# **ONE HEALTH AMR RESEARCH PROGRAMME**

# **Yearly Progress Report**

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*All information is treated with confidence. The information is furnished to the National Centre for Infectious Diseases with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes.*

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All sections must be completed. Indicate “NA” where a particular section is not applicable.

PI must submit this report to NCID electronically (in word format without signatures and PDF format with signature) at [oh\_amr\_research@ncid.sg](mailto:oh_amr_research@ncid.sg) . This report must be submitted within 2 months from the end of the Financial Year (by 31 May). The requirement to submit a Yearly Progress Report is waived if the project start date is 3 months or less from the end of the reporting FY.

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| **OHARP Grant No.:** | OHARP-00X |
| **Project Title:** |  |
| **Principal Investigator:** |  |
| **Host Institution:** |  |
| **Project Period:** | <Project Start Date> - <Project End Date> |
| **Period of Reporting:** | Example: DD-MM-YYYY to DD-MM-YYYY |
| **Grant Quantum (Total Project Value):** | $ |
| **Amount of funds utilised:** | $ |
| **Grant balance:** | $ |
| **Utilisation rate (%):** |  |

# **Abstract of Progress Report (not more than 200 words)**

Provide a summary of the progress of the project referenced against the KPIs in the approved grant funding. It will be used for evaluation and may affect the continuous funding of this project.

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# **Progress of Project**

Provide a succinct account of the findings and results for the period indicated above. State the level of attainment (quantitative or qualitative objectives) should also be indicated.

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# **Project Milestones**

Fill the table with the milestones as stated in the original grant application. Use shading to indicate the original target duration, and crosses to indicate the actual duration (Please remove the examples in the table below and add more rows where applicable).

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| **Milestones** | **Year 1** | | | **Year 2** | | | | **Year 3** | | | | **Year 4** | |
| **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** |
| Eg. Milestone 1 (please replace) |  |  | x | x | x | x |  |  |  |  |  |  |  |
| Status: Completed/Ongoing/Dropped (please delete as appropriate)  Remarks: | | | | | | | | | | | | | |
| Eg. Milestone 2 (please replace) |  |  |  |  | x | x | x | x |  |  |  |  |  |
| Status: Completed/Ongoing/Dropped (please delete as appropriate)  Remarks: | | | | | | | | | | | | | |
| Eg. Milestone 3 (please replace) |  |  |  |  | x | x | x | x | x | x | x | x |  |
| Status: Completed/Ongoing/Dropped (please delete as appropriate)  Remarks: | | | | | | | | | | | | | |

# **Manpower recruited**

1. Please provide a list of the personnel recruited under the grant, and for each person recruited, provide the name, post, qualification and remuneration.

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| **Institution** | **Name** | **Designation** | **Qualifications** | **Remuneration per Year (S$)** | **Training provided (if any)** |
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1. Indicate whether the principal investigator, co-investigator or a named collaborator is on protected time for the project and if so, the amount of protected time approved and consumed.

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| **Name** | **Position** | **Amount of protected time approved** | **Amount of protected time consumed** |
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# **Problems encountered**

Highlight any problems encountered in the course of the project and suggest reasons, if any. Include recommendations or decisions to mitigate problems and improve operations, and when these will take effect.

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# **Deviations from original proposal**

Highlight deviations, if any, in the aims and/or methodology from the original proposals and justify for the deviation(s). Any delays or deviations from KPIs, deliverables, milestones or changes are to be highlighted (e.g. changes to key staff), as well as remedial actions taken.

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# **Performance Indicators**

Please provide the target and achieved values for each of the indicators in the tables below. The target values should be the same as stated in the OHARP Letter of Award, Schedule A.

**Mandatory Performance Indicators**

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| **S/N** | **Performance Indicators** | **Target values** | **Achieved values** |
| 1 | Number of reports/presentations made to policy-makers, health system/environment/veterinary managers, and leadership etc. |  |  |
| 2 | Number of findings that result in new or changes in local or international clinical/veterinary/environmental practice guidelines and policies, including implementation of new or improved interventions or diagnostics or services. |  |  |
| 3 | Number of new products/processes/services implemented locally. |  |  |
| 4 | Number of undergraduate and graduate students trained. |  |  |
| 5 | Number of presentations at international or major conferences. |  |  |
| 6 | Number of papers published in international and peer-reviewed journals.  Please state the impact factor. |  |  |
| 7 | Number of joint publications (original research articles, reviews, letters, correspondences, others). |  |  |
| 8 | Number of local and international academic collaborations. |  |  |

**Performance Indicators relevant to One Health AMR objectives:**

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| **S/N** | **Performance Indicators** | **Target values** | **Achieved values** |
| 9 | **KAP**: Number of media reports and public education materials (e.g. Health Promotion Board booklet). |  |  |
| 10 | **KAP**: Number of electronic/ online/ non-traditional/ technological tools developed that lead to better information dissemination to the population, industry or professionals. |  |  |
| 11 | **KAP**: Number of outreach or community programmes developed. |  |  |
| 12 | **SE**: Number of health economic (including cost-effectiveness and other health technology assessment applications) findings that influenced policies or services relating to AMR. |  |  |
| 13 | **TP**: Number of findings that impact understanding of transmission pathways or identify potential areas for intervention of transmission pathways. |  |  |

**Optional Performance Indicators:**

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| --- | --- | --- | --- |
| **S/N** | **Performance Indicators** | **Target values** | **Achieved values** |
| 14 | Number of awards for research at national and international level. |  |  |
| 15 | Number of joint programmes or projects with international research organisations and local universities. |  |  |
| 16 | Number of R&D projects with industry. |  |  |
| 17 | Number of citations in studies (e.g. findings which are subsequently used in other research studies, commentaries, systematic reviews, review articles). |  |  |

# **Funds Usage and Management**

Provide a summary of fund usage, which includes:

* Total grant amount, cumulative claimed, funds utilised
* Variance and explanations in fund usage against grant amount
* Problems/solutions relating to fund and financial management

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|  |  | **Cumulative Disbursement** | | | | **Current Request** | | |
| Cost Item | Grant amount ($) | Actual Cost Incurred ($) | Amount Disbursed ($) | | Grant Balance ($) | Actual Expenses Paid ($) | Claim Amount ($) | Remarks |
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# **Project plan**

Please provide a brief outline of the project plan for the next 12 months.

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1. **Signing and Endorsement of Report**

This report must be signed and dated by the PI and co-PI(s), if any, of the project and endorsed by the respective institutional representatives.

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| **SIGNATURE OF PI** |  | **DATE** |

**Endorsed by:**

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| --- | --- | --- |
| **NAME, TITLE & SIGNATURE**  **OF Research Director**  **or his/her designated authority** |  | **DATE** |

# **FOR OFFICIAL USE ONLY**

**Acknowledgement by: Head**

Antimicrobial Resistance Coordinating Office, National Centre for Infectious Diseases

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| --- | --- | --- |
| **NAME, TITLE & SIGNATURE**  **OF designated authority** |  | **DATE** |