# The United States Embassy

**Centers for Disease Control and Prevention (CDC),**
**Health Informatics Branch,**
**Lusaka – Zambia.**

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# Final Internship Report

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## Deployment and Hardware, Software Development and Databases.

**Date: March 03rd , 2016**

**Michael Mwelwa Muyambango**
**BSc.Computing (Grad)**

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# 1   Acknowledgements

The six-months internship opportunity I had with the United States Embassy under the Health Informatics Branch of the Centers for Disease Control and Prevention (CDC) was a great chance for learning and professional development. Therefore, I consider myself as a very lucky individual as I was provided with an opportunity to be a part of it. I am also grateful for having a chance to meet so many wonderful people and professionals who led me though this internship period.

Bearing in mind the previous I am using this opportunity to express my deepest gratitude and special thanks to Mrs. Idongesit Essiet-Gibson, The Deputy Assistant Director - Health Informatics Branch; who in spite of being extraordinarily busy with her duties, took time out to hear, guide and keep me on the correct path and allowing me to carry out my assigned activities during the internship.

I express my deepest thanks to Mr. Derrick Munene , The Application Manager; who was my direct supervisor for the valuable knowledge and mentorship he offered me and for taking part in useful decisions and giving necessary advice, guidance and also coordinating all my activities during the internship. I choose this moment to acknowledge his contribution gratefully. I wish to express my gratitude to Mrs. Mphatso Nyemba Mudenda – Health Informatics Officer and Mr. Bwalya Chiteba – ICT Manager, for the guidance and consideration to involve me in various activities in their respective offices; by and large the entire CDC team.

It is my radiant sentiment to place on record my best regards, deepest sense of gratitude to the entire SmartCare team; Ms. Christine Simfukwe, The Program Manager, Mr. Andrew Chanshika, The ICT Support Officer, Mr. Gift Lyoko, The Senior Software Developer, Mr. Jacob Mutale, Software Developer and Mr.Shem Kabesha, The Senior Trainer, for their careful and precious guidance which was extremely valuable for my internship both theoretically and practically.

I would, otherwise, be failing if I did not thank the following people from various partnering government Ministries and Agencies like Mr. Andrew Kashoka and Mr. Innocent Chiboma – Ministry of Health, and Mr. Lisuba Kabanda – DNRPC, for the knowledge imparted, guidance and support during various designated activities the Mission is supporting and we collaborated on.

I perceive this opportunity as a big milestone in my career development. I will strive to use gained skills and knowledge in the best possible way, and I will continue to work on their improvement, in order to attain desired career objectives. Hope to continue cooperation with all of you in the future.

**Michael Mwelwa Muyambango**
FORMER FOREIGN NATIONAL STUDENT INTERN (FNSI)
March 11th, 2016

# 2  Executive Summary

My six-months internship with the United States Embassy under the Health Informatics Branch of the Centers for Disease Control and Prevention (CDC) was a worthwhile experience as it helped me gain considerable and professional knowledge about the U.S. Missions in Zambia and has offered me the opportunity for first hand practical experience of working in a foreign affairs arena, during which time I have learnt and grown professionally.

The internship programme was both mission and orientation based, providing me with a great opportunity to develop both general and practical skills while working in a fast-paced environment dedicated to promoting the availability of high quality health information through development of systems, tools and processes for health. I was required to provide the Health Informatics Branch administrative, logistical and programming support as and when required, for not more than 20 hours per week.

On the one hand, I have learnt about different tools and methods for implementing health informatics systems, development skills, organizational and planning abilities, and communication and outreach skills under the direct supervision of the Applications Development Manager / Health Systems Analyst, Mr. Derrick Munene (CDC), and on the other, about the different tools and methods for deploying and implementing health informatics systems, develop networking and hardware skills, systems end user support, organizational and planning abilities, and communication and outreach skills under the direct supervision of the ICT Support Officer, Mr. Andrew Chanshika (EGPAF) and Health Informatics Specialist, Mrs. Mphatso Nyemba Mudenda (CDC).

