



SECTOR	Health
SUB-SECTOR	Health Systems and Clinical Support
Indicator: Number of health facilities supported	
INDICATOR DESCRIPTION	
<p>Definitions Health facility: A place that provides health care; a dispensary, health post, health center, health clinic (fixed or mobile), or hospital.</p> <p>Supported: Having received any type of training, rehabilitation, supplies and/or staffing with USAID/OFDA funding. For the purposes of this indicator, facilities that are <u>only</u> rehabilitated with USAID/OFDA funding should not be included.</p>	
Numerator: N/A	
Denominator: N/A	
Unit of Measure: Number of facilities	
Disaggregated by: N/A	
Suggested Data Collection Method: Compile data from partner internal record keeping and reporting.	
Suggested Data Source: Workplans, partner records	

SECTOR	Health
SUB-SECTOR	Health Systems and Clinical Support
Indicator: Number of health facilities rehabilitated	

INDICATOR DESCRIPTION
<p>Definitions</p> <p>Health facility: A place that provides health care; a dispensary, health post, health center, health clinic (fixed or mobile), or hospital.</p> <p>Rehabilitated: Provided any type of structural improvement including electricity, wall/ceiling/roof/window repair, painting, addition of a patient waiting area, etc., with USAID/OFDA funding.</p>
Numerator: N/A
Denominator: N/A
Unit of Measure: Number of facilities
Disaggregated by: N/A
Suggested Data Collection Method: Compile data from partner internal record keeping and reporting.
Suggested Data Source: Workplans, partner records

SECTOR	Health
SUB-SECTOR	Health Systems and Clinical Support
Indicator: Number of health care staff trained	
INDICATOR DESCRIPTION	
<p>Definition(s)</p> <p>Health care staff: People working in or alongside a health facility, working towards a common goal for improving the health status of the surrounding population/catchment area. Includes people formally trained (e.g., doctor, nurse) and informally trained (e.g., traditional birth attendants) as well as any cleaning staff and clerks. Technical narratives must specify the type of health care worker/staff and trainings to be given.</p> <p>Trained: The sum total of the individuals who completed all requirements specified for successful completion of a specific training that may include attendance and/or written, verbal, or hands-on demonstration of knowledge and skills.</p>	
Numerator: N/A	

Denominator: N/A
Unit of Measure: Number of individuals
Disaggregated by: Sex; health care staff type (doctor, nurse, midwife, clinical officer, nursing assistant, burial team member, ambulance driver, cleaning staff, clerk, other)
Suggested Data Collection Method: Compile data from training rosters and records.
Suggested Data Source: Training rosters and records from partner-supported trainings

SECTOR	Health
SUB-SECTOR	Health Systems and Clinical Support
Indicator: Percentage of total weekly surveillance reports submitted on time by health facilities.	
INDICATOR DESCRIPTION	
<p>Definition(s)</p> <p>Surveillance report: Official documentation as required by the Ministry of Health (MoH), WHO, or coordinating health authority on which timely information is collected on epidemic-prone diseases in order to trigger prompt public health response and appropriate intervention. The surveillance system may be referred to as an Early Warning and Response Network/System (EWARN/S). The diseases to be reported on are determined by the MoH, WHO, and/or coordinating health authority, based on local epidemiology.</p> <p>On time: Received by health authorities and/or coordination body by the established deadline. A standardized reporting period of every seven days (weekly) is expected, but a reporting cycle and submission deadlines will be agreed upon by the MoH/WHO/coordinating health authority. This indicator does not refer to more immediate or ad-hoc reporting that may be required for certain conditions or within the context of an outbreak response.</p> <p>Health facility: A place that provides health care; a dispensary, health post, health center, health clinic (fixed or mobile), or hospital.</p> <p>For the purposes of this indicator, include only health facilities supported with USAID/OFDA funding.</p>	
Numerator: The total number of weekly surveillance reports submitted on time by OFDA-funded health facilities over the course of the implementation period	

Denominator: [The total number of weeks/months/reporting intervals in the implementation period] x [total number of supported health facilities responsible for submitting surveillance reports]
Unit of Measure: Percentage of surveillance reports
Disaggregated by: N/A
Suggested Data Collection Method: Partners must collect information on the number of weekly (or other required time period) surveillance reports submitted to the appropriate health authorities for USAID/OFDA supported health facilities by the established deadline. If the reporting period differs from weekly per the MoH/WHO, please state this in the comments field within the indicator and within the technical narrative.
Suggested Data Source: Partner records and monitoring reports

