



**GOVERNMENT OF UGANDA**

# **NATIONAL COMMUNITY ENGAGEMENT STRATEGY FOR COVID-19 RESPONSE**

**MINISTRY OF HEALTH AND TECHNICAL INTER-SECTORAL  
COMMITTEE COVID-19  
COMMUNITY ENGAGEMENT STRATEGY SUB-COMMITTEE  
SEPTEMBER, 2020**

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## ABBREVIATIONS/ACRONYMS

<b>ACHEST</b>	African Centre for Global Health and Social Transformation
<b>CDOs</b>	Community Development Officers
<b>CES</b>	Community Engagement Strategy
<b>CSOs</b>	Civil Society Organizations
<b>DHOs</b>	District Health Officers
<b>DTFs</b>	District COVID-19 Task Forces
<b>ED</b>	Executive Director
<b>GoU</b>	Government of Uganda
<b>HIV</b>	Human Immunodeficiency Virus
<b>KCCA</b>	Kampala Capital City Authority
<b>MDAs</b>	Ministries Departments and Agencies
<b>MoFPED</b>	Ministry of Finance, Planning, and Economic Development
<b>MoGL&amp;SD</b>	Ministry of Gender, Labour and Social Development
<b>MoH</b>	Ministry of Health
<b>MoLG</b>	Ministry of Local Government
<b>MSH(PHC)</b>	State Minister of Health for Primary Health Care
<b>RTFs</b>	Regional COVID-19 Task Forces
<b>SARS</b>	Severe Acute Respiratory Syndrome
<b>SDGs</b>	Sustainable Development Goals
<b>SG</b>	Secretary General
<b>TISC</b>	Technical Inter-sectoral Committee
<b>UHC</b>	Universal Health Coverage
<b>UNHRO</b>	Uganda National Health Research Organisation
<b>UPDF</b>	Uganda Peoples' Defence Forces
<b>UPF</b>	Uganda Police Force
<b>URCS</b>	Uganda Red Cross Society
<b>VCTFs</b>	Village COVID-19 Task Forces

# NATIONAL COMMUNITY ENGAGEMENT STRATEGY FOR COVID-19

## FOREWORD

Government of Uganda under the leadership of HE President Yoweri Kaguta Museveni mounted an early vigorous and proactive response to the COVID-19 pandemic in the country by undertaking several measures to prevent its spread.

These measures included the establishment of the National COVID-19 Task Force and a number of sub-committees such as the Scientific Committee to ensure sound evidence based decisions are made, the COVID-19 Fund Taskforce to mobilise the population to contribute resources to respond to the pandemic and the Technical Inter-Sectoral Committee to ensure cohesion, adherence and enforcement of the Government decisions.

As a result of this proactive approach, Uganda was successful in suppressing the importation of the virus into the country and delaying the entrenchment of community spread. The country was accordingly ranked as the best performer in Africa by the Lancet review.

However, from July 2020, the number of community transmitted cases has risen gradually and the country is now experiencing Phase IV of the outbreak with widespread community transmission in virtually all the districts in Uganda.

In order to respond to this Phase IV of the pandemic, the government at the direction of the H.E. The President, directed that a Community Engagement Strategy (CES) Sub-committee under the Technical Inter-Sectoral Committee be established. This CES Sub-committee has been merged with the Community Health Committee that was in the process of being established at the Ministry of Health. This merger has developed this National Community Engagement Strategy.

The Inter-sectoral nature of the CES Sub-committee has brought together strengths from key players from the Ministries of Gender Labour and Social Development, Ministry of Local Government, Ministries of Internal Affairs and Defense. Civil Society has also been brought on board through the Uganda Red Cross Society and the African Center for Global Health and Social Transformation (ACHEST) that has provided the Chair of the CES Sub-committee in Professor Francis Omaswa, a former Director General of Health Services and veteran of the HIV and Ebola leadership in the country. The Health Development Partners Group has been briefed and will nominate representative to this Sub-committee.

It is my expectation that the full implementation of this CES will institutionalize Integrated People Centered Primary Health Care in Uganda where the routine governance of the communities is inseparable from the work of incentivized Village Health Teams, Community Development workers, Cultural and Religious leaders and the Civil Society. This will help to create ownership, self-determination, and social cohesion in the Villages as well as address key population health needs. It will help to raise awareness, build trust and enforce compliance with COVID-19 SOPs. Above all, it will accelerate the achievement of SDGs long after COVID-19 has gone.

I commend the team which has put this strategy together and I call upon all stakeholders to support and walk the talk of the key elements outlined in the strategy.



Ruhakana Rugunda (Dr)

**PRIME MINISTER**

# **NATIONAL TASK FORCE, COVID-19 RESPONSE COMMUNITY ENGAGEMENT STRATEGY**

## **1. Introduction:**

At the National Task Force (NTF) meeting chaired by His Excellency (H.E) the President of the Republic of Uganda at State House Entebbe on 28th August and 2nd September, 2020, a decision was made to roll out the Community Engagement Strategy (CES) for COVID-19 in Uganda. The NTF endorsed the creation of a CES standing committee within the Technical Inter-Sectoral Committee (TISC) to work out a CES plan for implementation. The Committee is chaired by Professor Omaswa.

