BUILDING CAPACITY OF PRIMARY HEALTH CARE WORKERS IN HIGH RISK STATES IN NIGERIA TO STRENGTHEN COVID-19 RESPONSE

1st Edition. April 2021

Baseline Assessment

of IPC Preparedness for COVID-19 Response

Project Overview

The Primary Health Care Worker (HCW) COVID-19 capacity building initiave is premised on addressing the crucial need to ensure safe environments for HCWs and the population they serve at Primary Health Care facilites (PHCs) while maintaining essennal health services amidst the ongoing COVID-19 pandemic. This Phase II of the project builds on gains from Phase I of the project that focused on COVID-19 training of HCWs coupled with post-training performance monitoring at PHCs in the Federal Capital Territory (FCT), Kano and Ogun states. The project is implemented by the Natonal Primary Health Care Development Agency (NPHCDA) and AFENET, with support from Resolve to Save Lives.

Goal of the project: *To create a safe environment at PHCs to enable continuityof essenntiahealth services amidst the COVID-19 pandemic through a longitudinal capacity building model in prioritied states in Nigeria.*

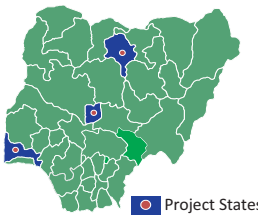
Strategic Approach-

- *Mentorship, supportve supervision and monitoring*
- *Use of data for performance management*
- *Supply of IPC consumables.*

A baseline assessment survey was conducted across 141 PHCs in project implementingstates to establish the baseline level of IPC preparedness and capacity for COVID-19 response using a standard checklist. The assessment was conducted between March 29, 2021 to April 12, 2021 by trained mentors in each state.

Key Highlights

of facilities surveyed



- 46.4% of surveyed PHCs had a screening and triage area
- 16.3% reported availability and accessibility of basic PPE
- Waste handlers in 37% of facilities wear appropriate PPE
- Antenatal services reduced by 1.1% in March 2021, compared to March 2019, while immunization services improved by 18.2%

A health worker in a PHC screening a client in a dedicated triage area

Summary of PHCs Assessed by state.

A Table Showing Distribution of Health Facilitiesy LGA and State where Assessment was Conducted

	No. of PHCs Assessed	No. of Area Councils / LGAs	Median No. (IQR) of HCWs per facility	Median No. (IQR) of patients seen per health facility	Proportion of visiting patients screened for COVID-19
FCT	16	3	17(725)	178 (58,507)	38% (4,982)
Ogun	38	10	8 (5,11)	308 (184,663)	36% (20,561)
Kano	87	22	8 (3,16)	234 (126,676)	42% (51,039)

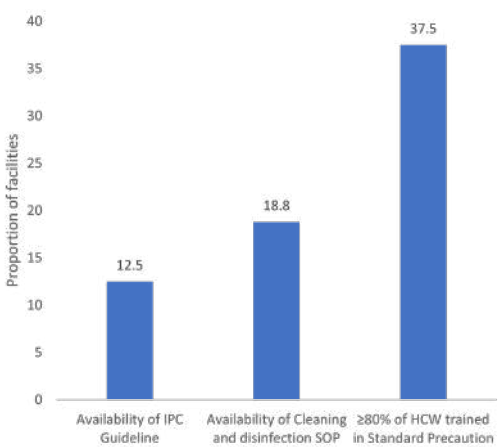
FCT - Abuja

Key Findings

73% of surveyed health facilities have functional water supply

No. of people receiving essential services has increased by 8% in 2021 compared to same period in 2019

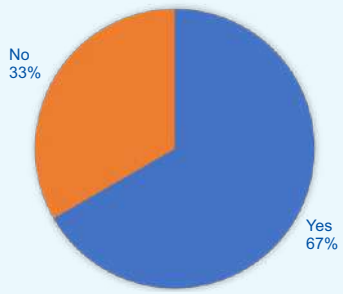
IPC



Provision of IPC training, guidelines and protocols among facilities in CT

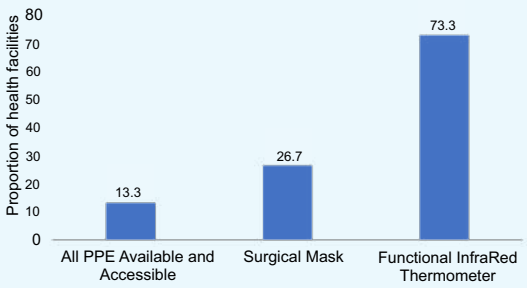
Summary of Findings Across Assessed Thematic Aeas by State.

Surveillance



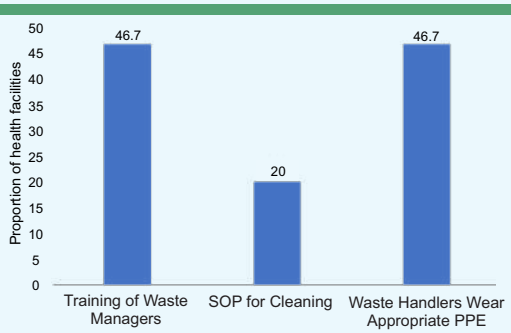
PHCs with dedicated triage area

IPC



PHCs with Available and Readily Accessible PPE

Waste Management



PHCs with a functional aste Management system

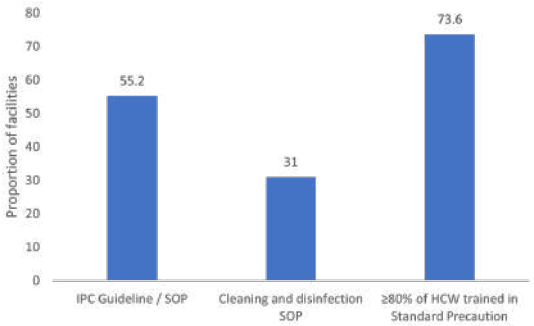
Kano State

Key Findings

42% of surveyed health facilities have functional water supply

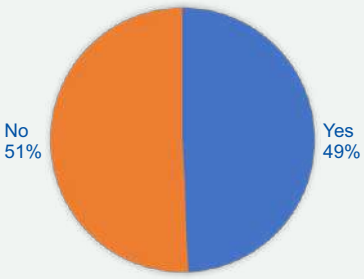
No. of people receiving essential services has decreased by 9% in 2021 compared to same period in 2019

IPC



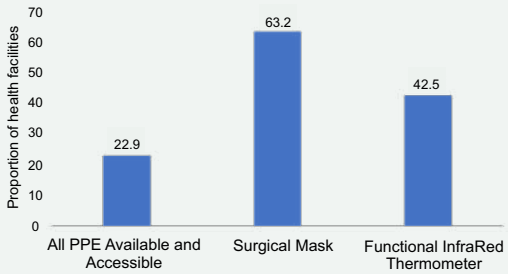
Provision of IPC training, guidelines and protocols among facilities in ano

Surveillance



PHCs with dedicated triage area

IPC



PHCs with available and acessible PPEs to health wor ers

Waste Management

PHCs with a functional aste Management system

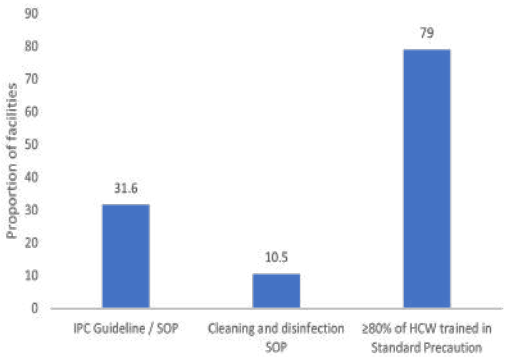
Ogun State

Key Findings

70% of surveyed health facilities have functional water supply

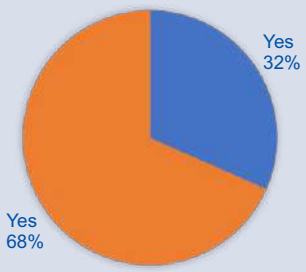
No. of people receiving essential services has increased by 10% compared to same period in 2019

IPC



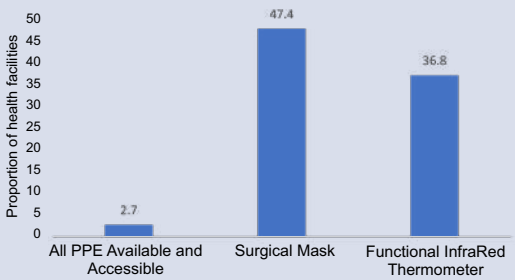
Provision of IPC training, guidelines and protocols among facilities in Ogun

Surveillance



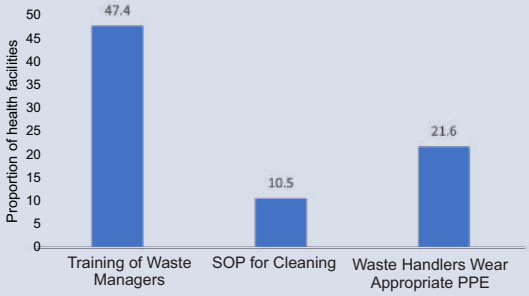
PHCs with dedicated triage area

IPC



PHCs with available and readily accessible PPE

Waste Management



PHCs with a functional aste management system

Conclusion and Recommendation

Conclusion

In the three states that the project is being implemented, none of the surveyed health facilitieshas achieved the recommended minimum Infection Preventon and Control standards. However, the findings show that some of the IPC core components are being implemented in some of the health facilities.Achieving these minimum IPC standards universally will create safe healthcare environments and protect patents, healthcare workers and the community from acquiring infections.

Recommendations

Achieving the minimum level of InfectionPrevenntio& Control in PHCs would involve measures which include:

- Establishing efffecte screening & triage practices in all PHCs
- Improving availability of IPC guidelines, cleaning and disinfection SO s
- Ensuring availability and accessibility of basic PPE
- Capacity building on IPC with a focus on sustaining behavior change in IPC focal persons and PHC workers.

IPC

Free Web-Based Refresher Training for Primary Health Care Workers.

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Please circulate this information o all Primary Health Care Workers.

Contact Information

For more information, please ontact

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EDITORIAL TEAM

NPHCDA, NCDC, State Primary Healthcare Boards in targeted states

RESOLVE TO SAVE LIVES RTSL- funding and Technical support

AFENET Implementing Partner

BUILDING CAPACITY OF PRIMARY HEALTH CARE WORKERS IN HIGH RISK STATES IN NIGERIA TO STRENGTHEN COVID-19 RESPONSE

2nd Edition. May 2021

HIGHLIGHTS FROM HEALTH FACILITY MONITORING

Project Overview

The Primary health care worker COVID-19 capacity building initiative is premised on addressing the crucial need to ensure safe environments for HCWs and the population they serve at Primary Health Care facilities (PHCs) while maintaining essential health services amidst the ongoing COVID-19 pandemic. This project is being implemented in Federal Capital Territory (FCT), Kano and Ogun states, with a plan to scale up to Oyo, Delta and Nasarawa states. The project is implemented by the National Primary Health Care Development Agency (NPHCDA) and AFENET, with support from Resolve to Save Lives (RTSL).

Project strategic approach

1. Mentorship, monitoring and supportive supervision using a "Hub" and "Spoke" model.
2. Use of data for performance improvement and management.
3. Small facility upgrades focusing on bridging IPC gaps.

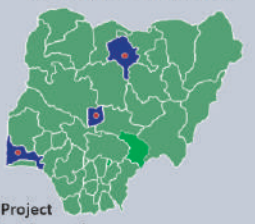
Introduction

Following completion of the IPC baseline assessment in the three initial project implementing states (Kano, Ogun and FCT), field mentorship, supportive supervision and monitoring activities were initiated in supported PHCs in April 2021. The aim of these activities is to longitudinally assess PHCs' capacities in IPC, Surveillance and continuity of essential services in the context of the COVID-19 pandemic, identify existing gaps and support HCWs in addressing key gaps. Mentorship, monitoring and supportive supervision is carried out by Mentors and PHC HCWs who have been trained as IPC Champions, using a validated checklist as well as IPC score card.

A mentor and mentee at a spoke Ibafo health center Obafemi Owode LGA Ogun state

Key Highlights

of facilities Monitored



Project Implementing States-Phase 2A

Key Findings

- XX% of surveyed PHCs had a screening and triage area
- XX% reported availability and accessibility of basic PPE
- Waste handlers in XX% of facilities wear appropriate PPE

Compared to April 2019, the number of people receiving antenatal services in the month of April 2021 increased by 32.9 percentage points, while those receiving Immunization decreased by 2 percentage points and those seeking outpatient services increasing by 20.6%.

Summary of PHCs Monitored by state.

A Table Showing Distribution of Health Facilities by LGA and State where Assessment was Conducted

	No. of PHCs Monitored	No. of Area Councils / LGAs	Median No. (IQR) of patients seen per health facility	Proportion of visiting patients screened for COVID-19
FCT	16	3		
Ogun	38	10		
Kano	87	22		

Key Findings

Summary of Findings Across Assessed Thematic Areas by State

F C T - A b u j a

Continuity of Essential Services

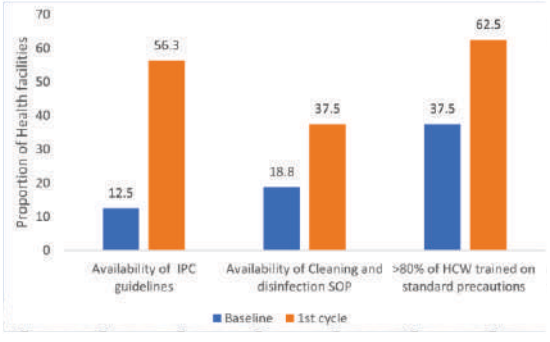
81.3 of the monitored health facilities have functional water supply (Baseline 73%)

No. of people receiving antenatal services has increased by 92%

Immunization has decreased by 7.3%

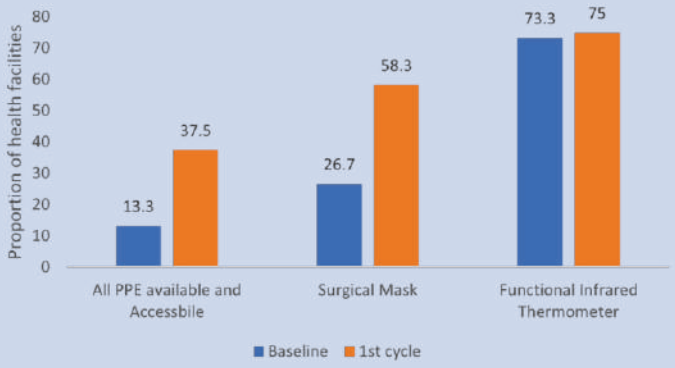
Outpatient services has reduced by 11% in 2021 compared to same period in 2019.

IPC

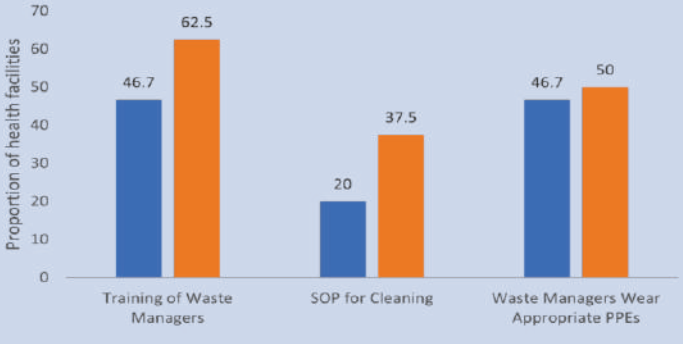


Surveillance

IPC



Waste Management



Kano State

Continuity of Essential Services

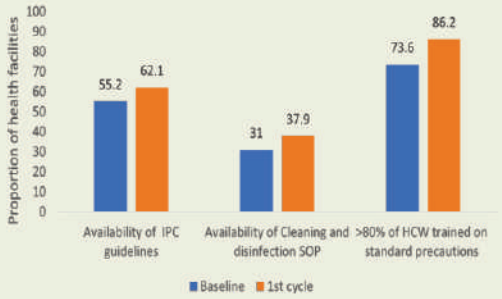
55.4% of the monitored health facilities have functional water supply (Baseline 42%)

No. of people receiving antenatal services has increased by 32%

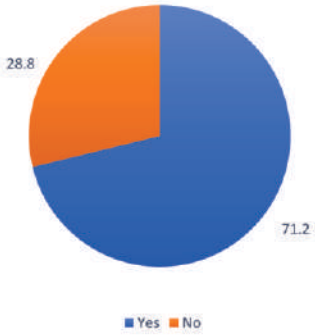
Immunization has decreased by 5.2%,

Outpatient services has reduced by 37% in 2021 compared to same period in 2019.

IPC



Surveillance



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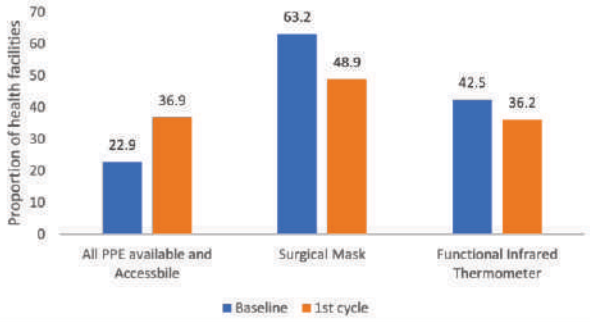
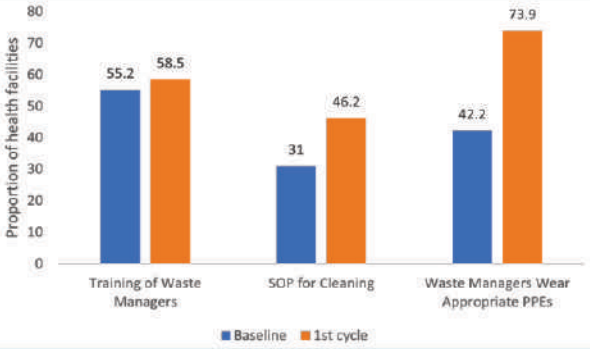


Waste Management



Ogun State

Continuity of essential services

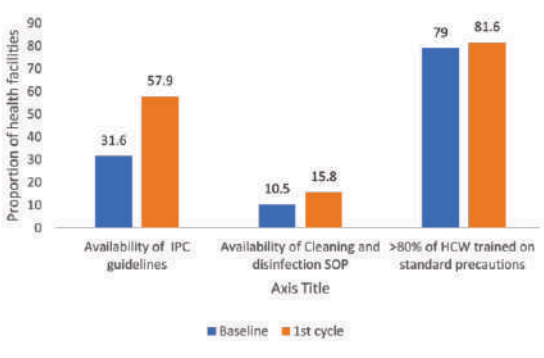
84.3% of the monitored health facilities have functional water supply (Baseline 70%)

No. of people receiving antenatal services has increased by 4.7%,

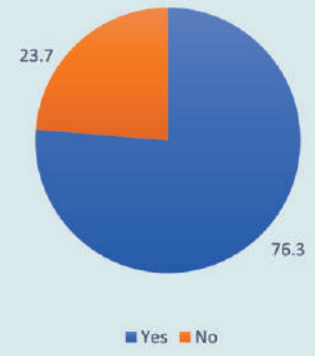
Immunization has decreased by 4.2%,

Outpatient services has reduced by 16% in 2021 compared to same period in 2019.

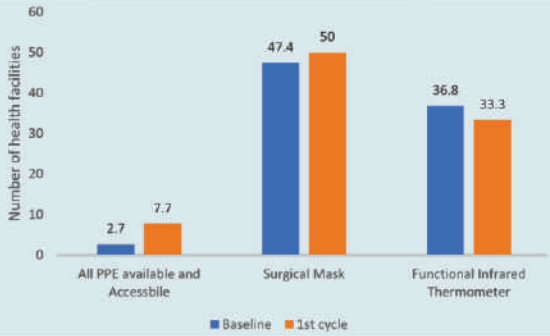
IPC



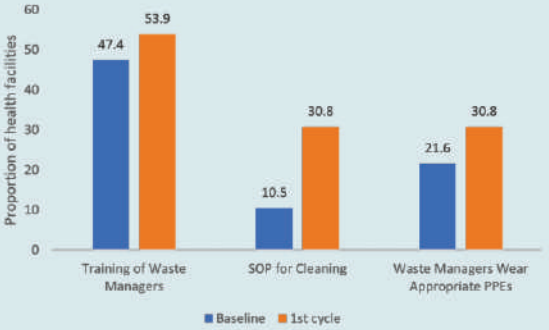
Surveillance



IPC



Waste Management



Conclusion and Recommendation

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In the three states that the project is being implemented, none of the surveyed health facilities has achieved the recommended minimum Infection Prevention and Control standards. However, the findings show that some of the IPC core components are being implemented in some of the health facilities. Achieving these minimum IPC standards universally will create safe healthcare environments and protect patients, healthcare workers and the community from acquiring infections.

