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**PROJECT DOCUMENT**

Country Name

**Project Title:** Supporting an Inclusive and Multi-Sectoral Response to COVID-19 and Addressing its Socio-Economic Impact in the Republic of Mauritius. (**Prevention, Response and Early recovery Project (PREP)**)

**Project Number:** 000126860

**Implementing Partner:** UNDP

**Start Date:** June 2020 **End Date:** March 2021 **PAC Meeting date:** 15 May 2020

**Brief Description**

The Mauritius COVID **Prevention, Response and Early recovery Project (PREP)** aims to provide short assistance and to medium-term planning assistance to the Government of Mauritius in the wake of the health systems, social protection and socio-economic impact of the COVID-19 pandemic. The likely implication of the Government of Mauritius fiscal policy measures and heightened social spending triggered by the pandemic this event, is economic shock that will present considerable strain on an already overstretched national budget. The UNDP Mauritius PREP is focused on assisting implementation of the government containment and social protection strategy; and, laying the foundations to address future shocks. This includes: (i) Building Resilient Health Systems; (ii) Assisting in an inclusive and multisectoral crisis management and response; and (iii) Assisting in Socioeconomic Recovery and achieving social inclusion. The assistance from the Government of Japan will be utilized to support Mauritius in responding seamlessly across the pre-surge, surge and recovery phases, with particular focus on vulnerable populations and those left farthest behind. UNDP’s response is consistent with WHO “COVID-19 Strategic Preparedness and Response Plan” and aligned with country-specific UN Country Team multi-sectoral response, informed by the UN Global Multisectoral Response Plan and guided by the Resident Coordinator and WHO along a 3-pronged approach to: (i) **Prepare:** to strengthen health systems including supporting procurement of frontline medical supplies, deploying digital technology to ramp system capabilities; and ensure health workers are paid; (ii) **Respond:** Support a whole-of- government and whole-of-society response by working across key sectors including social welfare and financial inclusion to slow the spread of the virus and to provide protection for vulnerable populations; and (iii) **Recover:** Support Mauritius to assess the social and economic impact of COVID-19; and, plan for and undertake urgent recovery measures, especially for poor and marginalized groups. Specifically, the project will enable UNDP to support the Ministry of Health and Wellness with medical supplies and address the issue of waste management. The project will also promote an integrated and inclusive crisis response through the implementation of digital innovation to strengthen Business Continuity Planning and implementation of E-Systems in the public sector. Finally, the project is intended to help in macro-economic forecasting and assisting the Government in devising the appropriate policy measures in the short and medium term.

**Contributing Outcome:**

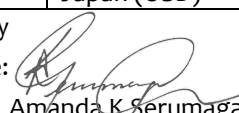
SPF Outcome: By 2023, social protection policies and programmes are strengthened and rationalized to reach the most vulnerable, eliminate GBV, and to enhance the socio-economic and political empowerment of women

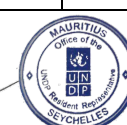
CPD Outcome

Outcome 1: Improved public sector management supporting poverty reduction, social inclusion and gender equality is promoted through responsive strategies.

**Indicative output with gender marker:**

Gender marker 2

<b>Total resources required:</b>	1,805,143 USD	
<b>Total resources allocated:</b>	<b>Government of Mauritius (USD)</b>	900,000
	<b>Donor:</b> Government of Japan (USD)	905,143
Agreed by Signature:  UNDP: Amanda K. Serumaga UNDP Resident Representative Mauritius and Seychelles Country Office Date: 29 July 2020		



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## I. DEVELOPMENT CHALLENGE

COVID-19 has spread rapidly to almost every corner of the world. With most countries in pre-surge (i.e.: small number of reported cases – bearing in mind the challenges with testing and under-reporting) and surge (i.e.: new infections rising) phase, an urgent global response across the health, development and humanitarian dimensions is needed. As a global pandemic that threatens to deepen inequalities and undo progress on sustainable development and humanitarian responses more broadly, COVID-19 is already devastating individuals, families, communities, economies and infrastructure.

### Situation Analysis in Mauritius

The Republic of Mauritius constitutes of the islands of Mauritius and Rodrigues, 560 kilometres east of Mauritius, the 2 outer islands of Agaléga, 1065 km to the north, and the archipelago of Cargados Carajos Shoals (Saint Brandon), 430 km to the northeast. For a population of 1,3M, annual tourist arrivals of roughly 1 M contributed significantly to the Mauritian economy.

**Economic outlook:** Prior to the crisis, real GDP growth was moderate yet steady, averaging 3.8% during 2015–19. Growth was mainly driven by financial services, retail and wholesale trade, and information and communications technology. GDP per capita trended upward, reaching an estimated \$10,200. The economy is largely service based (76% of GDP in 2019), followed by industry (21%) and agriculture (3%). Aggregate demand has been underpinned by strong growth in household consumption, while investment stood at 19% of GDP in 2019. The Economic Development Board (EDB) has conducted an economic impact assessment of COVID-19 based on a Computable General Equilibrium model under different scenarios. Under the baseline scenario, which takes into consideration current travel and trade restrictions that have already been imposed, the negative impact of COVID-19 on GDP growth is estimated to be at least 0.9 % for 2020 depending on the duration and depth of the crisis.

**Social welfare:** Mauritius is known for its comprehensive social assistance programmes having achieved universal coverage, and is one of the few countries globally, with largescale domestically funded non-contributory schemes. It is among the countries with the highest spending on social protection in Africa, with spending amounting to more than three percent of Gross Domestic Product (GDP). The government spends 28 percent of national budget on social protection which in absolute terms has expanded by an average of 2.4 billion Rupees annually between 2015/16 and 2019/20. Between 2015/16 and 2018/19, this expenditure outstripped social security contribution by 30 billion Rupees, During the same period, about 33 percent of the country's annual revenue, excluding grants, was used to finance social protection programmes. The COVID-19 pandemic only adds to the stress that workforce savings are not enough to cover social protection; thus, the sustainability of the social protection programme is at risk.

**Demography:** According to World Bank data, Mauritians are now living 16 years longer than they did in 1960, and the country is now classed as having an ageing population with ~ 15% aged above 65 years, placing the country within the threshold required to categorize its population as aged (14-19 percent). Mauritius is also ranked first in Africa and second globally for non-communicable diseases such as high blood pressure and diabetes. The WHO notes that people with pre-existing medical conditions, like high blood pressure, diabetes, or heart or lung disease are more at risk of severe disease; while older adults are more at risk of severe COVID-19 disease with the risk of severe disease gradually increasing with age over the age of 40 years. As such, the COVID-19 virus epidemic in Mauritius – is likely to result in a high incidence of several and fatal cases.

