

# Diarrhea & Pneumonia Working Group Country Update Summary

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May 2014

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Implementation Progress by Objective

	Diarrhea	Pneumonia
Ensure availability of high-quality, affordable supply	<p><b>Cross-cutting diarrhea/pneumonia activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>The Operational Plans (OPs) under the National Health, Population and Nutrition Sector Development Programme were reviewed in late 2013</li> <li>The OP budget was revised to include procurement of <b>zinc</b> (a total of BDT 12.5 million/USD 162,000 in reimbursement/direct project aid for the 2013-2016 financial years) and <b>AMX DT</b> (total of BDT 36.8 million/USD 478,000); potential for additional support for child health commodities from budget for general category of medicines (total of BDT 50.2 million/USD 652,000 over financial years 2014-2016)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Assist and promote the initiation of actual procurement processes</li> <li>Provide assistance in the development of a distribution and monitoring plan (as part of the under development National Child Health Strategy and follow-up of the APR Initiative)</li> <li>The Micronutrient Initiative will begin a 3 year phased scale-up of zinc and ORS combined treatment in the public sector taking lessons identified during demonstration project to 27 high diarrhea burden districts.</li> </ul>	
	<p><b>ORS price:</b> \$0.052/sachet (retail)  <b>Zinc price:</b> \$0.023/tablet (retail)</p>	<p><b>Antibiotic price:</b> \$0.045/tablet (AMX DT) (retail)</p>
Build caregiver and provider demand for zinc, ORS, and amoxicillin	<p><b>Cross-cutting diarrhea/pneumonia activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>NA</li> </ul> <p><b>Geographic coverage of activities:</b> NA  <b>New materials:</b> NA  <b>Priorities for next quarter:</b>                      Provide assistance for the development of a communications strategy as part of the under development National Child health strategy and the follow-up of the A Promise Renewed Initiative</p>	
Securing an enabling environment	<p><b>National Scale-up Strategy:</b>                      The National Scale-up strategy was finalized in 2012. This is expected to be a critical component of the under-development national child health strategy.</p> <p><b>Partner coordinating mechanism and key implementing partners:</b>                      The National Steering Committee for IMCI (ministry level) and National MNCH Forum (director level) coordinate diarrhoea and pneumonia activities. There is also a National Core Committee for newborn health (ministry level) and National Working Team of all child health partners. Efforts are underway for better coordination among different programs (e.g., EPI, IMCI, Maternal Health, etc.) through expanding the TOR of the National Core Committee for newborn health.</p> <p><b>Partner mapping completed?</b>                      To be completed (delayed due to delay in funding disbursement to Lead Partner)</p>	<p><b>Estimated need:</b> USD 50.2M for 2 years (includes 7.4M for diarrhea and pneumonia commodities)  <b>Funding secured to date:</b> USD 2.3M.                      Additional support secured for procurement of zinc (BDT 12.5/USD 162,000) and AMX DT commodities (BDT 36.8 million/USD 478,000) over 2013-2016 financial years.  <b>Funding prospects:</b> We are exploring the new commodities funding streams to assess suitability/eligibility for applying.  <b>Key areas requiring funding:</b> Trainings, procurement support, referrals, local level planning, monitoring and supervision, communications, and overall programme management.</p>

**Questions/implementation bottlenecks for discussion:**  
 Nothing to report on at this time

**Country implementation resources:**  
 Lancet Bangladesh Series available online at <http://www.thelancet.com/series/bangladesh>

