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

Improved Access. Improved Services. Better Health Outcomes.

COVID-19 MONTHLY REPORT JULY 2020

RESUBMITTED: AUGUST 28, 2020



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PROJECT OVERVIEW

| Program Name: | | USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program | |
|-----------------------------|-----------------------------|--|--|
| Reporting Period: | | July 1-31, 2020 | |
| Activity Start Date and End | d Date: | September 20, 2018 – September 19, 2023 | |
| Name of Prime Implement | ing Partner: | Management Sciences for Health | |
| Contract Number: | | 7200AA18C00074 | |
| | Core Partners: | Boston University, FHI360, Overseas Strategic Consulting, Results for Development, International Law Institute-Africa Centre for Legal Excellence, NEPAD | |
| MTaPS Partners: | 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 | |
| Milars rartners: | 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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USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Telephone: 703.524.6575

Fax: 703.524.7898 Email: mtaps@msh.org

ACRONYMS AND ABBREVIATIONS

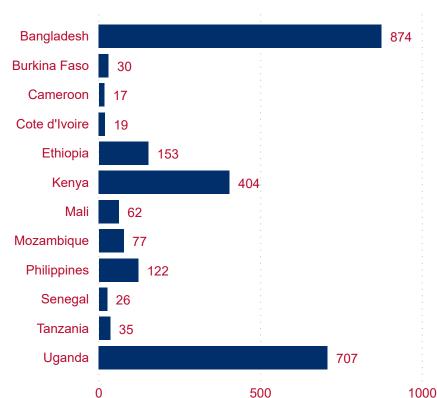
| ARI | acute respiratory infection |
|----------|--|
| COVID-19 | coronavirus disease 2019 |
| eSC | emergency supply chain |
| HCW | health care workers |
| HCWM | health care waste management |
| IPC | infection prevention and control |
| мон | Ministry of Health |
| MTaPS | Medicines Technologies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

COVID-19 Indicator Overview

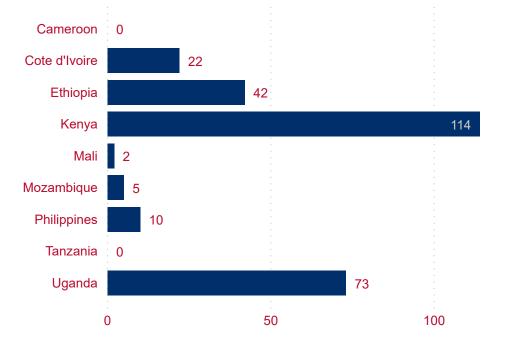
Data last refreshed on: Aug 28, 2020

| Indicator | March | April | May | June | July | Cumulative |
|--|-------|-------|------|------|-------|------------|
| CV 1: # and % of MTaPS-supported health facilities whose staff received COVID-19-related IPC training | 200 | 929 | 207 | 431 | 759 | 2526 |
| CV 2: # of persons who received COVID-19-related training | 896 | 4512 | 8421 | 5347 | 10002 | 29178 |
| CV 3: # and % of MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs | 2 | 67 | 28 | 48 | 123 | 268 |
| CV 4: # and % of MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities | | 617 | 675 | 677 | 687 | |

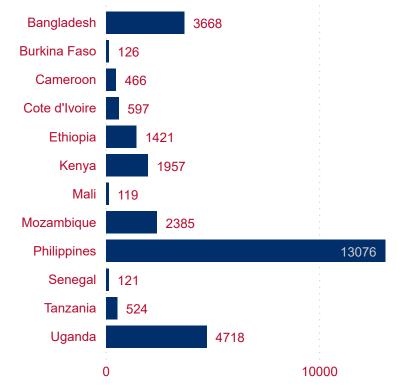
CV 1: Cumulative # of MTaPS-supported health facilities whose staff received COVID-19-related IPC training by country



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



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



CV 4: # of MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities by country (blank cell=N/A)

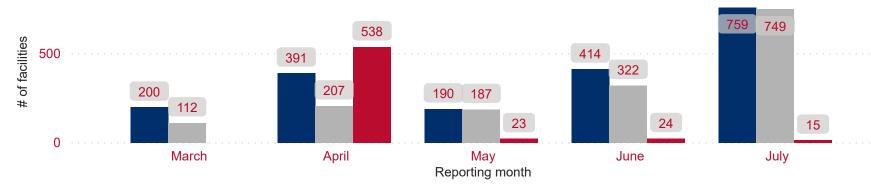
| Country | April | May | June | July |
|-------------|-------|-----|------|------|
| Bangladesh | 617 | 639 | 641 | 646 |
| Philippines | 0 | 36 | 36 | 37 |
| Uganda | | | | 4 |

health facilities with staff trained by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| March | 200 | 200 |
| April | 929 | 1129 |
| May | 207 | 1336 |
| June | 431 | 1767 |
| July | 759 | 2526 |

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



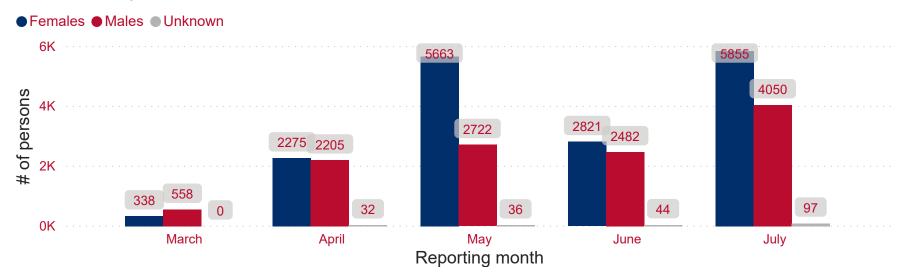


CV 2: Persons who received COVID-19-related training

of trainees by sex and by month

| Month | Females | Males | Unknown | Total trained | Cumulative trained |
|-------|---------|-------|---------|---------------|--------------------|
| March | 338 | 558 | 0 | 896 | 896 |
| April | 2275 | 2205 | 32 | 4512 | 5408 |
| May | 5663 | 2722 | 36 | 8421 | 13829 |
| June | 2821 | 2482 | 44 | 5347 | 19176 |
| July | 5855 | 4050 | 97 | 10002 | 29178 |
| Total | 16952 | 12017 | 209 | 29178 | |

trainees by sex



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

compliant of health facilities by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| March | 2 | 2 |
| April | 67 | 69 |
| May | 28 | 97 |
| June | 48 | 145 |
| July | 123 | 268 |

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

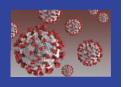
of health facilities reporting stock data by month

| Month | Health facilities |
|-------|-------------------|
| April | 617 |
| May | 675 |
| June | 677 |
| July | 687 |



Bangladesh

July



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

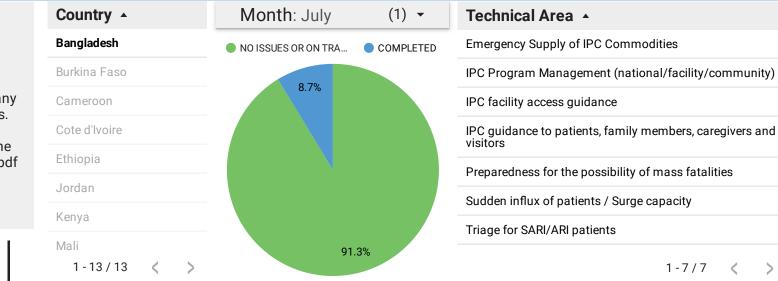
Report Filters

Ouick Guide:

Please Click and select both a Country and a Month.

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| Progress or | n Activities | | | |
|-------------|---|--|--|---|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Bangladesh | IPC guidance to patients, family members, caregivers and visitors | • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | • Adapted training materials | The draft training modules for health facility cleaners and ambulance drivers have been developed and pretesting is now completed. MTaPS is waiting for feedback from the Dvelopment Consortium (DP) to finalize them. MTaPS sensitized the Director General of Nursing and Midwives (DGNM) on IPC training for nurses. |
| Bangladesh | IPC guidance to patients, family members, caregivers and visitors | 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 | Pretesting of the training module on IPC for health facility cleaners and ambulance drivers is complete; 22 drivers and 66 cleaners participated in the two training events. |
| Bangladesh | IPC guidance to patients, family members, caregivers and visitors | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | There was no doctor training scheduled for July. |
| Bangladesh | Emergency Supply of IPC Commodities | Support to regular meetings with the national coordination mechanisms | After-action report | MTaPS had a coordination meeting with DGHS on 15th July at DGHS. The Additional Director General- Planning and Development, DGHS chaired the meeting. The objective of the meeting was to share MTaPS' COVID-19 activities in collaboration with DGHS, update the status of decisions from the first meeting, and decide on next steps. It was decided that DGHS will provide their feedback and suggestion on the guidelines of PPE shortage, the Distribution Strategy and Inventory Policy for COVID-19 Commodities, the Emergency Supply Chain Preparedness and Response Strategies, and the quantification tool within one-week. The USAID representative also presented at the meeting and gave his valuable opinions. MTaPS sensitized CMSD officials on SCMP and made enhancements to the COVID-19 SCMP, beard on the recommendations made by DCHS |

| | | | | Integrated Control Room (ICR) focal person. |
|------------|---|--|--|--|
| Bangladesh | Emergency Supply of IPC Commodities | Rapid emergency supply chain stakeholders mapping | • Rapid response strategy/plan | The COVID-19 Commodities Emergency Supply Chain Preparedness and Response Strategy has been shared with DGHS; MTaPS is waiting for their response. |
| Bangladesh | Emergency Supply of IPC Commodities | Rapid emergency supply chain preparedness assessment | Emergency response capacity assessment report with technical recommendations | This activity is completed; the deliverable is available in the Google Drive. |
| Bangladesh | IPC facility access guidance | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | • Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | Signage on COVID-19 triage for health facilities has been finalized and approved; the procurement process is ongoing. |
| Bangladesh | IPC facility access guidance | Conduct simulation exercise (table top, drill, functional or full-scale) | • Simulation exercise report | After installation of the signage in selected faciltiies, a simulation exercise will be conducted. An concept note was developed on the modality of carrying out this activity. |
| Bangladesh | IPC facility access guidance | 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 | 88 participants (76 male and 12 female) were trainied on the COVID-19 IPC training modules for ambulance drivers and cleaners. |
| 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/checklis t Job aid for key IPC element (incl IPC commodities lists) | Documents on emergency supply chain preparedness strategy, inventory management and distribution policy guidelines, and guidelienes on PPE shortage were presented at the second coordination meeting at DGHS. These documents are currently under review by DGHS. |
| 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 commodites stock status across the country. |
| Bangladesh | Emergency Supply of IPC Commodities | Conduct supportive supervision to ensuring adherence | Compliance tracking and reporting system | MTaPS technical team is keeping close contact with DGHS MIS Monitoring Team and Integrated Control Room Focal Person and providing necessary support on COVID-19 commodities stock tracking and reporting system. |

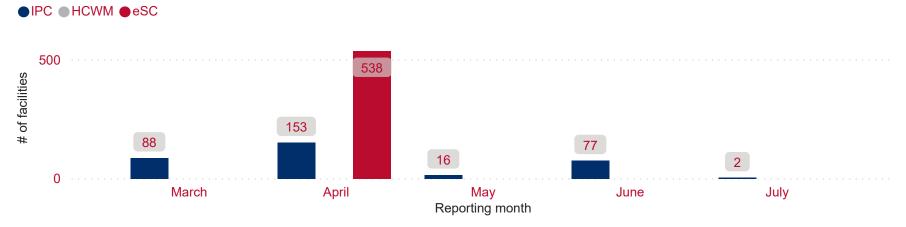
| Bangladesh | Emergency | Support/facilitate | After-action report | MTaPS held several meetings with an IT firm to |
|------------|--|--|--|---|
| Bangladesh | Emergency Supply of IPC Commodities | Define list of supplies and specification | After-action report | MTaPS is tracking WHO prescribed list of supplies and maintaining the same items in the SCMP reporting system. Whenever WHO or DGHS procure new items, MTaPS includes those in the SCMP. |
| Bangladesh | Preparedness for the possibility of mass fatalities | Provide training using existing training packages for COVID-19 | Adapted training materials | The background work has started. |
| Bangladesh | Triage for SARI/ARI patients | Assess and monitor compliance | Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | A decision has been taken to share the facility monitoring checklist in upcoming DP meetings with USAID for review. |
| Bangladesh | IPC Program Management (national/facilit y/community) | Strengthen facility COVID-19 IPC response coordination mechanism/task force | Coordination/task force mechanism | The MTaPS team is coordinating COVID-19- related issues and activities with the Development Partners (DP) consortium and governemnt counterparts through different pillar meetings. |
| Bangladesh | IPC Program Management (national/facilit y/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 | Triage is covered in the broader IPC training. |
| Bangladesh | IPC Program Management (national/facilit y/community) | Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels) | Emergency response capacity assessment report with technical recommendations | The final facility assessment report has been shared at the second coordination meeting. |
| 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 90%. Technical assistance has been provided to DGHS Integrated Cotrol Room officials in order to monitor the stock status of PPEs at different health facilities. |
| | _ | | | |

| | Commodities | exercises | | meetings included the participation of Excel quantification tool developer. The meetings discussed the parameters and fine tuning them according to the country context. The IT firm has given a tentative timeline of September 2020 to develop the tool and also shared a tentative outline of the software in the third meeting. This month, MTaPS also drafted TOR for a quantification technical sub-group. The subgroup will consist of relevant personnel from DGHS and key partners (MTaPS, WHO, UNICEF etc.). The first preliminary meeting has been planned for August 17, 2020. This month there was no procurement planning, therefore there was no quantification exercise. |
|------------|---|--|--|--|
| Bangladesh | Emergency Supply of IPC Commodities | Design agile distribution and inventory holding policy | • Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | An IT firm has been contracted out to enhance the existing system to cover COVID-19 commodities inventory management and to determine required quantity to be resupplied to facilities through automated system. A demo of the upcoming COVID 19 eLMIS was provided by the IT vendors. |
| Bangladesh | Sudden influx of patients / Surge capacity | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | • Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | Background work has started. The guidelines on PPE shortage has been drafted and shared with the MTaPS head office and the DGHS for review and feedback. |
| Bangladesh | IPC guidance to patients, family members, caregivers and visitors | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | • Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | A Bangla draft on IPC messages of COVID-19 for displaying at model pharmacies in Dhaka metropolitan city as well as Cox's Bazar City has been prepared and shared with the MTaPS Bangladesh COVID team. The team provided thier inputs for finalization. |
| Bangladesh | Sudden influx of patients / Surge capacity | Analyze systems and systemic dependencies | After-action report | Background work has started. MTaPS is identifying engineers as resource consultants to work on PPE decontamination. |

health facilities with staff trained by month

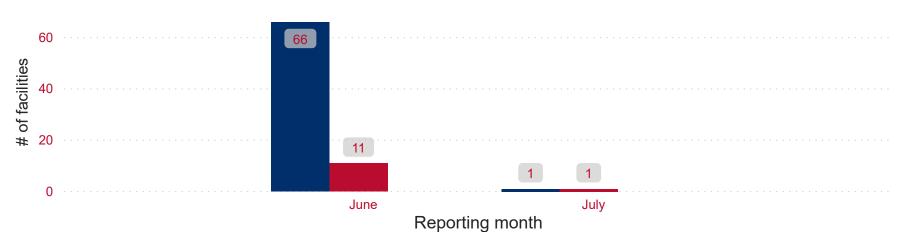
| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| March | 88 | 88 |
| April | 691 | 779 |
| May | 16 | 795 |
| June | 77 | 872 |
| July | 2 | 874 |

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

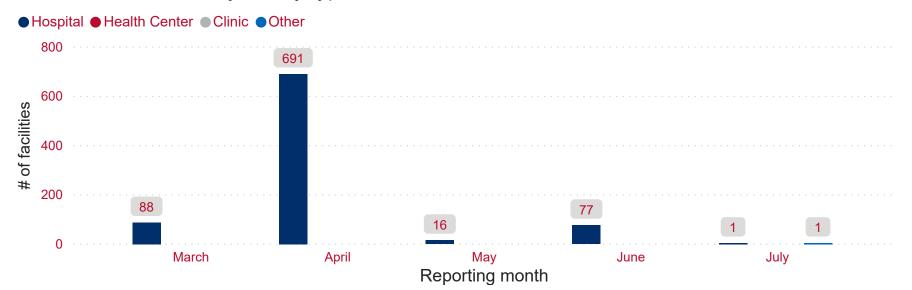


of facilities trained by ownership type

● Public ● Private for profit ● Private non-profit



of facilities trained by facility type



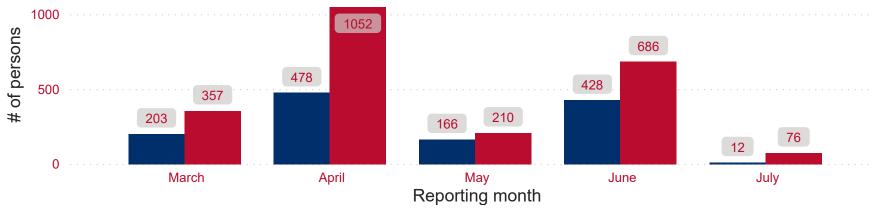
CV 2: Persons who received COVID-19-related training

of trainees by sex and by month

| Month | Females | Males | Total trained | Cumulative trained |
|-------|---------|-------|---------------|--------------------|
| March | 203 | 357 | 560 | 560 |
| April | 478 | 1052 | 1530 | 2090 |
| May | 166 | 210 | 376 | 2466 |
| June | 428 | 686 | 1114 | 3580 |
| July | 12 | 76 | 88 | 3668 |
| Total | 1287 | 2381 | 3668 | |

trainees by sex

● Females ● Males





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

of health facilities reporting stock data by month

| Month | Health facilities |
|-------|-------------------|
| April | 617 |
| May | 639 |
| June | 641 |
| July | 646 |



