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Background and methods

As of November 6th 2020, Kazakhstan [reported](#) more than 114,800 Coronavirus disease (COVID-19) confirmed cases and around 1,850 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 Kazakhstan, and includes responses received between August 1st and September 10, 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, and through maternal/newborn platforms with the support of the Ministry of Healthcare of the Republic of Kazakhstan. The findings presented in this brief are not intended to be generalizable to Kazakhstani 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	Do not 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 562 healthcare professionals working in Kazakhstan, out of whom 14% (n=77) agreed to answer the optional module. Table 1 shows the respondents' background and workplace characteristics. The majority of the respondents (79%) worked in the South Kazakhstan region. Nurses comprised half of the respondents (n=280, 50%), followed by obstetricians/gynecologist (14%), midwives and nurse-midwives (13%) and medical doctors (12%), and most of the respondents were females (90%). Respondents mainly provided outpatient antenatal and postnatal care and breastfeeding support. Half of the respondents provided care in polyclinics or clinics followed by birth centers (20%) and regional hospitals (17%), and 85% worked in public sector facilities. One third of the respondents worked in villages or rural areas. Around 10% of the respondents were independent or self-practicing (n=55).

Table 1 – Respondents’ background and workplace characteristics

	Survey n=562 n (%)	Optional module n=77 n (%)
Region		
South Kazakhstan Region	444 (79)	61 (79)
North Kazakhstan Region	14 (2)	3 (4)
East Kazakhstan Region	4 (1)	1 (1)
West Kazakhstan Region	8 (1)	-
Not specified	92 (17)	12 (16)
Cadre		
Midwife/Nurse-midwife	77 (13)	6 (8)
Nurse	280 (50)	38 (49)
Obstetrician/Gynaecologist	77 (14)	11 (14)
Neonatologist/Paediatrician	34 (6)	3 (4)
Medical doctor (no specialization)	68 (12)	13 (17)
Other	15 (3)	3 (4)
Not specified	11 (2)	3 (4)
Position		
Head of facility	5 (1)	1 (1)
Head of department or ward	22 (4)	3 (4)
Head of team	21 (4)	6 (8)
Team member	199 (35)	20 (26)
Locum or interim member	71 (13)	12 (16)
Independent or self-practicing	50 (9)	7 (9)
Other	161 (29)	25 (32)
Not specified	33 (6)	3 (4)
Gender		
Female	508 (90)	68 (88)
Male	45 (8)	8 (10)
Prefer not to mention	9 (2)	1 (1)
Type of care provided (multiple responses allowed)		
Outpatient ANC	148 (26)	19 (25)
Home-based childbirth care	22 (4)	2 (3)
Outpatient PNC	89 (16)	12 (16)
Outpatient Breastfeeding support	90 (16)	12 (16)
Inpatient ANC	57 (10)	7 (9)
Inpatient childbirth care	60 (11)	5 (6)
Inpatient PNC	54 (10)	8 (10)
Surgical care	12 (2)	-
Neonatal care (small and sick newborns)	57 (10)	7 (9)
Home visits	64 (11)	9 (12)
Community outreach	103 (18)	16 (21)
Family planning provision or counselling	60 (11)	11 (14)
Abortion care	10 (2)	1 (1)
Post-abortion care	30 (5)	3 (4)
Other	62 (11)	8 (10)
Work in more than one health facility		
Yes	105 (19)	20 (26)
No	449 (80)	55 (71)
Not specified	8 (1)	2 (3)

