



NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY

**PREPAREDNESS AND RESPONSE TO CORONAVIRUS DISEASE 2019
(COVID-19) AT PRIMARY HEALTHCARE AND COMMUNITY LEVEL**

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Abbreviations

ANC	Antenatal Care
CHEW	Community Health Workers
CAN	Christian Association of Nigeria
CHIPS	Community Health Influencers, Promoters and Services Programme
CWO	Christian Women Organization
CoCC	Covid-19 Command/Operations Centre
COVID-19	Corona Virus Disease
DCCN	Da’awah Coordinating Council of Nigeria
DIM	Deputy Incident Manager
EOC	Emergency Operations Centre
FCT	Federal Capital Territory
FOMWAN	Federation of Muslim Women Association of Nigeria
FMOH	Federal Ministry of Health
HCH	Honorable Commissioner for Health
IEC	Information, Education and Communication Materials
IM	Incident Manager
LERICC	LGA Emergency Routine Immunization Coordination Centre
LEMCHIC	LGA Emergency Maternal and Child Health Intervention Centre
M&A	Monitoring and Accountability Officer
MNCH	Maternal Newborn and Child Health
NCDC	Nigeria Centre for Disease Control
NCoCC	National Covid-19 Command Centre
NERICC	National Emergency Routine Immunization Coordination Centre
NEOC	National Polio Emergency Operations Centre
NIFFA	Nigeria Inter Faith Action Association
NPHCDA	National Primary Health Care Development Agency

NTLC	Northern Traditional Leaders Council
POIs	Person of Interest
RIWG	Routine Immunization Working Group
RMNCAH+N	Reproductive Maternal Newborn & Child Adolescent Health + Nutrition
SHE	State Health Educator
SARS	Severe Acute Respiratory Syndrome
SEMCHIC	State Emergency Maternal and Child Health Intervention Centre
SERICC	State Emergency Routine Immunization Coordination Centre
SPHCB	State Primary Health Care Board
VCM	Voluntary Community Mobilizer
WDC	Ward Development Committee
WHO	World Health Organization

Definition of Terms

For the purposes of the -Preparedness and Response to Coronavirus Disease 2019 (COVID-19) at Primary Healthcare and Community Level document, and to assist contextualization with other documents, the following definitions apply:

1. **COVID-19 Suspected case:** Any person (including severely ill patients) presenting with fever, cough or difficulty in breathing **AND** who within 14 days before the onset of illness had any of the following exposures: History of travel to and more than 24 hours transit through any high-risk country* with widespread community transmission of SARS-CoV-2 **OR** Close contact with a confirmed case of COVID-19 **OR** Exposure to a healthcare facility where COVID-19 case(s) have been reported
2. **COVID-19 Probable case:** Any suspect case: For whom testing for COVID-19 is Indeterminate test results **OR** For whom testing was positive on a pan-coronavirus assay **OR** Where samples were not collected before the death of a suspected case
3. **COVID-19 Confirmed case:** Any person with laboratory confirmation of SARS-CoV-2 infection with or without signs and symptoms
4. **Emerging disease:** These are diseases whose incidence in humans has increased in the past two decades or threatened to increase in the near future. These diseases which respect no national boundaries can challenge efforts to protect workers as prevention and control recommendations may not be immediately available.
5. **Epidemic:** The occurrence of more cases of a disease than expected in a given area or among a specific group of people over a particular period of time **OR** an increase often sudden, in the number of cases of a disease above what is normally expected in that population in that area.
6. **Outbreak:** Same definition as for epidemic but is often used for a more limited geographical area.
7. **Pandemic:** Is described as a global epidemic; an epidemic that spreads to more than one continent.
8. **Social distancing:** This is the act of keeping a physical distance between people, at least 4 to 6 feet away, by limiting crowd sizes or social interactions
9. **Self-Isolation:** This is voluntary home quarantine, which means staying at home and minimizing contact with other people, including other members of your household. It is about protecting others and slowing down the spread of COVID-19
10. **Quarantine:** This is the separation and restriction of movement of people who were exposed to a contagious disease to see if they will become sick. It may in practice infringe on the rights of such persons.

1.0 Executive Summary

The emergence and global spread of the 2019 coronavirus disease (COVID-19) poses a significant threat to public health globally, especially for health systems in low- and middle-income countries. Since the first case was reported in Nigeria on 27 February 2020, the rise in the number of cases has been exponential. Although most of the COVID-19 cases recorded so far have been among travelers returning from COVID-19 reporting-countries to Nigeria, community transmission is imminent, and may have already begun. The ability to effectively respond to public health emergencies such as this is strongly influenced by the extent to which such emergencies have been assessed in advance and prepared for with corresponding prevention and mitigation measures.

Primary health care is the bedrock of the Nigerian health system and the first level of contact between Nigerians and their health system. The National Primary Healthcare Development Agency, in line with its mandate to provide technical and programmatic support to states on the development of Primary Healthcare in Nigeria, has deemed it necessary to augment the national COVID-19 disease control efforts by the setup and implementation of an effective response system at the Primary Health Care and Community levels. Control of community transmission will be achieved if Primary Health Centers and the communities they serve are strengthened and supported to take appropriate measures to limit the spread of this disease.

This document sets out the preparedness and response plan of the Nigerian Primary Health Care System for COVID-19 Acute Respiratory Disease. It outlines the planning scenarios, key areas of work and priority activities required for the Primary Health Care Sector to quickly scale up its core capacity to prevent, quickly detect, characterize and efficiently respond, in a coordinated manner to the COVID-19 pandemic. These include guidelines for the setup and operationalization of COVID-19 response platforms at the national and state levels, guidelines for the provision of PHC services during the pandemic to minimize transmission in PHCs as well as guidelines for preparedness and response of PHC Centres and communities for COVID-19 case detection and response.

It is expected that this document will be regularly updated in line with progression or regression of the disease as well as emerging evidence of interventions to address the COVID-19 pandemic.

2.1 Background

2.2 Emergence of the 2019 Coronavirus Disease

Coronaviruses are zoonotic viruses that circulate amongst animals. Some have been identified in humans, causing illness ranging from mild cold symptoms to severe illness.

On 31 December 2019, the World Health Organization (WHO) was notified of an outbreak of respiratory illness in Wuhan, China. On 7 January 2020, the causative agent was identified to be a novel coronavirus, SARS CoV-2. Following rapid escalation and spread of the virus to other countries, On 30 January 2020, the Director-General of WHO declared the outbreak a public health emergency of international concern under the International Health Regulations (IHR) (2005); and, on 11 March 2020, the 2019 coronavirus disease (COVID 19) received the status of a pandemic.

The COVID-19 outbreak in the WHO African Region has rapidly evolved, as reflected by the significant upsurge in the number of cases and the rapid geographical expansion of the disease. As at 25 March 2020, a cumulative total of 1, 716 confirmed cases had been reported across 38 countries in the region. (COVID-19 WHO African Region: External Situation Report 4).

In Nigeria, the Federal Ministry of Health confirmed the first coronavirus disease (COVID-19) case in Lagos State on 27 February 2020; and, as at 31 March 2020, Nigeria had 135 confirmed cases of COVID-19 across 12 States with 2 deaths. (NCDC report).

2.3 Rationale and scope of the plan

The ability to effectively respond to emergencies is strongly influenced by the extent to which such emergencies have been assessed in advance and prepared for with corresponding prevention and mitigation measures. Preparedness planning for health emergencies aims to reduce the burden associated with the health threats in terms of mortality and morbidity, hospitalizations and demand for health care goods and services; to maintain essential services, protect vulnerable groups, minimize economic and social disturbance and enable a quick return to normal conditions.

Although most of the COVID -19 cases recorded so far have been among travelers returning from COVID- 19 reporting to Nigeria, community transmission is imminent, and may have already begun. This underscores the need to augment the national COVID-19 disease control efforts by the set up and implementation of an effective response plan at the Primary Health Care and Community levels. This document sets out the preparedness and response plan of the Nigerian Primary Health Care System for COVID-19 Acute Respiratory Disease. The strategy is based on the WHO global COVID-19 preparedness plan and the WHO Country Readiness Checklist and has been adapted to suit the Nigerian context.

It outlines the planning scenarios, key areas of work and priority activities required for the Primary Health Care Sector to quickly scale up its core capacity to prevent, quickly detect, characterize and efficiently respond , in a coordinated manner to the COVID-19 pandemic, and as required under the International Health Regulations (IHR 2005).

3.0 Response and preparedness of National Primary Health Care Development Agency

Nigeria has witnessed an exponential rise in the number of cases of COVID-19 since the detection of the first case in February in Lagos state. While there is unclear evidence that community transmission has begun, it is crucial to ensure that this is limited. Control of community transmission will best be achieved if Primary Health Centers and the communities they serve are strengthened and supported to take appropriate measures. These include community sensitization and awareness as well as detection of and response to suspected cases.

3.1 Setup and Operationalization of Covid-19 Command Centre

The National Primary Healthcare Development Agency in line with its mandate to provide technical and programmatic support to states on the development of Primary Healthcare in Nigeria deemed it necessary to set up Covid-19 command/operations Centres (CoCC) to coordinate the COVID 19 response activities of the Agency. The National Command Center shall be referred as NCoCC and domiciled in the NEOC, led by the NEOC IM and supported by DIM. The NCoCC shall have real time linkage with NCDC COVID19 EOC through the NPHCDA support team lead deployed to the NCDC and the Agency's support to Presidential Task Force on Covid-19.

The strategic approach of the NCoCC shall be anchored on the following:

1. Leadership coordination in liaison with FMOH, NCDC and Presidential Taskforce on COVID-19 and key partners towards effective control of the current COVID -19 outbreaks in Nigeria at the PHC and community level.
2. Minimize the impact of the Covid-19 pandemic on PHC service provision and ensure the availability and adequacy of medicines, equipment and other essential commodities in the event of a surge in patient care needs
3. Leverage existing structures to strengthen surveillance and case detection of Covid-19 at PHC and community level
4. Development and implementation of a robust COVID-19 risk communication plan for PHC
5. Provision of capacity building and support to PHC staff on COVID-19 prevention and control.

The Command Centre shall comprise seven working groups, each tasked with specific responsibilities:

3.1.1 Leadership, Governance and Coordination

- Provide overall coordination of activities of the units involved in COVID-19 activities under the leadership of IM and report directly to the Executive Director /Chief Executive on a daily basis.
- Carry-out a risk assessment of the COVID-19 impact on the agency's programmes and develop mitigation plans.

- Lead the development of a work plan to guide the agency's response based on the risk assessment and mitigation plan.
- As may be required, reach out to relevant partners to support with resources to address identified gaps.
- Liaise with Zonal Directors & SCs for daily updates from State NCDC EOCs & State Task Forces on COVID-19.
- Obtain updates from state PHCBs on ongoing activities and preparedness for COVID-19.
- Liaise with state ES/ED/ECs of PHCBs and IMs of polio EOCs to provide guidance from NPHCDA on COVID-19 response, with a focus on immunization and primary health care system.
- In collaboration with NCDC, develop advocacy packages to state leadership (Governor, HCH, etc.) to ensure gaps in states' capacity to effectively respond are promptly addressed.
- Liaise with the NCDC on updates on strategies for COVID-19 and daily situation report.

3.1.2 Surveillance/Epid & Laboratory/ Case Management

- Review and ensure up-to-date staff biodata (family members with detailed contacts - physical locations, telephone numbers and email addresses).
- Receive real-time updates from NPHCDA team at NCDC COVID-19 EOC.
- Track global, regional, national and local situation of COVID-19 and provide real-time updates to all NPHCDA staff.
- Report any suspected case of COVID-19 among staff to the NCDC.
- Work with NCDC to track identified staff and family members who may have been exposed to the virus.
- Conduct risk assessment of location of staff members that have been exposed to COVID-19.
- Document and Report any suspected case to the IM of the Command Centre.
- Track and follow-up staff placed on self-isolation to ensure they are observing the guidelines.
- Follow-up on staff in isolation to ensure they access the required care.
- Report on the status of all Persons of Interest (POIs) among staff to the center daily.

3.1.3 Risk Communication

- Develop harm reduction communication strategy to sensitize and educate every staff and family members on COVID-19.
- Develop and disseminate BCC materials to support all staff and family.
- Identify communication channels for information dissemination to staff (HQ, Zonal & State).

- Counsel Staff & family members who have been exposed to COVID-19 on mandatory testing, self-isolation and availability of support and treatment.

3.1.4 Infection Prevention & Control

- Provide guidance to staff and other stakeholders (such as cleaners, security personnel, etc.) on how to keep all Agency space and their family safe always.

