



Community engagement as a prevention and response model against COVID-19 in Uganda

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Preamble

The COVID-19 pandemic is primarily a health crisis with far-reaching social and economic ramifications. In Uganda and around the world, some response measures to the pandemic have resulted into lockdown of cities and communities. The measures have also inevitably disrupted livelihoods of millions of people, and disproportionately affected poor households, children, women, persons with disability, the elderly, persons with underlying chronic illnesses and informal sector workers. In Uganda, media reports suggest that there are people who are not putting in practice the health guidelines aimed at preventing the spread of COVID 19.

The urgency and necessity of the instituted measures in response to the pandemic is undoubtable. However, the prescribed public safety guidelines against COVID-19 may also lead to anxiety due to changes in routines and livelihoods. A multitude of issues including poor mental health, domestic violence, child maltreatment, violent crime, loss of income due to sudden unemployment, alcohol and substance abuse among others, are some of the unintended negative outcomes. These issues have the potential to undermine prevention and response measures against COVID 19, in addition to causing unprecedented harm to families, localities and the general society. Yet, the success of any measures against the COVID -19 require that there is community participation, ownership and sustainability of the efforts at the grassroots level. Working through a community engagement framework promises to deliver positive results and ultimately leads to greater socio-emotional, health and economic wellbeing of all the affected individuals, households and communities.

Lessons from recent Ebola outbreaks in

West Africa, DRC and Uganda suggest that interventions that do not foster community engagement at all levels from early planning through implementation, are more likely to encounter resistance, disengagement and apathy at the community level, resulting into disinvestment. Within this guidance note, a community refers to the lowest level of local administration say Local Council 1 in the case of Uganda and the members that comprise that local council. A community may also refer to an organized social grouping in any given locality, or multiple localities; including virtual communities –albeit, with a recognizable form of identity, or organized and mobilized through a common platform, to achieve a common goal.

What is Community Engagement?

Community engagement entails working collaboratively with and through groups of people affiliated by geographical proximity, common interest, or similar situations to address issues affecting the well-being of those people¹.

Why must we engage communities as part of the COVID-19 Response?

While central government agencies and other external actors are at the moment leading the effort to respond to COVID-19, communities must eventually take the lead in this response, own the response and sustain it. Community engagement as a change strategy is founded on a basic Social Work principle of self-determination that views a community in itself as a catalyst of change” ‘agent of change’, ‘target of change’ and ultimately as an indispensable ‘resource’ to invest in producing the change that the community itself will consume. Communities have unique cultures, values and beliefs that may promote and/or hinder the uptake of any problem-solving interventions. Successful COVID-19

1 (United Nations Children’s Fund (UNICEF) 2016)

prevention and response in communities will depend on how well community members understand, appreciate and relate with the COVID-19 control measures. This can only happen once they have been fully engaged to take up, own the prevention and response measures and champion these measures in their own communities. Hence, Community Engagement enhances the resourcefulness of the community to leverage government efforts and to avoid potential inefficiencies of deploying a “one size fits all” solution to the COVID-19 Pandemic.

The Ebola experience teaches us that communities can offer alternative and contextually relevant alternatives/solutions if well engaged and their views taken into account. This happens if public health experts and epidemiologists begin to look at communities as part of the solution and not a problem in itself.

Practical ways to facilitate community engagement under COVID-19: Village COVID-19 Task Forces

Vulnerable communities tend to be skeptical of outsiders particularly when they perceive themselves as being on the receiving end of ‘unfulfilled promises’ for the provision of critical services. As such, efforts to engage communities directly should be preceded by establishment of community-based channels of change or community-trusted intermediaries to avoid any delays in community ownership of desirable responses to a problem like COVID-19 pandemic.

Therefore, we propose that localized village volunteer structures or Village Task Forces be created as a replica of the national and district level taskforces. This village task force will as much as possible ensure that already existing local/village leadership structures are mapped and their representatives effectively integrated in the COVID-19 response structure. This will enhance efficiency in mobilisation, trust and sustainability of the response. In terms of organization, the structure at village (LC1) level is the most important because of its ability to know every member of the community through their household heads. Tapping from the principle of subsidiarity, this grassroots

response structure should be resourced to own and lead the bulk of the response.

Members of the village task force should include; key opinion leaders, political, and influential people at the village level such as LC1 Chairpersons, leaders of women groups, retired teachers, cultural leaders, religious leaders, members of Village Health Teams, Local Defense Units, retired health workers, religious leaders etc. This village structure will support COVID-19 response efforts and increase ownership of the formal response mechanisms.

