Building, Managing, and Optimizing the Health Workforce

HRH2030 GLOBAL FINAL REPORT | April 2022

ANNEXES

Annex A. List of Tools

Timor Leste Training Management Information System Training Manuals and Sustainability Plan (2021)	SEE TOOL
HRH Optimization Tool for Family Planning (HOT4FP) (2021)	SEE TOOL
HRH Optimization Tool for Antiretroviral Therapy (HOT4ART) (2020)	SEE TOOL
Donor-Supported Human Resources for Health Inventory Tool (2019)	SEE TOOL
Enhanced Supervision Approaches: Landscape Analysis (2019)	SEE TOOL
Generating Evidence for Investment in the HIV Workforce: Methodological Manual (2018)	SEE TOOL
Toolkit: Optimizing Health Worker Performance and Productivity to Achieve the 95-95-95 Targets (2018)	SEE TOOL
PEPFAR Rapid Site-Level Health Workforce Assessment Tool & Database (2017)	SEE TOOL
Proposed Professional Competencies at the Primary Health Care Level (2016)	SEE TOOL
HRH Optimization Tool for Primary Health Care (HOT4PHC) (2022)	SEE TOOL
Adolescent Competencies for Family Planning Service Providers (2022)	SEE TOOL
USAID Flagship CHW Resource Package (2021)	SEE TOOL
Alignment of National Family Planning Guidelines with WHO Recommendations on Task Sharing and Self-care in 10 Countries (2020)	SEE TOOL
Social Returns on Investments in the Health Extension Program in Ethiopia	SEE TOOL
Competency Framework: Defining and Advancing Gender-Competent Family Planning Service Providers (2018)	SEE TOOL

This is a select list of tools for the purposes of this report. Complete library of tools, technical reports, and other resource documents can be accessed at hrh2030program.org/resources/.

Annex B. Performance Indicator Tables

Introduction. This annex includes indicator tables that present HRH2030 indicator results as of the end of Year 6. All HRH2030 activities report to the core set of indicators established in the global HRH2030 Monitoring and Evaluation Plan. Those results are presented in Exhibit 1. As core indicators frequently capture the same activity as it progresses over time, Exhibit 1 shows the unique count of results as of the end of the program (for example, countries are only counted once per indicator for most Exhibit 1 indicators, even if they have been supported over multiple years). In addition, several activities track indicators from activity-specific monitoring and evaluation plans. Those indicator results are presented in exhibits 2 through 11. Exhibit 12 includes COVID-19 indicator results across relevant activities (Indonesia, Mali, and One Health).

