

STATE-LEVEL DOCUMENTATION and building narratives about the COVID-19 response



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The COVID-19 pandemic caught everyone by surprise and countries responded differently based on the strength of their health systems. The development of the vaccine within months after the pandemic has shown how important our collaborative effort can be in combating global problems. The first confirmed case in Nigeria was announced on 27 February 2020 by the Federal Ministry of Health.

Since the index case, we have been overwhelmed with information about the COVID-19 outbreak, shared via various social media channels, institutions, and organisations. The information sources also include government agencies, private sector organisations and coalitions, disseminating information about their response, but also documenting how their institutions are responding to the outbreak.

There is significant interest from media organisations, private sector organisations and multilateral partners in documenting and archiving the lessons being learnt from the

current outbreak response. Nigeria has been dealing with multiple outbreaks of infectious diseases before the onset of COVID-19. The last outbreak that generated significant national interest was the Ebola virus disease (EVD) in 2014. After the containment of EVD in Nigeria, a lot has been written about the response to the outbreak, in terms of the progression of the virus in the country, and how different stakeholders contributed to contain it.

However, there was no systematic knowledge management or active archiving or documentation of the response. This includes lessons learnt, processes followed in the preparation and response to the outbreak. The need to document and archive the response to an outbreak is critical for the future study of the scientific and sociological aspects of the outbreak response. Documenting the response to the COVID-19 outbreak can be explored from various angles, understanding, and collecting diverse perspectives.



Project Objective

The core objective of this documentation project was to put in place a system that would enable the regular documentation of individual stories of people responding to the outbreak in Nigeria. As the country continues to respond to the novel Coronavirus pandemic, documenting this process to inform future public health responses is important. It's also important to learn about the people, private and public organisations behind the response. Insights from their efforts are invaluable learning resources in future.

We can't handle future public health emergencies without applying lessons learnt from the current pandemic. Therefore, documenting COVID-19 Nigeria Stories is important. Many sectors have worked together with great coordination to develop and implement Nigeria's COVID-19 response. The COVID-19 Nigeria Stories explores different state-level responses to COVID-19.



Approach

In primary states, at least two narrators were recruited through a rigorous screening process. They were tasked with visiting and spending time at the state Emergency Operations Centres, at least twice a week, engaging with the Rapid Response Teams (RRTs) deployed by the NCDC. Most importantly, the narrators engaged with the state level officials ranging from the Commissioners of Health to State Epidemiologist, disease surveillance and notification officers to directors of public health. They also engaged with other support staff from the state ministries of health volunteers to get nuanced view of the unique ways each state responded to the outbreak. The narrators documented these experiences and decision-making processes weekly, over the six months of the project. The state narrators were supported by mentors and program managers from the Nigeria Health Watch team. They were also supported by NCDC staff from the HQ who provided access to key response personnel in the focus states. The project focus states were Kano, Lagos, Federal Capital Territory, Edo and Kaduna. Outputs from the state narrators' reports were published as stories by the NCDC on a website dedicated solely for the project. The website is embedded on the COVID-19 microsite.

KADUNA STATE'S PROACTIVE RESPONSE TO THE COVID-19 PANDEMIC

Response:

The narrators shared how the Kaduna state government activated its Emergency Operations Committee (EOC) to prepare its public health response against the COVID-19 pandemic on the 28th of February 2020 barely 24 hours after Nigeria recorded its index case of COVID-19 in the country.

“What we tried to do in Kaduna was to quickly set up the EOC and have a multi-sectoral and multi-stakeholder response following the NCDC guidelines, which provides a framework for how states could approach the COVID-19 outbreak, to plan our activities both for prevention and readiness in case we started recording COVID-19 cases,” said Dr. Baloni, the Kaduna State Commissioner of Health who chaired the EOC.



According to a 2018 census by the Kaduna State Bureau of Statistics, there are no more than **5,263** health facilities with a staff strength of **30,172** in Kaduna state, which has an estimated population of about **1.3 million** inhabitants.

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The lockdown effectively prevented those returning from Lagos and Abuja from entering the state. The initial lockdown was further extended to June 9, 2020. However, since March 2020, Kaduna State has been working to expand its treatment and testing capacity, including upgrading of the Infectious Disease Control Centre (IDCC) in Kakuri, Kaduna.

As at the time of this report, the state government's proactive measures, preparedness and response mechanisms have proved effective in Kaduna, especially in preventing extensive community transmission of COVID-19 in the state. The use of local languages to raise awareness about the COVID-19 pandemic in the state played a key role in enhancing public understanding of the disease and improving adherence to COVID-19 preventive measures.

IN THE MIDST OF RUMORS: KANO STATE'S RESPONSE AT THE ONSET OF COVID-19 PANDEMIC

Response:

“Kano State started preparing for COVID-19 response even before Nigeria recorded any case of the virus. But with the first case through Lagos, Kano State became more vigilant,” said Dr Bashir Lawan Muhammad, State Epidemiologist and Incident Manager, Emergency Operations Centre (EOC), Kano State.

