CDC Global COVID-19

Supplemental Funding Monitoring and Evaluation

Program Implementation Indicator Reference Sheet for Implementing Partners

Table of Contents

OVERVIEW

Purpose

The Indicator Reference Sheet serves as a master list of all global COVID-19 Implementing Partner indicators. Partners should select and report **only** on **the indicators representing specific activities for which they received funding from a COVID-19 appropriation** (i.e., COVID-19 supplemental funding as part of the Coronavirus Preparedness Emergency Supplemental Appropriations Act 2020 or CARES). Partners are not required to report on all the indicators within their relevant technical area(s).

New to this menu are 25 additional Key Performance Indicators (KPIs), which are noted in the indicator menu. Implementing partners **are required to report on all KPIs that align with associated funded activities**.

Format

Each indicator description includes the following information to help guide reporting on the indicator:

- **Priority Technical Area:** This field is used to describe the technical area the indicator corresponds to.
- **Theme:** This field is used to describe themes or sub-components within the Priority Technical Area.
- **Sub-Theme/Domain:** This field is used to describe 'sub-themes' or 'domains' within the Theme. Note that in many cases, no sub-theme has been included for the indicator. A limited number of indicators also provide further group/categorization into domains.
- **Numerator/Count:** This field describes the numerator or count for the indicator, as applicable. If response is not numerical, Yes/No response is noted.
- **Denominator**: This field describes the denominator for indicators that are reporting on proportion/percentages. Not applicable if indicator is not a percentage/proportion or the indicator requires a Yes/No response.
- **Additional Guidance**: This field provides further description or definitions of required elements in the indicator. Partners should review carefully to ensure complete and accurate reporting against the indicator.

Summary of Changes

During previous rounds of reporting, Implementing Partners and Project Officers provided feedback on existing indicators and provided suggestions for new indicators that better fit their scope of work. Feedback and recommendations were then validated with CDC subject matter experts (SMEs), and then indicators were clarified, added, and/or removed. Below is a description of the types of changes made for this round of reporting with a table documenting changes made to indicators.

Types of Changes Made

1. **Modification of guidance:** Guidance for the indicator was updated in the Indicator Reference Sheet to improve the definition for the indicator.
2. **Retired indicator:** Indicator was retired and will no longer be used for this reporting period.
3. **New indicator:** Indicator was added to the menu as a result of requests from Implementing Partners and Project Officers after validation by SMEs.
4. **Modified indicator:** Indicator language was updated to better reflect the existing definition. The meaning of the indicator and the data it is meant to capture is unchanged.

Global COVID-19 M&E – Program Implementation Metrics FY22Q1Q2 Indicator Reference

Table 1. Summary of Changes Table

Change Type	Technical Area	Indicator ID	Indicator
Key Performance Indicators	IPC	1.1.3	Number of healthcare facilities participating in CDC-supported healthcare detection and response networks
		1.3.1	Proportion of facilities that have developed and approved procedures for conducting HCW screening, and leave from work policies and procedures for suspected or confirmed COVID-19 HCWs
	Border Health	2.1.3	Proportion of POE health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
		2.1.9	Proportion of POE that can demonstrate capacity for identification, notification, assessment, and referral of an ill traveler to health care through response to simulated or real-life events in the last year
		2.5.4	Number of priority geographic areas in which data on population mobility patterns has been collected in the last six months
		2.5.5	Proportion of public health emergency responses that utilized population mobility pattern data to inform public health interventions and/or public health emergency responses (i.e., identified POE for capacity building, identified HCF for strengthened surveillance) within the last six months
		2.6.1	Proportion of neighboring countries included in formalized agreements and procedures for public health information sharing with neighboring countries
	Community Mitigation	3.2.5	Country has systems (hotlines, KAP surveys, Q&A forums, etc.) in place to assess community feedback on adherence to essential mitigation practices
		3.2.6	Country has systems (hotlines, KAP surveys, Q&A forums, etc.) in place to assess healthcare feedback on adherence to essential mitigation practices
		3.4.18	Key mitigation activities were implemented during the reporting period to meet the needs of specific populations
		3.4.19	Proportion of facilities where adequate hand hygiene or other WASH interventions have been implemented (reported separated at communal points, schools and other institutions, and healthcare facilities)
	Emergency Operations and Response	4.1.5	Number of CDC trained PHEM fellows currently being utilized in country
		4.1.18	Number of trained RRT responders who served as responders in the field or in response coordination roles that were trained/supported by the country's emergency coordination entity (e.g., NPHI, PHEOC, or country equivalent) and served in this function for the COVID-19 response
		4.1.19	The country's emergency coordination entity (e.g., PHEOC or country equivalent) has an emergency RCCE coordination pillar/group
	Laboratory Diagnostics	5.1.3	Number of participants trained by training area for testing, biosafety, laboratory quality, biosecurity
		5.3.9	Number of last-mile (in-country) deliveries of laboratory goods for (order type) financially supported and completed under appropriate storage and transport conditions
	Surveillance and Epidemiology	6.1.1	Is SARS-CoV-2 testing incorporated into existing ILI, SARI or other respiratory disease sentinel surveillance [at national or subnational level], including extension of surveillance and testing to seasons during which respiratory disease surveillance is not typically done or influenza virus is not known to circulate?
		6.1.7	Number of digital systems implemented for COVID-19 surveillance

		6.2.2a	Number of participants of trainings held for subnational epidemiology workforce to improve COVID-19 surveillance and contact tracing
		6.2.2b	Number of participants of trainings held for national epidemiology workforce to improve COVID-19 surveillance and contact tracing
		6.3.2	Country received CDC implementing partner technical assistance for planning, implementation, or evaluation of COVID-19 epidemiology and surveillance activities
	Vaccines	7.1.13	Proportion of COVID-19 vaccine doses received that were delivered to CDC-supported healthcare facilities
		7.1.14	Did you administer the COVID-19 vaccine?
		7.1.15	Number of COVID-19 vaccine doses administered
		7.1.16	Number of trainings provided on planning, implementation, and monitoring COVID-19 immunization
New Indicators	Infection Prevention and Control	1.1.2	Proportion of healthcare facilities providing essential services that implemented guideline-based IPC improvements
		1.1.3	Number of healthcare facilities participating in CDC-supported healthcare detection and response networks
	Border Health	2.1.7	Proportion of non-health POE personnel who have been trained on approved procedures and guidance in enforcing public health regulations applicable to points of entry, travel, and the transport of goods across international borders.
		2.1.8	Proportion of POE where staff have been trained on approved procedures in enforcing public health regulations applicable to points of entry, travel, and the transport of goods across international borders.
		2.1.9	Proportion of POE that can demonstrate capacity for identification, notification, assessment, and referral of an ill traveler to health care through response to simulated or real-life events in the last year
		2.5.6	There are protocols and/or standard operating procedures that govern use of border health data and information systems.
		2.5.7	Proportion of POEs with border health personnel trained on the use of established border health data and information systems according to established SOPs
		2.5.8	Proportion of POEs with border health personnel who demonstrate use of established border health data and information systems according to established SOPs
		2.7.1	Support was provided to develop an operational plan that defines the roles and responsibilities of the country's border health authority
		2.7.2	Proportion of identified border health staff roles with finalized position descriptions at national, subnational, and POE levels.
		2.7.3	Does the country have an established plan for their border health personnel training program to ensure that all border health officers can competently conduct public health operations within their jurisdiction?
		2.7.4	National authorities have developed procedures and guidance describing how public health regulations applicable to points of entry, travel, and the transport of goods across international borders will be enforced and have disseminated them to all applicable agencies, including at subnational- and point of entry-levels.
		2.7.5	Proportion of border health personnel who have been trained on approved procedures in enforcing public health regulations applicable to points of entry, travel, and the transport of goods across international borders.
	Community Mitigation	3.2.5	Country has systems (hotlines, KAP surveys, Q&A forums, etc.) in place to assess community feedback on adherence to essential mitigation practices.

		3.2.6	Country has systems (hotlines, KAP surveys, Q&A forums, etc.) in place to assess healthcare feedback on adherence to essential mitigation practices.
		3.2.7	Proportion of frontline workers that had an increase in awareness and knowledge to plan and implement Risk Communications and Community Engagement (RCCE) interventions at various levels as determined by pre- and post- test assessment
		3.3.6	Proportion of COVID-19 patients in the catchment area receiving home-based care who are followed for six months after the resolution of their COVID-19 related illness.
		3.4.18	Key mitigation activities were implemented during the reporting period to meet the needs of specific populations.
		3.4.19	Proportion of facilities where adequate hand hygiene or other WASH interventions have been implemented (reported separately at communal points, schools and other institutions, and healthcare facilities)
		3.5.3	Proportion of facilities implementing multi-month dispensing (MMD) for TB preventive treatment (TPT)
		3.5.4	Proportion of facilities implementing multi-month dispensing (MMD) for TB Treatment.
		3.5.5	Proportion of facilities implementing bi-directional TB and COVID-19 screening.
		3.5.6	Proportion of facilities that have standardized algorithm and SOPs established for bi-directional screening for COVID-19 and TB in relevant clinical settings.
		3.5.7	Proportion of facilities that have conducted training on algorithms and SOPs for bi-directional screening for COVID-19 and TB.
	Emergency Response	4.1.7	Number of COVID-19 specific trainings/workshops/webinars organized and/or supported by their NPHI or country equivalent.
		4.1.8	Number of participants in COVID-19 specific trainings/workshops/webinars organized and/or supported by their NPHI or country equivalent.
		4.1.9	COVID-19 strategic response and recovery plan has been developed at the country level with support of the country's emergency coordination entity (e.g., NPHI, PHEOC, or country equivalent).
		4.1.10	Country has capacity for EOC activation within 48 hours of detection of a public health event.
		4.1.11	Country has capacity for RRT deployment within 48 hours of detection of a public health event.
		4.1.12	A national RCCE strategy and operations plan has been established or updated and approved.
		4.1.13	A national RCCE training package has been established and approved in the last 6 months.
		4.1.14	A national RCCE training package has been implemented within 6 months of approval.
		4.1.15	Number of public health leaders, government officials, or media spokespersons trained in RCCE.
		4.1.16	Mean change in awareness and knowledge of public health leaders and community, government officials, or spokespersons to plan and implement RCCE interventions as determined by pre-and post-test assessment.
		4.1.17	Number of strategic behavior change/risk communication messages and/or products developed for target population(s).
		4.1.18	Number of trained RRT responders who served as responders in the field or in response coordination roles that were trained/supported by the country's

		emergency coordination entity (e.g., NPHI, PHEOC, or country equivalent) and served in this function for the COVID-19 response.
	4.1.19	The country's emergency coordination entity (e.g., PHEOC or country equivalent) has an emergency RCCE coordination pillar/group
	4.2.3	COVID-19 strategic response and recovery plan has been implemented at the country level with support of the country's emergency coordination entity (e.g., NPHI, PHEOC, or country equivalent).
	4.2.4	Number of new subnational PHEOCs operational for COVID-19
	4.2.5	A national RCCE strategy and operations plan has been used and/or tested in an exercise or response with key response stakeholders within the first year after being approved.
Laboratory Diagnostics	5.2.28	Number of test kits validated for SARS-CoV-2
Surveillance and Epidemiology	6.1.8	Country includes COVID-19 case data in their routine, national disease reporting systems.
	6.1.9	Country includes COVID-19 case data in their national weekly and/or monthly epidemiology-surveillance bulletins.
	6.1.10	Proportion of labs supported/funded by the projects that are connected to a LIMS with a COVID-19 module.
	6.1.11	Country is implementing COVID-19 surveillance program evaluations
	6.1.12	Country is planning or implementing seroprevalence studies
	6.1.13	Country has complete COVID-19 surveillance reporting
	6.3.2	Country received CDC implementing partner technical assistance for planning, implementation, or evaluation of COVID-19 epidemiology and surveillance activities.
	6.4.1	Proportion of One Health case results reported to relevant One Health sectors
	6.4.2	Number of people per sector attending One Health trainings
Vaccines	7.1.5	Were resources (e.g., funding, staff – management, oversight) expended for Intensification of Routine Immunization (IRI) activities?
	7.1.6	Number of non-COVID-19 vaccine doses received
	7.1.7	Number of non-COVID-19 vaccine doses distributed
	7.1.8	Number of non-COVID-19 vaccine doses administered
	7.1.9	Which partners or organizations collaborated on the development of the workplan?
	7.1.10	Please indicate the technical area/components included in the workplan:
	7.1.11	Please indicate the target population(s) included in the workplan for this project:
	7.1.12	Number of vaccination sites supported during the reporting period
	7.1.13	Proportion of COVID-19 vaccine doses received that were delivered to CDC-supported healthcare facilities
	7.1.14	Did you administer the COVID-19 vaccine?
	7.1.15	Number of COVID-19 vaccine doses administered
	7.1.16	Number of first COVID-19 vaccine doses administered
	7.1.17	Number of last recommended COVID-19 vaccine doses administered
	7.1.18	Number of trainings provided on planning, implementation, and monitoring COVID-19 immunization
	7.3.9	Number of people reached through mass media and social media with COVID-19 vaccine-related messaging

		7.4.5	Proportion of adverse events following immunization (AEFI) reports reviewed by the appropriate responsible bodies with CDC support among those submitted to country monitoring systems
		7.6.3	Number of staff and volunteers trained on COVID-19 vaccine-related topics
		7.6.4	Number of staff and volunteers who are remunerated by CDC to support workload required for COVID-19 vaccine delivery in the reporting period
Retired Indicators	Community Mitigation	3.2.1	Number of risk communication messages developed that are specifically targeted toward specific population(s)
		3.2.2	Percent increase in awareness and knowledge of frontline workers to plan and implement Risk Communications and Community Engagement (RCCE) interventions at various levels as determined by pre- and post- test assessment
	Surveillance	6.1.4	Number of countries implementing COVID-19 surveillance program evaluations
		6.1.5	Number of countries planning or implementing seroprevalence studies
		6.1.6	Percent of completeness for COVID-19 surveillance reporting in countries
Guidance Modification	Border Health	2.1.1	Proportion of POE with multisectoral SOPs in place for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers
		2.1.3	Proportion of POE health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
		2.1.4	Proportion of POE non-health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
		2.1.5	Number of POE that can demonstrate capacity for coordinated response in identification, notification, assessment, and referral of an ill traveler to health care through response to simulated or real-life events in the last year
		2.1.6	Number of POE that have conducted AARs following a simulated or real-life event and implemented corrective actions to address gaps identified
		2.2.1	Proportion of POE that have identified areas to isolate ill travelers for assessment and while waiting for transfer to a healthcare facility
		2.2.2	Proportion of POE with sufficient equipment (e.g., PPE, thermometers, forms, job-aids, handwashing stations, decontamination and disinfection supplies) or the supply chain to receive sufficient equipment to identify, notify, and respond to communicable disease illness among travelers for one month
		2.3.1	Proportion of POE that implement personal protective measures (e.g., handwashing, wearing face coverings, social distancing) for staff and travelers according to developed SOPs
		2.3.2	Proportion of POE that are routinely cleaning and disinfecting surfaces for SARS-CoV-2
		2.4.1	Proportion of POE disseminating risk communication materials tailored for travelers in appropriate languages
		2.4.2	Proportion of POE with staff trained on providing risk communication to travelers within the last six months
		2.4.3	Proportion of POE staff trained on providing risk communication to travelers within the last six months
		3.4.9	Number of community-level handwashing and hygiene messaging activities conducted
		3.4.11	Number of hygiene kits distributed
		3.4.12	Number of households receiving hygiene kit(s)

		3.4.13	Number of handwashing and hygiene messaging activities conducted at the household level
Indicator Modification	Border Health	2.1.1	Proportion of POE with multisectoral SOPs in place for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers
		2.1.2	Among those with SOPs above: Proportion of POE with health- and non-health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
		2.1.3	Proportion of POE health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
		2.1.4	Proportion of POE non-health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
		2.1.5	Number of POE that can demonstrate capacity for coordinated response in identification, notification, assessment, and referral of an ill traveler to health care through response to simulated or real-life events in the last year
		2.1.6	Number of POE that have conducted AARs following a simulated or real-life event and implemented corrective actions to address gaps identified
		2.2.1	Proportion of POE that have identified areas to isolate ill travelers for assessment and while waiting for transfer to a healthcare facility
		2.2.2	Proportion of POE with sufficient equipment (e.g., PPE, thermometers, forms, job-aids, handwashing stations, decontamination and disinfection supplies) or the supply chain to receive sufficient equipment to identify, notify, and respond to communicable disease illness among travelers for one month
		2.3.1	Proportion of POE that implement personal protective measures (e.g., handwashing, wearing face coverings, social distancing) for staff and travelers according to developed SOPs
		2.3.2	Proportion of POE that are routinely cleaning and disinfecting surfaces for SARS-CoV-2
		2.4.1	Proportion of POE disseminating risk communication materials tailored for travelers in appropriate languages
		2.4.2	Proportion of POE with staff trained on providing risk communication to travelers within the last six months
	Surveillance	6.1.7	Number of digital systems implemented for COVID-19 surveillance
		6.2.8	Number of administrative levels receiving support that are utilizing Go.Data, DHIS2, CommCare, or other health information software to support and facilitate outbreak investigation including field data collection, contact tracing and visualization of chains of transmission

SECTION 1: INFECTION PREVENTION AND CONTROL (IPC)

Key Performance Indicators

KPI #1.1.3: Number of healthcare facilities participating in CDC-supported healthcare detection and response networks	
Priority Technical Area	IPC
Theme	Cross-cutting
Sub-theme	N/A
Numerator/Count	Number of healthcare facilities participating in CDC-supported healthcare detection and response networks
Denominator	N/A
Additional Guidance	**Definitions**: Healthcare facilities would include facilities participating in networks that conduct any of the following in collaboration with CDC through technical assistance and/or funding support: • Surveillance of infectious disease threats in healthcare settings, including healthcare-associated infections, antimicrobial resistance, and/or COVID-19 • Prevention or containment of infectious disease threats in healthcare settings, including healthcare-associated infections, emerging antimicrobial resistance, and/or COVID-19 • IPC training, monitoring, and/or improvement activities

KPI #1.3.1: Proportion of facilities that have developed and approved procedures for conducting HCW screening, and leave from work policies and procedures for suspected or confirmed COVID-19 HCWs	
Priority Technical Area	IPC
Theme	Health Care Worker (HCW) Screening
Sub-theme	Facility Level Procedures
Numerator/Count	Number of facilities that have developed and approved procedures for conducting HCW screening, and leave from work policies and procedures for suspected or confirmed COVID-19 HCWs
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definitions**: Policies and procedures are in place that state that suspected or confirmed COVID-19 HCWs should not report to work and that they are given "leave from work" without punishment. Guidance includes: • A list of COVID-19 compatible symptoms to be reported • Specific methods described for reporting/screening for symptoms of COVID-19 prior to the HCW entering the facility (passive, enhanced passive, and/or active methods) • Procedures for how to respond to a symptomatic HCW including medical screening/follow-up

1.1 Cross-cutting IPC Indicator

Indicator #1.1.1: Proportion of facilities that have an IPC focal person in place	
Priority Technical Area	IPC
Theme	Cross-cutting
Sub-theme	N/A
Numerator/Count	Number of facilities that have an IPC focal person in place
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	Definition: An IPC focal person must: • Be trained in IPC • Have defined and approved roles and responsibilities • Have dedicated time to carry out IPC activities

Indicator #1.1.2: Proportion of healthcare facilities providing essential services that implemented guideline-based IPC improvements	
Priority Technical Area	IPC
Theme	Cross-cutting
Sub-theme	N/A
Numerator/Count	Number of healthcare facilities providing essential services that implemented guideline-based IPC improvements
Denominator	Total number of healthcare facilities selected and/or supported/funded by the projects
Additional Guidance	Definitions: • Counted healthcare facilities should be receiving technical or financial support from CDC • Essential services include HIV, TB, Malaria, and ANC care • Guideline-based IPC improvements include improvements made in one or more of the WHO IPC Core Components: IPC programs, IPC Guidelines, IPC Education and training, healthcare associated infection surveillance, monitoring and evaluation, workload and staffing, and built environment

