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<td>CE</td>
<td>Community Engagement</td>
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<td>Communication for Development</td>
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<td>COVID-19</td>
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<td>DHE</td>
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<td>DHO</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<td>DTF</td>
<td>District Task Force</td>
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<td>EVD</td>
<td>Ebola Virus Disease</td>
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<td>HPE&amp;SC</td>
<td>Health Promotion Education &amp; Strategic</td>
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<td></td>
<td>Communication</td>
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<td>ICT</td>
<td>Information Communication and Technology</td>
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<td>IEC</td>
<td>Information Education Communication</td>
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<td>Interactive Voice Response</td>
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<td>Knowledge Attitude and Practices</td>
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<td>Incident Management Team</td>
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<td>LC</td>
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<td>UPDF</td>
<td>Uganda Peoples Defense Force</td>
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<td>VHTs</td>
<td>Village Health Teams</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WVU</td>
<td>World Vision Uganda</td>
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<td>4W</td>
<td>Who, Where, What, When Matrix</td>
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<td>Home Based Isolation and Care</td>
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About this Brief

Welcome to the second monthly advocacy brief on Risk Communication Social Mobilization and Community Engagement (RCSM-CE) pillar, produced by Ministry of Health (MoH) with support from UNICEF.

The advocacy brief provides situation updates, monthly highlights, emerging trends, results and challenges faced by the RCSM-CE pillar during the coordination and implementation of COVID-19 RCSM-CE activities at various levels country-wide.

This brief is meant for policy makers, donors, partners and managers of other pillars and sectoral programmes who may influence the creation of a more enabling environment for positive behaviour change and sustainable compliance to the COVID-19 preventive measures.
In a span of 11 days from October 31st to 10th November 2020, the country recorded a high increase of COVID-19 infections and deaths. The GoU is transferring the responsibility of personal and communal safety to the public, by household, location, settlement, business activity/hub and events. UNICEF is supporting a mass media campaign which will focus on dissemination of testimonies of people previously affected by or cured from COVID-19 on social media and local radio stations.

MoH is also promoting the implementation of SOPs as a Public Health Law to improve and enforce compliance. In response to the current political hype, local administrators, politicians and uniformed personnel are regularly updated on the powers and duties in relation to protecting the public from COVID-19 infection. UNICEF is supporting the printing of special messages for uniformed personnel.
Feedback from the public

Let’s make children feeding top priority: Research findings show that at least 70 percent of primary school children go hungry while at school. While this is not new, it is very undesirable in a country like ours.

Why don’t we speak about the lack of educational opportunities for boys? These numbers will increase due to #COVID19. Only girls are affected by the pandemic isn’t accurate. All kids are suffering. @ShuleFoundation is working to mitigate the negative impact COVID has on the boychild.

At this time I expect MoH to give us update on how they are trying to get vaccines not death.

As long as the MOH does not publish more detailed data like trending, regional hotspots, preparation, etc. most Ugandans will not believe that covid exists or trust the MOH. Bad information campaign and strategy.

I strongly believe border restriction may help to reduce the rate of infections, if South Sudan and DRC have not put stringent precautionary measures in place, enforcing covid rules in Uganda may not make a significant impact. Those high numbers you see in West Nile and northern Uganda border posts are due to free board service crossings.
## Inter Action Review – Trends Assessment by Phase of Implementation

### March to April
- Pre-COVID-19 Cases
- 1st COVID-19 Case (21\textsuperscript{st} March)
- Lockdown (18\textsuperscript{th} March)

- Low awareness of COVID-19 and prevention measures.
- Increased risk perception in communities especially those with recent travels out of the country, border communities and transit routes.
- Anxiety over quarantined persons.

### May to June
- Gradual opening of the lockdown
- Public transport
- Commercial sites

- An COVID-19 online survey conducted with 12,503 respondents.
- Messages translated in 30 local languages – IEC material distributed in 135 districts.
- More segmented messaging and guidelines for Truck drivers, prisons, markets, burials, cargo, VHTs.
- More emphasis on use of face masks and social distancing.
- Dialogue with Uganda Professional Drivers Association to gain insights on KAP.
- Community mobilization drives in 49 high traffic border points.

- Myths and misconceptions “infodemic” reaches its peak
- Negative attitude towards long distance truck drivers.
- Stigma against truck drivers.
- Decreased usage of essential services among the general population.
- Increase in cases of Gender Based Violence.

### July to August
- Reopening of places of worship

- Community engagement strategy developed.
- Private sector players like MTN, Airtel, Coca Cola have reprogrammed all their media airtime to run COVID-19 messages.
- Increased use of non-medical persons and influencers.
- Communication campaign assessment (rapid KAPs): Twaweza.
- Messaging on most at risky groups (elderly and persons with co-morbidities).

- Increase in community cases due to laxity.
- Doubts about COVID-19 statistics and death.
- Health Worker infections.
- Anxiety over prolonged lockdown of schools and religious institutions.
- Increased infections in Kampala Metropolitan Area.
- Asymptomatic reality.

