COVID 19 – PROVIDING MEDICAL PALLIATIVE AND EDUCATION FOR HARD TO REACH COMMUNITIES AND VULNERABLE POPULATION IN FCT NIGERIA

By

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EXECUTIVE SUMMARY

It is very shocking to know that despite the wide and deadly nature of covid-19, people in the rural and hard to reach communities in FCT are still living as if nothing is at stake despite several messages in the media by various actors about the deadly nature of the pandemic and the need for everybody to change the way we live.

CRH carried-out a visit and visibility studies to several rural and hard to reach communities in FCT. We saw people still sitting and gathering in crowded form in drinking places, markets, motor parks, brothels, drug bunks, etc. The people are still hugging, shaking hands and not wearing face masks. The worst of it is that they generally say there is no coronavirus in Nigeria, the virus is for rich people and lots of other misconception and misinformation.

This motivated CRH to embark on this project to assist people in these communities who are in serious danger as a result of their life style described above. Through this project CRH will educate rural, hard to reach communities, especially vulnerable groups to observe the covid-19 prevention protocols and use of PPE including medical palliative initiatives utilizing our Mobile Clinic (Health on Wheels) and distribution of hygiene and protective materials.

Having discovered that many people in these rural and hard to reach communities and vulnerable groups are either not aware of or have many misconceptions about the disease, CRH is proposing to carrying out the campaign through the activities described in this document to bring awareness to the masses in villages in FCT.

CRH will help to combat fake news about COVID-19 by disseminating factual information from credible sources such as Ministry of Health, WHO and Nigerian Centre for Disease Control and encouraging people to follow the stipulated preventive measures.

CRH will raise awareness in villages about COVID-19 by explaining how the disease is transmitted, how to prevent it and what to do if one suspects they or someone they know has COVID.

INTRODUCTION AND BACKGROUND

The current outbreak of coronavirus disease (COVID-19), an infectious disease got reported first from Wuhan, China, on 31st December 2019 and has made a tremendous cross-sectoral impact across most of the countries around the world. The entire social, economic and cultural structure is gradually transforming into an unexpected reality.

The sad reality in Nigeria is the limited or no consistent prevention education and access to personal protective supplies to prevent spread of COVID in hard to reach, rural and peril-rural communities, as the measures announced by the government of Nigeria is highly concentrated in urban communities. This has made the number of confirmed COVID-19 cases to continue to increase. As at 16th of July, 2020 the total number of confirmed case is 34,256, death toll 760 and recovery toll 14,000. FCT have 2,761 confirmed cases and 39 deaths.

This has become a big issue with the people in rural and hard to reach communities as there are no specific measures adopted by the government to support the grassroots education and fight against the COVID-19 pandemic.

Vulnerable and marginalised youth are at particular risk of COVID-19 and its impacts. Young migrants and refugees, youth living in rural areas, adolescent girls and young women, indigenous and ethnic minority youth, young persons with disabilities, young people living with HIV/AIDS, young people of different sexual orientations and gender identities, and homeless youth already experience challenges in accessing healthcare services and social protection.

Thus, CRH through this project will increase rural and hard to reach communities in FCT awareness on the prevention of the spread of the COVID-19 diseases through the Mobile Clinic Palliative Program.

One major problem we identified in the course of our visit to these rural communities is that local people have no fear, due to misinformation, and disbelief about the existence of COVID 19. As such they do not observe the general guideline for protecting oneself from covid-19 such as adherence to social distance by isolating from groups gathering and social events, wearing face mask, washing of hands are not been practice.

CRH will provide effective and efficient communication about the existence of the virus in targeted hard to reach communities and vulnerable population in FCT who already have difficulty in accessing healthcare which is further worsened by COVID-19 such as people who use drugs, people with disabilities, sex workers, sex minorities, etc.

CRH will provide materials on the prevention of COVID 19 and protective equipment to this vulnerable groups and hard to reach communities in FCT, specifically among the elders, youths, women, men, and children. The action will help break the barriers of misconceptions among local people about the existence of the virus and prevention methods. This project will also give the local population the chance and confidence to remain resilient.