Most importantly, the work experience was very good which included good fellowship, cooperative teamwork and accepting responsibilities.
The internship indeed corresponds to my career interests and school major.

# 3   Introduction

## 3.1   Personal – Background Information

My names are Michael Mwelwa Muyambango, NRC No.280027/82/1 and I am currently pursuing a master's degree programme in Information Systems Management with the Greenwich University. I was fortunate enough, above all, privileged to be attached to the United States Embassy under the Health Informatics Branch of the Centers for Disease Control and Prevention (CDC) on a very fruitful six-months internship.

The Internship was effected on 4th September, 2015 and ended on 4th March, 2016.

## 3.2   Introduction

This internship report is divided into four (4) main sections; the first one is concerned with giving brief information about the Centers for Disease Control and Prevention (CDC)  and its missions, the second is concerned with duties and tasks that I was assigned to do on my internships, the third is devoted to the knowledge and experience that I acquired and finally the fourth section includes my critical assessment of my internship by identifying the things that I would like to change or recommendations, for other aspiring interns that come after me and/or if I am to work at the Centers for Disease Control and Prevention (CDC).

# 4 Centers for Disease Control and Prevention (CDC)

## 4.1 About CDC

The Centers for Disease Control and Prevention (CDC) is one of the major operating components of the Department of Health and Human Services in the United States of America.

CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States. To accomplish its mission, CDC identifies and defines preventable health problems and maintains active surveillance of diseases through epidemiologic and laboratory investigations and data collection, analysis, and distribution; serves as the PHS lead agency in developing and implementing operational programs relating to environmental health problems, and conducts operational research aimed at developing and testing effective disease prevention, control, and health promotion programs; administers a national program to develop recommended occupational safety and health standards and to conduct research, training, and technical assistance to assure safe and healthful working conditions for every working person; develops and implements a program to sustain a strong national workforce in disease prevention and control; and conducts a national program for improving the performance of clinical laboratories. CDC is responsible for controlling the introduction and spread of infectious diseases, and provides consultation and assistance to other nations and international agencies to assist in improving their disease prevention and control, environmental health, and health promotion activities. CDC administers the Preventive Health and Health Services Block Grant and specific preventive health categorical grant programs while providing program expertise and assistance in responding to Federal, State, local, and private organizations on matters related to disease prevention and control activities.

## 4.2 CDC - Zambia

Generally, CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health (MOH) across the globe to work side-by-side with countries to build strong national programs and sustainable public health systems that can respond effectively to global health issues including the global HIV/AIDS epidemic.

In Zambia, the CDC office was launched in December 2000 and has worked with the Government of the Republic of Zambia (GRZ) ministries and provincial health offices to support the national strategy to combat HIV/AIDS. CDC focuses on program areas that make optimal use of its institutional strengths and concentrates on funding and assisting programs through international and local organizations to build the capacity of the Ministry of Health (MOH) to ensure sustainable programming. Through established cooperative agreements, CDC staff members are substantially involved with national program efforts in malaria, pandemic influenza, HIV prevention, care and treatment, tuberculosis (TB); blood safety, maternal health, health worker training, laboratory capacity, surveillance, operational research and Health Systems Strengthening; all areas of which they have scored successes.

Specifically, since I was attached there; the Health Informatics Branch of CDC is under the leadership of the Deputy Associate Director for Health Information and Epidemiology, Mrs. Idongesit Essiet-Gibson with Full time staff; Health Systems Analyst & Applications Development Manager - Mr.Derrick Muneene, Information and Communication Technology Manager - Bwalya Chiteba, Electronic Health Record Training Coordinator - Cecilia Chitambala and Health Informatics Specialist - Mphatso Mudenda.

### 4.3 Scope of Work

Collectively, the branch's scope of work includes but is not limited to:

- Technical assistance for the development and implementation of SmartCare Electronic Health Record System.

