



**USAID**  
FROM THE AMERICAN PEOPLE

**GLOBAL HEALTH  
FELLOWS**



# Global Health Fellows Program (GHFP)

## Results Review

July 1, 2008-June 30, 2009

*Submitted October 30, 2009*

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GHFP is supported through Cooperative Agreement GPO-A-00-06-00005-00 with the US Agency for International Development. Contents are the responsibility of the Global Health Fellows Program and the Public Health Institute and do not necessarily reflect the views of USAID or the US Government.



The Public Health Institute implements USAID's Global Health Fellows Program in partnership with: Harvard School of Public Health • Management Systems International • Tulane University School of Public Health and Tropical Medicine

## Executive Summary

In the Global Health Fellows Program’s (GHFP) third year, GHFP solidified program performance by repeating successful strategies, reorganizing staff, strengthening and consolidating systems. We increased the number of fellowships, internships, professional development offerings and organizational development requests. We balanced well-established, well-run activities with innovation and responsiveness to new USAID clients and new situations such as whole-missions consultations and assistance to OGAC and PEPFAR field teams. We sought innovative ways to support PHN performance in Washington and in the field. Consistent with the GHFP Results Framework (see Figure 1), the following are key results for core elements in the program.

### Outreach and Recruitment

GHFP used previous years’ successful experience in university, career fair and conference participation, internet use and personal contact to increase awareness of USAID. In addition, we worked to increase favorable attitudes towards and intention to consider global health career opportunities. Focusing on minorities, GHFP targeted select minority serving institutions and events known to have a larger number of minority participants.

Recruitment and onboarding systems continued to be refined. PHI’s flexibility and responsiveness were evident as GHFP took on the unexpected demand for new fellows. A selection of key results includes:

Outreach and Recruitment of Fellows (Including Focus on Minorities)			
	Year One	Year Two	Year Three
Outreach and University Partner Inreach Events, Presentations, Booths, etc.	18 events 2,300+ attendees	39+ events 4,000+ attendees	40+ events 5,000+ attendees
Website Page Hits	770,000	2,400,000	11,804,267
Fellow Recruitment	61 transitioned 13 new positions	50 new positions	42 new positions
Intern Recruitment	6 interns	9 interns	26 (16 domestic, 10 overseas)

## Support to Fellows: Administrative, Performance Management and Professional Development

GHFP support to fellows includes administrative, performance management and professional development assistance. In Year 3, GHFP reorganized staffing to strengthen the fellows’ support system leading to increased numbers of completed evaluations and individual professional development workplans and improved use of university partner resources. Support to the Fellow-Onsite Manager (OSM) relationship, continued to be a priority with regular publication of the e-newsletter (“Fellows Express”) for fellows and OSMs, quarterly publication of the “OSM Express” and an expanded, full-service website including information on the GHFP program, training opportunities, and professional development resources and networking tools. The unexpected increase in fellows’ numbers did not diminish the quality of support, but strained systems which required some reorganization in Year 3. A selection of key results includes:

Fellows’ Administrative Support and Performance Management			
	Year One	Year Two	Year Three
% of fellows who agreed or strongly agreed that GHFP support services are satisfactory	74%	83%	90%
% of fellows who agreed that GHFP responds in a timely manner	90%	96%	94%
% of fellows who agreed website is useful and relevant	26%	57%	45%
% of fellows who accepted invitation to extend their fellowship	91%	89%	95%

GHFP made substantial progress towards contributing to the Strategic Objective of strengthening staff capacity to lead and manage. The professional development team, including all partners, successfully completed GHFP’s transition from the PLP Population and Reproductive Health focus to providing support across the Bureau and PHN sector to all Offices. A selection of key results includes:

Professional Development			
	Year One	Year Two	Year Three
Number of professional development events	5	16	30
# of participants in GHFP professional development activities	-	300+	425+
Average evaluation rating	Good-Excellent	Good-Excellent	Good-Excellent
% of fellows indicating GHFP successful in providing state-of-the-art technical information	25.6%	59.6%	58.0%
% of participants finding PD content applicable and reporting they are likely to use content on the job	40%	87.1%	89.8%

## Alumni

In Year 3, GHFP developed its alumni database and listserv and published two issues of the “GHFP Express – Alumni Edition” e-newsletter. Alumni evaluation ratings indicate that the fellowship experience is a positive one with implications for strengthened human resources for the international health development sector’s future. A selection of key results includes:

Alumni Outcomes			
	Year One	Year Two	Year Three
% of alumni who would recommend GHFP to others	-	100%	100%
% of fellows (known to us) who post-initial fellowship have remained in global health sector (via next job or return to school)	-	100%	100%

Note: Due to the small number of alumni, no Alumni Survey was conducted during Year 1.