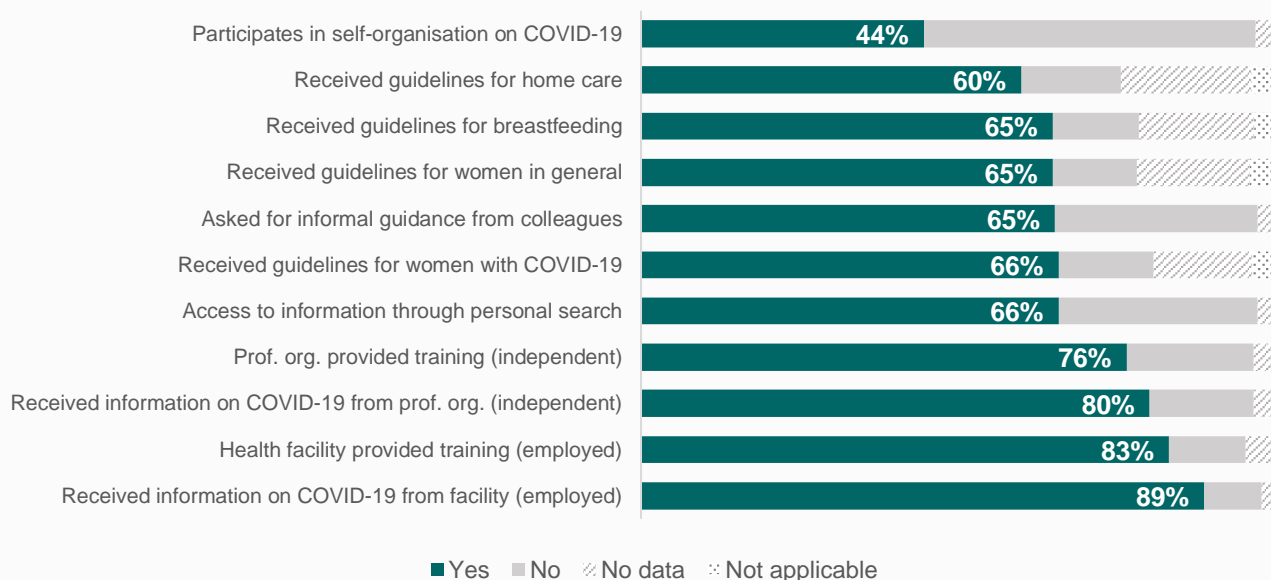
	Survey n=562 n (%)	Optional module n=77 n (%)
Health facility level		
Referral hospital	7 (1)	1 (1)
District/regional hospital	94 (17)	11 (14)
Health center	14 (2)	6 (8)
Polyclinic or clinic	281 (50)	40 (52)
Birth center	113 (20)	8 (10)
Other ^a	38 (7)	7 (9)
Not specified	15 (3)	4 (5)
Health facility sector		
Public (national)	376 (67)	48 (62)
Public (district level or below)	89 (16)	14 (18)
Health insurance	37 (7)	7 (9)
Other ^a	47 (8)	5 (6)
Not specified	13 (2)	3 (4)
Type of area		
Large city (more than 1 million inhabitants)	154 (27)	14 (18)
Small city (100,000 to 1 million inhabitants)	109 (19)	14 (18)
Town (fewer than 100,000 inhabitants)	59 (11)	12 (16)
Village/Rural area	188 (33)	29 (38)
Other	28 (5)	4 (5)
Not specified	24 (4)	4 (5)
Workplace characteristics		
Provides Caesarean-sections	207 (37)	28 (47)
Accepts referrals from other facilities	340 (61)	54 (70)
Water & soap always available when providing care	520 (93)	71 (92)
Water & soap always available to patients and visitors	492 (88)	71 (92)
Water & disinfectant always sufficient for cleaning surfaces	520 (92)	70 (91)

Abbreviations: Antenatal care (ANC); Postnatal care (PNC)

^a Including independent/self-practicing healthcare providers

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

The majority of healthcare providers who **work at healthcare facilities** (n=507) received information on COVID-19 and maternity care from their facilities (89%), and 83% received training and simulations. Among **independent/self-practicing** healthcare providers (n=55), 80% received information and 76% received training and simulations from the professional organisation to which they belong. Around two thirds of respondents received guidelines on care provision during COVID-19.

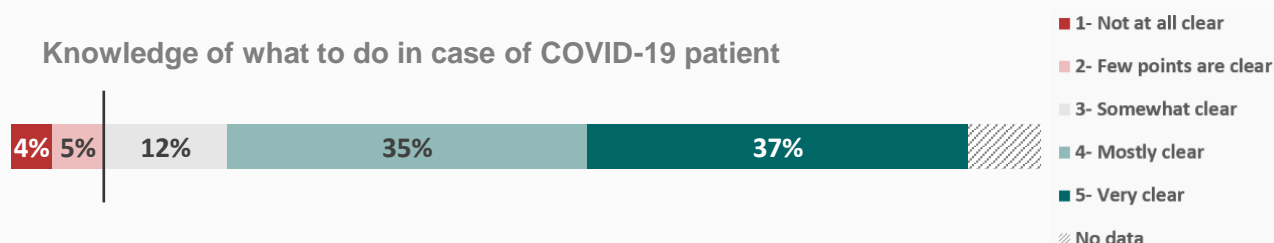


Out of the **healthcare providers** who received information from their health facilities:

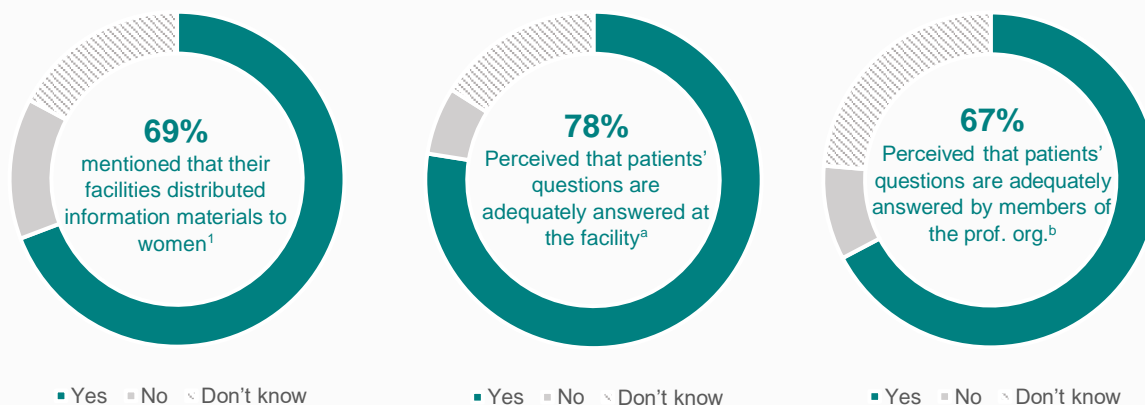
- 43% were in the form of **printed materials/digital documents**
- 55% attended **live video sessions**
- 26% attended **face-to-face sessions**
- 24% watched **recorded videos**

Two thirds (63%) of those who received information (health facility workers and independent/self-practicing providers combined) reported receiving information on **hand hygiene** (63%). Around half received information on **proper use of personal protective equipment (PPE)** (53%), **testing patients for COVID-19** (50%), **disinfecting surfaces and equipment** (49%), and **providing care to COVID-19 confirmed or suspected cases** (47%).

The majority of maternal and newborn healthcare providers perceive that they are **mostly or very clear** (72%) on what to do in case they receive a COVID-19 patient.

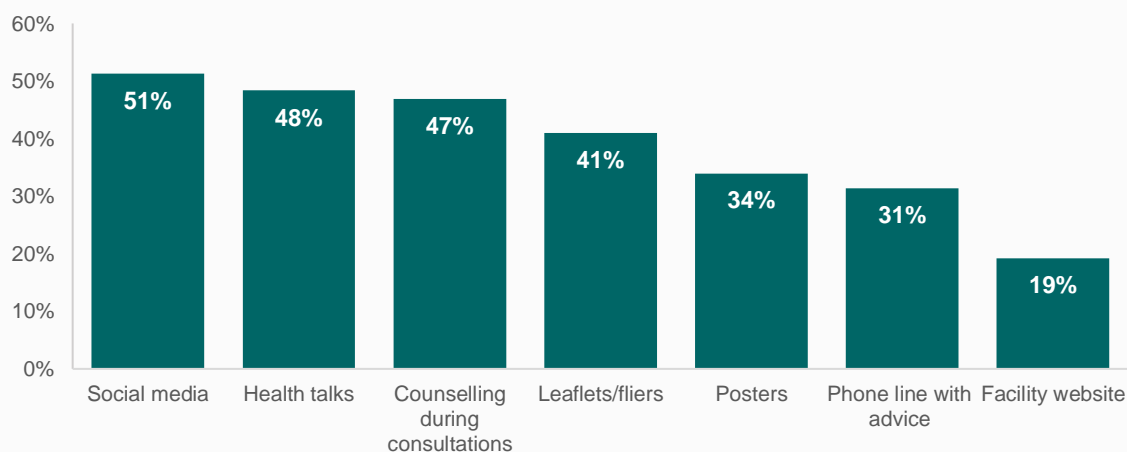


Dashboard 2. Women’s access to information and respectful care



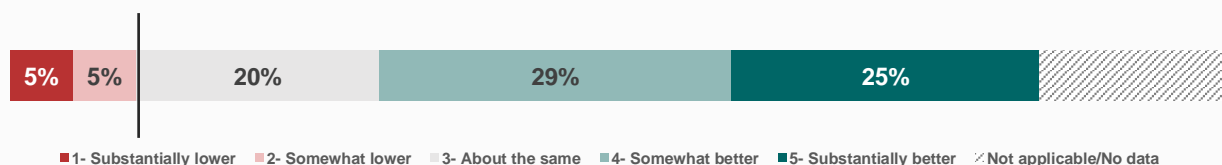
The majority of respondents mentioned that the information materials provided to patients were **updated in the past month (77%)**.

