	, and a second			sex	stakeholders	type of training	core product	co- developed/revised; approved/impleme	Country/Region	IHR core capacity area			(23/24)	(24/25)		
	Change in JEE capacity score in partner countries	helikh IV tonal on	WHO JEE report					approved/Impleme nted/nesourced and budgeted								
Increased compliance with BHR (2005) in partner countries	Change in JEE capacity score in partner countries	Available JEE (overall average and domain-specific scores) scores within total project implementation period (over multiple funding cycles beginning 2017). Relevant capacities are those that the project directly seconds.	WHO IEE report						,		JEE scores per country prior to 2017					JEE has bee
		JEE is an external review of progress towards IHR core capacity*														out for all
		implementation, conducted once every 4-5 years (voluntary). *IHR Core Capacities as set out in the IHR 3rd edition (2005)														Improven to in
OUTCOME Improved capacity to comply	OUTCOME INDICATOR Change in SPAR scores.	Indicator technical definition SPAR access reliated to the project's agreed cone capacity areas (overall average and dormain-specific scores).	Means of verification 1) SPAR report. SPAR is a self-assessment	t					Y	Y	SPAR scores in	Maintain or increase	Maintain or	Maintain or		SPAR and
Improved capacity to comply with the IHR (2005) in partner countries and regions		average and domain-specific scores). *IHR Core Capacities as set out in the IHR 3rd edition (2005)	tool undertaken by the national government. 2) External evaluation assessing how and								relevant domains for 21/22 for	Maintain or increase of one point in minimum of one technical capacity area in 4 countries	increase of one point in	Maintain or increase of one point in		Any i met collec
		THE CARE CARACTERS AS NO. ON THE PIPE AND RESIDENCE (SOUR)	why there has been a change in SPAR score.								partner countries	area in 4 countries	minimum of one technical capcity area in 4 countries	minimum of one technical capcity area in 4		colle
													4 countries	countries		Streng
Strengthened technical capability in country and regional public health organisations	Number of partner country stakeholders trained in IHR core capacity* areas	Total number of stakeholders in partner countries, trained in IHR core capacity* areas by UKHGA	The data will be taken from internal system and quarterly reports from the	Y	Y	Y			Y	Y	1000	1100	1200	1300		Partner sha
health organisations	*IHR Core Capacities as set out in the IHR 3rd edition	Example of stakeholders include: laboratory staff, delegates from across regional partners, epidemiologists, public health professionals across country	country teams													There
		across country IHR core capacity areas are EPRR, CH, WD, RCE, Labe, surveillance, PoE														imple Trainin
		Disaggregation includes type of training Le., ToT, technical training, simulation esercise, after action review.														are
		simulation exercise, after action review *HRR Core Capacities as set our in the HRR 3rd edition etc.														Th
																appr
	INDICATOR 12 Number of core products co-developed in IHR core capacity* areas	Core products are all the documents created as a result of the IHR	The data will be taken from internal system and quarterly reports from the				Y	Y	Y	Y	25	>30	>35	>60		A mo jeg. Tr de stali
	capacity* areas *IHR Core Capacities as set out in the IHR 3rd edition	Cone products are all the documents created as a result of the IHR projects activities in core capacity areas. These products include: National action plans, strategies, CSOs, guidelines, and operational tool such as quality manuals, algorithms, implementation plans, learning management systems, workplans, etc.	system and quarterly reports from the country teams													
	(2006).	management systems, workplans, etc. IHR core capacity areas include EPRR, OH, WO, RCE, Lab, IDSR/POE														As the of ti
		Co-developed products are defined as core technical products that are														
		developed with equal engagement from partner country stakeholders. Disagregation includes level of finalisation with UKHSA support: revised														Fo
		co-developed, approved, implemented or resourced/budgeted. Resourced/budgeted refers to activities that have an approved source of finance and resources.														
			<u> </u>		Ш.	<u></u>		<u></u>					<u></u>			
	INDECATOR 13 Proportion (N) of trained stakeholders demonstrating new/improved technical skills or applying	Stakeholders that have been trained (captured in indicator 1.1) will be revisited 3-6 months after the training	The data will be taken from internal system and quarterly reports from the	Y	v				Y	Y	٥	60%	70%	90%		 1
	new/improved inconscas sens or applying new/improved knowledge in IHR core capacity areas. *IHR Core Capacities as set out in the IHR 3rd edition.	A description of the control of the control of	system and quarterly reports from the country teams													
	(2005).	improvement and application of technical skills/knowledge in IHR capacity areas.	<u> </u>		Ш.	<u></u>		<u></u>								
	INDICATOR 1.4 Changes in technical practices resulting from project's capability strengthening	This qualitative indicator uses an ordinal scale to demonstrate depth of change.	internal annual review with quality assurance from GO MRSL team						Y	Y	0	40% of sample demonstrating level	60% of sample demonstratine	80% of sample demonstrating		t
		Changes will be assessed using a standardised scale (as below) which is	MAL ISST									demonstrating level 3 change	demonstrating level 3 change	demonstrating level 3 change		
		Changes will be assessed using a standardised scale (as below) which is refined per technical area. Event's refers to change seen in individual/team (depending on activity) understanding and confidence in technical capacity area and the self- reported value of the activity. Event's refers to changes resulting from application of new technical.														
