

## Exploring the role model approach to strengthen the administration of SMC medicines in Chad

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### Introduction

Seasonal malaria chemoprevention (SMC) is an intervention that has been recommended by WHO since 2012 to prevent malaria cases in children under five in areas where malaria transmission is highly seasonal.<sup>[1]</sup> Successful SMC delivery entails high coverage in terms of children receiving complete treatment courses using two antimalarial drugs: sulfadoxine-pyrimethamine (SP) and amodiaquine (AQ), or 'SPAQ'. A key challenge of implementation is ensuring the successful administration of each monthly course by caregivers: some may skip doses, while some children might refuse to take the medicines. This study looked at using an innovative social and behaviour change approach, the role model approach, to address community challenges in implementing SMC.

### Methods

- The study took place at health centres in 14 villages within Bokoro district.
- We collected data through 15 focus group discussions, each with eight caregivers and community distributors, male and female.
- We then conducted 15 in-depth interviews with community distributors and role models to explore desirable, or 'role model', behaviours in depth.
- We selected volunteers from within their communities and trained them to conduct interactive monthly sessions with community members on behaviours that the study had identified.
- In this way, we sought to improve adherence to treatment across the target population.

### Results

- Role model behaviours identified through this study included:
  - environmental changes, such as placing blister packs next to commonly used household products to remind caregivers of administration
  - the use of support networks, for example by having family members support primary caregivers
  - incentives, such as providing rewards to children after administration.
- In addition to behaviours related to SMC drug administration, many caregivers highlighted the importance of practising other malaria prevention methods such as sleeping under a mosquito net. The main role model behaviours identified are summarised in Table 1.

### Conclusion

The role model approach allowed us to identify positive, easily replicable behaviours by community members to support the administration of SMC. It also demonstrated the importance of bringing people together at the community level to discuss health and share good practices to promote positive behaviours. This community-centred approach has facilitated sustainable, locally led solutions that can improve the quality of SMC delivery. The impact of promoting the identified role model behaviours on SMC outcomes will be assessed at the end of the 2022 SMC campaign.

### References

1. WHO. WHO policy recommendation: Seasonal malaria chemoprevention (SMC) for *Plasmodium falciparum* malaria control in highly seasonal transmission areas of the Sahel sub-region in Africa. Geneva: WHO; 2012.

# The role model approach supports caregivers to administer SMC medicines more effectively

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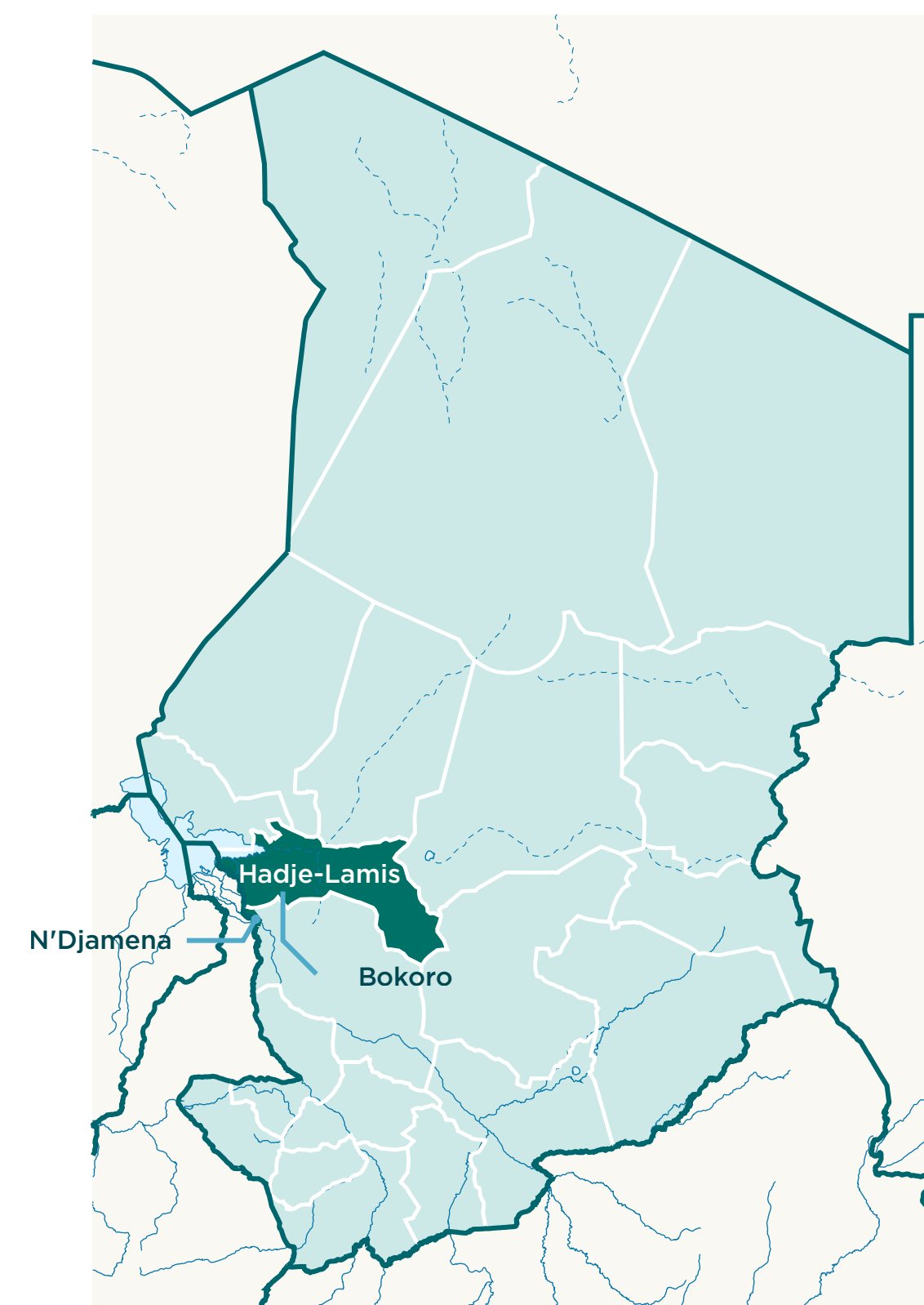
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### Supplementary visuals

Table 1: Main role model behaviours

Behaviours identified	Effect of behaviour
Coaxing, flattering, cuddling child, promising biscuits/candy after administration	Child is more likely to swallow SMC medicines
Placing SPAQ in prominent places, such as near cooking ingredients or next to a mirror	Reminder to administer the SPAQ
Involvement of spouses, caregivers' parents, co-wives, in-laws and other community members	Support to SPAQ adherence and administration
Use of mosquito nets	Protection against malaria is reinforced

Figure 1: Location of the study in Bokoro district, Hadje-Lamis, Chad



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