- Infrastructure Development & Support.

- In-house inter-branch database and software development support.

- Continuous data analysis collection and analysis.

# 5  The Internship

## 5.1    About The Internship - Background and Scope

The Foreign National Student Intern Program is designed for students who are non-U.S. citizens seeking internships with U.S. Missions abroad. The program benefits both posts and students by providing the foreign national students with valuable educational experience in U.S. Missions and by assisting posts in accomplishing their mission goals. The purpose of the Foreign National Student Intern Program is to offer students the challenge of working in a foreign affairs arena, during which time the intern will learn and grow professionally. There are no benefits attached to this internship and no compensation, nor any guarantee of future employment with the U.S. Mission.

A student participating under this program is not considered to be a U.S. Federal employee for any purpose other than injury compensation or laws related to the Tort Claims Act. Service is NOT creditable for leave accrual or any other employee type benefits.

The FNSI program was advertised on February 20, 2015.

This Foreign National Intern would serve as an intern with the Health Informatics Branch to provide administrative, logistical and programming support to the Branch, under the direct supervision of the Applications Development Manager / Health Systems Analyst and the Senior Network Engineer.

**Responsibilities include, but were not limited to:**

Support for software development in Microsoft Access Visual Basic for Applications and Microsoft Visual studio using the C# language, Database design and implementation using Microsoft Access and SQL Server, Software system modeling and documentation, Software systems testing, Software installations, Hardware and software support, Networking support, including LAN and wireless configurations, Documentation of help desk support, Documentation and tracking of support issues  and Deployment support and reviews.

# 6   Accomplished Tasks (Benefits to Organization)

The main tasks that I was assigned to do on my internship tend to categorically intertwine between orientation and mission based internships:

However, the first activity that happened after approval of my candidacy was a detailed orientation on the U.S Missions in Zambia by the Human Resource team led by Human Resource Specialist - Mrs. Sheilah Ibrahim, who introduced me to the Head of Security – Mr. Elijah who enlighten me on security issues in detail including the security consciousness and awareness required when one is engaged with the Mission. I was then issued an Identity Card No. 486423 on the same day, September, 06, 2015.

The next activity was an introduction to the CDC team and the SmartCare team at PCOE by Mr. Derrick Munene who is Health Systems Analyst & Applications Development Manager (CDC) was my direct supervisor and mentor in Software and Databases activities, and he introduced me to the SmartCare Program Manager – Mrs.Christine Simfukwe, SmartCare Senior Trainer - Mr. Shem Kabesha, SmartCare Senior Software Developer – Mr. Gift Lyoko and SmartCare ICT Support Officer - Mr. Andrew Chanshika, under whom I job shadowed on Deployment and Hardware activities. The following are the details on the work plan I was assigned (See Appendix A1, for consolidated work plan):

## 6.1   Smartcare User Manual

Facilitated by Mr.Shem Kabesha and Ms. Machalo Kawina, the detailed orientation was on fundamentals of the Electronic Health System – SmartCare, from the first version up to the current version 4.5.0.6. I was given access to SmartCare installed machines in the Lab and walked through the processes involved in operating SmartCare as an administrator and as a user. I was expected to demonstrate attained understanding of the system by registering a Test client.

## 6.2   Smartcare Installation & Configuration

The activity involved, mostly, guided practical activities from cloning and ghosting, to installation and configuration of SmartCare machines. Mr Andrew Chanshinka was the facilitator of this task and my deliverables included demonstration of attained understanding and interpretation of system reports.

