



Original Research Article

VOICES FROM THE FRONTLINE: EXPLORING HEALTH WORKERS' EXPERIENCES IN NEPAL'S LYMPHATIC FILARIASIS MASS DRUG ADMINISTRATION PROGRAM

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ABSTRACT

Background: Lymphatic filariasis (LF) remains a major public health challenge in Nepal. While Mass Drug Administration (MDA) is the cornerstone of elimination, the perspectives and lived experiences of health workers—those who implement the program—are often overlooked.

Materials and Methods: This study employed a qualitative dominant mixed methods design, with emphasis on focus group discussions (FGDs) among health workers in three endemic districts. Thematic analysis was conducted using Braun and Clarke's six step framework. Quantitative survey data (n=257) provided contextual support but the primary lens was qualitative.

Results: Five overarching themes emerged: (1) health workers as strategic implementers, (2) contextually competent resources, (3) community mediators, (4) compliance facilitators, and (5) program optimizers. Health workers described challenges such as fear of side effects, rumors, inadequate supervision, and logistical constraints, but also highlighted their adaptive strategies, community trust building, and commitment to elimination goals.

Conclusion: Health workers are not passive conduits of policy but active agents shaping program outcomes. Their narratives reveal both systemic barriers and opportunities for strengthening LF elimination. Policies must prioritize training, supportive supervision, incentives, and community engagement strategies that leverage health workers' unique position at the frontline.

Keywords: Lymphatic Filariasis, Mass Drug Administration, Qualitative Research, Health Workers, Nepal, Community Engagement.

INTRODUCTION

Lymphatic filariasis (LF), a mosquito borne parasitic disease, is one of the most disabling neglected tropical diseases. Globally, more than 893 million people remain at risk, with South East Asia bearing the highest burden. Nepal is among the endemic countries, with 63 of 77 districts affected. Despite multiple rounds of MDA, transmission persists in several districts, prompting the government to extend the elimination target to 2030.^[1-8]

While epidemiological data and coverage statistics dominate program evaluations, the human dimension—particularly the voices of health workers—has received less attention. Health workers are the linchpin of MDA programs: they distribute drugs, educate communities, counter misinformation, and manage logistics. Yet their experiences, perceptions, and adaptive strategies remain under documented. This study foregrounds their narratives, offering a qualitative exploration of their roles in Nepal's LF elimination program.^[9-16]

MATERIALS AND METHODS

Study Design: An exploratory sequential mixed methods design was adopted, but with qualitative emphasis. The qualitative phase provided the primary lens, while quantitative survey data contextualized findings.

Study Area: Three endemic districts—Sarlahi, Rautahat, and Rasuwa—were selected to capture ecological and socio cultural diversity. These districts represent Terai plains, hill, and mountain contexts.

Participants: Health workers included Auxiliary Health Workers (AHWs), Auxiliary Nurse Midwives (ANMs), Health Assistants (HAs), Female Community Health Volunteers (FCHVs), and Community Drug Distributors (CDDs).

Data Collection

- **Qualitative:** FGDs were conducted with purposively selected health workers until thematic saturation. Discussions explored roles, challenges, perceptions, and adaptive strategies.
- **Quantitative:** A survey of 257 health workers assessed knowledge, attitudes, and engagement, providing supportive context.

Analysis: Qualitative data were transcribed, translated, and analyzed using Braun and Clarke's six step thematic framework: familiarization, coding, theme development, review, definition, and reporting. Quantitative data were analyzed descriptively and used to triangulate qualitative insights.

Ethics: Ethical approval was obtained from Nepal Health Research Council. Informed consent was secured from all participants.

RESULTS

Theme 1: Health Workers as Strategic Implementers

Health workers described themselves as the “hands and feet” of the program. They coordinated drug distribution, supervised volunteers, and ensured coverage targets were met. One participant noted: “We are the ones who go door to door, who convince families, who make sure the tablets are swallowed. Without us, the program is only on paper.”

Theme 2: Contextually Competent Resources

Health workers emphasized their ability to adapt strategies to local contexts. In Rasuwa, mountainous terrain required innovative distribution methods, while in Terai districts, cultural sensitivities shaped communication. “In our village, people listen more when we speak in local dialect. If we use official terms, they think it is government propaganda.”

Theme 3: Community Mediators

Rumors and fears about side effects were common. Health workers acted as mediators, countering misinformation and building trust. “Some families feared that the drugs would cause infertility. We had to sit with them, explain patiently, and sometimes take the medicine ourselves to show it is safe.”

Theme 4: Compliance Facilitators

Beyond distribution, health workers monitored adherence and encouraged compliance. They leveraged community trust and social networks. “If the village elder takes the medicine, others follow. We make sure to reach such influential people first.”

Theme 5: Program Optimizers

Health workers identified gaps and suggested improvements, such as better training, timely drug supply, and incentives. “We know what works in our community. If the program listens to us, coverage will improve.”

Quantitative Context:

Survey data revealed that only 42.8% of health workers had optimal knowledge, 45.1% had favorable attitudes, and 63.8% reported optimal engagement. These figures contextualize the qualitative narratives, highlighting gaps in knowledge and attitudes despite strong engagement.

DISCUSSION

This study underscores the centrality of health workers in LF elimination. Their narratives reveal both systemic barriers and adaptive strategies. While quantitative data highlight knowledge and attitude gaps, qualitative insights show how health workers navigate these challenges in practice.^[17-20]

Comparison with Literature

Similar findings have been reported in India and Bangladesh, where health worker motivation and community trust significantly influence MDA coverage. However, this study adds depth by foregrounding health workers' voices, revealing their agency in shaping outcomes.^[21-26]

Policy Implications

- **Training:** Health workers require regular refresher courses tailored to local contexts.
- **Supervision:** Supportive supervision enhances accountability and morale.
- **Incentives:** Financial and non financial recognition sustains motivation.
- **Community Engagement:** Health worker led strategies are crucial to counter misinformation.
- **System Strengthening:** Improved logistics and drug supply chains are essential.

CONCLUSION

Health workers are indispensable to LF elimination in Nepal. Their roles extend beyond drug distribution to community mobilization, rumor management, and program optimization. Policies must prioritize their voices, recognizing them as active agents rather than passive implementers.

Recommendations

1. Institutionalize regular qualitative assessments of health worker experiences.
2. Strengthen training and supervision tailored to local contexts.

3. Provide incentives and recognition to sustain motivation.
4. Foster community engagement strategies led by health workers.
5. Integrate health worker feedback into program design and monitoring.

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