GUINEA BEHAVIOR PROFILE: Care seeking

Health Goal: To bring the country to pre-elimination by the end of 2022, by reducing malaria-related morbidity and mortality by 75% compared to 2016 levels.

Accelerator Behavior: Population seeks prompt and appropriate care for symptoms of malaria

Proportion of children under five years old with fever in the last two weeks for whom advice or treatment was sought
Proportion of children under five with fever in the last two weeks who had a finger or heel stick
Proportion receiving an ACT among children under five years old with fever in the last two weeks who received any antimalarial drugs

Behavior Analysis			Strategy
Steps	**Factors**	**Supporting Actors and Actions**	**Possible Program Strategies**
1. Recognize symptoms of malaria 2. Mobilize transport, resources and logistics to get to a qualified provider who can test properly for malaria 3. Obtain diagnosis from a qualified provider 4. Adhere to full course of prescribed treatment 5. Continue to feed during illnesses and offer recuperative feeding for at least two weeks (children under 5)	**Attitudes and beliefs**: Caregivers and population often prefer to seek care from unqualified providers who are closer **Expectations**: Belief by caregivers and population that malaria medicines will make a difference (that they work) **Expectations**: Caregivers and population want to assist child early on when sick **Knowledge**: Caregivers and population are unaware that early treatment leads to better outcomes **Knowledge**: Caregivers misunderstand the seriousness of convulsions and need to seek immediate help **Social norms**: Very few community members and leaders involve themselves in community mobilization around malaria **Access and Availability**: Health clinics are often located far from communities **Access and Availability**: Do not have consistent stock of malaria diagnostic and treatment supplies in the public sector **Quality of Care**: Caregivers and population are often treated poorly by providers and do not want to seek their help **Quality of Care**: Providers must be able to effectively educate on symptom recognition **Quality of Care**: Providers must be able to properly test, diagnose and treat	**Local NGOs**: Support malaria treatment and adherence efforts **Local NGOs**: Recruit, train and manage CHWs **Community Leaders**: Create opportunities to sensitize community on correct and prompt care-seeking treatment for fevers from qualified providers **Community Leaders/Organizations/ Private sector**: Establish community transport system with corresponding financing schemes **NMCP**: Establish guidelines, norms, protocols for malaria treatment and diagnosis **NMCP**: Effectively train and supervise clinic providers **NMCP**: Establish and implement framework for training and supervision of CHWs (iCCM) **Managers and Logistic Personnel**: Ensure quality malaria diagnostic and treatment supplies available, including functioning stock and logistics management system **Providers**: Counsel on treatment, danger signs and when to come back **Providers**: Correctly diagnose and treat malaria (including referral) **Providers**: Treat caregivers respectfully. **Providers includes clinic and CHW* ***NMCP includes secretariat and district/provinces*	Enabling Environment: 1. Financing: Establish transportation system and transport within communities 2. Inst. Capacity Bldg: Improve capacity of NMCP to manage, implement and monitor care and treatment activities 3. Inst. Capacity Bldg: Improve capacity of decentralized NMCP to manage, implement and monitor care and treatment activities 4. Policies and Governance: Ensure malaria diagnosis and treatment protocols reflect latest international guidance and are distributed throughout the country Systems, Products and Services Strengthening: 1. Quality improvement: Train providers (health facility and CHW) in technical and interpersonal skills in effective diagnosis, treatment and counseling as per national guidelines. 2. Supply chain: Set up effective supply chain, including LMIS, and quality control systems to ensure diagnostic and treatment supplies consistently available. (TES, EUV) Demand and Use: 1. Communication: Develop and implement communications strategy targeting all aspects of care-seeking behavior 2. Communication: Develop essential materials package for malaria diagnosis and treatment for all levels 3. Mobilization: Conduct community mobilization activities for caregiver and caregiver support systems around malaria care-seeking, diagnosis and treatment

GUINEA BEHAVIOR PROFILE: ITN use

Health Goal: To bring the country to pre-elimination by the end of 2022, by reducing malaria-related morbidity and mortality by 75% compared to 2016 levels.

Accelerator Behavior: Population sleeps under an insecticide-treated net (ITN)

Proportion of households with at least one ITN
Proportion of households with at least one ITN for every two people
Proportion of children under five years old who slept under an ITN the previous night
Proportion of pregnant women who slept under an ITN the previous night

Behavior Analysis			Strategy
Steps	**Factors**	**Supporting Actors and Actions**	**Possible Program Strategies**
1. Acquire sufficient ITNs to cover every sleeping space 2. Hang ITNs appropriately 3. Sleep under ITN all night, every night	**Expectations:** Many have a desire to avoid other pests at night through use of an ITN **Knowledge**: Some are unaware of the causes and ways to prevent malaria **Self-efficacy**: Many lack the confidence that they can control malaria **Skills**: Some do not know how to maintain and repair ITNs for sustained use **Threat**: Many fear possible adverse outcomes due to insecticides used in ITNs **Gender norms**: Pregnant women and children are not always prioritized in cases of insufficient ITN quantity in a home **Social Norms**: Many perceive malaria as a normal and accepted part of life **Access and Availability**: Often insufficient stock of effective ITNs to ensure universal coverage via mass distribution or continuous distribution channels **Access and Availability**: Hanging an ITN can be a challenge due to lack of space in a house, changing sleeping spaces, net design issues or other	**Local NGOs**: Support ITN distribution efforts **Local NGOs**: Reinforce messages on malaria prevention and correct and consistent ITN use, maintenance and repair. **Community Leaders**: Monitor ITN use in communities, reinforce messages on malaria prevention and encourage and support HH in correct and consistent use of ITNs **Family members**: Encourage everyone, especially pregnant women and children, to sleep under ITN **Providers**: Counsel pregnant women, caregivers of children and their partners on correct and consistent use of ITNs **NMCP**: Ensure that ITNs are appropriate (length, shape preference, hanging considerations) and effective in Guinean context **NMCP**: Ensure consistent messaging about benefits of ITN use, care and maintenance **Manager and logistics personnel**: Ensure quality ITNs available in sufficient quantities for mass and continuous distribution, including functioning stock and logistics management system.	Enabling Environment: 1. Financing: Monitor and ensure availability of nets for continuous and mass distribution 2. Inst. Capacity Bldg: Improve capacity of NMCP to manage, implement and monitor continuous and mass distribution of ITNs 3. Inst. Capacity Bldg: Improve capacity of decentralized NMCP to manage, implement and monitor continuous and mass distribution of ITNs Systems, Products and Services Strengthening: 1. Products and technology: Ensure procurement of ITNs matches household and population needs and local conditions (ento, durability) 2. Supply chain: Set up effective supply chain, including LMIS, and quality control systems to ensure quality ITNs available for continuous and mass distribution. 3. Quality improvement: Train providers (health facility and CHW) in interpersonal skills to encourage ITN use. Demand and Use: 1. Communication: Develop and implement communications strategy targeting all aspects of ITN use including care and maintenance. 2. Develop essential communications materials package for ITN use, care and maintenance for all levels 3. Mobilization: Conduct community mobilization activities to emphasize impact of malaria on most vulnerable, efficacy and safety of use and social accountability for practice of behavior

GUINEA BEHAVIOR PROFILE: IPTp

Health Goal: To bring the country to pre-elimination by the end of 2022, by reducing malaria-related morbidity and mortality by 75% compared to 2016 levels.

Accelerator Behavior: Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits

Proportion of women who received three or more doses of IPTp for malaria during ANC visits during their last pregnancy

