

Zinc/ORS Scale-up in India

CHAI

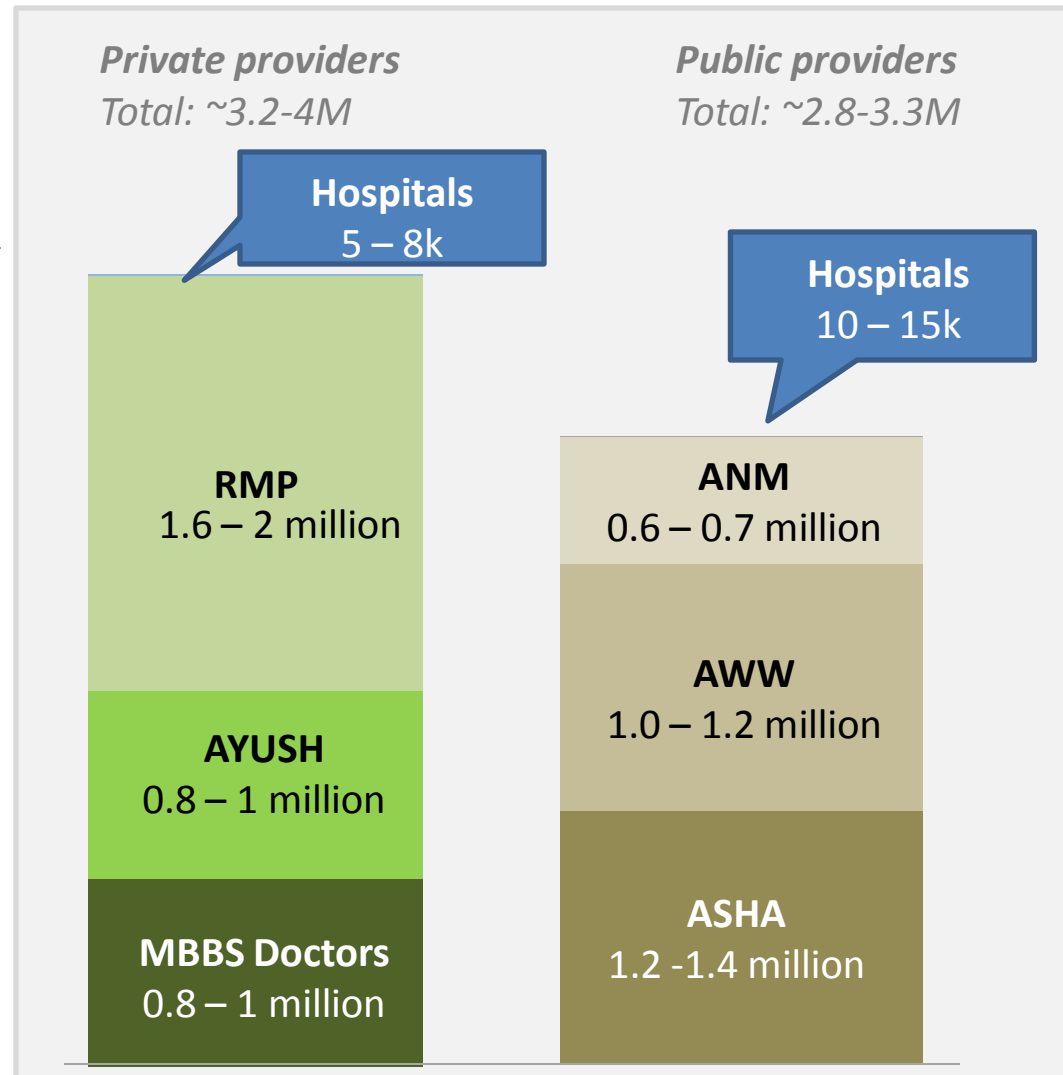
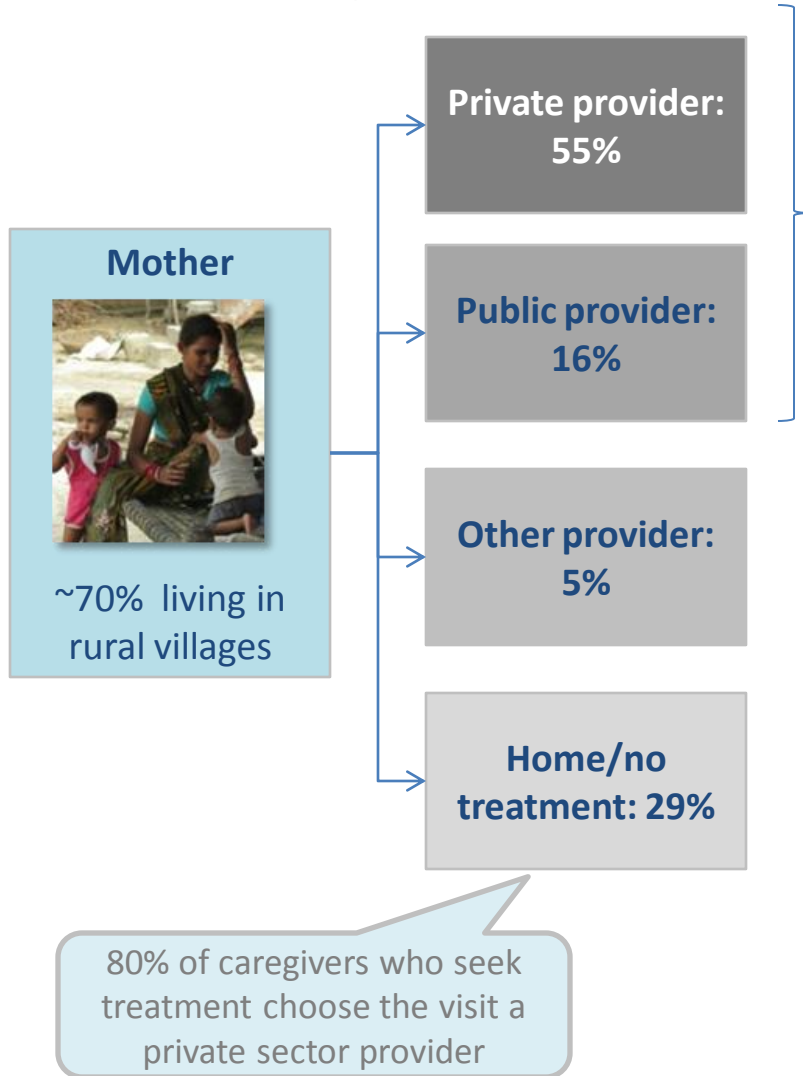
Diarrhea & Pneumonia Working Group

June 19-20, New York



Over half of all diarrhea patients in India seek treatment from the private sector, where a majority of providers is informal

Treatment –seeking for diarrhea



Status of enabling elements for implementation

National scale-up plan endorsed

- The RMNCH+A strategy launched in February and includes Operational Guidelines (awaiting final approval by Secretary Gupta)

OTC status secured for zinc

- Schedule K status approved by Ministry of Law and out for public comment (until mid-July)

