

**PROPOSED STANDARD OPERATING PROCEDURES AND
GOVERNMENT COLLABORATION IN PREPARATION FOR
THE RE-OPENING OF WORSHIP PLACES AND COMBATING
THE COVID-19 PANDEMIC**

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LIST OF ACRONYMS

COVID-19	Corona Virus Disease.
IRCU	Inter Religious Council of Uganda.
PoW	Places of Worship.
SOPs	Standard Operating Procedures.
UCLF	Uganda Christian Lawyers Fraternity.
MoH	Ministry of Health

KEY DEFINITIONS

- (I.) A place of worship refers to building or any other structure such as a church, mosque, synagogue or temple where believers can practice their faith or congregate to worship.
- (II.) A child of tender age refers to a child below the age of 12 years.
- (III.) Religious Celebrations or ceremonies are herein used to mean religious practices marked by adherents to a particular religion either as a form of worship or with a purpose of advancing their faith. Religious celebrations covered by these SOPs include worship services, prayer meetings, fellowships, crusades, outdoor evangelism, *Jumu'ah*, marriage ceremonies, *nikahs*, pilgrimages, *duwas*, baptism, ordinations and enthronement of clergy, dedications and confirmations among others.
- (IV.) Contact tracing is the process of identification of persons who may have come into contact with an infected person and subsequent collection of further information about such contacts.
- (V.) Celebrant means a person who officiates a religious ceremony.
- (VI.) Clergy refers to the body of all people ordained, trained, mentored or practising religious duties.
- (VII.) Personal protective equipment is used to mean a protective clothing, mask, helmet, goggles, or other equipment designated to protect the wearer's body from injury or infection.
- (VIII.) *Jumu'ah* refers to the congregational Friday prayer of Islam.
- (IX.) *Nikah* refers to the Islamic marriage celebration.
- (X.) *Duwa* or *dua* refers to an Islamic prayer of supplication or request.



LAW APPLICABLE

The following laws shall be applicable to these SOPs.

- 1) The Republic of Uganda Constitution, 1995.
- 2) The Public Health Act Cap. 281.
- 3) The Penal Code Act Cap. 12o.
- 4) Other specific Regulations and Directives issued by the Minister of Health and the President of the Republic of Uganda on COVID-19.

INTRODUCTION

AWARE that religious institutions or places of worship are frequented by large numbers of people seeking for spiritual solace, nourishment and encouragement;

RECOGNISING that these places of worship play a central role in providing spiritual, psychological and emotional healing and nourishment to most Ugandans, especially during such unprecedented times as these when they are living with uncertainties concerning their survival, sustainability and future;

CONSIDERING that the Government of Uganda, in a bid to control the rampant spread of COVID-19, found it necessary to issue directives which among others included suspension of gatherings in places of worships, halting public gatherings, restrictions on movement, morning and night curfews, suspension of operations of institutions of learning, restrictions on trade and business activities, to curb the spread and transmission of COVID-19.

IN LIGHT OF the gradual easing of the various directives and measures put in place by the Government of Uganda to curb the spread of the COVID-19, through adoption of various SOPs, while research into effective vaccines and or treatment for COVID-19 continues in Uganda and world-over;

AWARE OF, the need to uphold religious freedom and freedom of assembly in Uganda;

TAKING SPECIAL NOTICE that to mitigate the spread of COVID-19, it is important that places of worship agree to comply with the approved SOPs in order to resume religious celebrations as required by the Public Health Act Cap. 281 and the various 2020 Presidential directives on COVID-19 and Statutory Instruments issued by the Minister of Health;

WHEREFORE it becomes important to develop and adopt SOPs that will enable the safe phased reopening of places of worship to resume serving the adherents through controlled public gatherings, as has indeed been done in many countries;

OBJECTIVES OF THE SOPs.

These SOPs suggest health precautions and protocol measures that places of worship should adopt in reopening to celebrate, officiate, and run their activities without providing opportunities for COVID-19 infections to grow and spread.

SCOPE OF THE STANDARD OPERATING PROCEDURES

1. The SOPs apply to all places of worship in Uganda.
2. The SOPs cover celebrations officiated in the places of worship in Uganda, namely but not limited to prayer meetings, fellowships, *Duwas*, marriage ceremonies, *Nikahs*, Baptisms, confirmations, Holy Communion, outdoor evangelism or crusades, dedication services, burials, ordinations, Jumu'ah, consecrations, pilgrimages, installation and enthronements of clergy, whether such ceremonies are held indoors or outdoors.

