

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

Improved Access. Improved Services. Better Health Outcomes.

COVID-19 MONTHLY REPORT SEPTEMBER 2020

COVID-19 MONTHLY REPORT

SEPTEMBER 2020

DISCLAIMER: This document is made possible by the generous support of the American people through the US Agency for International Development (USAID) Contract No.: 7200AA18C00074. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

PROJECT OVERVIEW

Program Name:		USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program
Reporting Period:		September 1-30, 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

This document may be reproduced if credit is given to MTAps. Please use the following citation.

2020. *USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program COVID-19 Monthly Report, September 2020*. Submitted to the U.S. Agency for International Development by the USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program. Arlington, VA: Management Sciences for Health, Inc.

USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Telephone: 703.524.6575
Fax: 703.524.7898
Email: mtaps@msh.org

ACRONYMS AND ABBREVIATIONS

ARI	acute respiratory infection
COVID-19	coronavirus disease 2019
eSC	emergency supply chain
HCW	health care workers
HCWM	health care waste management
IPC	infection prevention and control
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

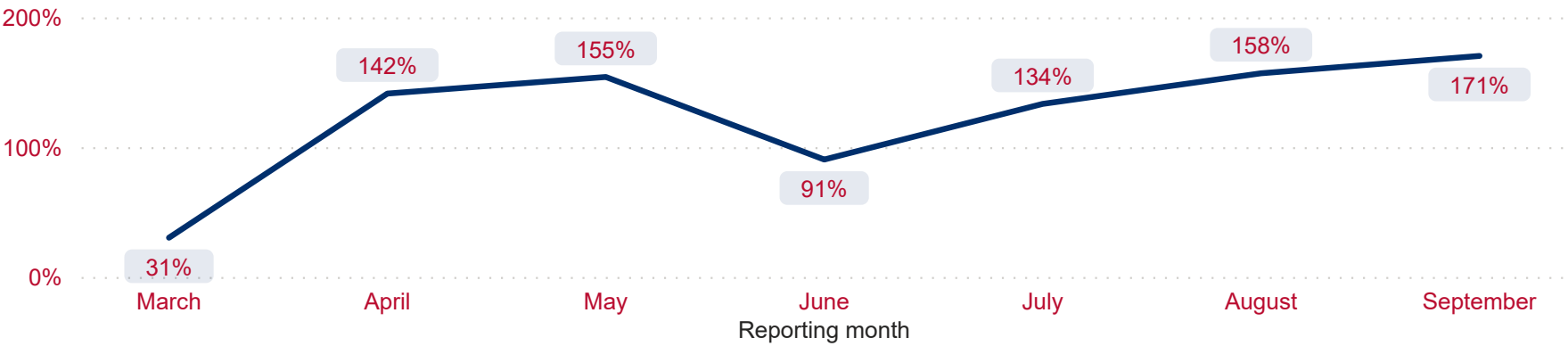
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

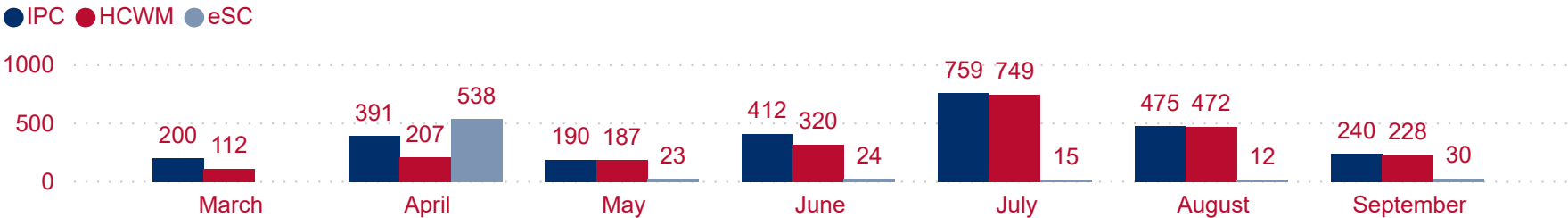
	March	April	May	June	July	August	September
Health facilities	200	776	207	429	759	480	240
Cumulative (health facilities)	200	976	1183	1612	2371	2851	3091
Progress to date	31%	142%	155%	91%	134%	158%	171%

Note: Country target # of health facilities is 1806

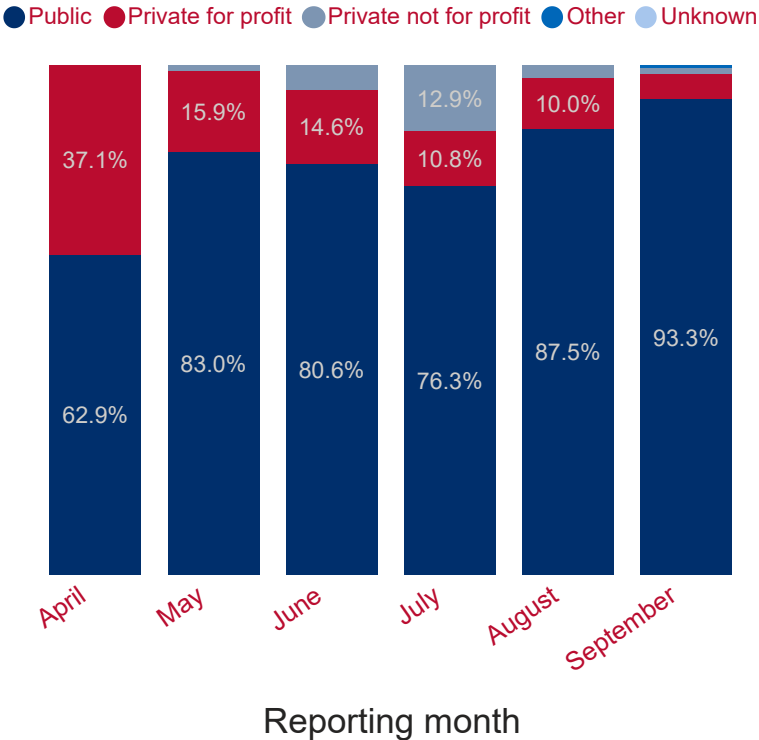
% supported health facilities with staff trained by month



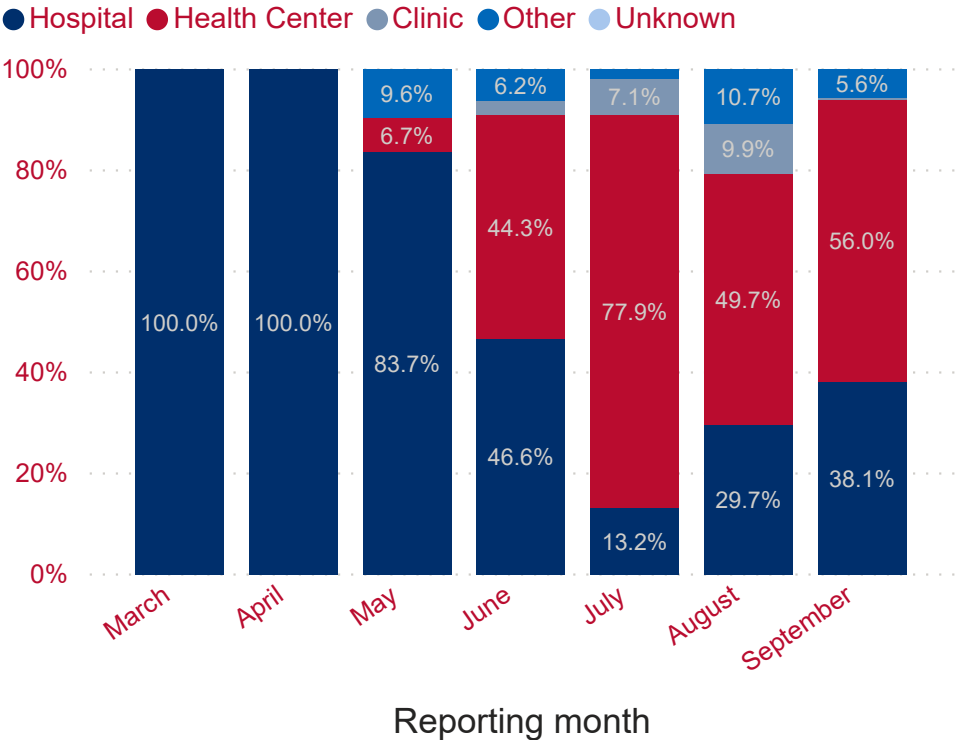
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

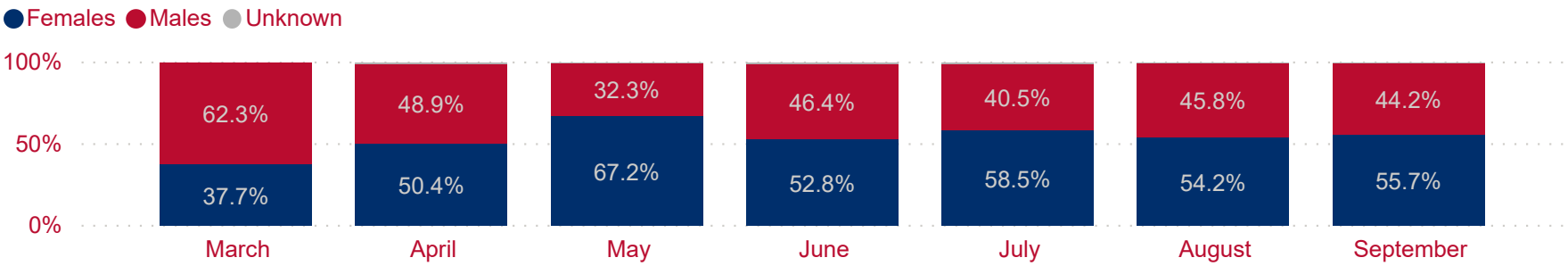


CV 2: # of persons who received COVID-19-related training

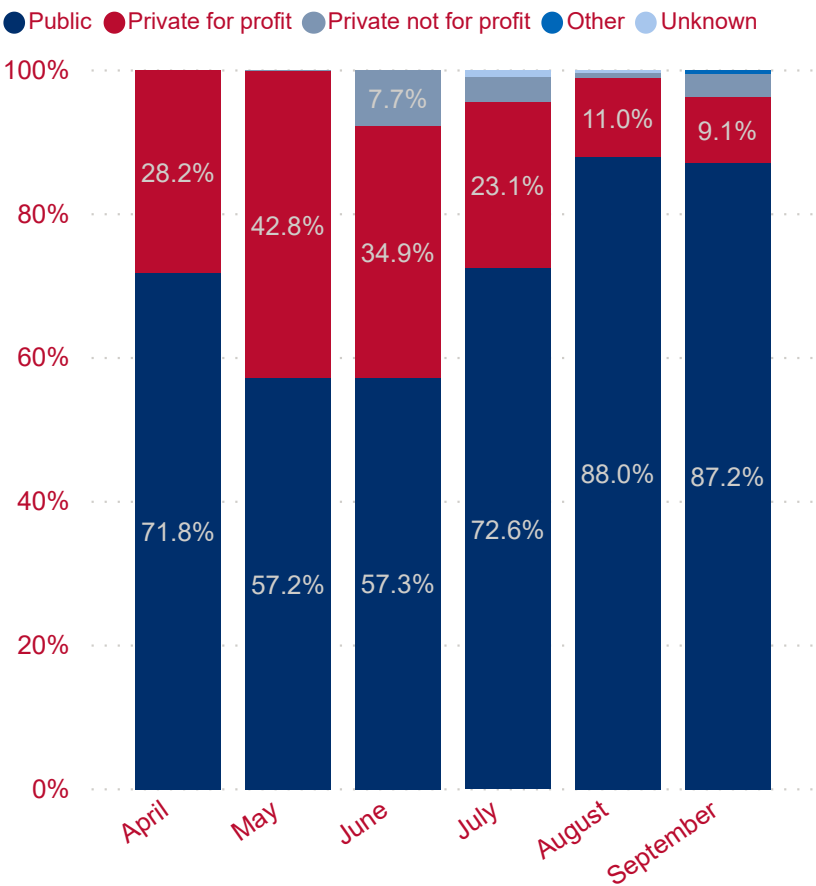
of trainees by sex and by month

	March	April	May	June	July	August	September	Total
Total trained	896	4512	8421	5347	10002	4827	4681	38686
Females	338	2275	5663	2821	5855	2615	2608	22175
Males	558	2205	2722	2482	4050	2209	2069	16295
Unknown	0	32	36	44	97	3	4	216
Cumulative trained	896	5408	13829	19176	29178	34005	38686	

% trainees by sex and by month

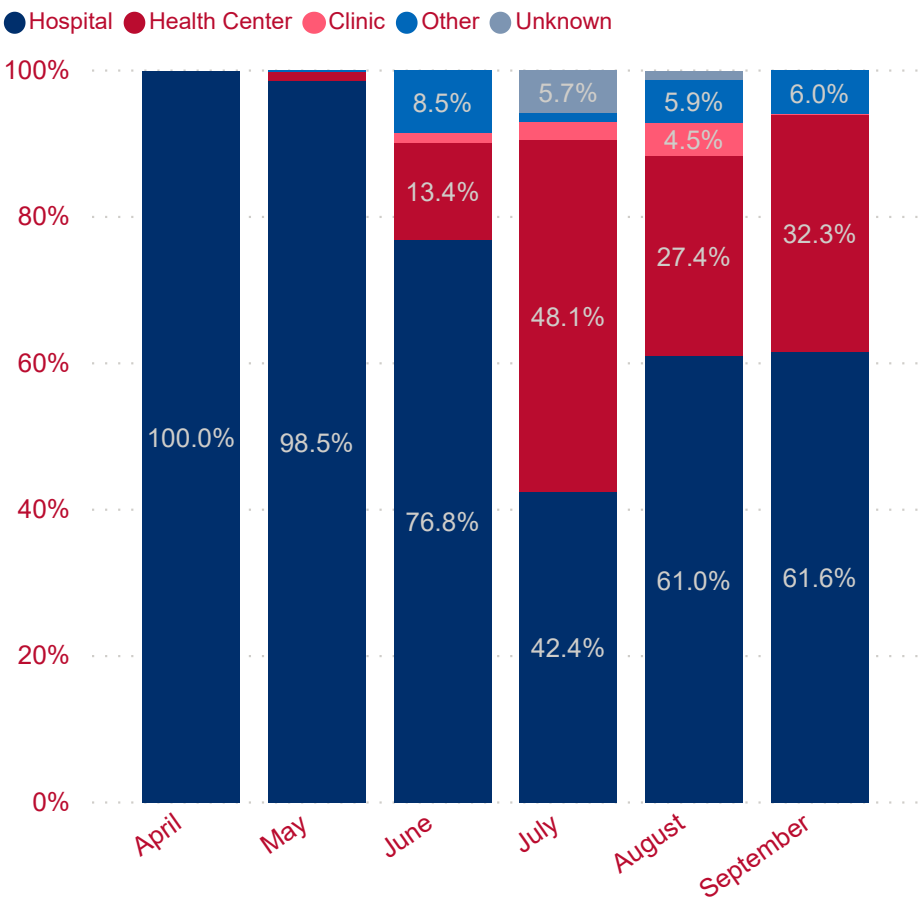


% of trainees by facility ownership type and by month



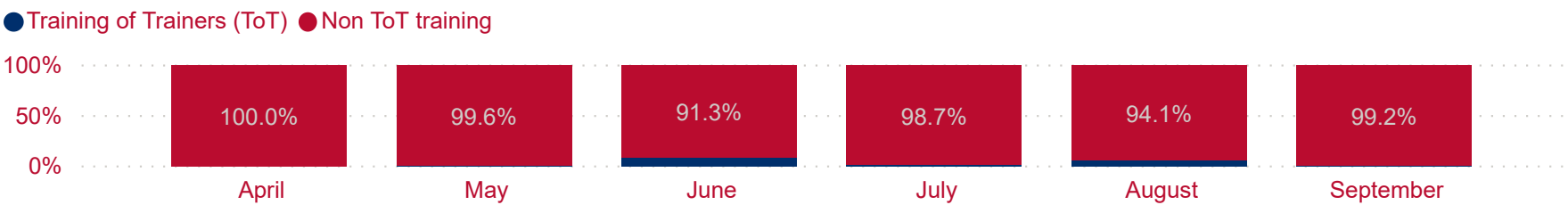
Reporting month

% of trainees by facility type and by month



Reporting month

% of trainees by training type and by month



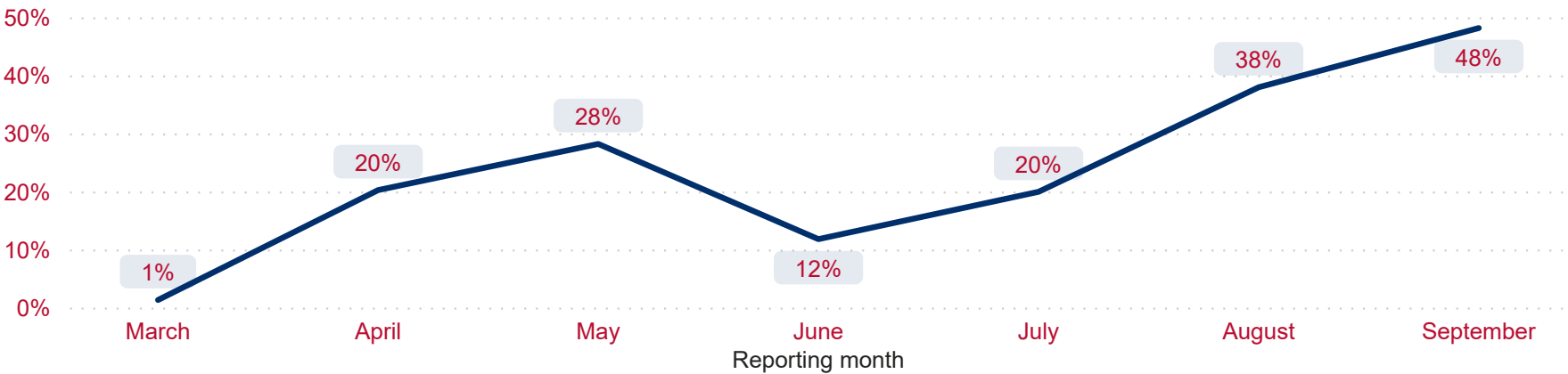
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

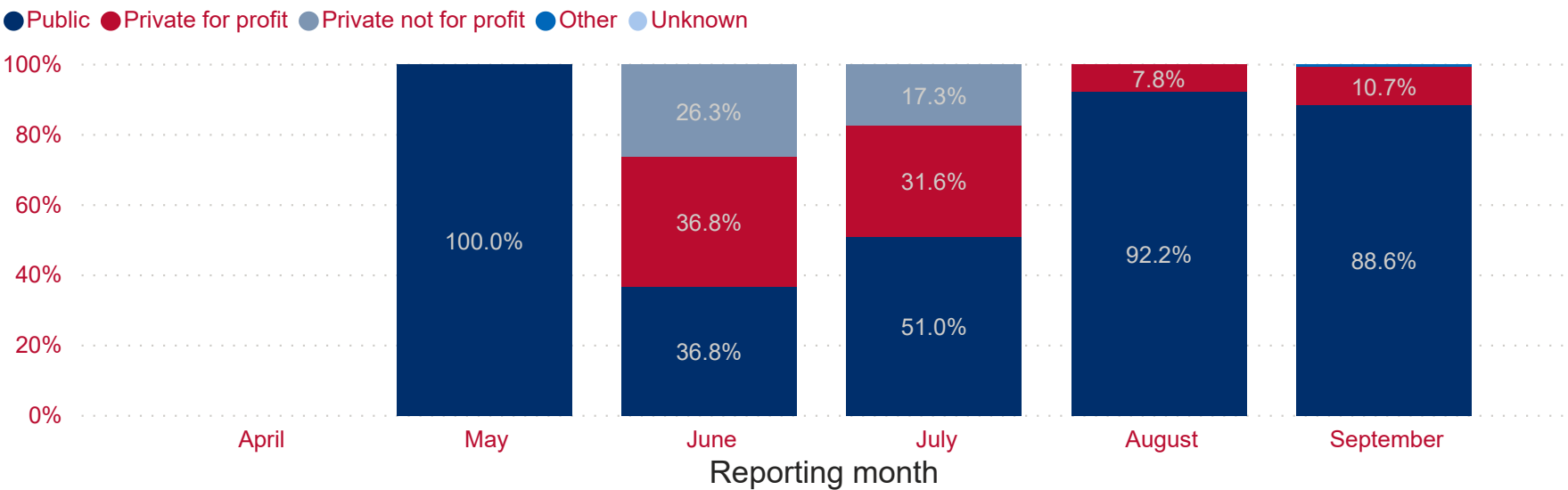
	March	April	May	June	July	August	September
Health facilities	2	67	28	48	124	256	140
Cumulative (health facilities)	2	69	97	145	269	525	665
Progress to date	1%	20%	28%	12%	20%	38%	48%

Note: Country target # of health facilities is 1376

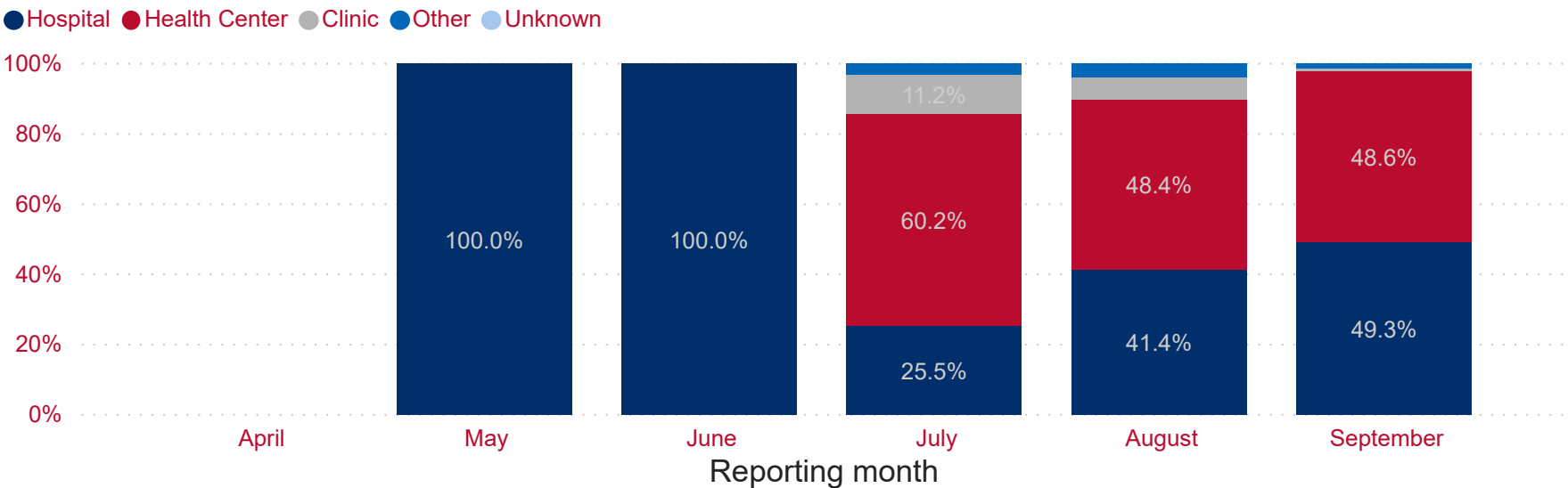
% of compliant of supported health facilities by month



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



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



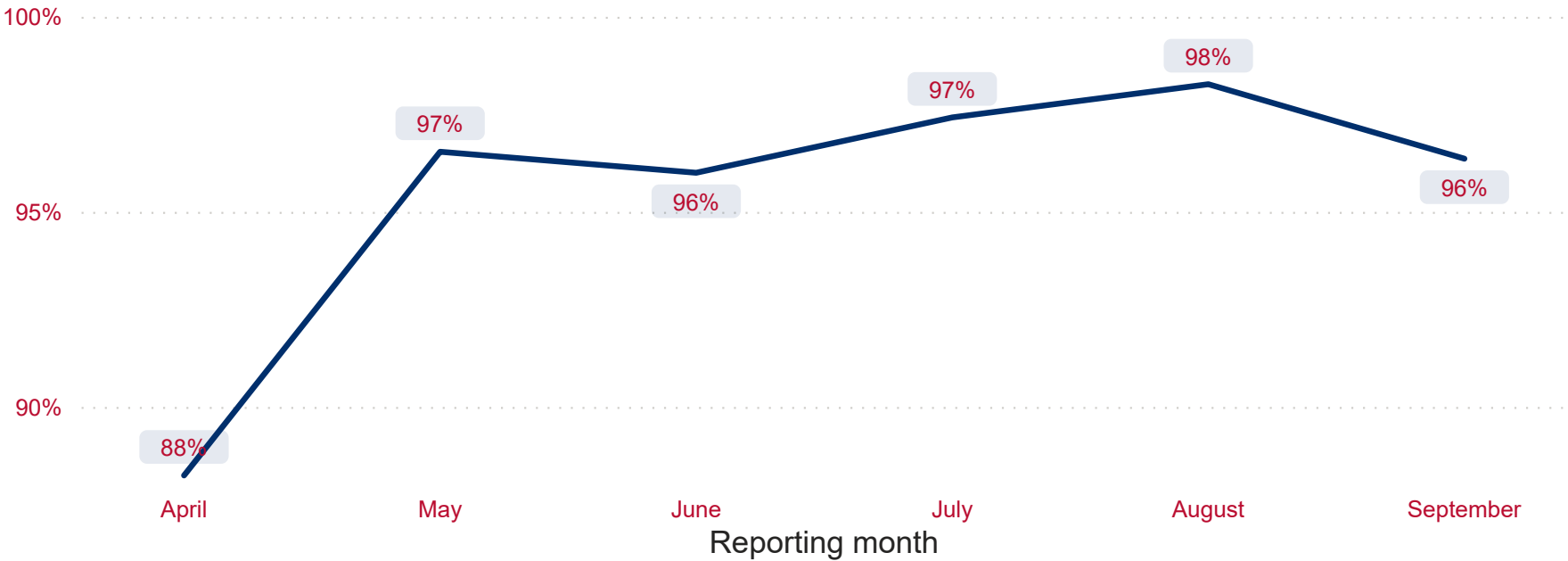
CV 4: # and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

and % of supported health facilities reporting stock data by month

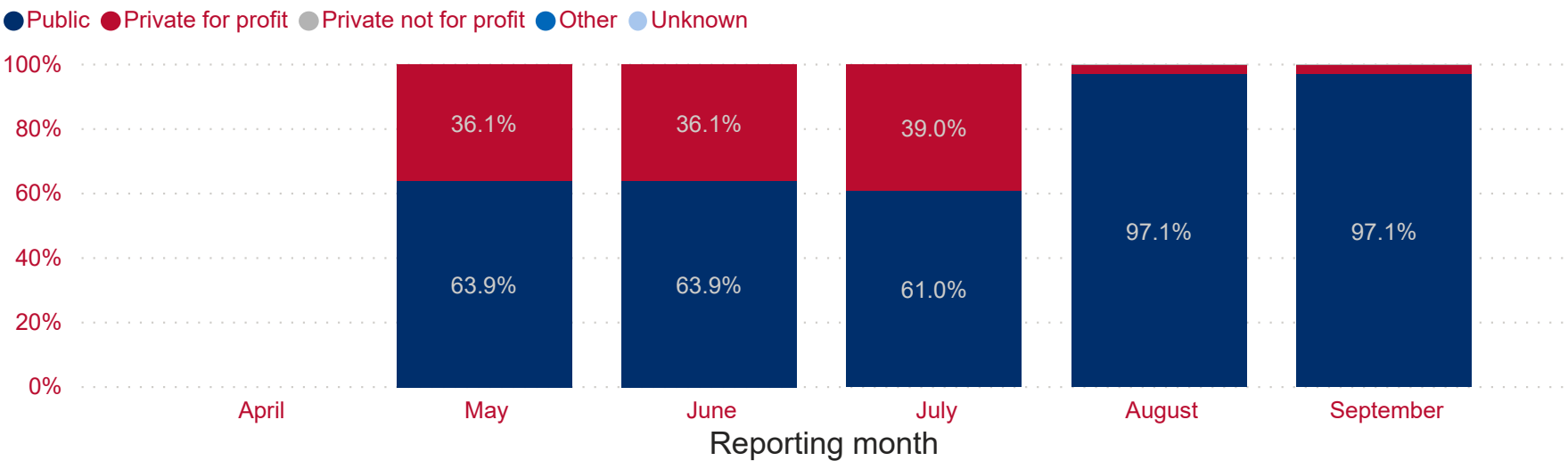
	April	May	June	July	August	September
Health facilities	617	675	677	687	693	694
Progress to date	88%	97%	96%	97%	98%	96%

Note:Country target # of health facilities is 726

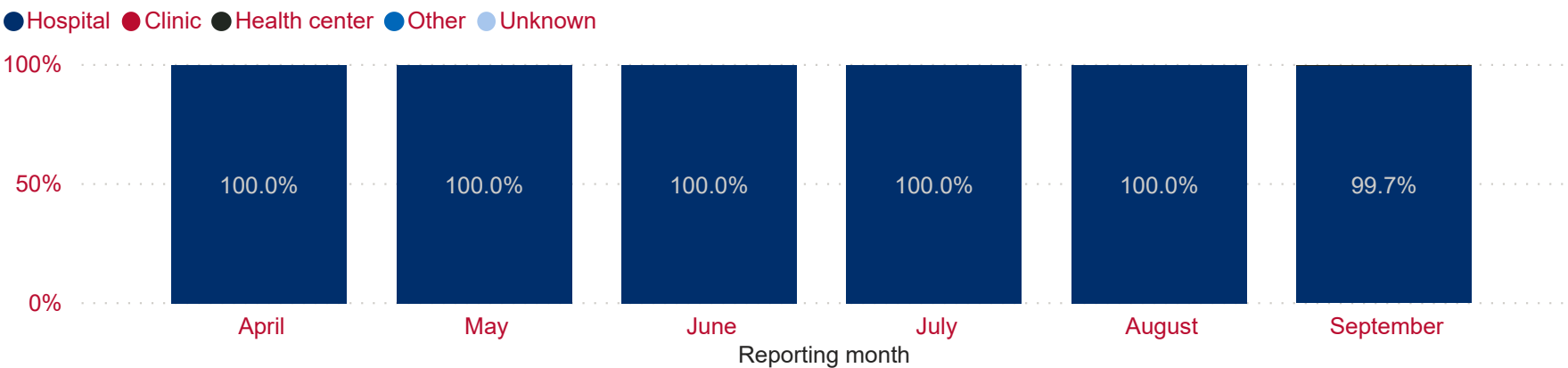
% of health facilities reporting stock data by month



% 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: Oct 16, 2020

Indicator	March	April	May	June	July	August	September	Cumulative
CV 1: # and % of MTaPS-supported health facilities whose staff received COVID-19-related IPC training	200	776	207	429	759	480	240	3091
CV 2: # of persons who received COVID-19-related training	896	4512	8421	5347	10002	4827	4681	38686
CV 3: # and % of MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs	2	67	28	48	124	256	140	665
CV 4: # and % of MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities		617	675	677	687	693	694	

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	59	23	20	0	582
August	2	18	9	6	243	3	2	0	28	14	0	4	151
September	1	14	4	0	139	13	0	0	51	8	0	10	0
Total	724	62	30	25	535	16	406	60	156	144	26	49	858

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

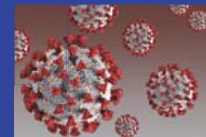
Month	Bangladesh	Burkina Faso	Cameroon	Cote d'Ivoire	Ethiopia	Jordan	Kenya	Mali	Mozambique	Philippines	Senegal	Tanzania	Uganda
March	560				15		321						
April	1530		25	30	125		1091			1711			
May	376		0	0	312		200	30		6948	31	524	
June	1114	26	360	507	228		311	89	243	2091	28	0	350
July	88	100	81	60	741		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
Total	3831	888	847	919	2481	440	2014	289	6518	14078	121	812	5448

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

Month	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	5	11	0	73
August	7	0	197	4	21	10	10	6	1	0
September	2	5	95	12	0	0	12	14	0	0
Total	9	27	334	16	135	12	27	31	1	73

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

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



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

Report Filters

Quick Guide:

Please Click and select both a Country and a Month.

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

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

Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

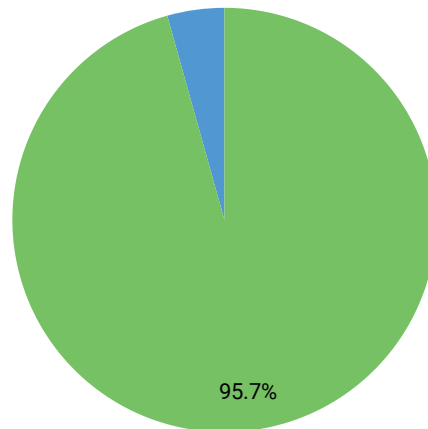
Mali

1 - 13 / 13



Month: Septem... (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	September
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> Adapt guidance/SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> Adapted training materials 	<p>Video shooting for donning and doffing of PPE for doctors, and preparation of 0.5% sodium hypochlorite solution & 0.5% bleaching solution by cleaners has been completed. These videos will be used for IPC training for doctors and support staff (e.g. cleaners). Editing is ongoing, feedback from MTaPS is being incorporated.</p> <p>The formatting of the draft national training module for cleaners and ambulance drivers is underway; the module will be used for training of cleaners and ambulance drivers on IPC and will be housed on the DGHS website.</p>
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	<p>A total of 75 doctors, nurses and other health workers (male 12 and female 63) were trained on IPC at the Mohammadpur Fertility Service and Training Center (MFSTC) in Dhaka.</p>
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> Adapt guidance/SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	<p>Video shooting for donning and doffing of PPE for cleaners, and the procedure of ambulance disinfection by ambulance drivers and triage has been completed to use in support of staff trainings and simulation exercise on triage. These will also be uploaded onto portable disk drives (i.e. pendrives/USB sticks), along with instructions for preparing disinfecting solutions by cleaners. These will be distributed to health facilities in Dhaka city for use in trainings on IPC and triage. Editing of the materials is underway following feedback from the MTaPS team.</p>
Bangladesh	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> Support to regular meetings with the national coordination mechanisms 	<ul style="list-style-type: none"> After-action report 	<p>The MTaPS team attended two meetings of the Procurement and Logistics Pillar. The purpose of one of the meetings was to provide an update on the enhancement of COVID-19 commodity Dashboard which provided stock status monitoring in months for each commodities at different level and another meeting was focused on the orientation of counterparts on how to generate different reports from the portal and how these reports could be used for decision</p>

how those reports could be used for decision making. The MTaPS team also updated the meeting participants on the functionality of the comprehensive eLMIS for COVID-19 commodities.

Bangladesh	Emergency Supply of IPC Commodities	• Rapid emergency supply chain stakeholders mapping	• Rapid response strategy/plan	MTaPS has received feedback on the draft COVID-19 Commodity Emergency Supply Chain (ESC) Preparedness and Response Strategy for Bangladesh from the government officials. The Strategy has already been discussed with two other related strategies at the second coordination meeting on July 15, 2020 and was shared via e-mail with the government officials who attended the meeting for additional group work, reviews and to provide valuable feedback. A technical discussion meeting will be held on the October 15, 2020 at DGHS to obtain additional advice and to seek approval on these three strategies.
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 in 28 of 30 hospitals in Dhaka city to support effective administration of triage services, registration, and early screening of suspected COVID cases. Related technical support was provided, as well as hands on demonstration on IPC and triage to improve the capacity and confidence of healthcare workers in the triage areas of hospitals in Dhaka city.
Bangladesh	IPC facility access guidance	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	The Bangla version the triage flow chart has updated based on the updated IPC Guideline (version 3).The flow chart is ready for installation in selected facilities of Dhaka city. A video script for a simulation exercise on triage has been approved for trainings of health staffs of triage areas of selected hospitals in Dhaka city. A video shooting conducting simulation exercise on triage. Editing of the video is ongoing.
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	A total of 75 doctors, nurses and other health workers (male 12 and female 63) were trained on IPC at the Mohammadpur Fertility Service and Training Center (MFSTC), Dhaka

			facility/community	
Bangladesh	Emergency Supply of IPC Commodities	• Apply/adapt simple operating procedures and tools for the management of ordering, issuing, distributing, receiving, rational utilization	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	Feedback on the draft Bangladesh Distribution Strategy and Inventory Policy for COVID-19 Commodities has been received from government officials. Two other strategies were discussed at the second coordination meeting on July 15, 2020. A technical discussion meeting will be held at October 15, 2020 at DGHS for more valuable advice and approval on these three strategies.
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 Dashboar and Building Capacity of the Users is being edited. 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 is being reviewed.
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 September 30, 2020. Reporting timeliness is 79%. (https://scmpbd.org/index.php/covid-19-dashboard)
Bangladesh	IPC Program Management (national/facility/community)	• Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels)	• Emergency response capacity assessment report with technical recommendations	A recently conducted rapid assessment of health facility readiness of COVID-19 hospitals in Dhaka recommended strengthening triage of all patients and quality of IPC services. To address these recommendations under the guidance and leadership of DGHS Director of Hospitals and Clinics, MTaPS has planned to conduct simulation exercise for health staff of triage areas at selected hospitals in Dhaka city after installation of triage flow chart and MTaPS also planned to conduct training on IPC for support staffs (cleaners and ambulance drivers) at selected hospitals in Dhaka city.
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	Triage is covered in the IPC training.
Bangladesh	IPC Program	• Strengthen facility	• Coordination/task	MTaPS is continuously coordinating on COVID-

Bangladesh	IPC Program Management (national/facility/community)	Strengthen facility COVID-19 IPC response coordination mechanism/task force	Coordination/task force mechanism	Initial IPC coordination 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.)	The government has developed a monitoring checklist and its validation in government facilities is ongoing. After finalization, MTaPS will use it.
Bangladesh	Preparedness for the possibility of mass fatalities	• Provide training using existing training packages for COVID-19	• Adapted training materials	MTaPS and Save the Children have agreed to collaborate on joint training on case management and IPC. Save the Children will conduct training on case management, and MTaPS will conduct training on COVID-19 IPC in the same hospitals. MTaPS shared future training plans for support staff of selected hospitals and the list of IPC and clinical management trainers pool to plan efficiently.
Bangladesh	Emergency Supply of IPC Commodities	• Define list of supplies and specification	• After-action report	Defining supplies and specifications is an ongoing process. There were no changes to the commodity list in September.
Bangladesh	Emergency Supply of IPC Commodities	• Support/facilitate quantification exercises	• After-action report	A demo of the upcoming COVID-19 eLMIS and quantification tool has been shared with the USAID Bangladesh Mission. The distribution plan was incorporated into the online inventory management system. A User Acceptance Test has been conducted with 15 participants from five supported facilities. Currently, feedback is being incorporated.
Bangladesh	Emergency Supply of IPC Commodities	• Design agile distribution and inventory holding policy	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	According to the draft strategy of distribution and inventory holding policy developed by MTaPS, the comprehensive eLMIS development has been completed and tested with the users. By using this tool, the health facilities can prepare their distribution plan and submission of indent to higher level managers, generate invoices for delivery of the goods, generate different stock and consumption reports for the policy level managers which will ultimately contribute to the decision making process of program implementation. A User Acceptance Test on the quantification tools was conducted with the central stores and health facilities at different levels.

Bangladesh	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	Feedback on the draft Bangladesh Distribution Strategy and Inventory Policy for COVID-19 Commodities has been received from government officials. Two other strategies were discussed at the second coordination meeting on July 15, 2020. A technical discussion meeting will be held on October 15, 2020 at DGHS for more valuable advice and approval on these three strategies.
Bangladesh	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	The installation process of IPC signage is ongoing. The signage has been already distributed to 200 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"> • Analyze systems and systemic dependencies 	<ul style="list-style-type: none"> • After-action report 	Piloting a systems for PPE decontamination is pending with the Mission.

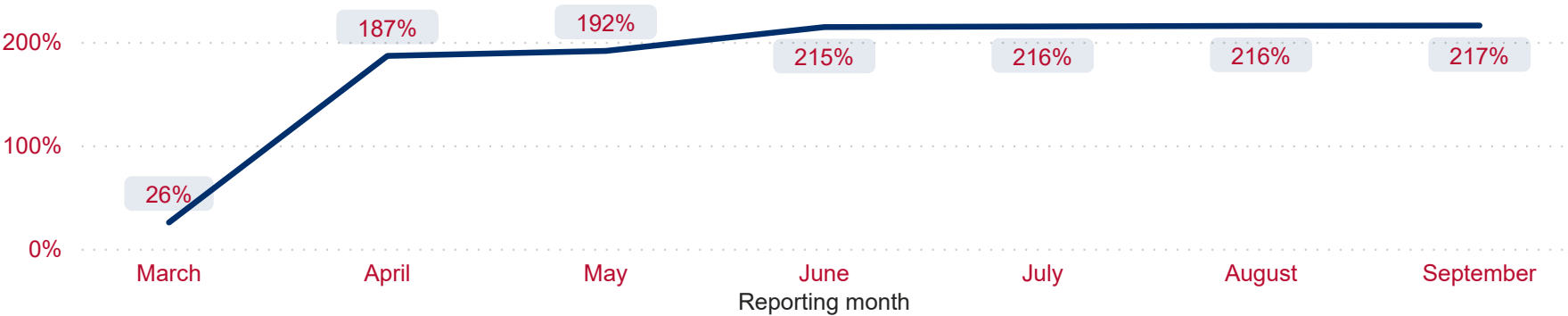
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

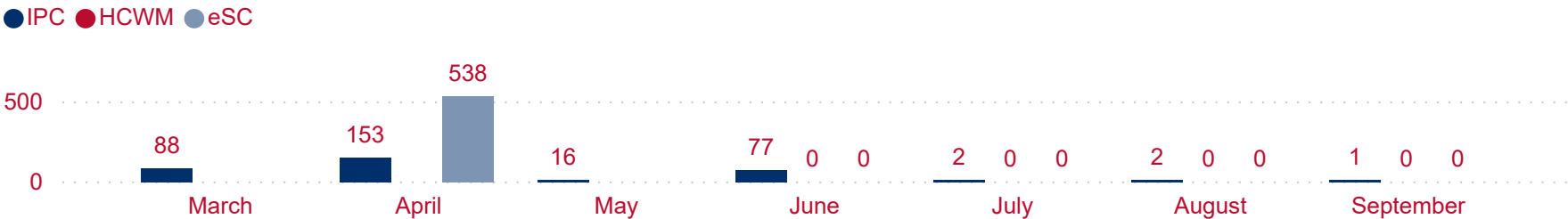
	March	April	May	June	July	August	September
Health facilities	88	538	16	77	2	2	1
Cumulative (health facilities)	88	626	642	719	721	723	724
Progress to date	26%	187%	192%	215%	216%	216%	217%

Note: Country target # of health facilities is 334

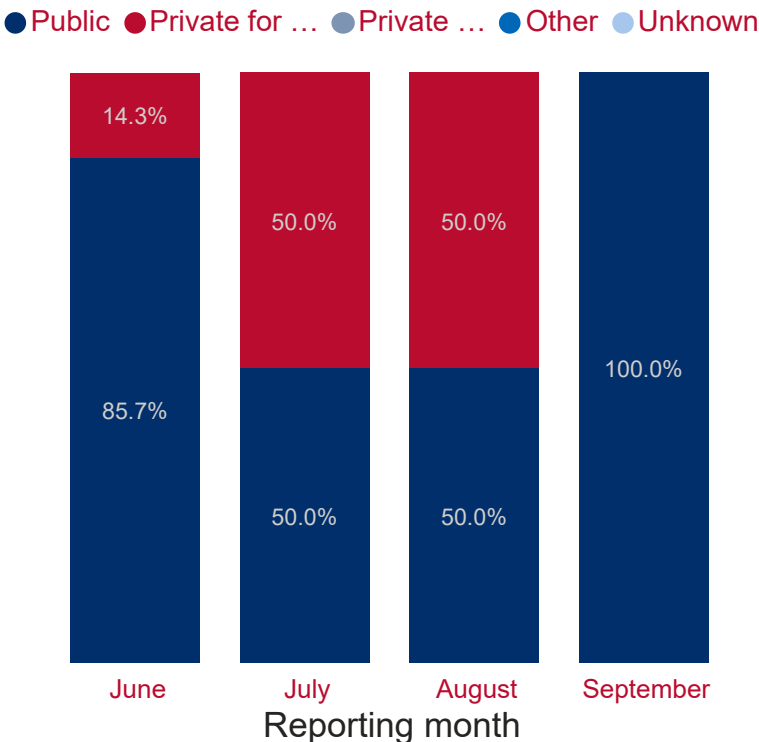
% supported health facilities with staff trained by month



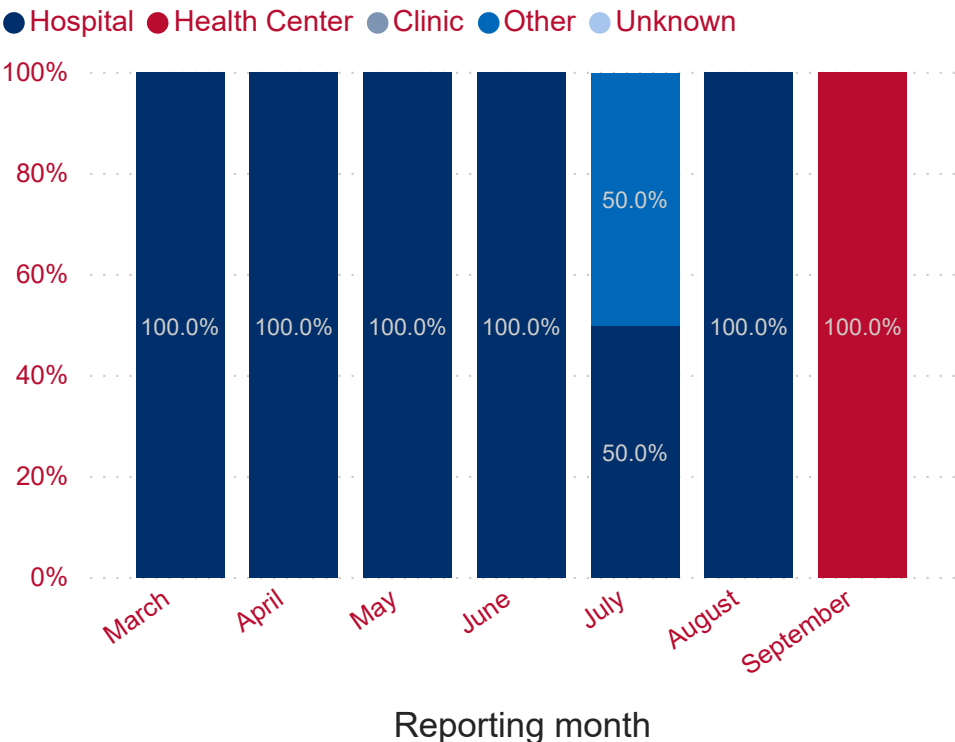
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