Behavior Analysis			Strategy
Steps	**Factors**	**Supporting Actors and Actions**	**Possible Program Strategies**
1. Seek ANC early 2. Attend 3 or more ANC visits 3. Demand IPTp at each ANC visit, beginning in second trimester 4. Adhere to provider instructions	**Attitudes and Beliefs**: Many women fear that disclosure of pregnancy will expose them to sorcery **Expectations**: Most women desire a health pregnancy and birth outcome **Social Norms**: Many communities view early disclosure of pregnancy as taboo **Knowledge**: Many women are unaware of the protective benefits of IPTp to themselves and their unborn child **Social support**: Often IPTp is not endorsed or promoted by community-based services **Access and availability**: Health clinics are often far from communities **Access and availability**: Many clinics lack ancillary supplies such as cups and clean water **Access and availability**: There is often not consistent stock of Fansidar/SP at clinics **Quality of care**: Many provider lack knowledge on IPTp including when to begin IPTp	**Local NGOs and Community Leaders**: Support and encourage all women and their partners to seek early ANC, complete at least 3 visits and demand IPTp. **Local NGOs**: Recruit, train and manage CHWs **Family members**: Especially husbands, support and encourage pregnant women to seek early ANC, complete at least 3 visits and demand IPTp **Providers**: Counsel about protective benefits, timing and dosing of IPTp to pregnant women and their partners **Provider:** Administer and obsereve ingestion of correct dosage, correctly record and report. **NMCP**: Establish protocols for IPTp (training, supervision, communication) **NMCP**: Establish and implement framework for training and supervision of CHWs (interpersonal communication and possible community ANC) **NMCP and other policy makers**: Ensure integration of IPTp with broader RH programs including training (pre- and in-service) **Managers and Logistic Personnel**: Ensure quality SP and anciallary supplies available, including functioning stock and logistics management system	Enabling Environment: 1. Policies and Governance: Integrate IPTp into RH programs 2. Policies and Governance: Ensure IPTp protocols reflect latest international guidance and are distributed throughout the country 3. Inst. Capacity Bldg: Improve capacity of NMCP to manage, implement and monitor care and treatment activities 4. Inst. Capacity Bldg: Improve capacity of decentralized NMCP to manage, implement and monitor care and treatment activities Systems, Products and Services Strengthening: 1. Quality improvement: Train providers (health facility and CHW) in technical and interpersonal skills in effective diagnosis, treatment and counseling as per national guidelines. 2. Quality improvement: Explore delivery of ANC and IPTp through CHWs 3. Supply chain: Set up effective supply chain, including LMIS, and quality control systems to ensure IPTp drugs and supplies consistently available. Demand and Use: 1. Communication: Develop and implement communications strategy targeting ANC and IPTp use 2. Communication: Develop essential materials package for IPTp for all levels 3. Mobilization: Conduct community mobilization activities to reposition value of preventive services to mother and unborn child

GUINEA BEHAVIOR PROFILE: SMC

Health Goal: To bring the country to pre-elimination by the end of 2022, by reducing malaria-related morbidity and mortality by 75% compared to 2016 levels.

Accelerator Behavior: Caregivers provide SMC during peak transmission period in selected areas

Percentage of children aged 3–59 months who received three courses of SMC per transmission season.

Behavior Analysis			Strategy
Steps	**Factors**	**Supporting Actors and Actions**	**Possible Program Strategies**
1. Acquire sufficient sulfadoxine-pyrimethamine plus amodiaquine for children under 5 in SMC zones 2. Adhere to 3-day treatment regimen each month for target period	**Access and Availability:** Often there is inconsistent stock of SP+AQ **Access and Availability:** Health clinics are often located far from communities **Expectations:** Many caregivers and family members belief that SMC will work to prevent malaria **Social Norms**: Very few community members and leaders involve themselves in community mobilization around malaria **Social Support**: SMC is seldom endorsed and promoted by community-based services **Quality of Care:** Providers must be able to correctly educate on administration of SMC **Knowledge:** Many caregivers do not understand correct administration of SMC	**Community Leaders**: Monitor SMC adherence in communities **Community Leaders:** Reinforce messages on malaria prevention and encourage and support HH in correct administration of SMC **Local NGOs**: Support SMC adherence efforts **NMCP**: Establish guidelines, norms, protocols for SMC **NMCP**: Effectively train and supervise providers **Local NGOs**: Recruit, train and manage CHWs **Managers and Logistic Personnel**: Ensure SMC supplies available, including functioning stock and logistics management system	Enabling Environment: 1. Inst. Capacity Bldg: Improve capacity of NMCP to manage, implement and monitor care and treatment activities 2. Inst. Capacity Bldg: Improve capacity of decentralized NMCP to manage, implement and monitor care and treatment activities 3. Policies and Governance: Ensure SMC protocols reflect latest international guidance and are distributed throughout the country Systems, Products and Services Strengthening: 1. Quality improvement: Train providers (health facility and CHW) in technical and interpersonal skills in effective administration of SMC as per national guidelines. 2. Supply chain: Set up effective supply chain, including LMIS, and quality control systems to ensure SMC drugs and supplies consistently available. Demand and Use: 1. Communication: Develop and implement communications strategy targeting SMC 2. Communication: Develop essential materials package for SMC for all levels 3. Mobilization: Conduct community mobilization activities for caregiver around SMC