### 6.3 Pre-upgrade workshop (Kabwe)

I was fortunate enough to be included on the travel plan for the SmartCare 4.5.0.6 Pre-upgrade workshop that was held in Kabwe from 13th to 17th September, 2015. The workshop was very helpful for me as it presented an opportunity to interact with various partners with the mission to understand exactly what roles they play in the SmartCare Electronic Health System implementation. In addition, it broadened my understanding on project management tools employed when doing a systems upgrade. Furthermore, I learnt the differences and what necessitated the new ART forms, and also got hands-on field experience at Ngungu Health Centre (SC Facility), where the pilot upgrade of SmartCare 4.5.0.6 was performed. Throughout the workshop, I enjoyed performing tasks assigned which included: Inventory Management and stocktaking of All Equipment and Stationary, Printing and other secretarial related tasks, Helpdesk activities including setting up and minor diagnosis of machines during the conference, all of which gave me insight of performing such tasks.

### 6.4 Monitoring Tool and Helpdesk

With the adoption of SmartCare EHS by MoH, came a number of activities amongst which include deployment, hence the need for an inventory system and in the case of malfunction or breakdown; a helpdesk to provide supplementary support to facility staff where the system has been implemented. It is this rationale that prompted Mrs. Mphatso Nyemba Mudenda to embark on creating a monitoring tool comprising both a deployment database and a helpdesk system; activities I was fortunate to have been part of. After analysis of the current monitoring tool, we proposed improvements and I was tasked to work on project documentation for the proposed system. In line with my career, this activity broadened my understanding of the project life cycle and gave me insight into new, efficient and effective systems project documentation frameworks like PRINCE 2 and IEEE systems documentation standards.

### 6.5 DNRPC CRVS and SmartCare EHS Linkage

In order to strengthen CRVS in the country, MoHA's DNRPC, with the support of The United States Embassy's Centers for Disease Control and Prevention (CDC), identified

MoH as a potential partner since health facility centers (Hospitals and Clinics) play a very cardinal role at both birth and death, being CRVS capturing points in most cases.

The project involves developing a system (SmartMonitor), which has enabled for capturing and transmitting required data collected at relevant identified sites (Health facilities, Local Councils) to the DNRPC office for CRVS.

On the project, I was engaged in the development or refinement of the SmartCare test plan for DNRPC linkage module, as well as participated in the creation of test plan work items, that included, but were not limited to, the creation of test data, creation of a test bed and the creation of a test plan. This included testing the DNRPC birth and death reports. I was also engaged in both the project and systems documentation which included creation of user manuals, training slides, business case, srs document, just to mention a few. Furthermore, I participated in the installation of the patched SmartCare at the three (3) pilot sites being Maramba Health Clinic, Livingstone Central Clinic and the Livingstone district NRPC office. With unwavering guidance from Mr. Derrick Munene, I managed to produce some of the project and systems documentation and above all gained hand-on experience.

## 6.6    Other Activities

These include tasks or activities that were assigned to me but otherwise prove beneficial, like minutes taking, event planning (workshops, Branch meetings, weekly update meetings), report writing and documentation standards and formatting.

# 7   Obtained Knowledge (My Benefits From the Internship Program)

It was very interesting to notice the work ethic and professionalism employed by the mission's staff. The commitment and dedication was inspirational.

I have also come to appreciate the use of ICTs more, after seeing it efficiently and effectively utilized by the mission for the most facets of the mission's operations, management and controls. Suffice to say; before this internship, I did not know about SmartCare but since my acquaintance to it, I am encouraged and motivated that indeed a well-planned, developed and implemented software can change lives especially in developing countries like Zambia.

In addition, from the technology perspective, and also as baseline for my Master's degree project, the opportunities and possibilities of achieving a paperless and effective management information system are no longer further fetched; importantly, with a platform already established through SmartCare. Like SmartMonitor (DNRPC System) that has harnessed the capabilities of SmartCare to integrate into their CRVS system, many other systems like pension, security e.t.c can do the same, thereby improving operations and service delivery.

Furthermore, I have come to appreciate the benefit of modular programming and its ability to be modified without too much work load of altering the entire software. Witnessing the SmartCare patching to customize it with the death model necessary for SmartMonitor made me appreciate the programming design employed.

