Semiannual Progress Report

Record ID

_____

Implementing Partner Name

○ A Global Healthcare Public Foundation (CPHL)
○ ACONDA-VS-CI
○ Africa CDC
○ African Field Epidemiology Network (AFENET)
○ African Medical and Research Foundation (AMREF)
○ African Society for Laboratory Medicine (ASLM)
○ AFRIMS IAA
○ AlertASIA
○ All-India Institute of Medical Science
○ American Society for Microbiology (ASM)
○ ANALYTIC SERVICES INC.
○ APIN
○ ASEAN
○ Association of Public Health Laboratories (APHL)
○ ATCC
○ Aurum Institute NPC
○ Avram
○ Baylor College of Medicine
○ Baylor College of Medicine Children's Foundation,
  Uganda
○ Biomedical Research and Training Institute (BRTI),
  Zimbabwe
○ Bizzell Group LLC
○ Bizzell Group LLC (formerly ITOPSS)
○ Botswana-Harvard AIDS Institute / Botswana Harvard
  AIDS Institute Partnership
○ CARE International
○ Carribean Public Health Agency (CARPHA)
○ Catholic Caritas Foundation of Nigeria
○ Catholic Medical Mission Board, Inc. (CMMB)
○ CDC
○ CDC Foundation
○ CDC M&O
○ CDC/State
○ Center for Health Policy and Management (CHPM)
○ Center for International Health, Education, and
  Biosecurity (CIHEB)-Kenya
○ Centre for Health System Strengthening
○ Centre for Infectious Disease Research, Zambia
  (CIDRZ)
○ Centro de Orientacion e Investigation Integral
  (COIN)
○ Cheikh Anta Diop University (CADU)
○ Chenega
○ Christian Health Association of Kenya
○ COMISCA (Secretaria General del Sistema de la
  Integracion Centroamericana)
○ Council for Scientific Research (CSIR)
○ CRDF
○ CRS
○ DAPP Namibia
○ Deloitte
○ Department of Defense (DOD) Naval Medical Research
  (NAMRU) No. 6 Interagency agreement
○ DOS
○ Eastern Deanery AIDS Relief Program
○ EGPAF (Elizabeth Glaser Pediatric AIDS Foundation)
○ EMERGENCY MANAGEMENT TRAINING & CONSULTING LL
○ Emory University
○ Emory University (IANPHI)
○ EMPHNET (Global Health Development)
○ Ethiopia Public Health Institute (EPHI)
○ FHI 360
○ FIOTEC (Fundacao Para O Desenvolvimento Cientifico
  E Tecnologico Em Saude)
○ FSI
○ FUMEC (Fundacion Mexico-Estado Unidos para la
  Ciencia)
○ G4S

projectredcap.org

REDCap®

- ◯ Georgetown University
- ◯ GHESKIO
- ◯ Global Health Systems Solutions (GHSS)
- ◯ Global Implementation Solutions (GIS)
- ◯ Government of Botswana
- ◯ Guidehouse LLP (DGMQ Surge Staffing Contract)
- ◯ Health Security Partners (HSP)
- ◯ Henry Jackson Foundation
- ◯ ICAP (International Center for AIDS and Treatment Programs, Columbia University)
- ◯ ICASS
- ◯ ICASS - HQ funds swap for Post held
- ◯ IERT team
- ◯ IFRC
- ◯ iMMAP
- ◯ Infectious Diseases Institute (IDI)
- ◯ INS (National Institute of Health, Colombia)
- ◯ INS (National Institute of Health, Mozambique)
- ◯ Institut Pasteur de Cote d'Ivoire
- ◯ Institut Pasteur, Dakar
- ◯ Institute of Human Virology (IHV)
- ◯ Institute Pasteur, Ho Chi Minh City
- ◯ Institute Pasteur, Nha Trang (PINT)
- ◯ International Centre Diarrhoeal Disease Ressearch (ICDDRB)
- ◯ International Medical Corps (IMC)
- ◯ International Organization for Migration (IOM)
- ◯ International Rescue Committee (IRC)
- ◯ IOM
- ◯ IQVIA
- ◯ I-TECH (International Training and Education Center for Health, University of Washington)
- ◯ ITOPPS
- ◯ ITOPSS - DAI Global
- ◯ JIC Translation
- ◯ John Hopkins/JHPIEGO
- ◯ Johns Hopkins University
- ◯ Johns Hopkins/JHPIEGO
- ◯ L. Sakvarelidze National Center for Disease Control
- ◯ Lighthouse Trust
- ◯ LSTM
- ◯ Lusaka Provincial Health Office
- ◯ M&O CDC CRO
- ◯ Makerere University School of Public Health
- ◯ Management and Development for Health (MDH)
- ◯ Management Sciences for Health, Inc.
- ◯ Medical Access Uganda Limited (MAUL)
- ◯ Metabiota
- ◯ Metas Solutions LLC
- ◯ Mildmay Uganda
- ◯ Ministry of Civil Affairs
- ◯ Ministry of Environmental Protection and Agriculture
- ◯ MOH Afghanistan
- ◯ MOH Armenia
- ◯ MOH Bangladesh
- ◯ MOH Barbados
- ◯ MOH Bhutan
- ◯ MOH Brazil
- ◯ MOH Cameroon, Directorate of Disease Control, Epidemics and Pandemics
- ◯ MOH Cote d'Ivoire
- ◯ MOH Egypt
- ◯ MOH Eswatini
- ◯ MOH Ethiopia
- ◯ MOH Georgia
- ◯ MOH Guyana
- ◯ MOH Haiti
- ◯ MOH Indonesia
- ◯ MOH Laos
- ◯ MOH Lesotho

