

FACING COVID-19: KNOWLEDGE, ATTITUDES, PRACTICES, AND CHALLENGES OF HEALTHCARE PROVIDERS

This research brief describes findings from the Population Council study **Reproductive Healthcare in the Time of COVID-19: Perspectives of Poor Women and Service Providers from Rahim Yar Khan, Punjab** with the support of the United Nations Population Fund (UNFPA).

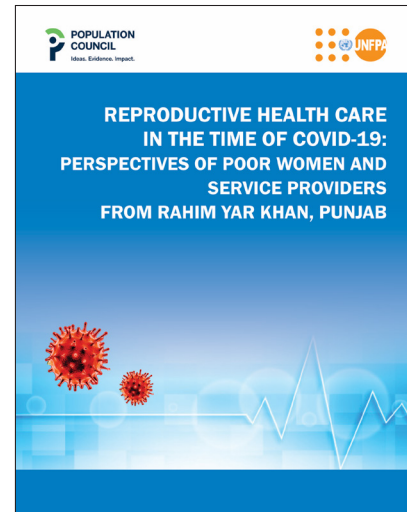
During this study, 60 health care providers that represented 60 unique health facilities in Punjab's Rahim Yar Khan district were interviewed by telephone, to evaluate how much they know about COVID-19 symptoms, prevention, and treatment, as well as their individual attitudes, practices, and challenges during the ongoing pandemic. To assess how the situation evolved during the critical first three months of the pandemic, two rounds of interviews were conducted in May and September 2020 with the same panel of service providers.

PROFILE OF PROVIDERS

The service providers in this study represented 42 public and 18 private sector facilities. Of those 60 health care workers, 42 are female and 18 are male, including 16 doctors and 44 paramedical practitioners such as Lady Health Visitors (LHVs), Family Welfare Workers and Counsellors, health technicians, midwives, and dispensers. Mean professional experience among these health care providers was 13 years.

The 42 public facilities comprised 24 Department of Health Basic Health Units, Rural Health Centers, and Mother and Child Health Centers and 18 Population Welfare Department Family Welfare Centers, each of which were closed at the time of interviews in May due to Population Welfare Department orders, as Family Welfare Centers were not considered essential during the initial incidence of the COVID-19 pandemic.

The 18 private health facilities included large and small hospitals as well as LHV clinics, of which three were closed in May due to lack of protective arrangements and risk of viral transmission. In September, however, all of the 21 facilities that were closed in May were again operational.

