**COVID-19 & MNCH: WHAT’S HAPPENING IN COUNTRIES?**

**WEBINAR SUMMARY**

**SUMMARY:**

In all five settings (Nepal, Bangladesh, Uganda, Nigeria, and Brazil), to different degrees, facilities are seeing fewer women attending antenatal care (ANC). Hospitals are noticing women arriving at facilities later and have serious complications that they feel may be related to poor ANC care. In Nepal, Uganda and Nigeria they are seeing a decrease in numbers of deliveries in facilities. There are reports of more women delivering with TBAs in Uganda.

Facilities in all settings are trying to re-organize services, including screening women, increased time between ANC visits, hotlines women can phone, shorter admissions, and they are trying to schedule ANC appointments at times when clinics are not too busy. Group ANC sessions have been largely cancelled.

The closing down of public transport services is causing big challenges for women and health care workers to get to facilities, particularly in Nepal, Uganda and Nigeria. Where transport services are available, many women and families appear to be poorer because of the economic impact of lockdowns and struggle to find money to pay for transport.

Health care workers, including community health workers and ambulance drivers, are scared about their own health, and do not always have the personal protective equipment (PPE) they need. In some settings this means that health workers are resigning or not coming to work.

There is a concern that respectful care is suffering in some settings that are not allowing birth companions or skin to skin after delivery; staff are stressed.

**DR. ABHA SHRESTRA, OBSTETRICIAN, DHULIKHEL HOSPITAL, NEPAL**

- Women are still coming to deliver but ANC attendance has declined
- Seeing increased numbers of severe complications including 4 cases of eclampsia, one of which resulted in an intrauterine fetal death
- They believe that they are seeing more complications because ANC services are not functioning well and are not picking up complications early
- Experiencing problems with transport systems, which makes it difficult for women to travel to services
- Screening of women has been introduced based on the underlying principle that every patient might be infected
- Everyone is being screened for a fever, cough, contact with someone with COVID-19 or people who might be at risk
- There is a huge amount of media attention to the issue of COVID-19 so everyone knows about it; patients and health care workers are scared
DR. MICHEAL EZEANOCHIE, OBSTETRICIAN, UNIVERSITY OF BENIN TEACHING HOSPITAL, NIGERIA

- They have an isolation center at the hospital; they have had one COVID-19 death (not maternity related)
- About 75 percent of patients attend ANC and deliver at the facility – and about 25% are referrals from other facilities
- They have seen about a 50% drop in ANC attendance and delivery among their patients
- Even more drastic drop in the numbers of referrals to the facility for obstetric emergencies; down 70-80%
- They want to do some research to try and understand this. Is it because it is known that they treat COVID-19 patients at their facility?
- Health workers are anxious and stressed. They are watching what happened in much better resourced health systems such as China and Italy – and wondering what is going to happen to them.
- Health care workers are struggling to provide good quality care
- Women are also anxious. They might be avoiding the hospital because they have had COVID-19 cases there and are worried about treatment.
- This creates tensions and lack of communication between health workers and women

DR. PETER WAISWA, MAKERERE UNIVERSITY MATERNAL, NEWBORN AND CHILD HEALTH CENTRE OF EXCELLENCE, UGANDA

- The Ugandan Government has been very proactive in fighting COVID-19
- They now have a total lockdown and a strictly enforced curfew
- Health workers are officially still allowed to move around to travel to work
- Health workers meant to get stickers that showed that they were allowed to travel, but implementation has been slow; there have been real problems for health workers.

The following feedback comes from those involved in research projects and UNICEF projects in Uganda.

- The focus on COVID-19 has been really intense
- Everybody (government, public and private sectors) has been involved
- Women and health workers are very scared
- High levels of staff absenteeism and women were not attending services
- Most facilities reported that ANC attendance and facility deliveries had decreased - although cesareans stayed stable
- There was variation among facilities with some being more affected
- Hospitals reported seeing more complications - including stillbirths, early neonatal deaths and ruptured uterus
- Neonatal care units are now almost empty
- Some facilities reported problems with commodities
- Public and private transport is banned; permission is needed to travel
- Stories told of more women delivering with traditional birth attendants (TBAs), and women and children dying because they could not access services
- The Ugandan ministry of health has an emergency committee involving government, academics and UNICEF who recognized problems were developing
- Now implementing the WHO Guidelines on keeping essential services during the epidemic
• One strategy has been to buy or rent ambulances from the private sector to help women travel to facilities
• Women are now allowed to travel if you can see that they are pregnant
• Problems with PPE are still there but getting better
• Health workers wearing uniforms and showing their IDs are allowed to travel; previously there was a story of a health worker being beaten up
• Uganda has problems with crowding in many maternity facilities that makes COVID-19 prevention strategies difficult
• Concern that there will be many indirect deaths as a result of COVID-19
• In epidemic preparedness we need to think about what happens to normal routine services
• We need to have M&E that looks at more than just COVID-19 and looks at other services
• Fear has changed behavior; panic can mobilize efforts. It will be interesting to see what happens after this period