Commonly reported forms of sharing information materials with women were **social media (51%), health talks (48%), counselling during consultations (47%), fliers/brochures (42%)**. The use of **posters (34%), phone advice lines (31%), and websites (19%)** was less frequent.



81 respondents considered that the shared information materials were missing some themes or that they could be communicated better to women. A medical doctor elaborated that: *“information for patients should be presented in a more **accessible language**”*.

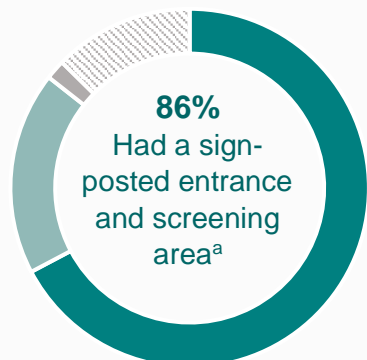
Perceived ability to provide respectful care compared to before the outbreak



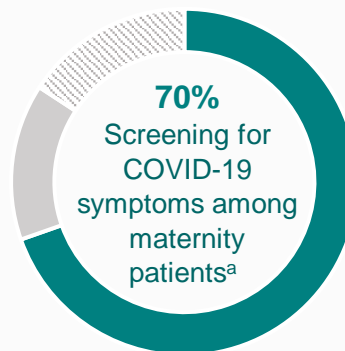
^a Among respondents who work at a health facility (n=507)

^b Among independent/self-practicing respondents (n=55)

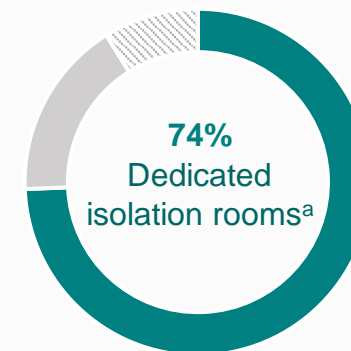
Dashboard 3. Response at the level of health facilities as reported by healthcare providers



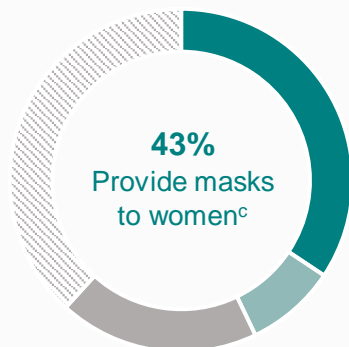
■ Yes ■ Some measures ■ No ⋄ Don't know/No data



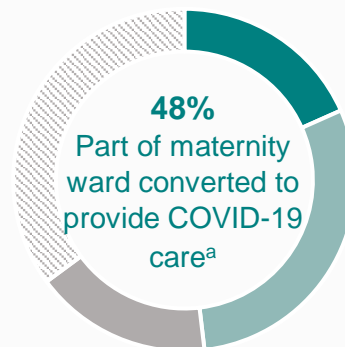
■ Yes ■ No ⋄ Don't know



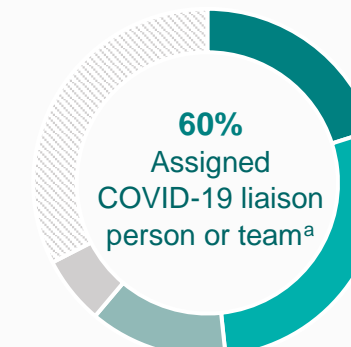
■ Yes ■ No ⋄ Don't know



■ To all women ■ To COVID-19 suspected patients
 ■ No ⋄ Don't know/No data



■ For women and newborns with COVID-19 ■ For COVID-19 patients in general
 ■ No ⋄ Don't know



■ In maternity ward ■ In entire facility
 ■ Both in maternity and facility ■ No
 ⋄ Don't know/no data

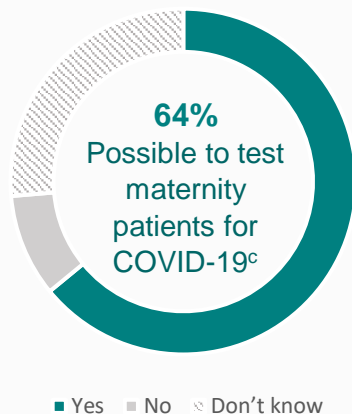
Example of an adaptation as reported by an obstetrician/gynecologist:

“The maternity clinic has been divided into contaminated and clean zones. Clean zone is for patients with negative PCR results at the moment of admission. Contaminated zone is for patients without tests or expired test results. The same principle is used for the admission ward - contaminated and clean zones.”