ANNEX CONTENTS

EXHIBIT 1. CORE INDICATORS

The baseline is 0 for all core indicators listed below.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
Program Goal: Availability, accessibility, acceptability, and quality of human resources for health improved			
A-03. Number of staff trained	**28,568**	Botswana, Burundi, Cameroon, Central African Republic, Chad, Colombia, Côte d'Ivoire, Ethiopia, Gambia, Guinea, Indonesia, Jordan, Malawi, Mali, Nepal, Niger, Nigeria, Philippines, Senegal, Sierra Leone, South Africa, Tanzania, Timor-Leste, Togo, Zambia, Global	HRH2030 trained more than 28,000 participants across 564 trainings throughout the program. Some highlights include: ■ 2,537 **global** participants who have taken the HRH Principles and Practices Global Health eLearning Center course. ■ 8,085 social workers and ICBF staff in **Colombia** who were trained in social service case management, restorative justice, and relational coordination. ■ 405 participants in **Côte d'Ivoire** trained in Capacity Building for Malaria and One Health topics. ■ 1,182 participants in **Indonesia** trained on HRH data use, data visualization, and dashboard design and implementation. ■ 3,987 participants in **Jordan** trained on HR Management. ■ 459 health workers in **Malawi** oriented to begin their roles as PEPFAR-supported health workers. ■ 7,467 participants in **Mali** trained in QI approaches to MNCH/FP/Nutrition, HR management, and monitoring tools. ■ 557 participants in **The Philippines** trained on WISN, supportive supervision, and DOH Academy implementation. ■ 1,022 participants in **Senegal** trained in iHRIS use, leadership and management, job description development, and more. ■ 290 health workers in **Sierra Leone** trained in malaria in pregnancy and malaria case management. ■ 382 participants in **Togo** trained in malaria commodity models, data quality, supply chain management, artesunate injectable, and advocacy. ■ And many other trainings implemented to strengthen HRH capacity around the world.
A-04. Number of training activities conducted	**564**		
A-05. Number of countries where HRH interventions focus on **improving access to and coverage of services** related to global health goals in underserved and priority areas	**15**	Cameroon, Côte d'Ivoire, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Philippines, Senegal, South Africa, Uganda, Zambia	■ In **Cameroon**, HRH2030 implemented the local leadership and management approach, including training for local leaders to improve family planning service coverage. ■ HRH2030 trained stakeholders to use HOT4ART to improve access to differentiated ART service delivery models in **Côte d'Ivoire**, **South Africa**, **Uganda**, and **Zambia**, and developed HOT4FP and HOT4PHC in **Mali**. ■ In **Indonesia**, HRH2030 built district level data use capacity, strengthened HIV clinic skills to review HRH data to improve HIV service availability for key populations in Jakarta and low workforce availability areas in Papua, and evaluated Nusantara Sehat deployment models. ■ HRH2030 completed community-based workers assessment and mapping activities in **Kenya** and **South Africa**. ■ HRH2030 applied the WHO Monitoring & Accountability Framework in Liberia to support CHWs. ■ In Madagascar, HRH2030 implemented rapid task analysis to align local health needs with provider skills to improve access to services. ■ HRH2030 conducted Prioritization and Optimization Analysis in Mozambique and Nigeria to prioritize health worker needs by site. ■ In The Philippines, HRH2030 supported WISN data collection and reporting and conducted a health labor market assessment to provide information on health worker coverage. ■ HRH2030 developed policies to formalize placement, retention, and motivation of HRH in underserved areas in Senegal. ■ In South Africa, HRH2030 implemented health worker Time and Motion studies to verify the time spent by HCWs on HIV services.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
A-07. Number of tools and approaches developed and/or applied and/or evaluated by objective and type	**208**	Botswana, Burkina Faso, Cameroon, Colombia, Côte d'Ivoire, Eswatini, Ethiopia, Ghana, Indonesia, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Nepal, Nigeria, Philippines, South Africa, Tanzania, Timor-Leste, Uganda, Zambia, Global	HRH2030 developed and/or applied more than 200 tools and approaches at subnational, national, and global levels, including but not limited to: ■ HRH Optimization Tools like HOT4ART, HOT4PHC, and HOT4FP, which provide dynamic modeling tools to estimate the impact of service delivery modifications and analyze efficient use of HRH. HOT4ART has been implemented in Indonesia and **Malawi**, while HOT4PHC and HOT4FP were developed in **Mali**. ■ Defining and Advancing Gender-Competent Family Planning Service Providers: A Competency Framework and Technical Brief, which can be used to reduce provider bias and improve family planning services. ■ 17 updated modules for the global Training Resource Package for Family Planning. ■ Digital supportive supervision tools in **The Philippines** and **Mali**. ■ Toolkit: Optimizing Health Worker Performance and Productivity to Achieve the 95-95-95 targets, which provides a stepwise approach to address the root causes of HRH issues that hinder HIV service delivery. ■ The HRH Datawarehouse and HRH dashboards developed and applied in **Indonesia**. ■ QI tools and observation grids in **Mali**. ■ One Health resources like contingency plans, action plans, preparedness and response plans, and control strategies in **Côte d'Ivoire**, **Ethiopia**, and **Tanzania**. ■ Application of HRH methodologies and global tools like Prioritization and Optimization Analysis, HRH Inventories, and WISN. ■ And many more tools developed and applied to respond to national and global HRH needs. Many of these tools and resources are available for public use on the HRH2030 website.
A-08 and A-09. Proportion of activities/countries that have either documented change following any type of HRH intervention or have had processes instituted (i.e., in work plans) for measuring change following any type of HRH intervention	**53%**	Botswana, CBM countries, Colombia, Eswatini, Indonesia, Jordan, Malawi, Mali, One Health countries, Philippines, Senegal, and additional countries through core activities	Approximately half of HRH2030 activities (26 of 49 activities) either: ■ Instituted processes for activity stakeholders to measure change following HRH interventions, like plans for Ministries of Health to assess NHWA and HRIS implementation after HRH2030 support, commitment from Ministries of Health to integrate assessment methodologies in their HRH evaluation practices (like the assessment methodologies implemented through the Global Fund/PEPFAR activity), or plans to use HRH2030 assessment tools at the site or district level (like the PEPFAR site-level assessment toolkit); ■ Or documented some type of change, including but not limited to: - Increased data visualization design and analysis skills among government officers in **Indonesia**. - Improved relational coordination, organizational maturity, and case management practices among ICBF staff in **Colombia**. - Improved confidence of NMCP staff across **CBM countries** to perform their key program management, M&E, communications, and other work as a result of HRH2030 CBM support. - Increased availability of HIV services in **Malawi** due to HCW deployment and retention in PEPFAR priority sites. - Improvements in the quality, coverage, access, and outcomes of MNCH and FP services in **Mali** following the HRH2030 community and QI approaches. - Increased capacity of iHRIS focal points in **Senegal**. Further details on these changes can be found in analysis and activity reports on the HRH2030 website. Activities that did not measure or institute processes to measure change were typically focused on developing tools, resources, or analyses for future use; most of these resources can also be found on the HRH2030 website.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
Objective 1: Performance and productivity of the health workforce increased			
A-10. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated at least one **performance and productivity tool or approach**	**12**	Cameroon, Côte d'Ivoire, Indonesia, Kenya, Malawi, Mali, Nigeria, Philippines, South Africa, Tanzania, Uganda, Zambia	■ HRH2030 implemented and/or trained stakeholders to use HOT4ART in **Cameroon**, **Côte d'Ivoire**, **Indonesia**, Malawi, **South Africa**, **Uganda**, and **Zambia**. HRH2030 also developed HOT4PHC and HOT4FP in **Mali**. These optimization tools help improve performance and productivity through optimized use of HRH. ■ HRH2030 also implemented the local leadership and management approach in **Cameroon** to involve local leaders to improve FP service delivery performance. ■ HRH2030 implemented and/or trained stakeholders to use the Optimizing Health Worker Performance and Productivity Toolkit to Achieve the 95-95-95 Targets in **Indonesia**, **Nigeria**, and **Tanzania**. ■ In **Kenya**, HRH2030 conducted a community-based HIV workforce assessment. ■ HRH2030 tested the Vitalk mental health chatbot to strengthen health worker resiliency in **Malawi**, including an RCT of the app's effectiveness. ■ HRH2030 tested enhanced supervision interventions in **Mali** and **The Philippines**. ■ In **The Philippines**, HRH2030 also developed training modules to improve performance in areas like adolescent health and universal health care. ■ HRH2030 conducted a community-based worker assessment, private sector HIV/HRH review, and Prioritization and Optimization analysis in **South Africa**.
Result 1.1: Improved service delivery frameworks at all levels of the health systems			
A-11. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated their **service delivery frameworks** based on HRH data to address current or future health needs	**5**	Botswana, Indonesia, Malawi, South Africa, Uganda	■ In **Botswana**, HRH2030 supported the testing and scale up of service delivery frameworks, including community-based ART delivery and community multi-month refills (CMMR). ■ HRH2030 implemented HOT4ART in both **Indonesia** and **Malawi** to assess staffing levels, examine ART service delivery frameworks like multi-month dispensing, and provide a dynamic planning tool for health facilities, implementing partners, and other stakeholders. ■ In **South Africa**, HRH2030 provided HRH data and analysis on health worker mobility, cadres, and public/private service delivery partners to inform service delivery frameworks. ■ HRH2030 analyzed and forecasted the needs for HIV/HRH under different investment, recruitment, and efficiency scenarios in **Uganda**, resulting in an HRH investment case and estimation of the impact of improving efficiency in ART service delivery models.
Result 1.2: Improved effectiveness of in-service training and continuous professional development programs			
A-12. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated in-service training or **continuous professional development programs** to improve their effectiveness	**4**	Jordan, Philippines, Tanzania, Uganda	■ In **Jordan**, HRH2030 supported the High Health Council in the development of the relicensure bylaw and provided related support to develop a CPD situational analysis, roadmap, and action plan to support CPD implementation. ■ The **Philippine** Department of Health launched an e-learning platform, developed in partnership with HRH2030, to standardize core training courses for health workers into online modules, offering flexible and efficient continuing professional development options. ■ HRH2030 conducted a status review of the Training Resource Package for Family Planning (TRP) in **Tanzania** and **Uganda**.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
A-13. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated **supportive supervision** of frontline health workers to improve its effectiveness	**3**	Cameroon, Mali, Philippines	■ HRH2030 provided technical assistance to local leaders in **Cameroon** on the local leadership and management (LLM) approach to improve access to and quality of family planning services. ■ HRH2030 conducted research in **Mali** and **The Philippines** on supervision enhancements for health workers.
Result 1.3: Improved HRH management at service delivery level			
A-14. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated **HRH management** at the site level to improve its effectiveness	**7**	Botswana, Cameroon, Indonesia, Jordan, Mali, Philippines, Uganda	■ As part of efforts to test and scale up HIV service delivery models in **Botswana**, HRH2030 strengthened HRH management through analyzing HRH status and needs, adjusting approaches to efficiently utilize HRH to address congestion of patients, incorporate cadres in new roles, and adopt a management mentorship approach with clinic heads. ■ HRH2030 piloted HOT4ART in **Cameroon** to provide an innovative tool for HRH planning ■ HRH2030 applied the HIV Performance and Productivity Toolkit in **Indonesia** to address HRH issues to achieve 95-95-95 targets. ■ In **Jordan**, HRH2030 implemented many HRH management strengthening approaches including supporting policies in HRH training, competency-based job descriptions, performance management, recruitment and selection, and more. ■ HRH2030 developed and tested HOT4FP and HOT4PHC in Mali and HOT4ART in **Uganda**. ■ In **The Philippines**, HRH2030 built capacity of national and regional task forces for WISN.
Objective 2: Number, skill mix, and competency of the health workforce increased			
A-15. Number of countries that have assessed, developed, tested, institutionalized, or evaluated interventions aiming at increasing the **number, skill mix, and competency** of the health workforce	**10**	Botswana, Burkina Faso, Eswatini, Ethiopia, Indonesia, Liberia, Madagascar, Malawi, Nigeria, Philippines	■ HRH2030 trained community health workers and facility staff in **Botswana** on community medication refills. ■ In **Burkina Faso**, HRH2030 conducted an in-depth analysis of family planning task sharing and self-care policies and recommended actions to improve task sharing and skill mix policies. ■ HRH2030 adapted, tested, and validated community health worker mapping tools in **Eswatini**. ■ HRH2030 supported WHO Monitoring & Accountability Framework application in **Ethiopia** and **Liberia**. ■ In **Indonesia**, HRH2030 conducted a case study to identify opportunities and partnerships among educators and employers to support youth to secure careers in health. ■ HRH2030 supported alignment of HRH competencies with local health needs in **Madagascar**. ■ In **Malawi**, HRH2030 supported the National HRH strategy, the PEPFAR HCW recruitment and deployment plan, and district recruitment and deployment plans. ■ HRH2030 conducted a rapid assessment of the **Nigeria** National Tuberculosis and Leprosy Control Programme, including analysis of factors that affect the composition, skillset, and performance of HRH. ■ In **The Philippines**, HRH2030 supported development of the eLearning system to improve HRH competency.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
Result 2.1: Increased production of new health workers competent to respond to current and future population health needs			
A-16. Number of countries that reviewed their current HRH inventory, conducted HRH forecasting studies, revised policies, **aligned production with country needs/priorities**, or evaluated their impact	**13**	Eswatini, Jordan, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Philippines, Senegal, South Africa, Tanzania, Uganda	■ HRH2030 supported community-based worker assessments and transition planning for PEPFAR HRH investments to be transitioned to the government in **Eswatini**, **Lesotho**, **Kenya**, and **South Africa**. ■ HRH2030 supported WISN implementation in **Jordan**. ■ In Mozambique, **Nigeria**, and **South Africa**, HRH2030 conducted Prioritization and Optimization Analysis to assess HRH needs and prioritize HRH assignments. ■ HRH2030 conducted a donor-funded HRH inventory and analysis in **Namibia**. ■ In **The Philippines**, HRH2030 conducted an inventory of Global Fund HRH and supported the DOH HRH Masterplan 2020-2040. ■ HRH2030 supported development of the Human Resources Personnel Directory in **Senegal**. ■ HRH2030 updated HRH inventory databases, analyzed cadres, and compiled data on HRH investments in **Tanzania**. ■ In **Uganda**, HRH2030 forecasted needs for HRH/HIV under different investment, recruitment, and efficiency scenarios.
A-17. Number of countries that include the development of **nontraditional HRH** workers in HRH plans	**3**	Botswana, Eswatini, Uganda	■ HRH2030 supported clinics in **Botswana** to implement community distribution with an increased mix of nontraditional HRH, including community health workers. ■ The HRH2030 transition planning and sustainability roadmap for **Eswatini** includes a transitional planning framework for lay cadres. ■ HRH2030 estimated the fiscal space for HRH in **Uganda**, including lay cadres.
Result 2.4: Improved distribution of health workers			
A-22. Number of countries that implement activities aiming to improve the **distribution of health workers** based on need	**12**	Cameroon, Jordan, Kenya, Madagascar, Malawi, Mozambique, Nigeria, Philippines, Senegal, South Africa, Tanzania, Uganda	■ In **Cameroon**, HRH2030 reviewed investments to determine how HRH are distributed and what additional costs are likely in coming years. ■ HRH2030 supported implementation of WISN to improve HRH distribution in **Jordan** and **The Philippines**. ■ HRH2030 conducted community-based worker assessments in **Kenya** and **South Africa**; an HRH inventory in **Tanzania**, and Prioritization and Optimization analysis in **Mozambique**, **Nigeria**, and **South Africa** to inform HRH distribution and planning. ■ HRH2030 supported alignment of HRH competencies with local needs in **Mozambique**. ■ HRH2030 supported district recruitment and deployment planning in **Malawi**. ■ In **Senegal**, HRH2030 strengthened iHRIS and HRH management capacity to better distribute HRH based on need. ■ In **Uganda**, HRH2030 forecasted needs for HRH/HIV under different investment, recruitment, and efficiency scenarios.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
Objective 3: HRH/HSS leadership and governance capacity strengthened			
A-23. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated **leadership and management best practices** in at least one of the following areas: accountability, transparency, multisectoral participation, and anticorruption mechanisms	**2**	Cameroon, Senegal	■ HRH2030 implemented the local leadership and management approach in **Cameroon** and reviewed leaders' action plans for FP services strengthening. ■ In **Senegal**, HRH2030 implemented many interventions to strengthen leadership and management to increase the transparency of HRH decision-making, including supporting development of HRH job descriptions, supervising iHRIS focal points, developing HRH statistics reports and HRH plans, and training MOH staff in management and leadership.
Result 3.1: Improved transparency of HRH decision-making at national and subnational levels			
A-24. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated policies to improve the **transparency of HRH decision-making**	**3**	Ethiopia, Indonesia, Liberia	■ HRH2030 developed the NHWA governance structure in **Ethiopia** and incorporated NHWA indicators in HRH dashboards in **Indonesia** to improve transparency in decision-making. ■ In **Indonesia**, HRH2030 also developed an HRH COVID-19 incentive dashboard and publicly available COVID-19 HRH dashboards. HRH2030 also conducted HIV and HRH policy assessments, including transparency as a factor. ■ In **Liberia**, HRH2030 supported application of the WHO Monitoring and Accountability Framework to Strengthen Community Health Worker Programming.
Result 3.2: Strengthened regulatory environment for health professional practice			
A-25. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated the **regulatory practices** for the health professional practice	**2**	Burkina Faso, Jordan	■ HRH2030 analyzed family planning task sharing and self-care policies in **Burkina Faso**, including regulatory processes that support or hamper family planning guidelines. ■ In **Jordan**, HRH2030 supported the Bylaw for Health Professional License Renewal and development of CPD instructions to strengthen the regulatory landscape for licensure.
Result 3.3: Improved HRH management capacity at national and subnational levels			
A-26. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated **HRH leadership and management improvement programs**	**4**	Cameroon, Jordan, Philippines, Senegal	■ HRH2030 developed, implemented, and evaluated the local leadership and management approach in **Cameroon** to strengthen FP service delivery. ■ In **Jordan**, HRH2030 implemented a training program to develop MOH leadership practices. ■ In **The Philippines**, HRH2030 participated in the Joint Health Labor Market Assessment Mission and supported implementation of Administrative WISN and NHWA to strengthen HRH management. ■ HRH2030 provided leadership and management improvement activities in **Senegal** like management and leadership trainings for MSAS leadership.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
Result 3.4: Reduced HRH gender disparities at national and sub-national levels			
A-27. Number of laws, policies or procedures drafted, proposed or adopted to **promote gender equality** at the regional, national or local level	**15**	Philippines, Global	■ At a **global** level, HRH2030 developed a definition of a gender competent FP provider, a gender competency framework, a conversation guide procedure for framework reviews, the Gender Competency Lifecycle, competency vignettes with examples from **The Philippines** and **Ethiopia**, 7 gender competencies eLearning modules, and an in-person training guide. ■ HRH2030 also developed a Gender Competency Framework for FP Providers in **The Philippines**, as well as an in-person training course for FP providers on gender competency.
A-29. revised Number of countries that have been supported to improve **women's access to leadership and management opportunities** in the health sector	**2**	Jordan, Senegal	HRH2030 conducted research on barriers and enablers to women in leadership in the health sector in **Jordan** and **Senegal**.
Result 3.5: Improved multi-sectoral collaboration for moving forward the HRH agenda among global, regional, and in-country stakeholders			
A-30. Number of countries that have reviewed, developed, tested, institutionalized, or evaluated policies to strengthen **multisectoral collaboration** for moving the HRH agenda forward	**8**	Cameroon, Côte d'Ivoire, Ethiopia, Indonesia, Jordan, Senegal, Tanzania, Timor-Leste	■ In **Cameroon**, the local leadership and management approach involved multisectoral local leaders to strengthen family planning service delivery. ■ HRH2030 conducted activities to drive multisectoral One Health collaboration, including the simulation exercises for Highly Pathogenic Avian Influenza in **Côte d'Ivoire** and **Ethiopia**, as well as the anthrax and Rift Valley Fever simulation exercise, Ebola Virus Disease SOPs, and HPAI preparedness and response framework in **Tanzania**. ■ In **Indonesia**, HRH2030 reviewed HIV and HRH regulations that included the Ministry of Manpower and Ministry of Home Affairs, formed multisectoral working groups for interoperability and NHWA, and developed data exchange MOUs between the MOH and professional organizations. ■ HRH2030 supported multisectoral HRH strategy development in **Jordan**. ■ In **Senegal**, HRH2030 supported multisectoral policy development and HRH management, including guidelines for social intervention in health facilities and development of the PNDRHS. ■ HRH2030 engaged with multisectoral partners in **Timor-Leste** to ensure HRH data standardization and coordination of data training and technical assistance.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
A-31. Number of HRH policy documents, strategies, and/or briefs developed that include a **multisectoral approach**	**85**	Bangladesh, Cameroon, Côte d'Ivoire, Ethiopia, Indonesia, Jordan, Kenya, Liberia, Malawi, Philippines, Senegal, Tanzania, Uganda, Zambia, Global	HRH2030 developed policies and documents with a multisectoral approach at both the national and global level, including but not limited to: ■ **Global** resources like Analysis and Econometric Modeling of Health Workforce Skills Mix and Economic, Epidemiological, and Demographic transitions in LMIC; a Framework for Building the Future Health Workforce 2030: Opportunities for Youth Employment in Health; Advancing Primary Health Care at the Community Level, a report on the Side Meeting of the CHW 2019 Symposium; Adolescent and Family Planning Provider Competencies; and more. ■ Multi-sectoral action plans in **Cameroon** to advance family planning access and quality of services. ■ One Health resources in **Côte d'Ivoire**, **Ethiopia**, and **Tanzania**, including preparedness and response plans, elimination strategies, prevention and control strategies, and the Côte d'Ivoire NOHP Platform Governance Manual. ■ Resources in **Jordan** like analysis of factors influencing CPD effectiveness in the health care sector, the Bylaw for Health Professional License Renewal, and the study of barriers and enablers facing women career progression to management positions in the health sector. ■ **Senegal** resources like the Guide de Mobilité, HRH statistics reports, guide for social intervention in health facilities, and more. ■ And many other policies and resources with a multisectoral approach.
A-32. Number of **HRH major events** that include multisectoral collaborations conducted or participated at global, regional, and country levels	**126**	Bangladesh, Cameroon, Eswatini, Ethiopia, Indonesia, Jordan, Kenya, Lesotho, Madagascar, Mozambique, Philippines, Senegal, Global	HRH2030 participated in, presented at, or led more than 100 major HRH events at the national and global level, including but not limited to: ■ **Global** events like the Global Symposium on Health Systems Research; the Global Youth Economic Opportunities Summit; USAID Global Flagship Convenings on CHW-Focused Investments; the Global Digital Development Forum; the American Evaluation Association Annual Conference: World One Health Congress; ICT4D Partnerships Conference; and more. ■ NHWA events in **Ethiopia**, **Indonesia**, and **The Philippines**. ■ Events in **Jordan** to move forward the Relicensure Bylaw. ■ Events in **The Philippines** to support the HRH Masterplan, the National Tuberculosis Program planning, Global Fund Sustainability planning, and more. ■ Events to develop the PNDRHS in **Senegal**. ■ And many other events that brought together multisectoral stakeholders to address HRH matters.
A-33. Number of **special studies** developed and implemented to increase the HRH evidence base to inform policy and decision-making of multisectoral stakeholders	**51**	Ethiopia, Indonesia, Jordan, Kenya, Lesotho, Madagascar, Malawi, Mali, Mozambique, Namibia, Nepal, Nigeria, Philippines, Senegal, South Africa, Tanzania, Uganda, Zambia, Global	H2030 implemented 51 special studies to increase the HRH evidence base, including but not limited to: ■ Research on enhanced supervision approaches in Mali and The Philippines. ■ A randomized control trial of the results of engagement with the Vitalk chatbot on mental health and resilience in health workers in Malawi. ■ Prioritization and Optimization Analysis and HRH Inventories in various countries. ■ Testing scale-up of NepalEHR to additional hospitals in Nepal. ■ In-country reviews of the HRH2030 Gender Competency Framework for Family Planning Service Providers in Ethiopia and The Philippines. ■ HIV and HRH assessments in Indonesia examining policy and implementation of the Test and Treat policy. ■ Analysis of Returns on Investments in the Health Extension Worker Program in Ethiopia. ■ Research on women's career progression in health sector leadership in Jordan and Senegal. ■ Health Labor Market Analysis in Malawi. ■ And other studies that provided HRH data and analysis at the national and global level.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
Objective 4: Sustainability of investment in health workforce increased			
A-34. Number of countries that have assessed, developed, tested, institutionalized, or evaluated policies, mechanisms and models to **increase or optimize domestic resources** based on health workforce planning and forecasting	**3**	Mali, Tanzania, Uganda	■ HRH2030 conducted an expert poll about clinical client contact times for primary health care in **Mali** to inform models to optimize domestic resources for HRH planning. ■ In **Tanzania**, HRH2030 developed a health worker quantification tool to assess existing HRH and inform optimized HRH planning. ■ HRH2030's investment case for HRH in **Uganda** helped inform the Government of Uganda to facilitate the transition of jobs supported by PEPFAR to the government budget.
Result 4.1: Increased utilization of HRH data for decision-making at national and sub-national levels			
A-35. Number of countries that have assessed, developed, tested, institutionalized, or evaluated their capacity for using **HRH data for decision-making**	**15**	Cameroon, Côte d'Ivoire, Ethiopia, Indonesia, Jordan, Lesotho, Madagascar, Malawi, Namibia, Philippines, Senegal, South Africa, Timor-Leste, Uganda, Zambia	■ HRH2030 tested HOT4ART in **Cameroon** and **Côte d'Ivoire** to provide a tool for HRH/HIV decision making. ■ HRH2030 supported the MOH to use HRH data for decision making in the context of NHWA in **Ethiopia** and Indonesia; in **Indonesia**, HRH2030 also assessed use of HRH data for decision making through the HRIS Assessment Framework and HIV-HRH assessments. ■ In **Jordan**, HRH2030 rolled out WISN in 10 health directorates. ■ HRH2030 worked with the **Lesotho** MOH to create one repository for all HRH data, to eventually be transitioned into an HRIS. ■ HRH2030 applied the HRIS Assessment Framework in **Madagascar**. ■ HRH2030 provided technical assistance to the Zomba district of **Malawi** to use HRH data for strategic planning. ■ In **Namibia**, HRH2030 submitted HRIS requirements and made the case for HRIS. ■ In **The Philippines**, HRH2030 analyzed WISN data, prepared an HRH Situationer using the Health Labor Market Assessment Framework, and developed a Learning and Development Management System design to lay foundations for HRH data use for decision-making. ■ HRH2030 strengthened iHRIS functionality, management, and use to strengthen HRH data for decision-making in **Senegal**. ■ HRH2030 trained stakeholders in **South Africa**, **Uganda**, and **Zambia** on the use of HOT4ART to use HRH data to inform HIV service delivery planning.
A-36. Number of countries supported to advance the implementation of **national health workforce accounts**	**4**	Ethiopia, Indonesia, Jordan, Philippines	■ HRH2030 provided start up support for the Government of **Ethiopia** to establish NHWA. ■ In **Indonesia**, HRH2030 supported implementation of the NHWA Joint Implementation Plan and supported stakeholders to exchange data to respond to key NHWA policy questions. ■ HRH2030 mapped NHWA against existing systems in **Jordan** and established an NHWA working group. ■ In **The Philippines**, HRH2030 conducted a Joint Mission with WHO on NHWA and WISN, developed criteria for the identification of priority NHWA indicators, drafted a data dictionary, and supported the country to adopt 18 NHWA indicators.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
A-37. Number of countries supported to improve **HRIS**	**9**	Ethiopia, Indonesia, Lesotho, Madagascar, Malawi, Namibia, Philippines, Senegal, Timor-Leste	■ HRH2030 reviewed current HRIS implementation in relation to NHWA and documented preliminary requirements for improved HRIS in **Ethiopia**. ■ In **Indonesia**, HRH2030 applied the HRIS Assessment Framework to review the HRIS, assessed HRIS implementation in relation to NHWA, and strengthened HRIS interoperability and use in four pilot cities and provinces. ■ HRH2030 assisted the **Lesotho** MOH to mine key HR data elements into a single database. ■ HRH2030 conducted the HRIS Assessment Framework in **Madagascar**. ■ In **Malawi**, HRH2030 supported iHRIS advocacy and implementation plan development. ■ In **Namibia**, HRH2030 developed an HRIS investment case, HRIS requirements, demonstrations of the HRIS system, an iHRIS shell, and an implementation plan. ■ HRH2030 supported NHWA data mapping in **The Philippines**, developed an NHWA data dictionary, and supported development of a Learning and Development Information System. ■ In **Senegal**, HRH2030 provided iHRIS trainings, supervised regional HR focal points to use iHRIS and develop reports, and supported incorporation of iHRIS data in policies and reports. ■ In **Timor-Leste**, HRH2030 supported the development of a Training Management Information System, including identifying requirements, completing preliminary configuration, customizing the system, and migrating the system to a physical INS server.
Result 4.2: Improved funding for HRH education, employment, and management			
A-38. Number of countries that have assessed, developed, tested, institutionalized, or evaluated processes and procedures to **transition HRH positions previously funded by foreign sources to domestic funding**	**7**	Eswatini, Kenya, Lesotho, Malawi, Namibia, South Africa, Tanzania	■ In **Eswatini**, **Lesotho**, **Namibia**, and **Tanzania**, HRH2030 developed HRH inventories or reviews of donor-funded HRH to assess investments that would need to be transitioned to government budgets. ■ HRH2030 conducted community-based workers assessments in **Kenya** and **South Africa**. ■ In **Malawi**, HRH2030 developed and implemented a transition plan for the 300+ health workers supported through HRH2030, then supported national HRH strategic and transition planning.
A-40. Number of countries supported to analyze the **HRH political economy**	**2**	Malawi, Uganda	■ HRH2030 conducted a Health Labor Market Assessment in Malawi. ■ In Uganda, HRH2030 analyzed enablers and barriers that may affect the decision-making process of the Government of Uganda to increase recruitment and improve efficiency to meet HIV care needs.