DR. SANDRA VALONGUEIRO, OBSTETRICIAN, PERNAMBUCO, BRAZIL

• Efforts made to spread importance of continuing to go for ANC; telling women “do not stop coming for ANC”
• They are screening women in ANC for fever/cough/respiratory ailments, and referring them to higher level facilities
• They are adapting the way they organize care (e.g., scheduling ANC in the afternoon when clinics are less crowded)
• Hospitals are seeing sicker women and we think that is due to women not attending ANC
• Maternity services are historically overcrowded; this makes infection control difficult
• Health workers are struggling to provide respectful care
• Women are no longer always allowed birth companions
• Skin to skin after delivery is not always being allowed
• Health workers are feeling overwhelmed
• They have to learn about this new virus to answer patients' questions
• They are having to reorganize services
• The fear for their own health
• They are scared about the lack of PPE and the fact that many health workers are testing positive for COVID-19
• They feel that "no one is safe"
• They know care givers and friends who have died
• The health system is dealing with COVID-19 on top of other epidemics such as Dengue, TB and a high maternal and neonatal mortality
• Only three years ago they had to deal with Zika.

DR. YASMIN KEYA, DR BEA AMBAUEN-BERGER, LAMB HOSPITAL, PARBATIPUR, BANGLADESH

• Bangladesh has been in lock down for 4 weeks
• There have been 3,000 plus cases reported in Bangladesh and over 110 deaths; 170 doctors infected
• Cases are centered around the capital, Dhaka
• They recently had the first case in the town
• People are scared; there is hardly any testing
• Most outpatient care is dropping but about two thirds of women are still coming for ANC and they have the same number of deliveries
• The number of deliveries has not changed. Private delivery clinics are closed. Some women who would have chosen private clinics are staying at home and others are going to LAMB Hospital or other hospitals
• LAMB hospital has set up a triage system
• They created a separate space for women with suspected COVID-19 (Fever/cough etc.); they are seeing about 5 cases a day.
  o If they report no problems with their pregnancy, they are treated for their symptoms (paracetamol and antihistamine) and then sent home.
  o If they are experiencing obstetric complications, they are examined in a separate ward and scanned if necessary
• One of the biggest challenges is retaining staff
• Four doctors have already resigned from the hospital

**QUESTION:** Could the speakers talk about issues with transport that they are facing?

**DR. MICHEAL EZEANOCHE, OBSTETRICIAN, UNIVERSITY OF BENIN TEACHING HOSPITAL, NIGERIA**
• Transport really is a problem for women
• The vast majority of women come to the facility using private or public transport; because of the current lockdown/curfew most transport services are not running
• Had a case of a woman who urgently needed a cesarean; the woman’s family is middle class and managed to organize an armed escort to get her to the facility. Most women and families are not able to do that

**DR. SANDRA VALONGUEIRO, OBSTETRICIAN, PERNAMBUCO, BRAZIL**
• Transport is also a problem in this state - even though it is mainly urban
• In some areas, some clinics are no longer providing ANC services, so some women are having to travel further for ANC
• The current challenge is that even more women do not have money to pay for transport

**DR. ABHA SHRESTRA, OBSTETRICIAN, DHULIKHEL HOSPITAL, NEPAL**
• Transport is always a challenge in Nepal
• Now it is even harder because of the lockdown
• Women don’t have alternatives of using public transport, so they are waiting for ambulances
• There are very few ambulances. These delays are resulting in women arriving in referral facilities in worse conditions

**DR. YASMIN KEYA, DR BEA AMBAUEN-BERGER, LAMB HOSPITAL, PARBATIPUR, BANGLADESH**
• Although public transport is closed you can still get a rickshaw
• The lock down is not so strict, so there is transport
• They are hearing that families have lost income and so they are struggling to find the money to pay
**QUESTION:** What ways have the people been adapting services and what about working with TBAs?

**DR. ABHA SHRESTRA, OBSTETRICIAN, DHULIKHEL HOSPITAL, NEPAL**
- They have set up an advice hotline which people can call to get advice.
- If women have no problems, they are told they don’t have to come to the hospital as often as before; they are advised to go to their local health post to get their blood pressure taken.
- They are also using telemedicine where it is available.

**DR. SANDRA VALONGUEIRO, OBSTETRICIAN, PERNAMBUCO, BRAZIL**
- They are looking at how to reorganize services.
- Increased use of WhatsApp as a way to talk to and reassure women.
- Getting women to come to facilities at different times.
- They also have a COVID-19 hotline for everyone including pregnant women.

**DR. PETER WAISWA, MAKERERE UNIVERSITY MATERNAL, NEWBORN AND CHILD HEALTH CENTRE OF EXCELLENCE, UGANDA**
- Only now beginning to think about how to reconfigure services. At first the focus was just on COVID-19.
- Group ANC care has been stopped.
- In terms of TBA’s - in Uganda they are there in good times and bad times. They have heard that they are being used by women, but no one is supporting TBAs to adjust their practice during the COVID-19 epidemic.