SECTION ONE

1.0 MODE OF OPENING PLACES OF WORSHIP.

1. Places of worship shall be opened following a phased arrangement to ensure compliance with SOPs.
2. The first phase of opening which shall be for a period of 21 days, should only accommodate adult and youth congregants, from the age of 12 years.
3. The second phase of opening shall involve congregants below the age of 12, based on compliance of places of worship with the first phase.

1.1 GENERAL SOPs.

1.1.1 Health or protocol Teams.

1. Every Place of Worship shall identify health professionals within their congregations or train any willing individuals in their respective congregations to form standby health teams, which shall receive specialized training, in order to ensure the following:
 - a) Identification and reporting any suspected cases of COVID-19.
 - b) Ensure places of Worship are sprayed with medicated sanitization liquids before and after services or gatherings.
 - c) Everyone who accesses the Place of Worship is sanitized, either using approved sanitizers or soap and water.
 - d) Only persons wearing face masks are allowed in places of worship.
 - e) Take temperatures of anyone accessing the places of worship using a non-contact thermometer such as a gun-thermometer and ensure that any person with abnormal temperatures (40⁰ C and above), is advised to seek medical attention immediately and not allowed to enter the PoW.
 - f) Possess the contacts of the nearest ambulance services for transport in case of any medical emergency.
2. Every place of worship may comprise a protocol team comprised of ushers and security personnel to support the health teams with compliance of SOPs.

3. The protocol team shall keep monitoring the congregants to ensure their masks are on through the service.
4. Protocol and health teams shall submit reports to the Lead celebrants in relation to how the congregants have complied with the Directives and SOPs in place at the time.
5. The protocol teams should ensure compliance with social Distancing.

1.1.2 Protocol for Children's Ministry/Meetings.

- a) Special teams should be trained on how to handle and minister to children of tender age.
- b) Mothers of children below the age of 12 should be allowed to attend their services in the children sanctuary.
- c) Ensure that all children sanitize their hands.
- d) Ensure social distance of the children as they sit and play.
- e) The ratio of child to teacher or minister should be a maximum of one adult or teacher or minister to ten children during their service to ensure the SOPs are complied with.
- f) Children must be in company of an adult when they are in places of convenience to ensure that the washroom fixtures are clean and children have not touched them.

1.1.3 Congregational preventive measures.

- a) Ensure and enforce mandatory use of face masks, temperature scanning, and sanitization at entrances of places of worship.
- b) Encourage congregants to practice hand washing with soap even when the hands are not visibly dirty and to sanitize their hands or wash their hands very frequently with soap and clean water.
- c) Individuals must ensure and maintain social distancing of two meters from each other while in places of worship.
- d) Congregants should ensure that they cover their mouths and nose at all times during the Prayer meetings and specifically cover their nose and mouth while

black, yellow, red

talking, singing, preaching, coughing or sneezing with tissue, handkerchief, flexed elbows and dispose used tissue appropriately and wear masks.

- e) Spitting in public is strictly prohibited.
- f) Avoid physical greetings, like hugging, kissing while greeting each other at all times.
- g) Have posters or information on COVID-19 pinned around premises of places of worship.
- h) Collection of gifts, offertory, tithing or any other giving should be limited to entrances while worshipers are entering or exiting the Places of Worship, to limit contact or many people touching on the same surfaces.
- i) Frequent cleaning, sanitizing and or disinfecting of high-touch surfaces such as door handles, chairs, desks, machines, doorknobs microphones, pulpits, podiums, holy books, shuttles, tables, washroom fixtures, hand railings and any other surfaces that congregants may touch or sit on during worship.
- j) Group discussions before or after the worship services should be allowed maintaining social distancing.
- k) Avoid sharing written materials like Bibles, Qurans, songbooks, programs, or other written literature by touching it together.

1.1.4 Reorganisation of worship services.

- a) Places of worship should reorganise services to maintain social distancing of at least two metres apart as recommended by the ministry of health.
- b) Places of worship should control numbers through organising several worship services or prayer meetings.
- c) The numbers of attendances congregants should be restricted to fit the capacity of social distance requirements in halls of worship.
- d) Several worship services or prayer meetings can be held within a day to allow many more worshipers attend the worship or prayer service.