3.1.5 Data Management

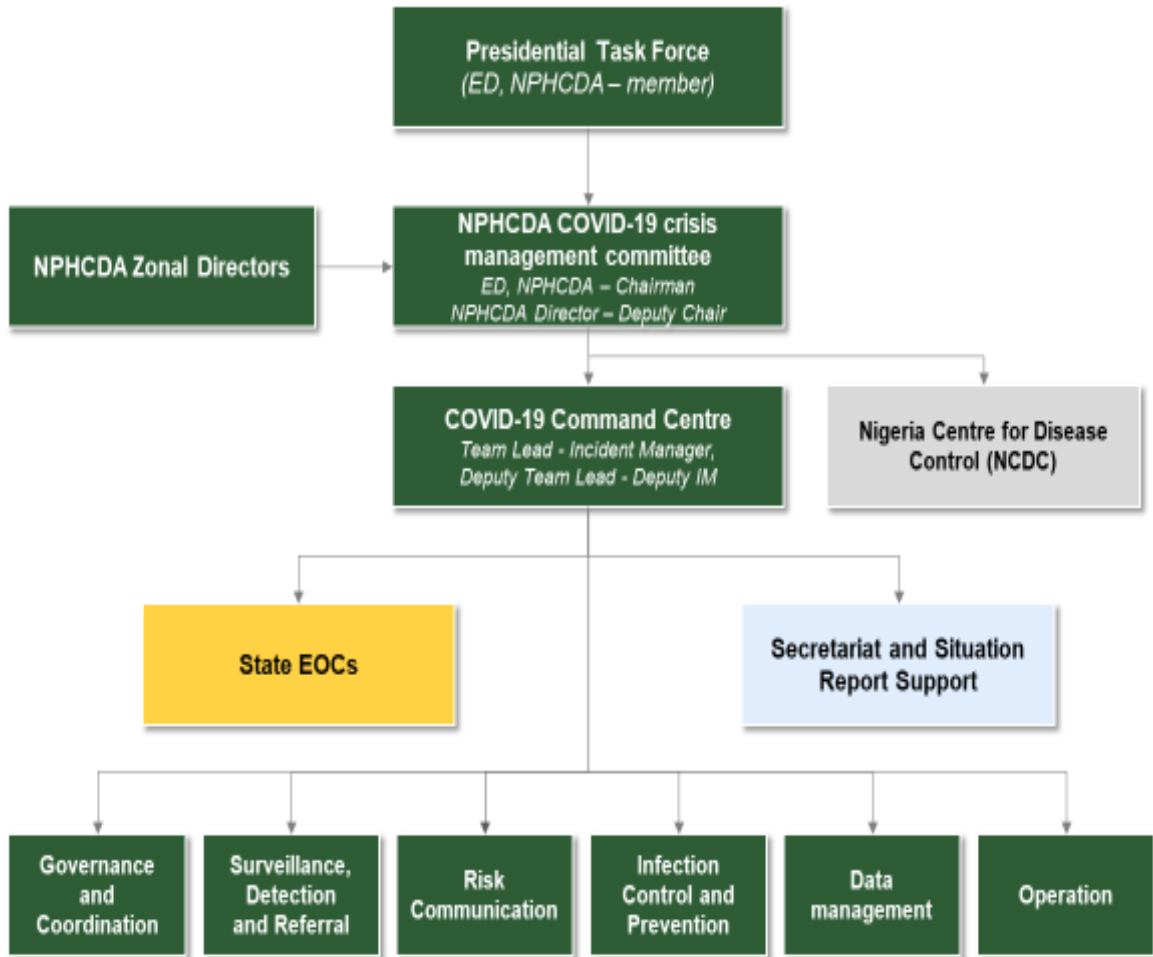
- Track and monitor the effect of the pandemic on key programme indicators (immunization and PHC) using available data.
- Liaise with NCDC and States EOCs to support data analysis of Covid-19 cases and potential contacts.
- Share report of analyzed impact data with the center on a weekly basis.

3.1.6 Secretariat/Situation Report Team

- Develop real-time situation report on the caseload of COVID-19 including number exposed, number tested and the outcome, among staff and their families and disseminate same to all staff platforms.
- support to be provided by one NERICC & 2 EOC M&As.

3.1.7 Operations Team

- Tracks States on operational issues and gaps observed and flagging them up for immediate action to the Incident Manager.
- Track and monitor implementation of all planned activities.
- Enforcement of accountability framework to ensure that no other PHC interventions are interrupted in view of the current Covid-19 pandemic across all the states.
- Daily situation reports on happening and medium for feedback to the.
- Maps, assesses NPHCDA & partner inputs at state level.



4.0 Section 3: Response and preparedness of State Primary Health Care Development Agencies

The management of the State Primary Health Care Boards (SPHCB) shall work closely with the State Ministry of Health and the State governments in a bid to ensure that Primary Health Facilities, Community Structures and Community Volunteers receive the necessary support required to guarantee safety and protection of the citizens of the State.

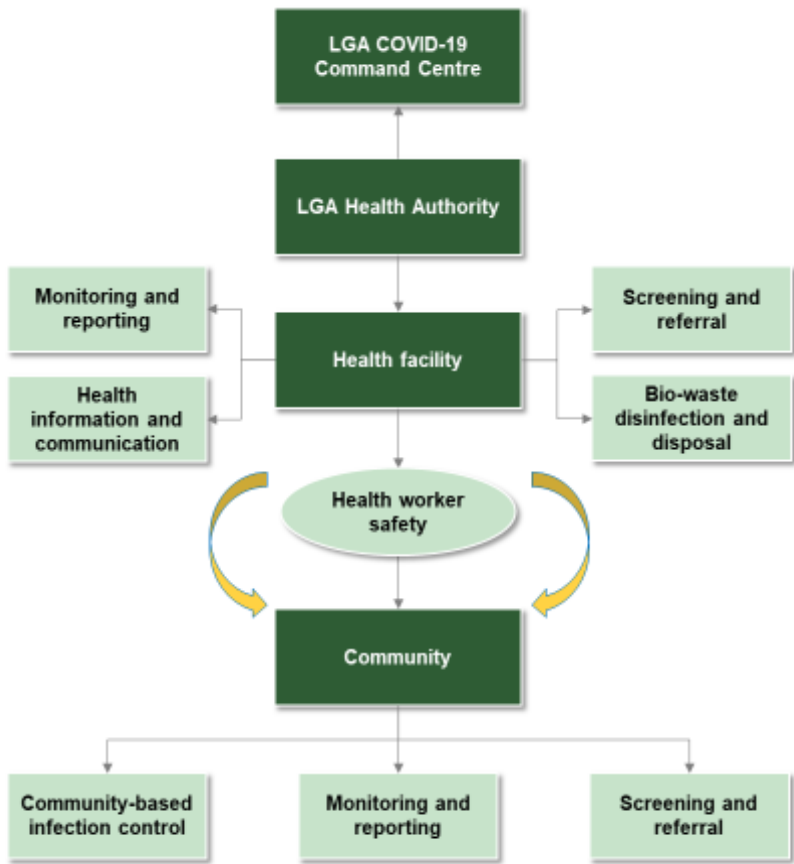
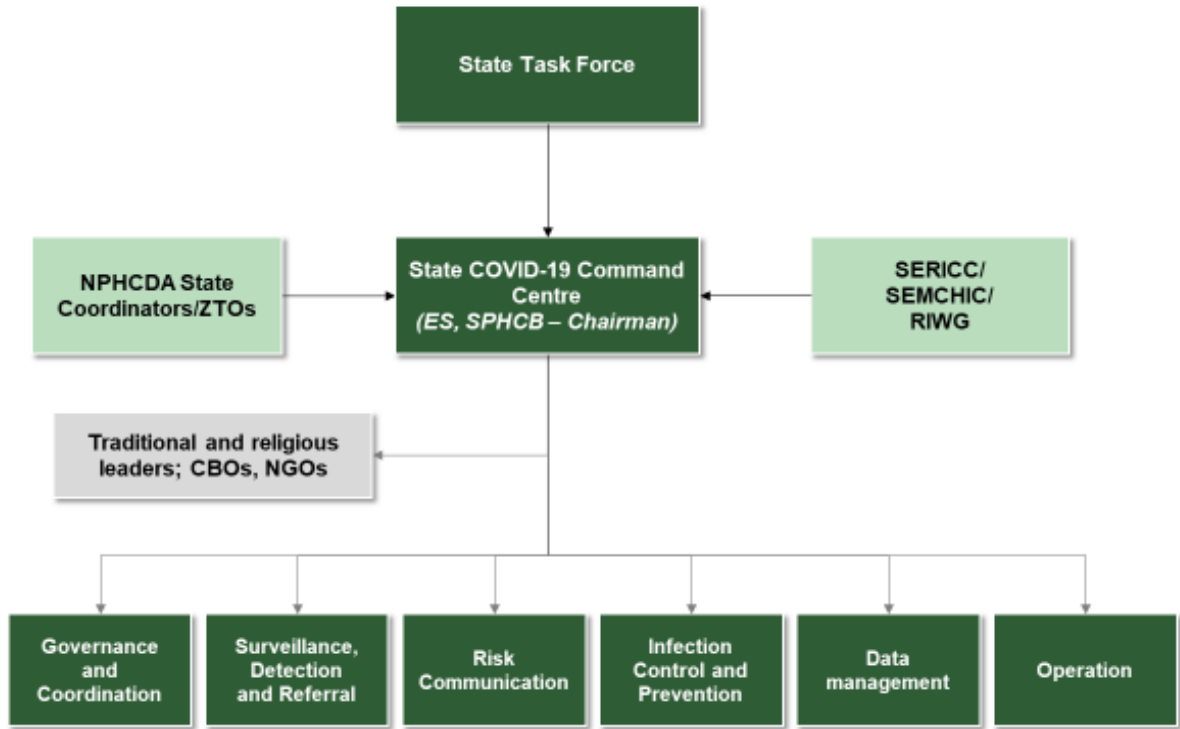
The Preparedness and Response Team in every state should be activated to take charge of the state's preparedness to the pandemic.

At the SPHCBs, dedicated Covid-19 Command Centres shall be set up in all the 36 states and FCT; leveraging on existing structures such as State Emergency Routine Immunization Coordination Centre (SERICC), State Emergency Maternal and Child Intervention Centre (SEMCHIC), Routine Immunization Working Group (RIWG) or any other platforms. These Command Centres shall coordinate and streamline all the activities of the State Primary Healthcare Boards to support Covid-19 outbreak response at primary healthcare Centres (PHCs) and community levels.

The centers will be charged with the responsibility to assess the present situation in the state and provide operational guidance on appropriate measures to be taken in the prevention and management of Covid-19 outbreak response at PHCs and community levels

Modus Operandi

- The State COVID-19 Command Centre shall run daily from 9am to 4pm chaired by the Executive Secretary of the SPHCB.
- The secretariat will prepare a daily brief for the Centre and monitor and track progress of the plan
- All staff posted to the command center shall be accountable to the Leadership and Governance working team and will commit themselves to working in an emergency mode
- The State CoCC secretariat shall circulate notice of meetings, draw up agenda, taking minutes and circulate all reports to members. It will also track Action Points and update the Meeting Action Tracker before each meeting
- Provide operational guidance to PHC workers on PHC Services in the context of COVID-19.



5.0 Section 4: Guidelines for Response and Preparedness of Primary Health Centers

5.1 Guideline for PHC workers on COVID-19 preparedness, case detection and response

Primary Health Care workers are the closest health care providers to the community and as such, play a critical role in curtailing community transmission.

Primary Health care Facilities should at all times, be prepared with the right number and mix of health workers, the right commodities and supply as well as the right clinic setting to provide services as required by patients while adhering to measures that will guarantee;

1. Health worker safety and protection
2. Active detection of suspected cases of COVID-19
3. Timely response to suspected cases
4. Prevention of spread amongst patients

The following steps are recommended for Primary Health workers before, during and after the conduct of clinic sessions:

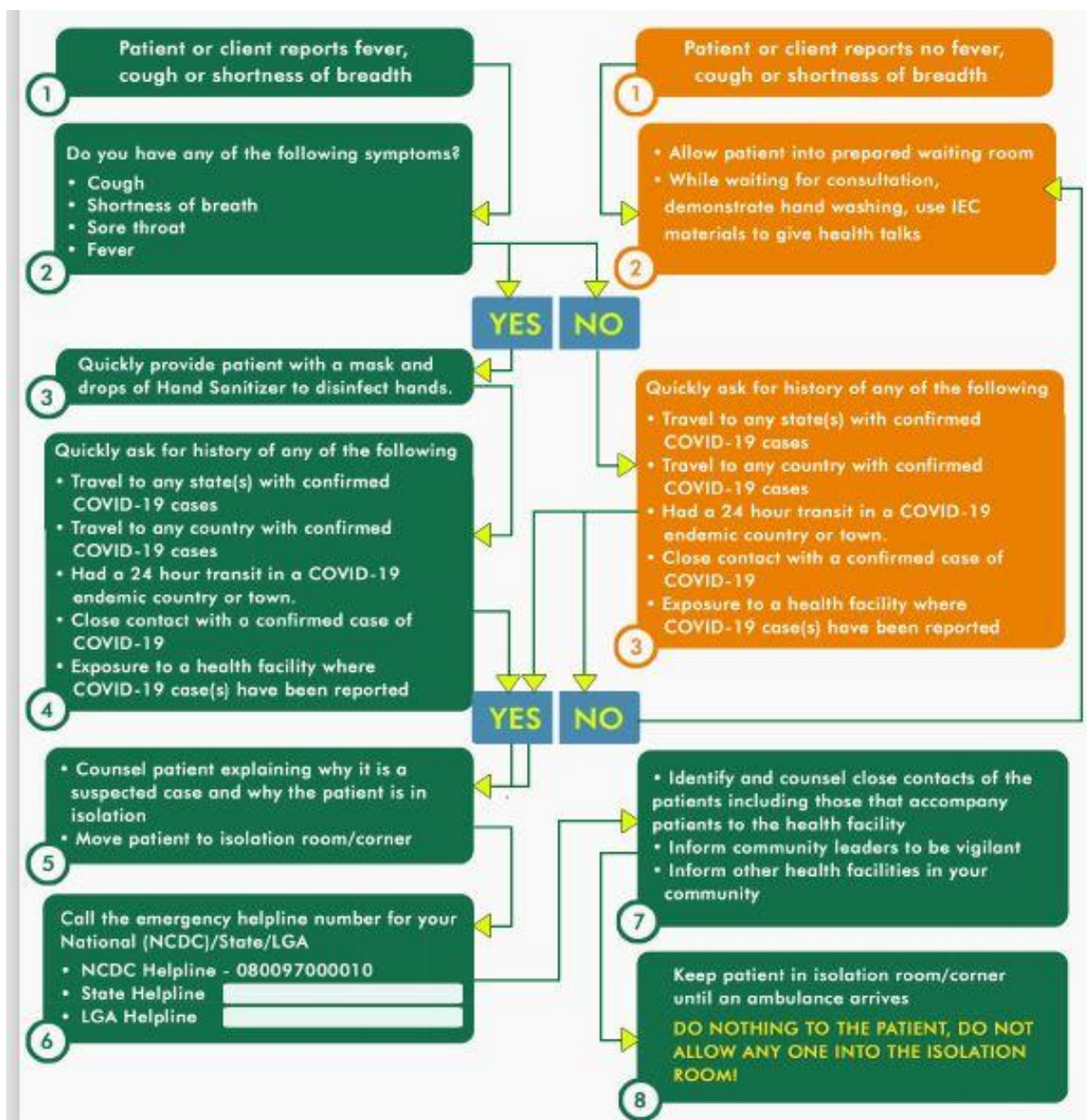
Before Patients arrive at the health facility

