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Background and methods

As of September 21st 2020, Morocco <u>reported</u> 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 abbreviationsCOVID	Coronavirus Disease	
csection	caesarean section	
DK	Don't know	
PCR	Polymerase Chain Reaction	
PPE	Personal Protective Equipment	
Susp/conf	Suspected or confirmed cases	
UNFPA	United Nations Population Fund	

Respondents' characteristics

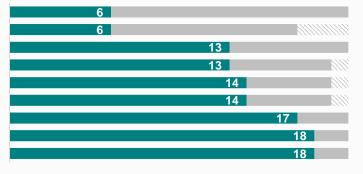
We use 20 qualitative responses collected from healthcare professionals working in Morocco, 19 respondents answered the survey in French, and one responded in Arabic. Thirteen healthcare providers agreed to answer the optional module. Around one third of the respondents worked in Rabat (n=6) and Casablanca (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

Healthcare provider access to information, training and guidelines

Participates in self-organisation on COVID-19 Received guidelines for home care Health facility provided training Received guidelines for breastfeeding Received guidelines for women in general Received guidelines for women with COVID-19 Received information on COVID-19 from health facility Asked for informal guidance from colleagues Access to information through personal search

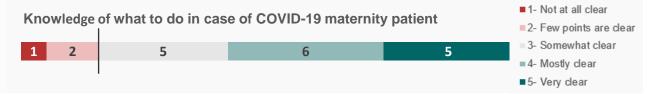


■Yes ■No Not applicable

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.



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



N=14

Perceived that

patients' questions

are adequately

answered at the

facility



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.

Perceieved ability to provide respectful care compared to before the oubreak (n) ■ 1- Substantially lower 2- Somewhat lower 3- About the same 6 6 2 2 4 4- Somewhat better

■ 5- Substantially better

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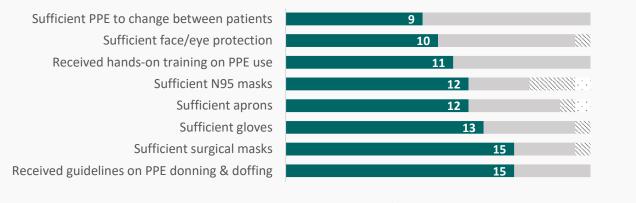
Dashboard 3. Response at the level of health facilities



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





 3
 2
 11
 3
 7

 • Not at all
 • Minimal protection
 • Some protection
 • Well protected
 • No answer

Stress levels as compared to the start of the outbreak (n)

2	11		1	4	2
■Substantially higher	Somewhat higher	Same	Somewha	at lower	S Don't know

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

Staffing levels at health facility (n) 13 1.1 Decreased Same Increased Don't know Almost all 7 cases N=11 reported being N=7 Do not have themselves victims of were exposed acccess to verbal aggression to aggressive formal mental perpetrated by the health support behaviour patients or patients' family members. Yes, free Yes, not for free

Don't know

No access



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

	Process		Content	
	Fees increased			
	Fees decreased	1	Denial of care to women susp/conf with COVID-	_
	Use of telemedicine to provide care		19	1
are	Unable to see all those who need care	2	Reduced availability of routine tests	2
al c	Shorter working hours/less working days	2		
nat	Suspended service provision	2	Counsel women to prepare them for self-care	6
Antenatal care	Prioritising high risk pregnancies for care	5	Shorter consultation time	6
A	Less women accessing ANC	6		
	Suspending group activities	8	Fewer routine visits during pregnancy	9
	Consecutive appointments scheduled far	8		
	_	-		
	Screening/testing companions for COVID-19		COVID-19 mothers delivered by csection	
	Increased demand for home childbirth care		Unable to provide or support home births	
	Shorter working hours/less working days		Fewer pain relief options available to women	
care	Suspended service provision		Increase in labour augmentation practices	
ü u	Fees decreased		Decreased elective csections	
Intrapartum	Fees increased	n 1	Reduced availability of lab tests	1
par	Disctancing among patients in the waiting room		Shortage of equipment/supplies	1
ntra	Less women accessing facility care		Reduced number of allowed birth companions	2
	Reduced number of beds due to distancing	3	Limiting duration of close contact with women	3
	Specific pathway for COVID-19 women	5	Unable to regularly assess labour progress	4
	Reduced space on the labour ward	5	Birth companions banned	5

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Inpatient posnatal care	Parents not allowed to visit NICU	1	Breastfeeding not allowed for COVID-19 moms	
	Suspended service provision	1	Separating COVID-19 mothers from babies	
	Reduced number of beds due to distancing	2	opparating COVID To motificia nom babies	
	Visitors banned	3	Delay breastfeeding initiation	
	Dedicated cots for babies of COVID-19 moms	3	Reduced newborn vaccinations/screening	
		3	Less frequent routine visits	1
	Shorter visiting hours	4		
	Shorter working hours/less working days	4	Limited skin-to-skin between mother and baby	2
	Reduced number of allowed visitors	6	Shorter length of stay	3
		1		-
0				
	Home visits reduced/stopped		Reduced duration/content of home visits	1
care	Unable to see all patients in person		Reduced newborn weight monitoring	1
tal	Suspended service provision		Reduced newborn vaccination	1
Outpatient postnatal	Use of telemedicine to provide care	1	Reduced provision of family planning counselling	1
		2	Reduced social care support	2
	Prioritising highest need patients only	3	Reduced mental health monitoring	2
	- Consecutive appointments scheduled far apart	4	Reduced provision of breastfeeding support	3
	Shorter working hours/less working days	4	_	

*The number of missing answers is different across questions



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

Challenges		
Workload :	Use of télémédecine :	Fear of being infected :
« Manque de repos puisque les congés sont suspendus ; charge de travail importante vue le manque de personnel »	 « 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 » 	« 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. »