Implementation Progress by Key Objective

	Diarrhea	Pneumonia
Ensure availability of high-quality, affordable supply	<p><b>Cross-cutting diarrhea/pneumonia activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Family kits are in the regional distribution center and will be distributed to health zones</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Estimate ORS, zinc, and amoxicillin needs and mobilize partners to fill the gap in medicines/supplies needed for iCCM in care sites implemented by the Global Fund (i-CCM coordination)</li> <li>Lead advocacy efforts to persuade the Prime Minister, Minister of Finance, General Directorate of Customs and Excise, the Federation of Congolese Business Affairs, and other stakeholders to reduce taxes and customs fees for medicines (13 medicines including zinc/ORS)</li> </ul>	
	<p><b>Price:</b> USD 0.19<sup>1</sup>/tablet (zinc), USD 0.04/sachet (ORS)</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Evaluated potential local manufacturers of ORS, zinc sulfate, and chlorhexidine</li> <li>Distributed free (without credit lines) ORS and zinc in health facilities (supported by USAID/MSH, WHO/RACe)</li> <li>Placed an order of ORS and zinc co-pack for 56 health zones in 4 provinces (DFID-ASSP)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>See above</li> </ul>	<p><b>Antibiotic price:</b> 0.01 USD/tablet (Cotrimoxazole); AMX DT not yet available in regional distribution centers</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Disseminated technical forms for pneumonia care by the Minister of Health (supported by Save the Children)</li> <li>Ordered/provided materials, including medicines and AMX DT on behalf of DRC govt for 66 hospitals/330 health centers</li> <li>Amoxicillin is registered on the EML</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Conduct trainings for care providers on pneumonia care according to the new protocol in 14 health zones (MSH)</li> </ul>
Build caregiver and provider demand for zinc, ORS, and amoxicillin	<p><b>Cross-cutting diarrhea/pneumonia activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Conducted trainings as well as awareness-raising on correct pneumonia and diarrhea care for 391 CHWs</li> </ul> <p><b>Geographic coverage of activities:</b> CHWs (Katanga province)</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Intensify awareness-raising of maternal and children health activities, including those to manage pneumonia (vaccination, exclusive breastfeeding, vitamin A supplements) in Kinshasa province and in Bas Congo</li> <li>Develop a social marketing campaign and a communication plan for the 13 UNCoLSC medicines</li> </ul>	
	<p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Diffusion of radio spots and rapid SMS messages about diarrhea in the Katanga provinces</li> <li>Developed community organizer’s guide for diarrhea management</li> </ul> <p><b>Geographic coverage of activities:</b> SMS messages targeting caregivers (in 4 health zones), telespots (Lubumbashi district)</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Expand reach of radio spots on diarrhea in 7 provinces</li> </ul>	<p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>See above</li> </ul> <p><b>Geographic coverage of activities:</b> See above</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>See above</li> </ul>
Securing an enabling environment	<p><b>National Strategy:</b> The National Newborn strategy is currently in draft form. Related strategies include the UNCoLSC DRC country plan.</p>	<p><b>Partner coordinating mechanism and key implementing partners:</b> The coordinating mechanism is chaired by MoH (10<sup>th</sup> Direction) and meets quarterly, the last meeting held last 18 December and the next is planned for 24 April. Key partners: MoH, WHO, UNICEF, USAID, UNFPA, World Bank, MSH, SIAPS, PSI, DFID, SANRU, DFID-ASSP, World Vision, Save the Children</p> <p><b>Partner mapping completed?</b> Yes, but needs to be updated</p>
<p><b>Funding secured to date:</b> USD 16.1 M (including contributions from MOH (Government), UNICEF, WHO, USAID MSH, PSI, ASSP/UKAID, RMNCH Trust Fund)</p> <p><b>Funding prospects:</b> RMNCH Trust Fund Phase II, Global Fund (implementing iCCM in care sites, particularly activities on HSS at community level, integrated trainings, supervision, data management, CHW motivation efforts)</p> <p><b>Key funding gaps:</b> A gap analysis for iCCM is underway, for potential financing support from Global Fund.</p>		

**Questions/implementation bottlenecks for discussion:**

- How can World Bank Results-based Financing be used to support treatment scale-up?
- Have the RMNCH priorities been identified as part of the RMNCH country engagement process?

**Country implementation resources:**

- Summary table (Score Card) to monitor the progress made in implementing MNCH indicators