Recommendations

Achieving the minimum level of Infection Prevention & Control in PHCs would involve measures which include:

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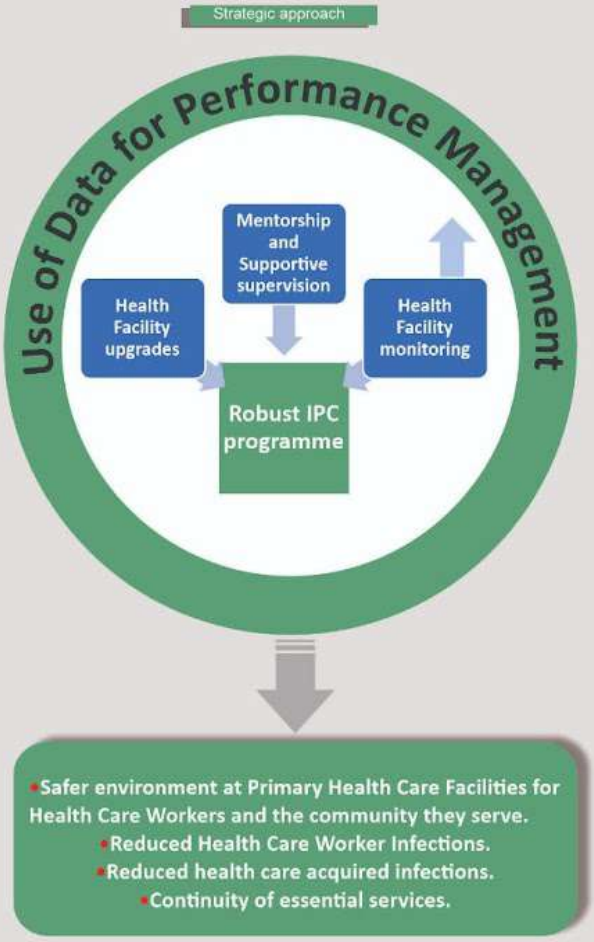
BUILDING CAPACITY OF PRIMARY HEALTH CARE WORKERS IN HIGH RISK STATES IN NIGERIA TO STRENGTHEN COVID-19 RESPONSE

3rd Edition. June 2021

Project Overview

The goal of the Primary Health Care Workers COVID-19 Capacity Building Initiative is to ensure safe environments at Primary Health Care facilities (PHCs) to enable continuity of essential health services amidst the ongoing COVID-19 pandemic through a longitudinal mentorship-centred capacity building strategy in prioritized states in Nigeria.



This project is being implemented in Federal Capital Territory (FCT), Kano and Ogun states, and has recently been scaled up to three additional states (Oyo, Delta as well as Nasarawa).

The project is implemented by the National Primary Health Care Development Agency (NPHCDA) and AFENET, with support from Resolve to Save Lives (RTSL).

HEALTH FACILITY MONITORING IN INITIAL IMPLEMENTING STATES AND BASELINE ASSESSMENT IN PROJECT SCALE UP PHASE

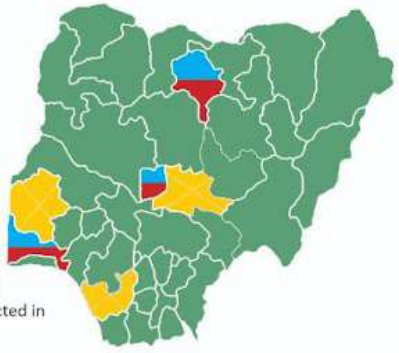
Introduction

Field mentorship, supportive supervision and monitoring activities were initiated in supported PHCs in April 2021 as part of the longitudinal capacity building strategy for Primary health care workers. Through these activities, PHCs' capacities in Infection Prevention and Control (IPC), surveillance and continuity of essential services are assessed monthly, existing gaps identified and HCWs supported in addressing key gaps. Mentorship and monitoring is carried out by Mentors and IPC Champions, using validated data tools. Since April, two field monitoring cycles have been completed in the initial three implementing states (Phase 2A states: FCT, Ogun, Kano)s

As a scale up strategy, additional PHCs were selected from other LGAs in the initial three implementing states (FCT, Kano, Ogun), doubling the number of implementing LGAs in each state.

Additionally, the project was scaled to Oyo, Nasarawa and Delta states from which implementing LGAs and PHCs were selected based on set criteria. A baseline assessment survey was conducted across 269 PHCs in this scale up phase covering additional LGAs in FCT, Kano, Ogun as well as the three additional states (Oyo, Nasarawa and Delta). The assessment was conducted from 31st May to 11th June 2021 using the same validated checklists as the monthly monitoring. This assessment was conducted by a pool of 36 experienced mentors already supporting mentorship activities in the initial three states of FCT, Kano and Ogun as well as a newly trained team of 18 mentors from the additional three states.

Scope of Baseline Assessment in Scale up phase (Phase 2B) and monthly monitoring in Phase 2A states



Initial Implementing states of phase 2A where monitoring was conducted and Baseline Assessment was conducted in scale up LGAs in Phase 2B

Phase 2B Scale up States where Baseline Assessment was conduted

BASELINE ASSESSMENT FOR DELTA, OYO AND NASARAWA STATES, AND SCALE UP LGAs IN FCT, OGUN AND KANO STATES

HIGHLIGHTS FROM BASELINE ASSESSMENT IN SCALE UP PHASE

State	No. of LGAs (No.of PHCs)	Proportion of HF with Dedicated Screening Area (%)	Proportion HF with Trained Dedicated Screening Personnel %	Median Number of HCW per Facility (IQR)	Median Number of Patients Seen (IQR)	Proportion of Patients Screened (N)
Delta	12 (44)	40.9	29.6	7 (5, 9)	322 (189, 482)	43.3% (7,827)
Oyo	16 (62)	37.1	24.2	13 (8, 19)	403 (220, 897)	31% (12,616)
Nasarawa	8 (32)	37.5	34.4	24 (9, 29)	225 (76, 569)	0.2% (25)
FCT	3 (12)	83.3	50.0	20 (9, 39)	126 (99, 697)	38.6% (2,372)
Ogun	10 (39)	25.6	25.6	9 (7, 11)	238 (99, 386)	19.4% (2,014)
Kano	22 (80)	70.0	66.3	10 (6, 15)	390 (233, 719)	41.2% (19,957)

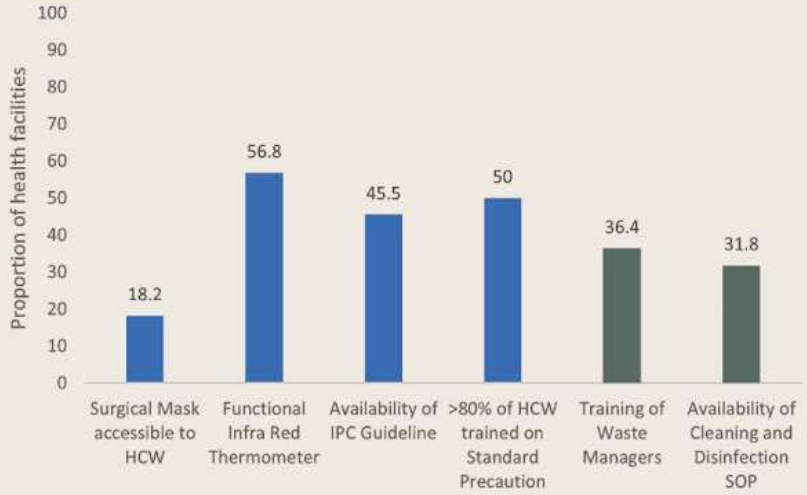
KEY HIGHLIGHTS

- There was no suspected or confirmed COVID-19 infection reported among the healthcare workers in the surveyed health facilities during the month of the baseline assessment.
- 62.2% (166/267) of the health facilities had functional water supply.
- 18.7% (50/267) of the facilities reported availability and accessibility of all the basic PPEs (Glove, Mask, gown, N-95, Goggles and Boots).
- There was a 4.1% decline in utilization of Antenetal Care (ANC) services among participating PHCs compared to the same period in 2019.
- There was a 9.4% increase in the uptake of immunization services among participating PHCs (using BCG, PENTA 3 and Measles doses administered as proxy) compared to the same period in 2019.

STATE SPECIFIC SUMMARY OF FINDINGS FROM BASELINE ASSESSMENT

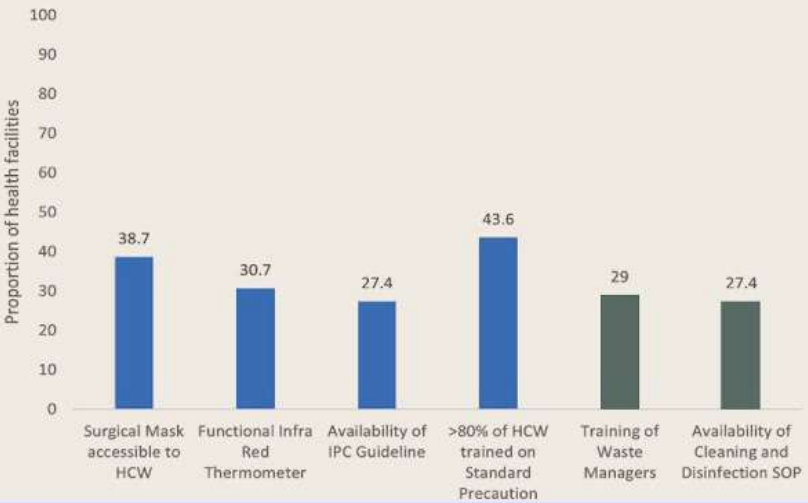
Delta State

IPC AND WASTE MANAGEMENT



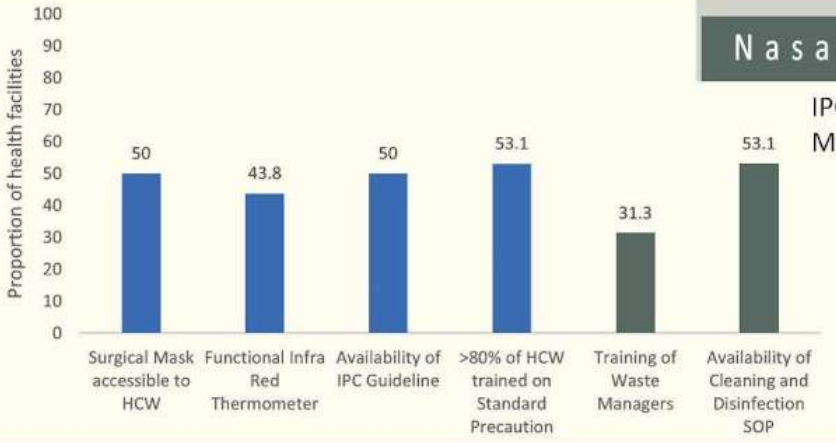
Oyo State

IPC AND WASTE MANAGEMENT



Nasarawa State

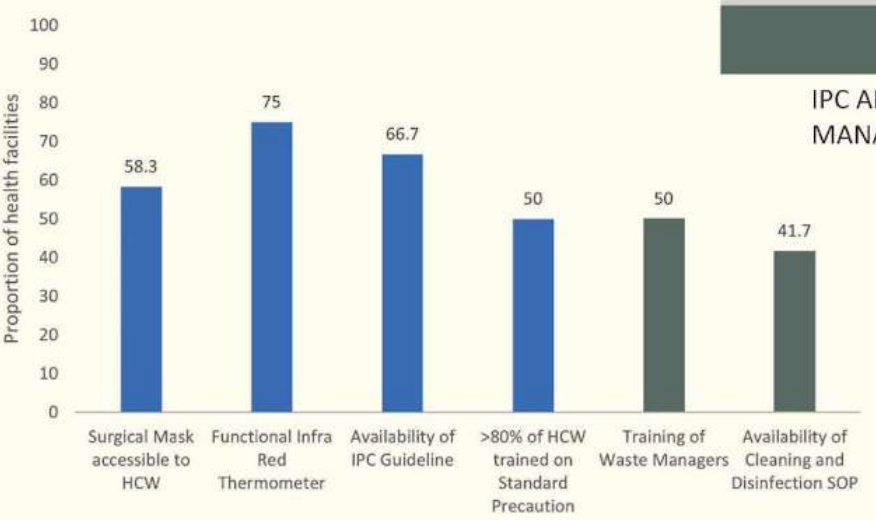
IPC AND WASTE MANAGEMENT



Summary of Findings from Baseline Assessment in Scale up L.G.A s of Phase 2A States

F.C.T.

IPC AND WASTE MANAGEMENT

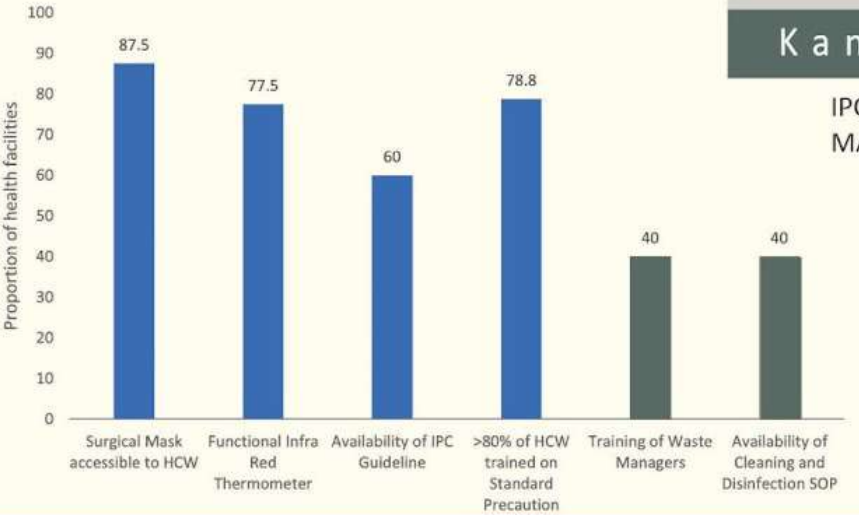


Ogun State

IPC AND WASTE MANAGEMENT

Kano State

IPC AND WASTE MANAGEMENT

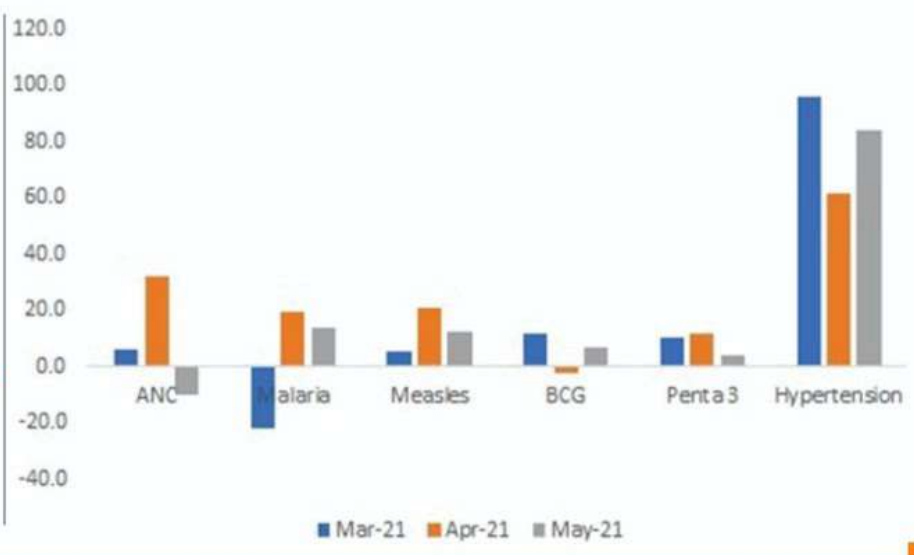


SUMMARY OF PHCs MONITORED IN THE F.C.T., KANO AND OGUN STATES

Distribution of PHC Facilities by States Where Monitoring was Conducted

State	Cycle/Change	Number of PHC	Number of LGA	Median number of patients seen (IQR)	Proportion of patients screened
FCT	Baseline	16	3	178 (58, 507)	38.4% (1911)
	1st Cycle	16	3	313 (79, 1077)	40.9% (4965)
	2nd Cycle	16	3	510 (56, 767)	52.2% (4259)
	Change (2nd Cycle to baseline)			63.8% ↑	13.8 (% point) ↑
Kano	Baseline	87	22	234 (126, 676)	41.8% (21449)
	1st Cycle	87	22	254 (140, 740)	53.9% (30924)
	2nd Cycle	88	22	292 (127, 661)	59.0% (30582)
	Change (2nd Cycle to baseline)			1% ↑	17 (% point) ↑
Ogun	Baseline	38	10	308 (184, 663)	36.4% (7487)
	1st Cycle	38	10	329 (180, 669)	40.3% (8039)
	2nd Cycle	38	10	325 (126, 640)	57.5% (12031)
	Change (2nd Cycle to baseline)			1.8% ↑	21 (% point) ↑

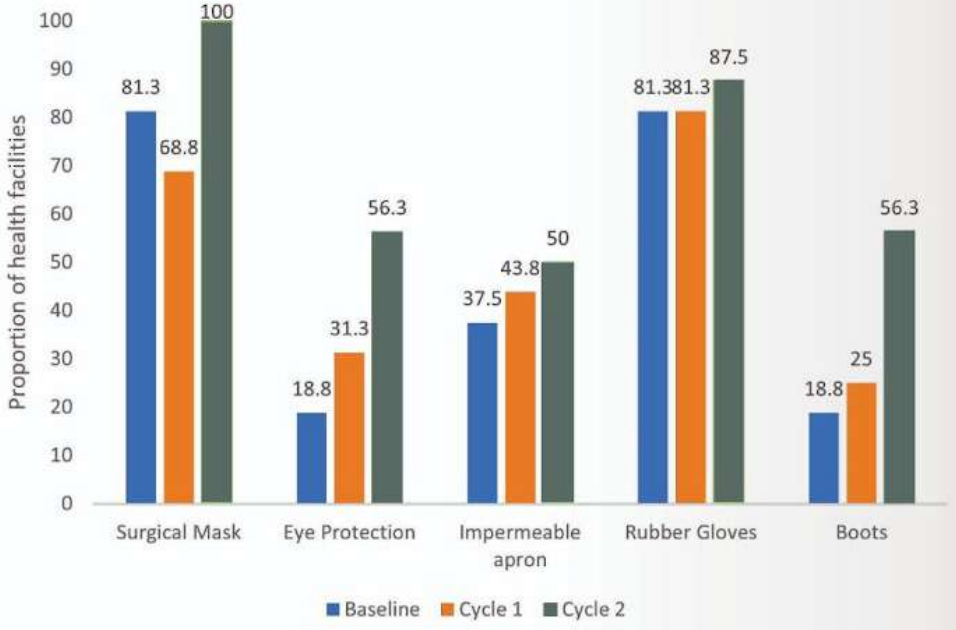
Continuity of Essential Services Across PHCs Monitored in the Three Phase 2A States



