



# Engaging Civil Society Organizations to Reverse the Negative Impact of COVID-19 on Equal Access to Essential Health Services

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## *Training Note*

TRAINING OF HEALTH CARE AND SOCIAL WORKERS

FUNDED BY:





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## **ACKNOWLEDGEMENT**

Engaging Civil Society Organizations to reverse the negative impact of Covid-19 on equal access to essential health services was a timely project which keyed into the National strategic concepts to reduce the spread of Covid-19 pandemic and ensure that access to essential health services especially (SRH services) are maintained. Implementation of this project was made possible through funding from United Nations Population Funds (UNFPA) and the support of UNFPA Covid-19 Focal point and our UNFPA IP focal person.

Special appreciation goes to the Executive Director of Planned Parenthood Federation of Nigeria (PPFN), for his outstanding leadership and support to achieve the goal of the project.

I acknowledge the hard work, diligence and commitment of my Team in driving the project down to the grassroots and making sure that the project achieves its set objectives.

Worthy of note is the support and partnership of the State and Local Governments of Sokoto, Borno, Gombe, Kano, Kaduna, Ogun and the FCT, without whom this project would not have been possible.

I also acknowledge the efforts of the other two IPs (EVA and WHARC) in implementing the project in their focal states, as well as the great efforts of the 8 CSOs engaged by PPFN under the project to carry out community mobilization and strengthening at the grassroots.

**Mrs Nafisatu Adamu**

**Director of Programmes (PPFN)**

**March 25<sup>th</sup>, 2021**

## **ABOUT UNFPA**

The United Nations Population Fund (UNFPA), is the lead agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities for women and young people to lead health and productive lives.

## **ABOUT PPFN**

Planned Parenthood Federation of Nigeria (PPFN), is a national service provider and a leading advocate of sexual and reproductive health and rights for all in Nigeria.

We are movement of volunteers including youths (below 25 years) organized into local, state (37) and regional associations (6) and a national secretariat and leadership. Established in 1964, PPFN is a member of the International Planned Parenthood Federation (IPPF). PPFN operates in compliance to IPPF accreditation standards through the establishment of a democratic and devoted governing structure-Board of trustees, National Council (1) Regional councils (6 one for each geo-political zone) and state assembly (36) and FCT. The youth action movement (YAM) though an integral part of the volunteer structures at all levels enjoy autonomy and representation on all policy making bodies.

PPFN envisions A Nigerian society where all individuals freely exercise their rights to and choice of quality health services. We will contribute to the achievement of this vision by championing the provision of comprehensive SRH&R information and services, in partnership with relevant stakeholders, to all people particularly vulnerable groups. Our success is hinged on our belief in doing what is right and appropriate (integrity) using new approaches (innovation) to skillfully and efficiently deliver SRH&R services (competence) by pooling a group of passionate, inspiring and committed people (volunteerism); which ensures the continued existence of both PPFN and its programs (sustainability).

The geographical spread of PPFN covers the country. Our volunteer structures comprise of not less than three local chapters per state in all 36 states and FCT.

The National Headquarters is headed by an Executive Director supported by three Directors (Program & Technical support, Finance & Operations and Advocacy Business development and external relations). The office of the Executive Director has performance monitoring unit

responsible for monitoring and evaluation and Internal unit responsible for compliance. The Internal auditor reports also to the National Executive Committee directly.

### **Our Vision**

A society where all individuals freely exercise their right to and choice of quality health services.

### **Our Mission**

To champion the provision of comprehensive SRH&R information and services, in partnership with relevant stakeholders, to all people particularly vulnerable groups

### **Our Focus:**

Given PPFN's mission as well as the goals and strategic objectives adopted, we focus on promoting integrated health services that have direct impact on poor and vulnerable groups especially women, adolescent and children. PPFN gives special attention to underserved and marginalized locations including slums and remote rural communities across Nigeria

### **Our traction:**

With over 50 years (since 1964) of providing excellent quality SRHR Services to Nigerians, PPFN is recognized as one of the largest SRHR organisation, with formally established and functioning structures.

We have established linkages and good working relations with governments and other development partners

### **What we believe in:**

*A society where all individuals freely exercise their right to and choice of quality health services*

Doing what is right and appropriate using new approaches to skillfully and efficiently deliver SRH&R services which ensures the continued existence of both PPFN and its programmes.

### **Organizational Strength**

- ✓ PPFN operates in 36 states and the National Head Office in the FCT
- ✓ PPFN operates through the National Head office and six regional offices patterned after the 6-geopolitical zones of the country. activities at states are coordinated by the regional offices

- ✓ PPFN provides services through 245 clinics under her Cluster model initiative, 332 PPMVs under the Integrat-E project, 22 WISH sites, 200 DMPA-SC project site as a provider for SRH service provision
- ✓ PPFN contributes an average of 40% to IPPF global results annually

### **PPFN Cluster Plus Model**

PPFN'S current service delivery is the Cluster Plus Model initiative with the primary aim of addressing SRHR along a continuum of needs.

- The model is built on engagement in small, geographic areas wherein community members, private sector providers and public health sector work as partners in identifying communities needs and meeting those needs through quality, accessible services.
- Cluster plus organizes a cluster radius that offer standardized, integrated, SRH services to communities in their area. Clustering facilities in this way guarantee quality of care and strengthen health systems, particularly for commodities security.
- Cluster plus model is an integrated, comprehensive approach to fulfilling individuals SRHR and exponentially increasing access to family planning services, particularly for the vulnerable populations.

