



# Global Health COVID-19 Indicators

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A Compendium of Indicator Reference  
Sheets for COVID-19 Pillar 2 Reporting  
by USAID Projects

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**USAID**  
FROM THE AMERICAN PEOPLE

**Data.FI**  
Data for Implementation





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# Abbreviations

EOC	Emergency Operations Centre
HCW	health care worker
Incoterms	International Commercial Terms
IP	implementing partner
IPC	infection prevention and control
NGO	nongovernmental organization
PCR	polymerase chain reaction
PoE	point-of-entry
PPE	personal protective equipment
PSA	pressure swing adsorption
RCCE	risk communication and community engagement
SMS	short message service
SOP	standard operating procedure
TV	television
UN	United Nations
USAID	United States Agency for International Development
VSA	vacuum swing adsorption
WASH	water, sanitation and hygiene
WHO	World Health Organization

# Introduction

The overall goal of the joint USAID and U.S. State Department Strategy for Supplemental Funding to Prevent, Prepare for, and Respond to COVID-19 Abroad<sup>1</sup> is to accelerate the U.S. Government's global effort to stem the further transmission and re-emergence of COVID-19, mitigate its impact, and protect the American people at home and abroad. The strategy describes the overall approach to programming for the supplemental resources and, as such, is the guiding document for activities implemented using these resources.

The Strategy is organized into four main Pillars that represent lines of effort:

- Pillar 1: Protect American citizens and the U.S. government community overseas, and facilitate the continued work of the U.S. government overseas, and communicate effectively.
- Pillar 2: Prevent, prepare for, respond to, and bolster health systems to address COVID-19 and re-emergence.
- Pillar 3: Prevent, prepare for, and respond to COVID-19 in existing complex emergency responses and address potential human consequences of the pandemic.
- Pillar 4: Prepare for, mitigate, and address second order economic, civilian security, stabilization, and governance impacts of COVID-19, in part to prevent development backsliding.

This indicator compendium provides the standard indicator definitions for routine reporting under Pillar 2. The compendium was first published August 2020 and was updated in December 2020 to reflect additional learning and reporting experience. Case management indicators were added at this time. Future revisions are expected as programming needs evolve to best reflect USAID programming.

Definitions of indicators in this compendium include ideal disaggregations. USAID partner reporting on indicators and relevant disaggregations will be determined by the scope of programming per IP and reporting structures.

In addition to the measures in this compendium, outcomes of these activities will be measured separately through special outcome studies.

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<sup>1</sup> USAID and U.S. Department of State. (n.d.) Strategy for supplemental funding to prevent, prepare for, and respond to COVID-19 abroad. Retrieved from <https://static.politico.com/4f/68/adfdb19f4c9d996b4ced73de52e9/tab-2-strategy-for-supplemental-funding-for-covid-19-final-1.pdf>.



# Indicator Summary Table

Indicator Code	Indicator Description
<b>Result Area 1. Risk Communication and Community Engagement</b>	
1.0	Number of countries where USAID provided technical assistance for COVID-19 risk communication and community engagement (RCCE) through strategy support, media messaging, community-centered interventions, and/or capacity strengthening
1.1	Number of people reached through USAID-supported mass media with COVID-19-related risk communication messaging, including social media
1.2	Number of mechanisms to facilitate two-way communication about COVID-19 with affected communities, supported by USAID
1.3	Number of countries with a RCCE coordination structure for COVID-19 that is actively implementing a Risk Communication Plan (or strategy) with support through USAID project assistance
1.4	Number of healthcare workers and non-healthcare workers trained on risk communication and community engagement (RCCE)
<b>Result Area 2. Surveillance, Case Finding, Rapid Response Teams, Case Investigation, and Contact Tracing</b>	
2.0	Number of countries where USAID provided support to facility and/or community-level surveillance for COVID-19, including support for training, data analysis and reporting systems, and/or guidelines or protocols for COVID-19
2.1	Number of people trained on surveillance and rapid response (case investigation, contact tracing, and case finding) for COVID-19
<b>Result Area 3. Points-of-Entry</b>	
3.0	Number of countries with USAID support for COVID-19 surveillance and response at points-of-entry
3.1	Number of points-of-entry (PoE) posts supported with USAID assistance for COVID-19
3.2	Number of PoE workers trained on COVID-19 with USAID support
<b>Result Area 4. Laboratory Systems</b>	
4.0	Number of countries where USAID provided specimen transport, quality assurance, expanded diagnostics, and/or training support for laboratory systems for COVID-19 (top-line, country level)
4.1	Number of COVID-19 specimens transported in a timely manner, with support from USAID
4.2	Number of health workers trained in COVID-19 testing or transport with USAID support
4.3	Number of designated laboratories or facilities capable of testing for COVID-19 with USAID support
<b>Result Area 5. Case Management</b>	

- 5.0 Number of countries receiving case management support, such as ventilators, oxygen, durables, consumables, facility-level assessments, guidance, and/or training
- 5.1 Number of facilities receiving technical assistance for case management, such as facility-level assessments, guidance and/or training
- 5.2 Number of health workers trained in COVID-19 case management
- 5.3 Number and percent of ventilators for case management of severely/critically ill COVID-19 patients donated by USAID that were delivered
- 5.4 Number and percent of pressure swing adsorption (PSA) and vacuum swing adsorption (VSA) plants for case management of severely/critically ill COVID-19 patients donated by USAID that were delivered
- 5.5 Number and percent of oxygen concentrators for case management of severely/critically ill COVID-19 patients donated by USAID that were delivered
- 5.6 Number and percent of pulse oximeters for case management of COVID-19 patients donated by USAID that were delivered

#### Result Area 6. Infection Prevention and Control

- 6.0 Number of countries where USAID provided equipment, commodity, policy, and/or training support for infection prevention and control (IPC) related to COVID-19
- 6.1 Number of health facilities where USAID provided support for IPC and/or water, sanitation and hygiene (WASH) for COVID-19
- 6.2 Number of workers who received COVID-19-related training in IPC and/or WASH
- 6.3 Number and percent of USAID-supported health facilities in compliance with IPC COVID-19 guidelines/standard operating procedures (SOPs)
- 6.4 Number of USAID-supported health facilities that report stock data for IPC commodities with required frequency

#### Result Area 7. Coordination and Operations

- 7.1 Number of multisectoral coordination mechanisms that meet regularly, with USAID partner participation or support
- 7.2 Number of policies, protocols, standards, or guidelines across any of the result areas developed or adapted with USAID support

# Result Area 1. Risk Communication & Community Engagement

# 1.0

## Result Area 1. Risk Communication and Community Engagement

<b>Description:</b>	<b>Number of countries where USAID provided technical assistance for COVID-19 risk communication and community engagement through strategy support, media messaging, community-centered interventions, and/or capacity strengthening</b>
<b>Rationale:</b>	Activities that facilitate, coordinate, and improve risk communication and community engagement (RCCE) are vital for community uptake of essential behaviors and public health and biomedical interventions that prevent and control the spread of disease. This indicator measures the breadth of USAID country support for COVID-19 RCCE.
<b>Type:</b>	Summary output
<b>Numerator:</b>	Number of countries where USAID provided support for COVID-19 risk communication and community engagement
<b>Denominator:</b>	N/A
<b>Reporting level:</b>	USAID/Washington
<b>Reporting frequency:</b>	Quarterly
<b>Definitions:</b>	<p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p> <p><b>Risk communication</b> provides timely, relevant, and actionable lifesaving and life-enhancing information about COVID-19 to communities to enable them to make informed decisions to protect themselves and their loved ones.</p> <p><b>Community engagement</b> ensures that communities receive clear, appropriate, and accurate information through two-way communication that builds trust between communities and other stakeholders on all issues related to COVID-19.</p> <p>USAID support for RCCE includes technical assistance in the following areas:</p> <ul style="list-style-type: none"><li>• <b>Strategy support:</b> Development of RCCE strategy or plans and active participation in RCCE coordination structures.</li><li>• <b>Media messaging:</b> Communication of RCCE messages through mass and social media channels.</li><li>• <b>Community-centered interventions</b> that facilitate two-way communication.</li><li>• <b>Capacity strengthening:</b> Formal training of healthcare and non-healthcare workers on planning and implementation of risk communication activities and community engagement.</li></ul>

