



Global Health Fellows Program II (GHFP-II)

Annual Progress Report

Program Year Three: October 1, 2013-September 30, 2014

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Dr. Sharon Rudy
GHFP-II Program Director

1201 Pennsylvania Ave., NW
Suite 315
Washington, DC 20004

202-808-3740
email: info@ghfp.net
web: www.ghfp.net

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The Public Health Institute implements USAID's Global Health Fellows Program II in partnership with Global Health Corps, GlobeMed, Management Systems International, and PYXERA Global.

GHFP-II Annual Progress Report, PY3 – October 1, 2013-September 30, 2014

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Acronyms

AOR	Agreement Officer's Representative
APP	Annual Performance Plan
CUGH	Consortium of Universities for Global Health
FSN	Foreign Service National
GHCorps	Global Health Corps
GH	Global Health
GHFP-II	Global Health Fellows Program II
GH/P3	Office of Policy, Programs and Planning
GH/HIDN	Office of Health, Infectious Diseases and Nutrition
GH/OHA	Office of HIV/AIDS
GH/PRH	Office of Population and Reproductive Health
GH/OHS	Office of Health Systems
GS	General Schedule
HBCUs	Historically Black Colleges and Universities
HSIs	Hispanic Serving Institutions
IDP	Individual Development Plan
IMARS	Information Management and Reporting System
IP	Implementing Partner
IR	Intermediate Result
KP	Key Populations
MPH	Master of Public Health
MSI	Management Systems International
MSI	Minority Serving Institution
NGO	Non-governmental Organization
OSM	On-site Managers
PCD	Performance and Career Development
PD	Professional Development
PEPFAR	President's Emergency Plan for AIDS Relief
PHI	Public Health Institute
PMEP	Performance Monitoring and Evaluation Plan
POC	Point of Contact
PY	Program Year
SES	Socioeconomic Status
SR	Sub-Result
TDY	Temporary Duty

Overview and Highlights

In Program Year Three (PY3), GHFP-II used the opportunity of staff departures to streamline the organizational structure and acquire new talent, strengthen systems, and clarify policies and procedures. During this period, Year Two activities were evaluated while the Year Four Workplan was designed and approved. Transitions included changing Agreement Officer's Representative (AORs) as well as shifting procedure regarding placing fellows overseas. For example, in PY3 we worked with AORs Michael Wilburn, Shari Brown-Smith, Lucrecia Roman, then returned to Michael Wilburn (currently acting AOR)] and Robert O'Neill as a new alternate AOR. During PY3, we continued to explore the future of the American Global Health (GH) Professional and expanded the program's Diversity Initiative. We increased the use of relevant technology to serve the program goals, and continued to strengthen core processes of recruitment and participant support.

Technology continues to play a significant role. In PY3, we officially launched IMARS, GHFP-II's web-based Information Management and Reporting System, which allows USAID and program staff to create customized dashboards to track program activities and finances. Program staff used IMARS to help USAID hiring managers develop more appropriate scopes of work, resulting in 97 percent of candidates being selected in the first round of recruitment. This is a significant accomplishment given the frequent shifts in hiring managers and draft scopes of work. Improvements resulted in decreasing recruitment time to 27 days (versus the program target of 42 days).

PY 3 targets regarding outreach were exceeded including efforts to reach diverse audiences. Hiring managers continued to give GHFP-II high marks, as did fellows regarding the recruitment process and on-program support. Internships (including partner activities) exceeded all program goals as did support for the program's strengthened Diversity Initiative.

Regarding fellows' support in PY3, the program continued to upgrade the management of participant performance and support to the OSMs. We developed more active partnerships with On-site Managers (OSMs), working together to manage the performance of fellows and interns. GHFP-II is particularly sensitive to the fact that many OSMs are managing multiple mechanisms so we work to ensure that our systems are top quality and user friendly. The OSMs' averaged a 96 percent satisfaction rating regarding the value and responsiveness of GHFP II technical assistance. This was an increase from the already significant PY2 91 percent data.

Work continues in streamlining policies and procedures, improving work planning, professional development planning, evaluation processes and the use of competency-based self-assessments. The entire process of improving performance management remains one of the most complicated aspects of the program, with a particular challenge in the area of orienting fellows towards professional development in ways they perceive as valuable.

The GHFP-II contribution to USAID continues to be perceived as valuable with 90 percent of the fellows rating GHFP-II services "good/excellent" and 96 percent of the OSMs indicating they are satisfied/very satisfied with the value and responsiveness of assistance provided to them. This proof of GHFP-II's value is consistent as we continue to improve in Year Four, supporting USAID's need for immediate and emerging technical talent and helping to build the next generation of global health professionals.

Processes and Administrative Accomplishments

Staffing

Responding to ever shifting client needs and staff turnover in PY3, there were nine departures, ten hires, and four promotions among 30 project staff serving approximately 300 fellows and interns (including six Global Health Corps fellows and 86 GlobeMed interns). With these departures and expected retirements, the program was able to make several organizational shifts: moving the Participant Support function (including site development) to the Finance Director and moving Diversity to the newly created Communications, Outreach, and Diversity Director which was implemented at the beginning of PY4.

- **IT and Administration.** GHFP-II continued to provide office services with a five-person administration team: office services supervisor, office coordinator, two receptionists, and the assistant to the program director and director of finance. In this group, one person left, two employees were promoted, and three new people were hired. The office services supervisor and office coordinator provided continuity on the team.

For the IT team, the Director of IT and Administration hired a programmer-analyst, based in Oakland, to assist with the support and improvement of GHFP-II's web-based systems. Also, one of two DC-based IT support specialists left in July 2014 and was replaced with a temporary employee, while a new support specialist was being located.

- **Recruitment.** Two members of the Recruitment team, a specialist and the coordinator, left GHFP-II for other opportunities. A new recruitment assistant and senior recruitment coordinator were brought on board in December 2013 and September 2014, respectively.
- **Talent Acquisition, Site Development & Participant Support.** Two team members for Talent Acquisition and Participant Support departed at the end of 2013 – a project deputy director and the assistant to the project director. They were not replaced. Instead, a part-time senior advisor joined GHFP-II, and the Director of Finance and the Project Deputy Director for PCD expanded their responsibilities to support additional technical areas.

In addition, the senior specialist for Participant Support was promoted to include site development in his scope of work, and a new Participant Support and Site Development coordinator, based in DC, was hired in August 2014.

- **Performance and Career Development.** The PCD team was searching for a new senior coordinator, and staff members worked hard to keep GHFP-II commitments in the interim. It was helpful to have a new PCD specialist seconded from partner organization Management Systems International (MSI) seated in the DC office. Recruitment activities for the senior PCD coordinator continued into PY4.
- **Finance.** The Finance team lost a financial analyst in PY3, but remained otherwise unchanged. Recruitment for a new analyst was underway at the end of the program year.

- **Communications, Outreach, and Diversity.** With the imminent semi-retirement of the Communications & Outreach Lead, GHFP-II restructured the Communications, Outreach and Diversity team, with the lead for Outreach and Communications taking on the role of advisor for these two areas. The lead for Inclusion and Diversity evolved to being the lead for Outreach and Diversity. Throughout the year, he worked closely with an Inclusion and Diversity Fellow, based in the DC office. This was the first such position at GHFP-II, under partner organization GlobeMed. A new position, Director of Communications, Outreach, and Diversity, was posted at the end of the program year. In PY4, the team also will be strengthened by a Communications and Outreach administrative assistant, who will be based in Oakland.

Facilities

The Facilities team was busy, as there continued to be strong demand for GHFP-II's seven meeting rooms throughout PY3. On average, the office hosted 224 meetings per month, the overwhelming majority of which supported GHFP-II participants and the Global Health Bureau. In addition, the Facilities team:

- Continued to provide **work space for interns** on an "as needed" basis, using a web-based hoteling system. At the peak internship period in summer, more than 40 interns were using GHFP-II office space. To supplement the 26 existing intern cubicles, four temporary cubicles were created, and meeting rooms offered additional overflow space, when needed. Admin staff played an active role in monitoring the reservations.
- Installed 45 **lockers** in suite 315 for intern use, providing secure laptop storage, an alternative to carrying computers home.
- **Sound mitigation** was installed in one of the small meeting rooms, using non-construction methods, with an eye to possible implementation in other areas of the office.
- Building management embarked on a full **renovation of all elevators**.
- Purchased two **Automatic External Defibrillators (AEDs)**, installed one in each suite and registered them with authorities, as required by local regulations. The office services supervisor was previously trained on CPR and AED use. Training of additional staff was planned for PY4.

- Purchased a hand-crank **weather radio and two analog phones** for use in case of weather-related power outages and emergencies.

Operations

Key operations activities in PY3 included the following:

- **Hosted monthly Meet & Greets**, which gave participants, Foreign Service Nationals (FSNs) and staff a forum to connect with co-workers, both senior and new to the program.
- **Organized a presentation of GHFP-II emergency procedures for all participants and staff** in November 2013 and incorporated the presentation into orientation sessions for all summer 2014 interns.
- **Accommodated four FSNs in the GHFP-II offices** during their working visits to Washington, DC, as well as an American Association for the Advancement of Science Fellow (AAAS) fellow awaiting clearance, working with the Office of Health Systems (OHS).
- **Organized ergonomics assessments** several times in PY3 to evaluate new fellows and staff. Equipment was ordered and installed to meet recommendations. Ergonomic re-assessments also were offered to fellows who had previously been evaluated. The service was popular and feedback positive. Also, interns were given the opportunity to attend a group ergonomic information session, which was new in PY3 and well-received. Forty-nine fellows (more than 50 percent) used the service, and approximately ten interns attended the information sessions.
- **Continuation of handyman services.** GHFP-II offered handyman services on an “as- needed” basis for furniture repairs, hanging of whiteboards, furniture repositioning in participants’ offices, etc. There were three handyman visits over the course of PY3, each of which covered multiple participant requests.
- **Encouraged healthy habits and wellness** by installing “wellness boards” on both floors of the Washington, DC office, which were updated monthly with rotating topics recommended by PHI’s HR department.
- **Provided updates on the GHFP-II website about the Global Health Bureau’s move**, utilizing the participants’ portal. Information was posted from the members of the Space Committee and from GHFP-II staff as it became available, and this will continue in PY4.

Information Technology

GHFP-II launched several information technology improvements in PY3:

- GHFP-II launched its new online **Information Management and Reporting System (IMARS)** on Dec. 2, 2013. The integrated system has provided the necessary tools for GHFP-II staff to manage day-to-day project activities in one system.
- GHFP-II launched **ZOOM, a new online meeting and collaboration tool** for GHFP-II staff and participants. The service allows users to conduct online video meetings with up to 100 participants who can join via various methods like web browser, videoconferencing system, tablet, Skype, smart phone or phone. The service allows participants to share content and easily work together.
- New hardware and software was installed to enhance the GHFP-II network and ensure security.

Subcontractors: Partners, Collaborating Organizations, Consultants

Contracts were signed or amended for PY3 activities with all subcontractors, including key partners GlobeMed, Global Health Corps (GHCorps), PYXERA Global and Management Systems International (MSI), as well as complementary partner FACES for the Future Coalition. In addition, several consultants (Lindsay Satterfield, Alan Hurwitz) provided professional development support to individual staff and supported several all-staff and team meetings. For PY3, Natasha Wanchek continued as part-time Monitoring and Evaluation specialist. Consultant and subcontract summaries, including financials and specific PY3 activities and results, are noted in Annex F.

Founded by students in 2007, the **GlobeMed** network engages more than 2,000 undergraduates at university-based, student run chapters throughout the U.S. Each chapter is partnered one-to-one with a grassroots health organization in one of 18 countries throughout Africa, Asia and Latin America. Fundraising and on-site efforts at each chapter contribute to greater capacity and health impact of their partner organization. Through their involvement, GlobeMed students and partners commit to a life of leadership for global health and social justice.

GHFP-II also supports **GHCorps**, an organization that offers opportunities for early-career U.S. global health professionals to work in the field for a year. These professionals, all college graduates, are teamed with a developing country professional and serve in tandem assignments in Africa on global health projects. The overwhelming majority of GHCorps' fellows return to begin graduate work, and many pursue careers in global health.

GHFP-II maintains a strong relationship with subcontractor **PYXERA Global** (formerly known as CDC/CDS). Through this sub-award, GHFP-II is nourishing the continuation and growth of private sector pro bono involvement in global health. PYXERA Global works with more than a dozen major multinational corporations that offer opportunities for high-performing staff to work in the field for several months at a time, amplifying the reach of traditional global health programs. Many of these global health "champions" become, upon return, advocates for the work of USAID's global health programs in their own professional and social networks.

Management Systems International (MSI) is a GHFP-II partner tasked with supporting and enhancing GHFP-II performance and career development activities for fellows. MSI coordinates the implementation of GHFP-II's professional coaching program which supports fellows in strengthening management and leadership skills; developing interpersonal and professional competencies; addressing specific organizational or performance challenges; and developing career planning and transition strategies. MSI also supports GHFP-II with ongoing efforts to enhance program effectiveness through the development and maintenance of e-learning modules designed to support fellows' orientation to USAID and GHFP-II program processes.

FACES for the Future Coalition, a GHFP-II complementary partner, offers underserved, minority students comprehensive programs covering four primary services: 1) career exposure and training, 2) academic support and college preparation, 3) life skills training and case management, and 4) youth leadership development. FACES creates viable pathways into careers in health care, public health and behavioral health. Working with GHFP-II and an advisory committee of global health professionals, FACES is developing curriculum and program structures to create a pathway into global health careers. This is expected to contribute to meeting increasing demands in the field, as well as the challenge of diversifying the global health workforce with resilient, multi-lingual, and culturally responsive students.

Results

Health Professionals Recruited and Supported

Key Result Area 1:

A pool of committed health sector professionals who will contribute to USAID's ongoing global health initiative is developed

Intermediate Result (IR) 1.1: Health professionals recruited and supported

Outreach

In PY3, GHFP-II's outreach strategy continued to incorporate a combination of planned and opportunistic events, both onsite and virtual. The strategies were driven by priorities developed with USAID and focus on results, including:

- Expanding outreach to encompass more events attracting individuals underrepresented in the field of global health.
- Maintaining ongoing relationships with faculty and staff at target institutions and strategizing the most effective ways to reach interested students.
- Honing materials and delivery methods to meet the needs of various audiences.
- Collaborating with other organizations to extend outreach efficiently.

Implementation continues to focus on increasing the visibility and recognition of USAID as the greatest laboratory and technical leader in the field of global health and reaching interested individuals, especially those underrepresented in the field. This policy of inclusion has multiple lenses:

- Awareness of the opportunities available with USAID and GHFP-II.
- The "big picture" overview of global health and a first-person look from staff, current and former fellows, and interns.
- A variety of tools to help individuals be successful in the field, including how to develop and maintain a connection to the global health community, specific advice on resumes, cover letters and internship essays.
- Insight into desired skills and competencies from an employer's perspective.
- Insight – often difficult to obtain – into what a career in global health looks like.
- Communicating to students the importance of being able to take what they have learned in the academic setting and transfer it successfully to the professional work environment.

Key messages of the strategy include:

- Introduction to USAID and its partners.
- Highly regarded and competitive fellowships and internships.
- A demonstrated commitment to inclusion.

- Viability of a global health career for underrepresented groups.
- Specific information about how to start and maintain a successful GH career including the competencies required to be successful in global health.

Sub-Result (SR) 1.1.1 Expanded outreach for and awareness of GHFP-II

Indicator	Year 1	Year 2	Year 3 ¹	Cumulative	Target
1.1.1.1.a Number of outreach events promoting awareness of GHFP-II	61	62	89	212	Y1: 40 EOP: 200
1.1.1.1.b Number of people reached via outreach events	5,999	5,523	8,638	20,160	Y1: 4,000 EOP: 25,000

(Note: This is also the indicator for 1.2.1.1).

The number of outreach events promoting awareness of GHFP-II was steady for the first and second program years, exceeding the target both years. In PY3, the number of events increased even more, by 40 percent to 89 events. The key factors that contributed to this increase were the ability of outreach staff to identify new venues that fit into the program’s outreach strategy, cost efficiencies which allowed additional reach, and increased staff involvement.

Expanded outreach was particularly focused on populations underrepresented in the field of global health, an effort spearheaded by GHFP-II’s lead for Inclusion and Diversity (a newly created position). In addition, as other staff members have become more proficient and adept at playing a participatory role in outreach, the program was able to rely on them for primary outreach, often taking on the role of sole GHFP-II staff attending an event. This was the case for the Outreach, Social Media and Communications assistant. As a result, the program was able to broaden its reach and take part in more events. Outreach to diverse audiences is further described in Key Results Area 2 (indicator 2.1.1.1).

Since the start of the project, GHFP-II has hosted more than 200 outreach events, already exceeding the end-of-project goal. As with the number of events, GHFP-II has reached a larger audience in the last year – more than 8,600 potential interns and fellows; an increase of more than 3,000 from PY2. As a result, GHFP-II is well on its way to meeting the end-of-project target of 25,000 reached.

The majority of GHFP-II outreach events have been in-person, as this is often the best way to meet with people who are interested and answer questions. This trend continued in PY3 with 81 in-person and six virtual events. The main virtual events were a series of GHFP-II produced webinars reaching more than 1,500 people, a slight decrease from PY2 as more resources were expended on participation at in-person events.

As in prior years, outreach targets were determined by a combination of factors, aligned with the program’s outreach strategy, including:

- school’s commitment to both public health and global health specifically;
- ability to reach a combination of diverse students who may not have considered a global health career and students already on a global health career path;
- geographic region; and past contact.

¹ Outreach data for PY3 (1.1.1.1) includes GlobeMed’s two events, which reached 35 people.

An outreach trip may be built around attendance at a high-value conference such as The American Public Health Association Conference, adding in nearby target schools to maximize travel and staff resources. This was the case in PY3, for example, when the APHA event was held in Boston, Massachusetts, and outreach staff arranged information sessions at Harvard School of Public Health, Massachusetts Institute of Technology (MIT), and Boston University School of Public Health following the conference.

A central focus of GHFP-II's outreach strategy continues to be the comprehensive outreach program to universities – among them Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), Minority Serving Institutions (MSIs), and other institutions with a large percentage of minority students. Included are both mature and emerging programs relevant to careers in global health. Outreach takes the form of in-person, on-campus information sessions; career fairs and faculty meetings; virtual career fairs; video conference events; and webinars. In addition, GHFP-II's annual calendar includes large and small professional conferences and one-on-one informational interviews. These events are hosted by select GHFP-II staff, current and former fellows, and current and former interns.

GHFP-II Outreach, Audience Feedback

- “Thank you very much for your time, demeanor, and wonderful information during our conversation yesterday. The insights and technical feedback is greatly appreciated. I will be making the revisions [to my resume] and staying on the lookout. I also appreciate how you recognized my expertise. I was beginning to wonder where my efforts had gone.”
- *PhD, MPH, International Disparities Health Advisor*
- “I would like to thank the panelists for a very informative session on global health careers that ended a while ago. The session even fueled more my passion to work in global health, especially HIV/AIDS; Population Health and Environment; and Monitoring and Evaluation.”
- *Webinar attendee*

In PY3, GHFP-II had a significant presence at the following events, among others:

- *American Indian Higher Education Consortium Conference, Exhibitor and Presentation*
- *American Public Health Association Annual Meeting, Exhibitor and Presentations*
- *Annual Biomedical Research Conference for Minority Students, Exhibitor*
- *Charles R. Drew University, Information Session*
- *Clinton Global Initiative University, Exhibitor*
- *Drexel University SPH Global Health Opportunities Day, Presenter*
- *Emory Rollins School of Public Health Career Fair, Exhibitor*
- *George Mason University, Information Session*
- *Global Health & Innovation Conference (Unite for Sight), Exhibitor*
- *Maryland Career Consortium Career Fair, Exhibitor*
- *Masters and PhD Virtual Career Fair, Exhibitor*
- *Meharry Medical College, Information Session*
- *Monterey Institute of International Studies Career Fair, Exhibitor*
- *National Black Graduate Student Conference, Attendance*
- *National HBCU Week Conference, Exhibitor*
- *North Carolina Central University, Information Session*
- *North Carolina State University, Information Session*
- *Returned Peace Corps Volunteer Career Fair, Exhibitor*

- *Society for International Development Career Fair, Exhibitor*
- *Texas Association of Chicanos in Higher Education, Conference Panel and Presentation*
- *Uniformed Services University, Information Session*

GHFP-II continued its series of webinars as part of the program’s outreach strategy, providing an in-depth look at USAID, GHFP-II and fellowship and internship opportunities. The webinars also provided insight into the field of global health from an employer’s perspective. Since there are routinely many more questions asked during the Q&A portion of each webinar than time allows, a new aspect of these virtual events was to solicit questions in advance from the registered attendees. This was done in order to group similar questions together, gauge the composition of the audience and craft thoughtful responses that were broadcast during the event.

Webinar Questions

A brief sampling of questions asked and answered during GHFP-II webinars in PY3:

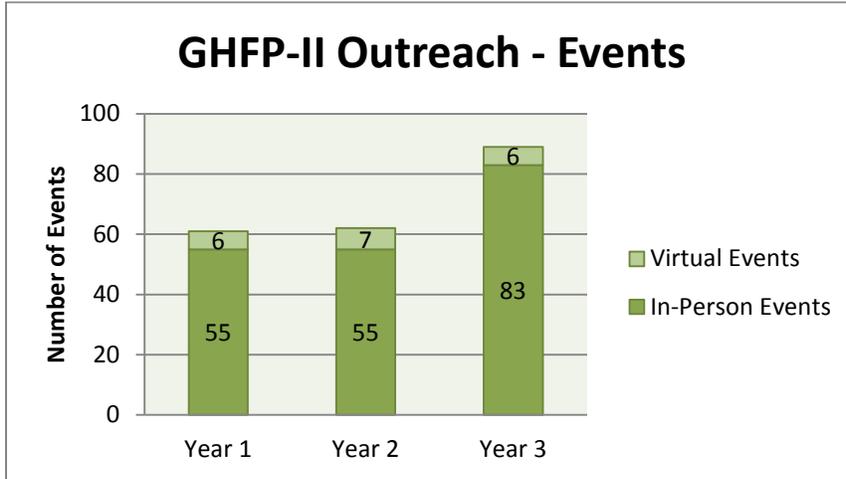
- Can some of the panelists give more specific tips for moving into global health as a mid-career person?
- What tips do you have on finding a mentor for a prospective global health fellow?
- I already have a master's degree in International Development, but have since decided to focus on global health. Should I pursue an MPH or PhD in public health if I want to get a stable, influential position with a global health organization?
- What are the job prospects after the fellowship program? What do most people do after the 2 years?
- What should a college underclassmen be doing to best position themselves to work/intern abroad after graduation?
- What is the timeline for the student summer internship program? Also, what tips do you have for making a strong application for those programs in particular? What do you look for?

