

Presidential Task Force on COVID-19:

Mid-Term Report

July 2020



Prepared by the PTF Secretariat and PriceWaterhouseCoopers

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FORWARD

On March 17, 2020, President Muhammadu Buhari established the Presidential Task Force on COVID-19 (PTF) to coordinate and oversee Nigeria's multi-sectoral inter-governmental efforts to contain the spread and mitigate the impact of COVID-19 pandemic in Nigeria. With a PTF mandate spanning a 6-month period, it was necessary to conduct a Mid-Term Review (MTR) to assess the task force's achievements, challenges, and missed opportunities as well as to chart a way forward for the remaining months of the PTF's directive. This document captures the details of the MTR and clear next steps, for the PTF, over the next few months.

The Mid-Term Review Meeting, which held on 9th and 10th July, 2020, presented the opportunity for the PTF and key stakeholders to review the progress of the national response as at June 30, 2020 and to glean from the expertise of participants to improve the performance and effectiveness of the task force beyond the MTR. This was a necessary step to chart the way forward, strengthen the PTF's COVID-19 response going forward, and improve the National COVID-19 Pandemic Multi-Sectoral Response Plan. The PTF conducted a review through two main steps:

1. MDAs and Pillar reports: Ministries, Departments, and Agencies (MDAs) and pillars each submitted a report on what they have achieved, challenges faced and plans for the next 3-6 months; and
2. Donor and partner reports: Several donors shared what they have supported, challenges faced and how they will continue to support the fight against COVID-19.

Critical as a follow up to the MTR is a detailed and revised action plan for each pillar, which will serve as the foundation of the PTF's road map over the next 2-3 months. The plan will ensure that the coordination within and across pillars are optimized and that investments made by the government, donors, partners, and other stakeholders to contain COVID-19 are properly tracked and accounted for. As the PTF, it is our goal to ensure that a system is in place for Ministries, Departments, and Agencies (MDAs) to work in tandem with our donors and partners for a unified and comprehensive response to the COVID-19 pandemic in Nigeria.

I sincerely appreciate the chairmen of the relevant committees on health in the Senate and House of Representatives, ministers, representatives from the Office of the Vice President, the Nigeria Governors' Forum, the diplomatic community, and development partners who participated in the review, for their commitment to the success of the MTR, which has provided technical, financial, and other forms of support to the PTF Secretariat and to the entire PTF implementation process.

Let me commend Members of the PTF for their immense support thus far and the anticipated cooperation till we flatten the curve. Special thanks goes to the National Coordinator, the PTF Secretariat (both from the SGF's office and the NC's office), the Pillar leads, PriceWaterhouse Coopers, and everyone who helped to make the 2-day meeting a success and who will support the updating and finalization of the post-MTR action plan.

The pandemic is still here with us, therefore, there is so much work to do as we can only accomplish our goals if partnership and dedication to flatten the curve remains strong.

I thank you all.



Boss Mustapha

Secretary of the Government of the Federation/
Chairman of the PTF COVID-19

GLOSSARY - LIST OF ABBREVIATIONS

SN	Abbreviations	Full Term
1.	AFENET	African Field Epidemiology Network
2.	AIC	Aeronautical Information Circulars
3.	AOL	All Operator Letters
4.	API	Active Pharmaceutical Ingredients
5.	BiPAP	Bilevel Positive Airway Pressure
6.	BON	Broadcasting Organisations of Nigeria
7.	CACOVID	Coalition Against COVID-19
8.	CBO	Community-Based Organisation
9.	CDC	Centers for Disease Control & Prevention
10.	CEO	Chief Executive Officer
11.	CHAI	Clinton Health Access Initiative
12.	CMC	Crisis Management Committee
13.	CMD	Chief Medical Director
14.	COVID-19	Corona Virus Disease/ 2019 Novel Coronavirus
15.	CRS	Catholic Relief Services
16.	CSO	Chief Security Officer
17.	DFID	Department for International Development
18.	DG	Director-General
19.	DRASA	Dr.. Ameyo Stella Adadevoh Health Trust
20.	DRL	Defence Reference Laboratory
21.	DSS	Department of State Services
22.	EBS	Emergency Broadcast System
23.	ECOWAS	Economic Community of West African States
24.	EOC	Emergency Operations Centre
25.	EPI	Epidemiology
26.	EU	European Union
27.	FAAN	Federal Airports Authority of Nigeria
28.	FCT	Federal Capital Territory
29.	FCTA	Federal Capital Territory Authority
30.	FEMA	Federal Capital Territory Emergency Management Agency
31.	FFS	Federal Fire Service
32.	FGM	Female Genital Mutilation
33.	FGN	Federal Republic of Nigeria
34.	FIIAPP	International and Ibero-American Foundation for Administration and Public Policies
35.	FMARD	Federal Ministry of Agriculture and Rural Development
36.	FHI360	Family Health International
37.	FMHDS	Federal Ministry of Humanitarian Affairs Disaster Management and Social Development
38.	FMIC	Federal Ministry of Information and Culture
39.	FMoH	Federal Ministry of Health
40.	FRCN	Federal Radio Corporation of Nigeria
41.	FRSC	Federal Road Safety Corps
42.	FTHI	Federal Tertiary Health Institutions
43.	GBV	Gender-Based Violence
44.	GEEP	Government Enterprise and Empowerment Programme
45.	GISCOR	Grassroots Initiative for Strengthening Community Resilience
46.	GIZ	German Agency for International Cooperation

47.	HAI	Healthcare Associated Infections
48.	HCW	Healthcare Workers
49.	HF	Health Facility
50.	HGSFP	Home Grown School Feeding Programme
51.	HRH	Human Resources for Health
52.	IAP	Industrial Arbitration Panel
53.	IATA	International Air Transport Association
54.	ICAO	International Civil Aviation Organisation
55.	ICU	Intensive Care Unit
56.	IDEC	Import Duty Exemption Certificate
57.	IDP	Internally Displaced Persons
58.	IEC	Information, Education, and Communication
59.	IFRC	International Federation of The Red Cross
60.	IHR	International Health Regulations
61.	IHVN	Institute of Human Virology
62.	INGO	International Non-Governmental Organisation
63.	IOM	International Organisation for Migrations
64.	IPC	Infection Prevention and Control
65.	IRC	International Rescue Committee
66.	JHPIEGO	Johns Hopkins Program for International Education in Gynaecology and Obstetrics
67.	JICA	Japan International Cooperation Agency
68.	JSCD	Joint Supply Chain and Distribution Team
69.	KNCV	KNCV (Royal Netherlands Chemical Society) Tuberculosis Foundation
70.	LASIAMA	Lagos State Infrastructure Asset Management Agency
71.	LGA	Local Government Areas
72.	LGAHMT	Local Government Health Management Authority
73.	LSMOH	Lagos State Ministry of Health
74.	M&E	Monitoring and Evaluation
75.	MAN	Manufacturers Association of Nigeria
76.	MDA	Ministries, Departments and Agencies
77.	MLSCN	Medical Laboratory Science Council of Nigeria
78.	MMIA	Murtala Muhammed International Airport
79.	mni	Membership of The National Institute
80.	MOD	Ministry of Defence
81.	MOFA	Ministry of Foreign Affairs
82.	MSH	Management Sciences for Health
83.	MT	Megatonne
84.	NACA	National Agency for The Control Of AIDS
85.	NACCIMA	Nigerian Association of Chamber of Commerce, Industry, Mines and Agriculture
86.	NAFDAC	National Agency for Food and Drug Administration and Control
87.	NAIA	Nnamdi Azikiwe International Airport
88.	NANTS	National Association of Nigerian Traders
89.	NAPTIP	National Agency for The Prohibition of Trafficking in Persons
90.	NARD	National Association of Resident Doctors
91.	NARTO	National Association of Road Transport Owners
92.	NASME	National Association of Small and Medium Enterprises
93.	NASSI	National Association of Small-Scale Industrialists
94.	NCAA	Nigerian Civil Aviation Authority
95.	NCDC	Nigeria Centre For Disease Control
96.	NCoS	Nigerian Correctional Service

97.	NCRC	National COVID-19 Response Centre
98.	NCS	Nigeria Customs Service
99.	NEDC	North East Development Commission
100.	NEMA	National Emergency Management Agency
101.	NEOC	National Emergency Operations Centre
102.	NESG	Nigerian Economic Summit Group
103.	NGF	Nigeria Governors Forum
104.	NGO	Non-Governmental Organisations
105.	NIMASA	Nigerian Maritime Administration and Safety Agency
106.	NIMR	Nigerian Institute of Medical Research
107.	NIPRD	National Institute for Pharmaceutical Research and Development
108.	NIS	Nigeria Immigration Service
109.	NISRN	National Integrated Specimen Referral Network
110.	NMOD	Nigerian Ministries of Defence
111.	NOA	National Orientation Agency
112.	NOTAM	Notice to Airmen
113.	NPA	Nigerian Ports Authority
114.	NPF	Nigeria Police Force
115.	NPHCDA	National Primary Health Care Development Agency
116.	NPI	Non-Pharmaceutical Interventions
117.	NPRC	National Pandemic Response Centre
118.	NRL	National Reference Laboratory
119.	NSCDC	Nigeria Security and Civil Defence Corps
120.	NTA	Nigerian Television Authority
121.	NTBLCP	National Tuberculosis and Leprosy Control Programme
122.	NURTW	National Union of Road Transport Workers
123.	ONSA	Office of The National Security Adviser
124.	PCP	Physically Challenged Persons
125.	PCR	Polymerase Chain Reaction
126.	PHC	Primary Health Care Workers
127.	PHE	Public Health England
128.	PHEIC	Public Health Emergency of International Concern
129.	PHIA	Port Harcourt International Airport
130.	PHS	Port Health Services
131.	PLAC	Policy and Legal Advocacy Centre
132.	PMG	Pharmaceutical Manufacturers Group
133.	POE	Point of Entry
134.	POI	Person of Interest
135.	PPE	Personal Protective Equipment
136.	PR	Pillar Response
137.	PRP	Pandemic Response Plan
138.	PTF	Presidential Task Force
139.	PwC	PricewaterhouseCoopers
140.	RCCE	Risk Communication and Community Engagement
141.	RCTWG	Risk Communication Technical Working Group
142.	RILO	Regional Intelligence Liaison Office
143.	RMCC	Resource Mobilisation and Coordination Committee
144.	RRT	Rapid Response Team
145.	SEMA	State Emergency Management Agency
146.	SGBV	Sexual and Gender-Based Violence

147.	SGF	Secretary to The Government of the Federation
148.	SHMB	State Hospital Management Board
149.	SMOH	State Ministry of Health
150.	SMS	Short Message Service
151.	SON	Standards Organisation of Nigeria
152.	SOP	Standard Operating Procedure
153.	SORMAS	Surveillance Outbreak Response Management and Analysis System
154.	SPHCB	State Primary Health Care Board
155.	SPHCDA	State Primary Health Care Development Agency
156.	SRH	Sexual and Reproduction Health
157.	SUNMAP2	Support to The National Malaria Programme
158.	TA	Technical Advisor
159.	TAT	Testing Turnaround Time
160.	TC	Treatment Centres
161.	TOR	Terms of Reference
162.	ToT	Training of Trainers
163.	TRANEX	Trans-Nationwide Express Plc
164.	UK	United Kingdom
165.	UKAID	United Kingdom Aid
166.	UN	United Nations
167.	UNAIDS	Joint United Nations Programme On HIV/AIDS
168.	UNCT	United Nations Country Team
169.	UNDP	United Nations Development Programme
170.	UNFPA	United Nations Population Fund
171.	UNHCR	United Nations High Commissioner for Refugees
172.	UNICEF	United Nations International Children's Fund
173.	UNODC	United Nations Office on Drugs and Crime
174.	US	United States
175.	USAID	United States Agency for International Development
176.	USCDC	United States Centre for Disease Control
177.	USD	United States Dollar
178.	USG	United States Government
179.	VAT	Value Added Tax
180.	VOA	Voice of Africa
181.	VTM	Viral Transport Media
182.	W4H	Women for Health
183.	WARDS	West African Disease Surveillance Program
184.	WASH	Water, Sanitation and Health
185.	WCO	World Customs Organisation
186.	WFP	World Food Programme
187.	WHO	World Health Organisation
188.	WRAIR	Walter Reed Army Institute of Research

1. EXECUTIVE SUMMARY

1.1. Purpose of the report

The purpose of this report is to present key proceedings and outcomes at the two-day retreat of the PTF, held to evaluate its performance in the fight against COVID-19 for the first half (three months) of the duration of its mandate. The report highlights PTF's achievement areas, key challenges encountered, missed opportunities, and contributions of key stakeholders such as donors and partners. It consolidates the presentations and deliberations during the two-day review as well as individual mid-term reports submitted by PTF pillars/functional working groups and constituent MDAs; from where the presentations were drawn. Finally, the report contains the roadmaps developed by the pillars to guide the response over the course of the remaining three months of the PTF's mandate.

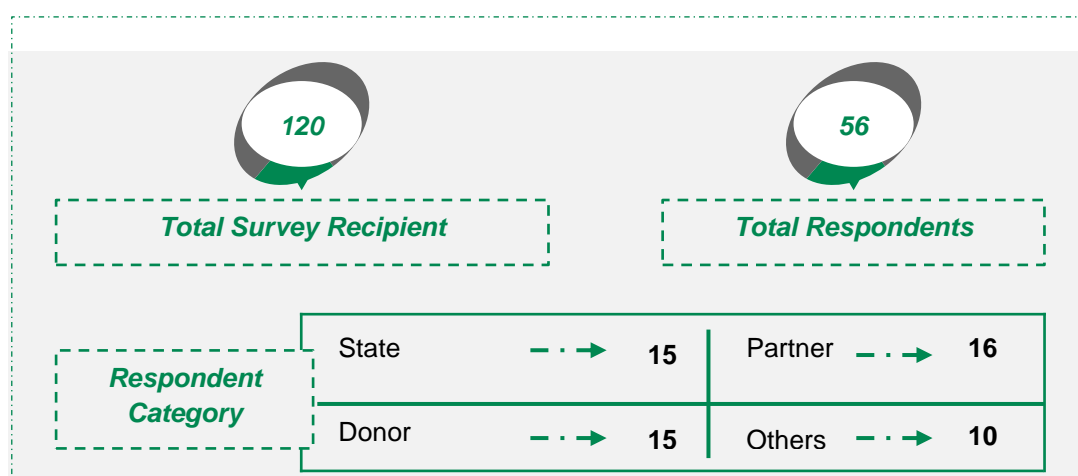
1.2. PTF Mid-Term Review Retreat

The PTF as the focal point of government's efforts to tackle the COVID-19 pandemic was inaugurated on 17th March 2020 with an initial mandate of six (6) months. The PTF held a two-day retreat on 9th and 10th July 2020 to evaluate its performance regarding its response to the COVID-19 pandemic between March and June 2020.

The retreat brought together several stakeholders with the aim of re-strategizing and strengthening its efforts in tackling the pandemic over the next three months and beyond. Stakeholders in attendance at the retreat included, in no particular order:

- Cabinet Ministers
- Legislators (including the Chairmen of the relevant Committees on Health in the Senate and House of Representatives)
- Representatives from the Office of the Vice President
- The Nigeria Governors' Forum
- Donors and Development Partners
- Civil Society Organizations
- Representatives of Health Sector Unions

As part of the retreat, an online survey was deployed to external stakeholders to obtain feedback on their perception on the performance of the Presidential Task Force on COVID-19 (PTF) in executing its mandate. The survey responses revealed that stakeholders expressed satisfaction with PTF's role in coordinating the national response against COVID-19. PTF's performance was categorised into eight key performance areas and questions were asked and rated across these areas on a scale of 1 to 5 (with 5 being the highest).

Survey Respondent Demography:

S/N	Performance Areas	Survey Rating
1	Coordinated national response	4.0
2	Working collaboratively with stakeholders	3.8
3	Providing preventive guidance and awareness	3.5
4	Providing adequate mechanism to mobilise resources	3.3
5	Providing appropriate support to states	3.1
6	PTF's performance in the fight against COVID-19 in areas including: <i>Communication, Testing, Contact Tracing, Isolation, Treatment, IPC, Social Support, Economic Support, Enforcing Preventive Measures.</i>	3.1
7	Mitigating socio-economic impact	2.7
8	Providing guidelines on the different phases of response	2.6

Survey respondents identified areas of strengths in the performance of PTF as follows:

- Provided a coordinated national response effort to the COVID-19 pandemic
- Worked collaboratively with stakeholders (donors and partners) in their response efforts
- Provided COVID-19 preventive guidance and awareness to communities
- Established adequate mechanisms to mobilize resources for the COVID-19 response.
- Provided appropriate support to states in their response to the pandemic
- Coordinated the mitigation of the socio-economic impact of COVID-19 on Nigerians
- Developed and implemented guidelines on the different phases of the response to the pandemic (e.g. ban on interstate travel, wearing of face masks, limited gatherings etc.) across the country

A select number of donors and partners present spoke on their support to Nigeria in its response to the COVID-19 pandemic. Their feedback was incorporated in the PTF's roadmap for the next three – six months.

Key comments from partners are highlighted below:



*"We will continue to work with the Executive on COVID-19... We have to **seize this opportunity to rebuild healthcare structures** and ensure that the country is prepared for an uncertain future."*



*"Some key questions need to be asked, such as: **How can the PTF change perception, alter attitudes and engage with external stakeholders** to drive progress in the fight against COVID-19?"*



*"We **need to encourage states to take control of the outbreak** through precision interventions, it is important that states are making these decisions based on reliable and accurate data."*



*"How best can we continue to implement a national strategy and context; **maintain access to essential services in the health care sector**; and ensure the protection of vulnerable groups in an easily verifiable manner?"*

1.3. Highlights of PTF's Achievements

In the period under review, the PTF through its different pillars/functional working groups, MDAs and partners achieved some modest accomplishments, categorised into six (6) areas as follows:

*Coordination and
policy formulation*

*Infrastructure and
services*

*Partnerships and
Resource Mobilization*

Capacity Building

Risk Communication

*Humanitarian and
Social Interventions*

1.3.1 Coordination and Policy Formulation

The PTF set up an effective Secretariat that has improved coordination of all MDAs and organizations involved in the response. Over 50 Federal Government Ministries, Departments and Agencies have been involved in the response, in addition to several partner organizations. The PTF effectively aligned all these organizations towards the goal of reducing COVID-19 morbidity and mortality in Nigeria, while improving linkages and partnerships between these organizations. In addition, the PTF also aligned the 36 states towards the goal of achieving a single national response.

1.3.2 Infrastructure and Services

As at 30th June 2020, PTF through the NCDC, FMOH and supporting partners had set up 39 labs spread across 25 states, 131 treatment centres with a total bed capacity of 7,040, 256 ICU beds, and other key healthcare infrastructure. Through these facilities, 138,462 people were tested, with 25,694 testing positive. 9,746 of these were successfully treated and discharged, while 590 died. This is a case fatality rate of 2.29%.

1.3.3 Partnerships and Resource Mobilization

The PTF leveraged on development partners and the Private Sector to support implementation of activities, with significant technical and material output. Largely via the international donor community (working through the instrumentality of the United Nations in Nigeria) and the Private Sector Coalition Against COVID-19 (CACOVID), the PTF inspired an unprecedented commitment of resources to public health.

1.3.4 Capacity building

In the period under review, the PTF through the FMOH and NCDC organized several trainings to build the capacity of healthcare workers (HCW) to manage the pandemic effectively. Over 17,000 HCW were trained cumulatively across different areas such as infection prevention and control, laboratory operations, and case management.

1.3.5 Risk Communication and Community Engagement:

PTF successfully maintained regular communication with relevant stakeholders including partner/donors, MDAs, and the public. The PTF's daily televised briefings became the most credible source of information on the pandemic in the country. With leadership from the Federal Ministry of Information, further awareness about the pandemic and Nigeria's response were created through the production of various communication and advocacy materials. These materials were disseminated to the public via both traditional and digital media.

1.3.6 Humanitarian and Social Interventions

Through the Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development and its agency, NEMA, the PTF successfully implemented social interventions aimed at aiding individuals and households in need and cushioning the effect of the lockdown on individuals and small-scale business owners. These interventions were in three categories:

Food

In the period under review, a total of 30,876.3 metric tonnes of food items were distributed to 3,795,500 households from the Strategic Grains Reserve.

Cash Transfer

A total of **730,177** eligible household beneficiaries in **24** States received cash disbursements under the Conditional Cash Transfer Scheme, and existing program under the Ministry.

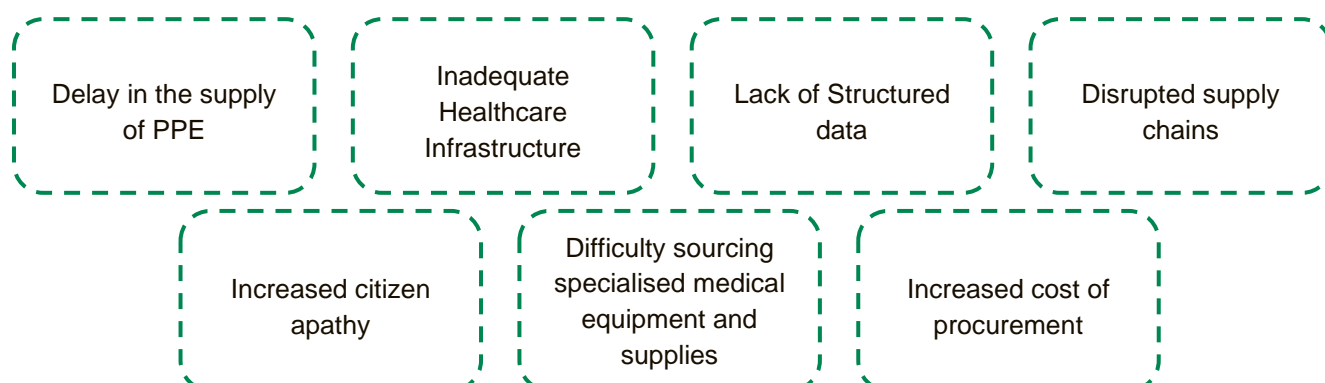
Economic Support

The aim of economic support initiatives was to cushion the effect of the lockdown on individuals and small-scale business owners.

Government Enterprise and Empowerment Programme (GEEP)	Trader and Market Moni loans:	Rapid Expansion of the National Social Register:
The GEEP successfully sensitised over 5 million small-scale traders captured on Government Enterprise and Empowerment Programme (GEEP) database regarding COVID-19 Pandemic and granted moratorium to 2.2 million existing GEEP beneficiaries.	Loans were disbursed to 43,117 beneficiaries in 11 states and the FCT (Lagos, FCT, Ogun, Plateau, Bauchi, Yobe, Zamfara, Katsina, Edo, Cross River, Enugu and Imo)	The National Social Register (NSR) was updated to include previously unidentified vulnerable citizens. The NSR comprised of 2.6 million poor and vulnerable households at the onset of the pandemic but now comprises 3.6 million households in 36 States and the FCT

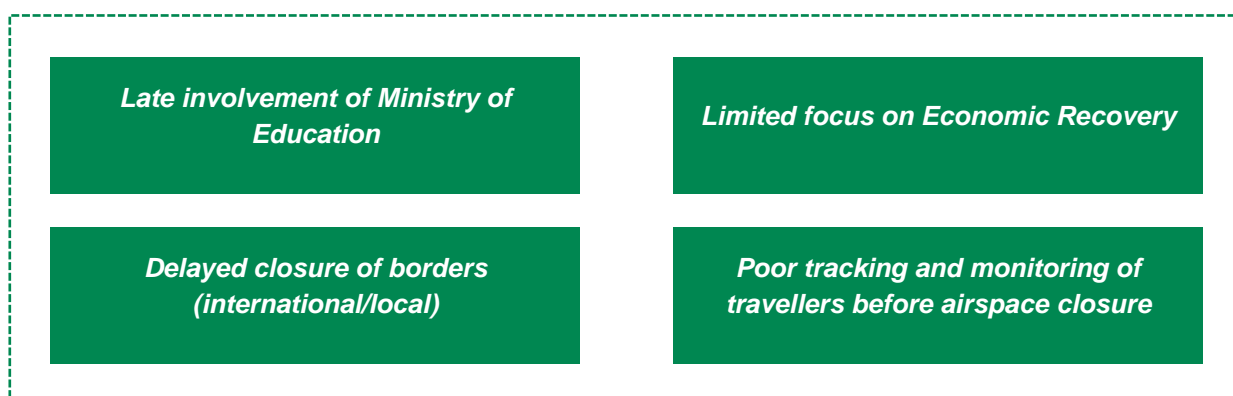
1.4. Challenges

Despite the successes recorded during the review period, the PTF had to deal with some challenges:



1.5. Missed Opportunities

Drawing on experiences from other countries, some missed opportunities were also identified. These include:



1.6. Next Steps/Roadmap

At the end of the two (2) day Mid-Term Retreat (MTR), the key initiatives and activities of the PTF for the next three to six months were outlined and agreed by pillar/functional working group leads and all key stakeholders. The detailed roadmap of initiatives and activities is provided within this report.

