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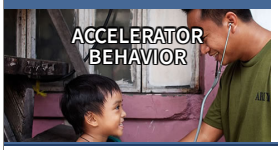
Think | BIG

FOCUS and ANALYZE — DESIGN and MANAGE — TRACK and ADAPT

CARE FOR PNEUMONIA

HEALTH GOAL

Improve maternal and child survival



Caregivers appropriately manage care for signs and symptoms of ARI for children

Percentage of children born in the five years preceding the survey with acute respiratory infection taken to a health facility

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Recognize signs and symptoms of ARI
2. Mobilize transport, resources and logistics
3. Obtain appropriate diagnosis and treatment from a qualified provider
4. Adhere to full course of prescribed treatment
5. Continue or increase breastfeeding appropriate for age
6. Continue other fluids and feeding as possible during illness
7. Provide extra food according to age for at least 2 weeks following illness

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Easy transport to distant facilities often unavailable

Accessibility: The cost of services and treatment options is frequently more than caregivers can pay

Service Experience: Poorly equipped, supplied and staffed health care facilities discourage caregivers from seeking help

SOCIAL

Family and Community Support: Caregivers often lack encouragement from spouse or influential social actors for careseeking when child is ill

Norms: Often cultural beliefs discourage care-seeking at health care facilities

INTERNAL

Attitudes and Beliefs : Caregivers do not perceive the illness as serious enough to require care seeking at a health care facility

Knowledge: Most caregivers do not know the symptoms and danger signs of ARI

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Formulate national policy to provide free treatment for children under five

Logistics Personnel: Proactively monitor stock levels and forecast needed medical supplies and drugs

COMMUNITY

Community Leaders: Establish community transport schemes for urgent careseeking

HOUSEHOLD

Family Members: Encourage caregivers to seek treatment with trained health providers at onset of symptoms

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Policies and Governance: Formulate national policy to provide free treatment for children under five

Policies and Governance: Formulate policies that ensure community involvement in how health care facilities are staffed and supervised

SYSTEMS, PRODUCTS AND SERVICES

Quality Improvement: Train and equip village health workers to diagnose and treat pneumonia

Quality Improvement: Train private pharmacies to recognize and appropriately treat or refer children with symptoms of pneumonia

DEMAND AND USE

Communication: Utilize all well-child health touchpoints to work with mothers and families on the recognition of symptoms of childhood illness, including ARI and the need for immediate care-seeking

Skills Building: Train and equip community and religious leaders to facilitate careseeking through community mobilization and transport or financing schemes

TREATMENT FOR DIARRHEA

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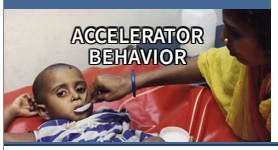
HEALTH GOAL

Improve maternal and child survival



Caregivers appropriately provide treatment for diarrhea at onset of symptoms in children

Percentage of children born in the five years preceding the survey with diarrhea in the two weeks preceding the survey who received oral rehydration solution (ORS), that is either fluid from an ORS packet or a pre-packaged ORS fluid

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Recognize signs and symptoms of diarrhea
2. Obtain ORS and full course of zinc from a sanctioned source
3. Give child ORS throughout the diarrheal episode
4. Give child a daily zinc supplement (usually for 10 to 14 days)
5. Continue or increase breastfeeding appropriate for age
6. Continue other fluids and feeding as possible during illness
7. Provide extra food according to age for at least 2 weeks following illness

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: ORS and zinc are either out of stock or not always readily available beyond the health system

Accessibility: Zinc is expensive, even when co-packaged with ORS

Service Provider Competencies: Providers tend to over-prescribe antibiotics and not emphasize the importance of ORS with zinc

Service Experience: Caregivers do not go to sanctioned providers because they prefer informal sector sources that are nearby for treatment of diarrhea

SOCIAL

Norms: Caregivers do not seek immediate care for diarrhea because it is considered common and expected for young children

INTERNAL

Attitudes and Beliefs: Caregivers do not use ORS and zinc because they are skeptical about their effectiveness and prefer antibiotics

Attitudes and Beliefs: Caregivers will not complete the full course of zinc believing that once the diarrhea has stopped it is not necessary

Knowledge: Some caregivers are unaware of the benefits of ORS and many do not know about the use of zinc, and the need for special recuperative feeding after illness

Skills: Most caregivers do not follow the full 10-14 day zinc regime because they do not understand the instructions

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Begin dialogue to ensure private sector is engaged and sanctioned

Policymakers: Seek policies to promote equitable access to ORS and zinc

Providers: Prescribe ORS/Zinc instead of antibiotics for diarrhea and explain benefit to caregivers

Logistics Personnel: Actively monitor stock levels and forecast needed medical supplies and drugs

COMMUNITY

Community Health Workers and Peer Educators: Follow-up with families whose children have diarrhea to ensure that ORS is properly mixed and that a full course of zinc is taken

Community and Religious Leaders: Promote immediate care-seeking for all sick children and importance of ORS and zinc

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Financing: Expand free or low-cost access to ORS and zinc

Partnerships and Networks: Engage the private sector in recommending and distribution of ORS and zinc at local pharmacies

SYSTEMS, PRODUCTS AND SERVICES

Products and Technology: Combine ORS and zinc packets in grocery stores, pharmacies, kiosks, etc

Supply Chain: Set up effective supply chain and quality control systems for public and private sectors

Quality Improvement: Ensure health care personnel (public and private) practice appropriate antibiotic prescription vs use of ORS and zinc and train them on how to communicate that to caregivers

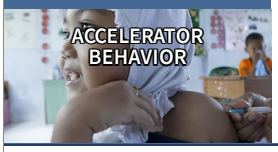
DEMAND AND USE

Communication: Provide pictorial instructions for mixing and administering ORS and daily reminders for zinc supplements

Collective Engagement: Conduct ongoing community activities about the dangers of dehydration resulting from diarrhea, the need for immediate careseeking, effectiveness of ORS and zinc, and the need for recuperative feeding after illness

USAID FROM THE AMERICAN PEOPLE FULL COURSE OF IMMUNIZATIONS

HEALTH GOAL



Improve maternal and child survival

Caregivers complete a full course of timely vaccinations for infants and children under 2 years

Percentage of children 12-23 months who had received all 8 basic vaccinations

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Accept first course of vaccinations at birth or at the first well-baby visit
2. Mobilize transport, resources and logistics
3. Seek immunizations on schedule from a qualified provider
4. Complete all immunizations per age requirements

