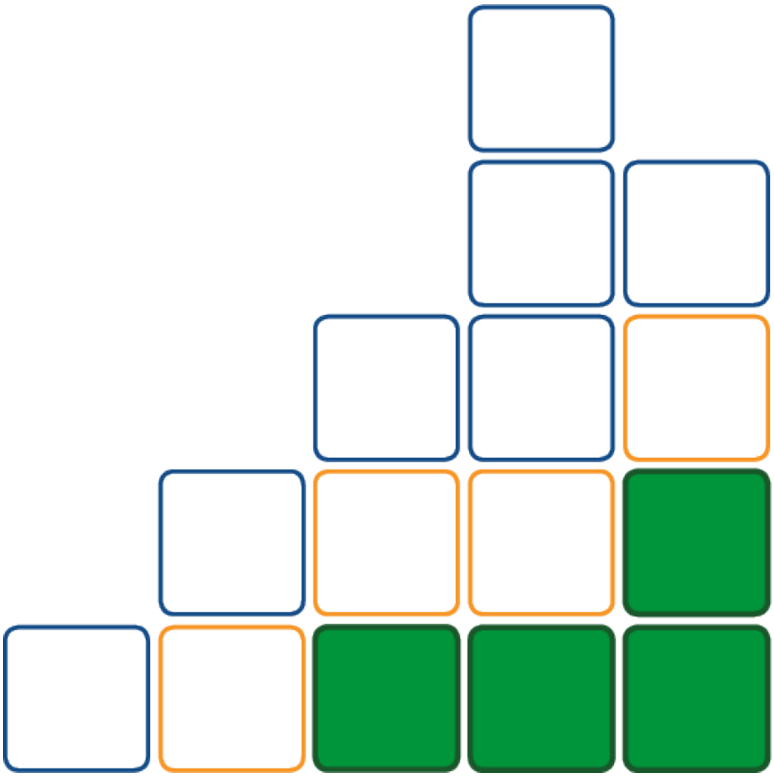
FETP-Frontline Planning Guide

FETP-Frontline



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Acronyms

AFENET	African Field Epidemiology Network
CDC	Centers for Disease Control and Prevention
CDC HQ	CDC Headquarters team in Atlanta, Georgia supporting FETPs
EMPHNET	Eastern Mediterranean Public Health Network
FETP	Field Epidemiology Training Program
HR	Human Resources
IDSR	Integrated Disease Surveillance and Response
MOH	Ministry of Health
MOU	Memorandum of Understanding
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
POC	Point of Contact
RA	Resident Advisor
SAFETYNET	South Asia Field Epidemiology and Technology Network
SPH	School of Public Health
SWOT	Strengths, weaknesses, opportunities, threats
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Note to Users: If you find errors, have suggestions for improvement, are willing to share modifications / improvements / additions you have made, or have other feedback about these materials, please e-mail the FETP curriculum team at **AskWIDB@cdc.gov.**

About this Guide

Purpose

This guide has two purposes. The first is to provide information to help decision-makers decide whether to establish a Frontline tier of the Field Epidemiology Training Program (FETP-Frontline) in a country. The second is provide guidance on FETP-Frontline planning and implementation if the decision has been made to move forward. This guide should be useful for establishing FETP-Frontline whether or not the country already has FETP-Advanced or FETP-Intermediate.

Audience for this Guide

This guide is intended to be used by persons who have responsibility for considering, planning, adapting, and implementing FETP-Frontline in their country. Such persons include but are not limited to officials from the Ministry of Health (MOH) and other governmental agencies, country offices of the U.S. Centers for Disease Control and Prevention (CDC), potential partner and funding organizations; program directors, resident advisors (RAs), FETP technical and administrative support staff, mentors, field supervisors, and other interested parties.

The Field Epidemiology Training Program Model

A Field Epidemiology Training Program (FETP) is a competency-based, mentored workforce development program to improve the field epidemiology knowledge, skills, and competencies of Ministry of Health (MOH) workers enrolled in the program. The program blends training of the participants with service to the country. The FETP model is based on the premise that improving the epidemiologic skills of MOH staff improves the capacity of the MOH to prevent, detect, and respond to public health priority issues, and in turn can contribute to improving the public's health.

The current FETP approach includes three tiers to address the epidemiologic training needs at different levels of a country's health system. These tiers are FETP-Frontline, FETP-Intermediate, and FETP-Advanced. Each program uses the same training approach consistent with principles of adult education — no more than 25% program time in classroom workshops, interspersed with 75% of time learning "on the job" by conducting mentored, MOH-relevant field activities.

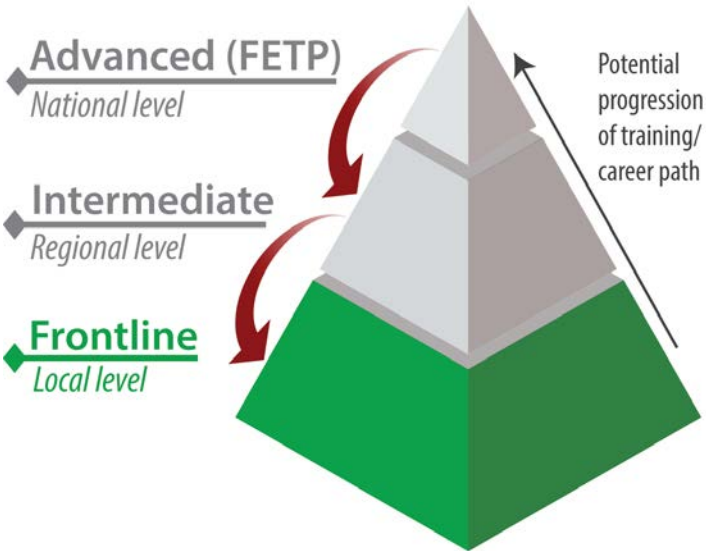
Each tier addresses the same four key competency domains but with different expectations. The table below provides a high-level comparison of competencies by FETP tier and competency domain.

Table 1. High-level comparison of competencies by FETP tier and competency domain

Competency Domain	FETP-Frontline	FETP-Intermediate	FETP-Advanced
Public Health Surveillance	Summarize surveillance data and monitor reporting from local sources	Summarize data from and evaluate surveillance systems	Summarize data from and implement improvements to surveillance systems
Field Investigation	Participate in epidemiologic field investigation	Conduct outbreak investigation using descriptive epidemiology	Conduct (lead) outbreak investigation using analytic epidemiology
Epidemiologic Methods	Summarize and interpret surveillance data	Design, conduct, analyze, and interpret data from descriptive epidemiologic studies	Design, conduct, analyze, and interpret data from analytic epidemiologic studies
Scientific Communication	Prepare timely surveillance reports for internal use	Produce epidemiologic reports for external distribution	Develop and deliver written and oral epidemiologic reports to an external audience

Overview of FETP-Frontline

FETP-Frontline is a 3-month in-service training program to strengthen epidemiologic capacity at the district level of the health system by improving the staff's ability to detect, investigate, and response to diseases and events of public health importance or international concern.



FETP-Frontline participants come together for two classroom workshops of 5 days each where they learn the skills needed for effective surveillance and response, including use of case definitions, disease detection and reporting, summarization of data using basic tables and graphs, case investigation, outbreak investigation and response, surveillance monitoring and evaluation, problem analysis, and data analysis and interpretation for decision-making. Between workshops, participants return to their jobs and complete field activities to practice, implement, and reinforce what they have learned. These activities include creating summary tables and charts of the surveillance data routinely collected at their agency; conducting monitoring and feedback site visits to surveillance reporting sites; performing a health problem analysis; and participating in a case or outbreak investigation. At the third workshop (1–3 days) participants have an opportunity to present their fieldwork, and those who successfully complete the program receive a Certificate of Completion signed by MOH and CDC officials.

Program Goal

The goal of FETP-Frontline is to use training to improve the MOH's epidemiologic capacity, particularly at the district level.

Program Objectives

Through successful implementation of FETP-Frontline, the MOH will achieve the following program objectives:

- Increase appreciation among public health workers for the role of data for monitoring the health of the community and for providing information for decision-making,
- Improve basic surveillance data collection and analysis, interpretation, and communication,
- Improve the quality and use of surveillance data for disease and outbreak detection,

- Improve the sharing and dissemination of health information, and
- Improve the capacity to investigate and respond to public health events of importance.

