



Adapting SMC in Nigeria during the COVID-19 pandemic: Enhancing safety and minimising risk

Olatunde Adesoro
Programme Director - Nigeria (SMC)
Malaria Consortium

About Malaria Consortium

- One of the world's leading global health non-profit organisations
- Specialists in the comprehensive prevention, control and treatment of malaria and other communicable diseases among vulnerable and under-privileged populations
- Our mission is to improve lives in Africa and Asia through sustainable, evidence-based programmes that combat targeted diseases and promote child and maternal health

Outline

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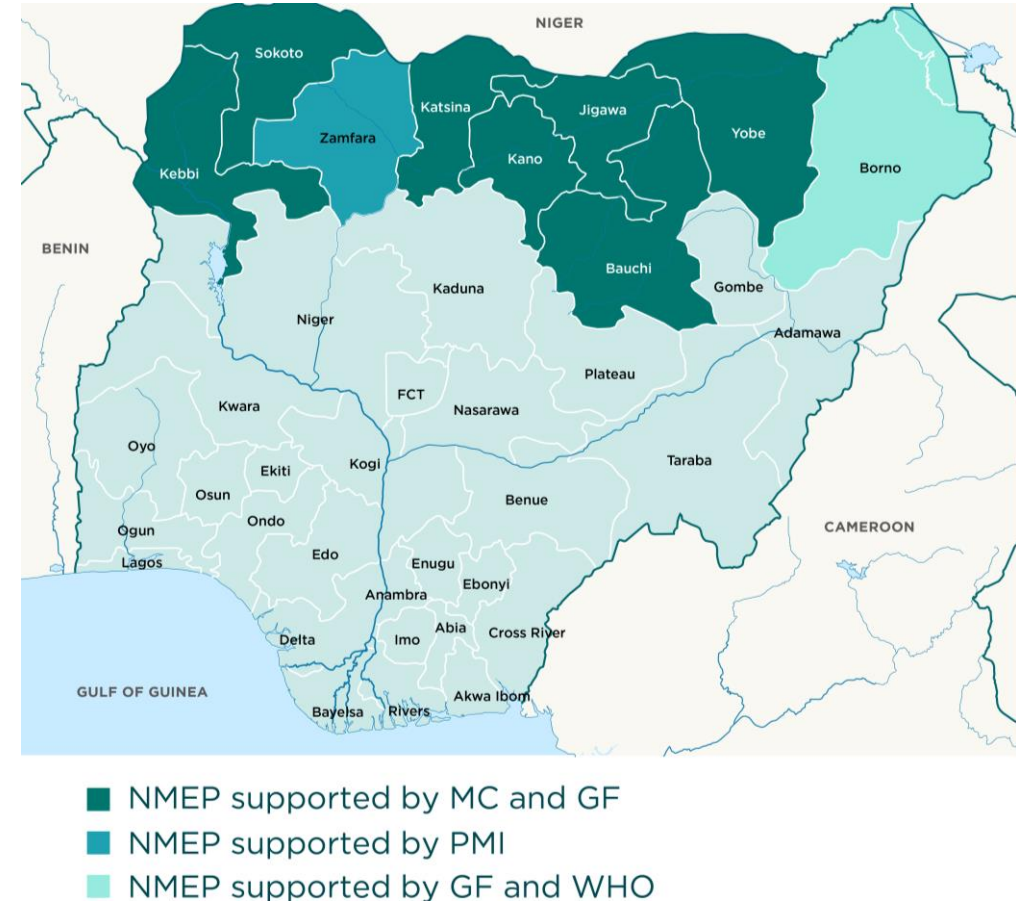