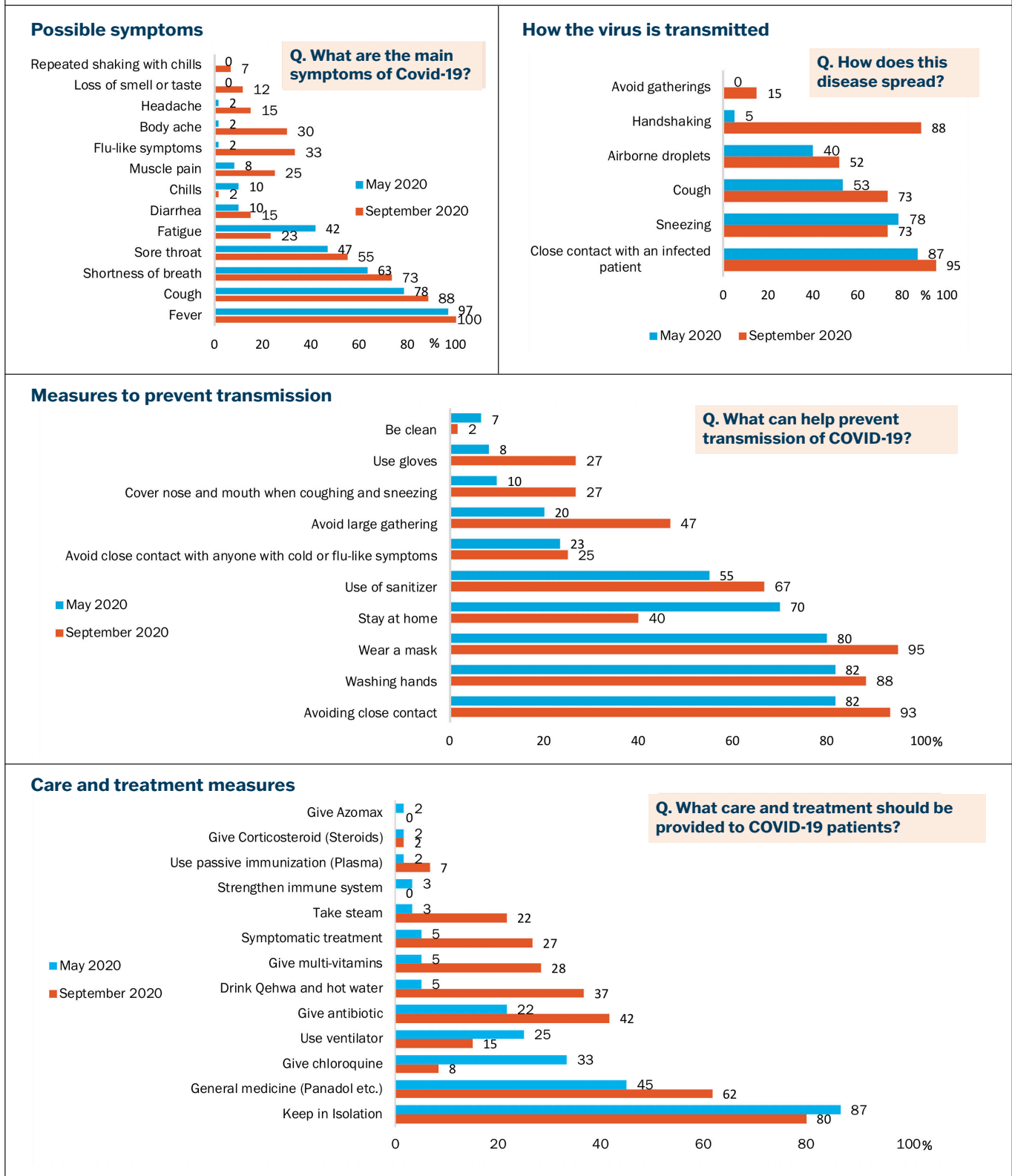


This brief summarizes findings from Reproductive Health Care in the Time of COVID-19: Perspectives of poor women and service providers from Rahim Yar Khan, Punjab (forthcoming December 2020).

KNOWLEDGE ABOUT COVID-19

Each service provider was asked a series of questions assessing her or his knowledge about the symptoms of COVID-19, how it is transmitted, and its prevention and treatment measures, in May and again in September..

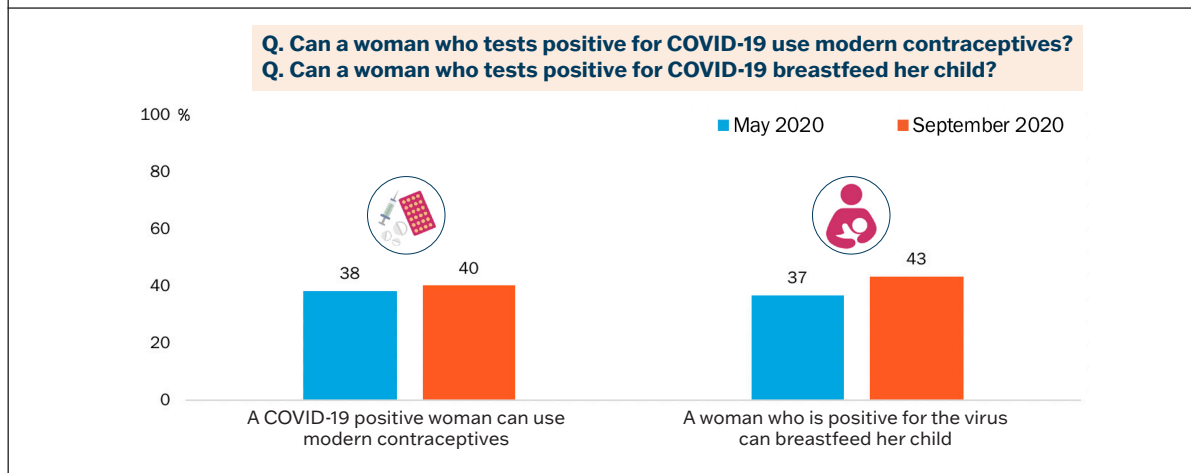
FIGURE 1. Distribution of specific possible symptoms, transmission means, prevention measures and treatment options identified by service providers in May 2020 and September 2020 (n=60)*



*Multiple responses allowed.

In May, only one third of service providers knew that a COVID-positive woman could breastfeed or use a modern contraceptive. In September, this low level of knowledge continued among nearly the same proportion of service providers, even after some improvements in training. This has serious implications for the quality of counseling offered to family planning clients in Rahim Yar Kham, as all health care providers in this survey are employed at health facilities that provide reproductive health services.