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Service Experience: Caregivers do not return for immunizations because vaccines were not available during past visits

Accessibility: Caregivers do not use immunization services because they are often located far from households and they lack transportation options

Accessibility: Caregivers are unable to immunize their children because of lack of vaccines

Service Provider Competencies: Caregivers do not visit health providers for vaccinations because they don't trust them or believe they are doing a good job

Service Provider Competencies: Caregivers do not visit health providers because they feel mistreated by them

SOCIAL

Norms: Many caregivers do not take their child for vaccinations because of religious opposition

INTERNAL

Attitudes and Beliefs: Many caregivers do not take their child for vaccinations because they fear side effects

Attitudes and Beliefs: Many caregivers do not take their child for vaccinations because they feel that immunization is not important and does not prevent illnesses

Knowledge: Caregivers do not adhere to the immunization schedule because they do not know about the need for immunizations

Knowledge: Caregivers do not adhere to the immunization schedule because they do not know when their child should return for their next vaccine.

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Ensure vaccinations are available through regular mobile outreach

Managers: Conduct regular supervision to reinforce competencies of providers

Providers: Discuss importance, schedule and any concerns regarding vaccinations with all new mothers

Logistics Personnel: Actively monitor stocks of vaccine and cold chain viability

COMMUNITY

Religious Leaders: Actively support and encourage all new families to fully vaccinate their children

HOUSEHOLD

Family Members: Encourage and provide support to caregivers to complete immunization schedule

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Partnerships and Networks: Increase ownership and governance of programs by involving local communities in the planning and supervision of activities

Policies and Governance: Ensure vaccinations are offered for free and explore reimbursement or vouchers for transport

Policies and Governance: Ensure vaccine providers are both men and women or from religious groups to alleviate religious and cultural concerns

SYSTEMS, PRODUCTS AND SERVICES

Quality Improvement: Implement pre and in-service education training and learning opportunities for health care providers that focus on vaccination, such as to proactively address caregiver concerns during consultations

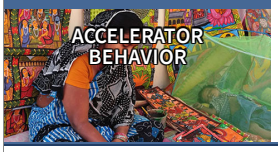
DEMAND AND USE

Communication: Highlight significant benefits of vaccinating children in communication activities to ensure that caregivers place high priority on immunization completion

Communication: Promote use of the Child Health Card to help families track immunizations

USAID INSECTICIDE-TREATED NET USE

HEALTH GOAL



Improve maternal and child survival

Population sleeps under an insecticide-treated net (ITN) correctly and consistently

- Percentage of pregnant women who slept under an insecticide-treated net (ITN) the night before the survey
- Percentage of children under age five who slept under an insecticide-treated net (ITN) the night before the survey

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Acquire sufficient ITNs to cover every sleeping space
2. Hang ITNs appropriately
3. Retreat, repair, or replace the net as needed

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Populations cannot access ITNs because ITNs are unavailable

SOCIAL

Norms: Populations do not sleep under ITNs because malaria is considered normal and unavoidable

Norms: Some populations do not sleep under ITNs when there is insufficient supply as they are not prioritized

INTERNAL

Attitudes and Beliefs: Populations do not sleep under ITNs because they fear possible adverse outcome from insecticides

Attitudes and Beliefs: Populations do not sleep under ITNs because ITNs make them hot or uncomfortable, especially during the hot season

Knowledge: Populations do not acquire or use ITNs because they do not know when or how to do so

Knowledge: Populations do not sleep under ITNs because they do not understand the benefits of using an ITN to prevent malaria

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Add local requirements for ITNs (i.e. color, length, shape preference, hanging considerations) to the procurement process

Providers: Counsel caregivers on the use of ITNs in traditional and non-traditional settings

Logistics Personnel: Use available tools (e.g. NetCALC) to ensure sufficient supply of ITNs for mass and continuous distributionr mass and continuous distribution

Managers: Couple distribution of ITN with counseling and ongoing monitoring of correct and consistent use, especially in non-permanent sleeping spaces (such as outside, kitchens, etc.)

COMMUNITY

Community and Religious Leaders: Advocate for correct and consistent use of ITNs, especially in non-permanent sleeping spaces (e.g. outside, kitchens, etc.)

HOUSEHOLD

Family Members: Obtain, hang, and ensure everyone, especially pregnant women and children under five, sleeps under an ITN

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Financing: Monitor and ensure continuous availability of free nets to ensure that the most vulnerable populations have access to ITNs

Policies and Governance: Ensure accountability of health care providers, facilities, and system (e.g. availability of commodities, quality of services, adherence to protocols, etc.) to ensure that targeted population has access to ITNs housing and population needs

SYSTEMS, PRODUCTS AND SERVICES

Products and Technology: Procure ITNs based on housing and population needs to ensure that targeted population has access to ITNs

Supply Chain: Procure and distribute adequate ITNs for mass campaigns and routine distribution channels including at antenatal care and EPI visits to ensure that the most vulnerable populations have access to ITNs

Quality Improvement: Prioritize the importance of proper procurement, distribution and counseling with providers during in-service training, supportive supervision pre-service training

DEMAND AND USE

Advocacy : Leverage community data to motivate communities and to create social accountability for ITN use

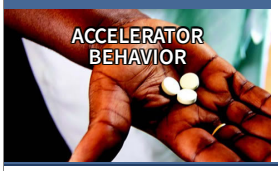
Communication: Employ appropriate SBCC activities to reinforce caregivers' knowledge on the importance, efficacy, and benefits of ITN use

Collective Engagement: Engage community members in local ownership of malaria control efforts to ensure community access to ITNs

USAID FROM THE AMERICAN PEOPLE INTERMITTENT PREVENTIVE TREATMENT OF MALARIA IN PREGNANCY

HEALTH GOAL

Improve maternal and child survival



Pregnant women complete a full course of IPTp

- Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 3 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit
- Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 2 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Decide to seek ANC care early before the end of the first trimester
2. Obtain IPTp at each ANC visit, beginning in second trimester
3. Adhere to provider instructions on when to return for the next visit

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Pregnant women cannot access SP because the SP or related commodities are unavailable

Service Provider Competencies: Pregnant women do not receive SP at each visit because providers do not have the proper technical information to adhere to national MIP guidelines

