

# President's Malaria Initiative (PMI) – Washington Office, April 2016 to August 2018

**USAID Lead:** USAID Washington PMI

**Partners:** USAID Washington PMI and Washington Social and Behavior Change Team Members

## Background:

The Washington PMI team wanted to achieve three goals: 1) to provide global guidance to Missions on priority malaria caregiver behaviors without limiting their ability to contextualize the needed analysis around these behaviors; 2) to provide a starting point for Mission PMI teams programming country malaria activities; and 3) to incorporate provider actions into the analysis and programming on needed behaviors.

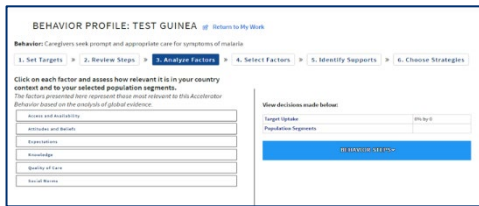


Figure 1: Behavior Profile Creation Tool BEFORE



Figure 2: Behavior Profile Creation Tool AFTER

## Key Activities:

The ACCELERATE and Washington PMI teams worked together to prioritize four caregiver behaviors, and thoroughly analyzed each. This collaboration was instrumental in the development of the Behavior Profile Creation tool (Figures 1 and 2), which became the basis for defining intentional pathways to change, and a fundamental component of Behavior Integration. As a result of the work around caregiver behaviors, the team also examined and developed key barriers and motivators for five provider actions which support the adoption of the priority caregiver behaviors. Work with the Washington PMI team was also foundational in creating a Behavior Summary Tool, which identifies commonalities in factors across priority behaviors (Figure 3). Finally, this collaboration with ACCELERATE helped to motivate the Washington PMI team to develop a behaviorally-focused activity in Guinea, supported by ACCELERATE at-a-distance.

## Key Learning:

Together the team learned that (1) a simple, straightforward, structured framework (now called a Behavior Profile) is essential to capture all the needed information about priority behaviors; (2) a Global Behavior Profile can provide a useful example for countries to follow when creating their context-specific pathways; and (3) considering providers as a supporting actor in influencing what is needed to ensure caregivers adopt the desired behaviors allows programmers to include activities for them, while still focusing on the priority behaviors.

## Key Outputs:

Key outputs comprised four global malaria Behavior Profiles; five global Provider Action Profiles; a simple, structured framework for analyzing behaviors and creating intentional pathways to change that is now being used by USAID and implementing partners alike; and the basis for a tool to summarize across priority behaviors.

	REPORTING (Track)	CLINICAL (Treat, Treat)	INTERPERSONAL (Counsel, Respect)
STRUCTURAL	Accessibility: Lack of required supplies (Track, Test, Treat)		
	Accessibility: Inconsistent registers (Track)		
SOCIAL	Facility Experience: Promotion of clients' own role during and ongoing (Track)	Facility Experience: Lack of respect due to understaffed facilities (Track, Respect)	
	Family and Community Support: Lack of adequate or regular supportive supervision, mentoring, and peer support (AD)	Family and Community Support: (Peer Support) Competition with and lack of support from peers (Track, Test, Respect)	
	Attitudes and Beliefs: Pressure to report high volume figures and to present work positively (Track)	Attitudes and Beliefs: Disagreement with evidence (Test, Treat)	Attitudes and Beliefs: Feeling that clients' social status is lower or undervalued (Counsel)
INTERNAL	Attitudes and Beliefs: Fear of trial results from non-response (Track)	Attitudes and Beliefs: Perception that disrespectful and abusive treatment is normal (Disrespect)	
	Knowledge: Unclear guidelines and protocols (Track, Test, Treat, Counsel)		Knowledge: Do not know how to properly counsel on test, results and treatment (Counsel) Knowledge: Different definitions and understanding of respect/ care (Respect)

Figure 3: Summary of Provider Factors