Contents

****Please complete the following forms based on project activities during the current budget period (BP3).

FORM 1:   RECIPIENT INFORMATION

- *Form to be completed at <u>recipient level</u>. If any recipients are implementing projects across strategy areas, they will be asked to complete Sections 1-3 for each strategy.*

Name of Recipient Organization:

Recipient HQ location:

GARLRN-Funded Strategy(s): (Select all that apply)

- Strategy 2: Assess Antimicrobial Resistance in Enteric Pathogens
- Strategy 3: Assess Antimicrobial Resistance in Fungal Pathogens
- Strategy 4: Assess Antimicrobial Resistance in Invasive Bacterial and Respiratory Pathogens
- Strategy 5: Assess Antimicrobial Resistance in N. gonorrhoeae

Please list all project pathogens (by strategy area)**:**

SECTION 1: PROJECT IMPLEMENTATION

Please answer the following questions about this organization's experiences with project implementation[1]. Please use information that will be included in this organization's Year 3 performance narrative submission.

PROJECT IMPLEMENTATION			
Q ID	**Question**	**Answer options**	**Notes**
1.	**How many countries is this project being implemented in during BP3?**	Integer	
2.	**What is the number of sites** (laboratories, hospitals, healthcare facilities, etc.) **that were supported as part of the project? Please answer for each country.**	List countries as follows: 1. [Country Name], [# of sites]; 2. [Country Name], [# of sites]	
3.	**How many sites received direct material support** (i.e., lab reagents/diagnostics, other lab equipment, IT material, printed SOPs, etc.) **from this organization during this budget period as part of the project? Please answer for each country.**	List as follows: 1. [Country Name], [# of sites]; 2. [Country Name], [# of sites]; 3. ...	(will try to make this an autofill question, based on answer to #2)
4.	**Is this project contributing to achieving the goals of a country's national action plan (NAP) on antimicrobial resistance?**	a) Yes, in all countries where project is implemented. (→ 4.a/b.) b) Yes, in some countries (→ 4.a/b.) c) No (→ 4.c.) d) Don't Know e) Does not apply/No NAP has been developed in any target country(s)	
4.a./b.	**If yes, please list all countries and describe supporting activities of NAP** (Open-ended)		
4.c.	**If no, please list barriers to participation and/or support of the NAP** (Open-ended)		
5.	**List any major product(s)** (e.g., SOPs, job aids, manuscripts, posters, trainings, etc.)	Open ended	

[1] **Implementation:** The execution or practice of a plan, a method, or any design, idea, model, specification, standard or policy for doing something. As such, implementation is the action that must follow any preliminary thinking for something to happen.

PROJECT IMPLEMENTATION			
Q ID	Question	Answer options	Notes
	developed within this budget period and specify location (if applicable). *If none, enter N/A*		
6.	**Have CDC Subject Matter Experts (SMEs) reviewed the major products listed in question #5?**	a) Yes b) No (→ 6.b.) c) Don't Know d) Does not apply	
	6.b.	If no, please explain (Open ended)	
7.	**What strategies or activities has this organization implemented to sustain the efforts and progress made with this project beyond the current budget period? Beyond the funding cycle?**	Open ended	
	Please use this space to include any additional information related to implementation of this project.	Open ended	

SECTION 2: LABORATORY CAPACITY SUPPORT

Please answer the following questions based on this organization's current laboratory capacity enhancement activities for this Global AR Lab & Response Network project. Please use information that will be included in this organization's Year 3 performance narrative submission and be as thorough as possible.

LABORATORY CAPACITY SUPPORT			
Q ID	Question	Answer options	Notes
1.	**Is regular <u>external</u>[2] quality assurance performed for AR testing at this project's participant laboratories?**	a) Yes (→ 1.a.) b) No c) Don't know d) Doesn't apply	
	1.a. Please describe:	i. The type and frequency of these (e.g., WHO external program, PulseNet EQA, 2 bacterial specimens/ year for identification and AST, etc) (Open ended)	
		ii. The total number of participant laboratories currently enrolled. (Open ended)	
2.	**Is there a <u>national or central laboratory</u>[3] which performs quality assurance testing for this project?**	a) Yes (→ 2.a.) b) No c) Don't know d) Doesn't apply	
	2.a. If yes, please:	i. List the number of labs where QA was performed by country (Open ended)	
		ii. List the total number of participant laboratories currently enrolled per country (Open ended)	
3.-6. During the current budget period, has this organization provided training or support to any laboratories in the following areas? (Yes/No)			

