

# Integrated delivery of oral rehydration solution and zinc with seasonal malaria chemoprevention in Chad

## Increasing access to diarrhoea treatments for children in rural communities

### Background

Diarrhoea remains a leading cause of malnutrition and death among children under five globally.<sup>[1]</sup> According to a Global Burden of Disease study, Chad recorded the highest under-five mortality rate from diarrhoea in 2021, with 560 deaths per 100,000 children — substantially higher than the regional average.<sup>[2]</sup> Despite the simplicity and effectiveness of treatment with oral rehydration solution and zinc (ORSZ), a 2019 UNICEF report showed that coverage and uptake remain low. Across Chad, less than 30 percent of cases of diarrhoea in under-fives are treated with oral rehydration solution, falling to below 10 percent in some areas.<sup>[3]</sup> As with many rural areas, communities in Moulkou health district, south-western Chad, face barriers to accessing effective treatment for diarrhoea.

To address this gap, Malaria Consortium and Clear Solutions are evaluating the integrated delivery of ORSZ through the seasonal malaria chemoprevention (SMC) platform in Moulkou health district. Malaria Consortium's SMC programme has achieved high coverage through community-based, door-to-door delivery, offering an established and trusted platform for health service delivery. Building on Clear Solutions' successful ORSZ distribution in Nigeria and Malaria Consortium's expertise in SMC delivery in Chad,<sup>[4]</sup> this project explores whether layering health services can increase access to life-saving treatments for children in hard-to-reach communities.

### Country

Chad

### Funder

Clear Solutions

### Length of project

May 2025 – March 2026

## Project outline and objectives

Malaria Consortium and Clear Solutions will test a community-based model for delivering co-packaged ORSZ alongside routine SMC delivery, targeting 13,000 children aged 0–59 months across all nine health facility catchment areas in Moulkou health district. The project aims to assess both feasibility and impact of the integrated model. Project implementation will take place in two phases. An operational test will be conducted in one catchment area during SMC cycle 1 to test feasibility, identify operational challenges and gather feedback from community distributors and caregivers. Then, a refined, district-wide rollout will be implemented in the remaining areas during SMC cycle 4. Training, messaging, supervision and logistics will be adjusted based on learnings from the first phase to improve delivery and strengthen community engagement.

Key objectives:

- Determine the feasibility of integrating ORSZ distribution into the SMC campaign without compromising coverage and quality.
- Increase ORSZ use for the treatment of diarrhoea in the three months following distribution.
- Evaluate the cost of the integrated delivery model.
- Identify behavioural, contextual and operational factors influencing understanding and use of ORSZ.

## Activities

Integrated training for community distributors will combine existing SMC protocols with ORSZ-specific content, key messages and practical demonstrations. A refresher session will reinforce learning before the district-wide rollout. With supervisory support, trained community distributors will provide ORSZ to all caregivers during door-to-door SMC visits, together with guidance on recognising diarrhoea symptoms, correct use of ORSZ, safe storage and when to seek further care.

## References

1. World Health Organization. Diarrhoeal disease [Internet]. WHO; 2023. Available from: [www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease](http://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease)
2. Institute for Health Metrics and Evaluation (IHME). Chad profile: Global burden of disease study 2021 (GBD 2021), Diarrhoea diseases compare. IHME, University of Washington; 2023. Available from: <http://ihmeuw.org/71kv>
3. Institut National de la Statistique, des Études Économiques et Démographiques (INSEED), Ministère de l'Économie et de la Planification du Développement, UNICEF. Enquête par grappes à indicateurs multiples (MICS6), Tchad 2019, Rapport des résultats de l'enquête [Internet]. N'Djaména, INSEED, UNICEF; 2021.
4. Malaria Consortium. Malaria Consortium's seasonal malaria chemoprevention programme: Philanthropy report 2024. Malaria Consortium; 2025. Available from: [www.malariaconsortium.org/resources/malaria-consortiums-seasonal-malaria-chemoprevention-programme-philanthropy-report-2024](http://www.malariaconsortium.org/resources/malaria-consortiums-seasonal-malaria-chemoprevention-programme-philanthropy-report-2024)

A separate orientation session will be held for key Ministry of Health stakeholders at the district level.

Malaria Consortium will procure and deliver quality-assured ORSZ co-packs using data recording tools to track ORSZ stock from the supplier to community distributors.

Using a monitoring and evaluation framework, the project team will assess project delivery and impact. Surveys before and after distribution will measure changes in caregiver knowledge and ORSZ use, and the impact on SMC delivery. Focus group discussions and interviews with caregivers, community distributors and health workers will help to evaluate community experiences and identify areas for improvement. Findings from the first phase will help refine implementation of the second phase.

## Outcomes and impact

**Co-delivery could reduce deaths from diarrhoea among young children living in rural areas.** The project team aims to demonstrate that integrated delivery of ORSZ through the SMC platform can significantly expand access to diarrhoeal treatment in areas with limited health services, without compromising coverage and quality of SMC. The project is expected to improve caregivers' knowledge and treatment-seeking behaviours, resulting in increased use of ORSZ and reduced risk of severe dehydration in young children.

**Evidence to support scale-up and further integration of community health interventions.** Lessons from this project will inform future programme design and scale-up in Chad and similar settings. Evidence generated on cost and operational feasibility will guide decision makers on integrating complementary health interventions through community campaigns.

By leveraging trusted delivery systems and combining efforts across health areas, this project contributes to **building more resilient and efficient primary healthcare services.**

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

Cover image: Caregiver administers SMC medicine to her child.

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