

USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTAPS) PROGRAM

Improved Access. Improved Services. Better Health Outcomes.

COVID-19 MONTHLY REPORT AUGUST 2020

COVID-19 MONTHLY REPORT

AUGUST 2020

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PROJECT OVERVIEW

Program Name:		USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program
Reporting Period:		August 1-31, 2020
Activity Start Date and End Date:		September 20, 2018 – September 19, 2023
Name of Prime Implementing Partner:		Management Sciences for Health
Contract Number:		7200AA18C00074
MTaPS Partners:	Core Partners:	Boston University, FHI360, Overseas Strategic Consulting, Results for Development, International Law Institute-Africa Centre for Legal Excellence, NEPAD
	Global Expert Partners:	Brandeis University, Celsian Consulting, Deloitte USA, Duke-National University of Singapore, El Instituto de Evaluacion Technologica en Salud, IC Consultants, MedSource, IQVIA, University of Washington
	Capacity Resource Partners:	African Health Economics and Policy Association, Ecumenical Pharmaceutical Network, U3 SystemsWork, University of Ibadan, African Collaborating Centre for Pharmacovigilance and Surveillance, Kilimanjaro School of Pharmacy, Muhimbili University, Pharmaceutical Systems Africa
	Collaborators:	International Pharmaceutical Federation, Howard University, University of Notre Dame, WHO, World Bank

Recommended Citation

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ACRONYMS AND ABBREVIATIONS

ARI	acute respiratory infection
COVID-19	coronavirus disease 2019
eSC	emergency supply chain
HCW	health care workers
HCWM	health care waste management
IPC	infection prevention and control
MOH	Ministry of Health
MTaPS	Medicines Technologies and Pharmaceutical Services Program
PPE	personal protective equipment
SARI	severe acute respiratory infection
SOP	standard operating procedure
TA	technical assistance
ToT	training of trainers
TWG	technical working group
WHO	World Health Organization

COVID-19 Indicator Overview

Data last refreshed on: Sep 10, 2020

Indicator ▲	March	April	May	June	July	August	Cumulative
CV 1: # and % of MTaPS-supported health facilities whose staff received COVID-19-related IPC training	200	929	207	429	759	480	3004
CV 2: # of persons who received COVID-19-related training	896	4512	8421	5347	10002	4827	34005
CV 3: # and % of MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs	2	67	28	48	123	256	524
CV 4: # and % of MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities		617	675	677	687	693	

CV 1: # of MTaPS-supported health facilities whose staff received COVID-19-related IPC training by country

Country ▲	March	April	May	June	July	August	Total
Bangladesh	88	691	16	77	2	2	876
Burkina Faso				26	4	18	48
Cameroon		10	0	3	4	9	26
Cote d'Ivoire		1	0	12	6	6	25
Ethiopia		2	79	41	31	243	396
Jordan						3	3
Kenya	112	201	24	39	28	2	406
Mali			19	41	0	0	60
Mozambique				18	59	28	105
Philippines		24	33	42	23	14	136
Senegal			1	5	20	0	26
Tanzania			35	0	0	4	39
Uganda				125	582	151	858

CV 2: # of persons who received COVID-19-related training by country

Country ▲	March	April	May	June	July	August	Total
Bangladesh	560	1530	376	1114	88	88	3756
Burkina Faso				26	100	300	426
Cameroon		25	0	360	81	204	670
Cote d'Ivoire		30	0	507	60	151	748
Ethiopia	15	125	312	228	741	657	2078
Jordan						98	98
Kenya	321	1091	200	311	34	57	2014
Mali			30	89	0	0	119
Mozambique				243	2142	1889	4274
Philippines		1711	6948	2091	2326	405	13481
Senegal			31	28	62	0	121
Tanzania			524	0	0	248	772
Uganda				350	4368	730	5448

CV 3: # of MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs by country

Country ▲	March	April	May	June	July	August	Total
Cameroon					0	7	7
Cote d'Ivoire		0	13	2	7	0	22
Ethiopia		2	4	10	26	197	239
Jordan						4	4
Kenya	2	65	11	36	0	21	135
Mali				0	2	10	12
Mozambique					5	10	15
Philippines		0	0	0	10	6	16
Tanzania			0	0	0	1	1
Uganda				0	73	0	73

CV 4: # of MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities by country

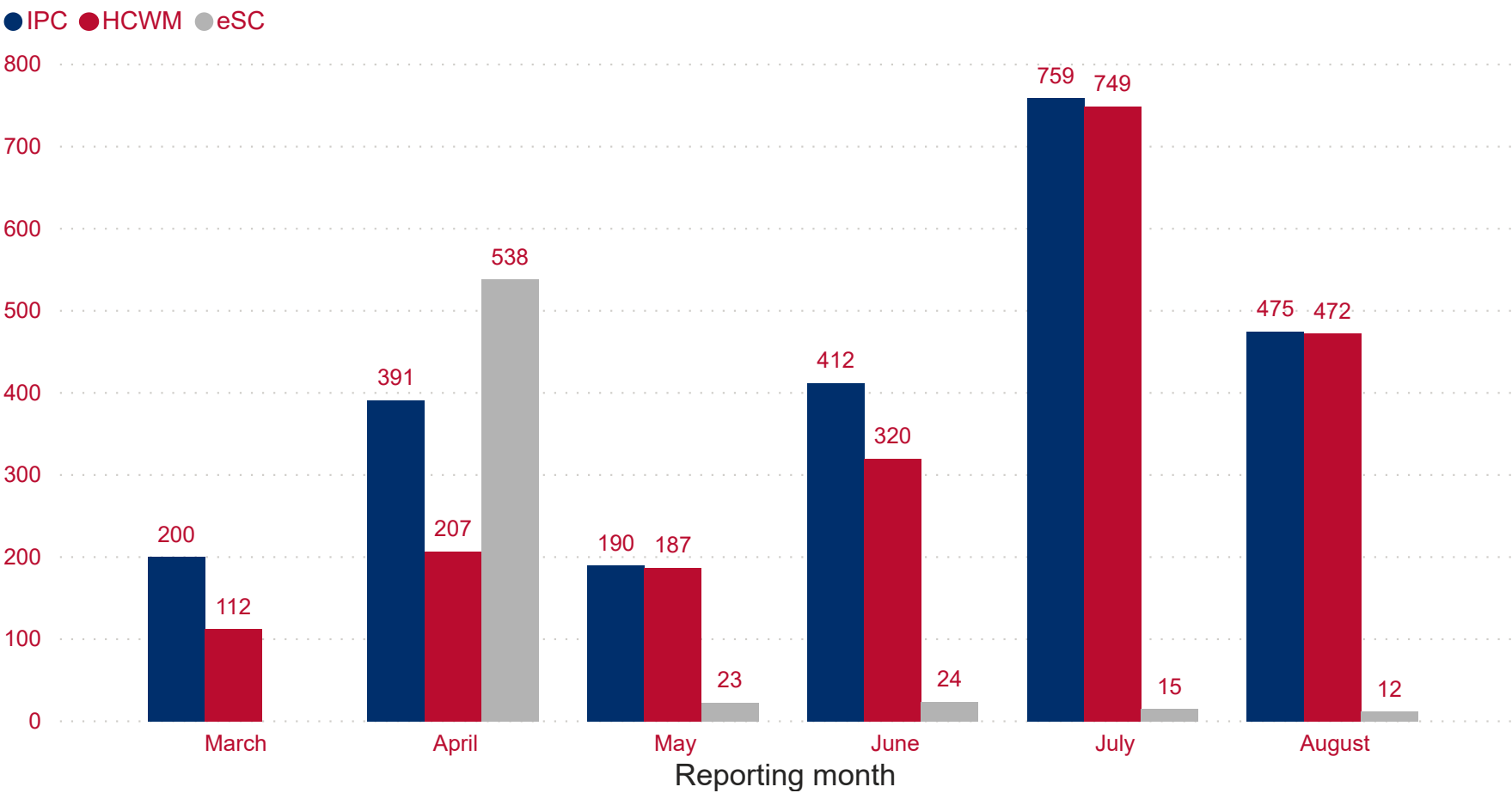
Country	April	May	June	July	August
Bangladesh	617	639	641	646	646
Philippines	0	36	36	37	42
Uganda			0	4	5

CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

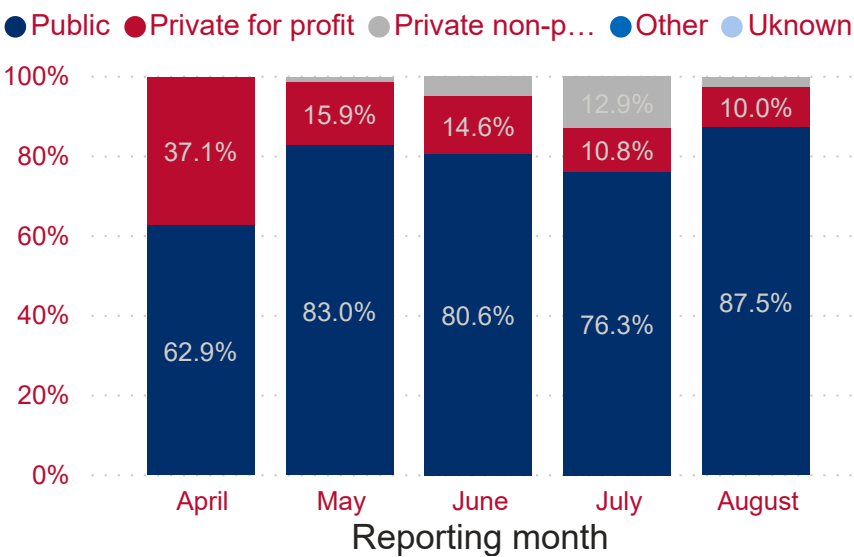
and % supported health facilities with staff trained by month

	March	April	May	June	July	August
Health facilities	200	929	207	429	759	480
Cumulative (health facilities)	200	1129	1336	1765	2524	3004

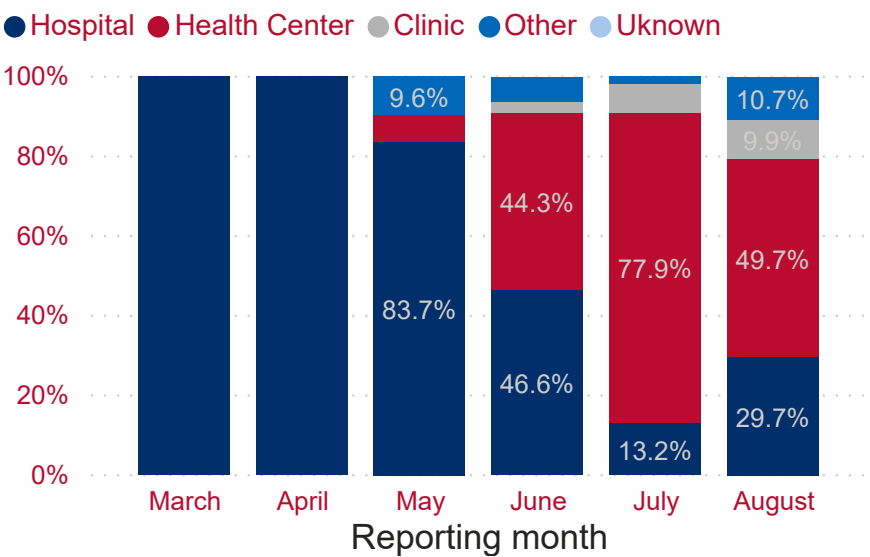
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

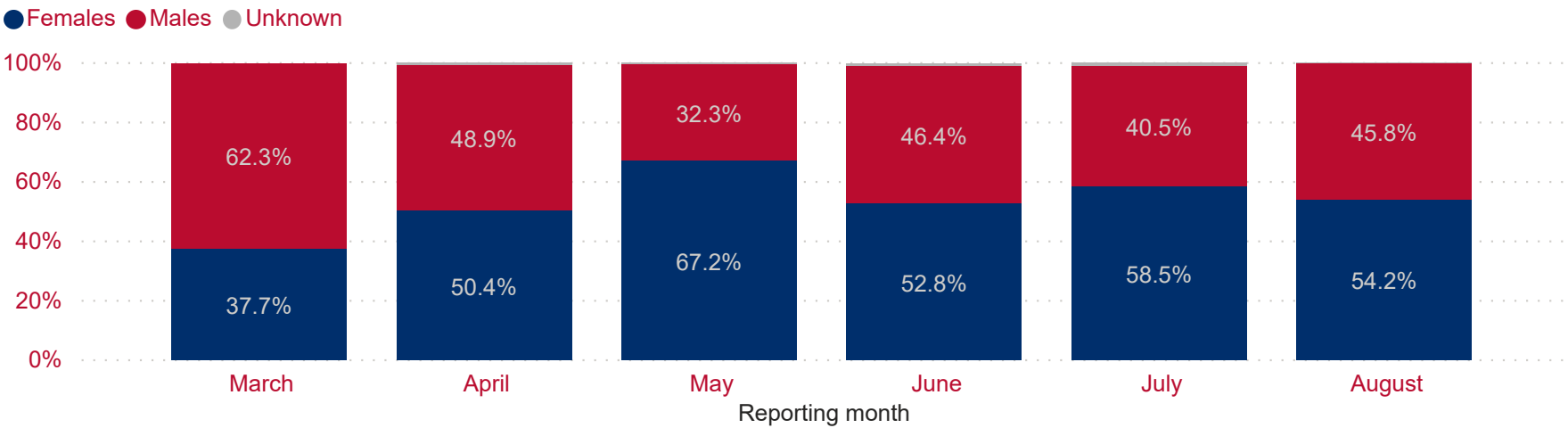


CV 2: # of persons who received COVID-19-related training

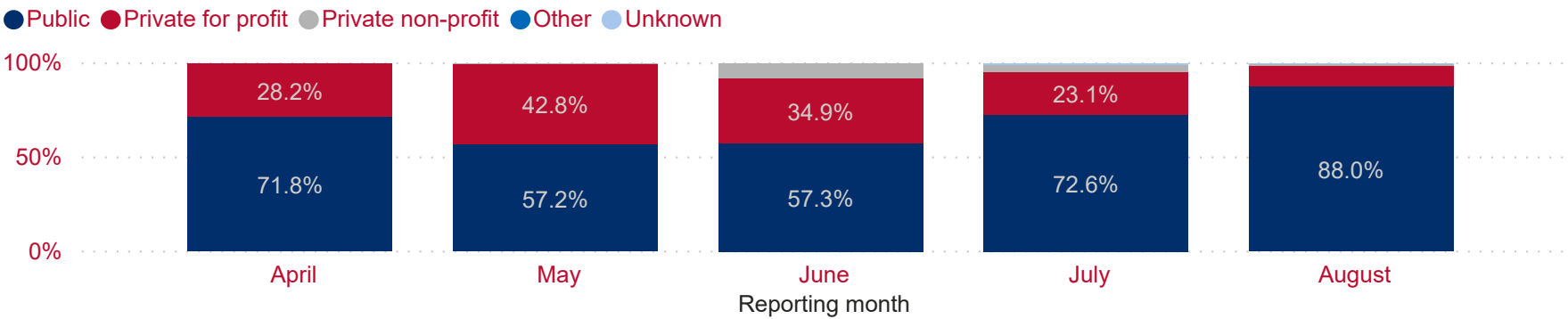
of trainees by sex and by month

	March	April	May	June	July	August	Total
Total trained	896	4512	8421	5347	10002	4827	34005
Females	338	2275	5663	2821	5855	2615	19567
Males	558	2205	2722	2482	4050	2209	14226
Unknown	0	32	36	44	97	3	212
Cumulative trained	896	5408	13829	19176	29178	34005	

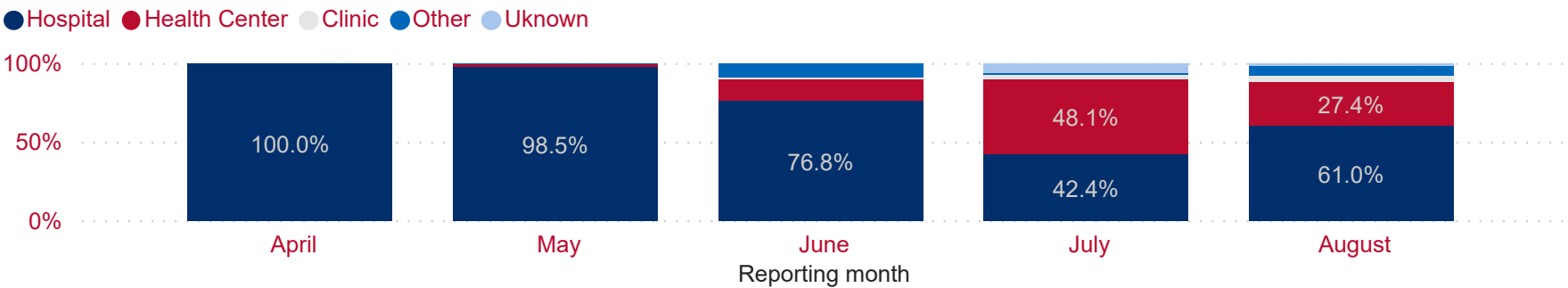
% trainees by sex



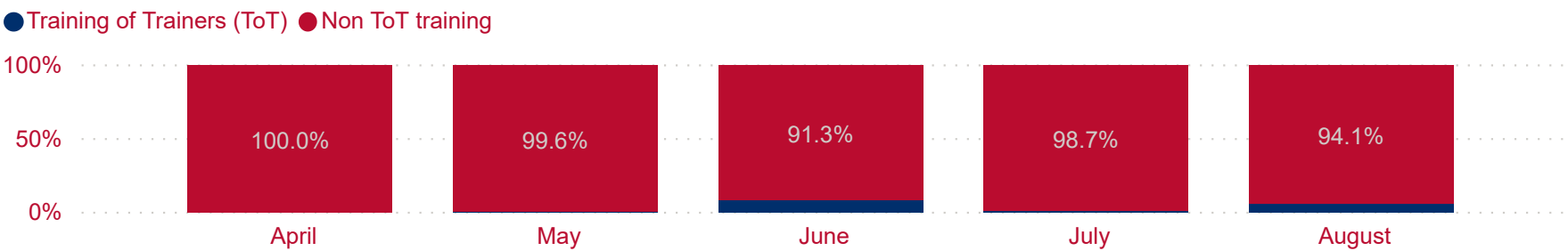
% of trainees by facility ownership type



% of trainees by facility type



% of trainees by training type

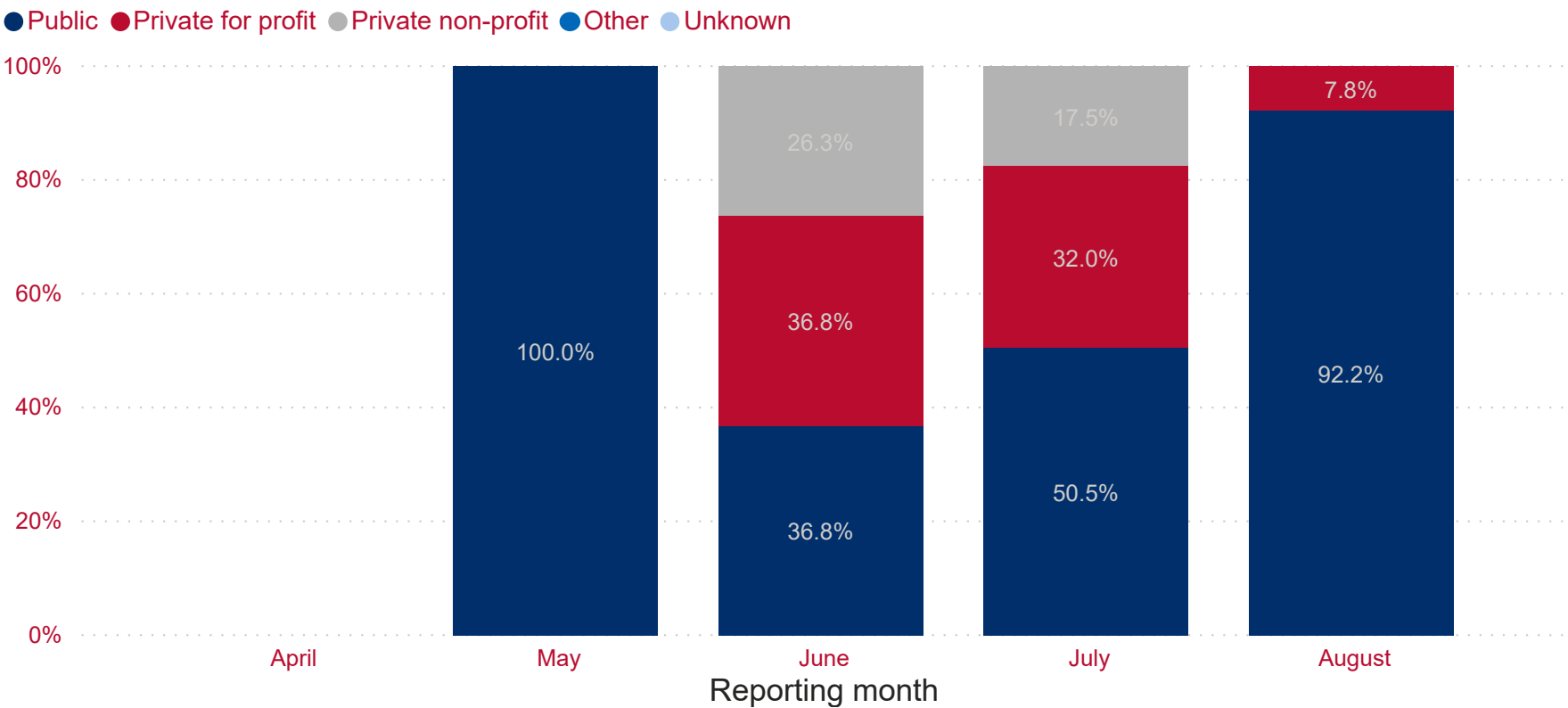


CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

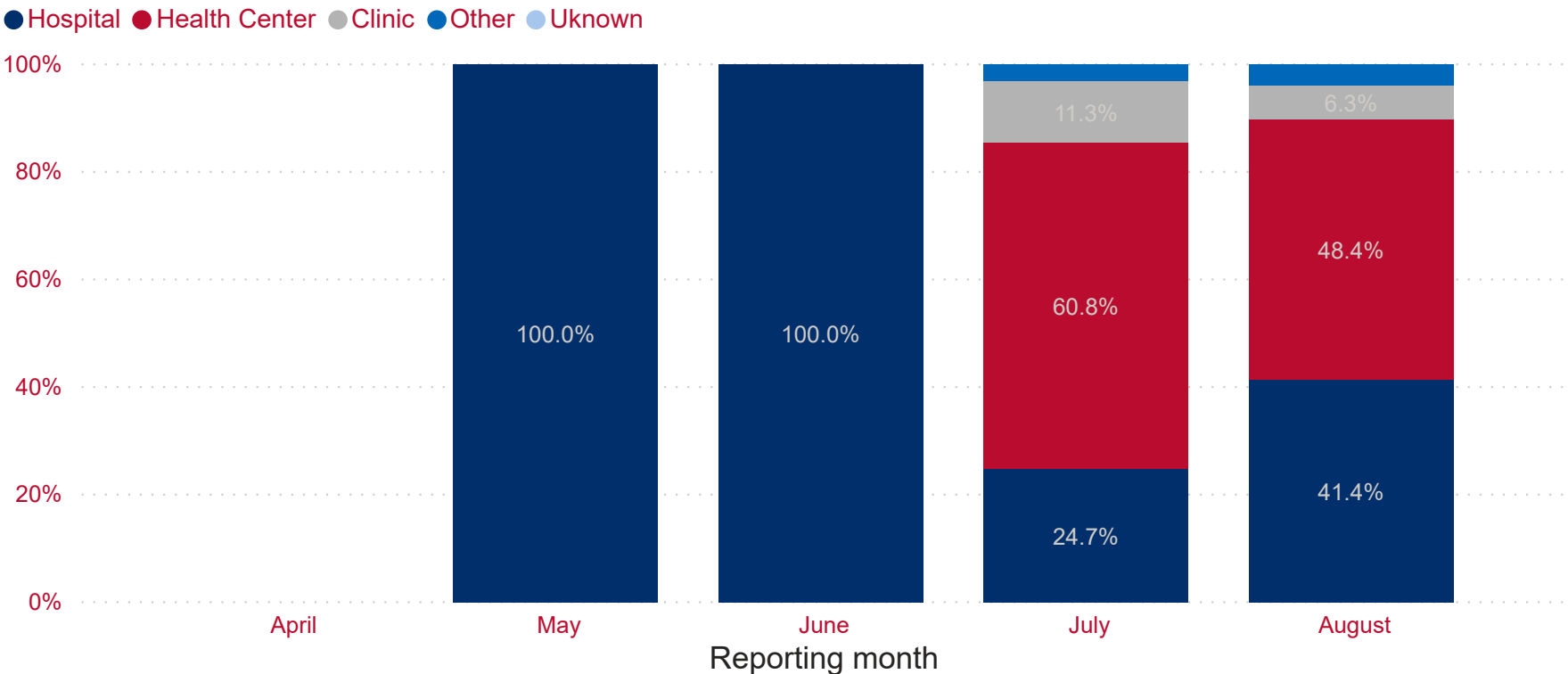
of compliant of supported health facilities by month

	March	April	May	June	July	August
Health facilities	2	67	28	48	123	256
Cumulative (health facilities)	2	69	97	145	268	524

% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type

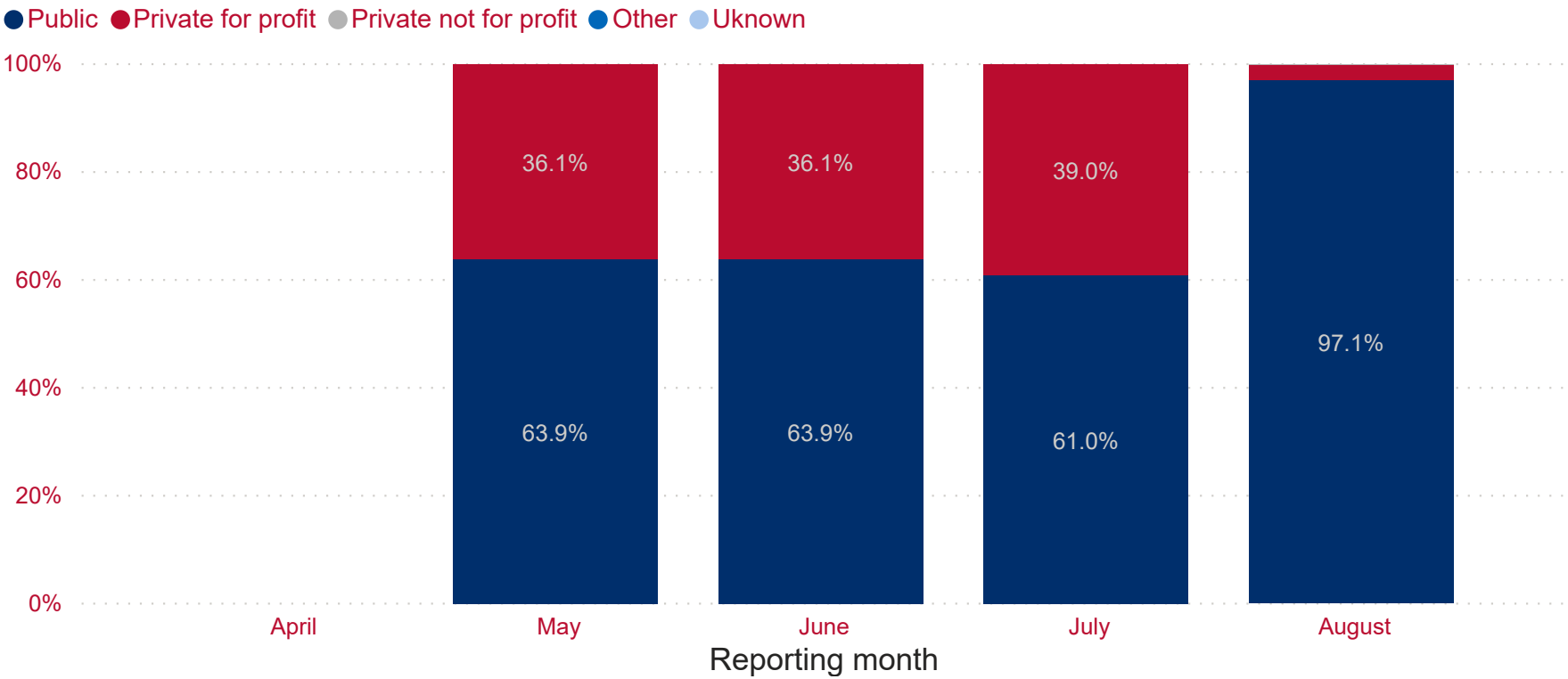


CV 4: % and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

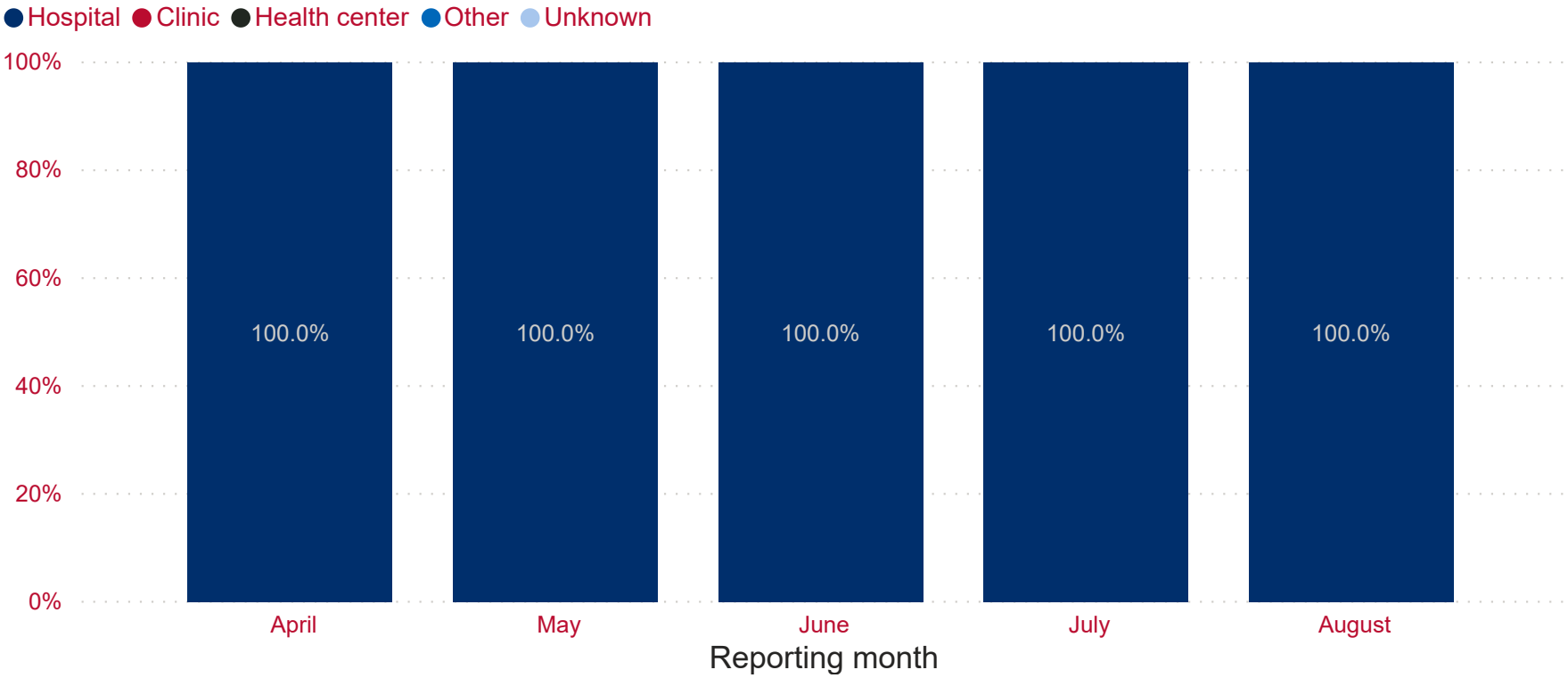
of supported health facilities reporting stock data by month

April	May	June	July	August
617	675	677	687	693

% of supported health facilities reporting stock data by ownership type and by month



% of supported health facilities reporting stock data by facility type and by month

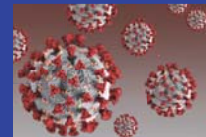




Medicines Technologies and Pharmaceutical Services COVID Response Country Report 2020

Bangladesh

August



Contact for any Questions and Clarifications: mtaps-hqccovid19@mtapsprogram.org

Report Filters

Quick Guide:

Please Click and select both a Country and a Month.

You can Right Click to export any table after selecting your filters.

You can Right Click between the two lines just below to print a pdf of this report.

Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

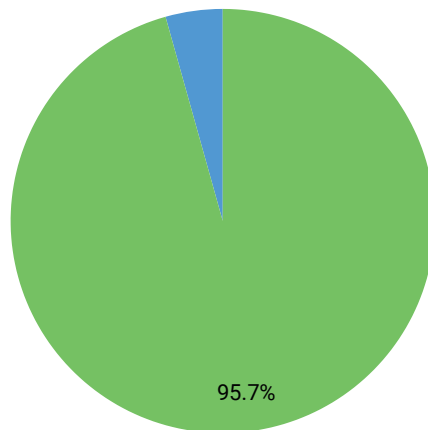
Mali

1 - 13 / 13



Month: August (1) ▼

● NO ISSUES OR ON TRA... ● COMPLETED



Technical Area ▲

Emergency Supply of IPC Commodities

IPC Program Management (national/facility/community)

IPC facility access guidance

IPC guidance to patients, family members, caregivers and visitors

Preparedness for the possibility of mass fatalities

Sudden influx of patients / Surge capacity

Triage for SARI/ARI patients

1 - 7 / 7



Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> Adapted training materials 	<p>The IPC guideline (3rd version) and accompanying training module have been updated to include the latest technical guidance, finalized and endorsed by the LD, CDC and the DGHS. Formatting of the draft national training module for cleaners and ambulance drivers is ongoing.</p> <p>Video scripts on priority IPC topics, such as PPE and disinfecting, have been developed and approved by the Director, Hospital and Clinics, DGHS. A vendor has been selected for the development of videos. The videos topics are:</p> <ol style="list-style-type: none"> 1) Donning & Doffing of PPE for Doctors and Cleaners 2) Preparation of 0.5% Sodium Hypochlorite (bleach) solution for Cleaners
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	<p>A total of 88 doctors, nurses and other health workers (male 39 and female 49) were trained on IPC at the Impulse Hospital and Maternity and the Child Health Training Institute and Hospital, Azimpur, Dhaka.</p>
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	<p>The IPC guidelines (3rd version) and the training module have been finalized and have been updated on the DGHS website.</p> <p>A video script (Procedure of Ambulance disinfection by Ambulance Drivers) has been approved by DGHS.</p>
Bangladesh	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> Support to regular meetings with the national coordination mechanisms 	<ul style="list-style-type: none"> After-action report 	<p>The MTaPS team attended three meetings of the Procurement and Logistics Pillar. The discussions focused on improving data quality and the COVID-19 IPC commodity database status.</p> <p>As part of support to regular meeting with the national coordination mechanism, MTaPS regularly attended these meetings. In the meeting, MTaPS shared the status of supply</p>

				<p>meeting, MTaPS shared the status of supply chain management portal of COVID-19 IPC commodities, as well as how to improve data quality. In the meeting, it was decided that DGHS ICR will take initiative to know the status of over 40 lacs masks lying at the CMSD. MTaPS will provide technical assistance to the DGHS ICR to take proper initiative regarding the procurement and distribution of those masks by providing information from the SCMP dashboard.</p> <p>MTaPS will provide technical assistance according to the requirements of the group, will provide information from SCMP dashboard and upgrade the portal.</p>
Bangladesh	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> • Rapid emergency supply chain stakeholders mapping 	<ul style="list-style-type: none"> • Rapid response strategy/plan 	MTaPS has received feedback on the draft COVID-19 Commodity Emergency Supply Chain (ESC) Preparedness and Response Strategy for Bangladesh from the Government officials who attended the 2nd Coordination meeting on 15 July, 2020. The feedback will be incorporated, and the document will be finalized.
Bangladesh	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> • Rapid emergency supply chain preparedness assessment 	<ul style="list-style-type: none"> • Emergency response capacity assessment report with technical recommendations 	This activity is completed; the deliverable is available in the Google Drive. The report includes recommendations to provide strategic directions for strengthening various aspects of COVID-19 commodity management in the near-term, including emergency supply chain, procurement, distribution, coordination, management information system, and training.
Bangladesh	IPC facility access guidance	<ul style="list-style-type: none"> • Adapt guidance/SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	Installation of the COVID-19 signage has been completed in 7 of 30 hospitals in Dhaka city, which will help ensure compliance with COVID-19 IPC requirements in the supported facilities.
Bangladesh	IPC facility access guidance	<ul style="list-style-type: none"> • Conduct simulation exercise (table top, drill, functional or full-scale) 	<ul style="list-style-type: none"> • Simulation exercise report 	<p>The concept note and draft simulation materials for building capacity of health staff in triage areas of five selected hospitals in Dhaka have been shared with the CPD for review and approved by the Director, Hospital and Clinics, DGHS.</p> <p>A related 'triage flow chart' has been updated, approved, and the Bangla version of the Triage flow chart is being reviewed for use in facilities.</p>
Bangladesh	IPC facility	<ul style="list-style-type: none"> • Provide training 	<ul style="list-style-type: none"> • Number of people 	A total of 88 doctors, nurses and other health

	access guidance	using existing training packages for COVID-19	trained in IPC for COVID-19 by gender/position/type of facility/community	workers (male 39 and female 49) were trained on IPC at the Impulse Hospital and Maternity and the Child Health Training Institute and Hospital, Azimpur, Dhaka.
Bangladesh	Emergency Supply of IPC Commodities	• Apply/adapt simple operating procedures and tools for the management of ordering, issuing, distributing, receiving, rational utilization	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	Feedback on the draft Bangladesh Distribution Strategy and Inventory Policy for COVID-19 Commodities has been received from government officials who attended the second coordination meeting on 15 July. All feedback will be incorporated, and the document will be finalized shortly thereafter.
Bangladesh	Emergency Supply of IPC Commodities	• Conduct training on SOPs	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS continues providing remote support to the personnel who are using the SCMP on COVID-19 commodities stock status across the country.
Bangladesh	Emergency Supply of IPC Commodities	• Conduct supportive supervision to ensuring adherence	• Compliance tracking and reporting system	<p>The MTAps technical team has been keeping close contact with the DGHS MIS Monitoring Team and the Integrated Control Room Focal Person and providing the necessary TA on COVID-19 commodities stock tracking and reporting system.</p> <p>An SMS alert notification feature has been introduced in the COVID-19 portal on 8 August. From now on, facility managers and store keepers will receive an instant SMS alert once the stock of any PPE item falls below a certain minimum level. The new feature helps make PPE re-stocking decisions in a timely manner at all supported facilities.</p>
Bangladesh	Emergency Supply of IPC Commodities	• Implement simple IPC and PPE commodity tracking system	• Compliance tracking and reporting system	Currently, 98% (646 of 657) of facilities are reporting COVID-19 commodity stock status through the SCM electronic reporting system (https://scmpbd.org/index.php/covid-19-dashboard). Reporting timeliness is 84%.
Bangladesh	IPC Program Management (national/facility/community)	• Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels)	• Emergency response capacity assessment report with technical recommendations	A recently conducted rapid assessment of health facility readiness of 19 COVID-19 hospitals in Dhaka recommended strengthening triage of all patients and quality of IPC services. To address these recommendations, a "triage flow chart" has been updated and a Bangla version is being reviewed for installation in the facilities.
Bangladesh	IPC Program	• Provide training	• Number of people	Triage is covered in the IPC training.

Bangladesh	IPC Program Management (national/facility/community)	Provide training using existing training package on triage for Covid-19	Train people trained in IPC for COVID-19 by gender/position/type of facility/community	Images collected in the training.
Bangladesh	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Coordination/task force mechanism	<p>A technical discussion meeting to update stakeholders on MTaPS activities, the role in COVID-19 response, and future activities were held with the new Director, Hospital and Clinics, Deputy Directors, Assistant Directors, Coordination and Medical Officers, Hospitals and Clinics, DGHS on August 17, 2020. The Director, Hospital & Clinics, DGHS chaired the discussion meeting and signed the minutes shared with government officials who attended in the meeting.</p> <p>The MTaPS team continues coordinating COVID-19-related issues and activities with the Development Partners (DP) consortium and government counterparts through different pillar meetings.</p>
Bangladesh	Triage for SARI/ARI patients	• Assess and monitor compliance	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	<p>A facility checklist for monitoring compliance with COVID-19 IPC requirements has been shared in DP meetings. The government has already developed a monitoring checklist and its validation in government facilities is ongoing. MTaPS will provide assistance if the current system needs to be updated.</p>
Bangladesh	Preparedness for the possibility of mass fatalities	• Provide training using existing training packages for COVID-19	• Adapted training materials	<p>MTaPS and Save the Children International has verbally agreed on collaboration and selection of facilities for joint training activities. Save the Children International will conduct training on case management, and MTaPS will conduct training on COVID-19 IPC in the same hospital(s).</p>
Bangladesh	Emergency Supply of IPC Commodities	• Define list of supplies and specification	• After-action report	<p>Defining supplies and specifications is an ongoing process. In August, the IPC Commodity list was updated according to CMSD requirements.</p>
Bangladesh	Emergency Supply of IPC Commodities	• Support/facilitate quantification exercises	• After-action report	<p>Two new members will be included in the quantification tool sub-group from two departments: the Hospital section and the CMSD of the DGHS. A meeting was held on 17 August to select a sub-group for subsequent technical meetings. The IT firm (Softworks) developed a draft tool and demonstrated it to the MTaPS</p>

				draft tool and demonstrated it to the MTaPS team. The MTaPS provided feedback and the firm is working to address it.
Bangladesh	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> • Design agile distribution and inventory holding policy 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	An inventory tool has been developed, and a demonstration was carried out by the IT firm. A draft inventory policy has been developed and shared within the MTaPS team for feedback. In house training on quantification tool has been conducted.
Bangladesh	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> • Adapt guidance/SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	Feedback on a draft Bangladesh strategy to address shortage of PPE for COVID-19 has been received from government officials who attended the second coordination meeting on the 15th of July. All feedback will be incorporated and shared with other stakeholders for discussion.
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> • Adapt guidance/SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	A final draft of IPC messages has been reviewed and approved by the DGDA. The procurement process has started for printing and distribution of the signage in about 300 model pharmacies in Dhaka and Cox's Bazar City that will display the messages in their outlets.
Bangladesh	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> • Analyze systems and systemic dependencies 	<ul style="list-style-type: none"> • After-action report 	A one-pager on the purpose of piloting of a decontamination system for PPE through outsourcing was shared with USAID and the home office. MTaPS has identified and is in discussion with engineers as resource consultants to work on PPE decontamination. Related budget and procurement issues are under discussion as well.