- ◯ MOH Liberia
- ◯ MOH Macedonia
- ◯ MOH Mexico
- ◯ MOH Moldova
- ◯ MOH Mongolia
- ◯ MOH Morocco
- ◯ MOH Nepal
- ◯ MOH Paraguay
- ◯ MOH Russia (NII Grippa Minzdrava RossII, FGBU)
- ◯ MOH Senegal
- ◯ MOH Sierra Leone
- ◯ MOH Tanzania
- ◯ MOH Togo
- ◯ MOH Trinidad & Tobago
- ◯ MOH Tunisia
- ◯ MOH Ukraine
- ◯ MOH Ukraine (LV Gromashevsky Inst of Epid and Infectious Disease - Academy of Medical Sciences Ukraine)
- ◯ MOH Vietnam, General Department of Preventive Medicine (GDPM)
- ◯ MOH Zambia
- ◯ MOHSS Namibia
- ◯ MOPH Thailand
- ◯ N/A
- ◯ Nambia Institute of Pathology (NIP)
- ◯ National Center of Expertise
- ◯ National Institute for Communicable Diseases (NICD)/National Health Laboratory Service (NHLS)
- ◯ National Institute of Hygiene and Epidemiology (NIHE), Vietnam
- ◯ National School of Public Health (SPH), Angola
- ◯ Nigeria Centre for Disease Control
- ◯ Noguchi Memorial Institute for Medical Research
- ◯ OGA: Bilateral and Multilateral International Health Activities
- ◯ OH
- ◯ Ohio State University, The (OSU)
- ◯ OIE
- ◯ ORISE
- ◯ PAHO
- ◯ Pakistan National Institue of Health (NIH)
- ◯ PATH
- ◯ Population Services International (PSI)
- ◯ Post
- ◯ Post-held funds
- ◯ Potentia Namibia Recruitment Consultancy
- ◯ Provides OT support for LES
- ◯ Public Health Institute (PHI)
- ◯ Rakai Health Sciences Program (RHSP)
- ◯ Research Triangle Institute (RTI)
- ◯ RI Technologies Limited
- ◯ Riders for Health-Liberia
- ◯ Rwanda Biomedical Center
- ◯ SAFETYNET
- ◯ Save the Children
- ◯ SECID Foundation (Southeast European Center for Surveillance and Control of Infectious Diseases)
- ◯ SHARE India
- ◯ Society for Allied Health Research and Education (SHARE) India
- ◯ Strategic Innovative Solutions (SiS)
- ◯ Tanaq
- ◯ Task Force for Global Health
- ◯ TBD
- ◯ TBD - FETP Contract
- ◯ TEPHINET
- ◯ The AIDS Support Organization (TASO)
- ◯ The Brigham and Women's Hospital Inc.
- ◯ The Institute of Hygiene and Epidemiology of Tay Nguyen (TIHE), Vietnam

- ◯ The Trustees of Columbia University in the City of New York
- ◯ TOTALLY JOINED FOR ACHIEVING COLLABORATIVE TEC
- ◯ Translation Excellence, Inc.
- ◯ Trust for Health System Planning and Development
- ◯ UCSF
- ◯ Uganda Prisons Services (UPS) SSJ
- ◯ Uganda Virus Research Institute (UVRI)
- ◯ UNICEF
- ◯ University del Valle de Guatemala (UVG)
- ◯ University of California, San Francisco (UCSF)
- ◯ University of Hong Kong
- ◯ University of Maryland, Baltimore (UMB)
- ◯ University of Oslo
- ◯ University of Washington
- ◯ University Research Co (URC)
- ◯ University Teaching Hospital, Zambia
- ◯ Vanderbilt University
- ◯ Vendor / Partner
- ◯ Vietnam Administration for Medical Services (VAMS)
- ◯ Voluntary Health Services
- ◯ Washington State University
- ◯ WHO

Country (If multiple countries are included under an umbrella CoAg, please select "Multi-Country"; If CoAg is not country-specific, please select "Global")

○ AFGHANISTAN
○ ÅLAND ISLANDS
○ ALBANIA
○ ALGERIA
○ AMERICAN SAMOA
○ ANDORRA
○ ANGOLA
○ ANGUILLA
○ ANTARCTICA
○ ANTIGUA AND BARBUDA
○ ARGENTINA
○ ARMENIA
○ ARUBA
○ AUSTRALIA
○ AUSTRIA
○ AZERBAIJAN
○ BAHAMAS
○ BAHRAIN
○ BANGLADESH
○ BARBADOS
○ BELARUS
○ BELGIUM
○ BELIZE
○ BENIN
○ BERMUDA
○ BHUTAN
○ BOLIVIA (PLURINATIONAL STATE OF)
○ BONAIRE, SINT EUSTATIUS AND SABA
○ BOSNIA AND HERZEGOVINA
○ BOTSWANA
○ BOUVET ISLAND
○ BRAZIL
○ BRITISH INDIAN OCEAN TERRITORY
○ BRUNEI DARUSSALAM
○ BULGARIA
○ BURKINA FASO
○ BURUNDI
○ CABO VERDE
○ CAMBODIA
○ CAMEROON
○ CANADA
○ CAYMAN ISLANDS
○ CENTRAL AFRICAN REPUBLIC
○ CHAD
○ CHILE
○ CHINA
○ CHRISTMAS ISLAND
○ COCOS (KEELING) ISLANDS
○ COLOMBIA
○ COMOROS
○ CONGO (THE DEMOCRATIC REPUBLIC OF THE)
○ CONGO
○ COOK ISLANDS
○ COSTA RICA
○ CÔTE D'IVOIRE
○ CROATIA
○ CUBA
○ CURAÇAO
○ CYPRUS
○ CZECHIA
○ DENMARK
○ DJIBOUTI
○ DOMINICA
○ DOMINICAN REPUBLIC
○ ECUADOR
○ EGYPT
○ EL SALVADOR
○ EQUATORIAL GUINEA
○ ERITREA