Pillar/Functional Working Group	Pillar/Functional Working Group Objectives	Execution Timelines		
		July	August	September
Epidemiology and Surveillance	Enhance Community-based Surveillance for COVID-19 to improve active case handling and sample collection	✓	✓	✓
	Improve contact tracing after identification of a confirmed case	✓	✓	✓
Point of Entry	Ensure every entry point has the capacity to collect samples for testing	✓		
	Expand Border Security Patrols	✓		
	Ensure sustainability of implementation of all public health guidelines and protocols at points of entry	✓	✓	✓
	Improve contact tracing facilities	✓		
Laboratory	Consider premium payments to secure spots in the procurement queue	✓		
	Prioritise and allocate funds for procurement of essential lab reagents and supplies	✓		
	Explore other molecular based diagnostic techniques and new technologies i.e. NAAT – Nucleic Acid Amplifications Test	✓	✓	
	Increase human resources and work hours for labs to enable them to conduct more tests in each day (especially night shifts)	✓	✓	
	Place GeneXpert in hospitals for better triage and turnaround time	✓	✓	
Case management	Provide technical assistance and support to states to enforce the case management guidelines for home care;	✓	✓	
	Review and revise existing algorithms and guidelines for case management	✓	✓	

	Strengthen the mechanisms of observation isolation centres and screening	✓	✓	
	Conduct further training of staff	✓	✓	
	Conduct regular meetings with key stakeholders	✓	✓	
	Lead advocacies for the Federal Ministry of Health (FMOH) to support the implementation of its home-based care protocol across all states	✓	✓	
	Empower states to take control of their case management situation and establish clear reporting lines to the FMOH	✓		
Infection, Prevention and Control	Embed and strengthen functional IPC programmes across the country		✓	✓
	Enforce National Primary Healthcare Development Agency (NPHCDA) guidelines for Public Health Care/World Health Organisation's minimum requirements for IPC			✓
	Define clear career paths for IPC professionals			✓
Risk Communications	Set up a network of COVID-19 Survivors to drive the campaign to change the narrative around stigmatisation			✓
	Start massive house-to-house campaign on Immunization (EPI) structure to promote interpersonal communication between volunteers and households to engender behaviour change		✓	✓
	Sustain discussions around COVID-19 by floating a live radio discussion programme on COVID-19 across the country to ensure dialogue between experts, religious leaders, COVID-19 survivors, care givers, etc. and the public to further educate the people on COVID-19 and the preventive measures.		✓	
	Continuously work with its partners to undertake research with a view to addressing the key drivers of the challenges to behaviour change;	✓	✓	✓
	Review messages being disseminated on COVID-19 and incorporate threat and efficacy element into future messages	✓	✓	✓

	Develop and launch #MaskOnNaija Campaign and social media Wear A Mask challenge in collaboration with CACOVID to enjoin captains of industry and corporate Nigeria to drive citizen action		✓	✓
Security, Logistics, Mass Care Pillar	Develop standards and criteria for enforcement of protocols/sanctions	✓		
	Develop a seamless PTF multi sectoral structure at the state level which cascades to the Federal Government	✓		
	Create a special security intervention fund for emergency	✓		
State Government Relations	Support states in revenue mobilisation and effective utilisation of funds	✓	✓	✓
	Facilitate a more proactive and coordinated engagement with the States' Task Force on COVID-19 (to facilitate state ownership and sustainability of response)	✓	✓	✓
Resource Mobilisation	Gain the confidence of key stakeholders, including the PTF leadership, MDAs, partners etc. to ensure free flow of information and feedback as and needed	✓		
	Strengthen mechanisms for sustainable funding of future public health emergencies beyond COVID-19 specific partner driven support	✓	✓	✓
	Ensure timely availability of supply chain/stock status/utilization reports by relevant pillars and partners to improve real time detection and response to resource needs	✓	✓	✓
	Activate and/or strengthen local capacities for increased production of needed equipment and consumables, including PPEs and other commodities	✓	✓	✓
Sustainable Production Group	Ensure long term uptake from Government and credible investors	✓	✓	✓
	Ensure standard quality guidelines for specific COVID-19 products meet International Market Standard	✓		
	Ensure collation of accurate supply chain/stock status/utilisation reports from the pillars periodically for up to date response to needs	✓	✓	✓

2. INTRODUCTION

2.1. Background

The World Health Organisation (WHO) on the 31st of December 2019 was alerted to several cases of pneumonia in Wuhan City, Hubei Province of China. Following the rapid escalation of the outbreak and spread to countries outside China, on 30 January 2020, WHO declared the outbreak a 'Public Health Emergency of International Concern' (PHEIC); and on the 11th of March the COVID-19 outbreak was characterised as a pandemic.

The Federal Ministry of Health on the 27th of February 2020 confirmed the first case of the coronavirus disease (COVID-19) in Ogun State, Nigeria; being an Italian citizen who returned from Milan. He was confirmed by the Virology Laboratory of the Lagos University Teaching Hospital, part of the Laboratory Network of the Nigeria Centre for Disease Control.

Since then, the Federal Government of Nigeria through the Presidential Task Force has been strengthening measures to manage existing and newly identified cases as well as curtail the further spread of the virus.

Snapshot of COVID – 19 in Nigeria as at June 30:



Cases of COVID-19 have been recorded in 36 states and the FCT since inception

Updates as at 30 June 2020:

Samples Tested

138,462

Confirmed Cases



25,694

Active Cases



15,358

Discharged Cases



9,746

Death



590

Source: Nigeria Centre for Disease Control (NCDC)

2.2. Birth of the Presidential Task Force (PTF)

The Presidential Task Force is the National Coordinating Body for the COVID-19 pandemic response. The task force was inaugurated on March 17, 2020.

The responsibilities of the Presidential Task Force include:

- Develop guidelines and best practices for COVID-19 response
- Establish a national budget and determine funding sources for Nigeria's response to COVID-19
- Determine key nationwide policy and enforcement
- Ensure national security throughout the response
- Manage negative economic impact of the COVID-19 pandemic to the country

The PTF developed the National Pandemic Response Plan (PRP) with the following strategic objectives:

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

2.2.1 Overview of Pillars/Functional Working Groups, Partners/Donors and MDAs

To drive the implementation of the Pandemic Response Plan during the period under review, the PTF Secretariat established ten (10) functional working groups under an Incident Management System led by the Incident Manager. Additionally, the Secretariat also has a Chief of Secretariat who coordinates the activities of the Secretariat and acts as liaison between the National Coordinator and the Incident Management Structure. The PTF Secretariat also collaborated with Partners/Donors and Ministries, Departments and Agencies (MDAs), and the Nigerian Governors' Forum in delivering its objective.

2.2.1.1 Pillars

The ten (10) pillars were established with the overarching goal of implementing the Incident Action Plan (IAP), determining policies and ensuring effective communicating and collaboration towards the delivery of the PTF's mandate. An eleventh, Research, was not fully established during the first three months of the PTF.



- **Case Management:** responsible for slowing down and progressively interrupting the community transmission of COVID-19 in Nigeria through effective and efficient case finding, testing, isolation and management of Cases and strengthening the capacity of Health workers (including frontline Health workers in the health system) to diagnose, treat and manage complications of COVID-19 cases.
- **Epidemiology & Surveillance:** responsible for surveillance, early detection and timely reporting of community transmission of COVID-19 and coordinating the outbreak response and rolling-out of strategies for effective and efficient management of the outbreak.
- **Infection, Prevention and Control (IPC):** responsible for enhancing IPC practices in communities and health facilities to preventing transmission and reducing Healthcare Associated Infections (HAI) in testing laboratories and treatment centres.
- **Laboratory:** responsible for expanding laboratory capacity for COVID-19 testing to ensure 100% geographic coverage and turn-around time within 24 hours.
- **Point of Entry (PoE):** responsible for preventing cross-border transmission of COVID-19 and responding to health events at points of entry (POE) for effective containment of COVID-19 in pursuit of national and global health security.
- **Resource Mobilisation:** responsible for working with MDAs, development partners, private sector and other key stakeholders to ensure the availability of adequate resources for the effective implementation of the COVID-19 Pandemic Response Plan and providing oversight to the Joint Supply Chain and Distribution Team (JSCD) which consists of experts from FMOH, NCDC, NGF, PTF supply chain team and UNICEF & CHAI.
- **Risk Communication and Community Engagement:** responsible for providing timely and accurate information to the public about government actions for containing COVID-19 outbreak in a transparent manner and facilitating rapid sharing of accurate actionable information among individuals, families, communities, healthcare workers, media, partners and policy makers.
- **Security, Logistics and Mass Care (SLMC):** responsible for coordinating Security, Logistics and Mass Care among stakeholders for efficient and effective national and local level response to the COVID-19 pandemic, facilitating the delivery of Federal Government's humanitarian assistance to vulnerable citizens in order to reduce and mitigate the socio-economic impact of COVID-19 pandemic.
- **State Coordination and Government Relations:** responsible for supporting the National Coordinator in achieving the PTF's goal of coordination and harmonisation of the COVID-19 response at all levels.
- **Sustainable Production Group:** responsible for ensuring sustained supply of raw materials and other critical inputs for manufacturing of essential commodities (including imported materials) and facilitating delivery of essential commodities across the country during the pandemic.

2.2.1.2 Donors and Implementing Partners

To achieve its objectives, PTF partnered with key players in the private sector and leveraged Nigeria's relationship with several International Development Organisations. The donors and partners spanned different agencies, countries, and sectors. These donors provided financial, technical, and intellectual support to the PTF. Support was provided in line with stipulated guidelines as well as with the collaboration of MDAs and various levels. There were also donations from individuals from all walks of life.

Partner and donors included but were not limited to the following:



The table below summarises their contributions and coverage as the date of the review:

S/N	Name	Area of Support / Initiative	Implementation Partner(s)	States Supported	Fund Released
1	United Nations High Commission for Refugees	<ul style="list-style-type: none"> Point of Entry 	<ul style="list-style-type: none"> Save the Children Family Health International (FHI360) Nigeria Red Cross Society Grassroots Initiative for Strengthening Community Resilience (GISCOR) Caritas 	<ul style="list-style-type: none"> Cross River Benue Taraba Borno 	<ul style="list-style-type: none"> ₦151,259,000 (\$1 = ₦361: CBN Rate @ 30-June-2020)

S/N	Name	Area of Support / Initiative	Implementation Partner(s)	States Supported	Fund Released
			<ul style="list-style-type: none"> Foundation for Justice, Development and Peace Jesuit Refugee Services 		
2	United Nations	<ul style="list-style-type: none"> The One UN Nigeria – UN COVID-19 Basket Fund Resource Mobilisation 	<ul style="list-style-type: none"> The Nigeria UN The United Nations Country Team (UNCT) 	<ul style="list-style-type: none"> National Level 	<ul style="list-style-type: none"> NA
3	Aliko Dangote Foundation	<ul style="list-style-type: none"> Epidemiology & Surveillance Laboratory Point of Entry Infection, Prevention and Control Case Management Socio-economic 	<ul style="list-style-type: none"> NCDC 54gene Kano State Government 	<ul style="list-style-type: none"> Kano Jigawa 	<ul style="list-style-type: none"> ₦750m
4	Bill and Melinda Gates Foundation	<ul style="list-style-type: none"> Epidemiology & Surveillance Laboratory Infection, Prevention and Control Case Management Risk Communication State Coordination 	<ul style="list-style-type: none"> Kaduna State Primary Health Care Board Clinton Health Access Initiative Inc Kano State Government Health Systems Consult Limited Centre for Communication and Social Impact Mobihealth International McKinsey & Company Tony Blair Institute for Global Change eHealth Africa United Nations Development Programme University College London Vesta Healthcare Partners Nigeria 	<ul style="list-style-type: none"> All states supported with nationwide programs Specific state funding to: Kano, Kaduna and Lagos 	<ul style="list-style-type: none"> ₦1.4b (\$1 = ₦361 CBN Rate @ 30-June-2020)

S/N	Name	Area of Support / Initiative	Implementation Partner(s)	States Supported	Fund Released
5	Coalition against COVID-19 (CACOVID)	<ul style="list-style-type: none"> • Epidemiology & Surveillance • Laboratory • Point of Entry • Infection, Prevention and Control • Case Management • Socio-economic • Risk Communication 	<ul style="list-style-type: none"> • NCDC • UNICEF / UNDP • DRASA • Jakins 	<ul style="list-style-type: none"> • 36 states & FCT 	<ul style="list-style-type: none"> • ₦28b
6	Canada Aid	<ul style="list-style-type: none"> • Laboratory • Infection, Prevention and Control • Socio-economic • Risk Communication • State Coordination 	<ul style="list-style-type: none"> • Clinton Health Access Initiative, Save the Children, Plan International, Oxfam • Lagos and Jos biological laboratories • World Bank • Action Aid Nigeria 	<ul style="list-style-type: none"> • Zamfara • Katsina • Kano • Kaduna • Bauchi • Gombe • Yobe • Borno 	<ul style="list-style-type: none"> • ₦1.1b (amount was received in CAD) <p>(CAD 1 = ₦ 285.23 CBN Rate @ 30-June-2020)</p>
7	Global Fund	<ul style="list-style-type: none"> • Laboratory • Infection, Prevention and Control • Risk Communication • State Coordination 	<ul style="list-style-type: none"> • Nigeria Centre for Disease Control (NCDC) • National Tuberculosis and Leprosy Control Programme (NTBLCP) • Catholic Relief Services (CRS) • Management Sciences for Health (MSH) • Family Health International (FHI360) • Lagos State Ministry of Health (LSMOH) 	<ul style="list-style-type: none"> • 36 states & FCT 	<ul style="list-style-type: none"> • ₦2.24b <p>(\$1 = ₦361 CBN Rate @ 30-June-2020)</p>
8	European Union	<ul style="list-style-type: none"> • Epidemiology & Surveillance 	<ul style="list-style-type: none"> • Various participating UN Organisations as multiple consortia 	<ul style="list-style-type: none"> • FCT • Borno • Sokoto 	<ul style="list-style-type: none"> • ₦27.2b

S/N	Name	Area of Support / Initiative	Implementation Partner(s)	States Supported	Fund Released
		<ul style="list-style-type: none"> • Infection, Prevention and Control • Security, Logistics and Mass Care 	<ul style="list-style-type: none"> • GIZ • IRC • UNODC • UNICEF • FIIAPP • Landell Mills • WHO • INGOs 	<ul style="list-style-type: none"> • Anambra • Kebbi • Bauchi • Adamawa • Borno 	(EUR 1 = ₦ 404.23 CBN Rate @ 30-June-2020)
9	International Organisation for Migration	<ul style="list-style-type: none"> • Point of Entry • Infection, prevention and Control • Case Management • Risk Communication • Security, Logistics & Mass Care 	<ul style="list-style-type: none"> • NIS • Port Health Services • Ministry of Humanitarian Affairs 	<ul style="list-style-type: none"> • Borno, • Adamawa • Yobe • Lagos • Benin • Edo 	<ul style="list-style-type: none"> • ₦7.3b (reprogrammed) • ₦902,500,000 (Basket Fund) (\$1 = ₦ 361 CBN Rate @ 30-June-2020)
10	UK AID	<ul style="list-style-type: none"> • Epidemiology & Surveillance • Laboratory • Point of Entry • Infection, Prevention and Control • Case Management • Risk Communication • State Coordination 	<ul style="list-style-type: none"> • Public Health England (PHE) • Department of International Development (DFID) • WHO • Palladium (Lafiya Programme) 	<ul style="list-style-type: none"> • Lagos • Kano • Jigawa • Borno • Yobe • Kaduna • Katsina • Zamfara 	<ul style="list-style-type: none"> • ₦292,690,800 (to WHO) • ₦439,679,145 (to Palladium) (GDP 1 = ₦ 442.8 CBN Rate @ 30-June-2020)
11	United Nations	<ul style="list-style-type: none"> • Epidemiology & Surveillance • Laboratory • Research 	<ul style="list-style-type: none"> • UNDP • UNAIDS • UNFPA • UNICEF • UNWOMEN 	<ul style="list-style-type: none"> • 36 states & FCT 	<ul style="list-style-type: none"> • ₦22.6b (Basket fund) • ₦3615.4b (Approved)

S/N	Name	Area of Support / Initiative	Implementation Partner(s)	States Supported	Fund Released
		<ul style="list-style-type: none"> • Infection, Prevention and Control • Case Management • Risk Communication • State Coordination • 	<ul style="list-style-type: none"> • WHO: (UN agencies whose projects have been approved by the Basket Fund Project Board for implementation) • PricewaterhouseCoopers (PwC) 		Basket fund projects): <ul style="list-style-type: none"> • ₦794,200,000 (UN Procurement through UNDP Systems - worth of medical supplies) • ₦4.7b (Advance procurement through UNDP Systems: funded by the EU through the Basket Fund) (\$1 = ₦361 CBN Rate @ 30-June-2020)
	United Nations Population Fund	<ul style="list-style-type: none"> • Research • Infection, Prevention and Control • Coordination 	<ul style="list-style-type: none"> • Federal Ministry of Health • National Bureau of Statistics • Ministry of Finance, Budget and National Planning • Federal Ministry of Women and Affairs • Abia State Planning Commission • Adamawa State Ministry of Health • Borno State Ministry of Health • Lagos State Ministry of Health • Kaduna State Ministry of Health 	<ul style="list-style-type: none"> • Abia • Adamawa • Akwa-Ibom • Benue • Borno • Cross River • Ebonyi • FCT • Gombe • Imo • Kaduna • Lagos • Ogun • Ondo • Sokoto • Yobe 	<ul style="list-style-type: none"> • ₦263,486,400

S/N	Name	Area of Support / Initiative	Implementation Partner(s)	States Supported	Fund Released
			<ul style="list-style-type: none"> Yobe State Ministry of Health FCT Health Secretariat 		
	UN Women	<ul style="list-style-type: none"> Risk Communication 	<ul style="list-style-type: none"> Federal Ministry of Women Affairs State Ministries of Women Affairs in 15 states Federation of Muslim Women National Council of Women Societies Women Wing of Christian Association of Nigeria 	<ul style="list-style-type: none"> Lagos Kano FCT Sokoto Bauchi Gombe Edo Ebonyi Oyo Rivers Ogun Kaduna Delta Akwa-Ibom Borno Delta 	<ul style="list-style-type: none"> ₦502,151,000 <p>(\$1 = ₦361 CBN Rate @ 30-June-2020)</p>
12	United States Government	<ul style="list-style-type: none"> Epidemiology & Surveillance Laboratory Point of Entry Research Infection Prevention and Control Case Management Risk Communication Security, Logistics & Mass Care State Coordination 	<ul style="list-style-type: none"> AFENET Caritas Chemonics Creative Associates Deloitte Consulting FHI 360 IFRC IOM JHPIEGO Mercy Corps Palladium Pro Health International Research Triangle Institute UNICEF University of Maryland-Baltimore WFP WHO 	<ul style="list-style-type: none"> Only 10 of 36 states were not covered including: Anambra, Borno, Ebonyi, Ekiti, Gombe, Jigawa, Kebbi, Kwara, Nasarawa, Ogun and Ondo 	<ul style="list-style-type: none"> ₦19.8b <p>(\$1 = ₦361 CBN Rate @ 30-June-2020)</p>

S/N	Name	Area of Support / Initiative	Implementation Partner(s)	States Supported	Fund Released
			<ul style="list-style-type: none"> • World Vision • Alliance for International Medical Action • Catholic Relief Services • The Danish Refugee Council 		
13	World Bank	<ul style="list-style-type: none"> • Epidemiology & Surveillance • Laboratory • Point of Entry • Research • Infection Prevention and Control • Case Management • Risk Communication • Security, Logistics & Mass Care • State Coordination 	<ul style="list-style-type: none"> • NCDC • Federal Ministry of Finance • Federal Ministry of Health • All State Governments • Ministry of Humanitarian affairs 	<ul style="list-style-type: none"> • 36 states & FCT 	<ul style="list-style-type: none"> • N25.9b (REDISSE) <p>(\$1 = N361 CBN Rate @ 30-June-2020)</p>
14	Africa CDC	<ul style="list-style-type: none"> • IPC • Lab • Epi & Surveillance • Risk communication • Coordination 	<ul style="list-style-type: none"> • NCDC 		

2.2.1.3 Ministries, Departments and Agencies:

The multi-sectoral structure of the PTF allowed for the flexible participation of MDAs in the delivery of its mandate across all levels. The MDAs were responsible for implementing the PTF's initiatives both within and beyond the pillar structure, collaborating amongst themselves as necessary while reporting to the PTF. There were about 50 MDAs involved with the PTF, with some of them leading specific pillars, such as the NCDC (for IPC, Lab and Epidemiology/Surveillance), FMOH (Case Management and Research), NEMA (Security, Logistics

and Mass Care), the Federal Ministry of Information (Risk Communication) and the Federal Ministry of Industry, Trade and Investment (Sustainable Production).

Though not an MDA per se, the Nigerian Governors' Forum also liaised with the PTF to create synergy between the federal and state structures, to achieve a common national response.

Some of the key MDAs involved in the COVID-19 response are outlined below:



3. ACHIEVEMENTS

3.1. PTF Achievements

During the period under review, the PTF through its different pillars and functional working groups, MDAs and partners achieved some modest accomplishments. These include effective coordination and policy formulation, resource mobilization from donors and the private sector, set up of COVID-19 infrastructure and services, effective risk communication, capacity building of health workers, social welfare, and economic support. The PTF achievements from inception to date (March 17th to June 30th, 2020) were categorised into six (6) areas.



3.1.1 Coordination and Policy Formulation

Despite initial challenges, the PTF set up an effective Secretariat that has improved coordination of all MDAs and organizations involved in the response. Over 50 Federal Government Ministries, Departments and Agencies have been involved in the response, in addition to several partner organizations. The PTF effectively aligned all these organizations towards the goal of reducing COVID-19 morbidity and mortality in Nigeria, while improving linkages and partnerships between these organizations. Also significant in the PTF's coordination achievement is the alignment of the 36 states towards the goal of achieving a single national response.



In addition, the PTF developed the National Pandemic Response Plan to guide the COVID-19 response in Nigeria, while working with its member MDAs to set out specific guidelines and policies on areas like testing and treatment, infection prevention and control, and non-pharmacological interventions and their enforcement.

3.1.2 Infrastructure and Services

As at 30th June 2020, PTF through the NCDC, FMoH and supporting partners had set up 39 labs spread across 25 states, 131 treatment centres with a total bed capacity of 7,040 and 256 ICU beds, and other key healthcare infrastructure. Through these facilities, 138,462 people were tested, with 25,694 testing positive. 9,746 of these were successfully treated and discharged, while 590 died. This is a case fatality rate of 2.29%, which is lower than the global rate of 3.5%.

For testing, the PTF through the NCDC and supporting partners expanded laboratory capacity, increased geographic coverage, and reduced testing turnaround time (TAT) during the period under review. As a result,

there was a 40% increase in testing in June 2020. The chart below summarizes the PTF's achievements with respect to COVID-19 specific infrastructure and service delivery

Infrastructure 	57 Number of molecular labs	131 Number of accredited treatment centres	7,040 Total bed capacity in all treatment centres	256 Number of ICU beds
Case numbers 	251,893 Number tested and given results	38,344 Number tested	15,815 COVID-19 cases managed and discharged	813 Deaths recorded

For isolation and treatment centres, they were categorised into three levels based on infrastructure, equipment, and medical expertise available.

Level 1	Level 2	Level 3
<ul style="list-style-type: none"> Basically for quarantine of Persons of Interest e.g. suspected cases and contacts of confirmed cases, returnees, Isolated mainly in hotels and other designated areas until results are received and they are either sent home or referred to Level 2. 	<ul style="list-style-type: none"> For asymptomatic and mild cases of COVID-19, who form a significant majority of the cases seen across the 36 states and the FCT Patients are kept under observation and would be transferred to a Level 3 if any change in condition occur 	<ul style="list-style-type: none"> For moderate to severely and critically ill cases. All tertiary hospitals in the 36 States and FCT are categorized as Level 3 having been equipped with Intensive Care Units (ICU) and critical care management facilities

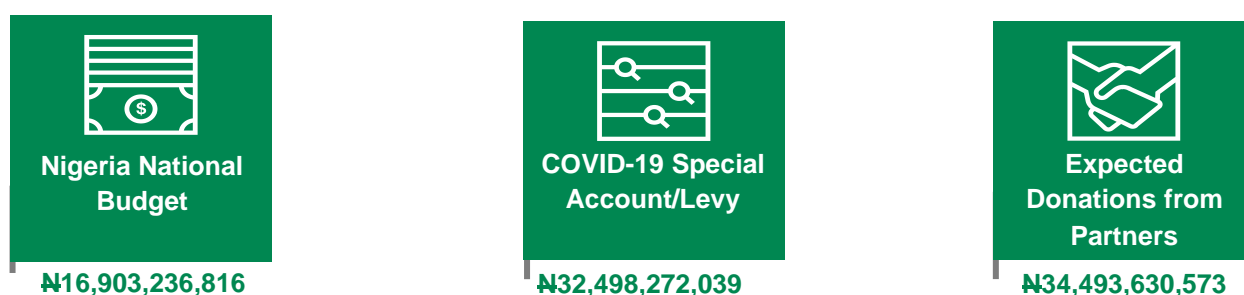
Pictures of Level 2 Centre, Gwagwalada, Abuja



3.1.3 Partnerships and Resource Mobilization

The PTF leveraged on development partners and the Private Sector to support implementation of activities, with significant technical and material output. Via the Private Sector Coalition Against COVID-19 (CACCOVID), the PTF stimulated an unprecedented commitment of resources to public health by the organized Private Sector, while also mobilizing significant and sustained resources from donors and development partners through the instrumentality of the UN system in Nigeria.

At the beginning of the response, the PTF developed an initial budget totalling **₦83,895,139,427** to finance Nigeria's response to the COVID-19 pandemic. The funds were expected from three key sources; the Federal budget, a special Federal Government account for COVID-19, and expected donations from Development Partners and the Private Sector. The portion expected from donors was to support the expansion of healthcare infrastructure.



The Federal Government's contribution to this budget, which is sum of the budget and COVID-19 special levy contributions, totals **₦49,401,508,854**, and has been fully approved for release. Development Partners and the Private Sector however donated more than the **₦34,493,630,573** expected of them, though their funds were not given to the PTF directly. Nearly all the donor and Private Sector funding was spent by them directly, working with the relevant MDAs. These funds were not only spent on healthcare infrastructure as earlier anticipated, but also other key interventions such as risk communication, health worker trainings, and economic palliatives. Details of the Donor and Private Sector funding are in Sections 2.2.1.2, and 7.2.

76.5% of the Federal Government's contribution to the budget has been released to the PTF from the Treasury as at June 30, and details are shown below.



