

SOCIAL WORK RESPONSE TO THE COVID-19 PANDEMIC -8 POINT GUIDANCE NOTE

Makerere University, Department of Social Work and Social Administration April 2020



Our concern as professional Social Workers is centred on the following principles:

1. Ensure equity, social justice and promotion of human dignity in the prevention and response measures against COVID-19.
2. Ensure social system functioning at individual, family, community and institutional levels.
3. Protection of the most vulnerable during the time of crisis and beyond.
4. Upholding ethical standards in all actions while rendering assistance to those in need.

In practical terms, we recommend the following guidelines to all frontline staff comprising social workers and other social service workers, bearing in mind that COVID-19 will have a cumulative effect on individuals and communities culminating into social problems. If these issues are not carefully addressed, they could lead to increased spread of the virus and nationwide social breakdown; with far reaching consequences cutting across all aspects of people's well-being, and exerting a disproportionate effect on national development goals:



1. Identify the most vulnerable groups

to ensure that prevention measures do not fail or cause social breakdown. The most vulnerable include, but are not limited to any of the following:

- * The most-poor who live from hand to mouth and who have therefore lost their sources of income as a result of the lockdown
- * The communities in urban informal settlements such as slum areas - where social distancing may not be easily enforced; they also may have limited access to safe water and sanitation facilities which are requirements for effective prevention of COVID-19
- * The people with underlying health problems e.g. People Living with HIV, cancer patients, people with mental illness among others. These may need to move to collect their medicines from health facilities, or to consult with their doctors regularly
- * The elderly, people with disabilities, and any other people with limited physical ability and who are dependent on others
- * Persons in refugee settlements where there might be significant congestion, language differences and a weakened sense of community
- * Children with special needs, those heading households.



2. Devise means (both generic and tailor made) to minimise the risk of exposure due to; social context, social breakdown, non-compliance, multiple deprivations etc.

- * Provide exemptions to travel and curfew restrictions for special emergencies e.g. expectant mothers and other health

emergencies. In this regard, authorise LC1 Chairpersons to give permission to such emergency cases to travel as need arises, notwithstanding putting checks to ensure the system is not abused.

- * Minimise the use of violence by law-enforcement officials.



3. Address stigma: Engage communities, leaders and law enforcement officials on how to minimize COVID-19 related stigma against suspects and patients.

Prepare communities through mass awareness and/ or sensitisation to receive those returning from mandatory and other forms of quarantine and self-isolation; and those returning from hospital, or those who may lose their loved ones to COVID-19. Measures should also be put in place to increase access to psychosocial services including counselling to address self-stigma and anticipated stigma.



4. Access to relief assistance:

- * We commend the government for the decision to help particularly those whose work mostly enables them to survive from hand to mouth, by giving them food during lockdown. We recommend that distribution of food and any other provisions including sanitisers (where resources permit), should be expedited. However, a clear and transparent criterion should be set to ensure that the most deserving, are reached by the assistance. There is a risk of mis-targeting, where the exercise is led by influential political figures. Involvement of social workers is helpful in

singling out the profiles of the most in need including child headed families, households with people living with HIV on treatment or taking care of critically ill patients, informal sector workers whose work is restricted due to the lock down; the elderly, the youth out of work among others.

- * Besides government relief assistance, support or encourage private driven and localised food supply services to city divisions and zones, where people can access food at their door steps. Government should make clear guidelines for the distribution process, for other willing individuals and organisations.
- * Make electricity and water free for a specific period of time to prevent risks including insecurity, improve sanitation, and minimize starvation.



5. Promote community engagement to ensure compliance with guidelines:

- * Make individuals aware of the threat of COVID-19. Bearing in mind that awareness and knowledge of the risk of COVID -19 does not guarantee compliance to prevention guidelines, community engagement is needed and will entail taking systematic steps to involve community gatekeepers including LCI officials, traditional and church leaders etc to ensure that beyond understanding the risk of COVID-19, communities also take responsibility for enforcing the guidelines. Identifying and implementing community- driven sanctions against non-compliant community members should be prioritized for every specified group of households -say 5-10.
- * Mass sensitization using all available media outlets and local structures including community radios should be prioritized, though well knowing that it is not an end in itself.
- * Media outlets should be encouraged to offer airtime to government and individual experts as one of the means to create awareness necessary to fight COVID-19.



6. Case management including referral

- * A system for identification and reporting of COVID-19 cases should be well stipulated and contacts of local health facilities or task team

members made available in every locality.

- * Standard operating procedures for the reintegration of COVID-19 quarantined suspects and patients back into their families and communities should be developed and circulated.
- * Details and contacts of providers of critical services including referral services should be circulated to the public in form of printed material or other easily available forms.
- * Provide the much-needed professional assistance in form of medical and psychosocial services, including referral, advocacy and community sensitisation.



7. Ethical practice

Uphold the ethical principles while extending the much-needed professional help to those in need.

- * Maintain privacy and confidentiality for COVID-19 patients and their families
- * Minimise and address stigma against COVID-19 suspects and patients
- * Protect the health workers by providing personal protective equipment.
- * Handle COVID-19 suspects and patients with dignity



8. Collect data and build evidence-based

practice. Integrate research by using tools related to case management, community assessment and risk assessment and graduation.

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