

Optimising the role of lead mothers during the seasonal malaria chemoprevention campaign in Kano state, Nigeria: A mixed-methods study

Background

Seasonal malaria chemoprevention (SMC) is a safe and effective intervention that prevents malaria among children under five. It involves administering monthly courses of sulfadoxine-pyrimethamine (SP) and amodiaquine (AQ) during peak malaria transmission^[1] — a first dose of SP and AQ (day 1 SPAQ) given under the supervision of a trained community distributor, followed by two daily doses of AQ (day 2 and 3 AQ) given by a child's caregiver. In Nigeria, Malaria Consortium is the leading implementer of SMC and delivered this intervention in 11 states across the country in 2021.

Various community-level actors contribute to the annual SMC campaign in Nigeria, among them lead mothers (LMs): female members of the community who conduct health

promotion activities, including reminding caregivers to give day 2 and 3 AQ during the SMC campaign. Although LMs have been working on the SMC campaign for several years, the impact of their role on SMC delivery has so far not been evaluated. There is also lack of clarity about their interactions with other key actors, such as agents of the Community Health Influencers, Promoters and Services (CHIPS) programme, which seeks to harmonise community health worker interventions in Nigeria.

In 2021, together with the National Malaria Elimination Programme (NMEP), we will conduct a study that aims to develop, implement and evaluate an intervention to optimise the role of LMs in the SMC campaign in Kano state, northern Nigeria.

Objectives

- Identify the role of LMs, their influence on caregivers' behaviour and areas for improvement
- Co-design an optimal LMs intervention with key stakeholders
- Develop the capacity of LMs/their supervisors to deliver the intervention
- Assess the feasibility and acceptability of this intervention
- Evaluate the intervention's impact on SMC outcomes.

Methods

We selected Minjibir local government area (LGA) as the study site due to the presence of CHIPS agents working alongside LMs. The area also recorded relatively low caregiver adherence to day 2 and 3 AQ, compared to other LGAs where the SMC campaign and CHIPS programme are implemented. We are using mixed methods to implement three phases of the study.

Formative phase (July–October 2021)

- We explored study objective one through a desk-based review of the literature and semi-structured interviews with key informants (e.g. national, state and local government health officials, and community leaders).

Development phase (November–December 2021)

- We will conduct a 'before' survey, which will contribute to the final evaluation, to measure selected SMC indicators.

- A co-design workshop with key stakeholders involved in SMC implementation will help us to understand how to optimise the role of LMs and develop their capacity within SMC delivery.

Evaluation phase (2022)

- We will assess the intervention's feasibility and acceptability using focus group discussions and key informant interviews.
- Using an 'after' survey, we will assess the intervention's impact on SMC outcomes.

Results

Results from the formative and evaluation phases will be available in 2021 and 2022, respectively, and used to integrate the optimal LMs intervention into the 2022 SMC campaign in Kano state.

We are also planning discussions with the NMEP and other key national- and state-level stakeholders on implementing the intervention in other SMC states, should the evaluation results show a positive impact of the intervention on SMC outcomes.

The study results will further inform the role of CHIPS agents in SMC delivery in Nigeria, as a key aim of CHIPS is to improve demand for, access to, and equitable coverage of essential health services, especially those related to maternal and child health at the community level.

References

1. ACCESS-SMC Partnership. Effectiveness of seasonal malaria chemoprevention at scale in west and central Africa: An observational study. The Lancet, 2020; 396(10265): 1829–40.

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This study is funded through philanthropic donations received as a result of being awarded Top Charity status by GiveWell. SMC implementation in Kano state is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