PPFN takes pride in its good working relationship maintained with development partners and at all levels of government.

In recent years UNFPA has supported PPFN on/through several interventions; including this project **“Engaging Civil Society Organizations to reverse the negative impact of COVID-19 on equal access to essential health services”**.

## **BRIEF OVER VIEW OF PROJECT**

UNFPA have engaged 3 implementing Partners in Nigeria including PPFN, EVA and WHARC to engage communities Civil Society Organizations, to maintain the provision of essential health services for women, girls and young people adversely impacted by COVID-19 pandemic. It is keying into the National Multi-sectorial response strategy of the Federal government, to minimize disruption to critical socio-economic and health services, and mitigate the pandemic related impacts on critical infrastructure.

PPFN is implementing the project in 7 states out of the 10 selected states. These states include Borno, Sokoto, Kano, Kaduna, Gombe, Ogun and FCT.

**PRESENT PROBLEM OUTLINE:** To support the rapid implementation of the Nigerian National Multi-sectorial Response Plan to Covid-19 the UN System launched its Basket fund Project, which is addressing five key outputs that are clearly aligned to the nine (9) pillars of the wider UN COVID-19 Strategic Preparedness and Response Plan The pandemic has compounded existing gender inequalities, and increased risks of gender-based violence. The protection and promotion of the rights of women and girls is a priority, particularly for those with disabilities and those with HIV/AIDS. During this COVID-19 pandemic, where movement is restricted, people are confined, and protection systems weaken, women and girls are at greater risk of experiencing gender-based violence, and the threat of harmful practices including female genital mutilation and child, early, and forced marriages, especially for girls in disadvantaged and hard-to-reach areas. Gender, age and disability inequalities compound placing women, girls and vulnerable populations at greater risk of GBV and harmful practices and in need of prevention, risk mitigation and response services, at the same time that the very services they require are reduced as resources are diverted to respond to the overall health crisis.

**RATIONALE:** Prior to the COVID-19 pandemic, access to essential SRH/GBV services including modern contraceptives were low among women and young people due to existing gender inequalities and low community involvement with negative consequences such as high mortality rate. Yet COVID-19 has further disrupted the provision of these essential services, which may worsen these socio-economic indicators of the country. There is therefore the urgent need that essential services and information such as reproductive health, SGBV, and access to modern contraceptives are supported and upheld across a range of dimensions and within a range of settings with strong involvement of communities through civil society organizations (CSOs) and nongovernment organizations (NGOs) at the grassroots level. Using CSOs and NGOs to

engage communities will provide the grassroots governance for providing and accessing essential SRH/GBV services, entrench ownership and accelerate improvement in access to essential services thereby contributing to zero maternal mortality and zero GBV and harmful practices that in turn leads to improved quality of life.

**INTENDED OUTCOME:** It is intended that access to essential health services maintained in order to reduce COVID-19 related morbidity and mortality, minimize disruption of critical socio-economic and health services, and mitigate the pandemic related impacts on critical infrastructure. This is because despite the Government's decisive action to curb the transmission, the virus continues to spread resulting in major community transmission within and across some States with several deaths occurring, even among notable members of the country's leadership. Mobilizing communities to ensure access and availability to essential health services as the number of cases and deaths related to Covid-19 increases, the statistic is showing an increase in community transmission both internally within and across states. The pandemic is a fast-changing phenomenon and as a result, extreme measures continue to be implemented to contain the spread. Consequently, access to communities can quickly become limited due to restrictive measures. It requires that we think innovatively and use non-traditional means to still reach communities with information for example on where, when and how to access particular services amidst the pandemic. The establishment or reactivation of community networks becomes critical to facilitate civic education through risk communication lens is an important approach to facilitate behavior change by addressing social norms and values that are harmful but also to build the agencies of communities to claim their rights to essential health services and COVID-19 services.

**TARGET POPULATION:** Primary beneficiaries will be women, adolescent girls in and out of school, married and unmarried and young people. Special attention will be given to vulnerable girls such as pregnant teens, teen mothers, persons with disabilities and persons with HIV/AIDS. Other beneficiaries will include communities, **health workers**, and key community leaders/influencers, grassroots CSOs and networks/groups/associations.



## WHY ARE WE HERE?

To increase the knowledge base and strengthen the capacity of health and social workers especially from PHCs in our focal states on Covid-19, Infection Prevention and Control, Gender Based Violence and Sexual Reproductive Health. This is necessary for access to essential health services to be maintained in order to reduce COVID-19 related morbidity and mortality.

- By the end of this 2 days re-training, participants will learn;
- The basics of sexual reproductive health and family planning
- Minimum Initial Service Package for SRH in Emergencies or Crisis
- An advance knowledge of Covid-19, its symptoms, means of spread
- The chain of infection and strategy for breaking the chain of infection
- Key steps in methods of prevention and vaccine.
- Strategies of Infection Prevention and Control
- How to identify Gender Based Violence
- The Role of Health and Social workers in response to Gender Based Violence

## TRAINING METHODS

The training plan will be implemented using the National Training Manual on COVID-19 and IPC. The approach to be used include discussion, illustrated lectures, individual and group exercises, role play, brainstorming, case studies and simulated practice/demonstration. Successful completion of the course will be based on development of right attitude and mastery of skills.