<sup>1</sup> ASRAMES’ price

## Implementation Progress by Key Objective

	Diarrhea	Pneumonia
Ensure availability of high-quality, affordable supply	<p><b>ORS/zinc price:</b> free at the public sector</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Zinc was procured (imported) and is being distributed to health facilities. As co-packaging was assumed to cause further delay in the distribution, equal dose of ORS/Zn was distributed to some health facilities while others received in bundled form.</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Conduct supervision to ensure that the health facilities have drug in stock and are providing the services as per the algorithms</li> <li>Work closely with the Pharmaceutical Fund and Supply Agency (PFSA) to strengthen supply chain management</li> <li>Strengthen SCM systems to fully implement the LMIS and prevent stock outs at community level (USAID Deliver, SC4CCM, SCMS)</li> </ul>	<p><b>Antibiotic price:</b> free at the health post</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>The first antibiotic choice for the treatment of pneumonia is now changing to amoxicillin DT. The IMNCI and iCCM treatment guidelines are being modified to reflect this change.</li> <li>Procurement of amoxicillin DT is under way</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Distribute the revised guideline</li> <li>Distribute amoxicillin DT to the health facilities (once cotrimoxazole pediatric tablet in stock is consumed)</li> </ul>
Build caregiver and provider demand for zinc, ORS, and amox	<p><b>Cross-cutting diarrhea/pneumonia activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>The Child Survival TWG reviewed the Family Health Guide (the only approved BCC material) and provided feedback to include key symptoms of pneumonia to enable prompt care seeking by the community</li> <li>Developed radio messages for the promotion of pneumonia and diarrhea care-seeking in 3 local languages (UNICEF)</li> </ul> <p><b>Geographic coverage of activities:</b> Family Health Guide (national; with translations in local languages)</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Work with the Child Survival TWG to realize/incorporate feedback on the Family Health Guide</li> <li>Work on standardized media message to raise awareness of the community on common childhood illnesses and iCCM services</li> </ul>	
Securing an enabling environment	<p><b>National Scale-up Strategy:</b> The national newborn and child survival strategy was revised to incorporate new interventions such as PCV, Rota virus vaccine, iCCM, community based newborn care (CBNC) and to set a new target as Ethiopia has already achieved MDG 4. The revised strategy will be shared once finalized (in June)</p>	<p><b>Partner coordinating mechanism and key implementing partners:</b> The Child Survival TWG is led by the FMOH. Key implementing partners include UNICEF, WHO, IFHP, JSI-L10K, Save the Children, Merlin, AMREF, PATH, MI, IRC</p> <p><b>Partner mapping completed?</b> Yes</p>
		<p><b>Funding secured to date:</b> USD 5 million</p> <p><b>Funding prospects:</b> Application for Global Fund has been drafted where training and supervision for malaria treatment would use the iCCM mechanism (supported by FMOH and UNICEF)</p> <p><b>Key funding gaps:</b> USD 18 million</p>

**Questions/implementation bottlenecks for discussion:**

- Funding targeted at Ethiopia's pastoralist areas is very minimal. This is the hardest to reach population and requires increased funding to scale up. Are other partners working in pastoralist regions or have programs that could be leveraged?
- There are key challenges with zinc supply in the country (e.g., supply chain and short shelf life). Can the Working Group provide any support on this?

**Country implementation resources:**

- Revised newborn and child survival strategy (to be available in June)

## Implementation Progress by Objective

	Diarrhea	Pneumonia
Ensure availability of high-quality, affordable supply	<p><b>Price (MRP):</b> 12 rupees/USD 0.20 (ORS), 13.5 rupees/USD 0.20 (zinc tablet); 35 rupees/USD 0.57 (zinc syrup)</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Worked with partners through Gates Technical Support Unit (TSU) in Uttar Pradesh to identify procurement issues</li> <li>Continued to expand distribution network in rural UP, Madhya Pradesh, and Gujarat</li> <li>Developed and disseminated quality policy to entrepreneur partners for adding products to basket</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Design income model for expanding product basket</li> <li>Work with partners through Gates TSU to address procurement barriers in UP (e.g, change in rate contract)</li> <li>Strengthen HMIS and data to streamline reporting</li> </ul>	<p><b>Antibiotic price:</b> 40-50 rupees/USD 0.08-1.00</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>PATH working to pursue a change in national treatment guidelines for pneumonia</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>TBD, pending policy change</li> <li>Identify partners with resources/plans to support scale-up</li> </ul>
Build caregiver and provider demand for zinc, ORS, and amoxicillin	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>Expanded caregiver activities in UP, including coordination with DAZT to optimize reach of caregiver activities across all partners</li> <li>Expanded reach of detailing visits to RMPs (UP, MP, Gujarat) and supervision visits to ASHAs (UP, MP)</li> </ul> <p><b>Geographic coverage of activities:</b> MP and Gujarat (all districts; CHAI and DAZT); Bihar (select districts; MI), UP (~50% of the state; CHAI, DAZT, MI)</p> <p><b>New materials:</b> Creative materials for caregiver, ASHA, and RMP activities</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Launch caregiver activities in Gujarat and Bihar; continue to scale and assess impact of caregiver activities in other states</li> <li>Push for increased volumes among private sector partners and greater conversion among RMPs</li> <li>Develop transition plan for UP activities (following close of DAZT project)</li> <li>Develop common demand generation plan among partners</li> </ul>	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>TBD, pending policy change</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>TBD, pending policy change</li> <li>Identify partners with resources/plans to support scale-up</li> <li>Roll out pilot in Rajasthan (1 district) to measure ASHA delivery of CCM</li> </ul>
Securing an enabling environment	<p><b>National Scale-up Strategy:</b> RMNCH+A strategy launched and Operational Guidelines for Diarrhea Control disseminated in Q1 2013.</p> <p><b>Partner coordinating mechanism and key implementing partners:</b> The Diarrhea Taskforce is the key mechanism for information sharing. Plans to engage MOH and Gates TSU in strengthening local coordinating mechanism. Additional coordination achieved through DAZT Steering Committee meetings and through Gates TSU. Key partners include: Abt, CHAI, FHI360, HLPPT, MI, PATH, PSI, UNICEF, and World Health Partners</p> <p><b>Partner mapping completed?</b> In progress (completed for demand generation)</p>	<p><b>Funding secured to date:</b> ~USD 60M</p> <p><b>Funding prospects:</b> Reallocation of existing Gates Foundation funds (from DAZT program)</p> <p><b>Key funding gaps:</b> Reaching full coverage in Uttar Pradesh.</p>