- ○ ESTONIA
- ○ ESWATINI
- ○ ETHIOPIA
- ○ FALKLAND ISLANDS
- ○ FAROE ISLANDS
- ○ FIJI
- ○ FINLAND
- ○ FRANCE
- ○ FRENCH GUIANA
- ○ FRENCH POLYNESIA
- ○ FRENCH SOUTHERN TERRITORIES
- ○ GABON
- ○ GAMBIA
- ○ GEORGIA
- ○ GERMANY
- ○ GHANA
- ○ GIBRALTAR
- ○ GLOBAL
- ○ GREECE
- ○ GREENLAND
- ○ GRENADA
- ○ GUADELOUPE
- ○ GUAM
- ○ GUATEMALA
- ○ GUERNSEY
- ○ GUINEA
- ○ GUINEA-BISSAU
- ○ GUYANA
- ○ HAITI
- ○ HEARD ISLAND AND MCDONALD ISLANDS
- ○ HOLY SEE
- ○ HONDURAS
- ○ HONG KONG
- ○ HUNGARY
- ○ ICELAND
- ○ INDIA
- ○ INDONESIA
- ○ IRAN (ISLAMIC REPUBLIC OF)
- ○ IRAQ
- ○ IRELAND
- ○ ISLE OF MAN
- ○ ISRAEL
- ○ ITALY
- ○ JAMAICA
- ○ JAPAN
- ○ JERSEY
- ○ JORDAN
- ○ KAZAKHSTAN
- ○ KENYA
- ○ KIRIBATI
- ○ KOREA (THE DEMOCRATIC PEOPLE'S REPUBLIC OF)
- ○ KOREA (THE REPUBLIC OF)
- ○ KUWAIT
- ○ KYRGYZSTAN
- ○ LAO PEOPLE'S DEMOCRATIC REPUBLIC
- ○ LATVIA
- ○ LEBANON
- ○ LESOTHO
- ○ LIBERIA
- ○ LIBYA
- ○ LIECHTENSTEIN
- ○ LITHUANIA
- ○ LUXEMBOURG
- ○ MACAO
- ○ MADAGASCAR
- ○ MALAWI
- ○ MALAYSIA
- ○ MALDIVES
- ○ MALI
- ○ MALTA
- ○ MARSHALL ISLANDS

- ◯ MARTINIQUE
- ◯ MAURITANIA
- ◯ MAURITIUS
- ◯ MAYOTTE
- ◯ MEXICO
- ◯ MICRONESIA (FEDERATED STATES OF)
- ◯ MOLDOVA (THE REPUBLIC OF)
- ◯ MONACO
- ◯ MONGOLIA
- ◯ MONTENEGRO
- ◯ MONTSERRAT
- ◯ MOROCCO
- ◯ MOZAMBIQUE
- ◯ MULTI-COUNTRY
- ◯ MYANMAR
- ◯ NAMIBIA
- ◯ NAURU
- ◯ NEPAL
- ◯ NETHERLANDS
- ◯ NEW CALEDONIA
- ◯ NEW ZEALAND
- ◯ NICARAGUA
- ◯ NIGER
- ◯ NIGERIA
- ◯ NIUE
- ◯ NORFOLK ISLAND
- ◯ NORTH MACEDONIA
- ◯ NORTHERN MARIANA ISLANDS
- ◯ NORWAY
- ◯ OMAN
- ◯ OTHER
- ◯ PAKISTAN
- ◯ PALAU
- ◯ PALESTINE, STATE OF
- ◯ PANAMA
- ◯ PAPUA NEW GUINEA
- ◯ PARAGUAY
- ◯ PERU
- ◯ PHILIPPINES
- ◯ PITCAIRN
- ◯ POLAND
- ◯ PORTUGAL
- ◯ PUERTO RICO
- ◯ QATAR
- ◯ RÉUNION
- ◯ ROMANIA
- ◯ RUSSIAN FEDERATION
- ◯ RWANDA
- ◯ SAINT BARTHÉLEMY
- ◯ SAINT HELENA, ASCENSION AND TRISTAN DA CUNHA
- ◯ SAINT KITTS AND NEVIS
- ◯ SAINT LUCIA
- ◯ SAINT MARTIN (FRENCH PART)
- ◯ SAINT PIERRE AND MIQUELON
- ◯ SAINT VINCENT AND THE GRENADINES
- ◯ SAMOA
- ◯ SAN MARINO
- ◯ SAO TOME AND PRINCIPE
- ◯ SAUDI ARABIA
- ◯ SENEGAL
- ◯ SERBIA
- ◯ SEYCHELLES
- ◯ SIERRA LEONE
- ◯ SINGAPORE
- ◯ SINT MAARTEN (DUTCH PART)
- ◯ SLOVAKIA
- ◯ SLOVENIA
- ◯ SOLOMON ISLANDS
- ◯ SOMALIA
- ◯ SOUTH AFRICA
- ◯ SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS

○ SOUTH SUDAN
○ SPAIN
○ SRI LANKA
○ SUDAN
○ SURINAME
○ SVALBARD AND JAN MAYEN
○ SWEDEN
○ SWITZERLAND
○ SYRIAN ARAB REPUBLIC
○ TAIWAN (PROVINCE OF CHINA)
○ TAJIKISTAN
○ TANZANIA, THE UNITED REPUBLIC OF
○ THAILAND
○ TIMOR-LESTE
○ TOGO
○ TOKELAU
○ TONGA
○ TRINIDAD AND TOBAGO
○ TUNISIA
○ TURKEY
○ TURKMENISTAN
○ TURKS AND CAICOS ISLANDS
○ TUVALU
○ UGANDA
○ UKRAINE
○ UNITED ARAB EMIRATES
○ UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN
  IRELAND
○ UNITED STATES MINOR OUTLYING ISLANDS
○ UNITED STATES OF AMERICA
○ unknown
○ URUGUAY
○ UZBEKISTAN
○ VANUATU
○ VENEZUELA (BOLIVARIAN REPUBLIC OF)
○ VIET NAM
○ VIRGIN ISLANDS (BRITISH)
○ VIRGIN ISLANDS (U.S.)
○ WALLIS AND FUTUNA
○ WESTERN SAHARA
○ YEMEN
○ ZAMBIA
○ ZIMBABWE
(Reminder: Please submit one report per country per
CoAg.)

If "Multi-Country", which country or countries are
included?

_____

(Reminder: Please submit one report per country per
CoAg.)

