

# COUNTDOWN

Calling time on Neglected Tropical Diseases



## BEHIND THE MASK:

### 30 STORIES ON THE DAY IN THE LIFE OF A HEALTH WORKER DURING COVID-19

*Capturing the lived realities of frontline health workers  
in Ogun, Kwara and Kaduna States, Nigeria*



Sightsavers

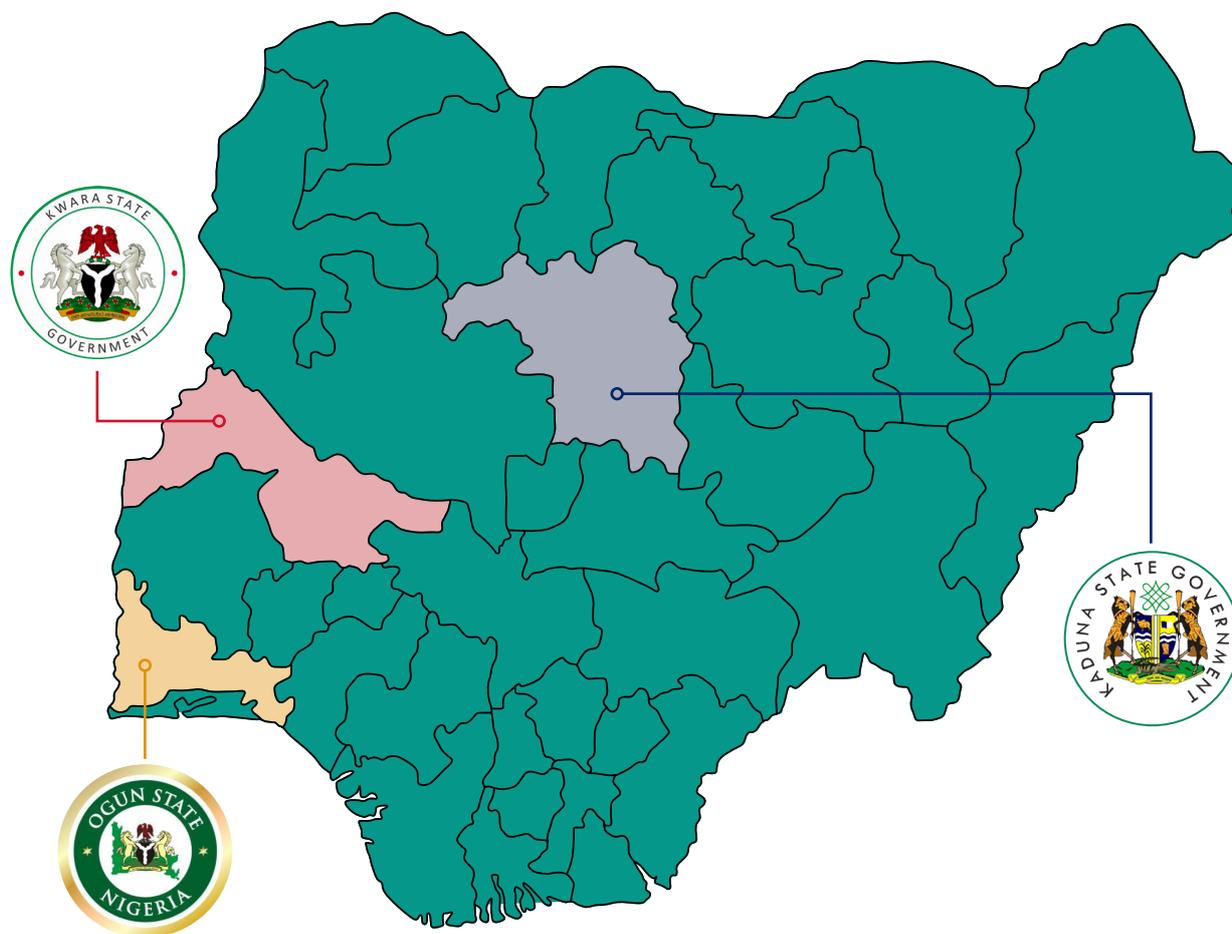


# INTRODUCTION

The current COVID-19 pandemic presents worldwide challenges to health systems. While many Neglected Tropical Diseases (NTD) activities had been postponed according to WHO guidelines, NTD programs are uniquely positioned to respond to COVID-19 with their focus on community-based care and the vital role of frontline health workers (FLHWs), particularly community health workers, including community drug distributors and primary health facility staff. The present circumstances have resulted in changes in workloads for FLHWs, who experience multiple stressors including emotional stress while working in intense and unprecedented situations.

This study explores the impact of COVID-19 and experiences in relation to wellbeing of FLHWs in Nigeria, using photovoice. Photovoice is a creative participatory method, which aims to empower participants to tell their own story. Over the course of two weeks, a total of 30 FLHWs (5 FLHWs and 5 CDDs per state) took photographs within their communities to capture their experiences of living and working through the pandemic.

Ogun, Kwara and Kaduna states were selected based on existing engagement of the COUNTDOWN consortium. This booklet presents the findings and stories of health workers through their lens. The booklet is separated by State and captures themes relating to the hopes, fears and experiences of health workers during COVID-19. Through highlighting the needs and priorities of FLHWS, this will form an evidence base for supporting health workers to ensure strong health systems, in the management of NTDs as well as in future outbreaks.





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## BAKARE ADERONKE

I am a CDD and 41 years old. I have 6 years of experience in the field of Neglected Tropical Diseases.



When the COVID-19 started, it was very difficult and not comfortable with the use of face mask because I could not breathe very well, and is a must to use the face mask.



The street was empty as there was no movement. **This explains how the community environment was dirty during the lockdown because people that use to clean the environment didn't come out to do their job and this caused fear for the community members because there may be another type of disease.**

When the COVID-19 started, there was enough food items in the house but as times goes on, all the food items eventually finished and we could not get enough food items to replace it.



When the government eased lockdown and they announced that people can go out for 2 hours or 3 hours, shop owners didn't see customers to patronise them as before the lockdown which affected the rate at which people get incomes. Some shop owners did not bother to open for business due to fear of no patronage. **Since there are no customers, there was no money.**



During the COVID-19, the washing of hands often was not convenient, because one must wash his/her hands every minute you touch something and use hand sanitiser.



## AJAYI KEHINDE

I am a CDD and 53 years old. I have 8 years of experience in the field of Neglected Tropical Diseases.

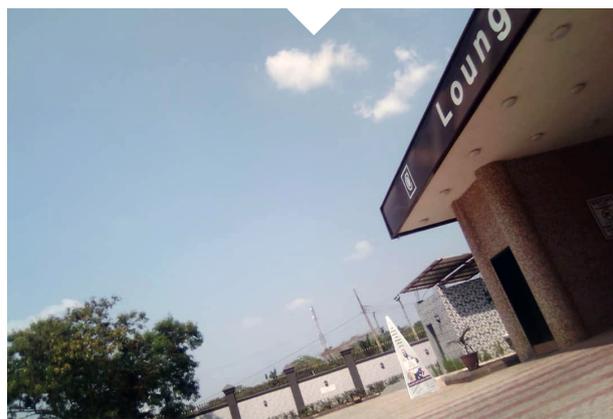


This is a picture of victim of fire accident. A live wire fell on these people and we could not get transportation to take them to the hospital until the police got involved. We took them to about eight hospitals until we took them to LASU general hospital in Lagos where they were accepted. **Some died as soon as the incident occurred, others died before we could take them to the hospital and Some died at the hospital before they could be attended to due to the running around for drugs which was not readily available due to the COVID-19 lockdown.** I thank God that my person among the victims, survived.



This is a ludo game. **During the COVID-19, there was no job for some people to do. I noticed that people recorded large sales of ludo game and were playing ludo at home.** There was hardly any home you will enter and not find ludo.

This is the picture of the road. It was very free even if a pin falls, one can pick it. **There was no movement and it affected me because I could not go anywhere.**



Some people wore facemasks while others did not. Those that refused to wear facemasks can infect people around them.

