3/5/2020

THE GAMBIA COVID-19 PLAN

MINISTRY OF HEALTH

MARCH 2020

VOL-1 VERSION-01

THE REPUBLIC OF THE GAMBIA

Plan title:	**National Novel Coronavirus (COVID19) Preparedness and Response Plan.**
Expected outcome:	Capacities of health facilities and institutional structures responsible for coordination, early detection, investigation, contact tracing, reporting, risk communication, case management, Point of Entry (PoE) surveillance, sample collection, management and transportation built for effective implementation of the plan.
Expected Output:	Preparedness and response strategy formulated and adopted for achieving sustainable capacities for emergency response for The Gambia.
Implementing Agency:	Ministry of Health and the National Health Emergency Committee (NHEC).

MARCH 2020 (Vol-1)

I. *BACKGROUND*

Coronaviruses (COVID-19) are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

Coronaviruses are zoonotic. Further investigations have revealed human-to-human transmission. The current novel coronavirus is a new strain that has not been previously identified in humans.

World Health Organization reported an outbreak of a novel coronavirus which started in the People's Republic of China (PRC) in December 2019 and is spread to other countries of the world. The outbreak is subsequently declared a Global Public Health Emergency of International Concern (GPHEIC).

II. EXECUTIVE SUMMARY

The lessons learnt from the successful implementation of the National Ebola Virus Disease Plan (NEVDP, 2015) relative to health systems strengthening has been utilised for the development of the current COVID-19 Plan, aligned with the national disaster plan. This comprehensive approach will enable the country to maximise and efficiently utilise its resources to ensure the health security of its population.

Both plans have definite similarities in scope and operational modalities, but different in the sense that a different disease with a different aetiology and a larger potential for international spread is now being addressed. The technical subcommittees were tasked by the National Health Emergency Committee to develop a Plan of Action (PoA) to strengthen the national surveillance systems for preparedness and response. This PoA follows assessments and evaluations of the six thematic areas of surveillance, case management, logistics and safety, coordination, social mobilisation and risk communication and psychosocial support, revealing gaps and weaknesses in components pertinent to timely detection and rapid response to public health events and emergencies.

The results and recommendations were collated, strategies were identified based on recommendations and the implementation framework, consisting of activities, indicators, targets, responsible stakeholders and timeline.

Critical to the plan outlined in this document are objectives with related strategies and activities to attain the overall objective of improving national capacities through the implementation of the National COVID-19 Plan, and enhancement of national preparedness and response capacities at all levels.

This plan will serve as a basis on which all levels of the health system will make reference to the following:

a. Strengthening the surveillance system with regards to detection, contact tracing, case investigation, reporting and response to cases and deaths due to COVID-19 and other unusual public health events;
b. Supporting the capacity strengthening interventions of frontline health care workers and their retention;
c. Enhancing and improving diagnostic capacities of national and international network

systems;

d. Improving risk communication, social mobilisation and community engagement procedures;
e. Improving logistic support and safety of heath care workers.

To avoid duplication, the content of this plan was aligned with the Health Sector Emergency Preparedness and Response Plan related to all Hazards (HSEPRP) 2017-2019. This comprehensive approach will not only allow for efficient utilisation of resources but will also ensure that common objectives shared by both plans be achieved in a unified manner.

COMPONENTS OF THE COVID-19 PLAN

a. Strengthening coordination at the national, regional and community levels;
b. Intensifying active epidemiology and laboratory surveillance;
c. Prompt case detection, management and effective infection prevention and control;
d. Risk communication, social mobilization and community engagement;
e. Psychosocial support to the affected and non-affected'
f. Security and safety issues including establishing effective system for logistics management and allocation.

OBJECTIVES

The overall goal of the plan is to protect the health status and economic livelihoods of the population of The Gambia, by enhancing national capacities to prevent COVID-19 exposure. The immediate objective or purpose of the plan is to improve national capacities through implementation of the National COVID-19 Plan, and enhancement of national preparedness and response capacities at all levels.

The plan focuses on the following specific objectives:

a. To ensure proper coordination of the preparedness and outbreak response activities at all levels;
b. To strengthen national capacities for COVID19 prevention and preparedness among health workers at central and community levels;
c. To strengthen early detection, reporting and referral of suspected and probable cases through active surveillance to isolation units within health facilities and hospitals;
d. To create public awareness relative the viral disease, the risk factors for its

transmission, its prevention and control among the community;

e. To support the measures that may warrant activation of the national PHEOC and its allied structures for the purpose of response

STRATEGIES

This National Novel Coronavirus-19 Disease Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilisation, psychosocial as well as logistics and safety. To minimise duplication and ensure the optimal utilisation of available resources, the National Health Emergency Committee will oversee the scaling-up and the overall coordination and implementation of the plan. This principle of One National Plan captures the comparative advantages and interests of the various stakeholders and partners, and contains the following main strategies:

1. Development, implementation and assessment of preparedness measures and levels.
2. Resource mobilisation for the implementation of the plan.
3. Active surveillance for clusters of unexplained deaths or febrile illnesses
4. Prompt identification and notification of suspected and probable cases, and effective case management.
5. Accurate and relevant information on COVID-19 outbreak and measures to reduce the risk of exposure, and effective social mobilization
6. Protocol for managing travellers arriving at major air, land and sea entry points with unexplained febrile illness.
7. Identification and preparation of isolation areas/units/wards where feasible for any suspected or probable cases to be properly investigated and managed as well as contacts tracing.
8. Home isolation will be implemented for contacts and mild or moderate cases
9. Processes for rapid collection and transportation of specimens/samples to the MRCG laboratories in The Gambia and when necessary to the Pasteur Institute in Dakar.
10. Simulation exercises to test the preparedness and response systems to suspected or probable cases of COVID-19.
11. Effective coordination and implementation of the preparedness and response plan in accordance to IHR2005.

SUMMARY INDICATIVE COSTINGS

COVID-19 PLAN SUMMARY INDICATIVE COST	**US$**
COORDINATION	37,000.00
CASE MANAGEMENT	1,475,954.50
LOGISTICS AND SAFETY	5,473,198.00
EPIDEMIOLOGICAL AND LABORATORY SURVEILLANCE	789,180.76
RISK COMMUNICATION AND SOCIAL MOBILISATION	937,857.27
PSYCHOSOCIAL CARE AND SUPPORT	155,000.00
GRAND TOTAL	**8,868,190.53**

III. LIST OF ABBREVIATIONS

COVID-19	Coronavirus Disease 2019
GBOS	Gambia Bureau of Statistics
GCAA	Gambia Civil Aviation Authority
GDP	Gross Domestic Product
GRCS	Gambia Red Cross Society
HSEPRP	Health Sector Emergency Preparedness and Response Plan
IOM	International Organization for Migration
MERS	Middle East Respiratory Syndrome
MOH	Ministry of Health
NCVD	National COVID-19 Virus Disease
NDMA	National Disaster Management Agency
NEVDP	National Ebola Virus Disease Plan
NHEC	National Health Emergency Committee
PoA	Plan of Action
PoE	Point of Entry
SARS -	Severe Acute Respiratory Syndrome
WHO	World Health Organization
WAHO	West Africa Health Organization

IV. FORWARD

Between the 31st December, 2019 and the 4th of March 2020, 93 076 cases of confirm COVID-19 have been reported from 76 countries around the world. This includes **3, 202 deat** – representing a crude case fatality rate of 3.4 percent. In the light of the high pathogenicity a virulence of this novel coronavirus coupled with the ferocity of its international spread, WHO h since declared it a public health emergency of international concern.

Notwithstanding the frantic efforts being made to curb its spread, the epidemic has sho no signs of abating, spreading like wildfire and reaching new shores on a daily basis due larg to importation resulting from international travel. Among the most recent countries that report COVID-19 cases is The Republic of Senegal (The Gambia's only neighbour that surrounds it 3 sides). To mitigate further spread of the epidemic, countries are being supported to devel robust preparedness plans for appropriate and timely response in case of the occurrence COVID-19 within their shoresCOVID-19.

Thus, The Ministry of Health developed a plan in February 2020 to ensure comprehensive and coordinated preparedness and response to theCOVID-19COVID- outbreak, with a focus on: a) strengthening coordination at the National and Regional levels, intensifying active surveillance, c) prompt case management, effective infection prevention a control, and d) advocacy, communication and social mobilization. COVID-19

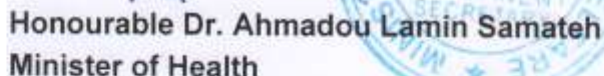
The release of new guidelines and a checklist (to gauge country readiness for response by WHO for countries in a state of preparedness, led The Gambia to develop a comprehensi and costed year-long plan reflecting the new imperatives of COVID-19 transmission in the s region.

This National COVID-19Plan, covering a period of one year, focuses on scaling-up a strengthening all aspects of preparedness and response including coordination, surveillanc case management, communication and social mobilization as well as logistics and safety. minimize duplication of efforts and ensure the realization of maximum impact from availat meagre resources The National Health Emergency Committee will oversee the over coordination and implementation of the plan.

The Principle of One National Plan in which the comparative advantages and interests stakeholders and partners are reflected is inherent in this plan. Therefore, stakeholders a partners are encouraged to develop their respective work plans within the scope of the Natior COVID-19. Further, the document is a living document designed to accommodate the level COVID-19preparedness with the evolvement of risks.

The preparation of this National COVID-19Plan has been achieved through concert efforts and participation by all relevant stakeholders and partners with a shared vision for COVID-19-free Gambia. We look forward to the required support in the implementation of th plan.

I urge us all to embrace this National COVID-19 Preparedness and Response Plan.



Honourable Dr. Ahmadou Lamin Samateh
Minister of Health

V. TABLE OF CONTENTS

Contents

I. Background.. 2
II. Executive summary... 3
III. LIST OF ABBREVIATIONS……………………………………………………………….6
IV. FORWARD.. 7
V. TABLE OF CONTENTS…………………………………………………………………….8
VI. Situation Analysis 9
VII. Strategy 111
VIII. Approach...111
VII. The plan implementation and delivery mechanisms 122
VIII. Strategic Orientation...122
IX. Justification 133
X. Crosscutting Issues...144
XI. Plan specifics 144
XII. Budget estimate: the gambia covid-19 preparedness and response plan………………..16
XIII. Management Arrangements 724
XIV. Monitoring Evaluation Framework 734
XV. Quality Management for planned Activity and Results 746

VI. SITUATION ANALYSIS

The Gambia has a population of about 2 million people, of which 51 percent are female, and over 60 percent are under the age of 25 years (GBOS, 2013). The GDP per capita income is US$540 and almost half the population (48.40 percent) is considered poor. The country is surrounded by the Republic of Senegal on all sides with the Atlantic Ocean to the West. Although The Gambia has nine designated official Points of Entry (PoEs), there are wide areas which are porous and difficult to monitor. The country also has long-standing socio-economic ties with some of the affected countries, including the People's Republic of China (the epicentre and the most affected country by the COVID-19 outbreak). As a result, The Gambia is moderately at risk of coronavirus importation given the large number of Gambians studying in China as well as the established trade links between the two countries. Thus, preparedness efforts are focused mainly on community engagement and strengthening surveillance at the Points of Entry, and health facilities to ensure timely detection and response to possible COVID-19 exposure. The National Public Health Laboratory (NPHL) in collaboration with international partners are working on means of providing the necessary support to collect, package and quickly transport samples to the WHO recommended laboratory for COVID-19 at the Institute of Pasteur, Dakar Senegal when applicable. However, the Medical Research Council in country is also supporting in testing samples locally.

Since the emergence of COVID-19 and the WHO Declaration that it is a PHEIC, The Gambia has been strengthening its surveillance especially at the nine PoEs including the Banjul International Airport and Seaport to implement screening and monitoring systems for international travellers and vessels/conveyances. Notwithstanding the concerted efforts being made by Governments of the affected countries and the International Community, the epidemic is still showing no signs of abating. Furthermore, asymptomatic cases who spread the virus pose a serious public health threat. To prevent further spread of the virus, WHO and WAHO are assisting countries including The Gambia to develop and finalize their preparedness and response plans for appropriate response in case of importation.

The said preparedness and response plan of the Ministry of Health of The Gambia essentially focuses on:

a. strengthening coordination at the national and regional levels;
b. intensifying active epidemiology and laboratory surveillance;
c. prompt case detection, management and effective infection prevention and control;
d. communicating risk, community engagement and mobilisation;
e. psychosocial support to the affected and non-affected;
f. security and safety issues including establishing effective system for logistics management and allocation.

The Leads of these technical arms will be sharing information on regular basis within themselves and with the National Health Emergency Committee during meetings.

This National Novel Coronavirus Disease Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilisation, psychosocial as well as logistics and safety. To minimise duplication and ensure the optimal utilisation of available resources, the National Novel Coronavirus Disease Health Emergency Committee will oversee the scaling-up interventions and the overall coordination and implementation of the plan. This Principle of One National Plan captures the comparative advantages and interests of the various stakeholders and partners, and contains the following main strategies:

1. Development, implementation and assessment of preparedness measures and levels.
2. Resource mobilisation for the implementation of the plan.
3. Active surveillance for clusters of unexplained deaths or febrile illnesses
4. Prompt identification and notification of suspected and probable cases, and effective case management.
5. Accurate and relevant information on COVID-19 outbreak and measures to reduce the risk of exposure, and effective social mobilisation.
6. Protocol for managing travellers arriving at major land, air and sea crossing points with unexplained febrile illness.
7. Identification and preparation of isolation units where suspected or probable cases can be properly investigated and managed and contacts traced.
8. Processes for rapid collection and transportation of specimens/samples to recognised laboratories, in this case MRCG or Pasteur Institute in Dakar
9. Simulation exercises to test the performance of detection and response systems to

suspected or probable cases of COVID-19.

10. Effective coordination and implementation of the preparedness and response plan in accordance to IHR2005.

The current COVID-19 plan and interventions draws specific strategies from the above, on the basis of the most immediate needs, as well as MOH comparative advantage and experience.

VII. STRATEGY

Overall aim, alignment with strategic and national priorities, and MOH comparative advantage.

The overall goal of the plan is to protect the health status and economic livelihoods of the population of The Gambia, by enhancing national capacities to prevent COVID-19 exposure. The immediate objective or purpose of the plan is to improve national capacities through implementation of the National COVID-19 Plan, and enhancement of national preparedness and response capacities at all levels.

The Government of The Gambia's commitment to protecting the social and health status of the general population, as enshrined in the Blue Print 2021, and other development agendas both national and international, underscore the fact that this plan is in line with The Gambia's stated priority objectives. More specifically, the plan is a direct response to the call for support by the Government of The Gambia, based on the recently developed National COVID-19 Plan.

VIII. APPROACH

The plan aimed at ensuring national ownership and leadership, making use of existing structures, mechanism and resources, and thus improving quality and sustainability.

The interventions detailed in the plan were selected directly from the NEVD Plan, taking into consideration the type of emergency on hand and identifying niche areas. As the national anti-Ebola system in place is only as strong as its weakest link and therefore interventions have been selected based on their possible changing and catalytic effect and potential for synergy with other national and sectoral plans. By the same token, the geographical scope of this plan is national in its coverage, aimed at also providing support to the Public Health Emergency Operation Centre (PHEOC) and all nine official Points of Entry, but also strengthening the mechanisms for information system for early warning and emergency response.

IX. THE PLAN IMPLEMENTATION AND DELIVERY MECHANISMS

The plan targeted technical assistance interventions, training of frontline staff and providing them with the requisite tools and material (supplies), and the inclusion and building capacities of local communities. It has been carefully designed to ensure complementarity with existing as well as planned interventions in order to optimise the use of resources and enhance the prospects of successful and sustainable implementation.

Consequently, the plan will focuses on the following specific objectives:

a. Ensure proper coordination of the preparedness and outbreak response activities at all levels;
b. Strengthen national capacities for COVID19 prevention and preparedness among health workers at central, regional and community levels;
c. Strengthen early detection, reporting and referral of suspected and probable cases through active surveillance to isolation/holding areas/units/wards at PoEs and health facilities;
d. Create public awareness about Covid-19 disease, the risk factors for its transmission, its prevention and control among the community;
e. Support measures that may warrant activation of the national PHEOC and its allied structures for the purpose of response.

X. STRATEGIC ORIENTATION

The outbreak of COVID-19 in China, hitherto unknown in West Africa especially The Gambia, and its rapid spread to other parts of the globe, the presence of a large Gambian community in China, the epicentre and international movement of people and globalisation, alerted the need to urgently reinforce national surveillance, detection/diagnostics, and response capacities. Since the disease has no established cure or vaccine to date and weak health systems, the response to the public health challenge have to centre on surveillance and early detection, as well as contact tracing and community engagement to arrest its importation. This plan is therefore designed to improve The Gambia's preparedness and response capacity in these areas and to ensure sustainability.

The overall strategic orientation of the preparedness and response plan is to stop further transmission of COVID-19 within China and to other countries, and to mitigate the impact of the outbreak in all countries. For The Gambia, the strategic orientation of the plan is to:

1. Limit importation and human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, preventing transmission amplification events, and further international spread.
2. Identify, isolate, and care for patients early, including providing optimised care for infected patients and address crucial unknowns regarding clinical severity, extent of transmission and infection treatment options.
3. Communicate critical risk and event information to all communities, and counter misinformation.
4. Strengthen multisectoral partnership to minimise social and economic impact.
5. Establish the sample collection methods, storage and packaging and eventual rapid transportation to the reference laboratory.

XI. JUSTIFICATION

The justification for this plan stems from the WHO warning for the need for countries to prevent the importation, exposure and possible spread of the virus, because of its destructive impact on health and economic livelihoods of populations in the shortest possible time. Much remains to be understood about COVID-19. Not enough is also known to draw definitive conclusions about how it is transmitted, clinical features of the disease, actual incubation period, its severity, the extent to which it has spread or its source. Considering the fragile and weak health systems across Africa, The Gambia is no exception to doubt the available human and material resources capacities to prevent, early detect, investigate and trace contacts, control and case management.

Consequently, support for the plan will consist mobilisation of resources to tackle this national threat, and to complement the efforts of the Government of The Gambia to minimise resource shortfalls. The prevention of The Gambia's exposure to COVID-19 not only protects the health status of the population, but also has a direct impact on key economic sectors such as health and welfare, tourism, education amongst others. This is all the more reason why this plan should be implemented in The Gambia.

XII. Crosscutting Issues

It is not foreseen that the plan will have any major impact on gender, poverty, migration, displacements and many other issues that may constitute partner interest including environmental sustainability in the management of COVID-19 waste materials. Nonetheless, in line with available national and international policies on such agenda, every effort will be made to prioritise salient agenda issues where opportunities arise and are higher. Similarly, every effort will be made to ensure the environmentally sustainable utilisation and disposal of resources mentioned and used in this plan.

XIII. Plan Specifics

The activities to be implemented within the plan period falls into the below mentioned categories or components:

a. Coordinating, monitoring and evaluating;
b. Health workers preparation and provision of PPEs, screening equipment and materials;
c. Health care worker orientation and training to improve and strengthen their capacities;
d. Sensitising and awareness raising campaigns;
e. Strengthening early detection and surveillance, including laboratory surveillance;
f. Establishing measures for smooth and timely transfer of samples to the reference laboratories.
g. Establishing cross border collaboration with Senegal;
h. Establishing secure and safe isolation centres for care of patients.

Interventions will cover all nine PoEs, while recognising the porousness of some areas of the country's borders. In a bid to mitigate this challenge, a Public Health Emergency Operating Centre will be fully established, equipped and functional, while national, regional and district level capacities for detection and reporting on the disease will be reinforced.

XIV. BUDGET ESTIMATE: THE GAMBIA COVID-19 PREPAREDNESS AND RESPONSE PLAN

Coordination										
Components	Objectives	Strategies	Main Activities	Sub activities	Time Frame				Responsible	Cost in US$
Coordination					Q1	Q2	Q3	Q4		
	1.Ensure the effective coordination of the components of the National Covid-19 Plan at Central and Regional Levels	1.1 Engage with local donors and existing programmes to mobilise/allocate resources and capacities to implement operational plan	1.1.1 Strengthen coordination mechanisms	1.1.1.1 Support adhoc Subcommittee meetings	X	X			DPHS, Office of PS, Procurement office, DHS	3,000.00
				1.1.1.2 Support meetings with donor partners to mobilize funds	X	X			DPHS, Office of PS, DHS, DPI, EDC, Procurement office	2,000.00
			1.1.2 Develop and adopt TORs for the NHEC	1.1.2.1 Convene a meeting to review and adopt the revised TORs for the NHEC	X	X			DPHS, DHPE, DHS	2,000.00
			1.1.3 Advocate for political support and representation	1.1.3.1 Hold briefings of National Disaster Management	X	X			DPHS, DHPE, DPI, DHS	4,000.00

			from the highest level of Sectors	Council, cabinet and parliament						
		2. 1. Conduct regular operational reviews to assess implementation success and epidemiological situation, and adjust operational plans as necessary	2.1.1 Update the operational plan as necessary	2.1.1.1 Review jointly the work of NHEC Subcommittees on a monthly basis	X	X			DPHS, NHEC, DPI, DHS	3,000.00
		3.1 Identify, train and designate focal persons for Regional Coordination Structures and Mechanisms	3.1.1 Repurpose the Regional Epidemic Management Committees into Regional Disaster Management Committees.	3.1.1.1 Evaluate activities of Regional Disaster Management Committees.	X	X			DPHS, EDC DHPE, DHS	14,000.00
			3.2.1. Develop TORs for the Regional Disaster Management Committees.	3.2.1.1 Develop draft TORs	X	X			DPHS, EDC DHPE, DPI, DHS	0
				3.2.1.2 Finalize TORs	X	X			DPHS, EDC DHPE, DHS	0
			2.2.3 Support Regional Disaster Management	2.2.3.1 Support 7 RTF monthly meetings	X	X			DPHS, EDC DHPE, DHS	14,000.00

			Committee meetings							
			2.2.5 Identify focal persons at each Regional Disaster Management Committee to oversee coordination and information sharing	2.2.5.1 Assign RHD as the focal person	X	X			DPHS, EDC DHPE, DHS	0
			2.2.6 Repurpose the Multidisciplinary Facilitation Teams at the district level	2.2.6.1 Review the MDFTs	X	X			DPHS, EDC DHPE, DHS	2,000.00
			3.2.7 Mobilize and assign human resources at points of entry.	3.2.7.1 Redeploy public health officers to PoEs.	X	X			DPHS	0
		4.1 Monitor implementation of performance indicators and produce regular situation report of Covid-19	4.1.1 Conduct bi - monitoring and supervisory visit to health facilities and POEs in the country.	4.1.1.1 Conduct 5 days trek to all the regions.	X	X			DPHS, EDC DHPE, DHS	6,000.00

			4.1.2 Ensure regular reporting on Covid-19 from all Components of the plan	4.1.2.1 meeting to share Subcommittee reports	X	X			DPHS, EDC DHPE, DHS	6,000.00
		5.1 Conduct after action reviews in accordance with IHR (2005) as required	5.1.1 Engage with the sub-committees to review progress level	5.1.1.1 Conduct assessment of key IHR requirement for Covid-19	X	X				3,000.00
			5.1.2 Conduct periodic review meetings to discuss the gaps and chart way forward	5.1.2.1 Hold one day workshop with subcommittee members on monthly basis	X	X	X	X	DPHS, EDC DHPE, DHS	6,000.00
		Sub-Total								**37,000.00**

CASE MANAGEMENT

STRATEGIC OBJECTIVE: Institute Prompt And Effective Identification, Isolation And Management Of Cases During Emergencies.									
OPERATIONAL OBJECTIVES	STRATEGIES	MAIN ACTIVITIES	SUBACTIVITIES	RESPONSIBLE AUTHORITY	TIMELINE				
					Q1	Q2	Q3	Q4	COST (USD)
1.1. Prompt and timely access to quality health care services during emergencies.	4.1.1. Prompt identification of emergency-related cases.	4.1.1.1. Establish and/ or strengthen a robust triage system.	Identify and train health care providers on triage system.	MOH, MOFEA	X				15,000.00
			Identify and specify materials for triage		X	X			50,000.00
	1.1.2. Prompt isolation of potential infectious cases.	1.1.2.1. Identify and/ or operationalize treatment centres and isolation units/ wards.	Strengthen treatment and isolation centres	MOH, MOFEA	X	X			50,000.00
			Equip treatment centres and isolation units/wards.	MOH, MOFEA	X				50,000.00
			Provide/ Identify appropriate and adequate Personal Protective Equipment (PPE) to health workers in collaboration with logistics.	MOH	X	X	X	X	100,000.00
			Provide/ Identify and specify appropriate	MOH	X				25,000.00

			ventilation in isolation units/wards in collaboration with logistics subcommittee.						
	1.1.3. Prompt and safe transportation of emergency cases.	1.1.3.1. Establish Emergency Ambulance Services.	Adopt guidelines, protocols and SOPs on Emergency Ambulance Services in collaboration with Gambia Red Cross Services and Coordination subcommittee.	MOH	X	X			15,000.00
			Identify and use specific standard ambulances for emergencies in collaboration with logistics.	MOH	X	X			150,000.00
			Deploy identified ambulances to strategic locations.			X			0
			Review and update existing referral protocols including external evacuation.						6,000.00
	1.1.4. Ensure availability of sufficient and skilled human resource during emergencies.	1.1.4.1. Review and update SOPs for emergency case management.	Train health care providers on various SOPs.	MOH, MOFEA	X	X	X	X	20,000.00

		1.1.4.2. Strengthen capacity of health care workers on case management.	Train health care providers on case management guidelines/ protocols.	MOH	X	X	X	X	20,000.00
			Conduct a simulation exercise for emergency response for various cases.	MOH	X				25,000.00
			Conduct emergency evacuation simulation exercise.	MOH	X	X			25,000.00
			Develop an incentive package for emergency response team in collaboration with Coordination Committee	MOH	X	X	X	X	50,000.00
		1.1.4.4. Establish a contingency plan.	Develop/ adopt a contingency plan for emergency case management teams.		X				23,000.00
			Provide an appropriate stockpile of emergency medicines, and non-medical supplies in collaboration with Logistics.	MOH	X	X			50,000.00

		1.1.5.3. Initiate prompt treatment for all emergencies.	Provide health and safety environment in health care facilities in collaboration with Logistics.	MOH	X	X	X	X	25,000.00
			Provide quality improvement process during emergencies.	MOH	X	X			21,000.00
	1.1.6. Institute effective Infection Prevention and Control (IPC) measures.	1.1.6.1. Provide prioritized tailored support to health facilities based on IPC risk assessment and local care seeking patterns, including for supplies, human resources, training	Train health care providers and support staff on IPC.	MOH	X	X			17,000.00
			Develop and Adopt IPC tools (i.e. protocols/ guidelines, SOPs and posters) for health facilities.	MOH, MOFEA	X				22,000.00
		1.1.6.2. Improve standard IPC practices.	Support access to water and sanitation for health (WASH) services in	MOH	X	X	X	X	35,000.00

			treatment and isolation centres						
			Provide specific and appropriate IPC materials (i.e. detergents, disinfectants) to health facilities in collaboration with Logistics.	MOH	X	X	X	X	100,000.00
			Conduct decontamination and fumigation exercises during emergencies.	MO	X	X	X	X	25,000.00
			Conduct monitoring and supervision on IPC practices at health facility level.	MOH	X				50,000.00
		1.1.6.3. Strengthen clinical waste management.	Provide specific bins and bin liners to health facilities in collaboration with Logistics.	MOH	X				150,000.00
			Provide specific biohazard bags with standard colour codes in collaboration with Logistics.	MOH	X				100,000.00
			Provide specify bins and maintain existing incinerators in health facilities in collaboration with Logistics.	MOH	X				225,000.00
TOTAL									**1,444,000.00**

ITEM	QUANTITY	UNIT OF ISSUE	UNIT COST (USD)	AMOUNT (USD)	
Examination glove medium	72,000	1	0.05	5000	
Examination glove large	72,000	1	0.05	3600	
Surgical gloves size 7.5	4000	pair	0.17	680	
Surgical gloves size 8	2000	pair	0.17	340	
face shields	72,000	1	7.03	506160	
FFP2 Respirator	72,000	1	0.975	70200	
surgical Mask	1,000	100	7.03	7030	
scrubs Tops	200	1	3.62	724	
Scrubs Pants	200	1	3.62	724	
Gowns	10,000	1	36.49	364900	
Alcohol based hand rub	1000 x 500ml	1	14.17	1000	
Alcohol based hand rub	600 x 100ml	1	10.17	6102	
Biohazard Bag	20,000 x 100ml	1	13.32	266400	
plastic pedal Bin	500 x 100ml	1	16.72	8350	
Body Bags	150	1	45.2	6780	
safety/sharp Boxes	6,000	1	0.6	3600	
Liquid Soap	1600 x 500ml	1	1.65	2640	
Hand Drying Tissue	6000 x100m	1	2.22	1332	
Chlorine/Bleach	10,000	1	2.5	25000	
Chest Drain	100	1	53	5300	
Chest Drain Tubes	100	1	1.36	136	
oxygen concentrator	24	1	627.99	15071.76	
oxygen prongs	400, adult	1	0.76	304	

oxygen prongs	100, paediatric	1	0.76	76	
pulse oximeters	36	1	27.4	986.4	
ultrasound scanner(Hand Held)	4	1	1924	7696	
Ambu Bags	9,adult		8.19	73.71	
Ambu Bags	3, paeds	1	8.19	24.57	
Face mask	100	paeds=3,Adult=9	22	264	
guedel airway	50, paeds		15.6	780	
guedel airway	100, adult		15.6	1560	
Fluids(Ringers)	3600 x 500ml	1	0.79	2844	
giving sets	1,800	1	0.12	216	
Canular,18G	1,800	1	0.14	252	
Canular,20G	1,800	1	0.14	252	
Canular,22G	1,800	1	0.14	252	
paracetamol 500mg(tablets)	100	1000	3.85	385	
paracetamol(suppository	100	100	0.83	83	
paracetamol(iv)	1,000	100mls	0.46	460	
Thermometers(digital)	70	1	2.85	200	
blood pressure machine(electronic)	50	1	13.33	399.9	
blood sugar machine	50	1	62.5	1875	
Strips	3,000		0.6	1800	
viral transport medium	2,500	3ml bolt.	6.3	15750	
specimen transport bags	5,000		1.58	7900	
triple packaging boxes	30		21.34	640.2	
Chloramphenicol 500MG	3,000	vial	0.33	990	
ceftraixone 1G	1000	1g	0.75	540	
SubTotal				**15,071.80**	

Training and assessment budgets						
ITEM	QUANTITY	UNIT COST	NO. PERSONS	NO.DAYS	AMOUNT (USD)	
Risk Assessment and Rapid Needs Assessment (DSA) for personnel	1	2000	5	7	1372.549	
Fuel for Assessment	50	60	1	7	411.7647	
Training of healthcare workers	1	700	200	2	5490.196	
Transport Refund	1	500	200	2	3921.569	
Facilitators	1	2000	5	20	3921.569	
Fuel for training	50	60	1	30	1764.706	
Total					**16882.35**	

Sub Total (USD) = 1,475,954.50

RISK COMMUNICATION, SOCIAL MOBILISATION AND COMMUNITY ENGAGEMENT

OPERATIONAL OBJECTIVES	STRATEGIES	MAIN ACTIVITIES	SUBACTIVITIES	TIME LINE				Responsibility	COST IN US$
Objective 1: Increase awareness and knowledge on prevention and control of Coronavirus among the general population.	Media engagement	1.0 Develop and produce communication support materials	1.1 Produce and install 10 billboards	x				MoH	7,272.00
			1.2 Produce and install sign boards	x				MoH	2,500.00
			1.3 produce and distribute 5,000 posters	x				MoH	9,090.91
			1.4 produce and distribute 10,000 leaflets	x				MoH	9,090.91
			1.5 produce 2500 flip charts	x				MoH	11,363.64
		2.0 Organize regular radio and TV panel discussions and phone-in programmes	2.1 conduct 10 panel discussion and phone - in programmes on radio	x	x	x	x	MoH	10,909.09
			2.2 Conduct 10 panel discussion and phone - in programmes on Television	x	x	x	x	MoH	4,545.45
			2.3 Hire the services of a sign language specialist for the 10 panel discussion and phone – in programmes on television	x				MoH	272.73

			2.4 Transport refund for panelist	x	x	x	x	MoH	545.45
			2.4 Engage 50 members of the Network of Community Radios on coronavirus	x	x	x	x	MoH	1,509.09
			2.5 Provide support to 10 community radio stations to broadcast messages on coronavirus	x	x	x	x	MoH	4,545.45
		3.0 Organize regular media briefings for Media Houses	3.1 Conduct 12 media briefing for 40 members of the Association of Health Journalist	x				MoH	9,650.91
			3.2 Conduct training of 60 journalist on health reporting skills during public health emergencies		x			MoH	2,327.27
		4.0 Organize orientation meetings for Media Heads and Editors	4.1 Conduct 2 orientation sessions for 40 media heads and editors		x			MoH	2,472.73
		5.0 Produce and air Radio and Television spots	5.1 Produce and broadcast television spots in 9 languages	x	x	x	x	MoH	32,393.45
			5.2 Produce and broadcast radio spots in 9 languages	x	x	x	x	MoH	4,909.09
		6.0 SMS messages to mobile phone subscribers	6.1 Produce SMS messages	x	x	x	x	MoH	00.00
			6.2 Provide SMS messages to GSM	x	x	x	x	MoH	

		through GSM providers	companies for onward distribution to the public						
			6.3 Conduct workshop to develop key message on coronavirus	x				MoH	10,056.36
			6.4 Translate key messages into the local languages	x				MoH	2,727.27
Objective 2: Strengthen the capacities of community structures in promoting coronavirus prevention messages.	Community engagement and social mobilization	2.0 Organize regional and district level sensitization meetings with school authorities on coronavirus	2.1 Engage pupils and teachers as “Agents of Change” in the form Quiz competition in 6 Educational Regions			x		MoH	11,881.82
			2.2 Organize orientation session for 78 Cluster Monitors			x		MoH	15,469.09
			3.3 Organize orientation session for 2,000 heads of mothers’ clubs			x		MoH	62,225.45
			3.4 Organize orientation session for 2,000 School Management Committees and Parent Teachers Association			x		MoH	62,225.45
			3.5 Organize orientation session for 1200 Teachers in Madrassa Schools			x		MoH	38,774.55

			3.6 Conduct orientation sessions with 300 Peer Health Educators on Coronavirus prevention and control in 6 Educational Regions on Coronavirus			x	x	MoH	11,036.36
			3.7 Engagement of 1500 school children by Peer Health Educators in region 1,2,3,4,5&6			x	x	MoH	28,727.27
		3.0 Support district level mobilization for district and community structures	3.1 Conduct orientation session for 47 district chiefs on Coronavirus		x			MoH	10,803.64
			3.2 Conduct step-down district level mobilization by district chiefs		x	x		MoH	33,469.82
		4.0 Mobilize and engage organized community structures for community action	4.1 Conduct training of 600 Drama Group members on Coronavirus		x	x	x	MoH	25,443.64
			4.2 Support Community Drama Groups to conduct outreach community sensitization on Coronavirus		x	x	x	MoH	22,836.36
			4.3 Conduct orientation session for 2500 traditional communicators		x	x	x	MoH	41,876.36
			4.4. Support traditional communicators to conduct outreach sensitization		x	x	x	MoH	47,389.09

			4.5 Conduct Orientation Session for 350 MDFTs on Coronavirus in 7 health regions		x	x	x	MoH	32,886.91
			4.6 Conduct Orientation Session for 300 Village Health Volunteers on Coronavirus		x	x	x	MoH	13,996.36
			4.7 Conduct Coronavirus sensitization caravan			x	x	MoH	21,265.45
			4.8 Conduct orientation session for 750 VSG members on Coronavirus			x		MoH	33,873.18
			4.9 Conduct orientation session for 750 Village Development Committee Members on Coronavirus			x		MoH	33,873.18
			4.10 Orientation session for traditional medicine practitioners/healers on coronavirus notification and vigilance in 7 health regions				x	MoH	19,163.64
			4.11 Conduct orientation session for religious leaders (Supreme Islamic and Christian Councils)			x		MoH	20,265.45
		5.0 Strengthen capacity of civil society networks to	5.1 Conduct Orientation Session for 50 Civil Society Networks on Coronavirus			x		MoH	5,965.45

		conduct community engagement activities on coronavirus	5.2 Conduct Orientation Session for 280 Red Cross Volunteers on Coronavirus			x		MoH	13,554.18
			5.3 Engage volunteers to conduct house-to-house sensitization campaigns.			x	x	MoH	23,887.27
		6.0 Mobilize and engage Local Government Authorities.	6.1 Conduct orientation session for 210 members of Technical Advisory Committees (TACs) on coronavirus in 5 regions and 2 municipalities		x			MoH	14,560.00
		7.0 Engage youth organizations and youth groups on coronavirus	7.1 Conduct orientation sessions with 360 Youth Group Representatives on Coronavirus by the National Youth Council in 6 administrative regions			x		MoH	16,472.73
			7.2 Conduct training of 900 community-based hygiene promoters/volunteers on hygiene promotion and education skills			x		MoH	31,661.82
Objective 3: Promote partnership and collaboration	Advocacy and partnership	3.0 Engage policy and decision-makers on coronavirus	3.1 Organize orientation sessions for National Assembly Members		x			MoH	1,981.82
			3.2 Organize orientation sessions for heads of government				x	MoH	2,869.09

			and private sector institutions on coronavirus						
Objective 4: Build the capacities of health and other extension workers on risk communication and rumour management skills	Capacity strengthening	4.0 Train health and other extension workers on risk communication rumour management skills	4.1 Conduct workshop to train 40 health and other extension workers on risk communication and rumor management skills		x			MoH	13,820.00
			4.2 Support step-down training of 350 health and other extension workers on risk communication and rumour management skills		x	x		MoH	57,400.00
Objective 5: Coordinate and monitor all communication interventions and material development at national and regional levels	Coordination and Monitoring	5.0 Support coordination and monitoring of risk communication, social mobilization and community engagement interventions	5.1 Support weekly sub-committee meetings on coronavirus	x	x	x	x	MoH	17,658.18
			5.2 Develop monitoring checklist	x				MoH	598.18
			5.3 Conduct quarterly joint monitoring and supervision visits at national, regional and district levels	x	x	x	x	MoH	15,036.36
			5.4 Conduct study to evaluate the level of coronavirus awareness among the general population.				x	MoH	8,727.27

Sub Total		**937,857.27**

SURVEILLANCE, LABORATORY AND POEs

OPERATIONAL OBJECTIVES	**STRATEGIES**	**MAIN ACTIVITIES**	**SUBACTIVITIES**	**Q 1**	**Q 2**	**Q 3**	**Q 4**	**Responsibility**	**COST IN GMD**
1. Strengthen the surveillance system for COVID-19 in communities, at health facilities and at the Points of Entry (PoEs)	1.1 Scale-up COVID-19 surveillance to enhance early detection and interruption of transmission within the context of the IDSR Strategy	1.1.1 Print and distribute adapted surveillance tools to all healthcare workers involved in surveillance activities at all levels of service	1.1.1.1 Printing 2000 copies of adapted surveillance tools	X	X	X	X	EDC/EPI/DPHS	7,882.35
		1.1.2 Disseminate case definition in line with WHO guidance and investigation protocols to healthcare workers (public and private sectors)		X	X	X	X	EDC/EPI/DPHS	10,784.31

		1.1.3 Train and equip rapid-response teams to investigate cases and clusters in a timely manner and conduct contact tracing within 24 hours	1.1.3.1 Training of rapid-response teams	X	X	X	X	EDC/DPHS	7,345.00
			1.1.3.2 Train surveillance officers on the use of screening materials to improve timely case detection	X	X	X	X	EDC/DPHS	8,790.00
2. Testing the preparedness and response state of the country	2.1 Identify strengths and weaknesses of the surveillance system in order to consolidate the strengths and work on the weaknesses	2.1.1 Conduct table-top simulation exercises and document findings to inform future preparedness and response activities	2.1.1.1 Conduct simulation exercise at both national and regional levels	X	X	X	X	EDC/DPHS	10,987.00
			b. Review, validate and finalise the public health emergency capacity needs assessment report.	X	X	X	X	EDC/EPI/DPHS	4,500.00

			c. Print and disseminate the assessment report.	X	X	X	X	EDC/EPI/DPHS	1,234.00
			d. Implement key recommendations of the assessment.	X	X	X	X	EDC/EPI/DPHS	3,234.00
		2.1.1.2. Establish a national disease surveillance network based on the one health concept.	a. Form and inaugurate multisectoral PHES Committees at all levels.	X	X	X	X	EDC/EPI/DPHS	0.00
			b. Convene quarterly multisectoral and multidisciplinary PHES committee meetings at all levels.	X	X	X	X	EDC/EPI/DPHS	7,890.00
		2.1.1.3. Cross-border collaboration in PHES.	a. Sign MoU with counterparts in the sister Republic of Senegal on PHES.		X			EDC/EPI/DPHS	0.00
			b. Hold quarterly meetings with counterparts in the Sub region on PHES.	X	X	X	X	EDC/EPI/DPHS	20,000.00

			c. Create a harmonised infectious disease surveillance database for information sharing across the sub region.	X	X			EDC/EPI/DPHS	24,335.00
			d. Conduct study tours to health emergency affected countries to learn from their experiences.	X	X	X	X	EDC/EPI/DPHS	50,000.00
		2.1.1.4. Conduct livestock and wildlife surveillance in collaboration with the Departments of Livestock Services, Parks and Wildlife Management.	a. Conduct joint field monitoring of wildlife and livestock.	X	X	X	X	EDC/EPI/DPHS	5,000.00

			b. Training of community actors (rangers, livestock assistants, fishermen, volunteers etc.) to identify and report early warning signs of an emergency in animals.	X	X	X	X	EDC/EPI/DPHS	4,000.00
			c. Train livestock farmers in hygiene and proper handling of livestock and livestock products.	X	X	X	X	EDC/EPI/DPHS	5,000.00
			d. Collect regular data and share with stakeholders and partners.	X	X	X	X	EDC/EPI/DPHS	2,345.00
			e. Sensitise communities on wild life and livestock surveillance.	X	X	X	X	EDC/EPI/DPHS	3,456.00
			f. Identify and specify equipment for wildlife monitoring.	X	X	X	X	EDC/EPI/DPHS	4,789.00

	2.1.2.Operationalise the public health emergency surveillance system at all levels.	2.1.2.1. Provide technical and logistics support for surveillance of emergencies at all levels.	a. Identify mobility requirements for public health emergency surveillance.	X	X	X	X	EDC/EPI/DPHS	4,000.00
			b. Identify communication gadgets for PHES.	X	X	X	X	EDC/EPI/DPHS	2,345.00
			c. Set up CUG system to facilitate timely reporting, response and feedback on PHEs.	X	X	X	X	EDC/EPI/DPHS	7,890.00
			d. Install GIS software to facilitate public health emergency surveillance operations including risk mapping.	X	X	X	X	EDC/EPI/DPHS	10,234.00
			e. Develop and/provide surveillance tools for public health emergencies.	X	X	X	X	EDC/EPI/DPHS	2,345.00

			f. Train surveillance staff on the proper use of personal protective equipment.	X	X	X	X	EDC/EPI/DPHS	5,678.00
			g. Train surveillance staff on public health emergency surveillance, including clinicians, to detect, report, and respond to health emergencies.	X	X	X	X	EDC/EPI/DPHS	6,789.00
			h. Train surveillance staff on contact tracing and follow-up.	X	X	X	X	EDC/EPI/DPHS	8,765.00
	2.1.3. Strengthen health emergency response structures and services at all levels.	2.1.3.1. Strengthen PHEPR structures and services at district and regional levels.	a. Update IDSR technical guideline to include other health emergencies.	X	X	X	X	EDC/EPI/DPHS	3,000.00

			b. Review and update standard case definitions on public health emergency surveillance at all levels.	X	X	X	X	EDC/EPI/DPHS	3,456.00
			c. Train RRTs to respond to PHEs.	X	X	X	X	EDC/EPI/DPHS	4,567.00
			d. Conduct FETP for health workers at all levels.	X	X	X	X	EDC/EPI/DPHS	23,456.00
		2.1.3.2. Conduct community surveillance.	a. Translate simplified community-based case definitions for public health emergencies in the local languages.	X	X	X	X	EDC/EPI/DPHS	5,678.00
			b. Train existing community structures (VDCs, VSGs, volunteers) on community-based health emergency surveillance for early detection and reporting.	X	X	X	X	EDC/EPI/DPHS	12,345.00

			c. Orientate traditional healers on PHEPR.	X	X	X	X	EDC/EPI/DPHS	4,567.00
	2.1.4. Strengthen the Information Management System, monitor and evaluate PHES system.	2.1.4.1. Establish an e-surveillance for PHE.	a. Introduce e-surveillance for all hazards and emergencies at all levels.	X	X	X	X	EDC/EPI/DPHS	34,567.00
			b. Establish an e-surveillance system for PHE using DHIS2 platform.	X	X	X	X	EDC/EPI/DPHS	24,567.00
			c. Procure equipment and other logistics required to maintain a functional e-surveillance system.	X	X	X	X	EDC/EPI/DPHS	34,567.00
			d. Train health staff on e-surveillance.	X	X	X	X	EDC/EPI/DPHS	12,345.00
			e. Train data managers on Public Health Emergency	X	X	X	X	EDC/EPI/DPHS	4,567.00

			Information Management.						
			f. Monitor and evaluate PHES activities.	X	X	X	X	EDC/EPI/DPHS	3,456.00
		2.1.4.2. Monitor key PHEPR indicators.	a. Conduct quarterly supportive supervision of PHEPR activities.	X	X	X	X	EDC/EPI/DPHS	4,321.00
			b. Conduct annual evaluation of PHES.	X	X	X	X	EDC/EPI/DPHS	2,345.00
			c. Conduct monthly feedback meetings on PHES activities.	X	X	X	X	EDC/EPI/DPHS	2,345.00
			d. Provide regular surveillance reports and updates.	X	X	X	X	EDC/EPI/DPHS	0.00

2.2. Strengthen medical and veterinary laboratory surveillance systems for PHEs related to all hazards at all levels.	2.2.1. Build laboratory capacity for surveillance and emergency response.	2.2.1.1. Assess available medical and veterinary laboratory resources for investigating, confirming and responding to emergencies.	a. Leveraging on existing laboratory data to determine potential biological hazards.	X	X	X	X	NPHL	0.00
			b. Enumerating and categorizing the scope of laboratories available in country and assessing their state of emergency preparedness.	X	X	X	X	NPHL	3,456.00
			c. Putting in place effective referral system.	X	X	X	X	NPHL	23,456.00
		2.2.1.2. Establish laboratory emergency surveillance and response team.	a. NPHL to maintain records and details of designated veterinary and medical laboratory personnel involved in emergency response.	X	X	X	X	NPHL	3,456.00

			b. Conduct quarterly medical and veterinary laboratory response team meetings.	X	X	X	X	NPHL	4,536.00
			c. Institute a robust feedback mechanism to partners.	X	X	X	X	NPHL	4,567.00
			d. NPHL to network with all medical and veterinary laboratories as well as public and private and research laboratories for emergency hazard surveillance and rapid response.	X	X	X	X	NPHL	2,345.00
		2.2.1.3. Strengthen capacity of medical and veterinary laboratory personnel on PHES.	a. Review and adapt the Standard Operating Procedures (SOPs), guidelines and ToRs on sample collection, packaging, transportation	X	X	X	X	NPHL	2,345.00

			and testing of samples.						
			b. Train laboratory staff on the developed surveillance SOPs, protocols and documentation.	X	X	X	X	NPHL	5,678.00
			c. Training of medical and veterinary laboratory personnel in handling highly specialized PPEs and testing hazardous biological samples in timely manner.	X	X	X	X	NPHL	4,563.00

	2.2.2.Operationalise the NPHL and Animal Health Laboratory services emergency case management support.	2.2.2.1. Institute diagnostic services to support emergency preparedness and response.	a. Acquisition of dedicated vehicles and cold chain apparatus for transporting biological surveillance samples and blood products.	X	X	X	X	NPHL	0.00
			b. Maintain minimum laboratory consumables, reagents and equipment stock levels in all designated medical and veterinary laboratories for emergencies.	X	X	X	X	NPHL	50,000.00
			c. Provision of rapid test kits and training of Community Health Nurses/Livestock Assistants on their use.	X	X	X	X	NPHL	34,555.00

		2.2.2.2. Enhance decentralized Blood Transfusion Services to support emergency preparedness and response.	a. Establish Regional Blood Banks in all the Health Regions in the country.	X	X	X	X	NPHL	23,455.00
			b. Recruit and maintain voluntary blood donors who can be called upon during emergencies.	X	X	X	X	NPHL	1,234.00
		2.2.2.3. Establish a BSL4 laboratory to support fatal infectious diseases diagnosis.	a. Feasibility assessment of establishing a BSL4 laboratory.	X	X	X	X	NPHL	4,567.00
			b. Construction and equipping of the BSL4 laboratory.	X	X	X	X	NPHL	100,000.00
			c. Conduct training of medical and veterinary laboratory personnel on	X	X	X	X	NPHL	3,456.00

			advanced laboratory procedure.						
			d. Instituting quality assurance system for the laboratory.	X	X	X	X	NPHL	4,768.00
2.3 Strengthen the existing surveillance system to address emergency livestock diseases.	2.3.1 Establish livestock emergency surveillance system.	2.3.1.1 Assess capacity needs for establishing animal disease emergency surveillance in the Regions.	a. Engage a consultant to conduct capacity needs assessment for Livestock disease emergency surveillance.	X	X	X	X	NPHL	3,456.00
			b. Review, validate and finalize the livestock health emergency capacity needs assessment report.	X	X	X	X	NPHL	2,345.00
			c. Print and disseminate the assessment report.	X	X	X	X	NPHL	1,234.00

			d. Implement key recommendations of the AHEPRP assessment suggested report.	X	X	X	X	NPHL	1,234.00
		2.3.1.2 Collaborate with partners and other stakeholder in animal health emergency surveillance.	a. Create a national livestock disease surveillance network based on the one health concept.	X	X	X	X	NPHL	4,567.00
			b. Form multisectoral AHEPR committee at all levels.	X	X	X	X	NPHL	1,231.00
			c. Convene quarterly multisectoral and multidisciplinary AHEPR committee meeting at all levels.	X	X	X	X	NPHL	2,341.00
		2.3.1.3 Conduct cross border collaboration in animal health surveillance.	a. Sign an MOU with Republic of Senegal on animal health emergency surveillance.	X	X	X	X	NPHL	0.00

	2.3.2 Operationalize the animal health emergency surveillance system at all levels.	2.3.2.1 Provide technical and logistics support for surveillance of emergencies at all levels.	a. Identify mobility requirements for animal health emergency surveillance.	X	X	X	X	NPHL	1,234.00
			b. Identify communication gadgets for AHES.	X	X	X	X	NPHL	1,234.00
			c. Develop and/provide surveillance tools for animal health emergencies.	X	X	X	X	NPHL	2,345.00
			d. Train surveillance staff on the proper use of personal protective equipment.	X	X	X	X	NPHL	3,456.00
			e. Train surveillance staff on animal health emergency surveillance to detect, report and respond to health emergency.	X	X	X	X	NPHL	2,345.00

2.4 Strengthen both central and regional veterinary laboratories and surveillance system for all hazards.	2.4.1 Build laboratory capacity for surveillance and emergency response.	2.4.1.1 Assess available veterinary laboratory resources for investigating, confirming and responding to emergencies.	a. Leveraging on existing laboratory data to determine potential biological hazards.	X	X	X	X	NPHL	1,234.00
			b. Enumerating and categorizing the scope of veterinary laboratories available in country and assessing their state for emergency preparedness.	X	X	X	X	NPHL	3,456.00
		2.4.1.2 Form laboratory emergency surveillance and response team.	a. Central veterinary laboratory to maintain records and details of designated Regional Veterinary personnel involved in emergency response.	X	X	X	X	NPHL	2,345.00

			b. Conduct quarterly veterinary laboratory response team meetings.	X	X	X	X	NPHL	3,456.00
Ensure the emergency plan for POEs are developed	1.Develop POEs emergency plan	1.1. Develop and implement points of entry public health emergency plan	1.1.1 Conduct workshop to develop emergency plan for POEs	X				DPHS, EDC	5,678.00
			1.1.2 Print and disseminate the emergency plan for POEs	X				DPHS, EDC	4,321.00
			1.1.3Conduct simulation exercises to assess the operational applicability of the plan	X				DPHS,EDC	6,789.00
			1.1.4 Train POEs staff on public health emergency plan	X	X	X	X	DPHS, EDC	4,544.00
		Establish functional temporary holding facilities at PoEs to facilitate isolation of travellers with	1.1.5 Designate appropriate place separate from other travellers, for interviewed of suspected COVID 19 case	X				DPHS,EDC	12,745.10

		suspected COVID-19							
	2.Strengthen capacity of POEs staff	2.1Capacity building of POEs staff on COVID -19	2.1. 1 Train all POEs staff on COVID-19	X	X	X	X	DPHS, EDC	6,745.00
			2.1.2 Train POEs staff in appropriate actions to manage ill passengers before final evacuation to treatment center and use of PPE	X	X	X	X	DPHS,EDC	7,890.00
			2.1.3 Train POEs staff on IHR	X	X	X	X	DPHS, EDC	7,654.00
Strengthen supervision at POEs	Monitoring and supervisory visit	3.Quaterly supervision visit	**3.**1Conduct joint supervisory visit of staff at POEs	X	X	X	X	DPHS, EDC	9,098.00
Sub-Total									**789,180.76**

LOGISTICS AND SAFETY

.

Logistics Contributes To Effective And Efficient Response To Emergencies, Security And Safety For Both The Affected Populations and Respondents.									
OPERATIONAL OBJECTIVES	**STRATEGIES**	**MAIN ACTIVITIES**	**SUB-ACTIVITIES**	**RESPONSIBLE AUTHORITY**	**TIME LINE**				**COST IN US$**
					Q1	**Q2**	**Q3**	**Q4**	
Robust and reliable logistics system for emergency management established.	Assess the performance of the logistics system.	Establish the logistics emergency preparedness and response plan.	• Conduct an assessment of the logistics management systems	EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X				22,400.00
			• Develop a logistics plan. •		X				39,400.00
		Include the best practices and lessons learned on the performance of the logistics system.	• Conduct regular quarterly monitoring of the logistics management system	EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X.	X	X	X	6,500.00
	Strengthen supply chain management system.	Track the status and availability of resources.	• Conduct regular quarterly quantification and inventory exercise •	EDC, NPS, NPHL, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X	X	X	X	7,800.00

			• Conduct supplier mapping and signing of agreements		X		X		2,500.00
		Stocks for emergency preparedness are prepositioned at central and regional levels.	• Develop a distribution plan	EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X				7,900.00
			• and train storekeepers and securities.		X				12,800.00
			• Preposition emergency items •		X				5,600.00
			• Manage unsolicited donated items.			X			13.600.00
	Build-in infrastructure , human resource, transport and energy systems.	Mobilize and deploy resources.	• Develop deployment protocols and TORs.	EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X				4.600.00
		Build the capacity of logistics staff and relevant	Train personnel on the logistics system	EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X	X			4,360.00

		logistics partners.							
		Provide sufficient and reliable fleet.	• Procure and maintain fleet for emergency operations (17 ambulances, 10 utility vehicles and 33 motorcycles)	DPI, RFH, EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO, RTSL	X	X	X	X	2,058,000.00
			• Training of fleet drivers.	DPI, RFH, EDC, NPS, EPI, GRCS	X		X		13,600.00
			• Develop a fleet management system.	RFH, DPI, EDC, NPS, EPI, GRCS	X				3,600.00
		Provide sufficient energy required for emergency operations.	• Procure and maintain generating sets and solar equipment.	DOI, EDC, NPS, RFH, PURA, NDMA GRCS, CRS, WFP, UNICEF, WHO, WAHO	X	X	X	X	250,000.00
			Procure and keep stock of fuel supply		X	X	X	X	150,000,00
	Establishes partnership with relevant stakeholders with proven	Set up a logistics partnership networking	Conduct stakeholder mapping and analysis.	DPI, EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X	X			9,800.00

	logistics capacities.	with stakeholders.	Sign agreements with relevant partners			X			1,500.00
	Strengthen Logistics Information Systems for EPR.	Incorporate information on logistics-related emergencies into the DHIS2 platform.	Procure and set up logistics software creating virtual visibility for supply chain.	DPI, EDC, NPS, CRS, WFP, UNICEF, WHO, WAHO, RTSL	X	X			11,450.00
			Upgrade the DHIS2 to incorporate emergency logistics information			X	X	X	2,700.00
			Procure communication gadgets (CUG lines, smart phones, mobile data)		X	X			20,800.00
			• Train personnel on the use of the communication gadgets			X			8,700.00
		Harmonize logistics and risk communication system.	• Train personnel on the logistic information system.	DPI, EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO		X	X		9,750.00

Established safe and secure environment for both affected population and respondents.	Establish a system for testing the state of preparedness and readiness for emergencies.	Set up a Logistics committee	• Hold quarterly logistics committee meetings	NDMA, DPI, JOC, EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X	X	X	X	9,800.00
		Conduct regular review meetings on the status of the EPR resources.	• Conduct quarterly simulation exercise. •	NDMA, DPI, JOC EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X	X	X	X	29,650.00
		Establish Public Health Emergency Operation Centre (Command Centre).	• Review Public Health Emergency Operation Plan. (PHEOP) and Standard Operating Protocols.	EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO		X			9,870.00
			• Develop legal framework for the PHEOC			X	X	X	75,000.00
			• Equip and operationalize PHEOC.			X	X		12,700.00
			• Develop contingency plan and preposition contingency funds		X	X			13,800.00

			for immediate response						
	Build-in water, sanitation and hygiene infrastructure.	Provide WASH emergency kits.	• Procure WASH kits 5 and 2	DPHS,EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO,	X	X			15,300.00
			• Procure household water treatment kits.		X	X			8,970.00
		Install emergency water supply system.	• Installation and treatment of water supply system.	DPHS, EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO, DPHS	X	X			6,500.00
			• Procure and maintain sanitary kits.		X	X	X	X	12,800.00
		Provide sanitary facilities.	• Distribute sanitary kits	DHS, DPHS, EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X	X	X	X	3,460.00
		Provide waste disposal facilities.	• Procure and distribute dustbins.	EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X	X			12,900.00
			• Procure and install incinerators		X	X	X	X	290,000.00

	Ensures availability of medical and non-medical products.	Provide emergency medical and non-medical supplies.	• Procure basic emergency food items.	EDC, NPS, NPHL, EPI, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X	X	X	X	12,300.00
			• Procure non-food items (LLINs, cooking utensils, blankets etc.).		X				15,000.00
			• Distribute food and non-food items.		X	X	X	X	4,600.00
			• Procure medicines for emergencies.		X	X			1,000,000.00
			• Procure IT equipment and accessories for all components		X	X			18,900.00
			• Procure laboratory equipment, reagents and supplies.		X	X			189,650.00
			• Procure PPEs.		X	X			150,000.00
			• Procure deployment kits (laptops, torch light, phones, modem, operational jackets,			X	X		36,500.00

			T-Shirts, ID cards, condoms etc.).						
			• Procure vaccines and injection materials			X	X		198,000.00
			• Procure fridge and cold chain equipment.			X	X		287,000.00
			• Procure laboratory equipment/containers for specimen handling and transportation		X	X			165,000.00
	Ensure the availability of protected and safe facilities for the affected population and respondents.	Provide temporary shelter for physical security.	• Conduct site assessment and selection. • Conduct shelter need assessment. • Procure shelter kits. • Distribute and preposition shelter kits.	EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X X	X X			11,890.00 9,800.00 56,000.00 11,700.00
		Provide facilities to promote access to safe	• Procure pre-fabricated facilities for clinics, isolation	EDC, NPS, GRCS, CRS, WFP, UNICEF, WHO, WAHO		X X			13,900.00

		health services.	wards, laboratories, etc. • Preposition to existing health facilities for emergencies. • Procure interagency emergency health kits.			X			12,648.00 42,600.00
Logistics and security are involved in all coordination processes for emergency management.	Coordinate with relevant authorities and other stakeholders for the emergency response.	Participate in stakeholder meetings.	• Identify logistics focal points for coordination team.	• EDC, NPS, NDMA, JOC, GRCS, CRS, WFP, UNICEF, WHO, WAHO	X	X			0
			• Identify security focal points for coordination team.		X				0
			• Provide logistic support for coordination		X	X	X	X	65,000.00
			• Conduct regular security briefings		X	X	X	X	4,600.00
Sub-Total									**5,473,198.00**

PERFORMANCE OPERATIONAL INDICATORS OF THE COVID-19 LOGISTICS PLAN

The implementation of the COVID-19 will be monitored on a regular basis using a wide range of outcome and operational response performance indicators demonstrating the degree of preparedness by the country to rapidly detect and respond to any public health emergency-related to all hazards. In this context, Table 1. Shows the performance indicators to be monitored by the Logistics and Safety Subcommittee.

COMPONENT	PERFORMANCE OPERATIONAL RESPONSE INDICATORS
Logistics and Safety	All goods are delivered on time at the right place, with right quantity and quality. Optimal safety standards for both the population and the respondent assured.

PSYCHOSOCIAL SUPPORT

PREAMBLE:

Psychosocial care and support in emergencies is an integral component in the rehabilitation of individuals and families and in restoring holistic community support and development. Providing useful strategies in responding to psychosocial needs is relevant in complementing other interventions such as clinical management etc. Identified areas of concern related to the psychosocial needs of the Coronavirus epidemic are as follows and needs urgent intervention:

1. PRE-INFECTION PERIOD

- Anxiety, stress, panic and fear related to the Coronavirus epidemic
- Fear of contracting the disease
- Fear of dying, loss of properties and loved ones
- Misconception
- Stigma and discrimination attached to people coming from Coronavirus epidemic regions and countries
- People's reaction due to the information being shared as evident by unclear, incredible and unreliable information or informant.
- Fear of the service providers leading to ineffective service delivery
- Ensure screening of the vulnerable groups in the communities
- Development of detail Standard Operational Procedures (SOPs)

2. DURING THE TIME OF INFECTION

- Fear of dying knowing that you have contracted the disease
- Isolation for treatment leading to emotional distress
- Psychosocial and emotional needs of the patient
- Psychosocial and emotional needs of the health care and service providers
- Potential risk of stigma related to providing services to the affected persons by colleagues, loved ones and the larger community
- Anxiety and irrational reactions from the community and the individuals
- Risk of contamination during burials leading to negative emotional reactions
- People are being stereotyped especially those coming from the affected countries or regions.

3. POST CORONAVIRUS EPIDEMIC

- Emotional needs of the secondary victims of loved ones, properties and orphans
- People developing secondary mental and behavioral disorders related to Coronavirus epidemic
- Potential risk for neglect of the vulnerable groups.
- Social stigmatization in the community of affected communities.

Psychosocial care and support in emergencies is an integral component in the rehabilitation of individuals and families and in restoring holistic community support and development.									
OPERATIONAL OBJECTIVES	**STRATEGIES**	**MAIN ACTIVITIES**	**SUB-ACTIVITIES**	**RESPONSIBLE AUTHORITY**	**TIME LINE**				**COST IN US$**
					Q1	**Q2**	**Q3**	**Q4**	
	Enlighten the general populace on the importance of psychosocial support	Establish mental health psychosocial, counselling centres and focal points at National Regional level	Create 14 MHPSS counselling centres	MOH, DSW UNICEF, WHO,ACTION AID, RED CROSS SOCIETY	X	X	X	X	100,000.00

To have well trained service providers on psychosocial support in place by December, 2020		Capacity building of service providers	Development of training materials	MOH, DSW UNICEF, WHO,ACTION AID, RED CROSS SOCIETY	X	x	x	x	5,000.00
			Reorientation training of service providers	MOH, DSW UNICEF, WHO,ACTION AID, RED CROSS SOCIETY	x	x	x	x	10,000.00
To have an effective and functional counselling service to the affected and secondary victims and service providers on coronavirus will be available at treatment centres and communities by December, 2020		Strengthening of counselling services	Development of MHPSS counselling protocols	MOH, DSW UNICEF, WHO,ACTION AID, RED CROSS SOCIETY	X	X	X	X	6,300.00
			Training health workers on the counselling protocols	MOH, DSW UNICEF, WHO,ACTION AID, RED CROSS SOCIETY	X	X	X	X	7,400.00
			Conduct counselling services	MOH, DSW UNICEF,	X	X	X	X	3,500.00

				WHO,ACTION AID, RED CROSS SOCIETY					
To have a well strengthened home for the elderly and shelter for children for persons who doesn't have family support will in place by December, 2020	Strengthen family support systems for vulnerable children and strengthen existing shelters for the vulnerable groups	Provision of MHPSS services for vulnerable people	Identification and sensitisation of foster families for orphans and vulnerable children (OVCs) by Social Workers and committees support groups. Re-integration of the orphans into foster families or residential care homes such as SOS by Social Workers	MOH, DSW UNICEF, WHO,ACTION AID, RED CROSS SOCIETY					4,600.00
To establish an effective and viable monitoring and evaluation system in place by December, 2020	EFFECTIVE MONITIRING AND EVALUATIONS TO An effective and viable monitoring and evaluation system will be in place by		Knowledge and behavioural impact of community engagement interventions on coronavirus viral disease (cvd) preparedness and response in		a.	b.	c.	d.	12500

	December, 2020		the Gambian communities						
			Knowledge, attitudes and behaviour of service providers in coronavirus response preparedness		a.	b.	c.	d.	6,800.00
			Conduct operational research on best practices		e.	f.	g.	h.	8,900.00
Sub Total									**155,000**

SUMMARY INDICATIVE COSTINGS

COVID 19 PLAN SUMMARY COST	**US$**
COORDINATION	37,000.00
CASE MANAGEMENT	1,475,954.50
LOGISTICS AND SAFETY	5,473,198.00
EPIDEMIOLOGICAL AND LABORATORY SURVEILLANCE	789,180.76
RISK COMMUNICATION AND SOCIAL MOBILIZATION	937,857.27
PSYCHOSOCIAL CARE AND SUPPORT	155,000.00
GRAND TOTAL	**8,868,190.53**

XV. Management Arrangements

The plan will be implemented using the National Implementation Modality. The plan will maximise the use of existing national structures and mechanisms, starting with the National Health Emergency Committee (NHEC) that is charged with the responsibility for overall coordination of the implementation and monitoring of COVID-19 Plan, and with mobilisation of resources for its implementation. The National Health Emergency Committee is chaired by the Honourable Minister of Health, Co-chaired by Dr. Mohammadou Kabir Cham, a Retiree, and includes the UN Family, Medical Research Council Gambia, Allied Government Ministries, NGOs, National Disaster Management Agency (NDMA), the Gambia Red Cross Society (GRCS), and World Bank amongst others. It consists of six specialised technical committees, as follows:

1. Coordination.
2. Epidemiology and Laboratory Surveillance.
3. Case Management.
4. Communication and Social Mobilisation.
5. Psychosocial support.
6. Logistics and Safety.

The established National Health Emergency Committee for COVID-19 will ensure monitoring and provide direct guidance and supervision to the implementation of this plan. The Subcommittees will report to the National Health Emergency Committee at specified intervals on the status of technical implementation and challenges.

The day-to-day management of the plan will be the responsibility of the Plan Coordinator recruited by the NHEC. In view of the relative short duration of the plan, and to secure the requisite technical expertise in the shortest possible time, while ensuring cost-effectiveness, the Coordinators may be drawn from the technical heads at regular intervals.

The management of allocated funds will be carried out in accordance with the MoH operational policy and procedures, based on the plan’s work plan and available budget.

XVI. Monitoring Evaluation Framework

In view of the relatively short duration of the plan as well as the nature of the COVID-19 outbreak, weekly and monthly reports on plan implementation will be prepared by the plan Coordinator in collaboration with the technical leads supported by the M&E unit of the MoH and presented to the Chairperson of the NHEC. These reports will form the basis for the review of implementation progress, and the evolution of corrective mechanisms as relevant. It is also envisaged that the monthly NHEC meetings will be complemented by periodic field visits to verify implementation levels and progress.

At the national level, the heads of technical committees will report to the NHEC responsible for the implementation of the COVID-19 on a quarterly basis. This will help to ensure synergy and complementarity between this plan and the Health Sector Emergency Preparedness and Response Plan (HSEPRP).

At the end of the plan period, a stakeholder review will be conducted, based on the plan completion report to be prepared. Given the short lifespan of the plan, it is not envisaged that an external evaluation will be conducted. Nonetheless, the end-of-plan stakeholder review will look at the efficiency, effectiveness, sustainability and relevance in the implementation of the plan. The plan period may be extended by the NHEC based on the outbreak situation.

The MoH will be responsible for reporting to the Government on the resources allocated to the work plan. This means the administration will submit an interim report, and a final report, including a financial report. These reports will clearly describe the achievement of the outcome(s) set in the aims and objectives of the plan.

XVII. QUALITY MANAGEMENT FOR PLANNED ACTIVITY AND RESULTS

OUTPUT 1: Strengthened coordination, monitoring and evaluation at all levels		
KEY ACTIVITIES	**BASELINE**	**TARGET INDICATORS**
1.1 Operationalizing a Central Emergency Command Centre (PHEOC)	Incomplete establishment to operationalize the Central Emergency Command Centre (PHEOC) with the necessary vehicles and equipment and materials	• Central Emergency Command Centre (PHEOC) operational and fully equipped with computers and well-connected operating communication sets
1.2 Procurement of vehicles and equipment	Inadequate transport facilities to undertake coordination, monitoring and evaluation activities at field level	• Two 4x4 vehicles procured and deployed for implementation support
1.3 Recruitment of plan staff, including the PCU	Absence of a National Plan Coordination Unit for COVID-19 prevention and control	• PS recruited as Plan Coordinator • Other PCU staff recruited and in place, as per the plan implementation
1.4 Organization of stakeholder meetings at central and regional levels	Stakeholder meetings are not conducted on a regular basis or sustained, particularly at regional level	• Bi-weekly coordination meetings held at central and regional levels and weekly during pandemic/outbreaks • Amount of funds disbursed for the organization of stakeholder meetings
1.5 Provision of support to regional coordination structures and mechanisms, including monthly supervisory visits to Points of Entry and health facilities	Inadequate resources to conduct monthly supervisory visits including funding	• Monthly supervisory visits undertaken to all nine Points of Entry, health facilities and reports provided
1.6 Support the effective implementation of COVID-19 prevention and control activities in all communities, health facilities, and Points of Entry, in accordance with the International Health Regulations (IHR2005)	Lack of skills in COVID-19 prevention and management, especially at community level Limited IHR (2005) utilization as the basis for health interventions	• 50 border officers and 100 community-based nurses and PHO trained on COVID-19 prevention and control and contact tracing • Monthly meetings conducted for border officers • Number of meetings organized at community level • Number of activities conducted in accordance with IHR (2005)

OUTPUT 2: Health workers fully equipped with the required knowledge, skills, and equipment/supplies		
KEY ACTIVITIES	**BASELINE**	**TARGET INDICATORS**
2.1 Provision of skills and professional training to frontline health officers, RRTs and nurses at facilities and hospitals	Inadequate skills and knowledge of health staff, especially Rapid Response Teams, nurses and surveillance officers on COVID-19	• 100% of Rapid Response Teams trained on surveillance and early detection and reporting • 100 field surveillance officers trained on case investigation techniques, contact tracing, reporting and follow-up • 100 Community Health Nurses trained on community case-based definitions and alert systems, using Training of Trainers approach
2.2 Engagement of local government authorities, traditional healers, and others in community-based surveillance	Traditional healers and local government authorities not fully involved in the COVID-19 control effort	• Monthly meetings conducted in each Region, involving local government authorities, traditional healers and other field staff
2.3 Provision of logistics support to health workers to conduct active case investigation, active case search, supervision and reporting	Lack of equipment for health workers, including protective materials Inadequate logistical support to carry out field level case search, supervision and reporting (Credit facilities, internet cost, fuel and DSA)	• Fuel, communication cards and DSA provided for case search, supervision and reporting • Monthly meetings conducted at community level on COVID-19 • Infection prevention and control (IPC) materials and supplies procured and distributed to health facilities, PoEs, community health nurses and rapid response teams at all levels

OUTPUT 3: Social mobilisation and awareness raising on COVID-19 preparedness and response plan		
KEY ACTIVITIES	**BASELINE**	**TARGET INDICATORS**
3.1 Engagement of local drama groups and traditional communicators and related structures for countrywide COVID-19 sensitization campaign	Low level of awareness at community level on COVID-19 prevention and detection and reporting to appropriate authorities using 1025 and other reliable means	• Number of drama groups and traditional communicators engaged to conduct national sensitization campaigns on COVID-19 • COVID-19 sensitization campaigns conducted in all regions • Increased levels of awareness on COVID-19 prevention and detection, particularly at local community levels
3.2 Printing and dissemination of IEC materials on COVID-19 prevention and control, and conduct of radio campaigns and use of bill boards	Limited availability of IEC materials on COVID-19 prevention and control at all levels and facilities	• 10 billboards on COVID-19 sensitization constructed across the country • COVID-19 sensitization messages broadcast in 10 community radios across the country • 2500 posters, leaflets and fact sheets on COVID-19 printed and disseminated • Increased levels of awareness on COVID-19 prevention and detection, particularly at local community level
OUTPUT 4: Effective case management, early detection and referral systems and mechanisms strengthened.		
KEY ACTIVITIES	**BASELINE**	**TARGET INDICATORS**
4.1 Conduct of training for surveillance officers to improve capacities for early case detection and reporting	Inadequate knowledge of COVID-19 surveillance tools for early case detection and reporting	• 80 surveillance officers trained on the use of adopted COVID-19 surveillance techniques • 80 surveillance officers trained on the use of screening equipment and use of PPEs
4.2 Continuous Sensitization of all staff at isolation and treatment centers on COVID-19 case detection and management including infection protection control	Clinical staff at treatment and isolation centres have limited knowledge of COVID-19 case detection and management techniques and infection protection control	• Three sensitization sessions conducted for clinical staff on case detection and management and infection protection control

4.3 Equip and operationalization of permanent and temporary treatment and isolation centers including holding facilities at Points of Entry	All treatment and isolation centers including holding facilities at Points of Entries are not fully operational	• Permanent and temporary treatment and isolation including PoE holding facilities equipped and operational
4.4 Procurement of essential drugs, equipment and consumables for effective case management and referrals	Inadequate vehicles and equipment for case management and referrals	• Three fully equipped ambulances identified/procured and deployed to strategic locations • 3,000 Personnel Protective Equipment procured, together with attendant medical consumables prepositioned
4.5 Transportation of biological samples to the regional reference laboratory in Dakar, Senegal using triple packaging	Absence of funding and related logistics for sample transportation to reference laboratory	• Sufficient funds and logistics available and accessible for emergencies