Overview of SMC programme in Nigeria

Scope of 2020 SMC implementation in Nigeria

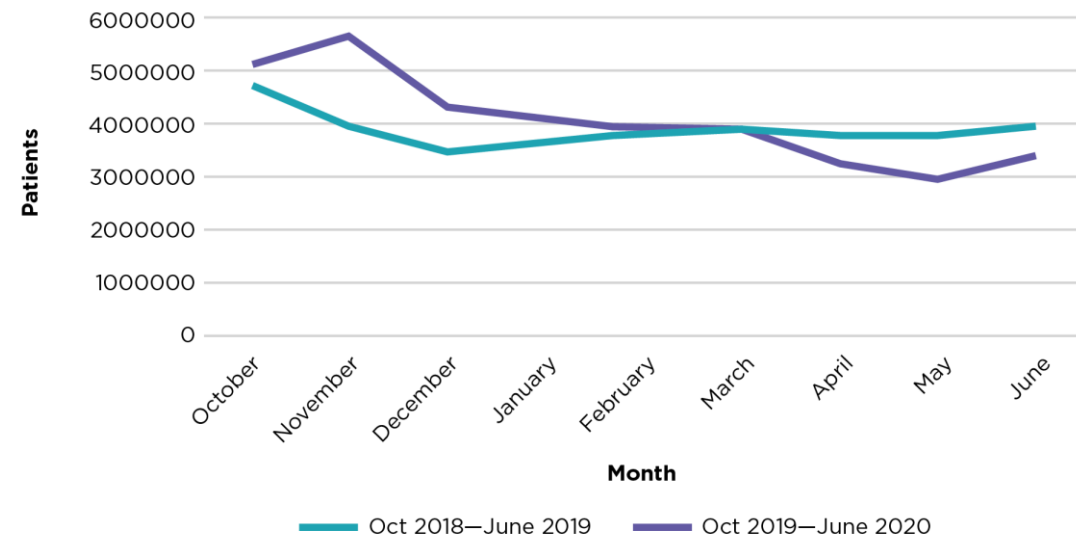
- Targeted children in 2020: 12 million
- Age group: 3–59 months
- SMC implementation timeline
 - Programme planning: Jan – March
 - IPC/COVID-19 planning: Mar/Apr
 - Training: Jun
 - Delivery: Jul – Oct
 - Evaluation: Nov/Dec



Coverage of SMC in Nigeria in 2020

COVID-19 situation in Nigeria pre-SMC implementation

- First case of COVID-19 confirmed in Lagos on 27/02/20
 - Later spread to other states through community transmission
- COVID-19 had negative impact on health service delivery
 - Interruption in routine health service delivery as health workers diverted attention to COVID-19 treatment and patients reluctant/unable to seek care
 - Logistical challenges for the supply of health commodities due to lockdown
 - Restricted travel/movements due to lockdown
 - Widespread fear caused by misinformation and conspiracies
- However, the World Health Organization recommended that life-saving interventions, including SMC, be continued amid the pandemic [1]



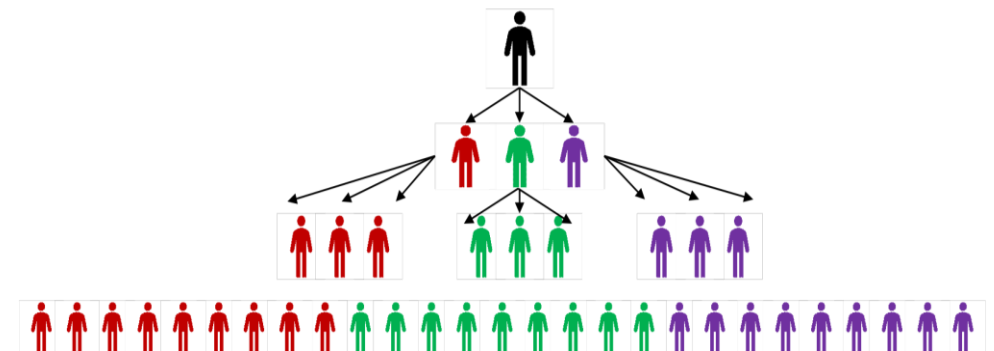
Drop in outpatient department attendance in Nigeria from March 2020 when community transmission of coronavirus started

Source: Nigeria District Health Information System 2

Risks of COVID-19 spread and opportunities to enhance COVID-19 response through SMC

- Risk of COVID-19 spread among implementers and beneficiaries during SMC
 - Over 100,000 implementers visiting over five million households
 - Repeated household visits for four months
 - Lots of meetings/trainings involving physical gathering
 - Primary Health Care facilities as operating sites for drug and referral management
- Opportunities for SMC supporting COVID-19 response
 - Unburdening of health system as SMC treatment prevents malaria
 - Implementers spreading COVID-19 preventive messages and supporting case detection at household level
 - *Reference: World Health Organization. Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic: interim guidance; 5 May 2020.*