The Table below gives details of release of Federal Government funds:

S/N	Agency / Activity	Approved Budget (FG contribution) (₦)	Total Released to the PTF (₦)	%
1	Health Infrastructure (FMoH, NCDC)	14,432,492,512	14,432,492,512	100%
2	Health Operations (FMoH, NCDC, NPHCDA)	21,639,869,976	15,147,908,983	70%
3	Nigeria Immigration Service	225,000,000	135,000,000	60%
4	NEMA and supporting agencies	4,458,566,666	2,229,283,333	50%
5	Federal Ministry of Aviation	652,000,000	326,000,000	50%
6	Federal Ministry of Information and Culture	1,427,612,700	1,213,470,795	85%
7	Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development	551,416,000	165,424,800	30%
8	Federal Ministry of Foreign Affairs	500,000,000	250,000,000	50%
9	Nigerian Maritime Administration and Safety Agency	6,890,000	2,067,000	30%
10	Federal Ministry of Environment	493,000,000	147,900,000	30%
11	Nigeria Ports Authority	22,111,000	6,633,300	30%
12	Federal Ministry of Industry	430,000,000	129,000,000	30%
13	Ministry of Defence	43,700,000	43,700,000	100%
14	Task Force	4,518,850,000	3,571,380,000	79%
	Total	49,401,508,854	37,800,260,723	76.5%

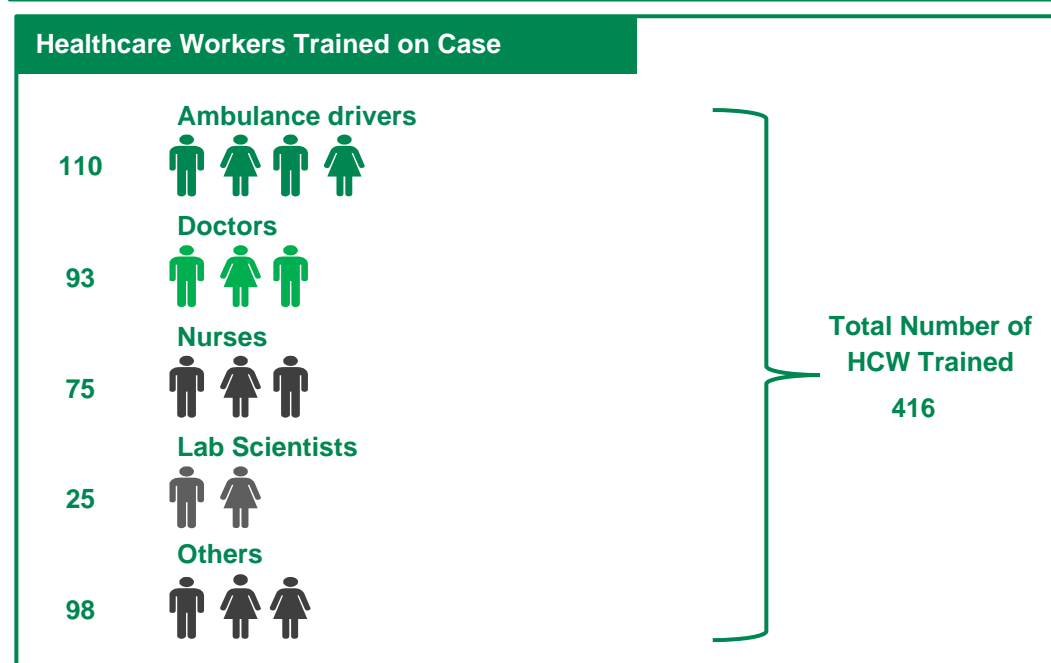
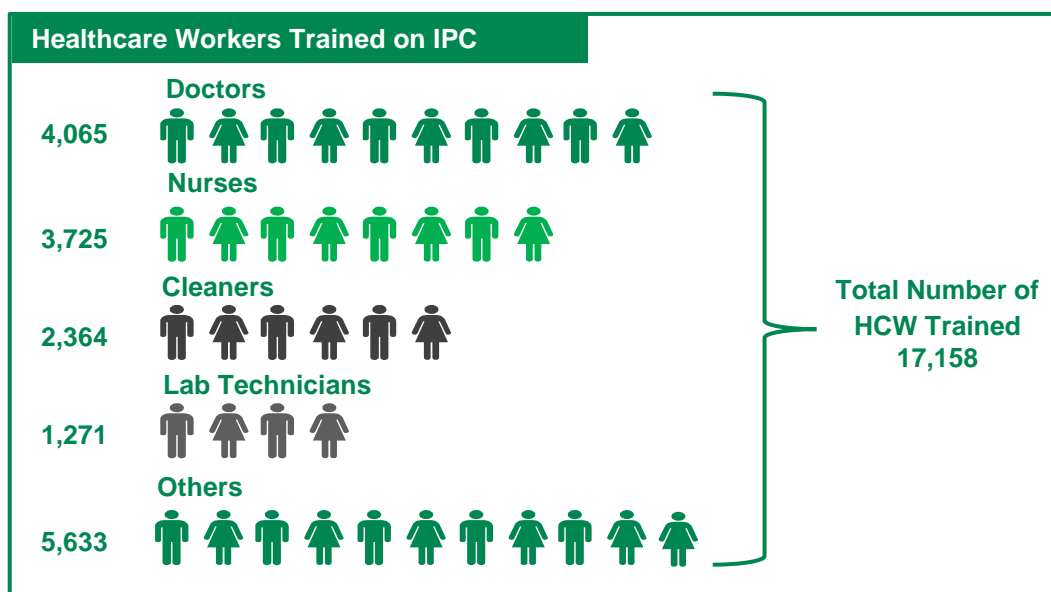
N.B: Not all funds released to the PTF had been disbursed to the MDAs. Disbursements are done as the MDAs meet certain criteria including submission of detailed work plans and other documents that may be required, such as procurement plans.

3.1.4 Capacity Building

In the wake of the COVID-19 outbreak, capacity development was required to equip frontline healthcare workers with necessary skills for managing the pandemic.

In the period under review, a total of **17,158** healthcare workers were trained on **Infection Prevention and Control**, while **416** were trained on case management.

In addition to these numbers, another **1,114** laboratory personnel had been trained on COVID-19 testing and lab management as at June 30, 2020.



3.1.5 Risk Communication and Community Engagement:

PTF successfully maintained regular communication with relevant stakeholders including partner/donors, MDAs, and the public. Led by the Federal Ministry of Information, awareness about the COVID–19 pandemic and Nigeria’s response was created through the production of various communication and advocacy materials. The PTF leveraged both traditional and digital media in communicating with members of the public. Some of the areas covered include:



The PTF successfully obtained the buy-in of numerous stakeholders in the media, including television and radio service providers alike.

3.1.5.1 Television:

Jingles produced by the Federal Ministry of Information and Culture, supporting MDAs and communication consultants were aired by ten (10) television Channels including:



3.1.5.2 Radio

Jingles produced by the Federal Ministry of Information and Culture, supporting MDAs and communication consultants were also aired daily by 40 radio stations across the country including:

Geopolitical Zones	Radio Stations	
North Central	Wazobia FM Abuja	Zuma FM, Suleja
	Human Rights Radio (Berekete Family)	Sobi FM, Ilorin
	Platinum Radio, Lafia	Rhythm FM, Jos
	Jatto FM, Okenne	
North East	Dandal Kura Radio International Maiduguri	Taraba State Radio, Jalingo
	Yobe Radio AM/FM, Damaturu	Gotel Radio, Yola
	Ray Power Bauchi	Progress FM, Gombe
North West	Freedom Radio, Kano	Vision Radio, Katsina
	Express Radio, kano	Vision Radio, Birnin Kebbi
	Liberty Radio, Kaduna	Alu YaGode Radio, Sokoto
	Nagarta Radio, Kaduna	Jigawa Radio, Dutse
	Sound city, Enugu	Orient Radio, Owerri

South East	African Vision Radio, Umuahia	Blaze FM, Oraifite, Anambra State
South West	Wazobia Radio, Lagos	Sound city, Lagos,
	Ayoba FM, Ekiti	Adaba Radio, Akure
	Ray Power, Ibadan	Rave FM, Osogbo
South South	Wazobia Radio, Port Harcourt	Ray Power, Port Harcourt
	Correct FM, Calabar	Hot FM, Asaba
	Ray Power, Benin	Ray Power, Yenagoa
	Inspiration FM, Uyo	

Other notable achievements in communication and advocacy include:

- Production of over 50 television and radio jingles by the Federal Ministry of Information and Culture in thematic areas including: general information of COVID-19, use of face masks, burial protocol, testimonials by COVID-19 survivors as part of efforts to check stigmatisation, mass gathering.
- Production of 30 television and radio jingles by the National Orientation Agency (NOA), which were translated into some of the major languages in the country. Also, the State Directorates of NOA produced radio jingles in some of the major languages spoken in their respective states of operation. Development and distribution of IPC IEC materials, job aids and workplace reminders for educating patients and sensitising communities.

3.1.5.3 Print

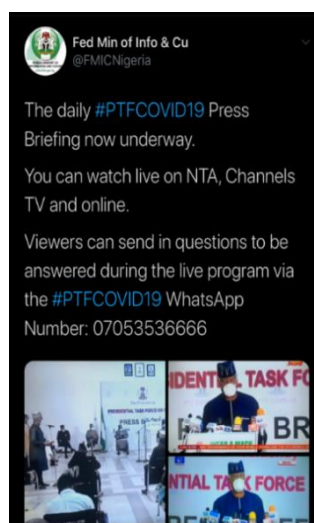
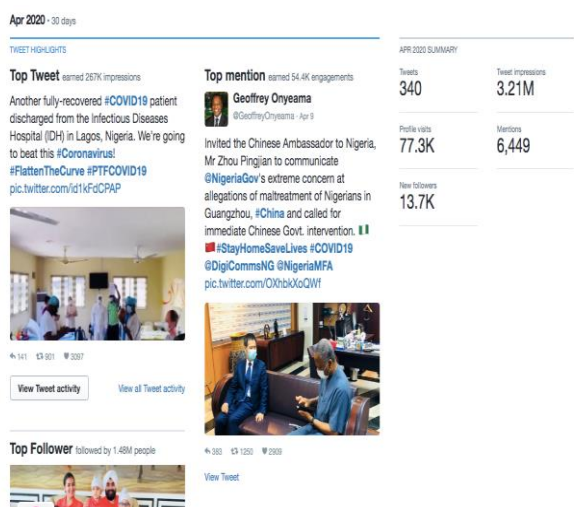
The revised Ease of Lockdown protocol by the Presidential Task Force was published in six (6) national dailies across the geopolitical zones including:



3.1.5.4 Social Media/PTF Website

The social media publicity and engagement for the Presidential Task Force was conducted via the State House and the Federal Ministry of Information and Culture social media handles. A comprehensive site which hosted information about the PTF, COVID-19 updates, FAQs, guidelines and protocols, etc. was created as a subdomain on the State House website: <https://statehouse.gov.ng/covid19>

On twitter, the handle Presidency Office of Digital Engagement (PODE) was adapted as an official resource for COVID-19 updates: <https://twitter.com/DigiCommsNG>



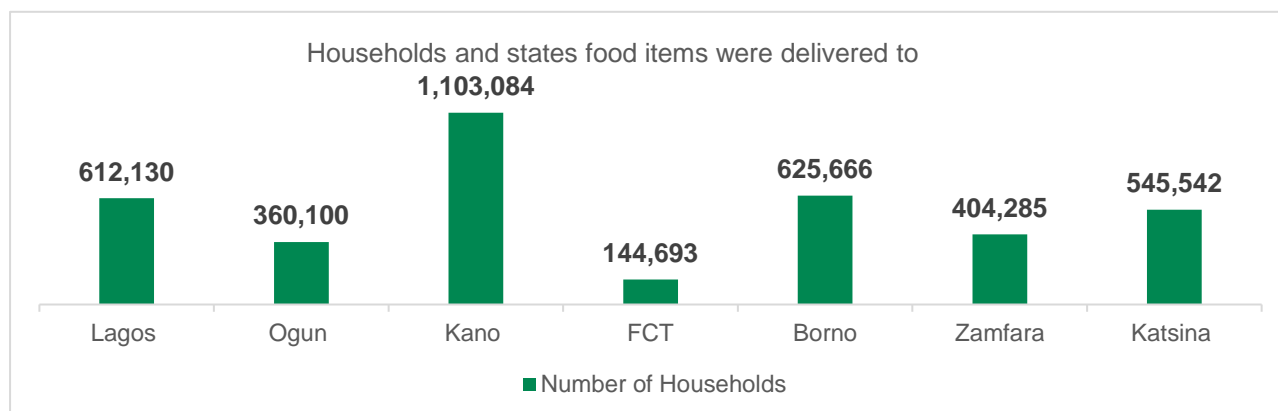
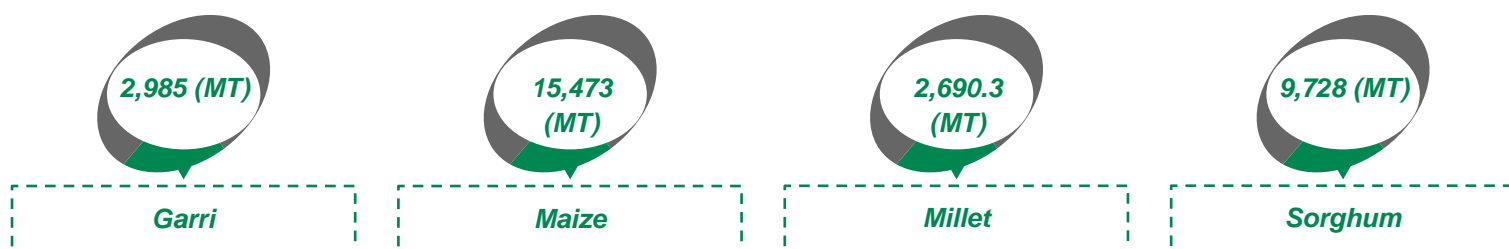
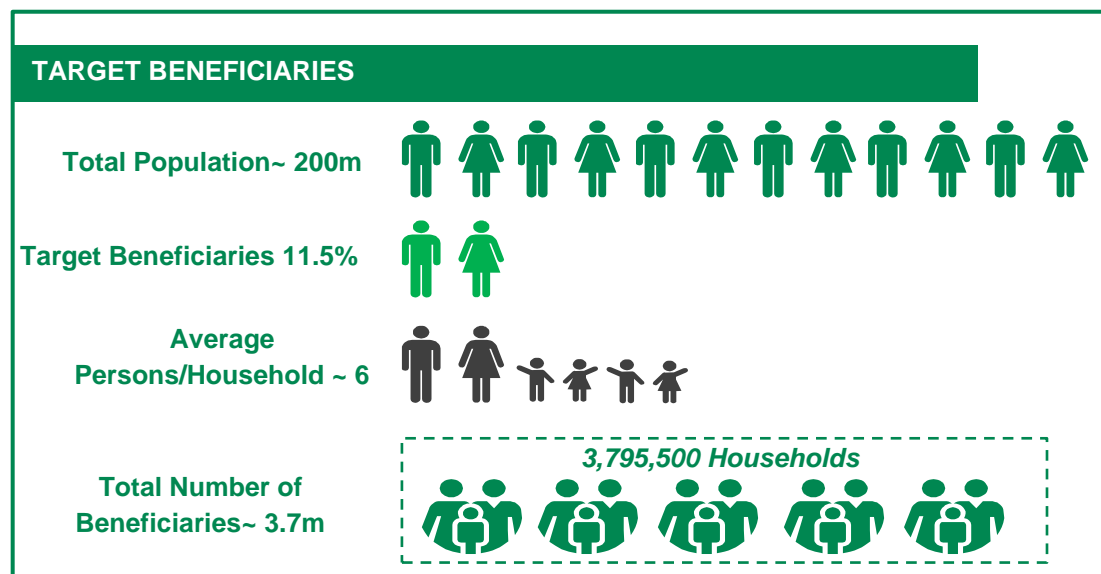
3.1.6 Humanitarian and Social Interventions

Through the Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development and its agency, NEMA, the PTF successfully implemented humanitarian relief packages and modified social investment schemes aimed at aiding individuals and households in need and cushioning the effect of the lockdown on individuals and small-scale business owners. These interventions were in three categories: food items, cash transfer, and economic support.

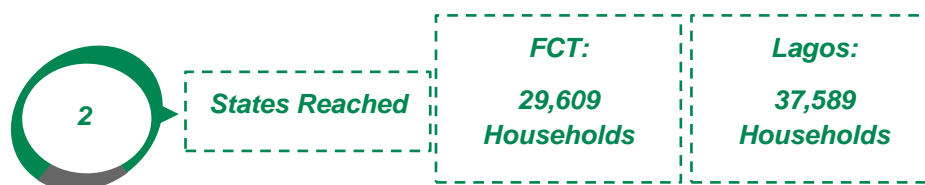
3.1.6.1 Food Items:

Food items comprising Garri, Maize, Millet and Sorghum were approved for delivery to frontline states.







So far, a total of **30,876.3 metric tons (MT)** of food items were distributed to **3,795,500** households in **7** states.



The National Home-Grown School Feeding Programme (NHGSFP) also provided food palliatives during the period under review. It is the government-led school feeding programme aimed at improving the health and educational outcomes of public primary school pupils. To mitigate the impact of school closures as a result of the pandemic on school-age children who previously benefit from nutritious meals at school, the NHGSF was modified and implemented by providing Take-Home Rations model was adopted for households with children in the vicinity of the beneficiary school.



Take Home Ration Package:

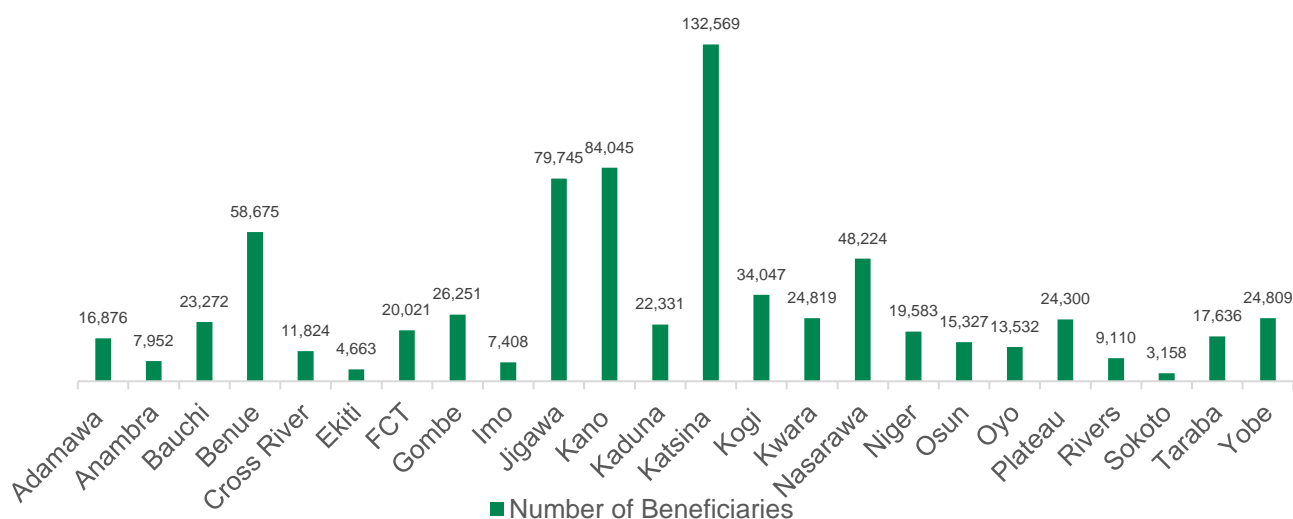
	Rice 5kg		Beans 5kg		Salt 500mg
	Vegetable Oil 500ml		Palm Oil 750ml		Eggs 15pcs
	Tomato Paste 140gm				

3.1.6.2 Conditional Cash Transfer Scheme:

The Conditional Cash Transfer Scheme ensured the provision of money to individuals and households as emergency relief to address their basic needs. PTF supported the conditional transfer scheme by liaising with the National Cash Transfer Office to sensitize citizens and ensure the availability of necessary funds. A total of **755,375** beneficiaries in **23** States and the FCT (Adamawa, Anambra, Bauchi, Benue, Ekiti, Cross river, FCT, Gombe, Imo, Nasarawa, Niger, Sokoto, Rivers, Osun, Oyo, Yobe, Jigawa, Katsina, Kano, Plateau, Taraba, Kaduna, Kogi and Kwara) were sensitized on COVID-19.

Cash disbursement was made to **730,177** beneficiaries in 23 States and the FCT.

Disbursement of payments: states & number of beneficiaries



3.1.6.3 Economic Support

The PTF provided mechanisms of support to individuals and small scale/medium businesses in the form of loans, empowerment etc. The aim was to cushion the effect of the lockdown on individuals and small-scale business owners.

Government Enterprise and Empowerment Programme (GEEP):

The GEEP successfully sensitised over **5 million** small-scale traders captured on Government Enterprise and Empowerment Programme (GEEP) database regarding COVID-19 Pandemic and granted moratorium to 2.2 million existing GEEP beneficiaries, in line with the Presidential directive.

Trader and Market Moni loans:

Loans were disbursed to 43,117 beneficiaries in 11 states and the FCT (Lagos, FCT, Ogun, Plateau, Bauchi, Yobe, Zamfara, Katsina, Edo, Cross River, Enugu, and Imo)

Rapid Expansion of the National Social Register:

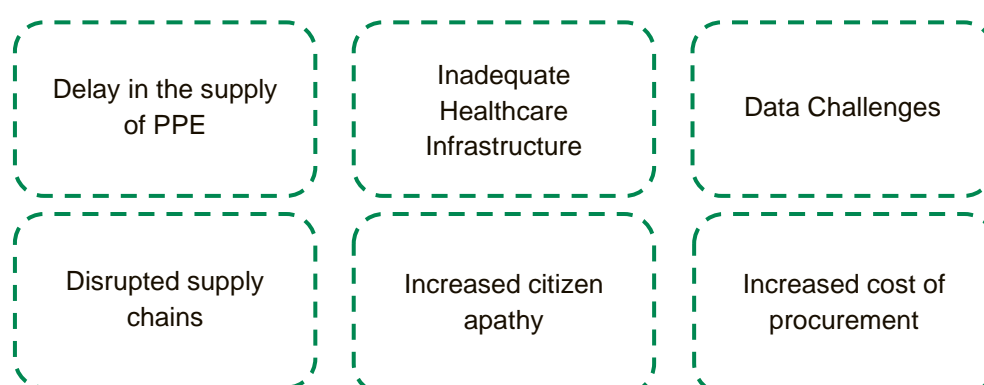
The National Social Register (NSR) was updated to include previously unidentified vulnerable citizens. The NSR comprised of 2.6 million poor and vulnerable households at the onset of the pandemic but now comprises 3.6 million households in 36 States and the FCT

4. CHALLENGES AND MISSED OPPORTUNITIES

4.1. Key Challenges

Despite the remarkable success recorded over the period, the PTF had to deal with some challenges including; logistics bottlenecks, shortages of Personal Protective Equipment (PPE), high cost involved in procurement, lack of testing capacity, difficulty testing suspected individuals and traced contacts among others.

The challenges faced by the PTF can be categorised across these areas:



4.1.1 Delay in the supply of Personal Protective Equipment

Healthcare workers rely on personal protective equipment to protect themselves and their patients from being infected and infecting others. The limited access to supplies such as gloves, medical masks, respirators, goggles, face shields, gowns, and aprons especially at the early days of the response left HCWs under-equipped to care for COVID-19 patients. The shortages resulted from various factors such as increased importation lead times, interstate travel restrictions, interception by border authorities and low PPE inventory levels.

4.1.2 Inadequate Healthcare Infrastructure

A rapid needs assessment was conducted by the Department of Hospital Services, Federal Ministry of Health at the beginning of the COVID-19 pandemic. The results showed that infrastructure and equipment levels were sub-optimal to support the national response. Testing facilities, treatment facilities, ICU beds, ventilators, ambulances, dialyzers, and body bags were all grossly inadequate.

The country also had a slow start to testing because of limited number of testing kits, laboratories, trained staff, and delayed shipment of equipment to conduct molecular testing.

4.1.3 Challenges with Data Management

Data needed to support prompt decision-making was not always available. For example, due to limited investment in the laboratory diagnostics, LIMS, result reporting and data management capacities were lacking

and slowed down turnaround time and reporting. There have also being challenges with optimizing of the epidemiological data as well as linking epidemiological data from each person tested with lab data. Even where data was available, managing it in a coordinated manner from the multiple agencies involved, as well as the states, was challenging.

4.1.4 Disrupted supply chains

As a result of the COVID-19 pandemic, procurement and delivery of essential items were impacted. Nigeria is dependent on raw materials/products from leading export countries like China, Germany, etc. Due to the pandemic, countries were forced to close their borders and shut down production which affected importation activities in Nigeria. This eventually led to reduced inventory levels of essential supplies including medical equipment, PPEs, etc. It also led to an increase in the cost of essential goods and services required to cushion the effect of the COVID-19 pandemic.

4.1.5 Increased citizen apathy

Sensitisation programmes were organised to engage the community and create awareness of the COVID-19. Despite this effort, there is still a lack of compliance to safety protocols such as getting tested if ill, social distancing, quarantine and wearing of face masks among the citizens. It was observed that the citizens were resistant to sampling and testing, some confirmed cases refused to be evacuated to the designated treatment centres, and returnees who were expected to get tested and self-isolate for a period did not comply.

This was caused by a general lack of trust in the government and misinformation among groups about the severity of the COVID-19 pandemic.

4.1.6 Increased cost of procurement due to naira devaluation:

The COVID-19 pandemic has had an adverse impact on the country's exchange rate resulting in a forced devaluation of the currency against the dollar. The impact of COVID-19 resulted in declined oil prices and supply in the global markets. Nigeria mainly depends on revenues from oil to fund the external reserves, finance government spending and supply forex for the imports of goods and services.

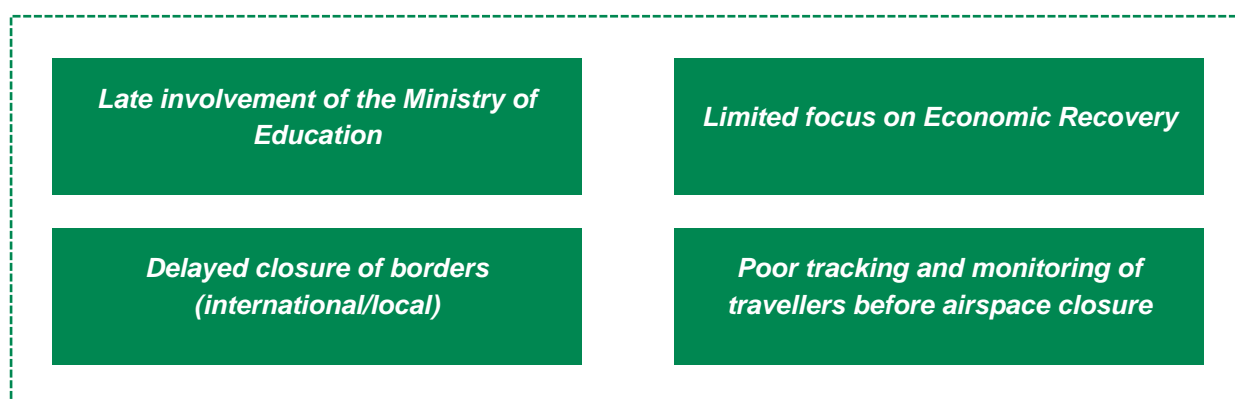
The devaluation has caused the price of imported items such as essential medical supplies and equipment to increase.

