





# Leveraging Catholic Faith Structures for Community Engagement to Reduce Risk of Ebola Virus Disease: Messaging and Practices in Uganda

Dr. Patrick Mbusa Kabagambe Uganda Episcopal Conference-Uganda Catholic Medical Bureau



**CCIH 2023** 

HOPE IN HEALTH: OUR LABOR IS NOT IN VAIN

### About Uganda Catholic Medical Bureau (UCMB)



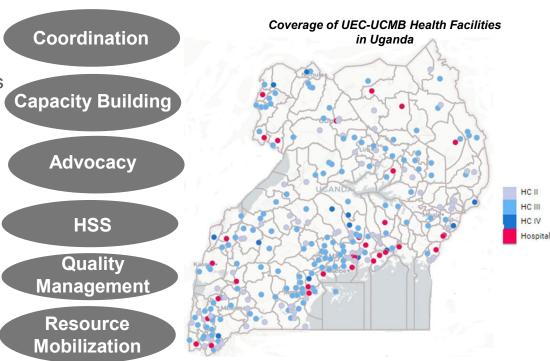
UCMB is the Health Department of the Uganda Episcopal Conference

4 ecclesiastical provinces, 19 Dioceses

Hospitals including Specialist Hospitals

Lower Level Health Units

Health Training Institutions









### Background



 On 20 September 2022, MoH declared an Ebola disease outbreak caused by the Sudan ebolavirus species, after the confirmation of a case in Mubende district in the central region.

In total during this outbreak, there were 164 cases (142 confirmed and 22 probable), 55 confirmed deaths (38.7%) and 87 recovered patients (61.2%).







### Uganda Ebola Outbreak 2022 Events Timeline

Date	Event
20 <sup>th</sup> Sept 2022	MoH Declared an EVD outbreak the Epi centre in Mubende
15 <sup>th</sup> Oct 2022	Lockdown in Mubende and Kassanda
17 <sup>th</sup> Dec 2022	Lockdown lifted
11 <sup>th</sup> Jan 2023	Uganda declared EVD free by MoH and WHO



#BREAKING Health Minister
@JaneRuth\_Aceng declares
Uganda Ebola-free.

"I confirm that all transmission chains have been fully interrupted and take this opportunity to declare that the Ebola outbreak is over."

#### #VisitUganda #PearlofAfrica



World Health Organization (WHO) and Ministry of Health- Uganda

12:39 pm · 11 Jan 23 from Mubende, Uganda



### **EVD** Response



MoH Multipronged National response along pillars;

- 1. Coordination and leadership
- 2. Testing, case finding, contact tracing, monitoring and surveillance
- 3. Infection prevention and control (IPC)
- 4. Logistics
- 5. Risk communication, Social Mobilization, and Community Engagement (RCCE)
- 6. Mental health and psychosocial support
- 7. Water and Sanitation for Health (WASH), and
- 8. Strategic Information, Research, and Innovation (SIRI).







#### Intervention



- Built capacity of religious leaders (Bishops, priests, nuns, brothers and catechists) as change agents to reach communities with risk reduction messages, and supported to make places of worship safe
- Mobilized by the Diocesan Health Coordinators (DHCs) and Pastoral Coordinators
- Pre-orientation questionnaire administered, to check knowledge of faith leaders on EVD transmission, prevention and practices including safe administration of religious sacraments.
- Physical and virtual orientation sessions used to sensitize religious leaders, face-to-face and virtually jointly with MoH, reaching many faith leaders in a short time.
- Post-training survey conducted at two weekly intervals to check knowledge gain and report on actual practices done by the faith community to reduce EVD transmission risk.