<b>Data collection:</b>	This is generated by USAID/Washington based on funding levels and substantiated by data from output indicators in the same Result Area.	
<b>Reporting process:</b>	N/A – no reporting process for this indicator – calculated at USAID/Washington level	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	None	N/A

## 1.1

<b>Description:</b>	<b>Number of people reached through USAID-supported mass media with COVID-19-related risk communication messaging, including social media</b>
<b>Rationale:</b>	This indicator provides insight on the degree to which USAID-supported RCCE activities are reaching people through mass media and social media activities.
<b>Type:</b>	Output
<b>Numerator:</b>	Number of people reached through USAID-supported mass media and social media communication channels with COVID-19 messaging
<b>Denominator:</b>	N/A
<b>Reporting level:</b>	IP
<b>Reporting frequency:</b>	Based on contractual reporting frequency
<b>Definitions:</b>	<p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p> <p><b>Risk communication</b> provides timely, relevant, and actionable lifesaving and life-enhancing information about COVID-19 to communities to enable them to make informed decisions to protect themselves and their loved ones.</p> <p><b>Mass media</b> communication channels are media channels that can reach a very large number of people, and include the following categories:</p> <ul style="list-style-type: none"> <li>• <b>Television (TV)</b> advertisements and other public service announcements broadcast on TV.</li> <li>• <b>Radio</b> advertisements, public service announcements, and programs broadcast on radio.</li> <li>• <b>Print</b> includes printed advertisements in established newspapers.</li> <li>• <b>Websites</b> include digital advertisements or other information posted on government or private websites but excludes any posted on social media.</li> <li>• <b>Mobile and telephone</b> services include hotlines, interactive voice response (IVR), short message service (SMS), unstructured supplementary service data (USSD), and other uses of telephones as a communication channel.</li> <li>• <b>Hard copy printed</b> materials include brochures, such as information, education, and communication materials.</li> <li>• <b>Other mass media</b> include any mass media not listed above.</li> </ul> <p><b>Social media</b> include Facebook, WhatsApp, QQ, WeChat, Twitter, Instagram, Snapchat, among others. Social media channels can be grouped into the following categories:</p> <ul style="list-style-type: none"> <li>• <b>Social networking</b> sites include Facebook and LinkedIn</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Community and Microblogging</b> sites include Twitter, Tumblr, and Medium</li> <li>• <b>Messaging platforms</b> include WhatsApp and WeChat</li> <li>• <b>Photo sharing sites</b> include Instagram, Snapchat, QQ, and Pinterest</li> <li>• <b>Video sharing platforms</b> include YouTube, TikTok, Vimeo, Periscope, and Facebook Live</li> <li>• <b>Other social media</b> platforms include other discussion sites (Reddit, others), social review sites (Yelp, others), and other social media platforms not mentioned above.</li> </ul>	
<b>Data collection:</b>	<p>For all media channels, the number reached should be estimated using partner, government, and other publicly available data sources. Double counting is inevitable in the parent (total) indicator if multiple media channels are used. Some people may receive messaging from multiple sources; in fact, saturation and higher dosage of communications in some populations and geographic areas may be a goal. However, to limit double counting, the parent indicator should never exceed the total population living in the geographic areas where media messaging is being used.</p> <p>For mass media channels, such as TV, radio, and newspapers, the number reached for a reporting period should be the estimated audience number for the media being used for the geographic areas being covered. If no audience estimates are available, population survey data (from Geopoll, Demographic and Health Survey [DHS], or others) can be used to estimate the population with access to the media for the geographic area being covered to obtain the potential audience size to estimate the number reached.</p> <p>The number reached on websites can be estimated through URL management, such as number of viewers visiting a website or clicks or downloads on specific campaign materials.</p> <p>For any social media platforms used, IPs should document their methods for defining and extracting reach data and make the methodology accessible to USAID, as needed. Although some social media messaging may reach beyond national borders, estimates for this indicator should be limited to those in the target country.</p>	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b> Country	<b>Disaggregates</b> Enter data by country
	Mass media channel	<ul style="list-style-type: none"> <li>• TV</li> <li>• Radio</li> <li>• Print</li> <li>• Websites (excluding social media)</li> <li>• Mobile and telephone</li> <li>• Hard copy print</li> <li>• Other mass media</li> </ul>

## 1.2

### Result Area 1. Risk Communication and Community Engagement

<b>Description:</b>	<b>Number of mechanisms to facilitate two-way communication about COVID-19 with affected communities, supported by USAID</b>	
<b>Rationale:</b>	This indicator measures the number of countries with USAID-supported COVID-19 two-way communication mechanisms, such as activities and strategies that monitor and respond to rumors, promptly address misinformation, and address community needs, including remote and direct person-to-person engagement.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of countries where USAID provided support for a mechanism to facilitate two-way communication about COVID-19 with affected communities	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	IP	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p> <p><b>Community engagement</b> ensures that communities receive clear, appropriate, and accurate information through two-way communication that builds trust between communities and other stakeholders on all issues related to COVID-19.</p> <p><b>Two-way communication</b> is communication interchange of information and ideas between communities, technical experts, and government authorities. This interchange ensures that authorities provide feedback loops to respond to the target population meaningfully when they communicate their needs, concerns, confusion, etc. Mechanisms for two-way communication include remote platforms, such as information hotlines, rumor tracking, and mobile phone engagement through SMS or other mobile applications (e.g., using platforms like viamo.io). In addition, when aligned with government guidance on social gatherings, in-person communication mechanisms, such as education sessions run by community volunteers, should also be reported in this indicator.</p>	
<b>Data collection:</b>	Partners that support the development or maintenance of a COVID-19 two-way mechanism should maintain project records as source documentation to support reporting on this indicator. Partners will report on this indicator throughout the duration of the support to the COVID-19 two-way mechanism.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b> Country	<b>Disaggregates</b> Enter data by country



# 1.3

## Result Area 1. Risk Communication and Community Engagement

<b>Description:</b>	<b>Number of countries with a RCCE coordination structure for COVID-19 that is actively implementing a Risk Communication Plan (or strategy) with support through USAID project assistance</b>
<b>Rationale:</b>	To measure the extent to which USAID is supporting the development of COVID-19 RCCE coordination structures and COVID-19 risk communication plans.
<b>Type:</b>	Output
<b>Numerator:</b>	Number of countries where USAID provided support for both a Risk Communication Plan or Strategy and an active RCCE coordination structure for COVID-19 during the reporting period
<b>Denominator:</b>	N/A
<b>Reporting level:</b>	IP
<b>Reporting frequency:</b>	Based on contractual reporting frequency
<b>Definitions:</b>	<p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p> <p><b>RCCE</b> provide timely, relevant, and actionable information about COVID-19 to communities to enable them to make informed decisions to protect themselves and their loved ones through two-way communication that builds trust between communities and other stakeholders on all issues related to COVID-19.</p> <p><b>The RCCE coordination structure</b> is a coordination mechanism to promote collaboration among response partners, including any of the following: national authorities, United Nations (UN) agencies, nongovernmental organizations (NGOs), religious groups, and the private sector. The frequency of meetings for this group may vary based on the specific country epidemic and other factors but should be at least once a month to be considered “active.”</p> <p><b>The RCCE plan</b> is a document that includes key prevention and risk reduction behaviors to mitigate COVID-19, target audiences, roles and responsibilities of RCCE coordination committee members in implementing the plan, communication channels, strategies, platforms, activity timelines, and indicators for monitoring progress against an implementation plan. This can be an adaptation of an existing RCCE National Plan. Partner efforts should align with these plans.</p>
<b>Data collection:</b>	Partners that support RCCE coordination structures should maintain project records, including meeting minutes, meeting slide decks, meeting reports, or other documentation as source documentation. At the end of each reporting period, partners should report on this indicator if the coordination structure met in the last month before the end of the reporting period, and if they can confirm that an RCCE

	plan is in place. Partners will report on this indicator throughout the duration of support to the coordination structures.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b> Country	<b>Disaggregates</b> Enter data by country