[2] External – meaning an organization or entity other than the local government

[3] National or central laboratory within country

LABORATORY CAPACITY SUPPORT			
Q ID	Question	Answer options	Notes
→ If yes, section will expand with follow up questions			
3.	PHENOTYPIC TESTING	a) **What is the total number of labs at which training or other capacity building activities for performing phenotypic testing were implemented.** (Integer - *Enter 999 if unknown*) b) **Describe the education and training standards held to determine proficiency[4] in phenotypic testing.** (Open ended - *Enter N/A if unknown*)	
4.	GENOTYPIC TESTING	a) **What is the total number of labs at which training or other capacity building activities for performing genotypic testing were implemented.** (Integer - *Enter 999 if unknown*) b) **Describe the education and training standards held to determine proficiency in genotypic testing.** (Open ended - *Enter N/A if unknown*)	
5.	ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST), INCLUDING ANTIFUNGAL SUSCEPTIBILITY TESTING (AFST)	a) **What is the total number of labs at which training or other capacity building activities for achieving proficiency in antimicrobial susceptibility testing (AST) were implemented?** (Integer - *Enter 999 if unknown*) b) **Describe the education and training standards held to determine proficiency in AST** (Open ended - *Enter N/A if unknown*)	
6.	WHOLE GENOME SEQUENCING (WGS)	a) What is the total number of labs at which **training or other capacity building activities for achieving proficiency in whole genome sequencing (WGS) were implemented?** (Integer - *Enter 999 if unknown*) b) **Describe the education and training standards held to determine proficiency in WGS**	

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[4] Proficiency defined as possessing a high degree of competence, expertise or skill in execution of tasks or demonstration of knowledge related to specific subject matter

LABORATORY CAPACITY SUPPORT			
Q ID	Question	Answer options	Notes
		(Open ended - *Enter N/A if unknown*)	
	Please use this space to include any additional information related to this organization's laboratory capacity activities.	Open ended	

SECTION 3: SURVEILLANCE CAPACITY

Please answer the following questions based on current surveillance efforts for this organization's Global AR Lab & Response Network project. Do not answer questions based on future efforts.

SURVEILLANCE CAPACITY			
Q ID	**Question**	**Answer options**	**Notes**
1.	**Are epidemiological data elements collected with samples tested under this project?**	a) Yes (➜ 1.a.) b) No (➜ 1.b.) c) Don't know	
	1.a. If yes, please	i. Describe what data elements are being collected. (Open ended)	
		ii. List each of the sites collecting these elements within the project and indicate if the information is shared with public health for decision making. (Open ended)	
	1.b. If no, please	i. List the barriers to collecting epidemiological data elements at sites? (Open ended)	
2.	**Are the collected data (e.g., phenotypic, genotypic, and NGS) integrated into subnational, national, or global databases?**	a) Yes (à 2.a.) b) No (➜ 2.b.) c) Don't Know	
	2.a. If yes, please	i. Describe what database(s) the data were reported to. Please list all. (Open ended)	
		ii. Indicate the frequency of data sharing with national-level decision makers (e.g., MoHs, NPHIs, etc.)? (Open ended)	
	2.b.	If no, please list the barriers experienced. (Open ended)	

SURVEILLANCE CAPACITY			
Q ID	Question	Answer options	Notes
3.	**Have any alerts[5] or findings from the lab or facility required a local response** (e.g., within facility or local area, data sharing, PPS, etc.)	a) Yes (➔ 3.a.) b) No c) Don't Know	
	3.a.	If yes, please list the entities involved, response activities, and how data was shared. (Open ended)	
4.	**Have any alerts or findings from the lab or facility been detected which required a sub-national or national response** (e.g., new organism/type of resistance or large outbreak)**?**	a) Yes (➔ 4.a.) b) No	4.
	4.a.	If yes, please list the entities involved, response activities, and how data was shared. (Open ended)	
	Please use this space to include any additional information related to this organization's surveillance capacity building activities.	Open ended	

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[5] **Alert:** Any newly detected** antimicrobial resistance findings that may influence surveillance and control practices.