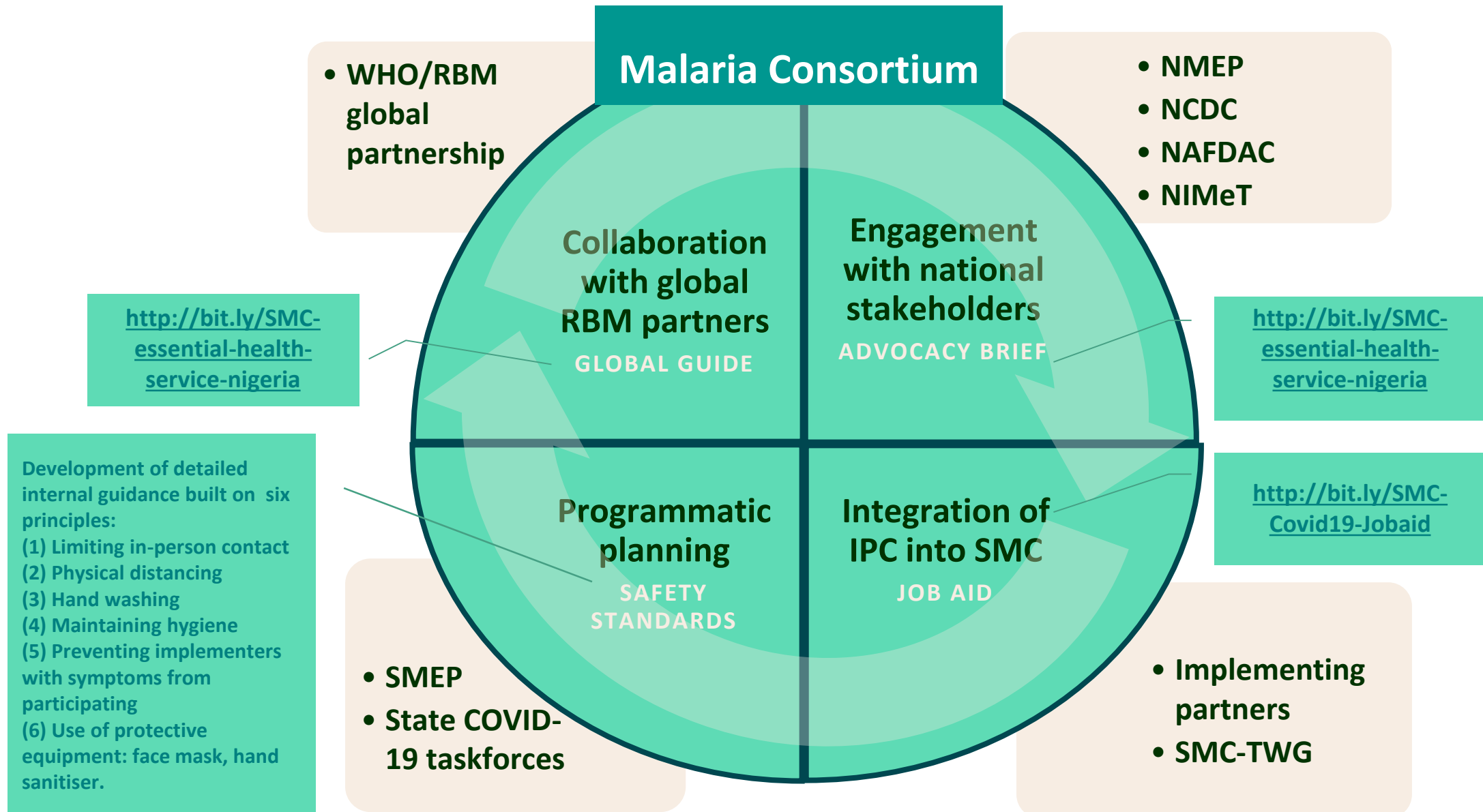
How COVID-19 is transmitted





COVID-19 response for SMC implementation

Infection prevention and control planning



Training

- SMC implementers trained on COVID-19 prevention strategies, symptom triage and referral
- Cascade training method with virtual training for higher cadres of distribution personnel
- For physical training
 - Maximum of in-person 20 participants per training event
 - Screening of participants for fever and signs and symptoms suggestive of COVID-19
 - Provision of hand hygiene and disinfecting materials
 - Large hall/open space for physical distancing
 - Proper disinfection of surfaces in training venues
- Provision of illustrative job aids and SMS reminders on SMC and COVID-19 messages
 - Job aids were laminated for ease of decontamination