KPI #1.1.3: Number *of healthcare facilities participating in CDC-supported healthcare detection and response networks*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above below

1.2 Patient Screening and Triage

Indicator #1.2.1: Proportion of facilities that have developed and approved procedures for screening and triage	
Priority Technical Area	IPC
Theme	Patient Screening & Triage
Sub-theme	Facility Level Procedures
Numerator/Count	Number of facilities that have developed and approved procedures for screening and triage
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Guidance should include: • How to set up and equip screening and respiratory waiting areas • Required PPE for HCWs and patients • A standardized triage algorithm to determine if the patient meets the COVID-19 case definition and actions required if patient meets definition • Environmental cleaning procedures for screening and respiratory waiting areas

Indicator #1.2.2: Proportion of facilities that received training and educational materials on screening and triage	
Priority Technical Area	IPC
Theme	Patient Screening & Triage
Sub-theme	Training
Numerator/Count	Number of facilities that received training and educational materials on screening and triage
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Training includes: • Training for HCWs conducting screening and triage (i.e., screening and triage procedures, COVID-19 case definition, selection of and donning and doffing PPE, hand hygiene) • Training for environment cleaning staff (EVS) on how to clean screening and respiratory waiting areas (i.e., what to clean, how often to clean, products to use, PPE required) • Educational materials (e.g., instructions, pamphlets, training slides) provided to participants related to specific training content

Indicator #1.2.3: Proportion of facilities that have designated staff to screen and triage patients	
Priority Technical Area	IPC
Theme	Patient Screening & Triage
Sub-theme	Staff
Numerator/Count	Number of facilities that have designated staff to screen and triage patients
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Facilities have dedicated clinical staff for physical evaluation of patients presenting with COVID-19 symptoms at triage

Indicator #1.2.4: Proportion of facilities that have designated space for screening and triage

Priority Technical Area	IPC
Theme	Patient Screening & Triage
Sub-theme	Space
Numerator/Count	Number of facilities that have designated space for screening and triage
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Designated space: • Allows for at least 1-meter spacing between patients • Is adequately ventilated[1] • Includes at least 1 functional hand hygiene station (i.e., alcohol-based hand rub (ABHR) or sink/bucket system with clean water and soap) in the screening and respiratory waiting area

Indicator #1.2.5: Proportion of facilities that have the necessary supplies and equipment to screen and triage patients

Priority Technical Area	IPC
Theme	Patient Screening & Triage
Sub-theme	Supplies and Equipment
Numerator/Count	Number of facilities that have the necessary supplies and equipment to screen and triage patients
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Facilities have: • At least a 1-week supply of PPE (i.e., gloves, gowns, eye protection, and face masks) for HCWs and patients • Physical barriers at registration desk • No-touch thermometer at registration desk • At least a 1-week supply of hand hygiene consumables for screening and triage areas (i.e., alcohol-based hand rub (ABHR), soap)

Indicator #1.2.6: Proportion of facilities that have begun patient screening and triage

Priority Technical Area	IPC
Theme	Patient Screening & Triage
Sub-theme	Activity Initiated
Numerator/Count	Number of facilities that have begun patient screening and triage
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Screening and triage of patients have begun

[1] CDC. 2020. Strategic Priority Infection Prevention and Control Activities for Non-US Healthcare Settings. Accessed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/ipc-healthcare-facilities-non-us.html

1.3 Healthcare Worker (HCW) Screening

KPI #1.3.1: *Proportion of facilities that have developed and approved procedures for conducting HCW screening, and leave from work policies and procedures for suspected or confirmed COVID-19 HCWs*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #1.3.2: Proportion of facilities that received training and educational materials on HCW screening and leave from work procedures	
Priority Technical Area	IPC
Theme	Health Care Worker (HCW) Screening
Sub-theme	Training
Numerator/Count	Number of facilities that received training and educational materials on HCW screening and leave from work procedures
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Training includes: • Training for HCWs who are responsible for monitoring and conducting screening that includes both screening procedures and how to manage symptomatic HCW identified during screening • Training for all eligible staff on how, when, and what to report to screening system (passive, enhanced passive, or active) • Educational materials (e.g., instructions, pamphlets, training slides) provided to participants related to specific training content

Indicator #1.3.3: Proportion of facilities that have designated staff to conduct and monitor HCW screening (i.e., passive, enhanced passive, and/or active)	
Priority Technical Area	IPC
Theme	Health Care Worker (HCW) Screening
Sub-theme	Staff
Numerator/Count	Number of facilities that have designated staff to conduct and monitor HCW screening (i.e., passive, enhanced passive, and/or active)
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definitions**: Facilities have specific individuals who are responsible for monitoring and tracking HCW symptoms in passive, enhanced passive, and/or active screening. Link to definitions of passive, enhanced passive, and active screening: https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/guidance-identify-hcw-patients.html

Indicator #1.3.4: Proportion of facilities that have designated space for active HCW screening	
Priority Technical Area	IPC
Theme	Health Care Worker (HCW) Screening
Sub-theme	Space
Numerator/Count	Number of facilities that have designated space for active HCW screening
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definitions**: If conducting active screening, designated space is: • Identified and dedicated for HCW screening, located outside the facility, if possible, or in a space with adequate ventilation[2] • Allows for 1-meter spacing between HCWs waiting to be screened • Includes at least 1 functional hand hygiene station (i.e., alcohol-based hand rub (ABHR) or sink/bucket system with clean water and soap) in the screening area Link to definitions of passive, enhanced passive, and active screening: https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/guidance-identify-hcw-patients.html

Indicator #1.3.5: Proportion of facilities that have the necessary supplies and equipment to conduct and monitor HCW screening (i.e., passive, enhanced passive, and/or active)	
Priority Technical Area	IPC
Theme	Health Care Worker (HCW) Screening
Sub-theme	Supplies and Equipment
Numerator/Count	Number of facilities that have the necessary supplies and equipment to conduct and monitor HCW screening (i.e., passive, enhanced passive, and/or active)
Denominator	Total number of facilities selected and/or supported/funded by the projects

Additional Guidance	**Definitions**:
	Facilities have:
	• If passive only:
	   ○ All HCWs have symptom list, thermometer, phone and phone credits
	   ○ HCWs in charge of screening have standardized medical assessment and monitoring forms, facility has a mechanism for remote reporting (telephone line, SMS)
	• If enhanced passive:
	   ○ All HCWs have the passive supplies listed above
	   ○ HCWs in charge of screening have passive supplies and equipment listed above plus a reminder system (mass texting service), database of all HCW contact information, database of HCWs with documented COVID-19 exposure
	• If active:
	   ○ HCW screening area should have no-touch thermometers, PPE, hand hygiene station (i.e., alcohol-based hand rub (ABHR) or sink/bucket system with clean water and soap) accountability system to demonstrate HCWs who have passed screening (e.g., work slip sign off, stickers with different colors for each day, etc.)
	
	Link to definitions of passive, enhanced passive, and active screening:
	https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/guidance-identify-hcw-patients.html

---

[2] CDC. 2020. Strategic Priority Infection Prevention and Control Activities for Non-US Healthcare Settings. Accessed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/ipc-healthcare-facilities-non-us.html

Indicator #1.3.6: Proportion of facilities that have begun HCW screening	
Priority Technical Area	IPC
Theme	Health Care Worker (HCW) Screening
Sub-theme	Activity Initiated
Numerator/Count	Number of facilities that have begun HCW screening
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definitions**: Passive, enhanced passive, and/or active screening of HCWs has begun. Link to definitions of passive, enhanced passive, and active screening: https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/guidance-identify-hcw-patients.html

1.4 Inpatient Isolation and Cohorting

Indicator #1.4.1: Proportion of facilities that have developed and approved procedures for inpatient isolation and cohorting of suspected and confirmed COVID-19 patients	
Priority Technical Area	IPC
Theme	Inpatient Isolation and Cohorting
Sub-theme	Facility Level Procedures
Numerator/Count	Number of facilities that have developed and approved procedures for inpatient isolation and cohorting of suspected and confirmed COVID-19 patients
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Guidance on: • Standard and transmissions-based precautions for management of suspected and confirmed COVID-19 patients • Measuring consumption rate of PPE and other IPC consumables • Environmental cleaning procedures for units with suspect and confirmed COVID-19 patients • Assigning dedicated HCWs to work in COVID-19 treatment or isolation units

Indicator #1.4.2: Proportion of facilities that received training and educational materials on inpatient isolation and cohorting	
Priority Technical Area	IPC
Theme	Inpatient Isolation and Cohorting
Sub-theme	Training
Numerator/Count	Number of facilities that received training and educational materials on inpatient isolation and cohorting
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Training includes: • Training for all HCWs on rapid identification and isolation of inpatients with symptoms of COVID-19 • Training for HCWs working in COVID-19 treatment or isolation units on standard and transmission-based precautions (e.g., contact and droplet precautions, donning and doffing of PPE, hand hygiene) • Training for EVS on how to clean units with suspect and confirmed COVID-19 patients (i.e., what to clean, how often to clean, products to use, PPE required) • Educational materials (e.g., instructions, pamphlets, training slides) provided to participants related to specific training content

Indicator #1.4.3: Proportion of facilities that have staffing plans in place for COVID-19 treatment and isolation units	
Priority Technical Area	IPC
Theme	Inpatient Isolation and Cohorting
Sub-theme	Staff
Numerator/Count	Number of facilities that have staffing plans in place for COVID-19 treatment and isolation units
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Staffing plans should address staff shortages and the possibility of cohorting HCWs

Indicator #1.4.4: Proportion of facilities that have designated space to isolate and cohort suspected and confirmed COVID-19 patients

Priority Technical Area	IPC
Theme	Inpatient Isolation and Cohorting
Sub-theme	Space
Numerator/Count	Number of facilities that have designated space to isolate and cohort suspected and confirmed COVID-19 patients
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Designated space: • Allows for at least 1-meter spacing between patients and/or HCWs • Is adequately ventilated[3] • Includes at least 1 functional hand hygiene stations per treatment or isolation unit (e.g., alcohol-based hand rub (ABHR) or sink/bucket system with clean water and soap)

Indicator #1.4.5: Proportion of facilities that have the necessary supplies and equipment to isolate and cohort suspected and confirmed COVID-19 patients

Priority Technical Area	IPC
Theme	Inpatient Isolation and Cohorting
Sub-theme	Supplies and Equipment
Numerator/Count	Number of facilities that have the necessary supplies and equipment to isolate and cohort suspected and confirmed COVID-19 patients
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Facilities have: • At least a 1-week supply of PPE for HCWs and patients (i.e., gloves, gowns, eye protection, and face masks) • At least a 1-week supply of hand hygiene consumables (i.e., alcohol-based hand rub (ABHR), soap)

Indicator #1.4.6: Proportion of facilities that have begun to isolate or cohort suspected and confirmed COVID-19 patients

Priority Technical Area	IPC
Theme	Inpatient Isolation and Cohorting
Sub-theme	Activity Initiated
Numerator/Count	Number of facilities that have begun to isolate or cohort suspected and confirmed COVID-19 patients
Denominator	Total number of facilities selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Isolation and cohorting of patients have begun

---

[3] Natural ventilation depends on a number of factors including climate conditions (e.g., wind speed, temperature) and building design. Adequate ventilation commensurate with WHO's natural ventilation standards can be achieved by ensuring that the room is equipped with a functional window that can be opened to allow circulation and exchange between inside and outside air. See WHO's *Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected or confirmed* at https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2021.1 and *Severe acute respiratory infections (SARI) treatment center: Practical manual* at for additional guidance on ventilation standards and measurement.

SECTION 2: BORDER HEALTH

Key Performance Indicators

KPI #2.1.3: Proportion of POE health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months	
Priority Technical Area	Border Health
Theme	POE General Capacity
Sub-theme	N/A
Numerator/Count	Number of POE health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
Denominator	Number of health staff at POE sites that trained staff on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
Additional Guidance	Definitions: • POEs should be included if they are supported/funded by the projects Training includes: • Training for health staff who are responsible for identifying ill travelers and conducting an illness response at the POE • Training for health staff on how to identify an ill person, notify the appropriate stakeholders at the POE and national level, and conduct an illness response, including a risk assessment and transfer to a healthcare facility as needed at the POE

KPI #2.1.9: Proportion of POE that can demonstrate capacity for identification, notification, assessment, and referral of an ill traveler to health care through response to simulated or real-life events in the last year	
Priority Technical Area	Border Health
Theme	POE General Capacity
Sub-theme	N/A
Numerator/Count	Number of POE selected and/or supported/funded by the projects that demonstrate capacity for identification, notification, assessment, and referral of an ill traveler to health care through response to simulated or real-life events in the last year
Denominator	Total number of POE selected and/or supported/funded by the projects
Additional Guidance	Definitions: Demonstrated capacity could include: • Demonstrated via exercise(s) to test identification, notification, assessment, and referral capabilities, can be based on satisfactory evaluation scores, as determined by the exercise evaluators • For real-life events, the notification, assessment, and referral elements could be assessed through after-action reviews. Identification capacities might need to be measured through establishment of a baseline "expected" number of ill traveler alerts at a specific POE during a given time period and whether this POE actually receives reports roughly that number of alerts

KPI #2.5.4: Number of priority geographic areas in which data on population mobility patterns has been collected in the last six months	
Priority Technical Area	Border Health
Theme	Data and Surveillance Systems for Mobile Populations
Sub-theme	N/A
Numerator/Count	Number of priority geographic areas in which data on population mobility patterns has been collected in the last six months
Denominator	N/A
Additional Guidance	Definitions: • Priority geographic areas for data collection have been identified by public health leadership • Data on population mobility patterns has been collected though key informant interviews (KIIs) or focus group discussion (FGDs) in the last six months

KPI #2.5.5: Proportion of public health emergency responses that utilized population mobility pattern data to inform public health interventions and/or public health emergency responses (i.e., identified POE for capacity building, identified HCF for strengthened surveillance) within the last six months	
Priority Technical Area	Border Health
Theme	Data and Surveillance Systems for Mobile Populations
Sub-theme	N/A
Numerator/Count	Number of public health emergency responses that utilized population mobility pattern data to inform public health interventions and/or public health emergency responses (i.e., identified POE for capacity building, identified HCF for strengthened surveillance) within the last 6 months
Denominator	Total number of public health emergency responses
Additional Guidance	Definitions: • Outputs from population mobility data have been shared with public health leadership • Public health leadership have identified interventions that can be informed by the population mobility data • Identified interventions have been incorporated in planning activities • Identified interventions have been implemented

KPI #2.6.1: Proportion of neighboring countries included in formalized agreements and procedures for public health information sharing with neighboring countries	
Priority Technical Area	Border Health
Theme	Cross-border Coordination
Sub-theme	N/A
Numerator/Count	Number of neighboring countries included in formalized agreements and procedures for public health information sharing with neighboring countries
Denominator	Total number of neighboring countries

Additional Guidance	Definitions:
	• Neighboring countries or regional bodies have formalized agreements and procedures for public health information sharing
	• Agreements include:
	   o Priority diseases for real-time cross-border reporting
	   o Minimum reporting requirements for a cross-border report of a communicable disease
	   o Activities to support cross-border coordination across public health response activation phases
	   o Procedures for determining when to initiate cross-border communication and how to respond to a cross-border communication
	   o Procedure for notifying cross-border counterparts and responding to receipt of notification from a cross-border counterpart

2.1 POE General Capacity

Indicator #2.1.1: Proportion of POE with multisectoral SOPs in place for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers	
Priority Technical Area	Border Health
Theme	POE General Capacity
Sub-theme	N/A
Numerator/Count	Number of POE with multisectoral SOPs in place for the identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers
Denominator	Number of POE that have been identified by public health leadership for capacity building

Additional Guidance	**Definitions**:
	• POEs should be included if they are supported/funded by the projects
	• Procedures should include:
	   o How to identify the signs and symptoms of illness, including signs and symptoms of COVID-19
	   o An algorithm to determine if the person meets the definition of an ill person and the actions required if the person meets the definition
	   o Chain of notification about a possible ill person

Indicator #2.1.2: Among those with SOPs above: Proportion of POE with health- and non-health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months	
Priority Technical Area	Border Health
Theme	POE General Capacity
Sub-theme	N/A
Numerator/Count	Among those with SOPs above: Number of POE with health- and non-health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
Denominator	Among those with SOPs above: Total number of POE with multisectoral SOPs in place for the identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers
Additional Guidance	**Definitions**: • POEs should be included if they are supported/funded by the projects Training includes: • Training for health staff who are responsible for identifying ill travelers and conducting an illness response at the POE • Training for health staff on how to identify an ill person, notify the appropriate stakeholders at the POE and national level, and conduct an illness response, including a risk assessment and transfer to a healthcare facility as needed at the POE • Training for non-health staff who have frequent contact with travelers at the POE • Training for non-health staff on how to recognize an ill traveler, separate an ill traveler from others, notify the health authorities, and give additional support as needed at the POE

KPI #2.1.3: Proportion of POE health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #2.1.4: Proportion of POE non-health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months	
Priority Technical Area	Border Health
Theme	POE General Capacity
Sub-theme	N/A
Numerator/Count	Number of POE non-health staff trained on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
Denominator	Number of non-health staff at POE sites that trained staff on SOPs for identification (signs and symptoms), notification, and illness response, including for COVID-19, among travelers in the last six months
Additional Guidance	**Definition**: • POEs should be included if they are supported/funded by the projects Training includes: • Training for non-health staff who have frequent contact with travelers at the POE • Training for non-health staff on how to recognize an ill traveler, separate an ill traveler from others, notify the health authorities, and give additional support as needed at the POE

Indicator #2.1.5: Number of POE that can demonstrate capacity for coordinated response in identification, notification, assessment, and referral of an ill traveler to health care through response to simulated or real-life events in the last year	
Priority Technical Area	Border Health
Theme	POE General Capacity
Sub-theme	N/A
Numerator/Count	Number of POE that can demonstrate capacity for coordinated response in identification, notification, assessment, and referral of an ill traveler to health care through response to simulated or real-life events in the last year
Denominator	N/A
Additional Guidance	**Definitions**: • POEs should be included if they are supported/funded by the projects • POE have responded to a simulated or real-life event in the last year • POE staff demonstrated an ability to follow the SOPs through a multi-sectoral coordinated response to the simulated or real-life event • POE health and non-health staff successfully identified an ill traveler, notified the health authorities and other POE and national stakeholders, conducted a risk assessment of the ill traveler, and referred the ill traveler to a healthcare facility, as outlined in the SOPs

Indicator #2.1.6: Number of POE that have conducted AARs following a simulated or real-life event and implemented corrective actions to address gaps identified	
Priority Technical Area	Border Health
Theme	POE General Capacity
Sub-theme	N/A
Numerator/Count	Number of POE that have conducted AARs following a simulated or real-life event and implemented corrective actions to address gaps identified
Denominator	N/A
Additional Guidance	Definitions: • POEs should be included if they are supported/funded by the projects • AAR: after-action review • POE that have responded to a simulated or real-life event in the last year conducted an after-action review (AAR) following the event • Key strengths and areas for improvement were identified through the AAR and an action plan to address the gaps was developed • Actions for addressing the gaps were implemented