Unarguably, oil price affects FX reserves since it is used to build the reserves with dollar proceeds from crude oil. Therefore, a rise in oil price appreciates the Naira while a fall results in depreciation. This susceptibility to oil means that the country typically may not have enough US dollar reserves to protect the currency when global oil prices are low, due to lower crude oil proceeds.

4.2. Missed Opportunities

Although the Nigerian Government executed various strategies in responding to the COVID-19 pandemic in the period under review, several initiatives/decisions if implemented may have led to a reduction in the number of imported cases from returnees and possibly the overall number of cases.

The missed opportunities identified are:



4.2.1 Late involvement of the Federal Ministry of Education:

The educational sector has been greatly impacted by the COVID-19 pandemic in the country. In planning for the COVID-19 pandemic response, the Federal Ministry of Education was not initially considered when the PTF pillars were established. Prior to the pandemic, the country struggled to ensure young children (majorly in the rural areas) stayed in school and had access to proper education. As a result of the pandemic, children in these communities have been left behind as the schools, students and teachers are not equipped to transition to new methods of learning.

Involving the Federal Ministry of Education early could have led to the development of an online curriculum for students of all classes, training and equipping of teachers on adapting digital tools and better preparation in responding to the pandemic.

4.2.2 Limited focus on economic recovery:

While a total lock down in the country was a good response to curb the spread of the COVID-19 pandemic, it had several economic consequences. Economic activities were frozen resulting in job losses and supply chain disruptions. More importantly, the country's reliance on oil as a major source of revenue and foreign exchange made it at risk to oil price crash that resulted from a fall in demand. The plan for post-pandemic economic recovery for the country was not clearly articulated in the Pandemic Response Plan of the PTF. The government could have considered prioritizing the creation of jobs in key areas like agriculture, promoting manufacturing and local production etc. to cushion the economic effects of the lock down on its citizens.

4.2.3 Delayed closure of local and international borders

Government could have reacted quicker by closing its international borders as soon as the index case in Nigeria was confirmed. The three-week delay resulted in the influx of individuals arriving from countries with a high rate of COVID-19 infection into the country.

Locally, an early enforcement of a nation-wide lockdown and inter-state travel restriction not only across high-risk areas (such as Abuja, Lagos and Ogun) would have prevented or reduced the spread of the virus across states.

4.2.4 Poor tracking and monitoring of travellers before airspace closure

Due to the high cost of implementing a compulsory sample collection and 14-day quarantine for travellers who returned before the international airspace was closed, these travellers were required to go home and self-isolate. However, it was discovered that most did not comply with these instructions. This resulted from the lack of effective measures for monitoring their movements and the lack of enforcement on the mandatory quarantine and testing procedures.

Government could have considered using public properties such as public training institutes with boarding facilities and government institutions such as university hostels to quarantine the returning travelers.

5. Next Steps/ Roadmap

At the two (2) day Mid-Term Retreat (MTR) organised by the PTF, the key initiatives and activities of the PTF for the next three to six months were outlined and agreed by pillar/functional working group leads and all key stakeholders. The detailed roadmap of initiatives is below.

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
1	Carry out risk assessment in identified hotspot LGAs/wards and develop appropriate intervention strategies	Epidemiology & Surveillance												
2	Implement the strategies developed for “hotspot” LGAs and wards													
3	Decentralize sample collection													
4	Conduct routine sample collection outreaches in communities, markets and other public locations													
5	Conduct COVID-19 surveillance training for HCWs and Community Volunteers													
6	Engage data managers/ officers, health workers, and community volunteers, on COVID-19 surveillance													
7	Train community health workers on case findings													
8	Expand Event Based Surveillance and alert management at LGA, Wards and Communities													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
9	Develop wireframes for SORMAS dashboards													
10	Review current ILI data and syndromic surveillance situation reports for ILI/SARI from sentinel sites													
11	Review current ILI data and syndromic surveillance situation reports for ILI/SARI from sentinel sites													
12	Conduct routine data validation at state and LGA levels													
13	Complete the implementation of SORMAS roll out to the remaining 12 states													
14	Implement Data Quality Improvement Plan													
15	Build Capacity and drive adoption of SORMAS													
16	Institutionalize SORMAS data at sub-national level													
17	Review the SOP/guidelines for Contact tracing													
18	Provide Logistics for contact training (people, equipment, PPEs, telephones)													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
19	Recruit surge capacity for States	Epidemiology & Surveillance												
20	Conduct gap-specific training to build prerequisite skills among the available State and LGA													
21	Provide guideline for Psycho-social support and counselling													
22	Coordinate screening at Domestic terminals in collaboration with FAAN	Point of Entry												
23	Engage adequate surge capacity staff for implementation of public health measures & passenger screening at Domestic Terminals													
24	Intensify engagement of border communities to stem influx of travellers through porous borders and possibly identify suspect cases, then notify appropriate authorities													
25	Collate COVID-19 POE data for analysis, research and planning													
26	Coordinate institutionalization of public health measures between stakeholders at POE using IHR 2005, ICAO, IMO guidelines and collaborate with Regulatory bodies to enforce/ensure compliance													
27	Activate cross border collaboration mechanisms to mitigate community transmission across counterpart land borders													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
28	Provide adequate staffing	Point of Entry												
29	Provide adequate testing and sample collection facilities													
30	Set-up local community border task force													
31	Engage border communities and empower them to notify, collect samples for testing													
32	Provide sensitization for border communities													
33	Increase the capacity of border patrols for surveillance													
34	Provide health checklist forms at the points of entry													
35	Implement robust Advanced Passenger Information Systems (APIs)													
36	Establish strong monitoring and evaluation at the POE													
37	Review, circulate and support implementation of SOPs/Guidelines for a COVID-19 transmission-free environment at all POE													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
38	Facilitate risk communication to travelers and the entire POE community	Point of Entry												
39	Procure, stockpile, distribute PPE and IPC commodities & ensure rational use of same at all points of entry													
40	Evaluate and review implementation of public health measures adopted at POE to ensure COVID-19-free transmission zones													
41	Continue implementation of public health measures and support to POE to ensure a COVID-19 transmission-free environment													
42	Commence a PHS-driven POE data management system to aid analysis, research, and planning													
43	Train and retrain PHS staff, staff of frontline agencies, surge staff													
44	Procure appropriate holding/isolation spaces to accommodate traveller numbers referred for holding/isolation													
45	Establish linkage between Entry point officials, states, NCDC and FMOH													
46	Increase Inter-Agency collaboration													
47	Support the evaluation of antigen based RDTs and new technologies to improve TAT and increase capacity													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
48	Strengthen national laboratory supply chain monitoring and forecasting	Laboratory												
49	Promote more in-country production of VTM from Vom													
50	Provide specifications for in-country production of swab sticks and dacron tubes													
51	Liaise with the sustainable development group to explore local companies that can produce													
52	Continue optimizing and activation of new laboratories in country													
53	Develop and implement a national quality assurance program to monitor laboratory testing and performance													
54	Recruit more qualified staff and train (ad hoc/random or deployed) staff on LIMS.													
55	Conduct more training on sample collection	Laboratory												
56	Improve real time data collation and analysis through the development of data pipeline and dashboard and hiring of data analysts													
57	Encourage activated labs to conduct 24/7 testing in shifts													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
58	Increase human resources and work hours for labs to enable them to conduct more tests in each day (especially night shifts)													
59	Procure Automated extraction systems													
60	Place GeneXpert in hospitals for better triage and turnaround time													
61	Ensure effective management of all cases	Case Management												
62	Ensure provision of other health services													
63	Conduct supportive supervision of isolation/ treatment centres													
64	Strengthen referral system													
65	Monitor Key Performance Indicators													
66	Conduct a review of the activities of the Case Management pillar for the previous months													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
67	Use evidence from supportive supervision to reset strategic directions of the case management pillar													
68	Adapt the best practices e.g. the Lagos model in psychosocial support													
69	Provide national guidelines for states													
70	Develop and support the roll out a triaging protocol for proper classification of COVID-19 positive cases													
71	Review and improve existing guidelines on isolation of cases including homecare													
72	Establish community support centres to align with established guidelines													
73	Strengthen case management coordination at state level													
74	Build additional capacity for emergency oxygen care based on severity													
75	Provide Standard Operating Procedures and Protocols for Case Management													
76	Strengthen data management													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
77	Train psychosocial teams	Case Management												
78	Ensure adequate number of required personnel are available and proper trained													
79	Provide clinical support, training, commodities supply and advisory services to clinicians at treatment centres													
80	Procure and distribute oxygen infrastructure to States													
81	Procure additional treatment equipment needed to deliver care													
82	Ensure proper dissemination of Oxygen for COVID-19 treatment guidelines protocols and SOPs to the states													
83	Lead and support the implementation of WHO core components of IPC at state and facility level through the training, mentoring and provision of technical support	Infection, Prevention and Control												
84	Disseminate workplace reminders and job aids to all health facilities													
85	Deploy online IPC training programs for healthcare workers to improve IPC capacity and skills													
86	Commence conversations to embed IPC education in the medical school curriculum													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
87	Create workplace policies (guidelines, SOPs, etc.)	Infection, Prevention and Control												
88	Engage Professional bodies													
89	Assess health facilities using the Screening Isolation and Notification Assessment form													
90	Train healthcare and community workers on screening, Isolation and notification													
91	Support all health facilities to set up and implement IPC programs													
92	Institute COVID-19 HAI surveillance in all testing laboratories and treatment centres													
93	Ensure timely Budgetary allocations to all facilities													
94	Sustain engagement with Traditional and Religious leaders which will result in the development of IECs with the leaders.													
95	Strengthen ongoing state and local government community mobilization structures													
96	Promote Community Mobilisation for behaviour change/ free distribution of face masks													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
97	Engage Religious and Traditional Rulers at the PTF level; PTF to invite religious leaders to their briefings; Production of IECs with Community Influencers	Risk Communication												
98	Sustain community mobilization, media engagement and promotion of human angle stories													
99	Develop State-specific media engagement and capacity building programmes													
100	Float live radio discussion programmes in some States to promote human angle stories with COVID-19 survivors, frontline health workers, care givers, etc.													
101	Develop and launch proposed Short code Help Line Campaign													
102	Sustain the development and airing of COVID-19 IECs.	Risk Communication												
103	Reinforce the message on public use of face mask for protection against COVID-19 with 'MaskOnNaija' campaign in collaboration with CACOVID													
104	Review RRT Composition													
105	Streamline RRT at National and Sub-national levels													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
106	Liaise with State COVID-19 committees	Security, Logistics and Mass Care												
107	Advocate for Community ownership of Intervention program													
108	Develop standard procedure on enforcement													
109	Ensure Consultation with Nigerian Governors forum													
110	Lobby key stakeholders													
111	Advice for review of border closure													
112	Support segmental lockdown													
113	Create liaison for budgetary efficiency during emergencies													
114	Review segmental lockdown													
115	Target palliatives delivery													
116	Sustain Social Protection Systems and livelihoods.													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
117	Reduce supply chain disruption.	Security, Logistics and Mass Care												
118	Coordinate palliatives to high burden LGAs													
119	Carry-out six months review and M&E.		Review to be carried out after three months											
120	Facilitate post COVID-19 early recovery via the provision of an economic and livelihood support programme targeting 500,000 vulnerable population in 36 states and FCT.													
12	Track socio-economic impacts for strategic national planning.													
122	Facilitate more proactive and coordinated engagements with the States' task force on COVID-19	State Coordination												
123	Promote state ownership of the 'hot spots' strategy													
124	Commence the tracking of resources allocated to States													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
125	Document what worked and what didn't work	and Government Relations State Coordination and Government Relations												
126	Track effective management of funds disbursed (2.1 billion for states)													
127	Monitor the indicators outlined by the PTF in COVID-19 guideline.													
128	Strengthen the functionality and quality of task force at state level													
129	Improve quality of task force at local government level													
130	Strengthen donor and MDA engagement													
132	Review supply chain data on a bi-weekly basis (based on distribution cycle) and present to PTF with a view to identifying triggers that may require PTF intervention to ensure transparency in resource use.													
132	Conduct monthly gap assessment and share with the PTF for donor engagement and advocacy.													
133	Communicate efficiently with hospitals													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
134	Make changes in the budget so that things concerning PPE are priority	Resource Mobilization												
135	Engage the State Governors													
136	Ensure timely information flow													
137	Secure funds from partners and demonstrate strong fiduciary management capacity													
138	Adopt Investment Facility Mentality to get buy in of the private sector													
139	Ensure adequate emergency preparedness													
140	Unlock funds within the country e.g. basic healthcare provision fund (BHPF)													
141	Provide timely report on funds utilization													
142	Ensure no stock out and maintain at least 3 months stock of all commodities at all points in time despite the shifting targets	Resource Mobilization												
143	Work in collaboration with the store on stock status and utilization reports													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
144	Secure PTF approval to set aside 25% of all procurement to boost local production	Sustainable Production Group												
145	Define and implement recommendations post-reports.													
146	Commence work on backward integration with CTG for production of PPEs and other medical garments. Engage NYSC													
147	Fast track SON/NAFDAC certification standard of essential items													
148	Kickstart boost of local capacity in pharma sector in partnership with Int'l Development Institutions													
149	Collaborate with NIPC on investment promotion and retention for health sector, mapping out incentives required													
150	Work with BOI and CBN for access to foreign exchange for equipment importation to boost local production													
151	Appraisal of policies for changes required to boost local production													
152	Facilitate loans at single digit and long-term duration on accelerated basis for MSMEs that require funding to scale production													
153	Establish health supply clusters in the 6 Geopolitical zones as part of industrialization plan													

S/N	ACTIVITIES	RESPONSIBLE PILLARS	EXECUTION TIMELINE											
			JULY				AUGUST				SEPTEMBER			
154	Develop policy framework on Sustainable Production	Sustainable Production Group												
155	Engage stakeholders on need to restrict importation of COVID-19 commodities locally available													
156	Implement Quality Assurance													
157	Facilitate Distribution													
157	Create Awareness Campaigns/create marketplace for medical supplies													
158	Regulate Price													
160	Articulate the standards													
161	Build Capacity of Local SME													
162	Create Advocacy to fast-track NQIP approval													
163	Conduct regular QAQC of products													



6. APPENDIX

6.1. Pillar Reports and Score Cards

Detailed information about the activities, achievements, challenges and score in line with set targets for each pillar are captured in the tables below. (NB: *N/A for targets and actuals means data is not available. N/A for score means 'not applicable'.)

LABORATORY	
<i>Pillar Lead: Mrs. N Mba</i>	<i>Deputy Lead: Mr Anthony Ahumibe</i>
<i>Description of Pillar:</i>	
<p>The Laboratory Response Pillar was established in March 2020 by the Presidential Task Force (PTF) as part of a multi-sectoral Presidential Task Force for the Control of Coronavirus (COVID-19) Disease.</p> <p>The response was focused on ensuring that laboratories with existing PCR capacity had optimised equipment and throughput, validated processes, sample collection and transportation guidelines and knowledgeable human resources to conduct the molecular based tests.</p> <p>The laboratory unit adopted a system thinking approach working with other pillars as parts of a united team</p>	
<i>Pillar Objectives:</i>	
<p>Overarching goal of the national COVID-19 testing strategy:</p> <ul style="list-style-type: none"> ✚ Scale testing ✚ Improve throughput ✚ Reduce proximity to testing ✚ Address long term sustainability ✚ Achieve testing target of 2 million tests in 180 days and overall target of 4m tests in one year <p>Strategic objectives of the pillar</p> <ul style="list-style-type: none"> ✚ Expand laboratory capacity for COVID 19 testing to ensure 100% geographic coverage and testing turnaround time (TAT) within 24hours. ✚ Provide training and technical support to 36 + 1 states on specimen collection, packaging, and transportation ✚ Institute timely confirmation and reporting of result to health facilities and the designated public health decision-makers at all tiers of the health sectors 	
<i>Support Agencies:</i>	

- ✚ Lead MDA is the Nigeria Centre for Disease Control (NCDC)
- ✚ Federal Ministry of Health
- ✚ Ministry of Defence (MOD)
- ✚ Medical Laboratory Science Council of Nigeria (MLSCN)
- ✚ National TB & Leprosy Control Programme (NTBLCP)
- ✚ WHO
- ✚ USCDC
- ✚ UNICEF
- ✚ KNCV
- ✚ IHVN.
- ✚ USAID

Pillar Achievements:

- ✚ Expand diagnostic testing capacity
 - Total of 39 laboratories activated in 25 States
 - 3 Cobas facilities in Abuja (NRL, DRL) and Lagos (NIMR) and 36 molecular laboratories
 - Developed a supply chain management system to monitor stocks weekly and to provide supplies to the testing laboratories
 - Supporting MLSCN to validate antigen RDTs in Abuja; testing, technical and supervisory support
- ✚ Providing training on sample collection and packaging
 - Total of 1306 State and Local Government Area staff trained
 - Virtual training provided to 29 States
 - Hands on training provided to 13 States
 - Both Virtual and Hands-On Training provided to 7 States
- ✚ Improving lab testing turnaround time
 - Improved interstate sample transportation to 24hrs
 - Improved intrastate sample transportation to 3.5hrs
 - Supported staff allowances to increase HR and shift work to provide 24-48hr operations in Lagos, Abuja and Kano
- ✚ Improving result reporting and data management
 - Developed a standardised national laboratory database and deployed to all testing facilities for daily reporting, provided virtual data management trainings to laboratories, developed and monitor indicators to improve laboratory response, supporting data entry into SORMAS
- ✚ Improving biosafety quality
 - Conducted international quality assessment in collaboration with WHO; 5 laboratories participated in first round

Key Challenges Identified:

- ✚ Slow expansion of testing capacity
 - Limited number of adequately trained staff
 - Weak infrastructure and inadequate equipment at state level to implement molecular testing
- ✚ Lack of capacity to run 24-hour laboratory shifts
 - No remuneration for laboratory staff
 - No incentive payments to operate 24-hour shifts
- ✚ Delayed intrastate sample transportation
 - Slow transportation times from point of sample collection to testing laboratory
- ✚ Inadequate lab database infrastructure
 - Limited availability of laboratory information management system within the testing laboratories and limited technical skills for data management
- ✚ Interrupted global supply chains
 - Exorbitant costs
 - Closure of international airspace
 - Limited global production capacity slowed down supply chain for reagents and consumables

Pillar Scorecard: Rating of pillar achievements in line with set targets

S/N	Indicators	Description	Set Target Value (over 6 months)	Actual	Score (1 = Below, 3 = Meets, 5 = Exceeds)
1	Number of Functional laboratories optimised 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	39	5
2	Percentage of samples tested	This measures the number of samples tested in the laboratory per day irrespective of when the results were delivered	50%	1.20%	1
3	Turnaround Time by Laboratory	This measures the lab the result turnaround time. It measures the	100%	N/A	N/A

		percent of samples tested and result returned within 24 hours out of total samples collected within 24 hours.			
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SURVEILLANCE

Pillar Lead: Ms. Elsie Ilori

Deputy Lead: Dr Charles Michael

Description of Pillar:

The Surveillance and Epidemiology pillar was established in March 2020. The Pillars main objective is to intensify surveillance for early detection and timely reporting of community transmission of COVID-19 as well as coordinate the outbreak response and roll-out of strategies for effective and efficient outbreak management.

To achieve this objective, the pillar implemented a 3-phased surveillance approach spanning prevention and preparedness (January-February 2020 prior to having a case), containment (March-April 2020 following case importation) and control and mitigation (May-June 2020 owing to clusters/community transmission).

Pillar Objectives:

- ✚ Intensify surveillance for early detection,
- ✚ Timely reporting and prompt, data-driven and coordinated response to COVID-19 outbreak in Nigeria

Support Agencies:

- ✚ Lead MDA – Nigeria Centre for Disease Control
- ✚ Federal Ministry of Health
- ✚ Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development
- ✚ National Primary Health Care Development Agency (NPHCDA)
- ✚ Federal Capital Territory Authority (FCTA)
- ✚ Partners: UNICEF, WHO, AFENET, IHVN, US CDC, RTSL, TBI, e-Health Africa, Georgetown University, University of Maryland, Africa CDC, Public Health England

Pillar Achievements:

- ✚ Prompt detection and reporting
 - Trained and deployed over 40 rapid response teams (RRT) to affected states to facilitate case detection, contact tracing and capacity building
 - Optimised contact tracing and Person of Interest (POI) follow-up achieving greater than 90% of the targeted follow-up
 - Provided technical support to all states and FCT through weekly engagement with their response teams and Emergency Operations Centres
 - Increased COVID-19 reporting and testing by more than 50% nationwide
- ✚ Event-based Surveillance and Call Centre Operations
 - Enhanced signal monitoring and maintenance of signal log with 24hour hotline
 - Escalated 6,868 COVID-19 alerts from 294,097 successful calls nationwide as at June 30, with 830 (12.2%) escalated alerts turning out positive for COVID-19
- ✚ Data Management and Reporting

- Deployed Surveillance Outbreak Response Management and Analysis System (SORMAS) Surveillance Support Officers to all states to enhance data entry and quality improvement
- Improved SORMAS COVID-19 data completeness from 65% to 78.5%
- Rolled-out SORMAS in 3 additional states making a total of 25 states

✚ Monitoring and Evaluation

- Monitored outbreak trends through review of daily situation reports from states
- Conducted and reported daily summary of cases and detailed weekly descriptive analysis providing information for action
- Reviewed surveillance case definition, contact tracing and management protocols to enhance case finding and testing based on Monitoring and Evaluation Analysis

✚ Surveillance data tools

- Developed and disseminated COVID-19 investigation forms and contact tracing guidelines
- Provided tablets for case investigation and contact tracing to states
- Provided more than 6000 traveler's kits to all Persons of Interest returning to Nigeria

✚ Support to Risk Communication

- Provided insights and technical briefs to Risk Communications Pillar to develop press releases and public health advisories

Key Challenges Identified:

✚ Resistance

- Refusal of some suspected cases identified through active case search to be tested
- Refusal of some confirmed cases to be evacuated to treatment centres
- Resistance to sampling in some communities and states

✚ Logistics Challenges

- Delay in sample conveyance from collection points to the labs
- Inadequate vehicles for State Epidemiology teams
- Initial absence of a "PASS" for transport vendor hampered samples testing sites

✚ Inadequate Human Resources

- Surveillance teams for contact tracing and active case findings were insufficient
- There were skill gaps in those available

Pillar Scorecard: Rating of pillar achievements in line with set targets

S/N	Indicators	Description	Set Target Value (over 6 months)	Actual	Score(1 = Below, 3 = Meets, 5 = Exceeds)
1	Proportion of contacts of POIs followed up for testing	This measures the effectiveness of contact tracing	90%	91%	5

2	Testing rates per million	This measures the number of people tested per million of the population	10,000	607 (6%)	1
3	Percentage completeness of data entered into SORMAS	This measures the completeness of data reporting	90%	62%	2
4	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).	No targets set	N/A	N/A
5	Number of triggers calls investigated	This measures COVID-19 trigger calls forwarded to states and documented action taken.	No targets set	N/A	N/A

CASE MANAGEMENT

Pillar Lead: Dr. Bimpe Adebisi

Deputy Lead: Dr. Abisola Adegoke

Description of Pillar:

The Case Management Pillar was established in March 2020. The pillar is coordinated by the Department of Hospital Services in the Federal Ministry of Health with the main goal of mitigating the health impact of COVID-19 pandemic in Nigeria by reducing morbidity and mortality through early diagnosis, timely evacuation and treatment of confirmed cases in line with global best practices.

This strategy to achieve set pillar objectives are the development of guidelines, standard operating procedures, and protocols for clinicians managing COVID-19 cases as well as ensuring effective management of all confirmed positive cases through clinical support and advisory services at treatment centres by clinicians, while continuing to provide routine health services, strengthening data management and reporting at national and subnational levels as well as strengthening the referral system.

Pillar Objectives:

- ✚ To slow down and progressively interrupt the community transmission of COVID 19 in Nigeria through effective and efficient of case finding, testing, isolation and management of Cases
- ✚ To strengthen the capacity of Health workers (including frontline Health workers in the health system) to diagnose, treat and manage the complications of COVID 19 cases.
- ✚ To decrease morbidity and mortality arising from COVID-19 infection through effective case management including Psychosocial and Palliative support
- ✚ To reduce the impact of COVID-19 pandemic on the health of families, communities and the nation by prompt evacuation of confirmed cases through the National Ambulance Transport
- ✚ To optimise inter-level Isolation/treatment referral system through collaborative mechanisms and coordinated referral from point of testing to COVID-19 isolation/treatment centres
- ✚ To collaborate with the states to ensure sustainable repositioning of the health sector through infrastructure upgrade and human resource for health across the 36 States & FCT

Support Agencies:

- ✚ Lead MDA – Department of Hospital Services, Federal Ministry of Health
- ✚ Nigeria Centre for Disease Control (NCDC)
- ✚ National Primary Health Care Development Agency (NPHCDA)
- ✚ 22 Federal Teaching Hospitals
- ✚ 20 Federal Medical Centres
- ✚ 36 State Ministries of Health; Health & Human Services Secretariat, FCTA

Pillar Achievements:

- ✚ Preparedness and Response Plan
 - Rapid assessment of designated tertiary facility-level task force, isolation centre, and equipment such as ventilators, oxygen concentrators, dialysers, etc.
- ✚ Accreditation Committee
 - Set up and decentralised accreditation and training committees in the zones and states
- ✚ COVID-19 Hospitals Response Committee
 - Constituted committee chaired by the Chairman, Committee of CMDs as with representation from health associations
- ✚ Guidelines and Protocols
 - Developed and published training and accreditation protocols, interim treatment Guidelines updated) and Discharge Protocol
- ✚ Data Collection Platform
 - Set up a robust, reliable real time and web-based platform that supports decision making on patients and health workers at isolation and treatment centres.
- ✚ Health Worker Training
 - Conducted training for all cadres of health workers working in the isolation/treatment centres on IPC, emergency operations and case management
- ✚ Rapid Response Communication Channel
 - Established a platform (WhatsApp) for a 24- hour daily update with the CMDs and MDs of all FTHIs that are responsible for the Level 3 isolation /treatment centres
- ✚ Nation Health Sector COVID-19 Pandemic Response Action Plan
 - Developed a 3-Year Plan approved by the National Council on Health and recommended for adaptation by States based on their local peculiarities

Key Challenges Identified:

- ✚ Lack of COVID-19 Testing Capacity at Treatment Facilities
- ✚ Lack of side laboratories and mobile X-ray machines for effective management of cases with co-morbidities.
- ✚ Inadequate supply of medical oxygen and limited Intensive care facilities such as high flow nasal cannula, BiPAP systems
- ✚ Shortage of specialists in critical care including – intensivists, psychiatrists and anaesthetists in the FTHIs.
- ✚ Lack of body bags for safe disposal for corpses
- ✚ Delay in release of funds

Pillar Scorecard: Rating of pillar achievements in line with set targets

S/N	Indicators	Description	Set Target Value (over 6 months)	Actual	Score (1 = Below, 3 =
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					<i>Meets, 5 = Exceeds)</i>
1	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.	No targets set	416 (raw number; denominator unknown)	N/A
2	Percent bed occupancy	This measures the percentage of hospital beds occupied by COVID-19 cases	80%	113%	1
3	Number of beds in isolation centres	This measures the number of functional beds in the isolation centres established	20,000	7,296	1
4	Number of beds in COVID-19 designated treatment centres	This measures the number of beds in treatments centres established.	9,250	7,296	1
5	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.	5,500	256	1
6	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	578,100	N/A	N/A

		dead from the total isolated as at the last report.			
7	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.	36,900	N/A	N/A
8	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.	3,690	N/A	N/A
9	Percentage 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	97%	30%	1
10	Mortality rate	This measures the mortality among identified COVID-19 positive cases.	3%	2.80%	5

INFECTION PREVENTION AND CONTROL

Pillar Lead: Dr. Tochi Okwor

Deputy Lead: Dr Zainab Bukar

Description of Pillar:

Infection prevention and control is a basic requirement for outbreak preparedness and a critical element of readiness and response to the COVID-19 pandemic. Inadequate IPC measures may lead to transmission of infection to community, healthcare staff, patients and visitors to health facilities.

