Summary from the COVID-19 front-line: **Nigeria country brief**
Survey of maternal and newborn health professionals
Second round of data collection: From July to September 2020

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Background and methods

As of November 19th 2020, Nigeria reported more than 65,000 Coronavirus disease (COVID-19) confirmed cases and around 1,165 deaths. The pandemic and the accompanying strict precautionary measures have burdened health systems globally, and their indirect effects on the health of women and newborns are expected to exceed the direct impacts of the SARS-CoV-2 virus infection among this population. This document summarises the findings from the second round of a global online survey of maternal and newborn health professionals working in Nigeria, and includes responses received between July 9th and September 10th, 2020. This brief presents healthcare providers' and facilities' preparedness and response levels to COVID-19, and describes their experiences and challenges with the progression of the pandemic.

The survey collected data on the respondents' background (country and region, qualification and work responsibilities, gender, and basic characteristics of the health facility in which the respondents worked, if any). To avoid concerns over confidentiality, we did not collect names of health facilities. The questionnaire included three core modules focusing on preparedness for COVID-19, response to COVID-19, and health workers' own experience of work during the COVID-19 pandemic. In the fourth, optional module, we asked respondents to elaborate on adaptations to care processes (service availability, shift timing, modality of contact with patients during various types of outpatient and inpatient care) and content (frequency of routine visits during pregnancy and after childbirth, regulations around companions, length of stay after childbirth, etc.). An invitation to complete the survey was distributed networks of the multi-country research team members, maternal/newborn platforms, and social media. The findings presented in this brief are not intended to be generalizable to Nigerian maternal healthcare providers. The objective is to explore and document respondents' experiences, the challenges that they faced, and adaptations to care provision that they adopted to overcome the bottlenecks of the pandemic. Additional information about the methodology of this survey, including the questionnaire, is available in the summary of global responses published here and on the study website.

List of abbreviations

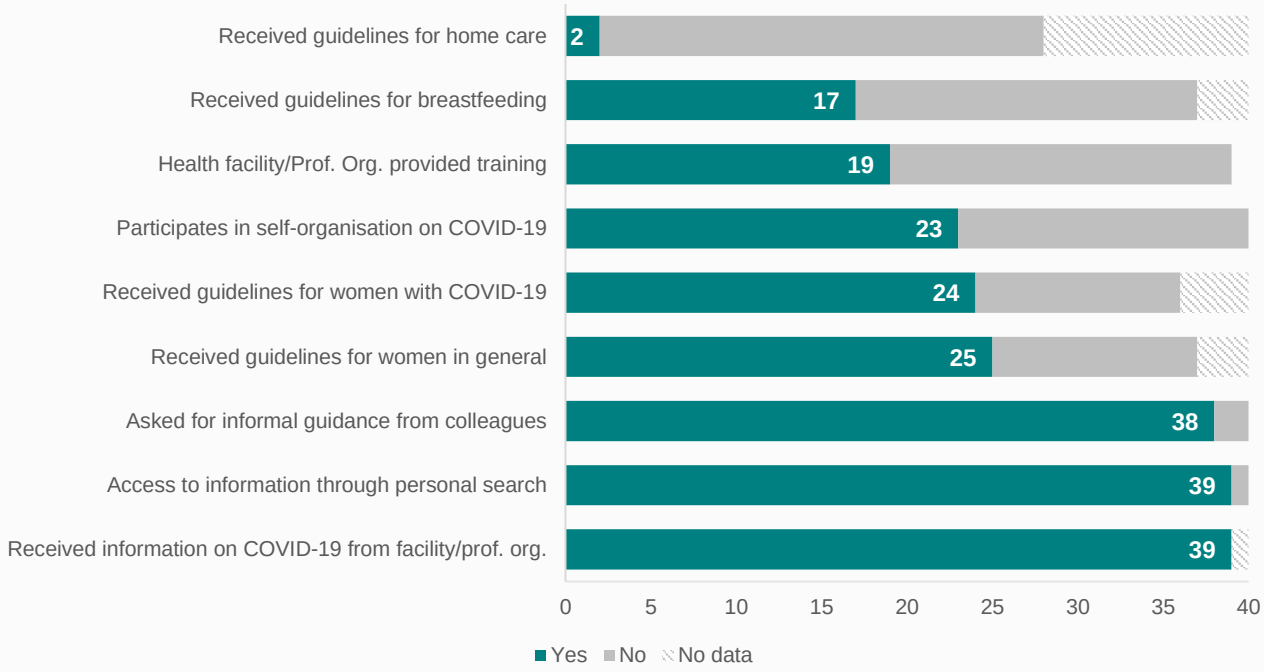
ANC	Antenatal care
COVID	Coronavirus Disease
csection	caesarean section
DK	Don't know
IPC	Infection prevention and Control
Prof. Org.	Professional organisation
PPE	Personal Protective Equipment
PNC	Postnatal care
Susp/conf	Suspected or confirmed cases
Obs/Gyn	Obstetrician/Gynaecologist