# 1.4

## Result Area 1. Risk Communication and Community Engagement

<b>Description:</b>	<b>Number of healthcare workers and non-healthcare workers trained on risk communication and community engagement (RCCE)</b>
<b>Rationale:</b>	To measure the extent to which USAID is supporting the training of people on COVID-19 RCCE.
<b>Type:</b>	Output
<b>Numerator:</b>	Number of people trained on RCCE
<b>Denominator:</b>	N/A
<b>Reporting level:</b>	IP
<b>Reporting frequency:</b>	Based on contractual reporting frequency
<b>Definitions:</b>	<p><b>RCCE</b> provide timely, relevant, and actionable information about COVID-19 to communities to enable them to make informed decisions to protect themselves and their loved ones through two-way communication that builds trust between communities and other stakeholders on all issues related to COVID-19.</p> <p><b>Healthcare workers</b> (HCWs) is defined to include all staff affiliated with public and private health facilities. This includes <b>clinical staff</b> (physicians, clinicians, nurses, patient care technicians, or medical laboratory technicians), <b>lay health workers and other ancillary staff</b> (trained peers, expert clients, community health workers, facility cleaners, or data clerks), and <b>management</b> (health facility in-charges, hospital administrators, or other supervisory staff).</p> <p><b>Non-healthcare workers</b> (non-HCW) is defined to include government, community, and religious leaders, and media and other communications professionals.</p> <p><b>Trained</b> is defined as the individual having been present throughout the training (e.g., through sign-in sheets, online course records) and, where relevant, having passed any post-test training assessment, which demonstrates acquired knowledge about the topic area. It is expected that training on RCCE will vary widely by target group, content, length of time, and platform of training delivery.</p> <p>Note: In cases where the specific number of people trained is not available (such as training held on Facebook Live), partners should document their methods of estimating the number who completed the training.</p>
<b>Data collection:</b>	The number of HCWs and non-HCWs who received training on RCCE should be counted in the reporting period that they received training. IP should report on disaggregations if the reporting data systems allow for the disaggregation. Partners should maintain training records to collect data for this indicator at the end of each reporting period.
<b>Reporting process:</b>	Standard processes

	Disaggregate groups	Disaggregates
<b>Disaggregation:</b>	Type trained and sex	<ul style="list-style-type: none"> <li>• HCW: Male, Female, Unknown sex</li> <li>• Non-HCW: Male, Female, Unknown sex</li> </ul>

# Result Area 2. Surveillance, Case Finding, Rapid Response Teams, Case Investigation, and Contact Tracing

## 2.0

Result Area 2. Surveillance, Case Finding, Rapid Response Teams, Case Investigation, and Contact Tracing

<b>Description:</b>	<b>Number of countries where USAID provided support to facility and/or community-level surveillance for COVID-19, including support for training, data analysis and reporting systems, and/or guidelines or protocols for COVID-19</b>	
<b>Rationale:</b>	This indicator measures the breadth of USAID country support for COVID-19 surveillance and rapid response in health facilities and communities.	
<b>Type:</b>	Summary output	
<b>Numerator:</b>	Number of countries where USAID provided support to facility and/or community-level surveillance	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	USAID/Washington	
<b>Reporting frequency:</b>	Quarterly	
<b>Definitions:</b>	<p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p> <p>USAID support for surveillance, case finding, rapid response teams, case investigation, and contact tracing includes:</p> <ul style="list-style-type: none"> <li>• <b>Training</b> for health workers on surveillance and rapid response</li> <li>• <b>Data analysis and reporting systems</b> to support surveillance and monitoring</li> <li>• <b>Guidelines or protocols</b> for COVID-19 surveillance and rapid response</li> </ul>	
<b>Data collection:</b>	This is generated by USAID/Washington based on funding levels and substantiated by data from output indicators in the same Result Area.	
<b>Reporting process:</b>	N/A – no reporting process for this indicator – calculated at USAID/Washington level	
<b>Disaggregation:</b>	<b>Disaggregate groups</b> None	<b>Disaggregates</b> N/A

## 2.1

Result Area 2. Surveillance, Case Finding, Rapid Response Teams, Case Investigation, and Contact Tracing

<b>Description:</b>	<b>Number of people trained on surveillance and/or rapid response (case investigation, contact tracing, and case finding) for COVID-19</b>
<b>Rationale:</b>	Expanded disease surveillance and detection are critical for responding to COVID-19. This indicator measures the extent to which USAID is supporting the training of health workers on COVID-19 surveillance and rapid response activities.
<b>Type:</b>	Output
<b>Numerator:</b>	Number of health workers trained on surveillance and rapid response (case investigation, contact tracing, and case finding) for COVID-19
<b>Denominator:</b>	N/A
<b>Reporting level:</b>	IP
<b>Reporting frequency:</b>	Based on contractual reporting frequency
<b>Definitions:</b>	<p>Types of people trained on surveillance and rapid response include all staff affiliated with public and private health facilities, community health organizations, residential facilities, or government staff who may be involved in surveillance, case finding, rapid response teams, case investigation, and contact tracing. This includes <b>clinical staff</b> (physicians, clinicians, nurses, patient care technicians, or medical laboratory technicians), <b>lay health workers and other ancillary staff</b> (trained peers, expert clients, community health workers, data clerks, contact tracers), and <b>management</b> (health facility in-charges, hospital and residential facility administrators, or other organization or government supervisory staff).</p> <p><b>Trained</b> is defined as the individual having been present throughout the training (e.g., through sign-in sheets, online course records) and, where relevant, having passed any post-test training assessment, which demonstrates acquired knowledge about the topic area.</p> <p><b>Types of trainings</b> include, but are not limited to, development or adaptation of surveillance protocols, supervising the conduct of surveillance activities, use of surveillance and contact tracing reporting systems for COVID-19, application of case finding and case investigation protocols, and identifying, informing, and managing contacts. As per <a href="#">WHO interim guidance on critical preparedness, readiness and response actions</a>, countries should prepare to respond to a range of public health scenarios across a variety of priority areas of work, based on the country assessment of risk and the status of the epidemic.</p> <ul style="list-style-type: none"> <li>• <b>Surveillance</b> for COVID-19 includes <a href="#">sentinel or non-sentinel surveillance</a> to do population-based or targeted diagnostic testing to detect current infections and track case numbers, especially in <a href="#">high risk groups like health care workers</a>. It also includes active community-based surveillance using</li> </ul>

	<p>community health workers or volunteers, and <a href="#">sero-epidemiological studies</a> on populations to determine exposure status of the population. Target groups for training on surveillance may include clinical and data staff at health facilities, laboratory technicians, community health workers, volunteers, NGO staff/volunteers, and government personnel.</p> <ul style="list-style-type: none"> <li>• <b>Rapid response</b> for COVID-19 includes <a href="#">case finding and case investigation</a> and <a href="#">contact tracing</a>. Target groups for training on rapid response may include clinical, lay, and data staff at health facilities, community health organizations, staff at residential facilities, government personnel, and any other organizations the government has contracted with to conduct contact tracing activities.</li> </ul> <p>Note: Training on infection prevention and control is measured under indicator 6.2 in Result Area 6.</p>	
<b>Data collection:</b>	<p>The number of health workers that received training on COVID-19 surveillance and rapid response should be counted in the reporting period that they received training. Partners should maintain training records to collect data for this indicator at the end of each reporting period.</p>	
<b>Reporting process:</b>	<p>Standard processes</p>	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Country	Enter data by country
	Sex	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Unknown sex</li> </ul>



