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Guidance Note

for Childhood Pneumonia Management

SAANS

साँस

निमोनिया नहीं, तो बचपन सही

SOCIAL AWARENESS & ACTION PLAN TO NEUTRALISE PNEUMONIA SUCCESSFULLY

1. Background

Childhood pneumonia continues to be the topmost infectious killer among under-five children, contributing to 17.5[1] percent of under-five deaths in India.

Pneumonia morbidity & mortality in India

Number of episodes of ARI/Pneumonia every year[2]	30 million
Incidence rate (per child per year)[3]	0.22
Severe pneumonia cases out of total cases	3 million (10%)
Mortality rate per 1000 live births[4]	5.1

According to SRS 2020 Statistical report, the under-5 mortality is 32 per 1000 live births and the goal of National Health Policy 2017 is to reduce U5MR to 23 per 1000 live births by 2025. In order to achieve the National Health Policy goals, the Pneumonia mortality in children needs to reduce to less than 3 per 1000 live births. This is also in tune with the goal of India Integrated Action Plan for Pneumonia & Diarrhoea (IAPPD) in the State like Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh.

- Pneumonia being the number one of the leading cause of death of Under-five children in India. It demands prioritization & more investment of resources.
- Early preparedness, roll out and monitoring of the SAANS 2023-24 campaign by States/UTs and districts would be key to the success of control of childhood pneumonia.
- Additional emphasis and focus for early identification and appropriate management of childhood pneumonia cases through home visits by ASHAs and other front-line workers during the campaign period.
- SAANS 2023-24 campaign should also focus on strengthening of health facilities for pediatric care.
- Ensure that all eligible children receive 3 doses of Pneumococcal Conjugate Vaccine (two primary doses at 6 weeks and 14 weeks and a booster dose at 9 months) as per the national immunization schedule under the universal immunization programme (UIP).
- Create Awareness about Indoor and Outdoor Air Pollution and its effects on Under 5 Children.

2. SAANS initiative

Goal: To intensify action for reducing mortality due to childhood Pneumonia in India to less than 3 per thousand live births by 2025.

It is expected that the SAANS (Social Awareness & Action to Neutralize Pneumonia Successfully) campaign will ensure health system strengthening and community awareness towards childhood pneumonia. The SAANS campaign will carry the tagline "***Pneumonia nahi, toh bachpan sahi***" which clearly establishes the positive impact of a Pneumonia Free Childhood.

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[1] Cause of Death Statistics 2017-19, Office of the Registrar General & Census Commissioner, India

[2] Lancet Volume 17, November 2017

[3] Pneumonia Estimates based on Census 2011, SRS 2017 and Pneumonia morbidity data from Lancet Volume 17, November 2017

[4] Estimates based on Census 2011 population, SRS 2017 and Pneumonia mortality data from Lancet Volume 17, November 2017

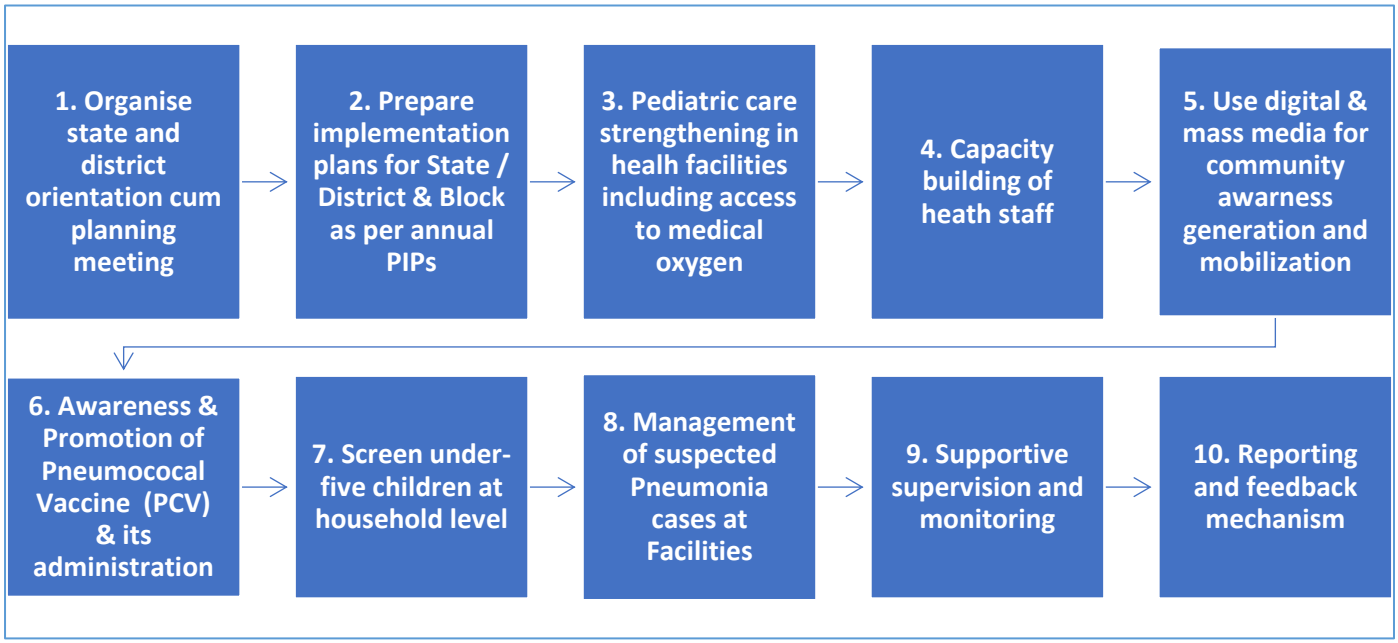
Key objectives of the SAANS campaign initiative are:

