

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

Caregivers administer required full course of sulfadoxine-pyrimethamine/amodiaquine (SP/AQ) during transmission season

✔ 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

What steps are needed to practice this behavior?

What factors may prevent or support practice of this behavior?

Who must support the practice of this behavior, and what actions must they take?

What strategies will best focus our efforts based on this analysis?

Behavior

Caregivers administer required full course of sulfadoxine-pyrimethamine/amodiaquine (SP/AQ) during transmission season

Steps

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]

STRUCTURAL

Accessibility: Caregivers cannot access services because caregivers are unavailable during SMC registration.

Accessibility: Caregivers cannot receive SP/AQ because commodities are unavailable.

Accessibility: Caregivers cannot access services because they are unavailable during administration of SP/AQ.

SOCIAL

Norms: Female caregivers do not register or receive SP/AQ for their children because of certain cultural norms and beliefs.

INTERNAL

Attitudes and Beliefs: Caregivers do not register for SMC because they believe their children should be tested before they receive a malaria drug.

Knowledge: Caregivers do not register for SMC because they do not understand the difference between drug-based prevention and treatment.

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.

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.

Knowledge: Caregivers do not repeatedly use SP/AQ for their children because their children they have previously experienced adverse effects.

INSTITUTIONAL

Managers: [at the central level] Deliver SMC drugs at seasonally-appropriate and convenient times to sub-national level managers.

Logistics Personnel: Plan for replacement stock overages in case of rejection or vomiting.

Logistics Personnel: Procure sufficient stock of SMC drugs for all rounds.

Providers: Inform and sensitize communities about the SMC schedule to reduce the proportion of children who miss rounds.

COMMUNITY

Community Leaders: Disseminate information and reminders to caregivers about dates for upcoming SMC rounds, before first round and every subsequent round.

Religious Leaders: Inform community members about the purpose and timing of SMC of campaign during services and events.

HOUSEHOLD

Family Members: Provide supportive counseling and encourage caregivers to give the full preventative dose of medication to their children.

Male Partners: Seek information about the SMC process, including direct and indirect benefits of SMC for children.

Strategy requires Communication Support

ENABLING ENVIRONMENT

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.

SYSTEMS, PRODUCTS AND SERVICES

Supply Chain: Strengthen commodities and supply chain for SP/AQ at all levels to ensure a adequate stock and availability for all eligible children.

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.

Quality Improvement: Train CHWs in technical, interpersonal, and cultural competencies to ensure that all eligible children are reached by SMC.

DEMAND AND USE

Communication: Plan and implement community-based SBCC activities in advance of SMC campaign to increase awareness of SMC benefits, process, and schedule.