SECTOR	Health
SUB-SECTOR	Health Systems and Clinical Support
Indicator: Number of outpatient consultations	
INDICATOR DESCRIPTION	
<p>Definitions</p> <p>Outpatient: A non-hospitalized individual.</p> <p>Consultations: A visit by a patient to a health care provider in which the patient presents with a problem or issue and the health care provider provides medical evaluation, diagnosis, treatment, and/or referral for that person.</p> <p>Notes</p> <ul style="list-style-type: none"> • <i>For the purposes of this indicator</i>, outpatient consultations are for curative care, and do not include routine preventative services such as immunization and antenatal care. • Outpatient consultations may take place in both fixed and mobile facilities, as well as both existing facilities and parallel self-standing emergency facilities. • <i>For the purposes of this indicator</i>, do not include curative consultations conducted by community health workers (CHWs) at the household or community level. These curative consultations should be recorded and compiled under for 	

the following indicator in the Community Health Sub-sector: <i>“Number of children under five years of age who received community based treatment for common childhood illnesses.”</i>
Numerator: N/A
Denominator: N/A
Unit of Measure: Number of consultations
Disaggregated by: Sex; Age (<5 years, 5-14 years, 15-18 years, 19-49 years, 50+ years)
<p>Suggested Data Collection Method: Compile data from supported outpatient facilities to calculate the sum total of outpatient consultations.</p> <p>Total number of outpatient consultations by facility and differentiation between types of visits (e.g., communicable disease, reproductive health, non-communicable disease, injury) should be provided in a table/figure or annex in the semi-annual report.</p>
<p>Suggested Data Source: Patient registers from supported health facilities</p> <p>All USAID/OFDA supported health facilities must maintain a patient register and clinical record in which the name, age, sex, and chief complaint is recorded for each patient.</p>

SECTOR	Health
SUB-SECTOR	Health Systems and Clinical Support
Indicator: Number of hospitalizations	
INDICATOR DESCRIPTION	
<p>Definition(s) Hospitalizations: Admission of an individual to a secondary or tertiary healthcare facility for treatment. This includes patients received through referral pathways (from primary facilities or community referrals) and individuals admitted for inpatient care via the emergency department.</p> <p>Admission: Registered at an inpatient health facility for observation and/or specialized treatment, often overnight.</p>	
Numerator: N/A	

Denominator: N/A
Unit of Measure: Number of hospitalizations
Disaggregated by: Sex; Age (<5 years, ≥ 5 years)
<p>Suggested Data Collection Method: Compile data from supported facilities providing inpatient care to calculate the sum total of hospitalizations.</p> <p>Total number of hospitalizations by facility and differentiation between cases of surgery, pediatrics, maternity, and gynecology. Internal medicine should be provided in a table/figure or annex in the semi-annual report.</p>
Suggested Data Source: Hospital/Health Facility patient registers from supported facilities

SECTOR	Health
SUB-SECTOR	Communicable Diseases
Indicator: Number of communicable disease consultations	
INDICATOR DESCRIPTION	
<p>Definitions</p> <p>Communicable disease: An illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector, or the inanimate environment to a susceptible animal or human host.</p> <p>Consultation: A visit by a patient to a health care provider in which the patient presents with a problem or issue and the health care provider provides medical evaluation, diagnosis, treatment, and/or referral for that person.</p> <p>Communicable disease consultations may take place in fixed and mobile facilities, as well as in both existing facilities and parallel self-standing emergency facilities.</p>	
Numerator: N/A	
Denominator: N/A	
Unit of Measure: Number of consultations	

Disaggregated by: Sex; age (<5 years, ≥ 5 years); disease (diarrhea, acute respiratory infections, malaria)

Suggested Data Collection Method: Compile data from supported health facilities and supported CHW programs to calculate the sum total of consultations for each disease specified.

Total number of communicable disease consultations by specified disease, by facility should be provided in a table/figure or annex in the semi-annual report.

Suggested Data Source: Patient registers from supported health facilities; CHW patient registers/disease tally sheets

SECTOR	Health
SUB-SECTOR	Communicable Diseases
Indicator: Case fatality rates for communicable diseases.	
INDICATOR DESCRIPTION	
<p>Definition(s)</p> <p>Case fatality rate (CFR): The proportion of case-patients with a specified disease who die in health facilities supported with USAID/OFDA funding over a given time period. CFR is a measure of the severity of a disease and quality of case management. It may reflect effectiveness of management of treatment of that disease in the context in which it is being measured. It may also reflect promptness of care or late arrival at the facility in certain contexts.</p> <p>CFR calculation: Divide the total number of deaths from a disease over a given time period, by the total number of cases of the disease over the given time period. All cases in the numerator should also be included in the denominator.</p> $\frac{\text{\# of deaths from a specified disease} \times 100}{\text{total \# of cases of the specified disease}}$ <p>The Sphere Project specifies CFR thresholds for the following diseases: measles, cholera, Shigella dysentery, typhoid, meningococcal meningitis, and malaria.</p>	

Numerator: Per definition above
Denominator: Per definition above
Unit of Measure: Percentage of case-patients that die; Case Fatality Rate
Disaggregated by: Sex; age (<5 years, ≥ 5 years); disease (acute watery diarrhea, bloody diarrhea, meningitis, malaria, measles, other)
<p>Suggested Data Collection Method: Compile data from supported health facilities to calculate both the numerator and denominator and the subsequent rate.</p> <p>Partners should report CFR for acute watery diarrhea and bloody diarrhea. However, once an outbreak has been confirmed (for example, Shigella, cholera, or a viral hemorrhagic fever), the partner needs to specify CFR for these specific diseases in the “other” field.</p> <p>CFRs by disease type and by facility should be provided in a table/figure or annex in the semi-annual report.</p>
Suggested Data Source: Patient registers/records from supported health facilities