Burkina Faso

July

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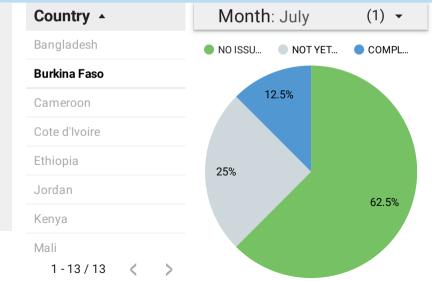
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IPC Program Management (national/facility/community)

IPC guidance to patients, family members, caregivers and visitors

Waste management

| Progress or | n Activities | | | |
|--------------|--|---|--|---|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Burkina Faso | IPC Program Management (national/facilit y/community) | Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance | Adapted training materials | |
| Burkina Faso | IPC Program Management (national/facilit y/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 | After the healthcare facilities assessment, MTaPS developed key messages for health workers to better inform the IPC actions to be taken. This contributes to improving the response to the COVID-19 spread in the country. MTaPS met with UNICEF to tie good working relationship in IPC and Breakthrough for needed communication action. In addition, the program also met with the Director of Communication of the Ministry (DCPM) of Health also member of the Communication Commission of the COVID-19 national coordination. |
| Burkina Faso | IPC Program Management (national/facilit y/community) | • Strengthen facility COVID-19 IPC response coordination mechanism/task force | • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | The MTaPS team developed terms of reference (ToRs) to establish a coordination mechanism between MTaPS consultants and other MTaPS partners in infection prevention and control and biomedical waste management. They also established a directory of partners to be able to get in touch with them anytime when needed. They also shared assessment reports and operational response plans with partners to better inform and avoid redundancies. |
| Burkina Faso | IPC Program Management (national/facilit y/community) | • Just-in-time IPC training | Emergency response capacity assessment report with technical recommendations | For just in time IPC training, MTaPS as part of the IPC thematic committee of the National Coordination Commission of COVID-19 supported training 96 focal points of the HIV active patients in IPC. They also trained 100 people in IPC from 04 CMA/CMU; conducted a rapid assessment of IPC in 04 CMA/CMU; developed IPC action plan in 04 CMA/CMU. |

MTaPS is discussing with the MOH their ability to host a Moodle platform for online courses on IPC and biomedical waste management.

For IPC and biomedical waste management activities across 35 health facilities this month, MTaPS trained to healthcare providers; monitored IPC and biomedical waste management; and developed/activated IPC Emergency Response Plans and Biomedical Waste Management.

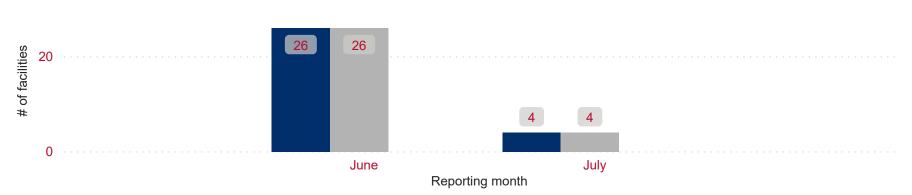
| IPC Program Management (national/facilit y/community) | Strengthen facility COVID-19 IPC response coordination mechanism/task force | • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | The MTaPS team shared assessment reports and operational response plans with partners. |
|---|---|---|---|
| IPC guidance to patients, family members, caregivers and visitors | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | The MTaPS consultants, in collaboration with WHO and African Union consultants, conducted supervision and sensitization trips to several schools in the city of Ouagadougou on the wearing of masks and hand washing and waste sorting. |
| Waste management | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | Adapted training materials | |
| 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 | |
| | Management (national/facilit y/community) IPC guidance to patients, family members, caregivers and visitors Waste management Waste | Management (national/facilit y/community) IPC guidance to patients, family members, caregivers and visitors Waste management Provide training using existing training packages for | Management (national/facilit y/community) PC guidance to patients, family members, caregivers and visitors PAdapt guidance for COVID-19 to Patients, family members, caregivers and visitors PAdapt guidance for COVID-19 to PAdapted training materials Provide training using existing training packages for COVID-19 by gender/position/type of |

health facilities with staff trained by month

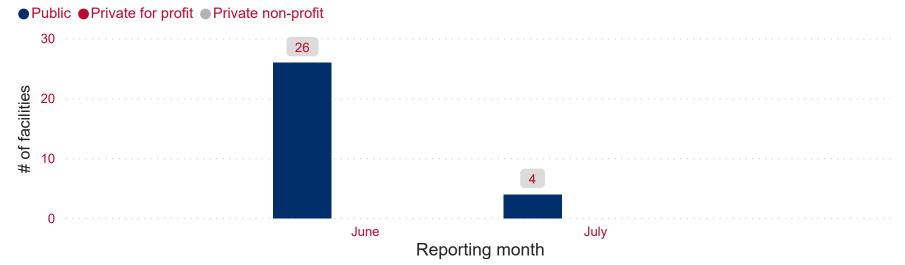
| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| June | 26 | 26 |
| July | 4 | 30 |

●IPC ●HCWM ●eSC

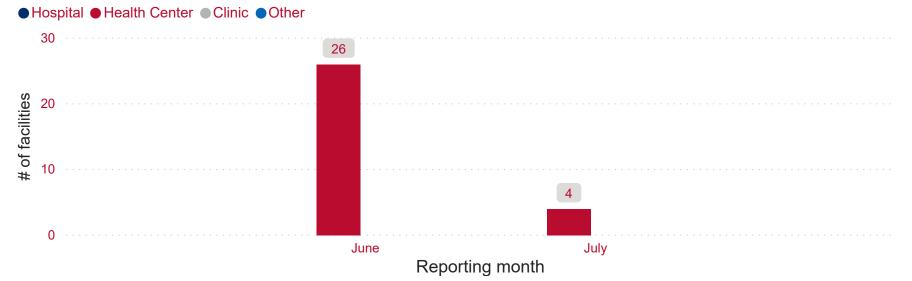
of health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



of facilities trained by ownership type



of facilities trained by facility type

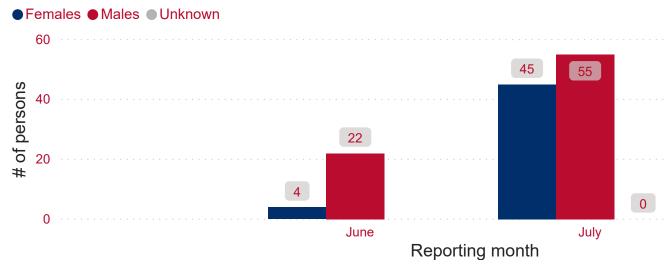


CV 2: Persons who received COVID-19-related training

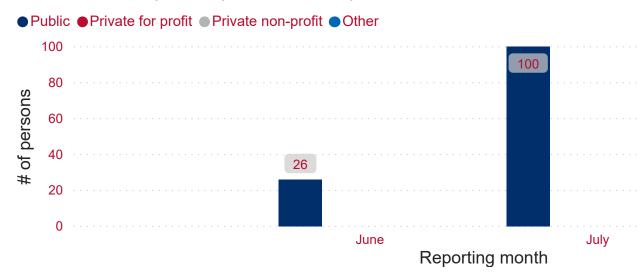
of trainees by sex and by month

| Month | Females | Males | Unknown | Total trained | Cumulative trained |
|-------|---------|-------|---------|---------------|--------------------|
| June | 4 | 22 | | 26 | 26 |
| July | 45 | 55 | 0 | 100 | 126 |
| Total | 49 | 77 | 0 | 126 | |

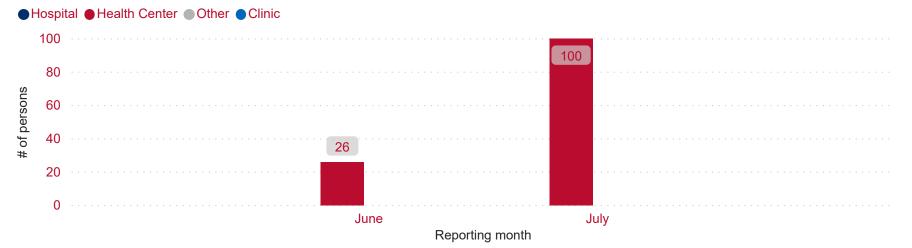
trainees by sex



of trainees by facility ownership type



of trainees by facility type





Cameroon

July

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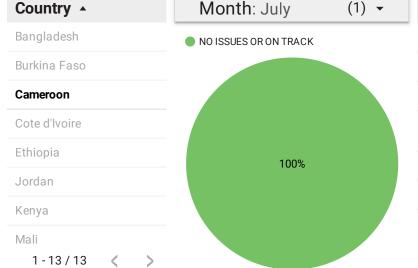
Report Filters



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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 or | n Activities | | | |
|-------------|---|--|--|---|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Cameroon | IPC Program Management (national/facilit y/community) | Support to regular meetings with the national coordination mechanisms | Coordination/task force mechanism | The government of Cameroon has decentralized COVID-19 response from the regional to the health district levels. MTaPS consultants (national and regional) have not only been attending COVID-19 response coordination meetings at the national and regional levels where they have been providing technical assistance in all aspects of IPC, including waste management, but have also been supporting IPC in assigned priority health districts. The consultant in the West region has been supporting COVID-19 response coordination meetings at the Foumbot and Foumban health districts. The consultant in the Littoral region participated in a meeting to evaluate the incident management system at the end of the fourth operational period. The consultant in the Southwest region technically supported the region to set up a Zoom platform for daily briefing meetings with the districts. One of the remarkable points this month has been the increasing advocacy to scale up training of health workers in IPC procedures in nonsupported MTaPS health facilities. The MTaPS office also organized a mid-term evaluation meeting of consultants' COVID-19 response activities with the support of the MTaPS headquarters whereby support methods and reporting were harmonized. |
| Cameroon | Application of COVID-19 Precautions by HCW, patients | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | The two additional regional MTaPS consultants were embedded into the regional COVID-19 response team. The consultant in the Southwest region supported the translation of COVID-19 related IPC training modules from French to English which he used to conduct just-in-time trainings in some health facilities in the region, given that most participants from this region are more comfortable in being trained in English. |
| Cameroon | Early recognition | Provide training using existing training packages for | Number of people trained in IPC for | MTaPS supported the daily transportation of 75 contact tracers in some priority health districts in |

| | | COVID-19 | gender/position/type of facility/community | of rapid response teams in IPC in the five regions initially scheduled for July has been posponed to August due to conflicting schedules. |
|----------|---|--|--|--|
| 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 | MTaPS supported the just-in-time training of 68 health care workers from four health facilities in the Southwest region. Two of the health facilities are public while the other two are private. Females represented 71% of the staff trained. The MTaPS consultant in the Southwest region also provided technical assistance in the IPC training of 71 members of the district management team from all 18 health districts of the region. This training was supported by WHO. |
| Cameroon | Application of COVID-19 Precautions by HCW, patients | • Assess and monitor compliance | • After-action report | Following the just-in-time IPC trainings of healthcare workers in health facilities in the five MTaPS-supported regions, the MTaPS consultants have started assessing and monitoring compliance in the health facilities using the WHO scorecards for COVID-19 related IPC assessment. Altogether, 10 health facilities have been evaluated this month with scores ranging from 33% to 79%. The consultants are supporting the health facilities to improve on their weaknesses. Some of the weaknesses include the absence of IPC committees in some of the health facilities, suboptimal triage, absence of some posters (hand hygiene) at the place of work. The next step will consist of addressing the above mentioned weeknesses. |
| 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 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/checklis t Job aid for key IPC element (incl IPC commodities lists) | MTaPS will be supporting the national COVID-19 task force and other relevant departments of the MOH to organize a workshop from August 18-20, 2020 to develop guidelines in the event of surge capacity. |
| Cameroon | Waste management | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | The MTaPS consultant in the South region participated in a working session with the regional IPC focal person, the Africa CDC and WHO consultant to adapt job aids for IPC focal persons including waste management staffs in health facilities in the region. The job aids were |

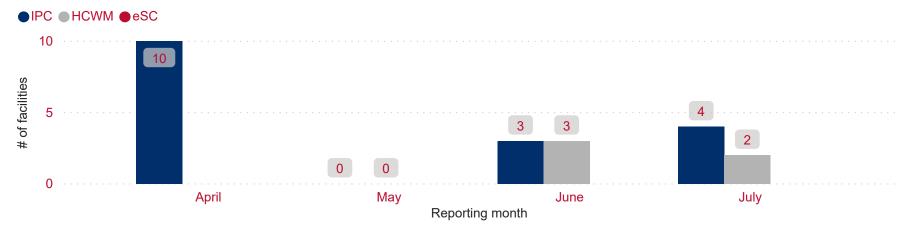
adapted from WHO COVID-19 toolkits.

| | | | | · |
|----------|---------------------|--|--|--|
| 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 supported the IPC training of 13 hygiene and sanitation staff in two COVID-19 treatment centers in the Southwest region. Females represented 61% of the staff trained. |

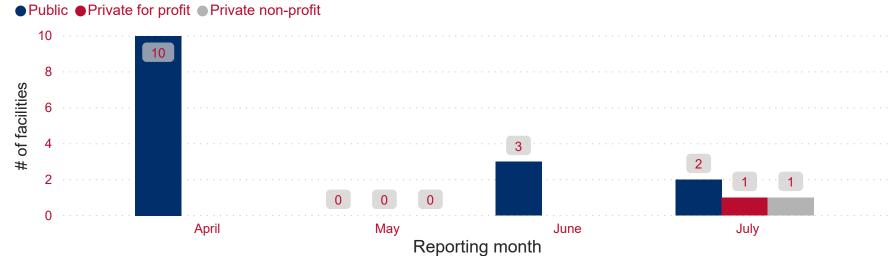
health facilities with staff trained by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| April | 10 | 10 |
| May | 0 | 10 |
| June | 3 | 13 |
| July | 4 | 17 |

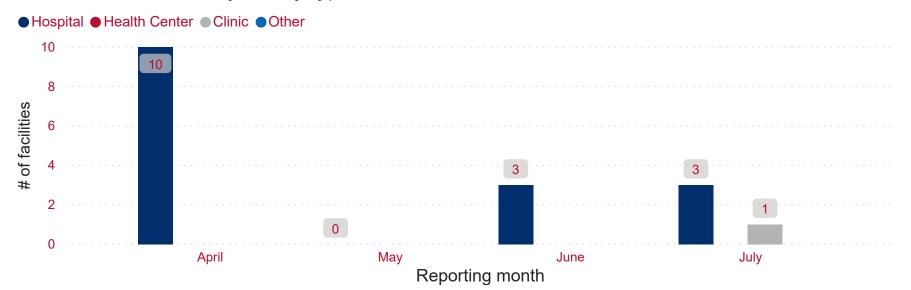
of health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



of facilities trained by ownership type



of facilities trained by facility type

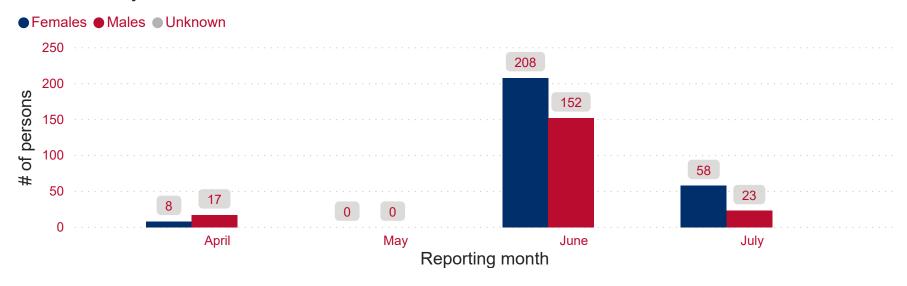


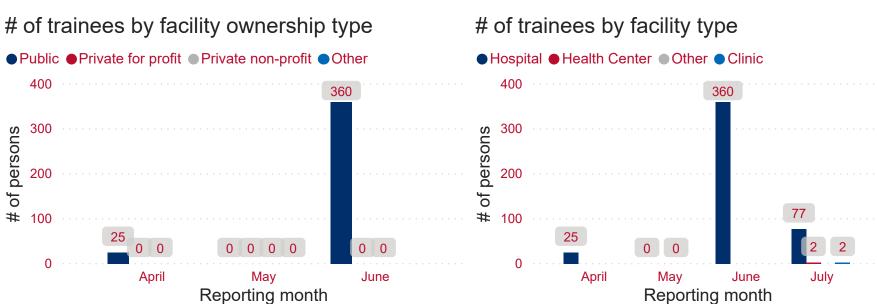
CV 2: Persons who received COVID-19-related training

of trainees by sex and by month

| Month | Females | Males | Unknown | Total trained | Cumulative trained |
|-------|---------|-------|---------|---------------|--------------------|
| April | 8 | 17 | | 25 | 25 |
| May | 0 | 0 | | 0 | 25 |
| June | 208 | 152 | | 360 | 385 |
| July | 58 | 23 | | 81 | 466 |
| Total | 274 | 192 | | 466 | |

trainees by sex





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

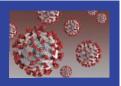
compliant of health facilities by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| July | 0 | 0 |



