## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1050)

*Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.*

**DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:**

*Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.*

 *If you select “yes” to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism* ***can*** *be used. If you select “yes” to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism* ***cannot*** *be used.*

|  |  |
| --- | --- |
| **Column A** | **Column B** |
| The information gathered will only be used internally to CDC.[ x] Yes [ ] No | Information gathered will be publicly released or published. [ ] Yes [x ] No |
| Data is qualitative in nature and not generalizable to people from whom data was not collected. [ x ] Yes [ ] No | Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [ ] Yes [ x ] No |
| There are no sensitive questions within this collection (e.g. sexual orientation, gender identity).[x ] Yes [ ] No | Sensitive questions will be asked (e.g. sexual orientation, gender identity).[ ] Yes [ x ] No |
| Collection does not raise issues of concern to any other Federal agencies.[x ] Yes [ ] No | Other Federal agencies may have equities or concerns regarding this collection.[ ] Yes [ x ] No |
| Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program.[ x ] Yes [ ] No | Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [ ] Yes [ x] No |
| The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.[x ] Yes [ ] No |  |

Did you select “Yes” to all criteria in Column A?

If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.

Did you select “Yes” to any criterion in Column B?

If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.

**TITLE OF INFORMATION COLLECTION:** *Assessment of National Public Health Institutes’(NPHI) Capacity to Strengthen Essential Public Health Functions in Countries Supported by U.S. Centers for Disease Control and Prevention*

**PURPOSE:**

*National Public Health Institutes (NPHIs) are science-based agencies, often situated within national governments, mandated to monitor the population’s health and respond to health threats, including outbreaks. In addition, NPHIs provide leadership and coordination for public health functions at the national level, generate data and evidence to inform policies and programs and guide in the development of a skilled public health workforce. They serve as a country’s main technical public health expertise and, in most cases, are first to be called upon and respond to public health threats.*

*Since 2012, CDC has supported the establishment or strengthening of NPHIs in 26 countries. Investments to-date total $39.6 million. In addition to financial contributions, CDC’s NPHI program provides partner countries with technical support, including improving internal operations and essential public health functions.*

*This assessment will focus on eight countries with NPHIs established or strengthened with the support of CDC’s NPHI program: Cambodia, Colombia, Guinea-Bissau, Liberia, Mozambique, Nigeria, Rwanda, and Zambia. The assessment will assess NPHIs capacity to support essential public health functions, and identify factors that contribute to their sustainability, institutionalization, and success.*

*Objectives:*

1. *To assess the added value of National Public Health Institutes to carry out functions that affect governments’ ability to promote global health security and contribute to the Global Health Security Agenda.*
2. *To assess how U.S. Centers for Disease Control and Prevention’s (CDC) investment in NPHIs might have contributed to enhanced functions, including countries’ ability to monitor and respond to health threats that impact global health security.*
3. *To identify factors that contribute to NPHIs’ sustainability, institutionalization, and success.*

**DESCRIPTION OF RESPONDENTS**:

*Participants will include:*

*(a) Staff working at the National Public Health Institutes and Ministries of Health in the eight countries where the assessment will be conducted (Cambodia, Colombia, Guinea-Bissau, Liberia, Mozambique, Nigeria, Rwanda, and Zambia); and*

*(b) Staff working at partner organizations including the World Health Organization, and the International Association of National Public Health Institutes.*

**TYPE OF COLLECTION:** (Check one)

*Instruction: Please sparingly use the Other category*

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [x ] Other: *in-depth individual interviews*

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

Name:\_\_\_ *Mahlet Atakilt Woldetsadik, PhD* \_\_\_\_\_\_

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [ x] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ x ] No

**If Yes:** Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time (minutes)** | **Burden****(hours)** |
| NPHI staff, Ministry of Health Staff, other partners (e.g. WHO staff) | 150  | 45 minutes | 112.5 hours |
| **Totals** | **150** | **45 minutes**  | **112.5 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_**\_$2785\_**

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? [ ] Yes [ x] No

**If Yes:** Please provide a description of both below (or attach the sampling plan)

**If No:** Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

*The NPHI team at the U.S. CDC will identify participants using purposive sampling so that they can provide information that would be relevant to the setting and assessment questions.*

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[ ] Telephone

[x ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ x] Yes [ ] No

*Data will be collected via in-depth individual interviews with participants using a semi-structured interview guide.*

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**