



BEHAVIOR PROFILE: SEASONAL MALARIA CHEMOPREVENTION (SMC)

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

↗ Proportion of children aged 3–59 months (of those targeted) who received the full number of courses of SMC per transmission season. (Source: WHO)

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 administer required full course of sulfadoxine-pyrimethamine/amodiaquine (SP/AQ) during transmission season</p> <p>Steps</p> <ol style="list-style-type: none"> 1. Register all eligible children 2. Seek or receive sufficient SP/AQ for each eligible child (through community distribution or at distribution point) for each round 3. Adhere to three day treatment regimen for each round 4. Repeat each round [either three or four times] 	<p>What factors may prevent or support practice of this behavior?</p> <p>STRUCTURAL</p> <p>Accessibility: Caregivers cannot access services because caregivers are unavailable during SMC registration</p> <p>Accessibility: Caregivers cannot receive SP/AQ because commodities are unavailable</p> <p>Accessibility: Caregivers cannot access services because they are unavailable during administration of SP/AQ</p> <p>SOCIAL</p> <p>Norms: Female caregivers do not register or receive SP/AQ for their children because of certain cultural norms and beliefs</p> <p>INTERNAL</p> <p>Attitudes and Beliefs: Caregivers do not register for SMC because they believe their children should be tested before they receive a malaria drug</p> <p>Knowledge: Caregivers do not register for SMC because they do not understand the difference between drug-based prevention and treatment</p> <p>Knowledge: Caregivers do not adhere to the SP/AQ protocol (3 doses, number of rounds, hoard, share) because they do not understand the provider's instructions</p> <p>Knowledge: Caregivers have sought and received SP/AQ adhered providers' instructions for their children because they have previously used SP/AQ and recognized direct positive health effects following a full course</p> <p>Knowledge: Caregivers do not repeatedly use SP/AQ for their children because their children they have previously experienced adverse effects</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p>INSTITUTIONAL</p> <p>Managers: [at the central level] Deliver SMC drugs at seasonally-appropriate and convenient times to sub-national level managers</p> <p>Logistics Personnel: Plan for replacement stock overages in case of rejection or vomiting</p> <p>Logistics Personnel: Procure sufficient stock of SMC drugs for all rounds</p> <p>Providers: Inform and sensitize communities about the SMC schedule to reduce the proportion of children who miss rounds</p> <p>COMMUNITY</p> <p>Community Leaders: Disseminate information and reminders to caregivers about dates for upcoming SMC rounds, before first round and every subsequent round</p> <p>Religious Leaders: Inform community members about the purpose and timing of SMC of campaign during services and events</p> <p>HOUSEHOLD</p> <p>Family Members: Provide supportive counseling and encourage caregivers to give the full preventative dose of medication to their children</p> <p>Male Partners: Seek information about the SMC process, including direct and indirect benefits of SMC for children</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>↗ <i>Strategy requires Communication Support</i></p> <p>ENABLING ENVIRONMENT</p> <p>Policies and Governance: Recruit a female CHW workforce for community distribution in areas where cultural and social norms may prohibit access to SMC to ensure that all households are covered by SMC</p> <p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Supply Chain: Strengthen commodities and supply chain for SP/AQ at all levels to ensure adequate stock and availability for all eligible children</p> <p>Quality Improvement: Conduct door-to-door follow-up visits to households with children that were missed during registration or distribution to ensure that all eligible children are reached by SMC</p> <p>Quality Improvement: Train CHWs in technical, interpersonal, and cultural competencies to ensure that all eligible children are reached by SMC</p> <p>DEMAND AND USE</p> <p>Communication: Plan and implement community-based SBCC activities in advance of SMC campaign to increase awareness of SMC benefits, process, and schedule</p>