



**Guidelines for the Implementation of the  
Nigeria Centre for Disease Control & Prevention (NCDC) Gateway, Basic  
HealthCare Provision Fund**

Developed by:

The Nigerian Centre for Disease Control & Prevention (NCDC)

FEDERAL MINISTRY OF HEALTH

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## Acknowledgement

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First, we extend our deepest thanks to the BHCPF Ministerial Oversight Committee (MOC) for approving the NCDC Gateway as the fourth gateway of the BHCPF. We are grateful for their recognition of the importance of public health emergency management and their assent to the operational guidelines and fund disbursement.

We are also grateful to the MOC Chair, the Honourable Minister of Health, Dr. Osagie Ehanire for his directive to develop the NCDC gateway operational guidelines and conditions for fund utilisation and disbursement. We also appreciate the Permanent Secretary for Health, Engr. Funso Adebisi for leading the MOC to approve the ensuing output.

We would like to acknowledge the efforts of the NCDC team led at various times by Dr. Chikwe Ihekweazu and Dr. Priscilla Ihekwe in the journey towards to this destination. Their dedication, expertise, and commitment to disease prevention, emergency preparedness, and response have been invaluable in strengthening Nigeria's management of public health emergencies.

We would also like to extend our gratitude to the various stakeholders, including national and state-level authorities, technical working groups, and partners, who have collaborated with the NCDC. Their support and cooperation have been essential in achieving our goals.

In conclusion, we look forward to the positive impact of implementing of the NCDC BHCPF Gateway on Nigeria's capacity to effectively respond to public health emergencies and protect the health and well-being of its citizens.

Thank you all once again for your invaluable support.

## Foreword

The Nigeria Centre for Disease Control & Prevention (NCDC) is pleased to present the operational guidelines for the NCDC Gateway under the Basic Healthcare Provision Fund (BHCPF). The NCDC Gateway has been established as the fourth gateway of the BHCPF and approved by the BHCPF Ministerial Oversight Committee (MOC) in 2021.

The goals of the NCDC Gateway are to enhance Nigeria's response to public health emergencies according and strengthen the NCDC's coordinating and convening role in the national health security space.

The NCDC Gateway will expand and strengthen Nigeria's management of public health emergencies. With the ever-present threat of communicable diseases and other public health events, it is essential to have a dedicated budget and institutional arrangements in place to ensure a timely and effective response to outbreak emergencies. This is aligned to our adoption of the 7-1-7 performance metrics that require public health emergencies to be detected within 7 days of onset, notified within a day and an effective response delivered within 7 days.

These guidelines describe the key components of the NCDC Gateway, including the Project Implementation Unit (PIU), the Health Emergency Response Operations and Management (HERO-M), and the State Public Health Emergency Operation Centres (PHEOC) Support. Each component plays a crucial role in ensuring the effective implementation of the NCDC Gateway and strengthening public health emergency management (PHEM) activities.

The NCDC Gateway operational guidelines are a significant step forward in improving Nigeria's preparedness and response to public health emergencies. They provide a clear framework for the allocation and utilization of funds, ensuring transparency, accountability, and efficiency in the management of the BHCPF resources.

We owe an immense debt of gratitude to all the stakeholders involved in the development of these guidelines, including the Ministerial Oversight Committee, the adhoc FMoH sub-committees, the NCDC team, and our partners. Their expertise and dedication have been instrumental in shaping the NCDC Gateway and this operational guideline.

I encourage all relevant stakeholders, including State governments, to familiarize themselves with these guidelines and actively participate in the implementation of the NCDC Gateway. Together, we can strengthen Nigeria's capacity to prevent, detect, respond, and mitigate the impact of public health emergencies to ensure the health and well-being of our nation.

**Dr. Ifedayo Adetifa**  
**Director-General**  
**Nigeria Centre for Disease Control & Prevention**

## Abbreviations

AMRCC - Antimicrobial Resistance Coordinating Committee

BHCPF - Basic Health Care Provision Fund

CBN - Central Bank of Nigeria

DG - Director-General

FCT - Federal Capital Territory

HERO-M - Health Emergency Response Operations and Management

LGAs - Local Government Areas

MOC - Ministerial Oversight Committee

NCDC - Nigeria Centre for Disease Control & Prevention

NOHCU - Nigeria One Health Coordinating Unit

NOHRIS - National One Health Risk Surveillance and Information Sharing

PHE - Public Health Emergency

PHEOC - Public Health Emergency Operation Centre

PHEORF - Public Health Emergency/Outbreak Response Fund

PIU - Project Implementation Unit

SE – State Epidemiologist

SOC - State Oversight Committee

SSD – Subnational Support Department

TSA - Treasury Single Account

TWGs - Technical Working Groups

WHO - World Health Organization

## Executive Summary

This operational guideline outlines the institutional arrangements, goals, objectives, and the fund allocation for the NCDC Gateway. These NCDC BHCPF Gateway guidelines will guide the operationalization of this gateway.

