

Effectiveness of various communication strategies for improving childhood pneumonia case management: A community based behavioral open labeled trial in rural Lucknow, Uttar Pradesh, India.

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Introduction

- WHO defines CAP as presence of fast breathing and/or chest in drawing.
- India 2015 – 16% (0.18 million) of U5 mortality due to CAP. [1]
- Global burden 2015 - 0.921 million of U5 mortality due to CAP. [2]
- Creating community awareness and promoting care seeking from government facilities could possibly avert this.

Objective

To assess the effectiveness of facility and village based behavior change communication interventions using validated IEC materials through grass root health workers, along with infrastructural strengthening, for change in care seeking from government system for CAP in rural Lucknow

Method

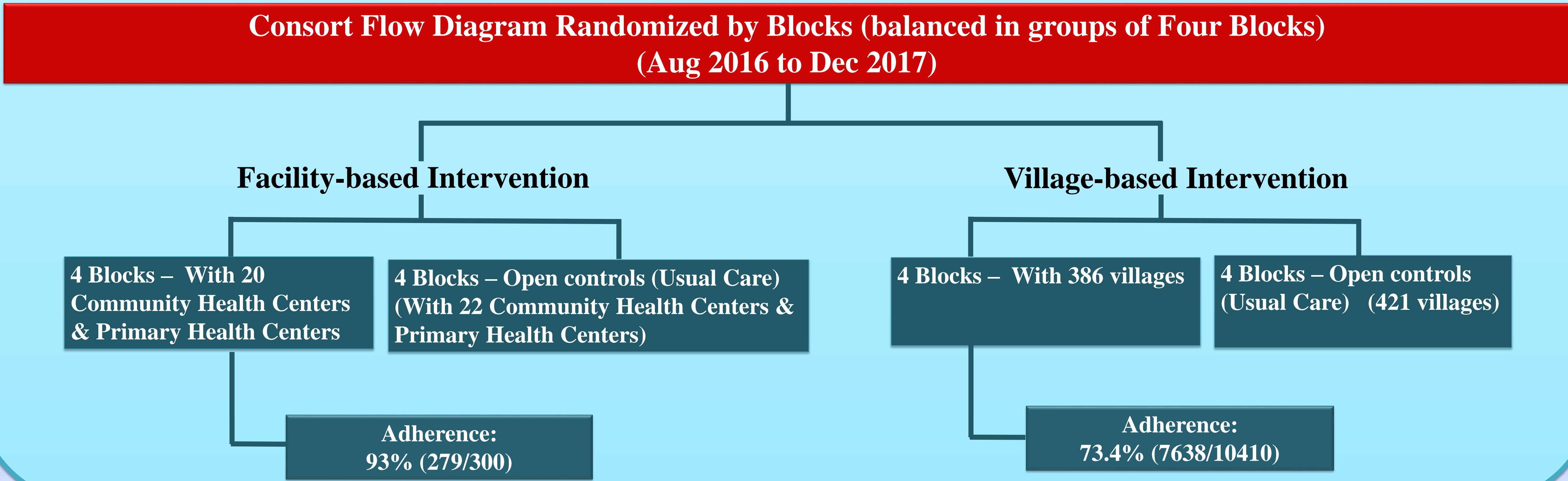
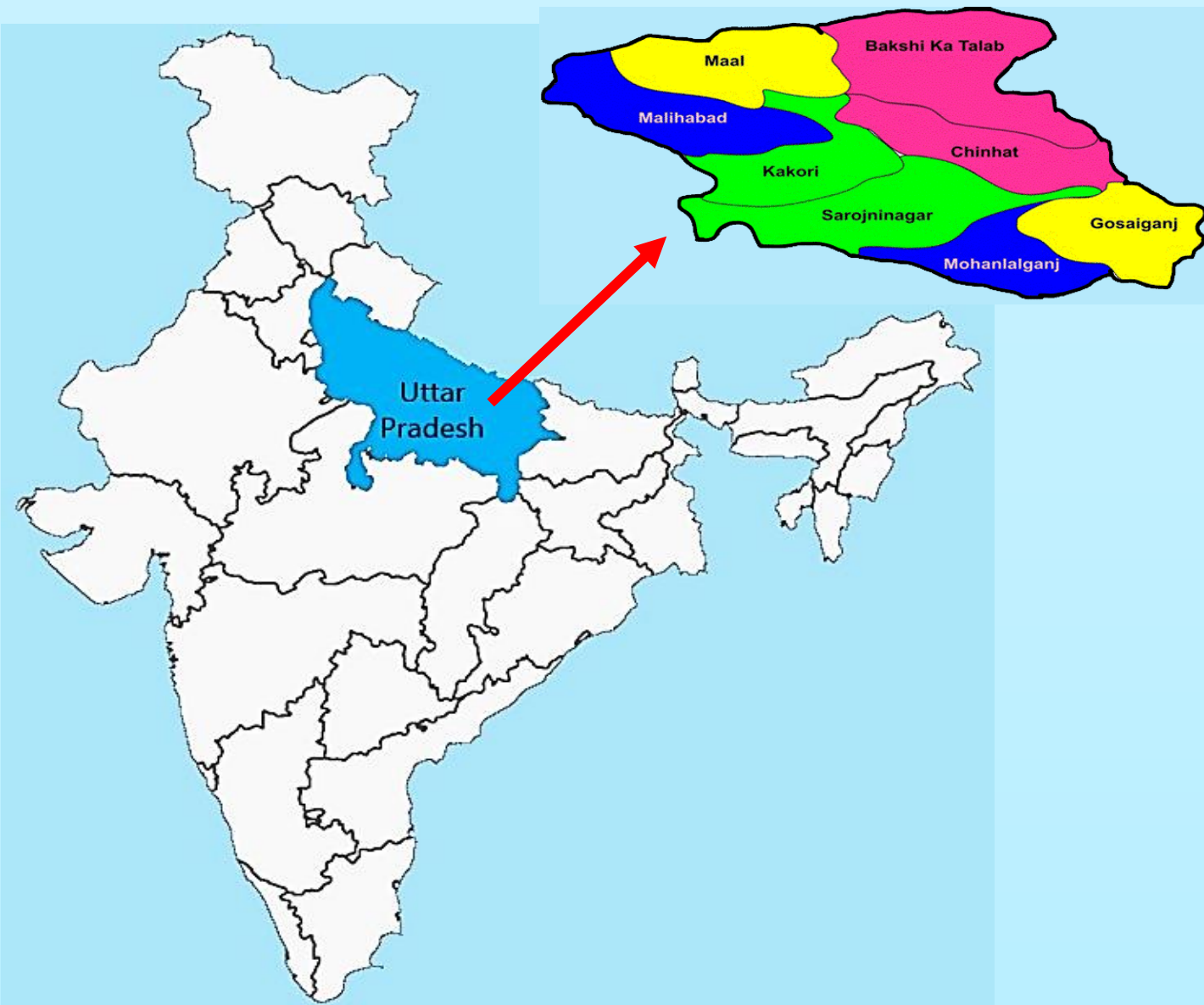
- Community based open labeled behavioral trial in 2 by 2 factorial design conducted in eight rural blocks of Lucknow, northern India.
- Prior infrastructural strengthening ensured optimal care to cases.

