

Background and methods

As of September 21st 2020, Morocco [reported](#) more than 101,700 Coronavirus disease (COVID-19) confirmed cases and around 1,830 deaths. The pandemic and the adopted stringent 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. In May 2020. The Moroccan Ministry of Health, in collaboration with the World Health Organisation and UNPFA, issued new guidelines for the provision of maternal care during the COVID-19 pandemic. All women who attend the health facility should be screened for COVID-19 symptoms upon admission, and if they present signs of COVID-19, they will be referred to hospitals dedicated for the management of COVID-19 suspected or confirmed cases, where dedicated delivery rooms and cesarean section theatres are available. The PCR test is also available in all public structures identified for that of free of charge.

This document summarises the findings from the second round of a global online survey of maternal and newborn health professionals working in Morocco, and includes responses received between July 6 and August 13, 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. This document is a qualitative summary of the responses that were received on the Global online survey of maternal healthcare providers, and it does not aim to generalise the findings to the entire Moroccan context considering the small sample size and the sampling strategy. Additional information about the methodology is available in the summary of global responses published [here](#) and on the [study website](#). Round 2 of the survey is open and available [here](#).

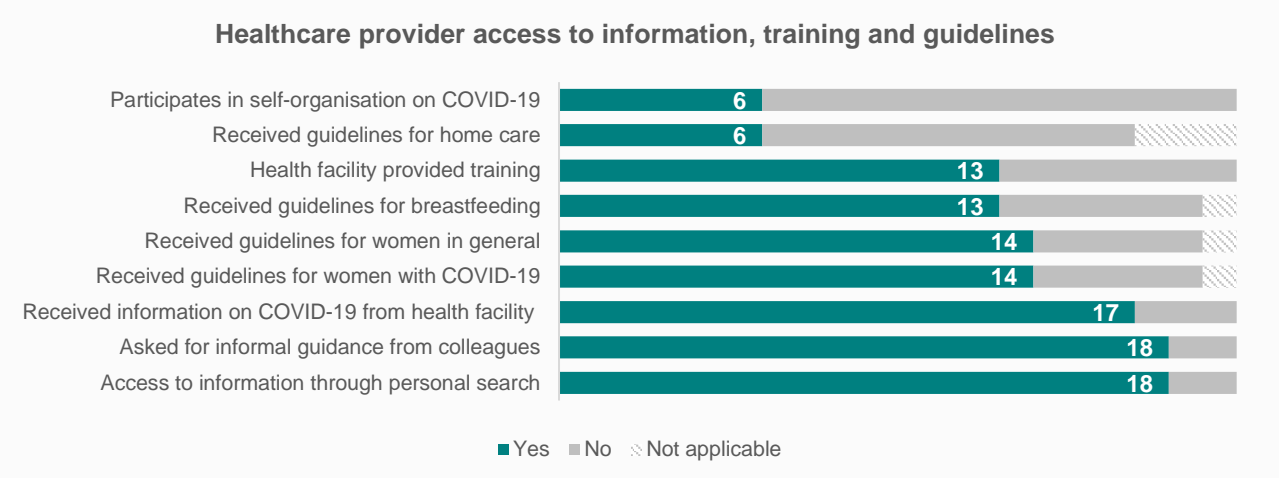
The survey collected data on the respondents' background (country and region, qualification and work responsibilities, gender, and basic characteristics of the health facility in which the respondents worked, if any). To avoid concerns over confidentiality, we did not collect names of health facilities. 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.).

List of abbreviations	Coronavirus Disease
COVID csection	caesarean section
DK	Don't know
PCR	Polymerase Chain Reaction
PPE	Personal Protective Equipment
Susp/conf	Suspected or confirmed cases
UNPFA	United Nations Population Fund

Respondents' characteristics

We use 20 qualitative responses collected from healthcare professionals working in Morocco, 19 respondents answered the survey in French, and one responded in Arabic. Thirteen healthcare providers agreed to answer the optional module. Around one third of the respondents worked in Rabat (n=6) and Casablanca (n=7). Midwives comprised half of the respondents, followed by nurse-midwives (n=6), and most of the respondents were females (n=17). Respondents mainly provided inpatient childbirth and postnatal care, and family planning. Half of the respondents provided care in health centres, and all of them worked in public sector facilities.