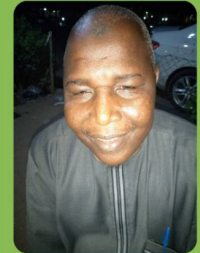
The State Task Force (STF) committee, which is inter-ministerial, multi-sectoral, multi-disciplinary in structure was inaugurated on March 30, 2020, by Kano State Governor, Dr. Abdullahi Umar Ganduje and had its cardinal focus on preventive, curative, and palliative approaches as a measure of response to the outbreak.

In choosing the first isolation centre in Kano, Dr. Bashir Lawan who also doubles as the Incident Manager for the Emergency Operations Centre (EOC), said, “We inspected a number of health facilities and considered ‘Yar gaya isolation centre where we usually manage Lassa fever and other viral hemorrhagic cases’. Some private sector organisations in the state also came together to determine where they can support.

The state and its task force were not spared from challenges.

“With only one isolation centre at Kwanar Dawaki, Kano state currently has a daily testing capacity of 700 with 4 active laboratories; 2 privately owned and other 2 government owned supported by the NCDC. As at October 6, 2020, the state has tested 48,977 samples.”

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Hamza Shuaibu Fagge
LEAD LABORATORY PILLAR
KANO STATE COVID-19 TASK FORCE

One of the first and major challenges was the infection of six members of the core technical task force by the virus, a few weeks after the onset of the outbreak in the State.

The infection within the STF coincided with the spread of rumours, misinformation, and disinformation in the state. Many false stories and misinformation were spread regarding Kano State particularly during the time of “mysterious deaths” which claimed hundreds of lives including the Emir of Kano and seven professors from Bayero University.

In response, the risk communication and community engagement pillars of the STF worked hand in hand with the media to mitigate fake news and misinformation about the virus in the state.



CHRONICLES OF COURAGE, FEAR AND ANXIETY FROM FCT'S COVID-19 FRONTLINE

Response:

As the fight against the COVID-19 pandemic commenced at both national and sub-national levels in Nigeria, the Federal Capital Territory Administration (FCTA) rose to the challenges of preparedness and response to COVID-19 in the capital city.

Few days after the index cases of COVID-19 were confirmed in FCT on March 20, the Minister of the FCT, Muhammad Musa Bello, promptly inaugurated a Ministerial Advisory Committee of health experts. The Emergency Operation Center (EOC) was also swiftly activated and made ready for use by the Emergency Response Team.

The response team consisted of nine major Pillars which include Infection Prevention and Control, Epidemiology, Surveillance and Point of Entry, Laboratory, Logistics, Research, Risk Communication and Social Mobilisation, Case Management, Health and Safety. Each of these pillars is headed by a Pillar Lead. Each



The FCT response team consisted of nine major Pillars which include; Infection Prevention and Control, Epidemiology, Surveillance and Point of Entry, Laboratory, Logistics, Research, Risk Communication and Social Mobilization, Case Management, Health and Safety. Each of these pillars are headed by a Pillar Lead, and each pillar addresses specific areas under a central Coordinating Committee that supervises the overall activities of the team.

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pillar addresses specific areas under a central Coordinating Committee that supervises the overall activities of the team.

“For us in the FCT, we had three cases at a start. So, managing the three cases that day for us was quite a huge challenge. We were all anxious about what to do and as time progressed, we continued to learn from our experiences and challenges. The good thing was that we were able to have a breakthrough”, said Dr. Josephine Okechukwu, the Director of Public Health at the FCT Health and Human Service Secretariat.



IRRUA SPECIALIST TEACHING HOSPITAL PROVIDES MOLECULAR LABORATORY SUPPORT BEYOND EDO STATE

Laboratory Testing

Having an existing infrastructure for infectious diseases management and response helped transition resources and capacity to the

management of COVID-19 in the state when the outbreak started. The infectious disease laboratory of the hospital already diagnosed diseases like monkeypox, dengue fever, Lassa fever, Ebola virus, yellow fever, coronavirus. The laboratory provided support beyond Edo State through immediate deployment of its compartmentalised mobile laboratory to Asaba in Delta State at the request of the Delta State Government.

Some other health centres they supported are the three Federal Medical Centres Abakiliki in Ebonyi State, Owerri in Imo State, Owo in Ondo State and Nnamdi Azikiwe University Teaching Hospital (NAUTH). The number of Staff of the laboratory were increased and trained.



Brief History of the Molecular Laboratory.

Established in 2008 after an entire Family died of Lassa Fever.

Commissioned by the then Minister for Health Professor Babatunde Osotimehin

Managed in the last 13 years by Mr Ikpomwosa Odia, the Laboratory Manager.

