National COVID-19 Pandemic Multi-Sectoral Response Plan

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Acronyms

CBN	Central Bank of Nigeria
CPHL	Central Public Health Laboratory
DSNO	Disease and Surveillance Notification Officer
EBS	Event-based surveillance
EOC	Emergency Operations Center
EPI	Expanded Program on Immunization
FAAN	Federal Airport Authority of Nigeria
FFX	The First Few COVID-19 X cases and contacts transmission investigation protocol
FGoN	Federal Government of Nigeria
FMARD	Federal Ministry of Agriculture & Rural Development
FMHDS	Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development
FMI	Federal Ministry of Information and Culture
FMITI	Federal Ministry of Industry, Trade and Investment
FMoEnv	Federal Ministry of Environment
FMoF	Federal Ministry of Finance, Budget and National Planning
FMoFA	Federal Ministry of Foreign Affairs
FMoH	Federal Ministry of Health
FMP	Federal Ministry of Power
FMWR	Federal Ministry of Water Resources
FRSC	Federal Road Safety Commission
IAP	Incident Action Plan
IPC	Infection Prevention & Control
MAN	Manufacturers Association of Nigeria
MDA	Ministry, Department, Agency
MOD	Ministry of Defense
MOE	Ministry of Education
MSMEs	Micro, Small and Medium-Scale Enterprises
NACCIMA	Nigerian Association of Chambers of Commerce, Industry, Mines, and Agriculture
NASME	Nigerian Association of Small and Medium Scale Enterprises
NAFDAC	National Agency for Food and Drugs Administration and Control
NCAA	Nigerian Civil Aviation Authority
NCC	Nigerian Communications Commission
NCDC	Nigerian Centre for Disease Control
NCRC	National COVID-19 Response Centre
NEC	National Executive Council

NEMA	National Emergency Management Agency
NIMASA	Nigerian Maritime Administration & Safety Agency
NIMR	Nigerian Institute of Medical Research
NIPRD	National Institute for Pharmaceutical Research and Development
NIS	Nigerian Immigration Service
NPA	Nigerian Ports Authority
NPF	Nigerian Police Force
NPHCDA	National Primary Health Care Development Agency
NSCDC	Nigerian Security & Civil Defense Corps
ONSA	Office of the National Security Adviser
OSGF	Office of the Secretary to the Government of the Federation
PHS	Port Health Services
POE	Point of Entry
PTF	Presidential Task Force on COVID-19
SEMA	State Emergency Management Agency
SHMB	State Hospital Management Board
SMOH	State Ministry of Health
SON	Standards Organization of Nigeria
SORMAS	Surveillance Outbreak Response Management and Analysis System
WHO	World Health Organization

Executive Summary

The Federal Government of Nigeria established the Presidential Task Force (PTF) for the Control of Coronavirus (COVID-19) disease on 17th March 2020. The PTF is the focal point of government's efforts to tackle the COVID-19 pandemic and has an initial mandate of six months. The overall goal of the PTF is to stop further transmission of COVID-19 within Nigeria, ensure provision of basic treatment to those infected, and reduce the overall social and economic impact of the pandemic on the country.

The PTF members include the chairman, the National Coordinator, Ministers of Health; Interior; Education; Aviation; Information and Culture; and Humanitarian Affairs Disaster Management and Social Development; as well as the heads of Nigeria Centers for Disease Control, the National Primary Healthcare Development Agency, and the World Health Organization. To effectively achieve the mandate of the PTF, a National COVID-19 Response Centre (NCRC), has been established within the PTF. Headed by the National Coordinator of the PTF, the NCRC provides strategic guidance and coordinates the efforts of multi-sectoral and multilateral actors as well as resources involved in the national response to ensure proper synergy and efficiency. To this end, the NCRC has developed a comprehensive National COVID-19 Multisectoral Pandemic Response Plan, which is to serve as a blueprint for a coordinated national strategy to respond to the COVID-19 pandemic. While the Federal Ministry of Health (FMOH) and its agency the Nigeria Centre for Disease Control (NCDC) have crucial roles, the approach outlined in this plan goes beyond the health sector and clearly spells out the roles of other sectors to the pandemic response. These sectors include Disaster Management, Humanitarian Affairs, Information, Security, Finance, and Trade and Investment to name a few.

The plan divides response to the pandemic in six phases. There are sets of tasks to be accomplished during each pandemic phase, following specific 'trigger' events. This plan equally describes the role of government in providing financial and technical resources for the preparedness and response operations, as well as the complementary roles of the private sector and development partners in this regard. It also outlines strategies for social welfare and economic recovery during and post the pandemic. The plan is flexible and will be updated as necessary in response to the evolution of the pandemic.

1. Introduction

1.1 Goal

The overall goal of the national response is that Federal Republic of Nigeria emerges from the COVID-19 pandemic with minimal negative impact to the population, health system and the economy.

1.2 Purpose and objectives

The purpose of this plan is to provide a framework for the government of the Federal Republic of Nigeria to accomplish the following objectives:

1. Provide a coordinated and effective national and sub-national response to the COVID-19 pandemic.
2. Reduce COVID-19 related morbidity and mortality.
3. Mitigate pandemic-related impacts on critical social, economic and health infrastructure and systems.
4. Facilitate post-pandemic recovery and rehabilitation operations.

2. Situational Analysis

2.1 Situation

On the 31st December 2019, World Health Organization (WHO) was alerted to several cases of pneumonia in Wuhan City, Hubei Province of China. On 7th January 2020, Chinese authorities confirmed that a new virus had been identified as the causative agent. The new virus, a member of the Coronavirus family, is known to cause disease in humans and animals and, primarily, spreads through droplets.

Following the rapid escalation of the outbreak and spread to countries outside China, WHO declared the outbreak a 'Public Health Emergency of International Concern' (PHEIC) on 30th January 2020, and on the 11th March, the COVID-19 outbreak was characterized as a pandemic. By the end of March 2020, community transmission had been established in 98 countries outside China.

The Nigerian Federal Ministry of Health confirmed the first coronavirus disease (COVID-19) case in Ogun State, Nigeria on the 27th February 2020. The index case was a 44-year-old foreigner who arrived through the Murtala Muhammed International Airport, Lagos on 24th February 2020 and proceeded to neighboring Ogun state for business. This incident marked the beginning of transmission in Nigeria and highlighted the need for a strategy for containment, commencing with contact tracing.

2.2 Assumptions

1. The initial cases will arrive from affected countries through our international airports.
2. Infections may be clustered around cities that have international airports or major economic activities.
3. Persons most affected initially are those with recent international travel and their close contacts.
4. The COVID-19 pandemic will affect multiple communities across Nigeria.
5. The country may experience significant increase in number of cumulative cases every week, with every state impacted if there are no effective interventions.
6. Susceptibility to COVID-19 infection will be universal among all groups.
7. A typical incubation period (interval between infection and onset of symptoms) for COVID-19 is approximately 2-14 days.
8. Efficient and sustained person-to-person transmission of a “novel” virus signals an imminent pandemic. (Note: a novel virus is one that has not been previously found in the human population and, therefore, one for which humans have little or no inherent immunity).
9. The country may experience a mix of isolated, localized, and widespread community transmission of the disease, and this may vary from state to state.
10. COVID-19 cases may be more prevalent in densely populated states and communities.

3. Phasing of the COVID-19 Pandemic

3.1 National Pandemic Phases

Based on international best practice, the Federal Government of Nigeria has reviewed the WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009 (revised) and the Nigeria National Pandemic

Influenza Preparedness and Response Plan 2013 and adopted them to develop the COVID-19 alert phases.

Specifically, the 2009 WHO protocols used a 6-phased system where Phases 1–3 correlated with preparedness (capacity development and response planning activities) and Phases 4–6 clearly focused on response and mitigation efforts. In the 2013 Nigeria Pandemic Influenza Preparedness and Response plan, the same 6 phased system is used but with contextual modifications and sub-phasing from (a-g).

The President will determine and declare the current phase using information and recommendations provided by the Presidential Task Force on COVID-19. It should be noted that while this phasing protocol has specific standards identified for declaration of each phase, other unique factors may be present which might warrant variation from these standards in determining the appropriate phase. Key among these are the prevalent social and economic factors, as well as the security situation around the country.

3.2 Triggers for Activation

The following phases have been modified based on the WHO Influenza Phasing and customized for Nigeria-specific sub-phasing.

Phase 1: Preparedness and No Cases

In this phase, a virus has been identified globally and the WHO has declared it a pandemic. However, there are no suspected or confirmed cases in Nigeria and the activities focus on monitoring global trends and preparation for surveillance; as well as early detection of high-risk passengers for follow-up, isolation of symptomatic passengers, and transfer of passengers to designated isolation centres for testing.

Phase 2: Mitigation & Response to Sporadic Cases

In this phase, a case has been confirmed and reported. The index case is likely to be as a result of travel history from a high-risk country. The activities, therefore, focus on the activation of health and non-health multisectoral structures to identify and contain the viral spread. There is a need to emphasize public sensitization on preventive and protective measures by providing timely information, and countering misinformation. It is also necessary to adequately forecast, quantify, preposition, and track consumables for the response.

Phase 3: Intensified Response to Cluster(s) of Connected Cases

This phase is triggered by a cluster of cases in a geographical location (i.e. dense metropolis, and urban or rural areas). The activities call for an intensified and heightened surveillance towards containment; expedited sample collection, testing, and reporting; mass care to alleviate containment measures; and prompt isolation and management of suspected/ confirmed cases with improved outcomes. These cluster(s) of connected/confirmed cases are likely to have been identified in a state or geopolitical zone as a result of travel history, contact with an index case and or early signs of community transmission.

Phase 4: Peak of the Pandemic due to Community transmission

This phase is activated as a result of increased cases of community transmission in one or more states. It calls for a recommendation for the declaration of a national emergency and heightened response in both health and non-health sectors.

Phase 5: Post Peak

In this phase, there is a decline in new/confirmed cases by at least 10% per week for at least two consecutive weeks. The activities involve continuous health activities such as surveillance, laboratory testing, case management and infection, prevention, and control measures. There is also an increase in risk communication and enforcement of existing measures to guarantee low/reduced risk of community transmission.

Phase 6: Post-Pandemic Recovery

This involves phasing out pandemic activities, building the preparedness and resilience capacity of existing health and non-health institutions/infrastructure; and providing sustainable/durable solutions for affected communities. It also focuses on rebuilding social welfare and promoting economic growth in the country.