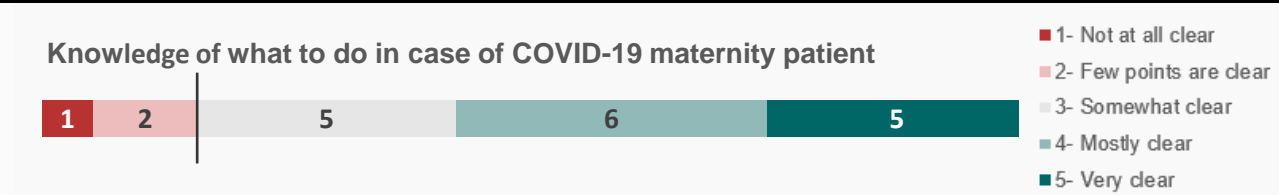
Dashboard 1. Access to information, guidelines and training



Out of the **17 healthcare providers** who received information from their health facilities:

- Fourteen received **printed materials/digital documents**
- Eight attended **live video sessions**

Most of the respondents (70%) reported receiving information on **hygiene, proper use of personal protective equipment (PPE)** and **screening patients and visitors for COVID-19 symptoms**.



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

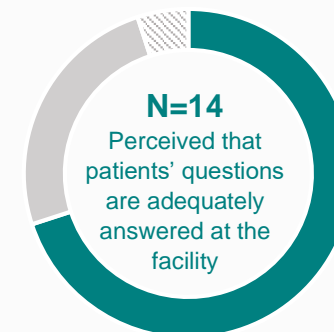


Eleven respondents mentioned that the information materials were **updated in the past month**. Commonly reported forms of sharing information materials with women were **fliers, social media, posters and during consultations**.

Half the respondents reported that these materials lacked one or more of the following themes:

- The importance of regular follow-ups during pregnancy and avoiding delays in seeking care
- Home care for women
- Child nutrition