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HOW FCT'S PUBLIC HEALTH DEPARTMENT RESPONDED TO A VIRUS THAT THREATENED EVERYONE

Response

The outbreak laid the foundation for an unprecedented response from various stakeholders. Following confirmation of the first three COVID-19 cases in the Federal Capital Territory (FCT) on 20th March 2020, a COVID-19 Emergency Operations Centre (EOC) was activated on 23rd March 2020 with the Public Health Department of the Health and Human Services Secretariat in the frontlines of the FCT's response.

Dr. Josephine Okechukwu, the Director of Public Health, Health and Human Services Secretariat, Federal Capital Territory Authority (FCTA), said the department was already in an alert mode before the first case was detected in the country.

At the beginning of the outbreak, the national strategy which the FCT team adopted for detecting suspected COVID-19 cases was mainly passive through receipt of alerts/calls from suspected cases or their proxies (relations, neighbors, or clinicians).

Although Abuja Municipal Area Council (AMAC) had a



The Federal Capital Territory (FCT) on March 20, 2020, recorded three cases of COVID-19. This spurred the setup of an Emergency Operations Centre (EOC), putting the Public Health Department of the Health and Human Services Secretariat in the frontlines of the FCT's response.

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higher number of cases, Abaji area council still had the highest positivity rate, making it imminent that more testing and sensitisation continue in all the communities.

Though there is currently a decline in the number of cases, we are still in the battlefield, and COVID-19 is not yet over. These lessons from the FCT public health department are vital not just for the FCT, but for the entire nation.



RESPONDING TO THE UNKNOWN: LESSONS FROM EDO STATE COVID-19 RESPONSE

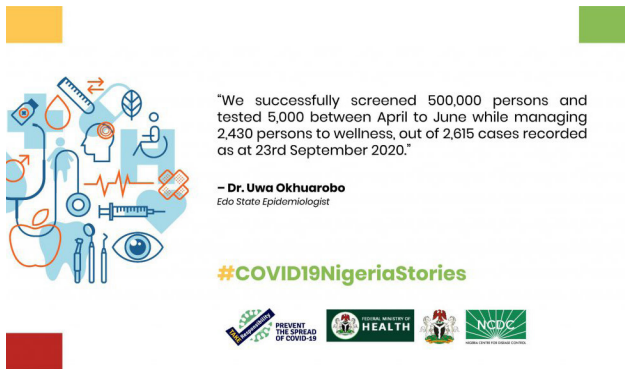
Response.

Most residents of the state didn't believe COVID-19 existed. And the few that did believe it was for the elite. On March 23rd, 2020, Edo State recorded her index case of COVID-19. He was managed at home on self-isolation by physicians from the Irrua Specialist Teaching Hospital (ISTH). With that case, the State government knew it had to step up efforts to protect its citizens.

Prior to the first case of COVID-19, the state was ready for the virus. They took immediate action including setting up a COVID-19 task force headed by the State Governor, Mr. Godwin Obaseki. Other key actors taking decisions

on health matters were included in the task force. The task force immediately activated the State Emergency Operation Centre (EOC) and set up isolation centres at Stella Obasanjo Hospital with a 300-bed capacity, University of Benin Teaching Hospital (UBTH) with 35 beds and ISTH with 25 beds. To further consolidate and strengthen testing capacity, they set up laboratories at UBTH, ISTH, Edo Specialist Hospital (ESH) and Lily Hospital.


Like other states of the federation, Edo State encountered some challenges managing COVID-19. At University of Benin Teaching Hospital, there were lots of obscurity surrounding this infection which left many apprehensive. For a long time, they struggled to convince staff to volunteer in working at the isolation centre after stratifying them based on risk level but met a brick wall. Not until they took up the task of learning more about COVID-19 and demystifying myths surrounding it, few persons were willing to join the team at the isolation centre. Despite the progress so far, the state is not resting in the fight against COVID-19.



"We successfully screened 500,000 persons and tested 5,000 between April to June while managing 2,430 persons to wellness, out of 2,615 cases recorded as at 23rd September 2020."

— Dr. Uwa Okhuarobo
Edo State Epidemiologist

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DEALING WITH WASTE EVACUATION IN FCT COVID-19 RESPONSE

Response

According to the World Health Organisation (WHO), about 85% of the total amount of waste generated by health care activities is general, non-hazardous waste. The remaining 15% is considered hazardous material that could be infectious, toxic, or radioactive. Hazardous waste that is not managed properly presents a risk to hospital patients, health care personnel and the public. The narrator reported how FCT handled the volume of harmful medical waste generated daily in health facilities managing COVID-19 cases.

Waste management and evacuation remain a component of the infection prevention and control strategy in the response to COVID-19 in the Federal Capital Territory (FCT). However, this

critical activity has snowballed into a daunting task for health workers and frontline responders involved in response activities.

