Emergency Capacity Building Grants
Summary Report
June 11, 2021

Introduction

Since January 30, 2020, when the Director-General of WHO declared the coronavirus disease a public health emergency of international concern, COVID-19 has changed and defined the work of FETPs around the world. As the global pandemic rapidly evolved in the early months of 2020, TEPHINET created and implemented a new program called Emergency Capacity Building Grants, designed to help our member FETPs respond to the COVID-19 pandemic. This project aligned with TEPHINET’s mission to develop, connect, and mobilize a global field epidemiology workforce to strengthen public health systems and advance health security.

TEPHINET’s Accreditation and Mobilization teams, in partnership with the Centers for Disease Control and Prevention (CDC), offered these grants with the goal of strengthening FETPs for COVID-19 response, and building capacity for future pandemics. As the COVID-19 global pandemic rapidly evolved in the early months of 2020, TEPHINET continued to develop, connect, and mobilize a field epidemiology workforce capable of fighting the virus while advancing health security.

In the early months of the pandemic, when regular program activities were not possible, the TEPHINET team quickly pivoted to create this grant program supporting innovative activities aligned with at least one of the eight pillars outlined in the COVID-19 Operational Planning Guidelines to Support County Preparedness and Response released by the World Health Organization (WHO). Many programs had already joined pandemic response efforts by conducting health screenings, supporting quarantine activities, and conducting surveillance and data analysis, among other activities. In this environment, 21 FETPs applied for assistance, and 19 were awarded funding totaling over $380,000. Activities ranged from developing an online course that enabled health officials to train and increase their workforce capacity, to strengthening COVID response capacities through the participation of community members and territorial health institution workers.
**Timeline**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Award Phase</td>
<td>The pre-award phase involved the Accreditation and Mobilization teams working with CDC partners to create the funding details, build the application, market the application online to eligible FETPs, review the applications, and rate the proposals submitted.</td>
</tr>
<tr>
<td><strong>March 2020-May 2020</strong></td>
<td></td>
</tr>
<tr>
<td>Award Phase</td>
<td>TEPHINET awarded funding to 19 FETPs, entered into contracts with them, collected interim reports, processed payments in coordination with the accounting team, and supported each program as they implemented their proposed activities.</td>
</tr>
<tr>
<td><strong>June 2020-January 2021</strong></td>
<td></td>
</tr>
<tr>
<td>Post Award Phase</td>
<td>TEPHINET collected final report documentation, provided oversight concerning how funds were used, and closed out the grant.</td>
</tr>
<tr>
<td><strong>February 2021-May 2021</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Program Design**

All tiers (basic/Frontline, intermediate, and advanced) of TEPHINET-member FETPs were invited to apply. To apply, the program had to send the completed Application Form and Budget and Timeline Form. Program Directors certified that funds would not be used for research activities (according to CDC’s definition of research).

The TEPHINET Secretariat and CDC Workforce and Institutional Development Branch (WIDB) staff reviewed the applications and selected the recipients based on the following criteria:

- Stated need of the program for the assistance (40%)
- Strength of the proposal; description of how the activity would contribute to COVID-19 response (40%)
  - Strong proposals included participation by FETP alumni.
- Feasibility of the activity (20%)

Funds were awarded on a rolling basis contingent upon the availability of funds.

Using the proposal and the budget provided by the program, TEPHINET developed a contract including the statement of work, payment terms, and schedule. Programs received 75% of the total amount as an advance, and, after documenting expenditures, received the final 25% of their total award.
## Funded Programs and Outcomes