## Organizational Development

In Program Year 3, international organizational development (OD) work tripled as a result of a joint PDMS-GHFP strategic focus on OD. GHFP worked with PDMS to strengthen its communication to OSMs in the OSM Express and in a dedicated section of the GHFP’s homepage. GHFP increased its support to GH Bureau offices, divisions and teams as well as missions, groups of missions, and multi-agency, multi-sector, multi-organization coordinating groups and alliances such as PEPFAR and the OGAC office. In both French and Spanish, GHFP helped with a variety of USAID challenges including developing new program areas, project design efforts, strategic planning, role clarification, strengthening Washington-Mission relations, and fostering more effective collaborations. One outstanding activity was the PDMS-GHFP joint work in USAID/Ethiopia to develop PHN staff orientations and performance management processes and materials. A selection of key results includes:

Organizational Development			
	Year One	Year Two	Year Three
# of activities, both domestic and overseas, including SOTA events	5	13	26
Average rating by participants	Good-Excellent	Good-Excellent	Good-Excellent

The following sections provide more details and additional results for each of the key elements of the GHFP Results Framework.

Figure 1: Global Health Fellows Program Results Framework



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# Health Sector Cadre Enhanced Worldwide

## ***IR 1.1 Health professionals recruited, developed, supported***

### SR 1.1.1 Expanded awareness of GHFP and its opportunities

As in previous years, GHFP program staff engaged in a wide range of outreach activities aimed at increasing awareness of the program. During Program Year 3, GHFP used the same outreach strategies that had proven so effective during the first two years of the program. Specifically, outreach activities were targeted on the following areas: 1) schools of public health and other relevant schools,<sup>1</sup> 2) professional conferences and employment fairs, 3) outreach targeting minorities, 4) other targeted outreach, and 5) web-based outreach. Outreach activities typically include information about the USAID fellowship program as well as about the internship program, although a small number of activities were conducted specifically to promote the internship program.

### ***Results***

Face-to-face outreach events conducted during Year 3 include the following:

- **Schools of Public Health and Other Relevant Schools:** To maximize outreach to graduate students of public health and related disciplines interested in global health careers, GHFP staff targeted specific schools by holding information sessions and presentations about GHFP and USAID. The schools targeted during Program Year 3 included: Johns Hopkins University, Emory University, University of North Carolina, New York University, University of Maryland, University of Washington, California State University – East Bay, Touro University, Columbia University, the George Washington University, Georgetown University, George Mason University, Montgomery College, Carnegie Mellon University, University of Pittsburgh, Chatham College, MIT, the University of Miami, the University of California at Berkeley, American University, Northwestern University, University of Southern California, the University of California at Los Angeles, the University of California at San Diego and the University of San Francisco. In addition, GHFP staff conducted in-reach activities at Harvard University and Tulane University.<sup>2</sup>
- **Professional Conferences and Employment Fairs:** During Program Year 3, GHFP maintained a strong presence at key annual public health conferences and meetings, helping to maximize outreach to public health professionals, and facilitating their recruitment to GHFP. GHFP staff conducted presentations and/or had a booth at the Association of Schools of Public Health Career Services Council Meeting, the

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<sup>1</sup> The term “relevant schools” refers to colleges and universities that typically provide a large number of graduates that enter the GHFP program.

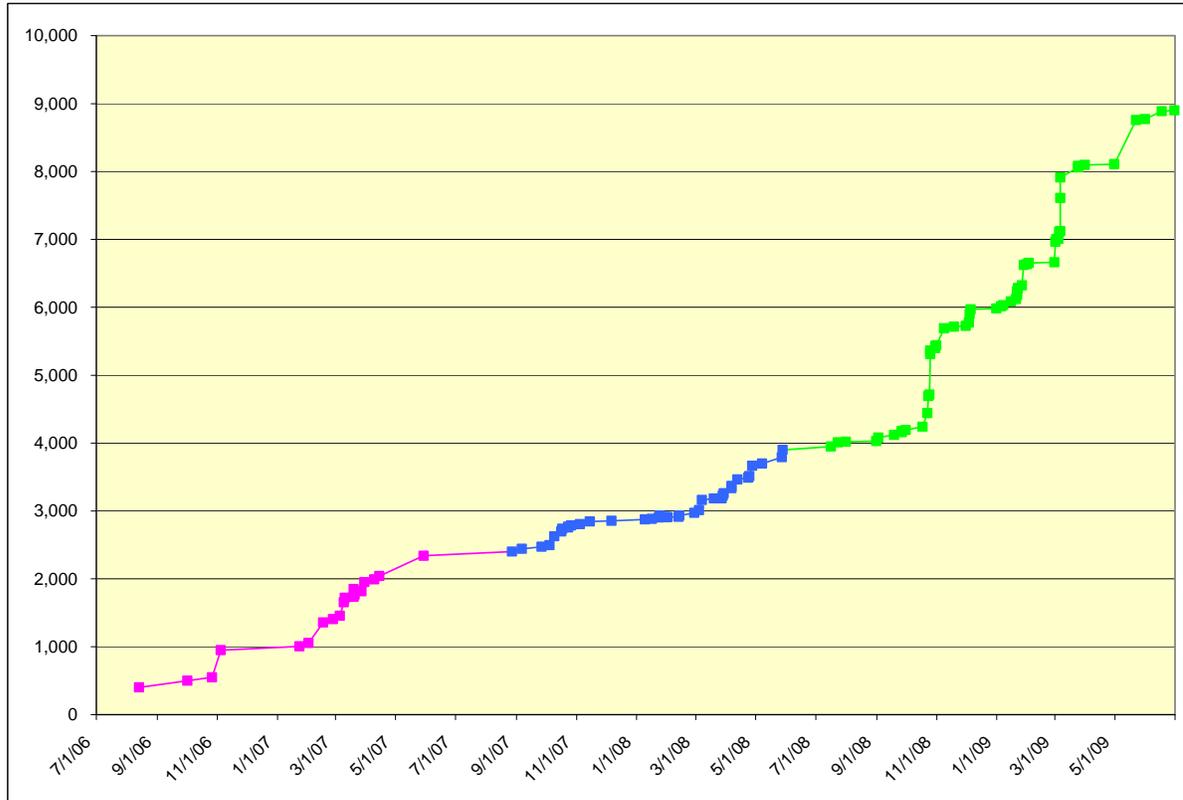
<sup>2</sup> In-reach consists of activities based at GHFP partners, Harvard and Tulane.