Respondents' characteristics

We report data from 40 healthcare professionals working in Nigeria, about half of whom agreed to answer the optional module (n=19). Three quarters of the respondents were obstetricians/gynecologists, followed by medical doctors (n=4) and nurse-midwives (n=3). Around two fifths of the respondents were team members (n=16), 15 were team leaders and three respondents were independent or self-practicing. Two thirds of the respondents were females (n=24). Respondents mainly provided outpatient and inpatient antenatal and postnatal care (n=30 and n=27, respectively) and inpatient childbirth care (n=25). 15 healthcare providers worked in more than one facility, and the majority worked in public referral hospitals (n=30). Almost all the respondents worked in urban areas (n=38).

Dashboard 1. Health providers' access to information, guidelines and training

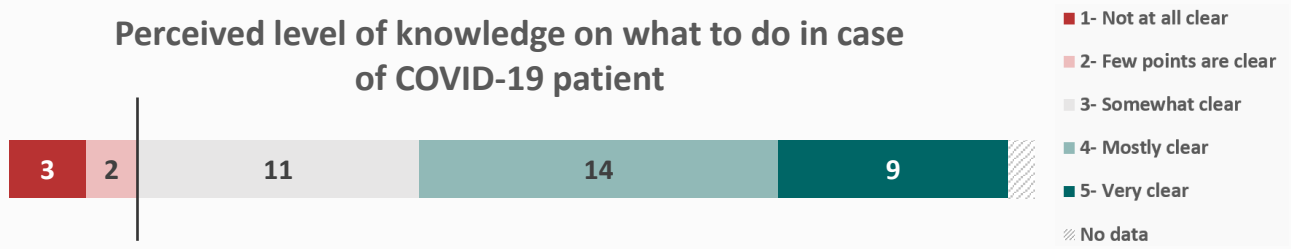
Almost all healthcare providers (n=39) received information on COVID-19 and maternity care from their facilities or professional organisation, and around half (n=19) received training and simulations in the month preceding their response to the survey. Around two thirds of respondents received guidelines on care provision to women in general during COVID-19, and to women suspected or confirmed with COVID-19 in the previous month (n=25 and n=24, respectively).



Out of the **healthcare providers** who received information from their health facilities, 23 respondents received them through face to face sessions and/or live video sessions.

In these information sessions, the majority of respondents reported receiving information on **hand hygiene** (n=35), **distancing between patients and/or visitors** (n=34), **reporting confirmed or suspected cases** (n=32)**, and screening patients for COVID-19** (n=31).

Two thirds of maternal and newborn healthcare providers perceive that they are **mostly or very clear** (n=25) on what to do in case they receive a COVID-19 patient.



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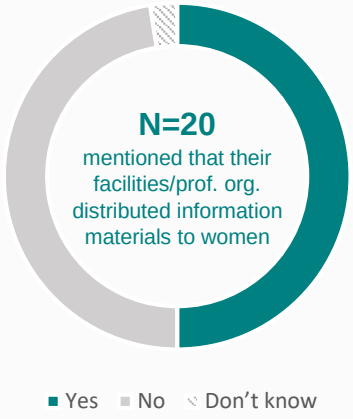
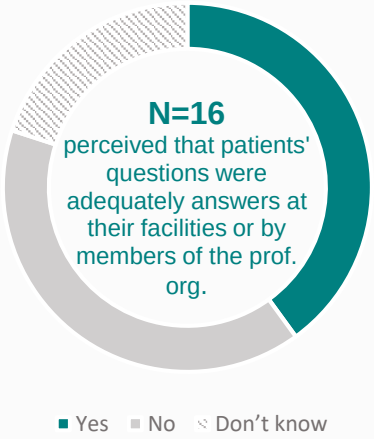
Dashboard 2. Women's access to information and respectful care

