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Mama & Family project Risk Assessment in response to COVID-19 pandemic

Background

The COVID-19 pandemic is a global crisis, affecting human health as well as economies and societies worldwide. Globally, as of 10:44pm CEST, 21 May 2020, there have been 4,904,413 confirmed cases of COVID-19, including 323,412 deaths, reported to the World Health Organization (WHO)¹. In the WHO Africa Region, the outbreak continues to advance with confirmed cases recorded in all 47 Member States - 64,091 confirmed cases including 1,827 reported deaths. According to the WHO, while there are variations among countries, the overall numbers of reported cases and deaths have been increasing exponentially in recent weeks and more than half of the countries in the region are experiencing community transmission. Since the last WHO situation report on 13 May 2020, there has been a sharp rise in the number of confirmed cases observed in Uganda - 106% (from 126 to 260)².

Devastating as the direct health impact of the pandemic might be on the infected people, equally concerning are the indirect impacts on the rest of the population. Top of the list of indirect impacts, especially in lower-and-middle-income countries, is the effect on maternal-child health. In our interview with Peter Waiswa, a professor at Makerere University in Uganda and a visiting researcher at Karolinska Institutet (KI) who has been teaching and coordinating the Maternal and Child Health course in the Global Health program at KI, he indicated that although Uganda might not be severely affected by the direct impacts of COVID-19, the indirect impacts may be devastating. According to him, *“the consequences of the control measures and of course the global nature of the pandemic are going to hit us hard. The lockdown has been interesting: we don’t have any deaths from COVID-19, but several deaths from other conditions like maternal health.”* Apart from the lockdown directives which restricted both healthcare workers and pregnant women from accessing healthcare facilities, major resources have been diverted from maternal- child and other healthcare needs to the pandemic. It is like *“robbing Peter to pay Paul”* said Prof. Waiswa. We, at SOGH, therefore, consider it of paramount importance that the

¹ <https://covid19.who.int/>

² <https://www.afro.who.int/publications/situation-reports-covid-19-outbreak-sitrep-12-20-may-2020>

services we provide through the Mama & Family project continue uninterrupted under the current pandemic, so mothers and pregnant women receive the care they need and deserve.

Actions taken or be taken in response to the COVID-19 crisis

In the early stages of the pandemic, the Mama & Family project manager, Laura Köcher, started to assess the situation through daily communication with the project coordinator in Uganda, Joshua Mwebaza. Community Health Workers (CHWs) of the project started to report misinformation and lack of awareness about the severity of COVID-19 among their communities. This could lead to a lack of compliance with the basic preventative measures against the spread of the virus, which can have a detrimental effect on the health of these communities. In addition, Fancy Mawogole, the project midwife, reported lack of proper training on COVID-19 for herself and the other nurse working at the Maina clinic, as well as a lack of Personal Protective Equipment (PPE), such as N95 masks.

We therefore proposed some interventions that allow a CHW to continue her/his usual work while, at the same time, integrate activities that address the entire community. The interventions are based on the Health Belief Model (HBM), used previously to trigger behavioural changes that prevent the spread of respiratory infectious diseases³. The HBM recognizes a set of constructs influencing behaviour and, by addressing them, sustained behaviour change (SBC) can be achieved⁴

The aim is to facilitate an SBC regarding hygiene and safety practices through active community engagement. This SBC will be beneficial to prevent the spread of SARS-CoV-2 as well as other infectious diseases in this setting. To achieve this aim, we developed, in line with the HBM, the following specific objectives:

1. Reduce spreading of misinformation by providing, through CHWs, adequate and contextualised information on COVID-19,
2. Reinforce adequate hygiene and physical distancing behaviours by providing the necessary tools for both CHWs and communities, and
3. Ensure that CHWs perform their work in safe conditions.

To achieve these objectives, the SOGH team together with Joshua, representing UDHA, decided to undertake the following actions, run with/by the CHWs:

³ Sim SW et al., *Singapore Med J*. 2014

⁴ Glanz K and Rimer B. *Theory at a Glance: a guide for health promotion practice*. 2005

- Creating leaflets in Lusoga, the local language, to explain the main safety and hygiene measures CHWs should follow to continue their work safely;
- Creating leaflets in Lusoga to explain the main safety and hygiene measures for the community, with a corner dedicated to pregnant women and new mothers, that would be distributed by the CHWs in their villages;
- The purchase of PPE and other material that will facilitate the safety and hygiene guidelines (which follow what suggested both by WHO and Ugandan government). The material was distributed by Joshua in early April, following the indication of physical distancing when meeting CHWs;
- CHWs' training and engagement was performed by Joshua, while following the guidelines for physical distancing. During this training, Joshua explained what COVID-19 is, what causes it, how to prevent its spreading and what to do if sick, with a focus on CHWs' work with pregnant women and mothers. Detailed guidelines in Lusoga and the leaflets mentioned above were distributed, together with proper PPE;
- Two washing stations were installed in each village to facilitate the hand washing for people coming in and out of the village, to go to markets for example;
- Surveys to monitor the situation were prepared and Joshua is running them out over the phone with each CHW every two weeks.

In addition, SOGH decided that the evaluation of the project this year will not include field work by interns, neither Ugandan residents nor foreigners. In fact, travelling is not considered safe, for the people coming from outside Uganda. For the people already local, it will also be unsafe to travel, especially from bigger cities, with higher risk of transmission, to more remote areas.

SOGH will keep monitoring the situation over time through direct communications with Joshua and through the data collected from the surveys.