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Welcome to GHTechX 2021 MTaPS Session



Photo Credit: Rui Pires

**USAID MEDICINES, TECHNOLOGIES, AND
PHARMACEUTICAL SERVICES (MTaPS) PROGRAM**

Improved Access. Improved Services. Better Health Outcomes.

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Using novel capacity-building approaches to
prepare health workers and systems for
COVID-19 infection prevention and control
(IPC) response



GHTechX Conference
April 22, 2021

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Welcome and Agenda



Abibata Handley
Principal Technical Advisor
Capacity Building
MTaPS



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Agenda

- COVID-19 Capacity Building Trivia
- How Did We Do It?
- Mali: Blended Training-of-Trainers
- Uganda: Cascaded Mentoring Approach
- Jordan: Multisectoral Capacity Building using Multifaceted Approaches
- Q&A
- Closing Remarks



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How Did We Do It?

Overview of Capacity Building Interventions



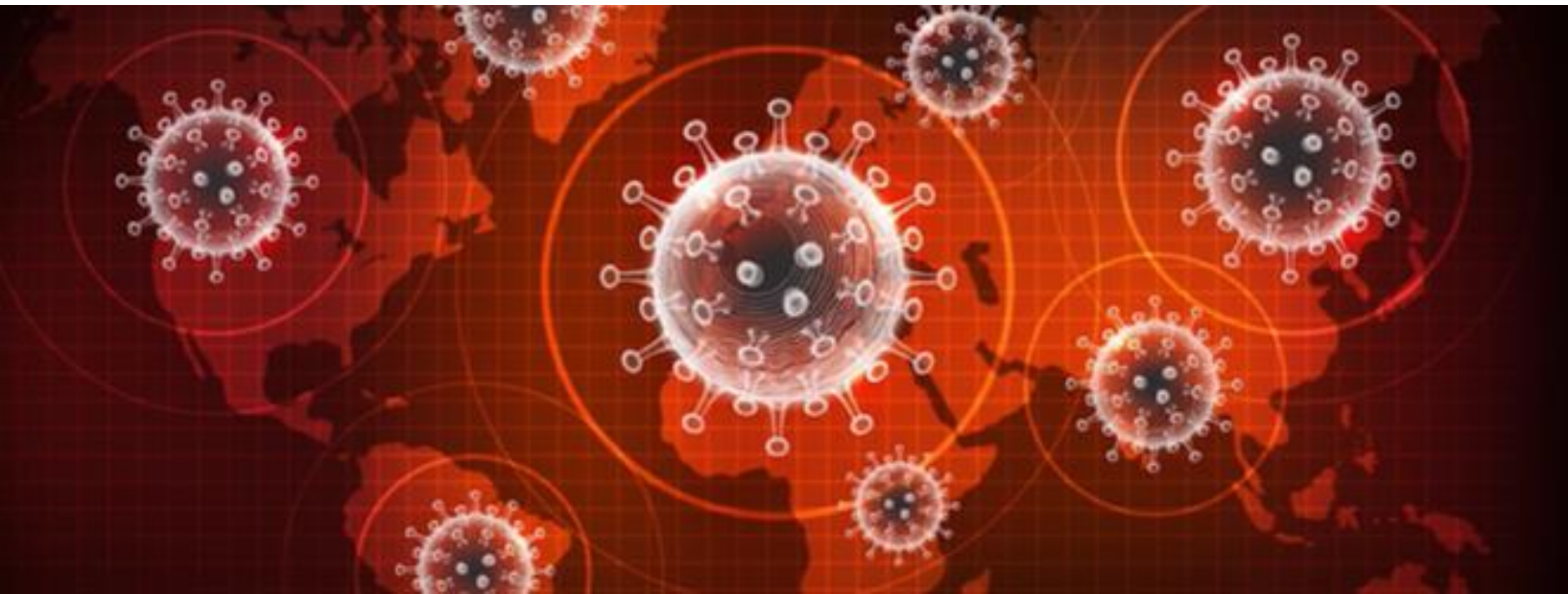
Abibata Handley
Principal Technical Advisor
Capacity Building
MTaPS



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Learning Objectives

- Describe at least three capacity-building approaches to rapidly develop and implement large-scale, facility-level infection prevention and control (IPC) interventions in an emergency response.
- Outline at least two special considerations for implementing these approaches in an emergency context.



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IPC Capacity Building Brain Teaser



Afeke Kambui
Technical Advisor
MTaPS



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Warm-Up Activity

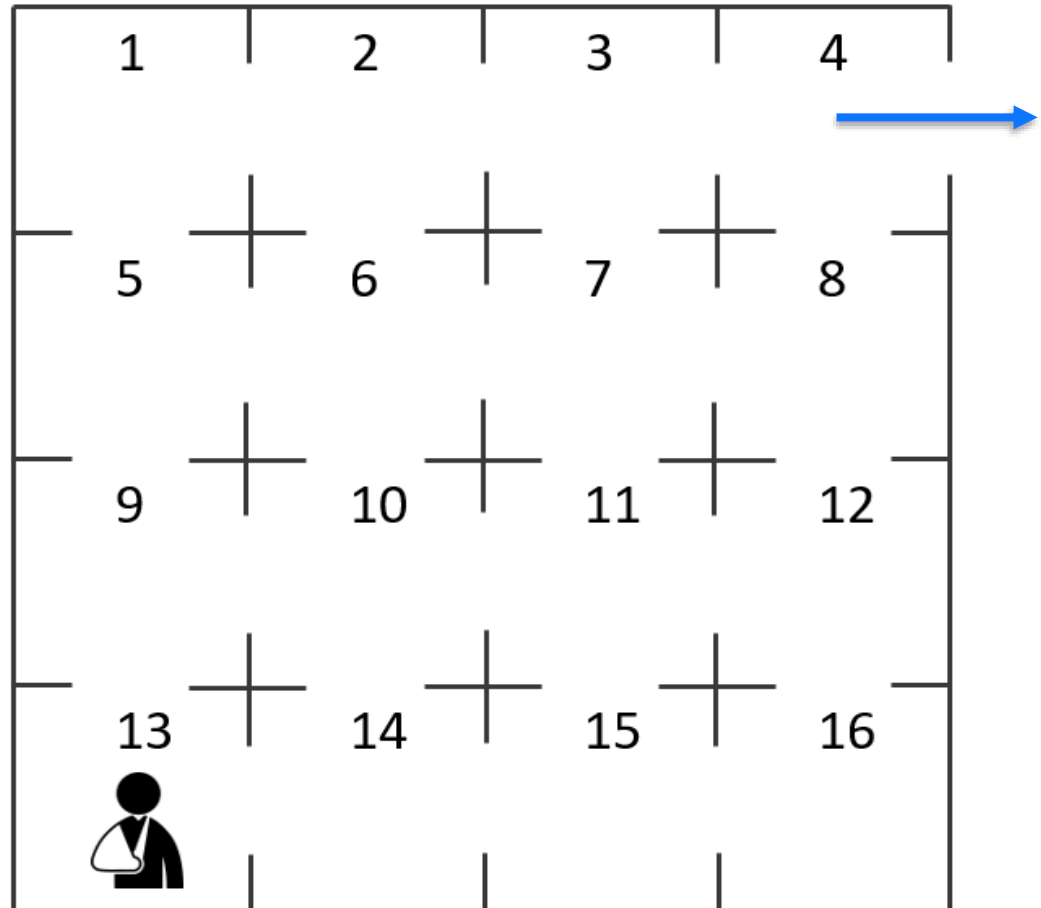
Answer choices:

A: 13-9-10-14-15-11-12-8-7-6-5-1-2-3-4

B: 13-9-13-14-10-11-15-16-12-8-7-6-5-1-2-3-4.