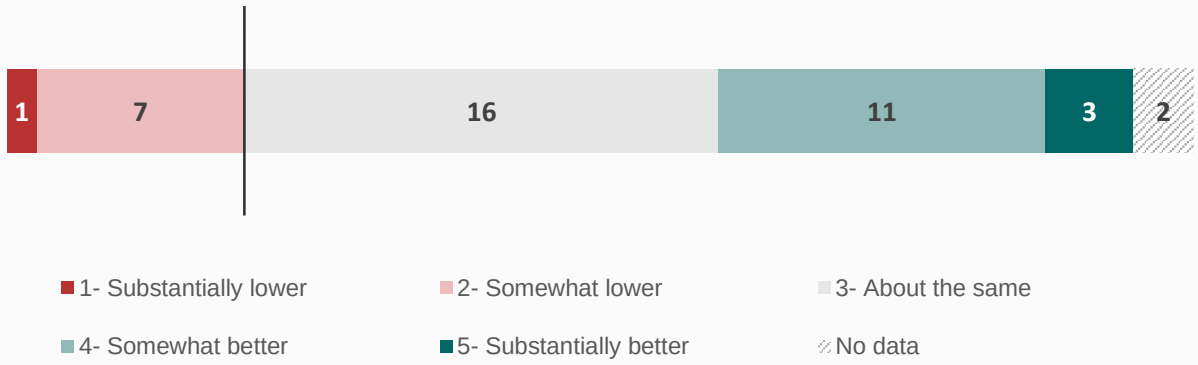


Six of the 20 respondents mentioned that the information materials were **updated in the past month**.

Commonly reported forms of sharing information materials with women were **social media and fliers.**



Perceived ability to provide respectful care compared to before the outbreak

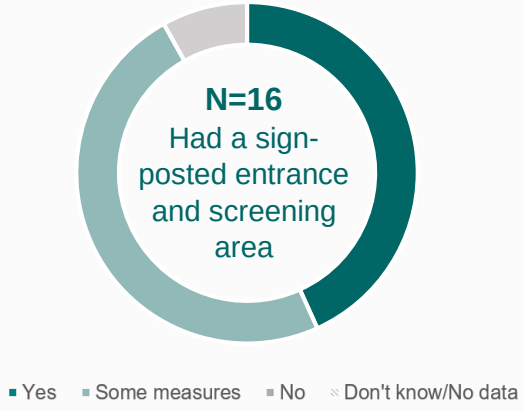


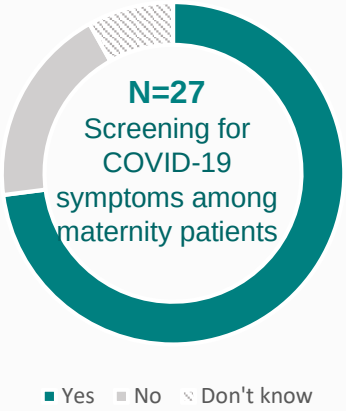
Examples from respondents:

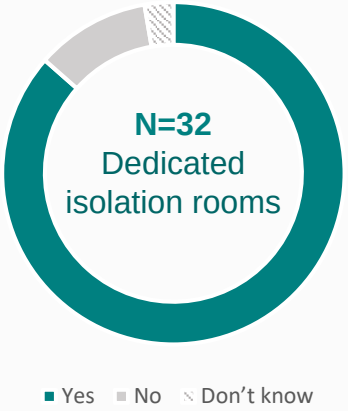
"*Unnecessary caesarean sections. Prolonged decision-delivery interval for caesarean section because of waiting for PPE*" – Obstetrician/gynaecologist

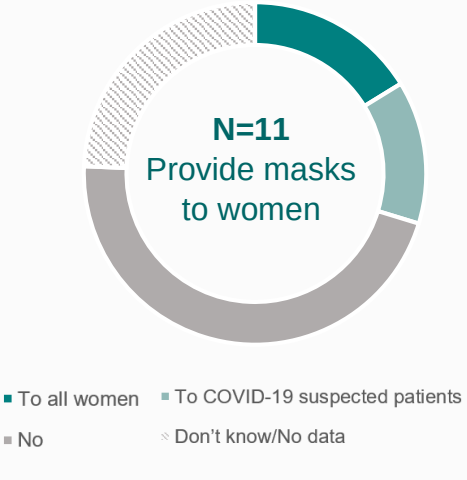
"*The physical distance, not spending too much time talking with patients, limiting who (relatives/friends) can come into consulting room with patients*"- Medical doctor

