Rapid Response Brief

June 2022

What can research evidence tell us about:

Challenges for implementing Home-based care and measures to address these challenges during COVID-19 in Uganda

Key messages

- Implementing Home-Based Care (HBC) in Uganda had challenges that barred optimizing the strategies' benefits.
- The significant challenges highlighted include the inadequate training and education of the caretakers and community members on HBC and the financial constraints caused by the lockdown.
- COVID-19 was a very dynamic pandemic, it kept evolving under different circumstances, and this caused a lot of fear around the management of the disease.
- However, evidence has shown that multisectoral collaborations, adequate education and training, and support to various households provide suitable conditions for leveraging the HBC strategy in managing other pandemics with the same impact as COVID-19.

Where did this Rapid Response come from?

This document was created in response to a specific question from a policymaker in Uganda in 2022.

It was prepared by the Center for Rapid Evidence Synthesis (ACRES), at the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative.

Included:

- **Key findings** from research

- **Considerations about the relevance** of this research for health system decisions in Uganda

Not included:

- Recommendations

- Detailed descriptions

Summary

Background:
Like many countries, Uganda's healthcare system was overwhelmed by the Coronavirus disease – 2019 (COVID-19) pandemic. There was an ever-increasing number of people seeking medical help at the health facilities for COVID-19, its related complications, and other non-COVID-19 diseases. This increased the health facilities' handling capacity, which required innovation to ensure continuity of care. The Ugandan MINISTRY OF HEALTH initiated the home-based care (HBC) strategy to enhance the health system's resilience. The strategy aimed at reducing the number of people seeking healthcare services at health facilities for asymptomatic and mild COVID-19 illnesses and other diseases but get care within their homes under the supervision of a healthcare worker. However, many policymakers and stakeholders believe the strategy was not optimally implemented.

Rapid Response Question:

What were the challenges of implementing home-based care in Uganda during the COVID-19 pandemic, and what are the different measures to address the identified challenges?

Findings:
Challenges of implementing home-based care in Uganda.

- Infodemics
- Self-generated stigma
- Inadequate training and education on HBC
- The infectious nature of SARS-CoV-2 caused a lot of fear among community support
- Lack of space for isolation of COVID-19 patients at home
- Inadequate access to home-based care resources and supplies
- Poor reporting schemes
- Financial constraints
- Psychological issues
- Lack of basic home supplies

Measures identified from evidence include addressing identified challenges include;

- Increased access to home-based care resources and supplies
- Provision of financial support for poor households
- Enhanced education and training in infection prevention measures for HBC

Conclusions:
HBC in Uganda needs to be prioritized in settings of a pandemic. Various factors would facilitate the application of HBC in Uganda. However, faced with various challenges such as finances and difficulty in adhering to the HBC practices, Uganda has not been able to optimize the benefits of HBC. Overall, HBC requires observing a clearly defined protocol for its effectiveness.

Background

The coronavirus disease -2019 (COVID-19) pandemic increased the stress on the health system in Uganda, just like in many other countries globally. The number of people seeking health care services at the health facilities significantly increased, which overwhelmed the delivery of health services. The challenge was made worse by the nationwide lockdown, with some healthcare workers unable to access health facilities and many others getting COVID-19, making them indisposed. These challenges brought the home-based care (HBC) approach to the forefront of health services delivery in Uganda.

How this Rapid Response was prepared

After clarifying the question being asked, we searched for systematic reviews, local or national evidence from Uganda, and other relevant research. The methods used by the SURE Rapid Response Service to find, select and assess research evidence are described here: www.evipnet.org/sure/rr/methods

HBC is not new in Uganda; however, during the COVID-19 pandemic, the strategy was widely rolled out beyond the traditional disease programs that were using them, i.e., Tuberculosis and HIV in Uganda. The Ministry of Health developed a HBC manual. It encouraged people with asymptomatic and mild COVID-19 illness and COVID-19 to receive care at home to reduce the pressure on the health facilities. The MINISTRY OF HEALTH manual defined home-based care for COVID-19 as "When a COVID-19 patient is provided the required care directly in the home by a caregiver who may be a family member, a friend or a member of the local community while cooperating with the advice and support from the trained health workers and strictly following the home-based isolation standards and other COVID-19 prevention & control measures"[1]. Home-Based isolation is defined as mandated restrictions to activities and movements outside the home for an individual confirmed to have COVID-19 unless seeking medical care. The Home-Based care strategy also aimed to protect other citizens from unnecessary exposure to different hospital-acquired actions, most importantly COVID-19, during the pandemic. However, many policymakers and stakeholders believe the strategy was not optimally implemented. To improve the strategy and better prepare for any similar future stresses on the health care system, a policymaker at the Ministry of Health sought evidence on the challenges faced during the implementation of Home-Based care in Uganda and the different measures to address the identified challenges.