INDICATOR	RESULT	COUNTRIES	DETAILS AND HIGHLIGHTS
A-41. Number of knowledge sharing, dissemination, workshops, and similar **events** implemented	**403**	Botswana, Burundi, Central African Republic, Chad, Colombia, Côte d'Ivoire, Eswatini, Ethiopia, Gambia, Guinea, Indonesia, Jordan, Lesotho, Malawi, Mozambique, Niger, Philippines, Senegal, Sierra Leone, South Africa, Tanzania, Timor-Leste, Togo, Uganda, Vietnam, Global	HRH2030 implemented 403 events since 2018 to share HRH best practices, share lessons learned, engage in thought leadership, and convene HRH stakeholders. Highlights include: ■ The HRH2030 End-of-Program Legacy Series of webinars, including "Integrating the Health and Social Service Sectors to Achieve Health for All", "Six Years in 60 Minutes", and "The Health Workforce of the Future". These events convened multisectoral experts to discuss an integrated approach to the health and social service workforce, shared impact and lessons learned from the HRH2030 program, and envisioned how stakeholders can invest in health and care workers in the future. ■ Participation in global events like the Global Youth Economic Opportunities Summit, the Health Systems Global Symposium, the SID-Washington Annual Conference, the Asia Pacific Action Alliance on HRH, Institutionalizing Community Health Conference, and more. ■ Webinars demonstrating tools for stakeholders to adopt and use to strengthen HRH planning and management, including sessions on the Optimizing Health Worker Performance and Productivity Toolkit to Achieve the 95-95-95 Targets, Health Labor Market Analysis, Rapid Task Analysis, HOT4ART, Supportive Supervision, and more. ■ Country-level workshops and events, including but not limited to sessions on adapting models of care to the community in **Botswana**; Capacity Building for Malaria events in **Burundi**, **CAR**, **Chad**, **Côte d'Ivoire**, the **Gambia**, **Guinea**, **Niger**, **Sierra Leone**, and **Togo**; One Health events in **Côte d'Ivoire**, **Ethiopia**, and **Tanzania**; data use and business intelligence workshops in **Indonesia**; iHRIS supervision workshops in **Senegal**, and many more. ■ And many other events across the world that convened key HRH stakeholders and partners.

EXHIBIT 2. BOTSWANA ACTIVITY INDICATORS

An annual breakdown is not required for this table as the Botswana indicators were only active during 2019.

INDICATOR	BASELINE	RESULT*	DETAILS AND HIGHLIGHTS
Activity Goal: To contribute to PEPFAR and government goals to achieve and sustain epidemic control of HIV/AIDS in Botswana through the improved availability, accessibility, acceptability, and quality of HRH which includes the effective alignment of CHWs with evolving government policies and service delivery innovations as part of differentiated models of integrated HIV care			
Objective 1: Support the institutionalization of client-centered integrated HIV primary care service provision at community level through technical assistance for service delivery strengthening			
B-01. Number of clients enrolled in community differentiated service delivery model at site	0	**63**	HRH2030 supported the Government of Botswana to implement the **first ever delivery of HIV services outside of a facility setting**, reaching clients in their communities through a community multi-month refill (CMMR) model. This differentiated service delivery model has been shown to **strengthen service delivery, promote client-centered care, and have positive results on client experience and health outcomes**, such as increased adherence to treatment for clients who no longer require monthly trips to the clinic to receive their ART, as well as improved experiences for both healthcare providers and clients at the clinic due to reduced congestion of clients at facilities on a regular basis. CMMR continues to be implemented at HRH2030 supported sites to date and will be implemented in Ghanzi districts by other USAID projects using HRH2030 technical tools. Further, because the National AIDS and Health Promotion Agency has included CMMR in the National HIV/AIDS Strategic Framework, CMMR is now on its way to being **institutionalized in Botswana**.
B-02. Number of adults and children currently receiving antiretroviral therapy (ART) at site	2,043	**4,542**	
B-03. Number of community differentiated service delivery models	0	**1**	
B-04. Proportion of clients enrolled in community differentiated service delivery model at site, with a suppressed viral load (<400 copies/ml) result documented in the medical record and/or laboratory information systems at 6 monthly intervals	n/a	**100%**	
B-05. Proportion of clients enrolled in community differentiated service delivery models with no clinical contact since their last expected contact at 6 and 12 months of DSD implementation*	-	**-**	
B-06. A successful Differentiated Service Delivery Model or its components scaled-up and institutionalized by District Management Team in collaboration with community partners.	-	**1**	
Objective 2: Support the institutionalization of relevant and aligned policy frameworks for HRH with integrated service delivery in communities			
B-07. Agreement on the coordination process for review and approval of integrated community-based service delivery frameworks*	-	**-**	The activity closed before results were reported under this objective.
B-08. Number of health cadre practice competencies and standards reviewed with project support*	-	**-**	
Objective 3: Support the institutionalization and sustainability of low-cost community models of differentiated care through an inclusive process that can inform long-term policy and sustainable health system transformation			
B-09. Number of technical resources developed with the support of HRH2030 to leverage health partnership in implementation of low-cost community models	0	**2**	Terms of Reference and a Quick Reference Guide were produced for the Greater Gaborone District Health Management Team (GGDHMT) on the policies and processes of coordinating all partners and stakeholders within the district, **supporting partnerships to implement community models of care**. All three facilities supported by HRH2030 have adopted new practices based on the results of their **innovative 'change ideas' for HIV service delivery** – differentiated service delivery models on community ART distribution in Old Naledi and Nkoyaphiri Clinic, and a booking system for HIV-positive clients attending clinic reviews at the IDCC.
B-10. Number of adopted best practices and resolution by the DHMT partners forum to support the implementation of sustainable low-cost models of care*	-	**-**	
B-11. Number of technical resources generated to increase evidence on costs associated with community models*	-	**-**	
B-12. Number/proportion of HRH2030-supported service provider entities applying QI approaches to improve community-based HIV care and other services	0	**3**	

INDICATOR	BASELINE	RESULT*	DETAILS AND HIGHLIGHTS
Objective 4: Institutionalized application of practical improvement approaches across service providers to continuously optimize and sustain achievements in epidemic control and broader health outcomes			
Bc-01a. Number of facility-based health workers supported by the HRH2030 program	0	**57**	In just under two years, HRH2030 Botswana worked with 165 health workers and managers to institutionalize the QI approach to **deliver HIV services differently to achieve improved health outcomes**. The approach resulted in positive **client satisfaction**: ▪ 71 percent of the clients reported to be in good health ▪ Clients reports their scheduled clinic visits were reduced by at least 2 visits ▪ Clients reported overall satisfaction with key elements/ processes of CMMR especially in regard to privacy, courtesy, convenient delivery schedules and timeliness, and that medication arrived sealed. HRH2030 Botswana presented its innovative community-led strategies for achieving HIV epidemic control at the **Fifth Global Symposium on Health Systems Research in Q1FY19**.
Bc-01b. Number of community-based health workers supported by the HRH2030 program	0	**26**	
Bc-01c. Number of sub-national and national managers supported by the HRH2030 program	0	**82**	
Bc-02. Number of health workers earning Continuing Professional Development points through HRH2030 program*	-	**-**	
Bc-03. Number of contributions to HRH leadership/knowledge base through participation in key initiatives or engagement regionally/globally with industry experts or through publications and conferences	0	**2**	
Bc-04. Experience/Satisfaction with DSD models by PLHIV, community health workers, and facility health workers*	Qualitative Indicator: see highlights		

**The activity closed before results were reported for marked indicators.*

EXHIBIT 3. CAPACITY BUILDING FOR MALARIA INDICATORS

Activity Purpose: Improve country Global Fund grant performance through change in policy or guidelines, improvement in monitoring and evaluation systems, or reduced stockouts

Indicator 01. Global Fund Grant Performance Rating

Displayed separately from other indicators to correspond with Global Fund's biannual calendar year reporting schedule. CBM indicators continue on the next page. Data is sourced from the Global Fund Data Explorer, which at the time of reporting had data available through December 2020.

Calendar Year	2017		2018		2019		2020	
Semester (1 = Jan-June, 2 = Jul-Dec)	1	2	1	2	1	2	1	2
Burundi BDI-M-UNDP. CBM active 2018 - 2019	Activity not open		B1	A2	A2	A2	Closed	
Cameroon CMR-M-MOH. CBM active 2017 – 2018.	Data not available		B2	B2	Closed		Closed	
CAR CAF-M-WVI. CBM active 2020 – present.	Activity not open		Activity not open		Activity not open		A2	A2
Chad TCD-M-UNDP. CBM active 2019 - present.	Activity not open		Activity not open		A2	A2	B1	B1
Côte d'Ivoire CIV-M-MOH. CBM active 2017 – present.	Data not available		A2	B1	Data not available	B1	B1	B1
Gambia GMB-M-MOH. CBM active 2018 – present.	Activity not open		Data not available	A2	A2	B1	Data not available	Data not available
Guinea GIN-M-CRS. CBM active 2017 – present.	Data not available		A1	A2	A2	A2	Data not available	A1
Niger NER-M-CRS. CBM active 2016 – 2019, STTA 2020-2021.	A2	A2	A1	A2	B1	B1	B1	B1
Sierra Leone SLE-M-CRS. CBM active 2017 - 2019.	Data not available		Data not available	A2	A1	Closed	Closed	
Togo TGO-M-PMT, CBM active 2018 – present.	Activity not open		B1	B1	A2	A2	A2	A2

INDICATOR	COUNTRY	BASELINE	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Objective 1: NMCP's institutional capacity to ensure effective implementation of high-quality malaria control services at all levels of the health system strengthened								
02. NMCP Maturity Level (average of each maturity model dimension; maximum maturity level is 5)	Burundi	**3.1**	3.1	3.7	Closed	Closed	**3.7**	HRH2030 implemented three assessments to measure the effects of the LTTA model in CBM countries: the maturity model to assess organizational capacity on a scale from initial, underdeveloped processes to controlled processes using data to proactively manage; a confidence assessment to determine whether NMCP staff feel more confident to perform their work tasks following LTTA support; and a stakeholder assessment to determine if external stakeholders of the NMCP perceive any changes in the capacity of the NMCP from an outside perspective.
	Cameroon	**2.9**	2.9	4.0	Closed	Closed	**4.0**	
	CAR	**2.8**	N/A	N/A	2.8	3.2	**3.2**	
	Chad	**3.0**	N/A	3.0	-	3.2	**3.2**	
	Côte d'Ivoire	**3.6**	3.6	4.0	4.0	4.2	**4.2**	
	Gambia	**3.9**	3.9	4.1	TBD	Closed	**4.1**	
	Guinea	**3.6**	3.6	3.6	4.0	4.5	**4.5**	
	Niger	**2.6**	2.6	N/A	N/A	N/A	**2.6**	
	Sierra Leone	**2.9**	2.9	4.0	Closed	Closed	**4.0**	
	Togo	**2.5**	2.5	2.7	3.2	3.9	**3.9**	
03. NMCP staff confidence score	Average scores from closed CBM countries	**4.2**	-		-	5.8	**5.8**	Generally, the findings indicate that NMCPs supported by CBM have increased organizational capacity and improved capacity of individual NMCP staff to plan and implement malaria control efforts and manage GF grants. Both NMCP staff and external stakeholders attribute much of this growth to the support of the advisors.
04. LTTA influence score *(as a percentage of responses noted that the LTTA had either some or significant influence on confidence)*	Average scores from closed CBM countries	**N/A**	-		-	87&	**87%**	
Outcome 1.1. Implementation of country NMCP work plans outlining NMCP structure and function areas for capacity building strengthened and sustained								
05. Number of countries where LTTAs were actively involved in reviewing, developing, or implementing NMCP work plans	**Total**	**0**	**8**	**7**	**5**	**5**	**10**	CBM advisors supported NMCP work plans including (but not limited to): ■ Annual and quarterly NMCP work plans ■ Global Fund Semester activities work plans ■ SMC and LLIN distribution campaign workplans ■ The Fixed Amount Award Grant in Togo workplan ■ COVID-19/Malaria mitigation plan in Guinea ■ Incorporating capability maturity model findings into action plans
	Burundi	0	1	1	Closed	Closed	1	
	Cameroon	0	1	-	Closed	Closed	1	
	CAR	0	-	-	1	1	1	
	Chad	0	-	1	1	1	1	
	Côte d'Ivoire	0	1	1	1	1	1	
	Gambia	0	1	1	-	Closed	1	
	Guinea	0	1	1	1	1	1	
	Niger	0	1	1	-	-	1	
	Sierra Leone	0	1	-	Closed	Closed	1	
	Togo	0	1	1	1	1	1	