## Questions/implementation bottlenecks for discussion:

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

## Country implementation resources:

- Partner creative materials uploaded to common partner dropbox (PSI, CHAI); will also be made available on iKit platform

## Implementation Progress

	Diarrhea	Pneumonia
Ensure availability of high-quality, affordable supply	<p><b>Cross-cutting diarrhea/pneumonia activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Rolled out Health Commodity Management Program (HCMP) tool in 66 facilities in Nairobi and Coast</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Provide quantification and forecasting support to counties</li> <li>• Further expansion of HCMP rollout (in more than 10 additional counties)</li> </ul>	
	<p><b>ORS/zinc price:</b> Ksh50/USD 0.60 (co-pack)</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Widespread distribution of co-packs packs in private outlets</li> <li>• Bundling of zinc/ORS in public sector in Nairobi, Coast (6 counties) and Nyanza, Eastern, and Western regions (CHAI, UNICEF, MCHIP, PATH)</li> <li>• Explored partnerships with CBOs (Living Goods, Techoserve) to expand reach of distribution/promotion activities</li> </ul>	<p><b>Amoxicillin price:</b> As low as USD 0.50. Price varies depending on generic/brand. Over 180 formulations of AMX and cotrimoxazole.</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>• 2 suppliers have indicated intention to apply for registration</li> </ul>
Build caregiver and provider demand for zinc, ORS, and amoxicillin	<p><b>Cross-cutting diarrhea/pneumonia activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Expanded rollout of IMCI trainings (Coast and Nairobi regions)</li> <li>• Developed CME package</li> <li>• Trained 1,800 public and private providers (30%) and disseminated IMCI chart booklets, protocols, and job aids (MOH, KPA, CHAI)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Develop IMCI e-learning module</li> <li>• Expand IMCI trainings rollout (in Eastern, Rift Valley, Nyanza and Western); rollout iCCM in Nairobi and Coast (7 counties)</li> <li>• Design and implement mentorship program following up on IMCI trainings</li> </ul>	
	<p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>• Diarrhea treatment radio campaign broadcasted in 15 languages; creative materials finalized</li> <li>• Diarrhea sensitization completed for Nairobi and Coast (6 counties) for county/sub-county health management teams and facility/MCH unit incharges; over 500 facilities reached</li> </ul> <p><b>Geographic coverage of activities:</b> National</p> <p><b>New materials:</b> Caregiver (posters, wall branding, signings, danglers, giveaways, pamphlets); provider (IMCI chart booklets, protocols, job aids, health talk kits)</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>• Continue to roll out caregiver activities beyond Nairobi and Coast regions</li> <li>• Finalize partnerships with Living Goods and Technoserve to support community activation</li> </ul>	<p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>• See above</li> </ul> <p><b>Geographic coverage of activities:</b> National</p> <p><b>New materials:</b> Provider (IMCI chart booklets, protocols, job aids, health talk kits)</p>
Securing an enabling environment	<p><b>National Scale-up Strategy:</b> Scaling up Strategy for Essential Treatments in Children Under 5 Years endorsed in 2012. 7 county diarrhea treatment scale up plans have been developed and initial implementation started</p>	<p><b>Partner coordinating mechanism and key implementing partners:</b> MOH-led coordinating mechanism in place. A performance dashboard is being developed. Key partners: CHAI, MI, PSK, SHOPS, UNICEF, USAID/MCHIP, SCUK, AMREF and Red Cross</p> <p><b>Partner mapping completed?</b> Yes</p>
	<p><b>Funding secured to date:</b> USD 7M for the 2013/2014 financial year</p> <p><b>Funding prospects:</b> Global Fund (iCCM), RMNCH Trust Fund Phase II</p> <p><b>Key funding gaps:</b> Community case management; commodities, equipment, logistics; demand generation; M&amp;E</p>	

