

Identifying and utilizing community champions and resource persons to increase MITS acceptance in Bangladesh

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Background

- The Child Health and Mortality Prevention Surveillance (CHAMPS) program is implementing postmortem minimally invasive tissue sampling (MITS) procedures to identify the aetiology of <5 child deaths in Baliakandi sub district, Bangladesh.
- The MITS procedure is new in Bangladesh and evokes socio-cultural, emotional and religious concerns that influence acceptance.

Objectives

- To actively engage selected community residents in advocating CHAMPS activities sharing personal experiences of MITS procedure with parents of deceased children and their guardians/family members.
- To support access to deceased household and initiate conversations with deceased parents, guardians and family members.
- To support facilitating the decision making of the families of deceased children who died in facilities or in the community to participate in MITS procedure.

Methods

Selection of Community Champions and resource persons:

We selected community champions who had:

- Prior and immediate experience with the MITS procedure, particularly during consent request by CHAMPS consent takers and decision making process at the surveillance hospitals
- Joined during a MITS result sharing session with participants families of a deceased

We selected community residents as resource persons who were:

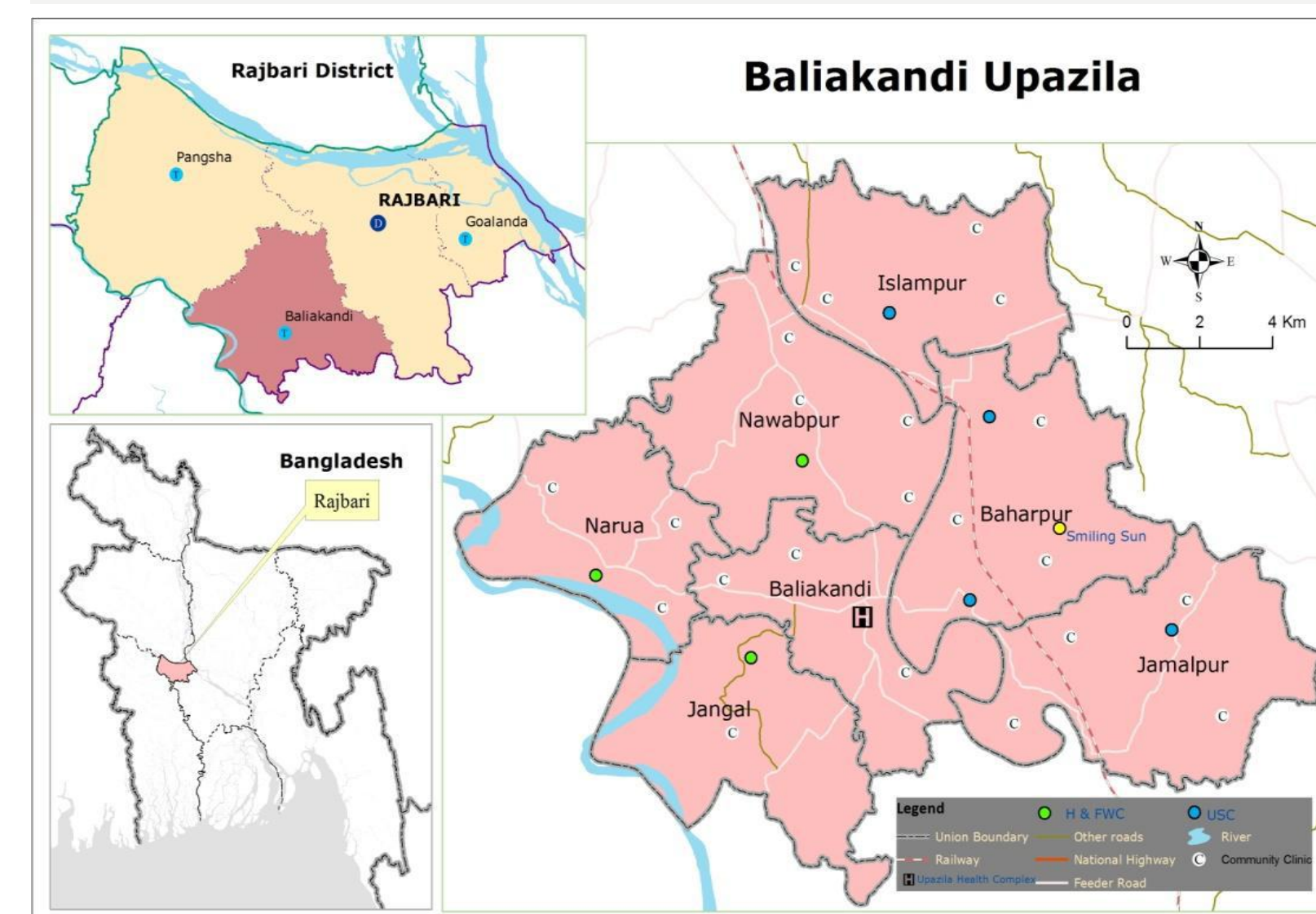
- Well known, accepted and recommended by the community
- Willing to voluntarily and proactively provide some time and support without any sort of financial expectations



