

Using the role model approach to improve administration of seasonal malaria chemoprevention drugs in Burkina Faso, Chad and Togo

Background

Since 2013, Malaria Consortium has been a leading implementer of seasonal malaria chemoprevention (SMC). We have supported national malaria programmes across the Sahel to deliver this highly effective community-based intervention, which can prevent malaria infection during the peak transmission period among those most susceptible to malaria: children under five.

SMC is delivered in monthly cycles during the malaria season using two antimalarial drugs: sulfadoxine-pyrimethamine (SP) and amodiaquine (AQ), or 'SPAQ'. Each month, a dose of SP and the first dose of AQ are administered under the supervision of a community distributor, with the remaining doses of AQ left with the caregiver to administer over the next two days. A major

adaptation of the SMC campaign during the COVID-19 pandemic was that caregivers administered all three doses to minimise physical contact between community distributors and children. However, we found this approach to have a number of challenges, with many caregivers struggling or refusing to administer the drugs.

The role model approach is a community-driven behaviour change strategy that identifies existing strengths or solutions among individuals in a community, which are then shared with other community members to bring about positive changes in behaviour. We explored this approach to address the challenges associated with SPAQ administration in Burkina Faso, Chad and Togo, and to find existing, local solutions for improvement.

Objectives

The objectives of this study are to:

- conduct qualitative research to understand normative behaviours around SPAQ administration in Burkina Faso, Chad and Togo
- identify role model individuals and their local, accessible behaviours to develop and deliver a behaviour change communication strategy
- implement the role model approach, evaluating its feasibility and acceptability

Methods

Within each country, we selected a health district with a high burden of malaria in terms of morbidity and mortality: Saponé (Burkina Faso), Bokoro (Chad) and Blitta (Togo). We then identified a health centre from each of the selected districts based on criteria such as accessibility, proximity to an urban centre with network coverage, and security. All villages within each health centre catchment area took part in the intervention and were divided into three clusters based on their distance from the health centre.

In August 2020, we held focus group discussions (FGDs) with community distributors and caregivers of children who receive SMC. These discussions aimed to determine normative behaviours around SPAQ administration and to identify existing positive behaviours among the participants. We will select potential role models from these FGDs based on any uncommon, beneficial behaviours they display regarding SPAQ administration. They will then be invited

to take part in an in-depth interview to further explore these behaviours. Volunteers selected from the community will train identified role models to develop and deliver interactive monthly sessions within their respective communities, with the goal of sharing behaviours and reinforcing key messages, for example through storytelling. At the end of the SMC campaign, we will hold a community seminar to hand the project over to the communities.

In November 2021, we will hold FGDs with caregivers to explore perceptions of the intervention's feasibility and acceptability. Finally, we will adapt routine end-of-round household surveys to capture key indicators about the approach's reach, and the proportion of caregivers who have heard of and participated in the intervention.

Results

Results will be available at the end of 2021 and used to inform larger-scale implementation of the intervention in the 2022 SMC campaign. We aim to share these results in a peer-reviewed journal, as well as in a research brief published on the Malaria Consortium website. We are additionally planning discussions with state and national partners, such as National Malaria Control Programmes, around the integration of the intervention into future SMC delivery on a national scale.