Exploring a role model approach to improve caregiver administration of seasonal malaria chemoprevention drugs to children under five in Burkina Faso, Chad and Togo

Introduction
Seasonal malaria chemoprevention (SMC) drugs are delivered in monthly cycles during the rainy season to children 3–59 months to prevent malaria infection. The first doses are administered in the presence of a community distributor upon their visit to the household, with the remaining doses administered by caregivers over the next two days. However, data collected through end-of-round household surveys suggest that some caregivers do not administer the drugs on days two and three. The role model approach identifies existing strengths or solutions among individuals in a community that are then shared with other members to bring about positive changes in behaviour. We explored this approach to find local solutions to the challenges associated with SMC drug administration in Burkina Faso, Chad and Togo.

Methods
• We identified one high-burden malaria district in each country, selecting a health centre in each based on criteria such as accessibility. All villages within the selected health facilities’ catchment area took part in the study.
• Fifteen focus group discussions (FGDs) per country with community distributors and caregivers determined normative behaviours around SMC drug administration.
• From these FGDs, we selected 15 potential role models based on uncommon, beneficial behaviours they displayed. These behaviours were further explored through in-depth interviews.
• Within each community, we chose volunteers and trained them to deliver interactive monthly sessions to share behaviours and reinforce key messages.
• At the end of 2021, FGDs with caregivers will explore perceptions of the approach’s feasibility and acceptability. Findings will inform future SMC campaigns and will be integrated into communication around SMC drug administration.

Results
• A wide range of beneficial behaviours were identified among caregivers, with similarities observed across the three countries.
• Behaviours included involving husbands to coax children prior to drug administration, keeping the drugs in a memorable location and incorporating administration into the household’s daily routine.
• In addition to behaviours related to SMC drug administration, many caregivers highlighted the importance of practising other malaria prevention methods such as sleeping under a mosquito net.
• At the end of the SMC campaign, a community seminar will be held to ensure members are able to sustain the practiced behaviours into the future. Results of the approach’s evaluation will be available at the end of 2021.

Conclusion
The results of the evaluation will be used to inform larger-scale implementation of the approach as part of the 2022 SMC campaign in each country. We aim to hold discussions with state and national partners, such as National Malaria Control Programmes, around integration of the approach into future SMC delivery on a national scale.

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The role model approach provides valuable insights to support improved caregiver administration of seasonal malaria chemoprevention drugs