

CASE STUDY FROM THE KAMBIA DISTRICT OF SIERRA LEONE

# Equipping Community Healthworkers with Social Science Training: Invaluable Liaisons to Support Vaccine Access and Acceptance



LONDON  
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**S** SABIN  
VACCINE INSTITUTE

The pilot project was conducted in the Kambia District, Sierra Leone, between February 2021 – October 2021. It was implemented through a partnership between the London School of Hygiene & Tropical Medicine, University of Bath and the Kambia District Health Management Team, the local representation of the Ministry of Health and Sanitation, with funding from the Sabin Vaccine Institute. The project received ethics approval from the University of Bath Social Science Research Ethics Committee and from the Sierra Leone Ethics and Scientific Review Committee.

## KEY TAKEAWAYS

- Equip and invest in CHWs to engage their communities around vaccine confidence and as advocates for equitable vaccine access
- Support community-led research and participatory processes for operationalizing research findings to improve community engagement and vaccine deployment strategies
- Connect vaccine confidence and access programming to wider health system strengthening efforts as trust in vaccines is closely related to broader structural challenges

## APPROACH

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Community Health Workers (CHWs), District-level COVID-19 response team members, and key community members, including local civil society activists, from five communities within the Kambia District in Sierra Leone bordering Guinea, participated in rumor tracking and ethnographic observation to investigate the three key themes and generate knowledge and solutions towards increased vaccination in their communities. This research builds upon previous work by the study team in this setting.

To achieve this overarching objective, a five-step approach was utilized, as follows:

- Train CHWs on social science methodologies and techniques
- Implement CHW-led research of daily ethnographic observations of community members within their communities
- Analysis of collected observations and translation of findings into co-designed operational recommendations for vaccine deployment and community engagement around vaccination
- Capacitate and collaborate with civil society activists in the District through conducting trainings on, a) key methods to track and respond to rumors and concerns and how to devise evidence-driven community engagement strategies, and b) recommendations from CHW-led research
- Directly support the implementation of District-level community engagement strategies

The Kambia District in Sierra Leone was hit by Ebola in 2014-2016, followed by outbreaks of measles, yellow fever and then the COVID-19 pandemic, and there was little evidence to determine why this region was experiencing significant challenges with vaccine uptake. This project highlights the value of community co-designed research and interventions, particularly of engaging CHWs in the process, in supporting localized solutions to strengthen vaccine confidence and immunization coverage.

# IMPLEMENTATION STAGES



## 1. Training of Community Health Workers in Social Science Methodologies

CHWs associated with the relevant Peripheral Health Units (PHUs) were invited to a one-week tailored, intensive social science training program, as led by experienced social scientists and the District Health Management Team (DHMT) supervisory team. The training workshop was aimed at a lay audience and framed as an introduction to qualitative research with an emphasis of ethnographic perspectives and participatory methods. Theoretical and practical sessions included topics covering:

- Foundational concepts in qualitative social science
- The interpretivist paradigm
- Participant observation and writing ethnographic notes
- Conducting in-depth interviews and focus group discussions
- Participatory activities including, power mapping and rumor tracking group exercises

## 2. Community Health Worker-led Ethnographic Observations

A summary of key findings from daily CHW observations over 2.5 months are as follows:

- Common concerns and confusion centered around if COVID-19 truly exists and asymptomatic transmission
- General concerns about COVID-19 and mistrust in the health system might have affected vaccine confidence
- Political economy fueled concerns that COVID-19 was a money-making exercise and vaccines were given 'by force'
- Fears of vaccines (e.g.; given 'by force') impacted community members accessing other services (e.g.; antenatal care services) as they stayed away from health facilities; however, initial fears of traveling to health centers subsided
- Acceptability of COVID-19 prevention measures were affected by accessibility of resources (e.g., face masks) or impacts on livelihood due to border closures
- Social media played a role in propagating rumors about vaccines (e.g.; the vaccine spreads the virus)
- Importance of positive role models in creating vaccine confidence and acceptance (e.g. President taking the vaccine)

Insights from rumor tracking include:

- Rumors are expressions of genuine concern, change over time, and need to be addressed dynamically and by building trust
- Public health measures must consider local livelihoods, feasibility of interventions, and adapt to community contexts
- Mistrust can be deeply-rooted, and vaccine confidence requires trust-building across the whole health sector, long-term dialogue and local leadership

