

Knowledge, Attitudes, Practices, and Challenges of Healthcare Workers during the COVID-19 Pandemic

Background

This brief is derived from a study on “Reproductive Healthcare in the Time of COVID-19: Perspectives of Poor Women and Service Providers from Rahim Yar Khan, Punjab,” conducted by the Population Council in May 2020 with the support of the United Nations Population Fund (UNFPA). As part of the study, 60 telephonic interviews were conducted with healthcare providers at 60 health facilities in Rahim Yar Khan district to understand how much they know about symptoms, prevention, and treatment of COVID-19, and their attitudes, practices, and challenges during the ongoing pandemic.

Profile

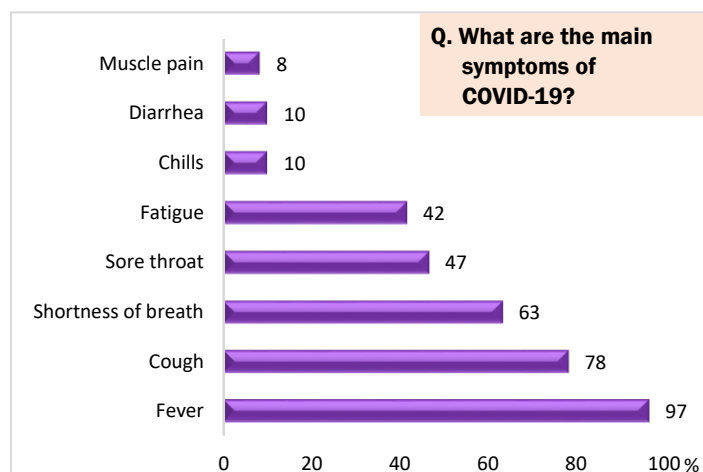
Forty-two service providers were female and 18 were male, and 16 were doctors while 44 were paramedical practitioners, including Lady Health Visitors (LHVs), Family Welfare Workers/Counsellors, health technicians, midwives, and dispensers. Mean professional experience was 13 years. The service providers represented 42 public and 18 private sector facilities. The public facilities included 24 Basic Health Units, Rural Health Centers, and Mother and Child Health Centers of the Department of Health and 18 Family Welfare Centers of the Population Welfare Department, all of which were closed at the time of interviews at the department’s orders because their continued operation was not considered essential in the initial phase of the COVID-19 pandemic. The private health facilities included large and small hospitals and clinics of LHVs. Of these, 3 were closed due to lack of protective arrangements and risk of infection.

Knowledge about COVID-19

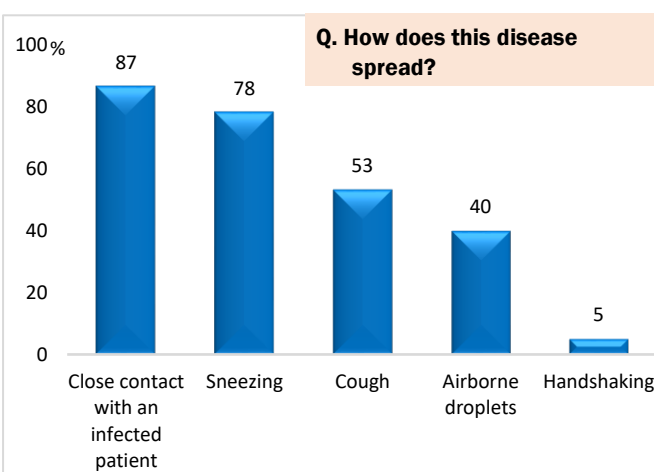
We asked all service providers a series of questions to assess their knowledge about the symptoms of COVID-19, how it is transmitted, and prevention and treatment measures. Figure 1 shows the results.