CRH has been involved in community mobilization and engagement since 1999, we have sensitized, informed, promoted and advocated preventive health in rural poor and under-served populations of FCT and Imo State in Nigeria. The Centre has over the years carried-out various projects and services in general health education, information and awareness on HIV/AIDS, health, nutrition, sanitation, basic hygiene, maternal and child health, etc.

Since 2008, CRH has provided primary health services and education to Persons living with and affected by HIV, Women, Children, Key Populations, IDPs, Drug Users and persons with Disabilities in our catchment Areas.

To mention a few of our successes, CRH have also carried-out projects that assisted in mitigating the deplorable health situation in IDP camps in FCT which were very alarming. The sanitary condition in the camps were next to animal levels and needed very urgent attention in order to forestall out breaks of epidemics.

CRH through its Health on Wheel project reduced mortality and complications associated with self-medication in rural communities and amongst vulnerable and stigmatized populations in FCT and Imo State.

Also CRH has embarked on Community Health Education and Services via Health on Wheels through which we delivered mobile primary health care delivery services and health education that target predominantly women and children in rural and slum communities which provided testing and treatment for common diseases like malaria, hepatitis, typhoid, HIV, STI, respiratory tract infections, diabetes, hypertension and family planning services among others.

Furthermore, CRH has also impacted rural and hard to reach communities through its Economic Empowerment and Food Security Programme which involved setting-up Sustainable Demonstration Farms, training vulnerable populations on income generation activities such as urban backyard integrated farming (SD Farms), soft skills, financial management, microcredit and linkages to other sources of support

We will leverage on our Health on Wheels (HOWs) facility which is a mobile primary health care clinic that takes health services to the door steps of the rural, poor, vulnerable and marginalized population and persons who would not ordinarily avail themselves of health services due to poor accessibility and high costs (affordability). HOWs integrates health education/promotion and services provision including screening and treatment of common health conditions and offer referral to specialist centres and other medical facilities for follow-up services.

The Health on Wheel will be used to carry-out medical palliatives in FCT communities to support poor families to fight COVID-19 by distributing face mask, soaps and handwashing facilities including enlightening them about the pandemic.

What would life be like if you did not have regular access to healthcare? How would you feel if you did not have access to healthcare during COVID-19? For residents in this targeted communities in FCT Nigeria, this is a consistent reality. Our project will deliver access to necessary medical palliatives for over 5,000 patients in 30 rural underserved communities in the Federal Capital Territory (FCT) in Nigeria.

Federal Capital Territory is home to 6 million residents with limited access to healthcare services in the rural hard-reach communities. Twice a week in this pandemic period our team of health professionals and volunteers will bring healthcare services to over 5,000 residents in several villages hosting free mobile clinic. This is the only form of healthcare many patients will receive in this targeted hard to reach communities.

COVID-19 has unexpectedly impacted sick people in this community’s ability to get healthcare in urban areas due to the restriction of movement by the Government to curtail the spread

of the virus. They are now at risk of not receiving the basic medication and supplies they need to survive. Thus, it is very necessary for us to go these communities to deliver the above mentioned services.

Through the free mobile clinic, we hope to serve over 5,000 women, children, and men including the physically challenged with the education, medical consultation, medication and supplies necessary to meet their basic healthcare needs and manage their chronic illnesses as well as Personal Protective Equipment (PPE) and education to community members and leaders about COVID-19,

This project will help break the barriers of misconceptions among local people about the existence of the Coronavirus. It will educate communities on the importance of handwashing, social distancing, mask wearing and covering of the mouth, nose when coughing and sneezing. It will provide necessary Coronavirus prevention materials to 5000 people, especially elders and people with disabilities in the targeted rural communities.

CRH will equally provide emergency psychosocial support for health workers; promoting hygiene in high-risk locations; and ensuring vulnerable communities have access to information, resources, and psychosocial support. The need to isolate the infected and those potentially infected can break down the social ties and connections that are particularly necessary in times of crisis, both for logistical preparation and response as well as emotional wellbeing.

Young people with physical or mental health conditions also face an elevated risk in relation to COVID-19. Many young people may not have stable housing and therefore cannot safely engage in home-based social distancing. The pandemic and economic recession may further fuel stigma and discrimination against certain groups of young people, which in turn would further exclude them from accessing healthcare and maintaining their livelihoods.

