Local Perspectives on Barriers to Effective Malaria Treatment in Rural Tanzania: Qualitative Results from the INDEPTH Effectiveness and Safety Studies Platform (INESS)

Background and Objectives:
We present qualitative data from the INDEPTH Effectiveness and Safety Studies platform (INESS) in Tanzania to examine the contextual factors affecting people's timely access to effective malaria treatment. INESS which was conducted in the Rufiji and Kilombero/Ulanga health and demographic surveillance system (DSS) sites in 2010, is a longitudinal evidence base for the assessment of safe and efficacious drugs in real life settings. The main objective of the INESS qualitative data is to provide each HDSS site with qualitative information about the social, cultural, and behavioral factors affecting the uptake and adherence to ACTs.

Methods:
Site selection
Two DSS areas
• Rufiji DSS
• Ifakara DSS (Kilombero/Ulanga)

Community selection
Two communities per DSS area were purposively selected based on their proximity to the health center:
• 1 community located ≤5 km from the health center
• 1 community located >5 km from the health center

Data collection
Four qualitative data collection methods were used:
• 4 - Seasonal Calendars to document seasonal factors that may shape malaria-related perceptions and behaviors in the community.
• 8 - Focus Group Discussion (FGD) to explore community members’ perceptions of malaria and its treatment
• 28 - Illness Narrative Interviews (INI) to examine people’s actual experience with a suspected malaria episode that they or a child <5 years of age experienced in the past two weeks.
• 15 - In-Depth Interviews (IDI) with providers to explore providers’ malaria diagnosis and treatment behaviors (health workers and drug shop vendors).

Results:
• Community members perceived antimalarial drugs stock outs to occur throughout the year, usually during the second half of each month.
• Perceptions of when community members were most likely to experience other barriers to care (i.e. bad roads, limited cash on hand) coincided with the months they perceived malaria to be most common.

Conclusions:
• Lack of diagnostic tools, drug shortages, limited cash supplies, and long wait times at health facilities continue to be obstacles to accessing timely malaria treatment in rural Tanzania.

Acknowledgements
The INESS Tanzania Team and the INDEPTH Network for their support.