Amoxicillin as 1st-line treatment

- Need for clear consensus between MoH guidelines (which recommends cotrimoxazole) and IMNCI guidelines (which recommend amoxicillin)




Favorable policy change for amoxicillin

- TBD

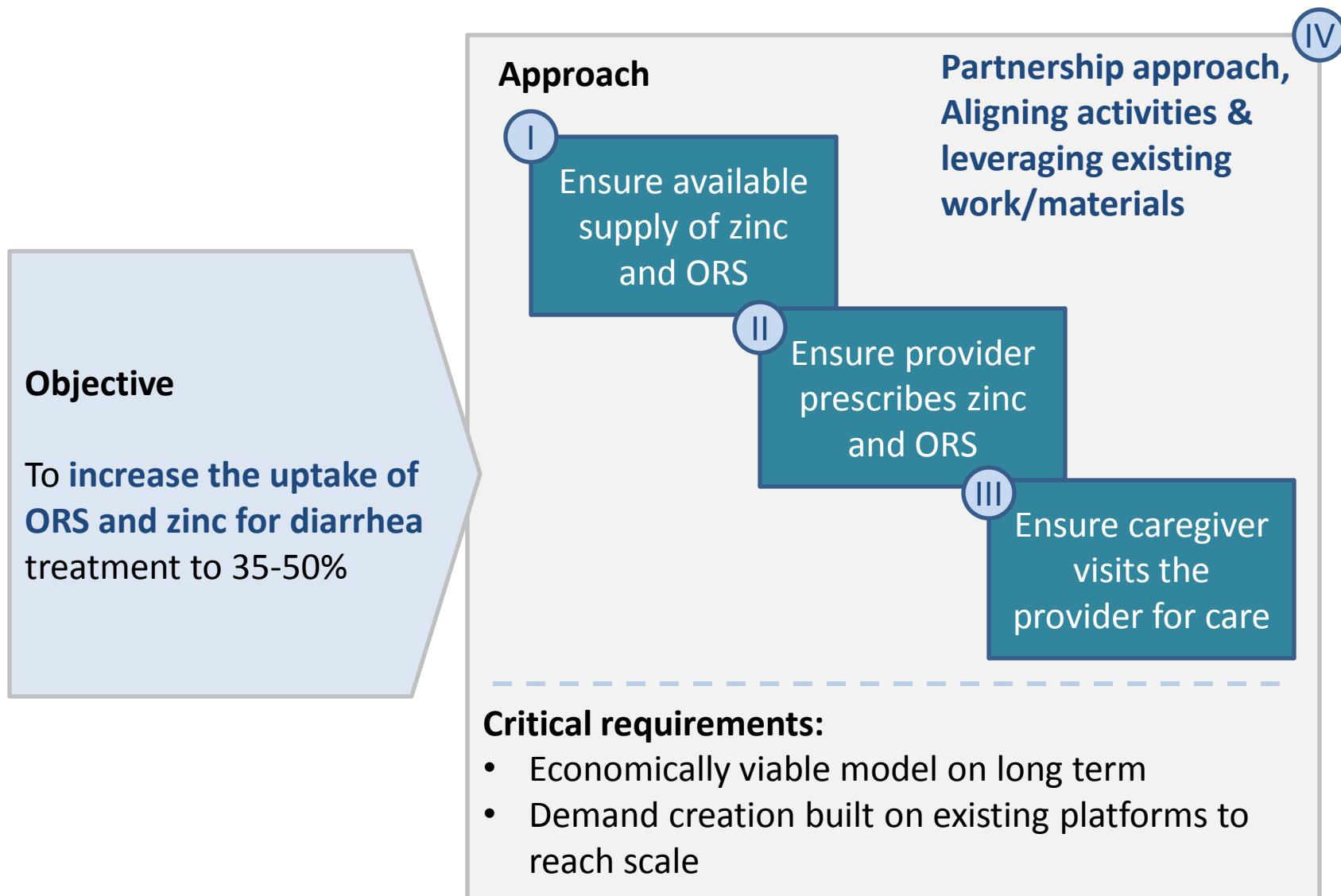
Coordination mechanism established

- The Last Diarrhea Taskforce was held on May 31. Key partners include: Abt, CHAI, FHI360, HLPPT, PATH, PSI, UNICEF, USAID.

CHAI has secured large-scale funding from two donors to support scale-up over the next 3 years

	Madhya Pradesh	Uttar Pradesh	Gujarat
Objective	Increase uptake of zinc/ORS for child diarrhea		
Duration	3 years		
Supported By	IKEA Foundation	Bill & Melinda Gates Foundation	
Reach	50 Districts	20 Districts	26 District
Current coverage	30% ORS 0% Zinc	17% ORS 0% Zinc	36% ORS 2% Zinc
Target	 50% ORS 50% Zinc	 35% ORS 35% Zinc	 50% ORS 50% Zinc

To increase coverage of zinc and ORS treatment in these areas, CHAI aims to shape these local markets for rural health workers and their patients

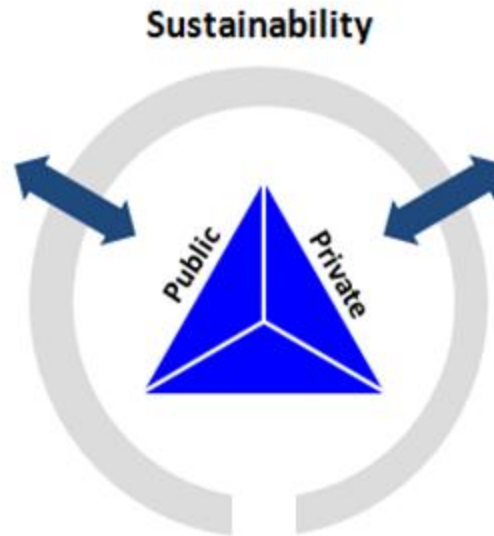


Sustainability has been at the core of all the designed interventions

1.

Public Sector

- Inclusion of appropriate product specifications of ORS and zinc in the rate contracts of the state governments and ensure consistent/timely procurement
- Introduce appropriate incentives for the ASHAs for using/dispensing ORS and zinc as diarrhea treatment

