



THE HEALTH PROVIDER

THE OFFICIAL NFPB NEWSLETTER

July - September 2021



Know Yuh Rights. Report any Violations Now!

While the state is mandated to protect everyone's human rights, it is important that Jamaicans know that Rights come with Responsibilities.



Editorial

This latest edition of the Health Provider newsletter allows the NFPB to thank the country's health care providers for their unwavering crusade against the coronavirus, COVID-19. We are forever grateful to the many doctors, nurses and volunteers who have gone above and beyond in providing service to our society to protect us in the pandemic.

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Inside of this edition are two contributions from PAHO. One provides Personal Protective Equipment (PPE) reminders and the other guidance on addressing incidences of domestic violence in the face of COVID.

For the first time the Health Provider will delve into the NFPB's mass media campaign on Human Rights. The Director of the Enabling Environment and Human Rights unit is our guest.

By now the regional offices should have communicated the NFPB's intention to introduce the contraceptive implant Levoplant as a replacement for Jadelle. Useful details on the method will prepare health care workers for inquiries from the clients.

Best regards!

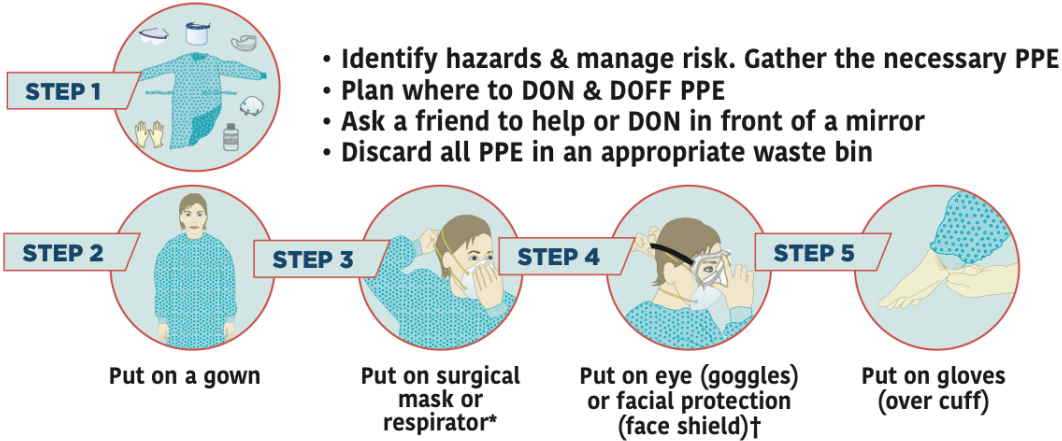
COVID-19

BE AWARE. PREPARE. ACT.

www.paho.org/coronavirus

Coronavirus Disease 2019

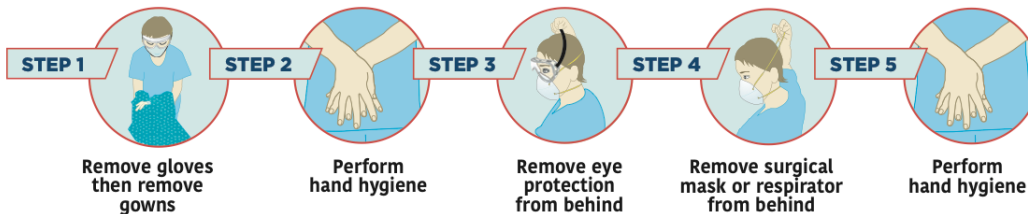
How to DON personal protective equipment (PPE)



*Respirator (N95 or similar) for all levels of care and for aerosol generating procedures (AGP)
 †e.g. visor, face shield, goggles (consider anti-fog drops or fog-resistant goggles)

How to DOFF PPE

- Avoid contamination of self, others and environment
- Remove the most heavily contaminated items first



Level of care	Hand hygiene	Gown	Medical mask (N95 or similar)	Goggle or face shield	Gloves
Triage*					
Collection of specimens for laboratory diagnosis					
Suspected or confirmed case of COVID-19 requiring healthcare facility admission and NO aerosol-generating procedure					
Suspected or confirmed case of COVID-19 requiring healthcare facility admission and WITH aerosol-generating procedure‡					

*Surgical mask recommended. If you are performing or you are in a room where Aerosol Generating Procedures (AGP) are being performed use a FFP2 / N95 or similar respirator with other recommended PPE.

