

BEHAVIOR PROFILE: CARE FOR MALARIA

HEALTH GOAL

1. Reduce malaria mortality by one-third from 2015 levels in PMI-supported countries, achieving a greater than 80 percent reduction from PMI's original 2000 baseline levels. 2. Reduce malaria morbidity in PMI-supported countries by 40 percent from 2015 levels.

BEHAVIOR



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

STRATEGY

BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>What steps are needed to practice this behavior?</p> <p>Behavior</p> <p>Caregivers manage prompt and appropriate care for symptoms of malaria</p> <p>Steps</p> <ol style="list-style-type: none"> Recognize symptoms of malaria Decide to seek care Mobilize transport, resources and logistics to get to a qualified provider who can test properly for malaria Obtain diagnosis from a qualified provider Obtain treatment based on diagnosis of the provider Adhere to full course of prescribed treatment Continue to feed during illnesses and offer recuperative feeding for at least two weeks 	<p>What factors may prevent or support practice of this behavior?</p> <p>STRUCTURAL</p> <p>Accessibility: Caregivers cannot access health facilities because facilities are too far.</p> <p>Accessibility: Caregivers cannot receive care because malaria prevention, diagnosis and treatment supplies are unavailable.</p> <p>Accessibility: Caregivers do not access formal health facilities because they exhaust all local options first.</p> <p>Service Provider Competencies: Caregivers cannot obtain proper diagnosis because providers do not follow National Malaria Case Management guidelines.</p> <p>Service Provider Competencies: Caregivers do not seek the care of providers because they may be poorly treated.</p> <p>Service Experience: Caregivers do not seek care because health facilities may be poorly equipped and maintained.</p> <p>SOCIAL</p> <p>Norms: Caregivers do not seek care because fever is considered normal and is accepted.</p> <p>INTERNAL</p> <p>Attitudes and Beliefs: Caregivers do not seek care for fever because they feel treatment is unnecessary or ineffective.</p> <p>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.</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p>INSTITUTIONAL</p> <p>Managers: Seek innovative ways to provide client-friendly services that are closer to the clients.</p> <p>Managers: Conduct regular supervisory visits to ensure that providers are following approved guidelines and facilities are properly equipped and maintained.</p> <p>Logistics Personnel: Procure sufficient stock of malaria diagnostics and supplies.</p> <p>Providers: Diagnose malaria using rapid diagnostic tests for all suspected malaria cases.</p> <p>Providers: Prescribe anti-malarial per the national surveillance guidelines for all positive RDT results.</p> <p>Providers: Counsel caregivers on severity of malaria, importance of diagnosis, treatment, danger signs, and when and where to seek care during all interactions.</p> <p>COMMUNITY</p> <p>Community Leaders: Support social accountability structures to ensure facilities are properly equipped, maintained, and provide quality services.</p> <p>Community and Religious Leaders: Emphasize the severity of malaria, importance of seeking care for fever, and efficacy of diagnosis and treatment options.</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>Strategy requires Communication Support</p> <p>ENABLING ENVIRONMENT</p> <p>Financing: Establish transportation systems and transport within the communities to ensure access to care.</p> <p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Supply Chain: Establish effective supply chain and quality control systems for public and private sectors to ensure diagnostic tools and treatment for other febrile illnesses are available.</p> <p>Quality Improvement: Train providers to adhere to test results, to ensure treatment per national guidelines, and to explain protocol to caregivers.</p> <p>Quality Improvement: Equip health workers and community health workers with locally tailored behavior-centered job aids.</p> <p>Quality Improvement: Emphasize the importance of respectful quality care by providers during pre-service and in service training to ensure clients receive quality treatment.</p> <p>Quality Improvement: Develop facilities equipment and maintenance checklist for use by managers and providers to improve health care facilities.</p> <p>DEMAND AND USE</p> <p>Communication: Implement SBCC activities to educate caregivers on malaria symptoms, danger signs, severity, etc.</p> <p>Collective Engagement: Conduct community mobilization activities for caregiver and caregiver support systems around malaria care seeking, diagnosis, treatment and counseling to promote prompt careseeking.</p>