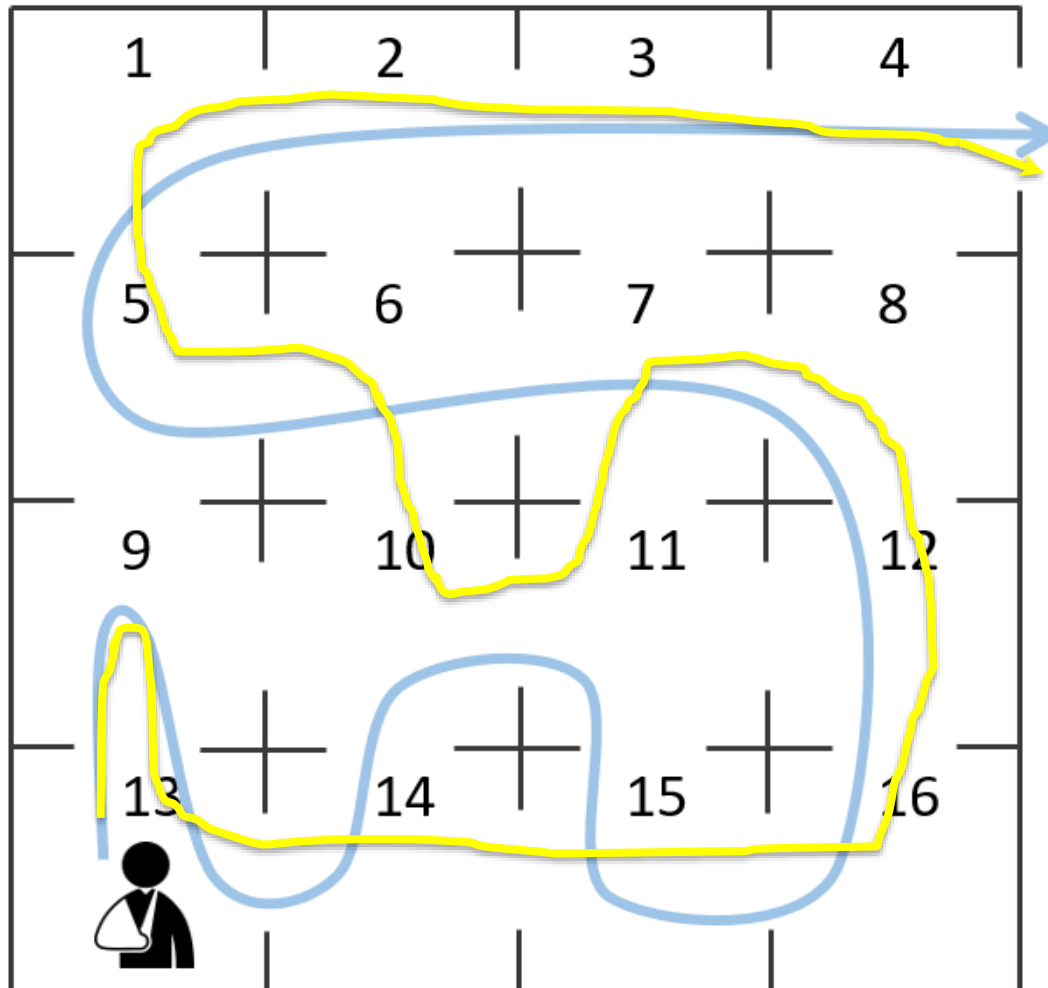
C: 13-9-13-14-15-16-12-8-7-11-10-6-5-1-2-3-4.

D: B and C



Warm-Up Activity

B
C
D



MTaPS responded to COVID-19 in 13 countries



- Bangladesh
- Burkina
- Cameroon
- Cote d'Ivoire
- Ethiopia
- Jordan

- Kenya
- Mali
- Mozambique
- Philippines
- Senegal
- Tanzania
- Uganda

Innovations to Rapidly Build Capacity for COVID-19 Response

- Application of multifaceted approaches
- Internal global capacity-building hub, toolkits, and mentorship
- Blended learning
 - Virtual learning and traditional in-person instruction
 - Asynchronous (self-paced) and synchronous (live) lessons
- Cascaded training (training of trainers)
 - National and subnational level master training with cascading facility-level sessions



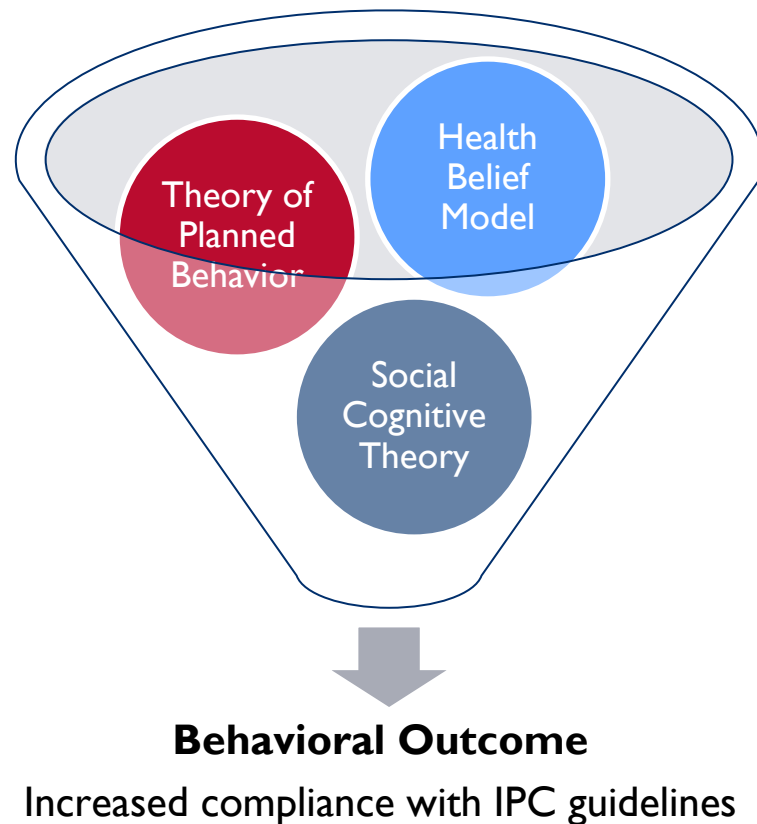
Photo credit: MTaPS Mali

Behavior Change

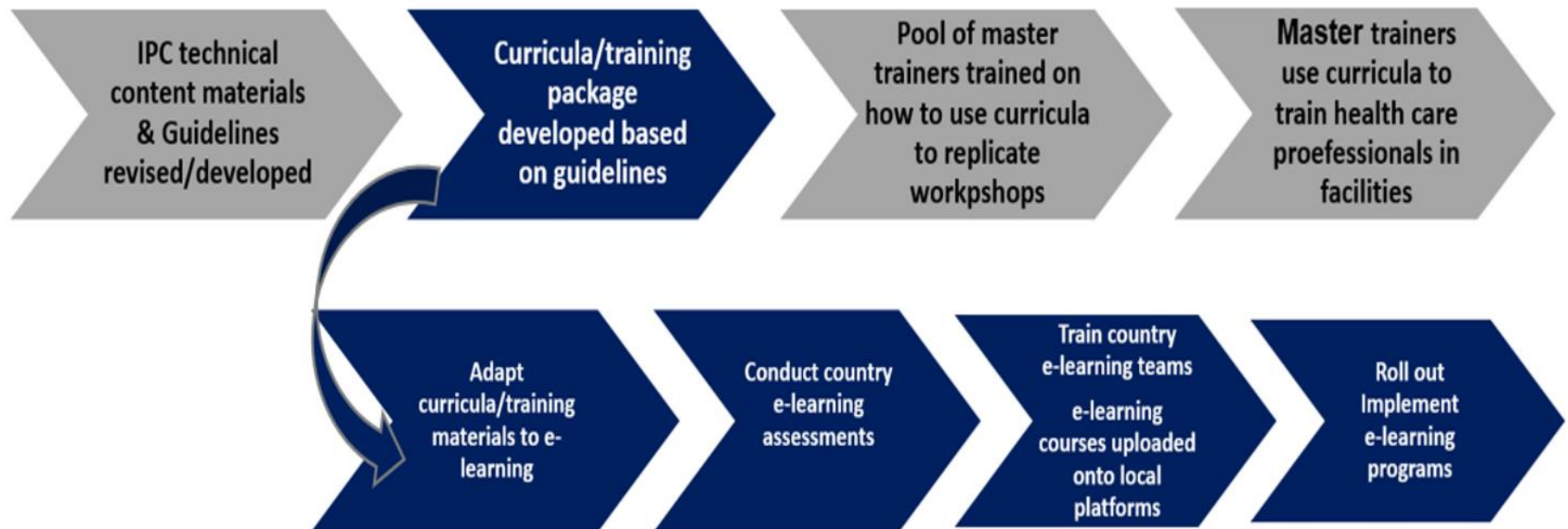
Health Outcome: Reduced Health Care Associated Infections

Target Audience:

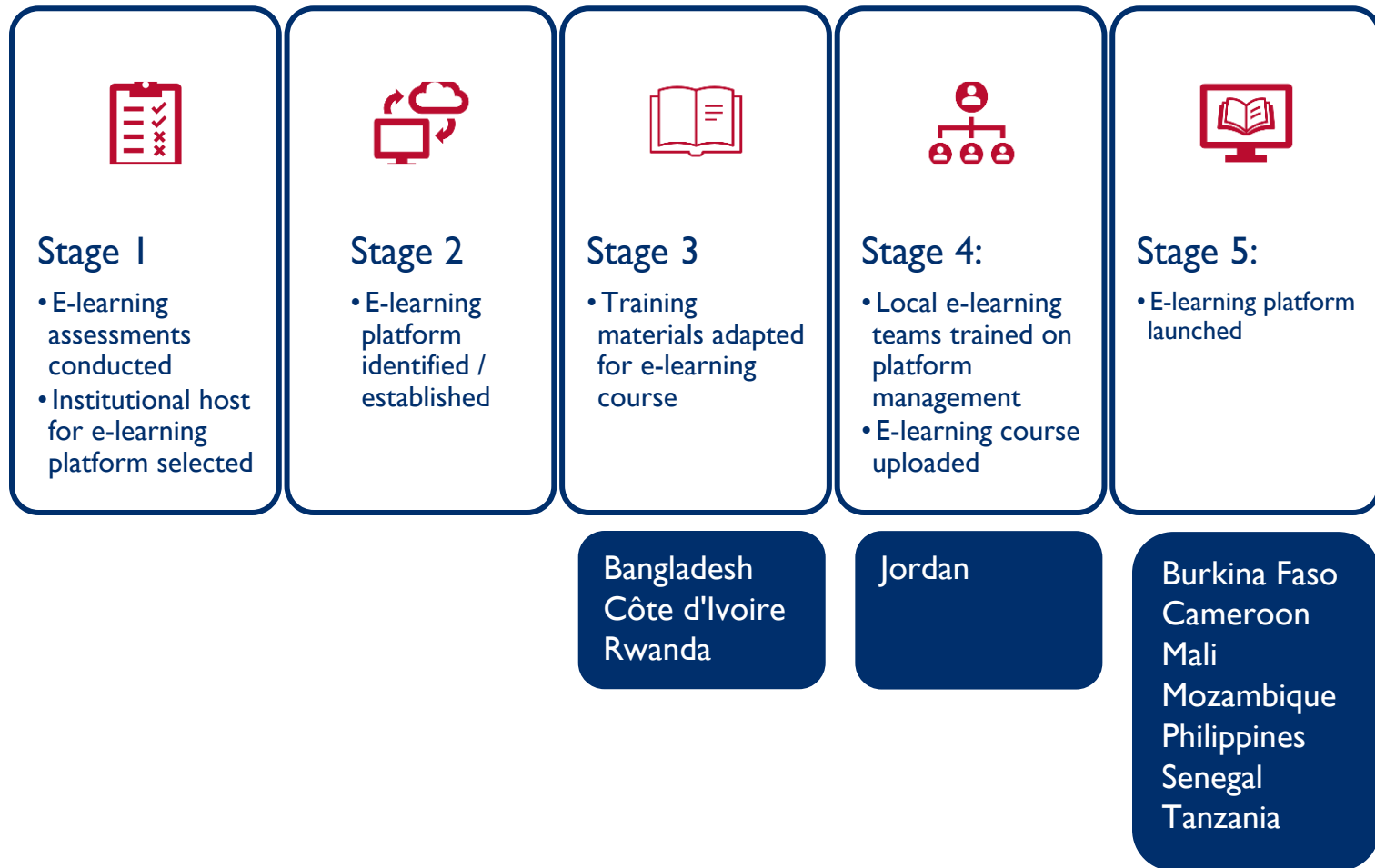
- Healthcare providers
- Auxiliary workers
- Ambulance drivers
- Morticians
- Cleaning staff
- Other health workers



Blended Training Approach



E-Learning Approach



Global Results



Photo Credit: MTaPS Côte d'Ivoire

40,357 people trained in
3,100 health facilities

Approaches and resources
nationally adopted and
made more widely available

Capacity building products
to outlive the project

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Mali: Blended Training-of-Trainers



Dr. Safoura Berthe
Country Project Director
MTaPS Mali



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Background

- Mali conducted the Joint External Evaluation using the WHO tool in June 2017. Score for the technical area on antimicrobial resistance (AMR) was found to be low:
 - Level 1 (no capacity) for antimicrobial stewardship (AMS)
 - Level 2 (limited capacity) for infection prevention and control (IPC)
- Capacity building at both the institutional and individual level is key to strengthening systems and IPC practices and promoting optimal use of antimicrobial medicines, including AMS.
- Research shows that roughly 90% of adult learning takes place outside of traditional learning events (such as a classroom training).
- Based on this evidence, there is value in using innovative approaches to upgrade the capacity of the health workforce on IPC/AMS.

COVID-19 Situation in Mali*

- December 31, 2019: China reports a novel coronavirus to WHO.
- January 12, 2020: WHO confirms novel coronavirus was causing a respiratory illness in Wuhan City, China.
- March 25, 2020: Mali confirms its two first cases of COVID-19.

*As of April, 20, 2021

Total number of cases*	13,246
Recoveries	7,613
Deaths	444



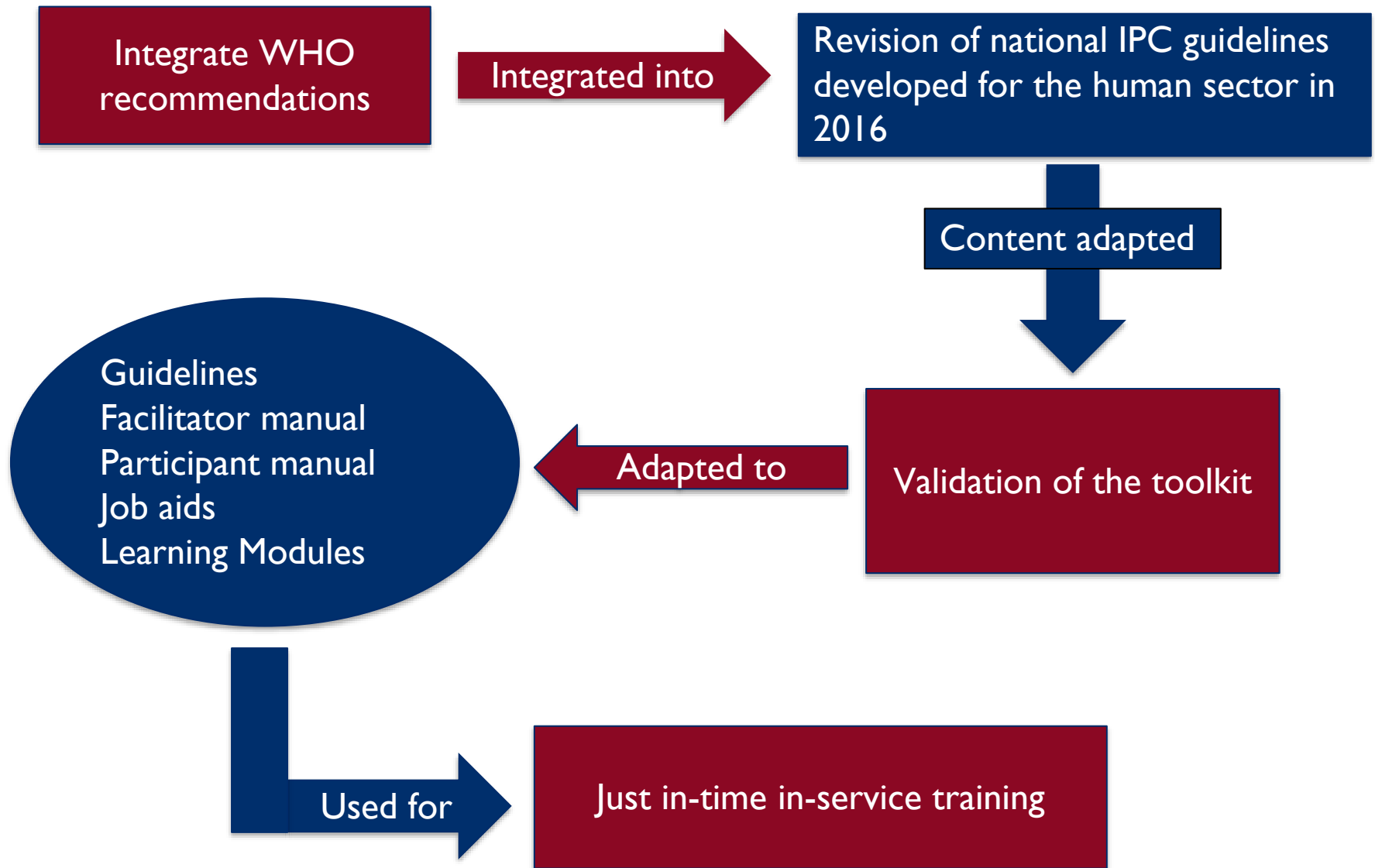
Approach to Combating COVID-19

1. Engaging MOH* and stakeholders at the national, central, regional, and facility levels
2. Joint planning of prioritized activities with MOH and stakeholders
3. Identifying and updating training modules for training of trainers (TOT) based on a standard IPC toolkit
4. Rapid training and capacity building of health care workers on COVID-19 using a cascade and blended approach
5. Supportive supervision, compliance monitoring, mentorship, and continuous quality improvement for IPC

* MOH - Ministry of Health



Development of IPC Training Package/Toolkit



Training Implementation at Central Level



Credit: Famory Samassa, MTaPS Mali

Approach

Disseminated adapted training materials and standard operating procedures (SOPs) to IPC champions from different sectors (One Health approach) through participatory workshops

Training of Trainers (TOT)

- Built the capacity of 30 trainers from five regions and Bamako
- Used a mix of face-to-face and e-learning methods through Moodle platform with demonstrations

Participant demonstrating wearing and removing personal protective equipment during health care provider training.

