

The sample below illustrates the final product. If you wish to see the original Word document with edits in tracked changes, please email alice@crealitygroup.org.

Emergency Fund COVID-19

April 15 to May 7, 2020

NATIONAL-LEVEL UPDATE

Cambodia reported 122 confirmed cases from March 2020. No new cases have been registered since...

In the past two weeks, the Enhancing Quality of Healthcare Activity (EQHA) team joined the Coronavirus Disease (COVID-19) Clinical Management and Infection Prevention and Control (IPC) Working Group, led by the Department of Hospital Services (DHS) of the Ministry of Health (MOH) and the World Health Organization of Cambodia. The Working Group held a virtual meeting to further update and draft the standard operating procedures and protocols for the COVID-19 response, including the COVID-19 triage, patient flow and treatment protocol, version 2.0.



COVID-19 CASE DEFINITIONS

(01 May 2020)

A person with ONE of the following signs and symptoms:				
Fever at least 37.5°C	Cough	Runny Nose	Sore Throat	Shortness of breath
AND				
Travel away between provinces or outside Cambodia in the last 14 days				
OR				
Contact with someone who traveled outside Cambodia in the last 14 days				
OR				
Contact of a confirmed case of COVID-19 in the last 14 days				
OR				
Healthcare worker				

Then call hotline 115

Figure 1. MOH's COVID-19 case definitions

On May 4, 2020, the EQHA team, consisting of Dr. Premprey, Dr. Laurent, Dr. Ratana, Dr. Chanthol, Dalen and Lena, met with representatives of the U.S. Center for Disease Control and Prevention (CDC) Cambodia: Dr. Seng Heng, Chief, Dr. Pen Ratha, Deputy Chief, and Dr. Sreang Kosol, Officer. Participants of the meeting presented the EQHA COVID-19 Workplan and explored possible support that EQHA can provide the CDC Cambodia in the COVID-19 response. CDC Cambodia requested that EQHA provide additional personal protective equipment (PPE) and materials for health facility staff, capacity building for the rapid response team (RRT) at the subnational level and IT support to strengthen the CamEWARN system.

COMMODITY PROCUREMENT

A shipment of PPE supplies arrived at the Phnom Penh airport and are waiting for custom clearance. The procured supplies include:

- Surgical masks (22,000)
- Face shields (2,000)
- Nitrile gloves (1,000)
- Coveralls (3,000)
- VTM (2,000)

EQHA has received a partial shipment of equipment for distance-learning (DL) hubs, including a Logitech mouse, a keyboard, a Dell OptiPlex computer, a central processing unit and an LG 55-inch television. EQHA expects the remaining equipment (Logitech conference system and Logitech extension microphone) to arrive by mid-May.

SUBNATIONAL-LEVEL UPDATE

Coordination at the subnational level

Provincial coordinators regularly joined COVID-19 working groups in PHDs to share Workplans and accomplishments with other PHDs, operational districts and nongovernmental organizations, as well as coordinate work to avoid overlap and leverage the response effort.

The Deputy Chief of Party, the Quality Improvement Program Manager of Population Services International and three PCs of Population Services International met with the PHD Director and PHD RRT of Kampong Chhnang, Battambang and Pailin provinces to present the COVID-19 Workplan and discuss possible EQHA support to strengthen provincial RRTs to better cope with COVID-19 and other communicable diseases. During the meeting, PHDs suggested support for capacity building of RRTs, such as ToT, refresher training and coaching on COVID-19 management and response. PHDs also requested more PPE and non-PPE materials for health facilities and IT materials for improving the current CamEWARN system, as well as support for capacity building and risk communication activities at the community level. In addition, the Battambang PHD Director suggested the installation of a DL Hub for the PHD headquarters.

All PHD teams appreciate EQHA's support in improving the provincial-level COVID-19 response. However, PPE materials supplied by MOH CMS are not enough for provincial use, and health facilities have requested further materials.

Additional subnational coordination is as follows:

- MOH advises all provincial and district hospitals to prepare to become COVID-19 designated treatment hospitals.
- All PHDs expressed the need for DL Hub equipment and thanked EQHA for its support in closing this gap. However, the Battambang PHD requested a DL Hub at the PHD Office to enable the PHD RRT to connect with all hospitals and operational district, health center and RH RRTs in the province.
- All PHDs requested cool boxes and cold packs. EQHA procured the requested items for Kampong Cham province.

RRT training

The three target PHDs appreciated EQHA's support in providing ToT courses and cascade training during the last three months. However, MOH initially trained only four or five RRT members to collect specimens in each province.

A one-day training session is not enough to cover all RRT training topics, and the Kampong Chhnang team requested more time to extend the training sessions. EQHA conducted the same training for the Battambang RRT over one and a half days, which seemed to yield better results.

Virtual training for private health providers in Phnom Penh

EQHA held a virtual training session using Zoom on April 19, 2020. The training covered basic knowledge and education on COVID-19, as well as IPC and extra precautions based on replication. The training

session hosted 26 individuals, including two trainers, two EQHA staff and health facility staff from eight clinics, one maternity clinic and one hospital from Phnom Penh, Kampong Cham and Siem Reap provinces.

The attendees of the training participated in a Q&A session covering how COVID-19 is transmitted in Cambodia. The session discussed cases with and without symptoms and presented facts and statistics related to COVID-19 in Cambodia, including the fact that most of the cases are exported from outside of the country, most patients in Cambodia experience mild symptoms, some patients experience no symptoms and only one patient, a French patient, experienced severe symptoms.

Private health facilities with enough PPE, knowledge and training, as well as the ability to construct an isolation room with MOH approval, can conduct case management. For example, MOH allowed the Royal Phnom Penh Hospital to treat COVID-19 patients. However, private health facilities have not expressed much interest in conducting case management due to the risk of losing general patients.

MOH encouraged private health facilities to assist in screening patients with COVID-19 symptoms before referring them to public health facilities by calling 115 or treating them as general patients (i.e., flu or other disease patients). The hospitals that are testing and managing COVID-19 cases are also designing social distance measures. For example, staff requires patients to call in from outside of the facility to conduct a checklist screening to determine if the patient is considered high-risk. If so, staff will advise the patient to undergo testing and quarantine.