Society for International Development Career Fair, the Advancing Prevention Technologies for Sexual and Reproductive Health Symposium and the State Department Career Transition Center Job Fair. GHFP also presented to the Fogarty International Clinical Research Scholars during their program orientation to increase the participants' awareness of GHFP and USAID as opportunities to apply their global health expertise. In addition, GHFP had a booth at the annual meetings of the American Public Health Association and the Global Health Council in Washington, DC. GHFP staff conducted numerous one-on-one resume consultations at these conferences, a very popular service.

- **Outreach Targeting Minorities:** To increase awareness of GHFP and USAID among minority groups, GHFP continued to hold presentations and information sessions at select minority serving institutions (MSIs), such as Loma Linda University, the University of South Florida, Morehouse University, San Diego State University and the University of the District of Columbia. In addition, presentations and information sessions were held at events known to have a large number of minority participants such as the Phelps Stokes Fund Global Education and Leadership Conference.
- **Informational Interviews:** Since GHFP's beginning, GHFP staff have been available to professionals seeking information regarding GHFP fellowships and internships. In Program Year 3, GHFP made informational interviews more widely available through the program's website, so that anyone with an interest in global health would have equal opportunity to speak with a staff member to gain insight into the field. GHFP staff conducted 138 informational interviews in Program Year 3 to expand awareness of the program. Most informational interviews also included a resume review for the individual. Of those individuals who had informational interviews in Program Year 3, three became either a fellow or an intern with the program.
- **Career Panel:** Each year, GHFP hosts a career panel in its Washington, DC office to highlight the work of fellows and to introduce job seekers to the field of global health. In Program Year 3, GHFP highlighted the diversity of careers (advocacy, research, direct technical assistance, etc.) and backgrounds that individuals bring to the field, both personally and professionally. There was overwhelming interest in the session – GHFP was able to accommodate 50 and had a waiting list of over 50 more people interested in attending,

During the course of Program Year 3, GHFP conducted 40 outreach/inreach events (booths, panels and presentations). Figure 2 shows that these events enabled a large number of people to learn about GHFP, USAID, and careers in global health. During Program Year 3, nearly 5,000 people attended a GHFP outreach event. Over the course of the first three Program Years, a total of nearly 9,000 people participated in such events.

Figure 2: Cumulative Number of Attendees at GHFP Outreach Events, July 2006 – June 2009