‡AGPs include positive pressure ventilation (BiPAP and CPAP), endotracheal intubation, airway suction, high frequency oscillatory ventilation, tracheostomy, chest physiotherapy, nebulizer treatment, sputum induction, and bronchoscopy.

Download medPPE app:



COVID-19

ADDRESSING DOMESTIC VIOLENCE IN THE CONTEXT OF COVID-19

As people are asked to stay at home, reports of partner and domestic violence are on the rise. Women and children are at particular risk of violence in their homes. Preventing and responding to violence is an important component of the COVID-19 response.



WHAT CAN COMMUNITIES DO?



Be aware of the increased risk of domestic violence during the COVID-19 pandemic and remember: Violence is never justified.

Reach out to keep in touch with and support women and children.

Be careful when contacting the survivor, as the abuser may be present in the home.

Get and share information on available support with survivors and communities.

Be prepared to call emergency services in case someone needs urgent help.



WHAT CAN SURVIVORS DO?

Be aware that isolation and distancing measures can affect your well-being and that of your family.

Reduce and manage stress as much as possible – e.g., through physical exercise and relaxation techniques.

Reach out to trusted family and friends for practical help and support.

Make a plan to protect yourself and your children any way you can.

Find out about available services and support and **seek support** from a hotline, shelter or other health or protection services.

VIOLENCE AGAINST YOU IS NEVER YOUR FAULT. YOU DESERVE TO FEEL SAFE IN YOUR HOME.



THE INSIDE VIEW OF THE NFPB'S HUMAN RIGHTS CAMPAIGN



One of the National Family Planning Board's latest mass and social media campaign is on Human Rights. The tag is 'Know Your Rights'. We sat down with Devon Gabourel, Director Enabling Environment and Human Rights as well as his colleague Nicola Cousins, Technical Officer, to take an in-depth look at the campaign.

Interviewee: Devon Gabourel

Dianne: What is the function of the Enabling Environment and Human Rights unit within the NFPB?

Devon: The function of the Enabling Environment and Human Rights of the National Family Planning Board is to address those drivers that are preventing us as a country of achieving our ultimate goals and vision for sexual and reproductive health. Some of those drivers or challenges include the,

- lack of education and information for young persons;
- kind of policies and legislations that prevent access for some key and vulnerable populations;

- structures and systems that are in place in our health facilities and the other areas that prevent some key and vulnerable populations from accessing the kind of care and services they need.

Those things in tandem prevent our country from achieving our goal as it relates to population growth, as it relates to contraceptives, as it relates to birth control and family planning. It's important that we work with our social partners, and with our partners in other development spheres so that the things that make these populations vulnerable are addressed. This means preventing unplanned pregnancies, and the kind of violence and vulnerabilities that exist especially for women and girls.

Dianne: You mentioned some of the populations that the unit EEHR serves with the wider NFPB but just so they are clearly defined, outline them for us.

Devon: As it relates to sexual and reproductive health we have to recognise and remember that all persons need sexual and reproductive health services. We also recognise that there are challenges for all persons to access based on cultural norms and values, as well as on historical rules and regulations.

And so for us and the National Family Planning Board while we know that for family planning you'd think of women and childbearing women we also have to be mindful of other women. Clearly our primary populations are women and girls; childbearing women and persons who are willing to and available for family planning. But within that context there are other populations and that's what enabling environment means.

You have the dynamics of gender so you have transgender women as well. You have same sex partnerships in relationships because we cannot look at women as only having heteronormative

relationships (that's man and woman) but they're having a diversity of family life and therefore we must address those issues as well. We also have to reach out to women and men who need to access contraceptives and sexual transmission and STI prevention materials in prisons, in state care, in schools. So that population is diverse as we go into the challenges and also what is needed for those persons to access commodities, information, and education that will save their lives.

Dianne: In 2020, the EEHR unit spearheaded on behalf of the organisation a campaign and I am going to ask you to just provide an idea of why was this campaign necessary? Tell me in as brief a point as you possibly can, the goal and objectives of the campaign.