***Step down:** A plan for an on the job stepdown training will be developed at the end of the training and the strategies for follow up.*

## LEARNING METHODOLOGY

- Learning is self- directed
- It fills an immediate need and is highly participatory
- Learning is experiential (i.e participants and facilitators learn from one another)
- Time is allowed for reflection and corrective feedback sessions
- A mutually respectful environment is created between facilitator and participants
- A safe atmosphere and comfortable environment are provided

## **TRAINING TECHNIQUES**

- PowerPoint Presentation: including activities to convey information
- Case study scenarios: these are written descriptions of real life situations used for analysis and discussion.
- Group sessions/plenary: Allows participants feedback on issue learned and promoted interaction and participation.

## **TRAINING MODULE**

- Overview of Sexual Reproductive Health and Family Planning
- Minimum Initial Service Package for RH in crisis
- Refreshers on Covid-19
- Infection Prevention and Control
- Gender Based Violence and the Role of Health and Social workers
- Text for Life (App)
- Development of Action.

## SEXUAL REPRODUCTIVE HEALTH



Health is defined as a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmities.

### REPRODUCTIVE HEALTH

It is defined as a state of complete physical, mental and social well -being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes (W.H.O).

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health -care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

In line with the above definition, **reproductive health care** is defined as the constellation of methods, techniques and services that contribute to reproductive health and wellbeing by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases

## **SEXUAL REPRODUCTIVE HEALTH RIGHTS**

Sexual and reproductive rights are human rights, and are affirmed as an inalienable, integral and indivisible part of universal human rights" sequel to the ICPD. The right to safe pregnancy and childbirth is a basic human right, as is the freedom of choice about parenthood and sexuality.

Therefore, reproductive rights imply the recognition of the rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have information and means to do so. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. Similarly, sexual right means that everyone should have a right to engage in sex that is enjoyable and safe, and to decide for themselves whether to do so, when, how and with whom, in circumstances that are free of discrimination, coercion or needless risk of sexually transmitted infections (STIs).

Young people, women and men are all entitled to receive clear and accurate information about sexuality as well as access to safe and affordable contraceptives of their own choosing and safe abortions. Women should have access to all the services they need to guarantee safe pregnancies and deliveries.

The components of RH the following components;

- Safe motherhood and child survival
- Family planning information and services
- Prevention and management of infertility and sexual dysfunction in both men and women
- Prevention and management of the complications of abortion.
- Provision of safe abortion services where the law permits,
- Prevention and management of reproductive tract infections, especially STIs including HIV/acquired immunodeficiency syndrome (aids)
- Adolescent reproductive health
- Gender equality
- Elimination of harmful practices, such as female circumcision, childhood marriage and domestic violence against women as well
- Management of non -infectious conditions of the reproductive tract/system (genital tract fistula, malignancies, complications of female genital mutilation [FGM] and menopause) and men's SRH, in particular andropause,

## FAMILY PLANNING



Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy (W.H.O).

Access to safe, voluntary family planning is a human right. Family planning is central to gender equality and women's empowerment, and it is a key factor in reducing poverty.

Family planning prevents about one-third of pregnancy-related deaths, as well as 44% of neonatal deaths. This is because timing and spacing of pregnancies – at least 2 years between births – is needed to prevent adverse pregnancy outcomes, including high rates of prematurity and malnutrition and stunting in children. Spacing of pregnancies for optimal outcome applies globally, not only in poor settings. The ability to determine whether or not to become pregnant and how many children to have has long been recognized as a human right.

## **Population of Nigeria**

- Most populous country in Africa
- Seventh in the world with a population of 206.1 million. (UNFPA 2020)
- Annual growth rate of 3.2%;
- Population is expected to double every 24 years.
- An estimated 37.3 million Nigerian women are of reproductive age (as at 2018).

## **Factors contributing to overpopulation**

- Decline in death rate
- Better medical facility
- Technological advancement in fertility management
- Immigration
- Low use of Family Planning methods

## **Consequences of population growth**

Population growth affects the economy, education, health and the environment.

Economy:

- Stress in capital spending resulting in poor economy
- High unemployment rate and low income
- Low standard and high cost of living

Education:

- Overcrowded classes
- Funding constraints

Environment:

- Depletion of natural resources
- Environmental degradation
- Pressure on agriculture

Health:

- Increased risk and vulnerability to infectious diseases like HIV/AIDS
- Food shortage increases susceptibility to diseases
- Reduced availability of RH services to women

## **Unmet need for FP**

- Only 9.7% of women who are married or in a union use a modern FP method.
- 20% of married women have an unmet need for contraceptives.

- Only 4% of this unmet need for Family Planning is met by use of the most effective methods.
- To meet the CPR, more than 10 million women will need to be served.