| Intervention | |
|--|---|
| Facility-based | Village-based |
| Pneumonia Awareness Session conducted by trained Auxillary and Midwife monthly on Routine Immunization Day at Government Health Facilities | Pneumonia Awareness Session conducted by trained Accredited Social Health Activist monthly on Village Health and Nutrition Day at villages. |

| WHO Classification of CAP [3] | |
|-------------------------------|---|
| Pneumonia | Fast breathing with or without chest in-drawing |
| Severe Pneumonia | One or more danger general signs: <ul style="list-style-type: none">•Inability to drink•Persistent vomiting•Convulsions/lethargy•Unconsciousness |

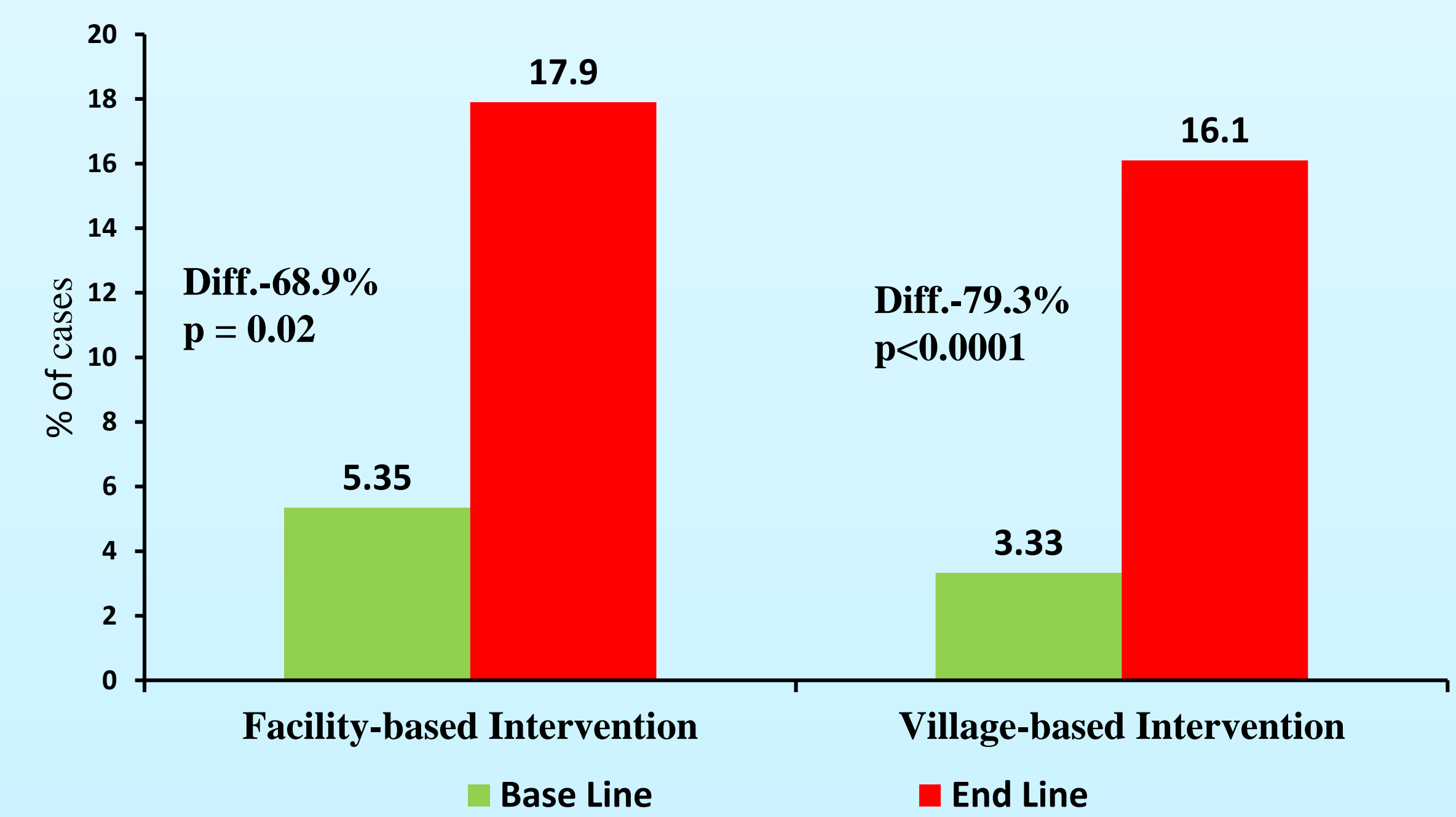
| Fast Breathing | |
|------------------------|-------------------------------|
| 2 to 11 months of age | 50 or more breaths per minute |
| 12 to 59 months of age | 40 or more breaths per minute |