# Result Area 3. Points-of-Entry

### 3.0

#### Result Area 3. Points-of-Entry

<b>Description:</b>	<b>Number of countries with USAID support for COVID-19 surveillance and response at points-of-entry</b>	
<b>Rationale:</b>	This indicator measures the breadth of USAID country support for COVID-19 border health security through surveillance and response at points-of-entry.	
<b>Type:</b>	Summary output	
<b>Numerator:</b>	Number of countries where USAID provided support to points-of-entry for COVID-19 surveillance and response during the reporting period	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	USAID/Washington	
<b>Reporting frequency:</b>	Quarterly	
<b>Definitions:</b>	<p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p> <p>A <b>point-of-entry (PoE)</b> is defined by the World Health Organization’s (WHO) <a href="#">International Health Regulations</a> as a “passage for international entry or exit of travelers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as agencies and areas providing services to them on entry or exit.” They include international airports, ports, and ground crossings.</p> <p>As per <a href="#">WHO interim guidance on PoE</a>, COVID-19 surveillance and response activities at PoE include the following:</p> <ul style="list-style-type: none"> <li>• legal enforcement and planning</li> <li>• prevention and risk reduction at the PoE</li> <li>• surveillance and screening of travelers</li> <li>• referral of presumptive or confirmed cases to health and/or to quarantine facilities</li> <li>• infection prevention and control</li> <li>• risk communication and community engagement</li> </ul>	
<b>Data collection:</b>	This is generated by USAID/Washington based on funding levels and substantiated by data from output indicators in the same Result Area.	
<b>Reporting process:</b>	N/A – no reporting process for this indicator – calculated at USAID/Washington level	
<b>Disaggregation:</b>	<b>Disaggregate groups</b> None	<b>Disaggregates</b> N/A

# 3.1

## Result Area 3. Points-of-Entry

<b>Description:</b>	<b>Number of PoE posts supported with USAID assistance for COVID-19</b>	
<b>Rationale:</b>	COVID-19 has been documented to have spread across numerous borders. This indicator measures the number of points-of-entry (PoE) receiving USAID support for strengthening border health security to respond to a public health emergency of international concern.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of PoE posts that received USAID assistance for COVID-19	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	IP	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p> <p>A <b>point-of-entry</b> (PoE) is defined by the WHO's <a href="#">International Health Regulations</a> as a “passage for international entry or exit of travelers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as agencies and areas providing services to them on entry or exit.” They include international airports, ports, and ground crossings.</p> <p>As per <a href="#">WHO interim guidance on PoE</a>, COVID-19 surveillance and response activities at PoE include the following:</p> <ul style="list-style-type: none"> <li>• legal enforcement and planning, including effective contingency and communication plans with national public health authorities</li> <li>• prevention and risk reduction activities at the PoE</li> <li>• surveillance and screening of travelers</li> <li>• referral of presumptive or confirmed cases to health and/or to quarantine facilities</li> <li>• infection prevention and control</li> <li>• risk communication and community engagement</li> </ul>	
<b>Data collection:</b>	Partner records should reflect support provided to the PoE. This indicator should be reported in each reporting period based on support provided.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<p><b>Disaggregate groups</b></p> <p>Country and subnational unit</p>	<p><b>Disaggregates</b></p> <p>Enter data by country</p>

## 3.2

### Result Area 3. Points-of-Entry

<b>Description:</b>	<b>Number of PoE workers trained on COVID-19 with USAID support</b>	
<b>Rationale:</b>	Workers at points-of-entry (PoE) serve a vital role in detecting and managing suspected cases of COVID-19 at PoEs, while also preventing or reducing the risk of further transmission to themselves or others. This indicator measures the extent to which USAID is supporting the training of workers at PoEs on proper COVID-19 border health security activities.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of PoE workers trained on COVID-19 surveillance and response	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	IP	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p>A <b>point-of-entry</b> (PoE) is defined by the WHO's <a href="#">International Health Regulations</a> as a "passage for international entry or exit of travelers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as agencies and areas providing services to them on entry or exit." They include international airports, ports, and ground crossings.</p> <p>A <b>PoE worker</b> is defined to include all staff working at a PoE who are employed by the government or by private organizations that are contracted by the government to provide border security at a PoE, such as transit authority, immigration and customs personnel, or border control representation.</p> <p><b>Trained</b> is defined as the individual having been present throughout the training (e.g., through sign-in sheets, online course records) and, where relevant, having passed any post-test training assessment, which demonstrates acquired knowledge about the topic area.</p> <p>Training for PoE workers on COVID-19 surveillance and response, per <a href="#">WHO interim guidance on PoE</a>, may include planning and implementation of activities for prevention and risk reduction, protocols for surveillance and screening of travelers, protocols for referral of suspect or confirmed cases to health and/or to quarantine facilities, and appropriate infection prevention and control protections.</p>	
<b>Data collection:</b>	The number of PoE workers who received training on COVID-19 surveillance and response should be counted in the reporting period that they received training. Partners should maintain training records to collect data for this indicator at the end of each reporting period.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>

	Country	Enter data by country
	Sex	<ul style="list-style-type: none"><li>• Male</li><li>• Female</li><li>• Unknown sex</li></ul>

# Result Area 4. Laboratory Systems

# 4.0

## Result Area 4. Laboratory Systems

<b>Description:</b>	<b>Number of countries where USAID provided specimen transport, quality assurance, expanded diagnostics, and/or training support for laboratory systems for COVID-19 (top-line, country level)</b>	
<b>Rationale:</b>	Countries need access to laboratories and a system for transporting specimens and ensuring quality diagnostics to confirm the presence of the virus or to monitor virus spread and characteristics. This indicator measures the breadth of USAID country support for COVID lab systems	
<b>Type:</b>	Summary output	
<b>Numerator:</b>	# of countries where USAID provided specimen transport, quality assurance, expanded diagnostics, and/or training support for laboratory systems for COVID-19 (top-line, country level)	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	USAID/Washington	
<b>Reporting frequency:</b>	Quarterly	
<b>Definitions:</b>	<p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p> <p>USAID support for laboratory systems includes:</p> <ul style="list-style-type: none"> <li>• <b>Specimen transport support</b>, such as equipping collection sites to send specimens in an environmentally appropriate and timely manner</li> <li>• <b>Training support for health workers</b> on COVID-19 testing and transportation measures</li> <li>• <b>Supporting laboratories</b> to become capable of processing COVID-19 tests</li> <li>• <b>Promoting quality assurance processes</b> for supported laboratories</li> </ul>	
<b>Data collection:</b>	N/A – no reporting process for this indicator – calculated at USAID/Washington level	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	None	N/A

## 4.1

### Result Area 4. Laboratory Systems

<b>Description:</b>	<b>Number of COVID-19 specimens transported in a timely manner, with support from USAID</b>	
<b>Rationale:</b>	To ensure that testing specimens are transported from collection sites to labs that can process COVID-19 tests under appropriate environmental conditions, in a timely manner for rapid diagnosis, isolation, and contact tracing to reduce the risk of infection to others.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of samples transported in a timely manner	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	IP	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p>COVID-19 specimens should be transported <b>under appropriate environmental conditions</b>. (Please see UN international regulations for UN 3373 Biological Substance, Category B for sending potential 2019-nCoV specimens.)</p> <p>Specimen transport is considered <b>timely</b> if it is received in less than 42 hours from the time and date of the notification of a need for a specimen. (Please see UN international regulations for UN 3373 Biological Substance, Category B for sending potential 2019-nCoV specimens.)</p> <p><b>Collection sites</b> are sites at which specimens are collected and include national, provincial, and referral hospitals, health centers, health posts, and newly established emergency sites.</p> <p><b>Destination or processing sites</b> are the sites at which specimens are analyzed to determine whether they are positive or negative for COVID-19.</p> <p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p>	
<b>Data collection:</b>	Reporting on this indicator requires a system that records when transportation is requested for a specimen at the collection site and when it arrives at the destination site to be tested. Results must be reported based on the geographic location of the collection site.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Country and subnational unit	Enter data by country



