



Guidance Note

for Childhood Pneumonia Management

SGVNS

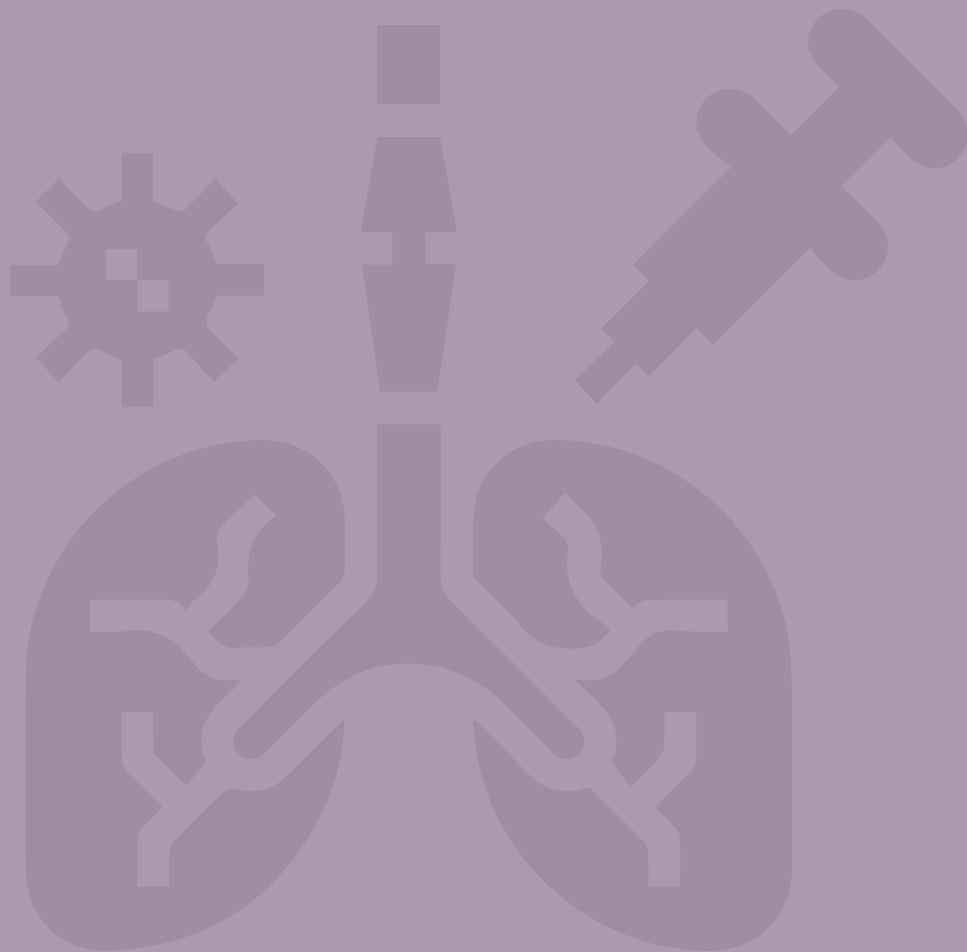
साँस

निमोनिया नहीं, तो बचपन सही

SOCIAL AWARENESS & ACTION PLAN TO NEUTRALISE PNEUMONIA SUCCESSFULLY

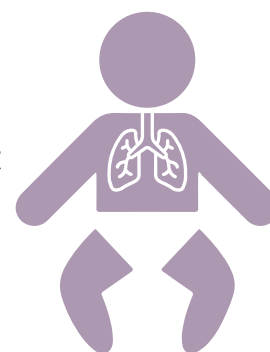
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GUIDANCE NOTE FOR CHILDHOOD PNEUMONIA MANAGEMENT



BACKGROUND

Childhood pneumonia continues to be the topmost infectious killer among under-five children, contributing to 17.5¹ 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 states like Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh.

- Pneumonia being one of the leading cause of death of under-5 children in India. It demands prioritization & more investment of resources.
- Early preparedness, roll out and monitoring of the SAANS 2024-25 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 (ANMs/ CHOs) during the campaign period.
- SAANS 2024-25 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. Globally, air pollution is one of the risk factor for pneumonia in under-5 years of age. Efforts should be made to align SAANS program with the action plan prepared by the National Program on Climate Change and Human Health which can effectively lead to creating social awareness and increasing the adoption of measures to reduce exposure to air pollution.

