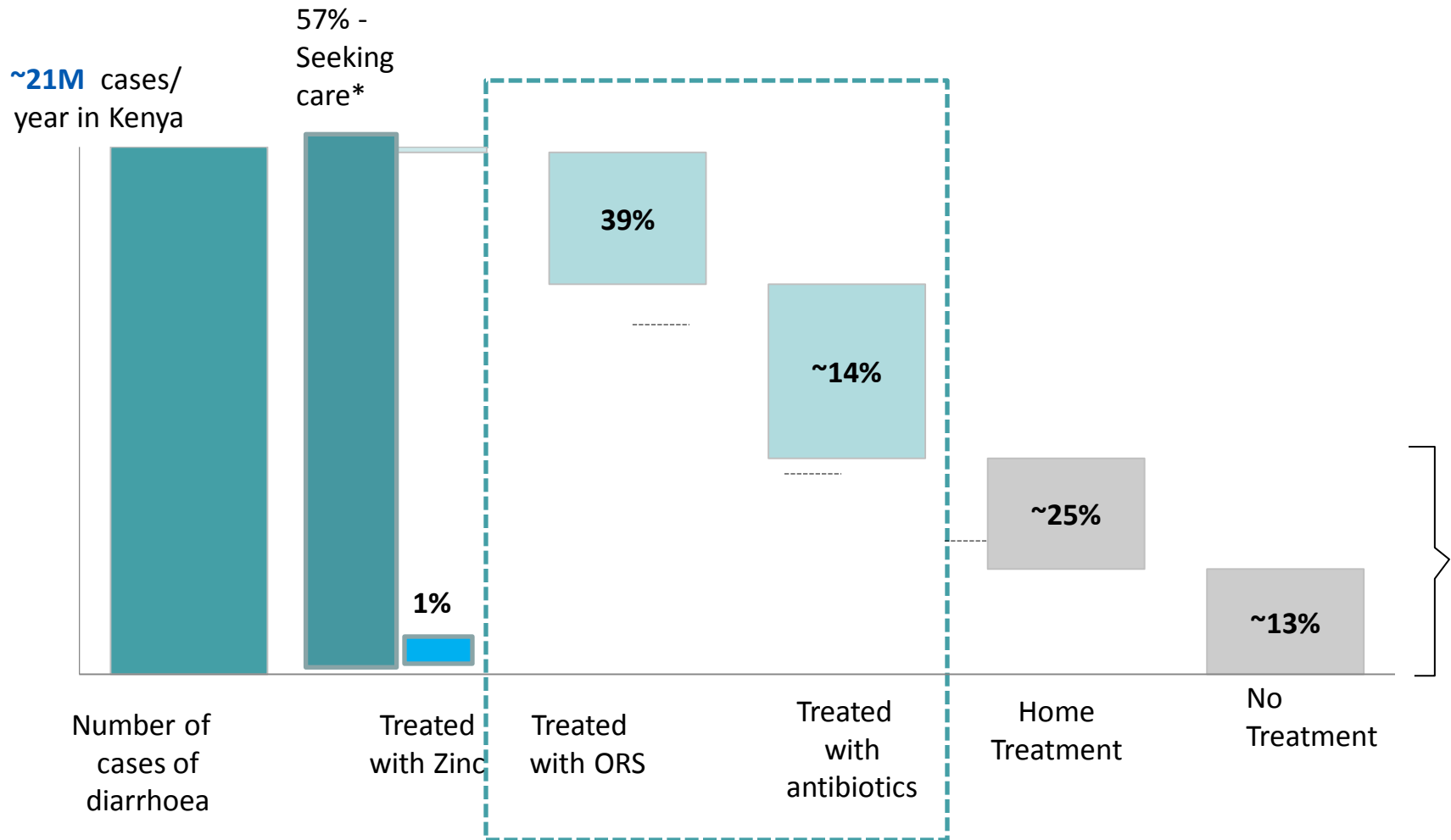


Zinc/ORS Scale-up in Kenya

Diarrhea & Pneumonia Working Group
October 7-8, 2013, Washington DC

The Problem:

There is not only a high diarrhoea incidence in Kenya, but poor care seeking and un-recommended treatment practices are very prevalent....