GHFP-II continued to expand use of its social media platforms, including the program’s organizational Facebook and LinkedIn pages and Twitter account. In addition to publicizing GHFP-II opportunities, a greater effort was made in PY3 to pass along other global health related information, such as conferences, publications, studies and research, as well as news related to funding, careers and organizational changes. GHFP-II’s social media platforms also were seen as places for interested individuals to disseminate their own global health related thoughts and news.

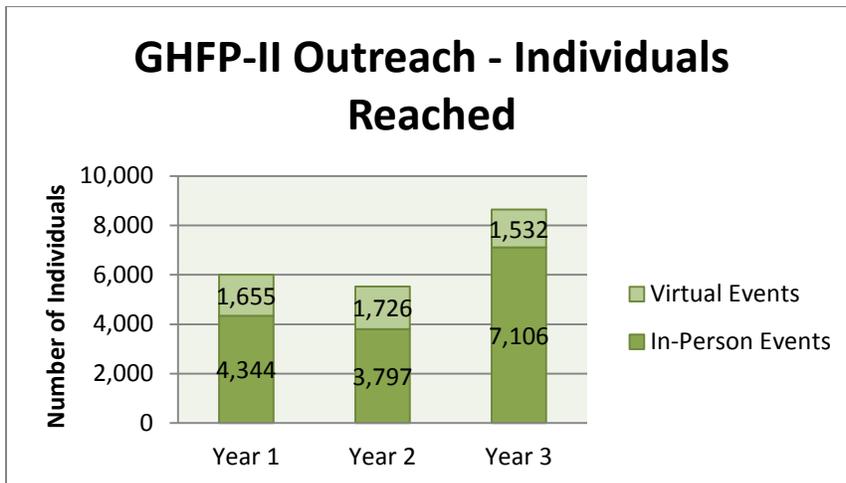
Programmatic challenges for outreach have included relatively limited resources, competing demands on time and a small team equipped to handle outreach responsibilities. As staff become more adept at handling these responsibilities and new ways are found to maximize resources, GHFP-II’s – and USAID’s – presence and name recognition have increased. In addition, more individuals have been exposed, in a meaningful way, to the possibilities of a career in global health, as evidenced by the outreach data.

A summary of the number of virtual and in-person events and people reached are below.

Indicator 1.1.1.1 – Outreach events in PY3, PHI and GlobeMed



Indicator 1.1.1.1 – Outreach to individuals in PY3



Indicator	Year 1	Year 2	Year 3	Target
1.1.1.2 Number of unique pageviews to the website of visitors who are looking for information on GHFP-II	855,850	652,545	562,781	Y1: 6,000,000 Y2: 500,000 EOP: 6,000,000 ²
1.1.1.3 Two “Summit” meetings organized to discuss the future of professionals in the field of GH with key findings published	0	1	0	Year Two: One Year Four : One

² Outreach and technical staff estimate that a more accurate EOP target for 1.1.1.2 would be 3 million, rather than 6 million.

The GHFP-II website is a significant part of the outreach strategy, providing access to one-on-one informational interviews with staff, news about upcoming webinars, resources for job seekers, and programmatic information about fellowships and internships. In addition, it offers an opportunity to sign up for the GHFP-II listserv, so those interested in global health careers can be notified about upcoming openings and other program activities.

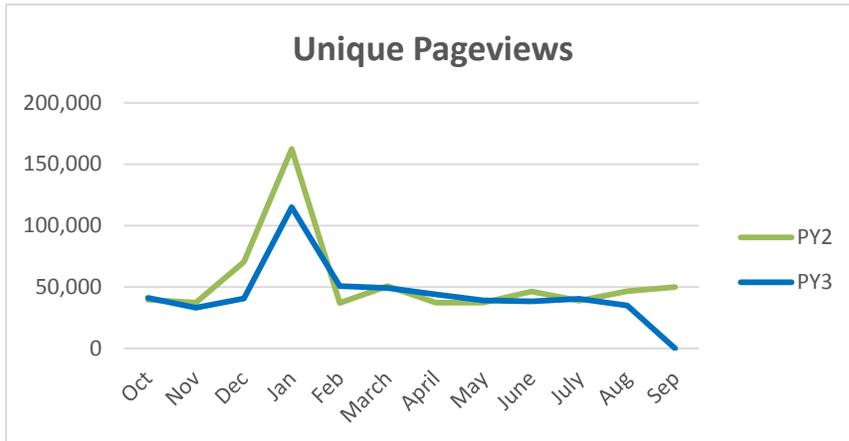
In PY3, the website had more than **562,000 page views**. The monthly numbers seen in the graph below, which compares data to PY2, follow a typical pattern with a spike in December/January, which is when the internship positions are announced and the online application period is open. PY1 page views were high as the program was launching and there was a large number of positions open, and in PY2 there was a particularly high increase in January for the same reason (internship announcement/application period). Still, the PY3 remained high and above the PY2 target of 500,000. These numbers reflect more than 150,000 total visitors to the site in PY3.

There were nearly **190,000 visitors** to the site, an increase from nearly 160,000 in PY2. New visitors contributed an average of 53 percent of unique page views each month – similar to PY1 and PY2. Many applicants visit the site when a job is announced, but don't apply until a few days before the position closes. Also, applicants frequently complete their application in multiple visits and then return to check on the status of the position.

Indicator 1.1.1.2 – Website visitors in PY3



Indicator 1.1.1.2-Website pageviews in PY2 and PY3



‘Future of the Global Health Professional’ Initiative

The Cooperative Agreement reflects Summits in PY2 and 4. In PY Year 3, GHFP-II implemented follow-on activities to the Year 2 Summit. BACKGROUND: In PY2, GHFP-II organized a “Summit on the Future of the American Global Health Professional”, which was based on a concept paper written by program staff. Professionals representing donors (including Dr. Ariel Pablos-Mendes), implementing organizations (including Dr. Johnathan D. Quick, President and CEO of MSH) and academia (including Dr. Keith Martin, Director of CUGH) participated in the one-day event to discuss the implications of Americans’ increasing interest in global careers reflected in more global health-focused academic programs, while jobs for Americans overseas appear to be shifting and/or decreasing. Commitments were made by participants and plans were made for a panel at the American Public Health Association (APHA) Conference in Boston, to continue developing this issue.

In PY 3, there were three main outputs: two events and a paper to be published in 2015, with efforts led by the Director of GHFP-II. GHFP-II co-hosted the Future of Global Health 2014 (TGFH14) with the Global Health Council. Attending were 375 participants from nonprofits (45 percent), students (16 percent) and representatives from the private and public sectors. More than 80 percent of survey respondents indicated that they liked or loved the event.

In 2014, GHFP-II was invited to lead a pre-conference day at the annual meeting of the Consortium of Universities for Global Health. Over 100 global health academics and program managers attended the highly rated event. Appendix C includes the agenda and evaluation.

Also during PY3, the Director worked with a group of GH academics and produced a paper, “Identifying Cross-Cutting Interprofessional Global Health Competencies for 21st Century Health Professionals” which has been accepted for publication by the Annals of Global Health. Appendix C also includes a draft of this paper.

Recruiting

SR 1.1.2 Fellows recruited and supported efficiently

Indicator	Year 1	Year 2	Year 3	Target
1.1.2.1: Percent of candidates selected as finalists by the hiring manager that were identified during the first round of GHFP-II recruitment	79%	82%	97%	Y1: 75% EOP: 85%
1.1.2.2.a: Average number of days for recruiting appropriate candidates	33	26	27	EOP: 42 days
1.1.2.2.b: Average number of days for hiring	17	17	27	EOP: 28 days
1.1.2.3: Hiring managers' satisfaction with GHFP-II's recruitment process is 'high' or 'very high'³	73%	95%	92%	Y1: 75% EOP: 85%

GHFP-II has developed and sustained a strong track record of recruiting and hiring well-qualified technical advisors from a wide range of global health specialties. The process starts with a profiling meeting with each hiring manager to determine the technical skills and behavioral competencies necessary for a successful fellowship placement. The profiling meeting was refined in the first programming year, and tools were improved in the second year to increase the percentage of candidates hired in the first round. In the third year, GHFP-II has continued to refine this tool based on feedback and continued analysis of the quality of candidates. In addition, GHFP-II now obtains feedback from exiting fellows to better understand qualities that were – and were not – most successful during their fellowship. This information provides the recruitment team with a more customized understanding of each particular and unique requirement, as well as taking into account the team dynamics of each position, providing the whole picture.

The program successfully recruited⁴ for 32 fellowships this year, compared to 33 in PY2 and 43 in PY1. Of those, 97 percent of the finalists were **hired during the first round of recruitment** –above the end-of-project target of 85 percent. All candidates in levels I, II and III were selected in the first round; only one fellow in level IV was not. At

Fellow Highlight: Joan Mayer

*Program Integration & Quality Improvement Advisor
USAID/Tanzania*

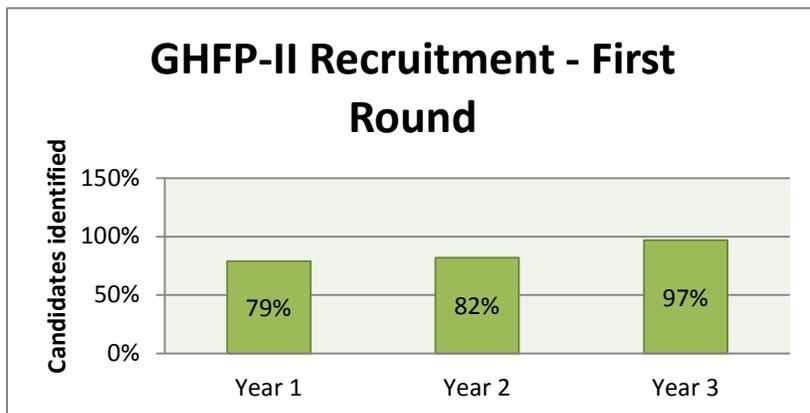
Joan provided strong coordination of USAID partners in Iringa and established relationships with the implementing partner (IP)/NGO community. She also provided technical assistance to improve the continuum of prevention, treatment, care and support in Iringa and Njombe, and she ensured that critical inputs were incorporated into new project designs. In addition, Joan's technical assistance to the IP community brought together as one team NGOs working on nutrition, HIV/AIDS and reproductive health, avoiding duplication.

³ Please see Annex E for information about PY3 surveys.

⁴ GHFP-II defines recruitment as the number of days from the position announcement until the GHFP-II recruiter refers a short list of applicants to the hiring manager. GHFP-II typically posts the position for four weeks (28-31 calendar days) unless otherwise requested by the hiring manager. The GHFP-II recruiter performance standard is to refer qualified candidates within five business days of the position closing.

the more senior levels, where expert technical expertise is required in more narrowly defined scopes of work, the pool of available global health professionals shrinks. GHFP-II has been working on increasing the selection of qualified candidates in the first round recruitment for more senior fellowships (levels III and IV) by sourcing passive candidates through the increased use of social media and networking in specialty health areas (such as supply chain and neglected tropical diseases). This showed results in PY3 with all nine of the level III fellows being selected in the first round. The chart below for 1.1.2.1 shows the improvement in candidate selection from PY1 to PY3.

Indicator 1.1.2.1 – GHFP-II recruitment; Candidates identified during first round



A challenge in securing finalists during the first round of recruitment is the timing of SOW development. From the time the fellowship scope of work is developed and posted to the time of selection, there are often changes by the hiring manager or the needs of the host organization, which result in shifting personnel requirements that can alter the defined scope of work. This results in revisions to the scope and necessitates reposting the position to attract the right candidates with the appropriate skills.

For 1.1.2.2, both of the PY3 targets for hiring⁵ were met – 27 days for recruiting appropriate candidates (the target was 42 days), and also 27 days for hiring (the target was 28 days).

Not surprisingly, the numbers of days for recruiting increases by level, with the fewest days for level I and the most for levels III and IV. Also to be expected, the number of days for recruiting was significantly more for overseas

Fellow Highlight: Kathleen Webb

*Senior Malaria Advisor
USAID/Burkina Faso*

Kathleen helped to build the USAID/Burkina Faso health program, particularly the malaria program, which grew from \$6M annually in FY09-FY10 to \$9.42M in FY13. She significantly raised the visibility of USAID health projects in the country through frequent speeches and remarks at official functions, workshops and meetings attended by high-level government officials, representatives from other health donors and USAID IPs. In addition, Kathleen worked closely with USAID’s IPs to improve and strengthen malaria control activities.

⁵ GHFP-II defines the number of days for hiring as the number of days from the time the hiring manager communicates the selection to the time that the selected candidate signs the letter of offer. Processes that take place during this timeframe include reference checking, background investigation, salary negotiation and preparation of the offer letter and human resources hiring paperwork.

positions than for Washington, DC. Charts in Annex D show disaggregation by location and level of position.

An important part of the recruitment process is the experience for USAID hiring managers, and their feedback is solicited and taken into consideration for improvements (1.1.2.3). For example, suggestions given in PY3 included:

- Customize the process to suit the hiring manager’s needs;
- Request to better understand GHFP-II’s role;
- Request to assist in determination of candidate salary.

GHFP-II’s goal is to help the hiring manager identify the best candidate for their positions. In-depth profiling meetings are conducted to pre-screen candidates based on technical and behavioral qualifications, at the request of the hiring manager. Pre-screening on the basic qualifications allows the hiring manager to focus on interviewing only candidates who have the required qualifications. GHFP-II staff then provides the information the hiring manager has requested, such as the breakdown of the total number of applicants, the total eligible applicants and the number of exceeds salary/experience applicants. By providing a customized approach to the needs of hiring managers, GHFP-II aims to provide a targeted, exceptional recruitment experience in each case.

In an effort to maintain strong communication, the GHFP-II recruitment team provides step-by-step updates by email and also through the GHFP-II internal website, available to hiring managers, throughout the recruitment process until the finalist signs their letter of offer and the candidate moves into the program’s onboarding process.

GHFP-II provides a competitive compensation package based on market rate. USAID staff cannot legally participate in this process, given the requirements of the cooperative agreement which outlines the employer’s role. Salary determination takes into account PHI’s title and pay plan, level of the position, direct experience and skills required to perform the job, as well as education, salary history and internal equity. In an effort to reduce miscommunication or misunderstanding about salaries, GHFP-II discusses the salary determinations during the profiling meetings with the hiring managers, ensuring they understand the differences between the General Schedule (GS) scale and the PHI title and pay plan. GHFP-II also will continue to spend more time during the screening and offer stage with the candidate, to ensure that they have an increased understanding of what is taken into account when making this determination.

As each recruitment process is concluded, hiring managers are asked to provide feedback. During PY3, 92 percent of respondents reported that they were “satisfied” or “very satisfied” with the GHFP-II process – well above the end-of target goal of 85 percent. The rating this year was similar to PY2 – 95 percent – reflecting the continued attention paid to hiring managers’ needs.

USAID Hiring Manager Feedback

“The candidate pool was rich. GHFP did an excellent and quick job of reviewing and ranking top candidates. They also managed organizing the interview process efficiently. They guided us in an acceptable interview process. They did a thorough reference check and are now in the final processes of bringing the candidates on board.

Of the 26 hiring managers who gave feedback in PY3, 24 were “satisfied” or “very satisfied” with the process, while one was “very dissatisfied” and one was “neutral.” Annex D includes disaggregation by level and location. The survey also asked about additional aspects of the recruitment process, all of which improved in PY3:

Recruiting Satisfaction	% satisfied or very satisfied		
	PY1	PY2	PY3
GHFP-II understanding of requirements	64%	90%	93%
GHFP-II responsiveness	73%	100%	92%
Quality of candidates	64%	90%	92%
Overall	73%	95%	92%
<i>Respondents:</i>	<i>11 respondents</i>	<i>20 respondents</i>	<i>26/30 respondents</i>

Fellows’ Experience in the Program

SR 1.1.3 USAID’s technical and workforce needs addressed

Indicator	Year 1	Year 2	Year 3	Cumulative	Target
1.1.3.1: Percent of fellows who describe direct services provided by GHFP-II as good/excellent⁶	94%	95%	90%	n/a	Y1: 85% Y2: 88% EOP: 95%
1.1.3.2a: Total number of fellows employed by PHI annually and cumulatively	149	156	152	217	Y1: 115 EOP: 270
1.1.3.2b: GHCorps level one fellows		6	6 ⁷	12	
1.1.3.2c: TOTAL employed fellows	149	162	158	229	
1.1.3.3.a Percent of fellows: invited for extension	96%	112% ⁸	97%	n/a	EOP: 90%
1.1.3.3.b Percent of fellows: accepting an extension of their fellowships	93%	100%	94%	n/a	EOP: 90%

PY3 Fellow Satisfaction: 90 percent

More than 90 percent of fellows responding to a survey described direct services provided by GHFP-II as good or excellent (1.1.3.1), which is near the end-of-project target of 95 percent. Fellow satisfaction

was similar regardless of location of position. For respondents based in Washington, DC, 89 percent were satisfied or very satisfied, while for those in overseas assignments, 92 percent reported that they were satisfied or very satisfied. Disaggregation details are in Annex D.

⁶ Please see Annex E for information about PY3 surveys.

⁷ GHCorps’ 10 fellows for PY4 also were supported partly in PY3, which would bring the total to 16. However, these fellows will primarily be counted in the PY4 report. If also included in PY3, it would bring the total number of fellows for the year to 168 and the cumulative for both PHI and GHCorps to 239.

⁸ Thirty-four fellows were eligible for an extension, however 38 were invited for the extension (four fellows invited for 5th year extension), and all 38 fellows accepted.

Direct services include facility management, IT support, travel coordination, operational support, and professional development and performance management activities. GHFP-II staff from different teams met regularly to coordinate support, identify areas for program improvement, and resolve issues.

As part of direct services, each fellow has a dedicated two-person support team. The first, the participant support specialist, provides fellows with logistical and administrative support. The second, the PCD coordinator, works with fellows and their onsite managers to coordinate performance management activities and also provides individualized professional development support. This model allows GHFP-II to provide timely and appropriate support, which allows fellows to fully focus on the technical aspects of their work.

To contribute to GHFP-II staff’s understanding of fellow concerns, PY3 participants were asked about specific aspects of services. Overall, feedback improved from PY2 in three of four areas – travel support, operational support and career development. Only work planning/performance decreased slightly. The breakdown below compares results to past years.

Fellow Feedback about Overall Satisfaction with Direct Services

- “My four-year Fellowship has been successful mostly due to the support that I received from the GHFP staff.”
- “The Fellowship has wonderful benefits... and superb administrative and IT support. It's a privilege to be a GHFP Fellow.”
- “I find the program to be extremely well managed and well thought through. The GHFP team is managing an incredible work load efficiently and effectively, and this fact is widely recognized and acknowledged.”
- “I am in my fourth Fellowship year (final six months) and I must say it has truly been a pleasure to be a GHFP-II Fellow and the entire staff have been exceptional! This will always be appreciated!”
- “The ancillary staff and travel/professional development support are one of the key perks of this program!”
- “The administrative support has been par excellence, and I believe the administrative team really does not get enough credit or recognition for their ability to delivery good work under pressure, with grace. I was excited to learn that we had access to ergonomic support, and so many other support tools.”
- “GHFP staff are wonderful – both in Oakland and DC!”
- “To me, this Fellowship really is a blessing and everyone who is part of it makes me feel like there is a real camaraderie for which I am immensely grateful.”

Supplementary Fellow Feedback, PY1-3			
Fellow satisfaction	% satisfied or very satisfied		
	PY1	PY2	PY3
Travel support services	84%	91%	93%
Operational support	80%	88%	91%
Work planning/performance	60%	65%	62%
Career development	50%	61%	62%
<i>Respondents:</i>	<i>89 (and 90 for career development)</i>	<i>115 (and 116 for work planning)</i>	<i>89 (and 88 for travel support)</i>

As seen above, career development services’ satisfaction remained around 62 percent. While the rating has been improving each year, there is an ongoing challenge for staff to engage more participants in using available professional development (PD) resources. PCD met with new fellows to discuss annual

performance planning (APP) and use of PD funds, and coordinators sent targeted emails to fellows about events, trainings (via GHPOD) and resources. Implementation of the new IMARS system in PY3 also has allowed the PCD team to better track fellows' submission of planning documents and use of PD funds. Several comments by fellows in the survey highlighted PCD issues. These are summarized below, along with programmatic perspective.

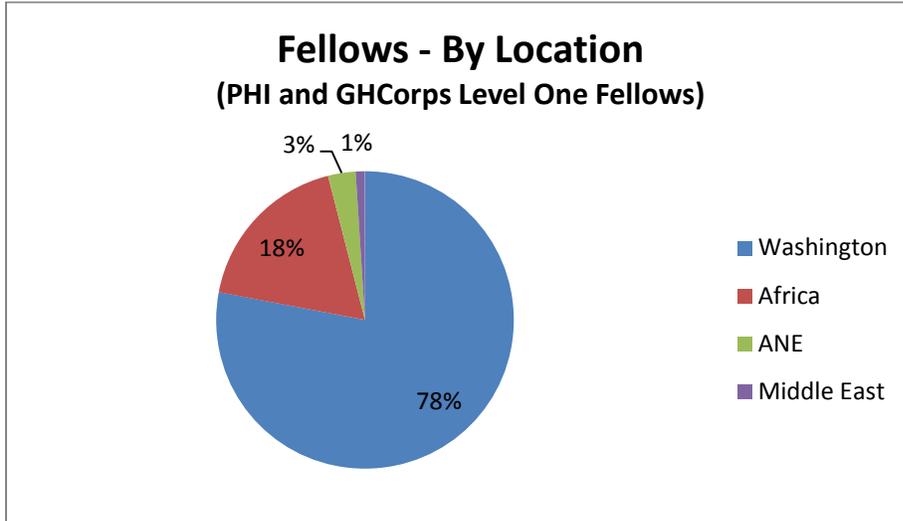
- Requests for more individual career development discussions. Fellows receive reminders during orientation and through individual communication that PCD resources are available, and PCD coordinators meet with participants to discuss available resources upon request.
- Challenges using professional development funds. Fellows have frequently reported that they do not use PD funds because they are too busy or lack OSM support. In response, PCD coordinators met with fellows to discuss use of funds, and fellows were encouraged to use their funds for publications, professional memberships and access to technical resources.
- Concern that GHFP-II staff are “passive” on work planning and career development. PCD coordinators proactively engage fellows in work planning and career development discussions during transition points in the fellowship. These critical points include the first 90 days of a fellowship, the annual evaluation period and the end of the fellowship. PCD coordinators also regularly respond and engage with fellows upon request.