#### **Some reasons for unmet need of FP**

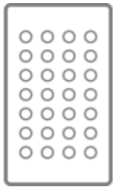
- Limited choice of methods
- Limited access to contraception
- Fear or experience of side-effects
- Cultural or religious misconceptions
- Poor quality of available services

#### **Why the high number of children per family?**

- Value for large family
- Ignorance of child spacing services
- Desire for a particular gender of child
- Security in old age
- Polygamy (competition among wives)
- Children assisting in farm work and to look after the other children
- Poor education

## TYPES OF MODERN CONTRACEPTIVES

### KNOW YOUR OPTIONS



The Pill



Intrauterine System - IUS



Male Condom



Contraceptive Patch



Contraceptive Ring



Contraceptive Implant



Contraceptive Injection

#### **Barrier Methods**

Male and Female Condoms

#### **Hormonal Contraceptives**

Pills (Combined Oral Contraceptives, Progestin Only Pills, Emergency Contraceptives)

Injectable (DMPA-IM, DMPA-SC, Noristerat)

#### **Long-Acting Reversible Contraception (Larc)**

Implants (Implanon & Jadelle)

Intra-uterine devices (Copper Iud, Hormonal IUD-Mirena or Jaydess)

#### **Permanent Contraception**

Vasectomy

Bilateral tubal ligation



## **MINIMUM INITIAL SERVICE PACKAGE FOR SEXUAL AND REPRODUCTIVE HEALTH**

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crisis situations is a series of crucial, lifesaving activities required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis. These needs are often overlooked with potentially life-threatening consequences.

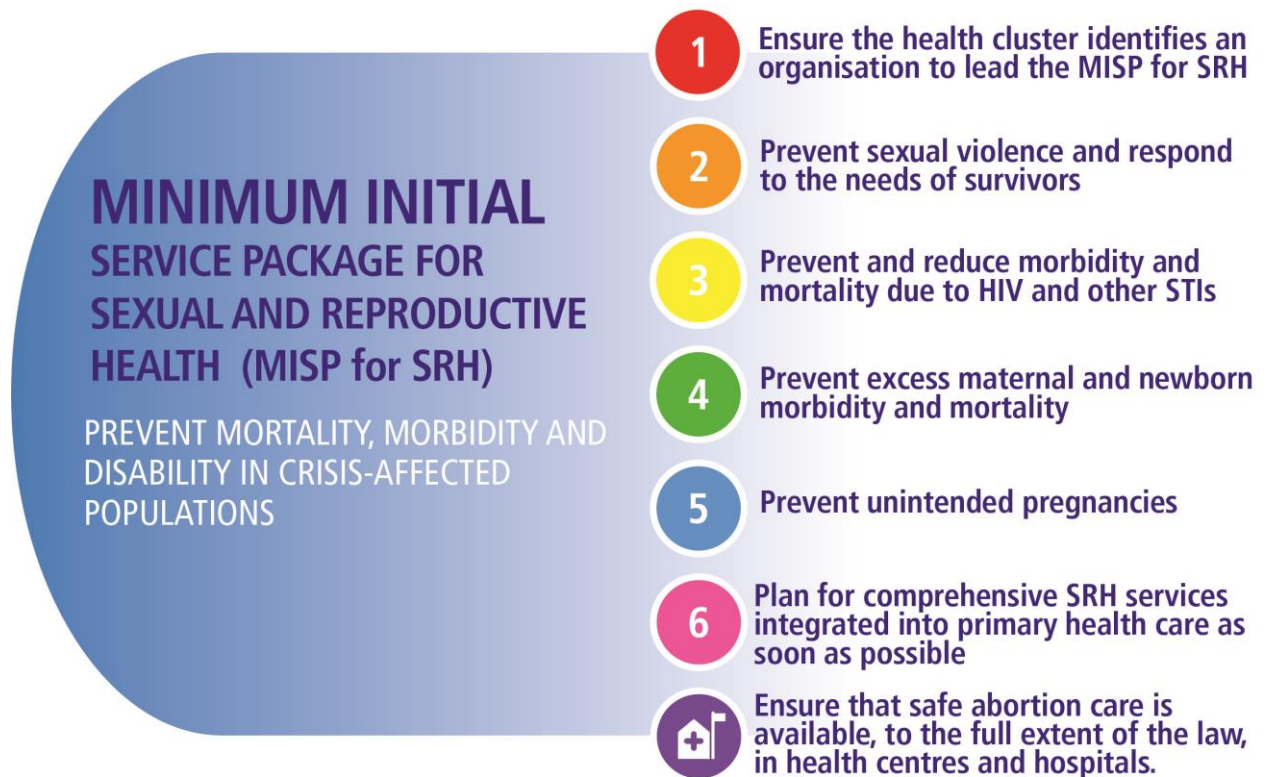
### **THE SIX OBJECTIVES OF MISP**

1. Prevent sexual violence and respond to the needs of survivors.
  2. Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.
  4. Prevent excess maternal and newborn morbidity and mortality.
  5. Prevent unintended pregnancies.
  6. Plan for comprehensive SRH services, integrated into primary health care as soon as possible.
- Work with the Health Sector/Cluster partners to address the six health system building blocks. |