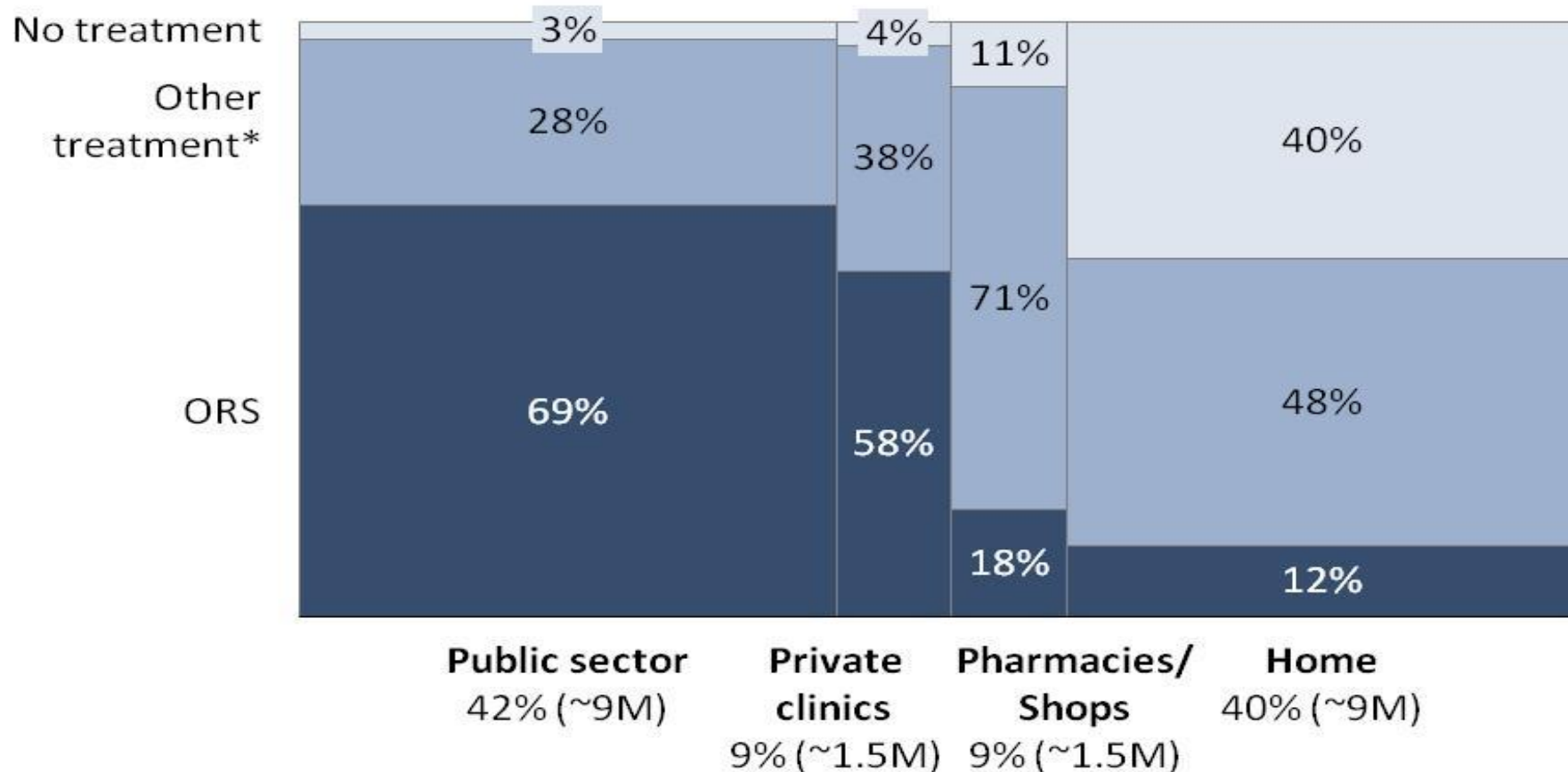


* Includes care seeking from pharmacies & shops

In Kenya, there is a need to work with public and private sectors to scale up zinc and ORS, and focus on reaching those who don't seek care

Diarrhea Treatment by Source and Treatment

Proportional distribution of sources of care for diarrhea in Kenya¹, percentage, 2008



Alternative treatment not including ORS; could be home-based fluids, antibiotics, antidiarrheals, and/or other treatments

