



NETWORK MOVEMENT FOR DEMOCRACY AND HUMAN RIGHTS (NMDHR)



THE IMPACT OF COVID-19 ON THE PRIMARY HEALTHCARE DELIVERY:

“Its effects on healthcare beneficiaries and service delivery in Luawa chiefdom”

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THE IMPACT OF COVID-19 ON THE PRIMARY HEALTHCARE DELIVERY: *its effects on healthcare beneficiaries and service delivery in Luawa chiefdom*

Just 5 years from the devastating effects of Ebola on health service delivery in Kailahun District, rural health structure (peripheral Health Units) stand to and are currently confronting the new challenges of COVID-19 in their efforts to deliver quality, affordable and accessible health services.

APPLYING HEALTH JUSTICE & RIGHT-BASED APPROACH

NMDHR is working closely with the local council, District Health Management Team, Village Development Committee and partners to support awareness campaigns for prevention and mitigation throughout Luawa Chiefdom and beyond-educating communities on new public health protocols, WHO COVID-19 prevention measures, using health justice and right-based model to increase community awareness and resilience about prevention and protection. While

these actions are contributing positively towards stopping community transmission of the virus, the health system is already facing its own challenges to meet the health needs of non-covid-19 positive healthcare beneficiaries.

Data collected by NMDHR paralegals from across 17 PHUs in Luawa Chiefdom; Kailahun District looks at : General PHUs attendance/ antenatal and postnatal care visit, Maternity and under 5 death, Levels of deliveries at PHUs , Health education outreach, Availability of FHCI drugs, Motivation for health workers.

From our findings, there is 70% decrease in PHUs attendance by specific groups of FHCI beneficiaries including pregnant women, lactating mothers and children under 5. Our data also shows that since April 2020, deliveries at PHUs have had a 60% decrease. That means, more pregnant women are not visiting health centers/posts and there are now increased home deliveries by Traditional birth attendants (TBAs) and the by-laws that was put in place to stop home deliveries is not effective because people are afraid to visit the PHUs.

In response to this, NMDHR has assigned community paralegals who provide legal education and verifiable information about COVID-19 to reduce misconceptions, discourage fake news, and wrong perception about COVID-19 in rural communities.

THE HEALTH SERVICE DELIVERY STRUCTURE

Peripheral Health Units (PHUs) is the frontline health service mechanism in rural communities which serves less than 5000 people. They are staffed by MCH aides, CHOs etc (supported by community health workers, e.g. traditional birth attendants, volunteers) who are trained to



provide antenatal care, supervised delivery, postnatal care, family planning, child growth monitoring, immunization, health education, management of minor ailments, and referral of cases to the next level.

Since Kailahun District recorded its first case of COVID-19 with a total of 19 positive cases of the virus as of June 1st 2020, primary healthcare delivery has been adversely impacted with the challenge of misconceptions, low PHUs attendance and lack of cost recovery drugs. The challenge is whether the District can improve the coverage of health services with the current level of COVID-19 community transmission, concern over low hospital visit, fear in the public on contracting Covid-19, low health sector investments, especially at the close-to-beneficiaries PHUs.

The Kailahun district health management team (DHMT) is responsible for overall planning, implementation, coordination, monitoring and evaluation of district health services. The DHMT consists of the district medical officer, who is in charge of the district hospital and officers in charge of various programmes and units.