2. JUSTIFICATION

The COVID-19 pandemic is dramatically increasing its global toll on morbidity and mortality on a daily basis. The COVID-19 pandemic has the potential to reverse the health and development gains achieved in recent decades, as a result of both progress against communicable diseases and improved social and economic conditions.

Ominously, even if the COVID-19 transmission could be halted today in the most heavily affected countries, the spread of new infections in poor, densely populated countries, where weak health systems need massively scalable investments in human capital, supplies and infrastructure, will continue to threaten the entire global community.

This pandemic context demands an evidence-based and well-coordinated global containment and mitigation strategy, with the highest priority, as no country is immune to the spread of a virus that does not respect national borders.

As observed by leading global experts, the COVID-19 outbreak is a stark reminder of the ongoing challenge of emerging and remerging infectious diseases and the need for constant disease surveillance, prompt diagnosis, and robust research to understand the basic biology

of new organisms and our susceptibilities to them, as well as to develop effective countermeasures to control them.

Transmissibility and severity are the two most critical factors that determine the effect of an epidemic. New epidemics may cause rapid and large spill-over effects that transcend national boundaries. The worldwide spread of COVID-19 is demonstrating the toll an infectious diseases of animal origin can exert on the global health and development.

To be successful, effective containment and mitigation of COVID-19, and eventual suppression of the virus, will require all countries to jointly support a prevention and control effort of unprecedented scale to be successful.

It is especially important that support be available to low-and lower middle-income countries, where health systems are weaker, living conditions often more overcrowded, and populations most vulnerable.

Since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China, the number of cases outside China has increased rapidly and the number of affected countries continues to grow exponentially globally

The doubling time has been increased to six days or more in South Korea but remains between 2 and 4 days in countries like Sweden, France, Italy, Australia, Spain, the Netherlands, and the United States. This exponential growth is fuelled by the presence of three conditions:

(i) There is at least one infected person in the population pool;

(ii) Regular contact between infected and uninfected members of the population occurs;

(iii) And there are large numbers of uninfected potential hosts among the population.

Exponential growth is so powerful, not because it is necessarily fast, but because it is relentless. Without introducing a factor to suppress it, exponential growth becomes a difficult challenge, because it doubles its presence/population in a given amount of time.

COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades. Recent zoonotic diseases impacting human populations include Hendra virus (1994), Nipah (1998), SARS-CoV (2003), H5N1 Avian Influenza (2005), MERS-CoV (2012), Ebola (2014 and 2018), Lassa Fever (annual outbreaks) and the most recent, COVID-19.

These diseases emerge from animals contact with humans and have resulted in major outbreaks with significant public health, social and economic impact. Increasing dynamic interactions of humans, animals, infectious agents and the environment in a hyper connected world, suggest the likely continuation of such infectious disease outbreaks.

Therefore, aggressive public health measures to stem the COVID-19 pandemic, and other such zoonotic diseases, require a rapid, multi-faceted, cross-sectoral and globally coordinated response.

Accurate information of COVID-19 has been communicated through multiple media channels to provide the right information, at the right time, to the right audience, so that it triggers the right action. Unfortunately, the global public health response to the COVID-19 pandemic has been accompanied by an infodemic, which is an over-abundance of information – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it.

This misinformation hampers public health responses to epidemics and prevents people from taking adequate measures to effectively prevent disease transmission. Some misinformation may also lead to dangerous behaviours, such as self-medication with harmful substances.

To manage the infodemic, the communication around COVID-19 has been monitored to detect as early as possible misinformation or gaps in information. Using the WHO Information Network for Epidemics (EPI-WIN) – a close partnership with various sectors and their respective members such as faith-based organizations, sporting event organizers, travel and trade sectors, international employers' organizations, trade unions organizations, health care delivery sector and others – existing trusted sources of information have been amplified and tailored for particular audiences.

This has allowed for the timely corrective action such as displacing misinformation through a high output of public health messages that inform individuals and populations how to protect themselves and support outbreak control activities.

The COVID-19 pandemic continues to evolve rapidly. This heightens the need for accurate, trusted information adapted to changing scenarios. Trusted channels of communication and information through EPI-WIN play a critical role in meeting information needs.

Through the Global Outbreak and Alert Network (GOARN), IFRC, UNICEF, and WHO are coordinating technical and operational updates on risk communication and humanitarian partners, with a special focus on highly vulnerable populations, and the integration of humanitarian partners to support physical distancing solutions in migrant and camp settings.