Ethiopia

July



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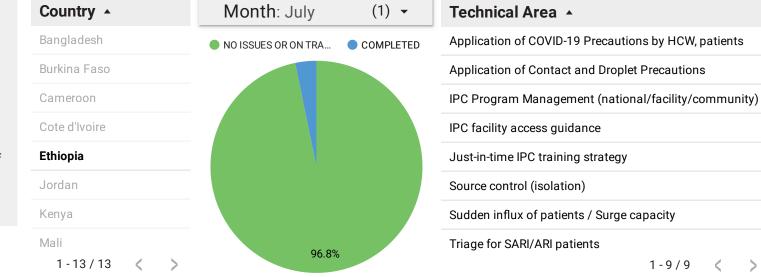
Report Filters

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.



| Progress on | Activities | | | |
|-------------|---|--|---|---|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Ethiopia | IPC Program Management (national/facilit y/community) | Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels) | • IPC Emergency preparedness and response capacity assessment report with technical recommendations | MTaPS conducted an assessment of IPC practices and setup at all quarantine sites in Addis Ababa, which includes source control (isolation), IPC facility access guidance, triage for SARI/ ARI patients, application of contact and droplet precautions, and waste management. The assessment was conducted in 9 quaratine sites in Addis Ababa. Results of the assessment revealed that there are improvements almost in all the sites assessed and gaps such as insufficient avaliability of face masks, improper use of PPE, and unavailability of screening service were identified for action. MTaPS collaborated with regional health bureaus in conducting IPC-WASH self-assessment. The collaboration include, provision of the assessment checklist and technical guidance to evaluate and monitor COVID-19 IPC practices. Technical support was provided to two quarantine centers, one health center, one hospital, one woreda health office and two zonal health department in conducting an assessment. Results of the assessment led to the following recomendations: - Focused to resources for IPC - Focused on triage and appropriate placement patients / respiratory isolation area - Provided onsite COVID-19 IPC training to HCWs (Metema Primary Hospital) - Established strong IPC focal person and IPC committee that monitor the HF IPC program regularly - Restrict of access of patients for non-essential visits - Established strong RRT team and strengthened the HF screening/triage system - Established COVID-19 surveillance process among HCWs |

| Ethiopia | IPC Program Management (national/facilit y/community) | Adapt existing Job Descriptions for IPC COVID-19 consultants | Job descriptions | This activity was completed in March. |
|----------|--|--|--|--|
| Ethiopia | IPC Program Management (national/facilit y/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 | MTaPS provided technical support to AACAHB IPC Case Management Team to develop regional COVID-19 temporary treatment center (TTC) human resource requirement protocol. MTaPS provided technical support for EPHI- PHEOC to revise the SOP for rational use of PPE (2nd version). (SOP attached as deliverable, see the link): https://drive.google.com/drive/folders/1DoDti5q CkYFz9hAYINu7LyV0OhOeHFTH |
| Ethiopia | IPC Program Management (national/facilit y/community) | • Strengthen facility COVID-19 IPC response coordination mechanism/task force | • Coordination mechanism | MTaPS technically supported the the AACAHB to develop a draft COVID-19 patient home care guideline. MTaPS also supported the AACAHB to develop assessment tool for the purpose of measuring the rational use of PPEs among health professionals and support (auxiliary) staffs in COVID-19 care facilities in Addis Ababa. The program also provided technical support to one hospital in Amhara region on proper hygiene practices among patients and healthcare workers and given soft copy national COVID-19 guideline, quarantine manual and different SOPs. |
| Ethiopia | IPC Program Management (national/facilit y/community) | Training on screening of travelers at Points of Entry/POE (focusing on formal and informal ground crossings and small local/regional airports) in the context of COVID-19 outbreak using existing guidelines | • Number of people trained at POE for COVID-19 screening by gender/position/POE | MTaPS provided two rounds of training on COVID-19 IPC for 30 (21 male and 9 female) healthcare workers that have come from 13 prison health institutions in Amhara region. |
| Ethiopia | Application of COVID-19 Precautions by HCW, patients | Provide training using existing training packages for COVID-19, including e-learning | Number of people trained in IPC for COVID-19 by gender/position/type of facility | MTaPS trained on COVID-19 IPC to 11 health professionals (4 females and 7 males), working at Yekatit 12 hospital. The training packages included topics on standard precautions. MTaPS consultants at EPHI provided technical support for 24 Defense and Police Health staffs (14 male |

| training. |
|--|
| As a result of MTaPS' technical support to the health facilities in Amhara region, the following changes are observed: - Improvement in proper hand washing practice with soap and water - Improvement in compliance to use standard and transmission based precautions among HCWS |
| - HCWs improved to implement the WHO five movements of hand hygiene - Patients avoid contact with people who are sick |

| | | | | tranning. |
|----------|--|---|--|---|
| Ethiopia | Application of COVID-19 Precautions by HCW, patients | Oversee the implementation | • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | As a result of MTaPS' technical support to the health facilities in Amhara region, the following changes are observed: - Improvement in proper hand washing practice with soap and water - Improvement in compliance to use standard and transmission based precautions among HCWS - HCWs improved to implement the WHO five movements of hand hygiene - Patients avoid contact with people who are sick - Improvement in avoidance of touching eyes, nose, mouth with unwashed hands among patients and staffs - Improvement in maintaining social distancing among patients, staffs and other visitors MTaPS collaborated with EPHI to assess the rational use of PPE and level of protection against COVID-19 among health workers and support staff working in 14 COVID-19 treatment centers in Addis Ababa. Results of the assessment revealed that 34% of HCWs and 36% support staff were overprotected, 62% HCWs and 53% support staff were fully protected, and 4% HCWs and 11% support staff were partially protected. Changes also include: - Improvement in screening/triage of COVID-19 suspected cases at facility level - Patients and staffs improved to take precaution measures while coughing / sneezing (cover mouth with tissue or sleeve) - Improvement the culture of using face mask among patients and staffs - Patients started report their illness before visiting the HF (by staying at home or near the |
| Ethiopia | Source control (isolation) | Adapt guidance/ SOPs along existing WHO guidance for Covid-19 | • Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | MTaPS conducted an assessment of IPC practices and setup at all quarantine sites in Addis Ababa, which includes source control (isolation). |
| Ethiopia | Source control (isolation) | Provide training using existing | Training report with information regarding | MTaPS trained 11 health professionals (4 females and 7 males), working at Yekatit 12 |

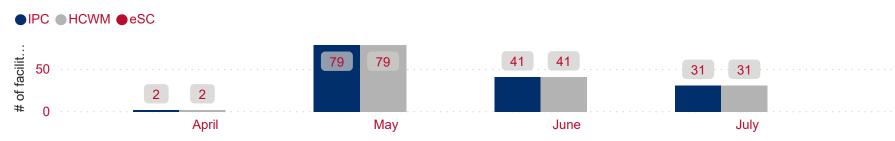
| | | training packages for Covid-19; apply e- learning wherever this is feasible. | number of people trained in IPC for COVID-19 by gender/position/type of facility/community | hospital, on COVID-IPC. The training packages included topics on source control. During the month, MTaPS supported various trainings using the existing training package for COVID-19, where a total of 741 health professionals (486 male and 255 female) attended the events and source control is one component of the training package. |
|----------|--|--|---|--|
| Ethiopia | Source control (isolation) | • Oversee the implementation | • Implementation report | MTaPS helped orient of 21 Addis Ababa police and Information Network Security Agency (INSA) workers in source control. |
| Ethiopia | Source control (isolation) | Assess and monitor compliance | Compliance tracking and reporting system | MTaPS conducted an assessment of IPC practices and setup at all quarantine sites in Addis Ababa, which includes source control (isolation), IPC facility access guidance, triage for SARI/ ARI patients, application of contact and droplet precautions, and waste management. |
| Ethiopia | IPC facility access guidance | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | The asssessment of IPC practices and setup used at all quarantine sites in Addis Ababa includes IPC facility access guidance. |
| 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 provided training on COVID-19 IPC to 11 health professionals (4 females and 7 males), working at Yekatit 12 hospital. The training packages included topics on IPC facility access guidance. During the month, MTaPS supported various trainings using the existing training package for COVID-19, where a total of 741 health professionals (486 male and 255 female) attended the events and IPC facility access is one component of the training package. |
| Ethiopia | IPC facility access guidance | Assess, oversee implementation and monitor compliance | Compliance tracking and reporting system | The asssessment of IPC practices and setup used at all quarantine sites in Addis Ababa includes IPC facility access guidance. |
| Ethiopia | Just-in-time IPC training strategy | Develop training strategy and schedule | Training strategy document and training schedule | MTaPS supported EPHI in developing training schedules and selection of trainees. |
| Ethiopia | Just-in-time IPC training strategy | Provide training using existing training packages for COVID-19 | Training report with information regarding number of people trained in IPC for COVID-19 by | MTaPS provided two rounds of training on COVID-19 IPC for 30 (21 male and 9 female) healthcare workers that have come from 13 prison health institution in Amhara region. In collaboration with Amhara Public Health |

| | | | gender/position/type of facility/community | Institute, MTaPS provided COVID-19 IPC TOT training TOT to 50 (48 male and 2 female) public health emergency management (PHEM) and curative officers working at woreda level. MTaPS supported onsite COVID-19 IPC training to 197 HCWs (135 male and 62 female) and 81 supportive staff (20 male and 51 female) working at Metema hospital in Amhara region. |
|----------|--|--|--|--|
| Ethiopia | Just-in-time IPC training strategy | Oversee implementation | • Implementation report | MTaPS conducted observation visits to quarantine centers and provided feedback. |
| Ethiopia | Just-in-time IPC training strategy | Assess and monitor compliance | Compliance tracking and reporting system | MTaPS conducted observation visits to quarantine centers and provided feedback. |
| Ethiopia | Sudden influx of patients / Surge capacity | Develop plans and strategies following existing guidelines | • Surge capacity plan/MoU/MoA for resource-sharing | MTaPS helped organize the newly established community treatment center at Addis Ababa sport academy. This will support the Yeka Kotebe hospital COVID-19 treatment center holding those mild/moderate and asymptomatic cases (it has a capacity of 250 beds to manage and care). |
| | | | | MTaPS conducted a COVID-19 IPC preparedness and response assessment at Bole Lemi Industry park. (Report attached as deliverable, see the link): https://drive.google.com/drive/folders/1FafYf6 ZEcOOMGwVMgLHFfNjuMl-hZrpE |
| | | | | MTaPS provided technical support in the North Shewa zone, Amhara region, to prepare one elementary school as COVID-19 quarantine center, due to influx of cases. |
| F+hionio | Criddon inflint | - Adapt quidanas/ | - | MTaDC ausported the EDI II DI IEOC in developing |

health facilities with staff trained by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| April | 2 | 2 |
| May | 79 | 81 |
| June | 41 | 122 |
| July | 31 | 153 |

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



CV 2: Persons who received COVID-19-related training

of trainees by sex and by month

| Month • | Females | Males | Unknown | Total trained | Cumulative trained |
|------------|---------|-------|---------|---------------|--------------------|
| March | 3 | 12 | 0 | 15 | 15 |
| April | 54 | 71 | 0 | 125 | 140 |
| May | 142 | 170 | 0 | 312 | 452 |
| June | 44 | 184 | 0 | 228 | 680 |
| July | 255 | 486 | 0 | 741 | 1421 |
| Total | 498 | 923 | 0 | 1421 | |

trainees by sex



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

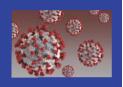
compliant of health facilities by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| April | 2 | 2 |
| May | 4 | 6 |
| June | 10 | 16 |
| July | 26 | 42 |



Jordan

July



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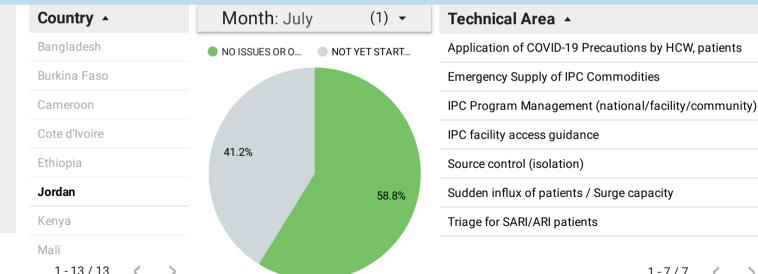
Report Filters

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| Progress o | n Activities | | | |
|------------|--|---|--|--|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Jordan | IPC Program Management (national/facilit y/community) | • Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels) | Emergency response capacity assessment report with technical recommendations | MOH endorsement to start assessment and training of targeted hospitals was been received on July 28. The proposed approach to assess hospitals' preparedness has been also approved. The assessment tool ("scorecard") was adapted to Jordan context with support from consultants and will be shared with the MOH for endorsement. The schedule for assessment visits at the hospitals, paired with the training sessions has been endorsed by the MOH. Each consultant is assigned to assess a group of hospitals where he/she will be also conducting the training sessions and follow-up visits to ensure the capacity building is tailored based upon results of the assessments and can be adjusted, as needed. A workshop with all consultants and MTaPS country staff to practice the training modules and assessment tools, harmonize and fine-tune the content to be delivered to hospitals, and mitigate any remaining questions in preparation for the implementation phase is scheduled for early next month. |
| Jordan | IPC Program Management (national/facilit y/community) | Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | Adpated training modules have been reviewed by subject matter expert at the home office to integrate the most recent COVID-19 scientific evidence on IPC precautions and program management. Posters and other communication materials were drafted/designed in Arabic and will be submitted to MOH for approval. |
| Jordan | IPC Program Management (national/facilit y/community) | • Strengthen facility COVID-19 IPC response coordination mechanism/task force | Coordination/task force mechanism | MTaPS continued regular communication and coordination with the MOH IPC Department and the Epidemiological Committee (i.e., national Covi-19 task force) to which the MTaPS senior consultant is a member. MTaPS also continues coordination with other USAID implementing partners working on the COVID-19 response, i.e., LHSS and HSD Projects and the Private Hospital |

ASSOCIATION (FINA). THE NEED TO SUPPORT additional 14 private hospitals included on the "Medical Tourism" Program was discussed through this coordination and agreed by USAID. Neighboring countries are facing more severe COVID-19 epidemics comparing to Jordan which has been affecting the provision of health services to their population, such as cancer treatment and hemodialysis. As an alternative, patients are seeking care on the private hospital network in Jordan. This movement represent a risk of bringing "imported" COVID-19 cases to these hospitals and, if not adequately identified and contained, it can potentially introduce the novel coronavirus in the communities. Therefore, strengthening IPC measures on these private hospitals is critical to prevent the worsening of the epidemiological situation of COVID-19 in the country through this route. Additionally, the support to medical tourism is considered MOH priority on the fight against COVID-19 in Jordan.

It was agreed in a meeting with the PHA that the MTaPS technical support planned for the MOH/RMS hospitals are applicable to the private hospitals for IPC. Based upon the logistic details gathered during the meeting, MTaPS will prepare the required additional budget for further USAID approval.

If there are implications for our program, can you mentions results/conclusions? See changed paragraph above

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 weekly meetings with the IPC consultants for alignment with the operational planning while ensuring they receive the necessary guidance to deliver harmonized quality support and training. Training modules have been reviewed and adapted with support from the consultants by integrating the required national guidance and latest international evidence to avoid conflicting messages. Customized modules for Jordan context discussing necessary precautions for hospitals concerning "Medical Tourism Program" and "COVID-19 IPC precautions at Dialysis units" were added.