3.3 Execution Task List

3.3.1 Phase 1: No Cases

Sector	Activity	Responsible Actor/ MDA
Health Sector	Review and update (contextualize) initial National Pandemic Preparedness and Response Plan with all stakeholders (i.e. Federal MDAs, states, INGOs, CSO/NGOs).	FMoH/NCDC
	Conduct risk assessment and public health planning efforts for operational and epidemiological response.	NCDC
	Conduct continuous human and animal surveillance in accordance with established protocols.	NCDC
	Enhance laboratory capacities and capabilities.	NCDC
	Develop a strategy for triage, diagnosis, and isolation of possible patient, including potential triage site locations and appropriate site management protocols.	NCDC/FMoH
	Maintain a database of current, retired, and volunteer healthcare personnel.	FMoH/NCDC
	Identify potential sources of supplemental medical resources and develop an inventory/tracking system of essential medical resources.	FMoH/NCDC
	Estimate impact of pandemic on healthcare services and critical medical infrastructure and identify potential Alternative Medical Treatment Sites (AMTS) and arrange for site utilization.	NCDC/FMoH
	Procure and maintain stockpiles of appropriate medication, vaccines (if applicable), Personal Protective Equipment (PPE) and other consumables.	FMoH/ NCDC
	Work with appropriate authorities and port managers to screen travelers arriving from any region affected by the virus.	PHS, NIS
	Recommend isolation of patients and quarantine of their contacts, as appropriate.	NCDC
	Prepare educational and training materials on IPC for frontline health workers and first responders.	NCDC
Non-Health Sector	Develop and tailor plans and programs for social protection and humanitarian interventions to target vulnerable populations during the pandemic.	FMHDS
	Educate the general public about the pandemic infection control measures (cough etiquette, hand hygiene, general health, safety, and environment measures).	FMI
	Develop plans for Points/Ports of Entry (POE) for passenger screening and training of personnel.	PHS, NIS
	Develop and maintain plans for distribution of PPEs and coordinate stakeholders on logistics planning.	FMoH/NCDC

	Assess logistics requirements and stockpile necessary supplies and procure and maintain stockpiles of food and non-food items.	FMHDS, NEMA
	Facilitate expeditious customs processing and tax relief for humanitarian aid supplies, pharmaceuticals, and other required aid materials.	FMoF
	Develop a communications plan for use during pandemic by the media and distribute educational materials to health care providers, first responders, and the general public.	FMI
	Develop Continuity of Operations (COOP) Plans for all government MDAs.	FMoH
	Identify multilateral, bilateral and private sector resources for the pandemic response.	FMoH/NCDC

3.3.2 Phase 2: Sporadic Cases

Sector	Activity	Responsible Actor/ MDA
Health Sector	Increase surveillance activities including alerts and advisories; and emphasize on adequate and timely reporting of suspected and confirmed cases among surveillance stakeholders.	NCDC
	Issue pandemic precaution guidelines to emergency departments, hospitals, businesses, airlines, schools/universities, day care facilities, jails/prisons, and other stakeholders, as well as the public.	NCDC
	Develop and prepare for quarantine/isolation procedures in collaboration with public, private sector, and national/international non-governmental bodies.	FMoH
	Promote research and monitor global vaccine development efforts and educate the public concerning pandemic influenza vaccine and its development.	FMoH/NPHCDA
	Update mass fatalities plans and review training, including PPE training, with personnel involved in mass fatality operations.	NEMA
	Issue PPE to appropriate personnel in all sectors.	NCDC
Non-Health Sector	Assess the economic and humanitarian implication of border (airports, land, and seaports) closure.	NEC/FMHDS
	Increase screening of travelers arriving from any region affected by the identified virus/pandemic.	PHS, NIS
	Recommend cancellation of large public gatherings and recreation activities and the closure of schools, colleges, universities, and office buildings, as appropriate.	NCDC
	Interface with mass care partners to assess readiness to conduct pandemic-related mass care operations as well as address requirement shortfalls for logistics operations.	NEMA

	Package and distribute palliatives (i.e. relief packs) to persons of concern using new or existing humanitarian and social intervention structures at the national and subnational level.	FMHDS
	Publicize “Hot Line” information and begin operations.	FMI, NCDC
	Disseminate timely and accurate public information; monitor media coverage and address misinformation and synchronize messaging at all government levels.	FMI
	Monitor indicators of pandemic-related adverse mental health impacts and psychosocial issues for patients and frontline health workers.	FMoH/FMHDS
	Continue to distribute educational materials to health care providers, first responders, and the general public and facilitate coordination of pandemic response messaging at the federal, state and local government levels.	FMI

3.3.3 Phase 3: Cluster of Connected Cases

Sector	Activity	Responsible Actor/MDA
Health Sector	Update National Multisector Pandemic Response Plan to expand non-health roles.	PTF
	Enhance surveillance activities to identify initial cases, assess viral virulence and identify any unique viral characteristics.	NCDC
	Implement enhanced laboratory operation protocols to increase capacity of key laboratories.	NCDC
	Monitor medication use and effectiveness.	NCDC/FMOH/ NPHCDA
	Continue to impose quarantine of all patients and their contacts.	FMoH/ NCDC
	Monitor hospital bed and personnel availability, status of emergency facilities, equipment, and supplies.	FMoH/SMoH/ NPHCDA
Non-Health Sector	Provide security and logistics to enforce mandatory quarantine for patients and their contacts, as appropriate.	NEMA, NPF, MOD, ONSA
	Provide security and logistics to enforce the closure of schools and offices and cancellation of major large events, as warranted by health and security situation; and the issuance of necessary laws, proclamations and ordinances in this regard.	NEMA, NPF, MOD, ONSA
	Continue to provide palliatives through a combination of fixed sites, mobile feeding units, and bulk distribution of food to enhance access and reach to remote locations and hard to reach communities.	FMHDS
	Coordinate the repatriation and evacuation of stranded Nigerians.	PTF/FMoFA
	Facilitate coordination with regional healthcare and disaster management representatives (via ECOWAS and other regional or continental bodies).	PTF

3.3.4 Phase 4: Community Transmission in 1 or More States

Sector	Activity	Responsible Actor/MDA
Health Sector	Continue enhanced surveillance to identify initial cases, assess viral virulence and identify any unique viral characteristics and enhance laboratory capacity.	NCDC/ NPHCDA
	Activate triage sites, and monitor hospital bed and personnel availability, status of emergency facilities, equipment, and supplies.	FMoH/SMoH/ /NCDC
	Activate severe respiratory illness protocols at treatment facilities and hospitals.	FMoH/SMoH
	Activate Alternative Medical Treatment Sites (AMTS).	FMoH/SMoH/ NPHCDA
	Increase stockage of supplies, PPE and consumables for frontline healthcare workers.	PTF, FMOH
	Implement emergency/surge capacity plans to maximize availability of bed space for pandemic-related emergency caseload.	FMoH/SMoH
	Provide periodic updates to key leaders, national and international organizations and other critical stakeholders.	FMoH/NCDC
	Provide counselling services on mental and psychosocial issues for health workers (i.e. activate rest and recuperation sites, and confidential telephone support lines).	FMoH/SMoH NPHCDA
Non-Health Sector	Request assignment of liaison officers from Armed Forces of Nigeria and security agencies to NEMA EOC and to FMoH to coordinate pandemic response operations.	NEMA/FMoH, AFN
	Continue to provide updated pandemic situation information; disseminate timely and accurate public information (focusing on the grassroots); monitor media coverage; address misinformation and synchronize common messaging at all government levels.	FMI
	Ensure adequate security at mass care sites and to support logistics operations.	NEMA, NPF, MOD, ONSA
	Prioritize resources to maintain public safety services, public works and municipal services (i.e. fire, law enforcement, water treatment/delivery, waste management and utilities).	PTF
	Coordinate with the private sector to ensure maintenance of critical civil services (i.e. pharmaceuticals, retail food, retail fuel, etc.).	PTF
	Continue to provide palliatives through a combination of fixed sites, mobile feeding units, and bulk distribution of food to enhance access and reach to remote locations and hard to reach communities.	FMHDS

	Request appropriate international assistance to address resource shortfalls.	PTF
	Develop or modify the existing National Mass Fatality Plan.	FMoH/FMEnv
	Increase stockage of supplies (food and non-food items) and scale up programs and interventions to expand reach to poor and vulnerable groups (ie urban areas and remote areas).	FMHDS

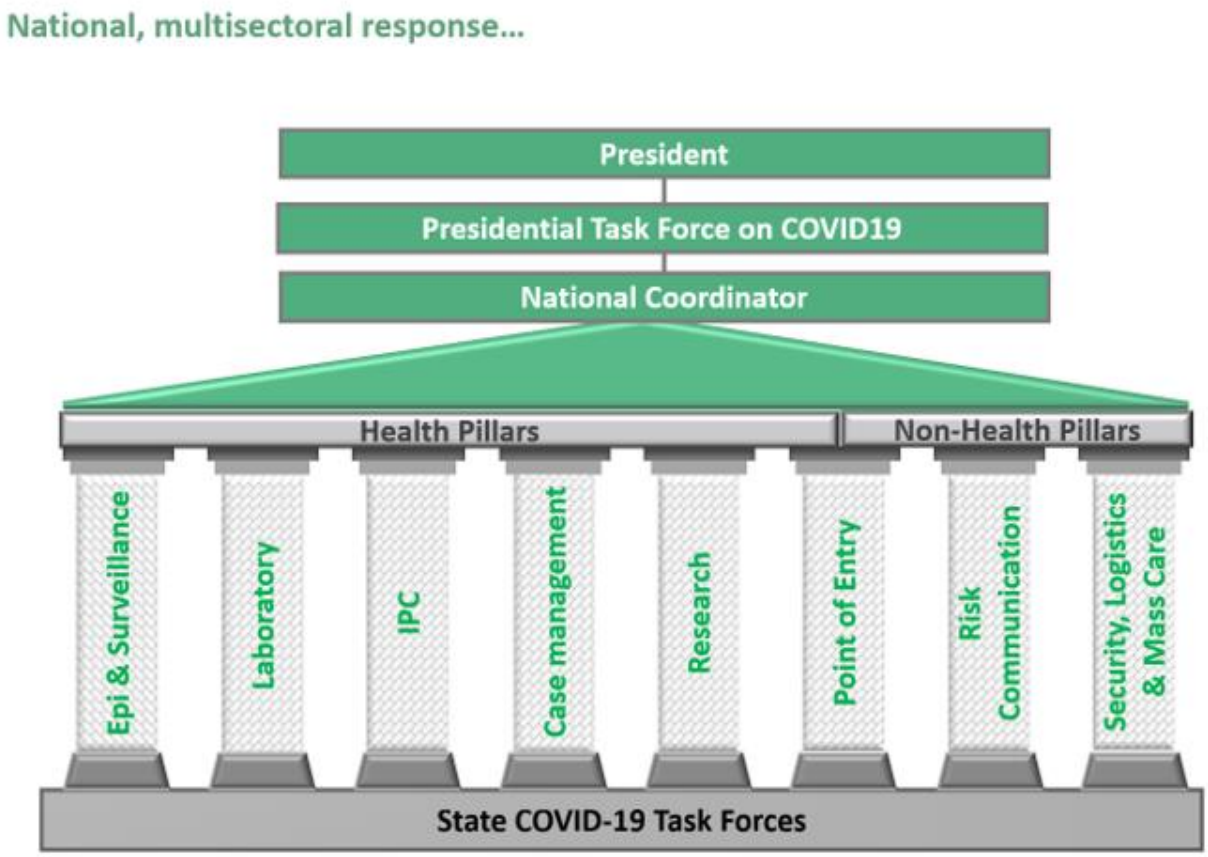
3.3.5 Phase 5: Post-Peak, No New Cases

Sector	Activity	Responsible Actor/MDA
Health Sector	Continue human and animal surveillance operations and monitor mutation of the pandemic virus to guard against new pandemic threat.	NCDC
	Validate decreases in case incidence to ensure reporting and statistical analysis are accurate.	NCDC
	Continue to monitor hospital bed and personnel availability, status of emergency facilities, equipment, and supplies.	FMoH/SMoH/ NPHCDA
	Continue to educate the public about the importance of continuing infection control measures to decrease the chance of further viral spread.	FMoH/NCDC/FMI
	Request vaccines and antiviral through the WHO and revise priority groups to carry out mass vaccination activities.	NCDC/FMoH/ NPHCDA
	Continue to provide counselling and other psychological support services to general public and first responders.	FMoH
Non-Health Sector	Implement existing National Mass Fatality Plan (by keeping the public informed, providing security and expediting the issuance and registration of death certificates).	FMEnv/FMoH
	Continue to work with welfare, faith-based, and community agencies and groups to provide individuals in need of social protection services.	FMHDS, NEMA
	Continue to provide strategic risk communication and educational messages/information to the public.	FMI
	Ensure adequate security at mass care sites and to support logistics operations.	NEMA
	Publicize vaccine development information and potential distribution, prioritization and use protocols.	FMI
	Continue to educate public about importance of continuing infection control measures to decrease chance of further viral spread.	FMI
	Continue coordination with regional healthcare and disaster management representatives.	PTF