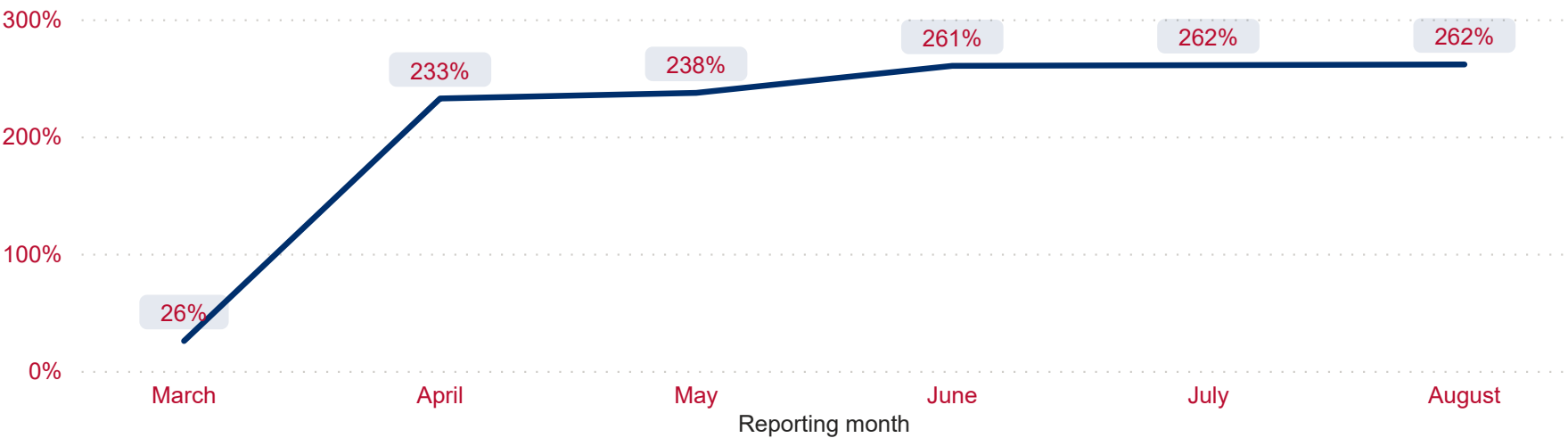
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

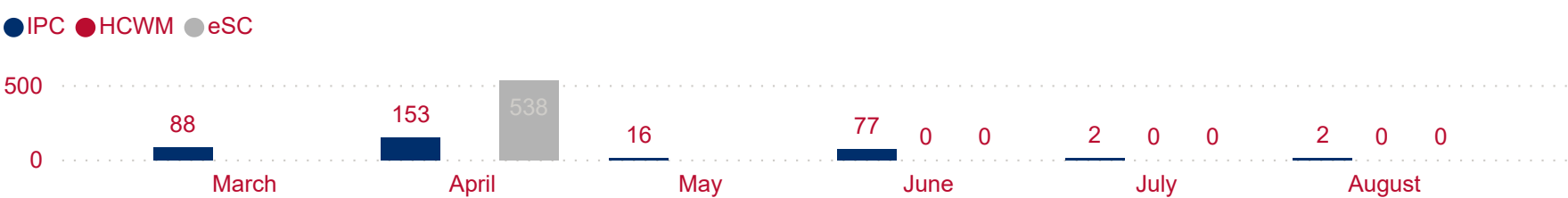
	March	April	May	June	July	August
Health facilities	88	691	16	77	2	2
Cumulative (health facilities)	88	779	795	872	874	876
Progress to date	26%	233%	238%	261%	262%	262%

Note:Country target # of health facilities is 334

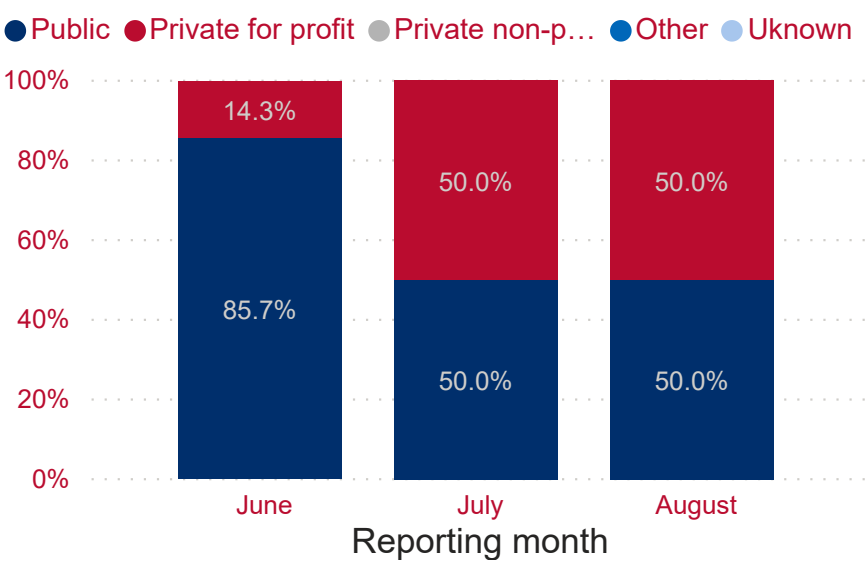
% supported health facilities with staff trained by month



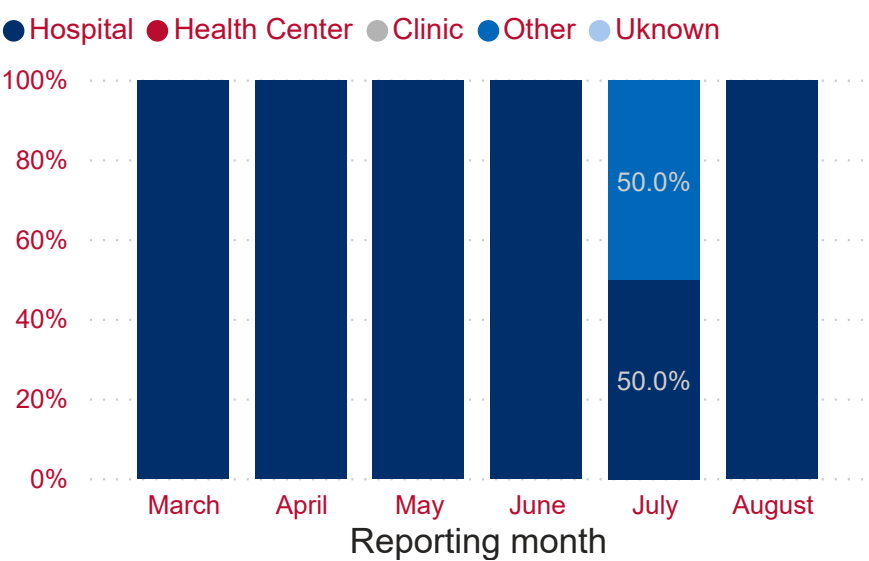
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

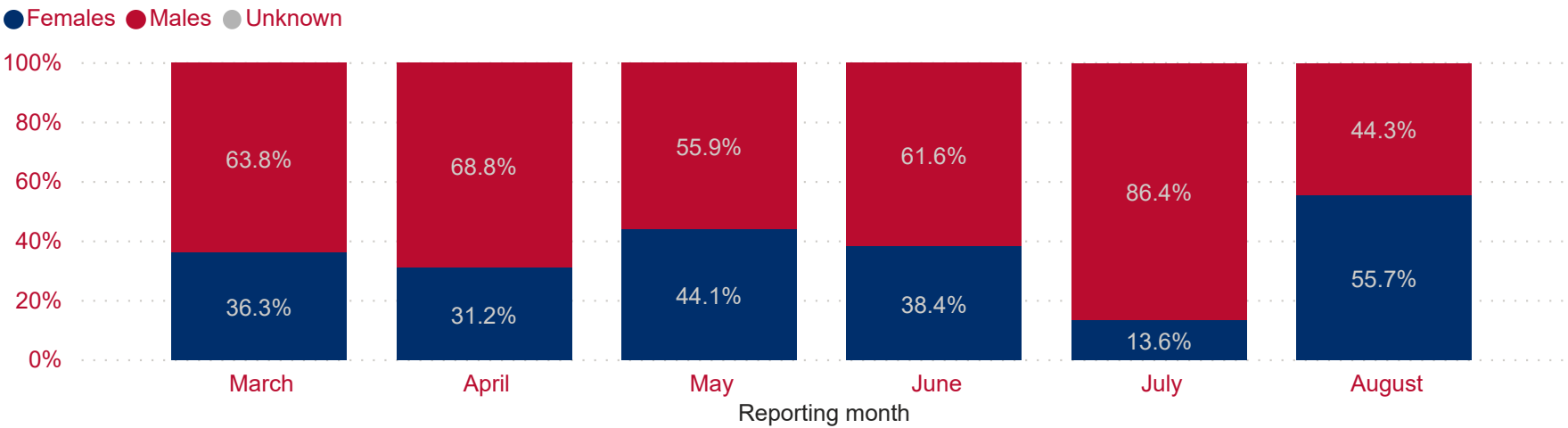


CV 2: # of persons who received COVID-19-related training

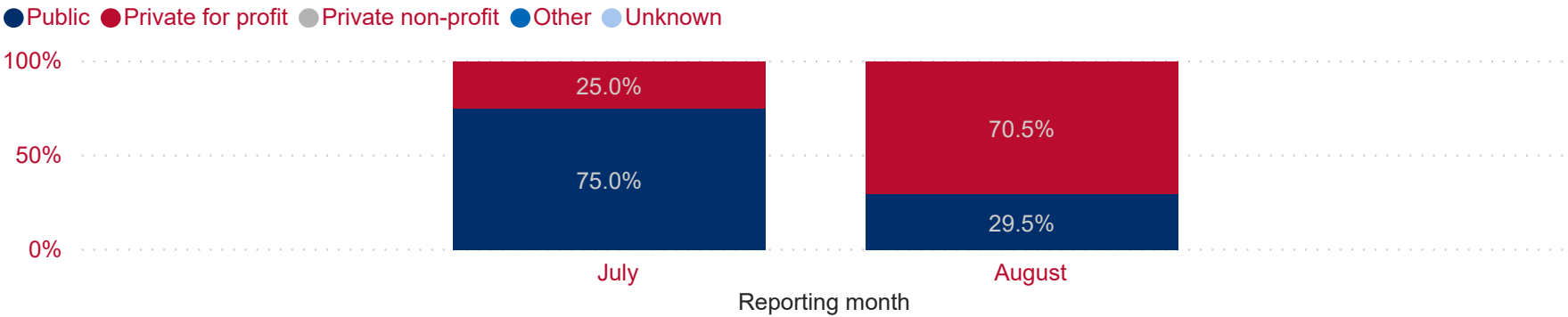
of trainees by sex and by month

	March	April	May	June	July	August	Total
Total trained	560	1530	376	1114	88	88	3756
Females	203	478	166	428	12	49	1336
Males	357	1052	210	686	76	39	2420
Unknown					0	0	0
Cumulative trained	560	2090	2466	3580	3668	3756	

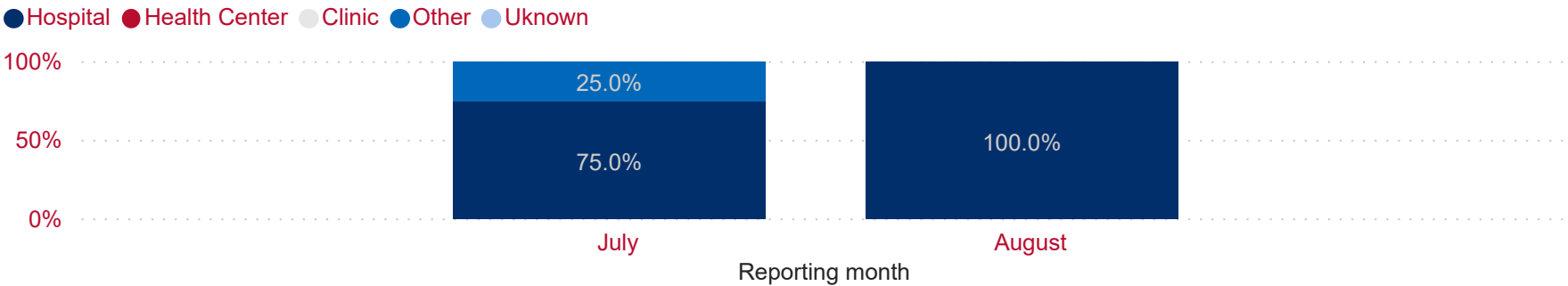
% trainees by sex



% of trainees by facility ownership type



% of trainees by facility type



% of trainees by training type



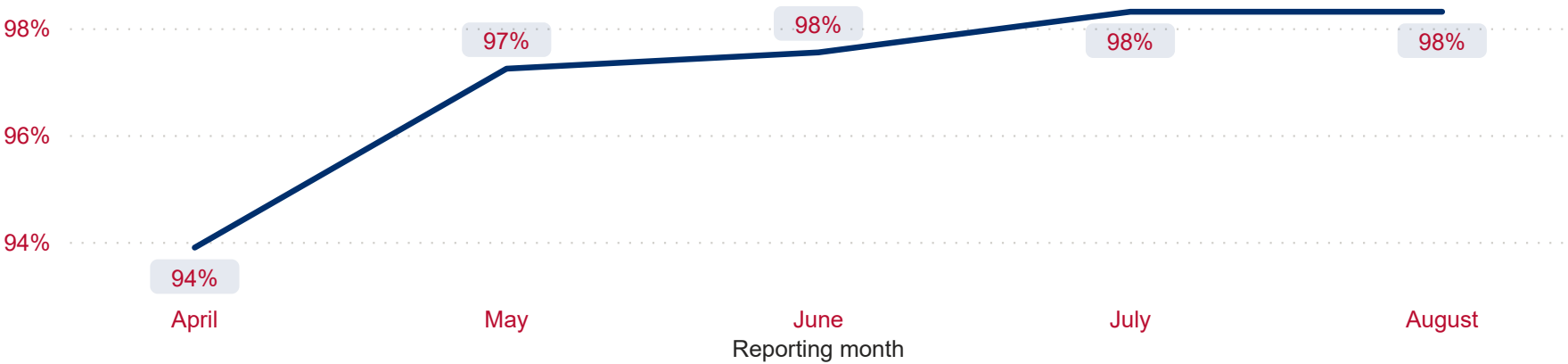
CV 4: % and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

and % of supported health facilities reporting stock data by month

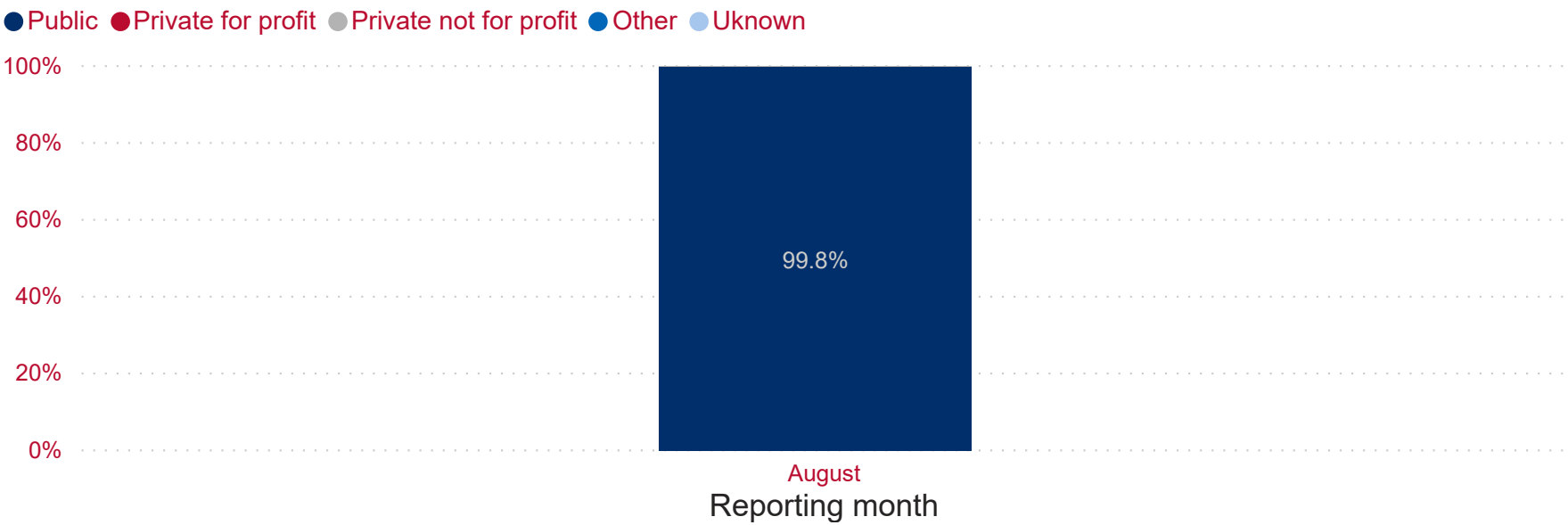
	April	May	June	July	August
Health facilities	617	639	641	646	646
Progress to date	94%	97%	98%	98%	98%

Note: Country target # of health facilities is 657

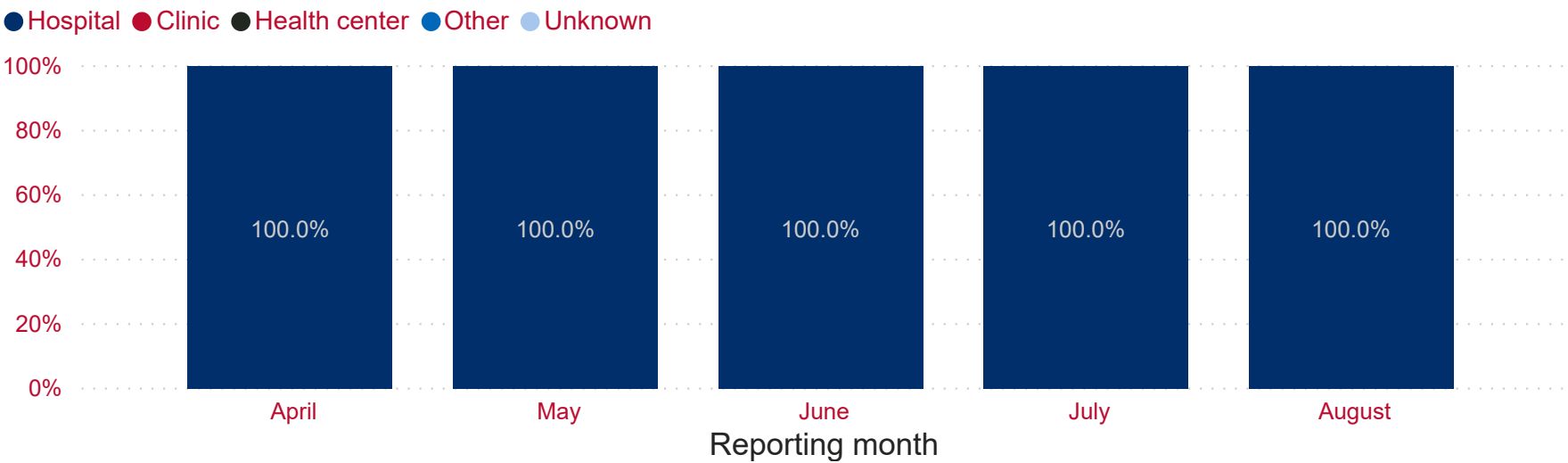
% of health facilities reporting stock data by month

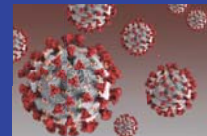


% of supported health facilities reporting stock data by ownership type and by month



% of supported health facilities reporting stock data by facility type and by month





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Report Filters

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Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

Mali

1 - 13 / 13



Month: August

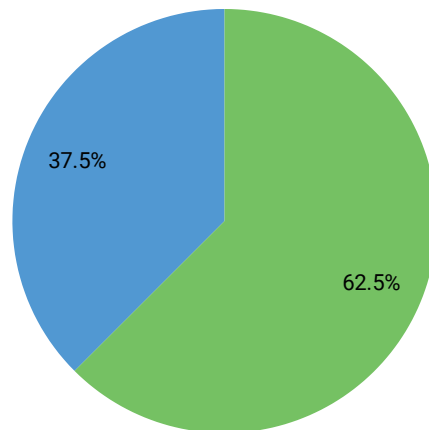
(1) ▼



NO ISSUES OR ON TRA...



COMPLETED



Technical Area ▲

IPC Program Management (national/facility/community)

IPC guidance to patients, family members, caregivers and visitors

Waste management

1 - 3 / 3



Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Burkina Faso	IPC Program Management (national/facility/community)	• Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance	• Adapted training materials	This activity is complete.
Burkina Faso	IPC Program Management (national/facility/community)	• Provide training using existing training package on triage for Covid-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	<p>MTaPS trained 300 healthcare providers in IPC, Biomedical Waste Management (BWM) drawn from 12 medical centers (CMA/CM), 5 health and social promotion centers (CSPS), 1 regional hospital centre (CHR). MTaPS also supported the implementation of an action plan in IPC and BWM in 9 CMAs/CMs, 2 CSPSs, 1 CHR.</p> <p>Those trained in IPC and waste management include: doctors, nurses, midwives, community-based health workers, people involved in waste collection, transportation, treatment and disposal (i.e., cleaners and waste handlers), waste management supervisors, health engineers, and decision makers (i.e., management committee members, district chief medical officers, postmaster nurses, medical center doctors, and financial personnel).</p>
Burkina Faso	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	To strengthen health facilities' COVID-19 IPC response coordination mechanisms, MTaPS supported IPC Committees from 11 health districts and 2 CHRs to conduct baseline IPC and waste management performance assessments using the WHO scorecard. The region of Hauts-Bassin included 4 districts: Orodara, Dandé, Lena and Karangasso Vigué. The central west region included 7 districts: Koudougou, Sabou Tenado, Reo, Nanoro, Sapouy and Léo, as well as the regional Hospital (CHR) of Koudougou.
Burkina Faso	IPC Program Management	• Just-in-time IPC training	• Emergency response capacity assessment	The healthcare facilities which had received training started compliance assessment during

	management (national/facility/community)	training	capacity assessment report with technical recommendations	<p>training started compliance assessed during supervision visits, setting a baseline. In the region of Hauts-Bassins, 4 healthcare facilities were assessed using the WHO Scorecard.</p> <p>The assessment included: the District of Orodara: score = 41%; the District of Karangasso vigué: score = 60%; the District of Lena: score = 50% and the District of Dandé: score = 57%.</p> <p>In the Centre-west region, 8 healthcare facilities including the District of Koudougou: score = 31%; CHR of Koudougou: score = 71%; the District of Nanoro: score = 73%; the District of Sabou: score = 52%; the District of Tenado: score = 57.9%; the District of Reo: score = 42.88%; the District of Leo: score = 36% and the District of Sapouy: score = 74% were all assessed.</p> <p>The results of the assessments will guide the implementation of the IPC and BWM strengthening activities in these health facilities. Therefore, health facilities with less than 50% need a daily IPC and BWN follow up to strengthen their system, those between 50% and 75% need 2 to 3 follow ups per week and those above 75% need only once a week follow up.</p> <p>Subsequent to the baseline assessment, follow up assessments will be conducted to follow up the improvement of the systems particularly the impact of the trainings provided.</p>
Burkina Faso	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> Strengthen facility COVID-19 IPC response coordination mechanism/task force 	<ul style="list-style-type: none"> Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	Supervision and monitoring visits to facilities are planned for the month of September.
Burkina Faso	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> Adapt guidance/SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	<p>In August, 11 SOPs were developed for raising awareness among health workers and the community. The themes developed in these SOPs are:</p> <ol style="list-style-type: none"> 1. Opening borders 2. Travelers information 3. Voluntary screening for COVID-19 4. Confinements and isolation 5. Continuity of care in the context of COVID-19 6. Barrier measures in health facilities (hospitals, CSPS clinics, health care practices, etc.) 7. Continued compliance with barrier measures

7. Continued compliance with barrier measures
8. Stigmatization of those affected by COVID-19
9. Stigmatization of facilities housing patient care sites
10. Stigmatization of health workers
11. False information about COVID-19

Burkina Faso	Waste management	<ul style="list-style-type: none"> • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Adapted training materials 	This activity is complete.
Burkina Faso	Waste management	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	MTaPS trained 300 healthcare providers in IPC and BWM. Performance assessment in IPC and BWM is made in: 12 medical centers (CMA/CM), 5 Health and Social Promotion Centres (CSPS), 1 Regional Hospital Center (CHR). MTAps also elaborated action plan in IPC and BWM in 9 medical centers, 2 Health and Social Promotion Centers (CSPS), 1 Regional Hospital Center (CHR). In Burkina Faso, the IPC and BWM activities are carried out simultaneously. The profiles of people trained in BWM were included: doctors, nurses, midwives, community-based health workers, people involved in waste collection, transportation, treatment and disposal, waste management managers, health engineers, community health and hygiene workers, community health workers, management committee members, district chief medical officers, postmaster nurses, medical centre doctors, and finance personnel.

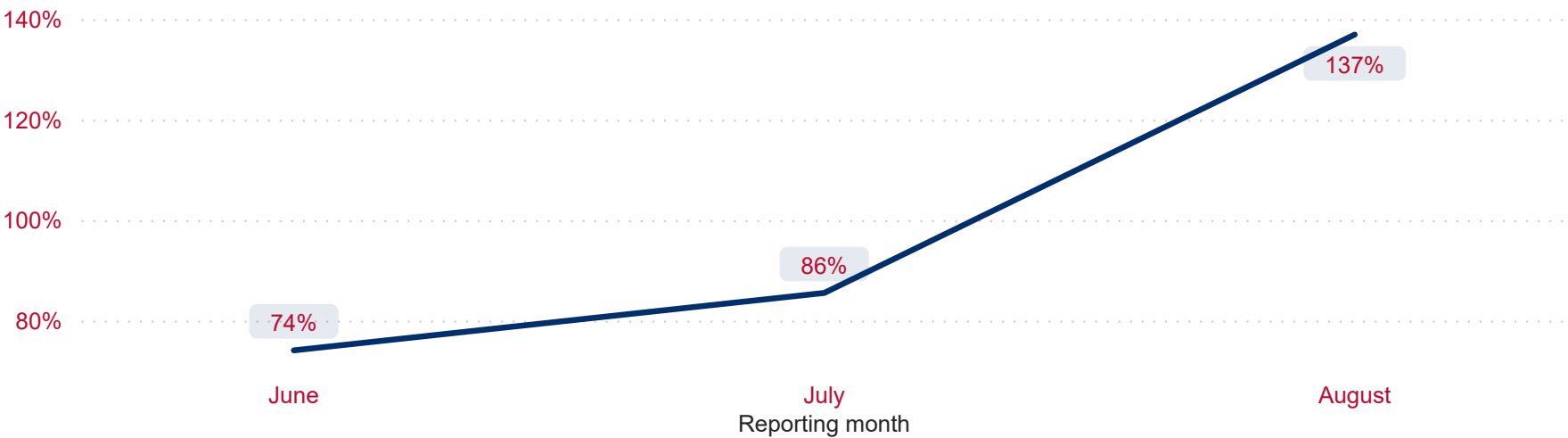
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

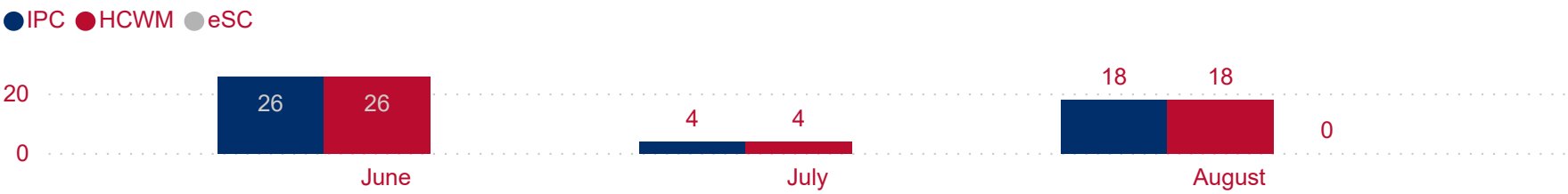
	June	July	August
Health facilities	26	4	18
Cumulative (health facilities)	26	30	48
Progress to date	74%	86%	137%

Note:Country target # of health facilities is 35

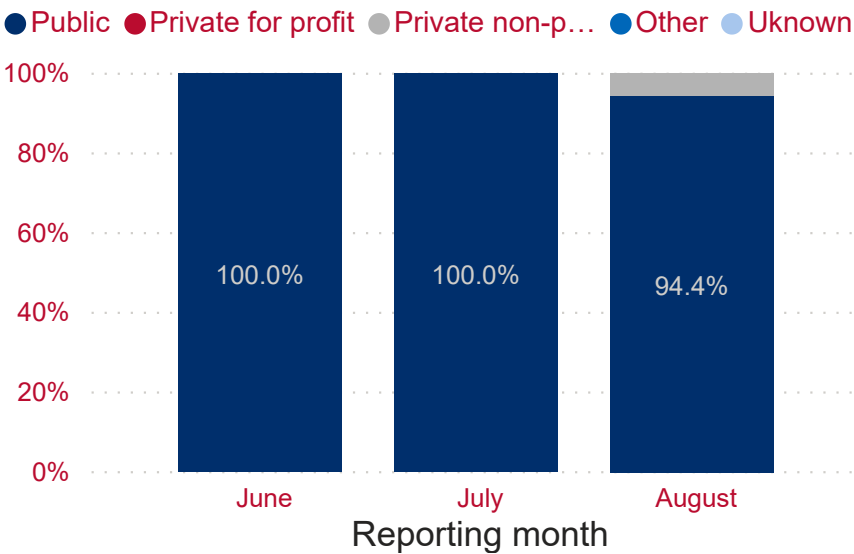
% supported health facilities with staff trained by month



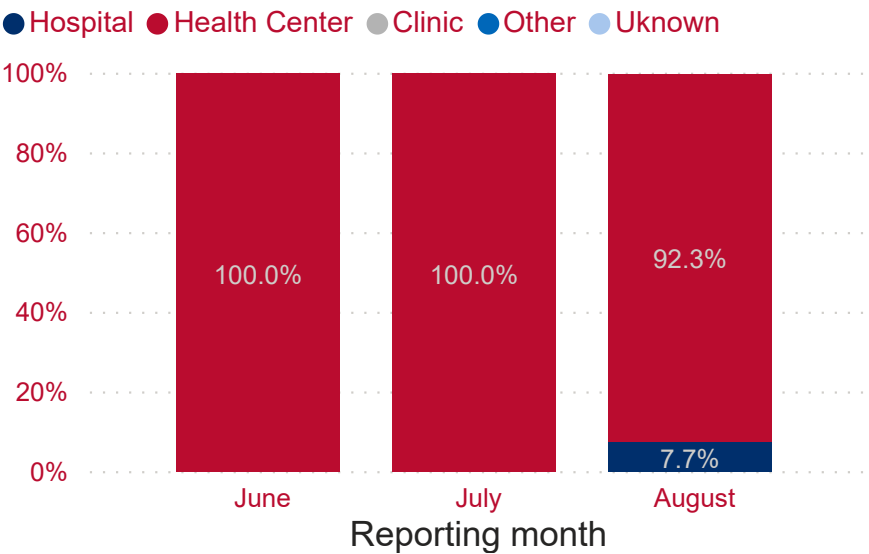
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

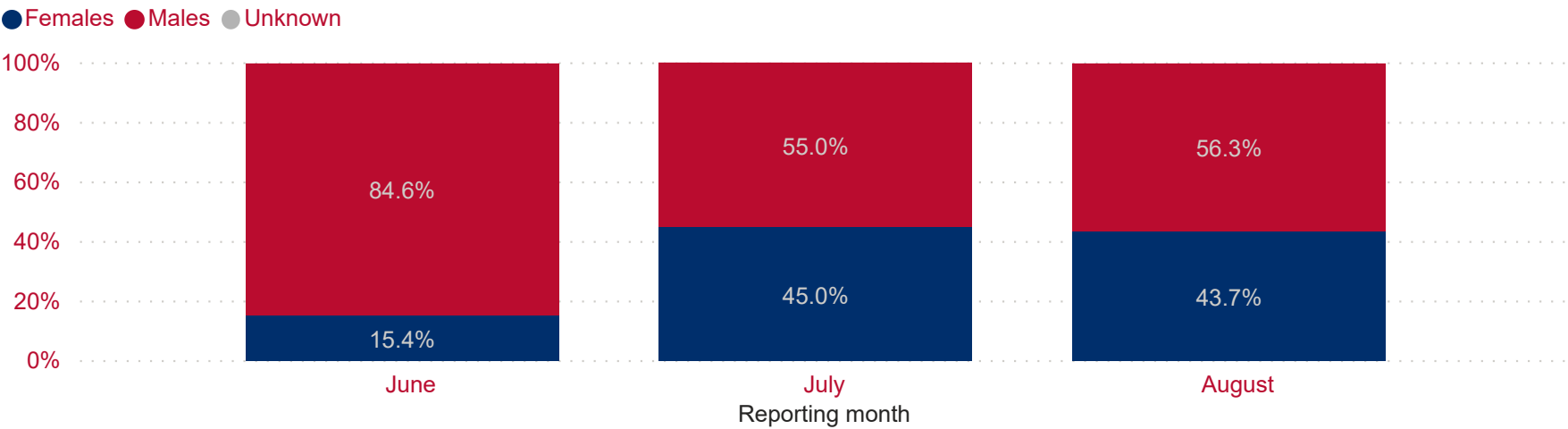


CV 2: # of persons who received COVID-19-related training

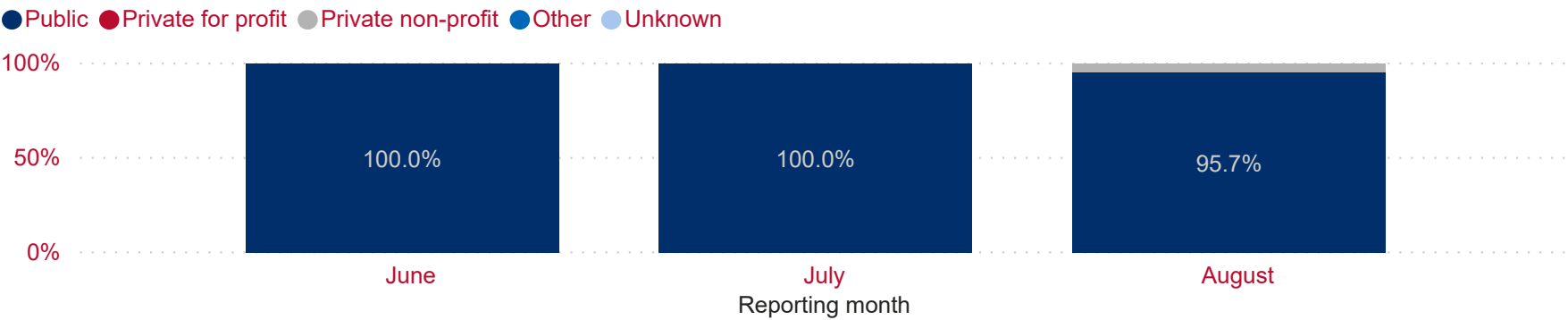
of trainees by sex and by month

	June	July	August	Total
Total trained	26	100	300	426
Females	4	45	131	180
Males	22	55	169	246
Unknown		0	0	0
Cumulative trained	26	126	426	

% trainees by sex



% of trainees by facility ownership type

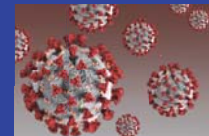


%of trainees by facility type



% of trainees by training type





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Bangladesh

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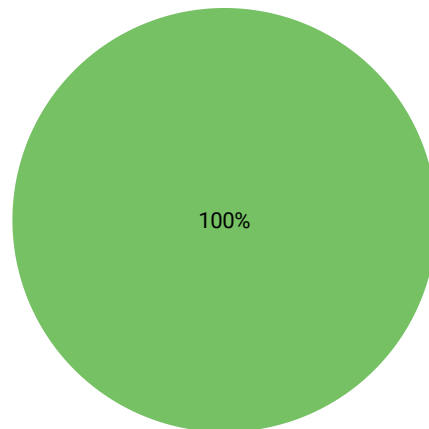
Jordan

Kenya

Mali

Month: August (1) ▼

● NO ISSUES OR ON TRACK



Technical Area ▲

Application of COVID-19 Precautions by HCW, patients

Early recognition

IPC Program Management (national/facility/community)

IPC guidance to patients, family members, caregivers and visitors

Sudden influx of patients / Surge capacity

Waste management

Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Cameroon	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> Support to regular meetings with the national coordination mechanisms 	<ul style="list-style-type: none"> Coordination/task force mechanism 	<p>Throughout August, MTaPS continued attending the COVID-19 response coordination meetings at the central and regional levels, providing continuous technical support in all aspects of IPC. In order to avoid duplicity of IPC activities in the field by different partners, MTaPS supported the EOC to set up a hub for different partners supporting IPC interventions in response to the COVID-19 interventions. MTaPS supported the EOC to organize a coordination meeting of IPC hub that was attended by WHO, MTaPS, and the MOH. Some of the resolutions taken during this meeting were: harmonize the tools used in the field (e.g., use the "42 questions scorecard" that integrates WASH questions, instead of the "36 questions scorecard" for all COVID-19-related IPC evaluations in health facilities), share planned activities (cartography of IPC intervention of partners in the field), and share activities implemented on the field. A Whatsapp group of partners and the MOH was created to facilitate information sharing. Next steps include the revue of IPC indicators and harmonization of IPC SOPs. Implementation challenges include conflicting calendar of events with some partners, such as Africa CDC, absent from the meeting.</p>
Cameroon	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> Adapt guidance/SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	<p>MTaPS continued to monitor the application of IPC procedures by healthcare workers following existing SOPs in the health facilities visited. In a bid to curb the incidence of COVID-19 among healthcare workers, MTaPS participated in two working sessions with the national COVID-19 task force to plan the organization of a workshop to develop SOPs and job aids on good waste management practice in health facilities. This workshop is scheduled for Sept. 15-17, 2020.</p>
Cameroon	Early recognition	<ul style="list-style-type: none"> Provide training using existing training packages for 	<ul style="list-style-type: none"> Number of people trained in IPC for COVID-19 by 	<p>MTaPS supported the training of rapid response teams (RRT) in COVID-19-related IPC standard and additional precautions in 15 health districts in</p>

		training packages for COVID-19	COVID-19 by gender/position/type of facility/community	and additional precautions in 15 health districts in the five MTaPS-supported regions in Cameroon. Altogether, 204 staff were trained, with different profiles (e.g., doctors, nurses, epidemiologists, laboratory technicians, community health workers, hygiene and sanitation staff), among whom females represented 49% (100). This training was timely and will improve active case finding of COVID-19 suspected cases in the health districts given that the response strategy has been decentralized to the district levels. The next step will consist of supervisions to assess the work of these teams. Also, MTaPS continued to support the daily transportation of 75 contact tracers (15 per regions) in some priority health districts of the five MTaPS-supported regions.
Cameroon	Application of COVID-19 Precautions by HCW, patients	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	The just-in-time training of healthcare and hygiene staff initially planned for August has been rescheduled for September 7-11, 2020 due to conflicting schedules on the part of the national counterparts.
Cameroon	Application of COVID-19 Precautions by HCW, patients	• Assess and monitor compliance	• After-action report	Throughout this month, MTaPS has supported the assessment and monitoring of compliance of health personnel to COVID-19 related IPC precautions in 12 health facilities in four regions this month, using the WHO scorecard. There has been marked improvement in IPC precautions in all 12 health facilities when comparing the scores obtained this month with the baseline scores and 58.3% (7/12) of the health facilities evaluated had scores above 79% (compliant).
Cameroon	IPC guidance to patients, family members, caregivers and visitors	• Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to	• Adapted training materials	The printing of job aids to sensitize health workers is still pending following the delay in the validation of the tools. Once validated, MTaPS plans to support the printing of 1500 copies.
Cameroon	Sudden influx of patients / Surge capacity	• Develop plans and strategies following existing guidelines	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	The workshop to develop guidelines in the event of a surge capacity initially scheduled for this month has been rescheduled to September 8-12, 2020 because of conflicting schedules on the part of the national counterparts. MTaPS plans to support this workshop.
Cameroon	Waste management	• Adapt guidance/ SOPs along existing WHO guidance for	• Guideline/SOP/checklist Job aid for key IPC	MTaPS plans to support a workshop next month (September 15-17) to adapt and harmonize SOPs and job aids on waste management.

		COVID-19 to	element (incl IPC commodities lists)	Different health facilities and partners have been using different tools (job aids and SOPs) in the field. This workshop will go a long way to harmonize the tools in order to facilitate assessment of waste management procedures in the field.
Cameroon	Waste management	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS plans to support the onsite training of hygiene and sanitation staff in the management of hospital waste. This training has been scheduled for September 7-11, 2020.