SOCIAL

Family and Community Support: Pregnant women do not seek SP because it is not promoted or encouraged by community-based community health volunteers or agents

INTERNAL

Attitudes and Beliefs: Pregnant women refuse SP because they fear the side effects

Attitudes and Beliefs: Pregnant women do not adhere to provider instructions because they do not understand the difference between drug-based prevention and treatment

Knowledge: Pregnant women do not obtain SP or adhere to provider's instructions because they are unaware of the benefits of SP for themselves and their unborn children

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Incorporate IPTp into broader reproductive health programs in collaboration with MIP point of contact and reproductive health staff

Providers: Counsel about protective benefits, timing and dosing of IPTp to all pregnant women and their partners

Providers: Administer SP appropriately during ANC visits

Logistics Personnel: Procure sufficient stock of SP or other IPTp commodity supplies

Managers: Conduct regular supportive supervisory visits with facility-based service providers to ensure proper administration of and counseling for IPTp

Managers: Seek innovative ways to provide client-friendly services closer and more convenient to the client

COMMUNITY

Community Leaders: Create or support structures that promote social accountability to encourage community-based service providers to promote the benefits of IPTp as part of ANC services

Community and Religious Leaders: Engage men and male heads of households to support the decision of pregnant women to seek ANC especially in the absence of community-based service provider support

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Partnerships and Networks: Encourage delivery of ANC and IPTp in non-formal settings, such as through NGOs and by community health workers directly in the community to ensure that ANC is accessible to all women

Policies and Governance: Integrate IPTp into reproductive health programs to ensure that all women accessing these services receive IPTp

Policies and Governance: Create or leverage the power and influence of existing community leaders and members to advocate for accountability at health facilities

SYSTEMS, PRODUCTS AND SERVICES

Supply Chain: Strengthen commodities and supply chain for Fansidar/SP or IPTp protocol at all levels to ensure adequate stock for the recommended minimum number of doses per expected pregnant woman

Quality Improvement: Disseminate to providers clear IPTp guidelines and information to use in counseling women on benefits to ensure that all women are receiving recommended IPTp during ANC

Quality Improvement: Expand and promote services offered during ANC to increase women's perceived value of IPTp

Quality Improvement: Equip health workers with relevant, locally tailored behavior-centered job aids to provide better IPTp services to women

DEMAND AND USE

Communication: Use appropriate communication approaches to promote value of preventative services to mother and unborn child

Communication: Exploit direct-to-consumer digital tools, such as mobile technologies, interactive voice response (IVR), etc. to reach women directly to convey benefits of and value for IPTp as part of routine ANC visits

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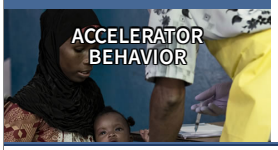
CARE FOR MALARIA

HEALTH GOAL

Improve maternal and child survival



Caregivers manage prompt and appropriate care for symptoms of malaria

Among children under age five with fever in the two weeks preceding the survey, percentage for whom advice or treatment was sought from a health facility or provider

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Recognize signs and symptoms of malaria
2. Decide to seek care
3. Mobilize transport, resources and logistics to get to a qualified provider who can test properly for malaria
4. Obtain diagnosis from a qualified provider
5. Obtain treatment based on diagnosis of the provider
6. Adhere to full course of prescribed treatment
7. Continue to feed during illnesses and offer recuperative feeding for at least two weeks

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Caregivers cannot access health facilities because facilities are too far

Accessibility: Caregivers cannot receive care because malaria prevention, diagnosis and treatment supplies are unavailable

Accessibility: Caregivers do not access formal health facilities because they exhaust all local options first

Service Provider Competencies: Caregivers cannot obtain proper diagnosis because providers do not follow National Malaria Case Management guidelines

Service Provider Competencies: Caregivers do not seek the care of providers because they may be poorly treated

Service Experience: Caregivers do not seek care because health facilities may be poorly equipped and maintained

SOCIAL

Norms: Caregivers do not seek care because fever is considered normal and is accepted

INTERNAL

Attitudes and Beliefs: Caregivers do not seek care for fever because they feel treatment is unnecessary or ineffective

Knowledge: Caregivers do not seek care because they are unaware that prompt diagnosis and treatment can prevent symptoms and complications of and death from malaria

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Providers: Prescribe anti-malarial per the national surveillance guidelines for all positive RDT results

Providers: Diagnose malaria using rapid diagnostic tests for all suspected malaria cases

Providers: Counsel caregivers on severity of malaria, importance of diagnosis, treatment, danger signs, and when and where to seek care during all interactions

Logistics Personnel: Procure sufficient stock of malaria diagnostics and supplies

Managers: Seek innovative ways to provide client-friendly services that are closer to the clients

Managers: Conduct regular supervisory visits to ensure that providers are following approved guidelines and facilities are properly equipped and maintained

COMMUNITY

Community Leaders: Support social accountability structures to ensure facilities are properly equipped, maintained, and provide quality services

Community and Religious Leaders: Emphasize the severity of malaria, importance of seeking care for fever, and efficacy of diagnosis and treatment options

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Financing: Establish transportation systems and transport within the communities to ensure access to care

SYSTEMS, PRODUCTS AND SERVICES

Supply Chain: Set up effective supply chain and quality control systems to public and private sectors to ensure diagnostic tools and treatment for other febrile illnesses are available

Quality Improvement: Train providers to adhere to test results and ensure treatment as per national guidelines, and explain protocol to caregivers

Quality Improvement: Equip health workers and community health workers with locally tailored behavior-centered job aids

Quality Improvement: Emphasize the importance of respectful quality care by providers during pre-service and in service training to ensure clients receive quality treatment

Quality Improvement: Develop facilities equipment and maintenance checklist for use by managers and providers to improve health care facilities

DEMAND AND USE

Communication: Implement SBCC activities to educate caregivers on malaria symptoms, danger signs, severity, etc.