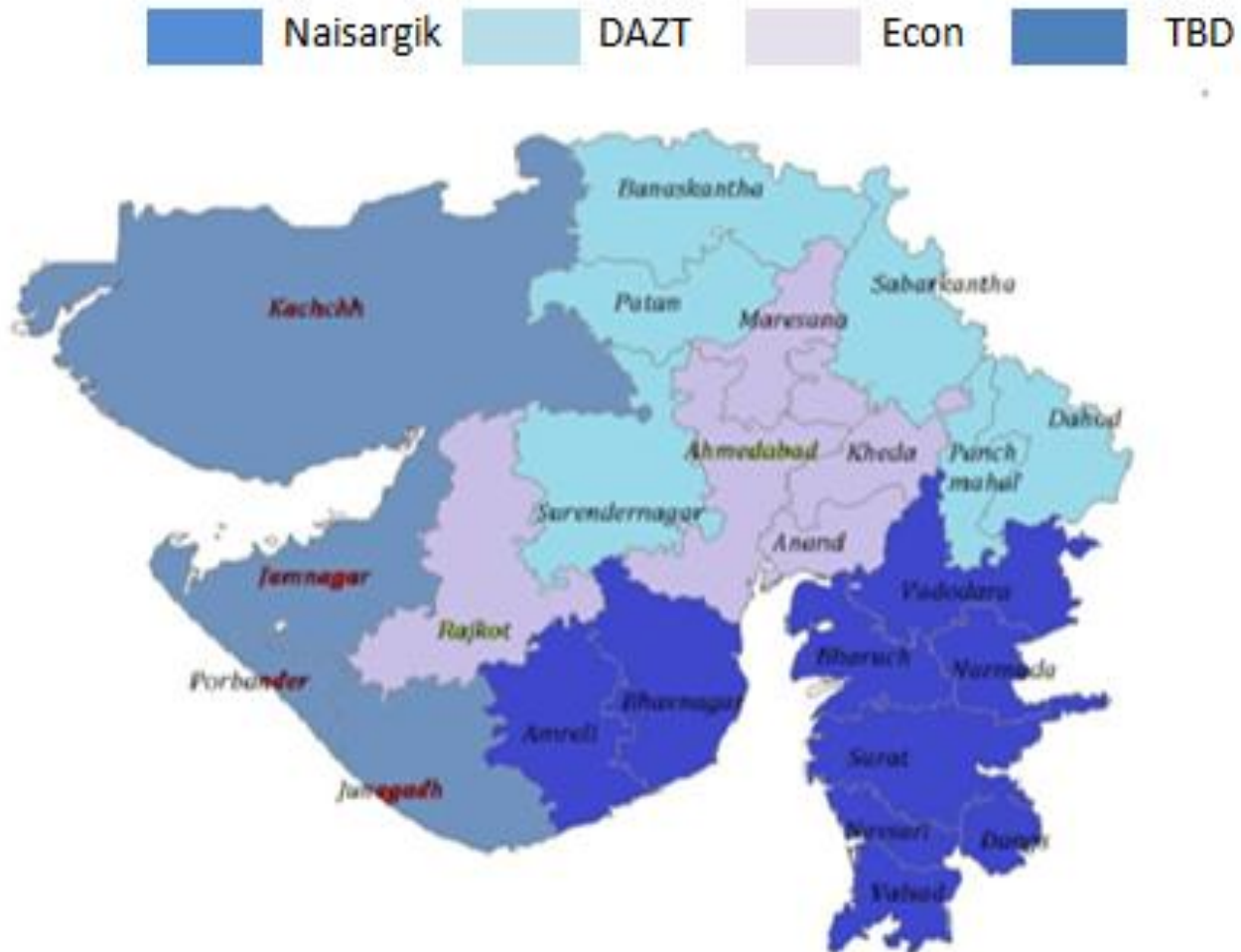


2.

Private Sector

- Create a economically viable supply chain/distribution network to serve the rural areas
- Create a technology driven information system to monitor and improve performance constantly

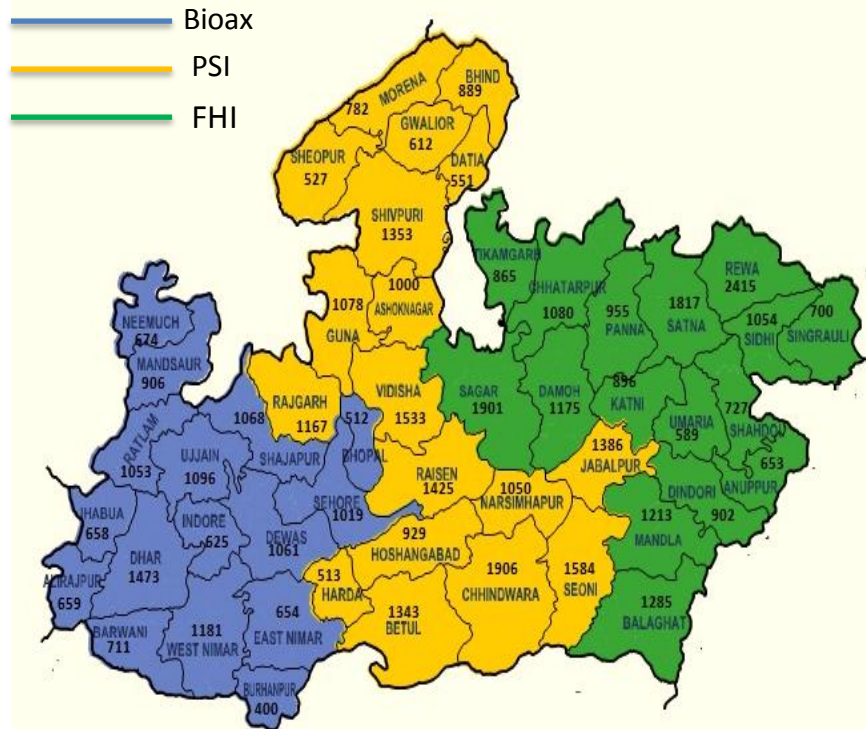
In Gujarat, 3 partners have been selected for implementation and will support over 20,000 private providers



In MP, 7 partners have been selected for implementation and will support over 42,000 RMPs and 121,000 frontline workers