Key Elements of FETP-Frontline

- The program is hosted by the MOH, initially with support from CDC HQ or partner staff as needed. The intention is for the program to be institutionalized and sustained by the Ministry as it becomes feasible to do so.
- Two 1-week classroom workshops provide participants with the knowledge and tools necessary to conduct assigned job-relevant field activities.
- On-the-job field activities allow participants to apply public health surveillance skills, including creating a report with summary tables and charts of surveillance data; conducting monitoring and feedback visits at reporting sites, and investigating local cases and/or outbreaks of priority health conditions.
- Field activities are conducted with the support of a mentor, who is in regular contact with participants to provide feedback and guidance as needed for the successful completion of those activities.
- At the third (concluding) workshop, participants give oral presentations of one or more of their activities, sharing their findings with colleagues, FETP staff, and MOH officials.

FETP-Frontline Curriculum

Participant Competencies

Participant Competencies / Learning Objectives, in Brief

The standard curriculum for FETP-Frontline focuses on four competency domains — public health surveillance, field investigation, epidemiologic methods, and communication. Within these domains, the competencies participants are expected to achieve are:

Domain: Public Health Surveillance

1. Communicate the purpose and characteristics of a functional public health surveillance system
2. Identify cases and clusters of disease of public health interest in the community
3. Monitor and assess the quality of local public health surveillance data
4. Summarize and interpret surveillance data regularly
5. Produce surveillance summary reports that describe patterns of disease occurrence and provide information that is useful for public health decision-making

Domain: Field Investigation

6. Conduct case investigations and participate in outbreak investigations

Domain: Epidemiologic Methods

7. Summarize and interpret surveillance and other epidemiologic data

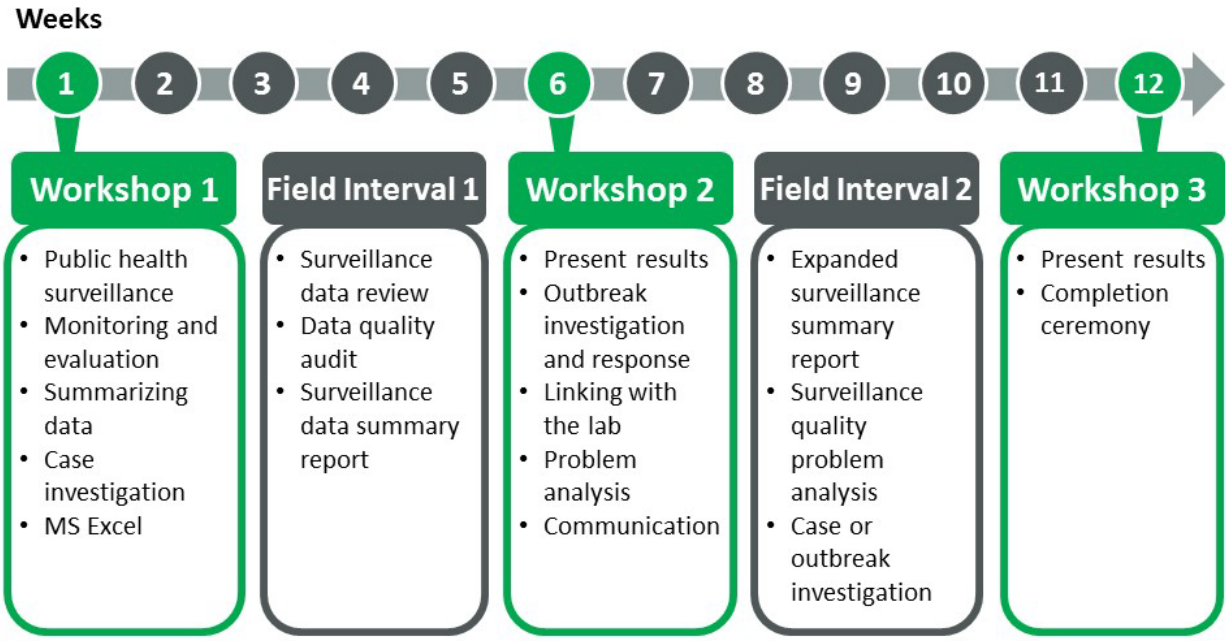
Domain: Communication

8. Communicate effectively with technical and non-technical audiences

The complete list of competencies and sub-competencies for the curriculum can be found in the ***FETP-Frontline Curriculum and Training Guide*** (see separate document).

Program Structure / Timeline

FETP-Frontline is implemented over a 12-week period. The training is modular, with three classroom workshops conducted in intervals. Workshops 1 and 2 run for 1 week each, while Workshop 3 lasts 1–3 days. The field intervals between the workshops last 4–6 weeks. During the field intervals, participants complete field activities while also performing their usual job responsibilities.



Workshop 1 lasts one week (5–6 days). The Workshop 1 curriculum includes an introduction to surveillance and the steps of a surveillance system — collecting, assessing quality, summarizing, displaying, interpreting, communicating the surveillance information, and taking action. Workshop 1 also introduces participants to basic features of MS® Excel.

Field Interval 1 lasts 4–6 weeks. During this interval, participants are back at their jobs, most with full-time responsibilities. Nonetheless, participants are expected to find time to complete two field activities — a weekly analysis of surveillance data with production of a brief surveillance report, and site visits with data quality audits to selected surveillance reporting sites. Each participant is assigned a mentor who provides guidance and assistance as necessary to help the participant complete these activities.

Workshop 2 also lasts one week. The Workshop 2 schedule provides time for each participant to give a brief oral presentation of his/her Field Interval 1 activities. The focus of Workshop 2 is on outbreak investigation, but the Workshop 2 curriculum also covers problem analysis using a fishbone diagram, linking with the laboratory, an overview of oral presentation skills, and the basic features of MS® PowerPoint.

Field Interval 2 lasts 4–6 weeks. During this interval, participants complete three field activities — an expanded surveillance summary report, a surveillance problem analysis / SWOT analysis, and a case investigation or outbreak investigation, if one occurs.

Workshop 3 usually runs 1–3 days. Workshop 3 provides an opportunity for FETP-Frontline participants to give oral presentations of one or more of their field activities. The schedule is flexible enough to allow for welcomes and a keynote address from a MOH official, if desired. Some programs build in time for rehearsals of the presentations and/or instruction on additional topics. Workshop 3 concludes with the issuance of Certificates of Completion to participants who have successfully completed the requirements of the program.

Instructional Approach

Instructors and mentors (usually FETP staff and public health professionals engaged in the public health system) facilitate workshops. Workshops use lectures ("lessons") that are highly interactive, supplemented with practical exercises and case studies to reinforce the content. Each workshop is intended to provide the participant with the background knowledge and skills necessary to conduct the field activities during the field interval that follows.

During the classroom workshops, lessons, exercises, and case studies are usually led by full-time FETP technical staff, with assistance from MOH staff as appropriate. The FETP-Frontline technical staff usually include the FETP-Frontline Resident Advisor, in-country Program Coordinator, and other experienced field epidemiologists. MOH officials usually provide the welcome, introduction to the country's surveillance system, and the lesson on Linking with the Laboratory. During the field intervals, mentors provide guidance to the participants on their field activities. These mentors may be the same staff who teach during the classroom workshops, participants or graduates from FETP-Intermediate or FETP-Advanced programs, or other experienced field epidemiologists in the country.

More information on the curriculum can be found in the ***FETP-Frontline Curriculum and Training Guide*** (see separate document).

Field Activities

During field intervals between classroom workshops, participants are back at their jobs, most with full-time responsibilities. Participants are expected to find time to complete field activities. Mentors provide guidance and assistance to help participants complete activities.

Field Interval 1

1. Surveillance data analysis, brief surveillance summary report
2. Site visits / data quality audits

Field Interval 2

3. Expanded surveillance summary report
4. Surveillance problem analysis / SWOT analysis
5. Case investigation or outbreak investigation

Although FETP-Frontline participants must submit their field project reports to the FETP staff, programs can require that participants also share the results of their field activities with the relevant stakeholders. For example, participants should present the results of their data quality audits to the staff responsible for surveillance reporting at the visited sites. Similarly, they should share the results of their problem analysis / SWOT analysis with those responsible for overseeing the surveillance system at the district.

