Guidelines for DeWorm3 Social Mobilization & Information, Education, and Communication (IEC) Strategy

Introduction

The success of most health interventions relies upon effective mobilization and participation of key target audiences. Social mobilization and information, education, and communication (IEC) strategies are two widely-used and effective approaches for increasing community demand and compliance with public health programmes.

Social mobilization is a capacity-building process that mobilizes, motivates, and empowers public health stakeholders. Social mobilization strategies include disseminating information, generating support, and fostering cooperation across a wide range of stakeholders in the community. Relevant stakeholders typically include: government officials from all levels; civic, professional, and religious groups; non-government and community-based organizations; journalists and other media institutions; celebrities and artists/entertainers; local businesses, and individual community members.

Social mobilization utilizes IEC to deliver key messages to target audiences and other relevant stakeholders. IEC strategies aim to influence knowledge, attitudes, and practices (KAP) by providing comprehensive communication packages that are both appropriate and culturally sensitive to the target audience.

Well-developed IEC materials and well-coordinated social mobilization campaigns play a key role in generating awareness of MDA campaigns and, ultimately, high coverage and compliance. For example, a study in India launched a social advocacy and communication campaign called Communication for Behavioral Impact (COMBI) during a lymphatic filariasis mass drug administration (MDA) programme. Only 33% of the eligible population was treated prior to the intervention. Treatment coverage rose as high as 65%–73% in districts with maximum exposure to the COMBI campaign.

Effective IEC and social mobilization may also impact community drug distributor (CDD) work output; CDDs may be able to reach more households during an MDA campaign if they expend less time during each household visit on sensitization to the intervention.

Characteristics of successful MDA social mobilization campaigns include:

- participation of relevant stakeholders in the development, piloting and implementation of messaging;
- utilization of various communication channels and IEC materials that effectively reach target groups;
- provision of sufficient time between the distribution of IEC materials or launching of social mobilization campaigns and MDA initiation to ensure wide penetration of messages;
- appropriate scheduling of social mobilization campaign amidst ongoing community activities or religious observations; and
- guarantee the cultural acceptability and relevance of materials used.

This guide is intended for DeWorm3 site teams responsible for developing and managing IEC and social mobilization campaigns during implementation of community-wide STH MDA. DeWorm3 sites should use
these guidelines to develop their IEC materials and social mobilization strategies to ensure standardized messaging across DeWorm3 sites.

**DeWorm3’s Approach to Social Mobilization and IEC**

DeWorm3 will use social mobilization and IEC strategies to maintain high MDA treatment coverage and compliance by (1) sensitizing targeted communities and key stakeholders on the importance, benefits, and timing of community-wide MDA, including the safety and efficacy of albendazole, and (2) tailoring messages to increase the acceptability of community-wide MDA. By standardizing key aspects of the approach across sites, there is an opportunity to test how the social mobilization strategy is differentially adapted and effective across heterogeneous settings.

**Suggested IEC & Social Mobilization Strategies for DeWorm3 Sites**

Each site should select *at least* one printed IEC medium and *at least* one verbal IEC medium for use during social mobilization activities (Table 1), which will allow for assessment of relative effectiveness of different IEC packages across sites. These media may differ by cluster within a site based upon local demographics and should be selected based on relevance, appropriateness and acceptability.

<table>
<thead>
<tr>
<th>Table 1: Social Mobilization and IEC Strategies</th>
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<tbody>
<tr>
<td>Strategy</td>
</tr>
<tr>
<td><strong>Printed media</strong></td>
</tr>
<tr>
<td>Mass advertising materials*</td>
</tr>
<tr>
<td>Individually-targeted materials</td>
</tr>
<tr>
<td>Cultural normalization of intervention</td>
</tr>
<tr>
<td><strong>Verbal media</strong></td>
</tr>
<tr>
<td>Community meetings</td>
</tr>
<tr>
<td>Community outreach activities</td>
</tr>
<tr>
<td>Door-to-door outreach</td>
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</tbody>
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*NOTE: Although mass media (e.g. radio or television) is a commonly used sensitization channel, broadcasted information about community-wide MDA can potentially cause confusion or misinformation in control clusters who will not receive community-wide MDA. Therefore, it is advised that mass media should not be used unless sites can confirm there will be minimal spillover into control clusters.