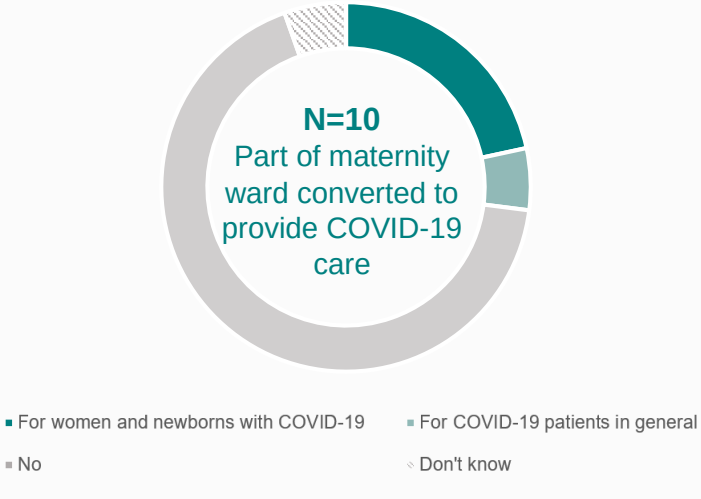
Dashboard 3. Response at the level of health facilities as reported by healthcare providers who work at health facilities (n=37)

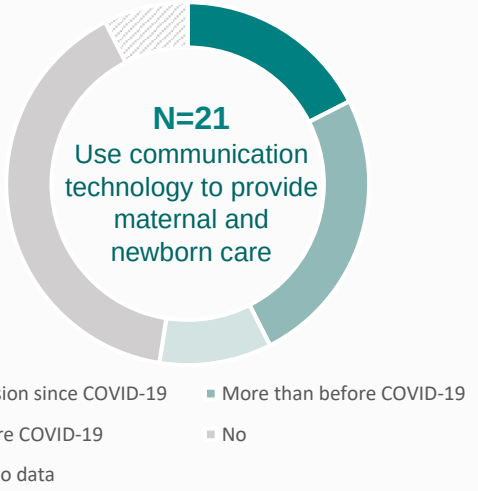












Examples of adaptations as reported by respondents:

"Introducing a phone and phone number for each obstetric sub-unit, and making it available for the patients to call us on."

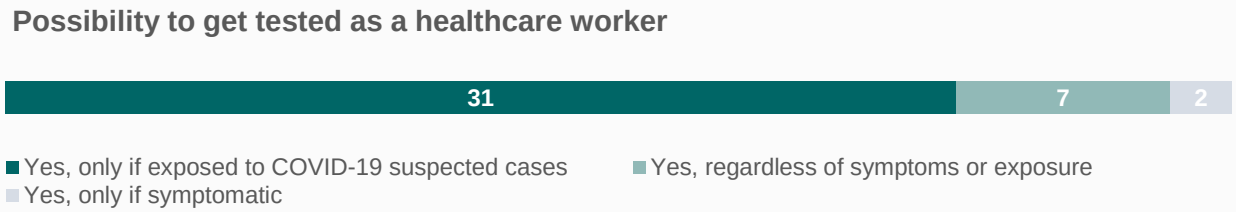
"Phone calls made to ask how the patients were doing. Those who had Caesarean Section were given shorter appointment as follow up. Normal delivery were referred to nearest health care center closed to them."

Testing

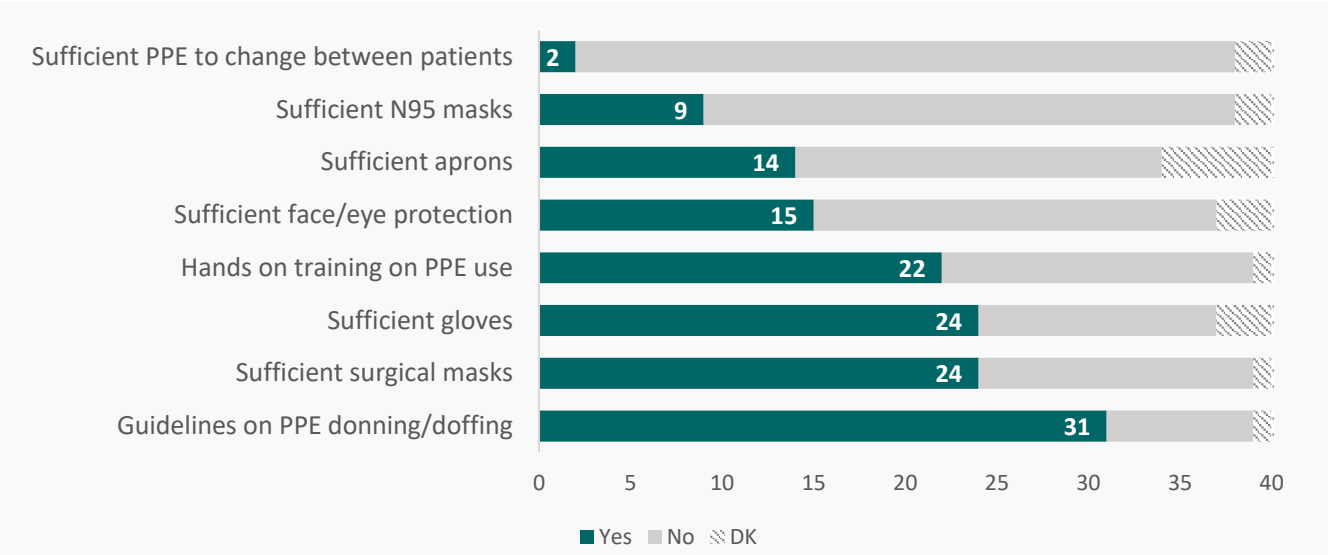
None of the respondents said that they are routinely testing all maternity patients, seven respondents said that they are routinely testing all newborns of suspected/confirmed mothers.