**Questions/implementation bottlenecks for discussion:**

- Need for greater flexibility of donors/partners to support more comprehensive implementation in a particular region (vs. individual activities across multiple regions)
- The large number/frequency of polio activities has delayed progress on scale-up activities, specifically trainings of health facility worker
- How to ensure future quarterly country updates are comprehensive/reflective of scope of partner efforts (e.g., now a key challenge given the new governance structure and decentralization to 47 counties)

**Country implementation resources:**

- See above for new demand generation materials



Implementation Progress by Key Objective

	Diarrhea	Pneumonia
Ensure availability of high-quality, affordable supply	<p><b>Cross-cutting diarrhea/pneumonia activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Placed orders for 2014 quantities for ORS, zinc, and AMX DT</li> </ul>	
	<p><b>ORS price:</b> 7.02 USD / carton /100 sachets of 20.5g each  <b>Zinc price:</b> 1.56 USD / pack /100 pills of 20 mg</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Received total ORS/zinc quantity ordered in 2013; supplies distributed in health facilities in the 4 districts</li> <li>Started design for zinc/ORS co-pack</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Train community &amp; health center-based workers</li> <li>Develop drug distribution plan to match utilization rate</li> <li>Sign and implement agreement with PSI for co-packaging</li> <li>Discussion with national ONPPC (National Supply and Procurement Agency) continue to ensure a sufficient quantity of zinc for all health districts in the framework of free initiative.</li> </ul>	<p><b>Antibiotic price:</b> 2.16 USD / pack/100 tablets of 250mg</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Distributed amoxicillin in the 4 districts</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Contract with PSI for child survival week activities</li> <li>Regular supervision and monitoring activities based on national guidelines, at Case de Santé and health centers.</li> <li>Organize quarterly meetings at local level with involvement of local authorities, NGOs and health district teams.</li> <li>Realization of the baseline survey in the 4 districts, including qualitative and quantitative data collection.</li> </ul>
Build caregiver and provider demand for zinc, ORS, and amoxicillin	<p><b>Cross-cutting diarrhea/pneumonia activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Recruited 1965 Relais Communautaires (volunteers) and 93 Animators to cover 931 targeted villages</li> <li>Trained 463 CHWs and 107 health practitioners in IP communication and Essential Family Practices (EFP) to improve interactions between practitioners and caregivers</li> <li>Diffusion of 8 films (“FADA Videos”) with Digital Cinema. Involves actual village members allowing communities to understand EFPs promoted for P&amp;D prevention and care, discuss them and question their own behaviors.</li> <li>284,570 home visits counselling and education sessions led by community workers on EFP for the improvement of pneumonia and diarrhea (P&amp;D) prevention and care.</li> <li>Involved 931 chiefs of villages/community leaders in management of community-based prevention and care of P&amp;D</li> </ul> <p><b>Geographic coverage of activities:</b> Madarounfa, Mayahi, Mirriah and Matameye districts</p> <p><b>New materials:</b> Treatment vouchers distributed to households for receipt of AMX DT at health centers.</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Broadcast interactive communication programs for the promotion of recommended practices for P&amp;D through community radios and Digital Cinema Mobile.</li> <li>Involve traditional and religious leaders and “Model Husbands” to promote essential practices and play an active role as mediators for the removal of local barriers to the adequate prevention and care of P&amp;D.</li> <li>Engage municipalities in order to create an enabling environment for the promotion of essential practices for prevention and care of P&amp;D in targeted districts.</li> <li>Documentation of lessons learned and best practices</li> <li>Strengthen social networking, peer education and community dialogue, with a special focus on women and P&amp;D</li> </ul>	
Securing an enabling environment	<p><b>National Scale-up Strategy:</b> Existing child survival strategy exists. Joint project with AFD, UNICEF and WHO in the framework of 3S initiative of French development agency can be an opportunity to improve service delivery and monitoring system.</p>	<p><b>Partner coordinating mechanism and key implementing partners:</b> A coordination meeting was held in March and the Niger team also attended the iCCM symposium in Accra to discuss potential scale-up of CHWs. Key partners include World Vision, Save The Children, PSI, UNICEF, WHO, and UNFPA.</p> <p><b>Partner mapping completed?</b> Planned as part of the gap analysis for the GF NFM.</p>
		<p><b>Funding secured to date:</b> USD 4M (DFATD)</p> <p><b>Funding prospects:</b> proposal to GAVI in progress; Niger is also involved in the initial process of submission for the RMNCH Trust Fund.</p> <p><b>Key funding gaps:</b> Gap filling activities for 4 pilot districts and full package of interventions in 6 additional districts.</p>

