Health Services Learning Hub

COVID-19: ACTION BRIEF

Title

Delivering mobile primary care clinics in a conflict-afflicted setting during the COVID-19 pandemic.

Organisation

Reach Out Cameroon

Author

Ngo Bibaa Lundi Anne Omam
Assistant Executive Director, Reach Out Cameroon, WHO Primary Health Care Young Leader (2018-2019)
PhD Student University of Cambridge

Elizabeth Jarman (MD), Medical Advisor, Reach Out Cameroon

Esther Njomo O, Executive Director, Reach Out Cameroon

Key learning points

- Mobile clinics had a key role in delivering primary care to conflict-afflicted communities in the context of the COVID-19 pandemic.
- Logistical and technical challenges, including lack of digital infrastructure and relevant guidance had a significant impact on providing care.

How has COVID-19 impacted essential health services?

The humanitarian crisis in the South West and North West regions of Cameroon has had a significant impact on the health system over the last few years. This crisis has also led to destruction of health facilities, loss of health personnel and of health equipment. Across the South West and North West, as of March 2020, 37% of health facilities were not functional (International Organisation for Migration, 2019). A significant proportion of internally displaced persons (IDPs) reside in remote forests and farmlands where they have no access to basic health care (Health Cluster, 2019).

In March 2020, Cameroon recorded its first COVID-19 case with cases being recorded in the South West and North West in April 2020. In the early months of the pandemic in the South West and North West Regions, most humanitarian organisations suspended field activities including health care activities.

What was the intervention to mitigate this impact?

In March 2020, Reach Out Cameroon began running primary care mobile clinics in conflict-affect communities with funding from WHO Cameroon. This was the same month the first COVID-19 case was recorded in Cameroon. The mobile clinics were seen as an opportunity in the COVID-19 context to sensitize hard-to-reach communities about the pandemic and also support in the surveillance of COVID-19 in communities with dysfunctional health facilities.

Eight mobile clinics were set up in eight divisions of the South West and North West Regions. These clinics had as prime objective to provide emergency primary health care to conflict affected communities. Due to the COVID-19 pandemic, all mobile teams were provided with PPE and training on COVID-19 to enable the provision of basic health care for displaced populations.

Photo Credit: Reach Out

How did this intervention help in the maintenance of essential health services?

Because the mobile clinics provided with PPE and training on COVID-19, these mobile clinics have been able to provide 29,831 curative consultations to IDPs in both regions. A total of 4779 children received paediatric care, 5034 children were screened for malnutrition from which 38 were diagnosed with Severe Acute Malnutrition. 177 children were vaccinated for measles, yellow fever and tetanus, 105 pregnant women gave birth in the presence of a qualified personnel, 3041 persons living with disability (PWD) were screened for hypertension and diabetes, 239 PWD placed on hypertensive and diabetic treatment and 03 cases of rape were clinically managed.

Photo Credit: Reach Out

What were the key challenges involved?

Key challenges faced during the implementation of these clinics were:

- Limited training for mobile clinic staff. Most team leaders (medical doctors) in each team received online training on COVID-19. However, even medical doctors had a difficulty in completing this training due to logistical challenges, including disrupted internet connectivity.
- Difficulty in adapting COVID-19 courses to conflict-afflicted settings
- Stock out of PPE for the mobile clinic staff