Proposed Roles and Responsibilities of Community Task Forces

The volunteer village COVID-19 team structure would play community mobilization, organization and response roles, including:

- * Increasing effectiveness of public safety guidelines through promoting acceptability among community members and providing an enabling local environment in which recommended measures to prevent the spread of COVID-19 can be effectively implemented and adopted;
- * Promoting ownership of the actions being undertaken, so that communities lead and drive these actions on their own to respond to the COVID-19 threat;
- * Facilitating the dissemination in the local language and understanding of messages about the COVID-19 pandemic; serve as a source of accurate information, addressing myths and misconceptions and respond to any questions about COVID-19 from the community, forwarding those for which they do not have answers to the more technical teams at the sub county and district levels;
- * Timely identification of any individuals with symptoms and making information available to the area COVID-19 Task Force Committee; and supporting the tracing of contacts for COVID-19, i.e. people who have come into contact with those with COVID-19;
- * Fighting stigma in the community against people believed to have come into contact with COVID-19 or have its symptoms, those diagnosed with it or those recovering from the disease; including preventing mob justice;
- * Obtaining or providing data on local

vulnerabilities to establish better and more systematic approaches to the response;

- * Actively participating in planning, implementation and enforcement of recommended measures against COVID-19;
- * Protecting the vulnerable community members such as the elderly, persons with disabilities (PWDs), the chronically ill, pregnant women and young children and increasing quick access to the needed support including health facilities, shopping for them to minimize their risks of coming into contact with the virus or establish mechanisms for people to collect medication;
- * Pro-actively identify and timely support community members with health emergencies to access needed help;
- * Leveraging community resources to support COVID-19 prevention and response efforts;
- * Improving accountability to affected individuals, families and communities in the face of the COVID-19 emergency;
- * Monitor implementation of interventions related to COVID-19 and establish consistent feedback between communities and District and National COVID-19 Task Forces including identifying barriers to success, suggesting what kind of responses should be designed to address existing gaps and what community members themselves can do to address the gaps without needing external support;
- * Serve as the first point of contact for any community concerns and issues that need to be resolved or reported, including government assistance programs;

Forms of support to community task forces

Communities may need the following forms of support and facilitation in preparation for their active participation in COVID-19 response:

- * Support in identification of lead or focal persons to lead the community effort as well as the full team of volunteers to drive the effort. Pre-existing leaders such as Local Council Chairpersons, Para social workers and VHTs may be well-placed in some cases to lead such efforts. Some communities may opt to select retired health workers or other motivated individuals as new leaders for this purpose. Community members

also need to select the full team that can implement the effort.

- * Training of Community COVID-19 teams – the selected teams will need training in the basic facts about COVID-19; what is known and unknown about COVID-19; the preventive measures; the actions to take in case anybody shows symptoms; other available services to support COVID-19 affected persons and families, and so on.
- * Equipping community COVID-19 teams with personal protective equipment, stationery, means of transport, communication devices, and so on.
- * On-going support, monitoring and linkages with other higher level (e.g. district) COVID-19 teams.

When should community engagement happen and at what level?

Different forms of community engagement may be necessary at different stages of the COVID-19 response and at different levels as follows:

- i. Pre-COVID-19 phase – During the time before any cases are identified in a community, community engagement is necessary to disseminate information, prepare communities for lifestyle and behavioral changes, mobilize needed resources such as water for hand-washing, and ensure that preventive measures against COVID-19 take root.
- ii. Active COVID-19 phase – During the time after a person or several persons have been identified with symptoms of COVID-19 or confirmed to have it, a process of community engagement is needed to calm down anxieties, support the teams tracing contacts to do their work effectively, and ensure that preventive measures are sustained.
- iii. During discharge and re-integration of persons quarantined or hospitalized for COVID-19 related reasons – Community engagement is very critical during this time in order to (a) prepare the families of the affected persons to receive them back, (b) prepare the communities where these persons come from to receive and accept them, and minimize stigma and damaging information.
- iv. Post-emergency- Many response activities

usually come to an abrupt end when financial support is terminated or the primary cause of the emergency, in this case COVID-19 virus, is contained. However the lingering effects of the emergency continue to severely hamper recovery. Structures that are established to respond to the emergency either cease to function altogether or may revert to the norms that existed prior to the interventions. For instance self-help groups, outreach workers, or other community volunteers may cease to engage in their routine activities or may not be able to pick up sustainably from where they were prior to COVID-19 outbreak. As such government plans to respond to COVID-19 should:

- * Integrate community engagement into institutional policies;
- * Allocate financial and human resources to undertake successful community engagement mainstreaming at all levels of the response structure.
- * Consider sustainable exit strategies utilizing community engagement principles when the outbreak is contained.
- * Actively involve local governments and Civil Society Organizations (CSOs) that would continue supporting the effort beyond the few months of central government direction. Many CSOs have the human capacity and are capable of raising funds to sustain the efforts for some time.

Who Facilitates Community Engagement?

Effective community engagement requires systematic planning, facilitation, monitoring and follow up. These processes require a set of critical skills – rooted in a set of values,

principles and experiences. In Uganda, as in many countries, people trained as Social Workers are specifically trained to work with communities to facilitate processes of community involvement, community-led change processes and community transformation. All Ugandan local governments (districts, sub-counties and urban local governments) have Community Development Officers (CDOs) who can facilitate community engagement processes. Only that many times they have been under-facilitated or only used conveniently to achieve superficial results. The National Association of Social Workers (NASWU) and the Department of Social Work and social Administration at Makerere University have extensive experience in facilitating and providing technical support to community engagement initiatives. Effective community engagement calls for meaningful leveraging of trained personnel as resource persons to achieve lasting changes.

Overall, the COVID-19 response will be stronger and more effective if rooted in the community.

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