Training Implementation at Facility Level

Approach

Replicated training in facilities led by MTaPS-trained master trainers

- Health care providers trained in 41 health facilities

Trained frontline support services at facilities

- Cleaners, drivers, and morgue attendants were trained onsite in the health facilities



Credit: Famory Samassa, MTaPS Mali

Demonstration of how to prepare a solution of bleach and soapy water during the training for Mère-Enfant Luxembourg Hospital staff



Credit: Famory Samassa, MTaPS Mali

Participant demonstrating hand washing with soap during the IPC COVID-19 training of cleaners, drivers, and morgue attendants

Number of Frontline Health Workers Trained

30 Master trainers

110 Health care providers

170 Cleaners, drivers, morgue attendants



310 Total trained



Supportive Supervision and Mentoring

- Provided IPC mentoring and coaching to MTaPS-supported hospitals to revitalize their IPC action plans.
- Applied the Standards-Based Management and Recognition approach to improve quality of IPC COVID-19 practices in health facilities.

Regarding scorecard use: **Lowest-performing facility at the baseline showed as much as 19% improvement.**

Average improvement across 12 facilities: 6%

Participant demonstrating washing hands with soap during the IPC and COVID-19 training of trainers



Credit: Famory Samassa, MTaPS Mali

Post-Training Results: Example from Point G Hospital

Before the training



After the training



Credit: Famory Samassa, MTaPS Mali

Installation of E-Learning Platform

Assessed and selected **three institutions** for implementation

Adapted **ten standard IPC modules** and **six COVID-19 IPC modules** for e-learning

Setting Up Institutions with E-Learning:

- Trained IT administrators in the three institutions for sustainable management of the e-learning platform
- Installed Moodle platform in two institutions
 - ✓ A free, open-source platform
 - ✓ Greater flexibility for learners
- Uploaded and activated e-learning modules on the three institutions' platforms

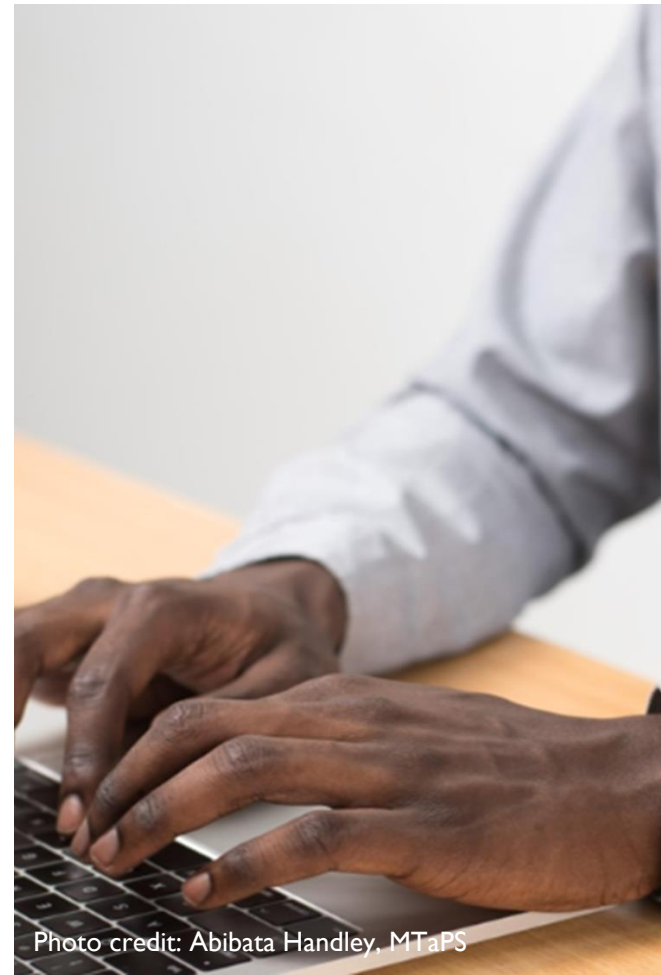


Photo credit: Abibata Handley, MTaPS

Launch of National E-Learning Platforms

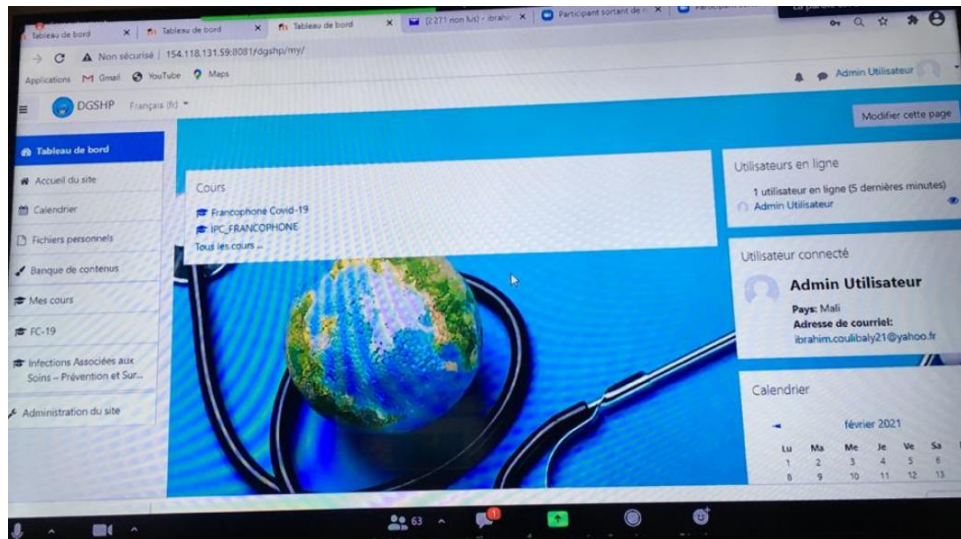


Photo credit: Abibata Handley, MTaPS

Screenshot of FMOS and DGSHP e-Learning Platforms and Courses

The screenshot displays the DGSHP e-Learning platform interface. On the left, a navigation menu lists various courses, including 'COVID-19 Cours de prévention et de contrôle des infections'. The main content area shows the course title and a video player. The video player displays a video titled 'Aperçu' (Overview) showing a healthcare worker in a blue gown and mask. The video player includes a progress bar and a '2 sur 2' indicator.

Navigation

- Tableau de bord
- Accueil du site
- Pages du site
- Cours
 - FACULTE DE MEDECINE ET D'ODONTO-STOMATOLOGIE
 - Tronc Commun Médecine et Odontostomatologie
 - Médecine Générale
 - Odontostomatologie
 - Master de santé publique
 - Formations continues
 - DIU e-Santé
 - Divers
 - eLearning
 - COVID-19
 - Participants
 - Badges
 - Notes
 - Généralités
 - Module 1
 - COVID-19 Cours de prévention et de contrôle des in...

COVID-19 Cours de prévention et de contrôle des infections

COVID-19 Cours de prévention et de contrôle des infections

COVID-19 Cours de prévention et de contrôle des infections

FC-19: COVID-19 Cours de p

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Applications Gmail YouTube Maps

DGSHP Français (fr)

Admin Utilisateur

FC-19

Participants

Badges

Compétences

Notes

Généralités

Module 1

Module 2

Module 3

Module 4

Module 5

Module 6

Aperçu

Contexte et principes des stratégies de PCI spécifiques à COVID-19

À la fin de ce module, vous serez en mesure de:

- Définir la PCI et son rôle dans le contexte de la préparation, de l'état de préparation et de la réponse
- Décrire la situation épidémiologique actuelle de COVID-19, y compris les dérivés des cas et les signes et symptômes

2 sur 2

Testimony from the National Government

Remarks from Dr. Fanta Siby
Minister of Health and Social
Development, Mali



Dr. Fanta Siby
Minister of Health and Social
Development, Mali

Lessons Learned

- Lack of knowledge of cleaners, morgue attendants, and ambulance drivers regarding risks of healthcare-associated infections is often an overlooked factor that hampers the application of hygiene measures for stronger IPC.
- There is a need to hold regular training at all levels. This will help improve the enforcement of hygiene and preventive measures at the facility level.
- An online training approach could be complementary with face-to-face training or meetings as it helps overcome issues related to security during travel or the availability of personal protective equipment during training sessions.