CoAg #

- ◯ NU14GH001238
- ◯ NU19GH001627
- ◯ NU2GGH001271
- ◯ NU2GGH001307
- ◯ NU2GGH001309
- ◯ NU2GGH001319
- ◯ NU2GGH001351
- ◯ NU2GGH001353
- ◯ NU2GGH001355
- ◯ NU2GGH001391
- ◯ NU2GGH001399
- ◯ NU2GGH001433
- ◯ NU2GGH001438
- ◯ NU2GGH001457
- ◯ NU2GGH001462
- ◯ NU2GGH001488
- ◯ NU2GGH001490
- ◯ NU2GGH001598
- ◯ NU2GGH001609
- ◯ NU2GGH001617
- ◯ NU2GGH001620
- ◯ NU2GGH001630
- ◯ NU2GGH001632
- ◯ NU2GGH001643
- ◯ NU2GGH001663
- ◯ NU2GGH001717
- ◯ NU2GGH001721
- ◯ NU2GGH001752
- ◯ NU2GGH001809
- ◯ NU2GGH001860
- ◯ NU2GGH001885
- ◯ NU2GGH001919
- ◯ NU2GGH001920
- ◯ NU2GGH001923
- ◯ NU2GGH001924
- ◯ NU2GGH001935
- ◯ NU2GGH001936
- ◯ NU2GGH001937
- ◯ NU2GGH001939
- ◯ NU2GGH001941
- ◯ NU2GGH001943
- ◯ NU2GGH001944
- ◯ NU2GGH001948
- ◯ NU2GGH001957
- ◯ NU2GGH001962
- ◯ NU2GGH001970
- ◯ NU2GGH001972
- ◯ NU2GGH001976
- ◯ NU2GGH001977
- ◯ NU2GGH001978
- ◯ NU2GGH001979
- ◯ NU2GGH001980
- ◯ NU2GGH001981
- ◯ NU2GGH001989
- ◯ NU2GGH001990
- ◯ NU2GGH001991
- ◯ NU2GGH001992
- ◯ NU2GGH001993
- ◯ NU2GGH001999
- ◯ NU2GGH002000
- ◯ NU2GGH002001
- ◯ NU2GGH002002
- ◯ NU2GGH002003
- ◯ NU2GGH002005
- ◯ NU2GGH002008
- ◯ NU2GGH002009
- ◯ NU2GGH002010
- ◯ NU2GGH002021
- ◯ NU2GGH002022

- ◯ NU2GGH002027
- ◯ NU2GGH002033
- ◯ NU2GGH002034
- ◯ NU2GGH002038
- ◯ NU2GGH002040
- ◯ NU2GGH002046
- ◯ NU2GGH002058
- ◯ NU2GGH002059
- ◯ NU2GGH002060
- ◯ NU2GGH002064
- ◯ NU2GGH002066
- ◯ NU2GGH002072
- ◯ NU2GGH002090
- ◯ NU2GGH002091
- ◯ NU2GGH002093
- ◯ NU2GGH002094
- ◯ NU2GGH002095
- ◯ NU2GGH002098
- ◯ NU2GGH002100
- ◯ NU2GGH002104
- ◯ NU2GGH002106
- ◯ NU2GGH002111
- ◯ NU2GGH002123
- ◯ NU2GGH002131
- ◯ NU2GGH002140
- ◯ NU2GGH002145
- ◯ NU2GGH002147
- ◯ NU2GGH002148
- ◯ NU2GGH002156
- ◯ NU2GGH002157
- ◯ NU2GGH002162
- ◯ NU2GGH002171
- ◯ NU2GGH002174
- ◯ NU2GGH002175
- ◯ NU2GGH002177
- ◯ NU2GGH002198
- ◯ NU2GGH002201
- ◯ NU2GGH002203
- ◯ NU2GGH002211
- ◯ NU2GGH002214
- ◯ NU2GGH002216
- ◯ NU2GGH002225
- ◯ NU2GGH002234
- ◯ NU2GGH002236
- ◯ NU2GGH002244
- ◯ NU2GGH002277
- ◯ NU2GGH002279
- ◯ NU2GGH002280
- ◯ NU2GGH002281
- ◯ NU2GGH002291
- ◯ NU2GGH002293
- ◯ NU2GGH002308
- ◯ NU2GGH002309
- ◯ NU2GGH002351
- ◯ NU2HGH000001
- ◯ NU2HGH000002
- ◯ NU2HGH000003
- ◯ NU2HGH000004
- ◯ NU2HGH000005
- ◯ NU2HGH000006
- ◯ NU2HGH000007
- ◯ NU2HGH000008
- ◯ NU2HGH000009
- ◯ NU2HGH000010
- ◯ NU2HGH000011
- ◯ NU2HGH000015
- ◯ NU2HGH000016
- ◯ NU2HGH000017
- ◯ NU2HGH000018
- ◯ NU2HGH000020
- ◯ NU2HGH000022

- ○ NU2HGH000023
- ○ NU2HGH000025
- ○ NU2HGH000026
- ○ NU2HGH000027
- ○ NU2HGH000028
- ○ NU2HGH000029
- ○ NU2HGH000030
- ○ NU2HGH000031
- ○ NU2HGH000032
- ○ NU2HGH000034
- ○ NU2HGH000035
- ○ NU2HGH000036
- ○ NU2HGH000038
- ○ NU2HGH000039
- ○ NU2HGH000040
- ○ NU2HGH000041
- ○ NU2HGH000042
- ○ NU2HGH000043
- ○ NU2HGH000044
- ○ NU2HGH000045
- ○ NU2HGH000046
- ○ NU2HGH000047
- ○ NU2HGH000049
- ○ NU2HGH000050
- ○ NU2HGH000051
- ○ NU2HGH000053
- ○ NU2HGH000056
- ○ NU2HGH000057
- ○ NU2HGH000058
- ○ NU2HGH000059
- ○ NU2HGH000060
- ○ NU2HGH000061
- ○ NU2HGH000062
- ○ NU2HGH000064
- ○ NU2HGH000065
- ○ NU2HGH000066
- ○ NU2HGH000067
- ○ NU2HGH000069
- ○ NU2HGH000072
- ○ NU2HGH000073
- ○ NU2HGH000074
- ○ NU2HGH000075
- ○ NU2HGH000076
- ○ NU2HGH000077
- ○ NU2HGH000079
- ○ NU2HGH000080
- ○ NU2HGH000082
- ○ NU50CK000493
- ○ NU50CK000494
- ○ NU50CK000495
- ○ NU51IP000848
- ○ NU51IP000850
- ○ NU51IP000851
- ○ NU51IP000852
- ○ NU51IP000853
- ○ NU51IP000854
- ○ NU51IP000855
- ○ NU51IP000856
- ○ NU51IP000857
- ○ NU51IP000859
- ○ NU51IP000861
- ○ NU51IP000871
- ○ NU51IP000873
- ○ NU51IP000882
- ○ NU51IP000883
- ○ NU51IP000884
- ○ NU51IP000890
- ○ NU51IP000891
- ○ NU51IP000892
- ○ NU51IP000894
- ○ NU51IP000895

