

Viewing Community Participation from a Lense: Whether or not it can help in contemporary control and Prevention of Global Pandemics? Learning from the Corvid-19 Pandemic Experience in Uganda:

By

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Abstract

Pandemics continue to be a very big problem in the globe but the effect is more felt by the third world countries. Most of the countries have been affected by corvid-19 in 2019 and Uganda has not been an exception. This has shattered the social, economic and political affairs of countries and in the same way, having been an unexpected pandemic, has equally had many lessons for the societies both developed and underdeveloped. Community participation, also called Community participation aims at engaging and involving people in the community to get the maximum benefit for the entire society in as far as problem solving is concerned. It involves the gathering of different views from whoever wants to participate and making people in the community feel at ease to voice their opinions. This is too critical in times of pandemic. Community participation is the active involvement of people from communities preparing for, or reacting to, disasters. ... Community participation is the basis of successful health promotion as well as Health education and hygiene education. Health education is one important activity that is commonly undertaken to promote health. Whether it is control, prevention or even survival, people's participation often is desired as it leads to long term solutions, cost effectiveness and proper management of diseases as the community affected is the one suggesting as well as 'doing' the control measures. If this is enhanced, the chances of pandemics staying longer with acute effects are relatively lower than they have been before.

KEY WORDS: Corvid-19, Disease, Uganda, Community Participation, Global

Introduction

The third world societies that include some parts of Asia, Latin America plus Africa especially those countries with the worst health systems like Uganda are expected to bear a significant

proportion of the global burden of chronic diseases, along with poor countries of Asia and Latin America. The World Health Organization (WHO)¹ projects that over the next few years the continent shall experience the largest increase in death rates arising from pandemics that will lead to massive cardiovascular disease, cancer, respiratory and diabetes. The increase in the rate of pandemics and their effects on the people is largely attributed to poor health systems, wide spread cases of increased life expectancy, changing lifestyle practices, poverty, increased costs due to privatization of health facilities, urbanization, rural urban divide in terms of health service access and globalization. It is clear that Uganda's health system is under-funded and under-resourced and continues to struggle to cope up with the cumulative burden of infectious and chronic diseases. A big percentage of the MOH budget is usually allocated to communicable disease for the last decade. The ministry of Health (MOH) along with many international organizations like the World Health Organization (WHO) and the Food and Agricultural Organization acknowledge the presence and impact of a chronic disease burden, but it is clear from the onset that few countries including Uganda have chronic disease plans or policies. This rightly explains why the covid-19 hit hard on these countries. To avoid the kind happening in the near future, it is important that such countries emphasize on community participation. When countries are faced with pandemics when they are not prepared, the chances of it hitting hard, killing many people and over and mis-spending due to the emergent pandemic situation as well as misallocation of resources become the order of the day. Budgets become too high, requests for additional finances is inevitable all the time and government at times if forced to change its priorities to create room for the pandemic which usually comes in as an emergency.

Past experience should be our guide. Grassroots movements were central in responding to the HIV/AIDS epidemic by improving uptake of HIV testing and counselling, negotiating access to treatment, helping lower drug prices, and reducing stigma. In the same way, Community engagement was also crucial in the response to Ebola virus disease in West Africa say as in in tracking and addressing rumors.

¹ The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health. The WHO Constitution, which establishes the agency's governing structure and principles, states its main objective as "the attainment by all peoples of the highest possible level of health." It is headquartered in Geneva, Switzerland, with six semi-autonomous regional offices and 150 field offices worldwide

The corvid-19² experience was that community participation was given priority because MOH realized that it could promote health within a community by assisting individuals and communities to adopt healthy behaviors. Where community participation was done, it could serve as an advocate for the health needs of individuals by assisting community residents in effectively communicating with healthcare providers or social service agencies like the Government of Uganda (GOU) or even NGOs. Some Ugandans during the corvid -19pandemic could also act as liaison or advocate and implement programs that promote, maintain, and improve individual and overall community health. When you use the community, it becomes easy to deliver health-related preventive services such as blood pressure, glaucoma, and hearing screening or even to collect data to help identify community health needs even without including Health Education Specialists who may be engaged with other government health tasks. The community participation effort were capitalized in rural communities in areas like Patients' homes, in the community, Schools, Workplaces, Faith- and community-based organizations, Healthcare systems, Community health centers/Federally Qualified Health Centers, Other healthcare settings, State, local, tribal, and territorial governmental public health agencies all done to ensure access and link between the community and corvid teams. Whereas this was not done to the maximum, it could actually have been a very big step in fighting corvid-19 or any other pandemics.