Last but certainly not the least; I have learnt the importance of preparation, teamwork, monitoring and evaluation even if it is done in very small groupings like branch meetings or weekly reports. I have also improved my report writing and been equipped with documentation standards and formatting skills necessary in the industry.

# 8   Recommendations/ Elements I want to alter

My internship was very rewarding; however, my experience at the assigned duty station – PCOE could have been more beneficial and effective if certain conditions were provided. First, there is very scarce literature or documentation about passed operations or activities hence it was very hard to make references.

Secondly, I would have appreciated it more if I was involved especially at the very beginning of the meetings that resulted in the undertaking of projects I was involved in rather than getting background information from minutes or debriefs from the lead representatives that attended those meetings. It made understanding of the project somewhat difficult especially that I was engaged, to a large extent, in both project and systems documentation activities.

In addition, I appreciate being aware of the unavailability of support from the onset before I even applied for the internship. I maybe one of the very lucky few, especially in these unfavorable economic times; I have graduated and have a small business to get by. However, for most students, despite their brilliant minds, it may present a barrier to getting the same experience as I have from this internship due to luck of transport especially. I earnestly propose a very minimal amount i.e K8.00 (K4.00 to &K4.00 back) only on the days they are working, as transport support be considered.

To the Mission, I feel consistent monitoring and evaluation enables for a more effective implementation and usage of any deployed system, but without sensitization to the stakeholders, the efforts score less success. I have observed with interest during my internship how scarce information about SmartCare is even in UTH itself, to say the least on the media. For a system that has been in existence for close to eleven (11) years, it should be public knowledge and owning a SmartCard a demand by every citizen in this country. I recommend aggressive public sensitization of most the Misson's projects.

In addition, documentation of projects carried out is very limited, making it very hard for modification or continuity in terms of software development and to that effect, I have not come across any legal frameworks that protect the projects being undertaken by the missions in collaboration with the various partners. I recommend this area be addressed with the urgency it deserves.

Finally, deployment of SmartCare is now at approximately 850 facilities; a great milestone. However, I have noticed technical support for the facility centers is limited and is, to a large extent, attributed to lack of systems to communicate or track irregularities in SmartCare systems and its usage.

# 9  Conclusion

Being the first Foreign National Student Intern (FNSI) I feel extremely lucky and privileged to have been considered for the program. The six-months internship with the United States Embassy under the Health Informatics Branch of The Centers for Disease Control and Prevention (CDC) was a golden opportunity to learn about electronic health systems, tools and processes for health, broaden my understanding and put into practice networking and hardware skills, systems end user support, organizational and planning abilities, communication and outreach skills, tools and methods for implementing health informatics systems, systems development skills and  first hand practical experience of working in a foreign affairs arena. I learned valuable information and gained professional experience that is relevant and directly related to my major and career, from different think tanks I was privileged to work with and I commend the U.S Embassy for this very beneficial program.