In addition, as a small island developing state – Mauritius has amongst the highest population density globally; produces little of its' own food and is faced with extremely high cost for the importation of consumption goods. The containment strategy to isolate Mauritius from travellers, and it's over reliance on now affected value chains – suggests a sever epidemic will increase the risk of food insecurity and drive up costs to unsustainable levels

**COVID-19 in Mauritius:** The first three confirmed cases of COVID-19 in Mauritius were announced on 18 March 2020. All of them were imported cases (one from the UK and two other Mauritians working in the cruise ship industry, who were surveyed at Point of Entry). Since then, the situation has evolved rapidly. On 19 March 2020 four locally transmitted cases were confirmed through contract tracing. A ban on entry in Mauritius became effective on 19 March 2020. With a view to containing local transmission and further spread, Cabinet decided to set up a national containment as from 20 March 2020 for a period of at least two weeks. A curfew order was enforced from 23 March to 02 April 2020 and was extended thereafter on two occasions until 4 May 2020. Daily press briefings are held to update the population on the situation and measures being taken to cater for the more vulnerable.

Since the first case was confirmed, the outbreak of COVID-19 in Mauritius evolved rapidly shifting from a scenario of **Sporadic cases** to **Clusters of cases** on 9 April 2020. With growing number of cases due to local transmission linked to chains of transmission, Mauritius was categorized in the scenario with community transmission confirmed on 21 April 2020. Since mid-April 2020, several patients attending the fever clinics at the regional hospitals are systematically tested for COVID-19 and some 10 cases have been tested for COVID-19. As at 23 April 2020 the number of confirmed COVID-19 cases rose to 331, including 9 deaths. Seven of the nine fatalities had co-morbidities related to non-communicable diseases. The total number of locally transmitted and imported cases as at 23 April 2020 totalled 220 (66.5%) and 111(33.5%) respectively. As at 23 April 2020, 266 confirmed cases were fully recovered after two tests effected within 48 hours came back negative. The other 24 active COVID-19 confirmed cases were undergoing treatment at designated public hospitals (New Souillac Hospital and ENT Hospital) and treatment centres. Notwithstanding a robust macroeconomic, public health and social protection response, Mauritius faces the risk of rapid exponential increase of COVID-19 cases on its territory, with a high incidence of several and fatal cases as the country is classed as having an ageing population with ~ 15% aged above 65 years.

**Government of Mauritius COVID-19 Response:** In addition, the Cabinet of Mauritius has instituted several responses in the form of a “Plan de Soutien” aimed at providing the necessary support to the private sector across various sectors to mitigate the impact on COVID-19, using a range of business stimulus packages and relieving tax and non-tax obligations for local manufacturers and SMEs. Measures include: Revolving credit with the Development Bank of Mauritius; Reduction in taxes and levies for import and cargo; and Deferral of loan payments for businesses and private individuals.

While continuing robust social security provisions, further arrangements have been made for social protection through the distribution of basic food items to families on the Social Register of Mauritius, which was developed with technical support from UNDP, and to domestic violence shelters, homes and charitable institutions. The self-employed and informal sector workers are receiving cash transfers; and, there is a 6-month moratorium on capital and interest payments for SMEs. Fees for market stalls have also been waived as have fees payable by sellers of vegetables, haberdashery and general merchandise in markets around the island during the curfew period.

The implication of this social spending is that the economic shock of the Covid-19 epidemic in Mauritius will present considerable strain on an already overstretched national budget, with the risk that resources may need to be reduced for social protection schemes, denying vulnerable groups basic healthcare and income support. Furthermore, such reduction in social protection will increase the stress on the national healthcare system, with increase in the health care burden. Lastly, as a SIDS, Mauritius has amongst the highest population density globally; produces little of its own food and is faced with extremely high cost for the importation of consumption goods. The containment strategy to isolate Mauritius from travellers, and its over reliance on now affected value chains suggests that a severe epidemic will increase the risk of food insecurity and may drive up costs to unsustainable levels, with the negative impact of COVID-19 on GDP growth is estimated to be up to 5% for 2020 depending on the duration and depth of the crisis.

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## II. STRATEGY: THREE BY THREE

UNDP's offer is about safeguarding progress made on the SDGs. UNDP's programme framework is anchored in a **three-pronged approach** to support countries in responding concomitantly across the pre-surge, surge and recovery phases, with a focus on vulnerable populations and those left farthest behind.

### Prepare

- UNDP will support countries to strengthen their health systems, including by helping them procure much-needed medical supplies, use digital technologies and ensure health workers are paid.

### Respond

- UNDP will support a whole-of- government and whole-of-society response by working across key sectors to slow the spread of the virus and to provide protection for vulnerable populations.

### Recover

- UNDP will support countries to assess the social and economic impacts of COVID-19 and undertake take urgent recovery measures, especially for poor and marginalized groups.

UNDP's response is consistent with WHO "COVID-19 Strategic Preparedness and Response Plan" and aligned with country-specific UN responses, led by the Resident Coordinator and WHO. Building on the on-going experience from COVID-19 support in the Asia Pacific region, UNDP's experience in responding to disease outbreaks (e.g. Ebola, Zika, H1N1, SARS, MERS), and the knowledge and expert network in the respective regions, UNDP can provide support in the following **three immediate priorities**:

1. **Health systems strengthening to respond to COVID-19;**
2. **Inclusive and multi-sectoral crisis management and responses; and**
3. **Addressing the Socio-Economic Impact of COVID-19**

### Mauritius Country Strategy

The WHO Regional Office for Africa identified Mauritius, along with other 12 countries in the African Region, as a priority 1 country requiring support for preparedness activities due to Mauritius' as a prime touristic destination, existing IHR core capacities and tight links with China. It was also noted that the high population density exceeding 600 population per square km, rapid movement of people into and out of the country for trade and recreational purposes, constitute important drivers facilitating the importation and local transmission of COVID-19.

In January 2020, the Government of Mauritius elaborated a National Operational Plan to maximize containment of the COVID-19 and minimize the potential impact of an outbreak while ensuring continuity of health care delivery. The plan also provides for enhancing surveillance and control of COVID-19 in Mauritius. Considering the evolving epidemiological situation, the plan has been continuously reviewed and updated to prepare and respond to both Clusters of cases and Community transmission. The current plan delineates the necessary public health measures at the appropriate scale to halt and reduce both COVID-19 transmission and economic, public and social impacts.