Triage and Screening

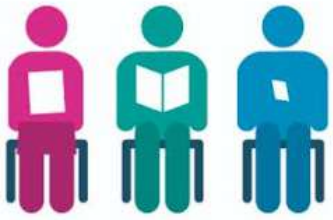
IPC

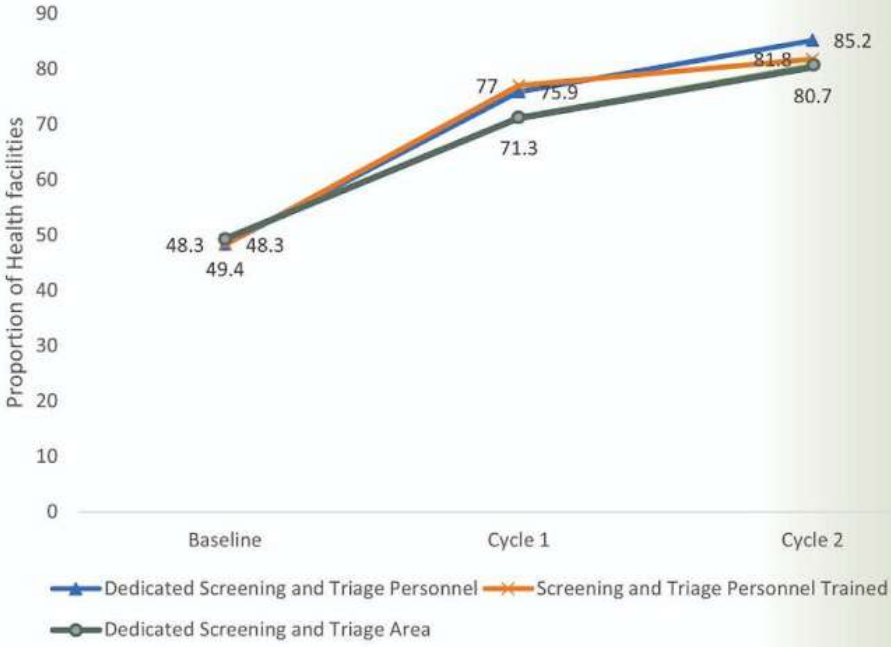
Waste management



Availability of the PPEs for cleaning staff

Triage and Screening





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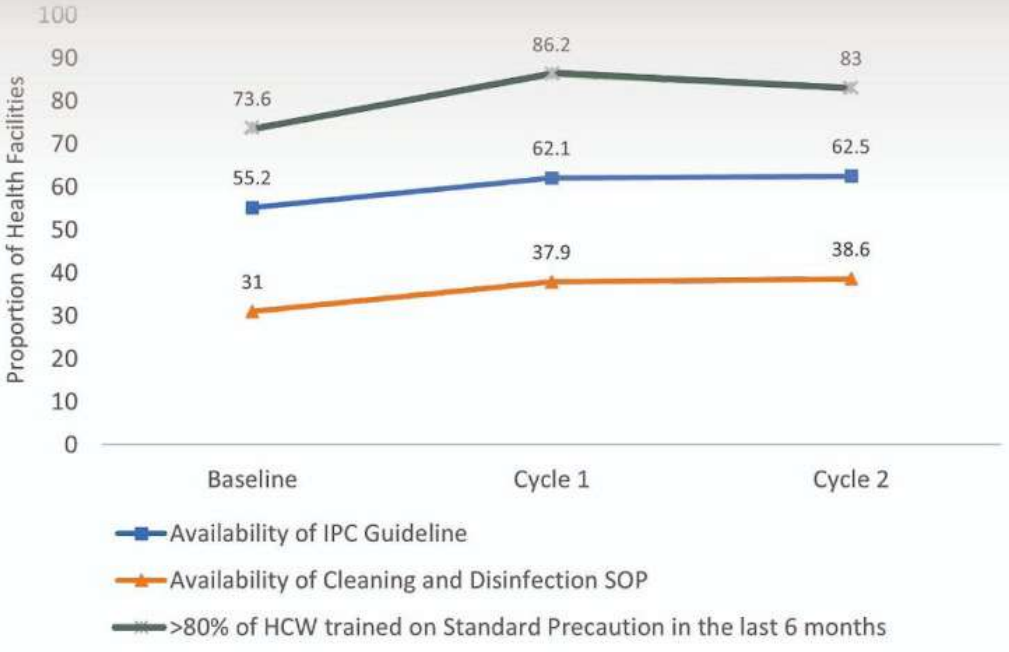
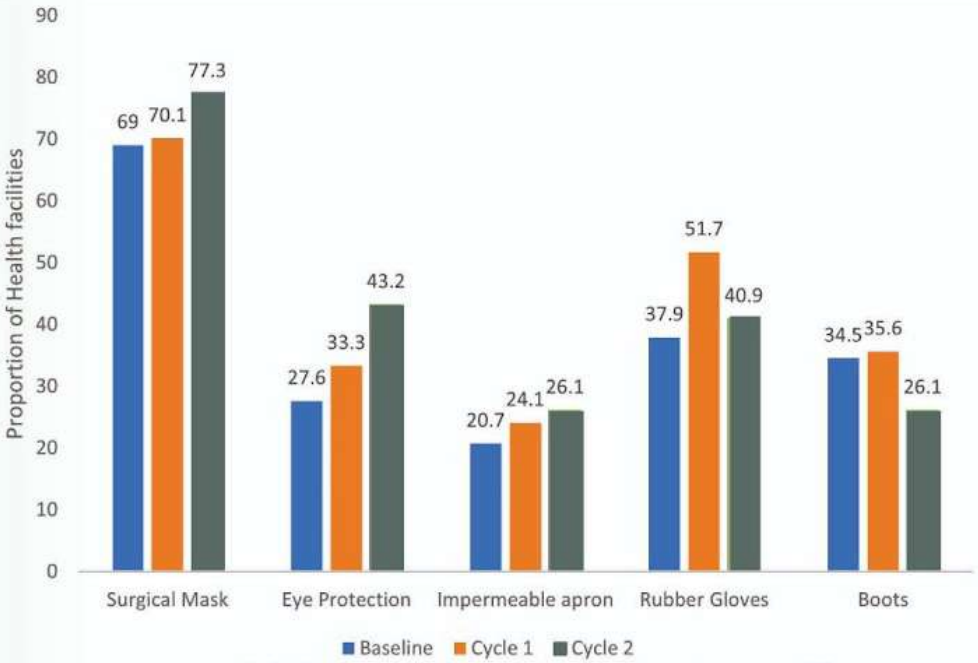
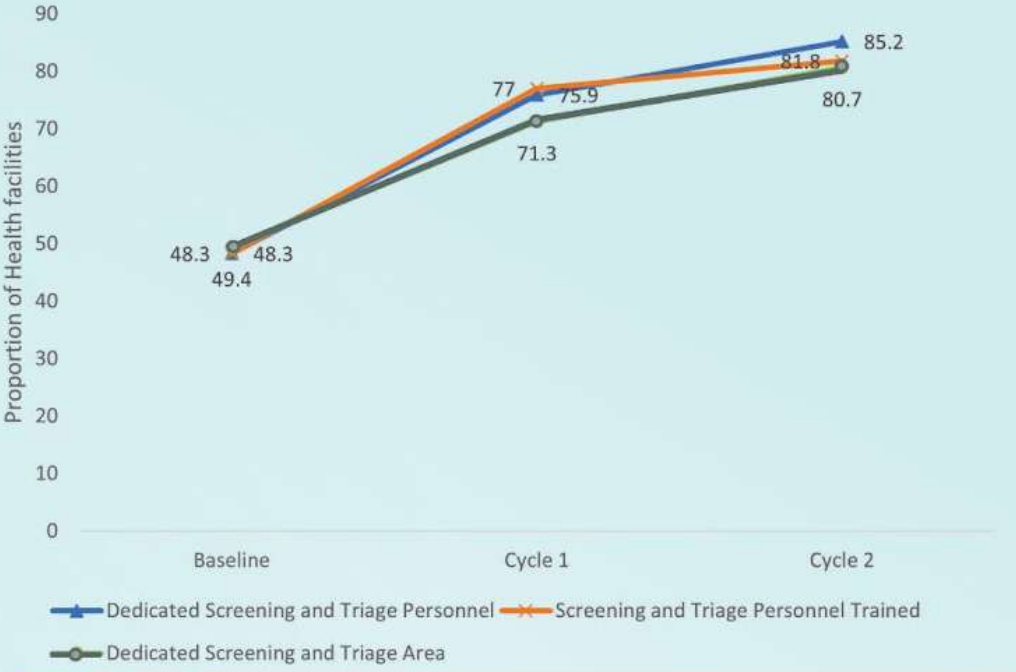


Waste management



Availability of the PPEs for cleaning staff

Triage and Screening



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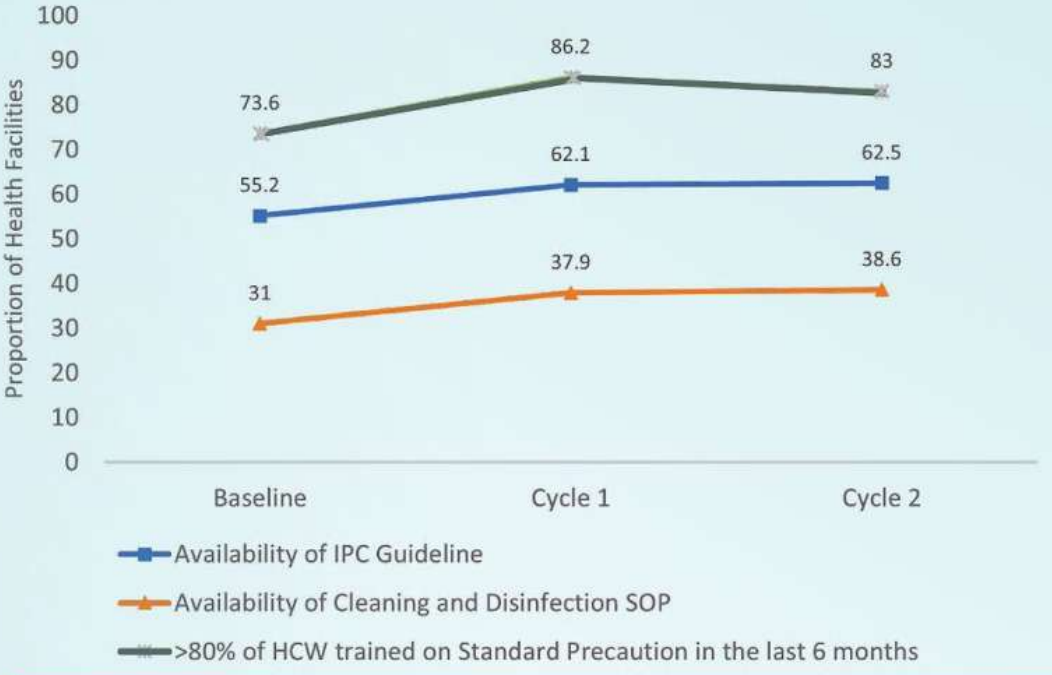
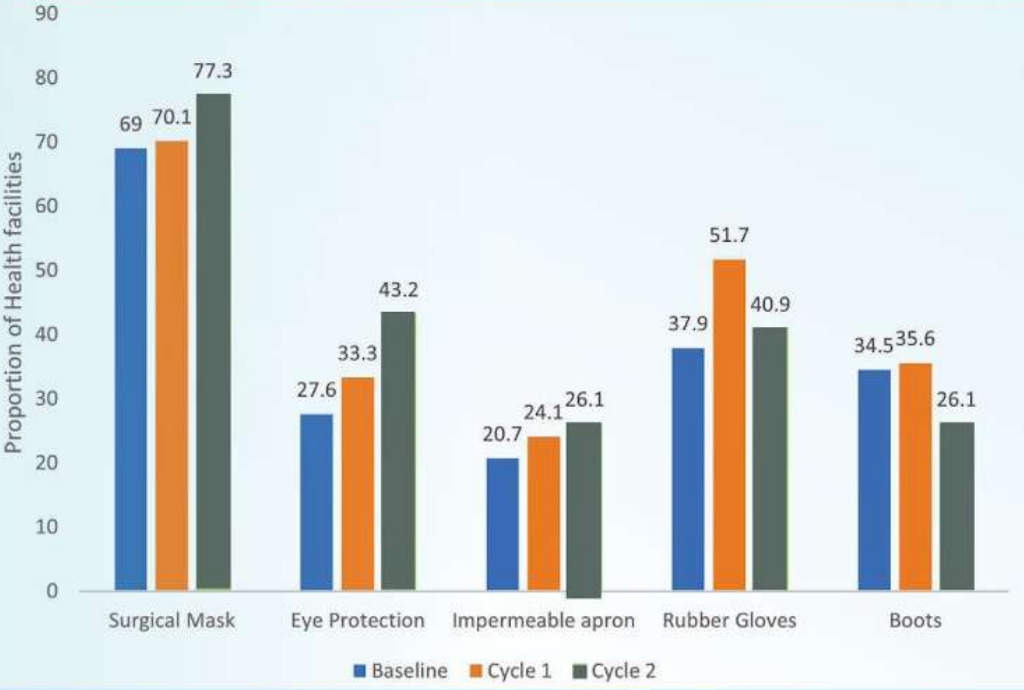


Waste management



BASELINE ASSESSMENT IN PROJECT SCALE UP PHASE AND MONITORING OF EXISTING STATES

Conclusion and Recommendations

Key observations and conclusion: Monthly monitoring in Phase 2A states

The initial phase of the project (Phase 2A) which involved implementation in 144 health facilities selected from half of the LGAs across the three states of Kano, Ogun and FCT was successfully completed in 3 months (March- end of May 2021). Overall, progress has been made towards improving IPC standards in participating PHCs over the 3 months of implementing mentorship, supportive supervision, as well as monitoring, coupled with provision of basic IPC supplies and equipment. However, some gaps still exist, and continuous improvement is necessary to attain WHO minimum requirements for IPC.

- Overall, progressive improvement is observed in performance across several core IPC indicators across supported PHCs in the three states. These improvements could be attributed to project interventions which focus on continuous capacity building of HCWs through mentorship, using monitoring data for performance management in a participatory approach and bridging identified priority gaps.
- Despite the observed improvement trend across several IPC indicators, performance in COVID-19 screening is still sub-optimal with just over 55% of patients coming to participating PHCs being screened for COVID-19. Performance in environmental hygiene also generally remains low.

Generally, there are no observed major disruptions in immunization and outpatient services across participating PHCs. Much higher cases of hypertension have been reported in the months of March, April and May 2021 compared to the same period in 2019. This is likely attributable to the PHC level hypertension control initiatives going in Kano and Ogun states supported by RTSL and through another project in FCT. However, there is a 10% decline in Antenatal Clinic attendance in May 2021 compared to the same period in 2019.

Key observations and conclusion: Phase 2B Baseline Assessment

All the surveyed PHCs in the scale up states of Nasarawa, Oyo and Delta as well as scale up LGAs in FCT, Ogun and Kano have not yet attained WHO minimum IPC standards. However, some PHCs are making effort in implementing most core components of IPC. These efforts need to be galvanized while also ensuring that facilities which are lagging behind are supported to start the journey towards establishing robust IPC programmes.

Recommendations

Advancing these foundational improvements in IPC achieved through the project so far towards sustainable effective IPC programmes at PHCs will require continuous improvement across all IPC process and structural indicators. Key focus areas should include:

1. Leveraging the improvements made in screening and triage facilities to strengthen screening for COVID-19 at entry into the facility.
2. Ensuring adequate supply of IPC supplies and equipment
3. Providing guidelines and SOPs for IPC, cleaning and disinfection
4. Cultivating a culture of behaviour change towards compliance with IPC measures among HCWs
5. Continued regular monitoring of all IPC indicators and feedback to inform tailored improvement plans.
6. Sustained administrative commitment for system change to support implementation of IPC interventions.

Applying best practises learnt through implementing the mentorship programme in the initial three states could catalyse improvement in IPC in scale up states and LGAs. Peer to peer learning and information exchange is encouraged.

Contact Information

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NPHCDA, NCDC, State Primary Healthcare Boards in targeted states

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BUILDING CAPACITY OF PRIMARY HEALTH CARE WORKERS IN HIGH RISK STATES IN NIGERIA TO STRENGTHEN COVID-19 RESPONSE

4th Edition. July 2021

STATUS OF INFECTION PREVENTION AND CONTROL READINESS AND CONTINUITY OF ESSENTIAL HEALTH SERVICES IN PRIMARY HEALTH CARE FACILITIES

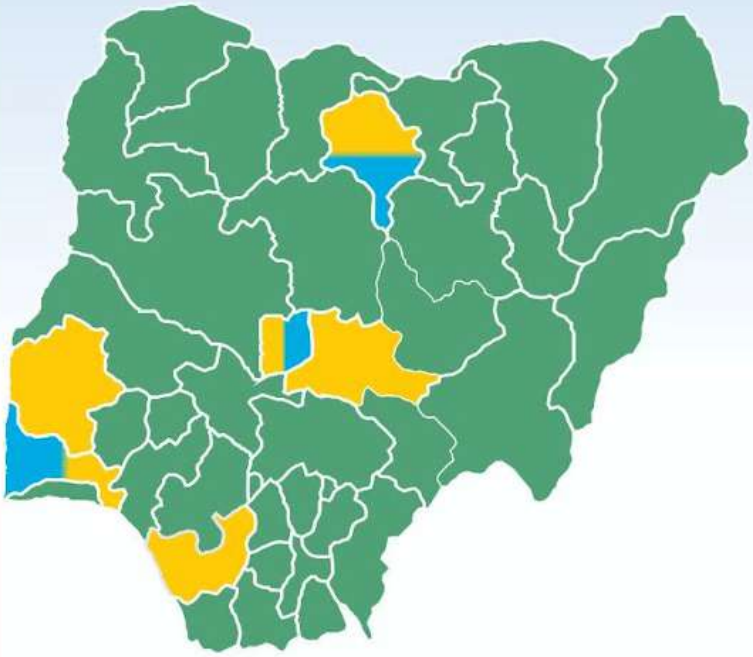
The Primary Health Care Worker (HCW) COVID-19 capacity building initiative is premised on addressing the crucial need to ensure a safe environment for HCWs and the population they serve at Primary Health Care facilities (PHCs) while maintaining essential health services amidst the ongoing COVID-19 pandemic.

Phase 2A of the project was implemented in half of the Local Government Areas (LGAs) in FCT, Kano and Ogun states from March 2021. Project implementation was scaled up in Phase 2B in May 2021 to the remaining LGAs in Phase 2A states and three additional states (i.e., Delta, Nasarawa and Oyo states).

Field mentorship, supportive supervision and monitoring activities were conducted across 408 Primary Health Care Facilities in the six states (FCT, Ogun, Kano, Oyo, Delta and Nasarawa) in June 2021. Mentoring of health care workers was conducted to beef up capacity of health care workers in IPC, surveillance, continuity of essential services.

Basic Personal Protective Equipment such as facemasks, and IPC supplies which include infra-red thermometers and alcohol-based hand sanitizers were provided to participating health facilities.

Monthly monitoring in Phase 2A and 2B states



Phase 2A states where 3rd cycle monitoring supervision was initially conducted in half of the LGAs and 1st Cycle monitoring supervision was conducted in the remaining LGAs after scale up

Phase 2B states where 1st Cycle Monitoring Supervision was conducted in scale up of the project

PHASE 2A STATES (FCT, Ogun, Kano)

3rd Cycle Monitoring and Supervisory Visit

Table 1: Distribution of Facilities by States Where Monitoring was Conducted

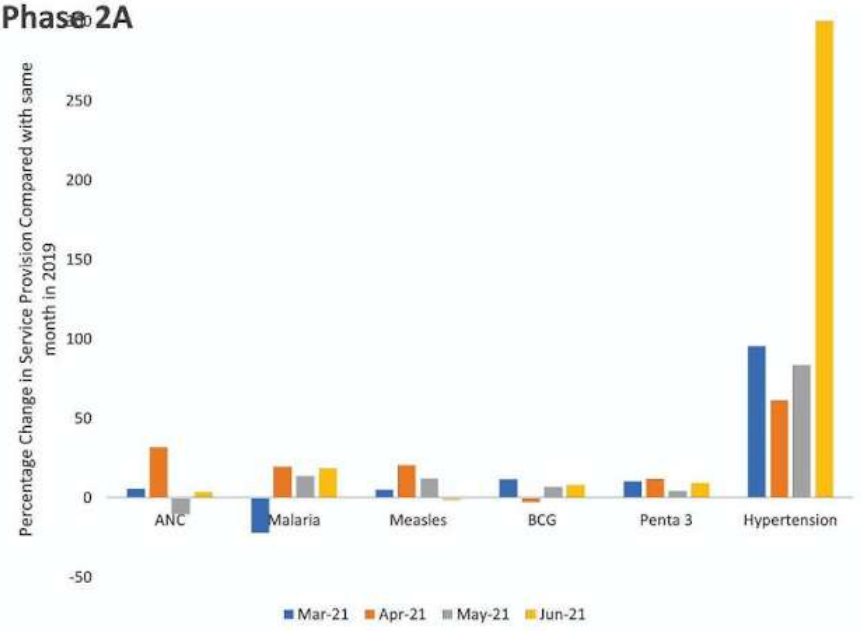
State	Cycle/Change	Number of PHC	Number of LGA	Median number of patients seen (IQR)	Proportion of patients screened
FCT	Baseline	16	3	178 (58, 507)	38.4% (1911)
	1st Cycle	16	3	313 (79, 1077)	40.9% (4965)
	2nd Cycle	16	3	510 (56, 767)	52.2% (4259)
	3rd Cycle	12	3	424 (155, 808)	45.5% (3372)
	Change (3rd Cycle to baseline)			48.9% ↑	7.1% ↑
Kano	Baseline	87	22	234 (126, 676)	41.8% (21449)
	1st Cycle	87	22	254 (140, 740)	53.9% (30924)
	2nd Cycle	88	22	292 (127, 661)	59.0% (30582)
	3rd Cycle	88	22	231 (117, 636)	58.8% (30577)
	Change (3rd Cycle to baseline)			1.3% ↓	17% ↑
Ogun	Baseline	38	10	308 (184, 663)	36.4% (7487)
	1st Cycle	38	10	329 (180, 669)	40.3% (8039)
	2nd Cycle	38	10	325 (126, 640)	57.5% (12031)
	3rd Cycle	33	10	410 (134, 745)	69.3% (12270)
	Change (3rd Cycle to baseline)			13.9% ↑	32.9% ↑

Overall Performance in Continuity of Essential Services

(Phase 2A & Phase 2B)

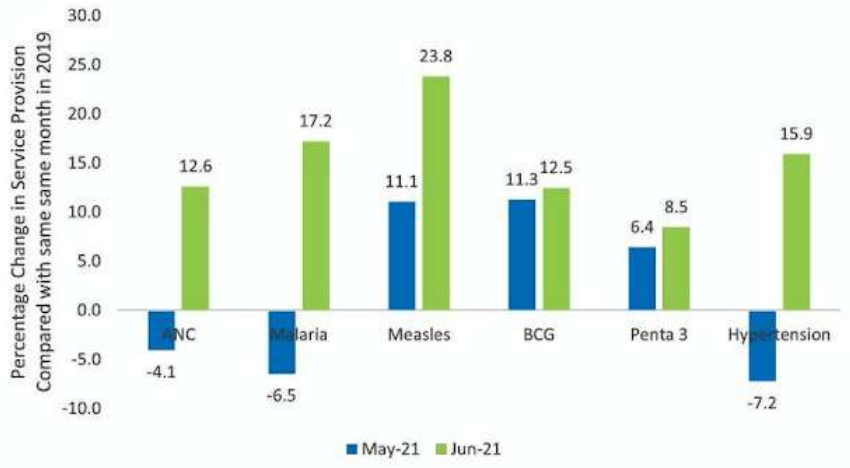
Continuity of Essential Services

Phase 2A



Compared to the month of June 2019, all health facilities reported some improvement in the utilization of services in June 2021, with antenatal care recording the least increase and hypertension the highest. There was no observed disruption in essential services

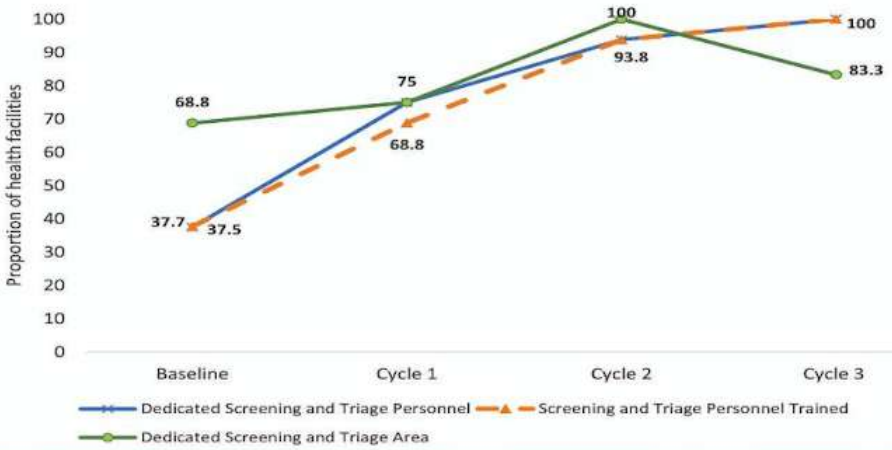
Phase 2B



Compared to the month of June 2019, there was an increase in the utilization of essential services in the facilities monitored in June 2021. In the previous month (May 2021), there were observed decreases in ANC attendance , number of malaria diagnostic tests and number of hypertension cases compared to the same month in 2019.

