



## Word from the Chief Executive



**Dear Reader,**

Greetings and welcome again to yet another edition of our newsletter; *One Health Digest*. We continue to thank you

for your dedication and interest in AFROHUN work. As we ride the different waves of the COVID-19 pandemic wherever we are in the world, we pray that we continue to adhere to the prevention measures as instituted by the authorities. As One Health practitioners and champions, we should also continue to take advantage of the pandemic to demonstrate the application and utility of the One Health approach, while keeping safe.

In this edition of *One Health Digest*, we share with you some insightful developments and activities we have been engaged in. Our Democratic Republic of Congo Country Chapter, has been busy revitalising the Kinshasa School of Public Health MPH scholarship support by USAID. This work has involved strengthening capacity for administration and monitoring as well as integration of One Health in the program curriculum. In a related development, the team has also started on work to develop a community-based Ebola module to help develop capacity at lower levels for the detection and management of Ebola disease outbreaks.

After being implemented for over five years, the Uganda team is reviewing

## Strengthening the pipeline of One Health professionals for health in DRC



**Approche Une Santé**

• Démarche holistique et systémique  
• Collaboration, synergie d'actions multisectorielles  
• Partage d'information, réseautage, gestion des connaissances

**dans la prévention, la détection et la riposte**

Participants (53)

Q. Rechercher

LENS LOROU

DN DENISE NGONDO KSPH

DM Desire Mashinda Kulimba

DT Djuikwo Teukung Félicité Flor...

DN Dominique Nyembo

DN Dominique Nyembo

Dr Mutwadi Armand

DA Dr. Andy Numbi

EO Emmanuel Okello

GL Genese Lobukulu KSPH

GM Grace Mufwaya

IN Irene Naigaga - AFROHUN S...

JB Jaber BELKHIRIA (OHW-NG)

A screenshot of a presentation by Professor Prince Diangs Kimpanga of Kinshasa School of Public Health (KSPH) on the One Health approach, during the One Health training for faculty

DRC is facing several global health security challenges in the context of poverty and political instability. The country has experienced multiple disease outbreaks, including Ebola, measles, yellow fever, and Marburg, many of which are in rural areas and congested urban settlements. The recent Ebola outbreak in the eastern

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**AFROHUN embarks on developing a One Health community-based surveillance module on Ebola in DRC**

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**Formalizing the Course content of the Uganda One Health Institute theoretical principles in Infectious Disease Management (IDM)**

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**Strengthening journalists' risk communication and community engagement (RCCE) skills for improved reporting on pandemics in DRC**

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**Students in Rwanda strengthen their participation in the COVID-19 National Response through community sensitization**

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KEY HIGHLIGHTS



**USAID**  
FROM THE AMERICAN PEOPLE

**AFROHUN**  
Advancing One Health

the One Health Institute Infectious Disease Management course content, to ensure it aligns with and meets the current needs of the workforce. Another key undertaking the Uganda team has been engaged in that we share with you today is the novel endeavour to define a One Health worker; a joint undertaking with FAO and several other partners.

In Rwanda, the AFROHUN desire to bring tertiary institutions on board the network is being realised through engagement

of the Integrated Polytechnic Regional Centre (IPRC).

We do have more interesting and exciting news and updates for you in this edition of **One Health Digest**. Please enjoy our rich menu!

**Professor William Bazeyo**

Professor of Occupational Medicine and Chief Executive Officer - AFROHUN

**From page 1** part of the country and the COVID-19 pandemic highlight the need for a more comprehensive health system and a skilled workforce to prepare, detect and respond to current and future public health emergencies.

The Joint External Evaluation (JEE) conducted in 2018 highlighted limited capacity for a One Health workforce (score of 2) and a large disparity between rural and urban areas with most of the trained and skilled personnel more concentrated in populous regions. Following this evaluation, the National Workforce Development Plan 2019-2022 (Plan National de développement Sanitaire 2019-2022) highlighted the need for the country to improve the training, retention, and distribution of the skilled workforce. In 2019, the country developed a National Action Plan for Health Security (NAPHS) outlining a roadmap to build country capacity to address priority gaps identified in the JEE. The need for a multidisciplinary workforce to tackle health challenges using a One Health approach was one of the key elements noted. It is essential to incorporate One Health core competencies into higher education programs to align with this national plan and address these priorities.