Social science and community insights, including perception surveys and feedback from communities affected by physical distancing and movement restrictions, are being rapidly synthesized to ensure that future response measures are informed by and calibrated according to the ongoing experiences of affected communities by GOARN research partners are supporting this effort through the creation of a repository of risk communication and community engagement data collection tools (surveys, questionnaires, rapid assessment methods) to aid researchers and public health organizations to roll out quick assessments in their communities of interest.

3. AIMS & OBJECTIVES

The overall objective:

To utilize Health on wheels mobile clinic to take health services and preventive education about covid-19 to the door steps of the rural, poor, vulnerable and marginalized populations in FCT.

Specific Objectives:

1. To provide medical palliative such as education on natural crops that can boost their immunity against covid-19 and distribution of soaps, face mask, hand sanitizers, etc focused on prevention.

2. To assist targeted hard to reach communities in FCT suffering from weak or absence health infrastructure for treating common sicknesses and disease.

3. To provide a plat-form in targeted hard to reach communities in FCT to talk about Coronavirus tailored towards local community people misinformation, and disbelieve in the existence of COVID 19.

4. To provide materials on the prevention of COVID 19, especially among the elders, youths, women, men, and children in hard to reach rural communities and vulnerable group in FCT.

4. BENEFITS OF THE PROJECT

1. The project will help the people in this hard to reach communities and vulnerable groups prepare for, and respond to the covid-19 pandemic so as to reduce risk, increase resilience and mitigate the impact of the pandemic on these communities.

2. These people would have learnt more about good health and hygiene even after this covid-19 pandemic so as to avail them the preparation modalities in case of a similar outbreak. e.g cholera and meningitis.

3. This project will open these communities to other international Health Organizations such as UNICEF, WHO, UNDP, ETC to know their health and environmental challenges.

4. This project will on the long run leave these hard to reach communities with a wealth of trained primary health workers and environmental educators.

5. TARGET POPULATION

a. General Population in hard to reach communities and vulnerable groups within the six (6) Area Council in FCT – Men and Women, Adolescent Young person's especially Youths out of School, Transport Workers and traders

b. Key Populations especially Commercial Sex workers, Drug Users

6. ACTIVITIES

SPECIFIC OBJECTIVE 1

To provide medical palliative such as education on natural crops that can boost their immunity against covid-19 and distribution of soaps, face mask, hand sanitizers, etc focused on COVID -19 prevention.

Activities:

1. CRH will hold a seed and livestock fairs tailored towards boosting the livelihood of rural people living in hard to reach communities. Introduce the communities to crops such as moringa, lemon grass, ginger, garlic, etc which they can use to boost their immunity against COVID-19.

2. Community development facilitators will be selected from the targeted communities and trained to conduct hygiene awareness campaigns tailored towards COVID-19 prevention.
3. CRH will provide COVID-19 hygiene kit response which will comprise of bathing soap bars, detergent, face mask and sanitary napkins to 5000 individuals.
4. CRH will set-up handwashing stations in targeted hard to reach communities and vulnerable groups centres including drawing marks for social distancing in markets and motor parks in the communities.

SPECIFIC OBJECTIVE 2

To assist targeted hard to reach communities in FCT suffering from weak or absence of healthcare infrastructure for treating common sicknesses and disease.

Activities:

1. Provide hygiene kits and Infection Prevention and Control (IPC) training for staff at selected health and nutrition centres in hard to reach communities in FCT.
2. Carry-out one month's supply of malaria preventive drugs in IDPs camps and Orphanages in FCT where space are usually tight and living arrangements are transitional by nature which pose a major challenge for social distancing.
3. Provision of Safety and Personal Protective Equipment (PPE) in different communities and educate them on how to use. For example, the Drug Users will be provided with hand cleaning devices at the drug bunks; the sex workers will have these PPE stationed at the brothels and at different entry and exit points at the markets and motor parks. Sample copies of Face masks will be provided and the population educated on the proper and effective use of masks and encouraged to purchase for additional use.
4. Carry-out talks about COVID-19 messaging via CRH Mobile Clinic at the grassroots in FCT.
5. Training of Community Health Volunteers from each of the target populations to assist in Community mobilization and education.