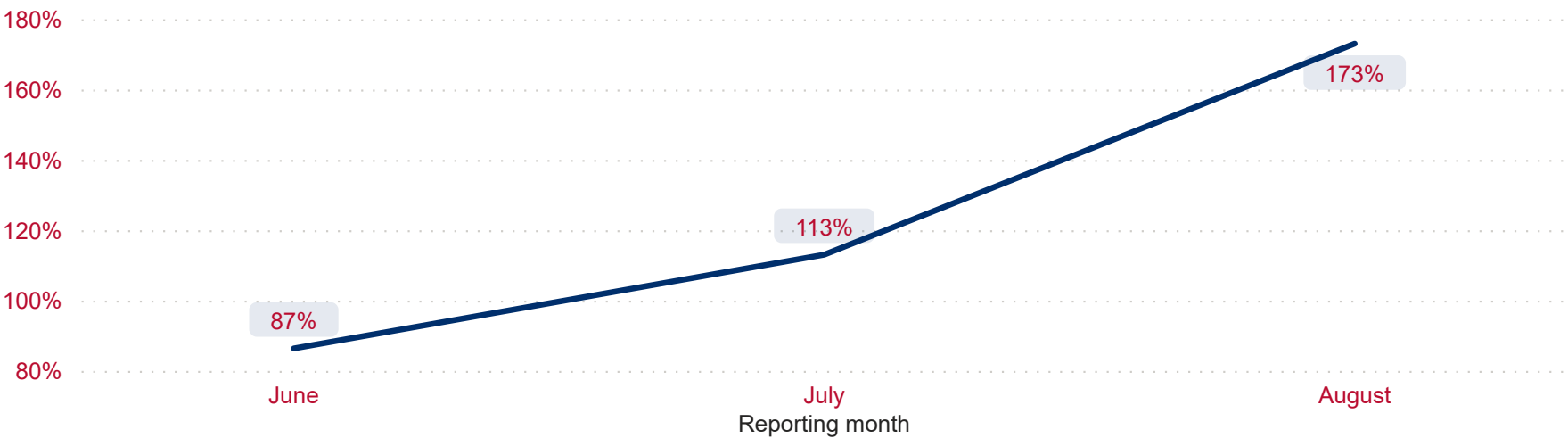
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

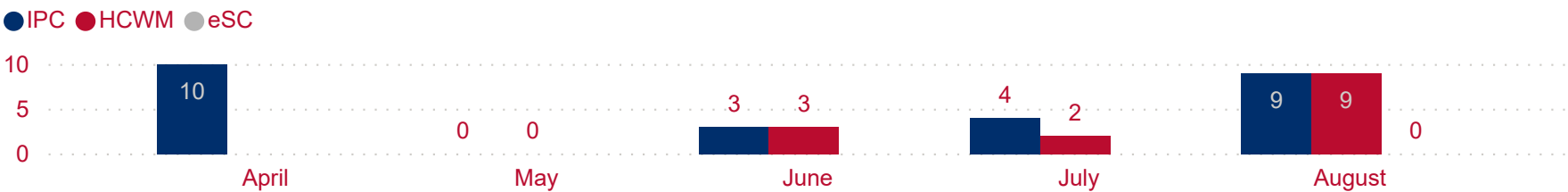
	April	May	June	July	August
Health facilities	10	0	3	4	9
Cumulative (health facilities)	10	10	13	17	26
Progress to date			87%	113%	173%

Note:Country target # of health facilities is 15

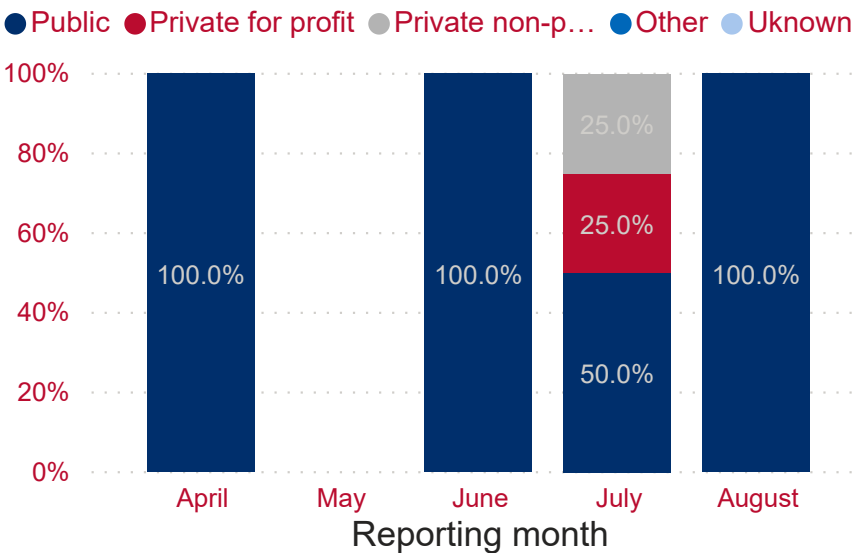
% supported health facilities with staff trained by month



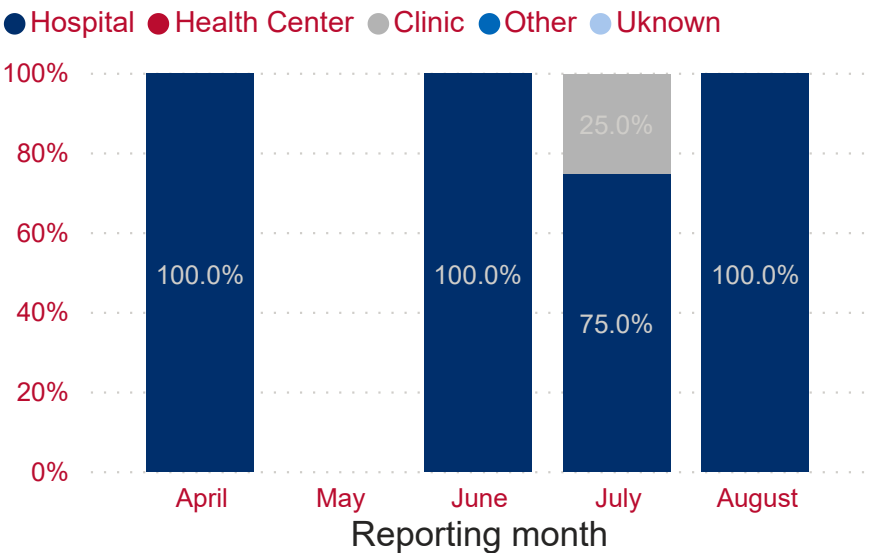
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

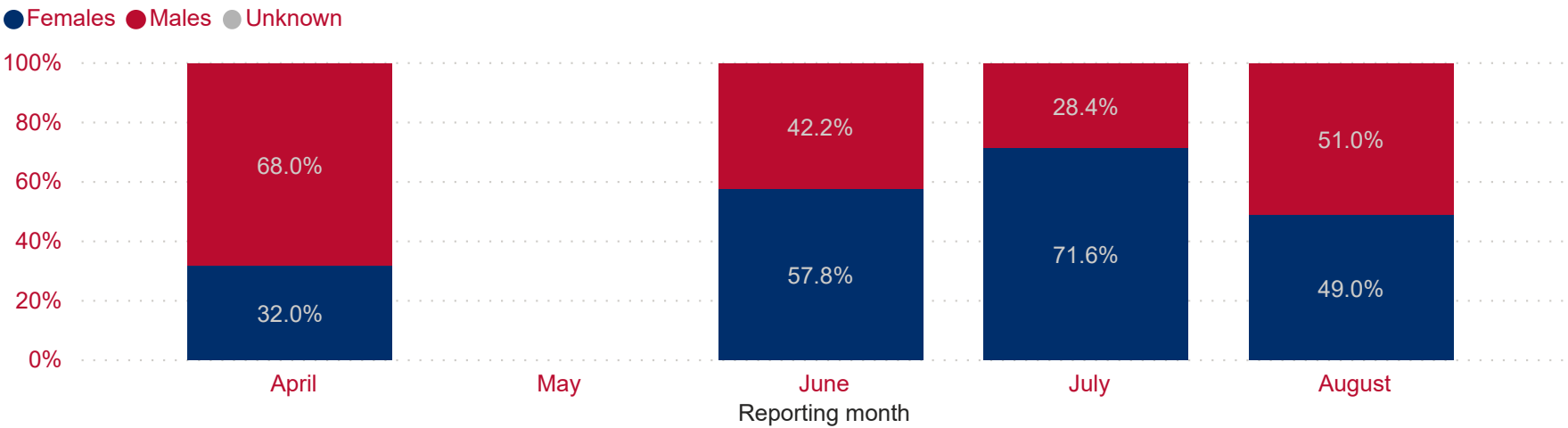


CV 2: # of persons who received COVID-19-related training

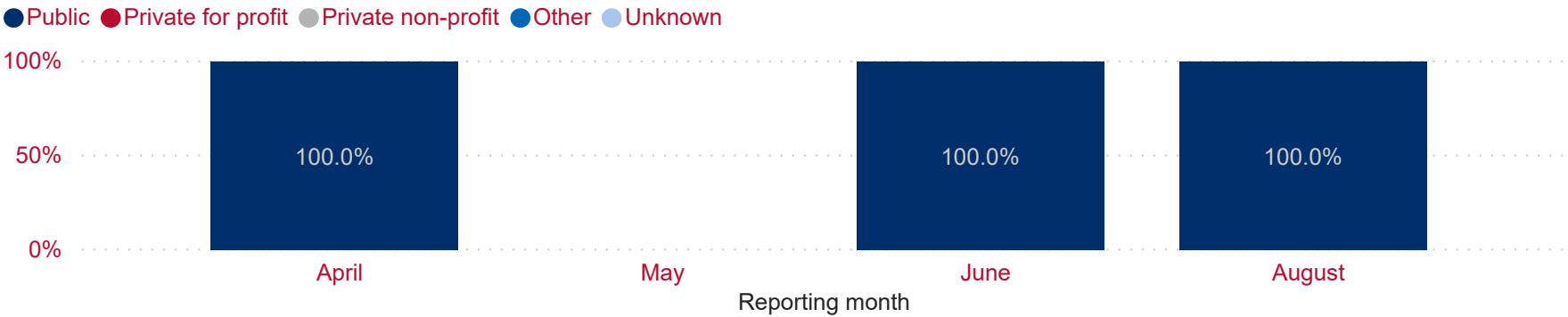
of trainees by sex and by month

	April	May	June	July	August	Total
Total trained	25	0	360	81	204	670
Females	8	0	208	58	100	374
Males	17	0	152	23	104	296
Unknown					0	0
Cumulative trained	25	25	385	466	670	

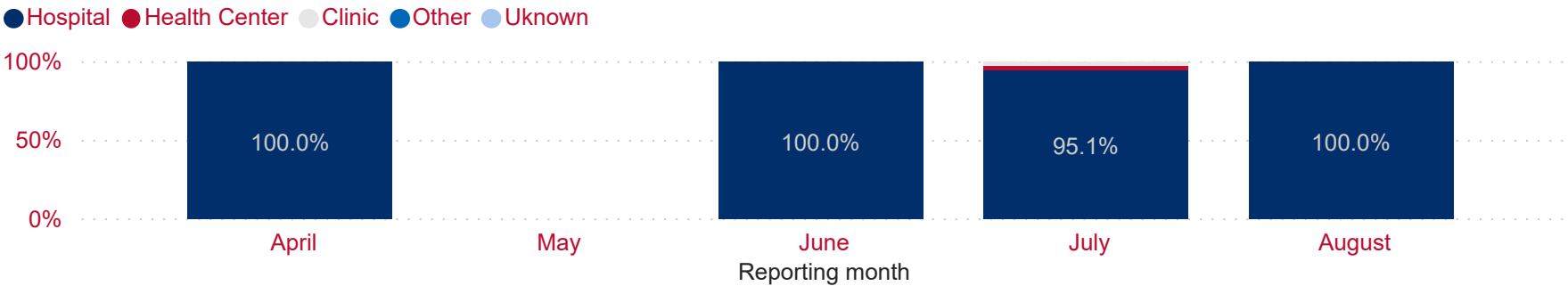
% trainees by sex



% of trainees by facility ownership type



% of trainees by facility type



% of trainees by training type



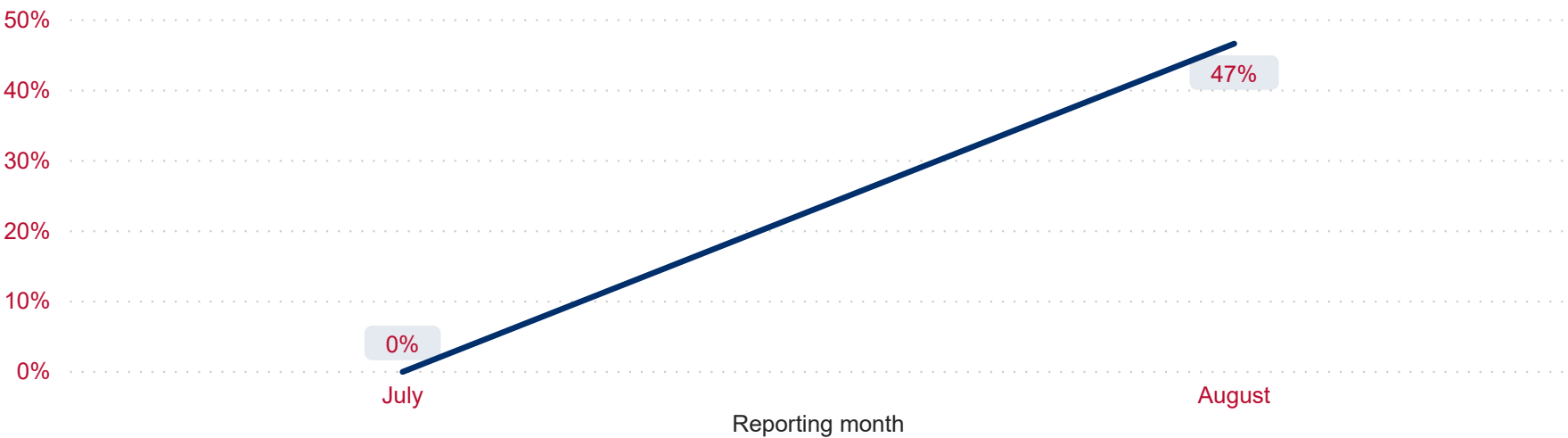
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

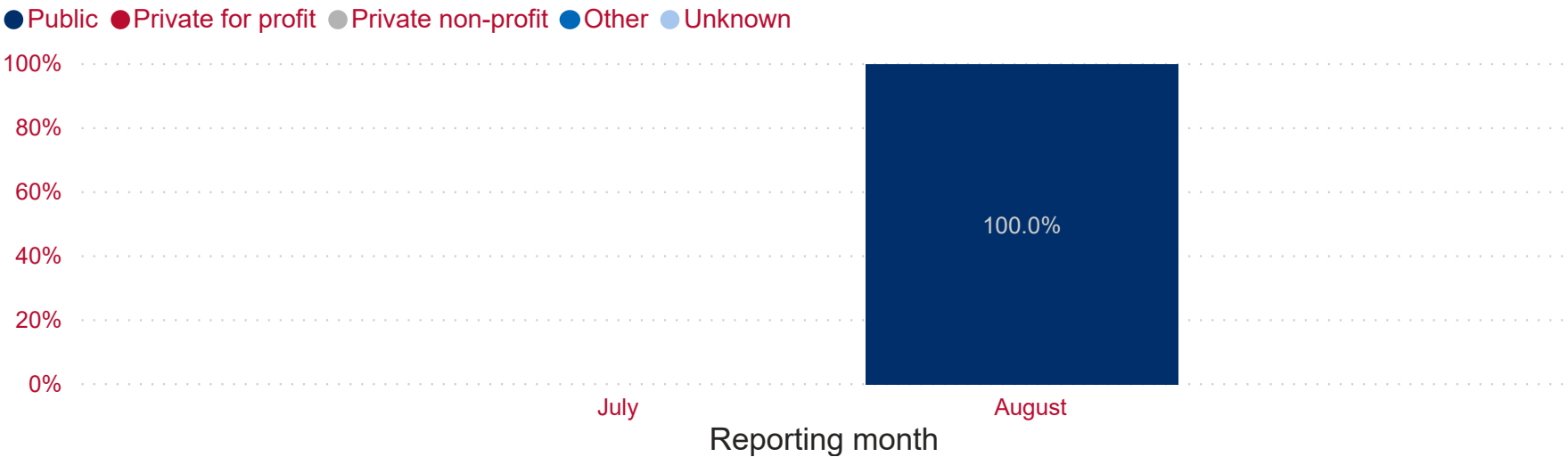
	July	August
Health facilities	0	7
Cumulative (health facilities)	0	7
Progress to date	0%	47%

Note: Country target # of health facilities is 15

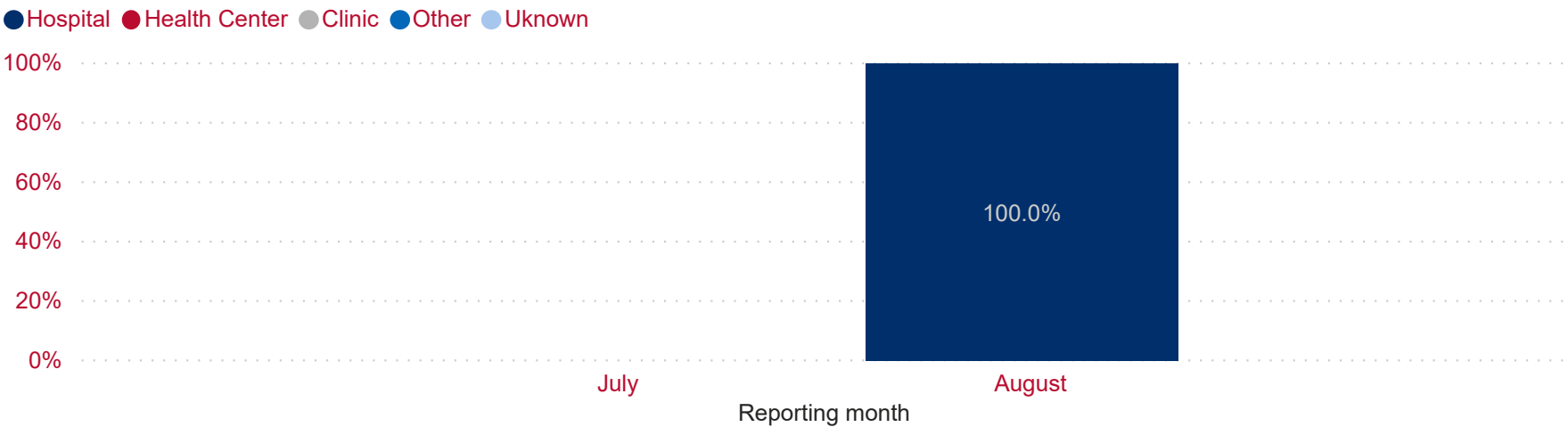
% of compliant of supported health facilities by month

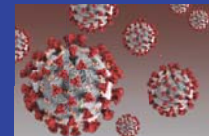


% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type





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Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

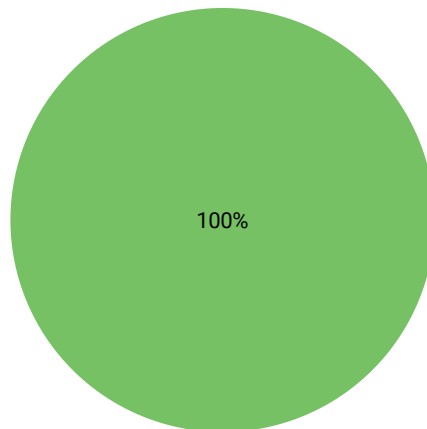
Jordan

Kenya

Mali

Month: August (1) ▼

● NO ISSUES OR ON TRACK



Technical Area ▲

IPC Program Management (national/facility/community)

Triage for SARI/ARI patients

Waste management

Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Cote d'Ivoire	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Established COVID 19 facility/unit	The private clinics and university hospital that were assessed in July have received capacity building in August. See below. Site visits to evaluate the 13 COVID-19 care and treatment centers in Abidjan is planned to start in late September 2020.
Cote d'Ivoire	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Coordination/task force mechanism	MTaPS continued supporting the IPC COVID-19 Task Force to review IPC activity implementation and to prepare and present IPC activities updates during the weekly national coordination meetings. During the last coordination meeting, INHP's Director informed that they observed a great improvement on IPC at the facilities levels, and there is no new reported COVID-19 cases among HCWs during the last 30 days.
Cote d'Ivoire	IPC Program Management (national/facility/community)	• Monitor compliance with requirements	• Compliance tracking and reporting system	In coordination with the IPC task force, this activity has been scheduled for September 21-25, 2020.
Cote d'Ivoire	Triage for SARI/ARI patients	• Provide training using existing training package on triage for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS supported the IPC COVID-19 Task Force from August 11-13, 2020 to conduct three-day onsite trainings of health workers (doctors, nurses, pharmacists, screening staff, etc.) on IPC for COVID-19, at the University Teaching Hospitals (CHU) of Treichville and Angre and four private clinics (PISAM, Groupe Medical Plateau, Grand Centre Yopougon and Clinique Centrale Abobo). Six teams of IPC master trainers, each made up of two people from the IPC COVID-19 Task Force, visited the six target health facilities, one health facility per team. The trainings focused on standard precautions (hand hygiene; respiratory hygiene; PPE based on risk; safe injection practices, sharps management and injury prevention; safe handling, cleaning and disinfection of patient care equipment; environmental cleaning; safe handling and cleaning of soiled linen and equipment; and waste management), the additional precautions and recommendations specific to COVID-19; and

and recommendations specific to COVID-19, and the triage at the entrance to health facilities.

A total of 100 people, 43 female and 57 male, were trained in IPC for COVID-19. This brings the total number of health workers who received COVID-19-related training to 748 peoples, 292 females and 456 males.

Cote d'Ivoire	Waste management	<ul style="list-style-type: none">• Provide training using existing training packages for COVID-19	<ul style="list-style-type: none">• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS supported the IPC COVID-19 Task Force on August 14, 2020 to conduct a one-day onsite training of surface technicians/waste handlers at the University Hospitals (CHU) of Treichville and Angre and four private clinics (PISAM, Groupe Medical Plateau, Grand Centre Yopougon and Clinique Centrale Abobo). The trainings focused on medical waste management in the context of COVID-19 pandemic. A total of 51 health workers, 20 female and 31 male, were trained.
Cote d'Ivoire	Triage for SARI/ARI patients	<ul style="list-style-type: none">• Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to	<ul style="list-style-type: none">• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	As part of the onsite trainings of health workers, conducted from August 10-13, 2020, MTA PS supported the IPC COVID-19 Task Force in establishing a triage station for early recognition and source control at the entrance of the University Teaching Hospitals (CHU) of Treichville and Angre and four private clinics (PISAM, Groupe Medical Plateau, Grand Centre Yopougon and Clinique Centrale Abobo). The team provided guidance to CHU Angre to strengthen the functionality of the existing triage station. The team provided recommendations to the Trenchville to establish triage station for the main services.

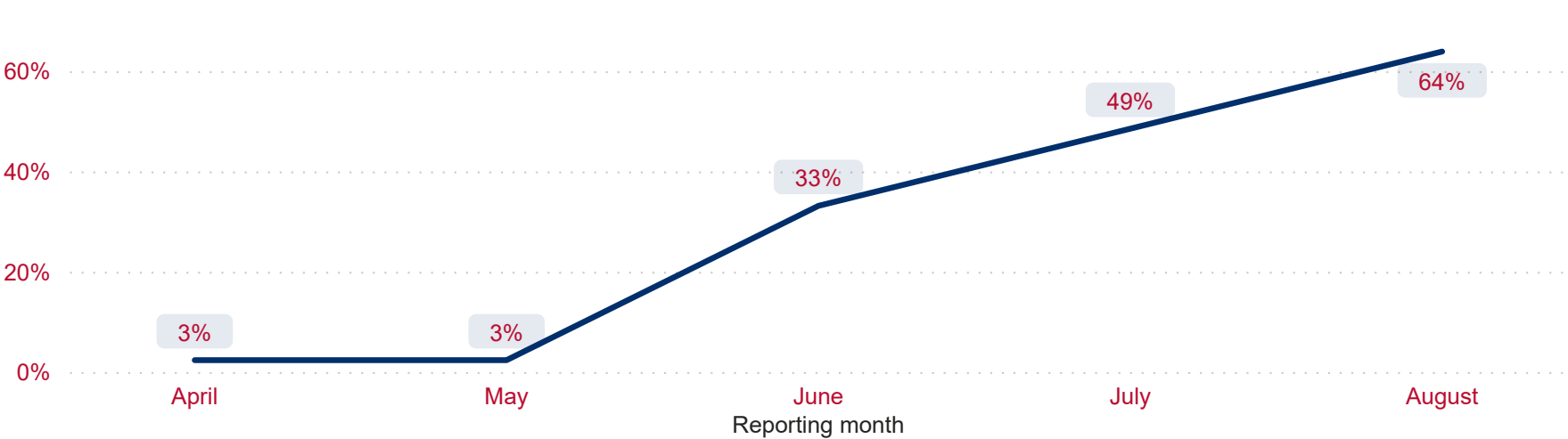
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

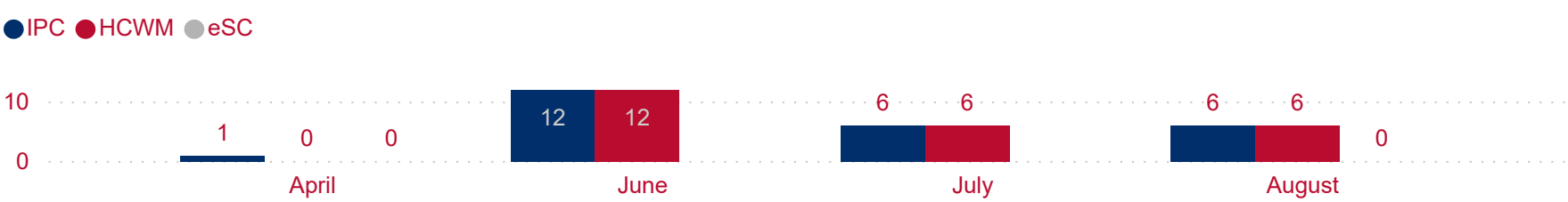
	April	May	June	July	August
Health facilities	1	0	12	6	6
Cumulative (health facilities)	1	1	13	19	25
Progress to date	3%	3%	33%	49%	64%

Note:Country target # of health facilities is 39

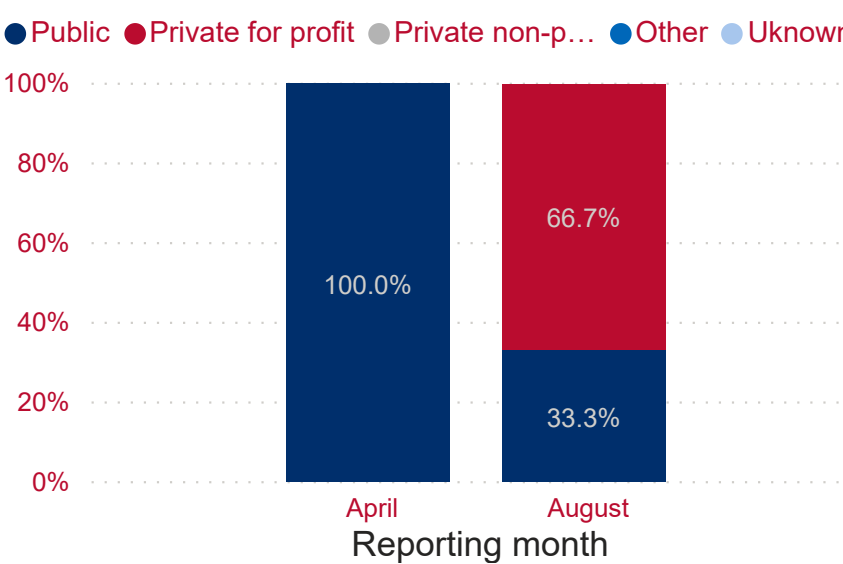
% supported health facilities with staff trained by month



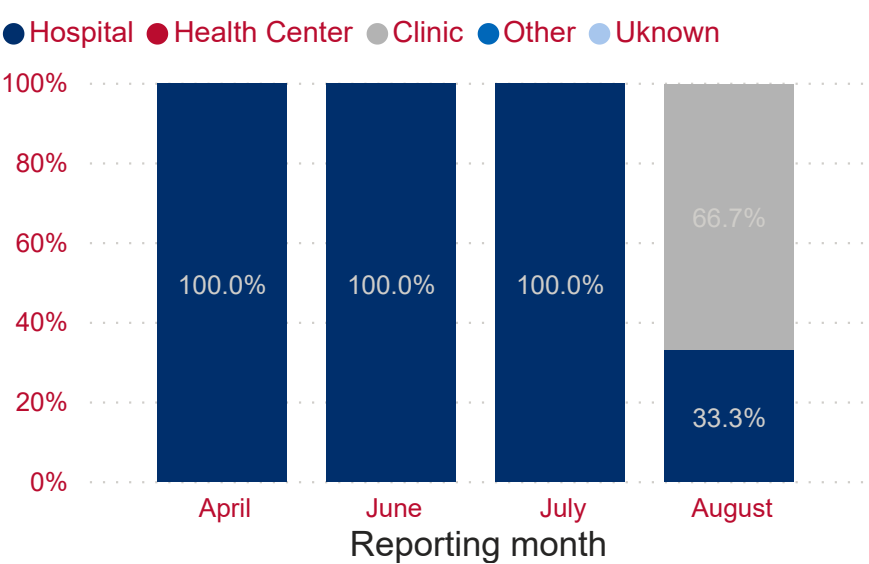
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

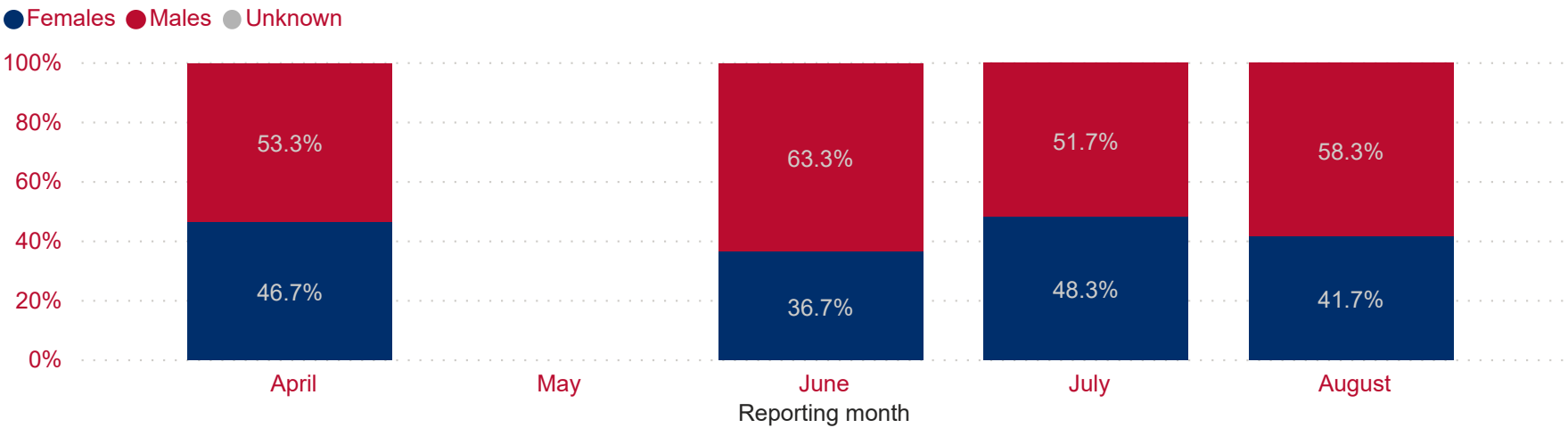


CV 2: # of persons who received COVID-19-related training

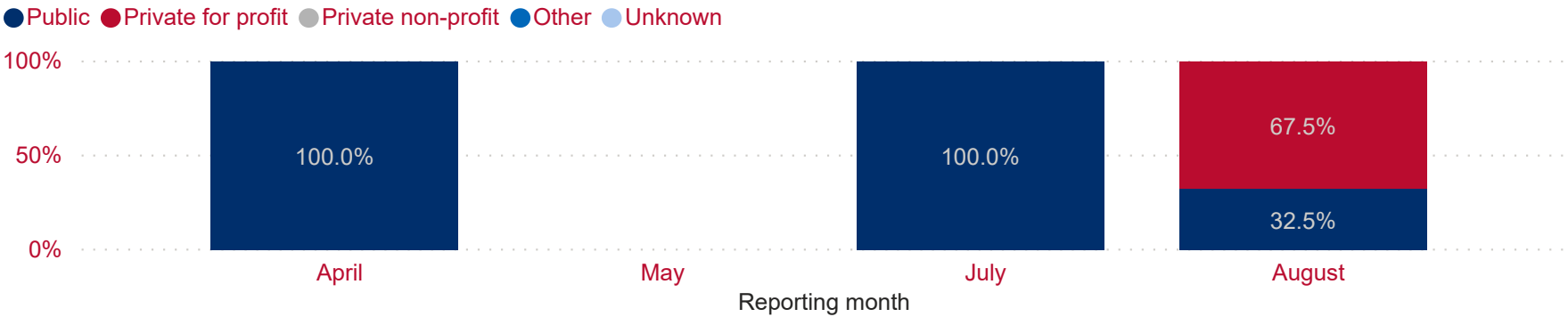
of trainees by sex and by month

	April	May	June	July	August	Total
Total trained	30	0	507	60	151	748
Females	14	0	186	29	63	292
Males	16	0	321	31	88	456
Unknown		0		0	0	0
Cumulative trained	30	30	537	597	748	

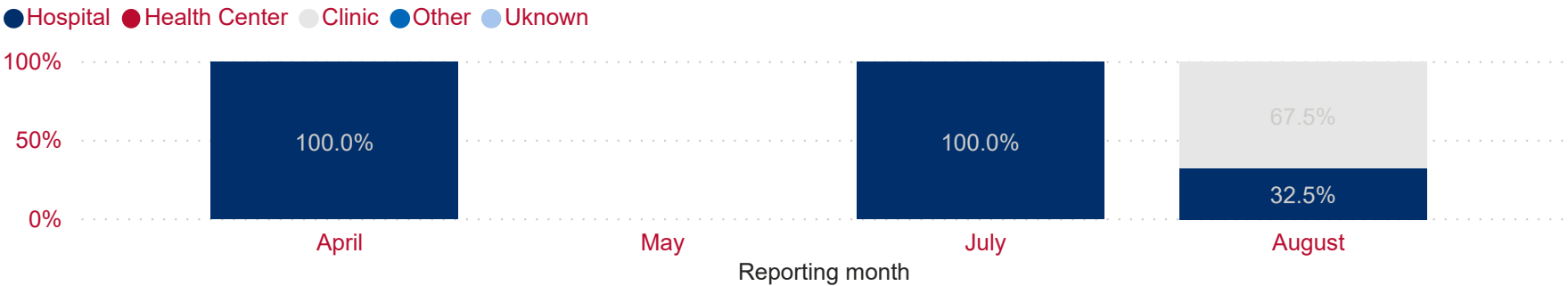
% trainees by sex



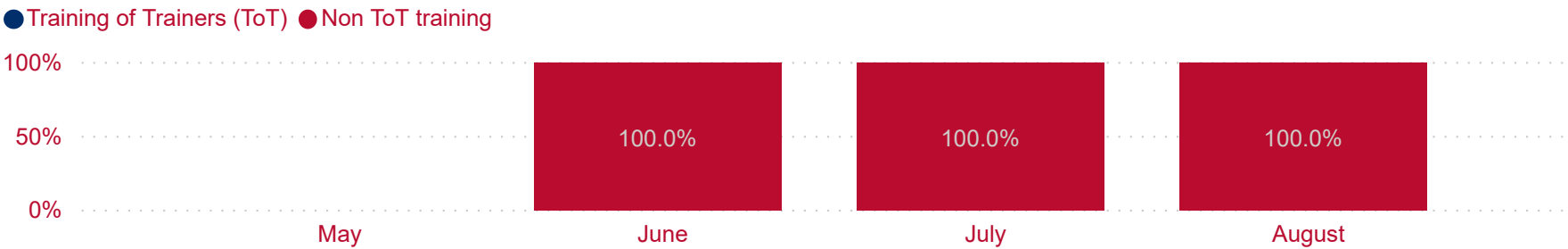
% of trainees by facility ownership type



% of trainees by facility type



% of trainees by training type



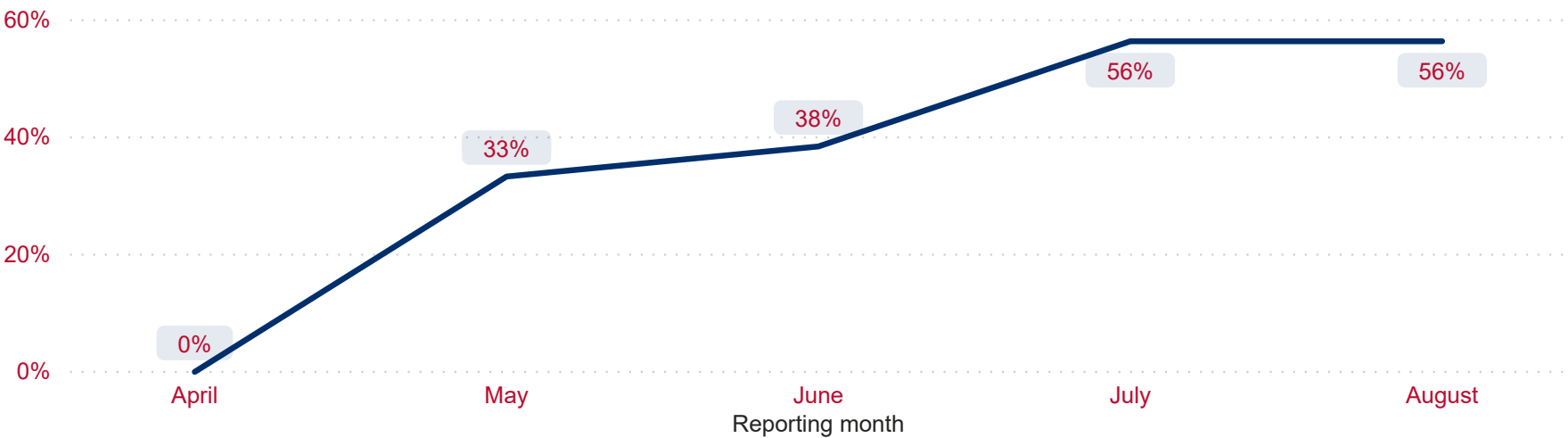
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

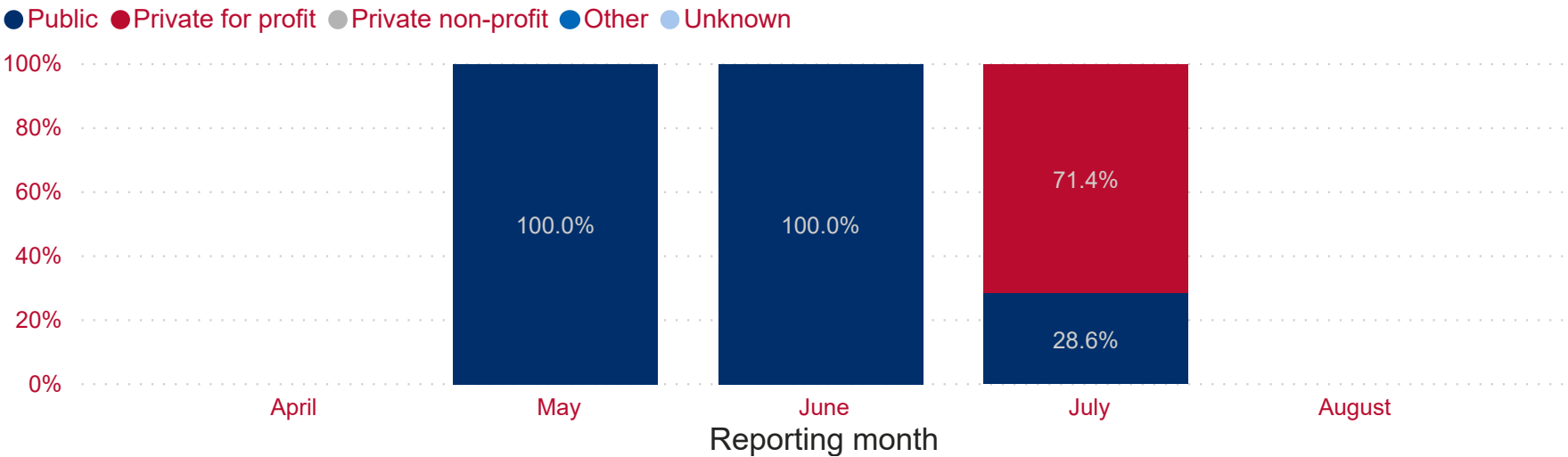
	April	May	June	July	August
Health facilities	0	13	2	7	0
Cumulative (health facilities)	0	13	15	22	22
Progress to date	0%	33%	38%	56%	56%

Note: Country target # of health facilities is 39

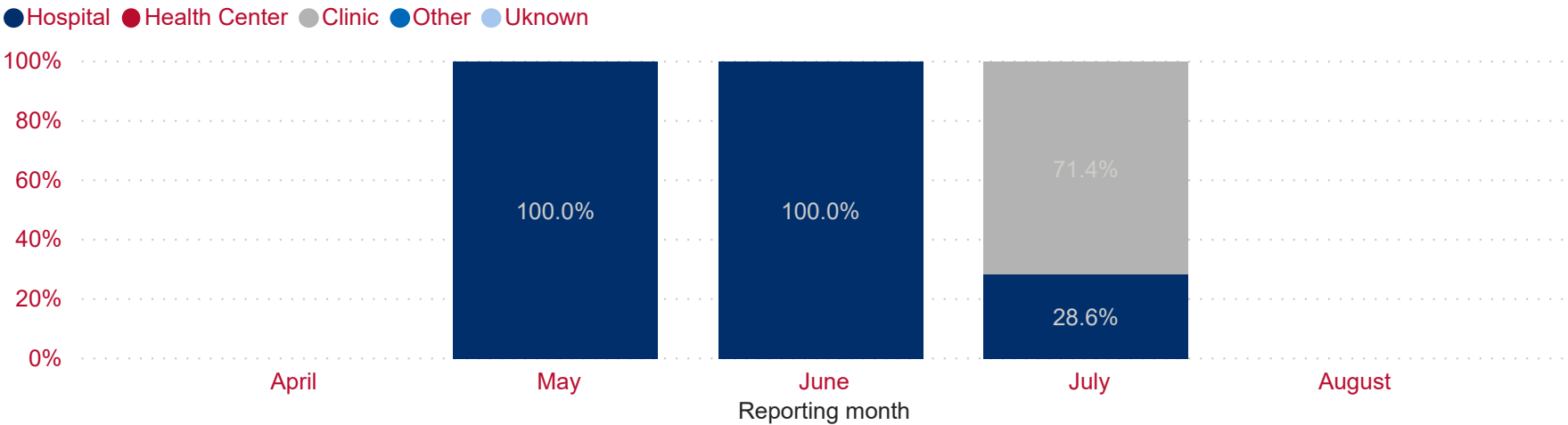
% of compliant of supported health facilities by month

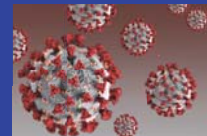


% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type





Contact for any Questions and Clarifications: mtaps-hqcovid19@mtapsprogram.org

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Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

Mali

1 - 13 / 13



Month: August

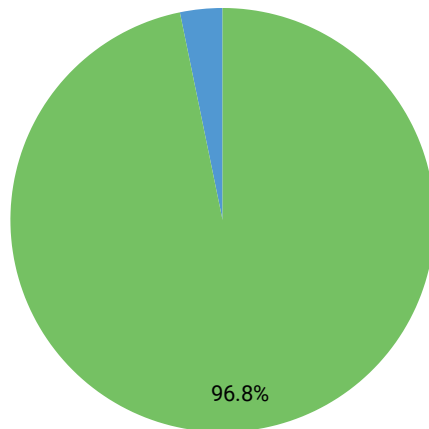
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NO ISSUES OR ON TRA...



COMPLETED



Technical Area ▲

Application of COVID-19 Precautions by HCW, patients

Application of Contact and Droplet Precautions

IPC Program Management (national/facility/community)

IPC facility access guidance

Just-in-time IPC training strategy

Source control (isolation)

Sudden influx of patients / Surge capacity

Triage for SARI/ARI patients

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Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Ethiopia	IPC Program Management (national/facility/community)	• Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels)	• IPC Emergency preparedness and response capacity assessment report with technical recommendations	<p>The COVID-19 IPC/WASH assessment tool was shared with 11 zones of the Somali region for self-evaluation. Guidance and orientation was provided for COVID-19 IPC focal persons on how to conduct the assessment.</p> <p>MTaPS conducted COVID-19 IPC assessment at Gondar airport POE and gave feedback to the airport CEO on findings of the assessment particularly recommendation for the need for temporary isolation area (the assessment report attached as deliverable in the respective folder)</p>
Ethiopia	IPC Program Management (national/facility/community)	• Adapt existing Job Descriptions for IPC COVID-19 consultants	• Job descriptions	This activity was completed in March.
Ethiopia	IPC Program Management (national/facility/community)	• Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance	• Policy/regulatory implementation support documents of key IPC elements related to COVID-19	<p>MTaPS provided technical support for national PHEOC to develop home-based isolation and treatment IPC guidance and training material.</p> <p>MTaPS supported the development of IPC SOP for oral polio vaccine (OPV) campaign in the context of COVID-19. https://drive.google.com/drive/folders/1-QDX2xTvY90qglolAtdhp-YK-LAQHEkz</p>
Ethiopia	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Coordination mechanism	MTaPS provided technical support to the Oromia Regional Health Bureau (ORHB) in preparing COVID-19 treatment center in Sebeta town, Turkish Garment Industry compound, according to IPC recommendations for designing of COVID-19 treatment center.
Ethiopia	IPC Program Management (national/facility/community)	Training on screening of travelers at Points of Entry/POE (focusing on formal and informal ground crossings and small local/regional	• Number of people trained at POE for COVID-19 screening by gender/position/POE	<p>MTaPS supported IPC ToT training for 23 Healthcare professionals working at COVID-19 treatment facilities in Hawassa City.</p> <p>MTaPS provided training on IPC program management mechanisms, such as M&E, administrative controls, facility design and environmental engineering controls and others</p>

		local/regional airports) in the context of COVID-19 outbreak using existing guidelines		environmental engineering controls and others, were included in the training topics.
Ethiopia	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19, including e-learning 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility 	<p>MTaPS provided technical support to the AACAHB by on-the-job COVID-19 IPC training for 23 (15 female, 8 male) health workers in two treatment centers (Medihanale and higher 23 schools).</p> <p>MTaPS supported the ARHB by providing COVID-19 IPC onsite training for 65 HCWs (male 46, female 19) in Debre Tabor Hospital, to 40 HCWs (male 31, female 9), working at 11 police clinics in the region, to 26 HCWs (male 19, female 7) working in Gondar City administration health department staffs and 8 health centers in Gondar and for 46 HCWs coming from regional level isolation, quarantine and treatment centers.</p> <p>MTaPS supported the ORHB by conducting COVID-19 IPC TOT training for 38 health professionals from 21 zones of Oromia region.</p>
Ethiopia	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> • Oversee the implementation 	<ul style="list-style-type: none"> • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	<p>The health care workers risk assessment tool was shared with Karamara treatment center in Somali region for self-evaluation and MTAps provided support in carrying out the self-assessment.</p> <p>MTaPS conducted an assessment on standard and transmission based precautions and gave support on:</p> <ul style="list-style-type: none"> - Practicing good hand hygiene through hand washing and ABHR - Mask utilization among travellers and screening HCWs - Maintaining physical distancing <p>MTaPS conducted an IPC assessment in Akaki Kaliti woreda 10 COVID-19 treatment center in Addis Ababa. The assessment findings indicated areas of improvement, particularly in waste management.</p>
Ethiopia	Source control (isolation)	<ul style="list-style-type: none"> • Adapt guidance/SOPs along existing WHO guidance for 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC 	There was no activity for the month.

		Covid-19	element (incl IPC commodities lists)	
Ethiopia	Source control (isolation)	• Provide training using existing training packages for Covid-19; apply e-learning wherever this is feasible.	• Training report with information regarding number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS supported ARHB by providing Covid-19 IPC onsite training for 65 HCWs (male 46, female 19) in Debre Tabor Hospital, 40 HCWs (male 31, female 9), working at 11 police clinics in the region and to 26 HCWs (male 19, female 7) working in Gondar City administration health department staffs and 8 health centers in Gondar.
Ethiopia	Source control (isolation)	• Oversee the implementation	• Implementation report	MTaPS closely collaborated with AACAHB EOC staff and regularly participated weekly regional COVID-19 coordination meetings and technical IPC-WASH and case management meetings.
Ethiopia	Source control (isolation)	• Assess and monitor compliance	• Compliance tracking and reporting system	MTaPS conducted an assessment and supported airport points of entry (POE) screening service, isolation and quarantine techniques Onsite support was given to a private hospital (Ere hospital) in Addis Ababa on source control and screening among health care workers.
Ethiopia	IPC facility access guidance	• Adapt guidance/SOPs along existing WHO guidance for COVID-19	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS participated in reviewing "IPC and WaSH Guide for school reopening in the context of COVID-19 in Ethiopia."
Ethiopia	IPC facility access guidance	• Provide training using existing training packages for COVID-19	• Training report with information regarding number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS supported ARHB by providing Covid-19 IPC onsite training for 65 HCWs (male 46, female 19) in Debre Tabor Hospital, 40 HCWs (male 31, female 9), working at 11 police clinics in the region and to 26 HCWs (male 19, female 7) working in Gondar City administration health department staffs and 8 health centers in Gondar.
Ethiopia	IPC facility access guidance	• Assess, oversee implementation and monitor compliance	• Compliance tracking and reporting system	An assessment was conducted at treatment centers and POE and as a result of the assessment an agreement was reached with HCWs and Gondar Airport CEO to prepare hand washing facility at exit entry point screening area.
Ethiopia	Just-in-time IPC training strategy	• Develop training strategy and schedule	• Training strategy document and training schedule	MTaPS supported developing a presentation for infection prevention and control training on COVID-19 for home based care isolation and treatment.