The use of automatic teller machine (ATM) was difficult and the scarcity of point of sales (POS). It was difficult to get POS except one knows the house of the owner of the POS shop. Sometimes we couldn't get all the money that we wished to withdraw from the POS.





## KELANI KABIRAT ADEKEMI

I am a CDD and 35 years old. I have 5 years of experience in the field of Neglected Tropical Diseases.



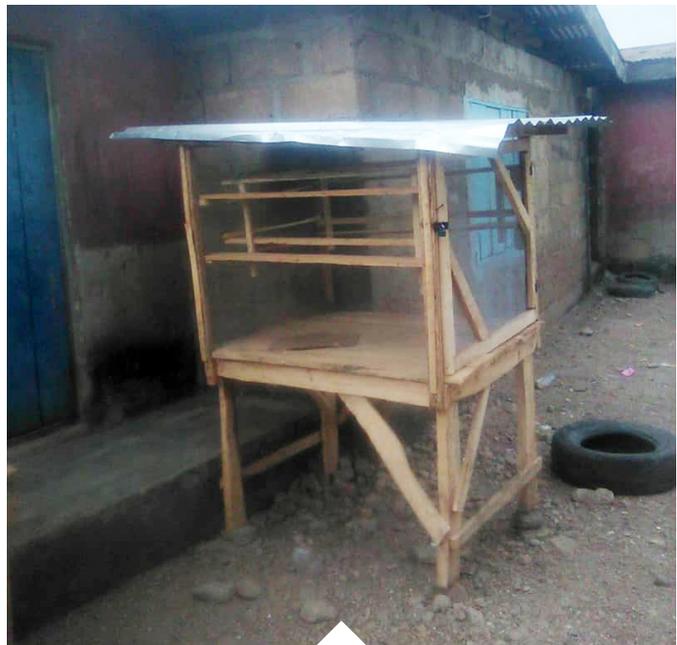
When we have used our money, there are no goods to sell again, we cannot go to work and no means of eating. This caused the empty plates.



**So many people died. It really affected me as I lost my brother then. He said he would not go to the hospital as he was scared they would say he has COVID-19.** Even means of getting transportation from his place to the hospital as he lived far away. So during the process we just received call that he died.

**We could not go mosque, no Jumat and even during festive period we could not go for Eid. Everyone just stayed at home.**

During the holiday we used to pass through a lot of stress whenever children could not go to school, staying at home for almost 6 months without going anywhere. **Parents are going through a lot of stress because children will be troublesome at home.** They could not go to Arabic school or school and just stayed at home, they disturbed us a lot since they could not go anywhere.



When they announced that there would be lockdown, we used our money to buy food that we will eat. There was no money again as we spent weeks and months. The goods I was selling remained too little that I could not display them again. Since we could not go out again, we used the little money we had to buy food.



# SABURI ADENIJI

I am a CDD from Arinlese community and 60 years old. I have 15 years of experience in the field of Neglected Tropical Diseases.



This speaks on when the health workers created awareness on the use of face of mask, it took time before nose masks were available. When the secretary to the federal government announced that ankara could be used to sew face mask and it should be washed and kept clean always, that's when I started learning how to wear face mask and started wearing mine.



On April 23rd 2020 when Ramadan started there was lockdown and the federal government have announced that everybody should stay at home. **After fasting, we could not go out and buy fruits as we must eat fruits first and most times there were no fruits.** It was a great difficult on health workers and everybody in the community to go out and buy fruits to use for breaking the fast (which is a must for all Muslims to do).

**After sometime, those that were under lockdown were being robbed at night with their food and belongings carted away. We decided in my community to create security by dividing ourselves to keep watch.** Some will watch on Monday and Tuesday, another Wednesday and Thursday, another Friday and Saturday and another on Sunday. We contributed money amongst ourselves and bought torch lights both the battery powered and rechargeable one and whistle which we used to call ourselves when we patrol round the neighbourhood. We ring the bells in the middle of the night to create awareness of our presence and ring the bell every hour between 1am – 5am. We blow the whistle soon after ringing the bell so people will know that security are truly outside.

This is my radio. When the COVID-19 started in March 2020 and government announced lockdown, **people in the community didn't actually believe it, they thought it was a joke until there was awareness on the radios about COVID-19 guidelines and preventions such as proper wearing of face mask, washing of hand and so on.** The Local Government Area (LGA) authorities came to our communities and requested that mobilisers go round the communities and tell people that the disease is real and they should follow the guidelines.



People were saying they will not contract strange illness and told the mobilisers to stay away from them. It took time before they believed. I am happy with the ministry of health for giving us megaphones to announce all over the community that the disease is real and has no cure yet but can be prevented by maintaining good hygiene wearing nose masks and washing our hands.





## TEMIDAYO TAIWO

I am a CDD and 35 years old. I have 6 years of experience in the field of neglected tropical diseases.

This explains that **during the COVID-19 there is much distance. I can't relate well with even my relatives and people around me because of fear of contacting the disease.**



This is my wife. During the COVID-19, she was unable to register on time for her antenatal which was due to the problem of restriction of transportation. It took too long before she could register for antenatal.

**During the COVID-19, my child was unable to collect his measles 2 because of the fear of contacting COVID-19 in the hospital and because of restriction of movement, no transport, this can cause a great challenge on the health of the child.**



During the COVID-19, there was a kind of fear. **The period created a lot of fear even among the health workers.** During the COVID-19.

I can remember one of my uncles that had COVID-19 when he went to the hospital to explain and get treatment. When he got there after the doctor and nurses told him to explain the symptoms he was having, he told them all he noticed and they told him to open his throat. Immediately they saw his throat, everyone ran away including the doctor. They told him to go and stand afar off before they can tell him anything. This shows that there is fear even among the health workers because of COVID-19 because they too have families and they do not want to contact the disease. They know that if they should have it, it will affect their families and this made them to begin to sanitise the whole hospital immediately where the uncle was and even sanitise their hands immediately they treat patients because of the fear of contacting it.





## ALAO FELICIA ADUKE

I am a Frontline Health worker (FLHF) and 54 years old. I have 20 years of experience in the field of Neglected Tropical Diseases.



At my workplace, this lady visited the clinic without the face mask, so I sent her back to go and wear a facemask and I attended to her when she came back wearing a facemask. She complained that she was asthmatic but I insisted on her wearing it. I made her understand that I was insisting not because I hated her but due to COVID-19.



Hand washing is compulsory. We had it in front of our house. During the COVID-19, we often washed hands to the point that if you go outside and you want to come in, children were not allowed in until hands were washed and sanitised.



During COVID-19, a child was sick in my neighbourhood and I was called upon to attend to her. I couldn't do anything or give any treatment because I didn't have equipment to use at home. We were rejected at the private hospital we first went to but later we found a bike that conveyed the child to another private hospital where she was attended to. **It was God that saved her.**



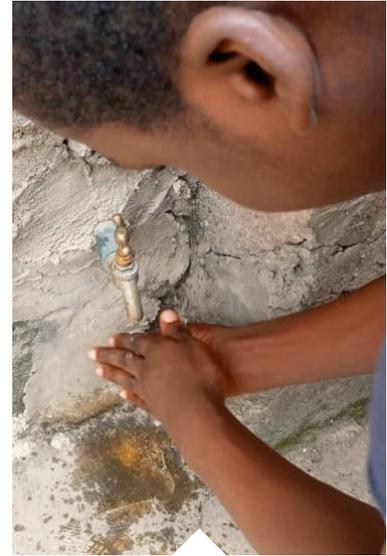
# OLAYIWOLA GRACE

I am 50 years old and have 5 years of experience in the field of Neglected Tropical Diseases.



The face mask is inconvenient as I do not use it before but because of the COVID-19, I had to use it so as to guide and prevent myself from the disease.

During the COVID-19, there was no transportation, but as a health worker, I had to trek to my place of work on daily basis. One particular day, there was an heavy rainfall and I had to get to the work, on my way going, the ground was so slippery that I fell and my clothes got very wet.



**As a health worker my family are suspicious of me because I am a health worker.** Anytime I come from work my children will tell me "mummy go and wash your hand o before you enter." I wash my hands before I enter my house.