“At the FCT Department of Public Health, waste is properly managed. Everything used in managing patients in the hospitals, laboratories, isolation and treatment centres disposed of by incineration,” said Dr Josephine Okechukwu, the immediate past Director of Public Health at the FCT Health and Human Services Secretariat (HHSS).

Waste management and evacuation in the FCT is duly monitored by the IPC Pillar as well as the Health and Safety Pillar of the COVID-19 Emergency Operation Centre (EOC). The IPC Pillar monitors the hospitals, treatment centres, and laboratories, including the accredited, privately owned labs to ensure compliance with standards, while the Health and Safety Pillar goes round to assess the quality of services being rendered in all these facilities.

While that is in progress, the clearance of waste in health facilities should be regular, to avoid accumulation which can constitute an eyesore in health facilities and a potential source of infection within the health facility and the community.”



“Everything we use in managing patients in the hospitals, laboratories, the treatment centres or anywhere, is taken care of by incineration”.

– Dr. Josephine Okechukwu
Director of Public Health, FCT HHSS

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USING DATA AND TECHNOLOGY TO TRACK COVID-19 RESPONSE IN LAGOS STATE

Response

Data played a crucial role in responding to COVID-19 pandemic in Nigeria. Data has been a major determinant of the public health response strategy by various countries including Nigeria. It enabled public health authorities to understand the transmission patterns of the virus as well as target funding and resources for response activities. In Lagos State, the data generated daily also drives the coordination of the state's response activities by its Public Health Emergency Operations Centre (PHEOC). Through SORMAS, cases of diseases are reported digitally from health facilities, LGAs and states. As soon as data is entered through SORMAS, the entire surveillance chain which includes LGA, States, and NCDC at the national level, can view the report immediately.



Data helps healthcare professionals and policymakers cut through the noise to find useful and credible sources.

Source: GovInsider.com

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According to the NCDC, only 17 states had started using SORMAS (not covering all LGAs) as of January 2020. Given the critical need for improved data collection during the COVID-19 pandemic, the adoption of a digital surveillance system in Nigeria has reduced delays that arise from sending data through physical forms and collating with excel spreadsheets.



THE FCT COVID-19 RESPONSE: SURMOUNTING CHALLENGES AS LEARNING CONTINUE

Response

Ten months after the COVID-19 hit the Federal Capital Territory (FCT), the responders from the Health and Human Services Secretariat of the FCT continued to battle several challenges in their response efforts. The EOC met daily, with briefings by each of the pillar leads. The nine response pillars include epidemiology, surveillance and point of entry, laboratory, health and safety, Infection Prevention and Control (IPC), case management, logistics, research, and risk

communication.

They present reports and data which are analysed, and feedback is given to all the stakeholders involved in the response at the state and federal levels. The FCT also leverages technology in its response activities, for data collection, analysis, and dissemination.

Dr. Iniobong Ekong, the Deputy Director E-health, Department of Health Planning, Research and Statistics in the Health and Human Services Secretariat of the FCT joined the response activities as a digital health specialist to provide support and coordination.

“Responding to the pandemic so far in the FCT has proven to be a whole health sector response, not just the public health department. The department has worked with the World Health Organization, the Nigeria Centre for Disease Control, Africa Centres for Disease Control and Prevention (Africa CDC), Clinton Health Access Initiative, The African Field Epidemiology Network (AFENET), Nigeria Medical Association, Nursing and Medical Council, and Veterinary Council,” Dr Ekong said.

The FCT COVID-19 Response: Surmounting Challenges as Learning Continues
The Nine Response Pillars Include:

- Epidemiology
- Surveillance and point of entry
- Laboratory
- Health and safety
- Infection Prevention and Control Pillar,
- Case management
- The logistics
- Research
- Risk Communication

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THE LAGOS STATE COVID-19 RESPONSE STRUCTURE IN COMBATING THE VIRUS

Response

Since the beginning of the pandemic, Lagos State has been the epicentre of the COVID-19 in Nigeria, and the state's response structure has evolved since the first case. The response in Lagos began with few staff of the state epidemiology unit and has expanded into several pillars and sub-pillars.

It is like an eco-system which is structured to reduce the speed of the spread of infections. The response pillars include the epidemiology and surveillance pillar, laboratory, case management, psychosocial team, Infection Prevention and Control, evacuation team, decontamination team, Logistic pillar, and risk communications.

The coordination pillar is headed by the Incident Manager and State Epidemiologist, Dr Ismail Abdul-Salam. He coordinates the team that operates the COVID-19 Emergency Operation Centre. The Commissioner for Health is the Deputy Incident Commander, while the State Governor is the Incident Commander for Lagos. The Permanent Secretaries of the Ministry of Health, Primary Healthcare Board, and



The Lagos State response is an ecosystem structured to reduce the speed of infections. It made up of several pillars including the Epidemiology and Surveillance Pillar, Laboratory, Case management, Psychosocial team, Infection Prevention and Control, Evacuation Team, Decontamination team, Logistic Pillar, and Risk Communications

- Dr Abisola Adebayo

COVID-19 Response Pillar Lead for Epidemiology and Surveillance

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Health Service Commission are also integral to the success of the response architecture.