Suitability of FETP-Frontline for a Country

Numerous factors must be considered when deciding whether to start FETP-Frontline in a country. The questions listed below can be used for this purpose. Decision-makers should discuss each question thoroughly and honestly. Written responses to each question should be recorded in a document that could be included in an ***FETP-Frontline Work Plan.***

Questions to Assess Country Readiness for FETP-Frontline

Purpose and Goals

1. Does the country already have a training program in place for those entering the surveillance workforce? If so, why would FETP-Frontline be needed?
2. What specific benefits or changes do you anticipate seeing in the MOH public health system after FETP-Frontline is implemented?
3. How would program graduates be directly involved in making changes to surveillance, outbreak investigation and response, and using data for decision-making?
4. If the country already has an FETP-Intermediate or an FETP-Advanced,
   a. what function would FETP-Frontline fulfill in the public health system that is not already addressed by the existing FETP tier(s)?
   b. Is FETP-Frontline meant to be job training for the entry-level staff, or preparation for FETP-Intermediate, or both?
5. Does the MOH see FETP-Frontline as a time-limited program to train a limited number of MOH staff, or a program that will continue indefinitely?

Program Strategy

6. What types of positions would be targeted for FETP-Frontline training? Why? (see **Participants** section for guidance on participant selection)
7. What prerequisites should be required for FETP-Frontline candidates?
8. Although FETP-Frontline training is meant to improve staff's competency for their current jobs, would they benefit in terms of career progression?

Program Management

9. How would the program be funded in the short term? What timeline is realistic for institutionalization of FETP-Frontline in the MOH?
10. Who would be the program director/coordinator from the MOH? Who would be the Resident Advisor (RA)? Who would serve as instructors?
11. Who would be the mentors? (See **Mentors** section for guidance on mentor selection.) What sort of mentorship training would they receive?
12. What support staff/positions would need to be hired?
13. How would the steering committee be involved in the program, or if not yet developed, when would the steering committee be established?
14. Where would the program be placed organizationally within the MOH?

If the country does not have an FETP-Intermediate or FETP-Advanced, skip questions 15–17.

15. Would the RA for FETP-Intermediate or FETP-Advanced also be the RA for FETP-Frontline?
16. Would support staff be shared between programs, or would staff be assigned to specific tiers? How would competing needs be balanced to ensure adequate coverage across tiers?
17. What resources could be shared between the programs?

If decision-makers conclude that FETP-Frontline is suitable for addressing at least some of the country's field epidemiology training needs, and if FETP-Frontline is financially, politically, and logistically feasible, they should follow the steps listed below to plan and implement the program.

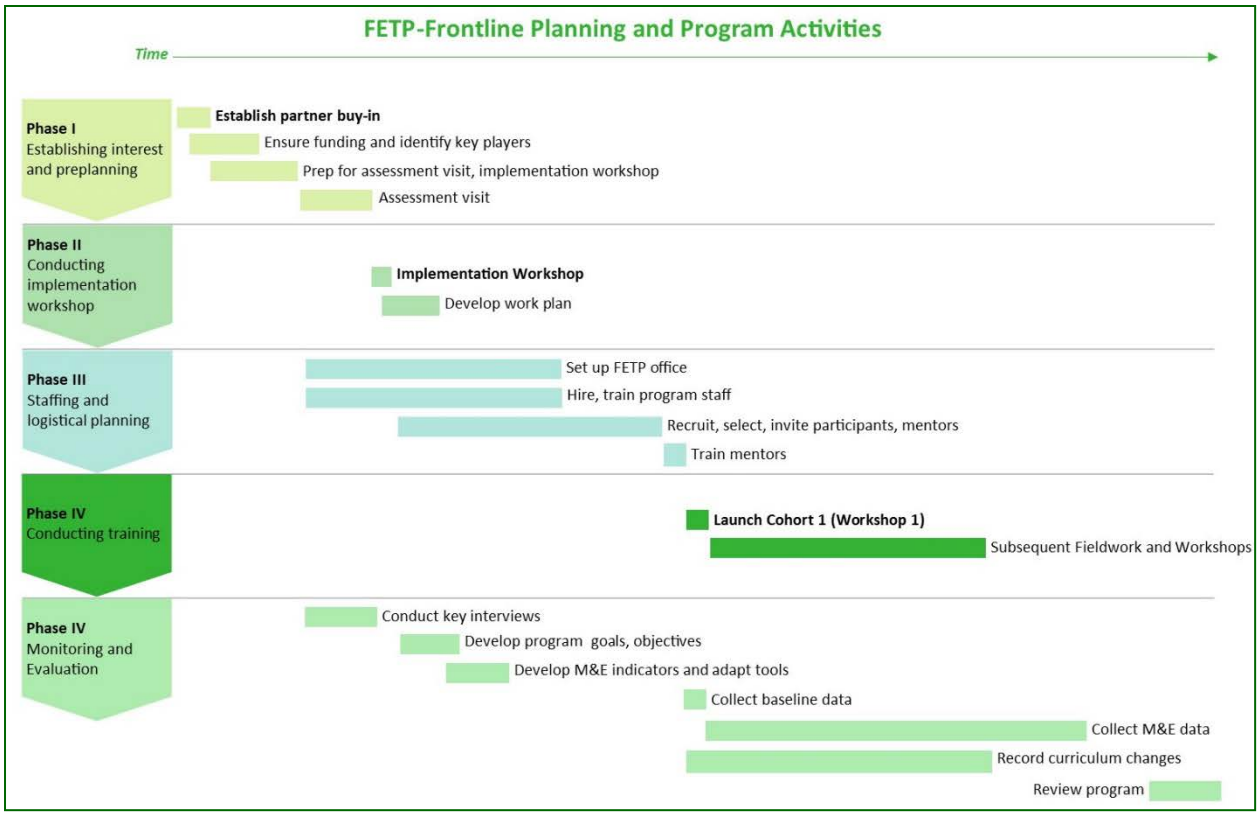
Phase 1. Establishing interest and preplanning

Phase 2. Conducting Implementation Workshop

Phase 3. Staffing and logistics planning

Phase 4. Conducting training

Phase 5. Monitoring and evaluation



Work Plan

As a country begins planning for FETP-Frontline, the planners and organizers should draft a work plan. The work plan describes how the tasks of planning and implementing FETP-Frontline will be accomplished. The work plan should document the key factors and decisions described in this guide, including responses to the suitability questions (see Suitability of FETP-Frontline for a Country), how tasks will be accomplished, by whom, a timeline, and cost projections. The work plan is intended to be a dynamic document. Some of the background can be completed before the Implementation Workshop, while program details should reflect decisions made during the Implementation Workshop. The work plan should be revised as necessary throughout the duration of implementation, after completion

of the first cohort, and one year after implementation. An outline of a model work plan is provided in Appendix A.

Implementation Requirements

A number of factors should be in place before the program starts:

- ***High-level MOH support to implement and conduct the program***
  The MOH, and ideally the Minister him/herself, should express unequivocal support for the program. The MOH must play a strong role in the program's planning and execution. Ideally, the MOH will appoint a program coordinator who has a full-time position with the MOH. Additionally, the MOH should place the FETP program within its organizational structure/chart (typically in the department or office responsible for surveillance or epidemiology).
- ***Adequate resources to support personnel, classroom training, and field activities***
  The financial resources needed to implement FETP-Frontline is not trivial. Costs include salaries of FETP staff, costs associated with classroom training, field activities, mentor visits, equipment and supplies, among others. In many countries, partners have been instrumental in providing at least partial support, but funding should be secured before the program begins.
- ***Supervisory support for participants***
  Participants must be allowed to attend the three classroom workshops, and must have time, opportunities, and resources to complete field activities. Participants' supervisors need to be aware of the time commitments and training requirements, and need to provide permission for the supervisees to participate. When participants are back at their jobs, supervisors need to support them to accomplish their field activities, including providing access to surveillance data. An example of a supervisor permission letter is provided in Appendix B.
- ***Mentors' and instructors' availability to provide guidance and technical assistance***
  The success of FETP-Frontline, as with the other tiers of FETP, hinges on strong mentorship and instruction. Qualified instructors and mentors (experienced field epidemiologists) who can commit the time necessary to provide mentorship need to be identified before the cohort begins.

Phase I: Establishing Interest and Pre-planning

Inform the CDC Country Office

Many countries in which FETP-Frontline programs are likely to be established already have a CDC presence. The CDC Country Office is responsible for CDC activities that occur in that country. Therefore, FETP HQ staff must inform the office of intentions to reach out to the MOH and discuss the possible establishment of an FETP-Frontline in that country.