**Questions/implementation bottlenecks for discussion:**

- Do other partners have experience with motivating CHWs in a sustainable way?
- Regular distribution of all essential drugs through an integrated system at district level is a real challenge
- More attention on involvement of women’s groups in the project

**Country implementation resources:**

- All relevant materials from Niger will be uploaded to country folders on the Working Group dropbox and other relevant web platforms.

Implementation Progress by Objective

	Diarrhea	Pneumonia
Ensure availability of high-quality, affordable supply	<p><b>Price:</b> NGN 48/USD 0.30 (ORS), NGN 153/USD 0.96 (zinc strip)</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Achieved ex-factory price of NGN55 for co-pack</li> <li>2 suppliers developed costed distribution strategy to place sales reps in rural LGAs of 2 states</li> <li>Worked with suppliers to ensure zinc/ORS products is included in wholesaler promotional campaigns</li> <li>Partners provided forecasting/quantification support to 4 states and secured commitment from Jigawa state government to procure zinc/ORS</li> <li>Partners supported health facilities in 3 states (3 LGAs in each state) with WINNN zinc/ORS for &gt; 10,000 cases</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Sign/implement distribution agreements with 2 suppliers</li> <li>Secure additional state govt commitment to procure zinc/ORS</li> <li>Explore incentives for local manufacturers to supply zinc/ORS to PPMVs in additional target states</li> <li>Continue to explore potential procurement of zinc/ORS for redistribution of priority northern states</li> </ul>	<p><b>Antibiotic price:</b> NGN220 – NGN 400 (suspension)/USD 1.37-2.48</p> <p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>Began discussions with iCCM Taskforce on development of national frameworks for pneumonia management</li> <li>Continued advocacy with FMOH to update NSTGs and EMLs</li> <li>Identified 7 potential local mfgs and 3 importers; USP TA slated for 3 mfgs (introduction targeted from July-Dec 2014).</li> <li>Developed ToR and priority commodity strategy for informal market shaping network for AMX DTs</li> <li>Developed preliminary market forecasts, CoGS modeling, and business case</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Provide strategic input to USAID/DELIVER for forecasting/quantification of AMX DTs</li> <li>Validate forecast and business case</li> <li>Receive costing data from suppliers and provide CoGS optimization support</li> <li>Develop impl. framework for AMX DT community supply</li> <li>Develop country strategy for short-term AMX DT procurement and supply for iCCM</li> <li>Engage local suppliers in developing their capacity and QA</li> </ul>
Build caregiver and provider demand for zinc, ORS, and amoxicillin	<p><b>Cross-cutting diarrhea and pneumonia activities:</b> Trained ~4,900 skilled providers and ~3,175 unskilled providers on management of childhood illness</p> <p><b>Priorities for next quarter:</b> Roll out activities for CHWs, including CORPs selection, TOTs on iCCM, and additional trainings (RACe)</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Developed communications materials for HCPs/retailers</li> <li>Began mapping and identification of community influencers for caregiver activities in 4 states</li> <li>SMS, jingles and radio magazines initiated in 7 states</li> </ul> <p><b>Geographic coverage:</b> Caregiver (3 states fully covered/34 partial); provider (10 states full covered/27 partial)</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Complete trainings for PPMVs in high-priority states; expected to reach more than 10,000 PPMVs</li> <li>Develop training modules and BCC materials for community volunteers</li> <li>Complete mapping of key influencers and launch community activation component targeting caregivers</li> <li>Conduct M&amp;E activities for providers, CHWs, caregivers</li> <li>Scale up training of frontline HWs in Katsina state</li> </ul>	<p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Provided TA to FMOH in adaptation and finalization of iCCM country manuals and other training/supervision documents</li> <li>Supported finalization of combined protocol for TSHIP and SFH PPMV pilots</li> </ul> <p><b>Geographic coverage of activities:</b> TBD (pending partner mapping)</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Complete/disseminate quantitative research for pneumonia</li> <li>Develop national communication materials for promoting proper pneumonia practices</li> <li>Design/test initial concepts and messaging for pneumo mgmt</li> <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> </ul>
Securing an enabling environment	<p><b>National Scale-up Strategy:</b> The National Essential Medicines Scale-Up Plan was endorsed in 2012. Additional related RMNCH strategies include the UNCoLSC Nigeria country plan and 8 quarter plan.</p> <p><b>Partner coordinating mechanism and key implementing partners:</b> National Essential Medicines Coordinating Mechanism chaired by MOH/NPHCDA. iCCM Taskforce inaugurated in January. Key partners: 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>Partner mapping completed?</b> Yes</p>	<p><b>Funding secured to date:</b> \$45M including contributions from Govt and donors (BMGF, RMNCH Trust Fund, NORAD, DFATD, DFID, USAID)</p> <p><b>Funding prospects:</b> RMNCH Trust Fund (Phase II), Global Fund (iCCM)</p> <p><b>Key funding gaps:</b> National scale roll-out of demand generation and provider education activities; public sector procurement contributions from state governments</p>