The Infection Prevention and Control pillar is multi agency, multi partner pillar established in March 2020 that brings together all the IPC resources in country in response to the COVID- pandemic

The main strategic goals of the IPC response Enhance IPC practices in communities and health facilities to prevent transmission and Reduce Health Associated Infections (HAI) in testing laboratories and treatment centres. The longer-term outlook is to have all public health facilities in the country meet the WHO Minimum Requirements for IPC and Sustain IPC within all health facilities in the long term as part of health systems strengthening efforts.

Pillar Objectives:

- ✚ Enhance IPC practices in communities and health facilities to prevent transmission
- ✚ Reduce Healthcare Associated Infections (HAI) in testing laboratories and treatment centres

Support Agencies:

- ✚ Lead MDA – Nigeria Centre for Disease Control (NCDC)
- ✚ Federal Ministry of Environment
- ✚ National Agency for the Control of AIDS
- ✚ National Primary Healthcare Development Agency
- ✚ National Emergency Management Agency
- ✚ Nigerian Police Force
- ✚ Nigerian Customs service
- ✚ Nigerian Civil Defence Corps
- ✚ Partner agencies: WHO, Africa CDC, UNICEF, USAID and CHAI

Pillar Achievements:

- ✚ Technical Guidance and Audit Documents and Tools
 - Developed and disseminated 12 COVID-19 IPC guidelines to guide IPC activities in Health facilities and communities.
 - Developed and deployed 10 field audit tools to strengthen IPC
 - Developed IPC score card to monitor IPC practices for continuous quality improvement
- ✚ IPC Capacity Building
 - Developed and disseminated IPC training modules, Standard Operating Procedures and tools

- Training consisted of Regional Training of Trainers, State Training of Health Facility IPC Focal Persons, Training of Frontline Healthcare Workers
- Online IPC Training Platforms and Webinars
- Trained 17,436 participants as of June 30. This consisted of 4,129 Doctors, 3,761 Nurses, 1,281 Lab Scientists, 2,364 Cleaners and Attendants and 5,901 other response Staff
- ✚ Rapid Response Team Deployment
 - Deployed RRT members to 33 states with clear TORs on strengthening State IPC systems
 - Achieved state ownership of IPC, with all states now having an IPC focal person
- ✚ Healthcare Worker Infections Tracking and Follow-Up
 - Set up systems of tracking HCW infections
 - Conducted HCW infection investigations to understand underlying risk factors and address accordingly
- ✚ Supply of PPEs and Job Aids
 - Supplied PPE to states for distribution to state managed treatment centres and to Teaching Hospitals
 - Distributed IPC job aids and workplace reminders to all the states
- ✚ Set Up of Screening/Triage Areas
 - Set up screening/triage stations and holding areas in all 50 public tertiary facilities across the country
 - Set up triage areas in all treatment centres across the country

Key Challenges Identified:

- ✚ Poor IPC Structures – IPC programs were largely non-functional across states and facilities at the start of response
- ✚ Inadequate IPC Capacity – General lack of IPC Human Resources in the country
- ✚ Difficulty to meeting PPE expectations of Non-COVID-19 treatment centres and health facilities including private facilities

Pillar Scorecard: Rating of pillar achievements in line with set targets

S/N	Indicators	Description	Set Target Value (over 6 months)	Actual	Score (1 = Below, 3 = Meets, 5 = Exceeds)
1	COVID-19 Infection among Healthcare Workers (HCW)	This measures the COVID-19 infection among all cadre of HCW in health facilities, laboratory and isolation centres.	No targets set	N/A	N/A

2	% of health facilities with functional triage systems per state	This measures the proportion of health facilities with functional triage systems across each state	Tertiary hospitals: 100%	Tertiary hospitals: 100%	3
			Treatment centre: 100%	Treatment centre: 100%	3
3	% of HF with at least an IPC focal person with dedicated time and costed work plan	This measures the availability of IPC focal persons dedicated to IPC measures in health facilities	State level: 100%	State level: 100%	3
			Treatment centre: 100%	Treatment centre: 64%	2

SECURITY, LOGISTICS AND MASS CARE

Pillar Lead: Engr. James Akujobi

Alternate Lead: Dr Levin Damisah

Description of Pillar:

The Security, Logistics, & Mass Care Pillar is responsible for providing adequate security support and facilitating the delivery of federal government's humanitarian assistance to vulnerable populations and to proffer implementable solutions to kick-start economic recovery during and aftermath of COVID-19 Pandemic.

The Security, Logistics and Mass Care Functional Pillar was established in March 2020 and is operationally responsible for ensuring adequate security across the lock down States as declared by the Federal Government, and throughout the Federation; enforcing restriction of movement in line with established protocol, distributing palliatives and livelihood provisions, providing logistics support for response operations including procurement, transport, warehousing, and distribution of palliatives; as well as providing life sustaining assistance and services, such as emergency sheltering, feeding, reunification of families, distribution of emergency supplies and recovery information, before, during or in the aftermath of COVID-19 pandemic.

Pillar Objectives:

- ✚ Coordination of Security, Logistics and Mass Care among stakeholders for efficient and effective National and Local level response to COVID-19 pandemic
- ✚ Facilitate the delivery of Federal government's humanitarian assistance to vulnerable populations
- ✚ reduce and mitigate the socio-economic impacts of COVID-19 pandemic on the vulnerable and poor groups through timely, coordinated and effective response strategy

Support Agencies:

- ✚ Lead MDA – NEMA
- ✚ Office of the National Security Adviser
- ✚ Nigerian Police Force
- ✚ Nigeria Immigration Service
- ✚ Defence Headquarters- Army, Air Force, Navy
- ✚ Department of State Services (DSS)
- ✚ Federal Fire Service (FFS)
- ✚ National Agency for the Prohibition of Trafficking in Persons (NAPTIP)
- ✚ National Red Cross Society
- ✚ Federal Ministry of Agriculture and Rural Development
- ✚ Federal Road Safety Corps
- ✚ FEMA

- ✚ Nigeria Security and Civil Defence Corps (NSCDC)
- ✚ Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development (Parent Ministry)

Pillar Achievements:

- ✚ Mobilisation and coordination of security, logistics and mass care resources for effective, coordinated and timely resource on COVID-19 response.
- ✚ Coordination of 50,000 Security Personnel from different security Agencies including NPF, NSCDC, DSS, ONSA, FRSC, FMARD, NIS, and NAPTIP, among others coordinated for the provision of life saving security, logistics and mass care response activities.
- ✚ Establishment of multi-agency Security Rapid Response Teams engaged in effective, coordinated and timely deployment for ensuring maintenance and enforcement of guidelines and protocol
- ✚ Enforcement of lock down in the high-burden states of Lagos, Ogun, Kano and FCT-Abuja through Inter-State and Intra-state movement restrictions
- ✚ Provision and distribution of lifesaving and life-sustaining relief packages/palliatives to the vulnerable population via State Governments.
- ✚ Provision of Logistics support for response operations including procurement, transport, warehousing, and distribution of palliatives; as well as providing lifesaving evacuation assistance and services
- ✚ Deployment of a total of 176,000 Security Personnel for COVID19 operations with Nigeria Police Force contributing 66,200 personnel across the federation maintaining law and order before, during or in the aftermath of COVID-19 pandemic
- ✚ Rapid Expansion of the National Social Register – At the onset of the pandemic, the Register contained 2.6 million poor and vulnerable households and now contains 3.6 million households in 35 States and FCT
- ✚ Modification of the National Home-Grown School Feeding Program to provide Take Home Rations (rice, eggs, vegetable oil, salt, tomato paste etc.) to households with the children or within the vicinity of the children's school using all available data
- ✚ Conditional Cash Transfer Scheme – Total of 729,847 beneficiaries in 24 States have received their payment. Payment to 8 states are ongoing. The objective of the modification is to ensure cash stipends are received in advance to curb the impact of COVID-19 measures on the household.
- ✚ Trader Moni and Market Moni Loans – 75,000 Beneficiaries are being targeted based on available funds. Criteria of disbursement were given to traders who depend on their daily income as a means of survival and the beneficiaries who sell essential food items.
- ✚ Government Enterprise and Empowerment Programme (GEEP) – Three (3) months moratorium to 2.2 million existing GEEP beneficiaries, in line with the Presidential directive, have been granted. This enables small scale traders and business to stay afloat during the COVID-19 pandemic.

Key Challenges Identified:

- ✚ Inadequate sensitisation of COVID-19 pandemic at the initial stage of the response.
- ✚ Inadequate training for Security Agents and Other Stakeholders responding to COVID-19 pandemic leading to occupational infections
- ✚ Delayed and Inadequate Personal Protective Gear for responders both health and non-health responders

Pillar Scorecard: Rating of pillar achievements in line with set targets

S/N	Indicators	Description	Set Target Value (over 6 months)	Actual	Score (1 = Below, 3 = Meets, 5 = Exceeds)
1	Number of persons reached with palliative measures to reduce the socioeconomic impact of the pandemic	This measures the number of socioeconomic disadvantaged persons (vulnerable groups) reached with different palliative care during the pandemic.	No targets set	~24,379,152	N/A
2	Number of security personnel mobilised to reduce disruption of lockdown policies and ensure security of COVID-19 materials during the pandemic period	This measures the number of security personnel mobilised in ensuring COVID-19 interventions take place in secured and conducive environment. Disaggregated by Cadre of Force (NMOD, NPF, NSCDC, FRSC, others)	No targets set	~55,000	N/A
3	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	No targets set	~3,862,698	N/A

		of concern (Vulnerable Households; Person with Disabilities; The Unemployed, The Elderly, IDPs and others)			
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RISK COMMUNICATION & COMMUNITY ENGAGEMENT

Pillar Lead: Mr. Joe Mutah

Deputy Lead: Mr. David Akoji

Description of Pillar:

Risk Communication is the real time sharing of information, exchange of opinions and advice between frontline health providers, community outreach workers and community members.

The Risk Communication and Community Engagement Pillar was established in March 2020, with a mandate to develop and implement an integrated risk communication system on the COVID-19 pandemic, with multi stakeholder involvement.

The integrated risk communication model has five key pillars: risk communication systems; internal and partner communication and coordination; public communication; communication engagement with affected households and communities; and dynamic listening and rumour management.

It equally covers multi-sectoral community engagement to facilitate risk communication and positive behaviour change as a strategy to contain COVID-19 in Nigeria.

Pillar Objectives:

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

Support Agencies:

- ✚ Lead MDA – Federal Ministry of Information and Culture
- ✚ Federal Ministry of Health
- ✚ Nigeria Centre for Disease Control
- ✚ National Orientation Agency
- ✚ National Primary Health Care Development Agency
- ✚ National Agency for the Control of Aids FCT
- ✚ National Television Authority
- ✚ Federal Radio Corporation of Nigeria
- ✚ News Agency of Nigeria
- ✚ The Voice of Nigeria
- ✚ Social Media Unit, State House
- ✚ Credo Advisory
- ✚ ALGON

- ✚ Donors and partners: UNICEF; USAID; WHO; UK Cabinet Office; Breakthrough Action; USCDC; JNI; Yar'adua Foundation; UNDP

Pillar Achievements:

- ✚ Risk Communication & Community Engagement (RCCE) Strategy and Implementation Plan
 - The Pillar adopted the Communication Strategy developed by RCTWG made up of various MDAs, development partners and the private sector to drive the national media engagement and community mobilisation on COVID 19.
- ✚ Weekly nationwide and state-specific polling and analysis
 - With the support of the UK Cabinet Office, the Pillar conducts weekly public perception and opinion surveys on various emergency response initiatives and activities. Polling results and analysis have been instrumental in the shaping of PTF messaging and sensitisation materials as well as public engagement.
- ✚ RCCE Partner Working Group
 - The Pillar established a working group to implement the community engagement strategy, which comprises of over 170 focal points with established community volunteer structures to drive PTF messaging down to the grassroots. The working group has over 800,000 community volunteers to conduct nationwide social mobilisation on the COVID response. Partners include Red Cross, NOA, NACA, UNICEF, USAID, WHO, Yar'adua Foundation, Nigerian Interfaith Action Association. Between May 29 and 30th June, the Pillar recorded 4,574 community engagement activities across the country by the partners.
- ✚ Capacity Building for Media Professionals and Other Critical Responders and community influencers
 - The USAID, Breakthrough Action, NCDC and USCDC supported the virtual training for:
 - 173 media editors and reporters on COVID-19 reporting and fact checking across the country
 - 420 risk communication team members in 36 states and FCT
 - 120 security personnel across all security agencies at military and security compromised areas
 - 65 religious leaders and traditional rulers across the North with the support of the Emir of Kano.
- ✚ Media Stakeholder Engagements & Partnerships
 - Engagement of all the public information mediums to support aggressive public sensitisation on multi-media platforms and live coverage of PTF Briefings. Partnerships entailed BON, Newspapers Proprietors Association of Nigeria, Nigerian Guild of Editors, BBC Hausa, VOA etc. resulting in placements on radio, TV, print and social media as well as dedicated programming.
- ✚ Production of Information, Enlightenment and Communication Materials
 - Production of digital and print enlightenment materials (jingles, advertorials, posters, e-flyers, etc.) in different languages in various thematic areas (lockdown guidelines, health advisories, etc.).
 - Over 350 television and radio jingles were produced by FMIC, FMoH, NCDC and partners and aired on about 80 radio stations, 10 TV Channels. The Pillar also included creative influencers

from Nollywood, Kannywood, Yoruba Film Actors, etc in the production of the jingles. Over 17,000 media engagements were documented from April to 30th June on both public and private media channels.

✚ Strategic Risk Communications Support for States

- The Pillar provided specialised communications support to Kano, Katsina, Plateau and Enugu states with consultations, advisory and provision of radio jingles and other awareness content for state and local government level community sensitisation and mobilisation. Conducted major media activity in Kano to bring live footages of COVID 19 patients in treatment centres, interviewed COVID 19 survivors and frontline health workers to address the perception that COVID is fake.

✚ PTF Website & Social Media platforms

- Launched interactive webpage on the State House website <https://statehouse.gov.ng/covid19>
- Launch a PTF Twitter handle as the official platform: <https://twitter.com/DigiCommsNG>
- We recorded 27,000 new followers on Twitter & over 240,000 visits to the Twitter profile.
- State House, PTF and Federal Ministry of Information Social Media platforms share updated information, advisories, guidelines & creative materials with about 5.9 million impressions.

Key Challenges Identified:

- ✚ Lack of compliance: Despite opinion polls demonstrating 99% COVID awareness, there is growing disregard of safety protocols (wearing face masks, physical distancing, etc.)
- ✚ Lack of user-friendly short code number for the NCDC helpline. 56% of survey respondents do not know or recall the number.
- ✚ Lack of sufficient support from state and local governments for grassroots mobilisation

Pillar Scorecard: Rating of pillar achievements in line with set targets

S/N	Indicators	Description	Set Target Value (over 6 months)	Actual	Score (1 = Below, 3 = Meets, 5 = Exceeds)
1	Number of Media Engagement for COVID-19 awareness creation	This measures the number of unique recipients reached through Media Awareness Campaign	No targets set	17,000 Private and Public Media 240,000 Twitter profile Visits 5.9 Million Impressions on Agency Social	N/A

				Media Platforms	
2	Number of LGAs with community mobilisers to sensitise communities on symptoms, transmission, risk and prevention of COVID-19	This measures the efforts of community level sensitisation on COVID-19 response at Local Government Area (LGA) levels.	774	774	3
3	Number of community engagement activities across the country	This measures the efforts of community engagement activities across the country	No targets set	4,574	N/A
4	Number of participants in RCCE capacity building	This measures the number of persons trained on COVID-19 risk communication	No targets set	778	N/A

RESOURCE MOBILISATION

Pillar Lead: Dr Ibrahim Attah

Description of Pillar:

The Resource Mobilisation and Coordination Committee (RMCC) is one of the pillars of the Presidential Taskforce which was inaugurated by the President in March 2020. The pillar was established to ensure the availability and deployment of adequate resources for the effective implementation of the COVID19 Pandemic Response

The committee has adopted a multi-sectoral approach to ensure that a range of experts from different fields are involved in delivering on the committee's mandate while also being responsive to the ever-changing landscape of the pandemic. The four thematic areas are resource planning, resource acquisition, resource allocation and deployment and resource tracking and reporting.

Pillar Objectives:

- ✚ To work with MDAs, development partners, private sector and key stakeholders to mobilize resources for the effective implementation of the COVID19 Pandemic Response Plan.
- ✚ To ensure effective assessment of resource requirements and deployment nationwide by providing oversight to the Joint Supply Chain and Distribution Team (JSCD) which consist of experts from FMOH, NCDC, NGF, PTF supply chain team and UNICEF & CHAI

Support Agencies:

- ✚ Government Officials from
 - Secretary to the Government of the Federation (SGF)
 - Nigeria Centre for Disease Control (NCDC)
 - Federal Ministry of Health
 - Nigerian Government's Forum
- ✚ Development partners from
 - United Nations (UN)
 - Clinton Health Access Initiative (CHAI)
 - United States Agency for International Development (USAID)
 - World Health Organisation (WHO)
 - Nigerian Economic Summit Group (NESG)

Pillar Achievements:

- ✚ Conducted a needs assessment in April to determine immediate (3 Months) and long term (6 Months) health resource needs nationwide. May and June (ongoing) Gap Analysis conducted to determine resource gaps and is being used for donor engagement and advocacy
- ✚ Needs Assessment conducted in April to determine immediate (3 Months) and long term (6 Months) health resource needs nationwide. May and June (ongoing) Gap Analysis conducted to determine resource gaps and is being used for donor engagement and advocacy

- ✚ JSCD team established to conduct nationwide needs assessment and periodically review resource gaps to support donor engagement
- ✚ JSCD team developed a supply chain and distribution plan for essential commodities in collaboration with the FMOH, NCDC, WHO, UN and other partners which provides direction for the distribution and supply processes for commodities
- ✚ Developed and published donations guideline for in-kind and financial contributions to the COVID-19 response & Developed and disseminated flow chart for donations to COVID-19
- ✚ Developed framework for speedy clearance of Covid19 medical supplies & equipment at airports & ports in collaboration with key stakeholders
- ✚ Identified private sector companies to support the distribution of essential supplies and commodities across the country. Engagement ongoing
- ✚ Developed PTF COVID-19 Donations Database – Excel based tool (NOTE: ALL CASH DONATIONS GO THROUGH CACOVID/ CBN, UN BASKET FUNDS, NNPC OR FGN COVID SUPPORT ACCOUNTS)
- ✚ Established a COVID-19 Basket Fund through which the different stakeholders (including UN, other multilateral and bilateral donors, as well as private sector donors, foundations and philanthropists) can channel their financial contributions
- ✚ Interactive tool for visualisation of COVID-19 incidence and resource requirement focusing on 3 priority areas, treatment, isolation centres, test centres and contact tracing

Key Challenges Identified:

- ✚ Poor investment opportunity information/ feedback from Donors and Partners
- ✚ Delayed submission of reports by donors & MDAs
 - This has delayed the verification of data in the donations database, limited the accurate quantification of resource gaps and delayed launch of the UNDP public-facing dashboard.
- ✚ Resource Gap
 - Aspects of the response require substantial investments in infrastructure and materials e.g. oxygen plants which are very costly
- ✚ Delayed release of Supply Chain information

Information required (such as utilisation, distribution, and stock data) from pillars within the PTF structure often not provided in a timely manner

Pillar Scorecard: Rating of pillar achievements in line with set targets

S/N	Indicators	Description	Set Target Value (over 6 months)	Actual	Score (1 = Below, 3 = Meets, 5 = Exceeds)
1	Proportion of resources provided by the Private sector for COVID-19	This measures the amount of money mobilised for COVID-19 intervention outside the FGN provision. This	N34 billion	>N144.8 billion (excluding funds to States)	5

		excludes the Federal and State government financial contribution.			
2	Total of non – financial resources as outlined in the need's assessment received	This measures the quantity of materials mobilised for COVID-19 intervention outside the FGN provision. This excludes the Federal and State government financial contribution.	Target for materials based on testing 4.1 million Nigerians and treating 6% of positive cases	https://www.ngcovid19resourcetracker.info	5

POINT OF ENTRY	
<i>Pillar Lead: Dr M.O. Alex-Okoh</i>	<i>Deputy Lead: Dr. Wilfred Haggai</i>
Description of Pillar:	
<p>The Point of Entry Pillar was established in April 2020 to respond to health events at points of entry (POE) for effective containment of COVID-19 in pursuit of national and global health security</p> <p>The overarching goal of the Point of Entry Pillar is the prevention of cross-border transmission of COVID-19 via surveillance and response at Points of Entry as well as the prevention of spread of COVID-19 among staff, travellers and port users. This goal was achieved by focusing on specific objectives to prevent, detect, assess, and respond to public health events</p> <p>There are over one hundred (100) active Points of Entry in Nigeria; five (5) international airports, seven major seaports, over eighty-eight (88) ground crossings and several porous borders.</p>	
Pillar Objectives:	
<ul style="list-style-type: none"> ✚ 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 ✚ Strengthen and increase surveillance at Points of Entry ✚ Build capacity to respond to public health events/emergencies at POE ✚ Communicate the risk of COVID-19 to passengers and stakeholders at POE. 	
Support Agencies:	
<ul style="list-style-type: none"> ✚ Lead MDA – Port Health Services, Federal Ministry of Health ✚ Nation Centre for Disease Control ✚ Nigeria Civil Aviation Authority ✚ Federal Airports Authority of Nigeria ✚ Nigeria Immigration Service ✚ Nigeria Customs Service ✚ Nigeria Ports Authority ✚ NIMASA ✚ Ministry of Foreign Affairs – MOFA ✚ Office of the National Security Adviser – ONSA ✚ Lagos State Surveillance Team ✚ FCT Department of Public Health 	
Pillar Achievements:	

- ✚ Implemented Enhanced COVID-19 Entry Screening at POEs
- ✚ Developed, reviewed, and monitored the implementation of the entry screening guidelines for international airports, seaports and ground crossings
- ✚ Enhanced primary and secondary screening of travellers/returnees arriving in the country
- ✚ Supported the hands-on screening of arriving passengers at NAIA & MMIA (during the closure of airports) while remotely coordinating with seaports and ground crossings on entry screening
- ✚ Coordination of FMOH (and POE) Preparedness and Response
 - Coordinated and facilitated the 1st and 2nd Inter-Ministerial Committee meetings convened & chaired by Hon. Minister of Health to articulate multi-sectoral efforts for COVID—19 Preparedness & Response. This committee was the central coordination mechanism before the constitution of the PTF
 - Hosted and facilitated two National Public Health Emergency Response Committee (for POE) Meetings to scale up on the multidisciplinary Response to COVID-19 across POEs
 - Hosted and facilitated Public Health Emergency Management Team Meetings at five international airports and two major Ground Crossings
- ✚ Development of Quarantine protocols in line with NCDC Advisory for all persons arriving in the country & Nigerian Returnees
 - Development, review and monitoring of the implementation process(es) of the COVID-19 National Protocols on Quarantine for returning Nigerians
 - In collaboration with the NCDC, coordinated the implementation of the mandatory 14-day quarantine of returning stranded Nigerians and all arriving passengers between 6th of May & 29th May 2020 (Quarantine Phase I) & coordination of Phase 2 of the Quarantine process for stranded Nigerians and all other arrivals from 8th June and still ongoing
- ✚ Hands-on coordination & facilitation of quarantine for evacuees and other Nigerians returning from overseas
 - In collaboration with Ministry of Foreign Affairs (MOFA), coordinated and facilitated the evacuation process/schedule for Nigerians stranded in countries abroad (Returnees)
 - FAAN & NCAA facilitated the process of receiving the Returnees
 - Planned the logistics (with MOFA Consultant), to convey hundreds of arriving Returnees from the airport to the designated quarantine facilities
 - Collaborated with NCDC in the assessment and certification of hotel quarantine facilities &
 - Daily monitoring of the quarantine process (with NCDC leading the collaborative process)
 - In collaboration with ONSA & the Security, Logistics and Mass Care Pillar of the NPRC, ensured security escort from the airport and presence of security personnel at the quarantine facilities to enforce compliance.
 - In collaboration with Lagos State Government (LASIAMA) remotely coordinated the quarantine of Returnees who arrived in Lagos
 - In collaboration with NCDC & Lagos State Government coordinating quarantine of all persons arriving in Nigeria.
- ✚ Quarantine Phase1 (6th May to 8th June 2020):

- 1,111 Persons of Interest (POIs) received and quarantined in Abuja; 1104 tested, 43 Confirmed Cases
- 536 POIs received & quarantined in Lagos, 536 tested, 112 Confirmed Cases

✚ Quarantine Phase 2 (since 8th June -30th June 2020):

- 1022 POIs received in Abuja, 976 tested, 47 Confirmed Cases.
- 887 received in Lagos, 146 tested, 30 Confirmed Cases
- Developed a flow chart for the approvals of humanitarian flight requests for evacuation and repatriation in collaboration with Ministry of Aviation. 363 flight requests processed by 30th of June.
- Developed a schedule for the evacuation of stranded Nigerian Returnees from other countries in collaboration with Ministries of Aviation & Foreign Affairs
- Facilitated Capacity Building and Expert Oversight on PHS staff & POE Frontline Agency Officers
- Site specific trainings and capacity building on COVID-19 & IPC at Murtala Muhammed International Airport, Nnamdi Azikiwe International Airport.
- Deployed Self-learning online Learning Management System for Port Health Services (PHS) staff,
- Enhanced remote and in-person supportive supervision across Airports, seaports, and ground crossings
- Facilitation of exit screening for travellers and during the repatriation of nationals of other countries out of Nigeria
- Conducted exit /departure screening for passengers on repatriation flights, mainly during the lockdown.
- MMIA (12,044), NAIA (2,393) & PHIA (784)
- Contact information of Arriving passengers collated for follow up
- All passengers screened at all POE had their contact information collected and handed over to the in-country surveillance team (NCDC & State Government) for follow-up (& contact tracing)
- Coordination of POE frontline agencies for safe traveller processing and screening
- Screening has been ongoing initially for travellers, and then for returnees and evacuation crews following flight restrictions. Infection Prevention and Control measures have been in place at all POE for safe traveller processing and screening
- Developed protocols for flight crew in collaboration with NCAA
- Quarantine protocols developed for flight crew in collaboration with NCAA
- NCAA issued All Operators letters to the Airline Operators for compliance

Key Challenges Identified:

- ✚ Inability to access resources for Response – The POE Pillar and its Lead MDA, Port Health Services, has found it difficult to access funds to execute some of its strategic activities including:
 - Availability of adequate and appropriate holding/isolation spaces

- Availability of chemicals and equipment to carry out decontamination and disinfection
- Procuring Infection Prevention & Control Consumables needed for traveller screening and disinfection
- ✚ Inadequate holding/isolation facilities at POE – POE do not have adequate and/or appropriate secondary screening, holding and isolation facilities required for COVID-19 screening (and for responding to other public health emergencies)
- ✚ Delays in passenger facilitation at POE
 - Poor passenger compliance to screening process and transfer to quarantine facilities makes the passenger facilitation process arduous
- ✚ Possibility of unscreened arrivals through porous land borders & illegal waterways
 - Numerous illegal ground crossings through which travellers enter the country unnoticed and unscreened makes it impossible to account for the screening of all arrivals by land; Also, through illegal waterways along the coastal areas, in particular, the Niger Delta coast.
- ✚ Inadequate number of staff to sustain long-term response/ mitigation efforts at POE
 - To execute the objectives outlined by the POE pillar (and PHS) there is need to ensure a more sustainable human resource plan
- ✚ Quarantine Phase 2 Poor Compliance by POIs making monitoring difficult
 - Difficult to fully monitor compliance across POEs; Many POIs travel out without testing
 - Where monitoring was achieved, poor compliance with self-isolation guidelines was reported; wrong phone numbers
 - Many passengers arriving with Negative PCR results testing positive on arrival
- ✚ Passenger Screening at Domestic Terminals
 - Additional surge staff required for passenger screening at Domestic Terminals as flight operations resume
 - Support for training of surge staff and stakeholders & retraining of PHS staff
- ✚ Inadequate infrastructure across most POEs – Need to upgrade existing infrastructure and develop where it is lacking to support surveillance and response at POE.

