



**World Health  
Organization**

WHO UGANDA COUNTRY OFFICE



# WHO Support to Strengthen Covid-19 Response in Masaka Region

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*There is an on-going COVID-19 disease outbreak in the world that was declared a global pandemic by the World Health Organization (WHO) and it has affected all countries.*

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<http://www.afro.who.int/countries/uganda>

## Background

As of 11th June 2020, there were 4,452,280 confirmed COVID-19 cases globally with 298,737 deaths. For Uganda, there are 679 confirmed cases with no deaths. In Rakai, Kyotera and Masaka districts there were 85 and 4 cases respectively.

Consequently, the Ministry of Health activated the National Rapid Response mechanisms spearheaded by the Emergency Operations Center in the Ministry of Health to respond to the outbreak. All districts in Uganda have instituted and operationalized their District Task Forces to implement response activities under the leadership of MoH.

Given the rising number of infections in the greater Masaka sub region, WHO deployed country office staff to support in the sub region in a special way. Three National Professional Officers in charge of Immunization, Health Promotion/communication and Malaria were deployed to assist districts streamline

the response. Under this support the following were achieved:

## Coordination

- WHO has supported the districts in the sub region to establish and functionalize the key response pillars i.e. Coordination; Surveillance and Laboratory; Risk communication and social mobilization; and case management. This has been done through mentoring on the job, training, and clarifications on the terms of reference and roles for each pillar.
- WHO also supported the districts to develop response plans that are guiding actions for continuity of COVID-19 response for the next six months. These plans and budgets have been submitted to the Ministry of health for funding.



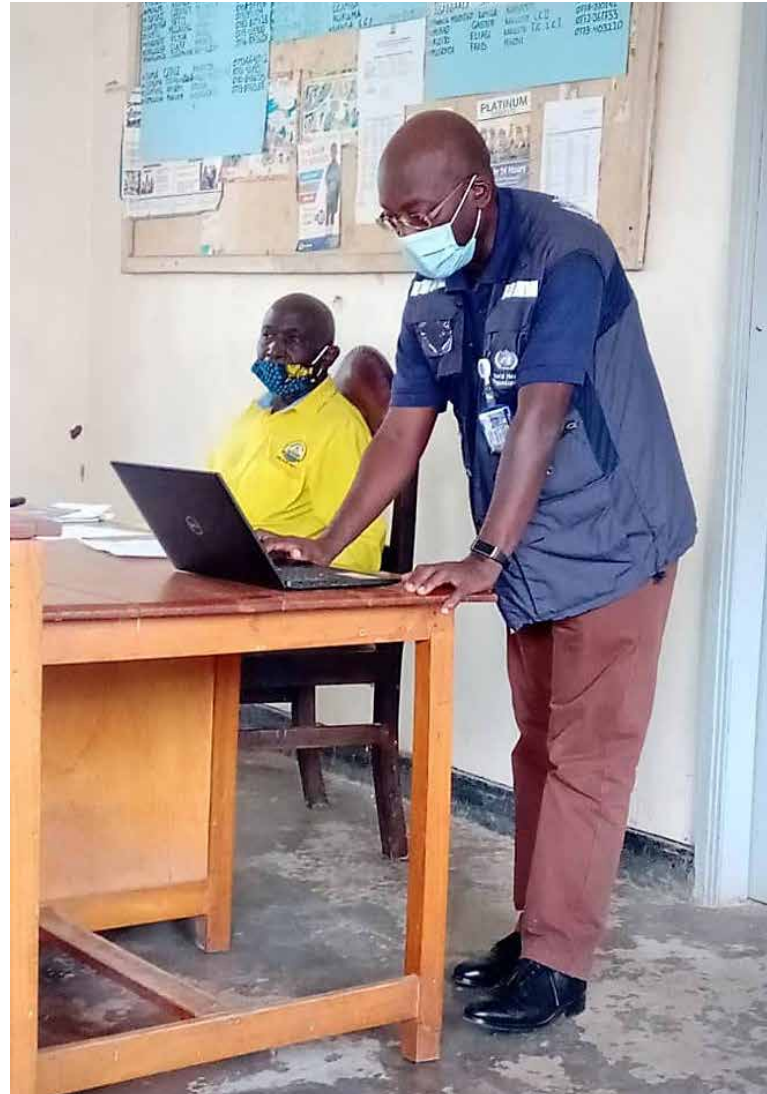
## Risk Communication

- WHO has supported districts in the sub region to strengthen Risk Communication with particular emphasis on community engagement. Structures have been set up at district level and in each of the sub counties and Town councils of Kyotera (14) and Rakai (11) districts. They were oriented on COVID-19 and briefed on their roles and responsibilities in the response. Sub counties are considered the implementation level of community engagement interventions in districts.