OUR FINDINGS

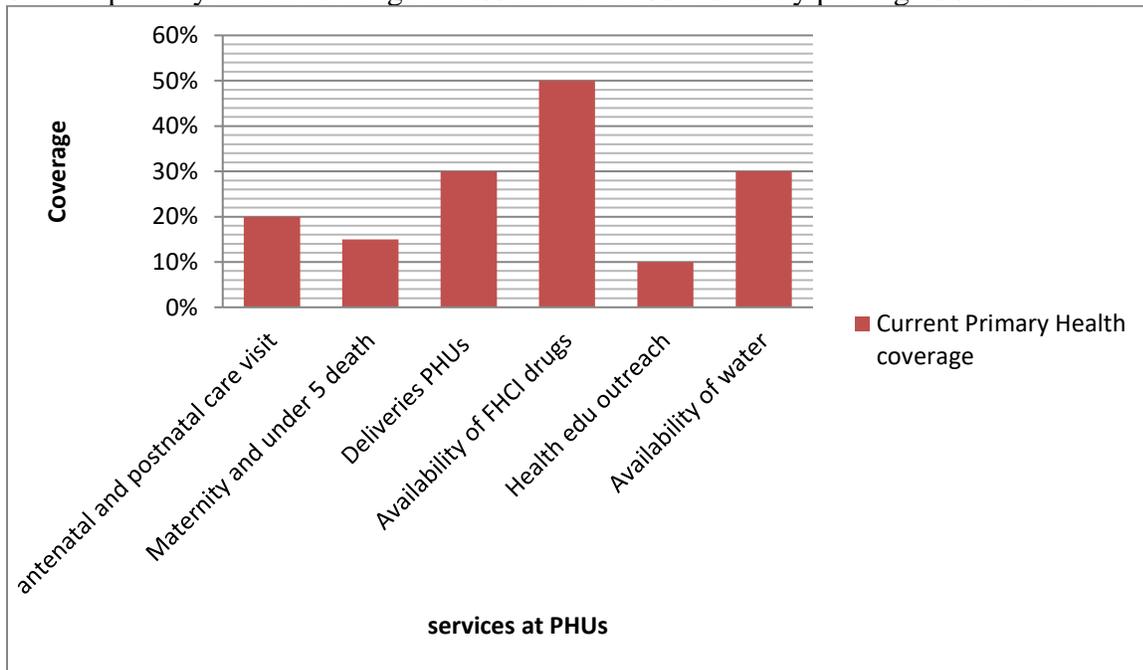
In order to assess the impact of COVID-19 on primary healthcare delivery and its effect on frontline health services, NMDHR paralegals visited a total of 17 PHUs. As part of ensuring health accountability, paralegals collected health data at various health posts/centers and conducted interviews with FHCI beneficiaries, in-charges on whether health services are accessible, equitable and affordable for everyone amid the COVID-19 pandemic.

Generally, the number and frequency of free healthcare beneficiaries seeking antenatal and postnatal care, family planning services, birthing services, child growth monitoring, immunization, health education visits to PHUs dropped sharply since the first case of COVID-19 was recorded in the District.

Our findings cover the following areas:

1. General PHUs attendance/ antenatal and postnatal care visit
2. Maternity and under 5 death
3. Levels of deliveries at PHUs
4. Health education outreach
5. Availability of FHCI drugs
6. Motivation for health workers/salaries/allowances

Current primary health coverage across the 17 PHUs visited by paralegals shows that:



Source data collected by NMDHR paralegals from 17 health facilities from April 1-May 30 2020

- There is 70% decrease in PHUs attendance by specific groups of FHCI beneficiaries including pregnant women, lactating mothers and children under 5. This implies that communities are losing trust in their local health structures due to fear of COVID-19.

- Our data also shows that since April 2020, deliveries at PHUs have had a 60% decreased.
- Interestingly, there is 50% increase in availability of FHCI Drugs this may be partly due to the low levels of visits at health posts/centers by key free health care beneficiaries.
- There is 30% increased in availability of WASH facilities at PHUs
- We also collected data around health education outreach by CHOs comparing it to previous data. Since April 2020, there is a sharp decrease in the number immunization outreach/ bed nets distribution conducted by CHOs averagely across the 17 PHUs.

GENERAL RECOMMENDATION

NMDHR believes that taking a multi-sectoral and partnership based approach is critical in preventing and controlling the spread of the disease especially in rural communities. Additionally, empowering communities and grassroots organizations to lead the fight is key to reducing the high levels of lack of trust in health services at this critical time.