### **3. Co-designed Operational Recommendations**

The following four key operational recommendations for community engagement stemmed from ethnographic observations:

- Strengthen community trust in the health system and COVID-19 response team
- Increase community awareness of the benefits of COVID-19 vaccination
- Address and counter rumors/misinformation and concerns about COVID-19 vaccines and the vaccination drive
- Address concerns around the implementation of COVID-19 regulations, prevention measures and compliance

### **4. Collaboration with Civil Society Activists**

Two civil society activists, directly involved in the District COVID-19 response, were trained in social science methods and on the insights from the CHW observations.. The activists worked closely with the research team to remain informed of ethnographic observations, discuss implications of the findings, and determine how to integrate them into their ongoing COVID-19 response activities. These activists then further supported community engagement in the CHWs' target communities.

### **5. Support to District-level Community Engagement**

Ethnographic observations were routinely communicated to the Head of Social Mobilization at the DHMT, which informed ongoing work on the COVID-19 response, including regular radio shows and targeted activities across the District.

Ninety community members were targeted through organized workshops, as identified through previously power mapped community influencers, and included town heads, CHWs, health staff and health facility management members, youths, religious leaders, teachers, traditional healers and women's groups. Facilitated by the District Social Mobilization Committee and members of civil society, discussions focused on issues identified through the research, and community members were provided with correct key messaging.

The following action points and outputs emerged from the community engagement workshops:

- Participants pledged to hold engagement meetings within their communities to disseminate DHMT information with support from CHWs
- Cross contacts were shared to create a database of available community response focal points to drive community-led engagements for COVID-19-related response efforts and future needs
- All invited communities have rolled-out engagements in their communities in diverse ways
- Targeted knowledge was observed within the community, and stakeholders were actively sustaining and building upon those efforts

The DHMT organized a District stakeholders vaccine confidence workshop at the Kambia Government Hospital to provide feedback of key findings and recommendations from the research and to give stakeholders the opportunity to express viewpoints and concerns and to facilitate discussion between public health officials and community representatives, including Paramount Chiefs from each Chiefdom were in and civil society representatives. Feedback was as follows:

- Participants felt the research had significance and felt the engagement had greatly reduced the fear of COVID-19 and vaccination
- Generalized mistrust in the health system, including negative experiences with healthcare providers, created low vaccine confidence in both routine vaccination and emergency vaccination including for COVID-19
- The District Medical Officer reflected on the positive changes to the district community engagement and immunization strategies, highlighting that listening to communities' concerns, both in relation to trust and in the mismatch between vaccine deployment strategies and local socio-economic realities, has allowed for better targeted vaccination efforts resulting significant gains

# INFORMING COMMUNITY ACTION

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## Policy

- Support community-led research and participatory processes for operationalizing research findings to improve community engagement and vaccine deployment strategies
- Equip and invest in CHWs to engage their communities around vaccine confidence and as advocates for equitable vaccine access
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## Program

- Include context-specific, in-depth social science research in community experiences of vaccination, including an exploration of access and confidence issues, in routine and emergency vaccination programs

## Practice

- Tailor community engagement and deployment strategies to specific needs and experiences of different communities, taking seriously power dynamics within these communities, existing knowledge and local concepts and prior experiences of healthcare

# SOURCES

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- [Bringing the social into vaccination research: Community-led ethnography and trust-building in immunization programs in Sierra Leone](#)

# RESEARCH LEADS

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Dr. Enria is an Assistant Professor at the London School of Hygiene and Tropical Medicine (LSHTM). Her work applies approaches from political anthropology to community experiences of epidemic preparedness and response and humanitarian emergency interventions. In 2015, she worked on the Ebola Vaccine Projects Trials (EBOVAC) in Sierra Leone, carrying out ethnographic research on community experiences of the Ebola outbreak. She currently holds a UK Research and Innovation (UKRI) Future Leaders Fellowship and earned her PhD from the University of Oxford, working with communities to co-create grassroots-level interventions to improve vaccine uptake.



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Joseph Sylvanus Bangura holds a MBCh.B from the University of Sierra Leone and an MPH from Southern Medical University. He is a District Medical Officer (DMO) with the Sierra Leone Ministry of Health and Sanitation.