3.3.6 Phase 6: Recovery

Sector	Activity	Responsible Actor/ MDA
Health Sector	Deactivate and decontaminate triage sites, as warranted by case incidence decline.	FMoH/SMoH/ NPHCDA/FMoE
	Deactivate and decontaminate alternative medical treatment sites (AMTS), as warranted by case incidence decline.	FMoH/SMoH/ NPHCDA
	Continue monitoring and investigation of adverse effects concerning medications/vaccines.	FMoH/NPHCDA
	Transition to normal laboratory operations as appropriate.	NCDC
	Rehabilitate public health infrastructure.	FMOH/SMoH/ NPHCDA
Non-Health Sector	Recommend authorization to reopen/resume schools and offices; permit major large events/gatherings (based on the health and security situation) and resume mass transit operations.	PTF
	Continue to provide counselling and other psychological support services to general public and first responders, as required.	FMoH
	Discontinue mass feeding operations (as warranted by decrease in demand) and transition into social protection, livelihood and empowerment programs for communities and vulnerable groups.	FMHDS
	Continue to conduct post-pandemic logistics operations including processing of post-pandemic aid supplies by customs and finance authorities.	FMoF, NCS
	Review and modify messages and materials as needed for post-pandemic peak period.	FMI
	Assess pandemic-related damage to private sector's capacity to provide critical civil services to the public and the damage to the public, particularly pandemic-related illness and death.	PTF
	Coordinate with international agencies concerning post pandemic recovery resourcing to facilitate national recovery operations for both the public and private sectors.	PTF
	Account for public use during pandemic response operations, as well as conduct legacy planning for the resources.	PTF
	Direct After-Action Reviews at all appropriate government ministries to document the response and lessons learned to make appropriate changes to national plans, policies and procedures.	PTF
	Document lessons learned and conduct legacy planning.	PTF

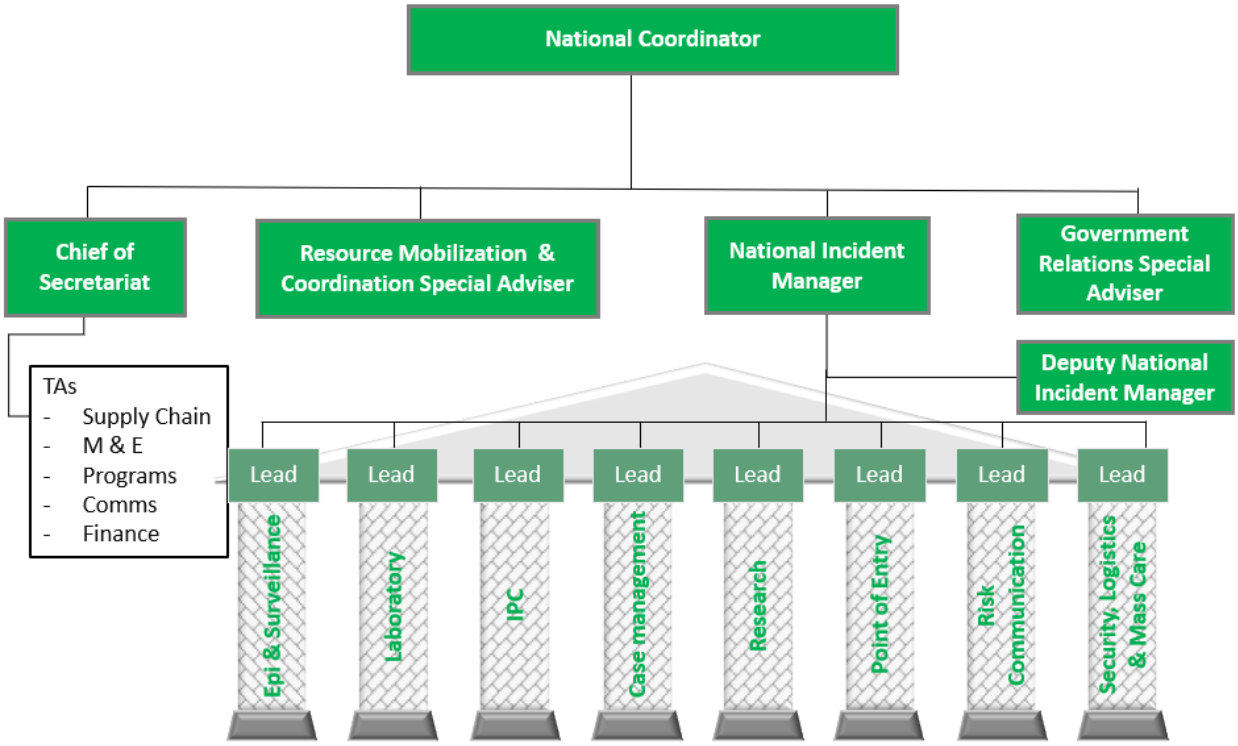
4. COVID-19 Pandemic Response Coordination Mechanism



4.1 The National COVID-19 Response Centre (NCRC)

During this COVID-19 pandemic, all national response will be coordinated and directed by the PTF with a direct reporting line to the President. The National COVID-19 Response Centre (NCRC), headed by the National Coordinator, shall serve as the operational arm of the PTF and shall provide leadership for the coordination and operations of the various health and non-health functional areas at the national level. The National Coordinator shall oversee the activities of the NCRC which includes a secretariat, resource mobilization and government relations advisers, and an incident management system.

The National COVID-19 Response Centre (NCRC) team…



The Chief of Secretariat reports to the National Coordinator and is responsible for the smooth running of the NCRC, including the management of correspondence and overseeing of the NCRC's support for risk communication, supply chain and logistics, monitoring and evaluation as well as finance and procurement. Special Adviser on Resource Mobilization is the key liaison between the NCRC and donor and partner agencies, engaging them on funding gaps and coordination, while Government Relations special adviser who also reports to the National Coordinator acts as liaison between the NCRC and government entities such as the National Assembly, federal MDAs and state governments, including through the Nigerian Governors' Forum.

The Incident Management system has been established, has an Incident Manager who oversees the activities of the various functional area command structures and provides guidance to the state task force in order to achieve a harmonized national response. The lead agency shall work collaboratively with supporting MDAs to implement the corresponding functional area.

The functional areas with the corresponding agency lead, and support agencies are listed in the table below. In addition, the functional areas that are directly managed under the National Coordinator of the PTF are also listed in the table below.

Functional Area	Lead Agency	Support Agencies
1. Epidemiology & Surveillance	NCDC	- SMoH - NPHCDA
2. Laboratory	NCDC	- MOD - SMoH
3. Points of Entry	FMoH - Ports Health Services	- NCAA - Flight operations - FAAN - Airport Management - NIS (all points of entry) - NIMASA - Seaports - Nigeria Ports Authority – Seaports - NCDC
4. Infection, Prevention, and Control	NCDC	- Ministry of Education - Ministry of Defense - Ministry of Environment - Ministry of Interior - Federal Ministry of Industry, Trade & Investment (engagement with local PPE manufacturers) - NEMA - NPF - SMoH - NPHCDA
5. Case Management	FMoH- Department of Hospital Services	- States Ministries of Health - NCDC - NPHCDA
6. Risk Communications & Community Engagement	Ministry of Information and Culture	- Ministry of Communications and Digital Economy - Ministry of Health - Ministry of Foreign Affairs - SMoH - NCDC - NPHCDA
7. Security, Logistics, and Mass Care	NEMA	- MOD - NPF - NSCDC - FRSC - FMARD - FMWR - FMHDS (Disaster management department) - SEMA

8. Research	FMoH	- FMoH - NCDCNIMR - NIPRD - NBS - NAFDAC - WHO - US CDC - Universities -
9. Sustainable Production	FMITI	- CBN - BOI - NACCIMA - SON - MAN - NAFDAC - Nigeria Customs Service - NASME
10. PTF Coordination	Office of National Coordinator (ONC)	N/A
11. Resource Mobilization & Coordination	Office of National Coordinator (ONC)	N/A

As seen in the table, lead agencies have been identified for each functional area, accompanied by assigned tasks (Annex 8.3.) These agencies lead the development of comprehensive response plans for their components of the response and drive their implementation. However, each functional area also has supporting MDAs who will be involved in the implementation of these sector response plans. Therefore, ministries and agencies will be familiar with all tasks in the phased matrices as well as their task list to ensure implementation of actions to facilitate task completion.

The various functional leads will give updates on progress made and challenges being faced through daily NCRC meetings. The Incident Manager will help coordinate and resolve issues while escalating unresolved challenges to the National Coordinator of the PTF as necessary. It should also be noted that the Office of the National Coordinator (ONC) will coordinate the interventions and provide guidance of all major stakeholders (private and public sector) to ensure a holistic approach to the pandemic response efforts.

There are other sectors crucial to the response such as economic recovery and education. On economic recovery, the Federal Ministry of Industry, Trade and Investment (FMITI) will provide leadership for improving local economy through patronage of locally manufactured commodities, ensuring unhindered access to manufacturing goods that meets the standard quality. For education, the Federal Ministry of Education will be involved in all parts of the response affecting schools and students. The PTF continues to engage with these crucial MDAs to ensure a holistic coordinated approach and response to the pandemic.

5. Implementation Plan

5.1 National Level

This National COVID-19 Pandemic Multisectoral Response Plan is derived from the National Incident Action Plan (IAP) (Attachment 1) developed by the NCDC and the 2013 Nigeria National Pandemic Influenza Preparedness and Response Plan.

At the national level, the PTF structure provides coordination, strategy and policy guidance, with the NCRC being directly responsible for the day-to-day oversight of the different sectors. Within the national response, specifically **the health sector response**, the NCDC remains responsible for the national emergency operation centre (NEOC), surveillance, case finding, contact tracing, laboratory testing and sample collection centres, working with its parent ministry, the FMOH. The FMOH itself oversees case management as well as isolation and treatment centers, research, and health care at point of entry. The NPHCDA supports a variety of activities including detection and triaging clients at the primary health care (PHC) level. These responsibilities of the FMOH should operate in the context of existing health care services, utilizing other health MDAs such as NPHCDA, NIPRD, NIMR etc, and ensuring that the COVID-19 response strengthens the health system without creating parallel structures and systems.

For the **non-health sector** response, other ministries and their agencies will provide COVID-19 interventions to the federation in line with their statutory mandates, as explained earlier. Key among these is the Federal Ministry for Information and Culture, which is responsible for the crucial role of social mobilization and risk communication. Others include the Federal Ministry of Industry, Trade and Investment, which is supporting economic recovery activities through local manufacturing interventions, the Ministry of Environment supporting decontamination/ waste disposal, the Federal Ministry of Humanitarian Affairs, Disaster Management and Social

Development that is providing social protection and humanitarian palliatives such as food and cash assistance to vulnerable groups as well as coordinating security, logistics and mass care through its operational agency, NEMA. The detailed tasks and plans by corresponding agency are listed in Annex 8.3.

5.2 Sub-national Level

Each state and the FCT will constitute a COVID-19 Task Force chaired by the Governor or his designate to provide overall coordination of the response at the state level (for the FCT it will be chaired by the FCT Minister or his designate). In addition, the states and the FCT are also to have State EOCs patterned after the NCDC EOC, which report to the State Task Force. The states are to develop and implement state-level action plans, using the national Incident Action Plan (IAP) template. Despite this operational latitude given to states, some states with peculiar challenges such as influx of migrants and asylum seekers, internal displacement and insecurity will be prioritized for national-level support to avoid overstretching state resources.

The NCDC, NPHCDA, NEMA, and the FMOH will be in regular communication with the State EOCs to provide guidance and quality assurance support to ensure alignment of interventions. The PTF, on its part, will engage with the State Task Forces to provide higher-level guidance to the states. The PTF will also engage with the Nigeria's Governors Forum (NGF) to leverage on its convening powers to facilitate feedback sessions with the Executive Governors and facilitate regular meetings with the State COVID-19 Task Forces.

6. Resource Mobilization & Coordination

The Federal Government shall provide resources for the preparedness and response operations to state and national level entities. The PTF shall work with development partners, private sector and other stakeholders to mobilize additional technical and financial resources for the national response, while ensuring adequate resources for the effective implementation of the COVID19 Pandemic Response Plan.