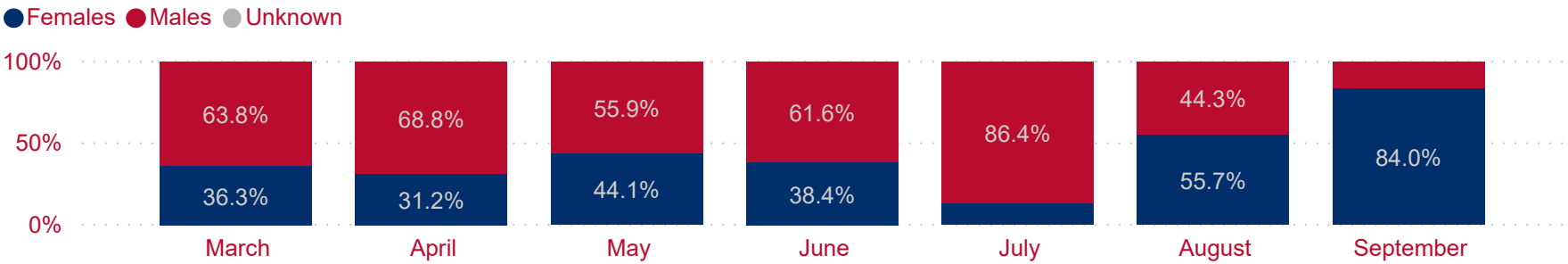


CV 2: # of persons who received COVID-19-related training

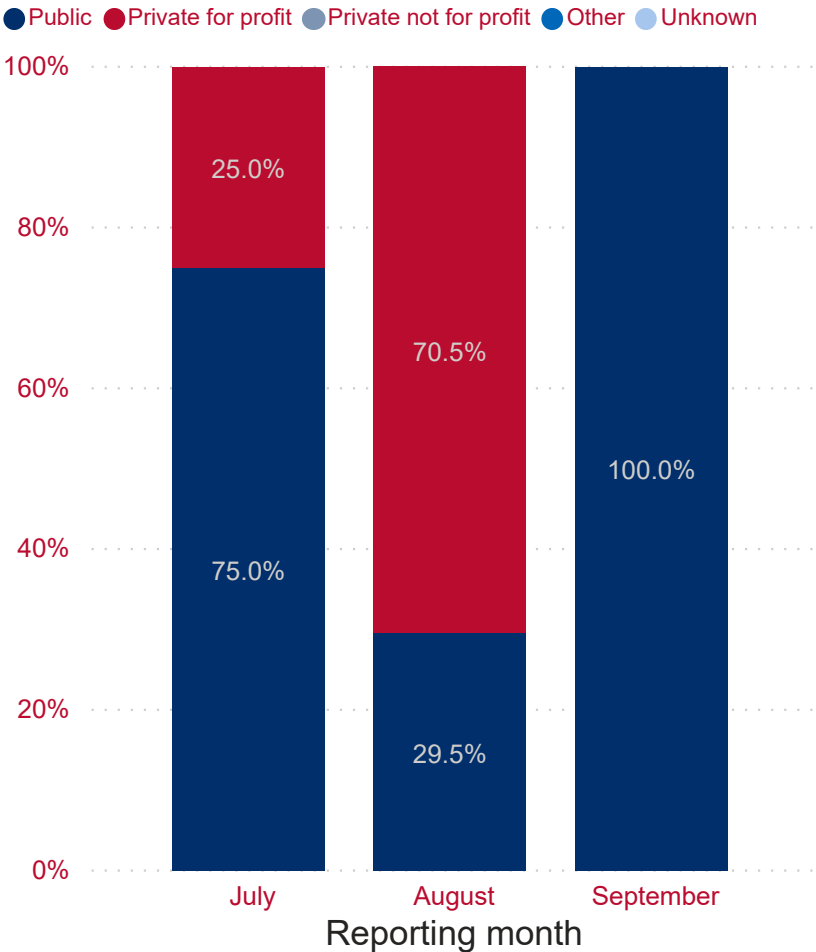
of trainees by sex and by month

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

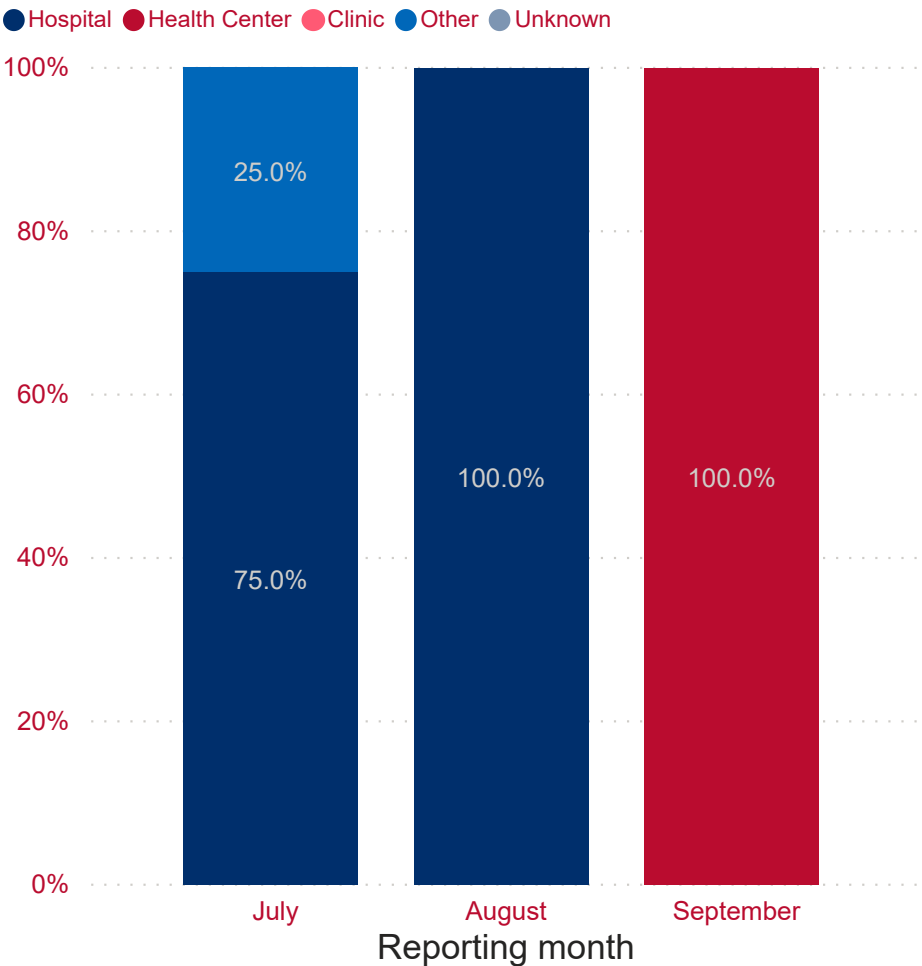
% trainees by sex and by month



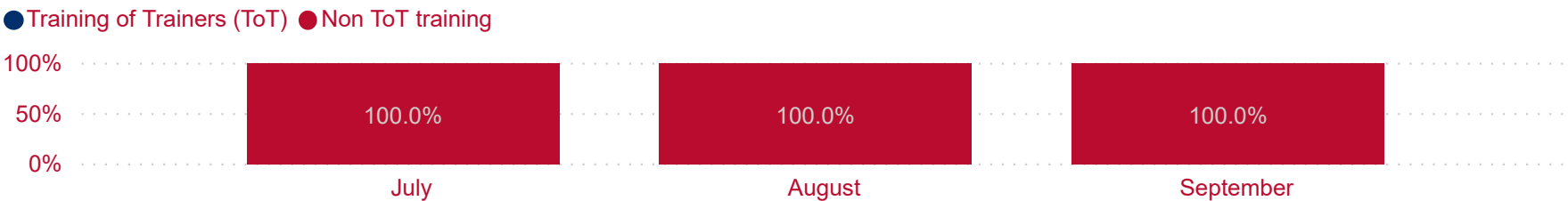
% of trainees by facility ownership type and by month



% of trainees by facility type and by month



% of trainees by training type and by month



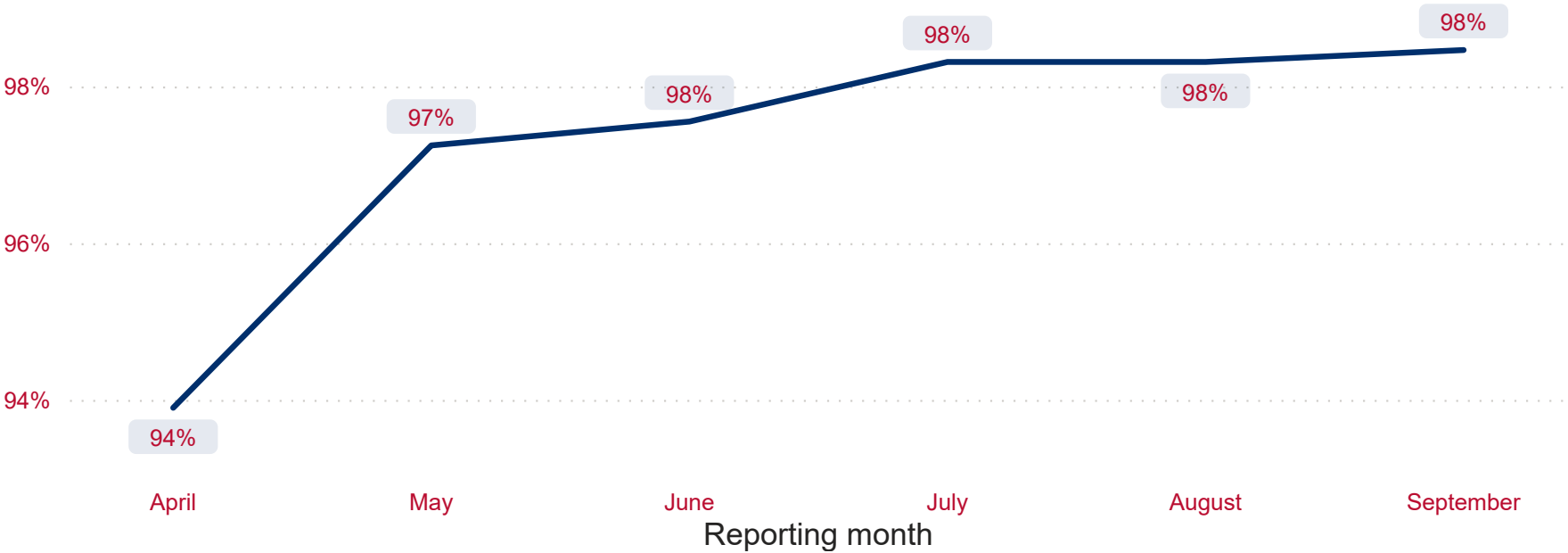
CV 4: # and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

and % of supported health facilities reporting stock data by month

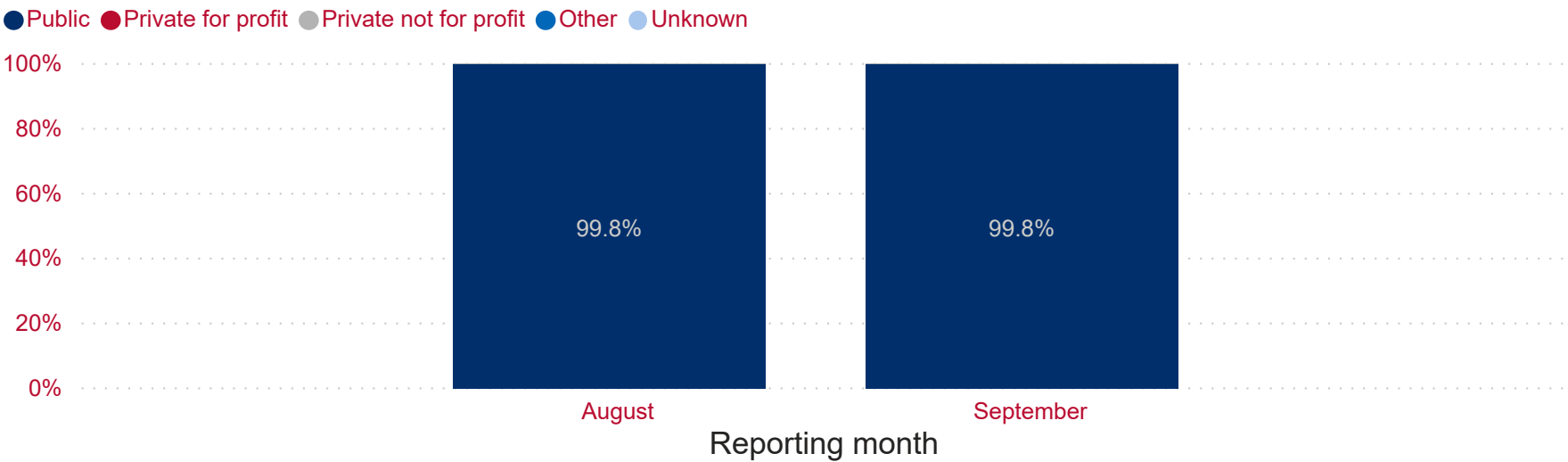
	April	May	June	July	August	September
Health facilities	617	639	641	646	646	647
Progress to date	94%	97%	98%	98%	98%	98%

Note:Country target # of health facilities is 657

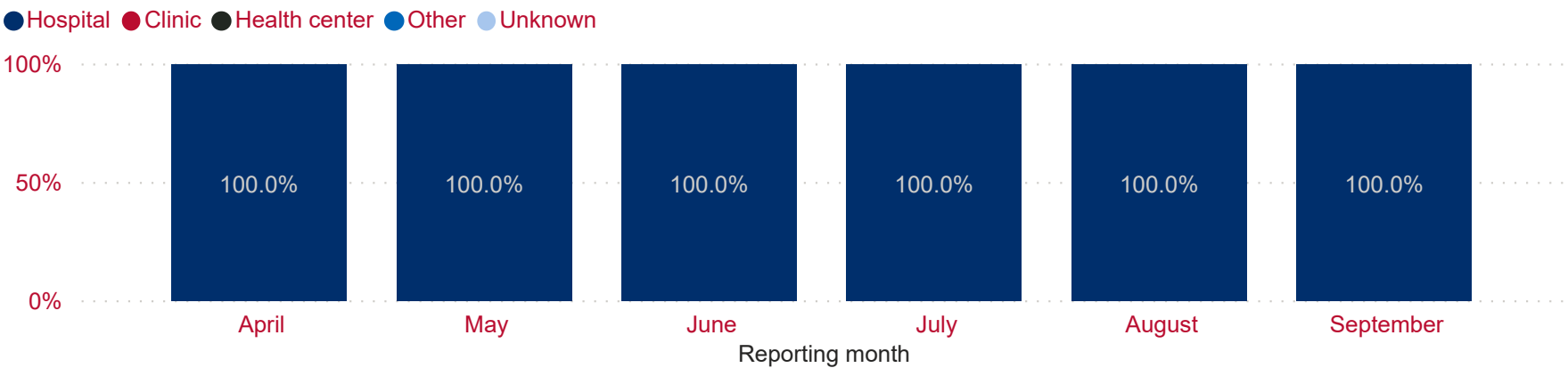
% of health facilities reporting stock data by month



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



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

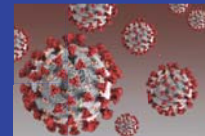




Medicines Technologies and Pharmaceutical Services COVID Response Country Report 2020

Burkina Faso

September



Contact for any Questions and Clarifications: 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

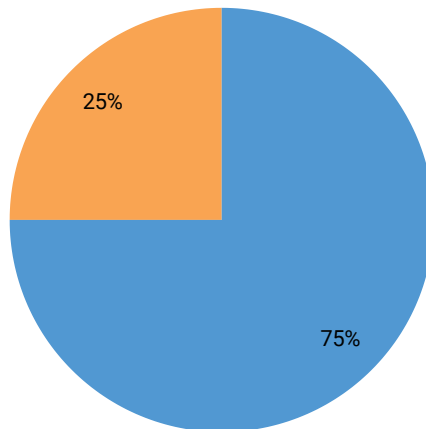
Mali

1 - 13 / 13



Month: Septem... (1) ▼

● COMPLETED ● DELAYED



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	September
Burkina Faso	IPC Program Management (national/facility/community)	• Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance	• Adapted training materials	This activity is completed and the adapted training material were used to train healthcare personnels to apply IPC and HCWM principles.
Burkina Faso	IPC Program Management (national/facility/community)	• Provide training using existing training package on triage for Covid-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	<p>During the month of September, 362 healthcare providers were trained in IPC from 13 healthcare facilities including: 4 hospitals (2 public hospitals CHR of Tenkodogo and CHU Yalgado OUEDRAOGO and 2 faith-based hospitals (Saint Camille Hospital and SCHIPHRA Hospital); 6 medical centres including 5 CMA (CMA of Bittou, Garango, Koupéla, Pouytenga, Kombissiri) and 1 CMU (CMU of Tenkodogo); 3 Health and Social Promotion Centres (CSPS) including frontline CSPS, CSPS Urbain, CSPS Nagnimi.</p> <p>The training also covered 100 Burkina Faso Red Cross volunteers dedicated to contact tracing, sensitization, early reaction response, the call centre, triage service, etc.</p> <p>A performance assessment in IPC and HCWM using the WHO scorecard was performed at six healthcare facilities highlighting the following scores:</p> <p>1 hospital : Tenkodogo CHR: 69.23 (supervision at least 2 to 3 times a week);</p> <p>5 healthcare centres including:</p> <ol style="list-style-type: none"> 1. Bittou 74% CMA (CAT: supervision at least 2 to 3 times a week) 2. Garango: 50% (CAT: supervision at least once a week) 3. Koupéla: 52% (CAT: supervision at least once a week) 4. Pouytenga: 52% (CAT: supervision at least once a week) 5. Tenkodogo CMU: 79.48 (CAT: supervision at

				<p>3. Tenkodogo CMU: 79.48 (CAT: supervision at least once a week)</p> <p>After the assessments, action plans were developed in IPC and HCWM for all six healthcare facilities.</p>
Burkina Faso	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> Strengthen facility COVID-19 IPC response coordination mechanism/task force 	<ul style="list-style-type: none"> Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	<p>Performance assessment in IPC and HCWM using the WHO scorecard was conducted within six healthcare facilities including:</p> <p>1 hospital: Tenkodogo CHR; 5 healthcare centres including: Bittou, Garango, Koupéla, Pouytenga, and Tenkodogo CMU.</p> <p>Subsequently, the action plans were developed in IPC and HCWM for the six healthcare facilities.</p>
Burkina Faso	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> Just-in-time IPC training 	<ul style="list-style-type: none"> Emergency response capacity assessment report with technical recommendations 	<p>In regard to the compliance assessment following the supervision missions to come, the performance assessment in IPC and HCWM using the WHO scorecard performed within 6 healthcare facilities highlighting the following scores:</p> <ul style="list-style-type: none"> Tenkodogo CHR: 69.23 (supervision at least 2 to 3 times a week) Bittou: 74% CMA (CAT: supervision at least 2 to 3 times a week) Garango: 50% (CAT: supervision at least once a week) Koupéla: 52% (CAT: supervision at least once a week) Pouytenga: 52% (CAT: supervision at least once a week) Tenkodogo CMU: 79.48 (CAT: supervision at least once a week) <p>These scores will be compared to the supervision mission assessment score data to evidenced the training impacts.</p>
Burkina Faso	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> Strengthen facility COVID-19 IPC response coordination mechanism/task force 	<ul style="list-style-type: none"> Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	<p>Supervision to healthcare facilities to oversee the impact of trainings are planned to be carried out from October, 12-16, 2020. These are activities yet to be covered.</p>
Burkina Faso	IPC guidance to patients, family members	<ul style="list-style-type: none"> Adapt guidance/SOPs along existing WHO guidance for 	<ul style="list-style-type: none"> Guideline/SOP/checklist to aid facility IPC 	<p>Development of 13 pocket SOPs and posters including:</p> <ol style="list-style-type: none"> Technique for wearing and sterile gloves

	members, caregivers and visitors	WHO guidance for COVID-19 to	t Job aid for key IPC element (incl IPC commodities lists)	1) Technique for wearing non-sterile gloves 2) Technique of wearing sterile gloves 3) Gloves removal technique 4) N95 or FFP2 mask-wearing technique 5) Handwashing technique 6) Hydroalcoholic friction technique 7) Wearing protective equipment in the COVID-19 context 8) Withdrawal of protective equipment in the context of COVID-19 9) WHO's indication of hand hygiene 10) IPC goal 11) Preparation of chlorinated solution 12) Priors to hand hygiene 13) Why practice of hand hygiene?
Burkina Faso	Waste management	• Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to	• Adapted training materials	Development of three SOP posters: 1) sorting of solid biomedical waste in normal situation; 2) waste sorting in the context of COVID-19; 3) biomedical waste in a normal situation
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	<p>During the month of September, 362 healthcare providers were trained in IPC from 13 healthcare facilities including: 4 hospitals (2 public hospitals CHR of Tenkodogo and CHU Yalgado OUEDRAOGO and 2 faith-based hospitals (Saint Camille Hospital and SCHIPHRA Hospital); 6 medical centres including 5 CMA (CMA of Bittou, Garango, Koupéla, Pouytenga, Kombissiri) and 1 CMU (CMU of Tenkodogo); 3 Health and Social Promotion Centres (CSPS) including frontline CSPS, CSPS Urbain, CSPS Nagnimi.</p> <p>The training also covered 100 Burkina Faso Red Cross volunteers dedicated to contact tracing, sensitization, early reaction response, the call centre, triage service, etc.</p> <p>A performance assessment in IPC and HCWM using the WHO scorecard was performed at six healthcare facilities highlighting the following scores:</p> <p>1 hospital : Tenkodogo CHR: 69.23 (supervision at least 2 to 3 times a week);</p> <p>5 healthcare centres including:</p> <ol style="list-style-type: none"> 1. Bittou 74% CMA (CAT: supervision at least 2 to 3 times a week) 2. Garango: 50% (CAT: supervision at least once a week) 3. Koupéla: 52% (CAT: supervision at least once a week)

4. Pouytenga: 52% (CAT: supervision at least once a week)
5. Tenkodogo CMU: 79.48 (CAT: supervision at least once a week)

After the assessments, action plans were developed in IPC and HCWM for all six healthcare facilities.

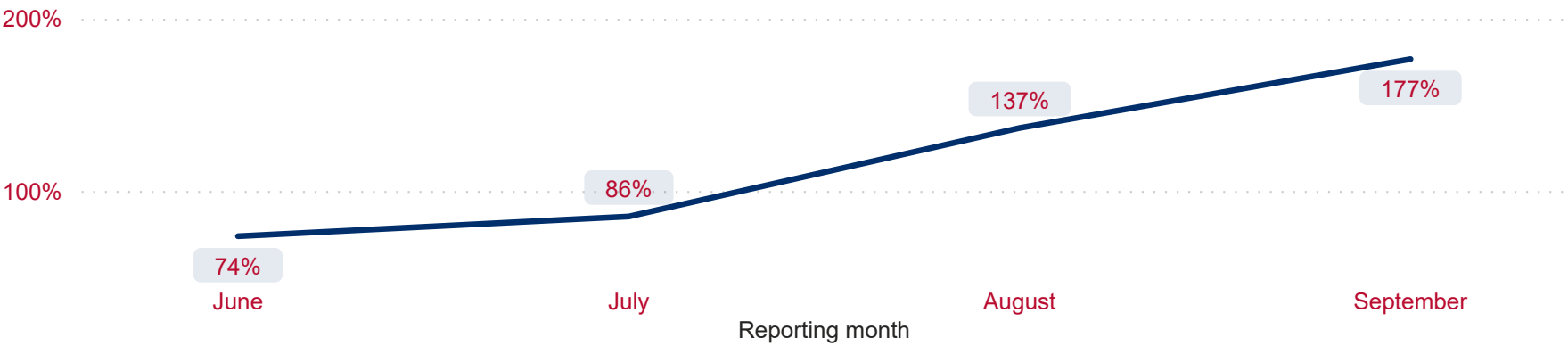
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

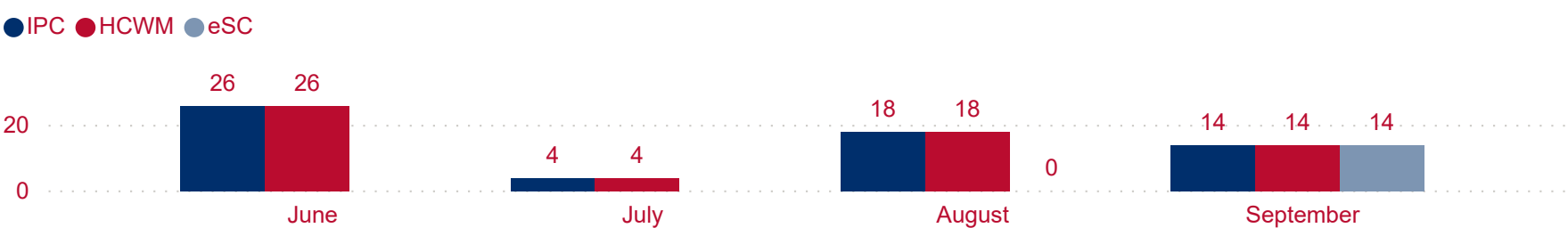
	June	July	August	September
Health facilities	26	4	18	14
Cumulative (health facilities)	26	30	48	62
Progress to date	74%	86%	137%	177%

Note: Country target # of health facilities is 35

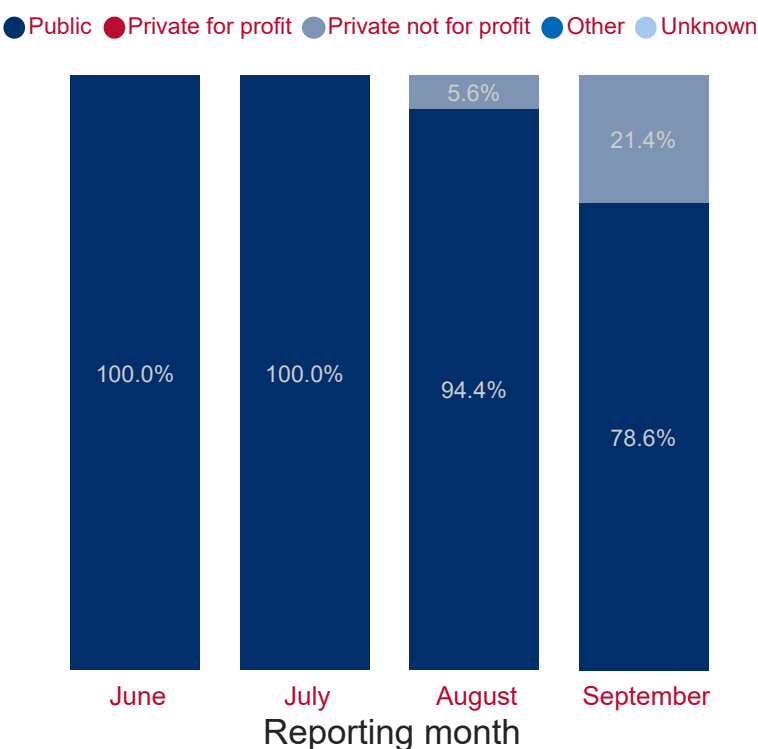
% supported health facilities with staff trained by month



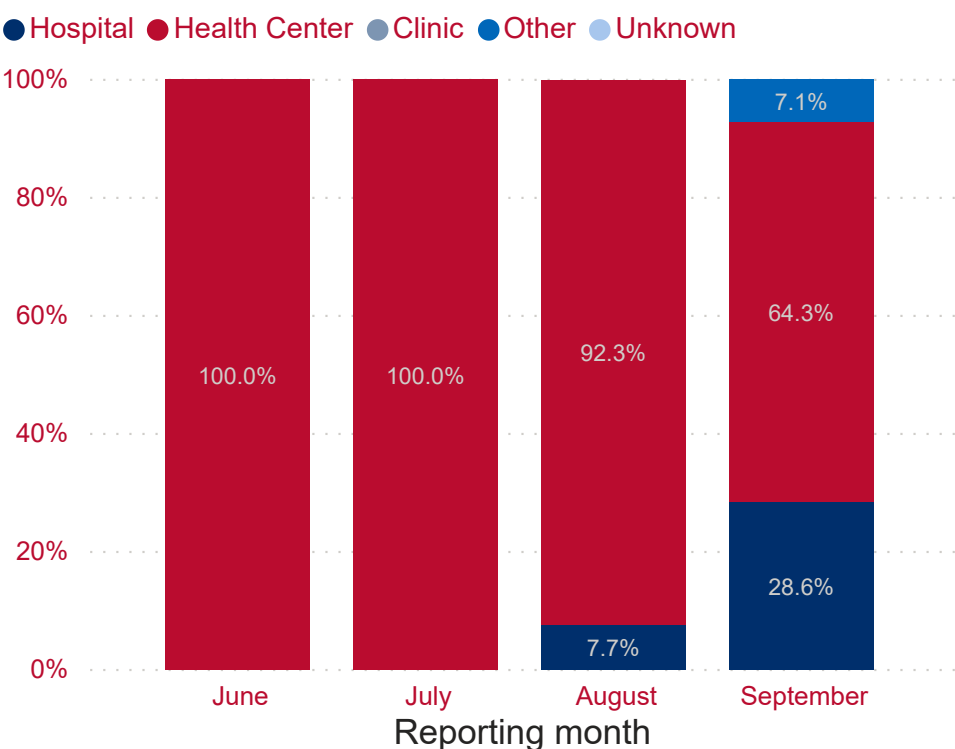
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

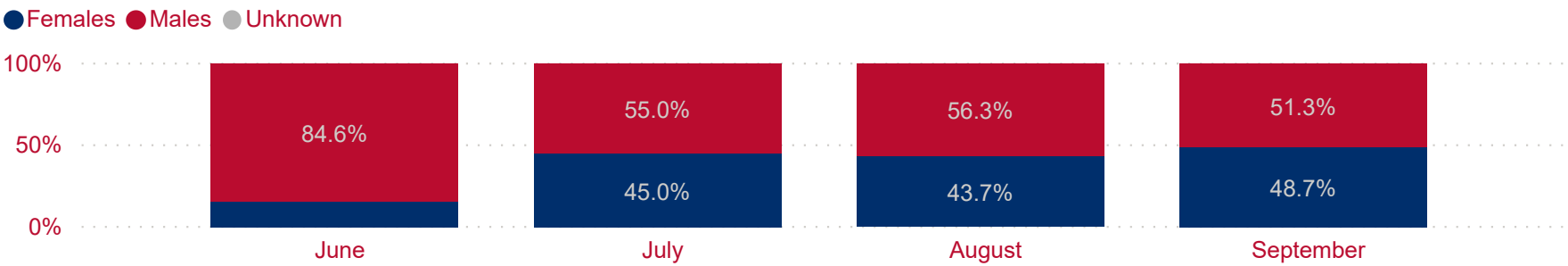


CV 2: # of persons who received COVID-19-related training

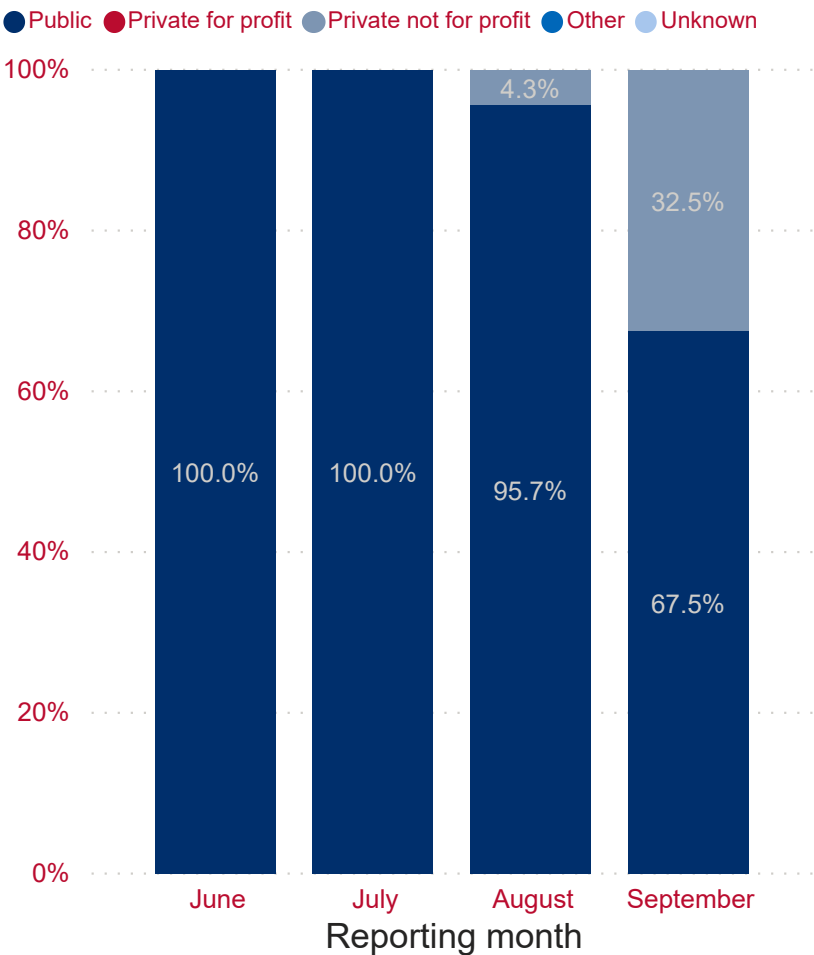
of trainees by sex and by month

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

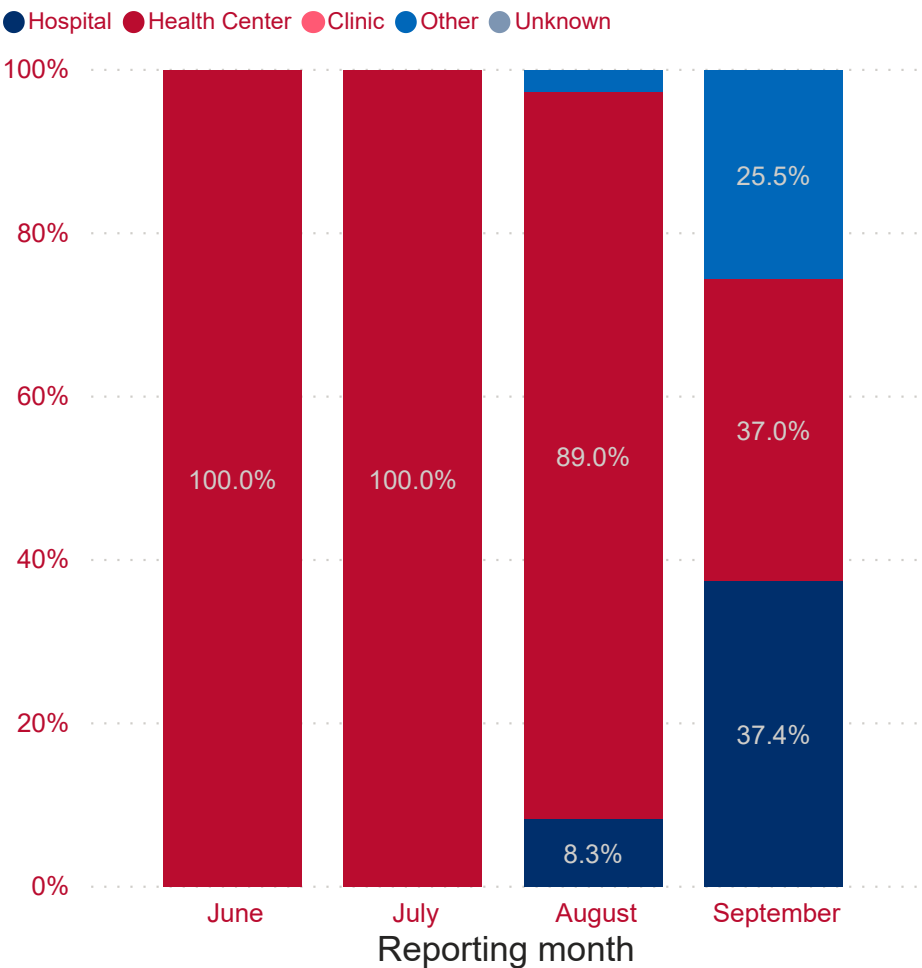
% trainees by sex and by month



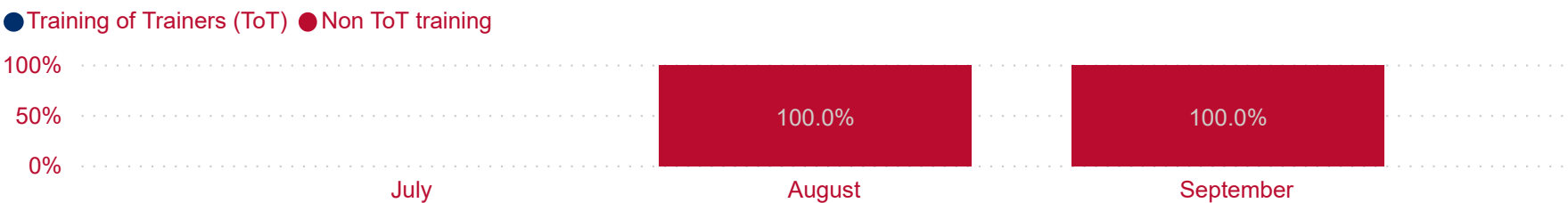
% of trainees by facility ownership type and by month



% of trainees by facility type and by month



% of trainees by training type and by month

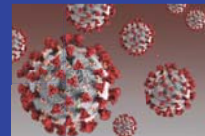




Medicines Technologies and Pharmaceutical Services COVID Response Country Report 2020

Cameroon

September



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

Report Filters

Quick Guide:

Please Click and select both a Country and a Month.

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

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

Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

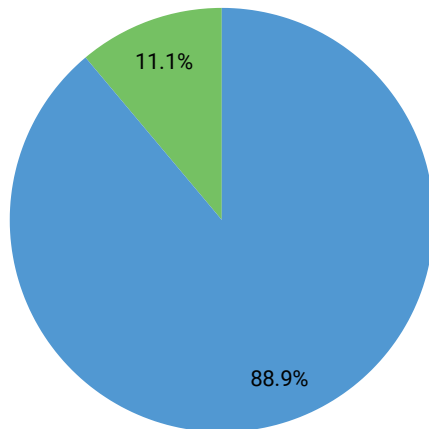
Mali

1 - 13 / 13



Month: Septem... (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	September
Cameroon	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> Support to regular meetings with the national coordination mechanisms 	<ul style="list-style-type: none"> Coordination/task force mechanism 	In September, MTaPS continued attending the COVID-19 response coordination meetings to provide technical assistance on how to improve IPC practices in health facilities. In the West and South regions, MTaPS took part in the regional coordination meetings and presented the COVID-19 activities supported by the program. The national counterparts advocated for the MTaPS to extend activities to different health facilities as they were satisfied with the activities of the consultants evident by the significant improvements in IPC in the health facilities supported by the MTaPS. MTaPS organized a coordination meeting to evaluate the activities and to review and finalize deliverables.
Cameroon	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> Adapt guidance/SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	MTaPS continued to technically support the targeted health facilities in all aspects of IPC, with a focus on helping the health facilities develop their improvement plans, as well as follow-up on the implementation of activities in some health facilities. In the West, Littoral, and South, MTaPS supported the just-in-time trainings.
Cameroon	Early recognition	<ul style="list-style-type: none"> Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	Having met the target of members of rapid response teams to train last month, MTaPS continued supporting 75 contact tracers in the five MTaPS-supported regions.
Cameroon	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> Just-in-time IPC training 	<ul style="list-style-type: none"> Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	MTaPS supported the just-in-time IPC training of 158 healthcare workers (doctors, nurses, lab technicians, and others) from six health facilities in three regions of Cameroon. Females represented 70% (109) of staff trained. These 158 staff trained adds to the 400 previously trained to meet the set target of 550 staff to train. These staff plan to retrain their colleagues. Establishing IPC committees in these health facilities as the next step will be very helpful to sustain the work MTaPS has carried out during this COVID-19 pandemic.

Cameroon	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> • Assess and monitor compliance 	<ul style="list-style-type: none"> • After-action report 	MTaPS continued to monitor compliance of health staff to standard IPC precautions by conducting the monthly assessment of IPC practices using the WHO COVID-19 scorecard in some targeted health facilities. All seven health facilities compliant that were compliant in August remained compliant (>79% score) in September. MTaPS also conducted the onsite supportive supervision of IPC practices in 10 selected health facilities in three regions to improve adherence of the healthcare workers to COVID-19 related IPC precautions. The health facilities visited are part of the MTaPS-supported health establishments not yet compliant. During this supportive supervision, the WHO scorecard was used to assess IPC practices while the "fishbone" problem analysis method was used to identify the principal reasons why some health facilities remained stagnant in some areas of IPC, such as triage, waste management and hand hygiene. The outcome (results) of the working sessions in the health facilities was shared with leadership of the health facilities and advocacy made for improvement. Some of the facility heads (for example the Director of Bafoussam Regional Hospital) committed themselves to improve IPC in their health facilities.
Cameroon	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Adapted training materials 	MTaPS supported the organization of a three-days workshop from September 23 to 25, 2020, bringing together 15 staff from the National Emergency Center (EOC) and other relevant departments of the MOH, to develop a COVID-19 risk communication and community engagement pocket guide for everyone engaged in the COVID-19 response. During this workshop, participants also reviewed and validated COVID-19 sensitization messages in the form of fliers and posters. MTaPS plans to support the MOH in the printing of 1500 of these tools. Females represented 53.3% (8) of participants during this workshop.
Cameroon	Sudden influx of patients / Surge capacity	<ul style="list-style-type: none"> • Develop plans and strategies following existing guidelines 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC 	MTaPS supported the EOC) to organize a 5-days workshop to validate strategies and tools to anticipate COVID-19 surge capacity in health facilities, following existing guidelines. This

			commodities lists)	workshop held on September 8-12, 2020 and brought together 20 participants from the EOC, other relevant departments of the MOH and WHO. The deliverables from this workshop include: i) A pre-hospital plan to manage a surge in COVID-19 cases; ii) A COVID-19 surge capacity plan; iii) An incident management training module for health facility staff. Females represented 40% of participants during the workshop.
Cameroon	Waste management	<ul style="list-style-type: none"> • Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	MTaPS supported the organization of a three-day workshop from the September 16-18, 2020, bringing together 15 staff from the EOC to develop standard operational procedures (SOPs) for the management of waste in health facilities. At the end of the workshop, SOPs for the management of liquid and solid waste in health facilities were developed.
Cameroon	Waste management	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	During this month, MTaPS supported the onsite training of 19 hygiene and waste management staffs from six health facilities on standard waste management procedures. Females represented 47.4% (9) of persons trained. The trained staff pledged to improve waste management practices in their respective health facilities. However, they expressed the need to be supported with personal protective equipment (PPE).

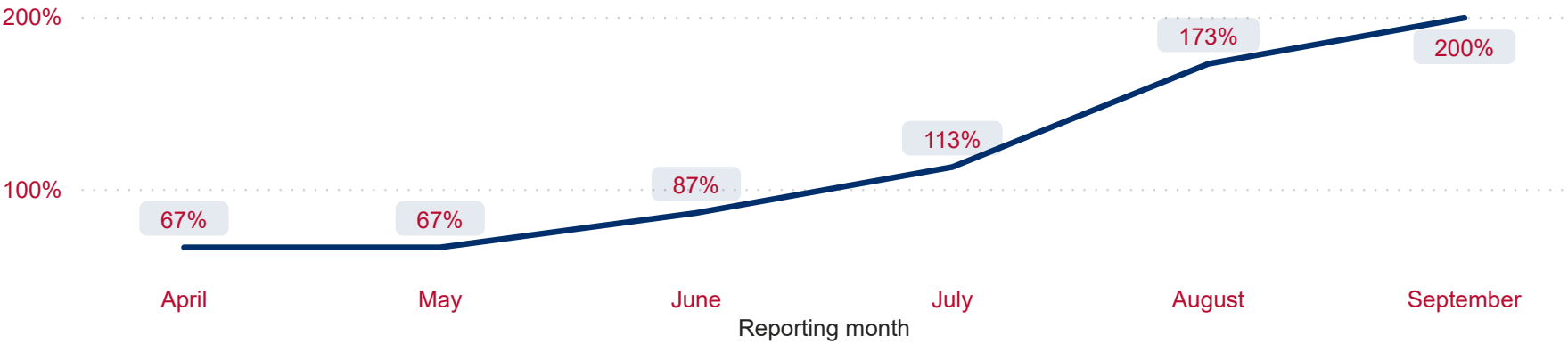
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

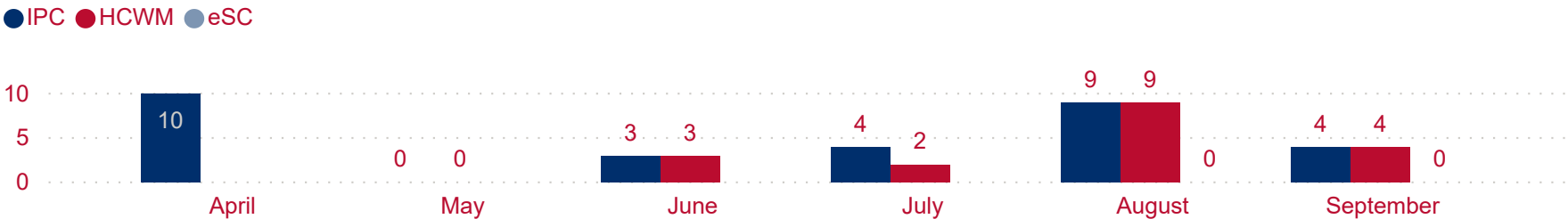
	April	May	June	July	August	September
Health facilities	10	0	3	4	9	4
Cumulative (health facilities)	10	10	13	17	26	30
Progress to date	67%	67%	87%	113%	173%	200%

Note: Country target # of health facilities is 15

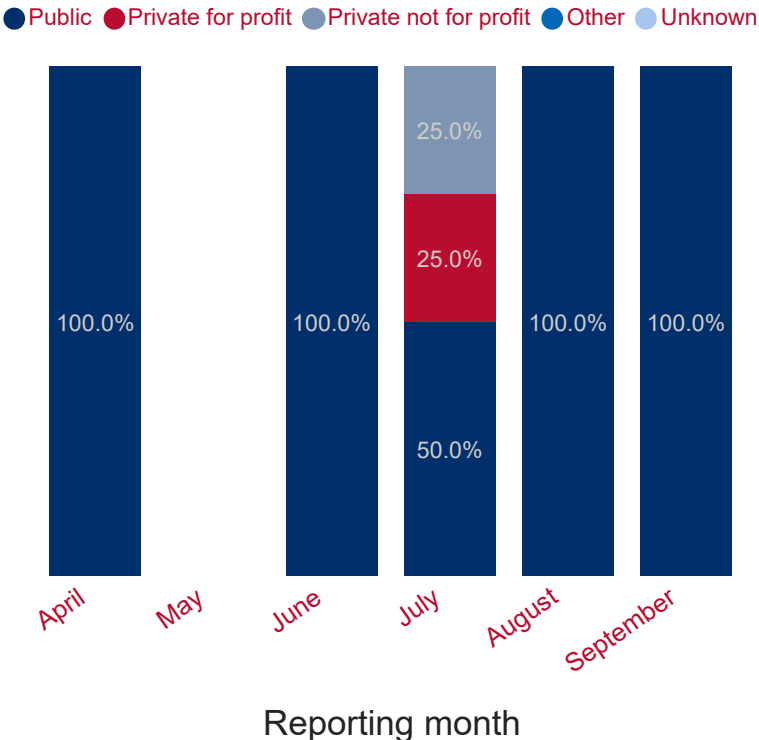
% supported health facilities with staff trained by month



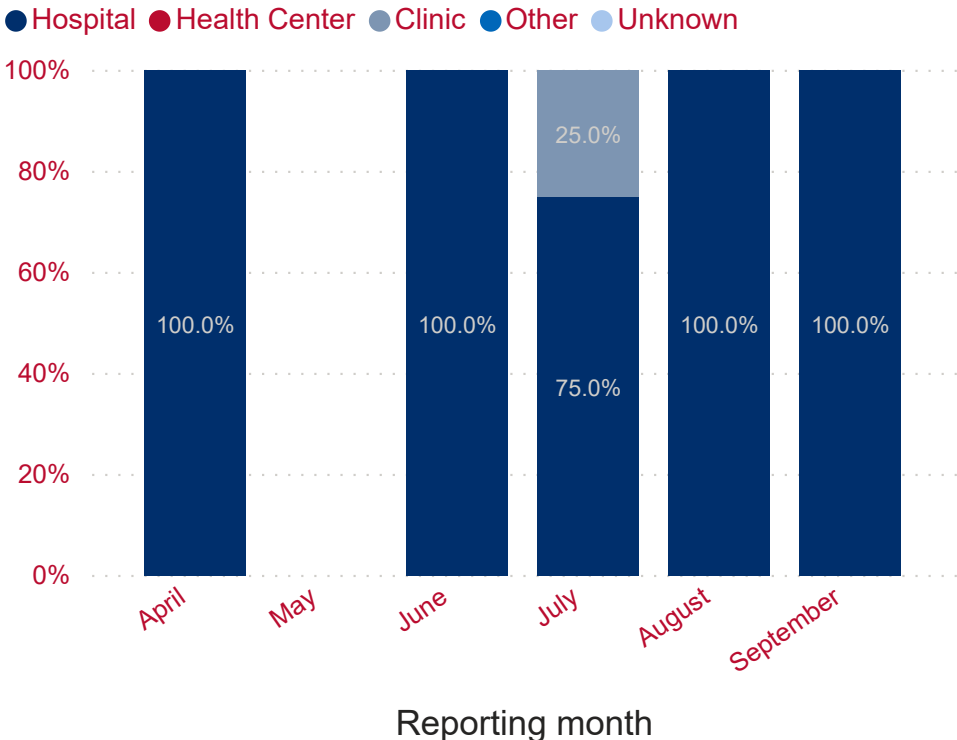
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