SPECIFIC OBJECTIVE 3

To provide a plat-form in targeted hard to reach communities in FCT to talk about COVID-19s tailored towards local community people misinformation, and disbelieve in the existence of COVID 19.

Activities:

1. Drawing of Circles painted on the ground at the Village Squares to serve as a social distancing guide and demonstrated both in English and native dialect.
2. CRH will deliver over 60,000 bars of soap to health centres and vulnerable groups, and set up handwashing stations strategically in markets and motor parks in selected hard to reach communities
3. Use Health on Wheel Projectors to show films about the Virus in the market square of selected communities to mitigate the misinformation, and disbelieve of the existence of COVID 19.
4. Carry-out community education on prevention, routine environmental cleaning and disinfection in targeted communities within the FCT to emphasize the importance of cleanliness because dirt and grime can inactivate many disinfectants. Cleaning reduces the amount of dirt and so allows the disinfectant to work. Removal of germs such as the virus that causes COVID-19 requires thorough cleaning followed by disinfection.

SPECIFIC OBJECTIVE 4

To provide materials on the prevention of COVID 19, especially among the elders, youths, women, men, and children in hard to reach rural communities and vulnerable group in FCT.

Activities:

1. CRH will spread approved messaging through loudspeakers mantled on our mobile clinic in villages. Local religious leaders will be engaged and will receive COVID-19 information materials to share with their congregations.
2. CRH will train community leaders and members to share information about the virus within their communities
3. Produce and distribute information leaflets about COVID-19 to 5 communities each in the six area Council of FCT in conjunction with local religious leaders which includes local mosques and churches leaders who will share messages using their microphone during prayer times and church services. Past experience has shown us that clear, consistent messaging from trusted community sources is key for prevention

7. COST IMPLICATION

S/NO	ACTIVITY	UNIT	QTY	UNIT COST ($)	TOTAL COST ($)
1	Holding Seed and livestock fairs in communities to distribute crops such as moringa, lemon grass, ginger, garlic, etc which they can use to boost their immunity against COVID-19. (Take place in 6 communities)	Quantity	6	500	3000
2.	Training of Community development facilitators (who will be carrying-out door-to-door advocacy and campaign in the communities. (30 facilitators to be trained)	people	30	100	3000
3.	Provision of COVID-19 hygiene kit response (bathing soap bars, detergent, face mask and sanitary napkins) to 5000 individuals	Cartoons	500	10	5000
4.	Setting-up handwashing stations in targeted hard to reach communities and vulnerable groups centres. (30 communities)	Quantity	30	200	6000
5.	Infection Prevention and Control (IPC) training for staff at selected health and nutrition centres in hard to reach communities in FCT (50 Health Staff to be trained)	people	50	100	5000
6.	Distribution of malaria preventive drugs in IDPs camps and Orphanages in FCT	Cartoons	500	10	5000
7.	Sensitization and distribution of Safety and Personal Protective Equipment (PPE) in targeted remote villages (30 Villages)	Quantity	30	100	3000
8.	Advocacy through CRH Mobile Clinic at the grassroots in FCT. (advocacy visit to relevant stake-holders in 30 communities)	people	30	100	3000

9.	Training of Community Health Volunteers from each of the target populations to assist in Community mobilization and education (50 Volunteers from vulnerable groups to be trained)	people	50	150	7500
10.	Enlightenment Campaign through the use Health on Wheel Projectors to show films about the Virus and Social distancing demonstration at village squares. (30 communities)	people	30	50	1500
11.	Engagement and training Community Leaders on how to share information about the virus within their communities (30 community Leaders and 22 Religious leaders)	people	52	50	2600
12.	Printing of information leaflets about COVID-19 and distribution to 5 communities each in the six area Council of FCT. (1500 copies per community)	Quantity	30	100	3,000
13.	Monitoring & Evaluation	people	8	100	800
14.	Project Staff and Team water and meals	people	8	200	1,600
15	**Total**				**50,000**

8. ABOUT THE ORGANIZATION

Centre for the Right to Health (CRH) is a non-profit organization founded in 1999 with a mission to research, train, provide services and advocate for the full realization of the right to health and to promote respect for ethics and human rights in health care policies and practices especially for vulnerable and marginalized groups in Nigeria. Our vision is a Nigeria where quality health care is available, affordable and accessible; where patients are treated with dignity and their human rights respected irrespective of sex, age, and status or disease condition.