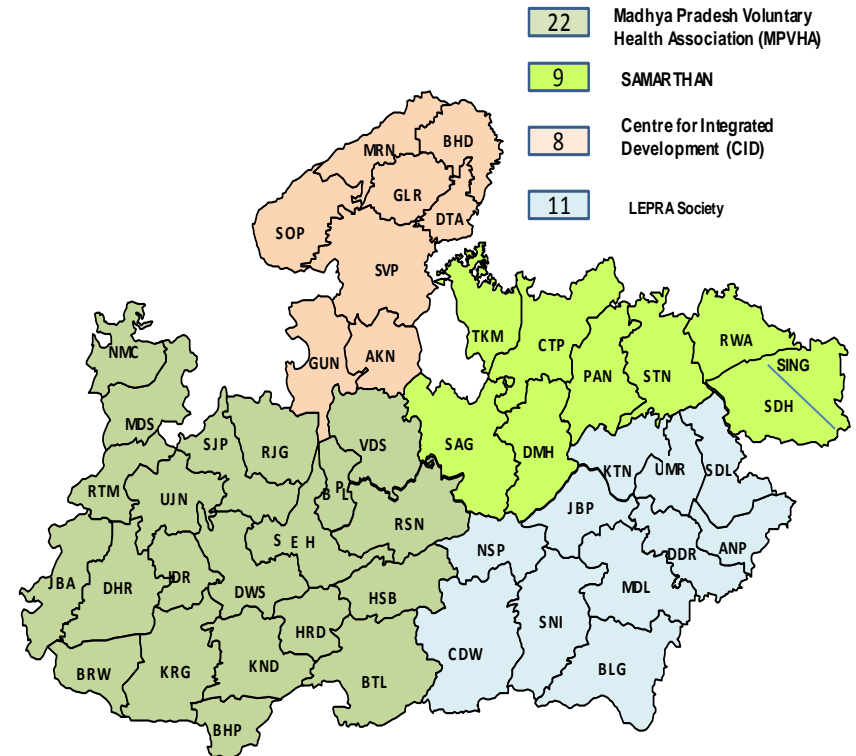
Private Sector

Bioax, PSI, FHI360



Public Sector

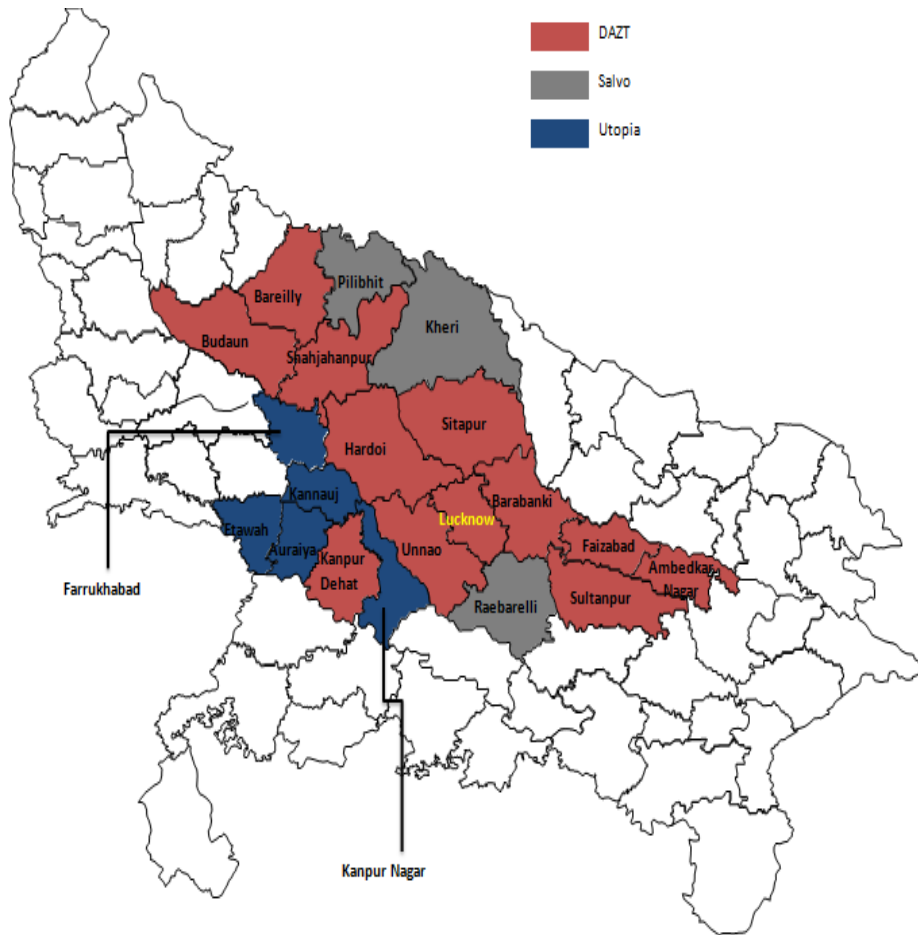
MPVHA, SAMARITHAN, CID, LEPRa Society



In Uttar Pradesh, 6 partners have been selected for implementation and will support over 75,000 RMPs and over 25,000 frontline workers

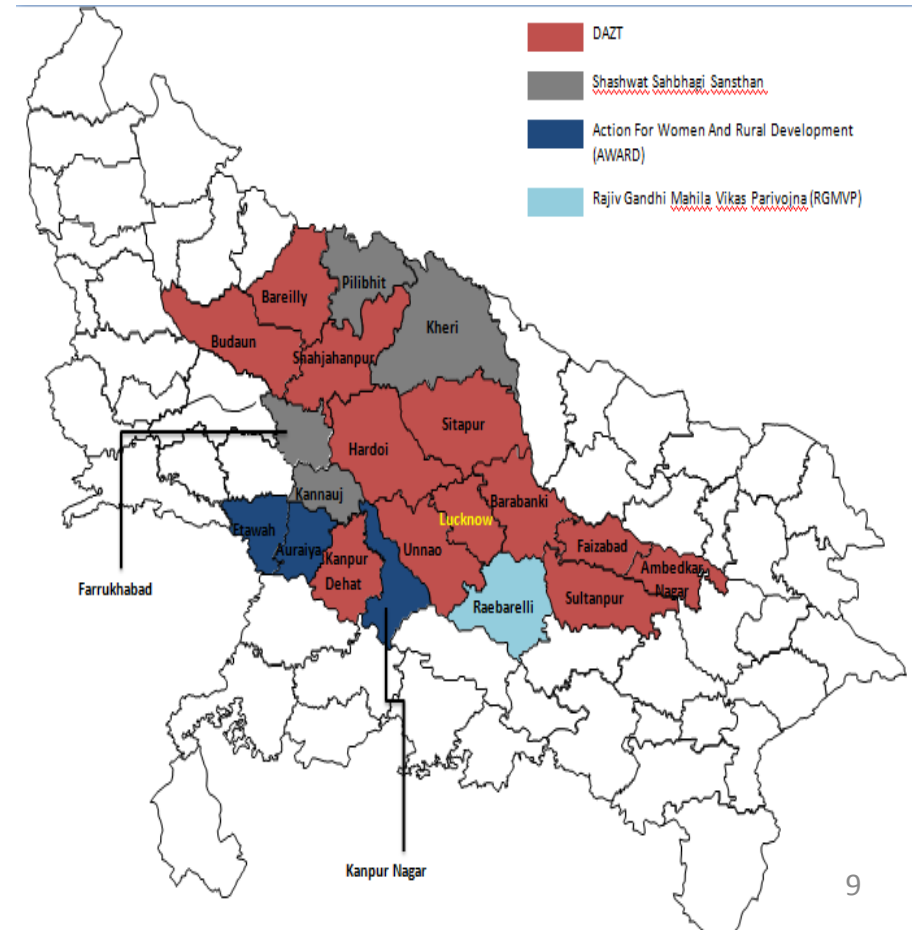
Private Sector

Utopia, Salvo, DAZT



Public Sector

SSS, AWARD, RGMVP



Partners have developed materials to support demand generation efforts

ओ.आर.एस.
जब तक दस्त लगे

दस्त पर जीत

जिंक
14 दिनों तक

हर दस्त वा उपरी के बाद WHO ORS पियेवा

दस्त में इंसोसर करवा

दस्त में इंसोसर करवा

दस्त में 14 दिनों तक जिंक लेवा

दस्त लोते ही शौबट के पास जववा

दस्त में ORS + ZINC

दोनों की जोड़ी, देखभाल पूरी।

शौच के बाद, खाना खाने से पहले, साबुन से हाथ जरूर धोएं।
दस्त के दौरान, बच्चे का खाना और दूध पीते बच्चों का स्तनपान जारी रखें।

दस्त होते ही जिंक की एक गोली प्रतिदिन 14 दिनों तक

हर दस्त के बाद जब तक दस्त लगे न हों

ORS घोल और जिंक गोली की जोड़ी से दस्त जाए और जल्द वापस न आए

जिंक की गोली, स्तनपान पूरी



दस्त में खोई शक्ति **जानलेवा** ना हो जाए

नुरंत डॉक्टर से इलाज कराएं

ओ.आर.एस.
जब तक दस्त लगे

जिंक
14 दिनों तक

उपचार आसान, लौटाए मुस्कान

2वां दम

प्रश्न:
1 पैकेट ओ.आर.एस कितने पानी में घोलना चाहिए?