Corvid-19 enabled the government to realize that if community participation is done, the chances are high that it becomes very easy to develop trusting, one-on-one relationships with patients, simple to forge a liaison between the healthcare system, patients, and families/caregivers, gain support from other organizations serving the community, strengthen care coordination by connecting patients with available healthcare and social support services, extend the reach of healthcare providers and services, which is particularly helpful in areas with shortages of providers, deliver services that are appropriate based on the patient's language and culture and ensure corporate responsibility as a way of Giving back to their communities.

² Coronavirus disease also called COVID-19 is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

Take an example; if the Lay Health Worker Model had been adopted in corvid-19, it would be clear that community health workers (CHWs) would be members of the target population and since they share many of the same social, cultural, and economic characteristics, then interaction and dialogue for better health would be very possible. As trusted members of their community, all participants in the corvid-19 fight would help to fulfill roles related to Patient advocate, Educator, Mentor, Outreach worker or even Translator of the health language to the other members of the community.

As the WHO (2019) once reported,

“Meaningful relationships between communities and providers should be nurtured to ensure sustainable and inclusive participation. Managing participatory spaces takes sensitivity and care to recognize and harness the different types of knowledge and experiences brought by diverse communities and individuals”.

There is thus need to Create spaces where people can take part on their own terms (e.g, avoid official meetings and encourage grass root sessions, Move beyond simply gathering views and instead build dialogue and networking, Invest not only for this emergency but also for long-term preparedness and management of pandemics. However, if the Screening and Health Educator Model had been adopted, community health workers (CHWs) would be used to deliver corvid-19 screenings and health education to the target population. CHWs would provide health education related to disease prevention and healthy behaviors. The community participation would be important to attend sessions related to chronic disease prevention, Nutrition, Physical activity, Smoking cessation, Stress management, Health screenings, safety and environmental hazards.

This has only been done later when cases of corvid-19 were reported to be on the rise. The results out of the use of this model have been surprising for Uganda but for countries that did it, they managed to contain the pandemic. All this means that there is need to promote Community capacity building involving promoting individual and collective empowerment through education, skill development, networking, organizing, and strategic partnerships. Community

participation thus becomes vital here as capacity building requires planning, cooperation, and commitment, and it may involve working to change public awareness, organizational rules, institutional practices, or public policy which must include all the different members of the community.

In Uganda, the covid-19 experience showed that it is the community which must address social determinants of health, advocate for underserved individuals or communities to receive services and resources to address health needs, engage in the building of community capacity to address health issues, collect reliable and valid data and relay information to government/NGOs to inform programs and policies, Create social and economic connections between vulnerable populations and healthcare providers, determine economic and social eligibility and enroll individuals in health insurance plans, educate healthcare providers in the respective communities with the help of the government and other stakeholders about community health needs, ensure cultural competence among healthcare providers serving women, children and the elderly populations, help community patients navigate healthcare and social service systems, manage care and care transitions for vulnerable populations, provide culturally appropriate health education on topics related to chronic disease prevention, physical activity and even assess them, promote good nutrition, participate in informal counseling, health screenings, and referrals, coupled with reducing social isolation among patients. This would have reduced on the prevalence of covid-19.

The question to address is whether or not community participation can help to increase on the potential of a society in its fight against pandemics with lessons from covid-19 experience in Uganda.

In such cases, community participation becomes very important. This must be instrumental participation (most importantly) where the people give in their views and the government considers and follows them as they are and not intrinsic where the government may consult the local population but retains the final decision over the opinions of the people. To this, the engagement of the community would not only be sufficient but also a necessary solution to the proper management of the pandemics. In such cases, decision making will be done by taking suggestions from all the member of the community. Having citizens in the decision making process is essential for the bottom up approach that looks at decisions as flowing from the

community to the development practitioners like the government or even the international community and in turn shall lead to community development. Such participation therefore results in inclusive planning and overall improvement in the community integration.

When COVID-19 hit the world at large and Uganda specifically hard, the socio-economic impact would not have been as grave as it was because in most cases, Community participation which is provided and facilitated by various legal provisions is looked at for long term sustainable and dependable policies that easily address such pandemics. In Uganda, the constitution provides the basic framework for empowerment of both the urban local government and the citizens. The idea of creating village Committees, local groups, self-help groups, educating public to mention but a few should help to provide an effective structure for people's participation in decisions related to pandemics and their management. Institutions of local government in Uganda must be (to the least at least in theory) highly participatory, primarily by virtue of their close interface with local communities. If this is done, such participation in both the short and long run will enable ownership of local development initiatives, which contributes to successful implementation of local development initiatives through collective action.