The summary of the budget prepared for the six-month response funded by FGoN to MDAs is in Annex 8.1. The FGoN's funding to states, as well as contributions of private donors, partners, and investments from various sectors will be included in the NPRP subsequently. Analysis of funding

gaps will also be included. To ensure transparency and accountability on resources received and used, as well as reflect the gaps for the COVID19 response, two dashboards have been created and can be seen in the following links which will be updated regularly:

- https://covid-19response.ng/dashboard
- https://ngcovid19resourcetracker.info/

7. Post-COVID-19 Economic Recovery

The Federal Executive Council approved an Economic Sustainability Plan in June 2020. The Plan, which the PTF is automatically aligned with, has a clear outline for a Post-COVID-19 economic recovery. Under the Plan, immediate fiscal measures are outlined below:

- Unlocking available funds in Special Accounts to create a N500bn intervention fund
- Support to the Private Sector, including:
  - Activating the provisions of the Finance Act 2020 in support of MSMEs
  - Structuring and launching a Tax Resolution and Settlement Unit
  - Extending deadlines and suspend penalties for filing tax returns
  - Incentivizing employers to retain and recruit staff during economic downturn (see Table 14 below)
  - Providing targeted tariff reduction and trade finance facilities to support strategic imports and serve as a boost to economic activity
  - Supporting strategic industries affected by the pandemic, such as the aviation, hospitality, and road transport sectors
- Support to the Health Sector, including
  - Converting World Bank REDISSE programme to support COVID-19 interventions in the states
  - Providing funding to pharmaceutical sector to support the procurement of raw materials and equipment required to boost local drug production
  - Providing N86bn intervention fund for health infrastructure
  - Accelerating procurement of health material and equipment
  - Developing incentive package for frontline healthcare workers

Longer-term fiscal and monetary measures in the plan include:

- Fiscal measures to safeguard oil revenues, such as deregulating the price of refined petroleum products and establishing a sustainable framework for maintaining the national strategic stock.

- Fiscal measures to mobilize and preserve non-oil revenues, such as implementing the VAT reforms in the Finance Act 2020 and maintaining the increase in VAT rate to 7.5%.
- Fiscal measures to reduce non-essential spending, such as eliminating non-critical and administrative capital expenditure and expanding the biometric-based Integrated Personnel & Payroll Information System (IPPIS) to cover all MDAs
- Monetary policy measures, such as providing N1trillion in loans to boost local manufacturing and production across critical sector
- Measures to mobilize external support and funding, such as seeking moratorium from official partners on bilateral and multilateral debt
- Measures to collaborate with and support the states, such as collaborating with state governments on affordable mass housing, agriculture, and off-grid power projects

Details of the Nigeria Economic Sustainability Plan can be found on https://statehouse.gov.ng/

8. Monitoring & Evaluation Framework

To ensure that the PTF is measuring progress in the implementation of the plan, a set of process and outcomes indicators have been drawn up with responsible MDAs as shown in the M and E framework in Annex 8.2.

Program Goal:

The Federal Republic of Nigeria emerges from the COVID-19 pandemic with minimal negative impact to the population, health system and economy.

Objectives:

1. Provide a coordinated and effective national and sub-national response to the COVID-19 pandemic
2. Reduce COVID-19 related morbidity and mortality
3. Mitigate pandemic-related impacts on critical social, economic and health infrastructure
4. Facilitate post-pandemic recovery and rehabilitation operations

***Targets listed below will be over a six-month period; data collection will be weekly towards the expected set target which will be decided by the respective pillars**

PILLARS	INDICATOR	DEFINITION How is it calculated?	TARGET What is the target value over 6 months?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured towards target?	RESPONSIBLE Who will measure it?	REPORTING Where will it be reported?
Surveillance	Number of sample collection centers	This indicator measures the number of designated sample collection centers in the country	At least one per LGA	NCDC sormas	Weekly	NCDC	NCDC
Surveillance	Number of Health Workers (HWs)trained on case finding	This measures the number of HWs trained on case finding in the facilities.	At least3 per facility	NCDC sormas	Weekly	NCDC	NCDC
Surveillance	No of states with SORMAS capacity	This measures the states' capacity to report through the SORMAS platform	36 states	Tracking report	Weekly	NCDC	FMOH
Surveillance	Percent of contacts line-listed, tracked and samples collected for testing	Numerator: No of risk contacts of positive cases traced and sample collected. Denominator: Number of contacts of positive cases traced.	100%	Tracking report	Weekly	NCDC	FMOH

Sustainable Production	No of Covid-19 related consignments at the ports that received Expedited port clearance	This measures COVID 19 related consignments at the ports that received Expedited port clearance. "Expedited port clearance" is clearance that have reduced number of days compared to normal duration of clearance.	NA	Data from FMITI Regular update meeting of the pillar	Weekly	FMITI	FMITI
Sustainable Production	No of SON certified vendors per specific Product	This indicator is derived from the list of SON certified vendors per specific product per State as reported.	Not Available	Data from FMITI Regular update meeting of the pillar	Weekly	FMITI	FMITI
Sustainable Production	No of specification supplies derived from local capacity that meet the stipulated standards	This measures locally produced materials that meet specification standards as determined by international best practises.	Not Available	Data from FMITI Regular update meeting of the pillar	Weekly	FMITI	FMITI
IPC	No. of Health Care Workers (HCW) infected with COVID-19	This measures the COVID-19 infection among the HCW. This includes all cadre of HCW in health facilities, laboratory, and isolation centers.	TBD	NCDC	Weekly	NCDC	NCDC
IPC	No. of health facilities that are reporting with the IPC score card	This indicator measures the number of treatments centers reporting with the IPC score card among all treatment center in the country.	100% of treatment health facilities.	NCDC and State EOCs	Every two weeks	NCDC	State EOC IPC Pillar and NCDC

IPC	Number of LGAs with incinerators and transport systems for waste management.	Number of LGAs with incinerators and a system to transport waste to these incinerators	At least one per LGA	NCDC FMOH SMOH	Monthly	NCDC	NCDC
Laboratory	Daily Positive Yield Cumulative Positive Yield	This is the percent of new positives identified out of the newly tested suspected COVID-19 cases. Numerator: Number of new persons testing positive. Denominator: Total number of new persons tested. This is the percent of total positives identified out of the total suspected COVID-19 cases tested Numerator: Total number of persons testing positive for COVID 19. Denominator: Total number of suspected COVID 19 infected persons tested.	TBD with the pillar	Data source will be from the daily lab report.	Daily	NCDC	NCDC
Laboratory	Number of functional laboratories optimized to provide COVID-19 testing	This measures the number of laboratories that have been enhanced to provide COVID-19 testing at different states.	36 laboratories (at least one in each state)	NCDC report	Weekly	NCDC	NCDC FMOH

Laboratory	Number of suspects samples tested	This measures the number of samples tested in the laboratory per day irrespective of the results were delivered same day or not. Disaggregated by State, Sex and Age	NA	NCDC report	Daily/Weekly	NCDC	NCDC FMOH
Laboratory	Lab Reagents Stock-out Rate	This is the number of days in a month that the lab is without a tracer reagent/kit.	<3 days	Lab Logistics Management System.	Daily	NCDC	NCDC
Case Management	Percentage of health care workers trained on COVID-19 case management	This is the percent of HCW provided comprehensive training in COVID-19 case management. Numerator: Number of HCW provided comprehensive training in COVID-19 case management. Denominator: Total number of HCW designated to isolation and treatment center, working in General Hospitals, Tertiary facilities and large private facilities in the state This indicator can be disaggregated by state, cadre of HCW (doctors, nurses, DSNOs, lab personnel, others), sex, public sector vs. private sector	80%	1. Dept of Hospital services report 2. Partner training reports 3. Isolation & Treatment facilities' report	Monthly	Department of Hospital Services, FMOH	FMOH
Case Management	Percentage Bed Occupancy	This measures the adequacy of hospital beds for COVID-19 infection management. Numerator: No of admissions in designated COVID-19 management center	70%	Department of Hospital services data manageme	Weekly	Department of Hospital services, FMOH	FMOH

		Denominator: Total number of hospital beds designated for COVID-19 management.		nt tool (Mobenzi)			
Case Management	% of confirmed positive COVID-19 cases admitted in ICU	Numerator: Total number of identified COVID-19 positive cases admitted in ICU Denominator: Total number of identified COVID-19 positive cases	<10%	Hospital services data reporting platform (Mobenzi)	Weekly	Hospital services	FMOH
Case Management	% of symptomatic COVID-19 positive cases successfully treated and discharged	Numerator: No of COVID-19 positive symptomatic cases successfully treated and discharged in the state (includes those on home-based care) Denominator: No of confirmed symptomatic positive cases in the state This measures the % of symptomatic persons in isolation or treatment center (or on home-based care) that are discharged following the FG COVID-19 protocol of one negative test post treatment. Disaggregated by State, Sex, Age & place of management i.e. home or treatment center	95%	Department of Hospital Services	weekly	Department of Hospital Services, FMOH	FMOH
Case Management	COVID-19 Case fatality ratio	This measures the proportion of deaths among identified confirmed cases. Numerator: Number of confirmed deaths from COVID-19 (during the week)	<1%	Department of Hospital Services data reporting	Weekly	Department of Hospital Services, FMOH	FMOH

		Denominator: Number of deaths + Number of recovered cases _ number of active cases (during the week) This is disaggregated by State, Sex and Age.		platform (Mobenzi)			
Point of Entry	Percent of persons with recent travel history tested and received results	This is the percent of high-risk persons tested and received results out of persons with recent international travel history. Numerator: Number of persons with recent travel history tested and results delivered. Denominator: Number of persons with recent travel history.	100%	NCDC-Lab POE	Weekly	Hospital Services	FMOH
Security, Logistics and Mass Care	Number of Household reached with palliative measures to reduce the socio-economic impact of the pandemic	This measures the number of socioeconomic disadvantaged persons (vulnerable groups) reached with different palliative care during the pandemic. Disaggregated by: Palliative measure (cash assistance, food packages, etc.)	TBD	PTF report FMHDA NEMA report	Weekly	FMDHA	FMDHA PTF
Risk Communications & Community Engagement	Number of LGAs with trained and active community mobilisers sensitizing communities on symptoms, transmission, risk, and prevention of COVID-19	This measures the efforts of community-level sensitization on COVID-19 response at Local Government Area (LGA) levels.	650 LGAs over 3 months 769* LGAs over 6 months *Excludes LGAs burdened by insurgency (3 in Borno, and 2 in Adamawa)	Federal Ministry of Information report	Weekly	FMI	FMI PTF

9. Annexes

9.1: Annex 1: Six-month Response Budget Summary from FGoN

Agency	PTF COVID-19 BUDGET	2020 BUDGET FUNDING SOURCE	DONATION	SPECIAL ACOUNT/ LEVY
Health Infrastructure	48,926,123,085	14,432,492,512	34,493,630,573	
Health Ops	21,639,869,976			21,639,869,976
Immigration Service	225,000,000			225,000,000
NEMA	4,458,566,666			4,458,566,666
Aviation(FAAN)	652,000,000	652,000,000		
Information	1,427,612,700	427,612,700		1,000,000,000
FMHDS	551,416,000	551,416,000		
Foreign Affaris	500,000,000			500,000,000
NIMASA	6,890,000	6,890,000		
Environment	493,000,000	380,714,604		112,285,396
NPA	22,111,000	22,111,000		
FMITI	430,000,000	430,000,000		
MOD	43,700,000			43,700,000
Task Force	4,518,850,000			4,518,850,000
Grand Total	₦ 83,895,139,427	**16,903,236,816**	**34,493,630,573**	**32,498,272,039**

9.2 Annex 2: PTF COVID-19 M & E Framework

Program Goal:

The Federal Republic of Nigeria emerges from the COVID-19 pandemic with minimal negative impact to the population, health system and economy.