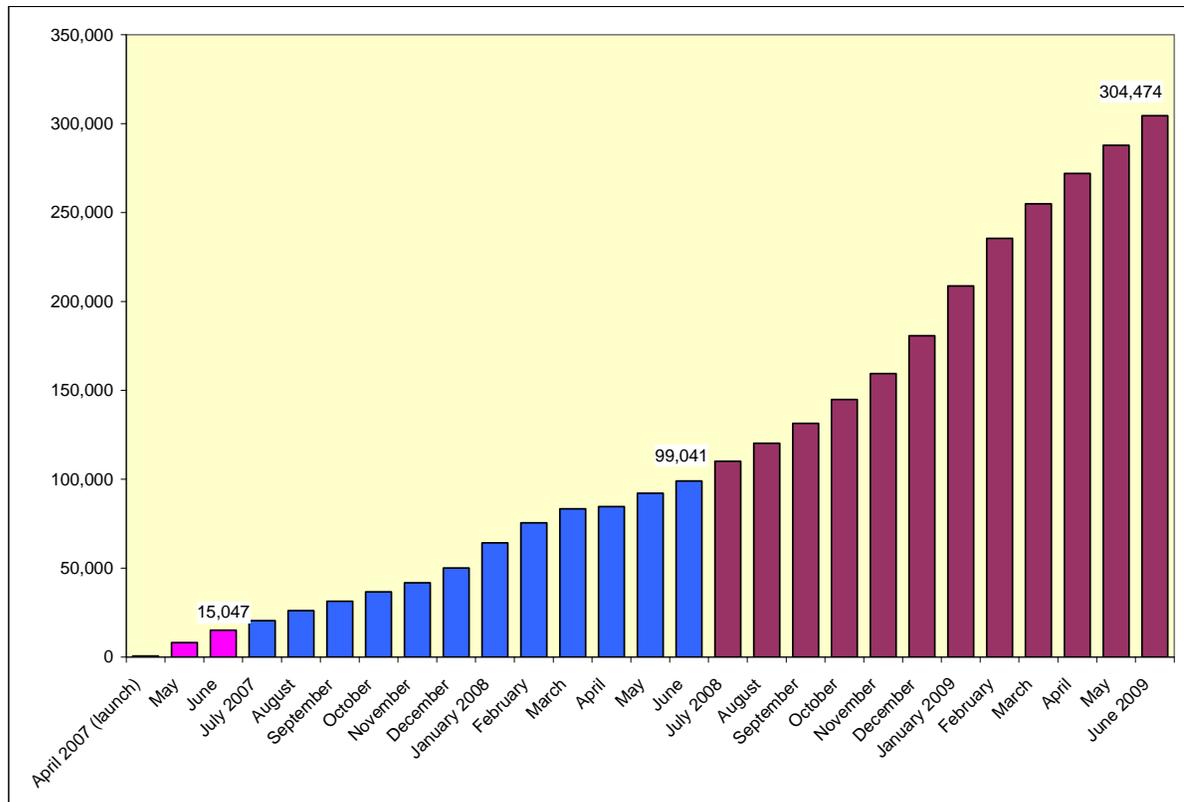
Note: Pink represents Program Year 1; blue represents Program Year 2, green represents Program Year 3

- Web-based Outreach and Communication:** GHFP continues to supplement in-person outreach events by means of its full-featured website, which has been functional since the fourth quarter of Program Year 1. The website aims to increase awareness of the program and facilitate the application and review processes for fellowships and internships through its easy-to-use online application system. GHFP staff advertise the GHFP website address during all outreach events. The web address is also included on various GHFP communication materials.

Figure 3 shows the cumulative number of GHFP website visitors over the course of the first three years of the program. The revamped website was launched in April 2007, and by the end of Program Year 1, the website had recorded just over 15,000 visitors. Use of the GHFP website increased substantially during Program Year 2, and even more so during Program Year 3. The cumulative number of website visitors increased to 99,000 by the end of June 2008, and to over 300,000 by the end of June 2009. During Program Year 3, visits to the website were made from over 48,000 unique IP addresses, up from 31,000 during Year 2.

The GHFP website also includes information about the internship program, and enabled potential applicants for the 2009 internships to sign up for the internship listserv. During Program Year 3, the internship webpage received over 450,000 hits.

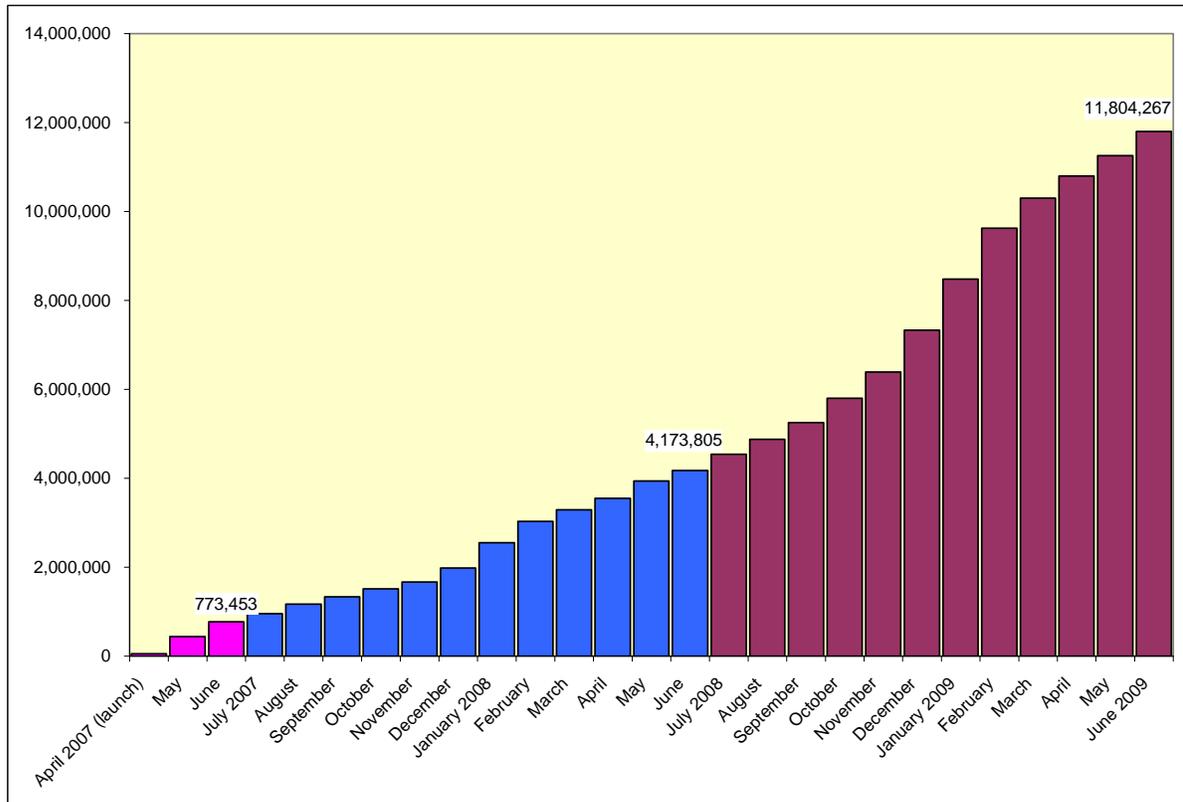
Figure 3: Cumulative Number of GHFP Website Visitors (April 2007 – June 2009)