Indicator #2.1.7: Proportion of non-health POE personnel who have been trained on approved procedures and guidance in enforcing public health regulations applicable to points of entry, travel, and the transport of goods across international borders	
Priority Technical Area	Border Health
Theme	POE General Capacity
Sub-theme	N/A
Numerator/Count	Number of non-health POE personnel (e.g., immigrations, customs, law enforcement, etc.) who were selected and/or supported/funded by the projects who have been trained on approved procedures and guidance
Denominator	Number of non-health POE personnel (e.g., immigrations, customs, law enforcement, etc.) who were selected and/or supported/funded by the projects
Additional Guidance	Definition: Approved procedures are those that: • Were developed by national authorities describing how public health regulations applicable to points of entry, travel, and the transport of goods across international borders will be enforced • Have been disseminated to all applicable agencies, including at subnational- and point of entry-levels

Indicator #2.1.8: Proportion of POE where staff have been trained on approved procedures in enforcing public health regulations applicable to points of entry, travel, and the transport of goods across international borders	
Priority Technical Area	Border Health
Theme	POE General Capacity
Sub-theme	N/A
Numerator/Count	Number of POE selected and/or supported/funded by the projects that have trained all relevant staff on approved procedures in enforcing public health regulations applicable to points of entry, travel, and the transport of goods across international borders
Denominator	Total number of POE selected and/or supported/funded by the projects
Additional Guidance	**Definition**: Approved procedures are those that: • Were developed by national authorities describing how public health regulations applicable to points of entry, travel, and the transport of goods across international borders will be enforced • Have been disseminated to all applicable agencies, including at subnational- and point of entry-levels

KPI #2.1.9: Proportion of POE that can demonstrate capacity for identification, notification, assessment, and referral of an ill traveler to health care through response to simulated or real-life events in the last year	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

2.2 POE Infrastructure

Indicator #2.2.1: Proportion of POE that have identified areas to isolate ill travelers for assessment and while waiting for transfer to a healthcare facility	
Priority Technical Area	Border Health
Theme	POE Infrastructure
Sub-theme	N/A
Numerator/Count	Number of POE sites that have identified areas to isolate ill travelers for assessment and while waiting for transfer to a healthcare facility
Denominator	Total number of POE sites supported/funded by the projects
Additional Guidance	Definitions: • POEs should be included if they are supported/funded by the projects An identified space to isolate ill travelers exists at the POE that meets the following criteria: • Allows for at least 2-meter spacing between ill traveler and others • Is adequately ventilated[4] • Allows access to a toilet that avoids interaction with other travelers or staff at the POE • Protected from sun and rain • Provides sufficient space for the ill traveler to sit and lay down

Indicator #2.2.2: Proportion of POE with sufficient equipment (e.g., PPE[5], thermometers, forms, job-aids, handwashing stations, decontamination and disinfection supplies) or the supply chain to receive sufficient equipment to identify, notify, and respond to communicable disease illness among travelers for one month	
Priority Technical Area	Border Health
Theme	POE Infrastructure
Sub-theme	N/A
Numerator/Count	Number of POE with sufficient equipment (e.g., PPE, thermometers, forms, job-aids, handwashing stations, decontamination and disinfection supplies) or the supply chain to receive sufficient equipment to identify, notify, and respond to communicable disease illness among travelers for one month
Denominator	Total number of POE sites supported/funded by the projects
Additional Guidance	Definitions: • POEs should be included if they are supported/funded by the projects • POE have at least a 1-month supply or identified supply chain for provision of sufficient equipment for response to a communicable disease

---

[4] Natural ventilation depends on a number of factors including climate conditions (e.g., wind speed, temperature) and building design. Adequate ventilation commensurate with WHO's natural ventilation standards can be achieved by ensuring that the room is equipped with a functional window that can be opened to allow circulation and exchange between inside and outside air. See WHO's *Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected or confirmed* https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2021.1 and *Severe acute respiratory infections (SARI) treatment center* at Severe Acute Respiratory Infections Treatment Centre (who.int) for additional guidance on ventilation standards and measurement.

[5] For guidance on use of PPE at points of entry see WHO's *Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages* at https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf

2.3 POE IPC

Indicator #2.3.1: Proportion of POE that implement personal protective measures (e.g., handwashing, wearing face coverings, social distancing) for staff and travelers according to developed SOPs	
Priority Technical Area	Border Health
Theme	POE IPC
Sub-theme	N/A
Numerator/Count	Number of POE that implement personal protective measures (e.g., handwashing, wearing face coverings, social distancing) for staff and travelers according to developed SOPs
Denominator	Total number of POE sites supported/funded by the projects

Additional Guidance	Definitions:
	
	• POEs should be included if they are supported/funded by the projects
	• Training for POE staff on implementation of personal protective measures according to SOPs within the last 6 months
	• Training for POE staff on communicating personal protective measure requirements to travelers within the last 6 months
	• POE have:
	  o Handwashing stations
	  o Communication materials outlining personal protective requirements for staff and travelers
	  o Markings on ground to indicate appropriate physical distancing
	  o Physical barriers at desks between staff and travelers

Indicator #2.3.2: Proportion of POE that are routinely cleaning and disinfecting surfaces for SARS-CoV-2	
Priority Technical Area	Border Health
Theme	POE IPC
Sub-theme	N/A
Numerator/Count	Number of POE that are routinely cleaning and disinfecting surfaces for SARS-CoV-2
Denominator	Total number of POE sites supported/funded by the projects
Additional Guidance	Definitions: • POEs should be included if they are supported/funded by the projects • Procedures for cleaning and disinfecting surfaces (i.e., what to clean, how often to clean, products to use, PPE required) are accessible at the POE • Training for POE staff on cleaning and disinfecting procedures completed within the last 6 months • Staff at the POE routinely clean and disinfect surfaces following the procedures, as assessed weekly

2.4 POE Risk Communication

Indicator #2.4.1: Proportion of POE disseminating risk communication materials tailored for travelers in appropriate languages	
Priority Technical Area	Border Health
Theme	POE Risk Communication
Sub-theme	N/A
Numerator/Count	Number of POE disseminating risk communication materials tailored for travelers in appropriate languages
Denominator	Total number of POE sites supported/funded by the projects
Additional Guidance	Definitions: • POEs should be included if they are supported/funded by the projects POE are disseminating risk communication materials that: • Describe what to expect when traveling (e.g., screening, testing, quarantine requirements), signs and symptoms of COVID-19, what to do if the traveler becomes ill, and how to contact the health authorities • Are translated into languages appropriate for the mobile populations traveling through the POE

Indicator #2.4.2: Proportion of POE with staff trained on providing risk communication to travelers within the last six months	
Priority Technical Area	Border Health
Theme	POE Risk Communication
Sub-theme	N/A
Numerator/Count	Number of POE with staff trained on providing risk communication to travelers within the last six months
Denominator	Total number of POE sites supported/funded by the projects
Additional Guidance	Definitions: • POEs should be included if they are supported/funded by the projects Training includes: • Training for POE staff who are responsible for providing risk communication to travelers • Training for POE staff on key elements of risk communication and best practices for communicating with travelers • Training for POE staff on information to be communicated to travelers (i.e., what to expect when traveling (e.g., screening, testing, quarantine requirements), signs and symptoms of COVID-19, what to do if the traveler becomes ill, and how to contact the health authorities

Indicator #2.4.3: Proportion of POE staff trained on providing risk communication to travelers within the last six months	
Priority Technical Area	Border Health
Theme	POE Risk Communication
Sub-theme	N/A
Numerator/Count	Number of POE staff trained on providing risk communication to travelers within the last six months
Denominator	Total number of POE staff
Additional Guidance	**Definitions**: • POEs should be included if they are supported/funded by the projects Training includes: • Training for POE staff who are responsible for providing risk communication to travelers • Training for POE staff on key elements of risk communication and best practices for communicating with travelers • Training for POE staff on information to be communicated to travelers (i.e., what to expect when traveling (e.g., screening, testing, quarantine requirements), signs and symptoms of COVID-19, what to do if the traveler becomes ill, and how to contact the health authorities

2.5 Data and Surveillance Systems for Mobile Populations

Indicator #2.5.1: Number of staff trained on collecting data on population mobility patterns in the last six months	
Priority Technical Area	Border Health
Theme	Data and Surveillance Systems for Mobile Populations
Sub-theme	N/A
Numerator/Count	Number of staff trained on collecting data on population mobility patterns in the last six months
Denominator	N/A
Additional Guidance	**Definitions**: Training includes: • Training of staff who are responsible for collecting data on population mobility and those responsible for supervising the data collection • Training for staff on data collection on population mobility patterns through key information interviews and focus group discussions • Training for staff on integration of participatory mapping into data collection • Training for staff on management of data post collection

Indicator #2.5.2: Number of staff trained on analyzing and summarizing data collected on population mobility patterns in the last six months	
Priority Technical Area	Border Health
Theme	Data and Surveillance Systems for Mobile Populations
Sub-theme	N/A
Numerator/Count	Number of staff trained on analyzing and summarizing data collected on population mobility patterns in the last six months
Denominator	N/A
Additional Guidance	**Definitions**: Training includes: • Training of staff who are responsible for analyzing population mobility data and developing outputs • Training for staff on geospatial analysis and mapping results • Training for staff on qualitative data analysis • Training for staff on summarizing results into actionable outputs

Indicator #2.5.3: Number of key informant interviews (KII) or focus group discussions (FGD) conducted to collect data on population mobility patterns in the last six months	
Priority Technical Area	Border Health
Theme	Data and Surveillance Systems for Mobile Populations
Sub-theme	N/A
Numerator/Count	Number of key informant interviews (KII) or focus group discussions (FGD) conducted to collect data on population mobility patterns in the last six months
Denominator	N/A
Additional Guidance	**Definition**: Data on population mobility patterns has been collected though KIIs or FGDs in the last six months

KPI #2.5.4: Number of priority geographic areas in which data on population mobility patterns has been collected in the last six months	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

KPI #2.5.5: *Proportion of public health emergency responses that utilized population mobility pattern data to inform public health interventions and/or public health emergency responses (i.e., identified POE for capacity building, identified HCF for strengthened surveillance) within the last six months*

This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #2.5.6: There are protocols and/or standard operating procedures that govern use of border health data and information systems

Priority Technical Area	Border Health
Theme	Data and Surveillance Systems for Mobile Populations
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definitions:** Information systems pertain to movement of people or communicable diseases reported across borders. Established border health surveillance protocols or standard operating procedures describe: • Border health surveillance system expectations and infrastructure at POE, intermediate, and national levels and are validated by the national government border health authority Ideal border health surveillance systems are: • Electronic beginning with data compilation from POE (i.e., data entered into electronic forms/databases at the POE level) • Note: However, ensuring every selected POE has consistent access to an electronic data entry system is not required since hybrid systems (e.g., paper/phone/message-based reporting into remote electronic database) can achieve intended surveillance objectives if well-designed

Indicator #2.5.7: Proportion of POEs with border health personnel trained on the use of established border health data and information systems according to established SOPs	
Priority Technical Area	Border Health
Theme	Data and Surveillance Systems for Mobile Populations
Sub-theme	N/A
Numerator/Count	Number of POEs selected and/or supported/funded by the projects with border health personnel trained on the use of established border health data and information systems according to established SOPs
Denominator	Number of POEs selected and/or supported/funded by the projects
Additional Guidance	**Definitions:** Border health personnel required to use established border health data and information systems include those based at the POE and their intermediate (district, sub-regional, etc.) supervisors/leadership. Established border health surveillance protocols or standard operating procedures (SOPs) describe: • Border health surveillance system expectations and infrastructure at POE, intermediate, and national levels and are validated by the national government border health authority Ideal border health surveillance systems are: • Electronic beginning with data compilation from POE (i.e., data entered into electronic forms/databases at the POE level) • Note: However, ensuring every selected POE has consistent access to an electronic data entry system is not required since hybrid systems (e.g., paper/phone/message-based reporting into remote electronic database) can achieve intended surveillance objectives if well-designed

Indicator #2.5.8: Proportion of POEs with border health personnel who demonstrate use of established border health data and information systems according to established SOPs	
Priority Technical Area	Border Health
Theme	Data and Surveillance Systems for Mobile Populations
Sub-theme	N/A
Numerator/Count	Number of POEs selected and/or supported/funded by the projects with border health personnel who demonstrate use of established border health data and information systems according to established SOPs
Denominator	Total number of POEs selected and/or supported/funded by the projects
Additional Guidance	**Definitions:** Border health personnel required to use established border health data and information systems include those based at the POE and their intermediate (district, sub-regional, etc.) supervisors/leadership. Demonstrated use means: • Border health personnel at POE compile data for defined data elements into the border health data collection tools and share that data to the next border health surveillance level within 24 hours (or as per national protocol) • Border health staff at intermediate (i.e., district, subnational, or regional levels, etc.) and national levels access, process, analyze, and interpret for action, the border health surveillance data submitted by POE staff within 24 hours for alerts or 1 week for routine data [time frames adjustable, per country's specifications] Established border health surveillance protocols or standard operating procedures (SOPs) describe: • Border health surveillance system expectations and infrastructure at POE, intermediate, and national levels and are validated by the national government border health authority Ideal border health surveillance systems are: • Electronic beginning with data compilation from POE (i.e., data entered into electronic forms/databases at the POE level) **Note**: Ensuring every selected POE has consistent access to an electronic data entry system is not required since hybrid systems (e.g., paper/phone/message-based reporting into remote electronic database) can achieve intended surveillance objectives if well-designed.

2.6 Cross-border Coordination

KPI #2.6.1: *Proportion of neighboring countries included in formalized agreements and procedures for public health information sharing with neighboring countries*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #2.6.2: Proportion of subnational administrative levels **that have shared** contact information with neighboring countries within the last six months	
Priority Technical Area	Border Health
Theme	Cross-border Coordination
Sub-theme	N/A
Numerator/Count	Number of subnational administrative levels **that have shared** contact information with neighboring countries within the last six months
Denominator	Total number of subnational administrative levels
Additional Guidance	**Definition**: Subnational personnel responsible for cross-border public health communication have updated (within the last six months) contact information for cross-border counterparts

Indicator #2.6.3: Proportion of subnational administrative levels **routinely sharing** public health information with neighboring countries within the last six months	
Priority Technical Area	Border Health
Theme	Cross-border Coordination
Sub-theme	N/A
Numerator/Count	Number of subnational administrative levels **routinely sharing** public health information with neighboring countries within the last six months
Denominator	Total number of subnational administrative levels
Additional Guidance	**Definitions:** • Subnational personnel responsible for cross-border public health communication have communicated with cross-border counterparts within the last six months • Subnational personnel responsible for cross-border public health information sharing have shared public health information as outlined in the agreements and procedures with cross-border counterparts within the last six months

Indicator #2.6.4: Number of cross-border meetings at subnational administrative level to support operationalization of agreements and procedures within the last six months	
Priority Technical Area	Border Health
Theme	Cross-border Coordination
Sub-theme	N/A
Numerator/Count	Number of cross-border meetings at subnational administrative level to support operationalization of agreements and procedures within the last six months
Denominator	N/A
Additional Guidance	**Definitions**: • Cross-border meetings have occurred at the subnational level within the last six months • Cross-border meeting participants have shared public health information as outlined in the agreements and procedures with cross-border counterparts within the last six month

2.7 BH Operational and Legal Frameworks

Indicator #2.7.1: Support was provided to develop an operational plan that defines the roles and responsibilities of the country's border health authority	
Priority Technical Area	Border Health
Theme	BH Operational and Legal Frameworks
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definitions**: This indicator is measuring whether or not support was given in the development of the operational plan. Support may include: • Providing the funding and helping to arrange meetings that bring together the stakeholders to write, review, and approve the plan • Facilitating sessions with partner country representatives based on technical leadership and support from CDC subject matter experts • Following up with stakeholders to finalize the plan and incorporate feedback from all critical parties • Disseminating the final plan to all relevant stakeholders The operational plan should include most, if not all, of the following elements: • The definition of the scope and functions of the Authority, as described in the governmental statute, act, or decree on which it was established • A description of where the border health authority sits within the government and how it interacts with other public health offices and governmental departments or agencies at national, subnational, and POE levels • Definitions of the roles and responsibilities of border health officials at national, subnational, and POE levels • Criteria defining where border health offices should be established • A description of the numbers and types of human and material resources required to effectively execute public health operations targeting mobile populations • A budget and description of the Authority's funding sources • A budget and description of the Authority's funding sources

Indicator #2.7.2: Proportion of identified border health staff roles with finalized position descriptions at national, subnational, and POE levels

Priority Technical Area	Border Health
Theme	BH Operational and Legal Frameworks
Sub-theme	N/A
Numerator/Count	Number of finalized position descriptions for identified border health staff roles at national, subnational, and POE levels
Denominator	Total number of identified border health staff roles at national, subnational, and POE levels
Additional Guidance	**Definitions**: There are written positions for all defined border health roles i.e., of the number of defined roles (e.g., POE medical officer, POE public health officer, national-level Port Health Director, etc.), each has a written job description defining their expected roles and responsibilities. Finalized positions would include descriptions for: • The position title • Main roles and responsibilities • Required qualifications, including any degrees and number of years of relevant experience

Indicator #2.7.3: Does the country have an established plan for their border health personnel training program to ensure that all border health officers can competently conduct public health operations within their jurisdiction?

Priority Technical Area	Border Health
Theme	BH Operational and Legal Frameworks
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition**: The established plan should be completed and include most, if not all, of the following elements: • Training materials for new hire and refreshers • Schedules • Budget • Other resources

Indicator #2.7.4: National authorities have developed procedures and guidance describing how public health regulations applicable to points of entry, travel, and the transport of goods across international borders will be enforced and have disseminated them to all applicable agencies, including at subnational- and point of entry-levels

Priority Technical Area	Border Health
Theme	BH Operational and Legal Frameworks
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	N/A

Indicator #2.7.5: Proportion of border health personnel who have been trained on approved procedures in enforcing public health regulations applicable to points of entry, travel, and the transport of goods across international borders	
Priority Technical Area	Border Health
Theme	BH Operational and Legal Frameworks
Sub-theme	N/A
Numerator/Count	Number of border health personnel who were selected and/or supported/funded by the projects who have been trained on the approved procedures
Denominator	Total number of border health personnel who were selected and/or supported/funded by the projects
Additional Guidance	**Definitions**: Border health personnel can include staff at national, subnational, and POE levels

Approved procedures are those that:
• Developed by national authorities describing how public health regulations applicable to points of entry, travel, and the transport of goods across international borders will be enforced
• Have disseminated them to all applicable agencies, including at subnational- and point of entry-levels |

SECTION 3: COMMUNITY MITIGATION

Key Performance Indicators

KPI #3.2.5: Country has systems (hotlines, KAP surveys, Q&A forums, etc.) in place to assess **community feedback** on adherence to essential mitigation practices	
Priority Technical Area	Community Mitigation
Theme	Country Operations Support
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definitions**: "Country has systems in place" means monitoring and evaluation systems (hotlines, KAP surveys, Q&A forums, etc.) have been established and operationalized to collect and assess community feedback on adherence to essential mitigation practices KAP surveys: Knowledge, Attitudes, and Practices surveys

KPI #3.2.6: Country has systems (hotlines, KAP surveys, Q&A forums, etc.) in place to assess **healthcare feedback** on adherence to essential mitigation practices	
Priority Technical Area	Community Mitigation
Theme	Country Operations Support
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definitions**: "Country has systems in place" means monitoring and evaluation systems (hotlines, KAP surveys, Q&A forums, etc.) have been established and operationalized to collect and assess healthcare feedback on adherence to essential mitigation practices KAP surveys: Knowledge, Attitudes, and Practices surveys

KPI #3.4.18: Key mitigation activities were implemented during the reporting period to meet the needs of specific populations	
Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A

Additional Guidance	**Definitions**:
	Key mitigation activities include:
	   • Mask wearing
	   • Social distancing
	   • Limitations on gatherings and movement, etc.
	
