



Community Engagement for COVID-19 in Uganda

Lessons for UHC in Africa

TICAD8 Side Event

25.08.2022

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ACHEST

National Community Engagement Strategy for COVID-19 Response



- In September, 2020, National Taskforce (NTF) for COVID-19 presided over by the President of Uganda established Community Engagement Strategy (CES) for COVID-19 Response.
- The National CES Sub-committee of the NTF appointed comprising: MoH, MoLG, JLO, GLSD, MoES, CSOs, HDPs.
- CE Strategy launched by Prime Minister 20.10.20
- The CES Sub-committee meets weekly. Chair Francis Omaswa



CES Strategy & Objective

- Strengthen the existing Community Health System for Integrated People Centered Primary Health Care
- Ensure that infections are minimized in the community.
- Enable prompt identification, testing, treatment and rehabilitation as needed in communities.
- **Objective:** All people in Uganda aware, empowered and participating in the prevention and control of COVID-19 as both a duty and a right, using existing structures, systems and resources as much as possible



Operationalization of CES

- Government established COVID-19 Taskforces at all levels of local government (District, Sub county, Parish and Village).
- Village COVID Task Forces (VCTFs) mobilized communities, to raise awareness about the COVID-19 and ensure adherence to SOPs.
- Every month VCTFs with Village Health Teams (VHTs) convene a community dialogue to identify local solutions to wide range of issues emerging from the community: teenage pregnancy, GBV, water sources
- Community Health Workers (VHTs) facilitated to work with VCTFs. VHTs visit households respond to other health needs including hygiene. Government provided some equipment and financial support to VCTFs and VHTs
- The VHTs trained to support the village committees: to improve PHC, nutrition, sanitation and hygiene home visits, advocate for model homes, and liaison with the Health facilities.



Structures and Functions by level

Structure	Functions
<p>Village COVID Taskforce (VCTF): LC1 Chairperson and Council with the Village Health Team of five or more members, one of whom will be a full time paid Community Health Worker, Parish Chief, CDOs, Religious and Cultural leaders, School representatives, Health facility representatives, CSOs and Volunteers, private sector</p>	<ol style="list-style-type: none"> 1. Community based surveillance and case detection including deaths, 2. Community case management including supporting self-isolation, community based drug distribution and referrals as appropriate 3. Community contact tracing and reporting 4. Community shielding of vulnerable members 5. Strategic Communication, creating awareness, information and education to gain and hold trust of the communities 6. Maintaining the Village Health Register on households, data management and reporting 7. Responding to other health needs as appropriate
<p>LCII with the Parish Council and Planning Committee, Parish Intelligence officers:</p>	<p>Oversight and support, law and order. Monthly meetings.</p>
<p>LCIII with the Health Assistants, Gombolola Intelligence Officers, Community Development officers, Schools, Health Centers, Agricultural extension workers, CSO, Religious leaders, Cultural leaders</p>	<p>Inter-sectoral collaboration, treatment of illnesses, planning and resource mobilisation</p>
<p>District COVID Task Force, Chair RDC, LCIV County Chief, and LCV Chair, CAO, Constituency Committee and Member of Parliament, with District Planning Committee, DHO and District Health management Team, Information/Communication officers, Religious and Cultural Leaders, Partners</p>	<p>Overall leadership, information and communication, supervision, enforcement, planning, resource mobilization, monitoring, evaluation: Monthly meetings</p>

JICA Support



- 160 VHTs per district were trained and equipped with bicycles, smartphones and backpacks containing: a reflector jacket, thermometer, Village Health Register, referral forms, UMAC tapes, first aid box, umbrella, sanitizers, and water bottle.
- JICA paid monthly allowances of UGX 100K and UGX 20K for airtime during Q2 & 3 FY2021/22.
- One laptop for data management for the District statistician in each of the four districts.
- One Desk top computer for weekly data management by the Community Knowledge Center at Mukura, Ngora district
- Two motorcycles were given to each district for supervision