Note: Pink represents Program Year 1; blue represents Program Year 2; purple represents Program Year 3

Website statistics further show that many website visitors reviewed several pages on the website, as was the case in previous years. During Year 3, the average number of page hits per visitor was 37. Figure 4 shows cumulative number of page hits since the launch of the GHFP website in April 2007. During Year 3, the GHFP website recorded 7.7 million hits. Since GHFP’s inception, the website has recorded a total of nearly 12 million page hits.

Figure 4: Cumulative Number of GHFP Website Hits (April 2007 – June 2009)



Note: Pink represents Program Year 1; blue represents Program Year 2; purple represents Program Year 3

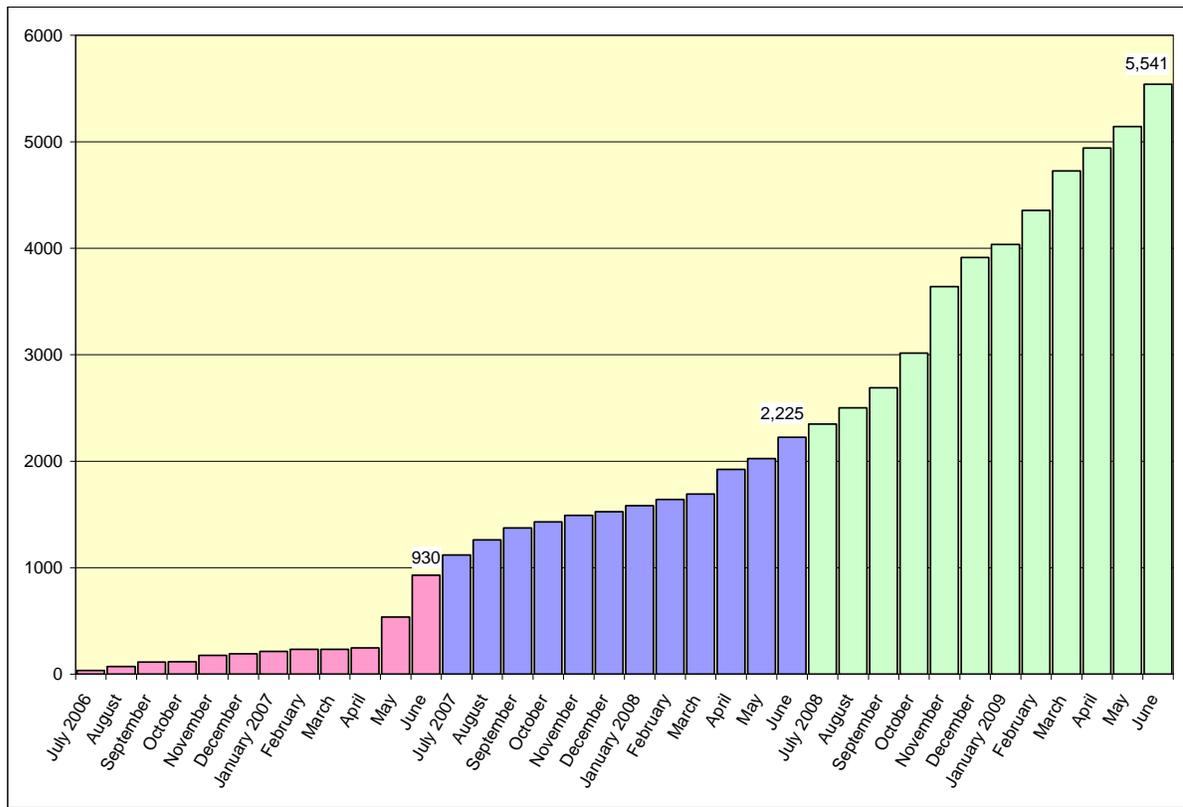
### SR 1.1.2 Procedure for selection and placement of fellows improved

GHFP continued to be highly successful in recruiting and hiring right-skilled technical experts from a wide range of public health disciplines in order to meet the needs of USAID. By the end of Program Year 3, over 100 fellows were being supported, which substantially exceeded the maximum capacity of 75 fellows that was envisioned in the original GHFP Request for Application (RFA).

