

ABOUT PSN-PACFaH:

The Pharmaceutical Society of Nigeria (PSN) is the implementing Civil Society Organization (CSO) under the "Partnership for Advocacy in Child and Family Health" (PACFaH), focusing on reducing the under-5 mortality rate and improving health outcomes for Childhood Pneumonia and Diarrhea in Nigeria (with the use of Amoxicillin dispersible tablet and Zinc/Lo-ORS co-pack as first-line treatment respectively).

The PSN-PACFaH pilot Focal States are **Kaduna, Kano** and **Lagos**.

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The Partnership for Child and Family Health in Nigeria (PACFaH) Nigeria is a coalition of eight (8) leading Nigerian CSOs working to advance Government's commitment to policy implementation and domestic financing in **Nutrition, Family Planning, Childhood Killer Diseases** and **Routine Immunization** through Civil Society-led advocacy and building Champions within the Executive and Legislature.



FACT SHEET

SITUATION ANALYSIS OF CHILDHOOD PNEUMONIA AND DIARRHOEA IN KADUNA STATE



#EndPneumonia #EndDiarrhoea

REPORTING PARTNER



PHARMACEUTICAL SOCIETY OF NIGERIA
(FOUNDED 1927)
AS MEN OF HONOUR WE JOIN HANDS

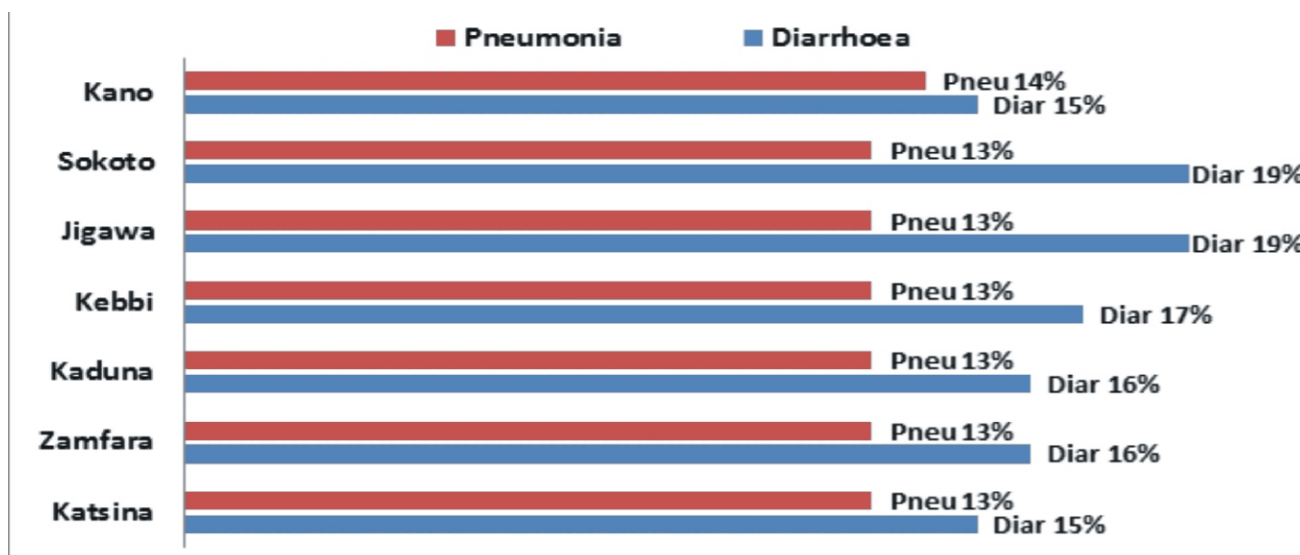
1.0 PSN-PACFaH BACKGROUND

The Partnership for Advocacy in Child and Family Health (PACFaH) Project is an innovative intervention implemented by eight leading Nigerian Civil Society Organizations (CSOs) who have adopted advocacy as a key strategy in tackling the challenges of gaps in policy, budgeting and administrative frameworks, with a view to advance Child and Family Health in Nigeria.