INDICATOR	COUNTRY	BASELINE	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Outcome 1.2. Capacity of NMCPs to implement strategic plans to effectively guide its long-term vision for malaria control strengthened								
06. Number of countries where LTTAs were actively involved in reviewing, developing, or implementing NMCP strategic plans to guide long-term vision for malaria control	**Total**	**0**	**7**	**6**	**5**	**4**	**9**	CBM advisors supported NMCP strategic plans including (but not limited to): ■ National NMCP Strategic Plans ■ Global Fund concept notes ■ Malaria National Research Plans ■ Malaria Strategic Communication Plans ■ LLIN Campaign Distribution Macroplans
	Burundi	0	1	1	Closed	Closed	1	
	Cameroon	0	1	-	Closed	Closed	1	
	CAR	0	-	-	1	1	1	
	Chad	0	-	1	1	1	1	
	Côte d'Ivoire	0	1	1	1	-	1	
	Gambia	0	1	1	-	Closed	1	
	Guinea	0	1	1	1	1	1	
	Sierra Leone	0	1	-	Closed	Closed	1	
	Togo	0	1	1	1	1	1	
Objective 2: NMCP's leadership, health workforce, and procurement and supply management to support successful implementation of the Global Fund's new funding model strengthened								
Outcome 2.1 NMCP's human resources management systems and processes improved to address its health workforce needs								
07. Number of countries where LTTAs were actively involved in improving HRH management of health workers delivering or supporting malaria services	**Total**	**0**	**8**	**7**	**4**	**5**	**10**	CBM advisors supported HR management including (but not limited to): ■ Building NMCP staff capacity in leadership practices and problem-solving strategies through coaching and mentoring ■ Reviewing NMCP org charts and advising on staff organization, job descriptions, recruiting, and management ■ Providing trainings and coaching to NMCP staff, health care providers, pharmacists, and others
	Burundi	0	1	1	Closed	Closed	1	
	Cameroon	0	1	-	Closed	Closed	1	
	CAR	0	-	-	-	1	1	
	Chad	0	-	1	1	1	1	
	Côte d'Ivoire	0	1	1	1	1	1	
	Gambia	0	1	1	-	Closed	1	
	Guinea	0	1	1	1	1	1	
	Niger	0	1	-	-	-	1	
	Sierra Leone	0	1	1	Closed	Closed	1	
	Togo	0	1	1	1	1	1	

INDICATOR	COUNTRY	BASELINE	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Outcome 2.2 NMCP's PSM pillars for malaria strengthened to improve malaria control								
08. Number of countries where LTTAs were actively involved in improving PSM pillars for malaria	**Total**	**0**	**7**	**7**	**5**	**5**	**10**	CBM advisors took a multifaceted approach to supply chain support, including but not limited to: ■ Supporting countries with LLIN campaigns by assessing existing LLIN stock, negotiating with procurement offices to import LLINs, supporting quantification exercises to reduce stockouts at the district level, managing logistics for campaigns, and more. ■ Supporting NMCP pharmacists to quantify malaria commodity needs, including to avoid stockouts and supply PPE during the COVID-19 response ■ Support drug management units in their planning and identifying actions to strengthen drug management ■ Quantification of antimalarial drugs for seasonal chemoprophylaxis of malaria Some of the PSM tools developed with the support of the advisors include survey tools, data analysis tools, quality assurance plans, quantification tools, SOPs and manuals, and end use verification terms of reference.
	Burundi	0	1	1	Closed	Closed	**1**	
	Cameroon	0	1	-	Closed	Closed	**1**	
	CAR	0	-	-	1	1	**1**	
	Chad	0	-	1	1	1	**1**	
	Côte d'Ivoire	0	1	1	1	1	**1**	
	Gambia	0	-	1	-	Closed	**1**	
	Guinea	0	1	1	1	1	**1**	
	Niger	0	1	-	-	-	**1**	
	Sierra Leone	0	1	1	Closed	Closed	**1**	
	Togo	0	1	1	1	1	**1**	
09. Number of NMCP and regulatory body staff trained on PSM pillars for malaria	**Total**	**0**	**20**	**145**	**105**	**3**	**273**	
	Côte d'Ivoire	0	20	-	50	-	70	
	Togo	0	0	145	55	3	203	
10. Number of tools reviewed, developed, or implemented to strengthen PSM pillars	**Total**	**0**	**7**	**15**	**18**	**8**	**48**	
	Burundi	0	1	1	Closed	Closed	2	
	Chad	0	-	2	3	1	6	
	Côte d'Ivoire	0	1	3	1	2	7	
	Guinea	0	-	1	2	-	3	
	Niger	0	2	-	-	-	2	
	Togo	0	3	8	12	5	28	

INDICATOR	COUNTRY	BASELINE	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Objective 3: LTTAs and NMCP technical knowledge and experience, and M&E management in malaria control strengthened								
11. NMCP staff confidence score for technical knowledge and M&E	Average scores from closed CBM countries	**4.2**	-	-	-	5.8	**5.8**	Similar to the results presented for indicators 03-04, these indicators indicate increased capacity of individual NMCP staff in the area of M&E. Most of the NMCP staff attribute this increase in confidence to some or significant influence from the LTTA. This also reflects activities that LTTAs pursued in support of Outcome 3.2 and indicator 15 to build capacity of NMCPs to develop and enact high quality monitoring and evaluation plans.
12. LTTA influence and competency score for technical knowledge and M&E *(as a percentage of responses noted that the LTTA had either some or significant influence on confidence)*	Average scores from closed CBM countries	**N/A**	-	-	-	82%	**82%**	
Outcome 3.1 COP platform for NMCPs and LTTAs to support knowledge sharing practices developed and sustained								
13. Number of documents and/or posts shared through the COP platform	**Total**	**0**	**45**	**64**	**131**	**45**	**285**	The Community of Practice had an average of more than 30 users each quarter. CBM advisors, NMCP members, and other stakeholders shared posts on the capability maturity model, M&E, strategic planning, supply chain, leadership management and governance, and news and innovations. Unfortunately, data could not be pulled for the number of documents or posts shared on the platform in FY21 Q3, so the number of posts may be slightly higher than reported here.
	Burundi	0	3	1	Closed	Closed	4	
	Cameroon	0	0	0	10	3	13	
	CAR	0	0	0	3	12	15	
	Chad	0	-	7	7	-	14	
	Côte d'Ivoire	0	3	2	24	6	35	
	Gambia	0	-	2	1	-	3	
	Guinea	0	2	1	8	-	11	
	Nepal	0	-	1	-	-	1	
	Niger	0	4	4	10	14	32	
	Sierra Leone	0	1	0	Closed	Closed	1	
	Togo	0	14	31	42	6	93	
	United States	0	18	15	26	4	63	
14. Number of users on the COP platform	**Total**	**0**	33 (avg)	20 (avg)	49 (avg)	32 (avg)	**33 (avg)**	

INDICATOR	COUNTRY	BASELINE	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Outcome 3.2 Capacity of NMCPs to effectively monitor and evaluate progress through country M&E plans improved								
15. Number of countries where LTTAs were actively involved in reviewing, developing, or implementing NMCP M&E plans	**Total**	**0**	**6**	**6**	**4**	**4**	**9**	CBM LTTAs supported NMCP M&E plans through activities like: ■ Supporting the development of M&E plans and related data collection plans, like LLIN mass distribution campaign M&E plans ■ Reviewing M&E plan data quality, supporting data validation missions, and conducting supportive supervision visits to districts to improve data quality ■ Advising on appropriate M&E budgeting and planning
	Burundi	0	1	1	Closed	Closed	1	
	Cameroon	0	1	-	Closed	Closed	1	
	CAR	0	-	-	1	1	1	
	Chad	0	-	1	1	1	1	
	Côte d'Ivoire	0	1	1	-	1	1	
	Gambia	0	-	1	-	Closed	1	
	Guinea	0	1	1	1	1	1	
	Sierra Leone	0	1	-	Closed	Closed	1	
	Togo	0	1	1	1	1	1	

**The approved CBM MEL plan also includes a sub-indicator for Global Fund grant performance on the disbursement rate of Global Fund grants. As noted in the FY2020 MEL plan submission, HRH2030 has not been able to identify a data source for this data; as a result, the indicator has not been reported in this table.*

EXHIBIT 4. COLOMBIA ACTIVITY INDICATORS

INDICATOR	BASELINE	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Activity Purpose: In coordination with ICBF, strengthen the social services workforce in Colombia, thereby increasing national and local human resource capacity for child welfare and protection							
01. ES.4-3 Number of organizations and/or service delivery systems that serve vulnerable persons strengthened	**0**	7	13	10	16	**29 unique organizations**	HRH2030 strengthened ICBF Directorates at the national and regional level, as well as the Presidential Council for Human Rights, the National Learning Service (SENA), the Ministry of Health and Social Protection, and the Regional Health Department of La Guajira. The program also supported one non-governmental organization (the Afecto Foundation) and one community-based organization (the Wayúu Community of Manaure, La Guajira).
02. Maturity level of the Colombia social services workforce	**La Guajira: 57.3** **Huila: 59.8**	-	La Guajira: 57.3 Huila: 59.8	*N/A*	La Guajira: 66.1 Huila: 76.5	**La Guajira: 66.1** **Huila: 76.5**	To measure strengthening of the Huila and La Guajira regional ICBF directorates, the activity assessed the maturity of organizational processes related to coordination, training, and quality. On a scale from 0 to 100, the change in the maturity level of the Huila regional office from 59.8 to 76.5 and of La Guajira regional office from 57.3 to 66.1 implies that the coordination, quality, and training processes have progressed in maturity so that data is more consistently used to measure and control organizational processes.
03. Percent of recommendations made by the activity that are adopted and institutionalized by ICBF and other stakeholders	**0%**	-	93.3% (14/15)	100% (5/5)	100% (1/1)	**96.3% (26/27)**	Over the course of the program, HRH2030 made 27 recommendations to strengthen ICBF in the areas of training, prevention, and coordination. 96% of those recommendations have been adopted by ICBF, including adopting evaluation approaches for restorative justice training, maturity level, relational coordination, case management, and more; institutionalizing new methodologies like protocols for the Mi Familia program, a methodology for identifying training needs, and redesigning the referral process for children at risk of negligence; and other recommendations that support a coordinated, evidence-based approach.
Objective A: Increase effective coordination among and between the offices within ICBF engaged in activities to benefit children and families **Result A: Improved guidelines and referral processes implemented to promote integrated prevention and care**							
04. Relational coordination as perceived by ICBF staff (measured on a scale from 1-5)	**3.43***	-	3.43	N/A	3.83	**3.83**	HRH2030 and ICBF assessed ICBF relational coordination to identify and address areas of weak coordination, so a more integrated and coordinated system can be used to benefit children and families. The Relational Coordination results increased from 3.43 at baseline to 3.83 at endline. According to the RC Model scale of relational coordination strength, this means that the National General Headquarters of the ICBF improved from a "weak" to a "moderate" level of coordination, including growth in both communication and relationship strength between ICBF directorates.

INDICATOR	BASELINE	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
05. Percent of ICBF care center and unit staff who provide services in the SRPA that have incorporated restorative justice practices and procedures into their work *(new as of FY21)*	**0**	-	-	-	78%	**78%**	■ Completion: 68% of the professionals invited to the restorative justice course earned their certificate ■ Satisfaction: 99% of the surveyed participants were satisfied or very satisfied with the course ■ Knowledge: The training increased knowledge test scores from 59% to 72% ■ Incorporation: 78% of surveyed participants reported that they have fully or partially incorporated restorative processes and practices in their work.
06. Number of intersectoral coordination processes created for improving recruitment prevention *(new as of FY21)*	**0**	-	-	-	1	**1**	HRH2030, together with the CIPRUNNA Technical Secretariat, coordinated the research, methodological design, writing, style correction, and printing of 1,000 copies of the Prevention Routes Manual for Regional Implementation, as a standard tool to be used both nationally and at the municipal level by the mayors.
Objective B: Develop a more strategic and comprehensive approach to content and delivery of training **Result B: Training that adequately prepares ICBF social workers with the practical skills for community engagement and case management**							
07. ES.4-2 Number of service providers trained who serve vulnerable populations	**0**	261	1,165	1,891	4,768	**8,085**	Trainings provided by and facilitated by HRH2030 Colombia have provided additional resources to ICBF staff and partners in priority areas identified through the baseline assessments. These trainings also contributed to accomplishing training goals from ICBF's institutional training plan. HRH2030 has also mentored institutional partners in social services at the regional level. One important training was the SENA virtual course, "Development of basic social service skills for family and community wellbeing". In the course evaluation, 57% of participants responded that they were very satisfied and 34% were satisfied, which indicates an overall satisfaction level of 91%. They also rated the effectiveness of the course as 4.3 on a scale from 1 to 5, demonstrating that the trainees generally reported agreement that the course was effective and resulted in improvements in their capacity to reach goals, achieve intended results, and face situations related to family and community welfare. Supervisors also observed improvements – 95% of supervisors said they had seen improvements in their supervisee's capacity as a result of the course, and 77% said they had seen changes in their supervisee's work.
Retired indicator: Number of institutional partners receiving mentorship or coaching from HRH2030 Regional Social Service Specialists	**0**	3	35	64	N/A	**102**	
08. Number of workshops, training programs, training plans, and curricula supported	**0**	3	35	64	119	**221**	
09. Self-reported outcomes and self-efficacy of surveyed participants who completed the SENA virtual course, "Development of basic social service skills for family and community wellbeing" *(new as of FY21)*	**N/A**	-	-	-	Trainee Satisfaction: 91% Trainee evaluation of effectiveness: 4.3 (on 1-5 scale) Supervisors who observed improved supervisee capacity: 95%	**Trainee Satisfaction: 91%** **Trainee evaluation of effectiveness: 4.3 (on 1-5 scale)** **Supervisors who observed improved supervisee capacity: 95%**	

INDICATOR	BASELINE	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Objective C: Improve quality and coverage of service delivery **Result C: Increased quality of preventive services and expanded coverage of service delivery**							
10. Reported use of USAID Case Management Toolkit micro case management indicators around referral and follow processes related to child abuse*	**Average: 3.6** **Neiva: 3.6** **Pitalito: 3.7** **Riohacha: 3.6** **Maicao: 3.6**	-	3.6	N/A	Average: 4.1 Neiva: 4.0 Pitalito: 4.2 Riohacha: 4.1 Maicao: 4.0	**Average: 4.1** **Neiva: 4.0** **Pitalito: 4.2** **Riohacha: 4.1** **Maicao: 4.0**	HRH2030 and ICBF assessed the case management practices of four protection teams in La Guajira and Huila, including practices at both the system (macro) and individual (micro) levels. Overall, case management performance increased from baseline to endline in all four evaluated municipalities, with an average percent increase of 12.4%. Some of the largest improvements include strengthened human resources, case management supervision, evaluation of the results of the family, and identification of immediate needs.
11. Family Satisfaction with the ICBF Mi Familia Program *(new as of FY21)*	**N/A**	-	-	-	95%	**95%**	95% of surveyed families who participated in the Mi Familia program reported that they felt very satisfied (70%) or satisfied (25%). Families were particularly satisfied with fulfillment of program expectations and the program's relevance (95% satisfaction rate). 59% of families said they had practiced program activities after Mi Familia, indicating room for improvements to families' ownership of activities following the program.