Devon: I am not going to give a technical answer because my technical team could best answer this question. So, I am going to give you the one from my perspective.

The goal of this campaign is really to move values, attitudes and perceptions of Jamaicans around recognizing that all persons in Jamaica have rights and are worthy of dignity and value. That's the goal, to move that goal post as it relates to knowledge, attitudes and perception regarding human rights and behaviour. So, it's really that.

The objectives therefore are:

1. To inform persons of what those rights are particularly the Universal Declaration of Human Rights and the Jamaican Charter Bill of Right.
2. To have this conversation across multiple platforms - social and media platforms. That includes from bus signage to what you see

on-line. So, it is a comprehensive conversation.

3. To monitor and track persons' responses, feedback or their reactions to this so they can inform further conversations and campaigns.

Dianne: Removing your cap as a member of staff of the National Family Planning Board give us a civilian's look on the campaign. Just how successful do you think it is?

Devon: The truth is this is a comprehensive campaign. It's really looking at the issue of speaking to Jamaicans about rights and dignity using different tactics. The tactic of the radio broadcast that we are doing in collaboration with the Office of the Public Defender (OPD) I believe resonates. Persons are hearing them. This is an on-going show. The Office of the Public Defender has a high level of confidence amongst the Jamaican people especially in terms of their scheduled radio programme, and I think people are having that conversation.

Dianne: When do you propose to do an evaluation of the campaign?

Devon: That should be done later this year. Monitoring and evaluation is on-going for the campaign mind you. From all the interventions that we do we are monitoring the social media for instance in terms of persons access, reach, shares so that is ongoing. We do get response and feedback from stakeholders. But in terms of widescale impact and audience responses that is going to be funded for next year, in the next round of Global Fund which we anticipate will start in 2022.

Dianne: Do you recall the cost of this campaign and where was funding sourced in order to execute all the deliverables?

Devon: Principal funding for this campaign came through the Global Fund to combat

malaria, HIV, and tuberculosis. However, the Government of Jamaica has provided significant contribution through the subvention that is available to the NFPB. And also, we have partners in the Office of the Public Defender which is a commission of the Houses of Parliament of Jamaica. The OPD is providing other funding for the promotion and for the conversation that is going on in collaboration with this campaign.

Overall we are looking at upwards of over \$20 million Jamaican dollars for development and the ongoing placement just for this one year.

LEVOPLANT® TO REPLACE JADELLE IMPLANT IN LOCAL PUBLIC SECTOR FAMILY PLANNING CLINICS

In the coming weeks, the National Family Planning Board (NFPB) will be introducing the Levonorgestrel 75mg two-rod contraceptive implant Levoplant® into the local public sector clinics to replace supplies of Jadelle®. The move is necessary as the United Nations Population Fund (UNFPA) no longer has an agreement with Bayer, the manufacturer of Jadelle®. The UN agency has suggested this method for importation.

The UNFPA conducts procurement services for the NFPB under the Reproductive Health Commodity Security Programme (RHCS). This service allows the NFPB to benefit from a wider solicitation of competitive proposals; and the sourcing of cost-effective pricing on purchases of large quantities of contraceptive commodities.

As with the product Mygesty®, the NFPB sought and received approval from the Pharmaceutical

Division of the Ministry of Health and Wellness to import the drug. Under the Family Planning Act, 1970 the NFPB is the agency of Government with responsibility for the procurement of contraceptives.

Levoplant® a generic substitute for Jadelle® is manufactured by Shanghai Dahua Pharmaceutical Company Limited, China, and the product has received pre-qualification from the World Health Organization (WHO). It is used in over 69 countries.

In order to avoid a stock out of the implant, the NFPB will commence immediate distribution of Levoplant®.

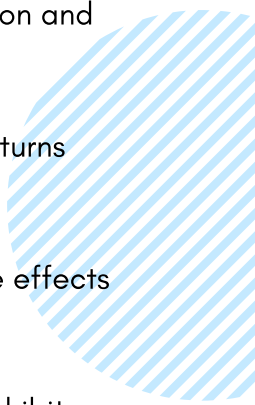
In terms of contraceptive protection Levoplant® is effective for three years, unlike Jadelle® that lasts for five years.