	Specific target population (reported separately by type of population):
	(1) Refugees
	(2) HCWs
	(3) Other high-risk population type including but not limited to:
	   • Person(s) at risk for severe illness
	   • Displaced people
	   • People in closed settings
	   • Other vulnerable groups (e.g., elderly, faith communities, community isolation center (CICs))
	   • People in prisons or jails
	   • People in schools
	   • Migrants
	   • People in factories
	Note: There are no limits to number or type of activities implemented

KPI #3.4.19: Proportion of facilities where adequate hand hygiene or other WASH interventions have been implemented (reported separately at communal points, schools and other institutions, and healthcare facilities)	
Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme	N/A
Numerator/Count	Number of facilities where adequate hand hygiene or other WASH interventions have been implemented
Denominator	Total number of facilities targeted and/or supported/funded by the projects

Additional Guidance	**Definitions**:
	   • Adequate hand hygiene implies a sufficient quantity of hand hygiene stations as defined by project (may vary depending on national standards or key points identified by project)
	   • Hand hygiene stations may be handwashing stations with soap and water OR alcohol-based hand rub (ABHR) dispensers
	   • WASH interventions may include water supply and sanitation improvements, assessments, training, or provision of supplies
	   • Communal points may include markets, transit hubs, public toilets, etc.

3.1 Communication

Indicator #3.1.4a: Number of COVID-19 community-based risk communications **developed** that focus on: faith communities, prisons, community isolation centers (CICs), schools, displaced persons and migrants, healthcare workers, elderly, or other settings

Priority Technical Area	Community Mitigation
Theme	Communication
Sub-theme	N/A
Numerator/Count	Number of COVID-19 community-based risk communications developed that focus on: faith communities, prisons, community isolation centers (CICs), schools, displaced persons and migrants, healthcare workers, elderly, or other settings
Denominator	N/A
Additional Guidance	**Definition:** Communication is defined as any public message in written or audio form that identifies one or more risk-factors for specified target populations

Indicator #3.1.4b Number of COVID-19 community-based risk communications **disseminated** that focus on: faith communities, prisons, community isolation centers (CICs), schools, displaced persons and migrants, healthcare workers, elderly, or other settings

Priority Technical Area	Community Mitigation
Theme	Communication
Sub-theme	N/A
Numerator/Count	Number of COVID-19 community-based risk communications disseminated that focus on: faith communities, prisons, community isolation centers (CICs), schools, displaced persons and migrants, healthcare workers, elderly, or other settings
Denominator	N/A
Additional Guidance	**Definition:** Communication is defined as any public message in written or audio form that identifies one or more risk-factors for specified target populations

3.2 Country Operations Support

Indicator #3.2.3: Number of risk mitigation strategies that have been implemented that are tailored to the needs of specific populations	
Priority Technical Area	Community Mitigation
Theme	Country Operations Support
Sub-theme	N/A
Numerator/Count	Number of risk mitigation strategies that have been implemented that are tailored to the needs of specific populations
Denominator	N/A
Additional Guidance	**Definition**: Risk mitigation strategies must be evidence-based and recommended by national government, WHO, CDC, or other multilateral stakeholder

Indicator #3.2.4: Number of users for COVID-19 hotline	
Priority Technical Area	Community Mitigation
Theme	Country Operations Support
Sub-theme	N/A
Numerator/Count	Number of users calling into COVID-19 hotline
Denominator	N/A
Additional Guidance	**Definition:** Total count of users that contacted the COVID-19 hotline

KPI #3.2.5: Country has systems (hotlines, KAP surveys, Q&A forums, etc.) in place to assess community feedback on adherence to essential mitigation practices	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

KPI #3.2.6: Country has systems (hotlines, KAP surveys, Q&A forums, etc.) in place to assess healthcare feedback on adherence to essential mitigation practices	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #3.2.7: Proportion of frontline workers that had an increase in awareness and knowledge to plan and implement Risk Communications and Community Engagement (RCCE) interventions at various levels as determined by pre- and post-test assessment	
Priority Technical Area	Community Mitigation
Theme	Country Operations Support
Sub-theme	N/A
Numerator/Count	Number of frontline workers who received a higher post-test score than pre-test score on their assessment of RCCE interventions
Denominator	Number of frontline workers who participated in pre- and post-test assessments of RCCE interventions
Additional Guidance	**Definition:** Pre- and post-test should be developed by implementing partner

3.3 Clinical Mitigation

Indicator #3.3.1: Number of technical assistance interactions on telehealth provided to country

Priority Technical Area	Community Mitigation
Theme	Clinical Mitigation
Sub-theme	Telehealth
Numerator/Count	Total number of technical assistance interactions on telehealth provided to country
Denominator	N/A
Additional Guidance	**Definition:** This indicator monitors the amount of support provided for telehealth

Indicator #3.3.2: Percent of households reached for home-based care

Priority Technical Area	Community Mitigation
Theme	Clinical Mitigation
Sub-theme	Home-based Care
Numerator/Count	Number of households with a COVID patient in them in the catchment area visited by a CHW providing home-based care support
Denominator	Number of households with a COVID patient in them in the catchment area
Additional Guidance	**Definitions:** • This indicator monitors coverage of home-based care • Households should receive at least three in-person visits over 10 days, at least two of which occur after day four post-symptom onset

Indicator #3.3.3: Number of people receiving home-based care monitoring

Priority Technical Area	Community Mitigation
Theme	Clinical Mitigation
Sub-theme	Home-based Care
Numerator/Count	Total number of people receiving home-based care monitoring
Denominator	N/A
Additional Guidance	**Definition:** This indicator monitors coverage of home-based care

Indicator #3.3.4: Percent of home-based care patients who received pulse oximetry

Priority Technical Area	Community Mitigation
Theme	Clinical Mitigation
Sub-theme	Home-based Care
Numerator/Count	Number of COVID patients in the catchment area receiving home-based pulse oximetry
Denominator	Number of COVID patients in the catchment area visited by a CHW providing home-based care support
Additional Guidance	**Definitions:** • This indicator monitors coverage of pulse oximetry • Individuals with oxygen levels below 92 (94 for pregnant women) should be linked to higher level care, with linkage documented

Indicator #3.3.5: Proportion of home-based care patients with pulse oximetry requiring referral to higher level care (i.e., SpO2<92%)	
Priority Technical Area	Community Mitigation
Theme	Clinical Mitigation
Sub-theme	Home-based Care
Numerator/Count	Number of COVID patients in the catchment area receiving home-based pulse oximetry that required a referral to higher level care (i.e., SpO2<92%)
Denominator	Number of COVID patients in the catchment area receiving home-based pulse oximetry
Additional Guidance	**Definitions:** • This indicator monitors referral coverage based on pulse oximetry • Individuals with oxygen levels below 92 (94 for pregnant women) should be linked to higher level care, with linkage documented

Indicator #3.3.6: Proportion of COVID-19 patients in the catchment area receiving home-based care who are followed for six months after the resolution of their COVID-19 related illness	
Priority Technical Area	Community Mitigation
Theme	Clinical Mitigation
Sub-theme	N/A
Numerator/Count	Number of COVID-19 patients in the catchment area receiving home-based care that are followed for six months after the resolution of their illness
Denominator	Number of COVID-19 patients in the catchment area receiving home-based care
Additional Guidance	**Definitions**: • This indicator monitors catchment area coverage of home-based care • Households with COVID patients who received home-based care should be followed-up for six months after the resolution of their COVID-19 related illness

3.4 Community Mitigation

Indicator #3.4.1: Number of hand hygiene stations installed (reported separately at communal points, schools and other institutions, and healthcare settings)	
Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/Hygiene
Numerator/Count	Number of hand hygiene stations installed (reported separately at communal points, schools and other institutions, and healthcare settings): • Total number of handwashing stations installed • Total number of alcohol-based hand rub (ABHR) dispensers installed • Specify number of container-based (CB) sanitation facilities and all other sanitation facilities
Denominator	N/A
Additional Guidance	Definitions: • This indicator for schools and other institutions and HCFs aims to assess total number of hand hygiene stations installed at each location and HCFs and number of schools/healthcare settings targeted • Hand hygiene stations may be handwashing stations with soap and water OR alcohol-based hand rub (ABHR) dispensers • Communal points may include markets, transit hubs, public toilets, etc. • Handwashing with soap and water is required at toilets (ABHR is not sufficient) • For schools, multiple hand hygiene stations may be required at key points including facility entry/exit, kitchen or cafeteria area, and toilets • For healthcare settings or healthcare facilities (HCFs) multiple hand hygiene stations may be required at key points including facility entry/exit, registration areas, patient care areas, eating/food preparation areas, toilets, etc.

Indicator #3.4.2: Proportion of hand hygiene stations that are fully functional (reported separately at communal points, schools and other institutions, and healthcare settings)	
Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/Hygiene
Numerator/Count	Number of hand hygiene stations installed that are functional at the time of the visit • Specify number of container-based (CB) sanitation facilities and all other sanitation facilities
Denominator	Number of hand hygiene stations installed
Additional Guidance	Definition: Functional hand hygiene stations have either alcohol-based hand rub (ABHR) OR a functioning tap with running water (e.g., from a piped tap, bucket with tap, tippy tap, etc.), soap, and greywater management system (where applicable) present at the time of the visit

Indicator #3.4.3: Estimated number of beneficiaries reached through hand hygiene stations (reported separately at communal points, schools and institutions, and healthcare settings)	
Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/Hygiene
Numerator/Count	Estimated number of beneficiaries reached through hand hygiene stations (reported separately at communal points (or households), schools and institutions and health care settings (healthcare facilities [HCF])
Denominator	N/A
Additional Guidance	Definition: • Number of beneficiaries at schools/institutions can be estimated by adding enrolled students, teachers, and staff from all schools/institutions targeted • Number of beneficiaries at healthcare settings/HCFs can be estimated by adding number of staff and daily average of patients from all healthcare settings/HCFs targeted

Indicator #3.4.4: Number of sanitation facilities installed or improved (reported separately at communal points, in schools/institutions, and healthcare settings)	
Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/Sanitation
Numerator/Count	Total number of sanitation facilities installed or improved (reported separately at communal points (or households), schools and other institutions, and healthcare settings [HCFs])—see additional reporting below • Specify number of container-based (CB) sanitation facilities and all other sanitation facilities
Denominator	N/A
Additional Guidance	Definition: This indicator aims to assess total number of sanitation facilities installed or remediated (reported separately at communal points or households, schools/institutions, and healthcare settings [HCFs]). • Communal points may include markets, transit hubs, existing public toilets, etc. • For some schools, multiple sanitation facilities may be required and separated by sex, staff/students, etc. • For healthcare settings (HCFs), multiple sanitation facilities may be required and separated by sex, staff/patients, designated COVID-19 patient areas, etc. • This includes any type of improved sanitation facility, as defined by the Joint Monitoring Programme, such as latrine with slab, container-based toilet, flush toilet, etc.

Indicator #3.4.5: Number of sanitation facilities that are actively managed (reported separately at communal points, in schools/institutions, and healthcare settings)

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/Sanitation
Numerator/Count	Total number of sanitation facilities managed directly by grant recipients that are cleaned and disinfected at least once daily—see additional reporting below • Frequency that fecal waste is emptied (if applicable within the intervention) • Quantity of fecal waste emptied (if applicable within the intervention)
Denominator	N/A
Additional Guidance	Definition: Active management includes daily cleaning and disinfection and removing fecal sludge, if applicable within the intervention. This indicator is only applicable for sanitation facilities that are managed/operated directly by grant recipients

Indicator #3.4.6: Number of water points/water systems installed and/or improved (reported separately for communal points, schools/institutions, and healthcare settings)

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/Water Supply
Numerator/Count	Total number of water points/water systems installed and/or improved (reported separately for communal points (or households), schools/institutions, and healthcare settings [HCFs])
Denominator	N/A
Additional Guidance	Definition: This may include any water source defined as improved according to the Joint Monitoring Programme. Individual water points may include boreholes, rainwater catchment, etc. and water systems may include piped systems with multiple taps

Indicator #3.4.7: Number of liters of locally produced alcohol-based hand rub (ABHR) produced

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/ABHR Production and Distribution
Numerator/Count	Total number of liters of ABHR produced through a local ABHR production program
Denominator	N/A
Additional Guidance	Definition: This indicator aims to assess the amount of ABHR produced and distributed through a local production program. This indicator is not intended to be used when commercially available ABHR was purchased for distribution

Indicator #3.4.8: Number of liters of locally produced alcohol-based hand rub (ABHR) distributed

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/ABHR Production and Distribution
Numerator/Count	Number of liters of ABHR distributed through a local ABHR production program to a) Communal points, b) Schools and other institutions, and c) Healthcare settings
Denominator	N/A
Additional Guidance	Definition: This indicator aims to assess the amount of ABHR distributed through a local production program. This indicator is not intended to be used when commercially available ABHR was purchased for distribution

Indicator #3.4.9: Number of community-level handwashing and hygiene messaging activities conducted

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/Communal Points
Numerator/Count	Total number of community-level handwashing and hygiene messaging activities conducted
Denominator	N/A
Additional Guidance	**Definitions:** This indicator aims to assess all types of hygiene messaging conducted or distributed by Community Health Workers (CHWs) or other hygiene promoters. Messaging activities should include hygiene posters/flyers/other Information, Education and Communication (IEC) materials distributed, radio messages produced, social media posts produced/posted, TV appearances, in-person hygiene messages conducted, or other

Indicator #3.4.10: Estimated number of persons reached with community-level handwashing and hygiene messaging

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/Communal Points
Numerator/Count	Estimated number of beneficiaries who were either directly reached or are in the catchment area of the messaging campaign
Denominator	N/A
Additional Guidance	**Definition:** This indicator aims to assess the number of people reached by hygiene promotion and education activities, including promotion by CHWs, use of IEC materials, use of media and social media, or other platforms. Programs can determine the number of beneficiaries reached using program data or estimate the number using previous census tract information in areas where messaging campaigns are implemented

Indicator #3.4.11: Number of hygiene kits distributed

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/Households
Numerator/Count	Number of hand hygiene kits distributed
Denominator	N/A
Additional Guidance	**Definition:** Contents of hygiene kits may vary by location or context, and may include hand hygiene station, alcohol-based hand rub (ABHR), household water treatment, water storage container, cleaning/disinfection materials, PPE, etc.

Indicator #3.4.12: Number of households receiving hygiene kit(s)

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme/Domain	Water, Sanitation, and Hygiene (WASH)/Households
Numerator/Count	Number of households receiving hand hygiene kit(s)
Denominator	N/A
Additional Guidance	**Definition:** Contents of hygiene kits may vary by location or context, and may include handwashing station, alcohol-based hand rub (ABHR), household water treatment, water storage container, cleaning/disinfection materials, PPE, etc.

Indicator #3.4.13: Number of handwashing and hygiene messaging activities conducted at the household level

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme	Water, Sanitation, and Hygiene (WASH)/Households
Numerator/Count	Number of hand hygiene posters/flyers/other IEC materials distributed door-to-door and in-person hygiene messaging activities conducted door-to-door, as well as others
Denominator	N/A
Additional Guidance	**Definition:** This indicator aims to assess all types of hygiene messaging conducted or distributed by Community Health Workers (CHWs) or other hygiene promoters at the household level

Indicator #3.4.14: Percent of staff trained that are active in case investigation or contact tracing during reporting period

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme	Contact Tracing
Numerator/Count	Number of staff trained that are active in case investigation or contact tracing during reporting period
Denominator	Total number of staff trained
Additional Guidance	**Definitions:** • Numerator: may include number of staff who completed course for contact tracing/case investigation or any other local requirements to work in the contact tracing/case investigation program • Denominator: is assumed that all that are trained may or may not be actively working on case investigations, based on local epi needs or other factors. This indicator aims to capture the number of staff who are actively working in the contact tracing/case investigation program

Indicator #3.4.15: Number of community sensitization/education meetings or advocacy products (e.g., radio program/messages, text messaging campaigns, etc.) held or disseminated for contact tracing

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme	Contact Tracing
Numerator/Count	Number of community sensitization/education meetings or advocacy products held or disseminated for contact tracing
Denominator	N/A
Additional Guidance	**Definition:** This indicator aims to capture the extent of communications activities implemented in relation to contact tracing/case investigation programs. Do not include communications that are directly linked to cases for the purposes of investigation. This indicator is about broader community activities aimed at educating the public about contact tracing and case investigations. Do not include the number of unique communications materials distributed, but rather the overall activity. For example, if several posters were distributed at a local market to inform the public regarding contact tracing efforts in the community, count that as one product rather than the number of posters posted throughout the market

Indicator #3.4.16: Number of periodic (daily or weekly) situational reports that include case investigation and contact tracing key indicator data

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme	Contact Tracing
Numerator/Count	Number of periodic (daily or weekly) situational reports that include case investigation and contact tracing key indicator data
Denominator	N/A
Additional Guidance	**Definitions:** • This indicator aims to capture the extent to which data from contact tracing and case investigations is routinely being shared • Report whether the situation reports are released daily or weekly

Indicator #3.4.17: Percent of the following indicators reported on in situational report out of: 1) Number and percentage of clients interviewed within 6 days of symptom onset, 2) Number and percentage of clients interviewed within a day from report to health authority during review period, 3) Median number of days from assignment of investigations to interview during review period, 4) Median number of days from initiation/assignment of contact to notification during review period, 5) Percent of cases that originate in contact list

Priority Technical Area	Community Mitigation
Theme	Community Mitigation
Sub-theme	Contact Tracing
Numerator/Count	Number of indicators (out of the 5 recommended) included in the situational reports for case investigation and contact tracing—see additional reporting requirements below Report number of indicators included in the situational report and select the indicators included in the number included in the situational report: • Number and percentage of clients interviewed within 6 days of symptom onset • Number and percentage of clients interviewed within a day from report to health authority during review period • Median number of days from assignment of investigations to interview during review period • Median number of days from initiation/assignment of contact to notification during review period • Percent of cases that originate in contact list
Denominator	5 (recommended listed indicators)
Additional Guidance	N/A

KPI #3.4.18: *Key mitigation activities were implemented during the reporting period to meet the needs of specific populations.*

	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

KPI #3.4.19: *Proportion of facilities where adequate hand hygiene or other WASH interventions have been implemented (reported separately at communal points, schools and other institutions, and healthcare facilities)*

	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

3.5 Policy

Indicator #3.5.1: Proportion of facilities utilizing multi-month (3 months or more) dispensing (MMD) of prescriptions

Priority Technical Area	Community Mitigation
Theme	Policy
Sub-theme	N/A
Numerator/Count	Number of facilities utilizing multi-month (3 months or more) dispensing (MMD) of prescriptions
Denominator	Total number of facilities the implementing partner is working with on MMD
Additional Guidance	N/A

Indicator #3.5.2: Number of patients receiving 3 months or more of medication

Priority Technical Area	Community Mitigation
Theme	Policy
Sub-theme	N/A
Numerator/Count	Number of patients receiving 3 months or more of medication
Denominator	N/A
Additional Guidance	**Definitions:** • Each person who receives care at a facility or mobile unit is defined as a patient • If one or more medication prescribed by the health care providers is dispensed for three months or more, they should be considered having met this indicator. Partial dispensing of a patient's medication profile (some of the client's prescribed meds dispensed for three months or more, but not all) should be counted

Indicator #3.5.3: Proportion of facilities implementing multi-month dispensing (MMD) for TB preventative treatment (TPT)

Priority Technical Area	Community Mitigation
Theme	Policy
Sub-theme	N/A
Numerator/Count	Number of facilities implementing multi-month dispensing (MMD) for TB Preventative Treatment (TPT)
Denominator	Total number of facilities that were selected and/or supported/funded by the projects
Additional Guidance	**Definitions:** • MMD: Multi-Month Dispensing. MMD is the provision of medicine for 3 months or more at a time (e.g., for a pill that is taken daily, give 90 pills instead of 30 at each visit) • TPT: TB Preventative Treatment. TPT is provisions to individuals at risk of developing TB disease, including people living with HIV and young children in contact with a TB case. Example TPT regimen: six months of daily Isoniazid (INH)