## 4.2

### Result Area 4. Laboratory Systems

<b>Description:</b>	<b>Number of health workers trained in COVID-19 testing or transport with USAID support</b>	
<b>Rationale:</b>	Countries need access to laboratories and a system for transporting specimens and ensuring quality diagnostics to confirm the presence of the virus or to monitor virus spread and characteristics. This indicator measures the extent to which USAID is supporting the training of health workers on proper COVID-19 testing and transport.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of health workers trained in COVID-19 testing or transport	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	IP	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p><b>Health workers</b> are defined to include:</p> <ul style="list-style-type: none"> <li>• <b>Clinical staff:</b> Includes physicians, clinicians, nurses, patient care technicians, or medical laboratory technicians.</li> <li>• <b>Management staff:</b> Includes facility in-charges, hospital administrators, facilities management staff, or other supervisory staff who may not have routine patient contact but who inform policies and priorities at the facility.</li> </ul> <p><b>Trained</b> is defined as the individual having been present throughout the training (e.g., through sign-in sheets, online course records) and, where relevant, having passed any post-test training assessment, which demonstrates acquired knowledge about the topic area.</p> <p><b>Types of training</b> include pre-analytical specimen collection and handling up to and including transport, analytics (e.g., polymerase chain reaction [PCR] processing, SARS panels), post-analytics training, and proper transportation processes. Pre-analytics training is typically for clinicians, nurses, and other medical staff at specimen collection sites. Analytics and post-analytics training are typically for laboratory technicians and clinicians.</p> <p>Note: Training on infection prevention and control is measured under indicator 6.2 in Result Area 6.</p>	
<b>Data collection:</b>	Primary data source should be training participant lists that are aggregated and reported in each reporting period. If a health worker attends more than one training on different topics, s/he will be counted more than once under this indicator.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>

	Sex	<ul style="list-style-type: none"><li>• Male</li><li>• Female</li><li>• Unknown sex</li></ul>
	Country and subnational unit	Enter data by country

## 4.3

### Result Area 4. Laboratory Systems

<b>Description:</b>	<b>Number of designated laboratories or facilities capable of testing for COVID-19 with USAID support</b>	
<b>Rationale:</b>	Countries need access to laboratories and a system for transporting specimens and ensuring quality diagnostics to confirm the presence of the virus or to monitor virus spread and characteristics. This indicator measures the extent to which USAID is supporting lab testing capacity for COVID-19 to ensure sufficient testing capacity in supported countries.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of designated laboratories or facilities capable of testing for COVID-19 with \ USAID support	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	IP	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p><b>Designated labs or facilities</b> are public and private facilities designated by the government for COVID-19 testing.</p> <p>Laboratories or facilities that are <b>capable of COVID-19 testing</b> are those that meet international guidance, specifically the <a href="#">WHO laboratory biosafety guidance related to coronavirus disease</a>, the <a href="#">laboratory testing strategy recommendations for COVID-19</a>, and/or the <a href="#">assessment tool for laboratories implementing COVID-19 virus testing</a>.</p> <p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p>	
<b>Data collection:</b>	Certifying that a laboratory or facility is capable of testing for COVID-19 requires conducting an assessment of the lab or facility using the government minimum standards checklist based on international standards. This may be conducted through joint assessments with the national government body, WHO, and a USAID-funded IP.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<p><b>Disaggregate groups</b></p> <p>Country and subnational unit</p>	<p><b>Disaggregates</b></p> <p>Enter data by country</p>

# Result Area 5. Case Management

# 5.0

## Result Area 5. Case Management

<b>Description:</b>	<b>Number of countries receiving case management support, such as ventilators, oxygen, durables, consumables, facility-level assessments, guidance, and/or training</b>
<b>Rationale:</b>	An effective COVID-19 response must include providing high quality care to patients. Health facilities must have equipment, and durable and consumable commodities necessary for the care of patients (including those needed for the safe and effective use of ventilators, when available), along with clear guidance and trained health workers available to provide the standards of care needed to treat COVID-19, and to prepare for a possible influx of cases, including the management and isolation of both mild and severe cases (e.g., oxygen). This indicator measures the breadth of USAID support for COVID-19 case management.
<b>Type:</b>	Summary output
<b>Numerator:</b>	Number of countries where USAID provided support for COVID-19 patient care
<b>Denominator:</b>	N/A
<b>Reporting level:</b>	USAID/Washington
<b>Reporting frequency:</b>	Quarterly
<b>Definitions:</b>	<p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p> <p>USAID support for case management includes:</p> <ul style="list-style-type: none"> <li>• <b>Ventilators</b> are machines that perform the work of breathing for a patient by delivering pressurized oxygen-enriched air directly into a patient’s trachea.</li> <li>• <b>Oxygen</b> is an odorless gas present in the air necessary to maintain life.</li> <li>• <b>Durable commodities</b> refer to equipment other than ventilators that can be used multiple times for the purpose of patient care. It can include ventilator-associated equipment, such as power supplies and stands, or non-ventilator-associated equipment, such as oxygen concentrators.</li> <li>• <b>Consumable commodities</b> for patient care consist of ventilator-associated commodities, such as breathing circuits, filters, connectors, and endotracheal tubes, which cannot be reused. Consumables also include non-ventilator-associated commodities, such as masks, nasal cannulae, helmet ventilation devices and restraints, among others. Consumables may also include medicine, surgical masks, personal protective equipment (PPE) that is not destined for the US market, and other products.</li> <li>• <b>Facility-level assessments</b> provide insight on facility readiness to accept ventilators and to use them safely and effectively, and development of action plans for the distribution of equipment and materials for effective case management.</li> </ul>

	<ul style="list-style-type: none"> <li>● <b>Guidance and technical assistance</b> to support the development and adaptation of guidelines and protocols for case management and support for their sustained implementation by clinicians. This includes rapid response guidelines or protocols adapted for COVID-19 case management, including nursing, patient flow, and the like.</li> <li>● <b>Training, support, and mentorship</b> for healthcare workers on case management/patient care and the use of equipment for COVID-19 case management.</li> </ul>	
<b>Data collection:</b>	This is generated by USAID/Washington based on funding levels and substantiated by data from output indicators in the same Result Area.	
<b>Reporting process:</b>	N/A – no reporting process for this indicator – calculated at USAID/Washington level	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Type of support	<ul style="list-style-type: none"> <li>● Ventilator support package (durables and associated consumables)</li> <li>● Oxygen support package (durables and associated consumables)</li> <li>● Other</li> </ul>

