

Question	Answer(s)
To the Ethiopia team: thank you very much for your great presentation on rumor surveillance. I just wanted to understand how did you monitor the rumors to ascertain that they have really reduced.	Response from the Ethiopia country team: Thanks for asking this question. There was a time our team couldn't walk on foot or by vehicles in the community because of the rumors. People were shouting to our team. There were also community members who were hiding their under-five child when they saw our car. Therefore, we tried to introduce the objectives of the CHAMPS using different community engagement approaches. Now we are not facing the same problem.
QRA Ethiopia: Whether find any rumor on noise or seepage during specimen collection procedure? If yes, then much does it spread? How does the team address the such concern?	Response from the Ethiopia country team: Thanks for the question. We faced such problem during sample collection, when the families of the deceased child were asking about the noise around MITS room. They usually ask to know about the sound. We haven't had such rumors in the community.
Curious to know about community people perceive the community MITS approach during COVID-19 pandemic (visiting to household, discuss with family member in close contact)?	Answered by Amilcar in the Q/A discussion (see recording). Summary: The community appreciated the efforts by our team to provide prevention information and resources. They also appreciated the way we modified our practices to minimize exposure and transmission risk, both for the community and for our staff.
I would like to know a little bit more about the types of answers that the HCW gave during the interviews. And have you had a chance to check the impact of the actions taken after the recommendations?	Referred to the team in Sierra Leone. Response to be posted.
What is <i>klebsiella</i>	Response from PO SBS team: <i>Klebsiella</i> is a bacteria that can causes illness. For many people in the community, <i>klebsiella</i> doesn't cause significant illness because a healthy immune system can fight it. However, if <i>klebsiella</i> breaks out in hospital settings, it can cause problems for patients with compromised immune systems and can even be fatal.
What are the methods/ communication approaches, team applied upon HCWs to share death notification at facility setting?	
What kind of messages are best understood by the community and how are these messages broadcast on the radio, in the form of spots or information programs?	Response from PO SBS team: The site in Sierra Leone employs both radio spots with shorter messages and longer-form radio programs to educate the community about CHAMPS and to provide information on improved maternal and child health actions.
Please elaborate about the transportation network, really interested to know?	Response from PO SBS team: The CHAMPS site in Mozambique sponsors a transportation collective in which households in the same community have the opportunity to participate (participation is voluntary). Households contribute a monthly fee (ranging from about 25 cents (one-fourth of a US dollar) to 1 US dollar-- depending on household resources). CHAMPS matches with a much larger quarterly contribution. These pooled funds cover the costs of automobile or motorbike transport during critical health emergencies or for regular medical appointments.

