

# BEHAVIOR PROFILE: CARE FOR PNEUMONIA

## HEALTH GOAL

Improve maternal and child survival

## BEHAVIOR

Caregivers appropriately manage care for signs and symptoms of pneumonia in children

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



## 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><b>Behavior</b></p> <p>Caregivers appropriately manage care for signs and symptoms of pneumonia in children</p> <p><b>Steps</b></p> <ol style="list-style-type: none"> <li>1. Decide to and seek care immediately for fast or difficult breathing</li> <li>2. Arrange logistics to reach a trained provider (including a trained CHW)</li> <li>3. Obtain appropriate diagnosis and treatment from a trained provider</li> <li>4. Follow advice of trained provider, including referral, adherence to full course of prescribed treatment, and prevention of recurrence</li> <li>5. Continue breastfeeding, other fluids, and feeding as appropriate for age and severity of illness</li> <li>6. Provide extra breastfeeds and food according to age for at least 2 weeks following illness</li> </ol>	<p>What factors may prevent or support practice of this behavior?</p> <p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Caregivers cannot obtain care for pneumonia because of distance from households and transportation challenges.</p> <p><b>Accessibility:</b> Caregivers cannot obtain care for pneumonia because services or treatment options, particularly antibiotics, are unavailable (e.g., due to stockouts) or not affordable (e.g., inability to obtain full amounts of prescribed medications because of cost).</p> <p><b>Service Provider Competencies:</b> Caregivers do not take their children to health providers to receive care for pneumonia because they have been or have heard others were mistreated during past visit(s).</p> <p><b>Service Provider Competencies:</b> Caregivers do not adhere to the full course of prescribed treatment because providers' guidance is unclear on how to use the antibiotics and continue feeding.</p> <p><b>Service Experience:</b> Caregivers are discouraged from seeking care for pneumonia because facilities are often poorly equipped, poorly supplied, or poorly staffed.</p> <p><b>SOCIAL</b></p> <p><b>Family and Community Support:</b> Caregivers do not seek care from a health facility for children with pneumonia because they often lack support from a spouse or other influential social actors.</p> <p><b>Norms:</b> Caregivers do not seek care for pneumonia at a health facility because cultural beliefs often discourage it.</p> <p><b>INTERNAL</b></p> <p><b>Attitudes and Beliefs:</b> Caregivers stop giving antibiotics too soon because they feel the medicines were no longer needed due to their children either rapidly improving or showing no to minimal improvement after completing a few days of treatment.</p> <p><b>Knowledge:</b> Caregivers do not seek care for pneumonia because they do</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p><b>INSTITUTIONAL</b></p> <p><b>Policymakers:</b> Formulate national policy to provide free or low-cost treatment for children under five at community and facility levels from trained public and private health care providers.</p> <p><b>Managers:</b> Provide appropriate mentoring, training, supervision, and management of personnel tasked with service provision, logistics, reporting, and other service functions.</p> <p><b>Managers:</b> Plan and implement adequate staffing at all health service levels and locations.</p> <p><b>Logistics Personnel:</b> Proactively monitor stock levels and forecast needed medical supplies and drugs, including pulse oximetry and supplemental oxygen.</p> <p><b>Providers:</b> Apply respectful care, diagnosis, and treatment according to national guidelines (iCCM /IMCI), looking carefully for danger signs.</p> <p><b>Providers:</b> Make appropriate referrals and clearly counsel on illness management (such as giving fluids, finishing prescribed drugs, and appropriate feeding) and prevention practices (such as immunization, handwashing with soap, healthy diet, and avoiding smoke).</p> <p><b>Providers:</b> Counsel caregivers and confirm their understanding regarding the importance of completely following the treatment instructions for a successful outcome even if the symptoms disappear before all medication is finished and instructions for signs/symptoms that should prompt return to the facility for additional care.</p> <p><b>Health System Decision-Makers:</b> Provide transportation or vouchers for referrals to higher level care, including emergency transportation.</p> <p><b>COMMUNITY</b></p> <p><b>Community Leaders:</b> Establish community transport schemes for urgent care seeking.</p> <p><b>HOUSEHOLD</b></p> <p><b>Family Members:</b> Encourage caregivers to seek treatment with trained health providers at onset of symptoms and help to find transport and handle other needed logistics to enable the caregiver.</p> <p><b>Family Members:</b> Provide support in adhering to prescribed treatment, including reminding about, helping to prepare, and providing the full course of prescribed treatment, appropriate feeding, and adequate fluid intake.</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>Strategy requires Communication Support</p> <p><b>ENABLING ENVIRONMENT</b></p> <p><b>Policies and Governance:</b> Formulate national policy to provide free or low-cost treatment for children under five at community and facility levels of care from trained public and private health care providers.</p> <p><b>Policies and Governance:</b> Formulate policies that ensure community involvement in how health care facilities are staffed and supervised.</p> <p><b>Policies and Governance:</b> Provide a mechanism for facilitating emergency transportation or obtaining vouchers for transportation to referrals based on need.</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Supply Chain:</b> Set up effective supply chain and quality control systems to ensure the availability of medical supplies, including pulse oximetry and supplemental oxygen, and drugs (especially those that are free or reduced price), in the public and private sectors.</p> <p><b>Quality Improvement:</b> Train and equip community health workers to diagnose, treat, counsel, and refer as needed for pneumonia.</p> <p><b>Quality Improvement:</b> Train private sector pharmacy staff to recognize, appropriately treat and counsel, or refer children with symptoms of pneumonia.</p> <p><b>Quality Improvement:</b> Train and provide supportive supervision to all providers in respectful care, appropriate detection, diagnosis and management, and counseling, with a focus on severe respiratory conditions, treatment, adherence, prevention, and on accurate and timely reporting.</p> <p><b>Quality Improvement:</b> Seek and appropriately use financing and other support to provide urgent and emergency transportation to higher level facilities, including for referrals.</p> <p><b>Quality Improvement:</b> Recruit, place, and retain adequate numbers of trained health personnel</p> <p><b>DEMAND AND USE</b></p> <p><b>Communication:</b> Conduct family forums and utilize all well-child health visits to work with mothers and families on the recognition of symptoms of childhood illness, including pneumonia, and the importance of immediate care seeking with a CHW or at the nearest facility.</p>

not know the symptoms and danger signs of pneumonia or recognize the seriousness of the illness.

**Knowledge:** Caregivers do not appropriately feed during and after illness because their knowledge of optimal levels of intake and types of food at these times is limited.

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**Skills:** Caregivers do not adhere to the prescribed treatment because they lack the skills to prepare and administer the medication or food in a way that is palatable for children.

**Skills:** Caregivers do not adhere to the full course of antibiotics because they forget to give children the medication.

**Communication:** Develop visual, written, or technology-based messages to remind caregivers about antibiotic doses and recuperative feeding and provide tips on preparing medication and food for sick and recovering children.

**Skills Building:** Train and equip community and religious leaders to facilitate care seeking through support of CHWs and community mobilization to ensure transport or access to financing schemes that make adequate care possible.

**Skills Building:** Conduct community sessions to explain to parents the use of widely available confectionery for helping the child practice swallowing tablets and preparation methods to make medications more palatable for children.