Fellows who work from the GHFP-II offices in Washington, DC also gave feedback on services provided by the PHI team there. More than 80 percent (55 fellows) indicated that they were satisfied or very satisfied with IT support (with most of the rest indicating that they were neutral), and more than 90 percent indicated that they were satisfied or very satisfied with administrative support.

Employed Fellows

GHFP-II supported 158 fellows in PY3, which included 152 participants from PHI and six from GHCorps. Most were based in DC, followed by Africa, ANE and the Middle East. A summary is provided in the chart below.

Indicator 1.1.3.2 – Fellows employed in PY3, by location



A majority of PHI participants⁹ in all years of the program – including PY3 – have been in levels II and III. The main shift between PY2 and PY3 was that the number of level II fellows increased, while level III decreased. There continues to be few participants in level IV, which requires additional approval from the AOR and is an exception for very senior level fellows.

Indicator 1.1.3.2: Level	PHI fellows employed PY1	PHI fellows employed PY2	PHI fellows employed PY3
I	11 (7%)	18 (12%)	19 (13%)
II	51 (34%)	60 (38%)	68 (45%)
III	69 (46%)	68 (44%)	55 (36%)
IV	15 (10%)	9 (6%)	10 (7%)
USSTA	3 (2%)	1 (1%)	0
TOTAL:	149	156	152

⁹ GHCorps was not included in this disaggregation because they do not use the same system of levels.

Extensions

In PY3, 97 percent of fellows were invited for an extension of their fellowship, and 94 percent accepted (1.1.3.3). This exceeded the annual and end-of-project target of 90 percent, as have results each year of the program. The high number of invitees is indicative of the level of satisfaction by USAID staff, while the number accepting shows the strength of the fellows' experiences that they want to continue. As seen below, this was applicable both to overseas and domestic fellows.

1.1.3.3: Type of Assignment	Domestic fellows	Overseas fellows	Total
Eligible for Extension	32	2	34
Invited for Extension	31	2	33 (97%)
Accepted Extension	30	2	32 (94%)

Fellows Continuing in Global Health

SR 1.1.4 Increased availability of experienced professionals to sustain global health initiatives

Indicator	Year 1	Year 2	Year 3	Target
1.1.4.1: Percent of fellows who rate their overall professional fellowship experience as contributing 'positively' or 'very positively' to their future careers (PHI)	N/A	91%	100% ¹⁰	<i>Years 2-5: 80%</i>
1.1.4.2: Percent of fellows who transition to another position or pursue further education in global health (PHI & GHCorps)	93%	92%	88%	<i>EOP: 80%</i>

All PHI fellows who completed their work in PY3 and submitted questions in a Final Activity Report indicated that their experience had contributed positively or very positively to their future careers (1.1.4.1). Sample quotes are below. This was well above PY3 and EOP targets of 80 percent and also is improved from PY2. Respondents were from all placement levels and from both overseas and Washington, DC assignments.

Fellows' feedback about the contribution of GHFP-II to their career was significant¹¹, but even more telling was the number of fellows who have continued their careers or education in global health (1.1.4.2). Overall, 88 percent of PHI and GHCorps participants have continued their careers or education in global health. This compares to 92 percent in PY2 and is well over the target of 80 percent. For PHI's 45 participants, 88 percent were continuing or job searching in the field, while for GHCorps 83 percent were continuing or job searching.

¹⁰ The response rate for this question was 59 percent, with 26 of 44 fellows responding in the Final Activity Report.

¹¹ Feedback from fellows about their future career was obtained from the Final Activity Reports.

Just over half of PHI’s fellows (22 of 40) were continuing work for USAID, while others took positions with international NGOs, the private sector or are actively job searching in the global health field. One fellow was self-employed and another continues to work through USAID/DCHA’s Support Relief Group (SRG) during retirement. Five more were seen to not be continuing – individuals who were leaving the workforce for personal reasons or did not report next steps.

Examples of next steps for PHI fellows included:

- USAID: 22, including 16 specifically to USAID/GH
- FHI 360: 1
- Gates Foundation: 1
- Gutmacher Institute: 1
- International Center for Research on Women (ICRW): 1
- Lumos Foundation: 1
- Blue Ventures: 1
- Consultant: 4

Of GHCorps’ six participants, one was continuing in global health – CHAMP (NGO) in Zambia – while plans for four people were unknown but considered to be continuing. One additional person was not continuing.

For both PHI and GHCorps fellows who continued in global health, 35 percent were from ethnically disadvantaged groups, and 44 percent were non-white. Full disaggregation is available in Annex D.

Fellow Feedback about Contribution of Fellowship to Future Career

- “The fellowship has provided a strong foundation for my continued work in public health and has given me broad exposure to how USAID and PEPFAR operate.”
- “The fellowship opened the door to a better understanding of humanitarian and disaster response. Even in retirement, I hope to find ways to participate in similar volunteer or paid short-term interventions.”
- “I had a chance to learn about how USAID ‘works’ from the inside. I have a much better understanding and appreciation for the various challenges that the Bureau faces in translating policy into programming, prioritizing areas for assistance, developing corresponding programming, juggling budgets, working with other USG agencies, etc... This understanding will greatly enhance my ability to make relevant future contributions in the global health arena.”
- “This was a great opportunity to learn about humanitarian and child protection programming from a donor and policy maker perspective. These are skills and experiences that very few humanitarian actors, especially technical specialists, have and this is one of the rare entry points for obtaining highly valuable knowledge and competencies.”

Intern Program

Intermediate Result (IR) 1.2: GHFP-II internships implemented

SR 1.2.1 Awareness of GHFP-II internship opportunities increased through outreach initiatives

Indicator	Year 1	Year 2	Year 3	Cumulative	Target
1.2.1.1.a Total number of outreach events promoting awareness of GHFP-II¹²	61	62	89	212	Y1: 40 EOP: 200
1.2.1.1.b Total number of people reached via outreach events	5,999	5,523	8,638	20,160	Y1: 4,000 EOP: 25,000

¹² Indicator 1.2.1.1 is identical to indicator 1.1.1.1, described in more detail in section 3.1.

There were 87 PHI outreach events promoting awareness of GHFP-II, and all events included information about the internship program. Depending upon the audience, type of event and time of year, the focus varied. For example, there was more emphasis on internship detail in the fall/winter application period, including sample scopes of work, bios of former interns and the discussion of the kinds of applicants sought by GHFP-II.



In addition to providing information about the internships, advice was offered on how best to prepare application materials and the kinds of information that reviewers were looking for in resumes and essays. In the run up to the application deadline, GHFP-II hosted a webinar focusing on internships and how to prepare. Topics included the concept of distance traveled, standing out from the crowd, the application, essay questions and interviewing. The panel included GHFP-II staff and a former GHFP-II intern. Approximately 300 individuals participated in the 90-minute event, which was heavily promoted to

HBCUs, HSIs, MSIs and other institutions with populations underrepresented in the field. Additional counseling was offered through GHFP-II’s one-on-one informational interviews, available either in person or by phone or Skype.

SR 1.2.2 Interns recruited, and supported

Intermediate Result (IR) 1.2: GHFP-II internships implemented

SR 1.2.2 Interns recruited, and supported

Indicator	Year 1	Year 2	Year 3	Cumulative	Target
1.2.2.1 Total number of interns placed and supported annually and cumulatively	73	130	148	351	Y1: 50 EOP: 275
1.2.2.2 Percent of interns who describe the overall quality of the internship experience as ‘good’ or ‘excellent’¹³	100% (PHI)	91% (PHI & GlobeMed)	87% (PHI & GlobeMed)		EOP: 85%
1.2.2.3 Percent of interns who pursue further education or obtain work in international public health-related areas¹⁴ (PHI)	68%	74%	83%		EOP: 80%

¹³ Please see Annex E for information about PY3 surveys.
¹⁴ Please see Annex E for information about PY3 surveys.

This year, GHFP-II supported 148 interns, which includes 51 placements from PHI and 86 from GlobeMed, along with PHI’s prior year placements that continued to be supported. Cumulatively, the two organizations have placed and supported 351 interns.

Interns placed, disaggregated by organization, PY1-3

1.2.2.1: Placed	Interns PY1	Interns PY2	Interns PY3	Cumulative	%
PHI	30	34	51	115	37%
GlobeMed	33	77	86	196	63%
TOTAL:	63	111	137	311	

Interns supported, disaggregated by organization, PY1-3

1.2.2.1: Organization	Interns PY1	Interns PY2	Interns PY3	Cumulative	%
PHI	40	53	62	155	44%
GlobeMed	33	77	86	196	56%
TOTAL:	73	130	148	351	

Additional details about interns placed and supported are available in Annex D. PY3 highlights included:

- **Location.** 41 percent of interns were based in Washington, DC, 22 percent in Southeast Asia, 16 percent in Latin America and 22 percent in Africa. All but one of the international placements were with GlobeMed.
- **Diversity.** GHFP-II has aimed to increase the number of underrepresented groups in its internship program. In PY3, 41 percent of PHI and GlobeMed interns would be considered ethnically underrepresented – an increase from 22 percent in PY2.¹⁵ More broadly, this year’s group was 56 percent non-white, compared to 35 percent in PY2. The end-of-project target of 50 percent has been achieved for non-white groups and nearly reached for underrepresented groups, largely due to continued, targeted outreach and training for hiring managers.
- **Education.** Nearly all PHI interns were pursuing their master’s degree or already had completed master’s degrees, while GlobeMed interns were undergraduates.

There was also very positive feedback about the **internship program**. Overall, 87 percent of PHI and GlobeMed interns indicated

Intern Satisfaction: 87 percent

PHI: 86 percent | GlobeMed: 87 percent

¹⁵ The ethnically diverse, underrepresented category includes Black, Hispanic or Latino, Pacific Islander, American Indian, and two or more races.

that they were satisfied or very satisfied with their internship¹⁶.

When asked more specific questions about satisfaction with aspects of their experience, PHI interns ranked administrative support the highest, but also gave strong ratings to other departments¹⁷. The percentage of 24 respondents who ranked each of the following as satisfied or very satisfied:

- **Support from GHFP-II around administrative issues:** 96%
- **Performance and career development support:** 83%
- **Orientation:** 79%
- **Scheduled internship activities:** 80%
- **Relationship with on-site manager:** 79%

Based on feedback from the previous year, efforts were made in PY3 to streamline intern processes. Ongoing challenges with limited space availability both at USAID and

in GHFP-II offices were monitored to ensure that interns had access to needed resources and tools. To help facilitate communication among interns who were not co-located, GHFP-II implemented the use of a new online Google community. This provided a forum for interns to connect with each other and GHFP-II staff virtually. GHFP-II staff shared information to help interns prepare for their work at USAID and living in Washington. Then, throughout the summer, staff and interns used the group to network and share resources. As interns have completed the program, staff has continued to share information that may be of interest for alumni, such as job opportunities and networking resources.

GHFP-II also made efforts in PY3 to respond to intern concerns about spending more time with their OSMs. Staff worked throughout the recruitment and onboarding processes to identify OSMs who would be traveling during parts of the internship and helped with them to identify clear secondary points of contact (POCs) for their interns. GHFP-II staff also discussed managing remotely in the orientation provided to OSMS and POCs.

Intern Feedback about the Internship Experience

- “By far the best internship experience I have ever had. It is so well organized and operated, and it really brings together some incredibly intelligent, fun, innovative young professionals.”
- “I got a glimpse of USAID's role in the global health arena, I got to experience some of what USAID employees work entails and their interactions with other departments and agencies, I was privileged to participate in technical discussions and see how divisions collaborate with each other...I will definitely be able to apply everything I learned to my future work and am currently applying some lessons learned to my current studies.”
- “I especially appreciated that interns had all of the same opportunities as USAID direct hires or contractors have such as the ability to attend meetings, seminars, USAID University courses, access to the USAID library, e-mail and opportunities for TDY. I am so grateful for the experience and would highly recommend the internship (and have) to students/recent graduates.”

¹⁶ Survey details are in Annex E.

¹⁷ For these questions, there were 24 intern respondents, with the exception of the question about scheduled internship activities, which had 20 respondents.

Overall, 79 percent of interns rated OSM support positively (compared similarly to 81 in PY2), calling it a positive mentorship and saying that it was useful having an expert in the field a phone call away. They described discussions about work-life balance and how to navigate a career in global health, and many had OSMs who encouraged the interns to seek out projects that were specific to the intern’s goals.

Overall, the internship program is successfully achieving its goal of providing a rewarding and meaningful entry to the field of global health. The experience has made immediate and long-term impact on interns’ career development and understanding of the field. Indicator 1.2.2.3, the percentage of interns continuing to work in the field, is a strong sign of the success of the internship experience. Overall, 83 percent of PHI interns indicated that they were pursuing further education or have obtained work in international public health-related areas. This is an increase from 74 percent in PY2 and above the end-of-project target of 80 percent.

Intern Feedback about Working with OSMs

- “She had a clear vision for my desired output, and pushed me to achieve it. (She) helped motivate me and taught me great skills and strategies. I ended up feeling tremendously positive about both my work and my relationship with her.”
- “She was not only interested in how my work was going, but she made a real effort to get to know me on a personal level. I appreciated her willingness to teach me about the intricacies of USAID/GHFP-II and provide me with constructive feedback about my work.”

Interns & Global Health

PHI interns likely or very likely to continue to work or seek employment in the global health & development field:

83 percent

Highlights for PHI interns continuing in the field – for the 36 who completed their work in PY3 – include:

- **Female interns** continuing: 86 percent (25 of 29 women)
- **Male interns** continuing: 71 percent (five of seven men)
- Interns **pursuing education** as their next step: 50 percent
- Interns who have **obtained work** in the field: 33 percent
- Interns job searching, pursuing other studies, or with **information unavailable**: 17 percent

GlobeMed did not have complete data for the next steps of their 76 interns. Of the 21 known to be continuing, 43 percent had obtained work in the field, and 57 percent were pursuing further related education.

PHI Intern Experiences – Examples

Celia Karp, *Public Affairs Intern, Office of HIV/AIDS*

Celia helped to develop strategies for communicating about USAID's HIV and AIDS work. She created USAID's AIDS 2014 landing page for the 2014 International AIDS Society Conference, did live tweeting of high-profile events with USAID and PEPFAR leaders and wrote posts for IMPACT, the agency's official blog, and a GH E-Newsletter, which was distributed to more than 57,000 subscribers.

Erica Lokken, *TB/HIV and Infection Control Intern, Office of Health, Infectious Diseases and Nutrition*

Erica conducted an assessment of existing Tuberculosis (TB) infection control implementation research, identified knowledge gaps and reviewed the effectiveness of TB active case findings. She then shared results and key findings through a report and presentation.

Erin Dunlap, *Policy Intern, Office of Policy, Programs and Planning*

Erin prepared an issues analysis of the Health Implementation Plan (HIP), which sorted 120 issues into four categories that represented both technical and operational issues. Her OSM used the report to discuss the FY 2014 HIPs with senior management in the GH Bureau.

Additional details about gender, organization and specific pursuits are available in Annex D.

Diversity and Additional Types of Participants

Key Result Area 2:

Diversity increased in the cadre of Global Health professionals

Intermediate Result (IR) 2.1: Talent from diverse backgrounds identified, recruited and supported

Diversity

SR 2.1.1 Outreach and awareness of GHFP-II opportunities for underrepresented groups intensified

Outreach to recruit talent from diverse backgrounds (Subset of 1.1.1.1)

Indicator	Year 1	Year 2	Year 3 ¹⁸	Cumulative	Target
2.1.1.1.a Number of outreach events conducted to recruit talent from diverse backgrounds (PHI & GlobeMed)	26	37	50	111	Annual: 15 EOP: 100
2.1.1.1.b Number of people reached through outreach events conducted to recruit talent from diverse backgrounds (PHI & GlobeMed)	1,431	1,620	4,270	7,321	Annual: 1,000 EOP: 10,000

Reflecting GHFP-II's emphasis on increasing diversity in the global health field, more than half of the outreach events conducted in PY3 were specifically aimed at recruiting talent from diverse backgrounds. Similarly, nearly half of the people reached through outreach were at these events.

Overall, the number of people reached through outreach to diverse audiences increased by more than 160 percent, while the number of events increased by 30 percent, exceeding the end-of-project target. As noted for indicator 1.1.1.1, the primary factor contributing to this increase was the ability of staff to identify new venues that fit into the program's outreach strategy and their ability to participate. The program's new lead for Inclusion and Diversity, working this year with a GlobeMed Inclusion and Diversity Fellow, spearheaded this effort. Also, other staff members became more proficient and adept at playing a key role in outreach, resulting in the ability to attend more highly targeted events and reach

¹⁸ Outreach data for PY3 (2.1.1.1) includes GlobeMed's two outreach events, which reached 35 people.

more people. A key element in outreach was initiating and maintaining relationships with faculty and staff at target institutions.

PHI outreach staff and partner organization GlobeMed initiated or participated in 50 events (as part of the 89 total events for this period) aimed at reaching diverse audiences, including students, faculty and university administrators. Staff visited Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), Minority Serving Institutions (MSIs) and other institutions with large minority populations. The program had a presence at a variety of events focusing on diverse populations (see list below). The program also advertised in the HBCU Career Guide (distributed to more than 120 HBCUs), as well as the Tribal College Journal of American Indian Higher Education (distributed to 38 institutions). A selection of events attended by the program:

- *American Indian Higher Education Consortium Conference, Exhibitor and Presentation*
- *Annual Biomedical Research Conference for Minority Students, Exhibitor*
- *Charles R. Drew University, Information Session*
- *Drexel University SPH Global Health Opportunities Day, Presenter*
- *Emory Rollins School of Public Health Career Fair, Exhibitor*
- *Meharry Medical College, Information Session*
- *National Black Graduate Student Conference, Attendance*
- *National HBCU Week Conference, Exhibitor*
- *North Carolina Central University, Information Session*
- *North Carolina State University, Information Session*
- *Texas Association of Chicanos in Higher Education, Conference Panel and Presentation*
- *Uniformed Services University, Information Session*

Fellow Highlight: Meghan Holohan

*Tuberculosis Coordination Advisor
Office of Health, Infectious Diseases &
Nutrition/Global Health Bureau/USAID*

Meghan provided technical assistance to USAID /Malawi and TB Care 2 Malawi to ensure the proper programming of funds and implementation of activities. In July 2013, she worked with the team to revise the work plan and prioritize activities based on the country's disease burden and goals of the National TB Program. Meghan also received an *Above and Beyond* award for work on coordinating and leveraging Global Fund TB grant resources and policies and an *Exemplary* award for work with TB team colleagues on the Multi Drug Resistant-TB/Global Fund Technical Assistance Project.

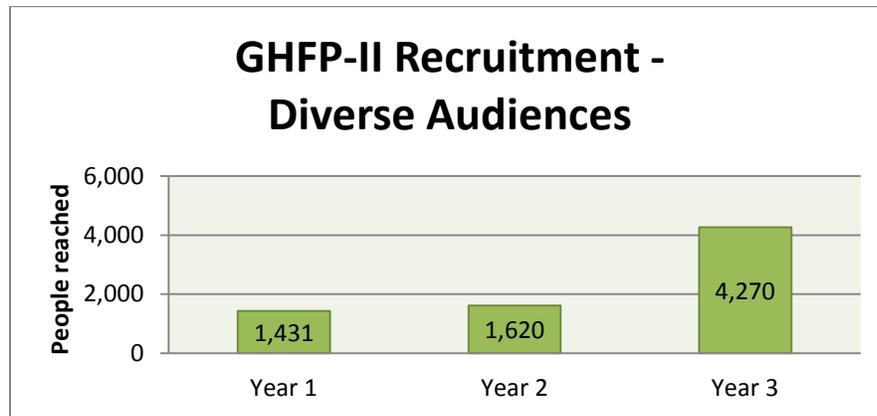
GHFP-II also hosted four webinars (60-90 minutes each) that covered a range of topics specific to the global health career experience. These were marketed heavily to diverse audiences through the program's listserv and through targeted advertising with the HBCU Career Guide and a variety of social media channels. In addition, personal on-campus contacts (faculty, staff and students) at HBCUs, HSIs, MSIs and other institutions were invited to attend. One-on-one informational interviews were conducted throughout the year with many diverse candidates. These 20-30 minute meetings provided career and resume advice, from an employer's perspective, customized to the individual's needs.

GlobeMed worked with GHFP-II to increase its outreach to MSIs, offering undergraduates the means of gaining developing country experience through their university-based and student-led chapters. These chapters represent not only a short-term developing country experience, but a long-term relationship between students and a particular in-country organization that they will interact with virtually

throughout the year. Through these efforts, GlobeMed conducted outreach at Bowie State University and Florida Memorial University, and also established two new chapters at the following institutions:

<i>School</i>	<i>Location</i>	<i>Type</i>
<i>North Carolina Central University</i>	<i>NC</i>	<i>HBCU</i>
<i>City College of New York</i>	<i>NY</i>	<i>HSI</i>

Indicator 2.1.1.1 – Recruiting diverse talent in PY3



SR 2.1.2 Diversity sustained among GHFP-II participants

Indicator	Year 1	Year 2	Year 3	Cumulative	Target
2.1.2.1 Percent of interns and fellows from backgrounds underrepresented (ethnic minorities, people with disabilities, low SES) in the GH workforce increases¹⁹	27%	Ethnic minorities: 37% Ethnic underrepresented: 23% Disabilities: 1% Low SES: 57% ²⁰	Ethnic minorities: 48% Ethnic underrepresented: 33% Disabilities: 0% Low SES: 55%	n/a	EOP: 50%
2.1.2.2 Number of short term private sector (Global Health Champions) supported²¹	8	14	43	65	Y1: 15 Y2: 10 EOP: 200

¹⁹ Data for 2.1.2.1 includes PHI and GlobeMed for all categories of data, and GHCorps for all except SES. A single percentage was provided for PY1 because SES scores were linked to surveys and identifiable. In following years, data was provided anonymously and therefore could not be compared to ethnicity data for a single percentage.

²⁰ The percentage of participants with low SES was updated for PY2 based on additional information provided by GlobeMed.