## **No face mask no entry.**

Some of our clients and patients didn't comply with the use of face mask during the COVID-19 before entering the hospital, so they put us at risk as health workers.



**During the COVID-19, we couldn't go to church and worship accordingly because everywhere was locked, we had to manage from the little fund we have to buy data and connect virtually with the general overseer for church services.** There was no money as we are managing.



## ADEJOBI ESTHER

I am an FLHF and 45 years old. I have 8 years of experience in the field of Neglected Tropical Diseases.



I am a health worker and I was conducting immunisation. I took immunisation there but they did not come because they were running away due to COVID-19 since it was very serious then.

**I had the vaccines and left them covered but there was no one to administer it to.**

During COVID-19 sometimes we wake up late and cannot cook on time before going to work. When I got to work I became hungry, it was around to 11am and I went to where we used to buy food but the vendor did not come due to COVID-19. That was why I carried my cooler in order to get something to eat and we used to stay at work till 7pm before we close. It is not easy to stay at work from morning to 7pm before eating especially with the running around when one is not fasting. **This explains how difficult and inconvenient to buy food to eat at the work place during the COVID-19.**



**During COVID-19, my sister was stressed and depressed because she could not go to the shop where she sells.** She was always thinking because her husband was not taking care of her. I was always going to counsel her that everything will be okay and that she should not be angry and should not kill herself with thinking. It got to the point that

she had to go and see a doctor and she was placed on medication because she was depressed and have started having strange dreams and hallucinations. It affected me because she is the only family member I have in Abeokuta and I was always visiting her to remind her to take her medication.



**During COVID-19 there was no where I could keep my baby due to the fact that all the crèches were locked down and it is not easy carrying a baby** that

was less than a year to work because she could crawl and put harmful things in her mouth. It was not easy to back a baby and attend to patients. Since all the

crèches were on locked down, where would I take her to? I had no choice than to take her to work with me which was not convenient for me and the child. If it was in a crèche, she will play how she likes and eat at the right time.



The child of the woman in this picture is 9 months old and was yet to take any vaccines. We had to give the child Penta 2. I asked her why she did not bring her child for immunisation? She answered that she was scared of coming to the hospital that was why she did not bring her child. The child is already 9 months old and has missed many vaccines and we had to start from penta 2 to penta 3. You know that the kind of diseases that necessitated the use of vaccines then could happen to this child and affect him since the mother did not bring him for immunisation. It affected me because our job is to give immunisation and a child that is not immunised can pass diseases to others which can affect the community.



# ORIOLA KUBURAT TEMITOPE

I am an FLHF and 45 years old. I have 5 years of experience in the field of Neglected Tropical Diseases.



As COVID-19 set in, different workshops and training on COVID-19 overtook other sectors of health training which were in session before the advent of COVID-19. As a result the usual updating of knowledge in other health related issues that would have been beneficial were side-lined as all the training is now centred on COVID-19. This has an impact on the broad knowledge that can be accrued to health workers in other aspects of health.

**During COVID-19, the electricity supply was very low unlike before the lockdown** where we used to have about 8 hours of electricity but during the lockdown it was 2-3 hours in a day and none at night and we must attend to clients with torch light. It was very difficult for us to work under stress.



During COVID-19, people believed that health workers were collecting more money due to the Federal Government announcement that special COVID-19 allowance would be given. People felt health workers are financially buoyant. People working in private parastatals come to demand for financial assistance than before. **The responsibilities increased during COVID-19.**



This explain a health worker walking a distance. During COVID-19 it was very difficult for health workers to get to work to attend to clients. **We walk miles before we get to the office.** It made me get to work late. Sometimes, over an hour late because we have to trek and must get to the office.



**During the COVID-19, there was a stigma for health workers. Even my family will not allow me enter or open the door when I come back from work.** I can remember a day I told people in my house to use face mask and they said, don't tell us to use facemask because you are the one at risk, coming from the office and you will not enter. They gave me bucket and told me to off all my clothes that they will give me water to bathe although this was in the night.

**The occurrence of dead patients at the hospital with the prevalence of COVID-19 also brings fear to the mind of the health workers,** especially the health workers that have had contact with dead patients. This bring depression and psychological trauma to the health workers concerns at the health centre or hospital.





## AKESIRE S.O

I am an FLHF and 45 years old. I have 2 years of experience in the field of Neglected Tropical Diseases.



This is the picture of my grandson born during the COVID-19 lockdown. **As a grandmother, I could not attend the naming ceremony because there was a restriction in movement, and it was so painful as I could not do all I had in mind to do at the party,** so I had to send things to the baby's mother through one means or the other.

During the lockdown, some shops, and markets that we normally buy food items were locked down and we could not get food stuff. Market places were opened for specific days of the week like Tuesdays and Wednesday. All the shops around us were closed and we suffered a lot before we could get provisions and foodstuffs. **We could not eat what we liked and had to manage what we had at home.**



It is COVID-19 that brought about the use of facemask which was not done before. If you go to the bank without facemask, you will be sent back and come back after getting facemask. Many organisations like health parastatals too and general hospital have made it compulsory.



Children who were supposed to be in school were found playing card games because of the COVID-19 lockdown.

This affected the majority of children and some of them had to repeat their classes.



**During the COVID-19, mothers did not come to the health centres despite the fact it was opened. They thought the stay at home due to COVID-19 affected the opening of health centres and did not even bother to visit the health centres.** As a health worker, I had to trek to the community and I counselled and advised them to come to the health centre and made them understand that the health centre was open, and they can come anytime and receive their vaccine for their children. It was stressful, but I managed to do it as it was my work which must be done.



**KWARA**



# IBRAHIM ABDUL-RAUF ATATA

I am 35 years of age. I am a Community drug distributor with 7 years experience.

I am often assigned to my community and if I go to another community, someone familiar with the community is assigned to me. Drug distribution is a voluntary service and I am interested in it. When distributing drugs, I keep my record and report to the clinic after the whole exercise is completed. I really wish the allowance given to the CDDs should be increased to encourage others to join in order to ensure total coverage of the communities during MDA.



These are my children and I always buy them nose masks and sanitisers. **People in the community know my role in the health sector and as such I always lead by example by ensuring that I and my children use face mask. I know it's a good thing to protect them but it's also affected my finances as this was not planned for.**

This is a dump ground in front of a general hospital very close to my house. This is pollution and it is not good for such to be found near hospital where people are receiving treatment and it's not safe for me as well.



This is a well-known market but I am not pleased seeing people not using their nose mask as COVID-19 increases on a daily basis. **I feel people should take life more seriously and take responsibility because these are the people we distribute drugs to and if they contract COVID-19, it's a problem to us.**



This is one of the patients at the clinic and I noticed the health worker attending to him is not putting on his face mask or even gloves. I feel the government should make protective equipment available to the staff and if these things are not provided, health workers should also take responsibility and not attend to patient casually.

This is the hospital I usually visit and also refer my patients to when they fall ill. **Before COVID-19, the waiting time to see the doctor was 30 minutes but ever since the onset of COVID-19, we now spend hours before the doctor could see me or my patients due to safety protocols given by the hospital.**

This sometimes discourages me and also my referred patients looking at the waiting period.





# HUSSAIN BIODUN

I am 55 years of age and a widow. I am a community health worker with 30 years of experience here in Ilorin.

My role and everyday tasks as a frontline health staff is to attend to patients and treat them with whatever ailment they present with. I also give counsel and educate my patients on basic health rules as some complaints from the patients do not need prescription of drugs. I also supervise the immunisation process for record keeping purposes and as a health worker in the senior rank, I do take delivery of babies at the clinic. When involved in all these activities at work, I always ensure I take precautions.



This is the mosque where I worship and I noticed very few of the congregants used their face mask and social distancing was not observed. It is easy to contract and transfer COVID-19 because of the gathering of many people in the mosque and COVID-19 needs to be prevented. **I have tried to sensitise people on the importance of using face mask as a health worker but many still go around without it.**



This is a major road which looks very quiet. **During the lockdown there was no movement on the road and this affected me a lot especially when I had to go to my workplace, it was difficult to get transport due to curfew during the lockdown.**

It also affected some of my patients who had emergency cases and transport was an issue.