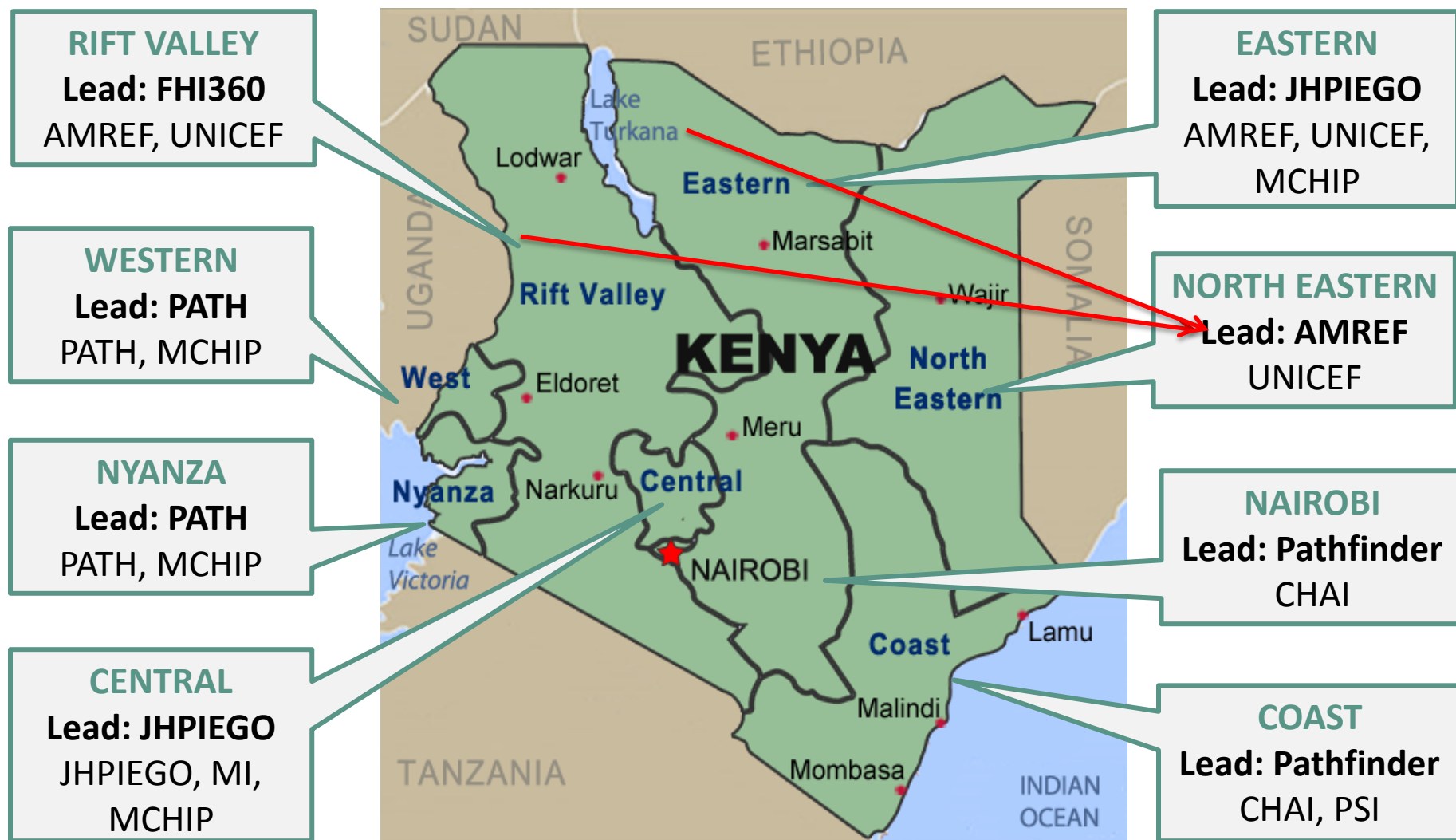
¹Source: Kenya DHS 2008; Malaria Indicator Survey 2010 ; ²Source: Kenya Service Provision Assessment 2010

As of Q3 2013, key progress has been made to facilitate an enabling environment for change

National scale-up plan endorsed	Achieved	The <i>Scaling up Strategy for Essential Treatments in Children in Kenya (2012-2016)</i> was endorsed and signed in 2012
OTC status secured for zinc	Achieved	The Pharmacy and Poisons Board approved OTC status for zinc in late 2012
Amoxicillin as 1st-line treatment	In progress	Cotrimoxazole is recommended as 1st-line treatment. However, in practice, amoxicillin is more widely used. The TWG attempted to revise guidelines but the change could not be completed in the absence of clear guidance on the appropriate 2 nd line treatment.
Favorable policy change for amoxicillin	In progress	Pending policy decision on recommended amoxicillin as 1 st -line treatment
Coordination mechanism established	Achieved	A coordinating mechanism, chaired by the MoH meets regularly for routine implementation work. Key partners include: MOH/DCAH, CHAI, WHO, UNICEF, PSI, MI, USAID/MCHIP, SHOPS

A number of NGO partners are supporting national implementation

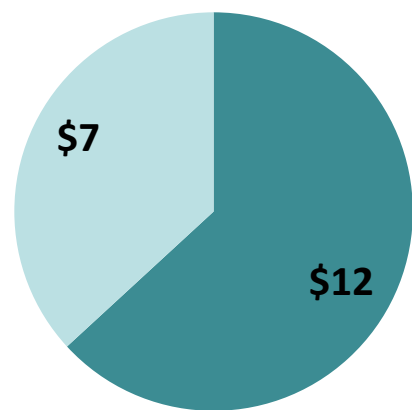
Partner Coverage by Region*



*Includes USAID-APHIA Plus Lead Partners and additional regional implementation partners