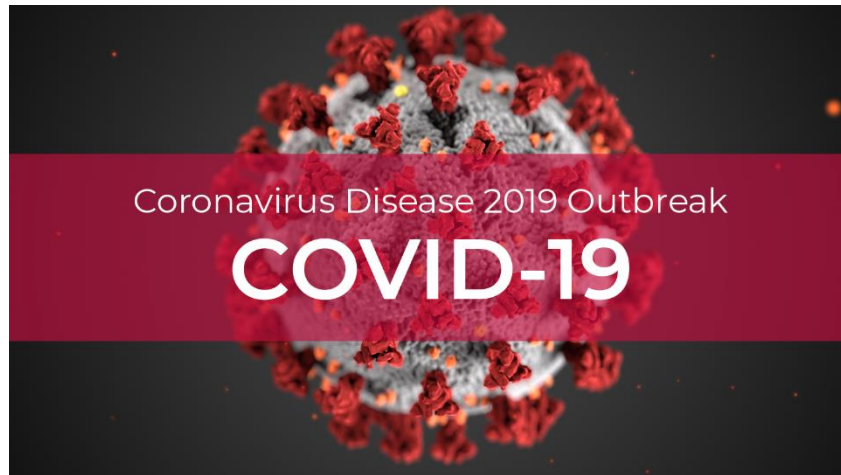
### **What is the MISP**

- MISP is a set of minimum lifesaving SRH interventions. However, ‘minimum does not mean only’ – if the context makes it possible to provide more SRH services, then this should be done.
- Implementing the MISP is not optional or negotiable, it is an international standard of care that should be implemented at the onset of every emergency. It is one of the Sphere standards, and it is aligned with the lifesaving criteria of the United Nations Central Emergency Response Fund (CERF).
- The MISP was developed based on well-documented evidence of RH needs in humanitarian settings and can therefore be implemented without initial needs assessments.
- The MISP can be broken down into three main areas:
  1. Coordination with national stakeholders (objective 1), which is a core component of UNFPA’s work with partners during emergencies that enable the service objectives.
  2. Four clinical services (objectives 2-5), which are the minimum medical service components of the MISP, and

3. Transitioning to comprehensive SRH (CSRH) services (objective 6). As soon as the situation permits, UNFPA, together with national partners and stakeholders, coordinates and supports the transition from MISP to quality CSRH care under the framework of health system strengthening (HSS) and its building blocks. This support is context-specific and builds on the lessons learnt from implementing the MISP during the emergency response.



## COVID-19



- Coronavirus disease 2019 (COVID-19) is a respiratory tract infection caused by a newly emergent coronavirus, SARS-CoV-2, that was first recognized in Wuhan, China, in December 2019.

### Symptoms of Coronavirus

- Fever, Cough, Shortness of Breath (less common: weakness, malaise, runny nose, diarrhea, vomiting)
- Most people with COVID-19 develop mild or uncomplicated illness.
- Approximately 14% develop severe disease requiring hospitalization and oxygen support
- 5% require admission to an intensive care unit
- Older age and co-morbid disease have been reported as risk factors for death

### MODE OF TRANSMISSION OF COVID 19

- Coronavirus is thought to spread mainly from person-to-person, between people who are in close contact with one another. Respiratory droplets produced when an infected person coughs or sneezes can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- These droplets can also land on and contaminate surfaces and equipment. These droplets are then transferred when someone touches the infected surface.



## INFECTION PREVENTION AND CONTROL

**Infection prevention and control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science and health system strengthening**

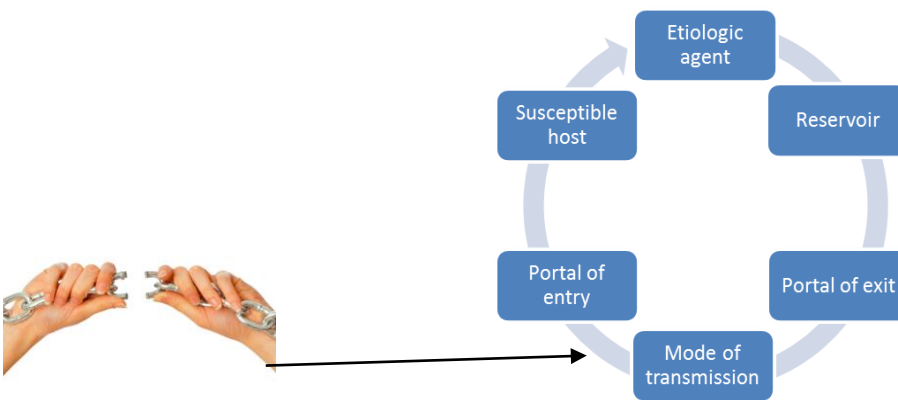


### IPC Strategies

- Standard precautions for all patients
- Screening, early recognition, triage, and source control
- Additional transmission-based precautions
- Administrative controls
- Environmental and engineering controls

## Standard Precautions for All Patients

- Hand hygiene
- Respiratory hygiene and cough etiquette
- Triage
- Appropriate use and removal of PPEs
- Handling and disposal of sharps
- Health care waste management
- Handling textiles and laundry
- Environmental cleaning



For an infection to spread, all links must be connected. Breaking any one link will stop disease transmission. Therefore the weakest part of the link that can easily be broken is between the portal of entry and Mode of Transmission.