Health workers were still going to work during the lockdown but it was very difficult to reach the health facility or even come back home because there was no transportation. I believe emergency buses and staff buses should be made available in this kind of situation to help health workers out so that they will not be stranded.



This a place of worship and during the lockdown, we are not allowed to go out and pray in our various worship centres. **This affected me because I believe going to the mosque or church gives us the opportunity to make our request known to God rather than doing it alone at home.**

This is a ceremony and I observed that there was no social distance and none of them used a nose mask. This is very risky as people try to socialise at the expense of their health.

As a health worker, if such occasion is not compulsory, I stay back and if it compulsory, I always protect myself in gatherings so as not to contract the deadly virus.



This is a market place and as COVID-19 is increasing in Nigeria the number of people adhering to the preventive measure are decreasing and so the number of COVID-19 cases keeps increasing. During the lockdown, market was scheduled for people and even at that, people still don't use face mask as a little percentage of people you see in the market uses it. **This is worrisome because these same people will come to the health facility when they contract this virus thereby endangering our lives too. We don't have the equipment in our health facility to detect COVID-19 and people keep coming with symptoms of COVID-19. Prevention they say, is better than cure.**



## IBRAHIM SHAIBU

I am 63 years of age and I have also been a drug distributor for 7 years.

When it is time for drug distribution, I am assigned to my community which sometimes makes my work easy in terms of explaining in details the importance of the drugs to the people as some are aware of the drugs. I ensure I keep my records intact. I often revisit the people I distribute drugs to in order to get report on the effects of the drugs. This is a voluntary service and I am happy to be part of it.

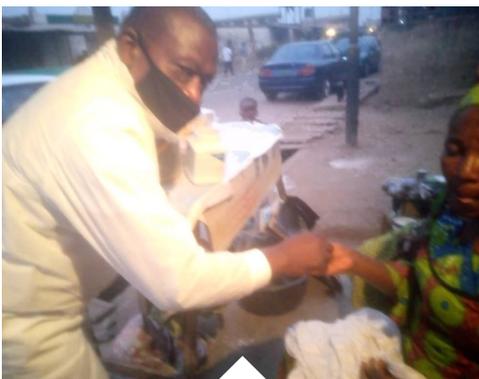


Using of face mask is now the new norm as it is now compulsory as a health worker to always protect ourselves from this deadly virus. I always make sure I use my nose mask before attending to anybody. I have to take responsibility.

This is one of my patient's leg which is swollen because she is affected by LF. As part of my work in distributing drugs to prevent Lymphedema Filariasis, I still encourage those infected by it to manage it well and I also advised her to also stay safe and avoid crowded spaces so as not to complicate her health with COVID-19 with what she already had.



This is what I do when it's time for mass drug administration. These people are new to the drugs I am distributing and so I ensured they were educated on the importance of these drugs as some people refused to take the drugs. I also use the opportunity to advice the community dwellers to keep safe from COVID-19 because many still do not believe it is real.



This was when I was distributing drugs in one of the communities and whenever I go to these places, I ensure I am protected well with my face mask and protective coat. It is important for me to protect myself as well as the people around me. I also use the opportunity to sensitise the people I give drugs too so as to keep everyone safe.



This is one of the communities I distribute drugs to. Most of the time I take public transport which is not safe because of COVID-19 and most times, the houses are far from the main road and I have to trek long distances. This can be tiring and I feel a means of transportation should be given to health workers to ease our work.



# FATIMAH ATANDA

I am 53 years of age. I am a community health worker with 20 years of experience.

**As a community health worker, my role is to attend to patients and also treat them. I educate staff at work to always take precautions when attending to patients and I also educate patients on basic health rules during immunisation and antenatal meetings.**

As a health worker, the use of the PPE has greatly protected me and all health workers from contracting COVID-19 and other communicable diseases. I always ensure I put on my nose mask before seeing any patients and I also ensure my patients put on their nose mask before I attend to them. **This way, we are all playing our part to kick out this deadly virus. This daily practice helps me and my family stay safe and healthy and I have rest of mind that I'm protected from contracting the deadly disease.**

**I am a health worker and I need to report to work every day but most times during the lockdown, I do trek long distances before I could get someone to assist me to my work place** because I am not



mobile. Many times I had to trek for miles which led to my lateness to work and my patients often complain about it but I do not have any other choice. It will be a nice idea if the government give health workers cars and they pay back in instalment or possibly provide staff bus to help health workers when there are restrictions in movement. This will help in future pandemic or lockdown.



**Due to the false rumour spreading around the society that chloroquine is a cure for COVID-19, the drug became scarce and this caused an increment in prices of drugs especially those that are COVID-19 related such as the cough drugs and malaria drugs. This really affected my patients because they had less income as they couldn't afford to buy drugs or even pay their full hospital bills.** This worries me as I am to always proffer solutions to my patients' concerns but I always advise them on what to do and to also keep safe.



This woman with her son came over to my house for medical help because her son was ill. She came to my house because she knows I am a health worker and she told me she was unable to withdraw money from the bank due to the pandemic and crowd at the bank. **I was not able to help her out because I did not have enough fund on me to assist her with. This made me unhappy because I don't like a situation whereby I am unable to help people out in any situation within my capacity.**



This is a picture of the poster we put in the hospital to sensitise people on how to wash their hands to avoid contracting diseases. I often sensitise patients who come to the clinic for treatment. This is what I do first before the patients are called for consultation and treatment. I sensitise patients on general health care during immunisation and antenatal visits and I always educate them on COVID-19 and how to stay safe.





## DUPE IBRAHIM

I am 57 years old and I am married with children.

I am a community health worker with 32 years of experience.

**My responsibilities as a frontline health staff member are to attend to patients and treat them when necessary. I also play a supervisory role to the junior staff on daily health task and mobilisation of mothers for immunisation. I take delivery of babies at the clinic and ensure the safety of mother and the baby. I am happy practicing this profession and I always take responsibility to be safe.**

This is one of the protective equipment (Nose masks) that I use to protect myself from getting COVID-19. I now know the importance of using face mask because aside using it against contracting COVID-19, it can also be used to protect ourselves from other diseases such as Tuberculosis while attending to the patients. **I believe the use of nose mask should continue even when COVID-19 is eradicated.**



This is a picture of my daughter learning how to sew/make dresses. **As a mother and also a health worker, I would not like my children to stay idle since lockdown also affected schools and they stay home all day. I encouraged my children to acquire new skills while they are at home because their future is more important to me.** I am glad I encouraged them to add to their skills as my girls can now make dresses for me and for themselves.



This is the fence of the clinic where I work and it is very disturbing seeing this kind of a fence in a clinic without being attended to. I feel insecure as a health worker taking care of patients because anybody can pass through the fence without being screened at the gate and get away with it most especially when on a night duty. My health and safety is of a great importance to me.



These are shops close to my house and I get most of the things I need here but during lockdown, the shops were under lock and key for a long time and this made shopping in the neighbourhood very difficult and also expensive for my family.

This is a picture of a nursing mother getting her baby immunised. **As a CHW, one of our experiences during lockdown was that so many nursing mothers refused to bring their babies to the clinic for immunisation and when we tried to get in touch with some of them, the feedback we got was that they do not want to contract COVID-19 at the clinics.** This seriously affected our data collection of children that have been immunised for the year. I feel proper sensitisation would have prevented this from happening.





# JUMOKE

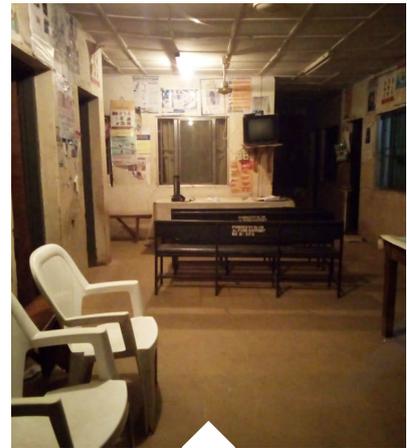
I am 55 years. I am a community health extension worker and I have been practicing for the past 9 years.