# 5.1

## Result Area 5. Case Management

<b>Description:</b>	<b>Number of facilities receiving technical assistance for case management, such as facility-level assessments, guidance, and/or training</b>
<b>Rationale:</b>	An effective COVID-19 response relies on well-equipped facilities that are operating with clear guidance and support of trained health workers and staff. This indicator measures the breadth of USAID support for COVID-19 case management.
<b>Type:</b>	Summary output
<b>Numerator:</b>	Number of facilities where USAID supported technical assistance for COVID-19 patient care
<b>Denominator:</b>	N/A
<b>Reporting level:</b>	IP
<b>Reporting frequency:</b>	Based on contractual reporting frequency
<b>Definitions:</b>	<p><b>Technical assistance</b> is defined as training, mentorship, and/or other technical support provided by a USAID-funded IP. This indicator does not include facilities that only received durable commodities, such as ventilators, without technical assistance.</p> <p>USAID support for case management includes:</p> <ul style="list-style-type: none"> <li>● <b>Facility-level assessments</b> provide baseline information on the current resources (both in terms of equipment and appropriately trained staff) available at facilities that will enable the rapid and safe use of appropriate equipment and commodities, and implementation of appropriate clinical guidelines for effective case management. These assessments can be used to help identify training and other needs for clinical technical assistance.</li> <li>● <b>Guidance and technical assistance</b> to support the development and adaptation of guidelines and protocols for case management, and support for their sustained implementation by clinicians. This also includes rapid response guidelines or protocols adapted for COVID-19 case management, including nursing, patient flow, and the like.</li> <li>● <b>Training, support, and mentorship</b> for healthcare workers on case management/patient care and the use of equipment for COVID-19 case management.</li> </ul> <p>Note: Training for healthcare workers should also be captured under indicator 5.2, “Number of health workers trained in COVID-19 case management.”</p>
<b>Data collection:</b>	The number of facilities that received technical assistance on COVID-19 case management should be counted in the reporting period that they received assistance. Partners should maintain records to collect data for this indicator at the end of each reporting period.

<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	None	N/A



## 5.2

### Result Area 5. Case Management

<b>Description:</b>	<b>Number of health workers trained in COVID-19 case management</b>
<b>Rationale:</b>	Training on case management of COVID-19 patients is key to improving patient outcomes, including reducing mortality. This indicator measures USAID support for the training of health workers for case management.
<b>Type:</b>	Output
<b>Numerator:</b>	Number of health workers trained in COVID-19 case management
<b>Denominator:</b>	N/A
<b>Reporting level:</b>	IP
<b>Reporting frequency:</b>	Based on contractual reporting frequency
<b>Definitions:</b>	<p><b>Health workers</b> are defined to include:</p> <ul style="list-style-type: none"> <li>• <b>Clinical staff:</b> Includes physicians, clinicians, nurses, patient care technicians, or medical laboratory technicians.</li> <li>• <b>Management staff:</b> Includes facility clinical leadership, hospital administrators, facilities management staff, and/or other supervisory staff, including those who may not have routine patient contact but inform policies and priorities at the facility. <b>Trained</b> is defined as the individual having been present throughout the training (e.g., through sign-in sheets, online course records).</li> <li>• <b>Types of training: Case management for severely/critically ill patients:</b> Includes general COVID-19 case management/patient care and the use of equipment for COVID-19 case management, such as ventilators or other oxygen support. The training should be in line with the latest international clinical management guidelines, for example, the <a href="#">WHO Guidance Development Group for Clinical Management of COVID-19</a> and guidance from the <a href="#">World Federation of Societies of Anesthesiologists</a>.</li> <li>• <b>Other case management training:</b> Includes general COVID-19 case management/patient care. This training does not include advanced clinical care, such as ventilation and oxygen support.</li> </ul> <p>Note: Training on infection prevention and control is measured under indicator 6.2 in Result Area 6.</p>
<b>Data collection:</b>	The number of health workers who received training on COVID-19 case management should be counted in the reporting period that they received training. Partners should maintain training records to collect data for this indicator at the end of each reporting period.
<b>Reporting process:</b>	Standard processes

	Disaggregate groups	Disaggregates
<b>Disaggregation:</b>	Country	Enter data by country
	Type of training	<ul style="list-style-type: none"> <li>• Case management for severely/critically ill patients</li> <li>• Other case management training</li> </ul>
	Sex	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Unknown sex</li> </ul>

## 5.3

### Result Area 5. Case Management

<b>Description:</b>	<b>Number and percent of ventilators for case management of severely/critically ill COVID-19 patients donated by USAID that were delivered</b>	
<b>Rationale:</b>	Ventilators are a vital part of the care for COVID-19 patients. This indicator measures USAID support to provide equipment to treat the severely/critically ill.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of ventilators for COVID-19 donated by USAID that were delivered	
<b>Denominator:</b>	Number of ventilators for COVID-19 donated by USAID	
<b>Reporting level:</b>	IP and/or USAID/Mission	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p><b>Ventilators</b> are machines that perform the work of breathing for a patient by delivering pressurized oxygen-enriched air directly into a patient’s trachea. A ventilator donation typically includes the operable ventilator package of products that are needed to operate the device. This package varies from manufacturer to manufacturer but there is a defined list for each model. The four models of ventilators procured by USAID are:</p> <ul style="list-style-type: none"> <li>● LTV 1200 Standard Ventilator Package</li> <li>● LTV 2200 Standard Ventilator Package</li> <li>● PB 560 Standard Ventilator Package</li> <li>● EMV+ 731 Series Standard Ventilator Package</li> </ul> <p>Ventilators are defined as having been <b>donated</b> when they are procured by a USAID supply chain management partner. Ventilators are then considered <b>delivered</b> when the product has reached its final destination according to the International Commercial Terms (Incoterms) of the procurement. Generally, this is defined as the Central Medical Stores of the receiving country.</p>	
<b>Data collection:</b>	Data for this indicator will be collected and reported using acknowledgement of receipt or goods received note paperwork, which should include the ventilator serial number on file with the USAID/Mission or IP.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Country	Enter data by country

## 5.4

### Result Area 5. Case Management

<b>Description:</b>	<b>Number and percent of pressure swing adsorption (PSA) and vacuum swing adsorption (VSA) plants for case management of severely/critically ill COVID-19 patients donated by USAID that were delivered</b>	
<b>Rationale:</b>	PSA/VSA plants are a vital part of the care for COVID-19 patients. This indicator measures USAID support to provide equipment to treat the severely/critically ill.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of PSA/VSA plants for COVID-19 donated by USAID that were delivered	
<b>Denominator:</b>	Number of PSA/VSA plants for COVID-19 donated by USAID	
<b>Reporting level:</b>	IP and/or USAID/Mission	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p><b>Pressure swing adsorption (PSA)</b> and <b>vacuum swing Adsorption (VSA)</b> oxygen generating plants are a source of medical-grade oxygen. All medical PSA/VSA oxygen generator plants are sources of oxygen that can produce medical-grade oxygen, at scale, 24 hours a day, 7 days a week.</p> <p>PSA/VSA plants are defined as having been <b>donated</b> when they are procured by a USAID supply chain management partner. PSA plants are then considered <b>delivered</b> when the product has reached its final destination according to the INCO terms of the procurement. Generally, this is defined as the Central Medical Stores of the receiving country.</p>	
<b>Data Collection:</b>	Data on this indicator will be collected and reported on using acknowledgement of receipt or goods received note paperwork.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Country	Enter data by country

## 5.5

### Result Area 5. Case Management

<b>Description:</b>	<b>Number and percent of oxygen concentrators for case management of severely/critically ill COVID-19 patients donated by USAID that were delivered</b>	
<b>Rationale:</b>	Oxygen concentrators are a vital part of the care for COVID-19 patients. This indicator measures USAID support to provide equipment to treat the severely/critically ill.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of oxygen concentrators for COVID-19 donated by USAID that were delivered	
<b>Denominator:</b>	Number of oxygen concentrators for COVID-19 donated by USAID	
<b>Reporting level:</b>	IP and/or USAID/Mission	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p>An <b>oxygen concentrator</b> is a type of medical device used for delivering oxygen to individuals with breathing-related disorders. Individuals whose oxygen concentration in their blood that is lower than normal often require an oxygen concentrator to replace that oxygen.</p> <p>Oxygen concentrators are defined as having been <b>donated</b> when they are procured by a USAID supply chain management partner. Oxygen concentrators are then considered <b>delivered</b> when the product has reached its final destination according to the Incoterms of the procurement. Generally, this is defined as the Central Medical Stores of the receiving country.</p>	
<b>Data collection:</b>	Data on this indicator will be collected and reported using acknowledgement of receipt or goods received note paperwork.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Country	Enter data by country