### Standard Precautions are designed to

Protect staff and patients (*WHO*),

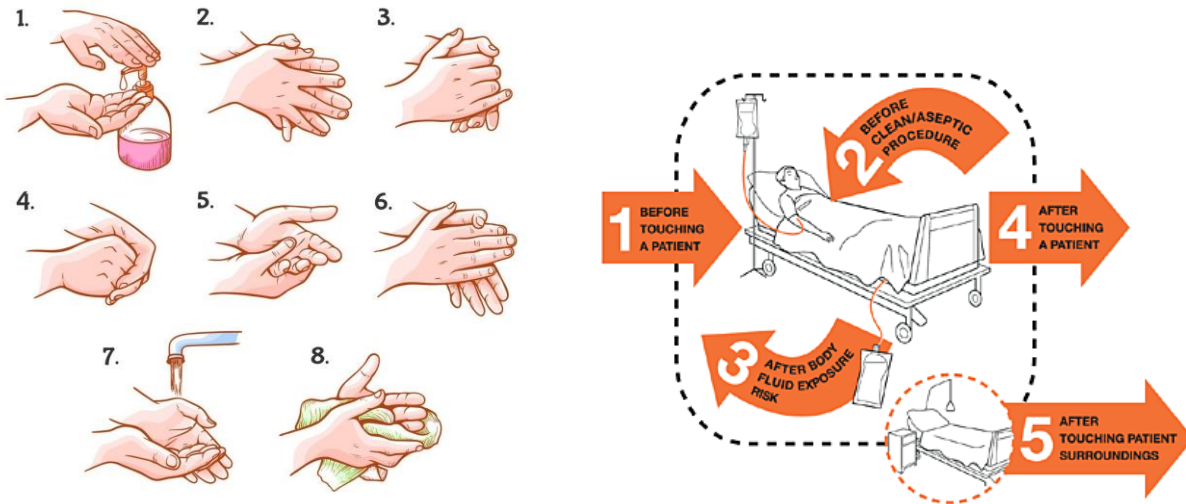
From contact with infectious agents (*WHAT*),

Wherever healthcare is delivered (*WHERE*),

To be used all the time, whether infection is known or not (*WHEN*)

In order to prevent infection in patients and staff (*WHY*)

## HAND WASHING



The 5 moments of Hand Hygiene

## Respiratory hygiene/ cough etiquette



## TRIAGE

A Triage is sorting out and classification of patients or casualties to determine priority of need and proper place of treatment.

For COVID-19 outbreak, triage is particularly important to separate patients likely to be infected with the virus that causes COVID-19

### The S.I.N Approach

Screening

Isolation

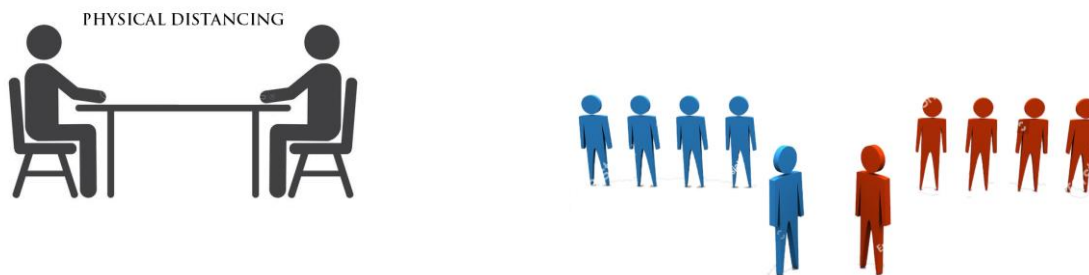
Notification

### STEPS FOR CREATING A TRIAGE

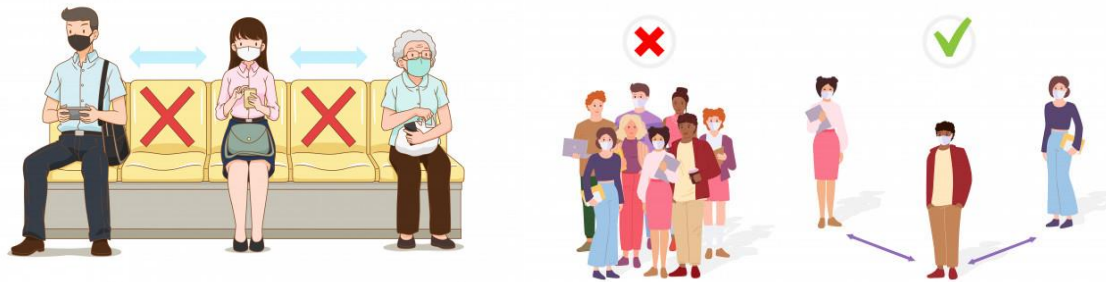
These steps provide the minimum requirements for establishing a triage station in PHCs

1. At each point of entry into the healthcare facility (emergency department, out-patient clinic, antenatal clinic, etc.), identify space where a triage station may be placed.
2. If a structure (a building, tent) already exists at a healthcare facility point of entry, then this space may be utilized for a triage station.
3. If a structure does not exist, one does not need to be constructed to set up a triage station. If no structure exists, then identify an area close to the health facilities POEs (which may be outside) that is well ventilated to use for the Triage purpose.
4. Minimally, one table and two chairs can be used as a triage station. One table and chair can be for the healthcare worker (HCW). One chair can be for the patient. These two tables should be 1-2 meters apart

### Sitting Arrangement for Triage at Entrance



5. Patients who have COVID-19 symptoms should be placed in a separated seated area from patients who are not symptomatic. Their seats should be at least 1-meter apart.



6. In the triage area, screening forms, thermometers, hand hygiene and PPE should be available to HCWs. If a 1-2-meter distance is maintained by the HCW and the patient being triaged, the need for PPE is not required.

7. An isolation space, close to triage, ideally attached to the triage area, and should be established to separate suspected COVID-19 cases from others. If it is not possible to establish an isolation space close to the triage area, then a ward at the HCF should be designated the isolation ward. Based on the healthcare facilities resources, suspect cases may be further separated based on symptoms (i.e. mild versus moderate).