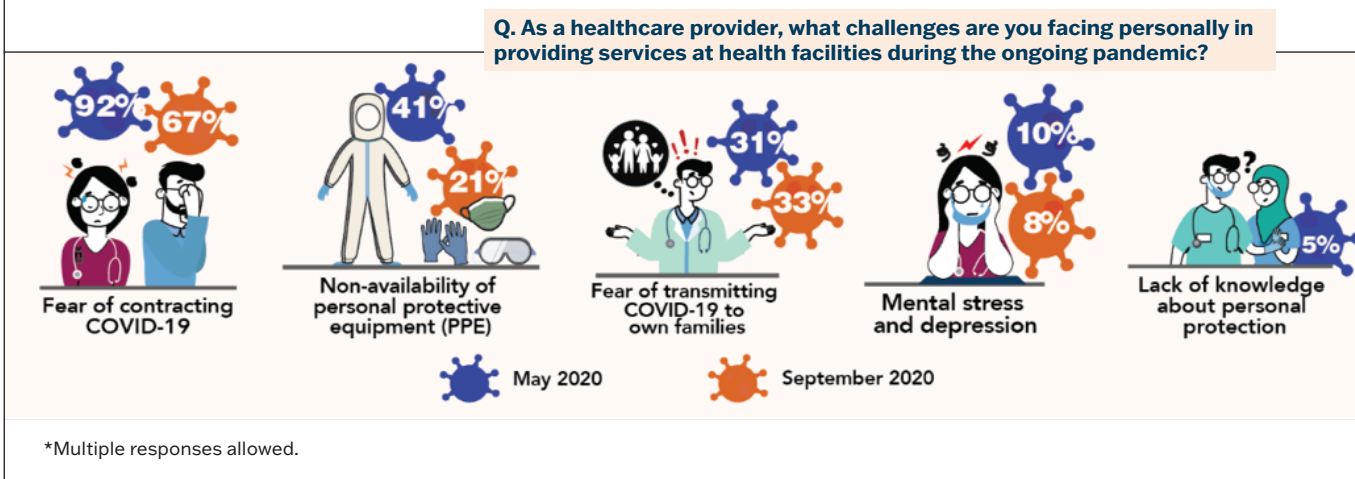
FIGURE 2. Percentage of service providers reporting a COVID-positive woman can breastfeed her child and can use contraceptives in May 2020 and September 2020 (n=60)



ATTITUDES AND CHALLENGES

In May, there was pervasive (92%) fear of contracting COVID-19 among the 39 health care providers employed at operational facilities, which remained among two thirds of them in September. One third of service providers who resumed work after May reported similar fears in September. Fear of transmitting COVID infection to their own families was widely prevalent among all service providers in both rounds of interviews. Lack of personal protective equipment (PPE) was reported as a challenge by over 40% of the 39 working service providers in May, and remained for about 20% of those same respondents in September, after improved PPE provision.

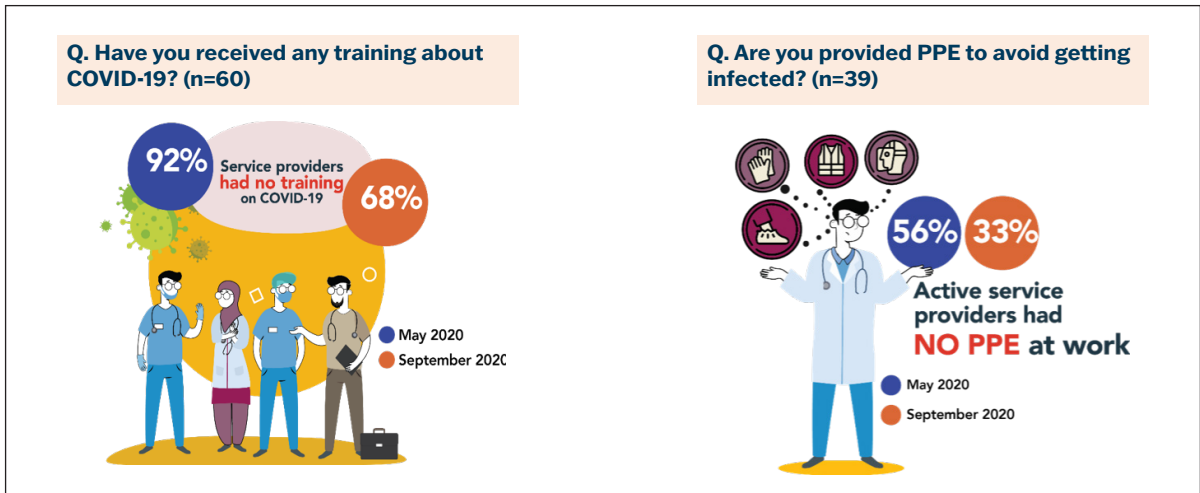
FIGURE 3. Distribution of challenges working in pandemic conditions reported by service providers who were operational in both May 2020 and September 2020 (n=39)*



ATTITUDES AND CHALLENGES

Only five service providers surveyed in May had received any training on COVID-19, which had increased to 19 in September—out of all 60 health care workers.