### September to October
- Re-opening of schools to cater for candidate classes only.

- Community engagement strategy reinforced.
- Focus on home-based care and isolation – HBI&C communication strategy.
- Integrating messaging from other programme areas.

- High awareness but minimal behaviour change (very minimal use of masks, disregard to social distancing).
- Increase in number of community deaths – but doubt and laxity still prevails.
- Increase in health workers deaths.
- Political campaigns (total relapse).
- COVID-19.
The Office of the Prime Minister under the technical leadership of the MOH organized an Inter Action Review (IAR) for the COVID-19 Response. Various stakeholders involved in different pillars of the response participated and collectively shared their experiences. They also analyzed, built consensus on the ongoing in-country COVID-19 response mechanisms and documented COVID-19 lessons learnt and best practices. Below are the highlights from the RCSM pillar IAR exercise.

**BEST PRACTICES**

Existence of a national MoH Risk Communication and community engagement plan for COVID-19 developed with the participation of relevant sectors, UN agencies, partners and in response to the overall government response.

**IMPACT(S)**

Guided Response, the public received correct and timely information.

**ENABLING FACTORS**

- Existence of a functional RCSM sub-committee with clear terms of reference.
- RCSM committee had the expertise required.
- Previous experience from other outbreaks Developed/revised and implemented national risk communication and community engagement plan for COVID-19.

**IMPACT(S)**

Effective coordination, reporting and accountability.

**ENABLING FACTORS**

- Use of the 4W matrix.
- There is a real time online platform (google sheet) created for updating of the 4W matrix and sharing of inputs from various stakeholders involved in RCSM.
- Partners willingness to share information (role, activities, contribution/funds and district of focus).
- Existence of clear hierarchy of leadership (Incident Management Team, Ministry of Health Promotion and teamwork).
# Inter Action Review Highlights

## BEST PRACTICES
Conducted periodic assessments, KAP studies, Social listening/media monitoring and used results to inform decision makers and to refine communication messages/activities.

## IMPACT(S)
- Identified gaps in the messages and communities that were not reached.
- Tailored and developed messages to suit specific audiences.
- Updated the RCSM plan.

## ENABLING FACTORS
- There was a research subcommittee that coordinated, reviewed proposals and flagged off research activities.
- Key actors: Twaweza, ULearn, Uganda Red Cross Society, Living Goods and UNICEF.
- Availability of partners ready to support the M&E/ research activities.
- High demand for the pillar to respond to emerging issues from the public and other pillars.
- Availability of research reports from previous outbreaks (EVD KAP study, EVD Anthropological study; EVD After Action Review reports).

## OBSERVATION
Risk perception (severity) on COVID-19 strongly differs by age group, by location (urban /rural) and by geographical region.

Most individuals are aware of the risk caused by COVID-19 but they do not relate the risk to self, they typically underestimate their personal risk relative to that of others.
## Inter Action Review Highlights

<table>
<thead>
<tr>
<th>BEST PRACTICES</th>
<th>IMPACT(S)</th>
<th>ENABLING FACTORS</th>
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| Established links with the community; generated feedback from the community and actively engaged with, involved, used other non-medical influencers and trusted personalities to relay COVID-19 prevention messages. | Increased people trust, initial adherence to the response, common voice/message and feedback. | • Willingness of key influencers with institutions to support and relay messages to their followers e.g., The Nabagereka of Buganda; Religious and Cultural leaders; Heads of Corporates, Telecom companies e.g. MTN and Airtel and Celebrities.  
• Novelty of the disease encouraged people to support the response.  
• Existence of a well-documented, strategic and well branded media plan for the campaign – Tosemberera.  
• Existence of IEC materials and communication tools.  
• Existence of RCSM strategy and implementation plan led to proper segmentation and phrasing of message to local scenarios. |
| Extensive use of the social media, weekly monitoring of press and social media. | Helped dispel rumors.                                                                         | • Regular COVID-19 status updates to the media direct from MOH senior leadership.  
• MOH Call-Center (expanded and reinforced) with support from multiple partners.  
• MOH Facebook platforms; Website, Twitter and Instagram  
• Weekly media monitoring reports.  
• Online rapid assessment (MOH Public Relations, U-Report UNICEF, WHO, Living Goods etc.).  
• Liaisons with and committed involvement of Minister of Information Communication and Technology. |
| Efforts made to manage the COVID-19 infodemics, rumours and misinformation through daily updates, weekly briefs and MoH and Presidential releases – especially in the first three months of the pandemic. |                                                                                              |                                                                                                                                                    |
C4D PERSPECTIVE ON IMPROVING HOME-BASED ISOLATION AND CARE

The HBI&C is about ensuring that any one infected with COVID-19 or is suspected to have COVID-19 stays in isolation and gets supportive care in and from their respective homes. Admissions at health facilities will mainly focus on the extremely sick or people with other underlying conditions.