SECTOR	Health
SUB-SECTOR	Reproductive Health
Indicator: Number and percentage of pregnant women who have attended at least two comprehensive antenatal clinics	
INDICATOR DESCRIPTION	
<p>Definition(s) Attended: Presented to a health service delivery point and received services required for antenatal visits.</p> <p>Comprehensive antenatal clinics: The complete package of antenatal services as prescribed by MoH policy and delivered by a trained health care worker. WHO guidelines on the content of ANC visits include the following components:</p> <ul style="list-style-type: none"> • Clinical examination, • Blood testing to detect syphilis and severe anemia (and HIV, malaria, etc. according to the epidemiological context), • Gestational age estimation, • Uterine height, 	

- Blood pressure,
- Maternal weight and height,
- Test for sexually transmitted infections (STIs),
- Urine test,
- Request blood type and Rh,
- Tetanus toxoid administration,
- Iron/folic acid supplementation, and recommendations for emergencies (WHO, 2002).

Numerator: Number of pregnant woman in attendance for two or more comprehensive antenatal clinics during the reporting period

Denominator: In unstable populations/situations of frequent migration and displacement: Do not report as a percentage, report number only.

In stable populations: Estimated number of live births within the supported catchment population over the course of the reporting period. Total expected live births = [estimated catchment population x annual crude birth rate]/# reporting periods within a year (i.e., two within six-month reporting period).

Health facility data on births should not be used as a denominator.

Unit of Measure:

For unstable populations: Number of pregnant women

For stable populations: Number and percent of pregnant women

Disaggregated by: N/A

Suggested Data Collection Method: Aggregate data from supported health facilities to calculate numerator; denominator data for stable populations can be collected from health system estimates of the size of the catchment population and annual crude birth rate.

Partner is responsible for quality monitoring to ensure that the complete package of antenatal services is being delivered at supported facilities.

Suggested Data Source: Patient registers/records from supported health facilities

SECTOR	Health
SUB-SECTOR	Reproductive Health

Indicator: Number and percentage of newborns that received postnatal care within three days of delivery

INDICATOR DESCRIPTION

Definitions

Received: Attended to or seen by a trained healthcare provider at a health facility, at home, or at the community-level.

Postnatal care: The complete package of interventions as prescribed by MoH policy delivered by a trained healthcare worker. WHO guidelines on the content of PNC visits include the following components:

- Assessment of the baby (e.g., breathing, feeding, temperature, jaundice),
- Exclusive breastfeeding support, and
- Cord care

(WHO, 2013).

Numerator: Number of newborns attended to by a health care provider within three days following birth, during the reporting period

Denominator:

In unstable populations/situations of frequent migration and displacement: Do not report as a percentage, report number only.

In stable populations: Estimated number of live births within a catchment population over the course of the reporting period. Total expected live births = [estimated catchment population x annual crude birth rate]/# reporting periods within a year (i.e., two within six-month reporting period).

Health facility data on births should not be used as a denominator.

Unit of Measure:

For unstable populations: Number of newborns

For stable populations: Number and percent of newborns

Disaggregated by: Sex

Suggested Data Collection Method: Aggregate data from supported health facilities and CHW reports (for community-based/HH-level PNC) to calculate numerator; Denominator data for stable populations can be collected from health system estimates of the size of the catchment population and annual crude birth rate.

Partner is responsible for quality monitoring to ensure that the complete package of

postnatal care is being delivered at supported facilities and/or by supported CHWs.

Suggested Data Source: Patient registers/records from supported health facilities; CHW reports/registers

SECTOR	Health
SUB-SECTOR	Reproductive Health
Indicator: Number and percentage of pregnant women in their third trimester who received a clean delivery kit	
INDICATOR DESCRIPTION	
Definitions Third trimester: Visibly pregnant and/or weeks 27 to 40 of pregnancy. Clean Delivery Kit: Kit contents should include the following: <ul style="list-style-type: none">• Soap, 110 g• Plastic drawsheet, 100cm x 100cm• Razor Blade, single-edged, disposable• Tape, umbilical, 3mm x 15mm• Cotton cloth / town, 100cm x 100cm• Gloves, examination, single use• Plastic big, snap-lock - for disposal of the placenta Kits can be obtained “in-kind” from UNFPA and/or sourced from OFDA-approved pharmaceutical suppliers. Partners may also assemble the kits from component parts.	
Numerator: Number of pregnant women in their third trimester who receive a clean delivery kit	
Denominator: In unstable populations/situations of frequent migration and displacement: Do not report as a percentage, report number only. In stable populations: Estimated number of live births within a catchment population over the course of the reporting period. Total expected live births = [estimated catchment population x annual crude birth rate] / # reporting periods within a year (i.e. two within six-month reporting period).	