My everyday tasks as a frontline health staff are to attend to patients and to treat them, I also give injections and dress wounds. I also give counsel and sensitise my patients on basic health rules most especially during antenatal and immunisation meetings. I take delivery of babies at the clinic and also refer if there are major cases.



These are medical tools but they are not sufficient for use. As a health worker, we need these tools more during COVID-19 as we have to take precautions.

**Equipment like hand gloves, face masks and sanitisers were not adequately supplied to our clinics most especially during this COVID-19 period and this makes work difficult for me as a frontline health worker.** Lack of some medical tools make us refer patients to other hospitals to avoid complications. We need these medical tools for smooth operation at the clinic.



This is the clinic where I work and it was quiet during the first COVID-19 lockdown. **Due to the news of COVID-19, people are afraid to come to the clinic most especially in the day and also at night. This made my work at less stressful but as soon as the lockdown was eased, so many patients came to the clinic and the workload doubled.**

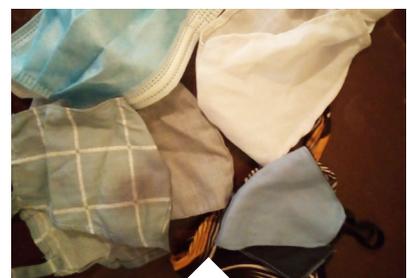
**COVID-19 has increased our workload and during lockdown and even now, we were not given any additional allowance to buy the necessary tools for protection as a Frontline health worker. So I always use my money to buy hand sanitiser, gloves and nose masks to protect myself against COVID-19.** This should not be the case at all. I believe health workers should be encouraged with allowances.



During COVID-19 lockdown, it was so difficult for people to get to work without their personal ride because commercial cars were not allowed to move on the road due to the lockdown restrictions. That was not the case with me because as a frontline health worker, I was able to go to work with my own car which made my movement to work very easy without tension of contracting COVID-19 in a public transport.



These are all my face masks both disposable and reusable. I always ensure my nose mask is on before I attend to any patient because I need to protect myself against COVID-19. Although we are not given nose mask, I still need to keep myself safe. **I feel nose masks should be distributed to all frontline health workers because we are the ones taking care of the patients with different health challenges.**





## HANAFI SOGBODILE

I am 57 years of age. I am a community drug distributor and I distribute drugs where I reside with 15 years of experience.

During COVID-19 lockdown, we were not allowed to distribute drugs due to restriction of movement but now that the lockdown has been eased, I have resumed my work in distributing drugs and before I administer the drugs, I first sensitise the people about COVID-19 and precautionary measures to take.



During COVID-19, our children in the community did not go to school, all our children were at home playing when they were supposed to be in school learning new things. **This has a psychological effect on me because I know the impact of education in this present world and I would not want my children to miss it in life.**

This is a mosque where I worship but it was locked down during COVID-19. **It really affected me because I am used to praying together with people but the new order forced us all to pray at our different homes.**



# BABATUNDE SIKIRULLAHI

I am 31 years old. I am a Community drug distributor and I have been practicing this for the past 7 years.

I volunteered myself to be a drug distributor to help the young ones in my community get the drugs that can prevent them from getting the diseases that are common in our environment. This is my little way of giving back to my community. When I distribute drugs, I first educate them on the importance of the drugs to their body system and when the drugs are administered, I keep my records.

This is a dispensary close to my house and it has been closed since the first lockdown. This is where I normally buy my drugs and other important things but it was locked and buying of drugs has been difficult for me and my household. **I am sure so many drugs in this dispensary would have expired due to the lockdown.** I distribute drugs and I know the importance of taking drugs either to prevent or cure.



This is my work place where we held a meeting, I am happy people complied with the COVID-19 guidelines as we all used our nose masks and maintained our social distance. This is a good development and I wish this is done everywhere so that COVID-19 can be eliminated sooner than expected. **I would not want to get infected with COVID-19 from my place of work.**

This is a nose mask and **most times I buy my nose masks which was very expensive during the first lockdown.** I feel government should make it a priority to supply health workers all these protective equipment and not the FLHWs buying these things in case FLHWs don't have enough fund to buy them.



This is a renovated health centre to care for the people in the community. I took one of my patients there and on getting there, I discovered it has been refurbished. **I am so happy about it because this pandemic has made the government build more health centres to treat people with COVID-19 and any other ailments.** This makes my work easy as I can easily refer people to this clinic for proper care.

This is one of the health centres I usually visit and also refer my community patients. I noticed they practiced social distance and the care of patients has improved. This is a good development as this will ease the work of the health workers if all medical tools are provided.



# BABATUNDE SARAFADEEN

I am 25 years old. I am a student and also a community drug distributor with 5 years of experience.

I distribute drugs around my community and now I find it more enjoyable. I am happy to be called a community life saver because it is a service I render for the wellbeing of my community.



As the photo speaks, this dumpsite is situated near primary health care centre and residential area. On a normal day the place is usually secured by people to avoid dumping of waste there but due to the lockdown and inability of people to

move around freely, they resolved to be dumping their waste there. This has changed the look of the area and my mental wellbeing. As a health worker I don't free comfortable and safe to be around the facility and to work.

**Another challenge is overloading of work on the health workers as there are more number of patients' visits than the usual.** There is inadequate staff in most of the facilities. Most of the patients I refer to clinics always complain of a long waiting hours at the clinics which often discourages them but I have to keep encouraging them.



This is a pharmacy section in a hospital. Patients in need of prescribed drugs need to move some miles from the hospital here to get there desirable drugs. **Lack of facilities and drugs is also a challenge in the health sector.**



**As a CDD School closure caused by the pandemic hindered the annual distribution of drugs like Mectizan, Melbendazole and Praziquantel in schools because the target children who are to be given are not available in school.**

You can imagine this in a public hospital. How can health workers who are to sensitise against effects of pollution still be working in an environment with this exposed and damaged septic tank. Apart from being source of air pollution, this is also affecting both workers and the patients because they will be going around looking for an alternative places that will be conducive for them to defecate.



# YUSUF KABIRAT

I am 20 years old. I am a student and also a community drug distributor with 2 years of experience.

I volunteered to be part of being a drug distributor to join hands with others to eradicate diseases that can easily be prevented by the drugs provided. I always ensure that I educate the people of the community on the usefulness of the drugs and keep records of the people who willingly accept the drugs.



I was given materials to prevent COVID-19 and which I really appreciate and made my work easier as a CDD and provided support to my work, but it was not enough, also the materials are disposable and gets damage easily especially the overall and I cannot use it for long as they are disposable. Sanitiser was okay but face mask and the disposable overall were not given which some patients complained about and demanded.



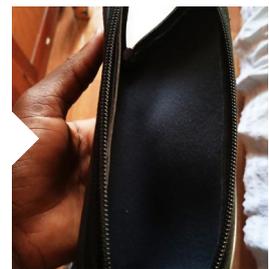
Many complain about the size of tablets and they refuse to collect it; some even complained of the side effects they encountered at the previous drug they took and refused to take another one. A woman with bilharzia refused to take the drug complaining of how big the size is and requested that it be reduced to the size of mectizan, this woman has been taken to the hospital by her family members after her condition aggravated. **I try as much as possible to educate people around me of the preventive ability of the drugs I distribute.**



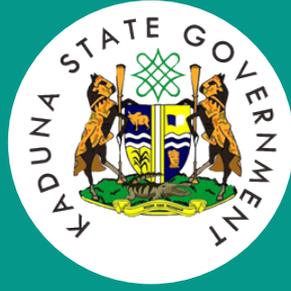
A neighbour of mine tested positive to COVID-19 after returning from a burial and people stigmatised me when distributing medicine because I lived close to the woman who was positive, and this affected my work as I could not distribute medicines during this period and some community members refused to collect the medicines from me, I felt sad about this and saw that COVID-19 affected my work as a CDD in distributing medicines.