<table>
<thead>
<tr>
<th>Name of Program, Tier, and Funding Amount</th>
<th>Project Description</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| Australia MAE /Canada FEP Advanced $35,531 | • Develop an e-learning module on social determinants of health and culture in contact tracing.  
• Develop an e-learning module on mental health and well-being for contact tracers.  
• Develop an introduction to contact tracing e-learning module. | • Three Module Learning Series are available on GOARN’s COVID-19 Knowledge Hub.  
  ○ Introduction to Contact Tracing.  
  ○ Social Determinants, Culture and Contact Tracing.  
  ○ Mental Health and Well-being for Contact Tracers.  
• All modules were created by FETP graduates.  
• Module 1: 366 enrollments, 244 successfully passed.  
• Module 2: 205 enrollments, 113 successfully passed.  
• Module 3: 150 enrollments, 95 successfully passed. |
| Australia MAE /Canada FEP Advanced $23,375 | • Spanish translation of online course on contact tracing:  
  1. Introduction to Contact Tracing.  
  2. Social determinants of health and culture in contact tracing.  
  3. Mental health and wellbeing for contact tracers.  
• Increasing accessibility of these courses to non-English speakers. | • Increased accessibility of contact tracing training.  
• Built capacity of the workforce in Spanish speaking countries. |
| Belize FETP $19,450 | The Epidemiology Unit sought to adopt and institutionalize the use of Go. Data software application as the mobile and web technology tool for COVID-19 outbreak investigation and overall surveillance (data and case management). | • Multiple training sessions have been conducted with public health inspectors, health administrators, nurses, and data entry operators to use the app.  
  ○ 4 trainings with 8 persons each.  
  These persons then went on the field and trained others in the use of the app.  
• Improved the technical skills of surveillance officers. |
| Colombia FETP Advanced $20,000 | Utilized mobile and web technology for secure and timely access to data  
- The Mobile Port of Entry app is in use at all major ports of entry across the country.  
- 72 registered users and counting.  
Increased capability and capacity to manage outbreaks for data capture and case management. |
| Colombia FETP Intermediate $15,153 | Strengthen surveillance and response by implementing innovative public health community surveillance strategy through community sensors.  
- Strengthen response capacities through the participation of community members and territorial health institutions’ workers.  
- Optimize the process of monitoring cases and contacts.  
- Improved the capacities of those trained in the field, participating in innovative surveillance strategies, and coordinating the activities of the program with the territorial health entities.  
- Increased visibility of FETP by gathering and giving new information to decision-makers at the local and national levels, to define interventions.  
- The implementation of this participatory surveillance strategy to improve the response capacity and contribution to the detection of possible circulation of COVID-19.  
- Implement a training plan to improve surveillance and analysis capabilities of the data collected during the COVID-19 emergency in ten Colombian border territorial entities.  
- Train at least 50 professionals corresponding to FETP intermediate level trainees and public health surveillance personnel from ten territorial border entities linked to the COVID-19 emergency response.  
- Strengthen the capacities for the surveillance and data analysis of the personnel of the risk analysis rooms of ten Columbian border departmental entities.  
- Three modules were offered to FETP professionals.  
  - Surveillance System for COVID-19.  
  - Public Health Risk Management.  
  - Information Analysis.  
- 323 FETP professionals from 24 territorial entities were trained, complying with the commitment of the ten territorial border entities and strengthening capacities for surveillance, control, and analysis of COVID-19 data.  