Orientation session of community champions

Discussion and orientation to the community champions and resource persons

- We gave an outline to our team eliciting how to communicate with these champions and how to offer consultation to the deceased parents and families
- Community champions visited tissue sample collection room for more understanding on MITS procedure
- We requested them to share their personal experiences whenever they were called/connected to deceased child's family members interested to discuss about MITS procedure
- Our team explained the importance of these community resource persons role in accessing a deceased household and connecting to the parents or guardians to initiate conversation and request MITS consent process



Surveillance hospital settings

- Faridpur Medical College Hospital (FMCH)
- Zahid Memorial Child Hospital (ZMCH)
- Balianakd Upazila Health Complex (BUHC)

Community catchment area

- 7 administrative unions; 261 villages with
- ~2,20,000 residents
- Predominantly Muslim communities (82%)
- Agricultural livelihoods

Implementation period: From March 2019 to February 2020

Results

- We identified 7 community champions (1 female and 6 male) who were directly present in the hospital setting and in the community with deceased families, supported decision making process and also participated in the MITS result sharing events by MITS team with the deceased families in their household
- 110 community resource persons were identified from community volunteers (a pre-selected/defined group for the surveillance) and local community residents

Unions →	Baharpur	Baliakandi	Islampur	Jamalpur	Jangal	Nababpur	Narua	Total
Community Champions	2	2	1	0	0	1	1	07
Resource persons	16	14	15	15	14	21	15	110
Offered consultation	08	07	06	06	02	10	07	46
Accepted consultation	0	2	0	0	0	0	0	02
Approached in community	04	03	02	03	00	01	01	14
Consented to MITS procedure	01	00	00	01	00	01	01	04



Orientation session of community resource persons

Community champions support in increasing consent

- At the facilities during the MITS informed consent approach, 46 families were proposed to consult with community champions but only two cases family members consulted and consented to MITS.
- In community, they proactively described CHAMPS activities and MITS procedure to the deceased families sharing their personal experiences..
- In the community they supported enhancing trust towards 'CHAMPS activities, particularly MITS procedure'.

Resource persons support in increasing consent

- Our team decided to visit 13 deceased families who met eligibility criteria for MITS approach in the community setting to request for MITS consent.
- In this visits resource persons supported to locate the household by guiding the routes and Introduced our team with the local community residents
- They connected our team to the deceased parents or guardians to establish initial communication
- Of those 13 deceased families requested for MITS consent 4 families consented to participate in the MITS procedure

Conclusions

- Agreement to play voluntary and supportive role of these community people with our program is a great success
- Assistance from the resource person was useful, particularly for introduction with the deceased families as a necessary precursor for MITS consent
- Unavailability of resource persons were sometimes limited because of their livelihood involvement
- Although community champions support did not improve consent considerably but depiction of their personal experiences with MITS consent process enhanced deceased families trust
- Unfamiliarity of the Community Champions to the deceased family requested consent reduced consultation offer acceptance
- Recruiting more community champions and resource persons could help ensure they can support in requesting MITS consent to the deceased families

See more data at
champshealth.org

Contact Information

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