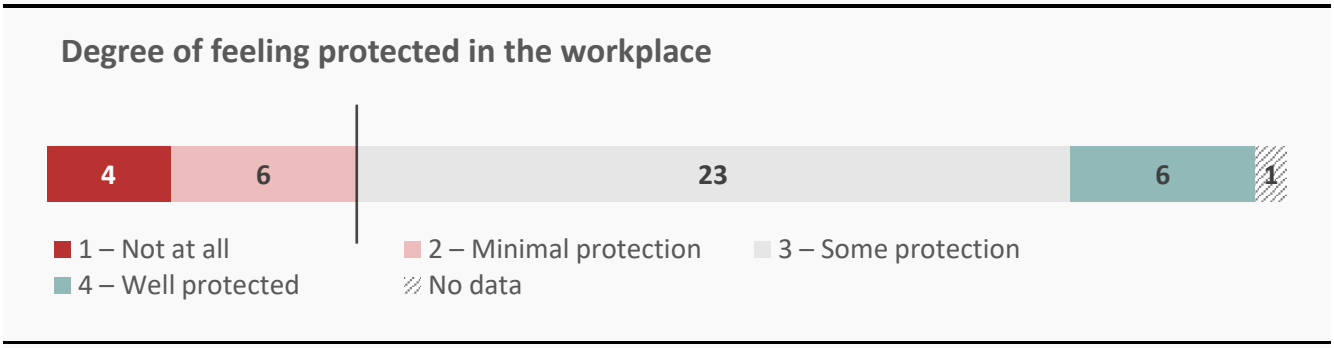
Among those who confirmed that it is possible to order a PCR test for maternity patients (n=29), **25 reported that the test is free of charge**.

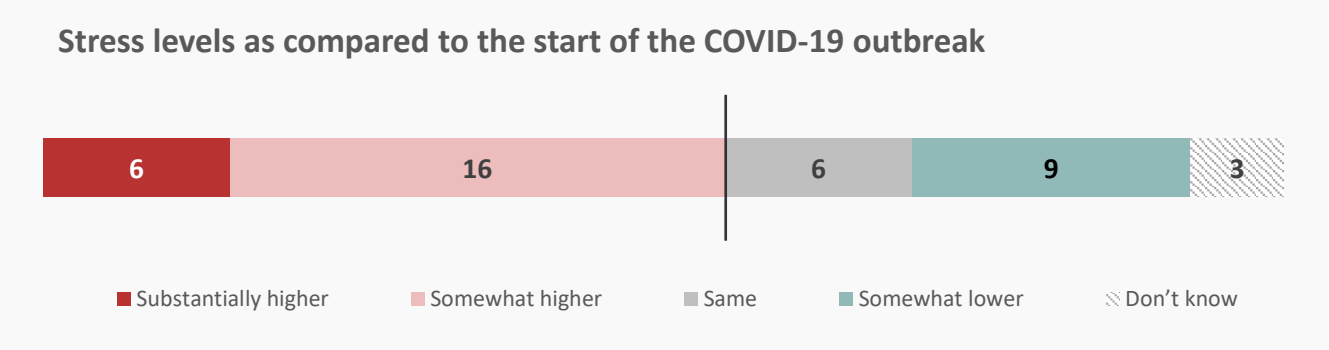
The timing to receive the test results ranged between 24-48 hours and 3-4 days, reaching up to 7-9 days in a few cases.