Uganda is a leader in preparedness and emergency response in the control of infectious diseases outbreaks for over decades and other countries have been learning from us. Let us build on our past experience in HIV, Ebola, Bird Flu, SARS etc. In Uganda, HIV led to the establishment of multi- sector Uganda Aids Commission, Ebola led to the establishment of National Outbreak Task Force, Command Center and decentralized surveillance and strengthened laboratory capacity across the country. Our preparedness and response is acknowledged to have successfully contained emerging and re-emerging infectious diseases including COVID-19.

COVID-19 response should leave Uganda's health system much stronger and better prepared to achieve SDGs and the aspirations of Health for All through Universal Health Coverage long after this pandemic has gone.

## **2. Objective:**

All people in Uganda are aware, empowered and are participating actively in the prevention and control of the outbreak of COVID-19 as both a duty and a right, using existing structures, systems and resources as much as possible.

## **3. Guiding principle:**

Empowering individuals and communities is based on the premise that good health starts with, and is created by individuals, their families and the communities, and is supported, where necessary, by skills, knowledge and technology of the professionals. Individuals have the primary responsibility for maintaining their own health and that of their communities.

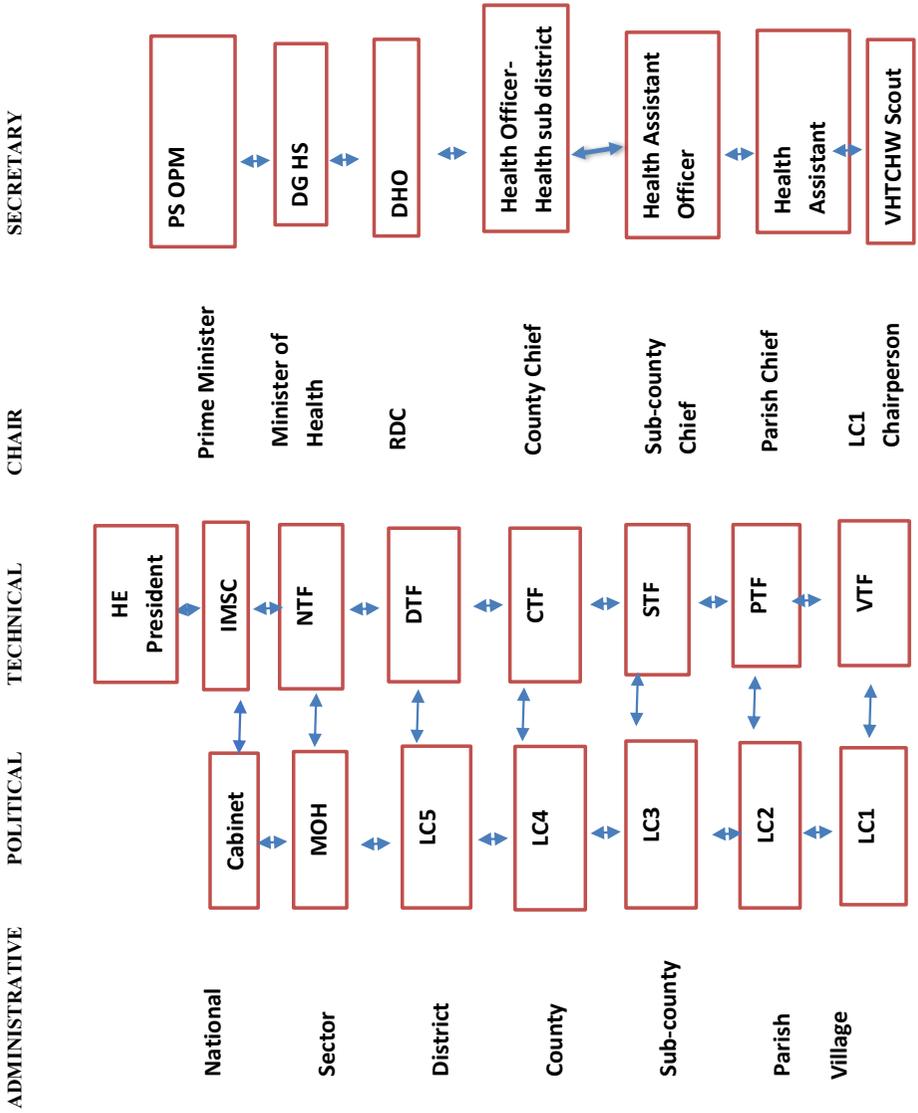
#### **4. Strategy:**

Strengthen the existing Community Health Systems for Integrated People Centered Primary Health Care as the National COVID-19 response transitions to Phase 4 manifested by widespread community transmission in most of the districts of Uganda. This will facilitate and ensure that infections are minimized or do not occur in the community and if they occur, will enable prompt identification, testing, treatment and rehabilitation as needed.