Collective Engagement: Conduct community mobilization activities for caregiver and caregiver support systems around malaria care seeking, diagnosis, treatment and counseling to promote prompt careseeking

ANTENATAL CARE

HEALTH GOAL

Improve maternal and child survival

Pregnant women complete a full course of quality antenatal care (ANC)

Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Recognize signs and symptoms of pregnancy
2. Decide to seek ANC early - by the end of the first trimester
3. Plan transport, resources, and logistics
4. Attend all recommended ANC visits
5. Obtain all required services from qualified provider at each visit
6. Adhere to provider instructions during and following each visit, including when to return for the next visit

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Pregnant women cannot access health facilities because they are too far

Accessibility: Pregnant women do not attend multiple ANC visits because they struggle to afford the costs that come in addition to on-going essential expenditures

Service Provider Competencies: Pregnant women cannot obtain quality ANC because providers neither respect them nor effectively communicate relevant technical information or explain the benefits of the different services, tests, and medications given during ANC

Service Experience: Pregnant women do not go for ANC because the health facilities often lack the tests, medications, or supplements that women need, or payment is required when services and products should be free

SOCIAL

Family and Community Support: Many pregnant adolescents and unmarried women are reluctant to seek early care because of stigma or the risk that they will be asked to leave school or quit their job

Family and Community Support: Pregnant women do not plan to attend, or attend ANC because family and community members do not encourage or support their attendance

Norms: Pregnant women do not seek ANC because many societies have strict cultural or traditional practices around disclosure of pregnancy

INTERNAL

Attitudes and Beliefs: Pregnant women do not always perceive a value to multiple ANC visits if they have already had one or more healthy pregnancies

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Ensure maternity care is accessible via insurance schemes, conditional cash transfers (CCTs) or other financing

Policymakers: Ensure pregnant adolescents can still attend school

Providers: Offer counseling and support to pregnant women during ANC visits, including thorough explanations of services provided as well as the importance of multiple visits and adherence to supplements or medications given

Logistics Personnel: Monitor and properly forecast stock of essential tests, medicines, and supplements

Managers: Provide effective supervision and on-site support to ensure quality ANC services

COMMUNITY

Community and Religious Leaders: Publicly support or promote ANC including programs that attempt to reduce stigma and encourage women to talk to their partners about early pregnancy care

Community Health Workers / Peer Educators Encourage or actively support women to seek a full course of ANC and to continue following provider's instructions once at home.

HOUSEHOLD

Family Members: Actively participate in ANC and support women, especially first-time mothers and adolescents, in all aspects of pregnancy and delivery planning

Male Partners: Actively support finances, planning, and transportation for ANC for pregnant women

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Financing: Expand free or low-cost access to products and services through vouchers or fee exceptions to ensure access to ANC

Financing: Finance task-shifting and explore community-based service delivery such as iron and folic acid supplements

Policies and Governance: Adopt and enforce policies to permit pregnant adolescents to attend school

Policies and Governance: Establish a policy for areas with poor health facility access to have the most basic ANC services, such as iron and folic acid supplement resupply managed at the community level

SYSTEMS, PRODUCTS AND SERVICES

Supply Chain: Strengthen supply chains for essential drugs, supplements, and preventative medicines for ANC

Quality Improvement: Train and support providers to emphasize value of completing all ANC visits as well as active birth planning

Quality Improvement: Expand services and improve structures, including hours offered, types of services available, transparent costing of services when appropriate and use of ANC outreach services to encourage pregnant women to use ANC

Quality Improvement: Ensure that services are client- and family-friendly and that counseling on follow-up care is provided to both the pregnant women and any family members accompanying her

DEMAND AND USE

Communication: Use targeted media, including SMS where possible, to send tailored reminders and tips for pregnant women and their families on both ANC attendance and adherence to supplements like iron and folic acid

Communication: Create pregnancy and new-mother groups to help mothers understand the benefit of care throughout pregnancy and the post-partum period

	Attitudes and Beliefs: Pregnant women do not always comply with provider's instructions particularly related to medications, supplements, or foods because of beliefs about the adverse effects of the medication or foods on their fetus **Knowledge:** Most pregnant women attend at least one ANC visit because they understand its benefits		**Collective Engagement:** Train and use traditional leaders and traditional birth attendants to encourage women to seek early and multiple ANC visits

USAID DELIVERY IN HEALTH FACILITY

HEALTH GOAL

Improve maternal and child survival

Pregnant women deliver in a health facility with an equipped, qualified provider

Percentage of live births in the three years preceding the survey delivered at a health facility

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Identify appropriate health facility for delivery
2. Plan transport, resources and logistics required for delivery in health facility
3. Obtain all required services before, during and after delivery from qualified provider
4. Adhere to provider instructions during and following birth of infant

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Clinics are frequently far from households and transport is hard to find, especially in an emergency

Accessibility: Maternity care is not always free

Service Provider Competencies: Women want to avoid negative provider attitudes and treatment

Service Experience: Not all clinics are open or staffed 24 hours

SOCIAL

Gender: Men are not often involved in pregnancy or childbirth due to tradition, lack of information or lack of accommodation and inclusion of men in the maternal health system

Norms: Traditional birthing practices and preferences differ from women's experiences in clinics

INTERNAL

Attitudes and Beliefs : Women want a healthy baby

Attitudes and Beliefs : Many women perceive the quality of care they receive from a clinic as no better than that which they receive at home from a traditional birth attendant

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Review staffing policy to ensure maternity care is accessible 24 hours

Policymakers: Ensure affordability of care for most vulnerable via insurance schemes, CCTs, or other financing

Managers: Explore ways to offer more of what women want for their delivery in clinic setting

Providers: Actively engage men in pregnancy and delivery decisions

Providers: Offer respectful care to clients

COMMUNITY

Community Leaders: Support women with transport costs and logistics, including facilitation of community solutions like building maternity waiting shelters

HOUSEHOLD

Male Partners: Actively participate in childbirth related decisions and encourage partners to deliver in a facility

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Financing: Create national insurance schemes, use conditional cash transfers (CCTs) or establish community savings schemes to ensure all are able to access maternity services

Partnerships and Networks: Expand delivery of labor and delivery as well as EMONC services beyond formal system via avenues like social franchising

Policies and Governance: Strengthen human resources allocation to ensure 24 hour coverage at all EmONC sites and referral systems

Policies and Governance: Allow non-harmful traditional birthing practices at clinics

SYSTEMS, PRODUCTS AND SERVICES

Infrastructure: Explore creation of waiting shelters for mothers

Quality Improvement: Ensure providers are well-trained in and offer respectful maternity care

DEMAND AND USE

Communication: Leverage traditional birth attendants for counseling, referrals and support to women and families in planning for and delivering in a facility, including distribution of birthing kits

Communication: Use targeted media, including SMS where possible, to promote the improved quality of care and tailor reminders and tips for pregnant women and their families, self-created locally appropriate or picture-based birth plans

Collective Engagement: Engage community leaders and men to diffuse responsibility for women's health care

ESSENTIAL NEWBORN CARE

HEALTH GOAL

Improve maternal and child survival

Caregivers provide essential newborn care immediately after birth

⚑ Percentage of live births in the three years preceding the survey delivered at a health facility. The proxy indicator is based on the assumption that newborns are more likely to receive the elements of essential newborn care if they are born in a health facility.

