

## Guidance note on Prevention and Management of Childhood Diarrhoea activities under Intensified Diarrhoea Control Fortnight (IDCF)

### Introduction

- Childhood diarrhoea continues to be a major killer among under-five children, contributing to 10 percent of all under-five deaths i.e. around 1 lakhs deaths every year in the country. Diarrhoeal deaths are usually clustered in summer and monsoon months and the worst affected are children from poor socioeconomic situations. Lives of under-five children can be saved by preventing and treating dehydration, using ORS (Oral Rehydration Salts) and administration of Zinc tablets along with adequate nutritional intake by the child during diarrhoea.
- Since 2014 Intensified Diarrhoea Control Fortnight (IDCF) is being implemented before/during monsoon season each year. However, last year we conducted diarrhoea prevention and management activities instead of comprehensive IDCF activities at facility and community level, amid COVID pandemic. Many States/UTs in the country are also witnessing the second wave of COVID-19 Pandemic, and it seems that it would be difficult to conduct a full fledged IDCF. However, meta-analysis indicates that 22.8% children with COVID-19 present with gastrointestinal symptoms (diarrhoea, vomiting, abdominal pain)<sup>1</sup>. Hence, a practical and participatory approach is required to ensure the essential activities related to IDCF such as prepositioning of ORS at home is done following COVID appropriate behaviour.

### Objectives

1. To ensure high coverage of ORS and Zinc use in under-five children with diarrhoea
2. Inculcating appropriate behaviour in parents and care givers for diarrhoea prevention and management and COVID-19
3. To ensure management of childhood diarrhoea cases at community and facility level as per standard treatment protocol

### Strategies

- The various strategies include (a) improved availability and use of ORS and Zinc in households having under-five children, (b) facility level strengthening to manage cases of childhood diarrhoea with dehydration and (c) focus on advocacy and communication on prevention and control of diarrhoea during the pandemic.
- Special focus needs to be given to high priority areas like urban slums, flood prone areas, Sub-centres having no ANM, nomadic sites, brick kilns and vulnerable communities such as migrants and street children etc.
- Routine visits of the frontline health workers/ASHAs/ANMs (COVID screening, health programmes like HBNC, HBYC etc.) may be utilized for prepositioning of the ORS following COVID appropriate behavior. The State/UT may decide on the pre-positioning of Zinc tablets, keeping in view the existing available stocks.
- The ORS/Zinc pre-positioning visit under IDCF activities can be clubbed with complementary activities as decided by the State or district administration such as distribution of Take Home Ration by AWW etc. The other activities could be COVID-19 surveillance or follow-up visits or distribution of masks, soap, sanitizers, chlorine tablets, cleaning and disinfection of wells etc. (Opportunistic distribution). *In this case the reporting to be ensured in consultation with concerned area PHC/Block Medical Officer.*
- The States/UTs may decide the mechanism of the conducting the IDCF activities as per the local situation and COVID – 19 instructions in the States/UTs. In addition, they may also decide on the **suitable dates** for conducting the activities.
- The CHOs of the HWCs should be involved in the capacity building and monitoring of FLWs.

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<sup>1</sup><https://fg.bmj.com/content/early/2020/08/18/flgastro-2020-101529>

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### Activities to be Conducted

- Adequate stocking of ORS and Zinc with ASHA, AWW, ANM and health facility up to the sub health centre level
- Distribute one sachet of ORS and a strip of 14 tablets of Zinc (*if adequate stock is available*)
- Explain the process of use of ORS and Zinc
- If the child has diarrhoea, then assess the dehydration status.
  - If it is 'no dehydration' diarrhoea, then do home treatment with ORS and Zinc along with following advice:
    - ✓ Give extra fluid, children less than 6 months should be breastfed frequently and for longer period, and those more than 6 months to be given plenty of home available fluids (drinks made of lemon juice, yogurt, soups made of rice and pulses, green coconut water etc.) along with ORS.
    - ✓ Continue breastfeeding/and age appropriate feeding
    - ✓ Inform the caregiver to report if child becomes sicker (not able to drink/breastfeed, fever, irritability, blood in stool etc.).
  - If it is 'some dehydration' diarrhoea, then initiate treatment with ORS and Zinc and refer to ANM, also inform ANM over phone.
  - If it is 'severe dehydration' diarrhoea, then refer the child to a health facility with child receiving sips of ORS during referral travel.
- If the child has loose motions/vomiting along with any of the following (i) fever for  $\geq 3$  days (ii) History of contact with COVID 19/ is from containment zone, and (iii) Cough /difficulty in breathing, then refer the child for COVID -19 testing and further management as per COVID – 19 guidelines.
- Counselling on hand washing and nutrition including infant and young child feeding practices and breastfeeding to be done by ASHAs and ANMs during home visits and to walk-in beneficiaries. Mother and Child Protection Card (MCPC) should be used for counselling on diarrhoea prevention and treatment.
- Tele-counselling services should be offered to those who are unable to visit facilities and who cannot be contacted through home visits.
- For facility level management of childhood diarrhoea cases with dehydration, the Standard treatment protocols should be followed. (As per IDCF Guidelines and toolkit-2019, **revised algorithm** attached as annexure – *Annexure-I*).
- The standard treatment protocols should be made available at all levels of facilities including the health and wellness centres.
- The sensitisation of the CHOs of the HWCs should also be conducted in the overall programme implementation, facility level treatment protocols and activities related to monitoring and review.

### General Instructions

- Practices of use of Medical Mask, physical distancing, hand washing, and respiratory hygiene need to be maintained during service delivery (As per latest COVID guidelines)
- Digital platforms should be utilized for orientation and sensitization of facility level health providers.

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### **Intensive Awareness Generation**

- Awareness generation using various means of communication as per population needs should be undertaken in local language. Television, Radio, Mobile vans and Digital platforms (WhatsApp, Facebook, Twitter) should be utilized to increase reach of messaging. Social media handles of Chief Minister, Health Minister, and other important personalities may be utilized for this purpose. Encourage people within WhatsApp groups to share their photographs or videos pertaining to them getting ORS / Zinc or following hygienic practices.

### **Involvement of Development partners and private Health Sector**

- Support of various Development Partners working with State governments and involvement of Women and Child Development (WCD), Social Welfare department, Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs) and Self-Help Groups (SHGs) should be ensured for implementation and monitoring of the activities, In addition Private Health Sector involvement must be ensured through the professional bodies like IMA, IAP etc.

### **Financial Norms**

- FLWs/ASHAs will be entitled for the incentives for prepositioning of ORS in the household having under-five children as per existing norm.

### **Reporting**

- State to share the reports of various activities conducted for prevention and management of child Childhood Diarrhoea at national level. The brief reporting format is annexed (*Annexure – III*).