○ NU51IP000896
○ NU51IP000897
○ NU66GH002169
○ NU66GH002172
○ NUGGH001941
○ NUGGH001999
○ NUHGH000008
○ U01CK000564
○ U01GH002084
○ U01GH002115
○ U01GH002133
○ U01GH002143
○ U01GH002235
○ U01GH002238
○ U01GH002241
○ U01GH002243
○ U01GH002248
○ U01GH002249
○ U01GH002290
○ U01IP001048
○ U01IP001064
○ U01IP001074
○ U18CK000443
○ My CoAg isn't listed here

Please indicate your CoAg # here:

_____

Reporting Period   ○ October 1 - March 31, 2022 (FY22 Q1/Q2)

Technical Area Details

Technical Areas(s): Please select all technical areas associated with implemented activities during the reporting period. Relevant technical areas are identified in the "Partner Quarterly Metrics Data Collection Tool."
(Please complete all questions for each technical area where you work in the applicable sections below.)

☐ Infection Prevention and Control in Healthcare Facilities
☐ Border Health
☐ Community Mitigation
☐ Emergency Operations and Response
☐ Laboratory/Diagnostics
☐ Surveillance
☐ Vaccines
☐ FETP

Infection Prevention and Control in Healthcare Facilities

Description of Infection Prevention and Control in Healthcare Facilities activities: Which areas are your activities focused on during this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:

_____

Description of Infection Prevention and Control in Healthcare Facilities activities: In 350 words or less, please provide a brief overview of implemented activities during the reporting period.

Overarching Infection Prevention and Control in Healthcare Facilities activities' objective(s): Check all objectives that apply to implemented activities during the reporting period.

☐ Build capacity to detect local COVID-19 transmission and provide useful information to public health
authorities so they may better plan and implement appropriate control and intervention measures
☐ Mitigate COVID-19 transmission in the community and in health care facilities
☐ Support health facilities to rapidly identify, triage and diagnose potential cases to improve patient care and
minimize disruptions to essential health services
☐ Address crucial unknowns regarding clinical severity, extent of transmission and infection
☐ Ensure readiness to implement vaccines and therapeutics when available
☐ Other

Please specify:

_____

Target population: Please specify target population for Infection Prevention and Control in Healthcare Facilities activities. Check all that apply.

☐ Administrative Staff
☐ Dental Professionals/Students
☐ Emergency Medical Personnel
☐ Hospital Volunteers
☐ Laboratory Technicians
☐ Medical and/or Nursing Students
☐ Nurses
☐ Pharmacists
☐ Physicians
☐ Other Healthcare Workers not previously mentioned
☐ General Community Members
☐ Other

Please specify:

_____

Status toward completion of Infection Prevention and Control in Healthcare Facilities activities: (Select One)

○ Planned
○ On Track
○ Completed
○ Delayed
○ Discontinued

Infection Prevention and Control in Healthcare Facilities activities' outputs/products finalized during the reporting period: Which areas are your outputs focused on? These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives. (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:

_____

Infection Prevention and Control in Healthcare Facilities activities' outputs/products finalized during the reporting period: In 350 words or less, please describe your outputs in more detail. These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives:

(Example: Developing and then implementing a national strategy for responding to COVID-19 would show progress in a country having the ability to respond to the outbreak and align with the objective 'Mitigate COVID-19 transmission in the community and in health care facilities'.)

Challenges experienced: In which areas has your program had challenges in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Challenges experienced in the reporting period: In 350 words or less, please describe your key challenges with planning, developing, and/or implementing activities during this reporting period.

REDCap®

Progress/success achieved: In which areas has your program demonstrated progress/success in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Progress/success achieved during reporting period: In 350 words or less, please describe progress toward and/or specific successes achieved for implemented activities during this reporting period.

Planned activities/next steps: In which areas does your program plan to focus on during the next reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Planned activities for the next reporting period: In 350 words or less, please describe planned activities for the next reporting period. If the activities have been completed, please indicate this.

Border Health

Description of Border Health activities: Which areas are your activities focused on during this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:

_____

Description of Border Health activities: In 350 words or less, please provide a brief overview of implemented activities during the reporting period.

Overarching Border Health Activities' objective(s): Check all objectives that apply to implemented activities during the reporting period.

☐ Build capacity to detect local COVID-19 transmission and provide useful information to public health authorities so they may better plan and implement appropriate control and intervention measures
☐ Mitigate COVID-19 transmission in the community and in health care facilities
☐ Support health facilities to rapidly identify, triage and diagnose potential cases to improve patient care and minimize disruptions to essential health services
☐ Address crucial unknowns regarding clinical severity, extent of transmission and infection
☐ Ensure readiness to implement vaccines and therapeutics when available
☐ Other

Please specify:

_____

Target population: Please specify target population for Border Health activities. Check all that apply.

☐ Administrative Staff
☐ Dental Professionals/Students
☐ Emergency Medical Personnel
☐ Hospital Volunteers
☐ Laboratory Technicians
☐ Medical and/or Nursing Students
☐ Nurses
☐ Pharmacists
☐ Physicians
☐ Other Healthcare Workers not previously mentioned
☐ General Community Members
☐ Other

Please specify:

_____

Status toward completion of Border Health activities: (Select One)

◯ Planned
◯ On Track
◯ Completed
◯ Delayed
◯ Discontinued

Border Health activities' outputs/products finalized during the reporting period: Which areas are your outputs focused on? These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives. (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:
_____

Border Health activities' outputs/products finalized during the reporting period: In 350 words or less, please describe your outputs in more detail. These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives:

(Example: Developing and then implementing a national strategy for responding to COVID-19 would show progress in a country having the ability to respond to the outbreak and align with the objective 'Mitigate COVID-19 transmission in the community and in health care facilities'.)

