

# Integrating gender into the process evaluation of seasonal malaria chemoprevention in Karamoja, Uganda: Results and future directions

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## Introduction

Seasonal malaria chemoprevention (SMC) is the intermittent administration of antimalarials to children under five in areas with highly seasonal transmission. It has implemented in Karamoja, Uganda, since 2021. Evaluation data from the 2021 SMC round showed that gendered roles could have some impact on acceptability and implementation outcomes of SMC. By integrating a gender-sensitive lens in the process evaluation of the 2022 SMC round, this study aimed to formatively explore a range of gendered dynamics at play in SMC.

## Methods

- We conducted 17 focus group discussions (FGDs) and 26\* key informant interviews (KIIs) in five study districts. FGDs (134 participants) included caregivers of children age-eligible for SMC, community members and village health teams. FGDs were conducted in the local languages and transcribed in English. KIIs targeted key programme-, district- and local-level stakeholders.
- FGDs and KIIs explored views on SMC, household and community roles in SMC administration and malaria prevention, gendered barriers and outcomes of SMC, and perceived vulnerabilities to malaria.
- We analysed qualitative data through coding and extraction of preliminary themes.
- The end-of-round survey, planned for November 2022, will query households' composition, intra-household roles, and views and satisfaction of SMC among caregivers of age-eligible children.

## Results

Preliminary qualitative results showed that:

- Caregivers largely perceived that SMC addresses malaria illness in age-eligible children. Female caregivers reported fewer visits to health facilities for children and more time for productive tasks and chores. Some reported reduced tensions with spouses over childcare costs. Male caregivers reported a reduction in financial burden.
- While male caregivers were perceived as having joint responsibility for the health of their child, most participants reported that female caregivers primarily care for children, and administer SMC medicines to them or delegate this to others. Few female caregivers reported tensions with spouses over children receiving SMC, or over adverse effects experienced by children.
- Responses showed that mothers may delegate SMC administration to older children, extended family, neighbours or spouses, suggesting that communities play a potential role in supporting primary caregivers with SMC.

## Conclusion

Preliminary qualitative results showed that parents perceived SMC as having a positive impact on their children. Many reported fewer interruptions to productive activities and reduced spending for families. However, most responses showed that perceived improvements were experienced within constraints of existing roles and norms. Some key informants suggested that SMC works within the framework of existing gendered roles, and that it may fall to mothers to care for their families. Alongside the inclusion of gender-related outcomes in monitoring frameworks, SMC programmes should consider the role of household and community support. Future studies could look at SMC alongside other malaria prevention interventions, and the interlinked drivers of vulnerability in target communities, such as age, economic status, location and disability, which this study explored, though not exhaustively.

\*This has been corrected from a previous version, which recorded 29 KIIs

# A gender-sensitive lens highlights complex roles, bargaining strategies, gaps and barriers for SMC programmes to monitor and address

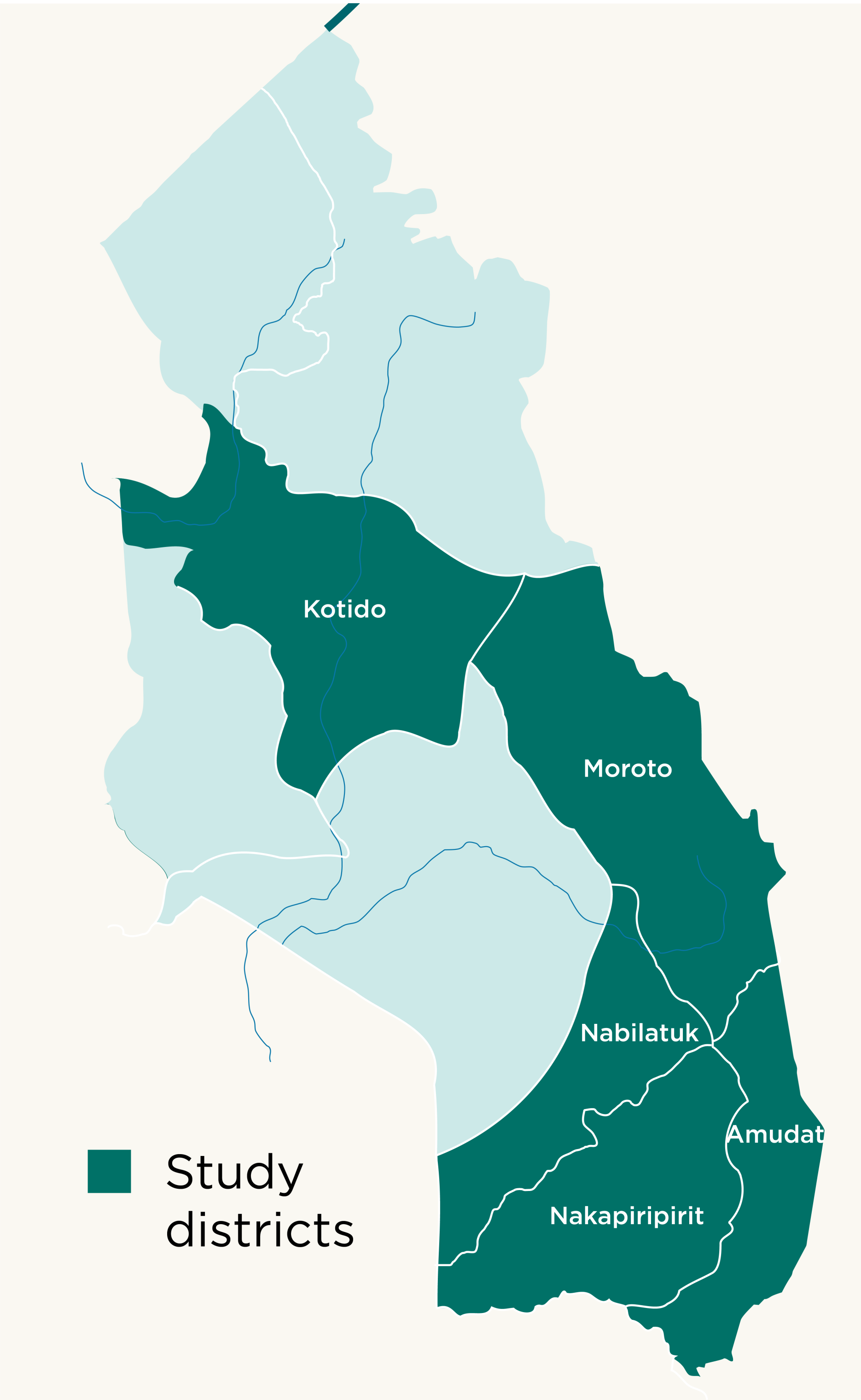



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[bit.ly/MC-ASTMH-SMC](https://bit.ly/MC-ASTMH-SMC)

## Supplementary visual

Figure 1: Study districts, Karamoja, Uganda



## Acknowledgements

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