Jordan

Application of COVID-19

 Oversee the implementation Status reports by key IPC element

Activity not yet started.

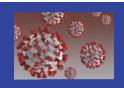
| | HCW, patients | | (supervision, IPC performance, supplies, etc.) | |
|--------|------------------------------------|--|--|---|
| Jordan | Source control (isolation) | • Just-in-time IPC training | • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community | Training modules were reviewed and adapted with support from IPC consultants and MTaPS HQ experts. Specific module on PPE use was added based on a knowledge gap identified by the MOH. A worksheet with 12 different real-life examples was also developed be used during the training to capacitate HCWs conducting a risk assessment and decide the appropriate PPE accordingly. |
| 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 | Training modules were reviewed and adapted with support from IPC consultants and MTaPS HQ experts, including new material specifically developed for Jordan context discussing necessary precautions for hospitals concerning "Medical Tourism Program" and "COVID 19 IPC precautions at Dialysis units". |
| Jordan | IPC facility access guidance | Oversee the implementation | Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | Activity not yet started. |
| 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 | Training modules were reviewed and adapted with support from IPC consultants and MTaPS HQ experts, including new material specifically developed for Jordan context discussing necessary precautions for hospitals concerning "Medical Tourism Program" and "COVID-19 IPC precautions at Dialysis units". |
| 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 | Training modules were reviewed and adapted with support from IPC consultants and MTaPS HQ experts, including new material specifically developed for Jordan context discussing necessary precautions for hospitals concerning "Medical Tourism Program" and "COVID-19 IPC precautions at Dialysis units". |
| Jordan | Emergency Supply of IPC Commodities | • Support/facilitate quantification exercises | Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | PSM consultants along with MTaPS country staff have visited MOH PSM Directorate several times to establish coordination, analyze the current SOPs, perform a rapid gap analysis and draft a report. PSM consultants have also evaluated the PSM cycle at hospitals' level by communicating with the pharmacy managers at Al-Basheer and Prince Hamza) Hospitals, both priority for MTaPS support. A follow-up workshop with the PSM Directorate and MTaPS team will be organized early next month to present the results of the gap analysis, agree on priority activities for MTaPS support and immediate next steps. |
| Jordan | Emergency Supply of IPC Commodities | Identify quick supply chain response time for immediate availability of COVID- 19 commodities at treatment sites | • Guideline/SOP/checklis t 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 weekly meetings with the PSM consultants for alignment on the operational planning while ensuring they receive the necessary guidance to deliver harmonized quality technical support. Rapid assessment of the MOH PSM electronic system was conducted through meetings and visits, and findings will be discussed with PSM directorate on a workshop early next month. Implementation of MTaPS quantification tool has been discussed with PSM directorate and needs for adaptation to fit the MOH context will be identified. |



Kenya

July



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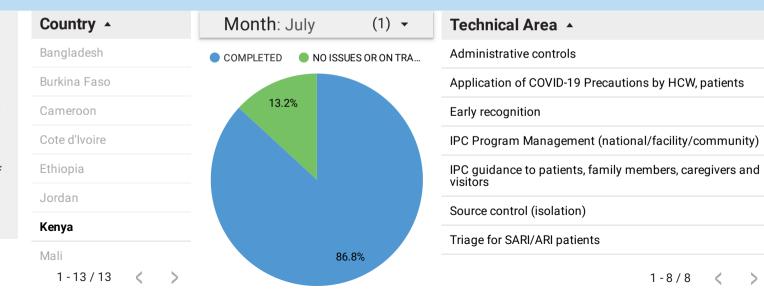
Report Filters

Ouick 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.



| Progress o | n Activities | | | |
|------------|--|---|--|--|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Kenya | IPC Program Management (national/facilit y/community) | Strengthen county/ facility COVID-19 IPC response coordination mechanism/task force | • Coordination/task force mechanism | MTaPS 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. Linkages with county IPC coordination mechanisms were enhanced. |
| Kenya | IPC Program Management (national/facilit y/community) | Adapt existing Job Descriptions for IPC COVID-19 | Rapid response strategy/plan | MTaPS participated and supported review and update guidance documents on donning and doffing flow charts and a poster on disinfection using chlorine solution. |
| Kenya | IPC Program Management (national/facilit y/community) | Assess compliance with requirements | • Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | MTaPS supported MoH to develop a standardized checklist for conducting a health facility preparedness assessment in order to identify underperforming areas and institute corrective actions. Orientations were also done to over 30 county IPC coordinators from over 20 counties on use of the tool. |
| Kenya | IPC Program Management (national/facilit y/community) | Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance | • Adapted training materials | All targeted materials have been updated. However, MTaPS continues receiving feedback on existing materials for minor updates. |
| Kenya | IPC Program Management (national/facilit y/community) | • Provide training in IPC management | Number of people trained in IPC for COVID-19 by gender/position/type of facility | MTaPS conducted IPC training of for 34 private sector healthcare workers. |
| Kenya | IPC Program Management (national/facilit y/community) | Conduct simulation exercise (table top, drill, functional or full-scale) | • Simulation exercise report | The training of health workers from the private sector, conducted in collaboration with the Kenya Healthcare Federation, had practical demonstrations. The 34 master trainers were taken through these practical demonstrations. |
| Kenya | Triage for | • Adapt guidance/ | • | MTaPS continues to provide technical inputs in |

| | SARI/ARI patients | SOPs along existing WHO guidance for COVID-19 | t Job aid for key IPC element (incl IPC commodities lists) | the ongoing review of various guidelines, based on some of the feedback provided by various users of the guidelines. |
|-------|------------------------------------|--|--|---|
| 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 34 participants from the private sector 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 supported MoH to develop a standardized checklist for conducting a health facility preparedness assessment in order to identify underperforming areas and institute corrective action. Orientations were also done to over 30 county IPC coordinators from over 20 counties on use of the tool. |
| Kenya | Triage for SARI/ARI patients | Assess and monitor compliance | Compliance tracking and reporting system | MTaPS supported MoH to develop a standardized checklist for conducting a health facility preparedness assessment in order to identify underperforming areas and institute corrective action. Orientations were also done to over 30 county IPC coordinators from over 20 counties on use of the tool. |
| Kenya | Early recognition | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 | • Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | MTaPS continues to provide technical inputs in the ongoing review of various guidelines, based on some of the feedback provided by various users of the guidelines. |
| 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 34 participants from the private sector were trained on IPC. |
| Kenya | Early recognition | Conduct simulation exercise (table top, drill, functional or full-scale) | • Simulation exercise report | The training of health workers from the private sector, conducted in collaboration with the Kenya Healthcare Federation, had practical demonstrations. The 34 master trainers were taken through these practical 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 |

| | g | | (supervision, IPC performance, supplies, etc.) | to standard precautions by HCWs. MTaPS plans to support selected health facilities to apply the MoH facility preparedness tool. |
|-------|---|--|--|---|
| Kenya | Early recognition | Assess and monitor compliance | Compliance tracking and reporting system | MTaPS supported MoH to develop a standardized checklist for conducting a health facility preparedness assessment in order to identify underperforming areas and institute corrective action. Orientations were also done to over 30 county IPC coordinators from over 20 counties on use of the tool. |
| Kenya | Application of COVID-19 Precautions by HCW, patients | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | MTaPS continues to provide technical inputs in the ongoing review of various guidelines, based on some of the feedback provided by various users of the guidelines. |
| 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 34 participants from the private sector 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 of health workers from the private sector, conducted in collaboration with the Kenya Healthcare Federation, had practical demonstrations. The 34 master trainers were taken through these practical 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. MTaPS plans to support selected health facilities to apply the MoH facility preparedness tool. |
| Kenya | Application of COVID-19 Precautions by HCW, patients | Assess and monitor compliance | Compliance tracking and reporting system | MTaPS supported MoH to develop a standardized checklist for conducting a health facility preparedness assessment in order to identify underperforming areas and institute corrective action. Orientations were also done to over 30 county IPC coordinators from over 20 counties on use of the tool. |
| Kenya | Source control (isolation) | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | MTaPS continues to provide technical inputs in the ongoing review of various guidelines, based on some of the feedback provided by various users of the guidelines. |
| | | | | |

| 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 34 participants from the private sector were trained on IPC. |
|-------|-------------------------------|--|--|--|
| Kenya | Source control (isolation) | Conduct simulation exercise (table top, drill, functional or full-scale) | • Simulation exercise report | The training of health workers from the private sector, conducted in collaboration with the Kenya Healthcare Federation, had practical demonstrations. The 34 master trainers were taken through these practical 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. MTaPS plans to support selected health facilities to apply the MoH facility preparedness tool. |
| 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.) | All targeted materials have been updated. However, the program continues receiving feedback on existing materials for minor updates. |
| 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 MOH on ongoing review for guidance on improving IPC services within quarantine facilities. |
| 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 34 participants from the private sector 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. MTaPS plans to support selected health facilities to apply the MoH facility preparedness tool. |
| Kenya | Administrative controls | Assess and monitor compliance | Compliance tracking and reporting system | MTaPS supported MoH to develop a standardized checklist for conducting a health |

| Kanya | Macta | · Oversee the | · Status raparta by kay | MTaDS continued to promote use of MaU |
|-------|----------------------------|--|--|---|
| 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 34 participants from the private sector were trained on IPC. Further, through a CME, over 98 workers were reached during a webinar for the National Nurses Association of Kenya, focusing on mental health, psychosocial support and medical wase management. |
| Kenya | Waste management | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 | • Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | MTaPS continues to provide technical inputs in the ongoing review of various guidelines, based on some of the feedback provided by various users of the guidelines. |
| Kenya | Administrative controls | Analyze results to inform IPC related preparedness planning | • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | MTaPS supported the MoH in collaboration with other partners to conduct follow up on health workers exposed to COVID-19 who had a positive PCR test. This exercise aims at identifying gaps and sections that may have led to the exposure and link the health workers to psychosocial support. The information will also inform the health worker guideline review to avert preventable exposures of HCWs to COVID-19. |
| Kenya | Administrative controls | Conduct simulation exercise (table top, drill, functional or full-scale) | Simulation exercise report | The training of health workers from the private sector, conducted in collaboration with the Kenya Healthcare Federation, had practical demonstrations. The 34 master trainers were taken through these practical demonstrations. |
| | | • | | facility preparedness assessment in order to identify underperforming areas and institute corrective action. Orientations were also done to over 30 county IPC coordinators from over 20 counties on use of the tool. |

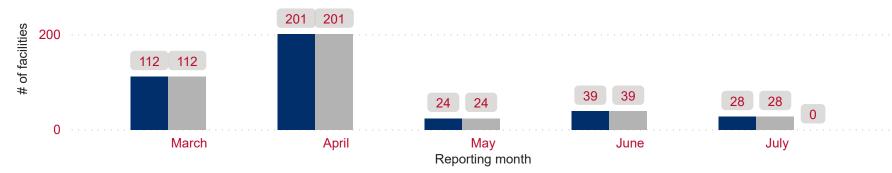
CV 1: MTaPS-supported health facilities whose staff received COVID-19-related IPC training

health facilities with staff trained by month

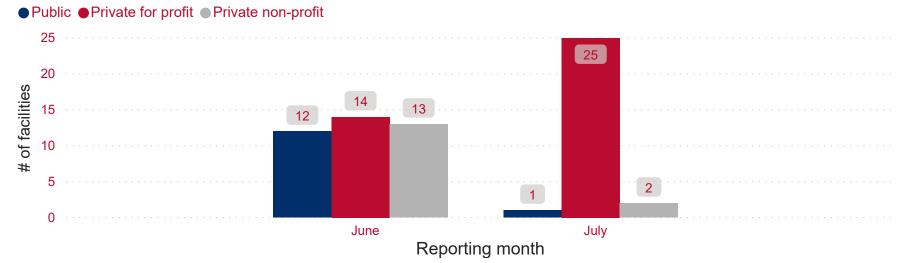
| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| March | 112 | 112 |
| April | 201 | 313 |
| May | 24 | 337 |
| June | 39 | 376 |
| July | 28 | 404 |

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

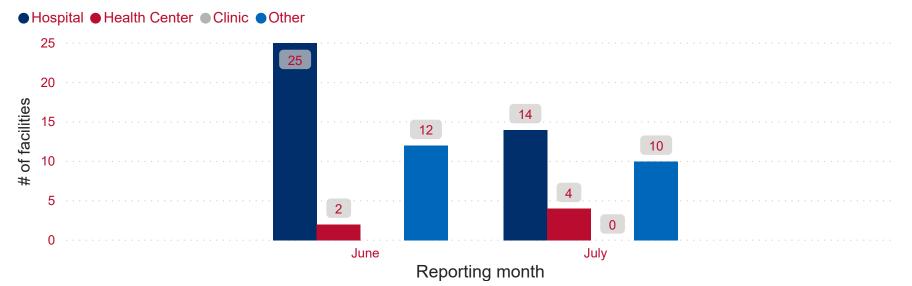




of facilities trained by ownership type



of facilities trained by facility type



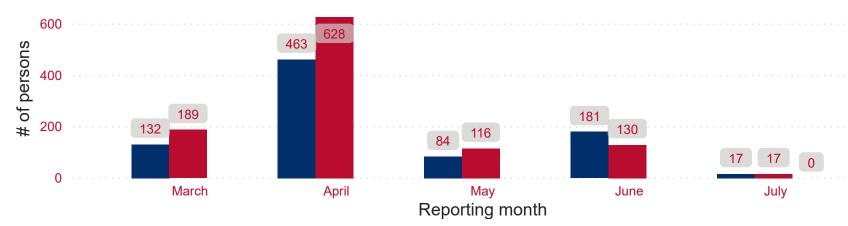
CV 2: Persons who received COVID-19-related training

of trainees by sex and by month

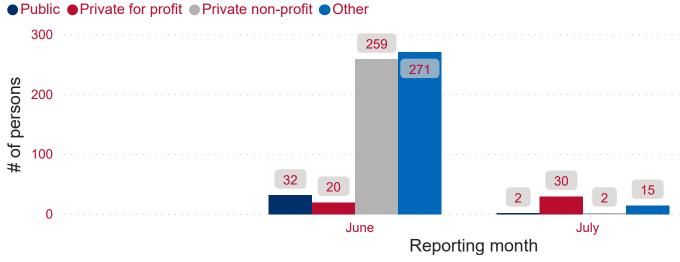
| Month | Females | Males | Total trained | Cumulative trained |
|-------|---------|-------|---------------|--------------------|
| March | 132 | 189 | 321 | 321 |
| April | 463 | 628 | 1091 | 1412 |
| May | 84 | 116 | 200 | 1612 |
| June | 181 | 130 | 311 | 1923 |
| July | 17 | 17 | 34 | 1957 |
| Total | 877 | 1080 | 1957 | |

trainees by sex

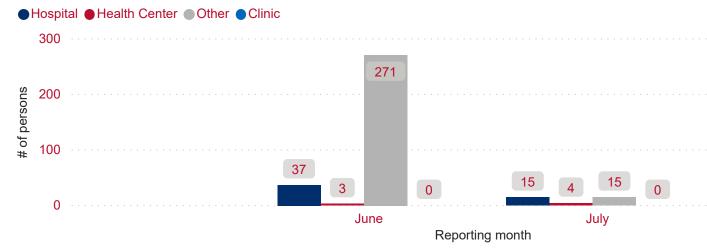




of trainees by facility ownership type



of trainees by facility type



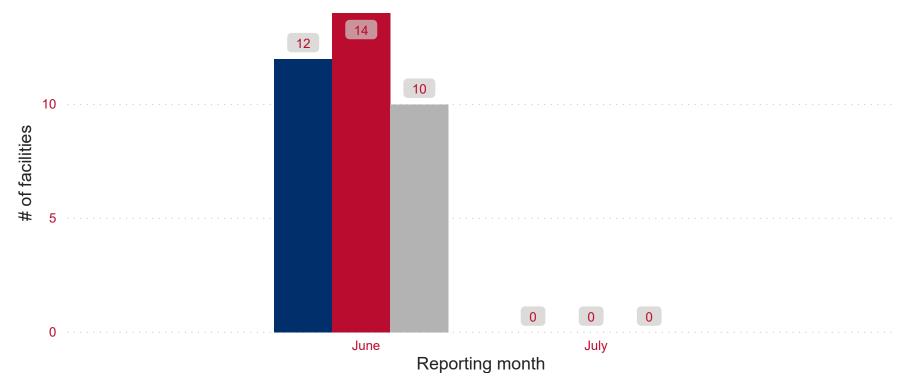
CV 3: MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

compliant of health facilities by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| March | 2 | 2 |
| April | 65 | 67 |
| May | 11 | 78 |
| June | 36 | 114 |
| July | 0 | 114 |

of compliant facilities by ownership type

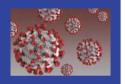






Mali

July



Contact for any Questions and Clarifications: mtaps-hgcovid19@mtapsprogram.org

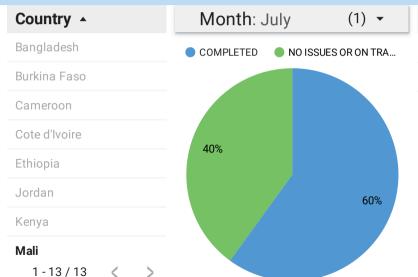
Report Filters

Ouick Guide:

Please Click and select both a Country and a Month.