**Questions/implementation bottlenecks for discussion:**

- Risk of commodity shortage in UNICEF/WINNN states (and other partner states leveraging UNICEF/WINNN commodities)
- 1<sup>st</sup>-line treatment status for AMX through Federal EML, NSTG
- Delays in RMNCH TF funding for 2014 activities slowing implementation

**Country resources:**

- Zinc/ORS materials for caregivers and providers were submitted to the Demand Generation Subgroup and iKit platform



## Implementation Progress by Objective

	Diarrhea	Pneumonia	
Ensure availability of high-quality, affordable supply	<p><b>ORS price:</b> PKR 12 per sachet/USD 0.11 (Sanofi Aventis)</p> <p><b>Zinc price:</b> PKR 40 per bottle/USD 0.38 (Zafa, Atco)</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Leveraged support from Micronutrient Initiative in Pakistan for advocacy events in Islamabad, Lahore and Peshawar on improving availability of I-ORS and zinc</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Activities to commence after approval of provincial plans</li> </ul>	<p><b>Amoxicillin price:</b> PKR 43/USD 0.41 per bottle, 125 mg/5ml (GSK)</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>NA</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Convene meeting of technical committee on IMCI at national level for revision of pneumonia classification and treatment in Pakistan in light of the revised WHO guidelines</li> </ul>	
Build caregiver and provider demand for zinc, ORS, and amoxicillin	<p><b>Key accomplishments from last quarter:</b></p> <ul style="list-style-type: none"> <li>NA (activities to commence after approval of provincial plans)</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>NA (activities to commence after approval of provincial plans)</li> </ul>		
Securing an enabling environment	<p><b>National Scale-up Strategy:</b> With consent from KPK and Balochistan departments of health, developed and shared draft provincial action plans with stakeholders. A final review will take place during a stakeholders meeting in May. There are also plans for a GAPPD launch in KPK in May. A GAPPD launch occurred in Sindh last year but there is need to develop a provincial action plan.</p>	<p><b>Partner coordinating mechanism and key implementing partners:</b> To be finalized after completion of partner mapping in May. Potential provincial partners have also been identified; detailed discussions with partners to be completed in May. Key partners in the country include: Departments of Health, UNICEF, INGOs.</p> <p><b>Partner mapping completed?</b> No, pending stakeholders meeting in May.</p>	<p><b>Funding secured to date:</b> TBD</p> <p><b>Funding prospects:</b> 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.</p> <p><b>Key funding gaps:</b> Pending completion of provincial action plans</p>

**Questions/implementation bottlenecks for discussion:**

- 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

**Country implementation resources:**

- Provider training materials developed for KPK and Balochistan (available in Urdu)

*Note: Lead Partner transition currently underway; update to be provided during May 8-9 meeting.*