Objectives:

5. Provide a coordinated and effective national and sub-national response to the COVID-19 pandemic
6. Reduce COVID-19 related morbidity and mortality
7. Mitigate pandemic-related impacts on critical social, economic and health infrastructure
8. Facilitate post-pandemic recovery and rehabilitation operations

THEMATIC AREA	INDICATOR	DEFINITION How is it calculated?	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it?	REPORTING Where will it be reported?
Laboratory	Daily Yield	This is the percent of new positives identified out of the newly tested suspected COVID-19 cases. Numerator: Number of new persons testing positive. Denominator: Total number of new persons tested.	N/A	Data source will be from the daily lab report.	Daily	NCDC	NCDC
Laboratory	Cumulative Yield	This is the percent of positives identified out of the total suspected COVID-19 cases tested. Numerator: Cumulative number of persons testing positive to COVID-19. Denominator: Cumulative number of persons tested.	N/A	Daily lab report	Daily	NCDC	NCDC
Surveillance	Early Isolation Rate	This is the percent of those with no or mild symptoms isolated out of the identified new positive cases. Numerator: Number of newly confirmed positive cases with no or mild symptoms isolated.	100%	Isolation centres report Lab reports	Daily	FMOH	FMOH

		Denominator: Number of newly positive COVID-19 cases					
Surveillance	Percent of high-risk contacts tested and received results	This is the percent of high-risk contacts of positive cases traced, tested and received results. Numerator: Number of high-risk contacts of positive cases traced, tested and received results. Denominator: Number of high-risk contacts traced to positive cases.	100%	Tracking report	Daily	NCDC	FMOH
Surveillance	Percent of persons with recent travel history tested and received results	This is the percent of high-risk persons tested and received results out of persons with recent international travel history. Numerator: Number of persons with recent travel history tested and results delivered. Denominator: Number of persons with recent travel history.	100%	Hospital services report NCDC	Daily	Hospital Services	FMOH
Case Management	Percentage of health care workers trained on COVID-19 case management	This is the percent of HCW provided comprehensive training in COVID-19 case management. Numerator: Number of HCW provided comprehensive training in COVID-19 case management.	N/A	Hospital services report	Weekly	Hospital Services	FMOH

		Denominator: Total number of HCW in the state. This indicator is disaggregated state, cadre of HCW (doctors, nurses, DSNOs, lab personnel, others).					
Case Management	Percent Bed Occupancy	This measures the adequacy of hospital beds for COVID-19 infection management. Numerator: Number of beds occupied by COVID-19 patients Denominator: Total number of hospital beds designated for COVID-19 treatment.	80%	Hospital services report	Daily	Hospital services	FMOH

THEMATIC AREA	INDICATOR	DEFINITION How is it calculated?	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it?	REPORTING Where will it be reported?
Case Management	Number of beds in isolation centres	This measures the number of functional isolations centres established. The 'functional' is measured by Hospital services assessment parameters. This indicator is disaggregated by states and bed capacity	N/A	Hospital services report	daily	Hospital services	SMOH FMOH
Case Management	Number of beds in COVID-19 designated treatment centres	This measures the number of treatments centres established. The 'functional' is measured by Hospital services assessment parameters. This indicator is disaggregated by states and bed capacity.	N/A	Hospital services report	daily	Hospital services	SMOH
Case Management	Number of beds in ICU facilities	This measures the number of beds available per state to manage COVID-19 patients that require ventilators and other special care.	150/State	Hospital services report	daily	Hospital services	SMOH FMOH
Case Management	Number of identified COVID-19 positive cases in isolation centres	This measures the total identified cases in isolation centre daily. This indicator is calculated by removing those newly discharged or dead from the total isolated as at the last report. Disaggregated by: State, Sex and Age.		Hospital services report	Daily	Hospital services	FMOH
Case Management	Number of identified COVID-19 positive cases in treatment centres	This measures the total identified cases in treatment centre daily. This indicator is calculated by removing those newly discharged or dead from the total isolated as at the last report. Disaggregated by: State, Sex and Age.		Hospital services report	Daily	Hospital services	FMOH

Case Management	Number of identified COVID-19 positive cases in ICU	This measures the total identified cases in ICU centre daily. This indicator is calculated by removing those newly discharged or dead from the total isolated as at the last report. Disaggregated by: State, Sex and Age.	N/A	Hospital services report	Daily	Hospital services	FMOH
Case Management	Number of COVID-19 positive cases successfully treated and discharged	This measures the persons in isolation or treatment centres that are discharged following WHO COVID-19 protocol of two negative tests. Disaggregated by State, Sex and Age	N/A	Hospital services report	Daily	Hospital services	FMOH
Case Management	Number of COVID-19 related death reported	This measures the mortality among identified COVID-19 positive cases. This is disaggregated by State, Sex and Age.	N/A	Hospital services report	Daily	Hospital services	FMOH
Surveillance	Percent of COVID-19 contacts traced	This measures the efficiency of COVID-19 positive contacts traced by volunteers and HCW. A contact should only be counted once even if two or more positive cases have contact with the contact. Disaggregated by State, Sex and Age Numerator: Number of contacts traced Denominator: Number of contacts listed	100%	Hospital services report	Daily	NCDC	FMOH
Laboratory	Number of functional laboratories optimized to provide COVID-19 testing	This measures the number of laboratories that have been enhanced to provide COVID-19 testing at different states.	36- 1 per state	NCDC report	Daily	NCDC	NCDC FMOH

Laboratory	Number of suspects samples tested	This measures the number of samples tested in the laboratory per day irrespective of if the results were delivered same day or not. Disaggregated by State, Sex and Age	N/A	NCDC report	Daily	NCDC	NCDC FMOH
Laboratory	Laboratory Turn-around Time by Laboratory	This measures the lab the result turn-around time. It measures the percent of samples tested and result returned within 24 hours out of total samples collected within 24 hours. Numerator: Number of samples with test results returned in 24hrs. Denominator: Total Number of samples collected in the last 24hrs. Disaggregated by State	100%	NCDC report	Daily	NCDC	NCDC FMOH
Infection Prevention and Control	COVID-19 Infection among Health Care Workers (HCW)	This measures the COVID-19 infection among the HCW. This includes all cadre of HCW in health facilities, laboratory and isolation centres.	N/A	NCDC	Daily	NCDC	FMOH
Security, Logistics and Mass Care	Number of persons reached with palliative measures to reduce the socio-economic impact of the pandemic	This measures the number of socioeconomic disadvantaged persons (vulnerable groups) reached with different palliative care during the pandemic. Disaggregated by: Palliative measure (cash assistance, food packages, etc.) Note: This captures only what the Federal government do. It excludes the state governments palliative measures. Disaggregated by the types of palliatives and location.	N/A	PTF report FMHDA NEMA report	Weekly	FMDHA	FMDHA PTF

Surveillance	Number of COVID-19 related calls received in the call centres	This measures the effectiveness of awareness creation through different media especially if citizens are reporting identifiable symptoms and seeking information. Disaggregated by State, call status (information seeking, suspect case reporting-trigger calls, others). Disaggregated by: Call for information, Notification of a case Any others	N/A	NCDC report	Daily	NCDC	NCDC FMOH
Surveillance	Number of trigger calls investigated	This measures COVID-19 trigger calls forwarded to states and documented action taken.	N/A	NCDC report	Daily	NCDC	NCDC
Risk Communications and Community Engagement	Number of Media Engagement for COVID-19 awareness creation	This measures the number of times a formal media engagement is organized to create awareness on COVID-19. This includes PTF briefing, Mr. President's briefing, State-level media engagement.	N/A	Federal Ministry of Information report	Weekly	FMI	FMI PTF
Risk Communications & Community Engagement	Number of LGAs with community mobilisers to sensitize communities on symptoms, transmission, risk and prevention of COVID-19	This measures the efforts of community-level sensitization on COVID-19 response at Local Government Area (LGA) levels.	TBD	Federal Ministry of Information report	Weekly	FMI	FMI PTF

Resource Mobilization	Proportion of resources provided by the Private sector for COVID 19	This measures the amount of money mobilized for COVID-19 intervention outside the FGN provision. This excludes the Federal and State government financial contribution. Numerator: Amount of money mobilized for COVID-19 intervention outside the FGN provision. Denominator: Total budget amount for COVID-19 interventions. Disaggregated by: Donor (Public (MDAs), Private Organizations, Individuals, FBOs, Donor agencies, Multilateral organizations, others).	TBD	PTF report	Weekly	Resource and Coordination TWG	PTF
Resource Mobilization	Total of non - financial resources as outlined in the need's assessment received	This measures the quantity of materials mobilized for COVID-19 intervention outside the FGN provision. This excludes the Federal and State government financial contribution. Disaggregated by material donation (equipment, vehicles, consumables, foodstuff, others)	TBD	PTF report	Weekly	Resource and Coordination TWG	PTF
Coordination	Number of volunteers mobilized to provide COVID-19 interventions	This measures the voluntary contributions of recognized stakeholders in stemming the COVID-19 pandemic. This excludes any person gainfully working with Federal or state government in whatever capacity. Volunteer is defined as non-paid staff that are only provided with logistics support.	TBD	PTF report	Weekly	Resource and Coordination TWG	PTF

Point of Entry	Number of travelers from point of entry quarantined	This measures the quarantine efforts at ports of entry to control the spread of COVID-19. Disaggregated by: Entry points (airport, seaport, land borders); Sex; Traveler status (crew, passengers); Nationality (nationals, non-nationals)	TBD	FMOH report	Weekly	FMOH	FMOH
Point of Entry	Number of functional points of entry with trained staff	This measures the international borders point of entry that has personnel for initial screening for COVID-19. State to state borders do not qualify to be reported for this indicator. Local airports should also not be reported. Disaggregated by Land, Seaport & Airport.	TBD	FMOH report	Weekly	FMOH	FMOH
Point of Entry	Number of personnel trained and deployed to points of entry to identify suspected COVID-19 cases	This indicator measures the point of entry personnel trained to be able to identify suspected COVID-19 cases for further investigations. Disaggregated by Cadre (doctors, nurses others); Entry points (Airport, Sea port and Land borders)	TBD	FMOH report	Weekly	FMOH	FMOH
Security, Logistics & Mass Care	Number of security personnel mobilized to reduce disruption of lockdown policies, and ensure security of COVID-19 materials during the pandemic period	This measures the number of security personnel mobilized in ensuring COVID-19 interventions take place in secured and conducive environment. Disaggregated by Cadre of Force (NMOD, NPF, NSCDC, FRSC, others)	TBD	NEMA report	Weekly	NEMA	NEMA PTF

Security, Logistics & Mass Care	Number of households reached with social protection and humanitarian interventions (including palliatives) during the pandemic period	This measure describes the social and humanitarian interventions provided to vulnerable groups and communities affected by the COVID-19 measures imposed. It is disaggregated by program/intervention and vulnerability of persons of concern (Vulnerable Households; Person with Disabilities; The Unemployed, The Elderly, IDPs and others)	TBD	FMHDS report	Weekly	FMHDS	FMHDS PTF

9.3 Annex 3: National Task-List: COVID-19 Nigeria Phases 3-5 Response

Operational Focus

During these phases, tasks focus on ensuring that governmental and non-governmental stakeholders are adequately trained and informed, necessary tasks to be accomplished during a pandemic have been identified and assigned to the agencies responsible for their execution and needed supplies and equipment are acquired.

9.3.1 PTF Coordination

Lead: Office of the National Coordinator / Office of the Secretary to the Government of Federation

Objective: To give general direction, formulate policies and synchronize effective linkage among all stakeholders, MDAs, donors and partners involved in the response effort.

S/N	Assigned Tasks
1	Set up the Secretariat for response to COVID-19.
2	Conduct periodic review of response to COVID-19.
3	Work with essential services providers in Nigeria to ensure adequate pandemic continuity of operations.
4	Monitor the global pandemic situation.
5	Coordinate response with ECOWAS and neighbouring countries.
6	Brief the Federal Executive Council.
7	Request appropriate international assistance.
8	Coordinate issuance of necessary proclamations and Executive Orders.
9	Coordinate joint media briefings in response to COVID-19.
10	Coordinate exit strategy of all actors; deactivate and return private resources used.
11	Conduct direct assessment of damage and loss to public works, public safety services, municipal services and infrastructure.
12	Coordinate post-COVID-19 pandemic recovery activities.
13	Direct after-action review of all government agencies to capture lessons learned.
14	Lead overall coordination of COVID-19 operations.
15	Conduct asset tracking.

9.3.2 Epidemiology & Surveillance

Lead: NCDC

Supported by:

- SMoHs
- SPHCDAs

Main objective: Intensify surveillance for early detection and timely reporting of community transmission of COVID-19.

Specific objectives:

- Ensure prompt detection and reporting of suspected COVID-19 cases.
- Strengthen infrastructure and institutional systems for health security in states and build states' capacity to conduct detailed investigations and respond to future emergencies.
- Ensure community involvement in detection and response.