Step One - PREPARE THE CLINIC	Know the COVID-19 helpline numbers for Your State.
	Know alternative numbers to call – LGA DSNO, the State epidemiologist, the LGA PHC director.
	Stay connected with information platforms in your state/LGA/ward to know the current COVID 19 situation in your community.
	Be extra vigilant if you hear of cases from your state/LGA/ward
	Obtain and maintain a stock of IEC materials and basic supplies from your LGAHMT - Local Government Health Management Authority
	Know where to get and restock your supplies from

Step two - PREPARE YOURSELF	Know about COVID-19, read widely, be familiar with the contents of all IEC
	Ensure you have protective gear such as gloves and face masks.(refer to list of equipment and commodities below)
	Use protective gear while you are at work, especially when attending to patients
	Always maintain at least an arm's length distance between yourself and your patient/client.
	Read widely from credible sources such as WHO, NCDC, NPHCDA etc.
Step Three - COMMUNICATE WITH PATIENTS	Post signs at entrances and in waiting areas about preventive measures.
Step Four - PREPARE THE WAITING AREA AND CONSULTING ROOMS	Provide supplies: hand sanitizers, dust bins, hand washing posts (Veronica's bucket or running tap) refer to list of commodities and equipment below.
	Place chairs 3-6 feet apart (approximately 2 empty chairs in between)
	For benches, ensure people sit apart, approximately two sitting places in between
	Ensure rooms are well ventilated, open all windows and doors
Step Five - PREPARE AN ISOLATION ROOM/AREA	Identify a room where all suspected cases will be kept before an ambulance service is arranged for referral

WHEN PATIENTS ARRIVE

- A health worker should always be stationed at the entrance of the Health Facility, to ask patients about their symptoms. Community Volunteers linked to the Primary Health facility should also be available to assist especially in crowd control.
- The health workers/volunteers must put on the appropriate personal protective equipment before attending to any patient.
- Maintain at least an arm's length distance from patients. Ensure that other patients waiting to be assessed do the same.
- If an infrared thermometer is available check the temperature of every patient.
- Triage to identify patients with fever, cough or shortness of breath.
- Prioritize any patient with any of these symptoms for further assessment.



AFTER PATIENTS LEAVE

It is important that the following steps are taken at the end of the clinic session in order to prepare for the next clinic session. This will help to further ensure that the risk of transmission of the virus through surface contamination is reduced.

STEP 1: Clean all surfaces

- Clean all surfaces in the waiting room and consulting rooms using disinfectants such as 50ml of bleaching agent diluted with 4 litres of water
- Clean and sterilize all instruments according to infection control guide



DESKS



DOOR HANDLES



TABLES & CHAIRS



EQUIPMENT

STEP 2: Clean Yourself

- Wash your hands thoroughly under a running tap or Veronica's bucket
- Change all protective gear

STEP 3: Clean and sterilize all instruments

STEP 4: Prepare for the next clinic session

- Request for replenishment of supplies, if stock is low, **DO NOT WAIT TO BE OUT OF STOCK**

5.2 Screening and Triage of patients for COVID-19 at the Primary Healthcare Centre

To limit the spread of COVID-19, it is important to promptly identify, isolate and refer patients with symptoms and history suggestive of the disease. Every patient that attends the Primary Health Centre should be screened for these symptoms as outlined in the decision tree above. This reduces exposures of other patients and healthcare personnel and also helps to prevent the spread of the infection within the facility

The screening procedures aim:

1. To guide the identification of COVID-19 patients; to ensure that COVID-19 patients can access prompt life-saving treatment, without compromising public health objectives and safety of health workers
2. To provide guidance on implementation of triage system for early detection and management of potentially infectious patients at initial points of entry at the Primary Healthcare Centers; and
3. Prompt placement of such patients into a designated room and a systematic approach to management and transfer to prevent spread of COVID-19 in outpatient settings

Procedure:

1. **Scenario 1:** Individual patients coming to the facility:
 - Position a PHC staff at the entrance of the PHC (outdoors if weather and facility layout permits) to ensure patients are screened for symptoms before entering the PHC facility
 - Use an infrared thermometer to quickly measure the temperature of every patient, before allowing them entry to the PHC facility
 - For all patients, enquire about respiratory symptoms including cough, shortness of breath, sore throat, and systemic symptoms like body aches or chills
2. **Scenario 2:** Simultaneous influx of many patients to the facility example days for Antenatal care, immunization days etc.
 - Keep all patients in one waiting area, while maintaining a social distance of 2m (6 feet) between patients
 - Quickly take measurement of all patients' temperature as in 1b above
 - A designated PHC staff should enquire about respiratory symptoms including cough, shortness of breath, sore throat, and systemic symptoms like body aches or chills from all patients
 - Separate patients with fever and respiratory symptoms from other patients without symptoms
 - Keep patients with symptoms in a separate waiting room from those without symptoms. Separate patients by at least 2m (6 feet) away from one

another and the waiting area for patients with symptoms should be at least 6 feet away from the waiting area for patients without symptoms

- Quickly provide all client with a facemask, educate them on proper placement of facemask, and instruct them to leave it on while they are in the facility.
3. For patients with fever and/or respiratory symptoms:
 - Ask for history of travels, close contact with a confirmed case or exposure to health facility where COVID-19 has been reported (refer to case definition below).
 - Ascertain if patient meets the Case definition for Suspect case of COVID-19 (See Case definition below).
 - Immediately call and notify the emergency helpline number for your LGA, or the LGA DSNO or the State focal person for COVID-19 disease notification of the presence of a SUSPECT case of COVID-19.
 - Counsel client and explain to them why s/he is a suspect case and why isolation is critical.
 - Keep suspected cases in isolation room/corner space until an ambulance or any other means of transportation arrives. Do nothing to the client and do not allow anyone into the isolation room to come in close contact.
 - Refer and support the transportation of suspect cases to the nearest testing/treatment Centre.
 - Immediately after departure of a suspect case from isolation area, disinfect surfaces that are within 6 feet of where patient was kept with disinfectant (such as 50ml of bleaching agent added to 4 liters of water).
 - Items that cannot be disinfected, such as magazines and other paper materials, should be discarded. This is in addition to the regular (frequent) baseline cleaning and disinfection process that should be occurring for the entire waiting area.
 4. Follow-up on patients test result, and progress on treatment.
 5. Contact tracing: If the patient's result returns positive for COVID-19, immediately start the process of identification and tracking of client's close contact. Involve the community leaders, the WDCs and the community volunteers.

5.2.1 Key Messages for PHC workers

As the PHC service provider, you are the face of the country's health system. The people in your health facility catchment area are looking up to you for credible information on COVID-19.

1. Inform the traditional and religious leader(s) and other community stakeholders what COVID-19, its symptoms, how it is spread, those at risk and prevention measures in place. Solicit for their support. Discuss with them on the most culturally appropriate way to operationalize some of the IPC protocols at the HF, e.g. screening patients before entering the HF and identification of a holding area, etc

2. Share regular updates on COVID-19 situations with community leaders and other stakeholders – Ensure information is simple, accurate, consistent, credible and timely. Be transparent and share what is known and unknown about the COVID-19 situation in your state, LGA or local community. Seek the guidance of the community leaders on best channels for information dissemination in view of the current restrictions and lockdown in most states
3. Display information, education and communication (IEC) materials at strategic places in the HF, the community and homes of traditional, religious and other influential community leaders
4. As you raise awareness in the community and at individual levels during services at the HF, avoid use of language and words that will create panic. Use simple non-technical words and preferably, speak in local language. Assure the people of their safety. As you raise awareness, do not raise panic!
5. Keep the health facility open and provide routine services. If there is a need to change the working hours, discuss with the community leaders to secure their endorsement and ensure patients are informed. Sensitize every client on the COVID-19 prevention measures. Be respectful, polite and empathetic. Listen carefully to questions and concerns and discuss rumors about COVID-19
6. Share prevention measures, IEC materials, updates and track defaulters by sms, Bluetooth, WhatsApp and other social media channels and traditional channels
7. Keep a detailed and accurate profile of patients - their name, date of birth, travel history, key household practices and hygiene practices

Sensitize all non-health workers (Cleaners, Security Guards, messengers, etc.) on the prevention measures and enforce compliance

If you feel unwell, even with mild symptoms such as headache, fever and slight runny nose, self-isolate by staying at home, report to your immediate supervisor, and call the DSNO. Wear a mask to avoid infecting other people.

5.3 Considerations for PHC Staff

1. Facilities should make sure staff members who are screening patients remain 6 feet away from the client until screening determines a client is symptom-free and afebrile (temperature ascertained by client report or active temperature monitoring)
2. If there are adequate number of staff available, facilities can consider instituting active temperature monitoring by having a staff member check the client's temperature immediately upon arrival at the door and when the client is first asked about symptoms
3. Use of Personal Protective Equipment (PPE)

Personal Protective Equipment include items such as gloves, medical masks, gowns, closed shoes, eye protectors (goggles, face shields). These protect the wearer from coming into contact with infectious agents.

An assessment of the risk of exposure and extent of contact anticipated with respiratory droplets, blood, body fluids, and/or open skin of any patient must be made in order to determine the choice and combination of PPE to be worn. It is pertinent to note that the use of PPE is not a substitute for the standard infection prevention and control practice.

General guidelines for use of PPE in management of suspected cases of COVID 19 who present at the health facility:

- **All suspected or confirmed** cases should wear a face masks during triage and when being evaluated.
- **Healthcare workers:** All doctors, nurses, and health workers who work with suspected cases of COVID-19 must be proficient in donning and doffing PPE. PPE to be worn include medical mask, gown, gloves, eye protection.
- **All support staff** who clean the room where a suspected or confirmed case of COVID-19 has been temporarily isolated, handle contaminated supplies and equipment, launder re-usable supplies, and collect and dispose of infectious waste from such patients should wear gown, gloves, rubber boots or closed work shoes and face masks while working.
- **All laboratory staff** who handle patient specimens and body fluids from suspected COVID-19 cases and/or clean and disinfect laboratory equipment used to test specimens from such cases should have complete PPEs (gown, gloves, N95, and face shield) on while performing their official duties.
- **Safe burial teams** who remove bodies of deceased suspected or confirmed COVID-19 patients should wear gown, gloves, N95, and face shield.

General guidelines for use of PPE in management of patients without respiratory symptoms who present at the health facility:

- **Health workers:** Use PPE according to standard precautions and risk assessment during physical examination. For other activities, no PPE is required, however, spatial distance of at least 1 m should be maintained.
- **Laboratory staff:** Use PPE according to standard infection and control precautions
- **Other staff including administrative staff:** No PPE required

Disposable/single use PPE should NOT be reused. Non single-use PPE should be decontaminated in accordance with the manufacturer's instructions

General notes for use of gloves:

- Use of gloves does not replace the need for hand hygiene
- Remove gloves after touching or caring for a patient. Do not wear the same pair of gloves for the care of more than one patient.

- Change gloves between tasks and procedures on the same client after contact with material that may contain a high concentration of micro-organisms example mucus or other secretions
- Remove gloves promptly after the procedure, before touching non-contaminated items and surface, e.g. handling mobile phones or performing other work in facility
- Perform hand hygiene immediately after removal of gloves
- Do not reuse disposable gloves

4. Principles of PPE Removal

- Removal of used PPE is a high-risk procedure and requires strict adherence to PPE doffing procedure to protect the healthcare worker from contamination
- PPE should be removed before leaving the client care room (Used PPE should be treated as contaminated and should not be worn out of the workplace into non-clinical areas)
- Remove PPE in designated doffing area that prevents other persons from getting contaminated
- Do not doff together in close proximity to another person. PPE should be doffed slowly and deliberately in the correct sequence
- Perform hand hygiene according to steps of PPE doffing, or when hands get contaminated during doffing of PPE
- Change PPE and wash skin thoroughly with soap and water without delay whenever
- Disposable PPE should be discarded in lidded waste receptacles properly after use
- Reusable PPE should be properly decontaminated after use and maintained

5. Suggested Sequence of PPE Removal

In order to keep mucosal protection intact throughout, the suggested sequence of PPE removal in designated room is as follows:

- i. Remove gloves
- ii. Perform hand hygiene
- iii. Remove gown
- iv. Perform hand hygiene
- v. Remove disposable cap
- vi. Perform hand hygiene
- vii. Remove eye protection
- viii. Perform hand hygiene
- ix. Remove mask
- x. Perform hand hygiene

5.3.1 Other considerations

Post visual alerts/IEC materials such as signs, banners and posters at clinic entrances and in strategic places around the facility in language(s) appropriate to the population served, with instructions for patients with fever or symptoms of respiratory infection.

