

Enhanced Management of Pneumonia in Community (EMPIC)



Background:

Pneumonia is the number one killer of under-five children. Around 90% of pneumonia deaths in children occur in sub-Saharan Africa and South Asia. Efforts are being made to increase access to good quality care at health facilities in many LMICs, but progress is slow, in particular in Sub-Saharan Africa and South Asia. As a complementary strategy, where access to health facilities is low and referral advice is not usually accepted by families, WHO/UNICEF recommend management of pneumonia, diarrhoea and malaria by community-level health workers (CLHWs) through integrated community case management (iCCM) at the community level.

Project Objectives:

There are three specific research objectives of this study as follows:

Objective 1: To determine treatment failure rates with enhanced iCCM compared with standard iCCM in hypoxemic and non-hypoxemic children with pneumonia using a cluster randomized open-label non-inferiority trial.

Objective 2: To evaluate the use of pulse oximetry and oxygen saturation as a component of community based pneumonia management algorithm.

Objective 3: To synthesize the operational lessons to inform subsequent policy adoption and programme implementation of “enhanced” community case management for scale-up.

Geographical Coverage: Gournadi, Banaripara, Wazirpur, Babugonj, Barisal Sadar, Bakergonj upazilas of Barisal district.

Implementation partners: Johns Hopkins University and Child Health Research Foundation

Project duration: October 2015 –January 2018

Funded by: World Health Organization (WHO)

Target Groups



Children under 5 years



Caregivers



Parents



Community Stakeholders,
Service Providers



Government Officials

Major Achievements:

- Signed MoU with Community Based Health Care (CBHC), Directorate General of Health Services (DGHS), MOHFW for implementation of research through Community Health Care Providers (CHCPs) based in Community Clinics (CCs) of the selected six sub-districts of study areas.
- Ethical approval of research work received from National Research Ethics Committee of Bangladesh Medical Research Council (BMRC), Institutional Review Board, Johns Hopkins University (JHU) and Research Ethics Review Committee of World Health Organization (WHO)
- Jointly with National IMCI Program National stakeholders consultation meeting organized to share information about research and received recommendations on implementation
- TOT course (20 Medical Officer and Professors from SBMCH) and Training of CHCPs (176) on “Enhanced community case management to increase access to pneumonia” completed
- The study team facilitated the different stakeholders and community sensitization campaign on the EMPIC study. This was held in the form of community orientation with Community Groups (CG) and Community Support Groups (CSG) at all 176 Community Clinics with explaining in detail what the study was all about and the key messages, including: identification of key danger signs associated with iCCM for the 2 age groups (7 -59 days and 2-59 months), use of pulse oximeter, treatment of fast breathing for the young infant, and treatment of chest in drawing for 2-59 months old children, and the follow-up that will be conducted in the household of those recruited in the study.
- Baseline assessment for pneumonia care seeking behaviours completed.
- Pilot of the study started from October 23, 2016 and completed by 30 November.

Major Challenges:

- Completion of training of CHCPs required long time as around three months which delay the piloting as well as project implementation
- Reform and organization of CG and CSG meeting for engaging and sensitization them about purpose and method of study as new local government members were elected 50% area. Working with MoH and LGED for expediting the reform the groups.

Future Direction:

- Case enrolment and intensive follow up of Pneumonia cases will start from 4 December 2016 and continue up to January 2018
- Policy advocacy related to review iCCM protocol national and globally.



“Community health care provider (CHCP) measuring SpO2 of a Chest Indrawing Case at West Dumuria Community Clinic, Gournadi by using Pulse Oximeter”