Rapid Response Question:

What were the challenges of implementing home-based care in Uganda during the COVID-19 pandemic, and what are the different measures to address the identified challenges?

Summary of findings

There remains limited research evidence of the challenges of implementing Home-based care in Uganda. To inform this question, we have drawn on evidence from other countries with similar settings as Uganda, contextualized the evidence, and supplemented it with Key Informant

Interviews from two District Health Officers in Uganda. In this brief, we provide evidence on the challenges of implementing Home-Based care and possible solutions to these challenges.

What were the challenges of implementing home-based care in Uganda during the COVID-19 pandemic?

Self-generated stigma: Given the pandemic's death toll and fear surrounding it, community members that had tested positive to avoid being ostracised would give wrong addresses since they did not want health practitioners coming to their homes and making it known to the whole community. This broke the chain of monitoring. This self-generated stigma also led to fear of quarantine [2]. We found that the community wanted to vacate any positive person, which built a stigma for covid patients, leading them to give false information to the health practitioners [3].

Training: There was a lack of adequate training for the village health teams (VHTs) [2].

Furthermore, inadequate knowledge was a broad spread issue since the communication from the public health officials was always vague and not accurate, given the dynamic nature of the pandemic [4].

The infectious nature of the severe acute respiratory syndrome -coronavirus-2 (SARS-CoV-2): The causative agent of COVID-19 caused a lot of fear among the community support and hospital practitioners, given the other factors that were in play, such as lack of supplies like Personal Protective Equipment (PPE) [4]. Most community volunteers feared interfacing with the patients [2, 3].

Lack of space for isolation of COVID-19 patients at home: For home-based care to be enrolled in homes, there was a necessity for a particular room for the patients. Unfortunately, some Ugandans have small houses and large households, e.g., some live in a single room, and some families have large numbers of people, creating a considerable challenge to implement HBC [4].

Inadequate access to home-based care resources and supplies: There was a lack of follow-up tools for the VHTs to carry out systematic follow-ups, guidelines, and poor reporting structures in case of adverse patient conditions. Other resources include HBC tools like PPE, hand sanitizers, gloves, support like airtime for poor people, and various facilitation from the health facility, such as funds for transportation for the HBC providers from the health facility [2, 3].

Poor reporting schemes: There was a lack of communication between the family caretakers, community volunteers or VHTs, and the health facility practitioners. Some people experienced a lack of airtime and could not afford to make those calls to monitor the patient [2].

Financial constraints: Some patients could not afford the drugs that had been prescribed. This would lead them to other methods such as herbs, and communication with the health facility would be cut off since they can receive no further help from there [3]. Furthermore, the financial implications brought about by HBC are not something that could easily be met.

Psychological issues: People did not want to stay at home because of the feeling of imprisonment and the inability to maintain physical relationships within their homes following the lockdown and home-based

practice[3]. The continuous lack of support and interaction with friends and family affected people's mental and physical well-being.

Lack of essential home supplies: A vast majority of people did not have an adequate supply of food and home supplements. This alone challenged the implementation of HBC since the family had more to worry about [3]. Lack of essentials such as sanitation products such as running and water and people sharing toilets and latrines in the neighborhood would prevent maintaining hygienic conditions in homes where COVID-19 patients are to be managed.

Infodemics: The poor communication on health, safety, and well-being during the pandemic affected the preparedness of both the providers and patients. Given the uncertainty around the pandemic, HBC providers ended up giving information to their patients that would conflict with the new and social media information; this kept causing more confusion on the best practices.

Measures to address the identified challenges?

Increased access to home-based care resources and supplies: There should be facilitation for home-based care practice given to the health workers, VHTs, and family caregivers. This facilitation includes PPE, masks and hand sanitization material, funds for transportation of health workers and VHTs to patient homes, and airtime to facilitate communication between the caregiver, the health worker, and VHT[3].

Provision of financial support for poor households: To promote HBC, some households will generally need support, especially financially. Food and medicines were in shortage for some households leading to failure in adhering to the guidelines[3].

Education on Infection Prevention and Control: Enhanced education on prevention and control measures in training and education of VHTs, community leaders, caregivers, and health workers on HBC practice is imperative to prepare them for home-based care programs and practices without which many errors [3, 5].

Patient-centered care: Applying tailored home-based care practices to patients' needs could provide adequate care that is fit for housing patients in such settings. Observation of patterns like age and peculiarities can foster a continuous optimization of the benefits of HBC if targeted care is implemented [6].