The NCDC Gateway's goal is to expand and strengthen public health emergency management in Nigeria. It will reduce the bottleneck due to inadequate funding and delays in resource mobilisation and support national aspiration of detecting public health emergencies within 7 days, ensuring notification within 24 hours and the delivery of an effective response within 7 days (the 7-1-7 metrics). The objectives of the NCDC Gateway include providing sustainable funding for public health emergency management, improving disease surveillance and response, supporting NCDC's coordinating and convening role for national health security, and facilitating the functions of subnational public health emergency operation centres.

The institutional arrangements of the NCDC Gateway consist of the NCDC Gateway Project Implementation Unit (PIU), Health Emergency Response Operations and Management (HERO-M), and State Public Health Emergency Operation Centres (PHEOC) Support. The NCDC Gateway PIU is responsible for the day-to-day running of the Gateway and ensures compliance with operational guidelines. HERO-M coordinates emergency response and management, while SPHEOCs serve as centralised platforms for outbreak response coordination at the state level.

The fund allocation and disbursement for the NCDC Gateway are outlined in the operational guidelines. The funds are allocated to different components, including PIU operations, SPHEOC support, and the Public Health Emergency and Outbreak Response Fund (PHEORF). The proportion (percentage) allocated vary for each component but are all aligned with the aim of supporting various aspects of public health emergency preparedness and response.

In conclusion, the operational guidelines for the NCDC Gateway provide a framework for enhancing Nigeria's capacity emergency preparedness and response. The guidelines outline the goals, objectives, institutional arrangements, and fund allocation for the NCDC Gateway, ensuring there is now sustainable funding, and improved disease surveillance and response capabilities. By implementing these guidelines, Nigeria will bring more domestic resources to bear in strengthening its public health emergency management activities and mitigate the impact of disease outbreaks and other public health event.

## 1.0 Background.

In 2021, the Ministerial Oversight Committee (MOC) for the Basic Health Care Provision Fund approved the Nigeria Centre for Disease Control & Prevention (**NCDC Gateway**) as the fourth (4<sup>th</sup>) Gateway of the Basic Healthcare Provision Fund (BHCPF).

The BHCPF MOC also approved the inclusion of the NCDC Gateway in the BHCPF Operational Guidelines and the disbursement of funds to all gateways. This NCDC BHCPF gateway operational guidelines will explain the institutional arrangement of this gateway, allocation of funds, the disbursement criteria of funds to states, among others, as directed by the BHCPF MOC.

In a memo dated 6<sup>th</sup> August 2021, the Hon. Minister of Health directed that NCDC develops its gateway operational guidelines as well as conditions for utilisation and disbursement of this fund that aligns with the NCDC's core mandate (disease prevention, emergency preparedness and response) as had been done already for other gateways. In 2021, the disbursement allocated for the **NCDC Gateway was 2.5% of 50% (1.25% of the total BHCPF)**.

## 2.0 Overview of the NCDC Gateway

The NCDC Gateway Programme will be implemented by the NCDC to enhance Nigeria's management of Public Health Emergencies.

### 2.1. Goal and objectives:

The goal and objective of the NCDC gateway align with the core mandate of NCDC as recommended by the minister's memo dated 6<sup>th</sup> August 2021.

#### 2.1.1 Goal of and Justification for the NCDC gateway:

The overall goal of the NCDC Gateway is to expand and strengthen the effective response to public health emergencies in Nigeria. In 2018, the NCDC Act was passed and prescribed a mandate to prevent, detect, and respond to communicable disease threats and other public health emergencies (PHEs).

NCDC responds to one or more outbreak(s) monthly and leads the response to large outbreaks whilst supporting States to respond to small outbreaks. Response to disease outbreaks or other PHEs needs to be timely, adequate, and is built on a multi-disciplinary approach across the different levels of the health care system. Without a dedicated budget for the foregoing, there have been delays in detecting disease outbreaks and/or other events. In addition, when a public health emergency is identified, depending on the scale, the NCDC has needed to make urgent/emergency requests to partners and to the Federal Government of Nigeria for funds to kickstart a response. Unfortunately, this situation persists even now as the NCDC approved budgets since inception will show. The World Bank REDISSE project has largely filled this gap since 2021 but will terminate on 31<sup>st</sup> August 2023.

