

The A-Z of COVID in Uganda



Awareness of COVID-19 is high but adherence to preventive guidelines extremely low.

Fatigue from the enforcement side is, unfortunately, coinciding with high community transmission.

K- values, super spreaders, other transmission terminology and implications need to be better communicated to lay people.

Psychosocial and mental health challenges have taken on new and more complex forms.

Uganda's porous borders and high refugee population mean ongoing interaction across borders, some of it risky.

Behavioural change messages are needed now (in 2021) - more than ever and more than knowledge messages.

Government-led approaches, also top-down-in nature, registered some success but need more community support.

Livelihoods and the

need to eke a living

non-compliance.

Quiet spaces and

and potentially

to move less.

isolation need to be

Violence of various

men and children.

forms increased during

COVID-19; and everyone

was affected - including

championed as positive

productive - for people

reason for

was the most common

Community

the rise; as is

complacency.

prevention

transmissions are on

Handwashing is a more

compared to sanitizing,

feasible measure -

social distancing,

staying at home.

wearing masks and

Mass distribution of masks did not reach everybody; however, mask use is also low, inconsistent and improper.

Reproductive health services were severely constrained and products very scarce or inaccessible.

Willingness of most local leaders, their innovation and responsibility should be better leveraged.

Deaths, infection and recovery from COVID remain shrouded in mystery. Myths and risky perceptions are plenty.

Infection control has largely been well managed at public places and offices compared to communities.

Norms and culture are both drivers and barriers to compliance.

Sexual health worsened

including and especially

among adolescents and

youth who remain

largely dependent.

Enforcement fatigue has become more pronounced with relaxation of some restrictions.

June 2020's partial lifting of lockdown and other restrictions saw a dramatic and continuing decline in compliance.

Optimally leverage existing community structures, systems and resources for compliance.

Teenage pregnancies and transactional sex by children and youth have increased.

Youths, adolescents and children remained a high-risk group and largely invisible in the first wave of COVID-19.

Xanic and resilient approaches to COVID-19 are being redefined to suit altered circumstances.

Zoom meetings and working in other virtual spaces might be the new normal but need review on safety, productivity, team cohesion and other key workplace pillars.