1.1.5 Training of staff or volunteers.

Every Place of Worship shall ensure that all critical staff and volunteer teams, including the Health Teams, Ministers, Protocol Teams, drivers and other staff are periodically trained in implementation of these SOPs and related public health precautions.

1.1.6 Emergency response motor vehicle or ambulance services.

- a) A place of worship shall have a standby car or ambulance dedicated to emergency actions like transporting the sick to hospitals from the place of worship premises in case of any emergency. This should apply to places of worship with big numbers of congregants.
- b) Where a place of worship cannot afford to have a standby car then it should obtain the contacts of the nearest ambulance services or that of the district task force, and these numbers should at all times be displayed in large bold characters at conspicuous places in the places of worship.

1.1.7 Reporting and regular assessment meetings.

PoW should conduct evaluation and assessment meetings with the health and protocol teams to evaluate and assess compliance of the SOPs after every worship service or fellowship or Jumu'ah.

1.1.8 Personal protective equipment.

- a) Places of worship should equip all church staff with masks or ensure they have worn masks.
- b) Avail masks for congregants who may not afford them or ensure that the congregants have worn masks before entering their premises.
- c) Masks should be worn at all times during the Prayer meetings.
- d) During *Jumu'ah* or *Duwa* Prayers congregants can be given disposal bags where to keep their shoes individually.

1.1.9 Contact tracing.

- a) Religious institutions should keep record of all the congregants who attend their meetings for easy contact tracing. Every place of worship should keep a register of the worshipers in attendance in a given worship service. The register should contain the names, phone contact and area of residence of each worshiper.
- b) Encourage families or those from the same locality to sit together for easy contact tracing.
- c) The ushers and other support staff should additionally organize the sitting in orderly manners to know the location of people who sit in during each of the worship services like how people sit in buses

SECTION TWO

2.0 COLLABORATION AND PARTNERSHIP ON RE-OPENING OF WORSHIP PLACES


The Pandemic type of COVID-19 requires a comprehensive, collaborative response by all stakeholders in the community. The typical example demonstrated is evident in the central government's efforts, local government leadership, the private sector, district councils, and security organs collaborations.

A wide range of community members and political leaders listen to religious leaders, especially at the family and community levels. Religious leaders have the power to raise awareness and influence attitudes, responsible behaviors, and practices by shaping social values in line with faith-based teaching, which would quickly apply to the mitigation of COVID-19 adverse effects.

Religious leaders have faith communities with the largest and best organized civil institutions in the world, commanding the allegiance of millions of believers and bridging, bonding, and linking people with everyday realities of life such as COVID-19.

Religious leaders have an affirmative effect on families; they facilitate communication within families to create a robust supportive environment of learning, responsible parenthood, responsible partnership, which support the principle of being the models of transformation agents.

Due to their moral influence, religious leaders can influence thinking, foster dialogue, and set priorities for their communities. Many religious leaders are skilled and influential communicators who can reach the hearts and minds of millions of people in ways that humanitarian actors cannot.



Religious leaders are a critical link in the safety net for vulnerable people within their faith communities and more extensive networks, as observed by religious leaders under the Inter-Religious Council of Uganda.

In partnership with government, religious actors through their existing networks and programs can simplify and disseminate important health information and standard operating practices in local languages to protect their members and broader communities.

Religious leaders are tightly integrated into their communities through service and compassionate networks and are often able to identify those most in need and reach the most vulnerable and disadvantaged with assistance and health information.

In situations of conflict which have deepened during this Pandemic through domestic violence and family wrangles, the moral influence and trust bestowed on leaders of religious communities allows them to play significant roles in mediation and reconciliation, as well as to advocate for the special protection of involved parties like children and other particularly vulnerable members of their communities.

Religious actors provide pastoral and spiritual support during public health emergencies and other health-related challenges and help meet people's psychosocial needs in the face of adversity and its consequential effects such as escalating cases of domestic violence, family wrangles, depression and other mental health disorders due to economic uncertainties, loss of businesses and unemployment resulting from COVID-19 management syndrome.

Religious leaders can help mitigate some of these challenges by being a primary source of emotional support and information that promotes life-saving practices.

