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# Community leadership in seasonal malaria chemoprevention: Engaging communities in northern Mozambique

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The involvement of community leaders contributed to the high acceptability of seasonal malaria chemoprevention.

## Introduction

Seasonal malaria chemoprevention (SMC) is a highly effective intervention to prevent malaria infections in areas where the malaria burden is high and transmission is seasonal.<sup>[1]</sup> SMC has been implemented in northern Mozambique since 2020 among children 3–59 months. Sensitisation and mobilisation are conducted before the implementation of SMC by recognised community leaders. A qualitative study was conducted in 2021 in Nampula province, Mozambique, to assess the impact of community leaders on increasing acceptability of SMC.

## Methods

- In total, 20 key informant interviews were conducted with stakeholders at community, provincial, national and district levels.
- In total, 20 focus group discussions (FGD) were carried out with caregivers of children who received SMC, community distributors and supervisors.
- A semi-structured interview was conducted after obtaining informed consent.
- Thematic analysis was performed using MAXQDA10 software. Common themes were identified and categorised.

## Results

- Caregivers frequently responded that they were influenced by community leaders' recommendations, including explanations about the benefits of SMC.
- Community distributors responded that information provided by community leaders during sensitisation activities led caregivers to accept SMC medicines. This was confirmed by participants at the district level.
- Representatives from district and provincial health authorities believed communities were confident in accepting SMC medicines because community leaders guided community distributors during the distribution. They also reported that community leaders supported in reducing misinformation related to SMC.

## Conclusion

Community sensitisation and mobilisation led by community leaders during the SMC campaign helped deliver accurate information and contributed to increased community acceptance of SMC. Community leaders should be recognised as key actors who can disseminate important information to improve the uptake of SMC.

## Results

Figure 1: The role of community leaders during SMC campaigns as identified from key informant interviews and focus group discussions

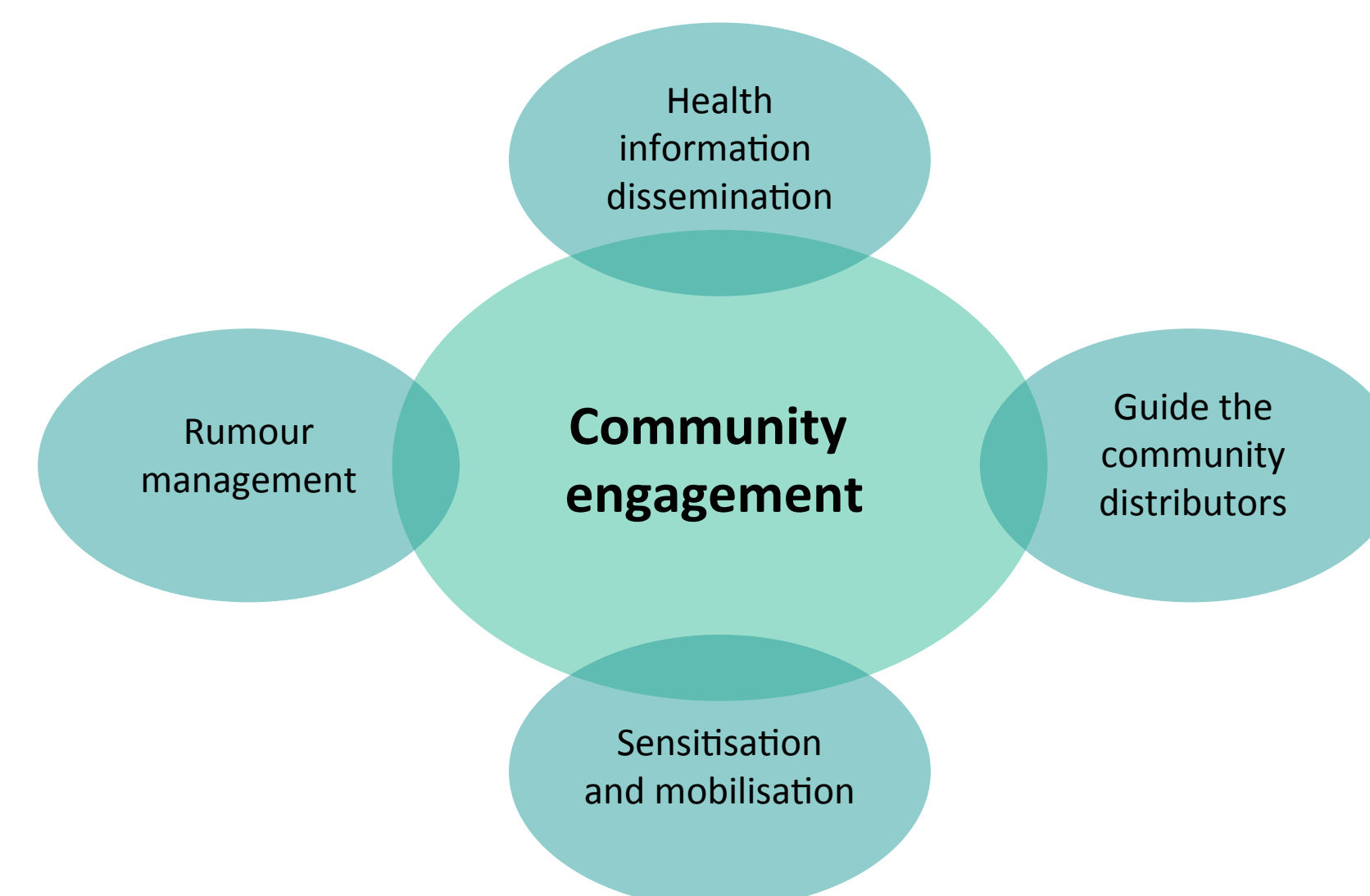


Table 1: Overview of overarching themes, sub-themes and codes identified during interviews and focus group discussions

Overarching theme	Sub-themes	Codes
Knowledge of SMC	Source of information	<ul style="list-style-type: none"> <li>community leaders</li> <li>community distributors</li> <li>radio.</li> </ul>
	Benefits of SMC	<ul style="list-style-type: none"> <li>reduce the incidence of malaria</li> <li>prevent malaria</li> <li>good health.</li> </ul>
Experiences of SMC implementation	Community challenges	<ul style="list-style-type: none"> <li>taboos and beliefs</li> <li>refusals</li> <li>fear of side effects</li> <li>lack of information</li> <li>lack of permission from partner.</li> </ul>
	Facilitators of SMC	<ul style="list-style-type: none"> <li>community leader engagement</li> <li>language used</li> <li>experience of third persons.</li> </ul>
Future of SMC	Disadvantages of SMC	<ul style="list-style-type: none"> <li>community challenges</li> <li>refusals</li> <li>distrust about the treatment.</li> </ul>
	Programme feasibility	<ul style="list-style-type: none"> <li>drug resistance</li> <li>planning and engagement</li> <li>organisation of involved actors.</li> </ul>

Table 2: Key quotes

Participants	Quotes
FGDs with caregivers	"Community leaders recommended that we participate when the campaign starts, as it would benefit the children of the community. If the children were given medication, they would not get malaria, greatly reducing the levels of malaria in children in that community."
FGDs with community distributors	"Community leaders went to the community to inform about the campaign, and explained the purpose of the medicines, they were to prevent malaria, so the communities followed orientation that were given by community leaders, they accepted to receive the medicine."
Key informant interviews with district level health authorities	"The involvement of community leaders and religious leaders in the mobilisation meant the refusals did not happen and the population adhered."



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## Reference

1) World Health Organization. World Malaria Report 2021. World Health Organization, 2021.