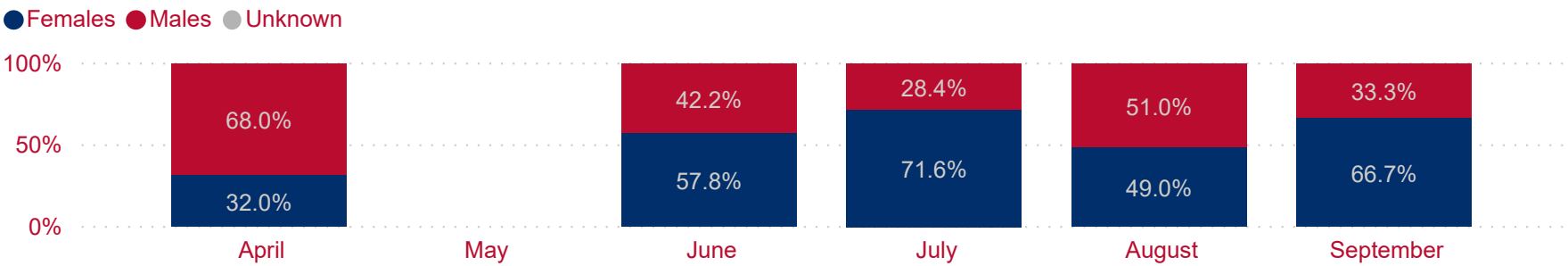


CV 2: # of persons who received COVID-19-related training

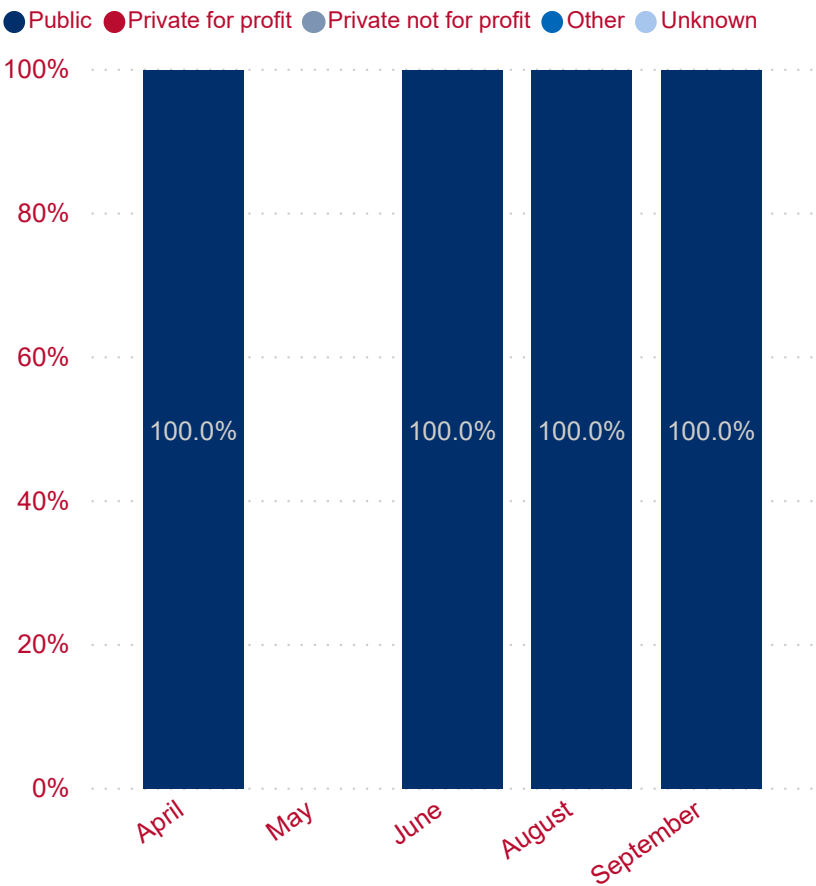
of trainees by sex and by month

	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	

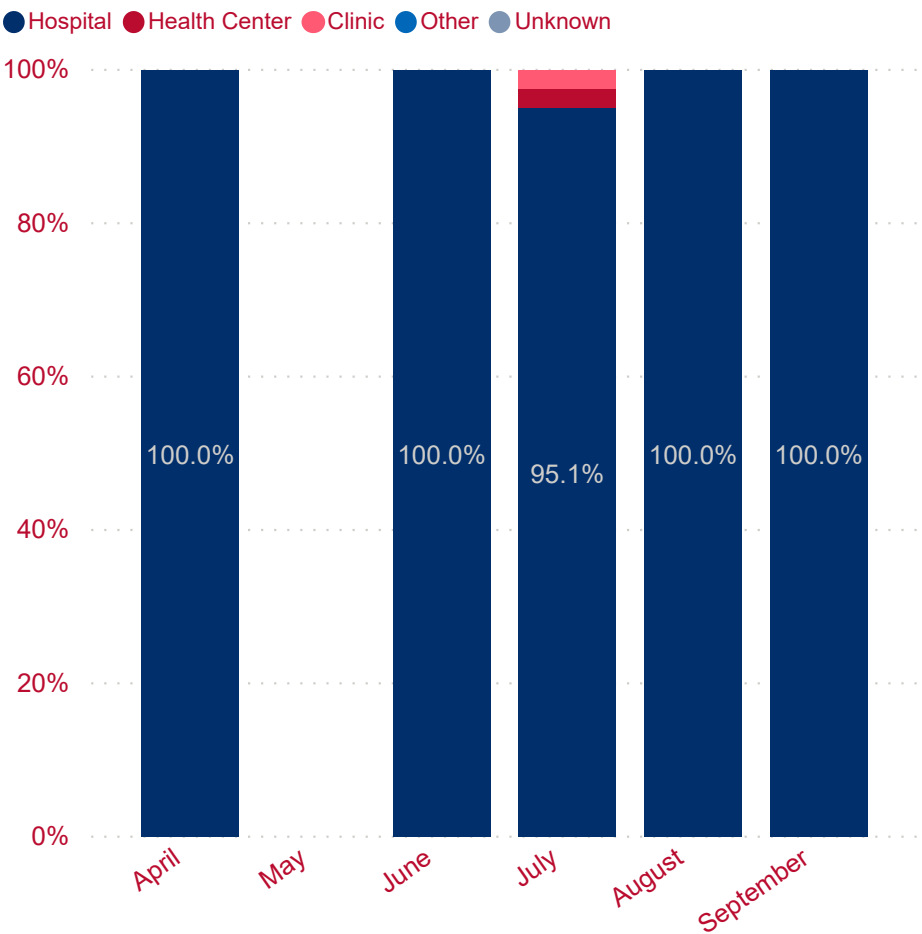
% trainees by sex and by month



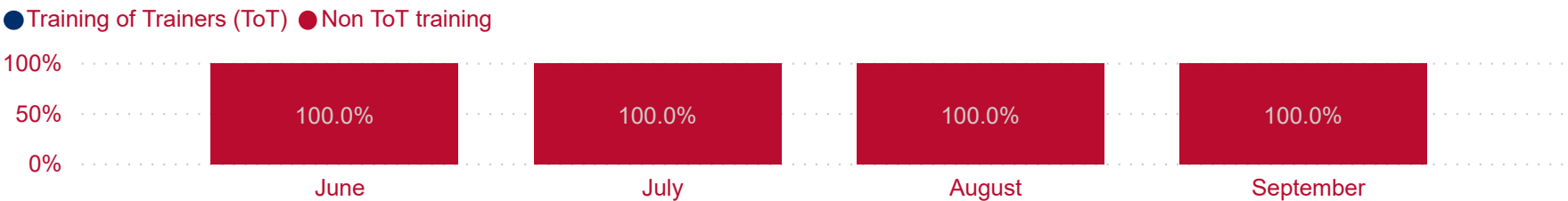
% of trainees by facility ownership type and by month



% of trainees by facility type and by month



% of trainees by training type and by month



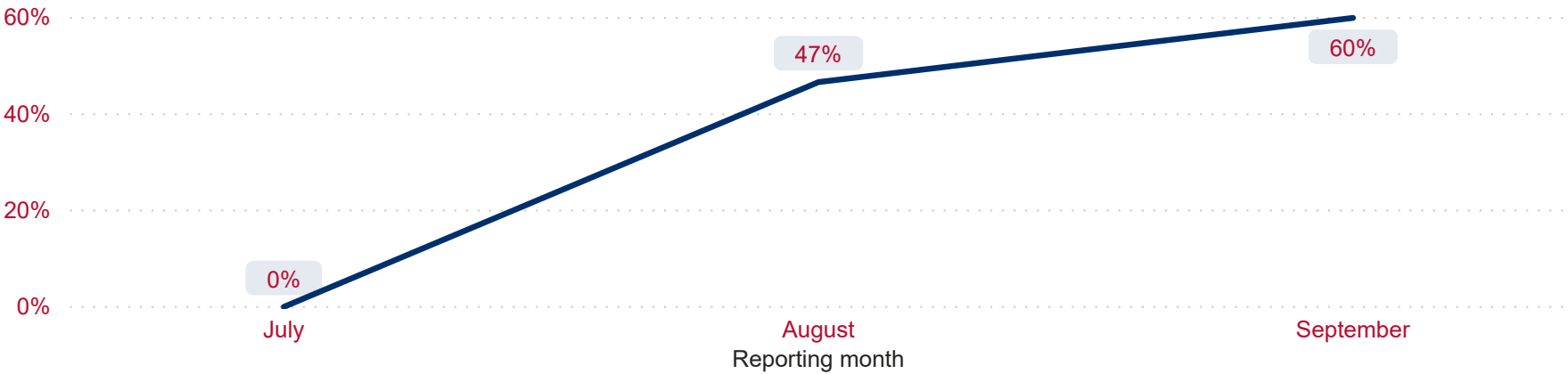
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

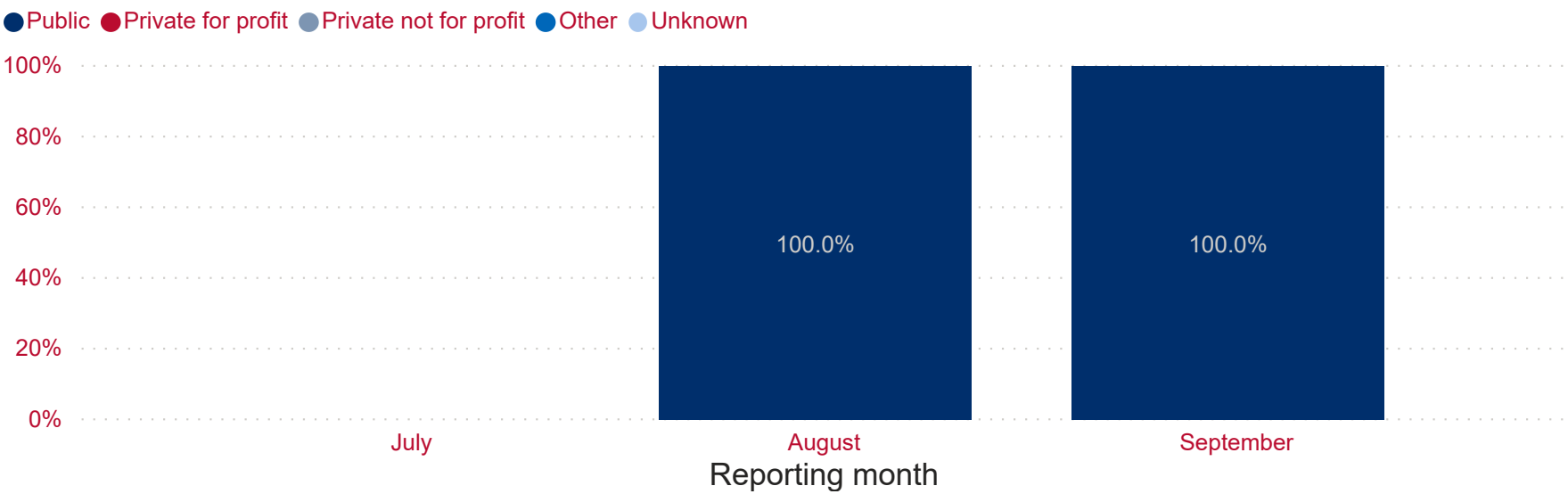
	July	August	September
Health facilities	0	7	2
Cumulative (health facilities)	0	7	9
Progress to date	0%	47%	60%

Note: Country target # of health facilities is 15

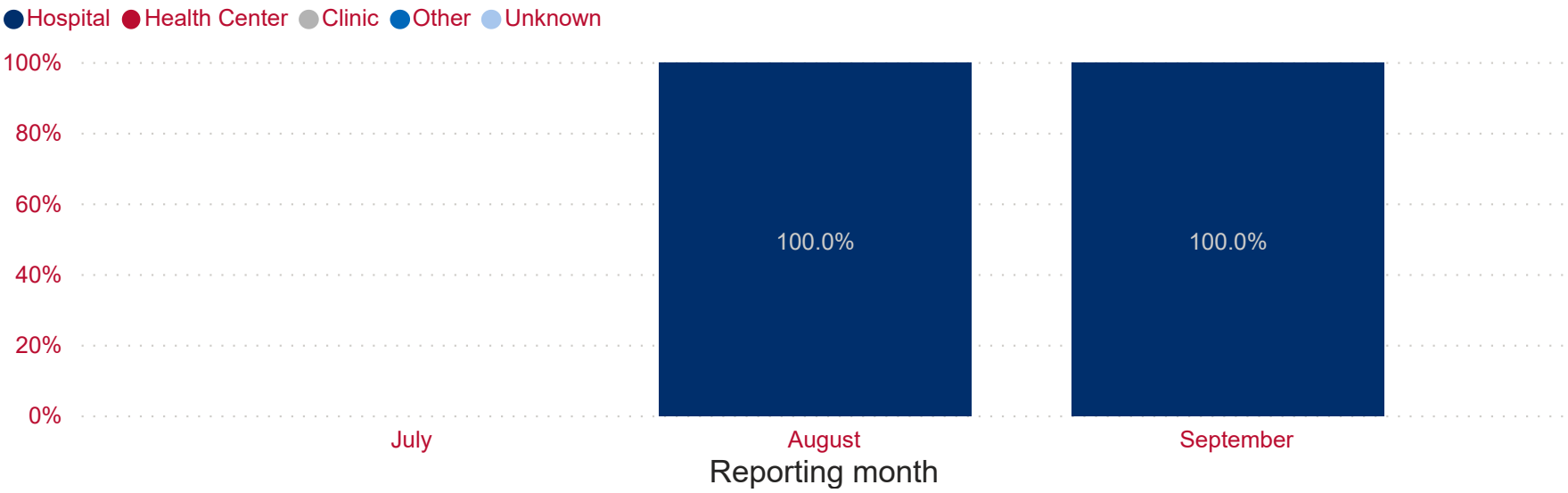
% of compliant of supported health facilities by month

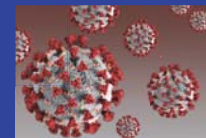


% of compliant supported health facilities by ownership type and by month



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





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

Report Filters

Quick Guide:

Please Click and select both a Country and a Month.

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

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

Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

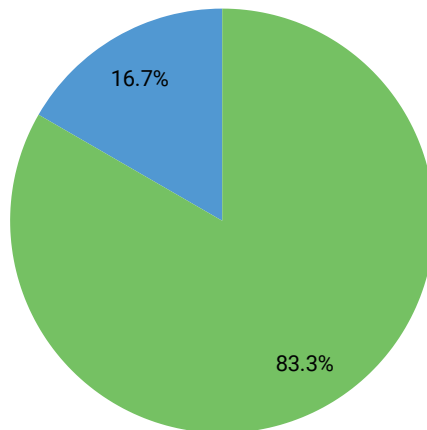
Mali

1 - 13 / 13



Month: Septem... (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	September
Cote d'Ivoire	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Established COVID 19 facility/unit	Site visits to evaluate the 13 COVID-19 care and treatment centers in Abidjan is postponed in October 2020, due to a strike by the health workers who work there.
Cote d'Ivoire	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Coordination/task force mechanism	MTaPS continued supporting the IPC COVID-19 Task Force to review IPC activity implementation, and to help prepare presentations of IPC activities updates during the weekly national coordination meetings.
Cote d'Ivoire	IPC Program Management (national/facility/community)	• Monitor compliance with requirements	• Compliance tracking and reporting system	<p>MTaPS supported the IPC COVID-19 Task Force to organise one-day site visits supervision from 21 to 27 September 2020 in four university hospitals (CHU) in Bouake and Abidjan, and the 17 regional hospitals (CHR). Six teams of two people from the IPC COVID-19 Task Force visited 21 facilities. During these visits, the supervisors at each site had a working session with the staff of the Hygiene Service to review the IPC operational action plan developed at the end of the first IPC assessment and to carry out the second IPC assessment using the WHO scorecard. The visits of some services were also conducted and the agents of the Hygiene Service and IPC focal points of the various services were supervised.</p> <p>In CHU Bouake and all the 17 targeted Regional Hospitals, we noted improvement in the scores, while there is still some challenges in Cocody and Threchville CHUs (e.g., decreased vigilance with triage stations that no longer work at the entrance to these CHUs; non-functional hand washing devices). The scores obtained (previous score; new score) are the following: CHUs of Bouake (66.7%; 88.3%), Cocody (63.9%; 44.4%), Trechville (68%; 58.3%), Angre (97%; 91.8%); CHRs of Aboisso (66.7%; 75%), Agboville (50%; 86.1%), Yamoussoukro (55.5%; 61%), Dimbokro</p>

80.1%), Yamoussoukro (55.5%; 61%), Dimbokro (55.5%; 66.7%), Abengourou (36.11%; 63.9%), Bondoukou (64.0%; 66.7%), San Pedro (55.6%; 83.3%), Guiglo (19.4%; 66.7%), Man (53%; 61,1%), Touba (22%; 75.0%), Odienné (14.0%; 63.9%), Séguéla (36.8%; 69,4%), Divo (50%; 72%), Gagnoa (58.0%; 75.0%), Daloa (50.0%; 72.0%), Bouafle (77.8%; 88.9%), and Korhogo (71.4%; 80.6%). The results of these evaluations were presented to health workers in the presence of health facility managers.

Some recommendations were made in order to improve IPC practices for COVID-19. The main ones of which were:

For health facilities:

- Acquire adequate maintenance equipment for the premises;
- Replace/repair non-functional hand washing devices
- Sensitize users to wearing masks
- Reinforce the appropriate use of PPE
- Make the safety boxes available to the care services
- Strengthen the awareness of health personnel on sorting production waste
- Reactivate the triage stations at the entrance of the CHUs of Cocody and Treichville

For the Ministry of Health:

- Provide the Bouake University Hospital with a modern incinerator as part of the construction of the COVID-19 treatment site within this health facility
- Make reusable medical devices treatment products available to the NPSP (public health pharmacy)
- Provide the 17 CHRs and the 4 CHUs with separate collection and internal waste transport equipment (garbage cans, garbage bags, trolleys, safety boxes).

Cote d'Ivoire	Triage for SARI/ARI patients	<ul style="list-style-type: none"> • Provide training using existing training package on triage for COVID-19 	<ul style="list-style-type: none"> • 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 two sessions of a four-day TOT workshops of regional trainers. The first one took place from August 31 to September 6, 2020. It was attended by 24 persons (7 females and 17 males) including 19 learner-trainers, three master trainers, one supervisor, and one staff from MTaPS. The second workshop took place from 12 to 20 September 2020 and was
---------------	------------------------------	---	--	--

from 13 to 20 September 2020 and was attended by 23 persons (3 females and 20 males), including 18 learner-trainers, three master trainers, one supervisor, and one staff from MTaPS. 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. In total, 37 Regional Trainers (9 females and 28 males) were trained in IPC for COVID-19. The pool of 37 regional trainers will conduct onsite trainings for regional health teams, and for the 13 COVID-19 care and treatment centers in Abidjan by October 30, 2020.

Following the first TOT, MTaPS supported the IPC COVID-19 Task Force to conduct a three-day training workshop that took place from September 13 to 20, 2020 in nine health regions 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, 134 members of regional health teams (16 females and 118 males) were trained in IPC for COVID-19. A second serie of training for regional staff has started on September 30th for three days targeting nine new regions.

A total of 171 people (25 females and 146 males) were trained in IPC for COVID-19. This brings the total number of health workers who completed COVID-19-related training to 919 peoples, 317 females and 602 males.

Cote d'Ivoire	Waste management	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	MTaPS 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.
Cote d'Ivoire	Triage for SARI/ARI patients	<ul style="list-style-type: none"> • Adapt guidance/SOPs along existing WHO guidance for COVID-19 to 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	This activity was completed in August 2020.

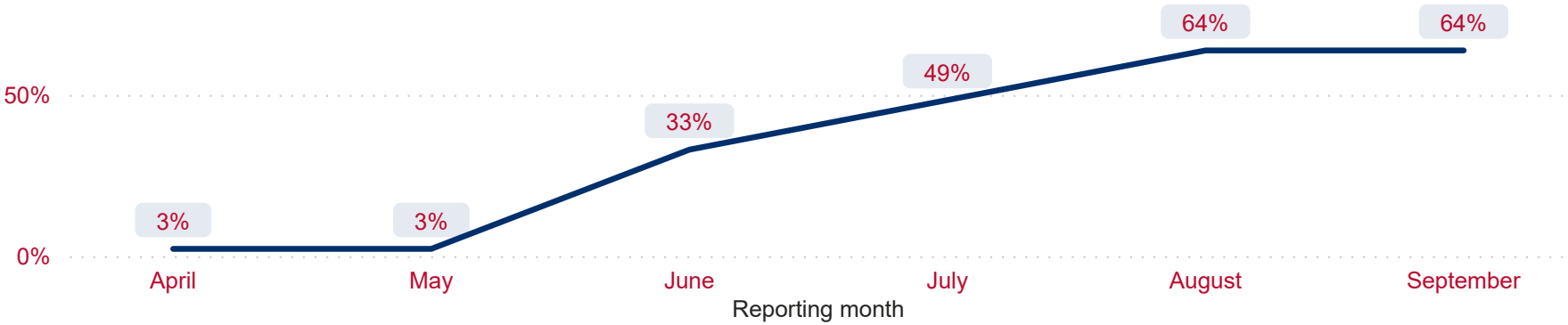
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

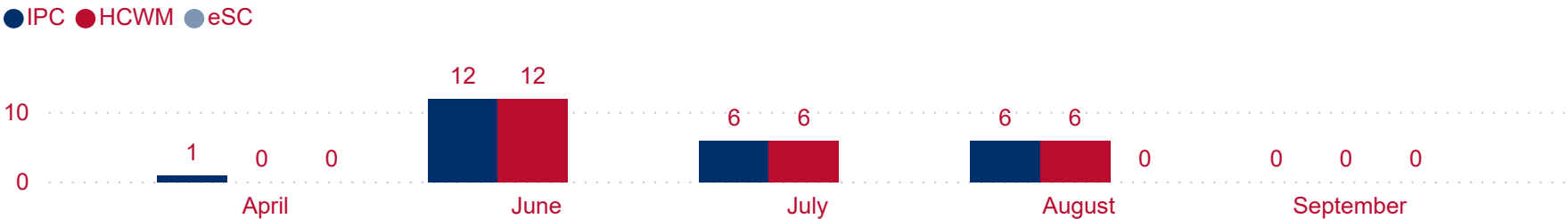
	April	May	June	July	August	September
Health facilities	1	0	12	6	6	0
Cumulative (health facilities)	1	1	13	19	25	25
Progress to date	3%	3%	33%	49%	64%	64%

Note: Country target # of health facilities is 39

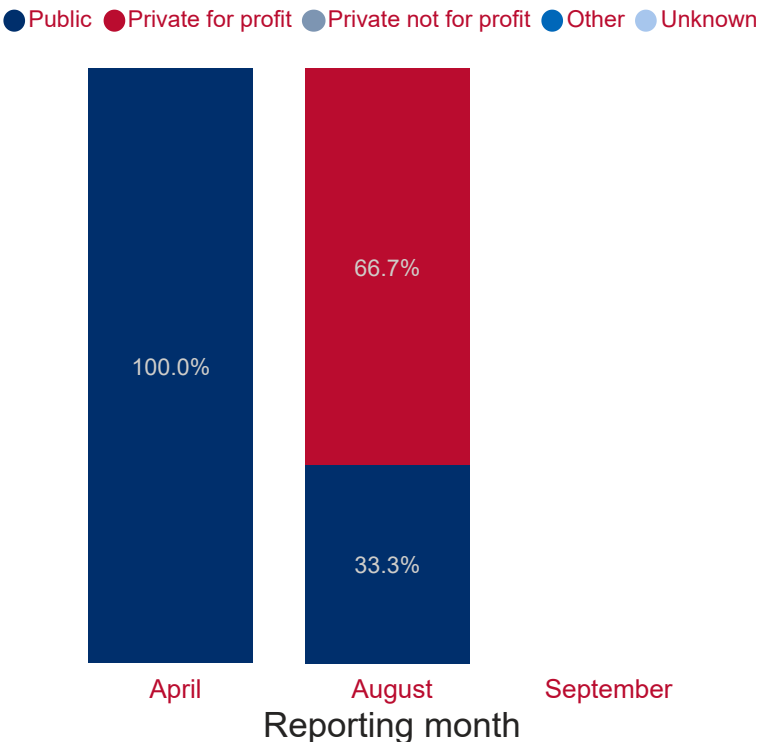
% supported health facilities with staff trained by month



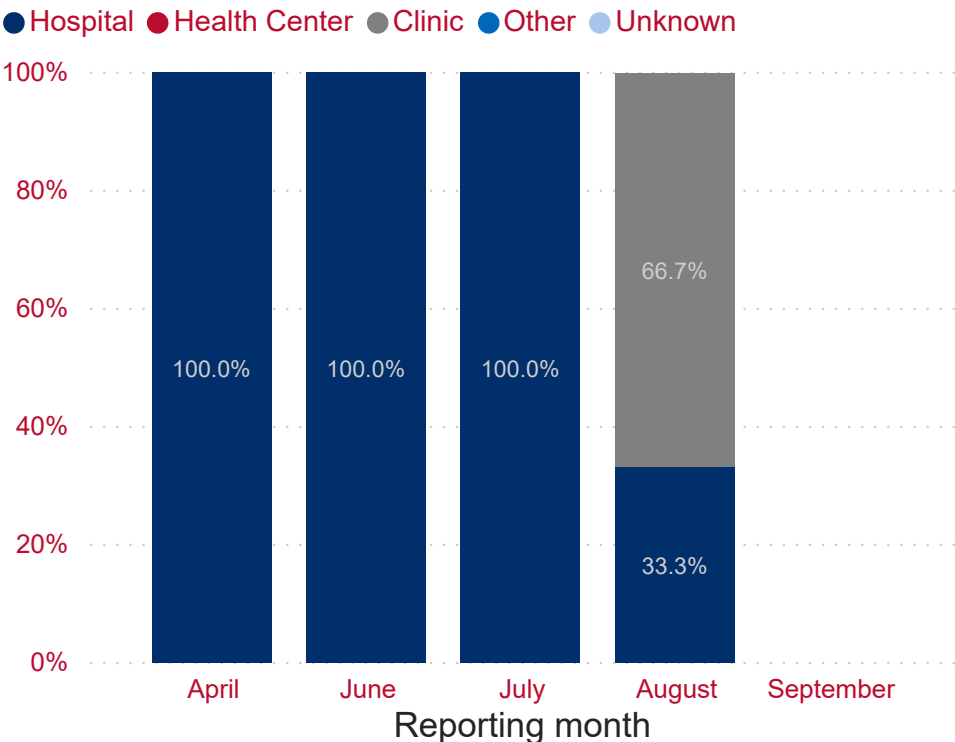
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

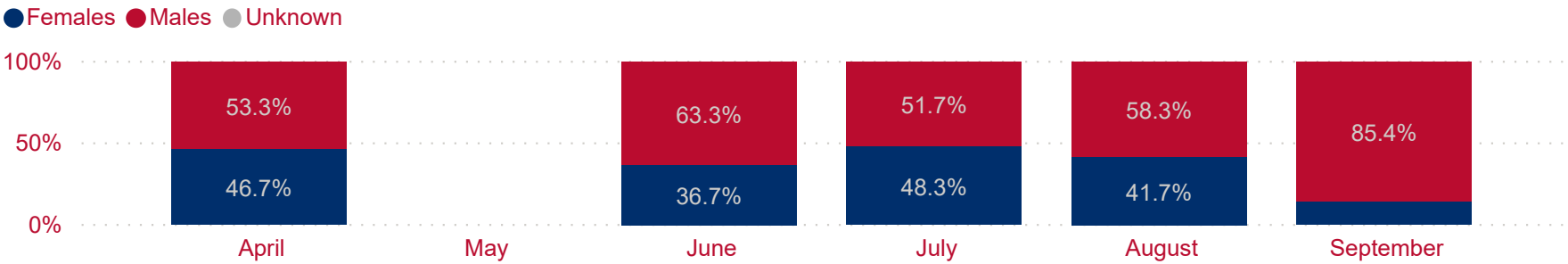


CV 2: # of persons who received COVID-19-related training

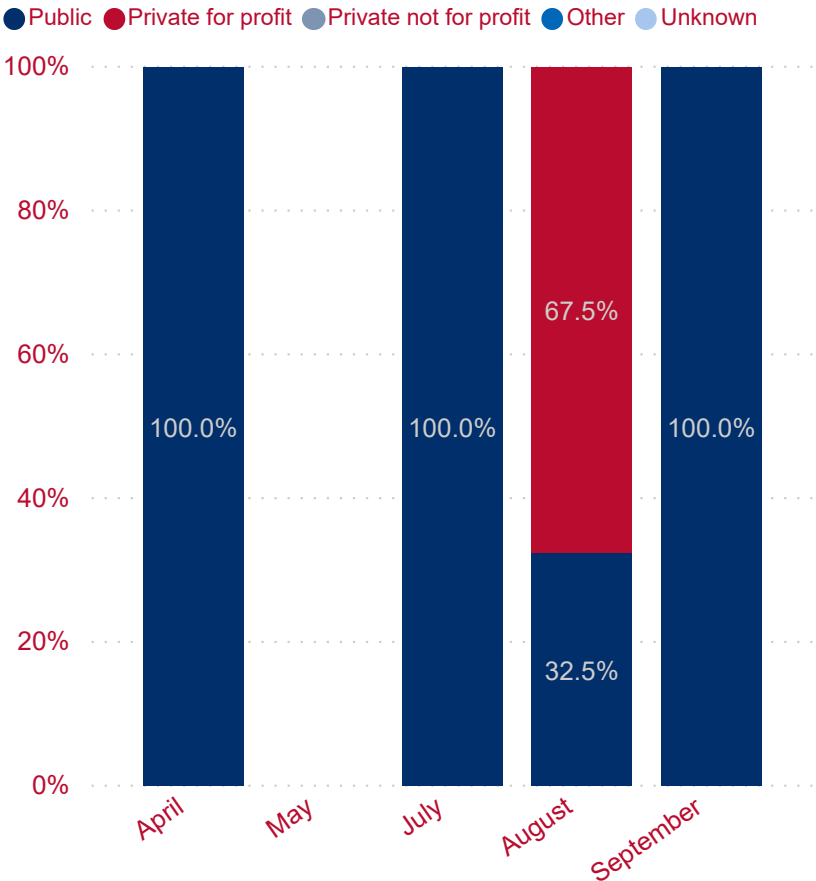
of trainees by sex and by month

	April	May	June	July	August	September	Total
Total trained	30	0	507	60	151	171	919
Females	14	0	186	29	63	25	317
Males	16	0	321	31	88	146	602
Unknown		0		0	0	0	0
Cumulative trained	30	30	537	597	748	919	

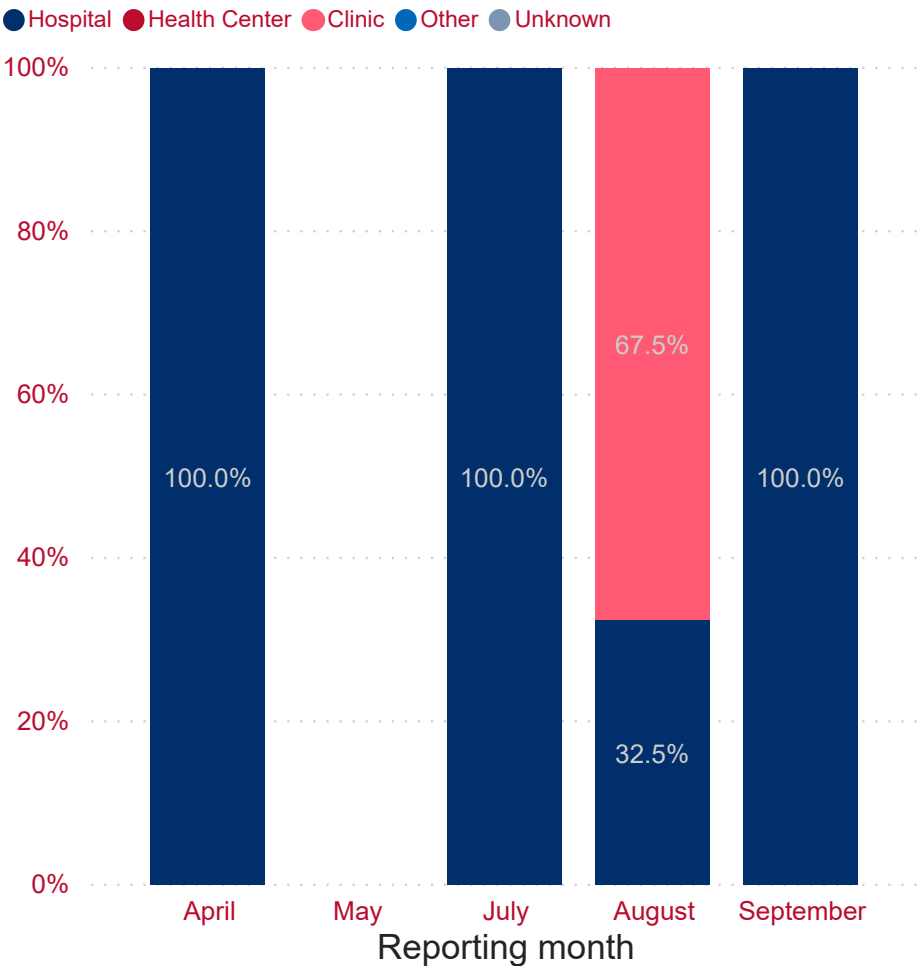
% trainees by sex and by month



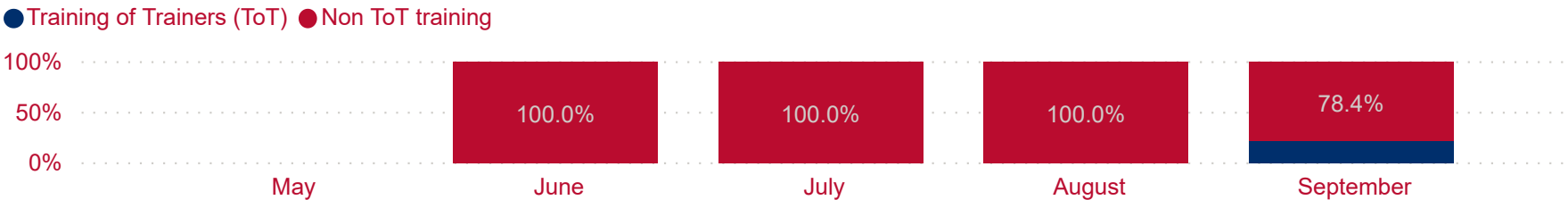
% of trainees by facility ownership type and by month



% of trainees by facility type and by month



% of trainees by training type and by month



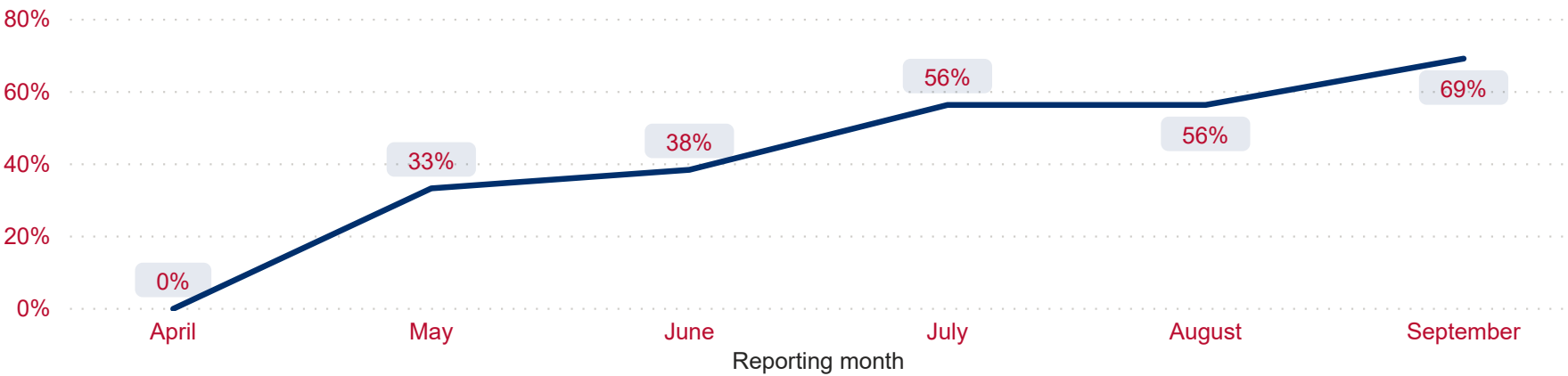
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

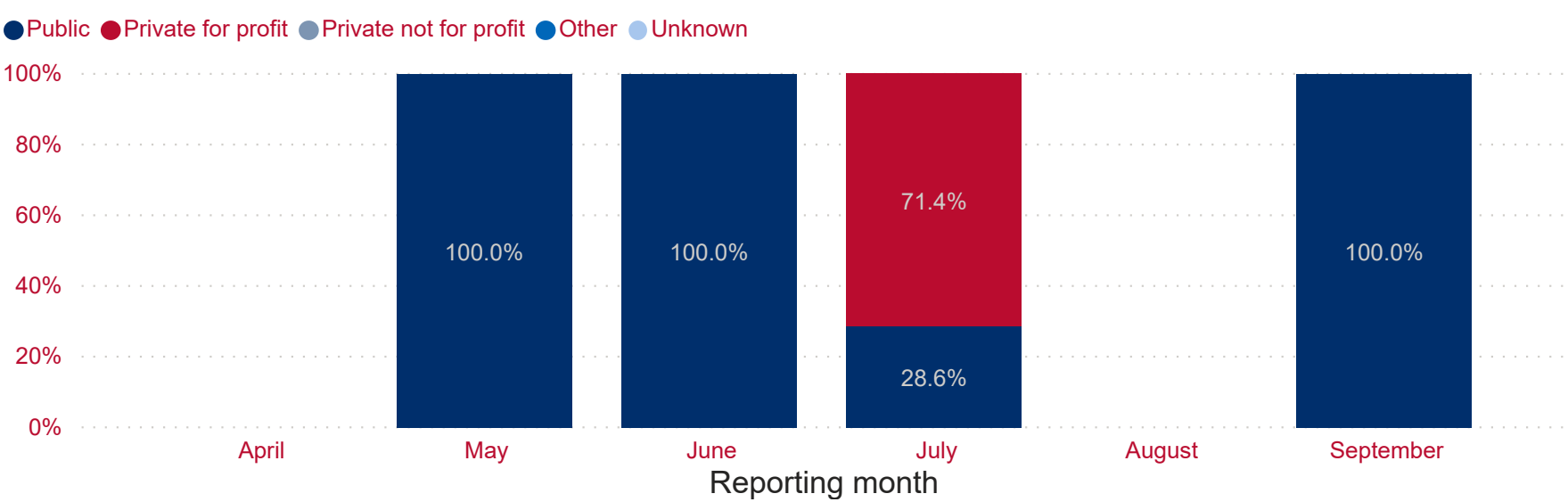
	April	May	June	July	August	September
Health facilities	0	13	2	7	0	5
Cumulative (health facilities)	0	13	15	22	22	27
Progress to date	0%	33%	38%	56%	56%	69%

Note: Country target # of health facilities is 39

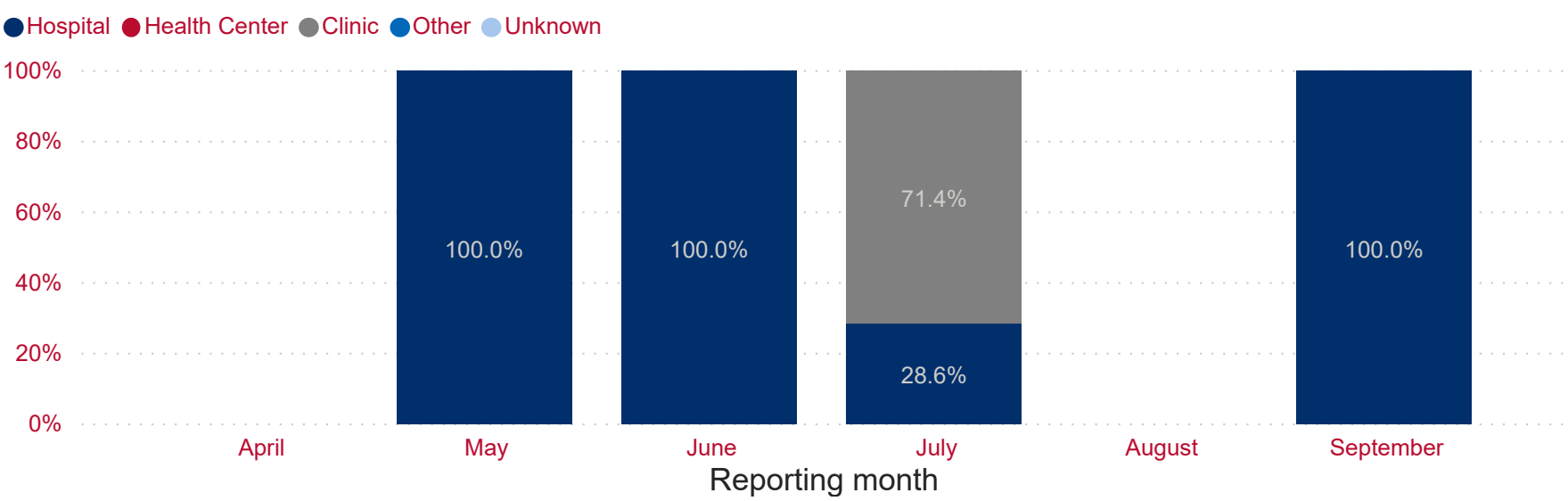
% of compliant of supported health facilities by month



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



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

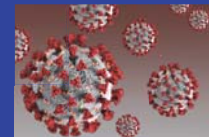




Medicines Technologies and Pharmaceutical Services COVID Response Country Report 2020

Ethiopia

September



Contact for any Questions and Clarifications: 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

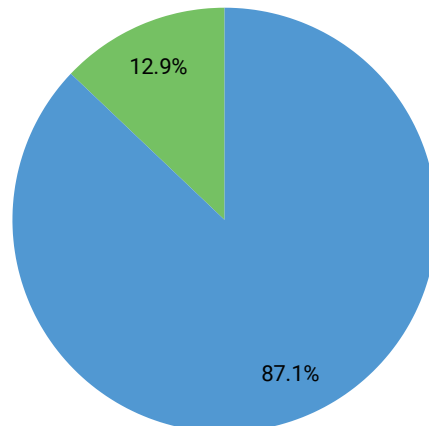
Jordan

Kenya

Mali

Month: Septem... (1) ▼

● COMPLETED ● NO ISSUES OR ON TRA...



Technical Area ▲

Application of COVID-19 Precautions by HCW, patients

Application of Contact and Droplet Precautions

IPC Program Management (national/facility/community)

IPC facility access guidance

Just-in-time IPC training strategy

Source control (isolation)

Sudden influx of patients / Surge capacity

Triage for SARI/ARI patients

Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	September
Ethiopia	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels) 	<ul style="list-style-type: none"> • IPC Emergency preparedness and response capacity assessment report with technical recommendations 	<p>MTaPS conducted an assessment on the home-based isolation and care (HBIC) program, using telephone interviews with 50 patients enrolled in the HBIC program. Most frequently stated feedback of COVID-19 patients in the HBIC program included:</p> <ul style="list-style-type: none"> - 34 (68%) of patients have not received orientation on IPC due to the absence of patient education guide and IPC-trained HBIC care providers - 20% patients did not receive any information after the first visit due to shortage of manpower to provide frequent follow-up to COVID-19 patients on HBIC program - 30% of the patients were not notified when to be discharged from HBIC program - None of the patients knew of their COVID-19 infection status after 14 days of HBIC. The HBIC guideline did not specify the need for testing of patients on HBIC program after 14 days, rather patients on HBIC program are considered to be free of COVID-19. - No patients in the HBIC program were issued a certificate of recovery (clearance) from COVID-19 <p>The findings of the assessment show there are major gaps on the HBIC program at AACAHB, and MTaPS has provided technical support on the following areas:</p> <ul style="list-style-type: none"> - Developed client education guide on IPC for health professionals providing care and follow-up for COVID-19 patients on HBIC program - Provided technical support to strengthen supportive supervision on HBIC coordinating teams at woreda level and conduct regular supportive supervision on HBIC program - Provided feedback and recommendations on the assessment findings to AACAHB and woredas to make corrective actions - MTaPS shared the national IPC training materials (PowerPoints) designed for HBIC

materials (lower unit) designed for HBIC program to the HBIC coordinating team at the health bureau

In order to address the gap with regard to trained health personnel, MTaPS trained 122 health professionals and social workers on IPC for HBIC program. Furthermore, MTaPS will continue to provide support for AACAHB by providing IPC training on HBIC for health professionals and providing technical support.

A rapid assessment was conducted to identify risk factors exacerbating COVID-19 transmission in Mekedonia Elders and Mentally Disabled Care Center in Addis Ababa. The assessment identified risk factors for COVID-19 transmission in Mekedonia main compound. The observed gaps include:

- Limited hand washing facilities in the compound
- Difficulty to implement all recommended prevention measures due to mental status of peoples living in the center
- Delay in identifying and isolating contact and close contact cases due to delay in obtaining test results
- Lack of COVID-19 IPC trained medical and non-medical staff in the compound
- Inappropriate waste management practice and lack of environmental health staff
- Shortage of water in the compound makes the prevention work more challenging

A COVID-19 IPC preparedness assessment was also conducted among hotels serving as an isolation center for UN staff infected with COVID-19 and those who are not eligible for home isolation and care. Result are being summarized.

Ethiopia	IPC Program Management (national/facility/community)	• Adapt existing Job Descriptions for IPC COVID-19 consultants	• Job descriptions	This activity was completed in March.
Ethiopia	IPC Program Management (national/facility/community)	• Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19	• Policy/regulatory implementation support documents of key IPC elements related to COVID-19	MTaPS drafted a guide titled, "Guide for health professionals providing IPC education for COVID-19 patients at Home-Based Isolation and Care (HBIC) program." The rationale for developing the guide is to support health professionals who are providing home-based care in delivering consistent IPC measures for

		WHO COVID-19 guidance		care in delivering consistent IPC measures for the patients.
Ethiopia	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> Strengthen facility COVID-19 IPC response coordination mechanism/task force 	<ul style="list-style-type: none"> Coordination mechanism 	MTaPS developed a draft TOR for creating an alliance between health centers and hospitals to improve COVID-19 response activities. This alliance is aimed to build the capacity of health centers, on COVID-19 response, by assigning corresponding hospitals for each health center. According to the alliance, Ras Desta hospital will be assisting Simegni Kebede HC, and Yekatit 12 hospital will be assisting Guto Meda HC.
Ethiopia	IPC Program Management (national/facility/community)	Training on screening of travelers at Points of Entry/POE (focusing on formal and informal ground crossings and small local/regional airports) in the context of COVID-19 outbreak using existing guidelines	<ul style="list-style-type: none"> Number of people trained at POE for COVID-19 screening by gender/position/POE 	<p>COVID-19 IPC basic training was provided for health care workers that came from health facilities, Woreda and regional health offices in Amhara region and from centers of all Woredas from Jimma Zone, Oromia region.</p> <p>In the reporting month, 403 health professionals (265 male and 138 female) were trained. The training equips health professionals working at designated isolation and treatment facilities with the necessary knowledge and skills required to coordinate COVID-19 IPC activities.</p>
Ethiopia	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> Provide training using existing training packages for COVID-19, including e-learning 	<ul style="list-style-type: none"> Number of people trained in IPC for COVID-19 by gender/position/type of facility 	<p>On-site training on COVID-19 IPC for home-based care was provided to 13 HBIC coordinating team members at Bahir Dar Health Bureau and Gondar city zonal health office, Amhara region.</p> <p>On-the-job orientation on COVID-19 IPC and WASH was provided for 22 health professionals (4 females and 18 males), working at Jijiga referral hospital, Dulqabu and Karamara treatment center, Somali region.</p>
Ethiopia	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> Oversee the implementation 	<ul style="list-style-type: none"> Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	<p>MTaPS conducted supportive supervision of Home-based Isolation and Care (HBIC) program implementation at Addis Ketema, Kirkos, Arada, Akaki Kaliti and Kirkos sub-cities. The findings of the assessments are shared with the sub city for action.</p> <p>Conducted HCWs risk assessment among 31 health care workers (HCWs) working at COVID-19 treatment centers in Addis Ababa, of which the majority (21 HCWs) noted that their perceived risk of exposure is high.</p> <p>MTaPS conducted analysis on COVID-19-infected HCWs from 15 health facilities.</p>

				<p>infected HCWs from 15 zonal health departments, Amhara region. Of the total of 184 HCWs that were infected, 183 work at non-COVID-19 facilities (hospitals and health centers) and only one works at a COVID-19 treatment center.</p> <p>MTaPS conducted supportive supervision on IPC implementation at Bole 17/20 and Yeka woreda seven non- COVID-19 treatment health centers. Major findings include:</p> <ul style="list-style-type: none"> - IPC teams are available - All HCWs have been trained on IPC - There have been no infected HCWs at either facility - There is an acute shortage of PPEs especially N-95 respirators, as a result they are forced to ration one piece per person per week - Two patients referred from Zewuditu Memorial Hospital (ZMH) were admitted without proper laboratory confirmation (Bole 17/20)
Ethiopia	Source control (isolation)	<ul style="list-style-type: none"> • Adapt guidance/ SOPs along existing WHO guidance for Covid-19 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	<p>MTaPS conducted an assessment at two isolation sites in Addis Ababa. The selected sites are used as isolation center for COVID-19 infected UN staff as alternative to home care. From the results of the assessment, the following are recommended.</p> <ul style="list-style-type: none"> - The donning and doffing area needs re-arrangement before the site becomes operational - Separate waste disposal bins for food leftover, plastic bottle, and aluminum foils needed at each floor - Waste produced in the center must kept in the site for at least 5 days before it was taken by municipality - There should be COVID-19 IPC training/orientation for hotel staff - Assign dedicated health professionals or establish call center (helpline), by Addis Ababa city administration health bureau (AACAHB) - Establish referral linkage and ensure availability of ambulance service for the center, by Addis Ababa city administration health bureau (AACAHB)
Ethiopia	Source control (isolation)	<ul style="list-style-type: none"> • Provide training using existing training packages for Covid-19; apply e- 	<ul style="list-style-type: none"> • Training report with information regarding number of people trained in IPC for 	<p>COVID-19 IPC basic training was provided for health care workers that came from health facilities, woreda and regional health offices in Injebara Town and from centers of all Woredas</p>

		learning wherever this is feasible.	COVID-19 by gender/position/type of facility/community	from Jimma Zone.
Ethiopia	Source control (isolation)	• Oversee the implementation	• Implementation report	MTaPS conducted supportive supervision on IPC implementation at Bole 17/20 and Yeka woreda seven non- COVID-19 treatment health centers. Major findings include: - IPC teams are available - All HCWs have been trained on IPC - There have been no infected HCWs at either facility - There is an acute shortage of PPEs especially N-95 respirators, as a result they are forced to ration one piece per person per week - Two patients referred from Zewuditu Memorial Hospital (ZMH) were admitted without proper laboratory confirmation (Bole 17/20)
Ethiopia	Source control (isolation)	• Assess and monitor compliance	• Compliance tracking and reporting system	MTaPS conducted an observational assessment of IPC practice at Millennium COVID-19 Care Center (M3C) and EKA-Kotebe hospitals and feedback was given to the IPC focal persons. MTaPS, in collaboration with the Somali RHB, health facility IPC/WASH focal person and WHO IPC/WaSH pillar, made a supervisory visit to Jijiga University (JJU) hospital to monitor IPC/WASH activities and identify any gaps for follow-up and actions. During the visit, the team provided orientation IPC/WASH practices to 8 HCWs and 12 support staff that assigned to JJU referral hospital isolation rooms and recommended IPC measurements at health facilities entrance to inform the (patients, visitors and HCWs) to follow IPC practices, such as wearing face masks, hand sanitizing either water with soap or alcohol hand rubber, and

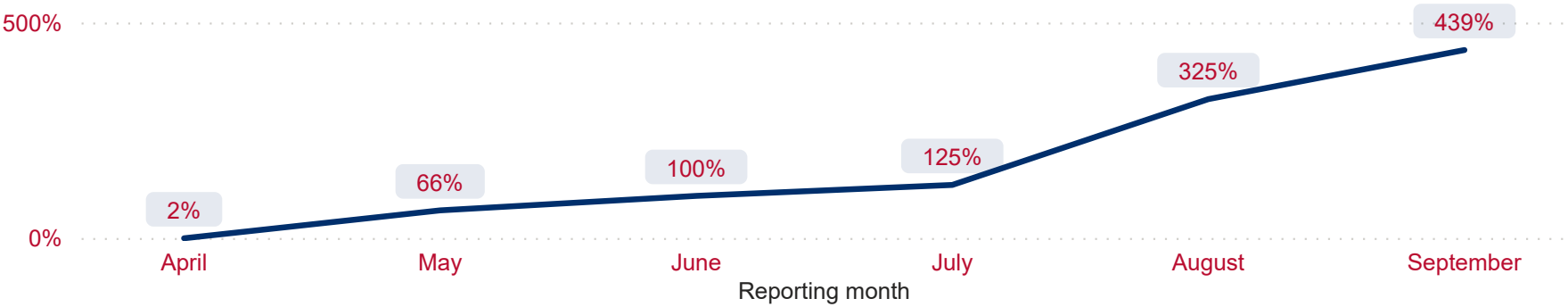
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