#### ***Results***

- During its first Program Year, GHFP launched an extensive outreach campaign with the aim of ensuring that the fellowship program would succeed in attracting a large number of qualified applicants. The effort was accompanied by an easy-to-use online application system that went live in late April 2007. Figure 5 shows that GHFP's strategy had been very effective in reaching potential applicants. The launch of the online application system in April 2007, and the increase in the number of available positions toward the end of Program Year 1 resulted in a sharp increase in the total number of applications. During the course of Program Year 2, the program continued to receive a steady stream of applicants. In Program Year 3, the number of fellowship applications received accelerated substantially. During Program Year 3 alone, GHFP received and processed over 3,000 position-specific applications. The exceptionally large number of applications received in November 2008 (over 600) coincided with the surge in fellowships announced for the Office of HIV/AIDS' Technical Leadership and Research Division. Over the course of the first three program years combined, GHFP processed over 5,500 fellowship applications.

Figure 5: Cumulative Number of Applications for GHFP Fellowships (July 2006- June 2009)

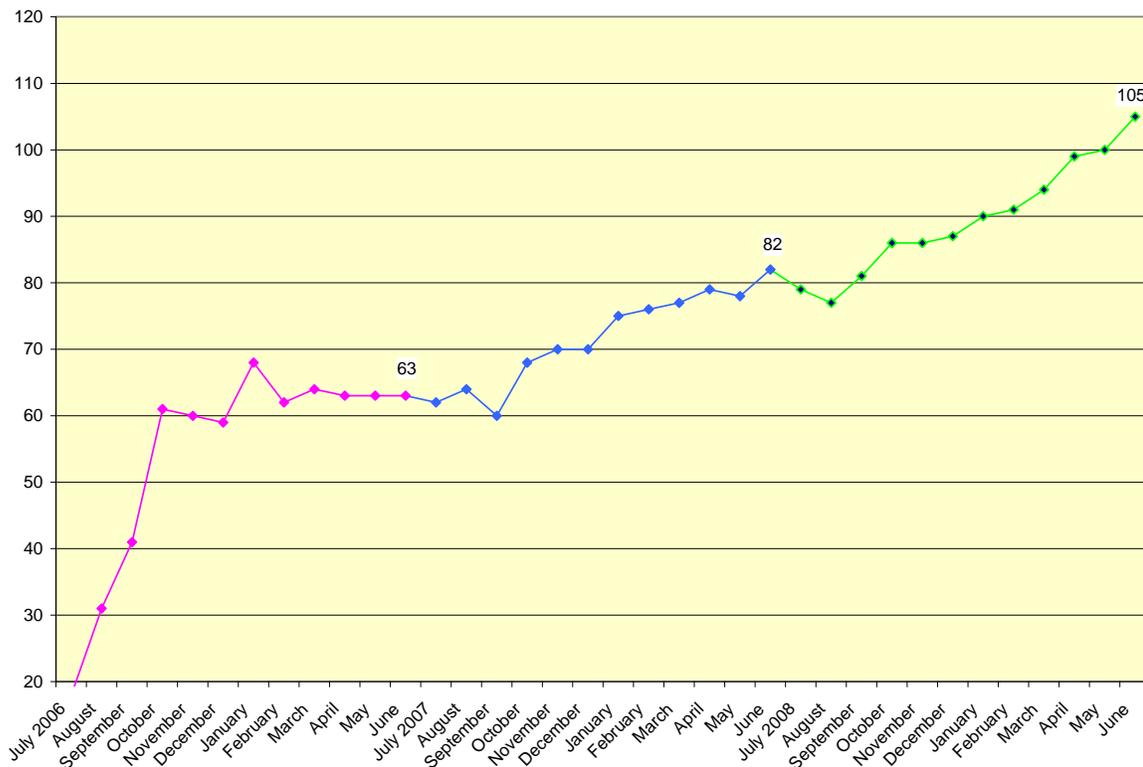


Note: Pink represents Program Year 1; blue represents Program Year 2; green represents Program Year 3

- Analyses of recruitment data (based on positions that were advertised with a closed date within Program Year 3), illustrate that the recruitment of GHFP fellows is swift. The average duration from the time that the position opened until qualified applications were forwarded to the relevant Onsite Manager was only 47.8 days. The average duration from the position opening until the time an offer was made was just over three months (91.1 calendar days). For 94% of the positions, qualified applications were forwarded within 90 days after the position opened. In more than two thirds of the cases (41%), an offer was made within 90 days after the opening of the position.
- As a result of the continuous cycle of new fellows and fellows who reach the end of their fellowships, the number of fellows that GHFP supported varied from month to month. Figure 6 shows how the number of fellows that GHFP supported changed over the course of the first three program years. The results for Year 1 show that the transition of fellows from previous fellowship programs occurred swiftly, which led to a rapid increase in the number of fellows supported during the first quarter of Program Year 1. After this initial transition period, the number of fellows being supported was nearly constant for the remainder of Program Year 1, with the number fluctuating around 63.