²¹ Sixteen of the 43 Global Health Champions in PY3 started their assignments a week prior to the start of the PY3 time period – Oct. 1, 2013. As in past years, Pyxera and GHFP-II’s programming years do not exactly coincide. If the 16 also were counted as "supported" during PY2, the number of participants for that year would increase to 30.

GHFP-II aims to increase diversity in the global health workforce through recruitment activities and a sophisticated, targeted advertising network. The network is a key factor in ensuring that fellowship and internship opportunities are widely known to a diverse audience of qualified professionals and newly-emerging professionals.

While it would be difficult to provide a single diversity percentage to encompass all of the variables – ethnicity, disability and low socio-economic status – these factors are calculated individually with data from PHI, GlobeMed and GHCorps.

In PY3, an estimated 48 percent of participants in the program were ethnic minorities (non-white), while 33 percent would be considered ethnically underrepresented. None reported disabilities. For PHI and GlobeMed participants, an estimated 55 percent were from low socio-economic backgrounds. For PHI participants, this data was self-identified in an anonymous survey, while GlobeMed used a formula that incorporated the level of financial aid received by participants.²² Details and disaggregation is available in Annex D.

The end-of-project target of 50 percent for interns and fellows from underrepresented backgrounds is near to being met in several categories – 48 percent for ethnic minorities and 55 percent for low socioeconomic status (SES). The percentage for ethnic underrepresented – 33 percent – falls under the target, but is an increase from 23 percent in PY2.

Private Sector (Global Health Champions)

In addition to fellowships and internships, GHFP-II supports short term, pro-bono corporate volunteers through its key partner, PYXERA Global (previously called CDC Development Solutions). These participants, called Global Health Champions, are middle to senior level staff of private sector companies that typically have interest in developing countries/emerging economies, but limited experience with USAID's development philosophy and implementation approach. PYXERA Global works with GHFP-II to link these Global Health Champions to USAID's current health strategies through short term, skills-based pro bono assignments in local organizations or field offices of US-based international NGOs.

The number of Global Health Champions has increased each year, from eight in PY1 to 14 in PY2 and 43 in PY3. The scaling of the program is intentional and corresponds with the increasing interest and comfort of corporate clients working with PYXERA Global and GHFP-II. Cumulatively, there have been 65 participants. The variety of assignments has greatly expanded as the number of participants has increased. In the first year, all eight participants worked for the organization Bhoruka Charitable Trust (BCT) in India. In PY2, the placements were more geographically and topically diverse, with participants tackling challenges in the areas of clean water, improved maternal health and drug discovery in India, Switzerland, Brazil and Bangladesh. This year, 43 participants were placed in ten countries, working on issues ranging from maternal health (40 percent) and communicable diseases (19 percent) to the

²² GlobeMed considers 75 percent or more of tuition coverage as low SES. This is incorporated into a formula for determining grant recipients, using a combination of their SES and their score on qualitative essay questions. It excludes participants who received grants due to extenuating circumstances.

pharmaceutical supply chain (seven percent) and cookstoves (two percent). Mobile health also was a focus, with three participants in India focusing on the technology²³. Details are in Annex D.

The nature of the Global Health Champion program has evolved since original program conception, from one where many individuals participate for short periods of time (less than three weeks) to one where fewer individuals participate, but for longer periods of time (two or more months). A more accurate measure of impact may be number of person days contributed, which is summarized below. As the program has changed, the end-of-project target of 200 participants likely is not realistic. GHFP-II expects approximately the same number of participants in years four and five (43), which would bring the anticipated total participation to 151.

Global Health Champions: Maternal Health

Client: Merck | **Organization:** Possible Health
Global Health Champions: 3

Possible Health operates a hospital in the rural Himalayas of Nepal, serving more than 250,000 people annually. Three Merck employees, including Bryan Baylis (above), worked at Possible Health for a three-month pro bono assignment aimed at improving the electronic inventory system. Working with the hospital director, they developed a consistent naming system for medicines so staff would be able to identify where medicines were at all times. They also helped to develop a set of standard operating procedures that now guide staff in their roles and responsibilities.

Client: Merck | **Organization:** CEDPA India
Global Health Champions: 2

CEDPA India equips and mobilizes women and girls to achieve gender equality. The two Merck employees worked to identify sustainable business models for a mobile health platform and developed a plan for integrating the business model into the three-year implementation plan.

2.1.2.2: Private Sector Assignments, disaggregated by number of person days of technical assistance

Indicator	Year 1	Year 2	Year 3	Cumulative	Target
Number of person days of technical assistance provided by short term private sector professionals	176	638	2,155	2,969	Year Two: 360 EOP: 1,800

²³ Two Global Health Champions who focused on mobile health were placed in the maternal health category, as they had multiple areas of focus.

Foreign Service Nationals

Intermediate Result (IR) 2.2: Opportunities for Foreign Service Nationals developed and supported

SR 2.2.1 Opportunities for FSN exchanges increase²⁴

Indicator	Year 2 ²⁵	Year 3	Target
2.2.1.1 Percentage of Foreign Service Nationals (FSNs) who rate their satisfaction with GHFP-II's assistance as 'satisfied' or 'very satisfied'²⁶	100%	91%	<i>Year Two: 80%</i>
2.2.1.2 Percentage of Host Supervisors/Onsite Managers, staff in USAID/HR and GH/PDMS who rate their satisfaction with GHFP-II assistance related to Foreign Service Nationals (FSN) as 'satisfied' or 'very satisfied'²⁷	100%	100%	<i>Year Two: 80%</i>

FSN placements in Washington, DC are meant to enhance their careers, while also providing DC-based staff the benefit of the FSN's experience. GHFP-II supports FSNs with pre-departure and arrival logistical support and serves as a resource for professional development and networking connections during their time in Washington. Four FSNs were accommodated in the GHFP-II offices. In PY3, GHFP-II supported 18 FSNs who were hosted by five technical offices in the Bureau for Global Health:

- GH/HIDN – 9
- GH/OHA – 5
- GH/PRH – 2
- GH/OHS – 1
- GH/P3 – 1

FSNs were asked in a survey to rate their satisfaction with GHFP-II's assistance, and 91 percent of the 11 respondents indicated that they were 'satisfied' or 'very satisfied'. FSNs also had suggestions about the program improvements. Immediate concerns were addressed, and ongoing program improvements will be considered in PY4. For example:

- Approach the conversation about professional goals more broadly.
- Provide a welcome folder about the fellowship, social and professional cultures in the U.S.
- Provide an overview of the activities of other FSNs
- Address issues at the accommodation, such as the cleaning schedule

²⁴ Please see Annex E for information about PY3 surveys.

²⁵ There were no FSN exchanges/fellowships implemented in PY1 or other professional development activities.

²⁶ The original indicator for 2.2.1.1 combined FSNs and OSM results. Instead, GHFP-II surveyed FSNs together, and USAID staff related to FSNs separately, including OSMs. This update should be made in the PMEP.

²⁷ The original indicator for 2.2.1.2 included only USAID/HR and GH/PDMS. For the purposes of the survey, GHFP-II added OSMs – rather than group them with FSNs as written in the PMEP. This is a change that should be made in the PMEP. In addition, the PMEP text should include "host supervisors" rather than "OSMs."

FSN Feedback about Overall Satisfaction with GHFP-II Services

- “Folks in GHFP II were fabulous in providing all the information I need to prepare for my FSN Fellowship. While in Washington DC took care all of the logistics and provided the resources I need. In many instance(s) went out of their way to provide extra support to make my fellowship experience memorable and enjoyable.”
- “It is a very good opportunity to have the Washington experience in addition to my field experience. The GHFP-II staff were very professional and responded very promptly to my needs. I will recommend their services any time.”
- “Everything was well organized, accommodation (were) excellent. The point people were always there to assist and respond to our questions.”

USAID host managers and support staff for FSNs also were surveyed. For the six respondents – all of whom indicated that they have had direct communication with GHFP-II about fellows – 100 percent indicated that they were satisfied or very satisfied with GHFP-II assistance related to the FSN. Suggestions included: consider how best to support FSNs after the Global Health office moves to Crystal City, and better coordinate with the host office to plan a half-day orientation at the hosting office. GHFP-II will take all feedback and suggestions into consideration and, when possible, make program adjustments accordingly. A list of FSNs is provided in Annex B.

FSN Highlight: Duong Nguyen

*Monitoring and Evaluation Fellow
GH/P3/SAEO
USAID/Vietnam*

During his time in Washington, Duong worked with the GH M&E Team to implement the Bureau-wide M&E strategy, including a focus on technical leadership, support to the field, and capacity building. He also supported the Global Health Bureau in implementing the Presidential Open Data Initiative, which is increasing the transparency and use of relevant USG data to the broader public.

Professional and Career Development

Key Result Area 3:

Fellows' technical, program management, and leadership competencies enhanced

Intermediate Result (IR) 3.1: Professional and career development (PCD) information, tools, and assistance provided to fellows

Individual Workplans & Professional Development Plans

SR 3.1.1 Developmental goals for fellows defined and appropriate resources identified

Indicator	Year 1	Year 2	Year 3	Target
3.1.1.1 Percent of new fellows completing baseline job competency assessment within 90 days of starting employment	24%	79%	53%	Y1: 20% Y2: 50% EOP: 90%
3.1.1.2 Percent of new fellows completing initial APP within 90 days of starting employment	n/a	36%	71%	Y1: 20% Y2: 50% EOP: 90%
3.1.1.3 Percent of continuing fellows updating APP within 45 days of anniversary date	n/a	2% ²⁸	62%	Y1: 20% Y2: 35% EOP: 75%

GHFP-II staff use several tools to help fellows plan for, and evaluate, their work. First, fellows are expected to complete baseline job competency assessments. In PY3, 53 percent completed this assessment within the target of 90 days of starting employment, compared to 79 percent in PY2. This was above the PY2 target, but not yet nearing the end-of-project target of 90 percent (3.1.1.1).

The second tool is the annual performance plan (APP), which GHFP-II requires fellows to complete within 90 days after starting employment. The purpose is to facilitate discussion and agreement between the fellow and his/her OSM on goals and priorities for the upcoming year, and to document the specific performance objectives and major work activities the fellow will pursue. In PY3, 71 percent of new fellows completed their initial draft APP within the targeted 90 days of starting employment, an increase from 36 percent in PY2. This increase can be attributed to the implementation of improved tracking and reporting systems in GHFP-II's IMARS database. It is well above the PY2 target, but not yet near the end-of-project target of 90 percent (3.1.1.2).

The third aspect is that fellows are expected to update their APP within 45 days of their anniversary date. In PY3, more than 60 percent of fellows met this target, which was a significant improvement

²⁸ The percentage of continuing fellows updating their APP within 45 days of their anniversary date was low partly due to the lack of systems in place to accurately capture data.

from PY2 and is nearing the end-of-project target of 75 percent. This progress was due, at least partly, to implementation of the improved tracking systems for capturing when the APP was received (3.1.1.3).

Several challenges contribute to the delay in fellows completing their initial APP, including heavy travel schedules, lack of meeting time with their OSMs and delaying the APP so that the performance plan is aligned with evolving team roles. As incentive for fellows to submit their APPs on time, GHFP-II updated the program’s Conditions of Employment which are agreed to by all fellows at the beginning of their fellowship. Continuing fellows recertified their agreement with these updated policies in PY3. Timely submission of the APP is now indicated as a factor in determining annual merit increases, and an updated APP is required before the Annual Performance Evaluation can be finalized with PHI. It is anticipated that implementation of new policies, ongoing outreach to fellows and their OSMs and better tracking systems will have a positive impact on PY4 outcomes.

Professional Development

SR 3.1.2 Fellows’ pursuit of developmental activities, access to technical information, and completion of relevant training facilitated

Indicator	Year 1	Year 2	Year 3	Target
3.1.2.1 Percent of fellows completing an Individual Development Plan (IDP)²⁹	n/a	22%	64%	Y2: 50% EOP: 75%
3.1.2.2 Percent of fellows completing majority of developmental activities in approved IDPs³⁰	54%	82%	88%	Year Two: 60%
3.1.2.3 Number of regional conferences/workshops for field fellows planned and conducted	1	1	1	EOP: 5
3.1.2.4 Percent of attendees rating their satisfaction with the regional conference as high or very high	100%	100%	60%	Y1: 3.5 Y2: 4.0 EOP: 4.5 ³¹
3.1.2.5 Percent of new fellows completing all orientation modules offered by GHFP-II	n/a	31%	26%	Y1: 20% Y2: 40% EOP: 60%
3.1.2.6 Average satisfaction rating with PCD portion of Washington orientation³²	n/a	72%	58%	Y1: 3.5 Y2: 75% EOP: 90%
3.1.2.7 Percent of fellows receiving coaching who indicated that they were satisfied or very satisfied with the quality of coaching³³	67%	75%	62%	Y1: 3.5 Y2: 75% EOP: 90%

²⁹ The indicator for 3.1.2.1 changed in PY2, and no comparable data is available for PY1.

³⁰ Please see Annex E for information about PY3 surveys.

³¹ The target for 3.1.2.4 does not match the survey mechanism for regional conferences.

³² Please see Annex E for information about PY3 surveys. This was a new indicator in PY2.

³³ Please see Annex E for information about PY3 surveys.

Professional Development (PD) is an integral part of GHFP-II, and each fellow receives \$2,000 in PD funds per fellowship year towards enhancing their technical and managerial excellence. Fellows who are interested in using their PD funds are required to complete an Individual Development Plan (IDP) in consultation with their PCD coordinator. In PY3, 64 percent of fellows completed their IDP, a significant increase from 22 percent in PY2³⁴ when the policy was implemented. While this is approaching the end-of-project target of 75 percent, reaching the target will be challenging because completion of an IDP is only required if fellows wish to use their PD funds. The increase from PY2 to PY3 was partly due the introduction of the new IMARS database and improved data collection (3.1.2.1).

For fellows who had an IDP, completion of activities was high. Nearly 90 percent of fellows reported that they had completed a majority of development activities in their approved IDPs (3.1.2.2).³⁵ Feedback from fellows indicated that many had met or exceeded objectives, while others have found it difficult to insert their IDP into their work because of their travel schedule, or, in one case, due to understaffing issues at the mission.

GHFP-II also hosted a regional conference/workshop for field fellows in Dubai, United Arab Emirates, from Sept. 17-19, 2014 (3.1.2.3). Topics included program updates, team leadership skills, how to be a successful fellow, and innovation and creativity. Individual meetings also were offered. Eleven field fellows participated, and 60 percent of survey respondents rated their satisfaction with the conference as high or very high (3.1.2.4).³⁶ Overall evaluation of these courses was high with 100 percent of respondents indicating that the trainings were relevant to their current and future work. Details about this event and past year conferences are available in Annex D.

Fellow Feedback about Valuable Aspects of the Regional Conference

- “The training topics covered the discussion on successful fellowship and getting to know the status of the program and fellow colleagues.”
- “I appreciated the session on creativity and innovation, but felt the time allotted for this was far too brief, and it was disappointing that there was little time to discuss and identify ways to apply what we learned during this particular session.”
- “You might consider holding the next overseas fellows meeting in Washington, DC, so that we have a chance to interact with more GHFP II staff and the US-based fellows. Through a joint meeting, technical sessions could be organized as well as sessions that would allow for even more interaction among all of the fellows.”

³⁴ For 3.1.2.1, data for fellows who updated or revised their IDP was not captured in PY2 due to lack of data management systems. This was corrected in PY3.

³⁵ The ninety percent of fellows reporting completion of activities in their IDPs is based on the 57 of 84 fellows who indicated in a survey that they had an IDP in place for previous fellowship year (3.1.2.2).

³⁶ The survey was administered electronically after the meeting, with a response rate of less than 50 percent (5/11).

GHFP-II implemented two self-study orientation modules for new fellows in PY3:

- **Module 1:** USAID Survival Skills provides an overview of GHFP-II and USAID’s structure and global health initiatives.
- **Module 2:** APP provides an overview of GHFP-II’s performance planning requirements and provides guidance on how to develop good performance objectives.

Overall, 26 percent (27 fellows) completed both modules in PY3, compared to 31 percent in PY2. The end-of-project target for completion of orientation modules is 60 percent (3.1.2.5). Completion of the modules was self-paced and fellows were given times during orientation to complete the modules during the first weeks of their fellowship. Fellows who were already familiar with USAID could choose not to take Module 1. In addition, fellows were reminded to use Module 2 as a resource in preparing their APP. In PY4, the PCD team plans to review how these modules and trainings are presented to fellows during orientation. A summary of module completion is below.

PY3 Completion of GHFP-II Orientation Modules

	All fellows	Domestic	Overseas
Completed all modules	26%	29%	17%
Completed module 1 only	19%	19%	17%
Completed module 2 only	11%	5%	33%
Did not complete any modules	44%	48%	33%

Orientation

In PY3, 58 percent of fellows indicated that they were satisfied or very satisfied with the PCD portion of the Washington, DC orientation (3.1.2.6). Overseas fellows were the most satisfied, along with fellows in level III. Disaggregation details are available in Annex D.

Coaching

GHFP-II has increased efforts to introduce fellows to coaching early in the fellowship. In PY3, GHFP-II continued to offer all new fellows up to four hours of coaching without requiring them to use PD funds. In addition, the PCD team and coaching coordinator reached out to all new fellows to identify the possibilities of coaching for their individual situation, and coaching information also was available in the bi-weekly Fellows’ Express newsletter. Also, GHFP-II continued to expand its coaching roster by bringing on an additional coach with significant work experience at USAID.

Fellow Highlight: Yoonjung Choi

Demographic & Health Surveys & Evaluation Technical Advisor, Office of Population & Reproductive Health/Global Health Bureau/USAID

Yoonjung closely participated in the revision process for Demographic Health Surveys-7 and served as the data quality point person for the DHS revisions. She also wrote two working papers on tasks and accomplishments from the DHS evaluation period and presented those papers at a conference. She provided technical assistance to various discussions with internal and external constituencies regarding her expertise in facility assessment surveys, including the UN Commission on Life Saving Commodities, WHO and USAID-World Bank Measurement Summit. Yoonjung also served as the Technical Advisor for the MEASURE Census to improve its demonstration of technical leadership.

Overall, 56 fellows accessed and were matched with a coach, and, of those, 51 had at least one coaching session while five had not yet met with a coach.

Fellows accessing coaching in PY3 (paired with coach)	Level I	Level II	Level III
Overseas	0	3	6
Domestic	6	22	19
TOTAL	6	25	25

In survey results, 70 percent of respondents indicated that they had used coaching (62 fellows), and, of those, 62 percent (38 fellows) indicated that they were satisfied or very satisfied (3.1.2.7). Of note, for the 23 fellows who said they were not satisfied, 78 percent were “neutral,” possibly indicating that they weren’t dissatisfied as much as simply hadn’t used the services. Many fellows wait to access coaching until they have a specific need. Because not all fellows will choose to use coaching services, it may be difficult to reach the end-of-year target of 90 percent.³⁷ Disaggregation by level and location is available in Annex D.

Fellows also were asked if they intended to use coaching in the future, and 88 responded: 42 percent yes, 30 percent no and 28 percent not sure. For those who indicated ‘no’ or ‘not sure,’ the main reasons included: not relevant, no time and did not want to use PD funds for it. Only eight percent indicated that they were unsure what coaching was or were not aware of availability. In survey comments, some fellows described being too experienced to benefit from coaching, but most indicated that time was a big issue or that time differences were a factor.

Fellow Feedback about Professional Coaching Services

- “Would like to if I can find time! Also not sure if I’m still eligible or if this is only offered during the first year. It’s a great resource of the Fellowship.”
- “I used my first few complimentary sessions. I will hold out until my final year before using PD funds for it.”
- “It is relevant; just want to be matched with a coach that can support me in a senior position.”
- “I haven’t made the time and not sure how useful it will be for me in my current situation. However, I’ve been considering using the service in the past month.”

³⁷ A measure for coaching that might be more reflective of the program’s success could be focused on a) fellows made aware of coaching and b) those who access it reporting that they benefited from it.

Competency of Fellows

SR 3.1.3 Increase in fellows' competency levels demonstrated and documented

Indicator	Year 1	Year 2	Year 3	Target
3.1.3.1 Average composite competency rating based on fellows' self-assessment³⁸	N/A	3.4	3.5	Y1: 2.0 Y2: 2.0 EOP: 3.5
3.1.3.2 Average composite competency rating based on OSM assessments	N/A	3.6	3.6	Y1: 2.0 Y2: 2.0 EOP: 3.0

In annual performance evaluations, fellows and OSMs were asked to assess the fellow's competence in the following skill areas: technical skills and knowledge, resource management, leadership and professionalism. Competency is defined using a four-point rating scale ranging from awareness to expert. In both PY3 and PY2, the average composite competency rating by fellows was 3.5 (3.1.3.1) and by OSMs was 3.6 (3.1.3.2) – the first meeting the end-of-project target and the second exceeding it. In PY3, this score was based on ratings of 63 fellows.

Competency Rating Definitions

- 1 = awareness–observer-apprentice
- 2 = developing–contributor-craftsman
- 3 = intermediate–practitioner-journeyman
- 4 = advanced–expert-master

Not surprisingly, the higher the fellow's level, the higher the average competency rating, ranging from 3.4 for Level 1s to 3.9 for level IVs. Details are in Annex D.

Support for OSMs

Intermediate Result (IR) 3.2: On-site managers supported in their role as mentors for fellows' professional development

SR 3.2.1 Technical assistance, training and coaching services offered to OSMs

Indicator	Year 2	Year 3	Target
3.2.1.1 Average rating of the value and responsiveness of GHFP II technical assistance (TA) provided to OSM³⁹	91%	96%	Y1: 3.5 Y2: 75% EOP: 90% (satisfied or very satisfied)

OSMs have consistently reported a high level of satisfaction with GHFP-II assistance for fellowship management – 91 percent in PY2 and 96 percent in PY3. Both years were above the end-of-project target of 75 percent. OSM ratings of GHFP-II support, disaggregated by location, are available in Annex D, and survey details are in Annex E.

³⁸ The indicators 3.1.3.1 and 3.1.2.2 use a four-point scale. The scale for fellow and OSM assessments changed after PY1.

³⁹ This question was not asked of OSMs in PY1.

The improvement in OSM ratings in the last year can be partly attributed to implementation of several processes and policies that reduced the administrative burden placed on OSMs. GHFP-II staff continued to provide guidance to OSMs on GHFP-II policies and to address specific issues related to management of their fellow(s), as needed.

As there were a number of new onsite managers this year, GHFP-II planned to update orientation processes in PY4. Suggestions from OSMs from the survey also will be taken into consideration, such as requests for additional information on policies or procedures, a formal orientation for new OSMs, a yearly orientation and earlier notification when a fellow's contract is ending.