^a Among respondents who work at a health facility (n=507)

^c Among respondents who work at a health facility & independent/self-practicing respondents combined (n=562)

Testing for COVID-19

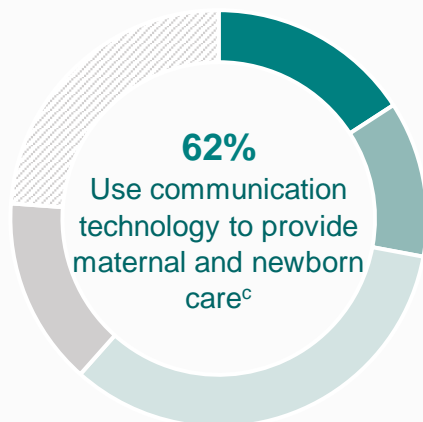


62% of respondents said that they routinely test all maternity patients for COVID-19. 58% of respondents said that they routinely test all newborns of COVID-19 suspected/confirmed mothers

Among those who confirmed that it is possible to order a SARS-CoV-2 PCR test for maternity patients, **11% reported that the cost of the test is covered by the patient.**

The timing to receive the test results ranged from 12 hours to 7-10 days. An obstetrician/gynaecologist who works in a rural area wrote: *“PCR must be sent to the city and wait for an answer”*.

Telemedicine



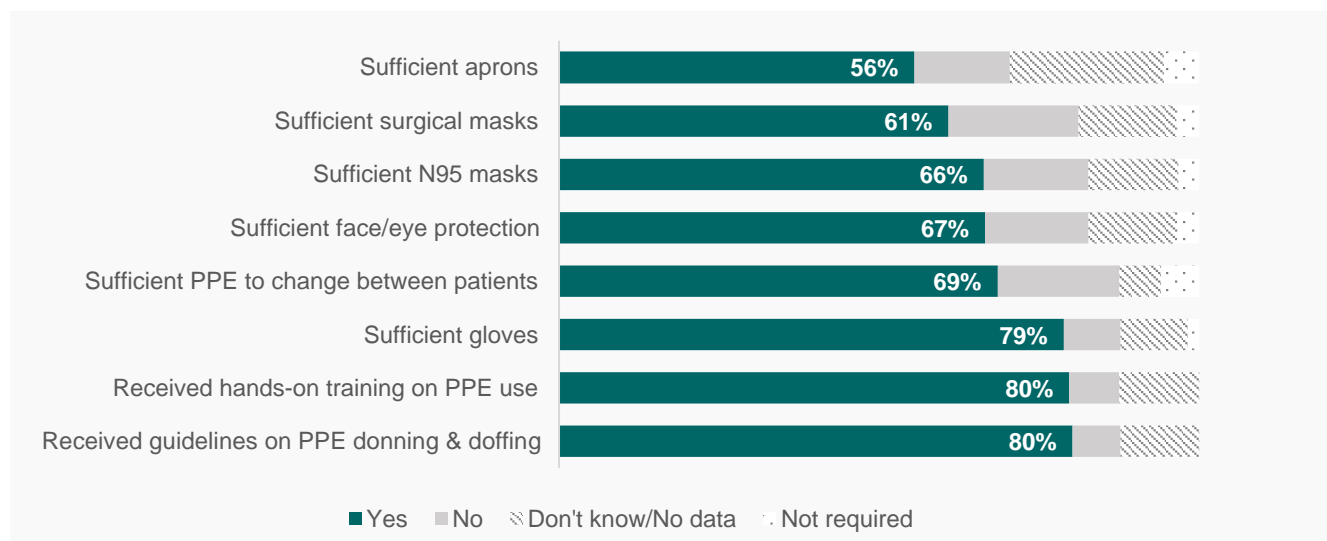
81% of respondents who use technology to provide care reported receiving **guidelines** on the provision of telemedicine

- Started provision since COVID-19
- More than before COVID-19
- Same as before COVID-19
- No
- ◊ Don't know/no data