S/N	Assigned Tasks
1.	Develop and disseminate case definition(s) for surveillance at health facilities, POEs, communities, etc.
2.	Train and engage community volunteers, community radios, etc. on case definition and self-reporting.
3.	Develop online self-reporting forms.
4.	Print and distribute paper data tools (case investigation form (CIF), contact tracing form, line listing forms).
5.	Develop online CIF.
6.	Develop SMS-based case investigation.
7.	Develop and deploy automated daily instructions via voice calls to contacts.
8.	Develop and disseminate guidelines to states on COVID-19 surveillance.
9.	Deploy additional human resources (surge staff) to all 36 states + FCT to support tracking of Persons of Interests/contacts and ensure adherence on self-isolation (3 personnel per state).
10.	Build capacity of response teams at national and state levels on case definition, active surveillance, contact tracing, case investigation and other reporting tools.
11.	Monitor outbreak trend through daily calls to the states/sites and collection of all relevant data from states/sites.
12	Develop daily summary of cases being reported and weekly detailed descriptive analysis to include epidemiology curves, charts and maps.
13.	Conduct signal monitoring and maintenance of signal log + 24hour hotline management including support for EBS.
14.	Harmonize surveillance and laboratory data at all instances for the NCDC EOC.
16.	Fund contact tracing volunteers across all the affected states for 6 months.
17.	Set up SORMAS dashboard with internet data set up at the Central Public Health Laboratory.

18.	Deploy data teams across state EOCs to support data sharing and monitoring of trends on national platforms.
19.	Contextualize, develop and prepare strategic objectives in partnership with pillars to harmonize and consolidate IAP.
20.	Track IAP implementation.
21.	Provide call cards for daily calls to the states/sites and collection of all relevant data from states/sites for daily reporting to EOC.
22.	Provide travelers' kit - CAREkit to all POIs for 6 months.
23.	Train public and private health workers on case identification, case investigation and reporting tools.
24.	Deploy SORMAS in 10 states.
25.	Conduct daily meetings of the COVID-19 EOC at the NCDC.
26.	Coordinate the dissemination of daily epidemiological summaries from reviewed global epidemiological reports/ other updates on the outbreak.
27.	Provide technical briefs to risk communications pillar to develop press releases and public health advisories.
28.	Provide utility response vehicles (Hilux) of 20 vehicles.
29.	Build and operationalize five sub-national Public Health EOCs.
30.	Conduct cost-benefit analysis using data and feedback to operations.
31.	Conduct hazard analysis, needs assessment and identify existing structures/stakeholders for scaling up response.
32.	Manage data, knowledge and information.
33.	Develop daily response SITREP and disseminate.
34.	Ensure reporting to WHO in accordance with International Health Regulations.

9.3.3. Laboratory

Lead: NCDC

Supported by:

- MOD
- SMoH

Main Objective: Expand laboratory capacity for COVID-19 testing to ensure 100% geographic coverage and turn-around time within 24 hours.

Specific Objectives

- Increase laboratory testing capacity for COVID-19 diagnosis
- Provide training on sample collection, packaging and transportation to DSNOs, lab focal persons and designated isolation/case management centres in all 36 + 1 states and state response teams
- Provide timely detection of samples and reporting of results to the health facilities and the designated public health decision-makers at any tiers of the health sectors.

The NCDC and MOD are responsible for first two tasks, while the NCDC is responsible for the rest

S/N	Assigned Tasks
1	Identify labs in 36+1 states with capacity for molecular testing.
2	Provide logistics to expand laboratory capacity for COVID-19 diagnosis for 100% coverage (set-up in Lassa, polio and other tertiary level molecular labs).
3	Procure test kits and reagents, sample collection material, laboratory consumables including PPE.
4	Transport samples from point of collection to identified diagnostic labs.
5	Provide support for calibration and equipment maintenance for existing PCR platforms in testing labs.
6	Train health care workers, including laboratory personnel and state response teams in the 36 + 1 states on sample collection.
7	Procure equipment to set up CPHL for molecular testing + 1 set for surge testing.
8	Print and disseminate key guidelines to all the states, FCT and laboratories.
9	Establish a lab task force group for coordination of procurement and planning.
10	Establish laboratory communications to monitor daily processes and quality assurance.
11	Provide supervisory support to testing laboratories for quality assurance of testing.
12	Monitor timely sample collection and transportation and feedback.
13	Procure molecular external quality assurance panels.
14	Hire 10 additional laboratory staff for the National Research Laboratory and the CPHL.
15	Facilitate surge and overtime capacity in testing labs.
16	Provide running costs for laboratories, such as fueling of generators, etc.

9.3.4 Points of Entry

Lead: FMoH (Ports Health Services)

Supported by:

- Flight Operations - NCAA
- Airport Management - FAAN
- NIS (all points of entry)
- Seaports – NIMASA
- Seaports – NPA
- NCDC

Main Objective: Prevent, detect, assess and respond to health events at points of entry (POE) for effective containment of COVID-19 in pursuit of national and global health security.

Specific Objectives

- To strengthen and increase surveillance and capacity at POE and domestic airports.
- To provide explicit health information for all arriving passengers on self- isolation.
- To ensure effective IPC for all stakeholder and the environment at points.
- To motivate and ensure the commitment of PHS and surge staff to COVID-19 response duties at points of entry.
- To provide access from the point of entry to in-country diagnostic and treatment centres for COVID -19

S/N	Assigned Tasks
1.	Train Port Health Services, surge staff and personnel of frontline agencies at seaports, ground crossings and airports on IPC, screening protocols, heightened surveillance and facilitating contact tracing.
2.	Deploy/ purchase 15 ambulance drivers for 5 international airports.
3.	Incentivize staff (Port Health Services and surge) deployed to POE.
4.	Ensure availability of thermal scanners and hand-held non-contact infra-red thermometers for arrival and exit screening at international and domestic terminals.
5.	Support logistics such as distribution of screening forms; distribution of IPC materials, and maintenance of ambulances and operational vehicles.
6.	Conduct supportive supervision visits to selected POE nationwide.
7.	Maintain temporary holding areas at domestic airports, ground crossings and portacabins.
8.	Provide IEC materials for all POEs and domestic airports.
9.	Provide IPC Materials (Tyvek suits, face shields, surgical masks, respirators, gloves, safety boots, helmets, disposable surgical gowns disposable aprons, etc.).
10.	Purchase operational vehicles.

9.3.5 Infection, Prevention, and Control

Lead: NCDC

Supported by:

- FMoH
- NPHCDA
- SMoHs
- SPHCDAs

Main Objective: Slow the speed of transmission of COVID-19, reduce rate of infection, illness and death, and prevent amplification around healthcare facilities in Nigeria.

Specific Objectives

- Develop IPC guidelines and protocols using the best available evidence and continually update as more information becomes available.
- Build capacity of health facilities across the country to set up screening and triage at all points of access to the health system, including primary health centres, clinics, hospital emergency units, and ad hoc community settings.
- Maintain strategic stockpiles of the most important PPE for healthcare workers who may come in contact with patients with the virus and work out a system to monitor them daily with additional stock ordered where necessary.

S/N	Assigned Tasks
1	Assess IPC capacity of all identified isolation/treatment centres in the 36 states and FCT.
2	Identify 2 IPC focal persons to be embedded in each of the identified isolation/treatment centres.
3	Develop staffing plans to identify and appropriately supervise IPC focal persons that will provide surge capacity all over the country in designated treatment centres.
4	Conduct training for master trainers from the six geopolitical zones (five per zone).
5	Conduct step-down training for trainers at state level.
6	Train the master trainers on N95 fit-testing and fit-test critical care physicians in all the identified isolation/treatment centres in the 36 states and the FCT.
7	Conduct two-day hands-on intensive training for HCW in identified isolation/treatment centres (using methodology that enhances social distancing among participants) in the remaining 34 states.
8	Identify facilities that can be repurposed for setting up of community facilities for triaging in every state.
9	Provide accessories for tents and IPC materials (plasma air purifiers) for the new structures identified and repurposed (such as stadia, isolated PHC centres and school building in every state) to surge the system and support the treatment centres.
10	Identify resources for local and or regional production of IPC materials such as sanitizers, face shields, aprons, gowns, waste bins and bags, incinerators).
11	Provide IPC materials including cleaning materials/ waste management resources to all the isolation/treatment centres in the 36 states and FCT.
12	Train NCDC and state EOC focal person(s) on IPC.
13	Deploy and receive daily feedback of IPC scorecard from trained health facilities.
14	Train the medical personnel of the Nigerian armed forces on IPC.
15	Train state burial teams and morticians on IPC.

16	Train ambulance drivers on IPC.
17	Print and disseminate the guidance documents including IPC SOPs for COVID-19.
18	Print workplace reminders/job aids and disseminate to all health facilities.
19	Develop policies for visitor restriction to confirmed cases including parents and care givers accompanying minors.
20	Develop a web-based training platform for disseminating IPC training.
21	Hold follow-up calls to IPC focal persons for one month.
22	Develop a protocol for staff screening including criteria for action.
23	Work with Risk Communication pillar to provide advice to the public on respiratory hygiene, hand washing and IPC during self-isolation.
24	Identify locations for public screening for COVID-19 and make recommendations on IPC requirements.
25	Plan for and make provisions for waste management and environmental cleaning and disinfection of these sites.
26	Print COVID-19 workplace safety SOP reminders and disseminate to offices and EOCs.
27	Procure safety equipment for NCDC and RRT (PPEs infrared thermometers, hand sanitizers) and deploy dedicated staff NCDC and 36 states EOC for enforcing SOP on safety.
28	Coordinate with POEs to plan for COVID-19 related passenger screening, including development of protocols and training of personnel.
29	Print and disseminate national guidance documents for COVID-19.

9.3.6 Case Management

Lead: FMoH

Supported by:

- NCDC
- SMoH

Main Objective:

- Promptly isolate suspected cases, and provide effective treatment of confirmed cases with improved clinical outcomes, reducing morbidity and mortality.

Specific Objectives

- Ensure early detection, isolation and effective management of cases at designated centres.
- Build capacity of specialists and frontline health workers on case management.
- Provide medications, lab reagents and consumables to states with epidemic LGAs.

S/N	Assigned Tasks
1.	Develop and disseminate a master list of essential equipment for COVID-19 case management for treatment centres across the country.
2.	Develop advisories and sensitize professional bodies e.g. NMA, MDCAN, NMCN, AGMPN, NANNM through their leadership.
3.	Print and disseminate guidelines, job-aids and SOPs including protocols on home care, specimen collection, patient transfer, triage algorithm.
4.	Build capacity of case management pillar members on COVID-19 case management.
5.	Build capacity of the national first responders for highly pathogenic infections on clinical management of COVID-19.
6.	Recruit and build capacity of10,000 volunteer healthcare workers as surge staff from all states on prompt and effective management of COVID-19.
7.	Conduct step-down training to all identified healthcare workers in identified secondary hospitals across all 36+1 states on clinical care of patients with COVID-19 infection.
8.	Conduct advocacy to health facilities with functional ICU facilities in all states on collaboration for potential care for critical/severe patients with COVID-19 infection.
9.	Conduct integrated training of frontline health workers in management of patients with COVID-19 infection. This is will be a Joint collaboration with Infection Prevention & Control (IPC) Unit.
10.	Conduct supportive supervision for case managers in affected states.
11.	Provide incentives for management teams in treatment centres.
12.	Build capacity of identified multidisciplinary team (10 specialists from identified tertiary health centre/referral centre) from the 33 states on prompt and effective management of COVID-19.
13.	Equip treatment centres with ICU capacity in 36+1 states in Nigeria.
14.	Renovate all designated treatment centres in all 36+1 states.
15.	Develop contingency plan for the deployment of 20 mobile clinics, recruitment of 500 surge staff as case managers for 6 months, deployment of PPEs (1,000,000 packs) for case management.
16.	Hold daily calls to treatment centres and designated mobile clinics.
17.	Deploy electronic reporting and monitoring tools to isolation/treatment centres and mobile clinics.
18.	Provide commodities and medications for case management, including IPC.
19.	Construct 5 purpose-built treatment centres for management of confirmed cases in all geopolitical zones and equip them.
20.	Procure and deploy essential medicines for supportive management.
21.	Procure medical equipment for five designated isolation centres.
22.	Procure 80 tablets for LoMIS software to track commodity utilization report and receive request to guide response (72) states, and provide 6-month airtime for the tablets.
23.	Provide transportation and freight cost of materials to last mile.
24.	Train SMoH and health facility logistic focal person.
25.	Provide 12-bed tents to house suspected cases and confirmed cases for 36 + 1 states in Nigeria.
26.	Rent apartments for warehousing of response materials.