Examples of OSM comments from the survey are below.

OSM Feedback about Satisfaction with GHFP-II Support

- "Overall the support for fellows in place has been excellent. When we had issues, GHFP was very helpful in working with me and my team on figuring out the best way forward."
- "Thank you for providing the Bureau for Global Health with excellent technical specialists who are daily adding values to the Agency and its work."
- "I appreciate how the staff at GHFP work to fix problems instead of presenting obstacles."
- "I think you do a fantastic job."
- "The Fellows have been a flexible mechanism in helping us to recruit the type of people we need in the MCH Division. We hope to retain the flexible and open relationship with the Fellows - it has been very valuable in an environment where strict adherence to arbitrary rules often outweighs doing what makes good sense for public health, and for our employees."

Challenges and Lessons Learned

GHFP-II faced challenges which typically occur in PY3, including a clearer assessment of which indicators are potentially out of reach in a five year cooperative agreement and the dilemma of needing to meet program goals without adding additional requirements to the participants' and onsite managers' busy schedules. In addition, the frequency of AOR changes required program staff to plan and implement multiple orientation programs. Also in PY3, GHFP-II staff were challenged to continually respond to the fellows' and OSMS' hypothetical concerns regarding the impact of the move on their ability to get the work done.

CHALLENGE: *Although almost all other PMEP targets are being met or exceeded, the program is challenged to meet the ambitious PMEP goals for a few factors in performance management and professional development (PM/PD). For example, while more fellows completed their individual development plans (from 22 percent to 64 percent) and a majority of their PD activities (from 54 percent to 88 percent), there remain issues with the orientation program (58 percent satisfaction while EOP target is 90 percent satisfaction). We are going in the right direction but we are aware that these behaviors reflect a significant shift in the expectations placed on fellows by GHFP-II and their relationship with the project PCD team.*

ACTION: *We are consistently reinforcing the message that professional and career development is a serious aspect of the fellowship experience. We have also been introducing these changes incrementally with an eye towards continuously reducing and simplifying administrative requirements for onsite managers, shifting the burden from them to fellows and project staff wherever possible. We will continue to implement improvements and orient new fellows to meet program expectations. We will seek to streamline a few of the activities and tie them to already required benchmarks for PHI employees.*

CHALLENGE: *Ongoing and new obstacles continue to make the placement of overseas-based fellows challenging. The program depends on USAID Mission and Department of State (DOS) staff (hiring managers, EXOs, admin officers) to ascertain and verify whatever specific documentation (and approvals) may be required to complete each placement and successfully onboard their choice of fellow. Significant variations by country, region, candidate, and especially, by post, (i.e., inconsistency in DOS priorities, practices and preferences) continue to make field placements almost custom exercises each time GHFP-II accepts an overseas fellowship request. In PY 3, US Missions withdrew legal sponsorship of mission fellows already working in two countries (Tanzania and Tajikistan), thus putting the fellows' legal status, and the fellowship itself, at risk.*

ACTION: *The program is working to establish different sponsors for each of these fellows. We are more confident of the Tanzania arrangement than the Tajikistan strategy which may result in the fellowship ending prematurely. We continue to reengineer the Site Development function including reorienting the scope of work for the site development coordinator position, while also clarifying how project staff works together to support field placements including hiring, onboarding and ongoing support to field based fellows. Program staff may need to increase TDYs to the field to improve our understanding of the changing landscape of field placements; to learn how we might better assist the hiring manager to ensure due diligence; and to explore what expectations and influence USAID staff might bring to bear on preventing future difficulties.*

Plans for Program Year Four

In Program Year Four, GHFP-II will:

- Continue to implement robust recruitment and outreach programs, focusing on identifying high-quality candidates who meet USAID's technical expectations and organizational needs.
- Provide more focused support and guidance to Hiring Managers/Onsite Managers in their role as scope of work developers and day-to-day technical supervisors for fellows and interns.
- Refine and strengthen program administration including responding to any requests and adapting to new challenges resulting from the Global Health Bureau's move to Crystal City, Virginia.
- Continue to support USAID's efforts to diversify its professional presence in Global Health, supporting GlobeMed's establishing chapters in Historically Black Colleges and Universities and other Minority Servicing Institutions as well as GHCorps diverse Level One Fellows.
- Continue to implement the recommendations that came from the 2013 Summit on the Future of the Global Health Professional via collaborations with the Consortium of Universities for Global Health, Global Health Council, and the University of Maryland among others.
- Submit the appropriate paperwork including this report, the semi-annual Performance Monitoring Report and required as well as ad hoc financial reports.

ANNEX A: A SAMPLE OF FELLOWS ACCOMPLISHMENTS, PY3

(October 1, 2013 through September 30, 2014)

Clinton Trout

*HIV/AIDS Prevention Technical Advisor
USAID/Mali*

As the HIV/AIDS Prevention Technical Advisor for USAID/Mali, Clinton Trout helped to develop a cutting edge series of communication materials for sex workers, men who have sex with men, and positive health, dignity and prevention. These materials were validated by the Malian Government. Clint's leadership and technical assistance to the Malian Government, USAID partners and Global Fund partners has resulted in a sea change in attitudes about services for men who have sex with men and sex workers, leading to an improvement in quality of services for these populations.

Clint served as the USAID/Mali point person for implementation of USAID's policy on LGBT human rights, and he coordinated a visit from the LGBT policy coordinator to speak to local USAID staff in Mali. This helped to change attitudes on the issue of LGBT human rights and to help implement the USAID policy in Mali. USAID funded a local organization to complete a qualitative survey of the human rights situation for Lesbian, Gay, Bisexual, and Transgender Malians which was shared with the local government, USG and civil society stakeholders in human rights.

Clint has succeeded in designing and managing a robust HIV prevention portfolio in Mali. With accurate analysis, well written and well researched reports, the new HIV program is in place. This includes new field support for HIV services with key populations, two new, large USAID integrated health programs and one grant for a local organization, Soutoura.

Jacqueline Firth, MD

*HIV/AIDS Continuum of Clinical Services Senior Advisor
GH/OHA/TLR*

In her first fellowship year, Jacqueline Firth has established herself as an authority and technical expert on several areas along the continuum of clinical services and has provided quality consultations. Jacqueline has visited several countries and given well-received recommendations on improving aspects of PEPFAR programs including DRC (PMTCT), Ethiopia (PMTCT), Uganda (Pediatric HIV), and Zambia (Pediatric HIV, PMTCT & TB/HIV).

Jacqueline has given presentations on relevant TB/HIV information and the results of an anticipated trial related to the impact of a new diagnostic on the morbidity and mortality of co-infected patients. She has also given significant input into the development of the concept note for a TB/HIV centrally-funded project, as well as on several pediatric and PMTCT-related projects.

Jacqueline participates actively in the Peds/PMTCT and TB/HIV Technical Working Groups. She has attended the Union TB conference, the Conference on Retroviruses and Opportunistic Infections, and the joint TB/HIV conference sponsored by PAHO. She maintains her clinical expertise in general medicine and tuberculosis by continuing to see patients at the DC General TB clinic weekly. Jacqueline

has contributed to several manuscripts on the retention of women through the PMTCT cascade and ensuring linkage to care for patients testing HIV positive. She has submitted two accepted abstracts to the Union TB conference for which she has been invited to be a session co-chair.

Chelsea Polis
Epidemiologist
GH/PRH/RTU

In her final fellowship year, Chelsea Polis developed and disseminated a technical brief on hormonal contraception and HIV that was distributed to all USAID Global Health staff and was featured on the USAID website. This interagency document was also shared with multiple experts in the field and was highlighted on social media. The development of this document fulfilled the objective to recommend adjustments in agency Family Planning and Reproductive Health policies and programs.

Chelsea served as member of the Research Review Group, and she founded a cross-office working group within USAID to focus on issues related to fertility awareness. In her effort to lead and contribute to systematic reviews of major epidemiological and clinical research, Chelsea published a review in *Lancet Infectious Diseases* and led seven expert member work groups to update three previous systematic reviews. She presented at seven high profile external venues and internally at multiple USAID meetings and OHA staff meetings. Chelsea also organized a panel and served as a moderator of a plenary session at the North American Forum on Family Planning in Seattle and gave two presentations as well as contributed to four manuscripts.

Chelsea played a leadership role on behalf of USAID by completing a randomized crossover trial that she designed and implemented to examine the acceptability of Sayana Press versus intramuscular DMPA among women living with HIV in rural Uganda. The results of this trial were presented in multiple venues and published in *Contraception*.

Chelsea also helped to develop methodologies to use measurements for the unmet need for family planning and published a paper in *Studies in Family Planning*. She was a peer reviewer for seven journals, invited reviewer for the Medical Research Council in South Africa, and an abstract reviewer for the Family Planning Conference. She completed her fellowship in August, 2014 and is now a senior research associate at the Guttmacher Institute where she continues to focus her research on international women's health issues.

Niyati Shah
Senior Gender Advisor
GH/HIDN

In her first fellowship year, Niyati Shah developed and led gender trainings on the new ADS 205 for HIDN teams. She has provided gender technical assistance for GH Gender, talking points for the front office as well as for Policy Planning and Learning in newly revised Project Appraisal Document guidance for GH, including a HIDN specific example on gender in NTDs. Niyati has incorporated gender throughout the USAID Nutrition Strategy, into the MCHIP follow-on, procurement and projects for PIOET, CHSGP follow-on and an upcoming TB project. She continues to incorporate gender into teams across the office, especially those that have not given gender full consideration in their programming.

Niyati continues to strengthen gender knowledge at the mission-level by providing continued support and anticipating needs. She has delivered gender trainings focusing on health outcomes to Egypt, India and Ethiopia and has provided additional technical assistance to Senegal via resources and strategic guidance. Niyati has joined the India country team as the ALT/Lead, covering the entire health portfolio, including gender. She has been asked by the Health Office director to provide sustained technical assistance over the next few years by working to build capacity in gender across the office. Niyati has provided virtual leadership in global meetings and conferences, representing USAID/GH/HIDN's gender work and plans.

Tisha Wheeler

*Senior Key Populations Advisor
GH/OHA/TLR*

As the Senior Key Populations Advisor in the Office of HIV/AIDS, Tisha Wheeler coordinated and drafted the Global Sex Worker Operational Guidance Tool and supported widespread dissemination and adoption of the content through inclusion in the COP14 Technical Considerations and through a detailed dissemination plan. Tisha led a collaboration of donors to develop the guidance tool including the PEPFAR KP Technical Working Group (CDC, USAID, OGAC), WHO, UNFPA, UNAIDS, the World Bank and the Bill & Melinda Gates Foundation.

Tisha supported multiple missions with technical assistance, analyzing their key population responses in the context of their HIV portfolios and the provision of hands-on support. Some of the missions that Tisha visited include Nigeria, Angola, Malawi, Ghana, Burundi and Mozambique. These visits supported the development of six key population presentations.

Tisha has also shared best practices in Key Populations programming across countries by leading KP sessions at the Africa SOTA meeting. She leveraged her knowledge of KP programs to get the SHARE project engaged in supporting the development of the monitoring and evaluation framework for the KP project in USAID/Nigeria.

Tisha has taken a collaborative approach by working with OHA's Research to Prevention project, CDC, the World Bank and the Bill and Melinda Gates Foundation to coordinate a special journal supplement in the PLoS collections on Sex Worker programming around the world. Tisha has also engaged with the CDC in their update and redesign of FHI's Second Generation Surveillance guidance from 2000. She worked hard to convince the CDC to broaden the scope of this effort to reflect lessons on community mobilization, stigma and other structural issues, and has drawn in external KP experts and USAID M&E and surveillance staff to ensure incorporation of these wider perspectives.

Jennifer Albertini

*Senior HIV/AIDS Technical Advisor
AFR/SD*

Jennifer Albertini finalized products for the adolescents living with HIV (ALHIV) activities (toolkit, mapping report, etc.) and ensured that these were published online and disseminated to the field. She

finalized three systematic review articles for publication on maternal health and HIV, which are currently being reviewed for clearance by PLOS One.

Jennifer has provided in person assistance to Swaziland and the Regional Southern Africa Office as well as virtual technical assistance for Lesotho, Burundi and Namibia. She developed the Swaziland portion of the Project Appraisal Document for the overall regional HIV/AIDS program. Jennifer also presented on program implementation during the monthly staff training of State Department Office of Global Health Diplomacy.

Jennifer prepared background briefing materials for the Multilateral Health Forum. This included a draft chart showing all assessed and voluntary contributions to Multilateral Organizations focused on health, and a draft cable on the principles of S/GHD's strategic relationships with these groups. Jennifer also conducted research and prepared drafts for innovative financing for the health sector which are now being used to develop cables to communicate US government policy on innovative financing for health.

Erin Seaver

*Family Planning Policy Advisor
GH/PRH/PEC*

Erin Seaver provided oversight to the USAID DELIVER Project Task Order 5 Supply Operations Team to ensure mission commodity requests were met with customer service, in a timely manner, and in adherence to guidelines. She coordinated with other GH supply chain colleagues to provide sustained transition support, including on-site technical support for three weeks to USAID/Tanzania's supply chain portfolio to ensure mission personnel and projects continued to meet goals during a time of staffing transition. Erin participated in Health Implementation Plan reviews for two PRH priority countries (Kenya and Tanzania) and provided guidance on the use of PRH funds for supply chain programming. She represented USAID on the Coordinated Assistance for Reproductive Health Supplies Group and contributed to the planning of the first-ever CARHS Strategic Retreat in February of 2014. This retreat resulted in the CARHS Terms of Reference, and the creation and adoption of a two-year strategic work plan. Erin worked with the CARHS Administrator to expand CARHS membership to include representation from the Implants Access Initiative, West African Health Organization and Clinton Health Access Initiative. She also worked with the Procurement Planning and Monitoring Report Administrators to on-board two additional countries (Malawi and Mali) and with USAID's Office of HIV and AIDS to solidify a plan for on-boarding additional PEPFAR focus countries to support increased visibility of male/female condom stocks in priority countries.

In conjunction with Commodity Security and Logistics (CSL) division management and CSL's Pharmacist, Erin responded to a request for QA guidance on USAID support for non-SRA approved and/or WHO prequalified products by drafting "PRH Recommended Guidelines for Assuring the Quality of Contraceptives and Condoms Used in USAID-Supported Service Activities." The guidelines will assist in ensuring the quality of FP commodities introduced or otherwise supported with USAID funds. Erin facilitated the second joint procurement exchange between USAID and USAID's flagship supply chain projects, including the President's Malaria Initiative and PRH's USAID DELIVER project and OHA's Supply Chain Management System Projects. She co-planned a Wholesaler Summit that jointly addressed the GH Bureau and USAID's Office of Foreign Disaster Assistance needs across quality assurance and procurement topics and contributed to improved working relationships with USAID-approved wholesalers.

Stephen Dzisi

*Cross-cutting Health Advisor
USAID/Liberia*

Stephen Dzisi has been integral in making sure that the Liberia Accelerated Action Plan (AAP) has been finalized, approved, and signed. The Ministry of Health and Social Welfare and other partners have begun implementing key interventions such as Kangaroo Mother-Care, Chlorhexidine use for prevention of Newborn sepsis, Helping Babies Breathe strategy for managing newborn asphyxia and postnatal home visits by Community Health Volunteers. Stephen has also been involved in Liberia field testing and adapting a planning handbook for caring for Newborns and Children in the community. This exercise led to a better understanding of how to include and roll out simple and cost-effective newborn health interventions in the National Community Health Roadmap.

With Stephen's assistance, Liberia's Reproductive Health Commodity Security Strategy is now fully functional. Standard tools in the strategy have contributed significantly to the reduction of supply chain bottlenecks, better tracking and forecasting of Reproductive Health Commodities and better compliance monitoring. Community approaches are not standard practice within the MOHSW in all counties for the distribution of and use of Family Planning commodities and services. Family planning services are also integrated with immunization services in at least four countries

Participation of senior members of the MOHSW in "Acting on a Call" June 2014 contributed to a further boost of Liberia's commitment to child survival and Ending Preventable Maternal and Child Deaths. The Pneumococcal Conjugate Vaccine has been introduced, and there are plans to introduce two additional vaccines in 2015. Stephen's intervention was crucial to the successful rollout of PCV, and the national launch was attended by the president.

Integrated Community Case Management is now fully integrated into the National Community Health Roadmap and is ready to be scaled up through the help of Stephen. Additionally, five health professionals from Liberia participated in the 2014 Essential Care for Every Baby workshop and are certified master trainers in ECEB.

Since the onset of the Ebola outbreak in Liberia, Stephen has been supporting the Ministry of Health and other partners to restore normal health service delivery in the country. Death from non-Ebola causes, particularly maternal and child deaths, are far more than the Ebola-related deaths currently being reported.

ANNEX B: LIST OF GHFP-II FELLOWS (150 FOR 152 FELLOWSHIPS) AND FOREIGN SERVICE NATIONALS (18) ACTIVE IN PY3

GHFP-II Fellows, PY3

Ahmedov, Sevim
Senior TB Technical Advisor
GH/HIDN/ID

Albertini, Jennifer
Senior HIV/AIDS Technical Advisor
AFR/SD

Alford, Sylvia
Health Program Advisor
AFR/SD

Alilio, Martin
Senior Malaria Technical Advisor
GH/HIDN/MAL

Amzel, Anouk
Senior HIV/AIDS and Maternal/Child Health
Vertical Transmission Advisor
GH/OHA/TLR

Armstrong, LaToya
Policy Advisor
GH/P3

Asrat, Lily
Senior Evaluation Advisor
GH/OHA/SPER

Au, Maria
Monitoring and Evaluation Advisor
GH/OHA/SPER

Baleva, Jasmine
Private Sector Technical Advisor
GH/PRH/SDI

Baxter, Bethany
Global Fund Liaison
USAID/Zambia

Belemvire, Allison
Malaria Technical Advisor
GH/HIDN/MAL

Bergeson-Lockwood, Jennifer
Maternal and Child Health Commodities Advisor
GH/HIDN/MCH

Beyene, Endale
Immunization Technical Advisor
GH/HIDN/MCH

Blake, Courtney
Child Protection Advisor
DCHA/OFDA/TAG

Bodika, Stephane
Senior HIV/AIDS Surveillance Advisor
USAID/Indonesia-MoH

Bontrager, Elizabeth
Nutrition Advisor
GH/HIDN/NUT

Bradley, Kelly
Supply Chain Advisor
GH/OHA/SCMS

Bravo, Mario
Senior Advisor for Development Communication
GH/HIDN

Bright, Rhea
Quality Improvement and Human Resources for
Health Technical Advisor
GH/OHS

Castor, Delivette
Epidemiologist/Statistician
GH/OHA/TLR

Charles, Jodi
Health Systems Advisor
GH/OHS

Chiang, Thomas
TB Technical Advisor
GH/HIDN/ID

Chittenden, Kendra
Senior Advisor for Infectious Diseases,
Science and Technology
USAID/Indonesia

Choi, Yoonjung
Demographic and Health Surveys and Evaluation
Technical Advisor
GH/PRH/PEC

Chrisman, Cara
Biomedical Research Advisor
GH/PRH/RTU

Chun, Seongeun
Senior Monitoring and Evaluation Advisor
National AIDS Commission Indonesia

Clemente, Corina
Population, Health and Environment Advisor
Gorongosa-Restoration Project/Mozambique PHE

Clune, Karen
Innovation Advisor
GH/AA/CAII

Cole, Kimberly
Reproductive Health and HIV/AIDS
Technical Advisor
LAC/RSD/PHN

Colvin, Charlotte
Monitoring and Evaluation Advisor for
Tuberculosis
GH/HIDN/ID

Connolly, Kimberly
Malaria Technical Advisor
AFR/SD

Cooper, Mey
Population, Health and Environment Advisor
Pathfinder Intl
Uganda-PHE

DeLeon, Jordana
Strategic Information Advisor
PEPFAR/Tanzania

Donofrio, Jennifer
Child Health Advisor
GH/HIDN/MCH

Douglas, Meaghan
Supply Chain Advisor
GH/OHA/SCMS

Dzisi, Stephen
Cross-cutting Health Advisor
USAID/Liberia

Easley, Thomas
Senior Emerging Pandemic Threats Country
Coordinator
USAID/Uganda

Ebot, Jane
Family Planning Service Delivery Advisor
GH/PRH/SDI

Eckert, Erin
Senior Malaria Technical Advisor
GH/HIDN/MAL

Edgil, Dianna
SCMS Advisor
GH/OHA/SCMS

Egan, Rebecca
Nutrition Advisor
GH/HIDN/NUT

Erdman, Matthew
Population Health and Environment
Technical Advisor
GH/PRH/PEC

Eteni, Longondo
Global Fund Liaison
USAID/Democratic Republic of Congo

Evans, Darin
Senior Neglected Tropical Diseases Medical and
Research Advisor
GH/HIDN/ID

Farnsworth, Katherine
Child Survival & Health Grants Program
Technical Advisor GH/HIDN/NUT

Fida, Neway
Senior Regional Technical Advisor for
HIV Prevention USAID/Southern Africa (RHAP)

Fieno, John
Senior Regional System Strengthening
and Human Capacity Development Advisor
USAID/Southern Africa (RHAP)

Firth, Jacqueline
HIV/AIDS Continuum of Clinical Services
Senior Advisor
GH/OHA/TLR

Fouladi, Zarnaz
Behavior Change Communication Advisor
GH/PRH/PEC

Frymus, Diana
Health Systems Strengthening Advisor
GH/OHA/SPER

Gamber, Michelle
Technical Advisor
GH/PRH/RTU

Gayle, Jacqueline
Tanzania Community Care Advisor
USAID/Tanzania

George, Latona
Malaria Technical Advisor
GH/HIDN/MAL

Gerberg, Lilia
Malaria & Communication Tech Advisor
GH/HIDN/MAL

Gilani, Zunera
Monitoring and Evaluation Advisor for Neglected
Tropical Diseases
GH/HIDN/ID

Godbole, Ramona
HIV/AIDS Costing Advisor
GH/OHA/SPER

Gow, Jamie
Monitoring, Reporting, and Impact
Measurement Advisor
GH/AA/CECA

Gray, Elaine
Nutrition Advisor
GH/HIDN/NUT

Groves, Jennifer
Child Protection Advisor
DCHA/OFDA/TAG

Gryboski, Kristina
Operations Research & Program Learning
Strategies
GH/HIDN/NUT

Hamblin, Kelly
Health Commodity and Logistics Advisor
USAID/Rwanda

Harper, Diana
Policy Advisor
GH/P3

Harris, Andrea
Private Sector Public-Private Partnerships
Technical Advisor
GH/PRH/SDI

