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LSHTM | CDC

AUTHORITY BRIEFING

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WRITTEN BY MEGAN SCHMIDT-SANE

Translators without Borders

unicef

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Photo: Daniel Berehulak

AUTHORITY

Context:

This briefing outlines the operational recommendations related to power and authority for communities living in Ugandan border districts during the Ebola Virus Disease (EVD) epidemics and the current COVID-19 pandemic.

Data Collection:

This document draws from research on building trust in epidemic response in the Uganda-DRC border region. Data were collected from 231 participants in Uganda's western border region, including Hoima, Kasese, and Kisoro districts in May 2021. Project champions are identified based on a thematic analysis of power mapping workshops, in-depth interviews, focus group discussions, participant observation and field experience.

Operational definition of power

Power is defined here as the ability to create or resist change. Power is context-specific. How people define power, who has power and over whom depends on a context, meaning a specific geographic area and point in time. Even within a community, individuals will only have power over a sub-group of the population. It is important to understand the context of power, including sources of power and who someone has influence over.

Power is relational. Influential people, including those with both formal and informal power, have two-way relationships with others in the community. It is important to understand not just a powerful individual, but who they have relationships with, how, and why.

Power is a dynamic process over time. Power, particularly informal power, can change over time. This is different from formal power, which is institutionalized. One example of formal power is a political institution like the Uganda system of Local Councils. Informal power changes over time, including powerful individuals who have money or influence over others.

****This document draws from research on building trust in epidemic response in the Uganda-DRC border region, focusing on experiences with Ebola (DRC epidemic) and COVID-19. Data were collected from 231 participants in Uganda's western border region, including Hoima, Kasese, and Kisoro districts in May 2021 primarily with Banyoro, Bakhonzo, and Bafumbira ethnic groups. Many recommendations apply to the current outbreak (20th September 2022, Ebola – Sudan strain), though we did not conduct research with the Baganda.****

Operational definition of authority

Authority is defined here as the power, right, or legitimacy to make decisions, give orders, and enforce rules or laws. There is formal and informal authority. Community perceptions of which authorities are legitimate or not are important to understand.

Formal authority includes individuals or institutions whose positions are codified in law or in a political system. For example, Local Councillors (LCs) and the military are formal authorities.

Informal authority includes individuals or institutions whose positions are not codified or defined in law or a political system. For example, traditional healers are informal authorities.

Community perceptions are vital to understand. Communities may or may not perceive formal authorities to hold legitimacy. This also depends on context. For example, while the military holds legitimacy in certain situations, they may not hold legitimacy in epidemic response.

Why is it important to understand power and authority?

Understanding power and authority is vital to understand the context of epidemic response in a given area. Any response that is designed outside of a community will need to know the community context, including who holds power, under what circumstances, and whether their authority is perceived as legitimate (or not) within the context of epidemic response.

Operational Findings and Recommendations:

A rapid power mapping methodology (Christian Aid) can be used to rapidly gather data on the context of power and authority in a community. Power mapping workshops can be conducted in 1-1.5 hours with a group of 8 individuals, who represent different occupations, ages, and genders. It is critical to understand the following question: what key local structures and individuals have the power to make or block change?

Photo: S Carter 2020

Power comes from money firstly, and then political institutions, religious institutions, and clan or cultural leaders

"When you are rich you have power." – Power mapping workshop, Rubuguri, Kisoro District

While those with money have the most power in communities, political institutions and leaders have the ultimate power to block or create change. Military and police similarly are enforcers of laws, although the perception is that they can be paid off by wealthy individuals who want to flout certain measures like border closures. There is a reinforcing relationship between local leaders, military and police, and the wealthy.

Key recommendations:

· It is necessary to work within this reality of power and authority in many communities. While it is important to engage trusted individuals, nothing can happen without the approval of local political and military/police authorities.

· Cultural and clan leaders are rarely engaged in epidemic response and their role should be bolstered, from planning to implementation. They can serve as vital conduits between epidemic response mechanisms and the community.

· Community citizens and groups can be empowered to incorporate their voices into the design, implementation, and monitoring of epidemic response.

Power and authority is different for epidemic response

Education is very important in this context – individuals who are educated can hold more respect than those with money or other kinds of power, regardless of that person's financial status.

While Local Councillors and religious institutions have power, Village Health Teams and their workers are highly respected and perceived to have legitimacy to work on epidemic response. Traditional healers, especially in rural areas, are also sources of authority depending on the type of illness or problem (spiritual, infectious disease, chronic). Spiritual healers are consulted for any kind of spiritual/ancestor issue, while biomedical care is sought out for infectious diseases. Herbalists may be sought out for chronic disease management (diabetes, high blood pressure) and for treatments of infectious disease symptoms (fever, cough).

Photo: REUTERS 2019

Key recommendations:

- VHTs should be engaged to provide information, link individuals to services, and in other aspects of epidemic response.

· However, VHTs are underpaid or unpaid, and they should be facilitated (time, transport, air time) for their work.

· Refresher trainings are needed to ensure that VHTs are linked to District Offices and have updated information.

· Additionally, in some contexts (specifically rural ones), traditional healers are trusted and may be the first point of contact with the health system. Traditional healers should be engaged in epidemic response and linked up with referral mechanisms.

Similarly, health workers like doctors and nurses are perceived to have authority to deliver health messaging and risk communication information. While others have power (religious leaders), they are not perceived as legitimate sources of authority on medical/health knowledge. Religious leaders can be engaged to encourage adherence to SOPs, but may not be the first source of information.

Key recommendations:

· Engage doctors, nurses, and health workers in community dialogues to provide information about an outbreak or epidemic. Depending on the type of outbreak, dialogues can include a larger group, small groups, or house-to-house visits.

· Religious leaders can encourage uptake of SOPs.

Non-governmental organizations (NGOs), particularly international NGOs hold a great deal of power and are seen as legitimate authorities to work on epidemic response. There is a perception that the government's epidemic response would not work without the support of NGOs.

Key recommendations:

· While NGOs are seen to hold legitimacy and have authority, it is also important that they build long-term community feedback and learning mechanisms into their work in areas where they work.

Picture: S Carter 2019


Photo: Martine Perret/UN

Power in the household is largely held by men, but women retain influence in deciding when, where, and how children or other sick family members receive care

"Power at home is good in a way that, the man has to know that this family belongs to him and he is free to tell a wife to do something for example, to work and the wife obviously has to respond to what he has told to do hence living a peaceful family." – Power mapping workshop, Bwera Town Council, Kasese District

Men largely retain power to make decisions, including how and when money is spent. Men retain power traditionally and culturally, across contexts. However, many women, especially those who work or have their own source of income/wealth, can also make decisions regarding management of the household, children's education, and health care seeking.

Key recommendations:

· Engage with women's associations and groups, or local council women leaders to reach women in an area.

· Women can be provided with information about how to identify symptoms of a disease, how to manage cases from home (if/when appropriate), and where to seek referrals for care.

The brief was developed in response to a request from the Centre for Disease Control and Prevention (CDC) and UNICEF. It aims to provide actionable recommendations based on a realistic analysis of the available, local resources. It is one of a series of briefs focusing on Ebola preparedness efforts between DRC and Uganda. We would like to acknowledge the contributions made by research staff at Makerere University & David Kaawa-Mafigiri, research staff at Conservation Through Public Health, Alex Bowmer, Hannah Brindle & Shelley Lees at LSHTM and Christine Fricke at TWB.