उत्तर:
1 लीटर

unicef | ICFPPT

2वां दम

1 पैकेट ओ.आर.एस. के 20 गोलियों को 100 मिलीलीटर (100 मिलीलीटर) में घोलें।

2-6 जार के बच्चे को अपनी गोली (10 मिलीलीटर) 14 दिनों तक दें।

6 जार के 5 वर्ष के बच्चे को एक गोली (20 मिलीलीटर) 14 दिनों तक दें।

टोल फ्री नम्बर 1800-180-2498

unicef | ICFPPT

जुलाई 2013	अगस्त 2013	सितंबर 2013	अक्टूबर 2013	नवंबर 2013	दिसंबर 2013
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CHAI helped to launch the Sankalp public-private partnership, which offers a platform for securing additional contributions to the national effort

Goal

To prevent 200,000 child diarrhea deaths by 2015 by increasing access to zinc & ORS



Membership

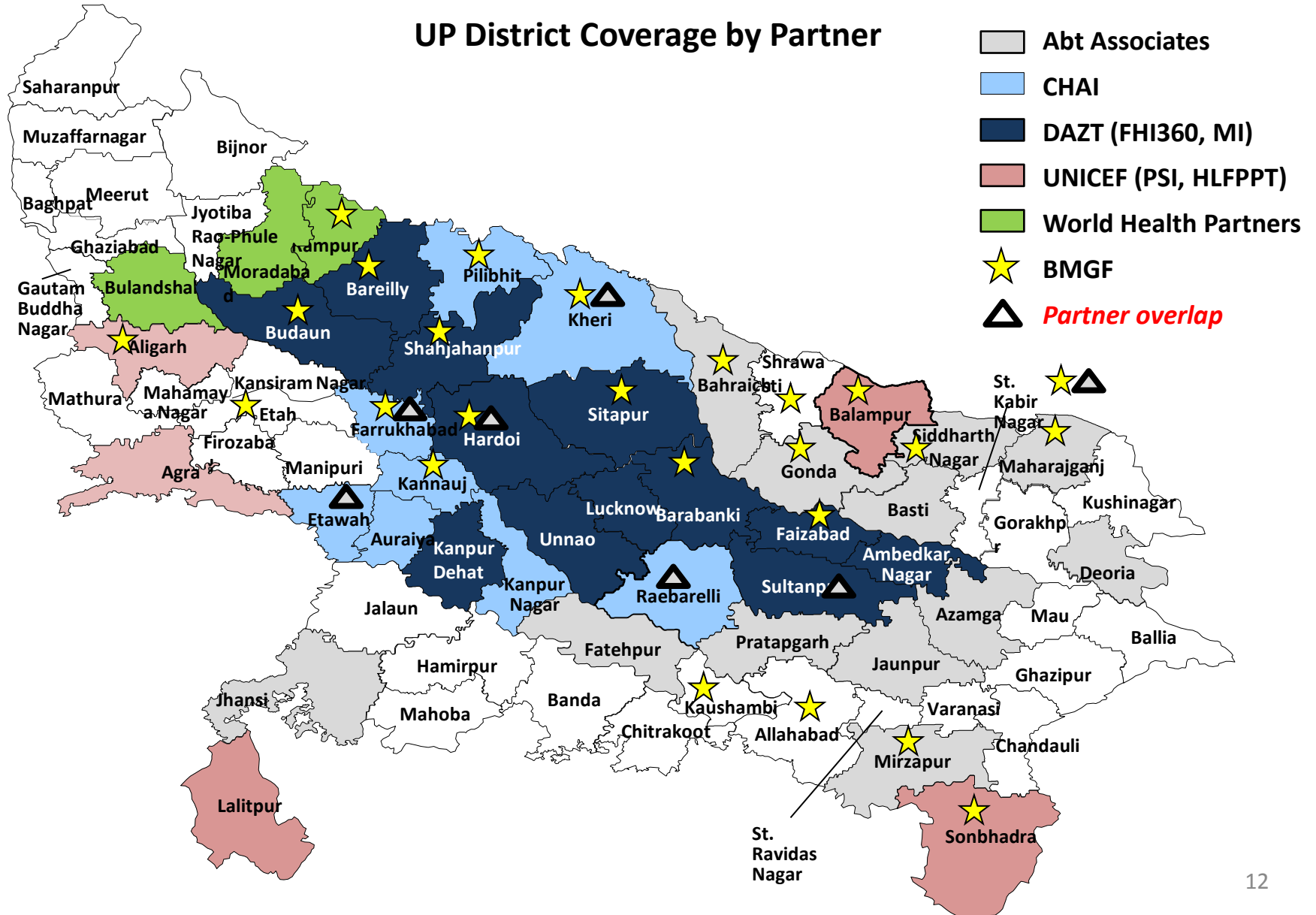


50+ stakeholders from government, civil society, academic/research institutions, and **corporations**

Corporate partners

Abbott
Alkem
AmerisourceBergen
Archomei
Bharti Airtel
BIBCOL
Cipla
Dabur
FDC
Guardian Lifecare
GSK
Haffkine
Hindustan Unilever
Hindustan Zinc
Infosys Labs
International Zinc Association
McCann Health
Merck
Mudra
Mylan
Nestle
Novartis
Ogilvy Action
PepsiCo
Pharmasynth
Piramal
Synergia
Tata Consultancy Services
Teck Resources
World Courier
Zuventus

The key challenge moving forward will be to bring the program to scale, particularly in UP



Priorities for Q3

- Move from mapping to implementation (e.g., complete RMP mapping and begin detailing efforts)
- Finalize strategy for caregiver activities
- Engage with MOH of UP and Gujarat to support state activities (e.g., ASHA incentives)
- Pursue funding prospects and partner commitments to help extend reach of implementation in UP
- Align partners on implementation activities in UP

