



## INTENSIFIED DIARRHEA CONTROL FORTNIGHT (IDCF): OUTCOMES AND LESSON LEARNT FROM THE FIELD.

### COMMUNITY MEDICINE

**Anuj Kapoor**

Department Of Community Medicine, government Medical College, kathua, jammu & Kashmir, india.

**Kamna Singh\***

Department Of Community Medicine, government Medical College, kathua, jammu & Kashmir, india.

### ABSTRACT

**BACKGROUND:** Diarrheal diseases are the leading cause of childhood mortality globally as well as in India. Almost all the deaths due to diarrhea can be averted by preventing and treating dehydration by the use of Oral Rehydration Solution and administration of Zinc tablets along with adequate nutritional intake by the child during diarrhea.

**METHODOLOGY:** All the under 5 children of 11 wards of Krishna Colony were covered during the Intensified Diarrhea Control Fortnight (IDCF) from 28 May to 8 June 2019. Cases of diarrhea were identified in the field by the health workers along with the distribution of ORS packets and zinc. ORS- Zinc corner was established for the treatment of diarrhea at the health center. Hand-washing demonstration was carried out in primary and middle schools.

**RESULTS:** A total of 1497 under five children were covered during these 14 days activity. A total of 39 diarrheal cases were identified out of which maximum (11) belonged to the age group 0-1 years. A total of 17 under 5 children were treated for the diarrhoea at the established ORS Zinc corner at the health centre.

**CONCLUSIONS:** ORS along with zinc tablets is a simple, proven treatment that can be used to prevent and manage dehydration and decrease in diarrhea mortality. IDCF have ensured high coverage of ORS and Zinc use rates in throughout the country. Timely and adequate supplies, trained staff and along with the adequate knowledge and practice of the caregivers at home were essential for program success.

### KEYWORDS

Diarrhea, Ors, Zinc, Under 5 Children

### INTRODUCTION

Despite remarkable progression the reduction of under-five mortality, childhood diarrheal diseases is still leading cause of mortality and morbidity.<sup>1,2</sup> Globally, diarrheal disease contributed to 15% of all under-five deaths (approximately 2.5 million deaths each year).<sup>3,4</sup> In India childhood diarrhea contributes to nearly 12.6% of all deaths in children below five years, which is nearly 2 million child deaths annually.<sup>5</sup> Diarrheal deaths are usually clustered in summer and monsoon months and the worst affected are children from poor socio-economic situations. To prevent diarrheal disease and to monitor and control U-5MR, the government of India introduced schemes including reproductive and child health programme-1 and 2, national rural/urban health mission between 2005 and 2012, national health mission since 2013 to-date, the expanded program on immunization, and a program for the control of diarrheal diseases and acute respiratory infection including intensified diarrhea control fortnight. As a result of various efforts, India has re-corded a decline of 52.73% in U-5MR with 55 and 29 deaths per 1000 live births in 2011 and 2015 respectively.<sup>6,7</sup> India has set its way to achieve the SDG target for under-five child mortality of 25 by 2030.<sup>8,9</sup>

Almost all the deaths due to diarrhoea can be averted by preventing and treating dehydration by the use of ORS (Oral Rehydration Solution) and administration of Zinc tablets along with adequate nutritional intake by the child during diarrhoea. In continuation of the government effort to control diarrhea IDCF was launched in 2014 by the Ministry of Health and Family Welfare and this year it was organized from 28 May to 8 June 2019, with the ultimate aim of 'zero child deaths due to childhood diarrhoea'. Intensified Diarrhoea Control Fortnight (IDCF) consist of a set of activities to be implemented in an intensified manner from 28 May to 8 June 2019 for prevention and control of deaths due to dehydration from diarrhoea across all States & UTs. These activities mainly include- intensification of advocacy & awareness generation activities for diarrhoea case management, strengthening service provision for diarrhoea case management, establishment of ORS-Zinc corners, prepositioning of ORS by ASHA in households with under-five children and awareness generation activities for hygiene and sanitation.

### METHODOLOGY

One day training programme was conducted by the health department for all the Medical Officers, ANMs, ASHA and the other field workers in the district Kathua about transmission, prevention and Treatment

approaches of diarrhea, classifying diarrhea and severity of dehydration using standard chart, Counseling the caregiver about home treatment for diarrhea and building skill on how to conduct VHSNC session.