** Examples of newly detected antimicrobial resistance include:

1. Exceptional phenotypes that have not previously been reported or are very rare; and
2. Novel resistance genotypes that are associated with mechanisms of resistance that have a high public health impact (i.e., high potential for spread and health impact) or pose serious challenges in laboratory detection and surveillance

Source: GLASS Emerging antimicrobial resistance reporting framework (GLASS-EAR)

SECTION 4: WORKFORCE DEVELOPMENT CAPACITY

The following questions cover current education and training activities for different personnel targeted by this Global AR Lab & Response Network project. Do not answer questions based on future efforts, only established or current opportunities.

Workforce Development Capacity			
Q ID	**Question**	**Answer options**	**Notes**
Personnel Types	**Please select the type of personnel that received training from this organization** (can be in collaboration with partners): *(select all that apply)*	a) Laboratory b) Data Manager c) Healthcare Worker (including MOH/NPHL leadership) d) Field-based personnel (community interviewer) e) Other (please specify):_____ f) Other (please specify): _____ g) Trainings that were performed did not document types of personnel in attendance (please provide disaggregated number of personnel) h) No personnel received training during this budget period (end of form)	
1.-5. For each personnel type selected above, please answer the following:			
1.	**How many CDC-supported[6] education and training opportunities have targeted** [insert personnel type] **personnel?**	a) Yes b) No c) Don't know	
2.	**Are there any other partnerships (e.g., universities, hospitals, etc.) that provide mentorship for** [insert personnel type] **personnel targeted by this project?**	a) Yes (→ 2.a.) b) No c) Don't Know	
	2.a.	If yes, please list these partnerships. (Open ended)	
3.	**How many** [insert personnel type] **personnel received training?**	(Open ended)	
4.	**Has a training curriculum been established for training** [insert personnel type] **personnel?**	a) Yes (→ 4.a.) b) No	

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[6] CDC-supported refers to any training activities or opportunities where CDC provided support in some way, either through training materials, technical assistance and training, logistical support, etc. This DOES NOT refer to funding provided by CDC.

Workforce Development Capacity			
Q ID	**Question**	**Answer options**	**Notes**
	4.a. If yes,	i. **Does the curriculum leverage a Train-the-Trainer model?** (Yes/No)	
		ii. **What entity is responsible for facilitating the curriculum**? (Open ended)	
		iii. **What assessments were conducted to ensure trainings addressed knowledge gaps?** (Open ended)	
5.	**Has competency testing been performed among the trained** [insert personnel type] **personnel?**	a) Yes (→ 5.a.) b) No (→ 5.b.)	
	5.a.	**If yes, how often is this assessed?** (Open ended)	
	5.b.	**If no, why hasn't competency testing been performed?** (Open ended)	
	Please use this space to include any additional information about this organization's workforce development activities related to this project.		

---END OF FORM 1 ---

FORM 2: PROJECT IMPLEMENTATION AND REFERRAL NETWORK/SURVEILLANCE ACTIVITIES

The following questions are related to project implementation with partners as well as referral network and surveillance practices at EACH hospital, health care facility (HCF) and/or laboratory that is participating in [*name of organization* autofill]'s Global AR Lab & Response Network project.

Please complete one form per partner, HCF/hospital, or laboratory. Recipients with projects in multiple countries or engaged with multiple partners or HCFS/hospitals/laboratories will be asked to specify country and partner/facility name on each form.

1. **Partner Name*:**
    * *We are defining the term "partners" broadly to include partners that this organization regularly collaborates with or engages as part of the activities for this project. This can include national and sub-national level government ministries; individual healthcare facilities, hospitals and/or individual laboratories; academic partners; other non-governmental organizations (NGOs); etc.).*

       Examples: Country X MoH; Local hospital or HCF; Private laboratory; etc.

    Is this partner a laboratory or healthcare facility with lab?
    > i. Yes (→ Complete entire form for this site)
    > ii. No (→ Respond to "**Alternative 2" & STOP once Section 1 is complete)

2. **Select the option that best describes this partner's <u>location</u>** (i.e., where is this partner based?)**:**
    a. Country capital or national level
    b. State or provincial level
    c. District or local level site
    d. Private facility or laboratory site
    e. Other (Please specify): _____
    f.