- During Program Year 2 the number of fellows being supported steadily increased from less than 65 in September 2007 to 82 fellows in June 2008. This steady increase in the number of fellows being supported concurrently continued – and perhaps accelerated – during Program Year 3. By June 2009, GHFP was supporting 105 fellows. Figure 6 further shows that the maximum capacity of 75 concurrent fellowships that was anticipated in the GHFP RFA has been consistently exceeded since January 2008.

Figure 6: Number of GHFP Fellows Supported During Any Given Month (July 2006- June 2009)



Note: Pink represents Program Year 1; blue represents Program Year 2; green represents Program Year 3

### SR 1.1.3 Cadre of fellows meets USAID/GH/PHN technical and workforce needs

GHFP continued to contribute to USAID’s global health leadership by providing a large pool of technical experts able to implement USAID’s vision. The outreach strategy described under SR.1.1.1 ensured that there was a large pool of qualified fellowship applicants.

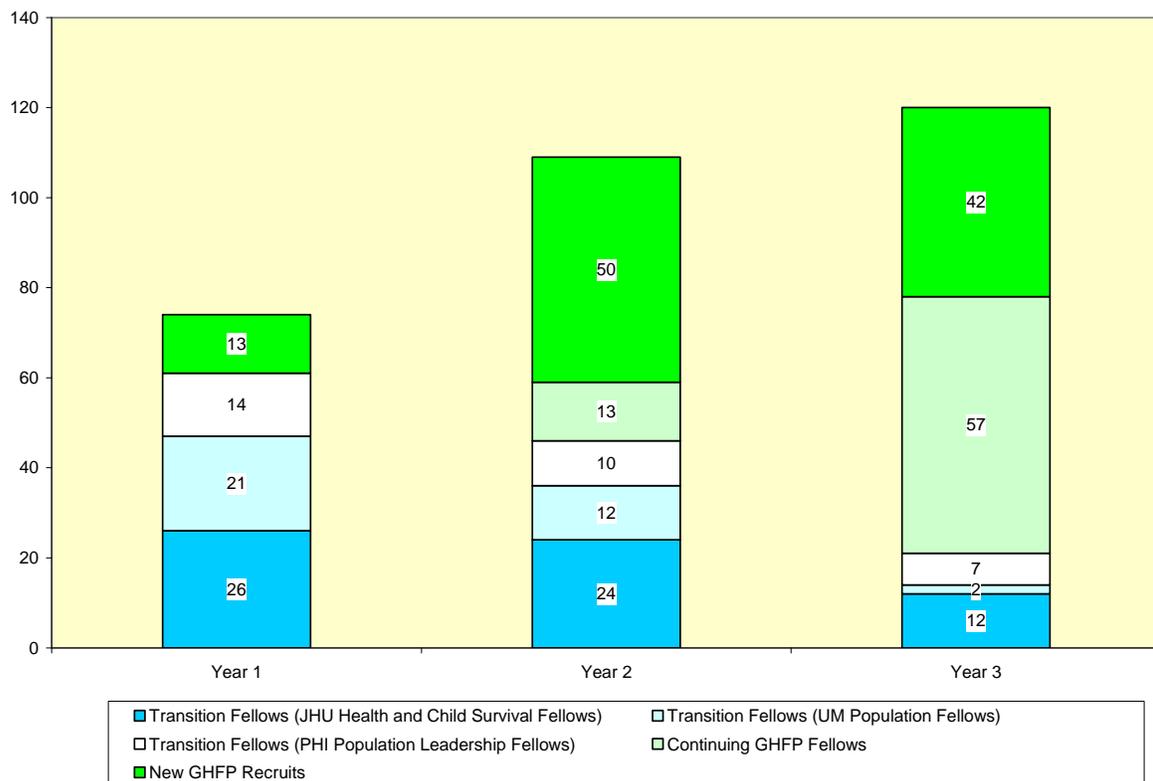
### Results

- In total, GHFP managed 120 fellowship positions during the course of Program Year 3, up from 109 during Program Year 2. These 120 positions included 42 new

positions that were filled during the course of Year 3, and 78 positions that continued from the previous year. Of these 78 continuing positions, 57 were new GHFP recruitments during Program Years 1 and 2, while the remaining 21 positions had originally been recruited under a previous fellowship mechanism. The latter include 12 positions originally recruited by the Johns Hopkins Health and Child Survival Program, 7 by the Public Health Institute’s Population Leadership Program, and 2 by the University of Michigan Population Fellows Program.

- The total number of fellows who started under a previous fellowship mechanism continued to decline (see Figure 7). The number of such fellows decreased from 61 in Program Year 1 to 46 in Program Year 2, to 21 in Program Year 3. The percentage of fellows who had been directly recruited by GHFP, rather than transferred in from a previous fellowship mechanism, increased from 17.6% during Year 1 (13 out of 74) to 57.8% during Year 2 (63 out of 109) to 82.5% during Year 3 (99 out of 120).
- The 42 new positions were filled by 40 new hires and two fellows who transferred from previous GHFP fellowship positions. These two fellows openly competed and were selected for new fellowships. The new positions provided USAID with technical expertise in a wide range of areas, including HIV/AIDS (9 fellows), avian influenza (3 fellows), malaria (3 fellows), maternal and child health (2 fellows), tuberculosis (1 fellow), information management (2 fellows), and monitoring and evaluation (3 fellows), among others.