Levoplant® can be inserted in the woman's arm at any time provided she is not pregnant. Only a certified, trained physician should insert and remove this contraceptive method. The method of insertion of the flexible, hormone-releasing rods into the upper arm remains the same as with Jadelle®. However, there is a difference when removal is being effected. The recommended forceps during the procedure are the Crile or Kelly forceps for stabilisation and removal.

Once removed the woman's fertility returns almost immediately.

The mode of action, efficacy, and side effects remain the same as its forerunner.

The active ingredient Levonorgestrel inhibits ovulation, implantation of a fertilised egg and thickens the cervical mucus to prevent sperm penetration.



The highly effective method provides pregnancy prevention for 99 out of every 100 women, decreasing in efficacy for multiparous women.

Common side effects of this implant are changes in menstrual bleeding, dizziness, headaches, nausea, weight gain, breast tenderness, abdominal pain, and changes in mood. The treatment of these side effects remains the same.

For nearly all women, including the patient with HIV, Levoplant® is safe to use. Barren women, women who have had a recent abortion, miscarriage or ectopic pregnancy can all use Levoplant®.

Levoplant® is a product that a woman who is 6 weeks postpartum and breastfeeding can accept for pregnancy prevention. Smokers, irrespective of age or number of cigarettes smoked daily can choose this implant.

Women with breast cancer are not advised to use this method. A cautionary note is also extended to women with acute deep vein thrombosis and pulmonary embolism, current or past history of heart disease, stroke, some stages of systemic lupus, migraine with aura, unexplained vaginal bleeding, a past history of breast cancer, liver tumors or severe cirrhosis.

Some antibiotics and anti-epilepsy medications decrease the efficacy of Levoplant®

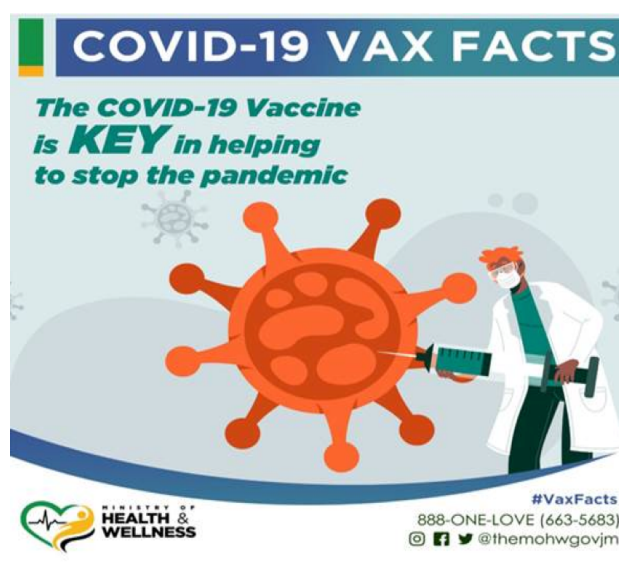
Levoplant® does not protect against sexually transmitted infections and HIV/AIDS.

This implant has a shelf-life of five years.

Sources of information used:

- resource-chart-medical-eligibility-contraceptives-english.pdf (fhi360.org)

- *DKT International and Shanghai Dahua Pharmaceutical partner to increase access to contraceptive implants - DKT International*
- *Levoplant Contraceptive Implant - Womancare (dktwomancare.org)*
- *Contraceptive implants - Womancare (dktwomancare.org)*



SOCIAL DISTANCING GUIDELINES AT WORK

-  **1** Avoid in-person meetings. Use online conferencing, email or the phone when possible, even when people are in the same building.
-  **2** Unavoidable in-person meetings should be short, in a large meeting room where people can sit at least six feet from each other; avoid shaking hands.
-  **3** Eliminate unnecessary travel and cancel or postpone nonessential meetings, gatherings, workshops and training sessions.
-  **4** Do not congregate in work rooms, pantries, copier rooms or other areas where people socialize. Keep six feet apart when possible.
-  **5** Bring lunch and eat at your desk or away from others (avoid lunchrooms and crowded restaurants).
-  **6** Avoid public transportation (walk, cycle, drive a car) or go early or late to avoid rush-hour crowding on public transportation.
-  **7** Limit recreational or other leisure classes, meetings, activities, etc., where close contact with others is likely.