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Uganda: Cascaded Mentoring Approach



Dr. John Paul Waswa
Technical Advisor
Global Health Security Agenda
MTaPS Uganda



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IPC Mentorship



Objectives

- To provide the health workers with an overview of COVID-19 and introduce IPC principles
- To strengthen IPC structures at facility level and build routine IPC practice in health facilities
- To enable all health workers to identify/recognize infectious diseases through active screening, follow proper isolation procedures, and notify authorities in time

Approach

- Health system strengthening; building on existing structures (regional and district health structures)
- Mentorship targeting all health workers in the facilities
- Quality assurance; no content dilution: same content delivered at all levels
- Experts deployed to oversee the implementation at every stage (5 technical consultants and 3 MTaPS technical staff)



Why this approach

Low dose, high frequency model for retention of knowledge and skills

Addressed shortage of staff in health facilities; worse during an outbreak to take them away for a full 5-day training course

Minimized the risk of spread of infectious diseases (reduced mobility of HWs, mentors work within the same geographical region of all their assigned facilities)

Leveraged existing skills for IPC in the regional IPC teams (already trained by MTaPS under GHSA work)

District teams and regional team's commitment to long-term support for IPC

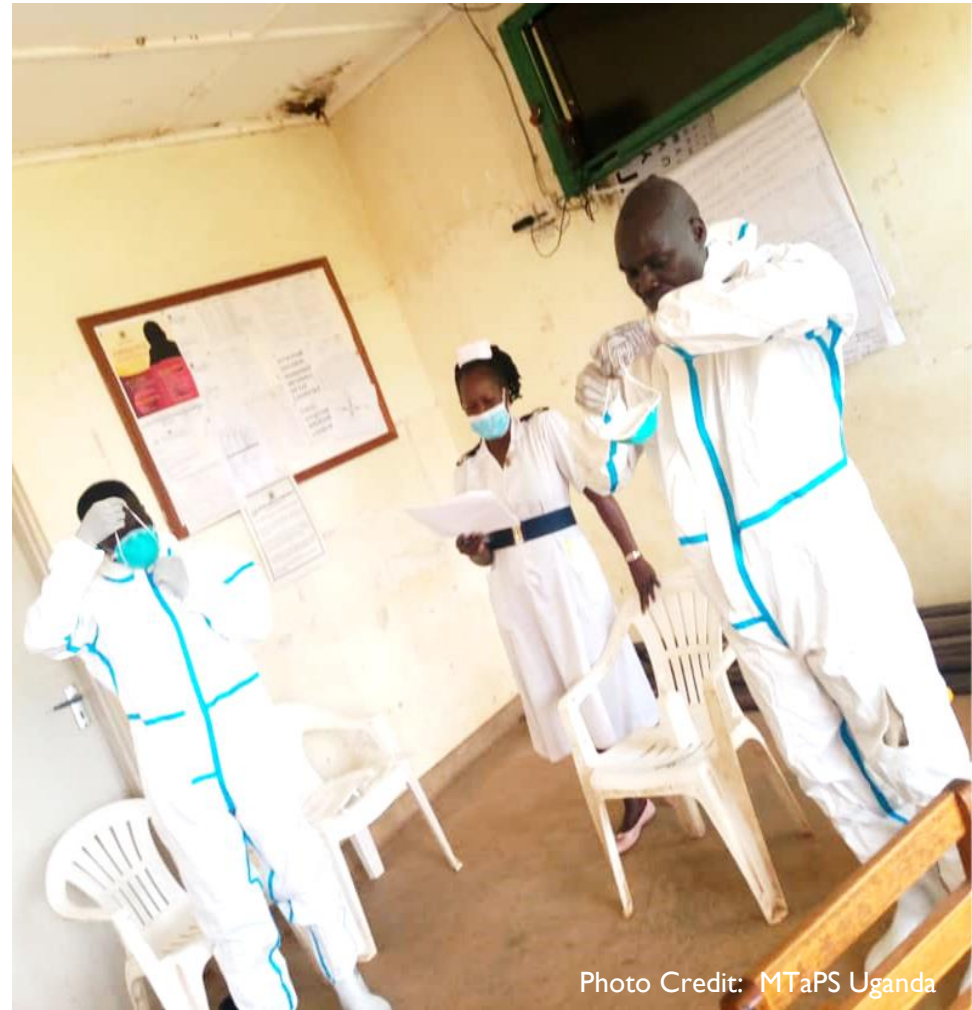
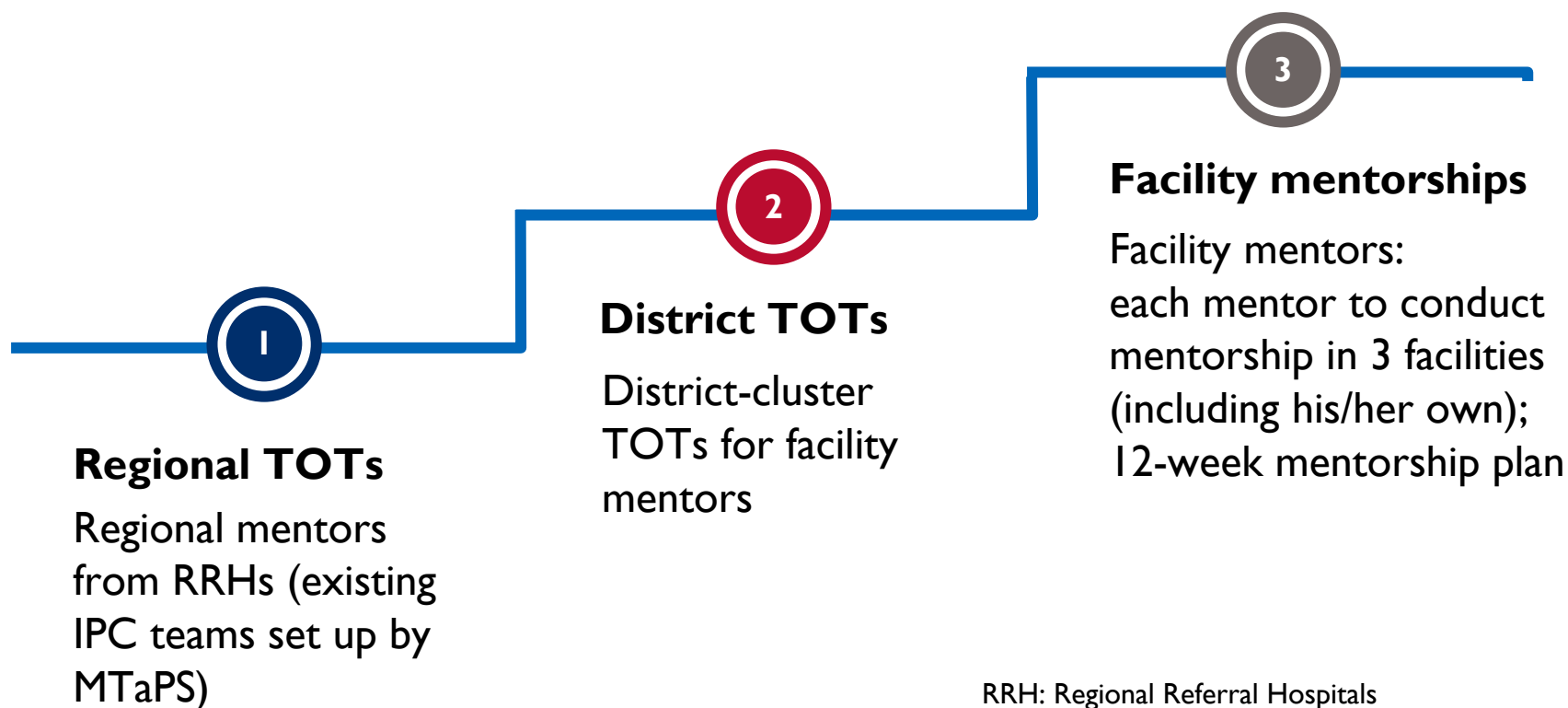


Photo Credit: MTaPS Uganda

IPC Mentorship | Structure



RRH: Regional Referral Hospitals
IPC: Infection Prevention Control
ToTs: Training of Trainers

IPC Mentorship | Tasks

Facility mentors were tasked with the following activities:

- IPC assessment (baseline, mid-point and at the end)
- IPC mentorship activities at facilities (trainings, CMEs, reviews, provision of feedback to facilities, support supervision)
- Documentation: assessment reports, weekly activity reports