Trend Analysis for Phase 2A Performance Indicators

SCREENING AND TRIAGE



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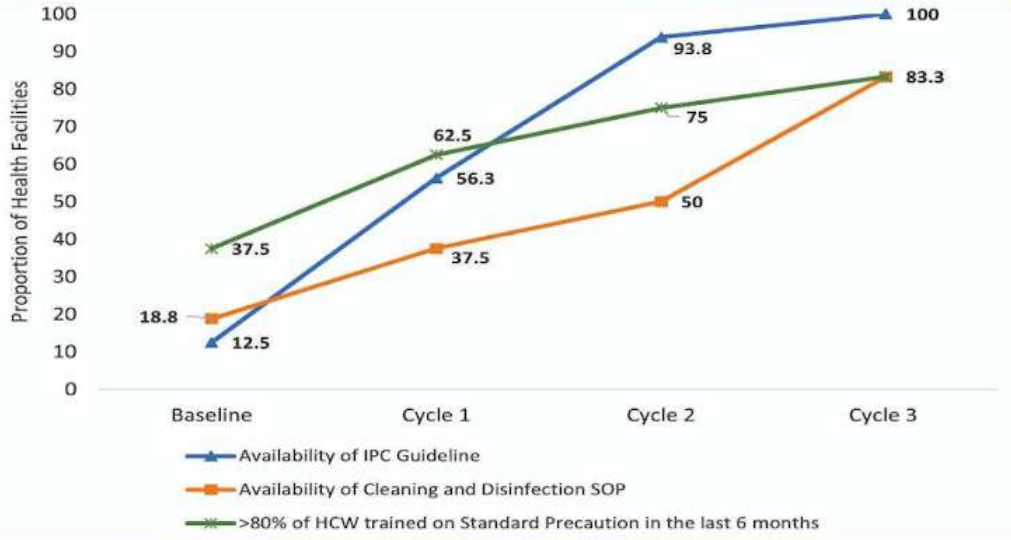
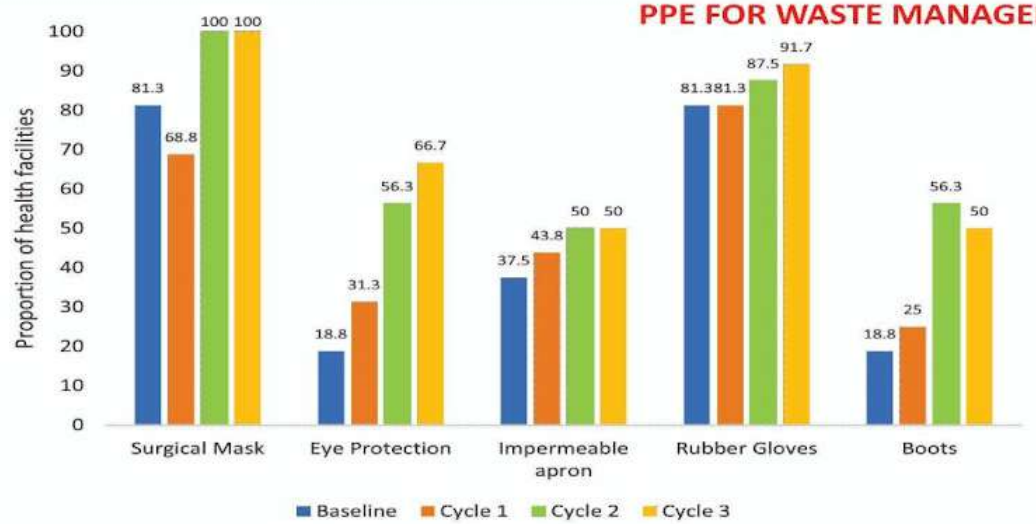
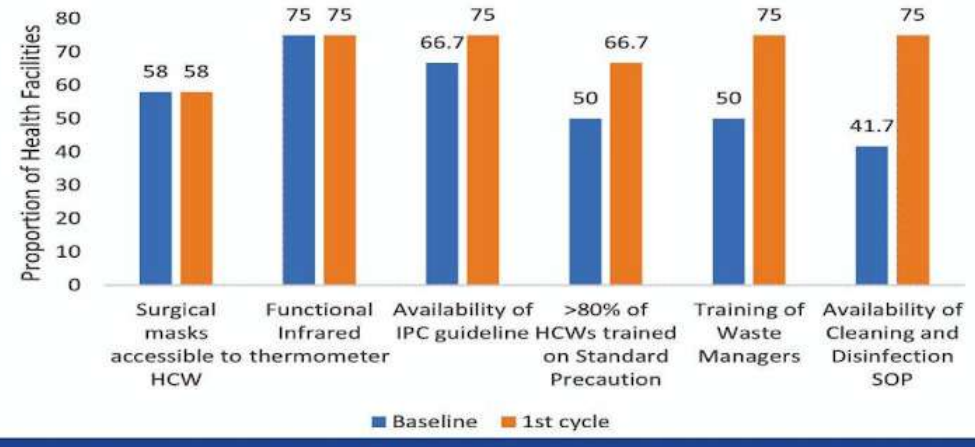


PPE FOR WASTE MANAGERS



Availability of the PPEs for cleaning staff

IPC AND WASTE MANAGEMENT Phase 2B, Trend in Performance



FCT SUMMARY

Compared to the previous cycles, there is general improvement on majority of the indicators reported although some declines such as availability of boots and availability of dedicated screening and triaging area have been noted.

Recommendations

- Improve and sustain supply of essential PPE to HCWs
- Train all HCWs on standard precautions
- Ensure availability of IPC guidelines or SOPs to HCWs at health facilities
- Ensure that cleaning and disinfection SOPs are readily available to all cleaning staff

KANO SUMMARY

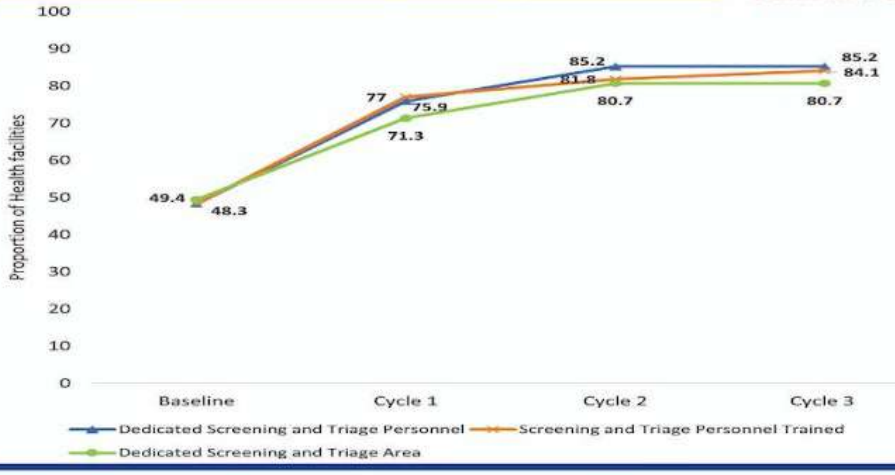
Overall, remarkable improvements have been observed for various indicators across health facilities notably in screening and triaging, availability of surgical masks and infrared thermometers to HCWs. However, availabilty of PPEs for waste managers is sub-optimal.

Recommendations

- improve and sustain supply of PPE to both HCWs and cleaning staff
- Ensure all health facilities have an infrared thermometers at the screening and triage area
- Train more waste handlers on proper waste management
- Ensure availability of SOPs for cleaning and disinfection
- Ensure all heath facilities have an IPC guidelines or SOP

Phase 2A, 3rd Cycle Monitoring

SCREENING AND TRIAGE



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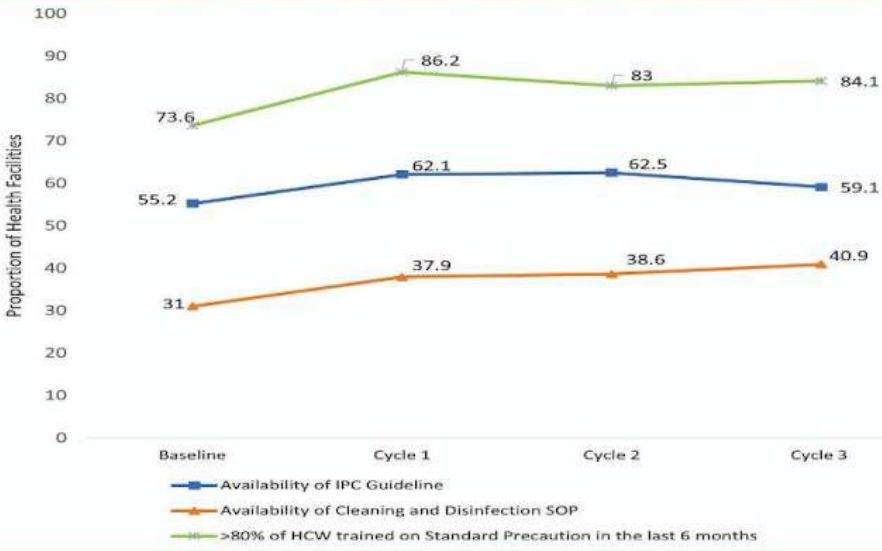
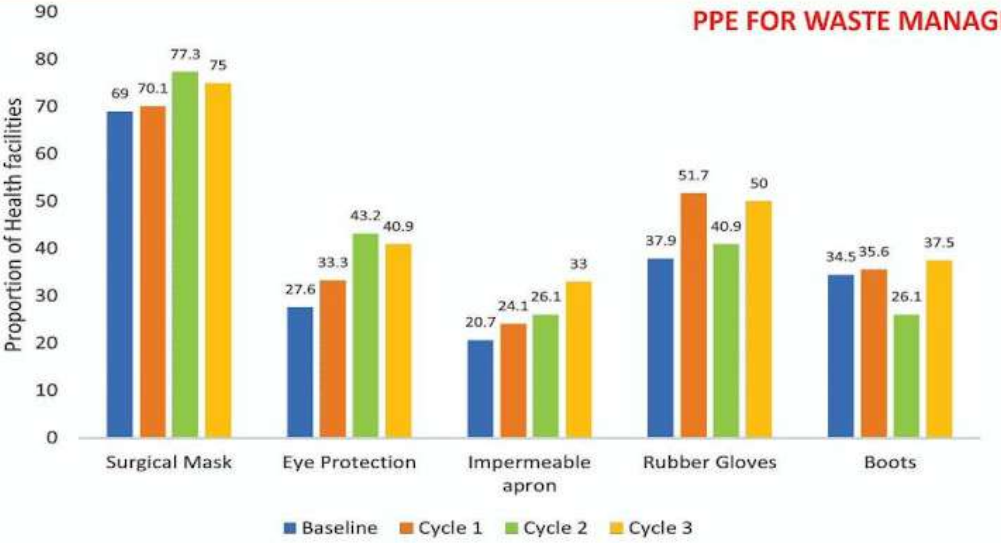
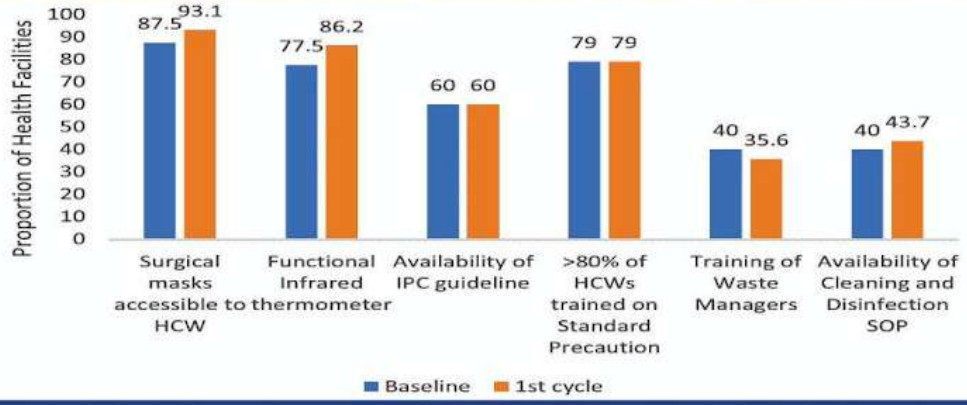


PPE FOR WASTE MANAGERS



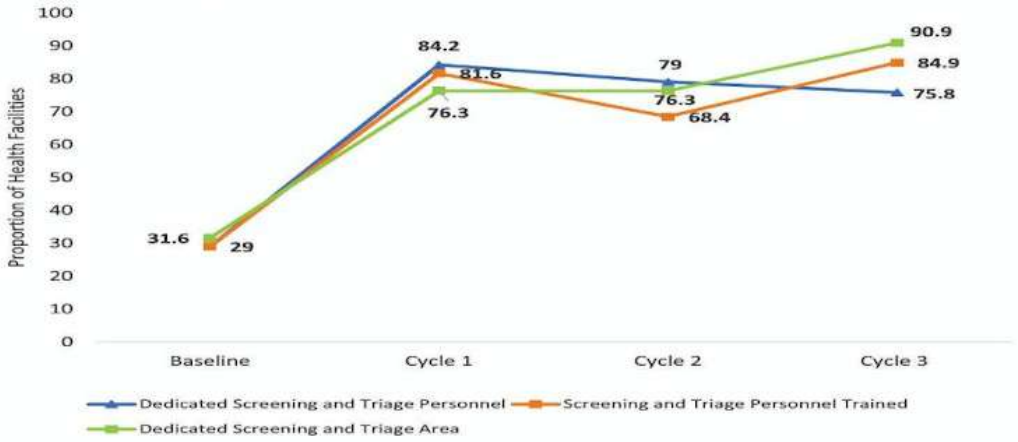
Availability of the PPEs for cleaning staff

IPC AND WASTE MANAGEMENT Phase 2B, Trend in Performance



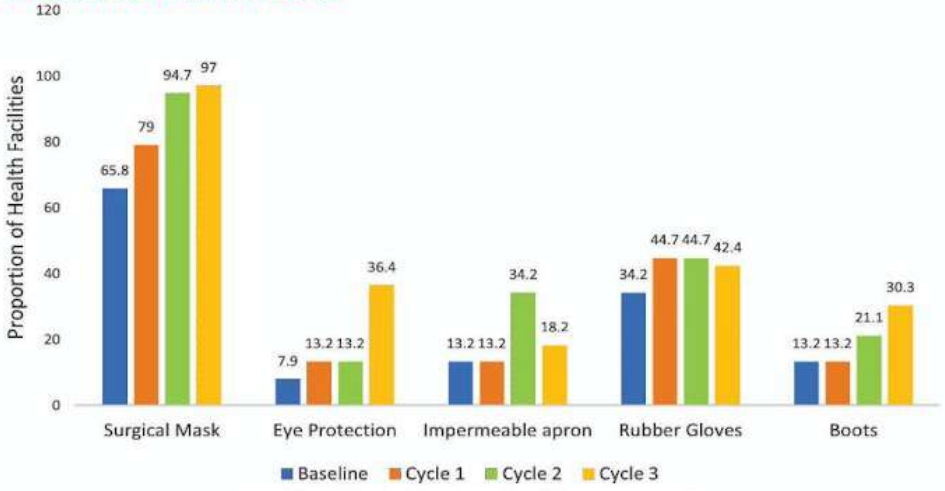
OGUN REPORT Phase 2A, 3rd Cycle Monitoring

SCREENING AND TRIAGE



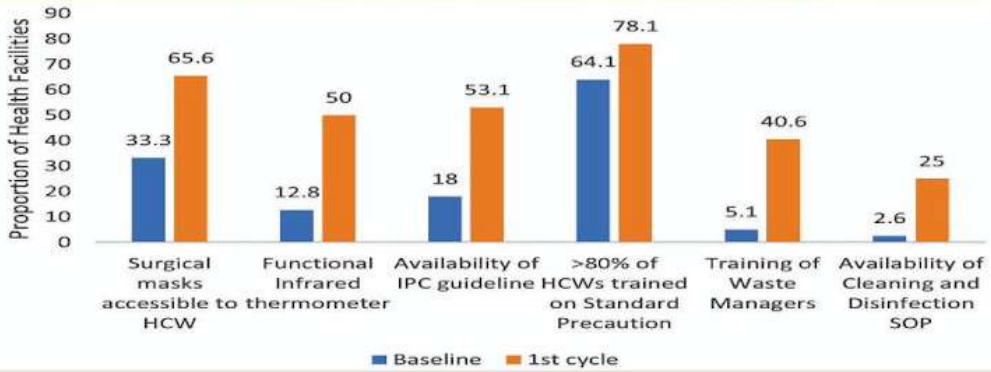
IPC

PPE FOR WASTE MANAGERS



Availability of the PPEs for cleaning staff

IPC AND WASTE MANAGEMENT Phase 2B, Trend in Performance



OGUN SUMMARY

Generally, there has been some improvement in some of the key IPC indicators although performance is still sub-optimal. For example, majority of the health facilities reported non-availability of PPE for cleaning staff and a decline in availability of dedicated screening and triaging personnel is observed.

Recommendations

- Ensure and sustain supply of PPEs for cleaning staff
- Sustain the training of HCWs on standard precautions
- Continuously increase the accessibility of surgical masks to HCWs
- Train more waste handlers on proper waste management
- Ensure availability of SOPs for cleaning and disinfection
- Ensure the availability of infrared thermometers
- Ensure that all health facilities have an IPC guideline or SOP

PHASE 2B (NASARAWA, DELTA, OYO and additional LGAs in Phase 2A STATES)

1st Cycle Monitoring and Supervisory Visit

TABLE 2. Distribution of Facilities by States Where Monitoring was Conducted

State	Cycle/change	Number of LGA (PHC)	Proportion of HF with dedicated Screening area (%)	Proportion of HF with trained dedicated screening personnel (%)	Median number of patients seen (IQR)	Proportion of patients screened (N)
Delta	Baseline	12 (44)	40.9	29.6	322 (189, 482)	43.3% (7827)
	1st cycle	12(48)	81.3	60.4	305 (122, 412)	56.6% (15508)
	Change			30.8 ↑		13.3 ↑
Oyo	Baseline	16 (62)	37.1	24.2	403 (220, 897)	31% (12616)
	1st cycle	16 (64)	59.4	57.8	500 (228, 967)	24.5% (42874)
	Change			33.6 ↑		6.5 ↓
Nasarawa	Baseline	8 (32)	37.5	34.4	225 (76, 569)	0.2% (25)
	1st cycle	8 (32)	87.5	81.3	253 (117,672)	0.4% (101224)
	Change			46.9 ↑		0.2 ↑
FCT	Baseline	3 (12)	83.3	50.0	126 (99, 697)	38.6% (2372)
	1st cycle	3 (12)	91.7	100	190 (88, 555)	54.9% (6022)
	Change			50 ↑		16.3 ↑
Ogun	Baseline	10 (39)	25.6	25.6	238 (99, 386)	19.4% (2014)
	1st cycle	9 (32)	81.3	65.6	231 (154,411)	45.6% (9650)
	Change			40 ↑		26.2 ↑
Kano	Baseline	20 (80)	70.0	66.3	390 (233, 719)	41.2% (19957)
	1st cycle	22 (87)	78.2	85.1	353 (213, 680)	53.2% (46403)
	Change			18.8 ↑		12 ↑

Key Highlights of Findings in 1st Cycle Monitoring of 2B States and Additional LGAs in 2A States

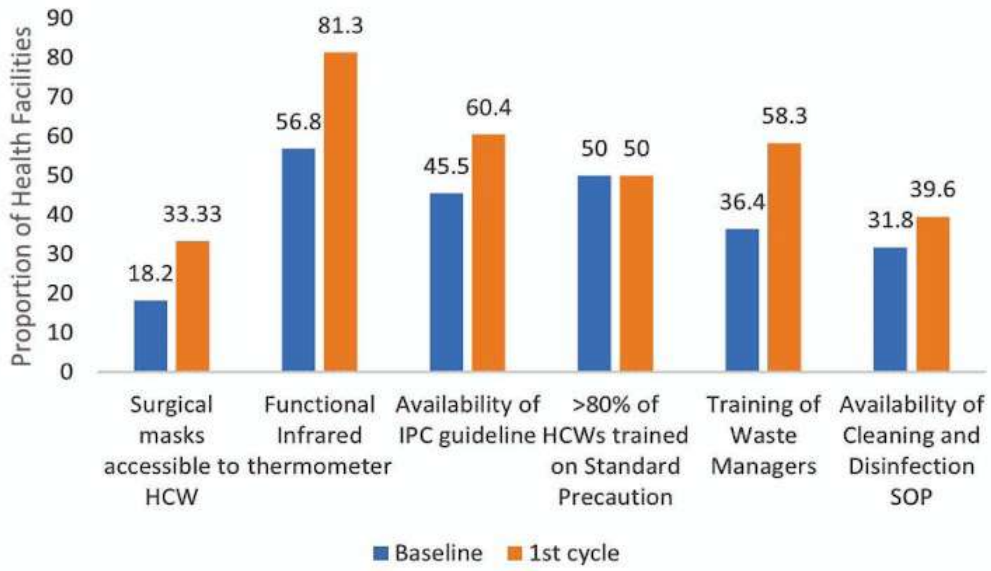
Overall,

- 75% of all health facilities monitored have a dedicated IPC professional
- 64% (171/266) of the health facilities had functional water supply
- Of the health facilities in the sample, 60 % appropriately sort waste (e.g., indicated by colours or labelling)
- There was a 12.6% increase in the utilization of ANC services among the participating health facilities compared to the same period in 2019
- Compared to the same period in 2019, the uptake of immunization services among the participating health facilities (using BCG, PENTA 3 and Measles doses as proxy) increased by 14.4%

ANALYSIS OF PERFORMANCE INDICATORS FOR PHASE 2B STATES

IPC AND WASTE MANAGEMENT

DELTA REPORT



Summary

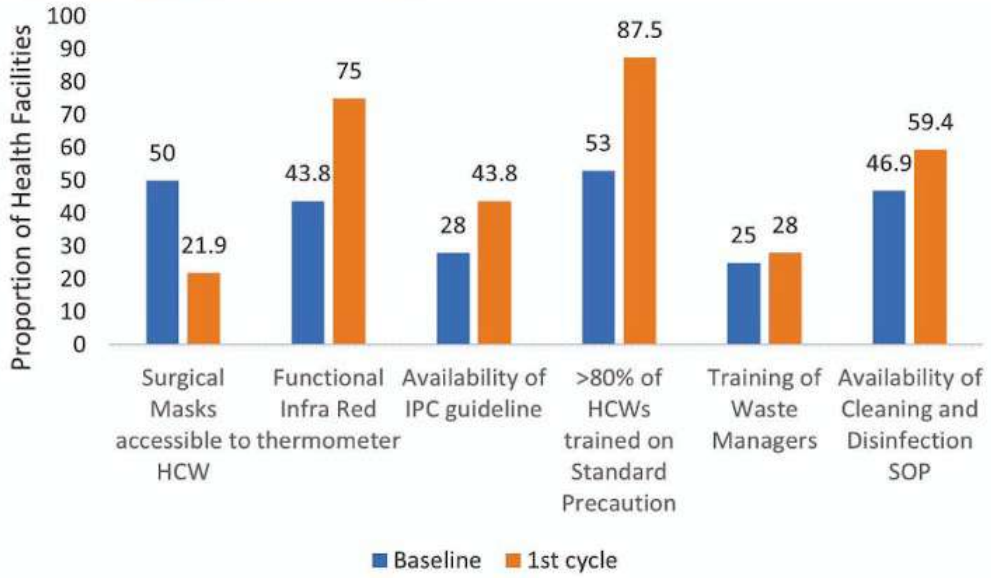
Compared to the baseline, there is an observed increase in the proportion of patients screened for COVID-19. A 30.8% increase in the proportion of health facilities with trained dedicated screening and triaging personnel was observed. See Table 2