*Supporting the School of Health to integrate the One Health approach in the training curricula is an important step in building human resource capacity and responding to the recommendations of the Joint External Evaluation of the International Health Regulations (JEE) 2018." Dr Marc Yambayamba, Country Manager AFROHUN RDC.*

Established in 1984, with the support of USAID and in collaboration with Tulane University, the Kinshasa School of Public Health (KSPH) is the leading institution in training public health professionals in DRC. Before its creation, most of the DRC public health workforce was

trained abroad on programs that are not adapted to the local health challenges. Currently, the school plays a critical role in developing public health leadership and has shown good performance despite the variety of political and geographical turmoil and the limited allocation of resources.

The Master of Public Health program (MPH) at KSPH is known for its rigorousness and competitive design. To-date, KSPH has trained 1,450 MPH students, many of them originally from various health zones across the country, occupying high level positions in the public sector, including leadership.

The MPH program has five areas of focus: Field Epidemiology and Laboratory Training Program (DRC - FELTP), Health Economics (DRC-ECOSANTE), Nutritional Epidemiology (DRC-EPINUT), Health-Environment (DRC-ENVIRONMENT) and Community Health (DRC-SAPU).

As part of its program to strengthen human resources for health in the DRC, USAID established a scholarship program for the MPH that has supported 337 students. However, due to TVPA (Trafficking Victims Protection Act) sanctions instituted in 2018, various USAID supported efforts, including the scholarship program, were suspended. Upon its re-instatement, AFROHUN and the OHW-NG Global Consortium started a partnership with the KSPH and the USAID Mission in DRC to strengthen the MPH program through assisting with the administration of the scholarship program and integrating One Health core competencies into the MPH curriculum to address gaps in training.

*"The integration of the One Health approach into the training curriculum at the School of Public Health is very crucial as the world is facing several health challenges such as the COVID-19 which requires cross-sectoral collaboration.*

*Trained students will improve the country capacity for early detection and response." Professor Desire Mashinda, Dean KSPH.*

For this work, KSPH received over \$ 650,000 from the USAID Mission to support implementation for a period of 3 years. It includes scholarships for 40 MPH students on the Community Health track. Kinshasa School of Public Health also received an additional 10 scholarships, which helped the program to resume the Health Economics track after 5 years of interruption because of lack of financial support for the track.

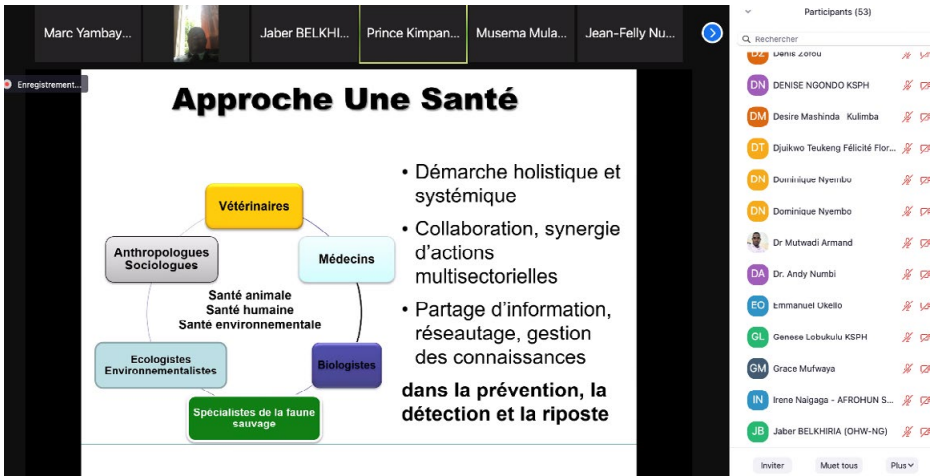
*"This scholarship is a unique opportunity for me to grow in my career. With my biological sciences background I will certainly benefit from this program to become a public health expert able to work in multidisciplinary and multisectoral teams. I encourage other women to candidate for the next cohort." Rosie Mubindukila, scholarship beneficiary.*

*"It was my biggest dream to study at the School of Public Health. Coming from rural health zone where I've been working for more than 10 years, having this opportunity will help me to acquire new knowledge and contribute to strengthening the health system." Dr. Jean Paul Kasongo, scholarship beneficiary.*

As part of building the capacity of KSPH to run the program under a sub-award arrangement, orientation on financial management and M&E has been conducted for the respective personnel.