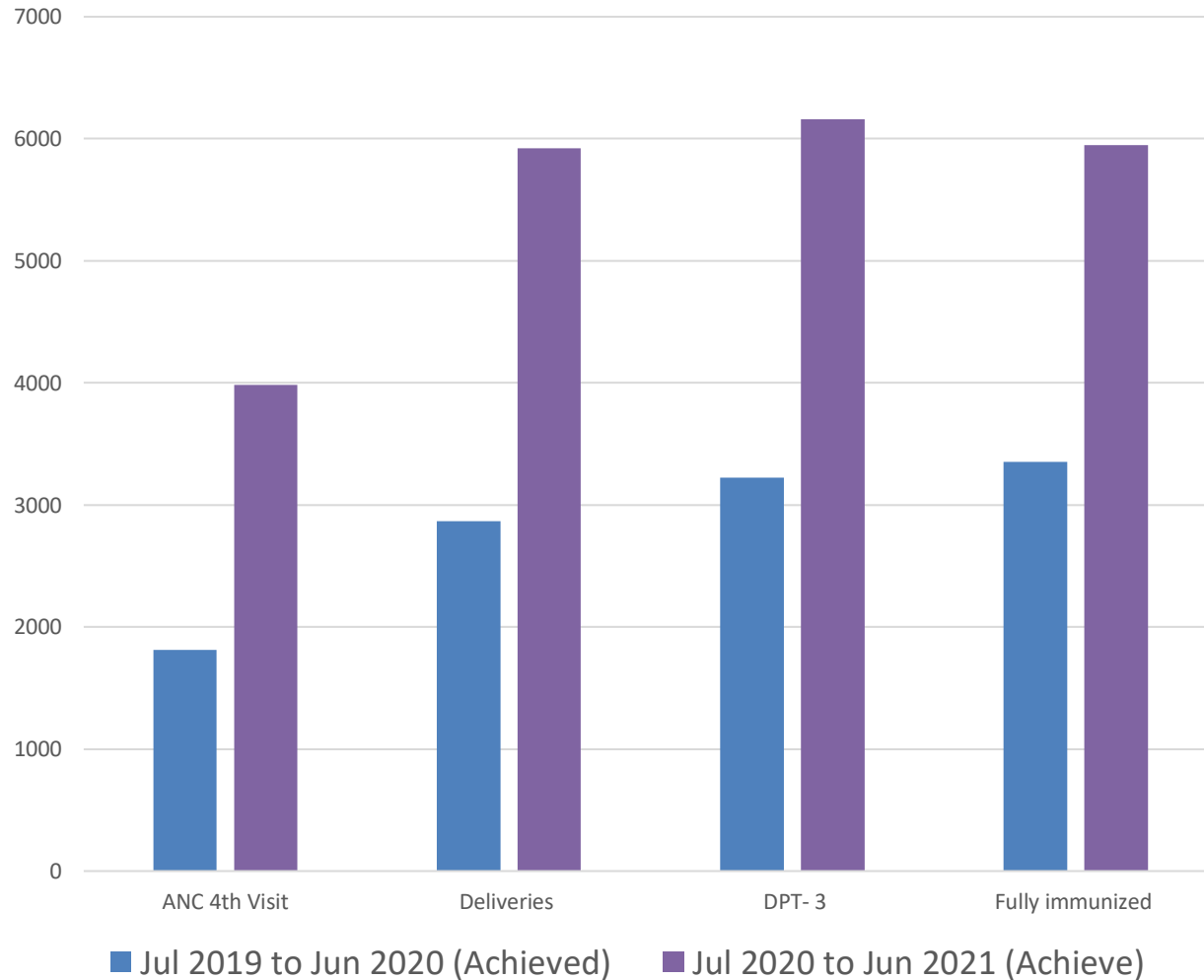
Achievements



- All monitored RBF indicators improved in 2020/2021 F/Y.
- Home based care and trust built with communities and health facilities. Community Health System strengthened
- Hygiene and sanitation improved in the community
- Model homes with all standard requirement of a house, latrine, kitchen Animal house, rubbish pit, cloth drying line, clean compound, bathe shelter and clean paths promoted by VHTs
- VHTs (CHWs) are able to send reports using electronic data systems
- VHTs (CHWs) have gained popularity, influence and respect



