

# Community level understanding of the concept of pre-referral treatment and impact on referral-related decision-making following provision of rectal artesunate.

## A qualitative study in Western Uganda

Anthony Nuwa<sup>1</sup>, Clare Strachan<sup>2</sup>, Denis Muhangi<sup>3</sup>, Peter Okui<sup>4</sup>, Michelle Helinski<sup>2</sup>, James K. Tibenderana<sup>2</sup>

<sup>1</sup>Malaria Consortium Uganda, <sup>2</sup>Malaria Consortium Africa, <sup>3</sup>Social Work and Social Administration, Makerere University, <sup>4</sup>National Malaria Control Programme, Ministry of Health, Kampala, Uganda

### Introduction

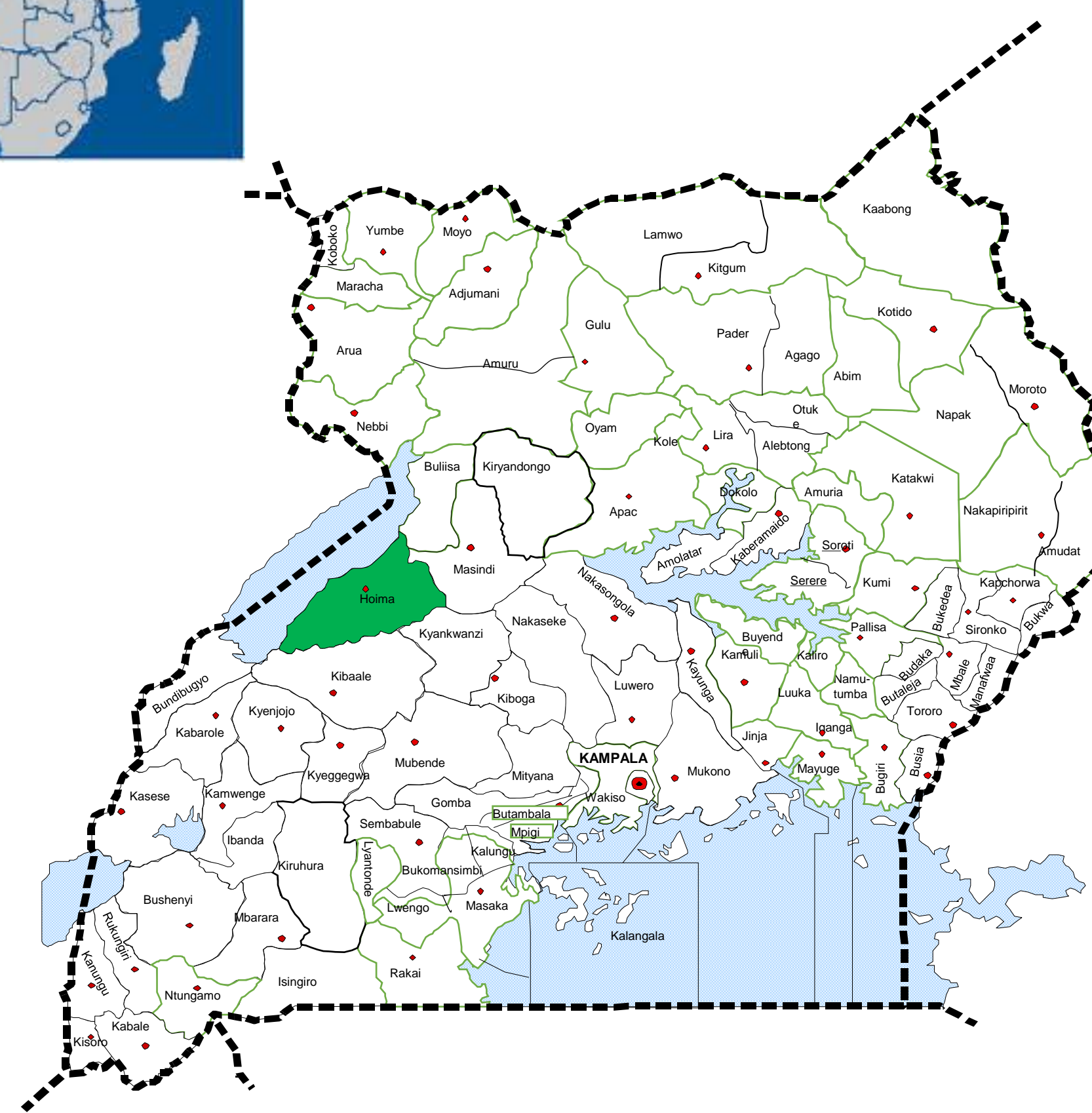
Where children with suspected severe malaria are far from hospital and cannot be treated orally, provision of rectal artesunate (RAS) prior to referral can reduce the risk of mortality and permanent disability. Rectal artesunate interrupts disease progression, by rapidly reducing the parasite load.

Since 2009 Malaria Consortium has been supporting the Uganda Ministry of Health in the implementation of integrated Community Case Management (iCCM). Pre-referral treatment has formed an integral part of this programming. Successful pre-referral treatment with RAS for suspected severe malaria requires operative linkages between community health workers (CHWs) and referral facilities, as well as acceptance of pre-referral treatment and adherence to referral practices by both caregivers and CHWs. This study investigated how the concept of 'pre-referral treatment' is used in referral related decision-making following provision of RAS at the community level.