The AFROHUN/OHW-NG consortium partnership has worked closely to support the review of the MPH curriculum and identify areas to integrate One Health core competencies. As a result, a faculty training in 'Integration of One Health competencies in the MPH program' was conducted between February and March 2021.





A screenshot of a presentation by Professor Prince Kimpanga of KSPH on the One Health Approach during the OH Training of faculty

Close to 40 faculty from the 5 departments of the Kinshasa University School of Public Health participated in the training, conducted over five weeks in a series of webinars from February 2021, and facilitated by experts from the One Health Workforce Next Generation Global Consortium team and AFROHUN network. The training gave an opportunity to faculty to discuss strategies to use for better integration of OH competencies into the MPH curriculum.

*"Integrating OH in the training curricula at the School of Public Health is*

*a very important first step toward institutionalization of OH in the country. Trained students will work at different levels of the health system and will improve how they work with other disciplines for prevention, detection and response to health threats."*

**Professor Joel Konde**, Department of Environmental Health, KSPH

- A standalone OH module for all the MPH tracks was introduced this year. While faculty from the KSPH are working on revising the existing OH modules, to adapt to the DRC and MPH context.

- A follow up meeting is planned to discuss with faculty members what they will have achieved after the training and what the challenges are, so that they can be supported effectively.

*"Today, in globalized world, solutions to health problems must involve skills that go beyond the limits of the clinic. The "One Health" approach is very important, it brings all disciplines together to find solutions for prevention, early detection, and response to health emergencies at the human, animal, and environmental interface. Adding OH competencies to our training modules will strengthen knowledge and capacities of trainees to work together for a better health,"*  
**Professor Therese Mambu**, Department of Community Health, Kinshasa School of Public Health.

## Expanding students' engagement in One Health in Rwanda through tertiary institutions

There is desire within Africa One Health University Network (AFROHUN) to expand its reach and coverage. This desire is being activated in many different but complementary ways, including through creation of more Student One Health Innovation Clubs (SOHICs), creation of national SOHICs, bringing on board more institutions and strengthening partnership with a diverse range of organizations and stakeholders.

In Rwanda, a sensitization meeting was held in the Integrated Polytechnic Regional Center (IPRC) of Huye in the Southern part of Rwanda in March, to introduce AFROHUN network and the Students One Health Innovations Clubs (SOHIC) idea in the polytechnic. This was in response to the institution's request to establish collaboration

with AFROHUN and to start a student club at the Polytechnic. The meeting was chaired by the Vice Chancellor of the Rwanda Polytechnic, Dr. James

Gashumba and 16 senior academic staff and management of the Polytechnic. The Vice Chancellor, who is himself a One Health champion, expressed



Meeting participants that included senior faculty engaged during the meeting

gratitude to IPRC Huye for wanting to identify themselves with One Health initiative; he said *“Having been myself associated with AFROHUN (OHCEA) in a leadership capacity and a passionate advocate of One Health, I am proud to see that the institution I now lead has chosen to follow in the footsteps...”*. During the meeting, AFROHUN and SOHIC structures were presented by the Country Manager, AFROHUN Rwanda, Dr. Juvenal Kagarama and discussed. As a way forward, Mr. Jean Paul Byishimo, an active One Health faculty at the IPRC, was tasked with mobilizing students on their return from vacation. A follow up meeting was requested to officially launch SOHIC after its formation. As a marker of the successful implementation of the meeting, the Vice Chancellor requested for similar sensitizations in the remaining six IPRCs in Rwanda.

Several important issues emerged from the meeting; i) one noticed such a zeal and readiness from academic staff and campus leadership to know more and to identify with One Health, ii) a wish to be part of AFROHUN network, iii) Judging from the enthusiasm shown by participants, one can already see an opportunity to easily institutionalize One Health in various training curricula, which is an important aspect of AFROHUN capacity development and sustainability.