Discussion: Key lessons learned on planning and implementation

Thank you

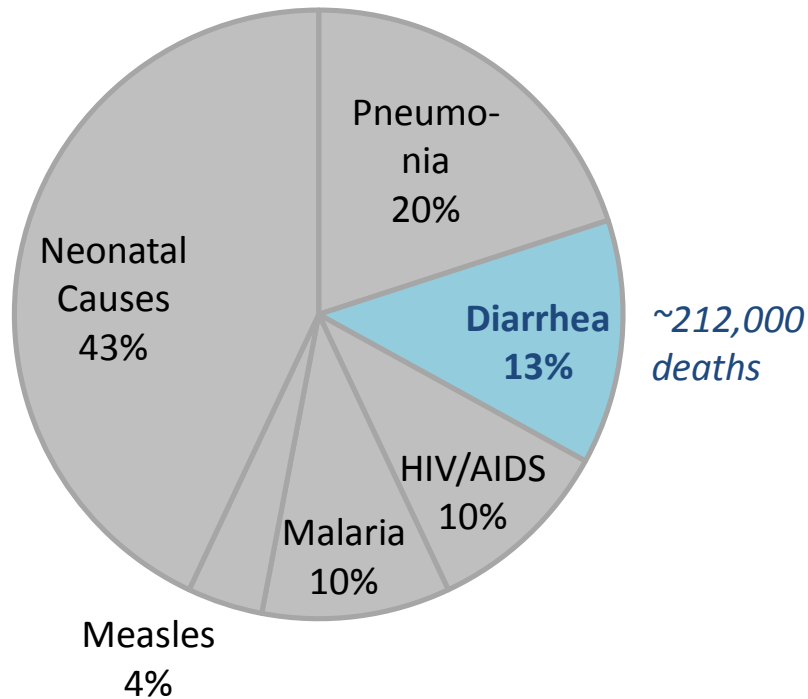


Annex

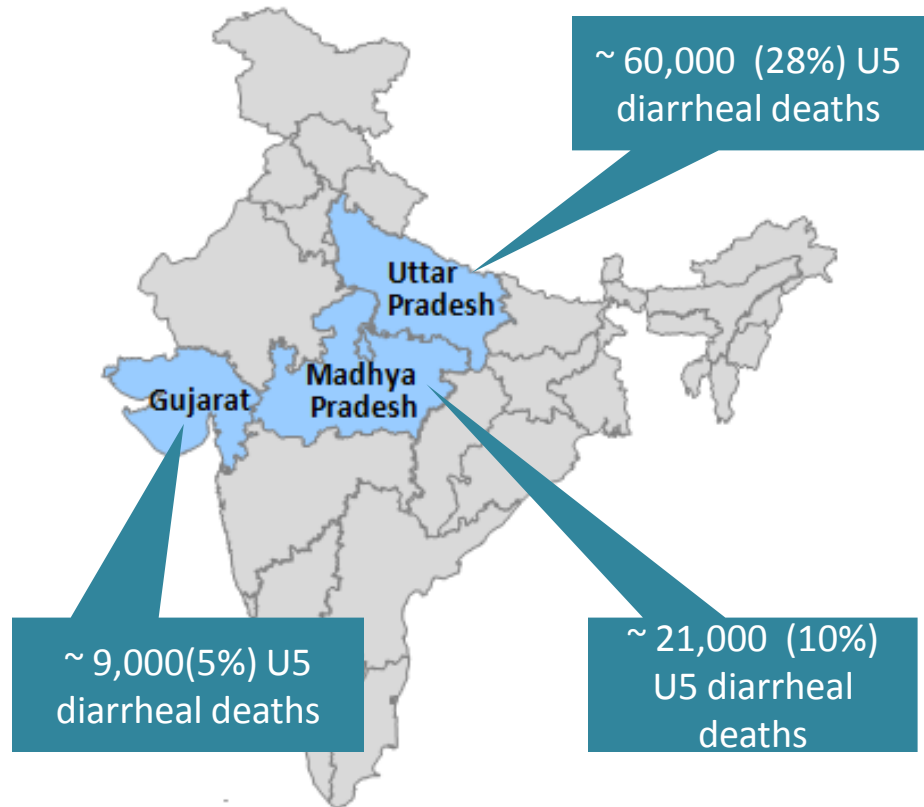
With ~212,000 diarrheal U5 deaths, India represents >25% of the global diarrheal burden – with 40% of these deaths concentrated in three states

Diarrhea is the second largest single cause of death in India, making it the country with the highest number of diarrheal deaths in the world

Proportion contribution to cause-specific deaths among children under five year of age 2011

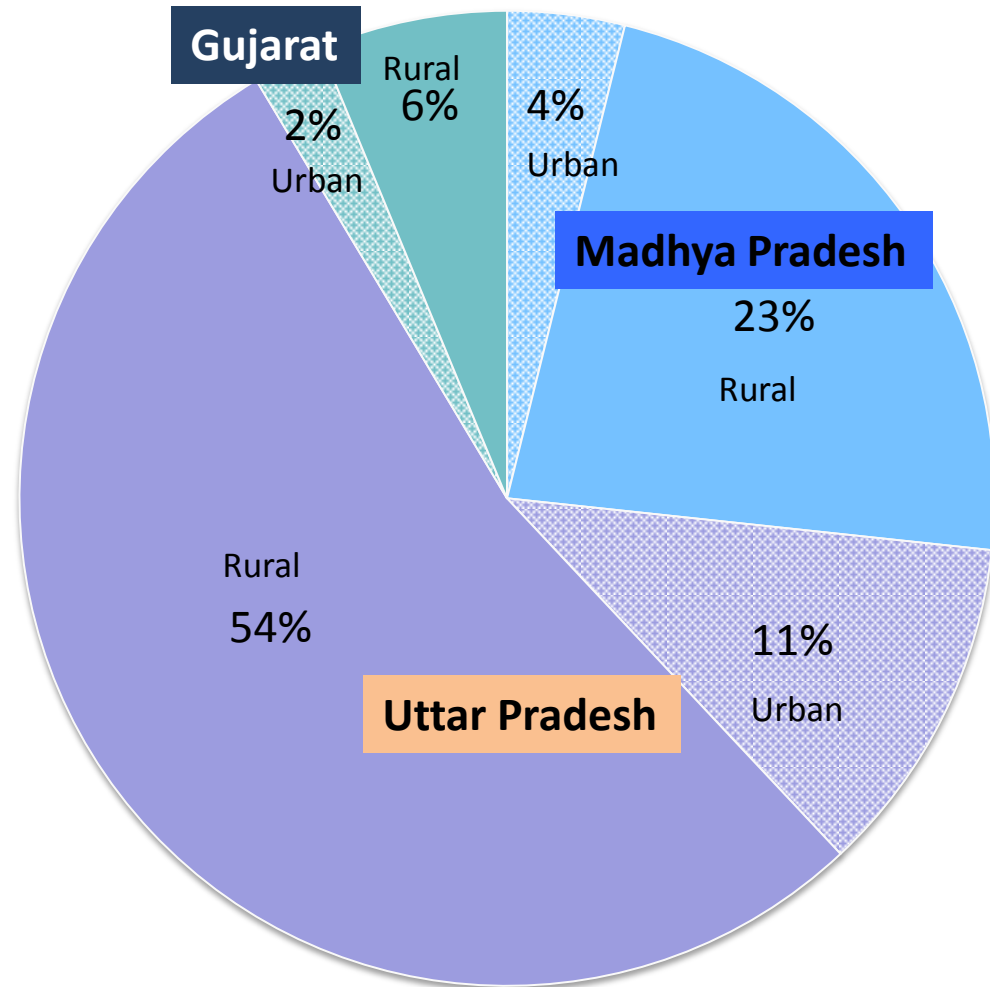


CHAI focus states in India represent ~43% of the U5 diarrheal burden in the country (>90,000 deaths)