NCDC has recently piloted and adopted the timeliness metrics, 7-1-7. It is a measure of the timeliness of detection of a public health event (target of  $\leq 7$  days from emergence), notification (target of  $\leq 1$  day from detection), and completion of effective response actions (target of  $\leq 7$  days from notification). Through routine monitoring of detection and response performance of our health emergency systems, the NCDC will continue to identify bottlenecks to and enablers of system performance. This 7-1-7 target has now been adopted by the WHO Regional Office for Africa as part of their Regional Strategy for Health Security and Emergencies (2022-2030).

#### 2.1.2 Objectives of the NCDC gateway:

- To provide sustainable funding for public health emergency management at the NCDC/national and subnational levels.
- To provide investment to help improve effective disease surveillance and response to public health emergencies at national and subnational level.
- To facilitate the functions of public health emergency operation centres (PHEOCs) at national and subnational levels.

### 3.0 Institutional Arrangements of the NCDC Gateway



The NCDC gateway will constitute of the following structures:

- Operations
  - NCDC Gateway Project Implementation Unit (PIU)
- Programmatic
  - Health Emergency Response Operations and Management (HERO-M):
  - State Public Health Emergency Operation Centres (SPHEOC) Support

### **3.1 NCDC Gateway Project Implementation Unit (PIU)**

The PIU will be responsible for the day-to-day running of the Gateway, driving implementation and compliance with the operational manual and guidelines. PIU operations include procurement of relevant equipment, strategic communication, advocacy, grievance redress system, risk management, PIU staff, capacity building for PIU/technical staff, performance management, monitoring and evaluation activities. The PIU shall provide direct oversight to the NCDC gateway and lead, coordinate, and maintain effective communication on NCDC's Gateway with all key national and state level stakeholders to strengthen public health emergency management activities in the country. Its activities will be funded by 5% of the NCDC BHCPF allocation.

### **3.2 Health Emergency Response Operations and Management (HERO-M):**

The HERO-M or the NCDC BHCPF Public Health Emergency Outbreak Response Unit is assigned the crucial role of monitoring infectious disease trends from Public Health Emergency Operations Centres (PHEOCs).

HERO-M will also work with multiple sectors and partners aimed at enhancing the effectiveness of outbreak response efforts and ensuring the successful control of disease outbreaks. By leveraging the collective expertise and

resources of various sectors, the goal is to optimize outbreak response strategies and achieve effective management of public health emergencies.

The HERO-M will be responsible for the following:



a. **Disease Surveillance and Response:** for monitoring and analyses of trends in disease outbreaks and public health threats across the country based on multi-hazard plans and annual risk calendars at national and subnational levels. It will involve the systematic collection, analysis, and interpretation of data for emergency preparedness and response.

It will contribute to the implementation of the 7-1-7 framework at national and especially at State level and strengthen State public health emergency and outbreak management through capacity building, technical assistance to fill amenable gaps identified via Intra/After Action Review during/after response activities respectively.

b. **Outbreak Investigation and Management:** The HERO-M shall support the confirmation and management of disease outbreaks, working closely with states, local government areas, and other relevant stakeholders. This includes conducting epidemiological investigations, deploying rapid response teams, and implementing control measures. It will oversee the use of the Public Health Emergency/Outbreak Response Fund (PHEORF) with oversight of the DG NCDC in the event of an outbreak or signal requiring investigation and/or confirmation of an outbreak/public health event.

HERO-M will play a pivotal role in ensuring the NCDC DG is provided with all vital information required for use of the PHEORF when it is required or activated

for use. It will collaborate closely with all leads/incident managers from disease-specific Technical Working Groups (TWGs) at the NCDC and in the One-Health arena for effective coordination and response.

c. **Health security secretariat/coordination:** It will also serve as secretariat for NCDC's convening/coordinating roles across Ministries, Departments and Agencies (MDAs) and national health security stakeholders such as Technical Working Groups for One-Health, the National Action Plan on Health Security, Nigeria One Health Coordinating Unit (NOHCU), National One Health Risk Surveillance and Information Sharing (NOHRIS) Group, Nigeria Antimicrobial Resistance Coordinating Committee (AMRCC), and the more recently recommended Chemical Events TWG and Poisons Information Centre.

### **3.3 State Public Health Emergency Operation Centres (PHEOC) Support**

A Public Health Emergency Outbreak Centre (PHEOC) is an emergency operation centre (EOC) that specializes in the command, control, and coordination requirements of responding to emergencies that involve health consequences and public health threats. The establishment of PHEOCs is guided by the WHO 2015 framework for PHEOCs in accordance with global best practices. They serve as a centralized platform for coordinating and collaborating across multiple sectors to improve the effectiveness of outbreak response efforts and enable effective control of disease outbreaks. In the past decade, PHEOCs have been established countrywide to bridge the gaps in outbreak response coordination.