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Technical Area

Application of COVID-19 Precautions by HCW, patients

IPC Program Management (national/facility/community)

| Progress o | n Activities | | | |
|------------|--|--|--|--|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Mali | 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 | This activity is completed. |
| Mali | 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 | This activity is completed. |
| Mali | IPC Program Management (national/facilit y/community) | Assess and monitor compliance | • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | MTaPS supported the Mali hospital and the Kalabancoro referral health center to set up IPC committees, assess IPC with tools (IPCAF and scorecard) and develop IPC action plans. Establishing of IPC committees will continue in August 2020 in the 10 other facilities identified by the MTaPS project, in collaboration with the IPC national sub-committee in Bamako and in the regions of Kayes, Koulikoro and Sikasso. |
| Mali | IPC Program Management (national/facilit y/community) | • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | Adapted training materials | MTaPS provided technical and financial support to the Directorate General of Health and Public Hygiene (DGSHP) in collaboration with WHO, the World Vision, Terre des Hommes (Tdh), ICRC, IntraHealth, HRH 2030, the National Hospital Assessment Agency (ANEH), the National Institute of Public Health (INSP) of the CHU Point G, the Luxembourg Mother Hospital, the Bamako Dermatological Hospital and the Mali, to develop IPC-COVID19 training materials for surface technicians, morgue officers and ambulance drivers in health establishments in Mali. This workshop was organized from July 7-9, 2020 in Bamako. At the end of the workshop, nine training modules and a facilitator guide were produced by the working groups. These training materials will help build the capacity of actors in the field to prevent COVID-19 and other infactions appointed with health age in health |

facilities. These developed training modules will be used to train surface technicians, mortuary workers and ambulance attendants in health facilities supported by MTaPS.

This activity is now completed.

Mali IPC Program Management

Management (national/facilit y/community)

 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 IPC-COVID-19 training for surface technicians, morgue officers and ambulance drivers will be done after the establishingIPC committees in health facilities identified by MTaPS which will end in August 2020.

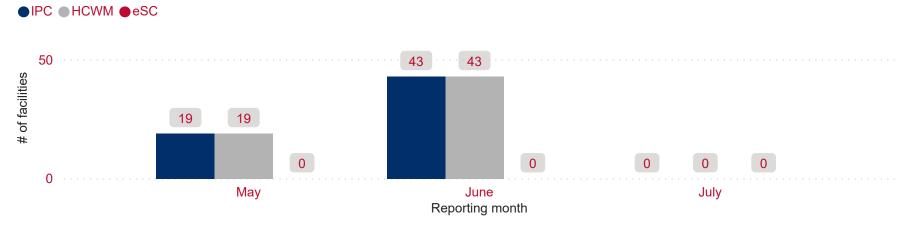
Members of the IPC committees supported by MTaPS will be facilitators during the training of surface technicians, which will take place in September 2020

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

health facilities with staff trained by month

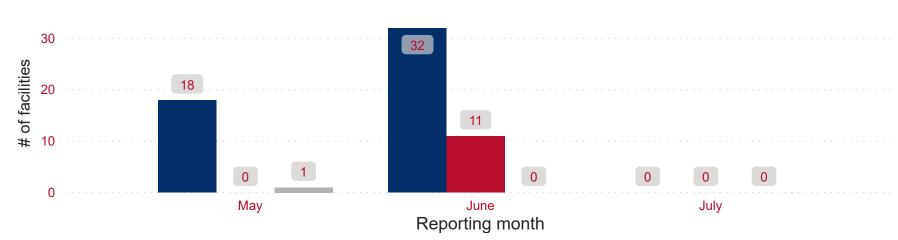
| Month | Health facilities | Cumulative (health facilities) ▼ |
|-------|-------------------|----------------------------------|
| May | 19 | 19 |
| June | 43 | 62 |
| July | 0 | 62 |

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

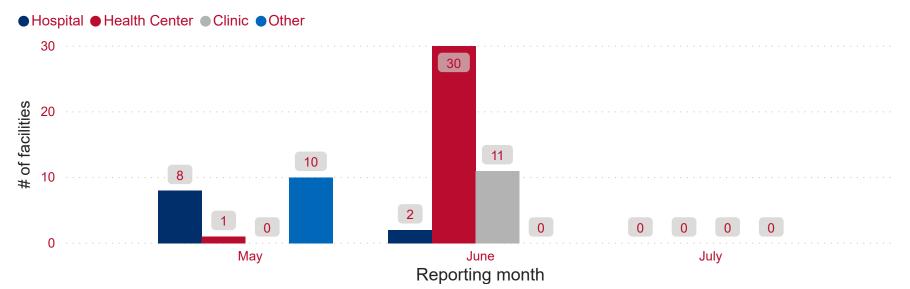


of facilities trained by ownership type

● Public ● Private for profit ● Private non-profit



of facilities trained by facility type

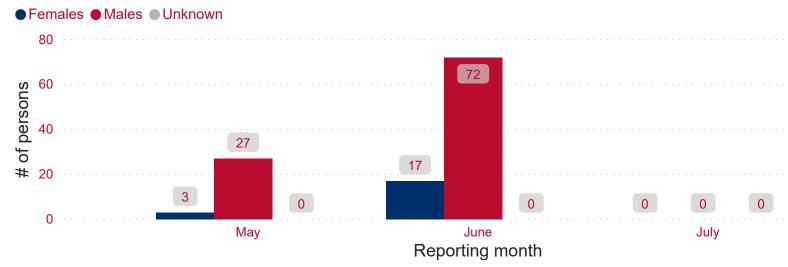


CV 2: Persons who received COVID-19-related training

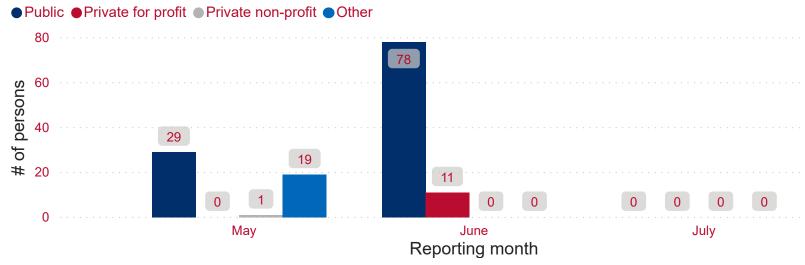
of trainees by sex and by month

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

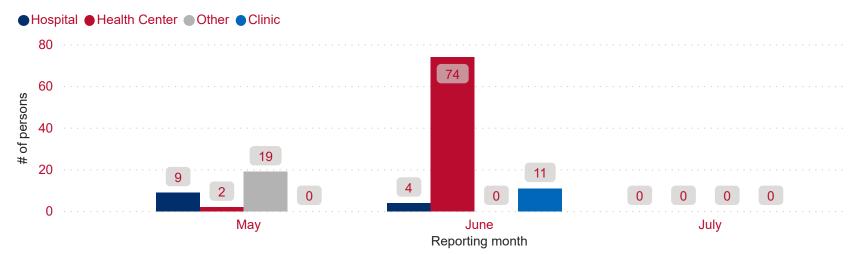
trainees by sex



of trainees by facility ownership type



of trainees by facility type

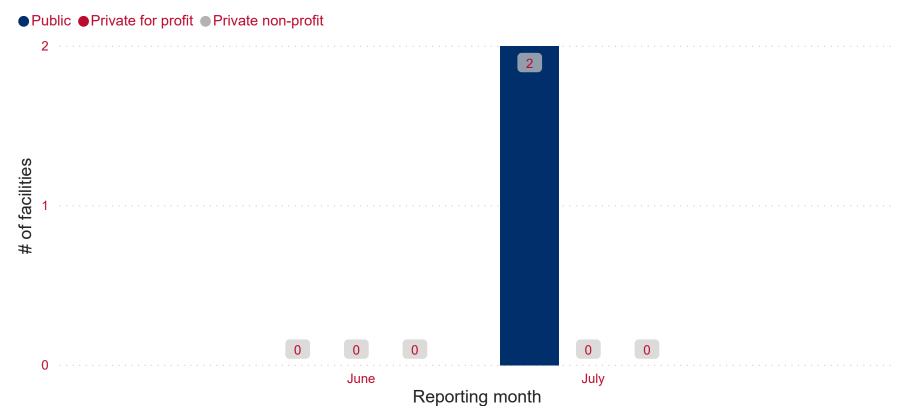


CV 3: MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

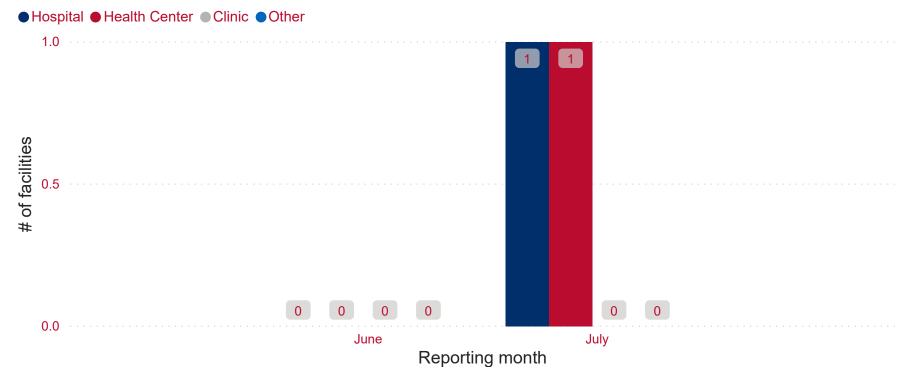
compliant of health facilities by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| June | 0 | 0 |
| July | 2 | 2 |

of compliant facilities by ownership type



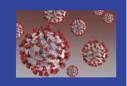
of compliant facilities by facility type





Mozambique

July



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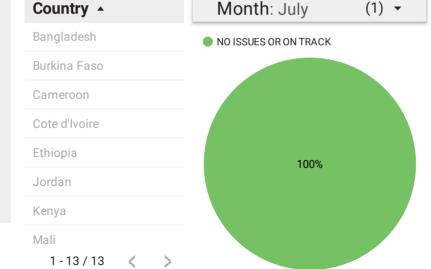
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Technical Area

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 or | n Activities | | | |
|-------------|--|--|--|---|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Mozambique | IPC Program Management (national/facilit y/community) | • Strengthen facility COVID-19 IPC response coordination mechanism/task force | Coordination/task force mechanism | MTaPS recruited one case management consultant to strengthen the coordination of activities at the national level. IPC Consultants were formally introduced in their respective provinces and at national level to join central and provincial teams. They participated in 17 COVID-19 related coordination meetings at national, provincial and municipal levels to discuss replication of trainings, compliance of CICOVs (COVID-19 attention centers) and corrective actions, needs for informative materials to health facilities and reports. MTaPS consultants also participated in an online training on piloting of IPC checklist. Approval letter to request use of COVID-19 e-learning platform was submitted to MOH. |
| Mozambique | Application of COVID-19 Precautions by HCW, patients | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | MTaPS consultants participated in a coordination meeting to review the COVID-19 Information, Education and Communication (IEC) materials. Consultants collected information on the needs of SOPs, protocols and guidelines at health facilities. Procurement for printing of 3,600 copies of materials to be disseminate to 78 priority health facilities is ongoing. |
| 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 consultants along with MOH staff have led training replication activities in 10 provinces with 2,142 health workers (66% female) capacitated this month in 57 health facilities and 2 Provincial Health Directorate (DPS) countrywide. An assessment was conducted in 14 CICOVs (COVID-19 attention centers) and 5 health facilities are in compliance with COVID-19 IPC standards. Training for Zambezia province will start early next month. |
| 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 | MTaPS consultants along with MOH staff have led training replication activities in 10 provinces with 2,142 health workers (66% female) capacitated this month in 57 health facilities |

| | | | raciiity/community | countrywide. Assessment was conducted in 14 CICOVs (COVID-19 attention centers) and 5 health facilities are in compliance with COVID-19 IPC standards. Training for Zambezia province will start early next month. |
|------------|---|---|--|---|
| Mozambique | IPC guidance to patients, family members, caregivers and visitors | • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | MTaPS consultants participated in a coordination meeting to review the COVID-19 Information, Education and Communication (IEC) materials. Consultants collected information on the needs of SOPs, protocols and guidelines at health facilities. Procurement for printing of 3,600 copies of materials to be disseminate to 78 priority health facilities is ongoing. |
| Mozambique | Sudden influx of patients / Surge capacity | • Just-in-time IPC training | • Surge capacity plan/MoU/MoA for resource-sharing | IPC assessment was conducted in 14 CICOVs (COVID-19 attention centers) and 5 health facilities are in compliance with COVID-19 IPC standards. Lack of Information, Education and Communication (IEC) materials and lack of PPE were identified as causes that have contributed to lower scores. MTaPS consultants along with the health facilities managers have planned and implemented corrective activities to address the identified gaps, including tailoring upcoming training sessions and supportive supervisory visits. |
| Mozambique | Application of COVID-19 Precautions by HCW, patients | • Oversee the implementation | Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | The IPC scorecard was used during assessment visits to 14 health facilities, i.e., Hospital Rural de Vilanculos, Hospital Geral de Jangamo (Inhambane); Hospital Geral da Polana Canico, Hospital Central de Maputo, Hospital Geral Jose Macamo (Maputo City); Hospital Psiquiatrico de Chissui (Manica), Centro de Saude Numero 2 (Tete); Hospital Rural de Chinavane, Hospital Provincial de Maputo, Centro de saude Matola 1, Centro de saude Machava Bedene (Maputo Provincia); Hospital Provincial de Lichinga, Centro de Saude de Nomba, and Centro de Saude de Lichinga (Niassa). In general, the health facilities are missing communication material, such as SOPs and implementation of administrative measures to comply with IPC standards. Plans for material acquisition and performance improvement were designed for each health facility. |

| 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 consultants along with MOH staff have led training replication activities in 10 provinces with 2,142 health workers (66% female) capacitated this month in 57 health facilities and 2 Provincial Health Directorate (DPS) countrywide. Assessment was conducted in 14 CICOVs (COVID-19 attention centers) and 5 health facilities are in compliance with COVID-19 IPC standards. Training for Zambezia province will start early next month. |
|------------|---|--|--|---|
| Mozambique | Emergency Supply of IPC Commodities | • Develop emergency supply chain preparedness and response strategy throughout the distribution network | • Rapid response strategy/plan | A new PSM consultant was recruited as the previous one could no longer travel to Mozambique. The consultant was introduced to CMAM and attended two TWG meetings, i.e., the Procurement and Supplies and the Logistics. A proposed strategy was shared with CMAM with USAID participation and the need for consultant participation in other two TWGs, i.e., the DNAM (distribuition plan) and the DPC (quantification) was identified. First contacts with both groups were conducted. MTaPs will serve as a pivot for DNAM and DPC TWGs with CMAM and support sharing of CMAMs information for decision making. |
| Mozambique | Emergency Supply of IPC Commodities | Apply/adapt simple operating procedures and tools for the management of ordering, issuing, distributing, receiving, rational utilization | Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | Translation of MTaPS quantification tool is in ongoing and it will be shared with the different TWG to facilitate the next quantification process. Mapping of CICOVs (COVID-19 attention centers) was developed. Current COVID-19 distribution system is following the normal distribution process. Talks with CMAM are ongoing to identify whether a fast track system can be set as the majority of the CICOVs are in the same city where the provincial warehouses are located. |
| Mozambique | Application of COVID-19 Precautions by HCW, patients | Provide training using existing training packages for COVID-19 | • Adapted training materials | All IPC training modules were reviewed, translated into Portuguese and adapted to Mozambique context with support from consultants and MTaPS HQ experts. A meeting with the MOH IT department will be conducted yearly next month to agree on the requirements and process to enable the e-learning platform for COVID-19. |
| Mozambique | Emergency Supply of IPC Commodities | Support/facilitate quantification exercises | • After-action report | Translation of quantification tool is ongoing to be shared with all TWGs for comments. The tool will support the next quantification processs. A consultant is currently supporting CMAM and |

DPC with quantification update, analysis of identified gaps, and providing different scenarios to the MoH for further submision of forecasting figures to the National Assembly for approval.