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

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

² Lancet Volume 17, November 2017

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

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SGANS

INITIATIVE

GOALS & OBJECTIVES

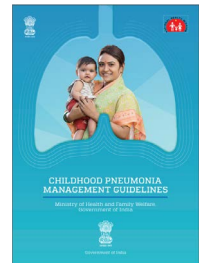
Intensify action for reducing mortality due to childhood Pneumonia in India to less than 3 per thousand live births by 2025.

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.

Key objectives of the SAANS campaign initiative are:

- Adoption and adherence to National Childhood Pneumonia Management guidelines 2019
- Create awareness & mobilize community towards increased adoption of health promotive behaviors and practices for Pneumonia Protection, Prevention and 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/>





Pneumonia can be prevented. Awareness saves lives.

PROTECT



Exclusively breastfeed the child
during the first 6 months



Provide children with
adequate nutrition

PREVENT



Complete the
vaccination schedule



Reduce indoor
pollution

TREAT



Seek healthcare services
within 24 hours



Treat using amoxicillin
dispersible tablets

Pneumonia Nahin, Toh Bachpan Sahi

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SGANS

IMPLEMENTATION

Roadmap for Implementation

1

Organise state and district orientation cum planning meetings

2

Prepare implementation plans for State / District & Block as per annual PIPs

3

Pediatric care strengthening in health facilities including access to medical oxygen

4

Capacity building of health staff

7

Screen U5 children at household level for risk factor of developing pneumonia & early identification

6

Awareness & Promotion of Pneumococcal Conjugate Vaccine (PCV) & its administration

5

Use digital & mass media for community awareness generation and mobilization

10

Reporting and feedback mechanism

9

Supportive supervision and monitoring

8

Management of suspected Pneumonia cases at Facilities

OVERALL PLANNING



LAUNCH

12th November 2024 on the World Pneumonia Day



DRUGS & EQUIPMENT

Ensure availability of essential drugs (including Amoxicil-lin (tablet/syrup), Inj. Gentamycin and Ampicillin) and equipment (including pulse oximeter, oxygen concentrators / cylinders / generation plants, nebulizer, nebulisation medication, weighing scale, hand-sanitizers) at the Facility and Frontline Worker (FLW) level as appropriate



ORIENTATION

- State and district level officials on SAANS
- Training of health care workers [Medical Officers (MO), Staff Nurses (SN), Community Health Officers (CHOs), Auxiliary Nurse Midwives (ANM), ASHA facilitator, ASHAs]



INFORMATION, EDUCATION AND COMMUNICATION

- Plan for display of pneumonia treatment protocols in health facilities (OPD and IPD)
- Plan for community awareness generation on risk factors including air pollution and indoor ventilation, signs and symptoms of Pneumonia and Pneumococcal Conjugate Vaccine (PCV)



SUPPORTIVE SUPERVISION AND REPORTING

AT PRIMARY CARE LEVEL

- Trained ASHAs and other front-line workers will visit the homes of under-5 children and screen for fever, cough, difficulty in breathing for early identification of cases of childhood Pneumonia cases.
- The suspected child will be referred with prior information to a health facility that is equipped for management of Pneumonia cases. Staff Nurse/ ANM should ensure that child receives pre-referral treatment before sending the child to higher health facility.
- Upon arrival in the health facility, the child will be assessed again by the doctor. Appropriate treatment, including admission, will be provided.



PAEDIATRIC CARE STRENGTHENING (SECONDARY & TERTIARY LEVEL)

- 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 (OPD and IPD)
- 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 preferred method of oxygen delivery to young infants; if not available, a nasal or nasopharyngeal catheter may be used. Oxygen can be given better through non rebreathing mask (NRM) if available.
 - 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 >60/min) are no longer present.

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 items to be made available at skill stations (as per SAANS guidelines as per State Proposal):



- | | | |
|-------------------------------------------|---------------------------|----------------------------|
| • Paediatric Mannequins: 04 | • Pulse Oximeters: 04 | • Nasal Prongs: 04 |
| • Nebulizers: 04 | • Oxygen Cylinder: 02 | • Suction Catheters: 04 |
| • Salbutamol MDI inhalers with spacer: 04 | • Oxygen Concentrator: 02 | • NRB mask |
| | • Oxygen hood: 04 | • Nebulisation medications |

CAPACITY BUILDING: SKILL BASED TRAINING OF HEALTH CARE PROVIDERS

- One of the important initial step in management of Pneumonia in children is early case identification, timely referral and treatment 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 with skill-based training on Pneumonia management.
- Regular refresher sessions should be held during routine monthly meetings for healthcare providers.