Health facility data on births should not be used as a denominator.

Unit of Measure:

For unstable populations: Number of pregnant women

For stable populations: Number and percent of pregnant women

Disaggregated by: N/A

Suggested Data Collection Method: Aggregate data from supported health facility registers and community-based distribution reports to calculate the sum total of women receiving a kit.

Suggested Data Source: Patient registers/records from supported health facilities; Distribution reports/records

SECTOR	Health
SUB-SECTOR	Reproductive Health
Indicator: Number and percentage of pregnant women who deliver assisted by a skilled (not traditional) attendant at birth	
INDICATOR DESCRIPTION	
<p>Definitions</p> <p>Assisted by: Present and presiding over labor and delivery for a pregnant woman and trained/available to perform assessment and the seven signal functions of basic emergency obstetric and newborn care (BEmONC), including management of complications or recommending referral, as needed.</p> <p>Skilled (not traditional) attendant at birth: An accredited health professional who possesses the knowledge and a defined set of cognitive and practical skills that enable the individual to provide safe and effective health care during childbirth to women and their infants in the home, health center, and hospital settings. Skilled attendants include midwives, doctors, and nurses with midwifery and life-saving skills. This definition excludes traditional birth attendants whether trained or not (WHO, 2006).</p>	
Numerator: Sum of births assisted by a skilled attendant at birth during the reporting period	
Denominator: In unstable populations/situations of frequent migration and displacement: Do not report as a percentage, report number only.	

In stable populations: Estimated number of live births within a catchment population over the course of the reporting period. Total expected live births = [estimated catchment population x annual crude birth rate]/# reporting periods within a year (i.e., two within six-month reporting period).

Health facility data on births should not be used as a denominator.

Unit of Measure:

For unstable populations: Number of pregnant women

For stable populations: Number and percent of pregnant women

Disaggregated by: Type of birth attendant (Midwives, doctors, nurses with midwifery and life-saving skills); Location of delivery (facility or home)

Suggested Data Collection Method: Aggregate data from supported health facilities and community-level reports* (for community-based/HH-level PNC) to calculate numerator. Denominator data for stable populations can be collected from health system estimates of the size of the catchment population and annual crude birth rate.

**Separate reporting by skilled attendants at birth active in the community may be required, if attendants do not register home births in facility registers.*

Suggested Data Source: Patient registers/records from supported health facilities; Community-based skilled attendant at birth reports/registers

SECTOR	Health
SUB-SECTOR	Reproductive Health
Indicator: Number of cases of sexual violence treated	
INDICATOR DESCRIPTION	
<p>Definitions Sexual violence: Any</p> <ul style="list-style-type: none"> • Sexual act • Attempt to obtain a sexual act • Unwanted sexual comments or advances • Acts to traffic, or 	

- Otherwise directed against a person's sexuality using coercion by any person regardless of their relationship to the victim. This applies in any setting, including home and work.

Treated: Trained healthcare workers

- Take history
- Perform physical exam
- Collect forensic evidence if necessary
- Provide emergency contraception
- Treatment of sexually transmitted infections,
- Provide post-exposure prophylaxis
- Provide wound care
- Vaccinate against hepatitis B and tetanus, and
- Refer to legal, social and psychosocial services.

Numerator: N/A

Denominator: N/A

Unit of Measure: Number of cases

Disaggregated by: Sex; age (<5 years, 5-14 years, 15-18 years, 19-49 years, 50+ years)

Suggested Data Collection Method: Aggregate data from supported health facilities for a sum total of the number of cases treated.

Partner is responsible for quality monitoring to ensure that the complete package of treatment for sexual violence is being delivered at supported facilities.

Suggested Data Source: Patient registers/records from supported health facilities

SECTOR	Health
SUB-SECTOR	Noncommunicable Diseases, Injury, and Mental Health
Indicator: Number of consultations for noncommunicable diseases.	
INDICATOR DESCRIPTION	

<p>Definition(s) Noncommunicable disease (NCD): Medical condition or illness that is non-infectious and non-transmissible among people. NCDs include cardiovascular disease, diabetes, and chronic respiratory diseases (including asthma and chronic obstructive pulmonary disease). <i>For the purposes of this indicator</i>, NCD refers to: Hypertension (a risk factor for cardiovascular disease), diabetes, and chronic respiratory diseases.</p> <p>Consultation: A visit by a patient to a health care provider in which the patient presents with a problem or issue and the health care provider provides medical evaluation, diagnosis, treatment, and/or referral for that person. <i>For the purposes of this indicator</i>, if the country policy allows CHWs to treat or provide maintenance for NCDs, please include these consultations.</p>
Numerator: N/A
Denominator: N/A
Unit of Measure: Number of consultations
Disaggregated by: Sex; disease (hypertension, diabetes, chronic respiratory disease [includes asthma and chronic obstructive pulmonary disease])
<p>Suggested Data Collection Method: Compile data from supported health facilities to calculate the sum total of consultations for each disease specified.</p> <p><i>Total number of noncommunicable disease consultations by specified disease, by facility should be provided in a table/figure or annex in the semi-annual report.</i></p>
Suggested Data Source: Patient registers from supported health facilities