Recommendations

- Ensure the supply of surgical masks for HCWs
- Ensure the training of HCWs on standard precautions
- Ensure the availability of functional infra-red thermometers
- Ensure the availability of SOPs for cleaning and disinfection

IPC AND WASTE MANAGEMENT

NASARAWA REPORT



Summary

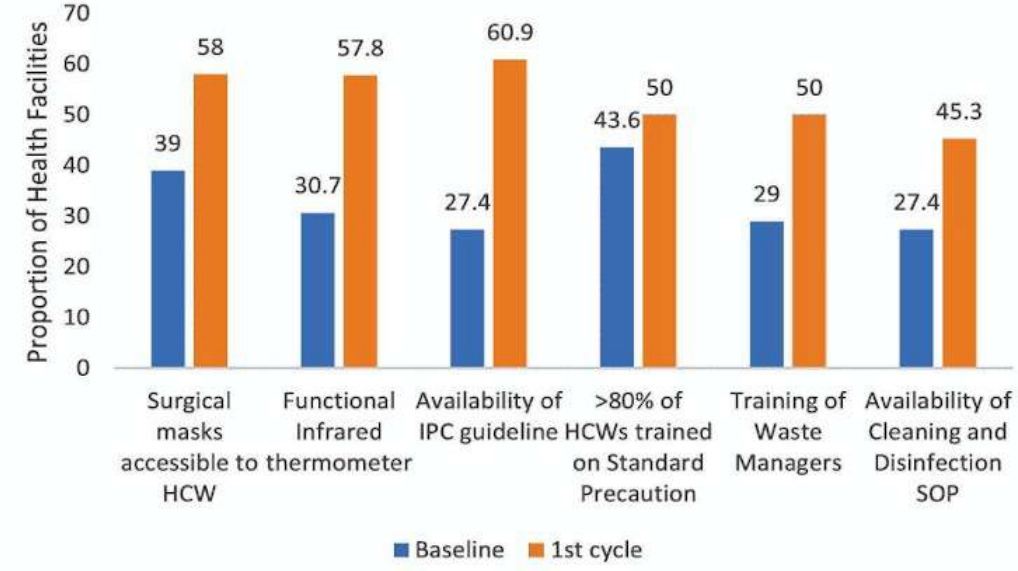
Between the baseline and 1st cycle, the proportion of health facilities with dedicated screening personnel for COVID-19 increased by 46.9 % although the screening of patients increased marginally. Moreover, majority of the key IPC and waste management indicators are sub optimally according to WHO standards. See Table 2

Recommendations

- Improve and sustain supply of surgical masks to HCWs
- Ensure that every facility has trained waste managers
- Ensure all HCWs are trained on standard precautions
- Ensure availability of infrared thermometers for screening and triage
- Ensure the availability of cleaning and disinfection SOPs as well as IPC guidelines

IPC AND WASTE MANAGEMENT

OYO REPORT



Summary

Compared to the baseline, there is an observed increase in the proportion of patients seen and a decrease in proportion of patients screened for COVID-19. In addition, there was some improvement in the availability of waste management indicators. See table 2

Recommendations

- Improve the accessibility of surgical masks and ensure that all HCWs are trained on standard precautions
- Improve on the availability of SOPs for cleaning and disinfection as well as IPC guidelines
- Ensure that every facility has trained waste managers
- Improve on the availability of infrared thermometers

CONCLUSION

Compared to the baseline survey, majority of the surveyed PHCs have improved on various indicators such as the proportion of patients screened for COVID-19 and availability of trained dedicated and screening personnel. Similarly, there's improvement in availability of IPC supplies such as surgical masks which are key to mitigating spread of COVID-19 within the health facilities, although the levels significantly differ across states.

Overall, although the results show improvements in key indicators, they also signify that the minimum requirements for IPC Programmes have not yet been achieved. This implies that the facility's preparedness for COVID-19 remains sub-optimal. Therefore, gradual and sustained progress towards the full achievement of all requirements of the IPC core components is encouraged and can be achieved by aligning with the health facility priority plans.

BUILDING CAPACITY OF PRIMARY HEALTH CARE WORKERS IN HIGH RISK STATES IN NIGERIA TO STRENGTHEN COVID-19 RESPONSE

5th Edition. August 2021

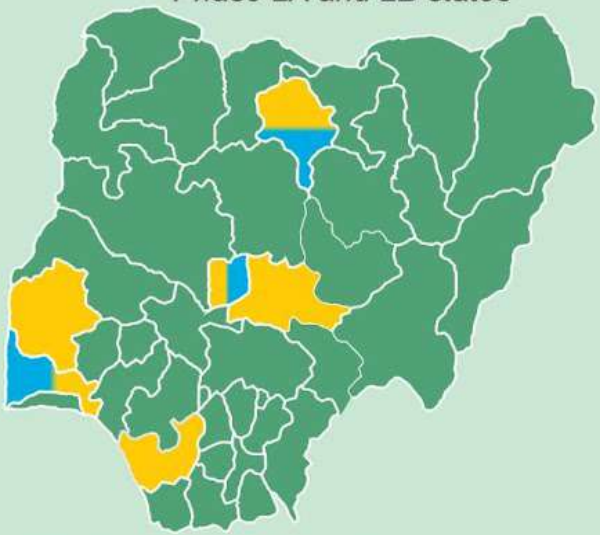
TREND OF INFECTION PREVENTION AND CONTROL (IPC) READINESS AND CONTINUITY OF ESSENTIAL HEALTH SERVICES IN PRIMARY HEALTH CARE FACILITIES IN SIX STATES IN NIGERIA

The Primary Health Care Worker (HCW) COVID-19 capacity building initiative is premised on addressing the crucial need to ensure a safe environment for HCWs and the population they serve at Primary Health Care facilities (PHCs) while maintaining essential health services amidst the ongoing COVID-19 pandemic.

Phase 2A of the project begun in March 2021 and was implemented in half of the Local Government Areas (LGAs) in FCT, Kano and Ogun states. Implementation was scaled up (Phase 2B) in May 2021 to include the remaining LGAs of the initial three states and additional three states, namely: Delta, Nasarawa and Oyo.

The initiative provides field mentorship, supportive supervision, and basic personal protective equipment (PPE) as well as essential IPC supplies to bridge priority gaps. In the month of July 2021, field mentorship and supervisory monitoring was conducted in a total of 423 Primary Health Care facilities (PHCs) across all the six project implementing states.

Monthly monitoring in Phase 2A and 2B states



Phase 2A states where the 4th cycle monitoring supervision was conducted in half of the LGAs and the 2nd cycle monitoring in the scale up LGAs

Phase 2B states where the 2nd cycle monitoring supervision was conducted in LGAs of the three additional states.

Key Challenges

- Insufficient and irregular supply of PPE and IPC supplies like sanitizers, hand wash, soap, detergents, and disinfectant to PHCs with occasional stock outs in some facilities. Currently, supplies are mostly provided during campaigns and largely supported by partners.
- Inadequate infrastructure, space, and physical resources to set up proper screening and triage stations as well as holding rooms
- Some facilities still lack portable water supply
- Inadequate physical resources for proper waste management

Ongoing and Proposed Interventions

- The project is providing support for screening and triage area as well as Water Sanitation and Hygiene (WASH) facility upgrades in a few prioritized PHCs in all project implementing states.
- The ongoing government initiative focusing on renovation and re-equipment of PHCs could be leveraged to make infrastructure provisions for screening and triage stations and to improve WASH facilities in all PHCs.
- The project is providing support to bridge some of the key identified gaps in PPE, WASH commodities supply and waste management in project supported PHCs
- Government budgetary allocation to support regular supply of PPE and WASH commodities to PHCs as well as strengthen last mile distribution to sustain gains made

HIGHLIGHTS FROM FIELD MONITORING AT PHCs IN THE JULY CYCLE

- Compared to May 2021, the number of functional hand hygiene stations at the screening and triaging areas increased across all the six states in July. Similarly, the number of times HCWs were observed performing hand hygiene correctly improved. Furthermore, when compared to May 2021, the percentage of patients being screened for COVID-19 increased in July 2021.
- 2% (8/423) of the PHCs reported at least one suspected COVID-19 case among the patients screened
- There were no reported suspected or confirmed COVID-19 cases among health care workers across the 423 PHCs monitored in the six project implementing states

Highlights of field monitoring
Continued on next page

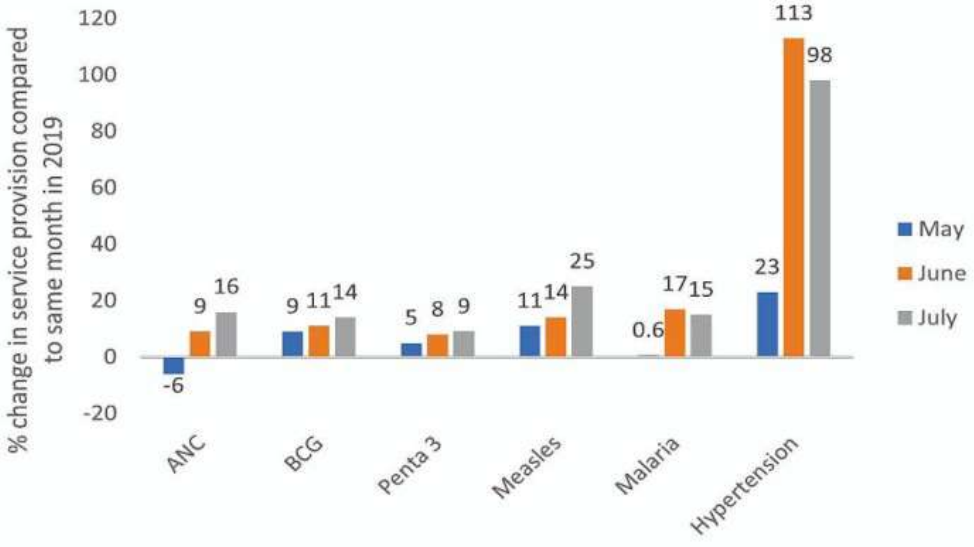
Table 1: Distribution of Facilities by States where Monitoring was Conducted

State	Cycle/Change	No. of LGAs (No. of PHCs)	Functional hand hygiene stations in the screening and triage area (%)	Hand hygiene performed correctly (%)	% of patients screened for COVID-19 (N)
FCT*	May	5 (28)	66	51	46 (14,302)
	June	4 (24)	91	50	50 (13,427)
	July	4 (24)	96	63	62(12,426)
	Change (July - May)		30 ↑	12 ↑	16 ↑
Kano*	May	42 (168)	10	12	50 (100,282)
	June	44 (175)	85	44	56 (98,367)
	July	44 (175)	95	68	61 (111,163)
	Change (July - May)		85 ↑	56 ↑	11 ↑
Ogun*	May	20(77)	82	79	45 (31,312)
	June	18 (65)	91	86	61 (27,354)
	July	20 (80)	99	86	59 (33,884)
	Change (July - May)		17 ↑	7 ↑	14 ↑
Nasarawa	May	8 (32)	58	27	0.16 (15,358)
	June	8 (32)	95	22	2.8 (15,924)
	July	8 (32)	93	33	58 (17,895)
	Change (July - May)		35 ↑	6 ↑	57.8 ↑
Oyo	May	16(63)	89	52	31(40,771)
	June	16 (64)	91	56	24 (42,874)
	July	16 (64)	97	73	50 (50,136)
	Change (July - May)		8 ↑	21 ↑	19 ↑
Delta	May	12 (48)	76	82	42 (18,934)
	June	12 (48)	98	89	53 (15,508)
	July	12 (48)	96	92	54 (17,194)
	Change (July - May)		20 ↑	10 ↑	12 ↑

Project intervention implementation began in March 2021 in half of the LGAs

↑The arrows represent percentage point increase

OVERALL PERFORMANCE IN CONTINUITY OF ESSENTIAL SERVICES



Continuity of Essential Health Services Across all States

Compared to 2019 for each respective month (May to July 2021), the demand for essential services increased except for ANC attendance which decreased by 6% in the month of May. This increase implies there is no disruption in delivery and uptake of essential health services during the respective pandemic periods.

Components of the IPC, Screening and Triaging Thematic Areas

For all states, responses to questions relating to aspects of IPC, screening and triaging were combined to form composite score that ranges from zero (0) to 100 percent. A zero score implies the facilities are performing poorly in that thematic area (IPC and/or screening and triaging) while a score of 100 implies the facilities have attained the standard in that thematic area.

Composite Score for IPC and Screening/Triage area Indicators

IPC, Screening and Triage Area Indicators were as follows:

(Minimum Score - No (0%),

(Maximum Score - Yes (100%),

Composite score -(Average of scores across the 6 indicators)

IPC Indicators

- Facility has trained personnel
- Register of trained HCWs
- >80% of HCWs trained in last 6 months
- Availability of IPC guidelines
- Accessibility of IPC guidelines

Screening and Triage Area

- Dedicated screening and triaging personnel
- Personnel are trained to work
- Screening and triage area for each entry point
- Functional infrared thermometer
- Correct use of infrared thermometer
- Proper use of triage forms and registers

Public Notice

IPC Foundations

Self-paced infection prevention and control training

for frontline health workers in Africa.

Hand Hygiene | PPE | Environmental Cleaning | Waste Management

Sharps Safety | Standard Precautions | Transmission-Based Precautions

Click here to register

or visit tinyurl.com/LearnIPC

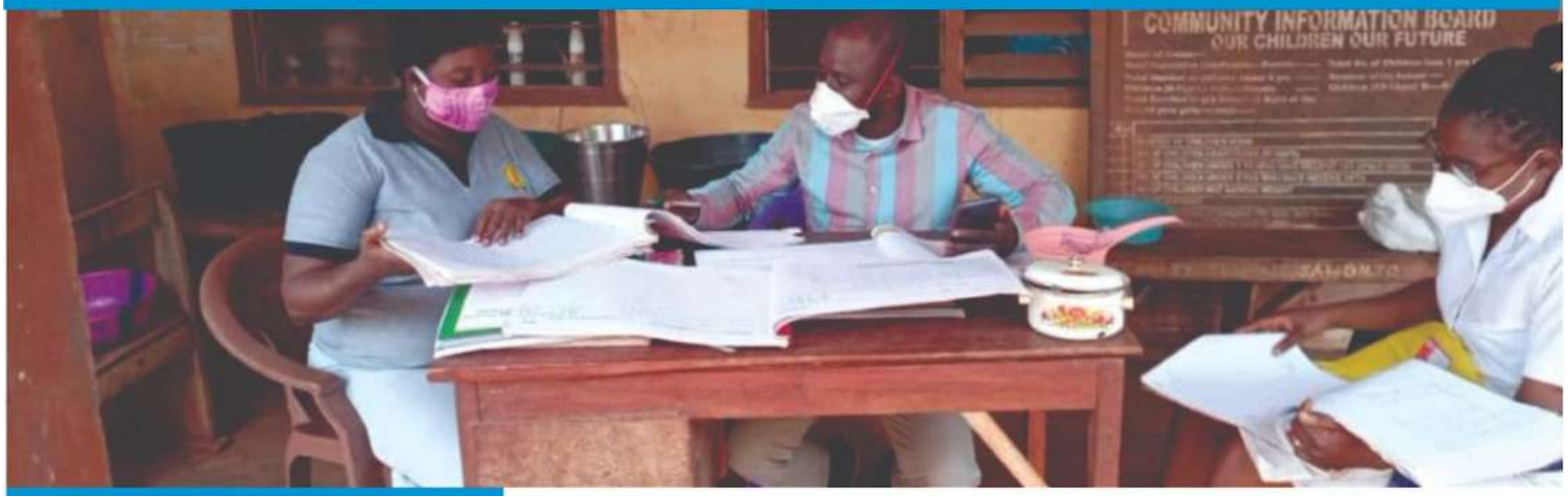
Infection Prevention and Control Foundations E-learning Course.

Resolve to Save Lives (RTSL) is implementing an E-Learning course for Infection, Prevention & Control (IPC). The course is targeted at Health Care Workers in Primary Health Care settings to improve IPC knowledge and skills.

It is an online self-paced learning course focused on the foundational concepts of IPC. The course consists of 10 modules each lasting between 10-15mins. The modules comprise interesting interactive scenarios around IPC built to local context.

Deadline for enrollment of the course is 04 Nov 2021. Those already enrolled have till 18 Nov 2021 to complete all the modules.

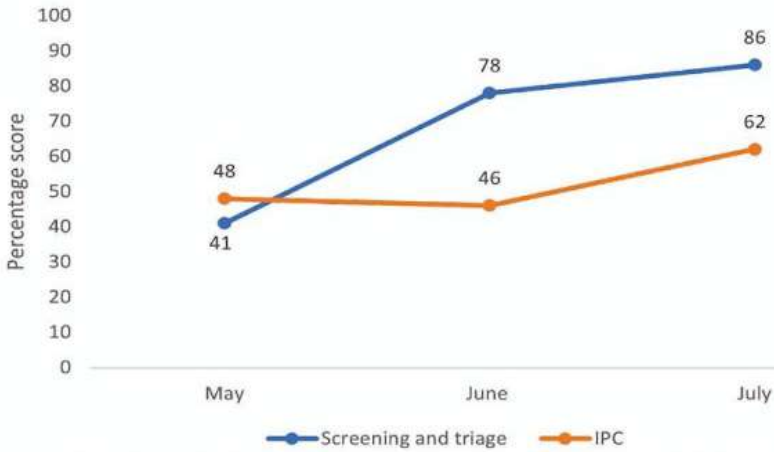
Monitoring supervision of a public health center



Recommendations:

- Steadily improve on all aspects of IPC, and screening and triaging to reach the optimal target
- Improve waste management practices
- Sustain the availability of water and chlorine for cleaning

IPC and Screening/Triage

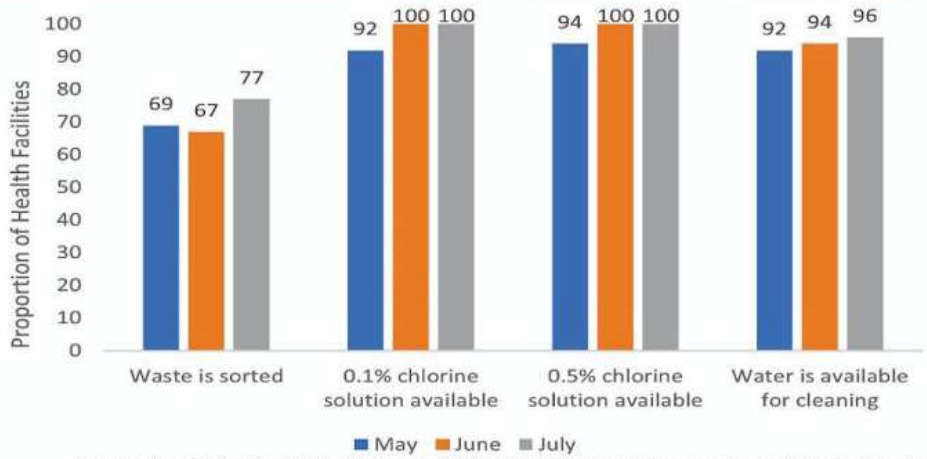


There is a gradual improvement in performance in IPC, screening and triaging over the monitoring periods with an observed slight decrease in IPC performance in the month of June.

Availability of PPE

There is marked improvement in availability of PPE over the monitoring cycles but there are still occurrences of prolonged stockouts lasting 30days in up to 19% of PHCs monitored in the July cycle.