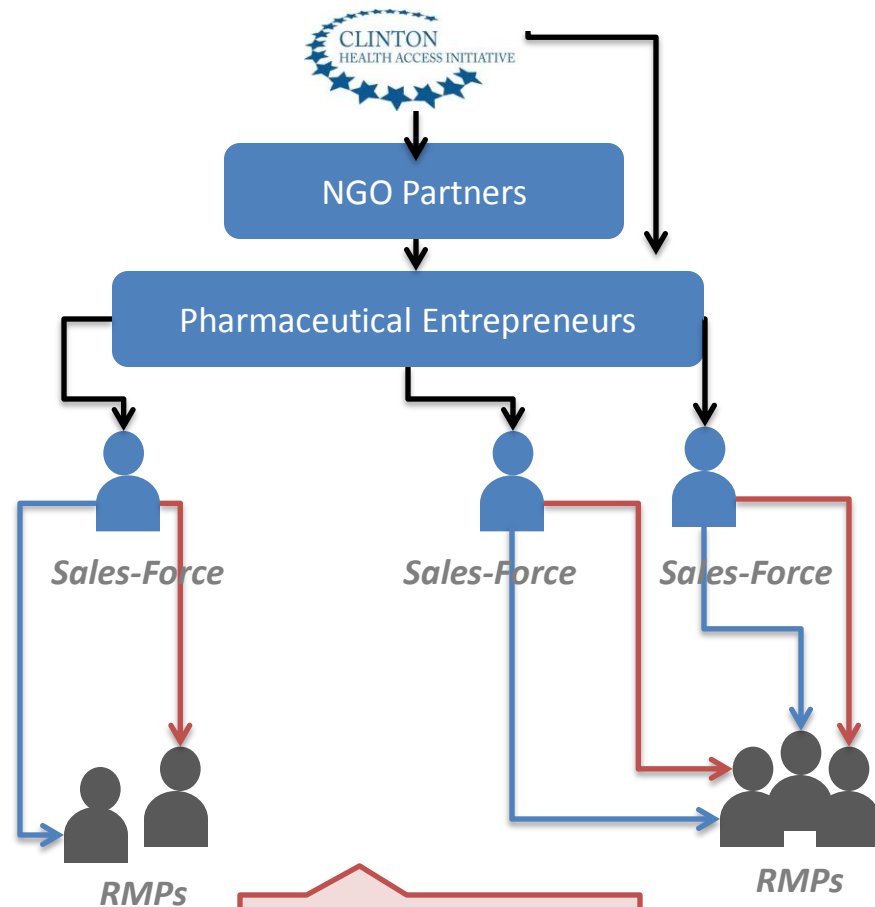
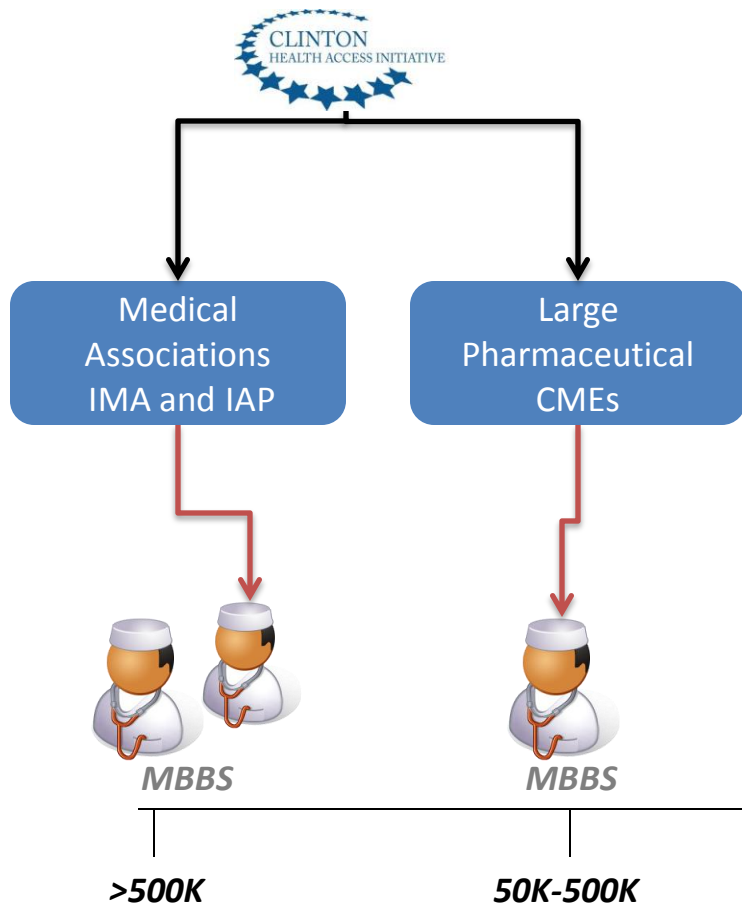
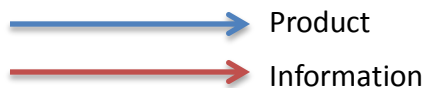
Rural India carries most of the child mortality burden and is where 69% of the population live

% of U/5 diarrhea deaths in CHAI focus area



*“The rural-urban difference in mortality is especially large for children in the age interval 1-4 years, for whom the rate in rural areas is **twice as high** as the rate in urban areas”*

Over the course of 3 years, we will establish an extended, economically viable, medical detailing/sales force that serves providers in rural areas