The overall objective of this Preparedness and Response plan has been to ensure optimum care of the confirmed cases and contain further spread of the outbreak within the next six months. The specific objectives are as follows:

- Sustain provision of optimum care for the confirmed case at the New Souillac Hospital / COVID -19 Treatment centre and other designated hospitals to minimize morbidity and prevent mortality.
- Ensure that COVID-19 patients are identified, isolated and cared promptly in real-time, including providing optimized care for cases
- Ensure that the WHO Diseases Commodity Package for COVID-19 are available in adequate numbers and accessible in real time at the intervention levels (Screening, IPC and Case Management)
- Scale up active surveillance and contact tracing to limit human-to- human transmission including reducing secondary infections
- Guarantee all measures in place for protection of health care front liners at all service delivery levels of the health system by ensuring adherence to standard WHO infection prevention and control (IPC) guidelines
- Disseminate and train health care workers to implement standard operation procedures, protocols and WHO Guidelines across the country
- Ensure that critical risk information reach out to all communities and misinformation are countered promptly
- Capacitate the Communicable Diseases Control Unit of the Ministry of Health & Wellness to implement an effective risk communication and community engagement, information and education activities
- Strengthen national capacity in Case Management of COVID-19 patients and implementation of Infection Prevention Control measures at health facilities level
- Strengthen national capacity for active surveillance, contact tracing, early detection, diagnosis, investigation and reporting
- Build capacity for early diagnosis, case management, and infection prevention and control
- Sustain essential health services during the outbreak and ensure response to the outbreak is uninterrupted
- Leverage resource mobilization among national stakeholders and donor partners to scale up and provide for effective response
- Promote full accountability and effective practices on use of resources.

The priority steps and actions under the National COVID-19 Preparedness and Response Plan of the Government of Mauritius are provided as per Annex 1. In addition, a Laboratory Information Management System is also being deployed by the Central Health Laboratory to improve the efficiency of testing and contact tracing.

### **Response strategies and Coordination mechanism**

The national strategy has been based on a risk assessment conducted on the risk of importation, local and community transmission, and gaps in capacity to respond to a community outbreak which places Mauritius at very a high risk. Coordination and oversight for implementation of the national response, including the plan, has been at the level of the High-level committee chaired by the Honourable Prime Minister. The mandate of the High-level Committee has been to provide policy, strategic directions and resource mobilization for the response. The UNDP Mauritius Country Office will assist the Government of Mauritius in addressing the COVID crisis by providing targeted support to strengthen health systems, support crisis management through improved business continuity planning and finally by assisting in devising appropriate policies.

The members of the Steering Committee include, among others:

- Ministers responsible for the following portfolios: Health, Finance and Economic Planning and Development, Tourism, Foreign Affairs
- Chief Commissioner of Police
- WHO Representative



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### III. RESULTS AND PARTNERSHIPS

#### 1. Expected Results

In accordance with the three immediate priorities mentioned above, the project will consist of the following three outputs.

<b>Output 1: Health Systems Strengthening</b>
<b>Output 1.1: Procurement services of health products including personal protective equipment (PPE) and laboratory equipment/ Provision of non-medical requirements of health sector</b>
<b>Output 1.2: Advisory support to governments including Ministries of Health</b>
<b>Output 1.3: Health waste management</b>

UNDP's support to countries to mobilize an effective, multi-sectoral, equitable, inclusive, human rights-focused crisis response to COVID-19, is part of the wider and coordinated UN response supporting the [WHO Strategic Preparedness Response Plan \(SPRP\)](#). UNDP has the capacity to engage, as appropriate and when requested by affected government/s, where comparative advantage is determined, to support **resilient health systems**.

**Output 1.1: Procurement services of health products including personal protective equipment (PPE) and laboratory equipment/ Provision of non-medical requirements of health sector:** required for national COVID-19 responses, drawing on UNDP's procurement architecture that serves existing large-scale health programmes funded by the Global Fund and directly by governments. Procurement services with due consideration to supply-chain management include policy and technical support to enable the effective, selection, procurement, access and delivery of products needed to prevent, diagnose and treat incidents of COVID-19. This includes support for the provision of 1 flu clinic to further increase the reach of national testing capacity. Non-medical requirements are vehicles, motorbikes, bicycles, computers, communications and audio-visual equipment, generators and alternate power supplies, containers, temporary construction, stationery and office supplies.

**Output 1.2: Advisory support to governments including Ministries of Health:** to support the deployment of the Laboratory Information System and other laboratory equipment to increase diagnostic capacity for COVID-19 and for the procurement of laboratory equipment, consumables and reagents in line with Global Fund guidance and staff **reassignment of personnel on internationally supported contracts** (from global health agencies collaborating on the [Global Action Plan for Healthy Lives and Well-being for All](#)).

**Output 1.3: Health waste management** with the upgrading, provision, instalment of autoclaves and incinerators, and the associated training of health care workers in their use will reduce the level of exposure even if there is no evidence that direct, unprotected human contact during the handling of health care waste has resulted in the transmission of the COVID-19 virus.

<b>Output 2: Inclusive and integrated crisis management and responses</b>
<b>Output 2.1: Support national and sub-national capacities for planning, coordination and crisis management</b>
<b>Output 2.2: Safeguarding human rights and protecting vulnerable groups</b>
<b>Output 2.3: Community engagement for prevention, response and social cohesion</b>

This UNDP Policy/Programme Offer builds on UNDP's extensive work and expertise on governance, rule of law, security and human rights; early warning; disaster risk reduction, crisis management, prevention,

and resilience building - applied to the COVID-19 global health emergency. At a broader level, the Business Continuity Plan of the Government of Mauritius in cases of national emergency may need to be revisited and the opportunity will be used to assess how it functioned and what are the improvements needed for better resilience. Furthermore, to enhance the resilience of the public sector governance, the design of online systems for approval of programme and project transactions will be envisaged. This includes:

**Output 2.1: Support national and sub-national capacities for planning, coordination and crisis management** in areas such as:

- a. Support to national and local **multi-sectoral planning, coordination, programmatic and implementation support**, including **data/analytics for early warning and crisis management**. Special emphasis will be on supporting the non-health ministries and Government Agencies, and Parliaments, in the response to COVID-19;
- b. **Innovative crisis financing and fiscal measures** for the COVID-19 response across sectors and ministries, and implementation of Country Response Plans, or crisis management plans and associated financing strategies, including to mobilize resources for the response;
- c. **Crisis resilience and maintenance of non-health essential services** disrupted by the required COVID-19 measures and preparing for possible scenarios at national/local level including points of entry (airport, schools, public areas);
- d. An **integrated, multi-media public information and education** offer, in line with WHO guidance which targets the general public and institutions, including local authorities. using digital solutions.
- e. Enhancing the use of digital governance in the public sector for crisis management including review of the Business Continuity Planning (BCP) Systems through the following:
  - Review the mode of operation of selected Ministries/ Institutions in the total lockdown and in the immediate aftermath to establish the BCP model;
  - Review of the various aspects of the current digital environment within the selected Ministry/ Institution to assess the efficiency and use of the available tools and bottlenecks if any, pertaining to essential components such as: Electronic Document Management, Financial Management system, Human Resources, in relation to performance management;
  - Review of the "work from home" concept in the public service to define, if need be, any relevant protocols and pending or current legislation/tools which may be deployed;
  - Preparation of implementation Plan of Action, in line with the existing e-Government Strategy, for ensuring the application of an end to end online and secured above mentioned online systems of the selected Ministries taking into consideration the required hierarchical approvals/internal control framework.

**Output 2.2: Safeguarding human rights and protecting vulnerable groups:**

- a. Providing policy and technical support to governments on the **human rights dimensions of public health related laws, policies and practices** adopted to prevent, control and treat incidents of COVID-19;
- b. Reduce the risk to vulnerable populations, including **prisoners, detainees and corrections officials** by providing training material on health emergency preparedness and support to contingency planning and management, and logistics and equipment required to address health emergencies;
- c. Training **judicial and administrative authorities** and law makers on prison/detention decongestion, e.g. increase use of bail; liberating those detained for minor offenses/administrative issues; rights-based approach to public order and protection;
- d. Support governments to work within **existing legal, community security and oversight frameworks for use of emergency powers**, including provisions for civilian oversight and

ensuring any provisional arrangements are in line with international human rights standards for pandemic responses.

- e. Review and adjustment, if required, to the Social Contract, esp. the economic empowerment measures for those in the informal sector as well as introduce adjustments to the social protection system so that it becomes shock-responsive and risk-informed.

### **Output 2.3: Community engagement for prevention, response and social cohesion:**

- a. **Prevention/advocacy and communication to hard-to reach areas and groups**, including the elderly, rural people, slum dwellers, migrants and mobile populations, people with disabilities, people living with HIV and ethnic minorities;
- b. Support **community engagement** in localized and inclusive response management (incl. local asset mapping and mobilization) and **promote social cohesion** in contexts of protracted refugee/displacement crises;
- c. Supporting the role of **civil society organizations and the private sector (including business networks and SMEs)** in the response to COVID-19, including strategic engagement of both in disaster risk reduction, emergency preparedness, response and recovery for COVID-19; **Strengthening human-rights based approaches** to COVID-19 response by working with National Human Rights Defenders and NGOs, and providing micro-grants to CSOs especially those targeting discrimination or supporting marginalized and excluded populations.

<b>Output 3: Addressing the human rights and socio-economic impact of COVID-19</b>
<b>Output 3.1: Meso-, macro- and micro- level socio-economic impact assessments</b>
<b>Output 3.2: Policy and programme interventions to address the developmental impacts of COVID-19 and safeguarding progress towards the SDGs</b>
<b>Output 3.3: Policy and legal advisory services</b>

UNDP focuses on **the social impact and the economic response and recovery**. Unlike the 2008 financial crisis, injecting capital in the financial sector alone is not the answer. Most fundamentally, UNDP takes a human-centered approach, especially targeting at low wage workers, small and medium enterprises, **the most vulnerable** for leaving no one behind. And that means wage support, social insurance and protection, preventing bankruptcies and job loss.

**Output 3.1: Meso-, macro- and micro- level socio-economic impact assessments**, with particular focus on specific sectors in accordance to country-contexts and analysis of the **gender dimensions** of COVID-19 (e.g. livelihoods, employment, access to social services) with focus on the vulnerable groups<sup>1</sup>.

**Output 3.2: Policy and programme interventions to address the developmental impacts of COVID-19 and safeguarding progress towards the SDGs**; e.g. livelihoods; employment; access to basic services; social protection; fiscal stimulus packages, cash transfer schemes; etc.

**Output 3.3: Policy and legal advisory services to countries to address stigma, discrimination, gender and human rights concerns** in COVID-19 responses, and ensuring an **inclusive and rights-based approach to basic services and livelihoods**.

## **2. Stakeholder Engagement**

UNDP's communications efforts will generate donor visibility across multiple channels. The global communication strategy for COVID-19 will be developed and disseminated throughout the target

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<sup>1</sup> The vulnerable groups include healthcare workers, people in prisons and other closed settings, people over the age of 60, pregnant women, people living with disabilities and those with pre-existing health conditions that make them more vulnerable to acquiring and recovering from COVID-19, migrants and mobile populations.



countries and regions. The Government of Japan (GOJ)'s contributions to COVID-19 will be highlighted through the most effective communications methods identified at country, regional and global levels, focusing on **Japan's strong interest to help realize human security in the field**. An additional priority will be reporting on human interest stories, which aim at highlighting and connecting the implications of UNDP's work and the contribution of GOJ with the impact on people and communities.

In agreement with GOJ, JICA, The Global Fund to Fight AIDS, Tuberculosis and Malaria, World Bank and/or UN sister agencies relevant to the themes, particularly WHO, to be identified will be engaged in the proposed activities.

The project will engage with stakeholders at the local and national levels, utilising existing structures as much as practicable.

#### 1. Regional and International Partners

One of the main comparative advantages of the UNDP is the agency's global footprint, and their collective strategic and technical expertise in advancing sustainable human development. UNDP will also help facilitate collaboration from other key regional and international partners. Regular communication will be maintained with the Japanese Embassy in Mauritius and the representatives of JICA in Madagascar office to ensure that they are updated as regards project progress.