Significant funding has been secured from the Government and partners

**Estimated Funding Need
(2013-2014), USD, millions**



■ Gap ■ Commitment

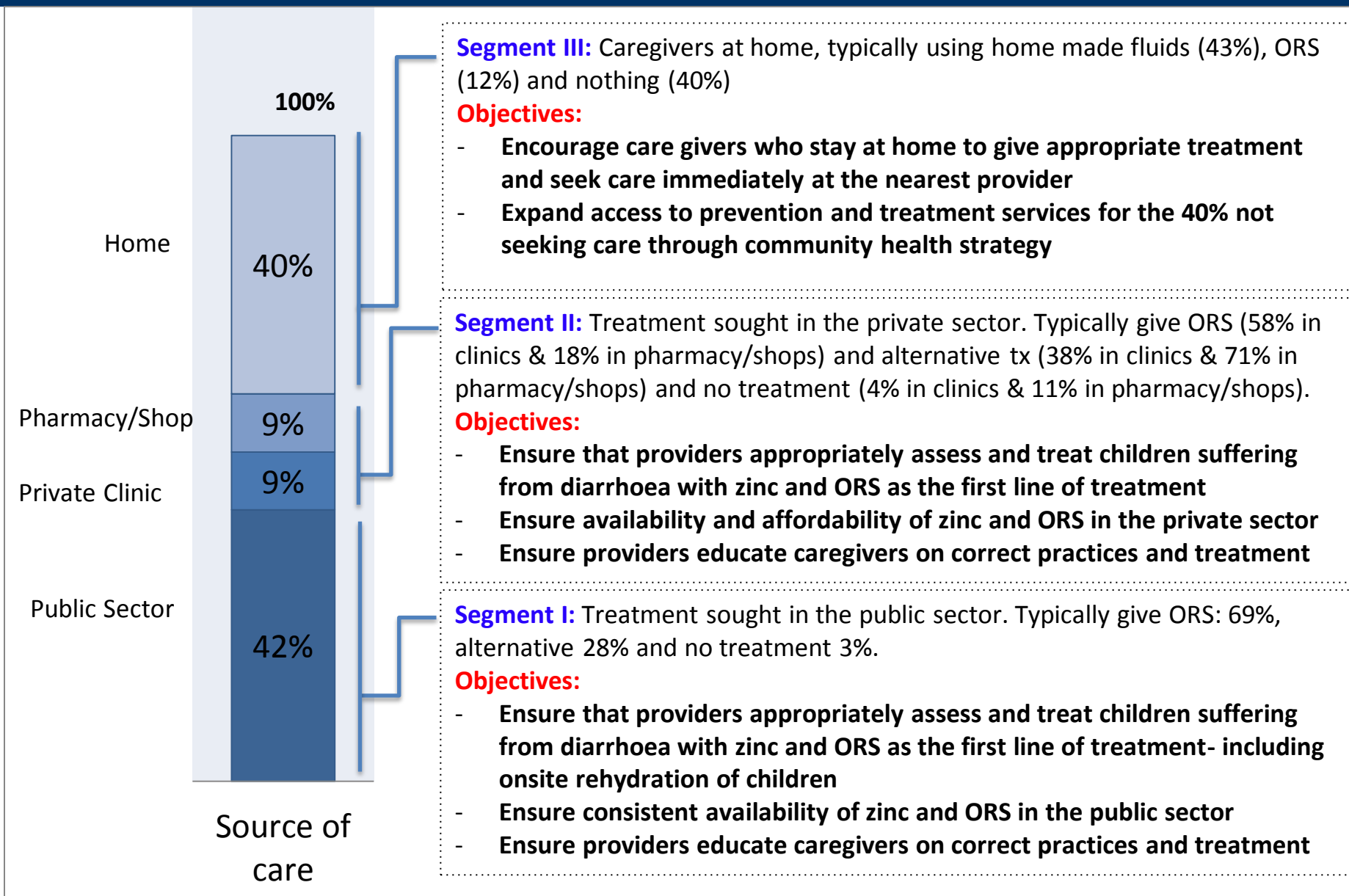
Current Financial Gap (2013-2013 Financial Year, USD)

Description	Cost
Objective 1: Case management	\$ 1,991,422
Objective 2: Commodities, equipment, logistics	\$ 3,333,241
Objective 3: Advocacy, communication, social mobilization	\$ 3,214,611
Objective 4: Monitoring & evaluation	\$ 4,642,445
Objective 5: Access through private sector channels	\$ 1,061,111
TOTAL	\$ 14,242,829*

*NOTE: \$2M may potentially be filled through reallocation of existing commitments

Key commitments have been secured from partners (CHAI, MI, UNICEF, SHOPS, PSI); however, key financial gaps still remain

CHAI has secured large-scale funding to scale up the use of combined treatment of zinc and ORS to 65% in 2015



MoH and partners are working to increase demand for diarrhea among caregivers (1 of 2)

- The MOH-led TWG includes CHAI, PSI, UNICEF, MI, PATH, SCUK, REDCROSS
- Caregiver radio messages (in 15 local languages) & posters under pre-test.
- Media plan developed and radio stations identified based on target group listenership by region
- Official campaign to roll out in November 2013




MoH and partners are working to increase demand for diarrhea among caregivers (2 of 2)

USIWACHE KUHARA KUWAUWE WATOTO WAKO



Tumia ORS pamoja na Zinc kutibu watoto dhidi ya kuhara

Madhara ya kuhara yanaweza kuwaua watoto wako. Lakini ukihakikisha umewapa ORS na Zinc wanapoanza kuhara, unaweza okoa maisha yao



ORS hurudisha madini ambayo mtoto hupoteza anapohara na Zinc hupunguza makali na kuzuia kuhara kwa mda wa miezi 3.

Zuia Kuhara. Okoa Maisha.



Ujumbe huu umetoka kwa wizara ya afya.


JE, MTOTO WAKO ANAHARA? NI WAKATI WA KUMUOKOA

50/=

Ulizia ORS na Zinc.

ORS ni chamvi inayorudisha maji na madini ambayo mtoto hupoteza anapohara.

Zinc hurudisha kuhara kwa mda wa miezi 3 pamoja na kupunguza makali ya kuhara.