Harrison, Denise
Market Development Advisor
GH/PRH/CSL

Hayes, UnJa
Health Research and Technology Advisor
GH/HIDN/NUT

Heap, Amie
Nutrition Advisor
GH/OHA/TLR

Hershey, Christine
ID M&E Advisor
GH/HIDN/MAL

Holohan, Meghan
TB Coordination Advisor
GH/HIDN/ID

Huebner, Gillian
Child Protection Technical Advisor
GH/AA/CECA

Huffman, Samantha
HIV/AIDS and Tuberculosis Technical Advisor
USAID/Tajikistan

Ifafore, Temitayo
Health Workforce Technical Advisor
GH/PRH/SDI

Janes-Lucas, Margaret
Burundi Senior HIV/AIDS Advisor
USAID/Burundi

Jordan-Bell, Elizabeth
Nutrition Advisor
GH/HIDN/NUT

Jordan-Bell, Elizabeth
Nutrition Advisor
GH/HIDN/NUT

Kondos, Leeza
Data Analysis Advisor
GH/P3

Kurian, Sinu
Orphans and Vulnerable Children and
Community Networks Advisor
USAID/South Africa

Lane, Catherine
Youth Health Advisor
GH/PRH/SDI

Lee, Erin
HIV/AIDS Costing Advisor
GH/OHA/SPER

Leonard, Alexis
Malaria Technical Advisor
GH/HIDN/MAL

Lijinsky, Keri
HIV/AIDS and TB Advisor
AFR

Loganathan, Ratha
Health Advisor for Afghanistan
OAPA

Long-Wagar, Andrea
Emerging Pandemic Threats Advisor
AFR/SD

Ludeman, Elisabeth
Pharmaceutical Management Advisor
GH/OHS

Machuca, Natalia
Infectious Disease and Emerging Pandemic
Threats Advisor
LAC/RSD/PHN

Madhavan, Supriya
Senior Implementation Research Advisor
GH/HIDN/NUT

Mah, Timothy
Senior HIV Prevention Advisor
GH/OHA/TLR

Makonnen, Raphael
Nutrition Advisor
GH/HIDN/NUT

Manske, Michael
Nutrition and Food Security Advisor
GH/HIDN/NUT

Manuel, Coite
Senior Supply Chain Technical Advisor
GH/PRH/CSL

Matthews, Megan R
Research and Evaluation Advisor
GH/PRH/RTU

Mayer, Joan
Advisor for Program Integration for
the Iringa Initiative and Evaluation in Tanzania
USAID/Tanzania

McHenry, Bridget
Organizational Development Advisor
GH/PRH/CSL

Mesenhowski, Shannon
Livestock Technical Advisor
DCHA/OFDA/TAG

Miralles, Maria
Senior Pharmaceutical Management Advisor
GH/OHS

Moran, Allisyn
Senior Maternal Health Advisor
GH/HIDN/MCH

Mukadi, Ya Diul
Senior TB Technical Advisor
GH/HIDN/ID

Mungurere-Baker, Josephine
Strategic Information Advisor
USAID/Tanzania

Murphy, Lauren
Orphans and Vulnerable Children and
Community Networks Advisor
USAID/South Africa

Muschell, Jeffrey
Global Fund Liaison
USAID/Indonesia

Muteteke, Dorcas
Senior Infectious Disease Technical Advisor
USAID/Democratic Republic of Congo

Mutunga, Julius
Family Planning and Environment
Technical Advisor
GH/PRH/PEC

Muyoti, Adolf
Senior Prevention Advisor: Medical
Male Circumcision
GH/OHA/TLR

Nagy, Virginia
Tuberculosis Country Support Advisor
GH/HIDN/ID

Nguyen, Cathy
Tanzania Deputy PEPFAR Coordinator
PEPFAR/Tanzania

Orlando, James
Field Liaison
USAID/Jordan

Orlando, James
Field Liaison
USAID/Jordan

Patel, Pinky
Communication Advisor
GH/OCS

Paust, Amanda
Supply Chain Advisor
GH/OHA/SCMS

Peltz, Amelia
Gender Advisor
GH/OHA/TLR

Polis, Chelsea
Epidemiologist
GH/PRH/RTU

Prohow, Shimon
Multilateral Advisor
GH/OHA/SPER

Qutub, Katie
Health Advisor
Asia Bureau

Rankin, Kathleen
Malaria Research Advisor
GH/HIDN/MAL

Rao, Sandhya
Senior Advisor for Private Sector Partnerships
GH/HIDN

Reuben, Elan
HIV/AIDS Costing Advisor (Economist)
GH/OHA/SPER

Rinehart, Richard
Senior Technical Advisor for Monitoring and
Evaluation of Assistance for Vulnerable Children
GH/AA/CECA

Rosenthal, Matthew
Strategic Information Advisor
USAID/Namibia

Sagana, Reden
SCMS Advisor
GH/OHA/SCMS

Santillan, Diana
Gender Advisor
GH/PRH/PEC

Sarpal, Nisha
Population and Reproductive Health
Strategic Programming Technical Advisor
GH/PRH

Scheening, Sarah
Policy Implementation Technical Advisor
GH/OCS

Schmalzbach, Molly
Public Affairs Advisor
GH/OHA

Schneider, Matthew
HIV/AIDS Costing Advisor
GH/OHA/SPER

Scholl, Ana
Monitoring & Evaluating and Budget Advisor
GH/OHA/SPER

Schueller, Jane
Sr Family Planning and Reproductive
Health Advisor
USAID/Tanzania

Seaver, Erin
Family Planning Policy Advisor
GH/PRH/PEC

Shah, Niyati
Senior Gender Advisor
GH/HIDN

Shapiro, Jesse
Water, Sanitation, and Hygiene Advisor
GH/HIDN/MCH

Shriberg, Janet
Senior M&E OVC Technical Advisor
GH/OHA/IS

Sikder, Shegufta
Technical Advisor for Research
GH/PRH/RTU

Smith, Ashley
Health Commodity and Logistics Technical Advisor
USAID/Rwanda

Smith, Penny
Neglected Tropical Diseases Technical Advisor
GH/HIDN/ID

Sprafkin, Noah
Health Advisor for Pakistan
OAPA

Squires, Breanne
Public International Organization/Interagency
Agreement Technical Advisor
GH/HIDN

Trout, Clinton
HIV/AIDS Prevention Technical Advisor
USAID/Mali

Uccello, Amy
Community-based Family Planning Advisor
GH/PRH/SDI

VanDerBijl, Sophia
Food Security Monitoring and Evaluation Advisor
BFS

Wahle, Christine
Budget Analyst
GH/OHA/SPER

Walia, Sonia
Public Health Advisor
DCHA/OFDA/TAG

Walker, Lola
Integrated Childrens Health and Social
Services Senior Technical Advisor
GH/OHA/IS

Webb, Kathleen
Senior Malaria Advisor
USAID/Burkina Faso

Weber, Stephanie
Senior Malaria and Global Fund Advisor
GH/HIDN/MAL

Wheaton, Wendy
Child Protection Advisor
DCHA/OFDA/TAG

Wheeler, Tisha
Senior Key Populations Advisor
GH/OHA/TLR

Widyono, Monique
Gender Advisor
GH/OHA/TLR

Wilson, Kimberley
Knowledge Management and Communications
Advisor GH/OHS

Wollen, Terry
Senior Livestock Technical Advisor
DCHA/OFDA/TAG

Wong, Vincent
HIV Counseling and Testing Advisor
GH/OHA/TLR

Yansaneh, Aisha
Research and Evaluation Advisor
GH/OHA/TLR

Zinzindohoue, Pascal
Malaria Technical Advisor
GH/HIDN/MAL

Zizzo, Sara
Health Program Advisor (Child Health and
Immunizations)
AFR/SD

Zlidar, Vera
Health Advisor
Asia Bureau

Foreign Service Nationals, PY3

Name and Home Mission: Janex Kabarangira, Uganda
Fellowship Dates: Feb 24 - April 18, 2014
Host: GH/MCH

Name and Home Mission: Joseph Monehin, Nigeria
Fellowship Dates: Feb 24 - April 18, 2014
Host: GH/MCH

Name and Home Mission: Richard Matendo, DRC
Fellowship Dates: Sept 22 – Nov 14, 2014
Host: GH/MCH

Name and Home Mission: Mildred "Millie" Pantouw, Indonesia
Fellowship Dates: May 5 - June 27, 2014
Host: GH/MCH

Name and Home Mission: Duong Nguyen, Vietnam
Fellowship Dates: Feb 6 - April 2, 2014
Host: P3/SAEO

Name and Home Mission: Thibaut Makuba, Congo
Fellowship Dates: June 9 to Aug 1, 2014 (ending early due to personal reason)
Host: PRH/SDI

Name and Home Mission: Nellie Gqwaru, South Africa
Fellowship Dates: June 2 to July 25, 2014
Host: HIDN/TB

Name and Home Mission: Chynara Kamarli, Kyrgyzstan
Fellowship Dates: June 2 to July 25, 2014
Host: HIDN/TB

Name and Home Mission: Peter Arimi, Kenya
Fellowship Dates: June 2 to July 25, 2014
Host: GH/OHA/TLR/PMTCT

Name and Home Mission: Sheila Macharia, Kenya
Fellowship Dates: Sept 15- Oct 24, 2014
Host: PRH/PEC

Name and Home Mission: Joel Kisubi, Uganda
Fellowship Dates: PRH/PEC
Host: HIDN

Name and Home Mission: Patricia Ziwa, Malawi

Fellowship Dates: June 30 to Aug 30, 2014
Host: OHA

Name and Home Mission: Sylvia Quaye, West Africa/Ghana
Fellowship Dates: June 30 to Aug 30, 2014
Host: OHA

Name and Home Mission: Peter Waithaka, Kenya
Fellowship Dates: August 18 - Oct 10, 2014
Host: GH/OHS

Name and Home Mission: Dr. Maria Corriols, Nicaragua
Fellowship Dates: Nov 4- Dec 20, 2013
Host: GH/OHA/SPER

Name and Home Mission: Jaqueline Calnan, Uganda
Fellowship Dates: Sept 3- Oct 18, 2013
Host: GH/TLR/ART

Name and Home Mission: Tsion Demissie, Ethiopia
Fellowship Dates: Sept 16 - Nov 8, 2013
Host: GH/HIDN/PMI

Name and Home Mission: Naomi Kaspar, Tanzania
Fellowship Dates: Sept 16 - Nov 8, 2013
Host: GH/HIDN/PMI

ANNEX C: THE FUTURE OF THE GLOBAL HEALTH PROFESSIONAL

The Future of Global Health: Building Better Professionals & Programs

May 9, 2014

Washington Hilton Terrace Level

Room: Columbia 6

Agenda

Event	Presenter
8:00 am Registration Opens	
8:30 am Continental Breakfast & Networking	
9:00 am Opening	Sharon Rudy (Co-Facilitator)
9:15 am Warm Up	Stephanie Powell (Co-Facilitator)

Theme 1. Competent GH Professionals

9:30 am Video Voices	
9:40 am Voices from the Field	Martin Alilio, USAID; Peter Arimi, USAID; Jonathan Quick, Management Sciences for Health; Kate Tulenko, IntraHealth International
10:15 am Break	
10:30 am Setting the Context	Tom Hall, Univ. of California San Francisco
11:00 am Current State of Competencies	Jessica Evert, Child Family Health International; Lynda Wilson, Univ. of Alabama-Birmingham; Sharon Rudy, GHFP-II
11:45 am Table Break Out Sessions	Stephanie Powell
12:30 pm Lunch	

Theme 2. Effective GH Curricula and Programs

1:30 pm Curricula and Programs	Jody Olsen, Univ. of Maryland; Stephen Hartgarten, Medical College of Wisconsin; Lori DiPrete Brown, Univ. of Wisconsin
2:45 pm Open Space	Sharon Rudy

Theme 3. Next Steps

4:00 pm Keeping the Conversation Going	CUGH, GHC, GHFP II, Univ. of MD Representatives
4:45 pm Conclusions & Wrap Up	

**Evaluation for
CUGH May 9, 2014 Day
“The Future of Global Health: Building Better Professionals and Programs”**

1. How useful was the information presented in today’s program on Building Better Global Health Professionals & Programs?

Out of 49 Evaluators 30 have rated that the information was extremely relevant, 18 have rated that it was very relevant, and 1 have rated that it was relevant.

2. What Key Ideas are you taking with you? Most of the attendees reported that the event was knowledge stirring as well as a great networking environment. Some of the Key Ideas taken were as follows:

- Definition of global health; building a better professional and program on global health; ideas of global programs
- Global health is not international health, but involves addressing transnational health problems at all levels; there is a need to identify better strategies to involve students and partners from across the globe
- Ideas from other GH programs on how to meet certain challenges; competencies for myself as a GH professional as well as for students in program we’re building; also the focus on local health
- New ideas about role of University as mentor; important info about job market; affirming to see where people are
- Increase in communication; different programs provided by universities
- Lessons learned from the globalized education programs
- It’s helpful talking to people about the global health programs at their universities
- Global health is not “over there”; it’s everywhere; think globally; guidelines and recommendation to improve the GH curricula of my university
- Setting up educational programs; importance of the discussion of competencies
- Working with the Dean; Need to promote program to Deans to gain support; the debate of competencies
- Improving our own educational programming with key features presented today;

- Bilateral partnerships with students
- Core competencies discussion was excellent!; Learned a lot about competencies; Core competencies; Rethinking of prerequisites; New competencies, Global health competencies; Competencies are different; Ideas on competencies; how to adopt universal competencies being discussed
- Do not ever complicate measuring “competencies”; understand the difference in communication; barriers in low resourced communities
- The importance of soft skills and change management competencies
- Thinking about flexibility in competencies; thinking about how to get more feedback from our global partners
- Competencies issues; programmatic ideas to develop cross disciplinary programs
- Competencies vs personality factors; “local/global” challenges
- GH competencies; resources ideas; “learning diaspora”; different takes on competencies; different definitions of GH
- Keep mission driven and don’t get overrun with metrics for competencies but keep competencies relevant; content based; create job makers not job seekers!
- Bidirectional; mindset; listener
- Bi-directional learning via technology; indirect vs direct language in overseas communication
- Importance of bidirectional learning; need for competency based learning
- Interdisciplinary global collaborations, bi-directional learning
- Critical evaluation of my own MPH program
- Surveys Tom’s group did re: academics and GH program, talking about what it takes to be successful; the acronym – LMIP; the term “Diaspora Leadership”; democratization of GH
- Build on new program - community immersion
- Need for truly global program not just North South
- Social entrepreneurship; sustainable development

- Reverse innovation; emphasis on identifying trend in GH rather than current realities
- So many ideas, both personally and for my institution. I most enjoyed hearing from the PH professionals in Africa about mistakes individuals and programs make
- Importance of discernment – who am I? Am I someone who could/should work in GH field?
- New ways to think about funding GH programs

3. What can GHFP-II, CUGH and other organizations help you with next? The following responses were provided:

- Knowledge exchange; Create a routine space to share curricula, procedure, etc.; move from competencies to curricula; Would be great if there is a listserv so we can share information about different programs
- Decompression of student, Residents; working with resistant groups within a country; dealing with in-country professionals, who are more interested in emigrating than serving their own underserved
- Establish an aligned definition of global health, reach to Schools of Medicine with an awareness program of how they can support a global program
- Understanding how to make mid-career decisions and changes
- Finalize a list of global health competencies and identify strategies to teach these competencies
- Link the information of specific competencies sought by NGO's and USAID for our undergraduates and how to measure them
- Problem solving; Overcoming challenges and institutional obstacles
- If safety abroad is a general issue – come up with an insurance package (travel insurance) for medical, + political emergencies
- Further access/sharing curriculum; Curriculum ideas (the book will be great)
- Capture the data from Open Space and distribute; provide participants listing the days' seminar – run new "Network"
- Resource location; Funding; Understanding financial issue of grants
- Helping in forging collaboration
- CUGH create individual membership/in addition to institutional
- Better vision of the field - networking
- Providing relevant information

- Partnerships with my country, don't think any of the organizations work in concert with any Nigerian universities; I would be glad to help, Akinnun Femi – femzy-kol15@yahoo.com – thanks
- I would love to learn more about increasing bilateral exchanges with LMIC. The funding seems so difficult to find to bring people to the US
- More of the same
- Consolidation of resources in a central location
- Dist/publish info on Int'l programs/GH sites in existence and see if there are ways other institutions can piggyback onto their programs
- Case studies to test competencies
- Continue these meetings and discussions; share e-mail contacts with participants; share PowerPoint presentations
- More opportunities for Diversity representation particularly persons of color
- Advocate to leadership (Universities), Government, Funding agencies for more respect, access and resources for this work
- More networking; providing more opportunities for universities from the global south to feed into these CUGH discussions
- Facilitate mechanisms to continue the conversation
- Opportunities to link academia with practice
- Safety issues; coordination or ideas between different organizations and institutions
- It would be great for them to help our program get more exposure/recognition, Also maybe more intimate collaborations in the future
- Establish standard, MPH, examination for credential
- Continue to work these meetings – has been great so far. Thank you for putting this together so thoughtfully
- Funding for bidirectional programs
- Funding global health scholars track in residency programs

4. How many new personal contacts did you meet by attending the CUGH/GHFP-II pre-conference workshop?

- Out of 49 evaluators 5 have reported that they met 0-2 contacts by attending the CUGH-GHFP pre-conference workshop
- 25 have reported that they met 3-5 contacts
- 19 have reported that they met 6+ contacts

5. Is there anything else you'd like to share about event? – Most of the attendee thanked the organizers for the great and nice job they have done to organize this event and to

put that much information into it. They have as well reported that it was an excellent event, well organized and well balanced. Additional comments (positive and negative) were as follows:

- Thank you for hosting and facilitating the active participation
- Wonderful interactive format; loved the open space activity; So much dialogue and infectious enthusiasm; Loved the inter-activeness; hands-on conversation/ group work. Very valuable
- Great Experience! - Was quite interesting – happy to be in such good company but would also welcome a broader perspective for non-US based universities as well.
- Just thinking about competencies that can be fully competent. Don't think it is possible! In the context of geographical setting
- Would be nice to have had a list of participants beforehand so one could seek out specific people / institutions (or even get after the fact)
- Veggie food option was not satisfactory
- Too long and drawn out – should end at 4:00 pm or 3:30 pm; could decrease the time spent on the 1st theme by 1 hr.

DRAFT

Identifying Cross-Cutting Interprofessional Global Health Competencies for 21st Century Health Professionals

Report of the Work of the Global Health Competency Subcommittee of the Consortium of Universities for Global Health

Members: Lynda Wilson (Chair), Brian Callender, Tom Hall, Kristen Jogerst, Herica Torres, Anvar Velji, Jessica Evert, Jody Olsen, Virginia Rowthorn, Sharon Rudy, Virginia Adams, Jiabin Shen, Elise Fields, Lisa Simon

Background

The Consortium of Universities for Global Health (CUGH) was formed in 2008 to “build interdisciplinary collaborations and facilitate the sharing of knowledge to address global health challenges” (Consortium of Universities for Global Health, 2014). The philosophical foundation of this organization builds on ten recommendations from a Workforce Sustainability Conference held in 2007 (Consortium of Universities for Global Health, 2014). Three of these recommendations focus on the need to define the emerging discipline of global health to reflect a focus on “interdependence” including disciplines beyond health, accelerate and improve training of human resources for health, and examine human resource needs for health and how they relate to global health (Consortium of Universities for Global Health, 2014). During the 2013 annual CUGH meeting, members of the CUGH Education Committee members sponsored a forum in order to elicit their recommendations about the types of educational programs or activities that the committee should focus on that would address the CUGH mission and philosophical foundation. Many participants suggested the need for identifiable global health competencies that could guide the development of global health programs and curricula. As a result, the Chair of the Education Committee (Dr. Timothy Brewer) appointed a Global Health Competency Subcommittee on April 30, charged with “*determining if there exists a need for broad global health core competencies applicable across disciplines, and if so, what those competencies should be. A related task is to provide support as needed in the development of discipline-based core competencies through the publicizing and sharing of existing materials and expertise.*”

The purpose of this paper is to describe the work of the Subcommittee, and present a proposed list of interprofessional global health competencies that might be used to guide educational programs for two levels of trainees: a basic “global citizen” level for all students, regardless of discipline; and a “basic operational level” for trainees wishing to spend at least some time, but not necessarily a career, working in the field of global health. These lists can be used as a basis for discussion among diverse disciplines in diverse geographic settings, and can serve as a platform for development of resources for teaching and measuring the competencies,, with the goal of preparing future students from a wide variety of disciplines to address the

complex global health challenges that face our planet and that demand new ways of thinking and learning.

Methods

The first step in developing core global health competencies is to define the concept of global health. The major threads in the tapestry called global health are anchored in the ideal, that health is a human right, a right that has been enshrined in the Constitution of the World Health Organization (WHO) (World Health Organization, 2005). In this Constitution, the WHO defined health as “a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity” (2005, p. 1). Health is also a global good and intimately tied to human security. The clarion call of “Health for All” at Alma Ata (World Health Organization, 1978), and actions that followed, including the Millennium Development Goals and the Sustained Development Goals, have broadened the boundaries for collaborative commitment and action to improve health and development across disciplines and inter-sectorally.

There have been numerous publications discussing the evolving concept and definitions of global health (Ablah et al., 2014; Beaglehole & Bonita, 2010; Campbell, Pleic, & Connolly, 2012; Frenk, Gomez-Dantes, & Moon, 2014; Khubchandani & Simmons, 2012; Koplan JP et al., 2009; Rowson et al., 2012; Velji, 2011). Although there is no consensus on the definition, most recent publications differentiate the concepts of global health and international health, and focus on global health as “health of the global population, with a focus on the dense relationships of interdependence across nations and sectors that have arisen with globalization” (Frenk et al., 2014, p. 94). Members of the CUGH Subcommittee agree with this concept of global health, and propose adopting the definition proposed by Koplan et al.(2009): Global health (GH) refers to “...an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population based prevention with individual-level clinical care” (p. 1995).

The subcommittee’s work from April 2013- April 2014 can be divided into four phases:

Phase 1: Comprehensive literature review of over 100 articles and websites on GH competencies in medicine, nursing, pharmacy, mental health, physician assistant, dentistry/oral health, economics, engineering, anthropology, public health, nutrition, optometry, occupational therapy, physical therapy, and law.