Environmental Cleaning and Waste Management

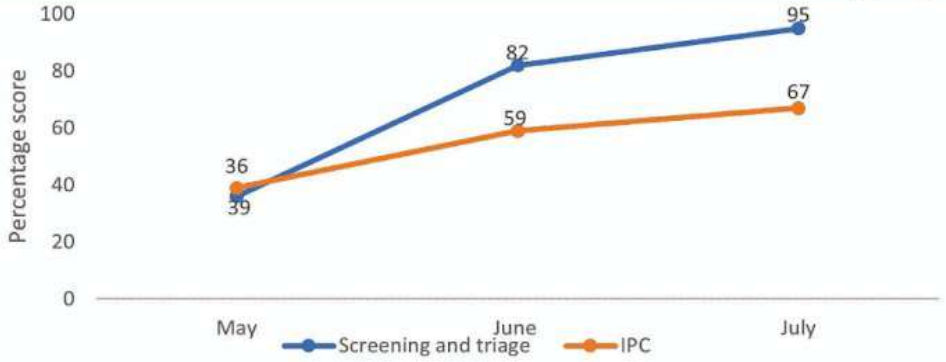


Supplies for disinfection (01% chlorine and 0.5% chlorine) and water are readily available in almost all PHCs monitored. Although the proportion of facilities sorting waste appropriately has increased compared to previous months, about 23% PHCs still do not manage waste appropriately

Recommendations:

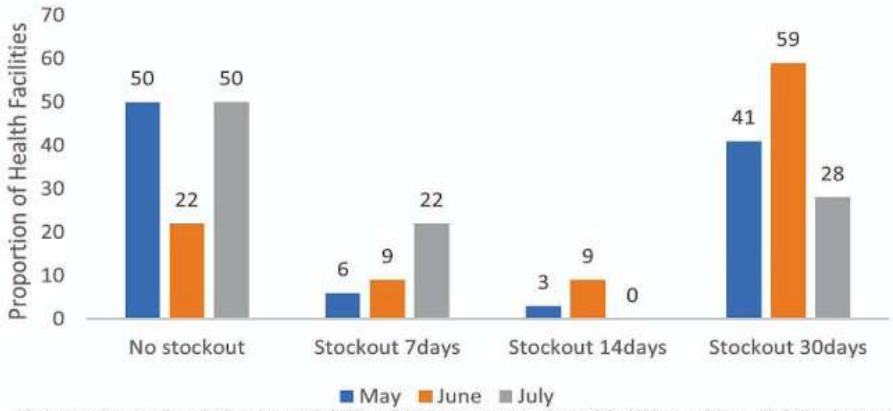
- Sustain the observed improvement on all the indicators
- Identify facilities with water supply challenges and prioritize them in the facility upgrade support
- There is need to substantially improve on PPE supply to all PHCs. This requires continuous resource mobilization and dedicating government resources as is feasible to bridge these major gaps
- Improve on pro-active supply of PPE to all PHCs using a "push system" to minimize PPE stock outs. Strengthen c oordination to improve last mile distribution of PPE
- Attain the target for screening and triaging and maintain it
- Improve on the IPC indicators namely: having a database of IPC trainings for HCWs; availability and accessibility of IPC guidelines and SOPs

IPC and Screening/Triage



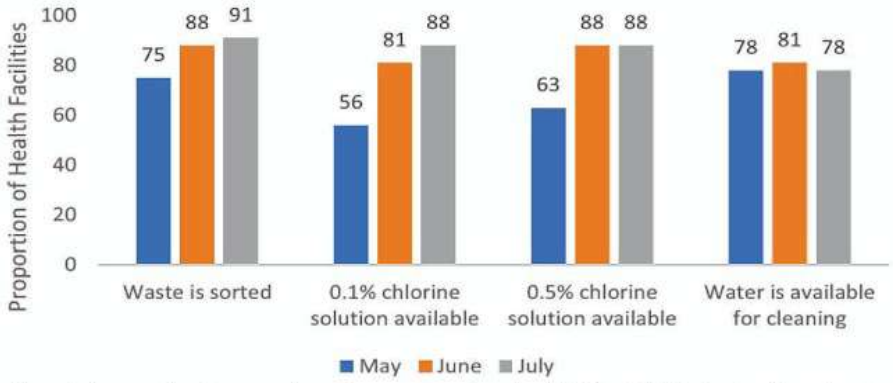
There is marked improvement in screening and triaging although the desired target has not been achieved. Similarly, there's an improvement in IPC indicators but performance is still sub-optimal compared to WHO standards.

Availability of PPE



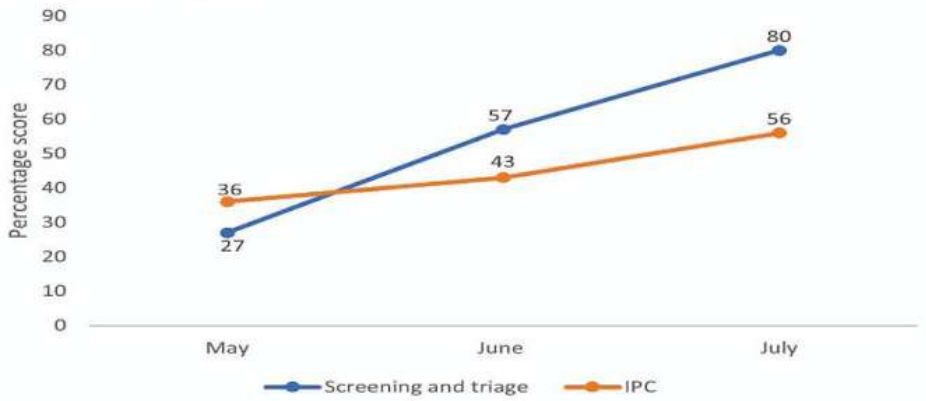
There is observed variation in availability of PPEs across monitored facilities, with availability being at 50% for the month of July with stockouts lasting mainly 7 days or 30 days.

Environmental Cleaning and Waste Management



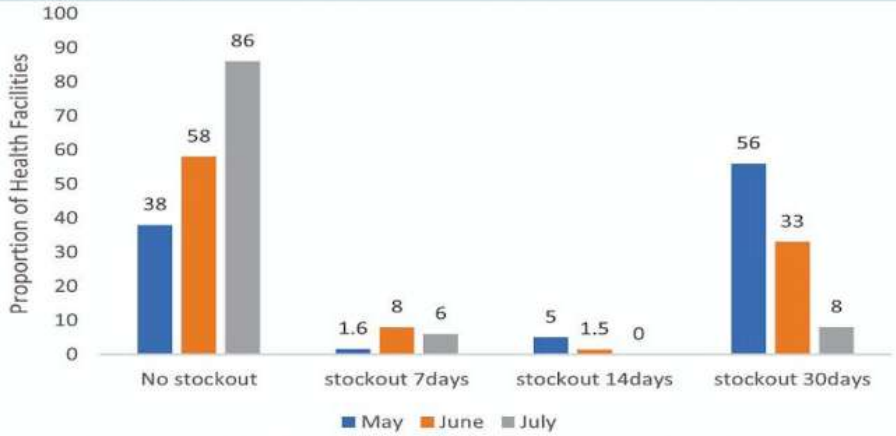
There is improved performance in waste management and availability of disinfectants, although water availability is still sub-optimal

IPC and Screening/Triage



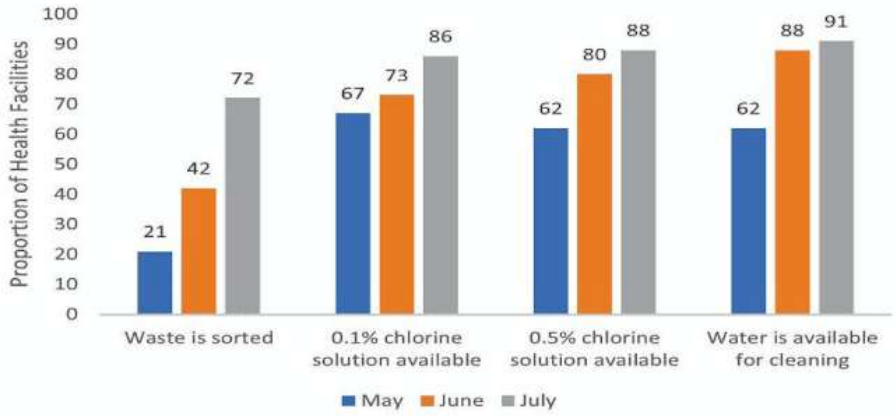
There is an observed steady improvement in performance indicators in the thematic areas of IPC, screening and triaging although the standard has not been achieved. There is room for improvement in IPC, particularly in ensuring that HCWs are trained on standard, airborne, droplet, and contact precautions; donning and doffing of PPEs and that a database containing names of HCWs that are trained is available.

Availability of PPE



The observed trend indicates that PPEs are usually available although some stockouts which last for 7 or 30 days do occur. However, the proportion of PHCs reporting stock outs lasting more than 30 days has drastically decreased.

Environmental Cleaning and Waste Management



There is a consistent improvement across all the reported indicators although none has reached the set target.

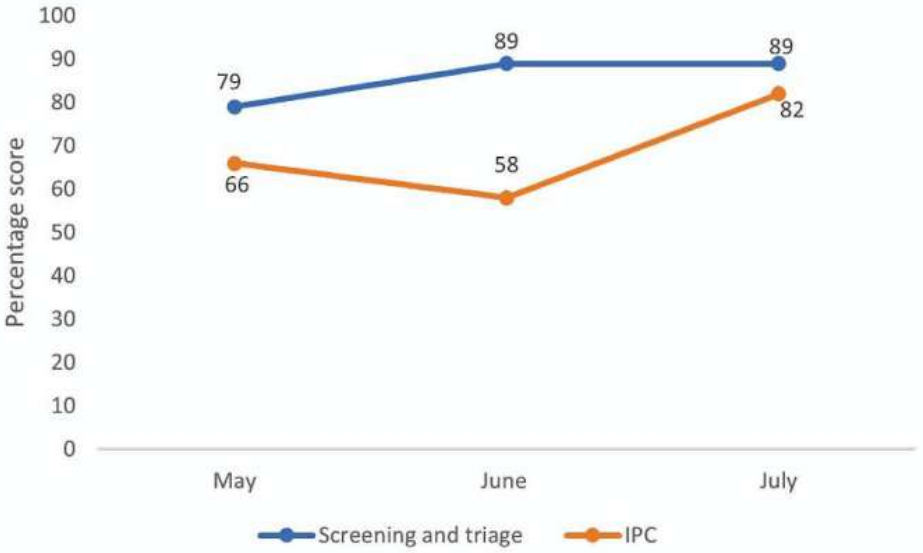
Recommendations

- Ensure sustained improvement on these indicators to the optimal level
- Increase the availability of PPEs while ensuring a steady supply with no stockouts reported
- Ensure enabling an environment for appropriate waste management, e.g., improve on availability of color-coded bins as well as other essential commodities and train waste handlers on proper waste management. Sustain the observed improvement in availability of WASH commodities and maintain this performance once the target is achieved.

Recommendations:

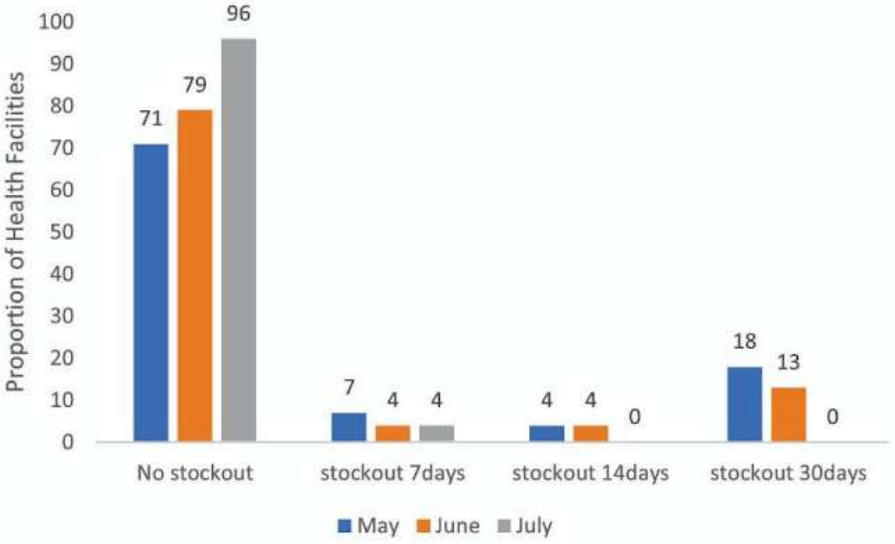
- Maintain the improvement observed on the indicators in each thematic areas
- Bridge the observed small gap in PPE stockouts and sustain the availability of PPE
- All the indicators for environmental cleaning and waste management require sustained improvements

IPC and Screening/Triage



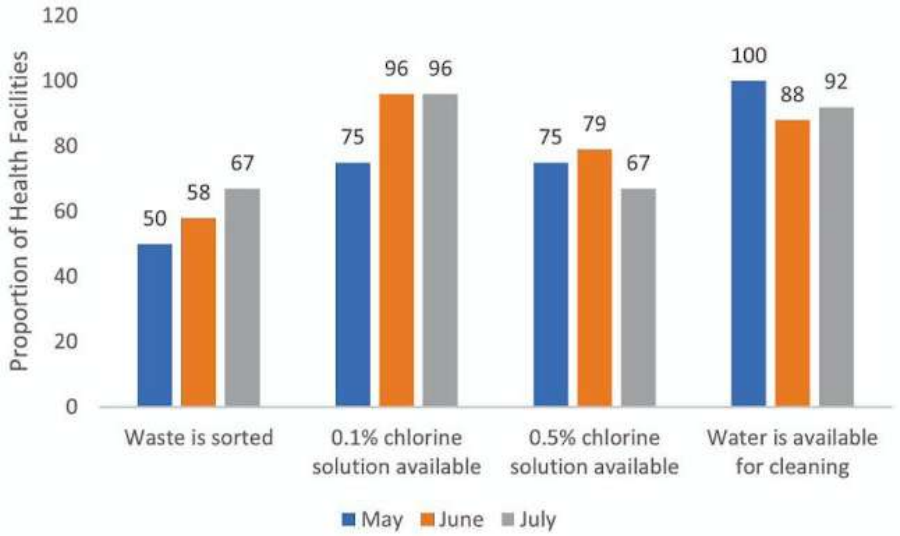
The initial score for screening and triaging was high in May and increased in subsequent months while for PC, the scores have fluctuations between months.

Availability of PPE



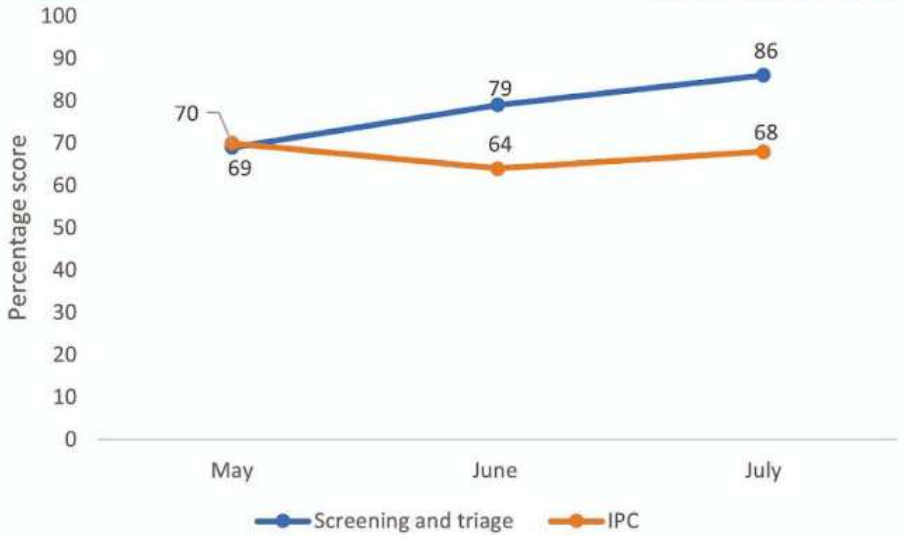
The observed availability of PPE was high with minimal stockouts that lasted about 7days.

Environmental Cleaning and Waste Management



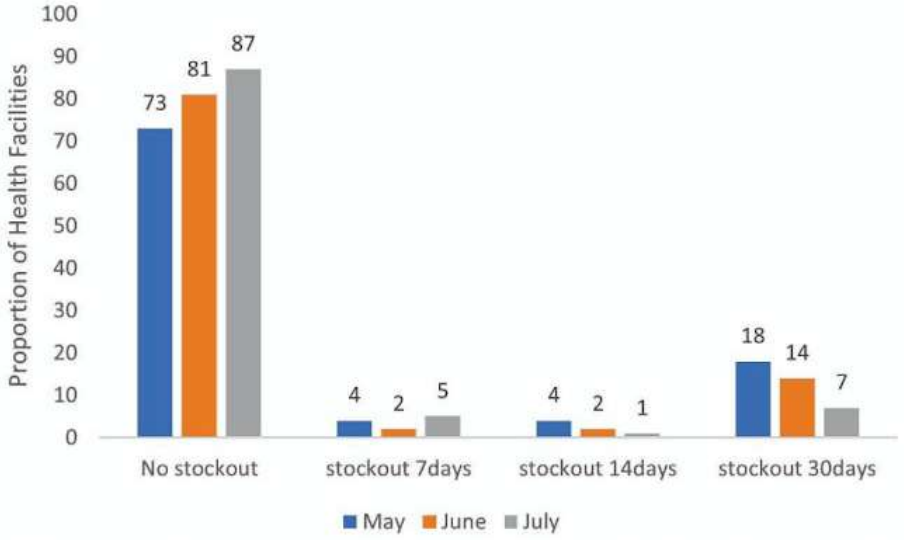
There is a gradual increase in proportion of facilities sorting waste appropriately although the standard is not yet attained. Availability of 0.1% chlorine for disinfection has also improved although no improvements are noted for 0.5% chlorine availability in PHCs monitored

IPC and Screening/Triage



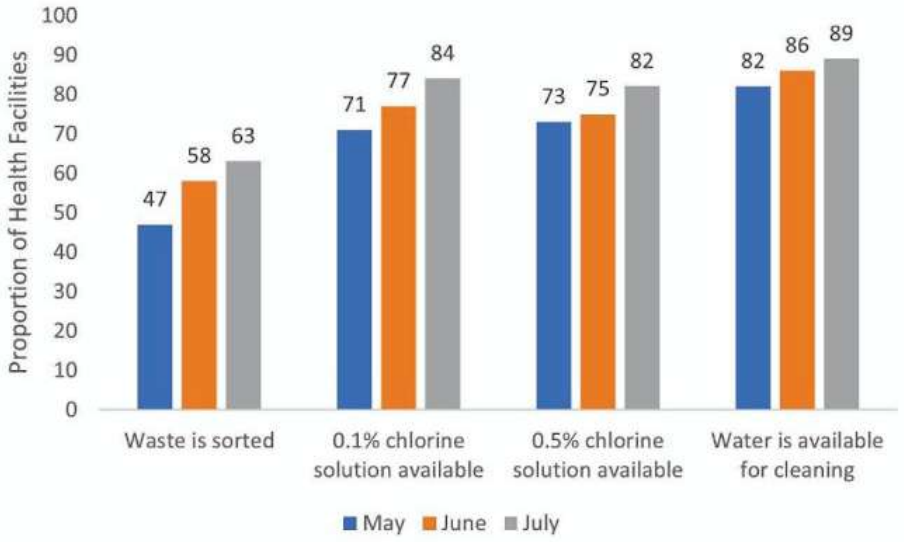
There is improvement in performance indicators for screening and triage (from 70% in May 2021 to 86% in July 2021) while marginal fluctuations are observed in the IPC indicator

Availability of PPE



PPEs are generally available across the monitored months with small fluctuations in stockouts. Majority of the stockout lasts for either 7 or 30 days.

Environmental Cleaning and Waste Management

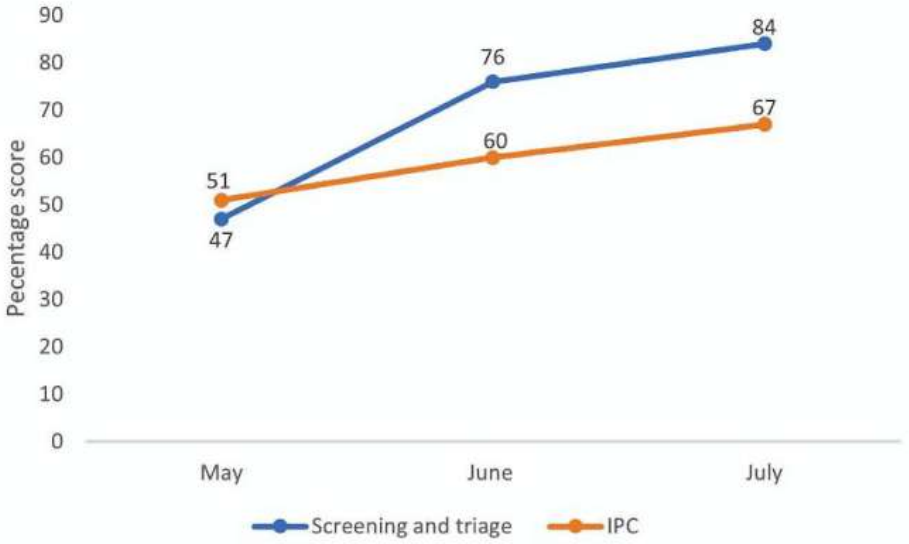


All the observed indicators have improved over the monitoring period, but none has attained the target.

Recommendations:

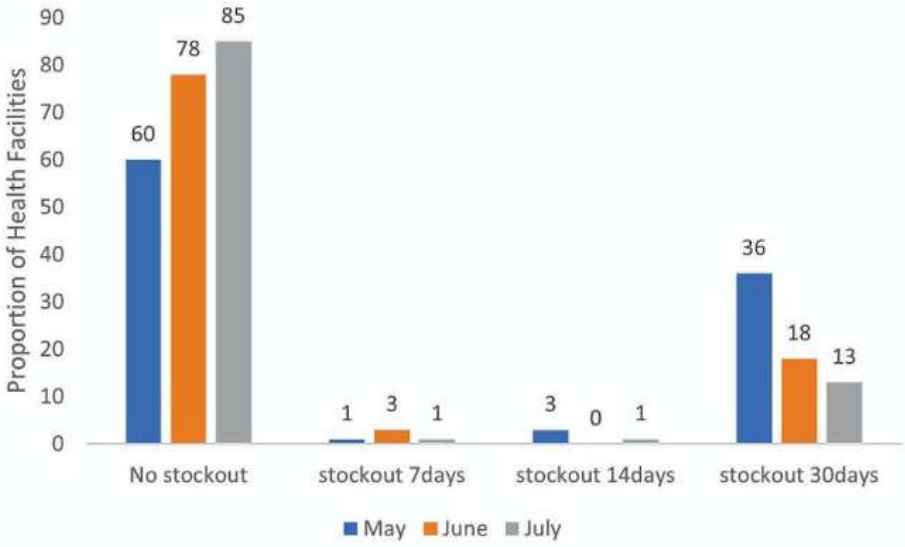
- Improve the screening and triaging indicators to achieve the optimal level
- Improve on the accessibility of IPC guidelines and SOPs and have a database of names of HCWs that have received IPC training and sustain the score for IPC indicators
- Improve on the availability of PPEs by ensuring a steady and stable supply
- Consistently improve onthe availability of supplies for cleaning of health facilities
- Improve on sorting of waste according to the type of waste generated

IPC and Screening/Triage



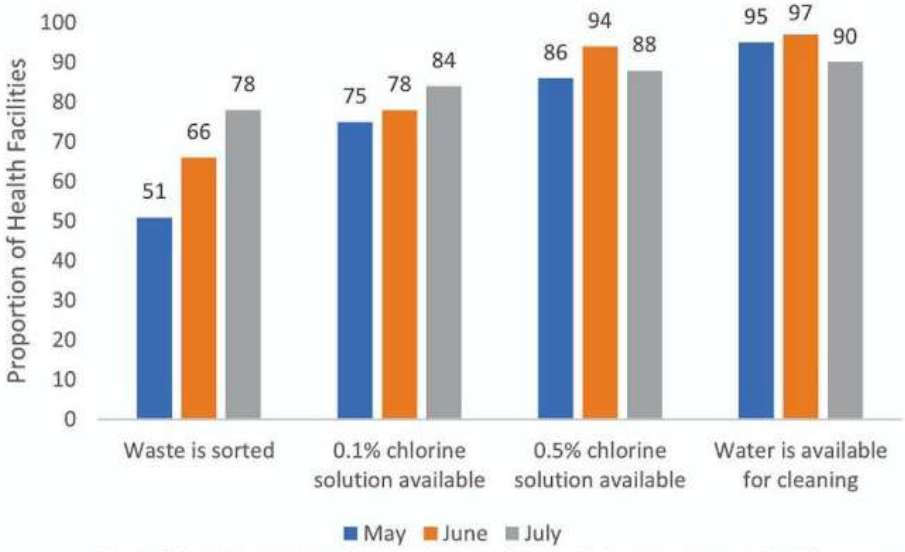
There is a sustained increase on both IPC, and screening and triaging score across the months, however, the recommended standard has not been achieved.