9.3.7 Risk Communication & Social Mobilization

Lead: Ministry of Information and Culture
Supported by:

- Ministry of Communications and Digital Economy
- Ministry of Health
- Ministry of Foreign Affairs
- National Primary Health Care Development Agency
- National Orientation Agency
- Nigerian Centre for Disease Control

Main Objective: Provide information and engagement that facilitates awareness for appropriate action towards prevention and containment of COVID-19 outbreak.

Specific Objectives

- Promote community ownership of the response to engender behaviour change.
- Facilitate rapid sharing of accurate actionable information among individuals, families, communities, healthcare workers, media, partners and policymakers.
- Provide timely and accurate information to the public about government actions for containing COVID-19 outbreak in a transparent manner.
- Continuously address emerging misconceptions, disinformation, misinformation, stigma, and risky behaviour.

S/N	Assigned Tasks	Responsible
1.	Develop graphical design and visual representation of the key preventive messages on COVID-19 in acceptable format and cultural practices in line with the 4 local languages (Pidgin, Hausa, Igbo and Yoruba). 5 types x 4 languages	FMI
2.	Produce and distribute COVID-19 IEC materials including pamphlets, posters, and roll-up banners.	FMI
3.	Produce billboard adverts.	FMI
4.	Develop digital text messages in 5 languages.	FMI
5.	Conduct two-day training on Risk Communication and Community Engagement for key members of Social Mobilization Committee including media correspondents in 36 priority states. Mass mobilization officers in 36 states and FCT. Media orientation (Health reporters and Editors) in 6 geopolitical zones and FCT.	FMI
6.	Place radio jingles in English and one local language in 36 states +1 State: 3 slots per day in two radio stations over 6 months (i.e 180 days).	FMI
7.	Place TV jingles in English language • NTA Network news at 9pm (1st break) daily: 1 slot/day 180 days • Channels Television News hour at 10pm daily: 1 slot/day x 180 days.	FMI

8.	Conduct monitoring activities Maintenance of online and social media platforms including rumour investigation and fake news debunking. Field visit to prioritized states/LGAs	FMI/FMOH (NCDC)
9.	Conduct advocacy to the traditional and religious leaders at national, state and LGA level including other community influencers.	FMI
10.	Train media practitioners, editor, directors of news, etc. in Abuja and 6 geopolitical zones.	FMI
11.	Train health educators and other stakeholders e.g. security agencies, border officials etc. in the 36 states.	FMI/NPHCDA
12.	Engage social media influencers, celebrities, etc.	FMI
13.	Recruit extra staff for Connect Centre.	FMI
14.	Engage, train, deploy and monitor community mobilizers.	FMI
15.	Conduct COVID-19 community engagement in all LGAs.	FMI
16.	Hold meeting of the National Risk Communication Technical Working Group.	FMI, NCDC
17.	Train LGA health educators.	FMI/SMOH/NPHCDA
18.	Develop appropriate communication means for people with special needs e.g. deaf, blind, etc,	FMI
19.	Develop appropriate communication means for people with vulnerabilities e.g. elderly, heart disease, diabetes.	FMI/FMOH (NCDC)
20.	Procure megaphones for 774 LGAs.	FMI/NOA
21.	Procure 37 Laptops for health educators.	FMI/NPHCDA
22.	Pilot the use of tablets for LGA health educators.	FMI/NPHCDA
23.	Procure bells and PPE for community mobilizers.	FMI/NOA
24.	Procure 6 Hilux Jeeps for six state health educators per geopolitical zone for hard-to-reach areas.	FMOH/NPHCDA
25.	Develop linkages with neighbouring countries to facilitate coordination of messaging during response operations.	FMI/MFA
26.	Disseminate timely and accurate public information.	FMI
27.	Monitor media coverage and address misinformation.	FMI

9.3.8 Security, Logistics, and Mass Care

Lead: NEMA
Supported by:

- FMHDS (Disaster Management Department)
- MOD
- NPF
- NSCDC
- FRSC
- FMARD

- FMWR
- SEMA

Main Objective: Coordinate stakeholders towards efficient and effective National and Local level response to COVID-19 pandemic in Security, Logistics and Mass Care.

Specific Objectives

- Coordinate and mobilize stakeholders towards effective and efficient response to mass care in response to COVID-19.
- Reduce the disruption of critical social and economic utilities during COVID-19 Pandemic.
- Facilitate post-COVID-19 early recovery operations.

S/N	Assigned Tasks	Responsible
1.	Stockpile emergency response supplies.	NEMA
2.	Feed pandemic victims.	NEMA/SEMA
3.	Recruit volunteers for social support services.	NEMA
4.	Provide logistics support (transportation) for response teams.	NEMA/FRSC/NPF/ MOD,
5.	Provide security for mass care sites.	MOD/ NPF/NSCDC
6.	Provide operation and escort (5 personnel for 2 vehicles for 14 days).	NPF/NEMA
7.	Provide care for children and orphans (40% of population).	FMWA/NEMA/SEMA,
8.	Ensure expeditious processing of aid supplies by the Nigerian Customs Service and Ministry of Finance.	NEMA/NCS/FMoFBNP
9.	Ensure security of mass fatality process locations (3 sites per LGA).	NPF/NSCDC/FRSC/ FMoH
10.	Conduct environmental cleaning and decontamination.	NEMA/FMEnV./SEMA
11.	Manage funeral and burial sites.	FMEnV/FmoH/NPF
12.	Provide forensic services per site as required.	FmoH/NPF/NEMA
13.	Provide counselling and psycho-social support (200 therapists for population of 50m for 14 days).	NEMA/FMWA/FmoH/ MOE
14.	Maintain critical public services (food, transport network, power, water, waste management etc.).	NEMA/FMW&H/ NCC/FMP/FMWR
15.	Coordinate with the private sector to ensure maintenance of supply chain (works, commerce, manufacturers, aviation, utilities and communication).	NEMA/ MAN/ Chambers of Commerce/FMTI
16.	Commandeer private sector resources for public use to address resource short fall as required and allowed by law (security, ambulances, logistics, private building facilities etc.)..	NEMA/ MAN/Chambers of Commerce/FMTI/ FMJ
17.	Provide emergency communication call lines (112).	NCC/NEMA
18.	Activate and operationalize EOCs.	NEMA/NCDC
19.	Assess damage and loss to public works, public safety services, municipal services and infrastructure.	NEMA

20.	Coordinate with government ministries and stakeholders including NGOs and UN system to conduct logistics planning.	NEMA
21.	Coordinate with appropriate stakeholders to plan for care of vulnerable populations.	NEMA
22.	Provide feeding to COVID-19 victims where necessary through a combination of fixed sites, mobile units and bulk distribution of food.	NEMA
23.	Work with welfare, faith-based and community agencies and groups to identify individuals in need of social support services.	NEMA
24.	Ensure maintenance of law and order.	MOD/NPF/NSCDC/ ONSA
25.	Coordinate intelligence gathering, planning, crisis management and monitoring implementation of the plan.	MOD
26.	Activate and operationalize disaster response unit of the Military.	NEMA
27.	Ensure food security and implement food security policies for the duration of the COVID-19 pandemic.	FMARD
28.	Release grains from National Grains Reserves.	FMARD
29.	Secure water security and ensure water infrastructure keep running for the duration of the COVID-19 pandemic.	FWR
30.	Implement COVID-19 social protection and humanitarian interventions and palliatives (through all relevant MDA's) for vulnerable groups and affected communities	FMHDS

9.3.9 Research

Lead: NIMR
Supported by:

- Ministry of Health (DPRS Units)
- NIPRD
- Ministry of Education
- Office of the Secretary to the Government of the Federation

Main Objective: Strengthen national preparedness and response activities through the generation and/or synthesis of research evidence.

Specific Objectives

- Coordinate COVID-19 research activities in collaboration with all stakeholders and partners at national and state levels.
- Document and disseminate the national preparedness and response activities.

S/N	Assigned Tasks	Responsible
1.	Implement the FFX protocol to provide an in-depth understanding of the epidemiology, clinical and virologic characteristics of COVID-19 cases and contacts in Nigeria.	NIMR/NCDC/FMOH
2.	Assess community willingness to adhere to non-pharmaceutical interventions (e.g. social distancing) as well as trust for and connectedness to public health agencies for COVID-19, with a view to enhancing risk communication and community engagement strategies.	NIMR/NCDC/FMOH
3.	Qualitatively study the perspectives of COVID-19 contacts, persons of interests and relatives regarding self-isolation/quarantine, with a view to enhancing containment and mitigation measures.	NIMR/NCDC/FMOH
4.	Conduct research on possible pharmaceutical treatments for COVID-19.	NIPRD
5.	Assess the perceptions of HCWs on IPC against COVID-19.	NIMR/NCDC/FMOH
6.	Conduct clinical audit of management of COVID-19 cases in treatment centres.	NIMR/NCDC/FMOH
7.	Conduct an extensive scientific and process documentation using appropriate research methods.	NIMR/NCDC/FMOH
8.	Procure essential materials and services to facilitate data collection, management/transcription and analysis; e.g.: a) Stata statistical software V.16 5 single-user Stata/MP2 16 licenses. b) Nvivo (version 10) for qualitative data analysis c) Professional transcription of audio recordings as part of qualitative studies.	NIMR/NCDC/FMOH
9.	Estimate the cost of surveillance and response to the COVID-19 disease outbreak in Nigeria.	NIMR/NCDC/FMOH
10.	Generate initial evidence for health systems strengthening for COVID-19 response.	NIMR/NCDC/FMOH
11.	Disseminate research findings Article processing fee for accepted manuscripts (at least five). Participation in local and international conferences/workshops.	NIMR/NCDC/FMOH
12.	Implement institutional and human capital development in public policy coordination for pandemic.	OSGF

9.3.10 Resource Mobilization and Coordination

Lead: Office of the National Coordinator / Office of the Secretary to the Government of Federation

Objective: Ensure the availability of adequate resources for the effective implementation of the COVID-19 Pandemic Response Plan.

S/N	Assigned Tasks	Responsible Party
1.	Assess and track resource and funding needs	ONC/OSGF
2.	Mobilize adequate resources and funds for the implementation of the COVID-19 Response Plan In a timely manner.	
3.	Coordinate the monitoring and reporting of m**o**netary and non-monetary resources received.	
4.	Ensure effective deployment and management of resources.	

9.3.11 Sustainable Production

Lead: Federal Ministry of Industry, Trade and Investment (FMITI)

Objective: Facilitate sustained supply of raw materials and other critical inputs for manufacturing of essential commodities including imported materials - expedite clearance at ports and airports;

S/N	Assigned Tasks	Responsible
1.	Conduct registration of MSMEs producing PPEs and other COVID-19 commodities	FMITI
2.	Facilitate SON and NAFDAC registration of the MSMEs.	FMITI, SON, NAFDAC
3.	Promote local manufacturing of COVID-19 supplies	FMITI, CBN, Bank of Industry, MAN, NASME, NACCIMA, NCDC, FMoH
4.	Articulate interventions required for local pharma manufacturing	FMITI, Pharma wing of MAN,
5.	Resolve supply disruptions	FMITI, Nigeria Customs Service

9.4. Annex 4: Post-Mid-term Review Roadmaps

On July 9th and 10th, 2020, the PTF organized a two-day Mid-Term Review to evaluate the performance of the PTF in its response to the COVID-19 pandemic between March and June 2020. The meeting was also aimed at re-strategizing and strengthening its efforts in tackling the pandemic over the next three months and beyond. A major product of the review was the development of roadmaps detailing the focus of the PTF Pillars for the remaining tenure of the PTF. These roadmaps are outlined below.