Ndani ya pakiti ya ORS na Zinc utapata

tembe 10 za Zinc + Pakiti nne za ORS

Zuia Kuhara. Okoa Maisha.

Ujumbe huu umetoka kwa wizara ya afya



Mwanachama ya kwanza, mwanachama wa kwanza

Health Workers Job Aid

MANAGEMENT OF DIARRHOEA IN CHILDREN BELOW 5 YEARS

Assessment (0 - 2 months)

Assess	Signs	Classification	Treatment
IF YES, ask: <ul style="list-style-type: none"> For how long? Is there blood in the stool? 	Two of the following signs: <ul style="list-style-type: none"> Loose or watery stools Stooler eyes Stooler eyes back very sticky 	Severe Dehydration	Plan A
Look at the child: <ul style="list-style-type: none"> Is he or she lethargic or unconscious? Restless and irritable? Look for sunken eyes. 	Two of the following signs: <ul style="list-style-type: none"> Restless, irritable Stooler eyes Stooler eyes back sticky 	Some Dehydration	Plan B
	Not enough signs to classify as	No Dehydration	Plan A
Diarrhoea lasts 14 days or more Blood in stool	Diarrhoea lasting 7 days or more No dehydration	Severe prolonged dehydration Possible serious abdominal problem	Plan C Plan C

Classification

Plan A: From diarrhoea to home

Essentially mild or no signs of dehydration. The child has good spirits, no thirst, normal body temperature, normal stools.

1. GIVE 200-300 ml (100 ml) of ORS or clean water

2. GIVE 100 ml (50 ml) of ORS or clean water every 4-6 hours

3. If the child is not completely hydrated, give more ORS or clean water until stools are normal

4. If the child is not completely hydrated, give more ORS or clean water until stools are normal

5. Give 100 ml (50 ml) of ORS or clean water every 4-6 hours

6. If the child is not completely hydrated, give more ORS or clean water until stools are normal

Plan B: From severe dehydration with ORS

ORS

Age	Signs	ORS	ORS	ORS
0-12 months	100 ml	100 ml	100 ml	100 ml
1-2 years	100 ml	100 ml	100 ml	100 ml
2-5 years	100 ml	100 ml	100 ml	100 ml

• Give 100 ml (50 ml) of ORS or clean water every 4-6 hours

• Give 100 ml (50 ml) of ORS or clean water every 4-6 hours

• Give 100 ml (50 ml) of ORS or clean water every 4-6 hours

Plan C: From severe dehydration quickly

ORAL AND IV FLUIDS (AND ROUTES)

ORAL AND IV FLUIDS (AND ROUTES)

ORAL AND IV FLUIDS (AND ROUTES)

ORAL AND IV FLUIDS (AND ROUTES)

ORAL AND IV FLUIDS (AND ROUTES)

Assessment (2 months - 5 years)

Assess	Signs	Classification	Treatment
IF YES, ask: <ul style="list-style-type: none"> For how long? Is there blood in the stool? 	Two of the following signs: <ul style="list-style-type: none"> Loose or watery stools Stooler eyes Stooler eyes back very sticky 	Severe Dehydration	Plan A
Look at the child: <ul style="list-style-type: none"> Is he or she lethargic or unconscious? Restless and irritable? Look for sunken eyes. 	Two of the following signs: <ul style="list-style-type: none"> Restless, irritable Stooler eyes Stooler eyes back sticky 	Some Dehydration	Plan B
Diarrhoea lasts 14 days or more Blood in stool	Diarrhoea lasting 7 days or more No dehydration	Severe prolonged dehydration Possible serious abdominal problem	Plan C Plan C

Treatment

ORS

Give oral ORS for 14 days

Age	Signs	ORS	ORS	ORS
0-12 months	100 ml	100 ml	100 ml	100 ml
1-2 years	100 ml	100 ml	100 ml	100 ml
2-5 years	100 ml	100 ml	100 ml	100 ml

IV FLUIDS

Give IV fluids for 14 days

Age	Signs	IV Fluids	IV Fluids	IV Fluids
0-12 months	100 ml	100 ml	100 ml	100 ml
1-2 years	100 ml	100 ml	100 ml	100 ml
2-5 years	100 ml	100 ml	100 ml	100 ml

IV FLUIDS

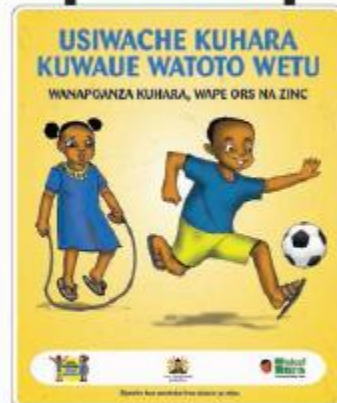
Give IV fluids for 14 days

Age	Signs	IV Fluids	IV Fluids	IV Fluids
0-12 months	100 ml	100 ml	100 ml	100 ml
1-2 years	100 ml	100 ml	100 ml	100 ml
2-5 years	100 ml	100 ml	100 ml	100 ml

Sample Wall branding, signage, danglers & Caregivers Give-aways



BAHATI NURSERY SCHOOL



ORS NA ZINC
Yapatikana Hapa

Ndani ya
pakiti ya ORS na Zinc
utapata



Zuia Kuhara. Okoa Maisha.



