FY 2018 CIO PROJECT PLAN – Year 3
FOA CDC-RFA-OT16-1601
Strengthening the Public Health System in the U.S.-Affiated Pacific Islands

Template
Instructions

FY 2018 – Year 3 CIO Project Plan Template

GENERAL INFORMATION*	
1	**PROJECT TITLE: Increasing vaccination coverage and reducing the threat of vaccine-preventable disease outbreaks through capacity-building of immunization information systems in the U.S.-Affiliated Pacific Islands.**
2	**CIO POC name: Ashley Tippins** **CIO/Division: NCIRD, Immunization Services Division** **CIO POC email address: ikp9@cdc.gov** **CIO POC phone number: 404-639-8742**
3	**TARGET POPULATION CATEGORY:** *(CHECK ONE BOX)* ☐ **Health Department:** This category is focused on meeting agency-level capacity building assistance needs of territorial health departments x☐ **Workforce Segment:** This category is focused on meeting the capacity building assistance needs of a workforce segment across territorial health departments ☐ **Other Component of the Public Health System:** This category is focused on meeting the priority capacity building assistance needs of a nongovernmental component of the public health system.
4	**TARGET POPULATION DESCRIPTION (What public health system target population will receive the capacity building assistance?):** The target populations are (governmental) immunization program staff, clinic nurses, and data entry personnel in the following jurisdictions: Republic of the Marshall Islands (RMI), Federated States of Micronesia (FSM), Republic of Palau, and American Samoa.
5	**PROPOSED PROJECT FUNDING AMOUNT:** **$ 75,000** **(Note:** Proposed Project Funding is for 11-month budget period. Estimated budget period, August 1, 2018-June 30, 2019**)**
PROJECT DETAILS*	

6

PROJECT DESCRIPTION FOR CAPACITY BUILDING (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):

Background. Results from the most recent CDC assessment of vaccination coverage across the U.S.-Affiliated Pacific Islands (USAPI) indicate completion of the recommended number of doses for routine vaccines among children 2 years was <90% in all jurisdictions, except Palau (for three of six vaccines). Coverage with the recommended 6-vaccine series (4:3:1:3:3:4) ranged from 19.5-69.1%. Results indicated that missed vaccination opportunities occurred among 17-23% of children age 2 years; if missed opportunities were eliminated, coverage for some vaccines could increase up to 6 percentage points. Most vaccine doses that were received were administered at much later ages than recommended, delaying protection against disease and time to completion of the recommended series.

The widespread prevalence of under-vaccinated children in the USAPI allows for the rapid and recurrent spread of VPD outbreaks; since 2000, at least 15 documented VPD outbreaks occurred in these islands, and importations to the United States are common.

Factors identified as contributors to low coverage include missed vaccination opportunities, difficulty reminding caregivers when a patient is coming due or is past due for vaccination, and difficulty monitoring vaccination coverage to identify sub-populations with low and lagging coverage (e.g. children living on far-reaching outer islands or difficult-to-access regions on main islands).

A complete and reliable immunization information system (IIS) can recommend doses needed at each vaccination encounter using Clinical Decision Support for Immunization (CDSi) logic, and can identify individuals and populations due for vaccinations. Further, the IIS has the ability to generate reliable estimates of coverage among populations living in difficult-to-access regions, which could enable programs to more strategically plan outreach activities, potentially decreasing costs and increasing vaccination coverage.

The CDC assessment team developed recommendations to improve vaccination coverage in the USAPI, including increased use of the immunization information system (IIS) to meet the following goals:

- Consistently enter all vaccination encounter data into the IIS to improve population and patient-level completeness. Enter data in real-time, to reduce likelihood of errors and missing data.
- Utilize the CDSi vaccine recommender at every vaccination encounter to reduce missed vaccination opportunities.
- Regularly monitor population-level vaccination coverage, targeting vaccination activities to regions or sub-populations with lowest coverage.
- Utilize the reminder/recall function to: 1. identify and alert caregivers of patients coming due or past due for vaccination, or 2. identify children to target during vaccination outreach activities.

Barriers. Utilization of these valuable features of the IIS depends on access to the IIS, consistent data entry, and data cleaning. Challenges to implementing these recommendations identified by the CDC assessment team, immunization program staff, and local nursing and data entry staff include:

- Lack of computers in the rooms where vaccines are administered to utilize the CDSi vaccine recommender.
- Lack of dedicated and trained data entry staff to consistently enter and update patient and vaccination data.
- Limited understanding among vaccination providers and associated clinic staff on the benefits a valid and reliable IIS can have for their practice.
- Lack of training for all other associated IIS users (to include immunization nursing staff, labor & delivery staff, data quality assurance staff, vaccine inventory and management staff, among others) to understand IIS processes, functions, and best practices.
- Limited enforcement of data entry policies.
- Lags in data entry when field vaccination outreach activities are conducted.
- Tailored IIS data entry and reporting functions to improve utility in each jurisdiction.

Purpose and Justification. The objective of this project is to increase vaccination coverage in the USAPI through increased reliability and utilization of the IIS. Capacity building goals for the project period include increasing access to the IIS at vaccine provider sites, improving breadth of knowledge and capacity to utilize the IIS among a variety of immunization and associated public health staff, monitoring and evaluation of IIS-capacity building activities, and targeted assessment and feedback to vaccine provider sites on their utilization of the IIS.

Outputs.

Short term *(i.e. within the defined project period)*

- Computers will be installed in the vaccine administration room in each vaccine provider site (i.e. main public health clinic, community health center (CHC), or dispensary where vaccines are stored and routinely administered). (*Consideration: All main public health clinics are confirmed to have internet access. CHCs and dispensaries in some jurisdictions will need to be assessed to determine whether an internet connection is already available.)* This includes at least 17 clinics, CHCs, or dispensaries.
  Sample Activities
  - Survey jurisdictions to determine total number of vaccine provider sites with internet access.
  - Procure one computer per vaccine provider site with internet access.
  - Arrange delivery and installation of computers.
  - Survey vaccine provider sites to determine total number of end-users and their roles per site.
  - Assign accounts and user roles in the IIS.
- Targeted on-site training of all end users will be conducted in each vaccine provider site where computers are installed. End users include all immunization program staff (including program manager, vaccine supply and assurance coordinator, IIS coordinator, school health coordinator, perinatal HepB coordinator, quality assurance coordinator, and their associated staff), immunization nurses, maternal and child health nurses, data entry staff, labor & delivery nurses and staff, IIS coordinators, vital statistics staff, and others identified by local program managers.
  Sample Activities
  - Coordinate with IIS vendor and immunization program staff to determine potential dates and needs for training.
  - Coordinate training dates with individual vaccine provider sites in each jurisdiction.
  - Determine travel needs for immunization program staff, if applicable.
  - Develop targeted messaging for each end user role on the benefits of a reliable IIS to their practice, activities, or mission.
  - Hold targeted trainings in each vaccine provider site. Training by role should be conducted at a minimum on the following topics: defining user roles, data entry processes and best practices, data quality assurance processes, inventory management, and reporting functions.