# 10 Appendices

## 10.1 Appendix A1 : Work Delivery Plan

<table>
<tr><td colspan="12" align="center"><b>2015/16 Michael Muyambango Work Deliverables Plan</b></td></tr>
<tr>
<td rowspan="2"><b>Work Item ID</b></td>
<td rowspan="2"><b>Work Item Summary Description</b></td>
<td colspan="2"><b>Point Person</b></td>
<td colspan="2"><b>Approver</b></td>
<td colspan="2"><b>Task Durations</b></td>
<td rowspan="2"><b>Comments</b></td>
<td rowspan="2"><b>Expected output</b></td>
</tr>
<tr>
<td><b>Name</b></td>
<td><b>Org</b></td>
<td><b>Name</b></td>
<td><b>Org</b></td>
<td><b>Start</b></td>
<td><b>End</b></td>
</tr>
<tr>
<td>1</td>
<td>Smartcare User Manual Orientation</td>
<td>Shem</td>
<td>EGPAF/CDC</td>
<td>Idong</td>
<td>CDC</td>
<td>09-Sep-15</td>
<td>11-Sep-15</td>
<td>Fundamentals in SmartCare</td>
<td>Demonstration of understanding of assigned activities</td>
</tr>
<tr>
<td>2</td>
<td>Smartcare Installation & Configuration</td>
<td>Andrew</td>
<td>EGPAF/CDC</td>
<td>Idong</td>
<td>CDC</td>
<td>10-Sep-15</td>
<td>11-Sep-15</td>
<td>Orientation and practicals on installation of SmartCare</td>
<td>Demonstration of understanding of assigned activities</td>
</tr>
<tr>
<td>3</td>
<td>Task</td>
<td>Shem & Machalo</td>
<td>EGPAF/CDC</td>
<td>Idong</td>
<td>CDC</td>
<td>10-Sep-15</td>
<td>20-Sep-15</td>
<td>Updating of job Aids SmartCare User Manuals</td>
<td>User Manuals</td>
</tr>
<tr>
<td>4</td>
<td>Smartcare Installation & Configuration</td>
<td>Andrew</td>
<td>EGPAF/CDC</td>
<td>Idong</td>
<td>CDC</td>
<td>11-Sep-15</td>
<td>4-Mar-16</td>
<td>Helpdesk services, diagnosis of mulfunctioned walked-in SC machines</td>
<td>Demonstration of understanding of assigned activities</td>
</tr>
<tr>
<td>5</td>
<td>Task</td>
<td>Andrew</td>
<td>EGPAF/CDC</td>
<td>Christine</td>
<td>CDC</td>
<td>10-Sep-15</td>
<td>10-Sep-15</td>
<td>Updating & consolidation of Pilot Upgrading Progress Reports</td>
<td>Report</td>
</tr>
<tr>
<td>6</td>
<td>Travelled to KABWE for SmartCare 4.5.0.6 Stakeholder Pre-Upgrade Workshop</td>
<td>Christine Simfukwe</td>
<td>EGPAF/CDC</td>
<td>Idong, Derrick Muneene</td>
<td>CDC</td>
<td>13-Sep-15</td>
<td>17-Sep-15</td>
<td>Got an advancement on upgrading of lower SmartCare versions to 4.5.0.6 including SmartCare Equipment Troubleshooting, Was oriented on the new ART forms, Got hands-on field experience at Ngungu Health Centre (SC Facility). Tasks assigned included: Inventory Management and stocktaking of All Equipment and Stationary, Printing and other secretarial related tasks, Helpdesk including setting up, maintainance and overseeing equipment at the conference.</td>
<td>Report</td>
</tr>
<tr>
<td>7</td>
<td>Reports</td>
<td>Christine Simfukwe</td>
<td>EGPAF/CDC</td>
<td>Idong, Derrick Muneene</td>
<td>CDC</td>
<td>14-Sep-15</td>
<td>24-Sep-15</td>
<td>Compilation and Consolidating of the Pilot SmartCare upgrade reports. (Assigned by Christine Simfukwe).</td>
<td>Report</td>
</tr>
<tr>
<td>8</td>
<td>Editing Paediatric Forms</td>
<td>Jack Menke</td>
<td>EGPAF/CDC</td>
<td>Idong, Derrick Muneene, Christine Simfukwe</td>
<td>CDC</td>
<td>20-Sep-15</td>
<td>28-Sep-15</td>
<td>Editing of New Paediatric Forms (Assigned by Christine Simfukwe and Dr. Jack Menke).</td>
<td>Edited Paediatric Forms</td>
</tr>
<tr>
<td>9</td>
<td>Reports</td>
<td>Christine Simfukwe</td>
<td>EGPAF/CDC</td>
<td>Idong, Derrick Muneene, Mphatso Nyemba Mudenda</td>
<td>CDC</td>
<td>21-Sep-15</td>
<td>23-Dec-15</td>
<td>Daily Compilation and consolidation of updates from the SmartCare version 4.5.0.6 upgrade currently ongoing by the various field teams and relaying it to CDC (Mphatso Mudenda). (Assigned by Christine Simfukwe).</td>
<td>Daily Upgrade Reports</td>
</tr>
<tr>
<td>10</td>
<td>Final SmartCare 4.5.0.6 Upgrade Report</td>
<td>Christine Simfukwe</td>
<td>EGPAF/CDC</td>
<td>Idong, Derrick Muneene</td>
<td>CDC</td>
<td></td>
<td>23-Dec-15</td>
<td>Data analysis and tabulation of overal findings and outcome of the upgrade.</td>
<td>Final Report</td>
</tr>
<tr>
<td>11</td>
<td>SmartCare 4.5.0.6 Upgrading at ACOE</td>
<td>Christine Simfukwe</td>
<td>EGPAF/CDC</td>
<td>Idong, Derrick Muneene</td>
<td>CDC</td>
<td>22-Nov-15</td>
<td>22-Nov-15</td>
<td>The activity involves backing up TDBs, Upgrading SmartCare on the computers,restoring TDBs and pointing all machines to the SC main server.</td>
<td>Upgrade Report</td>
</tr>
</table>