### Composition of Community Engagement Structure at Sub-county level

- Sub County Chairman: Chairman
  - Sub County Chief: Co-Chairman
  - Health Assistants – Secretary
  - CDO
  - Extension workers (2)
  - Chairperson RC III
  - Secretary for Health
  - Health Center III in-charges
  - School zonal leaders
  - Sub-county level religious leader(1)
  - Sub-county traditional and complementary medicine practitioners (2 per sub county)
  - Sub-county level security officers (GISO, OC Post, Prison where applicable)
- Terms of Reference for Community Engagement at sub-county level
    - Plan COVID-19 community-level risk communication/social mobilization interventions
    - Organize and participate in community engagement activities in the sub-county e.g. community dialogues
    - Distribute IEC materials
    - Follow up implementation of community action plans in communities



- A Risk Communication consultant was deployed and has been mentored to support districts in the sub region to implement community engagement activities.

## Case Management

- According to the ministry of Health plan, all confirmed COVID-19 cases in this sub region are supposed to be admitted and managed in Masaka Regional Referral Hospital (RRH).



- WHO has provided Personal Protective Equipment (PPEs) that are used by health workers during detection, collection and transportation of sample and in management of the confirmed cases.
- The organization has also supported ambulances with fuel, servicing and allowance for the crews to ensure that all patients are transported safely to the RRH.

### Surveillance



- The COVID-19 outbreak is spreading fast in the sub region and many cases are imported from neighboring countries. In this regard, WHO is supporting the government to strengthen border surveillance to be able to detect any possible importation of the COVID-19 cases including border entry points at Mutukula and Kasensero in the Masaka sub region.
- Community surveillance is another area of focus that WHO has assisted to strengthen in the sub region. Work in this area is focusing on training Village Health Teams (VHTs) and Local Councils to be able to detect and quickly report any suspected cases to the health workers. Indeed, this system proved invaluable detecting a positive person who sneaked into the country assisted by a Boda Boda rider.
- WHO has supported surveillance work in the sub region to conduct and manage the Alert Desk by reporting, verifying and responding to alerts in a timely manner. Consequently, alert cases have been sent to quarantine centers for assessment and contacts listed for follow-up and daily checkup.

### Laboratory



- WHO has supported laboratory work in the sub region through collection, transportation and testing of COVID-19 samples using the HUB system. Currently, samples are tested at Mutukula, Uganda Virus Research Institute or Central Public Health Laboratory. There is a WHO deployed fleet of cars managed by field staff that transport samples all the time to the appropriate testing site.

### Infection Prevention and Control



- WHO has deployed an IPC consultant in the sub region to ensure that all health facilities and PoEs comply with the established IPC practices and Standard Operating procedures. The consultant is also undertaking on-site mentoring of health workers to ensure staff safety and care.

### Challenges



- The district response plans and budgets are not yet funded which has constrained implementation of activities.
- While the districts got some transport means (vehicles and motorcycles), in the absence of funded budgets, fuel remains a big problem for the all the districts.
- There is noted laxity and widespread failure to comply with the Presidential directives and MoH guidelines on the control of COVID-19.
- Infection control compliance and supply of PPEs to health facilities and PoEs are still inadequate.

- Collaboration and support from other sectors at district level are still lacking with many public servants taking the outbreak as solely a health issues.
- MoH, WHO and partners should support the sub region to implement rigorous risk communication and community engagement activities aimed at raising community index of suspicion and to promote preventive and control measures.

### Way Forward

- WHO should deploy a fulltime field coordinator for the Masaka sub region with clear ToRs aimed at ensuring smooth implementation of all activities.
- MoH and partners should urgently fund the district response budgets
- WHO should in the interim provide fuel for district vehicles and motorcycles to undertake, surveillance, contact tracing and community engagement for at least three months.



### Conclusion

There is still a lot of work to be done in the sub region given the increasing number of cases. Areas such as Kansensero Town Council, Mutukula Town Council and Nangabo Sub County in Kyotera district are particularly challenged and are recording increasing number of COVID-19 cases. The busy highway from Tanzania with a lot human and vehicle traffic that passes through the sub region to and from the rest of the country makes the work even more urgent. ■