- Monitoring and evaluation of improvements in timeliness of data entry, quality of data entry, and utilization of the IIS (e.g. use of the CDSi recommender at vaccine visits, use of the reminder/recall function, vaccination coverage reporting, and targeting of individuals and populations using IIS data) by vaccine provider site will be conducted by CDC assessment team.
  Sample Activities
  - Determine monitoring and evaluation indicators.
  - Write evaluation questions.
  - Identify data sources.
  - Design data collection instruments.
  - Collect relevant data.
  - Analyze and disseminate results.
- A feedback initiative based on evaluation results will be pilot tested, to incentivize provider sites who have improved data entry, quality assurance, and coverage.
- *Sample Activities*
  - Identify jurisdiction to pilot test feedback initiative.

- Design feedback structure.
- Collaborate with program manager to determine jurisdiction-specific incentives *(e.g. awards, recognition, etc.)*
- Provide evaluation results and feedback to designated provider sites.
- Conduct follow-up evaluation after a defined period to evaluate changes in IIS utilization post-feedback.
- Evaluate effectiveness of feedback intervention, revise as needed.
- Implement feedback initiative across other jurisdictions.

Long term – *The following outputs represent longer-term capacity-building initiatives. While they may not be feasible to complete within the designated project period, success in implementing the first phase of the IIS capacity-building outputs and activities described previously could lead to sustained enhancement of the IIS, continuing with these outputs:*

- *Field test an offline tablet-based data entry product (e.g. Countermind Solution) in FSM for data entry during vaccination outreach activities.*
- *Collaborate with the IIS vendor to implement jurisdiction-specific IIS enhancements, tailored to their specific data entry and reporting needs.*

Intended Outcomes. Increasing the capacity of local vaccine provider sites to utilize the IIS through these activities are intended to have the following outcomes:

- Increase capacity to use the vaccine recommender at each vaccine provider site encounter, in order to reduce missed vaccination opportunities and increase coverage.
- Enable vaccine provider sites to use the reminder/recall function to contact caregivers whose children are coming due or are past due for vaccination, in order to improve timeliness of vaccination and increase completion of the vaccine series.
- Enable immunization program staff to use the reminder/recall function to strategize vaccine outreach activities to areas with lowest coverage, in order to improve overall population coverage and better protect the most vulnerable communities.
- Improve timing of data entry to reduce rate of errors and missing information in patient records, in order to improve reliability of coverage reports, reminder/recall reports, vaccine inventory reports, etc.
- Reduce population missing from IIS to improve reliability of population coverage reports, and to provide more rapid ascertainment of vaccination history in the event of an outbreak.
- Improve local capacity to routinely monitor vaccination coverage to decrease need for on-site assessment by CDC staff; this will empower immunization programs to conduct their own surveillance and decrease assessment and technical assistance costs substantially.

7

PROGRAM STRATEGIES THAT RELATE TO FOA:
(CHECK ONE OR MORE)

☐ **Public Health Leadership**	☐ **Public Health Workforce Segments**
x☐ **Public Health System and Infrastructure**	☐ **Public Health Laws and Policies**
x☐ **Evidence-based Public Health Practices and Services**	x☐ **Public Health Monitoring and Surveillance Systems**

☐ **Other**_____

8 **PROGRAM OUTCOMES THAT RELATE TO FOA:**
(CHECK ONE OR MORE)

- [x] **Strengthened leadership, governance and accountability**
- [x] **Enhanced public health systems and infrastructure**
- [x] **Increased public health workforce capacity**
- [ ] **Improved public health laws and policies**
- [x] **Increased delivery of evidence-based public health practices and services**
- [x] **Enhanced monitoring and surveillance systems capacity**
- [ ] **Other** _____

9 **APPLICANT ORGANIZATIONAL CAPACITY REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):**

The work will be coordinated primarily by staff from the Assessment Branch (AB), Program Operations Branch (POB), and Immunization Information System Support Branch (IISSB) within Immunization Services Division (ISD), NCIRD.

The mission of the Immunization Services Division (ISD) is to protect individuals and communities from vaccine-preventable diseases through provision of federal funds and contracts to purchase vaccine, the provision of technical and financial support of immunization programs, provider and public education, and evaluation and research.

Within ISD, the AB works to provide scientific leadership on measurement of vaccination coverage across the lifespan, to collect, analyze and disseminate accurate vaccination coverage data, and promote use of these data for evaluation of immunization programs and policies at the national, state and local levels.

As CDC's primary interface with immunization projects, POB supports the development, promotion, and evaluation of immunization strategies, to achieve and sustain high immunization coverage levels, through improved program operations.

The IISSB works to maximize protection against vaccine-preventable diseases by leading the advancement of immunization information systems (IIS). Immunization information systems help to maximize protection against vaccine-preventable diseases by providing accurate data on which to make informed immunization decisions. By facilitating the development, implementation, and acceptance of these systems, immunization providers will have the data they need to make the best immunization decisions.

ISD staff identified to work on the project have worked directly with immunization programs in the USAPI for a number of years, and have developed key relationships across the health sectors in these jurisdictions. Staff identified to work on this project include epidemiologists specializing in assessment of vaccination coverage in the USAPI and evaluation of immunization information systems, a project officer with experience as a public health advisor to the USAPI immunization programs, public health analysts specializing in IIS support and technical assistance to the USAPI, as well as support from across the Division from vaccine supply and assurance specialists and communications experts.

10	**APPLICANT PROGRAM EXPERIENCE REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):** Staff participating in this project have been trained on the IIS used in the USAPI, and have expertise in designing epidemiological assessments and evaluation of the IIS. Further, staff have expertise in designing and conducting effective trainings and workshops to USAPI immunization program and related public health staff and leadership, particularly on the topic of IIS data management and utilization of IIS features. Staff are also experienced in developing targeted messaging on IIS and vaccination topics, and are adept at communication key public health messages to a variety audiences. Other areas of expertise include grants management, development of work plans and business plans, project management and administration, and reporting.
COLLABORATIVE WORK	
11	**EXPECTATIONS FOR COLLABORATION -IF APPLICABLE (MAXIMUM OF 300 WORDS):** Collaboration on designing and conducting on-site trainings is expected with the IIS vendor.
12	**EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):** On-site trainings will be subcontracted by the IIS vendor. The vendor is skilled in developing trainings on the topics identified, and have worked directly with the USAPI immunization programs since implementation of the IIS.
BUDGET INSTRUCTIONS	
13	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – IF APPLICABLE (MAXIMUM OF 300 WORDS):** Funds should be used for the procurement and shipment of computer equipment, travel for ISD staff to conduct trainings and feedback initiatives, and training-related expensed (e.g. staff, materials, travel) by the IIS vendor.
CIO CERTIFICATION*	
14	**By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable NOFO related to this Capacity Building Assistance program.**