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Learn the components of essential newborn care
2. Obtain essential newborn care supplies for cord cutting and care, drying and wrapping, and resuscitation
3. Make sure provider follows essential newborn care
4. Adhere to provider instructions

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: For babies born at home, families may lack key supplies including antiseptic for cord cleansing

Service Provider Competencies: Providers do not always know or follow protocol for essential newborn care

SOCIAL

Family and Community Support: For babies born at home, supporting family members or birth attendants do not know the essential newborn care actions they should be taking

Norms: Many cultures have specific rituals or beliefs dictating care of newborns including separation of mother from baby and immediate cleansing using herbs or other agents on or around the umbilical cord

INTERNAL

Attitudes and Beliefs : Families want a healthy baby

Knowledge: Many babies are not born in facilities and new mothers do not always know what essential newborn care is

Knowledge: Many providers and families are unaware that many babies born not breathing can be easily resuscitated

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Create, disseminate and enforce national guidelines for newborn care

Policymakers: Ensure availability and distribution of clean birthing kits to mothers during antenatal care visits

Providers: Follow protocols for newborn care practices

Providers: Offer counseling on newborn care practices to pregnant women during antenatal care visits and to new mothers before discharge and during postpartum visits

HOUSEHOLD

Family Members: Learn newborn care practices and support new mothers in implementing them

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Policies and Governance: Clarify and enforce clear newborn care guidelines in health facilities

Policies and Governance: Ensure community health agents and Traditional Birth Attendants (TBAs) are included in awareness raising on newborn care practices

SYSTEMS, PRODUCTS AND SERVICES

Products and Technology: Provide clean delivery and newborn care kits to mothers during ANC visits (including antiseptic)

Quality Improvement: Ensure health providers understand and follow national guidelines for newborn care including newborn resuscitation and counsel new mothers on take-home actions

DEMAND AND USE

Communication: Create pregnancy and new mother support groups to discuss and normalize all aspects of newborn care

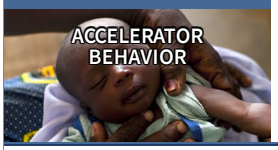
Skills Building: Offer training to pregnant women and their families on newborn care steps

USAID CARE FOR NEWBORN ILLNESS

FROM THE AMERICAN PEOPLE

HEALTH GOAL

Improve maternal and child survival



Caregivers seek prompt and appropriate care for signs and symptoms of newborn illness

Percentage of last births in the two years preceding the survey who had their first postnatal checkup in the first two days after birth. The proxy indicator is based on the assumption that caregivers who attend a postnatal checkup within the first two days are more likely to know the danger signs of newborn illness and take action, and are also accessing care during a child's most vulnerable days.

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Recognize signs and symptoms of newborn illness
2. Mobilize transport, resources and logistics to get to a qualified provider
3. Obtain care from a qualified provider
4. Adhere to full course of prescribed treatment
5. Continue breastfeeding

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Households are far from facilities, especially those which can provide care at all hours

Accessibility: Many women deliver at home and therefore miss critical signs of distress in first hours of newborn's life

Service Provider Competencies: Lack of continuum of care between antenatal care, delivery, postpartum and newborn periods reduces attention paid to child

Service Provider Competencies: Some caregivers have a low perception of the quality of care they will receive at the clinic and prefer traditional medicine options

SOCIAL

Norms: Some cultures have strict beliefs and practices relating to the first weeks of a newborn's life including the woman leaving the home or taking the newborn out of the home

INTERNAL

Attitudes and Beliefs : Some medications (antibiotics) cause side effects that are not well-understood by and are worrisome to caregivers

Attitudes and Beliefs : Families want a healthy baby

Knowledge: Caregivers do not always understand how quickly small problems can become major issues in a newborn and they do not always recognize the early signs and symptoms of serious newborn illnesses

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Ensure clear linkages between maternal and newborn care and establish protocols for community-based postpartum and newborn home visits

Providers: Offer counseling and support to pregnant women on newborn care and care-seeking at all touch points during pregnancy, delivery and in the first month of life

HOUSEHOLD

Family Members: Learn signs and symptoms of newborn illnesses and encourage new mothers to feel comfortable in seeking skilled care for their infants

Male Partners: Actively participate in ANC and support partner in learning about newborn care and care-seeking including planning for transport when and if it is required

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Policies and Governance: Ensure linkages between newborn health and postpartum care for mothers including community-based care options and home visits

SYSTEMS, PRODUCTS AND SERVICES

Quality Improvement: Ensure clinics and providers adhere to rigorous quality standards including provision of counseling on drug side-effects and adherence

DEMAND AND USE

Communication: Provide education for caregivers during antenatal and postpartum visits on newborn illness and danger signs, including plans for emergencies

Communication: Explore use of mobile phones and other innovative reminder materials to check in with new mothers in the first days post partum

Collective Engagement: Engage husbands and family members in outreach and education during pregnancy to plan support for the new mother and baby

Skills Building: Train TBAs or CHWs to conduct home visits with new mothers on day 1 and 3 of a baby's life to monitor the health of both mother and baby and provide referrals and counseling

USAID EARLY INITIATION OF BREASTFEEDING

HEALTH GOAL

Improve maternal and child survival

Mothers initiate breastfeeding within one hour after delivery

Among last-born children born in the two years preceding the survey the percentage who started breastfeeding within 1 hour of birth

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Place newborn on breast immediately (within first hour) after birth
2. Allow newborn to suckle immediately (no prelacteal feeding) even if milk does not appear to be present

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: There is a lack of enforcement or existence of policies banning distribution of breast milk substitutes in health facilities

Accessibility: Environment is crowded with promotion and presence of breast milk substitutes

Service Provider Competencies: Providers lack skills required to counsel on importance of and techniques for early initiation

Service Provider Competencies: Babies are often separated from mother immediately to be cleaned or wrapped and often kept separated