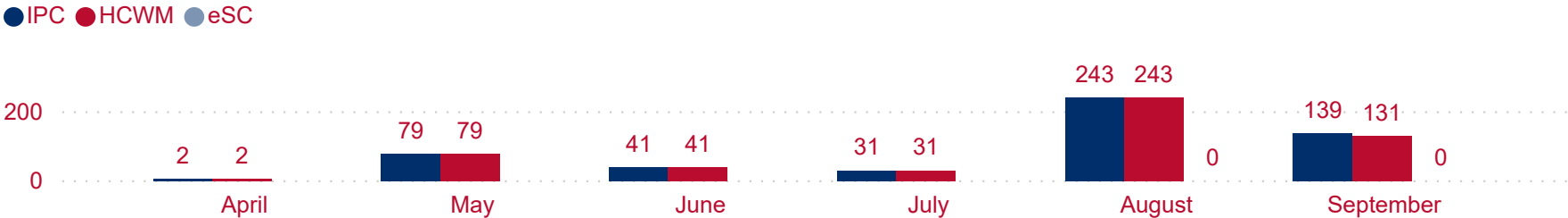
	April	May	June	July	August	September
Health facilities	2	79	41	31	243	139
Cumulative (health facilities)	2	81	122	153	396	535
Progress to date	2%	66%	100%	125%	325%	439%

Note: Country target # of health facilities is 122

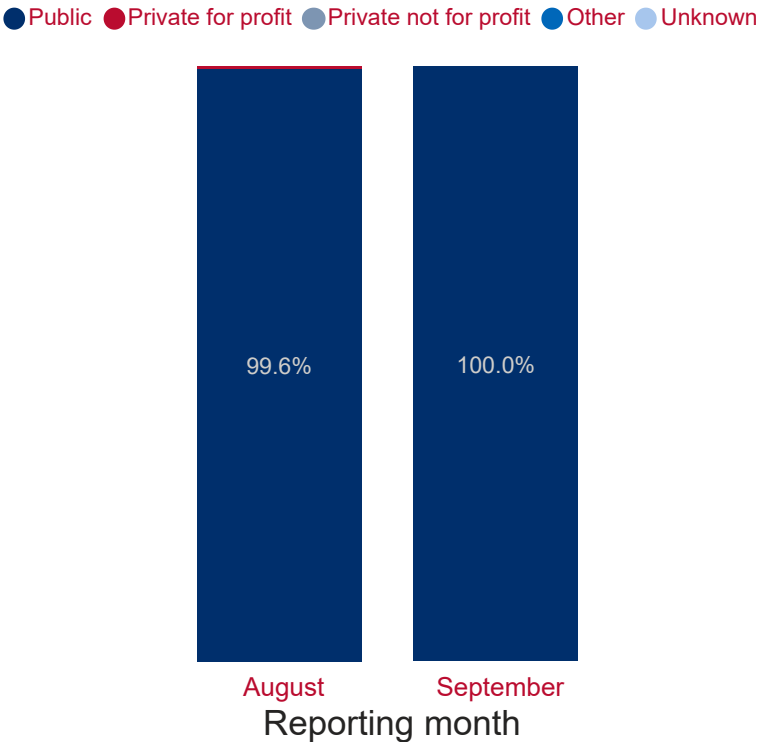
% supported health facilities with staff trained by month



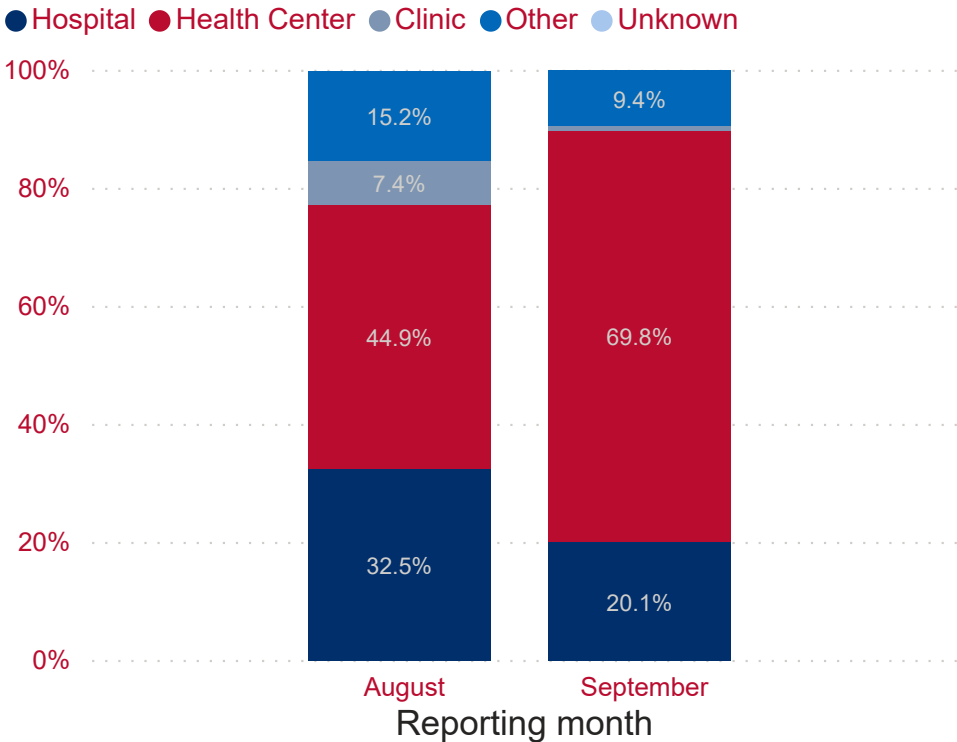
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

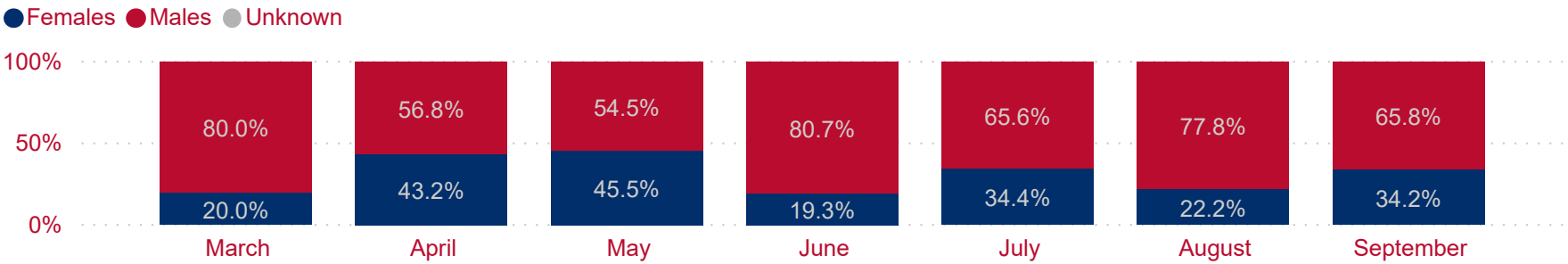


CV 2: # of persons who received COVID-19-related training

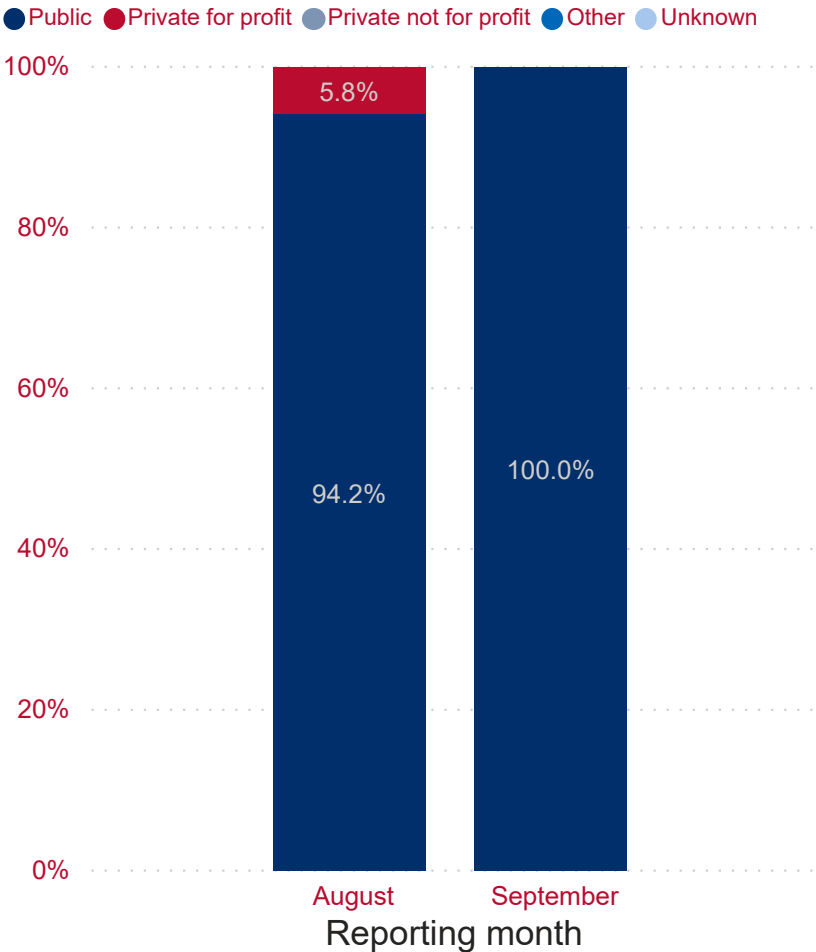
of trainees by sex and by month

	March	April	May	June	July	August	September	Total
Total trained	15	125	312	228	741	657	403	2481
Females	3	54	142	44	255	146	138	782
Males	12	71	170	184	486	511	265	1699
Unknown	0	0	0	0	0	0	0	0
Cumulative trained	15	140	452	680	1421	2078	2481	

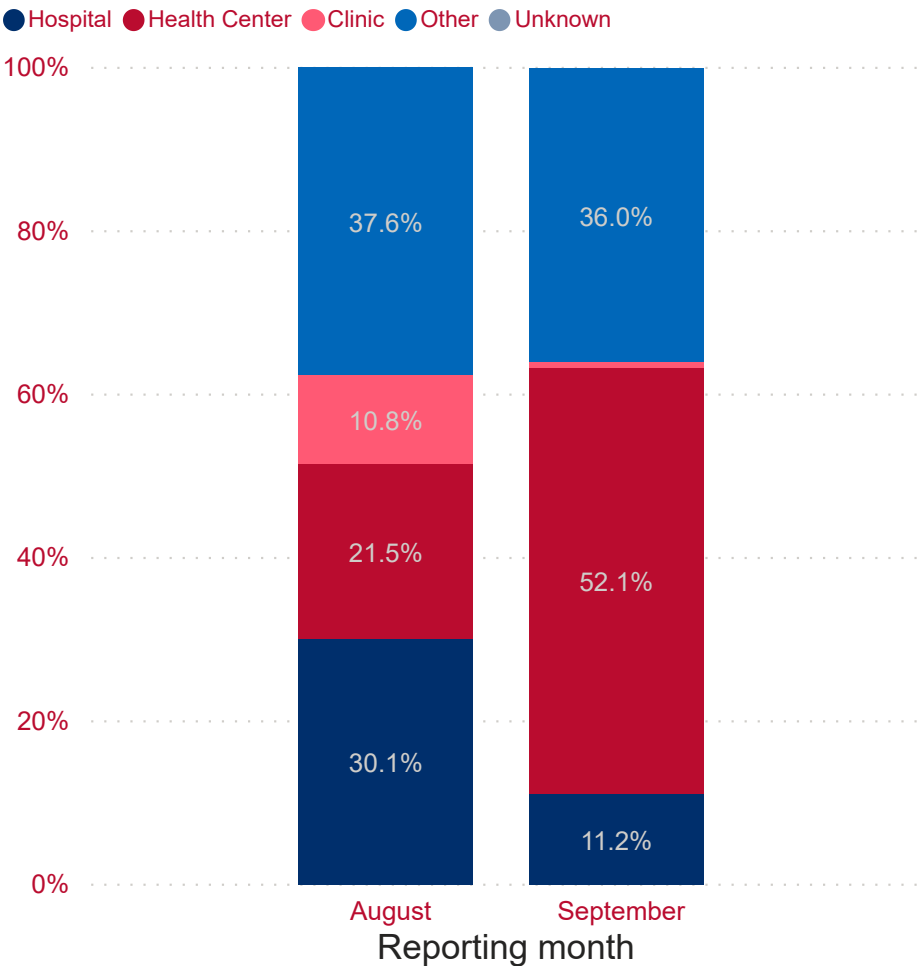
% trainees by sex and by month



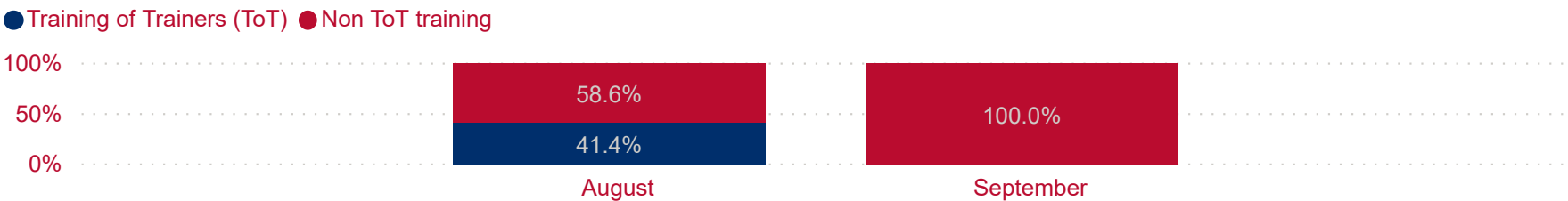
% of trainees by facility ownership type and by month



% of trainees by facility type and by month



% of trainees by training type and by month



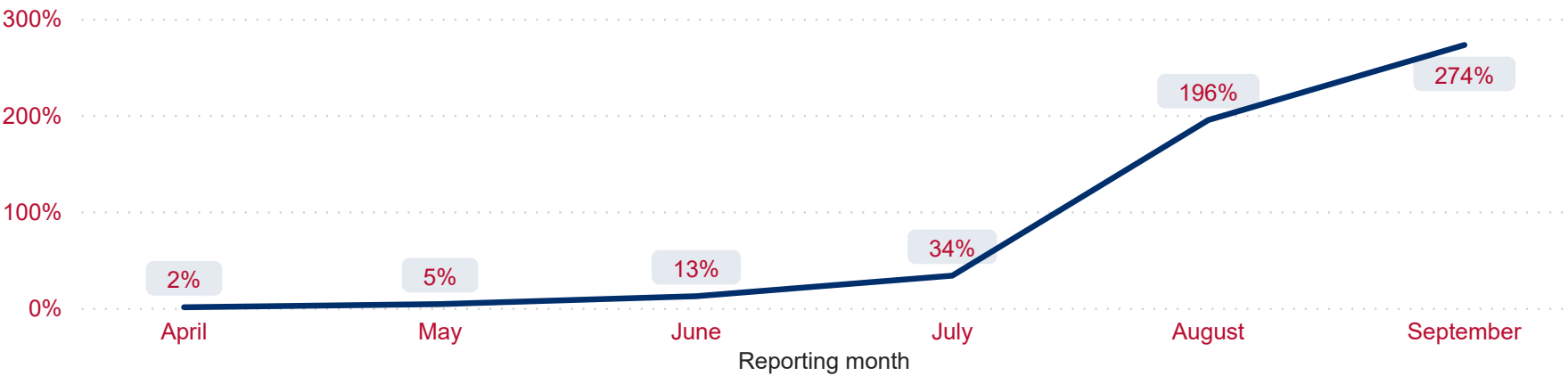
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

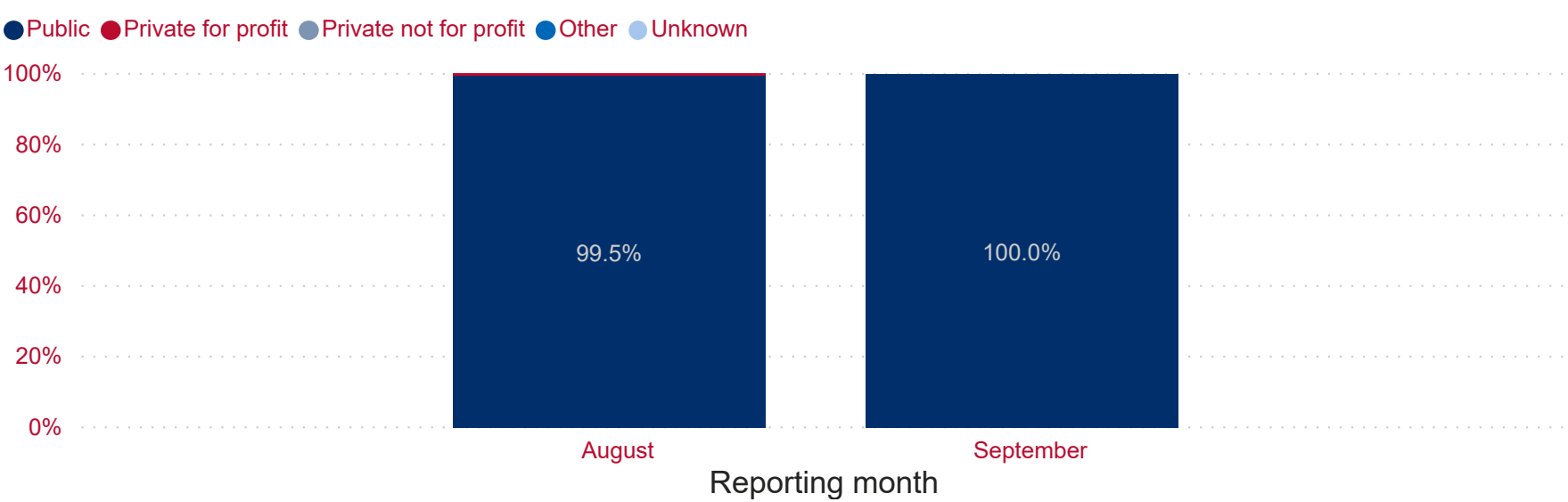
	April	May	June	July	August	September
Health facilities	2	4	10	26	197	95
Cumulative (health facilities)	2	6	16	42	239	334
Progress to date	2%	5%	13%	34%	196%	274%

Note: Country target # of health facilities is 122

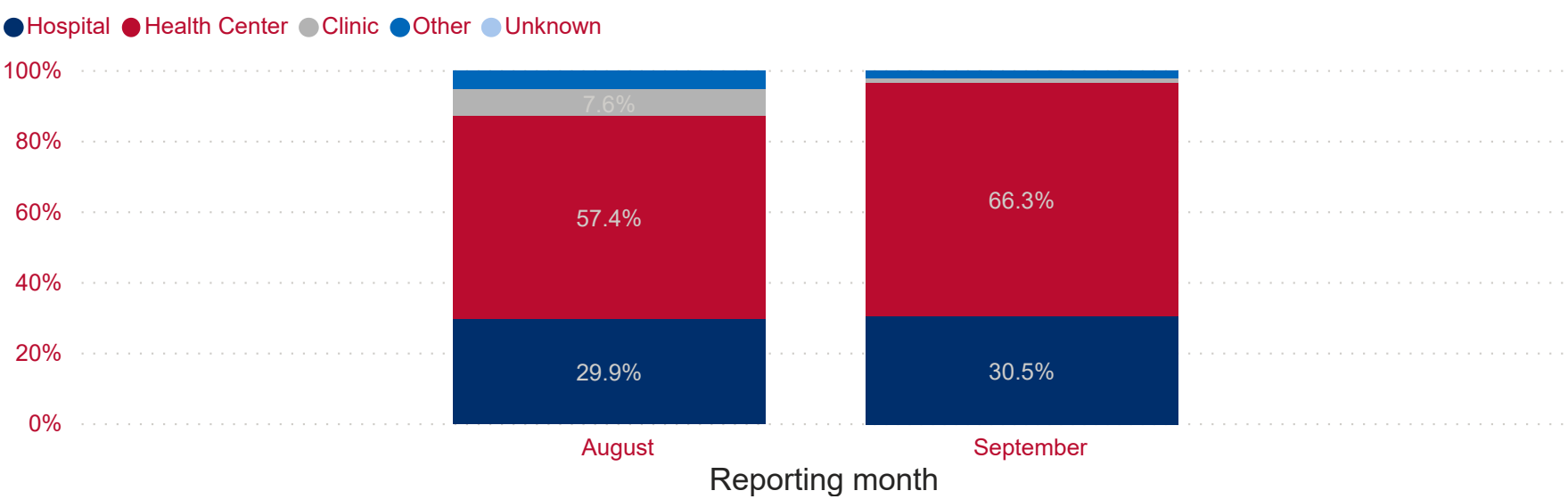
% of compliant of supported health facilities by month

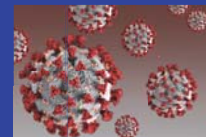


% of compliant supported health facilities by ownership type and by month



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





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

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

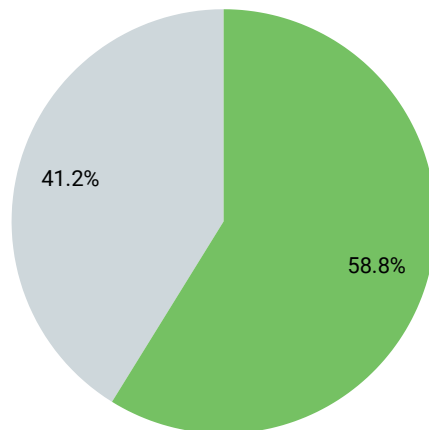
Mali

1 - 13 / 13



Month: Septem... (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	September
Jordan	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels) 	<ul style="list-style-type: none"> Emergency response capacity assessment report with technical recommendations 	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. One MOH hospital and eight private hospitals included in the medical tourism program were visited. Out of the nine assessed hospitals, eight were found with advanced IPC capacity in place; however, all the hospital visits welcomed the training and considered it very timely. In general, the staff lack the needed confidence in dealing with expected COVID-19 patients after doing the required risk assessment and using the required PPE. They also report a high turnover of staff which makes the education programs not highly efficient although available.
Jordan	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance 	<ul style="list-style-type: none"> Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	At the only hospital that failed to achieve the minimum requirements for IPC among the nine hospitals assessed, the identified gaps were lack of a triage system and lack of PPE.
Jordan	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> Strengthen facility COVID-19 IPC response coordination mechanism/task force 	<ul style="list-style-type: none"> Coordination/task force mechanism 	<p>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 is also making the best of our on-site availability and interaction with HCWs in supporting the MOH, regarding clarification of any ambiguous instructions related to COVID-19 patients treatment, mainly related to IPC. Two of the main issues that have been discussed with MTaPS are regarding the use of PPE and criteria to return to work for COVID-19-infected HCWs. MTaPS is coordinating with the IPC Department to clarify these issues and eventually review the guidance provided to hospitals.</p>

Jordan	Application of COVID-19 Precautions by HCW, patients	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	<p>MTaPS conducted IPC training in the following hospitals, with a total of 304 HCW (54% females) trained:</p> <p>Arab Medicak Center Jordan Hospital Al-Nadeem Hospital Prince Hussien Hospital Al-Hussien Salt Hospital Speciality Hospital Dr.Jamil Totanji Hospital (First session) Dr.Jamil Totanji Hospital (Second session) Jordan University Hospital Royal Hospital Amman Hospital Israa' Hospital Istiklal Hospital Hiba Hospital</p>
Jordan	Application of COVID-19 Precautions by HCW, patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	Activity not yet started.
Jordan	Source control (isolation)	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	<p>MTaPS conducted IPC training in the following hospitals with a total of 304 HCW (54% females) trained:</p> <p>Arab Medicak Center Jordan Hospital Al-Nadeem Hospital Prince Hussien Hospital Al-Hussien Salt Hospital Speciality Hospital Dr.Jamil Totanji Hospital (First session) Dr.Jamil Totanji Hospital (Second session) Jordan University Hospital Royal Hospital Amman Hospital Israa' Hospital Istiklal Hospital Hiba Hospital</p>
Jordan	Source control (isolation)	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	Activity not yet started.

Jordan	Source control (isolation)	• Assess and monitor compliance	• Compliance tracking and reporting system	Activity not yet started.
Jordan	IPC facility access guidance	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS conducted IPC training in the following hospitals with a total of 304 HCW (54% females) trained: Arab Medicak Center Jordan Hospital Al-Nadeem Hospital Prince Hussien Hospital Al-Hussien Salt Hospital Speciality Hospital Dr.Jamil Totanji Hospital (First session) Dr.Jamil Totanji Hospital (Second session) Jordan University Hospital Royal Hospital Amman Hospital Israa' Hospital Istiklal Hospital Hiba Hospital
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 304 HCW (54% females) trained: Arab Medicak Center Jordan Hospital Al-Nadeem Hospital Prince Hussien Hospital Al-Hussien Salt Hospital Speciality Hospital Dr.Jamil Totanji Hospital (First session) Dr.Jamil Totanji Hospital (Second session) Jordan University Hospital Royal Hospital Amman Hospital Israa' Hospital Istiklal Hospital Hiba Hospital
Jordan	Triage for	• Oversee the	• Status reports by key	Activity not yet started.

	SARI/ARI patients	implementation	IPC element (supervision, IPC performance, supplies, etc.)	
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 304 HCW (54% females) trained: Arab Medicak Center Jordan Hospital Al-Nadeem Hospital Prince Hussien Hospital Al-Hussien Salt Hospital Speciality Hospital Dr.Jamil Totanji Hospital (First session) Dr.Jamil Totanji Hospital (Second session) Jordan University Hospital Royal Hospital Amman Hospital Israa' Hospital Istiklal Hospital Hiba Hospital
Jordan	Emergency Supply of IPC Commodities	• Support/facilitate quantification exercises	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	Activity not yet started.
Jordan	Emergency Supply of IPC Commodities	• Identify quick supply chain response time for immediate availability of COVID-19 commodities at treatment sites	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS in coordination with the MOH PSM staff set max-min inventory planning and control system for COVID-19 commodities for hospitals. The system includes requisition and resupply cycle, how to quantify requisition quantities and communication channel to the PSM directorate.
Jordan	Emergency Supply of IPC Commodities	• Implement simple IPC and PPE commodity tracking system	• Compliance tracking and reporting system	MTaPS Implemented a COVID-19 Emergency commodity tracking tool at 12 MOH hospitals, after the following: - Multiple meetings and continuous coordination with the PSM Directorate - Tailoring the MTAps PSM tool to fit the PSM Directorate requirements by MTAps - Conducting virtual training sessions on the

conducting virtual training sessions on the Emergency Procurement and Supply Management (PSM). The first session included 17 staff from the PSM Directorate and the second session included 21 Pharmacists from 9 different MOH Hospitals, as below.

- Al-Nadeem Governmental Hospital
- Al-Zarqaa' New Hospital
- Dr.Jameel Totanji Hospital
- Al-Karak Governmental Hospital
- Mafrq Governmental Hospital
- Princess Basma Hospital
- Maan Governmental Hospital
- Prince Hussien Hospital
- Irbid Health Governorate

During the training the pharmacists received orientation on the use of the new tracking tool, and their feedback/inputs were received and discussed to streamline the recording and reporting tool.

A formal letter has been signed by his Excellency the Minister of Health to formalize the use of this tool as a reporting tool, which is expected to increase the rate of adherence to reporting stock and requirements using it.

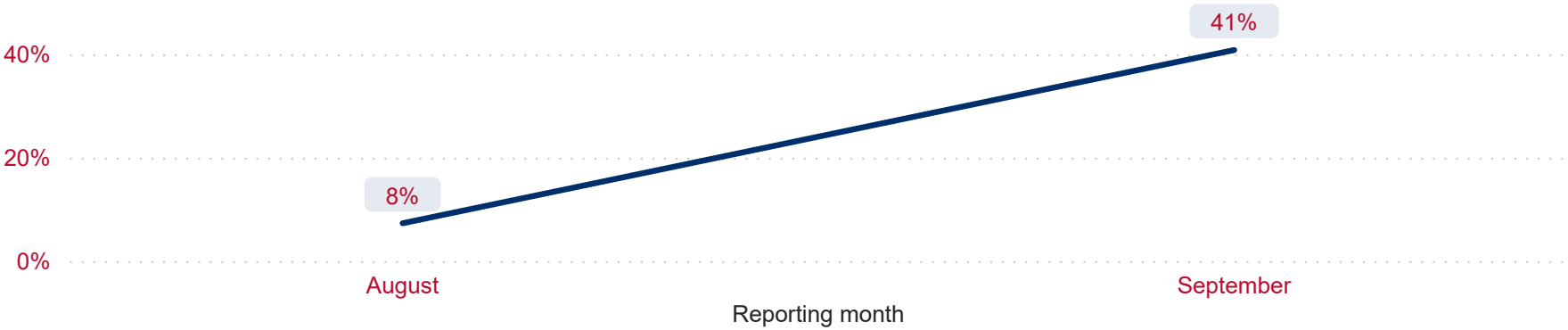
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

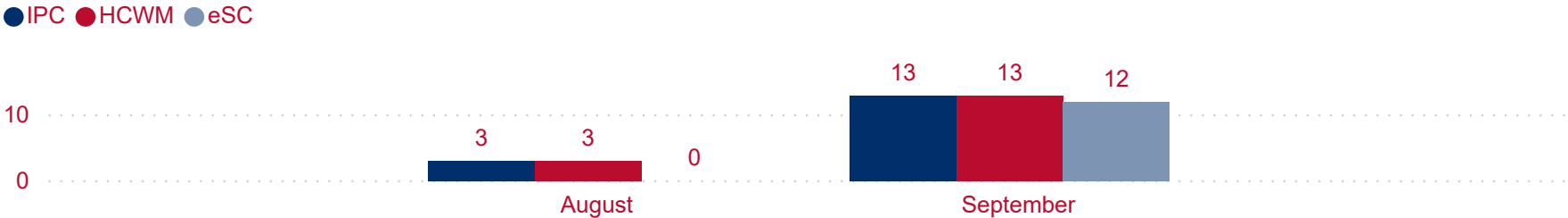
	August	September
Health facilities	3	13
Cumulative (health facilities)	3	16
Progress to date	8%	41%

Note: Country target # of health facilities is 39

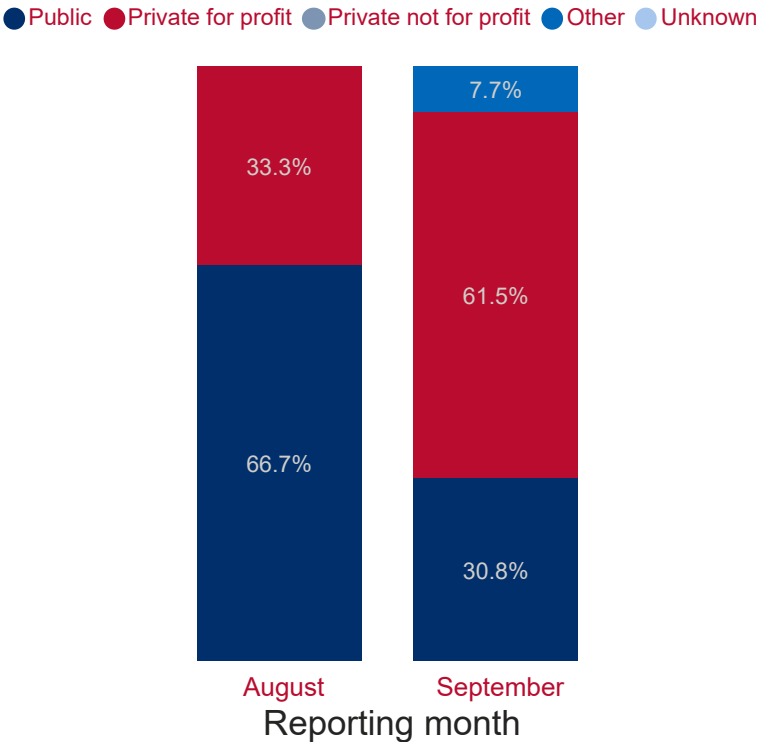
% supported health facilities with staff trained by month



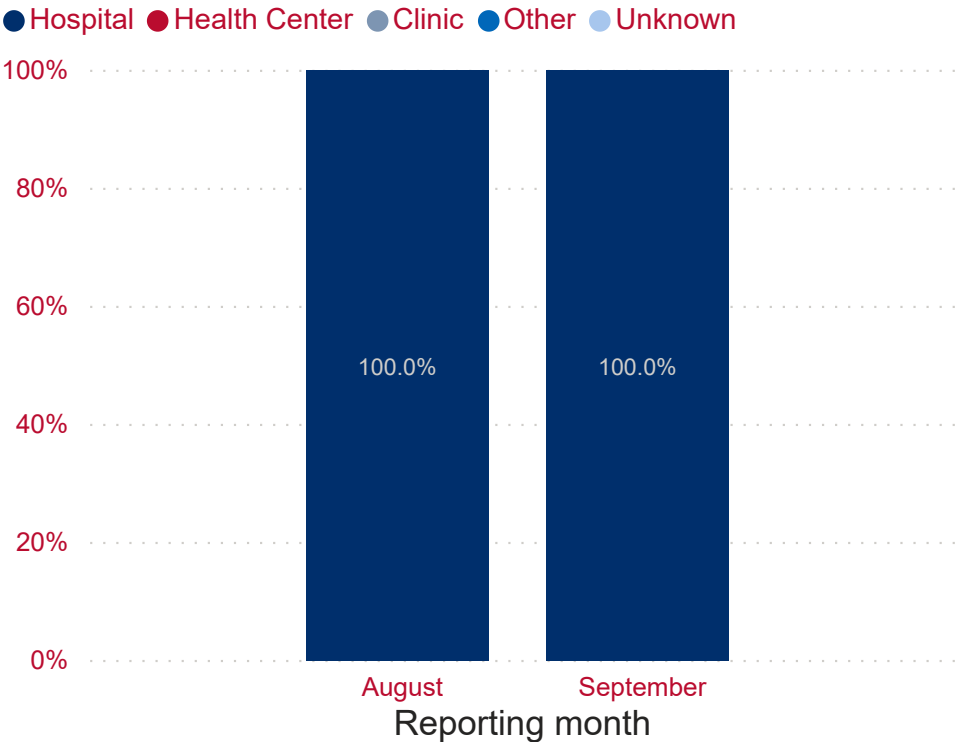
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

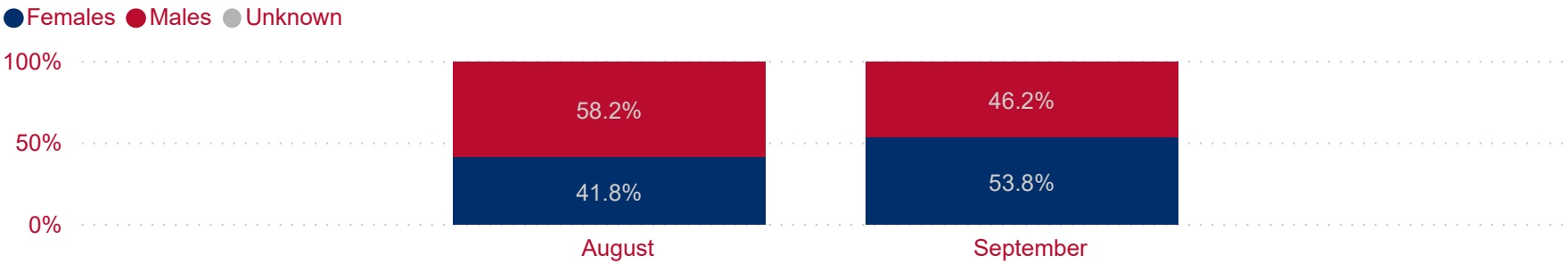


CV 2: # of persons who received COVID-19-related training

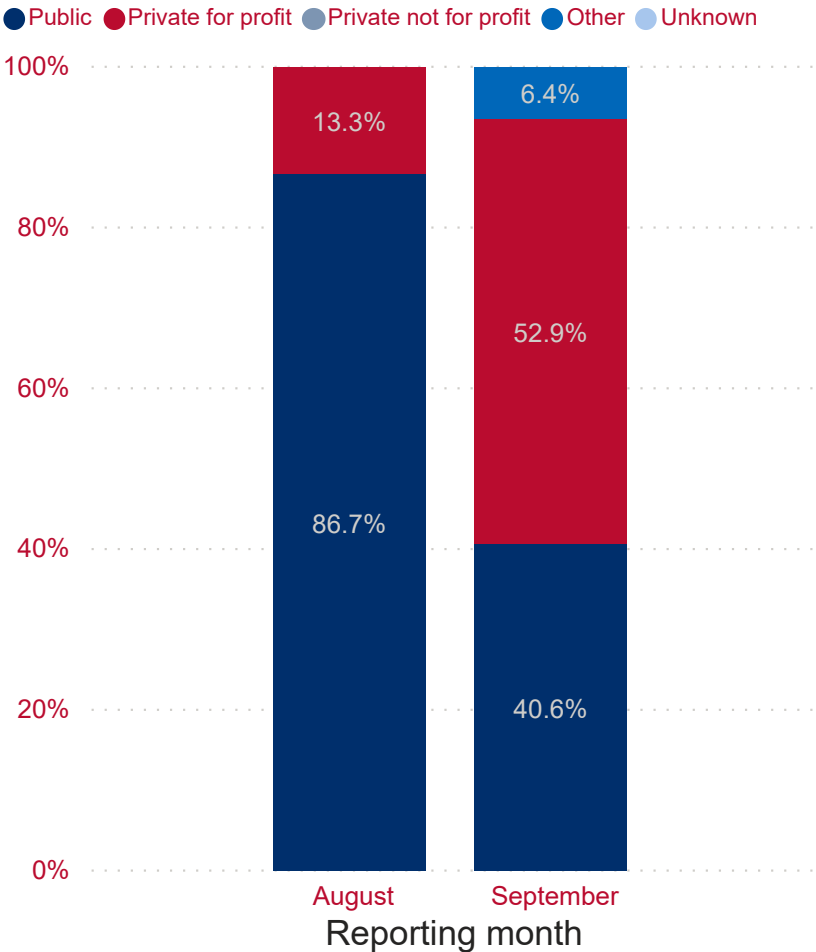
of trainees by sex and by month

	August	September	Total
Total trained	98	342	440
Females	41	184	225
Males	57	158	215
Unknown	0	0	0
Cumulative trained	98	440	

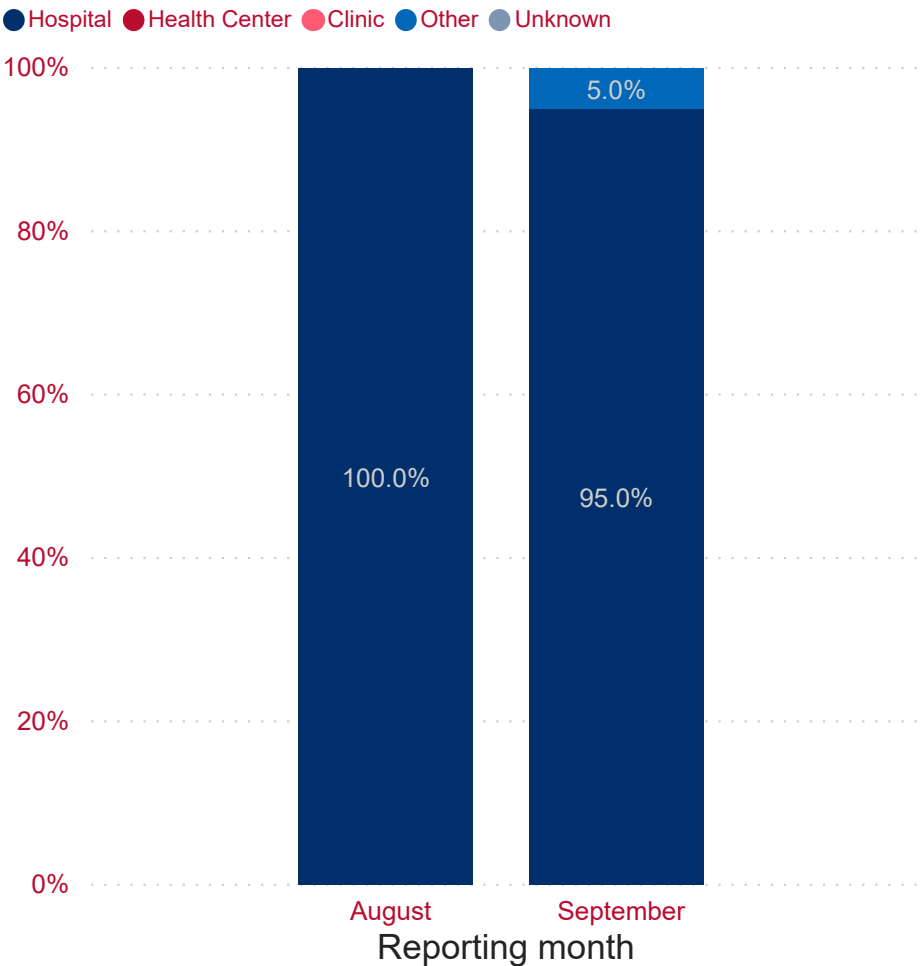
% trainees by sex and by month



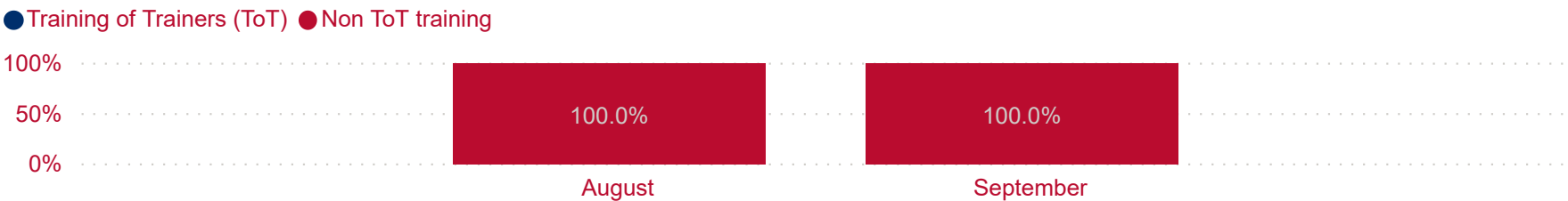
% of trainees by facility ownership type and by month



% of trainees by facility type and by month



% of trainees by training type and by month



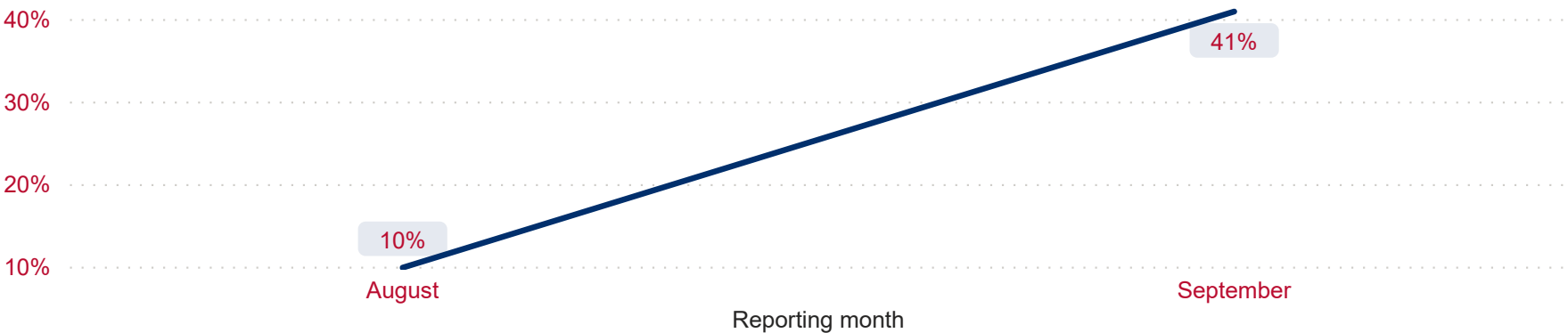
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

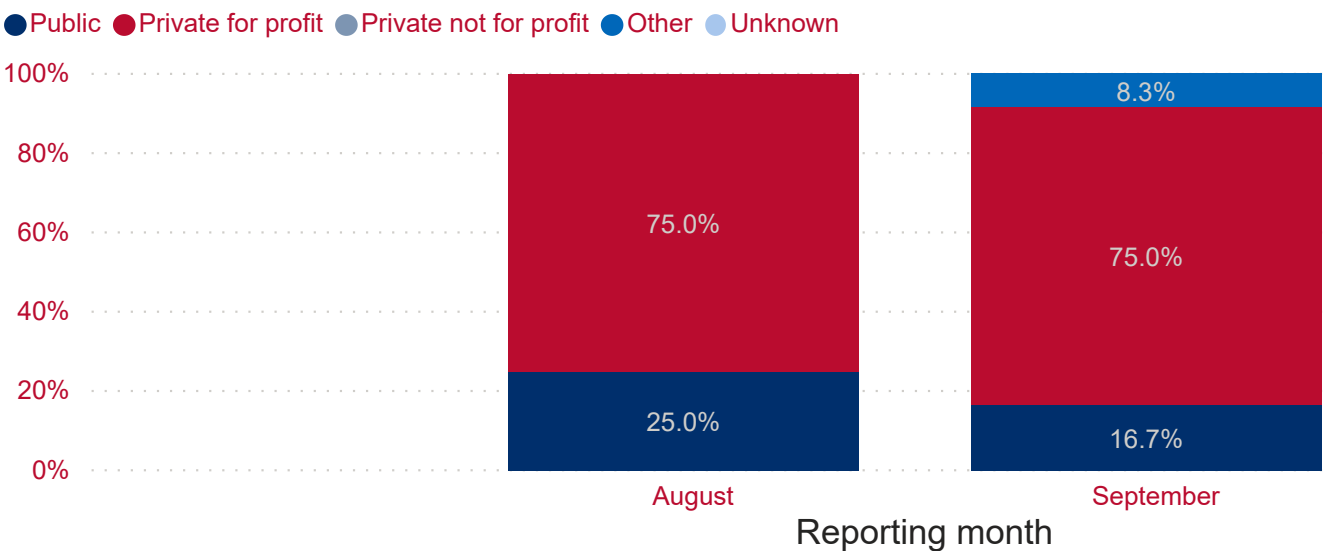
	August	September
Health facilities	4	12
Cumulative (health facilities)	4	16
Progress to date	10%	41%

Note: Country target # of health facilities is 39

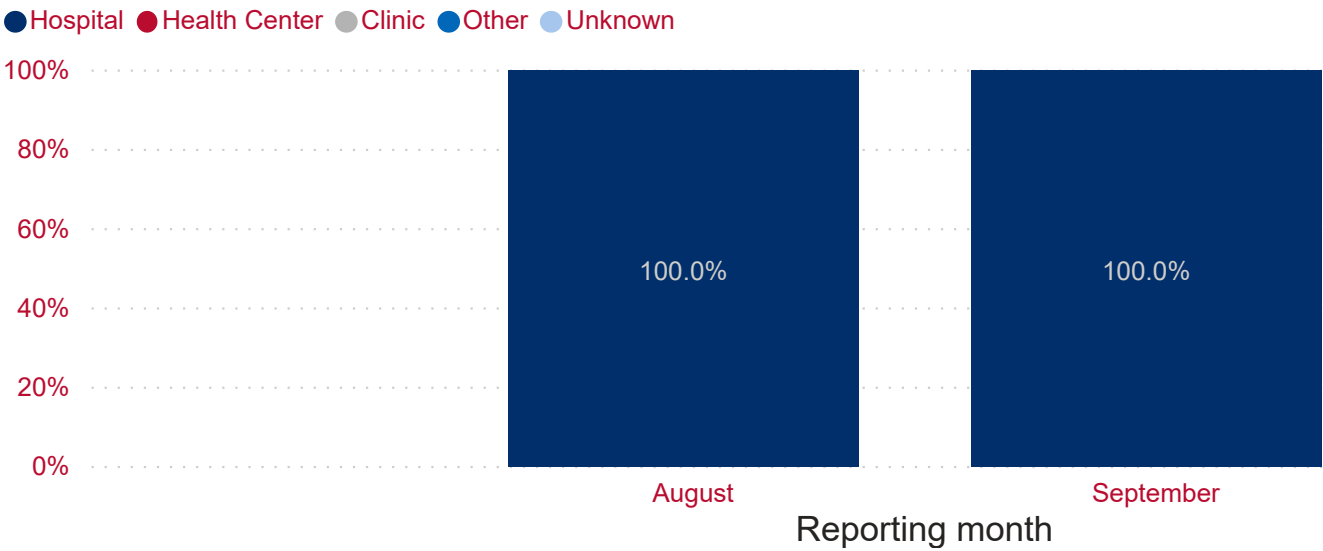
% of compliant of supported health facilities by month

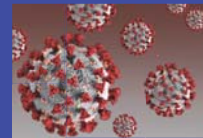


% of compliant supported health facilities by ownership type and by month



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





Contact for any Questions and Clarifications: 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

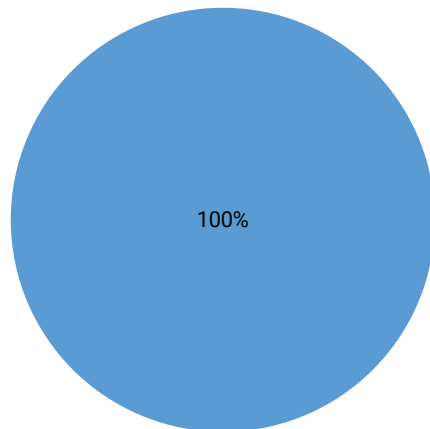
Mali

1 - 13 / 13



Month ▼

● COMPLETED



Technical Area ▲

Administrative controls

Application of COVID-19 Precautions by HCW, patients

Early recognition

IPC Program Management (national/facility/community)

IPC guidance to patients, family members, caregivers and visitors

Source control (isolation)

Triage for SARI/ARI patients

1 - 8 / 8



Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	September
Kenya	IPC Program Management (national/facility/community)	• Strengthen county/facility COVID-19 IPC response coordination mechanism/task force	• Coordination/task force mechanism	MTaPS continued to participate in various national review meetings with the taskforce and IPC committee to review progress and plan for various interventions focusing on IPC for COVID-19.
Kenya	IPC Program Management (national/facility/community)	• Adapt existing Job Descriptions for IPC COVID-19	• Rapid response strategy/plan	This activity is completed.
Kenya	IPC Program Management (national/facility/community)	• Assess compliance with requirements	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS reviewed the compliance monitoring report with the MOH for good COVID-19 IPC practices.
Kenya	IPC Program Management (national/facility/community)	• Adapt/draft regulatory support documentation for the implementation of COVID-19 response based on WHO COVID-19 guidance	• Adapted training materials	This activity is completed.
Kenya	IPC Program Management (national/facility/community)	• Provide training in IPC management	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	This activity is completed.
Kenya	IPC Program Management (national/facility/community)	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	This activity is completed.
Kenya	Triage for SARI/ARI patients	• Adapt guidance/SOPs along existing WHO guidance for COVID-19	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS finalized the review/update of various job aids for use by frontline health care workers..

				commodities lists)	
Kenya	Triage for SARI/ARI patients	• Provide training using existing training package on triage for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	This activity is completed.	
Kenya	Triage for SARI/ARI patients	• Disseminate IEC materials	• Communication materials	This activity is completed.	
Kenya	Triage for SARI/ARI patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs.	
Kenya	Triage for SARI/ARI patients	• Assess and monitor compliance	• Compliance tracking and reporting system	MTaPS reviewed the compliance monitoring report with the MOH for good COVID-19 IPC practices.	
Kenya	Early recognition	• Adapt guidance/SOPs along existing WHO guidance for COVID-19	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS finalized the review/update of various job aids for use by frontline health care workers.	
Kenya	Early recognition	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	This activity is completed.	
Kenya	Early recognition	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	This activity is completed.	
Kenya	Early recognition	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs.	
Kenya	Early recognition	• Assess and monitor compliance	• Compliance tracking and reporting system	MTaPS reviewed the compliance monitoring report with the MOH for good COVID-19 IPC practices.	
Kenya	Application of COVID-19	• Adapt guidance/SOPs along existing	• Guideline/SOP/checklis	MTaPS finalized the review/update of various job aids for use by frontline health care workers	

	COVID-19 Precautions by HCW, patients	SOPs along existing WHO guidance for COVID-19	Guideline/SOP / checklist Job aid for key IPC element (incl IPC commodities lists)	job aids for use by frontline health care workers.
Kenya	Application of COVID-19 Precautions by HCW, patients	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	This activity is completed.
Kenya	Application of COVID-19 Precautions by HCW, patients	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	This activity is completed.
Kenya	Application of COVID-19 Precautions by HCW, patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs.
Kenya	Application of COVID-19 Precautions by HCW, patients	• Assess and monitor compliance	• Compliance tracking and reporting system	Reviewed and finalized the compliance monitoring report with the MOH for good COVID- 19 IPC practices.
Kenya	Source control (isolation)	• Adapt guidance/ SOPs along existing WHO guidance for COVID-19	• Guideline/SOP/checklis t Job aid for key IPC element (incl IPC commodities lists)	MTaPS finalized the review/update of various job aids for use by frontline health care workers.
Kenya	Source control (isolation)	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	This activity is completed.
Kenya	Source control (isolation)	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	This activity is completed.
Kenya	Source control (isolation)	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs.
Kenya	Administrative	• Adapt systems	• Status reports by key	MTaPS finalized the review/update of various

	controls	(regulations, guidance, job descriptions, SOPs, electronic system, training material) along WHO COVID-19 guidelines	IPC element (supervision, IPC performance, supplies, etc.)	job aids for use by frontline health care workers.
Kenya	Administrative controls	• Adapt/implement WHO protocol 'Assessment of potential risk factors for 2019-novel coronavirus infection among health care workers in a health care setting'	• Adapted protocol	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs.
Kenya	Administrative controls	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility	This activity is completed.
Kenya	Administrative controls	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs.
Kenya	Administrative controls	• Assess and monitor compliance	• Compliance tracking and reporting system	MTaPS reviewed the compliance monitoring report with the MOH for good COVID-19 IPC practices.
Kenya	Administrative controls	• Conduct simulation exercise (table top, drill, functional or full-scale)	• Simulation exercise report	This activity is completed.
Kenya	Administrative controls	• Analyze results to inform IPC related preparedness planning	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS reviewed and finalized the compliance monitoring report with the MOH for good COVID-19 IPC practices.
Kenya	Waste management	• Adapt guidance/SOPs along existing WHO guidance for COVID-19	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS finalized the review/update of various job aids for use by frontline health care workers.