SECTOR	Health
SUB-SECTOR	Noncommunicable Diseases, Injury, and Mental Health
Indicator: Number of consultations for any mental health condition	
INDICATOR DESCRIPTION	
<p>Definition(s) Mental health condition: Any of the mental, neurological, or substance use conditions described in the Mental Health Gap Action Programme Humanitarian Intervention Guide</p>	

(mhGAP-HIG). This includes acute stress, grief, moderate-severe depressive disorder, post-traumatic stress disorder, psychosis, epilepsy/seizures, intellectual disability, harmful use of alcohol and drugs, suicidal ideation, and other significant mental health complaints.

Consultations: A visit by a patient to a health care provider in which the patient presents with a problem or issue and the health care provider provides medical evaluation, diagnosis, treatment, and/or referral for that person.

Numerator: N/A

Denominator: N/A

Unit of Measure: Number of consultations

Disaggregated by: Sex

Suggested Data Collection Method: Compile data from supported health facilities to calculate the sum total of consultations for mental health conditions.

Total number of mental health consultations by specified condition, by facility should be provided in a table/figure or annex in the semi-annual report.

Suggested Data Source: Patient registers from supported health facilities

SECTOR	Health
SUB-SECTOR	Noncommunicable Diseases, Injury, and Mental Health
Indicator: Number of consultations for trauma-related injuries	
INDICATOR DESCRIPTION	
<p>Definitions</p> <p>Consultations: A visit by a patient to a health care provider in which the patient presents with a problem or issue and the health care provider provides medical evaluation, diagnosis, treatment, and/or referral for that person.</p> <p>Trauma-related injury: An injury caused by mechanical or physical forces that act</p>	

against the body, including unintentional injuries such as traffic accidents, falls, and burns, and injuries caused by natural disasters, mass-casualty incidents, violence, war and conflict.

Numerator: N/A

Denominator: N/A

Unit of Measure: Number of consultations

Disaggregated by: Sex; age (<5 years, 5-14 years, 15-18 years, 19-49 years, 50+ years)

Suggested Data Collection Method: Compile data from supported health facilities to calculate the sum total of consultations for trauma-related injuries.

Total number of trauma-related injury consultations by type, by facility should be provided in a table/figure or annex in the semi-annual report.

Suggested Data Source: Patient registers from supported health facilities

SECTOR	Health
SUB-SECTOR	Community Health
Indicator: Number of Community Health Workers supported (total within project area and per 10,000 population)	
INDICATOR DESCRIPTION	
<p>Definitions: Community health worker (CHW): Members of a community who are chosen by community members or organizations to provide basic preventive health care through health information, messaging, and health facility referrals. In some countries CHWs are also able to provide curative care for members of their community, depending on MoH protocols. CHWs may be formally or informally trained, depending on MoH requirements. Community health workers can be referred to by different names depending on the context:</p> <ul style="list-style-type: none"> • Lay health workers • Volunteer health workers • Community health promoters • Village health workers • Village health volunteers • Community health agents, and 	

- Health surveillance assistants.

Supported: Any training, provision of supplies and/or transport, and incentives provided to CHWs with USAID/OFDA funding.

CHW per 10,000 population is a measure of CHW coverage within a supported catchment area. To calculate this figure, divide the total number of supported CHWs by the quotient of the total project area population divided by 10,000.

$$\frac{\text{\# of supported CHWs}}{(\text{population of project area}/10,000)}$$

Example: 100 supported CHWs for a population of 500,000 = 2 CHWs/10,000
 $100/(500,000/10,000)$

Numerator: N/A

Denominator: N/A

Unit of Measure: Number of individuals; number of individuals per 10,000 population

Disaggregated by: Sex

Suggested Data Collection Method:

Number of CHWs supported: Partners should keep a count of CHWs supported by USAID/OFDA through training rosters, supply delivery reports, and incentives rosters.

Project area population: Partners should obtain census data from the host government/MoH to know the population of the supported catchment area(s). If the latest census data is inaccurate given population displacement, describe method used for population estimation.