Figure 1: Study area

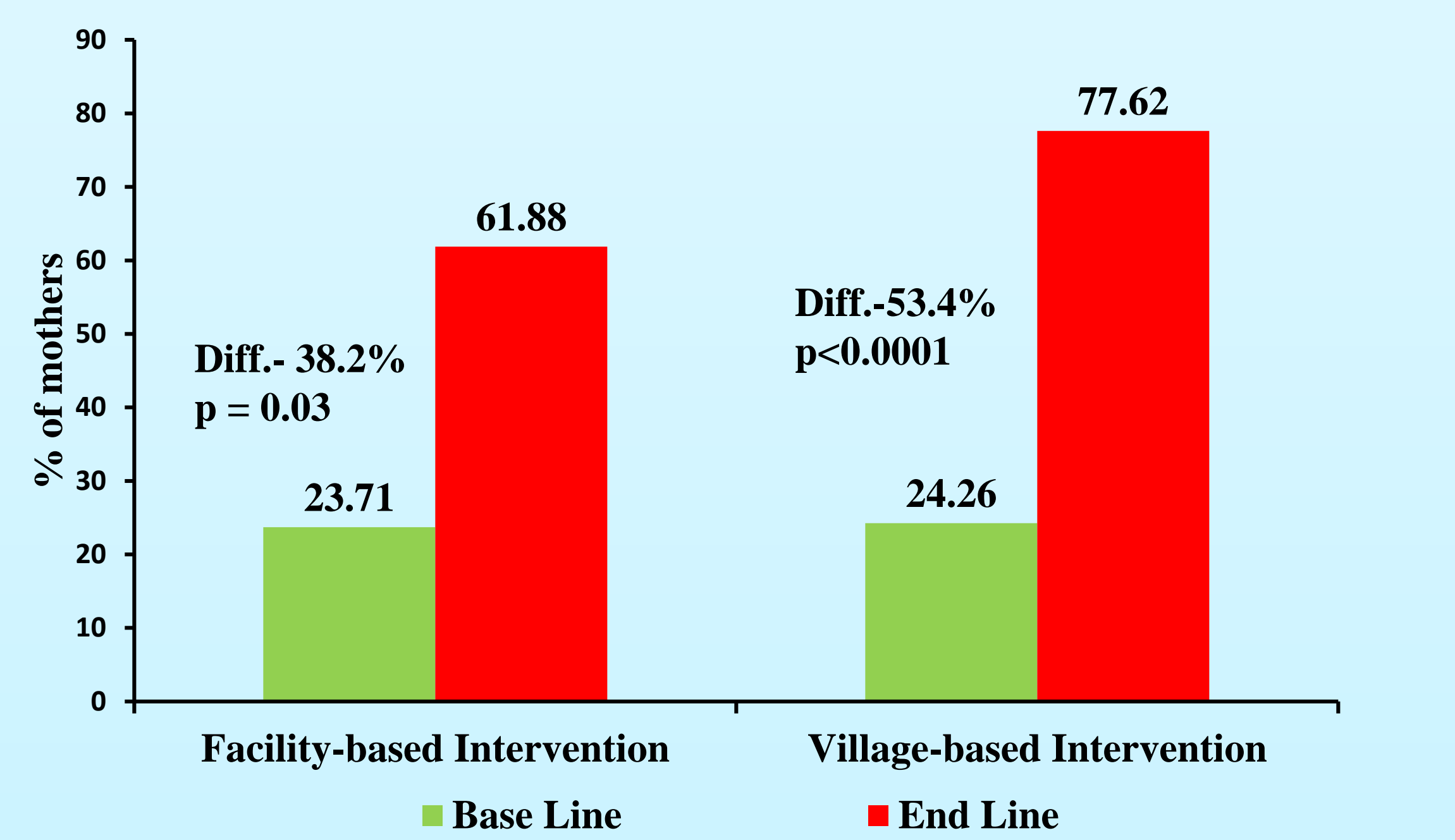


Results

Effect of intervention on possible pneumonia cases treated at Government health facilities at base line and end line