Kenya	Waste management	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility 	This activity is completed.
Kenya	Waste management	<ul style="list-style-type: none"> • Oversee the implementation 	<ul style="list-style-type: none"> • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	MTaPS continued to promote use of MOH guidelines and checklists to monitor compliance to standard precautions by HCWs.
Kenya	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> • Adapt guidance/SOPs along existing WHO guidance for COVID-19 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	MTaPS reviewed and finalized the compliance monitoring report with the MOH for good COVID-19 IPC practices.
Kenya	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of community 	This activity is completed.
Kenya	IPC guidance to patients, family members, caregivers and visitors	<ul style="list-style-type: none"> • Oversee the implementation 	<ul style="list-style-type: none"> • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	This activity is completed.

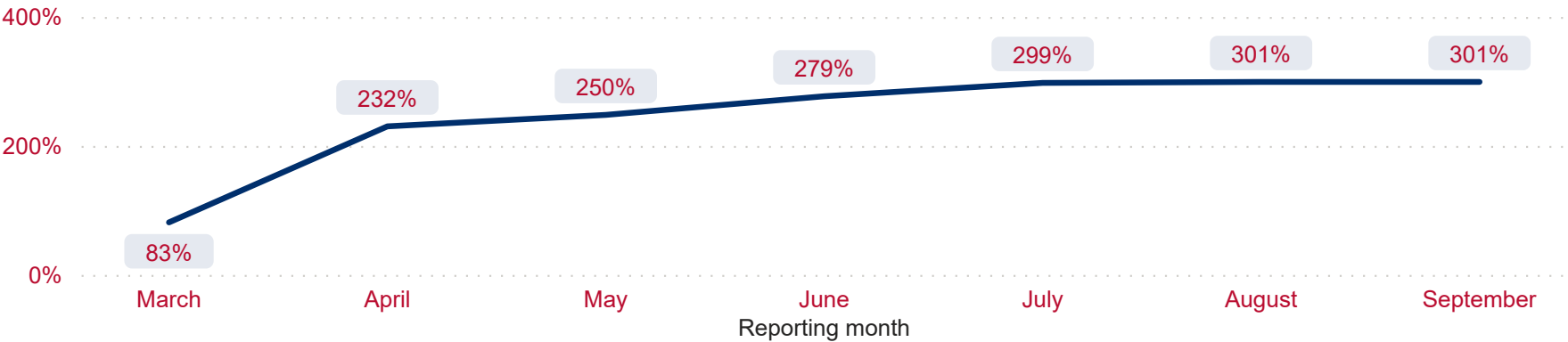
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

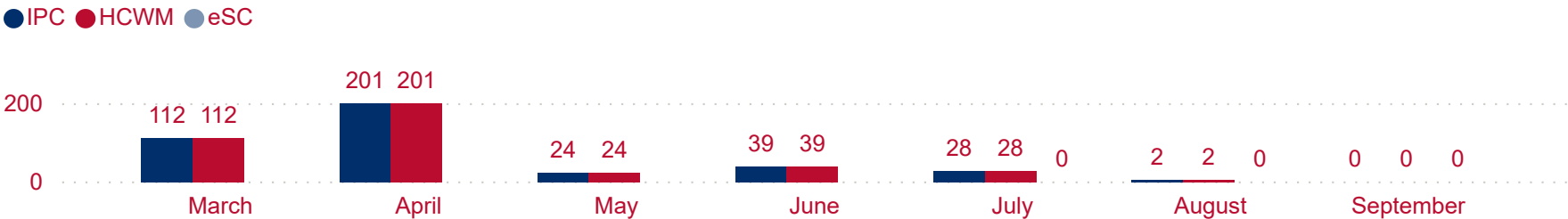
	March	April	May	June	July	August	September
Health facilities	112	201	24	39	28	2	0
Cumulative (health facilities)	112	313	337	376	404	406	406
Progress to date	83%	232%	250%	279%	299%	301%	301%

Note: Country target # of health facilities is 135

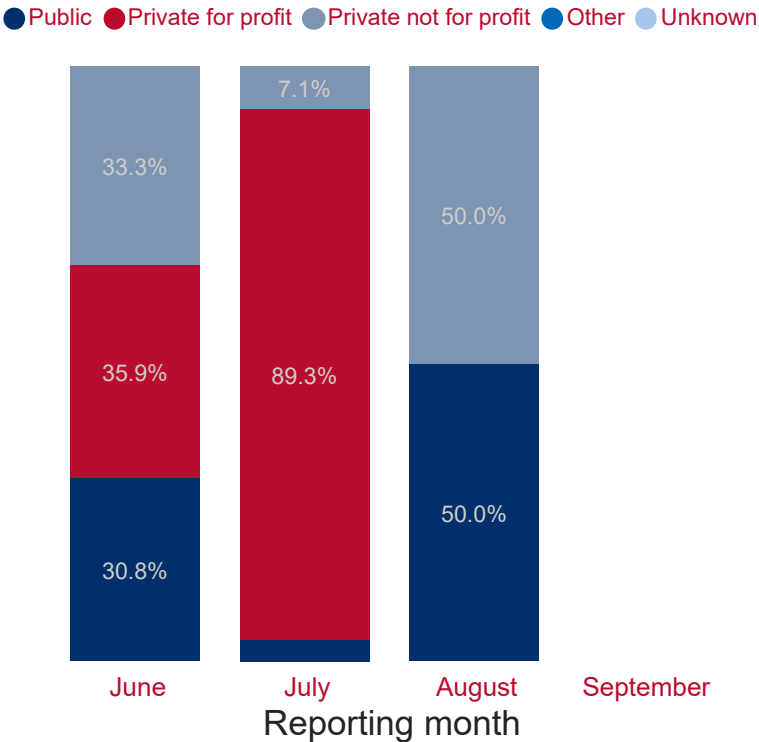
% supported health facilities with staff trained by month



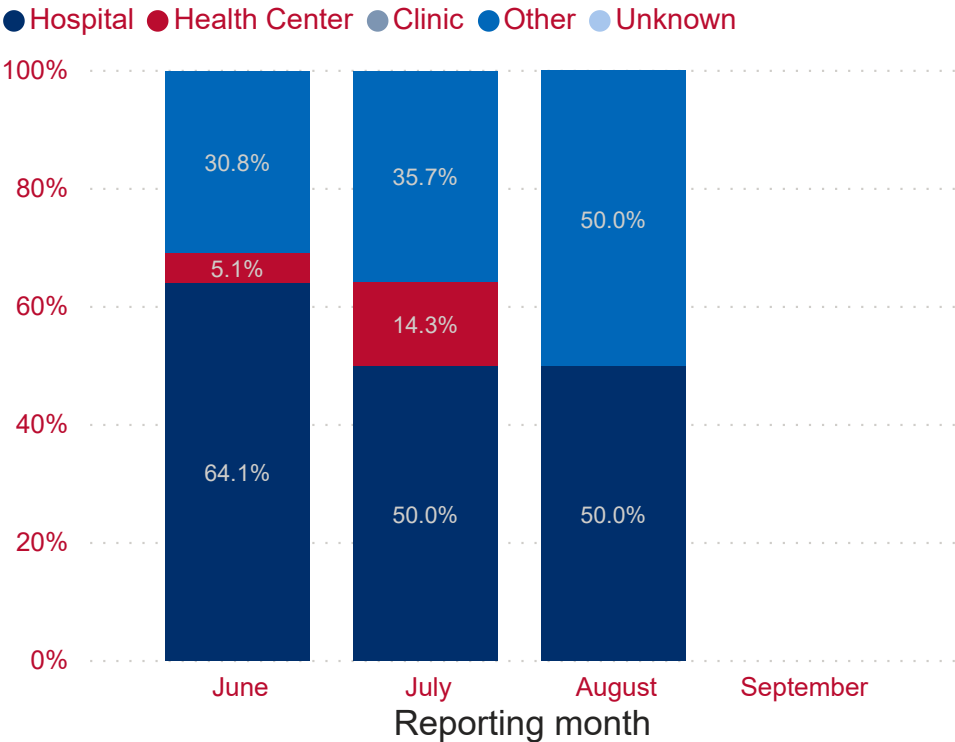
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

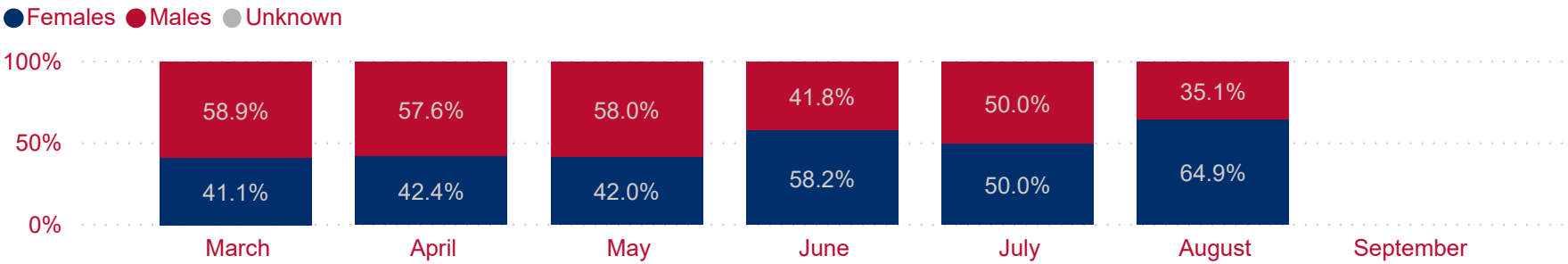


CV 2: # of persons who received COVID-19-related training

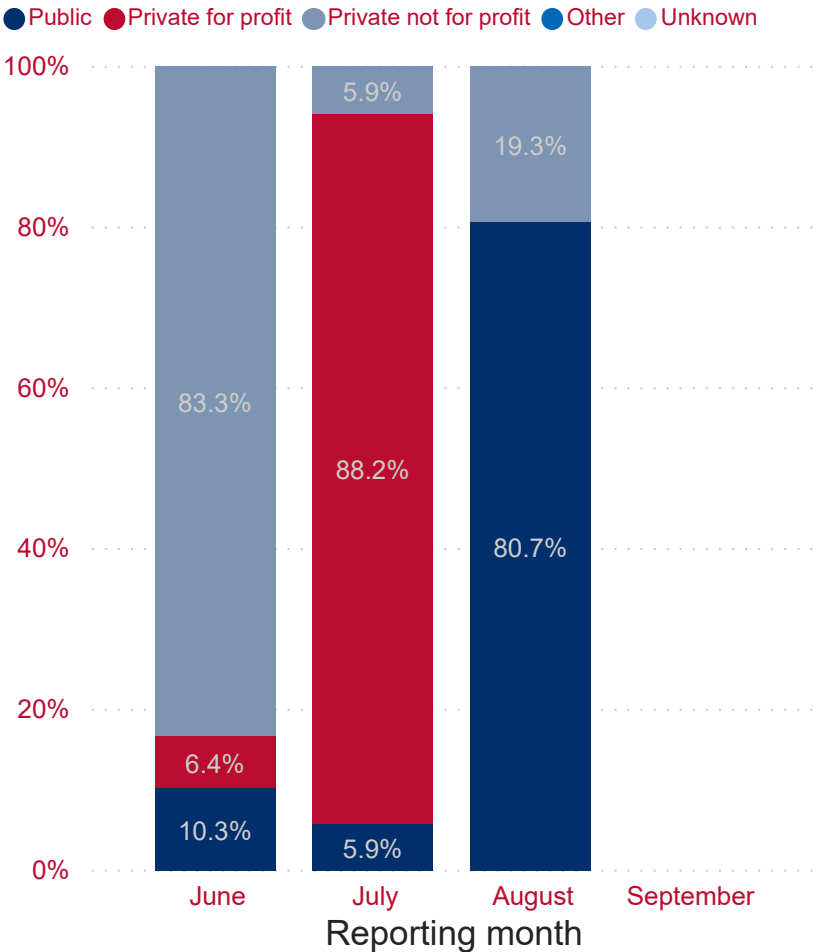
of trainees by sex and by month

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

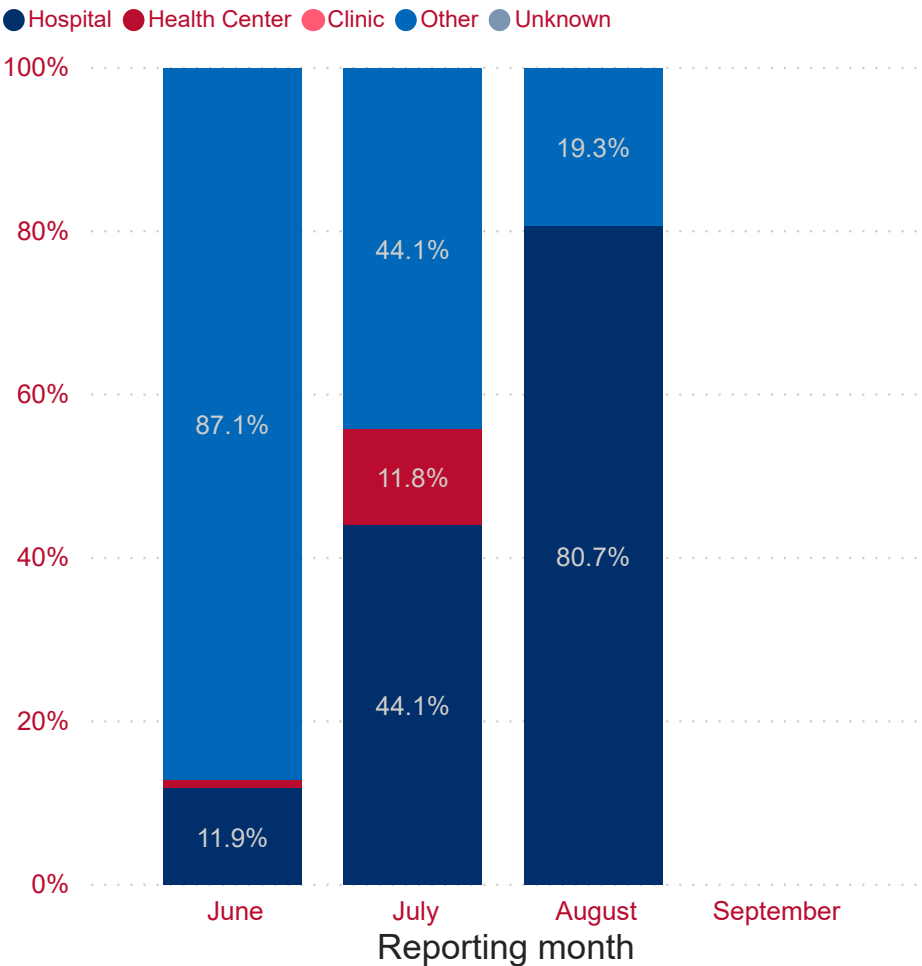
% trainees by sex and by month



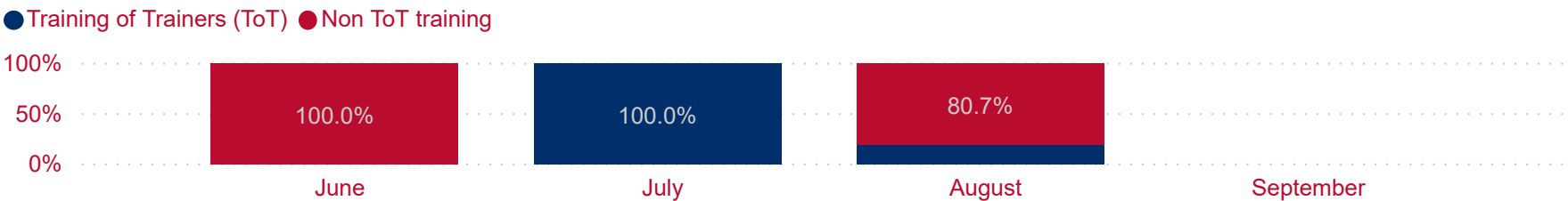
% of trainees by facility ownership type and by month



% of trainees by facility type and by month



% of trainees by training type and by month



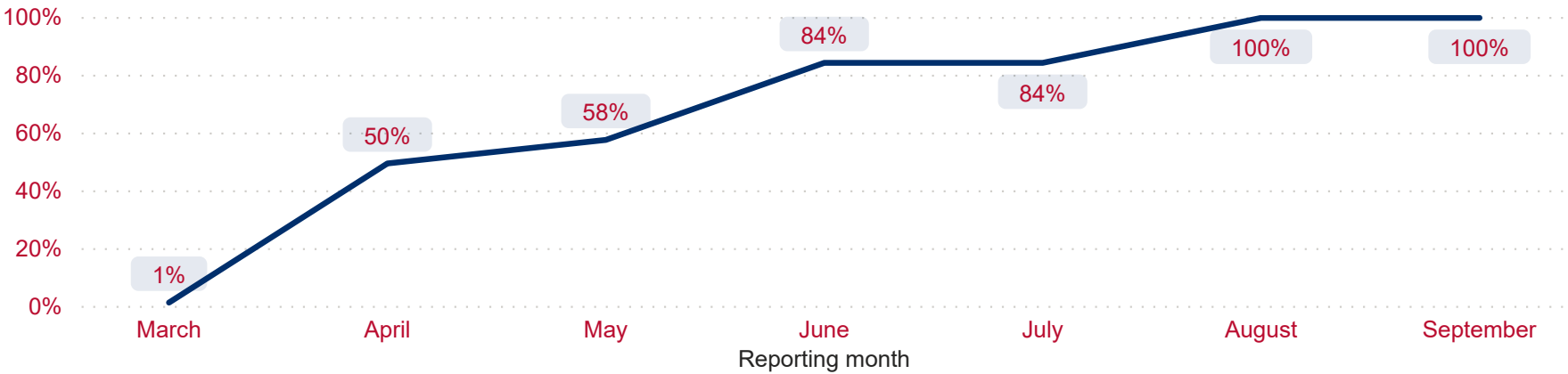
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

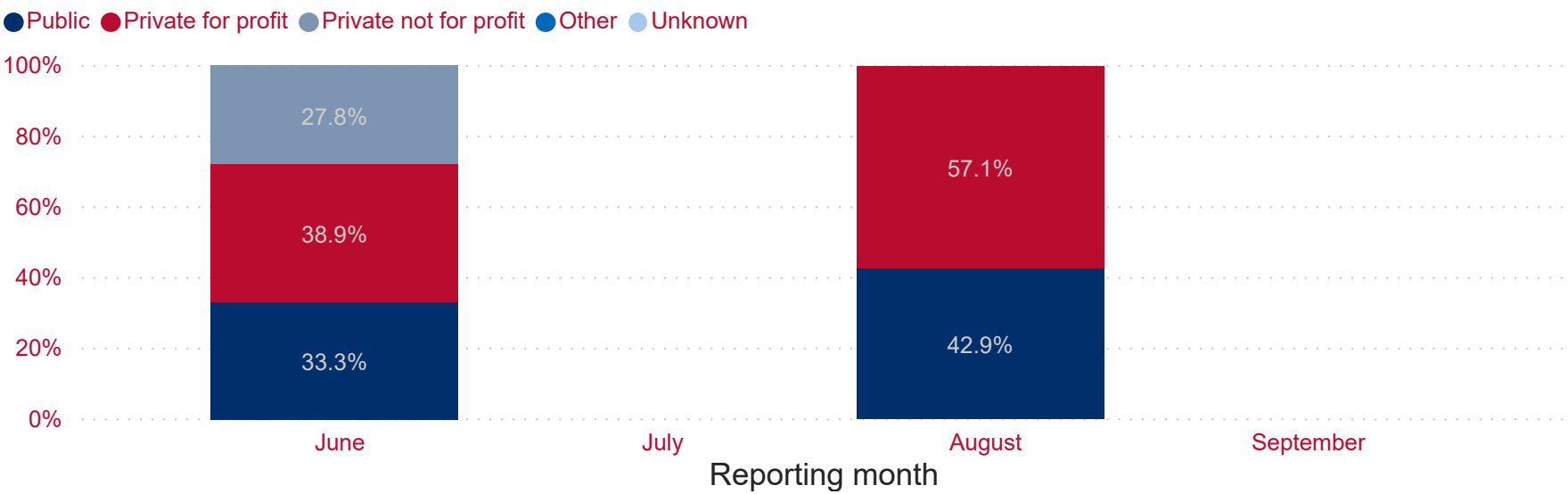
	March	April	May	June	July	August	September
Health facilities	2	65	11	36	0	21	0
Cumulative (health facilities)	2	67	78	114	114	135	135
Progress to date	1%	50%	58%	84%	84%	100%	100%

Note: Country target # of health facilities is 135

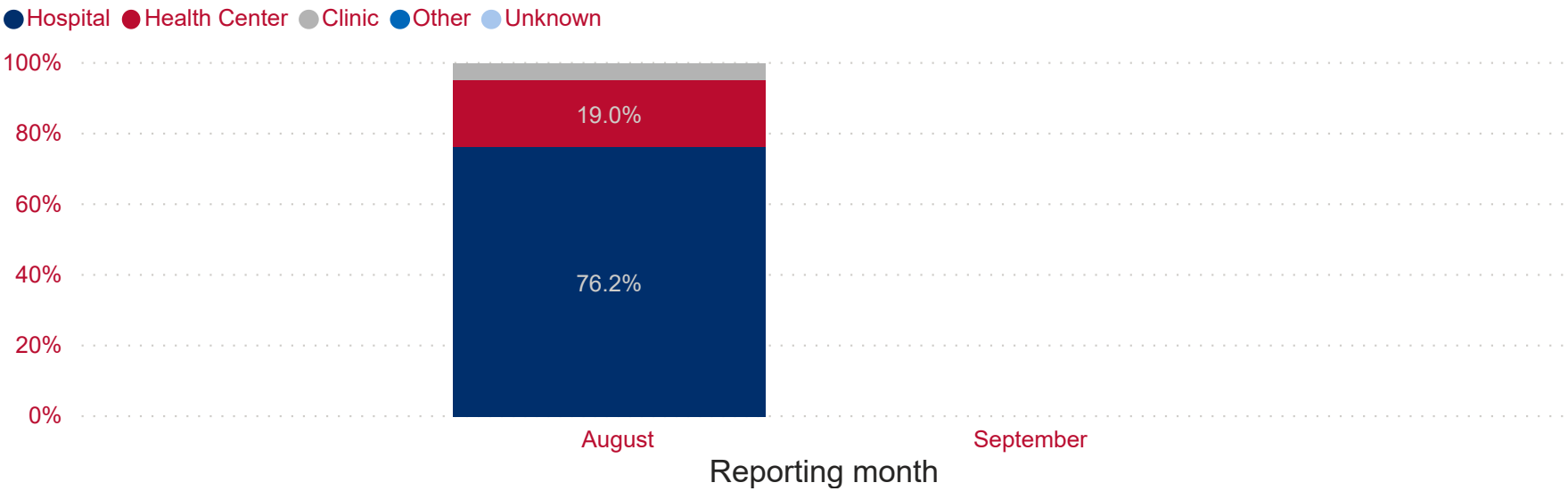
% of compliant of supported health facilities by month

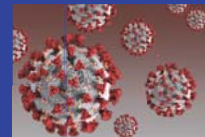


% of compliant supported health facilities by ownership type and by month



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





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

Report Filters

Quick Guide:

Please Click and select both a Country and a Month.

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

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

Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

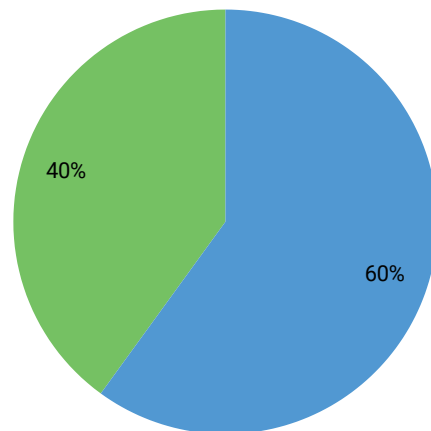
Kenya

Mali

Month ▼

● COMPLETED

● NO ISSUES OR ON TRA...



Technical Area ▲

Application of COVID-19 Precautions by HCW, patients

IPC Program Management (national/facility/community)

Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	September
Mali	Application of COVID-19 Precautions by HCW, patients	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	This activity is completed.
Mali	IPC Program Management (national/facility/community)	• Assess and monitor compliance	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	<p>In July and August 2020, the MTaPS project supported 12 health facilities (Point G Hospital, Mother Child Hospital, Kayes Hospital, Sikasso Hospital, Kati Hospital, Kalabancoro Health Centres, Kangaba, Bougouni, Koutiala, Kenieba and Yelimané) to set up IPC committees to evaluate IPC with WHO tools (IPCAF, SCORECARD) and to develop IPC action plans.</p> <p>In September 2020, the MTaPs project supported the supervision of PCI-COVID19 in these same 12 institutions in collaboration with the Directorate General of Health and Public Health (DGSHP) and the National Hospital Assessment Agency (ANEH) to see the state of operation of the IPC committees put in place and the status of the implementation of the action plans developed.</p> <p>Supervisors also assessed the 12 institutions with WHO's hand hygiene self-assessment tool and directed IPC committee members to IPC training modules.</p> <p>This activity will be completed in October 2020 with the organization of a teleconference by MTaPS with representatives of the 12 health facilities PCI committees to examine compliance issues, implementation of the action plan, use of the scorecard tool, bottlenecks and discuss solutions to different problems</p>
Mali	IPC Program Management (national/facility/community)	• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to	• Adapted training materials	This activity is completed.
Mali	IPC Program	• Provide training	• Number of people	The MTaPS, in collaboration with the World

Mali	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	<p>The MIRAAPS, in collaboration with the World Health Organization (WHO), provided technical and financial support to the IPC COVID-19 sub-committee through the Directorate General of Health and Public Hygiene (DGSHP) to organize IPC COVID-19 training for surface technicians, ambulance drivers and morgue officers of Mali's health facilities. A total of 12 training sessions were held in the Kayes regions (Kenieba, Yélimané, and Kayes city), Koulikoro (Kalabancoro, Kangaba, and Kati), Sikasso (Bougouni, Koutiala, Sikasso) and Bamako District (Point G Hospital, Luxembourg Mother Children's Hospital, Mali Hospital) between September 7 and 25.</p> <p>One hundred and seventy (170) participants (138 men [81.17%] and 32 women [18.82%]) benefited from these trainings. They were composed of surface technicians (84), ambulance drivers (45), morgue officers (11), maneuver/brancardier (19), and other (security officers, GIE Administrator, laundry agents) (6) from the Reference Health Centres of Bougouni, Kalabancoro, Kangaba, Kenieba, Koutiala and Yélimané and the Hospitals of Point G, Mother Child Luxembourg, Fousseiny DAOU, Hospital of Mali, KATI and Sikasso. At the end of the sessions, facilitators provided all of the IPC documentation to the various ICO committees of the various health facilities trained, including the IPC COVID-19 surface technician training modules, WHO ICH assessment tools, IPC protocols, IPC toolkit human health and WASH FIT with hydro-alcoholic friction posters, washing hands with soap, preparing soapy water, preparing the chored solution (0.5% and 0.05%) and bio-medical waste management posters.</p>
------	--	--	--	---

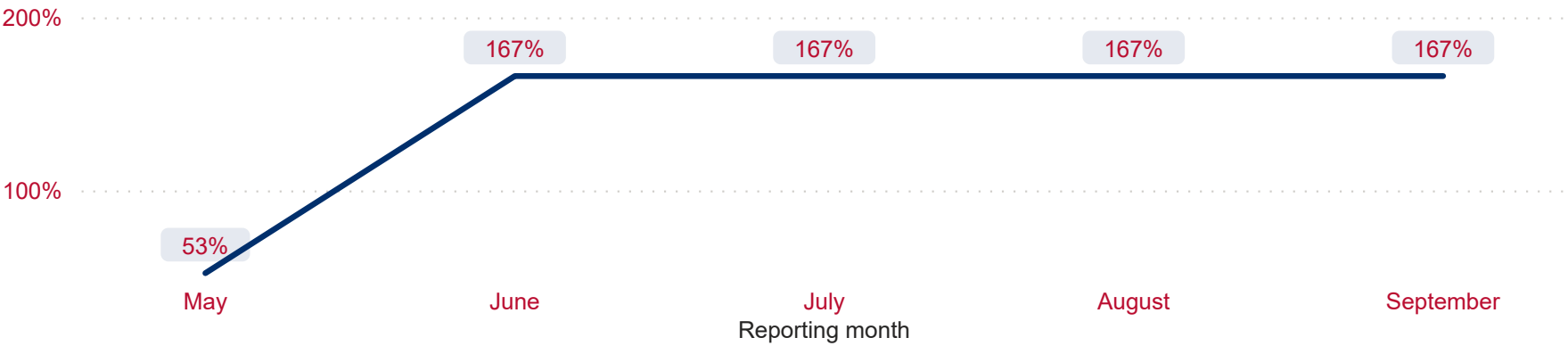
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

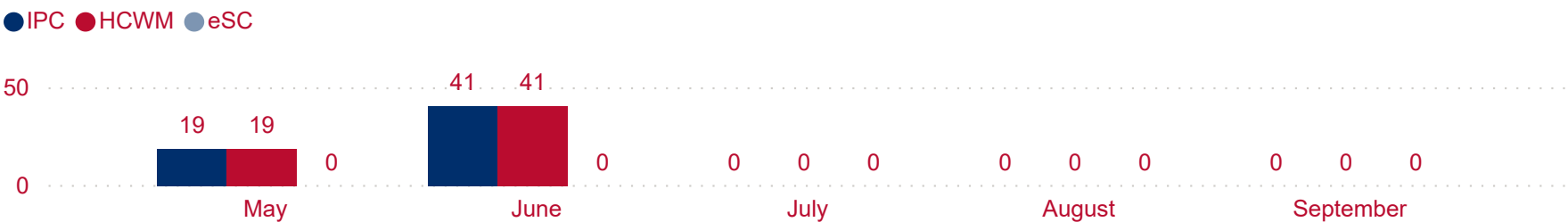
	May	June	July	August	September
Health facilities	19	41	0	0	0
Cumulative (health facilities)	19	60	60	60	60
Progress to date	53%	167%	167%	167%	167%

Note: Country target # of health facilities is 36

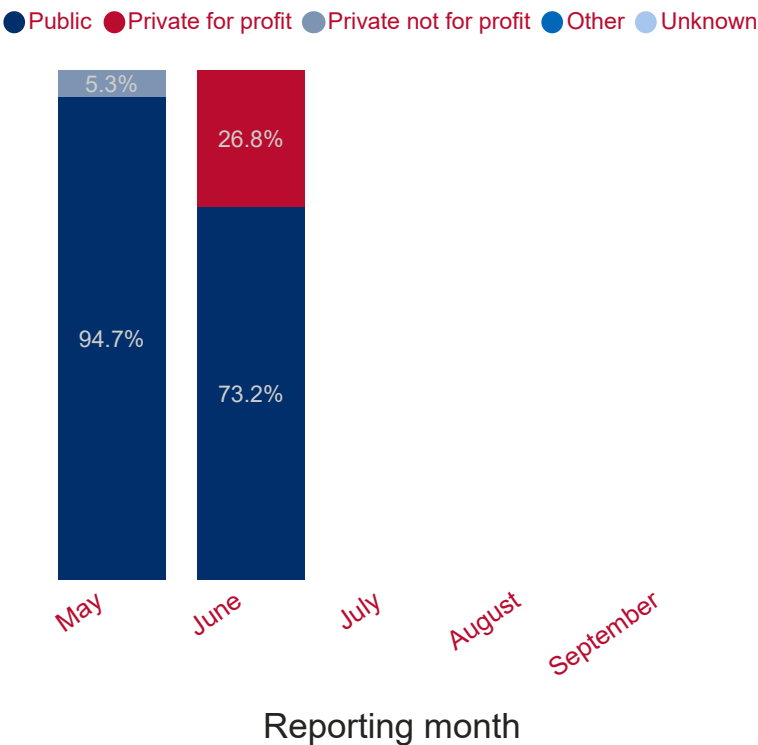
% supported health facilities with staff trained by month



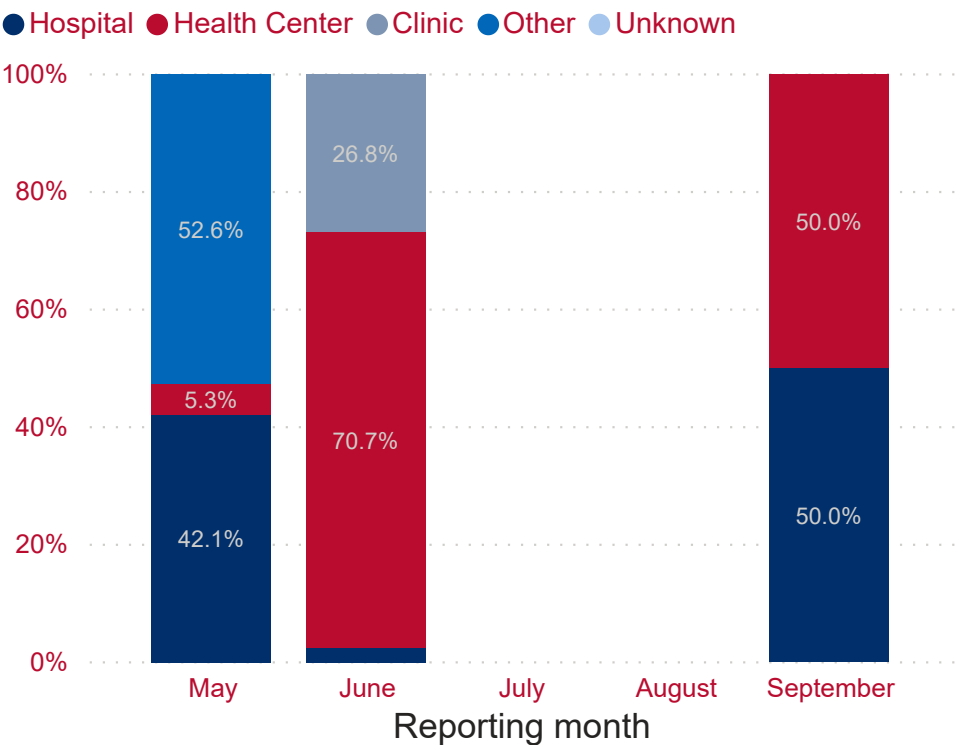
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

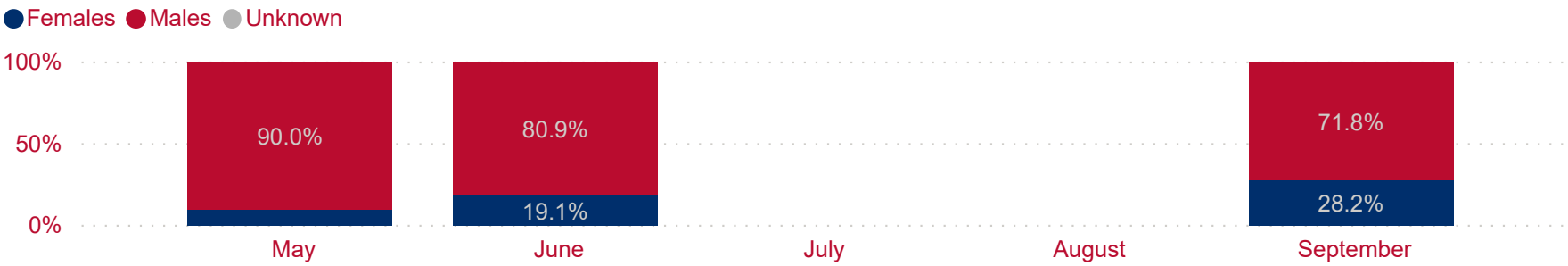


CV 2: # of persons who received COVID-19-related training

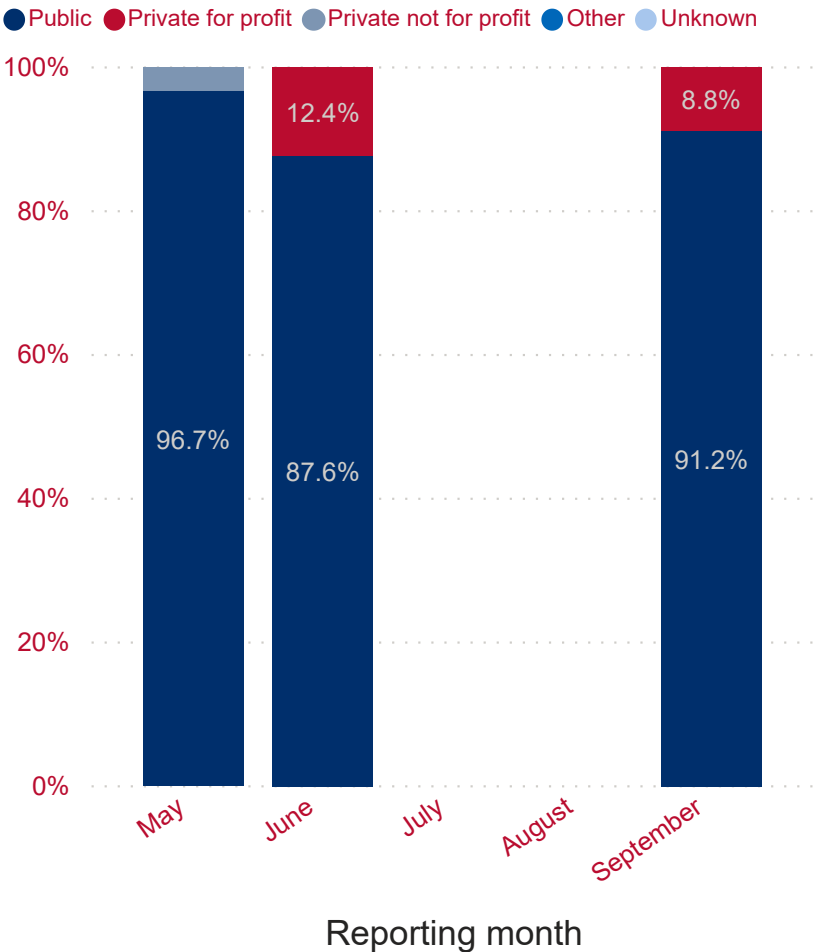
of trainees by sex and by month

	May	June	July	August	September	Total
Total trained	30	89	0	0	170	289
Females	3	17	0	0	48	68
Males	27	72	0	0	122	221
Unknown	0	0	0	0	0	0
Cumulative trained	30	119	119	119	289	

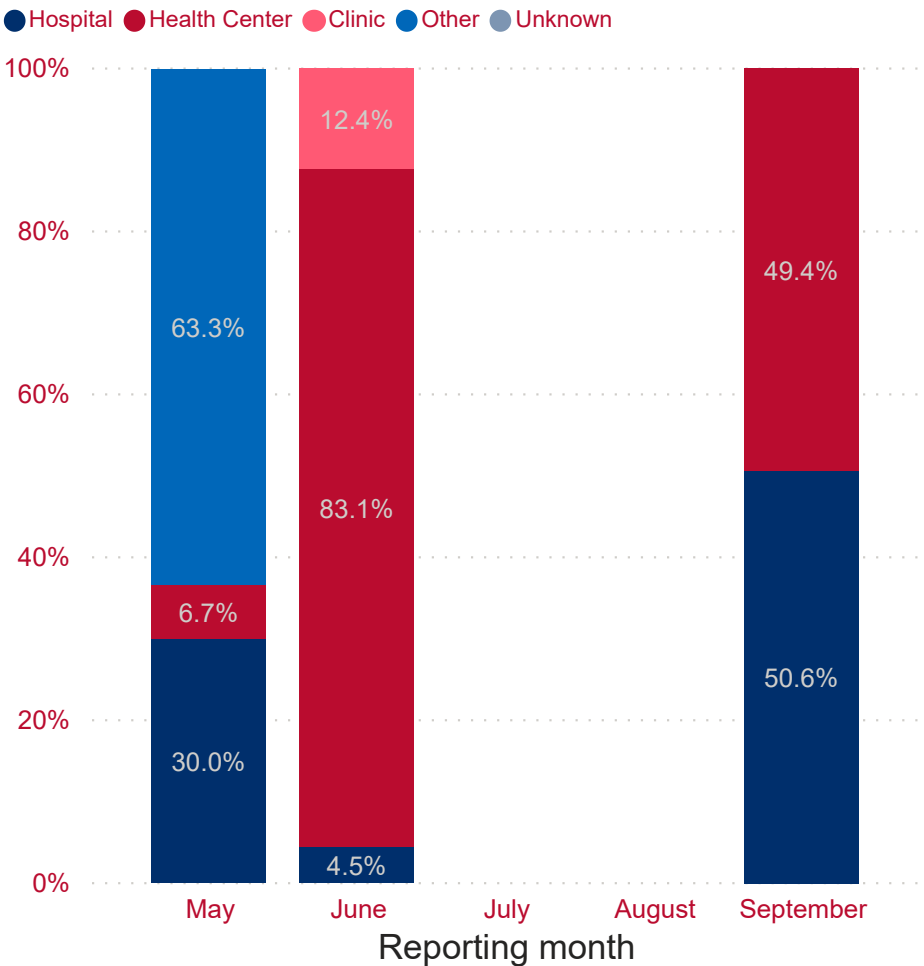
% trainees by sex and by month



% 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



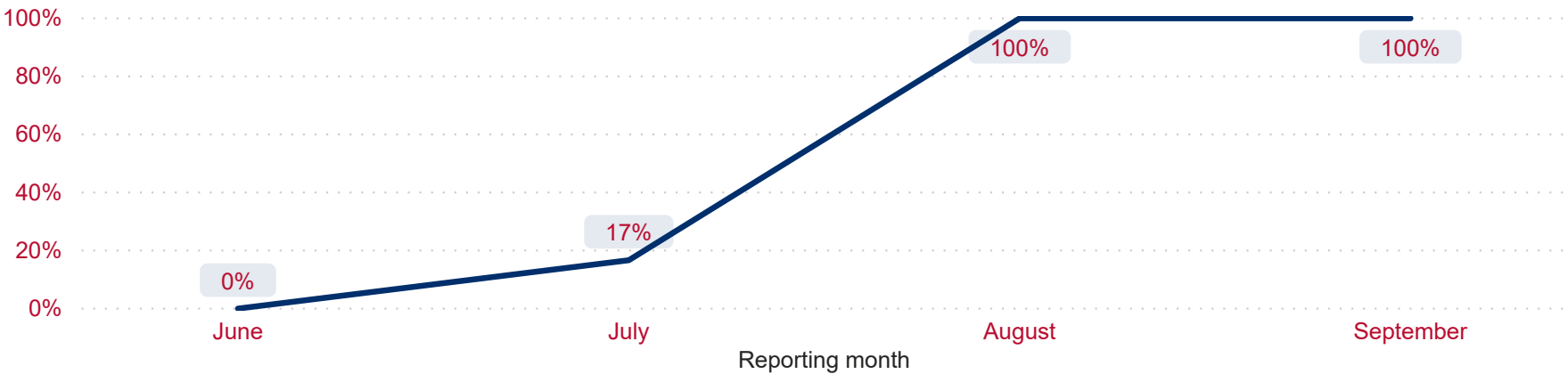
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

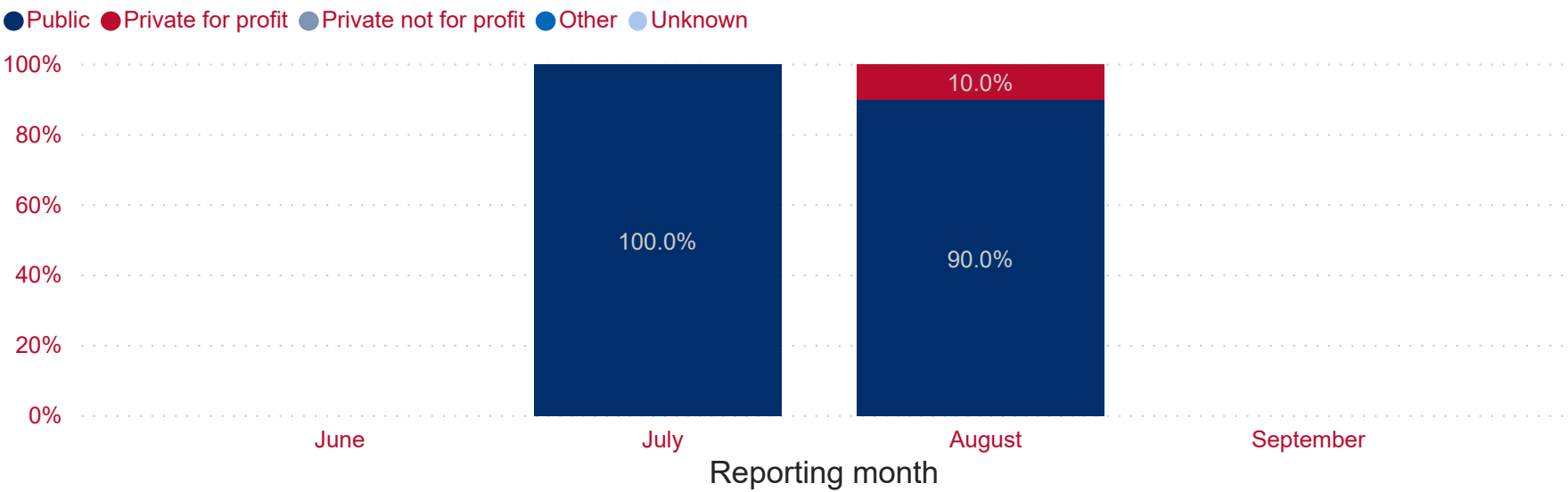
	June	July	August	September
Health facilities	0	2	10	0
Cumulative (health facilities)	0	2	12	12
Progress to date	0%	17%	100%	100%

Note: Country target # of health facilities is 12

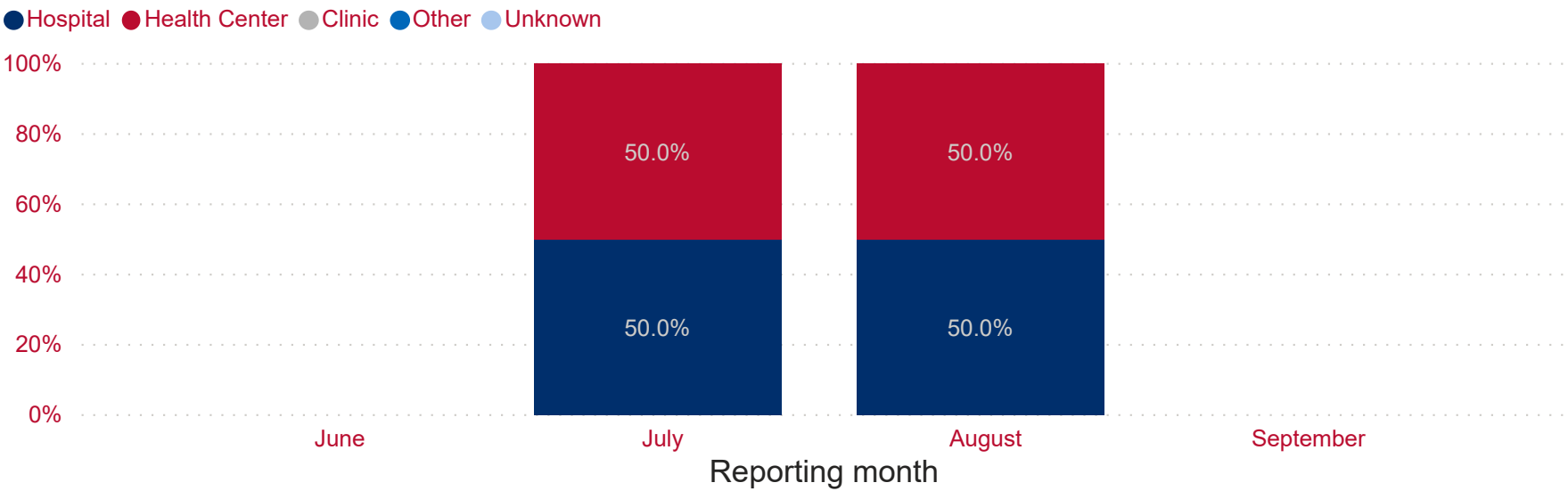
% of compliant of supported health facilities by month



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



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

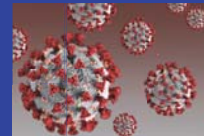




Medicines Technologies and Pharmaceutical Services COVID Response Country Report 2020

Mozambique

September



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

Report Filters

Quick Guide:

Please Click and select both a Country and a Month.