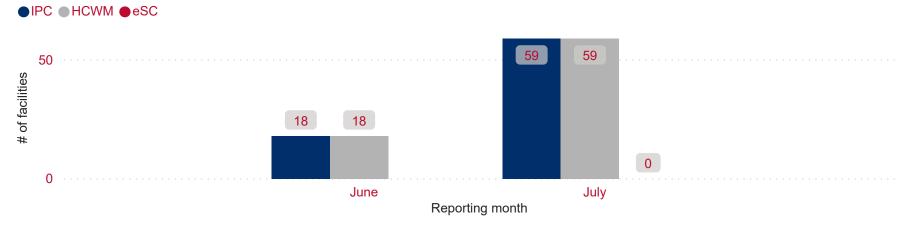
Mozambique IPC Program Management (national/facilit y/community) Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels) Emergency response capacity assessment report with technical recommendations MTaPS consultants participated in a coordination meeting with the MOH where the Electronic Admission Form for COVID-19 developed by MISAU, WHO and other partners was discussed, and the need to be piloted before dissemination was agreed. Three groups for monitoring of quality services at CICOVs were created and MTaPS will be part of the group 2, covering Gaza, Inhambane and Tete provinces. The terms of references for the monitoring groups were drafted during the meeting for further endorsement by partners. MTaPS consultants also participated in discussions on COVID-19 testing in order to respond to the current shortage of tests.

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

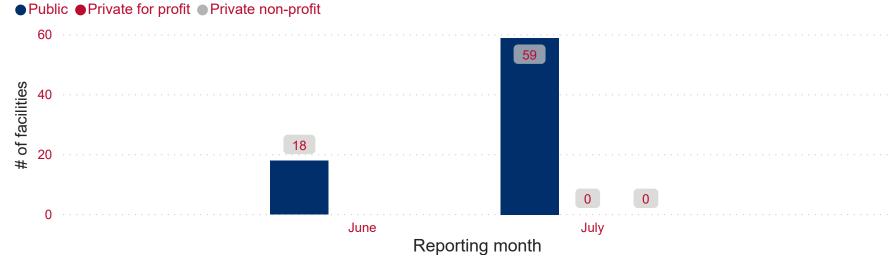
health facilities with staff trained by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| June | 18 | 18 |
| July | 59 | 77 |

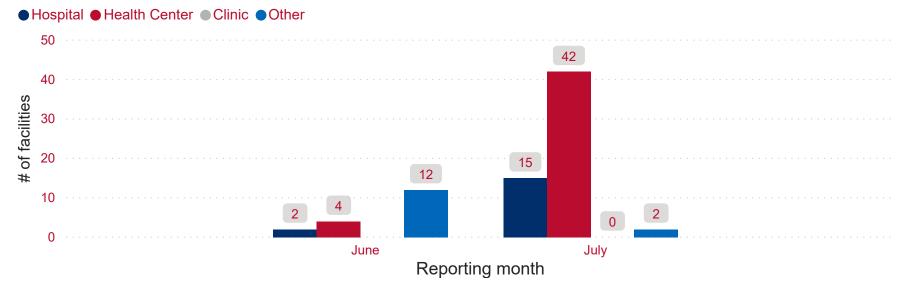
of health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



of facilities trained by ownership type



of facilities trained by facility type

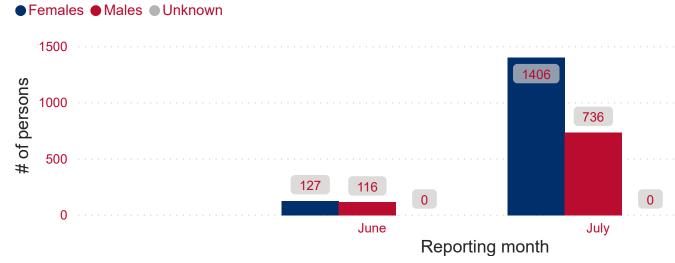


CV 2: Persons who received COVID-19-related training

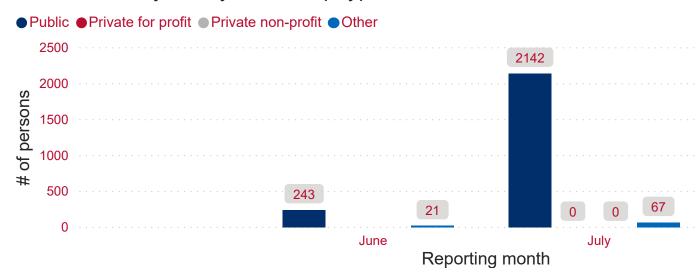
of trainees by sex and by month

| Month | Females | Males | Unknown | Total trained | Cumulative trained |
|-------|---------|-------|---------|---------------|--------------------|
| June | 127 | 116 | 0 | 243 | 243 |
| July | 1406 | 736 | 0 | 2142 | 2385 |
| Total | 1533 | 852 | 0 | 2385 | |

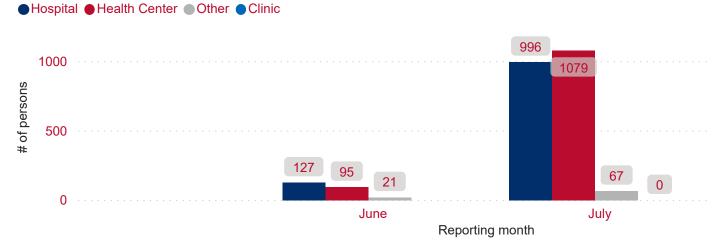
trainees by sex



of trainees by facility ownership type



of trainees by facility type

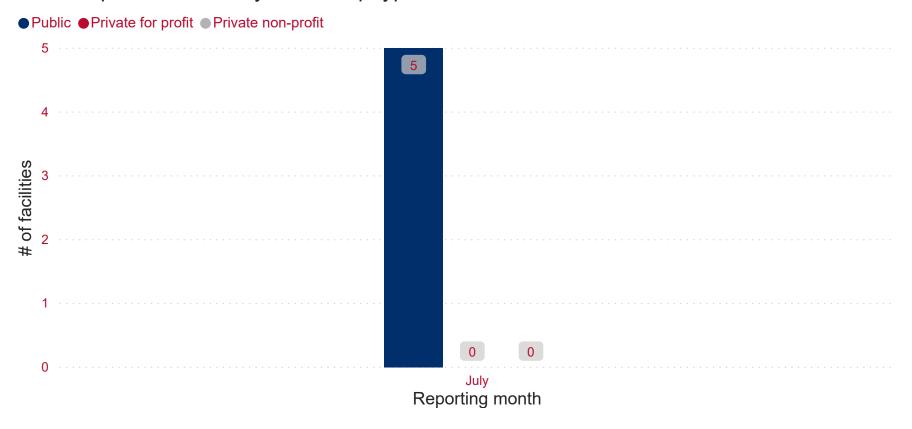


CV 3: MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

compliant of health facilities by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| July | 5 | 5 |

of compliant facilities by ownership type



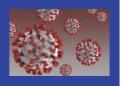
of compliant facilities by facility type





Philippines

July



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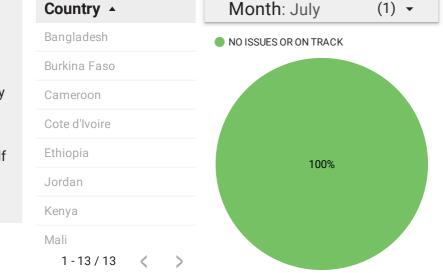
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Technical Area

Waste management

Emergency Supply of IPC Commodities

IPC Program Management (national/facility/community)

Infection Prevention and Control

1-4/4

| Progress or | n Activities | | | |
|-------------|--|--|--|---|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| 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 offacilities and people trained in IPC, and adhering to gudelines for Covid-19 by gender/position/type of facility/community | For the reporting month (July 2020), 967 health care workers were trained on IPC, for a cumulative total of HCWs of 7,369 (since April 6, 2020). |
| Philippines | Infection Prevention and Control | Assess and monitor compliance | Compliance reports by key IPC element (internal monitoring, IPC performance, supplies, triaging etc.) | Thirteen (6 private and 7 public) hospitals were visited to assess IPC compliance. Of the 13 of hospitals, one public hospital did not meet IPC standard requirements. These IPC deficiencies are in the areas of: (i) administrative system, (ii) IPC practices, (iii) screening, triage and isolation, and (iv) patient management and transport. Results of facility assessments and recommendations to improve compliance are discussed at the end of each hospital visit. |
| 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 July, 1,168 health care workers participated in our HCWM webinars. The cumulative total trained in HCWM is now 4,087 since April 30, 2020. |
| Philippines | Waste management | Assess and monitor compliance | Waste management compliance report | Thirteen (6 private and 7 public) hospitals were visited to assess IPC compliance. Of the 13 of hospitals, one public hospital did not meet IPC standard requirements. These IPC deficiencies are in the areas of: (i) administrative system, (ii) IPC practices, (iii) screening, triage and isolation, and (iv) patient management and transport. Results of facility assessments and recommendations to improve compliance are |

discussed at the end of each hospital visit.

| | | | | • |
|-------------|---|--|---|--|
| Philippines | Emergency Supply of IPC Commodities | Identify and map COVID-19 treatment centers as last-mile distribution points | Rapid response strategy/plan | The SCM Team of USAID-MTaPS started visiting target hospitals to gather information about their supply operations. Using the SCM assessment tool, gaps were identified and recommendations formulated. Initial information gathered was considered in the finalization of forecasting tool and Supply Management Tracking System. Point persons from target hospitals will be closely coordinated with to ensure smooth flow of supplies and information within the supply chain network. |
| Philippines | Emergency Supply of IPC Commodities | Support/facilitate quantification exercises | Forecast demand of IPC and PPE for identified priority facilities | MTaPS held a meeting with an MSH staffer and WHO consultants who assisted the DOH in its PPE quantification. The objective is to create a (PPE) distribution tool for the Supply Management Tracking System, which leverages the currently available data. The MSH expert initiated the drafting of the tool and the MTaPS team provided inputs on the tool to fit the formula based on the communicated needs for the Supply Management Tracking System. Follow through meetings will be scheduled to validate the assumptions used and to involve key people from the DOH in this activity. |
| 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 | COVID 19 Supply Management Tracking System is built to serve as medium in order to gather information about HR status, stock status and consumption as basis of computing stock requirements at the facility level. It was presented to and approved by the National Incident Command on July 9, 2020. Thereafter, the Task Group on Resource Management and Logistics suggested to facilitate a pilot run to selected facilities and gather suggestions before its nationwide implementation. The DOH, together with the Office of the Civil Defense and USAID-MTaPS. identified facilities that will be involved in the system's pilot run. DOH were able to complete the directory and put all pilot facilities on board on July 24, 2020. Orientation and training to pilot hospitals were facilitated by DOH KMITS and USAID-MTaPS on July 28. 2020. Pilot run will be implemented between July 28 to August 6, 2020. |
| Philippines | Emergency Supply of IPC | Conduct training on SOPs | Training reports showing number of | One hundred forty-six people participated in fou SCM webinars conducted in July. The |

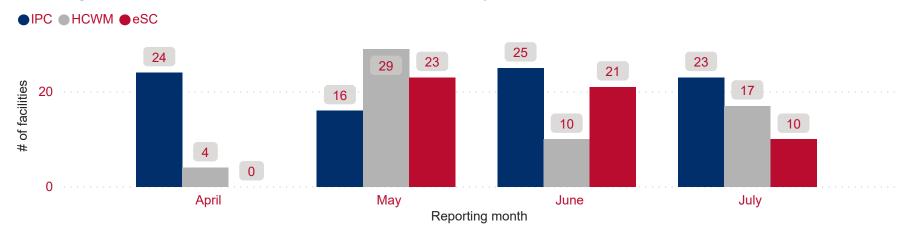
| | Commodities | | people trained in IPC for Covid-19 by gender/position/type of facility/community | cumulative total of SCM participants is now 1,504 (since May 13, 2020). |
|-------------|--|---|---|---|
| Philippines | Emergency Supply of IPC Commodities | Conduct supportive supervision to ensuring adherence | Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | The original timeline for the pilot and nationwide implementation of Supply Management Tracking System which aimed to fall within July was not achieved due to delays incurred during coordination of DOH with pilot hospitals. The pilot run started during the fourth week of July and is set to end during the first week of August. During the pilot run of the system, initial suggestions/comments were gathered to ensure data on procurement, donation, distribution and utilization are captured efficiently. This information will serve as parameters during decision making at the national level. Nationwide implementation is set to be facilitated during the second week of August. |
| 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.) | The National Commodity Dashboard, through the data collection app (bed tracker), continuously provides stock status of facilities responding to COVID-19 while the Supply Management Tracking System is still on its pilot run. USAID-MTaPS collaborated with the supply section of Office of the Civil Defense and selected hospitals in order to further improve report generation of the Supply Management Tracking System and ensure seamless functionality of each module in the system. |
| Philippines | IPC Program Management (national/facilit y/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: MTaPS-supported health facilities whose staff received COVID-19-related IPC training

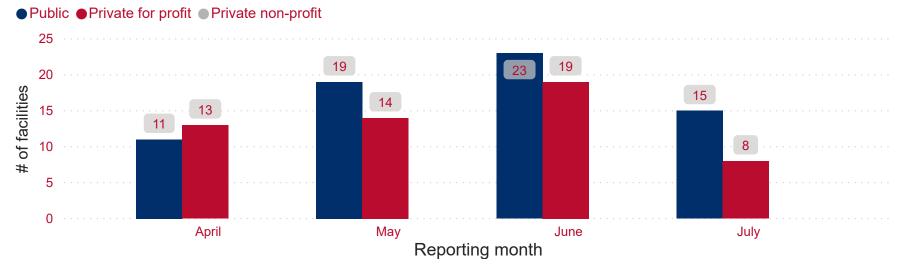
health facilities with staff trained by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| April | 24 | 24 |
| May | 33 | 57 |
| June | 42 | 99 |
| July | 23 | 122 |

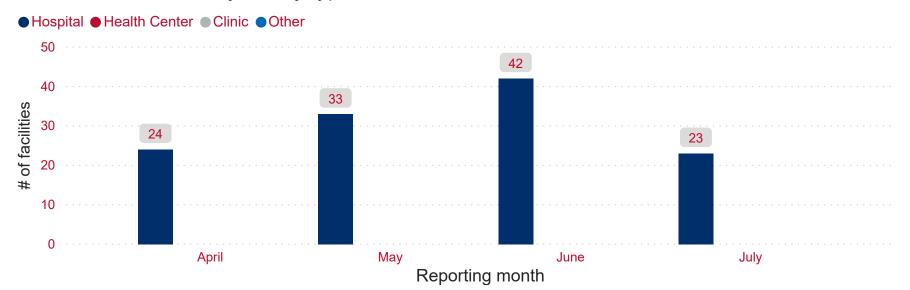
of health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



of facilities trained by ownership type



of facilities trained by facility type

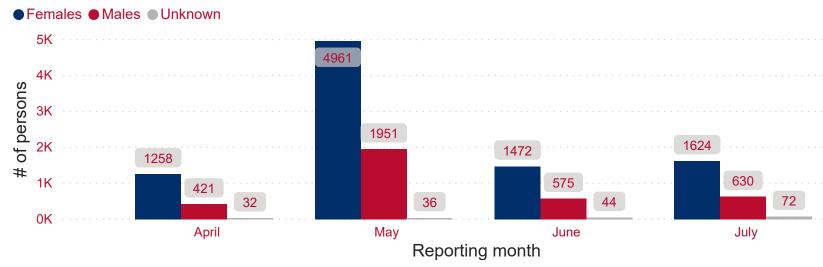


CV 2: Persons who received COVID-19-related training

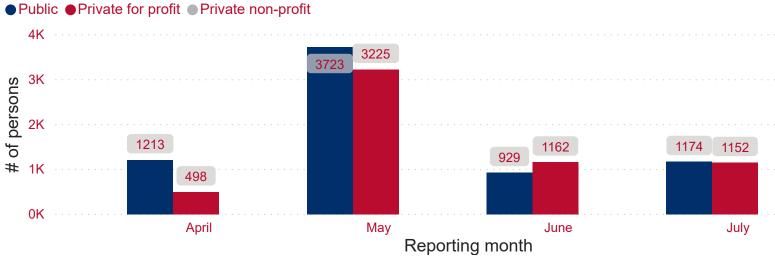
of trainees by sex and by month

| Month | Females | Males | Unknown | Total trained | Cumulative trained |
|-------|---------|-------|---------|---------------|--------------------|
| April | 1258 | 421 | 32 | 1711 | 1711 |
| May | 4961 | 1951 | 36 | 6948 | 8659 |
| June | 1472 | 575 | 44 | 2091 | 10750 |
| July | 1624 | 630 | 72 | 2326 | 13076 |
| Total | 9315 | 3577 | 184 | 13076 | |