This year, intensified diarrhea control fortnight was conducted from 28.05.2019 to 08.06.2019. 11 wards were covered by the Urban Health Training Center, Krishna Colony Department of Community Medicine GMC, Kathua. 5 ASHAs and 5 ANMs covered all the under 5 children during these 14 days in their respective field area. They distributed and demonstrated preparation of ORS & Zinc to families/mothers, educated families on the importance of hygiene and sanitation and identified the cases of diarrhea.

ORS- Zinc corner was established for the treatment of diarrhea at the health center. Hand-washing demonstration in schools were carried out in all primary and middle schools where children were made aware of the importance and right technique of hand wash with water and soap.

### RESULTS

ASHAs and ANMs covered 11 wards with total population of 46,000 during intensified diarrhoea fortnight from 28 May to 8 June 2019.

A total of 1497 under 5 children were covered, majority of which were in the age group 4-5 years. 105 infants were covered during the fortnight (Table 1, Fig1). 39 diarrheal cases were identified in the field by the health workers, out of which 11 belonged to the age group of 0-1 years and 9 to the 1-2 year age group. (Table2, Fig 2)

A total of 17 under 5 children were treated for the diarrhoea at the established ORS Zinc corner at the health centre. No diarrheal death was reported during the fortnight.

Data was analysed using Ms.Excel

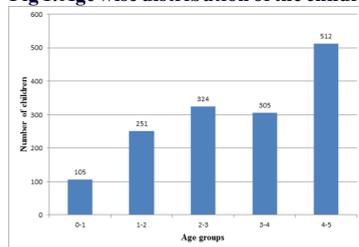
**Table 1. Age wise distribution of the children covered under IDCF**

S.no	Age group	Total number of children
1	0-1	105
2	1-2	251
3	2-3	324
4	3-4	305
5	4-5	512
	Total	1497

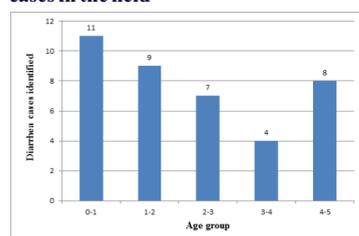
**Table 2. Age wise distribution of the identified cases of diarrhoea in the field.**

S.no	Age group	Diarrhea cases identified
1	0-1	11
2	1-2	9
3	2-3	7
4	3-4	4
5	4-5	8
	Total	39

**Fig 1. Age wise distribution of the children covered under IDCF**



**Fig 2: Age wise distribution of the identified cases of diarrhoea cases in the field**



**DISCUSSION**

At the national level, ORS coverage improved from 26 percent to 50.6 percent and Zinc coverage from 0.3 percent to 20.3 percent from 2005-06 to 2015-16. However, the coverage of both ORS and Zinc needs to reach the target of 90 percent by 2025 as per the India Action Plan for Pneumonia and Diarrhea (IAPPD). In a meta-analysis of ORS intervention studies, 69% pooled relative reduction has been noticed in diarrhoea mortality in communities in which ORS was promoted compared with comparison areas. Use of ORS also results in 29–89% relative decreases in referrals to health centers in the intervention areas. 10 Regular availability of zinc and ORS in the public sector is critical for the treatment of diarrhoea cases with both zinc and ORS. We at our health center had sufficient supply of ORS and zinc tablets from the health department for carrying out the IDCF fortnight In Gujarat, the higher percentage of childhood diarrhoea cases treated with both zinc and ORS was largely due to the uninterrupted availability of zinc and ORS in that state compared to UP and Bihar that had supply interruptions.

Family's particularly mother's knowledge, attitude and practice on the use of zinc and ORS for childhood diarrhoea also determines the treatment seeking behavior. Most of the cases were found in the age group 0-1 years owing to the start of the complementary feeding. Majority of the people living in the urban slums had very little knowledge about the importance of ORS and zinc in the management of diarrhoea. Environmental sanitation plays an important role in preventing diarrhoeal diseases which was found to be poor in the most of slum area.

**CONCLUSION:**

ORS along with zinc tablets is a simple, proven treatment that can be used to prevent and manage dehydration and decrease in diarrhoea mortality along with proper hygiene and sanitation practices. Community-based service delivery, timely and adequate supplies, trained staff and pro-active engagement with government along with the active involvement of the caregivers at home were essential for program success. The strategies adopted under the program have resulted in increased utilization of public health services and use of zinc and ORS for childhood diarrhoea treatment and eventually reduction in under-5 mortality.

**DECLARATIONS**

Funding: No funding source  
 Conflict of interest: None declared  
 Ethical approval: Not required

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