5.3.2 List of Equipment and commodities required in a Primary Health Centre

The following list of commodities and equipment are required to ensure health worker and client safety during and after clinic sessions:

CATEGORY	LIST
Health Workers Safety	<ul style="list-style-type: none"> ➤ Personal Protective Equipment (PPE): <ul style="list-style-type: none"> •Facemask (N95) and/or surgical masks •Coverall •Feet covers •Goggles and face shields <p>These are to be worn before examining suspected patients. DO NOT REUSE THESE EQUIPMENT, including when in contact when body fluids.</p> <ul style="list-style-type: none"> ➤ Soap and running water: Wash hands regularly ➤ Hand Sanitizers: Sanitizers should contain at least 70% alcohol and to be used regularly especially after surfaces are touched
Client Safety	<ul style="list-style-type: none"> ➤ Thermometer (preferably infrared thermometer): for temperature check ➤ Soap and running water: for washing hands prior to gaining entrance into the facility ➤ Hand Sanitizers: Sanitizers should contain at least 70% alcohol and to be used regularly especially after surfaces are touched.

<p>PHC facility management</p>	<ul style="list-style-type: none"> ➤ Adequately spaced and ventilated sitting area for client: Ensure chairs are at least an arm’s length away from each other ➤ Cleaning of the facility and equipment at regular intervals with Bleach and water. ➤ Designate a screening area to screen patients before gaining entrance into the main facility ➤ Isolation room/area: for isolation of suspected cases before transfer to state isolation facilities.
<p>Other Commodities</p>	<ul style="list-style-type: none"> ➤ IEC materials on COVID -19 and Infection prevention and control: should be properly placed at the entrance of the facility and other strategic areas in the facility and in the community ➤ Job aids for health workers on COVID-19

5.4 Provision of RMNCAH+N and Immunization Services during COVID-19 Pandemic

To minimize transmission of COVID-19 in PHCs, it is important to limit the services provided by PHCs to essential services. Essential services to be provided within this period include, ANC, Labour and delivery services, Immunization, CMAM and treatment of common ailments and injuries.

5.4.1 ANC Services

A core function of PHC during ANC sessions is to minimize the transmission of the disease. To achieve this, the PHC Centers should adhere to the following;

1. Reduce Clinic waiting time: This will limit contact time between health worker and patients, and between individuals in the clinic.
2. All ANC patients should be attended to, individually and as soon as they arrive to the PHC
3. The time duration for ANC clinic can be extended (depending on patient volume) to allow for adequate spacing between patients

4. Provision of accurate information to pregnant women on infection preventions, potential risks and how to seek timely medical care
5. Screen all pregnant women to determine if they have been infected with or exposed to an infected case of COVID-19. Pregnancy brings physical changes that might make some pregnant women more susceptible to viral respiratory infections. Early identification and treatment is therefore, of important public health benefits.
6. Pregnant women with respiratory illnesses must be treated with the utmost priority due to increased risk of adverse outcomes.
7. Isolate and refer every suspected case of COVID-19.

5.4.2 Labour and Delivery Services

Key considerations for the provision of safe delivery and postnatal services in the context of the COVID-19 outbreak include:

1. Distribution of Clean and safe Delivery Kits and Newborn kits to all pregnant women and birth attendants. Women should be encouraged to have the kits immediately available with them whether they deliver in a health facility or at home, as health facility supplies may be disrupted and there could be a shortage of kits.
 - a. An additional item to include in the clean delivery kit is misoprostol for the prevention of postpartum haemorrhage. It should be noted that the potential side effects of misoprostol include fever, chills, nausea. Therefore, before and after administration of misoprostol, women need to be closely monitored.
 - b. Close Contact with women exhibiting symptoms should be avoided, and all personal protective measures and hand washing with soap after contact applied until COVID-19 infection is ruled out.
 - c. The newborn kit should include 7.1 per cent chlorhexidine to be applied to the umbilical cord immediately after delivery to prevent neonatal infection. Daily chlorhexidine application to the umbilical cord stump during the first week of life is recommended for newborns who are born at home.
2. A network of trained CHEWs and community health volunteers can conduct home visits for the postnatal care of the mother and baby during the first week after childbirth applying social distancing. (This means keeping a distance of at least 6 feet or 2m, between the health worker and the caregiver or the newborn).
3. Identify a referral facility to which obstetric and neonatal emergencies can be referred. In consultation with community leaders, set up a system for contacting the referral service and for transporting patients.
4. For health facility deliveries. All pregnant women should be encouraged to bring with them the clean and safe delivery kit received during pregnancy to health facilities as many of the facilities may suffer shortages of supplies and equipment.

All facility deliveries should be conducted by a skilled provider who follows the recommendations outlined to strengthen the COVID-19 response; this includes the use of Personal Protective Equipment (PPE) for all health workers, frequent hand

washing with soap, use of disposable supplies and the decontamination of non-disposal instruments (bag and mask, suction device) and the labour ward after each delivery.

Health workers are to maintain social distancing with any woman who has signs of COVID-19 and immediately refer her to the nearest testing/treatment Centre with appropriate precautions. If immediate referral is not possible, the woman should be isolated from all other patients and health workers apply the use of full PPE and washing with soap after coming into contact with the woman until it is possible to transfer her.

If referral is not possible, conduct delivery after getting fully dressed with PPE and all steps are taken to avoid risk of infection for the health worker.

Health workers are advised not to have a close contact with a newborn whose mother was diagnosed to have a COVID-19 infection. The newborn should be referred to a COVID-19 treatment Centre with appropriate precautions. Caretakers and health workers should wear PPE when providing care for the newborn.

5.4.3 Postnatal care for mothers and newborns within 48 hours after delivery at community and health facility levels

All women and newborns should receive a postnatal care check as soon as possible and at the latest within 48 hours of delivery either at a health facility or through a home visit from a trained health worker (a CHEW or midwife). The check is to assess complications and to provide advice and education on essential newborn care including thermal control, cord care, early initiation and exclusive breastfeeding and family planning.

All workers are advised to not touch mother or baby without the use of protective gear. Health workers are advised to apply 'social distancing' approach when they conduct home visits for postnatal care of any mother or baby with signs and symptoms of COVID-19.

Mothers and newborns with postnatal danger signs should be counselled and referred to the nearest functioning health facility. While waiting, the woman should be isolated, and all health care workers and caregivers should use the full PPE and hand washing with soap until she is transferred. Women should be encouraged to hold their baby skin-to-skin and breastfeed on demand. Babies who are born preterm or with low birth weight should be assessed and referred to a secondary health facility for extra care.

Mothers of small babies can be supported to practice Kangaroo Mother Care which involves continuous, prolonged skin-to-skin contact with the baby on the mother's chest. Kangaroo care prevents infections; promotes breastfeeding; regulates the baby's temperature, breathing and brain activity; and encourages mother and baby bonding. Initiate Kangaroo care as soon as possible after birth, particularly in the absence of intensive neonatal care. Breastfeeding or cup feeding with expressed breast milk should be provided on schedule rather than on demand, as many premature babies have not yet developed the sucking reflex and may not wake up when they need to be fed.

Target vulnerable groups and individuals for additional postnatal support (e.g. women with complicated pregnancies or deliveries, unaccompanied women and adolescent girls).

At all times care should be taken to protect the mother and the newborn baby from COVID-19: the mother and the newborn baby are particularly vulnerable to COVID-19 because of the potential for infection through increased surfaces of exposed mucous membranes. Anyone who has been in contact with a COVID-19 patient should refrain from caring for the mother and the newborn baby until these caregivers are certified free from COVID-19.

5.4.4 Community-Based Management of Acute Malnutrition (CMAM) approach

Community-Based Management of Acute Malnutrition (CMAM) approach is critical, as it enables community volunteers to identify and initiate treatment for children with acute malnutrition before they become seriously ill. CMAM Centers should;

1. Provide home-based treatment and rehabilitation using RUTF for children with severe acute malnutrition but no medical complications
2. CMAM clinics should remain open; monitor children's progress through the outpatient clinics. Clinic working time should be expanded to make provision for adequate spacing of patients. SMS should be used to book appointments and track patients.

5.4.5 Immunization

Operational guidance for maintaining routine immunization services during the COVID – 19 pandemic:

With increasing case load of COVID – 19, the capacity of the primary health care system will be stretched. Despite this, the provision of immunization services is a critical function of the primary health system that must be prioritized. There is a risk of disruption to routine immunization activities due to the impact of the COVID -19 on the health system. The likelihood of this disruption further supports a high potential for vaccine preventable disease outbreaks which should be avoided.

Key guidelines in maintaining an effective routine immunization program in the midst of the COVID – 19 pandemic includes:

- a. **Align with COVID-19 response mechanisms of NPHCDA and the SPHCs, to ensure routine immunization governance and coordination is maintained:**
 - i. Identify a designated focal person for routine immunization that should also be a member of the State COVID – 19 command center. Key actions include:
 - Establish (or adapt) simplified protocols for routine immunization in line with developed response protocols
 - Establish triggers/thresholds that activate a phased reallocation of health workforce capacity, resources towards provision of routine immunization services. Health workers for routine immunization must be prioritized in all primary health facilities
 - Assess and monitor ongoing routine immunization services to identify gaps and respond timely to bridge gaps. This includes identification of areas of potential low coverage and reallocation of immunization teams to support immunization activities in those areas.

- Integrate routine immunization activities in the overall COVID-19 response plan by the state.
- b. **Identify context-specific strategies for provision of routine immunization.** This includes management of immunization supply chains, provision of vaccines to health facilities and the prioritization of immunization delivery strategies.
- i. **Fixed post** – health care workers providing fixed post immunization services should be encouraged to continue to do so while maintaining safety precautions with strict adherence to infection, prevention and control guidelines.
 - Establishment of a triage point to identify and screen potential COVID-19 caregivers and carriers.
 - Maintenance of social distance in immunization waiting areas.
 - Establishment of handwashing, sanitizing areas for care – givers and all health users.
 - Health workers should be properly kitted in line with standardized guidelines.
 - HWs must ensure health talks are given with additional information on COVID-19 to caregivers on a one-on-one basis.
 - ii. **Temporary fixed post and mobile outreaches** – All planned outreach services should be suspended in high burden COVID-19 areas. Temporary fixed posts should only be implemented in instances where there is the likelihood of outbreaks or evidence of low routine immunization coverage. In these instances, health workers must be properly kitted based on the standardized guidelines. Protection for care givers and health users must be enforced through strict compliance with social distancing, hand washing and minimal contact where applicable.
- c. **Optimize routine immunization service delivery settings and platforms.** This requires modification of essential services where required. Key actions include:
- i. Conduct a mapping of health facilities (public and private)
 - ii. Ensure public awareness of priority facilities for routine immunization services. With reallocation of staff and health facilities for the COVID – 19 response plan, certain health facilities may be designated specifically for COVID – 19.
 - iii. Integrate routine immunization services with other PHC services. Minimizing hospital visits through ensuring one hospital visit is maximally utilized to also support provision of vaccinations where applicable.
- d. **Establish effective patient flow (screening, triage and targeted referrals) at all levels.** People with and without COVID – 19 will initially access the health system in the same way. Key actions include:
- i. Dissemination of information to prepare the public and guide safe care – seeking behavior
 - ii. Establish screening of all patients at all sites using the most up to date COVID – 19 case definition
 - iii. Identify and prioritize caregivers seeking immunization services from other health users.

- e. **Rapidly re-distribute health workforce capacity, including by re-assignment and task sharing**
 - i. Conduct health worker mapping for routine immunization. Identify critical staff in the four COVID -19 transmission scenarios, re-allocation of staff including mobilization of additional health workforce.
 - ii. Enforce occupational and safety measures for all staff – all staff should be supported with personal protective equipment.
 - iii. Create a roadmap for phased implementation of health workforce strategies.
 - iv. Allocate mechanisms for timely payment of salaries, overtime, hazard allowances etc.
 - v. Initiate rapid training mechanisms and job aids including online trainings to support routine immunization staff and response to identified challenges.

- f. **Re – establishment of routine immunization services in instances where there is disruption**
 - i. Reinstate routine immunization activities at the earliest opportunity to close immunity gaps.
 - ii. Plan for catch up activities with priority given to areas that are prone to outbreaks. This includes the conduct of routine immunization intensification activities, local immunization days, outreaches etc.
 - iii. Deploy community engagement strategies using effective messaging to allay fears and reestablish demand for immunization services.

5.4.6 Vaccine security during the COVID 19 Pandemic

The country has enacted nationwide travel restrictions with border closures and states are being locked down or curfew imposed which may impact on vaccines and devices availability. There cannot be immunization service delivery without **Potent Vaccines**. The potency of vaccines depends on efficient management of the cold chain system and this cannot be allowed to suffer.

All immunization focal officers (Directors Immunizations/Logistics, PM/SIO and RIOs, CCOs, and RIFPs) should put in place a system for continuous monitoring of the Cold Chain system to guarantee potent vaccines during this period through the following actions:

- Maintain twice daily temperature monitoring and charting.
- Record the information to be used to determine the functional status of the Cold Chain Equipment (CCE) and to determine their suitability for continued storage of vaccines.
- Develop contingency plans to respond to any issues that may arise.