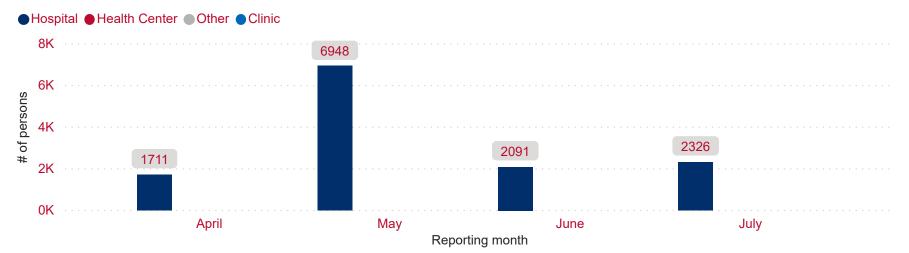
trainees by sex



of trainees by facility ownership type



of trainees by facility type



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

compliant of health facilities by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| April | 0 | 0 |
| May | 0 | 0 |
| June | 0 | 0 |
| July | 10 | 10 |

of compliant facilities by ownership type



of compliant facilities by facility type

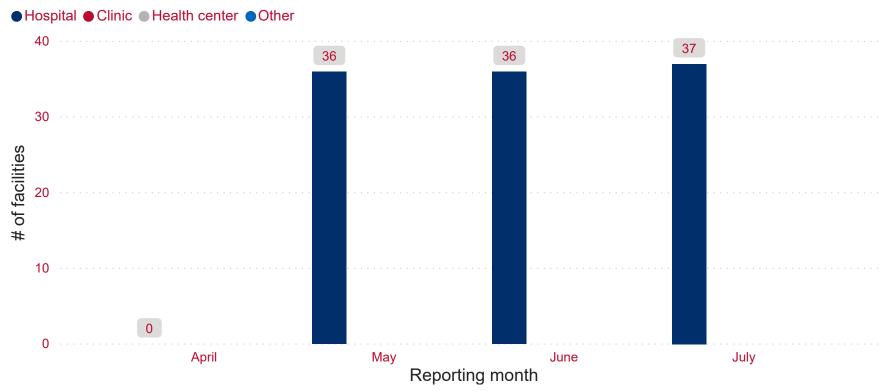


CV 4: MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

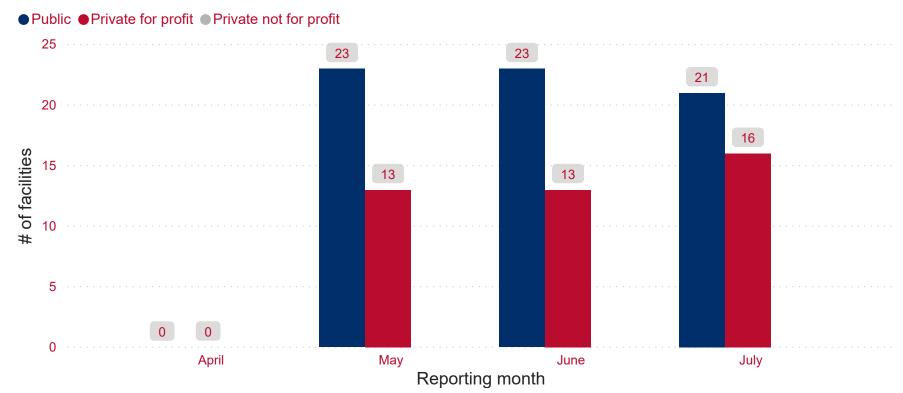
of health facilities reporting stock data by month

| Month • | Health facilities |
|------------|-------------------|
| April | 0 |
| May | 36 |
| June | 36 |
| July | 37 |

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



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

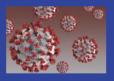




Senegal

July

IPC Program Management (national/facility/community)



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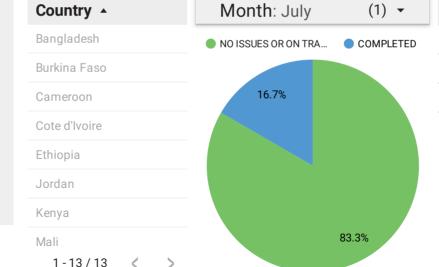
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Technical Area

Source control (isolation)

Triage for SARI/ARI patients

| Progress o | n Activities | | | |
|------------|--|---|--|---|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Senegal | IPC Program Management (national/facilit y/community) | • Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels) | • Rapid response strategy/plan | The approach implemented under MOH leadership has been to conduct ongoing cycles of assessments in all selected facilities to urgently plan and conduct priority response activities informed by the assessments. All implementing partners (IPs) in the MOH's IPC COVID-19 commission contribute to supporting MOH's rapid assessments and responses. The rapid assessment and response cycle will address identified IPC capacity gaps, including the waste management capacities and protocol compliance at ETHFs and other targeted regional and district hospitals. MTaPS provided technical contribution for developing the IPC COVID-19 action plan with all IPs using the experience of and materials from the rapid assessments and responses. |
| Senegal | Triage for SARI/ARI patients | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | • Guideline/SOP/checklis t 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 IPC training session organized from July 15-17 in Diourbel region for 12 trainers of hygiene brigade staff included the SOP on triage. MTaPS is supporting the DQSHH to integrate the SOP for triage as a component of the IPC COVID-19 competencies package that will be rolled out in August and September during supervision and monitoring field visits in health facilities in Dakar, Thiès, and Diourbel. |
| Senegal | IPC Program Management (national/facilit y/community) | • Just-in-time IPC training | Number of people trained in IPC for COVID-19 by gender/position/type of facility/community | From July 1-3, MTaPS supported the training of 28 agents (4 females+24 males) of the Hygiene Brigade in Dakar and from July 15-17, MTaPS supported two IPC training sessions of 24 male trainers of the Hygiene Brigade of Diourbel region (12 staff) and Thiès region (12 staff). The training content included: standard precautions, use of PPE, respiratory hygiene, hand hygiene, |

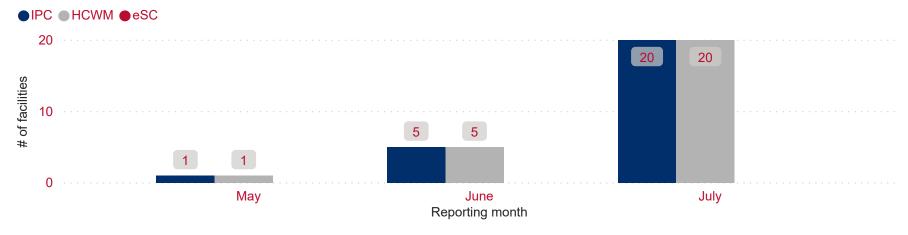
| Senegal Source control (isolation) **Oversee the implementation** **After-action report implementation of the Regional Hygiene Service (SNH) and the Regional Hygiene Brigades (BRH) of Dakar, Thies and Diourbel to finalize the planning of field activities and to develop the TORs for the implementation of the disinfection/decontamination operations of health facilities and patients' homes. MTaPS supported the development of a data collection tool for monitoring of the disinfection/decontamination operations. **Strengthen facility COVID-19 IPC response coordination mechanism/task force mechanism recordination mechanism/task force mechanism force mechanism and a management of the response through the Ops section by monitoring day-to-day activities (i.e. contact tracing, surveillance, data analysis, case management of the response and guidance for case management of SOPs and guidance for case management of SOPs and gasymptomatic COVID-19 acsess at home and epidemiological forecasting for sound decision making to contain the pandemic. 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. | | | | | notification procedures, waste management, disinfection and decontamination of surfaces, materials and equipment, and risk communication and community engagement. The trained staff will conduct IPC/WASH activities in health facilities (including just-intime training and formative supervision), and in the community and households in August and September. |
|---|---------|---------------------------------|--|-----------------------|--|
| Management (national/facility / community) Management (national/facility / cosonise / coordination mechanism/task force Management (national/facility / cosonise / coordination mechanism/task force Management (national/facility / coordination mechanism / coordination mechanism/task force Management (national/facility / coordination mechanism / coordination mechanism/task force Management (national/facility / response in Diourbel and Kaolack from July 2-5, and in Ziguinchor, Sedhiou, Kolda an Tambacounda from July 13-18. MTaPS continued providing its support to COUS in handling the management of the response activities (i.e. contact tracing, surveillance, data analysis, case management, IPC, etc.). MTaPS supported the development of SOPs and guidance for case management of asymptomatic COVID-19 cases at home and epidemiological forecasting for sound decision making to contain the pandemic. 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 | Senegal | | | • After-action report | Hygiene Service (SNH) and the Regional Hygiene Brigades (BRH) of Dakar, Thiès and Diourbel to finalize the planning of field activities and to develop the TORs for the implementation of the disinfection/decontamination operations of health facilities and patients' homes. MTaPS supported the development of a data collection tool for monitoring of the |
| | Senegal | Management (national/facilit | COVID-19 IPC response coordination mechanism/task | | cous field visits to monitor the CoVID-19 response in Diourbel and Kaolack from July 2-5, and in Ziguinchor, Sedhiou, Kolda an Tambacounda from July 13-18. MTaPS continued providing its support to CoUS in handling the management of the response through the Ops section by monitoring day-to-day activities (i.e. contact tracing, surveillance, data analysis, case management, IPC, etc.). MTaPS supported the development of SOPs and guidance for case management of asymptomatic COVID-19 cases at home and epidemiological forecasting for sound decision making to contain the pandemic. 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 |

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

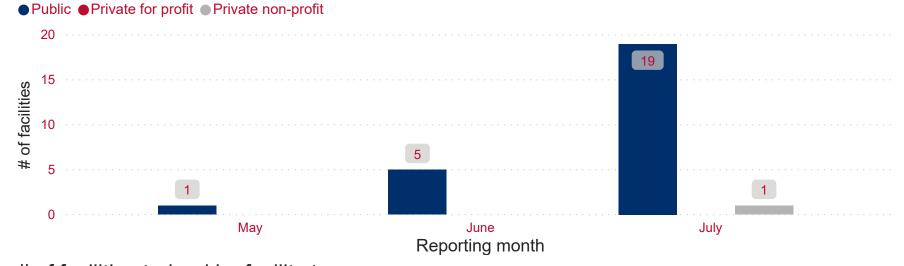
health facilities with staff trained by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| May | 1 | 1 |
| June | 5 | 6 |
| July | 20 | 26 |

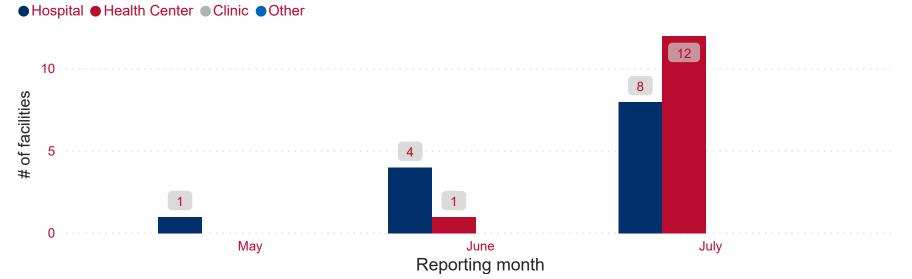
of health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



of facilities trained by ownership type



of facilities trained by facility type

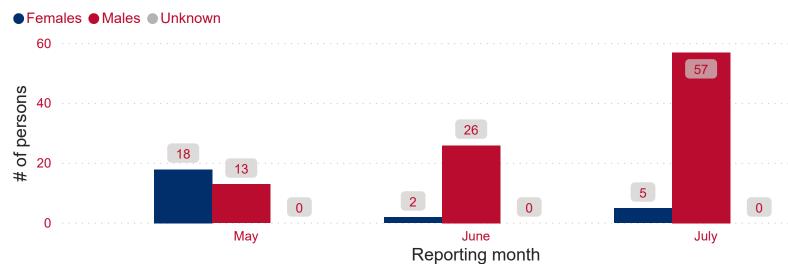


CV 2: Persons who received COVID-19-related training

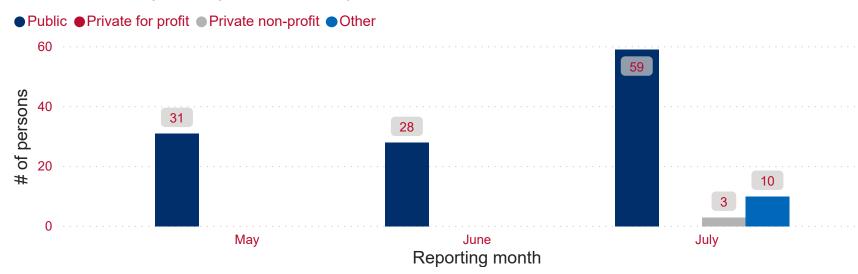
of trainees by sex and by month

| Month | Females | Males | Total trained | Cumulative trained |
|-------|---------|-------|---------------|--------------------|
| May | 18 | 13 | 31 | 31 |
| June | 2 | 26 | 28 | 59 |
| July | 5 | 57 | 62 | 121 |
| Total | 25 | 96 | 121 | |

trainees by sex

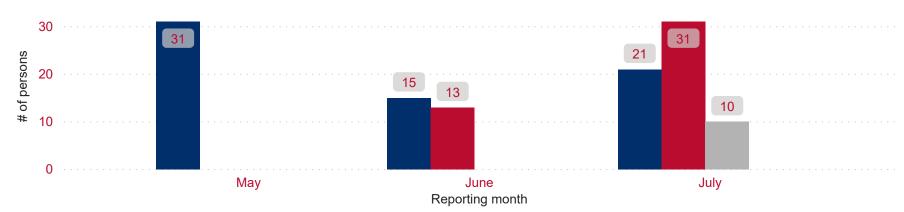


of trainees by facility ownership type



of trainees by facility type



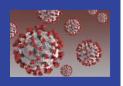




Medicines Technologies and Pharmaceutical Services COVID Response Country Report 2020

Tanzania

July



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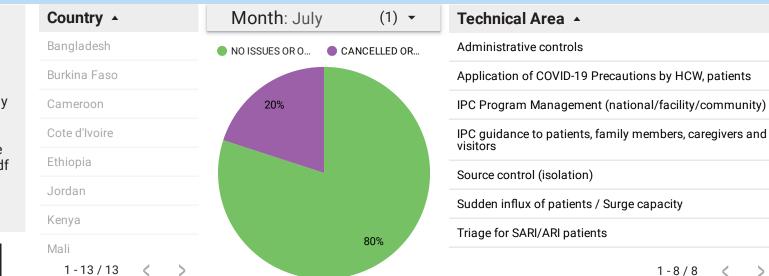
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| Progress or | n Activities | | | |
|-------------|---|---|--|--|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Tanzania | Application of COVID-19 Precautions by HCW, patients | • Provide training using existing training packages for COVID-19 | • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community | Discussions held with MOHCDGEC, USAID Mission Tanzania, and MTaPS regarding the reallignment of the COVID-19 workplan and its implementation in Tanzania. Approval was obtained from USAID Mission Tanzania and COR team after COVID-19 workplan realligned and agreed that the training and mentorship will now focus on generic IPC content, including standard based precautions and transimission based precautions to prevent diseases epidemics. MTaPS agreed with MOHCDGEC that from August the program will conduct IPC mentorship in four hospitals across four regions. Logistical preparations are complete. |
| 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 held discussions with MOHCDGEC and USAID Mission Tanzania regarding the reallignment of the COVID-19 workplan and it's implementation in Tanzania. Approval was obtained from USAID Mission Tanzania and COR team after COVID-19 workplan realligned and agreed that the training and mentorship will now focus on 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 PPE MTaPS agreed with MOHCDGEC that from |
| | | | | August the program will conduct IPC mentorship in four hospitals across four regions. Logistical preparations are complete. |
| 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 held discussions with MOHCDGEC and USAID Mission Tanzania regarding the reallignment of the COVID-19 workplan and it's implementation in Tanzania. Approval was obtained from USAID Mission Tanzania and COR team after COVID-19 workplan realligned and agreed that the training and mentarchin will |

| | | | | now focus on generic IPC content including: - Triage for patients with epidemic disease - Training using existing training package on triage for IPC - Training on pre- screening and triage workflow to identify and isolate potentially infectious patients at point of entry to the facilities MTaPS agreed with MOHCDGEC that from August the program will conduct IPC mentorship in four hospitals across four regions. Logistical preparations are complete. |
|----------|---|--|--|--|
| Tanzania | IPC guidance to patients, family members, caregivers and visitors | • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | After-action report | MTaPS held discussions with MOHCDGEC and USAID Mission Tanzania regarding the reallignment of the COVID-19 workplan and it's implementation in Tanzania. Approval was obtained from USAID Mission Tanzania and COR team after COVID-19 workplan realligned and agreed that the training and mentorship will now focus on generic IPC content including: - Developing epidemic IEC materials for patients and visitors - Working with facility IPC committees to disseminate IEC materials on epidemics MTaPS agreed with MOHCDGEC that from August the program will conduct IPC mentorship in four hospitals across four regions. Logistical preparations are complete. |
| Tanzania | 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 | 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 | Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to | Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | Activity becomes obsolete under the circumstances. The actvity has therefore been cancelled. |
| Tanzania | 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 held discussions with MOHCDGEC and USAID Mission Tanzania regarding the reallignment of the COVID-19 workplan and it's implementation in Tanzania. Approval was obtained from USAID Mission Tanzania and COR team after COVID-19 workplan realligned and agreed that the training and mentorship will |

