

In rural Ugandan communities the traditional kinship/clan system is vital to the success and sustainment of the African Programme for Onchocerciasis Control

BY N. M. KATABARWA*

Carter Center, Global 2000 River Blindness Program, P.O. Box 12027, Kampala, Uganda

F. O. RICHARDS JR

Global 2000 River Blindness Program, Carter Center, One Copenhill, Atlanta, GA 30307, U.S.A.

AND R. NDYOMUGYENYI

Ministry of Health, P.O. Box 1661, Kampala, Uganda

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In rural Ugandan communities where onchocerciasis is meso- or hyper-endemic, control of the disease is now being carried out using a strategy of community-directed programmes for the annual distribution of ivermectin to all persons eligible to take the drug. For these programmes to achieve their annual target coverage of at least 90% of the population eligible to take ivermectin, and to continue to sustain themselves for 10±15 years or more, even after external donor funding ceases, it has been found essential to replace the initial community-based strategy, imposed from outside, by a community-directed strategy developed by the community members themselves. Furthermore, it is essential for success that full use be made of the traditional social system, which is very strong in all rural communities in Uganda. This system is based on patrilineal kinships and clans, governed by traditional law, and in it women play an important role. If this system is ignored or by-passed by government health personnel or by the sponsors and promoters of the programme, the communities are likely to fail to reach their targets.

When rural communities increase in size and complexity, following development and the arrival of migrant families, they become semi-urbanized. The kinship/clan system is then weakened, community-directed drug distribution is much more difficult to organize, and coverage targets are not often achieved. This effect is of minor importance in a rural disease, such as onchocerciasis, but is likely to be of greater significance in the control of diseases, such as tuberculosis and lymphatic filariasis, which thrive in urban environments.

Several programmes of mass chemotherapy to control major parasitic and infectious diseases in developing, tropical countries are now being supported by the World Bank and executed by the World Health Organization in partnership with the Ministries of Health in the affected countries. An important feature of this effort is that of public/private partner-

ship: national health services participating with international donor agencies, non-governmental development organizations (NGDO), and major pharmaceutical companies. Most of these programmes are based on the fundamental, natural common pathway of community participation and involvement (Katabarwa et al., 1999a).

One of the most successful of these programmes is the use of ivermectin (as Mectizan

* E-mail: rvbprg@starcom.co.ug; fax: 1 256 41 250376.

donated by Merck & Co., Inc.) to control onchocerciasis, with its associated skin lesions and 'river blindness'. In Uganda this programme started in 1992, as a co-operative venture between

to compensate for their loss of time. Where the programme refused such remuneration, the CBD often dropped out of the programme; where the programme did provide remuneration, the CBD tended to become more accountable to the programme sponsors and staff than to their n3

...es, the supporting resources, skills
...vices that are absent at the com-
...level.

Implementing CDTI in the Communities and Integrating it with Community Agenda

...ive of promoting community direc-
...render the ivermectin-distribution
...es capable of being sustained by the
...y members at their level. To put
...effect successfully demands a sound
...nding of the cultural factors that
...the involvement of community
...in health-care programmes. Account
...be taken of vital community aspects,
...the social structures, legal systems,
...mobilization, and sharing systems.
...concept of community-directed treat-
...with ivermectin has been developed to
...the vaguer term: community-based
...nt programmes. The latter, in the con-
... Ugandan onchocerciasis control, were
... associated with inadequacy or failure.
... However, CDTI strategy involves searching
...for the correct and appropriate information
...that can be used to maximize community
...involvement, both in decision-making and in
...the assignment of appropriate programme re-
...sponsibilities to community members for the
...betterment of their own health. The results of
...a multi-country study of CDTI for onchocer-
...ciasis control (WHO, 1996) and of the work of
...Katarbarwa et al. (1999b) in Uganda have re-
...vealed that communities are better able to
...achieve their target coverage when the com-
...munity members themselves actually make the
...decisions as to how the programme should be
...organized within the community.

The CDTI programme functions in the following way. The district health personnel
...rst select their own, community-

directed drug distributors (CDD) and treat-
...ment centres. Members of the programme
...staff then tell the selected distributors and
...the community leaders how to store the
...ivermectin safely, how to determine dosage,
...how to manage adverse side reactions, how to
...keep proper records, and how to prepare
...reports. The communities are then left to
...organize their own distribution exercises. In
...Uganda, a community, once prepared in this
...way and allowed to plan and implement its
...own CDTI, almost always achieved and sus-
...tained the desired coverage of 90% of the
...eligible target population (Katarbarwa and
...Mutabazi, 1998).

The approach to the communities targeted
...for CDTI starts with meetings in the com-
...munity, to explain the purpose and the strat-
...egy of treatment. Success depends on meeting
...with groups of a significant number or a
...critical mass.

- tions and referring individuals suffering from them to local health authorities; and
- (7) changing the treatment approach if it is found to be unsuitable after the first round of treatment.

When attempting to integrate a health-care programme into the community, there are certain issues that the organizers of donor-supported and government-sponsored programmes, and the health personnel employed by them, must

TABLE 1

Mean treatment

safety net' is admirably exemplified by the traditional, social-support systems, known as the *engozi* in south-western Uganda (Katabarwa, 1999).

It follows that, in rural Uganda, a sound knowledge of the role of kinship is essential if one is to understand the social dynamics of any community and the way in which these will influence the acceptability, management, sustainability and ultimate success or failure of any community-directed, health-care programme. To date, rural health programmes have not taken the kinship issue seriously or even bothered to

TABLE 2
Mean, community-directed treatment coverages in the meso- or hyper-
endemic communities of four Ugandan districts

District	Treatment coverage (%)			
	Semi-urban communities		Rural communities (%)	
	1997	1998	1997	1998