The State COVID-19 case management response later included home-based care for mild symptom patients. "Before, we picked up all cases, but we now have Eko Telemedicine working with the LGAs. The officers go round to follow up and administer the home care kit. The teams also contact people in self-isolation. We have our LGA contact tracers, and supervisors for the wards." Said Dr Adebayo, The Lagos State COVID-19 Response Pillar Lead for Epidemiology and Surveillance.



BEHIND THE SCENES: HOW LAGOS STATE UNIVERSITY TEACHING HOSPITAL COVID-19 RESPONSE TEAM STAYED MOTIVATED DESPITE CONSPIRACY THEORIES

Response

On 7th April 2020, the hospital admitted its first set of COVID-19 patients (four) and their sample collection numbered 10, 292 as of 14th December 2020. The LUTH response team worked alongside the Lagos State team and has been involved in psychosocial issues relating to COVID-19. This is in line with the national COVID-19 management protocol which demands that each state manages their own cases of COVID-19.

In December 2020, Professor Wasiu Adeyemo, the Chairman Medical Advisory (CMAC) Board, and Dr. Iorhen Ahkase, Head of Department, Infectious Disease Unit LUTH who also doubles as the Coordinator of the COVID-19 response team in

LUTH spoke about the motivation of the LUTH management in terms of case management through the COVID-19 pandemic in Nigeria and the factors behind this commitment.

Going down memory lane, Prof Adeyemo says, “When we admitted our first four patients on the 7th of April 2020, we didn’t know what we were going into because nobody had experienced anything like this in a hundred years. He shared how several staff training on infectious diseases management, and infection, prevention, and control (IPC) helped to produce their first set of COVID-19 warriors who were deployed to the wards to manage cases.

Measures adopted to ensure a hitch free response process included ensuring that any staff infected with the virus is treated in LUTH. Due to the active and full involvement of the LUTH staff in COVID-19 case management, many of them got infected, some from the hospital, others from the community spread. Prof Adeyemo pointed out that LUTH is not just a hospital but also a community with residential areas. He proudly stated that despite all challenges, LUTH as an institution in the COVID-19 response did not lose any member of staff.



“When we admitted our first four patients on the April 7th, 2020, we didn't know what we were going into because nobody had experienced anything like this in a hundred years. We were at loss, but we knew we needed to put our best foot forward if we were going to successfully combat the disease”

- **Professor Wasiu Adeyemo**
Chairman Medical Advisory (CMAC) Board LUTH.

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THE SECOND WAVE OF COVID-19 PANDEMIC: HOW PREPARED WAS KANO STATE?

Response

The number of COVID-19 cases reported at the beginning of the first wave of the pandemic significantly dropped towards the end of 2020. This trend was however reversed during the yuletide season (Christmas and New year celebrations) with many countries, including Nigeria reporting a high number of cases, signalling a second wave of the pandemic.

The Kano State Government responded to the first wave of COVID-19 pandemic in the state by deploying different strategies, including the inauguration of a state task force on COVID-19 on the 30th of March 2020 by the state governor, Dr Abdullahi Umar Ganduje. They also enforced COVID19 preventive measures.

At the beginning of the pandemic in Kano state, the COVID-19 response hinged on five pillars; coordination, surveillance, point of entry, risk communication, and logistics.

According to Dr Imam Wada Bello, the Director Medical Services at the Kano State Primary Health Care Management Board and Secretary to the State Task Force on COVID-19 said, *"The state government enacted a law making the use of face masks in public places mandatory in line with the President's*



"We started having long meetings on the state of the response and the challenges at hand. The Kano State Governor and the task force were on alert. This time around it is the Governor that is leading in the fight against the second outbreak"

- Dr. Imam Wada Bello

Director, Medical Services at State Primary Health Care Management Board and Secretary Kano State Task Force on COVID-19.

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directive on the use of face masks." The government also launched a COVID-19 Vanguard in January 2020 as part of the enforcement strategy. This group was saddled with the responsibility of enforcement of COVID-19 protocols in public places such as markets and hospitals. Dr Bello added, *"Mobile courts were established as well to try defaulters. Hundreds were remanded for their refusal to wear the face mask."*

The state embarked on active case searches across health facilities, community testing activities started across LGAs. About fifteen secondary health facilities across the state were selected and prioritised for COVID-19 to enhance case detection and sample collection. They decentralised COVID-19 sample collection to all LGAs in the state, specifically at secondary health facilities to ensure efficiency and easy referrals to collection sites. This enhanced case detection and sample collection in the state. To create more COVID-19 awareness in the state, especially in remote villages, Dr Bello said the state's response team committed to collaborating with different stakeholders including the private sector in providing adequate care to patients as well as supporting responders in the fight against COVID-19.