SOCIAL

Family and Community Support: Extended families do not always support new mothers with immediate breastfeeding, especially if the baby is born at home

Norms: Babies are often immediately given other fluid, food or substance based on cultural practices

INTERNAL

Attitudes and Beliefs : Many mothers do not understand the benefit of early breastfeeding and colostrum

Self-Efficacy: Mothers feel they might not have enough or any milk

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Institutionalize baby-friendly hospital initiatives within the health system

Policymakers: Pass and enforce the international code preventing marketing of the Breast Milk Substitutes (BMS)

Providers: Train mothers on techniques of early initiation and the need to avoid any other prelacteal feeding

Providers: Support the need to keep mother and baby together immediately after birth

Providers: Counsel on early initiation of breastfeeding during antenatal care visits

HOUSEHOLD

Family Members: Support and assist with early initiation

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Policies and Governance: Create structured policy frameworks (e.g. Baby Friendly Hospitals) that keep mother and baby together

Policies and Governance: Enact regulations to ensure adherence to BMS Code

SYSTEMS, PRODUCTS AND SERVICES

Quality Improvement: Ensure health facilities have a provider trained in lactation

DEMAND AND USE

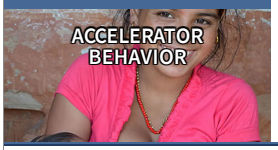
Communication: Add early initiation to the full range of counseling materials used during antenatal care visits and pregnancy support groups and organize community dialogues and home visits before pregnancy to discuss and prepare with family members

Skills Building: Work with traditional birth attendants on the importance of supporting women with immediate breastfeeding

USAID EXCLUSIVE BREASTFEEDING

HEALTH GOAL

Improve maternal and child survival



Mothers breastfeed exclusively for six months after birth

Percentage of youngest children under two years of age living with the mother who are exclusively breastfed from age 0-5 months

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Decide to exclusively breastfeed
2. Plan with family members and other supporting actors for ways to work through breastfeeding concerns and challenges (i.e. feed the baby breastmilk if away from the baby)
3. Do not give any other substance before initiating breastfeeding wthin the first hour
4. Make sure baby latches properly to the breast
5. Feed only breastmilk day and night when the baby is hungry or when it is time (8-12 times per 24 hour period)
6. Do not give or allow others to give the child water, other liquids, substances, or foods
7. Allow time to feed, feeding until the first breast offered feels soft, and then offering the second breast
8. Seek care for breast or breastfeeding problems

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Women often have to return to school or work before the baby is 6 months old, leaving the baby during the day usually without breast milk

Accessibility: Environment is crowded with promotion and presence of breast milk substitutes

Accessibility: Women lack access to assistance on the proper techniques to breastfeed or how to resolve problems when they occur

SOCIAL

Family and Community Support: Family members do not support exclusive breastfeeding due to time, value, worry of illness or appropriateness

Norms: Completely exclusive breastfeeding until 6 months is not always common

INTERNAL

Attitudes and Beliefs : Most women believe that breastfeeding is good for their children

Self-Efficacy: Women are not confident that they have sufficient milk supply or quality

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Pass and enforce the Code to the Marketing of Breast Milk Substitutes (BMS)

Policymakers: Update maternity leave policies

Policymakers: Enact and enforce Baby-Friendly standards in hospitals, maternity homes, and health centers

Providers: Counsel mothers on ease and benefits of exclusive breastfeeding first, then on how to succeed at exclusive breastfeeding (breastfeeding techniques)

Employers: Offer breastfeeding areas or pumping breaks at work, if it is feasible for women to bring their infants to work

HOUSEHOLD

Family Members: Especially fathers and grandmothers, encourage and support mothers to exclusively breastfeed (do not offer the infant water or foods, help with chores as needed and ensure a nutritious diet for the mother)

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Partnerships and Networks: Make alliances with pediatric associations, social welfare, and environmental groups to promote exclusive breastfeeding

Policies and Governance: Create structured policy framework supportive of exclusive breastfeeding Baby-Friendly hospitals, maternity leave regulations, and the enactment and enforcement of the BMS Code

SYSTEMS, PRODUCTS AND SERVICES

Quality Improvement: Train clinic or community-based providers in lactation management

DEMAND AND USE

Communication: As part of new mother support groups, offer proactive tips for successful breastfeeding and discuss importance of exclusivity until age 6 months, similar to the La Leche League in the US

Collective Engagement: Identify ways to engage men and extended family members in supporting women to exclusively breastfeed

USAID COMPLEMENTARY FEEDING

HEALTH GOAL

Improve maternal and child survival

Caregivers feed adequate amounts of nutritious, age-appropriate foods to children from 6 to 24 months of age, while continuing to breastfeed

Percentage of breastfed children age 6-23 months fed four or more food groups and the minimum meal frequency

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Obtain animal source foods and other nutrient-rich fruits and vegetables for daily meals
2. Prepare and offer food of appropriate consistency based on age
3. Prepare and feed required number of meals based on age
4. Prepare and feed meals of adequate amounts based on age
5. Prepare and feed meals hygienically

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Many households lack sufficient quantity and diversity of foods to feed child the required meals

Service Provider Competencies: Providers lack the information and skills needed to effectively counsel caregivers on complementary feeding

SOCIAL

Family and Community Support: Heads of household and other family members often do not see the need to prepare "special" food for infant child

Gender: Often certain foods are reserved for men or heads of household

Norms: Some cultural and traditional practices promote a hands-off attitude toward feeding the young child

INTERNAL

Knowledge: Link between optimum feeding practices and children's healthy growth and development are not well understood

Knowledge: Many caregivers have insufficient information on when to initiate, what and how much food to give, and how to feed

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Create national nutrition policy that integrates complementary feeding into the training and supervision of health workers on child health

Policymakers: Create nutrition safety net programs or conditional cash transfer programs in food insecure areas

Policymakers: Leverage and collaborate with private sector to expand access to a variety of options for nutrient rich foods

Providers: Counsel caregivers and household members on when, how, and how much to feed the infant children, including demonstrations

COMMUNITY

Community Leaders: Promote a variety of farming practices and prioritization of the young child's diet to ensure availability of adequate and nutritious foods for infant children

HOUSEHOLD

Family Members: Support prioritization of food and active feeding style of infant or young child

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Policies and Governance: Create multi-sectoral National Nutrition Policies that emphasize nutritious agricultural production and practices

Policies and Governance: Enact food security programs that include Conditional Cash Transfers or Vouchers or Nutrition Safety Net programs

SYSTEMS, PRODUCTS AND SERVICES

Quality Improvement: Train and provide refresher training on complementary feeding practices among community and facility-based providers

DEMAND AND USE

Advocacy : Use tools like the length mat to begin to illustrate linear growth and discuss the connection with quality of diet

Communication: Conduct community nutrition education programs to promote the "cost-benefits" of complementary feeding

Collective Engagement: Facilitate family and community dialogue including reflection on fatherhood, to address inequitable food division in the household

Skills Building: Offer cooking classes at a variety of venues frequented by mothers of young children (e.g. essential food markets, community events, etc.)