**Alternative 2. Select the option that best describes this partner: (If No selected above)

    a. Government ministry (national or sub-national)
    b. Private Industry
    c. Academic Institution
    d. NGO
    e. Other (Please specify): _____

3. **Name of partner's location:**

4. **Name of country:** – country drop down menu

5. **Project contribution(s) made by this partner**[7] (e.g., equipment and supplies procured, trainings provided, isolates collected and submitted, etc.)**:**

SECTION 1: PROJECT IMPLEMENTATION PHASE

Q ID	Question	Answer options	Notes
6.	**Select the implementation phase that best describes this partner's and/or or project site's stage in the project, as it currently stands:**	a) **Exploration** – Engaging stakeholders to identify 1. need(s); and 2. appropriate steps to address gaps or enhance activities	
		b) **Initiation** – Project planning; consensus reached with stakeholders regarding project sites, objectives, and activities, as well as timeline for implementation	
		c) **Initial Implementation** – Beginning stages of project implementation at selected sites including: 1. collection of baseline data; 2. establishing new practices/protocols; 3. supply/equipment procurement; 4. recruitment/hiring of locally based staff; etc.	
		d) **Full Implementation** – Majority of project activities have been rolled out and routinely monitored	
		e) **Expansion/Scale-Up** – Increasing the number of sites targeted for project activities	
		f) **Reduction/Scale Down** – Decreasing the number of sites targeted for project activities or scaling down scope of activities	

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[7] This can apply to the partner as a whole or contributions made at the individual lab site level

Q ID	Question	Answer options	Notes
		g) **Exploration** – Engaging stakeholders to identify 1. need(s); and 2. appropriate steps to address gaps or enhance activities	
	Please use this space to provide any additional context or information about project implementation phase with this partner.	Open ended	

SECTION 2: LABORATORY NETWORK ACTIVITIES

The following questions cover current laboratory and/or referral network activities at the project site. This section is **only completed for laboratories or HCFs with lab**. Recipients will complete this section for each individual laboratory or HCF with lab site where project is being implemented.   Do not answer questions based on future efforts, only established or current activities. Only answer questions based on project's pathogen of interest.

LABORATORY NETWORK ACTIVITIES			
Q ID	Question	Answer options	Notes
7.	**Does this site participate in a laboratory network or referral network?** *(Only asked of laboratories or HCFs with lab)*	a) Yes b) No c) Don't know d) Does not apply	
8.	**Has this site agreed to (or is it required to) submit or forward isolates?** *(Only asked of laboratories or HCFs with lab)*	a) Yes b) No (end of form) c) Don't know (end of form) d) Other (Please specify): _____	
9.	**Which of the following testing methods are routinely performed at this site/laboratory?** *Select all that apply.*	a) **Culturing**	
		b) **Antimicrobial Susceptibility Testing (AST)** (e.g., e test, disk diffusion, broth microdilution)	
		c) **Phenotypic Testing** (e.g., MALDI-TOF, Vitek2, API, etc.)	
		d) **Genotypic Testing/ Polymerase chain reaction (PCR)** -	
		e) **Sequencing** (e.g., WGS, short-read Illumina, long-read ONT, direct amplicon sequencing, NGS, etc.)	
		f) **Other** (Please specify):_____	
		g) **Unknown**	

LABORATORY NETWORK ACTIVITIES			
Q ID	Question	Answer options	Notes
For each test type selected above, please answer the following:			
	i. **Testing methods performed**	Open ended *(Include targets and any automated platforms where possible)*	
	ii. **Total testing volume**	Open ended	
	iii. **Total number of personnel that received training in testing method**	Integer	
***e) Sequencing only**	iv. **Total number of personnel trained to perform bioinformatics[8] analysis of WGS data**	Integer	
	v. **Describe the bioinformatics pipelines being utilized to analyze data**	Open ended	
10.	**Does this site have a program or any activities that focus on retaining staff[9] with institutional and technical knowledge once they are trained on any of the testing methods listed previously?**	a) Yes (→ 10.a.) b) No c) Don't know d) Does not apply	
	10.a.	If yes, please describe:	

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[8] **Bioinformatics:** The science of collecting and analyzing complex biological data.

[9] Refers to any efforts undertaken by the local/national government or other partners to ensure that institutional knowledge remains at the laboratory site

LABORATORY NETWORK ACTIVITIES			
Q ID	Question	Answer options	Notes
11.	**Describe how laboratory data and results are managed and what platform (e.g., Laboratory Information Management System (LIMS), etc.) is used for data management at this laboratory/facility.** *Where applicable, describe data management in the field or at point of collection (e.g., environmental surveillance sites, etc.) as well as in the lab.*	Open ended	
	Please use this space to include any additional information about this partner/ laboratory/ healthcare facility	Open ended	

---END OF FORM 2---

---END OF PM TOOL---