Immunization is a successful and cost-effective public health strategy that saves millions of lives each year. It is an essential service and should be provided with Infection Prevention Practices, fully in place.

5.5 Waste management at PHC level

Introduction

During epidemic outbreaks, medical waste generation increases exponentially and if improperly collected and disposed, could accelerate disease spread and pose a significant risk on medical staff, patients and the public. For this reason, proper guidance on the waste management is of high importance to PHC staff who may be dealing with suspected or confirmed cases of COVID-19.

Wastes that are generated include solid waste such as sharps, linens, privacy curtains, and used healthcare products (such as soiled absorbent pads or dressings, used diagnostic kits, used PPE [gowns, masks, gloves, booties, etc.] or byproducts of cleaning such as cotton wools etc. Liquid wastes include body fluids (blood, urine, vomitus and faeces)

5.5.1 Procedure for handling Solid Medical Waste.

1. Line appropriate-sized waste containers with a leak-proof biohazard bag.
2. Place non-sharps solid waste in the biohazard bag. Bags should not be filled beyond two thirds to allow safe closure.
3. Close the bag using a method that will not tear or puncture the bag (e.g. tying the neck of bag with a goose-neck knot), ensure no leaks.
4. Carefully place sharps in safety boxes and close the container when three quarter filled.
5. After closure of bag and sharps container, prepare waste for onsite autoclaving/incineration.
 - Apply registered hospital cleaner/disinfectant/ bleach to the outside surface of the closed bag.
 - Place the wiped/sprayed closed bag into a second biohazard bag.
 - Close the bag with a method that will not tear or puncture the outer bag and will ensure no leaks (e.g., tying the neck of bag with a knot).
 - Apply registered hospital cleaner/disinfectant/bleach (wipe or spray) to the outside surface of the secondary bag.
6. Store the disinfected closed bags in a designated area to await removal.
7. Person responsible for moving the waste should only handle the outer container/transport cart and should never open.
8. For **on-site inactivation**, safely transfer waste in a transport cart to dedicated waste autoclave room or on-site incinerator
9. For **off-site incineration** provide secure transportation.

5.5.2 Procedures for Handling Liquid Waste (Body Fluids Including Blood, Urine, Vomit, Faeces)

1. Primary handling of liquid waste should occur in the patient's room and be performed by the healthcare workers (i.e., clinicians, Nurses, Chews etc.) wearing recommended PPE.
2. Pour waste, avoiding splashing by pouring from a low level, into the toilet.
3. Close the lid first, and then flush toilet.
4. Clean and disinfect flush handles, toilet seat, and lid surfaces with approved disinfectants/bleach.
5. Discard cleaning cloths in biohazard bags.
6. Discard emesis and disposable toileting containers as solid waste.
7. Recommended PPE should be worn by the clinicians, Nurses, CHEWs caring for the Covid-19 patient (or suspected case) before handling spills.

Proper disposal of our Medical waste prevents infections and diseases from spreading.

5.5.3 Decontamination and Sterilization of Reusable Medical Instruments at PHC Level

Certain medical instruments at the PHC level are reusable and require sterilization to avoid infection during reuse. The following steps must be taken to ensure proper decontamination and sterilization of such instruments

1. **Wear the right clothes.** Before handling any contaminated instruments, workers need to be dressed for the part. Workers in areas that decontaminate instruments should wear protective clothing (PPE). They will need protective goggles, as the substance you are using to decontaminate the instruments may splatter
2. **Move the instruments.** Instruments that have been used need to be collected and removed from the area where they were used. They should be taken in covered carts, containers, or plastic bags to the area where decontamination takes place. This will help cut down on the chance of the contamination of the personal areas or other surfaces within the workspace.
3. **Clean instruments immediately after use.** Collected instruments must be cleaned immediately after use and before you attempt to sterilize them — cleaning the instruments is not the same as sterilizing them. The following steps should be taken to clean instruments:
 - a. Remove inorganic and organic debris from the instruments with a soft plastic scrub brush and medically approved detergent.
 - b. Scrub each instrument well to remove all residual matter, such as blood or organic tissue.
 - c. If the instrument is hinged or opens, make sure you clean hinges along with inside and outside surfaces.

- d. After scrubbing, instruments should be run under pressured water to make sure any extra material is off. This helps clean areas unable to be reached by brushes, e.g. tubing.
- e. There are solutions approved for soaking instruments. Your facility will have them on hand with proper instructions for their use.
- f. There are automatic washers that you can use, but their use depends on the facility and location of the cleaning process.

If instruments are not cleaned beforehand, the process of sterilization, may not be successful and may compromise the instrument tray.

4. **Sterilize equipment through autoclaving.** After cleaning the instruments, place them back in their wire tray for autoclaving which will sterilize them prior to being sent for repackaging. Sterilization will destroy all microorganisms on the surface of the instrument, preventing infection.

Note:

- a. Use caution when handling sharp items like scissors, blades, and other sharp implements.
- b. If an instrument is disposable, you should dispose of it properly and do not try to wash and reuse it.

5.6 Common ailments and Diseases

For every patient, presenting to the PHC with ailment, the health worker **MUST** screen for COVID-19. Ask for:

- a. Fever
- b. Cough or
- c. Difficulty in breathing, with or without headache and tiredness.

Treat as suspect case of COVID-19 if the patient has had any of the following exposures within 14 days of onset of illness;

- i. History of travel to any country with confirmed and on-going community transmission of COVID-19
- ii. Close contact with a confirmed case of COVID-19
- iii. Exposure to a health care facility where COVID-19 case(s) have been reported

In the absence of any of the above exposures, treat according to protocol, with appropriate IPC measures in place.

5.7 Mechanisms to maintain availability of essential medications, equipment and supplies

There is a likelihood of stockouts of resources needed to maintain essential services, due to the need to redirect supplies to the treatment of patients with COVID-19, compounded by general supply chain disruptions due to the effects of the outbreak on other sectors. Priority resource lists should be developed (or adapted from existing lists), and planning should be executed in coordination with the overall outbreak response. Suppliers and pharmacies (public and private) can be networked to allow dynamic inventory assessment and coordinated re-distribution.

5.8 Services that must be suspended during this period

1. **Food Demonstration Classes:** All group practical and demonstrations must be suspended. Individual counselling can be provided to caregivers.
2. **Group Health talk Sessions:** All group sessions should be suspended within this period. ANC patients should be attended to, as they arrive the clinic and counselled on one on one basis.
3. **Outreach Sessions:** Outreach activities are to be limited, targeting only Hard to reach settlements with limited access to health facilities. This includes immunization outreach and MNCH week.

6.0 Section 4: Guide to Response and Preparedness for Communities

Lessons learnt from polio eradication initiative in Nigeria shows that engaging communities through their leaders and gatekeepers play a critical role in ensuring high rate of compliance with interventions and enhance community ownership of the process of communication interventions. Community leaders help to reduce resistance, deal with rumours, and mobilization of resources to support activities. They also monitor activities and enhance community trust. Also, community volunteers play a pivotal role in disseminating accurate and credible information in the communities. Engaging community leaders and volunteers during the COVID-19 outbreak control will build trust and ensure compliance with prevention measures, thereby reducing harm and spread of the virus.

6.1 Goal of the engagement

The overarching of traditional and religious leaders and community volunteers during the COVID-19 outbreak control is to reduce community transmission of COVID-19 through a people-centred approach to awareness creation and behavioural change.

Objectives of the engagement

- To ensure appropriate, accurate and credible information with regards to the infection, prevention and control of COVID-19 is available to community members
- To increase community participation in awareness creation on the risk of COVID-19
- To improve compliance with COVID-19 prevention measures at the community level
- To mobilize community resources to support awareness creation, infection, prevention and control of the new coronavirus

Target

- Traditional leaders & Religious Leaders: These will include Northern Traditional Leaders Committee on Primary health care delivery (NTLC), Da'awah Coordination Council of Nigeria (DCCN), Federation of Muslim Women Associations in Nigeria (FOMWAN), Nigeria Interfaith Action Association (NIFAA), Christian Association of Nigeria (CAN), Pentecostal Fellowship of Nigeria (PFN), Catholic Women Organization (CWO) and other prominent traditional and religious leaders in the State.
- Ward Development Committees (WDCs) and similar structures where they don't exist.
- Community Volunteers such as Community Health Influencers Promoters and Services (CHIPS), Volunteer Community Mobilizers (VCMS), Community Oriented Resource Persons (CORPS), and Proprietary and Patent Medicine Vendors (PPMVs).

6.2 Strategic Approach

The engagement of communities shall be coordinated through the system that integrates both the political and traditional structures to effectively plan, implement, monitor and evaluate activities. These shall include;

1. **Mapping:** Quick mapping of traditional and religious leaders, faith-based organizations (FBOs), Community based organizations and community volunteers

the State to identify those who can be engaged. Also, a quick assessment of the functionality of WDCs in the states shall be conducted.

2. **Role modeling & Community Advocacy:** Traditional Leaders and members of their families are role models in their communities. Their compliance with the COVID-19 prevention measures will enhance compliance in the community. For instance, traditional leaders maintain social distance while meeting with their council members will send a strong message to community members to comply. Also, the COVID-19 outbreak is overstressing health facilities in terms of human resources, supplies and funding. The traditional leaders and leaders of WDCs shall engage political leaders at State and LGA levels to recruit additional health workers, provide personal protection equipment (PPE) for the safety of the health workers and funds for replenishing supplies. They will also engage non-compliant members of the community including traditional and religious leaders and professionals.
3. **Community Mobilization:** Traditional leaders and religious leaders are adept at mobilizing their people to support interventions. In view of current restrictions, the traditional structure in each community will be deployed under the leadership of the traditional leader and the WDC to sensitize community members to appreciate the need for the restrictions such as banning large gatherings including religious gatherings handshakes, and how to adjust to the lifestyle change. Generic Information, communication and Education (IEC) materials from NPHCDA should be adapted to ensure appropriateness while traditional media should be used for message dissemination.
4. **Monitoring & Enforcement:** WDCs shall suspend all meetings and where holding a meeting is inevitable, social distancing protocol must be maintained. However, the leadership can draw up a roster that will ensure that members take turns to support the HF to enforce entry point screening and isolation of any suspected case in the facility holding area, if the need arises. The WDC member on duty each day shall be briefed by the officer in charge on status of the community.

6.3 Community engagement Activities

Activities should be coordinated through existing community structures available in each LGA. Community leaders and organization should undertake the following activities

Traditional and Community Leaders

1. Adopt and localize COVID-19 prevention measures
2. Advocate to LGA Chairmen and other stakeholders on the need to recruit additional PHC health care workers and provide needed resources to support the PHC
3. Mobilize community members to support ongoing national efforts to control transmission of COVID-19
4. Engage religious leaders promoting non-compliance
5. Adapt generic messages and produce relevant ones if the need arises
6. Deploy traditional and other media to disseminate risk information and address rumours on COVID-19

7. Monitor and enforce adherence to COVID-19 prevention measures
8. Reinforce key messages over the phone to households – No home visits during this period
9. Determine and implement any other relevant activities
10. Report any suspected COVID-19 case in the community immediately to the PHC Health care worker, Disease Surveillance and Notification Officer (DSNO and the State COVID-19 Command Centre .
11. Give regular feedback to NPHCDA through the State COVID-19 Command Centre.

Religious Leaders and Faith-based Organizations (e.g.. Da’awah Coordination Council of Nigeria (DCCN), Federation of Muslim Women Associations in Nigeria (FOMWAN), Nigeria Interfaith Action Association (NIFAA), Christian Association of Nigeria (CAN), Pentecostal Fellowship of Nigeria (PFN), and Catholic Women Organization (CWO)

1. Adopt and localize COVID-19 prevention measures
2. Advocate to religious leaders and associations to comply with COVID-19 prevention measures
3. Disseminate risk information messages and address rumours through religious channels, SMS, Bluetooth, followers’ WhatsApp platforms, and other social media
4. Mobilize community members to support ongoing national efforts to control transmission of COVID-19
5. Engage religious leaders promoting non-compliance
6. Adapt generic messages and produce relevant ones if the need arises
7. Monitor and enforce adherence to COVID-19 prevention measures
8. Reinforce key messages over the phone to households – No home visits during this period
9. Determine and implement any other relevant activities
10. Report any suspected COVID-19 case in the community immediately to DSNO and the State COVID-19 Command Centre.
11. Give regular feedback to NPHCDA through the State COVID-19 Command Centre

Ward Development Committees (WDCs)

1. Reactivate moribund WDCs
2. Development workplan to support COVID-19 Outbreak
3. Adapt COVID-19 prevention measures into local realities
4. Advocate to LGA Chairmen and other stakeholders on the need to recruit additional PHC health care workers and provide needed resources to support the PHC
5. Mobilize community members and local resources to support the PHC facility in sustaining services and enforcing prevention measures

6. Adapt generic messages and produce relevant ones if the need arises
7. Use community information board, traditional and other media channels to disseminate risk information and address rumours on COVID-19
8. Monitor and enforce adherence to COVID-19 prevention measures
9. Determine and implement any other relevant activities
10. Report any suspected COVID-19 case in the community immediately to Officer-in-charge of PHC facility, DSNO and State COVID-19 Command Centre
11. Give regular feedback to NPHCDA through the State COVID-19 Command Centre

Community Volunteers (CHIPS, CORPS, PPMV, etc.)