Behavioural risks and concerns under HBI&C include:
- Personal safety.
- Self Isolation for recommended period.
- Protection and safety of other members in the house.
- Proper nutrition and care.
- Ensuring regular contact and supportive treatment from the nearest VHT.

VHTs and LCs are key channels and avenues for identifying, monitoring and ensuring effective communication with households with proven COVID-19 patients.

Other key allies with basic guidelines and communication tools - owners of private clinics, pharmacists/ drug-sellers and private nurses/practitioners into consideration.

UNICEF is integrating COVID-19 messages in all community based sectoral interventions. For example, the recently developed Job-Aide is a set of highly pictorial flipcharts meant for village level mobilisers including Village Health Teams (VHTs).

The Job-Aide includes messages on a wide range of COVID-19 related issues and communal scenarios like mass-gatherings in public places, safety in schools, home-based care of infected persons, nutrition, continuity of health-care, avoiding stigma and improving care for the affected and infected etc.
Key Concerns on School Re-opening

On 15th October 2020, the GoU permitted schools to reopen but only for candidate classes. This was after more of six months of inactivity following the outbreak of the COVID-19 pandemic. There were a number of concerns related to the re-opening of schools as follows:

Psychological factors
- Are learners and teachers aware of risks and the recommended actions?
- Are parents willing to send their children back to schools?
- Are parents willing to re-enroll all children of school going age (disabled, pregnant teenagers, teenage mothers)?
- Access to appropriate messages (language, age and facts).
- Is the information appropriately delivered and is it coming from informed and reliable sources?

Sociological factors – the immediate context of the target audiences
- Are parents ready to support and engage in the maintenance of proper safety standards?
- How will the schools enforce, oversee compliance amongst teachers, students and support staff?
- Can schools apply social distancing and supervise the proper wearing of masks?

Environment factors
- Are the schools ready? Do they have the capacity to install/provide key requirements like running water, hand washing facilities, soap, disinfectants, masks and temperature screening?
- Do measures exist to support children with disabilities to adhere to the SOPs?
The UNICEF C4D Microplan on schools re-opening built on the existing Go-Back to School policy. The plan ensures safe return and stay of all children including adolescents who could have been negatively affected by the prolonged COVID-19 lock-down period.

Phase one focuses on the candidate classes (October to December 2020) and phase two for all continuing classes, nation-wide (December 2020 to February 2021).

- Dissemination of information on basic facts on COVID-19, signs and symptoms, prevention and continuous safety and prevention through targeted messaging (students, teachers, support staff, administrators and parents).

- Provide talking points to improve social mobilization and dialogues with key influencers activities conducted through school inspectorate system will aim at mobilization for collective responsibility and action towards safety-at-school and continuity of schooling for all.

- Mass media campaigns for phase one and phase two: - Radio spots, Radio talk shows with calls-ins, listenership groups and community level sensitization and dialogues to provide updates, address emerging issues, provoke collective responsibility, accountability and action, to ensure that all learners return, continue and complete their course of education.

- Community engagement activities will be conducted through the reactivation of already existing structures and practices e.g. the School Management Committees, Parents Teacher Associations, Student days and beginning or end of term joint meetings, to ensure meaningful debate and action between parents and the school administrators. These activities can be promoted at zero cost, as ideal practices and key performance indicators (KPIs) in each school.

- Key COVID-19 desired preventive behaviors and practices will be incorporated into the school inspectorate and monitoring system to improve the quality assurance, reporting on compliance, enable comparative assessments.

Regular polls will be conducted through U-Report and Social Media – to solicit feedback from school administrators, parents and students.
Funding gaps

There is need for nationwide operationalization of the current Risk Communication Strategy that emphasises the engagement of community leaders and structures.

During outbreaks like COVID-19, people require timely, accurate and regular information. There is continuous need to finance mass media related inputs and airtime for radio and TV channels that reach broad national audiences. However, the Ministry of Health has a funding shortage to support mass media messaging.

More capacity building for RCSM-CE is required in the districts which never received related RCSM-CE support during the Ebola Virus Disease response; this includes strengthening the capacity of community structures and governance systems/ leaders in participatory communication and improving localized action.

There is a need for predictable funding for RCSM-CE inputs. Behavioural change is a process and COVID-19 is a new public health challenge which affects all sectors.

As the lead UN agency for the RCSM-CE pillar and main UN partner to the Ministry of Health’s Health Promotion Education and Communication department, UNICEF is obliged to fundraise for the RCSM-CE activities. The UNICEF RCSM-CE budget for 2020 is USD 4,630,308. Total funding received so far is USD 1,241,617 leaving a funding gap for RCSM-CE of 73%.

Findings from the First Round of the Uganda High-Frequency Phone Survey on COVID-19 June 2020 telephone survey. UNICEF SitRep#10 October, 2020