Challenges experienced: In which areas has your program had challenges in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:
_____

Challenges experienced in the reporting period: In 350 words or less, please describe your key challenges with planning, developing, and/or implementing activities during this reporting period.

Progress/success achieved: In which areas has your program demonstrated progress/success in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Progress/success achieved during reporting period: In 350 words or less, please describe progress toward and/or specific successes achieved for implemented activities during this reporting period.

Planned activities/next steps: In which areas does your program plan to focus on during the next reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Planned activities for the next reporting period: In 350 words or less, please describe planned activities for the next reporting period. If the activities have been completed, please indicate this.

Community Mitigation

Description of Community Mitigation activities: Which areas are your activities focused on during this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:

_____

Description of Community Mitigation activities: In 350 words or less, please provide a brief overview of implemented activities during the reporting period.

Overarching Community Mitigation Activities' objective(s): Check all objectives that apply to implemented activities during the reporting period.

☐ Build capacity to detect local COVID-19 transmission and provide useful information to public health authorities so they may better plan and implement appropriate control and intervention measures
☐ Mitigate COVID-19 transmission in the community and in health care facilities
☐ Support health facilities to rapidly identify, triage and diagnose potential cases to improve patient care and minimize disruptions to essential health services
☐ Address crucial unknowns regarding clinical severity, extent of transmission and infection
☐ Ensure readiness to implement vaccines and therapeutics when available
☐ Other

Please specify:

_____

Target population: Please specify target population for Community Mitigation activities. Check all that apply.

☐ Administrative Staff
☐ Dental Professionals/Students
☐ Emergency Medical Personnel
☐ Hospital Volunteers
☐ Laboratory Technicians
☐ Medical and/or Nursing Students
☐ Nurses
☐ Pharmacists
☐ Physicians
☐ Other Healthcare Workers not previously mentioned
☐ General Community Members
☐ Other

Please specify:

_____

Status toward completion of Community Mitigation activities: (Select One)

○ Planned
○ On Track
○ Completed
○ Delayed
○ Discontinued

Community Mitigation activities' outputs/products finalized during the reporting period: Which areas are your outputs focused on? These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives. (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:

_____

Community Mitigation activities' outputs/products finalized during the reporting period: In 350 words or less, please describe your outputs in more detail. These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives:

(Example: Developing and then implementing a national strategy for responding to COVID-19 would show progress in a country having the ability to respond to the outbreak and align with the objective 'Mitigate COVID-19 transmission in the community and in health care facilities'.)

Challenges experienced: In which areas has your program had challenges in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Challenges experienced in the reporting period: In 350 words or less, please describe your key challenges with planning, developing, and/or implementing activities during this reporting period.

REDCap

Progress/success achieved: In which areas has your program demonstrated progress/success in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Progress/success achieved during reporting period: In 350 words or less, please describe progress toward and/or specific successes achieved for implemented activities during this reporting period.

Planned activities/next steps: In which areas does your program plan to focus on during the next reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Planned activities for the next reporting period: In 350 words or less, please describe planned activities for the next reporting period. If the activities have been completed, please indicate this.

Emergency Operations and Response

Description of Emergency Operations and Response activities: Which areas are your activities focused on during this reporting period? (Check all that apply)

- ☐ Communication
- ☐ Funding
- ☐ Implementation
- ☐ Monitoring and Evaluation
- ☐ Partnership Engagement
- ☐ Program Readiness
- ☐ Resources
- ☐ Staffing
- ☐ Training
- ☐ Other

Please specify:

_____

Description of Emergency Operations and Response activities: In 350 words or less, please provide a brief overview of implemented activities during the reporting period.

Overarching Emergency Operations and Response activities' objective(s): Check all objectives that apply to implemented activities during the reporting period.

- ☐ Build capacity to detect local COVID-19 transmission and provide useful information to public health authorities so they may better plan and implement appropriate control and intervention measures
- ☐ Mitigate COVID-19 transmission in the community and in health care facilities
- ☐ Support health facilities to rapidly identify, triage and diagnose potential cases to improve patient care and minimize disruptions to essential health services
- ☐ Address crucial unknowns regarding clinical severity, extent of transmission and infection
- ☐ Ensure readiness to implement vaccines and therapeutics when available
- ☐ Other

Please specify:

_____

Target population: Please specify target population for Emergency Operations and Response activities. Check all that apply.

- ☐ Administrative Staff
- ☐ Dental Professionals/Students
- ☐ Emergency Medical Personnel
- ☐ Hospital Volunteers
- ☐ Laboratory Technicians
- ☐ Medical and/or Nursing Students
- ☐ Nurses
- ☐ Pharmacists
- ☐ Physicians
- ☐ Other Healthcare Workers not previously mentioned
- ☐ General Community Members
- ☐ Other

Please specify:

_____

Status toward completion of Emergency Operations and Response activities: (Select One)

○ Planned
○ On Track
○ Completed
○ Delayed
○ Discontinued

Emergency Operations and Response activities' outputs/products finalized during the reporting period: Which areas are your outputs focused on? These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives. (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:

_____

Emergency Operations and Response activities' outputs/products finalized during the reporting period: In 350 words or less, please describe your outputs in more detail. These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives:

(Example: Developing and then implementing a national strategy for responding to COVID-19 would show progress in a country having the ability to respond to the outbreak and align with the objective 'Mitigate COVID-19 transmission in the community and in health care facilities'.)

Challenges experienced: In which areas has your program had challenges in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Challenges experienced in the reporting period: In 350 words or less, please describe your key challenges with planning, developing, and/or implementing activities during this reporting period.

Progress/success achieved: In which areas has your program demonstrated progress/success in this reporting period? (Check all that apply)

- ☐ Communication
- ☐ Funding
- ☐ Implementation
- ☐ Monitoring and Evaluation
- ☐ Partnership Engagement
- ☐ Program Readiness
- ☐ Resources
- ☐ Staffing
- ☐ Training
- ☐ Other
- ☐ None to Report

Please specify:

_____

Progress/success achieved during reporting period: In 350 words or less, please describe progress toward and/or specific successes achieved for implemented activities during this reporting period.