***Required Completion**

FY 2018 – Year 3 CIO Project Plan Template Instructions

FOA OT16-1601: Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands

Section	Information Required	Instructions
1.	**Project Title**	**Enter title of Project (do not enter FOA title)**
2.	**CIO/Division**	**Name of the CIO and Division proposing the project**
	CIO POC Name, Email Address and Phone Number	**Name(s) and contact information for the individual who will serve as Technical Monitor for the project.**
3.	**Target Population Category (Check One Box)**	**Select the Target Population Category** **Governmental Public Health Departments:** This category is focused on meeting the priority Capacity Building Assistance (CBA) needs of health department, agency-wide: country-wide or local. **Workforce Segments within Governmental Health Departments:** This category is focused on meeting the priority capacity building assistance (CBA) needs of one workforce segment within territorial health department. **Nongovernmental Public Health Components:** This category is focused on meeting the priority CBA needs of one type professional constituency or other component of the larger public health system.
4.	**Target Population Description**	**Further describe the Target Population or sub-populations to benefit from the CBA services.** Governmental **-** health departments: territorial leadership, grants management systems, finance management. Governmental – nutritionists, epidemiologists, environmental health specialists, chronic disease directors, epidemiologists, preparedness directors. Nongovernmental - community –based organizations, health centers, hospitals, transportation.
5.	**Proposed Project Funding**	**Program contribution intended for the applicant to complete project**
6.	**Project Description (Narrative) : Maximum of 1,000 words**	**Give description of the project's capacity building** Include a description of the purpose and justification for the project, and background information. Include high level goals, expected outputs, outcomes, and general activities. This information will guide the applicant to submit a work plan that meets your needs or expectations.
7.	**Program Strategies**	**Select one or more FOA Program Strategies that most relate to your proposed project** • Public Health Leadership • Public Health Workforce Segments • Public Health System and Infrastructure • Public Health Laws and Policies • Evidence-based Public Health Practices and Services • Public Health Monitoring and Surveillance Systems • Other _____
8.	**Program Outcomes**	**Select one or more FOA Program Outcomes that most relate to your proposed project** • Strengthened leadership, governance and accountability • Enhanced public health systems and infrastructure • Increased public health workforce capacity • Improved public health laws and policies • Increased delivery of evidence-based public health practices and services

		• Enhanced monitoring and surveillance systems capacity • Other _____
9.	**Applicant Organizational Capacity**	**Describe the organizational capacity (skills, technology, organizational reach, infrastructure) needed to effectively conduct the work described under the Project Description.**
10.	**Applicant Program Experience**	**Describe the program experience (content expertise) needed to effectively conduct the work described under the project description.**
11.	**Expectations for Collaboration (if applicable)**	**Describe expected collaborative work. Do NOT identify the organization with which applicant should collaborate.**
12.	**Expected Sub-contractual Work and Recommended Criteria for Identifying or Selecting Subcontractors (If Applicable)**	**If you expect work to be subcontracted, provide general information on amount of funding, work expected and selection criteria. For recommended selection criteria, identify type of organization, skills, experience and other capacity.**
13.	**Budget Instructions**	**Provide general instructions on any limitations or parameters for expenditure or use of funds. Include general instructions on project equipment, travel, and personnel needs.**
14.	**CIO Certification**	**Submission of a Project Plan is certification that your unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.**
Project Plan Due Date (please note: this section of the instructions is for informational purposes only)		***Please submit completed Project Plans by Friday, May 16, 2018. Project Plans should be submitted via email to Project Officer, Devi Hawkins (duh4@cdc.gov), and cc Gayle Weaver (gew6@cdc.gov) and Jennifer Thomas (ydr3@cdc.gov).***
Evaluation Criteria (please note: this section of the instructions is for informational purposes only)		***Awardee proposals will be evaluated against the following criteria:*** *I.* ***Applicant Organizational Capacity*** *II.* ***Applicant Program Experience*** *III.* ***Work Plan*** ***a. Objectives*** ***b. Activities*** ***c. Outputs*** ***d. Outcomes*** *IV.* ***Collaboration*** *V.* ***Budget (reviewed, but not scored)***

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FOA CDC-RFA-OT16-1601
Strengthening the Public Health System in the U.S.-Affiated Pacific Islands

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GENERAL INFORMATION*	
1	**PROJECT TITLE:** Pacific Islands Tuberculosis Nurses Network (PITBNN)
2	**CIO POC name:** Derrick Felix **CIO/Division:** NCHHSTP/DTBE **CIO POC email address:** dnf2@cdc.gov **CIO POC phone number:** (404) 639-8342
3	**TARGET POPULATION CATEGORY:** *(CHECK ONE BOX)* ☐ **Health Department:** This category is focused on meeting agency-level capacity building assistance needs of territorial health departments ☒ **Workforce Segment:** This category is focused on meeting the capacity building assistance needs of a workforce segment across territorial health departments ☐ **Other Component of the Public Health System:** This category is focused on meeting the priority capacity building assistance needs of a nongovernmental component of the public health system.
4	**TARGET POPULATION DESCRIPTION (What public health system target population will receive the capacity building assistance?):** Nurses and outreach workers in tuberculosis (TB) control programs in the U.S.-affiliated Pacific Islands.
5	**PROPOSED PROJECT FUNDING AMOUNT:** **$ 25,000.00** **(Note:** Proposed Project Funding is for 11-month budget period. Estimated budget period, August 1, 2018-June 30, 2019**)**

PROJECT DETAILS*

PROJECT DESCRIPTION FOR CAPACITY BUILDING (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):

In 2016, tuberculosis (TB) case rates ranged from 1.8 cases per 100,000 population in American Samoa to 243.9 cases per 100,000 population in the Republic of the Marshall Islands (Table 1). Five of the six USAPI jurisdictions exceeded the national U.S. case rate of 2.9 per 100,000 population. The Republic of the Marshall Islands and Federated States of Micronesia have the highest burden of TB in the region and report case rates that are 84 times and 41 times the national U.S. case rate, respectively.

Table 1. TB Cases and Case Rates per 100,000 Population: USAPI, 2016

Reporting Area	Cases	Case Rates
American Samoa	1	1.8
C. Northern Mariana Islands	27	50.5
Federated States of Micronesia	126	120.3
Guam	75	46.1
Republic of Palau	21	98.4
Republic of the Marshall Islands	179	243.9

A key strategy to reduce the TB burden in the USAPI is to improve the knowledge, competence, and performance of the public health workforce. Nurses and outreach workers are critical positions in TB control and prevention programs. These staff interact daily with TB cases to: ensure infectious TB cases remain isolated to end transmission; ensure every dose of prescribed medications are taken until treatment completion; monitor for adverse effects; ensure completion of follow-up tests throughout treatment; and conduct contact investigations to identify persons exposed and infected with TB.

