Summary from the COVID-19 front-line: **Ethiopia country brief**
Survey of maternal and newborn health professionals

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**Background and methods**

As of July 10th 2020, the Coronavirus disease (COVID-19) has resulted in more than 7,000 confirmed cases, and around 124 deaths in Ethiopia. As evidence continues to be generated around the impacts of the infection during pregnancy and the postpartum period, it is expected that the outbreak's indirect effects will exceed the direct impacts of infection among women and newborns. This document summarises the findings from a global online survey of maternal and newborn health professionals working in Ethiopia, and includes responses received between March 26 and April 28, 2020. This brief presents challenges experienced by healthcare providers during the early stages of the pandemic, as well as applied and suggested solutions to overcome them and ensure that care continues to be provided to women and newborns.

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 17 care processes (timing, frequency, modality of contact with patients during various types of outpatient and inpatient care) and to comment on whether they perceived that the uptake of care by the population they serve has changed and, if it had, how. The summary of global responses was published here (Round 1 survey questionnaire is provided as supplementary material).

**Respondents' characteristics**

We use 10 responses collected from healthcare professionals working in Ethiopia, 5 of whom agreed to answer the optional module. Four respondents were midwives and respondents mainly provided antenatal, childbirth and postnatal care. Seven respondents provided care in referral hospitals and eight worked in public sector facilities. One respondent reported that their facility had seen maternity patients with suspected SARS-CoV-2 infection.

**Part 1. Preparedness for and response to COVID-19**

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| **Preparedness** | Most respondents reported:<br>- Receiving information on COVID-19 from their facilities (n=8)<br>- Searching for guidance themselves (n=6)<br>- Taking part in informal sharing with colleagues (n=8)<br><br>Three out of ten respondents received training on providing care during COVID-19.<br><br>Five respondents reported being mostly or completely clear on what to do in case they need to provide care to suspected or confirmed COVID-19 maternity patients.<br><br>One respondent reported receiving updated guidelines on care provision to pregnant, labouring or postpartum women and their newborns in the context of COVID-19:<br>"*[We have] no clear information on how to care for pregnant special during labor and delivery*"<br><br>**Recommendation from respondents:**<br>- Provision of updated guidelines and training materials |
| **Response** | Respondents reported that their facilities:<br>- Established a sign-posted entrance and COVID-19 screening area (n=7)<br>- Dedicated isolation rooms for suspected patients (n=6)<br>- Screened maternity patients for COVID-19 symptoms (n=4) |

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| | Three out of ten respondents reported being able to order a RT-PCR test for the SARS-CoV-2 virus for maternity patients. The range of time periods to receive results was between 6 hours and 3 days.<br><br>Two respondents reported an increase in routine cleaning at the maternity ward. |

**Part 2. Challenges and concerns**

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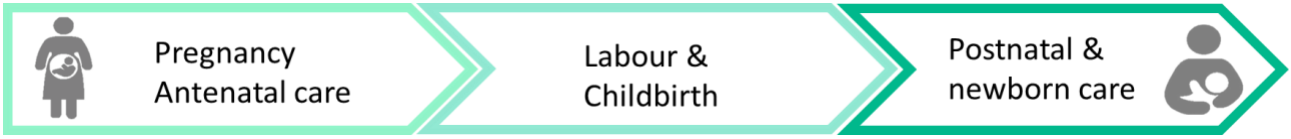
| **Healthcare provider protection** | None of the respondents reported feeling well or completely protected from COVID-19 in the workplace.<br><br>Participants reported a shortage in personal protective equipment, and insufficient masks (6/10), aprons (9/10) and gloves (6/10).<br><br>"*Critical shortages of Personal Protective Equipment (PPE) and community living style can aggravate the transmission.*"<br><br>Almost all respondents reported somewhat or substantially higher levels of stress than usual (n=9).<br>Respondents reported that the fear of becoming infected with COVID-19 could affect the availability and quality of care<br><br>"*I fear that health care providers may reserve to give the full package of care to women and children, like during ANC, labor and delivery, PNC and immunization due to the fear of acquiring COVID-19 from women and children as personal protection equipment are not available in Ethiopia now for health care providers*."<br>"*Since we don't have enough PPE, the staff is very frustrated to give services.*"<br><br>**Recommendations from respondents:**<br>- Provision of adequate personal protective equipment and disinfectant:<br>*"We need PPE, PPE, PPE, PPE"*<br>*"Disinfectants should be available sufficiently*"<br>- Implementation of lockdown measures to reduce the risk of local transmission:<br>"*Emergency state should be announced to break transmission of the disease to different area (people should stay at their home),"*<br>*"We need any international community to pressurize Ethiopian government for lock down at least in major towns"* |
| **Availability of resources** | Respondents reported a shortage in skilled maternal and newborn healthcare providers due to:<br>- Staff being allocated to provide COVID-19 care: "*Attention is shifted to the new disease*"<br>- Transportation and travel restrictions<br><br>Respondents reported a shortage in materials and equipment:<br>"*Maternity beds have been shifted to COVID preparedness*" |

**Part 3. Changes to the care provided to women and newborns**

The table below reports responses from 5 health professionals who completed the optional module.

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| **Women's use of care**<br>Fewer women were reportedly seeking services from health facilities, including for antenatal and postnatal care: "*Pregnant mothers are not coming to the ANC room*". |
| **Care and service availability**<br><br>Respondents noted the closure of outpatient departments, ceasing community services, and prioritising care provision to emergency cases:<br>"*At this point our hospital is only providing emergency services, other services including OPD are closed*"<br>"*Our clients for routine antenatal care are not allowed to visit*." |
| **Care process**<br><br>Respondents reported<br>- Reducing the number of allowed birth companions and visitors<br>- Decreasing elective caesarean sections<br>- Shorter length of stay following facility childbirth |