2.1 PURPOSE OF COLLABORATION

The purpose of this proposal for partnership is two-fold.

a) Engagement of Religious Leaders in Community Adoption of SOPs


Through their existing networks, structures, and integrated links, religious leaders provide an available workforce in the country that can be used to articulate knowledge and information to support communities to adopt standard operating measures in fighting COVID-19. This alternative will be achieved through the designing of a COVID-19 training program targeting religious leaders at all levels starting at the national level and further systematically rolled out nationwide.

The program will involve training trainers (TOT) of religious leaders at every level, starting with Kampala and will be replicated to other regions of the country. After TOT at the regional levels, it will cascade until it reaches grass-root religious actors and villages communities. In partnership with the Ministry of Health, the religious leaders will work out a suitable curriculum. The training program will provide a knowledge bank for equipping leaders in the whole country and empower communities to respond to preventive measures on COVID-19 positively.

Therefore, we seek government approval of our proposal for partnership and support in the preparation and production of the effective tools and materials required to cascade this training.

b) Engagement of Religious Leaders in a Phased Re-opening of Places of Worship

As the national task force continues to monitor how the virus infection curve is playing out in the country, the training of religious leaders in the community will benefit from paving the way for a phased re-opening of places of worship. In partnership with the government, religious leaders will regularly interact with communities for sensitization, which provides a leveraged strategy to strengthen community vigilance and responsiveness towards the protective measures against COVID-19.



In collaboration with the ministry of health, religious leaders and their congregations will also be enabled to appropriate resources needed in the re-opening of their places of worship. This strategy will include redesigning places of worship to conform to SOPs stipulated guidelines by the Ministry of Health to function in the post-COVID-19 lockdown.

Trained leaders will form extension resources of district task forces at the places of worship within the local communities to ensure compliance with SOPs. Besides health and behavioral management, prayers sessions will motivate confidence and resilience among the community members to aggressively respond to the challenges of COVID-19 within their congregations.


2.1.1 PUBLIC HEALTH AND SOCIAL MEASURES IN PLACES OF WORSHIP

The religious leaders have identified two areas of concentration: high and low-risk regions. The border districts are high risk and concentrated urban cities, and inland districts and rural communities are low risk. Within the risk, communities are two categories of places of worship: Urban (Cities, Municipalities, near District headquarters) have organized places of worship with facilities to and abilities to SOPs during the churches'/Mosques' phased opening. Rural (Sub-Counties, Parishes, and Wards) some of these are less organized and have facilities challenges which necessitate of conjoined effort with the government to facilitate the phased opening to conform to SOPs.

Therefore, the proposal for the phased opening of places of worship takes a gradual process conforming to SOPs. It will start with low-risk regions and locations and progress to other areas of the nation. The low-risk opening will act as a demonstration model and places of worship will form learning centers to enable other phases of opening.

2.1.2 OPENING OF LOW-RISK WORSHIP PLACES (LRWP)


1. Healthy Hygiene Practices

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- a) Provide hand washing facilities for members before and after the service or by placing alcohol-based sanitizers (at least 70% alcohol) or soap and water at the entrance and worship space.
 - b) Ensure congregants maintain good hand hygiene, washing hands with soap and water or sanitizing for at least 20 minutes.
 - c) Provide digital infrared thermometer guns at all entrances where possible.
 - d) Provide visual displays of advice about physical distancing, hand hygiene, and respiratory etiquette (cough and sneezing).

2. Protecting the Vulnerable Populations

- a) The Religious Leaders recognize danger for vulnerable members of the congregation, including the elderly, those with underlying health conditions like diabetes, cardiovascular diseases, cancers, and other chronic diseases. The management of these categories will take the following procedures:
 - b) Shall be advised to stay home and watch the services online.
 - c) Parents shall be advised to leave children at home until their protection is assured.
 - d) The congregation shall be advised to report those exposed to any person suspected or diagnosed with COVID-19 to the task force and to stay home and self-monitor for symptoms as per government guidelines.
 - e) Any worshipper who has COVID-19 like symptoms (dry cough, sneezing, fever, difficulty in breathing...) shall be advised to avoid attending worship services or handed over to the government for further scrutiny.

3. Enforcement Mechanisms

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- a) Every place of worship will be required to set up trained health teams, protocol teams, and security teams to ensure compliance and enforcement of all SOPs and other agreed measures.
 - b) Every place of worship will establish a COVID-19 Response committee that will be responsible for implementing the guidelines.
 - c) Health authorities shall be requested to provide technical and financial support to identify trainers and carry out training for the religious leaders on these guidelines at the District, Municipality, Town Council, and Sub-county levels.
 - d) Through the existing governing structures and umbrella bodies, religious leaders will establish a framework for monitoring and evaluating the implementation of these guidelines from time to time.