Indicator #3.5.4: Proportion of facilities implementing multi-month dispensing (MMD) for TB Treatment	
Priority Technical Area	Community Mitigation
Theme	Policy
Sub-theme	N/A
Numerator/Count	Number of facilities implementing multi-month dispensing (MMD) for TB Treatment
Denominator	Total number of facilities that were selected and/or supported/funded by the projects
Additional Guidance	**Definitions**: • MMD: Multi-Month Dispensing. MMD is the provision of medicine for 3 months or more at a time (e.g., for a pill that is taken daily, give 90 pills instead of 30 at each visit) • TB treatment: Six months of daily treatment with three (for some young children) to four drugs (isoniazid, rifampicin, pyrazinamide, and +/- ethambutol)

Indicator #3.5.5: Proportion of facilities implementing bi-directional TB and COVID-19 screening	
Priority Technical Area	Community Mitigation
Theme	Policy
Sub-theme	N/A
Numerator/Count	Number of facilities implementing bi-directional TB and COVID-19 screening
Denominator	Total number of facilities that were selected and/or supported/funded by the projects

Additional Guidance	**Definitions**:
	• Facilities covers all types of health facilities (e.g., hospitals, clinics, etc.)
	• Bi-directional screening refers to systematic assessment and evaluation of individuals suspected of having COVID-19 and/or TB disease to receive evaluation and testing, if indicated, for the other disease, preferably during the same visit. It must include:
	    o Algorithm for screening and specimen collection/testing for both diseases
	    o Documentation of screening outcome for TB and COVID for each eligible person
	    o Documentation of test result (if testing is included in intervention)
	• Having a bi-directional system in place refers to having systematic screening at all relevant entry points for both COVID-19 and TB with referral systems and linkage systems and personnel to ensure any individual suspected of one disease is evaluated for the other

Indicator #3.5.6: Proportion of facilities that have standardized algorithm and SOPs established for bi-directional screening for COVID-19 and TB in relevant clinical settings	
Priority Technical Area	Community Mitigation
Theme	Policy
Sub-theme	N/A
Numerator/Count	Number of facilities with a standardized algorithm and SOPs for bi-directional screening
Denominator	Total number of facilities that were selected and/or supported/funded by the projects

Additional Guidance	Definitions:
	• Facilities covers all types of health facilities (e.g., hospitals, clinics, etc.)
	• Relevant clinical settings are any health facility (e.g., clinic, hospital, primary care facility) where individuals receive care and diagnostic evaluation for illness under the supervision of clinicians and health care workers
	• An algorithm and SOPs must include at least:
	    o At what entry points individuals are screened
	    o Documentation of screening results for each disease
	    o Referral for testing upon screening positive
	    o Dual specimen collection and referral (if testing is included in intervention)
	    o Monitoring demand for testing platform
	    o Documentation of test results

Indicator #3.5.7: Proportion of facilities that have conducted training on algorithms and SOPs for bi-directional screening for COVID-19 and TB	
Priority Technical Area	Community Mitigation
Theme	Policy
Sub-theme	N/A
Numerator/Count	Number of facilities that have conducted training on standardized algorithm and SOPs
Denominator	Total number of facilities that were selected and/or supported/funded by the projects
Additional Guidance	Definitions: • Facilities covers all types of health facilities (e.g., hospitals, clinics, etc.) • Training means in-person or virtual orientation to the documents and procedures that health care workers in a particular facility are expected to carry out to ensure testing and linkage to care for individuals suspected of having either COVID-19 or TB disease

SECTION 4: EMERGENCY OPERATIONS AND RESPONSE

Key Performance Indicators

KPI #4.1.5: Number of CDC trained PHEM fellows currently being utilized in country	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	Workforce
Numerator/Count	Number of CDC trained PHEM fellows currently being utilized in country
Denominator	N/A

Additional Guidance	**Definitions**:
	• Training includes:
	   o Alignment with current response plans, policies and procedures in the country
	   o Multidisciplinary participants representing the key sectors involved in response
	• Utilized – Served in a PHEM role during the COVID-19 response. Examples include: EOC Manager, Incident Manager, Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance and Administration Section Chief, Public Information Officer, Risk Communications, Liaison Officer, Safety Officer, Rapid Response Team Manager, Scientific Technical Assistance (e.g., Surveillance, IPC, Border Health, etc.), other

KPI #4.1.18: Number of trained RRT responders who served as responders in the field or in response coordination roles that were trained/supported by the country's emergency coordination entity (e.g., NPHI, PHEOC, or country equivalent) and served in this function for the COVID-19 response	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Number of trained RRT responders who served as responders in the field or in response coordination roles that were trained/supported by the country's emergency coordination entity (e.g., NPHI, PHEOC, or country equivalent) and served in this function for the COVID-19 response
Denominator	N/A
Additional Guidance	**Definitions**: • RRT: Rapid Response Team • NPHI: National Public Health Institute • PHEOC: Public Health Emergency Operations Center • Country equivalent: not every country has these entities (NPHI or PHEOC) established but may have a response structure in place that trained/supported RRT responders

KPI #4.1.19: The country's emergency coordination entity (e.g., PHEOC or country equivalent) has an emergency RCCE coordination pillar/group	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A

Additional Guidance	Definitions:
	 • PHEOC: Public Health Emergency Operations Center
	 • RCCE: Risk Communications and Community Engagement
	 • Country equivalent: not every country has a PHEOC established but may have a response structure in place that has an emergency RCCE coordination pillar/group
	 • Emergency RCCE coordination pillar/group may refer to JIC (Joint Information Center) or any other term similar to RCCE and JIC
	 • RCCE coordination pillars/groups or JICs are embedded in the Emergency Operations Center or Incident Management System and lead and coordinate risk communication and community engagement strategies and activities for the response. This establishment includes:
	    o Development and dissemination of messages that are timely, accurate, consistent, and actionable
	    o Two-way communication mechanisms and processes with local communities, partners, and media
	    o Staff and resources identified to lead or support risk communication and community engagement activities

4.1 Strengthening of International Emergency Response Capacity

Indicator #4.1.1: Number of workshops/trainings on EMSI, RRT management and responder readiness, RCCE, and/or PHEM	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	Workforce
Numerator/Count	Number of workshops/training on EMSI, RRT management and responder readiness, RCCE, and/or PHEM
Denominator	N/A
Additional Guidance	Definitions: • EMSI: Emergency Management Systems Integration • RRT: Rapid Response Team • RCCE: Risk Communications and Community Engagement • PHEM: Public Health Emergency Management • Responder readiness: Responders the meet the technical, administrative and operational requirements to respond effectively and efficiently Workshop should include: • Alignment with current response plans, policies and procedures in the country • Alignment with global (and in country, when available) guidance on management and training on these technical components

Indicator #4.1.2: Number of participants trained in emergency management systems integration	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	Workforce
Numerator/Count	Number of participants trained in emergency management systems integration
Denominator	N/A
Additional Guidance	Definition: Training includes: • Alignment with current response plans, policies and procedures in the country • Understanding of emergency management principles and how they can be applied to a public health program • Inclusion of relevant public health programs to integrate into the emergency response framework of the country • Delineating coordination mechanisms to ensure optimal information, data, and resource sharing • Mapping key response stakeholders and their respective roles and responsibilities

Indicator #4.1.3: Number of multidisciplinary participants trained for COVID-19 rapid response teams	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	Workforce
Numerator/Count	Number of multidisciplinary participants trained for COVID-19 rapid response teams
Denominator	N/A
Additional Guidance	Definition: Training includes: • Alignment with current response plans, policies and procedures in the country • Multidisciplinary participants representing the key sectors involved in response • Curriculum aligned with internationally recognized RRT training standards and guidance

Indicator #4.1.4: Number of participants trained in RCCE	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	Workforce
Numerator/Count	Number of participants trained in RCCE
Denominator	N/A
Additional Guidance	**Definitions:** • RCCE: Risk Communications and Community Engagement Training includes: • Alignment with current response plans, policies and procedures in the country • Curriculum aligned with internationally recognized RCCE training standards and guidance • Key RCCE stakeholders as participants

KPI #4.1.5: *Number of CDC trained PHEM fellows currently being utilized in country*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #4.1.6: Number of policies, plans, processes, and SOPs established for EMSI, RRT, RCCE, and/or PHEM	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	Processes
Numerator/Count	Number of policies, plans, processes, and SOPs established for EMSI, RRT, RCCE and/or PHEM
Denominator	N/A
Additional Guidance	**Definitions:** • EMSI: Emergency Management Systems Integration • RRT: Rapid Response Team • RCCE: Risk Communications and Community Engagement • PHEM: Public Health Emergency Management Document development includes: • Alignment with current response plans, policies and procedures in the country • Representation of perspective of key response stakeholders both inter- and extra-governmental • Alignment with internationally recognized guidance in the technical lanes

Indicator #4.1.7: Number of COVID-19 specific **trainings/workshops/webinars** organized and/or supported by their NPHI or country equivalent	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Number of COVID-19 specific **trainings/workshops/webinars** organized and/or supported by their NPHI or country equivalent
Denominator	N/A
Additional Guidance	**Definitions**: • NPHI: National Public Health Institute • Country equivalent: not every country has an established NPHI but may have a response structure in place that has organized and/or supported these trainings/workshops/webinars

Indicator #4.1.8: Number of **participants** in COVID-19 specific trainings/workshops/webinars organized and/or supported by their NPHI or country equivalent

Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Number of **participants** in COVID-19 specific trainings/workshops/webinars organized and/or supported by their NPHI or country equivalent
Denominator	N/A
Additional Guidance	**Definitions**: • NPHI: National Public Health Institute • Country equivalent: not every country has an established NPHI but may have a response structure in place that has organized and/or supported these trainings/workshops/webinars

Indicator #4.1.9: COVID-19 strategic response and recovery plan has been developed at the country level with support of the country's emergency coordination entity (e.g., NPHI, PHEOC, or country equivalent)

Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definitions**: • NPHI: National Public Health Institute • PHEOC: Public Health Emergency Operations Center • Country equivalent: not every country has these entities (NPHI or PHEOC) established but may have a response structure in place that supported the development of a COVID-19 strategic response and recovery plan • Support: the NPHI or EOC is part of the conversations, possibly leading the development, but leading is not necessary. They are providing input and reviewing drafts.

Indicator #4.1.10: Country has capacity for EOC activation within 48 hours of detection of a public health event

Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definitions**: • EOC: Emergency Operations Center To measure this, see if there are: • Rosters of trained staff to fill Incident Management System (IMS) roles during a response (i.e., Incident Manager, Plans, Operations, Logistics) • SOPs for activation of the Public Health Emergency Operations Center

Indicator #4.1.11: Country has capacity for RRT deployment within 48 hours of detection of a public health event	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	Definitions: • RRT: Rapid Response Team To measure this, see if there are: • Rosters of trained staff to fill Incident Management System (IMS) roles during a response (i.e., Incident Manager, Plans, Operations, Logistics) • SOPs for activation of the Public Health Rapid Response Team

Indicator #4.1.12: A national RCCE strategy and operations plan has been established or updated and approved	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	Definitions: • RCCE: Risk Communications and Community Engagement • Established: Drafted with partner input and ready for clearance by ministry officials • Approved: Cleared and signed off my Ministry of Health lead or designee This plan identifies risk communication and community engagement (RCCE) evidence-based principles, protocols, and procedures to be followed in the event of a crisis or emergency with public health consequences. Ideally this includes or refers to a Strategic and Action/Operational Plan, budget, and key stakeholders for RCCE activities. Partner input could include international, national, and subnational organizations, community groups, and RCCE subject matter experts. Recommended that RCCE plan is included as part of larger emergency response plan.

Indicator #4.1.13: A national RCCE training package has been established and approved in the last 6 months	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	Definitions: • RCCE: Risk Communications and Community Engagement • Established: Drafted with partner input and ready for clearance by ministry officials • Approval: Cleared and signed off by Ministry of Health lead, lead public information officer, or designee RCCE training package can be CDC's Crisis and Emergency Risk Communication (CERC) or other evidenced-based RCCE training package. Package should include training on evidence-based principles, protocols, and procedures to be followed in the event of a crisis or emergency with public health consequences. Developers should include partners such as MOH, implementing partners, community groups, media, and other SMEs to ensure that the package is tailored for each country's communication and cultural contexts.

Indicator #4.1.14: A national RCCE training package has been implemented within 6 months of approval	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	Definitions: • RCCE: Risk Communications and Community Engagement • Implemented: refers to the process of training key responders/stakeholders with the approved training package. This would include establishing protocol for on-going training as new staff and organizations join the response and system for updating training package as needed RCCE training package can be CDC's Crisis and Emergency Risk Communication (CERC) or other evidenced-based RCCE training package. Package should include training on evidence-based principles, protocols, and procedures to be followed in the event of a crisis or emergency with public health consequences. Developers should include partners such as MOH, implementing partners, community groups, media, and other SMEs to ensure that the package is tailored for each country's communication and cultural contexts.

Indicator #4.1.15: Number of public health leaders, government officials, or media spokespersons trained in RCCE	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Number of public health leaders, government officials, or media spokespersons trained in RCCE
Denominator	N/A
Additional Guidance	**Definitions**: • RCCE: Risk Communications and Community Engagement Examples of public health leaders include leaders of community-based, regional or national public health programs, clinical administrative officers in charge of community engagement, or private sector leaders working in the public health space (distributors, pharmacists, etc.). Media spokespersons selected should be based on the individual's familiarity with the subject matter and his or her ability to talk about it in a way that is understandable and conveys confidence. RCCE training can be CDC's Crisis and Emergency Risk Communication (CERC) or other evidenced-based RCCE training. Package should include training on evidence-based principles, protocols, and procedures to be followed in the event of a crisis or emergency with public health consequences. Training should be tailored for each country's communication and cultural contexts.

Indicator #4.1.16: Percent change in awareness and knowledge of public health leaders and community, government officials, or spokespersons to plan and implement RCCE interventions as determined by pre-and post-test assessment	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	4.16a: Average pre-test assessment score 4.16b: Average post-test assessment score
Denominator	N/A
Additional Guidance	**Definitions**: • RCCE: Risk Communications and Community Engagement • Percent change is the overall change in scores from pre-test to post-test (auto-calculated) Examples of public health leaders include leaders of community-based, regional or national public health programs, clinical administrative officers in charge of community engagement, or private sector leaders working in the public health space (distributors, pharmacists, etc.). Media spokespersons selected should be based on the individual's familiarity with the subject matter and his or her ability to talk about it in a way that is understandable and conveys confidence.

Indicator #4.1.17: Number of strategic behavior change/risk communication messages and/or products developed for target population(s)	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Response Capacity
Sub-theme	N/A
Numerator/Count	Number of strategic behavior change/risk communication messages and/or products developed for target population(s)
Denominator	N/A
Additional Guidance	Definitions: • Communication products can include but are not limited to success stories, web content, social media content, key messaging, PowerPoint presentations, fact sheets, radio messages produced, social media posts produced and posted, TV appearances, and media relations products • Targeted populations can include but are not limited to policy makers, officials in country, U.S. government officials, general public, etc.

KPI #4.1.18: Number of trained RRT responders who served as responders in the field or in response coordination roles that were trained/supported by the country's emergency coordination entity (e.g., NPHI, PHEOC, or country equivalent) and served in this function for the COVID-19 response	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, *above*

KPI #4.1.19: The country's emergency coordination entity (e.g., PHEOC or country equivalent) has an emergency RCCE coordination pillar/group	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, *above*

4.2 Strengthening of International Emergency Operations

Indicator #4.2.1: Number of emergency operation centers (EOCs) established and/or strengthened with the associated systems within national public health institutes and at subnational levels	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Operations
Sub-theme	Processes
Numerator/Count	Number of emergency operation centers (EOCs) established and/or strengthened with the associated systems within national public health institutes and at subnational levels
Denominator	N/A
Additional Guidance	**Definition:** EOCs development includes: • Alignment with current response plans, policies and procedures in the country • Aligned with internationally recognized guidance in the technical lanes • A focus on staffing and training • A focus on relevant systems, processes, procedures and policies needed for effective EOC operations • A focus on the equipment required to operate an EOC

Indicator #4.2.2: Does the partner provide support for recovery operations planning and implementation?	
Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Operations
Sub-theme	Processes
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definitions:** Support for recovery operations may include after-action reviews (AAR), transitioning response operations to public health programs, restarting public health programs that stopped/decrease operations during the COVID-19 response, and/or strengthening health systems to ensure the system is resilient to future public health emergencies. • After-action reviews (AAR) include reviewing public health emergencies through a formal review process to identify gaps and steps to address the gaps • Public health programs include the programs that provide health services, technical/scientific programs (laboratory, surveillance, etc.), and public health projects that comprise the public health system of a country

Indicator #4.2.3: COVID-19 strategic response and recovery plan has been implemented at the country level with support of the country's emergency coordination entity (e.g., NPHI, PHEOC, or country equivalent)

Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Operations
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	Definitions: • NPHI: National Public Health Institute • PHEOC: Public Health Emergency Operations Center • Country equivalent: not every country has these entities (NPHI or PHEOC) established but may have a response structure in place that supported the implementation of a COVID-19 strategic response and recovery plan • Support: the NPHI or EOC is part of the conversations, possibly leading the development, but leading is not necessary. They are providing input and reviewing drafts.

Indicator #4.2.4: Number of new subnational PHEOCs operational for COVID-19

Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Operations
Sub-theme	N/A
Numerator/Count	Number of new subnational PHEOCs operational for COVID-19
Denominator	N/A
Additional Guidance	Definitions: • PHEOCs: Public Health Emergency Operations Centers • Operational: PHEOCs have trained staff with specific roles, plans, and SOPs to manage and operate the PHEOC

Indicator #4.2.5: A national RCCE strategy and operations plan has been used and/or tested in an exercise or response with key response stakeholders within the first year after being approved

Priority Technical Area	Emergency Operations and Response
Theme	Strengthening of International Emergency Operations
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	Definitions: • RCCE: Risk Communications and Community Engagement • Key response stakeholders could include multilateral, international, national, and subnational organizations/responders, community groups, and Ministry of Health personnel • Use of plan can include an exercise such as a table-top exercise, simulation exercise or use during an actual emergency response. At least one staff member or partner actively carries out the outlined work and identified as responsible entity for implementing plan. • An RCCE plan is a living document and should be reviewed and updated annually based on experiences and feedback from exercise or response

4.3 Multilateral Emergency Response Support

Indicator #4.3.1: Number of information sharing systems or mechanisms established within national public health institutes/Ministry of Health and among key stakeholders

Priority Technical Area	Emergency Operations and Response
Theme	Multilateral Emergency Response Support
Sub-theme	Processes
Numerator/Count	Number of information sharing systems or mechanisms established within national public health institutes/Ministry of Health and among key stakeholders
Denominator	N/A
Additional Guidance	**Definition:** Information sharing system has: • Alignment with current response plans, policies and procedures in the country • Aligned with internationally recognized guidance regarding public health reporting (e.g., IHR) • Representation of and access available for multidisciplinary public health programs • Representation of and access available for key response stakeholders both inter- and extra-governmental • Ability to collect, analyze, visualize, and develop reports for dissemination

Indicator #4.3.2: Number of platforms developed for integrated data sharing at the national and subnational levels

Priority Technical Area	Emergency Operations and Response
Theme	Multilateral Emergency Response Support
Sub-theme	Processes
Numerator/Count	Number of platforms developed for integrated data sharing at the national and subnational levels
Denominator	N/A
Additional Guidance	**Definition:** Information sharing platform has: • Alignment with current response plans, policies and procedures in the country • Aligned with internationally recognized guidance regarding public health reporting (e.g., IHR) • Representation of and access available for multidisciplinary public health programs • Representation of and access available for key response stakeholders both inter- and extra-governmental • Ability to collect, analyze, visualize, and develop reports for dissemination • Usability for response decision making in the emergency coordination entity (e.g., EOC)

SECTION 5: LABORATORY DIAGNOSTICS

Key Performance Indicators

KPI #5.1.3: Number of participants trained by training area for testing, biosafety, laboratory quality, biosecurity	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Training and Technical Assistance
Sub-theme	Site Participation
Numerator/Count	Number of participants trained by training area for testing, biosafety, laboratory quality, biosecurity
Denominator	N/A
Additional Guidance	• In **Response Column** specify number by training area (testing, biosafety, laboratory quality or biosecurity) **Definition:** Attendees of training include all registrants where participation can be confirmed of a COVID-19 laboratory related course or webinar.