#### 2. Government of Mauritius

The key Ministries concerned will be engaged at the level of the Project Board to ensure that the project actions are aligned with the national priorities in terms of COVID response. This will include Ministry of Health and Wellness, Ministry of Education, Ministry of Finance, Economic Planning and Development, and the Office of the Prime Minister. The lessons from the COVID-19 pandemic, and the inherent vulnerability of Mauritius as Small Island Developing State demonstrate that it is imperative for government institutions to take the necessary measures to limit the probability of disruptive events; and, to be fully equipped to delivery services and remain functional. At a higher level, policymakers will benefit from an enhanced policy context and an understanding of pandemic relatedness of specific policy actions to better incorporate the issues connected with mitigation action into long-term planning.

#### 3. Private Sector

Participation of the private sector is an important element with respect to enhancing the likelihood that the results achieved during the project's lifespan will be sustained after the Japanese funding ceases. The private sector will benefit from the enabling environment created by the strengthened capacity of the public sector and in taking appropriate business decisions.

#### 4. Non-governmental Organisations (NGOs)

The project targets the entire population. As such, NGOs will be important partners throughout implementation of the project, assisting with community consultation activities, public outreach, and knowledge management.

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## **IV. PROJECT MANAGEMENT**

### **1. Cost Efficiency and Effectiveness**

The project will ensure cost-efficient use of resources:

- Using the theory of change analysis to explore different options to achieve the maximum results with available resources
- Using a portfolio management approach to improve cost effectiveness by leveraging activities and partnerships with other initiatives/projects

### **2. Project Management**

The whole Project will be managed from the UNDP Mauritius Country Office with operational support of the relevant Regional Bureau and Japan Unit, BERA. A project manager funded from DPC will be hired.

The Global Policy Network (GPN) will be fully utilized when appropriate and necessary.

The UNDP Country Office will support the project staff as needed. The UNDP Country Office will initiate and organize key M&E activities including the Annual Project Report, the independent mid-term review and the independent terminal evaluation. The UNDP Country Office will also ensure that the standard UNDP and project level M&E requirements are fulfilled to the highest quality. This includes ensuring the UNDP Quality Assurance Assessment during implementation is undertaken annually; the regular updating of the ATLAS risk log; and, the updating of the UNDP gender marker on an annual basis based on gender mainstreaming progress reported in the Annual Project Report and the UNDP ROAR. Any quality concerns flagged during these M&E activities (e.g. Annual Project Report quality assessment ratings) must be addressed by the UNDP Country Office and the Project team.

The UNDP Country Office will also retain all project records for this project for up to seven years after project financial closure in order to support any ex-post reviews and evaluations undertaken by the UNDP Independent Evaluation Office (IEO) and/or the Japanese Government.

## V. RESULTS FRAMEWORK

### Applicable Outcome(s) from the UNDP Mauritius Country Programme Document:

Outcome 1: Improved public sector management supporting poverty reduction, social inclusion and gender equality is promoted through responsive strategies.

**Project title:** Supporting an Inclusive and Multi-Sectoral Response to COVID-19 and Addressing its Socio-Economic Impact in the Republic of Mauritius

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCES	BASELINE		TARGETS (by frequency of data collection)		DATA COLLECTION METHODS & RISKS
			Value	Year	June 2020-March 2021	FINAL	
<b>Output 1: Health Systems Strengthening</b>	<b>1.1</b> <i>Number of temporary testing units operational</i>	MoHW		June 2020	1 project funded Flu Clinic available	1 project funded Flu Clinic fully operational	Report from MOHW
	<b>1.2</b> <i>Waste management assessment carried out</i>	Reports published		May 2020	Rapid Scan Report	Actionable items provided to the MOHW	Report produced by UNDP
	<b>1.3</b> <i>Implementation of eLIMS in hospitals in Mauritius and Rodrigues</i>	Mauritius Central Laboratory services		May 2020	eLIMS installed at all hospitals dealing with COVID	eLIMS fully operational and upgraded at all facilities	Technical report from University of Washington
<b>Output 2: Inclusive and integrated crisis management and responses</b>	<b>2.1</b> <i>Number of BCP reviews and Electronic systems introduced</i>	Reports produced		May 2020	BCP tested and adopted across selected Government bodies	BCP tested and adopted across selected Government bodies	UNDP reports
	<b>2.2</b> <i>Number of Rapid Impact assessments conducted</i>	MOFEDP		May 2020	3	3	UNDP reports

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCES	BASELINE		TARGETS (by frequency of data collection)		DATA COLLECTION METHODS & RISKS
			Value	Year	June 2020-March 2021	FINAL	
	2.3 <i>Number of Communication items developed for reaching out to Communities and defined vulnerable groups</i>	UNDP	None by UNDP	May 2020	3	3	UNDP Media Monitoring reports
<b>Output 3: Addressing the human rights and socio-economic impact of COVID-19</b>	3.1 <i>Report on Macro economic forecasting methodology including Development of M&amp;E Framework for COVID-19 fiscal policy response implementation</i>	Number of reports published	None	May 2020	1	1	Publications from MOFEDP
	3.2 <i>Actions taken to promote food security</i>	Ministry of Agro Industry and Food Security	Food security strategy available	May 2020	Rapid Assessment completed by December 2020	Improved framework available at MOAF	UNDP project report
	3.3 <i>Number of women benefitting from support</i>	Ministry of Gender Equality	Ministry of Social Security	May 2020	1000	1000	UNDP project report

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## **VI. MONITORING AND REPORTING**

UNDP will undertake monitoring and reporting on project activities in accordance with its Programme and Operations Policies and Procedures (POPP) for Project Management.

Monitoring missions will be undertaken in keeping with work plan to be developed for the project, at the planning stage.

Quarterly progress reports will be prepared, summarizing the progress of the planned activities and the challenges and issues to be resolved during implementation.

Final narrative report including an interim financial report will be prepared at the operational completion of the project. Final financial report will be prepared after financial closure of the project by following UNDP policy.



