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Perceived factors impacting community health workers and lead mothers' capacity to support seasonal malaria chemoprevention across delivery settings: Qualitative secondary analysis from recent studies in Mozambique, Nigeria, South Sudan and Uganda

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Introduction

Seasonal malaria chemoprevention (SMC) is the intermittent administration of antimalarials to children at risk of severe malaria infection in areas with seasonal transmission. Community health workers (CHWs) and other government-recognised cadres of community health actors, such as lead mothers (LMs), often hold essential roles in SMC campaigns. This can include CHWs acting as community distributors, CHWs supervising community distributors' activities, and CHWs or LMs supporting other SMC components, such as community engagement, caregiver support and referrals. This secondary analysis investigates the factors that impact CHWs and LMs' ability to effectively support SMC campaigns.

Methods

- We considered four qualitative studies conducted in Mozambique, Nigeria, South Sudan and Uganda in 2022.
- We selected studies based on the presence of CHWs acting as community distributors, or the presence of CHWs and/or LMs with SMC support roles in the study site; and exploration of the topic of interest.
- Studies in Mozambique, South Sudan and Uganda were feasibility and acceptability studies conducted at the end of the SMC round. For Nigeria, we considered the qualitative evaluation of an intervention development study.
- All studies employed focus group discussions (n=45) with caregivers, CHWs and/or LMs and semi-structured interviews (n=73) with stakeholders at different levels of the health system.
- We conducted the secondary analysis by:
 - familiarising or re-familiarising with inductively coded datasets
 - scoping for relevant codes and data extracts
 - re-organising and re-labelling data with a flexible, iterative approach
 - mapping emerging themes
 - interpreting thematic links across datasets.

Results

Four themes were identified:

- Physical access:** Access difficulties included inadequate transportation, adverse environmental conditions and caregivers not being home at the time of distribution.
- Effective communication and level of knowledge:** The ability to deliver information on SMC to target communities was essential.
- Workload and motivation:** Delayed payments and insufficient human resources affected CHWs and LMs.
- Systemic and contextual factors:** Literacy, recruitment and social challenges subject to context concurred with SMC roles.

Table 1: CHWs and volunteers considered in the selected studies, and their roles in SMC

	Mozambique	Nigeria	South Sudan	Uganda
CHWs/volunteers	Agentes polivalentes elementares (APEs)	Lead mothers (LMs)	Boma health workers (BHWs)	Village health teams (VHTs)
Main SMC role	Supervision; community engagement	Caregiver support	Community distributors	Community distributors
SMC distribution	N	N	Y	Y

Figure 1: Countries that were included in this study



Conclusion

CHWs and government-recognised cadres of community health actors are active in SMC campaigns, but experience challenges which can impact their ability to perform their respective SMC roles. Some challenges were reported across contexts, such as allowances perceived as inadequate when compared to workload, suggesting tasks and efforts required of CHWs and LMs need to be monitored during SMC campaigns. Recurring themes outlined could help develop a framework to document the varying, multiple roles community health actors perform in SMC, gaps and research or programmatic needs.

Challenges in access, community sensitisation, workload and context can affect community health workers and lead mothers' ability to support SMC campaigns.

Results

Table 2: Emerging secondary analysis themes, key findings and quotes

Main themes	Key findings	Quotes
Physical access	LMs in Nigeria and CHWs in South Sudan and Uganda reported challenges due to long distance covered and remoteness of target areas, expressing requests for means of transport or transport allowances. CHWs in South Sudan mentioned difficulties accessing flooded areas. CHWs in South Sudan and Uganda reported challenges with accessing households due to caregivers not being at home during SMC distribution.	"... we BHWs have had a challenge of distance covered ... But if you have means of transport you can reach earlier enough and be able to give medicine to many children as required." BHW, focus group discussion, South Sudan
Effective communication and level of knowledge	Community-level and key informants in each country reported trust of, and proximity to, communities as advantageous for CHWs and LMs. CHWs across countries and LMs in Nigeria highlighted that having accessible and clear information to give communities and caregivers, through training, refreshers and sensitisation, drove their ability to perform their SMC roles. CHWs across countries and LMs in Nigeria expressed the communication and mediation needs they encountered during SMC to sensitise caregivers and communities.	"... in the community where I live, in the first month that the pills were being distributed, I answered a lot of questions." APE, focus group discussion, Mozambique
Workload and motivation	LMs in Nigeria and CHWs in South Sudan and Uganda reported motivation as a driver for their SMC role. However, CHWs, LMs in Nigeria and other key stakeholders in each country reported that inadequate or delayed payments and allowances led to challenges and frustrations during the SMC campaign. Limited workforce was mentioned as a challenge for LMs in Nigeria, as well as for CHWs in South Sudan and Uganda. CHWs in South Sudan and Uganda reported some challenges with converging roles during SMC.	"... we as VHTs also want this programme to increase our allowances in the long run because the work is hectic." VHT, focus group discussion, Uganda
Systemic and contextual factors	Stakeholders at various levels described programmatic and contextual factors affecting CHWs and LMs' respective SMC roles. Overall understanding, perception and acceptance of SMC by communities over time emerged as a determinant of CHWs' capacity in South Sudan, and to varying degrees, across contexts. Supervision and support, literacy challenges and recruitment were mentioned by some as influencing CHWs and LMs' performance. Social and settings-related factors, such as food scarcity and population mobility, were sometimes reported.	"If they will continue using us as lead mothers, that will help make the job better, but if they change the lead mothers every year, then there will be challenges to the work." LM, focus group discussion, Nigeria



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