



**Executive Summary of the Knowledge,
Attitude, Behavior and Practice Study in
Guinea
2016**



ACCESS SMC

Achieving catalytic expansion of seasonal malaria chemoprevention in the Sahel

RESPONDENTS.

Majority of interviewees in this study were women at 93%, 95.4% of whom are married. They are mostly (47.9%) aged between 25 to 34 years. Koranic studies are the most common studies by those interviewed at 30.3%, and majority of the population in the areas investigated are Muslims at 97%. In terms of occupation, the target includes a significant number of merchants at 36.2% and workers at 30.3%. Households were predominantly children and adults under the age of 50. In 44.9% of households, the main source of income is commerce and nearly 80% of the household's expenditure is dedicated to food. Generated income is higher between the months of October and March.

GENERAL INFORMATION ON HEALTH.

In general, the reception is considered warm by the mothers who are satisfied with the professionalism of the providers. The organization of the structures and their operations are also important elements for communities who pay attention to the cleanliness of the health centers. Communication with providers is considered satisfactory as it reassures the patient. The quality of the information transmitted is also seen as a genuine indicator of the provider's competence.

In addition, home visits are very much appreciated by communities as they benefit from the health professional's undivided attention. Patients feel valued and taken into consideration as they receive personalized and better advice.

Confidence in care structures is significant. Mothers make use of health facilities for the care of children aged between 0-5 years. However, others use traditional medicine. Health workers are aware of the attractiveness of traditional medicine to communities in the event of failure of modern therapies. They often pointed out, however, that people tend to visit health centers in the event of symptoms which they consider to be malaria and only when the symptoms are less known, they refer to traditional healers.

GENERAL INFORMATION ON MALARIA.

The vectors of malaria transmission are well known by mothers and caregivers. 98.4% quoted the bites of mosquitoes, however, there is flawed knowledge. More than six in ten respondents believe the disease could spread through spoiled foods or through sexual intercourse (more than one in 10 people).

The most frequently cited means of prevention by parents and caregivers is sanitation (89.5%), followed by the use of mosquito nets (78.5%). There is very little mention of preventive treatment (just under three in ten). In nearly seven out of ten households, everyone sleeps under a mosquito net. In Dinguiraye, on the other hand, this practice is less widespread with only 35.8%. In this area, the use of a mosquito net is more common with children under six months of age.

Nearly three quarters of the population sleep every night under a mosquito net in Koubia with rates above 85%. There is also a notable increase in the use of bednets during the rainy season (from 73.9% to 84%) and in particular in the district of Gaoual with an increase of 26.5 points. In households where children do not sleep under mosquito nets, the main reason cited is the unavailability of nets (67.5%).

The main symptoms of malaria are well known, in particular the first cited fever (94.5%) in almost all districts, particularly in Dinguiraye (100%). It is also noted that the cough is considered by one quarter of the respondents as one of the symptoms of malaria particularly in Tougué and Gaoual.

In general, those responsible for children with malaria only have them consulted the day after the first signs (47.6%). Only 38.3% have their children consulted at the first signs of malaria, especially in the district of Koundara where health centers are the most visited for both malaria (70.9%) and general service (73.4%). For malaria cases, hospitals and health posts are less visited with only 19% and 17.1%.

OWNERSHIP OF SMC.

The various aspects of SMC are rather well known to primary targets. Indeed, 93% of the mothers and caregivers interviewed knew that SMC is aimed at children from 3 to 59 months. 86.1% know that the treatment protects against malaria and 82.1% declare the treatment duration for each cycle is 3 days.

Overall, the Dinguiraye district has significantly higher rates than the other SMC intervention areas. Almost all targets in the areas surveyed at 97.1%, have at least one child who has benefited from SMC in the year of 2015.

Over nine out of ten believe that SMC protects their child against malaria, although very few know the duration and effectiveness of the protection. Fewer than one in ten claim that SMC's term of protection is 28 days.

Almost all SMC beneficiaries actually administered the second and third doses of medication to their child, 94.5% for the second dose and 92.4% for the third dose. The methods taught to prepare CPS medicines are not spontaneously restored by the beneficiaries, the majority say that blending the white and yellow tablets (43.2%) is the most common, without giving more precision. Only 63.2% report adding water and sugar to crushed tablets.

Adherence to the campaign was generally effective. All those who had benefited from SMC in the 2015 campaign (96.6%) expressed their intention to re-engage their children. The main reasons for this are drug efficacy (37.3%) and its ability to fight malaria (35.5%). Expectations for SMC would mostly be the availability of drugs at the right time (49.1%) and the ease of preparation and administration of treatment (36.6%).

Generally speaking, the treatment is generally taken without any difficulty, as well as for the second (81.5% without difficulties) and the third (88.9% without difficulties). In a few cases (less than once in 10), there is a refusal on the part of the children or difficulties to crush the medicines. The expectations of the beneficiaries vis-à-vis the program relate mainly to its sustainability. The major disadvantage cited by more than half of the beneficiaries (61.6%) is the bitter taste of the drugs.

EVALUATION OF THE 2015 COMMUNICATION CAMPAIGN.

In SMC areas, eight out of ten people have heard of it and in Dinguiraye, SMC interventions are known to all respondents. The districts of Gaoual and Koundara are areas where SMC is less known with results of 30.4% and 38.2% respectively.

The majority of people know about SMC, 70% of whom have heard of it before the distribution, especially in Dinguiraye and Tougué. Gaoual is the only area in which awareness of the program was largely provided (65%) at the time of the interventions. Both before and during the campaign, the main sources of information on SMC remain the same: radio broadcasts, town criers and community health workers. However, a less significant impact of radio broadcasts during the months of SMC intervention (from 70.4% to 56.5%) was observed in favor of an increase in the impact of community health workers from 30.8% to 45.3%.

Radio, community health workers and town criers were the most effective methods used to communication around the campaign. Also cited are the Mosque and the market. Spontaneously, people who have heard of SMC say that they have mostly identified it as a "means of preventing malaria for children" (71.5%). Free medication is mentioned by less than 4 out of 10 respondents. In Dinguiraye the message was perfectly retained (100%). 90.5% of those familiar with the campaign found the messages clear and 90.1% thought it enhanced their understanding of the SMC.

For those who have never heard of SMC, the radio is still the best media tool used to inform people about this type of campaign. Among the forms of communication desired in the SMC intervention zones, we note the radio at 66.2%, home visits at 30% and community health workers at 30%.

In terms of interpersonal communication, health care workers, were 56.7% of doctors and 54.5% of community health workers, are the most credible categories for mothers and babysitters. In the district of Dinguiraye, this place is mainly granted to community health workers to 97.2%.

As far as media communication is concerned, radio broadcasts were at 76.8% and spots at 16.1%.
