

# A cross-sectional survey to assess the feasibility and acceptability of seasonal malaria chemoprevention in Karamoja region, Uganda

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## Introduction

In 2021, the Ministry of Health, Uganda, collaborated with Malaria Consortium to conduct a five-month phase 1 implementation study to assess the acceptability and feasibility of seasonal malaria chemoprevention (SMC) with sulfadoxine-pyrimethamine (SP) and amodiaquine (SPAQ) in two districts of Karamoja region, where malaria transmission is highly seasonal.

## Methods

- Feasibility was assessed using a cross-sectional end of round survey of 1,800 randomly sampled households to determine coverage levels following the fifth cycle of SMC.
- Acceptability was assessed by capturing qualitative data among key stakeholders at the end of the third cycle of SMC. Stakeholders included policy makers, implementers and members of a predominantly nomadic pastoralist community.
- Focus group discussions (FGDs) were conducted with 26 community members.
- Key informant interviews (KIIs) were held with community members, district health management teams, and representatives from health facilities and the Ministry of Health.
- Quantitative data were analysed using STATA 12. Qualitative data were analysed using Atlas Ti version 9.

## Results

- A total of 1,863 eligible children in cycle 5 were enrolled in the study. On day 1, SPAQ was administered to 95 percent of children, of which 96.8 percent received treatment through directly observed therapy (DOT). 99.6 percent of children who received day 1 by DOT completed the three-day course. 87.2 percent (confidence interval [CI]: 85.2–89.1) of children completed the three-day course during all five SMC cycles.
- Coverage of individual cycles 1, 2, 3, 4 and 5 was 92.0 percent (CI: 90.6–93.4), 95.8 percent (CI: 94.7–96.8), 95.9 percent (CI: 94.9–96.9), 93.0 percent (CI: 91.7–94.3) and 99.6 percent (CI: 99.2–99.9), respectively.
- Qualitative data show the majority of study participants at all levels perceived SMC to be safe and effective in reducing malaria prevalence.
- The majority of respondents perceived SMC to be more acceptable and accessible than other malaria interventions.

## Conclusion

SMC was feasible and acceptable among all included stakeholders at the national, district and community level, including nomadic pastoralist communities. Further research is needed to assess the protective effectiveness, cost-effectiveness and feasibility of SMC programmes at scale in similar contexts.