## 5.6

### Result Area 5. Case Management

<b>Description:</b>	<b>Number and percent of pulse oximeters for case management of COVID-19 patients donated by USAID that were delivered</b>	
<b>Rationale:</b>	Pulse oximeters are a vital part of the care for COVID-19 patients. This indicator measures USAID support to provide equipment to treat the severely/critically ill.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of pulse oximeters for COVID-19 donated by USAID that were delivered	
<b>Denominator:</b>	Number of pulse oximeters for COVID-19 donated by USAID	
<b>Reporting level:</b>	IP and/or USAID/Mission	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p>A <b>pulse oximeter</b> is a small device that clips onto the finger (or other body part) and measures the level of oxygen in the blood.</p> <p>Pulse oximeters are defined as having been <b>donated</b> when they are procured by a USAID supply chain management partner. Pulse oximeters are then considered <b>delivered</b> when the product has reached its final destination according to the Incoterms of the procurement. Generally, this is defined as the Central Medical Stores of the receiving country.</p>	
<b>Data collection:</b>	Data on this indicator will be collected and reported using acknowledgement of receipt or goods received note paperwork.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Country	Enter data by country

# Result Area 6. Infection Prevention and Control

## 6.0

### Result Area 6. Infection Prevention and Control

<b>Description:</b>	<b>Number of countries where USAID provided equipment, commodity, policy, and/or training support for infection prevention and control related to COVID-19</b>	
<b>Rationale:</b>	Infection prevention and control (IPC) measures in healthcare facilities are central to ensuring the safety of health workers and patients. To minimize the risk of onward transmission, clinical care should adhere to optimum IPC practices at all times. The provision of safe water, sanitation, and hygiene (WASH) conditions is essential during all infectious disease outbreaks, including COVID-19. This indicator measures the breadth of global USAID support for COVID-19 IPC.	
<b>Type:</b>	Summary output	
<b>Numerator:</b>	Number of countries where USAID provided equipment, commodity, policy, and/or training support for infection prevention and control related to COVID-19	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	USAID/Washington	
<b>Reporting frequency:</b>	Quarterly	
<b>Definitions:</b>	<p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided by a USAID-funded IP.</p> <p><b>USAID support for IPC</b> includes:</p> <ul style="list-style-type: none"> <li>• <b>Training:</b> Formal training and mentoring activities for healthcare workers, ancillary workers (e.g., cleaners, cooks), and facility management staff.</li> <li>• <b>Commodities:</b> Provision of consumable supplies related to IPC (including soap, disinfectant, PPE), but not including medications, such as antibiotics.</li> <li>• <b>Equipment:</b> Provision or rehabilitation of non-consumable products and facilities (including autoclaves, hand hygiene facilities, sanitation facilities, and healthcare waste disposal equipment).</li> <li>• <b>Above-site policy support</b> to national or subnational governments and ministries of health on IPC guidelines/SOPs, and other matters related to COVID-19.</li> </ul>	
<b>Data collection:</b>	This is generated by USAID/Washington based on funding levels and substantiated by data from output indicators in the same Result Area.	
<b>Reporting process:</b>	N/A – no reporting process for this indicator – calculated at USAID/Washington level	
<b>Disaggregation:</b>	<b>Disaggregate groups</b> None	<b>Disaggregates</b> N/A



# 6.1

<p><b>Description:</b></p> <p><b>Rationale:</b></p>	<p><b>Number of health facilities where USAID provided support for IPC and/or WASH for COVID-19</b></p> <p>IPC measures in healthcare facilities are central to ensuring the safety of health workers and patients. To minimize the risk of onward transmission, clinical care should adhere to optimum IPC practices at all times. The provision of WASH conditions is essential during all infectious disease outbreaks, including COVID-19. This indicator measures USAID support for IPC and/or WASH in health facilities.</p>
<p><b>Type:</b></p>	<p>Output</p>
<p><b>Numerator:</b></p>	<p>Number of facilities where USAID provided support for IPC and/or WASH for COVID-19</p>
<p><b>Denominator:</b></p>	<p>N/A</p>
<p><b>Reporting level:</b></p>	<p>IP</p>
<p><b>Reporting frequency:</b></p>	<p>Based on contractual reporting frequency</p>
<p><b>Definitions:</b></p>	<p>As per <u>WHO Interim Guidance on IPC</u>, strategies to prevent or limit transmission in healthcare settings include the following:</p> <ul style="list-style-type: none"> <li>• ensuring triage, early recognition, and source control (isolating patients with suspected COVID-19)</li> <li>• applying standard precautions for all patients</li> <li>• implementing empiric additional precautions (droplet, contact, and airborne precautions, when applicable) for suspected cases of COVID-19</li> <li>• implementing administrative controls</li> <li>• using environmental and engineering controls (including adequate ventilation and safe WASH In healthcare facilities).</li> </ul> <p><b>Facilities</b> refers to national, provincial, and referral hospitals, health centers, health posts, and any newly established COVID-19 emergency sites.</p> <p><b>USAID support</b> is defined as training, commodities, equipment, access to services, and/or other technical support provided to a health facility by a USAID-funded IP.</p> <p>Types of USAID support include:</p> <ul style="list-style-type: none"> <li>• <b>Training:</b> Formal training and mentoring activities for healthcare workers, ancillary workers (e.g., cleaners, cooks), and facility management staff.</li> <li>• <b>Commodities:</b> Provision of consumable supplies related to IPC (including soap, disinfectant, PPE), but not including medications, such as antibiotics.</li> <li>• <b>Equipment:</b> Provision or rehabilitation of non-consumable products and facilities (including autoclaves, hand hygiene facilities, sanitation facilities, and healthcare waste disposal equipment).</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Access to services:</b> Rehabilitation or extension of water or sanitation to the facilities or to specific wards.</li> </ul>	
<b>Data collection:</b>	For each reporting period, partners should ensure that IPC/WASH support is recorded at the health facility level and that the number of health facilities supported is aggregated and reported at the country administrative level 1.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>  Country and subnational unit	<b>Disaggregates</b>  Enter data by country

## 6.2

### Result Area 6. Infection Prevention and Control

<b>Description:</b>	<b>Number of workers who received COVID-19-related training in IPC and/or WASH</b>	
<b>Rationale:</b>	IPC education and training should be a part of an overall health facility education strategy, including new employee orientation and the provision of continuous educational opportunities for existing staff, regardless of level and position (for example, senior administrative and housekeeping staff). This indicator measures the training support provided by USAID for IPC and/or WASH.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of workers who received COVID-19-related training in IPC and/or WASH	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	IP	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p><b>Healthcare workers</b> (HCW) is defined to include all staff affiliated with public and private health facilities. This includes <b>clinical staff</b> (physicians, clinicians, nurses, patient care technicians, or medical laboratory technicians), <b>lay health workers and other ancillary staff</b> (trained peers, expert clients, community health workers, facility cleaners or data clerks), and <b>management</b> (health facility in-charges, hospital administrators, or other supervisory staff).</p> <p><b>Non-healthcare workers</b> (non-HCW) is defined to include government, community, and religious leaders, and media and other communications professionals.</p> <p><b>Trained</b> is defined as the individual having been present throughout the training (e.g., through sign-in sheets, online course records), and having passed any post-test training assessment, which demonstrates acquired knowledge about the topic area.</p>	
<b>Data collection:</b>	The primary data source should be the training participant lists that are aggregated and reported in each reporting period. IP should report on disaggregations if the reporting data systems allow for the disaggregation. Partners should maintain training records to collect data for this indicator at the end of each reporting period.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>
	Country	Enter data by country
	Type trained and sex	<ul style="list-style-type: none"> <li>• HCW: Male, Female, Unknown sex</li> <li>• Non-HCW: Male, Female, Unknown sex</li> </ul>