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

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

Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

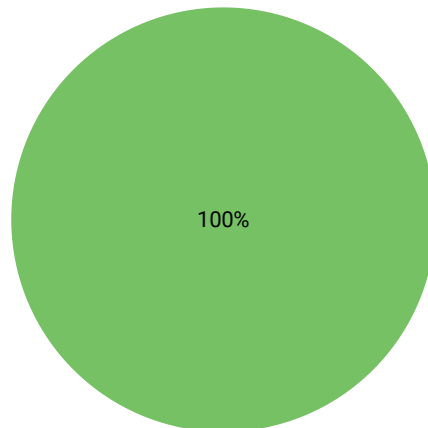
Mali

1 - 13 / 13



Month: Septem... (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	September
Mozambique	Application of COVID-19 Precautions by HCW, patients	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS, along with MOH staff, have led training replication activities in all 11 provinces with 2,244 health workers (55% female) capacitated this month in 58 health facilities. Assessments were conducted in 27 health units (including 12 COVID-19 attention centers) and 13 health facilities (including 9 COVID-19 attention centers) are in compliance with COVID-19 IPC standards.
Mozambique	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Coordination/task force mechanism	<p>MTaPS participated in seven coordination meetings at the national level to discuss: the status of PPE in Mozambique; preliminary results of sero-epidemiological studies conducted in the provinces of Nampula, Pemba, Maputo City and Quelimane; an update on data of health professionals infected by COVID-19; and end of JHPIEGO activities.</p> <p>MTaPS also attended 30 meetings at provincial level (Maputo city (5), Maputo Province (2), Gaza (2), Inhambane (5), Manica (4), Sofala (4), Tete (1) and Nampula (7) to discuss training replications activities and performance, technical assistance, IPC assessment/compliance in health facilities, MTaPS programmatic activities and sustainability planning.</p>
Mozambique	Application of COVID-19 Precautions by HCW, patients	• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS is managing the procurement process for printing of IEC materials (SOPs, flowcharts, job aids and protocols) and to ensure dissemination to 78 health facilities in all 11 provinces country-wide.
Mozambique	IPC guidance to patients, family members, caregivers and visitors	• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	MTaPS is managing the procurement process for printing of IEC materials (SOPs, flowcharts, job aids and protocols) and to ensure dissemination to 78 health facilities in all 11 provinces country-wide.
Mozambique	Sudden influx of patients /	• Just-in-time IPC training	• Surge capacity plan / MoU / MoA for	MTaPS consultants identified 221 health care workers and volunteers involved in contact

	of patients / Surge capacity	training	plan/MoU/MoA for resource-sharing	workers and volunteers involved in contact tracing activities at different health facilities in Maputo City and Maputo Province. MTaPS is currently assessing their participation in IPC capacity building activities to inform the MOH.
Mozambique	Application of COVID-19 Precautions by HCW, patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	IPC scorecard was applied during assessment visits conducted in 27 health units (including 12 COVID-19 attention centers) and 13 health facilities (including 9 COVID-19 attention centers) are in compliance with COVID-19 IPC standards. Overall, lack of communication materials, such as SOPs, and inadequate implementation of administrative measures are the main reason for low compliance with IPC standards. Plans for acquisition of material and performance improvement were designed and agreed with the management of each health facility.
Mozambique	Waste management	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	MTaPS, along with MOH staff, have led training replication activities in all 11 provinces with 2,244 health workers (55% female) capacitated this month in 58 health facilities. Assessments were conducted in 27 health units (including 12 COVID-19 attention centers) and 13 health facilities (including 9 COVID-19 attention centers) are in compliance with COVID-19 IPC standards.
Mozambique	Emergency Supply of IPC Commodities	• Develop emergency supply chain preparedness and response strategy throughout the distribution network	• Rapid response strategy/plan	MTaPS has been working with CMAM and DPC to visualize PPE data at the provincial level by gathering information from different databases, i.e., MACS for central entries by donor and central warehouses distribution to clients at the four central hospitals and the DPMs and SIMAM for DPMs entries and distribution to clients. At this level SIMAM provides information of distribution to CICOVs in six provinces. MTaPS continues working with CMAM, DPC, PSM and DPMs to gather updated information from all DPMs, which has been a challenge. CMAM/DPC with MTaPS support held a virtual meeting with all the DPMs and PSM advisors (34 participants) to highlight the importance of regular data updating and the need of SCM information from the CICOVs. During the month it was noticed that only 15 out of the 27 CICOVs have been functional and receiving patients, with only 3 active within the last 10 days of the month. An emergency supply chain strategy for COVID-19

				commodities is being developed which will be shared with MOH and partners for further feedback. When finalized, the strategy will comprise comprehensive key interventions to be undertaken by MOH and supporting partners.
Mozambique	Emergency Supply of IPC Commodities	<ul style="list-style-type: none"> • Apply/adapt simple operating procedures and tools for the management of ordering, issuing, distributing, receiving, rational utilization 	<ul style="list-style-type: none"> • Status reports by key IPC element (supervision, IPC performance, supplies, etc.) 	MTaPS through CMAM and DPC has been requesting information on PPE from the CICOVs to analyze the stock situation at the service delivery point (SDP) or (CICOVs). In this month, five CICOVs reported using the tool (one in Tete Province, one in Niassa Province, one in Vilanculos, the Maputo Central Hospital (HCM) and the the Hospital da Graça in Nampula). A formal request from CMAM/DNAM was sent all provinces requesting information on PPE commodities from all 27 CICOVs countrywide. A simple procedure on how to capture required logistics data and communicate requirements is drafted. In October, DPMs will be trained on how to use the tool to receive data and make distribution decisions.
Mozambique	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> • Provide training using existing training packages for COVID-19 	<ul style="list-style-type: none"> • Adapted training materials 	MTaPS organized and co-facilitated an orientation session to the MOH staff on the configuration, adaptation and use of 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"> • Support/facilitate quantification exercises 	<ul style="list-style-type: none"> • After-action report 	MTaPS convened a meeting to discuss and clarify the assumptions for the quantification tool. The adaptation of the tool to the Mozambique context is ongoing as the pandemic has behaved in a different manner that expected with less severe cases requiring hospitalization. MISAU is still considering the quantification developed to cover the period until December 2020. MTaPS has been working with CMAM and DPC to gather updated information of the central and provincial levels in a weekly basis to streamline the supply chain management during the pandemic. The information will be used for the quantification process and shared with the donors and the different TWGs.
Mozambique	IPC Program	<ul style="list-style-type: none"> • Conduct rapid 	<ul style="list-style-type: none"> • Emergency response 	MTaPS participated in seven coordination

Management (national/facility/community)	assessment of IPC for COVID-19 capacity (national/county levels)	capacity assessment report with technical recommendations	meetings at the national level to discuss: the status of PPE in Mozambique; preliminary results of sero-epidemiological studies conducted in the provinces of Nampula, Pemba, Maputo City and Quelimane; an update on data of health professionals infected by COVID-19; and end of JHPIEGO activities. MTaPS also attended 30 meetings at provincial level (Maputo city (5), Maputo Province (2), Gaza (2), Inhambane (5), Manica (4), Sofala (4), Tete (1) and Nampula (7) to discuss training replications activities and performance, technical assistance, IPC assessment/compliance in health facilities, MTaPS programmatic activities and sustainability planning.
---	--	---	--

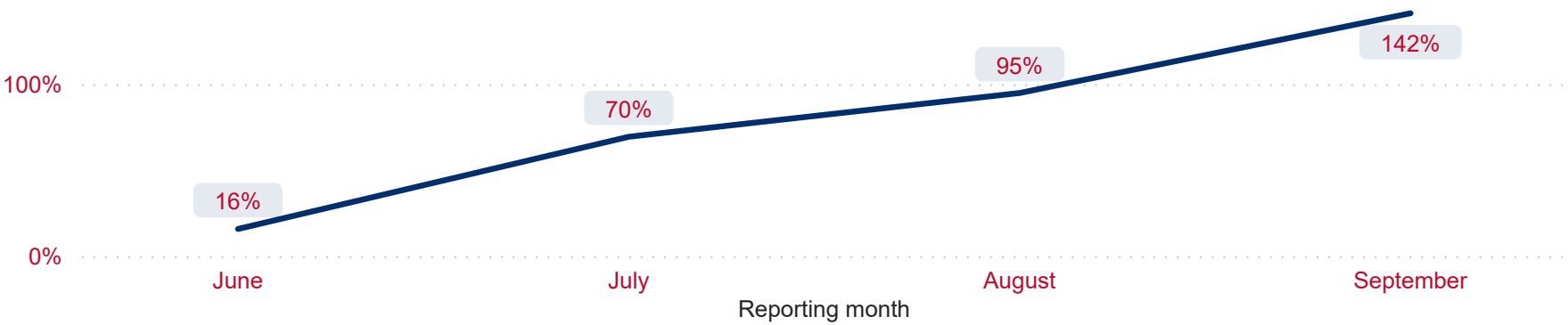
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

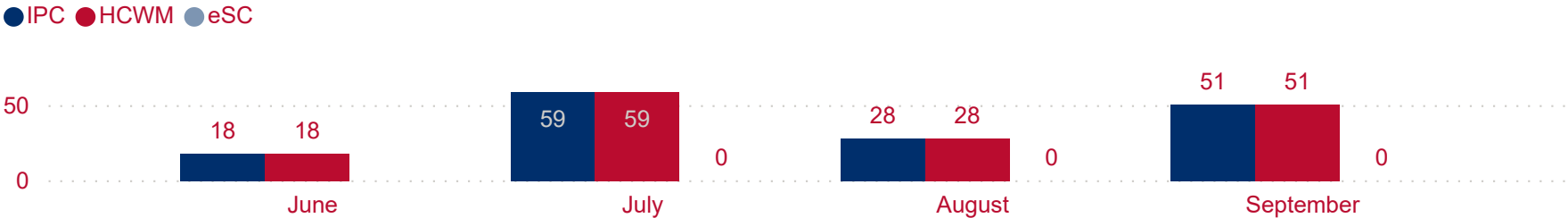
	June	July	August	September
Health facilities	18	59	28	51
Cumulative (health facilities)	18	77	105	156
Progress to date	16%	70%	95%	142%

Note: Country target # of health facilities is 110

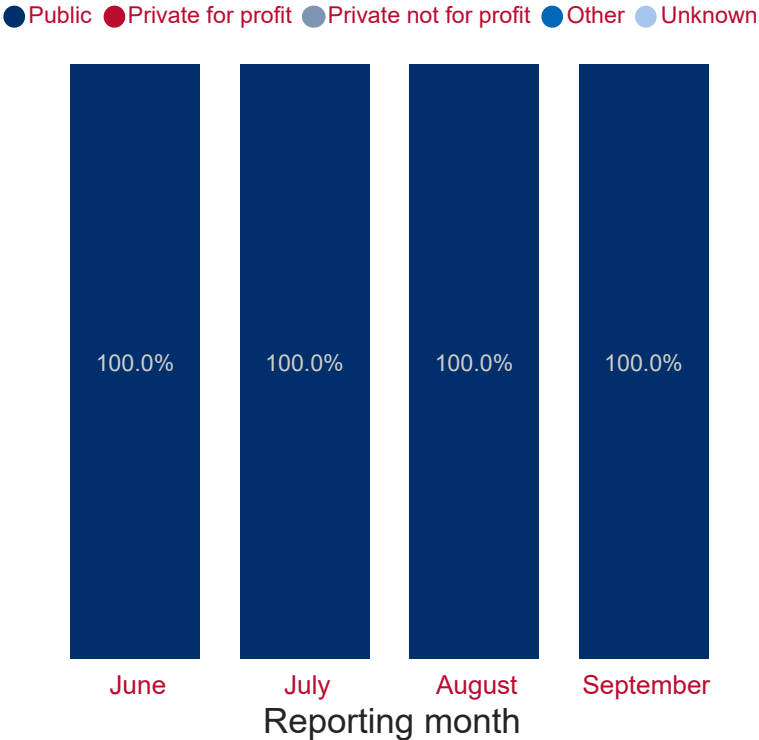
% supported health facilities with staff trained by month



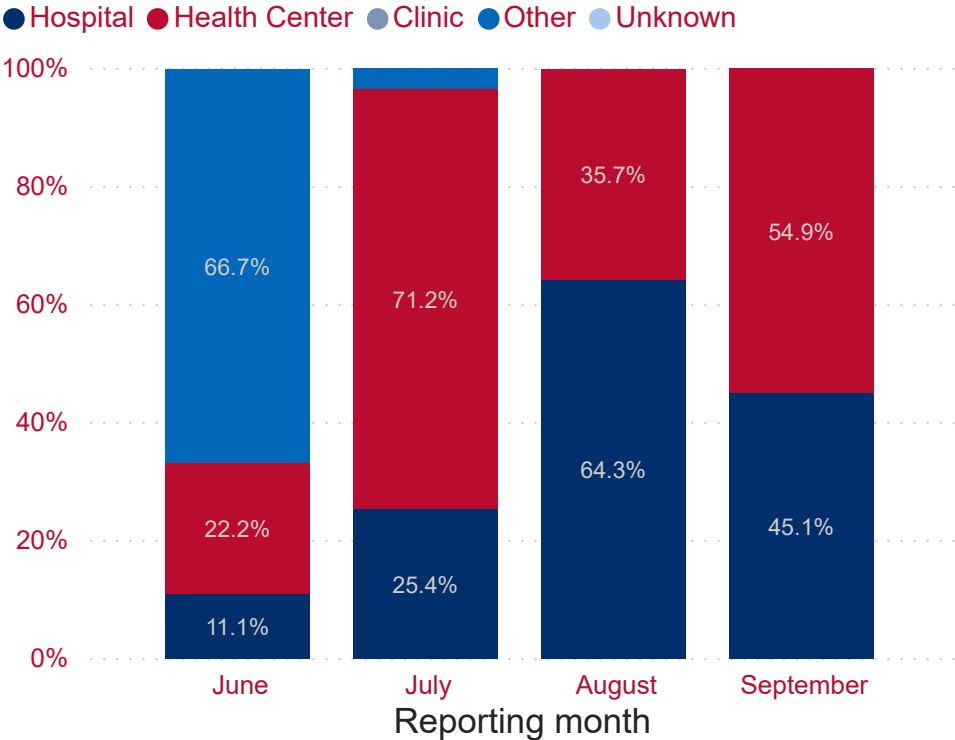
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

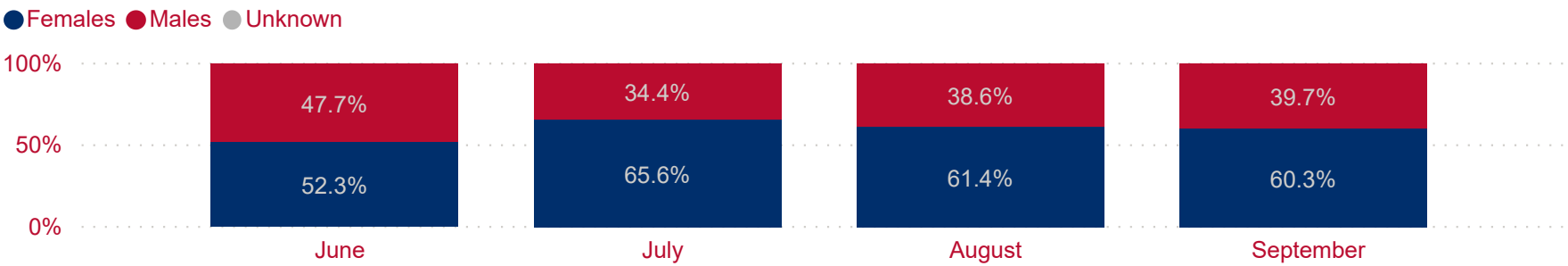


CV 2: # of persons who received COVID-19-related training

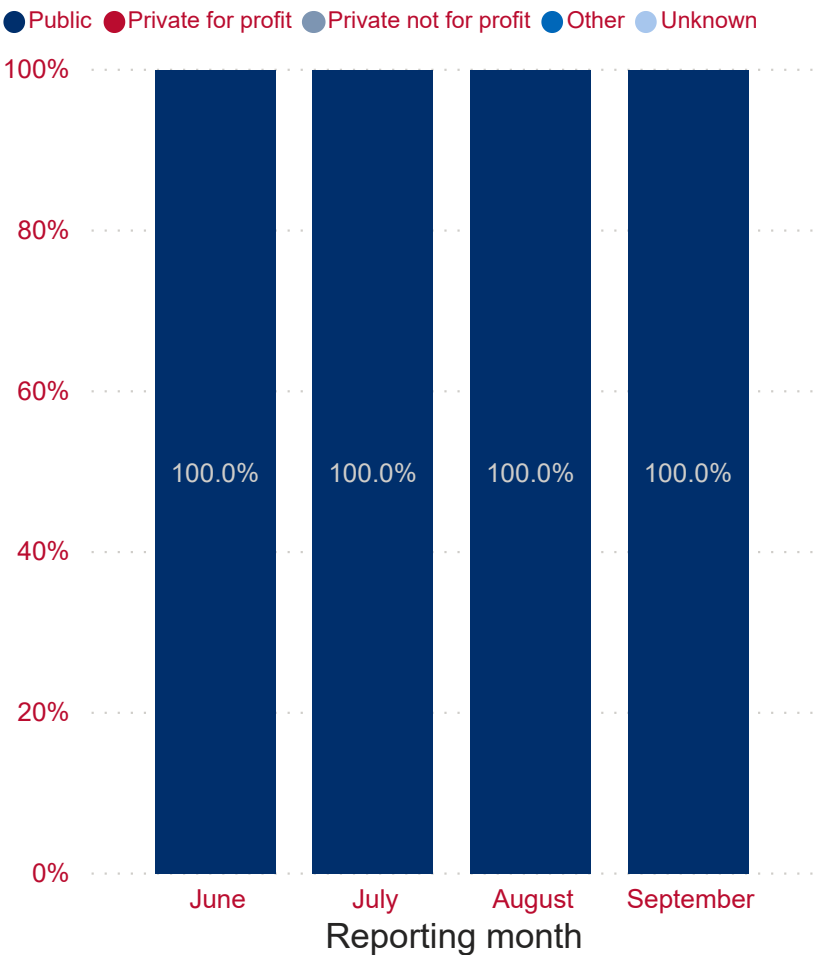
of trainees by sex and by month

	June	July	August	September	Total
Total trained	243	2142	1889	2244	6518
Females	127	1406	1159	1353	4045
Males	116	736	730	891	2473
Unknown	0	0	0	0	0
Cumulative trained	243	2385	4274	6518	

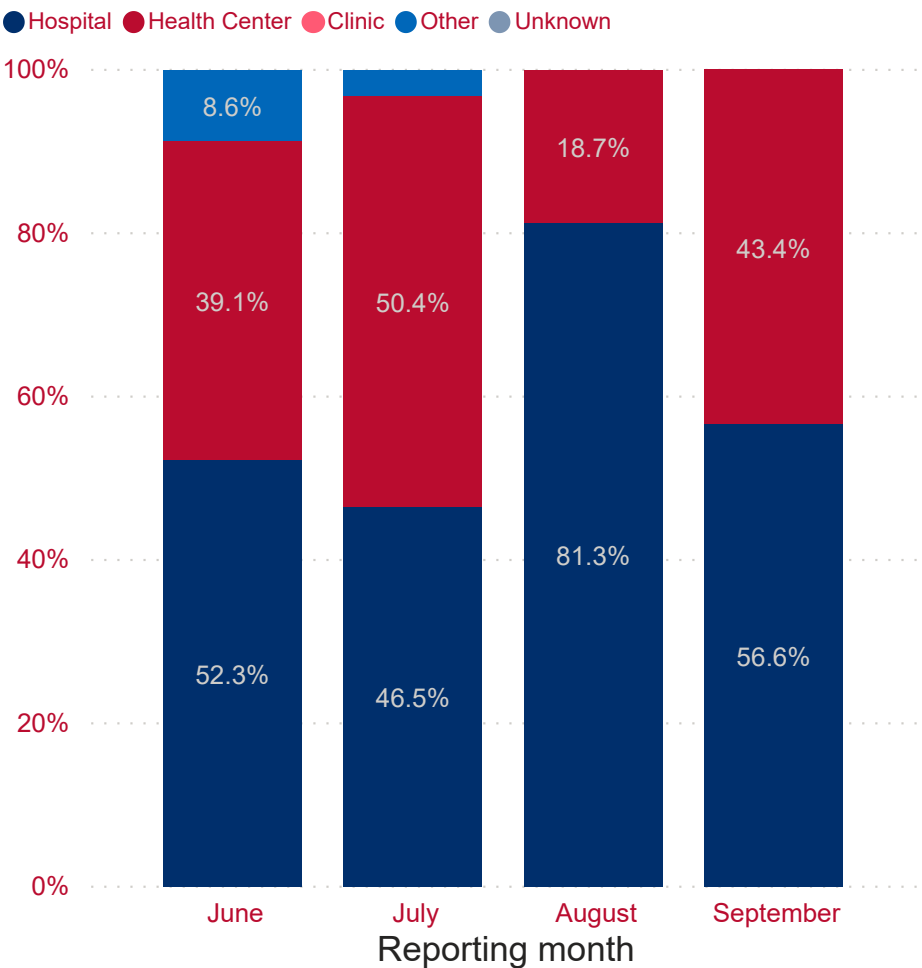
% trainees by sex and by month



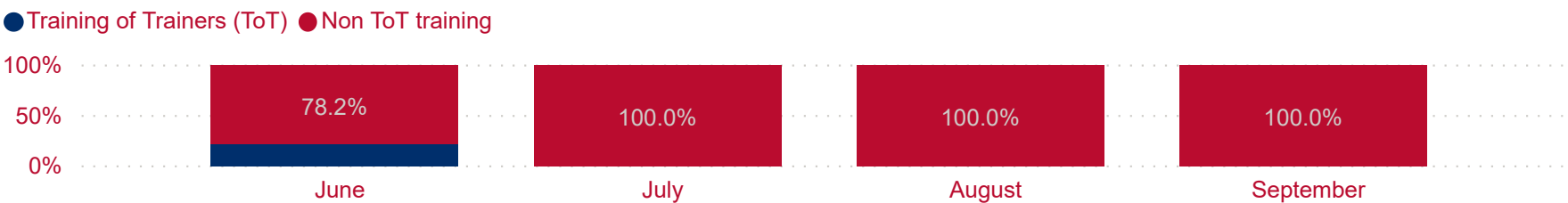
% of trainees by facility ownership type and by month



% of trainees by facility type and by month



% of trainees by training type and by month



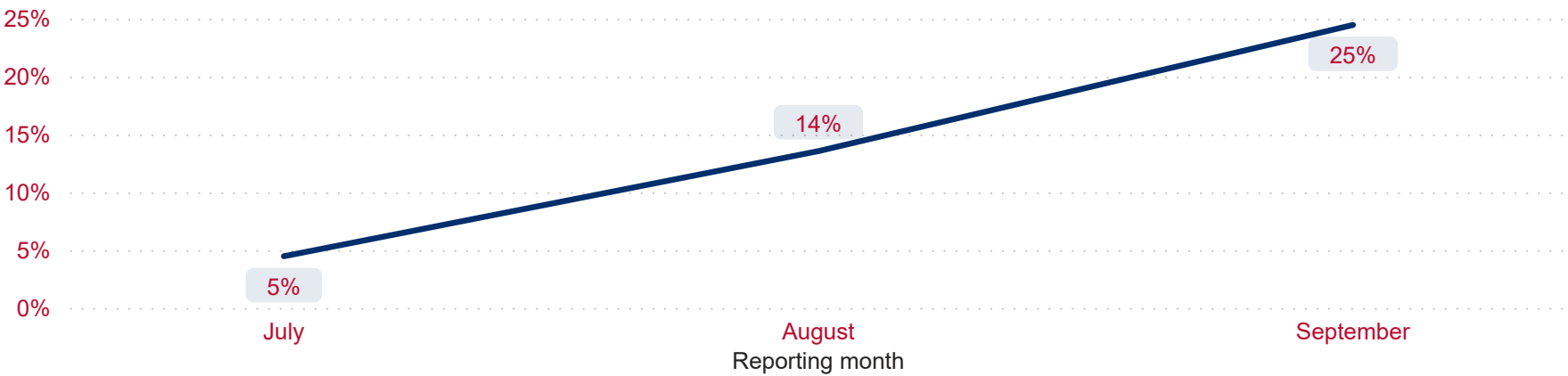
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

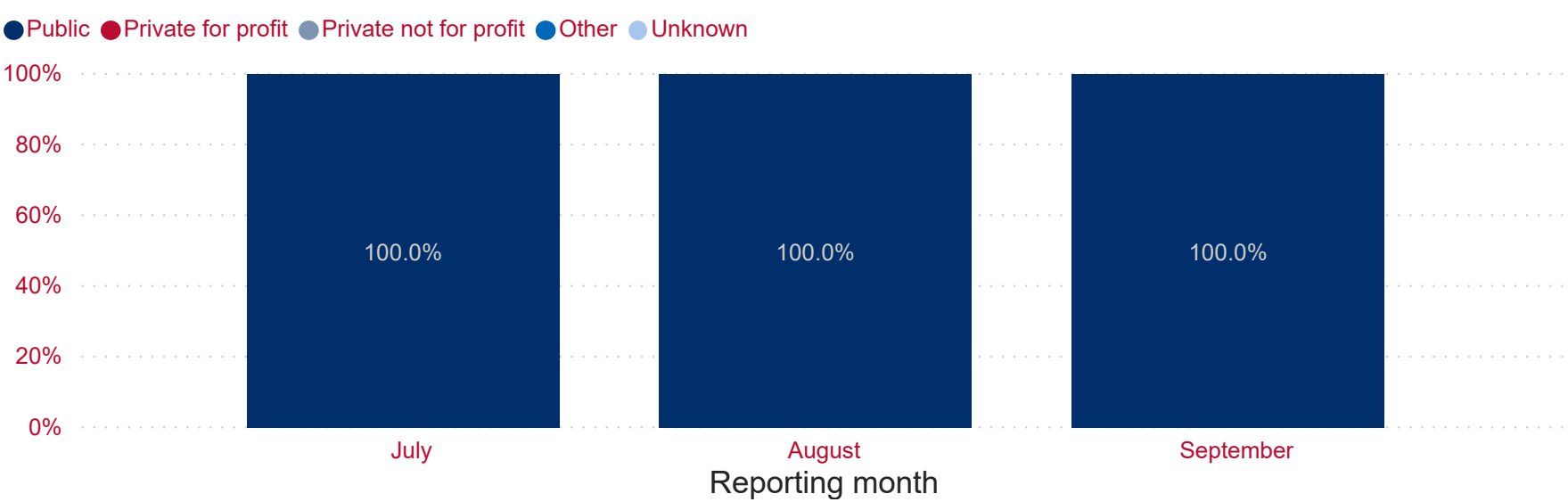
	July	August	September
Health facilities	5	10	12
Cumulative (health facilities)	5	15	27
Progress to date	5%	14%	25%

Note: Country target # of health facilities is 110

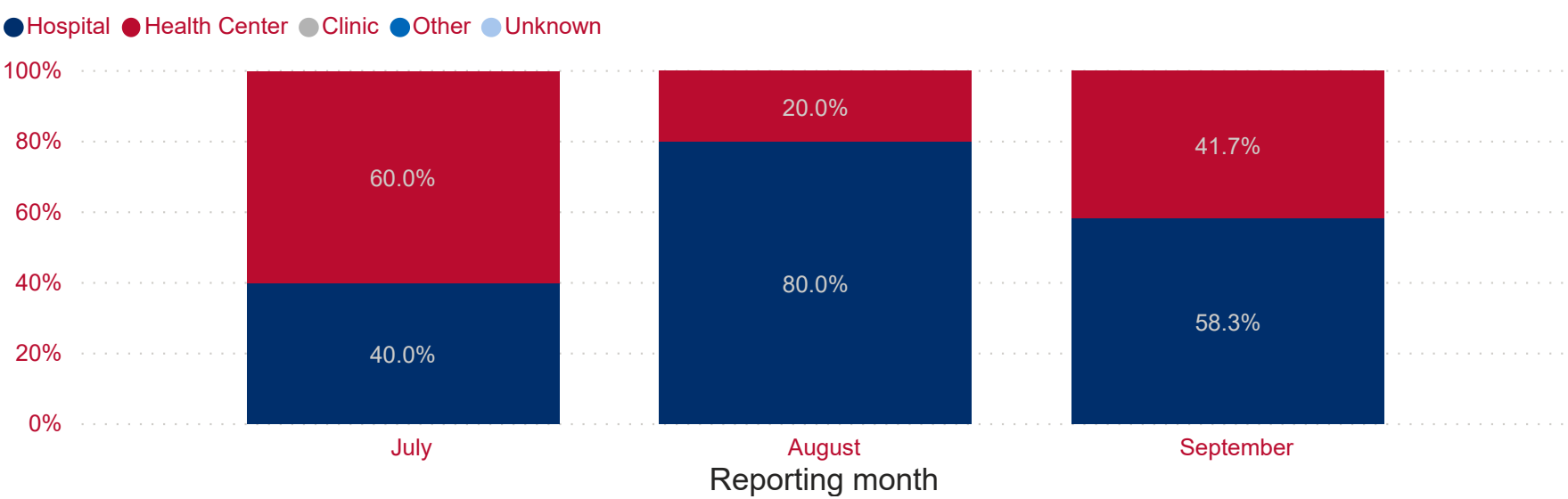
% of compliant of supported health facilities by month



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



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



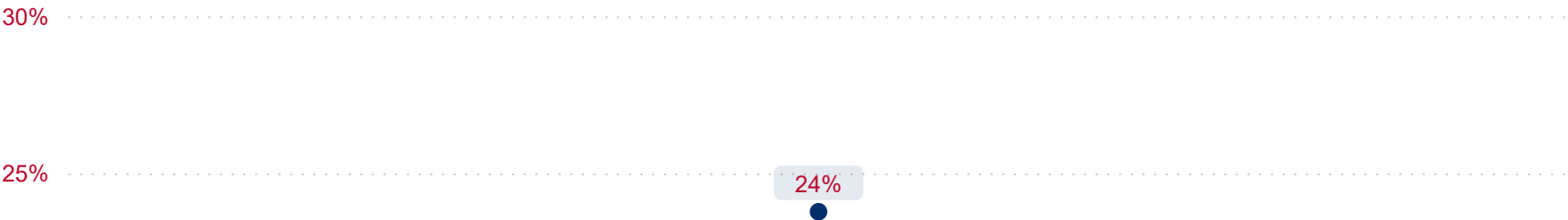
CV 4: # and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

and % of supported health facilities reporting stock data by month

September	
Health facilities	5
Progress to date	24%

Note:Country target # of health facilities is 21

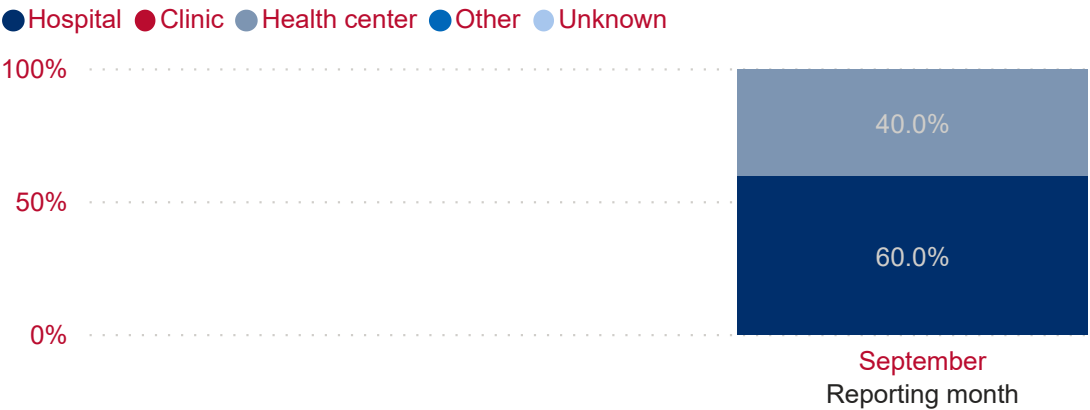
% of health facilities reporting stock data by month

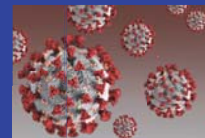


% of supported health facilities reporting stock data by ownership type and by month



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





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

Report Filters

Quick Guide:

Please Click and select both a Country and a Month.

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

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

Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

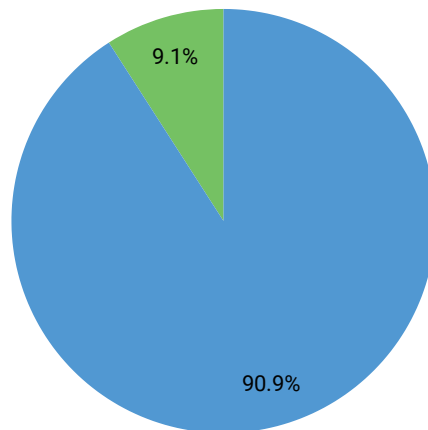
Mali

1 - 13 / 13



Month: September... (1) ▼

● COMPLETED ● NO ISSUES OR ON TRA...



Technical Area ▲

Emergency Supply of IPC Commodities

IPC Program Management (national/facility/community)

Infection Prevention and Control

Waste management

1 - 4 / 4



Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	September
Philippines	Infection Prevention and Control	Provide training using existing training package for Covid-19 (training will be mostly on-the-job given that most staff in the designated facilities are already in full response)	Training reports showing number of facilities and people trained in IPC, and adhering to guidelines for Covid-19 by gender/position/type of facility/community	<p>For the month of September, 307 additional health workers were trained on IPC through online training. There were 227 females, 76 males, and four with unknown sex.</p> <p>From April to September 2020, a total of twenty-seven (27) webinars were conducted. There were a total of 7,739 participants who attended the IPC webinars. Majority were female (71.4% versus 26.7% males), from the public sector (55.1% versus 44.9% from the private sector), and pre-registered attendees (75.3% versus 24.7% walk-ins). Nurses comprised most of the participants (42.3%), followed by physicians (15.9%) and medical and radiologic technologists (11.1%). All 42 target hospitals had participants in the webinars, although they only comprised 8.1% of the total attendees. The webinars were able to reach healthcare workers in the entire country, with 56.7% of attendees coming from the target regions (National Capital Region, Region 3 and Region 4-A).</p>
Philippines	Infection Prevention and Control	Assess and monitor compliance	Compliance reports by key IPC element (internal monitoring, IPC performance, supplies, triaging etc.)	<p>For the month of September, 16 facilities (8 private and 8 public) were visited to assess IPC compliance. Two private hospitals did not meet IPC standard requirement based on their overall scores (below 85%). The facilities' ratings were based on the results of the co-developed IPC assessment tool used as a reference standard during the facility visit. Each subset in the tool checklist corresponds to a score and weight that formed the basis of the rating. The acceptable/passing score/rating is 85% while anything below it requires immediate attention or improvement. Areas assessed covers the following: (1) Administrative System; (2) IPC Practices; (3) Screening, Triage & Isolation; (4) Environmental Controls; (5) Patient Management; and (6) Patient Transport</p> <p>From July to September, 35 (83%) of the 42 target hospitals were assessed. Seven facilities</p>

target hospitals were assessed. Seven facilities (17%) could not be visited due to the following reasons: conflicting schedule; current COVID-19 situation in the health facility; unavailability of staff.

Of the 35 facilities monitored, 4 (11.4%) facilities scored 95% or higher in the overall scoring. Seventeen facilities received a rating of less than 85% on one or more areas of the 6 key component areas. While 7 facilities received a rating of less than 85% in at least one of the key components. These 7 facilities received low scores in the following specific areas: (1) IPC practices, (2) Screening, Triage & Isolation, (3) Environmental Controls, and (4) Patient Management.

Four (11%) of the 35 facilities received a rating of below 85% in the overall score, these are De Los Santos Medical Center, San Juan Medical Center, QC General Hospital, and Fe Del Mundo Medical Center with 83%, 68%, 81%, and 70% overall scores, respectively.

Philippines	Waste management	Provide training using existing training package for Covid-19 (training will be mostly on-the-job given that most staff in the designated facilities are already in full response)	Training reports showing number of people trained in IPC for Covid-19 by gender/position/type of facility/community	<p>For the month of September, 139 health care workers were trained on HCWM through MTaPS online training. There were 100 females and 39 males. One hundred four came from public facilities while 35 were from private facilities.</p> <p>From April to September, the series of HCWM online training had a total of 4,498 individual attendees. Majority were females (70%) while 29% were males and 1% with unknown sex. Thirty-nine of the 42 target hospitals had participants in the webinars, although they only comprised 7.8% of the total attendees (n = 4,498). The webinars were able to reach healthcare workers in the entire country, with 51% (n = 2,277) of attendees coming from the target regions (National Capital Region, Region 3 and Region 4-A).</p>
Philippines	Waste management	Assess and monitor compliance	Waste management compliance report	<p>For the month of September, 16 facilities (8 private and 8 public) were visited to assess HCWM compliance. All 16 hospitals met the HCWM standard requirements based on their overall scores (85% or above).</p> <p>Areas assessed using the HCWM assessment tool were: (i) Health Care Waste Management;</p>

tool were: (i) Health Care Waste Management; (ii) Health Care Waste Treatment and Disposal; (iii) Waste Water Management; (iv) Management; and (v) Risks of the Current Waste Management.

From July to September, 35 (83%) of the 42 target hospitals were assessed. Seven facilities (17%) could not be visited due to the following reasons: conflicting schedule; current COVID-19 situation in the health facility; unavailability of staff.

All of the 35 target hospitals monitored had an overall score of 85% or above. However, 16 (46%) facilities received a rating of less than 85% in one or more areas of the five key component areas above except for Waste Water Management.

Philippines	Emergency Supply of IPC Commodities	Identify and map COVID-19 treatment centers as last-mile distribution points	Rapid response strategy/plan	<p>For the month of September, 16 facilities (8 private and 8 public) were visited to assess eSCM compliance. Fourteen of the 16 hospitals met the eSCM standard requirements based on their overall scores (85% or above).</p> <p>Areas assessed using the eSCM assessment tool were: (i) Governance and Coordination; (ii) Human Resource Management; (iii) Forecasting and Supply Planning; (iv) Sourcing and Procurement Management; (v) Warehouse/Storage Management; (vi) Inventory Management; and (vii) Data Management/LMIS</p> <p>From July to September, 35 (83%) of the 42 target hospitals were assessed for eSCM. Seven facilities or 17% could not be visited due to the following reasons: conflicting schedule; current COVID-19 situation in the health facility; unavailability of staff.</p> <p>Of the 35 hospitals assessed, 26 hospitals assessed had overall scores of 85% and above only only 10 (28%) hospitals scored at least 85% in all areas assessed (two public and 8 private hospitals). Nine hospitals (6 public and 3 private) did not meet eSCM standard requirements. The most common areas assessed that required improvement is Warehouse/Storage Management (60%), Human Resource Management (21%), Inventory</p>
-------------	-------------------------------------	--	------------------------------	--

				Resource Management (31%), Inventory Management (23%) and Logistics Management Information System (23%).
Philippines	Emergency Supply of IPC Commodities	Support/facilitate quantification exercises	Forecast demand of IPC and PPE for identified priority facilities	<p>The quantification formula for PPE and laboratory supplies were approved by representatives from Public Health Services Team (PHST). However, the following parameters are still ongoing validation and completion by DOH:</p> <ol style="list-style-type: none"> 1. PPE: <ol style="list-style-type: none"> a. PPE set for Temporary Treatment Monitoring Facilities (TTMF); b. usage rate of items in TTMF 2. Laboratory Supplies: <ol style="list-style-type: none"> a. complete list of reagents/ consumables; b. usage rate and unit of measure of each reagent/consumable <p>The approved formula was already incorporated into the Supply Management Tracking System (SMTS). Adjustment will just be facilitated by DOH-KMITS once the pending parameters are completed/validated by DOH. These endorsements were part of the next steps in the SMTS development report that will be handed over to DOH.</p>
Philippines	Emergency Supply of IPC Commodities	Adopt and implement distribution and inventory holding policy/SOP/Job aid for priority facilities and networks	Adopted guideline/SOP/Job aid for inventory policy	While waiting for the implementation of SMTS, MTaPS developed an SOP for storage and inventory management that will be endorsed to priority hospitals to help them establish or update their inventory policies. On top of this, the quantification formula was transcribed into a spreadsheet-based tool that facilities can use to conduct forecasting and supply planning activities for essential COVID-19 commodities.
Philippines	Emergency Supply of IPC Commodities	Conduct training on SOPs	Training reports showing number of people trained in IPC for Covid-19 by gender/position/type of facility/community	<p>For the month of September, 151 health care workers were trained through the SCM online training. There were 106 females and 45 males. Of the 151 participants, 103 came from public health facilities while 48 came from private facilities.</p> <p>From May to September, 1,840 health workers attended the SCM online trainings. Majority were females (72.8%) while 26.6% were males and less than 1% of unknown sex. Thirty-eight of the</p>

				42 target hospitals had participants in the webinars with 192 (10%) of 1,840 participants coming from these 38 target facilities. The webinars were able to reach healthcare workers in the entire country, with 998 (54%) of participants coming from the target regions (National Capital Region, Region 3 and Region 4-A).
Philippines	Emergency Supply of IPC Commodities	Conduct supportive supervision to ensuring adherence	Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS supported the DOH KMITS to conduct an online orientation on the SMTS and quantification tool on September 24, and discussed the proposed quantification formula of lab supplies with the laboratory network partners. Following this orientation, MTaPS facilitated a stakeholders meeting on September 25 to finalize the formula to be incorporated in the SMTS to calculate the lab commodity needs of the reporting facilities automatically. The meeting was attended by the representatives from the Procurement and Supply Chain Management Team (PSCMT), Public Health Services Team (PHST), Research Institute for Tropical Medicine (RITM) and members of the Inter-agency Task Force-Task Group Resource Management and Logistics (IATF-TGRML). The meeting helped the DOH to agree on the nationwide institutionalization of SMTS to ensure that the government has a clear picture on the status and distribution of COVID-19 commodities for effective supply management.
Philippines	Emergency Supply of IPC Commodities	Support monitoring of the distribution and utilization of PPE and IPC, and HCWM commodities	Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	The data visualization models were approved by the TGRML. DOH-KMITS already started updating the current commodities dashboard to reflect the new endorsed models. However, since the SMTS is not yet fully implemented pending the signing of the DOH Administrative Order, the

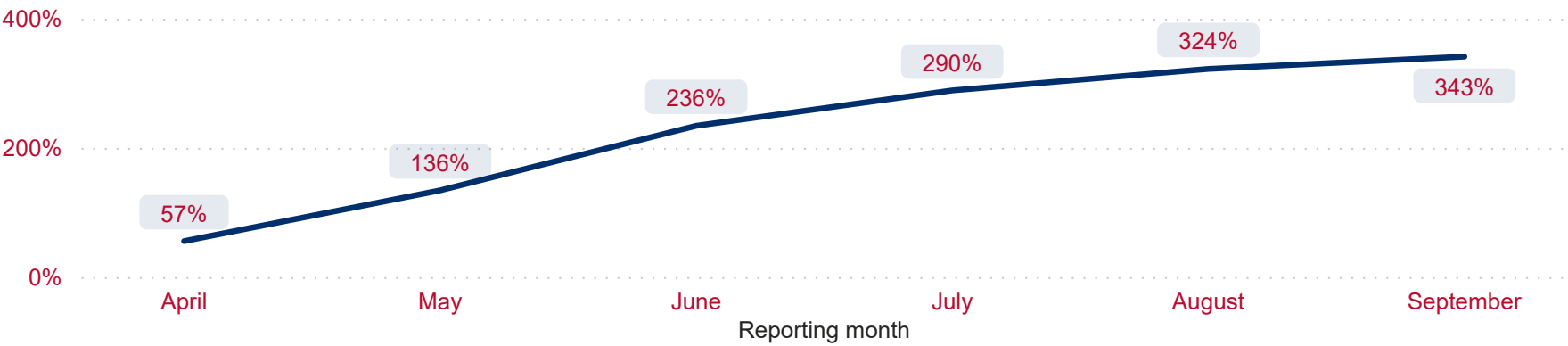
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

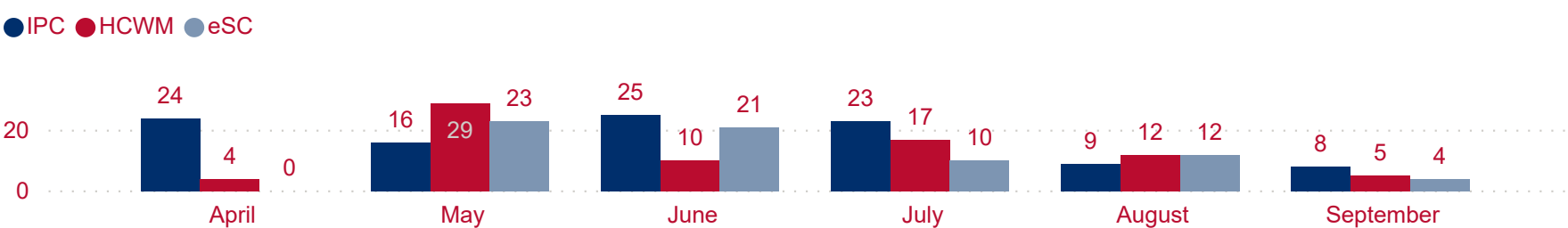
	April	May	June	July	August	September
Health facilities	24	33	42	23	14	8
Cumulative (health facilities)	24	57	99	122	136	144
Progress to date	57%	136%	236%	290%	324%	343%

Note: Country target # of health facilities is 42

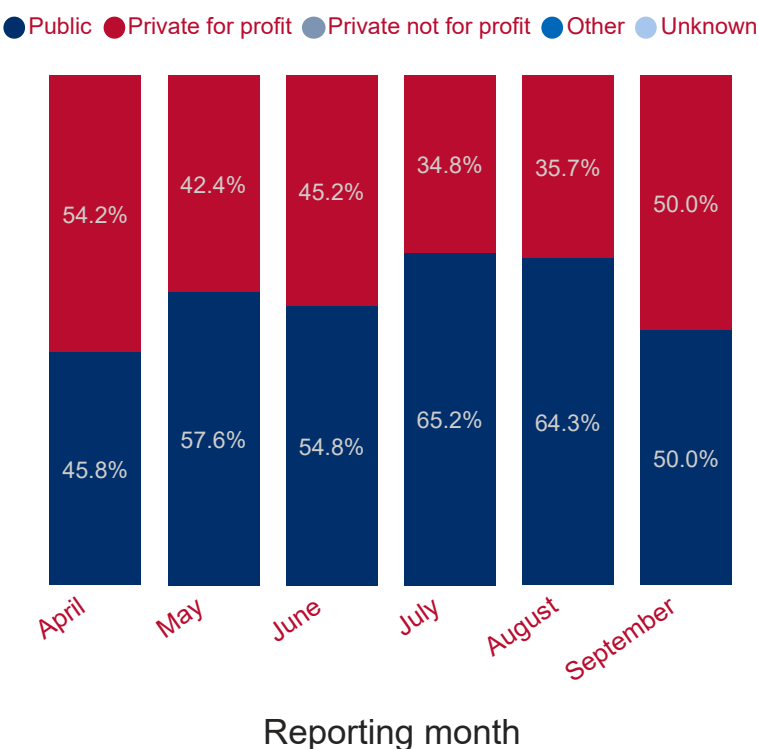
% supported health facilities with staff trained by month