Figure 1. Study area

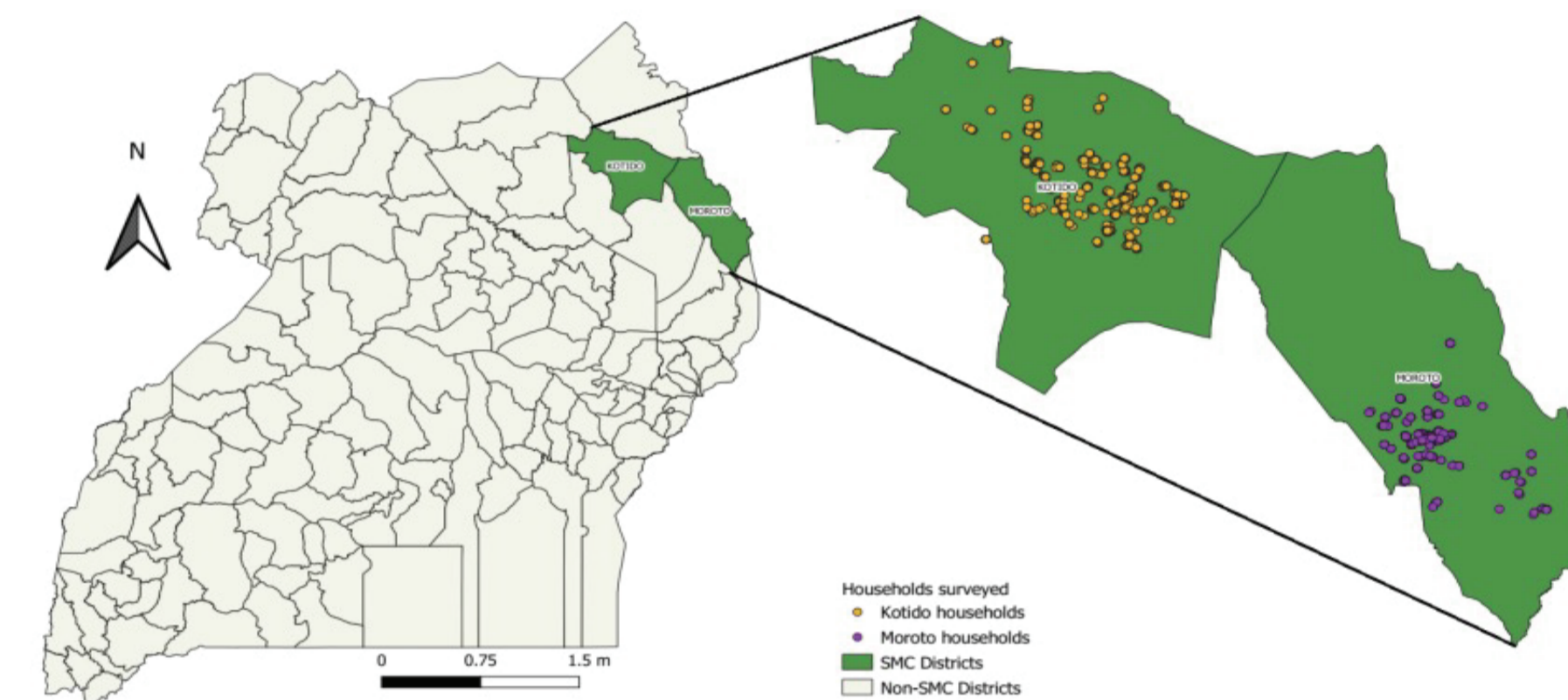
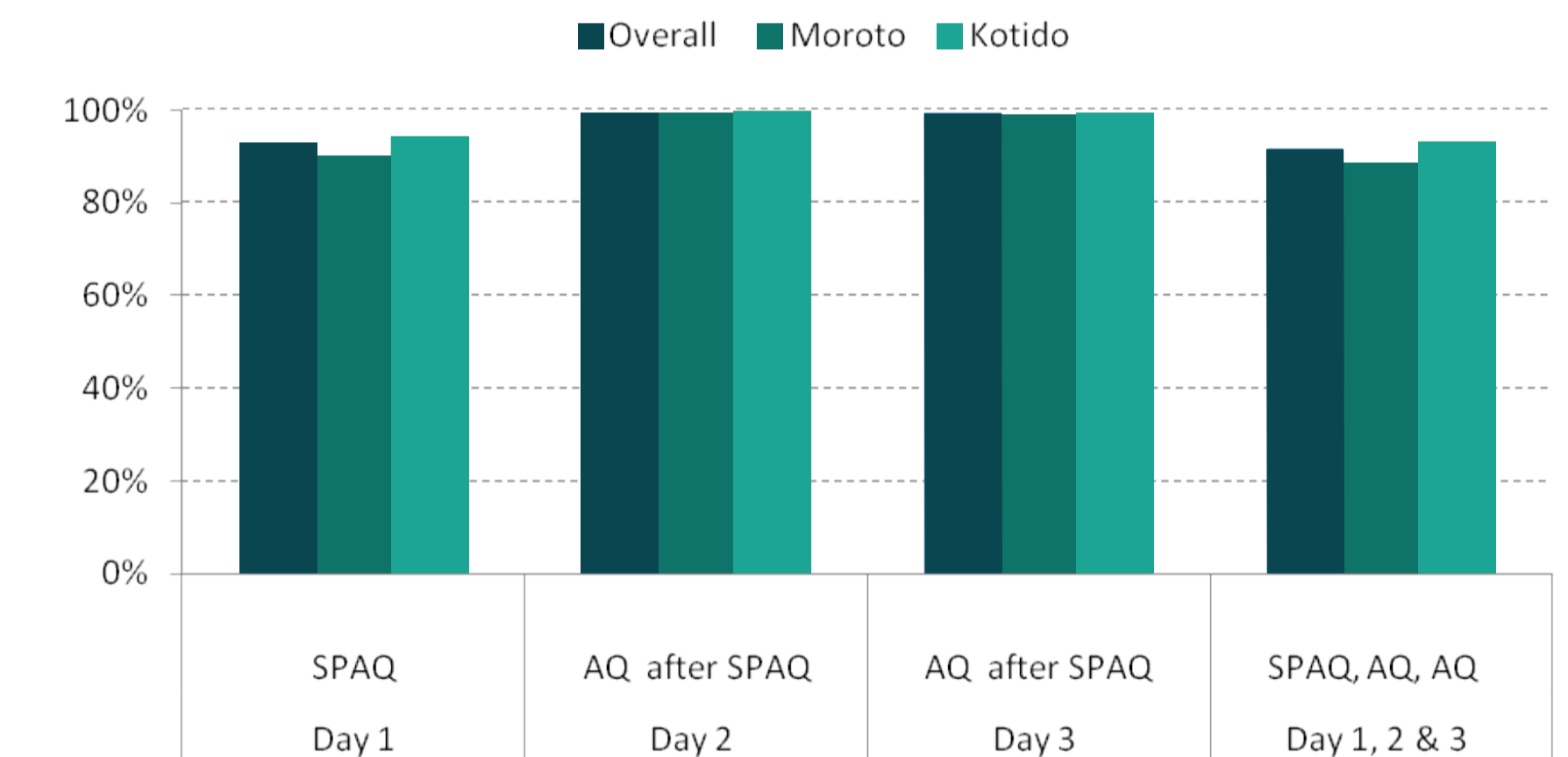


Photo. The overall district leader administering the medicine to a child



Figure 2. Adherence to treatment doses in the fifth SMC cycle



“The community is very grateful. They also rush whenever they hear about the supply of SPAQ. Honestly, the community has responded very well and they love the programme.”  
Community leader, Moroto

“The district leadership looks at this programme as being very helpful to the community in the fight against malaria and that’s why we are solely behind the programme. The top district leadership is involved. It’s the reason we are all involved.”  
Political leader, Kotido district

“I accepted [giving the medicine to my child] because I have been suffering a lot in terms of treatment. Imagine moving from where I stay up to Tapac, how many kilometres? I accepted because I knew my children were going to benefit.”  
FGD, caregivers, Moroto district

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