4. Political Activities and Infiltration

In the event that the places of worship are reopened up; places of worship will not be allowed to be used for any form of political campaigns.

SECTION THREE

3.0 MONITORING IMPLEMENTATION OF THE PROPOSED GUIDELINES (SOPs)

Religious leaders with support of government administrators and health officials will be responsible for ensuring these guidelines are implemented in their places of worship through the following;

1. Every place of worship will establish a COVID-19 Response committee that will be responsible of implementing the guidelines.
2. Health authorities will support in carrying out trainings for the religious leaders on these guidelines at the District, Municipality, and Town Council or Sub county level.
3. Religious leaders will work with the health officials and government administrators to establish an all-inclusive COVID-19 Response committee at the District, Municipality, Town Council, and Division or sub county level that will among other things monitor implementation of the guidelines in their localities.
4. After the training, certificates shall be issued to those who have successfully completed the training.
5. Places of worship shall fill **A - Z** list of requirements which shall be inspected by the relevant COVID-19 Task force committees in the district headed by the RDCs and the developed process/health procedures to be followed by every congregation. After the inspection the certificate of worthiness shall be issued.
6. Religious leaders through their governing structures and umbrella bodies will establish a framework for monitoring and evaluating implementation of these guidelines from time to time.

SECTION FOUR

4.0 SKETCHED WORKPLAN

RELIGIOUS ORGANIZATIONS PARTNERING WITH GOVERNMENT IN RE-OPENING OF PLACES OF WORSHIP IN THE CONTEXT OF COVID-19-UGANDA

Vision: Fully operational and COVID-19 compliant places of worship by August 2020

Mission: Mobilize Sensitize, Train, Engage and Monitor Worship Places until they are fully operational and COVID-19 compliant.

Overall Goal: To form Partnership with government in response A COVID-9 Pandemic and enhance a cautious community of believers able to practice freedom of worship.

Objectives	Item	Activity	Inputs	Output	Resources	In-Charge
Religious leaders engage in community adoption of agreed standards of operation to combat COVID-19 at all levels	Lobbying	Meeting with stakeholders e.g. Ministry of health, government, and other religious leaders	-Lunch -transport - training materials - fuel	-Number of meetings -resolutions set	-Human resource -financial	
		Drafting a concept for the mobilization of funds/resources	Lunch -transport - training materials - fuel	Concept written		
	Planning	Developing a training manual	- Lunch -transport - stationary - fuel	Training manual		
	Dissemination of information	Holding TOT training in phases	Lunch -transport -stationary - fuel -Projectors	-Number of trainings held -Number of participants trained		



			Handouts etc.,			
		Purchasing of necessary training equipment		Items purchased		
		Monitoring of plan implementation at places of worship		-Number of M&E -Reports made		
To have a phased reopening of places of worship in line with the ministry of health guidelines in combating COVI- 19	Planning	Induction meetings with stakeholders		-Number of trainings held -Number of participants trained		
		Develop procedure guidelines for the phased opening/ rolling out	Stationary			
		Purchase on necessary equipment for use to ensure compatibility	fuel	Items purchased		
	Enforcement	Train/put in place enforcement teams: health	Training materials, lunch	- Number of trainings		
		Carry out follow ups and monitor the implementation of the guidelines	Fuel, lunch, etc.,	- Number of follow ups - Reports made		
		Create awareness on radio, TV etc.,				

4.1 IMPLEMENTATION SCHEDULE

ACTIVITY	TIME FRAME	RESPONSIBLE PERSONS
Planning meeting	August	District Inter-Religious Task Forces District Inter-Faith Committees District Task Forces on COVID-19
Formation of inter-religious Task Forces	1 st August	IRCU
Training sessions	15 th August	District Task Forces on COVID-19 District Inter-Faith Committees District Inter-Religious Task Forces
Opening Phase One (Urban Centers)	End of August 2020	Diocesan Bishops Bishops/Pastors Regional/District Kadhis District Task Forces on COVID-19
Opening Phase	End of September 2020	Diocesan Bishops Bishops/Pastors Regional/District Kadhis District Task Forces on COVID-19