		reported value of the activity. Level 2 refers to changes resulting from application of new technical skills/knowledge at an individual/team level.														
		scan, retournings at an individual pharm news. Level 3 refer to changes seen at the organisational level which embed new technical expertise/practices and move to sustainable approaches of increasing/sustaining technical capacity.														
		of increasing/sustaining technical capacity. Before to qualitative craise on sheet 2 for further information on														
		Refer to qualitative scales on sheet 2 for further information on qualitative scale and illustrative example.														
	INDICATOR 15 Number of IHR publication or events sharing evidence	Total number of publications or events sharing evidence to improve IHF	The data will be taken from internal comms tool that keeps a record of all the						Y	Y	5	>6	>6	>7		1
	Number of IHR publication or events sharing evidence on improving IHR core capacities* that are shared through a variety of fora including peer review journals, conferences, webinars, etc.	Total number of publications or events sharing evidence to improve IHE core competencies. It can be shared using variety of forums including but not limited to publications, conferences, webinars, etc.	comms tool that keeps a record of all the publications	•	1	1	ı	1	1	1		Ì	I	1		1
	journals, conferences, webinars. etc.		pacentalions											l l	1 1	
	through a variety of foral including pair inview journals, conferences, webinars, etc. "IHR Cone Capacities as set out in the IHR 3rd edition	Examples of publications include gray literature, journal publications, articles, presentations, etc.	pacentainen													
OUTPUT 2 Enhanced leadership, workforce	*IRR Core Capacities as set out in the IHR 3rd edition (2005) INDICATOR 2.1	Examples of publications include grey literature, journal publications, articles, presentations, etc. Total number of all the stakeholders in partner countries,		Y	Y	v			Y		100	250	200	250		
and organisational development	*IHR Core Capacities as set out in the IHR 3rd edition (2005).	Examples of publications include grey literature, journal publications, articles, presentations, etc. Total number of all the stakeholders in partner countries, trained/mentored in hadenship	The data will be taken from internal system and quarterly reports from the country teams	¥	Y	Y			Y		100	150	200	250		
	*IHR Core Capacities as set out in the IHR 3rd edition (2005). BNDLATOR 2.5 Number of partner country stakeholders trained/meetared in public health leadership skills and	Examples of publications include grey literature, journal publications, articles, presentations, etc. Total number of all the stakeholders in partner countries,	The data will be taken from internal system and quarterly reports from the	¥	Y	Y			Y		100	150	200	250		There capac imple
and organisational development	*IHR Core Capacities as set out in the IHR 3rd edition (2005). BNDLATOR 2.5 Number of partner country stakeholders trained/meetared in public health leadership skills and	Examples of publications include grey literature, journal publications, articles, presentations, etc. Total number of all the stakeholders in partner countries, trained/mentored in hadenship	The data will be taken from internal system and quarterly reports from the	¥	¥	Y			Y		100	150	200	250		There capac imple
and organisational development	*IHR Core Capacities as set out in the IHR 3rd edition (2005). BNDLATOR 2.5 Number of partner country stakeholders trained/meetared in public health leadership skills and	Learning for a place of the control	The data will be taken from internal system and quarterly reports from the country teams	¥	V	Y	Y	Y	A.		100	250	200	250		Then capa imple Public ident for d
and organisational development	*IHR Core Capacities as set out in the IHR 3rd edition (2005). BNDLATOR 2.5 Number of partner country stakeholders trained/meetared in public health leadership skills and	Lamphord and disclosion in take gray literature, journal publication, extractions, and productions, agreement of the classification in particular countries. Taked undered of all the classification is particul countries. Taked undered in Ambandhight in a particul countries. Taked undered in Ambandhight in Company of the Company of t	The data will be taken from internal system and quarterly reports from the country teams	Ā	¥	¥	Y	Y	Y		300	>10	200	250		Then capa imple Published for dispersional publi
and organisational development	*IHR Core Capacities as set out in the IHR 3rd edition (2005). BNDLATOR 2.5 Number of partner country stakeholders trained/meetared in public health leadership skills and	Lamphord and disclosion has their gray literature, journal publication, extraction, and production and control, promotification, extraction, and their standardollors in partner countries. Tracel uncertaint in Ambanding Control of	The data will be taken from internal system and quarterly reports from the country teams	Å	Y	Y	Y	Y	Y		300	>10	200	259		There capas imple limple Public identifier de Fartin succe strate
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and organisational development	*IHR Core Capacities as set out in the IHR 3rd edition (2005). BNDLATOR 2.5 Number of partner country stakeholders trained/meetored in public health leadership skills and	Investigation of confidence was valided any internation, justiced and possible confidence in the confidence of con	The data will be taken from internal system and quarterly reports from the country teams	Y	Y	Y	T	Y	7		100	550 540	200	250		There capaci impler public identification of the successivate, Nation leader promoting. The successivate project Article project Arther proje