Compliance with job aid

Source:

English:

https://www.malariaconsortium.org/gallery-file/06170924-10-smc_covid19jobaid.pdf

French:

https://www.malariaconsortium.org/gallery-file/06170925-46-cps_covid19aidememoire.pdf

Aide mémoire

Règles de prévention et de lutte contre les infections pour la campagne de CPS pendant la pandémie de COVID-19

malaria consortium
disease control, better health

1 Au DÉBUT de CHAQUE journée de distribution de CPS

CHEZ VOUS :

1. **Ne sortez pas de chez vous** si vous avez été en contact avec une personne infectée par la COVID-19.
2. Si vous vous **sentez mal** (fièvre, toux, courbatures, gorge irritée ou difficultés à respirer), **ne sortez pas de chez vous** sauf pour recevoir des soins médicaux. Ne vous rendez pas dans des lieux publics.
3. Veillez à ce que votre **chemise, hijab ou veste de CPS soit propre**—ne portez pas les mêmes vêtements que la veille sans les avoir lavés entretemps.
4. **Lavez-vous les mains** à l'eau et au savon pendant 30 secondes avant de sortir de chez vous.

AU CENTRE DE SANTÉ :

1. **Prenez votre température.** Informez votre supérieur si votre température est >37,5°C par voie buccale, >37°C par voie axillaire ou frontale, >38,0°C pour voie tympanique.
2. Mettez des gants et utilisez une solution désinfectante pour **désinfecter** toutes les plaquettes de SPAG, l'aide-mémoire plastifié, vos stylos, votre téléphone et tout autre équipement utilisé pour la campagne de CPS. Ne laissez personne d'autre toucher les éléments ainsi désinfectés au cours de la journée et ne les posez pas sur des surfaces sales.
3. **Contrôlez les dates de péremption** des plaquettes de SPAG—ne les utilisez pas si elles sont périmées.
4. Rassemblez les éléments nécessaires pour la distribution de SPAG et la prévention de l'infection :

Distribution de SPAG	Prévention de la COVID-19
<ul style="list-style-type: none">• Plaquettes de SPAG• Fiches de pointage de CPS• Carte de CPS pour les enfants• Aide-mémoire plastifié• Craie pour marquer les maisons• stylos• Sac pour transporter les affaires	<ul style="list-style-type: none">• 2 nouveaux masques : un à porter et un de rechange• 4 paires de gants jetables pour la désinfection des affaires• Du savon ou une solution désinfectante pour les mains• Une solution javellisée en pulvérisateur avec des serviettes en papier ou des lingettes désinfectantes• 3 cuillères et tasses jetables• Des sacs en plastique refermables pour les gants et masques usés• Un grand sac en plastique pour l'élimination des déchets










Lavez vos mains à l'eau et au savon pendant 30 secondes avant de partir pour la communauté

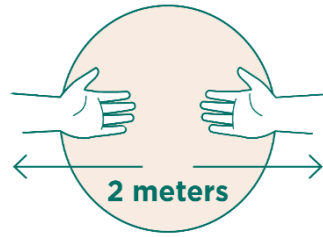
2 TRIAGE des enfants et personnes en charge dans le cadre de la COVID-19

