

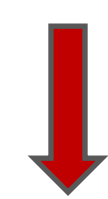
CHALLENGES AND LEARNING POINTS OF IMPLEMENTING CPAP IN A REFUGEE CAMP IN BANGLADESH WITH HIGH STAFF TURNOVER DURING THE COVID-19 PANDEMIC

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BACKGROUND

Goyalmara Mother-Child Hospital in Cox's Bazar, Bangladesh



Only Pediatric/neonatal level-1 critical-care facility serving the Rohingya camps
(850.000refugees)

OBJECTIVE

Share **our experiences** implementing CPAP* in PICU* and NICU* December-2020 to December-2021

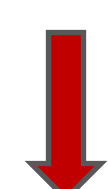
CHALLENGES

- High staff turnover of nurses/doctors
- Language difficulties, new staff with little/non paediatric-experience
- High rates of leaving against medical advice
- Risk of poor acceptance among the community
- CPAP as an aerosol-generating-machine during COVID-19 epidemic

RESULTS

100 nurses + 25 doctors → trained in 10 cohorts

After 5 cohorts + 6 months of implementation



National focal points functioned as independent CPAP trainers

CPAP Patient outcomes are similar to those from comparable MSF hospitals:

- PICU: 29 patients (89% lower respiratory tract infection). Mortality rate 20%
- NICU: 31 patients (32% pneumonia, 29% meconium aspiration syndrome and 16% prematurity). Mortality rate 35%



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METHOD

- **9 months:** 1 nurse-implementer, 3 consecutive **pediatricians** and **national focal points** led the implementation process
- **2.5 days trainings** combining doctors and nurses with clinical simulations to reinforce the team work building
- Creation of **WhatsApp** groups with all the trainees
- **HP* involved** to improved the acceptance challenges
- 1st implemented in NICU, once SARS COV2- **GenXpert** was available, it was also implemented in PICU
- A **dedicated room for CPAP** patients used in PICU and NICU



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CONCLUSION

- Support from **nurse and pediatrician implementers** recommended for **6 months** to ensure appropriate CPAP implementation and national focal points' training.
- **National focal-points** were critical to ensure program sustainability.
- **HP involvement** is essential to improve community acceptance.