Providers will also be trained to appropriately assess and treat children suffering from diarrhea with zinc and ORS as the first-line treatment

- The Kenya Paediatric Association (KPA) :
 - Trained team of 24 MOH trainers and 24 Private sector trainers for Nairobi & Coast
 - Roll out trainings in Nairobi & Coast MOH facilities targeting Roll out private sector trainings targeting
 - Developing CME materials to be used by MOH in both public and private sectors
 - To support roll out of CMEs in both public & private sector facilities
 - *A few other partners supporting IMCI trainings- How many and where not very clear.*

TARGETS:

Duration: 6 months

Facilities:

- 454 MOH
- 360 private clinics

Training HCWs:

- 1000 MOH
- 500 Private sector

CMEs

- 80 CMEs across Nairobi & Coast

Commodity Availability, Quantification & Forecasting

Availability

ORS

84%

Stock Outs!!
I have no
drugs!

I have too
much stocks
of X & Y!!

I have
Expired
drugs!

ACTs

81%

How much
should I
order??

When should
I order??

Where is my
order!

Antibi
otics

75%

All 3

66%

Some of The Contributing Factors

Stock Outs

- Delays on ordering
- Long Lead times from CMS
- Low order fill rates
- Failure to correctly quantify facility or national needs

Excess Stocks/Expiries/Procurement

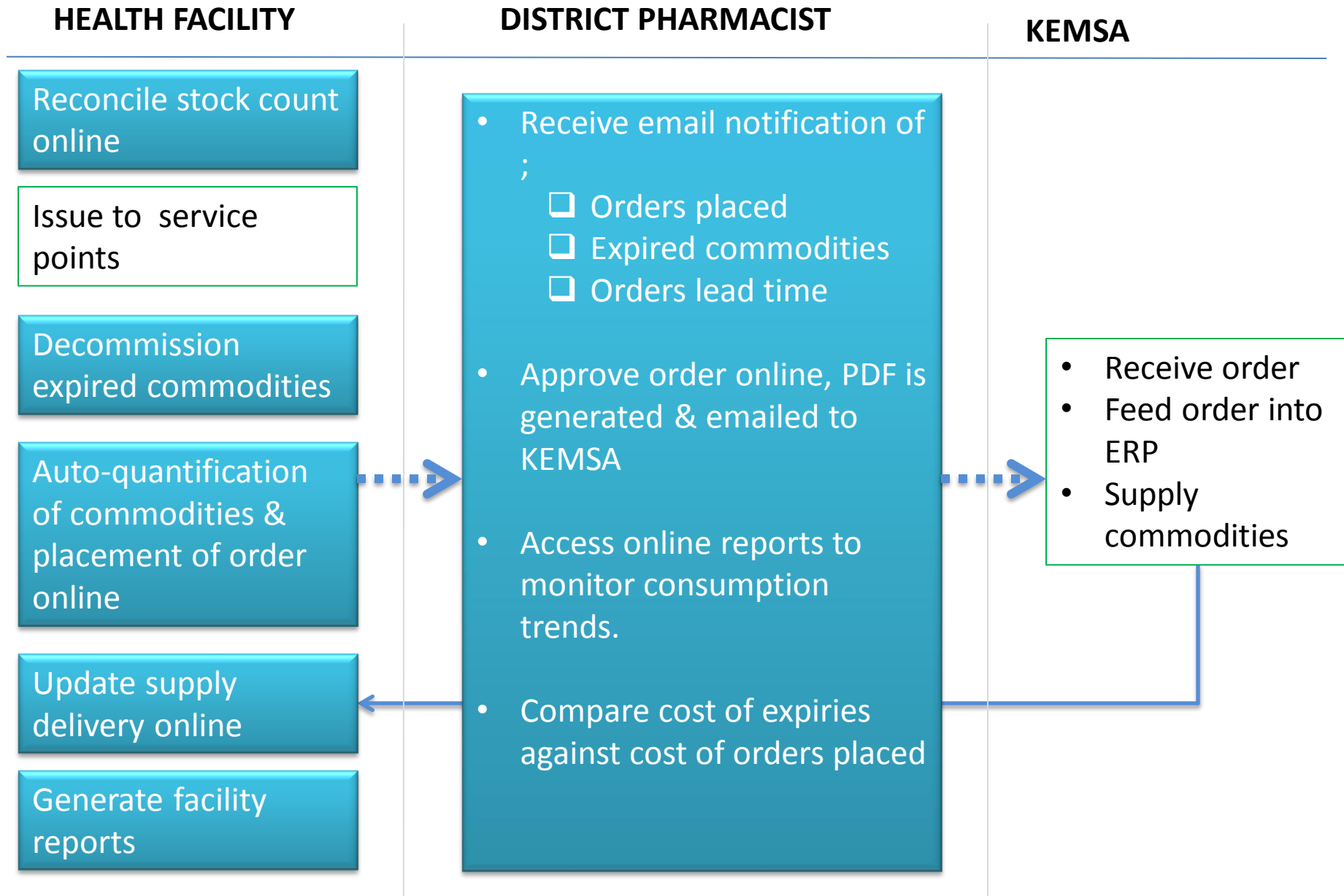
- PUSH * from CMS
- Failure to correctly quantify facility or national needs
- Failure to monitor short expiries & lack of a redistribution plan
- Lack of corrective plans- No visibility

