



## COVID-19 Weekly Bulletin

### Getting the community involved in the fight

"Communities, through key resource persons — community health workers, local opinion and political leaders, religious leaders and their respective networks — are a cornerstone to the prevention and control of community transmission of COVID-19, and for the continuity of care," says Dr Ronald M. Kasyaba of Uganda Catholic Medical Bureau.

Many African countries are now reporting an increase in community transmission of COVID-19. This is in contrast to the early days of the pandemic when infections were mostly attributed to foreigners or citizens who were returning home from foreign countries. At the same time, governments have started relaxing the restrictions they had put in place to control the spread of the virus. Without proper engagement with communities, the virus is likely to spread rapidly. An empowered community will greatly help in addressing rumours and stigma, case identification and referral and monitoring during self-isolation.

Conducting training, providing IEC materials and setting up hand-washing stations have been the key ways through which governments, CHAs and other organizations have engaged with the communities. CHAK, for example, has been printing out posters and other materials and distributing the same for use in the communities. On its part, Caritas Congo has been training criers, who then engage with their communities on ways in which they can prevent the spread of COVID-19. In DRC, the training has also included a large component of convincing the community that the disease is real. In Nigeria, CHAN's Kelechi Utoware notes: "Community mobilization and education/awareness creation is on-going".



Cardinal Fridolin Ambongo launches a community awareness program in Kinshasa.

Uganda's UPMB is also actively engaging religious leaders in spreading information regarding the disease through radio stations and other media. All the health facilities in the IMA project have also received hand-washing.

Let us continue empowering the communities, and make sure we listen to suggestions from them on how to best go about preventing the disease. It is only in working together that we will win this fight against COVID-19.



*Sensitization meeting with the Alagomeji community.*

### Positive or not?

A patient suspected to be infected with COVID-19 is brought into the hospital. Staff members observe all protocols, take samples from the patient and keep her in isolation. When the results come two days later, staff are told she is negative. They troop into her isolation room to give her the good news. Shortly thereafter, news comes that the earlier negative result was wrong, there was a mix-up, she is actually positive. About 30 staff members are forced to go into quarantine. This is what happened at PCEA Kikuyu Hospital in Kenya. Luckily, after tests for the patient and staff members were conducted at a different facility, they all turned out negative. They are all awaiting confirmation test results before being released.

This case illustrates one of the challenges that health workers are facing in handling COVID-19 patients. In Cameroon, where more than 1,000 workers have tested positive, CBCHS' Eugene Foyeth notes that this is as a result of patients failing to disclose all their symptoms during hospital visits, lack of PPE and community infections.

"We received a family in Bafoussam that refused to keep their father in quarantine after he tested positive. After a long discussion with the first son, other relatives, six of them, were brought in and they all tested positive," he adds, highlighting the other problem health workers face — difficult patients and families.



*Health workers training at Karin Medical Centre in Uganda.*

Health workers must therefore be encouraged to stay vigilant at all times when handling patients, whether positive for COVID-19 or not. Continued IPC training will help to achieve this. They must also learn to handle difficult patients so as to ensure they (patients) do not infect others.

## Summary of cases and actions taken per country

### Cameroon

CBCHS response:

- All project facilities have received their donations and are using them to screen patients.
- About 900 cases have been identified and referred.
- Conducting community mobilization.
- Messages reach: 10 health workers; 10 faith leaders, 11 CHVs and 5 HFs pushed messages to CHVs.

### Nigeria

CHAN response:

- Community education/awareness creation.
- With high community infections, linkage officers are using some of the PPE during their community sessions..
- Messages reach: 30 health workers; 15 faith leaders, 545 CHVs and 2 HFs pushed messages to CHVs.

Government response:

- While the federal government is keen on restrictions, state governments are easing some of them. Places of worship have now reopened.
- Mandatory quarantine for all persons coming into the country.

### Kenya

CHAK responses:

- IPC training for staff in the facilities.
- Distribution of PPE, which have been highly appreciated — drop in patient numbers has led to a drop in revenue, making it difficult for facilities to purchase PPE for themselves.
- IEC materials being distributed to facilities and CHVs.
- Messages reach: 78 health workers; 20 faith leaders.

Government responses:

- Cessation of movement in and out of Nairobi and Mombasa extended for 30 days due to high infection numbers.
- Curfew hours have been extended to 4am to 9pm across the country.

### Uganda

UPMB response:

- Community sensitization.
- Making videos from interviews with health workers with a view to making a video on health facilities' preparedness and response.

### DRC

Caritas Congo response:

- Ensuring the use of installed hand washing points at the project facilities.
- Health workers exchanging information on the disease.
- 4 workers at King Baudouin I Hospital who tested positive will soon resume duties after recovering.
- Messages reach: 5 health workers; 5 faith leaders, 5 CHVs and 5 HFs pushed messages to CHVs.

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