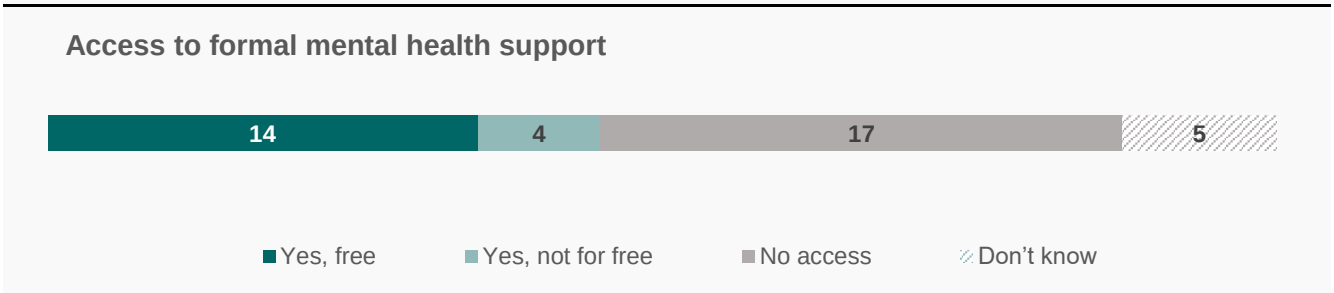


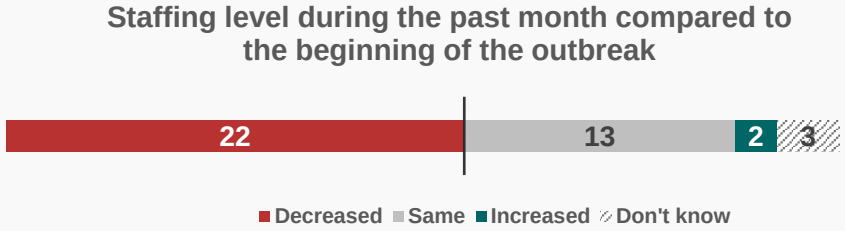
Dashboard 4. Healthcare provider access to PPE, perceptions of protection and experiences (n=40)



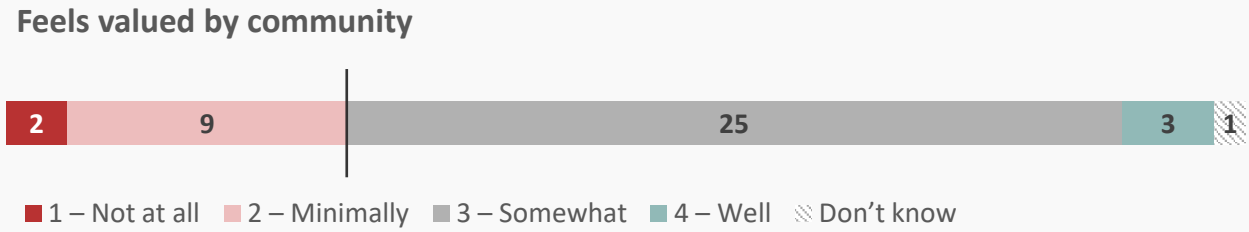


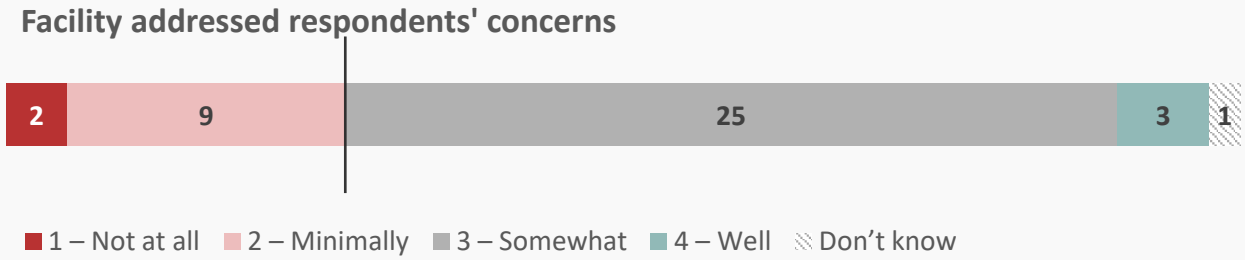






Common reported causes of the decrease in the number of staff:
- Staff isolating following exposure to COVID-19 (n=17)
- Changes in staff rotation schedule (n=13)





Exposure to violence in their work

Commonly reported types of aggressive behaviors were:

- Verbal aggression (n=7)
- Animosity or discrimination harassment (n=3)
- Physical violence (n=3)

Most commonly reported **targets/victims** are the respondents' colleagues (n=6) and respondents themselves (n=4).

Most commonly reported **perpertrators** are patients'

families (n=6) and patients themselves (n=2).