Implementation Progress by Objective

	Diarrhea	Pneumonia
Ensure availability of high-quality, affordable supply	<p><b>Cross-cutting diarrhea/pneumonia activities:</b></p> <ul style="list-style-type: none"> <li>Formed MOH-led Working Group to review and track progress of iCCM pilot using NMS supply chain in 3 sub-counties. Completed baseline exercise for pilot.</li> <li>Completed case load quantification and revised essential medicines (EM) kits for Level II and III facilities in 19 districts</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Support MOH-led roll out of the iCCM pilot in 3 sub counties</li> <li>Enhance NMS capacities to monitor stock level and consumption at lower level facilities to improve EM kit calibration</li> </ul>	
	<p><b>ORS/zinc co-pack price:</b> USD 1.40 (2013 price); 0.60 (MRP target)</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Zinc/ORS co-pack introduced in public health facilities; &gt;95% of facilities now receive the co-pack</li> <li>3 new cheaper zinc products reached the private market</li> <li>Designed direct-distribution pilot in rural areas</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Communicate MRP to wholesalers, retailers, consumers</li> <li>Support scale up of co-packs in public health facilities</li> <li>Optimize zinc/ORS co-pack public procurement cost</li> </ul>	<p><b>Antibiotic price:</b> USD 0.30 – 0.60 per AMX treatment</p> <p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>See below cross-cutting activities</li> </ul> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Conduct landscape assessment of existing local manufacturers (PATH)</li> <li>Develop prototype for improved RR counters (Malaria Consortium) and AMX packaging (PATH)</li> <li>Develop comprehensive pneumonia prevention and management strategy as part of the wider PPT strategy</li> </ul>
Build caregiver and provider demand for zinc, ORS, and amoxicillin	<p><b>Cross-cutting activities (priorities for next quarter)</b></p> <p>Roll out IMCI trainings (CHAI, UNICEF)</p>	
	<p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>Launched wholesaler activation to ~7,000 retailers at all national distribution warehouses (SHOPS, CHAI)</li> <li>Launched radio campaign in East and North</li> <li>Finalized partnerships with PACE/PSI, BRAC, Living Goods and Marie Stopes to support community activation and health provider training for zinc/ORS</li> </ul> <p><b>Geographic coverage:</b> Radio (East and North); NGO community partnerships (national); provider training (national)</p> <p><b>New materials:</b> IMCI training materials, HCP promotional tools, radio scripts, caregiver IEC materials, diarrhea community education kits for NGO partners</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Support roll out of distributor-led detailing efforts</li> <li>Follow-up with 12,000 drug shops trained in 2013</li> <li>Support NGO partners to scale community-based activities</li> <li>Monitor effectiveness of community based activities and mass media campaign</li> </ul>	<p><b>Key activities from last quarter:</b></p> <ul style="list-style-type: none"> <li>See below cross-cutting activities; additional activities pending development of BCC strategy</li> </ul> <p><b>Geographic coverage:</b> provider training (national), other (pending development of BCC strategy)</p> <p><b>New materials:</b> IMCI training materials</p> <p><b>Priorities for next quarter:</b></p> <ul style="list-style-type: none"> <li>Develop BCC strategy for pneumonia</li> </ul>
Securing an enabling environment	<p><b>National Scale-up Strategy:</b> Consultant hired to finalize PPT framework (expected in Q3). Related country plans include national RMNCH sharpened strategy and UNCoLSC country plan.</p>	<p><b>Partner coordinating mechanism and key implementing partners:</b> Diarrhea and Pneumonia Coordinating Committee (DPCC). Key partners: MOH, CHAI, SHOPS, UHMG, UNICEF, Malaria Consortium, WHO, AMREF, World Vision, private suppliers.</p> <p><b>Partner mapping:</b> In progress (being led by MOH)</p>
		<p><b>Funding secured to date for scale-up:</b> ~USD 7M (from ELMA, ARK, USAID, RMNCH Trust Fund, UNICEF, DFID)</p> <p><b>Funding prospects:</b> Global Fund NFM (iCCM), RMNCH Trust Fund Phase II</p> <p><b>Key funding gaps:</b> Pneumonia, provider and consumer demand generation activities, iCCM scale-up, public sector training.</p>

**Questions/implementation bottlenecks for discussion:**

- MRP:** How to effectively implement it without ostracizing the supply chain in an environment where enforcement is likely to be weak?
- Community-based intervention:** Any best practices to share on which approaches are the most cost-effective?
- Pneumonia:** Are there any guidance/tools/training curriculum available for supporting severe pneumonia management at higher level facilities/hospitals? Additional attention is needed for improving pneumonia diagnostics (price, user-friendliness, supply).
- RMNCH Trust Fund:** Major delays in releasing the UNCoLSC 2014 funding caused by local bureaucracy. Any best practices to share on local coordination, contracting and financial arrangement?
- How to strengthen engagement of MOH with Working Group?