1. **N'effectuez pas la distribution de CPS** dans la communauté **si vous vous sentez mal** (fièvre, toux, courbatures, gorge irritée ou difficultés respiratoires).
2. **Mettez votre masque** avant d'entrer dans le foyer ou bâtiment et gardez-le pour tout le reste de la journée.
3. **Lavez vos mains** à l'eau et au savon pendant 30 secondes dès que vous entrez dans un foyer ou un bâtiment.
4. **Évitez de vous toucher la bouche, le nez, les yeux et le visage** avec les mains.
5. Saluez les membres du foyer et rassemblez les enfants et personnes en charge dans un endroit bien aéré.
6. **Limitez le nombre d'enfants à 8** et de personnes en charge à 2 à chaque fois.
7. Maintenez en permanence une **distance de sécurité de 2 mètres** avec les enfants et les personnes en charge.
8. Évaluez ce que les personnes en charge des enfants savent de la COVID-19 et expliquez pourquoi vous portez un masque et pourquoi il est important de maintenir une distance de 2 mètres.
9. Expliquez aux personnes en charge des enfants que vos affaires ont été désinfectées et expliquez-leur l'importance du lavage des mains.
10. **Expliquez ce qu'est la CPS**, en quoi elle est importante, et la manière dont elle sera administrée en toute sécurité.
11. En maintenant une distance de 2 mètres, **demandez à la personne en charge des enfants :**
 - **Est-ce que l'un des membres du foyer ou des proches ont eu de la fièvre, des frissons, des courbatures, la gorge irritée ou des difficultés respiratoires au cours des 14 derniers jours ?**
 - **Est-ce que l'un des membres du foyer a été en contact avec une personne ayant de la fièvre, des frissons, des courbatures, la gorge irritée ou des difficultés respiratoires au cours des 14 derniers jours ?**
 - **Est-ce que l'un des membres du foyer s'est déplacé en dehors de la communauté au cours des 14 derniers jours ?**
12. Si l'une des réponses est OUI :
 - **Référez** immédiatement toute personne ayant de la **fièvre** au centre de santé pour un test de détection rapide du paludisme et COVID-19.
 - **Ne pas donner de SPAG** à un enfant de moins de 5 ans ayant de la **fièvre**.
 - **Référez** au centre de santé les enfants qui sont **très malades** ou présentent **des signes préoccupants**.
 - **Référez** au centre de santé toute personne présentant **de la toux ou des difficultés respiratoires** pour qu'elle soit testée pour la COVID-19.
 - Signaler tous les potentiels cas de COVID-19 selon les directives locales.
 - Compléter le formulaire de référence de CPS et expliquer la raison de cette orientation vers un professionnel de santé.

SMC delivery

Screen out sick personnel

 <p>Fever</p>	 <p>Cough</p>	 <p>Shortness of breath or difficulty breathing</p>
<small>Source: Centers for Disease Control and Prevention</small>		
 <p>Chills</p>	 <p>Repeated Shaking with Chills</p>	 <p>Muscle Pain</p>
 <p>Headache</p>	 <p>Sore Throat</p>	 <p>Loss of taste or smell</p>



Maintain social distance



Use face mask (>95% compliance in cycles 1 & 2)