9.4.1: Epidemiology and Surveillance

Identified Challenge	Activities	Responsible
Sub-optimal identification of Cases	Enhance Community Based Surveillance for COVID-19 to improve active case handling and sample collection and enhance testing: ▪ Decentralise sample collection - All LGAs should have at least one sample collection centres in the next 3 months ▪ Train community health workers on case findings ▪ Conduct routine sample collection outreaches in communities, markets, and other public locations ▪ Expand Event Based Surveillance and alert management at LGA, Wards and Communities	NCDC
Sub-optimal data analysis	Strengthen data management and utilisation at sub-national level: ▪ Roll out SORMAS to the remaining 12 states ▪ Build Capacity and drive ownership/adoption of SORMAS ▪ Drive Domestication/Institutionalisation of SORMAS data at sub-national level ▪ Implement Data Quality Improvement Plan ▪ Conduct routine data validation	NCDC
Sub-optimal Contact tracing and follow-up at sub-national	▪ Review the SOP/guidelines for Contact tracing ▪ Provide Logistics for contact training (people, equipment, PPEs, telephones)	NCDC

	▪ Recruit surge capacity for States ▪ Conduct gap-specific training to build prerequisite skills among the available State and LGA ▪ Provide guideline for Psycho-social support and counselling ▪ Train and deploy Community informants and volunteers across all LGAs to enhance contact tracing, reporting and follow-up	

9.4.2: Laboratory

Identified Challenge	Activities	Responsible
Unavailability of sample collection materials	▪ More in country production of VTM from Vom ▪ Liaise with the sustainable development group to explore local companies that can produce ▪ NCDC to provide the specifications for in country production of swab sticks and Dacron tubes	NCDC
Low testing capacity	▪ Continue optimizing and activation new laboratories in country ▪ Increase human resources and work hours for labs to enable them to conduct more tests in a given day (especially night shifts) ▪ All activated labs should conduct 24/7 testing in shifts ▪ Recruit more qualified human resources and Train (ad hoc/random or deployed) staff on LIMS staff can be	NCDC

	recruited government tertiary facilities and discuss with to explore how state level staff can be distributed and deployed based on demands ▪ Procure Automated extraction systems	
Limited number of samples collected	▪ Use private facilities to expand locations ▪ Expansion to at least 1 centre/LGA ▪ Place Gene Expert in hospitals for better triage and turnaround time	NCDC
Poor quality of samples collected and long turnaround time	▪ Conduct more training for sample collection	NCDC
Global supply chain disruption	▪ Consider premium payments to secure spots in the procurement queue. ▪ Prioritize and allocate funds for procurement of essential lab reagents and supplies	NCDC
Sustainable testing protocol	▪ Explore using other molecular based diagnostic techniques and new technologies ie NAAT – Nucleic Acid Amplifications. Test	NCDC

9.4.3: Point of Entry

Identified Challenge	Activities	Responsible
No facility for sample collection (and testing) at the official points of entry	▪ Establish linkage between Entry point officials, states, NCDC and FMoH ▪ Adequate staffing ▪ Provide adequate testing and sample collection facilities	
Porous borders and illegal waterways	▪ Set-up local community border task force	

	▪ Engage and sensitize border communities ▪ Empower (?) to notify, collect samples for testing ▪ Increase the capacity of border patrols for surveillance ▪ Increase inter-agency collaboration	
Sustainability of public health measures at the points of entry	▪ Improve availability of PPE at the Point of Entry ▪ Train and retrain point of entry staff ▪ Establish a strong monitoring and evaluation ▪ Continuously assess airports & airlines for compliance with the public health protocols	
Inadequate data management systems at the points of entry	▪ Provide health checklist forms at the points of entry ▪ Set up Robust Advanced Passenger Information Systems (APIs)	

9.4.4: Infection, Prevention and Control

Identified Challenge	Activities	Responsible
HCW Infection and Poor IPC compliance in healthcare facilities	▪ Finalize the COVID-19 healthcare worker safety strategy document ▪ Organize online/face to face trainings and webinars on implementation of the healthcare worker safety strategy by engaging professional bodies and associations ▪ Finalize National IPC guidelines, engaging all relevant stakeholders and deployment to health facilities ▪ Deploy COVI19 HCW Infection Surveillance and Investigation tool in	▪ NCDC, FMOH, SMOH ▪ NCDC ▪ NCDC ▪ NCDC

	treatment centers (pilot NCDC-CommCare app in 2 tertiary health centers) ▪ Deploy IPC score card in all health facilities ▪ Institute the use of HCW investigation tool for HCW with confirmed COVID 19	 ▪ NCDC/IPC FPs in states and HFs ▪ NCDC/IPC FPs in states and HFs
Uncoordinated supply of PPEs	▪ Work with Logistics to have access to LoMIS and track PPE supply ▪ Ensure IPC focal persons in treatment centers report weekly PPE stock levels ▪ Continuous training (refresher training) on proper use of PPEs through workplace reminders, guidelines	▪ NCDC, FMOH ▪ State/HF IPC focal persons ▪ NCDC, FMOH, SMOH, Hospital Management, State/HF IPC focal persons
Poor implementation of IPC activities at states and health facilities	▪ Institute a facility level IPC programme with a dedicated and trained team or at least an IPC focal point supported by the national, state and facility senior management ▪ Train/support health facility IPC focal persons to utilize multimodal strategies to implement these 5 key standard precautions for COVID 19 (Hand hygiene, respiratory hygiene, appropriate use of PPE, environmental cleaning and waste management) ▪ Engage hospital management, professional bodies and associations on the implementation of the healthcare worker safety strategy ▪ Advocate to SMOH and hospital management to own and support IPC activities at state and health facility level	▪ PTF/subnational leadership (state, health facility)/public and private ▪ NCDC/ health facility IPC focal persons ▪ NCDC ▪ NCDC

	▪ Tracking quality of trainings conducted at state and facility level	▪ NCDC
Poor management of healthcare waste	▪ Deploy EHO to all treatment centers in the country	▪ PTF, FMOH, FMOEnvt, SMOH, SMOEnvt
	▪ Monitor waste management practices in health facilities across the country (assessment of existing waste management infrastructure and practices)	▪ NCDC FMOEnvt, SMOH, SMOEnvt
	▪ Ensure every treatment centre can treat waste preferably onsite and if waste must be moved off-site ensure there is a clear plan on final disposal	▪ NCDC FMOEnvt, SMOH, SMOEnvt
	▪ Provide terminal waste management facilities (incinerator, autoclave, temporary storage facilities, vehicles for waste transportation, waste segregation materials, PPEs etc) in all treatment centers	▪ PTF, FMOEnvt, SMOH, SMOEnvt
	▪ Capacity building for waste handlers	▪ FMOEnvt, SMOH, SMOEnvt, NCDC
COVID-19 infection in custodial centres	▪ Develop IPC guidelines for COVID 19 and deploy through the IPC focal persons in custodial centers	▪ PTF, Min of Interior
	▪ IPC programmes in all prison medical corps (Focal persons or prison doctors)	▪ Prison medical Corps/NCDC/Ministry of Interior
	▪ Institute a system for surveillance of COVID 19 amongst prison inmates, staff and visitors (set-up respiratory clinics)	▪ Prison Medical Corps
	▪ Provide cleaning and IPC materials and waste management facilities, hand hygiene facilities and	▪ Prison medical Corps/NCDC/Ministry of Interior

	appropriate PPEs in all custodial centers ▪ Capacity building on IPC, safe management of dead bodies, waste management, environmental cleaning, respiratory and cough etiquette ▪ Install hand washing facilities at strategic locations in all custodial centers ▪ Provide every inmates and prison staff with at least two cloth facemasks	▪ Prison medical Corps/NCDC/Ministry of Interior ▪ PTF/NCDC/Ministry of Interior ▪ PTF/NCDC/Ministry of Interior

9.4.5: Case Management

Identified Challenge	Activities	Responsible
Resistance to isolation	▪ Provide TA and epistemological support to states to enforce the case management guidelines for home care ▪ Review and revise existing guidelines and algorithms ▪ Train staff on psychosocial support ▪ Strengthen the mechanisms of observation in isolation centres and screening ▪ Conduct risk communication to lower stigmatization	▪ FMoH, states and partners
Inadequate treatment and isolation capacity	▪ Support implementation of home-based care protocol across all states o Develop and support the roll out a triaging protocol for proper classification of COVID positive cases o Review and improve existing	▪ FMoH, NPHCDA

	guidelines on isolation of cases including homecare ○ Establish community support centres to align with established guidelines	
Inadequate treatment of moderate to severe cases	▪ Empower states to take control of their case management situation and establish clear reporting lines to the FMOH ○ Procure and distribute oxygen infrastructure to states ○ Procure additional treatment equipment needed to deliver care ○ Ensure proper dissemination of Oxygen for COVID treatment guidelines protocols and SOPs to the states ○ Ensure adequate number of required personnel and training ○ Build additional capacity for emergency oxygen care based on severity ○ Strengthen case management coordination at state level	▪ FMoH, States

9.4.6: Risk Communication and Community Engagement

Identified Challenge	Activities	Responsible

Stigmatization of cases/COVID 19 Denial	▪ Set up a Network of COVID Survivors to drive the campaign to change the narrative around stigmatization ▪ Conduct massive house-to-house campaign, leveraging on existing Expanded Program on Immunization (EPI) structure ▪ Sustain discussions around COVID 19 using live radio discussion program on COVID 19 across the country ▪ Undertake research to address the key drivers of the challenges to behavior change	▪ FMI, NOA ▪ NOA, NPHCDA, UNICEF, WHO, CSO, Yar'adua Foundation, ▪ FMI, NOA ▪ FMI, NOA, Partners
Low Risk Perception	▪ Review messages being disseminated on COVID 19 and incorporate threat and efficacy element into future messages ▪ Consider targeting specific audience rather than generalizing messages ▪ Enhance the 'Take Responsibility' Campaign to address people across all demographics	▪ FMI, NOA, Partners ▪ FMI, NOA, Partners ▪ FMI, NOA, Partners

9.4.7: Security, Logistics and Mass Care

Identified Challenge	Activities	Responsible
Enforcement constraint across the federation	▪ Develop standard criteria for enforcement of protocols/sanctions	▪ FMHADMSD, NEMA
Coordination with the States and LGAs	▪ Develop a seamless multisectoral structure at the state level which links with the Federal	▪ FMHADMSD, NEMA, States
Inadequate training and budgeting	▪ Create special security intervention fund for emergency	▪ FMHADMSD, NEMA, Security agencies

9.4.8: Resource Mobilization and Coordination

Identified Challenge	Activities	Responsible
Poor engagement with MDAs/States/PTF Pillars	▪ Gain confidence of MDAs and leadership of PTF to ensure MDAs share information to all pillar leads ▪ Engage the governors and ensure information flow	▪ RM & C team
Sustainable funding for the future even when partners are not there	▪ Provide for epidemic/pandemic funding government budgets in the long term and not just for COVID	▪ NCDC, FMoH,
Delayed release of supply chain information and limited information on stock status and utilization	▪ Engage relevant pillars to release accurate supply chain reports periodically for up-to-date response to needs	▪ RM & C team

9.4.9: Sustainable Production

Identified Challenge	Activities	Responsible
Uncertainty of Demand	▪ Ensure long-term uptake from Government and credible investors ○ Conduct advocacy for uptake to MDAs ○ Develop a policy framework ○ Restrict importation of PPEs and hand sanitizers ○ Conduct quality assurance	▪ FMITI
Low Product Quality	▪ Articulate standard quality guidelines for specific COVID – 19 products to meet international market standards ○ Build capacity for SMEs ○ Conduct advocacy to fast track NQIP approval	▪ FMITI

	○ Conduct regular QAQC of products	

9.4.10: State Coordination and Government Relations

Identified Challenge	Activities	Responsible
Fiscal Constraints limiting the ability of states to effectively fund the pandemic	▪ Support states in revenue mobilization and effective utilization of funds ○ Track effective management of funds disbursed ○ Monitor the indicators outlined by the PTF in COVID-19 guideline	▪ NGF
Quality of States Incident Action Plans delayed access to funding	▪ Facilitate a more proactive and coordinated engagement with the states' tasks force on COVID-19 (to facilitate state ownership and sustainability of response) ○ Strengthen the functionality and quality of task force at state level ○ Improve quality of task force at local government level	▪ NGF

10 Conclusion

The implementation of the various tasks by the MDAs and coordination between MDAs, states, donors, and PTF are key for success. The NCRC will continue to update this plan periodically in collaboration with MDAs, donors, and partners, as it is a living document.