Ethiopia	Just-in-time IPC training strategy	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Training report with information regarding number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	<p>MTaPS supported ARHB by providing COVID-19 IPC onsite training for 65 HCWs (male 46, female 19) in Debre Tabore Hospital, to 40 HCWs (male 31, female 9), working at 11 police clinics in the region and to 26 HCWs (male 19, female 7) working in Gondar City administration health department staffs and 8 health centers in Gondar for 46 HCWs coming from regional level, Isolation, quarantine and treatment centers. In addition, COVID-19 IPC basic training were conducted in Gondar town, Florida hotel for 45 HCWs (male 40, female 5) coming from North Gondar, South Gondar and ARHB. The participants were from regional level (IPC team), Woreda (WaSH IPC focal), isolation, quarantine and treatment centers.</p> <p>As a result of COVID-19 IPC TOT trainers pool created with the support MTaPS provided for ARHB, basic COVID-19 IPC training was provided for 24 IPC focal persons from 21 health centers and 3 hospital (male 19, female 5) 15 health care workers coming from 5 Woreda Health offices (male 14, female 1) in South Wollo Zone.</p> <p>MTaPS provided on-the-job training in COVID-19 IPC for 6 health professionals working at the Qoliaji-1 IDP clinic.</p>
Ethiopia	Just-in-time IPC training strategy	<ul style="list-style-type: none"> • Oversee implementation 	<ul style="list-style-type: none"> • Implementation report 	Regional support was provided at by the national team on home-based isolation and treatment.
Ethiopia	Just-in-time IPC training strategy	<ul style="list-style-type: none"> • Assess and monitor compliance 	<ul style="list-style-type: none"> • Compliance tracking and reporting system 	Regional support was provided at by the national team on home-based isolation and treatment.
Ethiopia	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> • Develop plans and strategies following existing guidelines 	<ul style="list-style-type: none"> • Surge capacity plan/MoU/MoA for resource-sharing 	During the month, additional suitability assessment was conducted in Addis Ababa (Akaki Kality and Lafto sub-cities). In Akaki Kality, MTaPS assessed one youth center and sub-city's meeting hall. In Lafto sub-city one youth center was assessed for the suitability to become treatment center, unfortunately the center is used as an office. So, the consultant recommends to both the health bureau and sub-city to look for another additional new sites that best fit for the purpose.
Ethiopia	Sudden influx of patients /	<ul style="list-style-type: none"> • Adapt guidance/SOPs along existing 	<ul style="list-style-type: none"> • Guideline/SOP/checklist 	Technical support was provided to a private hospital (Erer Hospital) to convert a section of

	of patients / Surge capacity	SOPs along existing WHO guidance for Covid-19 including safe burial of deceased Covid -19 patients	Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists)	hospital (Ere Hospital) to convert a section of the hospital to as COVID-19 treatment unit.
Ethiopia	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> • Assess and monitor compliance 	<ul style="list-style-type: none"> • Compliance tracking and reporting system 	<p>MTaPS helped the AACAHB organize Chefe primary school as COVID-19 treatment center.</p> <p>MTaPS supported the SRHB by conducting COVID-19 IPC readiness rapid assessment to identify IPC gaps in Qolaji clinic for IDP, serving as a non-COVID-19 treatment center.</p> <p>MTaPS supported the AACAHB by conducting IPC monitoring assessment in four COVID-19 treatment center in Addis Ababa. The assessment results indicated that all the four facilities scored above 70% in compliance to national IPC protocol. The main problems with all facilities are that none of the facilities established treatment center staff screening program in their respective facilities. The result advised all facilities to establish such surveillance and screening systems.</p> <p>MTaPS supported the AACAHB by conducting suitability assessment in one youth center and Protestant church wedding center to COVID-19 treatment center. The youth center located in Woreda 11 has the capacity to hold 100 patients, but it needs maintenance of shower, toilet and partitioning walls, water reservoir and security offices before it becomes operational. The Protestant church wedding center can hold up to 300 patients and it has staff residence, fully equipped with kitchen, security rooms, 32 showers and toilets. The assessment results</p>

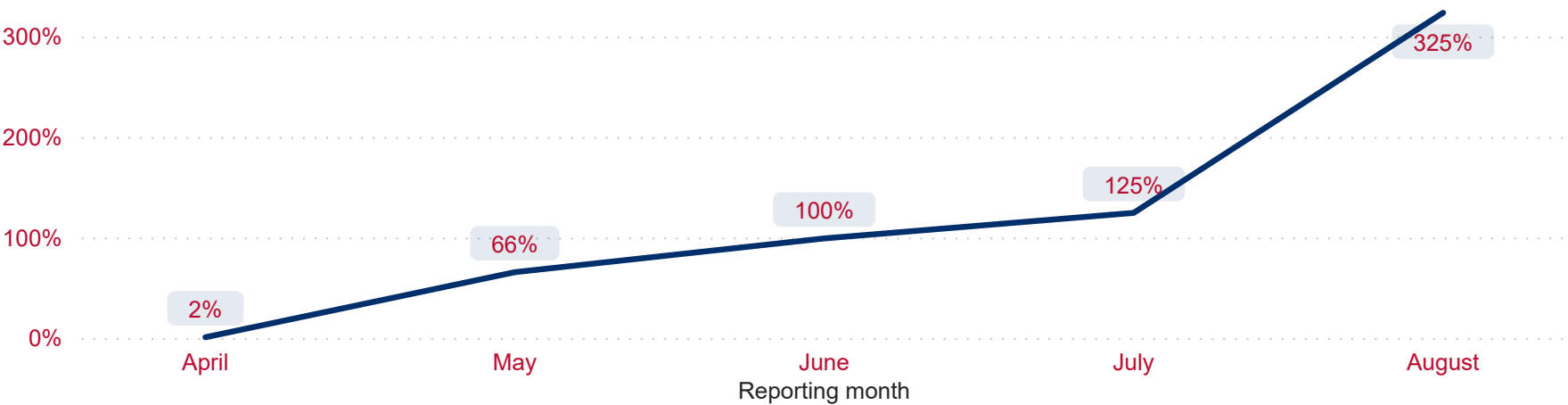
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

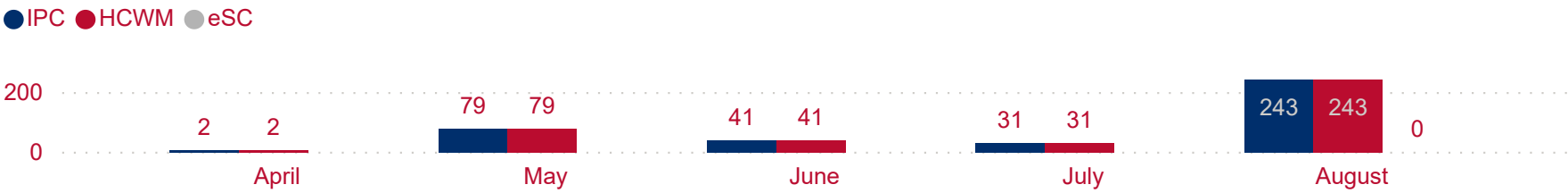
	April	May	June	July	August
Health facilities	2	79	41	31	243
Cumulative (health facilities)	2	81	122	153	396
Progress to date	2%	66%	100%	125%	325%

Note:Country target # of health facilities is 122

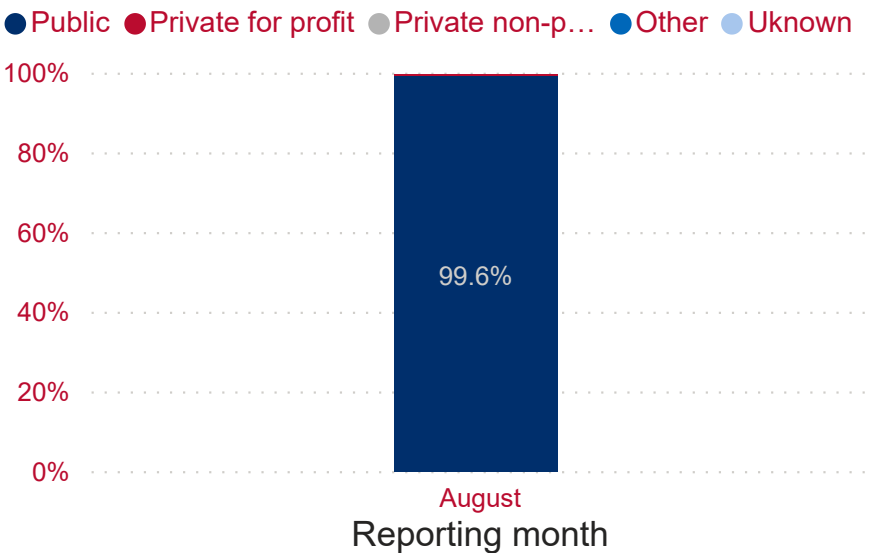
% supported health facilities with staff trained by month



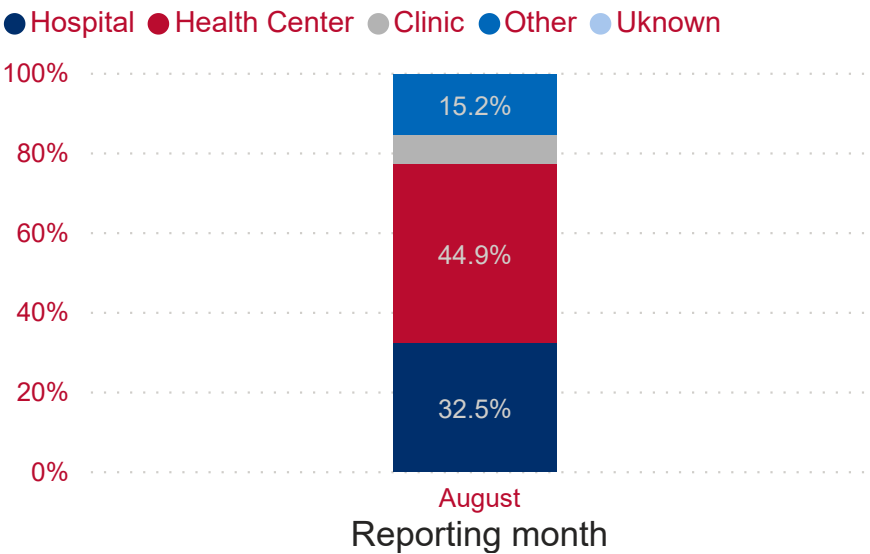
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

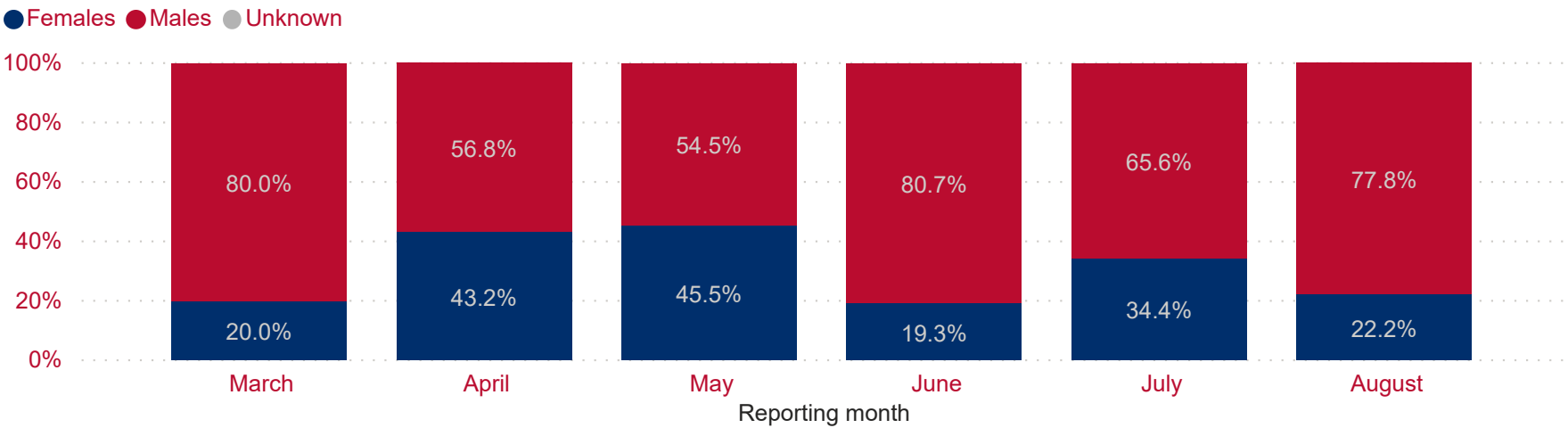


CV 2: # of persons who received COVID-19-related training

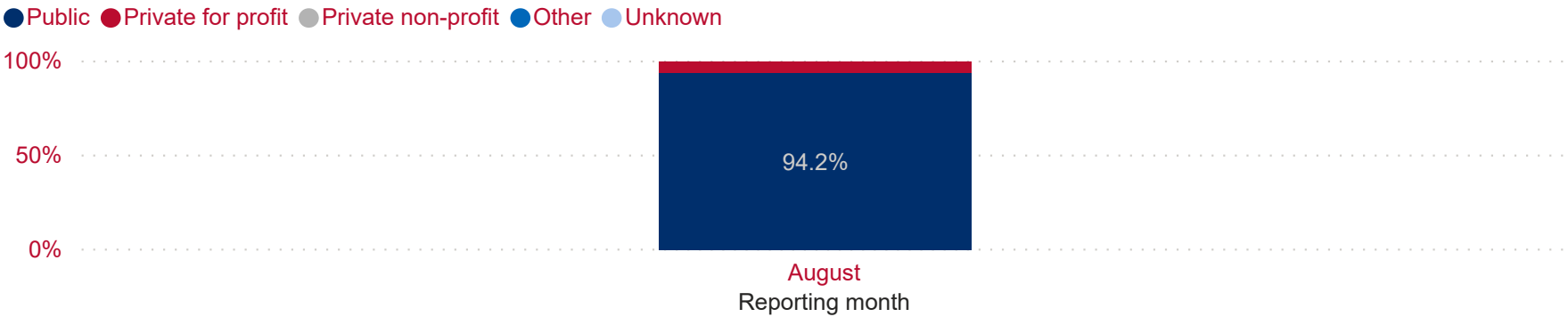
of trainees by sex and by month

	March	April	May	June	July	August	Total
Total trained	15	125	312	228	741	657	2078
Females	3	54	142	44	255	146	644
Males	12	71	170	184	486	511	1434
Unknown	0	0	0	0	0	0	0
Cumulative trained	15	140	452	680	1421	2078	

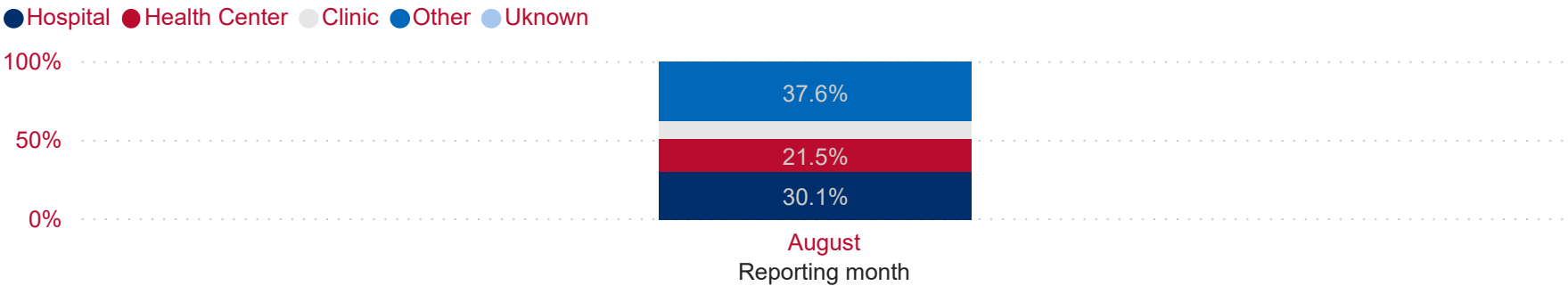
% trainees by sex



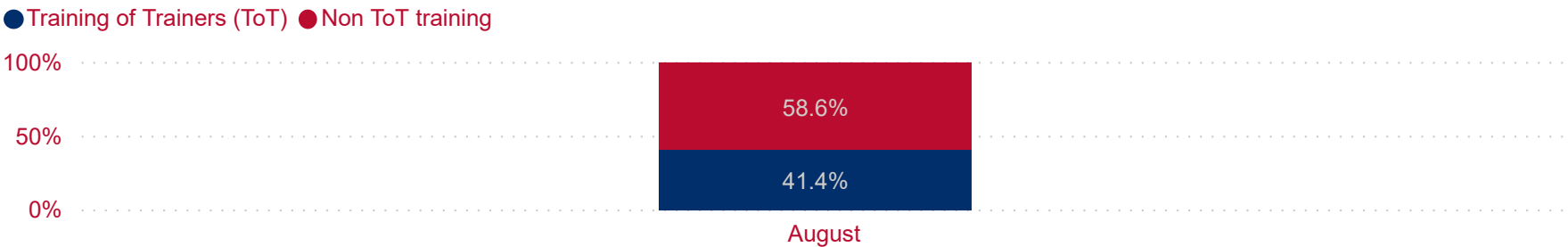
% of trainees by facility ownership type



% of trainees by facility type



% of trainees by training type



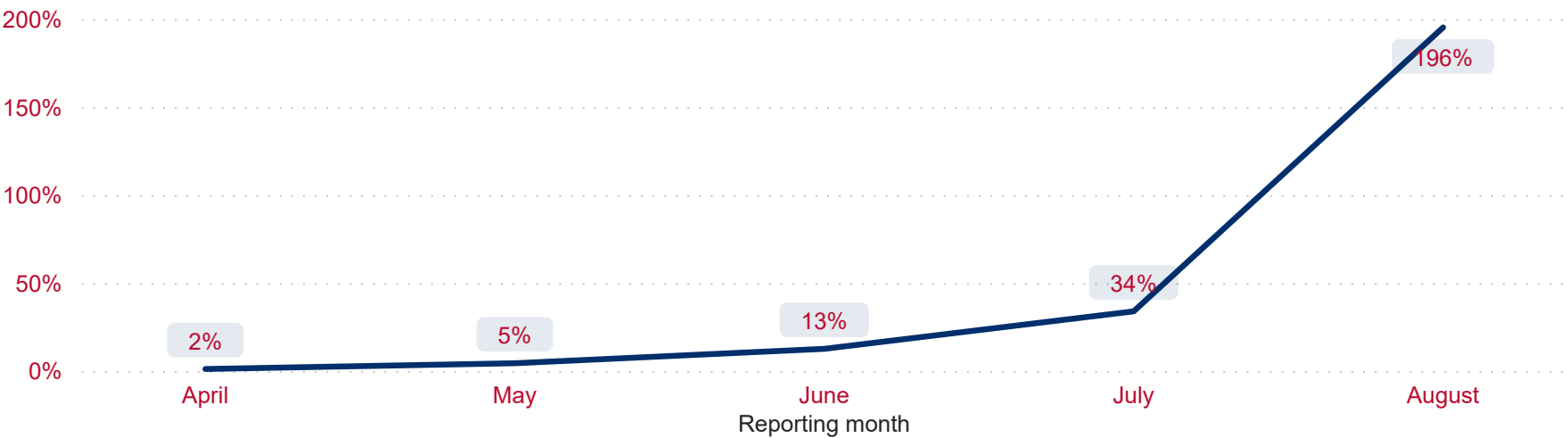
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

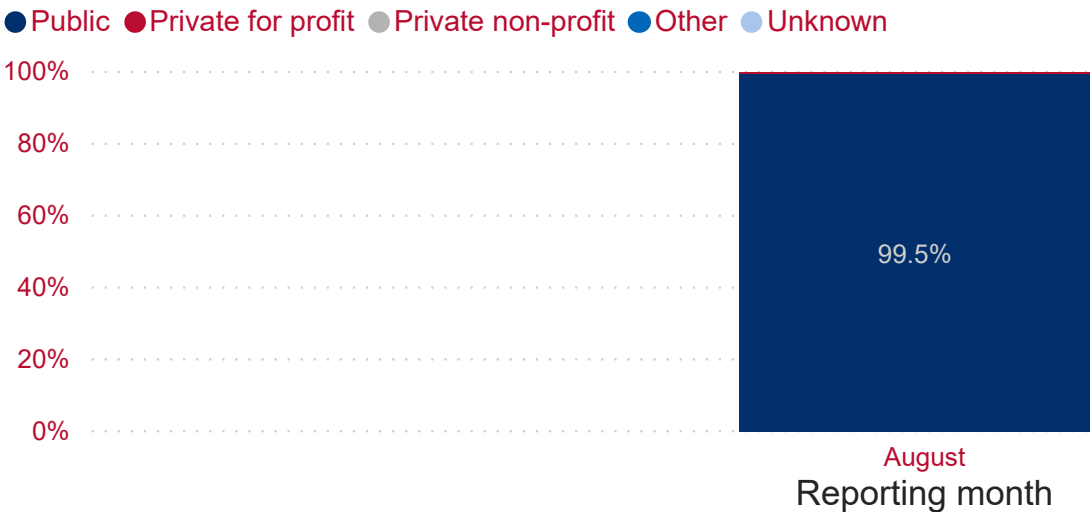
	April	May	June	July	August
Health facilities	2	4	10	26	197
Cumulative (health facilities)	2	6	16	42	239
Progress to date	2%	5%	13%	34%	196%

Note: Country target # of health facilities is 122

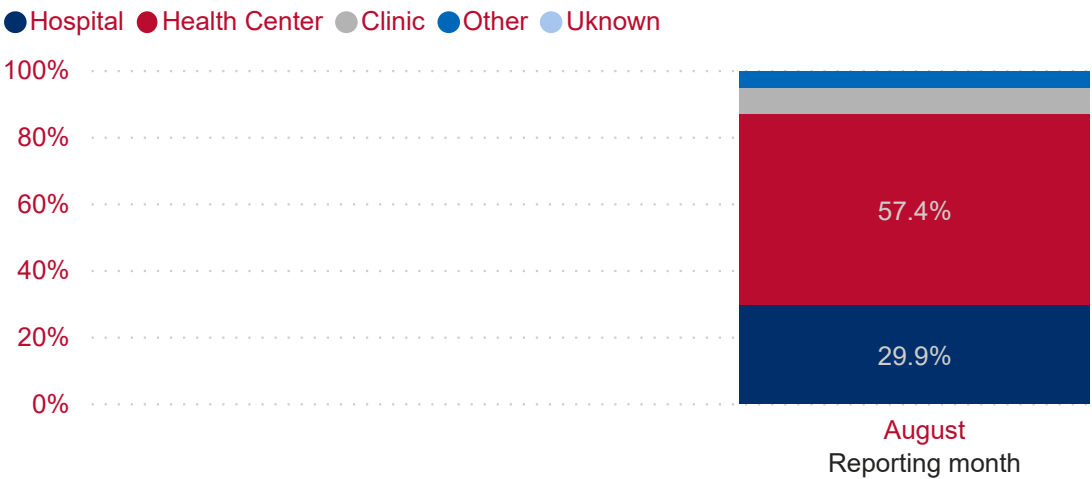
% of compliant of supported health facilities by month

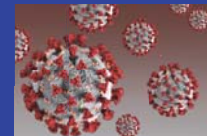


% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type





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Bangladesh

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Ethiopia

Jordan

Kenya

Mali

1 - 13 / 13



Month: August

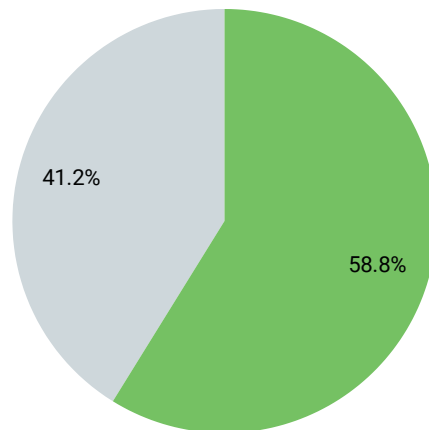
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NO ISSUES OR O...



NOT YET START...



Technical Area ▲

Application of COVID-19 Precautions by HCW, patients

Emergency Supply of IPC Commodities

IPC Program Management (national/facility/community)

IPC facility access guidance

Source control (isolation)

Sudden influx of patients / Surge capacity

Triage for SARI/ARI patients

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Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Jordan	IPC Program Management (national/facility/community)	• Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels)	• Emergency response capacity assessment report with technical recommendations	MTaPS conducted visits to five MOH hospitals and four private hospitals in the medical tourism program for rapid assessments of IPC for COVID-19 capacity using the tailored scorecard, in addition to the training needs assessments and arrangements. Out of the nine assessed hospitals, four were found to have advanced IPC capacity, the reported gaps in other facilities were mainly regarding PPE (lack of availability, lack of appropriate training regarding donning and doffing) and the absence of a triage system due to infrastructure constraints or insufficient staff.
Jordan	IPC Program Management (national/facility/community)	• Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS helped the MOH review and update the National COVID-19 Preparedness and Response plan-IPC Pillar, according to the most recent WHO and approved global guidance, with adaptation to Jordan context.
Jordan	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Coordination/task force mechanism	MTaPS continues to coordinate at the national level with the MOH, providing the IPC Department with weekly updates. MTAps also focused on coordinating the initiation of the COVID-19 support project at the central level-RMS; formal letters have been sent to hospitals to ensure cooperation and focal points have been assigned. Currently, the program is waiting for the security clearance to launch our activities at the RMS. MTAps continued to coordinate directly with the focal points at the targeted hospitals provided by the IPC Department-MOH.
Jordan	Application of COVID-19 Precautions by HCW, patients	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS conducted an internal workshop for the team of IPC consultants under MTAps' IPC clinical manager's guidance, to ensure that IPC experts deliver a standardized message to different hospitals and prioritize the modules that will be provided through training and validated the time of the workshop.

validated the time of the workshops.

MTaPS interviewed and in process of new IPC consultants, approval from USAID and MOH has been obtained, onboarding for the new consultants will be conducted shortly so that they are able to join operations.

MTaPS conducted the following training workshops:
 - AL-Basheer Hospital - 2 workshops - 50 HCWs
 - Prince Hamza Hospital - 2 workshops - 35 HCWs
 - Istishari Hospital - 1 workshop - 13 HCWs

The workshops' feedback is very positive. This technical area is one of the most requested and needed training topics, especially PPE use.

Jordan	Application of COVID-19 Precautions by HCW, patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	Activity not yet started.
Jordan	Source control (isolation)	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS conducted the following training workshops: - AL-Basheer Hospital - 2 workshops - 50 HCWs - Prince Hamza Hospital - 2 workshops - 35 HCWs - Istishari Hospital - 1 workshop - 13 HCWs
Jordan	Source control (isolation)	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	Activity not yet started.
Jordan	Source control (isolation)	• Assess and monitor compliance	• Compliance tracking and reporting system	Activity not yet started.
Jordan	IPC facility access guidance	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS conducted the following training workshops: - AL-Basheer Hospital - 2 workshops - 50 HCWs - Prince Hamza Hospital - 2 workshops - 35 HCWs - Istishari Hospital - 1 workshop - 13 HCWs
Jordan	IPC facility access guidance	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC	Activity not yet started.

			performance, supplies, etc.)	
Jordan	Triage for SARI/ARI patients	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS conducted the following training workshops: - AL-Basheer Hospital - 2 workshops - 50 HCWs - Prince Hamza Hospital - 2 workshops - 35 HCWs - Istishari Hospital - 1 workshop - 13 HCWs
Jordan	Triage for SARI/ARI patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	Activity not yet started.
Jordan	Sudden influx of patients / Surge capacity	• Develop plans and strategies following existing guidelines	• Surge capacity plan/MoU/MoA for resource-sharing	Activity not yet started.
Jordan	Sudden influx of patients / Surge capacity	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS conducted the following training workshops: - AL-Basheer Hospital - 2 workshops - 50 HCWs - Prince Hamza Hospital - 2 workshops - 35 HCWs - Istishari Hospital - 1 workshop - 13 HCWs
Jordan	Emergency Supply of IPC Commodities	• Support/facilitate quantification exercises	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS conducted a workshop for the PSMD head of units to introduce the program, and provide a brief about the concept of ESC and the special requirements regarding tracking and quantification during crisis times.
Jordan	Emergency Supply of IPC Commodities	• Identify quick supply chain response time for immediate availability of COVID-19 commodities at treatment sites	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	Activity not yet started.
Jordan	Emergency Supply of IPC Commodities	• Implement simple IPC and PPE commodity tracking system	• Compliance tracking and reporting system	MTaPS conducted an analysis of the ESC at the level of PSD and at the level of response hospitals, and it was concluded that a tracking system would be the most needed to improve the ESC. MTaPS team worked closely with THE SME and the PSMD to finalize the Daily Consumption Record and the Requisition forms for the health facilities

facilities.

An emergency SC action plan is being drafted in close collaboration with the PSMD team and the crisis management team at MOH.

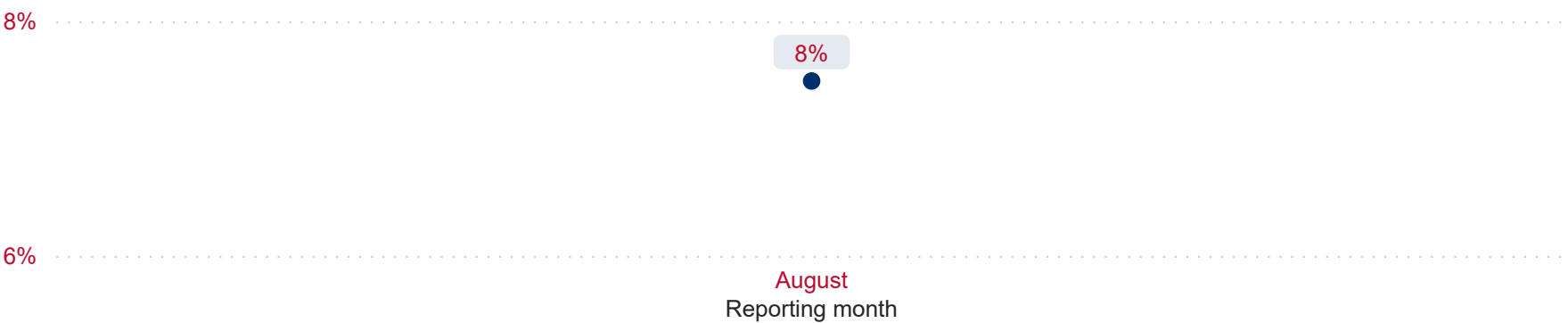
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

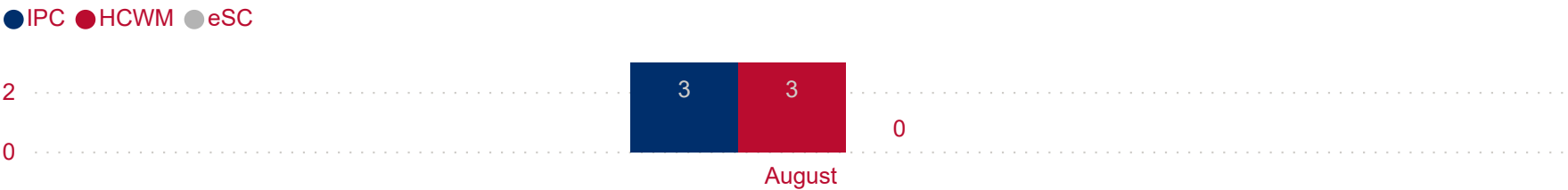
August	
Health facilities	3
Cumulative (health facilities)	3
Progress to date	8%

Note:Country target # of health facilities is 40

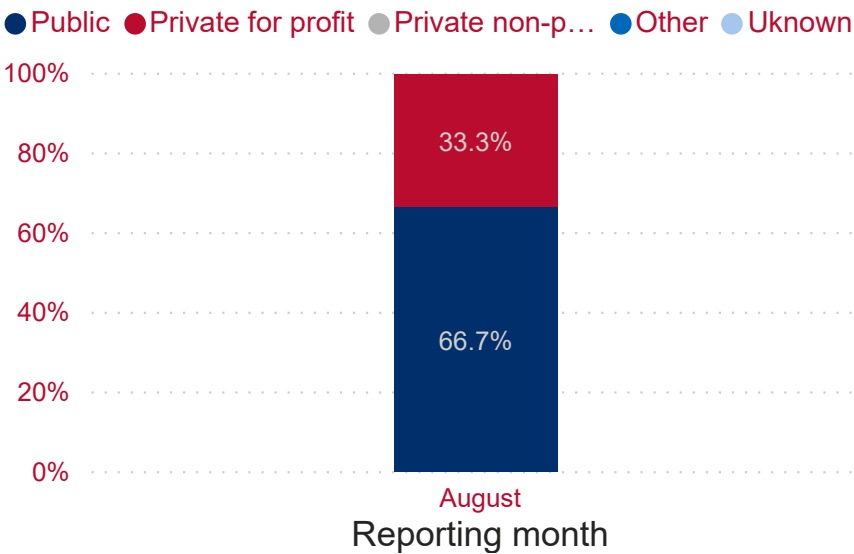
% supported health facilities with staff trained by month



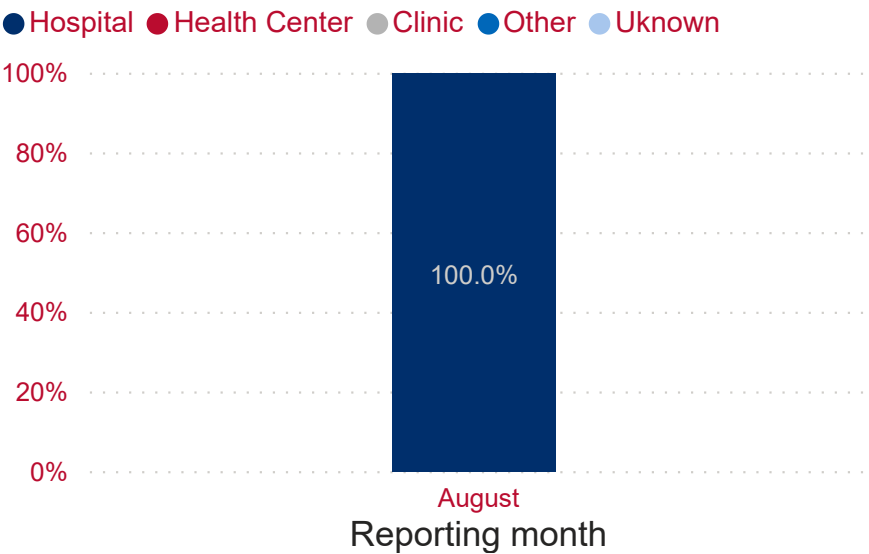
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

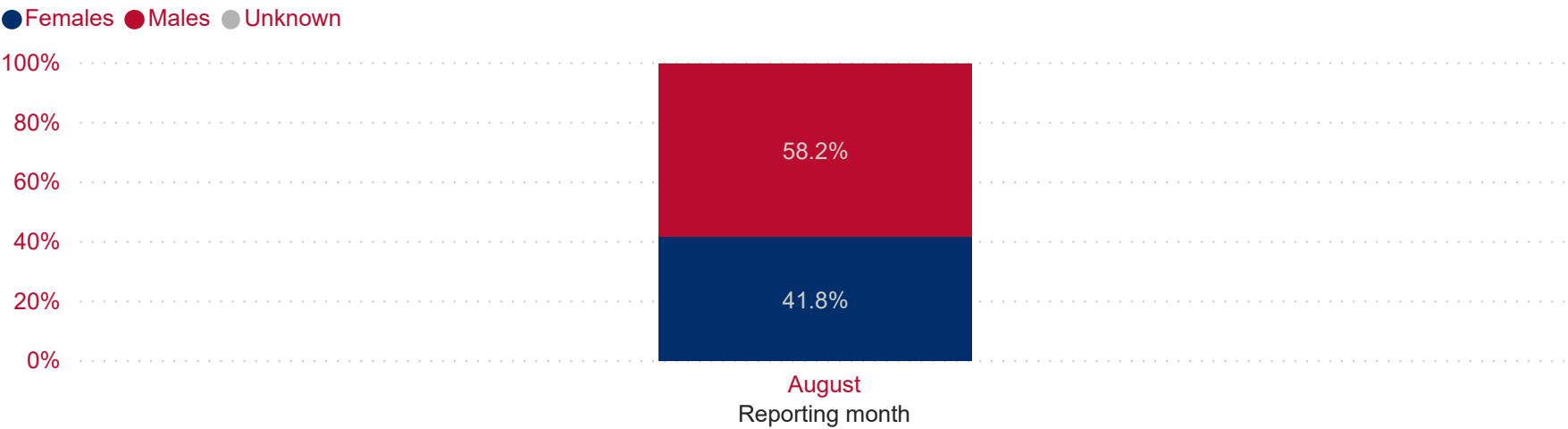


CV 2: # of persons who received COVID-19-related training

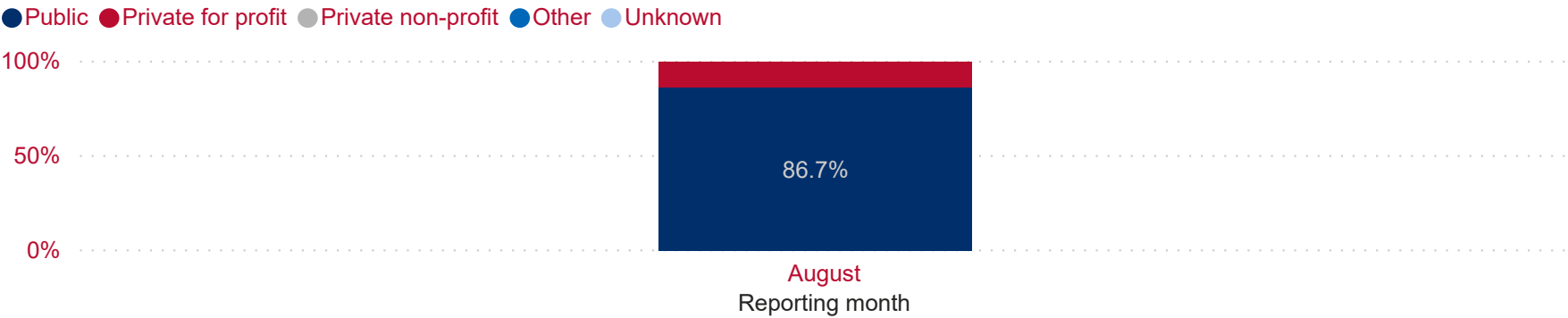
of trainees by sex and by month

	August	Total
Total trained	98	98
Females	41	41
Males	57	57
Unknown	0	0
Cumulative trained	98	

% trainees by sex



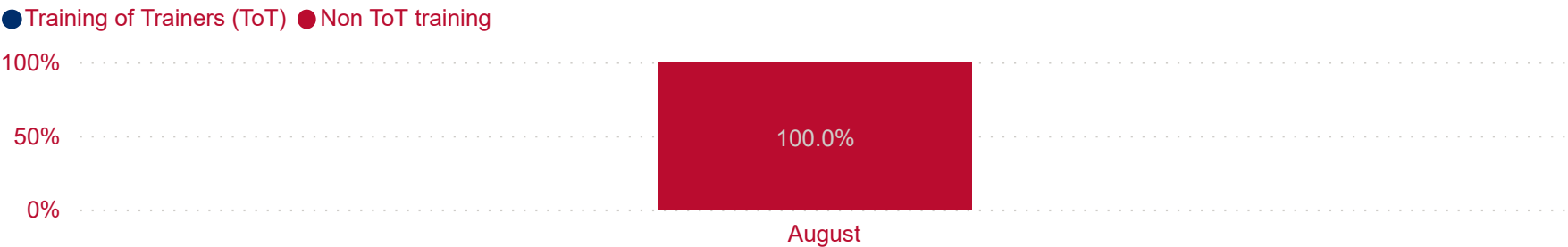
% of trainees by facility ownership type



%of trainees by facility type



% of trainees by training type



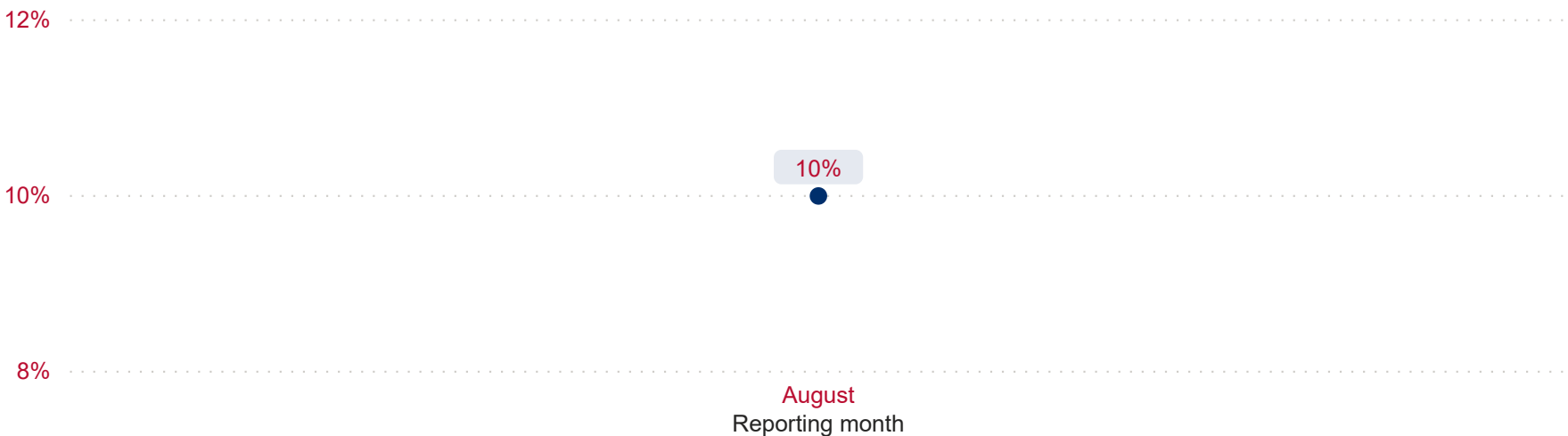
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

August	
Health facilities	4
Cumulative (health facilities)	4
Progress to date	10%

Note: Country target # of health facilities is 40

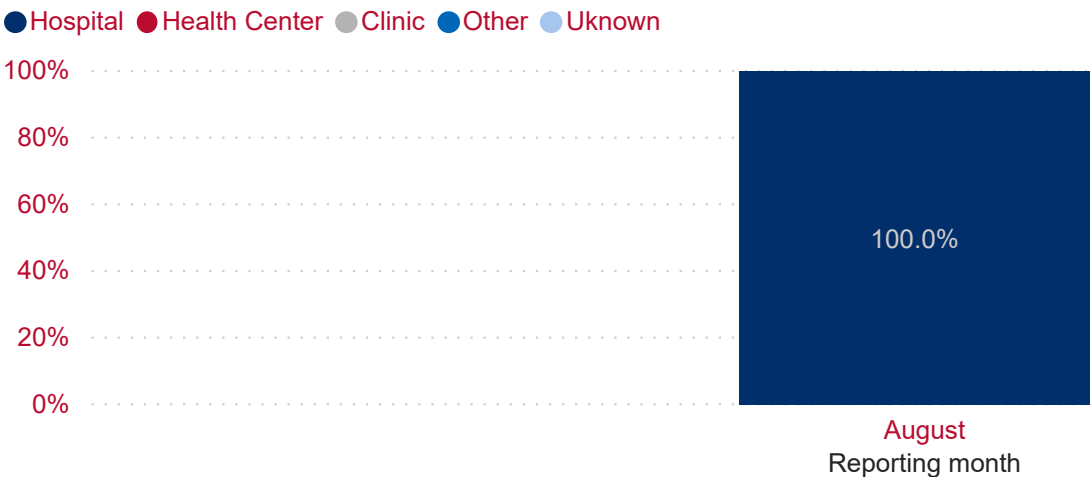
% of compliant of supported health facilities by month

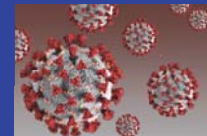


% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type





Contact for any Questions and Clarifications: mtaps-hqcovid19@mtapsprogram.org

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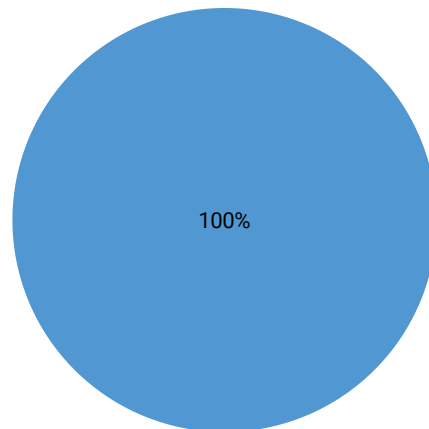
Country ▲

[Bangladesh](#)[Burkina Faso](#)[Cameroon](#)[Cote d'Ivoire](#)[Ethiopia](#)[Jordan](#)**Kenya**[Mali](#)

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Month: August (1) ▼

 COMPLETED

Technical Area ▲

[Administrative controls](#)[Application of COVID-19 Precautions by HCW, patients](#)[Early recognition](#)[IPC Program Management \(national/facility/community\)](#)[IPC guidance to patients, family members, caregivers and visitors](#)[Source control \(isolation\)](#)[Triage for SARI/ARI patients](#)

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Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Kenya	IPC Program Management (national/facility/community)	• Strengthen county/facility COVID-19 IPC response coordination mechanism/task force	• Coordination/task force mechanism	MTaPS continued to participated in various national review meetings with the taskforce and IPC committee to review progress and plan for various interventions focusing on IPC for COVID-19.
Kenya	IPC Program Management (national/facility/community)	• Adapt existing Job Descriptions for IPC COVID-19	• Rapid response strategy/plan	MTaPS provided technical support to MOH and the USAID-funded HealthIT to convert the COVID-19 training training materials into e-learning format for upload into the MOH virtual academy.
Kenya	IPC Program Management (national/facility/community)	• Assess compliance with requirements	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS conducted facility and health worker assessments in 21 health facilities in support of compliance monitoring for good COVID-19 IPC practices.
Kenya	IPC Program Management (national/facility/community)	• Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance	• Adapted training materials	MTaPS supported the review/update of selected IPC job aids with the Division of Patient and Health Care worker safety. The job aids are expected to be used by frontline health care workers and morticians in line with recommendations received from the two assessments conducted in Mortuaries and Funeral Homes and Facility COVID-19 Preparedness Assessment.
Kenya	IPC Program Management (national/facility/community)	• Provide training in IPC management	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	MTaPS conducted training of 11 officials from Kipande Youth Group, as well as 46 healthcare workers from the Spinal Injury National Hospital.
Kenya	IPC Program Management (national/facility/community)	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	The training undertaken for the Kipande Youth Group and Spinal Injury hospital had practical demonstrations. All the trainees therefore benefited from these demonstrations.
Kenya	Triage for SARI/ARI patients	• Adapt guidance/SOPs along existing WHO guidance for COVID-19	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS supported the review/update of selected IPC job aids with the Division of Patient and Health Care worker safety. The job aids are expected to be used by frontline health care workers and morticians in line with recommendations received from the two assessments conducted in Mortuaries and Funeral Homes and Facility COVID-19 Preparedness Assessment.