** In the baseline, Relational Coordination survey responses were coded on a 0 to 4 scale. For the final assessment, ICBF and HRH2030 decided to use a 1 to 5 scale instead, to align with scales in the RC Model. In this report, the baseline results have been adjusted accordingly so that both the baseline and final measurement are assessed on the same scale and the results are comparable.*

EXHIBIT 5. JORDAN ACTIVITY INDICATORS

INDICATOR	BASELINE	2016	2016	2018	2019*	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Activity Purpose: Strengthened Health Workforce for Better Health Services							
I. Percentage of management units with improved HRH management best practices as a result of USG assistance (PMP 3.1.2.a)	**0%**	N/A	N/A	6% (1/16)	N/A	**6%**	HRH2030 worked to address HRH constraints that inhibited the provision of high-quality patient care by providing tailored technical assistance and capacity building interventions, **including support to management units to adopt HRH management best practices**. Support included practices in the areas of HRM/HRD capacity, personnel policy and practice, HRM and HRD data, and performance management and training. While only one unit adopted two best practices per the indicator 1 definition, a higher percentage (38 percent) documented at least one best practice.
II. Density of health professionals per 10,000 population (context indicator)	**51.8**	54.7	75.4	-	-	**75.4**	
III. Workforce loss ratio at the MOH (context indicator)	**4%**	4%	3.8%	2.8%	-	**2.8%**	
Result 1: Improved HR Practices at the MOH							
1.1 Score in HRM/HRD Assessment Matrix	**51.32%**	N/A	N/A	60.53%	N/A	**60.53%**	HRH2030 built the capacity of MOH staff to equip them with the skills and knowledge to develop and implement improved HR systems that impact service-level HR functions. The HRM/HRD assessment identified **progress in the areas of HR staff, orientation programs, the policy manual, staff retention strategy, and job descriptions**.
1.2 Percentage of active health workers employed by facility type (context indicator)	**Public: 41%** **Private: 59%**	Public: 43% Private: 57%	Public: 43% Private: 57%	-	-	**Public: 31%** **Private: 69%**	
Sub-Result 1.1: Improved MOH HRM and HRD Systems							
1.1.1 Number of operational tools and resources improved	**0**	3	1	25	0	**29**	HRH2030 supported WISN tools, HR policies and procedures, orientation materials, and other resources intended to **promote HR best practices at the MOH**.
Sub-Result 1.2: Increased Capacity of MOH HR Staff							
1.2.1 Percentage of MOH staff completing in-service training	-	-	-	-	-	-	The activity closed before results were reported for this indicator.
Result 2: Improved Health Workforce Competency							
2.1 Percentage of MOH staff completing in-service training courses	**37%**	N/A	19%	-	-	**19%**	While the most recent data for this indicator from the MOH was for 2017, HRH2030 continued to support improved competency of MOH professionals throughout the program.

INDICATOR	BASELINE	2016	2016	2018	2019*	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
2.1.1 Number of HFML training participants who were promoted	-	-	-	-	-	-	HRH2030 worked with the MOH and national HRH stakeholders to **increase the capacity of emerging health leaders**, with an emphasis on promoting women in leadership. While the activity closed before results were reported for indicators 2.1.1 and 2.1.2, HRH2030 conducted management and leadership training courses for MOH staff. Further, HRH2030 conducted a mixed-methods study on Barriers and Enablers of Women's Career Progression to Management Positions in Jordan's Health Sector, aiming to **provide evidence for policymaking and interventions to improve women's career advancement.**
2.1.2 Number of supportive supervision sessions reported by the SS TOT's participants	-	-	-	-	-	-	
2.1.3 Percentage of leadership positions in the MOH occupied by women	**27%**	N/A	32.5%	35.4%	-	**35.4%**	
Sub-Result 2.2: Supported National CPD System							
2.2.1 Level of CPD system institutionalization (ordinal scale)	**0%**	N/A	N/A	56.25%	N/A	**56.25%**	HRH2030 regularly took part in events and provided technical assistance to support the national CPD system, contributing to a **historic bylaw requiring relicensure of health workers** every five years with a mandatory CPD requirement. A midterm assessment of the CPD system also indicated **improvements in CPD leadership, regulatory framework, and implementation.**
2.2.2 Number of events conducted to support the CPD system	**0**	0	2	25	10	**37**	
Result 3: Strengthened National HRH Governance							
3.1 Level of HRH Governance Strength (ordinal scale)	**0%**	N/A	N/A	56.94%	N/A	**56.94%**	The midterm HRH governance assessment showed improvements in the areas of HRH strategy, leadership and governance, and data for decision-making.
Sub-Result 3.1: Improved National HRH Policies and Strategic Plans							
3.1.1 Number of laws, policies, regulations, and administrative procedures in development stages of analysis, drafting and consultation, legislative review, approval, or implementation as a result of USG assistance	**0**	0	4	16	0	**16**	HRH2030 supported a **better governed health sector** by reviewing accreditation standards at health facilities, supporting the National Human Resources for Health Strategy 2018-2022, contributing to the bylaw for health professional license renewal, and other policies and procedures to improve national HRH governance.

INDICATOR	BASELINE	2016	2016	2018	2019*	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Sub-Result 3.2: Improved HRH Data for Decision-Making							
3.2.1 Number of resources developed by the project to support availability of data for decision-making	**0**	0	2	2	1	**5**	Through the development of resources like the WISN Surplus and Shortage action plan, National HRH Observatory Assessment Report, and more, HRH2030 helped **increase and improve the availability and use of HRH data for decision-making**. Harmonized data systems resulted in improved reliability of HR data, lower discrepancies between data sources, and improved and capacity of the human resources management system (HRMS).
3.2.2 Discrepancy ratio between data of the different data sources supported by the project	**Density: 14% MOH: 4.8%**	N/A	Density: 7% MOH: 4%	Density: 1.55% MOH: 5.04%	-	**Density: 1.55% MOH: 5.04%**	
3.2.3 Number of HRH observatory data fields	**720**	0	960	-	-	**960**	
3.2.4 Capacity of the MOH human resources management system (ordinal scale)	**1**	N/A	2	3	-	**3**	
Cross Cutting Indicators							
CC1. Number of training modules developed by the project	**0**	0	7	44	4	**55**	Through certification courses like the HRM/HRD course, HRM/HRD for Hospitals course, HML course, and WISN course, HRH2030 provided extensive **training for MOH staff to support health worker performance and quality of care** through development and implementation of more effective HR systems, practices, and policies. The activity also **contributed to the HRH evidence base** through HR mapping, observatory assessment, HRM/HRD assessment, health facility management and leadership assessment, women's enrollment literature review, research on motivation and retention of health workers, research on barriers and enablers of women's career progression to management positions, and CPD research.
CC2. Person hours of training provided by the project	**0**	1,720.5	3,580.9	17,223.2	1,187.5	**23,712.2**	
CC3. Percentage of training participants who reported improved knowledge and skills	**0**	N/A	89%	90%	75%	**88% (avg)**	
CC4. Number of assessments/ research activities completed with project support	**0**	1	5	2	0	**8**	

**Through closeout in January 2019*

EXHIBIT 6. MALAWI ACTIVITY INDICATORS

In FY2017 through FY2020, the Malawi activity reported several indicators related to the scope of work to provide salary support for health care workers and provide HRH technical assistance. The scope of work changed significantly for FY2021; all previous indicators were retired, and a set of new indicators introduced for the FY2021 scope of work. The table below first presents the FY2017 – FY2020 indicators, followed by the FY2021 indicators.

INDICATOR	BASELINE	2017	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
FY2017 – FY2020 Indicators								
FY2020 Activity Purpose: To address central-level systems bottlenecks that impede effective HRH planning, forecasting, training, recruitment, deployment, retention, data generation, and use; and to enhance the ministry's workforce through development of a mechanism to provide salary support to recruit and deploy additional frontline health workers at PEPFAR high-priority service delivery points.								
FY2020 Objective 1: Contribute to the provision of quality ART services, including Dolutegravir transition								
FY2020 Activity 1: Provide salary support for approximately 143 health care workers deployed in Zomba and Lilongwe districts								
Number of health workers recruited for PEPFAR targeted sites	**0**	232	202	6	34		**474**	HRH2030 targeted that 293 health workers would be transitioned to government staff. In order to reach that target, the number of health workers to be recruited, deployed, and to report to duty were determined on a rolling basis to ensure that roles were filled. The activity targeted an 85% retention rate or higher (15% turnover or lower), and that 100% of salaries would be paid on time. HRH2030 recruited a total of 474 health workers, including positions in the recruitment plan as well as surge health workers as determined with stakeholders. HRH2030 achieved high retention and low turnover, reaching a peak of 93% retention in FY2020. Because health workers were sufficiently recruited, managed, and retained, a sufficient number of health workers were available for transition to government.
Number of health workers deployed to PEPFAR targeted sites	**0**	231	201	6	34		**472**	
Number of health workers who reported for duty at PEPFAR targeted sites	**0**	32	347	10	29		**418**	
Retention rate of health workers supported by HRH2030	**n/a**	n/a	76%	92%	93%		**93%**	
Turnover rate of health workers supported by HRH2030	**n/a**	n/a	18%	8%	6%		**6%**	
Number of filled FTE positions in PEPFAR- targeted sites currently supported by HRH2030	**0**	32	313	131	0		**0**	
Percent of health worker salaries at CHAM and GOM sites supported by U.S. government paid on time	**n/a**	n/a	81%	89%	79%		**84%**	
Number of staff trained	**0**	229	60	144	26		**459**	
Number of HCWs appraised through the government appraisal system	**0**	-	-	-	111		**112**	

INDICATOR	BASELINE	2017	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
FY2020 Objective 2: Retain trained PEPFAR funded health care workers in the Malawi health system								
FY2020 Activity 2a: Provide technical assistance to MOH HR directorate to develop, implement and monitor overall national strategic priorities for HRH								
Score of the MOH HRH strategic plan on strategy scoring instrument (out of 5)	**3.1**	3.1	4.0	n/a	n/a		**4.0**	HRH2030 worked with the MOH and other stakeholders to review the updated HRH Strategic Plan against previous iterations of the strategy and identified tangible improvements according to WHO guidelines, including substantial improvements to the M&E components to which HRH2030 directly contributed. CHAM, whose progress on the capacity strengthening plan was monitored on a quarterly basis, has demonstrated strengthened skills in HRH management, and the two supported districts now utilize HRH data for planning.
Percentage of activities in CHAM capacity strengthening plan implemented	**n/a**	n/a	56%	89%	73%		**74% Average**	
Number of districts that can demonstrate utilization of HRH data for evidence-based planning and decision-making	**0**	-	2	2	2		**2**	
FY2020 Activity 2b: Transition 143 PEPFAR salary supported HCWs to Government of Malawi payroll								
Percentage of filled FTE positions transitioned to government employment in PEPFAR targeted sites (out of a target of 293)	**0%**	0%	4%	60%	100%		**100%**	By working with the Ministry of Health, local government service commission, and health service commission, HRH2030 supported the transition of 331 health workers to government employment. 292 were transitioned through GOM/PEPFAR MOU and through the HRH2030 recruitment plan, and an additional 39 were directly recruited through GOM. This achievement well exceeded the target of 293 health workers transitioned to PEPFAR targeted sites.
FY2020 Objective 3. Monitor and document salary support processes and results and demonstrate impact of additional HRH on PEPFAR results								
FY2020 Activity 3: Monitor and document salary support processes and results and demonstrate impact of additional HRH on PEPFAR results								
Operations research to demonstrate the effect/contribution of the increased HRH on the HIV/AIDS outputs in targeted sites conducted	**No**	-	Yes	Yes	Yes		**Yes**	HRH2030 finalized and disseminated the Impact Assessment Report, which documents the impact, lessons learned, and best practices of PEPFAR health worker salary support on site staffing levels and HIV/AIDS services. Based on the results, deployment of the PEPFAR supported health workers increased the number of health workers providing ART services by 49 percent, boosted staff morale, and enhanced the quality of services in terms of continuity of services.

INDICATOR	BASELINE	2017	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
FFY2021 Indicators								
FY2021 Activity Goal: Contribute to the PEPFAR Malawi HIV/AIDS program goal of improving client-centered care and supporting the government of Malawi in both attaining and sustaining HIV epidemic control								
FY2021 COP Workplan: Objective 1: Provide overall HRH technical and coordination support to Zomba district to reach HRH milestones under the G2G initiative; and FY2021 G2G Workplan Purpose: support implementation of the Zomba risk mitigation plan, advocacy activities to support revival of the integrated human resource information system (iHRIS), and performance management assessment								
FY2021 COP Workplan Objective 1, Activity 1: Provide HRH technical assistance and overall coordination to help Zomba navigate the multiplicity of the HRH stakeholders within & district and at the national level to optimize their impact; and FY2021 G2G Workplan Activity 2: Work with Zomba district to assess the district's structural environment and capacity for performance management								
District staff confidence score	**N/A**					N/A	**N/A**	Due to shifting priorities in program closeout, HRH2030 was not able to measure this indicator before closeout. However, the program did document district progress in utilization of HRH data for planning, as documented above: 2 new districts (Lilongwe and Zomba) are now able to use HRH data for planning due to HRH2030 support.
FY2021 COP Workplan Objective 1, Activity 2: Work with Zomba and USAID to develop and implement a programmatic risk mitigation plan based on key HR risks identified during the risk assessment; and FY2021 G2G Workplan Activity 1: Provide HRH technical and financial support to Zomba district to implement the risk mitigation plan								
Percent of HCW positions identified in the Zomba USAID-supported HCW recruitment plan that have been filled	**0%**					100%	**100%**	All 155 positions listed in the Zomba USAID-supported HCW recruitment plan were filled in FY2021, including clinical officers, clinical technicians, nurse midwife technicians, pharmacy assistants, medical assistants, disease control and surveillance assistants, nutrition field facilitators, motor vehicle drivers, child protection workers, an internal auditor, and a monitoring and evaluation officer. To ensure proper backup documentation for payroll, HRH2030 also tracked whether timesheets were collected as expected – of 620 timesheets expected in April – July (a timesheet for each of the 155 HCWs each month), 617 timesheets were collected, reaching nearly 100% documentation for payroll.
District submission of payroll to DHRMD on time (yes/no per payroll cycle)	**N/A**					Yes	**Yes**	
Percent of HCWs with backup documentation submitted for payroll (per payroll cycle)	**N/A**					99.5%	**99.5%**	
FY2021 COP Workplan, Objective 2: Align and professionalize community/lay cadres to optimize HIV performance at site level								
FY2021 COP Workplan Objective 2, Activity 2: Provide guidance on provider/client ratios based on HIV/AIDS workload								
Number of clinical partners who have made task sharing or model shifting modifications as a result of HRH2030 HOT4ART analysis and/ or provider/client ratios	**0**					2	**2**	Two PEPFAR partners have shown concrete examples of how HOT4ART analysis data was utilized in informing staff decisions in FY2020/FY2021. In addition, all PEPFAR partners are now engaged in the lay cadre standardization process, which has incorporated inputs and outputs from HOT4ART to guide the standardization process and minimize overlaps of cadre roles.