6

ACTIVITIES

1. Plan, coordinate, and facilitate monthly *Pacific Islands TB Nurses Network Case Conference Meetings.* This meeting is designed to increase TB nurses and outreach workers knowledge, competence, and performance in:
    - best practice treatment for TB disease
    - detection and management of TB contacts
    - prevention of TB disease
    - the delivery of directly observed therapy
    - TB surveillance and case reporting
2. Serve on the planning committees for the *Pacific Islands TB Controllers Association (PITCA) Conference* and the *Program Collaboration and Service Integration (PCSI) Conference*.
3. Collaborate with a *TB Centers of Excellence* to coordinate and facilitate discussions with the *Pacific Islands TB Nurses Network* to identify training and education topics to include in the PITCA and PCSI Conferences.
4. Collaborate with a *TB Centers of Excellence* and the *Pacific Islands TB Nurses Network* to plan the agenda for the TB nurses and outreach workers breakout sessions at both PITCA and PCSI Conferences.
5. Collaborate with the *TB Centers of Excellence* to coordinate and facilitate the TB nurses and outreach workers breakout sessions at both PITCA and PCSI Conferences.
6. Identify opportunities for improving education, training, and capacity building in each jurisdiction.

OUTPUTS

- Dates of Pacific Islands TB Nurses Network Case Conference Meetings.
- Dates of PITCA and PCSI Conference planning committee meetings attended.
- Topics for PITCA and PCSI Conferences solicited from the Pacific Islands TB Nurses Network.
- Agenda for the TB nurses and outreach workers breakout sessions at both PITCA and PCSI Conferences developed.
- TB nurses and outreach workers breakout sessions at both PITCA and PCSI Conferences facilitated.
- Additional education and training opportunities identified.

OUTCOMES

- Increase the knowledge, competence, and performance of TB nurses and outreach workers.
- Improve TB control and prevention activities and delivery of services.
- Reduce TB incidence.

7 **PROGRAM STRATEGIES THAT RELATE TO FOA:**
(CHECK ONE OR MORE)

- ☐ **Public Health Leadership**
- ☐ **Public Health System and Infrastructure**
- ☐ **Evidence-based Public Health Practices and Services**
- ☒ **Public Health Workforce Segments**
- ☐ **Public Health Laws and Policies**
- ☐ **Public Health Monitoring and Surveillance Systems**
- ☐ **Other**_____

8 **PROGRAM OUTCOMES THAT RELATE TO FOA:**
(CHECK ONE OR MORE)

- ☐ **Strengthened leadership, governance and accountability**
- ☐ **Enhanced public health systems and infrastructure**
- ☒ **Increased public health workforce capacity**
- ☐ **Improved public health laws and policies**
- ☐ **Increased delivery of evidence-based public health practices and services**
- ☐ **Enhanced monitoring and surveillance systems capacity**
- ☐ **Other** _____

9 **APPLICANT ORGANIZATIONAL CAPACITY REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):**
Applicant should (1) have workforce capacity, competence, and relevant skill sets to successfully execute the activities and deliver the outputs of this project; (2) describe expertise in program management, evaluation, workforce development and training, and full capability to manage the required procurement efforts, including the ability to write and award subcontracts; and (3) describe the nature of their relationship with the target population and history (including number of years) serving or working with the target population selected for this project.

10 **APPLICANT PROGRAM EXPERIENCE REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):**
Greater than 5 years of experience in the following: (1) facilitating meetings and providing training, education, technical assistance, and consultation to the USAPI on TB control and prevention topics; (2) developing TB trainings to meet the educational needs of nurses and outreach workers; (3) planning and coordinating TB trainings as part of a conference; (4) collaborating CDC and international organizations such as the International Union Against Tuberculosis and Lung Disease, United Nations Development Programme, World Health Organization, and other non-governmental organizations; and (5) expanding existing partnerships to meet identified training and education needs.

COLLABORATIVE WORK

11 **EXPECTATIONS FOR COLLABORATION -IF APPLICABLE (MAXIMUM OF 300 WORDS):**
Applicant is expected to collaborate with the following:

- TB nurses and outreach workers in the USAPI jurisdictions
- CDC Division of TB Elimination
- TB Centers of Excellence
- Australian Respiratory Council

12 **EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):**
Applicant may subcontract this work, but should develop appropriate selection criteria to identify an organization that possesses the required skill set, capacity, and expertise to execute the activities and deliver the outputs of this project. The applicant should consult with the CIO POC before soliciting a subcontract.

BUDGET INSTRUCTIONS	
13	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – IF APPLICABLE (MAXIMUM OF 300 WORDS):** None
CIO CERTIFICATION*	
14	**By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable NOFO related to this Capacity Building Assistance program.**

***Required Completion**

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		• Enhanced monitoring and surveillance systems capacity • Other _____
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FY 2018 – Year 3 CIO Project Plan Template

GENERAL INFORMATION*	
1	**PROJECT TITLE:** Addition of Tuberculosis (TB) to the Comprehensive STD/HIV/VH Prevention Plan for the Pacific Islands Jurisdictions
2	**CIO POC name:** Derrick Felix **CIO/Division:** NCHHSTP/DTBE **CIO POC email address:** dnf2@cdc.gov **CIO POC phone number:** (404) 639-8342
3	**TARGET POPULATION CATEGORY:** *(CHECK ONE BOX)* ☒ **Health Department:** This category is focused on meeting agency-level capacity building assistance needs of territorial health departments ☐ **Workforce Segment:** This category is focused on meeting the capacity building assistance needs of a workforce segment across territorial health departments ☐ **Other Component of the Public Health System:** This category is focused on meeting the priority capacity building assistance needs of a nongovernmental component of the public health system.
4	**TARGET POPULATION DESCRIPTION (What public health system target population will receive the capacity building assistance?):** Public health professionals who serve in a leadership or a programmatic capacity to guide, influence, and collaborate across health systems and organizations to strengthen U.S.-affiliated Pacific Islands STD/HIV/TB Prevention Programs.
5	**PROPOSED PROJECT FUNDING AMOUNT:** **$ 40,000.00** **(Note:** Proposed Project Funding is for 11-month budget period. Estimated budget period, August 1, 2018-June 30, 2019**)**

PROJECT DETAILS*

6

PROJECT DESCRIPTION FOR CAPACITY BUILDING (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):

In 2016, tuberculosis (TB) case rates ranged from 1.8 cases per 100,000 population in American Samoa to 243.9 cases per 100,000 population in the Republic of the Marshall Islands (Table 1). Five of the six USAPI jurisdictions exceeded the national U.S. case rate of 2.9 per 100,000 population. The Republic of the Marshall Islands and Federated States of Micronesia have the highest burden of TB in the region and report case rates that are 84 times and 41 times the national U.S. case rate, respectively.

Table 1. TB Cases and Case Rates per 100,000 Population: USAPI, 2016

Reporting Area	Cases	Case Rates
American Samoa	1	1.8
C. Northern Mariana Islands	27	50.5
Federated States of Micronesia	126	120.3
Guam	75	46.1
Republic of Palau	21	98.4
Republic of the Marshall Islands	179	243.9

The Pacific Islands Health Officers Association (PIHOA) was funded in 2016 to develop a ***Regional Comprehensive Prevention Plan for STD, HIV, and Viral Hepatitis*** for USAPI programs to prioritize harmonized goals and improve diagnostic and treatment services. During the regional planning workshop to launch this project, USAPI representatives expressed the strong desire to include TB in the regional comprehensive plan.