It is clear that community participation therefore seeks to facilitate the involvement of those potentially affected by or interested in a decision. The principle of Community participation holds that those who are affected by a decision have a right to be involved in the decision-making process. Community participation implies that the public's contribution will influence the decision. This explains why community participation in decision making for development was enshrined in the 1990 African Charter for Popular Participation in Development and Transformation and has become a working document for many African countries.

Taking Uganda as a democratic country, Community participation seen from a glance must play a vital role in ensuring peoples' empowerment which at a later stage must lead to control, prevention and survival of the community away from any pandemic or disaster.

- It leads to long term sustainable and dependable disease control and adherence mechanisms. Participation is important for a healthy representative democracy. Involving citizens in health care decisions that affect them locally is one way to renew public trust and return credibility and legitimacy to all levels of government.

- Community participation is part of “people centered” or “human centric” principles and therefore whatever policy the government comes up with must arise out of the people whose voice/tone should be felt in the subsequent decisions or policies. While participation has long been part of the tradition of planning, Uganda continuously needs to find new ways to actively engage and promote citizens in health-care decision making. It is only this that can help citizens understand the role they can play in deciding their own futures as pegged to pandemic control and management. In other words, Ugandans come to understand they must become full participants in the pandemic control process, rather than waiting to see what programs and services the government has to offer to them.
- It leads to inclusion of all people especially the marginalized categories like the women, children or even the elderly yet these are largely affected when pandemics rise up. This explains why Community participation is advanced but also over emphasized by the humanist movements, social movements and in the context of postmodernism.
- Community participation may be advanced as part of a “people first” paradigm shift. In this case, it is argued that it can sustain productive and durable change enhancing disease control and pandemic prevention. A carefully constructed participation health program encourages an open exchange of information, ideas and clarity about health tasks of the people to be achieved. This requires that the government must consider alternate opinions, especially those of underserved or underrepresented minority, low income, elderly, and disabled populations who in most cases are affected by these pandemics. Together the community can then establish a collective healthy vision for the future, and share responsibility on how to manage pandemics of the future.
- It is cost effective and hence lesser resources are needed to arrive at decisions and policies as pertains to disease control and prevention.
- There is a sense of ownership of the subsequent decisions as people feel this has arisen out of their opinions.

In Uganda and elsewhere community participation can take a number of dimensions as can be summarized below:

- **Functional Participation:** Here, the people participate by forming groups to meet predetermined objectives related to the task at hand after major decisions have been

made. In line of the pandemic, the people may have sensitization tasks alongside monitoring and evaluation of the community attitudes and reactions to the pandemic and its control and management. The most important case here is that involving citizens and educating them also assures that the solutions (and possibly some very creative or unconventional solutions) are tailored to local needs. This thus implies that government planning enabling legislations often provides for public opinions regarding pandemic control and management.

- **Interactive Participation:** People participate in joint analysis, development of action plans, and formation or strengthening of local institutions. These can be local/village committees however in most cases, such have asked for government facilitation even when the tasks are helpful to the community. Interactive participation generally can be accomplished with less confrontation and fewer hurdles, since the community understands what opportunities are available and also whatever resources or other constraints must be considered in pandemic control.
- **Participation by Consultation:** People participate by being consulted, and the government/NGO(s) listen to views and may modify these in the light of people's responses but do not involve them in decision-making.
- **Participation for Health Incentives:** People participate by providing resources, for example health services, in return for food, cash, or other material incentives, yet people have no stake in prolonging activities when the incentives end.
- **Participation in Information Giving:** People participate by answering questions posted by extractive researchers using questionnaire surveys or similar approaches and do not have the opportunity to influence proceedings. This may not be too helpful for pandemics as the input of the people may not be too vivid to pose impact on policy and actual practices of the people.
- **Passive Participation:** People participate by being told what is going to happen or has already happened through unilateral announcement by government or any relevant authority.
- **Self-mobilization:** People participate by taking initiatives independent of external institutions to change systems. In Uganda, this is important because people develop contacts with government for resources and the technical advice they need, but retain

control over how resources are used. These can also take form of social movements and bring about social change. For any pandemic period, this is quite important.