Pillar Scorecard: Rating of pillar achievements in line with set targets

S/N	Indicators	Description	Set Target Value (over 6 months)	Actual	Score (1 = Below, 3 = Meets, 5 = Exceeds)
1	Number of travellers 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;	No targets set	1647	N/A

		Traveller status (crew, passengers); Nationality (nationals, non-nationals)			
2	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.	No targets set	N/A	N/A
3	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)	No targets set	N/A	N/A

SUSTAINABLE PRODUCTION GROUP	
<i>Pillar Lead: Engineer Battah Ndirpaya</i>	<i>Deputy Lead: Ms Abimbola Olufore</i>
Description of Pillar:	
<p>As a result of the onset of the COVID-19 Pandemic in Nigeria, it became evident that the factors of production must be coordinated and kept running in order to avoid pending and possible disruption of manufacturing of essential commodities and services due to the lockdown</p> <p>The Sustainable Production Pillar was established by the NPRC in May 2020 following the setup of 15-member Committee on Sustainable Production / Delivery of Essential Commodities (SPEC) in May 2020 to facilitate the stability of the Nigerian Economy through the COVID-19 Pandemic</p> <p>The Emergency Operation Centre of the Sustainable production and delivery of essential commodities during COVID-19 committee served as the engine room for various interventions to manufacturers and logistic firms</p>	
Pillar Objectives:	
<ul style="list-style-type: none"> ✚ Facilitate unhindered delivery of essential commodities across the country, especially points of critical need, during the pandemic. ✚ Facilitate sustained supply of raw materials and other critical inputs for manufacturing of essential commodities including imported materials - expedite clearance at ports and airports. ✚ Work with key stakeholders to establish a robust Monitoring and Evaluation system to track/report implementation of this strategy. ✚ Establish a market intelligence system that will promptly detect and stimulate appropriately for the production and delivery of essential commodities across the country. 	
Support Agencies:	
<ul style="list-style-type: none"> ✚ Federal Ministry of Industry, Trade and Investment ✚ Manufactures Association of Nigeria (MAN) ✚ Nigerian Association of Chamber of Commerce, Industry, Mines and Agriculture (NACCIMA) ✚ Nation Association of Nigerian Traders (NANTS) ✚ Pharmaceutical Manufactures Group (PMG) ✚ National Association of Road Transport Owners (NARTO) ✚ National Union of Road Transport Workers (NURTW) ✚ National Association of Small and Medium Enterprises (NASME) ✚ National Association of Small-Scale Industrialists (NASSI) 	
Pillar Achievements:	

- ✚ Resolved over 121 cases of supply disruptions across country
- ✚ Facilitated clearance and release of critical relief materials
- ✚ Facilitated 'Pass' Issuance for the Manufactured Association of Nigeria (MAN), the Nigerian Association of Small and Medium Enterprises (NASME) and supporting entities for goods and services essential (Food, Drugs etc.)
- ✚ Registered over 200 SMES and Micro Enterprises that have capacity to produce essential COVID-19 PPEs and other items
- ✚ Facilitated Standards Organisation of Nigeria (SON) and Nation Agency for Food and Drug Administration and Control (NAFDAC) Certification for over 80 locally manufactured products
- ✚ Made a case for local manufacturing of relief materials (10-25%) as part of the pandemic response.
- ✚ Sustainable Production Pillar was adopted to the PTF with team constituted, led by FMITI
- ✚ Engaged with Pharmaceutical Manufacturing Group of MAN to develop roadmap to ensure pharmaceutical investments for locally produces Active Pharmaceutical Ingredients (APIs) and drugs are bankable
- ✚ Partnered with the cotton textile and garments group, and the National Sugar Development Council for backward integration of PPEs and Face Masks production and ethanol production as raw material for sanitizers
- ✚ Completed assessment of local capacity for Ventilator Producers

Key Challenges Identified:

- ✚ High cost of electricity
- ✚ Currency devaluation
- ✚ Border closures, Intra-State and Inter State bans
- ✚ Manufacturers currently have difficulties in obtaining stable demand/buyers for their items
- ✚ Lack of clarity as to requirements for certifications
- ✚ Some products did not pass the standards required by SON and NAFDAC.
- ✚ 3 – 6 months to get product certified
- ✚ Existing demand potential is diluted by consumer preferences for imported products.
- ✚ Local manufacturers not eager to produce as there is a general lack of patronage from Government and credible institutions
- ✚ The idea of funding COVID-19 activities through 2020 appropriation of MDA's that hitherto has nothing do with health is being resisted

Pillar Scorecard: Rating of pillar achievements in line with set targets

S/N	Indicators	Description	Set Target Value (over 6 months)	Actual	Score (1 = Below, 3 = Meets, 5 = Exceeds)
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1	Number of Cases resolved	This measures the number of reported cases (e.g. of impediments to local manufacturing supply chain) resolved by the Sustainable Production Group	No targets set	121	N/A
2	Number of SMEs and Micro-Enterprises registered	This measures the extent to which the Sustainable Production Group is assisting SMEs and Micro-Enterprises	No targets set	N/A	N/A
3	Number of SON Certificates Facilitated	This indicator measures the extent to which the SPG pillar is supporting local businesses that meet the relevant criteria	No targets set	>80	N/A
4	Number of NAFDAC certificates facilitated	This indicator measures the extent to which the SPG pillar is supporting local businesses that meet the relevant criteria	No targets set	>80	N/A

STATE COORDINATION AND GOVERNMENT RELATIONS

Pillar Lead: Dr. Ahmad Abdulwahab

Description of Pillar:

The Government Relations Working Group was established by the National Pandemic Response Centre (NPRC) in March 2020 to support the National Coordinator in meeting the PTF's goal of coordination and harmonisation of the COVID19 response at all levels

It was identified that a critical success factor toward achieving a single national response is the need to ensure synergy and coordination between the Presidential Task Force and the respective State COVID19 Task Forces.

Pillar Objectives:

- ✚ To ensure effective communication and synergy between the PTF and the NGF in line with the PTF's goal of achieving a single pandemic response in the country

Support Agencies:

- ✚ The pillar comprises the Senior Health Advisor (NGF) supported by the multi-stakeholder COVID-19 delivery unit of the NGF secretariat.

Pillar Achievements:

- ✚ Bidirectional communication between the Presidential Task Force and the Nigeria Governors' Forum (NGF)
- ✚ COVID19 regular agenda item at NGF meetings including key messages from the PTF
- ✚ Prompt communication on evolving national strategies e.g. LGA hotspot strategies
- ✚ Increasing understanding and synergy between federal and States on key interventions e.g. ban on interstate movement and opening-up of the economy
- ✚ Facilitated access to funding for the state level response
- ✚ Provide support to states to access funding from the World Bank and the Federal Government of Nigeria

Key Challenges Identified:

- ✚ Fiscal constraints limiting the ability of States to effectively fund the pandemic
- ✚ Quality of States Incident Action Plans (IAP) which delayed access to funding
- ✚ Addressing the demands of National Association of Resident Doctors (NARD)

Pillar Scorecard: Rating of pillar achievements in line with set targets

S/N	Criteria	Description	Set Target Value (over 6 months)	Actual	Score(1 = Below, 3 = Meets, 5 = Exceeds)
1	N/A	No targets set for this pillar	No targets set	N/A	N/A

6.2. Partner/Donor Reports

Detailed information about the activities, contributions, achievements, challenges and next steps for partners and donors are captured in the tables below.

European Union	
Sector/Pillar Supported:	
<ul style="list-style-type: none"> ✚ Epidemiology & Surveillance ✚ Laboratory ✚ Point of Entry ✚ Research ✚ Infection, Prevention and control ✚ Case Management ✚ Risk Communication ✚ Security, Logistics & Mass Care ✚ Coordination ✚ Socio-economic 	
Activities Supported:	
<ul style="list-style-type: none"> ✚ Provided 50M EUR support to One UN Response to COVID-19 in Nigeria (6 proposals approved) ✚ Contributed 4M EUR top-up to existing regional support for Surveillance and Disease Control ✚ Provided 750,000 EUR to support NCDC with solar electrification ✚ Purchased PPEs for Borno State (EUR 600,000) and provided additional donations of PPEs and Palliatives (approx. EUR 200,000) ✚ Contributed 3M EUR from the contingency sums for risk communication and health system strengthening ✚ Offered humanitarian assistance through ECHO worth 8.8M EUR 	
Implementing Partners:	
<ul style="list-style-type: none"> ✚ Various participating UN Organisations as multiple consortia ✚ GIZ ✚ IRC, UNODC, UNICEF, FIIAPP, Private Entities like Landell Mills ✚ UNICEF and WHO ✚ UNICEF, WHO, INGOs 	
States Supported:	

- ✚ National, especially in high burden States and hotspots
- ✚ Regional – ECOWAS Member States
- ✚ FCT
- ✚ Borno, 25 Drug treatment centres in Nigeria
- ✚ Sokoto,
- ✚ Anambra
- ✚ Kebbi
- ✚ Bauchi
- ✚ Adamawa
- ✚ Borno

Budget/Fund Released:

- ✚ Funding released: EUR 67.3M
- ✚ Funding in pipeline/applied for: N/A

Key Challenges Identified:

- ✚ Lack of a clear national policy strategy based on evidence and local context
- ✚ Inability to maintain access to essential health services and provide protection to health workers
- ✚ Inability to support vulnerable persons in an easy verifiable and coherent manner

Roadmap (3 – 6 Months):

- ✚ Provide support for operational research on COVID-19
- ✚ Monitor implementation of successful grant proposals to the UN Basket Fund
- ✚ Support relevant communications and community engagement around COVID-19

United Kingdom (DFID/UKAID & Public Health England)

Sector/Pillar Supported:

- ✚ Epidemiology & Surveillance
- ✚ Laboratory
- ✚ Point of Entry
- ✚ Infection, Prevention and control
- ✚ Case Management
- ✚ Risk Communication
- ✚ Coordination

Activities Supported:

The UK supported through Public Health England (PHE) and Department for International Development (DFID). These interventions made up the UK support.

PHE support covered the following:

- ✚ Engaged with the national EOC
- ✚ Provided strategic laboratory support
- ✚ Communicated lessons from UK on IPC/PPE
- ✚ Conducted laboratory testing for COVID19
- ✚ Developed and revised IAP
- ✚ Performed Mid-Term Action review

Support through WHO is expected to lead to:

- ✚ Performed rapid identification and management of suspected cases and ill travellers at points of entry
- ✚ Identified and followed up on contacts (priority to high-risk settings)
- ✚ Established Infection prevention and control practices at POEs
- ✚ Strengthened compliance with the IHR (2005) core capacities
- ✚ Strengthened capacity for early detection, active case finding, contact tracing and monitoring in health facilities and communities
- ✚ Sustained laboratory capacity for testing of COVID-19
- ✚ Sustained risk communication and community engagement
- ✚ developed capacity for health workers in case management and IPC

Provided supported through the Lafiya programme (Palladium contract) across 8 states and at Federal level. This was designed to support the strategic areas in line with components of the National COVID-19 Multisectoral Pandemic Response Plan and response plans developed by targeted states. Support was provided according to the identified gaps

At Federal level:

- ✚ The Technical Advisor developed the Health sector coordinated COVID-19 plan approved at the last National Council on Health
- ✚ Provided support to the NPHCDA training for PHC workers on provision of essential services within the COVID-19 context
- ✚ Provided financial assistance for the printing and dissemination of COVID-19 IEC material developed by the NPHCDA and part of the RCCE strategy at the federal and state level

At state level:

- ✚ The Technical Advisor provided review of state response plans which have been submitted for additional funding to the World Bank
- ✚ Provided financial and technical assistance to train over 3000 health workers on IPC and case management in targeted states
- ✚ Collaborated with US CDC and Imperial College to adapt an ongoing model that supports tools used for projecting COVID-19 requirements at state level
- ✚ Provided TA to strengthen data management in state EOCs
- ✚ Conducted training on Infection Prevention and Control (through Lafiya, W4H, SUNMAP2, HeRoN)
- ✚ Provided PPE at primary health facilities through Palladium and Lafiya.

Implementing Partners:**On the PHE side:**

- ✚ EOC and various pillars (technical advice)
- ✚ NCDC (institutional strengthening)
- ✚ Procurement and provision of laboratory testing materials, consumables and biosafety cabinet certification equipment
- ✚ Training on Biosafety cabinet for COVID19 laboratory network

On the DFID side:

- ✚ WHO and Palladium (Lafiya programme)

States Supported:

- ✚ Lagos
- ✚ Kano
- ✚ Jigawa
- ✚ Borno
- ✚ Yobe
- ✚ Kaduna
- ✚ Katsina
- ✚ Zamfara,

Budget/Fund Released:

- ✚ Funding released: £661,000 to WHO
£992,952 to Palladium

✚ Funding in pipeline/applied for: £969,312 (PPE support through Palladium)

Key Challenges Identified:

✚ Difficulty for partners in the implementation of COVID-19 context

Roadmap (3 – 6 Months):

✚ Provide technical support to the NCDC under the UKAID-funded IHR Strengthening Project

✚ Support partners to perform COVID-19 specific work at Federal and State levels

✚ Ensure continued access to essential health services as well as support to COVID-19

United Nations Development Programme (UNDP)

Sector/Pillar Supported:

- ✚ Epidemiology & Surveillance
- ✚ Laboratory
- ✚ Research
- ✚ Infection, Prevention and control
- ✚ Case Management
- ✚ Risk Communication
- ✚ Coordination
- ✚ Socio-economic

Activities Supported:

- ✚ Procured the first bulk of COVID-19 medical supplies to support the Laboratory, Case Management, IPC, and Epidemiology and Surveillance pillars
- ✚ Managed the One UN COVID-19 Response Basket Fund
- ✚ Provided technical support including resource tracking support to the PTF Resource Mobilisation and Coordination Committee
- ✚ Provided Epidemiologist support; data analysis and visualisation to the NCDC
- ✚ Provided policy/technical assistance to the socio-economic pillar of the COVID-19 response
- ✚ Provided risk communication efforts through influencers and creative actors

Implementing Partners:

- ✚ UNDP, UNAIDS, UNFPA, UNICEF, UNWOMEN, WHO: (UN agencies whose projects have been approved by the Basket Fund Project Board for implementation)
- ✚ PricewaterhouseCoopers (PwC) – (Ongoing procurement to provide financial management and audit services to the PTF)

States Supported:

- ✚ Nationwide

Budget/Fund Released:

- ✚ Funds mobilised through the One UN COVID10 Response (Basket fund): \$62,725,635
- ✚ Funding released (Approved Basket fund projects): \$42,767,450.16
- ✚ UN Procurement through UNDP Systems: \$2.2Million worth of medical supplies
- ✚ Advance procurement through UNDP Systems: \$13.1Million (funded by the EU through the Basket Fund)
- ✚ Basket Fund pipeline: Government of Switzerland – \$400,000
MacArthur Foundation – \$400,000
Bill and Melinda Gates Foundation – \$1,000,000

Key Challenges Identified:

- ✚ Limited resources in the Basket Fund (eight additional proposals for funding totalling \$26million were received but could not be considered due to limited resources in the basket fund)
- ✚ Absence of a costed pandemic response plan to gauge progress in resource mobilisation

Roadmap (3 – 6 Months):

- ✚ Implement activities financed by the Basket Fund
- ✚ Sustain the management of the Basket Fund
- ✚ Provide technical assistance and policy advisory to 6 functional areas of the Pandemic response plan.
- ✚ Provide technical assistance for the coordinated response to the socio-economic impacts of COVID-19 and recovery

United Nations Population Fund (UNFPA)	
Sector/Pillar Supported:	
<ul style="list-style-type: none"> ✚ Research ✚ Infection, Prevention and control ✚ Coordination 	
Activities Supported:	
<ul style="list-style-type: none"> ✚ Procured and distributed modern contraceptives and reproductive health commodities ✚ Procured and distributed PPEs ✚ Strengthened the capacity for addressing gender-based violence (GBV) ✚ Strengthened the capacity for continuity of integrated sexual and reproductive health (SRH) services and interventions, including protection of the health workforce COVID-19, ✚ Established and maintained GBV Virtual Referral and Response Service Initiative to provide remote support to GBV survivors during the pandemic ✚ Engaged and strengthened Young People to curb COVID-19 community infections in Kaduna State ✚ Strengthened the capacity for age and sex disaggregated geo-spatial data ✚ Developed and disseminated weekly situation analysis ✚ Provided support to PTF National COVID-19 Centre Dashboard Working Group to provide technical support to the National Bureau of Statistics ✚ Provided support to COVID-19 National Epidemiology and Data Review ✚ Provided support to UNCT COVID-19 Response 	
Implementing Partners:	
<ul style="list-style-type: none"> ✚ United Nations Population Fund ✚ Federal Ministry of Health ✚ National Bureau of Statistics ✚ Ministry of Finance, Budget and National Planning ✚ Federal Ministry of Women and Affairs ✚ Abia State Planning Commission ✚ Adamawa State Ministry of Health ✚ Borno State Ministry of Health ✚ Lagos State Ministry of Health ✚ Kaduna State Ministry of Health ✚ Yobe State Ministry of Health ✚ FCT Health Secretariat 	
States Supported:	

Provided modern contraceptives and reproductive health commodities, including PPEs to all 36 States including the FCT

Provided maternal health and GBV to the following states:

- ✚ Abia
- ✚ Adamawa
- ✚ Akwa-Ibom
- ✚ Benue
- ✚ Borno
- ✚ Cross River
- ✚ Ebonyi
- ✚ FCT
- ✚ Gombe
- ✚ Imo
- ✚ Kaduna
- ✚ Lagos
- ✚ Ogun
- ✚ Ondo
- ✚ Sokoto
- ✚ Yobe

Budget/Fund Released:

- ✚ Funding released: NGN263,486,400.00 (\$680,000.00)
- ✚ Funding in the pipeline/applied for: NGN1,800,977,591.52 (\$4,647,924.00)

Key Challenges Identified:

- ✚ Disruption of programme delivery due to the continued spike in COVID-19 cases
- ✚ Reduction in the state of socio-economic indicators for women and girls due to increase in GBV and lack of access to integrated SRH services as a result of the COVID-19 pandemic
- ✚ Inadequate age and sex disaggregated data on COVID-19 cases for programming
- ✚ Reduction in the amount of availability of resources

Roadmap (3 – 6 Months):

- ✚ Mobilise additional resources to support continuity of integrated SRH including family planning, and address GBV.
- ✚ Adapt emerging innovations to scale up programme implementation to curb the COVID-19 pandemic
- ✚ Support the generation of age and sex disaggregated geo-spatial data on COVID-19 cases for programming
- ✚ Support the conduct of the COVID-19 Mid-Term Review and utilise the outcome to plan future activities

UN Women

Sector/Pillar Supported:

- ✚ Risk Communication
- ✚ Socio-economic

Activities Supported:







- ✚ Conducted sensitisation, awareness raising, and mobilisation for GBV, FGM, and COVID 19 prevention, through women and youth networks, and other community influencers.
- ✚ Supported women-led organisations and CBOs to undertake conflict management and tension reduction initiatives through focus group discussions, community education and outreach effort.
- ✚ Promoted youth and women led monitoring of the COVID 19 response as well as the monitoring of the socio-economic effects and the access and availability to safety net support and the other essential services.
- ✚ Provided of income replacement support, through unconditional small grants/cash transfers to identified at risk women, adolescents, and girls

Implementing Partners:

- ✚ Federal Ministry of Women Affairs, and State Ministries of Women Affairs in 15 states
- ✚ Women-Led Organisations: Federation of Muslim Women, National Council of Women Societies, Women Wing of Christian Association of Nigeria

States Supported:

- ✚ Lagos
- ✚ Kano
- ✚ FCT
- ✚ Sokoto
- ✚ Bauchi
- ✚ Gombe
- ✚ Edo
- ✚ Ebonyi
- ✚ Oyo
- ✚ Rivers
- ✚ Ogun
- ✚ Kaduna
- ✚ Delta
- ✚ Akwa-Ibom
- ✚ Borno
- ✚ Delta

<i>Budget/Fund Released:</i>	
	Funding released: USD 1,391,000
	Funding in pipeline/applied for: N/A
<i>Key Challenges Identified:</i>	
	Delays in the Initial start-up activities including the setting up of the coordination and oversight structures.
<i>Roadmap (3 – 6 Months):</i>	
	Rollout of the social mobilisation and community engagement interventions in 15 states covering 30 LGAs and 90 communities
	Capacity strengthening and logistical support to women-led networks
	Distribution of small grants to a total of 10,000 vulnerable households (comprising 50,000 individuals)

United States Government (USAID, US CDC, Department of Defence, State Department)

Sector/Pillar Supported:

- ✚ Epidemiology & Surveillance
- ✚ Laboratory
- ✚ Point of Entry
- ✚ Research
- ✚ Infection, Prevention and control
- ✚ Case Management
- ✚ Risk Communication
- ✚ Security, Logistics & Mass Care
- ✚ Coordination
- ✚ Socio-economic

Activities Supported:

- ✚ Provided sixty staff to offer direct technical assistance support to the Nigeria Centre for Disease Control and Presidential Task Force (USAID, CDC, WRAIR - All pillars)
- ✚ Upgraded and expanded nine state Emergency Operations Centres (EOC) (USAID - Epidemiology & Surveillance)
- ✚ Deployed rapid response teams and conducted training of health care workers on contact tracing and case investigation across states (CDC - Epidemiology & Surveillance)
- ✚ Supported in the establishment of a Data Monitoring Centre as an extension of the existing NCDC Call Centre to support contact tracing of passengers of interest from repatriated flights (CDC - Epidemiology & Surveillance, Risk Communication)
- ✚ Provided technical assistance in the implementation of the Surveillance Outbreak Response Management Analytic System (SORMAS) (CDC - Epidemiology & Surveillance)
- ✚ Implemented community transmission and household transmission assessments (CDC - Epidemiology & Surveillance)
- ✚ Expanded sample transport networks and enhanced laboratory capabilities (USAID - Laboratory)
- ✚ Procured and delivered the Viral Transport Medium (VTM) to increase testing capacity (CDC - Laboratory)
- ✚ Provided technical assistance towards the integration of COVID-19 polymerase chain reaction (PCR) laboratory data systems with SORMAS (CDC - Laboratory)
- ✚ Donated COVID-19 open platform test kits and RNA extraction kits (WRAIR - Laboratory)
- ✚ Supported the COVID-19 testing at Defence Reference Laboratory (DRL) in Abuja and additional labs in Lagos, Calabar and Makurdi (WRAIR - Laboratory)
- ✚ Provided support in the Infection Prevention and Control services at Abuja, Kano, Lagos and Rivers international airports (CDC - Point of Entry)