Community-based implementation program: Having a community-based program is crucial. The community's engagement and participation in the program's design can enable the application of HBC from a participant's point of view, making it more effective as many factors might be missed during the designing phase [6].

Involvement of healthcare professionals: Engaging the different levels of healthcare workers towards HBC is imperative because the program's success depends on healthcare workers, community members, and family members. The involvement of healthcare professionals such as community pharmacists, doctors, nurses, midwives, community extension health workers, and traditional birth attendants would enhance the practice of infection prevention and control measures for HBC in managing COVID-19 [6].

Multisectoral collaborations: Multisectoral collaborations could encourage adequate awareness and knowledge regarding infection prevention and control measures for HBC in managing COVID-19 [6].

Support supervision: Regular supervision and monitoring of patient households by community healthcare workers. This will add to the quality and management of HBC through the advice and guidance of the caretakers and patients [6].

Conclusion

Home-based care in Uganda needs to be prioritized in case of a future pandemic; its effectiveness in decongesting health facilities and creating relief for health workers to focus on critical patients has been observed in scientific research. Various factors would facilitate the application of HBC in Uganda. However, faced with various challenges, such as finances and difficulty adhering to the HBC practices, it requires observing a clearly defined protocol for its effectiveness.

References

What is a Rapid Response?

Rapid Responses address the needs of policymakers and managers for research evidence that has been appraised and contextualised in a matter of hours or days, if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

What is ACRES?

ACRES – The Center for Rapid Evidence Synthesis (ACRES) is a center of excellence at Makerere University- in delivering timely evidence, building capacity and improving the understanding the effective, efficient and sustainable use of the rapid evidence syntheses for policy making in Africa. ACRES builds on and supports the Evidence-Informed Policy Network **(EVIPNet) in** Africa and the Regional East African Community Health **(REACH)** Policy Initiative (see back page). ACRES is funded by the Hewlett and Flora foundation. http://bit.do/eNQG6

ACRES' collaborators:

Regional East African Community Health Policy Initiative

EVIPnet

Glossary

of terms used in this report:
www.evipnet.org/sure/rr/glossary

1. HEALTH, T.R.O.U.M.O., *BASIC INFORMATION FOR COVID-19 PATIENTS UNDERGOING HOME BASED ISOLATION AND CARE*, E.H.C. The Department of Health Promotion, Editor. 2020.
2. Faith, D.N., *District Health Officer, Masaka District*, M.K.P. F, Editor. 2022.
3. Betty, D.K., *District Health Officer, Mayuge District*, M.K. Peter, Editor. 2022.
4. Kiyimba, B., et al., *Knowledge and preparedness for home-based, family-centered management of COVID-19 patients and dead bodies among residents in a COVID-19 high-risk setting.* Res Sq, 2021.
5. Bell, S.A., et al., *Barriers and facilitators to providing home-based care in a pandemic: policy and practice implications.* BMC Geriatr, 2022. **22**(1): p. 234.
6. Olayinka S. Ilesanmi, A.A.A., *Ascope review on home-based care practices forCOVID-19: What Nigeria can learn from other countries.* IBOM MEDICALJOURNAL, 2021: p. 1-9.

This summary was prepared by;
Peter Kasadha, Edward Kayongo, Ismael Kawooya, Pastan Lusiba, Phillip Orishaba, Carol Nakalema, and Perez Kirya. The Center for Rapid Evidence Synthesis (ACRES), Regional East African Health (REACH) Policy initiative node Uganda, College of Health Sciences, Makerere University, New Mulago Hospital Complex, Administration Building, 2nd Floor, P.O Box 7072, Kampala, Uganda

Conflicts of interest
None known.

Acknowledgments
The following person commented on a draft of this Brief: [Dr. Felix Bongomin, MBChB, MSc., MMed (Int.Med), FECMM, Internal Medicine Physician & Lecturer, Department of Medical Microbiology & Immunology, Faculty of Medicine, Gulu University]

This Rapid Response should be cited as; Peter Kasadha, Edward Kayongo, Ismael Kawooya, Pastan Lusiba, Philip Orishaba, Carol Nakalema, and Perez Kirya. "What were the challenges of implementing home-based care in Uganda during the COVID-19 pandemic, and what are the different measures to address the identified challenges?". The Centre for Rapid Evidence Synthesis (ACRES): Makerere University, College of Health Sciences, 2022.

For more information, contact
Peter Kasadha
Email address: pkasadha@acres.or.ug
Telephone: +256779696349