and organisational development	*IHR Core Capacities as set out in the IHR 3rd edition (2005). BNDLATOR 2.5 Number of partner country stakeholders trained/meetored in public health leadership skills and	Exemplicate Goldenstein Including any Dismosters, Journal publications, extending and controls, promotification, controls, promotification, controls, promotification, and the citabelination is promotificated to the controls, and the controls of the controls, and the controls of the con	The data will be taken from internal system and quarterly reports from the country teams	Y	V	y	Y	Y	Y		300	350 310	200	259		There capaci implet public identification for de successivata, Nation leader promote de successivata de creata de projecto de the of the
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Qualitative indicator scales

Output	Indicator	Scale	Methods	
1.4 Strengthened technical capability in country and regional public health organisations	Changes in technical practice	Level 1 (understanding, confidence, value) Self-reported improvement in knowledge/understanding of technical area sustained since time of activity Self-reported improvement in confidence in relation to skills/understanding of technical area sustained since time of activity Self-reported value in capability building activity Self-reported value in capability building activity Evidel (application, results) Evidence of application of knowledge/skill in technical area Evidence of learning outcomes being met at an individual or team level Level 3 (organisational change) Evidence of senior-level endorsement to embed new technical skills/knowledge within practice Evidence of planning and/or implementation of sustainable organisational approach to continued development of capability in technical area (eg. availability of continued professional development or train the trainer approaches) Evidence of organisational commitment to embed learning from capability strengthening activities (eg. change in strategic plan) Evidence of improved organisational technical outcomes as a results of increased technical capability (eg. increased processing of laboratory samples)	be met per level. Primary data collection methods to include key informant interview, focus groups, or mixed-methods	### Interview example: Technical scale: EPRR Evel 1. Self-reported improvement in confidence in leading the planning and delivery of a simulation exercic (in individuals). Self-reported improvement in understanding in planning process for simex, logistics, evaluation and debrief process (in individuals). Self-reported confidence in working as a team through the simulation exercise. Self-reported dimprovement in understanding in planning process for simex, logistics, evaluation and debrief process (in teams). Level 2. Evidence of individuals/teams developing and conducting simulation exercises. Outcomes of simex actioned via action or improvement plan plan developed and implemented). Level 3. Embedded organisational simex programme with senior level buy in Evidence of organisational training of trainers approach being planned or undertaken Evidence of improved planning, coordination, and response (finding gaps in plans and improving planning response arrangements)
2.4 Enhanced leadership, workforce and organisational development in partner country and regional public health organisations	Changes in workforce and leadership practices	Level 1 (understanding, confidence, value) Self-reported improvement in knowledge/understanding of leadership theory/skills Self-reported value in leadership training activity Level 2 (application, results) Evidence of application of leadership theory/skills Evidence of application of leadership theory/skills Evidence of arming outcomes being met at an individual or team level Level 3 (organisational change) Evidence of Senior-level endorsement of new leadership/development practices Evidence of senior-level endorsement of new leadership/development practices Evidence of panisational leadership skills/techniques Evidence of panisaning and/or implementation of sustainable organisational approach to continued development of capability in leadership theory/skills Evidence of planing in adnor/originastional leadership/development practices (eg. normal practice to have 1-1s and development conversations)	Research questions/interview guides/focus group facilitation to collect evidence in relation to technical scale. Not all criteria must be met per level. Primary data collection methods to include key informant interview, focus groups, or mixed-methods surveys.	
3.4 Strengthened public health networks at national and regional level	Changes in practices resulting from public health networks	Level 1 Stakeholder-reported increase in coordination as a result of network activities Stakeholder-reported increase in knowledge exchange as a result of network activities Level 2 Evidence of network activities leading to increased funding/resource opportunities Evidence of network activities leading to events or publications sharing evidence to improve IHR core competencies Evidence of training or other network activities to improve capacity to comply with IHR Evidence of network activities leading to change in public health practices in stakeholder organisations (Eg. reported increase technical capability through knowledge exchange or new opportunities to participant in capability training) Evidence of network activities leading to increased regional impact (Eg. increased cross-border coordination on EPRR)	Research questions/interview guides/focus group facilitation to collect evidence in relation to network scale. Not all criteria must be met per level. Primary data collection methods to include key informant interview, focus groups, or mixed-methods surveys.	

Indicator 3.1: Annual network snapshots

Country/region	Y1	Y2	Y3
Nigeria			

Nigeria Zambia Pakistan EMR Africa CDC Ethiopia Indo-pacific