Decontaminate surfaces



Regular hand washing/sanitising



Wash overall daily



Bio-waste disposal



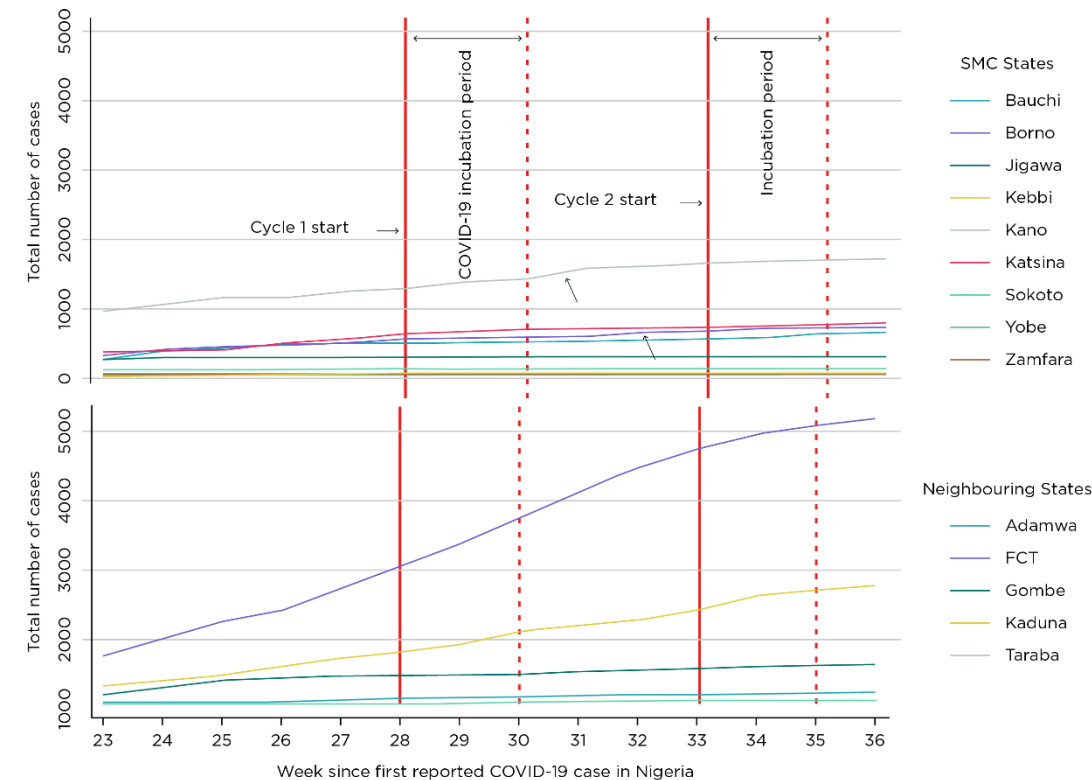
Implementation outcomes

Safe delivery of SMC amid COVID

- Available evidences indicate that SMC cycles have so far been delivered safely in Nigeria amid COVID-19 pandemic
 - Trends of reported cases similar in SMC implementing states and other locations in the country
 - No anecdotal reports of mysterious deaths that might be linked to unreported COVID-19 cases during SMC delivery (from July)
 - Slight increase in COVID-19 cases in Borno and Kano three/four weeks after cycle 1.
 - No such increase same period after cycle 2
 - Although low COVID-19 testing in Nigeria may be a limitation to this evidence, negative rumours and anecdotal reports were closely monitored
 - Surveillance will continue for the remaining cycles
- Study on safe implementation of SMC amid COVID-19 is ongoing

COVID-19 weekly reported total cases comparing SMC-implementing states with other states (1 June – 5 September 2020)

Source: <https://ncdc.gov.ng/>



SMC implementation achievements

- Over **12 million children** treated with life-saving chemoprevention antimalarials as planned
- Over **100,000 SMC implementers** trained on prevention of COVID-19
- Over **six million households reached** with COVID-19 preventive messages
- Catalytic effect of Malaria Consortium's antecedent and consistent support for SMC implementation in Nigeria:
 - More funding from other partners resulting in largest SMC campaign in Nigeria in 2020
 - Other community-based interventions leveraged success of SMC to also implement during the pandemic e.g. Vitamin A co-implementation in Kano and Jigawa, long lasting insecticidal net distribution in Zamfara, integrated community case management/Community Health Influencers, Promoters and Services implementation across some states.
- Other intrinsic achievements include positive, anecdotal testimonies suggesting that:
 - Confidence and trust of caregivers were built in assessing healthcare services amid a pandemic
 - Timely and effective implementation of SMC – a prerequisite for preventing avoidable deaths during a pandemic
 - Confidence given to government and its development partners that SMC could be carried out safely
 - A demonstration that a global guidance could be complied with during a pandemic.



Challenges | Lessons | Conclusion

Challenges and mitigations

- COVID-19 outbreak was sudden with initial high level of uncertainty regarding its control, making planning for SMC delivery parallel and difficult
 - The prompt strategic direction provided by WHO and RBM partners on the need for and how to provide continuous essential health services amid COVID-19 pandemic provided a converging point for planning. Extensive technical learning, networking and collaboration resulted in clarity and better contingency planning
- Considerable budget requirement for personal protective equipment procurement was a necessary investment for safety and duty of care for SMC personnel and beneficiaries
 - Leveraging on partner and government resources at national, state and local levels
- Global shortage of materials (e.g. face masks, hand sanitiser and alcohol wipes for surface disinfection)
 - Other locally available bleach solutions for disinfection
- Much of the planning, training, monitoring and supervision were done remotely and physical interactions between supervisors and frontline service providers were limited
 - Remote training and monitoring strategies were adequately deployed. Electronic data management and feedback through social media platforms

Conclusion

- SMC intervention has so far been delivered safely in Nigeria amid COVID-19 pandemic
- Working alongside the NMEP, SMEPs and development partners to effectively plan and implement the delivery of essential health services, it is possible to carry out SMC during the COVID-19 pandemic with minimal risk, high safety standards and good quality

Acknowledgements

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 - WHO, RBM, GFATM, PMI, NCDC, NIMeT, PMI-States, Breakthrough Action-Nigeria, CRS, GHSC-PSM, OPT-SMC, CHAI and others for their partnership
 - PSI, MMV, PSI, PMI-Impact Malaria for organising this webinar
 - Webinar attendees
-
- References
 - [1] <https://www.who.int/publications/m/item/tailoring-malaria-interventions-in-the-covid-19-response>

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Thank you

www.malariaconsortium.org