Establish and document MOH interest in FETP-Frontline

Before FETP-Frontline can begin, the MOH and other key partners must understand the goals and structure of the program, and the MOH must agree to host the program in-country. Initial contact to establish interest in FETP-Frontline can be made through a meeting or correspondence between CDC, the MOH, and any other key partners. The objectives of these initial communications are to explain FETP-Frontline, establish buy-in for the program, and determine who should be involved. Once an agreement has been reached, the MOH should compose a letter confirming the MOH's commitment to an active and leading role in establishing FETP-Frontline. This letter should document the MOH's willingness to:

- Provide time and financial support to MOH staff to attend and participate in the workshops
- Allow time and support to the FETP-Frontline participants to conduct their field activities
- Allow national and subnational staff to serve as mentors
- Host the program from the beginning, and work toward full ownership of the program as an ongoing MOH activity and priority
- Commit administrative resources to the program, potentially including office and classroom space, administrative staff, and other office equipment
- Establish a point of contact (POC) for FETP-Frontline within the MOH
- Identify funding sources. An understanding of who will provide funding and potential funding sources should be identified early in the planning process. However, a budget does not need to be completed and agreed upon at this stage.
- Discuss arrangements for in-country visits. Good communication is essential in establishing a new program. Preparation for the assessment visit and the implementing workshop should begin at this point.

Identify Funding

A commitment of financial resources is needed to implement FETP-Frontline. Funds must cover salaries of FETP staff, and costs associated with classroom training, field activities, mentor visits, equipment and supplies, among others. In many countries, partners have been instrumental in providing at least partial support, but funding should be secured for at least 1–2 years before the program can begin. To help identify costs and ensure available funds are sufficient, a program budget should be drafted at an early stage. A more thorough budget should be completed during and after the Implementation Workshop. A budget template can be found in Appendix C.

Identify Key Partners

FETP-Frontline is intended to be a program housed in and supported by the MOH for MOH staff. Partners can include other branches of the government such as the department of human resources and/or Ministry of Agriculture, CDC HQ and the CDC Country Office, a local university or school of public health, field epidemiology network, contractors, the World Health Organization and other international organizations, the military, and others. Some partners provide funding, some provide instructors, some provide participants, and some assist with implementation.

Ministry of Health

A prerequisite for a successful FETP-Frontline is MOH ownership of the program. MOH officials must understand the value of the program and the level of commitment needed to implement it. They must recognize its role in addressing a known training need within the system, and they must be willing to work toward a sustainability goal when external funding ends. Without explicit MOH political, financial, and programmatic support the program cannot proceed. Participants, field supervisors, and/or mentors are frequently drawn from existing MOH staff. The MOH must support these individuals during the program and provide adequate resources for the program to be conducted, particularly at field sites. Therefore, MOH buy-in to initiate and implement FETP-Frontline is essential.

CDC HQ

CDC HQ staff are available to support planning and implementation of FETP-Frontline to help ensure its success and eventual ownership by the MOH. CDC HQ can assist in planning and conducting the Implementation Workshop, providing curricular materials, and providing consultation (usually by telephone and e-mail). In general, CDC HQ staff are not available to conduct the actual training.

CDC Country Office

If CDC has a local country office, that office is likely to be a partner, either as a funding source or as a facilitator. The CDC Country Office will be more involved if the Resident Advisor is CDC-supported. However, even in the absence of a CDC-supported RA, the CDC Country Office should be informed of the FETP-Frontline point of contact.

Local University or School of Public Health

FETP-Frontline is considered in-service or on-the-job training. To date, no FETP-Frontline program has partnered with a university to implement FETP-Frontline. Whether to partner with a local university or school of public health (SPH) to implement FETP-Frontline is a decision that needs to be considered with due diligence.

Other Government Ministries

Other sectors of the government may need or want to be engaged in FETP-Frontline. These include, but are not limited to:

- Ministries of Agriculture, Wildlife, Defense, etc. if they are interested in sending participants for FETP-Frontline training
- Ministry of Education, particularly if continuing education credits will be awarded
- Department of Human Resources (or equivalent), important for ensuring supervisory support for participants' participation and for input on possible career ladders for those who complete the program

Global and Regional Epidemiology Networks (e.g., TEPHINET, AFENET, EMPHNET, SAFETYNET)

Field epidemiology training networks are quite experienced at implementing FETPs. Their roles vary from assisting in funding/administration processes, providing instructional services and staff when funds and expertise are available, providing technical assistance, and sharing similar regional and global experiences.

Internationally-based Partners and Contractors

In some countries, U.S. university-sponsored organizations or independent contractors have been engaged as key partners in implementing FETP-Frontline. However, these arrangements tend to be expensive, and contracts are unlikely to be sustainable when external funding ends and the MOH is expected to assume full responsibility for the program.

Preparation for Assessment Visit and Implementation Workshop

An Assessment Visit is a site visit by CDC HQ staff to gather information about the country and its public health system, to ensure that the MOH understands and is committed to implementing FETP-Frontline, and to assess the situation, opportunities, and challenges on the ground. If the country already has FETP-Intermediate and/or FETP-Advanced, a separate Assessment Visit for FETP-Frontline may not be necessary.

On the other hand, an FETP-Frontline Implementation Workshop should be held whether or not a country already has FETP-Intermediate and/or FETP-Advanced. The Implementation Workshop is described in the next section of this document.

To prepare for an Assessment Visit and the Implementation Workshop, the CDC HQ staff and MOH staff should compile (a) general country information and information about the health system and surveillance system, and (b) documents and materials about the country's FETP-Intermediate or FETP-Advanced programs, if applicable. If an FETP is present, documents may already be available that describes the program's processes, successes and challenges, and information on surveillance system performance.

Assessment Visit (if needed)

As noted, if the country already has experience with FETP-Intermediate and/or FETP-Advanced, a separate assessment visit for FETP-Frontline may not be necessary. If an RA for either FETP-Intermediate or FETP-Advanced levels is in place, the RA can be asked to conduct these activities. Alternatively, it might be possible to conduct these activities via teleconference.

Assessment Visit Objectives

The primary objectives of the Assessment Tool are to:

- Identify key partners and points of contact, and assess level of commitment
- Obtain information on the country's surveillance system performance and needs

Conduct key interviews

The CDC team should identify a contact within the MOH to arrange a series of interviews with key MOH officials. The purpose of these interviews is to explain FETP-Frontline, hear whether and how the program could address some of the MOH's training needs, and determine the officials' understanding and commitment to the program. At the same time, the CDC team should collect tools and reports used by the surveillance system, such as the list of notifiable diseases, surveillance summary reports, and reporting forms.

Interviews should be conducted with key staff at the national, subnational (e.g., province), and local (e.g., district) level. At the national level, informants could include the MOH directors of surveillance, disease control, training, and human resources. Representatives from subnational and local sites should also be interviewed.

During the interviews, the CDC team should hand out copies of the FETP-Frontline Fact Sheet, provide an overview of FETP-Frontline, ask about the country's surveillance structure and practice, then engage in discussion of the appropriateness of FETP-Frontline to improve workforce capacity in surveillance and response.

Conduct an end-of-visit debrief

The results of the interviews should be compiled into a summative report shared with implementing partners. This report, or a revised version of it, can be used as a tool to describe the program. This report will also be useful when creating the FETP-Frontline Work Plan.

Create a Steering Committee

A steering committee should be established early in the program planning process. The purpose of the steering committee is to ensure high-level buy-in and support from stakeholders, and to provide guidance to the program on strategic decisions from different perspectives. Members usually become champions of the program, helping to sustain FETP-Frontline as a vital program within the country.

Members of the steering committee should be officials who understand the goals and needs of the MOH as well as the gaps that can be addressed by improved epidemiologic capacity. These officials can recognize how the goals and achievements of FETP-Frontline can benefit the overall public health system, and vice versa. Additionally, they can advocate for resources when funding discussions arise.

Although the FETP-Frontline Steering Committee should remain small, individuals to consider for membership in the steering committee include, but are not limited to:

- Minister of Health (or representative from his/her office),
- MOH Head of Epidemiology / Surveillance Unit (or equivalent),
- Director of the CDC Country Office (or representative),
- MOH HR Director (or representative),
- WHO Representative (or representative)
- FETP-Frontline Program Director, and
- Official(s) from other key partners, such as UNICEF, university, PEPFAR, Ministry of Agriculture (if veterinarians included), etc.

If representatives rather than the Minister, Director, etc. are nominated, the representative should be senior enough to make decisions and commitments on behalf of his/her organization.

The Steering Committee will be instrumental not only during the planning and implementation process, but in the ongoing monitoring and evaluation, modifications, and sustainability discussions after the program has been launched.