Dashboard 5 – Concerns as reported by healthcare providers

Personal Protective Equipment for healthcare providers

"No sufficient PPE. Surgical face mask is handed to you once on a daily basis. Asking for more is as if you were Oliver Twist."

"*Lack of basic PPE as Management complains that prices have skyrocketed*"

Personal Protective Equipment for patients

"Patients buy PPE for surgery which place financial burden on their lean resources."

"The patients have to buy their own mask before they can be attended to by medical staff."

Use and affordability of care for women

"*Women not coming to hospital because of fear*"

"*Increased cost of care and affordability for women due to lack of PPE*"

"*Concerned about women with the disease but cannot get to hospital due to lack of funds and ignorance*."

Working conditions

"*Shortage of manpower as colleagues fall ill or self-isolate*"

"*Poor implementation of social intervention/insurance packages by the Government where a health personnel suffers loss or dies from providing care.*"

Identification of COVID-19 cases

Inadequate testing and screening

Stigma: "*Patients withholding symptoms for fear of being labeled"*

Information, guidelines and training

Access to training

Availability of guidelines

Overwhelmed by too much information: "*Insidious onset of information overload leading to mental fatigue*"

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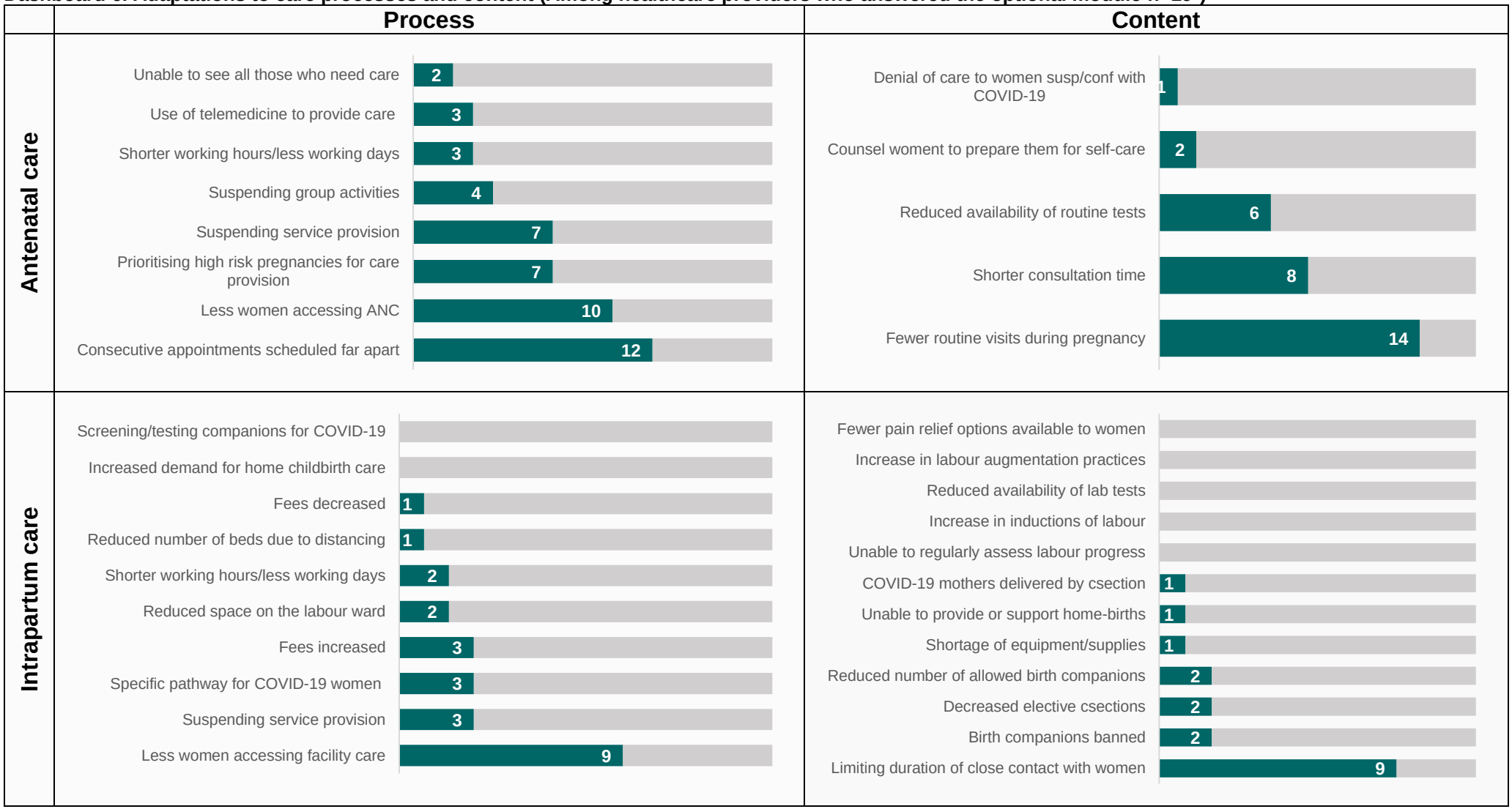
Dashboard 6. Adaptations to care processes and content (Among healthcare providers who answered the optional module n=19*)