		COVID-19	element (incl IPC commodities lists)	expected to be used by frontline health care workers and morticians in line with recommendations received from the two assessments conducted in Mortuaries and Funeral Homes and Facility COVID-19 Preparedness Assessment.
Kenya	Triage for SARI/ARI patients	• Provide training using existing training package on triage for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	Due to the integrated nature of the training, a total of 57 participants from Kipande Youth Group and Sinal Injury National Hospital were trained on IPC.
Kenya	Triage for SARI/ARI patients	• Disseminate IEC materials	• Communication materials	Activity completed
Kenya	Triage for SARI/ARI patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs. All facilities visited for the facility audits were encouraged to make use of these reference materials.
Kenya	Triage for SARI/ARI patients	• Assess and monitor compliance	• Compliance tracking and reporting system	MTaPS conducted facility and health worker assessment in 21 health facilities in support of compliance monitoring for good COVID-19 IPC practices.
Kenya	Early recognition	• Adapt guidance/SOPs along existing WHO guidance for COVID-19	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS supported the review/update of selected IPC job aids with the Division of Patient and Health Care worker safety. The job aids are expected to be used by frontline health care workers and morticians in line with recommendations received from the two assessments conducted in Mortuaries and Funeral Homes and Facility COVID-19 Preparedness Assessment.
Kenya	Early recognition	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	Due to the integrated nature of the training, a total of 57 participants from Kipande Youth Group and Sinal Injury National Hospital were trained on IPC.
Kenya	Early recognition	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	The training undertaken for the Kipande Youth Group and Spinal Injury hospital had practical demonstrations. All the trainees therefore benefited from these demonstrations.
Kenya	Early recognition	• Oversee the implementation	• Status reports by key IPC element	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance

	recognition	implementation	IPC element (supervision, IPC performance, supplies, etc.)	guidelines and checklists to monitor compliance to standard precautions by HCWs. All facilities visited for the facility audits were encouraged to make use of these reference materials.
Kenya	Early recognition	• Assess and monitor compliance	• Compliance tracking and reporting system	MTaPS conducted facility and health worker assessment in 21 health facilities in support of compliance monitoring for good COVID-19 IPC practices.
Kenya	Application of COVID-19 Precautions by HCW, patients	• Adapt guidance/ SOPs along existing WHO guidance for COVID-19	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS supported the review/update of selected IPC job aids with the Division of Patient and Health Care worker safety. The job aids are expected to be used by frontline health care workers and morticians in line with recommendations received from the two assessments conducted in Mortuaries and Funeral Homes and Facility COVID-19 Preparedness Assessment.
Kenya	Application of COVID-19 Precautions by HCW, patients	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	Due to the integrated nature of the training, a total of 57 participants from Kipande Youth Group and Sinal Injury National Hospital were trained on IPC.
Kenya	Application of COVID-19 Precautions by HCW, patients	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	The training undertaken for the Kipande Youth Group and Spinal Injury hospital had practical demonstrations. All the trainees therefore benefited from these demonstrations.
Kenya	Application of COVID-19 Precautions by HCW, patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs. All facilities visited for the facility audits were encouraged to make use of these reference materials.
Kenya	Application of COVID-19 Precautions by HCW, patients	• Assess and monitor compliance	• Compliance tracking and reporting system	MTaPS conducted facility and health worker assessment in 21 health facilities in support of compliance monitoring for good COVID-19 IPC practices.
Kenya	Source control (isolation)	• Adapt guidance/ SOPs along existing WHO guidance for COVID-19	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS supported the review/update of selected IPC job aids with the Division of Patient and Health Care worker safety. The job aids are expected to be used by frontline health care workers and morticians in line with recommendations received from the two assessments conducted in Mortuaries and Funeral Homes and Facility COVID-19 Preparedness Assessment.

Kenya	Source control (isolation)	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	Due to the integrated nature of the training, a total of 57 participants from Kipande Youth Group and Sinal Injury National Hospital were trained on IPC.
Kenya	Source control (isolation)	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	The training undertaken for the Kipande Youth Group and Spinal Injury hospital had practical demonstrations. All the trainees therefore benefited from these demonstrations.
Kenya	Source control (isolation)	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued to promote use of MoH guidelines and checklists to monitor compliance to standard precautions by HCWs. All facilities visited for the facility audits were encouraged to make use of these reference materials.
Kenya	Administrative controls	• Adapt systems (regulations, guidance, job descriptions, SOPs, electronic system, training material) along WHO COVID-19 guidelines	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS supported the review/update of selected IPC job aids with the Division of Patient and Health Care worker safety. The job aids are expected to be used by frontline health care workers and morticians in line with recommendations received from the two assessments conducted in Mortuaries and Funeral Homes and Facility COVID-19 Preparedness Assessment.
Kenya	Administrative controls	• Adapt/implement WHO protocol 'Assessment of potential risk factors for 2019-novel coronavirus infection among health care workers in a health care setting'	• Adapted protocol	MTaPS supported the review/update of selected IPC job aids with the Division of Patient and Health Care worker safety. The job aids are expected to be used by frontline health care workers and morticians in line with recommendations received from the two assessments conducted in Mortuaries and Funeral Homes and Facility COVID-19 Preparedness Assessment.
Kenya	Administrative controls	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	Due to the integrated nature of the training, a total of 57 participants from Kipande Youth Group and Sinal Injury National Hospital were trained on IPC.
Kenya	Administrative controls	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs. All facilities visited for the facility audits were encouraged to make use of these reference materials.
Kenya	Administrative	• Assess and monitor	• Compliance tracking	MTaPS conducted facility and health worker

	controls	compliance	and reporting system	assessments in 21 health facilities in support of compliance monitoring for good COVID-19 IPC practices.
Kenya	Administrative controls	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	The training undertaken for the Kipande Youth Group and Spinal Injury hospital had practical demonstrations. All the trainees therefore benefited from these demonstrations.
Kenya	Administrative controls	• Analyze results to inform IPC related preparedness planning	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS conducted facility and health worker assessments in 21 health facilities in support of compliance monitoring for good COVID-19 IPC practices.
Kenya	Waste management	• Adapt guidance/ SOPs along existing WHO guidance for COVID-19	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS supported the review/update of selected IPC job aids with the Division of Patient and Health Care worker safety. The job aids are expected to be used by frontline health care workers and morticians in line with recommendations received from the two assessments conducted in Mortuaries and Funeral Homes and Facility COVID-19 Preparedness Assessment.
Kenya	Waste management	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	Due to the integrated nature of the training, a total of 57 participants from Kipande Youth Group and Sinal Injury National Hospital were trained on IPC.
Kenya	Waste management	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs. All facilities visited for the facility audits were encouraged to make use of these reference materials.
Kenya	IPC guidance to	• Adapt guidance/	•	MTaPS supported the review/update of selected

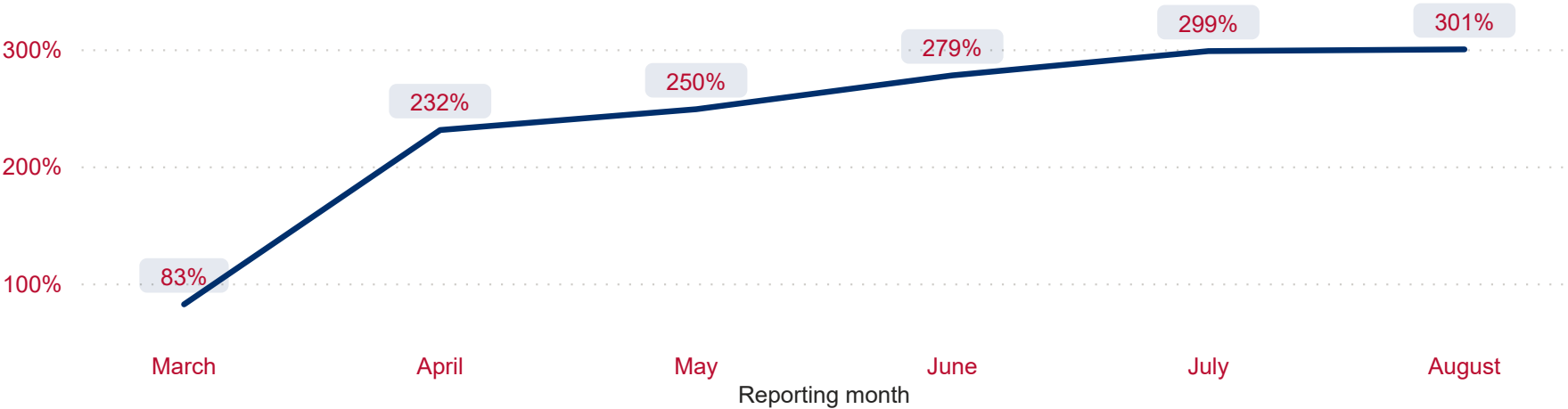
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

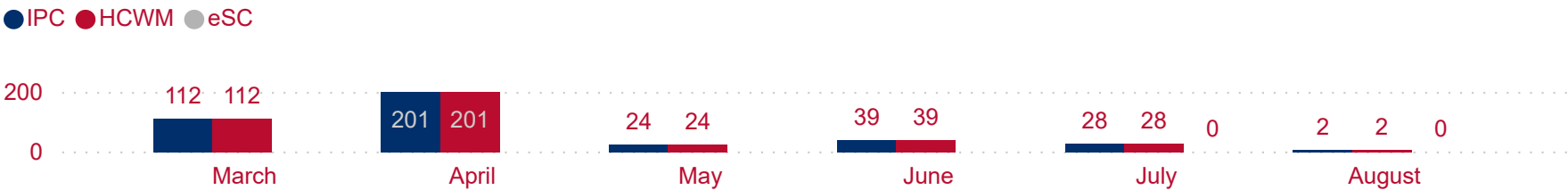
	March	April	May	June	July	August
Health facilities	112	201	24	39	28	2
Cumulative (health facilities)	112	313	337	376	404	406
Progress to date	83%	232%	250%	279%	299%	301%

Note:Country target # of health facilities is 135

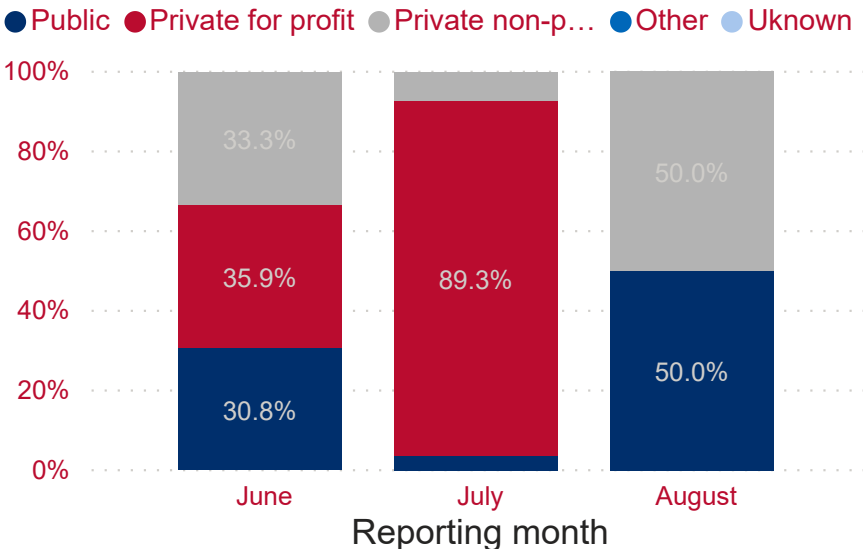
% supported health facilities with staff trained by month



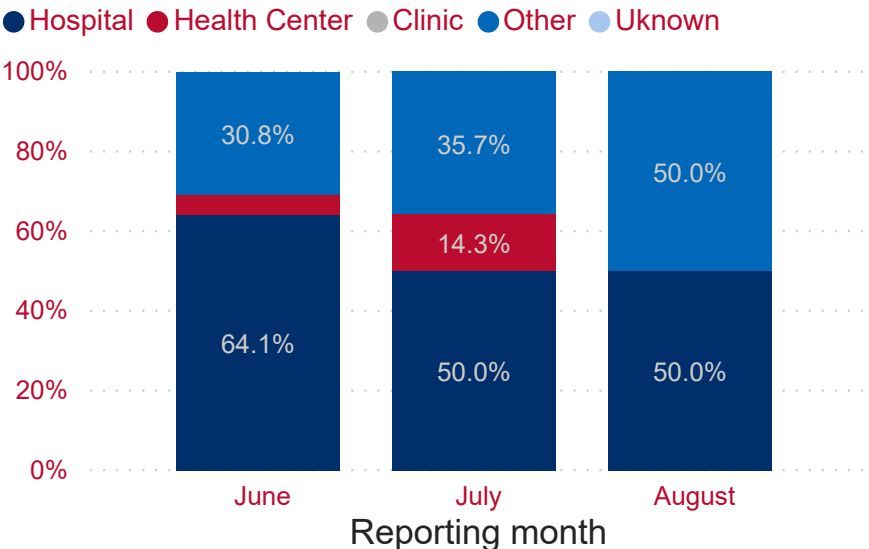
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

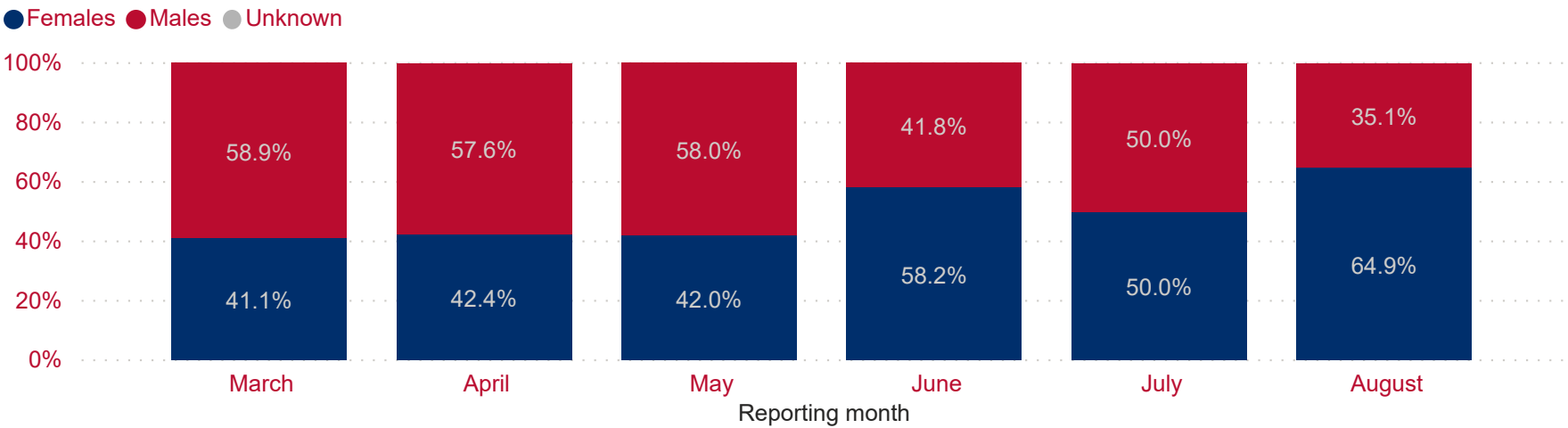


CV 2: # of persons who received COVID-19-related training

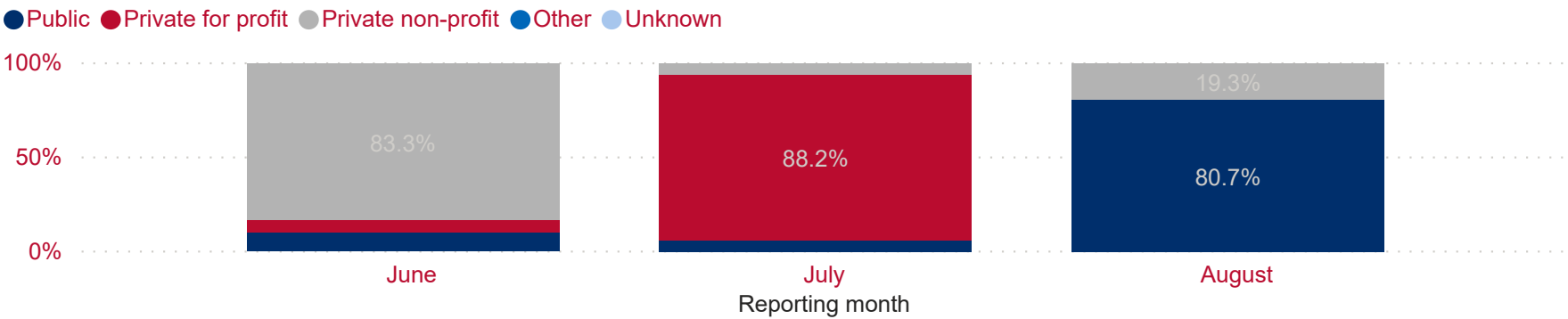
of trainees by sex and by month

	March	April	May	June	July	August	Total
Total trained	321	1091	200	311	34	57	2014
Females	132	463	84	181	17	37	914
Males	189	628	116	130	17	20	1100
Unknown					0	0	0
Cumulative trained	321	1412	1612	1923	1957	2014	

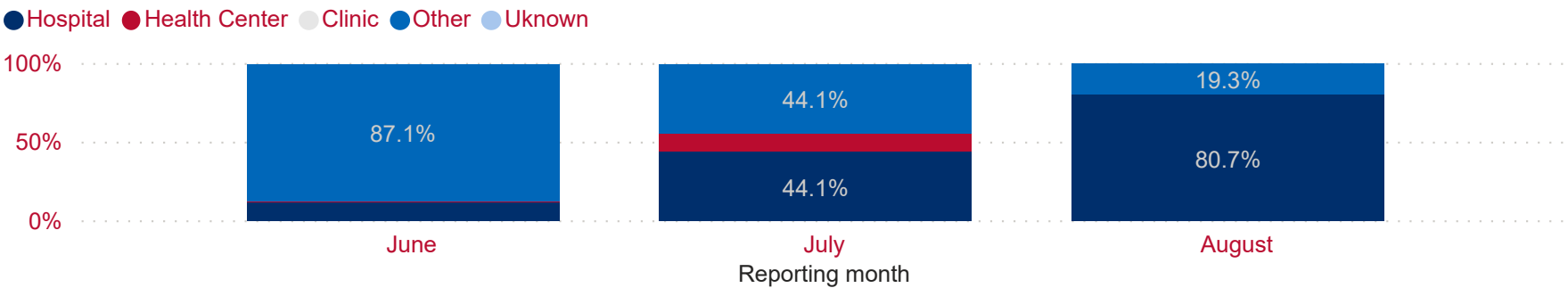
% trainees by sex



% of trainees by facility ownership type



% of trainees by facility type



% of trainees by training type



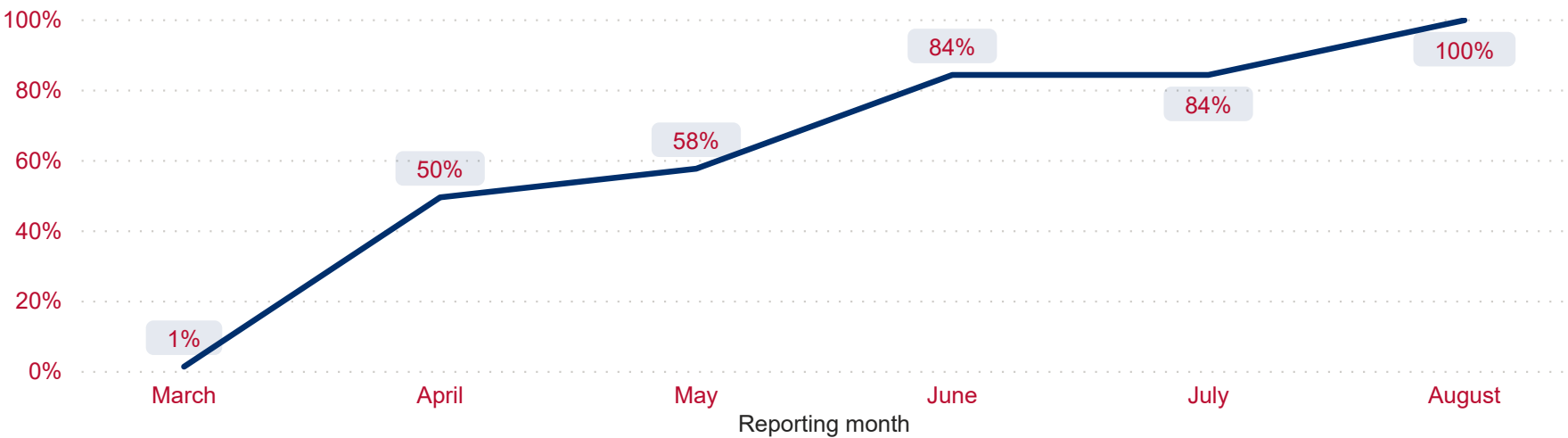
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

	March	April	May	June	July	August
Health facilities	2	65	11	36	0	21
Cumulative (health facilities)	2	67	78	114	114	135
Progress to date	1%	50%	58%	84%	84%	100%

Note: Country target # of health facilities is 135

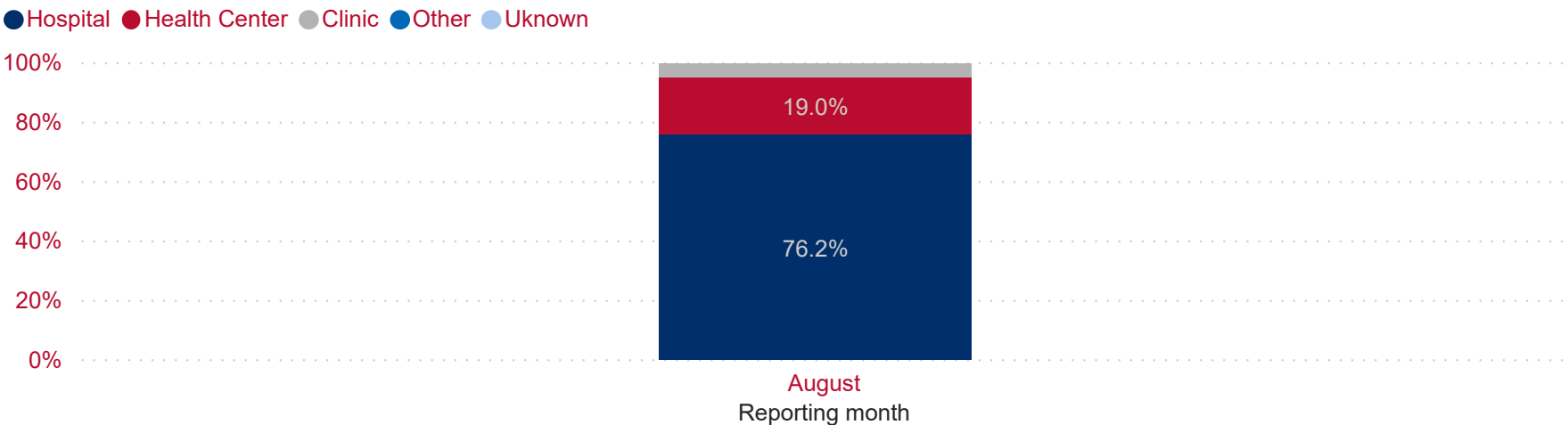
% of compliant of supported health facilities by month

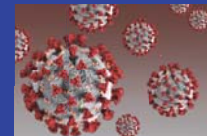


% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type





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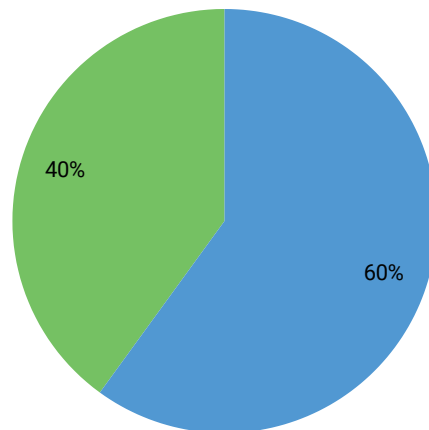
Country ▲

[Bangladesh](#)[Burkina Faso](#)[Cameroon](#)[Cote d'Ivoire](#)[Ethiopia](#)[Jordan](#)[Kenya](#)**Mali**

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Month: August (1) ▼

● COMPLETED ● NO ISSUES OR ON TRA...

Technical Area ▲

[Application of COVID-19 Precautions by HCW, patients](#)[IPC Program Management \(national/facility/community\)](#)

1 - 2 / 2



Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Mali	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	<p>This activity is completed.</p> <p>The target of the CV1 indicator was exceeded because initially we only took into account healthcare establishments (hospital, health center and clinic). However, during the implementation of the activities, many structures such as the general directorate of health, the national hospital evaluation agency, the national public health institute and others listed in the training reports have benefited from the training of IPC COVID19 trainers from MTaPS. These trained central structures are of paramount importance in the training of health care providers in the field</p>
Mali	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	<p>This activity is completed.</p> <p>The target of the CV1 indicator was exceeded because initially we only took into account healthcare establishments (hospital, health center and clinic). However, during the implementation of the activities, many structures such as the general directorate of health, the national hospital evaluation agency, the national public health institute and others listed in the training reports have benefited from the training of IPC COVID19 trainers from MTaPS . These trained central structures are of paramount importance in the training of health care providers in the field</p>
Mali	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Assess and monitor compliance 	<ul style="list-style-type: none"> • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	<p>In August 2020, MTaPS helped 10 health facilities to set up IPC committees, to assess the IPC with WHO tools (IPCAF, SCORECARD) and to develop IPC action plans.</p> <p>The health establishments that have benefited from this support from MTaPS are: Point G Hospital, Mere Enfant Hospital, Kayes Hospital, Sikasso Hospital, Kati Hospital, referral health centers from Kangaba, Bougouni, Koutiala, Kenieba and Yelimané.</p> <p>To complete this activity, IPC COVID-19</p>

To complete this activity, IPC COVID-19 supervision is planned in the 12 health establishments supported by MTaPS for the period from September 7 to 25, 2020.

Mali	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Adapt guidance/SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Adapted training materials 	This activity is completed.
Mali	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	The IPC-COVID-19 training for surface technicians, morgue officers and ambulance drivers from the 12 health establishments supported by MTaPS is scheduled for the period from September 7 to 25, 2020. This training is coupled with supervision IPC at the level of each health establishment concerned (3 days of training and 2 days for IPC-COVID19 supervision).

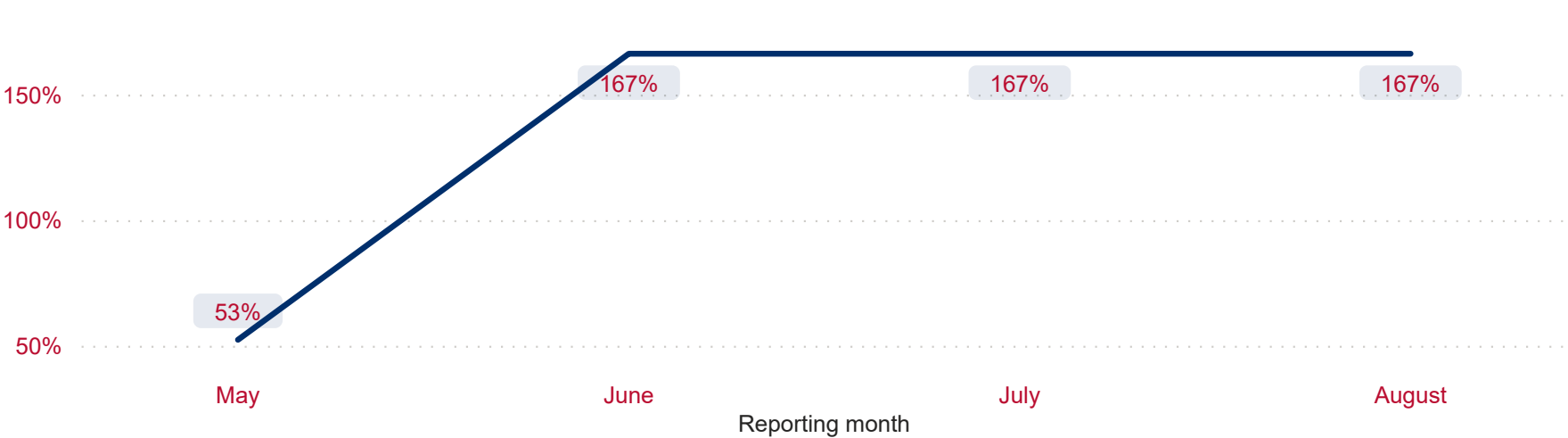
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

	May	June	July	August
Health facilities	19	41	0	0
Cumulative (health facilities)	19	60	60	60
Progress to date	53%	167%	167%	167%

Note:Country target # of health facilities is 36

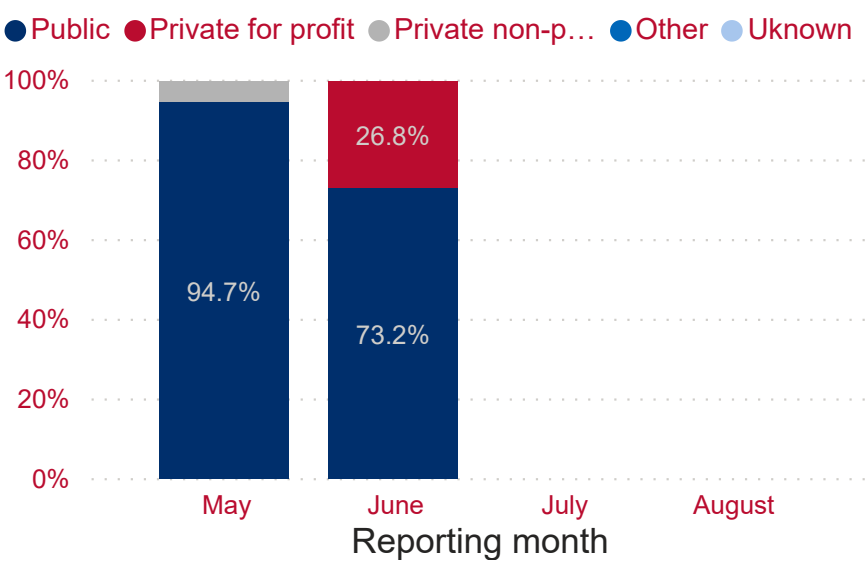
% supported health facilities with staff trained by month



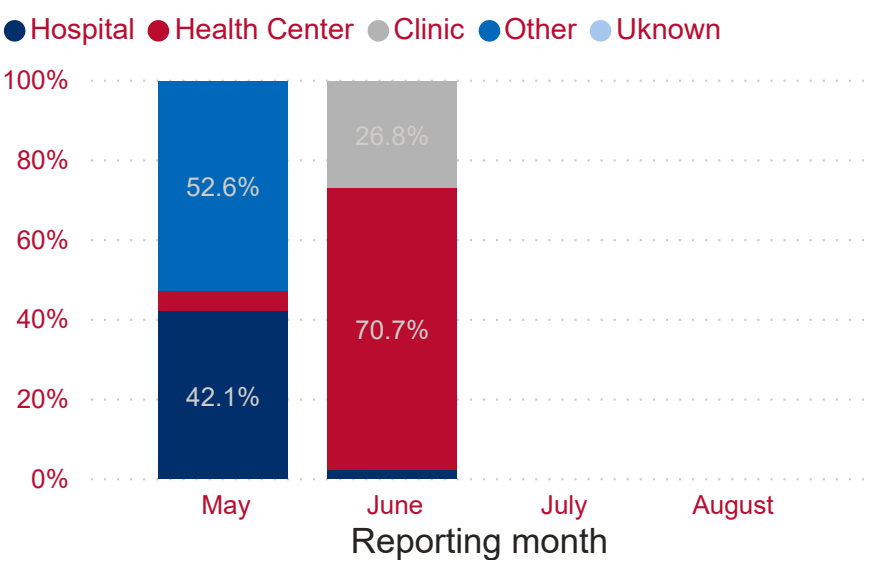
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

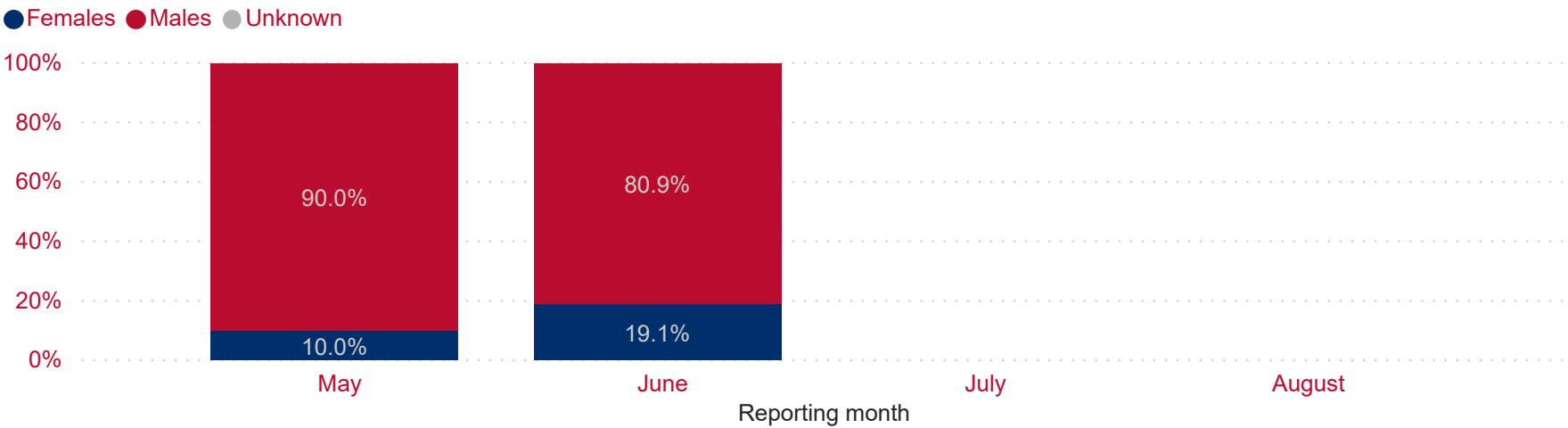


CV 2: # of persons who received COVID-19-related training

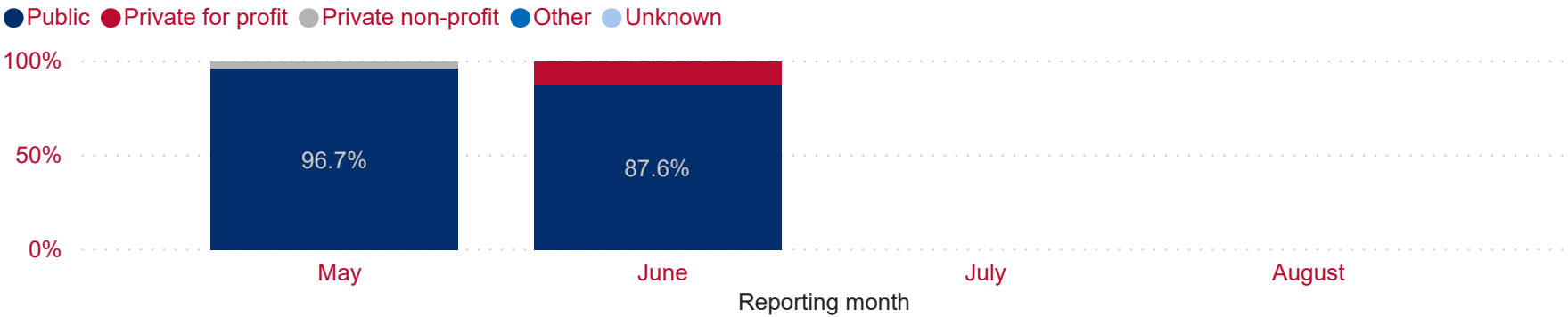
of trainees by sex and by month

	May	June	July	August	Total
Total trained	30	89	0	0	119
Females	3	17	0	0	20
Males	27	72	0	0	99
Unknown	0	0	0	0	0
Cumulative trained	30	119	119	119	

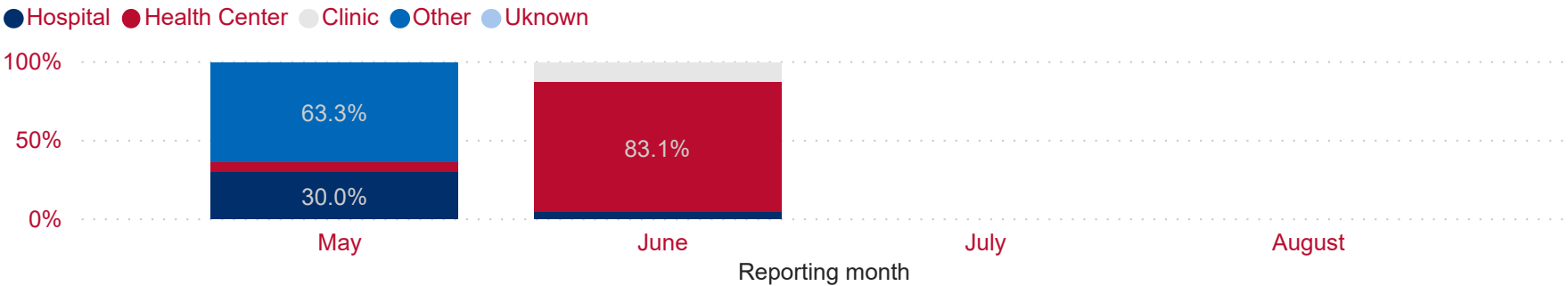
% trainees by sex



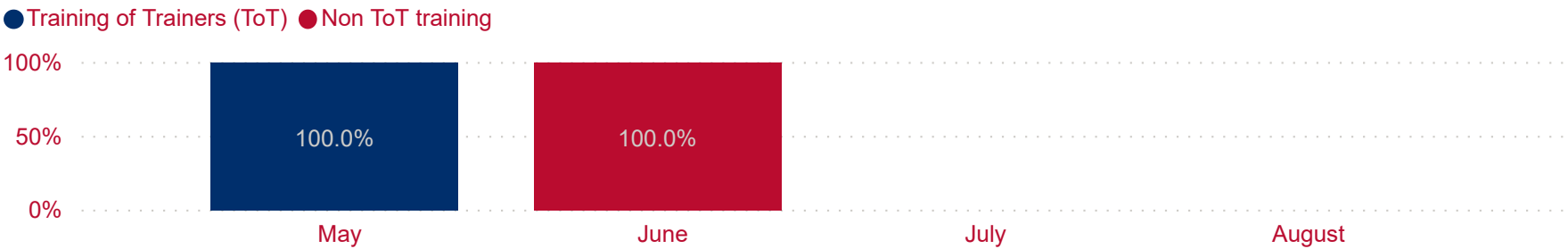
% of trainees by facility ownership type



% of trainees by facility type



% of trainees by training type



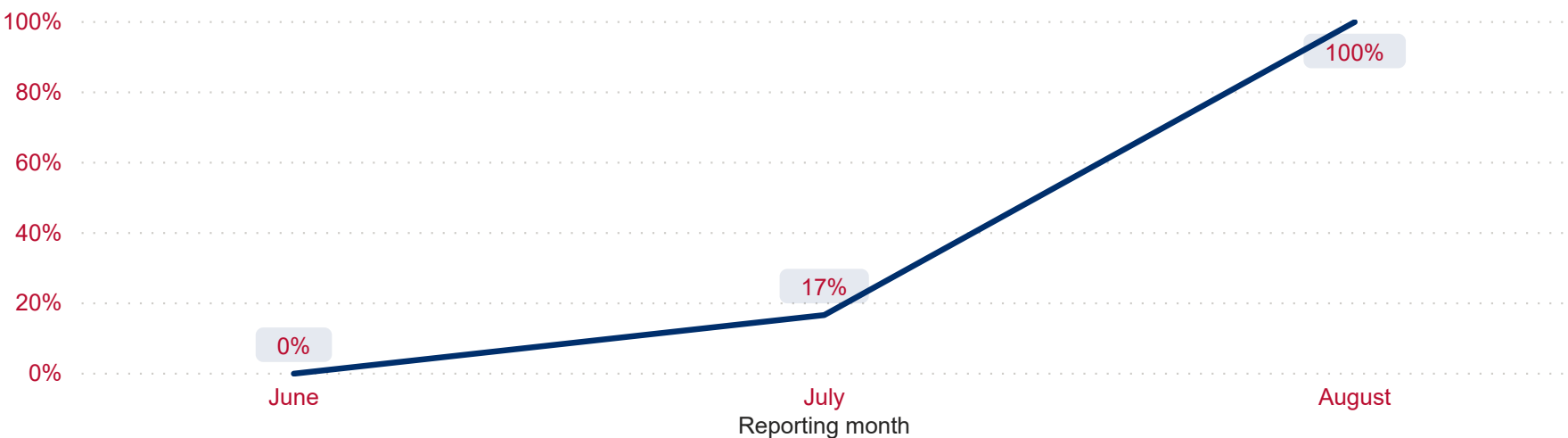
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