KPI #5.3.9: Number of last-mile (in-country) deliveries of laboratory goods for [insert order type] **financially supported and completed under appropriate storage and transport conditions**	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Activity Outcome
Numerator/Count	Number of last-mile (in-country) deliveries of laboratory goods financially supported and completed under appropriate storage and transport conditions **Reported separately** by order type: • General reagents • Lab consumables • Equipment • Diagnostic kits (molecular) • Diagnostic kits (antigen) • Diagnostic kits (antibody)
Denominator	N/A
Additional Guidance	**Definition:** Number of all orders that were delivered to the last mile in country that arrived under appropriate storage and transport conditions, as indicated by the manufacturer for each included item and/ or specified by requisition orders or quality officers overseeing appropriate shipment and transport of goods.

5.1 Laboratory Training and Technical Assistance

Indicator #5.1.1: Number of training tools developed for testing, biosafety, laboratory quality, and biosecurity	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Training and Technical Assistance
Sub-theme	Site Level Accounting
Numerator/Count	Number of training tools developed for testing, biosafety, laboratory quality, and biosecurity
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number by training area for developed training materials (testing, biosafety, laboratory quality, or biosecurity) • In **Check box:** Check all that apply – Indicate what training material was developed (such as fact sheets, slide presentations, job-aids, manuals, translations, webinars, case studies, validation, templates, questionnaires) **Definition:** Training tools should meet the following criteria: • Designed to offer training for laboratory activities in technical systems such as testing, biosafety, laboratory quality, and biosecurity related to COVID-19 • Materials, printed or electronic, must contain content designed to impart functional knowledge for operating, maintaining, or strengthening laboratory COVID-19 analysis

Indicator #5.1.2: Number of training of trainer (TOT) sessions held by training for testing, biosafety, laboratory quality, biosecurity	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Training and Technical Assistance
Sub-theme	Site Participation
Numerator/Count	Number of training of trainer (TOT) sessions held by training area for testing, biosafety, laboratory quality, biosecurity
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number by training area for training delivered (testing, biosafety, laboratory quality, or biosecurity) **Definition:** Training may include: • In-person or eLearning courses or webinars presented to registered participants on laboratory activities associated with COVID-19 systems on technical systems such as testing, biosafety, laboratory quality, and biosecurity • Delivery may include trainings, on-site reviews or other forms of tool dissemination and user sensitization

KPI #5.1.3: Number of participants trained by training area for testing, biosafety, laboratory quality, biosecurity	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #5.1.4: Number of supported sites that received non-training related technical assistance	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Training and Technical Assistance
Sub-theme	Site Participation
Numerator/Count	Number of supported sites that received non-training related technical assistance
Denominator	N/A
Additional Guidance	**Definition:** • Testing supported sites that received any form of technical assistance for SARS CoV-2 laboratory capacity strengthening or implementation in addition to training delivered • Exclude supported sites that only received training

Indicator #5.1.5: Number of staff documented as receiving laboratory training with certificate of completion for testing, biosafety, laboratory quality, biosecurity	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Training and Technical Assistance
Sub-theme	Activity Outcome
Numerator/Count	Number of staff documented as receiving laboratory training
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number by training area (testing, biosafety, laboratory quality, or biosecurity) **Definition:** Staff receiving training includes: • Certificate of completion for participants who attended and completed each training session for each area

Indicator #5.1.6: Number of staff certified as competent in testing, biosafety, laboratory quality, biosecurity	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Training and Technical Assistance
Sub-theme	Activity Outcome
Numerator/Count	Number of staff certified as competent
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number by training area (testing, biosafety, laboratory quality, or biosecurity) **Definition:** Competency should include: • Participants that received Certificates of Achievement for obtaining a passing score for each training area • Participants deemed competent after successful completing and passing training for each area

5.2 Laboratory Quality Control/Quality Assurance

Indicator #5.2.1: Number of rounds of proficiency testing performed for supported sites conducting COVID-19 testing in any of three areas: molecular, antibody, and/or antigen	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Site Level Accounting
Numerator/Count	Number of rounds of proficiency testing performed for supported sites conducting COVID-19 testing in any of three areas: molecular, antibody, and/or antigen
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number of rounds by testing area (molecular, antibody, or antigen) **Definitions:** • Testing facilities include all supported sites (laboratory or point-of-care) performing SARS-CoV-2 patient testing in any of three areas (molecular, antibody, and/or antigen) • Proficiency Testing (PT) rounds includes total rounds of testing during the reporting period from a SARS CoV-2 PT or EQAP providing operation

Indicator #5.2.3: Number of supported sites participating in External Quality Assurance Programs (EQAP)	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Site Participation
Numerator/Count	Number of supported sites participating in External Quality Assurance Programs (EQAP)
Denominator	N/A
Additional Guidance	• Required **Check Box**: Choose all that apply – specify type of testing (molecular, antibody, or antigen) **Definition:** Total number of supported sites that were enrolled and participated in SARS-CoV-2 EQAP during the reporting period.

Indicator #5.2.4: Number of supported sites with laboratory staff participating in approved PT programs	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Site Participation
Numerator/Count	Number of supported sites participating in approved PT programs
Denominator	N/A
Additional Guidance	• Required **Check Box**: Choose all that apply – specify type of testing (molecular, antibody, or antigen) **Definitions**: • Total number of supported sites that participated in SARS-CoV-2 PT programs during the reporting period • PT: Proficiency Testing

Indicator #5.2.5: Number of supported sites requesting QA/QC technical assistance	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Site Participation
Numerator/Count	Number of supported sites requesting QA/QC technical assistance
Denominator	N/A
Additional Guidance	• Required **Check Box**: Choose type of site (laboratory or point-of-care) **Definition:** Technical assistance may be any formal request for laboratory quality related issue (quality improvement, specimen management, data collection and management, testing, result reporting).

Indicator #5.2.6: Number of supported sites participating in EQAP that achieved successful/passing score	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites participating in EQAP that achieved successful/passing score
Denominator	N/A
Additional Guidance	**Definition:** • Total number of supported sites that participated in EQAP and achieved a successful result (qualitative) or passing (quantitative) score as established by the provider • EQAP: External Quality Assurance Programs

Indicator #5.2.7: Number of supported sites participating in EQAP that achieved a score of 100%	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites participating in EQAP that achieved a score of 100%
Denominator	N/A
Additional Guidance	**Definition:** • Total number of supported sites that participated in EQAP and achieved a fully successful result for all samples within the panel (qualitative) or a score of 100% (quantitative) • EQAP: External Quality Assurance Programs

Indicator #5.2.8: Number of supported sites that participated in EQAP and did **not** achieve a successful result for every sample in the panel (qualitative) or scored less than 100% (quantitative)	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites that participated in EQAP and did not achieve a successful result for every sample in the panel (qualitative) or scored less than 100% (quantitative)
Denominator	N/A
Additional Guidance	**Definition:** • Total number of supported sites that participated in EQAP and did not achieve a successful result for every sample in the panel (qualitative) or scored less than 100% (quantitative) • EQAP: External Quality Assurance Programs

Indicator #5.2.9: Number of supported sites participating in EQAP and/or approved PT programs and did not achieve a successful result that documented what corrective action would be, or was, taken to address unsuccessful results

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites that participated in EQAP and/or approved PT programs and did not achieve a successful result for every sample in the panel (qualitative) or scored less than 100% (quantitative) that documented what corrective action would be, or was, taken to address unsuccessful results
Denominator	N/A
Additional Guidance	**Definition:** • Total number of supported sites that participated in EQAP and/or approved PT programs and did not achieve a successful result for every sample in the panel (qualitative) or scored less than 100% (quantitative) that documented that corrective action would be, or was, taken to address unsuccessful results • EQAP: External Quality Assurance Programs • PT: Proficiency Testing

Indicator #5.2.10: Number of supported sites participating in EQAP that achieved **less than** 100% score in more than one consecutive round

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites participating in EQAP that achieved less than 100% score in more than one consecutive round
Denominator	N/A
Additional Guidance	**Definition:** • Total number of supported sites that participated in more than one EQAP round and achieved a score of less than 100% across consecutive rounds • EQAP: External Quality Assurance Programs

Indicator #5.2.12: Number of supported sites participating in approved PT programs that achieved a score of 100%

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites participating in approved PT programs that achieved a score of 100%
Denominator	N/A
Additional Guidance	**Definition:** • Total number of supported sites that participated in PT and achieved a fully successful result for all samples within the PT panel (qualitative) or a score of 100% (quantitative) • PT: Proficiency Testing

Indicator #5.2.14: Number of supported sites that participated in approved PT and did not achieve a successful result for every sample in the PT panel (qualitative) or scored less than 100% (quantitative) that documented what corrective action would be, or was, taken to address unsuccessful results

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites that participated in approved PT and did not achieve a successful result for every sample in the PT panel (qualitative) or scored less than 100% (quantitative) that documented what corrective action would be, or was, taken to address unsuccessful results
Denominator	N/A
Additional Guidance	**Definition:** • Total number of supported sites that participated in approved PT and did not achieve a successful result for every sample in the PT panel (qualitative) or scored less than 100% (quantitative) that documented that corrective action would be, or was, taken to address unsuccessful results • PT: Proficiency Testing

Indicator #5.2.16: Number of supported sites using protocols authorized for US FDA EUA and/or WHO EUL

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites using protocols authorized for US FDA EUA and/or WHO EUL
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number of sites • Required **Check Box:** Choose type of site (laboratory or point-of-care) **Definition:** Report number of supported sites performing testing using protocols authorized by US FDA or WHO for emergency use.

Indicator #5.2.17: Number of supported sites using protocols not authorized for US FDA EUA and/or WHO EUL

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites using protocols not authorized for US FDA EUA and/or WHO EUL
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number of sites • Required **Check Box:** Choose type of site (laboratory or point-of-care) **Definition:** Report number of supported sites performing testing using protocols not authorized by US FDA or WHO for emergency use.

Indicator #5.2.18: Number of supported sites that have COVID-19 related testing in their QMS	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites that have COVID-19 related testing in their QMS
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number of sites • Required **Check Box**: Choose type of site (laboratory or point-of-care) **Definition:** Supported sites that have documented COVID-19 testing as part of their quality management system (QMS).

Indicator #5.2.19: Number of supported sites that are tracking quality indicators associated with SARS CoV-2 testing	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites that are tracking quality indicators associated with SARS CoV-2 testing
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number of sites • Required **Check Box**: Choose type of site (laboratory or point-of-care) **Definition:** Supported sites that have documented quality tracking systems for SARS CoV-2 testing.

Indicator #5.2.20: Number of supported sites that have COVID-19 bio-risk management policies, physical security controls, and/or biological specimen inventories	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported sites that have COVID-19 bio-risk management policies, physical security controls, and/or biological specimen inventories
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number of sites • Required **Check Box:** Choose type of site (laboratory or point-of-care) **Definition**: Supported sites that have documentation demonstrating bio-risk management policies, physical security controls and/ or biological specimen inventories or that have been visited to verify these requirements are in place.

Indicator #5.2.21: Number of supported SARS-CoV-2 testing sites performing biological risk assessments for all COVID-19 related tests

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of supported SARS-CoV-2 testing sites performing biological risk assessments for all COVID-19 related tests
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number of sites • Required **Check Box**: Choose type of site (laboratory or point-of-care) **Definition:** Supported sites that have documentation that bio-risk management assessments for all COVID-19 tests are/ were performed

Indicator #5.2.22: Have you supported laboratories in the supported country to implement routine specimen referral systems and transport networks with defined and tracked turnaround time targets?

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Supported country with documentation demonstrating implementation of a routine specimen referral system for SARS-CoV-2 specimens (integrated with other diseases/ sample types or independent) and transport networks of any type with defined and documented turnaround.

Indicator #5.2.23: Number of laboratories that have on-site evidence of technical and biosafety standard operating procedures specific to COVID-19 testing

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of laboratories that have on-site evidence of technical and biosafety standard operating procedures specific to COVID-19 testing
Denominator	N/A
Additional Guidance	• In **Response Column**: Specify number of sites **Definition:** Supported sites that have on-site evidence of technical and biosafety standard operating procedures specific to COVID-19 testing.

Indicator #5.2.24: Number of data or digital systems developed or maintained	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of data or digital systems developed or maintained
Denominator	N/A
Additional Guidance	**Definition:** Development or maintenance of data/digital systems include investments in digital infrastructure, health informatics, facilitating data integration to transmit data, creating reporting modules, and/or facilitating data integration to a central location.

Indicator #5.2.25: Number of laboratory staff that participated in SARS-CoV-2 proficiency testing (PT)	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of laboratory staff that participated in SARS-CoV-2 approved proficiency testing (PT) programs
Denominator	N/A
Additional Guidance	**Definition:** Include the total number of staff that participated in approved PT programs for SARS-CoV-2.

Indicator #5.2.26: Number of laboratory staff participating in approved PT programs that achieved successful/passing score	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Number of laboratory staff participating in approved PT programs that achieved successful/passing score
Denominator	N/A
Additional Guidance	**Definition:** Total number of laboratory staff that participated in approved PT programs and achieved a successful result (qualitative) or passing score (quantitative) as established by the provider.

Indicator #5.2.27: Number of laboratory staff that participated in approved PT programs and did not achieve a successful/passing score	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	Activity Outcome
Numerator/Count	Total Number of laboratory staff that participated in approved PT programs and did not achieve a successful result (qualitative) or passing score (quantitative) as established by the provider
Denominator	N/A
Additional Guidance	**Definition:** Total number of laboratory staff that participated in approved PT programs and did not achieve a successful result (qualitative) or passing score (quantitative) as established by the provider.

Indicator #5.2.28: Number of test kits validated for SARS-CoV-2	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Quality Control/Quality Assurance
Sub-theme	N/A
Numerator/Count	Number of test kits validated for SARS-CoV-2
Denominator	N/A
Additional Guidance	N/A

5.3 Laboratory Procurement

Indicator #5.3.1: Number of laboratory supply orders for [insert order type] submitted **needing cost estimate creation**	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Site Level Accounting
Numerator/Count	Number of laboratory supply orders submitted and that needed a cost estimate **Reported separately** by order type: • General reagents • Lab consumables • Equipment • Diagnostic kits (molecular) • Diagnostic kits (antigen) • Diagnostic kits (antibody)
Denominator	N/A
Additional Guidance	**Definition:** Note: the indicator is **not** asking for financial information, just the number of orders in this category. Order type includes general reagents, lab consumables, equipment, diagnostic kits (molecular), diagnostic kits (antigen), or diagnostic kits (antibody).

Indicator #5.3.2: Number of laboratory supply orders for [insert order type] requested that **had cost estimates provided**	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Site Level Accounting
Numerator/Count	Number of laboratory supply orders requested that had cost estimates provided **Reported separately** by order type: • General reagents • Lab consumables • Equipment • Diagnostic kits (molecular) • Diagnostic kits (antigen) • Diagnostic kits (antibody)
Denominator	N/A
Additional Guidance	**Definition**: Note: the indicator is **not** asking for financial information, just the number of orders in this category. Order type includes general reagents, lab consumables, equipment, diagnostic kits (molecular), diagnostic kits (antigen), or diagnostic kits (antibody).

Indicator #5.3.3: Number of laboratory supply orders for [insert order type] with **cost estimates finalized**	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Site Participation
Numerator/Count	Number of laboratory supply orders with cost estimates finalized **Reported separately** by order type: • General reagents • Lab consumables • Equipment • Diagnostic kits (molecular) • Diagnostic kits (antigen) • Diagnostic kits (antibody)
Denominator	N/A
Additional Guidance	**Definition**: Note: the indicator is **not** asking for financial information, just the number of orders in this category. Order type includes general reagents, lab consumables, equipment, diagnostic kits (molecular), diagnostic kits (antigen), or diagnostic kits (antibody).

Indicator #5.3.4: Number of laboratory supply orders for [insert order type] **committed**	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Site Participation
Numerator/Count	Number of laboratory supply orders committed **Reported separately** by order type: • General reagents • Lab consumables • Equipment • Diagnostic kits (molecular) • Diagnostic kits (antigen) • Diagnostic kits (antibody)
Denominator	N/A
Additional Guidance	**Definition:** Note: the indicator is **not** asking for financial information, just the number of orders in this category. Order type includes general reagents, lab consumables, equipment, diagnostic kits (molecular), diagnostic kits (antigen), or diagnostic kits (antibody).

Indicator #5.3.5: Number of laboratory supply orders for [insert order type] **procured**	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Site Participation
Numerator/Count	Number of laboratory supply orders procured **Reported separately** by order type: • General reagents • Lab consumables • Equipment • Diagnostic kits (molecular) • Diagnostic kits (antigen) • Diagnostic kits (antibody)
Denominator	N/A
Additional Guidance	**Definition:** Number of orders placed with the vendor.

Indicator #5.3.6: Number of POE deliveries of laboratory goods for [insert order type] **completed**	
Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Activity Outcome
Numerator/Count	Number of POE deliveries of laboratory goods completed **Reported separately** by order type: • General reagents • Lab consumables • Equipment • Diagnostic kits (molecular) • Diagnostic kits (antigen) • Diagnostic kits (antibody)
Denominator	N/A
Additional Guidance	**Definition:** Number of orders for laboratory goods delivered to port-of entry.

Indicator #5.3.7: Number of POE deliveries of laboratory goods for [insert order type] **completed under appropriate transport and storage conditions**

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Activity Outcome
Numerator/Count	Number of POE deliveries of laboratory goods completed under appropriate transport and storage conditions **Reported separately** by order type: • General reagents • Lab consumables • Equipment • Diagnostic kits (molecular) • Diagnostic kits (antigen) • Diagnostic kits (antibody)
Denominator	N/A
Additional Guidance	**Definition:** Number of deliveries where the goods arrived under appropriate transport and storage conditions, as indicated by the manufacturer for each included item and/or specified by requisition orders or quality officers overseeing appropriate shipment and transport of goods.

Indicator #5.3.8: Number of last-mile (in-country) deliveries of laboratory goods for [insert order type] **financially supported and completed**

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Activity Outcome
Numerator/Count	Number of last-mile (in-country) deliveries of laboratory goods financially supported and completed **Reported separately** by order type: • General reagents • Lab consumables • Equipment • Diagnostic kits (molecular) • Diagnostic kits (antigen) • Diagnostic kits (antibody)
Denominator	N/A
Additional Guidance	**Definition:** Number of all orders that were delivered to the last mile to all consignees in country.

KPI #5.3.9: *Number of last-mile (in-country) deliveries of laboratory goods for [insert order type]* **financially supported and completed under appropriate storage and transport conditions**

	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #5.3.10: Number of consignees that received financial and/or logistics support for procurement of laboratory reagents and/or other supplies necessary to conduct laboratory testing

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Activity Outcome
Numerator/Count	Number of consignees that received financial and/or logistics support for procurement of laboratory reagents and/or other supplies necessary to conduct laboratory testing
Denominator	N/A
Additional Guidance	**Definition:** Total number of consignees that had their supply transport to point-of-entry, customs clearance, transport to last-mile destination or other logistical costs supported.