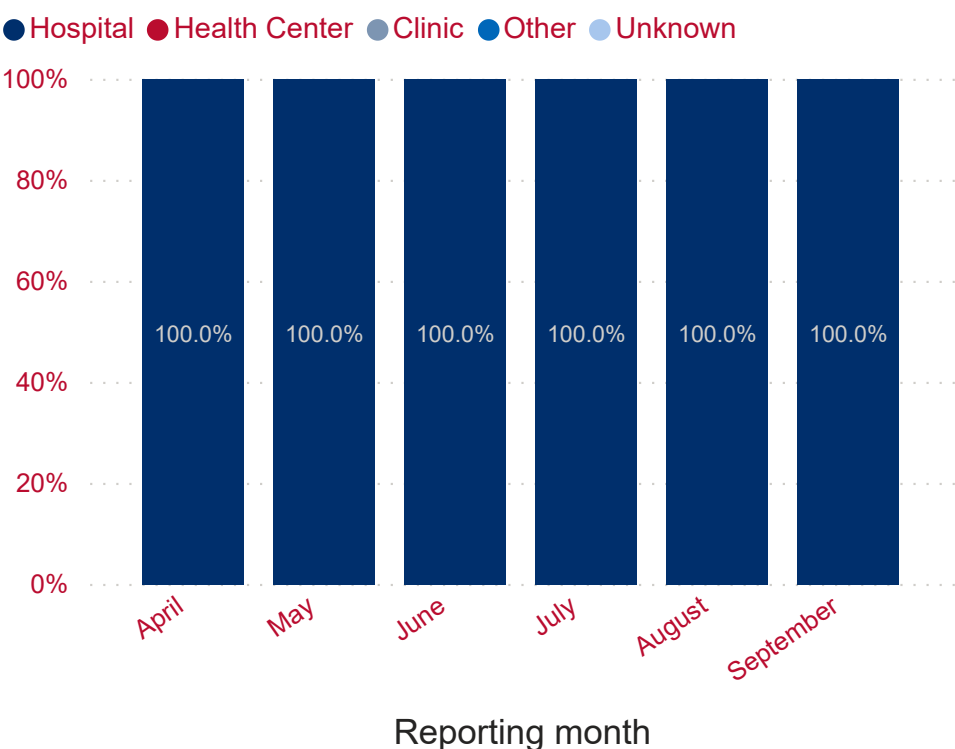
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

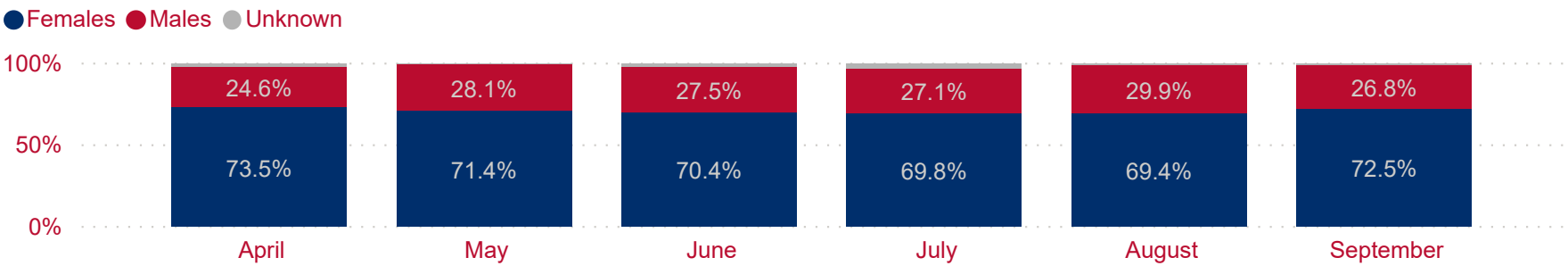


CV 2: # of persons who received COVID-19-related training

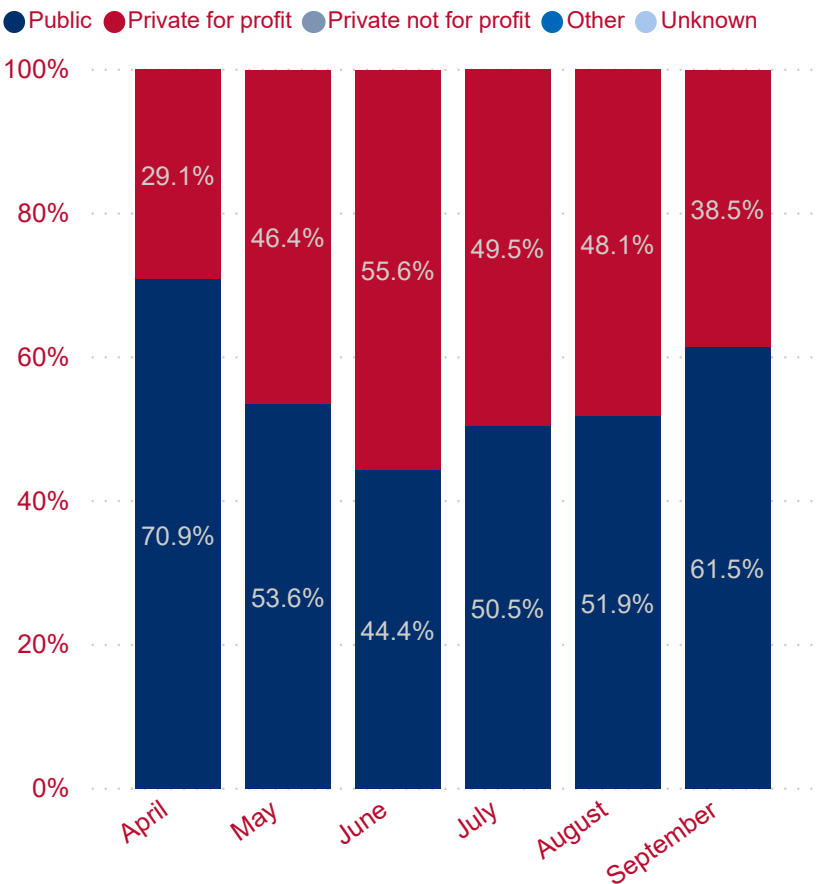
of trainees by sex and by month

	April	May	June	July	August	September	Total
Total trained	1711	6948	2091	2326	405	597	14078
Females	1258	4961	1472	1624	281	433	10029
Males	421	1951	575	630	121	160	3858
Unknown	32	36	44	72	3	4	191
Cumulative trained	1711	8659	10750	13076	13481	14078	

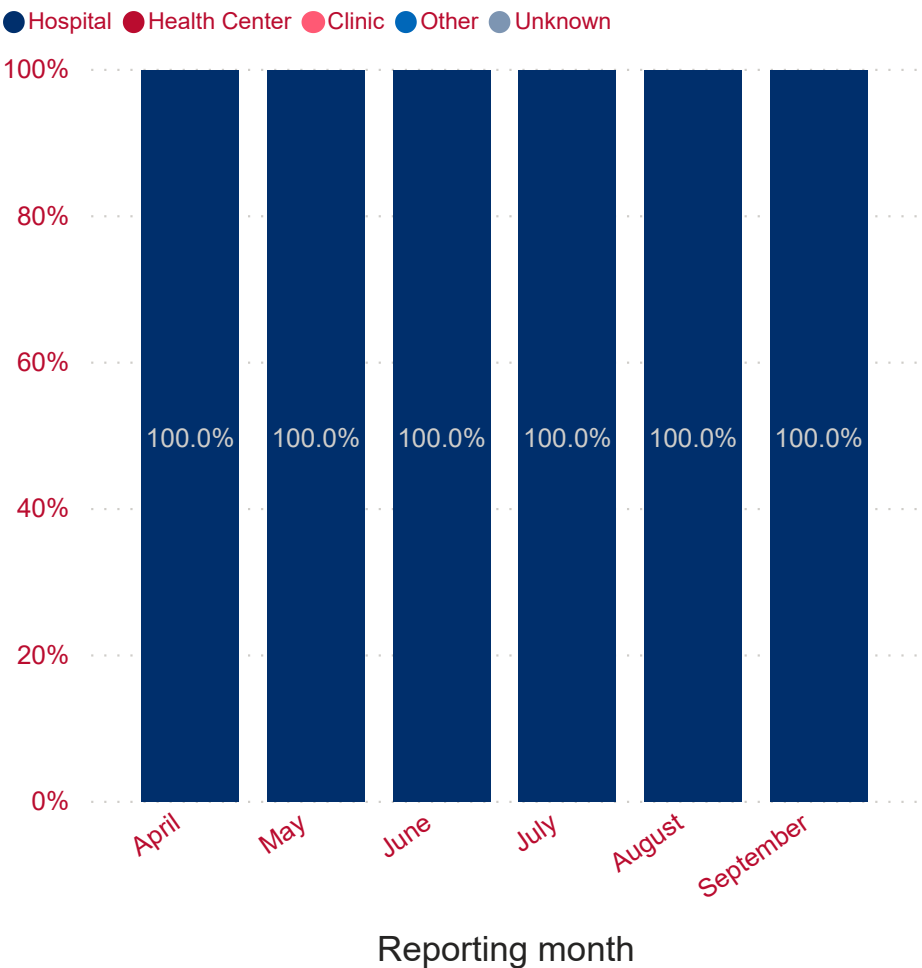
% trainees by sex and by month



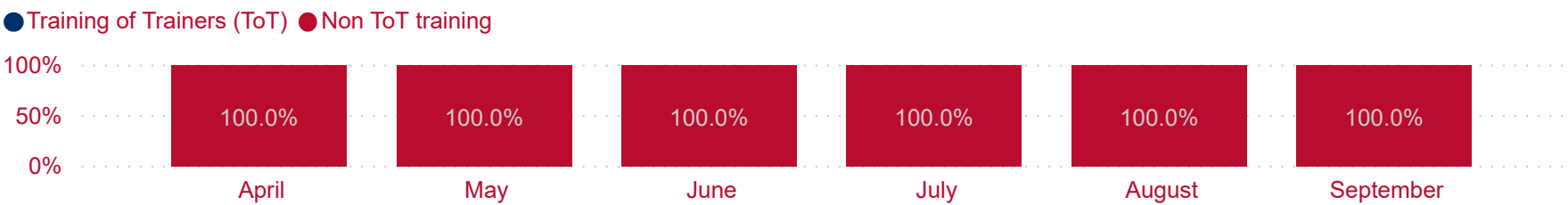
% of trainees by facility ownership type and by month



% of trainees by facility type and by month



% of trainees by training type and by month



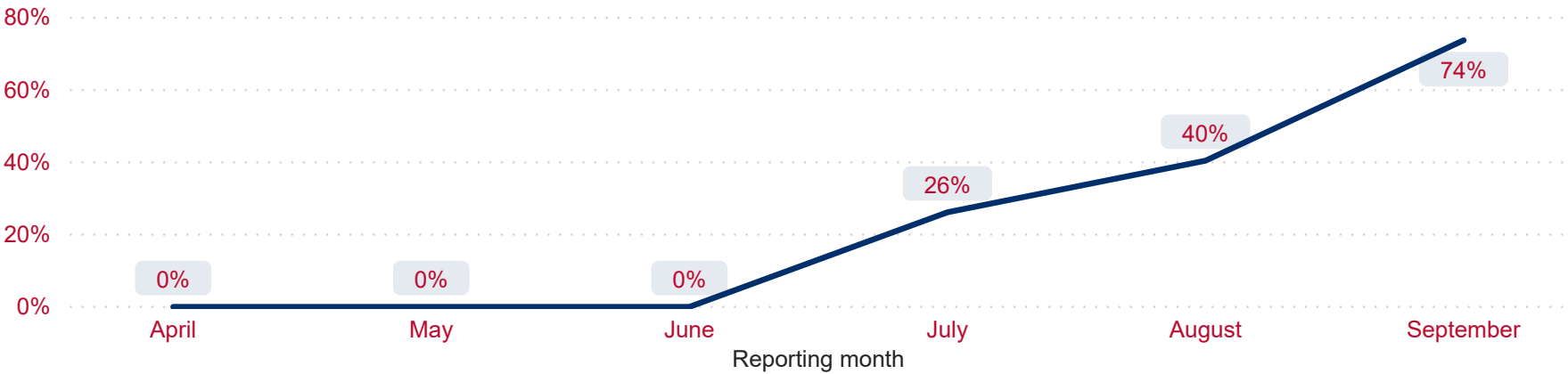
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

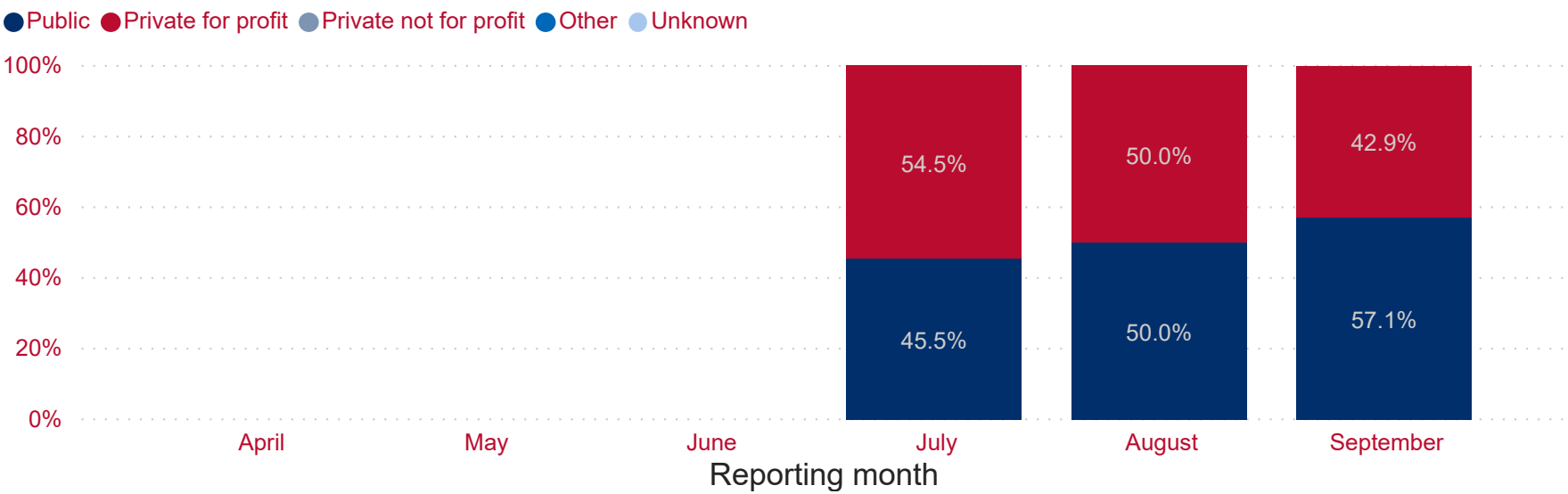
	April	May	June	July	August	September
Health facilities	0	0	0	11	6	14
Cumulative (health facilities)	0	0	0	11	17	31
Progress to date	0%	0%	0%	26%	40%	74%

Note: Country target # of health facilities is 42

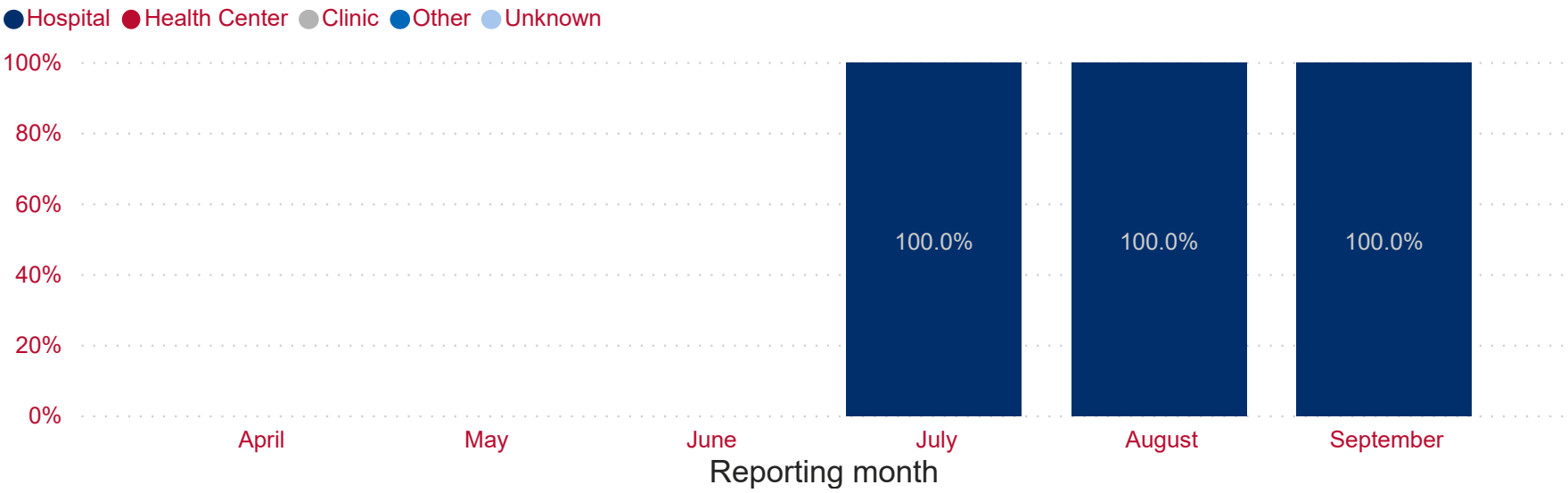
% of compliant of supported health facilities by month



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



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



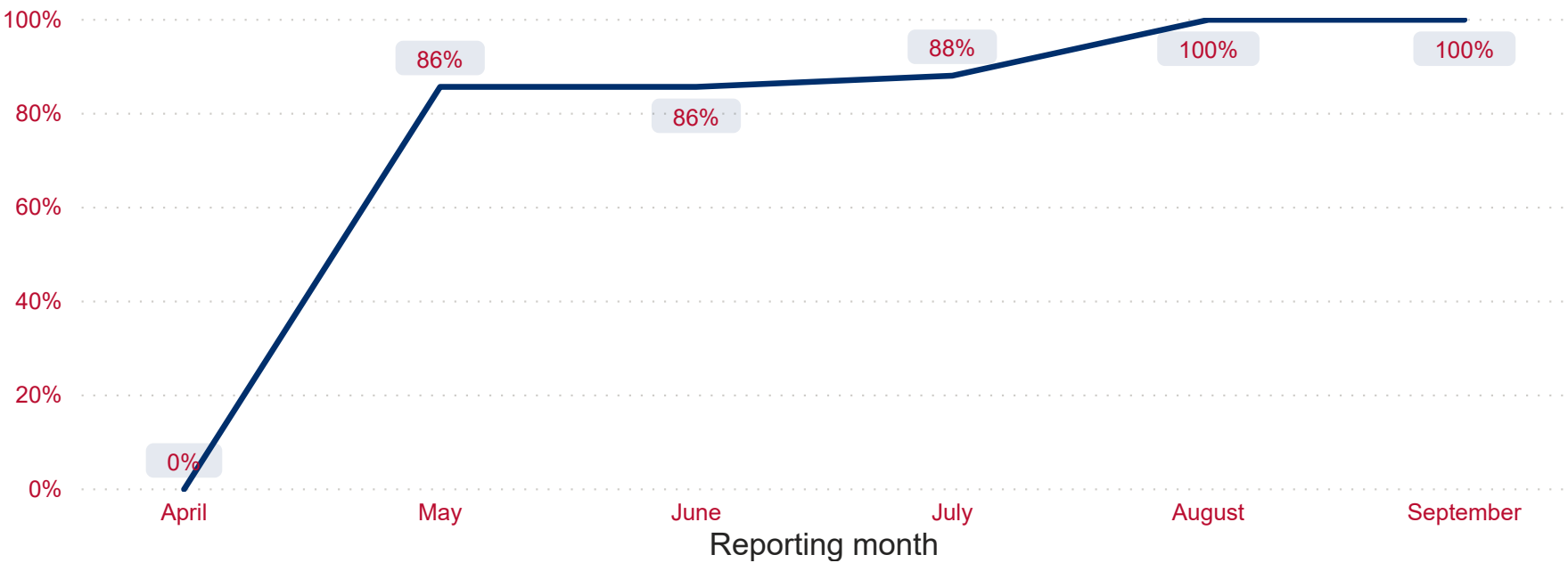
CV 4: # and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

and % of supported health facilities reporting stock data by month

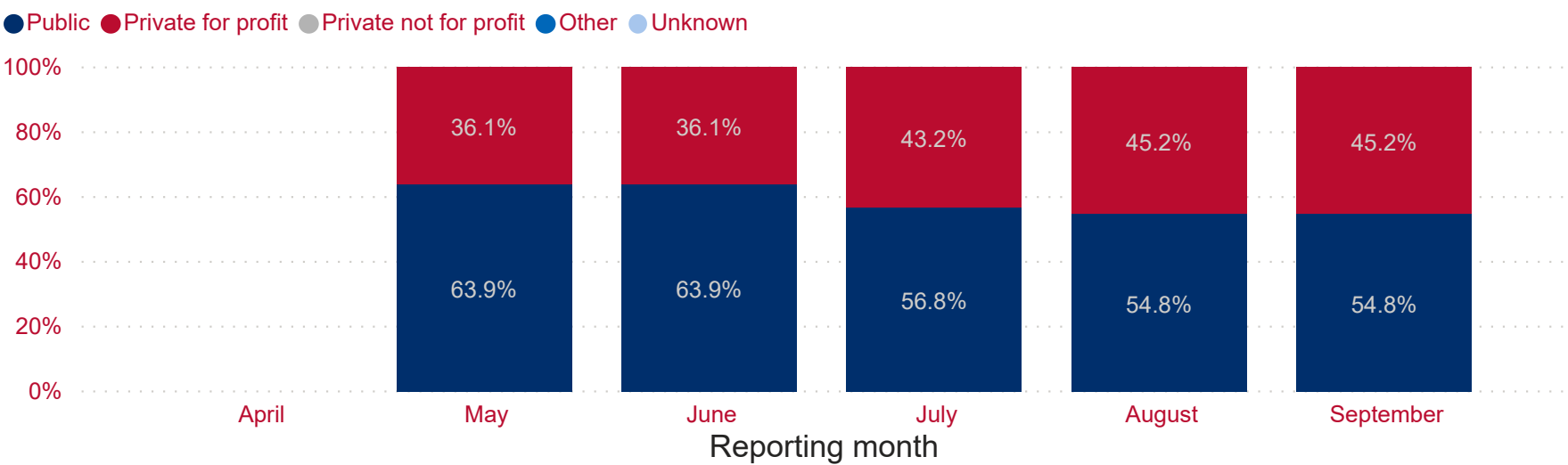
	April	May	June	July	August	September
Health facilities	0	36	36	37	42	42
Progress to date	0%	86%	86%	88%	100%	100%

Note:Country target # of health facilities is 42

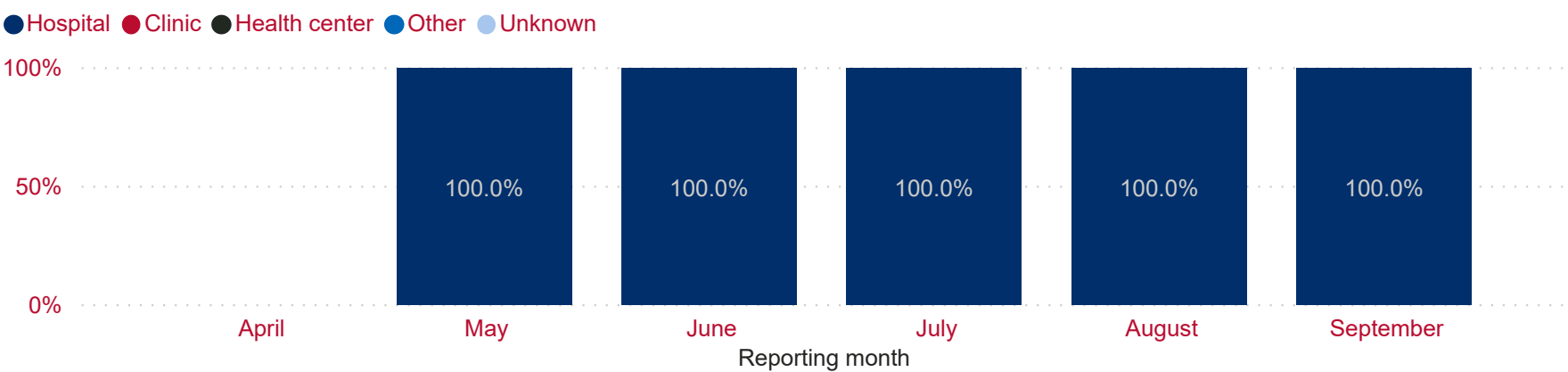
% of health facilities reporting stock data by month



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



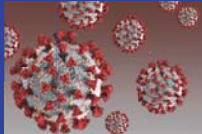
% of supported health facilities reporting stock data by facility type and by month





Medicines Technologies and Pharmaceutical Services
COVID Response Country Report 2020

Senegal
September



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

Report Filters

Quick Guide:

Please Click and select both a Country and a Month.

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

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

Country ▲

Bangladesh

Burkina Faso

Cameroon

Cote d'Ivoire

Ethiopia

Jordan

Kenya

Mali

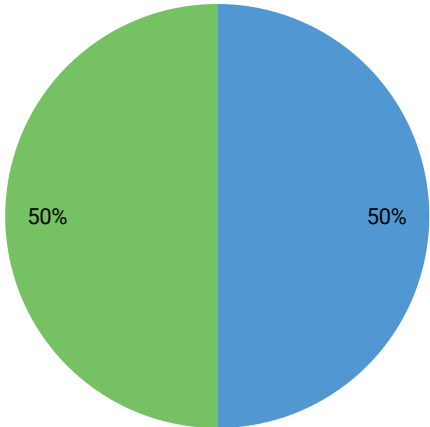
1 - 13 / 13



Month: Septem... (1) ▼

● COMPLETED

● NO ISSUES OR ON TRA...



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	September
Senegal	IPC Program Management (national/facility/community)	• Conduct rapid assessment of IPC for COVID-19 capacity (national/county levels)	• Rapid response strategy/plan	Activity completed
Senegal	Triage for SARI/ARI patients	• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	Activity completed
Senegal	Triage for SARI/ARI patients	• Provide training using existing training package on triage for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	The supervision activities, which were planned this month, were rescheduled for October by the medical authorities of the regions concerned.
Senegal	IPC Program Management (national/facility/community)	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	The training activities for the support staff of the COVID-19 treatment centers, which were planned this month were rescheduled for October by the medical authorities of the regions concerned.
Senegal	Source control (isolation)	• Oversee the implementation	• After-action report	Activity completed
Senegal	IPC Program Management (national/facility/community)	• Strengthen facility COVID-19 IPC response coordination mechanism/task force	• Coordination/task force mechanism	<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 September 15-19, MTaPS provided technical and financial contribution to the National Multisectoral Intra-Action Review (NMIAR) of the country's COVID-19 response. The NMIAR used an adapted version of WHO's After Action Review framework. About 140 participants attended the NMIAR in person and</p>

participants attended the NMIAR in person and virtually. There were five working groups as follows:

- Coordination-Planning-Monitoring-Research-Ethics
- Surveillance-Point of entry- Rapid Intervention Team-Laboratory
- Medical and psychosocial case management and IPC
- Resource Mobilization
- Communication on Risks and Community Engagement

Each working group addressed the following questions:

- Session 1: What was in place before the response?
- Session 2: What happened during the response?
- Session 3: What went well / did not work well, and why?
- Session 4: What can we improve next time?
- Session 5: What is the way forward?

Results: an action plan to improve the COVID-19 response was developed. It includes 75 activities. However, 25 activities were prioritized (i.e., 5 priority activities from each of the 5 working groups)

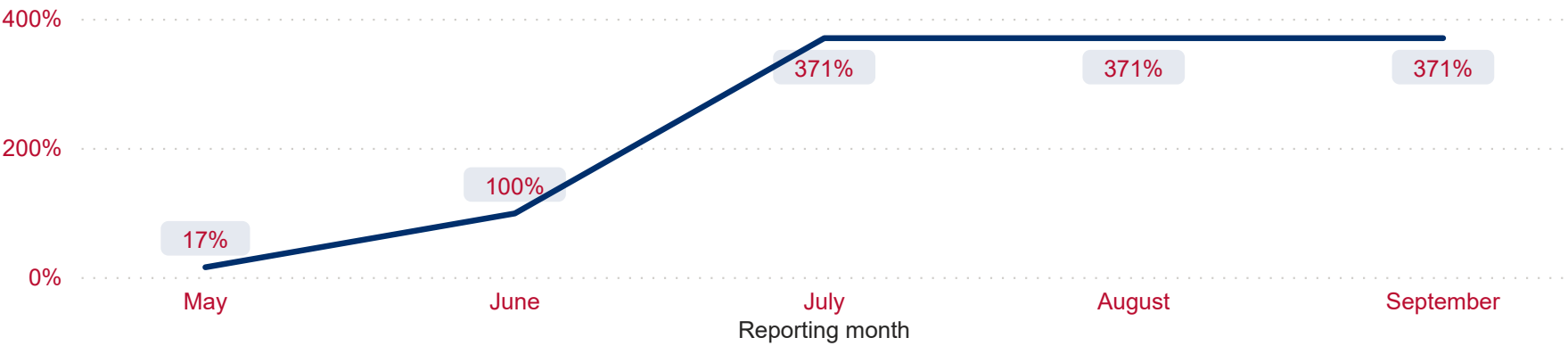
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

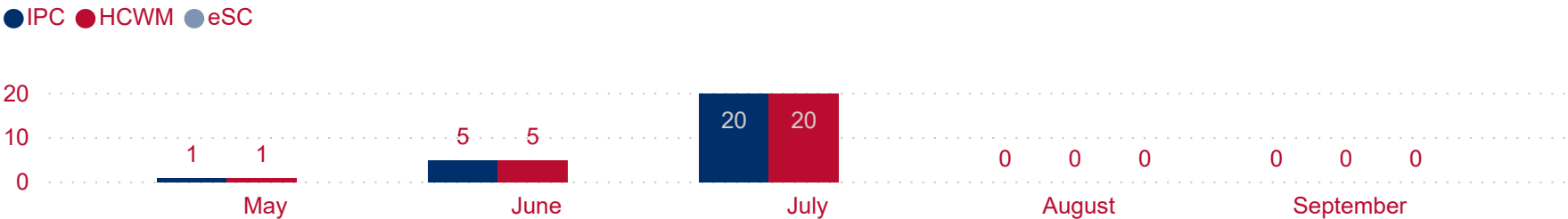
	May	June	July	August	September
Health facilities	1	5	20	0	0
Cumulative (health facilities)	1	6	26	26	26
Progress to date	17%	100%	371%	371%	371%

Note: Country target # of health facilities is 6

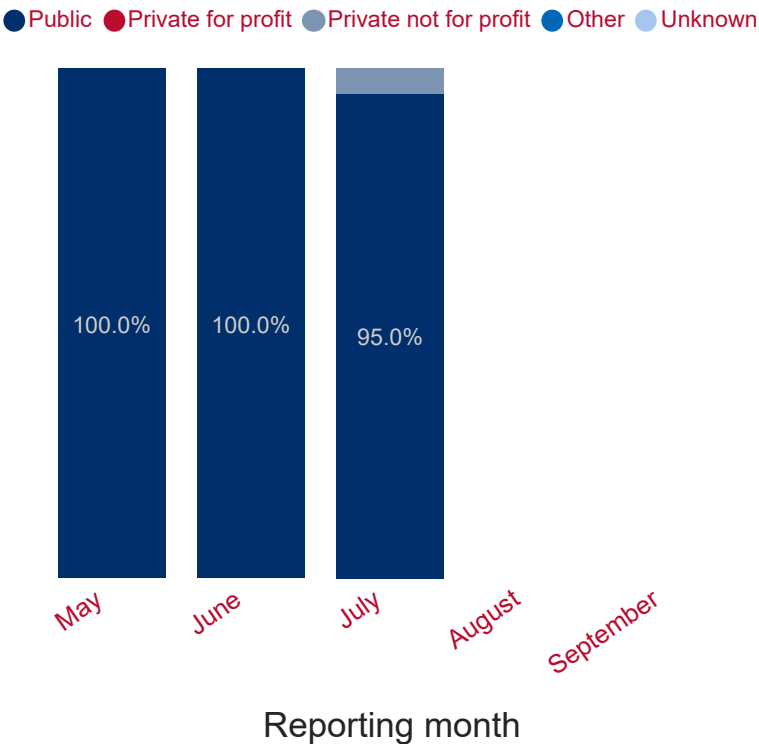
% supported health facilities with staff trained by month



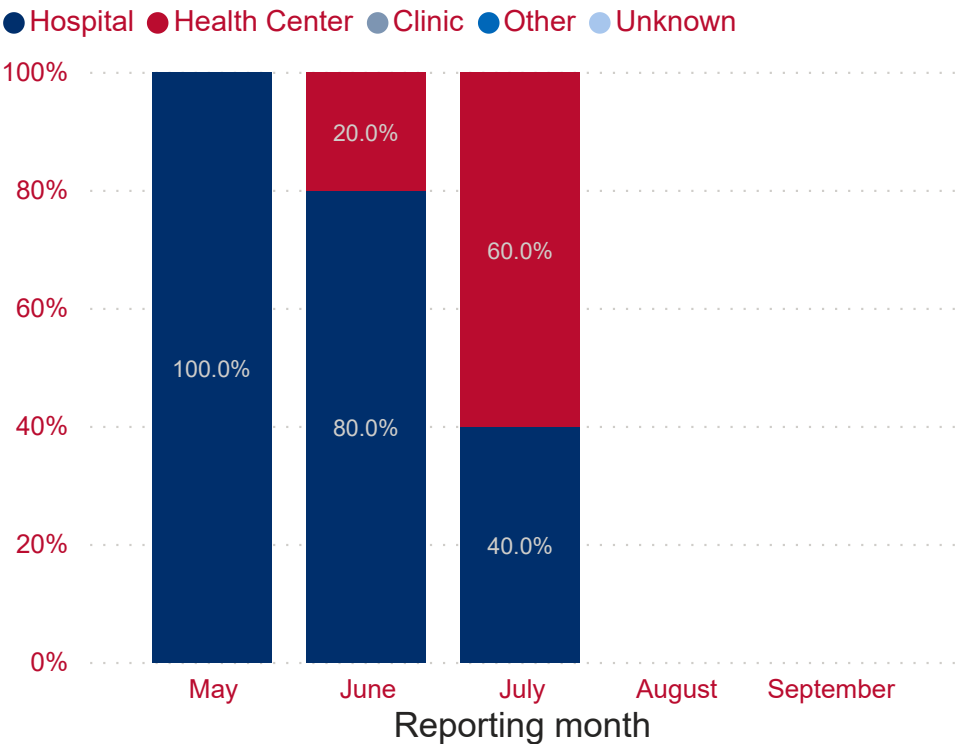
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

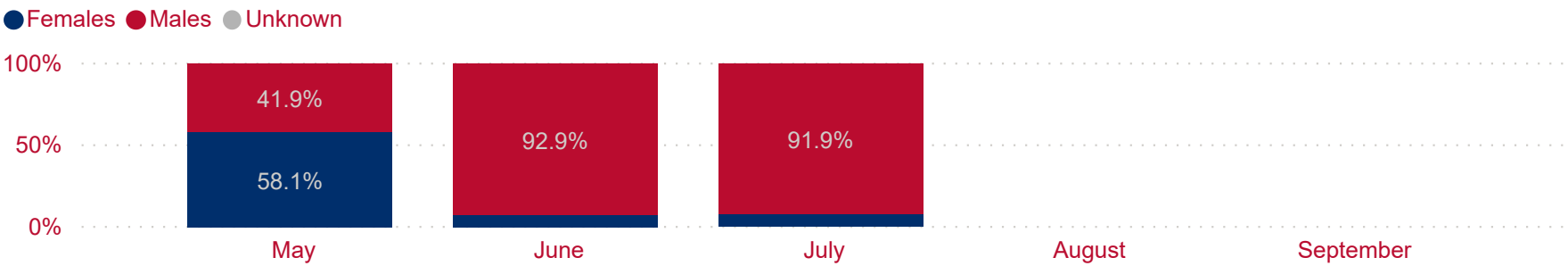


CV 2: # of persons who received COVID-19-related training

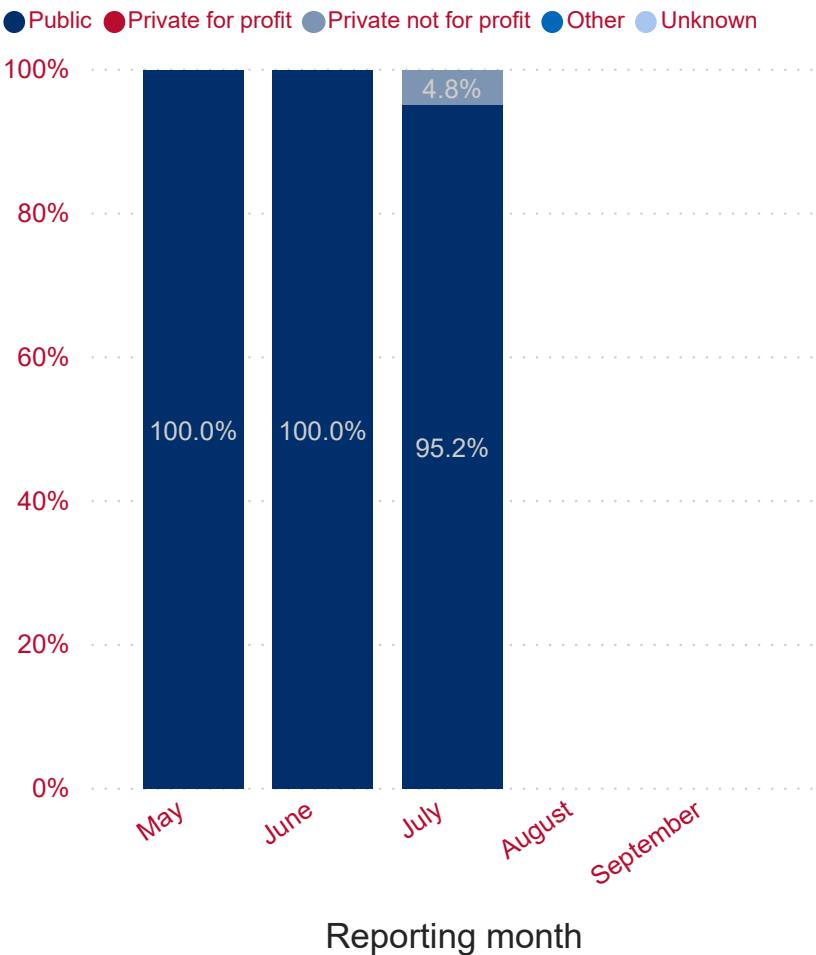
of trainees by sex and by month

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

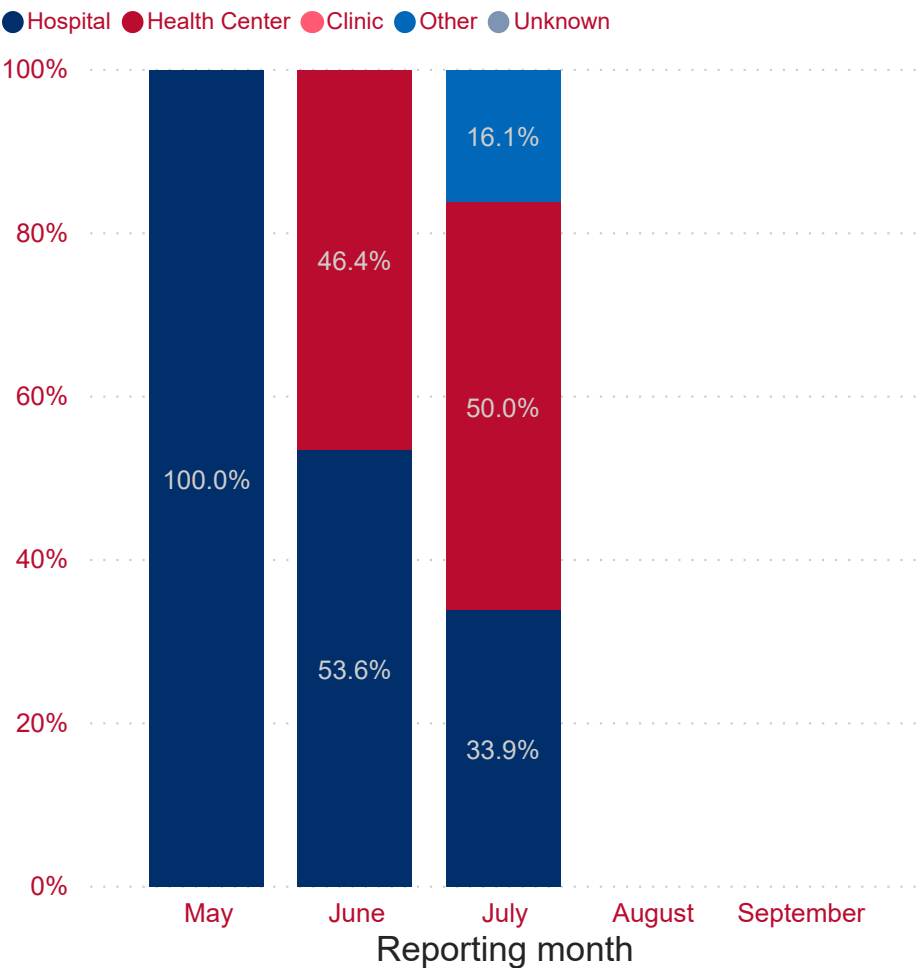
% trainees by sex and by month



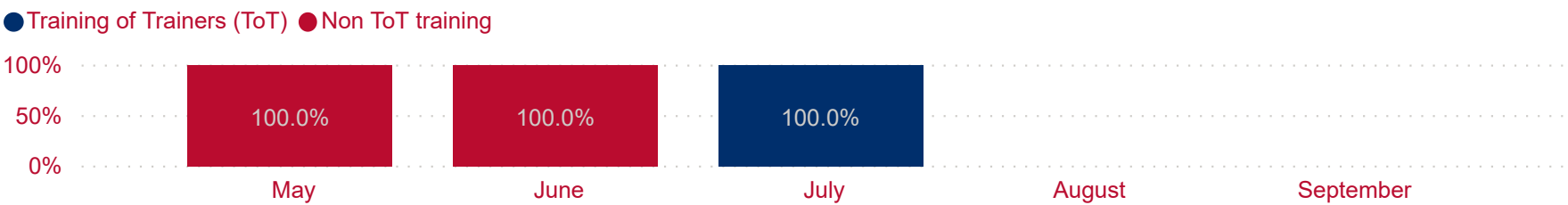
% of trainees by facility ownership type and by month

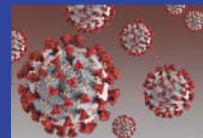


% of trainees by facility type and by month



% of trainees by training type and by month





Contact for any Questions and Clarifications: 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

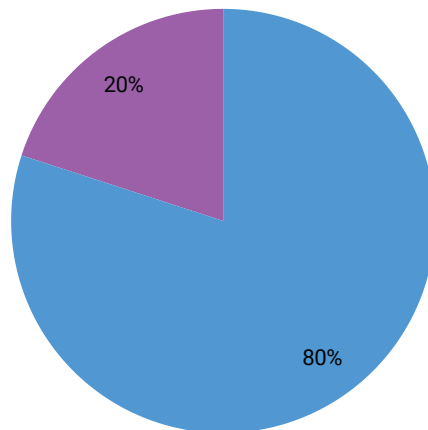
Mali

1 - 13 / 13



Month: Septem... (1) ▼

● COMPLETED ● CANCELLED OR CARRI...



