, UNICEF develops all communication materials for the national, district, facility and community levels; currently waiting for Ministry to call the stakeholders meeting to review these materials.</li> </ul> <b>Priorities for next quarter:</b> <ul style="list-style-type: none"> <li>Capacity building of service providers in IMCI case management</li> <li>Pre-testing, finalization of communication materials</li> </ul> <b>Geographic coverage:</b> <ul style="list-style-type: none"> <li>IMCI trainings have taken place in districts from Southern Highlands and Lake Zone UNICEF support the southern higher lands (Njombe, Makete, Mbarari, Mbeya DC and Iringa DC). The partner who support lake zone is Tibu homa and Egpaif support Igunga, Nzega, Kilwa, Masasi, Kahama and Meatu.</li> </ul> <b>New materials:</b> Communication materials for Pneumonia and Diarrhea	

	DIARRHEA	PNEUMONIA
Secure an enabling environment	<p><b>Policy/regulatory indicators:</b> <i>All zinc/ORS milestones have been achieved</i></p>	<p><b>Policy/regulatory indicators:</b></p> <ul style="list-style-type: none"> <li>• AMX as 1<sup>st</sup>-line treatment (<b>In progress</b>)</li> <li>• Antibiotic included in EML (<b>In progress</b>)</li> <li>• Policy allowing community use of antibiotics (<b>In progress</b>)</li> </ul> <p><i>Advocacy for policy indicators for pneumonia to be pursued with support from UN Commission</i></p>
	<p><b>National scale-up plan:</b> Key strategies prioritizing treatment scale-up include the UN Commission and RMNCH sharpened plans. A 1<sup>st</sup> draft of the PPT implementation framework has been developed and GAPPD-PPT launch plan under development.</p> <p><b>Partner coordination:</b> The Diarrhea &amp; Pneumonia Coordination Committee is the primary coordination mechanism. Key partners include: MOH, CHAI, SHOPS, UHMG, UNICEF, Malaria Consortium, WHO, AMREF, World Vision, private suppliers.</p> <p><b>Resource mobilization:</b> ~USD \$7M in large-scale funding secured. Key prospects include Global Fund (iCCM) and RMNCH Trust Fund. Financing gaps include pneumonia, provider and consumer demand generation, iCCM scale-up, public sector training.</p>	
Ensure availability of high-quality, affordable supply	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Manufacturer/importer engagement facilitated a 60% price reduction of zinc/ORS in past year (to \$0.18)</li> <li>• Rolled out private wholesaler activation, increasing availability to 81% for ORS and 74% for zinc (SHOPS, CHAI)</li> <li>• Provided TA to private distributors to help improve sales/distribution of their brands</li> <li>• Introduced co-pack in all public health facilities</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Roll out large-scale implementation of MRP (including communications to wholesalers, providers, and caregivers)</li> <li>• Engage upcountry wholesalers in regions with low availability to implement direct distribution models</li> <li>• Support manufacturers/distributors in launching new product presentations (e.g., packaging, flavors)</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Completed landscape assessment of existing respiratory rate counters and presented 1<sup>st</sup> phase results to DPCC (Malaria Consortium)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Prototype development for improved RR counters (Malaria Consortium)</li> <li>• Prototype development for improved AMX packaging (PATH)</li> <li>• Additional UN Commission plans include: a landscape assessment of existing local manufacturers and formative study on amoxicillin packaging.</li> </ul>
	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Under iCCM supply chain pilot (in 4 sub-counties, led by MOH and supported by WHO, UNICEF, CHAI, World Vision and Malaria Consortium) the NMS has started supplying medicines</li> <li>• As part of the Essential Medicines kit revision (in 19 high burden districts), NMS supported District Health Offices to adapt the revised kit pushed to lower-level facilities using case load data collected at facility level</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Use the findings of the pilot to streamline the iCCM supply chain into NMS</li> <li>• Expand the DFID-funded iCCM program in 4 new districts, from the 15 existing ones (UNICEF)</li> <li>• National iCCM funding: expand the concept note submitted to the Global Fund into a full proposal with detailed budget and implementation plan, secure multi-year funding stream for iCCM</li> </ul>	

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<sup>7</sup> MRP (maximum retail price), NDA (National Drug Authority)

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	DIARRHEA	PNEUMONIA
Build caregiver and provider demand	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Distributor-led field forces conducted detailing visits targeting retailers</li> <li>• Conducted CMEs at private, non-profit and public health facilities (SHOPS, CHAI)</li> <li>• Community level activation (BRAC, Living Goods, PACE)</li> <li>• Completed radio campaign in the East and the North using spots ads, talk shows and key influencers testimonials</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Launch brand-agnostic retailer promotion and SMS campaign (SHOPS, CHAI)</li> <li>• Develop CRM tool to optimize sales/detailing force effectiveness</li> <li>• Conduct midline private provider survey</li> <li>• Assess impact of pilot radio campaign</li> </ul> <p><b>Geographic coverage:</b> Radio (North and East), private provider trainings (nationwide), CME sessions (35 districts), community activation (89 districts)</p> <p><b>New materials:</b> Diarrhea management training curriculum, radio/SMS scripts; MRP materials for caregivers/providers approved by NDA; point-of-sales materials; radio/SMS scripts</p>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Key updates listed under integrated activities (see below)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Additional UN Commission plans include: development of BCC strategy, including key messages on prompt pneumonia treatment and adherence to amoxicillin</li> </ul> <p><b>Geographic coverage:</b> See below</p> <p><b>New materials:</b> See below</p>
	<p><b>Integrated child health accomplishments (diarrhea &amp; pneumonia) from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Trained HCWs and CHWs as part of the iCCM supply chain pilot</li> <li>• Ongoing iCCM trainings for VHTs (UNICEF, World Vision, Malaria Consortium, NUHITES)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Continue to support development of Global Fund submission for expanded iCCM funding</li> </ul>	