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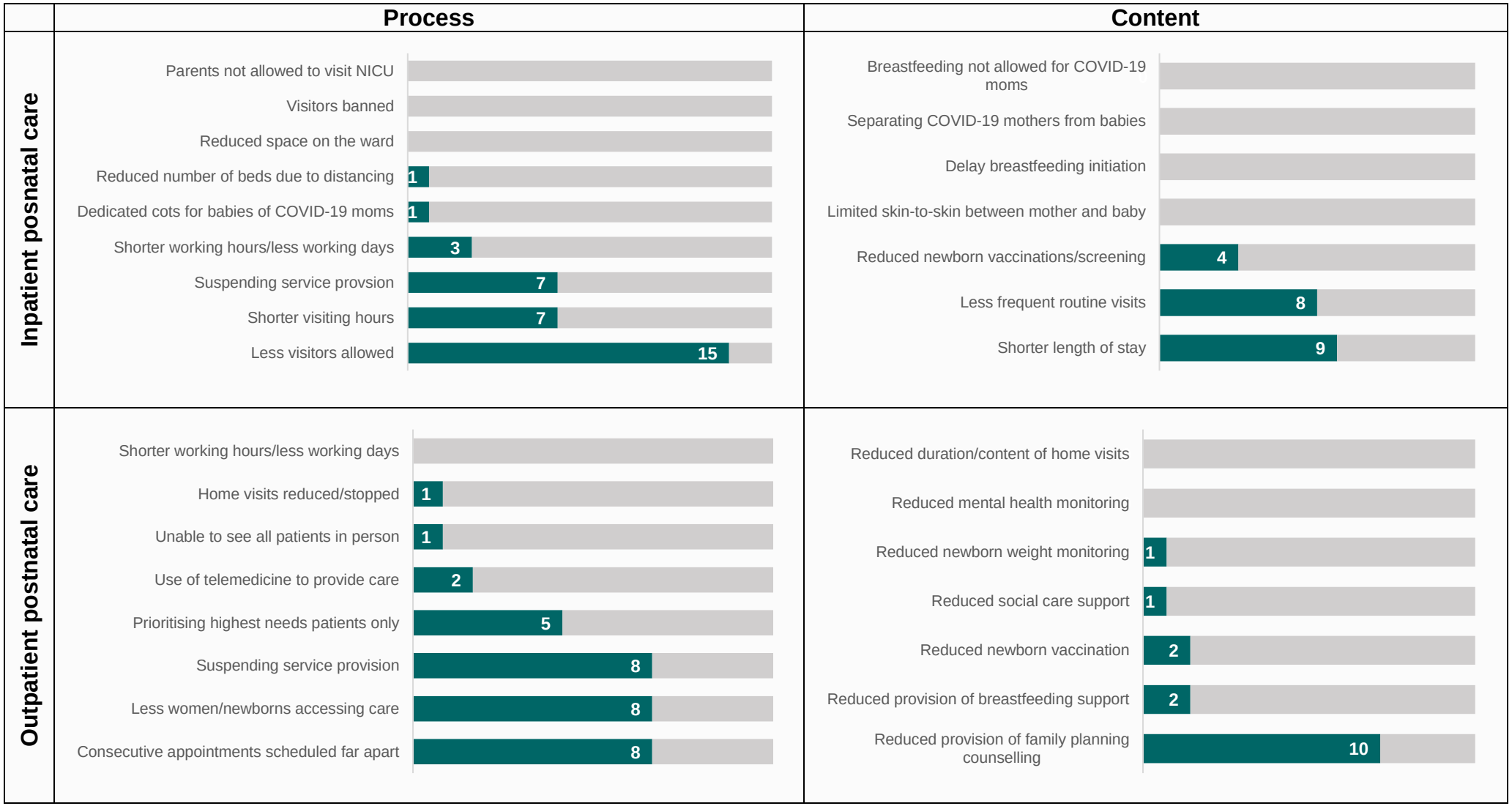

*The number of missing answers is different across questions