RISK-BASED COMMUNICATION TO REDUCE AIR POLLUTION



Assessment of risk factors for Pneumonia will include

- Use of biomass fuel for cooking and heating
- Smoking inside the house
- Practice of burning waste near the house
- Poor indoor ventilation

Based on the presence of these risk factors, counselling targeted towards the reduction of specific risk factors will be provided by ASHA and other FLWs to promote the adoption of health-promotive behaviours and practices

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 (UIP) 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, 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.

COMMUNICATION STRATEGY & PLAN

KEY OBJECTIVES

- Promote awareness amongst caregivers about protection & prevention interventions (exclusive breast feeding, complementary feeding, vaccination and handwashing) for pneumonia in children
- Create Awareness about Indoor and Outdoor Air Pollution and its effects on Under 5 Children.
- 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

- Ensure sufficient budget for mass media (TV, Radio) under SAANS for generating awareness about early identification of Pneumonia (shift budget from physical out-reach program).
- 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
- 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
- Sensitise field staff, deployed by partner organisations, working across other programs etc.
- Involving NGOs, local professional bodies like IAP/IMA etc in awareness programme.

All Digital Content, Mass media content & IEC materials can be downloaded from

<https://nhm.gov.in/>

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-5 morbidity and mortality due to Pneumonia
- Supportive supervision in the field

(Reporting format is annexed)

DURING HOME VISIT

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

Greet the mother

- ASK the mother if the child has cough &/or difficult breathing
- 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
- Abnormal respiratory sounds like grunting, groaning
- Cyanosis: Bluish discoloration of lips/hands
- Severe respiratory distress

A child with any general danger sign needs **URGENT** attention; complete the assessment and facilitate the referral immediately (in coordination with ANM/CHO)

Count the breathing rate and decide if child has 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

Assess risk factors for pneumonia and provide counselling for behaviour change (risk factors for pneumonia include use of biomass fuel for cooking and heating, regular/frequent smoking inside house, burning of waste outside/near house, poor indoor ventilation)

SIGNS	CLASSIFY AS	MANAGEMENT BY FLW (ASHA/ANM/CHO)
<ul style="list-style-type: none"> • General danger signs (inability to breastfeed or drink, vomits everything, convulsions, lethargy or unconscious etc.) OR • Chest in drawing OR • Oxygen saturation (SpO₂) is less than 90% 	<p>SEVERE PNEUMONIA OR VERY SEVERE DISEASE</p>	<ul style="list-style-type: none"> • Give first dose of Oral Amoxicillin • Refer urgently to health facility
<p>Fast breathing:</p> <ul style="list-style-type: none"> • (2 months up to 12 months-50 breaths per minute or more) • (12 months up to 5 years- 40 breaths per minute or more) 	<p>PNEUMONIA</p>	<ul style="list-style-type: none"> • Give first dose of Oral Amoxicillin • Refer urgently to health facility*
<p>No signs of Pneumonia or Very severe disease</p>	<p>NO PNEUMONIA: COUGH OR COLD</p>	<ul style="list-style-type: none"> • Advise home care for cough & cold • Follow up/revisit after 5 days • 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 (UP TO 2 MONTHS) WITH COUGH &/OR DIFFICULT BREATHING BY ASHA/ANM/CHO DURING HOME VISIT

SIGNS	CLASSIFY AS	MANAGEMENT BY FLW (ASHA/ANM/CHO)
<ul style="list-style-type: none"> ● Not able to feed or ● Convulsions or ● Fast breathing (60 breaths per minute or more) or ● Severe chest indrawing or ● Axillary temperature 37.5 0C or above (or feels hot to touch) or ● Axillary temperature less than 35.5 0C (or feels cold to touch) or ● Movement only when stimulated or no movement at all 	<p style="text-align: center;">POSSIBLE SERIOUS BACTERIAL INFECTION</p>	<ul style="list-style-type: none"> ● 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.



REPORTING FROM STATE / UT TO MOHFW

Name of the State / UT	
Name of Nodal Officer Incharge of SAANS 2024-25	
Whether SAANS 2024-25 was inaugurated at State / UT level?	
Number of districts that inaugurated SAANS 2024-25	

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?	
Total number of Under 5 children in the vil-lage/block/district/State or UT	
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 and referred to health facilities	
No. of houses with at least 1 of the risk factors for pneumonia	
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 giv-en MR-1	