CMEs: Continuous Medical Education Sessions



IPC Mentorship | Mentors

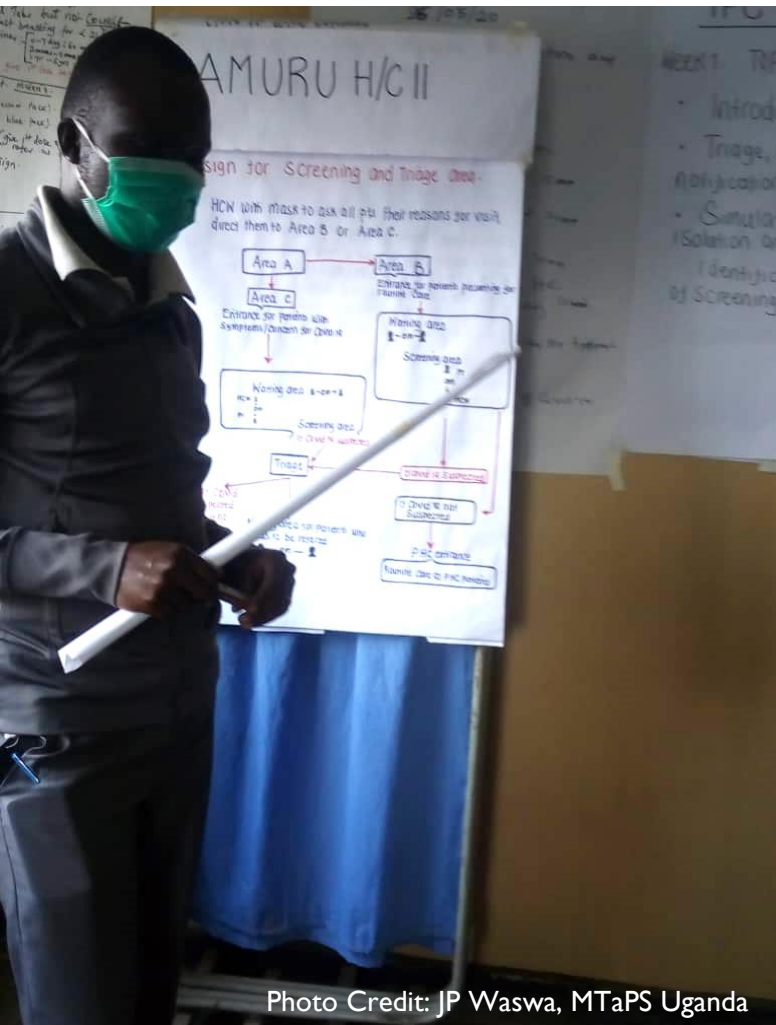
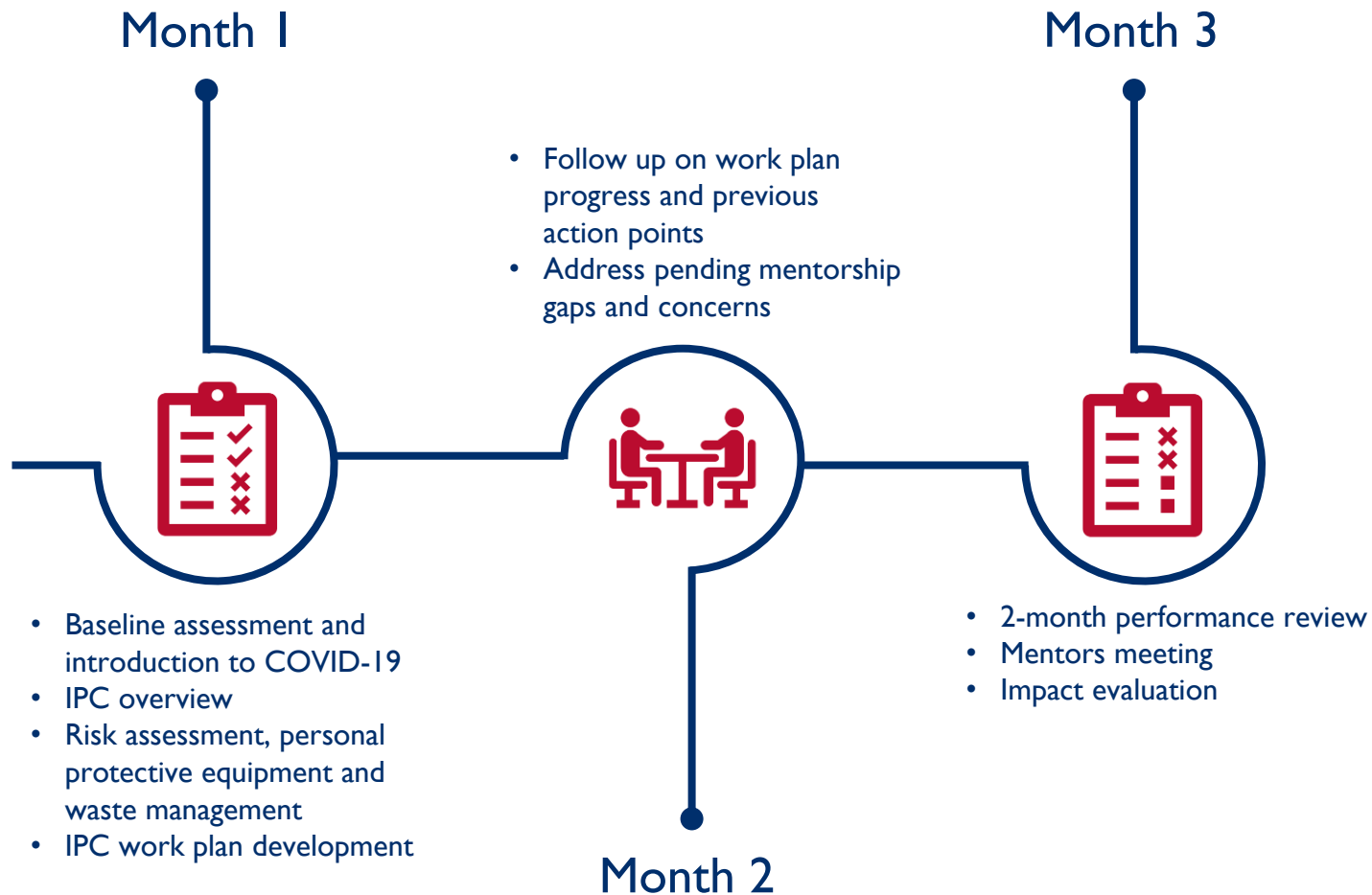