A common narrative from Situation Reports received from States is the absence of or scarce resources for PHEOC operations including case investigation, contact line listing, activities of state focal laboratory persons, etc. This situation persists despite a National Council of Health resolution in 2021 for States to include budget lines for PHEOC operations in their annual budgets. The NCDC BHCPF Gateway will support and strengthen the State PHEOCs and its networks across Nigeria through the provision of seed operations resources. All 36+1 states currently have PHEOCs in place which the NCDC's Subnational

Support Department (SSD) currently offer mainly technical and some material support. The NCDC's SSD will coordinate and implement this effort to strengthen public health emergency management activities within individual states.

The State Epidemiologists (SE) will lead the development and implementation of activities for PHEOC operations, outbreak investigations and responses in States with oversight of extant management structures. The SE with the leadership of the State Commissioner of Health and/or delegate shall be responsible for leading the development of the workplans, implementation and reporting of the programme. This activity will be funded through the allocation of **80%** of NCDC's BHCPF Programmatic allocation.

#### 4.0 Fund Allocation and disbursement for the NCDC gateway

The NCDC has opened and maintains a TSA BHCPF Account at the Central Bank of Nigeria (CBN) with appropriate signatories for BHCPF Operations. Disbursement from the fund shall be made from the BHCPF Consolidated Revenue Account as direct credits into the TSA sub-accounts of the BHCPF at the CBN. The BHCPF MOC shall allocate and disburse quarterly funds to the NCDC Gateway as currently obtains for all existing BPHCPF Gateways. Each quarterly (and overall annual) disbursement for NCDC gateway shall comprise of two components- Operations (5%) and Programme allocation (95%). From the PIU, the finance officer shall prepare and submit quarterly financial reports, quarterly interim financial projections, compliance with service delivery data requirements and resolution of outstanding external audit, or ad-hoc financial review findings.

The NCDC BHCPF allocation will support activities that are crucial for effective public health emergency preparedness and response interventions at national and subnational levels as outlined below:

1. The PIU Operations (office, administration, advocacy, communications, Monitoring & Evaluation, etc.)
2. Public Health Emergency and Outbreak Response Fund (PHEORF)

### 3. State Public Health Emergency Operation Centre (PHEOC) Support

#### 4.1 The PIU Operations (office, administration, advocacy, communications, Monitoring & Evaluation, etc.) of the NCDC Gateway:

**Five percent (5%)** of total NCDC BHCPF annual allocation is for NCDC's Gateway is the administrative cost for PIU to support the operationalization of the NCDC Gateway as well as administrative cost for engaging and following up with states as with other BHCPF gateways operate.

#### 4.2 State Public Health Emergency Operation Centre (PHEOC) Support

**Eighty percent (80%)** of the NCDC BHCPF programmatic allocation is for State PHEOC support and will be disbursed by NCDC directly to 36 states and FCT that meet the disbursement eligibility criteria for SPHEOC operations, outbreak investigation and response. This fund shall be disbursed to the State Oversight Committee (SOC) TSA account from NCDC Gateway to be managed by the State Epidemiologist with oversight by the Commissioner of Health or delegate, This fund will be shared equally to all states and the FCT. The NCDC Gateway finance officer shall keep track of all funds allocated to states and FCT and collate quarterly financial and programme reports from States. The State Epidemiologist shall be responsible and accountable for managing the funds disbursed to the state.

The NCDC's Subnational Support Department and PIU will have oversight of this fund. The Subnational Support Department of the NCDC will be responsible for communicating and verifying that States meet the eligibility criteria for disbursement. Once the states that meet the criteria are identified, this information will be conveyed to the Project Implementation Unit (PIU), who will then share it with the NCDC DG for approval of fund disbursement.

##### 4.2.1 Eligibility of State PHEOC for Disbursement of Funds

States PHEOC will be eligible to assess the BHCPF-NCDC Gateway Funds when they have:

- Opened a dedicated TSA account in the State for NCDC Gateway.
- Assigned a focal person (Project manager) besides the State Epidemiologist and project accountant responsible for NCDC Gateway
- Submitted an annual State PHEOC workplan with activities/interventions aligned with NCDC's approved themes such as strengthening of sub-national Incident Management Systems, State PHEOC operations, outbreak investigation and response, etc.
- Collation and reviewed of state submissions by the PIU in collaboration with PHEOC Network Division and approval by DG, NCDC.

The NCDC BHCPF finance officer will ensure that funds are disbursed to States within **ten (10) days** of meeting the eligibility criteria following the approval from the DG NCDC (excluding CBN processes). The SPHEOC work plan will include themes as seen in table 1.

