

COVID-19 RESEARCH

GCRF_NF138: Uptake of Public Health Practices for Prevention of COVID-19 among Refugees, Pastoralist Communities, Truck Drivers, Slum Dwellers: Uganda



Policy Brief

Barriers to Uptake of Public Health Practices for Prevention of COVID-19 Among Slum Dwellers in Nakawa Division, Kampala, Uganda

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1. Key Findings and Policy Recommendations

- a. There was a high awareness of the COVID-19 and the preventive measures or Standard Operating Procedures (SOPs) against it.
- b. There was a positive attitude towards the SOPs instituted to prevent the disease.
- c. There was trust in government information on COVID-19, the COVID-19 preventive guidelines (SOPs) and what measures government was taking to contain the spread of the pandemic.
- d. There was high practice of hand washing, and avoiding large social gatherings, but low practice of hand sanitizing, social distancing and self-quarantining.
- e. Government should promote and maintain national programmes that promote universal education to augment the uptake of public observance of SOPs and facilitate efficiency in public health management in meeting a serious pandemic outbreak.
- f. Government should support the development of Urban Slum specific SOPs that resonates with urban realities and can be implemented by slum dwellers to minimize their exposure risks.
- g. Government should institute comprehensive community-based disease surveillance, testing and vaccination strategies for urban slums to effectively prevent and control the pandemic in urban settings.

- h. Government should integrate urban slum's response in the National COVID-19-19 Response Plan for sustained action and ensure that urban slums are prioritized in the national response and are better prepared to respond to future similar epidemics.

2. Introduction

In the context of the novel COVID-19 pandemic outbreak, the socio-economic, demographic and cultural circumstances of the population can present challenges to public health workers and governments in their task to enforce the uptake of preventive guidelines – SOPs – to contain the spread of the disease. This policy briefing paper provides evidence and recommends policies arising from the captioned subject study. It is intended to improve policy decisions at national and local levels to meet the public health challenges at hand. The study examined barriers to the uptake of public health practices that had been instituted by the government to prevent and control COVID-19 infections and deaths among slum dwellers in Nakawa Division in the City of Kampala, which was chosen because of its high-risk profile (high population density), which made transmission of COVID-19 more likely and rather difficult to tackle.

3. Background

As regards scholars and health policymakers alike, understanding the burden of novel COVID-19 pandemic was a critical topic for investigation given that the disease was spreading rapidly and causing millions of infections and deaths worldwide. Critical in the understanding of the burden of the disease was its implications for public health as well as social and economic livelihoods clearly manifested in lost incomes due to disruptions in food markets and rising medical expenses exacerbated by lockdown measures that were being implemented. Crucially, there was knowledge gap in terms of understanding the pandemic, its spread and control as there were no prior research studies in this field and emerging views suggested only anecdotal evidence. Yet effective action, both urgent and sustained, were needed to address the growing health crisis. This required strategic information, reliable research and a firm knowledge base. It is against this background, that this study was carried to establish barriers to the uptake of public health practices among urban slum dwellers and make appropriate recommendations to enhance urban slum's response to COVID-19-pandemic to reduce morbidity and mortality among urban slum dwellers.

4. Research methods

Primary data was collected using a structured questionnaire complemented by Key Informant Interviews (KIIs) and Focused Group Discussions (FGDs) to seek insights into the knowledge, attitude, behaviour and practices of the target population. Broadcasts in local languages were also undertaken to ensure clear messages were communicated to the communities to increase their awareness of the disease, and for them to respond and facilitate the uptake of the health prevention measures.

5. Results and policy implications

The study examined a number of factors to determine whether they influenced the uptake of COVID-19 guidance. Knowledge, Attitude, Practice and Trust were found to be significant influential factors as presented by the following results: -

5.1. Knowledge

There was high level of awareness among the community members about COVID-19 diseases with 94% of the respondents able to understand that COVID-19 caused the pandemic. Most were aware that the following hygiene practices to prevent COVID-19 transmission – handwashing with water and soap (99%), hand sanitizing (88.7%), proper wearing of face masks (99.7%), social distancing (96%), self-quarantine on contracting or suspicion of contracting the disease (79.9%), after a return journey (66.7%), avoiding public places (bars, markets, etc.) (95%) and large social gatherings (97.3%). This was also reflected in the demographic data, which showed that the majority of the respondents were well-educated (having secondary and university education), and mostly between 18 to 39 years. This result highlights that national programmes that promote universal education can augment and facilitate efficiency in public health management in meeting a serious pandemic outbreak.

5.2. Attitudes and trust

The majority of respondents (73.1%) did not find it necessary to take a COVID-19 test and 84% of them did not consider it necessary to seek medical treatment when they fell sick. Follow up FGDs and KIIs suggested that this outcome was the result of inactive Village and Division Task forces, lack of financial means and lack of testing and treatment centers, rather than lack of strict enforcement of restrictions.

5.3. Practices

The data about this factor varied significantly with hand washing registering high-level outcomes for hand washing with soap and water (80%), wearing a face mask in public places (67%), avoiding large social gatherings (66%), but low-level outcomes for self-quarantining (36.3%), using hand sanitizer (35%) and social distancing (35%). The high-level outcomes were attributed to intensified mass community sensitization, distribution of free face masks by government and lockdown measures that were in place. They suggest that government could support the development of Urban Slum specific SOPs that resonates with urban realities and can be implemented by slum dwellers to minimize their exposure to health risks. Furthermore, government could improve the environmental infrastructure to reduce the high-risk profile in urban slums, including essential amenities such as a piped water system, ensuring drugs availability and staffing health centres closer to dwelling places to contain this and future outbreaks.

5.4. Enhancement of Local Language Communication

This project revealed that there was limited use of the local language communication for COVID-19 response as most of the information, communication and education materials disseminated by government were mainly in English. With the training of local journalists and Village Health Teams, it was observed that the population could respond more positively to SOPs

when key messages are translated into local languages. It implies that the use local language communication and multilinguism could increase uptake of public health prevention measures.

6. Recommendations

- 6.1. Government should promote and maintain national wide programmes that promote universal education to augment the uptake of public observance of SOPs and facilitate efficiency in public health management in meeting a serious pandemic outbreak.
- 6.2. Government should facilitate Village and City Division Task Forces to play their roles and increase public awareness and trust to maintain the level of support for the public health measures.
- 6.3. Government should develop adequate public safety net programmes to mitigate the negative social, financial and psychological effects on the population of the COVID-19-19 public health measures, by integrating livelihood and mental health support programmes in the urban slum COVID-19-19 response to cater for the majority of urban slum dwellers cannot sustain COVID-19-19 measures such as; lock down or self-isolation.
- 6.4. Government should institute comprehensive community-based disease surveillance, testing and vaccination strategies for urban slums to effectively prevent and control the pandemic in urban settings. Village Health Teams (VHTs), community leaders and stakeholders should be central in the design of these strategies. In addition, vaccination should be made “universal” to create “hard immunity” that will protect the entire population against COVID--19 pandemic.

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