Suggested Data Source:

Number of CHWs supported: Health facility records, incentive payment rosters/records, training records

Project area population: Host government census data; health system data on the size of supported catchment populations

SECTOR	Health

SUB-SECTOR	Community Health
Indicator: Number and percentage of Community Health Workers (CHWs) conducting public health surveillance	
INDICATOR DESCRIPTION	
<p>Definitions: Community health worker (CHW): Members of a community who are chosen by community members or organizations to provide basic preventive health care through health information, messaging, and health facility referrals. In some countries CHWs are also able to provide curative care for members of their community, depending on MoH protocols. CHWs may be formally or informally trained, depending on MoH requirements. Community health workers can be referred to by different names depending on the context:</p> <ul style="list-style-type: none"> • Lay health workers • Volunteer health workers • Community health promoters • Village health workers • Village health volunteers • Community health agents, and • Health surveillance assistants. 	
Numerator: Number of CHWs doing public health surveillance and routinely reporting as required by the appropriate health authority.	
Denominator: The total number of CHWs supported with USAID/OFDA funding within a program.	
Unit of Measure: Number of individuals	
Disaggregated by: N/A	
<p>Suggested Data Collection Method: Compile data from supported health facilities reflecting the number of CHWs supported through the program and the number of those CHWs routinely submitting surveillance reports, for a sum total of the number of CHWs conducting surveillance over the total number of CHWs supported.</p> <p>Health facilities should collect the surveillance data provided by every CHW through surveillance data sheets which are recognized by MoH/WHO/health cluster.</p>	
Suggested Data Source: CHW Surveillance Data Sheets collected by the health care providers at the health facility level. These data sheets should include the CHWs' names in order to track who reported surveillance data.	

SECTOR	Health
SUB-SECTOR	Community Health
Indicator: Number of children under five years of age who received community-based treatment for common childhood illnesses.	
INDICATOR DESCRIPTION	
<p>Definition: Community-based treatment: Diagnosis and treatment of common childhood illnesses (malaria, diarrhea and/or acute respiratory infections) by trained community health workers (CHWs) at the household or community-level. The strategies for diagnosis and level of treatment provided by CHWs should be dictated by MoH policy and/or receive approval from health authorities.</p> <p>Common childhood illnesses: <i>For the purposes of this indicator:</i> malaria, diarrhea, and acute respiratory infections.</p> <p>Community health worker (CHW): Members of a community who are chosen by community members or organizations to provide basic preventive health care through health information, messaging, and health facility referrals. In some countries CHWs are also able to provide curative care for members of their community, depending on MoH protocols. CHWs may be formally or informally trained, depending on MoH requirements. Community health workers can be referred to by different names depending on the context:</p> <ul style="list-style-type: none"> • Lay health workers • Volunteer health workers • Community health promoters • Village health workers • Village health volunteers • Community health agents, and • Health surveillance assistants. 	
Numerator: N/A	
Denominator: N/A	
Unit of Measure: Number of individuals	
Disaggregated by: Sex	
Suggested Data Collection Method: Compile data from supported CHWs and/or supported health facility reports to calculate the sum total of children treated by	

USAID/OFDA-supported CHWs.

Suggested Data Source: CHW reporting and/or patient registers/disease tally sheets

SECTOR	Health
SUB-SECTOR	Community Health
Indicator: Number and percentage of community members who can recall target health education messages	
INDICATOR DESCRIPTION	
Definitions: Community members: People living within the program catchment area. Recall: May include spontaneous mention and/or aided recall. Target health education message: Information specific to particular disease prevention/treatment or health seeking behaviors that are provided to the community.	
Numerator: The number of people within the catchment area who can explain particular and specific disease prevention/treatment/health seeking behaviors when asked.	
Denominator: The total number of people within the catchment area of the program.	
Unit of Measure: Number and Percentage of individuals	
Disaggregated by: Sex	
Suggested Data Collection Method: Partners should conduct a Knowledge, Attitudes, and Practice (KAP) survey before the intervention (baseline) and after the intervention (endline) thereby allowing the partner to observe changes over the course of the intervention. KAP survey questions pre-intervention will also allow partners to collect information on what messages are the most important to communicate to the community to prevent disease outbreaks and improve health seeking behaviors. The target population group for specific messaging and quantitative surveys should be precisely defined to ensure statistically-valid and relevant results. Partners should clearly identify the specific message, recall criteria (i.e., respondents correctly identify two or more messages), and target group in their report.	

Suggested Data Source: Knowledge, Attitudes, and Practice (KAP) Survey administered to a representative sample of the catchment population

When reporting household-level indicators, partners must provide additional information that demonstrates the statistical validity of your results (e.g., description of the sampling methodology, precision, actual sample size, estimated total population, and the 95% confidence intervals for the results).

SECTOR	Health
SUB-SECTOR	Pharmaceuticals and other Medical Commodities
Indicator: Number of health facilities out of stock of any of the medical commodity tracer products, for longer than one week, seven consecutive days	
INDICATOR DESCRIPTION	
<p>In initial proposal,</p> <ul style="list-style-type: none"> • Suggest and justify five tracer products, the stock of which will be reviewed weekly, and • How organization will address out of stock situations <ul style="list-style-type: none"> • Within a delivery period, and • Longer than one delivery period. <p>Definitions:</p> <p>Health facilities: All primary health care centers, mobile clinics, health posts, and any other health service delivery points supported with pharmaceuticals and/or other medical commodities with OFDA funding.</p> <p>Medical Commodities: Pharmaceuticals, medical supplies, and/or medical equipment.</p> <p>Tracer products: Medical commodities essential to the implementation of the proposed plan. For a primary health care program, items such as paracetamol, amoxicillin, cotrimoxazole, oral rehydration salts, salbutamol, and zinc would be appropriate. For a program with a nutrition program, the inclusion of vitamin A. For a program with a clinical management of gender-based violence, the inclusion of appropriate post-exposure prophylaxis (PEP) kits. For a PHEIC response, identifying personal protective equipment (PPE) would be appropriate. If a program has all of these components, select five products (ideally one-to-two from each) that would be needed to ensure implementation of each activity.</p>	

Delivery period: The length of time from receipt of medical commodities by a health facility until the next receipt (i.e., weekly, every two weeks, monthly). You must state delivery period.