8. Two pathways (one for suspects who should be isolated and one for other patients who were screened and deemed not suspects) should be established. The isolation pathway should lead directly to the isolation area. The non-isolation pathway should lead to specific HCF departments based on patient's needs.

9. Ideally, the triage station will have one-way into the station and one-way out of the station. In short, uni-directional flow of patients and HCWs should be established.

10. Hand hygiene stations should be established at each triage station and readily available throughout the waiting areas. Waste bins should also be placed at each triage station for hand hygiene and respiratory materials. These items can be placed in the same bin.

11. Security (if needed) should be available at each point of entry to guide patients, their support systems, and HCWs to triage stations for screening.



## Strategies to avoid overcrowding at triage and preserve PPE

Cancel non-urgent outpatient visits to ensure enough HCWs are available to provide support for COVID-19 clinical care, including triage services

If outpatient visit is critical (such as immunization of infants or pre-natal care for high-risk pregnancy), identify separate/dedicated entrance for these patients

Reinforce telemedicine or other alternative to face-to-face visit

Postpone or cancel elective procedures and surgeries to minimize exposures and to preserve PPE for HCWs caring for COVID-19 patients

Expand hours of operation, if possible, to limit crowding in triage during peak hours

No Patient visitor should be allowed into the isolation area.

For patients who are screened negative, they are allowed to proceed into the facility for their intended health care visit.

## PPES

**Personal protective equipment**, commonly referred to as "**PPE**", is **equipment** worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards.



## **Transmission based Precautions (TBP)**

Transmission Based Precautions are used when the routes of transmission is (are) not completely interrupted using Standard Precautions alone. (e.g SARS), more than one Transmission Based Precaution category may be used.

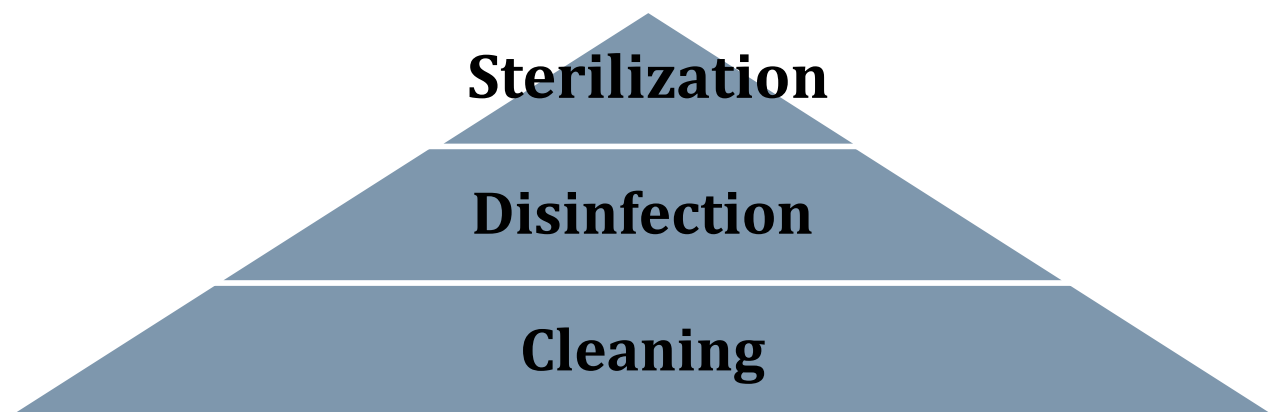
- 1- Contact Precautions
- 2- Droplet Precautions
- 3- Airborne Precautions.

## **ENVIRONMENTAL CLEANING**

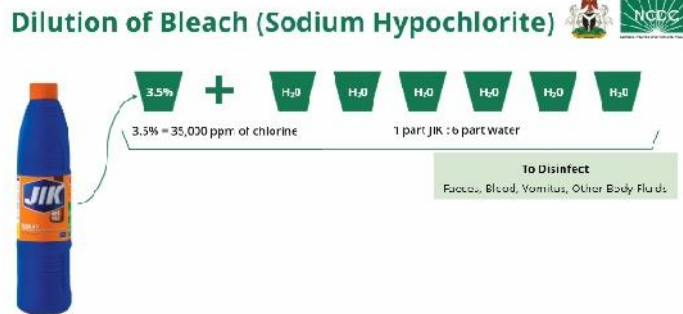
**Cleaning:** physical removal of soil (dirt, organic matter, chemical deposits) from a surface or object, leaving them safe to touch or use

**Disinfection:** process that kills or inactivates microorganisms (except spores) on inanimate surfaces or objects. Environmental disinfection is most often achieved by use of chemicals (disinfectants).

