

COMMUNITY PREPAREDNESS FOR EBOLA EPIDEMIC

03/12/2014

Site: Amagoro A North

We visited the following stakeholders;

a) District Health Educator Mr. Mungoma Joseph

We had a chart with him at his office situated at the District headquarters. We briefed him about the project. After which, we brainstormed together with him on how well we can effectively engage the communities. He shared with us his experience in engaging communities for health action.

One interesting finding was that the community has negative perceptions of using gloves when handling sick relatives. The sick relatives view this as a sign of resentment by their care takers. This will shape our approach in project implementation since we are going to be training community members on use of gloves when handling sick relatives with suspected highly infectious conditions.



Photo 1: Meeting with Mr. Mungoma at Tororo District Headquarters

b) Meeting with the Community Members

After meeting with the District health educator, we headed to the local community where the project will be implemented. We then met with the Village health Team members with the help of the Health Assistant as a mobiliser. We introduced ourselves to the VHT members and briefly introduced the project. The VHTs asked questions about the project which we answered.

We then brainstormed together on the best way to implement the project. The VHTs gave us the views on the dynamics of the community that we need to consider for the successful implementation of the project.

We then agreed to that community mobilization begins. We shall be going back to sanitize and train the community within a two week time period.



Photo 2: Meeting with the Village health Team Members of Amagoro A North Community



*Photo 3: Community health centre in Amagoro A
Community*



*Photo 4: Mr. Hitler Christ. our community mobiliser
with his bicycle*

17/12/2014

We went back to the Amagoro A North to implement the actual project activities.

The following approach was used to train and sensitise the community members about the Ebola epidemic.

- a) Mobilisation of community members
- b) Open discussion
- c) Practical demonstrations

The community members were mobilized with the help of VHT members together with the Chairman of the Local Council. Given the available resources, it was not possible to have all the community members for the training and sensitization session. Community members were selected based on prior experience and participation in community health activities. All age groups and other social groups (religious, peers etc) were represented. The community members agreed to meet at a local school which is a more central for the community.

The VHT leader Mrs. Kaunda Molly gathered the participants and we all introduced ourselves (both the community members and the project implementers). Dr. Innocent Besigye, the project team leader introduced the purpose of the project to the participants.

In this activity, we employed the methodology and philosophy of adult learning. We were well aware, the participants have some knowledge (some factual others mythical) about the Viral haemorrhagic fevers particularly Ebola.

In the initial stages, we just discussed with the participants few questions and issues concerning the Ebola disease. We started by requesting the participants to ask any questions related to Ebola disease in case they have any.

1. We heard from radio sometime back that Ebola is transmitted by greeting and shaking hands. Is this true? And if true, what can we do to stop it given that handshaking in our communities is a strongly grounded cultural norm?

During the brainstorming, other questions arose;

2. How can we discourage other cultural and religious practices that may put community members at risk of highly infectious diseases? Such practices identified were; washing of dead bodies before burial, multiple handshaking during religious activities, rituals performed on dead bodies by certain religious groups e.tc.

From this dialogue, we confidently concluded that community members have sufficient knowledge about Ebola disease.

Practical demonstrations

We then conducted a practical session on;

- a) Proper use of examination gloves
- b) Proper hand washing
- c) Use of JIK as detergent in cleaning patient materials and clothing

Proper use of Gloves

Community members were informed of the various scenarios in which use of gloves is important when handling potentially infectious patients in the community. Proper donning and removal of gloves was demonstrated and thereafter participants were asked to practice the process.

It was interesting to observe that participants had difficulty putting on and removing the gloves. A couple of the participants tore the gloves in the process of putting them on. Proper removal and disposal of the gloves was even more difficult and no participant could remove the used gloves properly to avoid self/body contamination with the risk of infection. Participants repeatedly practiced proper use and disposal of gloves until everyone was comfortable with their use.



Participants actively learn proper use of gloves



Dr. George Welishe explains proper use of gloves



Dr. Jane Namatovu displays a poster on use of gloves during the training



Participants demonstrate to each other proper use of gloves.



Some selected VHT members were given materials to continue the sensitization and training of other community members for sustainability of the project.