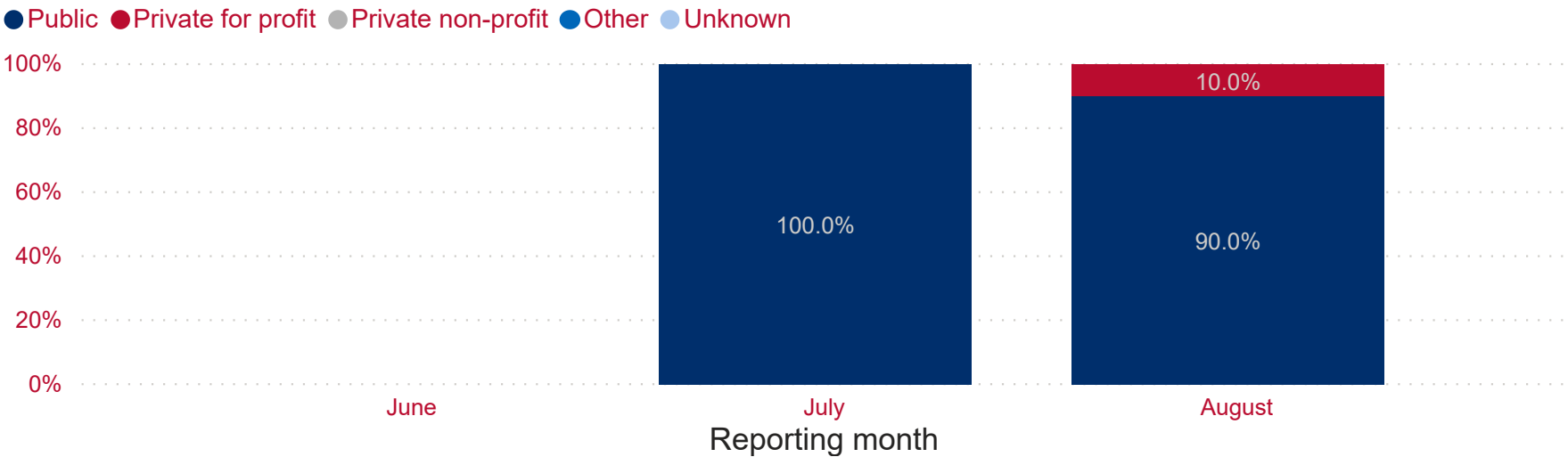
	June	July	August
Health facilities	0	2	10
Cumulative (health facilities)	0	2	12
Progress to date	0%	17%	100%

Note: Country target # of health facilities is 12

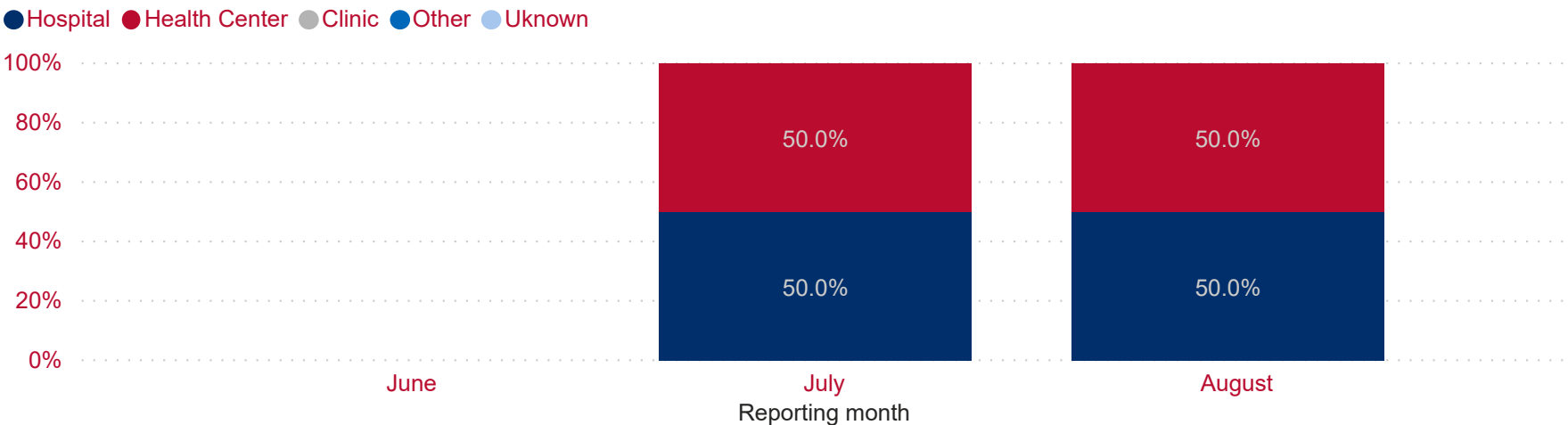
% of compliant of supported health facilities by month

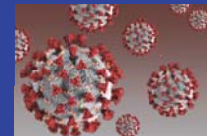


% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type





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Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

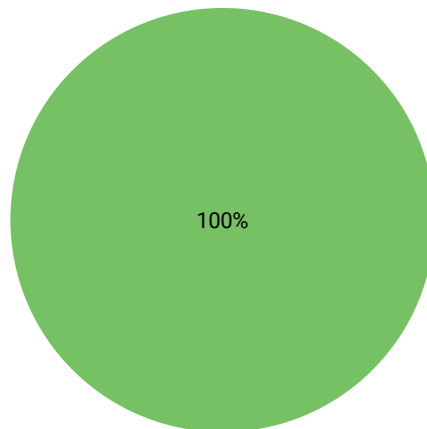
Jordan

Kenya

Mali

Month: August (1) ▼

● NO ISSUES OR ON TRACK



Technical Area ▲

Application of COVID-19 Precautions by HCW, patients

Emergency Supply of IPC Commodities

IPC Program Management (national/facility/community)

IPC guidance to patients, family members, caregivers and visitors

Sudden influx of patients / Surge capacity

Waste management

Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Mozambique	Application of COVID-19 Precautions by HCW, patients	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS and the MOH led training replication activities in seven provinces with 1,889 health workers (61% female, 39% male) capacitated this month in 28 health facilities countrywide. Assessments were conducted in 21 health units (including seven COVID-19 attention centers - CICOVs) and 10 health facilities (including six COVID-19 attention centers - CICOVs) are in compliance with COVID-19 IPC standards.
Mozambique	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Coordination/task force mechanism	MTaPS participated in seven coordination meetings at the national level to discuss: the plan for baseline assessment and its results; the development of a COVID-19 pocket manual; WHO new case definition; the workplan for case management monitoring group; the operating flowchart for kitchen and laundry in the COVID-19 context; and case management flowchart in reception centre and transitional camps of displaced persons. MTaPS also participated in one provincial level meeting in Cabo Delgado to discuss the status of IPC checklist implementation, challenges, and ways to address them.
Mozambique	Application of COVID-19 Precautions by HCW, patients	• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS collected and updated information on the needs of SOPs, protocols and guidelines at targeted health facilities. Procurement for printing of 3,600 copies of COVID-19 information, education and communication (IEC) materials to be disseminate to 78 priority health facilities is in the final stage.
Mozambique	IPC guidance to patients, family members, caregivers and visitors	• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS collected and updated information on the needs of SOPs, protocols and guidelines at targeted health facilities. Procurement for printing of 3,600 copies of COVID-19 information, education and communication (IEC) materials to be disseminate to 78 priority health facilities is in the final stage.
Mozambique	Sudden influx of patients /	• Just-in-time IPC training	• Surge capacity plan	MTaPS identified 151 healthcare workers and caregivers in different health facilities involved

	of patients / Surge capacity	training	plan/MoU/MoA for resource-sharing	caregivers in different health facilities involved in contact tracing activities countrywide. Out of those, 45 (Nampula 8; Sofala 5; Gaza 18, and Maputo Provincia 14) have participated in MTaPS-supported IPC replication trainings so far and the remaining will be included in the capacity building activities next month.
Mozambique	Application of COVID-19 Precautions by HCW, patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS assessed 21 health facilities using the WHO's IPC scorecard. Overall, lack of communication materials, such as SOPs and inadequate implementation of administrative measures are the main reason for low compliance with IPC standards. Plans for acquisition of material and performance improvement were designed and agreed with the management of each health facility. What were the results of the assessments? How many were compliant and non-compliant?
Mozambique	Waste management	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS and the MOH led training replication activities in seven provinces with 1,889 health workers (61% female, 39% male) capacitated this month in 28 health facilities countrywide. Assessments were conducted in 21 health units (including seven COVID-19 attention centers - CICOVs) and 10 health facilities (including six COVID-19 attention centers - CICOVs) are in compliance with COVID-19 IPC standards.
Mozambique	Emergency Supply of IPC Commodities	• Develop emergency supply chain preparedness and response strategy throughout the distribution network	• Rapid response strategy/plan	MTaPS has been reviewing the supply chain management for PPE. Information is updated in a weekly basis to understand the quantity of PPE items that have arrived in the country from donors (including price); the quantity of these products delivered to the provincial warehouses and the stock-on-hand (SoH) remaining at the central stores; and the quantity that have reached the provincial warehouses and its distribution to the different clients. Currently MTaPS is collecting information to understand the distribution to the CICOVs ("last mile"). Information is analyzed and shared with the Minister of Health and his council, different partners (through the TWGs) and finally to the parliament and the council of Ministries in a regular basis.
Mozambique	Emergency Supply of IPC	• Apply/adapt simple operating procedures	• Status reports by key IPC element	MTaPS, in collaboration with CMAM, developed a simple tool to collect PPE data from the

	Commodities	and tools for the management of ordering, issuing, distributing, receiving, rational utilization	(supervision, IPC performance, supplies, etc.)	SIMAM DPM's system and also to collect basic SCM information from the CICOVs. CMAM sent the tool to the DPMs in all provinces and it is expected to receive the requested information on a weekly basis.
Mozambique	Application of COVID-19 Precautions by HCW, patients	• Provide training using existing training packages for COVID-19	• Adapted training materials	MTaPS held a meeting with the MOH IT department to discuss and agree upon the requirements and process to enable the e-learning platform for COVID-19. MTaPS will use the existing MOH platform to upload the training courses and capacitate the MOH staff to deliver the virtual trainings.
Mozambique	Emergency Supply of IPC Commodities	• Support/facilitate quantification exercises	• After-action report	The MTaPS quantification tool was translated into Portuguese. Discussions with the CMAM deputy director on how to use the tool for the next quantification exercise is ongoing. Meeting to discuss and clarify the assumptions on the tool and the adaptation to the Mozambique context is scheduled for next month. MTaPS has been working with CMAM and DPC to gather updated information of the central and provincial levels on a weekly basis to follow the supply chain management. The information will be used for the quantification process and shared with the donors and the different TWGs.
Mozambique	IPC Program Management (national/facility/community)	• Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels)	• Emergency response capacity assessment report with technical recommendations	MTaPS participated in two coordination meetings with the MOH where the COVID-19 pocket manual was presented, and in one ad-hoc meeting to discuss the WHO COVID-19 new case definition. MTaPS interacted with MOH partners during meetings where the IPC baseline assessment was presented and discussed. MTaPS also participated in two IPC meetings to discuss the use of PPE materials and the decontamination process.

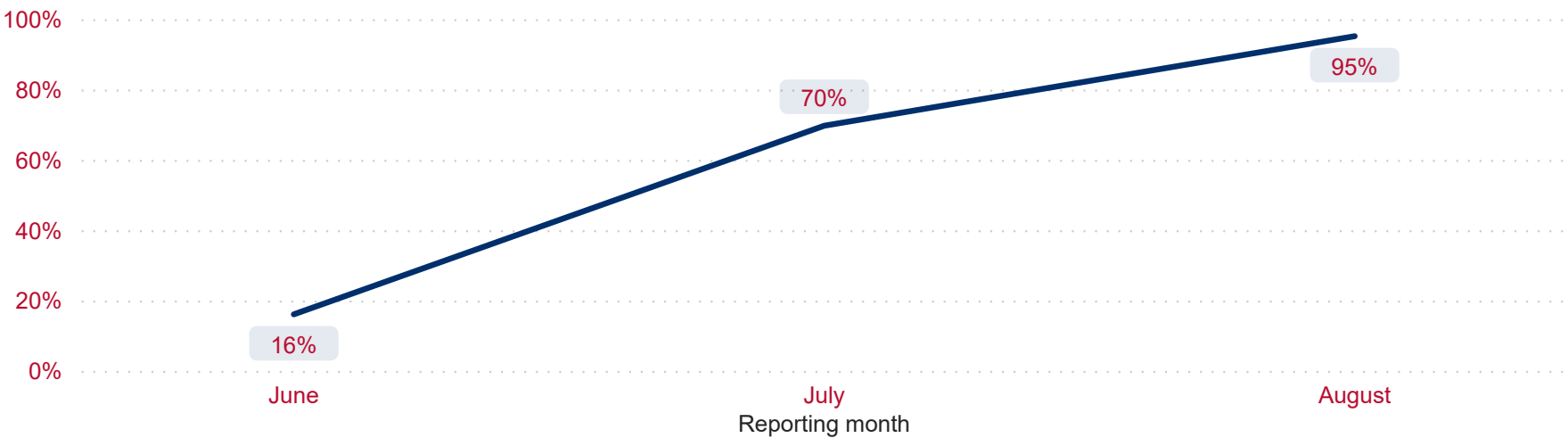
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

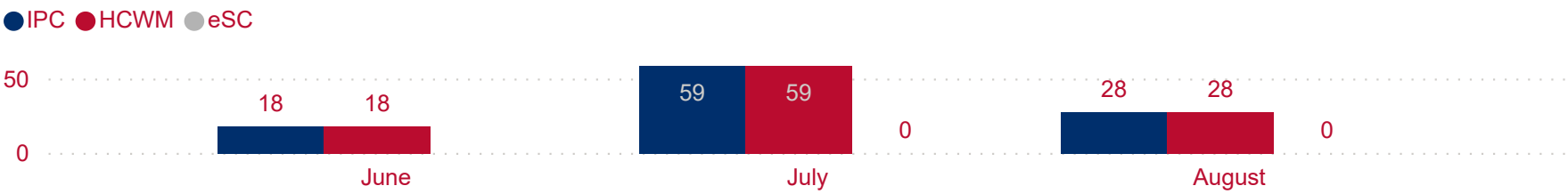
	June	July	August
Health facilities	18	59	28
Cumulative (health facilities)	18	77	105
Progress to date	16%	70%	95%

Note:Country target # of health facilities is 110

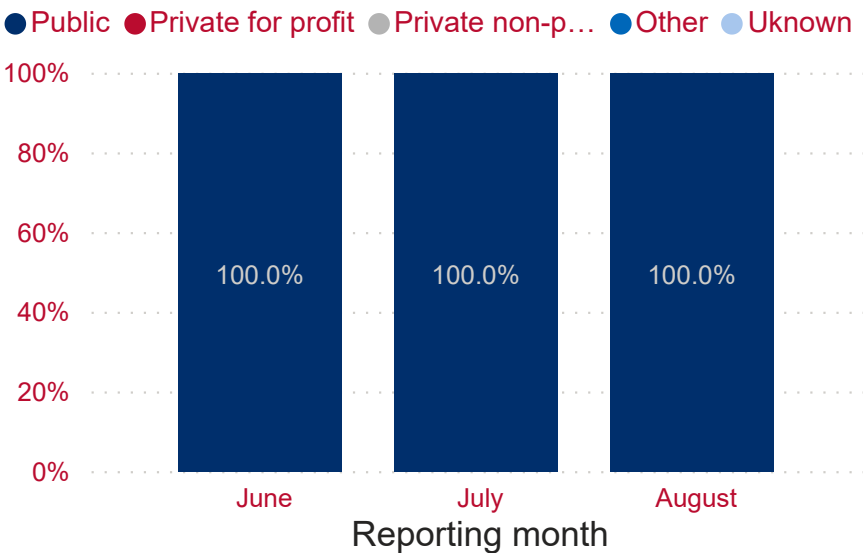
% supported health facilities with staff trained by month



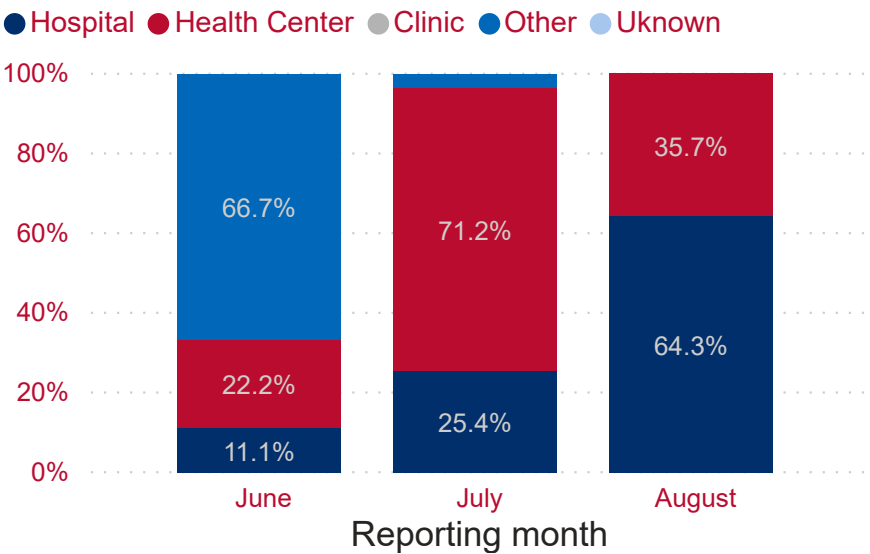
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

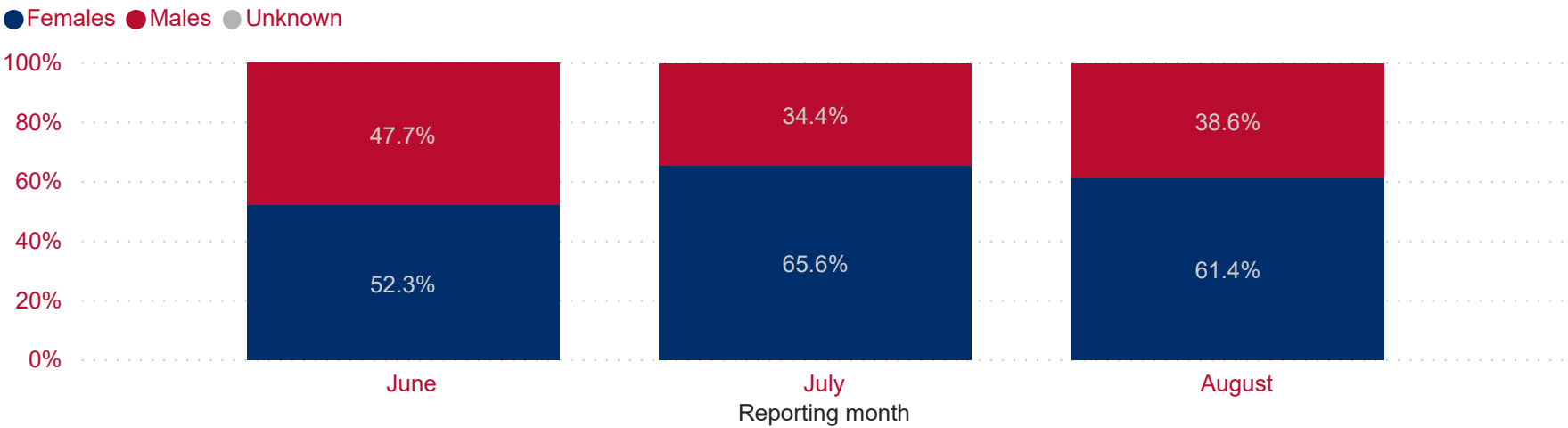


CV 2: # of persons who received COVID-19-related training

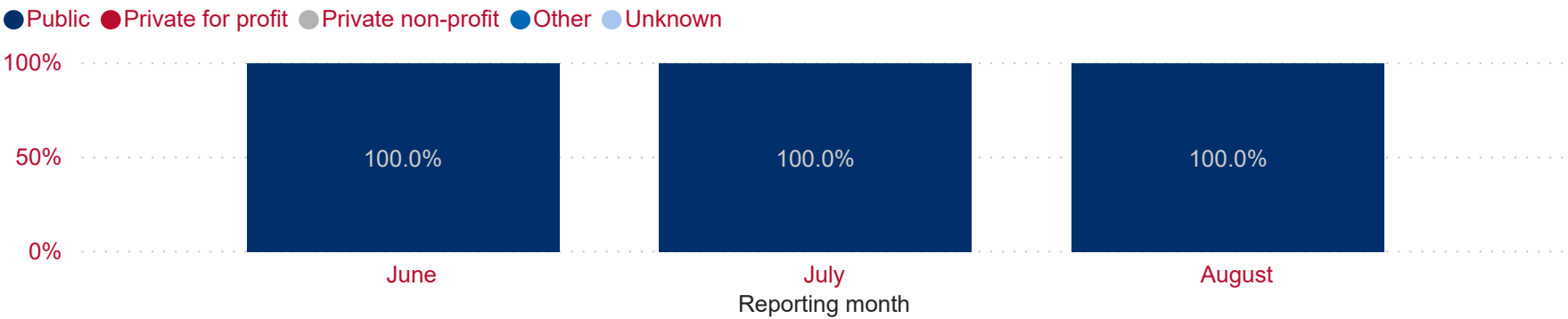
of trainees by sex and by month

	June	July	August	Total
Total trained	243	2142	1889	4274
Females	127	1406	1159	2692
Males	116	736	730	1582
Unknown	0	0	0	0
Cumulative trained	243	2385	4274	

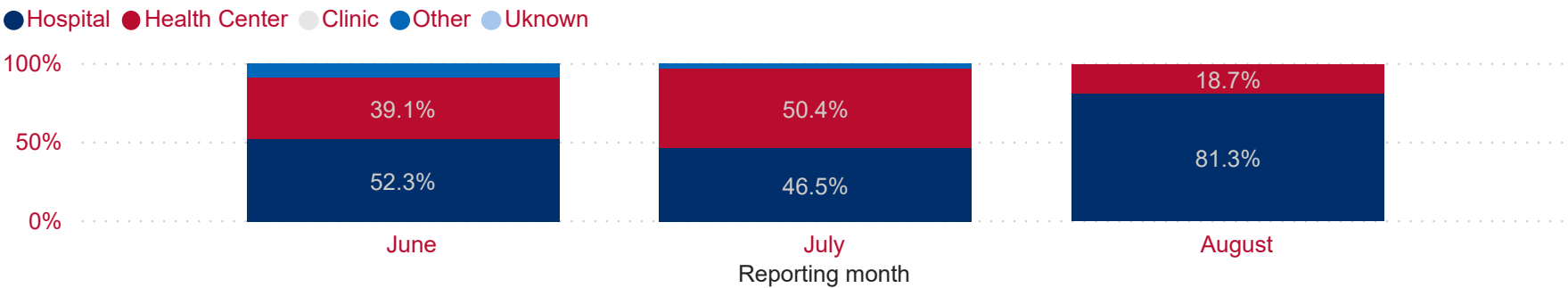
% trainees by sex



% of trainees by facility ownership type



%of trainees by facility type



% of trainees by training type



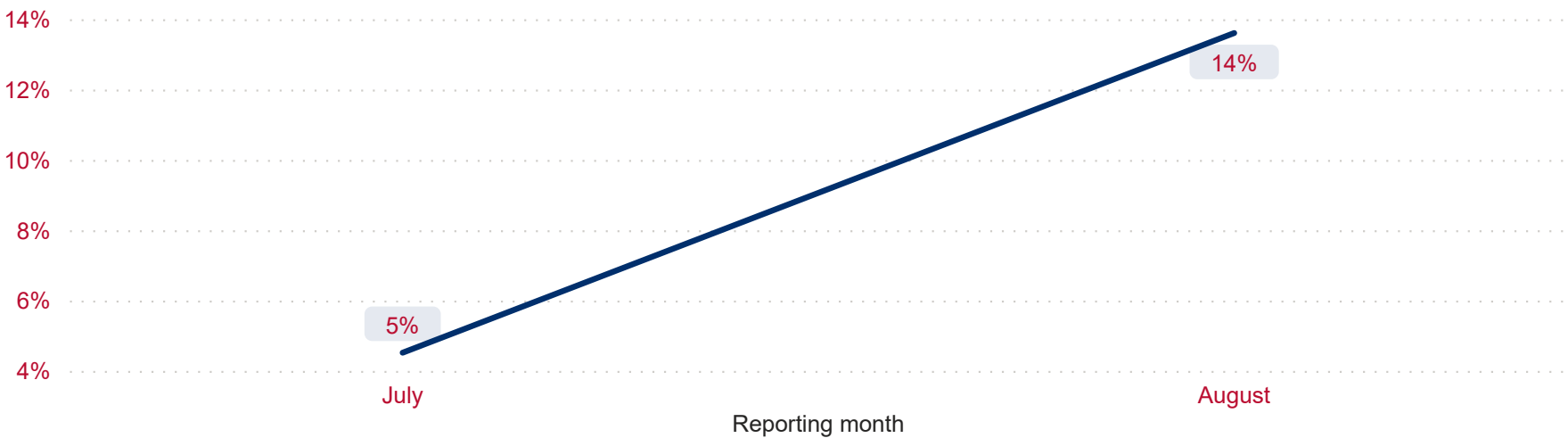
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

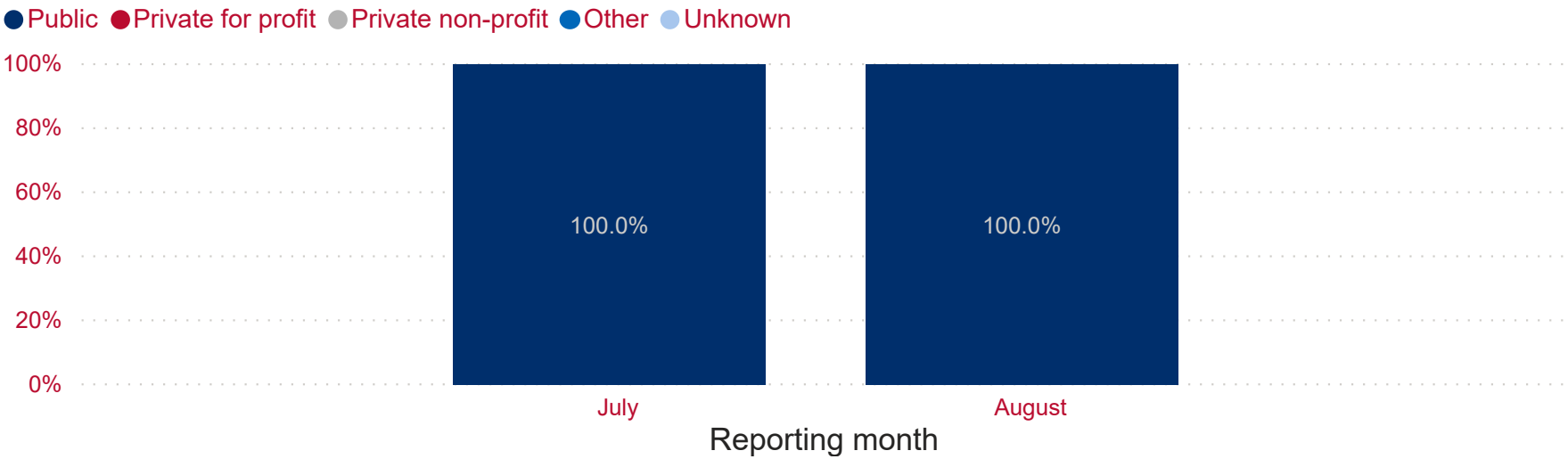
	July	August
Health facilities	5	10
Cumulative (health facilities)	5	15
Progress to date	5%	14%

Note: Country target # of health facilities is 110

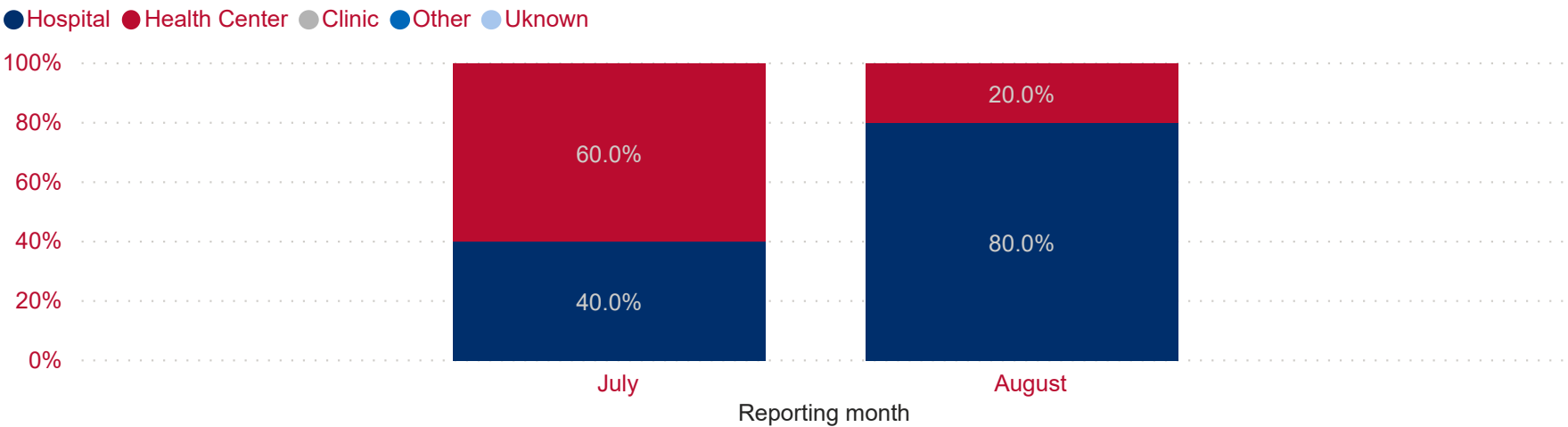
% of compliant of supported health facilities by month

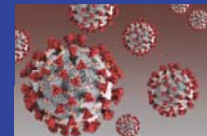


% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type





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Kenya

Mali

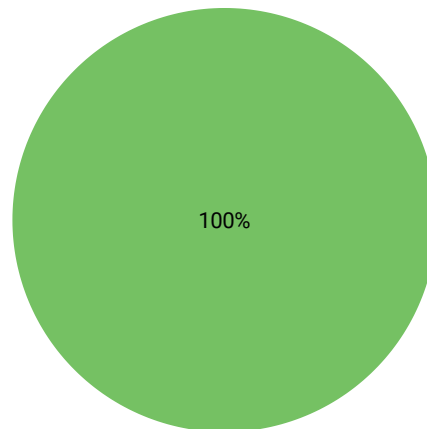
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Month: August

(1) ▼

● NO ISSUES OR ON TRACK



Technical Area ▲

Emergency Supply of IPC Commodities

IPC Program Management (national/facility/community)

Infection Prevention and Control

Waste management

1 - 4 / 4



Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Philippines	Infection Prevention and Control	Provide training using existing training package for Covid-19 (training will be mostly on-the-job given that most staff in the designated facilities are already in full response)	Training reports showing number of facilities and people trained in IPC, and adhering to guidelines for Covid-19 by gender/position/type of facility/community	For the month of August, 63 health workers participated in the MTaPS online training of IPC. There were 16 males and 47 females, with 25 participants coming from public hospitals and 38 from private hospitals.
Philippines	Infection Prevention and Control	Assess and monitor compliance	Compliance reports by key IPC element (internal monitoring, IPC performance, supplies, triaging etc.)	Six target hospitals (3 public and 3 private hospitals) were visited to assess IPC compliance. All hospitals were up to IPC standards, except for minor findings in environmental control, which included availability of protocols or procedures available for environmental cleaning and disinfection of patient care areas. Other minor findings were in the management of laboratory specimens, laundry, food service utensils, and medical waste following safe routine procedures according to IPC guidelines. All findings were discussed with relevant hospital authorities at the end of the visit and recommendations on how to further improve IPC compliance were provided.
Philippines	Waste management	Provide training using existing training package for Covid-19 (training will be mostly on-the-job given that most staff in the designated facilities are already in full response)	Training reports showing number of people trained in IPC for Covid-19 by gender/position/type of facility/community	For the month of August, 273 health care workers participated in the MTaPS HCWM online training. There were 86 males 185 females, and 2 with unknown gender. Of the 273 HW, 149 came from public hospitals while 124 were from private hospitals.
Philippines	Waste management	Assess and monitor compliance	Waste management compliance report	Six (3 public and 3 private) hospitals were visited to assess HCWM compliance. While the overall scores showed that the six hospitals were HCWM compliant, the team observed that two hospitals needed to update their HCWM SOPs.

				hospitals needed to update their HCWM SOPs and all of them needed to observe proper segregation of infectious and general wastes. At the end of the hospital visits, assessment findings were discussed with relevant hospital authorities and recommendations on how to further improve HCWM compliance were provided.
Philippines	Emergency Supply of IPC Commodities	Identify and map COVID-19 treatment centers as last-mile distribution points	Rapid response strategy/plan	MTaPS continued its visit schedule with target hospitals to assess their supply management operations. For the month of August, six hospitals (3 public and 3 private) were visited. Overall scores for the six hospitals were good. Most of them are using some form of management information system to track the movement of supplies in their facilities, which eventually alerts them when to procure COVID-19 commodities. Using the results from assessment, facility reports will be produced as output where gaps are identified and recommendations are provided per hospital. Key informants from target hospitals were advised to maintain close coordination with internal and external partners to monitor progress of areas which need improvement.
Philippines	Emergency Supply of IPC Commodities	Support/facilitate quantification exercises	Forecast demand of IPC and PPE for identified priority facilities	The Task Group on Resource Management and Logistic (TGRML) instructed the Office of Civil Defense (OCD) Supply Operations in coordination with MTaPS to validate the stock requirements of PPE in health facilities during the pilot run of the Supply Management Tracking System (SMTS). Validation includes coordination with pilot facilities and actual interviews with healthcare workers regarding the average consumption of PPE per shift during hospital visits conducted by the MTaPS COVID-19 Response Team. This enabled the program to complete the quantification formula, which was already incorporated into the SMTS.
Philippines	Emergency Supply of IPC Commodities	Adopt and implement distribution and inventory holding policy/SOP/Job aid for priority facilities and networks	Adopted guideline/SOP/Job aid for inventory policy	The pilot run for COVID 19 Supply Management Tracking System (SMTS) held between between July 28 and August 6, 2020 was successfully facilitated in coordination with OCD supply operations, DOH-KMITS, RITM and pilot facilities. The results were presented to the acting head of the TGRML, Usec Glen Paje on August 7, 2020 and he approved the enhancement made in the system based on

				<p>comments and suggestions gathered during the pilot run. Thereafter, the TGRML sought permission from the National Incident Command (NIC) to proceed with the nationwide implementation of the system. Once approved, an issuance for distribution of accounts and mandatory encoding compliance will be disseminated to all facilities. The issuance shall originate from the Inter-Agency Task Force (IATF) through the NIC which will then be further coordinated with facilities by DOH implementing offices namely: PSCMT, KMITS and FICT.</p> <p>While waiting for the issuance of nationwide implementation, SCM Team of USAID MTaPS maintained intact coordination with DOH KMITS and OCD supply section to further enhance the system's functionality as needed.</p>
Philippines	Emergency Supply of IPC Commodities	Conduct training on SOPs	Training reports showing number of people trained in IPC for Covid-19 by gender/position/type of facility/community	<p>Supply Chain Management for COVID-19 online training for health facilities was conducted on August 20 for staff from target hospitals who had not yet attended the previous trainings.</p> <p>Further, the SCM e-Learning module was endorsed to PSCMT for approval prior uploading to DOH Academy via the Health Human Resources Development Bureau.</p>
Philippines	Emergency Supply of IPC Commodities	Conduct supportive supervision to ensuring adherence	Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	<p>The SMTS features new mechanisms to capture consumption and inventory at the central, regional and facility level. This feature alongside with the updated quantification formula for PPE will allow a much efficient way to facilitate an organized stock replenishment at the point of care. The nationwide implementation which was scheduled on the second week of August is not facilitated because the issuance for mandatory compliance is not yet released by the NIC and DOH. Nonetheless, the SCM team of MTaPS, DOH-KMITS, OCD supply section and RITM are in continuous coordination to further enhance the system's functionality, including the incorporation of quantification tool for laboratory supplies.</p>
Philippines	Emergency Supply of IPC Commodities	Support monitoring of the distribution and utilization of PPE and IPC, and HCWM commodities	Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	<p>MTaPS developed the data visualization model for commodity dashboard for Supply Management Tracking System. The new dashboard aims to provide better PPE and laboratory supply status visibility when facilities</p>

				encode their data as basis of stock replenishment.
				MTaPS collaborated with the supply section of OCD and DOH KMITS to further enhance the data visualization model.
Philippines	IPC Program Management (national/facility/community)	Program management and operations oversight	Regular monitoring report	MTaPS provided the USAID Mission with weekly updates on status of MTaPS' technical assistance.

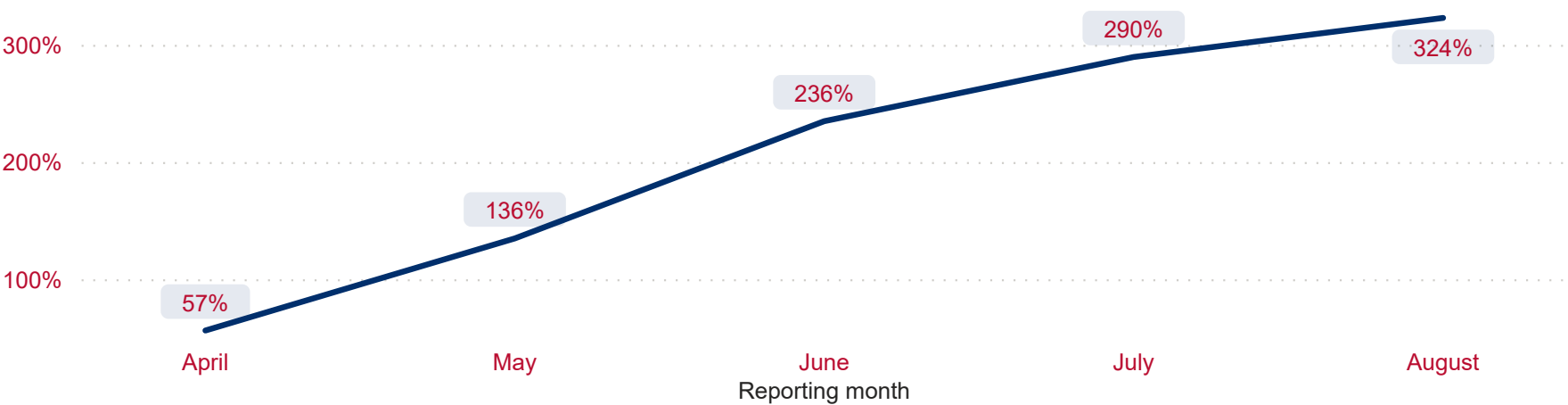
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

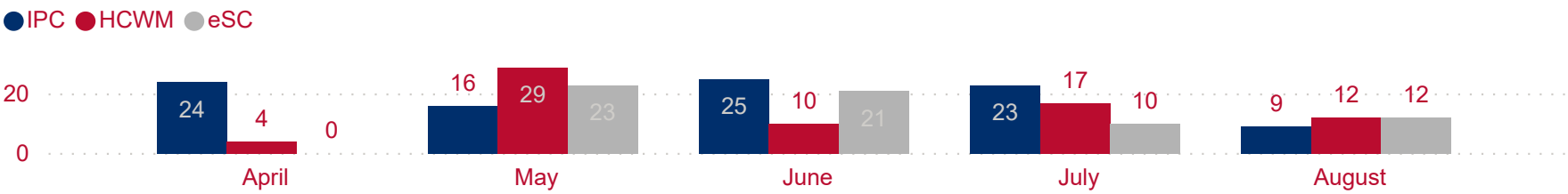
	April	May	June	July	August
Health facilities	24	33	42	23	14
Cumulative (health facilities)	24	57	99	122	136
Progress to date	57%	136%	236%	290%	324%

Note:Country target # of health facilities is 42

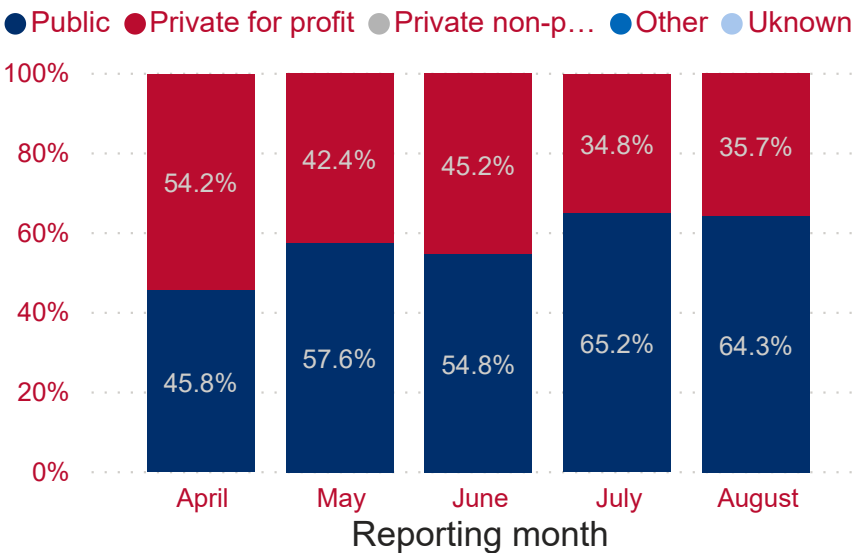
% supported health facilities with staff trained by month



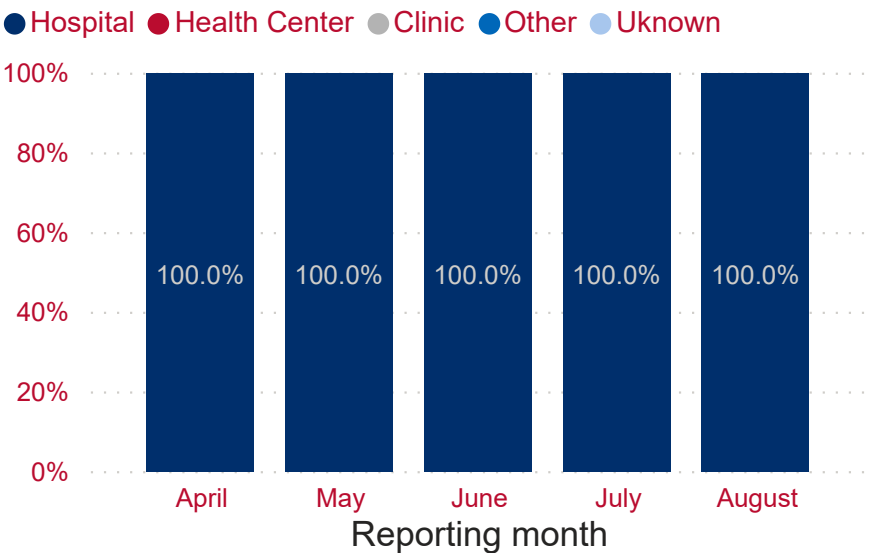
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

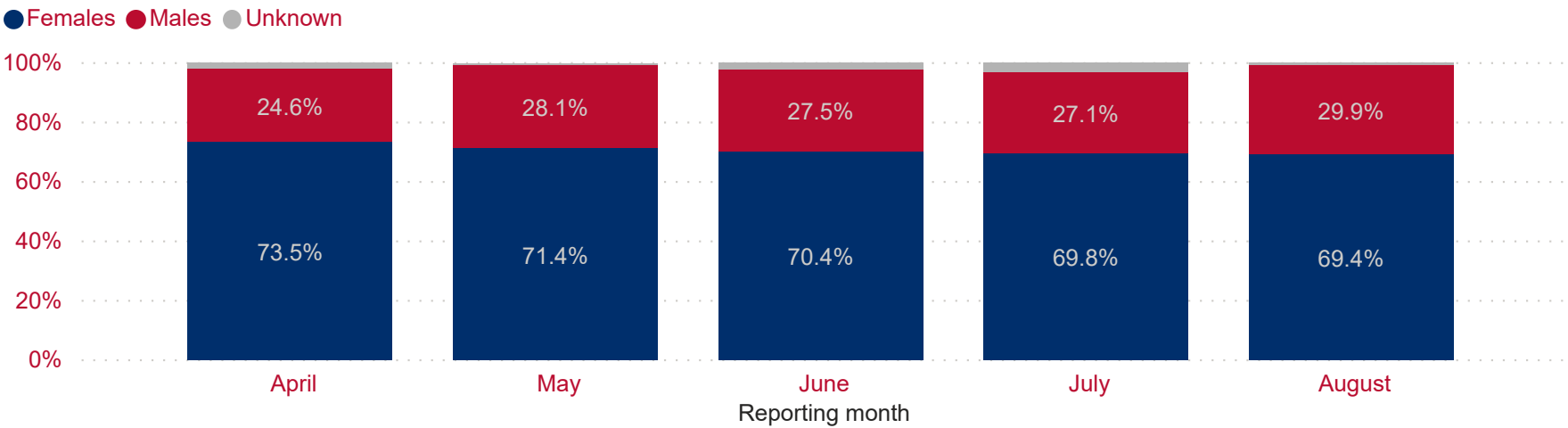


CV 2: # of persons who received COVID-19-related training

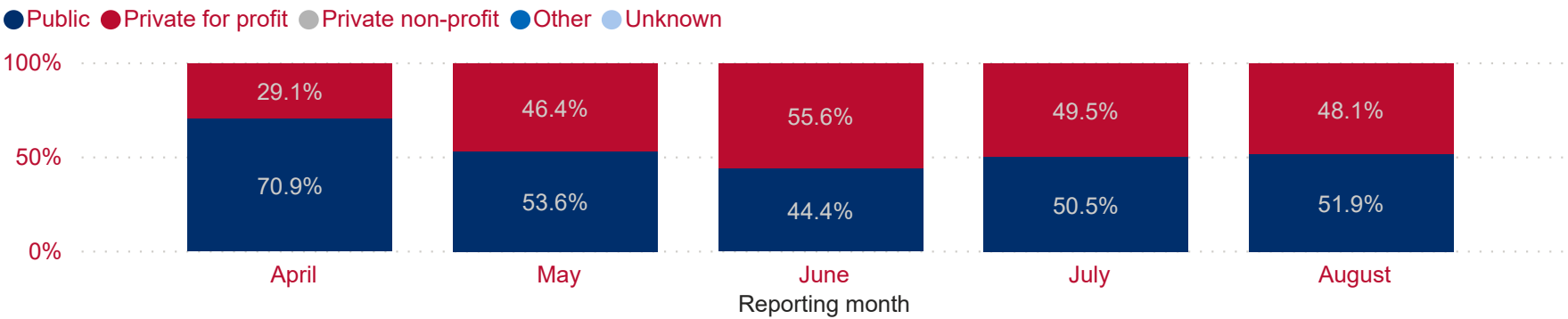
of trainees by sex and by month

	April	May	June	July	August	Total
Total trained	1711	6948	2091	2326	405	13481
Females	1258	4961	1472	1624	281	9596
Males	421	1951	575	630	121	3698
Unknown	32	36	44	72	3	187
Cumulative trained	1711	8659	10750	13076	13481	