INDICATOR	BASELINE	2017	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
FY2021 COP Workplan, Objective 3: Work with PEPFAR implementing partners (IPs), district, and facility management teams to enhance facility optimization through increasing HRH efficiencies to improve service coverage and client centeredness of HIV/AIDS services.								
FY2021 COP Workplan Objective 3, Activity 1: Managing organized absenteeism								
Proportion of HCWs expected according to duty roster who are physically present for quarterly validation and/or spot checks	**TBD**					100%	**100%**	During July monitoring visits, only three HCWs who reported in sick and HCWs who were off duty according to the roster were unavailable at the time if the monitoring visits. All 155 HCWs were accounted for and delivering health services accordingly.
FY2021 COP Workplan Objective 3, Activity 2: Improving facility-level HRH management for optimized HIV service delivery								
Client flow observations: a. Client waiting times b. Length of interaction (specifically for consultations)	**TBD**					See notes at right for detailed results.	**See notes at right for detailed results.**	Only one measurement was possible for these indicators. Instead of measuring progress over time within HRH2030, HRH2030 built the capacity of other implementing partners and local government to repeat the measurement in the future and monitor progress.
Client satisfaction surveys: a. Overall client satisfaction rate b. Effectiveness of provider communication as rated by clients	**TBD**					a. 96% b. 94%	**a. 96%** **b. 94%**	Waiting time: The average time per service point across the 10 sites in minutes: ■ Cancer screening: 8 minutes ■ Registration: 6 minutes ■ Viral load: 13 minutes ■ HTS: 26 minutes ■ Consultation: 40 minutes Length of interactions: The average client/provider facing time across the 10 sites in minutes: ■ Registration: 4 minutes ■ HTS: 19 minutes ■ Consultation: 7 minutes Satisfaction rates are based on the percentage of clients who reported being satisfied or very satisfied with a) their overall visit and b) the providers' communication.
Provider interviews: a. Overall provider satisfaction rate b. Availability of resources according to providers	**N/A**					N/A	**N/A**	Due to shifting priorities in program closeout, HRH2030 was not able to measure conduct provider interviews before closeout.

EXHIBIT 7. MALI ACTIVITY INDICATORS

Indicators are presented in order of the objectives/results of the Mali activity. The Mali activity indicators changed over time to reflect new priorities and workplan objectives. If there is a dash (-) in the cell, then the indicator was not part of the activity monitoring and evaluation plan during that time period. Percentage indicators are updated quarterly, and the annual result presents the achievement as of Q4 for each year. Note that frequently, activities were rolled out to new facilities at the beginning of each year, which can often shed light on the difference in indicator results between fiscal years.

INDICATOR	BASELINE DATE	BASELINE VALUE	2018 TARGET	2018 RESULT	2019 TARGET	2019 RESULT	2020 TARGET	2020 RESULT	LIFE OF ACTIVITY RESULT
Activity Goal: Improved MNCH, FP, and nutrition health outcomes with decreases in associated morbidity and mortality									
Objective 1: Improve the effectiveness of MNCH, FP, Malaria and nutrition care and service deliveries at facility level in five target regions using CLA process of improvement.									
Result 1.1: Improved service delivery frameworks at facility level (CSRéf, CSCom) to reduce maternal, newborn and child morbidities and mortalities									
HL0.2 Overall service utilization rate among USAID-supported facilities implementing quality improvement (QI)	**First reported value, FY20 Q1**	51%	-	**-**	-	**-**	70%	**72%**	**72%**
HL0.3 Average of the service gaps between a) ANC1 and ANC4; b) Polio 1 and Polio 3*, in USAID-supported districts	**First reported value, FY20 Q1**	40.5%	-	**-**	-	**-**	10%	**21%**	**21%**
HL.6.2-1 Number of women giving birth who received uterotonic in the third stage of labor (OR immediately after birth) through USG-supported programs	**FY2017**	430,000	437,066	**438,070**	459,969	**465,664**	508,962	**567,604**	**1,471,338**
6.6-1 Number of cases of child diarrhea treated in USG-supported programs	**N/A**	N/A	-	**-**	-	**-**	113,919	**122,278**	**122,278**
HL.6.0: Estimated potential beneficiary population for maternal and child survival programs in USG-supported districts	**N/A**	N/A	-	**-**	-	**-**	4,204,346	**5,154,554**	**5,154,554**
HL.6.6-2: Number of cases of childhood pneumonia treated in USG-assisted programs	**N/A**	N/A	-	**-**	-	**-**	203,765	**208,025**	**208,025**
HL 6-3-2 Number of newborns who received postnatal care within two days of childbirth in USG-supported programs	**N/A**	N/A	-	**-**	-	**-**	532,930	**592,310**	**592,310**
HL 7.1-1 Couple-years protection in USG-supported programs	**N/A**	N/A	-	**-**	-	**-**	800,828	**756,153**	**756,153**
HL.7.1-2 Percent of USG-assisted service delivery sites providing family planning (FP) counseling and/or services.	**FY2017**	100% (791 / 791)	100%	**100% (844 / 844)**	100%	**92.1% (884 / 960)**	100%	**100% (1,176 / 1,176)**	**100%**

INDICATOR	BASELINE DATE	BASELINE VALUE	2018 TARGET	2018 RESULT	2019 TARGET	2019 RESULT	2020 TARGET	2020 RESULT	LIFE OF ACTIVITY RESULT
HL 9-1 Number of children under five (0-59 months) reached by nutrition-specific interventions through USG-supported programs	**FY2017**	1,900,697	1,993,632	**1,991,567 Boys: 1,005,403 Girls: 986,164**	2,091,145	**2,134,486 Boys: 1,041,538 Girls: 1,092,948**	1,394,017	**1,066,474 Boys: 518,741 Girls: 547,733**	**5,192,527 Boys: 2,565,682 Girls: 2,626,845**
HL 9-3 Number of pregnant women reached with nutrition-specific interventions through USG-supported programs	**FY2017**	118,500	123,900	**124,226**	130,437	**131,351**	1,400,449	**1,748,603**	**2,004,180**
HL 9-4 Number of individuals receiving nutrition-related professional training through USG-supported programs	**FY2017**	1,776	400	**397**	500	**5,032**	800	**540**	**5,969**
HL 9-5 A national multi-sectoral nutrition plan is in place that includes responding to emergency nutrition needs (Yes=1, No=0)	**FY2017**	0	1	**1**	1	**1**	1	**1**	**1**
Number of USG-supported facilities that provide appropriate life-saving maternity care *(last reported FY19 Q1)*	**FY2017**	791	903	**844**	N/A	**889**	-	**-**	**889**
Number of newborns surviving 24 hours after resuscitation *(last reported FY18 Q4)*	**N/A**	N/A	2,639	**7,035**	-	**-**	-	**-**	**7,035**
Checklist use rate *(last reported FY19 Q1)*	**FY2017**	89%	97%	**95%**	N/A	**97%**	-	**-**	**97%**
Percentage of clients satisfied with the use of services in the sites *(last reported FY18 Q4)*	**First reported value, FY18 Q3**	97%	90%	**97%**	-	**-**	-	**-**	**97%**
Proportion of women for whom the eligibility criteria has been applied in the FP methods offer *(last reported FY18 Q4)*	**FY2017**	76%	90%	**85%**	-	**-**	-	**-**	**85%**
Lethality of eclampsia in health centers *(last reported FY19 Q4)*	**FY2017**	5%	2%	**2.4%**	2%	**1.4%**	-	**-**	**1.4%**
Percent of newborns surviving 24 hours after resuscitation *(last reported FY19 Q4)*	**FY2018**	79%	-	**-**	85%	**95%**	-	**-**	**95%**
Percent of women in immediate postpartum who received FP counseling *(last reported FY19 Q4)*	**First reported value, FY19 Q2**	73%	-	**-**	85%	**81%**	-	**-**	**81%**
Percent of compliance with MAM screening and management standards *(last reported FY19 Q4)*	**First reported value, FY19 Q2**	63%	-	**-**	60%	**59%**	-	**-**	**59%**

INDICATOR	BASELINE DATE	BASELINE VALUE	2018 TARGET	2018 RESULT	2019 TARGET	2019 RESULT	2020 TARGET	2020 RESULT	LIFE OF ACTIVITY RESULT
Percent of compliance with MAS screening and management standards *(last reported FY19 Q4)*	**First reported value, FY19 Q2**	55%	-	-	60%	**64%**	-	-	**64%**
Number of new users of modern family planning methods among women between 15-49 years age *(last reported FY20 Q1)*	FY2017	398,377	633,668	**636,368**	655,768	**659,381**	N/A	**52,684**	**1,348,433**
Percent of women in immediate postpartum who leave the health center with a provision of modern FP method (last reported FY19 Q4)	First reported value, FY19 Q2	51%	-	-	70%	**58%**	-	-	**58%**
Proportion of women who completed 4 antenatal care visits during the current or last pregnancy *(last reported FY19 Q4)*	FY2017	59%	70%	**65%**	70%	**70%**	-	-	**70%**
Percent of checklists for which key procedures for pre- and postpartum care meet standards (last reported FY19 Q4)	First reported value, FY19 Q2	78%	-	-	80%	**88%**	-	-	**88%**
Percentage of children 0-11months who are fully vaccinated before the first birthday *(last reported FY19 Q4)*	First reported value, FY19 Q2	67%	-	-	75%	**77%**	-	-	**77%**
Result 1.2: Improved delivery of quality emergency obstetric and neonatal care at community level									
HL.6.3-1 Number of newborns not breathing at birth who were resuscitated in USG-supported programs	FY2017	11,238	13,112	**12,242**	12,487	**11,745**	12,332	**13,804**	**37,791**
Proportion of post-partum morbidity due to hemorrhage in USAID supported health facilities	First reported value, FY20 Q1	7.2%	-	-	-	-	5%	**1.6%**	**1.6%**
% of compliance with standards for complications screening related to pregnancy	First reported value, FY19 Q2	75%	-	-	80%	**85%**	90%	**79%**	**79%**
% of compliance with standards of complications management related to pregnancy	First reported value, FY19 Q2	70%	-	-	75%	**78%**	80%	**70%**	**70%**
% of compliance with standards of pregnancy complication prevention	First reported value, FY19 Q2	80%	-	-	85%	**87%**	90%	**88%**	**88%**

INDICATOR	BASELINE DATE	BASELINE VALUE	2018 TARGET	2018 RESULT	2019 TARGET	2019 RESULT	2020 TARGET	2020 RESULT	LIFE OF ACTIVITY RESULT
Result 1.3: Strengthened districts and regionals health managers capacities to improve planning and management of QI activities									
Number of training activities conducted	FY2017	0	3	**18**	3	**6**	2	**10**	**34**
Number of staff trained	FY2017	0	400	**535**	500	**5,487**	N/A	**1,289**	**7,311**
Number of regional quality improvement operational plan developed and implemented (last reported FY19 Q4)	FY2017	0	5	**5**	5	**9**	-	**-**	**14**
HL-1 Number of Universal Health Coverage (UHC) areas supported by USG investment (last reported FY20 Q1)	FY2017	1	1	**1**	1	**1**	1	**1**	**1**
HL-2 Strengthening human resources for health (HRH) (last reported FY20 Q1)	FY2017	1	1	**1**	1	**1**	1	**1**	**1**
Objective 2: Improve demand and access to quality MNCH, FP, malaria, and nutrition care and service deliveries at community and household levels using community quality improvement approach									
Result 2.1: Improved MNCH, FP, malaria and nutrition quality of care and services demand and access at CHW delivery point, rural maternities and household levels									
HL 7.2-2 Number of USG assisted community health workers (CHWs) providing Family Planning (FP) information, referrals, and/or services during the year	N/A	N/A	-	**-**	-	**-**	520	**708**	**708**
HL 9-2 Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs	FY2017	115,128	119,831	**120,172 Boys: 60,951 Girls: 59,221**	126,181	**129,013 Boys: 63,624 Girls: 65,389**	600,621	**607,890 Boys: 296,228 Girls: 311,662**	**857,075 Boys: 420,803 Girls: 436,272**
Number of pregnant women identified in the first trimester of pregnancy by the committees	N/A	N/A	-	**-**	8,228	**8,417**	13,819	**16,132**	**24,549**
Number of pregnant women newly identified by the committees (for inclusion in the pregnancy monitoring target)	N/A	N/A	-	**-**	9,404	**9,522**	15,354	**20,686**	**30,208**
Number of pregnant women sensitized on ANC/ Exclusive breastfeeding, CPoN & SPE, Children's minimum acceptable diet	N/A	N/A	-	**-**	9,404	**11,605**	16,560	**30,516**	**42,121**
Number of women in reproductive age aware of FP	N/A	N/A	-	**-**	176,317	**73,174**	205,694	**201,045**	**274,219**
Number of children aged 0-23 months identified in households	N/A	N/A	-	**-**	12,716	**12,641**	15,801	**36,759**	**49,400**
Number of children aged 24-59 months identified in households	N/A	N/A	-	**-**	23,616	**22,603**	47,710	**113,855**	**136,458**

INDICATOR	BASELINE DATE	BASELINE VALUE	2018 TARGET	2018 RESULT	2019 TARGET	2019 RESULT	2020 TARGET	2020 RESULT	LIFE OF ACTIVITY RESULT
Number of children aged 0-59 months with fever reference at CHW	N/A	N/A	-	-	-	-	60,331	**53,073**	**53,073**
Number of children aged 6-59 months detected anemic and referred	N/A	N/A	-	-	4,103	**723**	910	**2,325**	**3,048**
Number of pregnant women sensitized on anemia *(last reported FY19 Q4)*	N/A	N/A	-	-	9,404	**10,780**	-	-	**10,780**
Number of children aged 6-59 months screened for malnutrition and referred *(last reported FY19 Q4)*	N/A	N/A	-	-	4,103	**4,216**	-	-	**4,216**
Percent of deliveries at rural maternities using the safe childbirth checklist and partograph *(last reported FY19 Q4)*	N/A	N/A	-	-	75%	**84%**	-	-	**84%**
Objective 3: Contribute to improve the standards and procedures to support HRH management capacity at national and regional levels									
Result 3.1: Strengthened HRH managers in compliance to the use of HRH standards and procedures for HRH management and the use of SI-GRH at regional level									
Number of tools and approaches developed and/or applied and/or evaluated by objective and type	N/A	N/A	1	**13**	4	**10**	5	**7**	**30**
Strengthening integration of health information systems (HIS) data	FY2017	1	1	**1**	1	**1**	1	**1**	**1**

