Turning Lymphatic Filariasis (LF) Survey Failures into Success

Session Date & Time:	Tuesday, November 19; 1:00 PM to 4:00 PM
Session Location:	MGM Salon A
Session Description:	This session aims to address the lack standardized tool(s) needed for the rapid collection and analysis of qualitative information on determinants of mass drug administration (MDA) coverage and equity. This is needed to improve the design of future MDAs and improve coverage. Results of operational research and programmatic practices that have aimed to fill that gap will be presented.
Session Chairs:	Margaret Baker, RTI International Judith Saare, Ghana Health Services
Session Rapporteur:	Allison Snyder, NTD Support Center

KEY DISCUSSION POINTS

Introductory slides from co-chair Maggie Baker provided background on the need for guidance to facilitate use of qualitative data on WHY pre-transmission assessment survey (pre-TAS) is failing. She also highlighted that while qualitative research methods are often time-consuming, the reality is that programs typically operate within short timelines as well as financial constraints. She noted that several existing tools, developed to address low coverage issues and strengthen mass drug administrations (MDA), are relevant for use following pre-TAS or TAS failure.

Burkina Faso's Experience

Roland Bougma, lymphatic filariasis (LF) Program Manager in Burkina Faso presented on: "Identification of programmatic and socio-cultural aspects of pre-TAS failure in Burkina Faso." He presented the findings from a mixed methods OR project conducted in 2019 in Batie and Tenkodogo districts, both of which had experienced pre-TAS failure in 2018. A formative phase was used to inform the design of next MDA and an evaluation phase was conducted after the MDA. Methods included focus group discussions, in-depth interviews, and key informant

interviews, alongside coverage surveys and community drug distributor (CDD) surveys. Using results from the formative phase, MDA strategies were adapted. Surveyed coverage increased in both districts studied – from 92 to 99% in Batie and from 89 to 99% in Tenkodogo. Roland reported that while the qualitative data collection tools were easy to use, the analysis was cumbersome. He also noted that using this approach required additional time and funding.

One dissemination strategy found to be effective in Burkina was inviting people (including health workers, leaders, religious groups, community groups) from other districts with failed TAS to attend the report back of study findings. This facilitated wider impact of lessons learnt.

The group discussed the high MDA coverage in Burkina, and questioned whether our current tools were an appropriate measure of coverage. Two main issues were highlighted in response: first, that this research and previous work in these regions has shown that when we dig deeper there are some non-compliance and absentee/migration issues; second, given the very high baseline prevalence, the need for many more than the recommended 5-year minimum rounds had been predicted at the start of the program, even with good coverage.

Ghana's Experience

Judith Saare with Ghana Health Services presented on: "Use of a Modified Social Network Analysis Following TAS failure: Lessons from Ghana" conducted in 2019 in Sunyani Municipal and Nabdam districts. This OR project was similar in design to the one described for Burkina Faso with the addition of a modified social network analysis. In both districts, participants cited health professionals/health workers as their most trusted source for health advice, and family members as the most influential to their opinions. While this tool provided useful information, the team had challenges applying the methodology and identified the need for greater capacity building if this qualitative tool is to be used in future. Judith also observed that they found it difficult to identify relevant networks in urban settings because of diversity and weaker community ties.

Nepal Experience

Kevin Bardosh, Medical Anthropologist with the University of Washington School of Public Health, presented on: "Rapid Group Ethnography: Experiences from Nepal." Conducted in Bardiya and Parbat districts following pre-TAS failure. Operational research (OR) is currently taking place in Nepal following a similar approach to what's been done in Burkina Faso and Ghana, with the addition of several other tools including: compliant and non-compliant case interviews, transect walks, and social mapping. This study was also designed to test a new rapid group ethnography tool for neglected tropical diseases (NTDs). Rapid group ethnography allows rapid analysis of qualitative data by convening data collectors every two days and debriefing on

their findings. While this study is still ongoing, early feedback on the use of the rapid ethnography tool was that local researchers liked using it and it generated a rapid understanding of the issues at hand. However, it was challenging to use by those without research training and there is some tension between the breadth and depth of data collected.

Review of Additional Qualitative Approaches

Alison Krentel with Bruèyre Research Institute presented on: "Other Research Approaches used to Address Survey Failure" in which she provided a rapid overview of 5 techniques/tools: Micro-narrative questionnaire, Rapid acceptability study pre-MDA, RANAS, graphing village social networks, and the "Who is being left behind and why" document from the World Health Organization (WHO). She left the group with a final thought before the small group discussions: Sometimes the very presence and interest from researchers/the program/anyone drives change. Folks often know what's happening in their communities. Taking the time to ask a few questions and talk to the people on the ground could be enough to help improve programmatic responses.

Session Participant Review of Qualitative Tools

The second half of the session was designed using breakout groups which discussed the methods presented and identified additional methods that could be explored for use after pre-TAS or TAS failure.

KNOWLEDGE GAPS IDENTIFIED

The following additional qualitative tools/approaches were identified by participants:

- Geo-narratives which work with community members to conduct geographic storytelling
- Community based participatory research
- Photo voice and pictorial diaries
- Clinical history - creating a history of the individuals testing positive, including information on social norms
- Collect simple and rapid qualitative feedback from colleagues working in other NGOs outside the NTD space
- Add qualitative questions to the supervisor's coverage tool (used during MDAs) and to coverage evaluation surveys (conducted after MDAs).
- Add 1 or 2 questions to pre-TAS surveys

- Conduct targeted educational follow up *(learnings from malaria programs: persons refusing indoor residual spraying are identified and teams follow up with targeted information on the spraying)*

In addition, the groups proposed complimenting qualitative research with approaches to ensure no biological reason for failures by collecting night blood dried blood spots (DBS) on filarial test strip (FTS) positives.

RECOMMENDED NEXT STEPS

Next steps should include a systematic review of these methods and based on that a preparation of tools and approaches for large-scale dissemination for use by global programs on NTDs.