

Rapid Social Science Assessment in Lymphatic Filariasis Hotspots in Sierra Leone

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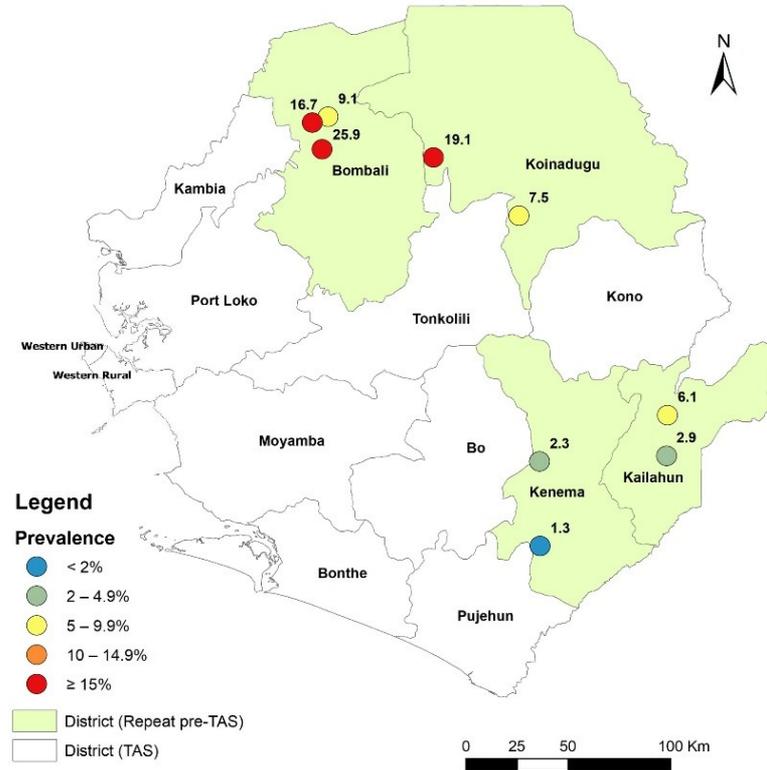


Background

- Four districts failed the pre-transmission assessment survey (**pre-TAS**) in 2013 and 2017 despite reporting effective treatment coverage.
- High baseline LF prevalence

Social dynamics impacting results:

- Inter-community and cross border movements of people
- Non-biomedical beliefs in disease causation
- Hard-to-reach (HTR) communities often rely on traditional healers and their perceptions of witchcraft
- Deep rooted beliefs most prevalent in these HTR communities especially amongst semi-pastoralists (Fullah) and the Limba ethnic groups



Objective

The Rapid Social Science Assessment (RSSA) aimed to:

- Conduct an in-depth analysis of the social factors that may lead to mass drug administration (MDA) or transmission assessment survey (TAS) hesitancy
- Develop an adaptive community engagement strategy
- Build an understanding of how COVID-19 might affect health-seeking behavior around LF MDA and TAS



Methodology

- A rapid qualitative assessment tool was used for:
 - Participant observations of community members to identify negative and positive influencers
 - Power mapping
 - Rumor tracking
- Interviews were conducted for:
 - One-on-one in-depth interview for 18 participants
 - Focus group discussions with 162 participants
 - Nine high risk communities in 4 districts



Focus group discussion with women with trust and power in Tikonko, Bo District (Social Science Research)

Results and Findings

Community structures, power dynamics and trust/influence:

- Political and traditional leaders were seen to be powerful but not necessarily trusted homogeneously across communities and demographic groups
- Religious leaders were the most trusted
- Young men highlighted 'Ataya' and females mother-to-mother support groups as sources of information

Health seeking behaviour: beliefs, concerns and previous experience (not just NTD):

- Preference for traditional healers showed how important it is to mainstream them in community engagement approaches
- Non-NTD interactions and rumours of SAEs in earlier MDAs influence trust in Health workers and NTD programming

Supply chain issues/stock-outs:

- Rapid population migrations across borders and between catchment communities

Social media:

- Significant influence, including in spreading rumors even in HTR communities



Impact of social science assessment on NTD Programming in Sierra Leone

- Identification of positive and negative influencers during community engagement prior to DSA and/or LF MDAs
- Community mobilization sessions segregated into male/female, old/young groups enhanced open discussion on fears, suspicion and rumors among peers
- Extensive use of social media to push back on COVID-19 misinformation
- Greater logistical support enabled NNTDP staff to stay in HTR communities longer to continue dialogue and build trust



Community engagement meeting prior LF MDA in Jawei, Kailahun District

Lessons from the study

- Direct involvement in qualitative study challenged the NNTDP's assumptions (or confirmed them with evidence), helped re-design engagement strategies for example: Limba have 5+ dialects and the videos produced need to be translated into at least 3 dialects
- The semi-pastoralist may move to worehs (cattle ranches) with their families for weeks/months without contact with the local community drug distributor
- Creating content targeting specific social groups in multiple dialects will help reduce MDA hesitancy
- Shift in social mobilization from health education to more comprehensive engagement to address drivers of community mistrust



LF MDA mop up in Kagbasia Koindadugu District

Recommendations and the way forward

- Use of trusted authorities as messengers (not necessarily the local authority figure)
- Diversify communication channels and dialects to target different groups
- Training of drug distributors for two-way dialogue with communities
- Community meetings and trust building exercises
- Revisit messages to address concerns and initiate conversations about root of mistrust (early rounds of MDA and adverse events)
- More engagement with traditional healers as messengers and as CDDs
- Meetings with village development committees to discuss issues to contribute to general mistrust in the health sector



Social mobilization in Karene District using the Pico video as a communication channel

Conclusion and Future Plans

- Recognition of the role of communities and integration of their voices in NTD programming
- Integrating social science community-centered methodologies into NTD programming
- Understanding ethnographic dynamics that will enable modifications to redirect programming to the special needs of targeted communities
- Strengthening CHWs to identify barriers and distrust to tackle social exclusion to achieve 2030 WHO NTD road map



Courtesy call to stakeholders prior commencement of SSR in Bo District

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