<p>During COVID-19 pandemic, in your site, CHAMPS adopted new community approaches to notify of deaths – could you share the little bit more in this regard.</p> <p>During the COVID-19 pandemic, how MITS result was shared with MITS participated family? What was the community people perception regarding the community MITS approach during COVID-19 pandemic?</p>	<p>From the SBS PO team: During the pandemic, DeCoDe findings were delayed and some families and community members expressed frustration and suspicion, which was starting to grow over time. The community engagement team conducted interim family visits while waiting for DeCoDe findings to be finalized and met with key community stakeholders to explain the cause of the delay (related to shipping of specimens essential to the DeCoDe process). As findings were produced, the site quickly followed up with family and then convened community-level meetings to explain the cause for the delay and to present aggregate, community-level data through community feedback sessions. Both these processes with individual households and larger community quieted frustrations and suspicions.</p>
<p>The development of the transportation network seems to be a very interesting strategy. Could you give us more details about it? Thank you</p>	<p>See response to a similar question above...</p>
<p>Apart of the training activities, what types of activities have you developed in Sierra Leone?</p>	<p>Referred to the team in Sierra Leone. Response to be posted.</p>
<p>Could you please share the pattern of concerns affecting MITS participation?</p>	<p>From the SBS PO team: The SBS team in Bangladesh has identified numerous factors impacting MITS consent and participation. These include: (un)acceptability of the MITS procedure in light of cultural and religious beliefs; duration for conducting the MITS procedure in consideration of a very short time between death and burial for children; long distances from households to MITS facilities for death that occur in the community; concern that privacy/confidentiality would be breached if community members knew of participation; differences of opinion between the two parents or between the parents and elders in the extended family; no understanding of what MITS would accomplish for the long-term improvement of health. The team developed a number of responses through changes in procedures and through extensive community engagement.</p>
<p>Whether any discussion or follow-up with the community champions, to uphold their motivation in sensitizing a decision maker during approach?</p>	<p>From the SBS team in Bangladesh: Hi, Thanks for the questions. Yes, we follow up with them inviting them in a meeting. Although that does not happen often. However, after Covid-19 activity restriction we are planning to arrange a meeting with them soon.</p>
<p>Curious to know how the participants for PICK-CHAMPS are selected</p>	<p>From the SBS PO team: PICK-CHAMP workshops are held both for community members and community leaders. Teams recruit a diverse sample of community members according to demographic characteristics such as age, gender, religion, profession, marital status, children in the household, etc. Community leaders are chosen according to an established sampling frame including local government officials, traditional leaders, religious leaders, health officials, civil society organization heads, teachers, and parents. Workshops consisted of 15-20 participants on average and sites held a number of workshops in communities to gather reflect broad representation across the community.</p>

<p>Are their condition for considering "feasibility" MCH health initiatives in the context of CHAMPS</p>	<p>From the SBS PO team: There are two primary conditions: 1) will the community value/participate, and 2) does the site have the capacity to carry it out? For the first condition, the community engagement teams elicit input from key stakeholders about ideas of MCH activities. For the second, the SBS team works with CHAMPS leadership in each site to determine what can be offered by CHAMPS in collaboration with local health (governmental and civil society) partners.</p>
<p>Are [there] conditions [criteria or limits] for considering "feasibility" MCH health initiatives in the context of CHAMPS</p>	<p>See response to a similar question above...</p>
<p>Thank you very much for these interesting presentations. I have a question for the overall SBS team: throughout these years of research, have you developed a working definition of acceptability (and other key concepts, such as practicality) that is useful to the CHAMPS project? In other words, what does acceptability mean in CHAMPS research?</p>	<p>From the SBS PO team: We assess acceptability by ascertaining the extent to which CHAMPS activities (most often MITS) contradict deeply-held beliefs regarding to what should be done to the body at death and during burial. The meanings assigned to death and burial practices reflect deeply-held beliefs that hold high levels of significance for how individuals, families, and communities understand their world. CHAMPS sites cannot commence MITS without understanding levels of acceptability. Practicality is related but distinct. If a community stipulates that MITS could be conducted without violating deeply-held beliefs, then what practices (both individual, family-level, and corporate) are most valued by the community and how can CHAMPS carry out its work in a way that causes minimal disruption to those practices (e.g., the timing of burial)? In instances in which some disruption is unavoidable, how can we work to mutually adapt the practices with support from families and communities who want to support CHAMPS but still value these practices being carried out?</p>
<p>Can you elaborate a bit more on the Informed Consent process, considering the immediate grief of the bereaved family and the need to conduct MITS within 24 hours.</p>	<p>From the SBS PO team: This is an insightful and very complex question. We find it helpful to establish relationships with families rather than approaching them for MITS consent "out of the blue." We do this in facility by sensitizing all families in pediatric facilities to CHAMPS and we strive to do this in community with robust community engagement that makes CHAMPS a known program. Obviously, the awareness in community grows over time. Many CHAMPS sites provide grief support services to families they approach, whether they consent or not. South Africa in particular has a comprehensive grief support structure that provides such services for as long as parents/families wish to participate with regular grief support groups.</p>