- ✚ Modified existing febrile illness protocol for surveillance of coronaviruses, specifically COVID-19, in patients currently enrolled in the study (WRAIR - Research)
- ✚ Provided sanitation support to WASH and Internally Displaced Persons (IDP) support in north-eastern Nigeria (USAID - Infection Prevention and Control)
- ✚ Provided disease surveillance at health facilities and community messaging on health and hygiene in north-eastern Nigeria (USAID - Infection Prevention and Control)
- ✚ Equipped isolation centres in north-eastern Nigeria (USAID - Infection Prevention and Control)
- ✚ Established fever tents and screening tents across hospitals and detention centres in northern and southern Nigeria (U.S. Department of State - Infection Prevention and Control)
- ✚ Distributed hygiene supply and improved access to water for IDPs in north-eastern Nigeria and Cameroonian refugees in southern Nigeria (U.S. Department of State - Infection Prevention and Control)
- ✚ Conduct training on Infection Prevention and Control to military health facilities, isolation centre and laboratories (WRAIR - Infection Prevention and Control)
- ✚ Donated personal and protective equipment (PPE) including face shields, surgical masks, gowns and gloves to military health facilities, isolation centres and laboratories (WRAIR - Infection Prevention and Control)
- ✚ Designed, developed and deployed the online COVID-19 training modules (CDC - Infection Prevention and Control)
- ✚ Used active case finding, contact tracing and community surveillance using existing polio structures (USAID - Case Management)
- ✚ Conducted case management training for military healthcare workers (WRAIR - Case Management)
- ✚ Performed social mobilisation efforts and communicated this for prevention and rumour mitigation (including Airtel 3-2-1 partnership and several social media campaigns)
- ✚ Conducted community awareness campaigns (door-to-door sensitisation, radio campaigns and provision of hand sanitizer) (USAID - Risk Communication); targeted campaigns for transportation workers
- ✚ Established the Community Care and Response networks to across state wards and IDP camps (USAID - Risk Communication)
- ✚ Communicated through radio programming to mitigate violence and extremism during lockdown and this period of uncertainty (USAID - Risk Communication)
- ✚ Provided support for faith-based organizations to disseminate COVID-19 public health messages (CDC - Risk Communication)
- ✚ Provided support for Hausa counter COVID-19 myths and misinformation in collaboration with the Hausa language TV network Arewa24 (U.S. Department of State - Risk Communication)
- ✚ Supported in food supplementation and support to UN Humanitarian Air Service (USAID - Security, Logistics & Mass Care)
- ✚ Provided the electrical supply to health facilities (USAID - Security, Logistics & Mass Care)
- ✚ Supported women's associations and cooperatives to produce non-medical face masks (USAID - Security, Logistics & Mass Care/Socio-economic)

- ✚ Managed the procurement of mobile tablets to facilitate reporting of issued commodities and real-time risk information.
- ✚ Provided “COVID19 Innovation Challenge” grant awarded to Abuja-based innovation hub, Ventures Platform (U.S. Department of State - Security, Logistics & Mass Care)
- ✚ Provided last mile delivery of PPE, supplies, reagents and equipment to 18 isolation centres and testing laboratories supported by the Nigerian Ministry of Defence (WRAIR - Security, Logistics & Mass Care)
- ✚ Provided non-clinical support to ensure continuity of essential healthcare activities, including HIV and tuberculosis care services, conducted measles campaigns, antenatal care (ANC) and malaria prevention and care in healthcare settings (CDC - Routine Essential Health Services)
- ✚ Supported the Presidential Taskforce to manage partner coordination and advocacy efforts (USAID, CDC - Coordination)
- ✚ Provided technical assistance to the National and state EOCs on outbreak response strategies (CDC – Coordination)
- ✚ Equipped additional EOCs with ECHO/Zoom technology (CDC - Coordination)
- ✚ Procured teleconferencing equipment licenses for the NCDC (CDC - Coordination)

Implementing Partners:

- ✚ African Field Epidemiology Network (AFENET)
- ✚ Catholic Caritas Foundation of Nigeria
- ✚ Chemonics
- ✚ Creative Associates
- ✚ Deloitte Consulting
- ✚ Family Health International 360
- ✚ International Federation of the Red Cross (IFRC)
- ✚ International Organisation for Migration (IOM)
- ✚ JHPIEGO
- ✚ Johns Hopkins Center for Communication Programs
- ✚ Mercy Corps
- ✚ Palladium
- ✚ Pro Health International
- ✚ Research Triangle Institute
- ✚ United Nations Children's Fund (UNICEF)
- ✚ University of Maryland-Baltimore
- ✚ World Food Programme (WFP)
- ✚ World Health Organisation (WHO)
- ✚ World Vision
- ✚ Various NGOs (including Alliance for International Medical Action, Catholic Relief Services and the Danish Refugee Council)

<i>States Supported:</i>	
<ul style="list-style-type: none"> ✚ Abia ✚ Akwa Ibom ✚ Adamawa ✚ Bauchi ✚ Bayelsa ✚ Benue ✚ Cross River ✚ Delta ✚ Edo ✚ Enugu ✚ FCT ✚ Imo ✚ Kaduna 	<ul style="list-style-type: none"> ✚ Kano ✚ Katsina ✚ Kogi ✚ Lagos ✚ Niger ✚ Osun ✚ Oyo ✚ Plateau ✚ Rivers ✚ Sokoto ✚ Taraba ✚ Yobe ✚ Zamfara
<i>Budget/Fund Released:</i>	
<ul style="list-style-type: none"> ✚ Funding released: \$54.8 Million ✚ Funding in pipeline/applied for: N/A 	
<i>Key Challenges Identified:</i>	
<ul style="list-style-type: none"> ✚ Challenges in north-eastern Nigeria which includes camp congestion, capacity constraints in isolation centres and low testing rates ✚ Lack of timely and complete case surveillance data to guide commodity forecasting, human resources and other response needs ✚ Difficulty in the coordination of federal and state level responses, particularly data-sharing for laboratory and logistics management as well as public health decision making. 	
<i>Roadmap (3 – 6 Months):</i>	
<ul style="list-style-type: none"> ✚ Continue USG direct technical assistance to the Presidential Task Force, NCDC and Federal Ministry of Health ✚ Expand risk communication activities and efforts leveraging polio infrastructure to additional states ✚ Scale-up of WASH efforts across north-eastern Nigeria 	

World Bank	
Sector/Pillar Supported:	
<ul style="list-style-type: none"> ✚ Epidemiology & Surveillance ✚ Laboratory ✚ Research ✚ Infection, Prevention and control ✚ Case Management ✚ Risk Communication ✚ Security, Logistics & Mass Care ✚ Socio-economic 	
Activities Supported:	
<ul style="list-style-type: none"> ✚ Provided financing for NCDC response and State response ✚ Provided fiscal support to states and federal government ✚ Provided livelihood support for State governments ✚ Performed cash transfers to relevant parties ✚ Supplied energy to health facilities 	
Implementing Partners:	
<ul style="list-style-type: none"> ✚ NCDC, Federal Ministry of Finance, Federal Ministry of Health ✚ 36+1 State Governments ✚ Ministry of Humanitarian affairs 	
States Supported:	
<ul style="list-style-type: none"> ✚ All the 36 states plus the FCT 	
Budget/Fund Released:	
<ul style="list-style-type: none"> ✚ Funding released: \$ 72 million (REDISSE) ✚ Funding in pipeline/applied for: \$ 3.1 billion 	
Key Challenges Identified:	
<ul style="list-style-type: none"> ✚ Complicated government approval processes ✚ Complicated stakeholder coordination environment ✚ Fragmented and complex financing landscape 	
Roadmap (3 – 6 Months):	
<ul style="list-style-type: none"> ✚ Process planned lending projects and ensure they become operational promptly 	

CACOVID	
Sector/Pillar Supported:	
<ul style="list-style-type: none"> Laboratory Case Management Risk Communication 	
Activities Supported:	
<ul style="list-style-type: none"> Provided 4 Ambulances which was in Lagos Deployed Contact Tracing Mechanism Donated various quantities of different testing component items Donated 10 PCR Laboratory Systems: 4 to States and 6 to NCDC Funded NCDC logistics for national sample transportation Built/converted & equipped 4 temporary isolation centres, donated various equipment & consumables, including PPEs, to 35 isolation centres Provided hot Food palliatives to 60,000 individuals in Lagos State during the lockdown Provided Capacity building for Kano State (39 LGA, 213 HCWs) Developed Risk Communication, Awareness and Social Behaviour Change across the country 	
Implementing Partners:	
<ul style="list-style-type: none"> NCDC UNICEF/ UNDP DRASA (IPC Training) Jakins (Lagos food palliatives) 	
States Supported:	
<ul style="list-style-type: none"> All 36 States & FCT 	
Budget/Fund Released:	
<ul style="list-style-type: none"> N28 Billion 	
Key Challenges Identified:	
<ul style="list-style-type: none"> Novel nature of the virus and the attendant steep learning curve to guide effective response(s) Lack of existing response framework Global nature of the crisis with the attendant additional (non-directly-health related) disruptions 	
Roadmap (3 – 6 Months):	
<ul style="list-style-type: none"> Roll out national dry foods' palliatives programme Deliver outstanding Testing supplies 	



Increase public and socio-economic advocacy on risk communication and policy formulation respectively

HIGH COMMISSION OF CANADA

Sector/Pillar Supported:

- ✚ Laboratory
- ✚ Epi & Surveillance

Activities Supported:

- ✚ Ensured the continuity of essential health services by integrating COVID training, IPC and RCCE into existing programming.
- ✚ Supported the biological laboratories in Lagos and Jos
- ✚ Supported the West African Disease Surveillance Program
- ✚ Supported to address heightened SGBV risks linked to COVID.

Implementing Partners:

- ✚ Clinton Health Access Initiative, Save the Children, Plan International, Oxfam
- ✚ Lagos and Jos biological laboratories
- ✚ World Bank
- ✚ Action Aid Nigeria

States Supported:

- ✚ Zamfara
- ✚ Katsina
- ✚ Kano
- ✚ Kaduna
- ✚ Bauchi
- ✚ Gombe
- ✚ Yobe
- ✚ Borno

Budget/Fund Released:

- ✚ Over CAD\$ 3,300,000

Key Challenges Identified:

- ✚ N/A

Roadmap (3 – 6 Months):

- ✚ Contribute to the COVID Basket Fund.
- ✚ Continuously fund top ops to existing programming to further strengthen their ability to manage and respond to COVID risks and impact.

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES

Sector/Pillar Supported:

- ✚ Points of Entry
- ✚ Risk Communication
- ✚ Epi & Surveillance

Activities Supported:

- ✚ Ensured the continuity of essential health services by integrating COVID training, IPC and RCCE into existing programming.
- ✚ Supported the biological laboratories in Lagos and Jos
- ✚ Supported to the West African Disease Surveillance Program
- ✚ Supported to address heightened SGBV risks linked to COVID.

Implementing Partners:

- ✚ Save the Children – WASH (Cross River and Benue)
- ✚ Family Health International (FHI360) – Health (Cross River and Benue)
- ✚ Nigeria Red Cross Society – Health (Taraba)
- ✚ Grassroots Initiative for Strengthening Community Resilience (GISCOR) – Protection Monitoring (Borno)
- ✚ Caritas – Protection Monitoring (Cross River)
- ✚ Foundation for Justice, Development and Peace – Protection Monitoring (Benue)
- ✚ Jesuit Refugee Services – Protection Monitoring (Taraba)

States Supported:

- ✚ Cross River
- ✚ Benue
- ✚ Taraba
- ✚ Borno

Budget/Fund Released:

- ✚ US\$ 419,000

Key Challenges Identified:

- ✚ Some refugees / returnees from neighbouring countries use unofficial crossing points
- ✚ Slow procurement process partly due to competition for available PPEs / Sanitation materials in the market
- ✚ Lockdown leads to delays in implementation by implementing partners

Roadmap (3 – 6 Months):

- ✚ Continue supporting the Nigeria Immigration Service to ensure safe screening of those entering the borders in Borno, Cross River, Taraba and Benue States
- ✚ Continue to support to local authorities at the border areas in terms of rehabilitation of health facilities to improve preparedness and response
- ✚ Continue to support the Cross River, Benue and Taraba state Governments to strengthen their preparedness / response through procurement of PPEs / medical equipment and supplies

ALIKO DANGOTE FOUNDATION

Sector/Pillar Supported:

- ✚ Laboratory
- ✚ Epi & Surveillance
- ✚ Security, Logistics & Mass Care

Activities Supported:

- ✚ Set up Molecular Laboratory in Kano + 20,000 test kits + Lab Staff
- ✚ Donated 10 Ambulances to the Kano State COVID-19 Task Force
- ✚ Donated 2 units SUV to the Kano State Task Force to improve surveillance
- ✚ Donated 2 units of Ambulances to the Jigawa State Government
- ✚ Donated PPEs to support the Kano State frontline workers
- ✚ Provided food palliatives in Dangote Group Host Communities across Ogun, Edo, Kogi & Lagos
- ✚ Provided daily food palliatives in Lagos & Kano States
- ✚ Supported to PTF on Testing for Repatriated Nigerians + Admin support to PTF

Implementing Partners:

- ✚ NCDC
- ✚ 54gene
- ✚ Kano State Government

States Supported:

- ✚ Kano State Government
- ✚ Jigawa State Government

Budget/Fund Released:

- ✚ N750 million

Key Challenges Identified:

- ✚ N/A

Roadmap (3 – 6 Months):

- ✚ Continuous support to Technical Assistance to the National COVID-19 Response Centre
- ✚ Continuous daily food palliatives in Lagos and Kano

Bill & Melinda Gates Foundation	
Sector/Pillar Supported:	
<ul style="list-style-type: none"> ✚ Coordination ✚ Case Management ✚ Security, Logistics & Mass Care 	
Activities Supported:	
<ul style="list-style-type: none"> ✚ Supported to Kaduna State's Emergency Response Systems Readiness ✚ Supported Nigeria's Emergency Response Readiness for Case Management ✚ Supported Kano State ✚ Coordinated and Mobilised Civil Society Response in Nigeria ✚ Communicated NCDC for Emergency Response ✚ Changed the narrative and tackling COVID19 stigma ✚ Supported mob health digital Initiative ✚ Supported Government Response in Lagos and Kano States ✚ Supported Nigeria's emergency preparedness and response ✚ Supported Nigeria for Data and logistics support ✚ Supported Nigeria PTF Emergency Response Communications ✚ Improved sample collection and lab testing ✚ Provided one UN COVID-19 Response Plan for Nigeria ✚ Created an evidence to inform policy & mitigate the impact in Nigeria ✚ Provided Scientific Technical Advisory to the PTF 	
Implementing Partners:	
<ul style="list-style-type: none"> ✚ Kaduna State Primary Health Care Board ✚ Clinton Health Access Initiative Inc ✚ Kano State Government ✚ Health Systems Consult Limited ✚ Centre for Communication and Social Impact ✚ Mob health International ✚ McKinsey & Company ✚ Tony Blair Institute for Global Change ✚ eHealth Africa ✚ United Nations Development Programme ✚ University College London ✚ Vesta Healthcare Partners Nigeria 	
States Supported:	

<ul style="list-style-type: none"> ✚ Kano ✚ Kaduna ✚ Lagos
Budget/Fund Released:
<ul style="list-style-type: none"> ✚ \$3,862,560 ✚ \$6,872,507
Key Challenges Identified:
✚ N/A
Roadmap (3 – 6 Months):
<ul style="list-style-type: none"> ✚ Concentrate to support to the UN ONE COVID Basket Fund Project Board ✚ Continuous follow-up with Implementing partners ✚ Work closely with the PTF and aligning with the national response priorities

The Global Fund	
Sector/Pillar Supported:	
✚ Laboratory	
Activities Supported:	
<ul style="list-style-type: none"> ✚ Trained PHC and General Health Workers through the PRs to scale up capacity and enhanced prompt case notification and information sharing. ✚ Procured and installed 26 units of laboratory biosafety equipment for COVID-19 testing using GeneXpert machines in 36 states and FCT ✚ Procured of over 1,000,000 reagents and test kits for COVID-19 testing ✚ Procured over 3,000,000 pieces of PPEs to support COVID-19 testing of over 1,000,000 persons ✚ Facilitated IDEC waiver and NAFDAC registration for COVID-19 related test kits and reagents ✚ Supported the development of National COVID-19 Testing Strategy ✚ Led development of proposal for Global Fund support to National COVID-19 response – have mobilised US\$36 Million thus far 	
Implementing Partners:	
<ul style="list-style-type: none"> ✚ Nigeria Centre for Disease Control (NCDC) ✚ National Tuberculosis and Leprosy Control Programme (NTBLCP) ✚ Catholic Relief Services (CRS) ✚ Management Sciences for Health (MSH) ✚ Family Health International (FHI360) ✚ Lagos State Ministry of Health (LSMOH) 	
States Supported:	
<ul style="list-style-type: none"> ✚ Kano ✚ Kaduna ✚ Lagos 	
Budget/Fund Released:	
<ul style="list-style-type: none"> ✚ Funding released: \$3,862,560 ✚ Funding in pipeline applied for: \$6,872,507 	
Key Challenges Identified:	
<ul style="list-style-type: none"> ✚ Delayed allocation of reagents and test kits to Nigeria via the WHO led Global Consortium on COVID-19 commodities management ✚ Delayed delivery timeline for test kits and reagents owing to global logistics challenges ✚ Poor turnaround time for processing IDEC waivers and other waivers from government regulatory authorities 	
Roadmap (3 – 6 Months):	

- ✚ Expand the diagnostic capacity building and using GeneXpert and Abbott molecular platforms to support testing for COVID-19
- ✚ Procure the PPEs and surveillance
- ✚ Mobilise the 3 Community-Led in monitoring and risk communication

United Nations (UN)	
Sector/Pillar Supported:	
✚	Laboratory
✚	Case Management
Activities Supported:	
✚	Supported the set up of the PTF
✚	Fast tracked the development of the Multi-sectoral Pandemic Response Plan, and designed the response to bridge the health, humanitarian and socio-economic issues of the Pandemic were viable mechanisms for action.
✚	Continued high-level commitment to briefing the Nigerian media and public.
✚	Engaged with the UN and set- up the Basket Fund and inclusion of WHO in the PTF which allowed for timely and seamless integration of best global normative guidance, evidence and best practices.
✚	Reached out to the private sector actors and high net-worth individuals
	Recognised and rewarded the proactive efforts of Lagos State as the epicentre of the pandemic
Implementing Partners:	
✚	European Union
✚	Aliko Dangote Foundation
✚	Government of Switzerland
✚	Bill and Melinda Gate Foundation
✚	AP Maersk
✚	MacArthur Foundation
States Supported:	
✚	Cross River
✚	Benue
✚	Taraba States
Budget/Fund Released:	
✚	US\$ 62,725,635
Key Challenges Identified:	
✚	Limited visibility into available resources and utilisation of resources for procurement of supplies and distribution
✚	Bureaucratic bottlenecks: Decision-making across administrative levels is beset with bureaucracies and minimal to non-existent accountability mechanisms, and this poses a risk to effective leadership to achieve impactful results.

- ✚ Limitations in client approach to response. This is evidenced by poor awareness and sensitisation of the general public on available sample collection centres across the country, and the absence of a public available National Operational Plan for COVID-19 which prioritises populations (e.g. health care workers, first response teams, and security personnel etc.)

Roadmap (3 – 6 Months):

- ✚ Continue the normal health services and protection of health workers
- ✚ Create awareness of risk communication and community engagement
- ✚ Operationalising and fully implementing the hot spot strategy, community and home- based care
- ✚ Strengthen the focus and advocacy on bridging the health, humanitarian and socio- economic nexus issues of the COVID 19 Pandemic – and address critical issues including stimulus packages to informal sector, social protection and safety nets for vulnerable groups; and fiscal and macro-economic related issues to cushion the socio-economic impact.
- ✚ Continuously strengthen ownership of the COVID 19 response at the State level and hold States accountable to implement recommended guidelines – Kogi and Cross River states were the worst examples of what should not be done.
- ✚ Mobilise advocacy and resource for local procurement of PPEs and production of Oxygen
- ✚ Enhance complementarity and prioritisation of resources mobilised for the response and draw lessons from the basket Fund – technical review and establishment of a board with participation of Government and Donors.
- ✚ Enhance coordination and collaboration with other critical stakeholders in the response i.e. Civil Society, Ministry of Women Affairs, CBN, Ministry of Finance, Budget and Planning and International Financial Institutions
- ✚ Recommend any further easing of restrictions must be based on science and data.

International Organization for Migration	
Sector/Pillar Supported:	
<ul style="list-style-type: none"> ✚ Point of Entry ✚ Infection Prevention and Control ✚ Case Management ✚ Security, Logistics, and Mass Care ✚ Risk Communication ✚ Socio-Economic 	
Activities Supported:	
<ul style="list-style-type: none"> ✚ PoEs - Data collection and establishment of flow monitoring points ✚ IPC - Strengthening the provision of critical WASH facilities and services in IDP camps and displacement settings ✚ Case Management - Provision of technical and operational support to governments, as well as provision of life-saving primary health care, the continuation of essential health services, procurement of critical medicines, personnel, diagnostics, medical supplies and infrastructure support. ✚ RCCE- Ensuring that mobile and communities in displaced settings have access to timely, contextually specific and correct information. ✚ Socio-economic - Assessing the impact of the pandemic on migrant and host communities in terms of their financial and socio-economic well-being and development. 	
Implementing Partners:	
<ul style="list-style-type: none"> ✚ IOM directly implements but works together with the following: ✚ Borno, Adamawa, Yobe state governments and other INGOs responding to the NE humanitarian response ✚ Lagos, Benin and Edo state governments and related MDAs ✚ NIS ✚ Port Health Services ✚ Ministry of Humanitarian Affairs 	
States Supported:	
<ul style="list-style-type: none"> ✚ Borno, Adamawa and Yobe states ✚ Lagos ✚ Benin ✚ Edo 	
Budget/Fund Released:	
<ul style="list-style-type: none"> ✚ Funding released(reprogrammed): \$ 20,2 million ✚ New funding (pipeline/applied for): \$18 million ✚ Basket Fund: \$2,5 million 	
Key Challenges Identified:	
<ul style="list-style-type: none"> ✚ N/A 	
Roadmap (3 – 6 Months):	

- ✚ Support NIS and other PoE stakeholders with IPC, Disease surveillance and
- ✚ Continue with resource mobilisation for socio-economic impact “building back better” for implementation with the FMHDSD
- ✚ Build capacities of Federal Ministry of health and other related departments and agencies on disease surveillance

UNICEF	
Sector/Pillar Supported:	
<ul style="list-style-type: none"> Epi & Surveillance Laboratory Point of Entry Infection Prevention and Control Risk Communication Coordination 	
Activities Supported:	
<ul style="list-style-type: none"> Technical inputs in strategy, guidelines, workplans etc for each of the pillars supported Support to inventory, situation analysis and fact finding at decentralized levels for the pillars to better understand issues and bottlenecks and find solutions quickly Resource mobilization through completion of funding requests, proposals – GF, GAVI, IDB, WB, UN Basket fund, ECHO etc to fully support the response Field level support in 17 States with field presence and in all States through the network of field offices and ensuring full support to the State EOCs for the response Fast tracking decentralized support towards completing various activities including training, mentoring, reviewing and analysing data, mobilizing all consultants, community platforms etc for the response Support to coordination, linking various initiatives together to avoid duplication Support to procurement, quantification, facilitating bringing in supplies in country and local procurement Support to risk communication and community engagement, mobilizing all available platforms and expertise, as well as partnerships towards the response. 	
Implementing Partners:	
<ul style="list-style-type: none"> FMoH NCDC NPHCDA State Governments 	
States Supported:	
<ul style="list-style-type: none"> All States for the State EOC support Active engagement and support to 17 States with a field presence 	
Budget/Fund Released:	
<ul style="list-style-type: none"> Funding released: \$15 m Funding in pipeline/applied for: \$50 m 	
Key Challenges Identified:	
<ul style="list-style-type: none"> Data management – synchrony of data coming in from the field on the response (trainings done etc;) Coordination across pillars – e.g: IPC with case management particularly at decentralized levels Clarity in supply and procurement and distribution planning and management 	
Roadmap (3 – 6 Months):	
<ul style="list-style-type: none"> Strengthen the contextualized decentralized response – State/LGA/Ward/community (data; training, mentoring, communication, coordination) Focus on continuity of services – at all levels of service delivery Support better coordination, communication and transparency with resources, supplies and smooth flow of information 	

JICA
<i>Sector/Pillar Supported:</i>
✚ Laboratory
<i>Activities Supported:</i>
✚ Donation of test kits (RNA extraction kits) and PPEs to the NCDC (NRL)
<i>Implementing Partners:</i>
✚ Direct support
<i>States Supported:</i>
✚ Federal
<i>Budget/Fund Released:</i>
✚
<i>Key Challenges Identified:</i>
✚ N/A
<i>Roadmap (3 – 6 Months):</i>
✚ Possible further support on strengthening sample transport and collection
✚ Possible further support with test kits and PPEs



AFRICA CDC	
Sector/Pillar Supported:	
<ul style="list-style-type: none"> ✚ Epi & Surveillance ✚ Laboratory ✚ Point of Entry ✚ Infection Prevention and Control ✚ Risk Communication ✚ Coordination 	
Activities Supported:	
<ul style="list-style-type: none"> ✚ Training of 6 NCDC staff in IPC ✚ Step-down IPC trainings in Lagos, Ogun, Katsina and Kebbi states ✚ Supply of PPEs ✚ Facilitation and funding of the distribution of three consignment of Jack Ma donations to Nigeria ✚ Supply of 17,000 bundled test and consumables to the NCDC for the response ✚ Deployment of 15 epidemiologists to support state EOCs for COVID-19 response ✚ Training of member-states communication officers, including 2 NCDC staff, in public health risk communication in Tunis 	
Implementing Partners:	
✚ NCDC	
States Supported:	
<ul style="list-style-type: none"> ✚ Lagos ✚ Ogun ✚ Katsina ✚ Kebbi 	
Budget/Fund Released:	
Key Challenges Identified:	
Roadmap (3 – 6 Months):	
✚ Conduct step-down IPC training in 2 more states	

6.3. Additional MDA Reports

Detailed information about the activities, achievements, challenges and next steps for the Ministries, Departments and Agencies are captured in the tables below.