Technical Area ▲

Administrative controls

Application of COVID-19 Precautions by HCW, patients

IPC Program Management (national/facility/community)

IPC guidance to patients, family members, caregivers and visitors

Source control (isolation)

Sudden influx of patients / Surge capacity

Triage for SARI/ARI patients

1 - 8 / 8



Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	September
Tanzania	Application of COVID-19 Precautions by HCW, patients	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	The activity was completed in August.
Tanzania	Source control (isolation)	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	The activity was completed in August.
Tanzania	Triage for SARI/ARI patients	• Provide training using existing training package on triage for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	The activity was completed in August.
Tanzania	IPC guidance to patients, family members, caregivers and visitors	• Adapt guidance/ SOPs along existing WHO guidance for COVID-19 to	• After-action report	MTaPS, in collaboration with MOHCDGEC, reviewed 27 IPC SOPs to reflect the current IPC guidelines (2018) to be used at the facilities. Some of the SOPs that were revised include: <ul style="list-style-type: none"> • Standard Operating Procedure for Hand Hygiene • Standard Operating Procedures for Housekeeping • Standard Operating Procedures for Preparation of Disinfectants • Standard Operating Procedures for Healthcare Waste Management • Standard Operating Procedures for Instruments Processing (Decontamination) • Standard Operating Procedures for Donning and Doffing Personal Protective Equipment (PPE) • Standard Operating Procedures for Safe Transportation of Patients
Tanzania	Sudden influx of patients / Surge capacity	• Just-in-time IPC training	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	Not feasible under the circumstances. The activity has therefore been cancelled, and the planned budget re-allocated to Activity 1: Application of standard and transmission-based precautions by HCW to patients on epidemics

			facility/community	precaution by HCW to patients on epidemics.
Tanzania	Waste management	• Adapt guidance/SOPs along existing WHO guidance for COVID-19 to	• Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists)	Activity has become obsolete under the circumstances. The activity has therefore been cancelled.
Tanzania	Waste management	• Provide training using existing training packages for COVID-19	• Number of people trained in IPC for COVID-19 by gender/position/type of facility/community	The activity was completed in August.
Tanzania	Application of COVID-19 Precautions by HCW, patients	• Oversee the implementation	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS, in collaboration with WHO, supported the MOHCDGEC to conduct the advanced IPC training to 40 healthcare workers (21 female,19 male) from 10 supported health facilities.The selected health care workers are IPC focal persons and QIT leaders in their facilities. The training is important in building the capacity of facilities' IPC leaders in managing IPC activities at their facilities, and it was done using WHO's IPC advanced training materials. The advanced training for IPC focused more on: • The role of the IPC focal person in developing and implementing IPC programmes • Becoming an IPC leader – an exploration of what makes an effective leader • Implementation strategies and behaviour change • Effective communication in IPC
Tanzania	IPC Program Management (national/facility/community)	• Monitor compliance with requirements	• Communication materials	MTaPS, in collaboration with WHO, supported the MOHCDGEC to conduct the advanced IPC training to 40 healthcare workers (21 female,19 male) from 10 supported health facilities.The selected health care workers are IPC focal persons and QIT leaders in their facilities. The training is important in building the capacity of facilities' IPC leaders in managing IPC activities at their facilities, and it was done using WHO's IPC advanced training materials. The advanced training for IPC focused more on: • The role of the IPC focal person in developing and implementing IPC programmes • Becoming an IPC leader – an exploration of what makes an effective leader • Implementation strategies and behaviour change • Effective communication in IPC

Tanzania	Administrative controls	<ul style="list-style-type: none"> • Adapt systems (regulations, guidance, job descriptions, SOPs, electronic system, training material) along WHO COVID-19 guidelines 	<ul style="list-style-type: none"> • Guideline/SOP/checklist Job aid for key IPC element (incl IPC commodities lists) 	MTaPS supported the printing of additional 1,900 copies of SOPs for COVID-19 and they have been delivered to the MOHCDGEC HQ (Dodoma), The printing process of 5,000 copies of the IPC guidelines has also been completed.
----------	-------------------------	---	--	--

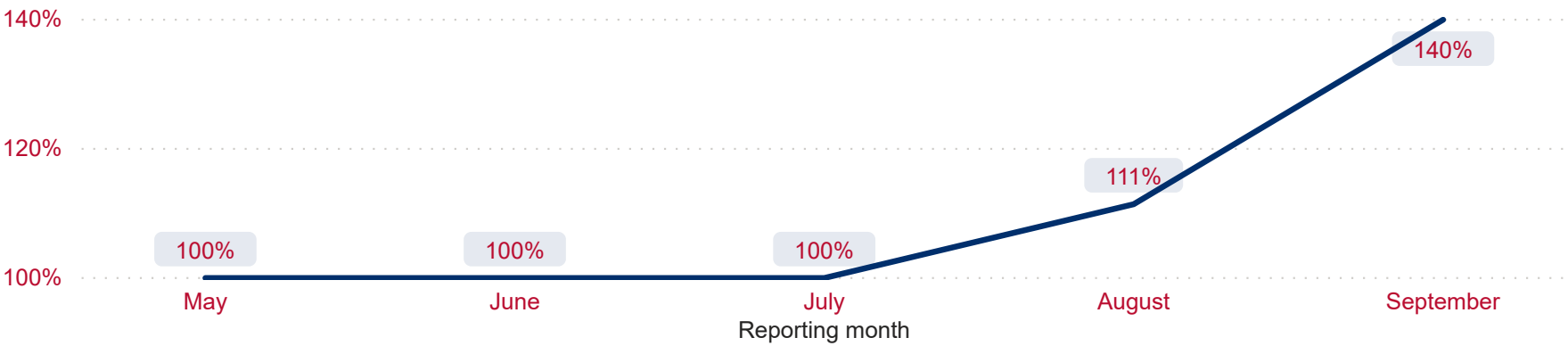
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

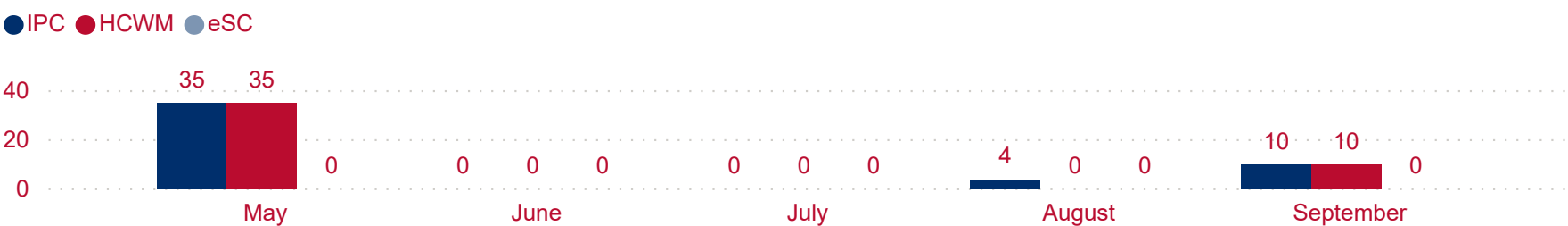
	May	June	July	August	September
Health facilities	35	0	0	4	10
Cumulative (health facilities)	35	35	35	39	49
Progress to date	100%	100%	100%	111%	140%

Note: Country target # of health facilities is 35

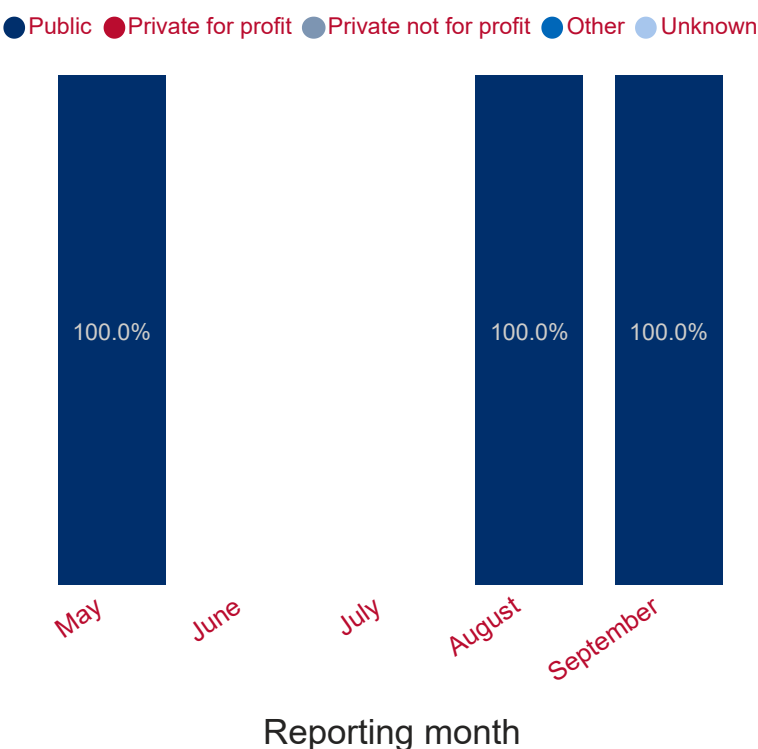
% supported health facilities with staff trained by month



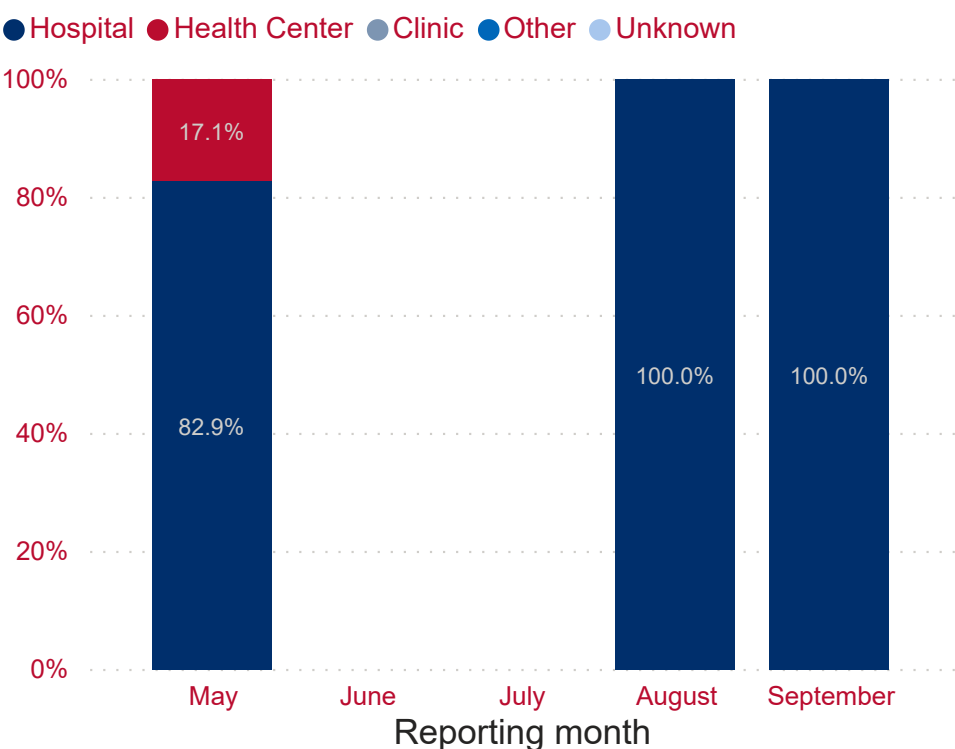
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

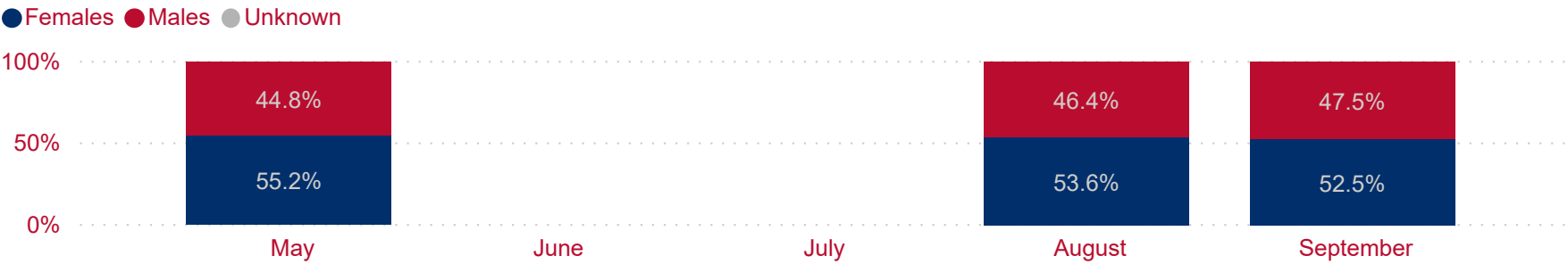


CV 2: # of persons who received COVID-19-related training

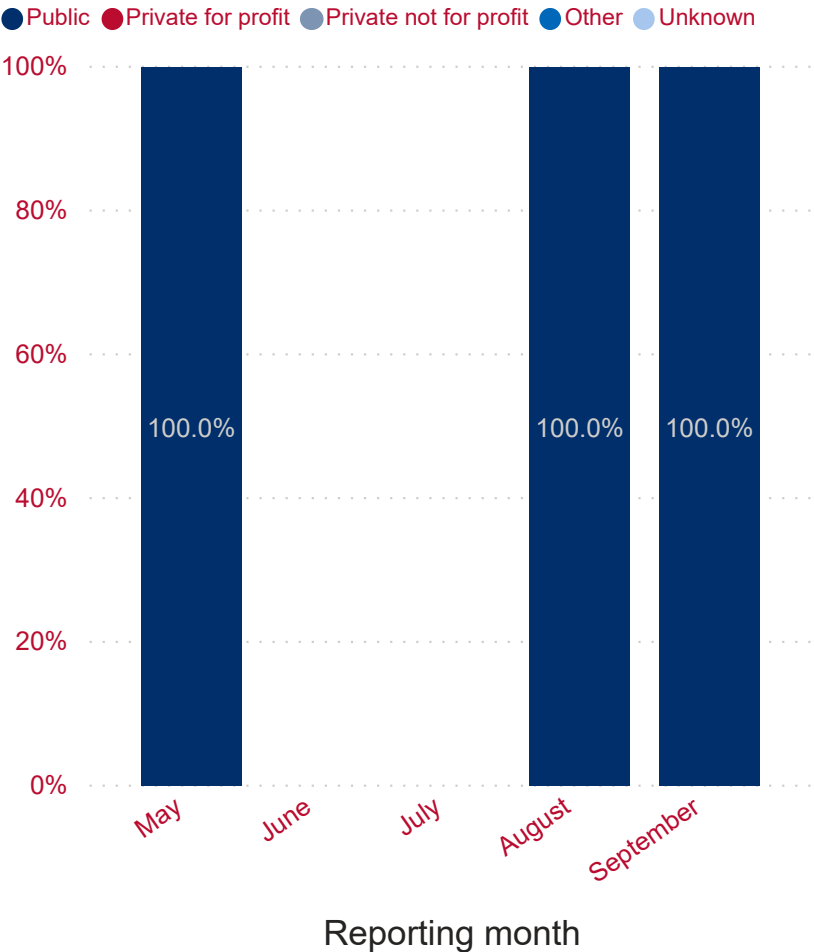
of trainees by sex and by month

	May	June	July	August	September	Total
Total trained	524	0	0	248	40	812
Females	289	0	0	133	21	443
Males	235	0	0	115	19	369
Unknown		0	0	0	0	0
Cumulative trained	524	524	524	772	812	

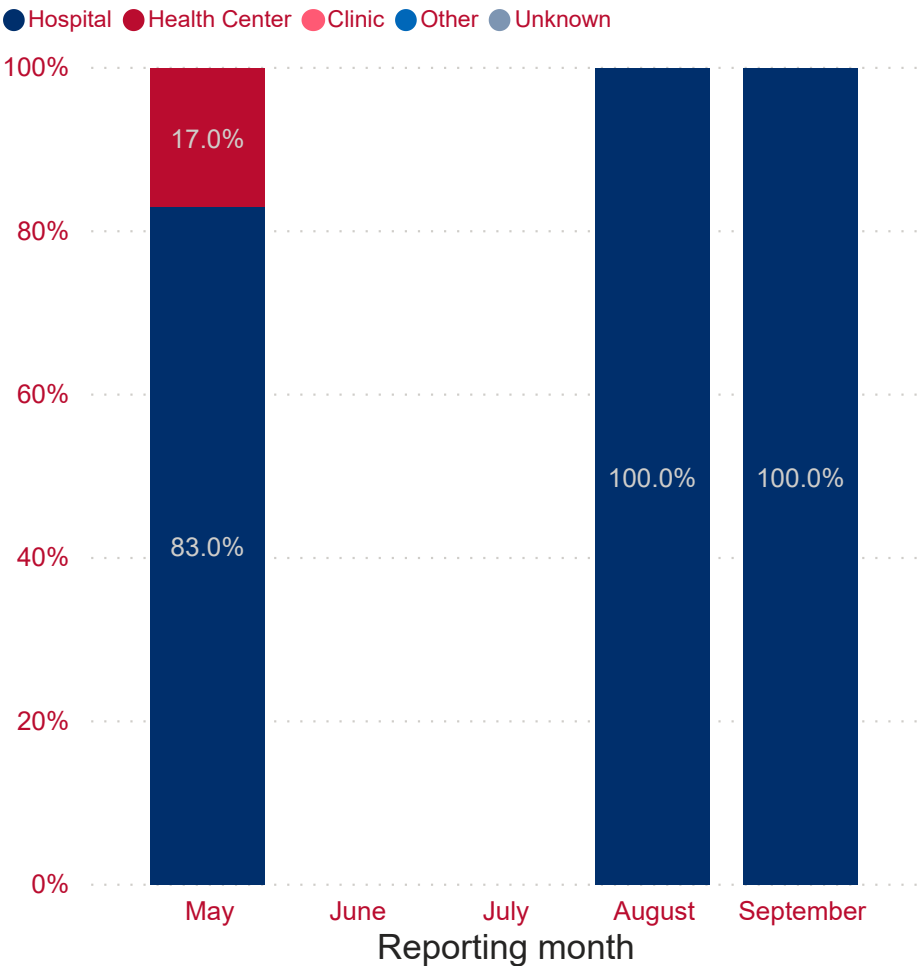
% trainees by sex and by month



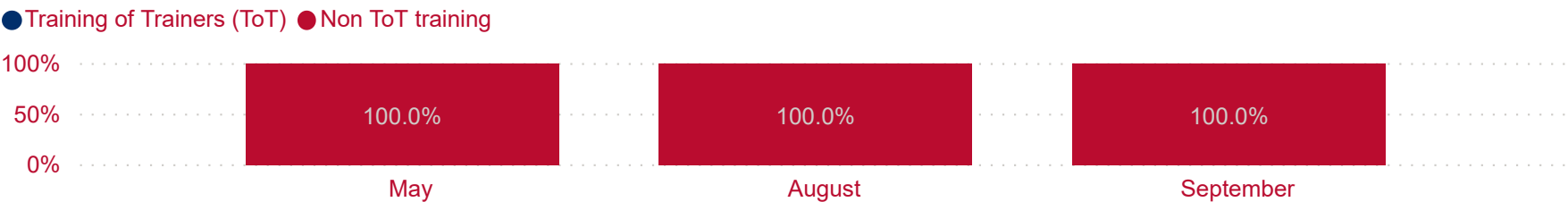
% of trainees by facility ownership type and by month



% of trainees by facility type and by month



% of trainees by training type and by month



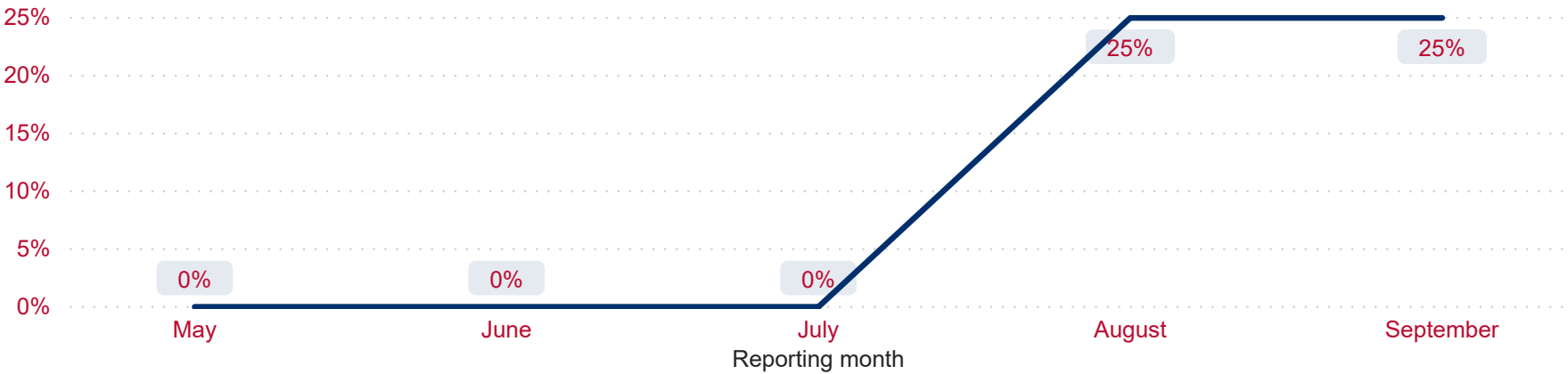
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

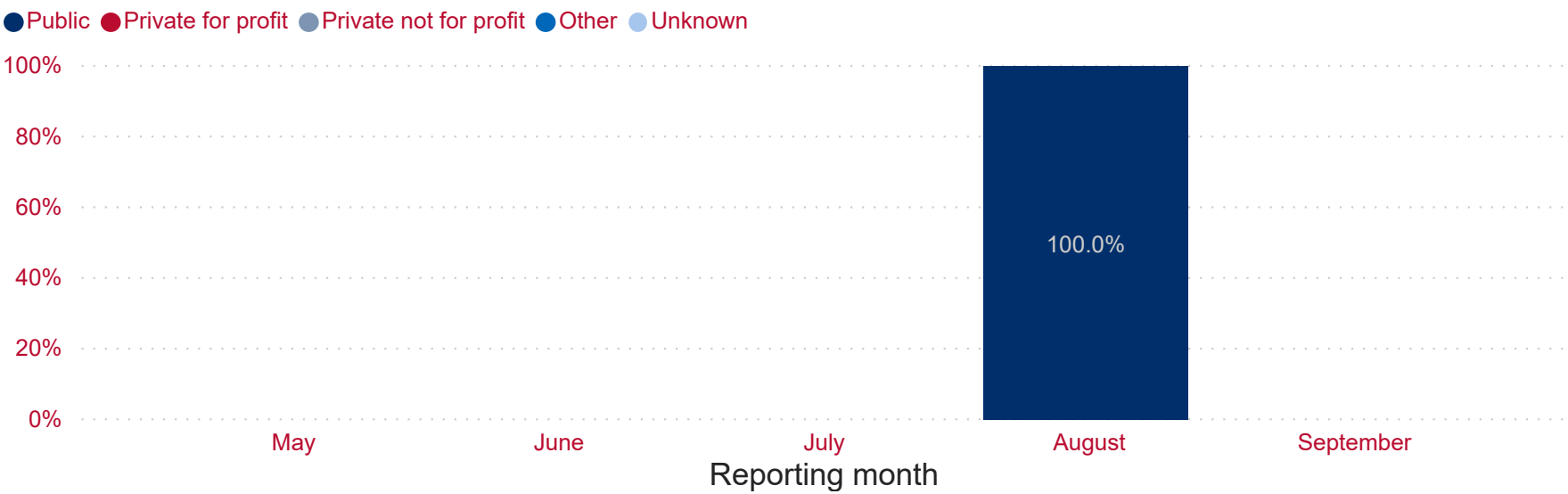
	May	June	July	August	September
Health facilities	0	0	0	1	0
Cumulative (health facilities)	0	0	0	1	1
Progress to date	0%	0%	0%	25%	25%

Note: Country target # of health facilities is 4

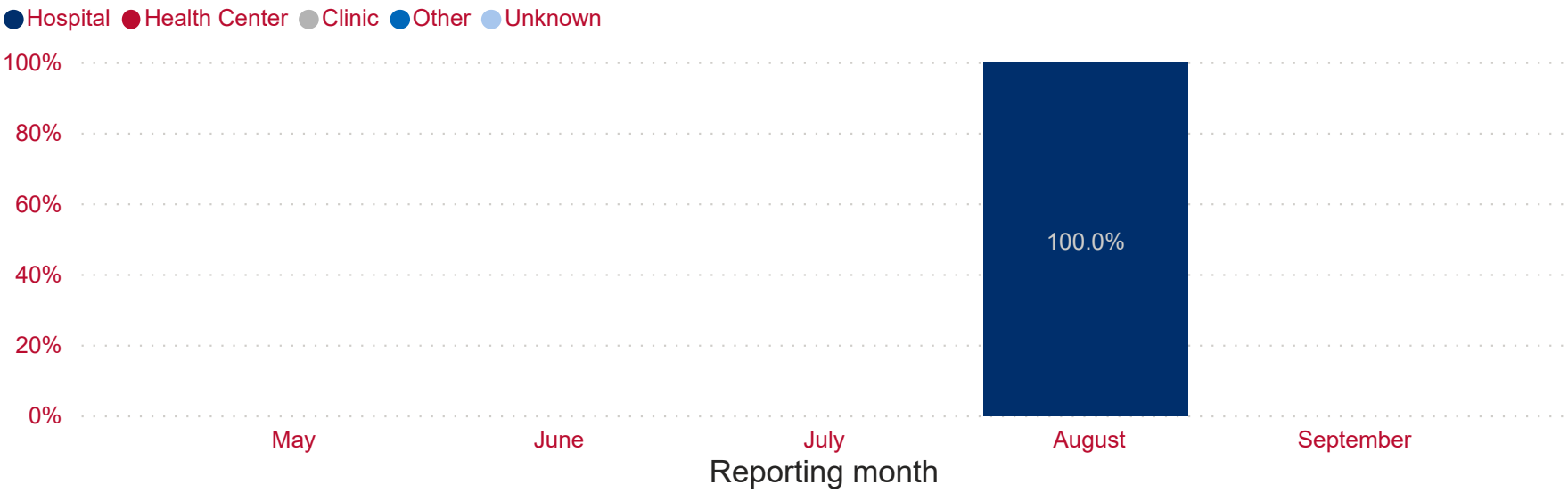
% of compliant of supported health facilities by month



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



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

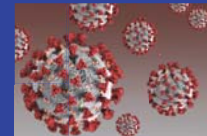




Medicines Technologies and Pharmaceutical Services COVID Response Country Report 2020

Uganda

September



Contact for any Questions and Clarifications: 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

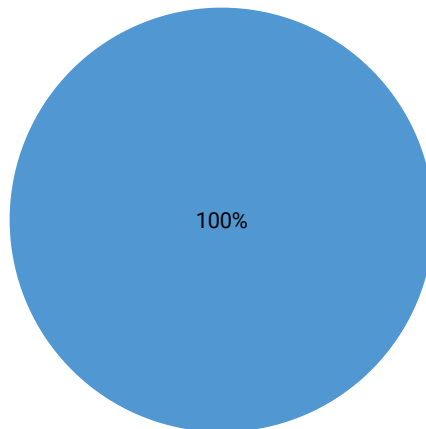
Mali

1 - 13 / 13



Month: Septem... (1) ▼

● COMPLETED



Technical Area ▲

Application of COVID-19 Precautions by HCW, patients

Emergency Supply of IPC Commodities

IPC Program Management (national/facility/community)

IPC facility access guidance

Source control (isolation)

Triage for SARI/ARI patients

1 - 6 / 6



Progress on Activities

Country	Action Area* (Technical area)	Activity Description	Deliverables	September
Uganda	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Provide training using existing training package on triage for COVID-19 	<ul style="list-style-type: none"> • Number of people trained in IPC for COVID-19 by gender/position/type of facility/community 	<p>MTaPS adopted national training curriculum for use in regional and district level training and mentorship. MTaPS helped establish regional IPC teams at regional referral hospitals. The teams are composed of 49 males and 58 females.</p> <p>MTaPS provided mentorship and supported teams to conduct district level training and support supervision visits; 45 district IPC teams, composed of 231 males and 255 females were established. MTaPS has supported the training and set up a network of 486 mentors in the region, linked to 858 health facilities in all regions assigned to MTaPS. Through the mentorship program, 5,452 healthcare workers were trained from 858 health facilities and 5,148 mentorship visits were conducted across all regions supported by MTaPS.</p>
Uganda	IPC Program Management (national/facility/community)	<ul style="list-style-type: none"> • Strengthen facility COVID-19 IPC response coordination mechanism/task force 	<ul style="list-style-type: none"> • Established COVID 19 facility/unit 	MTaPS helped establish COVID-19 IPC committees at 49 hospitals across all regions supported and establish IPC teams at 809 lower level health facilities, including clinics and health centers.
Uganda	Triage for SARI/ARI patients	<ul style="list-style-type: none"> • Provide training using existing training package on triage for COVID-19 	<ul style="list-style-type: none"> • After-action report 	A detailed after action report for COVID-19 training has been finalized as a deliverable.
Uganda	Application of COVID-19 Precautions by HCW, patients	<ul style="list-style-type: none"> • Assess and monitor compliance 	<ul style="list-style-type: none"> • Established COVID 19 facility/unit 	The baseline IPC compliance assessment results presented in separate report. Baseline compliance data was available for 529 health facilities out of 858. Overall compliance was 3% (16/529) for facilities with a RAG* status of 50-60 (advanced), 13% (69/529) were intermediate (RAG status >40-50) and 84% (444/529) were basic, RAG status (>20-40). We used the assessment results to inform priority setting, during health facility IPC CQI meetings and during meetings with the district teams in order

during meetings with the district teams in order to inform interventions.

*RAG = Red, Amber, Green. It is a grading scale, a continuum, with red being lowest score and green being highest score.

Uganda	Emergency Supply of IPC Commodities	• Apply/adapt simple operating procedures and tools for the management of ordering, issuing, distributing, receiving, rational utilization	• Status reports by key IPC element (supervision, IPC performance, supplies, etc.)	MTaPS continued helping link the five health facilities supported directly by the national logistics sub-committee for access to IPC COVID-19 supplies. This also included support to access other supplies for laboratory capacity and surveillance, including support to access to construction of COVID-19 treatment unit.
Uganda	Source control (isolation)	• Oversee the implementation	• After-action report	Health workers at 858 health facilities were supported on screening, identification and notification for COVID-19 source control; health workers at 858 health facilities were also trained on disinfection, cleaning, and environmental controls for COVID-19
Uganda	IPC facility access guidance	• Provide training using existing training packages for COVID-19	• After-action report	Health facility leaders from 858 health facilities received training on SOPs for how to continue provision of care during COVID-19. See details of the training provided in the IPC Program Management (national/facility/community) technical area write up in this table.

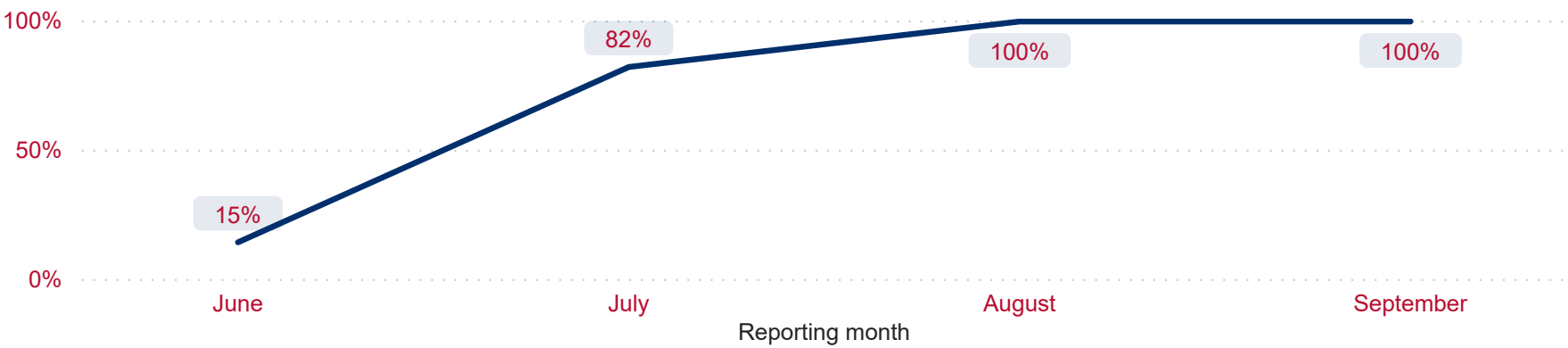
CV 1: # and % MTaPS-supported health facilities whose staff received COVID-19-related IPC training

and % supported health facilities with staff trained by month

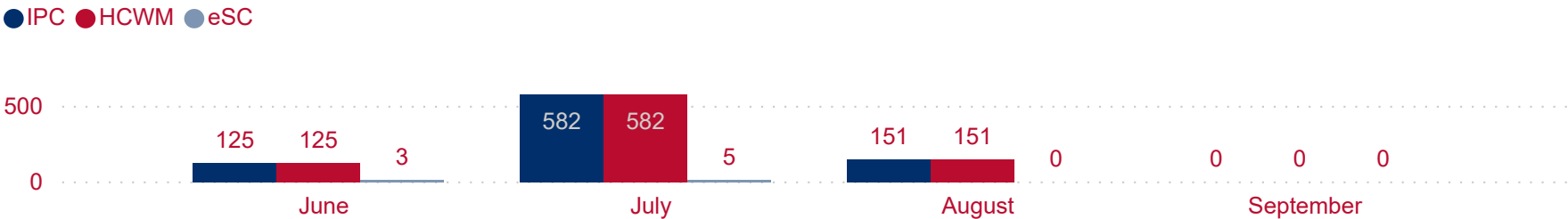
	June	July	August	September
Health facilities	125	582	151	0
Cumulative (health facilities)	125	707	858	858
Progress to date	15%	82%	100%	100%

Note: Country target # of health facilities is 858

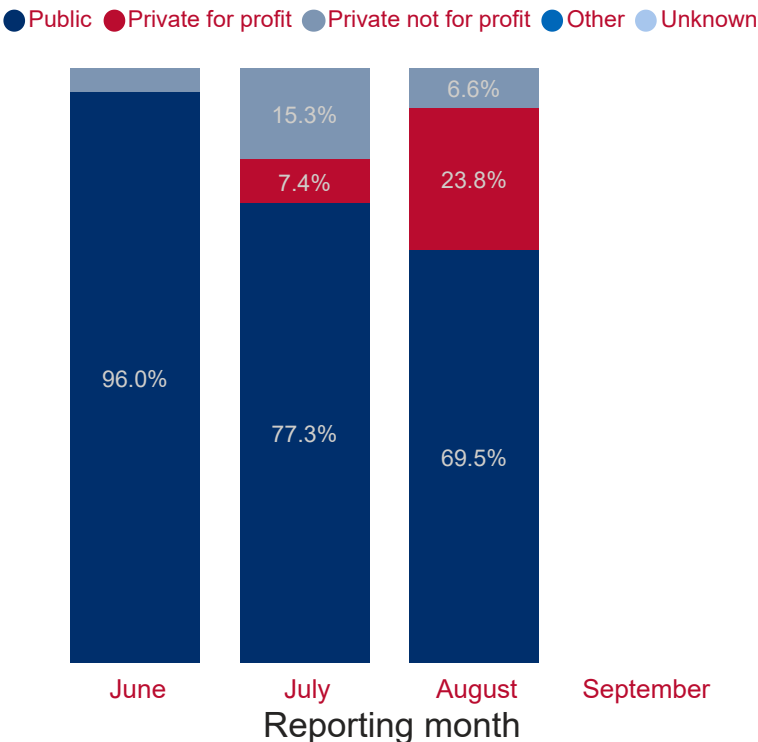
% supported health facilities with staff trained by month



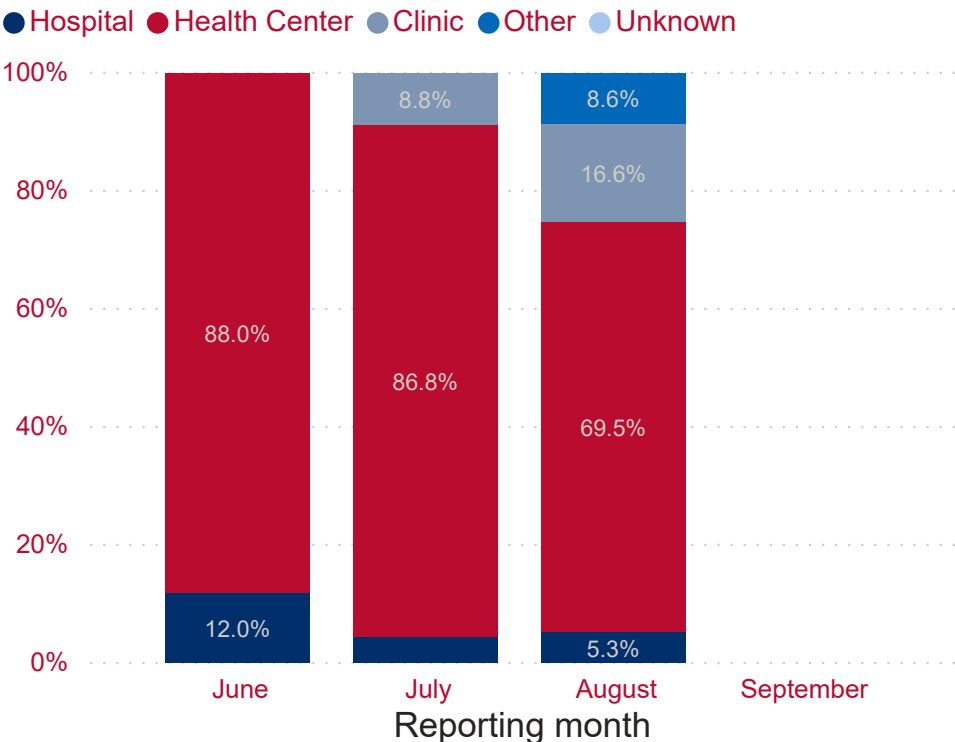
of supported health facilities trained by technical area by month (Health facilities may participate in trainings on multiple technical areas each month)



% of supported facilities trained by ownership type and by month



% of supported facilities trained by facility type and by month

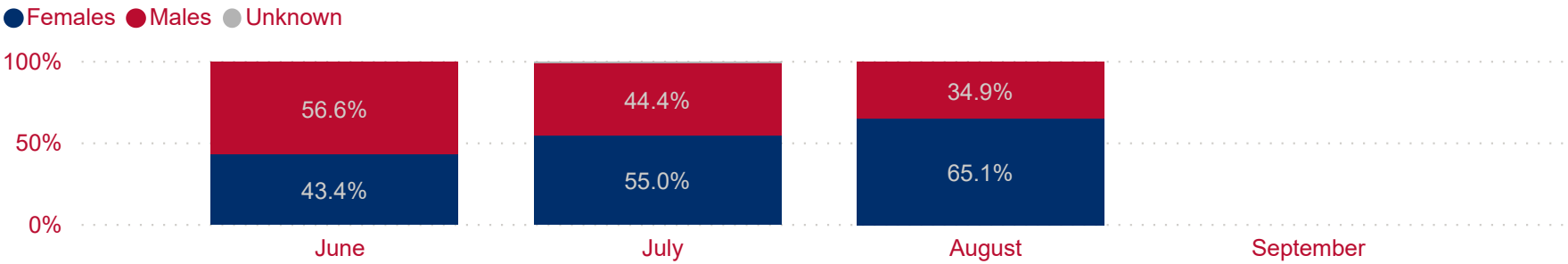


CV 2: # of persons who received COVID-19-related training

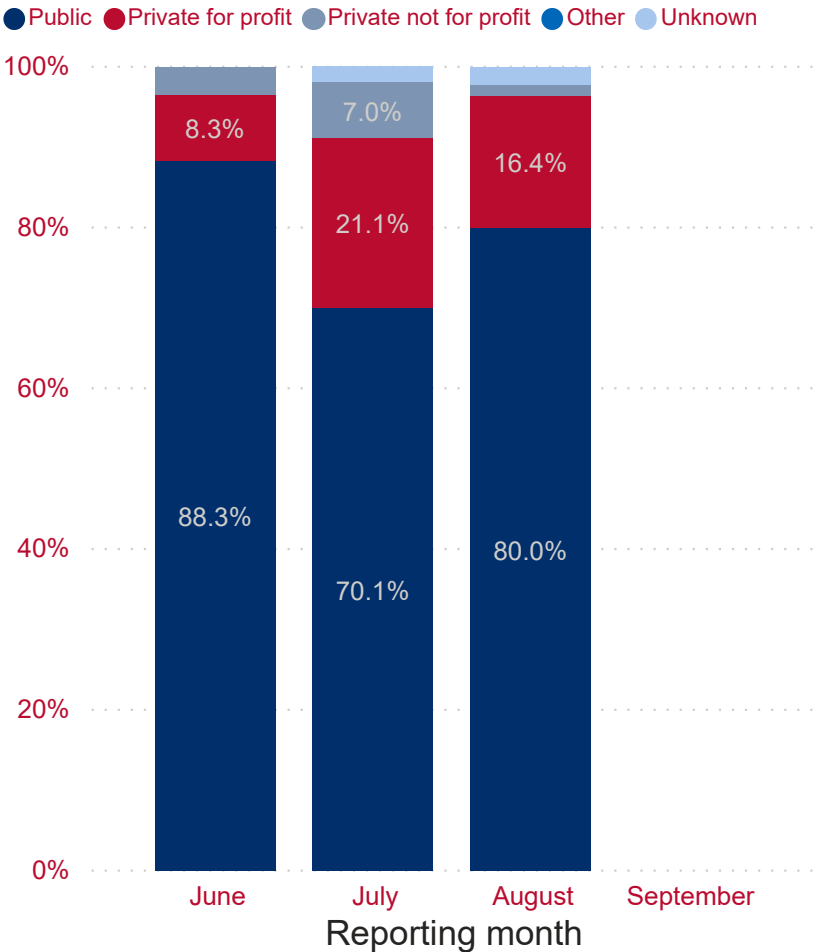
of trainees by sex and by month

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

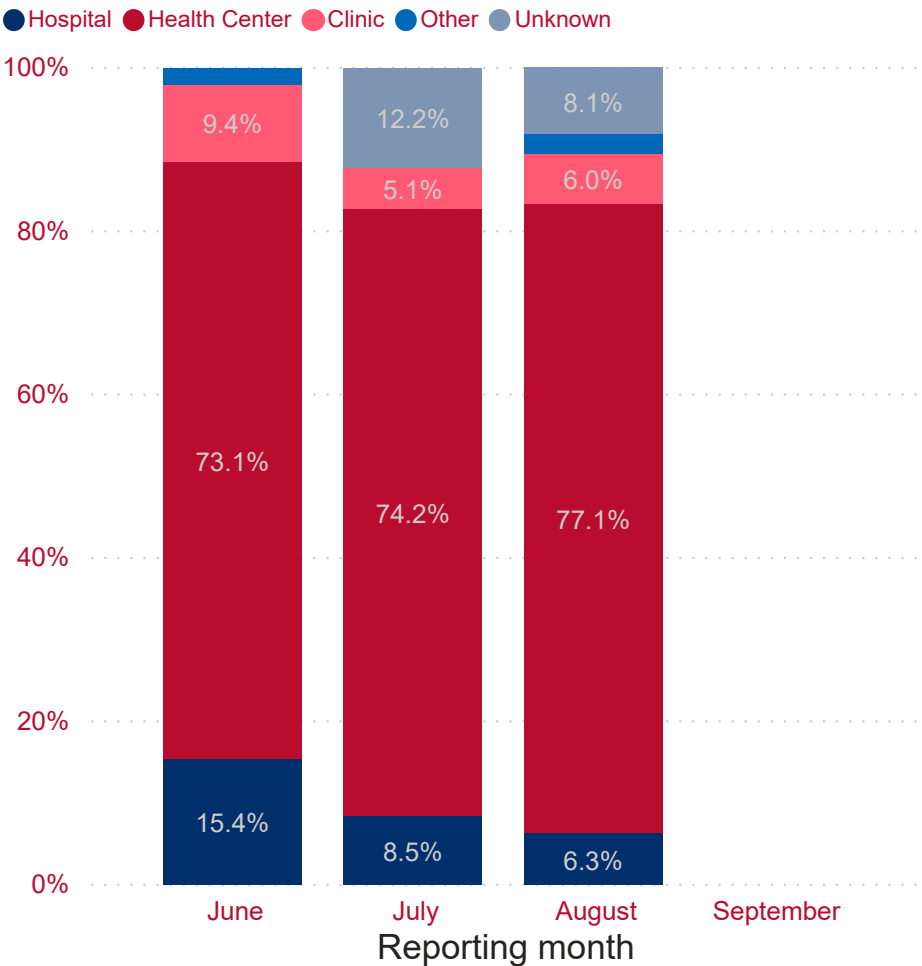
% trainees by sex and by month



% 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



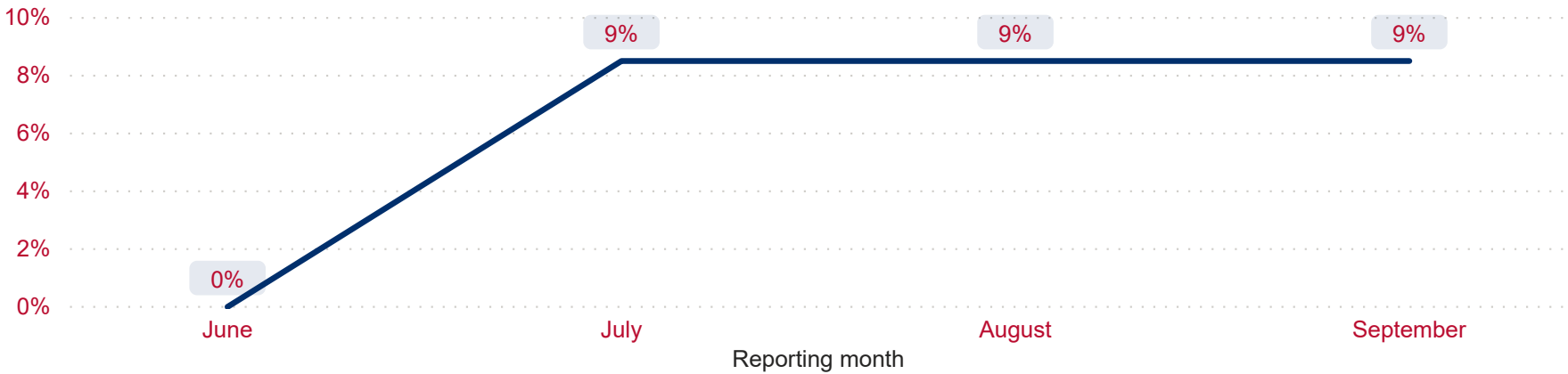
CV 3: # and % MTaPS-supported health facilities in compliance with COVID-19 IPC guidelines/SOPs

and % of compliant of supported health facilities by month

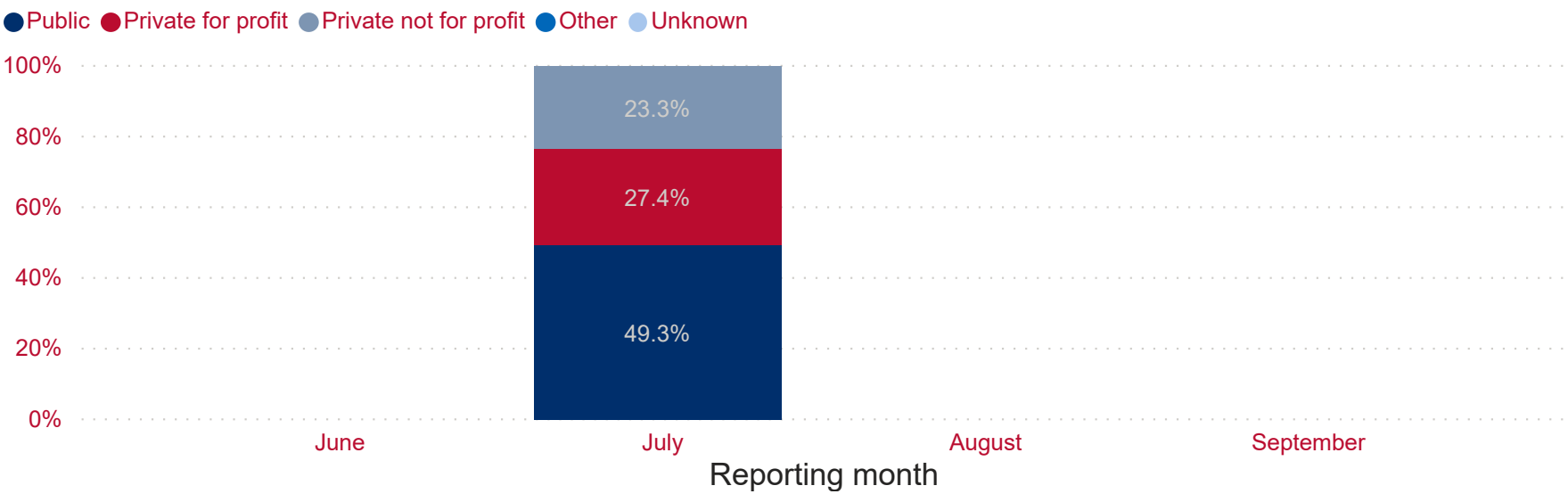
	June	July	August	September
Health facilities	0	73	0	0
Cumulative (health facilities)	0	73	73	73
Progress to date	0%	9%	9%	9%

Note: Country target # of health facilities is 858

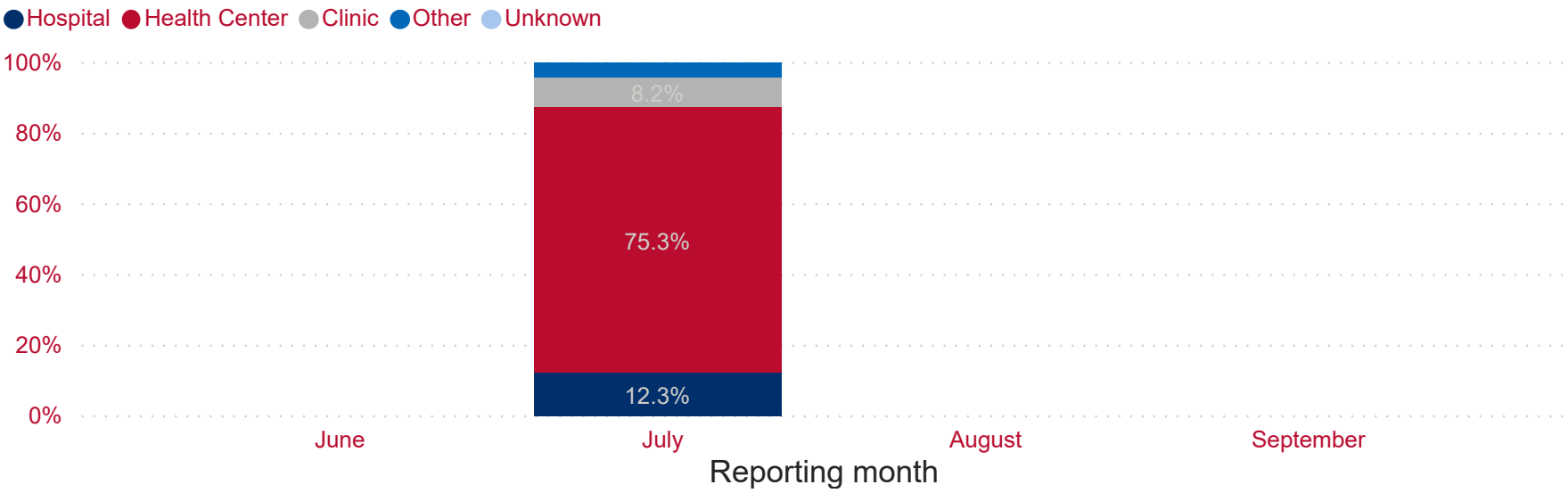
% of compliant of supported health facilities by month



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



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



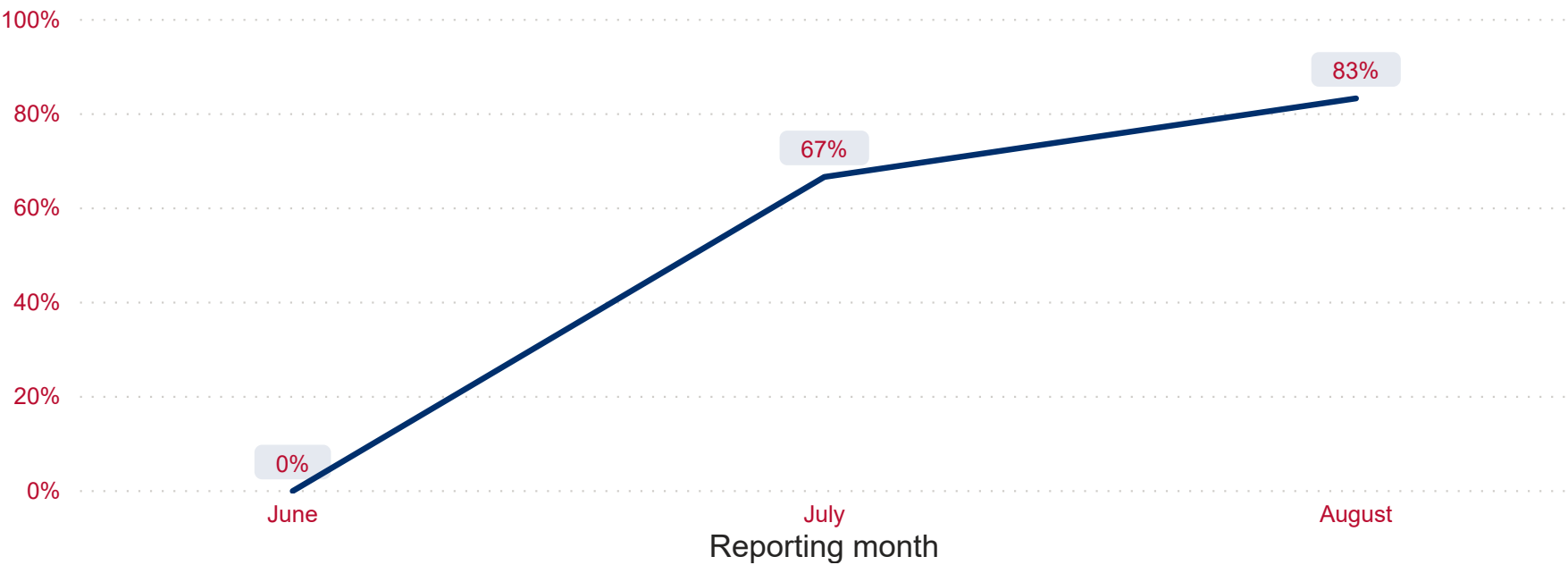
CV 4: # and % MTaPS-supported facilities that routinely report stock data for IPC PPE or HCWM commodities

and % of supported health facilities reporting stock data by month

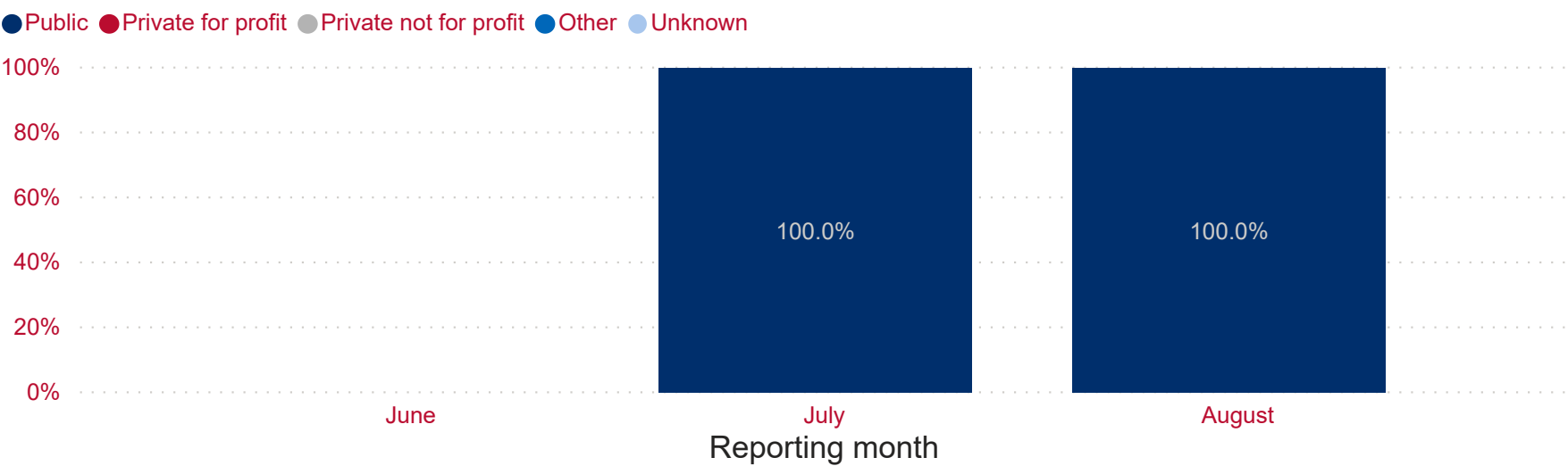
	June	July	August
Health facilities	0	4	5
Progress to date	0%	67%	83%

Note:Country target # of health facilities is 6

% of health facilities reporting stock data by month



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



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