The PACFaH Project focuses on four issue areas: **Childhood Killer Diseases- Pneumonia and Diarrhoea; Routine Immunization; Nutrition and Family Planning.**

The Pharmaceutical Society of Nigeria (PSN) is the implementing CSO in the PACFaH Project, focusing on supporting and encouraging the Government to reduce the under-5 Mortality rate and improving health outcomes for **Childhood Pneumonia and Diarrhoea in Nigeria.**

PSN is specifically advocating for the



Source: NDHS 2013

WHO (2014): Revised WHO Classification and Treatment of Childhood Pneumonia at Health Facilities Evidence Summaries, page 17 and UNICEF: Committing to Child Survival: A promise renewed-Progress Report 2013 (Available at: http://www.unicef.org/publications/index_70354.html)
Amoxicillin Dispersible Tablet (Amoxicillin DT) and Low Osmolarity Oral Rehydration Salt/Zinc (LO-ORS/Zn)

following:

- The adoption and use of Amoxicillin dispersible tablet and Zinc-Low Osmolarity Oral Rehydration Salt (Zinc-LO-ORS) co-pack as First-Line Treatment for Childhood Pneumonia and Diarrhoea respectively. This is in line with the revised WHO/UNICEF Treatment Guidelines;
- The creation of specific dedicated budget lines for the procurement of Amoxicillin DT and Zinc/LO-ORS as² recommended by the new guidelines;
- Timely release and improved efficient use of allocated funds for the procurement of Amoxicillin DT and Zinc/LO-ORS for the management of Childhood Pneumonia and Diarrhoea.

2.0 RESEARCH FINDINGS: KADUNA STATE

Figure one: Pneumonia and Diarrhoea Children U-5 Mortality rate in North-West Nigeria

From the most recent Nigerian Demographic Health Survey (NDHS 2013) the annual live-birth figure in **Kaduna State** is **377,000**; of which **66,000** die before their fifth (5th) birthday. The NDHS 2013 further explain that for every **1000** live-birth, **185** of them will die before they mark their fifth (5th) birthday. This translates to **one in every five Children in Kaduna State dying before they are aged five.** Pneumonia and Diarrhoea account for **13% and 16%** of the foregoing U-5 Mortality rate (figures) respectively. As shown in **figure one** above, **Kaduna State** has the **SECOND HIGHEST BURDEN OF CHILDHOOD PNEUMONIA AND THIRD HIGHEST BURDEN OF CHILDHOOD DIARRHOEA** among the Seven **North-Western** States in Nigeria.

The major reason for these preventable deaths is **POOR ACCESS TO HEALTHCARE, PARTICULARLY IN RURAL AREAS.** This situation can be effectively addressed by ensuring the following:

- Availability of recommended Essential Drugs (Amoxicillin DT and Zn-LO-ORS) for treating these Childhood Killer Diseases (Pneumonia and Diarrhoea);
- Improved Healthcare seeking behaviour and appropriate referral;

PSN-PACFaH specific Advocacy requests to key Stakeholders in **Kaduna State** are:

1. The key stakeholders should support the adoption and listing of Amoxicillin DT as the First Line Drug for the management of Childhood Pneumonia in the National Standard Treatment Guidelines and

the National Essential Medicines List, and domesticate same in **Kaduna State**;

2. They should encourage the Public to use Zinc-LO-ORS Co-pack as the first line drug in the management of Childhood Diarrhoea.
3. As key stakeholders, they should also engage the **Kaduna State** Government to create a **specific budget line** for the procurement of these Essential Drugs (Amoxicillin DT and Zn-LO-ORS) that have been shown to reduce Pneumonia and Diarrhoea Deaths Globally and Nationally;
4. They should also encourage the **Kaduna State** Government to ensure timely release and judicious use of funds allocated for the procurement of these Essential Medicines as captured in the budget.

We are optimistic that the implementation of these Advocacy requests will drastically reduce the unfavourable Childhood Mortality from preventable Pneumonia and Diarrhoea in **Kaduna State.**

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