My brother who caters for my wellbeing and living could not get money to feed us at home, so many restrictions on movements, schools and shops were closed; we could not go to hospital due to lack of funds. This affected my niece and made her ulcer get serious, so **we had no choice than to do self-medication, we also had to do a lot of things before we could eat a meal in a day, and this affected us negatively.**



The price of goods went high due to restrictions and this has a lot of negative impact on some families who can only afford little. **Not everybody can store food like the Federal Government stated before the restriction was imposed, and this made me sad because we could not afford to eat the food we loved to eat.**



# KADUNA



## KEIRA

I am 56 years old. I am a nurse midwife by profession and I am the in-charge of the clinic where I am working. I have been working for about 36 years.

When I wake up in the morning I pray first and then take care of things at home and take my bath. I then leave for work around 7:30am, I will be in my clinic before 8:00am and I then go round the facility to be sure everything is in order. We run our clinic in accordance with the COVID-19 protocol; we make sure that we keep water where it is supposed to be along with soap and everybody must wear facemasks. We keep social distancing in the clinic. We close around 5:00pm.



Our able and beautiful health workers on duty. This is how it is day in day out, **whenever I look at them, I feel we are all naked in the eyes of coronavirus because we are supposed to be covered with protective gowns, but all that is available is just face masks and hand sanitiser.**

Due to lack of enough seats, social distancing is poorly observed, yet our superior officers are putting pressure on the health workers to maintain social distance in the clinic.



Whenever I pass through this densely populated area surrounded with a lot of dirt, I always think and ask myself as health worker in this era where coronavirus is spreading like wildfire, what if they become infected with diseases such as diarrhoea and vomiting and then taken to the hospital for treatment, would they not be exposing themselves to the coronavirus and endangering the lives of the health workers as well?



Happy that the day's work is over, but worried is the COVID-19 protocol achieved?



A very crowded place with women and children who have little or no concern for social distance, wearing of face masks or even thinking of being infected with COVID-19 virus. **As a health worker it gets me worried because I am affected directly or indirectly.**





# NOELA

I am 42 years old. and I am a community health volunteer and I have been in this role for between 3-4 years.

**When I wake up in the morning; I observe my prayers, do some house chores and then prepare my children for school, although they are grown-ups now. After doing the house chores I visit the community before proceeding to the facility. In the community I go through some houses to check how they are observing the COVID-19 protocol. When I am done in the community, I go to the facility, but before entering the facility I wash my hands or use hand sanitiser and ensure I am wearing my nose mask before going in. Though I am saddened when I do my daily rounds and see a lot of people not wearing their facemask.**

These people can be seen to comply with the COVID-19 protocol of wearing nose mask in the public as a preventive measure against the disease. This gives me joy because it will improve their wellbeing as well as that of health workers who come in contact with them. When government and authorities are able to get the people to comply with COVID-19 protocol, they make the task of health workers working within a safe environment more achievable and this makes them feel cared for. This is a good example to the community.



The woman in the photo is seen washing her hands as a preventive measure against COVID-19 as this is one of the guidelines for the prevention of the disease. I feel really happy about this because it will help in improving her wellbeing which will reduce the risk of spreading COVID-19 to health workers and community implementers like myself.



The banner in the picture demonstrates to people how to wear nose mask. **I feel happy about this because it will help to improve my own wellbeing as a volunteer health worker if people know how to use their nose mask.**

A group of people who are waiting to collect their national identity card can be seen in this photo, unfortunately they are not observing social distancing. This makes me feel really sad because this act can be detrimental to their wellbeing and this can in turn affect the health workers if these people become infected with the COVID-19 virus and have to visit the health centres to seek medical care. **As a health worker I maybe at risk because of my responsibility to assist any sick one among them to get to the facility as a volunteer health worker.**

The mother in this photo is seen making her son use hand sanitiser before entering the room. This is happening because these people are following the COVID-19 protocol for preventing the spread of the disease.





## CHRISTINE

I am 55 years old. I have been an in-charge for 10 years in the facility.

When I wake up in the morning I pray and then do some house chores and then prepare and go to the office. When I get to the premises, I ensure that I wash my hands before I enter the facility after which I access my office and then go round to observe the necessary things in the facility and put things in order and then continue my work. During COVID-19, it was not easy for me because my house was far away from the facility. Sometimes I trek a far distance before reaching my office and I find that I become so tired before I close from work. I am at the office till 5:00pm before I close for the day, it can be tiresome.



This is the picture of an empty office. It was empty due to the lockdown; people were at home observing stay at home rule due to COVID-19. **This had a positive impact on me as a health worker because my PHC was less busy, there was no congestion, and I had less workload.** You can see a chair and a table but nobody in the office. During the height of the pandemic. Junior staff were told not to go to work, only from level 12 and above were to report for work. **Most people do not even want to go to the hospital during that period for fear of contracting COVID-19 because they believe that it is from the hospital that COVID-19 can be contracted and as such they were running away from the facilities.** So even for most of us who go to the facility, we stay from morning till about 4:00pm and yet only few people turn up to the facility. It really affected our lives because even when we go to the facility, we are idle, and we also were afraid of contracting COVID-19 as a health worker.

This is a picture of people standing together not observing social distance. I feel unhappy about this because this could increase the risk of transmission of COVID-19 in the community and spread to other people. This is dangerous for them and for anyone around them as the risk is higher when people fail to follow COVID-19 protocols.





# UMMULKAHIR

I am 56 years old. I am a staff nurse/midwife. I work in the facility and I am the in-charge of the facility where I work.

When I wake up in the morning, I dress up to go to the facility. Once in the facility, I wash my hands, after doing this I sign my signing book and then go round the facility to see what is going on, I then read my reports and start work. That is all for the day.



This is a picture of community leaders and some health workers. During the COVID-19 pandemic, village heads supported the PHC to maintain the COVID-19 rules and regulations in the hospital and assure to help the community, this was a great support to us and made me happy as this makes my work easier as a health worker. You can see us observing social distancing and wearing nose masks. We were sensitising them about COVID-19 and on how they should go back to the community to enlighten their people about COVID-19.

This is a picture of the generator in my health facility. Lack of diesel in the generator. **Sometimes in the night, we are not able to switch on the generator because of lack of diesel while sometimes we buy it from our pocket to have electricity to make sure we treat people well.** So, we had to fuel the generator to supply light to the facility so we can carry out our work. It affects our work because we need illumination to do our work well. You can imagine taking delivery at night without light.



This the picture of a lab. In majority of PHC our lab is small and no material in the lab, we need to expand it and we need more materials for the lab. This makes my work as a health worker quite difficult because I have to work with less materials in a small lab when testing patients.



This is a picture of an empty bed without a mattress. I took this photo because in some situations, this is the bed for patients with no mattress on it and this makes me sad to see my patients suffering when they are to be admitted when sick or after delivery of a baby. It is not unusual to go to some facilities where there are no beds available or not mattress even where the beds (frames) are there. In some cases, patients are attended to on the floor, this can add to worsening health for the patient.

This is a picture of an empty reception for patients. During lockdown we had low turnout of patients because they were afraid to visit hospital, and some did not get transportation or vehicles to come to the PHC for treatment.



There is a bucket with water for hand washing and somebody standing there, but there were no clients in the facility due to the lockdown. Honestly, **we were not happy, because so many people needed help, but they could not reach the facility. In some cases, they will reach the facility but there are not enough staff on the ground due to lack of transport occasioned by the lockdown.**

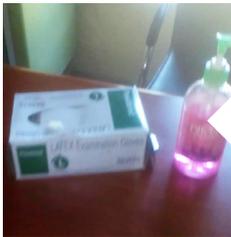


## KARL

I am 34 years old. I am a community health volunteer and have been in this role for 3 years.

When I wake up in the morning, before I go to the hospital, I make sure I go through in my mind the measures I am supposed to take when I get there. When I get to the hospital, I make sure that I follow those measures so that I can ensure that people coming to the hospital equally observe the measures. This is because the rules are not only applicable to them but to us as well as workers and we are the focal people that will be relating information to them with regards to COVID-19 protocols.