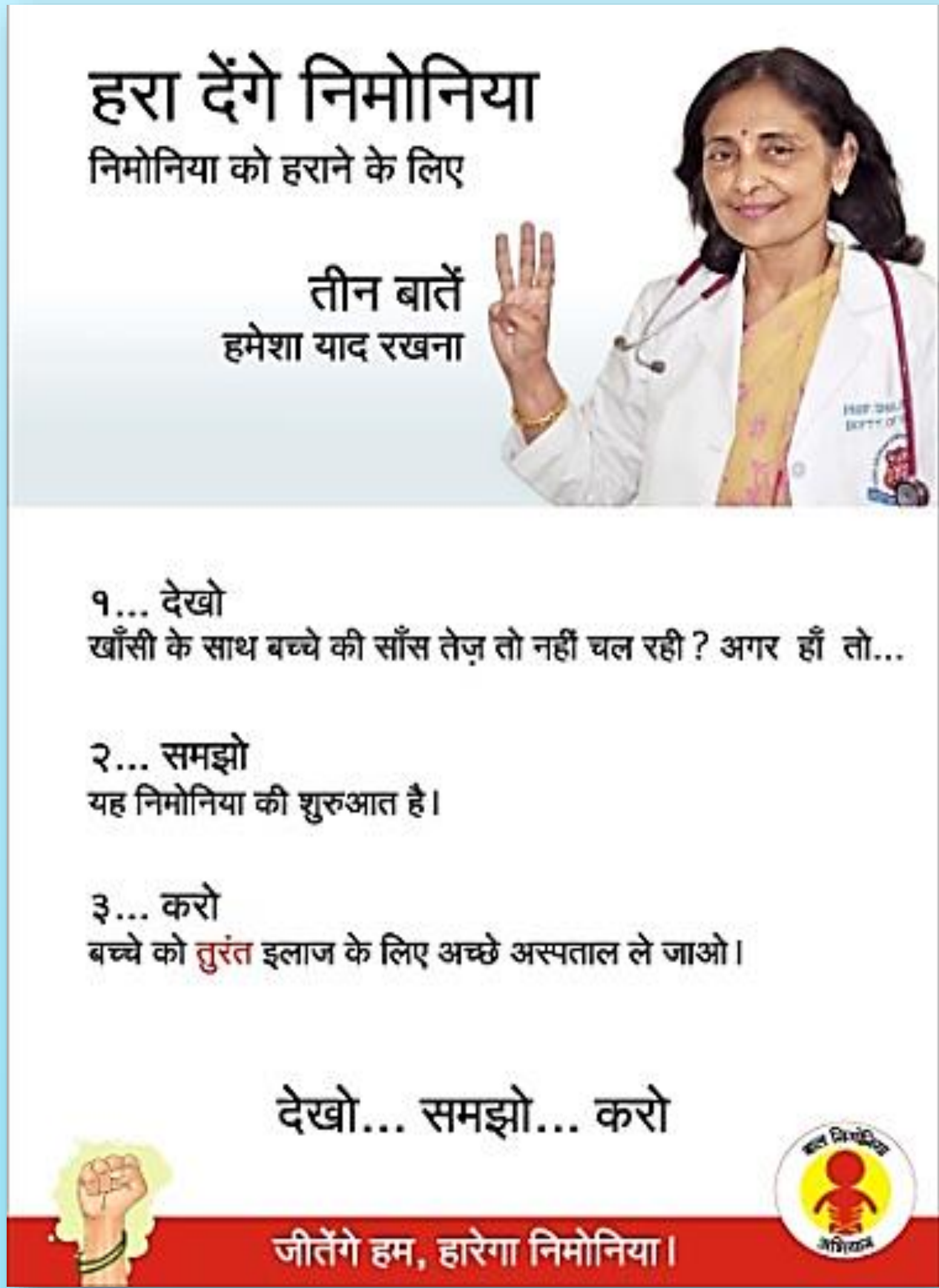


Change in knowledge of mothers about symptoms of pneumonia from base line to end line



Conclusion

Conduct of structured PAS using validated IEC material at village level with infrastructural strengthening resulted in improved qualified care seeking from government facilities for CAP.



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Pneumonia Awareness Session



Facility- based Intervention



Village - based Intervention