1. Spread key messages in the community about measures people can take to prevent the infection.
2. Create awareness about signs and symptoms of suspected cases (**case definition**) leading to early detection and referral of suspected COVID-19 cases.
3. Consider the following persons high risk to COVID-19:
 - a. Have history of recent travel to a COVID 19 high risk country, State or LGA, or close contact with a confirmed case or a recent returnee
 - b. Have high contact risk
 - c. Are at high risk due to age/other high-risk health conditions
4. Immediately inform Community Engagement Focal Person (CEFP)/ PHC health worker/ Ward Focal Person (WFP)/ DSNO /WDC of anyone that is high-risk
5. Reinforce key messages over the phone to households – Suspend home visits during this period

Key messages to spread in the communities for prevention of COVID-19

How to avoid getting infected with COVID-19 or spreading it to others

To Practice social distancing

- Avoid big social gatherings such naming ceremonies, marriage ceremonies, religious congregations etc.
- Maintain a distance of at least 2 meters between you and a person that is coughing or having fever
- Stay at home
- Avoid physical contacts, do not shake hands or give hug

To Practice good hygiene

- Wash your hands frequently with soap and water especially after;
 - coming from outside
 - after touching your face or other surfaces
 - before preparing food, eating or feeding children
 - before and after using toilet or cleaning
 - Cover your mouth with your elbow while sneezing or coughing
 - do not spit in public spaces
 - do not touch your eyes, nose or mouth with dirty hands
 - clean surfaces and objects regularly

Monitor your health, contact your Traditional Leader, Religious Leader, CHIPS Agents, CEFP, VCM, CORPS, WDC or visit a health center as soon as have any symptoms

COVID 19 Response Guideline for Community health workers/Volunteers

The Community Health Influencers Promoters and Services (CHIPS) Programme addresses the wide inequities that exist in terms of access to health information and services by targeting disadvantaged poor, rural and vulnerable populations and regions of the country, that have a higher disease burden and lesser access to health services. In addition, the programme promotes community participation and partnerships in health. This is in a bid to strengthen the community component of PHC.

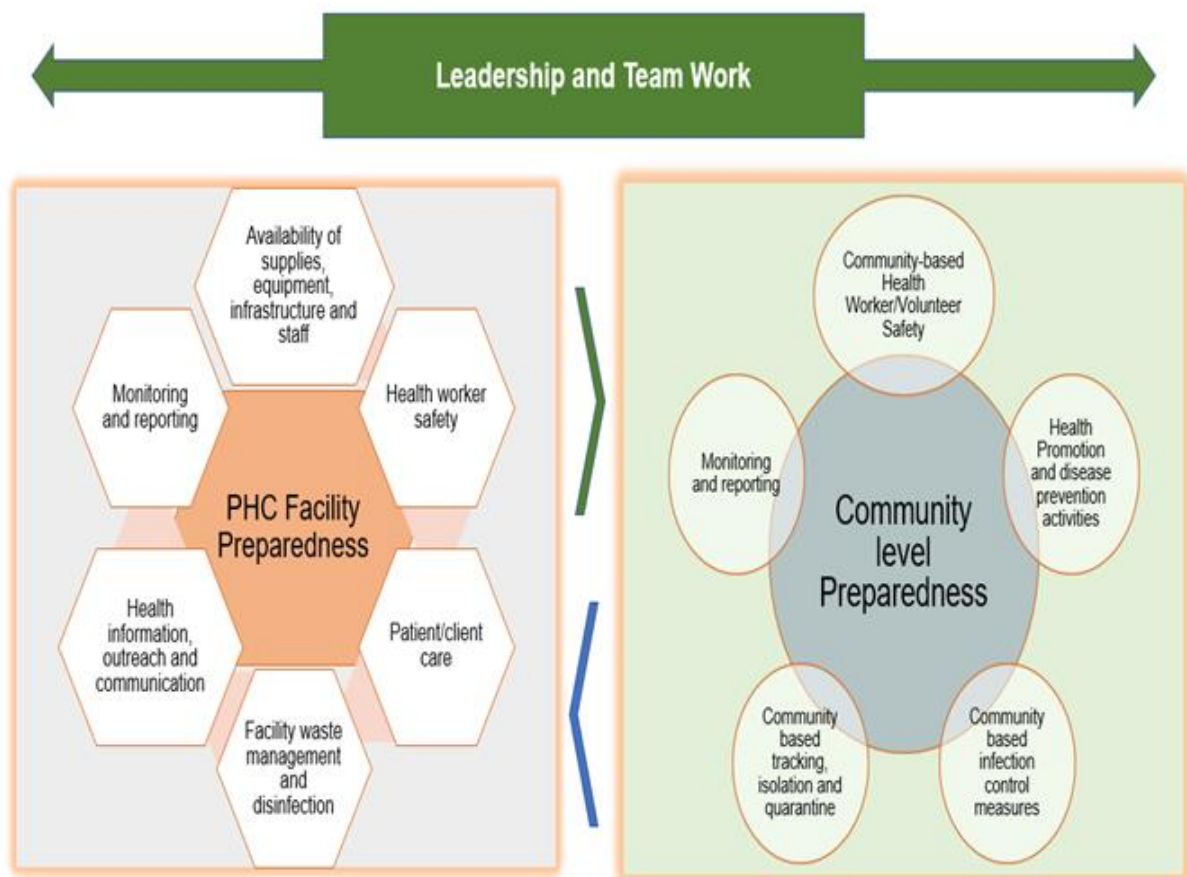
Presently, there are trained CHIPS Personnel across five states. There are also trained Voluntary Community Mobilizers (VCMs) as well as other community volunteers such as the Community Oriented Resource Persons (CORPS) who have been identified for possible transition to CHIPS Agents by the programme. These are in addition to a wide network of Proprietary and Patent Medical Vendors (PPMVs) across all states in Nigeria are easily accessible to members of households in communities. These cadres of human resources are

uniquely positioned within our most disadvantaged communities and are a veritable means of support around the country in the national response to the COVID-19 pandemic.

Objectives

The objectives of engaging the community volunteers and PPMVs to support the COVID-19 national response is to

- Ensure appropriate and accurate information with regards to the prevention and control COVID-19 as community spread expands to our most disadvantaged populations
- Mobilize communities and provide guidance on taking precautionary measures and quick linkages to available care and support
- Take appropriate steps to limit the spread of the infection through the services they provide



COVID-19 OUTBREAK PREPAREDNESS AND RESPONSE IN NIGERIA

Guidance on what to communicate with community members

Focus	Content	Example
What people need to know	<p>Facts about the disease</p> <ol style="list-style-type: none"> 1. What causes it 2. Symptoms 3. How it spread 4. Chances of one being infected 5. How it is managed 6. Recovery rate 	<ul style="list-style-type: none"> • COVID-19 is caused by virus known as SARS-CoV-2 • Symptoms include Cough, Fever, difficult breathing • Human-to-human spread occurs through – respiratory droplets, contact and contaminated surfaces and objects • Those in contact with confirmed cases are at risk • No definitive treatment for the disease but symptoms are managed • Most people (98%) that have the disease recover well
What people need to understand	<p>Implications of their action or inaction on the containment of the outbreak</p> <ol style="list-style-type: none"> 1. Why they need to comply with needed behavior change 	<p>How non-compliance with response protocol will lead to</p> <ul style="list-style-type: none"> • Risk of infecting loved ones • Poor outcome • Increasing the risk of community transmission
What people need to do to remain protected	<p>Action they (people) need to take</p> <ul style="list-style-type: none"> • Be vigilant • Practice good hygiene • Comply with what health authorities want you to do • Avoid stigmatization of sick persons\ • Do not panic 	<ul style="list-style-type: none"> • Frequent hand-washing / use of hand sanitizers • Observe respiratory etiquette when coughing or sneezing • Practice social/physical distancing • Avoiding close contact with people having cough, fever and difficult breathing and people who travelled to countries/places affected by COVID-19 • Encourage people/travelers with symptoms to call
What contacts need to do to protect others	<p>Action they (contacts) need to take to protect loved ones and improve own outcome</p> <ol style="list-style-type: none"> 1. Within 1st 14 days 2. When they become symptomatic 	<ul style="list-style-type: none"> • Stay at home for 14 days • Perform frequent hand-washing Contacts/travelers who develop symptoms are encouraged to <ul style="list-style-type: none"> • limit contact with people/family • Call NCDC/SMOH for medical attention • share their travel/ contact history with their health care provider
How not to be a victim of rumors	<p>Actions needed to remain assured and help others avoid poor health from misinformation</p> <ol style="list-style-type: none"> 1. Seek and verify information from reliable sources 2. Spread facts not fear 3. Help each other not stigmatize 4. Know what Government (FMOH, NCDC, SMOH) is doing about the outbreak 	<ul style="list-style-type: none"> • Seek authentic information from reliable portals: FMOH NCDC, WHO, SMOH e.g., 0800 9700 0010, ncdc.gov.ng, ncdcccovid19 campaign, (http://covid19.ncdc.gov.ng/index.html) • Do not panic • Do not stigmatize against the sick but support them to get appropriate care • Update yourself with what Government is doing about it to avoid false information

Preparedness at the community level (including frontline community-based health workers/Volunteers)

1. Screening and referral

I. Roles and responsibilities of CHIPS Agents, VCMs and other Community Volunteers

- a. To spread key messages in the community about measures people can take to prevent the infection (**key messages have been developed**).
- b. To create awareness about signs and symptoms of suspected cases (**case definition**) leading to early detection and referral of suspected COVID-19 cases.

II. Whom should community health workers/volunteers consider high-risk?

Anyone with Symptoms (case definition), and any one of the following

- a. Have history of recent travel to a COVID 19 high risk country or close contact with a confirmed case or a recent returnee (red-flag conditions)
- b. Have high contact risk
- c. Are at high risk due to age/other high-risk health conditions

III. What should community-based health workers/volunteers do if they find someone with high-risk?

- a. **Immediately inform** Community Engagement Focal Person (CEFP)/ PHC health worker/ Ward Focal Person (WFP)/ DSNO /WDC/ the State Operations room through the state helpline numbers
- b. Provide mask (if available) to the person considered high-risk
- c. Provide detailed instructions on personal protection, hand hygiene, household disinfection to all household members
- d. Assess feasibility of isolating patient at his home until the Rapid Response Team arrives as per the guidelines issued by the LGA/ State

IV. What if one of the cases turns out to be confirmed positive in the village?

- a. As soon as a confirmed positive is known, a rapid response team as per the Government guidelines will begin to manage the situation. The CHIPS Personnel/VCMs/CVs role will be vital in containment efforts, contact tracing of the positive and ensuring isolation of all exposed/high risk.
- b. PHC health workers must consider updating themselves with this guidance document in case there is a positive report from their facility and this will require coordination with officials at higher levels.

Key messages to spread in the communities for prevention of COVID

How to avoid getting infected with COVID-19 or spreading it to others

To Practice social distancing

- Avoid big social gatherings such naming ceremonies, marriage ceremonies religious congregations etc.
- Maintain a distance of at least 2 meters between you and a person that is coughing or having fever
- Stay at home
- Avoid physical contacts, do not shake hand or give hug

To Practice good hygiene

- Wash your hands frequently with soap and water especially after;
 - coming from outside
 - after touching your face or other surfaces
 - before preparing food, eating or feeding children
 - before and after using toilet or cleaning
 - Cover your mouth with your elbow while sneezing or coughing
 - do not spit in public spaces
 - do not touch your eyes, nose or mouth with dirty hands
 - clean surfaces and objects regularly

Monitor your health, contact your CHIPS Agents, CEFP, VCM, CORPS, WDC or visit a health center as soon as have any symptoms

2. Health worker safety in community

VI. What kind of PPE is required for screening/fieldwork in community settings?

Low risk setting requiring triple-layer mask and physical distance:

- Fieldwork and community surveillance by CHWs. Maintain distance of one meter (3 feet) from ALL irrespective of their risk/exposure. Surveillance team to carry adequate triple layer masks to distribute to suspect cases detected on field surveillance
- Any suspected cases detected in field surveillance.

Moderate risk setting requiring N95 masks with gloves

- Health workers at supervisory level conducting field investigation.

3. Community-based infection control measures

- I. **Social distancing** is the main strategy to control transmission of infection in the community. Social distancing is a non-pharmaceutical infection prevention and control intervention implemented to avoid/decrease contact between those who are infected with a disease-causing pathogen and those who are not, so as to stop or slow down the rate and extent of disease transmission in a community. This eventually leads to decrease in spread, morbidity and mortality due to the disease.
- II. In the rural setting, the key measures advised are: avoiding non-essential travel, limited gatherings of people, postpone non-essential gatherings and physical distancing maintained at markets and during travel
- III. **General precautionary cleaning:** Cleaning with water and household detergents and use of common disinfectant products should be sufficient for general precautionary cleaning

7.1 Performance Monitoring

The NPHCDA COVID-19 Command Centre (CoCC) will develop a checklist for reporting, reporting timelines and performance indicators to assess performance.

7.2 Covid-19: Supportive Supervision Checklist for field processes, logistics and incidents

As a novel disease health workers have very limited capacity on the disease, how it can be prevented and how to identify and refer suspected cases. There is limited time and capacity to conduct an in-depth capacity building of health workers, as such close supportive supervision is required to ensure that health workers act in accordance to set guidelines.