## 6.3

### Result Area 6. Infection Prevention and Control

<b>Description:</b>	<b>Number and percent of USAID-supported health facilities in compliance with IPC COVID-19 guidelines/SOPs</b>
<b>Rationale:</b>	IPC measures in healthcare facilities are central to ensuring the safety of health workers and patients. To minimize the risk of onward transmission, clinical care should adhere to optimum IPC practices at all times. The provision of WASH conditions is essential during all infectious disease outbreaks, including COVID-19. This indicator measures the extent to which USAID-assisted facilities are following appropriate guidelines/SOPs on IPC.
<b>Type:</b>	Outcome
<b>Numerator:</b>	Number of USAID-supported facilities in compliance with IPC and/or WASH COVID-19 guidelines/SOPs
<b>Denominator:</b>	Number of facilities where USAID provided support for IPC and/or WASH for COVID-19 (Indicator 6.2)
<b>Reporting level:</b>	IP
<b>Reporting frequency:</b>	Based on contractual reporting frequency
<b>Definitions:</b>	<p><b>Facilities</b> refers to national, provincial, and referral hospitals, health centers, health posts, and any newly established COVID-19 emergency sites.</p> <p><b>USAID support</b> is defined as financial support, training, and/or technical support provided to a health facility by a USAID-funded IP.</p> <p>As per <u>WHO Interim Guidance on IPC</u>, strategies to prevent or limit transmission in healthcare settings include the following:</p> <ul style="list-style-type: none"> <li>• ensuring triage, early recognition, and source control (isolating patients with suspected COVID-19)</li> <li>• applying standard precautions for all patients</li> <li>• implementing empiric additional precautions (droplet, contact, and airborne precautions, when applicable) for suspected cases of COVID-19</li> <li>• implementing administrative controls</li> <li>• using environmental and engineering controls</li> </ul>
<b>Data collection:</b>	<p>This indicator will be measured using country-specific COVID-19 IPC guidelines/SOPs to derive elements to comprise a checklist. If IPC guidelines do not exist, use WHO Interim Guidance on IPC and any existing WASH guidelines at the country level.</p> <p>The tool can be adapted from international tools, such as:</p> <ul style="list-style-type: none"> <li>• <a href="#">WHO Water and Sanitation for Health Facility Improvement Tool (WASH-FIT)</a></li> <li>• <a href="#">WHO IPC Assessment Framework (IPCAF) at the Facility Level</a></li> <li>• <a href="#">WHO/UNICEF Joint Monitoring Program (JMP) Core Questions and Indicators</a></li> </ul>

	<p>If the IPC guidelines do not include all components of WASH, ensure that the checklist for this facility assessment includes all components of WASH. Please refer to Core Component 8 in WHO's <a href="#">Guidelines on Core Components of Infection Prevention and Control Programmes at the National and Acute Health Care Facility Level</a> for the required WASH-related requirements, if they do not exist at the country level.</p>	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<p><b>Disaggregate groups</b></p> <p>Country</p>	<p><b>Disaggregates</b></p> <p>Enter data by country</p>

## 6.4

### Result Area 6. Infection Prevention and Control

<b>Description:</b>	<b>Number of USAID-supported health facilities that report stock data for IPC commodities with required frequency</b>	
<b>Rationale:</b>	IPC measures in healthcare facilities are central to ensuring the safety of health workers and patients. This indicator measures the extent to which USAID-supported health facilities are keeping track of essential IPC commodities, which are required to minimize the risk of onward transmission. Clinical care should adhere to optimum IPC practices at all times, including the use of essential IPC commodities.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of facilities where USAID provided support for reporting stock data for IPC commodities with required frequency	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	IP	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p><b>Stock data</b> refers to data on the quantity of essential IPC commodities on the shelves at health facilities, as defined by the government.</p> <p><b>Required frequency</b> refers to the timing (e.g., monthly, quarterly) of required health facility stock reports, based on national guidelines.</p>	
<b>Data collection:</b>	The partner reviews stock reports from supported health facilities for compliance with national guidelines.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b> Country	<b>Disaggregates</b> Enter data by country

# Result Area 7. Coordination and Operations

# 7.1

## Result Area 7. Coordination and Operations

<b>Description:</b>	<b>Number of multisectoral coordination mechanisms that meet regularly, with USAID partner participation or support</b>	
<b>Rationale:</b>	Coordination is critical for an effective response to public health emergencies. The activation of a health Emergency Operations Center (EOC) or other coordination system (relevant to the national context for emergency multisectoral and multiparter coordination) is evidence of the presence of a mechanism. This indicator measures the extent to which USAID is supporting functional multisectoral coordination. (Frequency of meeting denotes that the coordination mechanism is functional.)	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of multisectoral health emergency response coordination mechanisms that meet regularly, at least once a month, with USAID support.	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	IP	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p><b>Multisectoral coordination</b> goes beyond the Ministry of Health to include other national ministries, institutions, and bodies operating in the country (i.e., UN agencies, NGOs, clusters).</p> <p><b>A coordination mechanism</b> includes activation of a health EOC or other coordination system (relevant to the national context for emergency multisectoral and multiparter coordination) that has regular touch points to share information, review data, ensure the efficiency of services, and increase transparency across multisectoral stakeholders.</p> <p><b>USAID support</b> is defined as financial support, training, and/or technical support provided by a USAID-funded IP.</p>	
<b>Data collection:</b>	Partners supporting coordination mechanisms have documentation, such as meeting minutes, meeting slide decks, meeting reports, or other documentation as source documentation. Partners log the frequency of meetings and ensure that they are at least once every month and have participation beyond the Ministry of Health.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>  Country	<b>Disaggregates</b>  Enter data by country



## 7.2

### Result Area 7. Coordination and Operations

<b>Description:</b>	<b>Number of policies, protocols, standards, or guidelines across any of the result areas developed or adapted with USAID support</b>	
<b>Rationale:</b>	Policies, protocols, standards, and guidelines are critical to help mitigate the impact of a public health event. A country with clear, evidence-based policies, protocols, standards, and guidelines will have better knowledge and capacity for timely response. This indicator measures USAID support for developing and/or refining policies, protocols, standards, and guidelines for COVID-19 country preparedness and response.	
<b>Type:</b>	Output	
<b>Numerator:</b>	Number of policies, protocols, standards, and guidelines across any of the result areas developed or adapted with USAID support for COVID-19	
<b>Denominator:</b>	N/A	
<b>Reporting level:</b>	IP	
<b>Reporting frequency:</b>	Based on contractual reporting frequency	
<b>Definitions:</b>	<p>This indicator measures <b>policy-type interventions</b> that are defined as the laws, regulations, standards, strategies, guidelines, and protocols meant to guide the management and delivery of goods and services.</p> <p>A <b>result area</b> is one component of a larger Results Framework, which describes and measures the theory of change of a project, program, or strategy.</p> <p><b>USAID support</b> is defined as financial support, training, and/or technical support provided by a USAID-funded IP.</p>	
<b>Data collection:</b>	Partners supporting countries to develop and implement preparedness and/or response plans for COVID-19 will report when the country policy, protocol, standard, or guideline is made final, and will make a determination of the primary result areas that the document relates to, recognizing that some policies, protocols, standards, and guidelines may cross-cut USAID's COVID-19 Pillar 2 Result Areas.	
<b>Reporting process:</b>	Standard processes	
<b>Disaggregation:</b>	<b>Disaggregate groups</b>	<b>Disaggregates</b>

	Result Area	<ul style="list-style-type: none"><li>• Risk communication and community engagement</li><li>• Surveillance, rapid response teams, case investigation</li><li>• Points of entry</li><li>• Laboratory systems</li><li>• Case management</li><li>• Infection prevention and control</li><li>• Coordination and operations</li></ul>
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