**QUESTION:** What about transport and ambulance? Are drivers of ambulances being offered protection?

**DR. PETER WAISWA, MAKERERE UNIVERSITY MATERNAL, NEWBORN AND CHILD HEALTH CENTRE OF EXCELLENCE, UGANDA**
- In Uganda there are not that many ambulances.
- Many members of parliament own ambulances of different quality to transport constituents to the hospital.
- These have all been mobilized and the government is now paying for fuel.
- This transport can be crowded as there is a lot of demand.
- Many drivers in the rural areas only have masks and hand sanitizers.
- Drivers in Kampala are better equipped.

**INPUT FROM SEUN ALADESANMI MPH PHD, GLOBAL ASSOCIATE PROGRAM DIRECTOR, MATERNAL AND NEWBORN HEALTH, CLINTON HEALTH ACCESS INITIATIVE, INC**
- Work in Uganda, Zambia, South Africa and Uganda.
- Seeing many of the same things identified by the 5 speakers.
- They are also seeing significant drops in ANC attendance and facility deliveries - particularly in Nigeria and Uganda.
- They are hearing about shortages of PPE.
- Health workers are trying to adapt services so that admissions are shorter, longer intervals between ANC visits, abandoning group ANC and scheduling appointments so that people are more spaced out.
• They are also hearing rumors of increased TBA use in Uganda
• He also pointed out that lower level health cadres particularly community health workers and health extension workers are suffering and often don’t have access to adequate PPE
• Ambulances that do exist are becoming overwhelmed - as people can no longer use public transport
• We should be exploring public private partnerships, such as initiatives that they have carried out in Nigeria working with taxi drivers and unions
• Taxi drivers often have ID cards that exempt them from lockdowns
• Health workers posted in rural areas are also suffering as they are not allowed to travel to see their families
• Maternal health is suffering from a diversion of attention towards COVID-19

SHARE YOUR EXPERIENCE:
We welcome our CoP members to share their experiences with COVID-19:
• Are women still coming to facilities for ANC & delivery?
• How are people adapting MNCH health services & practices?
• Are MNCH services suffering with the focus on COVID-19?
• How are healthcare workers coping?
• Has COVID-19 impacted on providing RMNC
• What challenges are they facing & what are lessons learned?
PANELIST BIOGRAPHIES

Dr. Sandra Valongueiro is a medical doctor from State University of Pernambuco – UPE (1980). She has a Master’s in Demography at Federal University of Minas Gerais – UFMG (1996) and a PhD in Sociology at Population Research Center - University of Texas at Austin (2006). She is a researcher of the Post-graduation Program of Public Health at Federal University of Pernambuco - UFPE, at Recife, Pernambuco, since 2006. She has worked on Public Health, focusing on the following subjects: maternal mortality and abortion, reproductive health and information on mortality. She is currently involved in research on Zika and abortion and mortality. She is member of the Maternal Mortality Committee of Pernambuco.

Dr. Keya Farida Yasmin has been working at LAMB hospital since 2006 and received his training there as an obstetrician and gynecologist including fistula surgery. She became Head of Obstetrics and Gynecology in January 2019. LAMB Hospital is a 150-bed rural mission/NGO hospital with 2500 deliveries and 250 fistula and prolapse operations per year.

Dr. Bea Ambauen-Berger is an obstetrician-gynecologist and Deputy Medical Director of LAMB Hospital in Parbatipur, Bangladesh. She hails from Switzerland and received her specialty degree in obstetrics & gynecology in 2006. She has been a consultant at LAMB hospital in Bangladesh since 2010 and took on the position of Head of Department in 2013. She has been expanding and leading the fistula project at LAMB since 2011. Her passion is training national gynecologists and midwives.

Dr. Abha Shrestha has been working as an associate professor and consultant in the Department of Obstetrics and Gynecology, in Dhulikhel hospital, Kathmandu University Hospital for 15 years. She is involved in academics, patient care, and research in the field of obstetrics and gynecology.

Dr. Michael Ezeanochie currently works as a consultant obstetrician and gynecologist at the University of Benin Teaching Hospital. His research interest is in Maternal Health and Reproductive Health. He is currently looking at the relationship between health systems and maternal health outcomes in developing countries like Nigeria. Michael is also on the board of SOS Children’s Village Nigeria.

Dr. Peter Waiswa is a Ugandan medical doctor trained in Public Health. He graduated with a joint PhD and later a postdoctoral fellowship; both as joint degrees/fellowships from Makerere University, Uganda and Karolinska Institutet, Sweden. Currently, Dr. Waiswa is an associate professor at Makerere University School of Public Health, College of Health Sciences, Uganda and also a visiting Researcher at Karolinska Institutet, Sweden since 2013 to present. Prior to joining academia, he worked as a district medical officer with the Ministry of Health for 8 years in Uganda. He is the founder and coordinator of the INDEPTH Network Maternal and Newborn Research Group in Accra, Ghana and the Makerere University Maternal, Newborn and Child Health Centre of Excellence in Uganda. He is widely published in health systems and policy, implementation research, and evaluation with a special focus on maternal, newborn and child health. Dr. Waiswa regularly engages in policy debates, advocacy and planning at local, national, Africa and at the global level for WHO, UNICEF, and other multilaterals.