Planned activities/next steps: In which areas does your program plan to focus on during the next reporting period? (Check all that apply)

- ☐ Communication
- ☐ Funding
- ☐ Implementation
- ☐ Monitoring and Evaluation
- ☐ Partnership Engagement
- ☐ Program Readiness
- ☐ Resources
- ☐ Staffing
- ☐ Training
- ☐ Other
- ☐ None to Report

Please specify:

_____

Planned activities for the next reporting period: In 350 words or less, please describe planned activities for the next reporting period. If the activities have been completed, please indicate this.

Laboratory/Diagnostics

Description of Laboratory/Diagnostics activities: Which areas are your activities focused on during this reporting period? (Check all that apply)

- ☐ Communication
- ☐ Funding
- ☐ Implementation
- ☐ Monitoring and Evaluation
- ☐ Partnership Engagement
- ☐ Program Readiness
- ☐ Resources
- ☐ Staffing
- ☐ Training
- ☐ Other

Please specify:

_____

Description of Laboratory/Diagnostics activities: In 350 words or less, please provide a brief overview of implemented activities during the reporting period.

Overarching Laboratory/Diagnostics activities' objective(s): Check all objectives that apply to implemented activities during the reporting period.

- ☐ Build capacity to detect local COVID-19 transmission and provide useful information to public health authorities so they may better plan and implement appropriate control and intervention measures
- ☐ Mitigate COVID-19 transmission in the community and in health care facilities
- ☐ Support health facilities to rapidly identify, triage and diagnose potential cases to improve patient care and minimize disruptions to essential health services
- ☐ Address crucial unknowns regarding clinical severity, extent of transmission and infection
- ☐ Ensure readiness to implement vaccines and therapeutics when available
- ☐ Other

Please specify:

_____

Target population: Please specify target population for Laboratory/Diagnostics activities. Check all that apply.

- ☐ Administrative Staff
- ☐ Dental Professionals/Students
- ☐ Emergency Medical Personnel
- ☐ Hospital Volunteers
- ☐ Laboratory Technicians
- ☐ Medical and/or Nursing Students
- ☐ Nurses
- ☐ Pharmacists
- ☐ Physicians
- ☐ Other Healthcare Workers not previously mentioned
- ☐ General Community Members
- ☐ Other

Please specify:

_____

Status toward completion of Laboratory/Diagnostics activities: (Select One)

○ Planned
○ On Track
○ Completed
○ Delayed
○ Discontinued

Laboratory/Diagnostics activities' outputs/products finalized during the reporting period: Which areas are your outputs focused on? These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives. (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:
_____

Laboratory/Diagnostics activities' outputs/products finalized during the reporting period: In 350 words or less, please describe your outputs in more detail. These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives:

(Example: Developing and then implementing a national strategy for responding to COVID-19 would show progress in a country having the ability to respond to the outbreak and align with the objective 'Mitigate COVID-19 transmission in the community and in health care facilities'.)

Challenges experienced: In which areas has your program had challenges in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:
_____

Challenges experienced in the reporting period: In 350 words or less, please describe your key challenges with planning, developing, and/or implementing activities during this reporting period.

Progress/success achieved: In which areas has your program demonstrated progress/success in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Progress/success achieved during reporting period: In 350 words or less, please describe progress toward and/or specific successes achieved for implemented activities during this reporting period.

Planned activities/next steps: In which areas does your program plan to focus on during the next reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Planned activities for the next reporting period: In 350 words or less, please describe planned activities for the next reporting period. If the activities have been completed, please indicate this.

Surveillance

Description of Surveillance activities: Which areas are your activities focused on during this reporting period? (Check all that apply)

- ☐ Communication
- ☐ Funding
- ☐ Implementation
- ☐ Monitoring and Evaluation
- ☐ Partnership Engagement
- ☐ Program Readiness
- ☐ Resources
- ☐ Staffing
- ☐ Training
- ☐ Other

Please specify:

_____

Description of Surveillance activities: In 350 words or less, please provide a brief overview of implemented activities during the reporting period.

Overarching Surveillance activities' objective(s): Check all objectives that apply to implemented activities during the reporting period.

- ☐ Build capacity to detect local COVID-19 transmission and provide useful information to public health authorities so they may better plan and implement appropriate control and intervention measures
- ☐ Mitigate COVID-19 transmission in the community and in health care facilities
- ☐ Support health facilities to rapidly identify, triage and diagnose potential cases to improve patient care and minimize disruptions to essential health services
- ☐ Address crucial unknowns regarding clinical severity, extent of transmission and infection
- ☐ Ensure readiness to implement vaccines and therapeutics when available
- ☐ Other

Please specify:

_____

Target population: Please specify target population for Surveillance activities. Check all that apply.

- ☐ Administrative Staff
- ☐ Dental Professionals/Students
- ☐ Emergency Medical Personnel
- ☐ Hospital Volunteers
- ☐ Laboratory Technicians
- ☐ Medical and/or Nursing Students
- ☐ Nurses
- ☐ Pharmacists
- ☐ Physicians
- ☐ Other Healthcare Workers not previously mentioned
- ☐ General Community Members
- ☐ Other

Please specify:

_____

Status toward completion of Surveillance Activities: (Select One)

○ Planned
○ On Track
○ Completed
○ Delayed
○ Discontinued

Surveillance activities' outputs/products finalized during the reporting period: Which areas are your outputs focused on? These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives. (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:

_____

Surveillance activities' outputs/products finalized during the reporting period: In 350 words or less, please describe your outputs in more detail. These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives:

(Example: Developing and then implementing a national strategy for responding to COVID-19 would show progress in a country having the ability to respond to the outbreak and align with the objective 'Mitigate COVID-19 transmission in the community and in health care facilities'.)

Challenges experienced: In which areas has your program had challenges in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Challenges experienced in the reporting period: In 350 words or less, please describe your key challenges with planning, developing, and/or implementing activities during this reporting period.

Progress/success achieved: In which areas has your program demonstrated progress/success in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Progress/success achieved during reporting period: In 350 words or less, please describe progress toward and/or specific successes achieved for implemented activities during this reporting period.