ACTIVITY: Incorporate TB into the existing framework for the project titled, "Development of a Comprehensive STD/HIV Prevention Plan for the Pacific Islands Jurisdictions"

7

PROGRAM STRATEGIES THAT RELATE TO FOA:
(CHECK ONE OR MORE)

- ☒ **Public Health Leadership**
- ☒ **Public Health System and Infrastructure**
- ☒ **Evidence-based Public Health Practices and Services**
- ☐ **Public Health Workforce Segments**
- ☒ **Public Health Laws and Policies**
- ☒ **Public Health Monitoring and Surveillance Systems**
- ☐ **Other**_____

8

PROGRAM OUTCOMES THAT RELATE TO FOA:
(CHECK ONE OR MORE)

- ☒ **Strengthened leadership, governance and accountability**
- ☒ **Enhanced public health systems and infrastructure**
- ☒ **Increased public health workforce capacity**
- ☒ **Improved public health laws and policies**
- ☒ **Increased delivery of evidence-based public health practices and services**
- ☒ **Enhanced monitoring and surveillance systems capacity**
- ☐ **Other** _____

9	**APPLICANT ORGANIZATIONAL CAPACITY REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):** The applicant should have: (1) documented expertise in evaluation and assessment, (2) expertise in developing comprehensive plans and communicate goals and objectives, (3) familiarity with basic TB public health systems in the region, and how these interact with the overall, local public health infrastructures, (4) capacity to provide training, technical assistance, and resources to staff in territorial health departments on clinical services, surveillance, epidemiology, and laboratory systems, (5) a reputation for excellent communication with partners (e.g., CDC, local partners, other agencies or organizations), (6) expertise in building or expanding upon existing partnerships, (7) prior experience working with USAPI partners and a documented ability to collaborate with local partners and CDC.
10	**APPLICANT PROGRAM EXPERIENCE REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):** The applicant should have experience and documented ability in (1) identifying public health goals (and preferably STD/HIV/VH/TB goals) and in developing road maps for the future, (2) providing specific public health program planning guidance; (3) training in public health clinical, surveillance, and laboratory services around TB and other integrated public health systems; (4) knowledge of challenges faced by territorial, local, and state health departments around public health issues likely to challenge local TB prevention programs, (5) experience in planning, implementating, monitoring, and evaluation of public heatlh programs (and ideally STD/HIV/VH/TB programs)
COLLABORATIVE WORK	
11	**EXPECTATIONS FOR COLLABORATION -IF APPLICABLE (MAXIMUM OF 300 WORDS):** The applicant is expected to work closely with TB program managers at CDC and the TB programs in the U.S. Pacific island territories and states to develop a plan, coordinate training activities, and implement activities. The applicant is also expected to work with local policy makers and TB program managers to coordinate STD/HIV/VH/TB activities with other health department related activities with an eye toward building quality assured, evidence-based programs. Depending upon the jurisdiction, the applicant may be asked to also work, along side the staff of health department, with private laboratories or other medical partners. The applicant will be expected to communicate frequently and work closely with CDC/DTBE program managers to ensure that program expectations are understood and objectives met.
12	**EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):** None
BUDGET INSTRUCTIONS	
13	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – IF APPLICABLE (MAXIMUM OF 300 WORDS):** None
CIO CERTIFICATION*	
14	**By submitting this project plan, I certify that my CIO unit currently <u>does not</u> maintain a comparable NOFO related to this Capacity Building Assistance program.**

***Required Completion**

FY 2018 – Year 3 CIO Project Plan Template Instructions

FOA OT16-1601: Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands

Section	Information Required	Instructions
1.	**Project Title**	**Enter title of Project (do not enter FOA title)**
2.	**CIO/Division**	**Name of the CIO and Division proposing the project**
	CIO POC Name, Email Address and Phone Number	**Name(s) and contact information for the individual who will serve as Technical Monitor for the project.**
3.	**Target Population Category (Check One Box)**	**Select the Target Population Category** **Governmental Public Health Departments:** This category is focused on meeting the priority Capacity Building Assistance (CBA) needs of health department, agency-wide: country-wide or local. **Workforce Segments within Governmental Health Departments:** This category is focused on meeting the priority capacity building assistance (CBA) needs of one workforce segment within territorial health department. **Nongovernmental Public Health Components:** This category is focused on meeting the priority CBA needs of one type professional constituency or other component of the larger public health system.
4.	**Target Population Description**	**Further describe the Target Population or sub-populations to benefit from the CBA services.** Governmental **-** health departments: territorial leadership, grants management systems, finance management. Governmental – nutritionists, epidemiologists, environmental health specialists, chronic disease directors, epidemiologists, preparedness directors. Nongovernmental - community –based organizations, health centers, hospitals, transportation.
5.	**Proposed Project Funding**	**Program contribution intended for the applicant to complete project**
6.	**Project Description (Narrative) : Maximum of 1,000 words**	**Give description of the project's capacity building** Include a description of the purpose and justification for the project, and background information. Include high level goals, expected outputs, outcomes, and general activities. This information will guide the applicant to submit a work plan that meets your needs or expectations.
7.	**Program Strategies**	**Select one or more FOA Program Strategies that most relate to your proposed project** • Public Health Leadership • Public Health Workforce Segments • Public Health System and Infrastructure • Public Health Laws and Policies • Evidence-based Public Health Practices and Services • Public Health Monitoring and Surveillance Systems • Other _____
8.	**Program Outcomes**	**Select one or more FOA Program Outcomes that most relate to your proposed project** • Strengthened leadership, governance and accountability • Enhanced public health systems and infrastructure • Increased public health workforce capacity • Improved public health laws and policies • Increased delivery of evidence-based public health practices and services

		• Enhanced monitoring and surveillance systems capacity • Other _____
9.	**Applicant Organizational Capacity**	**Describe the organizational capacity (skills, technology, organizational reach, infrastructure) needed to effectively conduct the work described under the Project Description.**
10.	**Applicant Program Experience**	**Describe the program experience (content expertise) needed to effectively conduct the work described under the project description.**
11.	**Expectations for Collaboration (if applicable)**	**Describe expected collaborative work. Do NOT identify the organization with which applicant should collaborate.**
12.	**Expected Sub-contractual Work and Recommended Criteria for Identifying or Selecting Subcontractors (If Applicable)**	**If you expect work to be subcontracted, provide general information on amount of funding, work expected and selection criteria. For recommended selection criteria, identify type of organization, skills, experience and other capacity.**
13.	**Budget Instructions**	**Provide general instructions on any limitations or parameters for expenditure or use of funds. Include general instructions on project equipment, travel, and personnel needs.**
14.	**CIO Certification**	**Submission of a Project Plan is certification that your unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.**
Project Plan Due Date (please note: this section of the instructions is for informational purposes only)		***Please submit completed Project Plans by Friday, May 16, 2018. Project Plans should be submitted via email to Project Officer, Devi Hawkins (duh4@cdc.gov), and cc Gayle Weaver (gew6@cdc.gov) and Jennifer Thomas (ydr3@cdc.gov).***
Evaluation Criteria (please note: this section of the instructions is for informational purposes only)		***Awardee proposals will be evaluated against the following criteria:*** *I.* ***Applicant Organizational Capacity*** *II.* ***Applicant Program Experience*** *III.* ***Work Plan*** ***a. Objectives*** ***b. Activities*** ***c. Outputs*** ***d. Outcomes*** *IV.* ***Collaboration*** *V.* ***Budget (reviewed, but not scored)***

