COMMUNITY ENGAGEMENT AND RISK COMMUNICATION FOR COVID-19: ONE SIZE DOES NOT FIT ALL

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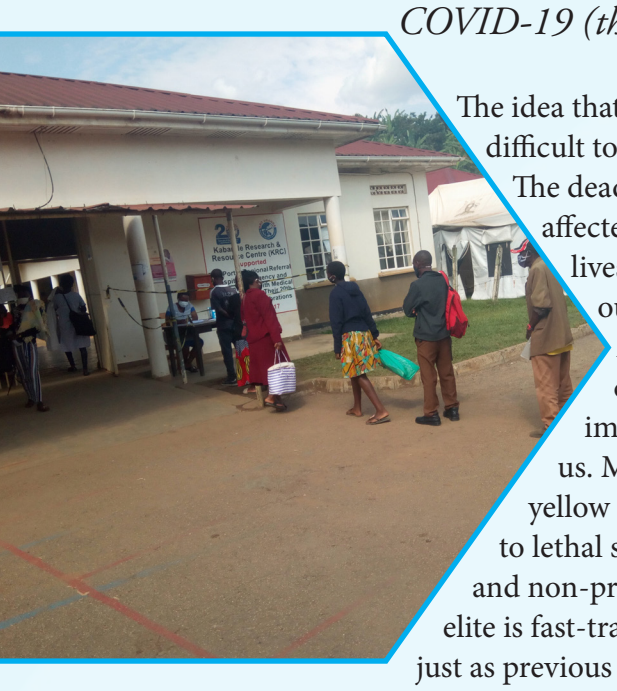
"Is COVID-19 real?" remains one of the biggest unanswered questions among the most at risk and vulnerable populations in Uganda during the COVID-19 (the novel corona virus-19) pandemic.



The idea that COVID-19 could be here to stay may be difficult to imagine, but it is not without precedent. The deadliest 1918 Spanish flu pandemic, which affected about 500 million and killed 20 million lives, lingered on for about 40 years after the outbreak. The swine flu (2009 novel Influenza A H1N1virus) which broke out in 2009 claimed about 200,000 lives. The human immunodeficiency virus (HIV) is still with us. Measles, Marburg, Ebola, smallpox, dengue, yellow fever, and the list is endless when it comes to lethal strains of viruses that emerge from primate and non-primate animals. Increasingly, the first world elite is fast-tracking COVID-19 vaccine development just as previous lethal viral outbreaks like measles, yellow fever, Ebola, and smallpox are controlled combated. Before vaccine development, COVID-19 infection prevention and control (IPC) remain the mainstay.

In Africa's resource-limited settings, the story about COVID-19 is different, especially in the most at-risk and vulnerable populations where barriers of misinformation and misconceptions exist, amid challenges of geography, economics, logistics, and security. Despite correct COVID-19 information delivered by the government's incident management taskforces, misconceptions still exist at the community and health facility level.

In Uganda, the Infectious Diseases Institute (IDI) and implementing partners have a vantage point of implement COVID-19 IPC and risk communication interventions during the pandemic. The vantage point arises from JMEDICC, the Joint Mobile Emerging Disease Intervention Clinical Capability (https://idi. mak.ac.ug/joint-mobile-emerging-diseases/) program, which IDI is implementing with other researchers in Fort Portal Regional Referral Hospital, in Kabarole District. JMEDICC is a program for building health worker and researcher capacity in clinical trials in filoviruses during an outbreak.
Besides the main JMEDICC objectives, our first responder staff continually make observations concerning risk communication about COVID-19 IPC. Although a minor objective to the JMEDICC mandate, these experiences, misconceptions, and attitudes about COVID-19 IPC, suggest that one size (community)

Health worker attitudes and practices towards COVID-19 pandemic

Adherence to IPC protocols

- Communicating between the red zone and green zone is complicated. Should the staff just shout, help!', asks a nurse
- We need specific messaging on how to implement social distancing at different patient waiting areas. Not all patient waiting areas have the luxury of space.
- It is difficult to follow covid-19 screening procedures for busy and fatigued health workers
- Most health workers are not up to date with their own vaccination status
- The hospital occasionally runs out of supplies like bin liners
- Using alcohol hand based rub before and after operating the biometric machine is not easy to remember
- Working in the Isolation Unit is a long day and requires a new level of strength