This signboard carries information on COVID-19 that can be read without difficulty; this provides support to me because I can use it to educate members of the community on how to collectively stop the virus. I saw this signboard as I was going down to the facility, where I discovered an industry close to the facility, so I decided to go in and check if the workers there are truly observing the COVID-19 protocols. On reaching the premises, I discovered that they posted a signboard for both the workers and people visiting the industry showing that the only thing that can give anyone access to the premises is observance of COVID-19 protocols. This is good because they are doing it to protect not only those working there, but also the lives of other visiting individuals to their premises.



This is a picture of facemasks and hand sanitiser. It was shared in the community towards prevention of COVID-19 and this made me happy because of the positive impact this will have in the community. **It is a picture of support from the government, and I believe that in most of the facilities, the government was going round to share these materials used in preventing the COVID-19.** There are a lot of people who come to the hospital without nose mask and even those who have nose mask also need to wash their hands before they can be allowed into the facility.

This is a picture of a health worker educating people on the importance of face masks which is one of the requirements of preventing COVID-19. This made me happy because of the support to the community by providing the masks. There are people who even when they have nose mask with them will not cover their mouth and nose as they only hang it below their jaw. So, here she was teaching them the proper way to wear the nose mask.



The picture describes a pair of hand and sanitiser used as a preventive measure against COVID-19. I took the picture because it shows that hand hygiene practices are followed. I feel happy whenever I see this because it will prevent the spread of COVID-19 pandemic and improve our wellbeing. The man here is seen observing one of the protocols of COVID-19.



In this picture, I am wearing my nose mask and have washed my hands before entering the PHC, I am happy about this picture because I have observed the COVID-19 guidelines by preventing myself which will improve my wellbeing and that of the health workers. I had my nose mask with me. On that day there were a lot of people around the facility, as someone who always speak to them on the issue of COVID-19, I needed to show an example. I stood there at the entrance, I washed my hands and I made sure those who were there saw how I was washing my hands. This is so that when we speak to people coming into the facility about COVID-19 measures, no one will see it as something new.



# REGINA

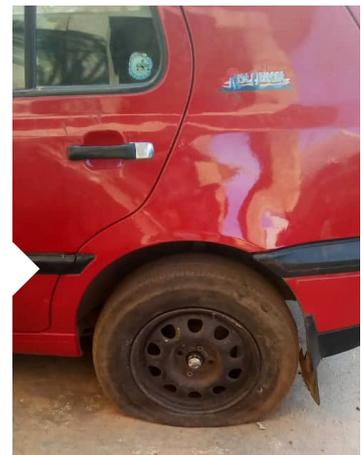
I am 57 years old. I am the in-charge of the facility where I work, and I am a nurse midwife. I have been working as an in-charge for over 15 years.

I wake up in the morning and pray to God Almighty and make my home comfortable before I leave for work. Once I reach my work, I ensure that I wash my hands before I enter the facility to observe the COVID-19 protocols. I then enter and open my office and go round to see how things are in my facility. After that, I supervise all the work in the facility and close by 3:00pm or 3:30pm and then return home.



I left my car at home and boarded a bus this morning to my work place I was the only one wearing face mask except one lady who sat beside me when she saw me, she just brought out her face mask and put but before we dropped, she pulled down the face mask. This made me uncomfortable. The government must intensify the wearing of face mask in the public and the reinforcement should be as serious as it should be so that people can comply.

**During the lockdown I once had a flat tyre, and I couldn't get any help as people were not around that became a hindrance for me as I couldn't reach the hospital to discharge my duty.** I was stranded that day and we do not have an ambulance in the hospital that I could call to come pick me to work so that day I didn't go to work. I felt that there were people I could have helped that day that I didn't because I didn't go to work.

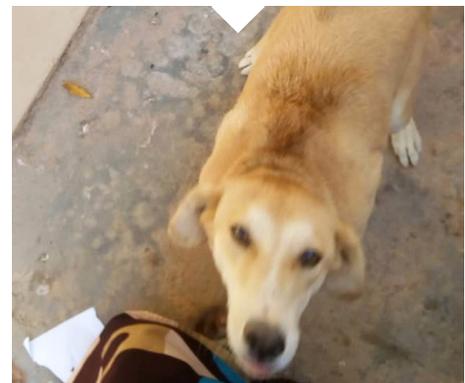


This is an unkempt gutter which is a source of breeding mosquitoes. Environmental health workers need to intensify their work so that diseases can be prevented, and health workers will not have to be overburdened with work.



This poster speaks well, the government should have them in worship places and schools so that people can see and read and be able to adhere to the COVID-19 protocols this will reduce our workload as health workers.

**After a hard day's work my pet welcomed me home jumping on me wagging its tail my stress was reduced.**





## KATUMI

I am 61 years old. I am a community health worker.  
I have spent at least 10 years in this role.

Each day when I wake up in the morning I will pray and then I will take my bath and have my breakfast after which I put on my uniform and go to my office. Before I enter my unit, I wash my hands with soap and water. I will then enter my unit to check the solar refrigerator to be sure the vaccines are in a good state. I usually take the temperature of the vaccines, after which I set my table. I give health talks to my clients before I start immunising the children. When I am done, I wash my hands with soap and water and then go home.

This is our community leader meeting with us to discuss how to mobilise the people and teach them how to wash their hands with water and soap or sanitiser to protect them against COVID-19 and other diseases.



COVID-19 and the lockdown affected our schedule of the health talk we usually give to our patients. Our clients found it very difficult to get to the facility and so they rarely come: It affected me because there were no clients to immunise and that is why we followed them to their communities to immunise the children. It affected the health workers as well because there were no vehicles to convey them to the clinics.



This is my community where I work. **During the lockdown, our clients couldn't make it to the clinic for their children's immunisation, so we had to go to the community and follow them house to house to immunise their children.** I am happy with my community because they give me 100% support. I also give them health talks on hand washing and wearing of face masks to prevent them from contracting COVID-19.



This is my facility where I give health talk about the importance of vaccine given to children, **I really enjoy educating my people and it gives me a sense of fulfillment and satisfaction.**



This is me in my room I just came back from work very tired and hungry because of so much workload and then no light for me to even lay down and sleep. Its so frustrating.



# IMANI

I am 40 years old. I have worked for about 2 years as a volunteer health worker.

When I wake up, I first observe my prayers, take my bath and attend to my family's needs before going to work. When I reach the facility, I wash my hands and get into the facility. Once in the facility, my primary task is to attend to children with malnutrition. I educate the parents on how to care for their children in a manner that there will be no problem, because due to the COVID-19, parents are unable to get the right balance of food that is necessary, and this brings about challenges for the children. We encourage parents to take care of their children in the way that is expected.

Lack of adequate water supply in the facility, we go to neighbouring houses to fetch water and it is very stressful, sometimes we have to stay for hours without water in the facility and it is not good during this pandemic.



This is a facemask; it gives us some protection from the corona virus but **many people visiting the hospital don't want to use facemasks, and this does not give me confidence to work properly because I am afraid.**

This type of sitting in the facility makes me feel uncomfortable because the COVID-19 protocol is not observed.



There is always a lack of proper lighting in the facility, sometimes we have to use lamps while having many patients to attend to. **During the height of the COVID-19 there was no light, we use lantern to work in the facility.** This is really challenging for us because we had to work without enough light to illuminate the environment.

During the COVID-19 I am facing so many challenges between me and my family, I have to distance myself from my children and husband especially when I treated a patient I suspected of having COVID-19. In fact I do isolate myself so that I won't infect them. **In this photo, the children were scared of coming close to me for fear of me infecting them with coronavirus. So they used to run away from me.** I am unhappy about that. This is the reason I don't come close to them after returning from work until I have removed my work clothes and taken a bath. The situation was worrisome to me as well.





# ABDULBASID

I am 26 years old. I am a community health volunteer (CHV).  
I have been in this role for about 6 years now.

When I wake up in the morning, I start with taking my bath, I take my breakfast and then start preparing to go for my field work. I focus on assisting people, I try to find out the kind of assistance they will need and ways of assisting them.