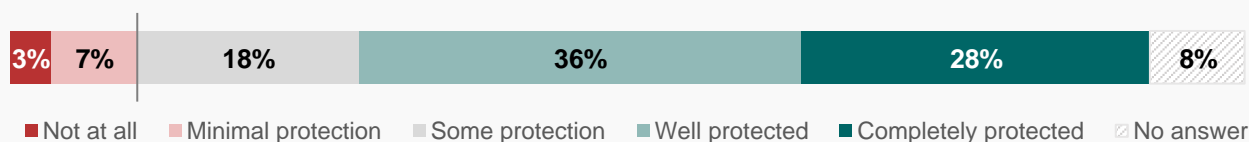


^c Among respondents who work at a health facility & independent/self-practicing respondents combined (n=562)

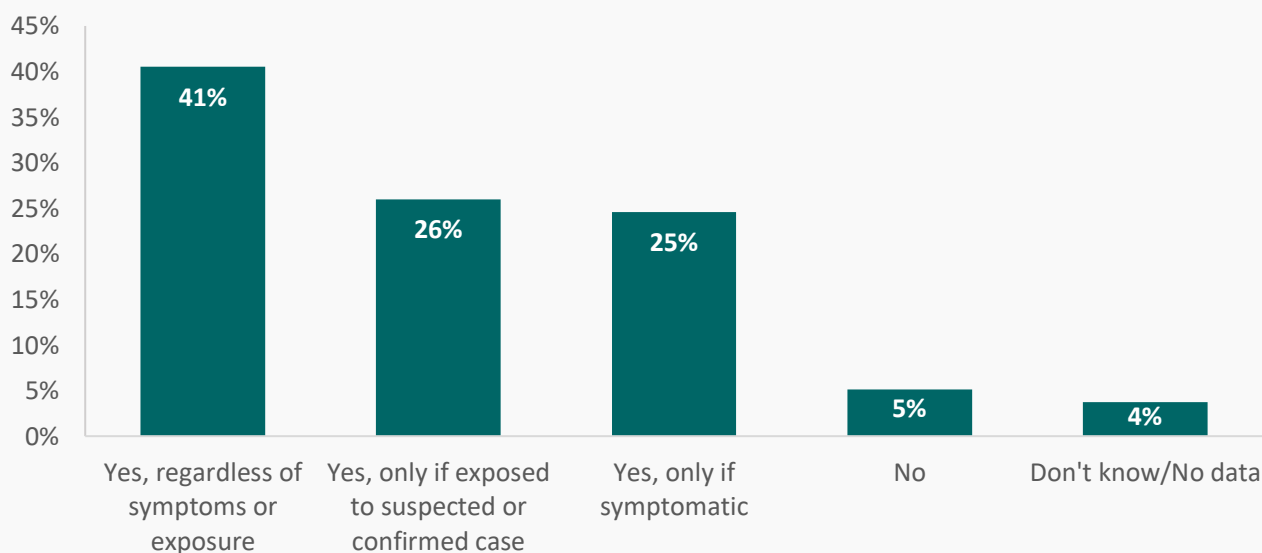
Dashboard 4. Respondents' access to PPE, perceptions of protection and experiences (n=562)



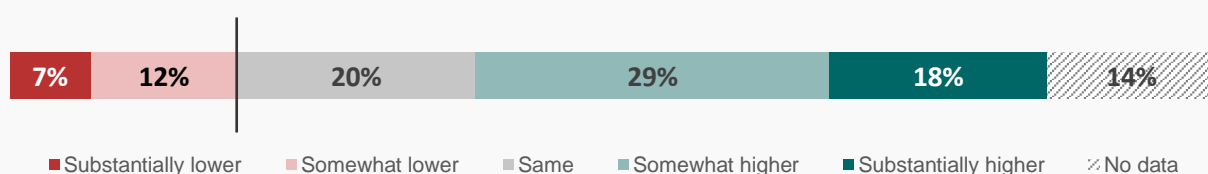
Degree of feeling protected in the workplace



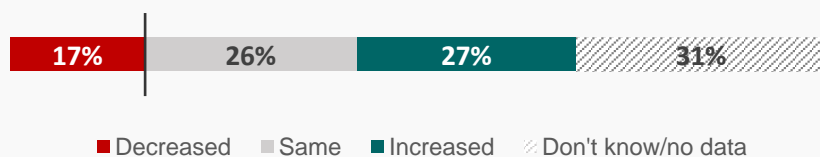
Possibility of getting tested for COVID-19 as a healthcare provider