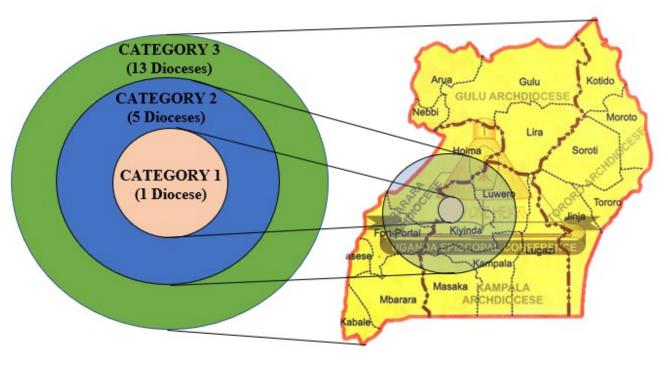


### Zoning of UEC Dioceses during EVD Intervention



#### **Guiding Principles**

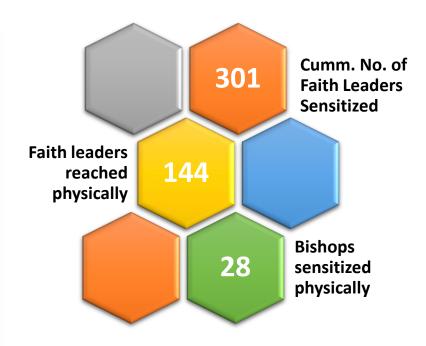
- Risk prioritization
- Health equity
- Universal Coverage



### EVD Risk Reduction Sensitization of Catholic Faith Leaders











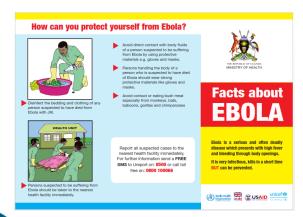


### Package for Religious Leaders

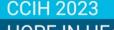




- Given talking points to guide their community engagement, dispel myths and misconceptions, and discouraging practices of traditional healing to manage EVD cases
- Discouraging risky practices including exhuming bodies and visits to traditional healers
- Safely administering religious sacraments
- Transmission of EVD and risky practices
- Negotiated subsidized costs for radio airtime
- Given internet data bundles to facilitate reporting



IEC materials and brochures distributed in English and local language







### Results summary



Activity	Outputs	
Faith leaders oriented in EVD IPC and risk reduction messaging		301
Responded to pre-orientation questionnaire		68 (31 nuns, 45.6%)
Responded to post training questionnaire		48 (23 nuns, 47.9%)
Knowledge	Baseline	Post Training
Ebola is air-borne like Coronavirus	32.4% (22)	2.1% (1 respondent)
Transmission to others when asymptomatic	30.9% (21)	31.2% (15)
Persons who die from EVD should be buried by the community	5.9% (4)	0% (0)
Handshaking during mass as a sign of peace should continue	16.7% (8)	0% (0)
Anointing of the sick should involve history taking before and PPE	47.1% (32)	100% (48)
Temperature screening should be done for people before mass	64.7% (44)	87.5% (42)





### Results summary



		for International Health
Activity	Outputs	
Practices	Baseline	Post Intervention
Have put in place facilities for handwashing at places of worship in category 1 and 2 dioceses (working with 93 health facilities)		100%
Handwashing	49%	100%
Temperature screening		100%
Numbers of community members reached with EVD messaging		0%
Anointing of the sick should involve history taking before and PPE		
Pulpit	33.3%	
Schools	17.7%	
Whatsapp	4.4%	
Radio	4.4%	
One-on-one	8.9%	
Other	31.3%	

### Radio Talk Shows conducted by 6 trained priests (DHCs) in 8 Catholic-owned Radio Stations

























## Support from Catholic Relief Services- the lead partner













#### Lessons



- The church structure is evidently a key player in Public Health Disease response; experience of EVD and the Faith Community Initiative (FCI) projects
- Vast network and deep reach into the grassroot communities
- Faith leaders can be empowered with knowledge and skills
- Interbureau coalition and partnerships are key

- Working with MOH Community Techni Working Group (TWG)
- Need for continued orientation and engagement of faith leaders to further improve knowledge gain and bridge persisting knowledge gaps
- Public Health Programs should go bey messaging but include logistical preparedness
- Periodic evaluation of knowledge reter and implementation practices is key







### Acknowledgements









- Communities
- Health Workers
- Faith Leaders
- Logistics Partner JMS

### THANK YOU

+256772844881, pkabagambe@ucmb.co.ug