## VII. WORK PLAN

Applicable Outcome(s) from the UNDP Mauritius Country Programme Document:				
Outcome 1: Improved public sector management supporting poverty reduction, social inclusion and gender equality is promoted through responsive strategies.				
Project title: Supporting an Inclusive and Multi-Sectoral Response to COVID-19 and Addressing its Socio-Economic Impact in the Republic of Mauritius				
Expected outputs	Planned activities	Descriptions of activities	Budget description	Budget amount
	Output 1: Health Systems Strengthening			
Output 1: Health Systems Strengthening	1.1 Procurement services of health products including personal protective equipment (PPE) and laboratory equipment/ Provision of non-medical requirements of health sector	<i>1.1.1 Support to provision of 1 flu clinic to further increase the reach of national testing capacity</i>	72200 – Equipment and Furniture	\$20,000
			72100 – Contractual services Companies	\$20,000
	1.2 Advisory support to governments including Ministries of Health	<i>1.2.1 Support on deployment of Laboratory Information Management System</i>	72200 – Equipment and Furniture	\$10,000
			72100 – Contractual services Companies	\$140,000
			75700 – Training Workshops and Conferences	\$10,000
			72100 - Contractual services Companies (GoM funded)	\$857,000
1.3 Health waste management	<i>1.3.1 Rapid scan of waste management focusing on health care waste</i>  <i>1.3.2 Purchase of 1 autoclave for the ENT hospital</i>	71300 – National Consultant	\$15,000	
		72200 – Equipment and Furniture	\$40,000	
Subtotal for Output 1				\$1,112,000

Output 2: Inclusive and integrated crisis management and responses				
Output 2: Inclusive and integrated crisis management and responses	2.1 Support national and sub-national capacities for planning, coordination and crisis management	2.1.1 <i>Coordinate with national crisis committees by carrying out National Table-Top exercise to test and validate the National Preparedness Plan at least once every 3 months.</i>	71300 - Local Consultant	\$20,000
		2.1.2 <i>Support the government in carrying out the after-action review post outbreak</i>	75700 – Training Workshops and Conferences	\$10,000
		2.1.3 <i>Review and enhancement of business continuity planning system for Ministries and selected institutions</i>	72100 – Contractual services Companies	\$125,000
		2.1.4 <i>Enhancing the use of digital governance in the public sector for crisis management, for various Ministries including the National Assembly, Ministry of Social Security, Ministry of Civil Service, Ministry of Environment, Ministry of Finance</i>	72100 – Contractual services Companies	\$111,905
	2.2 Safeguarding human rights and protecting vulnerable groups	2.2.1 Assessment of the Socio-Economic Impact of COVID-19 on Migrant Labour (including gendered perspectives)	72100 – Contractual services Companies	\$25,000
		2.2.2 Rapid Needs Assessment of the Socio-Economic Impact of the Covid-19 Pandemic on the Informal Sector and Review of the Social Register of Mauritius		
2.3 Community engagement for prevention, response and social cohesion	2.3.1 Support community engagement in localized and inclusive response management and promote social cohesion in contexts of protracted refugee/displacement crises through improved communications including appropriate messaging, advert buys	71300 – National Consultant	\$25,000	
Subtotal for Output 2				\$376,905

Output 3: Addressing the human rights and socio-economic impact of COVID-19				
Output 3: Addressing the human rights and socio-economic impact of COVID-19	3.1 Meso-, macro- and micro- level socio-economic impact assessments	<p><i>3.1.1 Technical assistance for 3 publications of analysis meso and macro-level socio-economic assessments and impact analysis and sectoral (tourism, blue economy) early recovery.</i></p> <p><i>3.1.2 Support establishment of a macroeconomic monitoring framework for COVID-19 fiscal policy responses</i></p> <p><i>3.1.3 Support macro-level forecasting to prepare for shocks on growth, jobs and poverty</i></p> <p><i>3.1.4 Support macro-level forecasting to prepare for shocks on growth, jobs and poverty</i></p>	72100 – Contractual services Companies	\$50,000
	3.2 Policy and programme interventions to address the developmental impacts of COVID-19 and safeguarding progress towards the SDGs	<p><i>3.2.1 Promote food security through agricultural development and natural resources based on regional value chains and value addition</i></p> <p><i>3.2.2 Support to 5 women shelters, as part of support to people registered on SRM</i></p>	72100 – Contractual services Companies  72500 - Supplies	\$30,000  \$25,000
	3.3 Policy and legal advisory services	3.3.1 Communications and knowledge management events and materials	71300 – National Consultant	\$25,000
Subtotal for Output 3				\$130,000
<b>Programme budget total</b>				\$1,618,905
DPC	Project manager		71300 – National Consultant	\$36,190
	General Operating Expenses of the Country Office (e.g. internet, office rental, and office supplies)		72500 - Supplies	\$10,000
	Procurement assistant		71300 – National Consultant	\$10,000
	Communication specialist position		71300 – National Consultant	\$10,000
	Gender and M&E		71300 – National Consultant	\$10,000
Sub-total				1,695,095
GMS (8%)	F&A – JSB			\$67,048
GMS (5%)	F&A - GOM			43,000
<b>TOTAL</b>				\$1,805,143

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## VIII. PROJECT GOVERNANCE AND MANAGEMENT ARRANGEMENT

The Project will be implemented by UNDP as Implementing Agency and the governance mechanism of the Project is defined as below.

The strategic decisions proposed in this project document will be undertaken by the Project Board. The formulation, and roles and responsibilities of the Project Board include the following:

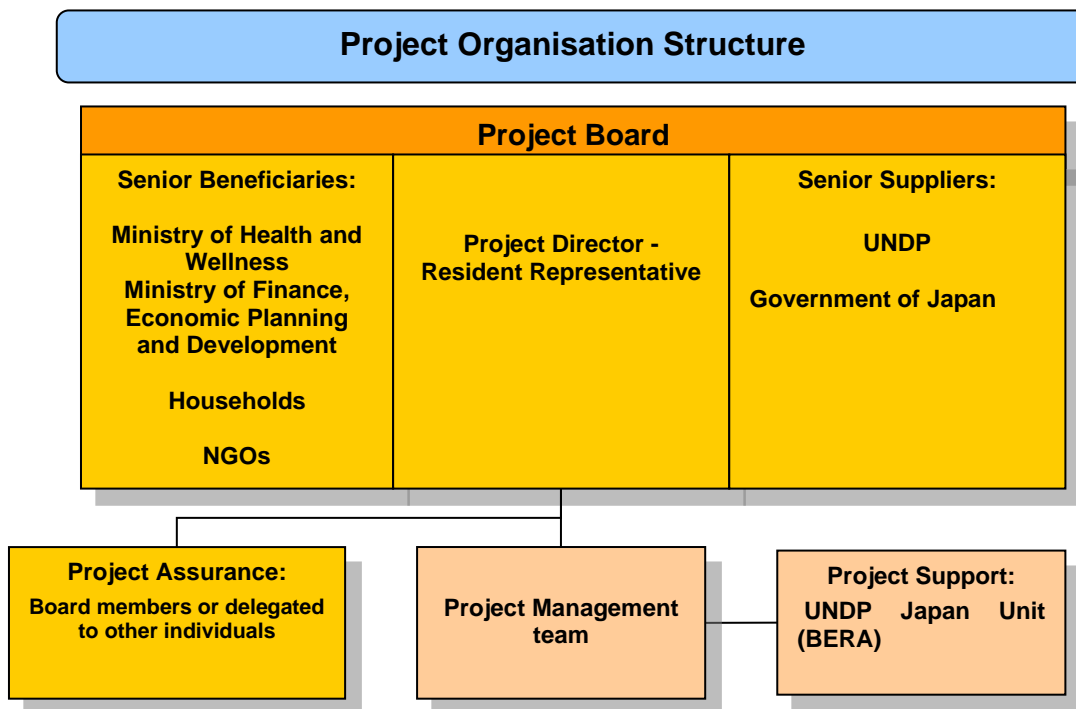
- To oversee overall project implementation and make final decisions regarding project direction and priorities based on the recommendations of the international/ local consultants and stakeholders.
- Provide guidance on new project risks and agree on possible countermeasures and management actions to address specific risks.
- Review the project progress and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans
- To approve project reports, project deliverables and Project Quarterly / Annual Work Plans.
- To approve payments to be made to the consultants and to ensure commitment of resources to support project implementation.
- To facilitate removal of barriers/ constraints for successful execution of the project.
- To resolve conflicts and propose solutions.