FY 2018 CIO PROJECT PLAN – Year 3
FOA CDC-RFA-OT16-1601
Strengthening the Public Health System in the U.S.-Affiated Pacific Islands

	GENERAL INFORMATION*
1	**PROJECT TITLE: Strengthening Laboratory Management towards Accreditation and Quality Improvement**
2	**CIO POC name: John Ridderhof** **CIO/Division: CSELS/DLS (on behalf of additional CDC programs in different CIOs** **CIO POC email address: jcr0@cdc.gov** **CIO POC phone number:404-498-0469**
3	**TARGET POPULATION CATEGORY:** *(CHECK ONE BOX)* ☒ **Health Department:** This category is focused on meeting agency-level capacity building assistance needs of territorial health departments ☐ **Workforce Segment:** This category is focused on meeting the capacity building assistance needs of a workforce segment across territorial health departments ☐ **Other Component of the Public Health System:** This category is focused on meeting the priority capacity building assistance needs of a nongovernmental component of the public health system.
4	**TARGET POPULATION DESCRIPTION (What public health system target population will receive the capacity building assistance?): The laboratories and laboratory staff serving the territories and affiliated states in the USAPI.**
5	**PROPOSED PROJECT FUNDING AMOUNT:** **$____350,000_____** **(Note:** Proposed Project Funding is for 11-month budget period. Estimated budget period, August 1, 2018-June 30, 2019**)**
	PROJECT DETAILS*
6	**PROJECT DESCRIPTION FOR CAPACITY BUILDING (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):** **The PIHOA laboratory coordination is a recognized vital activity for maintaining and expanding the laboratory capabilities in the USAPI. The USAPI laboratories struggle to implement comprehensive public health and clinical laboratory capabilities due to the geographic separation and associated workforce and training challenges. Additionally ensuring consistent quality standards and practices are a key priority for the USAPI which includes affiliated states that are not covered by the US laboratory regulations (CLIA). The ability to pack, ship and refer samples and isolates requires ongoing training for certification of staff and external support for logistics and communication. Additionally there are many ongoing efforts to implement newer technologies and monitor the quality of both new and older technologies with EQA and PT. New activities reflect new tools that are available to PIHOA in addition to continuing efforts to strengthen laboratory quality standards.**

- **This project supports the next phase in assessing progress towards implementation of Quality Management Systems (QMS) and use of the Strengthening Laboratory Management towards Accreditation (SLMTA). The USAPI laboratories, some of which are not CLIA regulated or accredited, require external support and assessment. This project addresses a recognized need for universal quality standards that impact public health and clinical laboratory testing. Collaboration with an external SLMTA assessor or experienced laboratory auditor is strongly encouraged, especially for the affiliated states that are not covered by CLIA regulations. An external auditor will help strengthen the skills of PIHOA's laboratory SME.**
- **The PIHOA lab coordination is supported to strengthen laboratory capabilities. There should be systematic and ongoing monitoring of USAPI jurisdictional capabilities similar to efforts by APHL and CDC programs to track laboratory capabilities in the states. In 2017 APHL implemented the Public Health Laboratory Systems Database (PHLSD) as a national PHL test directory for monitoring, outbreak response, and coordination of laboratory services. The PIHOA laboratory coordination activity should assist the USAPI jurisdictions with participation in the PHLSD for ongoing monitoring of public health laboratory testing services.**
- **Support strengthening of clinical microbiology practice in the USAPI jurisdictions and continue activities to maintain the packaging and shipping certification in multiple laboratory staff in each jurisdiction.**
- **Strengthen and monitor ongoing technical capabilities for STD and TB in addition to assistance with implementation of new methods and technologies for current and emerging infectious diseases.**
- **Work with CDC programs to help update strategies for an integrated approach of technical assistance for multiple laboratory methods and technologies**
- **Convene the Association of USAPI Laboratory members with a priority of attendance and participation by the laboratory staff from USAPI territories and affiliated states.**

7

PROGRAM STRATEGIES THAT RELATE TO FOA:
(CHECK ONE OR MORE)

- ☐ **Public Health Leadership**
- ☒ **Public Health Workforce Segments**
- ☒ **Public Health System and Infrastructure**
- ☐ **Public Health Laws and Policies**
- ☐ **Evidence-based Public Health Practices and Services**
- ☒ **Public Health Monitoring and Surveillance Systems**
- ☐ **Other**_____

8	**PROGRAM OUTCOMES THAT RELATE TO FOA:** *(CHECK ONE OR MORE)* ☐ **Strengthened leadership, governance and accountability** ☒ **Enhanced public health systems and infrastructure** ☒ **Increased public health workforce capacity** ☐ **Improved public health laws and policies** ☒ **Increased delivery of evidence-based public health practices and services** ☐ **Enhanced monitoring and surveillance systems capacity** ☐ **Other** _____
9	**APPLICANT ORGANIZATIONAL CAPACITY REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):** **Ability to travel for onsite training in laboratory practice and quality in the USAPI jurisdictions. This includes the ability to communicate with, monitor, and convene laboratory staff in USAPI laboratories**
10	**APPLICANT PROGRAM EXPERIENCE REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):** **Experience working with the USAPI laboratories. Expertise in quality management systems, clinical microbiology, and laboratory training.**
	COLLABORATIVE WORK
11	**EXPECTATIONS FOR COLLABORATION -IF APPLICABLE (MAXIMUM OF 300 WORDS):** **The many CDC programs providing support to the USAPI recognize the value of laboratory coordination piece as the "glue" strengthening the capabilities in the region. The distance and time difference with Atlanta creates barriers to ongoing communication and interaction and both CDC programs and PIHOA should continually strive to overcome these barriers for better program integration and coordination of efforts. In addition to coordination and communication with individual programs it will be helpful if PIHOA laboratory SME can meet collectively with programs in addition to the separate forums.**
12	**EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):**
	BUDGET INSTRUCTIONS
13	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – IF APPLICABLE (MAXIMUM OF 300 WORDS):**
	CIO CERTIFICATION*
14	**By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable NOFO related to this Capacity Building Assistance program.**

***Required Completion**

FY 2017 CIO PROJECT PLAN – Year 3
FOA CDC-RFA-OT16-1601
Strengthening the Public Health System in the U.S.-Affiated Pacific Islands

