To actively engage selected community residents in advocating CHAMPS

The MITS procedure is new in Bangladesh and evokes socio-cultural, emotional and religious concerns that influence acceptance.

Community champions visited tissue sample collection room for more understanding on MITS procedure

Our team decided to visit 13 deceased families who met eligibility criteria

In this visits resource persons supported to locate the household by introducing our team with the local community

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

Background

The Child Health and Mortality Prevention Surveillance (CHAMPS) program is implementing postmortem minimally invasive tissue sampling (MITS) procedures to identify the etiology of <5 child deaths in Ballakandi 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
- Wiling to voluntarily and proactively provide some time and support without any sort of financial expectations

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

Discussion and orientation to the community champions and resource persons

We gave an outline to our team eliciting how to communicate with those 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 consultation and request MITS consent process

Surveillance hospital settings

- Faridpur Medical College Hospital (FMCH)
- Zahid Memorial Child Hospital (ZMCH)
- Ballakandi 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

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

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562