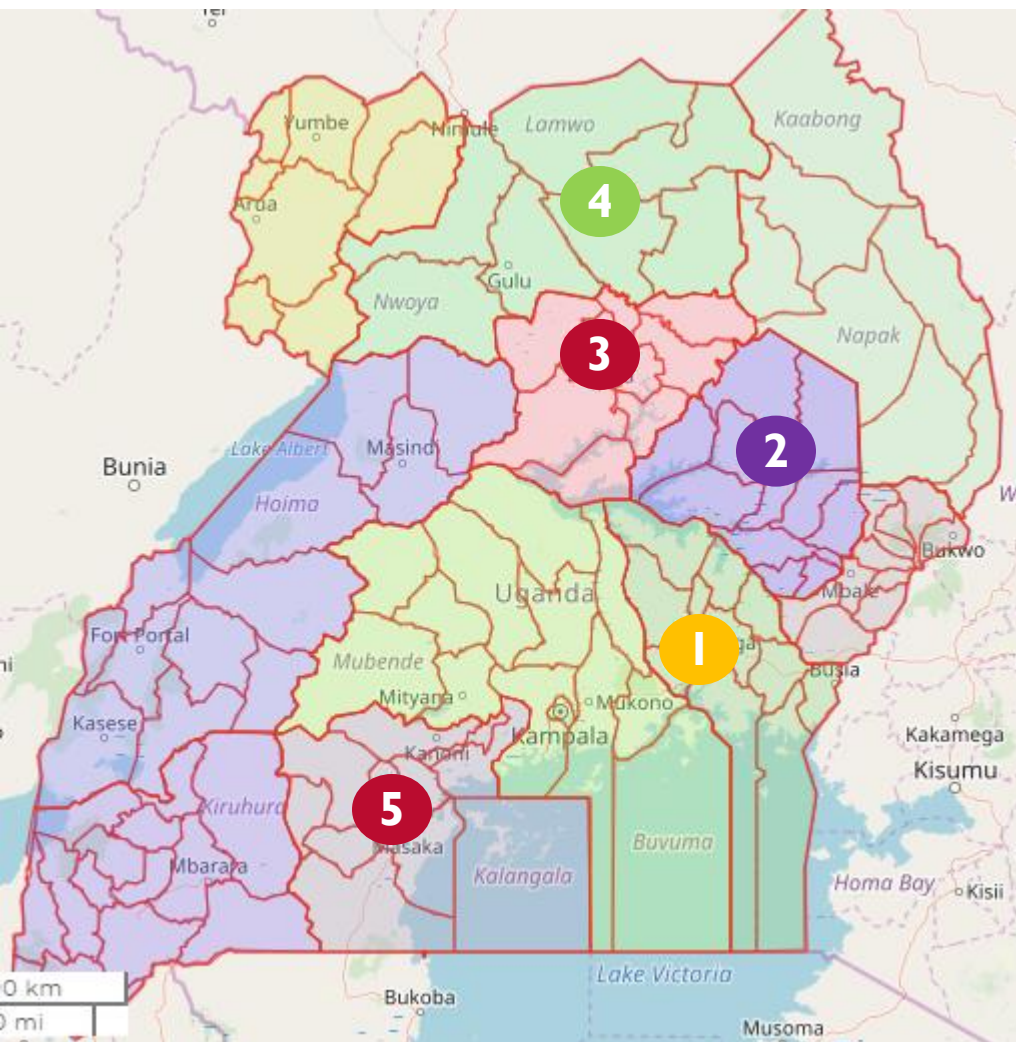
Photo Credit: JP Waswa, MTaPS Uganda

- The HF* mentors were recommended by the district IPC committees based on interest in disease outbreak management, IPC, and quality improvement
 - HF mentors are district health workers (employees); their participation positively impacted their employment performance and appraisals
 - The HF mentors were provided with logistical support for transport and meals
- * HF: health facility

IPC Mentorship | How It Works?



Results



	Region	No. of districts	RRH	IP
1	Busoga	11	Jinja RRH	RHITES-EC
2	Teso	11	Soroti RRH	TASO
3	Lango	10	Lira RRH	RHITES-NL
4	Acholi	8	Gulu RRH	RHITES-NA
5	Masaka	11	Masaka RRH	RHSP

RRH: Regional Referral Hospitals
IP: Implementing Partner

Results

- Created **45** district IPC committees and **486** mentors linked to **858** facilities in 5 regions
- Each health facility was mentored through **7 visits** during a period of **12 weeks**
- 5,148** mentorship visits conducted over 12 weeks

Trained 5,452 health care workers through support supervision and mentorship

13/7/2020

IPC ACTION PLAN DAKABELA HIC III.

Gaps Identified	Agreed Action	Timeline	Responsible Person.
1. Non functional Screening area	Functionalise Screening point.	Immediately	IPC FP (Agedo Christine).
2. Inadequate Shelter.	Lobby for shelter from IP.	With in three month period.	HC facility (Anany Dorais)
3. Inadequate PPE's	Request from District & IP.	Immediately	HC facility & IPC FP.
Knowledge Gap	Conduct CME's.	By aug 2020 & Continuously.	IPC FP.

Results



A Guide to Infection Prevention and Control Mentorship in Health Facilities

Mentors' handbook



Photo Credit: MTaPS Uganda



Photo Credit: MTaPS Uganda

Testimonial from a Doctor at a Health Facility

Dr. Ogwal Daniel

In-Charge/Medical
Superintendent

Serere HC IV - Eastern
Uganda



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Jordan: Multifaceted Approaches to Build Healthcare Workers' Capacity to Fight COVID-19



Ruba Haddadin
Senior Technical Advisor
MTaPS Jordan



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Situation in Jordan

692,181 confirmed cases
8,372 deaths
from January 3, 2020 to April 2021

696,449 vaccine doses
administered as of April 18, 2021

Source: WHO

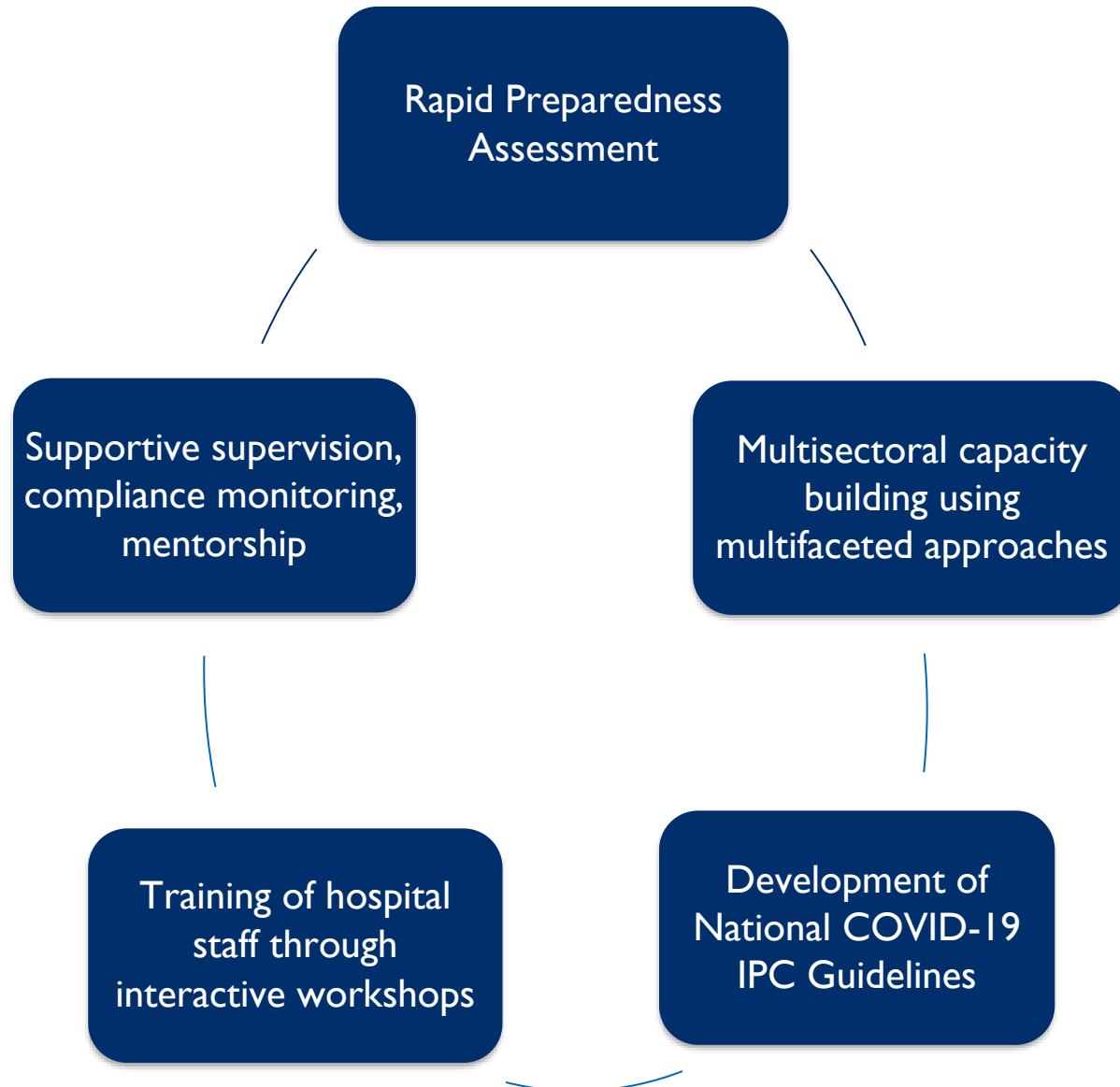


Situation in Jordan

- Except for the 2012 MERS outbreak, Jordan has a stable environment when it comes to infectious diseases.
- As a result, some of the biggest gaps relate to the use of personal protective equipment (PPE).