**Table 1: Workplan budget allocation themes**

No	Description of theme
1	PHEOC operations support during an outbreak/incident response
2	Public health event/Infectious Disease Outbreak Investigation, deployment of State Rapid Response teams to LGA reporting Incident including contact tracing and case line listing
3	State PHEOC multi-sectoral meetings at least quarterly.
4	State PHEOC core team meetings and capacity building, training
5	State Epidemic Preparedness committee quarterly meeting
6	Surveillance and intelligence activities – internet data for reporting at subnational level (state and LGAs) and dissemination of data

### **4.3 Public Health Emergency and Outbreak Response Fund (PHEORF)**

**Twenty percent (20%)** of the NCDC gateway programmatic allocation is to be set aside for the PHEORF. This PHEORF will facilitate prompt access to resources for early deployment of Rapid Response Teams, technical staff, and response commodities from the national level by the NCDC for infectious disease outbreaks and public health emergency investigation and response. Following the activation by the DG NCDC, this fund will be managed by the HERO-M with oversight from the DG NCDC. This fund will support incident management activities, coordination, and maintenance of effective communication with individual state PHEOCs and other key state level stakeholders to strengthen public health emergency and disease outbreak management.

The NCDC Gateway PIU programme Lead, Finance Officer and HERO-M lead will keep track of all funds approved by the DG from PHEORF to support the response to the infectious disease outbreak/public health emergencies.

#### **4.3.1 Activation of the Public Health Emergency and Outbreak Response Fund (PHEORF)**

The PHEORF will be activated by NCDC DG in the event of an outbreak or signal requiring investigation, on invitation/request for assistance by State health authorities in the event of a signal or confirmed outbreak and/or on confirmation of a large or nationwide outbreak/public health event especially when rapid access to other funding is not possible/available. The NCDC DG will inform the Honourable Minister of Health within 24 hours of activation for concurrence. The NCDC DG already performs this role on recommendation of disease TWGs, partners, etc using other sources of funding e.g., World Bank REDISSE project grant.

Separate from these, the usual PHEM procedures will continue to be followed including the joint risk assessments required for activation of alert and/or response mode for a confirmed event (see below for risk assessment matrix)

## Risk Levels and actions

Level of Overall Risk	Actions	Remarks
Very High Risk 19-24	<ul style="list-style-type: none"> <li>Immediate response required, even if the event is reported out of normal working hours</li> <li>Immediate Senior Management attention needed, the implementation of control measures with serious consequences is highly needed.</li> </ul>	The Command & Control structure should be established within 2hrs and switch to response mode
High Risk 13-18	<ul style="list-style-type: none"> <li>Senior Management attention needed</li> <li>May need to activate EOC</li> </ul>	Command & Control structure should be in Alert or Response depending on incident
Moderate Risk 7-12	<ul style="list-style-type: none"> <li>Roles &amp; responsibility for response specific</li> <li>Specific control measures required</li> </ul>	Should be in Alert mode / Enhanced surveillance
Low Risk 0-6	<ul style="list-style-type: none"> <li>Routine control</li> <li>Manage according to standard protocols &amp; regulations</li> </ul>	Watch mode- Routine surveillance system & secondary sources

Some of the considerations in risk assessments are -

- a. Potential threat to people property and/or environment.
- b. High number of people affected/high number of people at risk.
- c. Affected wards/LGA reaching alert thresholds and/or crossing the epidemic threshold.
- d. Need for additional capacities beyond the local capacity to control the outbreak.
- e. Uncertain conditions, emerging or re-emerging infections (including possibility of escalation of event, limited knowledge of the extent of the damage).
- f. Declaration of state of local emergency.
- g. Response coordination is required because,
  - Large or widespread of event
  - Multiple emergency sites
  - Several responding agencies
  - Increased severity of incident
  - Heightened public and media interest.



- Diseases of international significance

#### 4.3.2 Coordination of Public Health Emergency and Outbreak Response

When NCDC receives a Spot Report (Spotrep) about an infectious disease outbreak or Situation Report (Sitrep) about a possible/potential public health emergency/event from an affected state(s); the relevant Technical Working Group (TWG) will work with the HERO-M to initiate preliminary investigation/assessment and coordinate the deployment of a national Rapid Response Team (comprising of technical experts from NCDC and relevant MDAs where applicable) to the affected state to support the investigation and response to the infectious disease outbreak/or public health event/emergency. These activities will be funded using the PHEORF as the NCDC does not have budget lines for this and currently depends on partner or project funding. Based on findings of the preliminary assessments and emerging situation reports, the relevant TWG lead shall lead the development of a concept note or Incident Action Plan with a budget for its proposed emergency response management activities for review and approval by the NCDC DG.