- Adoption and adherence to National Childhood Pneumonia Management guidelines 2019
- Create awareness & mobilize community for Pneumonia Protection, Prevention & Treatment
- Early identification and management of under-five children to detect suspected pneumonia cases
- Strengthen facility-level management for cases of severe-pneumonia

For detailed technical information, please refer to the "Childhood Pneumonia Management Guidelines" available on https://nhm.gov.in/

3. SAANS initiative preparation

Following is a suggested roadmap for implementation of SAANS campaign at the state/UT & district level.



3.1 Overall Planning:

- Orientation of state and district level officials on SAANS
- Launch on 12th November 2023 on the World Pneumonia Day
- Ensure availability of essential drugs (including Amoxicillin (tablet/syrup), Inj. Gentamycin and Ampicillin) and equipment (including pulse oximeter, oxygen concentrators / cylinders / generation plants, nebulizer, weighing scale, hand-sanitizers) at the Facility and FLW level as appropriate
- Orientation/training of health care workers [Medical Officers (MO), Staff Nurses (SN), Community Health Officers (CHO), Auxiliary Nurse Midwives (ANM), ASHA facilitator, ASHAs]
- Plan for display of pneumonia treatment protocols in health facilities

- Plan for community awareness generation on Pneumonia and Pneumococcal Conjugate Vaccine (PCV)
- Plan for Supportive supervision and reporting

3.2. Launch and Implementation Mechanism:

- Launch of SAANS on 12th November 2023 on the World Pneumonia Day
- Trained ASHAs and other front-line workers will visit the homes of under-five children for early identification of cases of childhood pneumonia cases. They will carry Amoxicillin with them. If the child has cough, difficulty breathing, then he /she will be assessed. ***(Details of management placed at annexure 1)***
- In case referral is required, then the child will be referred to a health facility that is equipped for Pneumonia management. Staff Nurse/ ANM should ensure
- Upon arrival in the health facility, the child will be assessed again by the doctor. Appropriate treatment, including admission, will be provided.

3.2.1 Paediatric Care Strengthening in health facilities

- Map facilities that provide comprehensive Pneumonia care & share list with FLWs for further dissemination
- Establish Triage Areas for triaging, management and referral.
- Display of pneumonia treatment protocols in health facilities
- Oxygen Therapy:
  - Ensure medical Oxygen supply to health facilities that treat Pneumonia cases
  - Give oxygen to all children with oxygen saturation <90% (<94% if they also have other emergency signs like shock etc).
  - Use nasal prongs as the preferred method of oxygen delivery to young infants; if not available, a nasal or nasopharyngeal catheter may be used.
  - Use a pulse oximeter to guide oxygen therapy (keep oxygen saturation >90%). If a pulse oximeter is not available, continue oxygen until the clinical signs of hypoxia (such as inability to breastfeed or breathing rate >70/min) are no longer present.

3.2.2. Setting-up Skill Station:

- A Skill Station is to be established in each district integrated with the mini/comprehensive skill lab at DHH level.
- The Skill Station is to be utilized during District Level ToTs and training.
- Following of the items to be made available at skill stations (as per SAANS guidelines as per State Proposal):
  - Paediatric Mannequins: 04
  - Nebulizers: 04
  - Salbutamol MDI inhalers with spacer: 04
  - Pulse Oximeters: 04
  - Oxygen Cylinder: 02
  - Oxygen Concentrator: 02
  - Oxygen hood: 04
  - Nasal Prongs: 04
  - Suction Catheters: 04

3.2.3. Capacity Building: Skill based training of health care providers

- One of the key interventions to address high childhood Pneumonia mortality is early case identification and its appropriate management at all levels.
- The trained health workers can easily identify, classify and manage cases of Pneumonia, using standard algorithms. It is desirable that all the Medical Officers /CHOs /SNs/ANMs /ASHAs are provided skill-based training on Pneumonia control and management for 1-2 days.
- Regular refresher sessions should be held during routine monthly meetings for Mid-Level Healthcare Providers, ANMs/MPW-F, MPW-M & ASHAs by the PHC Medical Officers.