**Dr. Juvenal Kagarama - AFROHUN Rwanda Country Manager - speaking during the meeting**



**Dr. James Gashumba - right- chairing the meeting**

## Defining a One Health worker: AFROHUN Engages in a joint Undertaking in Uganda

Defining a One Health worker is a key undertaking for AFROHUN Uganda and is being implemented in partnership with the UN Food and Agriculture Organisation (FAO). This activity and the partnership is a result of a consultative process that happened at the beginning of the AFROHUN Uganda work planning process for Year 2 of the One Health Workforce Next Generation project. While consultations are still ongoing, several documents have been reviewed, and these include, the National One Health Strategic Plan (2018-2023), the Uganda Alumni Tracer Study report and the OH-SMART (One Health Systems Mapping and Analysis Resource Toolkit) report that were produced during the One Health Workforce project implementation

phase. Key gaps have been identified and strategies have been developed to fix them. A One Health worker will be defined at three levels i.e., Basic, Intermediate and Advanced/Expert level. At a meeting held in February, areas of collaboration were identified and highlighted. The Deputy Team Leader Emergency Centre for Transboundary Animal Diseases (ECTAD), Dr. Chrisostom Ayebazibwe and colleagues invited AFROHUN to participate in meetings and discussions, identify gaps and good practices regarding the ISAVET project and how best to improve training toward defining a One Health worker/ practitioner at basic level.

In a second stakeholders' meeting in

March 2021, data collection was piloted, which helped the team understand what One Health is, who a One Health practitioner/worker is, qualities of a One Health worker/practitioner, the competencies they should have, and roles and responsibilities of a One Health worker/practitioner.

In response to the question, ‘In your opinion, what should be the roles and responsibilities of a one health worker/practitioner?’, stakeholders mentioned the following:

- Coordination of zoonotic disease outbreaks
- Leadership (collaborative)
- Coordinating One Health activities in the different sectors
- Marketing



- Communication
- Networking

During the meeting, stakeholders shared and discussed a criterion to be considered in the selection of One Health practitioners and the guiding principles for defining a One Health worker were discussed and documented. The suggested criterion included several areas of consideration, among them the following:

- Motivational statement describing what they have done.
- Passion (desired feeling for something)
- Interest
- Open-minded and trainable
- Disciplined

A One Health cadre is a person who holistically thinks about things or engages in systems thinking/innovation.

**Qualities include;**

- Accredited certification in One Health.

- Addresses public health issues using the available resources.
- Translates or communicates One Health information into the simplest way/language possible.
- Change agent/transformational leadership.
- Experiential learning and designing learning models that work.
- Addresses problem-innovation-entrepreneur-knowledge sharing.
- Design thinker (21<sup>st</sup> learner)
- Conceptualization

In addition, participants discussed coordination mechanisms for One Health practice in Uganda, including the organization of One Health at national, district, and subcounty levels. Importantly, stakeholders proposed key factors to be considered to ensure the sustainability of implementation of a multi-sectoral One Health approach and how it can be sustained, and the motivation of One Health workers.

It was agreed that AFROHUN put more focus on defining the workforce strategies for environment, and health institutions whereas FAO concentrates on the animal sector. FAO has completed the National Animal Workforce Profile and this will be reviewed together with the OH-SMART assessment report conducted by AFROHUN Uganda in 2017.

Participants included representatives from Uganda Wildlife Authority (UWA), One Health Coordination Office/National One Health Platform (OHCO/NOHP), Ministry of Water and Environment (MWE), Ministry of Agriculture, Animal Resources and Fisheries (MAARF), Ministry of Health (MoH), and AFROHUN institutions (Mbarara University of Science and Technology, Makerere University College of Veterinary Medicine, Animal Resources and Biosecurity, and the School of Public Health (MAK-COVAB and SPH).

## AFROHUN embarks on developing a One Health community-based surveillance module on Ebola in DRC

Since 1976, the DRC has responded to eleven Ebola virus disease outbreaks. Clearly, the late detection and notification of the first case in the most recent outbreak (February 2021), is a major area of concern. To align with the WHO African region Integrated Disease Surveillance and Response (IDSR; 3<sup>rd</sup> Edition), the country updates its guidelines. This new version of the integrated disease surveillance and response, highlights the importance of using the One Health approach and Community based surveillance (CBS). AFROHUN DRC supported the National Public Health Institute (Disease Surveillance Division) to create a community-based surveillance module.