Perception about COVID-19 readiness and response

- The hospital staff think we are ready to receive COVID-19 patients but in real sense, we are not. How do we gauge readiness?
- Since readiness is hard to gauge and measure, staff are reluctant to participate in regular IPC drills, thinking they know and are ready.
- Health workers take for granted IPC during their routine, compromising safety
- The IPC committee needs to actively monitor IPC practices in the hospital and tell us if we are indeed ready to respond, on a daily basis

Remote trainings and meetings

- Remote trainings have improved the working relationship among health workers from different department and organizations
- These trainings help identify critical gaps in the health system like global health security and emerging infectious disease knowledge
- Holding meetings using zoom does not feel okay and sufficient to enable learning

Stigma- related perceptions

- We feel stigmatized in the community where they come from because of COVID-19
- Community members who need our services are shunning the hospital because it is associated with COVID-19

Community misconceptions and perceptions about

Cultural behaviors and norms

- In western Uganda, handshaking and hugging are our way of expressing love in a greeting
- In our culture, community members must gather and support each other at funerals and marriage celebrations, lest they shun you for not attending.
- We must visit the sick in hospitals and homes.

Misperceptions about COVID-19

- This disease (COVID-19) is not for Africans
- This disease is just a money making venture for the 'white man'
- In fact the climate of Uganda does not favor the spread of corona virus
- If you drink alcohol, it clears the corona virus from the body

Misconceptions about hand hygiene and masks

- We have not been washing hands all the time, and here we are - old and strong
- Social distancing and wearing of masks is for cowards and the weak

Improving health worker participation in implementation of IPC measures

The JMEDICC is working towards achieving greater participation of health workers not only in clinical trials in filoviruses during an outbreak. The COVID-19 pandemic poses a unique opportunity to implement lessons learnt. IDI and other partners have registered several achievements

- So far, we have contributed facilitators to train over 205 multidisciplinary first responders to COVID-19 including clinical and laboratory personnel, surveillance, border points of entry and rapid response teams. With MoH, we trained 131 lab trainers; 11 PEPFAR Advisors and reached 738 participants in 113/135 districts via zoom. The Uganda Peoples Defence Forces, Uganda Police and Prisons were trained on IPC and the MoH COVID-19 Clinical Guidelines. We supported assessment of 53 border points of entry and activated sample collection at 27 of them. We helped set-up of 03 mobile labs in Tororo Hospital, Mutukula PoE and Adjumani Hospital. We deployed 10 staff to support the national Incidence Management team.
- Set up the isolation unit for the hospital
- Set up the triage area at outpatient's department using a best practice protocol published by Rodgers R. Ayebare et al. 2020 **https://www.ncbi.nlm.nih.gov/pubmed/32171063**.
- Provide technical support towards hospital management of patients testing positive for COVID-19 positive cases
- Support the process for monitoring IPC interventions and health workers working at the hospital isolation unit
- Conduct onsite training and mentorship on IPC for staff working at the isolation unit
- Developed and implementing the Isolation Unit's incident log to track

all incidents happening in the red zone

- Developed standard operating procedures (SOPs) for spill management, waste management and PPE breaches at the isolation unit
- Developed a chlorine-tracking log to track the time and date for mixing 0.5% chlorine solution from liquid bleach to clean and disinfect objects and surfaces.

Improving Community Engagement

1. Show health workers how to tailor risk communication messages to their own challenges at the health facility and community levels. 'When we interact with our community opinion leaders and influencers they also propose interventions, which they feel will effect COVID-19 IPC measures in the communities we serve' Nurse A.
2. Identify and engage community leaders and influencers during COVID-19 trainings and sensitizations at the district and health sub-district. 'Let us feel the environment, which our health workers work in to combat COVID-19. Show us see pictures of COVID-19 patients in Uganda or Africa. Show us how the virus affects the body. Give us the correct messages for our people' says Village Health team member B.
3. Prepare messages and approaches that are socially acceptable to our community. 'Give us alternatives to what you are telling us to practice', says community elder.

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