Nigeria Customs Service (NCS)	
Brief Summary of MDA:	
The Nigeria Customs Service supported PTF by ensuring only approved medicines and equipment as defined by World Customs Organisation and World Health Organisation were imported, prompt clearance of approved medicines and equipment, zero duty on items and counterfeits were identified promptly.	
MDA Activities:	
<ul style="list-style-type: none"> Complied with the list of essential supplies and equipment communicated by the World Customs Organisation (WCO) in collaboration with the World Health Organisation (WHO) Facilitated the importation and clearance of medicine and medical equipment by ensuring prompt clearance of items on the national COVID-19 medical supplies list and exempting from import duty and VAT Limited criminal activities involved in shipping illicit and counterfeit medicine and equipment through the establishment of the WCO Operation STOP with the WHO/Interpol, Europol/RILO and UNODC Recorded all COVID-19 related imports and provide quarterly reports of this to the Tariff and Trade Department Provided details of all imported approved COVID-19 essential medical supplies and equipment to relevant Ministries for monitoring and evaluation of the fiscal policy measures established by the Federal Government 	
MDA Achievements:	
<ul style="list-style-type: none"> Facilitated importation and prompt clearance of medicines and medical equipment Examined all equipment with NAFDAC to ensure conformity with WCO/WHO checklist Identified and seized 3,900 expired PPE disposal clothing and 41,980 masks and hand gloves Seized about 3 million tablets of tramadol 225mg and over 40 million tablets of counterfeit diclofenac potassium, dexamethasone and codeine syrup alongside NAFDAC Implemented zero duty policy and ensured prompt clearance of all items on the national list of COVID-19 response 	
Key Challenges Identified	
<ul style="list-style-type: none"> Inability for NCDC, Ministry of Health, etc to import COVID-19 related equipment due to lack of permit Inadequate number of testing kits to conduct COVID-19 tests Increase in COVID-19 donations from abroad which seems suspicious 	

Next Steps:

-  Improve collaboration and networking amongst relevant government regulatory and security agencies in order to succeed in the fight against importation of fake and substandard medicine and equipment
-  Engage the private sector to support in combating COVID-19

Department of State Services (DSS)

Brief Summary of MDA:

The Department of State Services is the foremost intelligence agency of the country and supported the PTF with the provision of timely situational awareness on key issues concerning the pandemic in the country to enhance the Common Operational Picture (COP) with respect to the virus and aid decision making process

To fulfil its duties, DSS issued daily and periodic assessment of the response strategy to the PTF and other relevant stakeholders

MDA Activities:

- ✚ Provided daily situational awareness to the PTF on events of significant developments across the federation with regards to COVID-19
- ✚ Tracked issues of importance on social media and present to PTF
- ✚ Supported states surveillance teams in tracking suspected COVID-19 cases
- ✚ Mobilised service personnel and assets across the states and LGAs to key into the National Response Strategy and contain the spread of the virus
- ✚ Collaborated with other response agencies to monitor COVID-19 materials and activities of returnees, ensured compliance to the lockdown order and other measures assigned by PTF

MDA Achievements:

- ✚ Sustained provision of situational awareness across the country
- ✚ Engaged other response agencies to share intelligence
- ✚ Participated in COVID-19 response activities
- ✚ Offered technical support for contact tracing
- ✚ Assisted in investigating breaches
- ✚ Managed perceptions of aggrieved health and union workers
- ✚ Provided physical security at isolation/treatment centres
- ✚ Supported in monitoring border points

Key Challenges Identified

- ✚ Difficulty in enforcing lockdown measures in some areas
- ✚ Inaccurate information concerning the pandemic by subversive groups
- ✚ Lack of regulation within the social media space
- ✚ Difficulty in conducting contact tracing of suspected people
- ✚ High cost involved in tracking fake news peddlers
- ✚ Lack of jurisdiction to limit the discussions of social media influencers in the diaspora undermining government response effort
- ✚ Limited logistics and funding for activities

Next Steps:

- ✚ Support in conducting training for service medical workers on sample collection
- ✚ Support NCDC in ensuring medical supply kits, equipment and logistics are available
- ✚ Intensify sensitisation and awareness campaigns among the population

Ministry of Aviation

Brief Summary of MDA:

The goal of the Ministry of Aviation and the agencies was to prevent cross-border transmission of the COVID-19. The Ministry of Aviation provided guidance and directives to the aviation industry concerning flight restrictions and COVID-19 Health and Safety requirements, and granted several approvals for emergency, cargo and humanitarian flights.

The Ministry engaged CEOs of various aviation agencies to ensure proper planning, installation of equipment and development of protocols for the restart of the aviation industry.

MDA Activities:

- ✚ Developed Public Health and safety protocols for the restart of the aviation industry
- ✚ Developed quarantine requirements for crew members and evacuees
- ✚ Collaborated with relevant stakeholders to develop guiding principles for the disinfection and decontamination of aircrafts and airports
- ✚ Validated and approved restart plans of various Industry stakeholders

MDA Achievements:

Ministry of Aviation

- ✚ Provided aircrafts for essential flights for PTF members and aviation parastatals and for the transportation of COVID-19 support materials
- ✚ Provided policy and guidance to support aviation parastatals in handling the COVID -19 pandemic issues

Nigerian Civil Aviation Authority

- ✚ Issued 40 All Operator Letters (AOL) to provide guidance and directives to the Aviation Industry with regards to flight restrictions and COVID-19 Health and safety requirements
- ✚ Developed and issued several guidance materials for the disinfection and decontamination of airport facilities and aircraft
- ✚ Evaluated, validated and approved restart plans of various industry stakeholders

Federal Airports Authority of Nigeria (FAAN)

- ✚ Facilitated the successful evacuation of Nigerians from several countries abroad back to Nigeria
- ✚ Developed and implemented SOP for cleaning, disinfecting and decontaminating commonly used spaces, facilities aircraft and baggage in collaboration with PHS, NCAA, and Federal Ministry of Environment
- ✚ Participated in the WHO online courses on public health risk mitigation measures

Nigerian Airspace Management Agency

- ✚ Provided Air Traffic Management services at the nation's federal, state and private airports

- ✚ Published and issued 11 Notices to Airmen (NOTAM) and Aeronautical information Circulars (AICs) for effective information and guidance of airmen during COVID-19 pandemic
- ✚ Developed a national contingency plan for air traffic management in compliance with PTF COVID-19 protocols and NCAA regulations
- ✚ Published 6 new regional routes in collaboration with IATA and ICAO to ensure cost effective and environmentally friendly flight operations under COVID-19 conditions

Nigerian Meteorological Agency

- ✚ Provided temperature, rainfall and barometric weather information during essential flight operations during the lockdown

Key Challenges Identified

- ✚ Inadequate number of PPE and hand hygiene materials for the protection of staff offering skeletal services during the lockdown
- ✚ Difficulty in meeting various obligations due to scarcity of funds
- ✚ Increased need for funds and technical expertise resulting from the redesign of airport infrastructure

Next Steps:

- ✚ Procure stockpile and distribute hand hygiene materials, disinfection and other COVID-19 related materials as approved by the PTF
- ✚ Increase innovation in the designs of airport terminal buildings
- ✚ Enhance surveillance by NCAA to ensure strict compliance by operators with the Public Health and safety protocols on COVID-19.
- ✚ Improve collaboration, communication and cooperation amongst various stakeholders in the aviation industry
- ✚ Develop Regulations, Guidance materials and protocols for International flight operations
- ✚ Engage Foreign and Nigerian Airline Operators interested in carrying out Regional and International flight operations into and out of Nigeria

Federal Ministry of Environment

Brief Summary of MDA:

The Federal Ministry of Environment took steps in the containment of the COVID-19 pandemic. The Ministry activated the sanitation desks in all the 36 states of the federation and the FCT as well as the Environmental Health Surveillance System.

MDA Activities:

- ✚ Conducted training for Federal Fire Service Personnel, Nigeria Police, Sanitation Desk Officers, Environmental Health Officers and volunteers on the appropriate use of PPE, response to the pandemic and burial of COVID-19 corpses
- ✚ Collaborated with relevant stakeholders to decontaminate/disinfect areas and equipment identified as high-risk exposures
- ✚ Conducted environmental surveillance of all 774 local governments areas in the nation
- ✚ Mobilised Environmental Health Officers in the states and local governments to participate in the nationwide response to the pandemic

MDA Achievements:

- ✚ Decontaminated/disinfected over 200 public areas of high-risk exposure in the FCT, Kano, Kaduna, Lagos, Anambra and Edo states
- ✚ Provided capacity building programs for Environmental Health Officers and volunteers across the country on response to the pandemic
- ✚ Decontaminated/disinfected aircraft that flew in the Chinese medical professionals
- ✚ Mobilised Environmental Health Officers and Environmental Health Surveillance of all 774 local government areas

Key Challenges Identified

- ✚ Inadequate funding for the Ministry's Workplan
- ✚ Delay in the release of approved funds and in the payment of services
- ✚ Lack of defined role for the Ministry in the management of COVID-19 health care waste in the COVID-19 document

Next Steps:

- ✚ Decontaminate/disinfect and disinfect schools
- ✚ Environmentally manage and monitor COVID-19 health care wastes from isolation and treatment centres
- ✚ Conduct Environmental Health Risk Assessment of isolation and treatment centres
- ✚ Improve the enforcement of relevant laws, guidelines and directives by Environmental Health Officers
- ✚ Provide intervention/support to states
- ✚ Continue to decontaminate/disinfect areas of high-risk exposures

Ministry of Foreign Affairs

Brief Summary of MDA:

The Ministry of Foreign Affairs supported PTF in evacuating Nigerians stranded abroad amidst the COVID-19 pandemic. Presently, the Ministry of Foreign Affairs has successfully evacuated more than 3,218 Nigerians abroad.

MDA Activities:

- ✚ Supported in evacuating stranded Nigerians abroad during the COVID-19
- ✚ Provided initial accommodation for returnees for the 14-day quarantine period

MDA Achievements:

- ✚ Evacuated over four thousand Nigerians across the globe
- ✚ Evacuated fifty Nigerian ladies that were trafficked in Lebanon

Key Challenges Identified

- ✚ Inadequate funds for some Missions to arrange relevant logistics for the evacuation
- ✚ Lack of guidelines in the existing Evacuation Protocol for the repatriation of released prisoners from abroad
- ✚ Inability of Nigerian student abroad to pay the one-way ticket for the evacuation flights
- ✚ Lack of provision of evacuation flights to airlift diaspora Nigerians currently trapped in Nigeria
- ✚ Limited number of testing kits allocated to returnees resulting in prolonged testing exercise period

Next Steps:

- ✚ Continue the evacuation exercise until the resumption of normal international flight operations
- ✚ Continue to process request for evacuation through the mission abroad in line with approved protocol
- ✚ Continue to liaise with relevant inter-governmental agencies to schedule the arrival of evacuation flights within the weekly limit specified by the government partners in the private sector

Ministry of Interior

Brief Summary of MDA:






The Ministry of Interior was responsible for formulating and implementing policies and programmes that enhanced internal security, public safety, created enabling environment for foreign investors and maintained citizenship integrity

The Ministry of Interior contributed to the Federal Government response in confronting COVID-19 to keep Nigerians safe and assist in slowing the spread of the virus by joining other security agencies in enforcing the various guidelines and regulations including the lockdown of public places and restriction on interstate movements




MDA Activities:

Nigeria Immigration Service (NIS)

– *Total lockdown phase*




-  Suspended the issuance of entry visas in all Nigerian Missions abroad
-  Closed the application portal for temporary work permit visa and visa on arrival application channel
-  Supported in enforcing border closures, surveillance and ensure COVID-19 is not imported through the borders
-  Suspended passport issuance both in Nigeria and Nigerian Missions abroad
-  Provided water, soap dispenser and wash hand basin at strategic locations

– *Easing of lockdown phase*



-  Phased resumption of passport issuance
-  Granted waiver to allow resident migrants entry into Nigeria upon lifting of travel restrictions
-  Conducted safety and seamless passenger clearance procedures workshop

Nigerian Correctional Service (NCoS)

– *Total lockdown phase*

-  Collaborated with relevant stakeholders for advises, screening and logistical support
-  Developed preparedness and response strategies against the pandemic
-  Fumigated custodial facilities

– *Ease of lockdown phase*

-  Established isolation unit within designated custodial centres nationwide
-  Conducted COVID-19 screening for newly admitted inmates and staff

Nigerian Security & Civil Defence Corps (NSCDC)

- ✚ Conducted awareness and sensitisation activities nationwide
- ✚ Supported in enforcing the lockdown order
- ✚ Conducted regular patrol to prevent large gatherings of people
- ✚ Provided protective security to medical personnel and relief material
- ✚ Provided security at the sample collection, testing and isolation centres

Federal Fire Service (FFS)

- ✚ Collaborated with the Ministry of Environment to carry out disinfection and decontamination of government offices and environment

MDA Achievements:

Nigerian Correctional Service (NCoS)

- ✚ No reported case of COVID-19 among staff and inmates in Nigerian custodial centres
- ✚ Kept the Nigerian custodial centres safe, calm, and stable with no substantial complaints
- ✚ Dropped in the population of custodial centres
- ✚ Improved sanitary and hygienic condition of the custodial centres

Nigeria Immigration Service (NIS)

- ✚ Enforced closures of borders and international travel restrictions
- ✚ No recorded cases of COVID-19 infection of NIS frontline officers and men at border posts
- ✚ Facilitated the evacuation operations through clearance of Nigerian and Non-Nigerian evacuees
- ✚ Intercepted stranded Nigerians and migrants in neighbouring countries attempting to enter Nigeria

Nigeria Security and Civil Defence Corps (NSCDC)

- ✚ Supported the ease of movement of task force to accomplish their task
- ✚ Supported knowledge sharing between relevant teams
- ✚ Coordinated response to the COVID-19 pandemic
- ✚ Provided integrations to enhance management of future crisis

Federal Fire Service (FFS)

- ✚ Supported in disinfecting communities and environs
- ✚ Coordinated response to the COVID-19 pandemic
- ✚ Released fire trucks for the use of disinfection purpose

Key Challenges Identified

Nigerian Correctional Service (NCoS)

- ✚ Inadequate provision of intervention fund
- ✚ Insufficient number of PPE
- ✚ Varying prices and scarcity of testing equipment
- ✚ High cost involved in the provision and maintenance of isolation facilities
- ✚ Failure of the State governments in meeting obligations to effectively admit persons into the custodial centres

Nigeria Immigration Service (NIS)

- ✚ High number of requests for permission to enter Nigeria during the lockdown
- ✚ Willingness of the border officials at the Benin Republic to allow landing and passage of Nigerians and Non-Nigerians through their land borders while our borders remain closed
- ✚ Difficulty in balancing the need for the entry of stranded Nigerian citizens across the world and enforcing the border closure

Nigeria Security and Civil Defence Corps (NSCDC)

- ✚ Inadequate number of testing kits to conduct COVID-19 testing
- ✚ Inadequate number of PPE for responders
- ✚ Poor compliance of citizens to the COVID-19 precautionary measures
- ✚ Resurgence of criminalities across the country

Federal Fire Service (FFS)

- ✚ Inadequate funding
- ✚ Insufficient personnel to perform required activities

Next Steps:

Nigerian Correctional Service (NCoS)

- ✚ Consistently review its adopted preparedness and response strategies
- ✚ Review service standing orders and operational procedures
- ✚ Deploy and expand the use of e-corrections platform daily routines
- ✚ Provide and expand isolation units across designated custodial centres nationwide

Nigeria Immigration Service (NIS)

- ✚ Consider re-opening of international travels and sectors of the economy
- ✚ Develop new coping strategy for returning to near normal and functional life without compromising public health and safety

Nigeria Security and Civil Defence Corps (NSCDC)

- ✚ Research and provide equipment and resources needed for further intervention
- ✚ Continue to build the capacity of health workers and security personnel
- ✚ Conduct efficient and effective awareness and sensitisation
- ✚ Conduct annual professional development exercise for health workers and security agencies
- ✚ Develop response plan for every possible emergency that may occur
- ✚ Develop a coherent framework for emergency planning and response from local to national level

Federal Fire Service (FFS)

- ✚ Develop training framework for personnel
- ✚ Increase budget for emergency response
- ✚ Provide adequate funding for purchase of equipment
- ✚ Invest in essential resources for emergency purpose
- ✚ Provide adequate and timely release of funds

National Orientation Agency	
Brief Summary of MDA:	
<p>The National Orientation Agency was established to raise awareness, provide timely and credible feedback, positively change attitudes, values and behaviours, inform and mobilise citizens to act in ways that promote peace, harmony and national development</p> <p>The National Orientation Agency organised an in-house sensitisation for staff to commence community sensitisation on the dangers and preventive measures against the virus</p>	
MDA Activities:	
<ul style="list-style-type: none"> Collaborated with the Policy and Legal Advocacy Centre (PLAC) to organise campaigns to sensitise Nigerians on the dangers of COVID-19 	
MDA Achievements:	
<ul style="list-style-type: none"> Conducted in house awareness for NOA staff at the onset of the pandemic Conducted stakeholder conversation on COVID-19 Organised street by street sensitisation in the initial 19 states with COVID-19 recorded cases and later, the 20 most hit Local Government Areas Engaged religious and traditional leaders across the country Produced 30 TV and radio sensitisation jingles and translation in key languages Produced 100,000 fliers and posters 	
Key Challenges Identified	
<ul style="list-style-type: none"> Inadequate funding for sustained community sensitisation in the 774 Local Government Areas Lack of vehicles to reach far flung communities with sensitisation messaging Non availability of Public Address systems for outdoor sensitisation Inadequate resources for the translation of jingles into various languages 	
Next Steps:	
<ul style="list-style-type: none"> Deploy community orientation and mobilisation officers to the 774 Local Government Areas on community sensitisation on COVID-19 prevention protocol Continue to seek funding support and collaboration to expand the scope of the COVID-19 sensitisation and awareness creation 	

National Primary Healthcare Development Agency

Brief Summary of MDA:

The National Primary Healthcare Development Agency aimed to improve the capacity of health workers to screen, identify and notify relevant authorities and to sensitise the various community resource groups to assist in community mobilisation and sensitisation to improve awareness on the virus.

To fulfil this, the Agency trained frontline health workers to be able to promptly identify suspected cases and put measures to curtail and prevent probable spread within the community

MDA Activities:

- ✚ Set up of a Crisis Management Committee (CMC) to develop strategies that support the country's response to COVID-19
- ✚ Developed action plans to ensure primary healthcare services are available for the population needing them
- ✚ Ensured frontline health workers are equipped with the right skill sets and competencies to control and prevent community transmission
- ✚ Conducted COVID-19 preparedness and response training for frontline health workers and community volunteers

MDA Achievements:

- ✚ Inaugurated the Crisis Management Committee and COVID-19 command centre
- ✚ Developed preparedness and response guidelines/training manual to serve as training SOPs on COVID-19 prevention and response to future epidemics
- ✚ Developed and deployed short educational messages for COVID-19 awareness creation
- ✚ Developed and deployed information education and communication materials to all communities
- ✚ Organised capacity building and provided PPE for over 200,000 frontline health workers
- ✚ Organised sensitisation programs for over 100,000 community volunteers
- ✚ Ensured the implementation of maternal and child health care services in Primary Healthcare Centres
- ✚ Ensured availability and adequacy of vaccines and other consumables for conducting routine immunisation
- ✚ Conducted KAP study on COVID-19 to guide program management

Key Challenges Identified

- ✚ Difficulty in training health personnel due to distractions at their homes
- ✚ Poor network encountered in some areas causing participants to lose some contents of the training
- ✚ Logistics difficulty in moving training manuals to some states
- ✚ Inability to train all health workers in the facility due to funding constraints

Next Steps:

- ✚ Conduct immediate post training evaluation through automated SMS asking relevant questions
- ✚ Continue to monitor public healthcare services across the country
- ✚ Support the NCDC, NACA and states when necessary and integrate COVID-19 related questions with RI-RMNACH+N supportive supervision checklist
- ✚ Provide PPEs and other commodities to support health workers to effectively practice lessons learnt during the training
- ✚ Document the entire process for future referencing
- ✚ Perform Data Analysis HF profiling, HRH database (NPHCDA, SPHCB, LGAHMT, PHC staff etc.) and risk assessment
- ✚ Review of Command Centre Workplan based on current realities and emerging issues
- ✚ Finalise plans on Community support centre
- ✚ Collaborate with NCDC, NACA and CSOs to harmonise and deploy the National Risk Communication Plan

Nigeria Centre for Disease Control

Brief Summary of MDA:

The Nigeria Centre for Disease Control is the country's national public health institute with the mandate to lead the preparedness, detection and response to infectious disease outbreaks and public emergencies

The NCDC 's main objective was to protect the health of Nigerians through evidence-based prevention, integrated disease surveillance and response activities, using a one health approach, guided by research and led by a skilled workforce. The NCDC leads the Infection Prevention and Control, Surveillance and Laboratory Pillars set up by the PTF

MDA Activities:

- ✚ Equipped healthcare workers at treatment centres and facilities to safely handle COVID-19 cases
- ✚ Developed guidelines and tools for Infection Prevention and Control (IPC) quality improvement
- ✚ Established Point of Entry surveillance
- ✚ Conducted multi-stakeholder simulation exercise
- ✚ Developed guidelines and data collection tools
- ✚ Developed national and state pre-incident Action plan
- ✚ Performed contact tracing for identified suspected cases
- ✚ Implemented community active case search
- ✚ Strengthened and expanded laboratory capacity for COVID-19 testing
- ✚ Conducted training and offered technical support on specimen collection, packaging, and transportation
- ✚ Confirmed and reported result to health facilities and designated public health decision makers

MDA Achievements:

Infection Prevention and Control Pillar

- ✚ Built capacity of 16,937 HCWs across the 36 states and FCT
- ✚ Established functional and resourceful IPC programs, committees and teams across the country
- ✚ Identified and assessed a total of 67 isolation/treatment centres across the country
- ✚ Set up systems for tracking healthcare worker infections and developed SOPs for treatment /quarantine centres work-flow Identification
- ✚ Developed relevant IPC program documents and TORs for setting-up IPC programs in states and health facilities including military and paramilitary institutions using the WHO core components of IPC
- ✚ Assessed Quarantine centres, trained staff and workers in the quarantine centres as well as provided returnees with standard protocols

Surveillance Pillar

- ✚ Deployed trained rapid response teams to all affected states to facilitate case detection, contact tracing and capacity building

- ✚ Improved signal monitoring and maintenance of signal log with 24-hour hotline management including support for EBS
- ✚ Deployed SORMAS data clerks to all state to enhance data entry and quality improvement
- ✚ Monitored outbreak trend through the review of daily sitreps from states and followed-up on calls to the states where necessary for additional data collection
- ✚ Developed COVID-19 case investigation forms and guides
- ✚ Provided technical briefs to the Risk Communications Pillar to develop press releases and public health advisories

Laboratory Pillar

- ✚ Established a total of 42 molecular laboratories active in 25 states, 5 GeneXpert facilities and 3 Corbus facilities
- ✚ Provided sample collection training to 36 states including the FCT
- ✚ Supported intra and inter State sample transportation through collaboration with national partners; NISRN, NCDC/TRANEX

Key Challenges Identified

Infection Prevention and Control Pillar

- ✚ Weak state of IPC programs in the country with most facilities having no IPC focal person
- ✚ Lack of required infrastructure to achieve the minimum level of IPC needed
- ✚ Difficulty in managing HCW symptom monitoring and infection
- ✚ Poor waste management practices
- ✚ Continual infection of health workers which has raised concerns and impacted their morale

Surveillance Pillar

- ✚ Resistance of traced contacts of suspected cases to sample collections and isolation measures
- ✚ Delays in conveying samples from collection point to the lab due to lack of vehicles
- ✚ Shortage of skilled resources to perform surveillance activities such as contact tracing

Laboratory Pillar

- ✚ Slow pace in expanding testing capacity
- ✚ Limited availability of laboratory information management system within the testing laboratories
- ✚ Limited technical skills to perform data management

Next Steps:

Infection Prevention and Control Pillar

- ✚ Institute COVID-19 surveillance in all testing laboratories and treatment centres
- ✚ Develop an IPC operational/strategic plan
- ✚ Identify IPC gaps in the testing laboratories and health facilities
- ✚ Deploy online IPC training programs for healthcare workers
- ✚ Train healthcare and community workers on screening, isolation and notification of suspected COVID-19 cases
- ✚ Provide adequate IPC supplies and train healthcare workers on the use

Surveillance Pillar

- ✚ Conduct COVID-19 surveillance training for HCWs and community volunteers
- ✚ Review contact tracing guidelines to states
- ✚ Conduct routine data validation at state and LGA levels to improve quality
- ✚ Develop a unified dashboard on SORMAS for visualisation and tracking of the indicators at the National state and LGA levels
- ✚ Engage data managers/officers, health workers and community volunteers on COVID-19 surveillance
- ✚ Conduct risk assessment in identified hot spot LGAs/wards
- ✚ Develop and implement SOPs/protocol s for mortality vigilance/surveillance and contact tracing

Laboratory Pillar

- ✚ Increase daily testing capacity
- ✚ Improve real time data reporting and analysis
- ✚ Engage suppliers and procure critical reagents and consumables timely to avoid stockouts
- ✚ Develop supply chain management system to monitor stocks weekly and provide supplies to the testing laboratories

COVID-19 IS REAL!

PROTECT YOURSELF AND LOVED ONES

Have any of these symptoms?



TESTING STEPS

-  Call NCDC on **080097000010, 08099555577, 07087110839**, or your state hotline.
-  Book an appointment for COVID-19 test.
-  Do throat and nasal sample collection.
-  Wait about 24 hours for result.

TREATMENT



For mild symptoms remain in home isolation if not admitted to treatment center.



For moderate to severe symptoms, you will be admitted to a treatment center.

STAY SAFE



Self-isolate



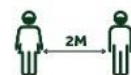
Wear a face mask



Wash hands



Avoid mass gatherings



Maintain physical distance

www.statehouse.gov.ng/covid19/
www.osgf.gov.ng
ptfcovid19@osgf.gov.ng
 [@DigiCommsNG](https://twitter.com/DigiCommsNG)

#TakeResponsibility



PRESIDENTIAL TASK FORCE ON COVID-19
Office of the Secretary to the Government of the Federation