**I do feel tired and disorganised after work due to stress and anxiety. In this photo, I left a lot of my work undone.** This is because the pressure of work was high during the lockdown, so sometimes I leave a lot of work undone at home. This affects me a lot because when I return home and ought to be resting, I would be forced to try to do some of my work at home, so it does not pile up. This sometimes make me go to bed around 2:00am or 2:30am and by 4:30am I am awake again to go to my duty post and may not get to sleep until 2:00am again.



Here in this photo you will see a borehole. In this community people are suffering for insufficient water which makes people to go long distances in search of water. So, an organisation came and assisted them to dig a borehole which has made it easy for the people in the area to access water. This makes me really happy as this reduces their hardship. **I feel a pity for them, especially the women because they have to cover a lot of distance to get water and as a result some of them end up going late to school.**

As a CDD I am overworking myself and I am tired, the workload is too large for me to finish and there isn't any transportation support.



During lockdown, many people are suffering of movement; the Okadas (commercial motor bikes) are not working because the security use to arrest them, some even torture them.





# ALHERI

I am 40 years old. I am a community health extension worker.  
I have been in the facility for about 15 years.

My usual routine is early in the morning after I settle my family, I begin my morning duty by 8am arrange my schedule. If it is antenatal care, we arrange for the women and if it is child welfare, we arrange and immunise the children. We always observe the COVID-19 protocol and we also mobilise and educate them on the importance of washing of hands, face mask wearing and the rest. We disinfect every utensil we use before and after usage. Each patient must wear his face mask and wash hands before coming into the facility. Making people adhere to the COVID-19 rules is quite challenging for us because most people do not adhere to the rules but in all we are grateful that we can be impacting lives daily.



Too much meetings about COVID-19 do contribute a lot in making me so tired at the close of work everyday.

There is always no light in the facility, and this impacts greatly on our ability to carry out our work effectively especially at night.



There is increase in workload in which we always struggle to meet up with the demand and because the facility is small, we are always choked up in it and no social distancing.

This is an empty road. Most of the time, there is no means of transportation that will take me to my workplace and I have to trek. **As health workers it was difficult for us to get to our facilities during the lockdown, I had to trek a lot of distance to get to work.** As a health worker, people sometimes stop me to ask questions and this causes me to go to work late on a number of occasions during that period.



Poor sanitation when visiting our patients for follow-up in their houses affects me negatively. The environment of this picture is very dirty as you can see; the small boy in the picture had diarrhoea and vomiting so we took him to the hospital but it was closed, and he was brought back home. When I got there, when I saw the environment of the house, I had to firstly give them health talk on hygiene before teaching them on how to administer oral rehydration therapy. After two days, I went back for follow up and there was improvement.

# SUMMARY OF THEMES



## FEARS OF CONTRACTING COVID-19

Across States, a common fear amongst FLHWs was the added exposure and risk of contracting COVID-19 through their roles. Many expressed anxiety over contracting COVID-19 and potentially infecting their families. One FLHW mentioned self isolating from her family after work. Lack of compliance on wearing face mask and social distancing from community members was a source of anxiety for many FLHWs, as well as lack of PPE.



## STIGMA

Many FLHWs reported experiencing stigma from community members, for example people refused to accept medicines from a CDD due to fears he had been exposed to COVID-19. While some FLHWs mentioned being stigmatised in their own families and not being able to enter the house until they had washed.



## CHALLENGES IN PROVIDING ROUTINE CARE

Stigma and fear of COVID-19 resulted in many patients not attending health facilities. This not only affected Mass Administration of Medicines for NTDs, but also immunisations and attendance at ANC appointments, as many community members believed the lockdown meant that they could not attend clinics. One CDD raised his concerns of the added vulnerability to illness of people affected by NTDs, such as lymphedema. Another FLHFs mentioned that the focus on COVID-19 now overshadows training on other conditions, leaving knowledge gaps amongst the health workforce.



## A SENSE OF RESPONSIBILITY

Many FLHWs expressed how they are regarded as examples in the community and therefore pay particular attention to following all COVID-19 guidelines in regards to hand hygiene and wearing face masks correctly. Some FLHWs highlighted that they bear the brunt responsibility when they are unable to help patients get treatment – often due to lack of funds or transport.



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## ADDED WORKLOADS

While FLHFs were concerned about the lack of patients attending clinics, this resulted in added workloads as many FLHF then had to make visits into the community to provide treatment such as immunisation and repeated counselling to reassure community members. Some FLHFs reported feeling tired and fatigued.



## ENVIRONMENTAL HEALTH

COVID-19 resulted in an heightened sense of sanitation to avoid contracting other illnesses. Due to lockdown, waste could not be disposed of as normal and therefore there were build ups of waste within communities which was a cause for concern amongst many FLHFs in increasing the risk and transmission of other conditions.



## LACK OF RESOURCES

A major challenge faced by FLHFs was the lack of availability on transport, PPE, light and lab equipment. Several FLHWs mentioned having to trek to work and buying their own PPE which is expensive.



## PRIDE IN ROLE

Pride and feeling joy in their role was expressed across States, particularly when patients listen and adhere to their advice after giving health talks on COVID-19 as well as NTDs, nutrition and immunisation.



## COMMUNITY SUPPORT

Support from community leaders was highlighted in being key in building community awareness and acceptance of COVID-19 as some FLHWs mentioned disbelief within the community of COVID-19 existing. Many conducted training and held sensitisation meetings with community leaders. They expressed their happiness that health information was relayed.



## GENDERED IMPACT

Many female FLHFs highlighted balancing their roles as mothers and wives with their job as many shared their concerns over the impact of lockdown on their children's education.



## PERSONAL IMPACTS

Lockdown and COVID-19 restrictions impacted many in their daily interactions as they were restricted from attending gatherings, mosques and churches. Once FLHW mentioned suffering a personal loss and being unable to attend the funeral while another female FLHW expressed her pain in being unable to attend her granddaughter's naming ceremony party.



## FOOD AND INSECURITY

In Ogun, CDDs expressed the rising food prices resulted in many facing difficulties in storing food as advised by the Federal Government as many CDDs are traders. The pandemic also resulted in increased crime as food was reported to be stolen in one community. This resulted in CDDs forming their own vigilante group to provide security.

# RECOMMENDATIONS

The following recommendations have been developed in collaboration with the health workers and the research team following discussions and reflections on the issues highlighted through photovoice.



Adequate provision of Personal Protective Equipment (PPE) as well as other necessary clinical tools and materials such as hand gloves, sanitizers, cotton wools and antiseptics to help ease the work of health workers



Prioritise and acknowledge the wellbeing of health staff. Routine supervision and peer support should be accessible. Create a support network or forum for health workers where experiences and issues affecting each other can be shared in a safe, supportive space; this could be organised locally in person or on online platforms, such as WhatsApp groups.



Capacity building and training on a regular basis will aid health workers with updated knowledge on COVID-19, safety precautions and routine health provision. Increase opportunities to attend health courses, seminars and workshops. Capacity building will help prepare adequately for future pandemics.



Support for transportation for health workers to help them access their facilities easily. In cases of curfew, staff buses and motorbikes should be made available for easy accessibility, especially to the health workers or CDDs who need to travel long distances to remote areas.



Health worker administrators should ensure that health staff are posted to clinics that are of short distances to their homes for easy access to the health facility where possible.



Timely awareness of disease outbreaks and its safety rules should be made known to the public to prevent rapid transmission in the communities as well as for health workers. Health education and awareness on hygiene practices to patients and the public should continue after COVID-19 in collaboration with community leaders.



The public should also be sensitised on Neglected Tropical Diseases (NTDs) and the medicines to use for prevention to support CDDs, as some people in the community refuse medicines because of inadequate sensitisation and awareness.



Remuneration and adequate allowance of FLHWs and CDDs is strongly recommended in order to motivate them for efficient service delivery and in the case of CDDs, to encourage others to join in the distributions of medicines.



Recruitment of more frontline health workers and CDDs to ease the burden of the workloads and fill any gaps in service delivery.



# COUNTDOWN

Calling time on Neglected Tropical Diseases

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