Review Program Options

Numerous decisions need to be made before the program can be launched. Decisions about people include the number and qualifications of the participants, instructors, mentors, and staff support. Decisions about curriculum include country customization of the competencies, timeline, content, and deliverables. The Implementation Workshop should address these issues and develop consensus for implementing the program.

While these topics can be presented for open discussion at the Implementation Workshop, planners may prefer to offer recommendations for the Implementation Workshop participants to endorse, modify, or replace.

Participants

FETP-Frontline is designed for government public health workers whose responsibility is, or who require further training, to support surveillance on the front lines through data collection, monitoring, analysis and response. In most countries, these functions occur at the district and local levels of government.

Surveillance staff at the national and subnational level should be included in the initial cohorts, for two reasons — first, FETP-Frontline will be a useful review of how surveillance is conducted at the local level, and second, they may be able to serve as mentors for subsequent cohorts.

Participant prerequisites

Prerequisites for participants should be established during the Implementation Workshop and/or by the steering committee, and should be clearly stated in the work plan. Following are suggested criteria for participants.

Suggested Prerequisites for FETP-Frontline Participants

- At least one year's experience working with the public health surveillance system (this should be confirmed by a supervisor or other reference)
- Supervisor agreement to abide by the requirements of the program, including giving the participants access to surveillance data and time to participate in required field activities. An example letter for informing the participant's supervisor of the training is provided in Appendix B.
- Math and literacy skills in the language of instruction.
- Basic computer and software application skills (e.g., ability to produce basic documents and spreadsheets) or willingness to learn, as well as reliable access to a laptop throughout the entire duration of the training
- Commitment to working in a position with the government for an agreed-upon term (e.g., participant must agree to work for the MOH for a minimum of one year after completing the program)
- Be a self-starter, inquisitive, willing to commit the time, motivated to learn, and with genuine interest in improving the public health system

Selection criteria

Some countries base selection on position (e.g., all provincial surveillance officers) or priorities of the MOH (e.g., health or surveillance officers in key locations). Some programs conduct a short course ("screening course") and/or administer a qualifying exam to identify the top candidates for the program. At least one program conducts interviews with the candidates.

The target audience is public health workers who participate in surveillance data collection, monitoring, analysis, response, and reporting, particularly at the district level. However, MOH staff at other levels of government who are involved in surveillance and response activities, including outbreak investigation, may also benefit from the training. They will also benefit by developing a better understanding of how surveillance is conducted at the local level, (i.e., where the data come from).

Because FETP-Frontline is an in-service training sponsored by the MOH, participants should continue to receive their salary during the training. However, participants must receive supervisory approval to participate, both to ensure adequate coverage of the office's surveillance functions during classroom time, and to ensure that the supervisors support the fieldwork activities that the participants must carry out when they are back at their jobs.

The intent of the program is to train all MOH staff engaged in surveillance functions. Selection of district participants is likely to depend on geographic considerations. To promote networking across districts and to limit distances traveled by mentors, training of staff from neighboring districts is recommended.

No application process should be needed.

Other MOH staff and others outside the MOH may benefit from participating in the training, including supervisors, clinical staff, and staff of non-governmental organizations. Participation by the non-target audience could be considered as a blanket policy or on a case-by-case basis, but it should not prevent MOH staff from the target audience from participating.

Additional consideration for the first cohort

Some programs prioritize enrollment of national level staff in the first cohort. The benefits of doing so include:

- Providing training (or a refresher) to those who perform epidemiologic tasks at the highest level of the MOH
- Providing national surveillance staff with better understanding of how the surveillance system operates at lower levels, and more specifically, what is required of surveillance workers to do their work adequately
- Preparing national staff to serve as mentors to subnational FETP-Frontline participants in future cohorts
- Establishing support for the program among those who are likely to have the most influence

Cohort Size

Cohort sizes vary from country to country. The maximum recommended cohort size is about 25 participants. Considerations for cohort size include:

- Available funding to cover costs of classroom workshops, equipment and materials, participant lodging and per diem during classroom workshops and field activities, mentor support and travel, additional RA and staff if necessary, and other costs not covered by other FETP tiers in-country
- Number of qualified applicants (if fewer applicants are qualified, do not admit underqualified ones to meet a pre-established quota)
- Number of qualified and available mentors who are willing to commit the necessary time (assuming five mentees per mentor, 25 participants require five mentors.)
- Regions/districts that have been identified as needing further development in field epidemiology may be prioritized

Mentors

As with the other tiers of FETP, mentorship is the key to a successful and sustainable program. In the context of FETP, a mentor is an experienced epidemiologist who provides technical, supportive guidance to FETP participants, particularly on their field activities. Mentors may also participate in classroom instruction during the classroom workshops.

Mentors enhance the classroom and field training by providing direct experience with field epidemiology and, ideally, an insiders' knowledge of the country's public health system.

Mentors come from a variety of sources. In some programs, mentors are full-time, paid FETP staff, sometimes called "field coordinators," that take direction from the RA. In other programs, mentors are unpaid staff from the MOH, CDC Office, university, or partner agencies who have full-time jobs but mentor on a part-time basis. If an FETP-Frontline participant's supervisor happens to be an epidemiologist, the supervisor can serve as the mentor. Finally, in countries with an FETP-Advanced and/or FETP-Intermediate program, those trainees or graduates can be recruited to be mentors for FETP-Frontline participants, particularly if training/mentoring is a required competency.

Mentors are expected to keep in touch with mentees through weekly phone calls and/or e-mails. They are expected to provide guidance on field activities, review epidemiologic concepts as necessary, and review and provide feedback on each deliverable. They may be asked to conduct a site visit to each mentee's field site during each of the two field intervals. Finally, they are expected to provide progress reports and evaluations of the mentees to the FETP directorate.

Given the requirements and expectations listed above, mentors should be selected based on their experience in field epidemiology and willingness to commit the necessary time to serve as a mentor. The number of available and qualified mentors may limit the size of a cohort. The recommended ratio of participants to mentors should not exceed five to one. In countries where the same mentors simultaneously serve as mentors for other FETP tiers, the ratio should be reduced.

The MOH and funding availability should determine whether mentors will be paid or serve voluntarily. While paying for per diem and accommodations while traveling is expected, mentors may be willing to volunteer as a way of giving back to their country. If the FETP-Intermediate or FETP-Advanced program leadership agrees, FETP-Intermediate or FETP-Advanced trainees should serve as mentors as part of their training.

The program should consider assigning a primary and secondary mentor to each participant to ensure each participant is able to access assistance, even if the primary supervisor is unavailable.

The program should provide a one- or three-day workshop for mentors to review the learning objectives and their role as mentors. Additional information about mentors and the mentors' workshop is provided in the ***FETP-Frontline Mentor Handbook***.

Phase II: Conducting the Implementation Workshop

An Implementation Workshop specifically for FETP-Frontline should be held to gain explicit agreement on program objectives and methods, even if a similar workshop was held previously for FETP-Intermediate and/or FETP-Advanced. These objectives and other decisions should be placed into a clearly detailed work plan (see example in Appendix A). While an Implementation Workshop itself usually requires only a day (or at most two) for the meeting, preparation and planning for the workshop requires a substantial amount of time and effort, and completion of the work plan usually take considerable time afterward.

The workshop has two main objectives — to reach an agreement on how FETP-Frontline will be implemented and to develop a work plan. The workshop is a working meeting, so participation should be limited to representatives of the host government (MOH, especially directors of Surveillance and Disease Control, Ministry of Finance, and human resources; and 1–2 representatives from the subnational and district level), CDC (in-country office, CDC HQ team), and WHO, if applicable. If WHO has implemented IDSR (Integrated Disease Surveillance and Response) in the country, a WHO representative should be invited to the workshop to ensure that FETP-Frontline is recognized as supporting and not competing with IDSR.

The Implementation Workshop can last 1 to 2 days, depending on participants' availability.

Selecting Implementation Workshop Participants

Because the purpose of the Implementation Workshop is to reach decisions on how FETP-Frontline will be implemented and conducted in the country, the list of invitees should include a relatively limited group of people with decision-making authority and responsibility for implementation. The following officials should be among those included, although selected others could be considered as well:

- MOH representatives for disease control, surveillance, human resources (HR)
- RA/Program Director and other FETP staff (e.g., field coordinators, mentors, administrative assistants)
- Ministry of Agriculture representative (if veterinarians included)
- CDC Country Office representative (if applicable)
- CDC-HQ representative
- Regional epidemiology network representative (e.g., AFENET, TEPHINET, EMPHNET, SAFETYNET, etc.)
- WHO representative
- Other Steering Committee member

Agenda

The agenda should include a description of FETP-Frontline, a presentation of the findings from the assessment visit interviews, and an MOH presentation on the general health system, especially the surveillance and response system. It should also include breakout sessions for thorough discussion of the key topics on which agreement is needed. For a sample agenda for the Implementation Workshop, see Appendix D.