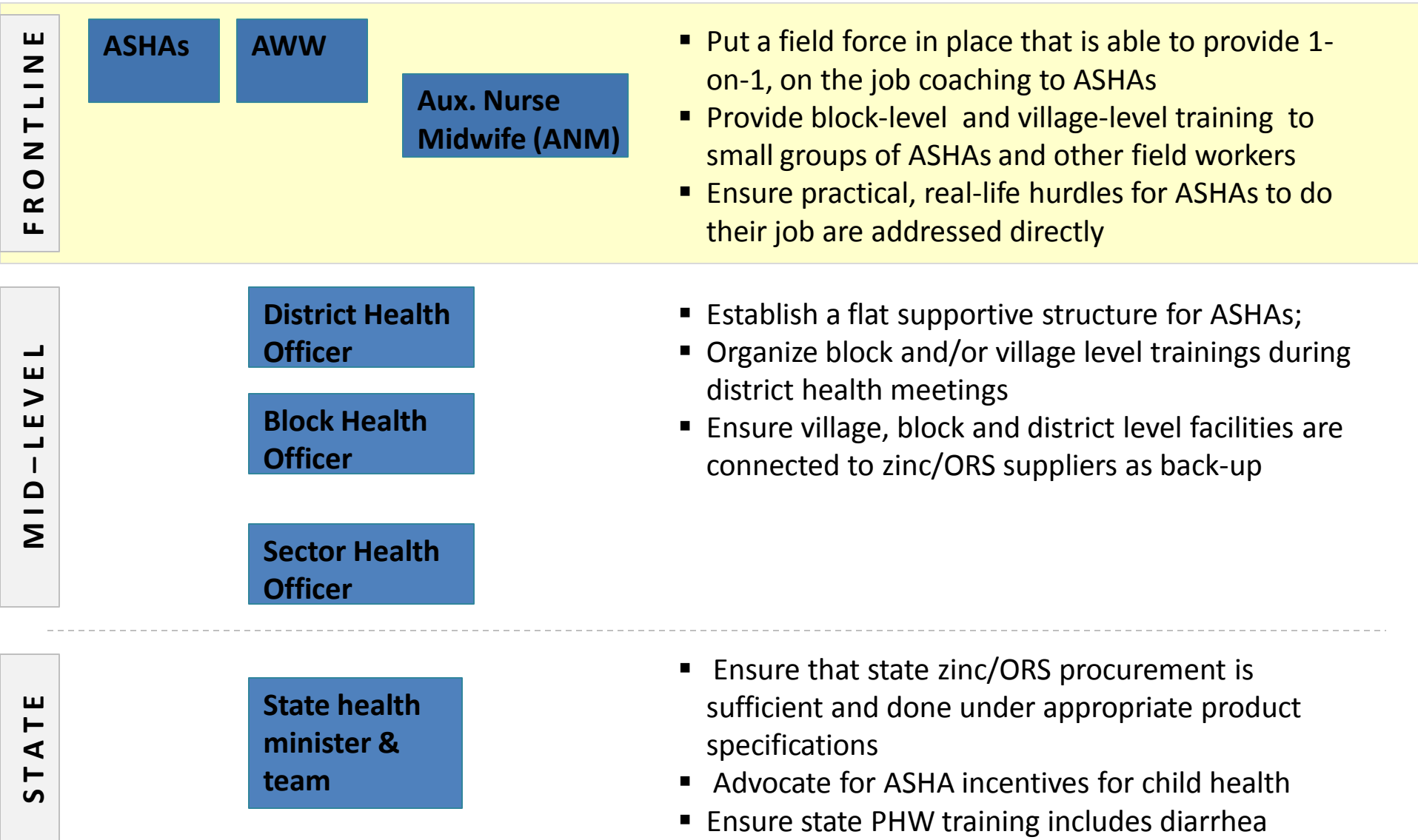


- Educate RMPs about benefits of zinc/ORS
- Provide them with **stock** to anchor the behavior change

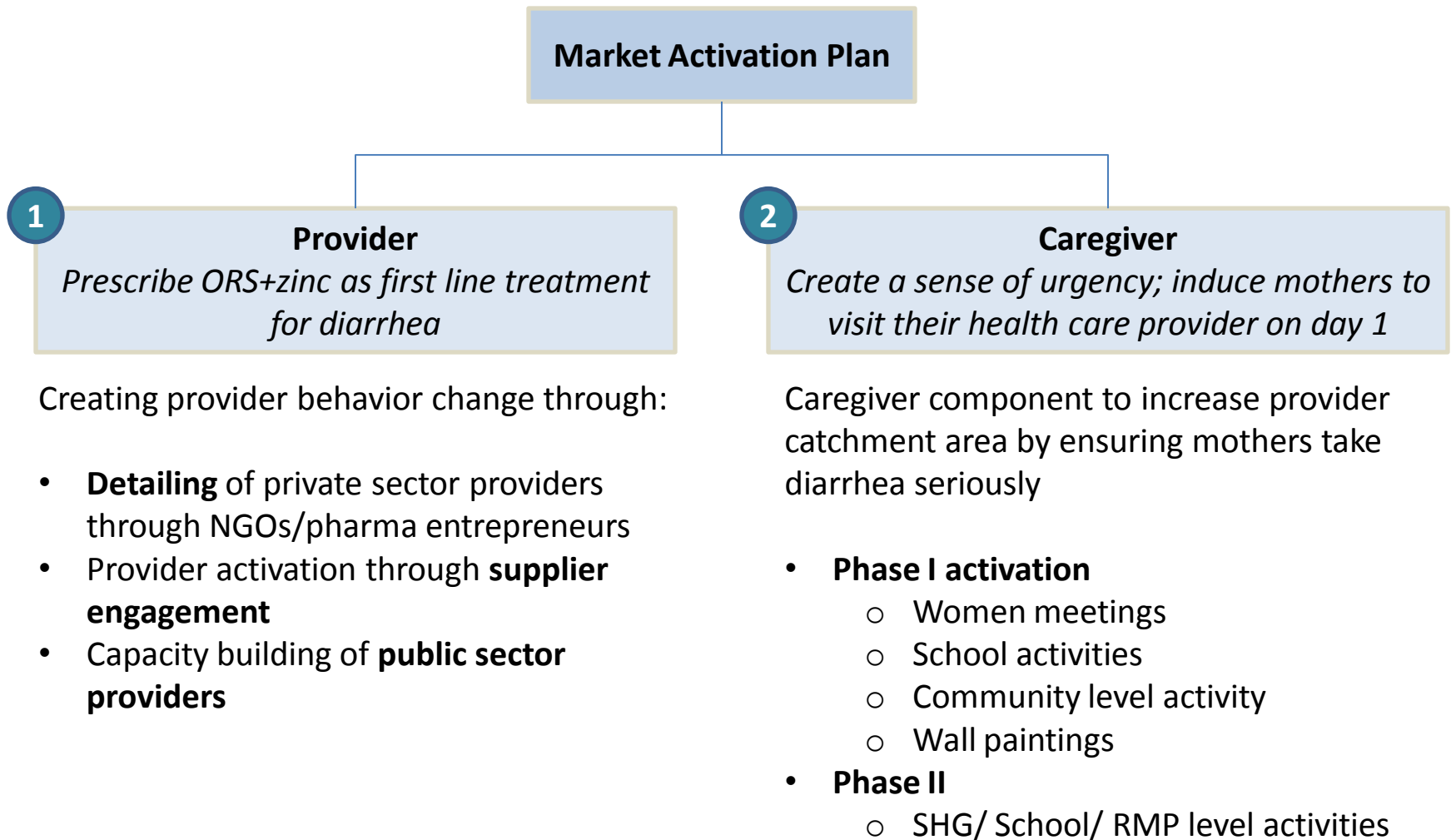
Pharma Distribution



CHAI will support the on-the-ground network of ASHAs directly, rather than the upper layers of the health structure only



To then ensure that zinc/ORS are being prescribed and used, a market activation campaign is planned targeting entire communities



Ogilvy Action has been selected as lead agency and has extensive experience in reaching rural markets

Contact points summary



KOL

- # Visibility
- # Endorsement



Mothers

- # Mother meet
- # Contact through school children
- # Visibility



Provider

- # Support Material
- # Training and capacity building (CHAI)
- # Involvement in Engagement activities
- # PHC activation (CHAI)
- # Visibility (CHAI)



Father

- # Haat Activation (CHAI)
- # Visibility



School children

- # School activation
- # Rally
- # Visibility