Stress levels as compared to the start of the outbreak



Staffing levels during the past month



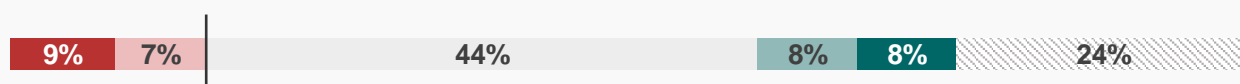
■ Decreased ■ Same ■ Increased ▨ Don't know/no data



■ Easy
 ■ Somewhat difficult
 ■ Very difficult
 ■ Impossible
 ▨ No data

“Reduction of medical workers due to inadequate payment of medical specialists who have had COVID disease” – Obstetrician/Gynaecologist

Personal income compared to before the COVID-19 outbreak



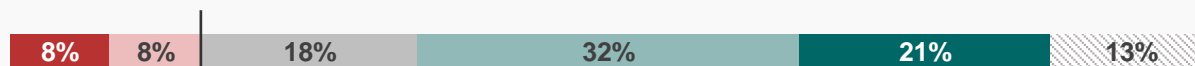
■ Substantially lower ■ Somewhat lower ■ The same ■ Somewhat higher ■ Substantially higher ▨ Don't know/No data

Respondent feels valued by his/her community



■ 1 - Not at all ■ 2 - Very little ■ 3 - Somewhat ■ 4 - Highly ▨ Unsure/don't know/No data

Facility addressed respondent's concerns (n=507)



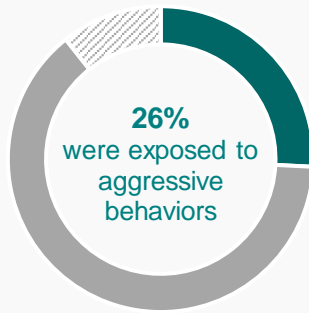
■ 1 - Not at all ■ 2 - Minimally ■ 3 - Somewhat ■ 4 - Well ■ 5 - Completely ▨ No data

In the words of respondents:

“It is necessary to raise the status of a doctor and their number, to make a decent salary. With a shortage of staff, the doctor is under pressure. In the maternity hospital, a doctor works 1.5 days [1 day meaning 24 hours], 8-10 times per month. He will not gain the necessary correct experience and there is no desire to learn because he is constantly tired and his opinion is not needed by anyone. This leads to a decrease in knowledge in general for the profile. Ultimately, the doctor does not want to take on the responsibility of making difficult, responsible decisions. Because in the event of complications, no one will spare him: neither the patient, nor the society, nor the leader.”

“We all got sick, the whole hospital, but there was no help”

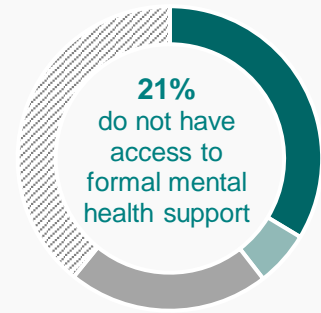
Exposure to violence in their work



■ Yes ■ No ◌ No data

Commonly reported types of aggressive behaviors were:

- Verbal aggression (34%)
- Animosity or discrimination (32%)
- Intimidation (17%)
- Spitting or coughing (16%)