Numerator: N/A

Denominator: N/A

Unit of Measure: Number of health facilities

Disaggregated by: N/A

Suggested Data Collection Method:

Electronic supply chain monitoring tools: Bar code inventories linked to receipt at warehouse, delivery to health facility, and dispensed to patient.

Last resort: Bin card of stock at the health facility and bin cards at the warehouse.

Suggested Data Source: Inventory lists maintained by lead pharmacist or head physician (at the health facility) and/or by the warehouse manager (at the warehouse).

SECTOR	
SECTOR	Health
SUB-SECTOR	Pharmaceutical and other Medical Commodities
Indicator: Number of people trained in medical commodity supply chain management	
INDICATOR DESCRIPTION	
Definitions:	
Trained: The sum total of the individuals who completed all requirements specified for successful completion of a specific training that may include attendance and/or written, verbal or hands on demonstration of knowledge and skills.	
Medical Commodities: Pharmaceuticals, medical supplies, medical equipment.	
Supply Chain Management: The planning and management of all activities involved in the identification of needed medical commodities and their quantities; sourcing, procurement, delivery, monitoring, and all logistics management activities.	
Numerator: N/A	
Denominator: N/A	

Unit of Measure: Number of individuals
Disaggregated by: Sex
Suggested Data Collection Method: Record tally from sign-in sheet for each day of course.
Suggested Data Source: Course participant list

SECTOR: Health
SUB-SECTOR: Pharmaceuticals and other Medical Commodities
Indicator: Number of people treated for the restricted use indication
INDICATOR DESCRIPTION
<p>Definitions: Treated: Pharmaceutical administered or given to beneficiary.</p> <p>Restricted indication: WHO has recommended the use of specific pharmaceuticals for specific diagnoses to prevent antimicrobial resistance and to assist in ensuring provider familiarity with the recommended products. (http://www.who.int/medicines/publications/essentialmedicines/EML_2015_FIN/AL_ amended_NOV2015.pdf?ua=1)</p>
Numerator: N/A
Denominator: N/A
Unit of Measure: Number of individuals
Disaggregated by: Sex
Suggested Data Collection Method: Record data from diagnosis treatment log.
Suggested Data Source: Medical records from dispensing provider (physician, nurse, pharmacist)

SECTOR: Health

SUB-SECTOR: Pharmaceuticals and other Medical Commodities
Indicator: Quantity of pharmaceutical purchased to treat individuals for the restricted use indication.
INDICATOR DESCRIPTION
Definition: Quantity of pharmaceutical: The total amount of the product purchased, reflecting dosage form (e.g., 2400 tablets or 600 ml).
Numerator: N/A
Denominator: N/A
Unit of Measure: Number of product
Disaggregated by: N/A
Suggested Data Collection Method: Record data from invoice(s).
Suggested Data Source: Records from pharmacist and/or warehouse manager

SECTOR: Health
SUB-SECTOR: Pharmaceuticals and other Medical Commodities
Indicator: Number of people treated with each approved non-USAID/OFDA EML pharmaceutical
INDICATOR DESCRIPTION
Definitions: Treated: Pharmaceutical administered or given to beneficiary. USAID/OFDA Essential Medicine List (EML) : A list of pharmaceutical products likely to cover the majority of health services addressed in USAID/OFDA supported health programs. Non-USAID/OFDA EML: Pharmaceutical products NOT contained on the USAID/OFDA Essential Medicines List (EML).
Numerator: N/A
Denominator: N/A

Unit of Measure: Number of individuals
Disaggregated by: Sex
Suggested Data Collection Method: Record data from treatment records.
Suggested Data Source: Records from pharmacist and/or warehouse manager

SECTOR	Health
SUB-SECTOR	Public Health Emergencies of International Concern and Pandemics
Indicator: Number of health care staff trained	
INDICATOR DESCRIPTION	
<p>Definitions:</p> <p>Health care staff: People working in or alongside a health facility, working towards a common goal for improving the health status of the surrounding population/catchment area. Includes people formally trained (e.g., doctor, nurse, ambulance worker or other personnel) and informally trained (e.g., traditional birth attendants) as well as any cleaning staff and clerks. Technical narratives must specify the type of health care worker/staff and trainings to be given.</p> <p>Trained: The sum total of the individuals who completed all requirements specified for successful completion of a specific training that may include attendance and/or written, verbal or hands on demonstration of knowledge and skills.</p> <p>Training can include courses, workshops, or training sessions that build or update skills relevant to the response, such as:</p> <ul style="list-style-type: none"> • Disease surveillance, • Contact tracing, • Clinical case management, • Infection prevention and control (IPC), • Laboratory specimen collection, • Safe burial, and • Safe patient transport. 	
Numerator: N/A	
Denominator: N/A	