3.2.4: Promotion of Pneumococcal Conjugate Vaccine (PCV) & its administration

- Pneumococcal Conjugate Vaccine (PCV) is one of the most cost-effective tools to prevent pneumonia and other pneumococcal diseases. Pneumococcus is the most common cause of severe pneumonia in children.
- Under the Universal Immunization Programme of Government of India, PCV is now available free of cost to all eligible children across the country.
- Under UIP, 3 doses of PCV to be given at 6 weeks and 14 weeks and a booster dose at 9 months. High coverage of PCV to be ensured to achieve significant reduction in pneumonia caused by pneumococcus.
- It should be ensured that all infants receive all 3 doses of PCV within one year of age.
- PCV coverage to be monitored and discussed in the appropriate forums such as District and State level task force meeting for corrective actions.
- Plan for PCV supportive supervision should be there along with other RI vaccines.

3.2.5 Communication strategy & plan

Key Objectives

- Promote awareness amongst caregivers to accept & adopt protection & prevention interventions for their children (including vaccination of infants with PCV) & associating air pollution with Pneumonia
- Enable caregivers to identify & recognize the early signs & symptoms and seek care immediately for on-time referral & treatment of Pneumonia
- Dispel myths & notions and trigger behaviour change to take Pneumonia seriously and seek care early

Strategy for communication to caregivers

1. Ensure sufficient budget for mass media (TV, Radio) under SAANS for generating awareness about early identification of Pneumonia (shift budget from physical outreach program).
2. Use of digital platforms/mobile platforms to help disseminate Pneumonia messages. Help promote messaging through local WhatsApp groups or other social media platforms like facebook, twitter etc
3. Orientation sessions to be conducted at the PRI level to sensitise the community.

Other associations like youth community, CBOs, SHGs & teacher orientations using virtual mediums can be involved

4. Sensitise field staff, deployed by partner organisations, working across other programs etc.
5. Create Awareness about Indoor and Outdoor Air Pollution and its effects on Under 5 Children.

Digital & IEC material resources are annexed

Mobile / Digital Content

IEC Material

All Digital Content, Mass media content & IEC materials can be downloaded from https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1438&lid=790

3.2.6 Monitoring & Evaluation

Tracking progress on efforts to control Childhood Pneumonia needs dedicated attention. Monitoring & supportive supervision involves:

- Data monitoring through routine Health Management Information Systems (HMIS)
- Analysis of under-five morbidity and mortality due to pneumonia
- Supportive supervision in the field

  (Reporting format is annexed)

Annexure 1: DURING HOME VISIT

ASSESSMENT AND CLASSIFICATION OF A SICK CHILD (AGE 2 MONTHS UP TO 5 YEARS) WITH COUGH &/OR DIFFICULT BREATHING BY ASHA DURING HOME VISIT

- Greet the mother.
- ASK the mother if the **child has cough &/or difficult breathing**
  - If the mother says that the child has cough & / or difficult breathing, then proceed as under:

- ASK: **For how long?**
  - A child who has had cough for more than 14 days needs to be referred to hospital for further assessment.

- **First check for general danger signs:**

  - Not able to drink or breastfeed
  - Vomits everything
  - Convulsions
  - Lethargic or unconscious

  A child with any general danger sign needs URGENT attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed (PINK BOX)

- **Count the breathing rate and decide if child has fast breathing**

  Fast breathing:
  (2 months up to 12 months-50 breaths per minute or more)
  (12 months up to 5 years- 40 breaths per minute or more)

- **Look for Chest indrawing (Present / Absent)**

- **Check Oxygen saturation by pulse oximeter (SpO2 level), if available**

- **Classify & Manage the child as per classification table given below**

Signs	Classify as	Management by ASHAs
• General danger signs (inability to breastfeed or drink, vomits everything, convulsions, lethargy or unconscious) Or • Chest in drawing Or • Oxygen saturation (Sp02) is less than 90%	**SEVERE PNEUMONIA OR VERY SEVERE DISEASE**	• Give first dose of Oral Amoxicillin • Refer urgently to health facility
• Fast breathing: (2 months up to 12 months- 50 breaths per minute or more) (12 months up to 5 years- 40 breaths per minute or more)	**PNEUMONIA**	• Give first dose of Oral Amoxicillin • Refer urgently to health facility*
• No signs of Pneumonia or Very severe disease	**NO PNEUMONIA: COUGH OR COLD**	• Advise home care for cough & cold • If coughing for more than 14 days, refer for assessment