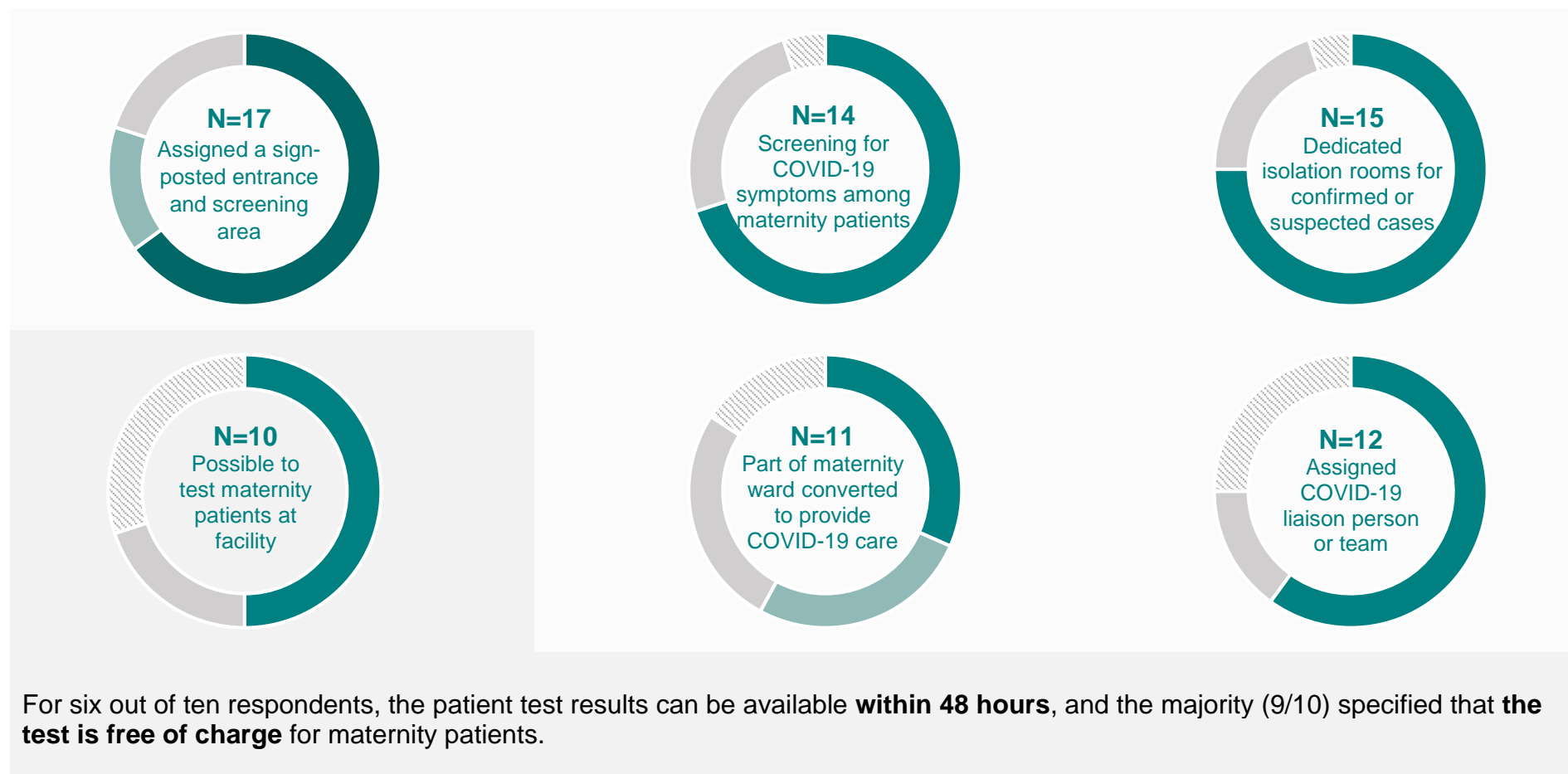
Recommendation: One participant suggested playing awareness raising videos in the waiting room.



Perceived ability to provide respectful care compared to before the outbreak (n)

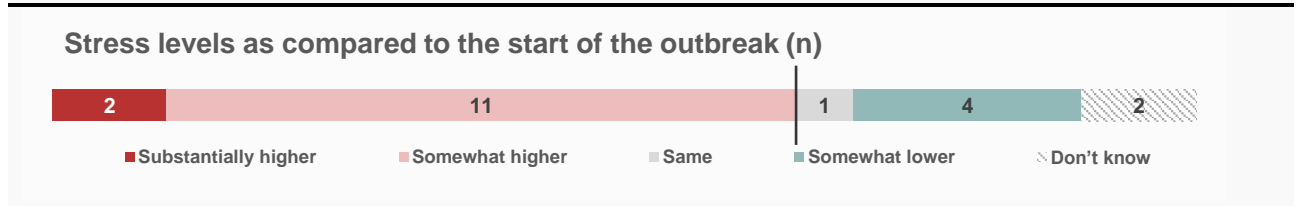
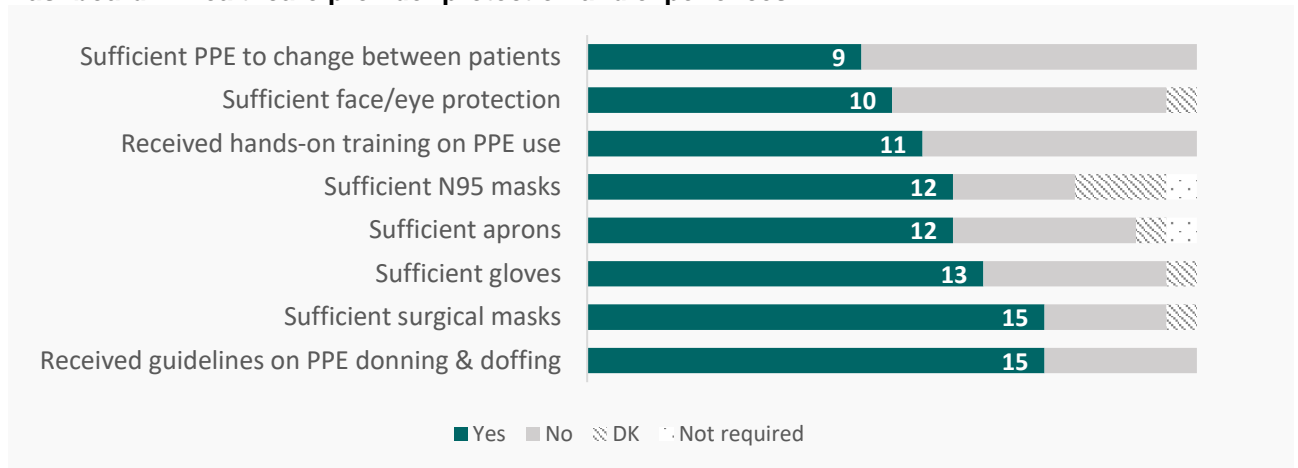