### Methods

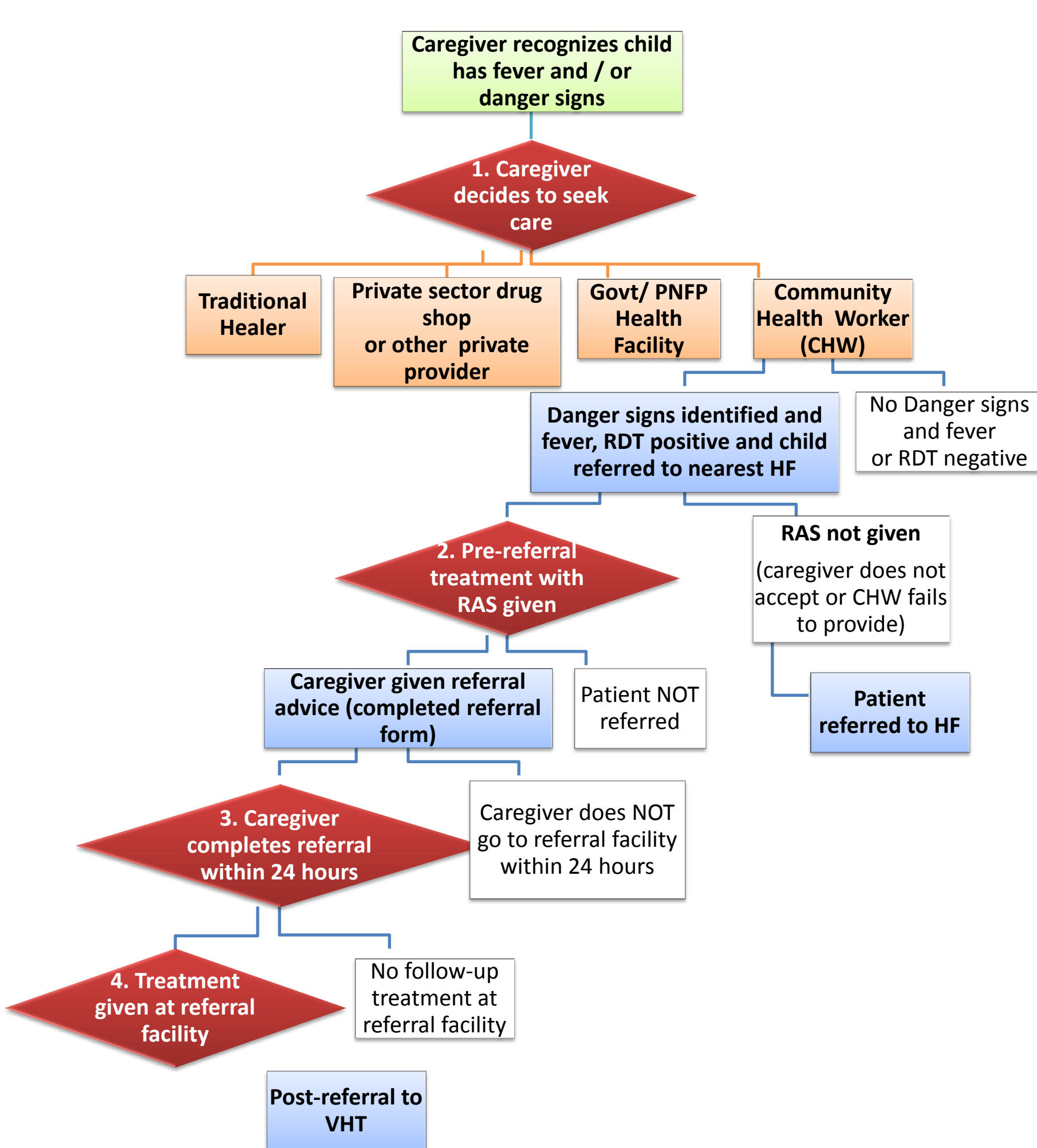
Qualitative data was collected through 62 in-depth narrative interviews with caregivers of children under five who received RAS within the previous three months, as well as associated CHWs who provided the treatment. Nineteen focus group discussions incorporating 'vignettes' from the narrative interviews were held with male and female caregivers; 12 with CHWs and women representatives, and 20 semi-structured interviews with traditional healers. Thematic analysis followed the "framework" approach.

#### The study area



### Results

- The CHWs were generally aware of the scope of information to be given to caregivers on prescribing RAS including urgency for referral, yet there was insufficient emphasis on RAS not being a full treatment for severe malaria.
- Information shared by the CHW was influenced by the condition of the child and perceived readiness of the caregiver to accept advice.
- Adherence to referral advice was found to be positively affected by the severity of symptoms.
- Knowledge of, or experience with, traditional herbal rectal medications positively contributed to the acceptability of RAS.
- Previous experience with Artemisinin-based Combination Therapy as a treatment for uncomplicated malaria appeared to reinforce RAS as a comparative complete treatment for severe malaria, thus reducing likelihood to complete referral.



### Conclusions

Caregiver's interpretation of the CHWs pre-referral treatment and advice was found to influence their decisions to promptly complete referral. CHW advice should emphasise that the purpose of RAS is to only provide temporary relief prior to facility treatment and that is not full treatment for severe malaria, and dangers of not completing referral. Behaviour change communication and training activities could help promote these messages.

### Acknowledgements

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