



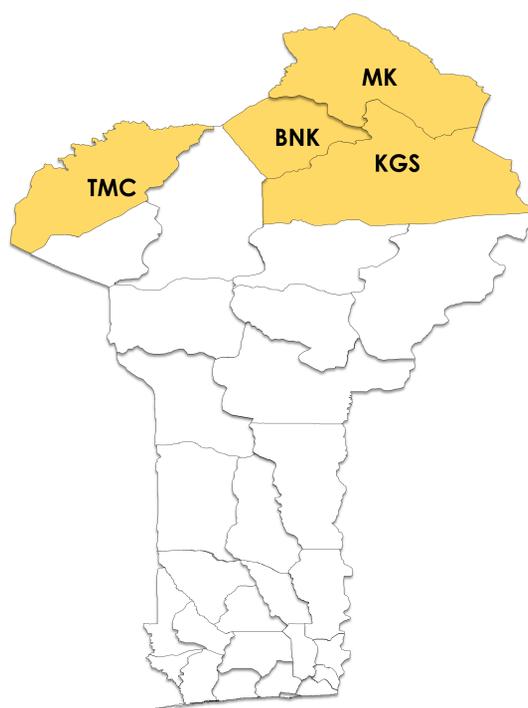
Camille Bignon Houetohossou<sup>1</sup>, Hindéwé Edgard William Houndjo<sup>1</sup>, Sakariahou Kpanou<sup>1</sup>, Elijah Egwu<sup>2</sup>, Hortense Kossou<sup>3</sup>, Ahmed Saadani<sup>4</sup>, Patrick Condo<sup>5</sup>, Bertille Onambele<sup>6</sup>, Cyriaque Dossou Affoukou<sup>1</sup>, Aurore Ogouyemi-Hounto<sup>1</sup>

## INTRODUCTION

In Benin, malaria is the leading cause of morbidity in health facilities among children under 5 years old. In fact, for this age group, it represents 49.8% of the reasons for consultation and 38.5% of the causes of hospitalization. It is also the leading cause of death (33.9%). To reduce the burden of malaria in children aged 3 to 59 months, Benin has introduced seasonal malaria chemoprevention (SMC) in its national malaria control policy. Its implementation began in 2019 with two eligible health zones, with an extension to two additional eligible health zones in 2020. The administration of SP-AQ to children aged 3 to 59 months without any contraindication was carried out in four rounds from July to October 2020.

## METHODS

SMC was implemented with the administration of SP-AQ to eligible children 3 to 59 months of age. The administration was carried out by teams composed of community health workers and other technical personnel. The strategy was to administer SP-AQ tablets over three consecutive days under direct supervision. In the commune of Ségbana, 21,668 eligible children received the first dose on the first visit. Administration data was collected using smartphones using the CAT (Cash and Asset Transfer) platform. The data from the administration was collected and analyzed each time the SMC campaign was ongoing. At the end of the four rounds of the campaign, the data on the children who had benefited from a complete cycle in the commune of Segbana were generated and analyzed, to understand the disparity in the coverage of the complete cycle of SMC among these children.



SMC implementation Health zones

## RESULTS

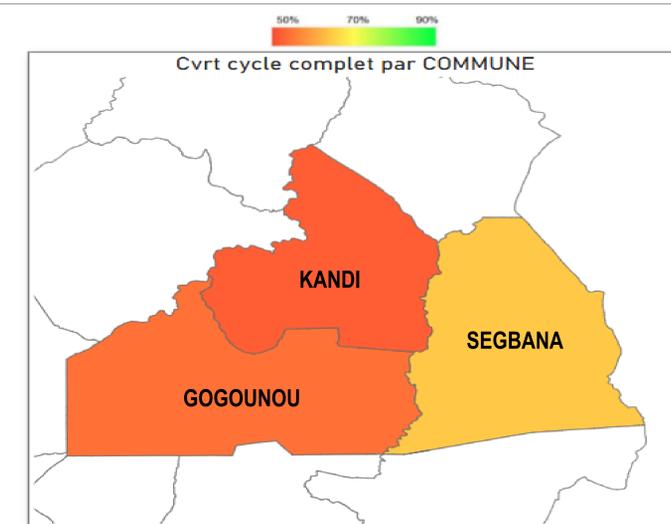
In the commune of Segbana, 13,889 children aged 3 to 59 months received a full cycle, i.e., 64.10% coverage. 7,188 children or 51.75% are female and 6,701 or 48.25% are male. In the five districts of the commune, coverage varies from 58.70% (Segbana district) to 70.70% (Sokotindji district); Sokotindji district is 41 km from Segbana. The central district therefore obtained the lowest coverage of the five districts. In the five districts, all the children who received a full cycle slept under LLIN (100%) the last two days before each round of the campaign. In the five districts, all households of children who received a full cycle benefited from IRS (100%) before the campaign.

Full cycle coverage and use of LLINs and IRS

Arrondissement of Segbana	Number of children aged 3-59 months received 1 dose	Full cycle coverage (Fcc)	Number of children (Fcc) who slept under LLINs the previous night	Number of children (Fcc) whose household benefited from IRS
Sokotondji	4734	3347 (70,7%)	3347 (100%)	3347 (100%)
Liboussou	3138	2133 (68,0%)	2133 (100%)	2133 (100%)
Lougou	3445	2219 (64,4%)	2219 (100%)	2219 (100%)
Libantè	3805	2334 (61,3%)	2334 (100%)	2334 (100%)
Ségbana	6546	3856 (58,9%)	3856 (100%)	3856 (100%)



Administration of SP-AQ



High rate of full cycle coverage in Segbana

## CONCLUSION

The high full-cycle coverage could be associated with the implementation of complementary strategies such as the use of LLINs and IRS. The central district of Ségbana is a peri-urban area where we could have had the highest coverage because the inhabitants are more educated and could easily have adhered to the strategy. People can also move from the central district to rural areas where they have cultivable land during the rainy season which coincides with the period of SMC administration. Seasonal migratory movements and remoteness can therefore cause the coverage of the full SMC cycle to vary from one district to another.

### Contact

Camille Bignon Houetohossou<sup>1</sup>, National Malaria Control Program, Cotonou, Benin  
Email: cahmaat07@yahoo.fr Phone: 0022996117989

### Affiliations

- 1 National Malaria Control Program / Ministry of Health of Benin
- 2 Catholic Relief Services (CRS), Cotonou, Benin
- 3 Integrated Health Services Activity (IHSA/ Management Sciences for Health (MSH), Cotonou, Benin
- 4 U.S. President's Malaria Initiative, US Centers for Disease Control and Prevention (PMI/CDC), Cotonou, Benin
- 5 U.S. President's Malaria Initiative, USAID/PMI, Cotonou, Benin
- 6 USAID Office of Health, Cotonou, Benin

This poster was made possible through support provided by U.S. Agency for International Development (USAID), West Africa Mission, Benin Office, US President's Malaria Initiative. The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development, the United States Centers for Disease Control and Prevention, or the United States Government.