

ABSTRACT

Introduction: The schistosomiasis control and elimination program remain an ongoing program in the Province of Bohol, aiming for a schistosomiasis free province since 1996. Current programs implemented by the Provincial Health of Bohol including Mass Drug Administration in endemic areas, the local government is facing challenges to achieve the target coverage both pre and post COVID-19 pandemic.

Objective: The primary objective of this study is to explore the critical factors affecting coverage of Mass Drug Administration against Schistosomiasis in the Municipality of Talibon, Province of Bohol.

Method: This research is a sequential explanatory mixed method sequential study. The quantitative component collected data using a structured survey and the qualitative component of this study was explored through in-depth interviews and focus group discussion. One hundred and five participants (105) were identified using Lot Quality Assurance Sampling (LQAS) and homogenous purposive sampling technique for quantitative and qualitative were utilize respectively. Descriptive analysis was applied for the quantitative data while thematic analysis using the deductive approach was used to analyze the qualitative data. One (1) focus group discussion among community members residing in the affected area. Ten (10) in-depth interviews were conducted to the municipal and provincial schistosomiasis coordinator while eight (8) were midwives and village leaders from the area respectively.

Results: It was revealed that sixty two percent (62%) of survey respondents are willing to participate in the mass drug administration while thirty eight percent (38%) have pointed out reasons of declining their participation. The level of knowledge was found to be significantly high on schistosomiasis at ninety five percent (95%) and seventy six percent (76%) knew the prevention of schistosomiasis. The thematic analysis showed that the barriers that affects the coverage of mass drug administration found in this study were fear of side effects, belief that schistosomiasis is non-existent in their areas, accessibility to facilities, lack of community engagement, unsystematic documentation, lack of funding, and information dissemination gap. These factors adversely affected the participation and compliance of the intervention.

Conclusions: This study has explored several factors that have become barriers coverage of mass drug administration for schistosomiasis. It was found that mass drug administration for schistosomiasis failed to reach the target population. The COVID-19 pandemic impacted the program through suspension of activities, reallocation of resources and shifting of mass drug administration strategies. There is a need to update distribution strategies and develop policies in the local level to include targeted approaches while ensuring adequate funding. Exploring other platforms in community sensitization will maximize information dissemination. Additional strategic distribution points, regular program monitoring through an integrated approach and age-appropriate participatory health education campaigns can possibly enhance coverage supported by an agile program infrastructure.

Keywords: *coverage; mass drug administration; schistosomiasis; participation*