### **Cleaning vs. Disinfection vs. Sterilization**



## HIGH LEVEL DISINFECTANTION (HLD)

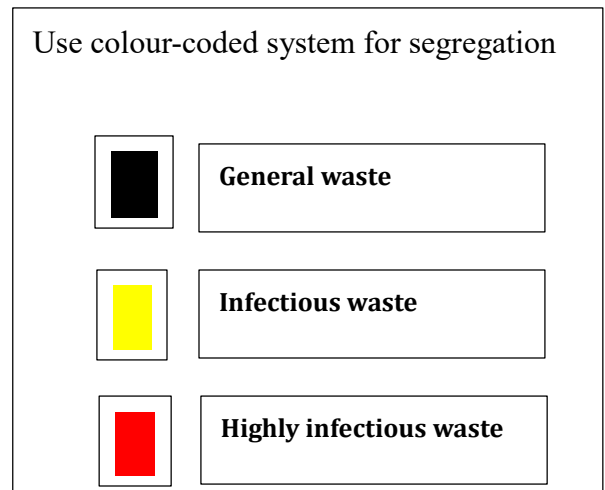


High Level Disinfection by immersing in 0.5% chlorine for 10 minutes followed by cleaning with water and detergents.

Cleaned instruments may be immersed in boiling water for 20 minutes or may be sterilized using autoclave before re-use

## WASTE MANAGEMENT

Written policies and standard operating procedures for segregation, transport, storage and disposal of waste



Employ reliable contractor to handle final disposal of waste and perform documented audits on the contractor.

## VACCINES

Vaccines train your immune system to create antibodies, just as it does when it's exposed to a disease. However, because vaccines contain only killed or weakened forms of germs like viruses or bacteria, they do not cause the disease or put you at risk of its complications.

### It's Important to Know:

**Covid-19 is still out there, still dangerous and still kills.**

**The Vaccine can protect us from covid-19.**

The aim of vaccination is to obtain immunity *without* the of the risks of having the disease. When we vaccinate, we activate the immune system's "memory." Next time the body is exposed to the same type of microbe, the immune system will recognize it. The body's defense against the disease becomes faster and more powerful and can prevent the person from becoming ill. During vaccination, a weakened (or dead) microbe, or a fragment, or something that resembles it, is added to the body. The immune system is then activated without us becoming sick (some people show little or no reactions to vaccines).

Some dangerous infectious diseases have been prevented throughout history through vaccines. For some diseases, vaccination provides lifelong protection, while for others the effect is diminished after a few years and booster doses are required.

### COVID-19 VACCINES

Vaccine	Efficacy	Cold Chain Requirements	Availability (2021 Manufacturing Capacity)	Cost/dose	WHO Prequalification/EUL	Number of Doses	NOT LEGIBLE
Pfizer-BioNTech	95%	-80°C to -60°C	2 billion doses	\$19.5	Finalized	2	Pregnant women
Moderna	94.1%	-25°C and -15°C	600 million doses	\$25 - \$37	Finalized	2	
AstraZeneca-Oxford	62% - 90%*	2°C — 8°C	40 million doses	\$4***	Finalized (non-COVAX) In progress	2	

### HESISTANCY TO TAKE VACCINES

Refers to delay in acceptance or refusal of vaccines despite availability of vaccine services.

Is influenced by factors such as complacency, convenience and confidence.

### WHAT CAN WE DO?

We need a whole-of-society approach for the COVID-19 vaccine. We need to engage health care professionals, schoolteachers, religious leaders. We could engage these groups in different ways, but at the minimum, we need to give them some information and be open to their questions. We also need to fill that space – not just with positive information – but with listening and engagement.

**Text4Life** service is a new message service, where an individual can report various health complications including covid-19, gender-based violence (GBV), unwanted pregnancies, pregnancy complications, and other sexual and reproductive health (SRH) problems to health facilities and civil society organizations (CSO). This will enable prompt action to be taken to record the cases and to remedy the situation for the callers.

This service can be accessed with any mobile phone from any location FREE of charge.

#### **How it works?**

1. A patient with Covid-19, GBV, unwanted pregnancy and other SRH cases sends an emergency report to a central server.
2. The server receives and record the message, and also send regular health messages to the patient.
3. The server sends messages to the nurse and the local CSO about the reported case.
4. A CSO focal person in the community receives the message and takes action.
5. A Nurse/midwife in the PHC also receives the message and takes action.

#### **How to use the UNFPA Text4life service?**

For anyone to access this service, he/she must register for the service using any mobile phone.

After registration, the following cases can be reported:

- a. Coronavirus (COVID-19)
- b. Gender Based Violence (GBV)
- c. Unwanted pregnancies
- d. Pregnancy complications
- e. Sexual and Reproductive Health (SRH) issues

To register, please follow the steps below: You will receive a confirmation response

Dial \*347\*161 (this code can be saved on your phonebook)

1. Reply 1 and press OK
2. Type your full name and press OK
3. Type your address and press OK
4. Type your local government area and press OK
5. Type your state and press OK
6. Type your Primary Health Centre and press OK

To report a case, please follow the steps below:

1. Dial \*347\*161
2. Type 2 and press OK
3. Choose a case you want to report and type the number associated with the case
4. Type your location and press ok





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## About Us

Planned Parenthood Federation of Nigeria (PPFN), is a locally owned but globally connected volunteer based non-governmental organization, promoting integrated sexual reproductive health services and information to the vulnerable groups especially women, adolescent and children. PPFN has presence in 36 states of Nigeria and the Federal Capital Territory (FCT). With over 50 years of providing quality integrated sexual reproductive health and rights (SRHR) services. PPFN has 45 service delivery clinics and 200 partner clinics. Our mobile service delivery approach creates an avenue to take services to marginalized and hard to reach communities. PPFN envision a society where all individuals freely exercise their right to and choice of quality health services by complementing the efforts of the government in making health services accessible to all including the vulnerable groups. Promoting universal access