FROM MANAGING COVID-19 TO CONTRACTING THE VIRUS: A SURVIVOR'S STORY

COVID-19 Survivor's Story

Just like every other person, the medical personnel actively managing the spread of the COVID-19 pandemic in the Federal Capital Territory (FCT) do not have an immunity to the virus that exempts them from contracting it. Though they constantly take all the precautionary measures, some still contract the virus and go through the process of treatment that all infected patients do.

One of the frontline responders in FCT that contracted the virus was Dr. Josephine Okechukwu, the Director of Public Health, Health and Human Services Secretariat, Federal Capital Territory Administration (FCTA). As a

survivor, she continues to share her story and sound the warning across the state, for the adherence of all non-pharmaceutical preventive measures to curtail the spread of the virus.

Even as a director in the FCTA, Dr Okechukwu said she wasn't given special preference at the treatment centre. She received the same service as other patients according to her. The only advantage she had, was fast-tracking her test results as the average person may not have had that access.

Two other members of her family also tested positive for the virus and were treated and recovered as she did. Her primary aim in telling her recovery story is to let everyone know that COVID-19 is real and to reiterate the need for preventive measures to be taken. From her observation, getting treated and monitoring others in the treatment centre, Dr Okechukwu recommends early management.

Speaking on the recovery process, she said *"The recovery was not easy because I had cough and body weakness, even though I had now tested negative for COVID-19, the weakness and respiratory problems remained."*



"When I came down, I had nasal itching and itching of the throat. It was overwhelming so I called immediately to have my sample collected that same day, and that night I started having fever, body pains and headache. I was coughing throughout the night. I knew this could be COVID-19 because these were the classical symptoms."

- Dr. Josephine Okechukwu
Director of Public Health, FCT HHS

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FIGHTING IGNORANCE AND MISINFORMATION ABOUT COVID-19: THE KANO STRATEGY

COVID-19 Misinformation

The outbreak of COVID-19 virus came with a lot of anxieties that impacted public perception about the virus. The proliferation of fake news especially on social media generated risks to public health. With little or no information about this novel virus disease, false and misleading information became rampant. Various conspiracy theories around the origin and intent of the virus circulated the internet. At the time Kano recorded its first COVID-19 case on 11th April 2020, there were challenges that had to do with risk perceptions as far as the disease was concerned.

“While most Kano residents believed COVID-19 was non-existent and a conspiracy, others argued that no positive COVID-19 patient had been documented in Kano and it was a scheme to make money by the government,” said Auwal Abdu Fagge, the pillar lead of risk communication and community engagement in the Kano State COVID-19 technical response.



“While the majority of Kano residents believed COVID-19 was non-existent and a conspiracy, others argued that no positive COVID-19 patient had been documented in Kano and it was a scheme to make money by the government.”

- **Auwal Abdu Fagge**
Pillar Lead, Risk Communication and Community Engagement,
Kano State COVID-19 Technical Response.

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As part of the preparations to tackle the COVID-19 pandemic in Kano, the state government inaugurated the State Task Force on COVID-19 response on 30th March 2020. The task force was chaired by the Deputy Governor, Dr. Nasir Yusuf Gawuna and co-chaired by Professor Habib Garba, a specialist on infectious diseases with 10 technical officers leading each thematic pillar under the task force. One of such pillars is the Risk Communication and Community Engagement Pillar led by Fagge Auwal Abdu. According to Fagge, the pillar is saddled with the responsibility of community awareness on COVID-19, community enlightenment and production of social behavioural change communication (SBCC) materials for the State. The pillar is also charged with the engagement of media and other relevant stakeholders to heighten awareness about the disease within the state. Kano State has made tremendous efforts in its communication efforts by reaching out to every location within the state for people to be enlightened about COVID-19 and the IPC preventive measures required to stay safe.

MY COVID-19 STORY: PROF GARBA HABIB

COVID-19 Survivor's Story

"Truly I don't know, and I think no one can really say how I got infected," said Professor Abdulrazak Garba Habib who is the co-chairman of Kano State Taskforce (KSTF) on COVID-19. Incidentally, Professor Habib was the first member of the STF to test positive for COVID-19, on April 15th, 2020.

Professor Habib is a consultant and professor of infectious diseases at Aminu Kano Teaching Hospital (AKTH) and Bayero University Kano (BUK). At the

time he tested positive, Kano state had less than 20 confirmed cases. After he was treated and discharged from the isolation centre, Professor Habib came home to learn that six members of his task force and 20 doctors from his Department of Medicine at AKTH had all tested positive to COVID-19.