Dashboard 3. Response at the level of health facilities



For six out of ten respondents, the patient test results can be available **within 48 hours**, and the majority (9/10) specified that **the test is free of charge** for maternity patients.

Dashboard 4. Healthcare provider protection and experiences

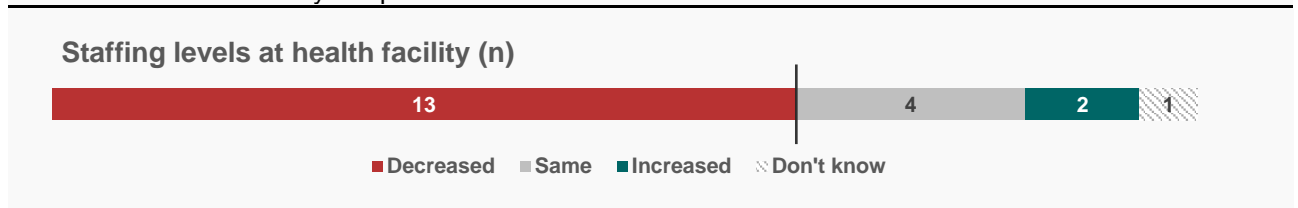


- Concerns as reported by healthcare workers:**
- Resources and personal wellbeing**

 - Possible interruptions in stock availability
 - Fear of becoming infected of COVID-19 and transmitting the infection to others
 - Having enough beds to provide care
 - Lack of thermometers for fever screening
 - Lack of access to adequate information
 - No vacations so they are prone to burnout

Care provision and women's wellbeing

 - Providing adequate care to suspected cases
 - Interruption of routine follow-ups during pregnancy
 - That women arrive late to health facilities



N=7
were exposed to aggressive behaviour

Almost all 7 cases reported being themselves victims of **verbal aggression** perpetrated by the patients or patients' family members.