Selecting Implementation Workshop Topics

The following topics should be covered during the workshop:

- Review of responses to "Questions to Assess Country Readiness for FETP-Frontline"
- Specific goals/objectives of FETP-Frontline
- Country-specific work plan
- Relationship between FETP-Frontline and other FETP tiers (if applicable)
- Budget and agreed-upon funding plan (see budget template in Appendix C)
- Management and roles and responsibilities of implementation partners
- Cohort schedule, size, and timing of cohorts
- Participant selection criteria (first and subsequent cohorts, if different)
- Mentor recruitment
- Curriculum plan
- Criteria for successful completion of the program
- Role of continuing education credits or in-service credits
- Future of the program, particularly MOH institutionalization and sustainability
- Plan for continuous communication between partners
- Plan for monitoring and evaluation of the program

Documenting Decisions in the Work Plan

The work plan serves as a blueprint for those implementing the program. The work plan should be updated after the Implementation Workshop to document decisions made during the Implementation Workshop about participants, mentors, schedule, staffing, monitoring and evaluation, and other details.

In addition, an Executive Summary of the work plan should be written and shared with MOH leadership and other implementation partners. The executive summary should describe the program's aims, goals, and overview of key program features. A template for the work plan's executive summary is provided in Appendix E.

Phase III: Staffing and Logistical Planning

Selecting support staff for program

A number of staff roles are necessary to ensure the program's success. The roles and responsibilities vary little from country to country, but the titles vary. For example, in some countries, the Program Director is a busy high-level official who oversees the program but has many other responsibilities, while the MOH person who runs the program day-to-day is called Program Coordinator. In other countries, the person with the title Program Director is fully devoted to the program and directs the day-to-day activities. Also, note that, in FETP parlance, the Resident Advisor is an assignee from another country who helps get the program off the ground for a limited number of years. Most of the positions listed below, except the high-level Program Director and volunteer instructors and mentors, should be full-time positions.

Position Title	Roles and Responsibilities
MOH Program Director (high-level)	• Has oversight responsibility for the program • Serves as liaison between program and Minister of Health • Advocates for the program with the MOH, other government agencies, and partners • Represents the program to external partners, possible funders, and TEPHINET
Resident Advisor	• Guides and monitors the program in-country • Collaborates with MOH staff to implement and maintain the program • Customizes training materials so they are relevant to the local context • Coordinates and oversees classroom training • Serves as a primary and/or secondary mentor to participants when needed • Coordinates and conducts training evaluation to identify areas of improvement • Report progress regularly to MOH and CDC staff • Conduct logistical planning and implementation of program activities
MOH Program Coordinator	• Serves as MOH counterpart to the Resident Advisor, and may perform some of the activities listed for Resident Advisor above • Represents the program to the MOH, ensuring that the program addresses the MOH's needs • Serves as a consistent MOH point of contact for participants • Provide technical assistance or epidemiologic expertise when necessary • Over time, take over responsibilities listed above for Resident Advisor
Field Coordinators, Instructors, Mentors	• Deliver lectures, facilitate class exercises, and provide technical assistance • Conduct field site visits to participants; review and support their work • Serve as subject-matter experts in field epidemiology and/or other areas of expertise when possible • Communicate with participants' supervisors to ensure they are getting adequate time for field work as well as access to requisite data • Observe and provide feedback on participants' presentations and products
Program Support Staff, Administrators	• Carry out logistical and administrative needs of the program (e.g., distribute per diem, manage office supplies, order printed materials, arrange for transportation and accommodation)
CDC In-country and/or HQ Staff	• Provide technical guidance when necessary • Conduct assessment visit(s) • Provide assistance to analyze and compile CDC evaluation materials • Provide assistance during workshops, if needed and possible • Oversee distribution of CDC funding, if applicable

In countries with more than one FETP tier, each tier can have its own RA. Alternatively, a lead RA can coordinate one tier (usually the highest-level tier), and have an assistant RA or field coordinator lead the other tier under the lead RA's oversight.

Setting up the FETP-Frontline Office

If an FETP office has already been established for FETP-Advanced and/or FETP-Intermediate, the FETP-Frontline staff should be located with the existing FETP staff to facilitate coordination and collaboration among tiers. If not, the FETP-Frontline staff (RA, MOH program coordinator, and support staff) should be located in a common space, ideally within or convenient to the MOH.

Recruiting the Candidate Pool

Candidates for FETP-Frontline generally come from staff of the Ministry of Health at the subnational and national level, but some countries allow or even encourage candidates from other Ministries (e.g., Agriculture / Livestock; Military) or partners. Approaches to recruitment used by different programs include identifying candidates by position (e.g., all provincial surveillance officers), interest (open application), or nomination (supervisors nominate staff members).

Selecting the FETP-Frontline Participants

Selection of the cohort of FETP-Frontline participants should be made according to the criteria selected at the Implementation Workshop. The participants must be willing to commit to the training, and their supervisors must agree — consider requiring letters of commitment from both participants and supervisors.

Identifying Mentors

As noted earlier, mentors come from a variety of sources. If an FETP-Frontline participant's supervisor happens to be an epidemiologist, the supervisor can serve as the mentor. Otherwise, either full-time or part-time mentors need to be recruited at a ratio of no more than five mentees per mentor.

Phase IV: Planning and Conducting Training

Scheduling FETP-Frontline Training

Once a country has committed to offering FETP-Frontline, agreement must be reached on how many cohorts to train over what period of time. Because each cohort runs about 12 weeks and time is needed between cohorts to revise materials and strategy, and to accommodate holidays and vacation time, most countries aim to conduct 2 or 3 cohorts during the first year.

In addition to an overall yearlong schedule, a more detailed 12-week schedule for Cohort 1 should be prepared. This schedule should include proposed dates (weeks) and location for each of the three workshops. Factors to consider when setting the schedule include national and religious holidays, elections or other key events, seasonal considerations (such as rainy season affecting road accessibility), and mentor availability.

Depending on the size of the country and considerations of geography, accessibility, and other factors, all cohorts can be trained in a single location with a good training facility (often, the capital), or in different regions of the country. The advantage of using the same training site is that the same facility, maps, lodging, caterers, etc. can be used, but new ones would need to be identified in each region if the trainings were conducted regionally. The advantage of conducting regional training is reduced travel for participants, but usually greater travel for FETP staff.

Planning Classroom Workshops

The location of the classroom where the workshops will be held should be easily accessible to all participants, instructors, mentors, and implementing partners. The space should be equipped with adequate numbers of desks, chairs, chalkboard/whiteboard/flipchart pads, electric power for projector and computers, and power strips for individual laptops. Well in advance of the first workshop, organizers need to request audio-visual equipment, order supplies, photocopy materials, preparing notebooks for faculty and participants, and copy files onto flash drives (if used). If breakfast, lunch, and/or coffee/tea breaks are provided during the classroom workshop, catering must be arranged.

The decisions and other details of conducting the training should be documented in a country-specific curriculum plan. Organizers should determine whom they want to teach or facilitate each session, ensure availability of each person, then invite the instructors and provide the schedule and lesson materials to them as early as possible. Sharing materials early allows the instructors to review and customize the materials with local examples and other appropriate changes well in advance.

Participants should also be invited with enough time for them to make orderly arrangements at home and for travel. If the program will provide lodging to the participants, that must be secured in advance as well.

Planning for Field Activities

Participants will be required to complete several field activities while they are back at their jobs. Participants will be given the necessary instructions and materials, usually during the preceding classroom workshop. Supervisors may need to be reminded of these field activity requirements.

During the field intervals, mentors are expected to be in touch with their mentees at least once a week. Usually, this communication will be by telephone, e-mail, or text/SMS. The purpose of these contacts is to provide guidance on field activities, ensure that the mentee is making progress, provide technical review as necessary, and to discuss review of drafts. In most programs, mentors are expected to submit to the FETP RA or coordinator a weekly progress report for each mentee.

In addition to the weekly contacts, mentors are expected to conduct a site visit to each mentee once during each field interval. The budget needs to include these mentor site visits.

While mentors' primary responsibility is to support the participants, they should also have a relationship with the mentees' supervisors. Although supervisors may have given permission for participants to enroll in the program, mentors may have to intervene with supervisors if time for field activities or access to data become problematic. Mentors having consistent contact with their mentees is helpful to mitigate these situations.