When he recovered and was discharged, he didn't hasten to the mosque, let alone resume work. He stayed for about three weeks before he re-joined the congregation. *"And even when I started, there was no physical distancing in the mosques,"* he recounts. He called on survivors of COVID-19 to be role models in fighting the disease by at least advocating for behaviour change. *"I think people who have suffered should come out fully as role models, exemplars and champions to recount what they've been through so that at least people will know that it's not some 'Oyinbo' (white people) disease and change their attitude to avoid further spread."*



"I think people who have suffered should come out fully as role models, exemplars and champions to mention what they've gone through so that at least people will know that it's not some 'Oyinbo', white man's disease and change their attitude to avoid further spread."

- Professor Abdulrazak Garba Habib
Co-chairman, Kano State Taskforce (STF) on COVID-19

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CHALLENGES IN ADHERING TO INFECTION PREVENTION AND CONTROL GUIDELINES AND CONTROLLING THE SPREAD OF COVID-19 IN LAGOS STATE

Focus area: IPC

In continued response to the COVID-19 pandemic, the Lagos State Government came up with various non-pharmaceutical measures and protocols to control the spread of COVID-19 such as different stages of lockdown.

The lockdown has had a negative socio-economic impact on Lagos hence the development of various IPC protocols for the opening of businesses, schools, and other public places. Protocols cover mechanisms for COVID-19 infection prevention and control, including physical distancing, frequent washing of hands with soap under running water, and proper wearing of face

The IPC pillar comprises 36 members in different subdivisions; site assessment, monitoring and evaluation, surveillance, and contact tracing. The IPC team also accredits laboratories, hospitals, worship centres, hospitality businesses, etc. Lagos State also has IPC guidelines for people self-isolating at home, although the guidelines might not be applicable to people living in one room apartments. The Africa CDC has supported the COVID-19 Lagos state response with training and provision of consumables like PPEs through the NCDC.



"Infection prevention and control (IPC) is a practical, evidence-based approach that prevents patients and health workers from being harmed by avoidable infection and as a result of antimicrobial resistance."

- WHO

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masks. The guidelines were developed and adjusted based on data from the spread of the virus in the state.

According to the WHO, infection prevention and control is a practical, evidence-based approach to preventing harm to patients and healthcare workers from preventable infections. Lagos has a large population made up of young people who make up a large percentage of the population. This factor has affected the implementation of IPC protocols in the city.



TRANSITIONING FROM LASSA FEVER TO COVID-19 – THE IRRUA SPECIALIST TEACHING HOSPITAL EXPERIENCE

COVID-19 Response.

The Irrua Specialist Teaching Hospital (ISTH) Isolation Centre in Irrua, Edo State was established in early 2008 after Lassa fever (a viral haemorrhagic fever) wiped out an entire family in Ekpoma, a rural community in the state. In the past, the isolation centre had been used for managing patients with infectious diseases like yellow fever, monkey pox and Lassa fever, but it transitioned to be used for COVID-19.

“My CMD called us for a meeting a few days after COVID-19 was recorded in Lagos and told us to brace up for the battle ahead because there was no way COVID-19 will get to Lagos without us having a fair share of patients to manage,” said Dr Osarogie, a senior clinician at the

isolation centre. *“He promised us that although we didn’t have all we needed for the fight, he would stretch beyond his limit to ensure we got the necessary support. This promise was one of the motivations that kept me going,”* he said.

Dr Osarogie also revealed that at the time of COVID-19 outbreak in Edo State, rainy season was approaching, a period in which there were few cases of Lassa fever, making the transition to COVID-19 response a little easier. The hospital converted the old Lassa fever isolation ward to a COVID-19 isolation centre and new staff were deployed to various units in the hospital.

After April 2020, when the first case of COVID-19 was admitted at the centre, the number of cases increased gradually until there was an overflow of patients leading to managing COVID-19 and Lassa fever patients in the same ward due to infrastructure constraints. *“Sometimes we even had to use the same sphygmomanometer for blood pressure management on both patients; this wasn’t supposed to be so,”* said Dr Osarogie.

At present, there are no patients in the ward and the staff workload is low. However, according to Dr Osarogie, the team is on alert waiting for the next patient that will come through the doors.



Over the years, we have successfully done well at ISTH and have shown that we are leaders in managing any infectious disease including COVID-19 in the country. It will be right for the government to take stock of our success stories and see areas they can support us to perform better than our current capacity”

– Dr Edeawe Osarogie
Clinician, ISTH COVID-19 Isolation Centre.

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SECOND WAVE: HOW THE FCT COVID-19 TEAM IS TACKLING RESPONSE FATIGUE

COVID-19 Response

The narrator spotlights how health workers and front liners in the Federal Capital Territory COVID-19 team got fatigued amidst the renewed efforts in the fight against the second wave of the COVID-19 pandemic.

Around December 2020, the cases recorded in the FCT exceeded the number of cases witnessed at the pandemic’s peak. The confirmed cases were increasing beyond what was recorded in the first wave. The severity of the cases and transmissibility were also comparatively higher.