#### **5. Whole of Society Approach:**

Inter-sectoral Collaboration and the Whole of Society approach have been recognized as the most effective interventions for achieving SDGs, UHC and Pandemic control. COVID-19 is an opportunity to implement to scale the existing multi-sectoral Community Health Strategy which was first articulated in the National Health Policy and Strategic Plan launched in the year 2000. Uganda will therefore have a strong Integrated People Centered Primary Health Care system for the current COVID-19 response and remain as the foundation of a strong health system and first line of defense against infectious diseases. This approach will also accelerate the achievement of SDGs and UHC in Uganda through enhanced ownership of the health and development agenda by communities themselves.

## 6. Health Governance Arrangements in Uganda



## 7. 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"> <li>1. Community based surveillance and case detection including deaths,</li> <li>2. Community case management including supporting self-isolation, community based drug distribution and referrals as appropriate</li> <li>3. Community contact tracing and reporting</li> <li>4. Community shielding of vulnerable members</li> <li>5. Strategic Communication, creating awareness, information and education to gain and hold trust of the communities</li> <li>6. Maintaining the Village Health Register on households, data management and reporting</li> <li>7. Responding to other health needs as appropriate</li> </ol>
<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>

## 8. Implementation Arrangements:

### 8.1. Mandate and Roles

- a) TISC will oversee the implementation and enforce the CES in the whole Country as directed by the H.E the President of the Republic of Uganda with immediate effect.
- b) CES standing Sub-Committee is a Sub-Committee of TISC.
- c) CES standing Sub-Committee will co-opt and work with other partners.
- d) CES standing Sub-Committee will support TISC and MOH to oversee the establishment of Village COVID-19 Task Forces (VCTFs) throughout the Country as directed by the President of the Republic of Uganda.
- e) District COVID-19 Task Forces (DTFs) will oversee the implementation of the CES at District level using existing structures. DHO will be the focal person supported by the URCS district officers and other partners
- f) The National COVID Task Force, through the TISC will organize meetings with Regional Task Forces (RTFs) and DTFs to plan the roll out of CES in the country.
- g) VCTFs will maintain Village Health Registers, and work with schools, cultural and religious leaders and CSOs. VHTs (Community Health Workers) will be paid a monthly allowance and provided with the following tools: back pack bag, thermometer, sanitizers, soap, face masks, gumboots, uniforms, smart phone, umbrella, relevant medical supplies, RDTs etc.
- h) The program will start with hotspots like Kampala Metropolitan Area and border Districts.

### 8.2. Composition of the CES Sub-Committee:

The Sub-Committee Secretariat is located in the office of the TISC Chairperson at the National Command Center, Naguru, Kampala where weekly meetings are held. The following are the members for the CES Sub-committee:

- |    |  |        |        |
|----|--|--------|--------|
| a. | Professor Francis Omaswa               | Chair  |        |
| b. | Maj Gen Geoffrey Muheesi (C/Man TISC)  |        | Member |
| c. | Dr Monica Musenero (Deputy Chair TISC) |        | Member |
| d. | Dr Sam Okware (DG/UNHRO)               |        | Member |
| e. | Dr David Okello (ACHEST)               |        | Member |
| f. | Mr Kwesiga Robert                      | (URCS) | Member |

g.	Dr George Upenyitho Duguum (CHS-CH MoH)	Member
h.	Dr Daniel Ayen Okello (DPHE KCCA)	Member
i.	Brig Gen Dr James Kiyengo (UPDF Med)	Member
j.	Mr Tumwesigye Everest (MoGL&SD)	Member
k.	Mr. John Genda Walala, (MoLG)	Member
l.	Lt Col Dr Henry Bossa Kyobe (MoH)	Member
m.	SSP Chemonges Seiko (Uganda Police )	Member
n.	Col Stuart R Agaba(D/Ops LF UPDF)	Secretary

### **8.3. CES Sub-Committee Terms of Reference**

- a. CES Sub-Committee will plan the implementation of the CES.
- b. CES Sub-Committee will monitor the implementation of the CES and support TISC to enforce the CES in the whole Country.
- c. CES Sub-Committee reports to TISC and TISC will report to NTF.

### **8.4. CES Sub-Committee Methods of Work**

The CES will use the following methods of work:

- a. Meetings.
- b. Literature reviews.
- c. Community/ Public dialogue.
- d. Adopt the lessons from the ACHEST Inter-sectoral Collaboration pilot project in Ngora District.
- e. Apply the lessons from of the URC community engagement and accountability experience.
- f. High level engagement with NTF.
- g. Inter-sectoral engagement with MDAs, CSOs, cultural and Religious Institutions and Development Partners.

## **9. Expected outcomes of the CES**

- a) Communities mobilised, aware, trusting and taking ownership of personal and community responsibility for health and wellbeing,
- b) Communities aware and actively implementing COVID-19 SOPs and pandemic suppressed and mitigated
- c) Uganda's health system strengthened and better prepared to achieve SDGs and UHC long after COVID-19.
- d) Inter-sectoral Collaboration and the Whole of Society approach institutionalized in Uganda.

