



A Qualitative Analysis of Coverage and Equity in a Community-Directed Mass Drug Administration for Schistosomiasis in Mayuge District, Uganda

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Abstract

Mass drug administration (MDA) is central to schistosomiasis control in endemic areas. The use of community-directed distributors (CDDs) aims to improve access, but qualitative insights into how this model affects both coverage and equity in hard-to-reach settings remain limited. This study aimed to qualitatively analyse the coverage and equity of a community-directed MDA for schistosomiasis in Mayuge District, Uganda, by exploring the perspectives of communities and distributors on the campaign's implementation and reach. A qualitative study was conducted in lakeshore communities of Mayuge District. Data were collected through in-depth interviews and focus group discussions with community members, CDDs, and local health officials. Thematic analysis was used to identify key themes pertaining to coverage and equity. The analysis found that while the CDD model achieved high nominal coverage, significant inequities in access persisted. A key theme was the systematic exclusion of individuals engaged in fishing and seasonal labour, who were often absent during distribution periods. Although community trust in CDDs was high, logistical challenges and inadequate supervision compromised equitable service delivery. The community-directed approach facilitated distribution but did not assure equitable coverage. Structural and occupational barriers led to the exclusion of high-risk, mobile groups, potentially undermining the campaign's public health impact. Programme planners should integrate flexible, targeted strategies for mobile populations into community-directed MDA campaigns. Strengthening CDD supervision and support, and aligning distribution schedules with community mobility patterns, are essential to improve equity. schistosomiasis, mass drug administration, community-directed distributors, health equity, qualitative research, Uganda, neglected

tropical diseases This study provides in-depth qualitative evidence on the implementation gaps of a community-directed MDA, highlighting how structural factors can perpetuate exclusion even within a high-coverage campaign.

Keywords: *Mass drug administration, Schistosomiasis, Community-directed distributors, Health equity, Sub-Saharan Africa, Qualitative research, Programme coverage*

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