EXHIBIT 8. ONE HEALTH ACTIVITY INDICATORS

INDICATOR	COUNTRY	BASELINE	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Activity Goal: National One Health Platforms have strengthened capacity to adopt measured behaviors, policies, and/or practices that minimize the spillover of zoonotic diseases from lower animals into human populations							
Objective 1: NOHP has identified priority zoonotic diseases and strengthened surveillance systems for priority zoonoses with support of the MHSA							
1. Projected capacity level (on a scale from 1 - 5) according to JEE indicator P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens	Côte d'Ivoire	**3**	3	3	3	**3**	HRH2030 supported this JEE indicator through technical assistance to the Côte d'Ivoire NOHP to establish a technical working group for surveillance and notification; support to the NOHSC in Ethiopia to conduct after action review workshops and organize the National Brucellosis Prevention and Control Strategy Review workshop; and collaborate with the Food and Agriculture Organization in Tanzania to finalize the surveillance of priority zoonoses guidelines, among other activities.
	Ethiopia	**4**	4	4	Closed	**4**	
	Tanzania	**2**	3	3	Closed	**3**	
Result 1.1: NOHP has prioritized zoonotic diseases/ pathogens							
2. Number of zoonotic disease reprioritization efforts completed with support of the MHSA	Ethiopia	**0**	1	0	Closed	**1**	In Ethiopia, the MHSA supported the One Health Zoonotic Diseases Prioritization. The effort began in FY2019 and the manuscript was prepared for publication in FY20 Q3.
Result 1.2: NOHP has produced control strategies, risk assessments, and preparedness and response plans for effective prevention, detection, and response to emerging zoonotic diseases							
3. Number of control strategies, risk assessments, and preparedness & response plans developed with support of the MHSA	**Total**	**0**	**6**	**8**	**-**	**14**	HRH2030 contributed to this result through activities like (but not limited to): ■ Ethiopia: control strategies for Anthrax, Rabies, and Brucellosis, and Preparedness and Response Plans for HPAI, Rift Valley Fever, and other plans like the Livestock Market Guidance and the Core Message Guide for Zoonotic Disease. In addition, After Action Reviews completed for sudden camel death in Somali Regional State, the HPAI simulation exercise, and outbreak investigations for Rift Valley Fever, Mass Bird Mortality, Rabies, and Anthrax outbreaks ■ Tanzania: HPAI Preparedness and Response Plan
	Ethiopia	**0**	5	8	Closed	**13**	
	Tanzania	**0**	1	0	Closed	**1**	
4. Number of response/after-action reviews coordinated with support of the MHSA	Ethiopia	**0**	6	2	Closed	**8**	
5. Projected capacity level (on a scale from 1 - 5) according to JEE indicator R.1.2: Priority public health risks and resources are mapped and utilized	Côte d'Ivoire	**1**	1	1	3	**3**	
	Ethiopia	**2**	2	2	Closed	**2**	
	Tanzania	**2**	2	2	Closed	**2**	
Result 1.3: NOHP has strengthened surveillance data systems							
6. Projected capacity level (on a scale from 1 - 5) according to JEE indicator D.2.3: Analysis of surveillance data	Côte d'Ivoire	**3**	3	3	3	**3**	One Health Côte d'Ivoire assisted the Public Health Emergency Operations Center (COUSP) on a weekly basis and the NOHP on a monthly basis to conduct analyses of surveillance data. In addition, HRH2030 supported the NOHP in establishing the Surveillance Technical Working Group in Côte d'Ivoire.
	Ethiopia	**3**	3	3	Closed	**3**	
	Tanzania	**4**	2	2	Closed	**2**	

INDICATOR	COUNTRY	BASELINE	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Objective 2: NOHP has strengthened animal health workforce capacity with the support of the MHSA							
7. Projected capacity level (on a scale from 1 - 5) according to JEE indicator P.4.2: Veterinary or animal health workforce	Côte d'Ivoire	**3**	3	3	3	**3**	In Côte d'Ivoire, the MHSA contributed to Bridging the International Health Regulations (IHR; Reglement Sanitaire International RSI) / Performance of Veterinary Services (PVS) workshops and Animal Health TWGs. In Ethiopia, the MHSA contributed to the Ethiopian African Sustainable Livestock 2050 and to the Ethiopian One Health Joint Risk Analysis.
	Ethiopia	**3**	3	3	Closed	**3**	
	Tanzania	**2**	2	2	Closed	**2**	
Result 2.1: Animal health workforce has increased to conduct one health activities							
8. Number of animal health workforce staff trained with support of the MHSA	**Total**	**0**	0	0	-	**0**	No trainings were held specifically for the animal health workforce; general results of staff trained in HRH2030-supported trainings are reported under indicator 10.
Objective 3: NOHP has established and/or strengthened zoonoses response mechanisms with support of the MHSA							
9. Projected capacity level (on a scale from 1-5) according to JEE indicator P.4.3: Mechanisms for responding to infectious zoonoses and potential zoonoses are established and functional	Côte d'Ivoire	**2**	2	2	3	**3**	HRH2030 supported this JEE indicator through support to the Côte d'Ivoire COUSP in its mission to respond to infectious and potentially infectious zoonoses and support to the organization of One Health Day; activities in Ethiopia to organize regional One Health Platform Supervision, Backup, and Sensitization Mission, support organization of the Ethiopian NOHP organizational structure, and organize Regional One Health Taskforces meetings; and activities in Tanzania to finalize the Human African Trypanosomoses Prevention and Control Strategy and conduct an after action review of a rabies outbreak in Morogoro, among other activities.
	Ethiopia	**2**	3	3	Closed	**3**	
	Tanzania	**3**	3	3	Closed	**3**	
Result 3.1: OH workforce has increased knowledge to implement coordinated response							
10. Number of OH workforce staff trained with support of the MHSA *(excluding animal health workforce captured in #9)*	**Total**	**0**	**476**	**0**	**-**	**476**	Trainings included a leadership and management in One Health training and an antimicrobial resistance TWG workshop in Côte d'Ivoire; an HPAI preparedness and response tabletop simulation, emerging pandemic threat preparedness and response plan development exercise, and other workshops in Ethiopia; and trainings in Tanzania on OH leadership, Rift Valley Fever simulation, and Phase 1 Ebola simulation.
	Côte d'Ivoire	**0**	55	0	-	**55**	
	Ethiopia	**0**	125	0	Closed	**125**	
	Tanzania	**0**	296	0	Closed	**296**	

INDICATOR	COUNTRY	BASELINE	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Result 3.2: NOHP has strengthened coordination and communication mechanisms							
11. Number of MOUs, TORs, and partner guidelines developed to establish coordinated response mechanisms with support of the MHSA	**Total**	**0**	**17**	**8**	**-**	**27**	MHSAs supported coordination of One Health actors through activities including but not limited to: ■ Côte d'Ivoire: TORs for HPAI simulation, operationalization of the NOHP, and the Côte d'Ivoire Annual National Health Security Plan ■ Ethiopia: TORs for regional OH taskforces, the National One Health Communication Taskforce Annual Action Plan, and the NOHSC Annual Action Plan ■ Tanzania: HPAI, HAT, and AAT strategies and EVD standard operations procedures
	Côte d'Ivoire	**0**	0	4	-	**6**	
	Ethiopia	**0**	13	3	Closed	**16**	
	Tanzania	**0**	4	1	Closed	**5**	
12. Projected capacity level (on a scale from 1-5) according to JEE indicator P.2.1: A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR	Côte d'Ivoire	**2**	2	2		**3**	
	Ethiopia	**3**	3	3	Closed	**3**	
	Tanzania	**3**	3	3	Closed	**3**	
Result 3.3: NOHP has produced advocacy and communication materials and events							
13. Number of OH events and technical meetings coordinated with support of the MHSA	**Total**	**0**	**95**	**66**	**9**	**170**	MHSAs supported a substantial number of OH events and meetings to support OH advocacy; notable events include the launch of the National One Health Platform in Côte d'Ivoire, the first "table-top" HPAI simulation in Ethiopia, and a full-scale field simulation exercise for RVF in Tanzania.
	Côte d'Ivoire	**0**	53	21	9	**83**	
	Ethiopia	**0**	32	43	Closed	**75**	
	Tanzania	**0**	10	2	Closed	**12**	
14. Number of advocacy and communication materials developed with support of the MHSA	**Total**	**0**	**8**	**3**	**2**	**13**	In addition to events, MHSAs also supported the development advocacy and communication materials like presentations on the One Health approach to the Prime Minister in Côte d'Ivoire, an abstract for the HSR2020 COVID-19 Symposium from Ethiopia, and IEC materials on rabies and EVD in Tanzania.
	Côte d'Ivoire	**0**	5	1	2	**8**	
	Ethiopia	**0**	0	2	Closed	**2**	
	Tanzania	**0**	3	0	Closed	**3**	

EXHIBIT 9. THE PHILIPPINES ACTIVITY INDICATORS

INDICATOR	BASELINE	2019	2020*	LIFE OF ACTIVITY RESULT	SUMMARY OF LIFE OF ACTIVITY RESULTS
Activity Goal: Strengthen health workforce to improve FP, MCH, and TB services					
Objective 1: Health Human resources development planning and implementation for TB and FP/MCH at the primary care level improved					
1. DOH implementation of USAID supported HRH tools and approaches to improve health workers' skills mix, distribution, and competencies	**0**	2.0	2.0	**2.0**	HRH2030 has contributed to concrete actions of the Department of Health to improve health workforce skill mix, distribution, and competencies, including support for WISN, Health Labor Market Analysis, National Health Workforce Accounts, Return Service Agreement, and the Deployment Program. As of the end of Q2, WISN and NHWA were at stage 3 (tested). HLMA was at stage 2 (developed), and the RSA and Deployment Program remained at the initial assessment stage. The e-Learning system was not included in this indicator but reached stage 4 (evaluated) by the end of the quarter. Further e-Learning results can be found under Objective 2.
Objective 2: TB and FP/MCH HRH performance management and development strengthened					
2. Number of USG-assisted DOH regional health offices conducting HRH systems strengthening activities	**0**	0	11	**11**	**11 Regions** ■ 9 USAID-assisted regions (NCR, Region 3, Region 4A, Region 4B, Region 7, Region 8, Region 11, Region 12, BARMM) ■ 2 DOH-identified regions (Region 6 and Region 10) HRH2030 Philippines provided e-Learning and WISN support to 11 regions to rollout the interventions in their corresponding provinces
3. Number of CPD courses available in non-traditional learning platforms	**N/A**	N/A	5	**5**	Adolescent Health Education and Practical Training (ADEPT), Universal Health Care (UHC), Data Governance, GeneXpert, TB Infection Prevention and Control
4. Number of health workers completing an online module/ course	**N/A**	N/A	963	**963**	As of the March 31, 2020 report a total of 2,491 enrollments for various eLearning courses were reported (ADEPT, 537; Data Governance, 952; UHC, 366; TB Infection Control, 364; and GeneXpert Processing, 272) were reported. Among these, a total of 963 completed the modules (ADEPT, 104; Data Governance, 384; UHC, 158; TB Infection Control, 148; and GeneXpert Processing, 169). It should be noted that these numbers come from preliminary reports that need to be cleaned (e.g., preliminary report shows only UHC module is counted in the total).
5. Average score of learner completers reporting self-efficacy	**N/A**	N/A	4.4	**4.4 (Agree)**	Based on Likert scale from 1- Strongly Disagree, 2 – Disagree, 3 – Neutral, 4 – Agree, and 5 – Strongly Agree. Reported figure is average of 74 learners who enrolled for the UHC module.
Cross-Cutting Objective 2: Organizational Capacity Support for HHRDB, FPP, and NTP through A-WISN					
6. Number of DOH units where A-WISN is applied	**0**	N/A	3	**3**	**3 DOH units** A-WISN conducted for HHRDB, NTP, and FPP; final reports completed and approved

INDICATOR	BASELINE	2019	2020*	LIFE OF ACTIVITY RESULT	SUMMARY OF LIFE OF ACTIVITY RESULTS
Other Cross Cutting Indicators					
7. Presence of the mission support to strengthen Human Resources for Health (HRH). HL-2 (USAID) (Yes=1, No=0)	**1**	1	1	**1**	**Yes: HRH2030 has supported strengthened Human Resources for Health in the following areas:** ■ Advocacy for sustaining and transitioning Global Fund supported HRH through the result of the inventory and sustainability planning conducted ■ Patient experience enhanced through development of a patient experience framework and tools for the Philippines ■ Data sharing enhanced through the technical assistance on implementing NHWA and establishing its governance structure ■ Training data improvement through a technical assistance on enhancing the training database under LDIMS and developing the LDIMS system roadmap ■ Technical assistance to map and align competencies of the health workforce to health sector needs though the Competency assessment package developed ■ Policy briefs developed to strengthen HRH systems specifically on eLearning, data-driven decision making (NHWA), RSA and deployment, and workforce planning (WISN)
8. Number of new interventions implemented in partnership with another project/external stakeholder per year	**0**	5	6	**11***	**11 interventions** ■ eLearning portal with DOH (2019) ■ LMS and modules development with DOH (2019) ■ Enhanced supportive supervision with CMSU in Southern Leyte (2020) ■ Inventory and sustainability roadmap for Global Fund-supported HRH with DOH, PBSP, and Global Fund (2020) ■ WISN for Supply Chain with USAID's MTaPS (2020) ■ Transfer of eLearning materials to tablets for offline use in BARMM with USAID's BARMMHealth (2020) ■ Module development for FPCBT with USAID's ReachHealth and DOH (2020) ■ Module development for TB-MOP with Global Fund and USAID's TB-IHSS (2020) ■ Participation in quarterly TB TWG reporting on TB harmonized plan with TB TWG (2018) ■ Validation of HRH inventory tool for Global Fund with DOH and PBSP/Global Fund (2019) ■ Assessment of FP eLearning modules with ReachHealth (2019)
9. Number of joint missions conducted with another project/ external stakeholders per year	**0**	6	4	**10**	**10 joint missions** ■ HLMA Joint Mission with DOH and WHO ■ NHWA and WISN Joint Mission with DOH and WHO ■ Gender Competency Assessment with various local government units ■ Global Fund Sustainability Planning with DOH, PBSP and Global Fund ■ Enhanced supervision research study with Leyte Provincial Health Office ■ NTP review of Sustainability Planning for Global Fund-sponsored health workers with DOH, PBSP and Global Fund ■ Assessment of supportive supervision models with USAID's CMSU ■ Joint mission with DOH and WHO on HRH Masterplan ■ Mid-Year Review with ReachHealth, TB Platforms, TB Innovation, and BARMM Health ■ ReachHealth baseline data presentation and analysis with ReachHealth Central and Regional

INDICATOR	BASELINE	2019	2020*	LIFE OF ACTIVITY RESULT	SUMMARY OF LIFE OF ACTIVITY RESULTS
10. Number of knowledge products from another USG-supported project or activity utilized	**0**	5	3	**8**	**8 knowledge products** ■ Training Information Management System (MindanaoHealth) ■ Clinical Standards for FP (HPDP, LuzonHealth, VisayasHealth) ■ Behavioral Engineering Model (HICD) ■ Monitoring Midwives (CMSU) ■ Quality of TB Services in the Phils Measure ■ National Tuberculosis Control Program: Manual of Procedures (6th edition) (TASC, TB Platforms, TB Innovations) ■ Midwife Quality Assurance Package (PRISM) ■ Guidelines for Conducting Post-training Supportive Supervision Visits to Facilities offering PPFP and PPIUD (MCHIP)