Planned activities/next steps: In which areas does your program plan to focus on during the next reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Planned activities for the next reporting period: In 350 words or less, please describe planned activities for the next reporting period. If the activities have been completed, please indicate this.

Vaccines

Description of Vaccines activities: Which areas are your activities focused on during this reporting period? (Check all that apply)

- ☐ Communication
- ☐ Funding
- ☐ Implementation
- ☐ Monitoring and Evaluation
- ☐ Partnership Engagement
- ☐ Program Readiness
- ☐ Resources
- ☐ Staffing
- ☐ Training
- ☐ Other

Please specify:

_____

Description of Vaccines activities: In 350 words or less, please provide a brief overview of implemented activities during the reporting period.

Overarching Vaccines Activities' Objective(s): Check all objectives that apply to implemented activities during the reporting period.

- ☐ Build capacity to detect local COVID-19 transmission and provide useful information to public health authorities so they may better plan and implement appropriate control and intervention measures
- ☐ Mitigate COVID-19 transmission in the community and in health care facilities
- ☐ Support health facilities to rapidly identify, triage and diagnose potential cases to improve patient care and minimize disruptions to essential health services
- ☐ Address crucial unknowns regarding clinical severity, extent of transmission and infection
- ☐ Ensure readiness to implement vaccines and therapeutics when available
- ☐ Other

Please specify:

_____

Target population: Please specify target population for Vaccines activities. Check all that apply.

- ☐ Administrative Staff
- ☐ Dental Professionals/Students
- ☐ Emergency Medical Personnel
- ☐ Hospital Volunteers
- ☐ Laboratory Technicians
- ☐ Medical and/or Nursing Students
- ☐ Nurses
- ☐ Pharmacists
- ☐ Physicians
- ☐ Other Healthcare Workers not previously mentioned
- ☐ General Community Members
- ☐ Other

Please specify:

_____

Status toward completion of Vaccines activities: (Select One)

○ Planned
○ On Track
○ Completed
○ Delayed
○ Discontinued

Vaccines activities' outputs/products finalized during the reporting period: Which areas are your outputs focused on? These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives. (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:

_____

Vaccines activities' outputs/products finalized during the reporting period: In 350 words or less, please describe your outputs in more detail. These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives:

(Example: Developing and then implementing a national strategy for responding to COVID-19 would show progress in a country having the ability to respond to the outbreak and align with the objective 'Mitigate COVID-19 transmission in the community and in health care facilities'.)

Challenges experienced: In which areas has your program had challenges in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Challenges experienced in the reporting period: In 350 words or less, please describe your key challenges with planning, developing, and/or implementing activities during this reporting period.

REDCap®

Progress/success achieved: In which areas has your program demonstrated progress/success in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Progress/success achieved during reporting period: In 350 words or less, please describe progress toward and/or specific successes achieved for implemented activities during this reporting period.

Planned activities/next steps: In which areas does your program plan to focus on during the next reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Planned activities for the next reporting period: In 350 words or less, please describe planned activities for the next reporting period. If the activities have been completed, please indicate this.

FETP

Description of FETP activities: Which areas are your activities focused on during this reporting period? (Check all that apply)

- ☐ Communication
- ☐ Funding
- ☐ Implementation
- ☐ Monitoring and Evaluation
- ☐ Partnership Engagement
- ☐ Program Readiness
- ☐ Resources
- ☐ Staffing
- ☐ Training
- ☐ Other

Please specify:

_____

Description of FETP activities: In 350 words or less, please provide a brief overview of implemented activities during the reporting period.

Overarching FETP activities' objective(s): Check all objectives that apply to implemented activities during the reporting period.

- ☐ Build capacity to detect local COVID-19 transmission and provide useful information to public health authorities so they may better plan and implement appropriate control and intervention measures
- ☐ Mitigate COVID-19 transmission in the community and in health care facilities
- ☐ Support health facilities to rapidly identify, triage and diagnose potential cases to improve patient care and minimize disruptions to essential health services
- ☐ Address crucial unknowns regarding clinical severity, extent of transmission and infection
- ☐ Ensure readiness to implement vaccines and therapeutics when available
- ☐ Other

Please specify:

_____

Target population: Please specify target population for FETP activities. Check all that apply.

- ☐ Administrative Staff
- ☐ Dental Professionals/Students
- ☐ Emergency Medical Personnel
- ☐ Hospital Volunteers
- ☐ Laboratory Technicians
- ☐ Medical and/or Nursing Students
- ☐ Nurses
- ☐ Pharmacists
- ☐ Physicians
- ☐ Other Healthcare Workers not previously mentioned
- ☐ General Community Members
- ☐ Other

Please specify:

_____

Status toward completion of FETP activities: (Select One)

◯ Planned
◯ On Track
◯ Completed
◯ Delayed
◯ Discontinued

FETP activities' outputs/products finalized during the reporting period: Which areas are your outputs focused on? These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives. (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other

Please specify:

_____

FETP activities' outputs/products finalized during the reporting period: In 350 words or less, please describe your outputs in more detail. These outputs should tie to some of the initial recognized steps that would represent progress toward meeting the overarching activity objectives:

(Example: Developing and then implementing a national strategy for responding to COVID-19 would show progress in a country having the ability to respond to the outbreak and align with the objective 'Mitigate COVID-19 transmission in the community and in health care facilities'.)

Challenges experienced: In which areas has your program had challenges in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Challenges experienced in the reporting period: In 350 words or less, please describe your key challenges with planning, developing, and/or implementing activities during this reporting period.

Progress/success achieved: In which areas has your program demonstrated progress/success in this reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Progress/success achieved during reporting period: In 350 words or less, please describe progress toward and/or specific successes achieved for implemented activities during this reporting period.

Planned activities/next steps: In which areas does your program plan to focus on during the next reporting period? (Check all that apply)

☐ Communication
☐ Funding
☐ Implementation
☐ Monitoring and Evaluation
☐ Partnership Engagement
☐ Program Readiness
☐ Resources
☐ Staffing
☐ Training
☐ Other
☐ None to Report

Please specify:

_____

Planned activities for the next reporting period: In 350 words or less, please describe planned activities for the next reporting period. If the activities have been completed, please indicate this.