	GENERAL INFORMATION
1	**PROJECT TITLE: Building Capacity using workforce development and public health system administration to eliminate lymphatic filariasis in American Samoa – PART 2**
2	**CIO POC name: Kimberly Won, Alison McKnight** **CIO/Division: CGH/DPDM/PDB** **CIO POC email address: Kimberly Won- kfw7@cdc.gov; Alison McKnight- fpo6@cdc.gov** **CIO POC phone number: Kimberly Won-** 404.718.4137 **; Alison McKnight- 404.498.0401**
3	**TARGET POPULATION CATEGORY:*** *(CHECK ONE BOX)* **Health Department** ☒ **Workforce Segment** ☐ **Other Component of the Public Health System** ☐
4	**TARGET POPULATION DESCRIPTION (What public health system target population will receive the capacity building assistance?):*** The objective is to provide support to the American Samoa Department of Health (DOH) to build the capacity of the public health system for increased delivery of evidence-based public health practices and services to administer lymphatic filariasis elimination programs.
5	**PROPOSED PROJECT FUNDING:*** **$260,000**
	PROJECT DETAILS
6	**PROJECT DESCRIPTION FOR CAPACITY BUILDING (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):*** The purpose of this project is to support the capacity building efforts using public health practices to eliminate lymphatic filariasis (LF) as a public health problem in American Samoa, the only area in the United States or U.S.-affiliated Pacific Islands where LF is endemic. The American Samoa Department of Health (DOH) conducted interventions to eliminate LF during 2000-2007, but recent surveys provide evidence that transmission is ongoing in a number of communities. These findings represent a threat to World Health Organization's efforts to eliminate LF from the Pacific Region.

The outcome is to provide support to the American Samoa Department of Health (DOH) to build the capacity of the public health system for increased delivery of evidence-based public health practices and services to administer LF elimination programs and improved USAPI management systems and workforce development opportunities.

The specific objectives of this project are as follows:

- Expand the public health system capacity in America Samoa for social mobilization around LF elimination activities
- Build workforce capacity for the implementation of yearly mass drug administration (MDA) of anti-filarial medication and surveillance for LF elimination.
- To conduct trainings, coaching and mentoring activities

Capacity building strategies can include the following:

- Workforce development to enhance knowledge, skills, competencies, and create resources;
- Organizational development to enhance management structures, processes and procedures within and between organizations; and partnership development to build relationships to effectively address community needs, manage resources, and communicate with the public.
- Strategic investments in capacity building for the USAPI are expected to generate an increase in the quality, quantity, efficiency, effectiveness and prevention capacity of public health services and related outcomes, thus ultimately improving population health.
- Plan and conduct technical assistance/trainings to improve capabilities, administration and pulic health surveillance of LF; which includes assistance in development of SOPs for improved utilization of existing processes

7

PROGRAM STRATEGIES THAT RELATE TO FOA:* *(CHECK ONE OR MORE)*

- ☐ **Public Health Leadership**
- ☒ **Public Health System and Infrastructure**
- ☒ **Evidence-based Public Health Practices and Services**
- ☐ **Other**
- ☒ **Public Health Workforce Segments**
- ☐ **Public Health Laws and Policies**
- ☐ **Public Health Monitoring and Surveillance Systems**

_____

8

PROGRAM OUTCOMES THAT RELATE TO FOA:* *(CHECK ONE OR MORE)*

- ☐ **Strengthened leadership, governance and accountability**
- ☒ **Enhanced public health systems and infrastructure**
- ☒ **Increased public health workforce capacity**
- ☐ **Improved public health laws and policies**
- ☒ **Increased delivery of evidence-based public health practices and services**
- ☐ **Enhanced monitoring and surveillance systems capacity**
- ☐ **Other**

_____

9	**APPLICANT ORGANIZATIONAL CAPACITY REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*** In order to successfully perform the activities outlined in this project, the applicant needs to have the organizational capacity for social mobilization around LF elimination, capacity to monitor yearly implementation of mass drug administration (MDA) of anti-filarial medication and surveillance for LF elimination.
10	**APPLICANT PROGRAM EXPERIENCE REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*** **T**his capacity building effort requires an applicant with experience enhancing the ability to perform functions, solve problems, and achieve objectives at societal levels. The applicant must also have the proven ability to coordinate capacity building activities for LF elimination activities.
COLLABORATIVE WORK	
11	**EXPECTATIONS FOR COLLABORATION -AS APPLICABLE (MAXIMUM OF 300 WORDS):** The DOH will be expected to collaborate with global partners as necessary to build capacity for conducting activities relevant to LF elimination. These collaborations could include but are not limited to learning best practices for social mobilization, implementation of MDA and surveillance for LF elimination.
12	**EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):** N/A
BUDGET INSTRUCTIONS	
13	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – AS APPLICABLE (MAXIMUM OF 300 WORDS):** These funds will be used to support capacity building efforts to implementation of MDA and monitoring the impact of MDA. Cost categories are as follows: **Personnel** – DOH focal point; local project coordinator (contractor?); health educator; personnel costs for MDA and M&E (surveys) **Travel and Transportation** – FTE travel (Atlanta); local travel; transportation during MDA, M&E surveys **Health education/ social mobilization** – community awareness meetings; IEC materials (development and distribution); staff training **MDA** – drugs (if not donated); MDA related supplies (e.g. water) **Mop-up treatments (addressing off-island residents and migration)** – (test and treat?) **M&E** – survey costs (e.g. mini-TAS for monitoring) **Supplies** – diagnostic tests; blood collection supplies
CIO CERTIFICATION*	
14	**By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.**

FY 2017 CIO PROJECT PLAN – Year 3
FOA CDC-RFA-OT16-1601
Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands

GENERAL INFORMATION	
1	**PROJECT TITLE: Strengthening HIV, STD, and viral hepatitis surveillance and prevention in the U.S. Affiliated Pacific Islands**
2	**CIO POC name: Patricia Dietz** **CIO/Division: NCHHSTP/OD** **CIO POC email address: pdietz@cdc.gov** **CIO POC phone number: 404-639-8996**
3	**TARGET POPULATION CATEGORY:*** *(CHECK ONE BOX)* **Health Department** ☒ **Workforce Segment** ☐ **Other Component of the Public Health System** ☐
4	**TARGET POPULATION DESCRIPTION (What public health system target population will receive the capacity building assistance?):*** **Government; epidemiologists; HIV, STD, viral hepatitis program managers; surveillance managers; laboratory managers; administrators, finance managers**
5	**PROPOSED PROJECT FUNDING:*** **$___250,000_____**
PROJECT DETAILS	
6	**PROJECT DESCRIPTION FOR CAPACITY BUILDING (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):*** **The National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) funds** six U.S. Affiliated Pacific Island (USAPI) jurisdictions (Commonwealth of the Northern Mariana Islands (CNMI), American Samoa, Guam, the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI) and the Republic of Palau). Each USAPI experiences multiple related challenges with Human Immunodeficiency Virus (HIV), viral hepatitis (VH), sexually transmitted diseases (STDs), tuberculosis (TB), and their effects. These jurisdictions have a high burden of STDs and hepatitis B virus, and are potentially at risk for increases in HIV infection. TB prevention programs in the USAPI jurisdictions are well established and already supported with CDC staff based in Hawaii. Additionally, CDC staff in Atlanta coordinate meetings specifically to increase the capacity of TB programs on an annual or biannual basis. However, these same types of meetings are not held for the other diseases, hence

presenting opportunities for capacity building with HIV, STD and viral hepatitis programs. The HIV, STD, and Viral Hepatitis Capacity Building Project is aimed to assist the six USAPIs in meeting the following outcomes by providing programmatic and surveillance capacity building to key health department staff.