More than half (56%) of the 39 service providers working in May had no PPE available then, and in September one third of all active health care providers were still lacking any kind of PPE. Of the 21 service providers whose facilities were closed in May, seven still had no PPE available at work when surveyed in September.

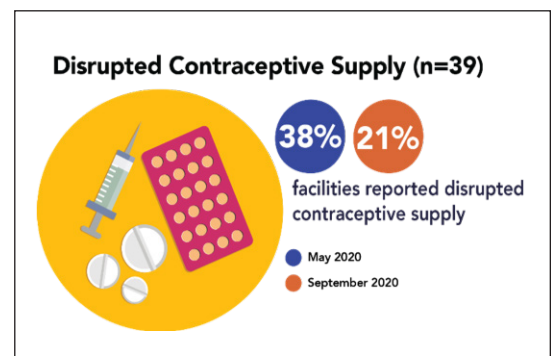
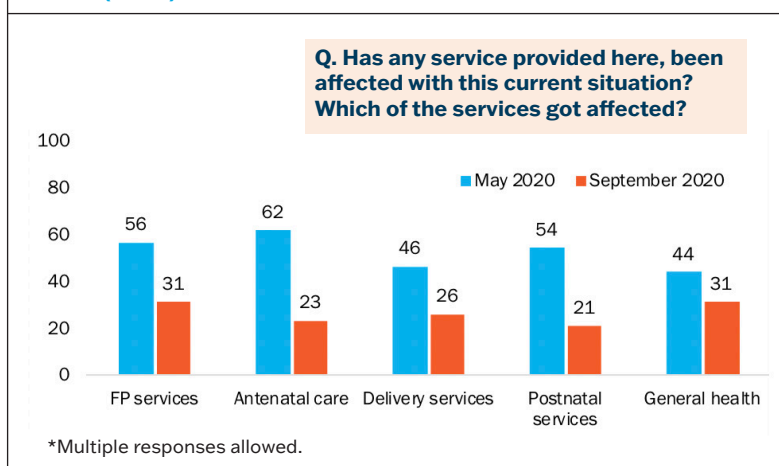


IMPACT OF COVID-19 ON ROUTINE SERVICES

In May, 31 of 39 active service providers reported that COVID-19 and its lockdown had adversely affected client services, and in September one quarter of all service providers stated that their services to clients were still affected. In September, the 21 health care workers who not working in May were asked to compare current services to pre-COVID operations, with 19 reporting that RH and general health facilities had been affected. As shown in Figure 4, about half of service providers working in May reported that general health services had been affected, which reduced to less than one third in September.

Fortunately, provision of RH services appears to be returning to normal, yet the proportion of service providers reporting adverse effects of COVID-19 on family planning services in September remained high, at 31%—but a marked improvement from 56% in May. The majority (n=17) of the 21 service providers whose facilities were closed in May reported the most adverse effects on family planning services, with additional effects on antenatal and general health services. Most of these 21 service providers work at Population Welfare Department facilities, which are mandated to focus on family planning services.

FIGURE 4. Distribution of adverse effects of COVID-19 on provision of routine services at facilities reported by service providers who were operational in May 2020 and September 2020 (n=39)*



RECOMMENDATIONS

- 1. To restore access to reproductive health and general health services, it is crucial to ensure Population Welfare Department facilities remain open and that community health services resume.** Inclusion of reproductive health and maternal health in essential services during any emergency situation should be part of intense advocacy efforts with government and relevant decision-makers.
- 2. Use mHealth or telemedicine to avoid burdening facilities and minimize patient access issues.** Community health workers should provide their clients toll-free telephone numbers to contact doctors for advice on reproductive health and general health needs.
- 3. All service providers should be trained on COVID-19** to eliminate critical deficiencies in their knowledge, help them deal safely with clients, and build further transmission prevention and treatment awareness within communities.
- 4. All service providers should be provided PPE at work** to reduce fear of coronavirus infection and combat absenteeism. Provide COVID-19 testing at service providers' workplaces to not only increase their confidence but ensure only uninfected staff is working at facilities.
- 5. Provide mental health support for service providers,** periodically assess their mental health, and provide any help or rehabilitation support they need.
- 6. Allocate resources to implement the COVID-19 Emergency Support plan** of the Primary and Secondary Healthcare Department of Punjab, which will address most supply side issues identified in this study.