It is important to note that the role of a supervisor is to identify gaps and challenges faced by the health facility with a view to supporting the health facility staff in addressing/resolving the gaps. Any issue that a supervisor is unable to resolve or any support the supervisor is unable to provide should immediately be escalated to the LGA PHC director or the Executive Secretary of the State Primary Healthcare Board as the case may be.

Objectives

- To monitor adherence of health workers to the National Guideline on COVID-19 response for Primary Healthcare workers
- To determine level of preparedness of health facilities in identifying suspected cases of covid-19
- To determine level of readiness of health facilities in responding to suspected cases of COVID-19
- To support health facility staff in addressing challenges to the COVID-19 response

Supervisory levels, roles and team composition

Level	Roles	Team composition
National	Remote monitoring of supervision	NPHCDA Command Centre
	Analysis of ODK based supervision checklist	
State	Support States to identify health facilities with low levels of preparedness	SEMCHIC/SERICC members

	<p>Targeted supportive supervision</p> <p>Work with National to identify Health Facilities for targeted supervision (Health facilities with very low level of preparedness)</p>	*NPHCDA and SPHCB officials where SERICC or SEMCHIC is not established
	Provide LGAs with supervision tool kits	
	Provide LGAs with logistics (vehicles and fuel/ transport allowance)	
LGA	Development of routine supervisory plan	LERICC/LEMCHIC members/Assistant PHC directors
	Routine supervision of one high volume/one functional PHC per ward	
	Kitting of supervisors (branded bag, Identification card, PPE- Gloves and face mask/ N-95 respirator where available) , Hand sanitizer)	

Supervision Process

- It is expected that LGA level supervision is conducted routinely, with an average of 10 health facilities per ward, a minimum of 5 supervisors is assigned to a maximum of 2 health facilities.
- Each supervisor is expected to supervise his/her assigned health facility at least twice in month, or as the need arises.
- Supervision is ODK based and will be analyzed by the National Command Centre. Through this, poor performing health facilities will be identified in terms of preparedness and response to COVID-19 and flagged to inform state level targeted supervision.
- A checklist to assess the preparedness of the facility to receive patients is also attached to be utilized by the Officer in Charge (OIC) of the facility on a daily basis.

7.3 Risk Communication

Risk communication is the real-time exchange of information, advice and opinions between experts, community leaders or officials and the people who are at risk, which is an integral part of any emergency response.

As a part of support to the National and State level preparedness to COVID-19 it's important to go granular and involve the local government health educators (the existing structures at the LGA) in response, especially for communicating effectively with the public, engaging

with community leaders, to help prepare and protect individuals, families and the public's health during the ongoing response to COVID-19.

Full community participation in addressing COVID-19 pandemic is effective, easier and cost effective for the nation especially when trained personnel at the LGA and ward level to are able to give appropriate and useful information to the populace to alley their fears and reduce panic; which is inevitable during this pandemic period.

State Health Educators co-ordinates LGA health educators, who operates at the various LGA and ward level, known and trusted by the people. Therefore, following the incident command structure, these cadre of healthcare workers will serve as resource persons within the communities, in getting the right information across and providing necessary assistance to see to the smooth running of the PHC services during COVID-19 response period.

Health Educator will facilitate the involvement of Ward Development Committee (WDC) chairmen and VCM in community engagement and adherence with the activities needed to curtail the spread of the virus.

Risk Communication & Community Engagement- Separating the facts from fear and fake news

S/N	Possible Questions to expect	Possible Answers to give
1	Where can I get tested? I think I might have been exposed	There is no need to panic, remain in self- isolation. Call the State hotline and the State Epidemiologist and team will come to your abode for sample collection
2	Is COVID-19 testing free?	Yes, it's free at designated reference laboratories
3	I am having fever and sore throat presently, what should I do	This does not mean you have COVID-19, it could be other common ailments. However, I would like to take you through few questions to access you level of exposure: <ul style="list-style-type: none"> ● History of travel to any country with confirmed and ongoing community transmission of COVID-19 OR ● Close contact with a confirmed case of COVID-19 OR ● Exposure to a healthcare facility where COVID-19 case(s) have been reported
4	What is the cause of COVID-19 and how do I protect myself from it?	-Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). -Mode of transmission is Human-to-human transmission via respiratory droplets

		<p>-The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol-based sanitizer frequently and not touching your face, Maintain Respiratory hygiene (or cough etiquette).</p> <p>Use of personal protective equipment- face mask, gloves, according to risk assessment.</p>
5	My son /daughter will be due for his/her next dose of routine immunization; can I still go to the PHC or what should I do?	Vaccination is one of the best ways to prevent diseases, it's important at this period that our children get vaccinated. Kindly get in touch with your health facility focal person (here the H. Edu. may be of assistance in getting the contact) and schedule an appropriate time for you to visit. NB: for those under self-isolation who might have been exposed, it important that they complete the 14 days period before venturing to access services
6	Is there any vaccine available for COVID-19	A COVID-19 vaccine is a hypothetical vaccine against (COVID-19). Although no vaccine has completed clinical trials, there are multiple attempts in progress to develop such a vaccine
7	I am a known hypertensive/DM patient, with the stay at home directives, what about my clinic appointments and how do I access the pharmaceutical stores for my medications?	At this critical period, it's important to discuss your possible options with your managing Physician, who is to counsel you appropriately on the best option. It will also be beneficial if you have you check up kits (Digital Sphygmanometer, Glucometer, weighing scale and other important requirements) readily available to your physician reliable information
8	I am pregnant (first timer), how do I keep my antenatal appointments and what happens to me when labor begins- any help line or ambulance to transport me to the health facility	Discuss with your managing Physician, who should be aware of your Expected Date of Delivery (EDD) and counsel you appropriately on the best option. You may need to contact a neighbor who is mobile, so they also get prepared to transport you to the health facility
9	Are there any medicines or therapies that can prevent or cure COVID-19?	There is no evidence that current medicine can prevent or cure the disease, there are several FDA-approved treatments that may help ease the symptoms from a supportive care perspective. WHO does not recommend self-medication with any medicines, including antibiotics, as a prevention or cure for COVID-19
10	Does Chloroquine and Azithromycin prevent or cure for	No, it does not prevent COVID-19, however clinical trials are ongoing on the effectiveness of these drugs.

	COVID-19	
11	I am 14 days self- isolation, my test result came back NEGATIVE, do I have to continue the 14 days self-isolation?	Yes, you need to continue 14 days of surveillance after your last exposure. This is based on the incubation period of the virus which is 1-14 days
12	My son/daughter has fever, but we have not been exposed in any way or the other, where can we get treatment?	Contact the nearest health facility in your ward. (here the H. Edu. may be of assistance in getting the contact). This will ensure that you are attended to on time reducing your waiting
13	How long does it take before I start showing signs and symptoms of COVID-19? - Incubation period	An incubation period is the time period between when you catch a virus and when your symptoms start. The incubation period for the novel coronavirus is between 1 and 14 days.
14	Are Home-made remedies effective against COVID-19?	A healthy lifestyle including balanced diet has a positive significance in maintaining an immune system against virus attack, therefore adequate nutrition is encouraged in place of home-made remedies
15	Is there any Herbal concoction that cures COVID-19?	There is no scientific evidence to support the effectiveness of any herbal concoction, rather it causes more harm than good.
16	Who should use face mask	A face mask should be used by people who have COVID-19 and are showing symptoms. However infected people without any symptom can still spread the virus to others. Wearing a mask is highly recommended for the general public.
17	What is self-isolation	This is voluntary home quarantine, which means staying at home and minimizing contact with other people, including other members of your household. it is about protecting others and slowing down the spread of COVID-19
18	Is it true that Black people can't come down with COVID-19	A COVID-19 virus can infect anyone regardless of race, ethnicity, country, or beliefs so ensure you maintain high level of infection prevention and Control

19	What is Proper Hand washing	<p>Washing your hands is easy, and it’s one of the most effective ways to prevent the spread of germs/virus. Clean hands can stop germs/virus from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.</p> <p>Follow these five steps every time.</p> <ol style="list-style-type: none"> 2. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. 3. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails. 4. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice. 5. Rinse your hands well under clean, running water. 6. Dry your hands using a clean towel or air dry them.
20	What is social distancing	<p>This is the act of keeping a physical distance between people, at least 4 to 6 feet away, by limiting crowd sizes or social interactions.</p>
21	Does high temperature have anything to do with prevention of COVID-19 virus?	<p>Taking a hot bath does not prevent the new coronavirus disease, neither does high temperature outright kill the virus.</p>
22	Does been infected once with COVID-19, confer life immunity?	<p>it does not mean that those who have been infected with coronavirus are not still at risk, therefore having this virus once does not mean one cannot get sick from the virus again.</p>
23	Can animal get infected and transmit COVID-19	<p>There is no evidence that domestic animals or pets such as cats and dogs have been infected or could spread the virus that causes COVID-19.</p>

24	Are young people excepted from COVID-19 infection	Young people are also equally at risk of COVID-19, though patterns showing the elderly are struck more, as they are more vulnerable to becoming severely ill with the virus.
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7.3.1 Effective crisis communication: crisis/information management for COVID-19

A key component of managing any crisis is effective communication, which can be difficult during an infodemic. This may arise in time of global crisis such as the ongoing novel coronavirus infection.

As the world scrambles to contain the coronavirus pandemic, the role of effective communication is increasingly critical.

Recently, before Nigeria starts officially giving daily UPDATES of COVID-19 infection, there was a widespread rumour (via social media) of deaths due to COVID-19 in Katsina and some few northern Nigeria states. This information which happened to be fake has begun to propagate mix feelings of fear and denial about COVID-19.

However, the recent Nigeria's Govt efforts through NCDC to maintain a constant stream of information through its daily press release has been a model example of how effective communication can be used to fight diseases during outbreaks.

Health experts and governments need to position themselves as trustworthy sources of information to the public, who need to understand the situation, be aware of the precautions they can take, and stay calm.

Seven key messages in preventing the spread of COVID-19

1. Regularly and thoroughly wash hands with soap under running tap water. If water is not available, use alcohol-based hand sanitizer
2. Report to a hospital or stay at home and call NCDC toll free line (080097000010) if you have travelled recently to a country with widespread community transmission of COVID-19 in the last 14 days and you have a fever, cough, or breathing difficulty
3. If you have recently travelled to a country with widespread community outbreak of COVID-19 in the last 14 days, stay at home and isolate yourself
4. Maintain at least a distance of 2 meters between yourself and anyone who is sneezing or coughing
5. Cover your mouth and nose with your bent elbow or tissue when you cough or sneezes. Dispose the tissue appropriately in a waste bin
6. Eat healthy diet and have enough rest
7. Do not spread fake news about COVID-19!

7.4 Frequently asked questions & answers for PHC HCWs

Q1: How likely am I to contract COVID-19?

A1: As a health care worker, you are one of the most likely persons to contract COVID-19 because you may be exposed to an infected person who is asymptomatic, or you may be caring for a confirmed case. However, you are protected if you comply with the prevention measures and the Infection protection and control SOPs/guidelines for managing suspected cases of COVID -19 and the general prevention measures.

Q2: Who is at risk of developing severe illness?

A2: Everyone is at risk of being infected and developing serious illness. However, older people, pregnant women and people with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes, etc.) appear to develop serious illness more often than others.

Q3: Are there any medicines or therapies that can prevent or cure COVID-19?

A3: No. There is no evidence that current medicine can prevent or cure COVID-19. However, research and clinical trials are ongoing under the supervision of WHO to find a drug for the treating COVID-19. Those affected are being treated for the symptoms.

Q4: How long is the incubation period for COVID-19?

A4: Most estimates of the incubation period for COVID-19 range from 1-14 days, most commonly around five days.

Q5: How long does the virus survive on surfaces?

A5: It is not certain how long the coronavirus survives on surfaces. Studies suggest that coronaviruses (including preliminary information on the COVID-19) may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment).

Q6: Can CoVID-19 be contracted from a person who has no symptoms?

A6: Yes. Many people with COVID-19 experience only mild symptoms. This is particularly true at the early stages of the disease. It is therefore possible to be infected by someone who has just a mild cough and does not feel ill.

Q7: Is there anything I should not do?

A7: Yes. Be aware that the community relies on you for credible information on the new coronavirus pandemic. So do not panic nor close the health facility as you'll raise panic in the community. Do not spread misinformation. Be frank with what is known and unknown about COVID-19 and update yourself and the community regularly.