Figure 1: Distribution of specific possible symptoms, transmission, prevention and treatment measures identified by service providers (n=60)

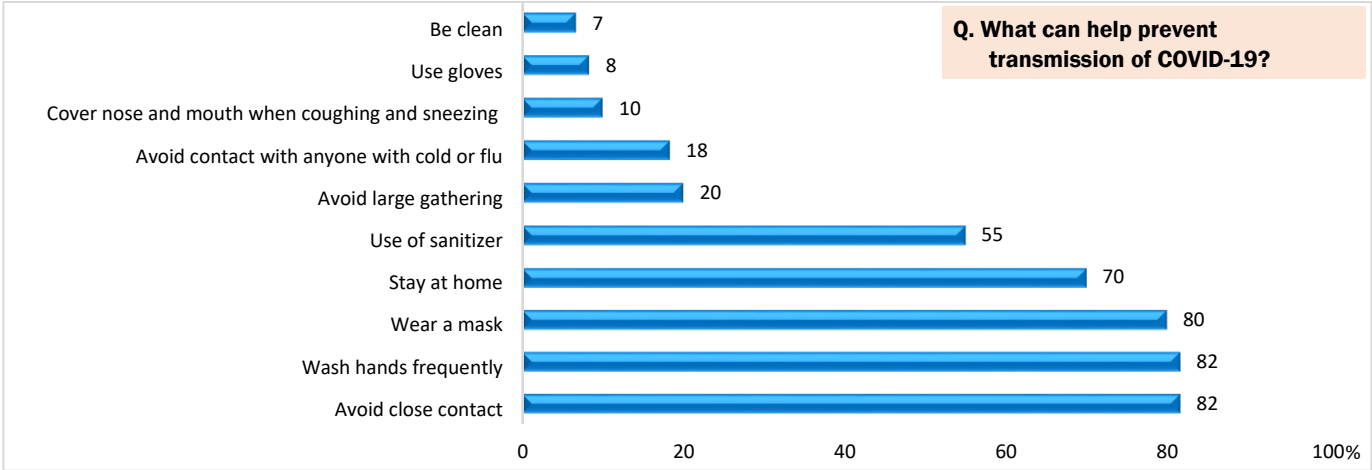
a. Symptoms *



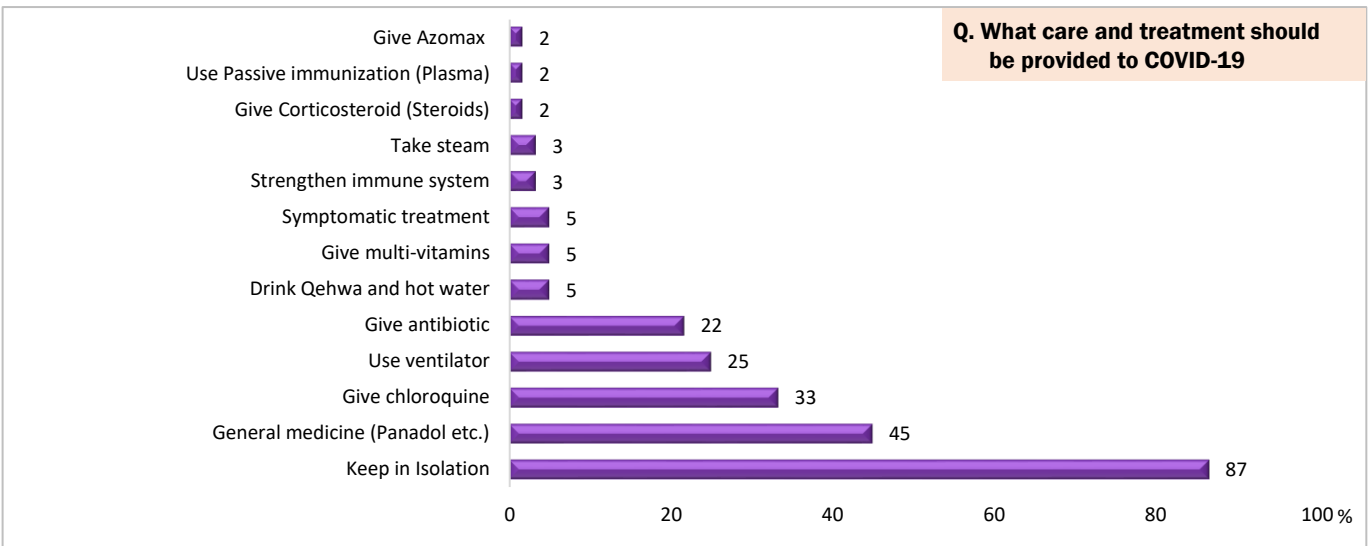
b. Transmission*



c. Prevention*



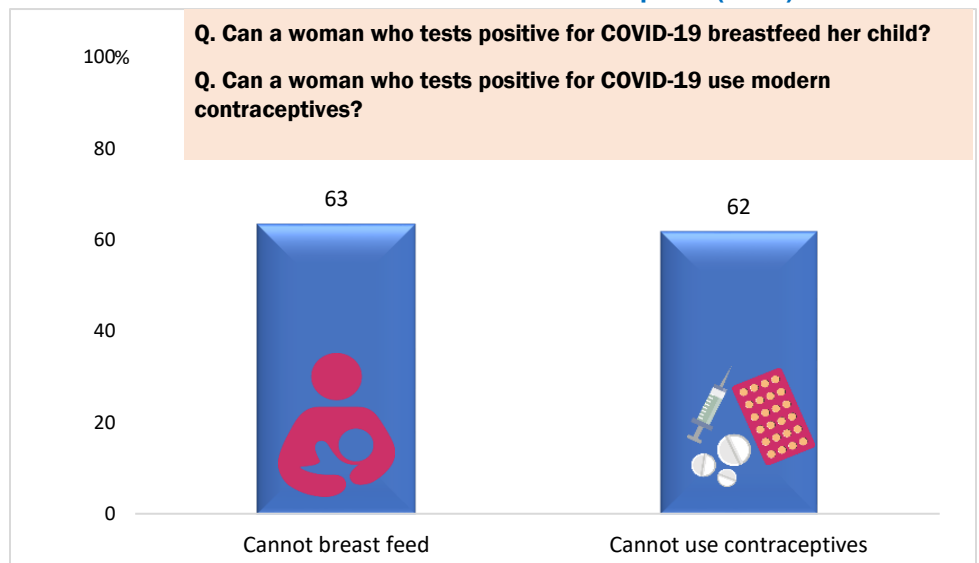
d. Care and Treatment*



* Multiple responses were allowed

Figure 2: Percentage of service providers reporting a COVID-positive