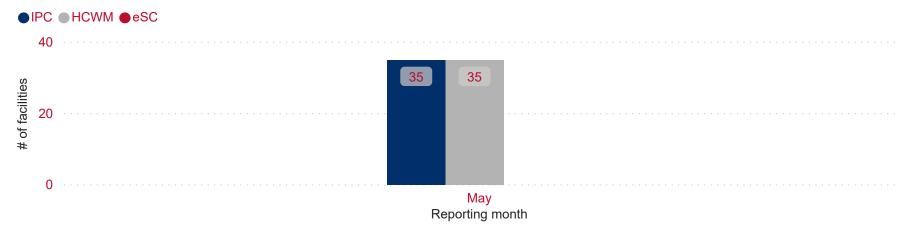
| | | | | now focus on generic IPC content including: - Healthcare waste management - Provide training using existing National guidelines, SoPs, and standards on healthcare waste management MTaPS agreed with MOHCDGEC that from August the program will conduct IPC mentorship |
|----------|--|--|--|--|
| | | | | in four hospitals across four regions. Logistical preparations are complete. |
| Tanzania | Application of COVID-19 Precautions by HCW, patients | • Oversee the implementation | Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | MTaPS held discussions with MOHCDGEC and USAID Mission Tanzania regarding the reallignment of the COVID-19 workplan and it's implementation in Tanzania. Approval was obtained from USAID Mission Tanzania and COR team after COVID-19 workplan realligned and agreed that the training and mentorship will now focus on generic IPC content including: - Work with facility quality improvement teams (QIT) and IPC committee, build capacity for rapid implementation MTaPS agreed with MOHCDGEC that from August the program will conduct IPC mentorship in four hospitals across four regions. Logistical preparations are complete. |
| Tanzania | IPC Program Management (national/facilit y/community) | Monitor compliance with requirements | • Communication materials | MTaPS held discussions with MOHCDGEC and USAID Mission Tanzania regarding the reallignment of the COVID-19 workplan and it's implementation in Tanzania. Approval was obtained from USAID Mission Tanzania and COR team after COVID-19 workplan realligned and agreed that the training and mentorship will now focus on generic IPC content including: - Build capacity at health facilities to monitor compliance with precautions MTaPS agreed with MOHCDGEC that from August the program will conduct IPC mentorship in four hospitals across four regions. Logistical preparations are complete. |
| Tanzania | Administrative controls | Adapt systems (regulations, guidance, job descriptions, SOPs, electronic system, training material) along WHO COVID- | • Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists) | Printing of 700 copies of a bundle of 27 SOPs for different aspects of COVID-19 case management is in the final stages. |

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

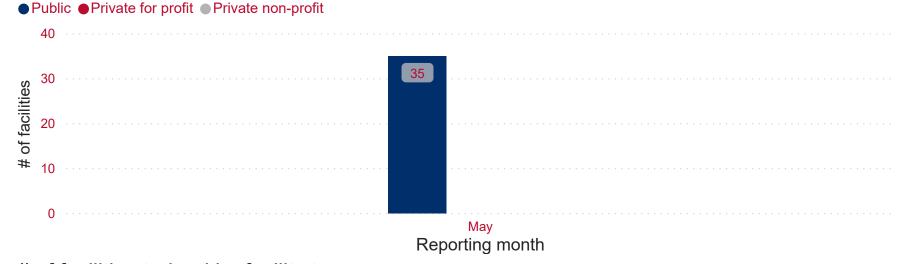
health facilities with staff trained by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| May | 35 | 35 |
| June | 0 | 35 |
| July | 0 | 35 |

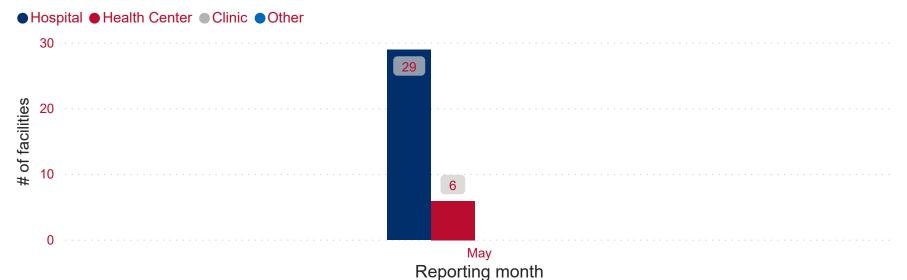
of health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



of facilities trained by ownership type



of facilities trained by facility type

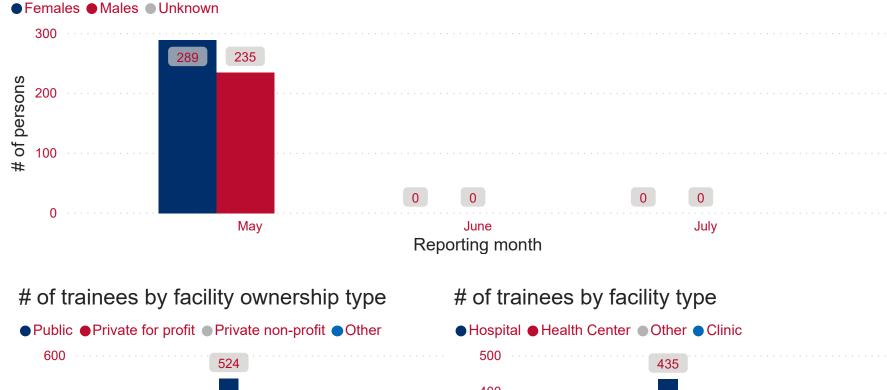


CV 2: Persons who received COVID-19-related training

of trainees by sex and by month

| Month | Females | Males | Total trained | Cumulative trained |
|-------|---------|-------|---------------|--------------------|
| May | 289 | 235 | 524 | 524 |
| June | 0 | 0 | 0 | 524 |
| July | 0 | 0 | 0 | 524 |
| Total | 289 | 235 | 524 | |

trainees by sex





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

compliant of health facilities by month

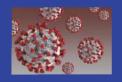
| | • | • |
|-------|-------------------|--------------------------------|
| Month | Health facilities | Cumulative (health facilities) |
| June | 0 | 0 |
| July | 0 | 0 |



Medicines Technologies and Pharmaceutical Services COVID Response Country Report 2020

Uganda

July



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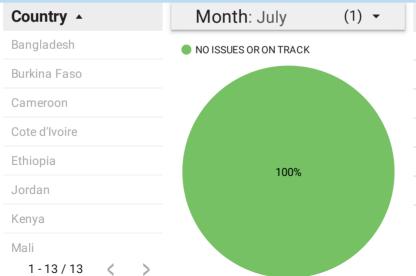
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Technical Area

Application of COVID-19 Precautions by HCW, patients

IPC Program Management (national/facility/community)

Emergency Supply of IPC Commodities

IPC facility access guidance

Source control (isolation)

Triage for SARI/ARI patients

| Progress of | n Activities | | | |
|-------------|--|--|--|---|
| Country | Action Area* (Technical area) | Activity Description | Deliverables | July |
| Uganda | IPC Program Management (national/facilit y/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 | The training of Trainers (ToT) has been completed for all MTaPS supported regions. Additional training of district IPC teams and mentors has also been undertaken by MTaPS. MTaPS is progressing with supporting the regional PEPFAR partners to conduct mentorship at the lower level health facilities. Mentorship activities are currently between week 2-7 of implementation. |
| Uganda | IPC Program Management (national/facilit y/community) | Strengthen facility COVID-19 IPC response coordination mechanism/task force | • Established COVID 19 facility/unit | IPC teams and committees have been set up in health facilities that have recieved mentorship with support of MTaPS. |
| Uganda | Triage for SARI/ARI patients | Provide training using existing training package on triage for COVID-19 | After-action report | Training on SARI/ARI patient identification and referral has been completed at facilities that have recieved support. |
| Uganda | Application of COVID-19 Precautions by HCW, patients | Assess and monitor compliance | • Established COVID 19 facility/unit | Compliance to IPC standards have been assessed and reports written disaggregated by health region. |
| Uganda | Emergency Supply of IPC Commodities | Apply/adapt simple operating procedures and tools for the management of ordering, issuing, distributing, receiving, rational utilization | • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) | Emergency supply is currently being supported at four regional referral hospitals. This includes working with the procurenment teams and linking them to the National Logistics committee. |
| Uganda | Source control (isolation) | Oversee the implementation | After-action report | Setting up of isolation units/space is being undertaken as part of the mentorship activities done at health facilities. |
| Uganda | IPC facility access | Provide training using existing | After-action report | Support for health facilities to continue providing health care services is ongoing through the |

guidance

COVID-19

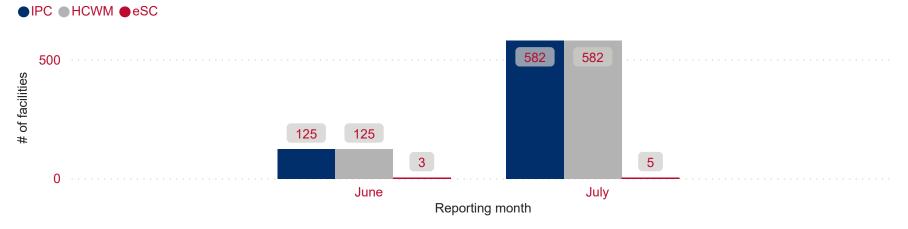
mentorship program.

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

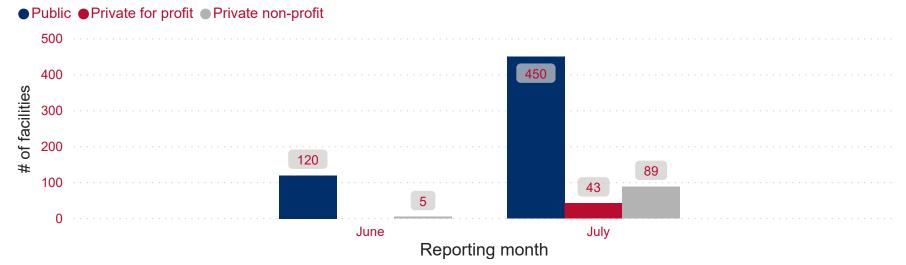
health facilities with staff trained by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| June | 125 | 125 |
| July | 582 | 707 |

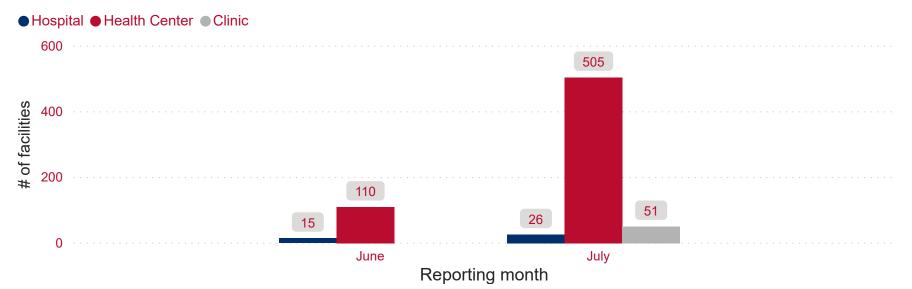
of health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



of facilities trained by ownership type



of facilities trained by facility type

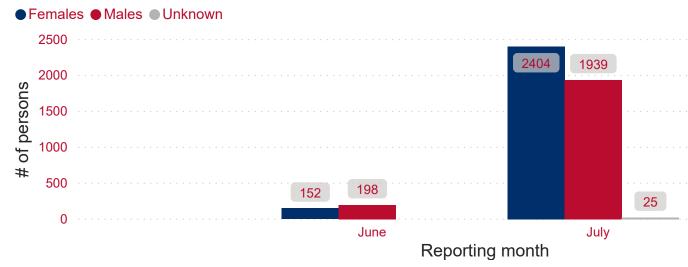


CV 2: Persons who received COVID-19-related training

of trainees by sex and by month

| Month | Females | Males | Unknown | Total trained | Cumulative trained |
|-------|---------|-------|---------|---------------|--------------------|
| June | 152 | 198 | | 350 | 350 |
| July | 2404 | 1939 | 25 | 4368 | 4718 |
| Total | 2556 | 2137 | 25 | 4718 | |

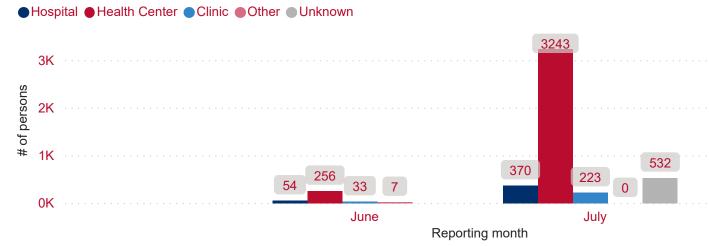
trainees by sex



of trainees by facility ownership type



of trainees by facility type

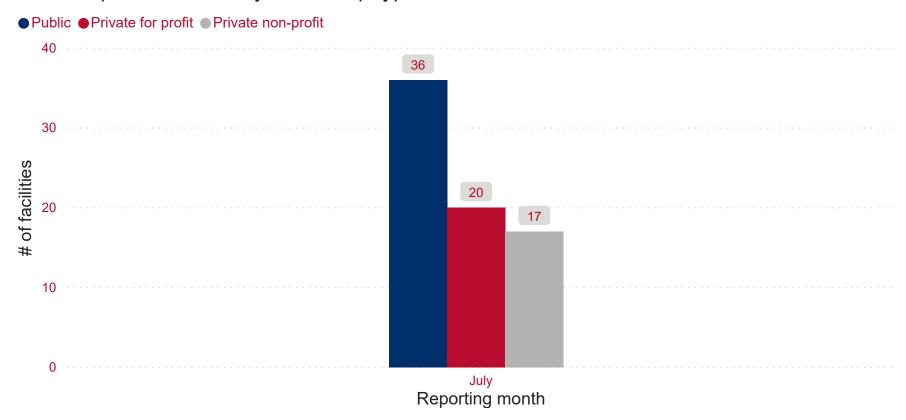


CV 3: MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

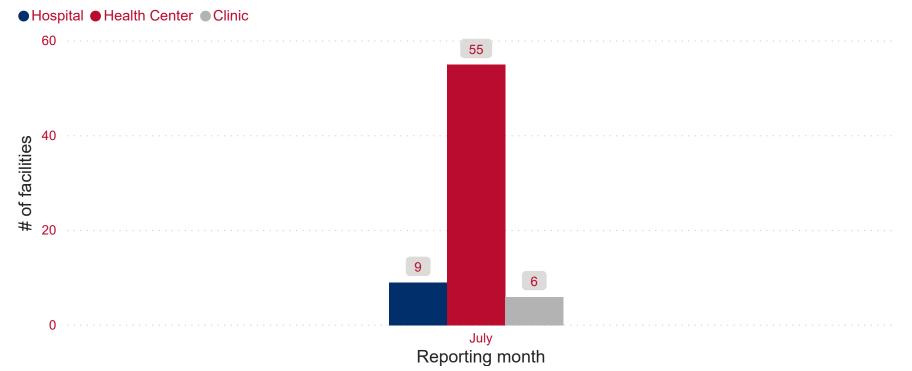
compliant of health facilities by month

| Month | Health facilities | Cumulative (health facilities) |
|-------|-------------------|--------------------------------|
| July | 73 | 73 |

of compliant facilities by ownership type



of compliant facilities by facility type

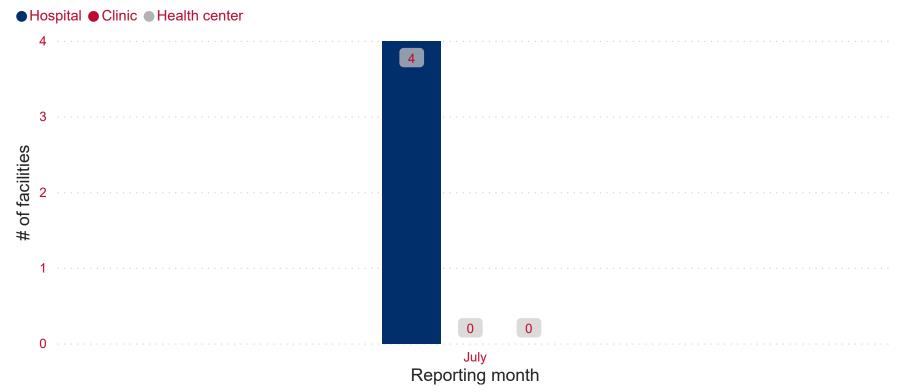


CV 4: MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

of health facilities reporting stock data by month

| Month | Health facilities |
|-------|-------------------|
| July | 4 |

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



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