Considering all the above dimensions, the task of the Ugandan government in ensuring community participation is thus clear here. In periods of the pandemics like corvid-19; situations have long been successfully used as a basis for gaining citizen participation. The pandemic must become powerful motivation to the community. The lockdown initiated by the government, closing of factories and industries, transport both public and private, closing of schools and other essential services are examples of threats to a people's way-of-life that have and must serve as rallying points for community participation. By helping citizens find positive ways to respond when their way-of life is threatened. Most people want to act responsibly. Use these situations to help people find positive ways to deal with threatening predicaments. This implies that by stressing the commitment or obligation each of us have toward improving the community. However, Ugandans may not continue to participate unless the experience is rewarding, or at least not too distasteful or even disastrous and this is the unfortunate bit. Corvid-19 has proved this. The most positive of all approaches to facilitate greater participation is to provide Ugandans with better knowledge about how they can handle and manage their lives well because most of the pandemics are due to poor health behaviors as the president once noted. Obviously, the knowledge has to be in their value system. When it is, experience shows they usually act accordingly. Adequate time and means of diffusing the new knowledge must be employed for satisfactory results.

The local community can be trained to work as community health workers (CHW) to help and add on the manpower of the health officials in the management of pandemics. What is required here is just to train, monitor and sensitize the masses so that you can have group leaders who can act on behalf of the health officials and can be contacted just in case cases of pandemics are realized in the area. These shall then be community social service workers who are close to and serve members of the community by helping them to adopt healthy behaviors. They may work for pay or as volunteers for a local agency like MOH, NGO, or healthcare facility which is directly in touch with the community. CHWs are important and can be used well to enhance community participation because they share similarities with/ are part of the community they

serve in terms of identities like ethnicity, language, culture, socioeconomic status, values, and life experiences.

For the Ugandan government and specifically through the MOH, they should immediately set up and fund specific community engagement taskforces to ensure that community voice is incorporated into the pandemic response. This requires dedicated staff who can help governments engage in dialogue and network with citizens, work to integrate the response across health and social care, and coordinate links with other sectors such as finance, marketing, policing (for enforcement and control) and education. This engagement will require additional resources to complement existing health services and public health policy which must be provided by the government to the community. Dedicated virtual and physical spaces must be established to co-create the pandemic response (and should be able to handle different forms of pandemics), with different spaces tailored to the needs of different community participants—eg, different formats for discussion, timings, locations, and levels of formality.

In the same case, those health workers working to address pandemics in the health and social care sectors and beyond should work with the existing community groups and networks to build coproduction. Engagement with such community groups is needed to include their voices in local, regional, or national responses to the pandemic. Community participation thus becomes the only way of how to ensure that the most marginalized are represented and also that the front-line providers have an opportunity to feed into service improvements when they are already working long hours with little respite.

Third, policy makers working on the pandemic response should ensure citizens understand that their voices are being heard. Showing how policy responses or local actions address specific concerns highly helps the local communities believe that their wellbeing is valued and their needs addressed, which in turn will help increase compliance with MOH restrictions and encourage sharing of creative solutions. The GOU/MOH must remember that community participation are essential for high-quality, inclusive disaster response and preparedness, and these can be called upon again in future emergencies. All societies have community groups that can co-create better pandemic response and health services and politicians must be supported to incorporate these voices into either policy or laws. Such community participation will reveal policy gaps and the potential negative consequences of any response—and identify ways to

address these together. Community participation holds the promise of reducing immediate damage from any pandemic and, crucially, of building future resilience.

Finally, it should be noted that pandemics are unpredictable, yet reoccurring events and can have severe consequences on health, social and economic well-being. They cause social and economic disruption, threats to the continuity of essential services and reduced production, but also increased vulnerabilities for children and other groups. While governments and sectors such as health, water and sanitation hygiene, education to mention but a few play a leading and coordinating role, experience has shown that civil society organizations and communities have essential roles to play during pandemics. It's also worth noting that community participation shall not be free of challenges. Participation, in order to be meaningful, requires institutional capacity of the local governments to come up to the aspirations of local communities. Uganda is doing too badly in this case. Fiscal strength constitutes the most important parameter of institutional capacity. For Uganda, either the institutions are missing or they are ineffective to operate to meet the needs and interests of the masses. Community participation therefore becomes an imperative in strengthening the fiscal and monetary strength of local government through generation of local government revenue and efficient allocation of the locally raised resources to various local development initiatives. Community Participation aims at involving the citizens in municipal functions e.g., setting priorities, budgeting provisions, etc. They provide for the participation of citizens in the decision making process on local issues.

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