woman cannot breastfeed her child and cannot use contraceptives (n=60)

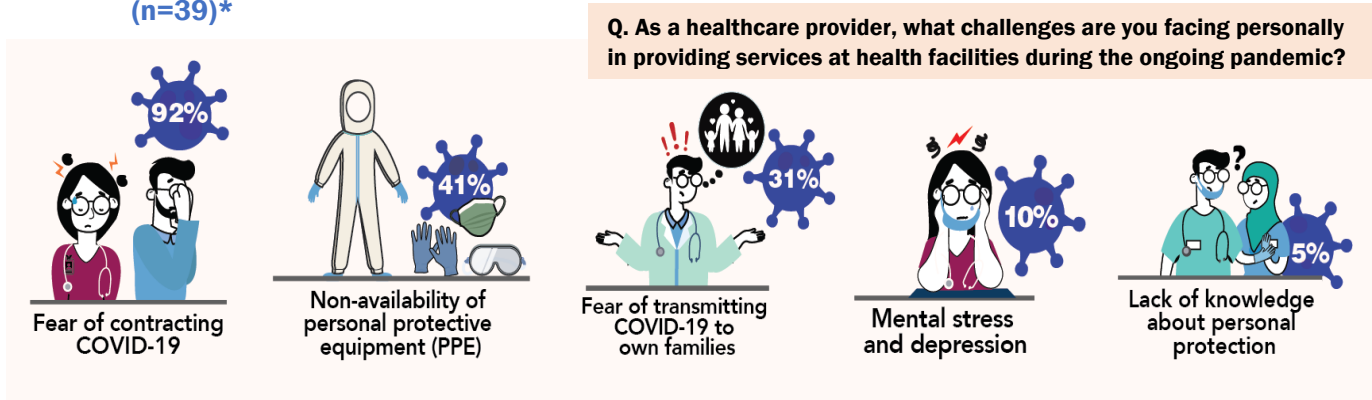
Less than two thirds of the service providers knew that a COVID-19 positive woman can use modern contraceptives and breastfeed her child. Considering that all the respondents are employed at health facilities that provide reproductive health services, this has serious implications for the quality of counseling being offered to clients.