Conducting a Mentors Workshop

Mentors require orientation to FETP-Frontline. Even if mentors have previously served for FETP-Intermediate or FETP-Advanced, mentors identified for FETP-Frontline should attend the workshop to review FETP-Frontline curriculum and field activities. The following topics should be covered in the mentors' training:

1. Schedule, curriculum, and content of FETP-Frontline,
2. Competencies, field activities, deliverables, and deadlines,
3. Fundamentals of adult learning principles and effective mentoring, and
4. Responsibilities and expectations for FETP-Frontline mentors.

Assigning Mentors to Participants

If a participant's supervisor happens to be an experienced field epidemiologist, the supervisor can serve as the mentor. Otherwise, each participant must be assigned an external mentor to provide technical guidance and coaching, particularly on the field activities. In fact, given the challenges of telecommunications, travel, and competing responsibilities, assigning a primary and a secondary or back-up mentor may be advisable.

As noted earlier, a full-time mentor should be assigned no more than five mentees. Assignment of mentors to mentees can be based on geographic clustering, familiarity with the locality, supervisor, or mentee, or other criteria.

Launching Cohort 1 (Workshop 1)

The general steps for conducting the classroom workshops are described in the ***FETP-Frontline Curriculum and Training Guide***. The specific details for conducting the training in a given country should be described in the country-specific curriculum plan.

Recording changes to the curriculum, the work plan, and the evaluation plan

Each country is different, so each program is expected to modify and adapt the curriculum, work plan, and evaluation plan for its own circumstances. When changes are made, they should be documented in the country-specific work plan. In addition, CDC HQ requests that they be notified of these changes, so they can consider whether the model curriculum should be changed and can share changes with other programs.

Assessing the Participants

Assessment refers to tools and methods used to measure the learning progress and skill acquisition of the participants. FETP-Frontline provides several tools to assess the participants, including paired pre-tests and post-tests for each workshop, daily quizzes, and scorecards for field products and oral presentations (see separate document, ***FETP-Frontline Assessment and Evaluation Plan***). Programs are encouraged to share the results with the participants so they serve as learning tools rather than grading tools. These assessments can also be used to identify weaknesses in the teaching and areas for improvement.

Maintain Effective Communications

Effective and open communication is critical to the successful implementation of FETP-Frontline. As such, a communication plan should be created and carried out for the following lines of communication:

- RA/Program Coordinator with MOH Program Director or POC
- RA/Program Coordinator with field coordinators/mentors
- Mentors with participants, and their supervisors
- RA/Program Coordinator with CDC HQ
- RA/Program Coordinator and CDC Country Office Director to discuss program progress.
- RA/Program Coordinator, MOH POC with members of the Steering Committee

Completing Cohort 1 and Planning Graduation

Workshop 3, the concluding workshop of FETP-Frontline, features oral presentations by participants of their field activities. As such, Workshop 3 provides an opportunity to showcase the good work and contributions performed by FETP-Frontline participants. These presentations demonstrate how FETP-Frontline participants can provide new and useful information to the MOH, and further demonstrates the value of FETP-Frontline to the MOH and the public health of the country.

At the conclusion of the final workshop, participants who successfully complete all of the requirements are awarded a Certificate of Completion or equivalent document agreed upon by the implementing partners. Officials from the MOH and the CDC often sign these documents, but other signatures may also be considered. The certificates should be printed with enough lead-time for these officials to provide signatures.

End-of-Cohort Report

CDC HQ requests that the Resident Advisor or Coordinator complete an end-of-cohort report after the concluding workshop. This report documents the number of participants, the number and types of field activities, country-specific adaptations, challenges, successes, future plans, and other aspects of the program (see separate document, ***FETP-Frontline End-of-Cohort Report***).

Debriefing Workshop

A few weeks after the conclusion of the course, FETP-Frontline staff may want to hold a 1–2-day debriefing workshop. The purpose of this workshop is to review the procedures, curriculum, projects, outcomes, and other aspects of the recently completed cohort, and to use that information ("lessons learned") to plan for the next cohort. Participants should include the FETP staff, key instructors and mentors, key partners or members of the Steering Committee, and representatives from CDC HQ and CDC Country Office.

Recommendations from this Debriefing Workshop should be presented to the Steering Committee for endorsement or modification before launching the next cohort.

Phase V: Monitoring and Evaluation

Evaluation refers to tools and methods used to measure the perceived quality of the course itself (e.g., content, timing, logistics) and the course's impact. The evaluation strategy and tools are described in a separate document, ***FETP-Frontline Assessment and Evaluation Plan***.

Curriculum evaluation is an essential component of FETP- Frontline, as it enables stakeholders to assess program quality and provides valuable feedback for program improvement. Tools to use with each workshop are provided in ***FETP-Frontline Curriculum Feedback and Assessment Tools*** (a separate document).

The impact evaluation tool should be used several months after completion of the program. The in-country FETP team should collect and analyze assessment and evaluation data on an ongoing based. Diligent use of these tools provides feedback on program strengths and weaknesses and allows the programs to be modified to achieve its greatest potential.

Appendices

Appendix A: FETP-Frontline Work Plan Outline Example

Appendix B: Sample Letter to Supervisors Requesting Approval

Appendix C: FETP-Frontline Budget Template

Appendix D: FETP-Frontline Implementation Workshop Agenda Example

Appendix E: FETP-Frontline Work Plan Executive Summary Template

Appendix A: FETP-Frontline Work Plan Outline Example

i. Title Page
ii. Table of Contents
iii. Acronyms

1. **Program Background**
   a. Program Mission Statement (specific to Country X)
   b. FETP-Frontline Summary and General Description
      i. Summary of other tiers, if applicable
   c. FETP-Frontline Goals and Objectives in Country X
   d. Learning Objectives and Competencies

2. **Program Planning and Strategy**
   a. Participants
      i. Target training audience
      ii. Cohort size and location
      iii. Prerequisites for selection
      iv. Recruitment process
      v. Plan for garnering supervisory support
   b. Mentors
      i. Selection process and requirements (including plan for other FETP tiers)
      ii. Plan for mentors training
   c. Program Budget
      i. Sources of funding, including timeline
      ii. Line list of expenditures, by cohort
   d. Program Schedule
      i. Program key events schedule (refer to Program Activities for events to schedule)
         1. Program planning schedule
         2. Workshop and fieldwork schedule, including mentorship schedule

3. **Program Management**
   a. Personnel and Implementing Partners
      i. List of staff and their roles, responsibilities
      ii. List of implementing partners and representatives
      iii. Steering Committee
         1. Purpose and Mandate
         2. Members

4. **Long-term Planning and Strategy**
   a. MOH plans for FETP-Frontline graduates
   b. Plan for institutionalization or program ownership

5. **Executive Summary** (two-pager to give to high-level program stakeholders)

Appendix B: Sample Letter to Supervisors Requesting Approval

[INSERT OFFICIAL MOH LETTERHEAD]

Attn: [Supervisor's name, or other appropriate recipient]

Re: [Name of supervisee] to participate in FETP-Frontline Field Epidemiology Training from [Date] to [Date] at [Location]

Dear [Name of supervisor],

The Ministry of Health, in partnership with the United States Centers for Disease Control and Prevention (CDC) Field Epidemiology Training Program (FETP), and **[other partners if necessary]** will conduct FETP-Frontline, a 3-month training for public health workers to gain skills in conducting and monitoring public health surveillance at the local level, summarizing and interpreting data, investigating cases and clusters of public health priority disease, and communicating data effectively. Participants will spend 3 weeks in classroom workshops gaining and demonstrating new skills; the remaining time will be at their job sites where they will be expected to complete job-relevant projects. The proposed schedule of the workshops is below.

Workshop	Week of (proposed)	Duration	Location
Workshop 1	*Workshop 1 week*	*1 week*	*Insert*
Workshop 2	*Workshop 2 week*	*1 week*	*Insert*
Workshop 3	*Workshop 3 week*	*2 days*	*Insert*

The MOH is requesting that **[participant's name]** be granted permission to:

1) Attend the workshops mentioned above,
2) Be granted access to public health surveillance data needed to do the required projects, and
3) Be given sufficient time to complete their field projects.

Expenses for participants' travel, per diem, etc. for workshops and field projects will be covered by the MOH, and will not come out of your budget.

The MOH, FETP, and **[any other partner]** thank you for your cooperation in this manner.