Indicator #5.3.11: Number of laboratory supply orders that have reconciliation reports completed

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Activity Outcome
Numerator/Count	Number of laboratory supply orders that have reconciliation reports completed
Denominator	N/A
Additional Guidance	**Definition:** Orders which have post-delivery financial reconciliation reports completed.

Indicator #5.3.12: Number of laboratories that received COVID-19 diagnostic test kits that met transport and storage requirements and were delivered within projected delivery timelines

Priority Technical Area	Laboratory Diagnostics
Theme	Laboratory Procurement
Sub-theme	Activity Outcome
Numerator/Count	Number of laboratory supply orders that have reconciliation reports completed
Denominator	N/A
Additional Guidance	**Definition:** Orders which have post-delivery financial reconciliation reports completed.

SECTION 6: Surveillance and Epidemiology
Key Performance Indicators

KPI #6.1.1: Is SARS-CoV-2 testing incorporated into existing ILI, SARI or other respiratory disease sentinel surveillance [at national or subnational level], including extension of surveillance and testing to seasons during which respiratory disease surveillance is not typically done or influenza virus is not known to circulate?	
Priority Technical Area	Surveillance and Epidemiology
Theme	SARS-CoV-2 Data to ILI/SARI Platforms
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	Definition: SARS-CoV-2 testing is incorporated into existing sentinel surveillance system (s) AND surveillance and testing is extended to seasons during which respiratory disease surveillance is not typically done or influenza virus is not known to circulate

KPI #6.1.7: Number of digital systems implemented for COVID-19 surveillance	
Priority Technical Area	Surveillance and Epidemiology
Theme	SARS-CoV-2 Data to ILI/SARI Platforms
Sub-theme	N/A
Numerator/Count	Number of digital systems implemented for COVID-19 surveillance
Denominator	N/A
Additional Guidance	N/A

KPI #6.2.2a: Number of participants in trainings held for **subnational** epidemiology workforce to improve COVID-19 surveillance and contact tracing	
Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of participants in trainings held for subnational epidemiology workforce to improve COVID-19 surveillance and contact tracing
Denominator	N/A
Additional Guidance	Definition: Participants include trainees/members of subnational epidemiology workforce (staff working at an administrative level BELOW the national Ministry of Health or equivalent) targeted for knowledge transfer

KPI #6.2.2b: Number of participants in trainings held for **national** epidemiology workforce to improve COVID-19 surveillance and contact tracing	
Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of participants in trainings held for national epidemiology workforce to improve COVID-19 surveillance and contact tracing
Denominator	N/A
Additional Guidance	Definition: Participants include trainees/members of national epidemiology workforce (staff working at an administrative level at the national Ministry of Health or equivalent) targeted for knowledge transfer

KPI #6.3.2: Country received CDC implementing partner technical assistance for planning, implementation, or evaluation of COVID-19 epidemiology and surveillance activities	
Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Activities
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	Definitions: • Technical assistance could include developing and implementing protocols/SOPs for conducting COVID-19 case reporting/surveillance, assisting with development and implementation of seroprevalence surveys and other epidemiological studies, conducting trainings, conducting needs assessments on status of surveillance systems, etc. • Relevant epidemiology and surveillance activities could include case reporting, seroprevalence survey implementation, implementation of other COVID-19 epidemiological studies, etc.

6.1 SARS-CoV-2 Data to ILI/SARI Platforms

KPI #6.1.1: *Is SARS-CoV-2 testing incorporated into existing ILI, SARI or other respiratory disease sentinel surveillance [at national or subnational level], including extension of surveillance and testing to seasons during which respiratory disease surveillance is not typically done or influenza virus is not known to circulate?*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #6.1.2: Is technical assistance being provided to [national or subnational staff] on routinely reporting epidemiologic and virologic data on COVID-19 collected through sentinel surveillance (ILI, SARI, ARI) and/or non-sentinel surveillance sites	
Priority Technical Area	Surveillance and Epidemiology
Theme	SARS-CoV-2 Data to ILI/SARI Platforms
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance is being provided to promote routinely reporting on data collected through existing sentinel and non-sentinel surveillance site(s)

Indicator #6.1.3: Extent to which technical assistance has been provided to country for weekly surveillance reporting on the weekly number of new confirmed cases, deaths, and hospitalizations, including in HCWs, disaggregated by age, sex, and geographic region	
Priority Technical Area	Surveillance and Epidemiology
Theme	SARS-CoV-2 Data to ILI/SARI Platforms
Sub-theme	N/A
Numerator/Count	**Check Box**: Not started/Planned/Provided but reporting not started/Provided and reporting ongoing
Denominator	N/A
Additional Guidance	**Definitions:** • This indicator aims to determine completeness of reporting on new cases, deaths, and hospitalizations to monitor performance • Technical assistance provided for weekly reporting should include reporting on the number of new confirmed cases, new confirmed deaths, and new confirmed hospitalizations

KPI #6.1.7: *Number of digital systems implemented for COVID-19 surveillance*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #6.1.8: Country includes COVID-19 case data in their routine, national disease reporting systems	
Priority Technical Area	Surveillance and Epidemiology
Theme	SARS-CoV-2 Data to ILI/SARI Platforms
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition**: Country reports COVID-19 case data per WHO surveillance reporting guidelines.

Indicator #6.1.9: Country includes COVID-19 case data in their national weekly and/or monthly epidemiology-surveillance bulletins	
Priority Technical Area	Surveillance and Epidemiology
Theme	SARS-CoV-2 Data to ILI/SARI Platforms
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	N/A

Indicator #6.1.10: Proportion of labs supported/funded by the projects that are connected to a LIMS with a COVID-19 module	
Priority Technical Area	Surveillance and Epidemiology
Theme	SARS-CoV-2 Data to ILI/SARI Platforms
Sub-theme	N/A
Numerator/Count	Number of labs supported/funded by the projects that are connected to a LIMS with a COVID-19 module
Denominator	Number of labs that were supported/funded by the projects
Additional Guidance	Definitions: • LIMS: Laboratory Information Management System

Indicator #6.1.11: Country is implementing COVID-19 surveillance program evaluations	
Priority Technical Area	Surveillance and Epidemiology
Theme	SARS-CoV-2 Data to ILI/SARI Platforms
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	N/A

Indicator #6.1.12: Country is planning or implementing seroprevalence studies	
Priority Technical Area	Surveillance and Epidemiology
Theme	SARS-CoV-2 Data to ILI/SARI Platforms
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	N/A

Indicator #6.1.13: Country has complete COVID-19 surveillance reporting	
Priority Technical Area	Surveillance and Epidemiology
Theme	SARS-CoV-2 Data to ILI/SARI Platforms
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	N/A

6.2 Surveillance-related Trainings

Indicator #6.2.1a: Number of trainings held for **subnational** epidemiology workforce to improve COVID-19 surveillance and contact tracing	
Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of trainings held for subnational epidemiology workforce to improve COVID-19 surveillance and contact tracing
Denominator	N/A
Additional Guidance	Definition: This indicator includes trainings for subnational epidemiology workforce (staff working at an administrative level BELOW the national Ministry of Health or equivalent)

Indicator #6.2.1b: Number of trainings held for **national** epidemiology workforce to improve COVID-19 surveillance and contact tracing	
Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of trainings held for national epidemiology workforce to improve COVID-19 surveillance and contact tracing
Denominator	N/A
Additional Guidance	Definition: This indicator includes trainings for national epidemiology workforce (staff working at an administrative level at the national Ministry of Health or equivalent)

KPI #6.2.2a: *Number of participants of trainings held for **subnational** epidemiology workforce to improve COVID-19 surveillance and contact tracing*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

KPI #6.2.2b: *Number of participants of trainings held for **national** epidemiology workforce to improve COVID-19 surveillance and contact tracing*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #6.2.3: Percent of all targeted geographic areas with at least one trained personnel to improve COVID-19 surveillance and contact tracing	
Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of all targeted geographic areas with at least one trained personnel to improve COVID-19 surveillance and contact tracing
Denominator	Number of all targeted geographic areas
Additional Guidance	Definition: • Targeted geographic area: prioritized national or subnational public health office/unit within a country, in which one or more personnel were trained in surveillance strengthening

Indicator #6.2.4: Percent of subnational levels that report COVID-19 surveillance and contact tracing data

Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of subnational level public health offices/units targeted for technical assistance AND/OR training in improving COVID-19 surveillance and contact tracing
Denominator	Number of targeted subnational level public health offices/units that are reporting on COVID-19 surveillance and contact tracing data
Additional Guidance	**Definition**: • Subnational: administrative level BELOW the national Ministry of Health or equivalent

Indicator #6.2.5: Number of trainings held on data management and epidemiologic analysis for integrated respiratory disease surveillance

Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of trainings held on data management and epidemiologic analysis for integrated respiratory disease surveillance
Denominator	N/A
Additional Guidance	**Definition:** Sessions held that focus on training trainees on data management and epidemiologic analysis for integrated respiratory surveillance

Indicator #6.2.6: Number of training modules developed to improve COVID-19 surveillance including data management and epidemiologic analysis for integrated respiratory disease surveillance

Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of training modules developed to improve COVID-19 surveillance including data management and epidemiologic analysis for integrated respiratory disease surveillance
Denominator	N/A
Additional Guidance	**Definition:** Training modules may include online training, in-person training, and/or education materials and resources that include data management and epidemiologic analysis for integrated disease surveillance

Indicator #6.2.7: Number of participants completing training modules/programs to improve COVID-19 surveillance including data management and epidemiologic analysis for integrated respiratory disease surveillance

Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of participants completing training modules/programs to improve COVID-19 surveillance including data management and epidemiologic analysis for integrated respiratory disease surveillance
Denominator	N/A
Additional Guidance	**Definition:** Participants include trainees/members of subnational epidemiology workforce targeted for knowledge transfer via online training modules and programs that include data management and epidemiologic analysis for integrated disease surveillance

Indicator #6.2.8a: Number of **national** administrative levels receiving support that are utilizing Go.Data, DHIS2, CommCare, or other health information software to support and facilitate outbreak investigation including field data collection, contact tracing, and visualization of chains of transmission

Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of **national** administrative levels receiving support that are utilizing Go.Data, DHIS2, CommCare, or other health information software to support and facilitate outbreak investigation including field data collection, contact tracing, and visualization of chains of transmission
Denominator	N/A
Additional Guidance	• Provide the number of targeted administration level offices/units at the national level **Definitions:** • National: administrative level at the national Ministry of Health or equivalent • Utilization of Go.Data, DHIS2, CommCare or other health information software to support and facilitate outbreak investigation MUST include field data collection, contact tracing and visualization of chains of transmission AS WELL AS reporting at national and subnational level • Support: technical assistance and training as described above • Administrative level: national public health offices/units in ONE country

Indicator #6.2.8b: Number of **subnational** administrative levels receiving support that are utilizing Go.Data, DHIS2, CommCare, or other health information software to support and facilitate outbreak investigation including field data collection, contact tracing, and visualization of chains of transmission

Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of **subnational** administrative levels receiving support that are utilizing Go.Data, DHIS2, CommCare, or other health information software to support and facilitate outbreak investigation including field data collection, contact tracing, and visualization of chains of transmission
Denominator	N/A
Additional Guidance	• Provide the number of targeted administration level offices/units at the subnational levels **Definitions:** • Subnational: administrative level BELOW the national Ministry of Health or equivalent • Utilization of Go.Data, DHIS2, CommCare or other health information software to support and facilitate outbreak investigation MUST include field data collection, contact tracing and visualization of chains of transmission AS WELL AS reporting at national and subnational level • Support: technical assistance and training as described above • Administrative level: subnational public health offices/units in ONE country

Indicator #6.2.9: Number of staff (MOH and other organizations) at local and national level dedicated to supporting and analyzing surveillance data and activities	
Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Trainings
Sub-theme	N/A
Numerator/Count	Number of staff (MOH and other organizations) at local and national level dedicated to supporting and analyzing surveillance data and activities
Denominator	N/A
Additional Guidance	N/A

6.3 Surveillance-related Activities

Indicator # 6.3.1: Proportion of sewage samples tested positive for SARS-CoV-2	
Priority Technical Area	Surveillance and Epidemiology
Theme	Surveillance-related Activities
Sub-theme	N/A
Numerator/Count	Number of sewage samples tested positive for SARS-CoV-2
Denominator	Total number of sewage samples tested for SARS-CoV-2
Additional Guidance	N/A

KPI #6.3.2: *Country received CDC implementing partner technical assistance for planning, implementation, or evaluation of COVID-19 epidemiology and surveillance activities*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

6.4 One Health

Indicator #6.4.1: Proportion of One Health case results reported to relevant One Health sectors	
Priority Technical Area	Surveillance and Epidemiology
Theme	One Health
Sub-theme	N/A
Numerator/Count	Number of One Health case results reported to relevant One Health sectors
Denominator	Number of One Health case results received
Additional Guidance	**Definitions**: Relevant One Health sectors include human health, animal health, and environmental health

Indicator #6.4.2: Number of people per sector attending One Health trainings	
Priority Technical Area	Surveillance and Epidemiology
Theme	One Health
Sub-theme	N/A
Numerator/Count	Number of people per sector attending One Health trainings **Reported separately** by sector: • Human health • Animal health • Environmental health
Denominator	N/A
Additional Guidance	**Definitions**: • Relevant One Health sectors include human health, animal health, and environmental health • One Health trainings can include trainings that cover topics at the human-animal-environment interface including but not limited to zoonotic disease, case investigations at the human-animal-environment interface, and One Health capacity building • Participants attending these trainings can be from government ministries, university partners, international organizations, NGOs working in the One Health space, etc.

SECTION 7: VACCINES
Key Performance Indicators

KPI #7.1.13: Proportion of COVID-19 vaccine doses received that were delivered to CDC-supported healthcare facilities	
Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Number of COVID-19 doses that were delivered by the implementing partner to CDC-supported healthcare facilities for administration
Denominator	Total number of COVID-19 vaccine doses received by implementing partner as part of project
Additional Guidance	Definitions: • Number of doses implementing partner allocates or sends doses to another in country organization or partner for administration (e.g., healthcare facilities including clinics, hospitals, etc.) • CDC-support facilities are those that received funding and/or technical assistance

KPI #7.1.14: Did you administer the COVID-19 vaccine?	
Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	N/A

KPI #7.1.15: Number of COVID-19 vaccine doses administered	
Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Number of COVID-19 vaccine doses administered
Denominator	N/A
Additional Guidance	Definition: The total number of COVID-19 vaccine doses administered includes **all doses administered**, regardless of which number in a primary series or if it is a booster dose

KPI #7.1.19: Number of trainings provided on planning, implementation, and monitoring COVID-19 immunization	
Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Number of trainings provided on planning, implementation, and monitoring COVID-19 immunization
Denominator	N/A
Additional Guidance	N/A

7.1 Program Planning and Implementation

Indicator #7.1.1: Technical assistance was provided on the development of national vaccination plans (NDVPs) for COVID-19 vaccines

Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include: • Meeting of stakeholders to develop the NDVP for COVID-19 Vaccination • Helping draft/write sections of the NDVP with the Ministry of Health (MOH) • Reviewing and providing feedback to the MOH on the NDVP • Helping revise the NDVP • Other

Indicator #7.1.2: Support was provided to conduct microplanning activities for COVID-19 vaccination

Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Support could include: • Provide microplanning templates for adult populations and provide support and review of completion • Help to design logistical/distribution plan for different vaccination scenarios (e.g., planning needs for differing cold chain requirements by vaccine type) • Other

Indicator #7.1.3: Technical assistance was provided to conduct tabletop exercises for COVID-19 vaccination

Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical Assistance could include: • Organizing a tabletop exercise in collaboration with the MOH or other stakeholders. • A COVID-19 vaccine tabletop exercise that aims to assist countries to plan, develop and update their national deployment and vaccination plan (NDVP) for the equitable timely access to COVID-19 vaccines • WHO's Department of Health Security and Preparedness has developed COVID-19 vaccine tabletop exercise (TTX) packages for this purpose.

Indicator #7.1.4: Technical assistance was provided on the development of vaccination plans for non-COVID-19 vaccines

Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	Continuity of Vaccination Programs
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical Assistance could include: • Meeting of stakeholders to develop national plans for vaccinations • Helping draft/write sections of the national plan with the Ministry of Health (MOH) • Reviewing and providing feedback to the MOH on the national vaccination plan • Helping revise the national vaccination plan • Other

Indicator #7.1.5: Were resources (e.g., funding, staff – management, oversight) expended for Intensification of Routine Immunization (IRI) activities?

Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Yes/No
Denominator	N/A
Additional Guidance	**Definitions**: Examples of key activities to improve routine immunization are: • Updating routine immunization micro plans and/or outreach plans • Identifying how to reach through the routine immunization program the previously unreached • Incorporating these lessons into the routine immunization workplan

Indicator #7.1.6: Number of non-COVID-19 vaccine doses received

Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Number of non-COVID-19 vaccine doses received as part of project
Denominator	N/A
Additional Guidance	N/A

Indicator #7.1.7: Number of non-COVID-19 vaccine doses distributed

Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Number of non-COVID-19 vaccine doses distributed as part of project
Denominator	N/A
Additional Guidance	**Definition**: Number of doses implementing partner allocates or sends doses to another in-country organization or partner for administration (e.g., healthcare facilities including clinics, hospitals, etc.)

Indicator #7.1.8: Number of non-COVID-19 vaccine doses administered

Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Number of non-COVID-19 vaccine doses administered as part of project
Denominator	N/A
Additional Guidance	**Definitions**: • Number of doses administered to the general public, either by implementing partner or by in-country organization or partner as part of the project, resulting individuals being vaccinated (shots in arms) • The total number of vaccine doses administered should not be more than the total number of doses received as part of the project

Indicator #7.1.9: Which partners or organizations collaborated on the development of the workplan for this project?

Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Select all partners or organizations that apply: • Ministry of Health (MOH) • CDC HQ • CDC Country Office • Local nonprofit organization • NGO • Other partner or organization (please specify) • We do not collaborate with other partners or organizations on the development of the workplan for this project
Denominator	N/A
Additional Guidance	N/A

Indicator #7.1.10: Please indicate the technical area/components included in the workplan for this project

Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Select all technical area/components that apply: • COVID-19 Vaccine Development Plan • Vaccine Develop Plan for other pathogens (e.g., polio, yellow fever, measles, etc.) • Vaccine Risk Communication Strategies • Immunization information systems to track COVID-19 vaccine distribution and adverse events • Immunization information systems to track other pathogens vaccine distribution and adverse events • None of the above technical areas/components
Denominator	N/A
Additional Guidance	N/A

Indicator #7.1.11: Please indicate the target population(s) included in the workplan for this project	
Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Select all target populations that apply: • Faith leaders/communities • People in prisons or jails • People in schools • Displaced people • Migrants • People in factories • Elderly • Other target populations (please specify)
Denominator	N/A
Additional Guidance	N/A

Indicator #7.1.12: Number of vaccination sites supported during the reporting period	
Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Number of vaccination sites supported during the reporting period Report separately by: • Mobile teams • Fixed sites • Community-based outreach vaccination sites • Mass vaccination sites/campaigns
Denominator	N/A

Additional Guidance	Definitions:
	• Support for COVID-19 vaccine service delivery is defined as operational support at the service delivery level provided by a CDC-funded IP to support and expand service delivery approaches required to reach target populations equitably and rapidly. Without CDC support, the site would not be able to operate
	• A vaccination site is counted as having been supported as a result of CDC direct support if more than 50 percent of rental or other costs have been supported by CDC and its partners. Other costs may include but are not limited to costs for sustained power supply (including back-up generators), cold chain equipment and infrastructure, security measures, waste management, hardware and software required for data systems, etc.
	• A vaccination site is the location(s) where COVID-19 vaccines are delivered to the target population(s). The type of vaccination site established is contingent on the COVID-19 vaccine delivery strategy and may shift over time, depending on the target groups, vaccine brands, and properties of the vaccine products. The types of vaccine delivery strategies and sites, as outlined in WHO's Guidance on Developing a National Deployment and Vaccination Plan for COVID-19 Vaccines, include:
	    ○ Fixed sites
	    ○ Community-based outreach sites
	    ○ Mobile teams or clinics: number of mobile teams themselves, not the number of sites they are. Mobile teams should be considered separate entities regardless of if they picked up/returned their equipment from a fixed site
	    ○ Mass vaccination sites /campaigns: Potential vaccination sites in this category include but are not limited to marketplaces, parks, and drive-throughs)

KPI #7.1.13: *Proportion of COVID-19 vaccine doses received that were delivered to CDC-supported healthcare facilities*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

KPI #7.1.14: *Did you administer the COVID-19 vaccine?*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

KPI #7.1.15: *Number of COVID-19 vaccine doses administered*	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

Indicator #7.1.16: Number of first COVID-19 vaccine doses administered	
Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Number of first COVID-19 vaccine doses administered
Denominator	N/A
Additional Guidance	**Definitions**: The first COVID-19 vaccine dose administered is the number of people receiving a first dose of the COVID-19 vaccine

Indicator #7.1.17: Number of last recommended COVID-19 vaccine doses administered	
Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Number of last recommended COVID-19 vaccine doses administered
Denominator	N/A
Additional Guidance	**Definitions**: The last recommended COVID-19 dose administered represents the number of people who received a last recommended dose of any COVID-19 vaccine. This is the dose that completes the vaccination schedule for the respective vaccine product. The dose that completes the schedule might represent a first, second, or third dose, depending on which vaccine product is used. In the case of a vaccine with a two-dose schedule, report the second dose

Indicator #7.1.18: Number of people who received a booster dose of an approved COVID-19 vaccine with CDC direct support	
Priority Technical Area	Vaccines
Theme	Program Planning and Implementation
Sub-theme	N/A
Numerator/Count	Number of people who received a booster dose of an approved COVID-19 vaccine with CDC direct support
Denominator	N/A
Additional Guidance	**Definitions**: CDC direct support for COVID-19 vaccine service delivery is restricted to the delivery of approved COVID-19 vaccines. This indicator should count only individuals who received a last recommended dose of an "approved COVID-19 vaccine," which is defined as a vaccine: • Approved by the United States Food and Drug Administration (U.S. FDA), or a stringent regulatory authority (SRA), or prequalified by World Health Organization (WHO), or • With an emergency use authorization from the U.S. FDA, or an SRA, or an emergency use listing (EUL) from WHO Booster doses are administered to a vaccinated population that has completed a primary vaccination series

KPI #7.1.19: Number of trainings provided on planning, implementation, and monitoring COVID-19 immunization	
	This indicator is a Key Performance Indicator. Additional guidance related to this indicator can be found in the KPI section, above

7.2 NITAG/Policy Support for COVID Vaccine Implementation

Indicator #7.2.1: Support was provided for NITAG strengthening or development of vaccine policy for COVID-19 vaccines	
Priority Technical Area	Vaccines
Theme	NITAG/Policy Support for COVID Vaccine Implementation
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Support could include: • Assist with data review to inform prioritization of and planning for vaccination of risk groups • Provide NITAG support and strengthening via training and workshops

Indicator #7.2.2: Support was provided for NITAG and vaccine policy development for vaccines not including COVID-19 vaccines	
Priority Technical Area	Vaccines
Theme	NITAG/Policy Support for COVID Vaccine Implementation
Sub-theme	Continuity of Vaccination Programs
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Support could include: • Assist with data review to inform prioritization of and planning for vaccination of risk groups • Provide NITAG support and strengthening via training and workshops

7.3 Support for Demand and Communication Activities

Indicator #7.3.1: Support was provided to establish a program to address community concerns or perceptions about COVID-19 vaccination

Priority Technical Area	Vaccines
Theme	Support for Demand and Communication Activities
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Support may include: • Ongoing traditional media and social media monitoring • Community feedback processes • RCCE coordination structures • Crisis response mechanisms • Support the coordination of listening, identification and assessment of rumors, and provide actionable insights and recommendations to communications, RCCE, advocacy and other teams involved in public engagement

Indicator #7.3.2: Technical assistance was provided to develop messaging and communication materials & tools for COVID-19 vaccines

Priority Technical Area	Vaccines
Theme	Support for Demand and Communication Activities
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** • Technical assistance includes leading the creation of communication materials, or communication messages • Messaging and communication materials and tools for vaccines include Fact Sheets and FAQs, Posters, Videos, Social Media Messages, Slides, Communication Field Guides, HCW messaging guides, Radio messages, other

Indicator #7.3.3: Technical assistance was provided on the implementation of Knowledge, Attitude, and Practice (KAP) surveys and qualitative studies for COVID-19 vaccination

Priority Technical Area	Vaccines
Theme	Support for Demand and Communication Activities
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include: • Engaging with MOH, EPI, and other country partners to gather contextual inputs and buy-in • Drafting assessment protocol and data collection tools • Training of enumerators/ field staff • Implementing the survey in the field

Indicator #7.3.4: Support was provided to conduct infodemic management-related activities

Priority Technical Area	Vaccines
Theme	Support for Demand and Communication Activities
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Infodemic management support includes: • Infodemic management training for in-country partners • Development of data collection tools • Engaging with subnational/ regional leaders for buy-in and implementing

Indicator #7.3.5: Support was provided to establish a program to address caregivers concerns about vaccination (not specific to COVID-19 vaccines)

Priority Technical Area	Vaccines
Theme	Support for Demand and Communication Activities
Sub-theme	Continuity of Vaccination Programs
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Support could include assessment of VRE response plans; development of new or updated VRE response plan; training stakeholders or related staff; implementation of VRE response plan following a reported VRE; evaluation of VRE response plan; other

Indicator #7.3.6: Technical assistance was provided on the **development** of messaging and communication materials & tools for vaccines (not specific to COVID-19 vaccines)

Priority Technical Area	Vaccines
Theme	Support for Demand and Communication Activities
Sub-theme	Continuity of Vaccination Programs
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include assessment of vaccine safety surveillance system; update or draft new guidelines, standard operating procedures, forms, or job aids; development of data management or analysis plan; support for data analysis; training of stakeholders or relevant staff; implementation of active or sentinel site surveillance; implementation of cohort event monitoring; other

Indicator #7.3.7: Technical assistance was provided on the **implementation** of Knowledge, Attitude, and Practice (KAP) surveys and qualitative studies for vaccination (not specific to COVID-19 vaccines)

Priority Technical Area	Vaccines
Theme	Support for Demand and Communication Activities
Sub-theme	Continuity of Vaccination Programs
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include: • Engaging with MOH, EPI, and other country partners to gather contextual inputs and buy-in • Drafting assessment protocol and data collection tools • Training of enumerators/ field staff • Implementing the survey in the field • Data management, cleaning, and analysis • Reporting out to all relevant stakeholders

Indicator #7.3.8: Support was provided to conduct infodemic management-related activities (not specific to COVID-19 vaccines)

Priority Technical Area	Vaccines
Theme	Support for Demand and Communication Activities
Sub-theme	Continuity of Vaccination Programs
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Infodemic management support includes: • Infodemic management training for in-country partners • Development of data collection tools • Engaging with subnational/ regional leaders for buy-in and implementing

Indicator #7.3.9: Number of people reached through mass media and social media with COVID-19 vaccine-related messaging	
Priority Technical Area	Vaccines
Theme	Support for Demand and Communication Activities
Sub-theme	N/A
Numerator/Count	Number of people reached through mass media and social media with COVID-19 vaccine-related messaging
Denominator	N/A
Additional Guidance	Definitions: • **Mass media** communication channels are media channels that can reach a very large number of people and include the following categories: **Television** (TV) advertisements and other public service announcements broadcast on TV **Radio** advertisements, public service announcements, and programs broadcast on radio **Websites** include digital advertisements or other information posted on government or private websites but exclude any posted on social media **Mobile and telephone** services include hotlines, interactive voice response, short message service, unstructured supplementary service data, and other uses of telephones as a communication channel **Hard copy printed** materials include brochures, such as information, education, and communication materials, including printed advertisements in established newspapers • **Social media** communication channels include Facebook, WhatsApp, QQ, WeChat, Twitter, Instagram, and Snapchat, among others

7.4 Vaccine Safety/Field Investigations for AEFI

Indicator #7.4.1: Technical assistance was provided on development of a Vaccine Related Event (VRE) Response Plan for COVID-19 vaccines	
Priority Technical Area	Vaccines
Theme	Vaccine Safety/Field Investigations for AEFI
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include assessment of VRE response plans; development of new or updated VRE response plan; training stakeholders or related staff; implementation of VRE response plan following a reported VRE; evaluation of VRE response plan; other

Indicator #7.4.2: Technical assistance was provided on Vaccine Safety surveillance system strengthening (passive surveillance, active surveillance, or causality assessment) for COVID-19 vaccines	
Priority Technical Area	Vaccines
Theme	Vaccine Safety/Field Investigations for AEFI
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include assessment of vaccine safety surveillance system; update or draft new guidelines, standard operating procedures, forms, or job aids; development of data management or analysis plan; support for data analysis; training of stakeholders or relevant staff; implementation of active or sentinel site surveillance; implementation of cohort event monitoring; other

Indicator #7.4.3: Technical assistance was provided for investigations of AEFI cases or clusters regarding COVID-19 vaccines	
Priority Technical Area	Vaccines
Theme	Vaccine Safety/Field Investigations for AEFI
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include assessment of vaccine safety surveillance system; update or draft new guidelines, standard operating procedures, forms, or job aids; development of data management or analysis plan; support for data analysis; training of stakeholders or relevant staff; other

Indicator #7.4.4: Technical assistance was provided on Vaccine Safety passive surveillance system strengthening for vaccine adverse events (not including COVID-19 vaccines)	
Priority Technical Area	Vaccines
Theme	Vaccine Safety/Field Investigations for AEFI
Sub-theme	Continuity of Vaccination Programs
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include assessment of vaccine safety surveillance system; update or draft new guidelines, standard operating procedures, forms, or job aids; development of data management or analysis plan; support for data analysis; training of stakeholders or relevant staff; other

Indicator #7.4.5: Proportion of adverse events following immunization (AEFI) reports reviewed by the appropriate responsible bodies with CDC support among those submitted to country monitoring systems	
Priority Technical Area	Vaccines
Theme	Vaccine Safety/Field investigations for AEFI
Sub-theme	N/A
Numerator/Count	Number of adverse events following immunization (AEFI) reports reviewed by the appropriate responsible bodies with CDC support
Denominator	Number of adverse events following immunization (AEFI) reports submitted to country monitoring systems

Additional Guidance	**Definitions:**
	• An **AEFI** is any untoward medical event that follows immunization and that does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavorable or unintended sign, abnormal laboratory finding, symptom, or disease
	• An AEFI report is considered to be **submitted to country monitoring systems** when it is submitted to the appropriate health administrative unit using standardized COVID-19 AEFI reporting forms
	• Based on the WHO's COVID-19 Vaccines: Safety Surveillance Manual, an AEFI report is considered to be **reviewed** when it is received by the appropriate responsible bodies, reviewed for seriousness, and a yes/no decision is taken on an investigation
	• Responsible pharmacovigilance bodies may include (but are not limited to) national regulatory authorities, pharmacovigilance units, Expanded Program on Immunization/national immunization programs, and AEFI review committees
	• **CDC support** for COVID-19 vaccine country readiness and delivery is defined as either direct or indirect TA provided by a CDC-funded IP:
	   o **Indirect support** is defined as guidance, TA, and training to support countries to monitor and respond to AEFIs
	   o **Direct support** is defined as operational support at the service delivery level for AEFI review and investigation. This may include but is not limited to conducting community investigations and interviews, case file review, provision of transport to conduct AEFI investigations and assessments, and documentation of case files and dossiers

7.5 Data Management & Use

Indicator #7.5.1: Technical assistance was provided for data management and use related to workforce development & training in preparation for the administration of COVID-19 vaccines

Priority Technical Area	Vaccines
Theme	Data Management & Use
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include: • Develop guidelines and SOPs for monitoring and reporting of COVID-19 vaccine introduction • Develop, implement and evaluate data management systems and tools • Provide technical assistance in developing data management training materials for new or existing data reporting system • Provide technical assistance in rapid assessment, development, implementation and monitoring of data management systems and tools (paper/electronic) used for COVID-19 vaccine introduction

Indicator #7.5.2: Technical assistance was provided for data management and use related to workforce development & training for the national EPI program (not specific to COVID-19 vaccination)

Priority Technical Area	Vaccines
Theme	Data Management & Use
Sub-theme	Continuity of Vaccination Programs
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical Assistance could include: • Develop guidelines and SOPs for monitoring and reporting of vaccines • Develop, implement and evaluate data management systems and tools • Provide technical assistance in developing data management training materials for new or existing data reporting system • Provide technical assistance in rapid assessment, development, implementation and monitoring of data management systems and tools (paper/electronic) used for vaccines

7.6 Workforce Development & Training

Indicator #7.6.1: Technical assistance was provided for workforce development & training in preparation for the administration of COVID-19 vaccines

Priority Technical Area	Vaccines
Theme	Workforce Development & Training
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include: • Conduct workforce mapping in collaboration with Ministries of Health • Provide training in techniques for supportive supervision • Assist with the development of terms of reference and defined roles and responsibilities • Conduct training needs assessments

Indicator #7.6.2: Technical assistance was provided for workforce development & training for the national EPI program (not specific to COVID-19 vaccination)

Priority Technical Area	Vaccines
Theme	Workforce Development & Training
Sub-theme	Continuity of Vaccination Programs
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include: • Conduct workforce mapping in collaboration with Ministries of Health • Provide training in techniques for supportive supervision • Assist with the development of terms of reference and defined roles and responsibilities • Conduct training needs assessments

Indicator #7.6.3: Number of staff and volunteers trained on COVID-19 vaccine-related topics

Priority Technical Area	Vaccines
Theme	Workforce Development & Training
Numerator/Count	Number of staff and volunteers trained on COVID-19 vaccine-related topics
Denominator	N/A
Additional Guidance	**Definitions:** • The types of people trained on vaccine-related topics include all staff and volunteers affiliated with public and private health facilities, community health organizations, residential facilities, government staff, or other cadres who may be involved in vaccination activities. This includes clinical personnel (e.g., nurses or doctors), lay personnel (e.g., community health workers), data personnel (e.g., data clerks or data recorders), and others • Trained is defined as the person having been present throughout the training (e.g., through sign-in sheets, online course records) and having passed any post-test training assessment demonstrating acquired knowledge about the topic area, where relevant • Types of training programs may include training on any of the vaccine-related TA areas. It is expected that training will vary widely by topic area, target audience, content, length of time, size of group, and platform of training delivery (which may be virtual or in-person)

Indicator #7.6.4: Number of staff and volunteers who are remunerated by CDC to support workload required for COVID-19 vaccine delivery in the reporting period	
Priority Technical Area	Vaccines
Theme	Workforce Development & Training
Numerator/Count	Number of staff and volunteers who are remunerated by CDC to support workload required for COVID-19 vaccine delivery in the reporting period
Denominator	N/A
Additional Guidance	**Definition:** The number of people who received remuneration from CDC to support workload required for COVID-19 vaccine delivery should be counted in the reporting period in which they received remuneration. Partners should maintain records of the staff engaged in vaccine delivery as data source for this indicator at the end of the reporting period

7.7 Program Evaluation

Indicator #7.7.1: Technical assistance was provided to conduct evaluations of COVID-19 vaccination programs	
Priority Technical Area	Vaccines
Theme	Program Evaluation
Sub-theme	COVID-19 Vaccine Preparedness
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical assistance could include: • Conduct post-introduction evaluations using a standard WHO-CDC tool adapted for COVID-19 vaccines, allowing for improvements in efficiency and address weaknesses in the implementation of vaccination campaign • Provide protocols and support for focused coverage surveys among target populations or geographic areas that may not be fully reached through immunization services

Indicator #7.7.2: Technical assistance was provided to conduct evaluations of essential immunization programs and immunization campaigns (not specific to COVID-19 vaccines)	
Priority Technical Area	Vaccines
Theme	Program Evaluation
Sub-theme	Continuity of Vaccination Programs
Numerator/Count	Yes/No response
Denominator	N/A
Additional Guidance	**Definition:** Technical Assistance could include: • Conduct post-introduction evaluations for vaccines, allowing for improvements in efficiency and address weaknesses in the implementation of vaccination program or campaign • Provide protocols and support for focused coverage surveys among target populations or geographic areas that may not be fully reached through immunization services

SECTION 8: Field Epidemiology Training Programs (FETP)

Indicator #8.1.1: Number of FETP trainees and graduates accessing curriculum that is adapted to integrate emergency management competencies	
Priority Technical Area	FETP
Theme	N/A
Sub-theme	N/A
Numerator/Count	Number of FETP trainees and graduates accessing curriculum that is adapted to integrate emergency management competencies
Denominator	N/A
Additional Guidance	Definitions: Curriculum access may include: • In-person or eLearning courses or webinars presented to registered participants on curriculum related activities associated with COVID-19 • Delivery may include trainings, on-site reviews or other forms of tool dissemination and user sensitization • Online blended learning for the implementation of FETP with core content and COVID-specific materials to strengthen workforce surveillance and response capacities during the pandemic Note that reporting against this indicator is reliant upon having the following elements in place: • A tracking system for trainees logging into and completing coursework dedicated to COVID-19 mitigation, protection, and prevention • A tracking system for trainees accessing emergency management training material • A plan for integrated training of staff from national ministries with COVID-19 educational material to respond to the pandemic

Indicator #8.1.2: Number of individuals accessing online training related to FETP core content, mentor training, or COVID-19 related materials	
Priority Technical Area	FETP
Theme	N/A
Sub-theme	N/A
Numerator/Count	Number of individuals accessing online training related to FETP core content, mentor training, or COVID-19 related materials
Denominator	N/A
Additional Guidance	Definitions: Online Training may include: • Web-accessible materials and documents related to FETP core content, guidance in mentoring and training FETP trainees, and core competencies for emergency management as it relates to COVID-19 • Curriculum/training would be available in English in the near-term and then translated to other priority language in the following 6-9 months Note that reporting against this indicator is reliant upon having the following elements in place: • Tracking system for FETP mentors and trainees logging into and completing coursework related to the core content, FETP support and mentorship, and the mitigation, prevention, and surveillance of COVID-19

Indicator #8.1.3: Number of FETP trainees who are deployed, rostered, or both to support COVID-19 response activities	
Priority Technical Area	FETP
Theme	N/A
Sub-theme	N/A
Numerator/Count	Number of FETP trainees who are deployed, rostered, or both to support COVID-19 response activities
Denominator	N/A
Additional Guidance	**Definition**: Note that reporting against this indicator is reliant upon having the following elements in place: • A tracking system for FETP trainees which identifies deployment and rostering status

Indicator #8.1.4: National Public Health Institutes (NPHIs) are engaged in Emergency Operations Center (EOC) strengthening and systems integrated activities including FETPs	
Priority Technical Area	FETP
Theme	N/A
Sub-theme	N/A
Numerator/Count	Yes/No/N/A response
Denominator	N/A

Additional Guidance	**Definitions:**
	Example of types of engagement may include:
	    o Draft an EOC framework and governance standard to support activation during an emergency response
	    o Develop standard operating procedures for all functions of the EOC, including surveillance, data collection, and communication
	    o Establish a training delivery model and curriculum to increase the EOC's staff and workforce, technical capacity, availability, and accessibility during emergency response
	
	Note that reporting against this indicator is reliant upon having the following elements in place:
	    o A tracking system for monitoring EOC and emergency management strengthening activities as part of NPHI project-related support (including staged development tool participation, strategic planning, etc.)