A cross-section of health workers involved in the response who shared their experience on how they were coping with the challenges observed that since it is the same set of health workers that have been



"We know that there is fatigue, everyone is tired of COVID-19 but the reality is that it is here. We all need to have our internal motivation and strength to be able to really take a leap to make sure that we jointly fight the second wave of the pandemic"

- Mallam Mohammad Bello
Minister of the FCT

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responding since the beginning of the outbreak up till the time of the second wave, there is bound to be response fatigue.

Some measures have been put in place by the FCTA to ensure that frontline and health workers get the required support needed to fight the second wave of COVID-19. Also, the payment of its modified hazard allowances for health workers in the FCT COVID-19 response was approved to boost morale.

The Minister of the FCT, Mallam Mohammad Bello acknowledged in the COVID-19 Stakeholder’s review meeting held in Abuja on Monday, 14th of December 2020, that the management of the pandemic has been extremely demanding to the extent that everyone is tired of it. The Minister, however, urged those in the frontline to continue to strive and push the limits to win the fight against the spread of the virus in the territory.



IMPLEMENTING HOME-BASED CARE OPTION FOR COVID-19 PATIENTS IN KANO STATE

Response

Since the beginning of the COVID-19 pandemic, Nigeria managed confirmed cases in government-designated hospital-based isolation/treatment centres to ensure recovery of cases as well as to prevent community transmission. As the pandemic evolved, there was an increasing number of people who are asymptomatic or present with mild symptoms. To reduce the pressure on resources in treatment centres and ensure these resources are sufficient for people with severe symptoms, home-based care was introduced. According to the Nigeria Centre for Disease Control's guideline, eligibility and criteria for home-based care will be determined by a health care worker.

Home-based care was adopted by the Kano State Technical Response Committee on COVID-19 in August 2020. Initially, the state had five functional isolation centres, namely the Muhammad Buhari Specialist Hospital, the Daula Hospital, the Kwanar Dawaki Isolation Centre, the Karfi Sports Institute, and the Abubakar Imam Urology Centre.

The State response team feared that the high number of confirmed cases would cause a shortage of bed spaces at treatments centres, especially for severe and critical cases. According to Mallam Nura Yahaya Ganduje, the coordinator of home-based care for COVID-19 patients in Kano State, *"This option entails the management of COVID-19 patients at home."*

Due to an increase in the number of positive cases in the state, additional support was provided to the LGA teams to support home-based management of COVID-19, and an initiative called Home Base Care Riders or Assessors was established on the 19th of February 2021. Members of this group are mostly health care workers that have worked in isolation centres, equipped with motorcycles and all medications needed in managing COVID-19 cases at home.



Kano state was one of the first states in Nigeria that adopted a well-structured home-based care policy. It was adopted from the NCDC to the context of the state. The Kano State Home Based Care Policy is designed to assess individuals using the existing structures at the local government level.

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COVID-19
Patient's Handbook
FOR HOME-BASED CARE IN NIGERIA

COVID-19 IN KANO: THE FIRST PHASE OF THE VACCINATION

Vaccination:

The efficacy and safety of COVID-19 vaccines were of major concern to most people in Kano State even before the launch of the COVID-19 vaccination in the state. Hajara Abubakar, from Nasarawa local government of the state said, *“I don't want to be vaccinated in this first phase, I'll wait to see the outcome of others who have taken the vaccine. I believe there is COVID-19 but I don't trust the government”* Trust, however, was what made Dr Gwani Faruk Umar, the president of the Association for the Advancement of the Rights of Nigeria Shareholders, have himself and members of his family vaccinated. He stated that his conviction was a result of the efforts of the Nigerian government, especially its leaders as the President and Vice President of Nigeria and the Kano state governor all got vaccinated.

On March 9, 2021, Kano received 209,520 doses of the AstraZeneca/Oxford vaccine. The State Governor, Dr. Abdullahi Umar Ganduje received the vaccine as he launched the exercise in the State. He urged the public to get registered and vaccinated too.

Dismissing all rumours of harm related to the vaccine, Dr Tijani Hussain, the Kano state coordinator of the Technical Response Team said that the government and the Kano state task force



"I am calling on all citizens and non-citizens in Kano to get the vaccine, we must protect ourselves and not be fooled by misinformation spread on social media. This vaccine is for everybody. It's better to be safe than sorry"

- Dr Gwani Faruk Umar
President, Association for the Advancement of the Rights of Nigeria Shareholders.

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on COVID-19 were working round the clock to enlighten those doubting the safety of the vaccine in the state.

A total of 509 healthcare centres with five healthcare workers each were designated to offer the 209,520 doses of the Oxford-AstraZeneca vaccine around Kano state, said Dr Tijani, with focus on frontline healthcare workers, the elderly, and people with severe health issues before considering other people but people outside these categories have received the jab in many of these centres around Kano.

At the time of this report, many people in Kano state people are still not willing to come forward for vaccination. This was a huge challenge and all relevant stakeholders in the state needed to do more to address it.



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