USAID ADOLESCENT FIRST BIRTH

HEALTH GOAL

Improve maternal and child survival

Sexually active adolescents use a modern contraceptive method to delay first birth until after age 18

Percentage of sexually active unmarried women age 15-19 currently using any modern method of contraception

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Decide to use a modern contraceptive method
2. Obtain family planning counseling from a qualified provider
3. Select appropriate modern contraceptive method
4. Obtain chosen method
5. Use chosen method as instructed

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Hours and locations of services are not convenient for adolescents

Service Experience: Policies around adolescent sexual and reproductive health are not always clear, including clinic guidelines on parental permission, rights to privacy, and requirement for physical exams

Service Provider Competencies: Clinics do not always maintain privacy for adolescents and providers often deny care or judge adolescents who do seek family planning

SOCIAL

Family and Community Support: Adolescents, especially girls, often have no social support for accessing family planning and suffer stigma and social exclusion if they do

Gender: Traditional concepts of masculinity drive sexual decision making

Norms: Adolescent sexuality is often highly moralized in communities and can be especially taboo for girls

INTERNAL

Self-Efficacy: Many adolescents, especially girls, do not feel confident to discuss family planning with sexual partners or to seek it from a provider

Knowledge: Adolescents have limited information on sexuality, reproduction and contraceptive methods

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Create and enforce clear policies establishing adolescents' rights to access a wide variety of modern contraception methods without judgement and with the expectation of privacy

Providers: Offer adolescent-friendly contraception services, including assurance of privacy and acceptance, counseling on appropriate methods and continuous care

COMMUNITY

Community Leaders: Provide forums for the broader community to discuss the issue of girls' safety, support to girls' future planning, and adolescent reproductive health service utilization

HOUSEHOLD

Family Members: Support and actively engage in all aspects of adolescents' life including relationships and sexuality

Male Partners: Discuss and mutually agree on when and how to plan for the future

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Financing: Ensure sexual reproductive health services are provided to adolescents at no-cost or highly subsidized (via vouchers, social franchising or other financing models)

Partnerships and Networks: Use variety of service delivery mechanisms (outreach, posts, social franchising, etc.) and innovative partners to reach a wide range of adolescents and create confidence in accessing services

Policies and Governance: Ensure and enforce clear policy around adolescents' right to access contraception services confidentially, respectfully and without a physical exam

SYSTEMS, PRODUCTS AND SERVICES

Products and Technology: Offer a full range of contraceptive options to adolescents including long-acting reversible contraceptives

Quality Improvement: Train providers to offer adolescent-friendly services including providing confidential, nonjudgmental information and services, accurate information on medical eligibility criteria for adolescent contraceptive use, etc.

DEMAND AND USE

Communication: Use adolescent-appropriate media to reinforce messages and normalize both adolescent access and use of modern contraception, and create opportunities for community-wide reflection on gender norms, and other issues and concerns

Communication: Create peer-to-peer clubs and other opportunities to work with male and female adolescents on masculinity, healthy relationships and communication

Skills Building: Ensure schools adopt comprehensive sexual and reproductive health curriculum covering family planning options and deliver it by age rather than grade

USAID BIRTH SPACING

FROM THE AMERICAN PEOPLE

HEALTH GOAL

Improve maternal and child survival

After a live birth, women or their partners use a modern contraceptive method to avoid pregnancy for at least 24 months

Percentage of currently married or in union women using family planning for spacing

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Obtain family planning counseling from a qualified provider
2. Select appropriate modern contraceptive method
3. Obtain chosen method
4. Use chosen method as instructed

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Commodity supply is irregular or sporadic, especially for certain methods

Service Provider Competencies: Some providers do not emphasize the importance of birth spacing in discussing family planning

Service Provider Competencies: Providers are sometimes rude, judgemental or do not maintain confidentiality

SOCIAL

Norms: Large families are often the norm and the risks of children spaced closely together are not well-understood or accepted

Family and Community Support: Community and religious leaders often resist family planning on moral grounds, though less-so the notion of birth spacing

Gender: Men often see large families or a frequently pregnant partner as sign of virility and strength

INTERNAL

Attitudes and Beliefs : Many women and men fear side effects of contraception

Knowledge: Couples do not always understand benefits of birth spacing for their families

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Logistics Personnel: Plan and manage contraceptive supplies to ensure consistent supply of stocked commodities

Providers: Offer respectful care and comprehensive counseling on the benefits of birth spacing and other specific birth spacing messages

COMMUNITY

Community Leaders: Publicly support birth spacing and seek out spaces to discuss with men and women both on the importance of healthy birth spacing

HOUSEHOLD

Male Partners: Actively support wives to select and implement appropriate birth spacing method

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Partnerships and Networks: Extend commodity supply outlets via social franchising or community based distribution networks

Partnerships and Networks: Use community and faith-based organizations, including places of worship, to share and discuss birth spacing

SYSTEMS, PRODUCTS AND SERVICES

Supply Chain: Enhance use of Logistics Management Information Systems to better estimate contraceptive needs

Quality Improvement: Expand birth spacing entry points into Integrated Management of Childhood Illness clinics, postnatal care, etc.

Quality Improvement: Integrate specific birth spacing messages and communication skills into pre-service health worker curricula

DEMAND AND USE

Advocacy : Develop birth spacing and Family Planning Advocacy Toolkit to garner support from different levels of leadership

Communication: Use community open forums (with materials produced above) to discuss birth spacing services

Communication: Produce and disseminate birth spacing materials to families that position birth spacing as the healthiest option for a family

USAID HANDWASHING WITH SOAP

HEALTH GOAL

Improve maternal and child survival

Family members wash hands with soap under running water at 4 critical times [after defecation, after changing diapers, before food preparation and before eating]

Among households where place for handwashing was observed, percentage of households with soap and water. Soap includes soap or detergent in bar, liquid, powder or paste form.