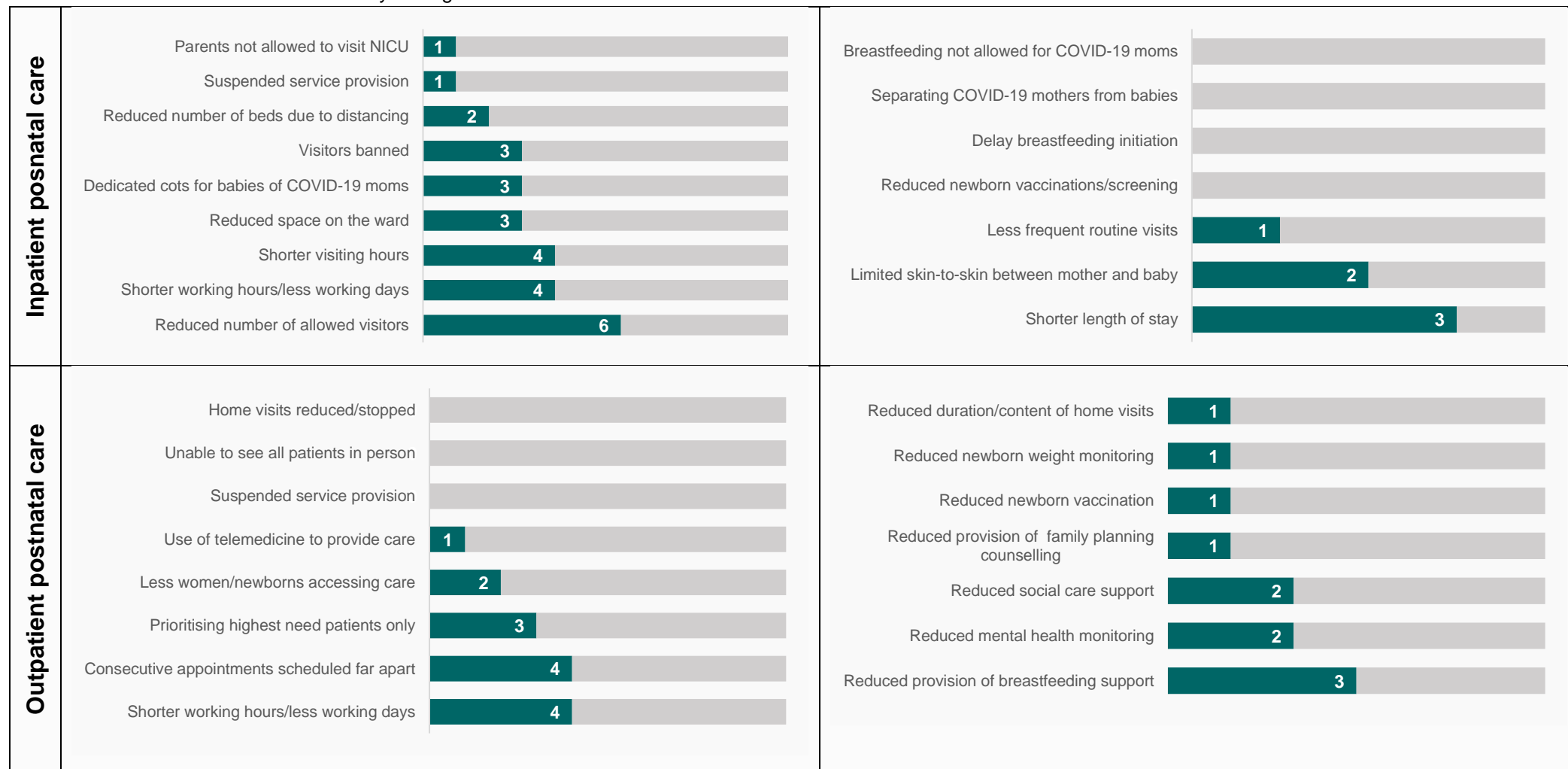
N=11
Do not have access to formal mental health support

Legend for mental health support access:

- Yes, free
- Yes, not for free
- No access
- ▨ Don't know

Dashboard 5. Adaptations to care processes and content (n=13*, from optional module)





*The number of missing answers is different across questions

Testimonials from the front-line: In respondent's words

Challenges

Workload :

« Manque de repos puisque les congés sont suspendus ; charge de travail importante vue le manque de personnel »

Use of télémedecine :

« Utilisation de téléphone personnel, le forfait s'épuise vite avec difficulté de faire une recharge le jour même. »

« Le non-respect des horaires de travail, je reçois les appels surtout les nuits et les weekends »

Fear of being infected :

« La seule inquiétude qui domine est surtout la crainte de se contaminer, contaminer les membres de mon équipe, contaminer les autres femmes, et surtout les nouveaux nés.ma famille aussi. »

Changes that improved the provision of maternal and newborn healthcare:

« Maintien des activités de routine nécessaires avec respect des normes recommandés pour éviter la contamination covid19 »

« Création d'un circuit des femmes covid19 positives. »

« Salle d'isolement et salle d'accouchement spécialement covid19 »

« Système rendez-vous. »

« L'éducation et les spots télévisés. Les webinaires. »