TECHNICAL GUIDANCE/CONTINGENCY PLAN OF SMEOR AMID THE COVID-19 PANDEMIC IN NIGERIA

Background
Surveillance, Monitoring, Evaluation and Operations Research (SMEOR) is identified as a critical pillar and supporting structure by the WHO in tailoring malaria interventions during COVID-19 pandemic. Globally, the COVID-19 pandemic has slowed the implementation of routine health interventions, and Nigeria is not an exception. Modellings conducted has shown that halting of critical malaria interventions in endemic countries would take programmes twenty-years back, and eroding the gains recorded in the fight against this deadly and preventable disease. Thus, the WHO has recommended that critical services should continue and programmes should create innovative solutions around the COVID-19 restrictions and limitations. The SMEOR branch of the National Malaria Elimination Programme and its implementing partners have come up with a strategic document for use during the COVID-19 pandemic and other emergency health situations to ensure that malaria services are not affected in any way.

This business continuity strategic document aims to ensure that programme activities tailored towards routine reporting of quality data, data analysis and quality assessments, capacity building for SME, surveys and operations research continues to have maximum focus and support. This document has also made provision such that there would be no disruption on the implementation of key elements of these areas both at the national and sub-national levels. The document ensures that officers at all levels adhere to the WHO guidance of social distancing, use of Personal Protective Equipment’s (PPEs) and regular washing of hands with soap and running water to protect them and prevent spreading COVID-19 infection.

The document, which addresses the activities by the different modules at the different levels of engagements, is broken down into the following thematic areas.

1. Routine HMIS reporting and Data Quality activities
2. Training and Capacity Building activities
3. Surveys and Operational Research activities
4. Therapeutic and Efficacy Study and Entomological monitoring activities
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<th>THEMATIC AREAS</th>
<th>LEVEL (NATIONAL OR SUB-NATIONAL)</th>
<th>CRITICAL ACTIVITIES</th>
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| Routine HMIS reporting and Data Quality activities | Sub-national level (Health Facility) | 1. Provide and report malaria services according to the HMIS guideline  
2. LGA M&E and data validation officers - to validate monthly HMIS-LMIS data triangulation form and MSF during data collection visits at the HFs or during the ward level data validation exercise | 1. Observe social distancing,  
2. Use of PPEs;  
3. Use of hand sanitizers; OR  
4. Handwashing using soap and running tap water. |
|                               | Sub-national level (LGA)         | 1. Ward data validation meeting (where feasible) or.  
2. LGA data validation (monthly) at HFs for entry to the DHISV2 platform (where feasible).  
3. Continues with DQA, DRM, and iMSV with strict implementation of mitigation measures. | 1. Observe social distancing,  
2. Use of PPEs,  
3. Use of hand sanitizers,  
4. Handwashing using soap and running tap water. |
|                               | Sub-national level (State)       | 1. Use virtual platforms for meetings, workshops, trainings etc until when the situation improves.  
2. Use malaria data repository platform as decision support tool | 1. Provide users with internet and call access.  
2. Establish realistic contact hours (2 or 3hrs). |
|                               | National level                  | 1. Use malaria data repository platform as a tool to aid in decision making.  
2. Continue providing feedback to sub-national level | Provide users with internet and call access. |
| Training and Capacity Building activities | Sub-national level: scenario 1 (states with relaxed lockdown) | Conduct face to face training (where feasible) with participants not to be more than 20 in a hall and adhering with all mitigation measures. | 1. Observe social distancing,  
2. Use of PPEs,  
3. Use of hand sanitizers,  
4. Handwashing using soap and running tap water. |
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<td>Surveys and Operational Research activities.</td>
<td>Sub-national level: scenario 2 (states with lockdown in place).</td>
<td>1. Conduct virtual training for at least three days (Zoom, Blue Jeans, MS Teams, google meet or any other online platforms). 2. Develop slides and present virtually. 3. Provide participants with off-line assignments and present online during the questions and answers sessions.</td>
<td>1. Provide users with internet and call access. 2. Provide some refreshment OR sitting allowance to make sure that participants are committed.</td>
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<td>Sub-national level: scenario 3 (states with lockdown in place).</td>
<td>2nd approach PLUS sharing of video recordings of the training documents with the participants.</td>
<td>1. Provide users with internet and call access. 2. Provide some refreshment OR sitting allowance to make sure that participants are committed.</td>
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<td>National level</td>
<td>Developing Research Questions on Malaria (and COVID-19) / scoring dimensions of questions using virtual platforms.</td>
<td>Provide users with internet and call access.</td>
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<td>Conduct virtual meetings to assess the feasibility of carrying out MIS in 2020 and communicate the outcome</td>
<td>Provide users with internet and call access.</td>
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<td>If decision is made to continue with MIS in 2020, training and fieldwork should be done under strict adherence to mitigation measures</td>
<td>1. Observe social distancing, 2. Use of PPEs, 3. Use of hand sanitizers, 4. Handwashing using soap and running tap water.</td>
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<td>New Net Project (NNP) in Osun and Kwara states using H2H approach (single phase or double phase strategy and modifying the data collection tools shifting from paper-based, e.g., using ODK or ICT4D).</td>
<td>1. Observe social distancing, 2. Use of PPEs, 3. Use of hand sanitizers, 4. Handwashing using soap and running tap water.</td>
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<td>Therapeutic and Efficacy Study activities</td>
<td>National level</td>
<td>Plan to conduct TES in Adamawa, Cross River and Sokoto states. Recruitment of PIs and training (face-to-face) of field officers is on track. Adherence with mitigation measures are recommended.</td>
<td>1. Observe social distancing, 2. Use of PPEs, 3. Use of hand sanitizers, 4. Handwashing using soap and running tap water.</td>
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<td>Insecticide resistance monitoring activities</td>
<td>Insecticide resistance monitoring will continue in the 5 sites in Kwara, Adamawa, Kano, Osun and Niger. Plan to establish 7 new sites in Ogun, Jigawa, Katisna, Gombe, Delta, Taraba and Yobe states for larval collection.</td>
<td>1. Observe social distancing, 2. Use of PPEs, 3. Use of hand sanitizers, 4. Handwashing using soap and running tap water.</td>
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### Summary:

In summary, this document aims to support continuity of SMEOR amid the COVID-19 pandemic, without exposing our frontline officers to the infection. Thus, data collection and collation of malaria activities using paper at health facility should continue. Data submission and quality check activities should consider ward level or health facility level with strict adherence to mitigation measures to prevent the workforce from appearing in large numbers to submit data to a health facility. Similarly, and where mobile network is available, data could be called-in to the supervisors or facilities.

For activities that require face to face contact such as trainings, capacity building and surveys strict adherence of mitigation measures through use of PPEs, frequent hand washing or use of hand sanitizers and maintaining social/physical distancing is required to prevent contracting the disease. In situations where technology cannot be leveraged, the workforce should aggregate data at the community level and identify an appropriate way of transmitting the data to the health facility. Although accountability is critical in public health practice, situations, where a document would require a confirmatory signature from a supervisor, should be temporarily suspended. Similarly, programmes should not expect timeliness and quality data being reported during the pandemic, hence the need for programmes to consider prioritizing a limited set of indicators that are based on existing community data.

### Reference: