

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

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Improved Access. Improved Services. Better Health Outcomes.

## COVID-19 MONTHLY REPORT OCTOBER 2020



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## OCTOBER 2020

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## PROJECT OVERVIEW

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

### Recommended Citation

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## ACRONYMS AND ABBREVIATIONS

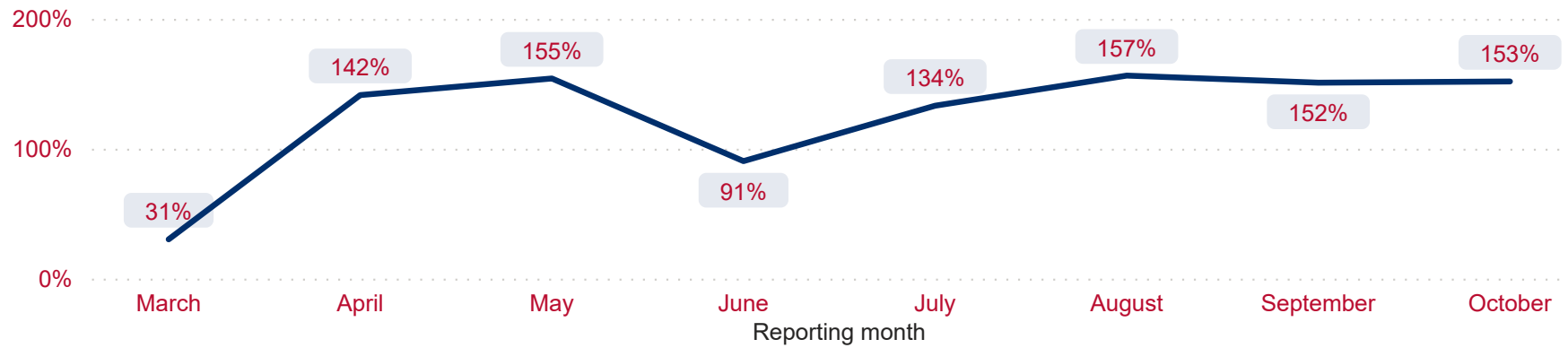
ARI	acute respiratory infection
COVID-19	coronavirus disease 2019
eSC	emergency supply chain
HCW	health care workers
HCWM	health care waste management
IPC	infection prevention and control
MOH	Ministry of Health
MTaPS	Medicines Technologies and Pharmaceutical Services Program
PPE	personal protective equipment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

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

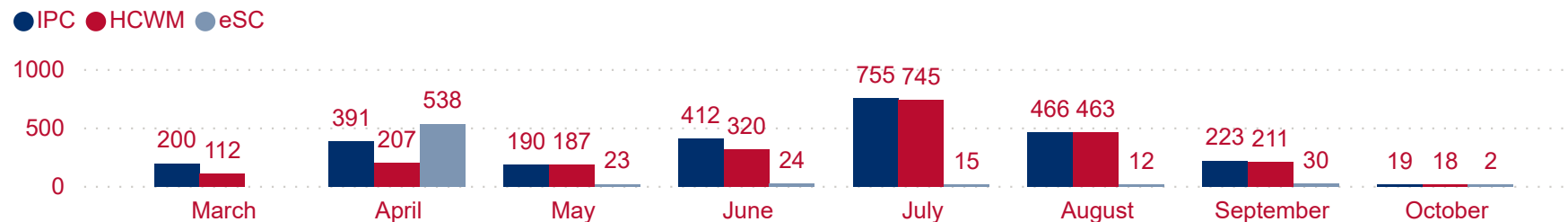
## # and % supported health facilities with staff trained by month

	March	April	May	June	July	August	September	October
Health facilities	200	776	207	429	755	471	223	19
Cumulative (health facilities)	200	976	1183	1612	2367	2838	3061	3080
Progress to date	31%	142%	155%	91%	134%	157%	152%	153%
Target	645	687	764	1767	1768	1807	2019	2019

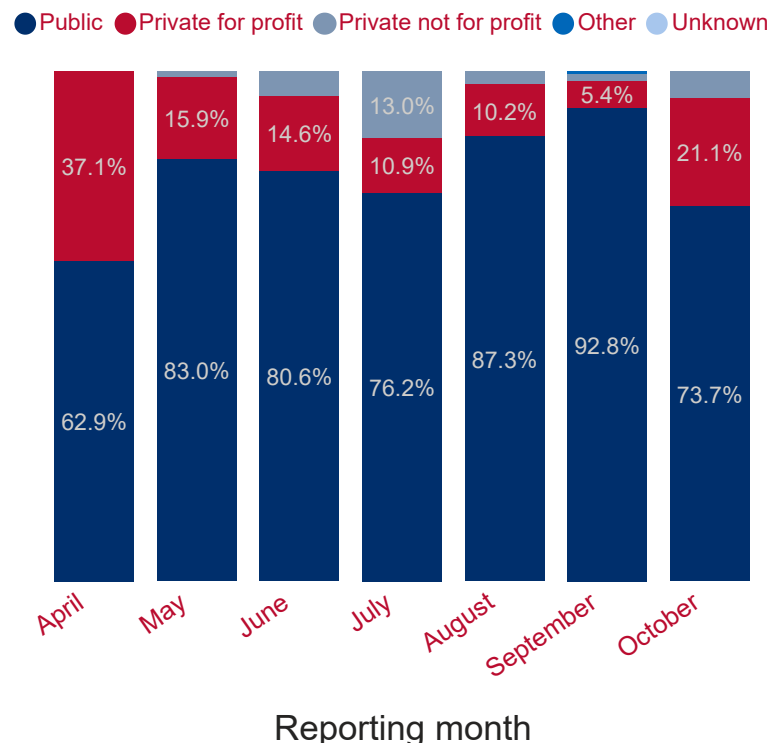
## % supported health facilities with staff trained by month



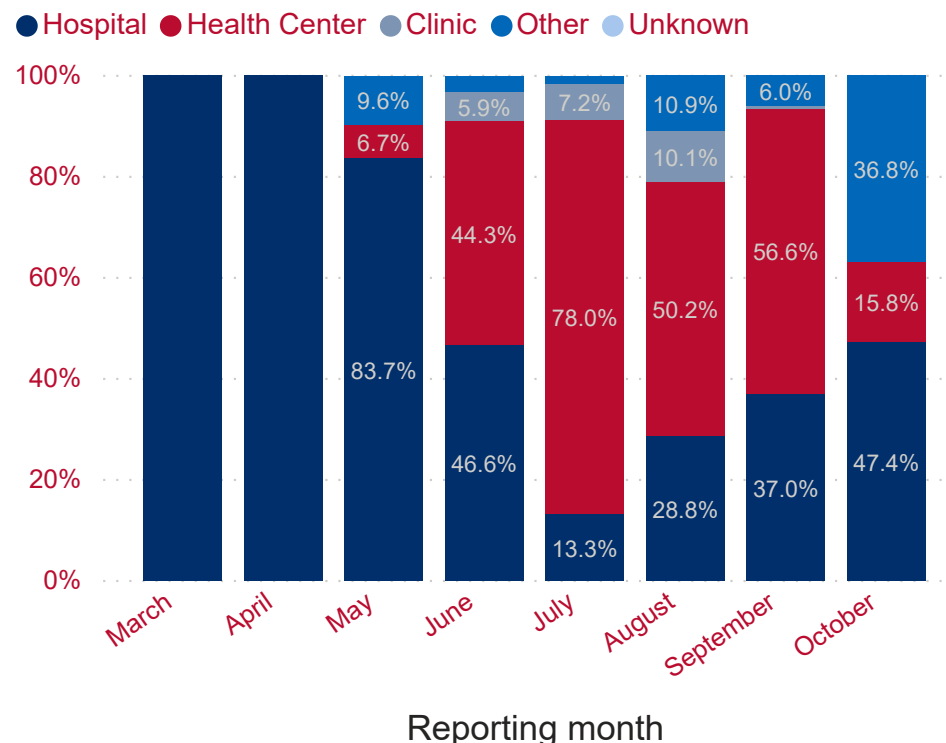
## # of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



## % of supported facilities trained by ownership type and by month



## % of supported facilities trained by facility type and by month



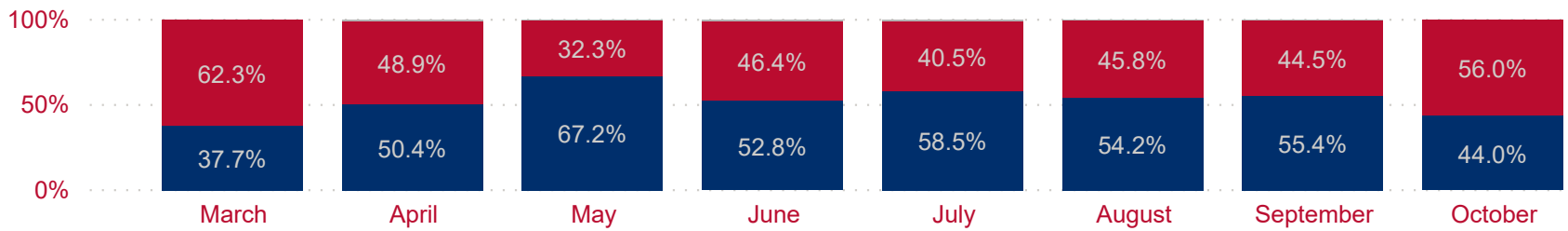
# CV 2: # of persons who received COVID-19-related training

## # of trainees by sex and by month

	March	April	May	June	July	August	September	October	Total
Total trained	896	4512	8421	5347	10002	4827	4681	562	39248
Females	338	2275	5663	2821	5855	2615	2592	247	22406
Males	558	2205	2722	2482	4050	2209	2085	315	16626
Unknown	0	32	36	44	97	3	4	0	216
Cumulative trained	896	5408	13829	19176	29178	34005	38686	39248	

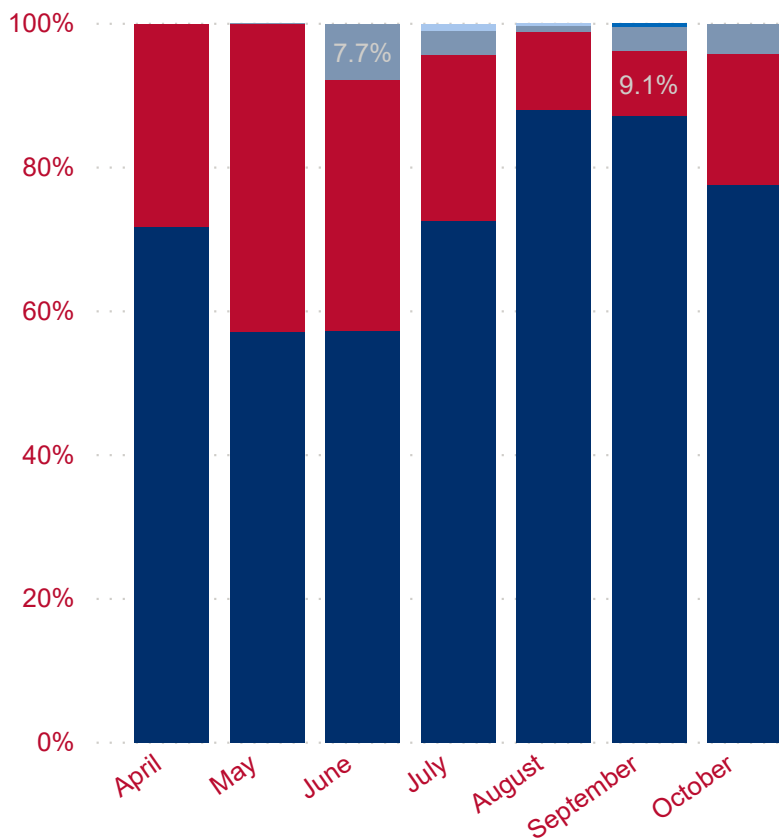
## % trainees by sex and by month

● Females ● Males ● Unknown



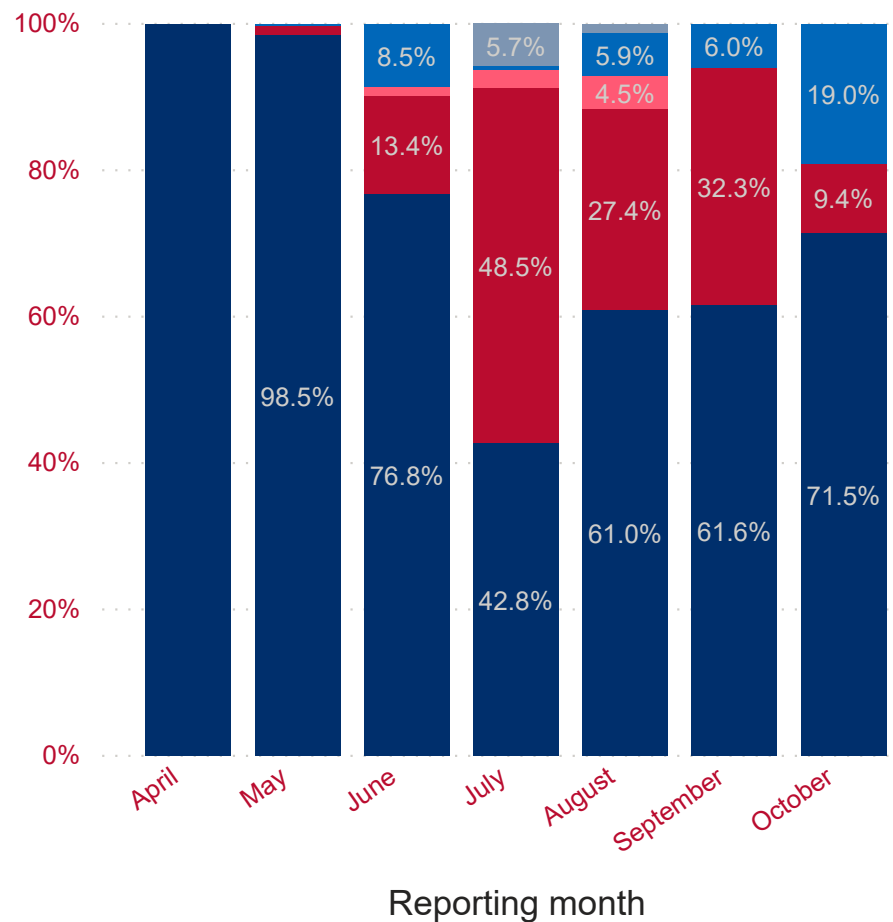
## % of trainees by facility ownership type and by month

● Public ● Private for profit ● Private not for profit ● Other ● Unknown



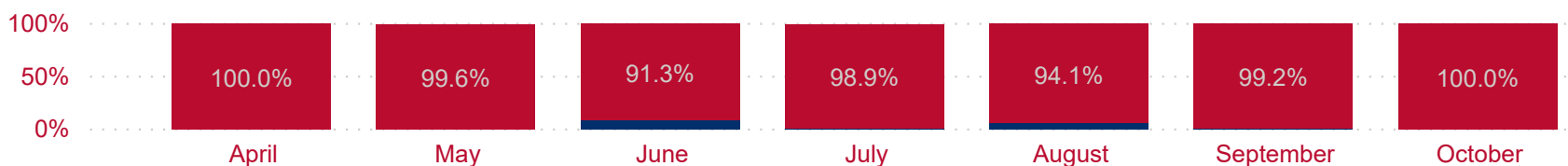
## % of trainees by facility type and by month

● Hospital ● Health Center ● Clinic ● Other ● Unknown



## % of trainees by training type and by month

● Training of Trainers (ToT) ● Non ToT training

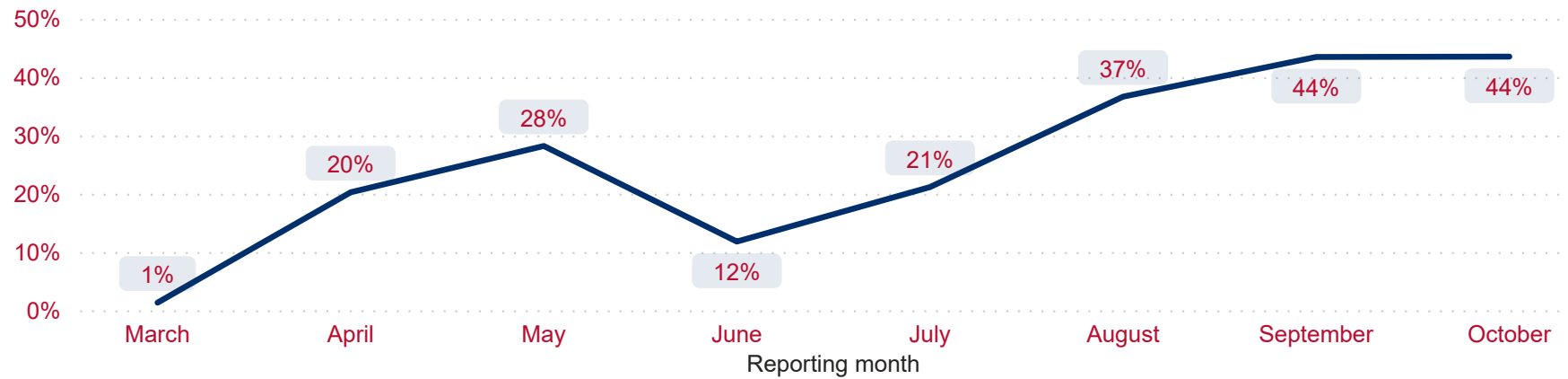


# CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

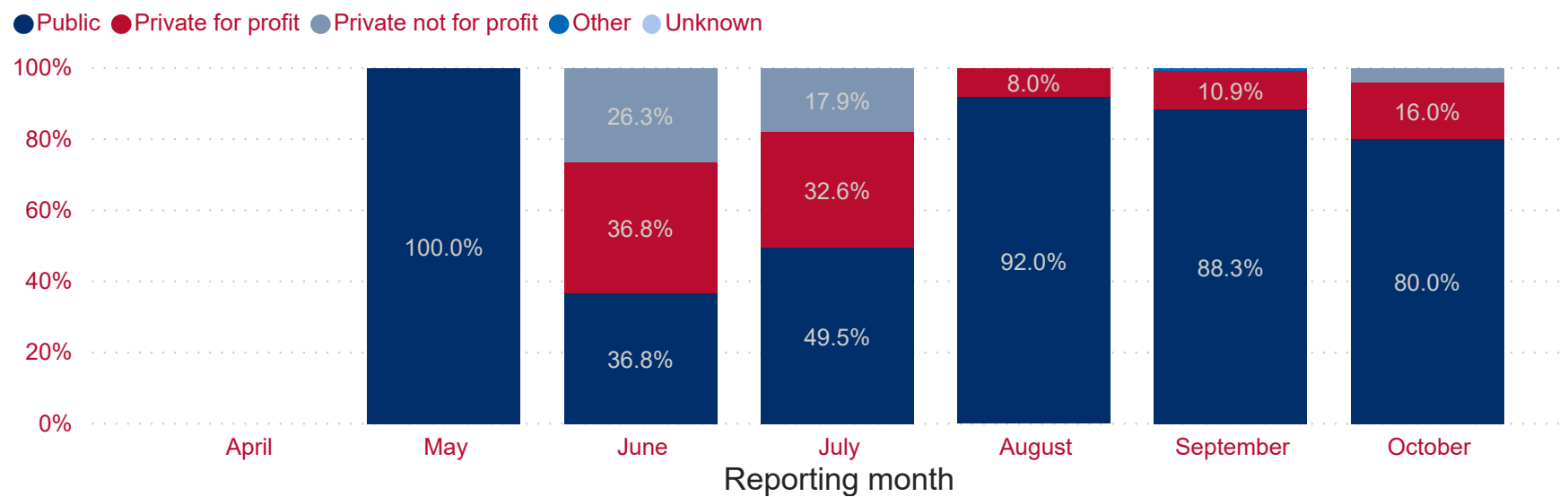
## # and % of compliant of supported health facilities by month

	March	April	May	June	July	August	September	October
Health facilities	2	67	28	48	121	251	137	25
Cumulative (health facilities)	2	69	97	145	266	517	654	679
Progress to date	1%	20%	28%	12%	21%	37%	44%	44%
Target	135	338	342	1212	1248	1404	1499	1554

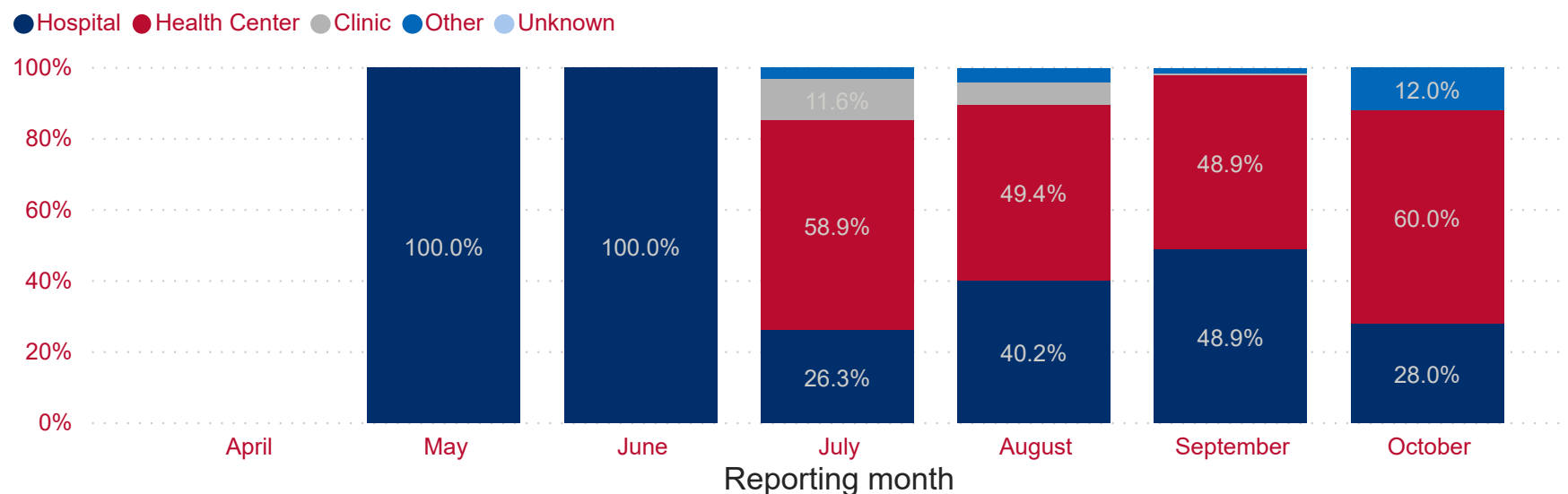
## % of compliant of supported health facilities by month



## % of compliant supported health facilities by ownership type and by month



## % of compliant supported health facilities by facility type and by month



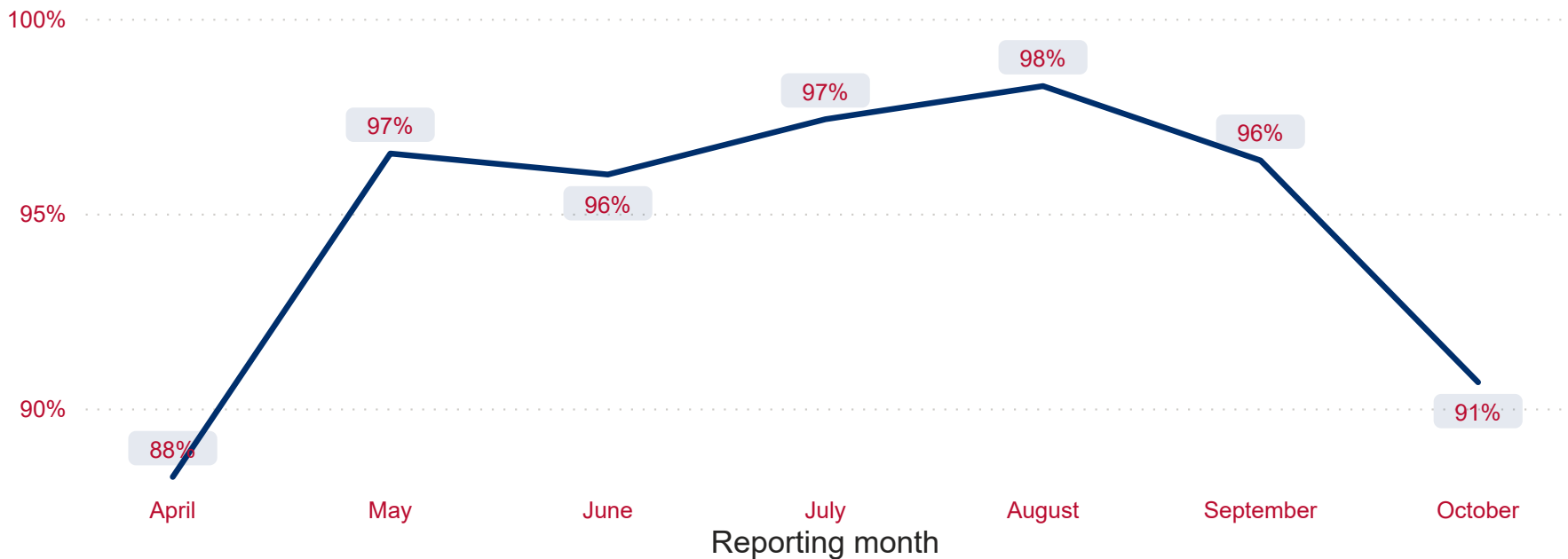


# CV 4: # and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

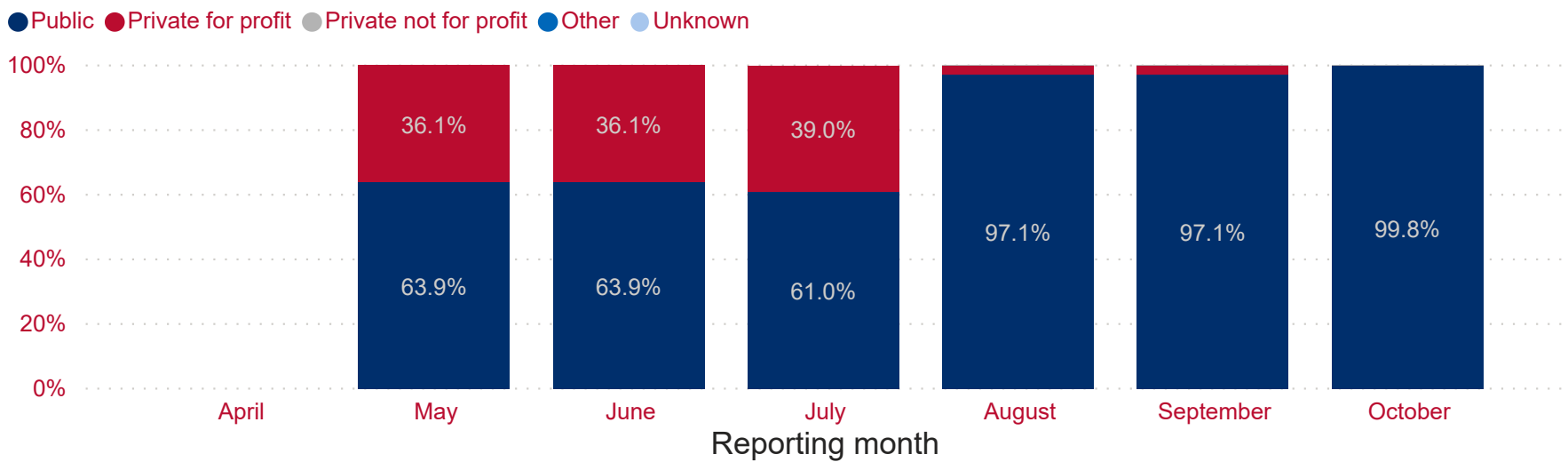
## # and % of supported health facilities reporting stock data by month

	April	May	June	July	August	September	October
Health facilities	617	675	677	687	693	694	663
Progress to date	88%	97%	96%	97%	98%	96%	91%
Target	699	699	705	705	705	720	731

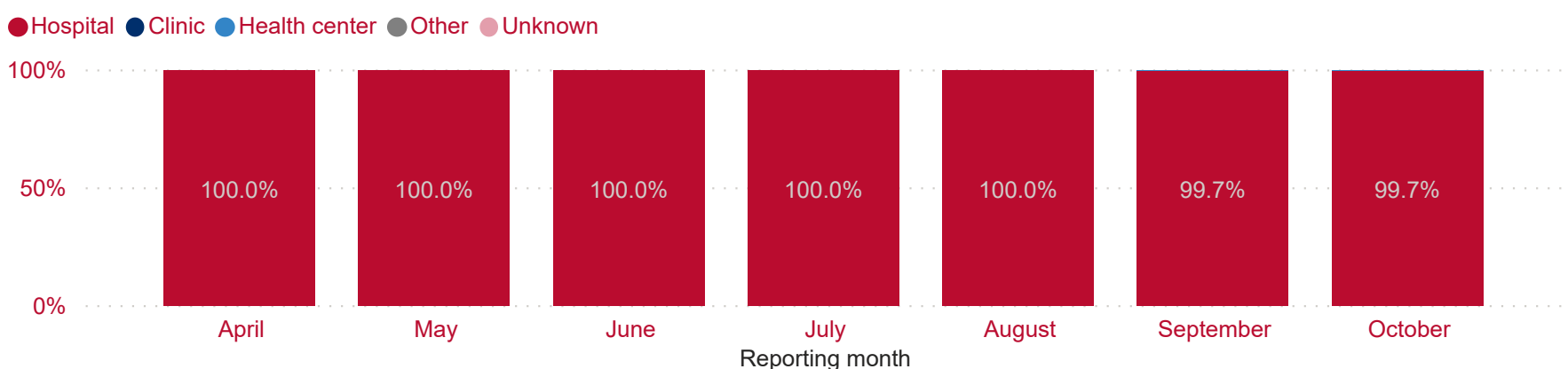
## % of health facilities reporting stock data by month



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



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



# COVID-19 Indicator Overview

Data last refreshed on: Nov 11, 2020

Indicator	March	April	May	June	July	August	September	October	Cumulative
CV 1: # and % of MTaPS-supported health facilities whose staff received COVID-19-related IPC training	200	776	207	429	755	471	223	19	3080
CV 2: # of persons who received COVID-19-related training	896	4512	8421	5347	10002	4827	4681	562	39248
CV 3: # and % of MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs	2	67	28	48	121	251	137	25	679
CV 4: # and % of MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities		617	675	677	687	693	694	663	

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

Month	Bangladesh	Burkina Faso	Cameroon	Cote d'Ivoire	Ethiopia	Jordan	Kenya	Mali	Mozambique	Philippines	Senegal	Tanzania	Uganda
March	88						112						
April	538		10	1	2		201			24			
May	16		0	0	79		24	19		33	1	35	
June	77	26	3	12	41		39	41	18	42	5	0	125
July	2	4	4	6	31		28	0	55	23	20	0	582
August	2	18	9	6	243	3	2	0	19	14	0	4	151
September	1	14	4	0	139	13	0	0	34	8	0	10	0
October	0	0	0	7	0	8	0	0	2	0	2	0	0
<b>Total</b>	<b>724</b>	<b>62</b>	<b>30</b>	<b>32</b>	<b>535</b>	<b>24</b>	<b>406</b>	<b>60</b>	<b>128</b>	<b>144</b>	<b>28</b>	<b>49</b>	<b>858</b>

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

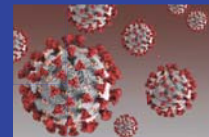
Month	Bangladesh	Burkina Faso	Cameroon	Cote d'Ivoire	Ethiopia	Jordan	Kenya	Mali	Mozambique	Philippines	Senegal	Tanzania	Uganda
March	560				15		321						
April	1530		25	30	125		1091			1711			
May	376		0	0	312		200	30		6948	31	524	
June	1114	26	360	507	228		311	89	243	2091	28	0	350
July	88	100	81	60	741		34	0	2142	2326	62	0	4368
August	88	300	204	151	657	98	57	0	1889	405	0	248	730
September	75	462	177	171	403	342	0	170	2244	597	0	40	0
October	0	0	0	235	0	231	0	0	83	0	13	0	0
<b>Total</b>	<b>3831</b>	<b>888</b>	<b>847</b>	<b>1154</b>	<b>2481</b>	<b>671</b>	<b>2014</b>	<b>289</b>	<b>6601</b>	<b>14078</b>	<b>134</b>	<b>812</b>	<b>5448</b>

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

Month	Bangladesh	Burkina Faso	Cameroon	Cote d'Ivoire	Ethiopia	Jordan	Kenya	Mali	Mozambique	Philippines	Tanzania	Uganda
March							2					
April				0	2		65			0		
May				13	4		11			0	0	
June				2	10		36	0		0	0	0
July			0	7	26		0	2	2	11	0	73
August			7	0	197	4	21	10	5	6	1	0
September			2	5	95	12	0	0	9	14	0	0
October	0	15		2	0	6	0	0	2			
<b>Total</b>	<b>0</b>	<b>15</b>	<b>9</b>	<b>29</b>	<b>334</b>	<b>22</b>	<b>135</b>	<b>12</b>	<b>18</b>	<b>31</b>	<b>1</b>	<b>73</b>

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

Country	April	May	June	July	August	September	October
Bangladesh	617	639	641	646	646	647	647
Burkina Faso							0
Jordan							8
Mozambique						5	8
Philippines	0	36	36	37	42	42	
Uganda			0	4	5		0



Contact for any Questions and Clarifications: [mtaps-hqcovid19@mtapsprogram.org](mailto:mtaps-hqcovid19@mtapsprogram.org)

## Report Filters

### Quick Guide:

Please Click and select both a Country and a Month.

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

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

### Country ▲

**Bangladesh**

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

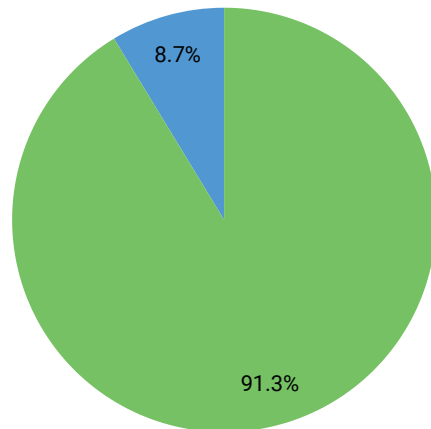
Mali

1 - 13 / 13



### Month: October (1) ▼

● NO ISSUES OR ON TRA... ● COMPLETED



### Technical Area ▲

Emergency Supply of IPC Commodities

IPC Program Management (national/facility/community)

IPC facility access guidance

IPC guidance to patients, family members, caregivers and visitors

Preparedness for the possibility of mass fatalities

Sudden influx of patients / Surge capacity

Triage for SARI/ARI patients

1 - 7 / 7



## Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	October
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> <li>Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>Adapted training materials</li> </ul>	<p>Videos on donning and doffing of PPE for doctors, and preparation of 0.5% sodium hypochlorite solution &amp; 0.5% bleaching solution by cleaners has been shared with the Communicable Disease Control (CDC), DGHS. CDC has provided feedback, and all comments were incorporated into the revised videos. The videos will be used for the upcoming IPC trainings for doctors and support staff (e.g. cleaners).</p> <p>The draft national training module for cleaners and ambulance drivers has been shared with CDC, DGHS for their feedback and approval.</p>
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> <li>Provide training using existing training packages for COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	MTaPS continued to plan for a training of cleaners and ambulance drivers on all aspects of IPC in 11 selected hospitals and a training on IPC for doctors, nurses, and midwives in 8 selected hospitals scheduled for November-December, 2020.
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> <li>Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	The job aid/video on donning and doffing PPE for cleaners, and the procedure of ambulance disinfection by ambulance drivers was submitted to CDC. The agency's feedback is now incorporated into a revised video that was shared with CDC to finalize the product.
Bangladesh	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> <li>Support to regular meetings with the national coordination mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>After-action report</li> </ul>	<p>The MTaPS team has attended two meetings of the Procurement and Logistics Pillar to update COVID-19 commodities stock status. The donor community updated the status of donation by the consortium.</p> <p>The MTaPS team also actively participated in a workshop on developing national vaccine deployment plan (zero draft) as a sub-group, 'Vaccine, Cold Chain and Logistics Management' member.</p>
Bangladesh	Emergency Supply of IPC	<ul style="list-style-type: none"> <li>Rapid emergency supply chain</li> </ul>	<ul style="list-style-type: none"> <li>Rapid response strategy/plan</li> </ul>	A technical discussion meeting on proper management of COVID-19 commodities is

	Supply of IPC Commodities	supply chain stakeholders mapping	strategy/plan	management of COVID-19 commodities is postponed until next month because of another engagement of the GOB.
Bangladesh	Emergency Supply of IPC Commodities	• Rapid emergency supply chain preparedness assessment	• Emergency response capacity assessment report with technical recommendations	This activity is completed.
Bangladesh	IPC facility access guidance	• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	The installation of the COVID-19 signage has been completed. The updated triage flow chart has adapted. After installation of the triage glow chart, MTaPS will proceed with a planned simulation exercise on triage for health staff working in triage areas of selected hospitals.
Bangladesh	IPC facility access guidance	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	The video on conducting simulation exercise on triage in triage area has been shared to CDC for their feedback. After approval of the video by CDC and DGHS, MTaPS will conduct the planned simulation exercise on triage in selected hospitals of Dhaka.
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	In response to the identified need, MTaPS has planned a training on triage for COVID-19 for health staff working in triage areas in 6 selected hospitals of Dhaka.
Bangladesh	Emergency Supply of IPC Commodities	• Apply/adapt simple operating procedures and tools for the management of ordering, issuing, distributing, receiving, rational utilization	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	A technical discussion meeting on the draft Bangladesh distribution strategy and inventory policy for COVID-19 commodities is postponed until next month because of another engagement of the GOB.
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	The document, Establishing COVID-19 SCM Reporting Dashboard and Building Capacity of the Users, has been reviewed by MTaPS HQ. MTaPS continues providing remote support to the personnel who are using the SCMP on COVID-19 commodities stock status across the country.
Bangladesh	Emergency Supply of IPC Commodities	• Conduct supportive supervision to ensuring adherence	• Compliance tracking and reporting system	The compliance tracking report on implementation of COVID-19 SCM procedures has been reviewed by MTaPS HQ and will be finalized as a project deliverable.

Bangladesh	Emergency Supply of IPC Commodities	• Implement simple IPC and PPE commodity tracking system	• Compliance tracking and reporting system	Currently, 98% (647 of 657) of facilities are reporting COVID-19 commodity stock status through the SCM electronic reporting system as of 31 October 2020. Reporting timeliness is 71%. ( <a href="https://scmpbd.org/index.php/covid-19-dashboard">https://scmpbd.org/index.php/covid-19-dashboard</a> )
Bangladesh	IPC Program Management (national/facility/community)	• Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels)	• Emergency response capacity assessment report with technical recommendations	MTaPS is planning to conduct training on IPC for doctors, nurses, and support staff (cleaners and ambulance drivers) based on the assessment report at selected hospitals in Dhaka City o/a November after obtaining an approval of an updated job aid (video).
Bangladesh	IPC Program Management (national/facility/community)	• Provide training using existing training package on triage for Covid-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	Planning is underway for a training on triage at selected hospitals in Dhaka City that will be conducted in November.
Bangladesh	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Coordination/task force mechanism	MTaPS is continuously coordinating COVID-19 IPC assistance with the Development Partners (DP) consortium and government counterparts through different pillar meetings.
Bangladesh	Triage for SARI/ARI patients	• Assess and monitor compliance	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS is planning to use the government-developed checklist to start monitoring compliance with key IPC requirements in three selected hospitals of Dhaka City.
Bangladesh	Preparedness for the possibility of mass fatalities	• Provide training using existing training packages for COVID-19	• Adapted training materials	A meeting on collaboration between MTAps and Save the Children/Bangladesh was held on October 14 to discuss selection of facilities to conduct combined training on IPC and case management. Save the Children plans to conduct the IPC training in 15 Hospitals in Dhaka City where MTAps already completed the IPC training during the early response to COVID-19 and is also conducting training on IPC for support staff in MTAps-supported hospitals of Dhaka, based on previously drafted training modules.To avoid duplication, MTAps has revised training plans for support staff and also reviewed the budget for training on IPC based on Save the Children shared list. MTAps has also received an administrative order from the Director, Hospital and Clinics, DGHS to support IPC trainings

Bangladesh	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> <li>• Define list of supplies and specification</li> </ul>	<ul style="list-style-type: none"> <li>• After-action report</li> </ul>	Defining supplies and specifications is an ongoing process. There were no changes to the commodity list in October.
Bangladesh	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> <li>• Support/facilitate quantification exercises</li> </ul>	<ul style="list-style-type: none"> <li>• After-action report</li> </ul>	<p>A technical review workshop on COVID-19 eLMIS and quantification tools was held on October 28 with the Director of MIS and his team, one participant from ICR of the DGHS, and the Director of Administration attended as a chief guest. During the meeting, MTaPS:</p> <ul style="list-style-type: none"> <li>- Shared the COVID-19 SCM portal, quantification and inventory management tools</li> <li>- Shared the rapid assessment findings on availability of computers, printers, internet and computer literacy of store keepers at 64 Civil Surgeon Office (DRS) and 62 district hospitals</li> <li>- Discussed a plan for capacity building on quantification and inventory management tools in the coming months in a phased manner</li> </ul> <p>DGHS MIS emphasized that the COVID-19 eLMIS was the highest priority in the near future. MTaPS is planning for a training on eLMIS and quantification for selected health facilities (70) by utilizing existing funding.</p>
Bangladesh	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> <li>• Design agile distribution and inventory holding policy</li> </ul>	<ul style="list-style-type: none"> <li>• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	MTaPS is planning to share the draft strategy on distribution of commodities and the inventory holding policy at a technical discussion meeting with government officials and other stakeholders for more valuable advice and approval. The meeting has been postponed due to another engagement of the GOB.
Bangladesh	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> <li>• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	A technical discussion meeting on proper management of COVID-19 commodities is postponed because of another engagement of the GOB.
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> <li>• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	The installation process of signage of IPC message is completed. The signage has been already distributed in 550 model pharmacies of Dhaka and Cox's Bazar City for displaying in their outlets.
Bangladesh	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> <li>• Analyze systems and systemic dependencies</li> </ul>	<ul style="list-style-type: none"> <li>• After-action report</li> </ul>	USAID verbally agreed that MTaPS would not conduct PPE decontamination activities, which will be done by WHO instead. This activity is



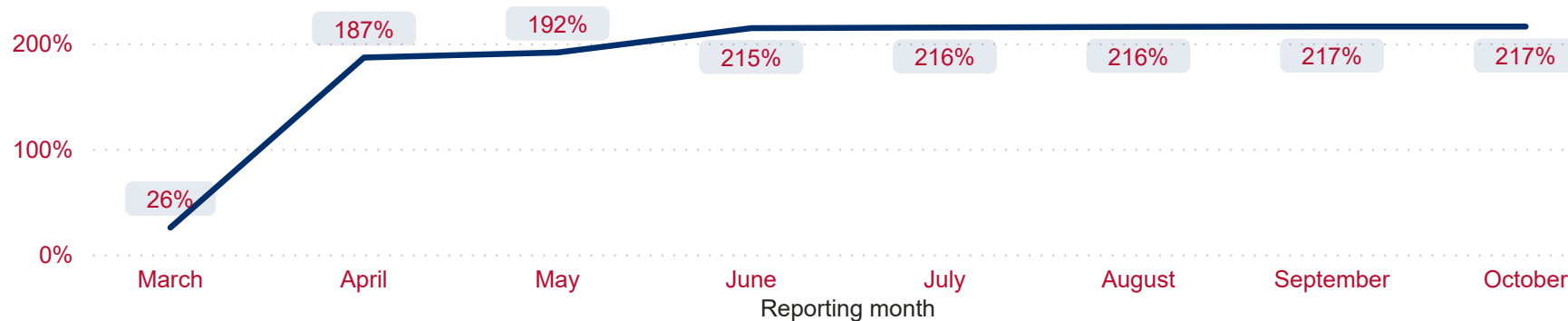


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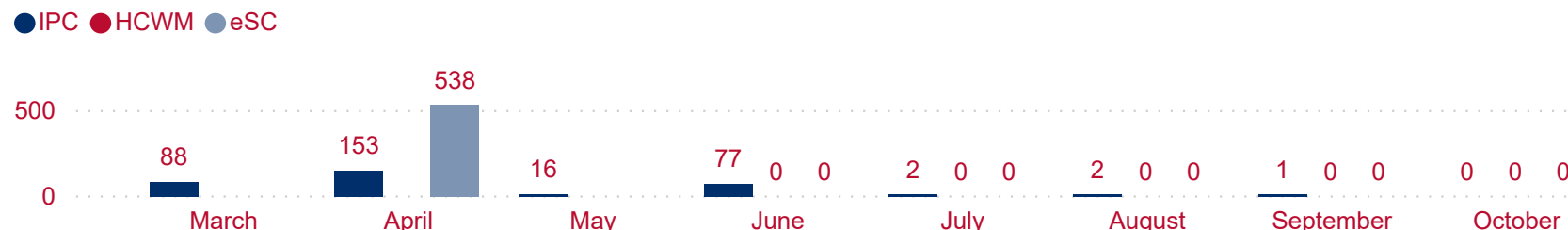
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Progress to date	26%	187%	192%	215%	216%	216%	217%	217%
Target	334	334	334	334	334	334	334	334

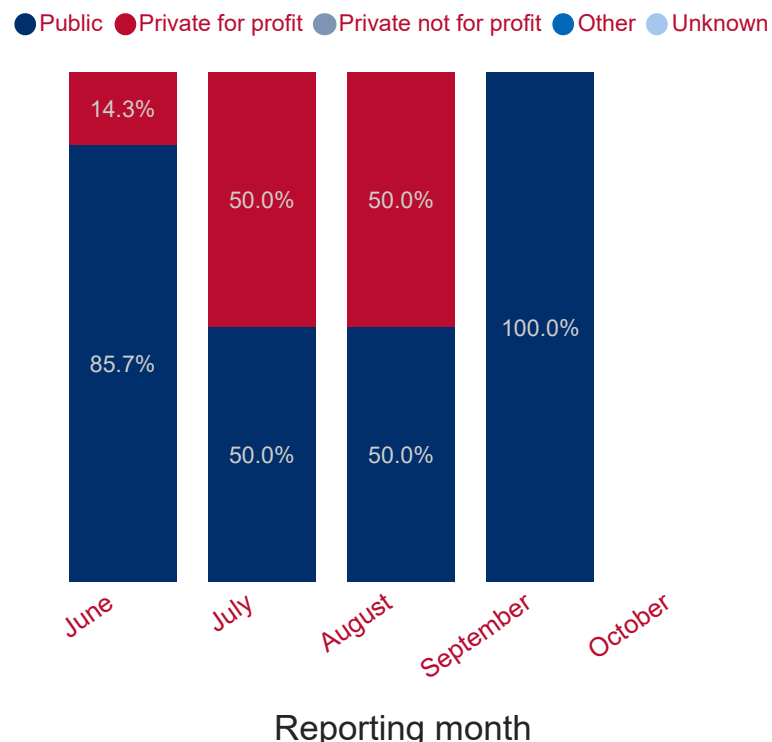
## % supported health facilities with staff trained by month



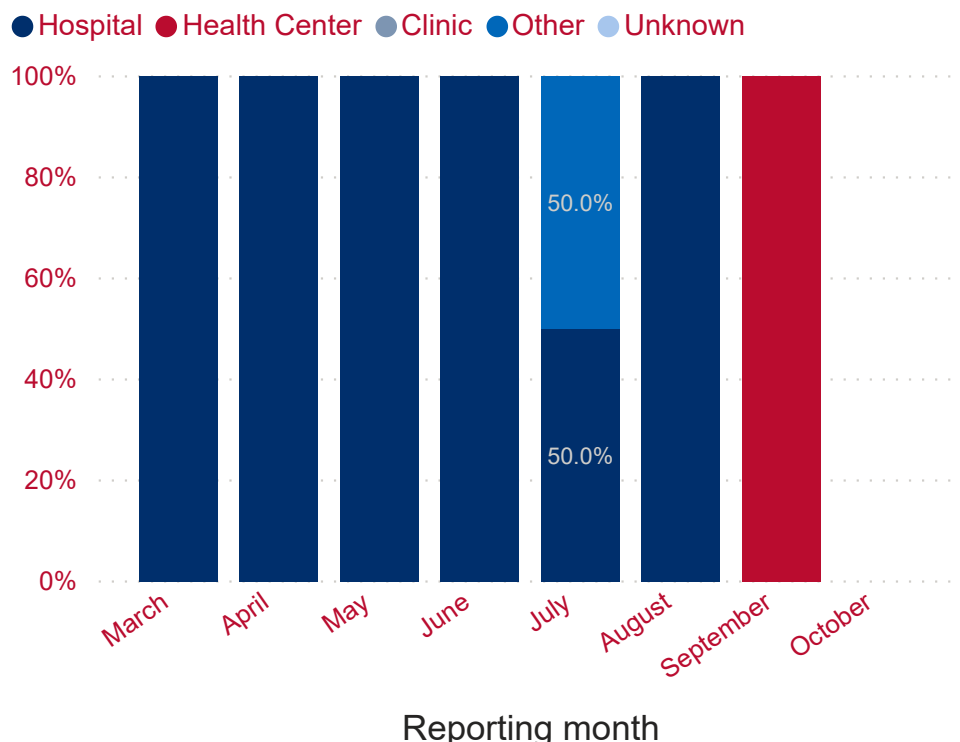
## # of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



## % of supported facilities trained by ownership type and by month



## % of supported facilities trained by facility type and by month



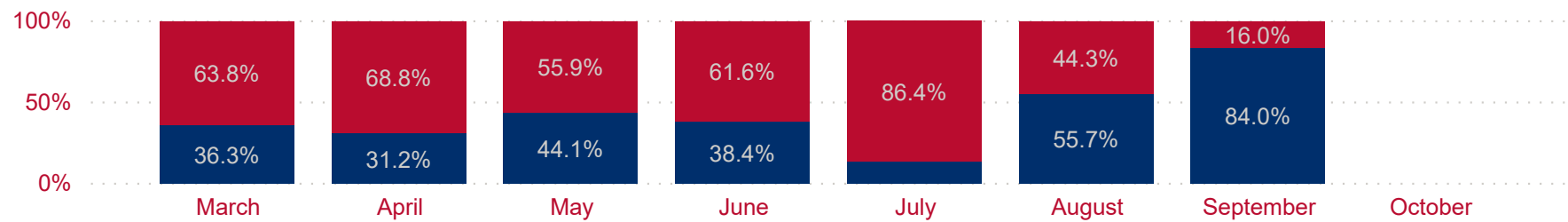
## CV 2: # of persons who received COVID-19-related training

### # of trainees by sex and by month

	March	April	May	June	July	August	September	October	Total
Total trained	560	1530	376	1114	88	88	75	0	3831
Females	203	478	166	428	12	49	63	0	1399
Males	357	1052	210	686	76	39	12	0	2432
Unknown					0	0	0	0	0
Cumulative trained	560	2090	2466	3580	3668	3756	3831	3831	

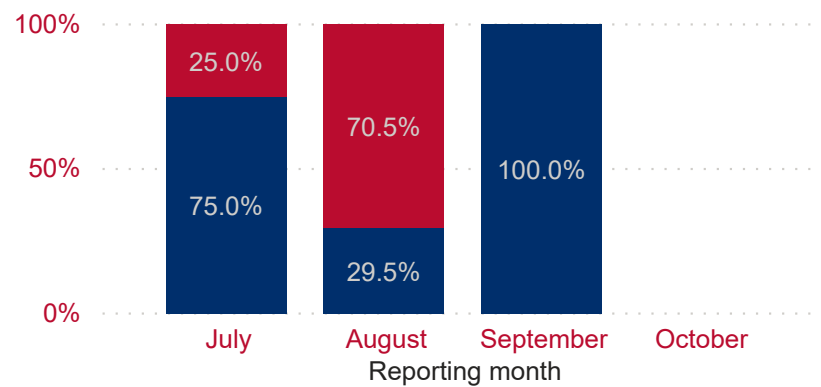
### % trainees by sex and by month

● Females ● Males ● Unknown



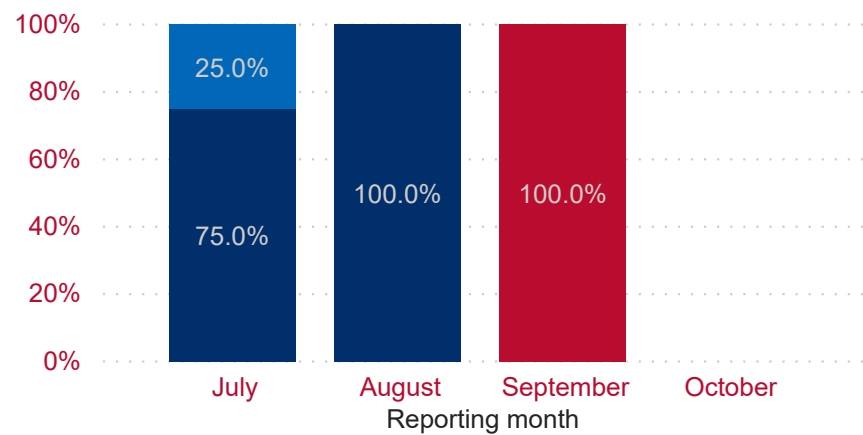
### % of trainees by facility ownership type and by month

● Public ● Private for profit ● Private not for profit ● Other ● Unknown



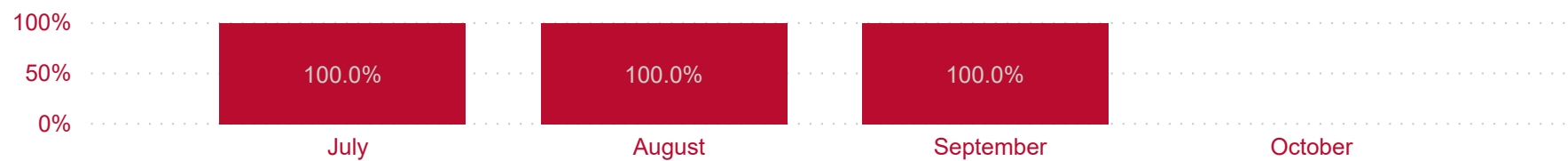
### % of trainees by facility type and by month

● Hospital ● Health Center ● Clinic ● Other ● Unknown



### % of trainees by training type and by month

● Training of Trainers (ToT) ● Non ToT training



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

### # and % of compliant of supported health facilities by month

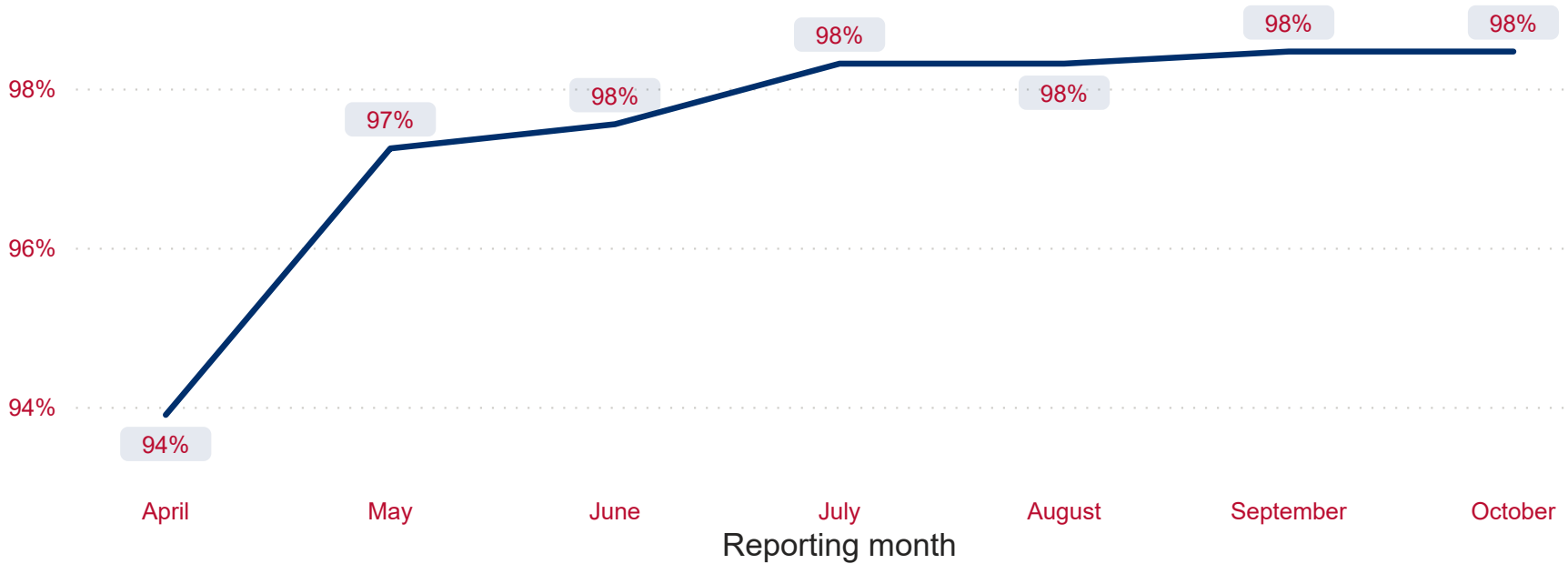
	October
Health facilities	0
Cumulative (health facilities)	0
Progress to date	0%
Target	20

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

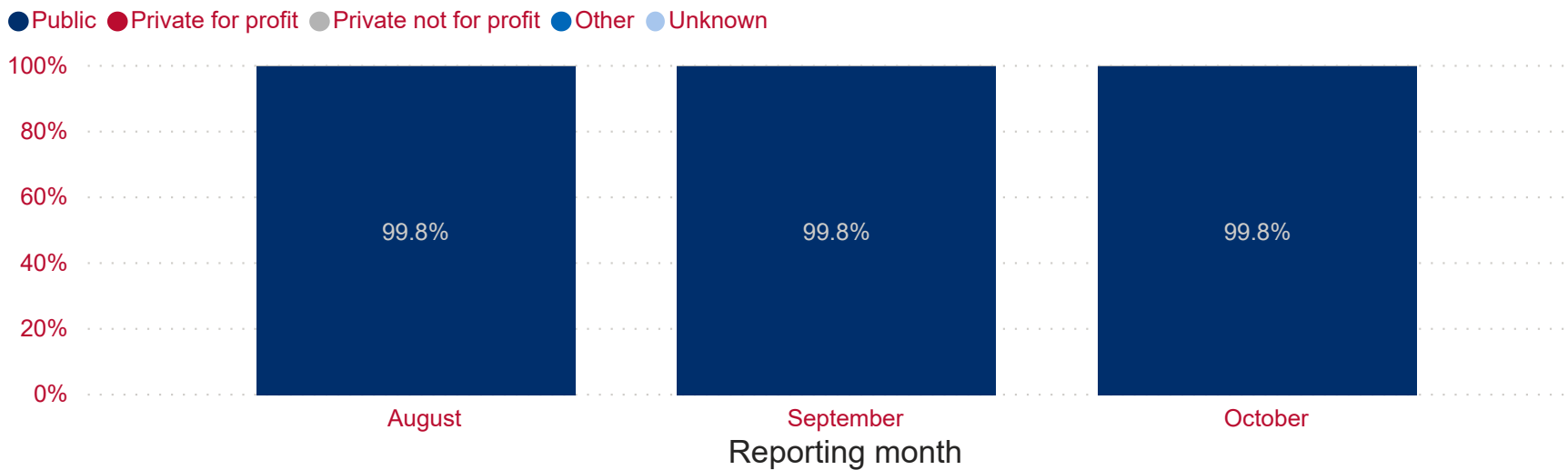
## # and % of supported health facilities reporting stock data by month

	April	May	June	July	August	September	October
Health facilities	617	639	641	646	646	647	647
Progress to date	94%	97%	98%	98%	98%	98%	98%
Target	657	657	657	657	657	657	657

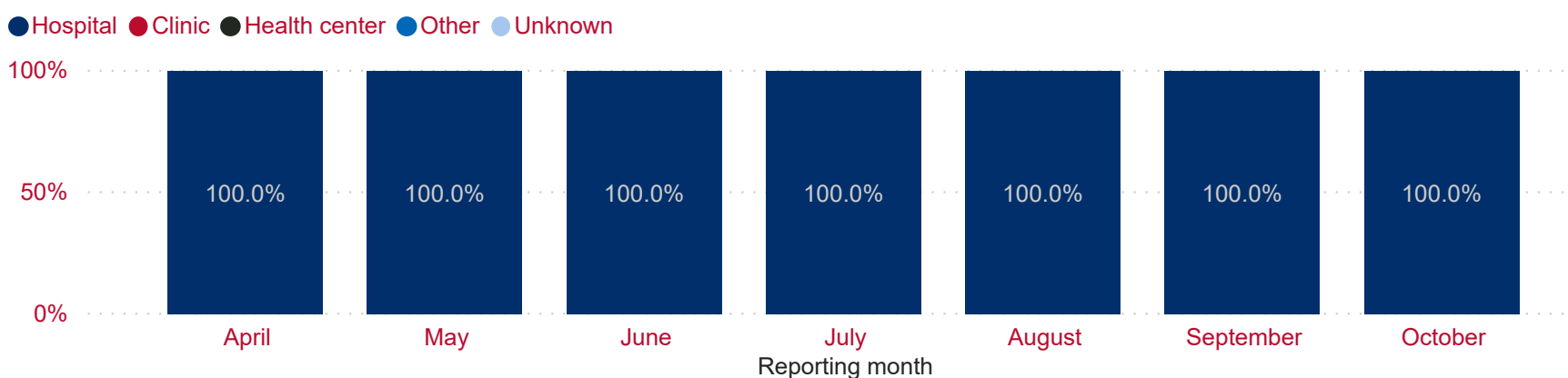
## % of health facilities reporting stock data by month

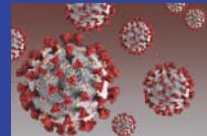


## % of supported health facilities reporting stock data by ownership type and by month



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





Contact for any Questions and Clarifications: [mtaps-hqcovid19@mtapsprogram.org](mailto:mtaps-hqcovid19@mtapsprogram.org)

## Report Filters

### Quick Guide:

Please Click and select both a Country and a Month.

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

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### Country ▲

Bangladesh

**Burkina Faso**

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

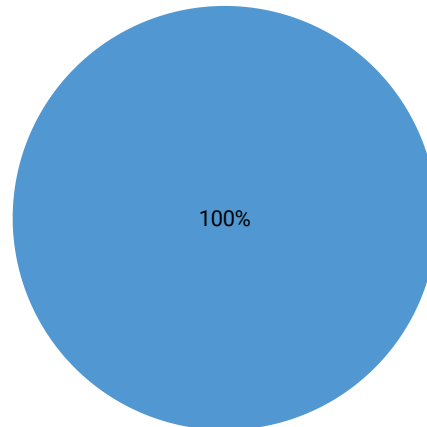
Kenya

Mali

1 - 13 / 13 < >

### Month: October (1) ▼

● COMPLETED



### Technical Area ▲

IPC Program Management (national/facility/community)

IPC guidance to patients, family members, caregivers and visitors

Waste management

1 - 3 / 3 < >

## Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	October
Burkina Faso	IPC Program Management (national/facility/community)	• Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance	• Adapted training materials	This activity was completed in September.
Burkina Faso	IPC Program Management (national/facility/community)	• Provide training using existing training package on triage for Covid-19		The final trainings for this activity were held in September. These trainings enabled the MTaPS/Burkina Faso COVID-19 program to surpass the target of reaching 700 healthcare providers during the the project; by the end of the activities, 888 healthcare providers were trained.
Burkina Faso	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	These healthcare facilities performance assessed using the WHO scorecard tool were to be covered by the supervision mission organized MTaPS, however, due to time constraints, only three regions were covered.
Burkina Faso	IPC Program Management (national/facility/community)	• Just-in-time IPC training	• Emergency response capacity assessment report with technical recommendations	<p>Post-training supervision in three regions:</p> <ol style="list-style-type: none"> <li>1. Boucle du Mouhoun: CMA of Tougan, CMA of Toma and CMU of Dédougou</li> <li>2. Hauts Basins: CMA of Orodara, CMA of Dandé, CSPS of Karangasso-Vigué, and CM of Lena</li> <li>3. Central West: CMA of Léo, CMA of Sapouy, CMA of Nanoro, CMA of Sabou, CMA of Ténado, CMA of Reo, CMU of Koudougou and CHR of Koudougou</li> </ol> <p>A total of 15 healthcare facilities received post-training supervision out of the 22 healthcare facilities assessed, representing a completion rate of 68%. Like the baseline assessment, the WHO scorecard was used again for comparison. All the healthcare facilities in the regions of Hauts Basins, the Central West experienced an important improvement in the IPC practice</p>

important improvement in the IPC practice subsequently to the capacity-building sessions. It can therefore be said that the training sessions had a positive impact in these healthcare facilities.

In the region of the Boucle of Mouhoun, the districts of Dédougou and Toma also saw an improvement in IPC after the capacity-building sessions. However, the CMA of Tougan has experienced a significant drop in the scorecard; this could be explained by the deterioration of hand washing devices at the entrance and in front of the services. The current unavailability of garbage bags and the cancellation of the isolation room were critical. We found that these causes were more material rather the human resource capability.

Burkina Faso	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Strengthen facility COVID-19 IPC response coordination mechanism/task force</li> </ul>	<ul style="list-style-type: none"> <li>Status reports by key IPC element (supervision, IPC performance, supplies, etc.)</li> </ul>	The activity has been implemented, but not did include all the regions as planned, due to time constraints; see previous activity for summary for October.
Burkina Faso	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> <li>Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	<p>MTaPS developed 13 SOPs in the form of posters with terms of references (ToRs) and the needs expression of healthcare facilities for printing:</p> <ol style="list-style-type: none"> <li>1. Technique for wearing non-sterile gloves</li> <li>2. Technique of wearing sterile gloves</li> <li>3. Glove removal technique</li> <li>4. N95 or FFP2 mask-wearing technique</li> <li>5. Handwashing technique</li> <li>6. Hydroalcoholic friction technique</li> <li>7. Wearing protective equipment in the COVID-19 context</li> <li>8. Withdrawal of protective equipment in context in the context of COVID-19</li> <li>9. WHO's indication of hand hygiene</li> <li>10. IPC goal</li> <li>11. Preparation of chlorinated solution</li> <li>12. Priors to hand hygiene</li> <li>13. Why practice hand hygiene</li> </ol>
Burkina Faso	Waste management	<ul style="list-style-type: none"> <li>Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>Adapted training materials</li> </ul>	The three SOP posters: 1) sorting of solid biomedical waste in normal situations; 2) waste sorting in the context of COVID-19; and 3) biomedical waste in a normal situation are yet to

be printed and disseminated to healthcares facilities for the best practice of the health waste management.

Burkina Faso

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

Post-training supervision in three regions:

1. Boucle du Mouhoun: CMA of Tougan, CMA of Toma and CMU of Dédougou
2. Hauts Basins: CMA of Orodara, CMA of Dandé, CSPS of Karangasso-Vigué, and CM of Lena
3. Central West: CMA of Léo, CMA of Sapouy, CMA of Nanoro, CMA of Sabou, CMA of Ténado, CMA of Reo, CMU of Koudougou and CHR of Koudougou

A total of 15 healthcare facilities received post-training supervision out of the 22 healthcare facilities assessed, representing a completion rate of 68%. Like the baseline assessment, the WHO scorecard was used again for comparison. All the healthcare facilities in the regions of Hauts Basins, the Central West experienced an important improvement in waste management practices subsequently to the capacity-building sessions. It can therefore be said that the training sessions had a positive impact in these healthcare facilities.

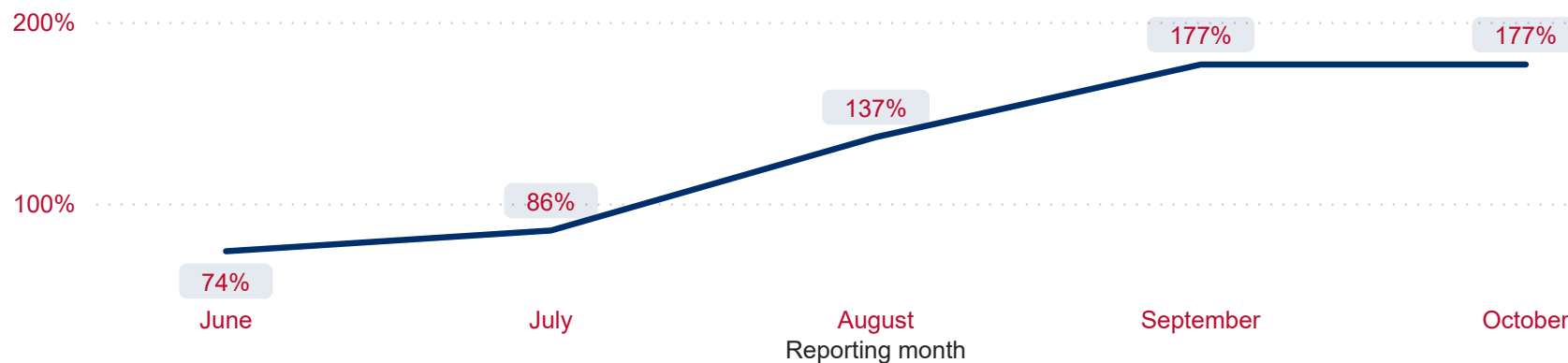
In the region of the Boucle of Mouhoun, the districts of Dédougou and Toma also saw an improvement in waste management after the capacity-building sessions. However, the CMA of Tougan has experienced a significant drop in the scorecard; this could be explained by the deterioration of hand washing devices at the entrance and in front of the services. The current unavailability of garbage bags and the cancellation of the isolation room were critical. We found that these causes were more material rather the human resource capability.

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

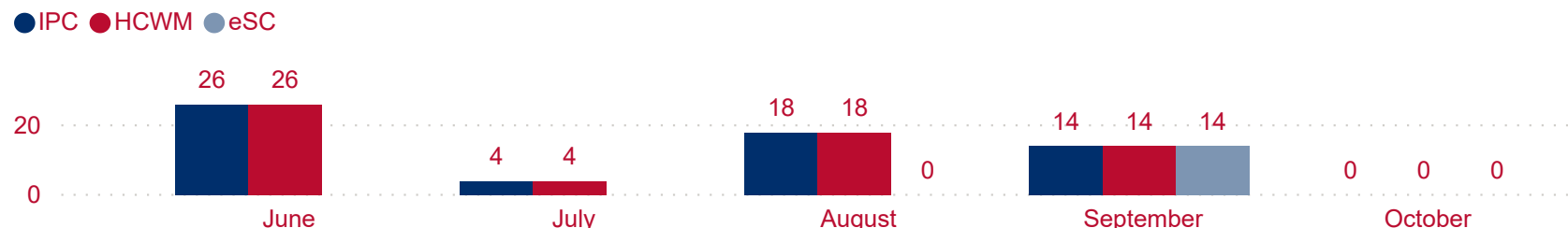
## # and % supported health facilities with staff trained by month

	June	July	August	September	October
Health facilities	26	4	18	14	0
Cumulative (health facilities)	26	30	48	62	62
Progress to date	74%	86%	137%	177%	177%
Target	35	35	35	35	35

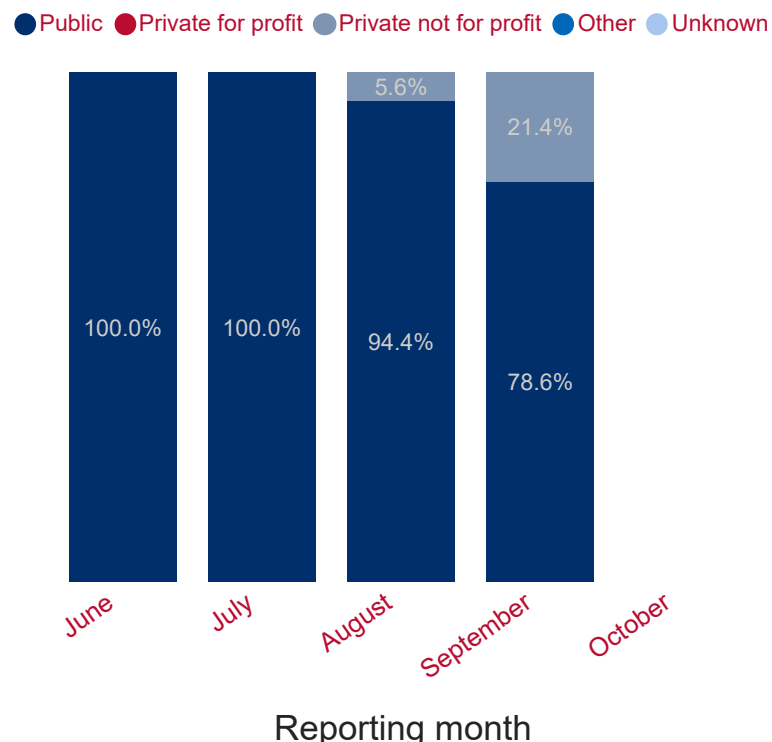
## % supported health facilities with staff trained by month



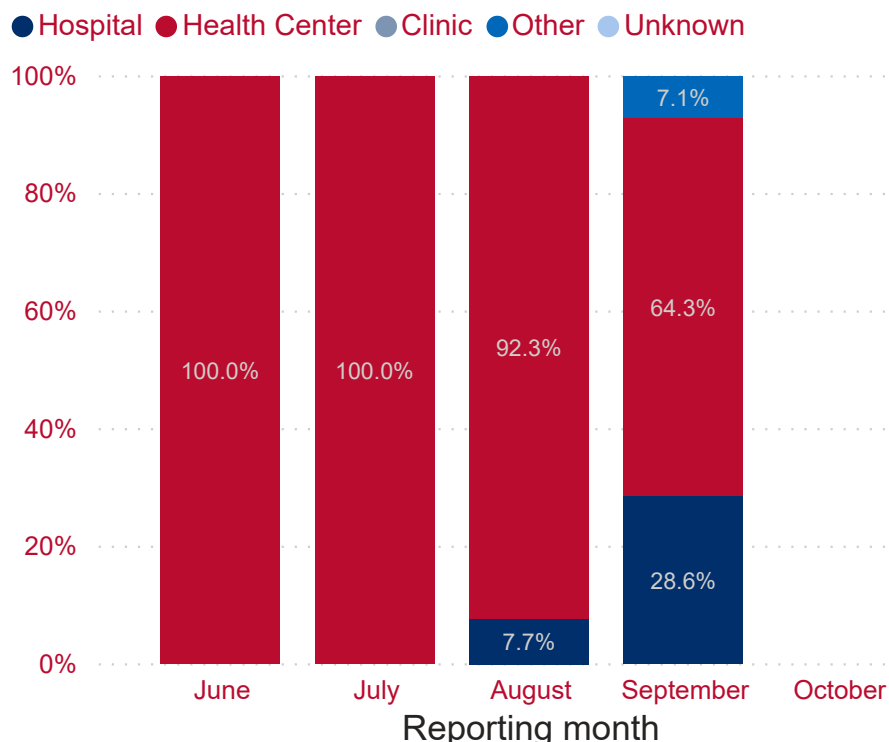
## # of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



## % of supported facilities trained by ownership type and by month



## % of supported facilities trained by facility type and by month





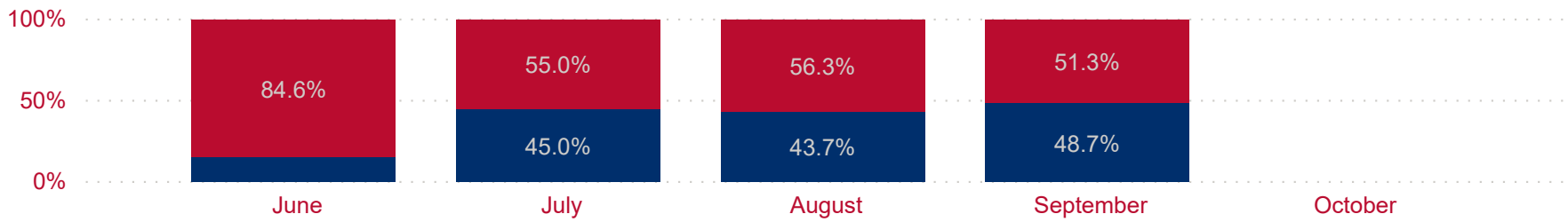
# CV 2: # of persons who received COVID-19-related training

## # of trainees by sex and by month

	June	July	August	September	October	Total
Total trained	26	100	300	462	0	888
Females	4	45	131	225	0	405
Males	22	55	169	237	0	483
Unknown		0	0	0	0	0
Cumulative trained	26	126	426	888	888	

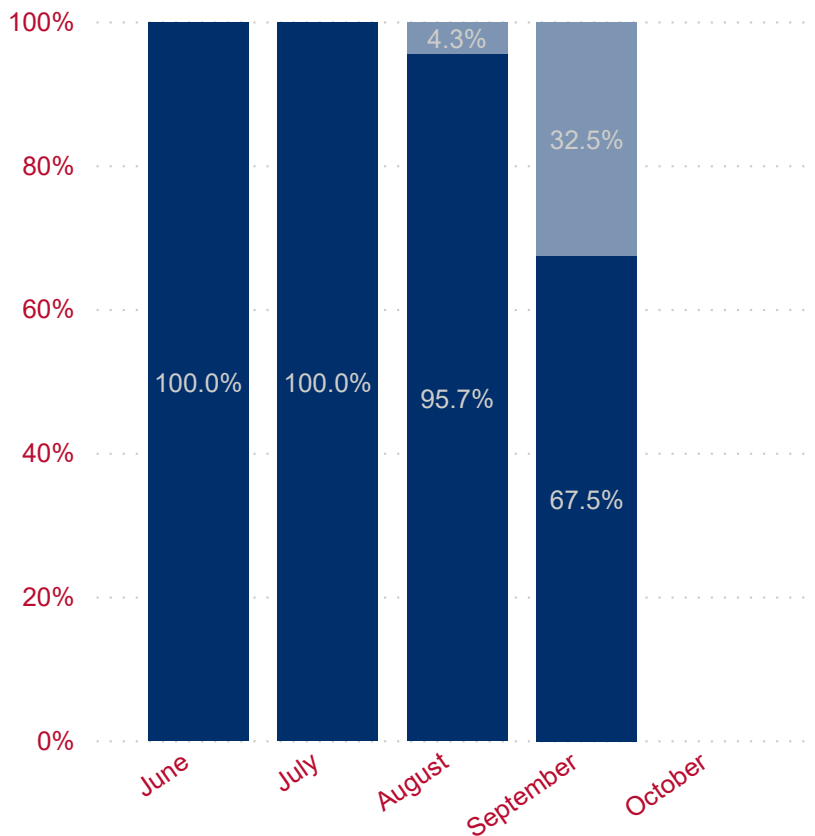
## % trainees by sex and by month

● Females ● Males ● Unknown



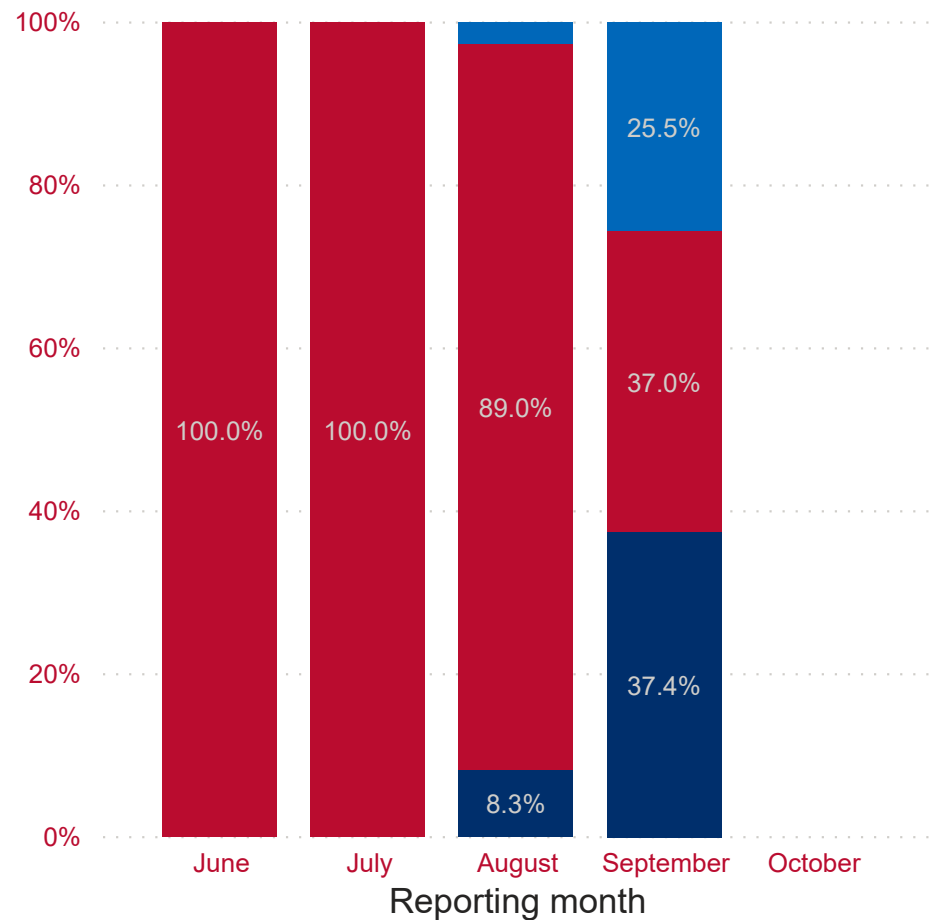
## % of trainees by facility ownership type and by month

● Public ● Private for profit ● Private not for profit ● Other ● Unknown



## % of trainees by facility type and by month

● Hospital ● Health Center ● Clinic ● Other ● Unknown



## % of trainees by training type and by month

● Training of Trainers (ToT) ● Non ToT training



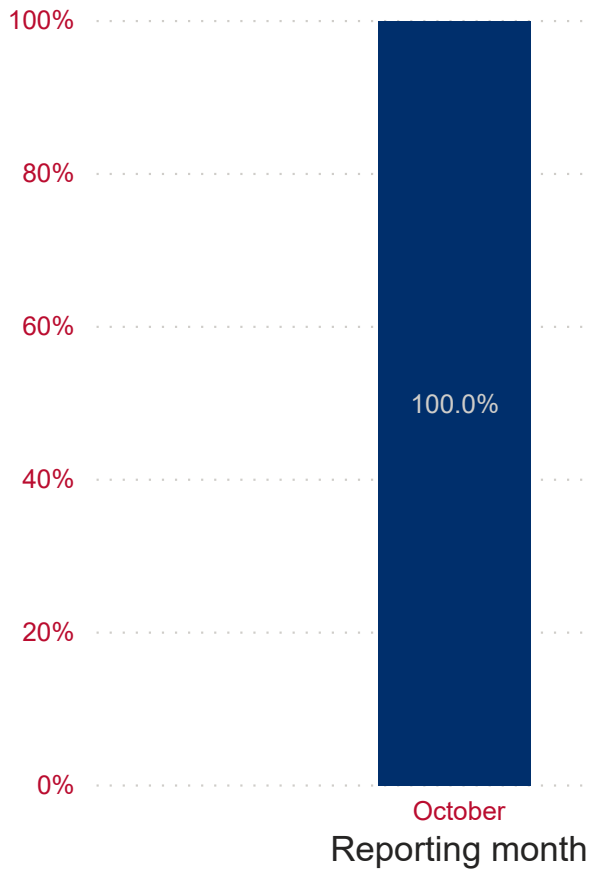
## CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

### # and % of compliant of supported health facilities by month

October	
Health facilities	15
Cumulative (health facilities)	15
Progress to date	43%
Target	35

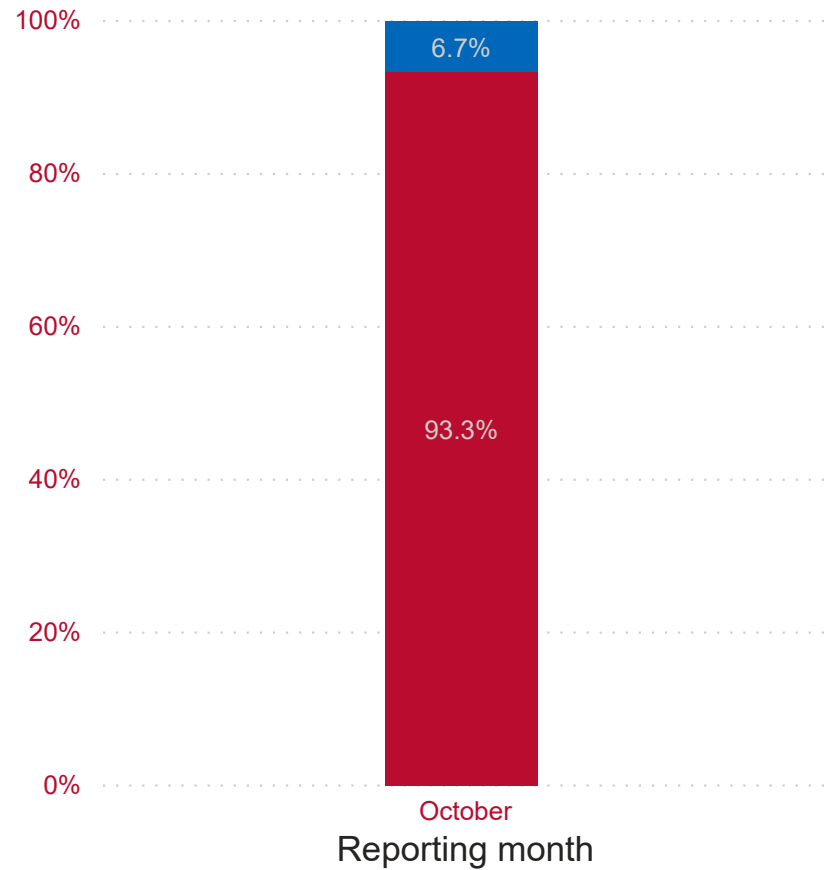
### % of compliant supported health facilities by ownership type and by month

● Public ● Private for profit ● Private not for... ● Other ● Unknown



### % of compliant supported health facilities by facility type and by month

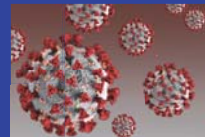
● Hospital ● Health Center ● Clinic ● Other ● Unknown



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

### # and % of supported health facilities reporting stock data by month

October	
Health facilities	0
Progress to date	0%
Target	35



Contact for any Questions and Clarifications: [mtaps-hqcovid19@mtapsprogram.org](mailto:mtaps-hqcovid19@mtapsprogram.org)

## Report Filters

### Quick Guide:

Please Click and select both a Country and a Month.

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

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### Country ▲

Bangladesh

Burkina Faso

**Cameroon**

Cote d'Ivoire

Ethiopia

Jordan

Kenya

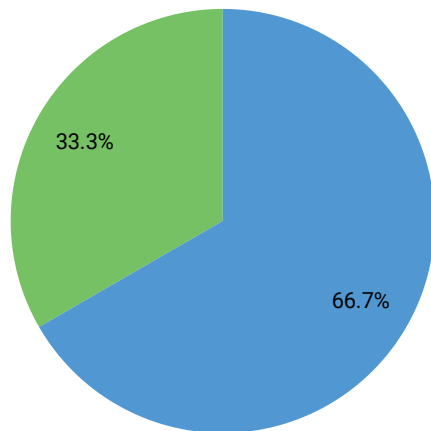
Mali

1 - 13 / 13



### Month: October (1) ▼

● COMPLETED ● NO ISSUES OR ON TRA...



### 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

1 - 6 / 6



## Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	October
Cameroon	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Support to regular meetings with the national coordination mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Coordination/task force mechanism</li> </ul>	<p>Apart from providing technical support in all aspects of IPC during coordination meetings, MTaPS initiated and supported the setting up of an IPC hub in order to improve the planning and implementation of IPC activities by different partners. This initiative was appreciated by the IPC implementing partners. It strengthened collaboration among the partners. This activity is now complete.</p>
Cameroon	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> <li>Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	<p>With respect to what was planned in the workplan, MTaPS supported the MOH to adapt COVID-19 related IPC training package from WHO modules. These modules have been used by the MOH and other partners (International Federation of the Red Cross) to strengthen capacity of health workers. MTaPS consultants were of great support to the MOH that needed human resources to boost the COVID-19 response. They participated in capacity building of health workers in IPC, but also in follow-up (monitoring and evaluations of IPC activities using the the WHO score card). This activity has ended with the consultants having strengthened the capacity of regional and health facility IPC champions to continue the work.</p>
Cameroon	Early recognition	<ul style="list-style-type: none"> <li>Provide training using existing training packages for COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	<p>A total of 204 members of the rapid response team (RRT) have been trained in the five MTaPS-supported regions planned in the action plan (the target was 200 RRT trained members). While the contact tracers have contributed in limiting the number of new COVID-19 cases, the RRTs have contributed in boosting up the rapid investigation of suspected cases in the supported health districts. This activity has been completed.</p>
Cameroon	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> <li>Just-in-time IPC training</li> </ul>	<ul style="list-style-type: none"> <li>Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	<p>The just-in-time training of health personnel in IPC has been a key activity supported by MTaPS. The effect or impact of this training in improving IPC in the health facilities among other activities has been positive. Staff from most health</p>

			facility/community	has been positive. Staff from most health facilities especially those compliant in IPC are becoming more and more conscious of IPC practices, especially hand hygiene and segregation of waste. Altogether, 558 health workers of different categories and profile from 20 health facilities have been trained in COVID-19 IPC related procedures. This activity has been completed as per the workplan. There is need to carry out onsite supportive supervisions in order to keep improving or sustain the IPC standards attained.
Cameroon	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> <li>Assess and monitor compliance</li> </ul>	<ul style="list-style-type: none"> <li>After-action report</li> </ul>	MTaPS started monitoring compliance in the supported health facilities in the month of July following the just-in-time IPC trainings. MTAps conducted monthly IPC assessment, with most health facilities having benefited from 3 assessments. MTAps also carried out field supportive supervisions in the health facilities that were not compliant after the 2nd IPC evaluation. Generally, all of the MTAps supported health facilities improved in their IPC practices when comparing the scores with the baseline. However, after the third assessment, 9 of the 15 health facilities supported were compliant to IPC practices (>79% score). The challenge here is not just to bring the remaining 6 health facilities to compliance, but also to ensure compliance is sustainable in all of the supported health facilities.
Cameroon	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> <li>Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>Adapted training materials</li> </ul>	MTaPS is currently supporting the printing of COVID-19 sensitization tools adapted from existing WHO tools. A total of 1500 fliers and posters will be printed to continue the support the of the population.
Cameroon	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> <li>Develop plans and strategies following existing guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	Preparing the regions and health facilities to anticipate a surge in capacity of COVID-19 cases was a gap in Cameroon's response to the ongoing pandemic. MTAps' response to this need was timely as the tools the program developed will be used to conduct simulation exercises in order to prepare the region and health facilities to adapt their response in an event of a surge in capacity of COVID-19 cases. The deliverables for this activity are being finalized.
Cameroon	Waste	<ul style="list-style-type: none"> <li>Adapt guidance/</li> </ul>	<ul style="list-style-type: none"> <li>Commodity (SOP) list</li> </ul>	This happened to be a key activity MTAps

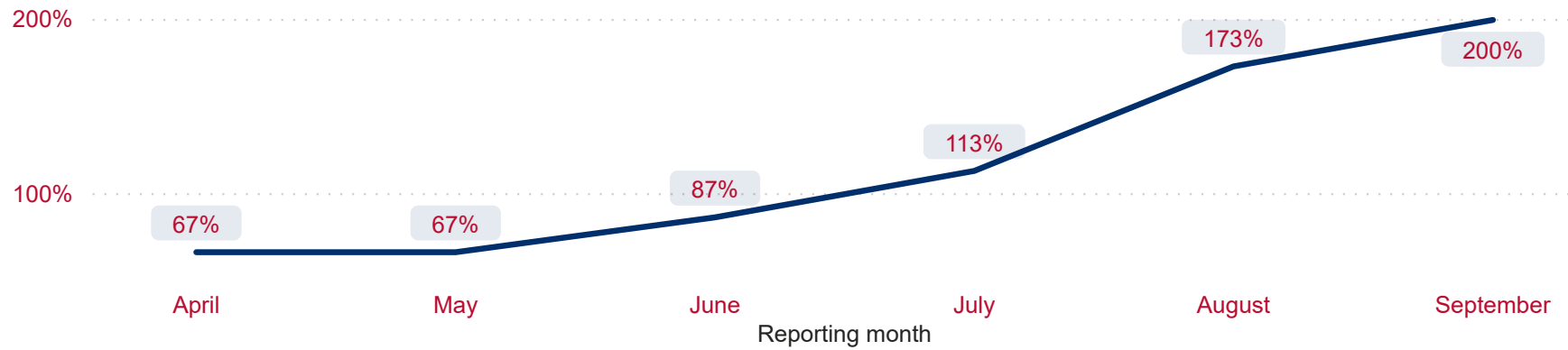
	management	SOPs along existing WHO guidance for COVID-19 to	Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	supported among others; waste management was a major weakness in health facilities. Building from IPC modules earlier developed by the MOH, with the support of MTaPS, a number of SOPs on waste management have been developed as a first step to close this gap. The deliverables are currently being finalized.
Cameroon	Waste management	<ul style="list-style-type: none"> <li>• Provide training using existing training packages for COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	Altogether, MTaPS supported the training of 60 hygiene and waste management staffs from 20 health facilities. The training of these personnel has contributed to improve waste management in the health facilities, evident from the score card assessments. Some practices that have improved include the labeling of trash cans, segregation of waste, periodic sensitization of health staff on good waste management practices and treatment of waste following recommended SOPs. As per the workplan, this activity has been completed. However there is still need for these activities to be sustained.

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

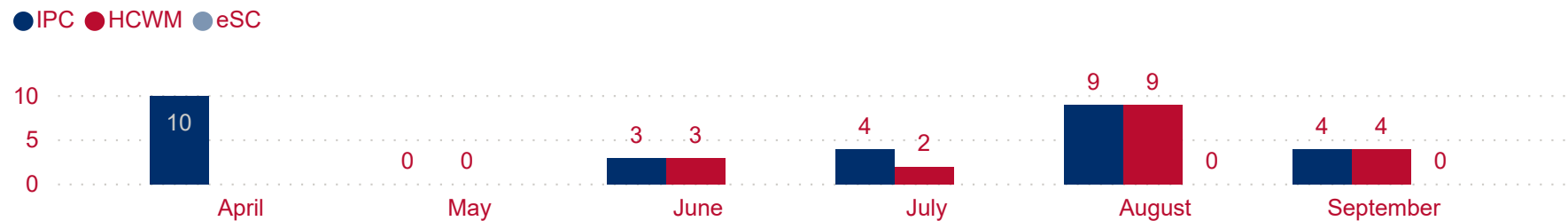
## # and % supported health facilities with staff trained by month

	April	May	June	July	August	September
Health facilities	10	0	3	4	9	4
Cumulative (health facilities)	10	10	13	17	26	30
Progress to date	67%	67%	87%	113%	173%	200%
Target	15	15	15	15	15	15

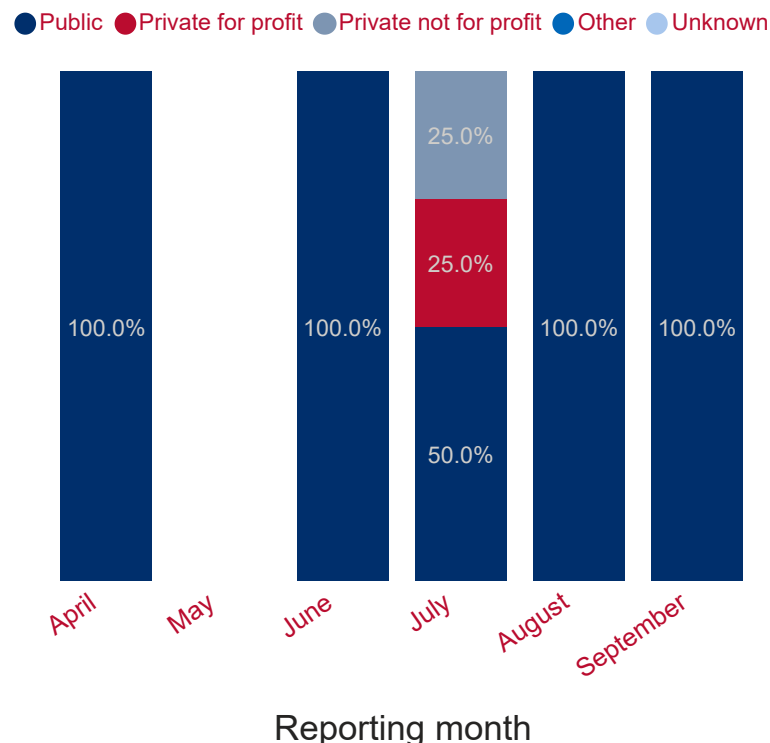
## % supported health facilities with staff trained by month



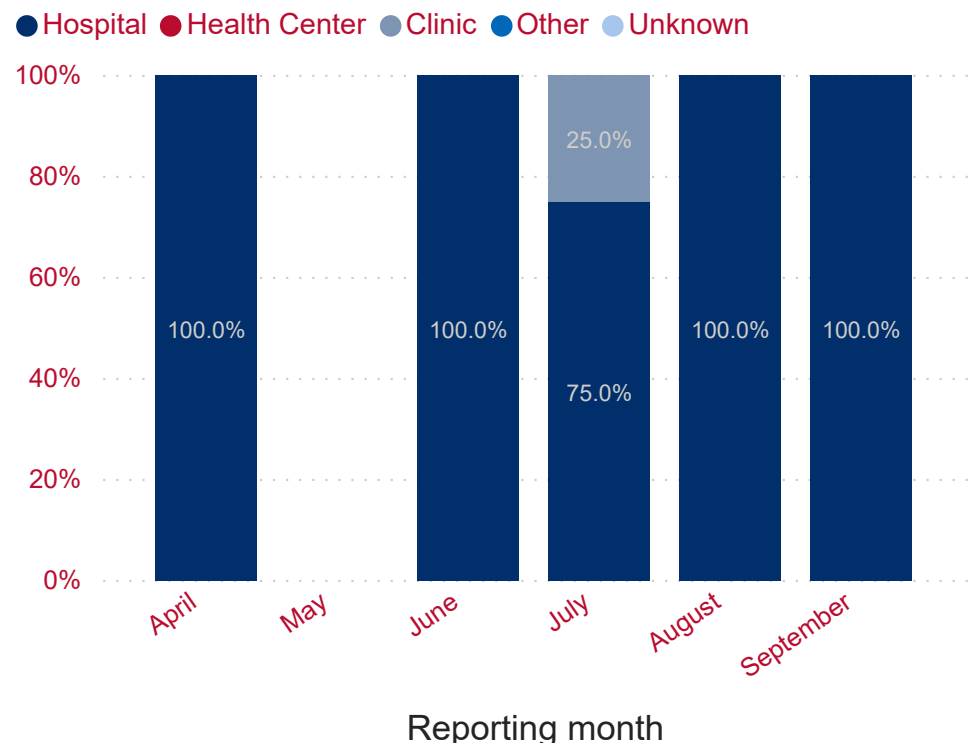
## # of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



## % of supported facilities trained by ownership type and by month



## % of supported facilities trained by facility type and by month



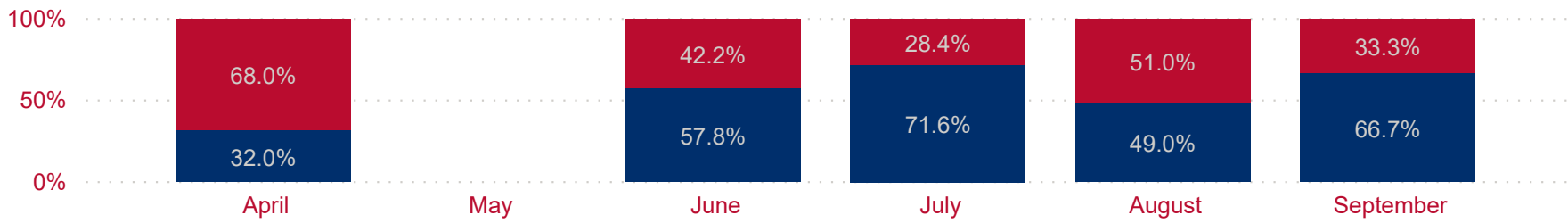
# CV 2: # of persons who received COVID-19-related training

## # of trainees by sex and by month

	April	May	June	July	August	September	Total
Total trained	25	0	360	81	204	177	847
Females	8	0	208	58	100	118	492
Males	17	0	152	23	104	59	355
Unknown					0	0	0
Cumulative trained	25	25	385	466	670	847	

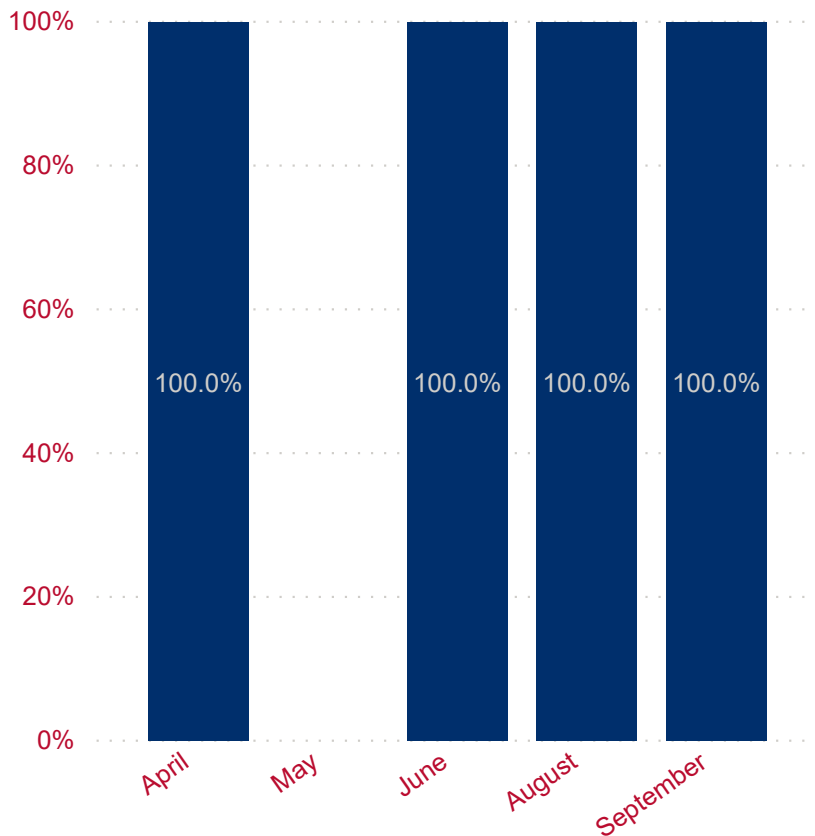
## % trainees by sex and by month

● Females ● Males ● Unknown



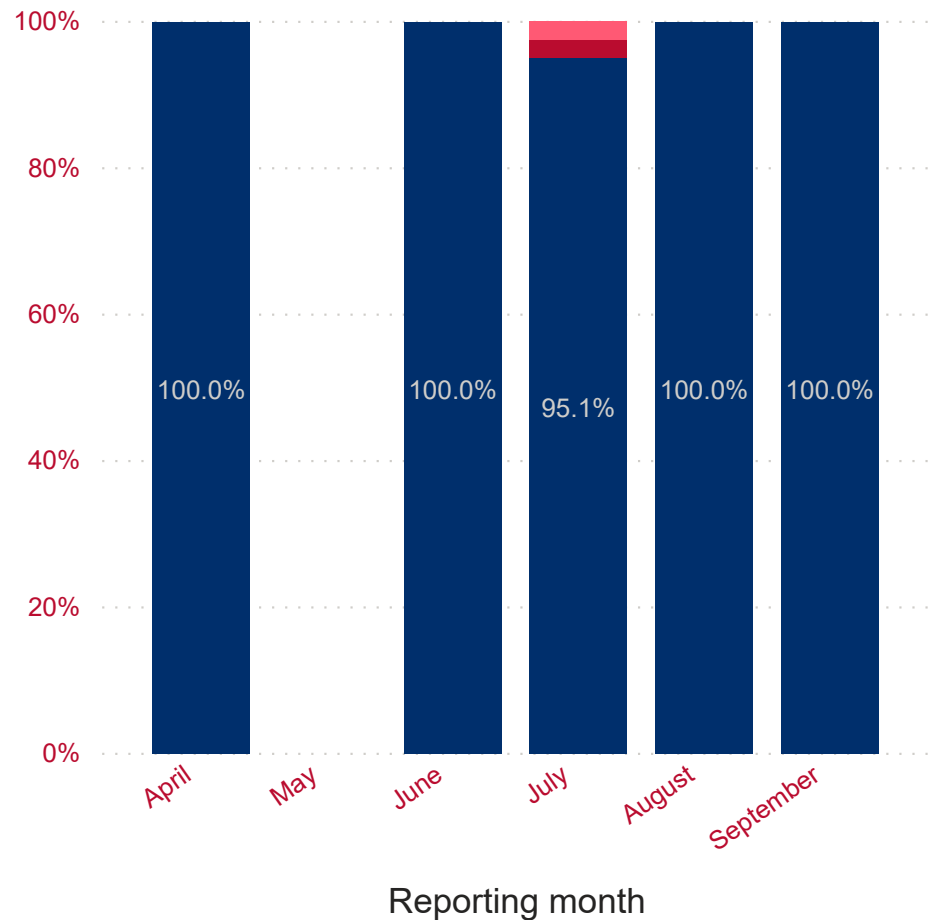
## % of trainees by facility ownership type and by month

● Public ● Private for profit ● Private not for profit ● Other ● Unknown



## % of trainees by facility type and by month

● Hospital ● Health Center ● Clinic ● Other ● Unknown



## % of trainees by training type and by month

● Training of Trainers (ToT) ● Non ToT training



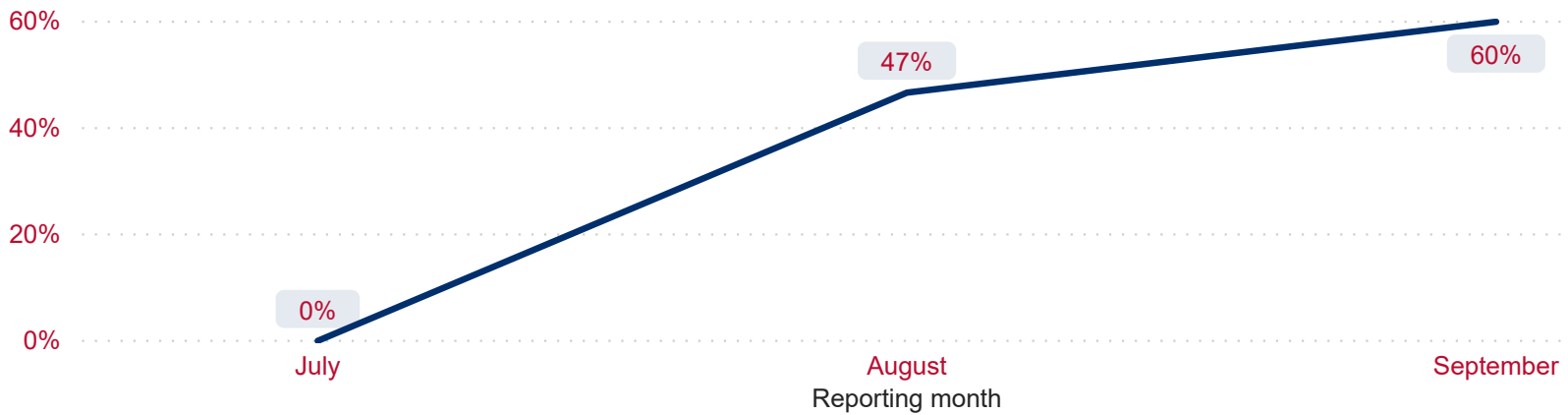


# CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

## # and % of compliant of supported health facilities by month

	July	August	September
Health facilities	0	7	2
Cumulative (health facilities)	0	7	9
Progress to date	0%	47%	60%
Target	15	15	15

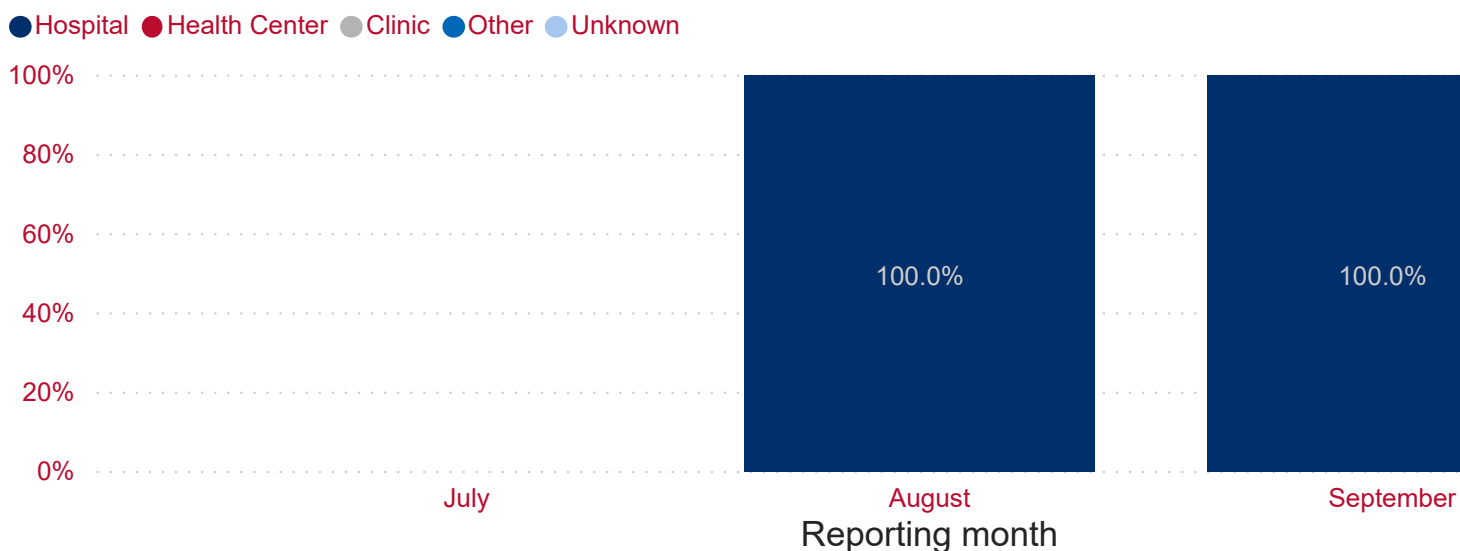
## % of compliant of supported health facilities by month



## % of compliant supported health facilities by ownership type and by month



## % of compliant supported health facilities by facility type and by month

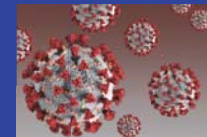




# Medicines Technologies and Pharmaceutical Services COVID Response Country Report 2020

# Cote d'Ivoire

October



Contact for any Questions and Clarifications: [mtaps-hqcovid19@mtapsprogram.org](mailto:mtaps-hqcovid19@mtapsprogram.org)

## Report Filters

### Quick Guide:

Please Click and select both a Country and a Month.

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

### Country ▲

Bangladesh

Burkina Faso

Cameroon

**Cote d'Ivoire**

Ethiopia

Jordan

Kenya

Mali

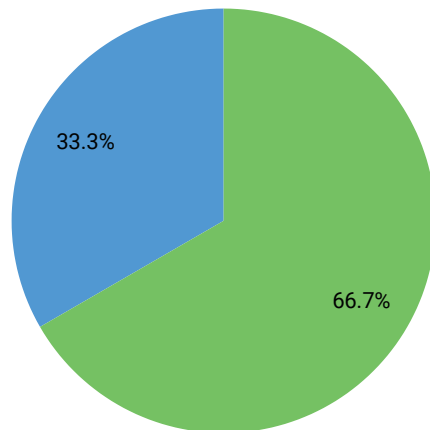
1 - 13 / 13



Month: October

(1) ▼

● NO ISSUES OR ON TRA... ● COMPLETED



### Technical Area ▲

IPC Program Management (national/facility/community)

Triage for SARI/ARI patients

Waste management

1 - 3 / 3



## Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	October
Cote d'Ivoire	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Strengthen facility COVID-19 IPC response coordination mechanism/task force</li> </ul>	<ul style="list-style-type: none"> <li>Established COVID 19 facility/unit</li> </ul>	<p>MTaPS supported the IPC COVID-19 Task Force to organise two-day site visits from October 20 to 23 in six COVID-19 care and treatment centers in Abidjan. Three teams of two people from the IPC COVID-19 Task Force conducted the IPC assessment of these six facilities using the WHO scorecard.</p> <p>The scores obtained were: Adjame COVID-19 care and treatment center (48%), Anyama COVID-19 care and treatment center (64%), Bingerville COVID-19 care and treatment center (44%), Koumassi COVID-19 care and treatment center (52%), Port-Bouet COVID-19 care and treatment center (48%), Yopougon COVID-19 care and treatment center (36%).</p> <p>The results of these evaluations were presented to health workers in the presence of health facility managers. The gaps listed during the evaluation were presented and improvement plans were developed in a participatory approach in order to address these gaps, the main ones of which were: (1) the lack of a focal point in IPC; (2) triage activity in place but no staff triage; (3) insufficient sorting of medical waste during production; (4) absence of urinal and hydroalcolic gel in isolation boxes; (5) lack of posters on wearing and removing PPE; (6) cleaning/disinfection procedures were not available; (7) management protocols in the event of exposure were not in place.</p>
Cote d'Ivoire	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Strengthen facility COVID-19 IPC response coordination mechanism/task force</li> </ul>	<ul style="list-style-type: none"> <li>Coordination/task force mechanism</li> </ul>	<p>MTaPS continued supporting the IPC COVID-19 Task Force to review IPC activity implementation, and to help prepare presentations of IPC activities updates during the weekly national coordination meetings.</p>
Cote d'Ivoire	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Monitor compliance with requirements</li> </ul>	<ul style="list-style-type: none"> <li>Compliance tracking and reporting system</li> </ul>	<p>This activity was completed in September 2020.</p>

(national/facility/  
community)

Cote d'Ivoire

Triage for  
SARI/ARI  
patients

- Provide training using existing training package on triage for COVID-19

- Number of people trained in IPC for COVID-19 by gender/position/type of facility/community

MTaPS supported the IPC COVID-19 Task Force to conduct a three-day training workshop that took place from September 30 to October 2, 2020 in nine health regions. The workshops were conducted by teams of two regional trainers and a supervisor from the IPC COVID-19 Task Force. The trainings focused on standard precautions (hand hygiene; respiratory hygiene; PPE based on risk; safe injection practices, sharps management and injury prevention; safe handling, cleaning and disinfection of patient care equipment; environmental cleaning; safe handling and cleaning of soiled linen and equipment; and waste management); the additional precautions and recommendations specific to COVID-19; and the triage at the entrance to health facilities. At the end of these training workshops, 128 members of regional health teams (25 females and 103 males) were trained in IPC for COVID-19.

This training to those in charge of routinely supervising and coaching the health facilities nationwide was found extremely important by the COVID-19 coordination body at INHP in anticipation to the integration of this COVID-19 response within the national health system.

MTaPS supported the IPC COVID-19 Task Force to conduct a four-day training workshop from October 20 to 23, 2020 in seven COVID-19 care and treatment centers in Abidjan, and conducted in each of these regions by a team of two regional trainers and a supervisor from the IPC COVID-19 Task Force. The trainings also focused on standard precautions (hand hygiene; respiratory hygiene; PPE based on risk; safe injection practices, sharps management and injury prevention; safe handling, cleaning and disinfection of patient care equipment; environmental cleaning; safe handling and cleaning of soiled linen and equipment; and waste management), the additional precautions and recommendations specific to COVID-19; and the triage at the entrance to health facilities. At the end of these training workshops, 107 staff of COVID-19 care and treatment centers in Abidjan (36 females and 71 males) were trained in IPC for COVID-19.

for COVID-19.

A total of 235 people (61 females and 174 males) were trained in IPC for COVID-19. This brings the total number of health workers who completed COVID-19-related training to 1154 peoples, 378 females and 776 males.

The plan was to complete all these training by the end of October. But the Task Force requested that MTaPS postpone all activities planned for last week of October because of the security situation related to the elections. MTaPS was able to conduct training for seven centers and supervision for six centers as mentioned above. The Task Force has scheduled to organize the remaining COVID-19 training for the six centers and supervision for the seven centers from November 16-20, 2020, and that will contribute to complete the COVID-19 workpaln activities and deliverables by the end of November 2020.

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Cote d'Ivoire	Waste management	<ul style="list-style-type: none"><li>• Provide training using existing training packages for COVID-19</li></ul>	<ul style="list-style-type: none"><li>• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li></ul>	MTaPS selected the service provider for the supply of equipment for the collection, transport and temporary storage of medical waste (garbage cans, garbage bags, trolleys) at 17 CHRs and at the Bouake University Hospital. The procurement process is in progress.
Cote d'Ivoire	Triage for SARI/ARI patients	<ul style="list-style-type: none"><li>• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li></ul>	<ul style="list-style-type: none"><li>• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li></ul>	This activity was completed in August 2020.

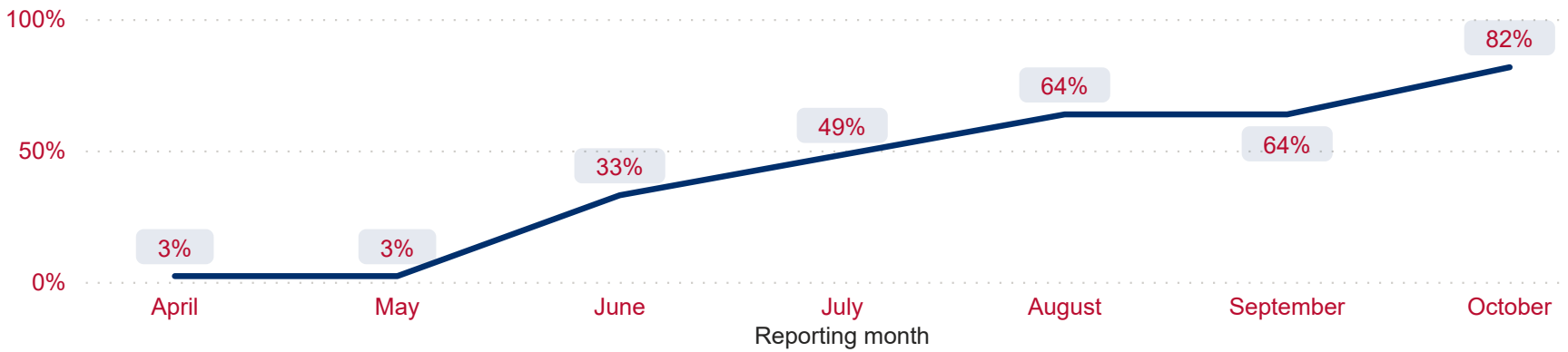
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# CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

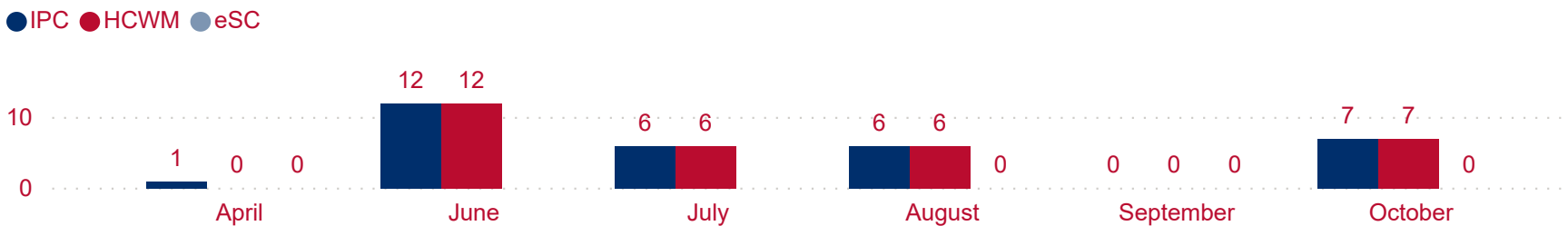
## # and % supported health facilities with staff trained by month

	April	May	June	July	August	September	October
Health facilities	1	0	12	6	6	0	7
Cumulative (health facilities)	1	1	13	19	25	25	32
Progress to date	3%	3%	33%	49%	64%	64%	82%
Target	39	39	39	39	39	39	39

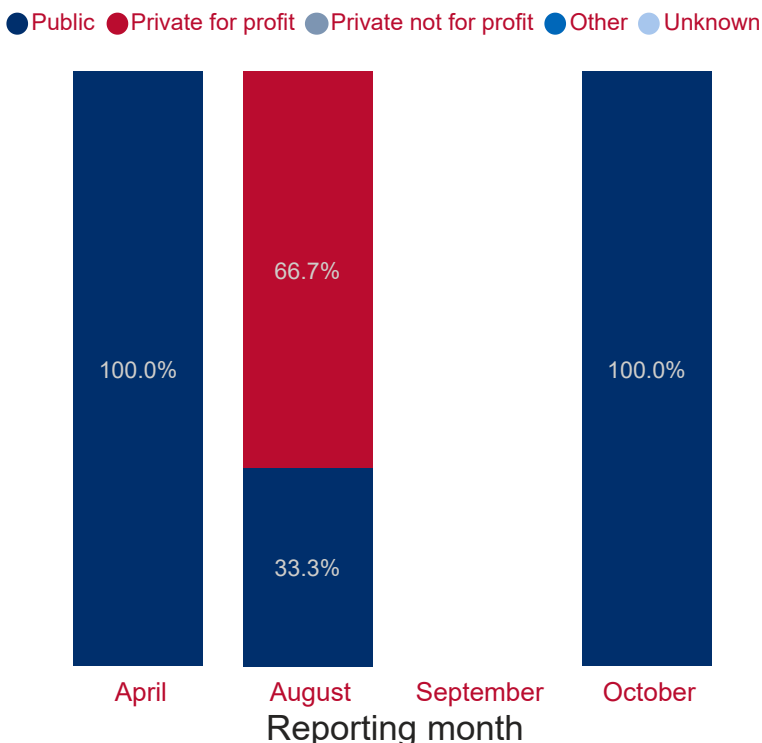
## % supported health facilities with staff trained by month



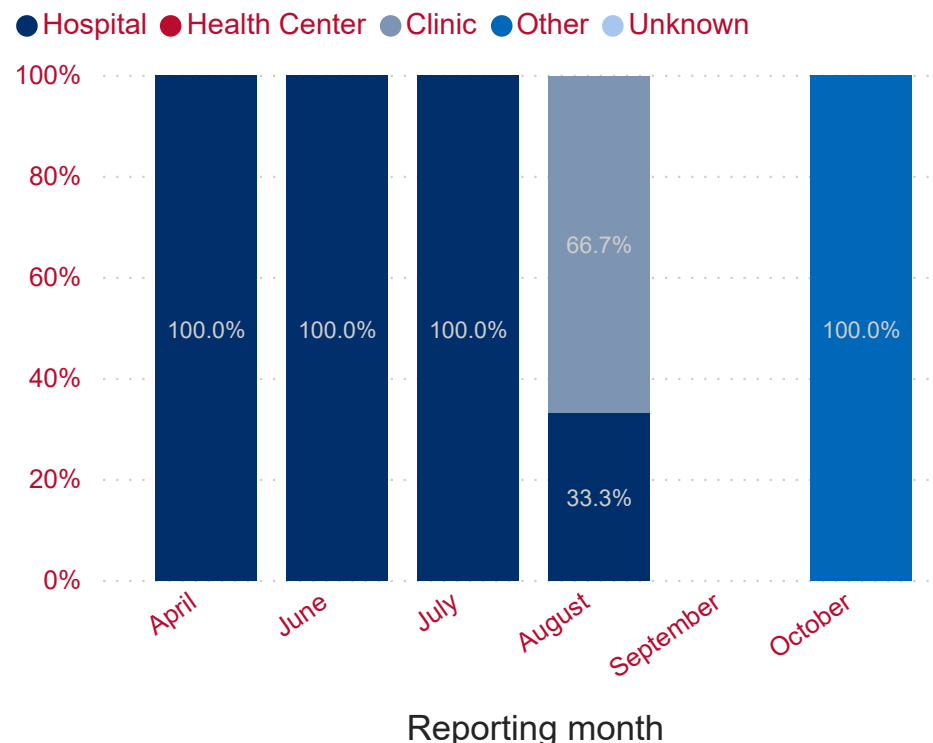
## # of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



## % of supported facilities trained by ownership type and by month



## % of supported facilities trained by facility type and by month



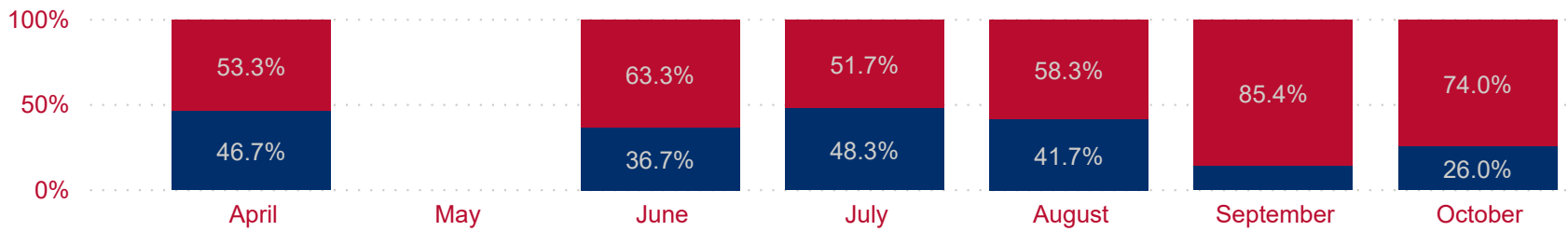
# CV 2: # of persons who received COVID-19-related training

## # of trainees by sex and by month

	April	May	June	July	August	September	October	Total
Total trained	30	0	507	60	151	171	235	1154
Females	14	0	186	29	63	25	61	378
Males	16	0	321	31	88	146	174	776
Unknown		0		0	0	0	0	0
Cumulative trained	30	30	537	597	748	919	1154	

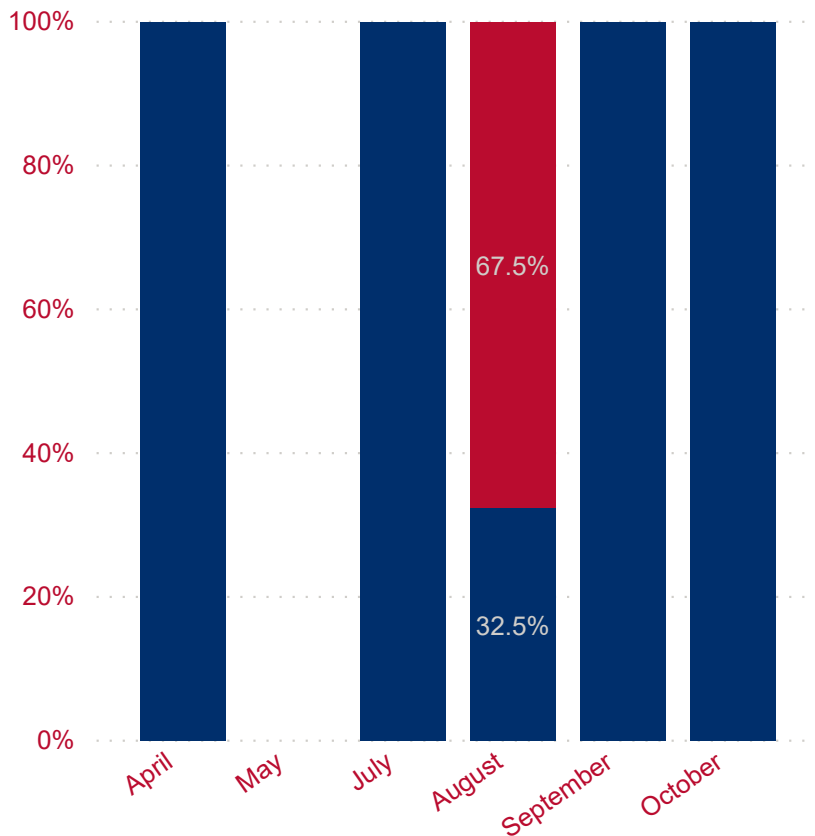
## % trainees by sex and by month

● Females ● Males ● Unknown



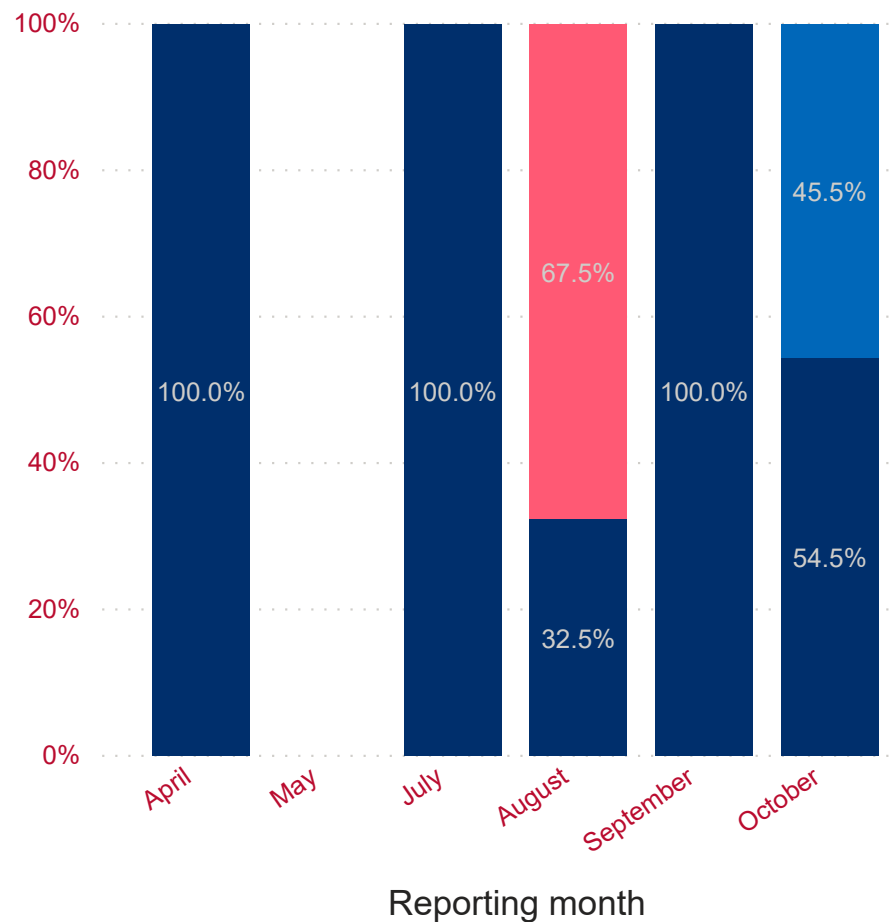
## % of trainees by facility ownership type and by month

● Public ● Private for profit ● Private not for profit ● Other ● Unknown



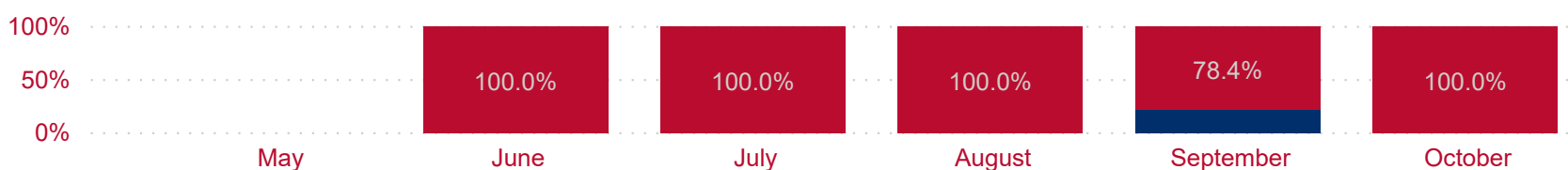
## % of trainees by facility type and by month

● Hospital ● Health Center ● Clinic ● Other ● Unknown



## % of trainees by training type and by month

● Training of Trainers (ToT) ● Non ToT training

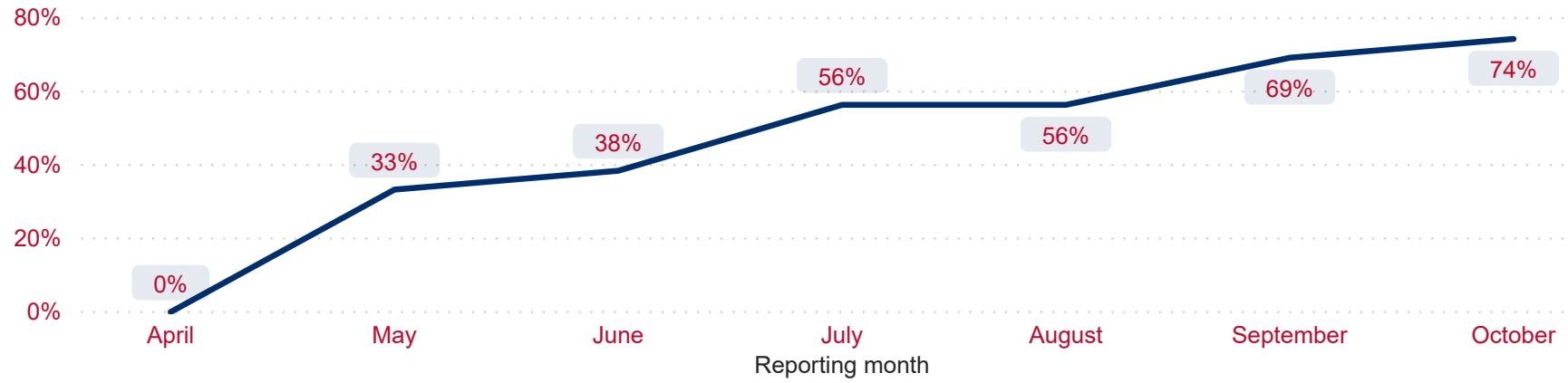


# CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

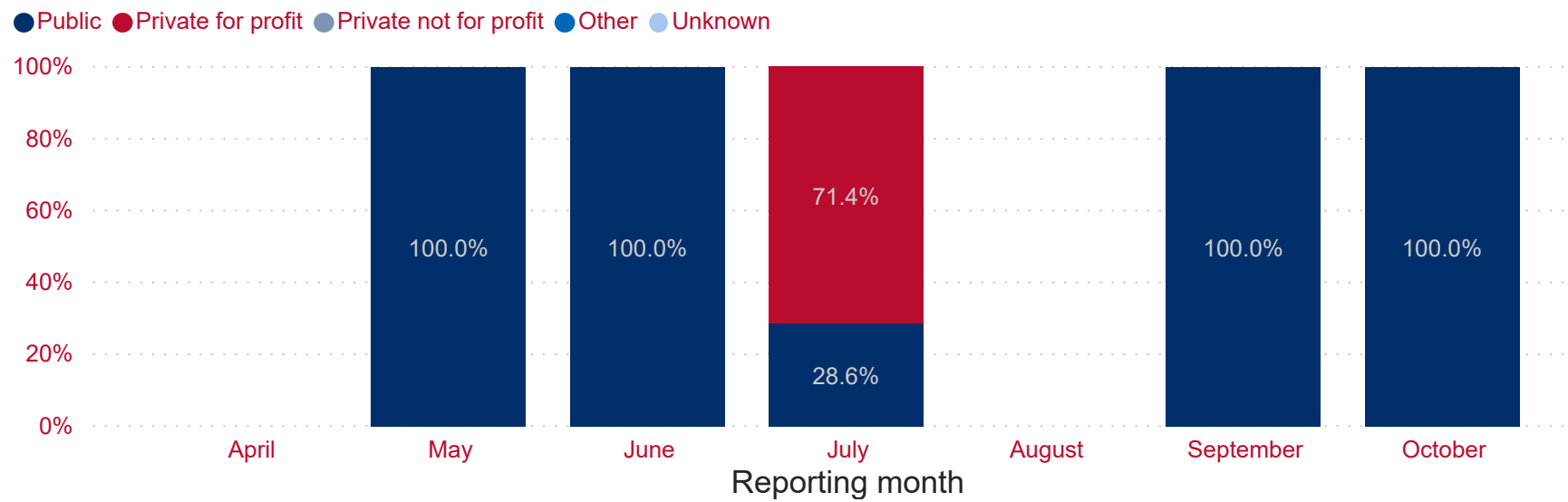
## # and % of compliant of supported health facilities by month

	April	May	June	July	August	September	October
Health facilities	0	13	2	7	0	5	2
Cumulative (health facilities)	0	13	15	22	22	27	29
Progress to date	0%	33%	38%	56%	56%	69%	74%
Target	39	39	39	39	39	39	39

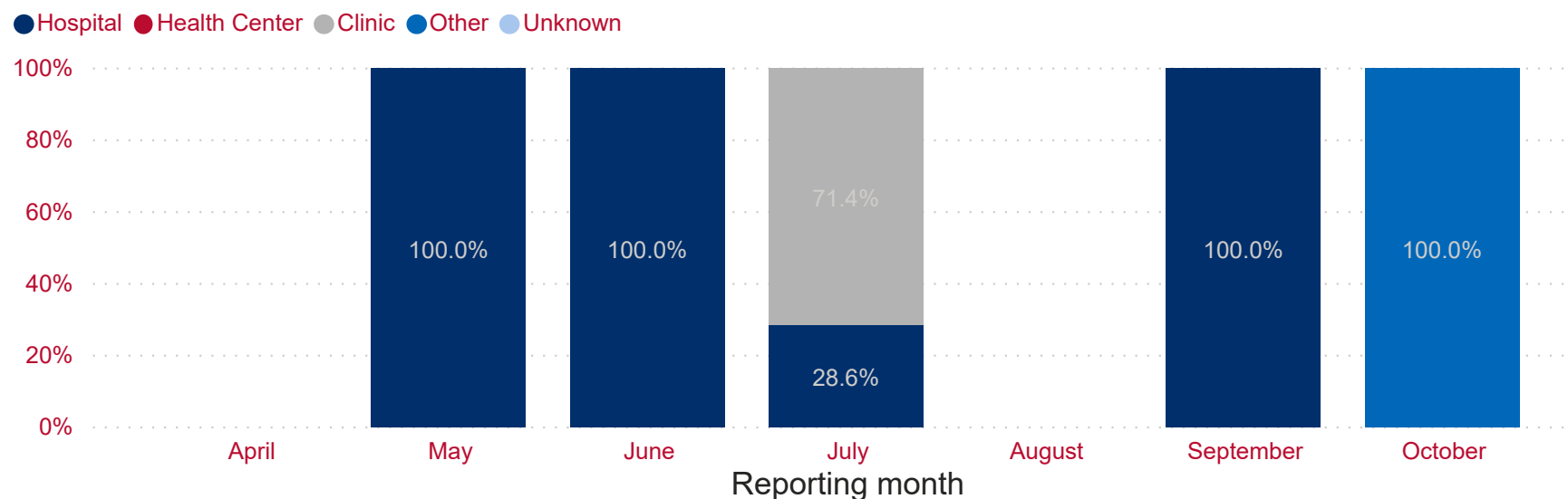
## % of compliant of supported health facilities by month



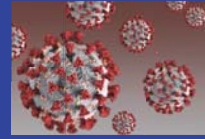
## % of compliant supported health facilities by ownership type and by month



## % of compliant supported health facilities by facility type and by month







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Cote d'Ivoire

Ethiopia

**Jordan**

Kenya

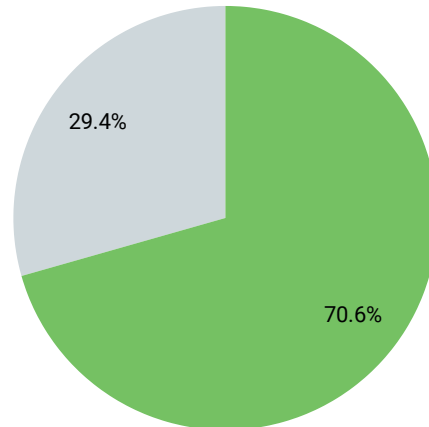
Mali

1 - 13 / 13



### Month: October (1) ▼

● NO ISSUES OR O... ● NOT YET START...



### Technical Area ▲

Application of COVID-19 Precautions by HCW, patients

Emergency Supply of IPC Commodities

IPC Program Management (national/facility/community)

IPC facility access guidance

Source control (isolation)

Sudden influx of patients / Surge capacity

Triage for SARI/ARI patients

1 - 7 / 7



## Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	October
Jordan	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels)</li> </ul>	<ul style="list-style-type: none"> <li>Emergency response capacity assessment report with technical recommendations</li> </ul>	MTaPS continued to conduct pre-training visits to targeted hospitals for rapid assessments of COVID-19 IPC capacity using the tailored scorecard in addition to assessment of logistic training needs and arrangements. Three MOH/University hospitals and five private hospitals included in the medical tourism program were visited. Out of the eight assessed hospitals, six were found with advanced IPC capacity in place; the same gaps reported previously can be still noticed.
Jordan	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance</li> </ul>	<ul style="list-style-type: none"> <li>Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	MTaPS provided support to the facilities in need of additional assistance for COVID-19 triage and management of infected HCWs. MTAps offered training powerpoints (and e-learning materials are under development), a video on appropriate triage practices, a CDC list of 12 most important COVID-19 IPC triage requirements, and language to be used for standard SOPs on the management of exposed HCWs. MTAps also continuously provides technical consultations to the supported facilities.
Jordan	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Strengthen facility COVID-19 IPC response coordination mechanism/task force</li> </ul>	<ul style="list-style-type: none"> <li>Coordination/task force mechanism</li> </ul>	<p>MTaPS continues to coordinate with the IPC Department and provide the MOH focal point the needed details about MTAps' activities on a weekly basis.</p> <p>MTaPS, in close coordination with other USAID implementing partners, is now a member of the newly established task force for AL-Basheer Hospital, the main hospital in Jordan, in an effort to support its effort to contain the pandemic, especially after the extreme rise in cases and fatalities. MTAps is proposing a plan to help with the gaps previously identified by the HSD and the MTAps team assessment.</p>
Jordan	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> <li>Just-in-time IPC training</li> </ul>	<ul style="list-style-type: none"> <li>Number of people trained in IPC for COVID-19 by gender/position/type of</li> </ul>	MTaPS conducted IPC training in the following hospitals, with a total of 231 HCW (52% females) trained:

	HCW, patients		gender/position/type of facility/community	AL-Khalidi Hospital Jordan University Hospital Al-Kindy Hospital Gardens Hospital Abdel Hadi Hospital Princess Basma Hospital AlRamtha Hospital Moasat Hospital
Jordan	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> <li>Oversee the implementation</li> </ul>	<ul style="list-style-type: none"> <li>Status reports by key IPC element (supervision, IPC performance, supplies, etc.)</li> </ul>	MTaPS is following up with previously visited hospitals, providing technical support and advice to further bolster hospital preparedness.
Jordan	Source control (isolation)	<ul style="list-style-type: none"> <li>Just-in-time IPC training</li> </ul>	<ul style="list-style-type: none"> <li>Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	<p>MTaPS conducted IPC training in the following hospitals, with a total of 231 HCW (52% females) trained:</p> <p>AL-Khalidi Hospital Jordan University Hospital Al-Kindy Hospital Gardens Hospital Abdel Hadi Hospital Princess Basma Hospital AlRamtha Hospital Moasat Hospital</p>
Jordan	Source control (isolation)	<ul style="list-style-type: none"> <li>Oversee the implementation</li> </ul>	<ul style="list-style-type: none"> <li>Status reports by key IPC element (supervision, IPC performance, supplies, etc.)</li> </ul>	Activity not yet started.
Jordan	Source control (isolation)	<ul style="list-style-type: none"> <li>Assess and monitor compliance</li> </ul>	<ul style="list-style-type: none"> <li>Compliance tracking and reporting system</li> </ul>	Activity not yet started.
Jordan	IPC facility access guidance	<ul style="list-style-type: none"> <li>Just-in-time IPC training</li> </ul>	<ul style="list-style-type: none"> <li>Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	<p>MTaPS conducted IPC training in the following hospitals, with a total of 231 HCW (52% females) trained:</p> <p>AL-Khalidi Hospital Jordan University Hospital Al-Kindy Hospital Gardens Hospital Abdel Hadi Hospital Princess Basma Hospital AlRamtha Hospital Moasat Hospital</p>

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	MTaPS conducted IPC training in the following hospitals, with a total of 231 HCW (52% females) trained:  AL-Khalidi Hospital Jordan University Hospital Al-Kindy Hospital Gardens Hospital Abdel Hadi Hospital Princess Basma Hospital AlRamtha Hospital Moasat Hospital
Jordan	Triage for SARI/ARI patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	Activity not yet started.
Jordan	Sudden influx of patients / Surge capacity	• Develop plans and strategies following existing guidelines	• Surge capacity plan/MoU/MoA for resource-sharing	Activity not yet started.
Jordan	Sudden influx of patients / Surge capacity	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS conducted IPC training in the following hospitals, with a total of 231 HCW (52% females) trained:  AL-Khalidi Hospital Jordan University Hospital Al-Kindy Hospital Gardens Hospital Abdel Hadi Hospital Princess Basma Hospital AlRamtha Hospital Moasat Hospital
Jordan	Emergency Supply of IPC Commodities	• Support/facilitate quantification exercises	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	A COVID-19 commodities quantification orientation training was conducted on October 27, 2020 to MOH/PSD staff. During the training key parameters which should be considered for COVID-19 context were discussed. Common challenges and lessons from other countries were also shared. The current challenges faced are the lack of and uncertainty of data coming from facilities to execute the quantification

reliably. MOH/PSD is closely engaging with local suppliers to ensure projected demands are communicated and suppliers are responsive.

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Jordan	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"><li>• Identify quick supply chain response time for immediate availability of COVID-19 commodities at treatment sites</li></ul>	<ul style="list-style-type: none"><li>• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li></ul>	MTaPS developed a draft emergency supply chain manual which will be shared with MOH/PSD for feedback. MTAps shared the procedure on how to complete the report and requisition COVID-19 commodities with 12 hospitals.
Jordan	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"><li>• Implement simple IPC and PPE commodity tracking system</li></ul>	<ul style="list-style-type: none"><li>• Compliance tracking and reporting system</li></ul>	After a virtual training conducted last month, MTAps consultants, in coordination with the PSD, reached out to 12 COVID-19 hospitals through phones and via WhatsApp groups to remind and provide support for bi-weekly reporting of PPE stock. This month, a total of 8 hospitals (out of 12) submitted a complete bi-weekly report and requisition. An incomplete report was observed from two hospitals; MTAps is continuously working with these hospitals to improve PPE commodities' tracking for the coming reporting periods. A data aggregation tool to collate reports from hospitals is being developed and will be shared in November.

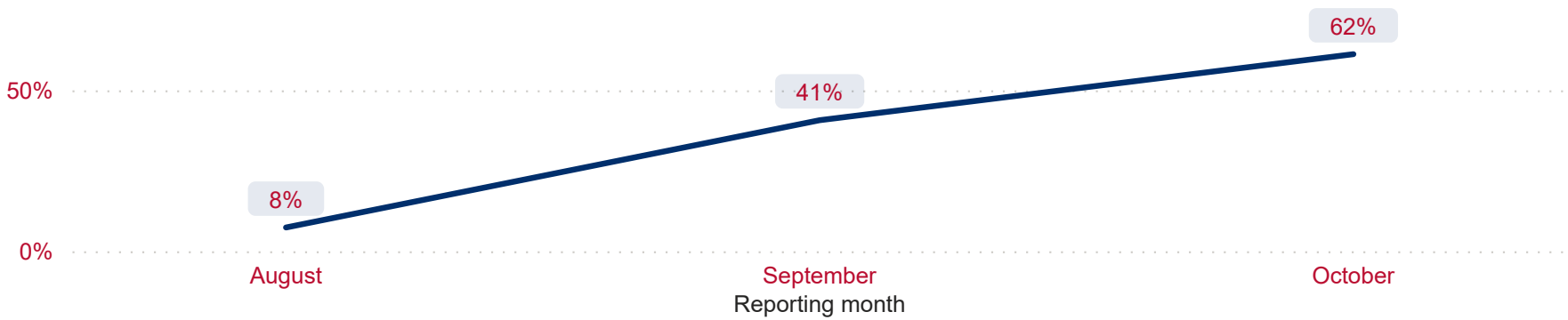
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# CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

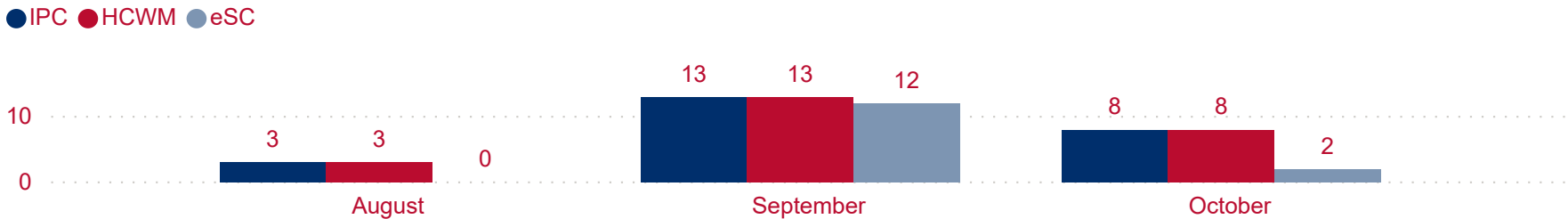
## # and % supported health facilities with staff trained by month

	August	September	October
Health facilities	3	13	8
Cumulative (health facilities)	3	16	24
Progress to date	8%	41%	62%
Target	39	39	39

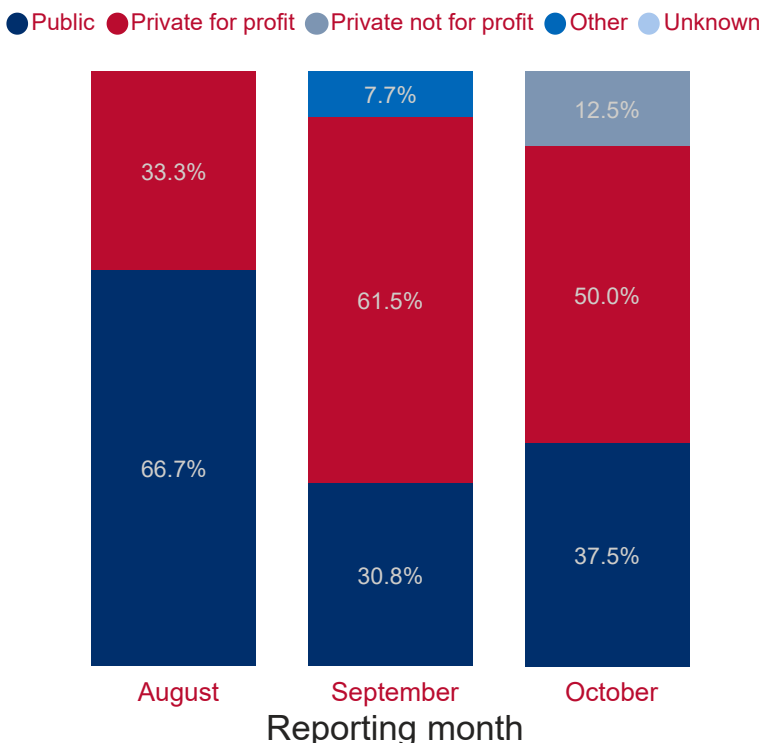
## % supported health facilities with staff trained by month



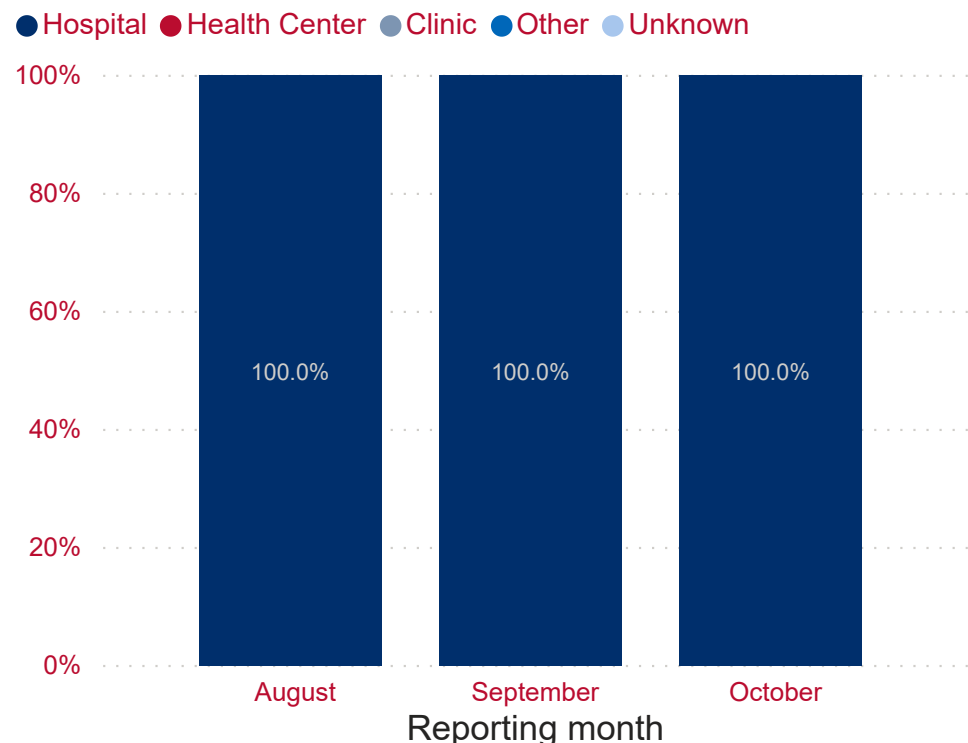
## # of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



## % of supported facilities trained by ownership type and by month



## % of supported facilities trained by facility type and by month

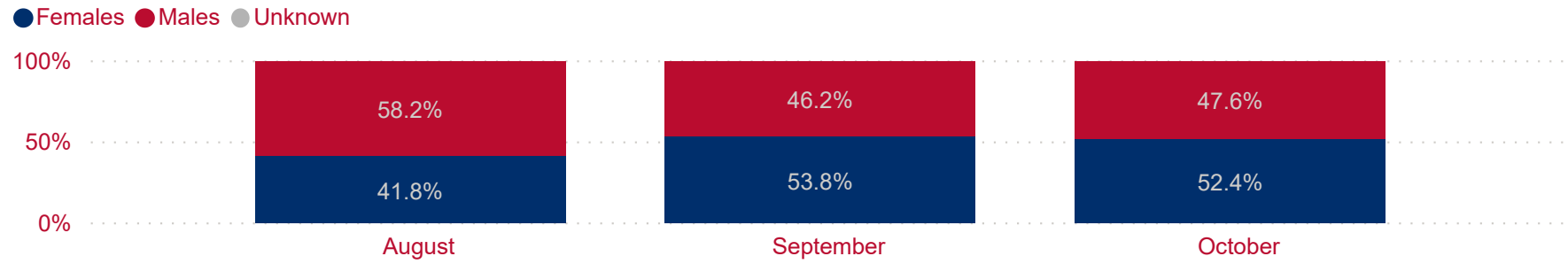


# CV 2: # of persons who received COVID-19-related training

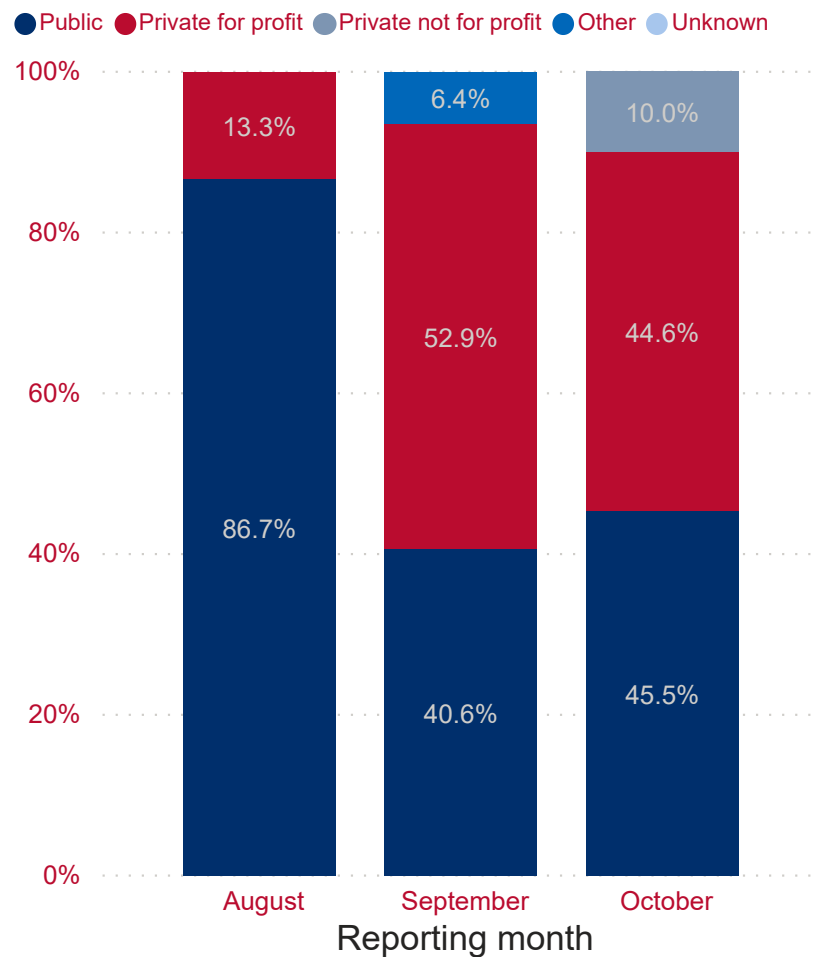
## # of trainees by sex and by month

	August	September	October	Total
Total trained	98	342	231	671
Females	41	184	121	346
Males	57	158	110	325
Unknown	0	0	0	0
Cumulative trained	98	440	671	

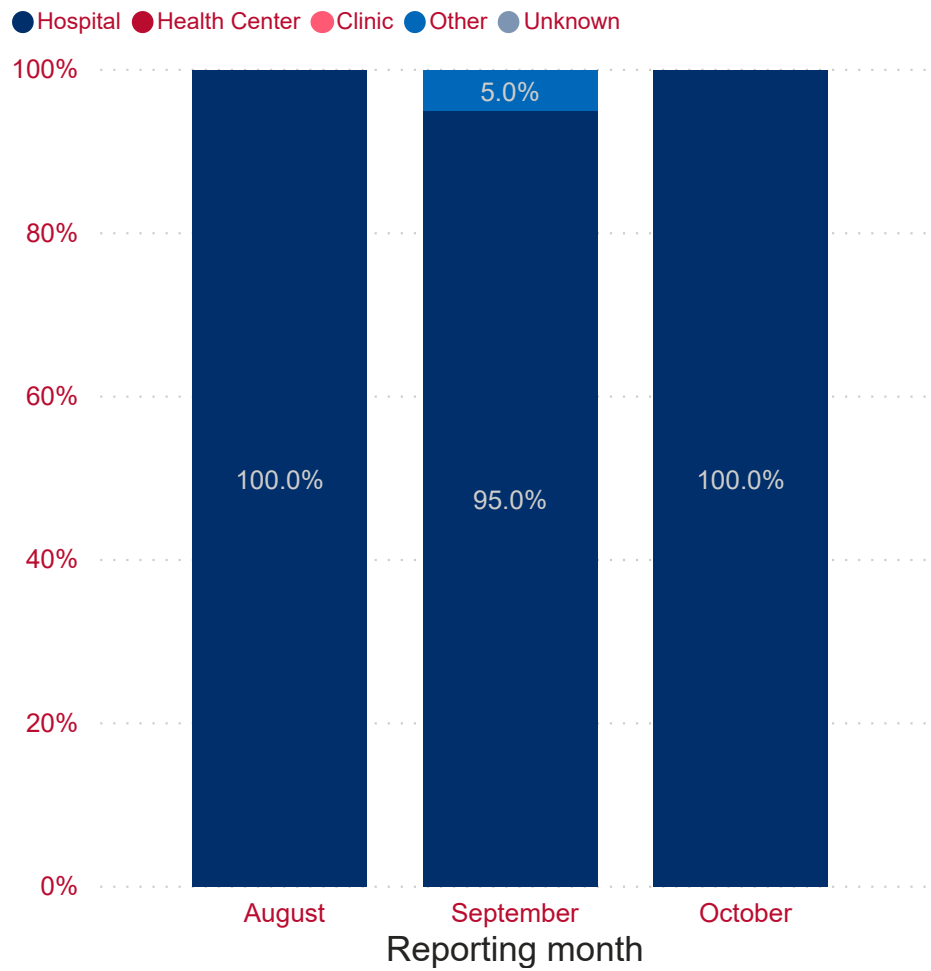
## % trainees by sex and by month



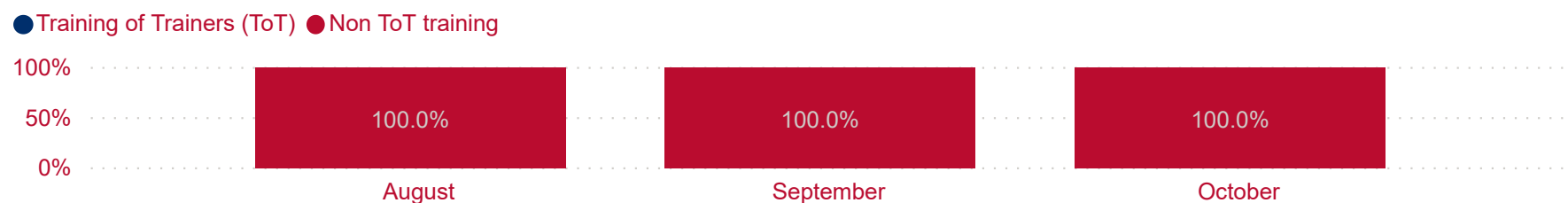
## % of trainees by facility ownership type and by month



## % of trainees by facility type and by month



## % of trainees by training type and by month

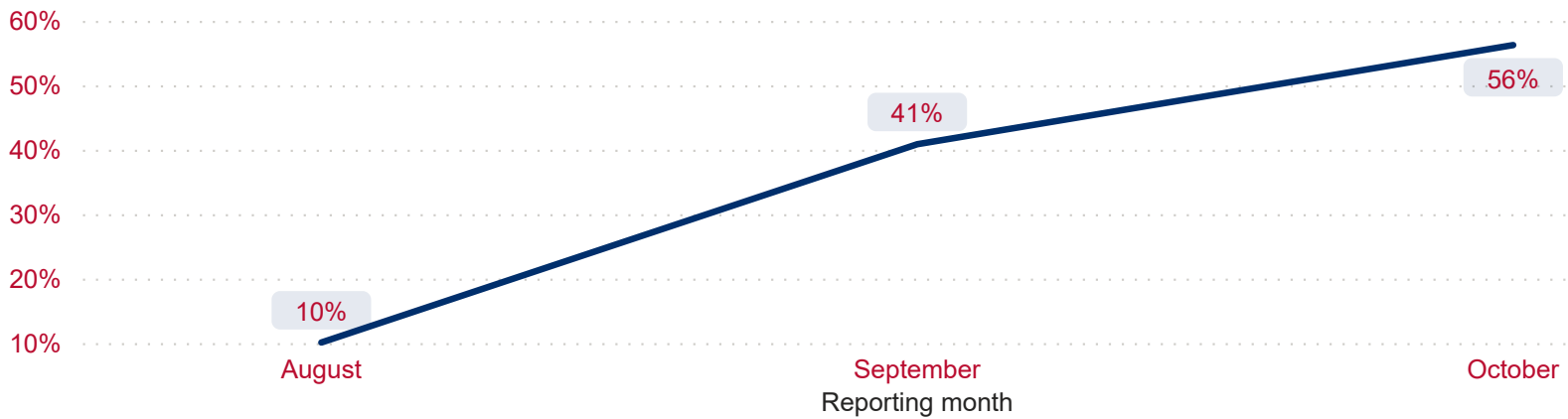


# CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

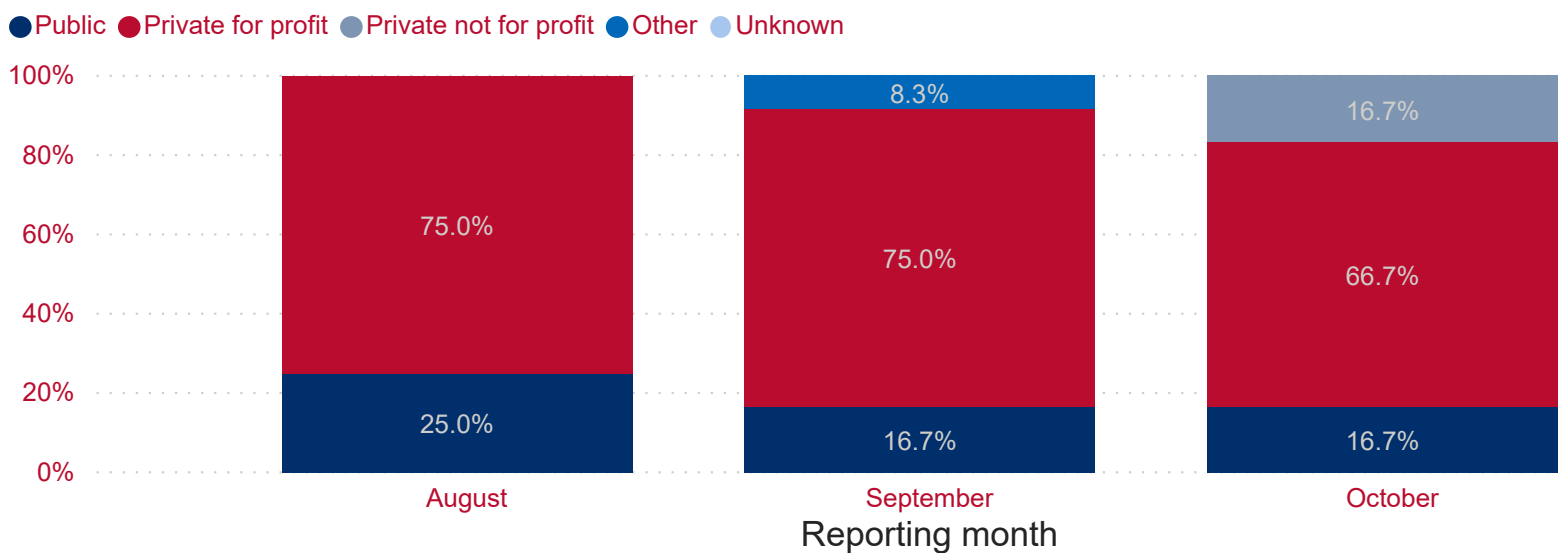
## # and % of compliant of supported health facilities by month

	August	September	October
Health facilities	4	12	6
Cumulative (health facilities)	4	16	22
Progress to date	10%	41%	56%
Target	39	39	39

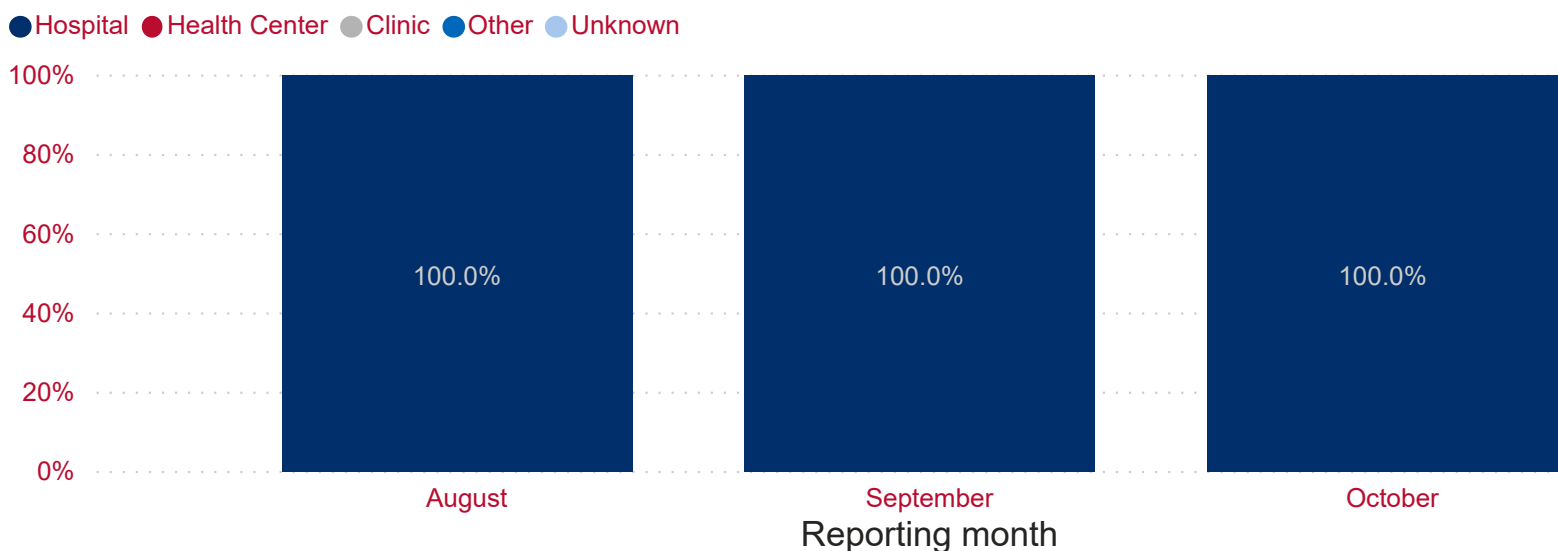
## % of compliant of supported health facilities by month



## % of compliant supported health facilities by ownership type and by month



## % of compliant supported health facilities by facility type and by month



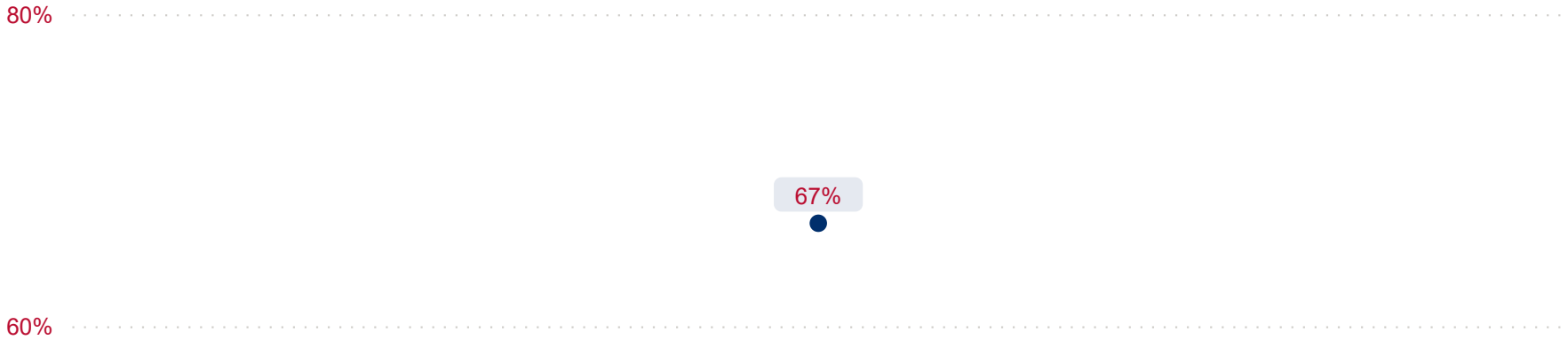


# CV 4: # and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

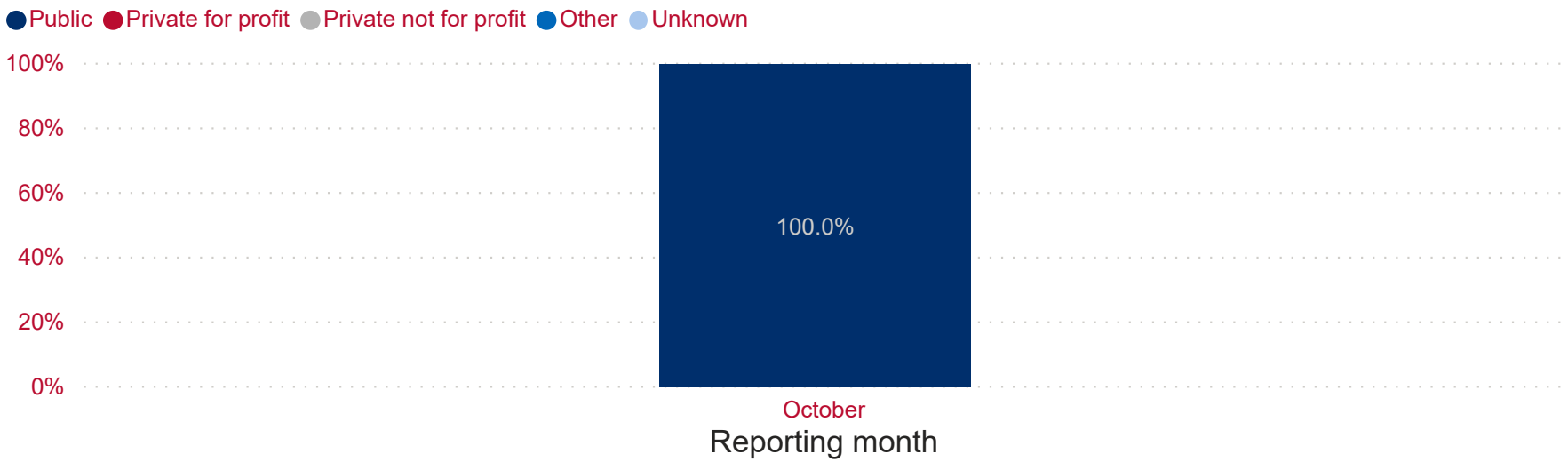
## # and % of supported health facilities reporting stock data by month

October	
Health facilities	8
Progress to date	67%
Target	12

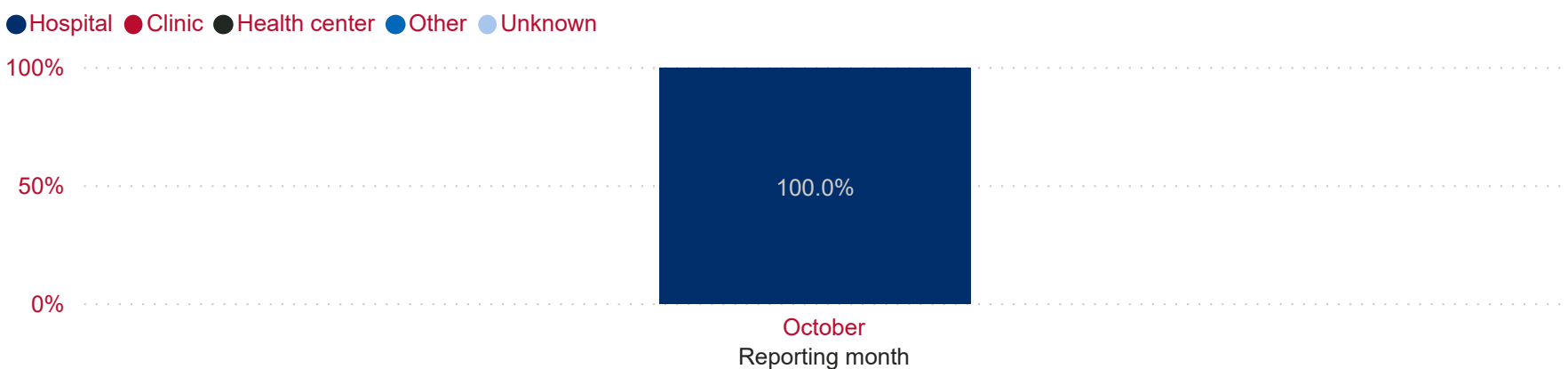
## % of health facilities reporting stock data by month

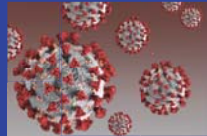


## % of supported health facilities reporting stock data by ownership type and by month



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





Contact for any Questions and Clarifications: [mtaps-hqcovid19@mtapsprogram.org](mailto:mtaps-hqcovid19@mtapsprogram.org)

## Report Filters

### Quick Guide:

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

### Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

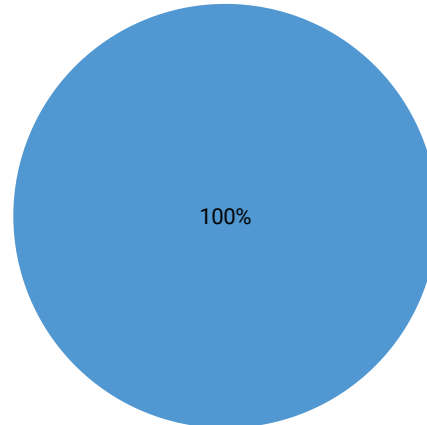
**Mali**

1 - 13 / 13



### Month: October (1) ▼

● COMPLETED



### Technical Area ▲

Application of COVID-19 Precautions by HCW, patients

IPC Program Management (national/facility/community)

1 - 2 / 2



## Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	October
Mali	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> <li>• Provide training using existing training packages for COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	This activity is completed.
Mali	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>• Assess and monitor compliance</li> </ul>	<ul style="list-style-type: none"> <li>• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)</li> </ul>	<p>In September 2020, MTaPS supported the supervision of the IAP-COVID19 of 12 health facilities in collaboration with the Directorate General of Health and Public Health (DGSHP), the National Hospital Assessment Agency (ANEH) and the Regional Directorates of Health (DRS) of Kayes, Koulikoro and Sikasso to monitor the state of the functioning of the IPC committees and implementation of activities from the action plans. Supervisors also evaluated the 12 institutions with WHO's hand hygiene self-assessment tool and directed IPC committee members to IPC training modules.</p> <p>This activity was completed on October 28, 2020 by the organization of a teleconference by the MTaPS project with representatives of the 12 IPC health institutions committees, as well as national supervisors (ANEH, DGSHP and DRS), to examine structural compliance issues through:</p> <ul style="list-style-type: none"> <li>- the use of WHO's scorecard tool</li> <li>- the results of the hand hygiene self-assessment tool</li> <li>- the implementation status of the IPC structures action plans,</li> <li>- the bottlenecks and proposals for solutions to different problems</li> </ul>
Mali	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>• Adapted training materials</li> </ul>	This activity is completed.
Mali	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>• Provide training using existing training packages for</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people trained in IPC for COVID-19 by</li> </ul>	This activity is completed

(national/facility/  
community)

training packages for  
COVID-19

COVID-19 by  
gender/position/type of  
facility/community

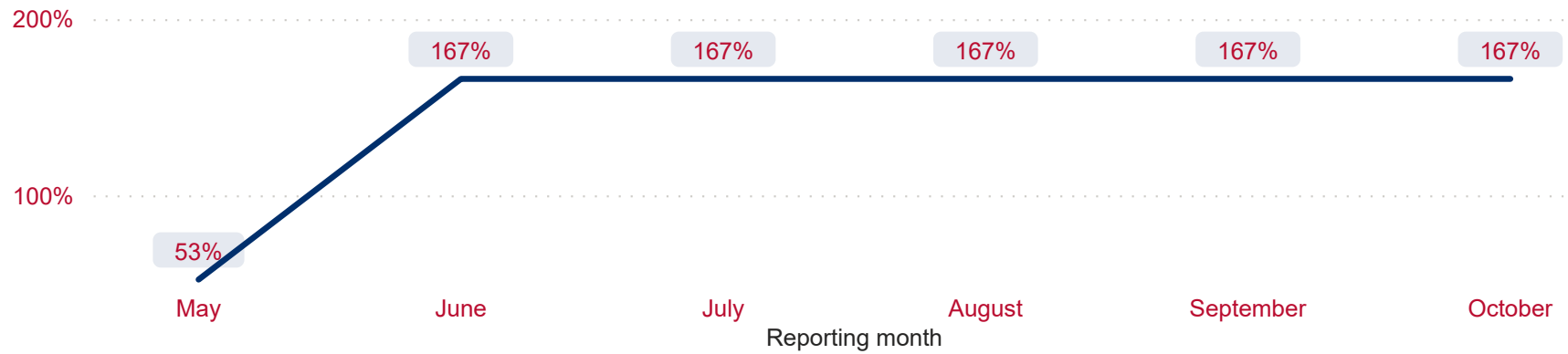
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# CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

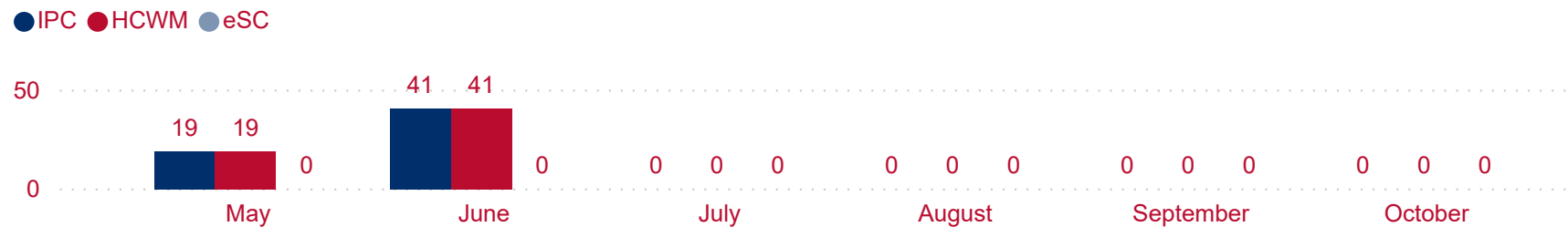
## # and % supported health facilities with staff trained by month

	May	June	July	August	September	October
Health facilities	19	41	0	0	0	0
Cumulative (health facilities)	19	60	60	60	60	60
Progress to date	53%	167%	167%	167%	167%	167%
Target	36	36	36	36	36	36

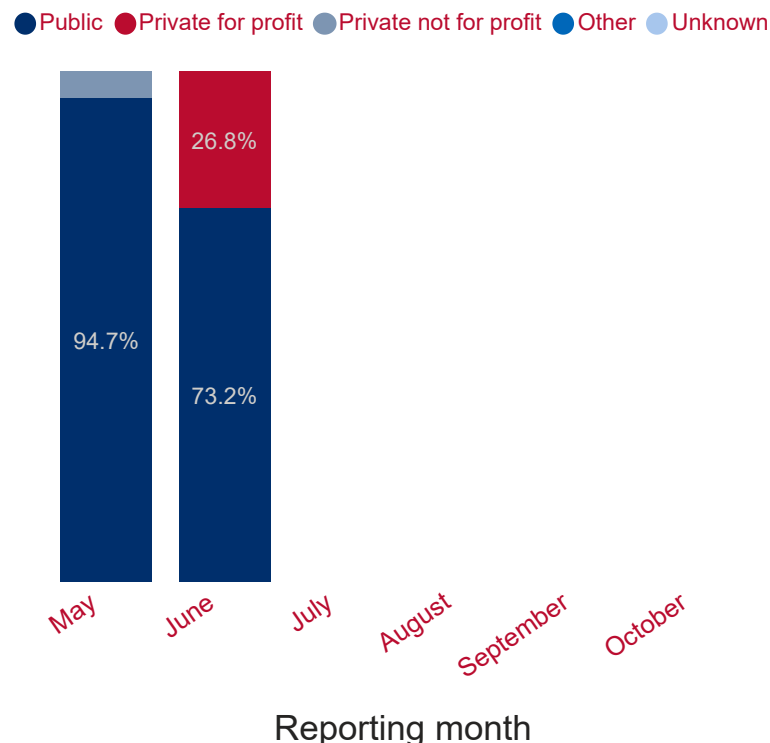
## % supported health facilities with staff trained by month



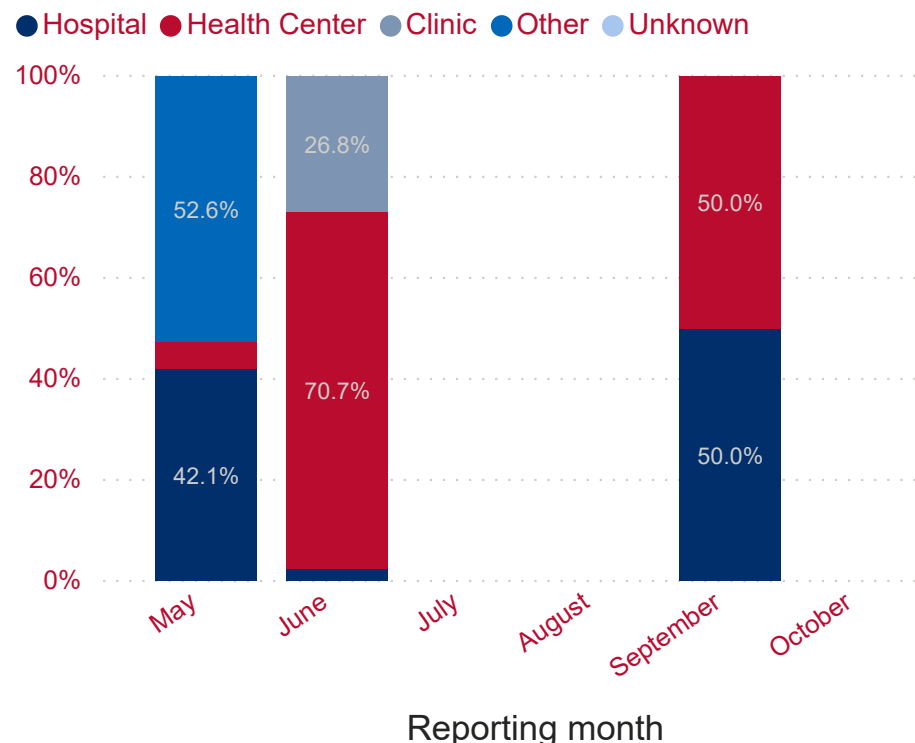
## # of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



## % of supported facilities trained by ownership type and by month



## % of supported facilities trained by facility type and by month



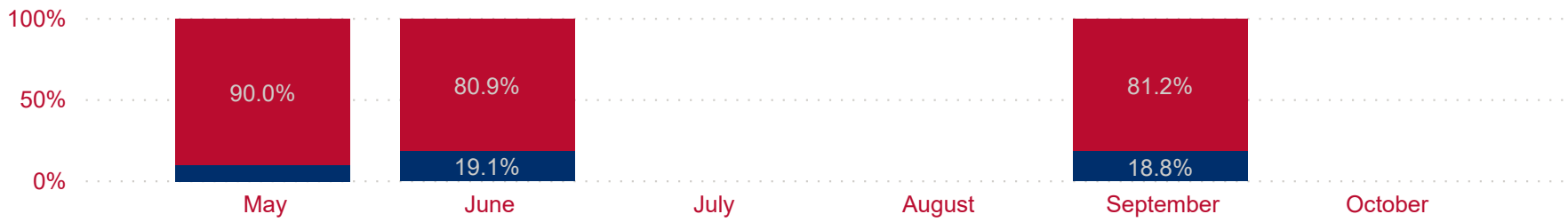
# CV 2: # of persons who received COVID-19-related training

## # of trainees by sex and by month

	May	June	July	August	September	October	Total
Total trained	30	89	0	0	170	0	289
Females	3	17	0	0	32	0	52
Males	27	72	0	0	138	0	237
Unknown	0	0	0	0	0	0	0
Cumulative trained	30	119	119	119	289	289	

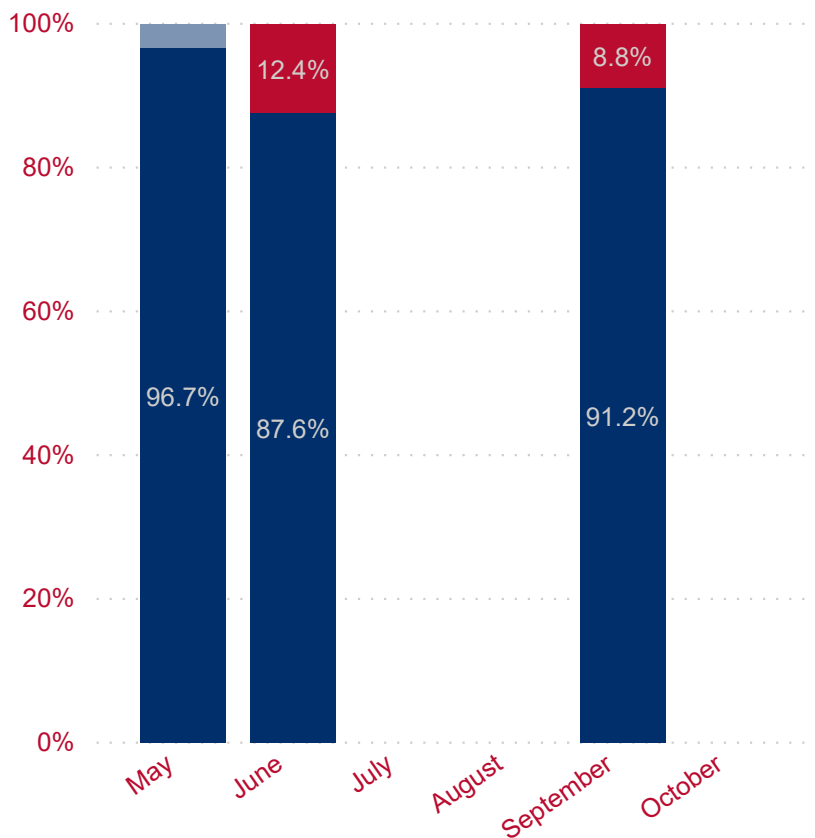
## % trainees by sex and by month

● Females ● Males ● Unknown



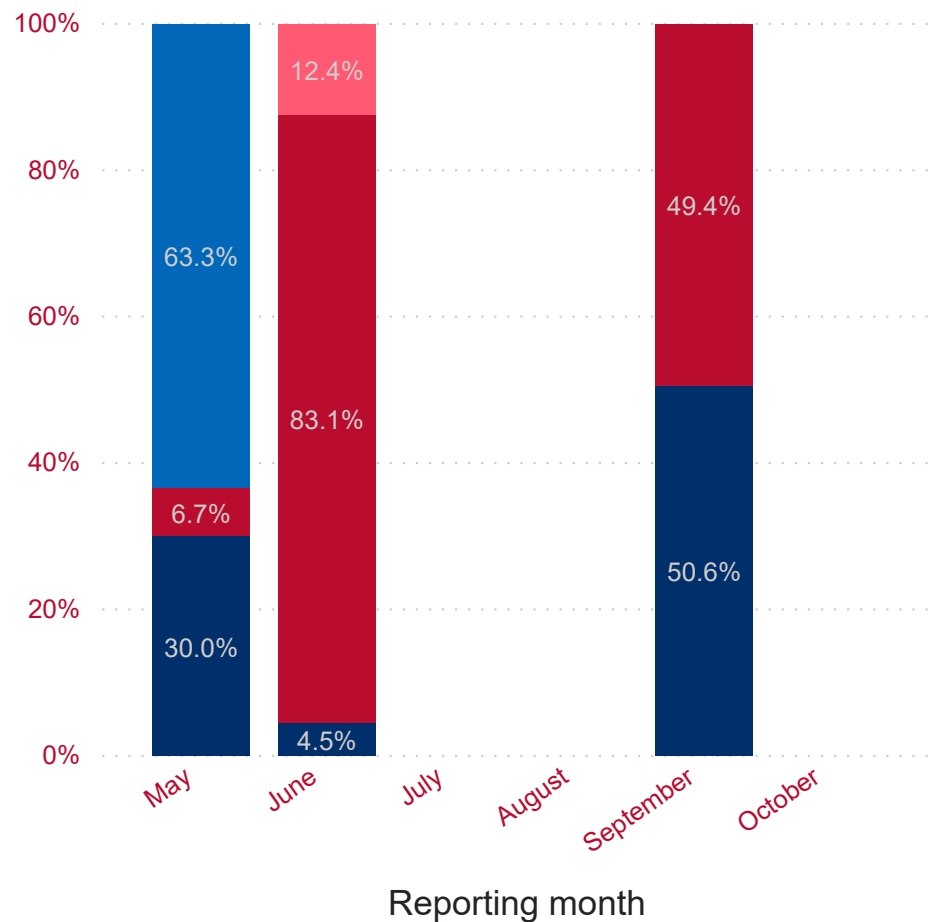
## % of trainees by facility ownership type and by month