Please contact **[name of contact]** if you have any questions or concerns.

Sincerely,

[Insert signatures]

Appendix C: FETP-Frontline Budget Template

Category	Est. Quantity	Est. Cost per Unit	Est. Subtotal
Staff			
RA/Program Director salary			
Field Coordinator salaries			
Administrative staff salaries			
Staff Costs Total			**$**
Workshops			
Mentors Workshop			
Venue Fees			
Printing and binding of materials			
Classroom materials (pens, paper, chalk, markers, etc.)			
Meals and refreshments			
Meals: 1-2 per day x number of days			
Refreshments/tea break: 1-2 per day x number of days			
Workshop 1			
Venue Fees			
Printing and binding of materials			
Classroom materials (pens, paper, chalk, markers, etc.)			
Meals and refreshments			
Meals: 1-2 per day x number of days			
Refreshments/tea break: 1-2 per day x number of days			
Workshop 2			
Venue Fees			
Printing and binding of materials			
Classroom materials (pens, paper, chalk, markers, etc.)			
Meals and refreshments			
Meals: 1-2 per day x number of days			
Refreshments/tea break: 1-2 per day x number of days			
Workshop 3			
Venue Fees			
Printing and binding of materials			
Classroom materials (pens, paper, chalk, markers, etc.)			
Meals and refreshments			
Meals: 1-2 per day x number of days			
Refreshments/tea break: 1-2 per day x number of days			
Workshop Costs Total			**$**

Category	Est. Quantity	Est. Cost per Unit	Est. Subtotal
Per Diem/Field Projects			
Field Interval 1			
Travel costs, including travel fare and per diem *Staff travel (RA, Field Coordinator(s), Admin staff)* *Mentor travel to/from field sites* *Participant travel to/from workshops*			
Hotel costs *Staff (RA, Field Coordinator(s), Admin staff)* *Mentors - field site visits and workshops* *Participants - workshops, possible outbreak investigations*			
Field Interval 2			
Travel costs, including travel fare and per diem *Staff travel (RA, Field Coordinator(s), Admin staff)* *Mentor travel to/from field sites* *Participant travel to/from workshops*			
Hotel costs *Staff (RA, Field Coordinator(s), Admin staff)* *Mentors - field site visits and workshops* *Participants - workshops, possible outbreak investigations*			
Per Diem/Field Projects Costs Total			**$**
Per Diem/Field Projects			
Technical Equipment			
Projector for classroom			
Laptops (staff and participants)			
Software licenses (staff and participants)			
Wi-Fi equipment (router, modem, dongle/mobile broadband)			
Extension cords and power strips			
Books (textbooks, reference books)			
Technical Equipment Costs Total			**$**
Per Diem/Field Projects			
FETP Office Setup			
Office space lease or rent			
Office furnishing (desks, chairs, shelves)			
Office supplies (stationery, pens/pencils, notebooks, etc.)			
FETP Office Setup Costs Total			**$**
TOTAL COSTS			**$**

Appendix D: FETP-Frontline Implementation Workshop Agenda Example

DAY 1	
Time	**Topics**
08:30 – 09:00	Registration of Participants
09:00 – 09:15	Welcome Address
09:15 – 09:30	Self-Introductions
09:30 – 09:50	Workshop Objectives and Schedule
09:50 – 10:30	FETP-Frontline Introduction (general program goals and global update)
10:30 – 10:50	BREAK
10:50 – 11:30	Define FETP-Frontline in specific country context › FETP-Frontline goals & objectives › FETP-Frontline learning competencies
11:30 – 12:30	FETP-Frontline Implementation Plan › Target audience for training › Program length and scheduling › Criteria for completion and recognition › Evaluation of program and participants
12:30 – 1:30	LUNCH
1:30 – 3:00	FETP-Frontline Participants › Class size › Identify positions in the Ministry of Health most suited to training › Determine selection processes and recruitment procedures › Pre-requisites › Ensure support for participants to complete field projects and attend trainings
3:00 – 3:20	BREAK
3:20 – 4:00	FETP-Frontline Curriculum Plan and Training Guide

DAY 2	
09:00 – 9:20	Review previous day's work, address concerns/questions
09:20 – 10:00	Establish general program schedule with dates for workshops, field work
10:00 – 11:00	FETP-Frontline Program Management › Define program management locus › MOH support and supervision › Program staffing and general position descriptions
11:00 – 11:20	BREAK
11:20 – 12:30	FETP-Frontline Program Management, cont. › Establish administrative support › Sustainability: discuss timeline to MOH ownership › Plan for program evaluation
12:30 – 1:30	LUNCH
1:30 – 2:30	Program Budget: allocation of funds
2:30 – 3:00	Program Certification › Method of documenting completion/satisfaction of requirements › CEUs, in-service credit › Reporting on final field work products for the cohort › Recognition of participants/mentors

Appendix E: FETP-Frontline Work Plan Executive Summary Template

FETP-Frontline Executive Summary

<DATE>

This template provides guidance on an Executive Summary to provide to high-level MOH persons or other FETP-Frontline partners. While this document contains suggested language, each program should develop their own summaries.

FETP-Frontline Background

Ministry of Health (MOH) staff with strong epidemiologic skills are vital to improving *[insert country name]*'s capacity to prevent, detect, and respond to public health priority issues. The Field Epidemiology Training Program's (FETP) Frontline tier is designed to improve fundamental epidemiologic skills of MOH staff, particularly those at the district level. Through a mentored training approach, participants develop skills in public health surveillance, investigation and response to public health threats, effective communication, and improved availability and use of data for decision-making. Officials have agreed to implement FETP-Frontline in *[insert country name]*. This executive summary outlines the purpose, structure, and overall goals of FETP-Frontline in *[insert country name here]*.

Program Strategy and Planning

FETP-Frontline Structure

FETP-Frontline is a 3-month program comprised of three 1-week classroom workshops and several on-the-job field projects. The competencies, classroom content, and field projects follow the model curriculum as described in the ***FETP-Frontline Curriculum Guide and Training Plan***.

Target participants and recruitment (Example, fill in country-specific details)

Participants are recruited by *[fill in simple description of recruitment process]*.

- First cohort: surveillance officers at national and regional level, largest districts
- Subsequent cohorts: district surveillance officers throughout the country, by region

Cohort sizes and locations

The cohort sizes are strictly determined by the availability of suitable mentors, as well as other logistical and financial considerations. *[Enter country-specific detail here on cohort size and geographic location, which may not be determined until the Implementation Workshop].*

Fieldwork mentorship

The success of FETP-Frontline is contingent upon strong mentorship. Mentors come from *[enter where mentors will come from]*. Prior to their service, mentors undergo training that reviews the content and purpose of the training, and expectations for training participants and mentors. FETP staff assign no more than five (5) participants per cohort to each mentor to ensure sufficient contact time and supervision during the fieldwork. Field mentors will be supervised by the Resident Advisor and are required to visit their participants and provide regular updates on the participants to the FETP leadership.

Schedule of Cohort activities

Workshop	Start Date	End Date	Location
Workshop 1	*Insert*	*Insert*	*Insert*
Field Interval 1	*Insert*	*Insert*	*Insert*
Workshop 2	*Insert*	*Insert*	*Insert*
Field Interval 2	*Insert*	*Insert*	*Insert*
Workshop 3/Graduation	*Insert*	*Insert*	*Insert*

Program Budget

Implementing and conducting FETP-Frontline will require the following personnel and programmatic resources: [enter a simple line-list of overall budgetary items, example below]:

Category	Budgeted Amount
Personnel	$XX
Workshop Costs	$XX
Fieldwork Costs	$XX
Technical and Office Equipment	$XX
FETP Office	$XX
TOTAL	**$XX**

Program Management and Points of Contact

FETP-Frontline is managed by an in-country team that provides both technical and managerial oversight. The Resident Advisor (RA) is the primary Point of Contact for the program. Their names and roles are listed below:

Job Title	Name
Program Director, MOH	*XX*
Resident Advisor / Program Coordinator	*XX*
Field Coordinator	*XX*
Administrative Assistant	*XX*
Relevant CDC Staff	*XX*
Other Staff, as needed	*XX*

Steering Committee

A steering committee has been established under the mandate of ensuring the success, continuation, and sustainability of FETP-Frontline. Members of the steering committee include: *[insert names/titles of steering committee members]*.

FETP-Frontline Long-term Planning

This section should be tailored to each country's specific needs and goals. It would ideally contain language about long-term plans, such as program ownership or institutionalization over the coming years.

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