



## COVID-19 Weekly Bulletin

### Reaching out to religious leaders

Religious leaders have been and will continue being a key pillar in the fight against the spread of the coronavirus. As Christian Health Associations, the role of these religious leaders is even important.

Various CHAs have engaged with religious leaders in curbing the spread of COVID-19. With congregants depending on their religious leaders for direction in a time of crisis, CHAs have facilitated them by providing accurate information that the leaders have then cascaded down to their congregants. They have also enlisted the help of these religious leaders in helping to dispel the belief that the disease is a myth.

In Uganda, UPMB has encouraged the religious leaders to go on live radio shows and talk about the disease after churches were closed.

“Working with religious leaders to cascade and amplify messages to the communities they serve seems to be one of the most effective ways of reaching many people,” says James Mwesigwa. He adds that many religious leaders have also taken on the psychosocial support role, finding and sharing verses on hope from the Bible. In the DRC, religious leaders have been heavily involved in Caritas Congo’s response to the pandemic right from the beginning.



*Religious leaders at a radio station in Uganda.*

IMA and ACHAP have developed and shared several materials to guide religious leaders as they play their role in fighting the spread of the virus. These have included guidance notes on hand hygiene, and social and behaviour change communication.

As many countries begin to allow reopening of churches, CHAs have the critical role of helping the churches to ensure they adhere to measures meant to stop the spread of the virus. These include social distancing and hand hygiene. At the same time, CHAs will need to encourage religious leaders to keep amplifying the COVID-19 messages. They will also need to provide professional support to these religious leaders by availing medical staff to deliver talks in churches as well as answer any questions the religious leaders and their congregations may have on the virus.



Religious leaders in the DRC launching a public sensitisation campaign.

## Summary of actions taken per country

### Cameroon

#### CBCHS response:

- Sensitization of patients at all entries points of the 5 sites.
- Triage screening at hospital entrance and referral of suspected cases for sample collection.
- Education of the community about the importance of wearing masks.
- Continuous monitoring of compliance by health staff to protective measures.
- Education of religious leaders on the importance of social distancing and other prevention measures.
- Shortage of test kits and PPE, forcing workers to use low quality homemade protection gear.
- Messages reach: 10 health workers; 10 faith leaders, 11 CHVs and 5 HFs pushed messages to CHVs.

#### Government response:

- Plans to strengthen the trace, test and treat strategy.

### Nigeria

#### CHAN response:

- Hospitals ensuring patient handling protocols are followed to avoid infections.
- Continued pressure from members to provide assistance with PPE.
- Brigham University Teaching Hospital, one of the project facilities, had a Covid-19 isolation center inaugurated by the NCDC director. The center had been built by NCDC as a Lassa fever isolation center.
- Messages reach: 30 health workers; 64 faith leaders, 15 CHVs and 2 HFs pushed messages to CHVs.

#### Government response:

- Following easing of restrictions, many are breaking guidelines. Government has threatened to impose fines on rule breakers or impose a lockdown.
- Community heads encouraging public to take personal responsibility for their health and that of others

### DRC

#### Caritas Congo response:

- Encouraging and ensuring sharing of information by health personnel.
- Medical training on various matters including proper disposal of waste.
- Noted that delays in getting test results are exposing patients and staff to infections.
- Messages reach: 10 health workers; 5 faith leaders, 9 CHVs and 5 HFs pushed messages to CHVs.

#### Government response:

- Multi-sector program to help mitigate the effects of the pandemic launched.
- State health emergency period extended.

## Uganda

### UPMB response:

- Developed IEC materials that were used to train religious leaders, health workers and volunteers.
- Supporting religious leaders to amplify the COVID-19 messages through radio stations.
- Sharing communication materials through social media.
- CHVs provided with megaphones for use in educating the public.
- Providing churches attached to health facilities with PPE and temperature guns ahead of reopening.
- Developing a documentary on preparedness and response by selected health facilities.

### Government response:

- Restrictions on movement relaxed.
- Employers encouraged to decongest offices by allowing employees to work from home or in shifts.
- Citizens waiting for the free masks promised by government.
- Those without masks being arrested, especially in Kampala.

---

Kindly share experiences and responses through email on [communications@afriachap.org](mailto:communications@afriachap.org) or via WhatsApp on +254726797558.