Phase 2: Generation of a list of 82 interprofessional competencies in 12 domains

Phase 3: Refining the list and determining a need to level the competencies to differentiate competencies needed by different categories of trainees. Four levels were identified as follows:

Level I: Global Health Citizen Level. Competencies that all post-high school students in disciplines that have some potential bearing on health should know about the world they live in. This level makes no assumption about future involvement in GH jobs or activities.

Level II: Introductory Level. This level is for trainees who are interested in exploring a future career in global health or preparing for a global health field experience.

Level III - Basic Operational Level. This level addresses the educational needs of trainees wishing to spend at least some time, but not necessarily a career, working in the field of global health. Two distinct categories of GH-related work are identified in this level: “practitioner-oriented” and “program/policy-oriented.”

Practitioner-oriented. For the traditional health disciplines it means the direct application of the clinical and public health skills students acquired in their professional training. For those in non-health disciplines, e.g., law, economics, public health, environmental sciences, and, anthropology, it means the direct application of these discipline-based skills to the relevant problems and tasks encountered when working in a cross-national or cross-cultural setting.

Program/Policy-oriented. The competencies associated with this level are focused on global health program development/evaluation or policy. Examples include the ability to: plan, fund, coordinate, administer, evaluate, and/or advocate for programs; design and implement training programs; design and conduct clinical or public health research; design, conduct and analyze surveys; and perform situation analyses, cost-benefit studies, and problem assessments.

Level IV: Advanced level. Competencies at this level pertain to those whose engagement with global health is significant and sustained. These competencies likely to be highly specific to the discipline and tailored to the job or capacity in which one working. This level encompasses a range of study programs, from an MPH or other Masters level degree program up to a doctoral degree with a GH-relevant concentration. Students enrolling in these programs are usually committed to a career in GH-related activities.

Phase 4. 11 Subcommittee members rated the competencies for the Global Health Citizen and for the Basic Operational Level (Program/Policy category).

Subcommittee Recommendations: Two Levels of Interprofessional Global Health Competencies

Our list of proposed global health competencies for the Global Citizen and Basic Operations Levels follows, but with an important prefatory note. Not all competencies are equally important, not all are necessarily the primary responsibility of training programs directed at global health trainees, and not all are readily and economically teachable in most educational programs. Ideally no competency should be proposed if it can't be taught, and its attainment

evaluated. Moreover, competency statements should preferably start with strong action verbs such as analyze, compare, compute, describe, define, develop, estimate, list, perform, and prepare. Some competencies important to the field of global health as well as elsewhere don't lend themselves easily to such verbs. These include competencies such as exhibiting ethical values, cultural sensitivity and professionalism, or demonstrating leadership, teamwork and communication skills. Providing formal instruction in these competencies is more difficult and often depends on costly and time-consuming group exercises. Such instruction is not always feasible, even in a two-year Masters level program. Evaluating their acquisition is also more difficult and depends on instructor, peer and self-evaluations.

Based on the above considerations we have therefore assumed that responsibility for instilling these less easily defined competencies applies broadly across all higher-level educational programs and not just in that part of the curriculum dealing with global health. Whether the field is medicine, nursing, economics, business, environmental studies, etc., educators should strive to ensure that their graduates will have the requisite generic skills and values that are essential to becoming a good professional.

Table 1 includes the proposed competencies for the Global Citizen and Basic Operational levels, and indicates whether each competency reflects a knowledge, attitude, or skill. An "X" in the column indicates that Subcommittee members propose the competency for the level indicated in the column.

Table 1. Draft List of Competencies for Two Levels

Domains and Competencies	Knowledge, Attitude, Skill	Global Citizen Level Total	Basic Op Level Total
DOMAIN: 1. Global Burden of Disease. Encompasses basic understandings of major causes of morbidity and mortality and their variations between high-, middle- and low-income regions, and with major public health efforts to reduce health disparities globally.			
Ia. Describe the major causes of morbidity and mortality around the world, and how the risk of disease varies with regions (Arthur et al., 2011; Wilson et al., 2012)	K	X	X
Ib. Describe major public health efforts to reduce disparities in global health (such as Millennium Development Goals and Global Fund to Fight AIDS, TB, and Malaria) (Arthur et al., 2011; Wilson et al., 2012)	K	X	X

Ic. Assess the health status of populations using available data (e.g., public health surveillance data, vital statistics, registries, surveys, electronic health records and health plan claims data).- Maeshiro, R et al. (2010)	KS		X
DOMAIN: 2. Globalization of Health and Healthcare. Encompasses basic understandings of major causes of morbidity and mortality and their variations between high-, middle- and low-income regions, and with major public health efforts to reduce health disparities globally.	Knowledge, Attitude, Skill		
II a. Describe different national models or health systems for provision of healthcare and their respective effects on health and healthcare expenditure;(Arthur et al., 2011; Wilson et al., 2012)	K		X
II b. Describe how global trends in healthcare practice, commerce and culture, multinational agreements and multinational organizations contribute to the quality and availability of health and healthcare locally and internationally (Arthur et al., 2011; Wilson et al., 2012)	K		X
Iic. Describe how travel and trade contribute to the spread of communicable and chronic diseases;(Arthur et al., 2011; Wilson et al., 2012)	K	X	X
Iid. Describe general trends and influences in the global availability and movement of healthcare workers;(Arthur et al., 2011; Wilson et al., 2012)	K		X
DOMAIN: 3. Social and Environmental Determinants of Health. This domain focuses on an understanding that social, economic and environmental factors are important determinants of health, and that health is more than the absence of disease.	Knowledge, Attitude, Skill		
IIIa. Describe how cultural context influences perceptions of health and disease (Arthur et al., 2011; Wilson et al., 2012)	K	X	X
IIIb. List major social and economic determinants of health and their impacts on the access to and quality of health services and on differences in morbidity and mortality between and within countries (Arthur et al., 2011; Wilson et al., 2012)	K	X	X
IIIc. Describe the relationship between access to and quality of water, sanitation, food and air on individual and population health (Arthur et al., 2011; Wilson et al., 2012)	K	X	X

DOMAIN: 4. Capacity Strengthening. Capacity strengthening is sharing knowledge, skills, and resources for enhancing global public health programs, infrastructure, and workforce to address current and future global public health needs.	Knowledge, Attitude, Skill		
IVa. Collaborate with a host or partner organization to assess the organization’s operational capacity (ASPH)	S		X
IVb. Develop strategies that engage the community to strengthen community capabilities, and contribute to reduction in health disparities and improvement of community health (adapted from ASPH)	K, S		X
IVc. Identify community assets and resources to improve the health of individuals and populations (Maeshiro et al., 2010)	K, S		X
IVd. Identify methods for assuring program sustainability	K, S		X
DOMAIN: 5. Collaboration, Partnering, and Communication. Collaborating and partnering is the ability to select, recruit, and work with a diverse range of global health stakeholders to advance research, policy, and practice goals, and to foster open dialogue and effective communication with partners and within a team.	Knowledge, Attitude, Skill		
Va. Promote inclusion of representatives of diverse constituencies in community partnerships and foster interactive learning with these partners. (ASPH)	S		X
Vb. Use diplomacy and build trust with community partners. (ASPH)	A		X
Vc. Communicate joint lessons learned to community partners and global constituencies. (ASPH)	S		X
Vd. Exhibit interprofessional values and communication skills that demonstrate respect for, and awareness of, the unique cultures, values, roles/responsibilities and expertise represented by other professionals and groups that work in global health.(ASPH; Interprofessional Education Collaborative Expert Panel, 2011; Pfeifle, 2013)	S	X	X
Ve. Recognize one’s limitations in skills, knowledge, and abilities (Interprofessional Education Collaborative Expert Panel, 2011; Pfeifle, 2013).	S,A	X	X

Vf. Apply leadership practices that support collaborative practice and team effectiveness.	S,A		X
DOMAIN: 6. Ethics. The domain of ethics encompasses the application of basic principles of ethics to global health issues and settings	Knowledge, Attitude, Skill		
VIa. Demonstrate an understanding of and an ability to resolve common ethical issues and challenges that arise is working within diverse economic, political, and cultural contexts as well as working with vulnerable populations and in low resource settings to address global health issues		X	X
VIb. Demonstrate an awareness of local and national codes of ethics relevant to one’s working environment. (International Pharmaceutical Federation, 2012)	K		X
VIc. Apply the fundamental principles of international standards for the protection of human subjects in diverse cultural settings (ASPH)	K,S		X
DOMAIN: 7: Professional Practice. Professional practice refers to activities related to the specific profession or discipline of the global health practitioner.	Knowledge, Attitude, Skill		
VIIa. Demonstrate integrity, REGARD AND RESPECT FOR OTHERS in ALL ASPECTS OF professional practice (ASPH, American Academy of Family Physicians, 2012; Interprofessional Education Collaborative Expert Panel, 2011; Pfeifle, 2013)	S,A		X
VIIb. Articulate barriers to health and healthcare in low-resource settings locally and internationally (Arthur et al., 2011; Wilson et al., 2012)	K,S	X	X
VIIc. Demonstrate the ability to adapt clinical or discipline-specific skills and practice in a resource-constrained setting (Arthur et al., 2011; Wilson et al., 2012)	S,A		X
DOMAIN: 8. Health Equity and Social Justice. Health equity and social justice is the framework for analyzing strategies to address health disparities across socially, demographically, or geographically defined populations.	Knowledge, Attitude, Skill		
VIIIa. Apply social justice and human rights principles in addressing global health problems (ASPH)	K,S		X
VIIIb. Implement strategies to engage marginalized and vulnerable populations in making decisions that	K,S		X

affect their health and well-being (ASPH)			
VIIIc. Demonstrate a basic understanding of the relationship between health, human rights, and global inequities (Arthur et al., 2011; Wilson et al., 2012)	K	X	X
VIII d. Describe role of WHO in linking health and human rights, the Universal Declaration of Human Rights, International Ethical Guidelines for Biomedical Research Involving Human Subjects (Arthur et al., 2011; Wilson et al., 2012)	K		X
VIII e. Demonstrate a commitment to social responsibility (Battat et al., 2010)	A	X	X
VIII F. Develop understanding and awareness of the health care workforce crisis in the developing world, the factors that contribute to this, and strategies to address this problem Lwilson suggests deleting this as it is very similar to IId (American Academy of Pediatrics Section on International Child Health, 2012)	K		X
DOMAIN: 9. Program Management. Program management is ability to design, implement, and evaluate global health programs to maximize contributions to effective policy, enhanced practice, and improved and sustainable health outcomes	Knowledge, Attitude, Skill		
IXa. Demonstrate skills in evidence-based program planning, implementation, and evaluation (ASPH)	K,S		X
IXb. Utilize project management techniques throughout program planning, implementation and evaluation (ASPH)	KS		X
DOMAIN: 10. Social-Cultural and Political Awareness. Socio-cultural and political awareness is the conceptual basis with which to work effectively within diverse cultural settings and across local, regional, national, and international political landscapes	Knowledge, Attitude, Skill		
Xa. Describe the roles and relationships of the major entities influencing global health and development (ASPH)	K	X	X
DOMAIN: 11. Strategic Analysis. Strategic analysis is the ability to use systems thinking to analyze a diverse range of complex and interrelated factors shaping health trends to formulate programs at the local, national, and international levels.	Knowledge, Attitude, Skill		

XIa. Identify how demographic and other major factors can influence patterns of morbidity, mortality, and disability in a defined population (ASPH)	K		X
XIb. Conduct a community health needs assessment (ASPH)	S		X
XIc. Conduct a situation analysis across a range of cultural, economic, and health contexts. (ASPH)	S		X
XId. Design context-specific health interventions based upon situation analysis. (ASPH)	S		X

Discussion and Recommendations

Education is a keystone for delivering excellence in health and healthcare worldwide. Subcommittee members are mindful that the competences will differ based on disciplines and sectors that are active in this field. However, we firmly believe that these differences only enrich us and allow us to create a global learning community. Interprofessional, transprofessional, and inter-country(s) collaboration is essential in order to address our complex 21st century global health challenges. Our next steps will involve sharing the recommended competencies with a variety of professional and educational organizations and colleagues globally, to encourage dialog and further refinement. We will also begin work to develop a toolkit of resources that will be posted on the CUGH website and that can be used to teach and to evaluate the various competencies. Members of the CUGH Subcommittee wish to engage our partners in a dynamic manner to create and sustain what is surely an area that now has great momentum around the world.

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ANNEX D: PMEP DATA DISSAGREGATION

Key Result Area 1:

A pool of committed health sector professionals who will contribute to USAID's ongoing global health initiative is developed

Intermediate Result (IR) 1.1: Health professionals recruited, and supported

SR 1.1.1 Expanded outreach for and awareness of the GHFP-II

1.1.1.1 (& 1.2.1.1) Number of outreach events promoting awareness of GHFP-II and people reached

Outreach & individuals reached, disaggregated by virtual, in person, PY3 (PHI and GlobeMed)

1.1.1.1: Type of Outreach	Virtual	In-Person	Total
Outreach events	6	83	89
Number of individuals	1,532	7,106	8,638

1.1.1.2 Number of unique pageviews

Unique pageviews, disaggregated by new and returning visitors, PY3

1.1.1.2: New; Returning	Average monthly unique pageviews
New visitors	53%
Returning visitors	47%

1.1.1.3 Number of "Summit" meetings organized to discuss the future of professionals in the field of Global Health with key findings published

Number of "Summit" meetings, disaggregated by number of participants and affiliation, PY3

1.1.1.3: Number of participants; affiliation	
Number of participants	375
Affiliation	Student – 16% Nonprofit – 45% Private sector – 17% Public sector – 13% Other – 9%

SR 1.1.2 Fellows recruited and supported efficiently

1.1.2.1 Percent of candidates selected as finalists by the hiring manager that were identified during the first round of GHFP-II recruitment

Candidates selected as finalists during the first round, disaggregated by level, PY3

1.1.2.1: Level	# Fellowships Recruited in Y3	% Selected as Finalists – First Round
Level I	4	4 (100%)
Level II	18	18 (100%)
Level III	9	9 (100%)
Level IV	1	0 (0%)
TOTAL	32	31 of 32

1.1.2.2 Average number of days for: 1) recruiting appropriate candidates; 2) hiring

Average number of days for recruiting, disaggregated by level, PY1-3

1.1.2.2: Level	Avg. # of Days for Recruiting - Y1	Avg. # of Days for Recruiting - Y2	Avg. # of Days for Recruiting - Y3
Level I	18	24	21
Level II	33	24	28
Level III	39	31	29
Level IV	5	N/A	29

Average number of days for recruiting, disaggregated by location, PY1-3

1.1.2.2: Location	Avg. # of Days for Recruiting - Y1	Avg. # of Days for Recruiting - Y2	Avg. # of Days for Recruiting - Y3
Washington, DC	31	24	25
All overseas	43	34	35

Average number of days for hiring, disaggregated by level, PY1-3

1.1.2.2: Level	Avg. # of Days for Hiring - Y1	Avg. # of Days for Hiring - Y2	Avg. # of Days for Hiring - Y3
Level I	16	19	16
Level II	16	18	29
Level III	20	13	22
Level IV	11	N/A	70

Average number of days for hiring, disaggregated by location, PY1-3

1.1.2.2: Location	Avg. # of Days for Hiring - Y1	Avg. # of Days for Hiring - Y2	Avg. # of Days for Hiring - Y3
Washington, DC	18	16	23
All overseas	17	19	37

1.1.2.3 Hiring manager’s satisfaction with GHFP-II’s recruitment process is ‘high’ or ‘very high’

Hiring managers satisfaction with recruitment process, disaggregated by level, PY3

1.1.2.3: Level of fellow(s) hired	very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total by level	% by level that selected satisfied or very satisfied
1	1			1	3	5	80%
2			1	3	8	12	92%
3				4	2	6	100%
4					1	1	100%
not available				2		2	100%
Total	1	0	1	10	14	26	92%

Hiring managers satisfaction with recruitment process, disaggregated by location, PY3

1.1.2.3: Location of hiring manager	very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total by location	% by location that selected satisfied or very satisfied
DC	1	0	1	7	11	20	90%
Overseas				3	3	6	100%
Total	1	0	1	10	14	26	

SR 1.1.3 USAID's technical and workforce needs addressed

1.1.3.1 Percent of fellows who describe direct services provided by GHFP-II as good/excellent

Fellows' feedback about services, disaggregated by type of assignment, PY3

1.1.3.1: Type of Assignment	Satisfied or Very Satisfied
USAID	90% (78 of 87)
NON USAID	0 ⁴⁰

Fellows' feedback about services, disaggregated by location of position, PY3

1.1.3.1: By Location of Position	Satisfied or Very Satisfied
Washington	89% (66 of 74)
Overseas	92% (12 of 13)

1.1.3.2 Total number of fellows employed by PHI annually and cumulatively

Fellows employed, disaggregated by level, PHI⁴¹, PY1-3

1.1.3.2: Level	Fellows employed PY1	Fellows employed PY2	Fellows employed PY3
I	11 (7%)	18 (12%)	19 (13%)
II	51 (34%)	60 (38%)	68 (45%)
III	69 (46%)	68 (44%)	55 (36%)
IV	15 (10%)	9 (6%)	10 (7%)
USSTA	3 (2%)	1 (1%)	0
TOTAL:	149	156	152

Fellows employed, disaggregated by location, PHI & GHCorps, PY3

Indicator 1.1.3.2: Location	PHI Fellows	GHCorps Level One Fellows	Total	%
Washington	123	0	123	78%
Africa	23	6 ⁴²	29	18%
ANE	5	0	5	3%
Middle East	1	0	1	1%
TOTAL:	152	6	158	

⁴⁰ For 1.1.3.1 disaggregation by type of assignment, none of the three non-USAID participants completed the survey.

⁴¹ Fellowship level not relevant for GHCorps Level One Fellows and not included in this disaggregation.

⁴² GHCorps' 10 fellows for PY4 also were supported partly in PY3, which would bring the total to 16. However, these fellows will primarily be counted in the PY4 report.

1.1.3.3 Percent of Fellows 1) invited for extension; and 2) accepting an extension of their fellowships

Fellows invited for and accepting extensions, disaggregated by type of assignment, PY3

1.1.3.3: Type of Assignment	Domestic Fellows	Overseas Fellows	Total
Eligible for Extension	32	2	34
Invited for Extension	31	2	33 (97%)
Accepted Extension	30	2	32 (94%)

1.1.4.1 Percent of fellows who rate their overall professional fellowship experience as contributing 'positively' or 'very positively' to their future careers

Fellows rating about contribution to careers, disaggregated by type of assignment

1.1.4.1: By Type of Assignment	Positively or Very Positively
USAID	100% (26 of 26)
NON USAID	0% (0 of 0)

Fellows rating about contribution to careers, disaggregated by location of position

1.1.4.1: By Location of Position	Positively or Very Positively
Washington	100% (21 of 21)
Overseas	100% (5 of 5)

Fellows rating about contribution to careers, disaggregated by fellowship level

1.1.4.1: Level	Positively or Very Positively
Level 1	100% (2 of 2)
Level 2	100% (9 of 9)
Level 3	100% (12 of 12)
Level 4	100% (3 of 3)
Total:	100%

1.1.4.2 Percent of fellows who transition to another position or pursue further education in global health

Percent of fellows who transition to another position or pursue further education in global health, disaggregated by location of position, PY3

1.1.4.2: Fellows Transitioning to GH	
GHCorps	PHI
83% (5 of 6)	78% (40 of 45)
<ul style="list-style-type: none"> • CHAMP, Zambia (1) • Unknown, but said to be continuing (4) 	<ul style="list-style-type: none"> • CAMRIS, GH/HIDN (1) • Consultant (4) • FHI 360 (1) • Gates Foundation (1) • GH/AA/CIIA (1) • GH/HIDN/MAL (5) • GH/HIDN/MCH (1) • GH/HIDN/NUT (1) • GH/HIDN/TB (1) • GH/OHA/SCMS (1) • GH/OHA/SPER (1) • GH/OHA/TLR (4) • Guttmacher Institute (1) • ICRW (1) • Lumos Foundation (1) • Blue Ventures (1) • USAID/Madagascar (1) • USAID/OFDA (1) • USAID/Tanzania (1) • UNICEF (1) • USAID (4) • USAID Global Development Lab (1) • Job searching (5)

Percent of fellows who transition to another position or pursue further education in global health, disaggregated by ethnicity, PY3

1.1.4.2: Continuing, by ethnicity	PHI	GHCorps	# continuing by ethnicity	% continuing by ethnicity
White	24	1	25	56%
Black	8	3	11	24%
Asian	3	1	4	9%
Hispanic or Latino	3		3	7%
Two or more races	2		2	4%
Unknown	0	0	0	
# Fellows transitioning to GH	40	5	45	

Percent of fellows who transition to another position or pursue further education in global health, disaggregated by location of position, PY3

1.1.4.2: PHI, Continuing by location	Domestic	Overseas	Total
Continuing in GH	30	5	35 (78%)
Actively job searching	2	3	5 (11%)
Not actively job searching/continuing in GH	3	2	5 (11%)

1.1.4.2: GHCorps, Continuing by location	Domestic	Overseas	Total
Continuing in GH		1	1 (17%)
Unknown but considered to be continuing	3	1	4 (67%)
Not actively job searching/continuing in GH	1		1 (17%)

Intermediate Result (IR) 1.2: GHFP-II internships implemented

SR 1.2.1 Awareness of GHFP-II internship opportunities increased through outreach initiatives

1.2.1.1 Number of outreach events promoting awareness of the GHFP-II program and people reached⁴³

Outreach & individuals reached, disaggregated by virtual, in person, PY3 (PHI and GlobeMed)

1.1.1.1: Type of Outreach	Virtual	In-Person	Total
Outreach events	6	83	89
Number of individuals	1,532	7,106	8,638

⁴³ Indicator 1.2.1.1 is identical to indicator 1.1.1.1.