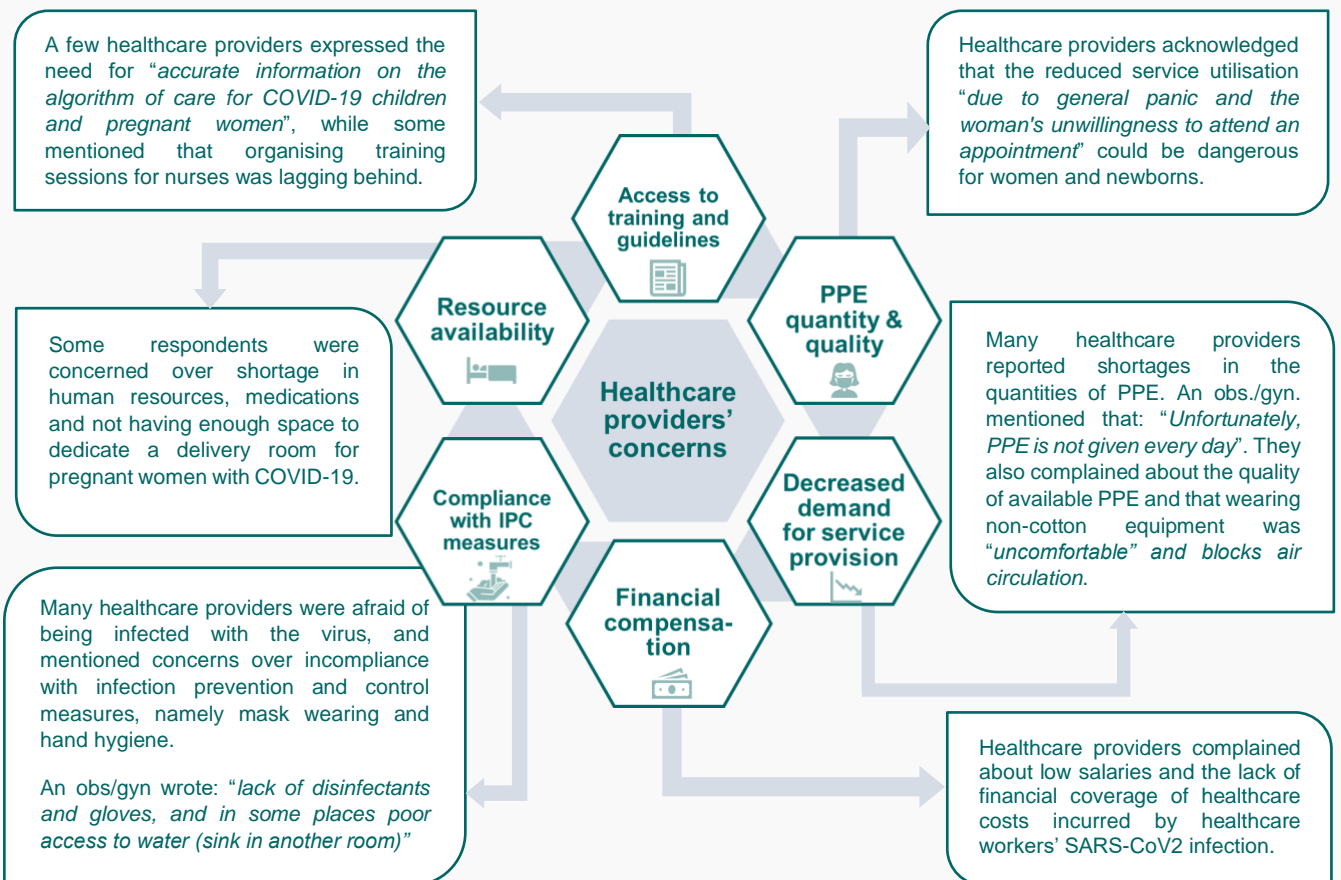


■ Yes, free ■ Yes, not for free
 ■ No access ◌ Don't know/No dai

Most commonly reported **targets/victims** were the respondents themselves (41%), patients (23%) and colleagues (18%). Most commonly reported **perpetrators** were patients (32%), respondents themselves (21%) and patients' families (17%).

Dashboard 5 – Concerns as reported by healthcare providers

Many of the respondents reported not having any concerns by replying “No” or “it’s ok” or “no problem”. An obstetrician/gynaecologist who works at a district hospital mentioned that: “We do not have such problems in our institution. We have enough materials and information.”



Dashboard 6. Adaptations to care processes and content (Among healthcare providers who answered the optional module n=77*)



	Process	Content	
Inpatient postnatal care	Reduced number of beds due to distancing	5%	
	Shorter working hours/less working days	10%	
	Dedicated cots for babies of COVID-19 moms	10%	
	Parents not allowed to visit NICU	14%	
	Reduced space on the ward	15%	
	Shorter visiting hours	19%	
	Reduced number of allowed visitors	20%	
	Suspended service provision	32%	
	Visitors banned	42%	
			Delay breastfeeding initiation 5% Limited skin-to-skin between mother and baby 7% Reduced newborn vaccinations/screening 11% Breastfeeding not allowed for COVID-19 moms 16% Less frequent routine visits 18% Separating COVID-19 mothers from babies 32% Shorter length of stay 46%
Outpatient postnatal care	Less women/newborns accessing care	2%	
	Home visits reduced/stopped	10%	
	Consecutive appointments scheduled far apart	12%	
	Shorter working hours/less working days	12%	
	Unable to see all patients in person	17%	
	Use of telemedicine to provide care	19%	
	Prioritising highest need patients only	22%	
	Suspended service provision	36%	
			Reduced social care support 6% Reduced mental health monitoring 8% Reduced newborn weight monitoring 15% Reduced duration/content of home visits 23% Reduced newborn vaccination 27% Reduced provision of family planning counselling 31% Reduced provision of breastfeeding support 31%

*The number of missing answers is different across questions.