Availability of PPE



There is an observed marked improvement in availability of PPE across the months and stockouts lasting for about 30days

Environmental Cleaning and Waste Management



Most of the indicators have improved across the months but none has attained the target.

Recommendations:

- Continuously improve on the screening and triaging indicators
- •Support PHCs to put in place databases or registers for HCWs trained on IPC
- •Improve on PPE supply to PHCs to minimize stock outs
- Increase water availability and ensure no fluctuations once the target is achieved
- Ensure that chlorine so lution (0.1% and 0.5%) is always available
- Ensure that the waste generated is sorted according to the type of waste

CONCLUSION

There is observed improvement in performance across several thematic areas (IPC, Screening and Triage, environmental cleaning, waste management and availability of PPE) which is sustained across months in supported PHCs across project implementing states. However, even with the observed improvements, there is still room for improvement to achieve WHO standards. To bridge observed gaps, facilities will need to prioritize actionable areas on which to focus efforts first as they continuously work towards improving their IPC programmes.

When compared to 2019, the results show that there has been no disruption of essential services across the months monitoring was conducted in 2021(except for a minimal decline observed only in May 2021 for ANC attendance). PHCs should strive to maintain this momentum in ensuring continuity of essential services.

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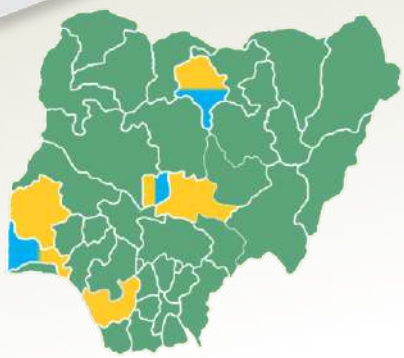
NPHCDA, NCDC, State Primary Healthcare Boards in targeted states

RESOLVE TO SAVE LIVES RTSL- funding and Technical support

AFENET Implementing Partner

BUILDING CAPACITY OF PRIMARY HEALTH CARE WORKERS IN HIGH RISK STATES IN NIGERIA TO STRENGTHEN COVID-19 RESPONSE

6th & 7th Edition. Sept/Oct. 2021



AN ANALYSIS OF PATTERNS IN INFECTION PREVENTION AND CONTROL (IPC) READINESS AND CONTINUITY OF ESSENTIAL HEALTH SERVICES IN PRIMARY HEALTH CARE FACILITIES DURING THE COVID-19 PANDEMIC IN SIX STATES IN NIGERIA

The Primary Health Care Worker (HCW) COVID-19 capacity building initiative is premised on addressing the crucial need to ensure a safe environment for HCWs and the population they serve at Primary Health Care facilities (PHCs) while maintaining essential health services amidst the ongoing COVID-19 pandemic.

Phase 2A of the project begun in March 2021 and was implemented in half of the Local Government Areas (LGAs) in FCT, Kano and Ogun states. Implementation was scaled up (Phase 2B) in May 2021 to include the remaining LGAs of the initial three states and additional three states, namely: Delta, Nasarawa and Oyo.

The initiative provides field mentorship, supportive supervision, and basic personal protective equipment (PPE) as well as essential IPC supplies to bridge priority gaps. In the months of August and September 2021, field mentorship and supervisory monitoring was conducted in a total of 406 PHCs and 419 PHCs across all the six project implementing states respectively.

Key Common IPC Gaps and Priority Interventions

Key Challenges

- Large dependence on partners, projects, and campaigns for the supply of PPE and WASH commodities to the health facilities, thereby occasionally experiencing stock-outs
- Inadequate infrastructure, space, and physical resources to set up proper screening and triage stations as well as holding rooms
- Some facilities still lack portable water supply
- Incomplete coverage of PHCs monitoring due to bad weather conditions and insecurity
- Delay in facility upgrades relating to screening and triage stations in some States
- Inadequate physical resources for proper waste management

Interventions

Provision of PPE & WASH supplies
Upgrades in screening and triage facilities
Provision of water storage tanks

HIGHLIGHTS FROM FIELD MONITORING AT PHCs IN THE AUGUST CYCLE

Compared to the June 2021 monitoring results, the proportion of functional hand hygiene stations at the screening and triaging areas has increased in all states in the month of September 2021. However, comparing performance in September 2021 to the previous month, a slight decrease in scores was observed in Kano state. Similarly, the number of times HCWs were observed performing hand hygiene correctly increased in all states in September 2021 compared to June 2021 except for Ogun state which recorded a decline by 4 percentage points. The percentage of patients screened for COVID-19 increased in all the states during the same period. Overall, the results show an inconsistent improvement trend in performance across the different indicators over the period. In cases where the indicators show significant improvement, these improvements remain sub-optimal especially in the areas of screening patients coming to the facilities for COVID-19 and HCWs correctly observing the five moments of hand hygiene.

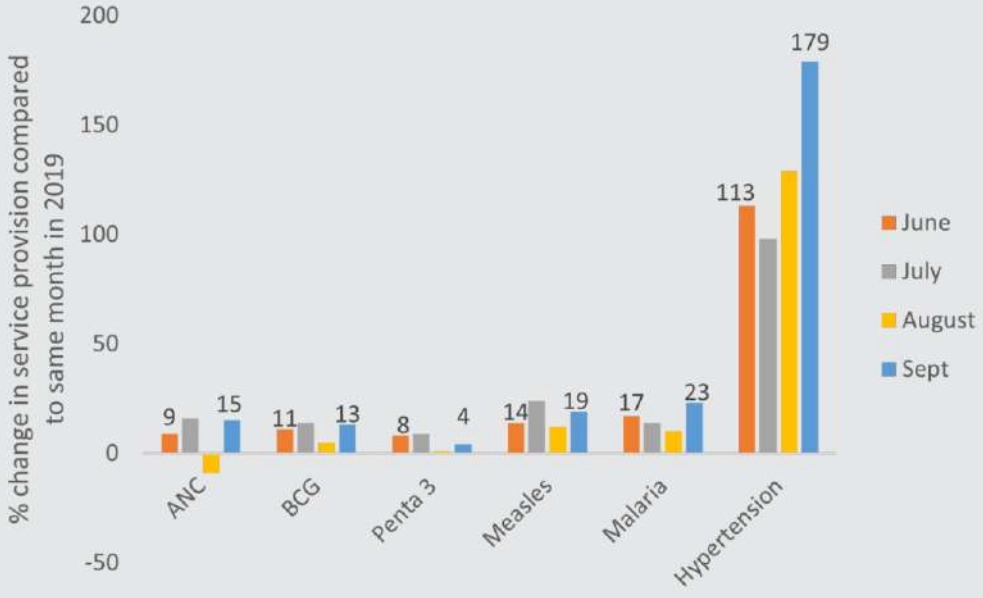
Table 1: Performance Trend in Hand Hygiene and COVID-19 Screening Indicators Across Facilities by State Where Monitoring was Conducted

State	Cycle/Change	No. of LGAs (No. of PHCs)	Functional hand hygiene stations in the screening and triage area (%)	Hand hygiene performed correctly (%)	% of patients screened for COVID-19 (N)
FCT*	June	4 (24)	91	50	50 (13,427)
	July	4 (24)	96	63	62 (12,426)
	August	5 (28)	96	65	73 (12,645)
	Sept	5 (28)	100	82	82 (14,811)
	Change (Sept -June)		9 ↑	32 ↑	32 ↑
Kano*	June	44 (175)	85	44	56 (98,367)
	July	44 (175)	95	68	61 (111,163)
	August	43 (171)	93	66	66 (104,939
	Sept	42 (168)	92	70	69 (153,678)
	Change (Sept -June)		7 ↑	26 ↑	13 ↑
Ogun*	June	18 (65)	91	86	61 (27,354)
	July	20 (80)	99	86	59 (33,884)
	August	16 (64)	89	82	74 (28,288)
	Sept	20 (79)	99	82	61 (32,766)
	Change (Sept -June)		8 ↑	4 ↓	No change
Nasarawa	June	8 (32)	95	22	2.8 (15,924)
	July	8 (32)	93	33	58 (17,895)
	August	8 (31)	98	42	51 (20,152)
	Sept	8 (32)	98	40	65 (21,840)
	Change (Sept -June)		3 ↑	18 ↑	62.2 ↑
Oyo	June	16 (64)	91	56	24 (42,874)
	July	16 (64)	97	73	50 (50,136)
	August	16 (64)	93	72	44 (54, 537)
	Sept	16 (64)	95	75	49 (47,072)
	Change (Sept -June)		4 ↑	19 ↑	25 ↑
Delta	June	12 (48)	98	89	53 (15,508)
	July	12 (48)	96	92	54 (17,194)
	August	12 (48)	93	90	63 (18,117)
	Sept	12 (48)	100	89	83 (16,199)
	Change (Sept -June)		2 ↑	No change	30 ↑

* Project implementation begun in March 2021 for half of the LGAs in these states.

↑ The arrows represent percentage point increases or decreases

Caption: Continuity of essential health services across all states



Continuity of Essential Health Services Across all States

TThe demand for immunization (BCG, Penta 3, and Measles), malaria and hypertension care services increased in September 2021 compared to the same month in 2019, with over 100% increase observed for uptake of hypertension services. However, ANC attendance decreased by 9% in the month of August compared to the same period in 2019.

Key Highlights from the August Monitoring cycle

- Adherence to the correct use of surgical masks was observed 82% of the times in the 407 monitored PHCs across the six states in August 2021 and 86% in September 2021 across the 419 monitored PHCs.
- 3.9% (16/406) of the PHCs reported at least one suspected COVID-19 case among the patients in August 2021 and 4.2% (18 /419) in the month of September 2021.
- Only one (1) health care worker COVID-19 suspected case was reported across the 406 PHCs monitored in the six project implementing states in August 2021. This suspected case was reported in a PHC in Ogun state but was subsequently found negative on testing for COVID-19. In September, two HCW suspected COVID-19 cases were reported in PHCs in Kano and Oyo reported. Of these two suspected cases, the HCW from Kano was confirmed to have contracted COVID-19 and later recovered, while the HCW from Oyo did not go for confirmatory testing as scheduled. PHCs monitored in the six project implementing states. This suspected case was reported in a PHC in Ogun state but was subsequently found negative on testing for COVID-19.
- There were no confirmed COVID-19 cases among the HCWs across the 406 PHCs

TREND ANALYSIS ACROSS THEMATIC AREA PERFORMANCE INDICATORS

Components of the IPC, screening and triaging thematic areas

For all states, all responses to questions relating to aspects of IPC, screening and triaging were combined to form a composite score that ranges from zero (0) to 100 percent. A zero score implies the facilities are performing poorly in that thematic area (IPC and/or screening and triaging) while a score of 100 implies the facilities have attained the standard in that thematic area.

IPC Indicators

- Facility has trained personnel
- Register of trained HCWs
- >80% of HCWs trained in last 6 months
- Availability of IPC guidelines
- Accessibility of IPC guidelines

Screening and triaging area indicators

- Dedicated screening and triaging personnel
- Personnel are trained to work
- Screening and triage area for each entry point
- Functional infrared thermometer
- Correct use of infrared thermometer
- Proper use of triage forms and registers

Composite score for IPC, Screening / Triage area indicators

The IPC, Screening / Triage area indicators were coded as follows:

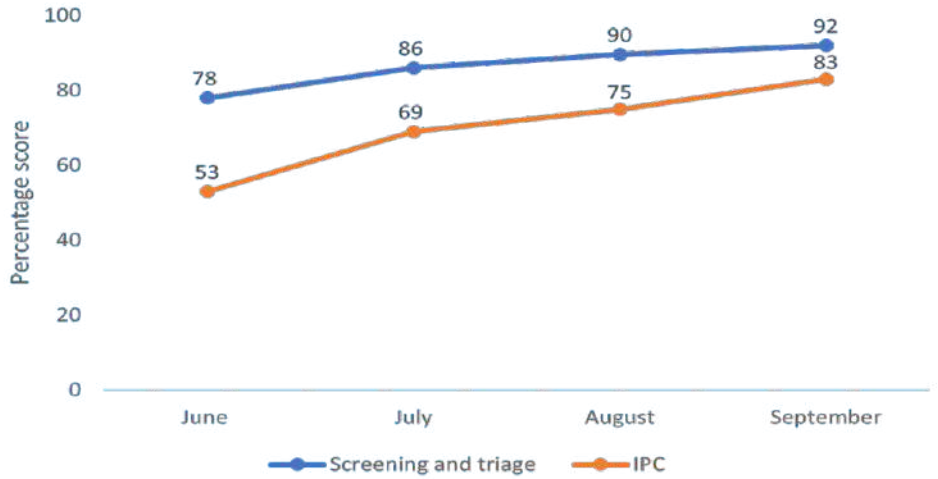
- Minimum score – No (0%)
- Maximum score – Yes (100%)
- Composite score – Average of all scores across the 6 indicators

STATE SPECIFIC PERFORMANCE REPORTS BY THEMATIC AREAS

- All PHCs can steadily improve on the following aspects of IPC: have a register with names of all trained HCWs, avail IPC guidelines and make them accessible to HCWs, and aim to continuously train more HCWs on IPC as well as optimizing screening and triaging.
- All PHCs should aim to have dedicated screening and triage personnel in place and ensure that these personnel are trained.
- Ensure availability of color-coded bins and sharps containers to improve on appropriate sorting of waste.

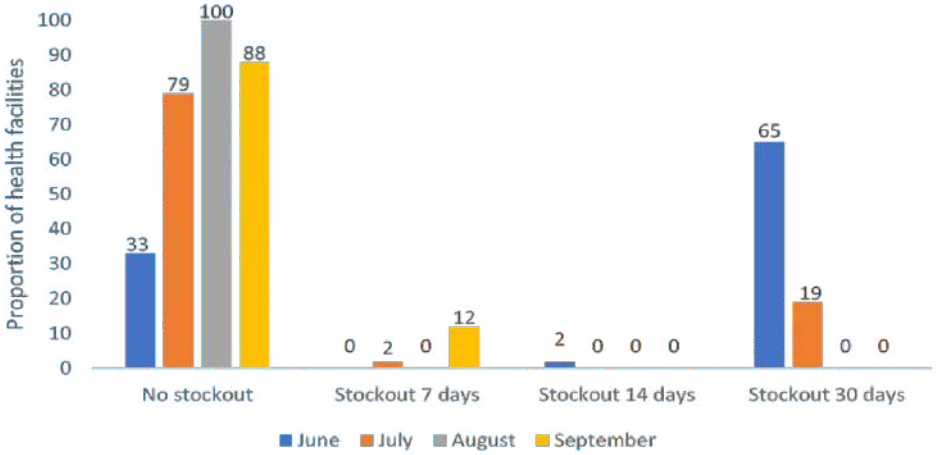
  Sustain the availability of water and chlorine for cleaning

IPC and Screening/Triage



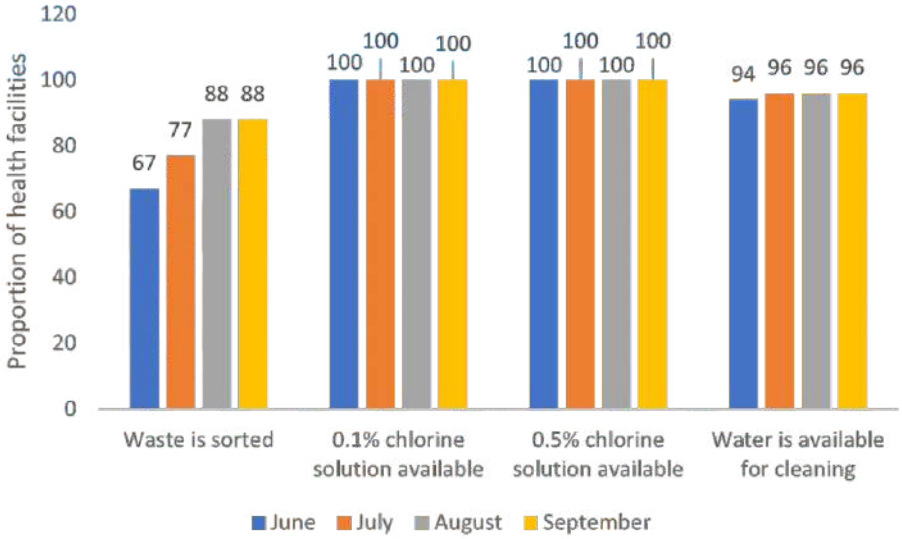
There is some improvement in IPC performance, and screening/ triaging over the monitoring periods with a gradual improvement from June up until the month of September 2021. However, none of the indicators has achieved the recommended WHO standard which aims to have all scores at the 100% mark.

Availability of PPE



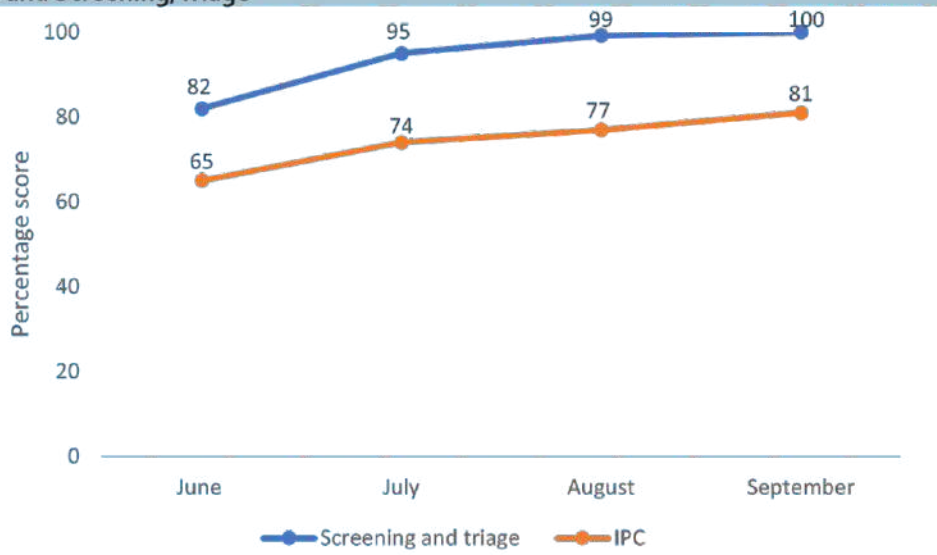
There is remarkable improvement in the availability of surgical masks over the monitoring cycles, with performance reaching the standard of no stock outs reported in August 2021. However, in the month of September 2021 stockouts lasting up to 7days were reported in 12% (50) of the PHCs.

Environmental Cleaning and Waste Management



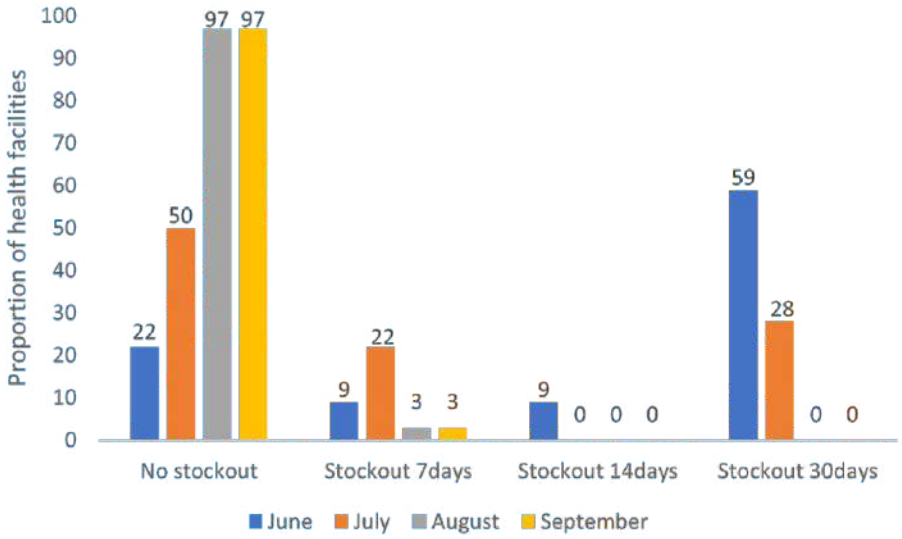
Availability of both strong (0.5%) and medium (0.1%) strength chlorine for disinfection reached its optimum in the June monitoring cycle and this has been sustained through to September the September monitoring cycle. There is great improvement noted in the PHCs sorting of waste, and in the availability of water for cleaning but the WHO minimum standards have not been achieved.