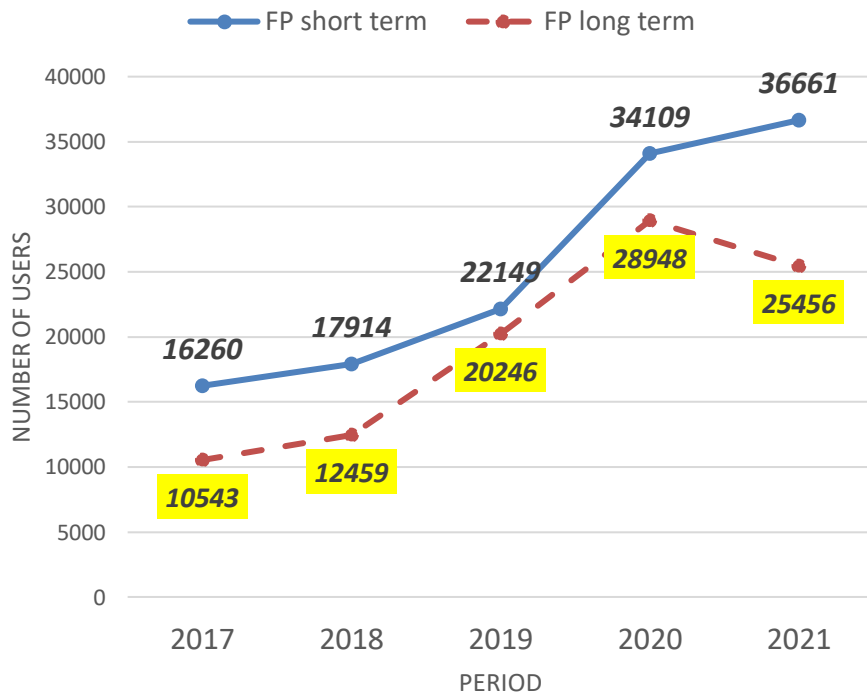
Performance of monitored indicators for Ngora District



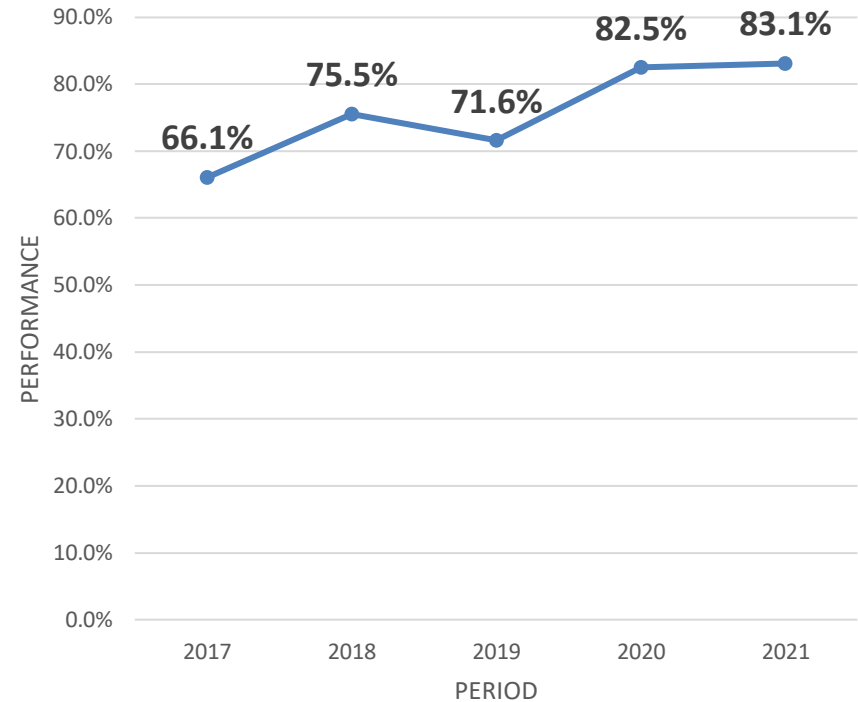
Performance Indicators in Mukono District



MUKONO DISTRICT SHORT AND LONG TERM FAMILY PLANNING PERFORMANCE FOR 2017 TO 2021



MUKONO DISTRICT FULLY IMMUNIZED PERFORMANCE FOR 2017 TO 2021



Home made tippy tap at entrance



Model Home in Amuru



Lessons Learnt



- Organized Communities capable of owning and taking responsibility for their health and achieving Social Cohesion through regular Community dialogue sessions - “Ainapakina”.
- Organized communities improve relations with the health facilities and the performance of the community health system and PHC
- Equipping, training, supervising and paying VHTs (CHWs) is essential for them to perform their roles effectively.
- District health plans should be developed and implemented using bottom-up and “three ones” approach
- District Health performance benefits from regular Supportive Supervision from the Center



Way forward for Africa

- COVID-19; an opportunity to accelerate pursuit of SDGs through Community Health Systems for IPC PHC
- Embrace Inter-sectoral collaboration and Swaps for health
- Empower people and balance health promotion with medical care
- Increase demand for health by sharing responsibility with population
- Establish and Monitor Service Standards by level for Quality Assurance
- Generate and use data disaggregated and share with people
- Strengthen Leadership, Governance and HRH

END

- THANK YOU
- MERCI
- ARIGATOU