Strategy 1: Program Collaboration and Service Integration (PCSI)

- Increase in patients tested or treated for multiple diseases during a single visit as clinically indicated

Strategy 2: Surveillance, Data Management, and Reporting

- Increase the completeness and timeliness of reported surveillance data
- Improve prevention programs and service delivery for geographic at-risk and vulnerable target populations by using improved quality surveillance and program data to target services

Strategy 3: Health Systems Strengthening

- Increase skills and capacity of public healthcare workforce
- Improve availability of laboratory supplies and high-quality testing services

Strategy 4: Disease-Specific Prevention and Care

- Increase diagnoses among persons unaware of their infections
- Increase patients linked to care
- Increase patients who receive treatment
- Increase receipt of partner services and completion of contact investigations.

The training and capacity building priorities will be established for each of the six jurisdictions with input from CDC subject matter experts and the recipient of this project. Areas of training and capacity building could include the following topics (please note there may be work in the area of TB on a limited basis):

- Train or ensure HIV, VH, and STD staff can accurately collect, enter, and report surveillance and program data using a CDC-approved data system
- Train or ensure the six juridictions have systems in place to maintain necessary supplies for the laboratories regarding tests for HIV, STDs, and hepatitis B, working in coordination with other laboratory technical assistance providers for the six jurisdictions
- Train or ensure the six jurisdictions have systems in place to maintain necessary medications for the treatment of HIV and STDs
- Train or ensure staff know the following information:
  - *HIV*:
    - HIV testing algorithms, including use of rapid and point-of-care testing, and where to target HIV testing programs to reach populations at greatest risk for HIV
    - Linkage to HIV medical care including strategies for encouraging linkage and locating persons who need to be linked to medical care
    - Documentation of viral suppression among those diagnosed with HIV
    - Strategies/plans for effective partner services
    - Patient navigation
  - *VH:*
    - HBV testing technology
    - Collaborating with healthcare facilities and where to target VH testing programs
    - Collaboration with immunization programs to support hepatitis B vaccination among children and at-risk adults
  - *STD*

- Collaboration with prenatal care providers to ensure appropriate STD screening during pregnancy
- Collaboration with primary care providers to ensure annual chlamydia screening among sexually active females 25 years of age
- Partner Services for program and medical staff. Resources include:
  - Disease intervention specialists (DIS) Passport to Partner Services link: https://www.cdc.gov/std/training/passport-partner-services.htm
  - Online continuing education resources for program and medical providers. https://www.cdc.gov/std/training/onlinetraining.htm and http://californiaptc.com/

7

PROGRAM STRATEGIES THAT RELATE TO FOA:*

(CHECK ONE OR MORE)

☒ **Public Health Leadership**
☒ **Public Health System and Infrastructure**
☒ **Evidence-based Public Health Practices and Services**
☐ **Other**

_____

☐ **Public Health Workforce Segments**
☐ **Public Health Laws and Policies**
☒ **Public Health Monitoring and Surveillance Systems**

8

PROGRAM OUTCOMES THAT RELATE TO FOA:*

(CHECK ONE OR MORE)

☒ **Strengthened leadership, governance and accountability**

☒ **Enhanced public health systems and infrastructure**

☒ **Increased public health workforce capacity**

☐ **Improved public health laws and policies**

☒ **Increased delivery of evidence-based public health practices and services**

☒ **Enhanced monitoring and surveillance systems capacity**

☐ **Other**

_____

9

APPLICANT ORGANIZATIONAL CAPACITY REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*

The applicant should provide evidence of the following organizational capacity:

-demonstrate ability to meet requirements of CDC cooperative agreements
-demonstrate cultural competency
-ability to hire staff with the expertise listed below under #10
-ability to proactively avoid and anticipate potential logistical issues in meeting project milestones
-ability to work in resource limited settings
-ability to travel to each jurisdiction at least 2 times per year
-excellent communication skills

	-excellent ability to collaborate with partners -excellent relationships with USAPIs
10	**APPLICANT PROGRAM EXPERIENCE REQUIRED FOR PROJECT (MAXIMUM OF 500 WORDS):*** The applicant's program should provide evidence of the experience required for this project including at least 5 years of experience in each of the areas listed below: - working with one or more USAPI - working on HIV, STDs, or viral hepatitis - providing technical assistance or capacity building to a USAPI - working on surveillance, performance measurement, or evaluation projects - working with integrated programs such as those that cross multiple disease areas and/or shared staff to implement programs - working on US government projects including meeting administrative requirements In addition, the applicant should have a basic understanding of laboratory tests for HIV, STDs, and hepatitis B.
COLLABORATIVE WORK	
11	**EXPECTATIONS FOR COLLABORATION -AS APPLICABLE (MAXIMUM OF 300 words)** The program recipient is required to collaborate with recipients of CDC's PS18-1801 NOFO, high level government leaders, the World Health Organization, Health and Human Services agencies and other federal agencies working in the USAPIs, and other non-governmental agencies working in the USAPIs, as well as CDC's PS18-1801 subject matter experts.
12	**EXPECTED SUBCONTRACTUAL WORK AND RECOMMENDED CRITERIA FOR IDENTIFYING/SELECTING SUBCONTRACTORS - AS APPLICABLE (MAXIMUM OF 300 WORDS):** The applicant's program should provide evidence of the experience required for this project including at least 5 years of experience in each of the areas listed below: - working with one or more USAPI - working on HIV, STDs, or viral hepatitis - providing technical assistance or capacity building to a USAPI - working on surveillance, performance measurement, or evaluation projects - working on US government projects including meeting administrative requirements In addition, the applicant should have a basic understanding of laboratory tests for HIV, STDs, and hepatitis B.
BUDGET INSTRUCTIONS	
13	**GENERAL INSTRUCTIONS FOR USE OF FUNDS – AS APPLICABLE (MAXIMUM OF 300 WORDS):** It is expected that one position will be funded to provide technical assistance/capacity building for HIV, STD, and viral hepatitis for the six USAPIs. It is recommended that 75% of the funds should go to funding this position and administrative costs, and 20% of the funds for travel to the USAPIs to provide in-person capacity building and training assistance.

CIO CERTIFICATION*	
14	**By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.**