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 12 | Monitoring Tool and Helpdesk | Christine Simfukwe | EGPAF/CDC | Idong, Mphatso Nyemba Mudenda | CDC | 22-Sep-15 | 04-Mar-16 | Research and Project documentation of the system. The activity involves developing a SmartCare database and helpdesk system. | Software documentation and Reports |
| 13 | Test DNRPC Linkage | Shem/Derrick | EGPAF/CDC | Idong, Derrick Muneene | CDC | 10-Nov-15 | 04-Mar-16 | This activity involves participation in the development / refinement of the SmartCare test plan for this module, as well as participation in the creation of test plan work items, that include, but not limited to, the creation of test data, creation of a test bed, creation of a test plan etc | Report on tested module |
| 14 | Test DNRPC Birth Reports | Shem/Derrick | EGPAF/CDC | Idong, Derrick Muneene | CDC | 10-Nov-15 | 04-Mar-16 | Same as above | Report on tested reports |
| 15 | Test DNRPC Death Reports | Shem/Derrick | EGPAF/CDC | Idong, Derrick Muneene | CDC | 10-Nov-15 | 04-Mar-16 | Same as above | Report on tested reports |
| 16 | Create DNRPC User Manual | Shem/Derrick | EGPAF/CDC | Idong, Derrick Muneene | CDC | 10-Nov-15 | 04-Mar-16 | This activity involves the creation of a user manual specifically for the DNRPC module | Updated user manual |
| 17 | Create DNRPC Training Slides | Shem/Derrick | EGPAF/CDC | Idong, Derrick Muneene | CDC | 10-Nov-15 | 04-Mar-16 | This activity involves the creation of PowerPoint training slides specifically for the DNRPC module | Update training slides |
| 18 | Perform SmartCare installations | Shem/Derrick | EGPAF/CDC | Idong, Derrick Muneene | CDC | 10-Nov-15 | 04-Mar-16 | This activity involves participation in the installations of SmartCare and related hardware, as well as trouble shooting SmartCare installations. | Number of SmartCare installations made |
| 19 | Create DNRPC Project Documentation | Shem/Derrick | EGPAF/CDC | Idong, Derrick Muneene | CDC | 10-Nov-15 | 04-Mar-16 | This activity involves participation in the creation of project documentation for the DNRPC project | Project documentation |
| 20 | Document DNRPC Software Documentation | Shem/Derrick | EGPAF/CDC | Idong, Derrick Muneene | CDC | 10-Nov-15 | 04-Mar-16 | This activity involves participation is the creation of software related documents for the DNRPC module | Software documentation |