**Key Sensitization Messages Standardized Across DeWorm3 Sites**

Evidence from the literature suggests that MDA compliance is negatively influenced by the following barriers:1, 4, 6, 7, 8, 9, 12, 13

1. Insufficient knowledge of health problem (transmission dynamics, perceived risk, susceptibility, and severity of infection)
2. Limited information regarding the specific behavior needed to address the health problem
3. Fear of side effects
4. Minimal knowledge of intervention benefits
5. Minimal knowledge of perceived need of intervention
6. Inability to access health intervention (i.e. location, timing, implementation strategy)
7. Misinformation defining intervention eligibility
8. Negative influence of family, peers, leaders
9. Negative perception of organization managing and administering intervention (i.e. MOH)
10. Limited confidence in individuals administering intervention (i.e. CDDs)

In order to preemptively address these potential barriers and standardize messages across sites, at least five of the key sensitization messages listed in Table 2 should be incorporated into site-specific IEC materials based on the barriers that sites define are most relevant to their setting and target population.

Table 2: Standardized DeWorm3 Sensitization Messages in Intervention Clusters

<table>
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<tr>
<th>Topic</th>
<th>Key Messages</th>
<th>Barriers Addressed</th>
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| Health education          | 1. Intestinal worms take away the nutrients you are supposed to get from your food and can cause you to feel weak or tired. Many people who are infected with worms do not feel sick but some may feel stomach pain and feeling like they want to vomit (nausea).  
2. Intestinal worm infections are common in our community. People of all ages are at risk of infection and should participate in deworming programmes even if they do not feel sick.  
3. You can prevent intestinal worm infections by washing your hands with soap before eating, drinking safe water, using toilets or pit latrines (avoiding open defecation), and wearing shoes. | 1, 4, 5           |
| Efficacy                  | 4. You can treat your worm infection and prevent infecting others by taking the deworming medication called albendazole. Albendazole is very effective against intestinal worms, but it is not effective for other types of worm infections such as ringworm, which need other medications.  
5. Everyone in the community should take deworming medicines every 6 months to help stop intestinal worm infections in you, your family, and your community.  
6. The DeWorm3 Project is providing deworming medicines to everyone in our community twice a year for three years to see if it will stop the spread of worm infections in {COMMUNITY NAME}. | 1, 2, 4, 5, 8, 9, |
| Safety                    | 7. Albendazole is very safe and side effects are very rare. When people do feel side effects, they may feel stomach pain, nausea, or dizziness. Sometimes if someone is infected with many intestinal worms, they feel more discomfort because the medicine is working well to kill the worms. | 2, 3, 4, 5, 9, 10 |
| DeWorm3 Eligibility       | 8. One tablet of albendazole will be given to everyone in the community above the age of two years, except for women at the very beginning of their pregnancy and people who are very sick. | 7                 |
| Scheduling and location   | 9. Between {DATE} and {DATE}, you should take the safe and effective deworming medication called albendazole. It will be delivered at {LOCATION} by trained volunteer health workers from our community. | 6, 9, 10          |
Additional messages specific to the context and challenges of the site should be identified and added to site-specific IEC materials well. Sites should routinely review and update these additional messages based on evidence from the post-MDA coverage survey regarding community member rationale for participating or refusing treatment during the prior MDA delivery.

Site Development of IEC Materials
Materials incorporating at least five of the key messages listed in Table 2 should be shared with the country site Community Advisory Board for input and then pre-tested on a small group of community members to ensure that the messages and images are appropriate and well understood by the intended audience. All messages should be positive and action oriented.

Draft IEC materials (that have already been pre-tested) and social mobilization plans should be provided to the central DeWorm3 team to allow for a minimum standardization of strategies and messages. To allow time for feedback and adjustments, the materials should be shared with the core DeWorm3 team at least three months prior to the first round of MDA. Any updates to IEC materials based on community feedback or coverage survey findings should be provided to the central DeWorm3 team at least two months prior to the next round of MDA.

It is critical that DeWorm3 site teams collaborate with the Ministries of Health and Education (and any other stakeholders managing implementation) to ensure that IEC messaging specific to community-wide MDA does not leak into control clusters. This is important for avoiding confusion or inducing contamination where control and intervention clusters are in close proximity to each other.

For more details about planning for and implementing DeWorm3 IEC and social mobilization activities, see SOP 02: Community Sensitization. External tools useful in the development of IEC materials and social mobilization strategy include:

1. IEC & Social Mobilization NTD Toolkit (webinar and slides available in English and French)
2. Module 4: Community Sensitization & Social Mobilization, Programme Managers’ Training Course for NTDs Targeted for Control or Elimination by Preventive Chemotherapy Interventions
Citations


