

# Perceptions of the feasibility and acceptability of extending the delivery of seasonal malaria chemoprevention to older children in Chad

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## Introduction

The current approved protocol for seasonal malaria chemoprevention (SMC) in Chad targets children 3–59 months. However, coverage data suggest that SMC drugs are often incorrectly administered to children older than five. In parallel, there is a global discussion about extending the eligible age range of SMC to protect children up to 10. This study aimed to explore perceptions of the feasibility and acceptability of extending SMC to older children, and the barriers to the correct delivery of SMC to the current target age group.

## Methods

- Qualitative study comprising:
  - eight focus group discussions (FGDs) in three rural villages and one urban settlement with community distributors (CDs) and caregivers. FGDs were split by gender, and women were split by age (>30 and ≤30 years)
  - fifteen key informant interviews (KIIs) with various stakeholders involved in SMC implementation.
- We conducted FGDs and KIIs in local Arabic or French.
- We analysed data using MAXQDA.
- FGDs and KIIs also explored other perceptions related to the main objectives, such as requirements for extension, as well as the impact of — and solutions for — preventing SMC drug administration to older children.

## Results

- All groups were largely accepting of extending SMC to older children; however, several key informants felt that achieving full coverage of the current target population prior to extension was critical.
- Perceived feasibility of extension was low among all groups; key informants’ concerns centred on financial and logistical requirements, while CDs felt extension would negatively affect their workload.
- Reasons given for administering SMC drugs to children over five included social pressures from caregivers and difficulty in determining children’s ages.

## Conclusion

Extending SMC to children over five was found to be acceptable; however, several programme and health system requirements (e.g. more CDs) could pose a challenge. Strengthened implementation (e.g. additional support for CDs and more accurate, up-to-date data on the target population) could facilitate administration to the current target population. However, extension should only be implemented once full coverage of the current target population is achieved and there is increased awareness-raising prior to the start of each SMC cycle.

# Extending seasonal malaria chemoprevention to older children is widely considered acceptable

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## Supplementary visuals

Table 1: Perceptions relating to extension to children over five

Requirements	
Community and family	“I think before pursuing an extension, your programme should increase awareness. As long as people are not convinced about what is being given to them [i.e. antimalarial drugs], and they have prejudices, there will be no success for the programme.” (National Malaria Control Programme)
Programme delivery	“Our concern is first to reach all targeted children 3–59 months before expanding coverage further.” (National Malaria Control Programme)
Health system	“If we are to go in this direction, we must train them [CDs and supervisors] and follow up to allow them to do the job well. They need training, retraining and follow-up.” (The Global Fund to Fight AIDS, Tuberculosis and Malaria)
Feasibility	
	“We think this is a good thing, but it will be difficult for [community health workers] (CHWs) in the sense that the number of target children will increase, so administration will take more time.” (Male CD)
Acceptability	
Impact of extension	“I don’t see it being a problem. It would not affect my current role.” (Zone manager)
Demand for extension	“We think SMC is a good pill. We want more people to have access to it. It is necessary for our children of 10, 12, 15 and even 19 years old too.” (Female CD)
Positive perceptions of extension	“It’s a good thing. It will be beneficial for us because it will make us healthier. There is nothing better than that.” (Caregiver >30)

Table 2: Perceptions relating to administration to children over five

<b>Awareness of issue</b>	“In my area of responsibility, CHWs do not give SMC to children over five years old...I personally haven’t seen that yet.” (Health centre manager)
<b>Solutions for prevention</b>	“We must review their motivations; that is to say, increase their per diem in order to make them comfortable. CHWs really need more support.” (Zone manager)
<b>Impact of administration</b>	“Obviously there is an impact, because when you administer the drugs to off-target age groups, it is to the detriment of the original targets.” (United Nations Children’s Fund)
<b>Reasons for administration</b>	“Some who do not really know the age of the child administer the drugs to children over five years of age.” (Caregiver >30)

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