The TWG lead shall submit the concept notes and memo on the emerging public health emergency/infectious disease outbreak including request(s) for approval for the deployment of a national RRT to the affected state(s). The Head, Response Division (Health Emergency Preparedness and Response Departments, HEPR), Head, PHEOC division (SSD) and Technical Assistant, Operations (Office of the DG) will also be copied. The approval for the use of the PHEORF, will be copied/forwarded to the NCDC gateway PIU and Head, Finance and Accounts for processing, necessary action, and documentation. Response to an infectious disease outbreak/ public health event require regular meetings within NCDC led by TWG leads at a frequency determined by the outcome of the risk assessment.

Roles of NCDC teams are summarised below:

- The technical and programmatic response to a public health emergency is led and coordinated by TWG lead/Incident Manager in collaboration and effective communication with other technical departments at the NCDC.
- The NCDC Gateway PIU and finance officer shall keep track of all funds approved from PHEROF to support the response to the infectious disease outbreak/public health emergencies.
- The Response Division (HEPR) shall track, store, and analyse all RRTs' final reports, infectious disease outbreak reports, incident reports and after-action review reports.
- The NCDC's Subnational PHEOC Network Division shall coordinate and maintain effective communication with state PHEOCs and other key state level stakeholders to strengthen public health emergency management activities within the state.

## 5.0 NCDC Gateway Monitoring Evaluation Accountability and Learning (MEAL) Framework

The MEAL framework below mandates timely reporting from responsible persons at national subnational with periodic field monitoring supervision and rapid assessments. The NCDC gateway would leverage technology for reporting efficiency and timely disbursement for funding.

### 5.1 Objectives of the MEAL Framework

Overall, the objectives of MEAL for the NCDC gateway is to ensure effective implementation, enhance public health emergency response, demonstrate impact, enhance accountability, foster learning, and enable evidence-based decision-making for improved outcomes and sustainable disease surveillance at national and subnational level. The Meal framework will aim:

- To track fund releases and disbursements.

- To systematically collect and analyse data to track the progress, performance, and outcomes of a program or project.
- To assess the relevance, effectiveness, efficiency, and sustainability of the NCDC gateway
- To ensure transparency and accountability to stakeholders, including beneficiaries, donors, and partners.
- To facilitate a culture of continuous learning and improvement. MEAL processes encourage reflection, analysis, and knowledge sharing to generate lessons learned and best practices.
- To ensure compliance with the NCDC Gateway Guidelines.

The MEAL system will promote accountability by establishing mechanisms for feedback, complaints, and grievance redressal, ensuring that actions and decisions are based on evidence and align with established standards and principles.

### **5.1.1 Structure of MEAL Framework**

1. **TSA Accounts:** All States shall open a TSA account for NCDC Gateway (with State Epidemiologist or Commissioner for Health's delegate as the responsible focal officer).
2. **Funding:** Funds shall only be used for investigating and responding to infectious outbreaks and public health emergencies.
3. Programme operations to promote adoption and **application of the 7-1-7 principle.**