Our Approach



Initial Steps



Developed training material in accordance with the most updated global guidance known and published



Aligned the MTaPS training materials with the local guidance approved by the Ministry of Health (MOH)



Provided training workshops while continually updating the training materials – this was a challenge due to the nature of the disease and rapidly evolving guidance

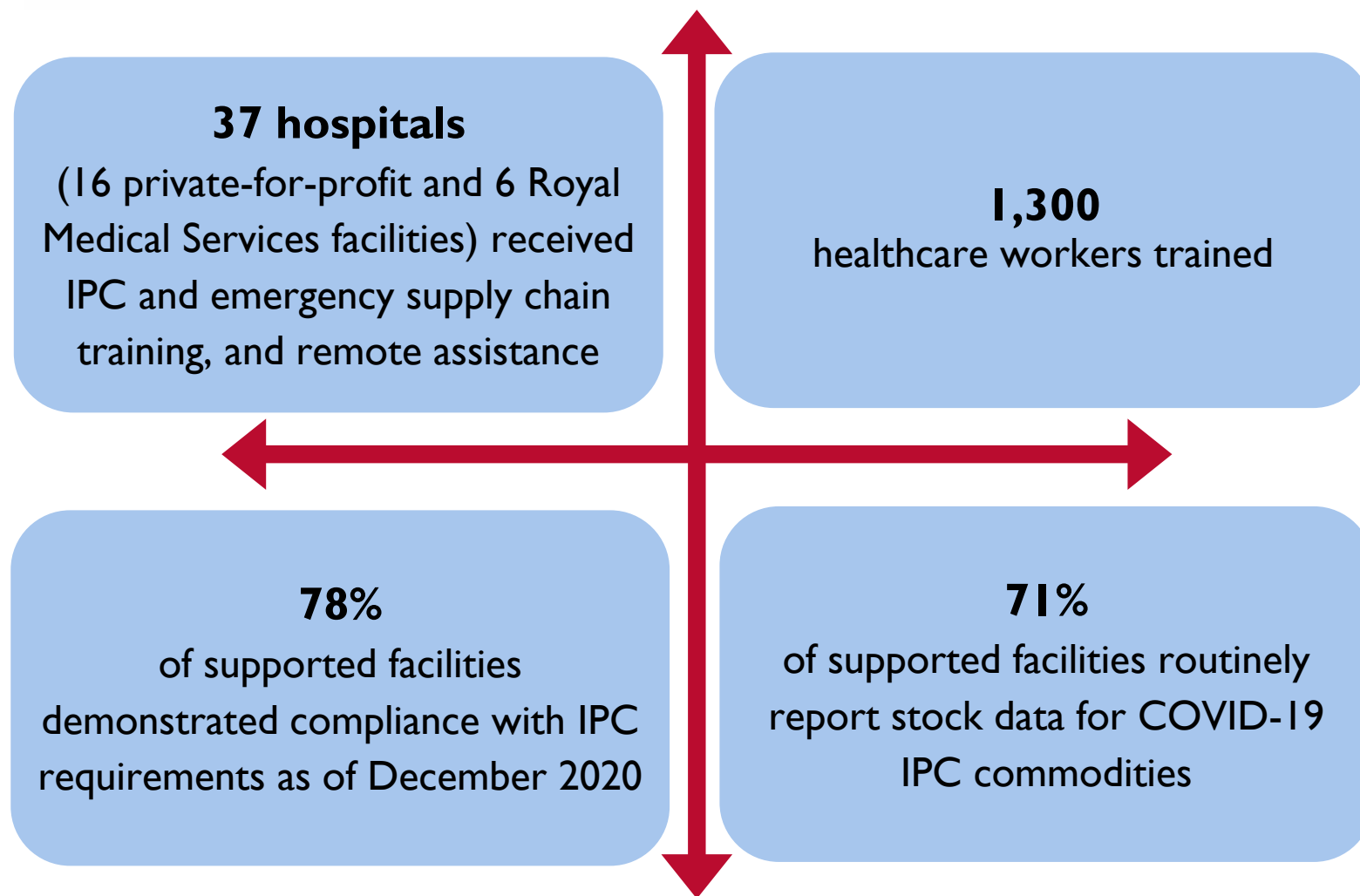
At the Workshops

- Application of participatory methods such as onsite demonstrations of vital transferable skills
- Use of simulations and other experiential techniques to ensure sustained attention of trainees
- Use of case scenarios to provide the trainees with different situations and how to mitigate them
- It's also challenging during this tough time ... to focus and listen!



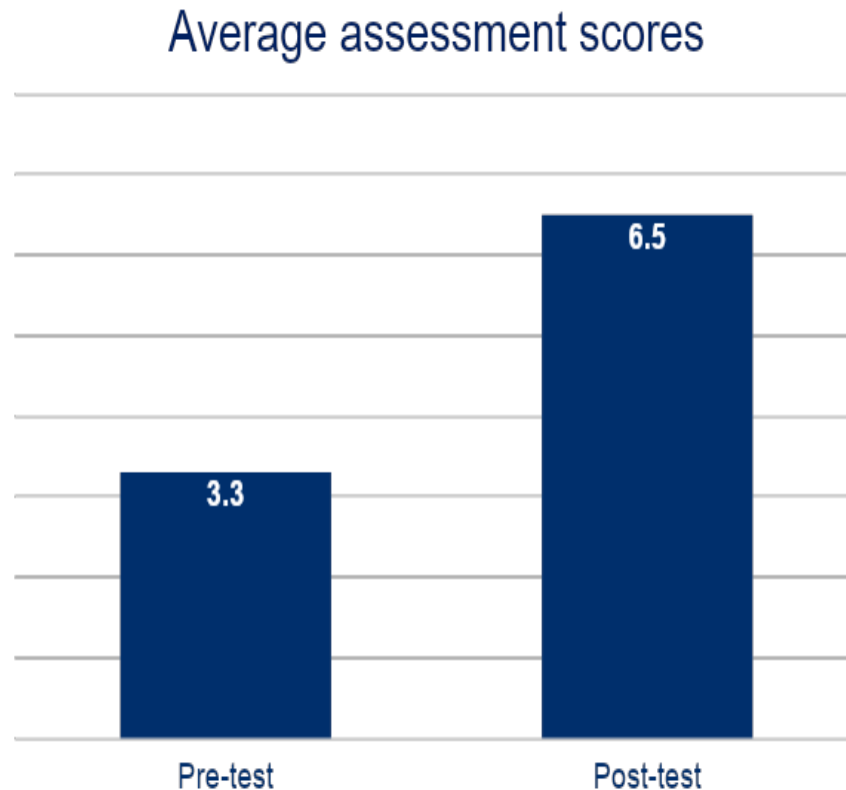
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Key Results



Measuring Training Effectiveness

- Used training assessment tools, such as pre- and post-tests to document change in COVID-19 IPC knowledge



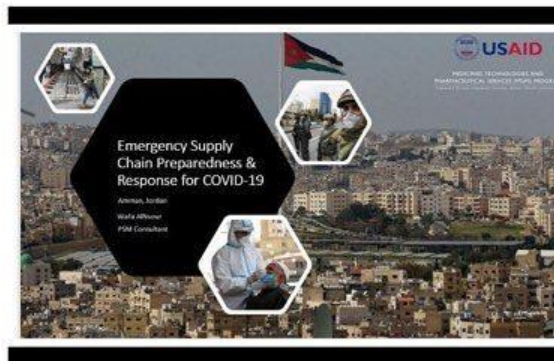
Max score = 8

*Results based on
the analysis in 34
supported hospitals*

Mitigating Challenges from Travel/Social Distancing Restrictions

- Established a temporary Moodle e-learning platform to deliver online training
- Provided remote support to hospitals / focal points via phone and texting application
- Currently, building a sustainable e-learning solution in collaboration and for handing over to the MOH administration

Welcome to the training




Success Story: The Case of Al-Basheer Hospital

- Jordan's primary and first referral hospital in the public sector
- Main gaps were:
 - Newly hired staff in need of training on IPC and PPE use
 - Weak emergency supply chain system
- Training conducted for around **320 healthcare workers** on the frontlines at the emergency hospital, COVID-19 hospital, Ob-Gyn and other facilities




Post-Training Follow Ups

The last phase after providing training was to do follow ups.



MTaPS trainers and consultants made sure to build a trustful relationship with the focal points at hospitals.



We kept up communication with trained healthcare workers through a network – answering any COVID-19 IPC-related questions and providing needed job aids and guidelines to raise their capacity and confidence.

Sustainable Outcomes



- The Moodle e-learning platform currently used for COVID-19 IPC training will be managed by the Jordan MOH IT Department for antimicrobial stewardship (AMS)/antimicrobial resistance (AMR) training and as a repository of local and international guidelines on antimicrobial use.
- The COVID-19 procurement and supply chain management (PSM) reporting system developed by MTaPS has been handed over to the PSM Department at the Ministry.
- The improved COVID-19 IPC practices are the first step in the AMS program to be implemented during MTaPS FY3 activities.

Lessons Learned



- Conduct sessions to raise awareness outside the healthcare sector, for example for the media. Media plays an important role during outbreaks and can back up efforts of the health care sector.
- Provide emotional support / encouragement along with technical guidance, which was as important for healthcare workers, especially at the beginning of the pandemic. Our experienced trainers played that role most of the time.
- Start earlier in the outbreak. The interventions were helpful for all healthcare workers who were trained, but timing is a critical factor for optimal results in pandemics.

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Q&A



Moderator

Dr. Suzanne D. Diarra
Senior Technical Advisor
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Closing Remarks



Dr. Suzanne D. Diarra
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Prime Contractor

Management Sciences for Health

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Thank You



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