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Construct or purchase handwashing station
2. Obtain soap and water
3. Maintain handwashing station with soap and water at all times

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Often, families lack readily available water and secured soap for handwashing

SOCIAL

Family and Community Support: Extended family members do not reinforce handwashing, especially among younger children

Norms: Handwashing at all critical times is not regularly practiced or reinforced by communty members

INTERNAL

Attitudes and Beliefs : Many family members believe that it is disgusting not to wash hands after defecation or before handling food

Attitudes and Beliefs : Family members often view handwashing as a form of nurturing for children

Knowledge: Many are unaware of the diseases transmitted by hands

Knowledge: Family members forget to wash hands at the critical moments

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Establish financing schemes for soap and handwashing stations

COMMUNITY

Community Leaders: Promote hand washing at community events and public locations like schools, maintain a handwashing station in own household, and find ways to create reminders for handwashing at home or in the community

Community Leaders: Support local soap and handwashing station marketing efforts

HOUSEHOLD

Family Members: Encourage and assist children to wash their hands as a way of avoiding ingestion of feces

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Policies and Governance: Monitor and ensure availability of low-cost soap and handwashing stations for the most vulnerable

SYSTEMS, PRODUCTS AND SERVICES

Products and Technology: Develop locally appropriate handwashing stations and train families how to construct stations themselves

Products and Technology: Integrate soap storage into handwashing station designs that reduce the risk of spoilage or theft of the soap

Quality Improvement: Train providers to promote handwashing with caregivers

DEMAND AND USE

Advocacy : Support community leaders with tools to make handwashing behavior public, including installation of HW stations in public locations and publicly tracking the behavior

Communication: Use media channels to highlight the risks of not washing hands with soap and promote the benefits of handwashing with soap behaviors (not washing hands after defecation and before eating means eating feces)

Communication: Create context disruptions and visual cues in the community and household to provide reminders for handwashing

USAID SAFE DISPOSAL OF HUMAN FECES

HEALTH GOAL

Improve maternal and child survival

Family members safely dispose of human feces

Percentage of households with improved and non-shared toilet facilities

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Decide to build or access a latrine
2. Build or access an improved latrine
3. Always use the latrine for human feces, including feces from babies
4. Cover the latrine hole
5. Maintain latrine and surroundings

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: Products needed to build an improved latrine are unavailable locally or in small quantities

Accessibility: Physical constraints (e.g. height of ground water, hardness of ground) make building a latrine difficult

Accessibility: Families have insufficient resources to build a latrine

SOCIAL

Norms: No neighbors have a latrine, so families do not understand why they need one

INTERNAL

Attitudes and Beliefs : Families do not believe baby feces is dirty and do not throw it into the latrine

Attitudes and Beliefs : Families prefer to use the outdoors where the air is fresh

Attitudes and Beliefs : People feel proud and prestigious when they think they can have their own household latrine

Knowledge: Families do not know how to build an improved latrine

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Adopt open defecation free (ODF) policy and sanitation regulations for the country

COMMUNITY

Community Leaders: Support local sanitation marketing efforts and construction training to improve accessibility

Community Leaders: Build institutional latrines (schools, clinics)

HOUSEHOLD

Family Members: Save a portion of available income for sanitation needs

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Financing: Offer financing or credit mechanisms for household sanitation improvements and sanitation businesses

Partnerships and Networks: Form surveillance cadres (government, international and local NGOs) to track ODF communities

SYSTEMS, PRODUCTS AND SERVICES

Products and Technology: Investigate new sanitation technologies for geographically constrained situations

Quality Improvement: Facilitate improved private-sector markets to increase access to latrine options and construction, small-scale supplies, or delivery options

DEMAND AND USE

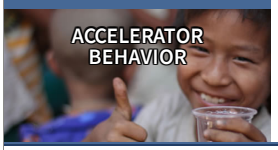
Communication: Use regular community forums to share data and progress on ODF status and discuss challenges

Skills Building: Train local cadres of masons and builders

USAID SAFE DRINKING WATER

HEALTH GOAL

Improve maternal and child survival



Family members drink safe water

Percentage of households whose main source of drinking water is an improved source

BEHAVIOR ANALYSIS

STEPS

What steps are needed to practice this behavior?

1. Collect water from an improved source in a clean container
2. Transport water in a clean, covered container
3. When necessary, treat water by boiling, solar water disinfection (SODIS), chlorination or filtration
4. Store water in a clean, covered container out of reach of children
5. Retrieve water using a clean long-handled implement
6. Provide water to children with clean cup

FACTORS

What factors may prevent or support practice of this behavior? These should be analyzed for each country context.

STRUCTURAL

Accessibility: It can be difficult to find water treatment products in local market or health centers

Accessibility: It is usually expensive or time consuming to collect from improved water sources or to treat water

SOCIAL

Norms: Households believe that others in community have adopted safe water behaviors

INTERNAL

Attitudes and Beliefs : Many family members do not like the taste of chemically-treated water

Attitudes and Beliefs : Often family members believe that drinking treated water is only required during illness

Attitudes and Beliefs : Many are willing to change water collection, treatment, and storage behaviors to improve their health

Knowledge: Most are not aware of the link between unsafe water and diarrheal episodes

Skills: Many are unable to correctly use treatment options or equipment

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior?

INSTITUTIONAL

Policymakers: Prioritize water and sanitation development projects for rural communities

COMMUNITY

Community Leaders: Model healthy behaviors by adhering to safe water handling and treatment behaviors

STRATEGY

POSSIBLE PROGRAM STRATEGIES

How might we focus our efforts based on this analysis?

ENABLING ENVIRONMENT

Financing: Support market-based approaches including micro-credit and loans

Policies and Governance: Support regulatory reforms that increase and improve the quality of water treatment and storage options available in the market

SYSTEMS, PRODUCTS AND SERVICES

Infrastructure: Support national planning to improve water systems development

Quality Improvement: Train and equip health care personnel to conduct interpersonal communication with clients on the importance of correct water handling and treatment at all times to prevent disease

DEMAND AND USE

Collective Engagement: Train and equip community leaders to promote the benefits of correct water handling and treatment within households

Skills Building: Develop point-of-use and education interventions at the household-level to train families on correct water handling, treatment options and equipment