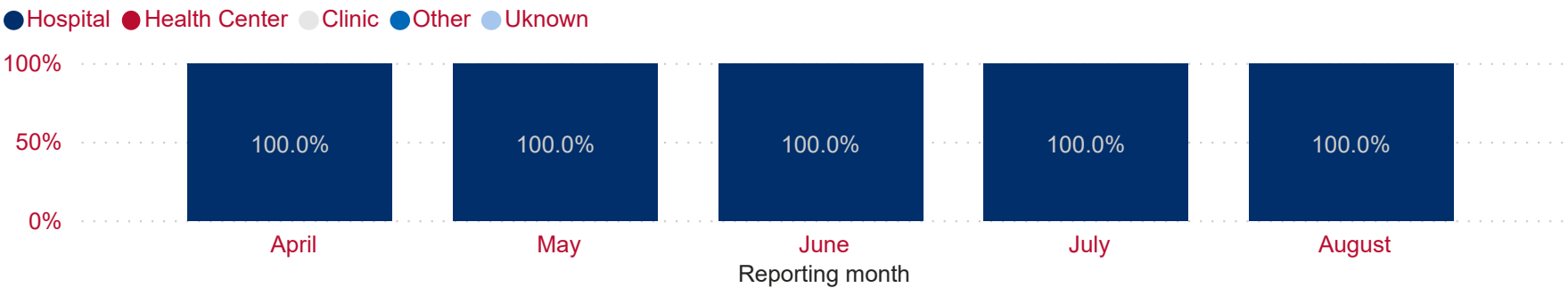
% trainees by sex



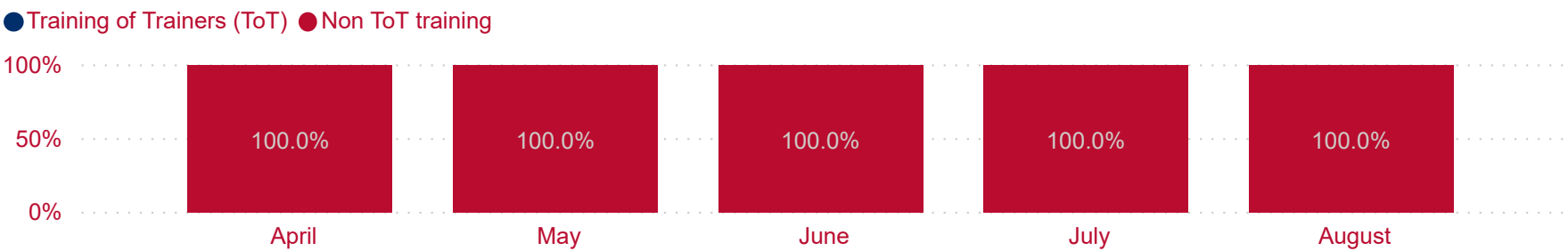
% of trainees by facility ownership type



% of trainees by facility type



% of trainees by training type



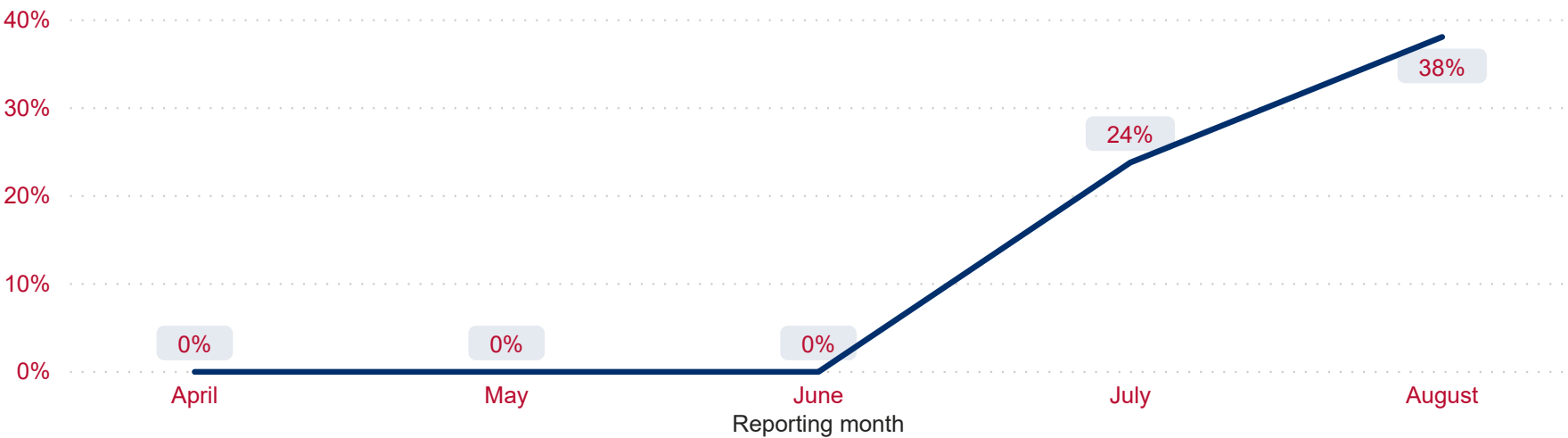
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

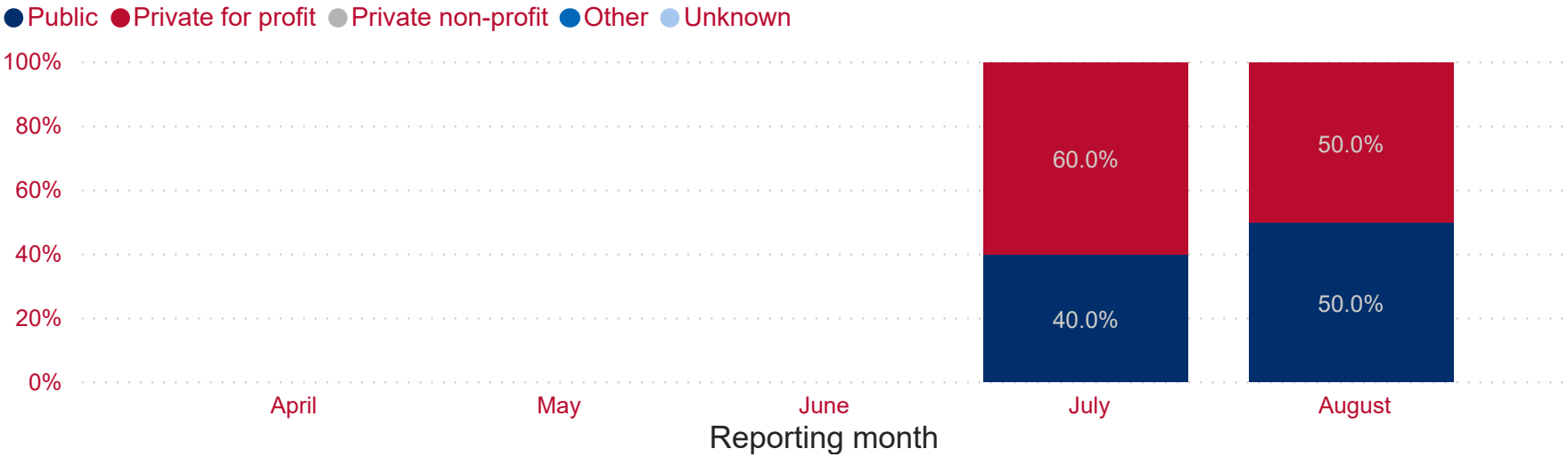
	April	May	June	July	August
Health facilities	0	0	0	10	6
Cumulative (health facilities)	0	0	0	10	16
Progress to date	0%	0%	0%	24%	38%

Note: Country target # of health facilities is 42

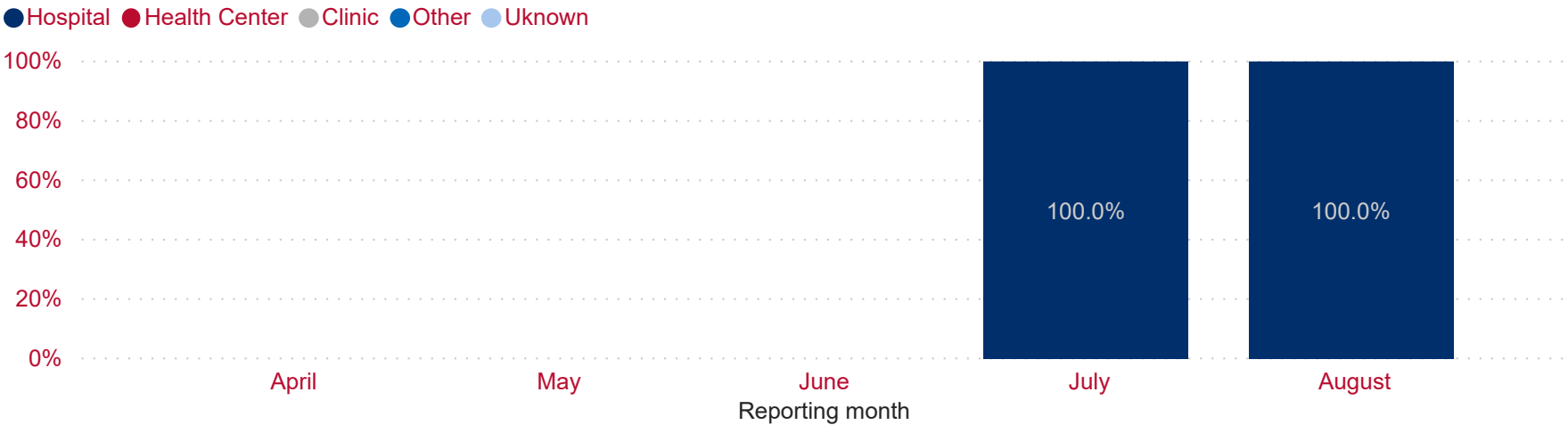
% of compliant of supported health facilities by month



% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type



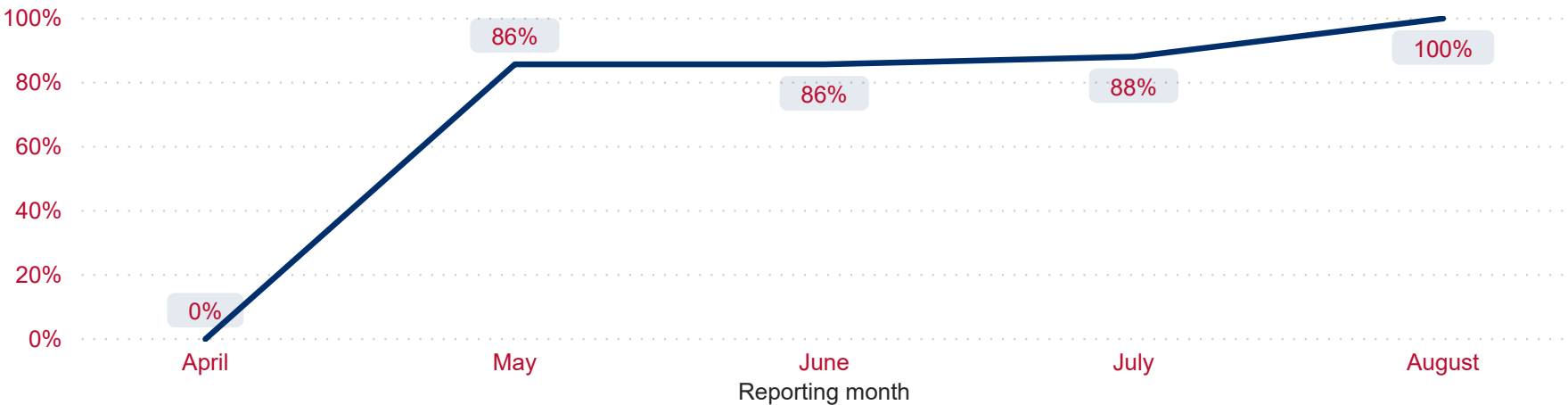
CV 4: % and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

and % of supported health facilities reporting stock data by month

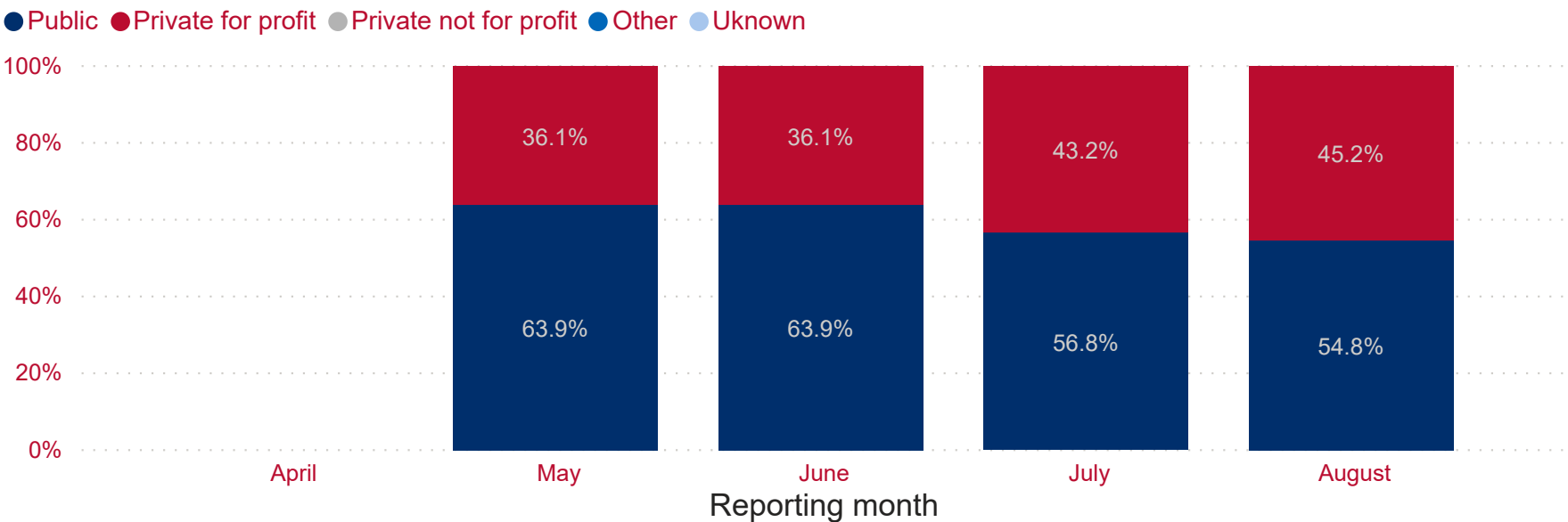
	April	May	June	July	August
Health facilities	0	36	36	37	42
Progress to date	0%	86%	86%	88%	100%

Note: Country target # of health facilities is 42

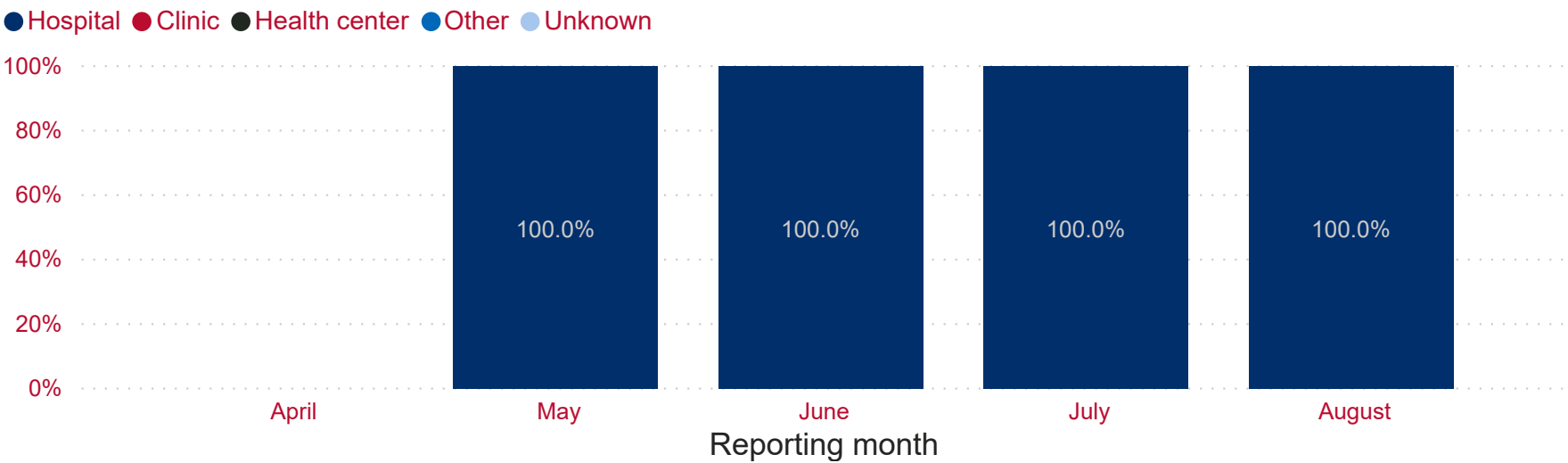
% of health facilities reporting stock data by month

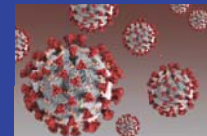


% of supported health facilities reporting stock data by ownership type and by month



% of supported health facilities reporting stock data by facility type and by month





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Jordan

Kenya

Mali

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Month: August

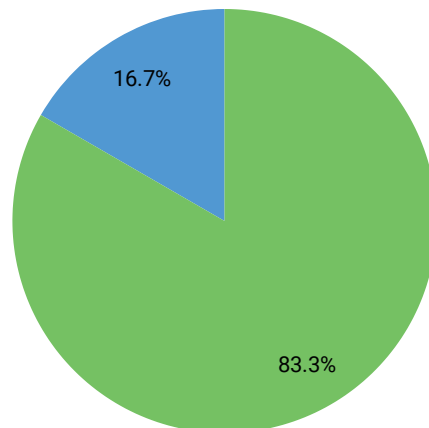
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NO ISSUES OR ON TRA...



COMPLETED



Technical Area ▲

IPC Program Management (national/facility/community)

Source control (isolation)

Triage for SARI/ARI patients

1 - 3 / 3



Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Senegal	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels) 	<ul style="list-style-type: none"> • Rapid response strategy/plan 	<p>Achievements: MTaPS participated in the weekly meeting of the Ministry of Health's IPC COVID-19 Commission and provided technical input to the work of developing technical documents, including the country's IPC COVID-19 action plan and SOPs. The rapid assessments and related response activities supported by all implementing partners (IPs) of the MOH's IPC COVID-19 commission have contributed to the IPC COVID-19 action plan carried out using a participatory and consensus-based approach.</p> <p>Challenges included:</p> <ol style="list-style-type: none"> 1) Maintaining weekly meetings of the IPC commission with an effective presence of all its members; the members of the IPC commission were often unavailable (ad hoc) at points during phase of the epidemic 2) Organizing coordination meetings between the IPC COVID-19 committee and other COUS's committees (i.e., support, communication, planning/monitoring, and logistics committees) to better identify and address cross-cutting issues. <p>Lessons learned:</p> <ol style="list-style-type: none"> 1) What worked: Maintaining good team spirit; perseverance around the essentials; joint planning and implementation for better transparency of interventions 2) What did not work: the iterative postponement of the exercise of the adjusted IPC strategy in the exercise of joint activity planning completed at the end of the sixth month when the funds for this period were available for the TFPs (WHO, MTaPS USAID) 3) Unexpected discovery: This finalized IPC Covid-19 action plan was integrated into the multisectoral contingency plan to fight COVID-19 updated during a workshop organised by the MOH's Directorate of Planning, Research and Statistics (DPRS) from August 29-30.

The interest of the coordination of the regional hygiene offices with an exchange of good practices like that of Thiès on the solution to the understaffing of personnel, but also of the good collaboration with the Medical Region and the health districts.

Next steps: MTaPS will continue to contribute to strengthening MSAS coordination efforts by:

- 1) Participating in the weekly IPC COVID-19 committee meetings
- 2) Providing technical and managerial contributions in the monitoring of the implementation of the IPC COVID-19 action plan
- 3) Finalizing the revised 6-month contingency plan

Senegal	Triage for SARI/ARI patients	• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	Activity completed
Senegal	Triage for SARI/ARI patients	• Provide training using existing training package on triage for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	The supervision activities, which were planned this month, are rescheduled for September by the medical authorities of the regions concerned.
Senegal	IPC Program Management (national/facility/community)	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	The training activities for the support staff of the COVID-19 treatment centers, which were planned this month are rescheduled for September by the medical authorities of the regions concerned.
Senegal	Source control (isolation)	• Oversee the implementation	• After-action report	Achievements: MTaPS supported the decontamination and disinfection campaign in order to help reduce contamination of health personnel, family members of COVID-19 cases, and of the population, including the transport sector. The transport sector is a possible vector of the transmission of COVID-19 when classes resume in June 2020 for exam classes, and all schools and universities to come. This is why MTaPS contributed to the functionality of the management committee of the Rufisque Bus Station in the epicenter of Dakar in close collaboration with the Departmental Hygiene Brigade of Rufisque. The three most contaminated regions have been targeted including Dakar, Thiès and Diourbel.

including Dakar, Thiès and Diourbel.

From August 19 to September 4, 985 decontamination and disinfection sessions in the regions of Dakar (859), Thiès (99) and Diourbel (27). They were carried out in homes with real or suspected COVID-19 cases, morgues, mosques, and health care establishments with a priority focus on isolation rooms. The homes of real and suspected COVID-19 cases received family consent before proceeding with disinfection.

In addition to the decontamination and disinfection sessions, the Regional Hygiene Brigades (BRH) with the support of the National Hygiene Service (SNH) carried out communication activities to raise awareness about COVID-19, promote the behaviors recommended for individuals, families and groups, correct misconceptions and provide referral contacts for psychological support especially in families affected by the separation of bereavement or for support in treatment centers. This communication component is crucial to reduce the risk of compromising compliance with barrier measures at home through anxiety, stress and ignorance.

In addition, regional and district health management teams, religious authorities, administration officials and mayors provided essential support to the decontamination and disinfection sessions.

MTaPS supported the development of a data collection tool for the SHN and BRH to use during the decontamination sessions and to facilitate monitoring and reporting on activities.

Challenges included:

- Refusal or fear of communicating to communicate from people infected or affected by COVID-19, linked to the denial of the disease and the stigmatization of the immediate entourage, including the neighborhood
- Changing people's behaviors through local communication in order to reduce and even stop the community transmission of COVID-19.

Lessons learned:

1) What worked:

- 1) What worked:
- There was a good collaboration between hygienists and healthcare providers working at the supported site (HOGIP- a tertiary hospital in Dakar).
 - MTaPS staff and Hygiene Brigade Agent worked in a complementarity manner during the supervision field visits of the disinfection/decontamination sessions.
 - The decision to carry out the decontamination sessions at night, in agreement with the families, was effective in avoiding the refusal for fear of the stigma in Thies.
- 2) What did not work: Obtaining data from the Dakar Regional Hygiene Brigade within the required timeframe according to the framework given the workload (interventions in the epicenter).
- 3) Unexpected discovery: The importance of an essential link in psychological support for compliance with barrier measures in households and compliance with treatment, and prompt notification of any complications during the two weeks of home treatment in confinement; and the need to couple decontamination/disinfection operations with the local communication embodied by the SNH to minimize the possibilities of stigmatization

Next steps:

- Recommendation follow-up and IPC capacity assessment activities at the PS level, particularly in the epicenter of Dakar (TOR and budget made in coordination with SNH/DQSHH) pending the request
- Weekly technical contributions to the harmonization and validation of the database under the lead of the DPRS (DHS2) of the RM of Dakar and adjustments of messages for compliance with home care

Senegal	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Strengthen facility COVID-19 IPC response coordination mechanism/task force 	<ul style="list-style-type: none"> • Coordination/task force mechanism 	<p>Achievements: MTaPS continued working closely through the COUS operation section to support the response activities and is providing technical and managerial input during the day-to-day and weekly meetings at the MOH national level and the Regional Committee of Management of Emergencies in Dakar</p> <p>MTaPS provided technical input to the multisectoral contingency plan to fight COVID-19 and participated during a workshop organized by the</p>
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updated during a workshop organised by the MOH's Directorate of Planning, Research and Statistics (DPRS) from August 29-30.

Challenges: The quality of data, reporting, and their use to improve inventory management, communication (counseling) with home care, monitoring of COVID-19 cases at the health center and health post level and impact on home care.

Lessons learned:

- 1) What worked: Coordination between Ops and CRGE (regional epidemic management committee) in Dakar
- 2) What did not work: The coordination between the IPC COVID-19 committee with the other committees of the Ops/CRGE section has not been as effective. This is mainly because the leadership and members of these committees are increasingly overwhelmed in fulfilling their other responsibilities in addition to Covid-19 related activities.
- 3) Unexpected discovery: The effectiveness of the pair of health technician and hygiene brigade or hygienist officer at community level during interventions; one decontaminates/disinfects while the other actively listens to the beneficiary by informing. Doing so, reassures on the management of comorbidities, adjusts and clarifies rumors, explains how to alert in case of need and raises awareness of the existence of a competent community network that can effectively support the behavior to be taken for home care.

Next steps:

- 1) Consolidate the IPC achievements and start

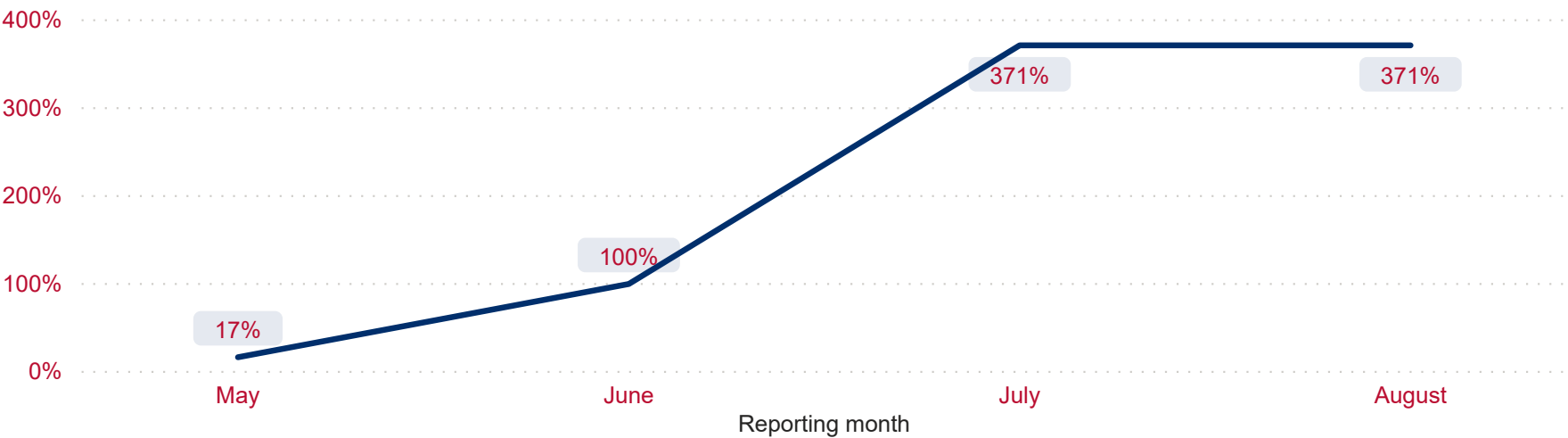
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

	May	June	July	August
Health facilities	1	5	20	0
Cumulative (health facilities)	1	6	26	26
Progress to date	17%	100%	371%	371%

Note:Country target # of health facilities is 7

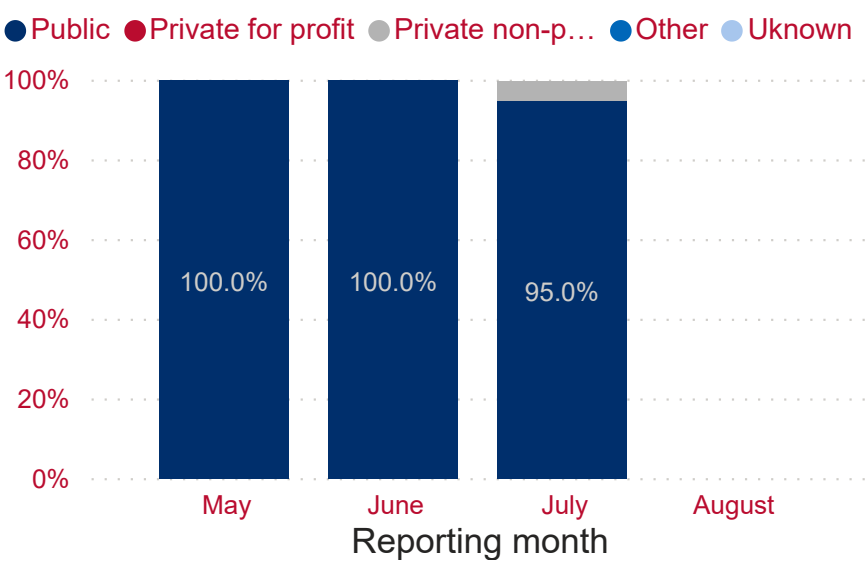
% supported health facilities with staff trained by month



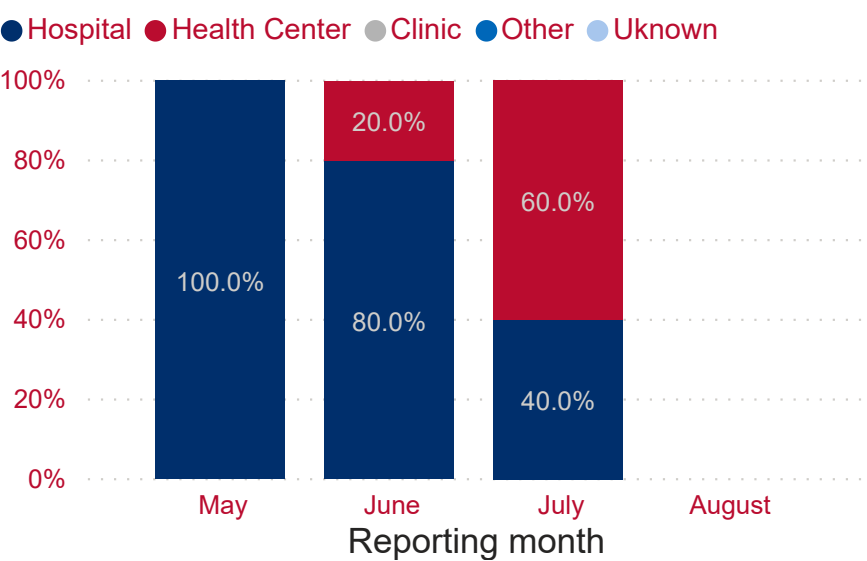
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

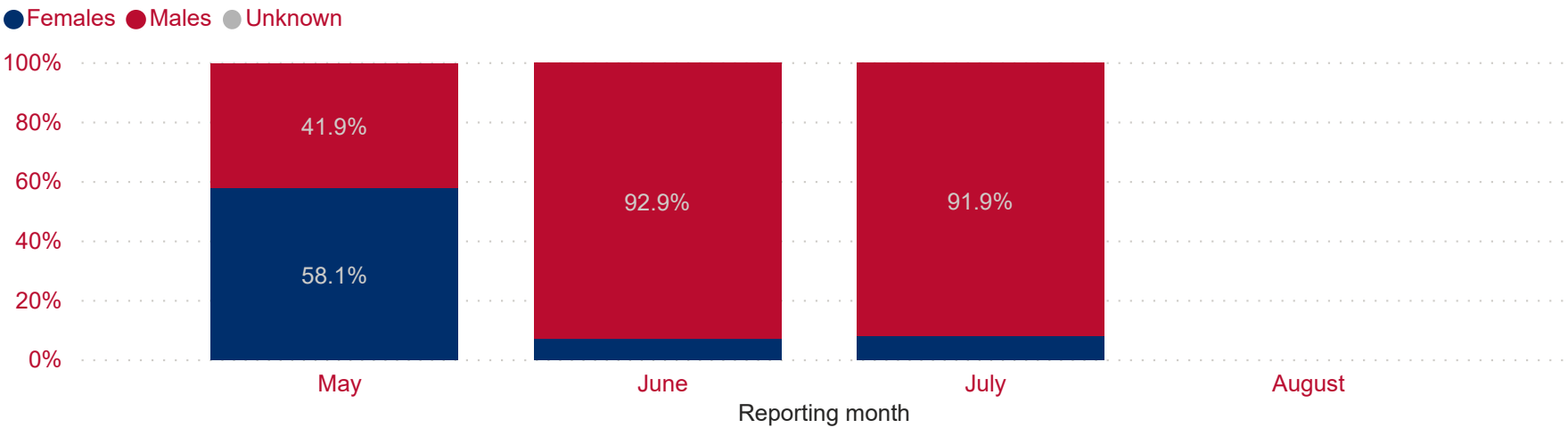


CV 2: # of persons who received COVID-19-related training

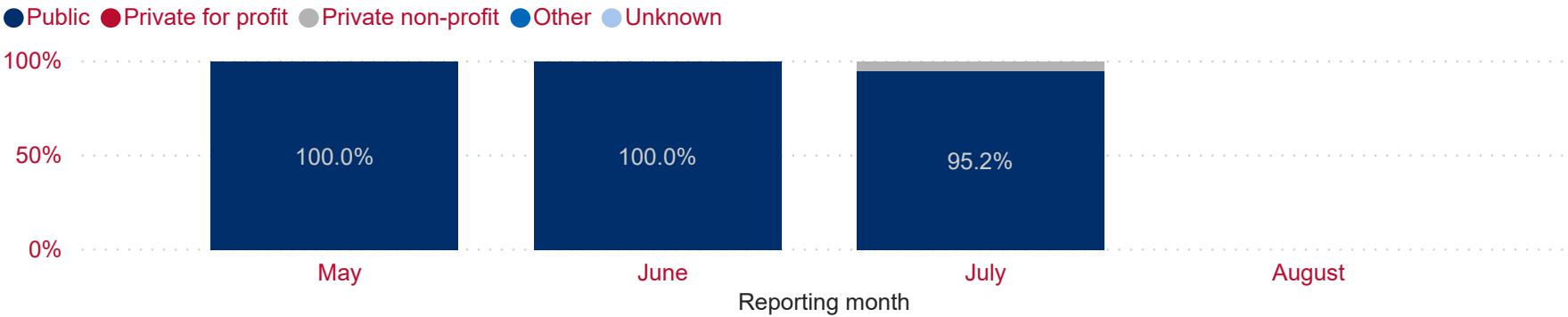
of trainees by sex and by month

	May	June	July	August	Total
Total trained	31	28	62	0	121
Females	18	2	5	0	25
Males	13	26	57	0	96
Unknown	0	0	0	0	0
Cumulative trained	31	59	121	121	

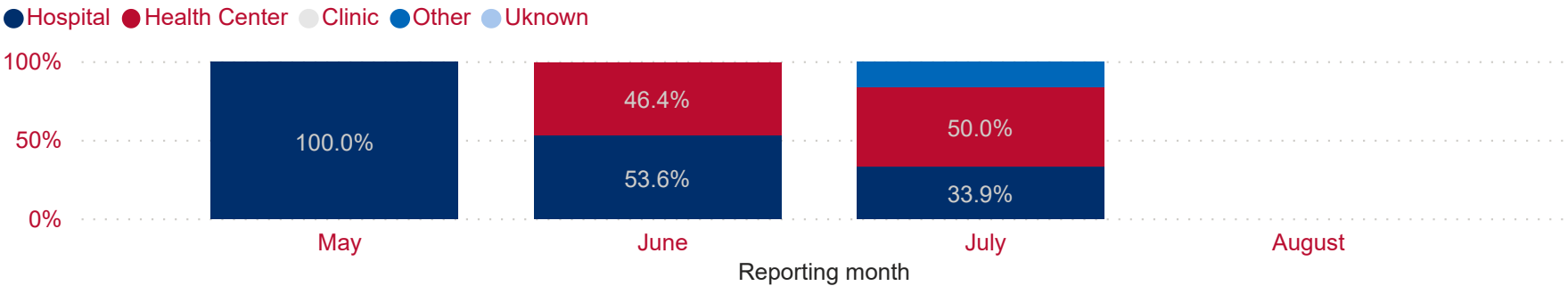
% trainees by sex



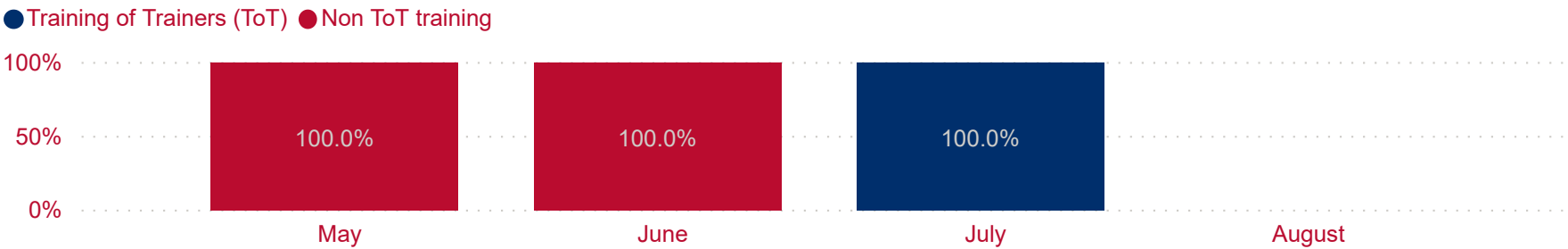
% of trainees by facility ownership type

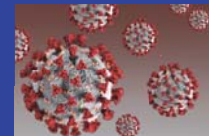


% of trainees by facility type



% of trainees by training type





Contact for any Questions and Clarifications: mtaps-hqcovid19@mtapsprogram.org

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Bangladesh

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Cote d'Ivoire

Ethiopia

Jordan

Kenya

Mali

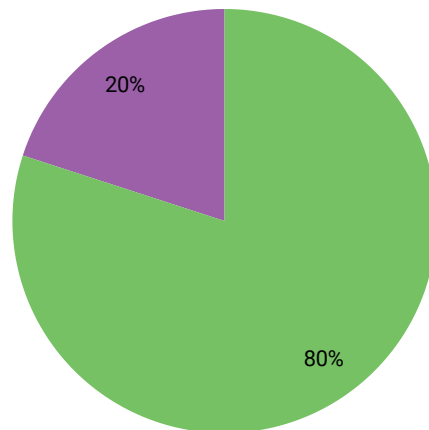
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Month: August

(1) ▼

● NO ISSUES OR O... ● CANCELLED OR...



Technical Area ▲

Administrative controls

Application of COVID-19 Precautions by HCW, patients

IPC Program Management (national/facility/community)

IPC guidance to patients, family members, caregivers and visitors

Source control (isolation)

Sudden influx of patients / Surge capacity

Triage for SARI/ARI patients

1 - 8 / 8



Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Tanzania	Application of COVID-19 Precautions by HCW, patients	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS, in collaboration with MOHCDGEC, conducted generic IPC mentorship to 248 healthcare workers (133 female, 115 male) in four hospitals from four regions. The hospitals are Bugando Zonal Referral Hospital, Mbeya Regional Referral Hospital, Morogoro Regional Referral Hospital, and Amana Regional Referral Hospital. The healthcare workers were trained in generic IPC content including; standard based precautions and transimission based precautions to prevent disease epidemics.
Tanzania	Source control (isolation)	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS, in collaboration with MOHCDGEC, conducted generic IPC mentorship to 248 healthcare workers (133 female, 115 male) in four hospitals located in four regions. The hospitals are Bugando Zonal Referral Hospital, Mbeya Regional Referral Hospital, Morogoro Regional Referral Hospital, and Amana Regional Referral Hospital. The healthcare workers were trained in generic IPC content including: - Providing training using existing training packages for IPC with emphasis on disease epidemics - Providing training on how to prevent the transmission of infections (source, susceptible person/portal of entry, mode of transmission) and correct use of PPEs
Tanzania	Triage for SARI/ARI patients	• Provide training using existing training package on triage for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS, in collaboration with MOHCDGEC, conducted generic IPC mentorship to 248 healthcare workers (133 female, 115 male) in four hospitals located in four regions. The hospitals are Bugando Zonal Referral Hospital, Mbeya Regional Referral Hospital, Morogoro Regional Referral Hospital, and Amana Regional Referral Hospital. The healthcare workers were trained in generic IPC content including: - Triage for patients with epidemic diseases - Training using existing training package on triage for IPC - Training on pre-screening and triage workflow to identify and isolate potentially infectious

				to identify and isolate potentially infectious patients at point of entry to the facilities
Tanzania	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • After-action report 	<p>MTaPS, in collaboration with MOHCDGEC, conducted generic IPC mentorship to 248 healthcare workers (133 female, 115 male) in four hospitals located in four regions. The hospitals are Bugando Zonal Referral Hospital, Mbeya Regional Referral Hospital, Morogoro Regional Referral Hospital, and Amana Regional Referral Hospital. The healthcare workers were trained in generic IPC content including:</p> <ul style="list-style-type: none"> - Developing epidemic IEC materials for patients and visitors - Working with facility IPC committees to disseminate IEC materials on epidemics
Tanzania	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> • Just-in-time IPC training 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	Not feasible under the circumstances. The activity has therefore been cancelled, and the planned budget re-allocated to Activity 1: Application of standard and transmission-based precaution by HCW to patients on epidemics.
Tanzania	Waste management	<ul style="list-style-type: none"> • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	Activity has become obsolete under the circumstances. The activity has therefore been cancelled.
Tanzania	Waste management	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	<p>MTaPS, in collaboration with MOHCDGEC, conducted generic IPC mentorship to 248 healthcare workers (133 female, 115 male) in four hospitals located in four regions. The hospitals are Bugando Zonal Referral Hospital, Mbeya Regional Referral Hospital, Morogoro Regional Referral Hospital, and Amana Regional Referral Hospital. The healthcare workers were trained in generic IPC content including:</p> <ul style="list-style-type: none"> - Healthcare waste management - Provide training using existing national guidelines, SOPs, and standards on healthcare waste management
Tanzania	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> • Oversee the implementation 	<ul style="list-style-type: none"> • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	<p>MTaPS, in collaboration with MOHCDGEC, conducted generic IPC mentorship to 248 healthcare workers (133 female, 115 male) in four hospitals located in four regions. The hospitals are Bugando Zonal Referral Hospital, Mbeya Regional Referral Hospital, Morogoro Regional Referral Hospital, and Amana Regional Referral Hospital. The healthcare workers were</p>

trained in generic IPC content including:
 - Working with facility quality improvement teams (QIT) and IPC committee, build capacity for rapid implementation

In addition, logistical preparations for the advanced IPC training for IPC and QIT leaders from 10 supported facilities have completed and the training will take place in September.

Tanzania	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Monitor compliance with requirements 	<ul style="list-style-type: none"> • Communication materials 	MTaPS, in collaboration with MOHCDGEC, conducted generic IPC mentorship to 248 healthcare workers (133 female, 115 male) in four hospitals located in four regions. The hospitals are Bugando Zonal Referral Hospital, Mbeya Regional Referral Hospital, Morogoro Regional Referral Hospital, and Amana Regional Referral Hospital. The healthcare workers were trained in generic IPC content including building capacity at health facilities to monitor compliance with precautions.
Tanzania	Administrative controls	<ul style="list-style-type: none"> • Adapt systems (regulations, guidance, job descriptions, SOPs, electronic system, training material) along WHO COVID-19 guidelines 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	MTaPS is printing of 700 copies of a bundle of 27 SOPs for different aspects of COVID-19 case management has been completed already, and they have been posted to Dodoma (MOHCDGEC HQ). Plans are underway to distribute the SOPs. Additionally, The printing process of 1900 copies of SOPs for COVID-19 has already been initiated and is in progress. Lastly, the printing process of 5000 copies of the IPC guidelines has also been initiated.