## 10.2    Appendix A2 : FNSI Advert – Software Development

**American Embassy**

Subdivision 694/Stand 100,
Kabulonga District, Ibex Hill Road
P.O. Box 320065, Lusaka District, 10101, Zambia

### FOREIGN NATIONAL STUDENT INTERN – CDC HEALTH INFORMATICS BRANCH (SOFTWARE DEVELOPMENT AND DATABASES)

**OPEN TO:**              All Interested Candidates

**POSITION:**             Foreign National Student Intern – CDC Health Informatics Branch
                          (Software Development and Databases)

**ANNOUNCEMENT NUMBER:**  FNSI 02/15

**OPENING DATE:**         February 20, 2015

**CLOSING DATE:**         March 6, 2015

**WORK HOURS:**           Part-time; Maximum 20 hours/week

**SALARY:**               Unpaid - No compensation or benefits are offered

**DURATION OF INTERNSHIP:** Temporary position not to exceed six months from the date of hire.

#### BACKGROUND

The Foreign National Student Intern Program is designed for students who are non-U.S. citizens seeking internships with U.S. Missions abroad. The program benefits both posts and students by providing the foreign national students with valuable educational experience in U.S. Missions and by assisting posts in accomplishing their mission goals. The purpose of the Foreign National Student Intern Program is to offer students the challenge of working in a foreign affairs arena, during which time the intern will learn and grow professionally. There are no benefits attached to this internship and no compensation, nor any guarantee of future employment with the U.S. Mission.

A student participating under this program is not considered to be a U.S. Federal employee for any purpose other than injury compensation or laws related to the Tort Claims Act. Service is NOT creditable for leave accrual or any other employee type benefits.

THIS IS A VOLUNTARY APPOINTMENT. NO COMPENSATION OR BENEFITS ARE OFFERED.

#### ELIGIBILITY CRITERIA

*An Equal Opportunity Employer*

Link:http://photos.state.gov/libraries/zambia/231771/PDFs/VAFNSI02-2015CDCIntern.pdf

## 10.3 Appendix A3 : FNSI Advert – Deployment and Hardware

# American Embassy

Subdivision 694/Stand 100,
Kabulonga District, Ibex Hill Road
P.O. Box 320065, Lusaka District, 10101, Zambia

### FOREIGN NATIONAL STUDENT INTERN –
### CDC HEALTH INFORMATICS BRANCH (DEPLOYMENT AND HARDWARE)

**OPEN TO:**              All Interested Candidates

**POSITION:**             Foreign National Student Intern – CDC Health Informatics Branch
                          (Deployment and Hardware)

**ANNOUNCEMENT NUMBER:**  FNSI 03/15

**OPENING DATE:**         February 20, 2015

**CLOSING DATE:**         March 6, 2015

**WORK HOURS:**           Part-time; Maximum 20 hours/week

**SALARY:**               Unpaid - No compensation or benefits are offered

**DURATION OF INTERNSHIP:** Temporary position not to exceed six months from the date of hire.

**BACKGROUND**

The Foreign National Student Intern Program is designed for students who are non-U.S. citizens seeking internships with U.S. Missions abroad. The program benefits both posts and students by providing the foreign national students with valuable educational experience in U.S. Missions and by assisting posts in accomplishing their mission goals. The purpose of the Foreign National Student Intern Program is to offer students the challenge of working in a foreign affairs arena, during which time the intern will learn and grow professionally. There are no benefits attached to this internship and no compensation, nor any guarantee of future employment with the U.S. Mission.

A student participating under this program is not considered to be a U.S. Federal employee for any purpose other than injury compensation or laws related to the Tort Claims Act. Service is NOT creditable for leave accrual or any other employee type benefits.

THIS IS A VOLUNTARY APPOINTMENT.  NO COMPENSATION OR BENEFITS ARE OFFERED.

**ELIGIBILITY CRITERIA**

*An Equal Opportunity Employer*

Link: http://photos.state.gov/libraries/zambia/231771/PDFs/CDCHealthInformatics.pdf