### **5.1.2 Reporting for MEAL framework**

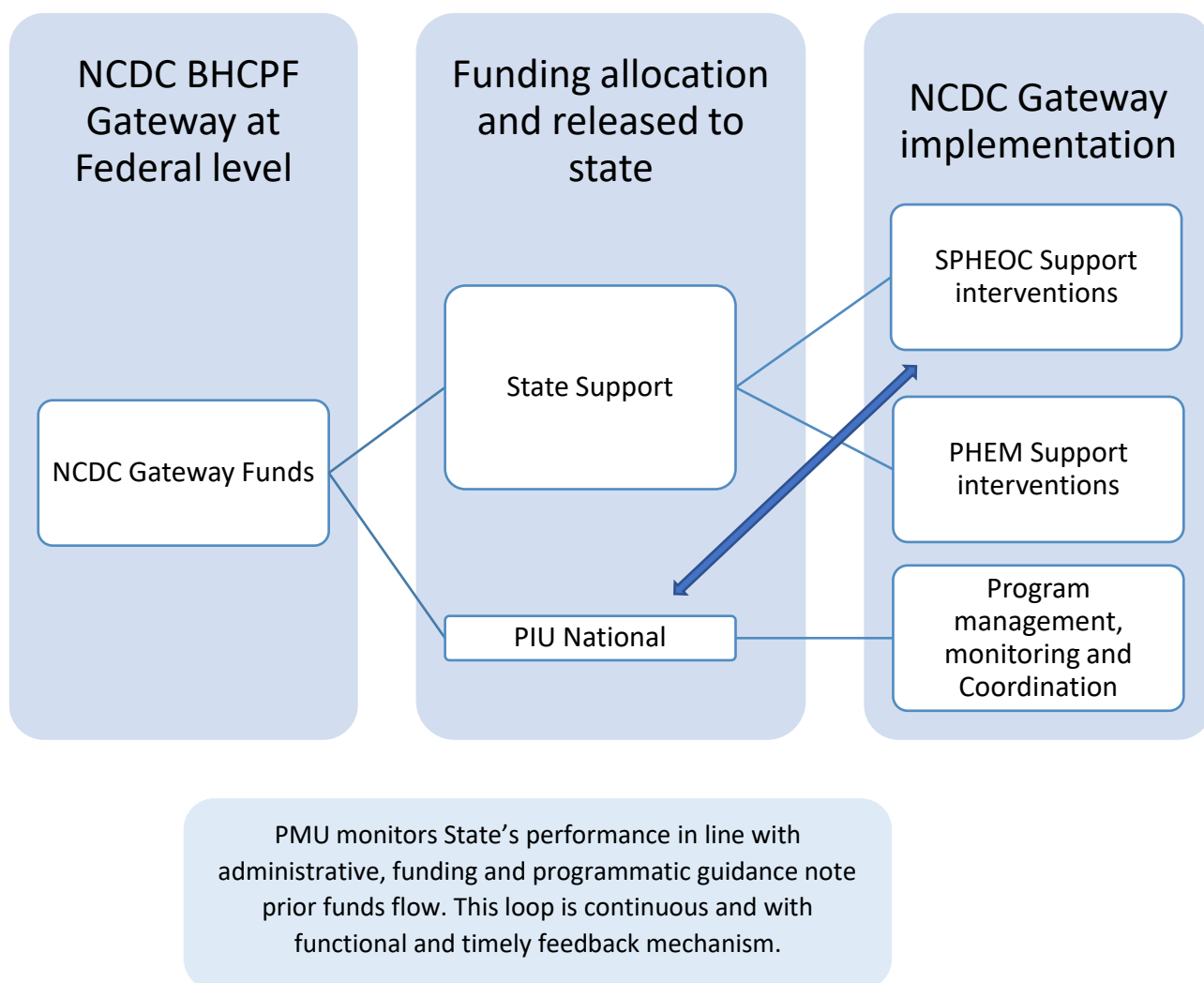
Reporting for the MEAL framework shall emanate from routine reports from States, including financial and supervisory reports. All reports (programme and financial) shall be compiled at least quarterly and other required reports for the NCDC Gateway as indicated in relevant sections of this guideline. These

reports shall clearly highlight aspects of the framework that is pertinent to their level, also stating successes, commendations, good practice, gaps identified and proposed solutions, as well as sanctions invoked as necessary based on the accountability framework and NCDC Gateway Guidelines. State PHEOCs and NCDC may be required to provide additional reports in subsequent Standard Operating Procedures.

## **5.2 Rewards and Sanctions**

Specific rewards and sanctions for aspects of the accountability frameworks for NCDC Gateway; will be guided by consensus with stakeholders to ensure compliance. Note that rewards and sanctions shall not contravene the public service rules and regulations, public financial regulations, and the national Procurement Act. For any involvement of private sector entities in NCDC Gateway, extant federal laws shall apply as relevant for financial matters.

## NCDC Gateway MEAL Structure



### 5.3 Reporting

Reporting is an essential requirement and component of implementing the NCDC Gateway programme. Quarterly and annual programme and financial reports on the NCDC Gateway shall be prepared by the State PHEOCs (led by State Epidemiologists) who have received disbursement. This report shall be collated by NCDC Gateway PIU. In addition, other reports may be required as necessary on ad hoc basis.

### 5.4 Transparency and accountability

The NCDC Gateway will hold responsible persons in NCDC Gateway (PIU lead and the finance office), and the SEs for State PHEOC (in State Ministry of Health)

responsible and accountable for inaction and misconduct that threaten the success of the programme (including public health emergency and outbreak response).

### **5.5 Fraud**

The inability to account for or reconcile funds, shall be subject to investigative audit. Where fraud is detected in the form of embezzlement or outright diversion of funds, report shall be made to relevant antigraft agencies for appropriate investigations and prosecution. All levels of implementation shall be held liable for fraud and fraudulent practices.