- 100% of the scheduled training sessions were completed.  
- More than 70% of registered professionals completed the training successfully.  
- 84 professionals linked to FETP Colombia participated.  
  - 69 Residents & 15 Graduates. |
<table>
<thead>
<tr>
<th>Country</th>
<th>Program</th>
<th>Funding</th>
<th>Objectives</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Egypt FETP       | Advanced| $20,000 | - To improve surveillance data, quality of contact tracing of COVID-19, and to estimate secondary infection rate among COVID-19 cases.  
- To understand the transmission of COVID-19 among confirmed cases.  
- To build the capacity of FETP fellows to prevent, rapidly detect, investigate, and contain detected cases of COVID-19. | - A two-day meeting was conducted for 18 FETP alumni to update the contact tracing data collection tool.  
- Two workshops to train 50 trainees (FETP fellows, surveillance officers and IT personnel) on the updated tool were completed.  
- 12 field visits were conducted to enhance active case finding, review of the ILI/SARI records, and compare the results with laboratory results at both central and peripheral levels.  
- 16 FETP residents from the central and peripheral levels.  
- 17 graduates from the advanced level participated. |
| EPIET - Alumni Network | $10,000 |         | - To develop and disseminate an open-access digital R Handbook catered to field epidemiologists and public health professionals.  
- Contents will be authored and reviewed to ensure materials are understandable and beneficial for the intended audiences.  
- The handbook is usable offline, and address common epidemiological tasks via clear text explanations, step-by-step instructions, and best practice R code examples. | - Developed and disseminated digital R Handbook catered to field epidemiologists and public health professionals.  
- The handbook contains over 50 chapters ("pages"). The pages cover topics including R basics, how to transition to using R, data management, data analysis, data visualization, and creation of reports and dashboards.  
- It is available for free at epiRhandbook.com with a downloadable version for offline use. |
| Ethiopia FELTP   | Advanced| $20,000 | - All current residents will have the PPE and knowledge to respond to COVID-19 in the six most at-risk cities in Ethiopia to nearly double the available workforce for active case search and contact tracing.  
- Residents will be given sufficient PPE, including hand sanitizer, for month-long deployments. The training course will run three | - Procurement of supplies to all residents to distribute the supplies to all residents engaged in COVID 19 preparedness and response, case management, screening, follow-up contact tracing.  
- Delivery of orientation/ training for FETP residents in utilization and management of COVID-19 data for health decision-makers. |
| Ghana FELTP Advanced | $19,920 | • Follow up on at least 90% of identified primary contacts of COVID-19 case-patients confirmed from September to October 2020 in the Greater Accra Region of Ghana.  
• Test at least 90% of all contacts of COVID-19 case-patients in the Greater Accra Region confirmed from September to October 2020 within 14 days after the last contact with a confirmed case.  
• Link all contacts who test positive for COVID-19 in the Greater Accra Region from September to October 2020 to care (isolation and management). | • Eleven field epidemiologists who are alumni of the GFEELTP were assigned to districts within the Greater Accra Region to assist with contact management for COVID-19 cases.  
• From September to October 2020, 852 COVID-19 Cases were confirmed with 159 contacts listed and 94.9% (151/159) of the listed contacts reached.  
• Cumulatively, 159 contacts were listed, of which 83.6% (133/159) were tested across the ten districts.  
• Of the eleven districts, three districts had not recorded any COVID-19 cases in September and October 2020.  
• In October, out of the 76 contacts tested 10.5% (8/76) tested positive for COVID-19. All eight contacts who tested positive were linked to case management 100%. |