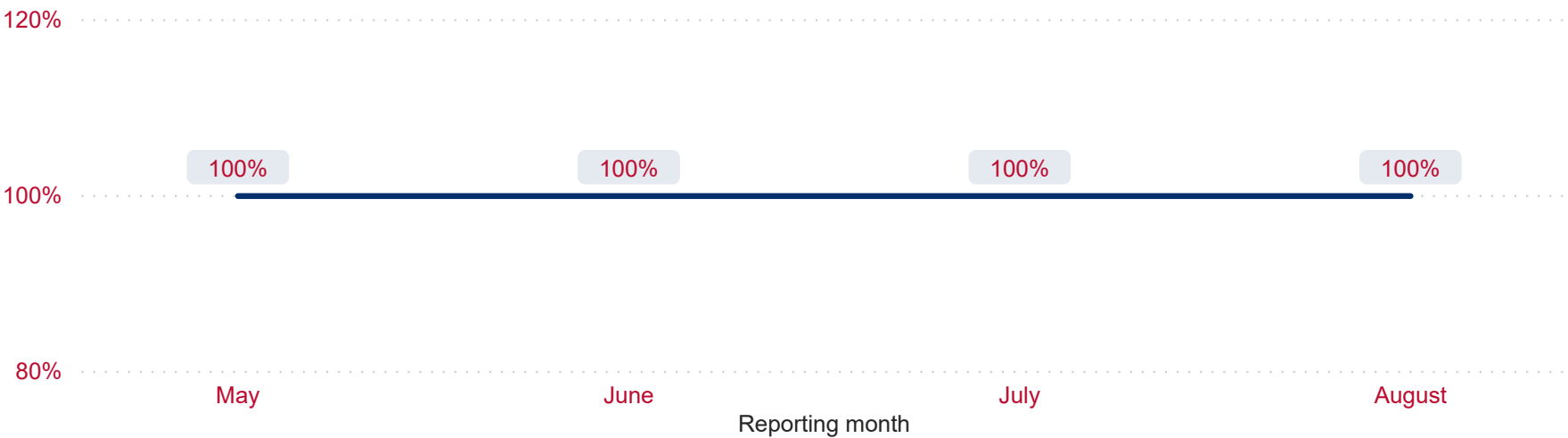
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

	May	June	July	August
Health facilities	35	0	0	4
Cumulative (health facilities)	35	35	35	39
Progress to date	100%	100%	100%	100%

Note:Country target # of health facilities is 39

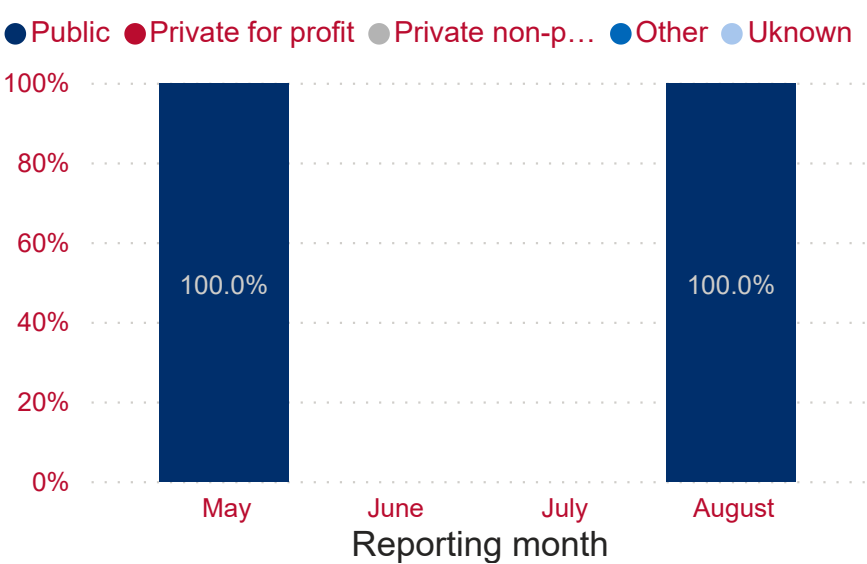
% supported health facilities with staff trained by month



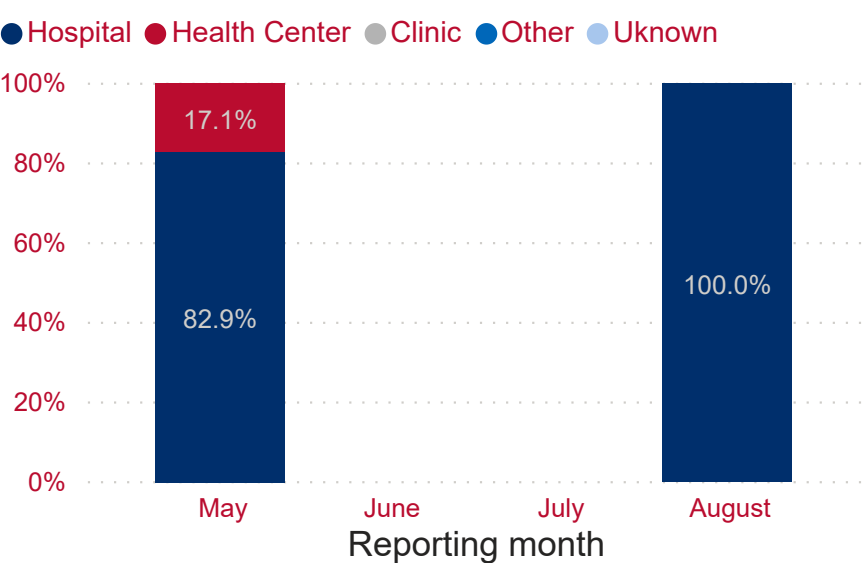
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

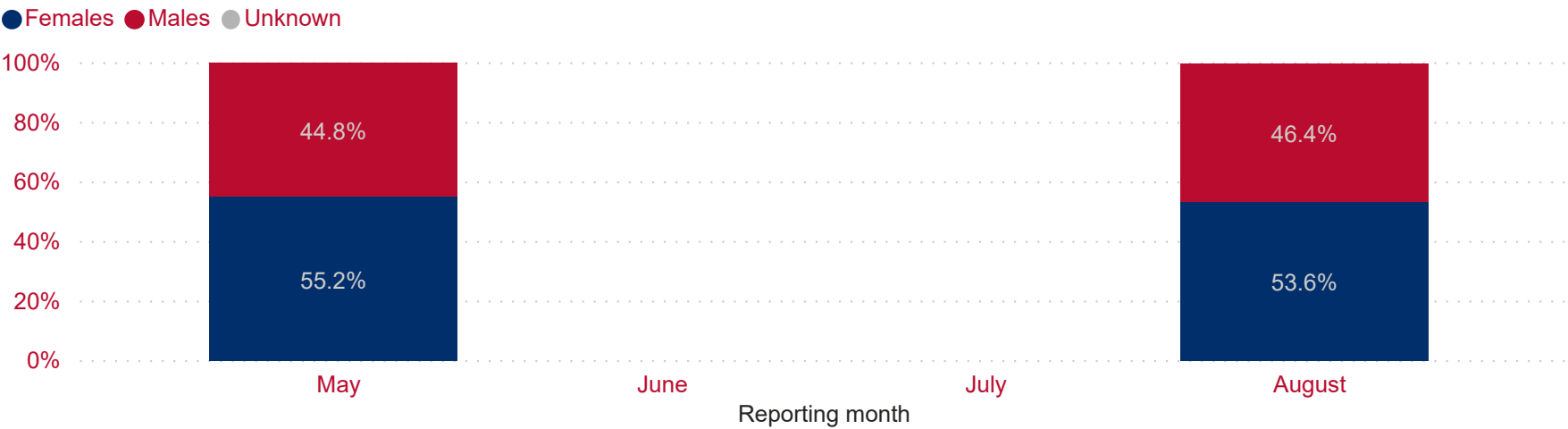


CV 2: # of persons who received COVID-19-related training

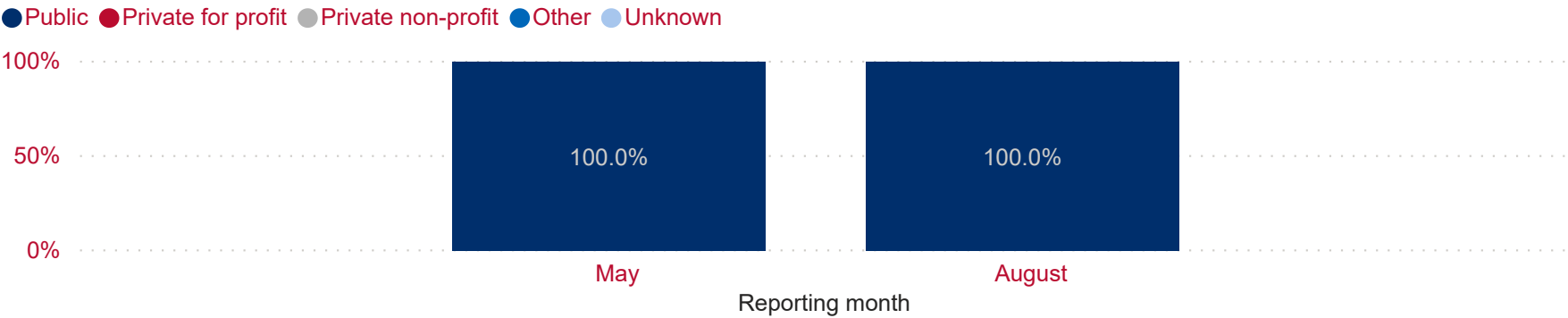
of trainees by sex and by month

	May	June	July	August	Total
Total trained	524	0	0	248	772
Females	289	0	0	133	422
Males	235	0	0	115	350
Unknown				0	0
Cumulative trained	524	524	524	772	

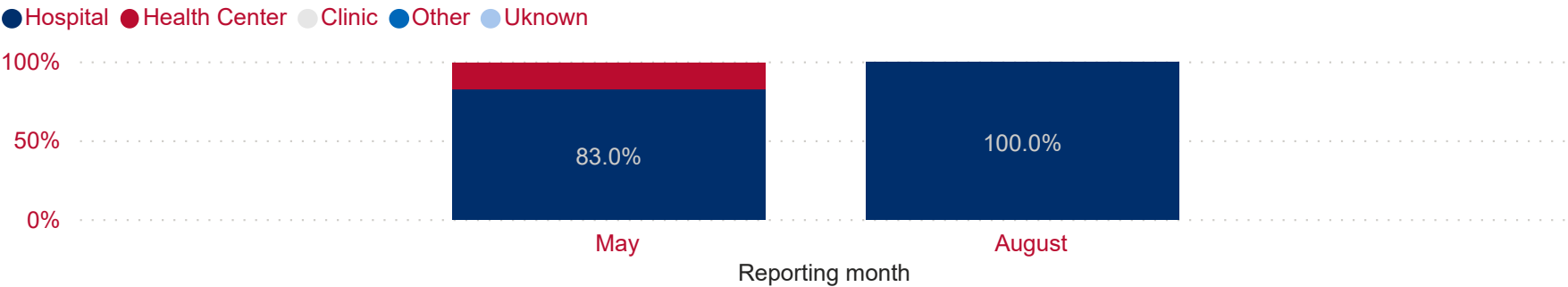
% trainees by sex



% of trainees by facility ownership type



%of trainees by facility type



% of trainees by training type



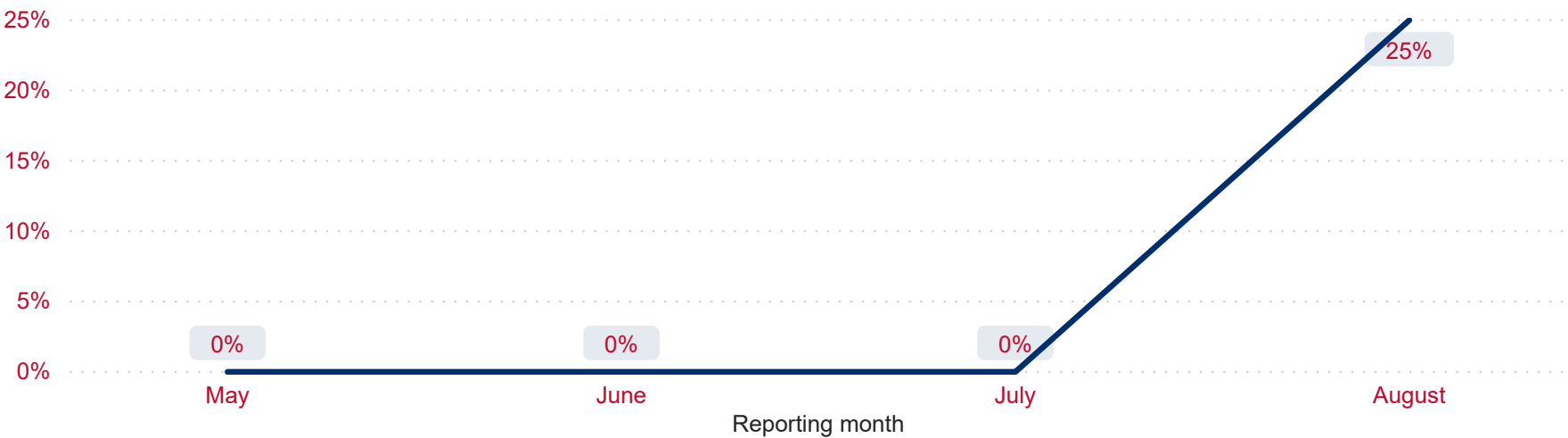
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

	May	June	July	August
Health facilities	0	0	0	1
Cumulative (health facilities)	0	0	0	1
Progress to date	0%	0%	0%	25%

Note: Country target # of health facilities is 4

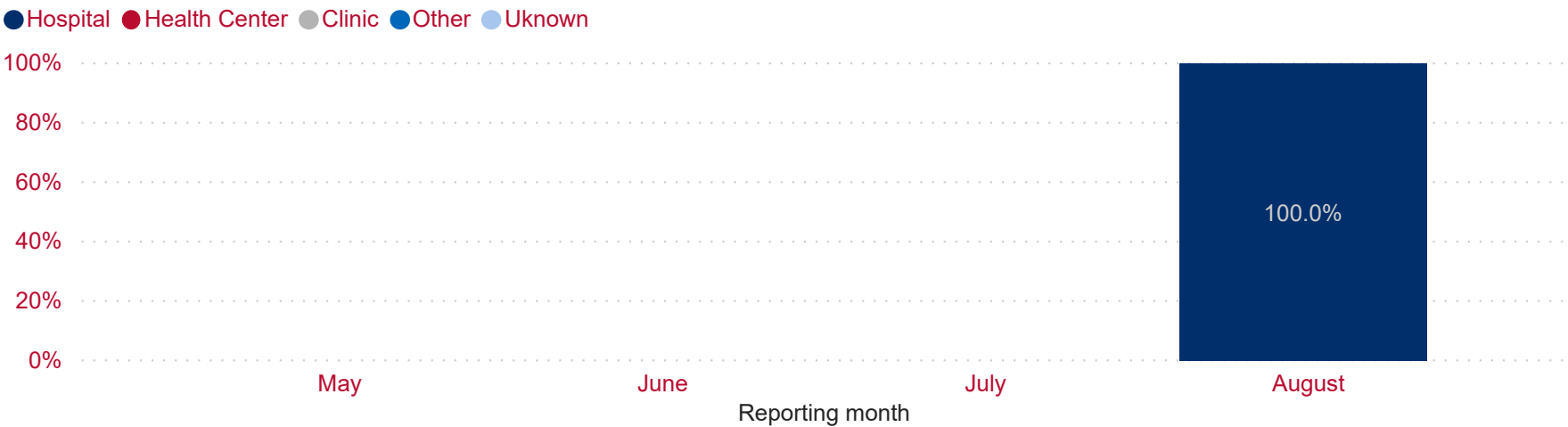
% of compliant of supported health facilities by month

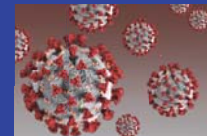


% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type





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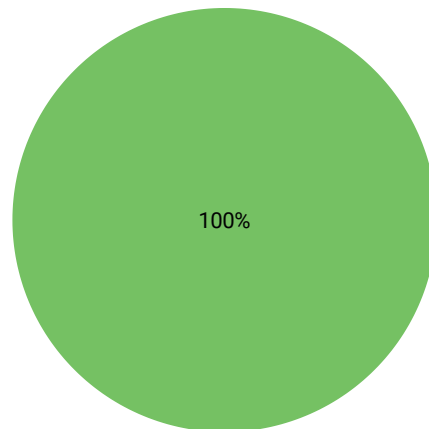
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Country ▲

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Month: August (1) ▼

● NO ISSUES OR ON TRACK



Technical Area ▲

[Application of COVID-19 Precautions by HCW, patients](#)[Emergency Supply of IPC Commodities](#)[IPC Program Management \(national/facility/community\)](#)[IPC facility access guidance](#)[Source control \(isolation\)](#)[Triage for SARI/ARI patients](#)

Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	August
Uganda	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Provide training using existing training package on triage for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	<p>MTaPS provided trainings at the selected health facilities in each of the assigned health regions. Two health regions (Busoga, Acholi) reached week 11 of the training and mentorship program, with all targeted health facilities in those regions trained and mentored on seven of the eight IPC modules for COVID-19. One Health region is at week nine of the mentorship program and all health facilities supported in this region have completed at least eight mentorship visits. The remaining two health regions are in weeks five and seven of the mentorship program, respectively, and health facilities have received at least four and five mentorship visits, respectively.</p>
Uganda	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Strengthen facility COVID-19 IPC response coordination mechanism/task force 	<ul style="list-style-type: none"> • Established COVID 19 facility/unit 	<p>All 858 MTAps-supported health facilities have IPC teams supporting the COVID-19 response at the health facilities. The teams receive trainings and mentorships through support of MTAps.</p>
Uganda	Triage for SARI/ARI patients	<ul style="list-style-type: none"> • Provide training using existing training package on triage for COVID-19 	<ul style="list-style-type: none"> • After-action report 	<p>All 858 MTAps-supported health facilities have received training on SARI/ARI patient identification and support to set up triage/isolation units and refer patients for further management according to the Ministry of Health guidelines and protocol.</p>
Uganda	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> • Assess and monitor compliance 	<ul style="list-style-type: none"> • Established COVID 19 facility/unit 	<p>Baseline assessments of COVID-19 compliance were completed at all MTAps health facilities. Reports have been shared with the health facilities and district teams for action. A repeat assessment for compliance will be undertaken at the end of the mentorship program.</p>
Uganda	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> • Apply/adapt simple operating procedures and tools for the management of ordering, issuing, distributing 	<ul style="list-style-type: none"> • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	<p>Five health facilities have been linked to the national logistics sub-committee to ensure support for the availability of IPC COVID-19 commodities.</p>

distributing,
receiving, rational
utilization

Uganda	Source control (isolation)	• Oversee the implementation	• After-action report	MTaPS-supported health facilities have been supported to set up isolation/triage facilities for case control, triage, and holding patients prior to notification of the COVID-19 treatment centers.
Uganda	IPC facility access guidance	• Provide training using existing training packages for COVID-19	• After-action report	MTaPS is providing ongoing continuous mentorship to the health facilities for IPC for COVID-19 case management

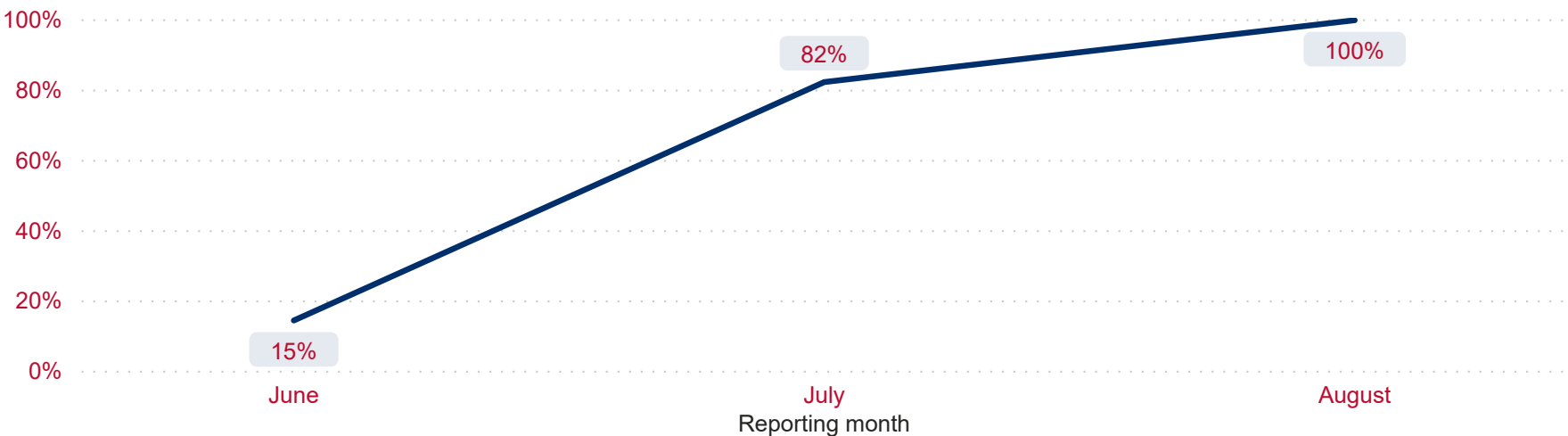
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

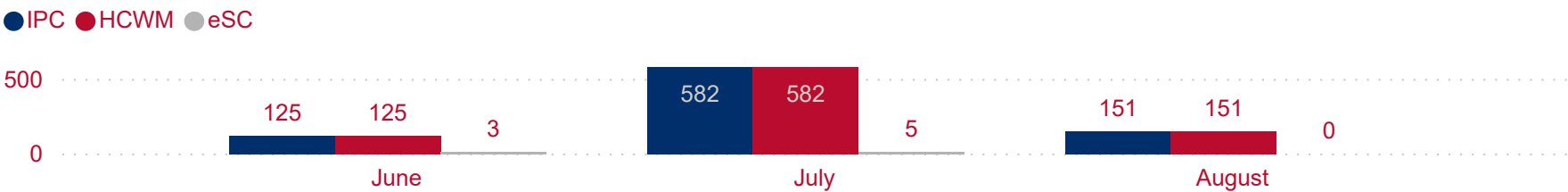
	June	July	August
Health facilities	125	582	151
Cumulative (health facilities)	125	707	858
Progress to date	15%	82%	100%

Note:Country target # of health facilities is 858

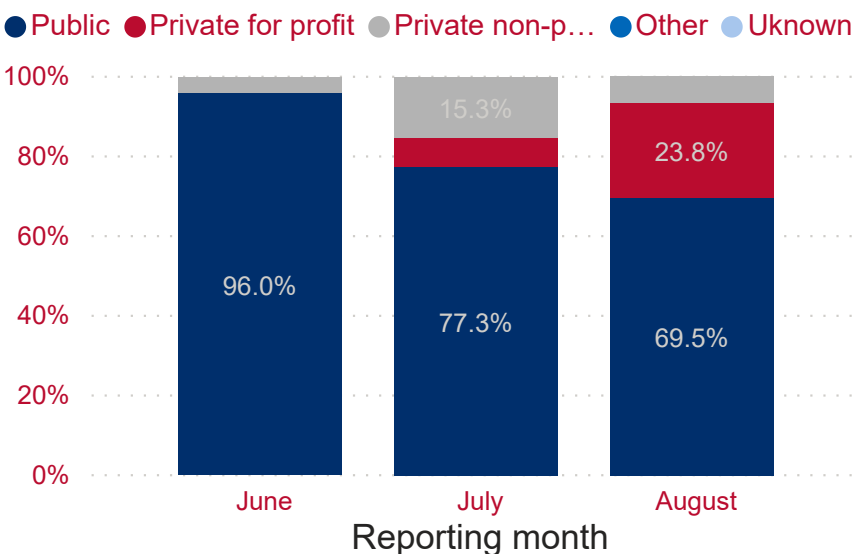
% supported health facilities with staff trained by month



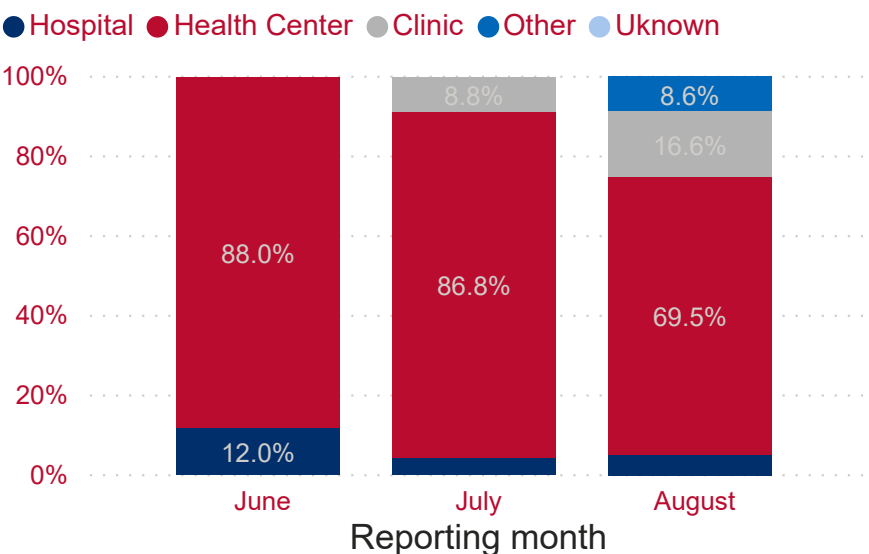
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type



% of supported facilities trained by facility type

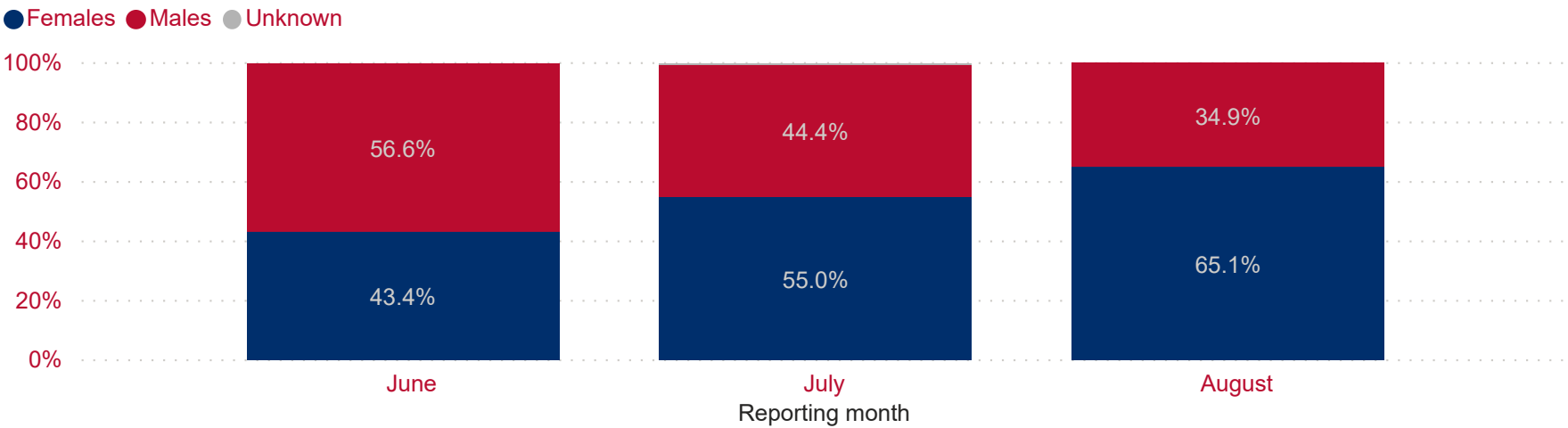


CV 2: # of persons who received COVID-19-related training

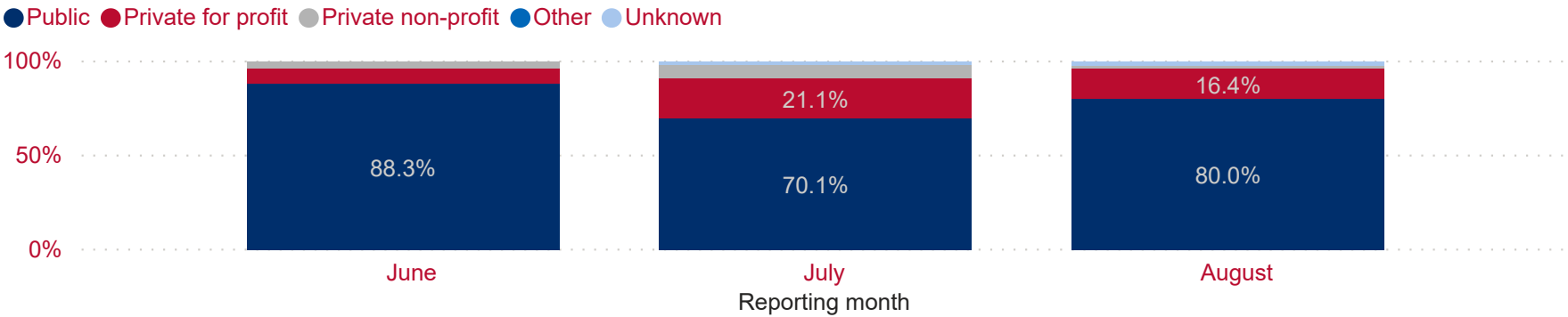
of trainees by sex and by month

	June	July	August	Total
Total trained	350	4368	730	5448
Females	152	2404	475	3031
Males	198	1939	255	2392
Unknown		25	0	25
Cumulative trained	350	4718	5448	

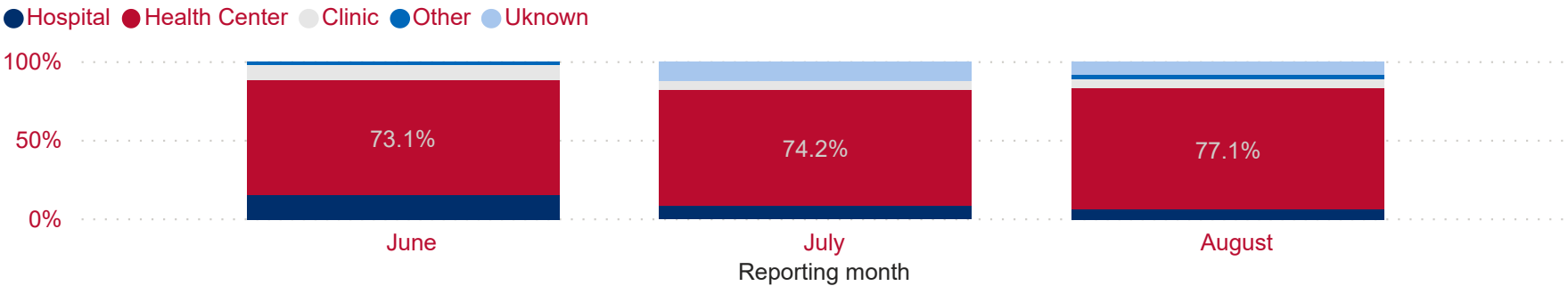
% trainees by sex



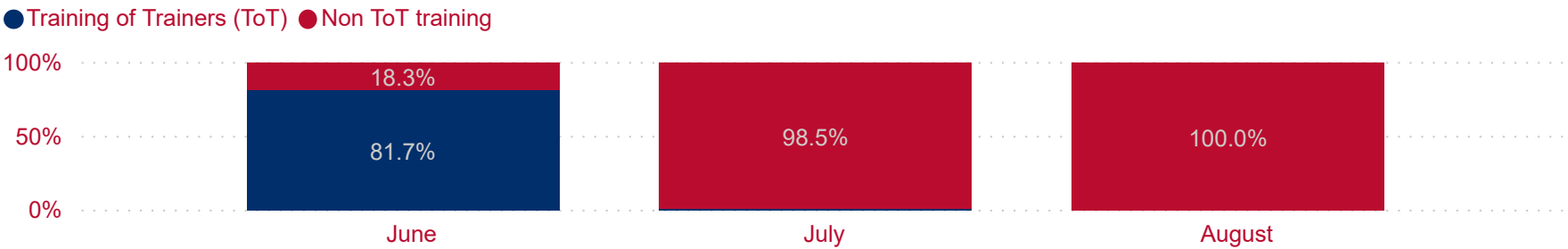
% of trainees by facility ownership type



%of trainees by facility type



% of trainees by training type



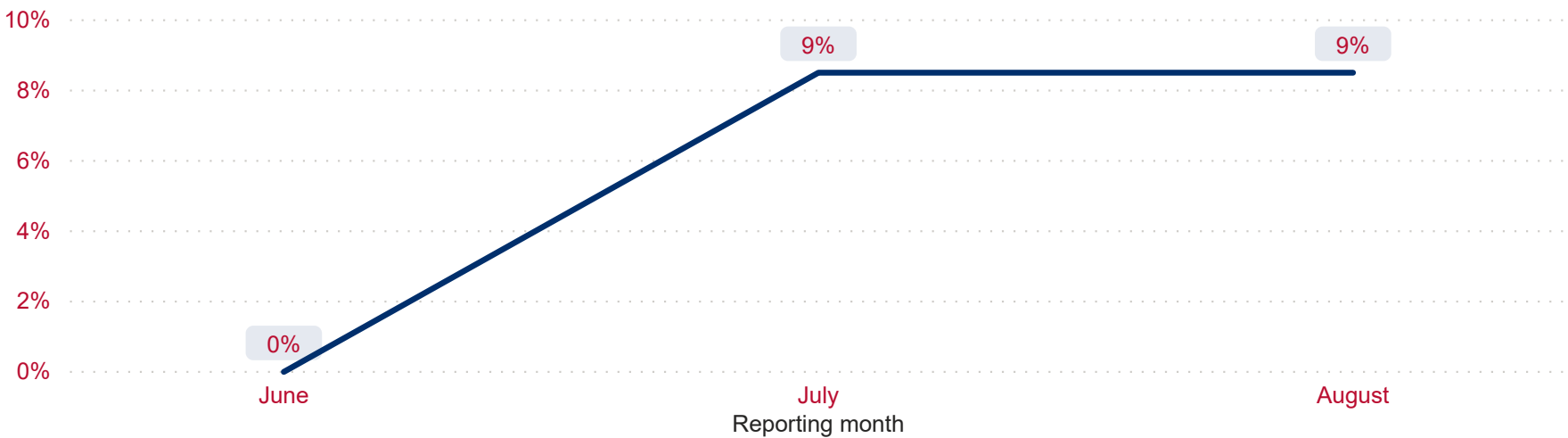
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

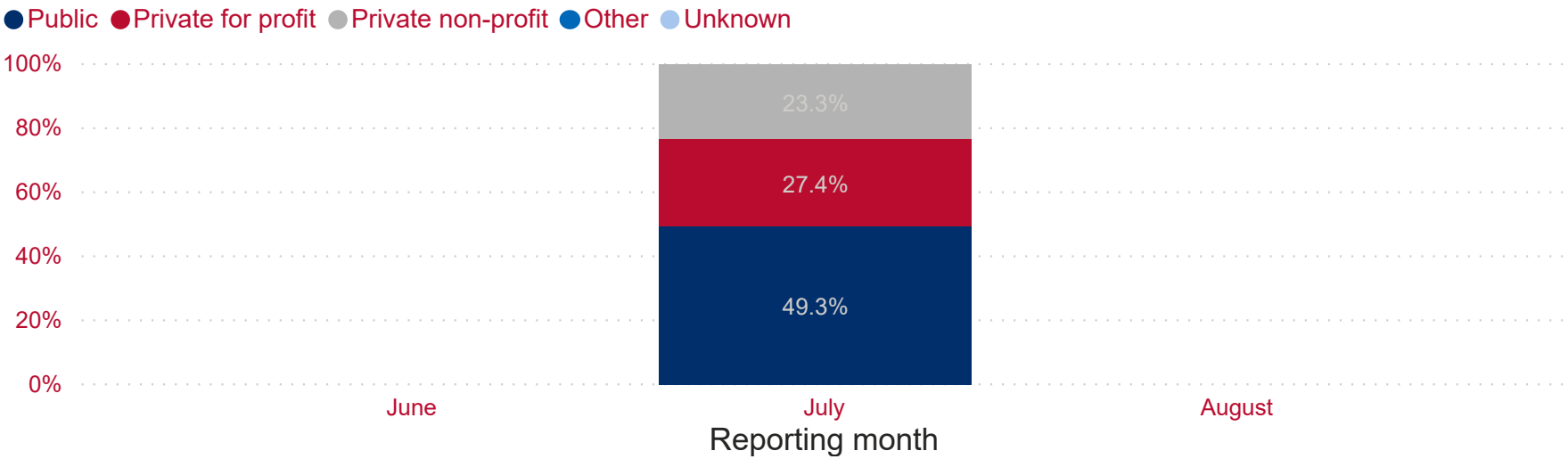
	June	July	August
Health facilities	0	73	0
Cumulative (health facilities)	0	73	73
Progress to date	0%	9%	9%

Note: Country target # of health facilities is 858

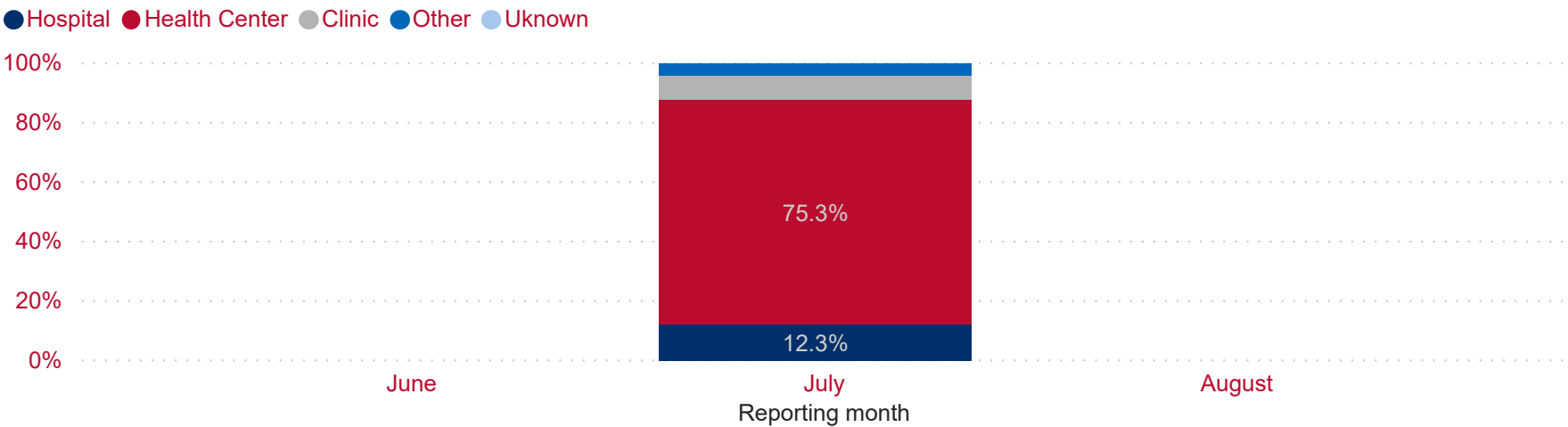
% of compliant of supported health facilities by month



% of compliant supported health facilities by ownership type



% of compliant supported health facilities by facility type



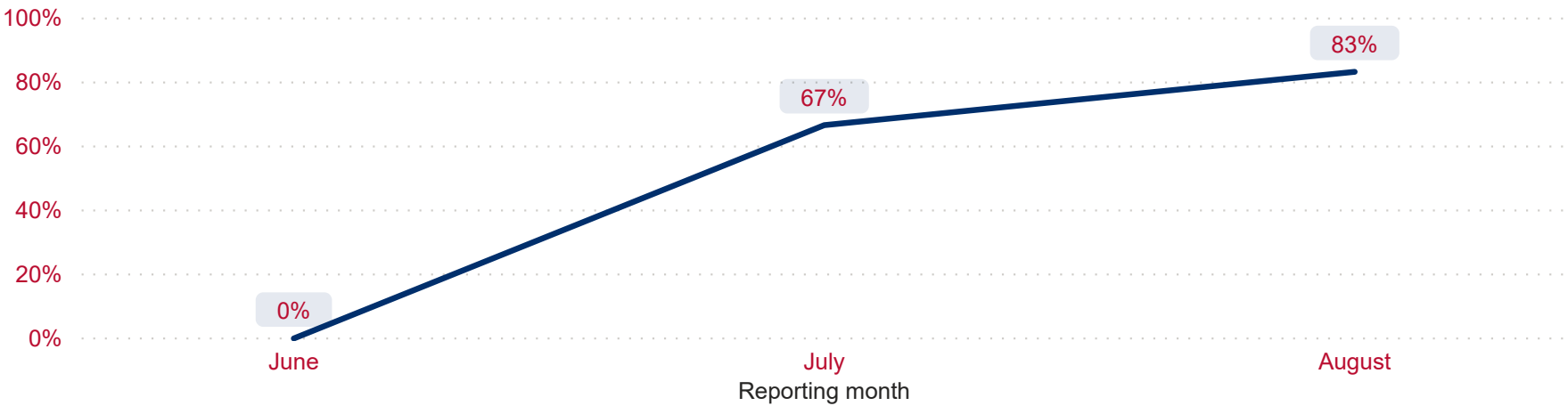
CV 4: % and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

and % of supported health facilities reporting stock data by month

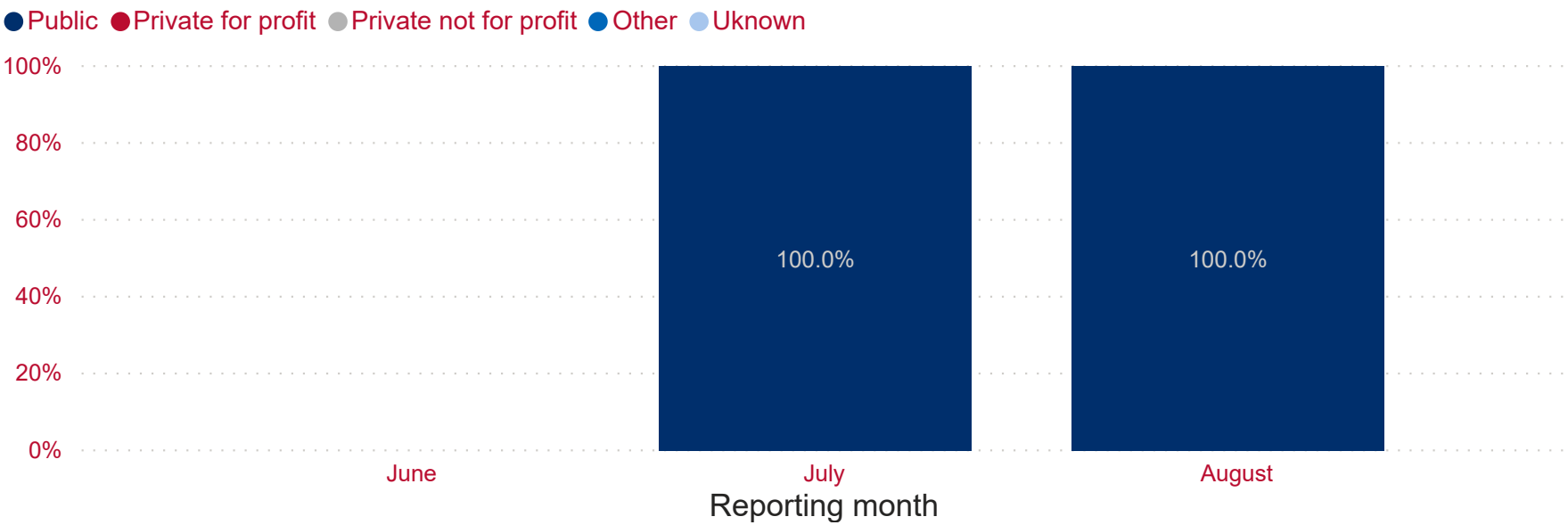
	June	July	August
Health facilities	0	4	5
Progress to date	0%	67%	83%

Note: Country target # of health facilities is 6

% of health facilities reporting stock data by month



% of supported health facilities reporting stock data by ownership type and by month



% of supported health facilities reporting stock data by facility type and by month