The overall accountability of the Project lies with UNDP Resident Representative for UNDP Mauritius Country Office, who will be supported by the team in UNDP Mauritius Country Office, the GPN and Japan Unit, BERA in New York. UNDP Mauritius Country Office HQ will oversee the consolidated implementation support of the Project, specifically ensuring that all activities including procurement and financial services are carried out by the implementing partner and associated executing entities in strict compliance with national legislation and UNDP/Japan Unit's requirements, including UNDP Rules and Regulations. The project will be implemented under the DIM modality by the UNDP Mauritius Country Office. A project manager will be recruited until the end of the project to assist in implementation of all the relevant activities. The project manager will be funded from DPC.

UNDP, as the responsible body for the management of the project, will oversee all technical aspects of planning and implementing activities, fostering quality assurance, managing operational activities including procurement, finance, and human resources dedicated to the project, while ensuring that operations adhere to UNDP ethics and accountability policies, principles and standards while enabling fast implementation within the given timeline within the range where UNDP can manage.

The financial contribution from the Government of Japan will be utilized in accordance with the budget stated in this project document under UNDP's Financial Rules and Regulations. UNDP will promptly inform the Government of Japan in case that major revisions on the project budget and activities are required, responding to unforeseen circumstances.

The project organogram is shown below.





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## IX. LEGAL CONTEXT

This project forms part of an overall programmatic framework under which several separate associated country level activities will be implemented. When assistance and support services are provided from this Project to the associated country level activities, this document shall be the “Project Document” instrument referred to in: (i) the respective signed SBAs for the specific countries; or (ii) in the [Supplemental Provisions to the Project Document](#) attached to the Project Document in cases where the recipient country has not signed an SBA with UNDP, attached hereto and forming an integral part hereof. All references in the SBA to “Executing Agency” shall be deemed to refer to “Implementing Partner.”

This project will be implemented by UNDP (“Implementing Partner”) in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

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## X. RISK MANAGEMENT

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the UNSMS.
2. Risk Analysis is provided in Risk Log below.
3. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via [http://www.un.org/sc/committees/1267/aq\\_sanctions\\_list.shtml](http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml). This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.
4. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
5. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental

Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

7. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:
  - a. Consistent with the Article III of the SBAA, the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:
    - i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
    - ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.
  - b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.
  - c. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.
  - d. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at [www.undp.org](http://www.undp.org).
  - e. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.
  - f. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

- g. Each responsible party, subcontractor or sub-recipient agrees that, where applicable, donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities which are the subject of the Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Note: The term “Project Document” as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

- h. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.
- i. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.
- j. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled “Risk Management” are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled “Risk Management Standard Clauses” are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

## Priority Steps and Actions under the National COVID-19 Preparedness and Response Plan of the Government of Mauritius

### Pillar 1: Country-level coordination, planning, and monitoring

**Objective:** Coordination of the outbreak response and strategies for effective and efficient outbreak management.

Sustain multi-sectoral, multi-partner coordination mechanisms to support preparedness and response
Engage with national authorities and key partners to implement and monitor country-specific operational plan with estimated resource requirements for COVID-19 preparedness and response
Conduct capacity assessment and risk analysis, including mapping of vulnerable populations
Establish metrics to assess the effectiveness and impact of planned measures
Establish an incident management team, including rapid deployment of designated staff from national and partner organizations, within a public health emergency operation centre (PHEOC) or equivalent if available
Engage with local donors and existing programmes to mobilize/allocate resources and capacities to implement operational plan
Assess and review impact regulatory requirements and legal basis of all potential public health measures
Monitor implementation of the Country Preparedness Response Plan based on key performance indicators in the Strategic Preparedness Response Plan and generate SITREPs
Conduct regular operational reviews to assess implementation success and epidemiological situation, and adjust operational plans as necessary
Conduct after action reviews in accordance with IHR (2005) as when the pandemic is declared over (Date to be confirmed)

### Pillar 2: Risk communication and community engagement

**Objective:** Provide frequent, timely and accurate information to create awareness and educate members of the public on prevention and control measures and National effort to prevent the spread of COVID-19.

Develop and implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, etc.)
Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations

Systematically establish community information and feedback mechanisms including through social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic
Document lessons learned to inform future preparedness and response activities (Date to be confirmed)

### **Pillar 3: Surveillance, rapid response teams, and case investigation**

**Objective:** Intensified surveillance for early detection and timely reporting of COVID-19.

Disseminate case definition in line with WHO guidance and investigation protocols to healthcare workers (public and private sectors)
Activate active case finding and event-based surveillance for influenza-like illness (ILI), and severe acute respiratory infection (SARI)
Address gaps identified in active case finding and event-based surveillance systems
Enhance existing surveillance systems to enable monitoring of COVID-19 transmission and adapt tools and protocols for contact tracing and monitoring to COVID-19
Undertake case-based reporting to WHO within 24 hours under IHR (2005)
Actively monitor and report disease trends, impacts, population perspective to global laboratory/epidemiology systems including anonymized clinical data, case fatality ratio, high-risk groups (pregnant women, immunocompromised) and children
Train and equip rapid-response teams to investigate cases and clusters early in the outbreak, and conduct contact tracing within 24 hours
Recruit experts and surveillance offices to support the RRTs and contact tracing
Provide robust and timely epidemiological and social science data analysis to continuously inform risk assessment and support operational decision making for the response
Test the existing system and plan through actual experience and/or table-top or simulation exercises, and document findings to inform future preparedness and response activities
Produce weekly epidemiological and social science reports and disseminate to all levels and international partners

