

Facilitators of, and barriers to, fully integrating seasonal malaria chemoprevention with vitamin A supplementation: A qualitative enquiry

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Introduction

Seasonal malaria chemoprevention (SMC) and vitamin A supplementation (VAS) are high-impact interventions in the prevention of malaria and vitamin A deficiency, respectively, in children under five.^[1] In Nigeria, however, coverage of VAS is low.^[2] SMC, which reached 22 million children in Nigeria in 2022 alone, may offer a platform to improve VAS coverage.^[3] We conducted a qualitative study to assess the facilitators of, and barriers to, fully integrating VAS with SMC.

Methods

- We assessed feasibility and acceptability of an integrated SMC and VAS campaign post implementation in two local government areas in Bauchi state, Nigeria in 2021.
- We held a total of 12 focus group discussions (FGDs) and 12 key informant interviews (KIIs) with caregivers of children over five, community distributors and their supervisors, health workers and other stakeholders.
- FGDs and KIIs covered all campaign implementation components, including microplanning, community mobilisation, supply chain management and implementation.

Results

- Caregivers were happy with the intervention because of the perceived health benefits to their children.
- Facilitators of full integration included knowledge of the benefits of VAS among caregivers, potential cost savings using the SMC platform and community mobilisation (Table 1).
- Barriers included political influence in the recruitment of community distributors, delayed payments to community distributors and their supervisors, poor communication with communities and a shortage of branded materials (e.g. uniforms and bags) that typically boost project visibility (Table 1).

Conclusion

The study demonstrates the feasibility and acceptability of integrating SMC and VAS, particularly among caregivers; however, it also highlights several barriers to seamless implementation that should be addressed in future interventions.

References

- Imdad A, Ahmed Z, Bhutta ZA. [Vitamin A supplementation for the prevention of morbidity and mortality in infants one to six months of age](#). Cochrane Database of Systematic Reviews, 2016; 9(9).
- Aghaji AE, Duke R, Aghaji UCW. [Inequitable coverage of vitamin A supplementation in Nigeria and implications for childhood blindness](#). BMC Public Health, 2019; 19(1):1–8.
- Coldiron ME, von Seidlein L, Grais RF. [Seasonal malaria chemoprevention: Successes and missed opportunities](#). Malaria Journal, 2017; 16(1): 1–4.

Full integration of SMC and VAS at scale is feasible and acceptable

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Supplementary visual

Table 1: Facilitators and barriers to integration of vitamin A supplementation and seasonal malaria chemoprevention

FACILITATORS	BARRIERS
<p>Substantial knowledge about the benefits of vitamin A amongst caregivers</p> <p>“Vitamin A did not just stop on the eye...it gives them energy, aids growth, and keeps them healthy, and prevents their body from sickness”.</p> <p>Caregiver, Katagum</p>	<p>Political influence in the recruitment of community distributors</p> <p>“The majority of those who carry out the exercise underwent training, but there are other people that will not come to training places. They don’t have much idea but, due to the political influence they have within the government, they are just coming at once to do the job.”</p> <p>Community distributor, Giade</p>
<p>Potential for cost saving using the already established SMC platform</p> <p>“Maximises resources and one helps the other to deliver, so you get good mileage if you do that. So, government saves; there is a saving on the government, and planning and everything.”</p> <p>Primary Health Care System Development</p>	<p>Perceived work overload by community distributors and their supervisors</p> <p>“For this programme to be sustained, my suggestion is that the number of community distributors will have to be increased.”</p> <p>Community distributor, Giade</p>
<p>Community mobilisation and the involvement and commitment of community leaders and members</p> <p>“When [community distributors] came, they mentioned that it is not given to a sick child; that it has to be a healthy child. If a child has fever, they advise [waiting] until he recovers and you give him [SPAQ].”</p> <p>Caregiver, Katagum</p>	<p>Prompt payment of frontline community health workers</p> <p>“...it is essential that we plan early. Pay people who work for you early. Ensure that commodities are enough and, lastly, make sure dissemination is done early so that people would be made aware.”</p> <p>BACATMA</p>
	<p>Poor communication networks in the communities</p> <p>“The problem we are facing is [a] communication gap. Sometimes there is not enough network in some of the places. Sometimes they would like to call us when the medicine is finished but there won’t be network. Sometimes they have to climb[a] bike to get to us.”</p> <p>Community distributor supervisor, Giade</p>

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