<p>| Ghana FELTP Frontline | $19,980 | • Quality improvement approach to measure the gap in contact management; analyze any identified problem using a | • Identified the lack of laboratory capacity in the region as a bottleneck for contact management |</p>
<table>
<thead>
<tr>
<th>Country</th>
<th>Type</th>
<th>Funding</th>
<th>Results and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti FETP</td>
<td>Intermediate</td>
<td>$19,975</td>
<td>- To train FETP for COVID-19 surveillance at the border and within the community.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- To detect and test suspected cases of COVID-19 along the border and within the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>community.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- To transport specimens collected to the National Lab.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- To understand the mobility of the population at the border post.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Increased laboratory capacity in the region by upgrading of Gene Expert site and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>installing appropriate Assay Definition files (ADFs).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- 75.9% of the results were received within 72 hours compared to 9.6% before the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>solution.</td>
</tr>
<tr>
<td>Kenya FELTP</td>
<td>Advanced</td>
<td>$19,825</td>
<td>- Train Health care workers on case detection, investigation, contact tracing, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>sample collection for laboratory confirmation of suspected cases of COVID-19 along</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>the border and at the community level.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- The rapid response team will be trained and deployed to support COVID-19 response.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Train health records officer and disease surveillance officers on analysis of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>COVID-19 data.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Rapid response teams are trained and deployed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Report on COVID-19 investigation and recommendations to improve the coordination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>of the response.</td>
</tr>
<tr>
<td>Country</td>
<td>Phase</td>
<td>Activity</td>
<td>Output</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Liberia</td>
<td>Intermediate</td>
<td>Key informant interviews will be conducted to assess and improve coordination of the response.</td>
<td>41 key informant interviews (KII). 84 focused group discussions. A tool created to rank identified gaps.</td>
</tr>
<tr>
<td>Morocco</td>
<td>Advanced</td>
<td>Assess the implementation of the strategies under the eight thematic pillars in Liberia’s SPRP.</td>
<td>Train staff at points of entry using contents hosted on an e-learning platform in addition to simulation exercises.</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Advanced</td>
<td>Assess the implementation of the ENSP distance training e-learning platform.</td>
<td>A cross-sectional assessment to identify high-risk establishments and occupational groups. Monitoring geographic spread of transmission and severity trends in the community. High-risk groups will be tested for SARS-CoV-2. Sentinel surveillance, testing of suspected cases, and epidemiological data collection.</td>
</tr>
<tr>
<td>Somalia</td>
<td>Frontline</td>
<td>Strengthened relationship with the respective communities. Raised awareness and prevention methods in the communities. Distributed PPE and hand washing supplies.</td>
<td>Training health and community workers staff to educate residents about various prevention and control measures. Distribution of hand sanitizers, PPEs, and IEC materials. Education of residents of Mogadishu IDP camps on various prevention and control measures to minimize the spread of COVID.</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Advanced</td>
<td>Four hotspot regions were mentored and oriented on COVID-19 case investigation and contact tracing.</td>
<td>Mentorship and orientation of case investigation and contact tracing to Surveillance Officers at</td>
</tr>
</tbody>
</table>
| Region and District levels in the hot spot regions.  
- Mentorship and capacity building at the national level for data management and analysis at PHEOC, and visualization for informed decision making and development of a comprehensive Daily Situation Report to all stakeholders.  
- Mentorship and capacity building for rumor/alert verification and investigation for members of the rapid response team at regions and districts. | A total of 797 health care workers (HCWs) were mentored on COVID-19 case investigation and contact tracing.  
- FELTP graduates together with other experts from the University of Dar es Salaam, National Institute for Medical Research (NIMR), Ifakara Health Institute (IHI), and WHO facilitated utilization of available data at PHEOC to predict the COVID-19 trend in Tanzania.  
- Establishment of an alert desk at the subnational level which received, verified, and followed up all alerts.  
- The alert desk was established in 13 regions.  
- A total of 356 HCWs were specifically mentored and oriented on the alert desk and its functions in all areas. |
|---|---|
| **Uganda FETP Advanced**  
$19,950 |  
- Conduct a rapid assessment of the capacity of 50 workplaces implementing IPC guidelines.  
- Develop low-cost recommendations and an implementation plan on how to address the IPC gaps identified during the assessment.  
- Strengthen public health surveillance, disease outbreaks, and public health emergency response.  
- Strengthen the capacity of residents to work with multidisciplinary teams during outbreak response activities.  
- Strengthen the capacity of residents to support local and national responses to priority diseases and emergencies.  
- Ten alumni and ten residents who participated in this project were trained on the WHO FFX protocol and Go Data. |
| **Zimbabwe FETP Advanced**  
$20,000 |  
- Build overall capacity of 43 FETP residents in COVID-19 response through field experience.  
- Assist Harare City Health Department in conducting contact tracing.  
- Evaluate the COVID-19 contact tracing system in Harare City and make recommendations for improvement.  
- As of July 2020, Zimbabwe had recorded 2,296 cases, with Harare Province accounting for 679 of the cases.  
- By the end of the same period, the Harare Province cases had a combined total of 3,007 contacts.  
- A virtual WhatsApp platform was created to share and discuss ideas.  
- Residents received personal protective equipment to safeguard their health during the period of secondment, which |
- Provide Health Education (including stigma reduction) and distribute IEC materials to communities where contact tracing will be done (flyers, posters, and banners).