Eight experts coming from

Ministry of Health (National Public Health Institute) and Ministry of Livestock and Fisheries (disease surveillance unit) and 2 faculty members from the Kinshasa School of Public Health worked for five days to draft the national Community-based surveillance module using the OH approach and according to the IDSR3. This module will be validated after further discussion during a two-day workshop that will bring on

board other partners who were not part of the drafting, such as WHO, CDC, PATH, JICA, among others. The validated module will be used to train a pilot cohort of community health workers in Mbandaka in the North of the Country.

This module will develop the competencies of CHWs; their role in disease surveillance, the disease under surveillance according to IDSR3 and

their case definitions and reporting strategies from the community to the highest level of the health system.

It will be used for the training of trainers in all the 26 provinces of the DRC.

Once validated, the module will then be ready for use, mainly by the National Public Health Institute (Direction Générale de lutte contre la maladie) and likely interested partners working in this area.



The module development team posing for a group photo at the end of the workshop

# Mbarara University of Science and Technology COBERS community supervisors receive One Health training

During Year 1 of the One Health Workforce Next Generation project, Mbarara University of Science and Technology (MUST), conducted the integration of One Health competencies in the one-week pre-placement training for health profession students undertaking the Leadership and Community Placement - Community Based Education Research and Service (LCP-COBERS) course. Faculty and community supervisors supporting the students during COBERS are expected to evaluate the students regarding One Health competency development. Therefore, the MUST faculty and community site supervisors needed to be oriented on the concept of One Health to better guide the students during the community placement period. MUST organized a three-day orientation and training for the community supervisors on One Health student supervision. The training was conducted in Bushenyi district, Western Uganda; one of the districts where COBERS placements are done by MUST.

The objectives of this orientation and training were:

- 1) Improve the knowledge of community supervisors about One Health principles and One Health modules.
- 2) Equip the community supervisors with skills to supervise students during the One Health COBERS student placement.

The supervisors that attended the training are those that support and supervise students on community placement across the six faculties at Mbarara University of Science and Technology (MUST). Thirty-Six (36) supervisors from different disciplines attended the training; including medical/clinical supervisors, community development officers, environmental/public health professionals, a veterinary officer and agricultural officers, all selected from 9 districts in Western Uganda. The MUST supervisors comprised faculty from Medicine, Interdisciplinary Studies, Allied Science and Technology, Science, Management Sciences and Computer Sciences.

The supervisors were trained in several topics, including the One Health concept, infectious diseases and their investigation and response, gender, culture, ethics and community engagement. Very importantly, supervisors were trained in student evaluation to ensure that the students have mastered the targeted One Health competencies during the community placement. The COBERS field supervision tool that was developed a decade ago was presented and major changes were agreed upon. The COBERS coordination team was tasked to revise the supervision tool incorporating the One Health competencies.

The tool majorly focused on identifying health problems at the health facility. Following the revisions, the tool puts it upon students and supervisors to identify a One Health challenge at community level, engaging multi-disciplinary stakeholders in diagnosing the One Health challenge, and Student's understanding of the Environmental, animal and human perspective of challenge within the community.

According to the pre and post training evaluations performed, the post training score was doubled the pre-training score at 80%. Supervisors' understanding of the One Health approach and supervision skills had improved tremendously by the end of the training. Participatory and interactive training methods such as Case studies/One Health scenarios and group discussions and presentations were employed during the training. Community supervisors recommended that this training should be extended to the remaining COBERS sites to scale up the One Health approach.

The workshop objectives were achieved, and both the participants and the trainers considered the workshop to have been a great success. This course was recommended to the rest of COBERS community supervisors who are about 45.



## 36 Supervisors

from different disciplines

including;

- medical/clinical supervisors
- community development officers,
- environmental/public health professionals
- a veterinary officer and
- agricultural officers, all selected from 9 districts in Western Uganda.