● Public ● Private for profit ● Private not for profit ● Other ● Unknown



## % of trainees by facility type and by month

● Hospital ● Health Center ● Clinic ● Other ● Unknown



## % of trainees by training type and by month

● Training of Trainers (ToT) ● Non ToT training

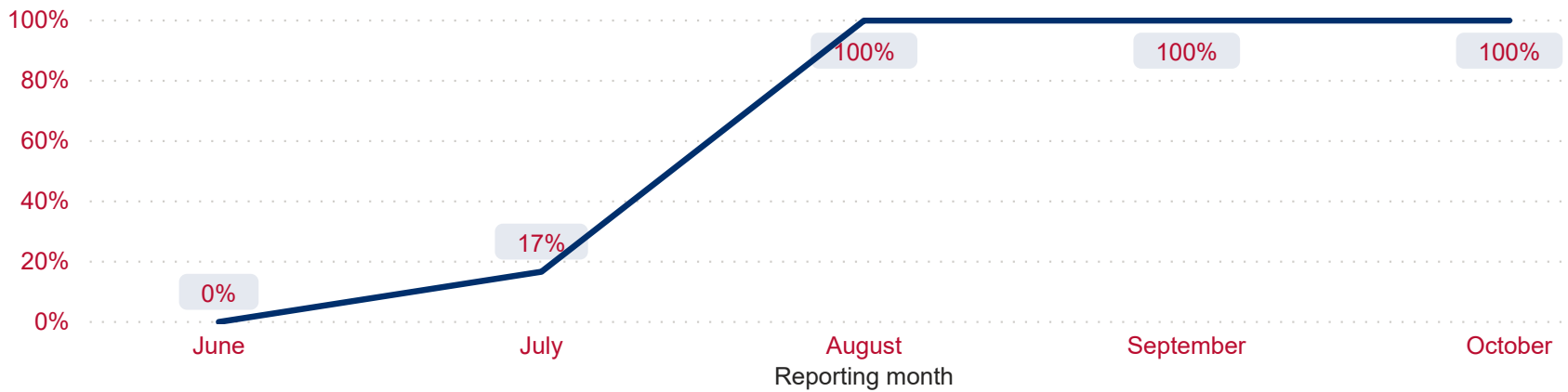


# CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

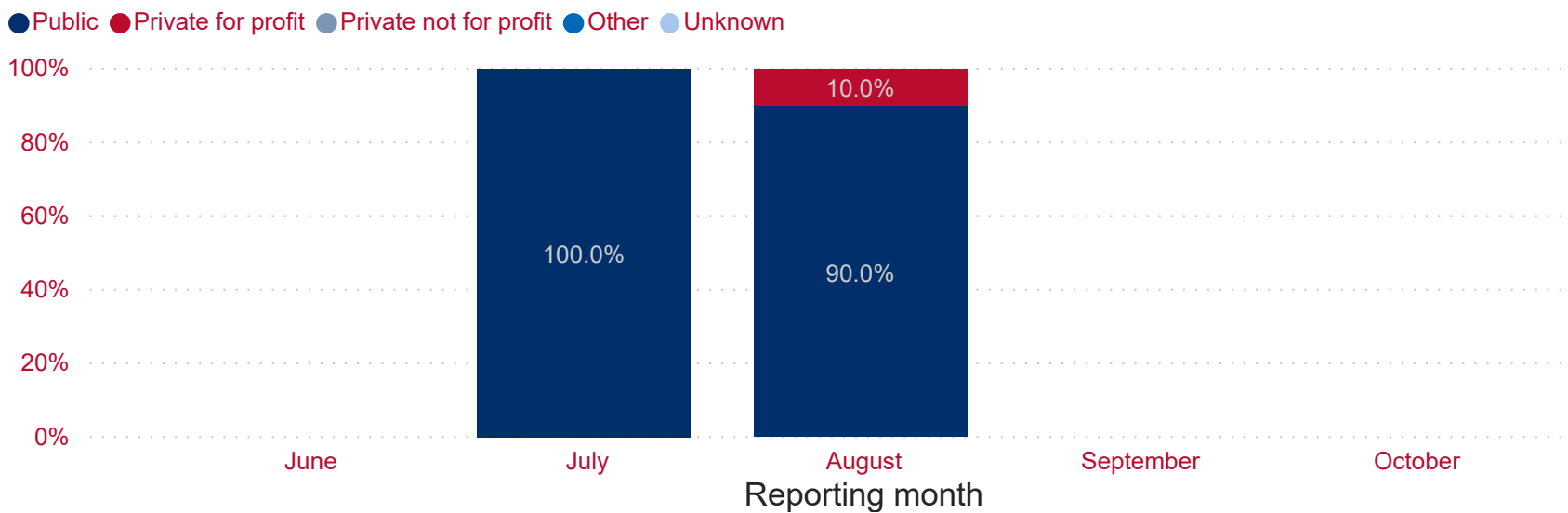
## # and % of compliant of supported health facilities by month

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

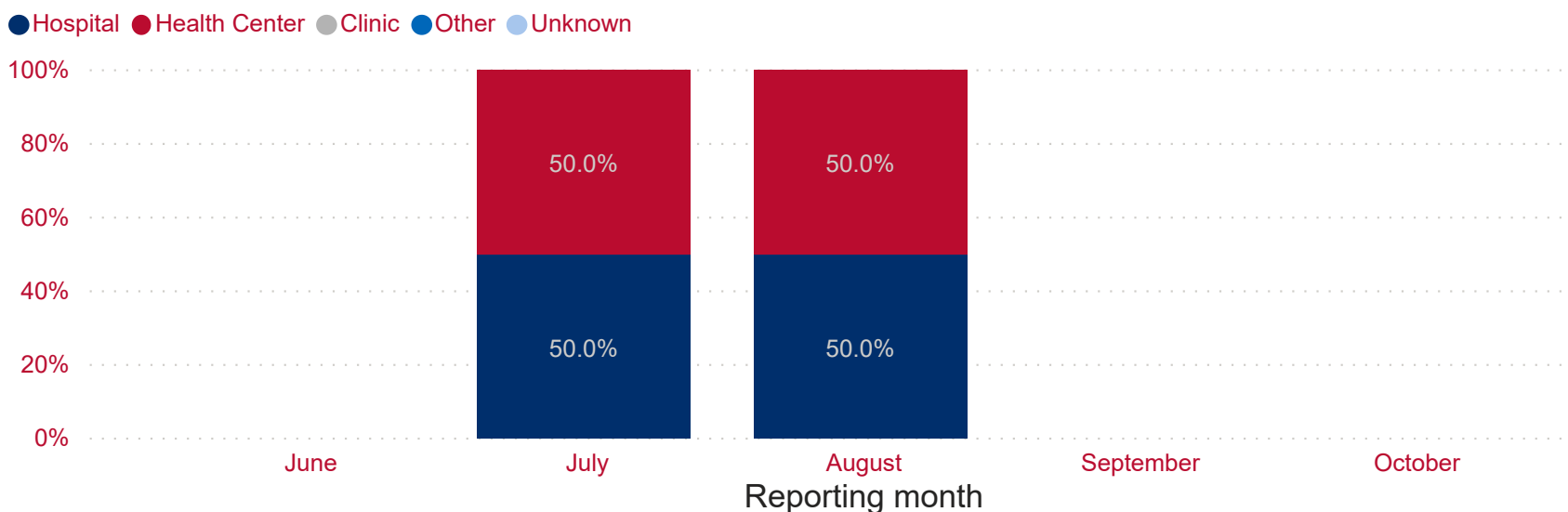
## % of compliant of supported health facilities by month

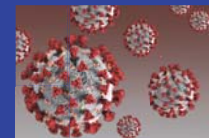


## % of compliant supported health facilities by ownership type and by month



## % of compliant supported health facilities by facility type and by month





Contact for any Questions and Clarifications: [mtaps-hqcovid19@mtapsprogram.org](mailto:mtaps-hqcovid19@mtapsprogram.org)

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Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

Mali

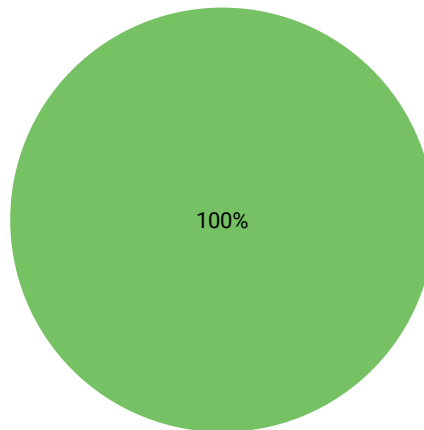
1 - 13 / 13



Month: October

(1) ▼

● NO ISSUES OR ON TRACK



### Technical Area ▲

Application of COVID-19 Precautions by HCW, patients

Emergency Supply of IPC Commodities

IPC Program Management (national/facility/community)

IPC guidance to patients, family members, caregivers and visitors

Sudden influx of patients / Surge capacity

Waste management

1 - 6 / 6





## Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	October
Mozambique	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> <li>• Provide training using existing training packages for COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	MTaPS, along with MOH staff, led training replication activities in Sofala province attended by 83 health workers (61% female) in two health facilities. MTaPS also provided technical support to IPC supervisors on planning and coordination to conduct cascading IPC sectorial trainings to 1,329 health care workers, without direct logistic support.
Mozambique	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>• Strengthen facility COVID-19 IPC response coordination mechanism/task force</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination/task force mechanism</li> </ul>	MTaPS participated in five coordination meetings at national level to discuss the mid-term assessment of the COVID-19 pandemic response; the digital platform for COVID-19 patient admission form by ICAP; and the report on the monitoring groups of Zambezia, Gaza and Maputo City. Particularly in Maputo City, the daily number of patients hospitalized has been increasing, which represents a challenge for human resources. To mitigate this situation the MOH recruited 126 health professionals to cope with the demand of Polana Caniço COVID-19 attention center (CICOV) and the COVID-19 Transit Treatment Center at Maputo Central Hospital.
Mozambique	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> <li>• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	MTaPS completed the printing processes for IEC materials (SOPs, flowcharts, job aids, and protocols) and the dissemination plan (including logistics) for 21 CICOVS and 57 health facilities in all 11 provinces country-wide has been prepared along with the MOH.
Mozambique	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> <li>• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	MTaPS completed the printing processes for IEC materials (SOPs, flowcharts, job aids, and protocols) and the dissemination plan (including logistics) for 21 CICOVS and 57 health facilities in all 11 provinces country-wide has been prepared along with the MOH.
Mozambique	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> <li>• Just-in-time IPC training</li> </ul>	<ul style="list-style-type: none"> <li>• Surge capacity plan/MoU/MoA for resource-sharing</li> </ul>	MTaPS provided technical support on IPC key measures and interventions to health care workers and volunteers involved in contact tracing activities at different health facilities in

				tracing activities at different health facilities in Maputo City and Maputo Province.
Mozambique	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> <li>• Oversee the implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)</li> </ul>	MTaPS used the IPC scorecard to assess five health units, including two CICOVs, and found that all health facilities are in compliance with COVID-19 IPC standards. MTAps also assisted health facility staff on the correct donning and doffing of PPE to ensure maintenance of the good performance.
Mozambique	Waste management	<ul style="list-style-type: none"> <li>• Provide training using existing training packages for COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	MTaPS, along with MOH staff, led training replication activities in Sofala province attended by 83 health workers (61% female) in two health facilities. MTAps also provided technical support to IPC supervisors on planning and coordination to conduct cascading IPC sectorial trainings to 1,329 health care workers, without direct logistic support.
Mozambique	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> <li>• Develop emergency supply chain preparedness and response strategy throughout the distribution network</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid response strategy/plan</li> </ul>	<p>MTaPS shared the emergency supply chain strategy for COVID-19 commodities with MOH and partners to receive feedback. Initial feedback received from the Vice Minister is to have a broader list of COVID-19 commodities, including oxygen, therapeutics and vaccines. Comprehensive feedback is expected to be received from other key partners and TWGs supporting COVID-19 response. MTAps continued working with CMAM/DPC and GHSC-PSM to ensure visibility of PPE at different supply chain levels through MACS (at central), SIMAM (at DPMs) and the manual form at CICOVs for different supply sources, including donor to inform decisions.</p> <p>MTaPS also facilitated a virtual meeting with CMAM/DPC, all DPMs and GHSC-PSM advisors (24 participants). During the meeting, regular stock reporting and support of CICOVs was highlighted. In this month, it was reported that only 5 out of the 27 CICOVs have been functional and receiving COVID-19 patients regularly.</p>
Mozambique	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> <li>• Apply/adapt simple operating procedures and tools for the management of ordering, issuing, distributing,</li> </ul>	<ul style="list-style-type: none"> <li>• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)</li> </ul>	MTaPS facilitated a virtual orientation to DPMs on the procedures for using the PPE stock reporting tool. A total of eight CICOVs have reported PSM data this month: Central Hospital of Maputo (HCM), Hospital Polana Canico, Hospital da Graça in Nampula, HG de

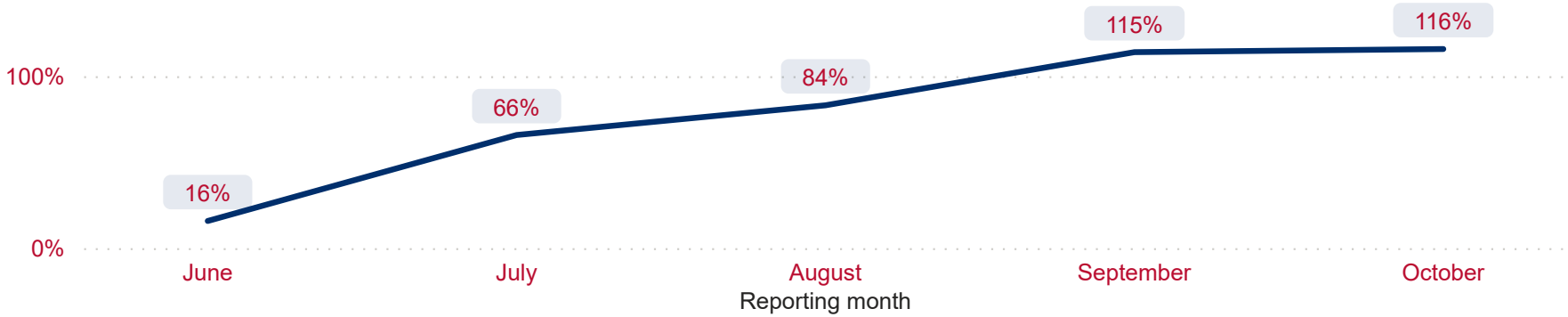
		receiving, rational utilization		Quelimane, CS II de Tete, HD Vilankulos, HP of Chimoi in Manica and LLA Nomba in Niassa.
Mozambique	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> <li>• Provide training using existing training packages for COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• Adapted training materials</li> </ul>	MTaPS organized and co-facilitated two orientation sessions to the MOH staff on the configuration, adaptation and use of the Moodle Platform for synchronous and asynchronous virtual trainings. MTAps is also translating and adapting the IPC COVID-19 e-learning modules to the Mozambique context to be used as an asynchronous virtual model through the MOH learning platform in the future.
Mozambique	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> <li>• Support/facilitate quantification exercises</li> </ul>	<ul style="list-style-type: none"> <li>• After-action report</li> </ul>	<p>MTaPS continued working with CMAM and DPC to gather information of the central and provincial levels on a weekly basis to update the current PPE forecast/quantitation and share with donors and the different TWGs. MTAps supported CMAM/DPC to aggregate quantities of products received, distributed and the available stock, and to also aggregate stock data from 11 DPMs and 7 CICOVs to produce a weekly stock status report and to update supply plan of COVID-19 commodities.</p> <p>Since MISAU is still considering the quantification developed to cover the needs until December 2020, MTAps, with CMAM/DPC, planned to conduct training on COVID-19 quantification tool for staff working at DNAM, DNSP, CMAM and DPC in November.</p>
Mozambique	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>• Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels)</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency response capacity assessment report with technical recommendations</li> </ul>	MTaPS participated in five coordination meetings at national level to discuss the mid-term assessment of the COVID-19 pandemic response; the digital platform for COVID-19 patient admission form by ICAP; and the report on the monitoring groups of Zambezia, Gaza and Maputo City. Particularly in Maputo City, the daily number of patients hospitalized has been increasing, which represents a challenge for human resources. To mitigate this situation the MOH recruited 126 health professionals to cope with the demand of Polana Caniço CICOV and the COVID-19 Transit Treatment Center at Maputo Central Hospital.

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

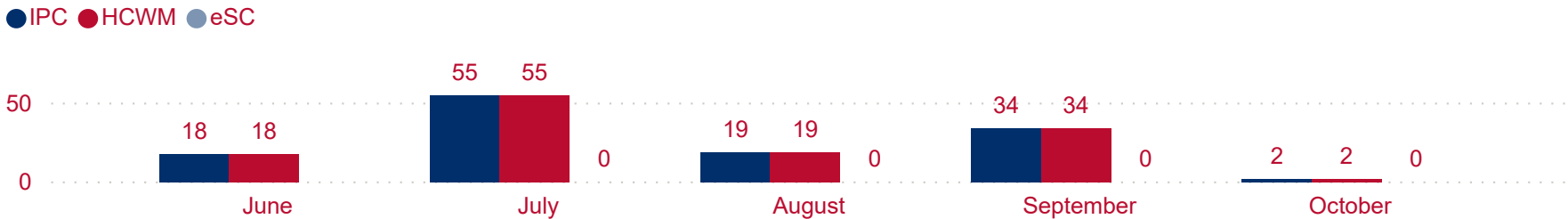
## # and % supported health facilities with staff trained by month

	June	July	August	September	October
Health facilities	18	55	19	34	2
Cumulative (health facilities)	18	73	92	126	128
Progress to date	16%	66%	84%	115%	116%
Target	110	110	110	110	110

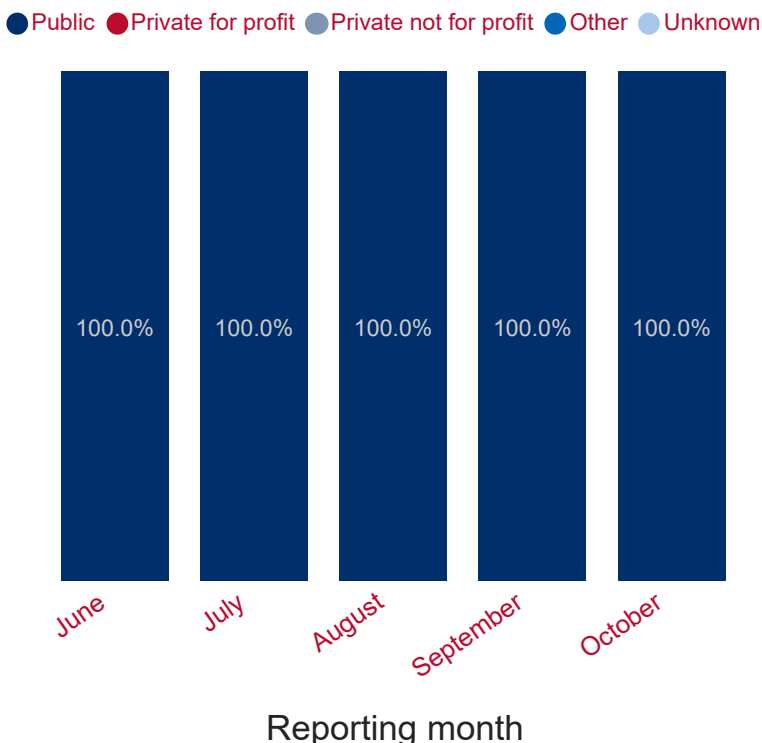
## % supported health facilities with staff trained by month



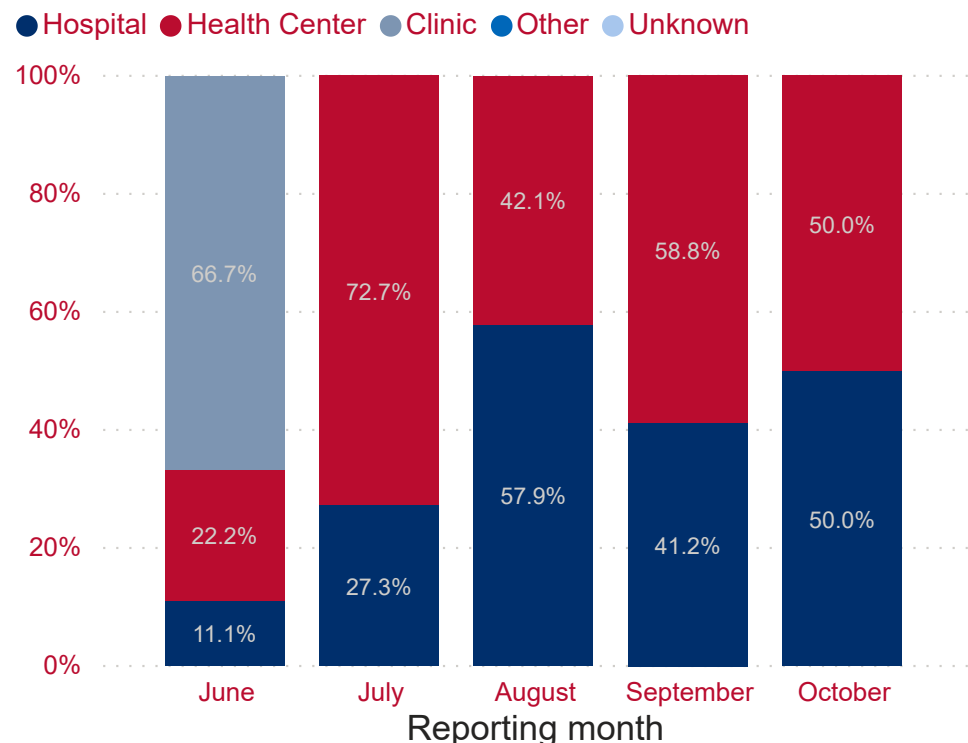
## # of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



## % of supported facilities trained by ownership type and by month



## % of supported facilities trained by facility type and by month



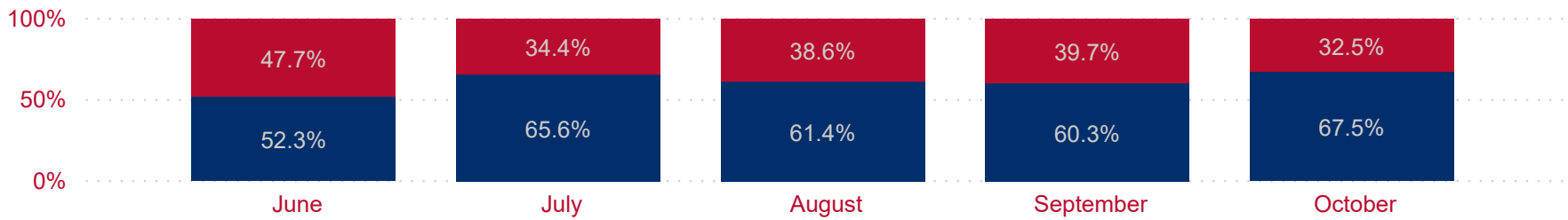
# CV 2: # of persons who received COVID-19-related training

## # of trainees by sex and by month

	June	July	August	September	October	Total
Total trained	243	2142	1889	2244	83	6601
Females	127	1406	1159	1353	56	4101
Males	116	736	730	891	27	2500
Unknown	0	0	0	0	0	0
Cumulative trained	243	2385	4274	6518	6601	

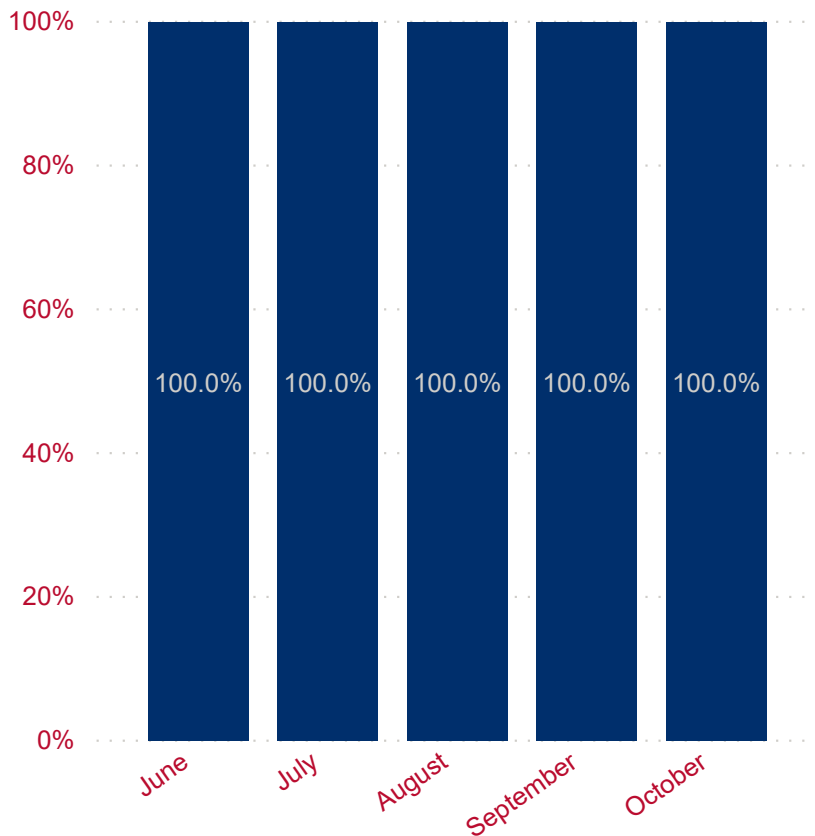
## % trainees by sex and by month

● Females ● Males ● Unknown



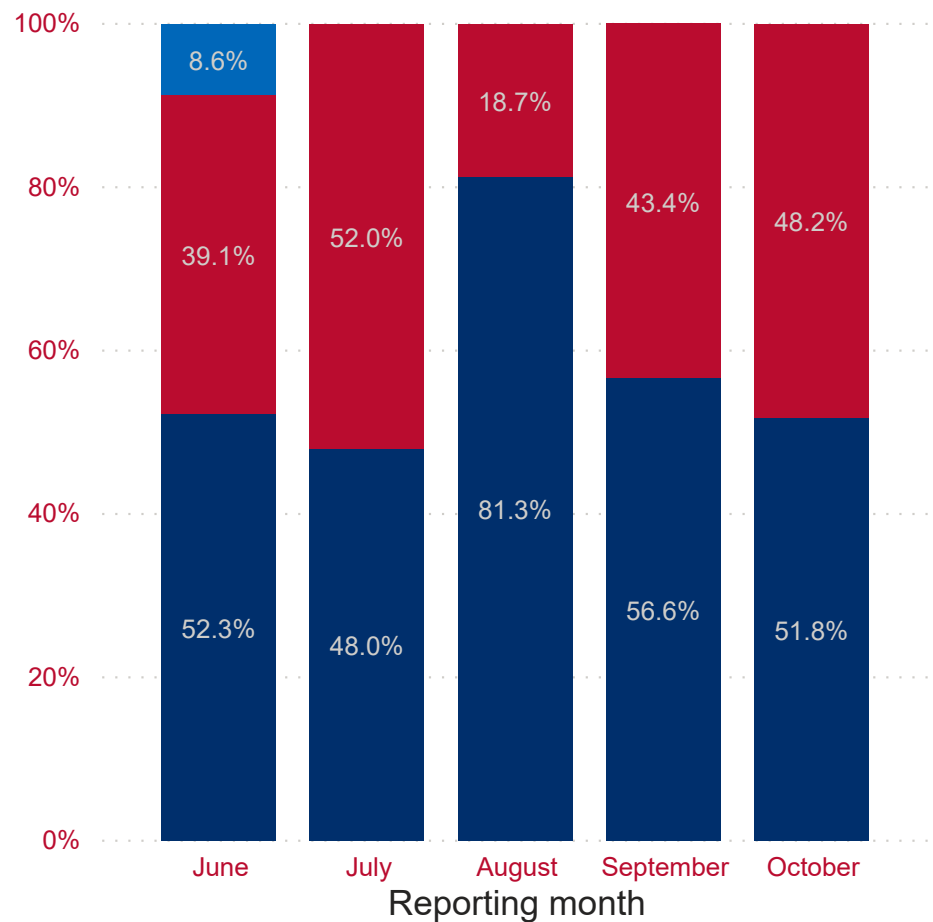
## % of trainees by facility ownership type and by month

● Public ● Private for profit ● Private not for profit ● Other ● Unknown



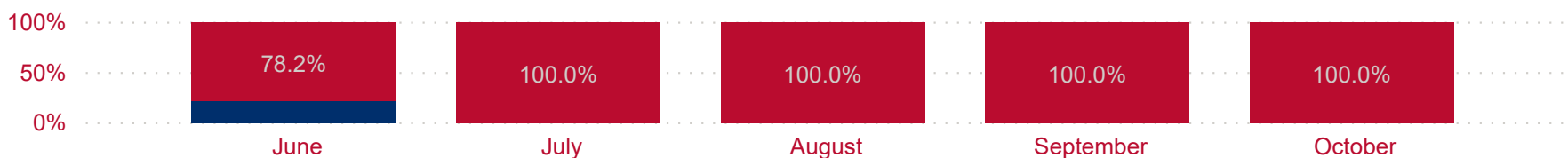
## % of trainees by facility type and by month