- Consisted of hand sanitizers and surgical and N95 respirator masks, as recommended for use by contact tracers by WHO.

- Residents attended daily morning meetings combined with Harare City Health and participated in contact tracing, geospatial mapping of contact residences, home assessments for cases requesting self-isolation at home, and case management at Wilkins Infectious Diseases Hospital, which involved research, swabbing of clients, admission of new patients, line listing their contacts, and discharging recovered patients.
Discussion

This project demonstrated the need to expand funding for program-led initiatives. During the early months of the COVID-19 pandemic, TEPHINET struggled to define one overarching strategy for how to respond. The projects funded by the Emergency Capacity Building Grants came from the immediate needs identified by the FETPs at the ground level. Through these grants, TEPHINET was able to respond quickly with funds to meet the most urgent COVID-19 priorities as defined by the programs. As noted in the table above, there was a wide scope of projects from countries in every region of the world. TEPHINET was able to create an easy application and reporting structure so that funds could reach the programs quickly and work could begin. This project leveraged TEPHINET’s strong position as the leader of the global network and took advantage of its expertise in disbursing funds and managing project outcomes. This saved time at the country level and ensured that the projects could be effectively and efficiently run in the countries.

The success of this project, from its ground level identification of needs, to leaning on TEPHINET’s strengths as the global network and expertise in managing projects like this, has opened up a new type of project to consider for future funding. Taking into account the positive outcomes of this project and the lessons learned, TEPHINET has applied for future funding to continue this type of program structure, where there is a pool of funds that FETPs can apply for to address immediate needs in emergency response, quality improvement, and FETP participant learning. In the future, TEPHINET hopes to continue this to support program-led initiatives by being able to quickly disperse funds and help manage these smaller projects that address the immediate needs of programs in areas where there may not be funds available. This structure will lead to creative projects that are identified at the field level and expand the capacity and scope of FETPs. This achieves a primary goal of TEPHINET as a network to support FETPs by strengthening their ability to identify and respond to public health events in their country.

Lessons Learned

1. **Research determination process:** TEPHINET needs to be able to make a non-research determination of a project in order to expedite the disbursement of funds. Similar future programs will be advertised as non-research projects, and the name of the project will change so that the word “grant” is not confused as a research project opportunity.

2. **Payments and financial reporting:** To expedite the fieldwork and reduce paperwork, a single payment of all the funds should be made in advance (for small projects). We found the two-payment structure to be onerous, and it was difficult to match the exact amounts spent to funds sent. This created paperwork burdens for both programs and TEPHINET finance staff. TEPHINET should be explicit in the contract about the consequences when programs fail to comply with all financial and project reporting requirements. Additionally, programs need to have an organizational bank account to receive funds.
It is too difficult and there are too many delays in sending funds out if they do not have one. To assist in the reporting, TEPHINET needs to create specialized reporting templates for receipts and naming conventions.

3. **Communications with programs:** There should be standard communication around the projects and pre-written reminders and calendar reminders for deadlines. TEPHINET needs to be clear about the reporting requirements and consequences for not meeting reporting deadlines. There also needs to be better communication to the network around projects funded by the program, their successes, and spotlights on these partnerships. TEPHINET will also give certificates to successfully completed projects. In the event that significant funds can be dedicated to these types of program-led initiatives, it will be helpful to have fully dedicated staff. Because of the sudden and intense nature of this program, a total of five staff from three different teams worked on it at various times.

4. **Simple applications and reporting templates:** These documents will ease communication, encourage programs to apply, and make reporting easier for partners.

5. **Create project templates:** If there are successful projects or standard projects (like the WHO Unity Studies), TEPHINET should create templates for those projects (activities, timelines, M&E indicators, budget lines) and allow projects to apply to complete those projects. This aligns with the TEPHINET strategy of increasing peer-to-peer assistance. TEPHINET can also share contact information from the programs that successfully completed the activities for support and questions with implementation.
Field Pictures

Ghana

The Frontline alumni team members with their advanced mentors at a preliminary meeting discussing the plan for the project.

Upper West Region, 2020
The Frontline alumni team members with their advanced mentors during the fishbone problem analysis at the Nadowli District Health Management Team’s Conference room,

Upper West Region, 2020
Somalia
Colombia
Tanzania
Zimbabwe
Haiti