Background
SMC is a highly efficacious and effective community-based intervention to prevent malaria infections in areas where the malaria burden is high and transmission occurs mainly during the rainy season. It involves administering monthly courses of antimalarial medicines during the peak transmission period to children 3–59 months. It has been demonstrated that SMC is cost-effective because it can be delivered safely at scale, achieving high coverage.\(^2^,^3\)

Mozambique accounts for four percent of global malaria cases and deaths and the disease is highly endemic in the country.\(^4\) A mid-term review of its Malaria Strategic Plan 2017–2022 recommended SMC as a strategy to accelerate impact in the highest-burden locations.

Approach and impact
Between November 2020 and February 2021, we implemented four monthly SMC cycles in the districts of Malema and Mecuburi in Nampula province — which is among the provinces with the highest malaria prevalence\(^5\) — reaching around 81,000 children. This is the first time SMC has been implemented in Mozambique.

After each implementation cycle, district decision makers met to evaluate cycle results of coverage, quality of implementation, successes achieved and challenges. They then discussed an action plan to improve the subsequent cycle using the findings. All changes were documented to inform SMC implementation in the future. Results from phase one suggest that SMC is safe, feasible and well accepted in Nampula, and high coverage was achieved among the target population.\(^6\) SMC also seems to ensure high protection from malaria among eligible children.
This insight brief focuses on the lessons learnt from implementing SMC in Mozambique. Full research study results will be published in due course.

**Lessons learnt**

- **Community mobilisation carried out by *lider-guias* (guide leaders) was most effective.** *Lider-guias*, recognised authorities in the community, help promote acceptability of SMC by visiting people in their homes. Previously, mass campaigns have used town announcers on motorbikes to share information about the campaign with the public, but their geographic coverage was limited and messages were not always audible. Data from a household survey conducted in the study area after SMC cycle three showed that 65 percent of caregivers had heard about SMC through *lider-guias* versus 50 percent through town announcers.

- **The involvement and engagement of key actors in the Ministry of Health (from the national, provincial and district level) allowed programme ownership by all stakeholders, which contributed to a high acceptability of SMC.** Ministry officials, together with Malaria Consortium staff, participated in the kick-off/macro-planning meetings and were closely involved in decision-making.

- **Rumour management strategies** were essential to tackle concerns related to COVID-19 and SMC. Community distributors could escalate concerns to *lider-guias* to be addressed during the household visits and mitigate concerns in the community.

- **Daily oversight and analysis of administrative data** by supervisors at the health facilities ensured adaptive support plans were implemented among distribution teams on a daily basis. To overcome distances between health facilities and communities, supervisors were able to identify meeting points mid-way, where distribution teams could convene to collect and deposit data/materials.

**Recommendations**

- The number of *lider-guias* should be adjusted according to the size of the target population, the area that needs to be covered, the number of distribution teams and the working days in each cycle. Adjusting the coverage area to match the number of *lider-guias* would allow them greater oversight of their teams and the quality of work. This will ensure better coverage and leadership overall.

- **Town announcer numbers should be increased proportional to the size of each implementation area to ensure sufficient coverage.**

- Community engagement should continue to take place through door-to-door mobilisation via *lider-guias* at least three days prior to the start of the campaign and each cycle. This will better facilitate knowledge exchange.

- **The benefits of employing more SMC implementers to strengthen community engagement need to be weighed up against budget implications.** For sustainable scale-up and value for money, existing community and health system structures need to be utilised, where appropriate.

**References**