Attitude and Challenges

Among healthcare providers working at the 39 facilities open for service at the time of the survey, nearly all (92%) expressed fear of getting infected by COVID-19, and many (31%) were afraid of transmitting the infection to their families. A related concern was lack of personal protective equipment (PPE), which was reported by 41% of the healthcare providers.

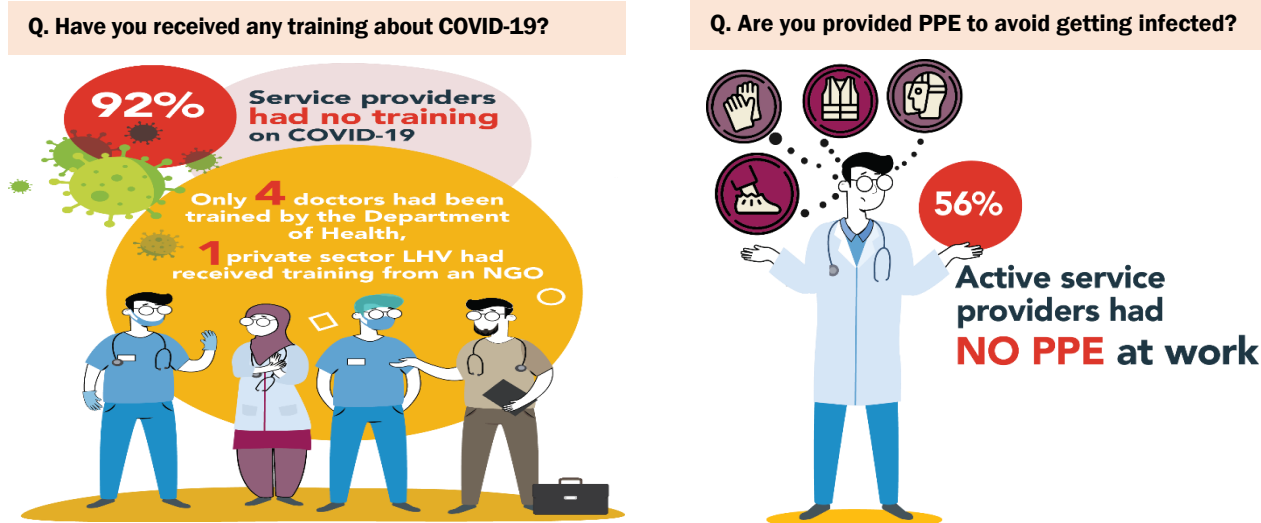
Figure 3: Distribution of challenges in working in pandemic conditions reported by service providers (n=39)*