Unit of Measure: Number of Individuals

Disaggregated by:

Sex;

Training topic

- Disease surveillance
- Contact tracing
- Clinical case management
- Infection prevention and control [IPC]
- Laboratory specimen collection
- Safe burial
- Safe patient transport, and
- Other;

Health care staff type

- Doctor
- Nurse
- Midwife
- Clinical officer
- Nursing assistant
- Burial team member
- Ambulance driver
- Cleaning staff
- Clerk, and
- Other.

Suggested Data Collection Method: Compile data from training rosters and records.

Suggested Data Source: Training rosters and records from partner-supported trainings

SECTOR	Health
SUB-SECTOR	Public Health Emergencies of International Concern and Pandemics
Indicator: Percent of persons who meet criteria for isolation and are appropriately isolated	
INDICATOR DESCRIPTION	
Definitions:	

Criteria for isolation: Specific criteria within a case definition or triage protocol that guide clinical decision-making and indicate whether or not a patient requires isolation.

Case definition: A set of uniform criteria used to define a disease for public health surveillance which includes criteria for person, place, time, and clinical features. The case definition will be specific to an outbreak, agreed-upon by national health authorities and technical agencies (e.g., WHO and CDC), and may evolve during the course of the response.

Isolation: A single room that is segregated from other patient-care areas. When single rooms are not available, patient beds should be placed at least 1 meter apart for airborne diseases and 2 meters for Viral Hemorrhagic Fevers. For patients with suspected, probable, or confirmed influenza or a coronavirus, proper airborne precautions or airborne precaution rooms should be used with negative pressure.

Numerator: Number of persons who met the criteria for isolation and were appropriately screened and isolated during the measurement period

Denominator: Total number of persons presenting to supported health facilities who were screened and who met criteria for isolation during the same measurement period

Unit of Measure: Percent of individuals

Disaggregated by: Sex, Health facility (supported, other)

Suggested Data Collection Method: Compile data from supported health facilities to calculate the sum total of both the total number of persons presenting who meet the criteria for isolation and the sum total of those appropriately isolated.

Suggested Data Source: Health facility records

SECTOR	Health
SUB-SECTOR	Public Health Emergencies of International Concern and Pandemics
Indicator: Percentage of dead bodies buried according to safe burial protocols	
INDICATOR DESCRIPTION	
Definition: Safe Burial protocol: Standard Operating Procedures (SOP) for safe burial should be utilized for prevention of transmission via body fluids from patients who die of suspected	

or confirmed disease. All SOPs should ensure that Infection Prevention and Control protocols are followed.

Numerator: Total number of dead bodies buried by the partner in the project area according to protocol during the reporting period

Denominator: Total number of reported deaths in the project area during the reporting period that should have been buried by the partner according to protocol during the same reporting period

Unit of Measure: Percent of dead bodies

Disaggregated by: Sex

Suggested Data Collection Method:

Safe Burials: Compile data from partner activity reports to calculate the sum total of safe burials conducted.

Deaths Reported in the Community: Compile data from supported health facilities and/or supported communities in the project area.

Suggested Data Source: Partner activity reports; Health facility data on safe burials and/or reported community deaths

SECTOR	Health
SUB-SECTOR	Public Health Emergencies of International Concern and Pandemics
Indicator: Percentage of target population who can recall two or more protective measures	
INDICATOR DESCRIPTION	
<p>Definition: Protective measures: A set of specific measures that prevent transmission of a disease or encourage health-seeking behaviors, as relevant to the outbreak and the proposed program, and aligned with response-level messages and awareness campaigns. Examples of protective measures include but are not limited to: Handwashing with soap, seeking care at a health facility as soon as symptoms appear, and not touching dead bodies. Recall: May include spontaneous mention and/or aided recall.</p>	

Numerator: Number of persons in the target population who correctly identify 2 or more protective measures at the time of the survey.

Denominator: Total number of persons in the target population at the time the survey was conducted.

Unit of Measure: Percent of individuals

Disaggregated by: Sex

Suggested Data Collection Method: Partners should conduct a Knowledge, Attitudes, and Practice (KAP) survey before the intervention (baseline) and after the intervention (endline) thereby allowing the partner to observe changes over the course of the intervention. The target population group for specific messaging and quantitative surveys should be precisely defined to ensure statistically valid and relevant results. Partners should clearly identify the protective measures and target group in their report.

Suggested Data Source: Knowledge, Attitudes, and Practice (KAP) Survey administered to a representative sample of the catchment population

When reporting household-level indicators, partners must provide additional information that demonstrates the statistical validity of your results (e.g., description of the sampling methodology, precision, actual sample size, estimated total population and the 95% confidence intervals for the results).