SR 1.2.2 Interns recruited, and supported

1.2.2.1 Total number of interns placed and supported annually and cumulatively

Interns placed, disaggregated by organization, PY1-3

1.2.2.1: Placed	Interns PY1	Interns PY2	Interns PY3	Cumulative	%
PHI	30	34	51	115	37%
GlobeMed	33	77	86	196	63%
TOTAL:	63	111	137	311	

Interns supported, disaggregated by organization, PY1-3

1.2.2.1: Organization	Interns Y1	Interns Y2	Interns Y3	Cumulative	%
PHI	40	53	62	155	44%
GlobeMed	33	77	86	196	56%
TOTAL:	73	130	148	351	

GHFP-II Interns, disaggregated by location, PY3

Indicator 1.2.2.1	PHI Interns	GlobeMed Interns	Total	%
Africa	0	32	32	22%
Latin America	0	23	23	16%
Southeast Asia	1	31	32	22%
Washington, DC	61	0	61	41%
TOTAL:	62	86	148	

Interns, disaggregated by education level completed at beginning of internship, PY3

1.2.2.1: Education	PHI Interns	GlobeMed Interns	Total	%
Undergraduate	0	86	86	58%
BA - Completed	5	0	5	3%
Masters – Pursuing or Completed	56	0	56	38%
Pursuing PhD	0	0	0	0%
PhD - Completed	1	0	1	1%
TOTAL:	62	86	148	

Interns, disaggregated by ethnic background, PY3

1.2.2.1: Ethnicity	PHI Interns	GlobeMed Interns	Total	% Total
White	40	25	65	44%
Black	6	26	32	22%
Hispanic or Latino	2	19	21	14%
Asian	8	14	22	15%
Pacific Islander	1	2	3	2%
American Indian	1	0	1	1%
Two or more races	4		4	3%
Did not indicate			0	0%
TOTAL:	62	86	148	

Interns, disaggregated by type (summer/other), PY2

1.2.2.1: Type	PHI Interns	GlobeMed Interns	Total (PHI & GlobeMed)	%
Summer	41	0	41	28%
On-Demand	20	0	20	14%
Overseas	1	86	87	59%
TOTAL:	62	86	148	

1.2.2.2 Percent interns who describe the overall quality of the internship experience as ‘good’ or ‘excellent’

Interns who were ‘satisfied’ or ‘very satisfied’ with their internship, disaggregated by type of assignment, PY3 (PHI only)

1.2.2.2: Intern Satisfaction	PHI Interns – Satisfied or Very Satisfied
Summer	83% (15 of 18)
On-Demand	100% (3 of 3)

Interns who were ‘satisfied’ or ‘very satisfied’ with their internship, disaggregated by location, PY3

Indicator 1.2.2.2: Positive rating by location	PHI Interns	GlobeMed Interns	Total	Total % by location
Africa	0%	83% (24 of 29)	24	83%
Latin America	0%	93% (14 of 15)	14	93%
Southeast Asia	100% (1 of 1)	88% (28 of 32)	29	88%
Washington, DC	85% (17 of 20)	0	17	85%
Total responding positively:	18 (of 21)	66 (of 76)	84 (of 97)	87%

1.2.2.3 Percent of interns who pursue further education or obtain work in international public health-related areas

PHI interns who pursued further education or obtained work in international public health-related areas, disaggregated by position/degree and gender, PY3

1.2.2.3: Interns pursuing international public health	Female	Male	Total	Total %
Obtained work in international public health-related area	9	3	12	33%
Pursued further education - PhD related to public health	1	1	2	6%
Pursued further education - global health (MPH, enviro health)	15	1	16	44%
# of each gender continuing:	25	5	30	83%
% by gender continuing	86%	71%	83%	
Interns not pursuing international public health or N/A				
Job searching		1	1	3%
Other university	1		1	3%
N/A	3	1	4	11%
TOTAL Not Pursuing:	4	2	6	17%
# Interns completing by gender	29	7	36	

GlobeMed interns who pursued further education or obtained work in international public health-related areas, disaggregated by position/degree and gender, PY3 (partial data)⁴⁴

1.2.2.3: Interns pursuing international public health	Female	Male	Total	Total %
Obtained work in the field	6	3	9	43%
Pursued further education in the field	7	5	12	57%
Total pursuing			21 (of 76)	

⁴⁴ GlobeMed was in the process of collecting this data in November 2014.

Interns who pursued further education or obtained work in international public health-related areas, disaggregated by institution, PY3

1.2.2.3: Institutions	
<u>PHI</u>	
30 interns: 21 Institutions & Organizations	
<i>Universities (11):</i>	<i>Jobs (10):</i>
<ul style="list-style-type: none"> • Boston University • Brandeis • Columbia (2) • Emory (3) • Harvard • George Washington University • Johns Hopkins • UNC Chapel Hill (3) • University of Denver • University of South Florida • University of Washington • Unknown (2) 	<ul style="list-style-type: none"> • Association of Public Health Laboratories • Center for Disease Control – Cameroon • Dimagi Inc. (GH project in Haiti) • Fulbright Research Fellowship • GH Consultant position in DRC • GHFP-II Fellow (3) • Pan American Health Organization • Peace Corps Volunteer • Philadelphia Department of Public Health • USAID Office of Health Systems
<u>GlobeMed</u>	
21 interns; 18 Institutions & Organizations	
<i>Universities (10):</i>	<i>Jobs (8):</i>
<ul style="list-style-type: none"> • Columbia • Northwestern University • Tufts University • UIC (2) • UMKC • University of Cincinnati (2) • University of Pennsylvania • University of Virginia • University of Washington • Vanderbilt 	<ul style="list-style-type: none"> • Alterna Organizacion • Harvard School of Public Health • Health Development Initiative-Rwanda • Loke Walsh Immigration Law, PC • Mujeres Latinas en Acción • National Institutes of Health • New Orleans AIDS Taskforce • Peace Corps (2)

Interns who pursued further education or obtained work in international public health-related areas, disaggregated by ethnic background, PY3

Indicator 1.2.2.3: Ethnicity	PHI Interns Continuing	GlobeMed Interns Continuing	Total of Each Ethnicity - Continuing	Total of Each Ethnicity	% Continuing of each Ethnicity
White	18	13	31	35	89%
Black	3	1	4	4	100%
Hispanic or Latino		3	3	5	60%
Asian	5	3	8	8	100%
Pacific Islander		1	1	1	100%
Native American	1		1	1	100%
Two or more races	3		3	3	100%
TOTAL:	30	21	51	57	37%

Key Result Area 2:

Diversity increased in the cadre of Global Health professionals

Intermediate Result (IR) 2.1: Talent from diverse backgrounds identified, recruited and supported

SR 2.1.1 Outreach and awareness of GHFP-II opportunities for underrepresented groups intensified

2.1.1.1 Number of outreach activities to recruit talent from diverse backgrounds; number reached

Outreach events to recruit diverse talent, disaggregated by virtual and in person, PY3

2.1.1.1: Outreach	Virtual	In Person	Total
Outreach events to recruit diverse talent	5	45	50
Diverse individuals reached	1,012	3,258	4,270

SR 2.1.2 Diversity sustained among GHFP-II participants

2.1.2.1 Percent of interns and fellows from backgrounds underrepresented (ethnic minorities, people with disabilities, low SES) in the GH workforce increases

Interns and fellows from underrepresented backgrounds, disaggregated by age⁴⁵

Indicator 2.1.2.1 Diversity by age	PHI Fellows	PHI Interns	GHCorps Level One Fellows	GlobeMed Interns	Total	%
18-22	0	3		86	89	29%
23-25	2	16	3		21	7%
26-30	23	35	3		61	20%
31-35	53	5			58	19%
36-40	37	2			39	13%
41-45	16				16	5%
46-50	11	1			12	4%
51-55	4				4	1%
56-60	2				2	1%
61-65	2				2	1%
66-70	0				0	0%
Total:	150	62	6	86	304	

Interns and fellows, disaggregated by sex

Indicator 2.1.2.1 Diversity by age	PHI Fellows	PHI Interns	GHCorps Level One Fellows	GlobeMed Interns	Total	%
Female	115	46	5	66	232	76%
Male	35	16	1	20	72	24%
Total:	150	62	6	86	304	

⁴⁵ GHFP-II will propose that age not be used for disaggregation in future reports.

Interns and fellows from underrepresented backgrounds, disaggregated by race/ethnicity

Indicator 2.1.2.1 Diversity by ethnicity	PHI Fellows	PHI Interns	GHCORPS Level One Fellows	GlobeMed Interns	Total
White	91	40	2	25	158
Black	24	6	3	26	59
Asian	23	8	1	14	46
Two or more races	4	4			8
Hispanic or Latino	7	2		19	28
American Indian		1		0	1
Pacific Islander	1	1		2	4
Not Available		0			0
Total active in the year	150	62	6	86	304
Total underrepresented in PY2 (black, two or more races, American Indian, Pacific Islander)	36	14	3	47	100
% underrepresented by ethnicity	24%	23%	50%	55%	33%
Total ethnic minorities (all ethnicities other than White)	59	22	4	61	146
% ethnic minorities by ethnicity	39%	35%	67%	71%	48%

Interns and fellows from underrepresented backgrounds, disaggregated by disability status

Indicator 2.1.2.1 Diversity by disability	PHI Fellows	PHI Interns	GHCORPS Level One Fellows	GlobeMed Interns	Total	%
Yes	0	0	0	0	0	0%
No	27	48	6	86	167	0%
Number answered survey (PHI) or counted (partners)	27	48	6	86	167	0%
% disabled:	0%	0%	0%	0%		0%

Interns and fellows from underrepresented backgrounds, disaggregated by socio-economic status (SES)

Indicator 2.1.2.1 - SES	PHI Fellows	PHI Interns	GHCorps Level One Fellows	GlobeMed Interns	Total	%
Yes	6	9		74	89	55%
No	20	38		7	65	40%
Decline to answer or unknown	1	1		5	7	4%
Number answered survey (PHI) or counted (partners)	27	48		86	161	
Total answered Yes:	22%	19%	<i>N/A</i>	86%	55%	

2.1.2.2 Number of short term private sector fellowships supported

Private Sector Fellowships, disaggregated by technical area, PY3

Indicator 2.1.2.2	Champions	%
Health - Maternal	17	40%
Health - Communicable Diseases	8	19%
Nutrition	4	9%
Health service delivery	4	9%
Pharmaceutical supply chain	3	7%
Health - Drug Discovery	2	5%
Tuberculosis	2	5%
Domestic violence	1	2%
Mobile health	1	2%
Cookstoves	1	2%
TOTAL	43	

Private Sector Fellowships, disaggregated by location, PY3

Indicator 2.1.2.2	Fellows
Bangladesh	2
Ghana	4
India	11
Kenya	2
Nepal	3
Peru	2
South Africa	9
Switzerland	2
Uganda	4
Zambia	4
TOTAL:	43

Intermediate Result (IR) 2.2: Opportunities for Foreign Service Nationals developed and supported

SR 2.2.1 Opportunities for FSN exchanges increase

2.2.1.1 Percent of Foreign Service Nationals (FSNs) who rate their satisfaction with GHFP-II's assistance as 'satisfied' or 'very satisfied'

- No disaggregation for this indicator.

2.2.1.2 Percent of Onsite Managers (OSMs), staff in USAID/HR and in GH/PDMS who rate their satisfaction with GHFP-II assistance related to Foreign Service National (FSN) as 'satisfied' or 'very satisfied'

- No disaggregation for this indicator.

Key Result Area 3:

Fellows' technical, program management, and leadership competencies enhanced

Intermediate Result (IR) 3.1: Professional and career development (PCD) information, tools, and assistance provided to fellows

SR 3.1.1 Developmental goals for Fellows defined and appropriate resources identified

3.1.1.1 Percent of new fellows completing baseline job competency assessment within 90 days of starting employment

- No disaggregation for this indicator.

3.1.1.2 Percent of new fellows completing initial APP within 90 days of starting employment

- No disaggregation for this indicator.

3.1.1.3 Percent of continuing fellows updating APP within 45 days of anniversary date

- No disaggregation for this indicator.

SR 3.1.2 Fellows' pursuit of developmental activities, access to technical information, and completion of relevant training facilitated

3.1.2.1 Percent of fellows completing an Individual Development Plan (IDP)

Percent of fellows completing an Individual Development Plan (IDP), disaggregated by fellowship level, PY3

3.1.2.1 Level	# fellows in each level	# fellows completed IDP	% fellows completed IDP
Level 1	18	8	44%
Level 2	67	41	61%
Level 3	55	40	73%
Level 4	10	7	70%
Total:	150	96	64%

Percent of fellows completing an Individual Development Plan (IDP), disaggregated by location of placement, PY3

3.1.2.1 Location	# fellows at each location	# fellows completing IDP	% fellows completed IDP
Washington, DC	122	80	66%
Africa	23	11	48%
Asia	5	5	100%
Total:	150	96	64%

3.1.2.2 Percent of fellows completing majority of developmental activities in approved IDPs

- No disaggregation for this indicator.

3.1.2.3 Number of regional conferences/workshops for field Fellows planned and conducted

Regional conference/workshop, disaggregated by region/location and topic areas, PY1-3

3.1.2.3: Region & Topic	Year 1	Year 2	Year 3
Region/Location	Johannesburg, South Africa (Sept. 13 & 14, 2012)	Africa/Addis Ababa, Ethiopia (Sept. 17-20, 2013)	Dubai, UAE (Sept. 17-19, 2014)
Topic areas	Personal and performance effectiveness, program updates on performance planning and role of the fellow issues, and a needs assessment for professional development and career planning support	Program updates, work successes and challenges, introduction to fellows training, collaboration and negotiation, program management for health programs	Individual meetings, program updates, team leadership skills, how to be a successful fellow, innovation and creativity

3.1.2.4 Percent of attendees rating their satisfaction with the regional conference as high or very high

Regional conference satisfaction, disaggregated by region/location

- Region/location: The conference took place in the United Arab Emirates / 60 percent.

3.1.2.5 Percent of new fellows completing all orientation modules offered by GHFP-II

Percent of new fellows completing all orientation modules offered by GHFP-II, disaggregated by fellowship level, PY3

3.1.2.5: Level	# fellows in each level	# fellows completing all orientation modules	% fellows completing all orientation modules
Level 1	4	1	25%
Level 2	18	5	28%
Level 3	4		0%
Level 4	1	1	0%
Total:	27	7	26%

Percent of new fellows completing all orientation modules offered by GHFP-II, disaggregated by location of placement, PY3

3.1.2.5: Location	# fellows at each location	# fellows completing all orientation modules	% fellows completing all orientation modules
Washington, DC	21	6	29%
Africa	4	1	25%
Asia	2	0	0%
Total:	27	7	26%

3.1.2.6 Average satisfaction rating with PCD portion of Washington orientation

Average satisfaction rating with PCD portion of Washington orientation, disaggregated by fellowship level

3.1.2.6 Level	fellows indicating satisfied or very satisfied	# by level	% by level
Level 1	1	3	33%
Level 2	6	11	55%
Level 3	8	11	73%
Level 4	0	1	0%
Total:	15	26	58%

Average satisfaction rating with PCD portion of Washington orientation, disaggregated by location of placement

3.1.2.6 Location of Position	# 'satisfied' or 'very satisfied'	# for each group	% for each group
Washington	12	22	55%
Overseas	3	4	75%
Total satisfied/very satisfied	15	26	58%

3.1.2.7 Percent of fellows receiving coaching who indicated that they were satisfied or very satisfied with the quality of coaching

Percent of fellows receiving coaching who indicated that they were satisfied or very satisfied with the quality of coaching, disaggregated by fellowship level

3.1.2.7 Location of Position	# indicating 'satisfied' or 'very satisfied'	# of fellows in each location who have used coaching	% 'satisfied' or 'very satisfied'
Washington	31	51	61%
Overseas	7	10	70%
Total satisfied/very satisfied	38	61	62%

Percent of fellows receiving coaching who indicated that they were satisfied or very satisfied with the quality of coaching, disaggregated by location of placement

3.1.2.7 Level	fellows indicating satisfied or very satisfied	# of fellows in each level who have used coaching	% 'satisfied' or 'very satisfied'
Level 1	3	5	60%
Level 2	19	32	59%
Level 3	16	23	70%
Level 4	0	1	0%
Total satisfied/very satisfied	38	61	62%

SR 3.1.3 Increase in fellows' competency levels demonstrated and documented

3.1.3.1 Average composite competency rating based on fellows' self-assessment

Competency rating, disaggregated by fellowship level, PY3

3.1.3.1: Level	1 = awareness– observer– apprentice	2 = developing– contributor– craftsman	3 = intermediate– practitioner– journeyman	4 = advanced– expert– master	# fellows evaluated	Avg rating by level
Level 1		3	5		8	3.2
Level 2		2	23	1	26	3.4
Level 3		2	22	3	27	3.5
Level 4				4	4	3.8
Total:	0	7	50	8	65	
% by category		11%	77%	12%	130	

Competency rating, disaggregated by location of placement

- Not available.⁴⁶

3.1.3.2 Average composite competency rating based on OSM assessments

Composite competency rating (OSMs), disaggregated by fellowship level, PY3

3.1.3.2	OSMs providing assessment	Avg competency rating
Level I	8	3.4
Level II	26	3.6
Level III	25	3.7
Level IV	4	3.9
Total surveyed:	63	3.6

⁴⁶ For 3.1.3.1, disaggregation by location of placement should be removed from the PMEP. Data is not available to provide meaningful report outcomes.

Intermediate Result (IR) 3.2: Onsite managers supported in their role as mentors for fellows' professional development

SR 3.2.1 Technical assistance, training and coaching services offered to OSMs

3.2.1.1 Average rating of the value and responsiveness of GHFP II technical assistance (TA) provided to OSM

OSM feedback on value and responsiveness of GHFP-II technical assistance, disaggregated by office/organization

3.2.1.1: Location of Position	# Survey respondents	# OSMs in contact with GHFP-II	# Satisfied or Very Satisfied	% Satisfied or Very Satisfied
GH/HIDN	8	5	5	100%
GH/OHA	6	5	4	80%
GH/PRH	5	4	4	100%
Other Washington offices (Africa Bureau, DCHA, GH/P3)	5	5	5	100%
Overseas	8	5	5	100%
Total satisfied/very satisfied	32	24	23	96%

ANNEX E: PY3 SURVEY SUMMARIES

Data for 11 indicators in PY3 were collected from eight PHI surveys.

SURVEY	OPEN	RESPONSE RATE	Indicators:
1. OnSite Managers Survey	Oct. 21 – Nov. 6, 2014	Response rate: 37% Responded: 32 (total sent: 86) (Note: 24 were in touch with GHFP-II and answered the key question)	One: 3.2.1.1
<p>3.2.1.1 In the past year have you been in touch with GHFP-II staff regarding any questions or issues related to managing a fellow? yes no not sure [if yes] How satisfied were you with the support you received from GHFP-II staff in addressing any questions or issues related to management of your fellow(s)? very dissatisfied dissatisfied neutral satisfied very satisfied</p>			
2. Fellows Survey	Oct. 21 – Nov. 11, 2014	Response rate: 58% Responded: 87 finished survey (89 started) (total sent: 149)	Four: 1.1.3.1, 3.1.2.2, 3.1.2.6, 3.1.2.7 ⁴⁷
<p>1.1.3.1 Please describe your OVERALL SATISFACTION with GHFP-II services very dissatisfied dissatisfied neutral satisfied very satisfied</p>			
<p>3.1.2.2 Did you have an approved Individual Development Plan (IDP) in place for the previous fellowship year? yes no not sure [If yes] Were you able to complete a majority of activities for the previous year's IDP? yes no not sure</p>			
<p>3.1.2.6 Did you start your fellowship between June 30, 2012 and June 30, 2013? yes no [If yes] Please rate your level of satisfaction with the professional development portion of the orientation training</p>			

⁴⁷ The indicator for 1.1.4.1 - How would you rate your professional fellowship experience as contributing to your future career? – was collected through the end-of-fellowship completion report.

(initial briefing and web-based modules)? <i>very dissatisfied dissatisfied neutral satisfied very satisfied</i>			
3.1.2.7 Have you ever used the professional coaching services available from GHFP-II? yes no not sure [If yes] How satisfied were you with the professional coaching you received? <i>very dissatisfied dissatisfied neutral satisfied very satisfied</i>			
3. FSNs	Oct. 21 – Nov. 6, 2014	Response rate: 61% Responded: 11 (total sent: 18)	One: 2.2.1.1
2.2.1.1 Please describe your OVERALL SATISFACTION with GHFP-II services, from initial arrangements to exit interview. <i>very dissatisfied dissatisfied neutral satisfied very satisfied</i>			
4. USAID Hosting Managers and Support Staff for FSNs	Oct. 21 – Nov. 6, 2014	Response rate: 45% Responded: 6 (total sent: 13) (note: all six indicated yes for communication with GHFP-II)	One: 2.2.1.2
2.2.1.2 In the past year, were you in touch with GHFP-II staff regarding planning for or interacting with Foreign Service Nationals (FSNs) – such as assistance with SOWs, etc? yes no [if yes] How satisfied were you with the support you received from GHFP-II staff in addressing any questions or issues? <i>very dissatisfied dissatisfied neutral satisfied very satisfied</i>			
5. End of Internship Feedback Survey	Ongoing	Response rate: 60% Responded to this question: 21 (out of 24 who completed part of the survey) (total sent: 35) GlobeMed: 88% response rate ⁴⁸	One: 1.2.2.2
1.2.2.2 Please rate the overall quality of your GHFP-II internship experience <i>very dissatisfied dissatisfied neutral satisfied very satisfied</i>			

⁴⁸ GlobeMed asked their interns to rate the overall quality of the internship, from 1-5 (poor to excellent). Of the 86 interns in PY3, 76 completed the survey.

6. Hiring Managers Survey	Ongoing	Response rate: 72% Responded: 26 survey responses about 36 hiring processes (several HMs gave feedback about more than one fellow. In several cases, multiple HMs were asked about the fellow, and a response was tallied from whomever responded.) <i>(total sent: 36)</i>	One: 1.1.2.3
1.1.2.3 How satisfied were you with the GHFP-II recruitment process, from when you first contacted GHFP-II about this position through the time the candidate(s) signed the offer letter? <i>very dissatisfied dissatisfied neutral satisfied very satisfied</i>			
7. Fellow Diversity Survey	Ongoing	Response rate: 96% Responded: 27 <i>(total sent: 28)</i>	One: 2.1.2.1
2.1.2.1 Are you an individual with a disability as defined by the Americans with Disabilities Act? <i>yes no decline to answer</i> Would you describe yourself as coming from a low socioeconomic background? <i>yes no decline to answer</i> Fellows are asked to complete the survey online after starting their fellowship.			
8. Intern Diversity Survey	Ongoing	Response rate: 96% Responded: 48 <i>(total sent: 50 were asked to complete the paper survey)</i>	One: 2.1.2.1
2.1.2.1 Are you an individual with a disability as defined by the Americans with Disabilities Act? <i>yes no decline to answer</i> Would you describe yourself as coming from a low socioeconomic background? <i>yes no decline to answer</i> PHI interns fill out a paper survey at the start of their internship, and PHI staff submits to the M&E specialist.			