8.0 Resources and Reference Materials

References

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9. WHO, Save the Children and UNICEF. A guide to the provision of safe delivery and immediate newborn care in the context of the Ebola Outbreak Ebola outbreak.
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12. <https://www.who.int/emergencies/diseases/novel-coronavirus2019>
13. <https://www.cdc.gov/quarantine/> accessed April 2nd 2020
14. Nigeria Centre for Disease control NCDC- accessed April 2nd 2020
15. Africa Centre for Disease Control and Prevention

Appendix 1

1. COVID-19 State Emergency Numbers



NORTH-CENTRAL

Benue State	09018602439, 07025031214, 08033696511
Federal Capital Territory	08099936312, 08099936313, 0809993631407, 080631500, 08031230330
Kogi State	07088292249, 08150953486, 08095227003, 07043402122
Kwara State	09062010001, 09062010002
Nasarawa State	08036018579, 08035871718, 08033254549, 08036201904, 08032910826, 08121243191
Niger State	08038246018, 09093093642, 08077213070(State Epidemiologist)
Plateau State	07032864444, 08035422711, 08065486416, 08035779917

NORTH-EAST

Adamawa State	08031230359, 07080601139, 08115850085, 07025040415, 09044235334
Borno State	08088159881, 0800999999999
Bauchi State	08023909309, 08032717887, 08059600898, 08033698036, 08080330216, 08036911698
Gombe State	08103371257, 07026256569, 07045257107, 07025227843, 07026761392, 07026799901, 07042145504
Taraba State	08065508675, 08032501165, 08039359368, 08037450227
Yobe State	08131834764, 07041116027

NORTH-WEST

Jigawa State	08035997118, 08036440532, 08069323005, 08038806682 07035997118, 08038629331, 08068725224, 08034864266
Kaduna State	08035871662, 08025088304, 08032401473, 08037808191
Kano State	08039704476, 08037038597, 09093995333, 09093995444
Katsina State	09035037114, 09047092428, 08065635686
Kebbi State	08036782507, 08036074588, 08032907601, 07035606421, 08067677723, 08167597029, 08083400849
Sokoto State	08032311116, 08022069567, 08035074228, 07031935037, 08036394462
Zamfara State	08035626731, 08035161538, 08161330774, 08065408696, 08105009888, 08063075385

SOUTH-EAST

Abia State	07002242362, 0700 ABIA DOC
Anambra State	09034728047, 09034668319, 08163594310, 09034663273 09145434416, 08117567363, 09033805959 (WHATSAPP), 09074285546 (SMS)
Ebonyi State	09020332489, 08159279460, 07045910340, 07085763054
Enugu State	08182555550, 09022333833
Imo State	08099555577, 07087110839

SOUTH-SOUTH

Akwa Ibom State	08189411111, 09045575515, 07035211919, 08028442194, 08037934966, 09023330092
Bayelsa State	08039216821, 07019304970, 08151693570
Cross River State	09036281412, 08050907736 (WhatsApp), 08031230527
Delta State	08033521961, 08035078541, 08030758179, 09065031241
Edo State	08084096723, 08064258163, 08035835529
Rivers State	08056109538, 08031888093, 08033124314

SOUTH-WEST

Ogun State	08188978393, 08188978392
Ondo State	0700COVID19 (07002684319) 0701COVID19 (07012684319) 0800COVID19 (08002684319)
Osun State	08035025692, 08033908772, 08056456250
Oyo State	08095394000, 08095963000, 08078288999, 08078288800
Ekiti State	09062970434, 09062970435, 09062970436
Lagos State	08023169485, 08033565529, 08052817243, 08028971864, 08059758886, 08035387653, 08000CORONA

TOLL-FREE NUMBER:
080097000010

#TakeResponsibility



Appendix 2

1. Supervision checklist

NATIONAL PRIMARY HEALTHCARE DEVELOPMENT AGENCY

COVID-19: Supportive Supervision Checklist for field processes, logistics and incidents

Preliminary Questions	Notes for supervisor	Responses	Supervisor's comments	Score	
Supervisor's Name	Enter your name				
Date of visit	Select date from calendar drop down				
Time of visit	Select time of visit				
Geopolitical zone	Select geopolitical zone				
State	Select state				
Local Government	Select LGA				

Area					
Ward	Select ward				
Name of Health Facility	Enter name of Health Facility				
Geo Coordinates of Location	Click the geocoordinate button to display the coordinates				
SECTION ONE: TRIAGE/SCREENING					
Patients must be screened for symptoms of COVID-19 at the entrance of the health facility before being allowed into the facility. Where patients become crowded, a triage shall be conducted to quickly identify and separate probable cases for further assessment					
1. Is there a health worker or community volunteer stationed at the entrance of the Health Facility	Check to see if there is any health worker stationed at the entrance of the Health Facility. Select 'yes' if seen and 'no' if not seen. Note down other observations	Options (Yes, No)			

	relevant to this under 'monitor's comment'				
1b. If yes, what is the cadre of the health personnel(s) seen? indicate cadre of health personnel e.g Community volunteer, JCHEW, EHO	Select cadre of health personnel, enter any other personnel not listed as an option in the comment section	Options (Community Volunteer, JCHEW, EHO, CHEW, Midwife, Lab technician, medical records officer))			
2. Does health worker/community volunteer explain the reason for triage/screening to patients?	Observe and note whether the health worker/community volunteer explains the reason for triage/screening to patients. If he/she is, select 'yes', otherwise select 'no'. Note down other observations relevant to this under 'comment' section.	Options (Yes, No)			

<p>3. Are patients been asked for symptoms of COVID-19 infection before allowed into the health facility?</p>	<p>Observe and note whether all the patients are being asked for symptoms of COVID-19 infection (fever, cough, shortness of breath) infection before allowed into the health facility. If they are, select 'yes', otherwise select 'no'. Note down other observations relevant to this under 'comment' section.</p>	<p>Options (Yes, No)</p>			
<p>4. Are patients with any of the symptoms probed further for associated symptoms and history of contact?</p>	<p>Note whether the patients with any of the symptoms are probed further for associated symptoms and history of contact. If they are, select 'yes', otherwise select 'no'. Note down other observations relevant to this under 'comment' section.</p>	<p>Options (Yes, No)</p>			

<p>5. Is distance of at least 2 meters (arm's length) maintained between health worker and patients and in between patients?</p>	<p>Observe to see if distance of at least 2 meters (arm's length) maintained between health worker and between patients. If it is, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under 'comment' section.</p>	<p>Options (Yes, No)</p>			
<p>6a. Is there crowding at the entrance of the facility?</p>	<p>Observe to see if there is more than 10 people at the entrance of the facility. If there is, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section.</p>	<p>Options (Yes, No)</p>			
<p>6b. (In cases of crowding) Are efforts made to quickly triage and decongest the crowd?</p>	<p>Observe to note whether there are efforts by health workers and/or community volunteers to quickly triage and decongest the crowd. If</p>	<p>Options (Yes, No)</p>			

	there are, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section.				
7. Are health workers and community volunteers wearing protective equipment (face masks and gloves)?	Observe to see if the health workers and community volunteers are appropriately dressed with PPE (face masks and gloves). If they are, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section.	Options (Yes, No)			
SECTION TWO: HEALTH FACILITY WAITING AREA					
Patients with no symptoms of covid-19 are allowed into the facility waiting area to receive routine Health Facility services					

<p>8. Is the waiting area well ventilated?</p>	<p>Observe to see if the waiting area has open windows on opposite sides of the wall. If there are, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section.</p>	<p>Options (Yes, No)</p>			
<p>9. Are there IEC materials on COVID-19 clearly displayed on the walls in local language?</p>	<p>Note whether there are IEC materials on COVID-19 clearly displayed in the health facility. If there are, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section.</p>	<p>Options (Yes, No)</p>			
<p>10. Is an arm's length distance maintained between seated patients?</p>	<p>Observe to note the seating arrangement of patients. If there is at least an arm's length distance maintained between seated patients, select 'Yes' otherwise select</p>	<p>Options (Yes, No)</p>			

	'No'. Note down other observations relevant to this under the comment section				
SECTION THREE: HEALTHWORKER KNOWLEDGE AND PREPAREDNESS					
Supervisor to randomly identify one frontline health worker to ask the following questions:					
11. Is the health worker aware of a National guideline for PHC workers on COVID-19 response?	Ask health worker and select the appropriate response	Options (Yes, No)			
If yes, is a copy of the guideline available If No, skip to the next question	If yes, ask to see the guideline and select the guideline format	a. Hard copy b. Hard copy pasted on the wall c. Electronic copy on health worker's phone/device			

<p>11. Does the health worker correctly state all four symptoms of COVID-19 (Cough, shortness of breath, fever, sore throat)</p>	<p>Select the symptoms stated by the health worker</p>	<p>a. Fever b. Cough c. Shortness of breath d. Sore throat</p>			
<p>12. Does the health worker know the major risk factors for the disease</p>	<p>Select the risk factors stated by the health worker</p>	<p>a. Travel to State/country with confirmed case(s) of COVID-19 b. Contact with person with confirmed/suspected COVID-19 c. Visit to a health facility with confirmed case of COVID-19</p>			

<p>13. Does the health worker know the preventive measures to take to avoid contracting the disease</p>	<p>Select the preventive measures mentioned by the health worker</p>	<p>a. Use of protective equipment such as face masks, gloves</p> <p>b. Maintenance of at least 2m distance from individuals</p> <p>c. Frequent washing of hands / use of hand sanitizer when water is unavailable</p>			
<p>14. Is the health worker aware of the current situation in the country, the state she/he resides and her/his community?</p>	<p>Supervisor should be up to date on current no of cases. Select as appropriate</p>	<p>a. Aware of states that have confirmed cases</p> <p>b. Aware of confirmed cases in the states if applicable</p> <p>c. Aware of</p>			

		<p>confirmed cases in the Local Government if applicable</p> <p>d. Aware of confirmed cases in the community if applicable</p>			
SECTION FOUR: FACILITY PREPAREDNESS AND RESPONSE READINESS					
15. Does the facility have protective equipment and other supplies in stock?	Ask to see and select available equipment from list	<p>a. Gloves</p> <p>b. Masks</p> <p>c. Protective suits</p> <p>d. Hand sanitizers</p> <p>e. Hand wash/soap</p> <p>f. Disinfectants</p>			

<p>16. Is there provision for handwashing (running water and soap) placed strategically within and outside the facility?</p>	<p>Observe and note whether there is provision for handwashing with running water and soap visibly placed outside and within the facility . If there is, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section.</p>	<p>Options (Yes, No)</p>			
<p>17. Is a garbage bin with lid available and accessible to patients?</p>	<p>Observe to see if there is a dustbin with lid accessible to patients. If there is, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section.</p>	<p>Options (Yes, No)</p>			
<p>19. At the end of clinic sessions, are surfaces and floors wiped with disinfectants</p>	<p>Observe if present at the end of a clinic session. Otherwise ask indirect questions like what do you clean the waiting rooms and consulting</p>	<p>Options (Yes, No)</p>			

	rooms with? How regular is this done? Ask to see the health facility cleaner to validate the initial responses				
20. Is there a designated area for holding suspected cases outside the health facility?	Ask if there is a designated area for holding suspected cases outside the health facility. If there is, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section.	Options (Yes, No)			
21. Are the state covid-19 helpline numbers pasted in a visible part of the building?	Observe to see the State helpline numbers for COVID-19. If pasted in a visible part of the building, enter 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section.	Options (Yes, No)			

<p>22a. Is there an ambulance sighted in the health facility compound?</p>	<p>Observe and note whether there an ambulance in the health facility compound. If there is, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section.</p>	<p>Options (Yes, No)</p>			
<p>22b. Does the ambulance have a designated driver?</p>	<p>Ask and observe to note whether the ambulance has a designated driver . If there is, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section</p>	<p>Options (Yes, No)</p>			
<p>22c. Is the ambulance driver trained on how to handle and evacuate suspected case?</p>	<p>Verify responses made in the affirmative by asking about when the training was conducted and by whom?</p>	<p>Options (Yes, No)</p>			

<p>22d. Does the ambulance have adequate fuel supply?</p>	<p>Ask and observe to note whether the ambulance has adequate fuel supply. If there is, select 'Yes' otherwise select 'No'. Note down other observations relevant to this under the comment section</p>	<p>Options (Yes, No)</p>			
<p>23. How many health workers does this facility have?</p>	<p>Ask the OIC for the number of health workers the facility has and enter the value provided. This will help to determine how much support is available when there is a need to decongest crowd and to determine availability of HWs to carry out different tasks</p>	<p>a. less than 2 health workers b. 2 to 5 health workers c. more than 5 health workers</p>			

<p>24. What are their cadres?</p>	<p>Enter the appropriate number of health workers in the facility against the cadres provided. This includes both adhoc and permanent staff</p>	<p>a. Nurse</p> <p>b. Midwife</p> <p>c. CHEW</p> <p>d. JCHEW</p> <p>e. EHO</p> <p>f. Lab technician</p> <p>g. Medical records officer</p> <p>h. Pharmacy technician</p> <p>i Other (specify)</p>			
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Appendix 3

1. Facility Daily preparatory and response checklist

This checklist is to ensure the primary healthcare facilities are well prepared to prevent the transmission of COVID-19 at the facility and Community. It should be filled daily by the Officer in Charge (OIC) of the facility before the commencement of operations.

QUESTIONS	TICK AS APPROPRIATE	REMARKS
1. Is there a designated screening area to check temperature before patients gain entrance into the facility and are patients being screened?	Yes No	
2. a. Are Hand gloves, Facemask, PPE (Personal, Protective Equipment) available for use by health workers? b. Are they adequate?	Yes No Yes No	
3. Is soap and running water (Tap or Veronicas' bucket)/ alcohol based (70%) sanitiser provided at the entrance of the facility for safe hands practice.	Yes No	

<p>4. Cleaning of facility</p> <p>a. Facility cleaned at least 3 times daily</p> <p>b. Use of Bleach and water (50mls of bleach to 4 litres of water) to clean surfaces</p>	<p>Yes</p> <p>No</p> <p>Yes</p> <p>No</p>	
<p>5. Is there a designated well-ventilated isolation room equipped with a bed and toilet?</p>	<p>Yes</p> <p>No</p>	
<p>6. Are there dustbins for proper waste disposal available and adequate (at least 1 dustbin in each room)</p>	<p>Yes</p> <p>No</p>	
<p>7. Are IEC materials (posters, Banners, flyers etc.) and Job aids on COVID-19 present and easily visible in the facility</p>	<p>Yes</p> <p>No</p>	
<p>8. Does the facility know who to contact in case of suspected COVID-19 cases or if commodities are lacking?</p>	<p>Yes</p> <p>No</p>	