



Project of Global 2000 River Blindness Program and Ministry of Health

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Considering Community
Practices in CDTI

In rural Ugandan Communities the Traditional kinship/Clan System is vital to the Success and Sustainment of the African Programme for Onchocerciasisis Control

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THOSE WHERE INDIVIDUAL HOUSEHOLDS FROM MANY DIFFERENT CLANS, OR EVEN FROM

tribes, displaced from their villages, and no longer necessarily linked to land ownership. Close proximity and lack of known kinship lines leads to mistrust. As Katabarwa *et al.* (1999b) reported, mobilization of the population in such communities was much more

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Focus Group Discussion in Nebbi. This is a good forum to understand the community

In Uganda, it becomes more difficult to achieve satisfactory ivermectin distribution coverage in communities that becoming semi-urbanized, which contain many migrant families, and in which the kinship/ clan system is much less strong. This weakening of the kinship/clan system may become an increasing problem for community-directed health programmes aiming to control diseases that, unlike onchocerciasis, thrive in an urban or semi-urban environment.

Adjumani district

- 919 community selected CDDs were trained.
- Health education was carried out in all the 119 communities.

Kassese district

I Community self-monitoring was done in 4 communities of Kagando II, Buhungamuyaga II, Kanyatsi I and Kasanga.

Moyo district

- 1 1,193 CDDs were selected by the community members. 856 were male and 337 were female
- Health education was carried out in 153 communities.

Nebbi district

I 143 CDDs were trained, 66 of these63 Tw (0 07 Tm /F3 1d H I5 T2c −350871 TDs wewcmeners240 super Diorsict) Tj 0 −14.25 Tf −19

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