Stella Iwuagwu, PhD, MPH, RN, a nurse midwife, an Ashoka Fellow and veteran patient rights advocate was motivated to start the Centre after witnessing widespread violations of patients' rights in health care institutions and communities and people's inability to access healthcare. These violations were more pervasive towards rural, poor and uneducated women, youths and People living with HIV/AIDS (PLWHA).

The urgency of the care and support gap propelled the centre to start a clinic and home-based care to PLWHA, their families and other vulnerable community members. In 2008, with support from the Ford Foundation, we launched the **'Health on Wheels'** (HOW), a mobile clinic which enabled us reach more people, in more communities with basic primary health care including HIV counselling and testing, screening and treatment for other communicable and non-communicable diseases like malaria, typhoid, hepatitis, diabetes, STIs, maternal neonatal and child health, adolescent friendly and men's health clinic, elderly clinic, advocacy, community mobilization and education on a variety of health and development issues.

- **CRH Team:** Physicians, Nurses, counselor/tester, Health educators, Community Health Extension workers, human rights lawyer/advocates, peer educators, volunteer nurses from CRH Nursing Excellence Award.
- **Community partner:** Using a community participatory approach, key influencers and gate keepers are integrated into the team to foster collaboration, mobilize the community, and sustain the project.
- **Organizations: Other NGOs, Faith based Organizations,** CBOs, support groups, ART referral sites, pharmaceutical companies.

ACHIEVEMENTS

- Since inception the HOW have conducted outreaches in Abuja, Lagos, Imo and Nassarawa States. Most of the communities visited are in rural areas (sometimes in urban slums and markets) they had little or no functional health centers, the road to the nearest clinics are usually long and rough making travel expensive, which discourages families from seeking timely h healthcare. Women, children and the elderly are the ones most affected by this situation which significantly contributes to the high maternal and infant mortality in Nigeria. For this reason, women and children are our primary target. However, we run special clinics for adolescents/youths, key population, men and the elderly.

These are some of the giant strides achieved through HOW:

- As at September 2018May 2016, we have carried out over 500 outreaches in more than 200 communities, visiting many of them multiple times each year. We have reached a total of 1,500,506 persons with health education and primary health care services.43% of them are children, 39% women and 18% men.
- HOW has served as emergency rescue for accidents and obstetric emergencies.
- Strengthened primary health care facility to provide effective and efficient health care services in some of our adopted communities. Renovated and equipped rural health centers, and trained staff, community to hold LG accountable to providing social services.
- Established linkages to reproductive health, immunization and chronic diseases. Advocacy for gender equity and equality, education on conflict management and reducing violence against women, and promoting women's health and well-being
- Health promotion, education, disease prevention and environmental sanitation (by emphasizing the linkages between sickness and the environment) in communities.
- Encouraging sustainable nutrition by encouraging communities to grow their own food and consume balanced diet.

PARTNERS

The HOW has been supported by funders such as:

- Ford Foundation
- Institute of Human Virology, Nigeria (IHVN)
- FHI 360 (ENCAP Project)
- Solidarite Sida
- Global Fund for Women (GFW)

9. CONCLUSION

Slowing the transmission of COVID-19 and protecting communities will require the participation of every member of at-risk and affected communities to prevent infection and transmission. This requires everyone adopting individual protection measures such as washing hands, avoiding touching their face, practicing good respiratory etiquette, individual level distancing and cooperating with physical distancing measures and movement restrictions when called on to do so.

It is therefore essential to engage communities, especially hard to reach and vulnerable groups through effective communication efforts proactively, regularly, transparently and unambiguously with all affected and at-risk populations.

Understanding knowledge, behaviours, perceptions, and identifying the right channels and community-based networks and influencers to promote scientific and public health messages will be a key determinant of the effectiveness of the response. Building the capacity of local stakeholders in rural areas is essential to establish authority and trust.

The role women play in communities needs to be harnessed in community mobilization efforts. Participatory community engagement interventions should include accurate information on risks, what is still unknown, what is being done to find answers, what actions are being taken by health authorities, and what actions people can take to protect themselves.