*The supervisors that attended the training are those that support and supervise students on community placement across the six faculties at Mbarara University of Science and Technology (MUST)*



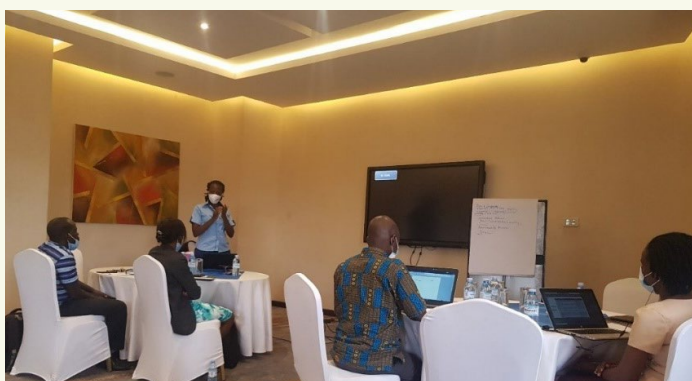
# Formalizing the Course content of the Uganda One Health Institute theoretical principles in Infectious Disease Management (IDM)

The current curriculum offered at the Uganda One Health Institute (OHI) was developed in 2016 and includes the following modules: Antimicrobial Resistance (AMR), Bio-risk Management, Leadership in infectious Disease Management (IDM), Gender, Outbreak Investigation and Response, Health Policy, and Community Entry and Engagement. After 5 years of delivery, the curriculum needs to be reviewed to meet the current needs and demand for a One Health worker and ensure it meets the standard requirements as per the National Council for Higher Education and Makerere University.

A stakeholder's meeting was held in March to review the content and formalize the Uganda One Health Institute theoretical principles course. Participants in the meeting included Uganda Wildlife Authority, One Health Coordination Office/National One Health Platform, Ministry of Water and Environment, Ministry of Agriculture, Animal Industry and Fisheries, Ministry of Health, and AFROHUN institutions

(Mbarara University of Science and Technology, Makerere University College of Veterinary Medicine, Animal Resources and Biosecurity, and Makerere University School of Public Health). During the meeting, the One Health Systems Mapping and Analysis Resource Toolkit (OH-SMART) report was reviewed by all stakeholders, who identified One Health training gaps (Including; leadership skills – including skills on how to change attitude, strengthening coordination and collaboration and inclusiveness, advocacy, effective communication in one health, planning and managerial skills, data management/generation, monitoring and evaluation, ethics, policy, sensitization of AMR at higher levels, application of information technology skills in One Health and defining emerging/ re-emerging threats) in each of the institutions and the generic competencies to be incorporated in the new curriculum. The meeting also reviewed the report of the Alumni Tracer Study that

AFROHUN Uganda conducted a few years back, from which, competencies alumni highlighted as routine and competencies they have not applied for a while after graduation, were identified. At the end of the meeting, stakeholders listed major competencies required for graduates/ undergraduates. The key competencies identified include communication and informatics, values and ethics, leadership, teamwork and systems thinking. After the stakeholders' meetings, faculty to participate in the review underwent a training on competency-based education and the One Health framework led by facilitators from the One Health Workforce Next Generation project Global Consortium. This training brought on board colleagues from Uganda Christian University - Mukono, Lira University, Mbarara University of Science and Technology, Makerere University and government institutions. A curriculum review structure was later developed, and this was shared with faculty to guide them during the review.



Stakeholder engagement during the identification of competencies/ one health training and defining of a one health worker at Golden Tulip.

# Strengthening journalists' risk communication and community engagement (RCCE) skills for improved reporting on pandemics in DRC

Research studies conducted during the COVID-19 response by Kinshasa School of Public Health (KSPH) highlighted that the first source of information on COVID-19, for most people was mass media, including radio, TV, and online media outlets. Most local journalists who have been covering this pandemic in the DRC and many other countries, however, have not been trained on the national response guidelines, let alone reporting in the context of a fast-changing disease scenario. AFROHUN DRC therefore supported the National Health Communication Program of the Ministry of Health and the COVID-19 response communication unit by training 25 journalists selected

from public and private media outlets. Two experts from the National Health Communication Program and two faculty from Kinshasa School of Public Health conducted the 2-day training for the journalists. Other key partners working with risk communication like UNICEF, Breakthrough Action and Red Cross were also involved in this activity, by sharing their training resources and facilitating the training. Trained journalists will work closely with the Department of Risk Communication at the Ministry of Health during health emergency preparedness and response, helping to counteract rumors and misinformation. . Thirty (30) media professionals from public and private media organizations were trained in RCCE with the National

Risk communication task force and the National Health Communication Program, leading the training. During the two days they discussed issues regarding communication during health emergencies using the COVID-19 and Ebola outbreaks as examples. They had in-class and field experiences during which they conducted interviews with community members, local leaders, students and experts.