Solution



Health
Commodities
Management
System
(HCMP)

Health Commodities Management Platform (HCMP)



Home Screen



Ministry of Health
Health Commodities Management Platform

[HOME](#)[ORDERS](#)[ISSUES](#)[REPORTS](#)[COMMODITY LIST](#)

Friday, 17th May 2013 19:11:50

Githiga Private Medical Clinic: Home

Facility Facility [Logout?](#) | [Change Password](#)

Actions

[Update Stock Level](#)[Issue Commodities](#)[Order Commodities](#)[Update Order Delivery](#)[Update Physical Stock](#)[Facility Reports](#)

Notifications



Pending Review

1 Order(s) pending review

Place Order – Quantification of commodities



Ministry of Health
Health Commodities Management Platform

[HOME](#)
[ORDERS](#)
[ISSUES](#)
[REPORTS](#)
[COMMODITY LIST](#)

Total Order Value 362,960.00
Drawing Rights Available Balance 0.00

Friday, 17th May 2013 18:45:55

Githiga Private Medical Clinic: New Order

Facility Facility [Logout?](#) | [Change Password](#)

Enter Order Quantity and Comment

Order Form Number: Bed Capacity: Number Of Patients:

Search:

Category	Description	KEMSA Code	Order Unit Size	Order Unit Cost	Opening Balance	Total Receipts	Total issues	Adjustments	Losses	Closing Stock	No days out of stock	Order Quantity	Actual Units	Order cost(Ksh)	Comment(if any)
Essential Medicines: External Use	Calamine Lotion 15%	PM12CAL001	10 50mL X	161.5	80	0	0	0	0	80	0	<input type="text" value="8"/>	80	1292.00	<input type="text" value="N/A"/>
Essential Medicines: External Use	Silver Sulphadiazine Cream 1%	PM12SLV001	250g	186.48	2	0	0	0	0	2	0	<input type="text" value="10"/>	10	1864.80	<input type="text" value="N/A"/>
Essential Medicines: Oral Liquids	Amoxicillin Oral Susp 125mg/5mL	PM01AMX005	100mL	29	5	0	0	0	0	5	0	<input type="text" value="10"/>	1000	290.00	<input type="text" value="N/A"/>
Essential Medicines: Parenterals	Adrenaline (Epinephrine) 1mg/1mL Amp Inj	PM07ADR001	10	45.9	10	0	0	0	0	10	0	<input type="text" value="20"/>	200	918.00	<input type="text" value="N/A"/>
Essential Medicines: Parenterals	Artesunate Inj 60mg Vial	PM03ART008	5	575	50	0	0	0	0	50	0	<input type="text" value="30"/>	150	17250.00	<input type="text" value="N/A"/>
Essential Medicines: Parenterals	Quinine Dihyd. 300mg/ML 2mL Amp Inj	PM03QUN003	100	1534.5	600	0	0	0	0	600	0	<input type="text" value="60"/>	6000	92070.00	<input type="text" value="N/A"/>
Essential Medicines: Tablets And Capsules	Artemether/Lumefantrine Tab 120/20mg	PM03ART004	Blister (6)	0.01	60	0	0	0	0	60	0	<input type="text" value="20"/>	120	0.20	<input type="text" value="N/A"/>
Essential Medicines: Tablets And Capsules	Quinine Sulphate Tab 300mg (F/C Scored)	PM03QUN001	1000	4444	7000	0	0	0	0	7000	0	<input type="text" value="50"/>	50000	222200.00	<input type="text" value="N/A"/>
Essential Medicines: Tablets And Capsules	Albendazole Tab 400mg	PM03ALB001	1000	902.5	200	0	0	0	0	200	0	<input type="text" value="30"/>	30000	27075.00	<input type="text" value="N/A"/>

Showing 1 to 9 of 9 entries

[Add A Product](#)
[Place Order](#)

County Level Strategy: Overview of Objectives and Interventions



6 Counties

Kwale
Mombasa
Kilifi
Lamu
Taita Taveta
Tana River

Objectives	Interventions
Ensure that providers (public and private) appropriately assess and treat children suffering from diarrhoea with zinc and ORS as the first line of treatment	<ol style="list-style-type: none"> 1. Avail child health policy, guidelines and job aids to facilities 2. Train health care workers on IMCI 3. Conduct routine CMEs in all facilities 4. Set up Oral Rehydration Therapy corners in both public and private hospitals 5. Scale up the provision of diarrhoea health talks in public and private facilities targeting caregivers seeking ANC, PNC, Immunization and Delivery services
Increase proximity of care to the 40% of caregivers that stay at home through community health strategy	<ol style="list-style-type: none"> 1. Stimulate existing functional Community Units to offer ICCM services 2. Re-activate non-functional Community Units and ensure they offer ICCM services 3. Scale up intensive diarrhoea treatment and prevention messaging through outreaches and road shows
Increase availability of ZN/ORS in the public sector	<ol style="list-style-type: none"> 1. Roll out Zn/ORS co-pack in all facilities 2. Strengthen commodity management through Health Commodity Management Platform at facility, district and county level 3. Support routine diarrhoea commodities stock availability assessment in both public and private facilities