● Hospital ● Health Center ● Clinic ● Other ● Unknown



## % of trainees by training type and by month

● Training of Trainers (ToT) ● Non ToT training

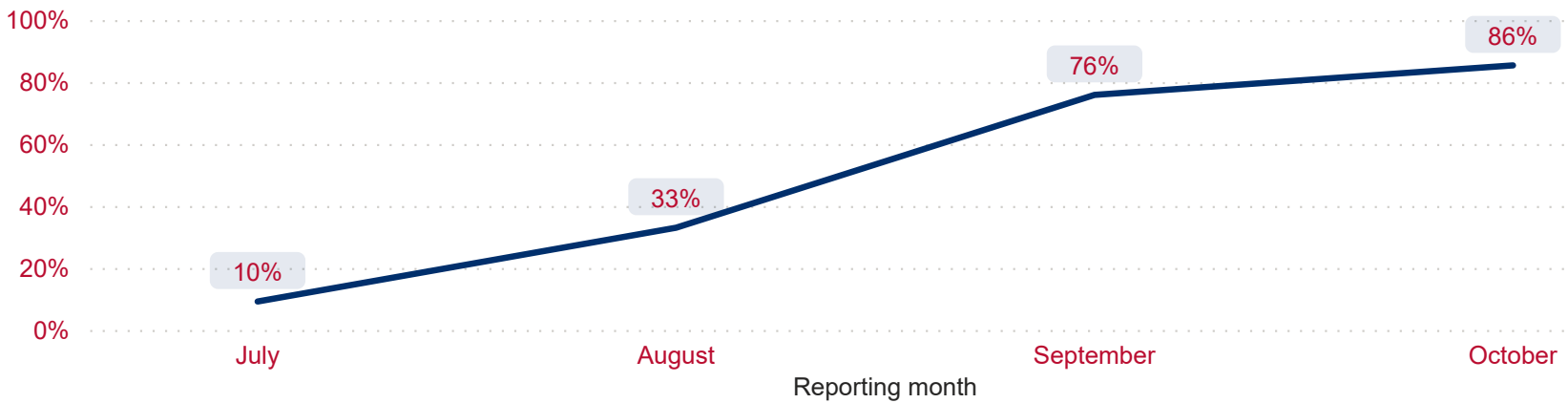


# CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

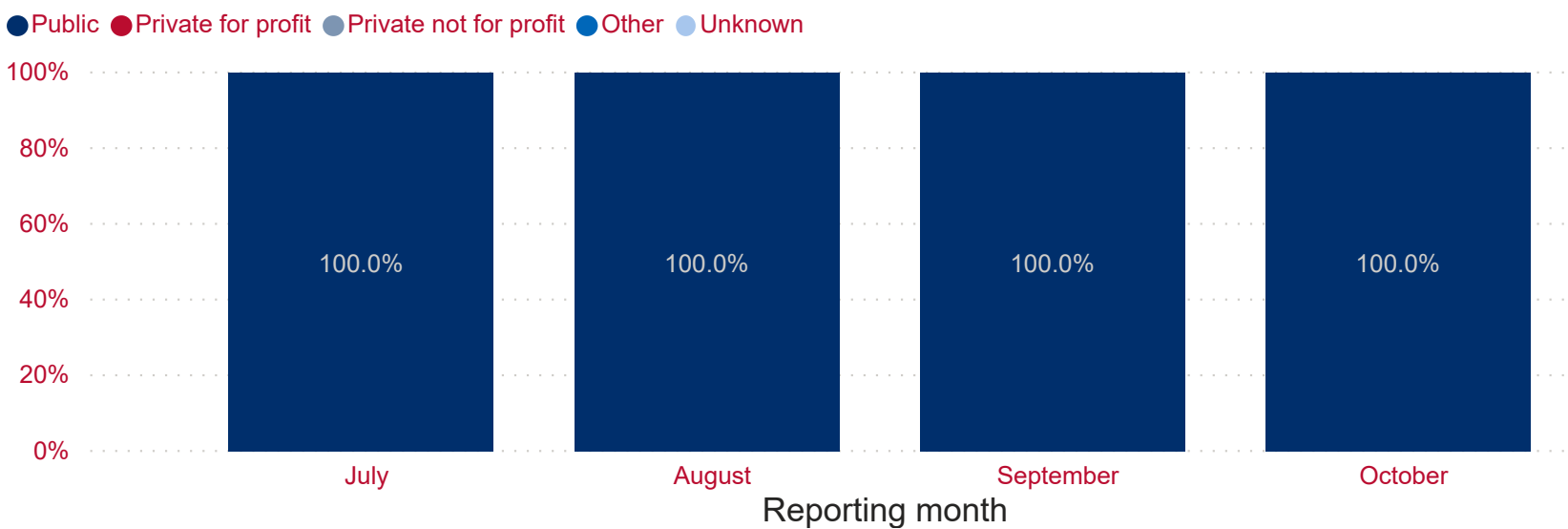
## # and % of compliant of supported health facilities by month

	July	August	September	October
Health facilities	2	5	9	2
Cumulative (health facilities)	2	7	16	18
Progress to date	10%	33%	76%	86%
Target	21	21	21	21

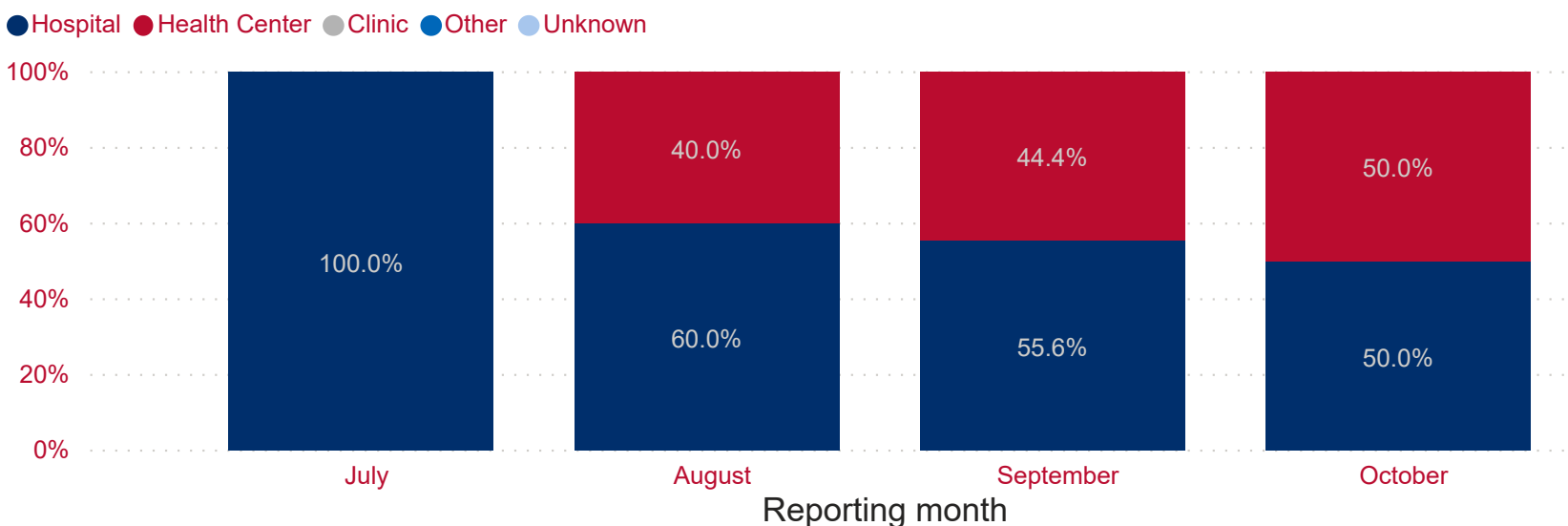
## % of compliant of supported health facilities by month



## % of compliant supported health facilities by ownership type and by month



## % of compliant supported health facilities by facility type and by month

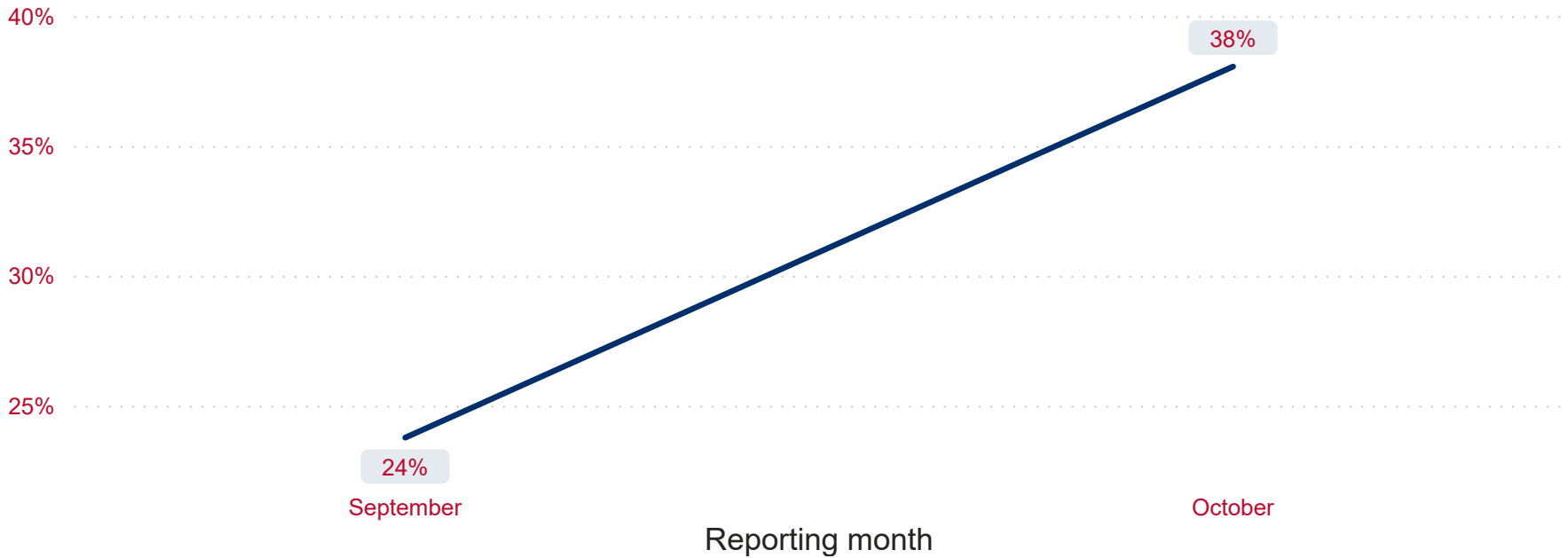


# CV 4: # and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

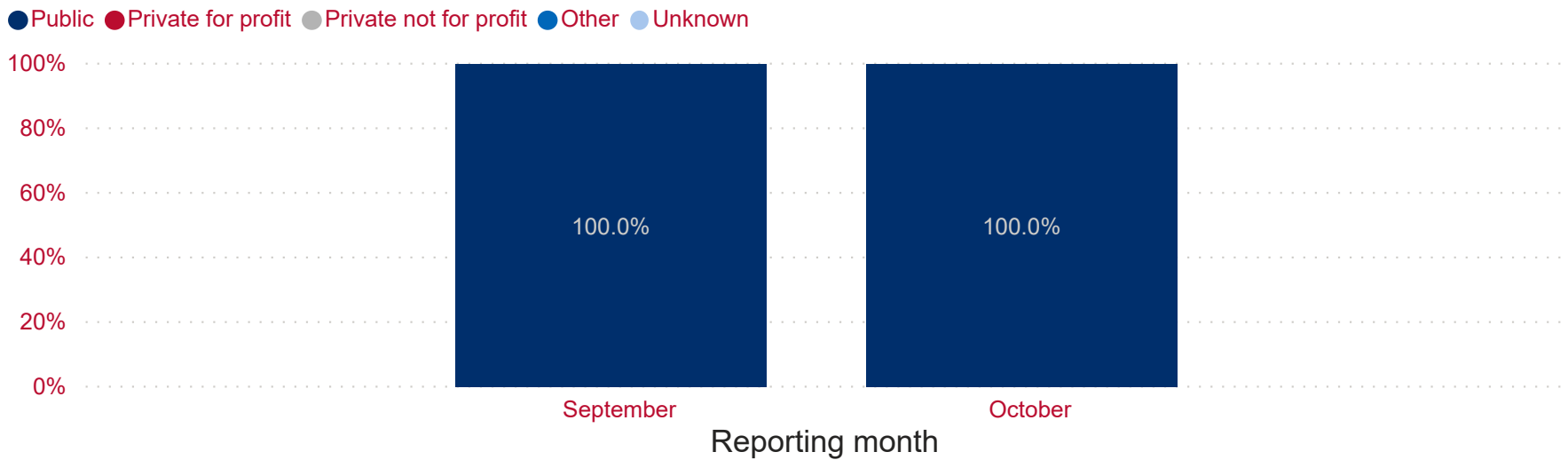
## # and % of supported health facilities reporting stock data by month

	September	October
Health facilities	5	8
Progress to date	24%	38%
Target	21	21

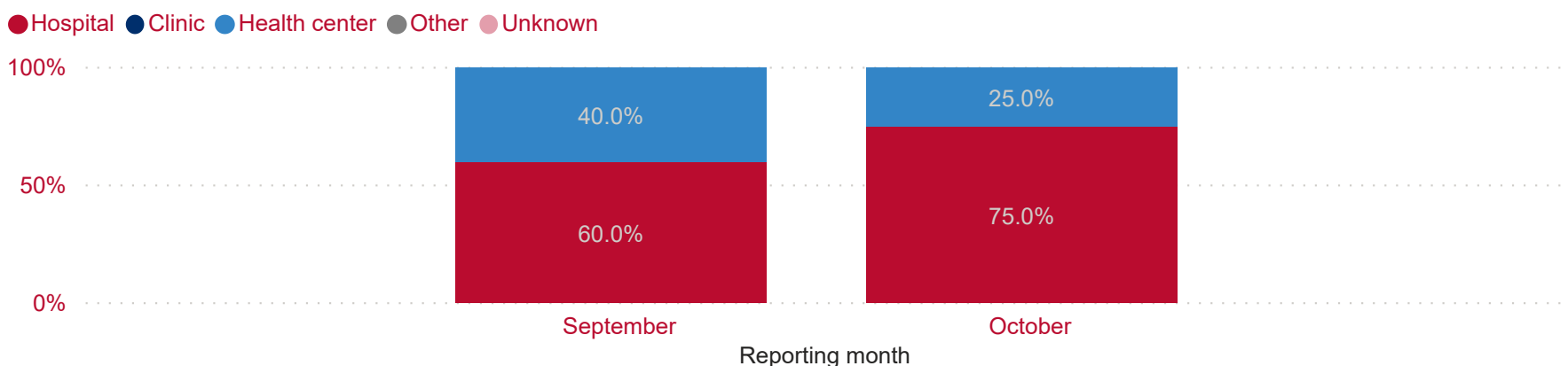
## % of health facilities reporting stock data by month

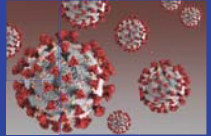


## % of supported health facilities reporting stock data by ownership type and by month



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





Contact for any Questions and Clarifications: [mtaps-hqcovid19@mtapsprogram.org](mailto:mtaps-hqcovid19@mtapsprogram.org)

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Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

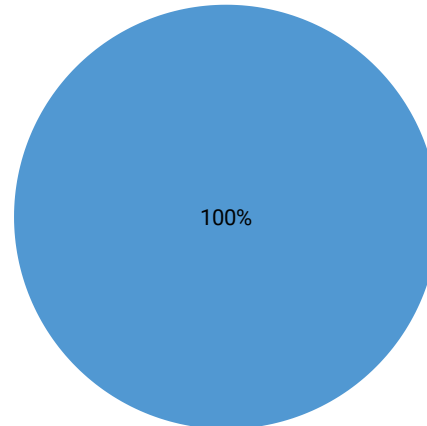
Mali

1 - 13 / 13



### Month: October (1) ▼

● COMPLETED



### Technical Area ▲

IPC Program Management (national/facility/community)

Source control (isolation)

Triage for SARI/ARI patients

1 - 3 / 3





## Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	October
Senegal	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels)</li> </ul>	<ul style="list-style-type: none"> <li>Rapid response strategy/plan</li> </ul>	This activity is completed.
Senegal	Triage for SARI/ARI patients	<ul style="list-style-type: none"> <li>Adapt guidance/SOPs along existing WHO guidance for COVID-19 to</li> </ul>	<ul style="list-style-type: none"> <li>Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)</li> </ul>	This activity is completed.
Senegal	Triage for SARI/ARI patients	<ul style="list-style-type: none"> <li>Provide training using existing training package on triage for COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	<p>MTaPS provided support to MOH to conduct supervision activities in Dakar Medical Region where the leadership of the management team selected three health facilities as follows: the Philippe Maguilen Senghor Health Center, the Gaspard Camara Health Center of the Western Health District; and the Health Center of Cheikh Ahmadou Bamba MBACKE (ex PMI Médina) in the Southern Health District. During the field visits, the supervision team assessed the compliance with the COVID-19 IPC SOPs, including for SARI/ARI patients triage and biowaste management, and conducted onsite training for areas where weak compliance was noted. As a result, 13 healthcare workers (9F/4M) benefitted from IPC onsite or juste-in-time training on SOPs for triage and healthcare waste management in two health centers visited (Philippe Maguilen Senghor Health Center (2F/3M) of the Western Health District and the Health Center of Cheikh Ahmadou Bamba MBACKE (7F/1M) in the Southern Health District). For each health center visited, the supervision team worked with the health district management team representative and the health facility's leadership and staff to update the action plan from the previous supervision based on new findings. In general, all three health facilities have challenges in procuring equipment and materials needed for healthcare</p>

				Equipment and materials needed for healthcare waste management using their internal funding. The last activity of the supervision visit was a meet held with the regional medical leadership to share the findings and the updated action plan for each health center.
Senegal	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Just-in-time IPC training</li> </ul>	<ul style="list-style-type: none"> <li>Number of people trained in IPC for COVID-19 by gender/position/type of facility/community</li> </ul>	The set of gathering trainings for the planned for the three regions of Dakar, Thies and Diourbel was not conducted. The MOH decided to prioritize formative supervision field visits over the training sessions that were planned back in August 2020 and for which MTaPS secured all the needed resources. This change was not clearly and timely communicated for MTaPS to complete the required paperwork procedures. However during the formative supervision 13 healthcare workers (9F/4M) benefitted from IPC onsite or just-in-time training on SOPs for triage and healthcare waste management in two health centers visited (Philippe Maguilen Senghor Health Center (2F/3M) of the Western Health District and the Health Center of Cheikh Ahmadou Bamba MBACKE (7F/1M) in the Southern Health District).
Senegal	Source control (isolation)	<ul style="list-style-type: none"> <li>Oversee the implementation</li> </ul>	<ul style="list-style-type: none"> <li>After-action report</li> </ul>	This activity is completed.
Senegal	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> <li>Strengthen facility COVID-19 IPC response coordination mechanism/task force</li> </ul>	<ul style="list-style-type: none"> <li>Coordination/task force mechanism</li> </ul>	<p>MTaPS continued working closely through the COUS operation section to support the response activities and is providing technical and managerial input during the day-to-day and weekly meetings at the MOH national level and the Regional Committee of Management of Emergencies in Dakar.</p> <p>From October 27-28, MTaPS worked jointly with the Red Cross to provide technical and financial support to the government, under the aegis of the One Health Permanent Secretariat, to develop documents that promotes the correct and dignified management of mortal remains in the context of the management of massive deaths linked to COVID-19 and other epidemics. The multisectoral approach was used bringing together representatives of Ministry of the Interior, Ministry of Justice, Ministry of Health; Ministry of Territorial Communities of Development and Regional Planning, Ministry of the Armed Forces, Ministry of Culture and Communication, Ministry of Women, Gender and</p>

Communication, Ministry of Women, Gender and the Family; and NGOs.

At the end of the 2-day workshop, the achievements as follows:

- the roles and responsibilities of the actors involved in the management of the remains are defined;
- the collaboration and communication mechanisms between health actors, defense and security forces, territorial and religious authorities and community actors are established;
- the response plan for the management of mass deaths is finalized.

A second workshop to develop the SOPs for the management of mass deaths has been finalized.

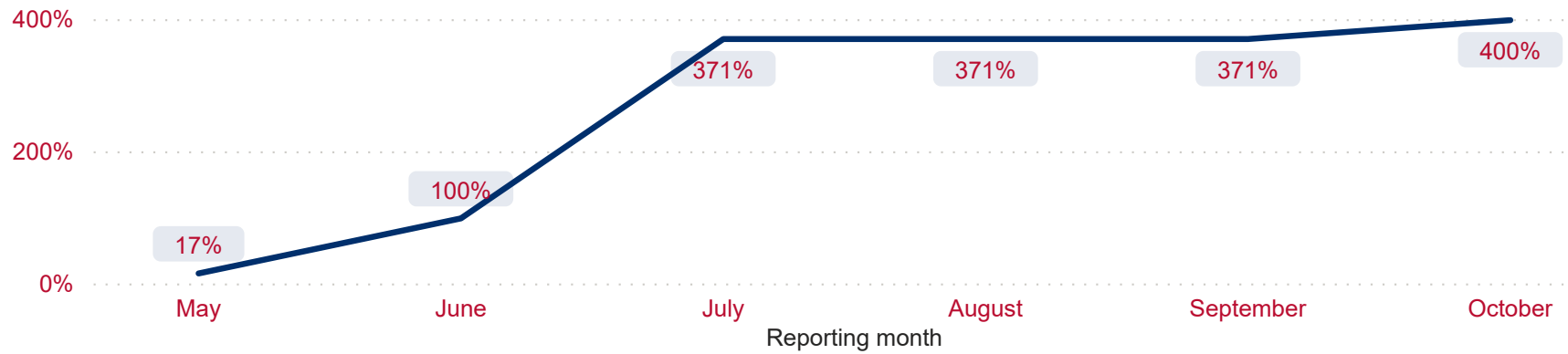
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# CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

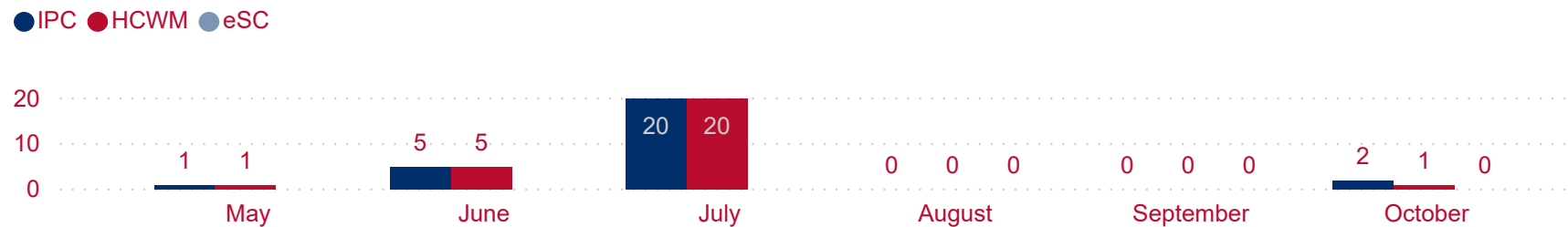
## # and % supported health facilities with staff trained by month

	May	June	July	August	September	October
Health facilities	1	5	20	0	0	2
Cumulative (health facilities)	1	6	26	26	26	28
Progress to date	17%	100%	371%	371%	371%	400%
Target	6	6	7	7	7	7

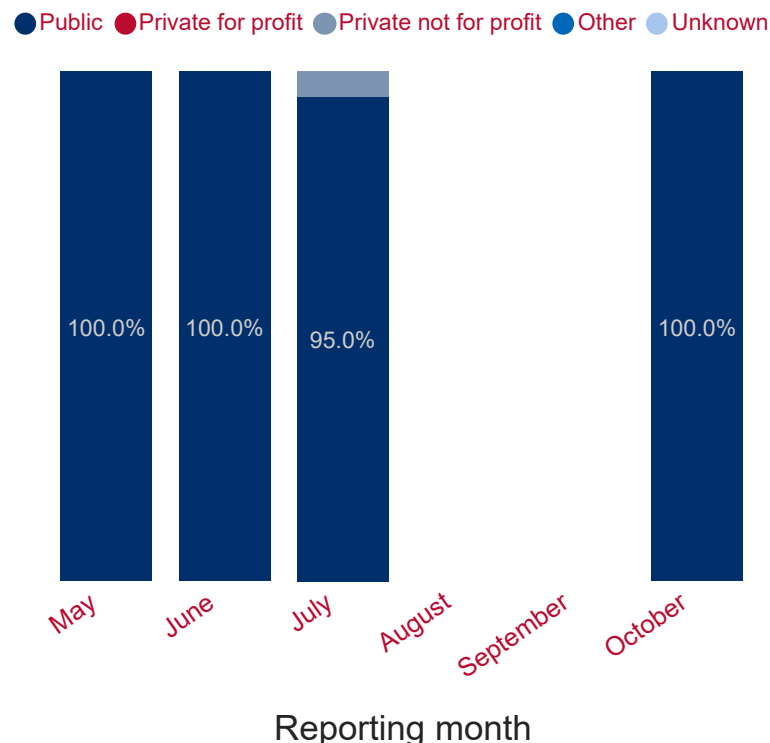
## % supported health facilities with staff trained by month



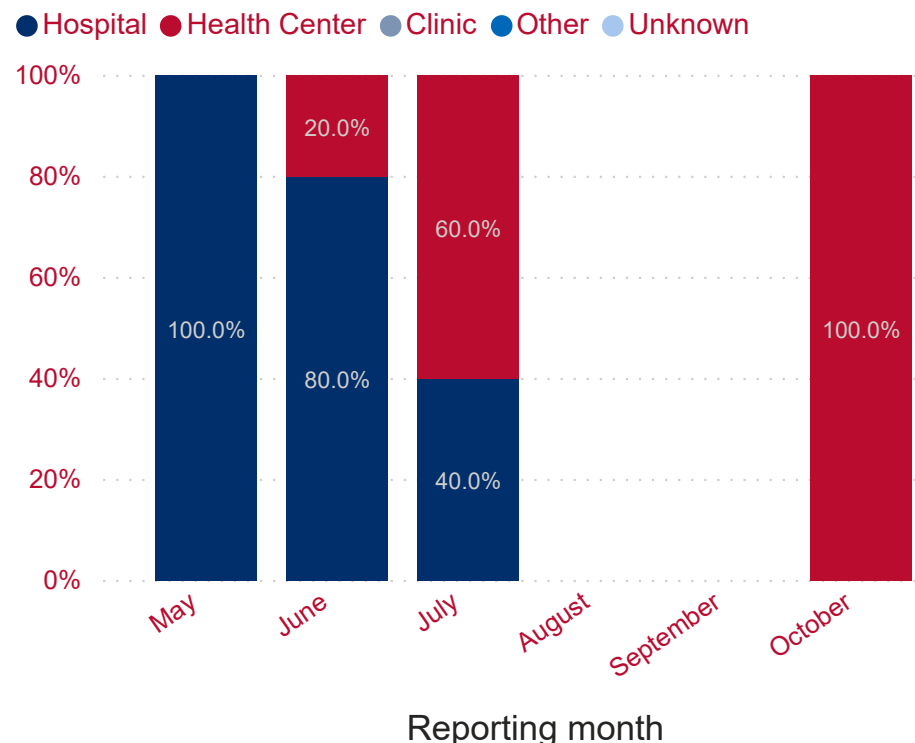
## # of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



## % of supported facilities trained by ownership type and by month



## % of supported facilities trained by facility type and by month



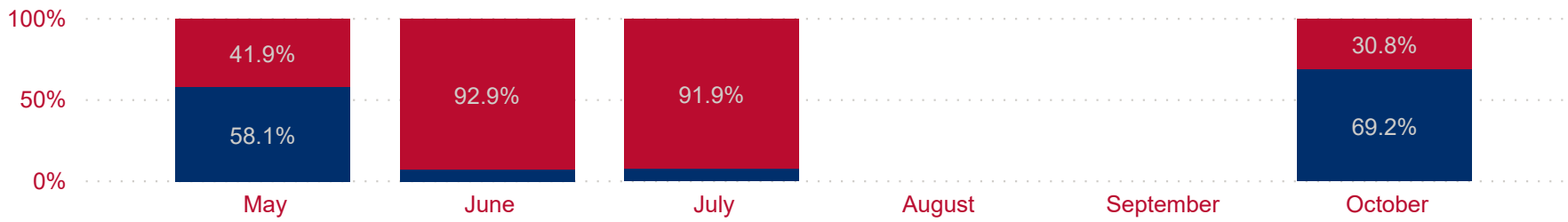
# CV 2: # of persons who received COVID-19-related training

## # of trainees by sex and by month

	May	June	July	August	September	October	Total
Total trained	31	28	62	0	0	13	134
Females	18	2	5	0	0	9	34
Males	13	26	57	0	0	4	100
Unknown	0	0	0	0	0	0	0
Cumulative trained	31	59	121	121	121	134	

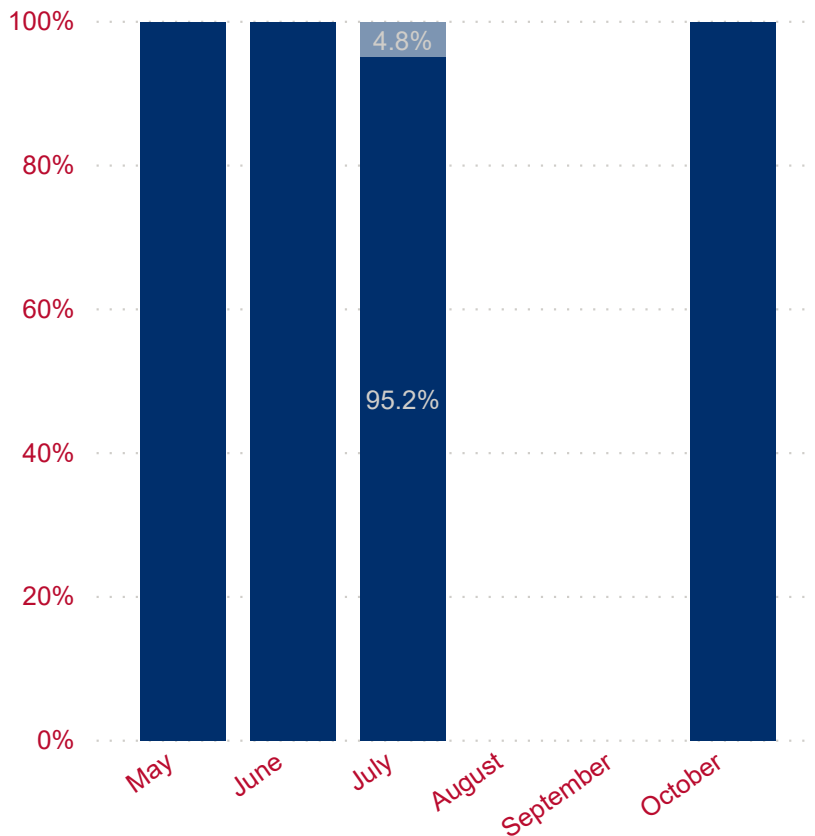
## % trainees by sex and by month

● Females ● Males ● Unknown



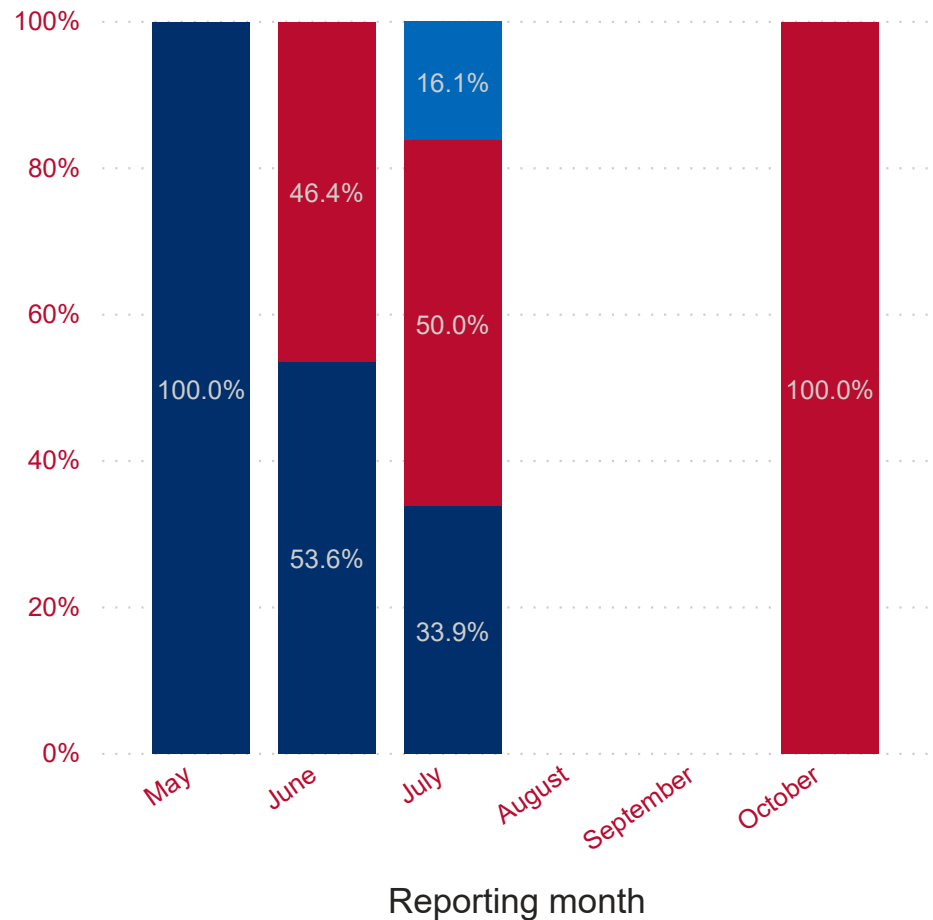
## % of trainees by facility ownership type and by month

● Public ● Private for profit ● Private not for profit ● Other ● Unknown



## % of trainees by facility type and by month

● Hospital ● Health Center ● Clinic ● Other ● Unknown



## % of trainees by training type and by month

● Training of Trainers (ToT) ● Non ToT training