* Multiple responses were allowed

Practices at Health Facilities

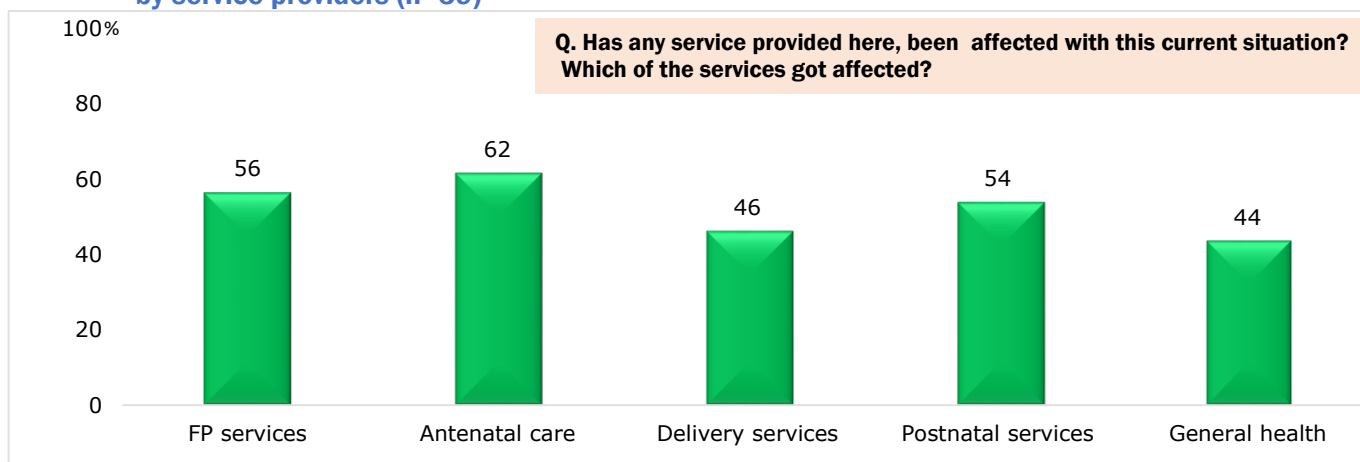
In terms of training of service providers and provision of PPE, our findings suggest an alarmingly low level of preparedness at health facilities. About 92% of the 60 service providers had no training on COVID -19 and over half of the 39 active service providers (56%) had no PPE.



Impact of COVID-19 on Routine Services

Most (31/39) active service providers reported an adverse impact of COVID-19 and lockdowns leading to disruption of general and reproductive health services at their facilities. While service providers affirmed disruptions across the board, differences can be noted in the reported impact on delivery, postnatal care, and family planning services (Figure 4). The data indicate a greater extent of disruption in antenatal care and in family planning services at health facilities. In addition, the closure due to the pandemic of all Population Welfare Department facilities, which are mandated to exclusively provide family planning services, indicates a huge interruption in these services.

Figure 4: Distribution of adverse effects of COVID-19 on provision of routine services at facilities reported by service providers (n=39)*

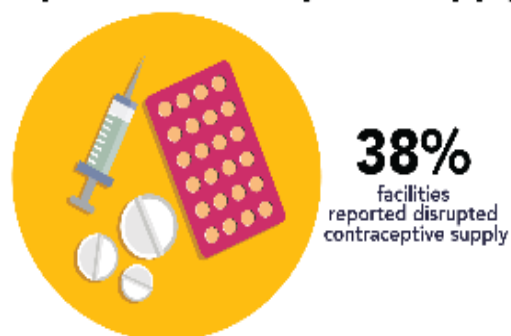


* Multiple responses were allowed

Service providers working at the open facilities generally attributed the disruption in services there to shortages of medicines and contraceptives due to the lockdown situation, leading to a decline in clientele.

During stock-outs, most healthcare providers refer their clients to other facilities or to pharmacies. With most facilities closed or short of contraceptives, clients may be finding it difficult to maintain family planning use, despite being motivated enough to seek help.

Disrupted Contraceptive Supply



Recommendations

1. To restore access to RH and general health services, reopen Population Welfare Department facilities and resume community-based health services: Inclusion of RH and maternal health in essential services in case of any emergency situation should be part of intense advocacy efforts with the government and relevant decision-makers.
2. Use mHealth or telemedicine to avoid burdening facilities and minimize access issues for patients. Toll-free telephone numbers for service providers should be provided by community health workers to patients so they can contact doctors for advice on RH and general health needs.
3. All service providers should be trained in COVID-19 to eliminate critical deficiencies in their knowledge, help them deal safely with clients, and build further awareness in 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—it will address most supply side issues identified in this study.