* *Oxygen saturation (SpO2) is between 90% to less than 94% then refer to health facility for assessment and management*

ASSESSMENT AND CLASSIFICATION OF A SICK CHILD (AGE 0-59) DAYS BY ASHA DURING HOME VISIT

• Not able to feed or • Convulsions or • Fast breathing (60 breaths per minute or more) or • Severe chest indrawing or • Axillary temperature 37.5 ^{0}C or above (or feels hot to touch) or • Axillary temperature less than 35.5 ^{0}C (or feels cold to touch) or • Movement only when stimulated or no movement at all	• POSSIBLE SERIOUS BACTERIAL INFECTION	• Give first dose of oral Amoxicillin • Refer urgently to hospital and facilitate referral to the appropriate facility (phone call/transport/ ambulance) • Advise mother to continue breast feeding • Advise mother how to keep the young infant warm on the way to the hospital.

Annexure 2: At health facility

Refer to
https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1438&lid=790

Annexure 3: Summary algorithm for management of childhood pneumonia

Summary Algorithm for Management of 0-59 days children with PSBI

ASHA	ANM	CHO	MEDICAL OFFICER
• Refer after pre-referral oral dose of Amoxicillin	**Community and OPD** • Refer after pre-referral dose of Amoxicillin and Gentamycin • Manage with oral Amoxicillin and Gentamicin if referral not possible	**In OPD:** • Refer after pre-referral dose of Amoxicillin and Gentamycin • Manage with oral Amoxicillin and Gentamicin if referral not possible	**In OPD:** • Refer after pre-referral dose of Amoxicillin and Gentamycin • Manage with oral Amoxicillin and Gentamicin if referral not possible **In patient:** • Hospitalize and treat

Summary Algorithm for Management of 2-59 months children with cough and/or difficult breathing

	ASHA	ANM	CHO	MEDICAL OFFICER
Severe Pneumonia/ very severe disease	Refer after Pre-re-ferral dose of Amoxicillin Refer	Refer after Pre-referral dose of Amoxicillin and Gentamicin Refer	Refer after Pre-referral dose of Amoxicillin and Gentamicin	Hospitalize and treat
Pneumonia	Pre-referral dose of Amoxicillin Refer	Treat with Amoxicillin	Treat with Amoxicillin in consultation with MO PHC	Treat with Amoxicillin
No Pneumonia Cough or cold	Home care	Home care	Home care	Home care

ASHA SCREENING FORMAT

Name of ASHA: _____; Mobile number: _____; Village: _____;

Block: _____; District: _____

Name of the child	Mother / Father name	Age	If age of child is 0-59 days, assess for (Yes / No) • Not able to feed or • Convulsions or • Fast breathing (60 breaths per minute or more) or • Severe chest indrawing or • Axillary temperature 37.5 ^{0}C or above (or feels hot to touch) or • Axillary temperature less than 35.5 ^{0}C (or feels cold to touch) or • Movement only when stimulated or no movement at all	If age, 2 months – 5 years is there (Yes / No) • Cough or • Difficult breathing	In case there are symptoms and signs of Pneumonia, then was Oral Amoxicillin given to the child	In case there are symptoms and signs of Very Severe Disease or Severe Pneumonia, then name the place of referral	Whether MCP card has been used (Yes / No)

Reporting from States / UTs to MoHFW

Name of the State / UT	
Name of Nodal Officer Incharge of SAANS 2023-24	
Whether SAANS 2023-24 was inaugurated at State / UT level?	
Number of districts that inaugurated SAANS 2023-24	

Community level activities:

No. of ASHAs trained on home visits for SAANS?	
No. of ANMS trained on SAANS?	
No. of nurses in PHCs, CHCs, Hospitals trained on SAANS?	
No. of Doctors trained on SAANS?	
No. of ASHAs that did house-to-house visits of under-five-children for SAANS	
No. of under-five-children assessed by ASHAs for symptoms and signs	
No. of under-five-children having symptoms and signs of acute respiratory illness	
No. of under-five-children administered pre-referral dose of Amoxicillin	
No. of under-five-children referred to health facilities	
No. of homes where counseling was done using MCP card	

Health facility level activities:

No. of under-five-children treated with cough and cold in OPD	
No. of under-five-children treated with Pneumonia in OPD	
No. of under-five-children treated with Severe Pneumonia by admission	
No. of under-five-children administered medical oxygen	
No. of Skill Station functional against approval	
Number of infants given PCV-1 vs number of infants given Penta-1	
Number of infants given PCV-Booster vs number of infants given MR-1	