IPC and Screening/Triage



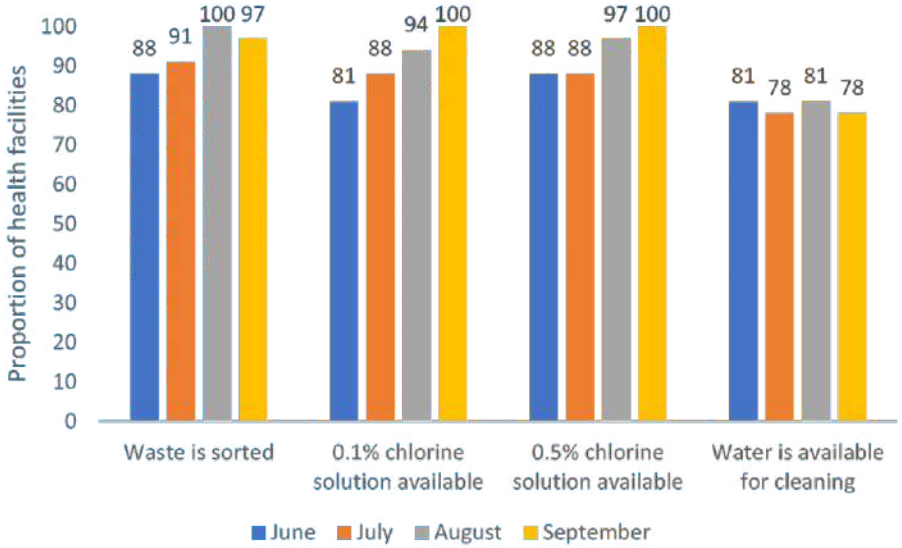
There is an observed steady improvement in performance indicators in the thematic areas of IPC, screening and triaging although the recommended standard is yet to be achieved.

Availability of PPE



There was a sharp increase in the availability of surgical masks at the PHCs monitored, with no stockouts reported in September.

Environmental Cleaning and Waste Management



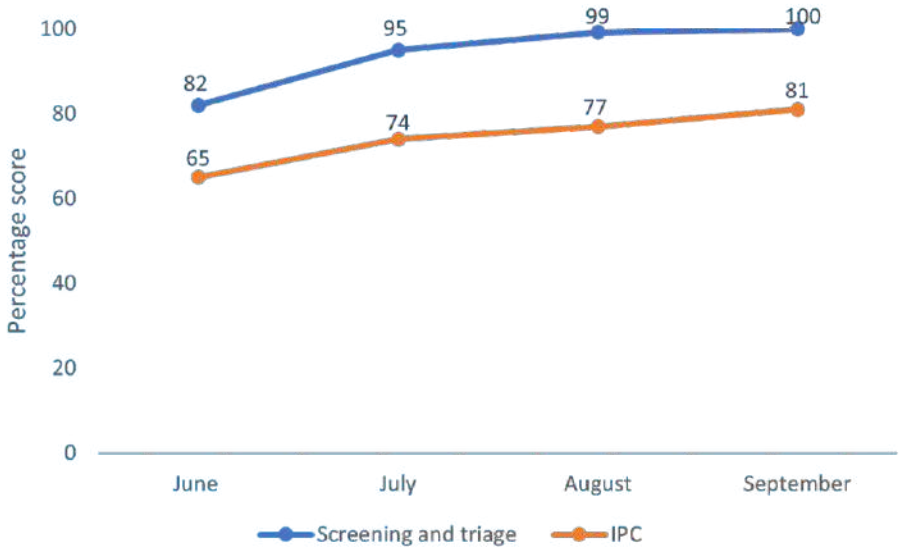
There was some marked improvement with 91% of PHCs sorting their waste appropriately. Similarly, in September 2021, there was a slight increase in availability of chlorine solution for cleaning (0.1%) and availability of water for cleaning. The availability of strong chlorine solution (0.5%) remained constant at 4% between August and September.

- There is room for improvement in IPC, particularly in ensuring that a database containing names of HCWs who are trained is available, always making IPC guidelines available and accessible, as well as continuously training more HCWs on IPC precautions, and donning and doffing of PPE.
- PHCs could improve by ensuring that they have dedicated screening and triage personnel in place in addition to having a dedicated screening and triage area for each open entry point into the health facility.
- Sustain the supply and availability of surgical masks at current levels to ensure no stockouts
- Ensure the presence of an enabling environment for appropriate waste management, e.g., improve on availability of color-coded bins as well as other essential commodities and train waste handlers on proper waste management. Sustain the observed improvement in availability of WASH commodities and maintain this performance once the target is achieved..

Recommendations:

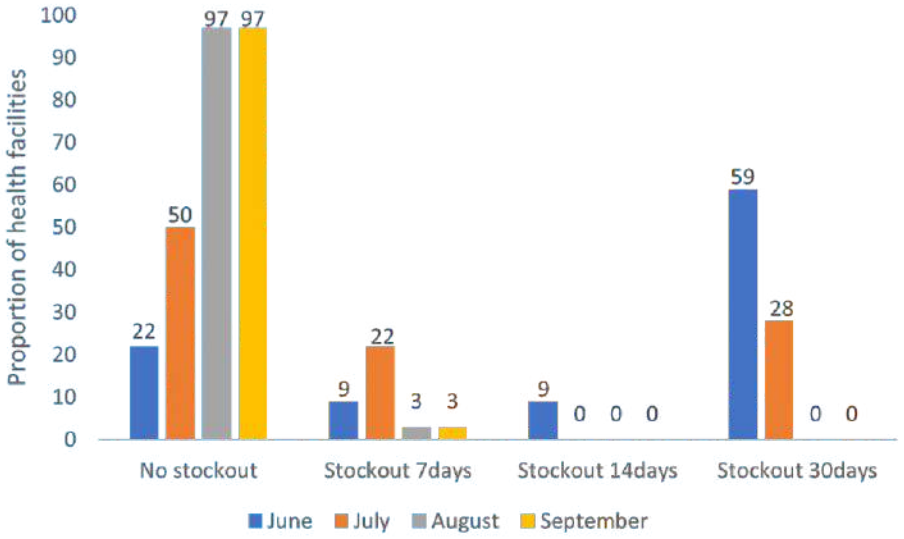
- Remarkable progress has been made across the various indicators such as appropriate sorting of waste, availability of water for cleaning, and availability of surgical masks. These standards should be maintained.
- The IPC score can further be improved if registers can be availed to every PHC to document details of HCWs that are trained on IPC.
- More effort is needed in ensuring that dedicated screening and triage personnel are in place and in having an outdoor dedicated screening and triage area(s) that is separated from patient care areas.
- All PHCs should ensure that chlorine solution for cleaning is made available to HCWs.

IPC and Screening/Triage



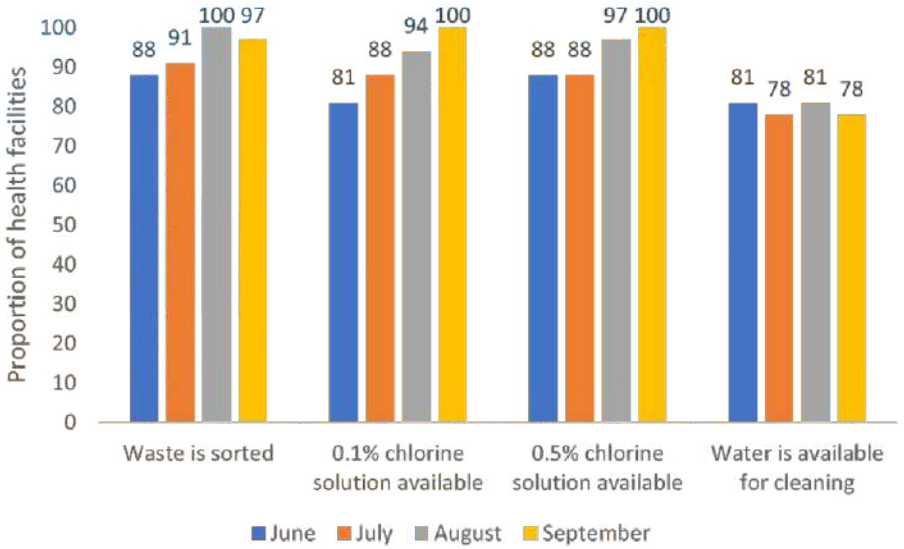
The screening and triaging score has increased in September but remains below the WHO recommended standard. The IPC score declined from 92% in August to 84% in September.

Availability of PPE



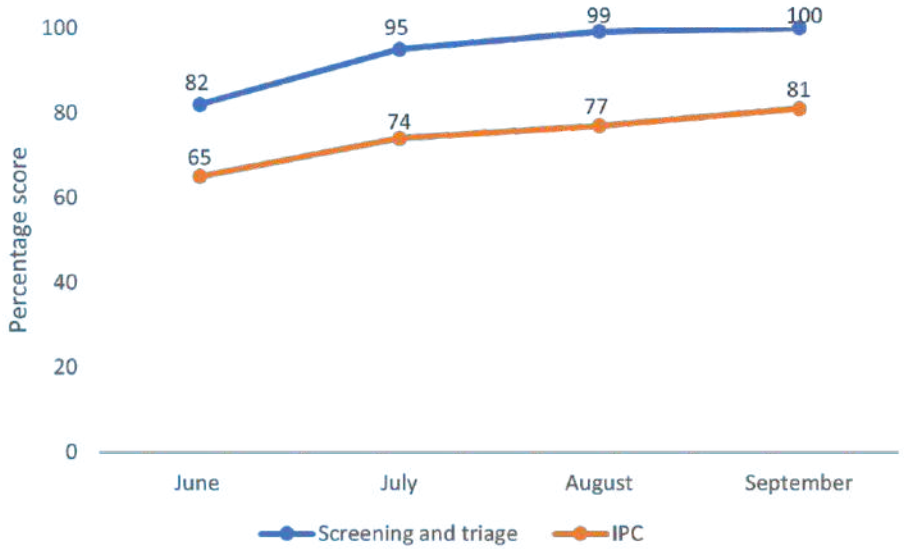
Compared to August, availability of Surgical masks declined from 100% to 92% in September across the monitored PHCs, with 4% (17) of the PHCs reporting 14 days stockouts and an additional 4% reporting stockouts lasting up to 30 days.

Environmental Cleaning and Waste Management



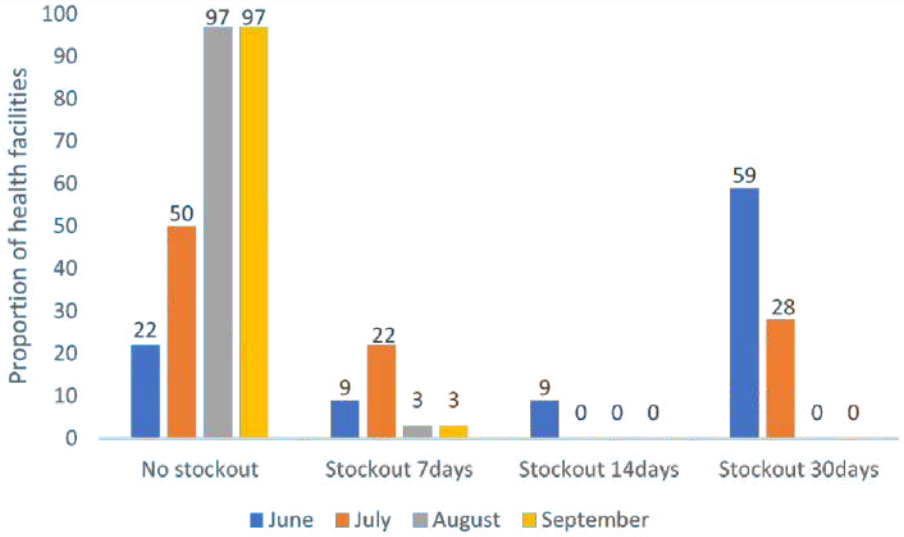
PHCs have maintained the appropriate sorting of generated waste over the last two monitoring cycles of August and September. Similarly, water for cleaning is readily available in all the PHCs monitored. There is a marked improvement in the availability of 0.5% chlorine for disinfection although this remains sub-optimal compared to WHO standards. However, the availability of the medium chlorine solution (0.1%) for disinfection has improved and is in line with the recommended standards.

IPC and Screening/Triage



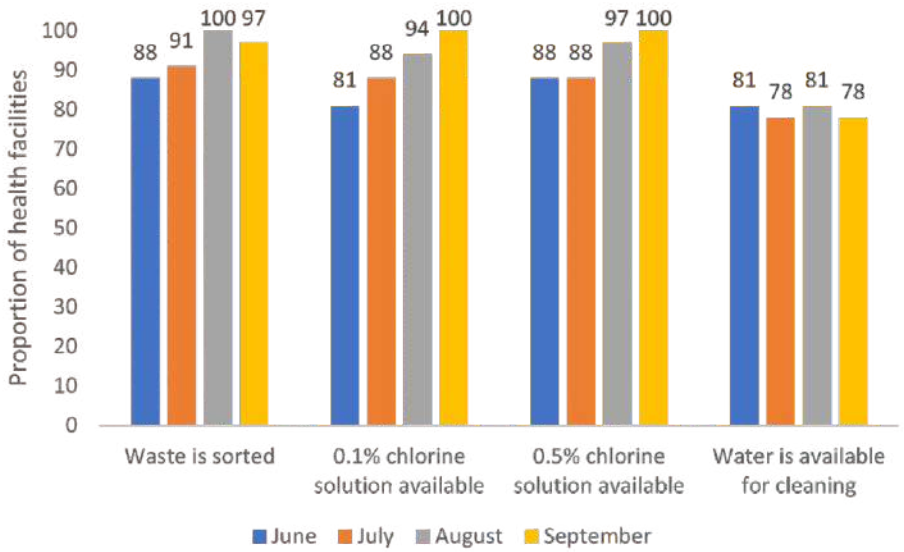
The screening and triaging score has improved over the monitoring cycles while performance in IPC has also improved up until the August monitoring cycle and recorded a slight decline in the September monitoring cycle. The scores for both indicators are still slightly below WHO standards.

Availability of PPE



The availability of surgical masks has improved in the September monitoring cycle with only 1% (4) of the PHCs reporting stockouts that last up to 7days and another 1% (4) reporting stockouts that last up to 30 days. The aim is to have all PHCs reporting zero stockout of surgical masks in subsequent months.

Environmental Cleaning and Waste Management

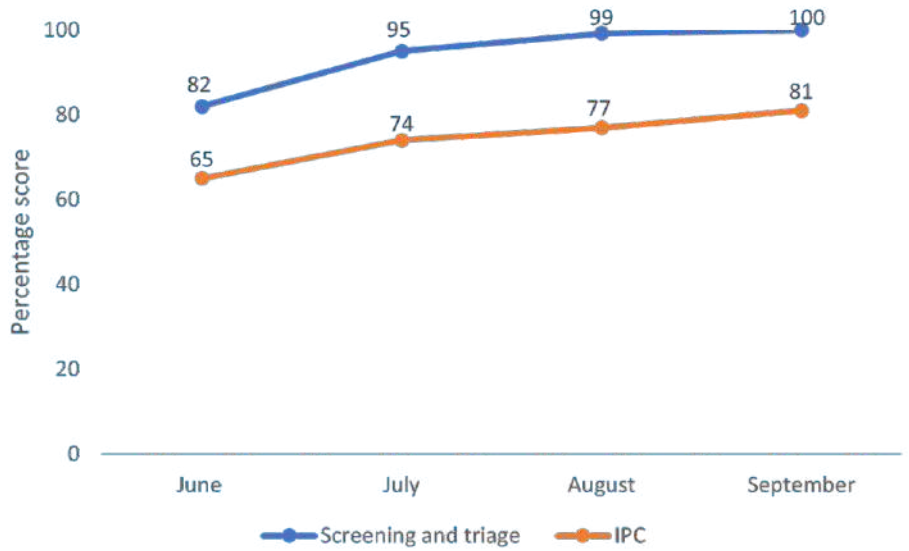


All the observed indicators have improved over the monitoring periods except for water availability which slightly decreased in August. There is still room for PHCs to improve on all the indicators to achieve the recommended standard.

Recommendations:

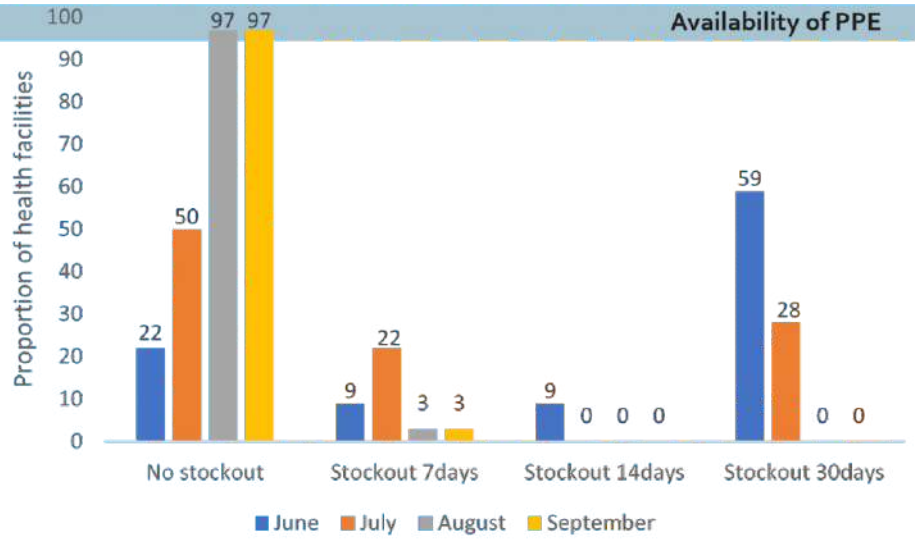
- PHCs could improve on the screening and triaging score by ensuring triage forms and registers are available and properly utilized.
- Improve on the accessibility of IPC guidelines, SOPs and have a database with key information on HCWs trained on IPC.
- Improve the availability of surgical masks by ensuring a steady supply.
- Consistently improve on the availability of supplies for cleaning such as water and chlorine solutions.
- Improve on waste management by availing color coded bins as per the standard guidelines. ng to standard guidelines

IPC and Screening/Triage



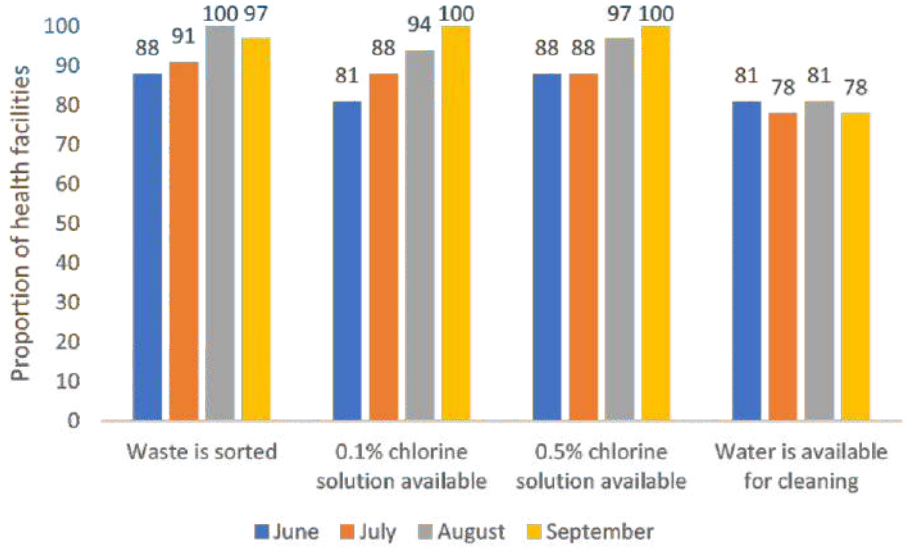
The screening and triaging scores between the month of June and September have consistently increased but remain sub-optimal according to WHO standards. The IPC score also improved up until August but a slight decline is observed in the September cycle.

Availability of PPE



There is an observed decrease in the availability of surgical masks with 2% (8) of PHCs reporting stockouts that last up to 7 days and a further 4% (17) reporting stockouts lasting up to 30 days.

Environmental Cleaning and Waste Management



Compared to June 2021, there is significant improvement in waste management With 97% of PHCs reported to be appropriately sorting their waste in theSeptember monitoring cycle. Similarly, the availability of strong (0.5%) and medium (0.1%) chlorine solution for disinfection has improved although it remains sub-optimal. However, marginal decreases are observed between months for all indicators and the recommended standards have not yet attained.

Recommendations:

- The screening and triaging score can be improved by ensuring that all PHCs have dedicated screening and triage personnel in place, and by providing triage forms and registers that are properly utilized
- To improve on the IPC score, emphasis must be put in ensuring that HCWs are trained on donning and doffing, a register with names of trained HCWs is available, and that IPC guidelines are available and accessible within the PHCs.
- -Ensure a constant and steady supply of surgical masks for all PHCs.
-
- Improve on supply of chlorine solution (0.1% and 0.5%) to PHCs
- Ensure that the waste generated is sorted appropriately and that supplies needed for waste management (e.g., color coded or labeled bins) are readily available in the facilities.

CONCLUSION

Generally, there is an observed sustained improvement in performance across several thematic areas such as IPC, screening and triage, environmental cleaning, waste management and availability of surgical masks across supported PHCs in project implementing states. However, for some indicators (e.g., observation of the five moments of hand hygiene, availability of functional hand wash stations and screening of patients for COVID-19), there were observed marginal fluctuations between months. Some of the IPC practices which are dependent on HCW behavior require continued behavioral change interventions and ensuring a supportive enabling environment to achieve and maintain the targeted standard.

When compared to the pre-pandemic period in 2019, the results show that there has been no disruption in the delivery and uptake of essential health services in the project supported PHCs across the monitoring months. Ensuring that PHCs maintain this trend is important as the pandemic continues to evolve.

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NPHCDA, NCDC, State Primary Healthcare Boards in targeted states

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