### 3.0. Annex

**Table 1: Proposed Intervention and Key Activities 2022**

<b>Intervention &amp; Key activities</b>	<p><b>Key Activity 1:</b> Operationalization of the NCDC Gateway.</p> <p>The NCDC Gateway PIU will be responsible for managing the day-to-day operations of the NCDC Gateway. This includes procurement, coordination and communication with stakeholders, advocacy, grievance redress, risk management, capacity building, performance management, monitoring, and evaluation, documentation, report writing, policy briefs and publications.</p>
<b>Rationale</b>	<p>To provide oversight and coordination for the implementation of the NCDC Gateway</p>
<b>Expected Outcome</b>	<ul style="list-style-type: none"> <li>• Adherence to BHCPF Operational Guidelines</li> <li>• Coordinated implementation of the NCDC gateway</li> <li>• Production and submission of timely reports</li> <li>• Early risk identification and management</li> </ul>
<b>Intervention &amp; Key activities</b>	<p><b>Key Activity 2:</b> NCDC Gateway Programme implementation.</p> <ol style="list-style-type: none"> <li>a. Create, contribute and activation of the PHEORF.</li> <li>b. Strengthen state PHEOCs and support outbreak investigation and response.</li> <li>c. Strengthen subnational support and coordination of the national network of PHEOCs, and the National Incident Coordination Centre.</li> <li>d. Boost institutional capacity for effective emergency disease preparedness and response.</li> </ol>

<b>Rationale</b>	To strengthen national and subnational preparedness and response to public health emergencies and events.
<b>Expected Outcome</b>	<ul style="list-style-type: none"><li>• Timely management of public health emergencies according to the 7-1-7-metric.</li><li>• Improved coordination of multisectoral approach to national health security.</li></ul>



**Table 2: MEAL Framework**

S/No	Theme	Level	Broad Indicator	Description/ Comment	Tracker rating, required action	Report	Responsibility
1	Funding	National	Proportion of BHC PF allocated to NCDC gateway	Measure of FGoN commitment to implementation of NCDC gateway	i =on track ii =slightly off track; fund release less than 1.25% of total BHC PF	Annual Appropriation	FMoH, BHC PF MOC, DG NCDC
2	Funding	National	Proportion of released funds disbursed to states within 10 days working days of receipt	Release of BHC PF funds is proxy for measuring availability of funding at state level, PHEOCs to implement	i =on track funds fully disbursed to states ii =slightly off track; partial disbursement, immediate corrective action required. iii = severely off track, no disbursement of released fund; urgent immediate intervention required,	TSA	DG, NCDC and All SE, HCH and/or delegate
3	Coordination	State	Availability of functional coordination PHEMC (EOC) at state level	Availability of functional coordination PHEMC (EOC) at state level	Availability of functional coordination PHEMC (EOC) at state level	PHEOC Infrastructure and equipment reports,	DG, NCDC HCH State Epidemiologist

S/No	Theme	Level	Broad Indicator	Description/ Comment	Tracker rating, required action	Report	Responsibility
						operations reports	
<b>4</b>	PHEOC operations	State	Quarterly multisectoral PHEOC meeting	Conduct Multi-sectoral PHEOC meetings (including one annual simulation exercise)	i. four quarterly reports per year ii. No annual simulation exercise – remedial action	Minutes of multi-sectoral PHEOC meetings, including state One Health meeting, report of simulation exercise)	SE, Relevant MDAs, SMOH
<b>5</b>	PHEOC operations	State	Monthly meeting of the core PHEOC staff/team	Structured monthly meetings of core PHEOC staff/team	At least 10 monthly meeting of Core PHEOC team	Minutes of meetings with completed action points	SE State, DSNO, SMOH

<b>S/No</b>	<b>Theme</b>	<b>Level</b>	<b>Broad Indicator</b>	<b>Description/ Comment</b>	<b>Tracker rating, required action</b>	<b>Report</b>	<b>Responsibility</b>
<b>6</b>	Public health emergency management Committee (PHEMC)	State	Number of quarterly PHEMC meeting	Meeting of PHEMC with agenda of state preparedness and response actions for priority infectious diseases at each meeting	i =all priority infectious disease reviewed ii <50% priority infectious disease reviewed – remedial action especially for seasonal epidemic disease	Minutes of meetings with completed actions aligned with annual workplan/STAR and EPR assessments for priority infectious diseases in the State.	SE, State DSNOs, SMOH

<b>S/No</b>	<b>Theme</b>	<b>Level</b>	<b>Broad Indicator</b>	<b>Description/ Comment</b>	<b>Tracker rating, required action</b>	<b>Report</b>	<b>Responsibility</b>
<b>7</b>	Programme	State	Every suspected outbreak is identified within 7 days of emergence, notified to public health authority within one day, and effectively responded to within 7 days base on defined benchmarks	7-1-7 target ensures timely and quick detection, notification, and response to public health threats.	l =100% of incident/outbreak comply with the three-component time target li = off track in any of the 7-1-7 targets	SITWARE, Situation reports, surveillance systems, SORMAS	SEs, State PHEOC, NCDC