At the county level, initial progress has been made to extend the reach of implementation

- Partnered with 7 County Health Directors in Coast & Nairobi to scale up diarrhoea Tx in August 2013
- Initial diarrhoea scale-up plans and budgets developed for 26 sub-counties in 7 counties in Nairobi & Coast
- Facility baseline assessments conducted
- 7 counties currently bundling zinc/ORS manually. Packaging and caregiver's literature provided by CHAI.
- Health commodities management platform (HCMP) rolled out to 50% of public health facilities in Nairobi

Nairobi County	Coast Region (6 Counties)
123 Public facilities	331 public facilities
150 private facilities	210 private facilities

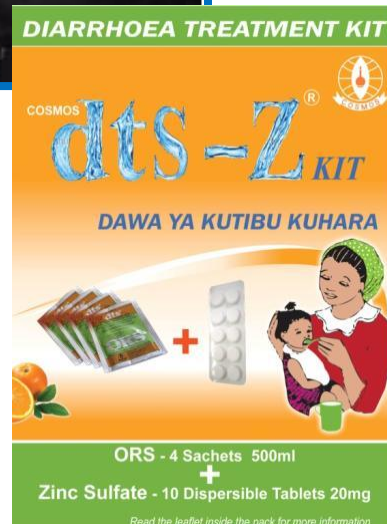
BUNDLED ZINC/ORS



Specifically, ORS/zinc co-packaged products were launched by Cosmos and Universal... Private Sector

COSMOS

- Co-pack launched November 2012
- Retail price (KSH 50)
- 5,000 free samples provided



UNIVERSAL

- Co-pack yet to be launched
- Negotiations underway to explore further reductions



...and initial activities have been pursued to ensure products reach providers and retailers

- Co-pack introduced into the market in May 2013 through a team of **87 detailers**
- Co-pack now available in **6/6 major retailers (~400 outlets) and 19 regional distributors***
- Through CMEs reached **98 Retailers, 400 Private Practitioners and 800 Public Providers- By Aug 2013**
- **>35,000 co-packs** distributed to date
- 80 CME trainings planned to change provider prescribing patterns(targeting **~2500 providers**)
- MEDS procurement agency **converted single orders placed with COSMOS to co-pack**



The co-pack amongst other OTC product on an supermarket shelf

On the supply side, there are now two local manufacturers who have introduced a co-pack of L-ORS and zinc at an affordable price

Current Registrations for Zinc and ORS in Kenya

	Supplier	ORS	Zinc	Co-pack
Domestic	Cosmos	L-ORS* (WHO rec.)	Yes	Yes (Ksh 50)
	Universal	L-ORS* (WHO rec.)	Yes**	No**
	Elys	L-ORS* (WHO rec.)	No	
	Biodeal	Yes (but not L-ORS)	No	
	Laboratory and Allied	Yes (but not L-ORS)	No	
Imports	Searle Pakistan	Yes (but not L-ORS)	No	
	FDC India	Yes (but not L-ORS)	No	
	Rivopharm SA (Kenya Swiss)	Yes (but not L-ORS)	No	
	Alkem	No	Yes	
	Square Pharmaceutical	No	Yes	
	Sai Mirra Inno Pharm PVT LTD	No	Yes	
	Atco		Yes	
	Macleods		Yes	

* L-ORS is Low Osmolality ORS, the formulation recommended by the WHO

**Note: Universal Corporation that has not yet received official registration for Zinc is actively pursuing registrations and is working with the CHAI team to develop a co-packaged product. It should also be noted that Universal has already won a number of recent government tenders for Zinc.

Priorities for Q4 2013

- Finalize performance dashboard for tracking national progress
- Roll out demand generation campaign on radio and print media
- Train 1,500 HCWs in IMCI
- Roll out HCMP to remaining facilities Nairobi and in Coast , Makueni county (support by local leadership) and to other counties with secured roll out funding
- Explore opportunities to reduce pricing of zinc/ORS co-pack from Universal or other suppliers to match Cosmos retail price

Key issues/questions for Working Group

- Close the funding gap for DHS 2013/14
- Partners to align their focus with that of MoH
- Re-allocation of funding across any of the 5 objectives/activities ? (Incase funding already available for other objectives or activities)
- It will be critical for partners to share information on their specific programmatic support to support tracking efforts and ensure efficient implementation

Key lessons learned: planning and implementation

- **Lesson 1.** MOH Leadership and partner's aligning their focus with MOH is key for progress to be achieved
- **Lesson 2.** Verticalization of solutions at facility level will not deliver results. Integrated focus & support is what is needed. RRI results below demonstrate change can be achieved over a short period. Partners should aim to support comprehensive set of interventions.