**30 Media Professionals**  
from public and private media organizations were trained in RCCE...



Some of the trainees during a group discussions.

Interviews conducted in the community highlighted that community members were not fully engaged in response activities. Most of them showed resistance to the prevention measures and for them, the lockdown and curfew had negative impact in their livelihood and economies. This negative attitude strengthened the journalists' understanding of the challenges involved in reporting on disease

outbreaks. *"Some of the community members were not believing that the disease exists in the country and it kills people as they have not seen patients in the hospitals as they were seeing in Europe. So, for them the cases reported in the media were not true, which is unfortunate",* said **one of the trainees.**

This approach to working with journalists was

appreciated as the way to go by the relevant authorities in the country.

*"We have to move from traditional communication based on giving just information in the media but most importantly facilitate a two ways communication to take the opportunity to hear from communities and engage them in response activities. Only in this way we can have buy-in."*

**Raoul Kamanda**, Director of the National Health Communication Program (Programme National de Communication en Santé = PNCPS)

At the end of the training, the journalists produced communication messages to address challenges identified. This activity was appreciated by both trainers and the trainees.



# Students in Rwanda strengthen their participation in the COVID-19 National Response through community sensitization

This article highlights the second round of SOHIC participation in the National Response to COVID-19 outbreak in Rwanda. At the notification of the first known case of COVID-19 pandemic in March 2020 in the country, there was a general scare in the population and authorities were concerned because there was need: 1) first to contain the fast-spreading disease and, 2) there was need to assure the population that the Government was managing the situation. All available resources (human, financial and material) were mobilized for appropriate inputs. For their part, SOHIC, being readily available and having acquired over a period of time a working experience in the community, were quickly mobilized to be a pipeline of community sensitization package about the pandemic, including strict personal hygiene especially hand

washing as often as possible, social distancing, and correct use of face masks. The central message that was taken to the community was “Let it not be me spreading COVID-19”

Selected students, faculty mentors and district officials were first trained for one day in the following modules:

- Overview of the COVID-19 including etiology and history
- COVID-19 transmission mode
- Tools & laboratory assessment for COVID-19
- Case management and prevention measures
- COVID-19 preparedness in Rwanda
- COVID-19 surveillance in Rwanda
- Importance of Personal Protective Equipment in COVID-19 infection prevention and control, including proper donning and doffing of PPE types.

It was clear from the beginning of the training that learners knew little about all known facts of the disease. Through this training, students acquired these facts but more important, it gave them confidence to sensitize the community with authority and conviction. Since the country was still under lockdown, the training was conducted online, and it was facilitated by two members of the National COVID-19 Response Team. Judging from learners’ questions, reactions and sometimes personal suggestions, knowledge uptake was high and the training was successful. Field deployment followed soon after the training in the five districts of Gasabo, Rwamagana, Nyagatare, Huye and Musanze, by different teams. Methods used were mainly person-to-person, including house-to-house and shop-to-shop. Mass media, specifically radio talk shows, were also used.



SOHIC members engaging school children on COVID-19 basic facts and prevention awareness



SOHIC students demonstrate to members of the community the concept of social distancing for COVID-19 prevention

Participants were sharing weekly reports, which indicated that by the end of the deployment an estimated 13,000 households had been reached. The overall message centered around the following : COVID-19 affects everybody, rich or poor, the old and even the youth, so “LET IT NOT BE ME SPREADING THE DISEASE”.The response from the community was not uniform; while most old people were generally scared and therefore more compliant, the youth seemed to have a belief that they are not at risk of the disease “by virtue of our immunity”, some said. But this attitude gradually changed as sensitization went on.



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