

COMMUNITY PARTICIPATION IN LYMPHATIC FILARIASIS ELIMINATION IN TANZANIA MAINLAND



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In Tanzania, Lymphatic Filariasis (LF) is endemic in all districts of the country with five regions along the coast being most endemic with prevalence rates of up to 69%; about 43 million people are at risk of LF infection and 6 million have already shown clinical manifestations of the disease. It is estimated that 80% of those at risk live in remote rural areas with very limited access to primary health care. With the limited health work force and resources; reaching the millions of community members in the thousands of villages in Tanzania is extremely difficult.

In order to address this challenge, the use of community members to serve as Community Drug Distributors (CDDs) has proven effective in reaching remote populations and ensuring community ownership of the program.



Community members are motivated to take treatment when their own people have the responsibility for, and control over, distribution of the drugs. This strategy has been adopted by the TZ Ministry of Health and Social Welfare (MOHSW) through the Neglected Tropical Diseases Control Program (NTDCP) in partnership with USAID/RTI/IMA World Health, African Program for Onchocerciasis Control (APOC) and other partners. Using the community directed treatment with Ivermectin (CDTI) strategy, CDDs play a key role in the mass drug administration (MDA). The CDTI philosophy encourages communities to take responsibility for organizing their own drug distribution to prevent and eliminate the NTDs affecting their community. The community leaders are instrumental in organizing and mobilizing communities in their

“Empowering communities to address their own health problems in Tanzania”

respective areas to participate in MDA. They move from house to house doing a census of all household members prior to the actual MDA. During the census, CDDs emphasize the importance of having all eligible members of the population participate in the MDA in order to eliminate LF in their community. They also address any myths or concerns the community may have about the drugs.

“Having received the ABCs of control and elimination of NTDs, I feel very comfortable to push the agenda to the people in my area” said one village leader in the Bagamoyo district. He went on to say “I have been using the annual village meetings to clear all the misconceptions the people have about drugs given free of charge in our communities”.

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“Gone are the days of taking pride in large hydrocele! This is a disease and we need to take drugs annually to eliminate this disfiguring and incapacitating disease, together we will eradicate it” said one District Commissioner when addressing ward counselors in one of their quarterly meetings.



To enable communities to organize high quality MDAs, the NTDCP and partners support CDDs through training, supportive supervision and mentorship, and supply all MDA related materials, including treatment registers, height poles, and drugs. The selection of CDDs is done by the communities themselves to ensure a transparent process facilitated by hamlet leaders; in some instances the hamlet leader is selected to serve as a CDD.



“I feel honored to serve and help my community; this has kept me going despite the challenges” said a middle aged female CDD when asked what motivates her serving as a CDD.

“People in our community call me doctor, they have built confidence in the work I do, and this has helped me gain more confidence and enthusiasm, to serve them even better” said a



young man who has served as a CDD for the past four years. “These drugs are very good, we are comfortable that we will remove this disease. We had problems at the beginning because some people had told us that the bazungu are giving us drugs to stop us from having children, but we have realized that this was untrue. We now happily take the drugs as we trust our CDDs and leaders; moreover, they could not allow us take something harmful in any way as they themselves are involved!” said an elderly lady who was eager to take her pills.

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As a result of empowering the community to take responsibility in the fight against NTDs, hard to reach communities in Tanzania which otherwise would not have been reached, have been able to

conduct successful MDA annually. Communities have gained a great awareness about elimination/control of NTDs.

Keeping the communities at the centre of control/elimination of NTDs is critical to realize any successful intervention. Communities in Tanzania have shown that when empowered and supported, they can address their health problems themselves. The power to eliminate LF is endowed in the affected

populations. Once trained and equipped with the right tools, communities play a significant role in the global vision of LF elimination.

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