### **Pillar 4: Points of entry**

**Objective:** Prevent, detect, assess and respond to health events at Points of Entry (POE) to ensure National Health security

Develop and implement a points of entry public health emergency plan
Disseminate latest disease information, standard operating procedures, equip and train staff in appropriate actions to manage ill passenger(s)
Prepare rapid health assessment/isolation facilities to manage ill passenger(s) and to safely transport them to designated health facilities
Develop and review communicate information kit about COVID-19 to travelers
Regularly monitor and evaluate the effectiveness of readiness and response measures at points of entry, and adjust readiness and response plans as appropriate

### **Pillar 5: National laboratories**

**Objective:** Provide training and technical support on specimen collection, packaging and transportation to the reference laboratory and timely confirmation and reporting of result to the health facilities and the designated public health decision makers at any tiers of the health sectors.

Adopt and train the RRTs on standard operating procedures (as part of disease outbreak investigation protocols) for specimen collection, management, and transportation for COVID-19 diagnostic testing
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Identify hazards and perform a biosafety risk assessment at participating laboratories; use appropriate biosafety measures to mitigate risks
Adopt standardized systems for molecular testing, supported by assured mechanism to procure equipment (PCR and GeneXpert) and reagents
Ensure specimen collection, management, and referral network and procedures are functional
Share genetic sequence data and virus materials according to established protocols for COVID-19
Develop and implement plans to link laboratory data with key epidemiological data for timely data analysis
Develop and implement surge plans to manage increased demand for testing; consider conservation of lab resources in anticipation of potential widespread COVID-19 transmission
Monitor and evaluate diagnostics, data quality and staff performance, and incorporate findings into strategic review of national laboratory plan and share lessons learned
Develop a quality assurance mechanism for point-of-care testing, including quality indicators

### **Pillar 6: Infection prevention and control**

**Objective:** Prevent and limit community transmission of COVID-19 and prevent Amplification around Healthcare facilities generally across the country

Assess IPC capacity at all levels of healthcare system and train staff (for early detection and standard principles for IPC) and ensuring enough IPC materials, including personal protective equipment (PPE) and WASH services/hand hygiene stations
Develop functional triage system and isolation rooms in health facilities where risk of community transmission is considered high
Review and update existing national IPC guidance: health guidance should include defined patient-referral pathway including an IPC focal point, in collaboration with case management. Community guidance should include specific recommendations on IPC measures and referral systems for public places such as schools, markets and public transport and community, household, and family practices
Develop and implement a plan for monitoring of healthcare personnel exposed to confirmed cases of COVID -19 for respiratory illness
Develop a national plan to manage PPE supply (stockpile, distribution) and to identify IPC surge capacity (numbers and competence)
Engage trained staff with authority and technical expertise to implement IPC activities, prioritizing based on risk assessment and local care- seeking patterns
Record, report, and investigate all cases of healthcare-associated infections
Disseminate IPC guidance for home and community care providers
Implement triage, early detection, and infectious-source controls, administrative controls and engineering controls; implement visual alerts (educational material in appropriate language) for family members and patients to inform triage personnel of respiratory symptoms and to practice respiratory etiquette
Support access to water and sanitation for health (WASH) services in public places and community spaces most at risk
Monitor IPC and WASH implementation in selected healthcare facilities and public spaces using the Infection Prevention and Control Assessment Framework, the Hand Hygiene Self-Assessment Framework, hand hygiene compliance observation tools, and the WASH Facilities Improvement Tool
Provide prioritized tailored support to health facilities based on IPC risk assessment and local care-seeking patterns, including for supplies, human resources, training
Carry out training to address any skills and performance deficits

### **Pillar 7: Case management**

#### **objectives:**

1. Increase index of suspicion through prompt use of clinical case definitions
2. Prompt isolation and provision of quality care for confirmed cases

Map vulnerable populations and public and private health facilities (including pharmacies and other providers) and identify alternative facilities that may be used to provide treatment
Identify and strengthen Intensive Care Unit capacity requirements
Continuously assess burden on local health system, and capacity to safely deliver primary healthcare services
Ensure that guidance is made available for the self-care of patients with mild COVID-19 symptoms, including guidance on when referral to healthcare facilities is recommended
Disseminate regularly updated information, train, and refresh medical/ambulatory teams in the management of severe acute respiratory infections and COVID-19-specific protocols based on international standards and WHO clinical guidance; set up triage and screening areas at health care facilities
Establish dedicated and equipped teams and ambulances to transport suspected and confirmed cases, and referral mechanisms for severe cases with co morbidity
Ensure comprehensive medical, nutritional, and psycho-social care for those with COVID-19
Evaluate implementation and effectiveness of case management procedures and protocols (including for pregnant women, children, immunocompromised), and adjust guidance and/or address implementation gaps as necessary

**Pillar 8: Operational support and logistics**

**Objective:** Support the Incident and operations management across all the pillars

Map available resources and supply systems in health and other sectors; conduct in-country inventory review of supplies based on WHO's a) Disease Commodity Package (DCP) and b) COVID-19 patient kit, and develop a central stock reserve for COVID-19 case management
Review supply chain control and management system (stockpiling, storage, security, transportation and distribution arrangements) for medical and other essential supplies, including COVID-19 DCP and patient kit reserve in-country
Review procurement processes (including importation and customs) for medical and other essential supplies, and encourage local sourcing to ensure sustainability
Assess the capacity of local market to meet increased demand for medical and other essential supplies, and coordinate international request of supplies through regional and global procurement mechanisms
Prepare staff surge capacity and deployment mechanisms; health advisories (guidelines and SOPs); pre- and post-deployment package (briefings, recommended/mandatory vaccinations, enhanced medical travel kits, psychosocial and psychological support, including peer support groups) to ensure staff well-being
Identify and support critical functions that must continue during a widespread outbreak of COVID-19 (e.g. water and sanitation; fuel and energy; food; telecommunications/internet; finance; law and order; education; and transportation), necessary resources, and essential workforce