**Through closeout in early 2020 Q3*

EXHIBIT 10. SENEGAL ACTIVITY INDICATORS

INDICATOR	BASELINE VALUE (2016)	2017	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Activity Goal: To support the creation and implementation of human resources policies and guidelines that govern an effective and functional human resources system through improving the quality of recruitment and rural-urban distribution of health workers in Senegal.								
A. Strengthening Human Resources for Health	n/a	100%	100%	100%	100%	100%	**100%**	As the first-ever direct HRH development support program to Senegal's MOH, HRH2030 leaves the Ministry of Health and Social Action with an institutionalized commitment to using data for evidence-based HRH decision-making; a strengthened capacity to plan for, manage, and support the health workforce through the application of effective HRH management tools and workforce policies; and a staff of HR leaders and managers who have adopted key organizational development approaches.
B. Density of active health workers per 1,000 population in zones difficiles by cadre	n/a	0.65	0.68	0.65	0.81	n/a	**0.81**	
C. Productivity of health facilities in zones difficiles benefitting from new HRH policies, strategies, or guidelines	837	832	796	838	861	n/a	**861**	
Objective 1: Support the targeted review, creation, and implementation of policies and guidelines for the sustainable and equitable distribution of HRH								
01. Average implementation score for HRH policies, strategies, or guidelines *(Stages: 1: Under Preparation; 2: Drafted; 3: Adopted; 4: Implemented; 5: Effective)*	0	2.5	2.7	3.2	3.8	4	**4**	As the first-ever direct HRH development support program to Senegal's MOH, HRH2030 leaves the Ministry of Health and Social Action with an institutionalized commitment to using data for evidence-based HRH decision-making; a strengthened capacity to plan for, manage, and support the health workforce through the application of effective HRH management tools and workforce policies; and a staff of HR leaders and managers who have adopted key organizational development approaches.
02. Number of HRH policy documents, strategies, guidelines, and/or briefs developed, revised, and/or improved	0	5	10	6	1	1	**23**	
Result 1.1: Capacity of MSAS HR focal points to implement relevant HRH policy reforms is increased								
03. Number of trainings and/or workshops conducted on implementation of policies, strategies, or guidelines	0	6	27	34	40	25	**132**	HRH2030 exceeded the target number of trainings to strengthen HRH in Senegal (target: 119). This had effects on HRH policy, iHRIS uptake, and the implementation of activities like validating and updating HRH job descriptions. For example, the percentage of assessed staff with validated job descriptions exceeded the project target of 25% by the end of the program. In total, HRH2030 supported the DRH to develop 2,717 job descriptions at central and regional levels to ensure defined job requirements, compensation, and health worker classification; set performance expectations and guide the performance management process; and identify employee training and development needs.
04. Number of new health workers posted to facilities in *zones difficiles*	n/a	0	128	32	147	72	**379**	
05a. Percentage of staff with validated job descriptions in USAID concentrated regions	N/A	-	-	-	-	29.15%	**29.15%**	
05b. Percentage of staff with updated job descriptions in USAID concentrated regions	N/A	-	-	-	-	28.35%	**28.35%**	

INDICATOR	BASELINE VALUE (2016)	2017	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT	DETAILS AND HIGHLIGHTS
Objective 2: Strengthen the organizational leadership & management (L&M) capacity of the MSAS for effective HRM								
Result 2.1: Increased L&M capacity of the MSAS to implement HR policies								
06. Number of actions taken to address identified organizational and leadership challenges	0	1	3	6	0	4	**14**	HRH2030 exceeded the target of 12 actions to address organizational and leadership challenges, including actions like performing a diagnostic exercise to identify organizational challenges in the DRH; training MSAS leaders in ethics, management, and leadership; and supporting the DRH annual workplan process.
Result 2.2: Capacity of the DRH to manage HRH resources is increased								
07. Number of activities to strengthen multisectoral collaboration for moving the HRH agenda forward	0	2	6	16	7	5	**36**	HRH2030 engaged multisectoral actors in many activities, including workshops supporting the development and validation of the PNDRHS 2020-2028, multisectoral development of the PNDRHS evaluation reports, developing new recruitment guidelines, and development of the *Guide de Mobilité*, exceeding the target of 34 activities.
Objective 3: Improve MSAS use of data for HRH decision-making								
08. Number of health worker contracts renewed in hard-to-reach zones	N/A	-	-	-	-	839	**839**	In FY2021, HRH2030 supported the DRH to use HRH data to renew the contracts of 839 health workers in hard-to-reach zones to ensure that, until they are formally recruited, these health workers remain available to address health workforce shortages. In addition, HRH2030 support has meant that iHRIS data is now being referenced in HRH documents. While the target for indicator 9 was 100 documents, challenges related to COVID-10 restrictions prevented HRH2030 from being able to collect data for this indicator in FY21 Q3, meaning that approximately 50 *Etablissement Public de Santé* data processing and analysis reports that were included in the indicator 9 target could not be validated.
09. Number of HRH documents developed that reference current iHRIS data	0	1	2	3	44	1	**51**	
Result 3.1: iHRIS data demand and use for HRH decision-making are improved								
10. Number of capacity building activities conducted on iHRIS data collection and/or use	0	2	3	11	10	11	**37**	HRH2030 held 37 trainings to build capacity for iHRIS data collection and use (exceeding the target of 28), including trainings to professionalize the new regional HR focal point position and build their skills to process and analyze HR data, submit HR reports based on national standards, and provide technical assistance to district focal points. While COVID-19 restrictions prevented HRH2030 from being able to measure a FY21 result for indicator 11, substantial improvements in the percentage of iHRIS focal points submitting HR reports based on national standards were made over the course of FY20 (from 21% to 60% following HRH2030 support).
11. Percentage of iHRIS focal points submitting HR reports based on national standards	N/A	-	-	-	60%	-	**60%**	

EXHIBIT 10. SENEGAL ACTIVITY INDICATORS

EXHIBIT 11. COMMUNICATIONS AND KNOWLEDGE MANAGEMENT INDICATORS

The baseline is 0 for all communications indicators listed below. Results reported through September 10, 2021.

INDICATOR	2018	2019	2020	2021	LIFE OF ACTIVITY RESULT
Social Media					
01. Number of HRH2030 tweets	382	689	586	638	**2,295**
02. Number of HRH2030 Facebook posts	147	253	345	325	**1,070**
03. Number of Twitter followers	959	1,642	2,166	2,563	**2,563**
04. Number of Facebook followers	537	979	1,471	1,714	**1,714**
05. Number of HRH2030 tweets retweeted by others	803	1,653	1,630	1,864	**5,950**
06. Average daily Facebook reach	127	347	465	198	**284**
Website					
07. Number of resources and news items added to HRH2030 website	56	84	94	87	**321**
08. Number of HRH2030 website users	8,885	12,907	20,396	23,096	**65,284**
09. Number of HRH2030 website pageviews	28,426	42,140	62,102	63,759	**196,427**
10. Percentage of visits to the HRH2030 website made by international users	53.5%	56.9%	57.2%	53.5%	**55.3%**
11. Average session duration on HRH2030 website	3.0	3.1	2.5	2.2	**2.7**
12. Average number of pages visited per HRH2030 website visit	2.6	2.5	2.2	2.0	**2.3**
Publications					
13. Number of internal newsletters distributed	24	13	12	6	**55**
14. Number of public-facing e-blasts distributed	12	21	28	23	**84**
15. Number of opens for public-facing e-blasts	2,892	4,990	7,857	6,042	**21,781**
16. Number of people on public e-mail distribution list	753	951	1,350	1,327	**1,327**
17. Number of journal articles published by HRH2030	0	1	1	0	**2**

DETAILS AND HIGHLIGHTS

HRH2030 shared more than 2,000 tweets and more than 1,000 Facebook posts sharing program resources, news, tools, and other HRH information. HRH2030 social media reached thousands of followers from around the world.

The HRH2030 website includes more than 200 news items and 100 resources for HRH stakeholders and practitioners. The resources were developed across the HRH2030 program, from global resources like the HRH Optimization Tool and the Health Worker Life Cycle approach, to country-specific resources like case studies, technical briefs, and guides. These resources reached tens of thousands of global users.

Some of the most opened e-blasts include Health Workforce Resilience Prize announcements, the special edition COVID-19 response newsletter, and invitations to webinars on HRH2030 tools.

Published articles include:wn Agarwal S, Sripad P, Johnson C, et al. (including Deussom, R.). A conceptual framework for measuring community health workforce performance within primary health care systems. Hum Resour Health. 2019 Nov 20;17(1):86. doi: 10.1186/s12960-019-0422-0. PMID: 31747947; PMCID: PMC6868857.

- Deussom, R., Rottach, E., Prabawanti, C., Rahmat, E., Rachmawati, T., & Sirajulmunir, N. Health Workforce Assessment in Jakarta for Effective HIV Policy Implementation: Challenges and Opportunities toward Epidemic Control. Jurnal Ekonomi Kesehatan Indonesia, 3(2)).

EXHIBIT 12. COVID-19 INDICATORS

The following table includes COVID-19 indicators for all relevant activities. The first section includes indicators identified from the USAID COVID-19 response Pillar 2 provisional list provided by the AOR; the remaining sections include activity-specific indicators for Indonesia, Mali, and One Health. Results are reported through FY2021 Q1, when activities that contributed to these indicators concluded.

INDICATOR	ACTIVITY/ COUNTRY	2020	2021	LIFE OF ACTIVITY RESULT	HIGHLIGHTS
Indicators identified from USAID COVID-19 Response Pillar 2 provisional list					
Result Area 1: Risk communication and community engagement (including messaging on handwashing, treatment seeking behavior, countering misinformation, social distancing, hot lines, etc.)					
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	One Health: Côte d'Ivoire; Mali	2	-	**2**	■ FY20: Côte d'Ivoire: 107 veterinarians and 240 university students educated about COVID-19 ■ FY20: Mali: 3,388 people oriented to COVID-19 related messages
Number reached	One Health: Côte d'Ivoire; Mali	3,735	-	**3,735**	
Indonesia-specific COVID-19 Response Indicators (identified in coordination with USAID/Indonesia)					
Number of datasets in the SI-SDMK and HRH Datawarehouse	Indonesia	12	-	**12**	1. Number of cases 2. Referral Hospital 3. SDMK at the Referral Hospital 4. Volunteer 5. Laboratory 6. Logistics 7. Risk level 8. Risk factors (Diabetes, Hypertension, Heart disease, etc.) 9. Poltekkes 10. SDMK: is infected and dies 11. PHO/DHO data on health workers receiving incentives 12. MOF data on IDR amount of incentives

INDICATOR	ACTIVITY/ COUNTRY	2020	2021	LIFE OF ACTIVITY RESULT	HIGHLIGHTS
Number of monitoring operations dashboard developed related to COVID-19 response	Indonesia	12	-	**12**	12 dashboards developed, including 5 regional dashboards as well as the 7 national dashboards listed below: 1. HRH COVID-19 dashboard including sub-dashboards: a. Number of Covid-19 cases per Province b. Location of Covid-19 Hospital c. Total HRH per health facility d. Laboratory e. Logistics f. Risk Level g. Risk factor 2. Volunteer Dashboard 3. Polytechnic School Dashboard 4. COVID-19 Stats 5. Poltekkes including sub-dashboards: a. Agency Accreditation b. Study Program Accreditation c. Clusterization d. Number of graduates e. Number of lecturers 6. SDMK is infected and dies including sub-dashboards: a. HRH infected (Central Java Province) b. HRH died (general doctor and medical specialist) 7. PHO/DHO data on HW receiving incentives including sub-dashboards: a. Total incentive budget b. Amount of funds transferred to regions and hospitals c. The amount of funds realized in the regions and hospitals d. The number of workers who receive The 5 Regional Dashboards for South Sulawesi, Bengkulu, Central Java, Kota Pekalongan, and Kota Cirebon include health worker number and locations compared to COVID-19 cases.
Number of dashboard users	Indonesia	509	-	**509**	509 users of national and regional dashboards (350 in Q3 and 159 in Q4)
Number of government officers demonstrate skills on data management and governance to maintain regional monitoring dashboard	Indonesia	22	-	**22**	22 government officers have been trained in data management and governance. ■ Of those officers, 12 participated in a post-training assessment ■ Of those who completed the post-training assessment, all 12 demonstrated post-training skills on data management and governance

INDICATOR	ACTIVITY/ COUNTRY	2020	2021	LIFE OF ACTIVITY RESULT	HIGHLIGHTS
Mali-specific COVID-19 Response Indicators (identified in coordination with USAID/Mali)					
Percent of required surveillance reports submitted on time to the Ministry of Health by health care facilities	Mali	94% (890/945)	100% (943/945)	**100%** (943/945)	
Number of health workers trained in surveillance	Mali	2,654	0	**2,654**	
Percent of monitoring tools adapted to the COVID-19 context	Mali	100% (10/10)	100% (10/10)	**100%** (10/10)	
Percent of rapid response teams supported under COVID-19	Mali	100% (22/22	100% (22/22)	**100%** (22/22)	
Percent of health facilities with appropriate monitoring guidelines or protocols for COVID-19	Mali	100% (443/437)	100% (443/437)	**100%** (443/437)	
Percent of health facilities supervised under COVID-19	Mali	68% (297/437)	41% (180/437)	**41%** (peak 68%)	
Number of health workers oriented to barrier measures for the provision of health care and services	Mali	4,661	0	**4,661**	
Percent of health facilities/community platforms where USAID provided technical assistance for COVID-19 risk communication and community engagement through the distribution of communication materials	Mali	67% (209/314)	-	**67%** (209/314)	
Number of people oriented to COVID-19 related messages	Mali	10,635	609	**11,244**	
Number of people reached by USAID-supported community platforms	Mali	46,127	9,907	**56,034**	
One Health-specific COVID-19 Response Indicators (identified for use in Côte d'Ivoire)					
Types and number of computer equipment books and functional website with up-to-date information	One Health: Côte d'Ivoire	17	1	**2**	■ FY20: 17 materials provided, including 2 laptops, 1 video projector, 2 desktop computers, 2 extension cords, and 10 ink cartridges ■ FY21 Q1: Health data exchange website functional
Number of coordination and collaboration meetings between all actors in the COVID19 response (particularly COUSOP and NOHP) to discuss the progress of interventions, challenges and next steps.	One Health: Côte d'Ivoire	3	0	**3**	■ FY20: Monthly synthesis meetings of COUSP and NOHP in July, August, and September

INDICATOR	ACTIVITY/ COUNTRY	2020	2021	LIFE OF ACTIVITY RESULT	HIGHLIGHTS
Number of follow-up and evaluation meetings of the COVID-19 response	One Health: Côte d'Ivoire	2	1	**3**	■ FY20: monthly meetings to monitor and evaluate the activities of COUSP/NOHP, and an exchange meeting on the monitoring and evaluation activity ■ FY21 Q1: ToR preparation by the COUSP secretariat
SOPs available to assist the Infection Prevention and Control (IPC) committee to strengthen its coordination efforts with the COVID19 Commission and lead IPC interventions through regular meetings and updates.	One Health: Côte d'Ivoire	1	0	**1**	■ FY20: Elaboration of IPC documents against COVID-19 and validation of IPC SOPs against COVID-19
Functional data collection platform in place (DHIS2 at the National Institute of Public Health and PCI) to strengthen data sharing	One Health: Côte d'Ivoire	0	1	**1**	■ FY21: Functional ICP platform under development
Types and number of IT materials provided to ensure real-time data capture and the availability of human, animal and environmental health surveillance data in existing surveillance networks	One Health: Côte d'Ivoire	0	20	**20**	■ FY21: Delivery of 20 tablets to the ICP committee
Number of ICP technicians with strengthened to collect real-time data on community infection prevention and control measures at the central level for informed decision making	One Health: Côte d'Ivoire	18	0	**18**	■ FY20: Delivery of IT equipment and training of 18 ICP agents
Number of laboratories and personnel forms and procedure manual harmonized and available for the different laboratories	One Health: Côte d'Ivoire	1	0	**1**	■ FY20: Developed SOPs of laboratories to fight against COVID-19
Number of laboratory assessment visits carried out	One Health: Côte d'Ivoire	1	2	**3**	■ FY20: M&E of the operation of the COVID-19 laboratory in Daloa ■ FY21: M&E of the operation of the COVID-19 laboratory in San-Pedro and in Abengourou
Number of public and private veterinarians educated about COVID-19	One Health: Côte d'Ivoire	107	0	**107**	■ FY20: Trainings in June, August, and September
Number of students and universities sensitized on COVID-19 in Abidjan	One Health: Côte d'Ivoire	240	0	**240**	■ FY20: Sensitization conducted in July and September

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