Figure 7: Number of GHFP Fellows, by Program Year



- During the course of Program Year 3, GHFP recruited 42 new fellows. Table 1 lists these new fellows along with their position titles and posts. In addition, GHFP supported 78 continuing fellows.
- In total, 19 fellowships ended during the period from July 1, 2008 through June 30, 2009 (see SR.1.1.5). These 19 fellowships included 9 that were originally recruited by one of the earlier fellowship programs (7 transferred from the Johns Hopkins Health and Child Survival Program, 1 from the Public Health Institute's Population Leadership Program, and 1 from the University of Michigan Population Fellows Program).
- Among the 42 new hires, 9 fellows were assigned to overseas posts. They filled positions in Afghanistan, Democratic Republic of Congo, Egypt, Ethiopia (2 fellows), Indonesia, Namibia, Rwanda, and South Africa. All were successfully relocated to their posts.

Table 1: List of New Hires in Program Year 3 (with position title and organization)

<p><b>Patty Alleman, MPH, MA</b> Health Policy and Gender Advisor GH/PRH/PEC</p>	<p><b>Ugochukwu Amanyeiwe, MD, MSc</b> Community Care and Prevention Advisor GH/OHA/TLR</p>
<p><b>Lindizgya Banda, MA</b> Child Health and Immunization Technical Advisor GH/HIDN/MCH</p>	<p><b>Noah Bartlett, MPH, MIA</b> Monitoring and Evaluation Advisor GH/OHA/SPER</p>
<p><b>Margaret Brewinski, MD, MPH</b> Senior HIV/AIDS and Maternal/Child Health Vertical Transmission Advisor GH/OHA/TLR</p>	<p><b>Susan Brock, MPH</b> Health Program Advisor USAID/Afghanistan</p>
<p><b>Clancy Broxton, MPH, MA</b> Most At Risk Populations Advisor GH/OHA/TLR</p>	<p><b>Linda Cahaelen, MPH</b> Contraceptive Security Advisor GH/PRH/CSL</p>
<p><b>Kendra Chittenden, PhD, MS</b> Senior Avian and Pandemic Influenza Advisor USAID/Indonesia</p>	<p><b>Margaret D'Adamo, MS, MLS</b> Knowledge Management/Information Technology Advisor GH/PRH/PEC</p>
<p><b>Thomas Easley, DVM, MPH</b> Avian Influenza Technical Advisor USAID/Egypt</p>	<p><b>Karen Fogg, MPH</b> Health Program Advisor AFR/SD</p>
<p><b>Jewel Gausman, MHS</b> Family Planning/Program Research Technical Advisor GH/PRH/RTU</p>	<p><b>Roshni Ghosh, MD, MPH</b> Knowledge Management/Information Technology Advisor GH/HIDN/HS</p>
<p><b>Abby Goldstein, MPH, MA</b> Avian Influenza Coordinator LAC/RSD/PHN</p>	<p><b>Amie Heap, MPH</b> Nutrition Advisor GH/OHA/TLR</p>
<p><b>Robert Kolesar, MPH</b> Senior Infectious Disease Advisor USAID/DR Congo</p>	<p><b>Suzanne Leclerc-Madlala, PhD, MA</b> Cultural Anthropologist Technical Advisor GH/OHA/TLR</p>

Table 1 (cont'd): List of New Hires in Program Year 3 (with position title and organization)

<p><b>Ya-Shin Lin, MPH</b> Public Health Evaluation Advisor GH/OHA/TLR</p>	<p><b>Rachel Lucas, PhD, MA</b> Demographic Health Surveys and Evaluation Technical Advisor GH/PRH/PEC</p>
<p><b>Esther Lwanga, MPH</b> Health Research Advisor GH/HIDN/NUT</p>	<p><b>Gavin Macgregor-Skinner, MPH, MSc</b> Tuberculosis Laboratories Advisor GH/HIDN/ID</p>
<p><b>Timothy Mah, DrS, MSc</b> HIV/AIDS Prevention Advisor GH/OHA/TLR</p>	<p><b>Peter Mamacos, MA</b> Malaria and Other Health Policy Advisor GH/HIDN/ID</p>
<p><b>Stephanie Marion-Landais, MPH</b> PEPFAR Strategic Information Liaison/Deputy Coordinator USAID/Namibia</p>	<p><b>Lauren Marks, JD</b> Health Programs Private-Public Partnerships Advisor USAID/South Africa</p>
<p><b>Stacey Maslowsky, MPH</b> Micronutrients Program Advisor GH/HIDN/NUT</p>	<p><b>Jennifer Mason, MPH</b> Health Advisor AME/TS</p>
<p><b>Thomas Minior, MD, MPH</b> Adult Treatment Advisor GH/OHA/TLR</p>	<p><b>Emmanuel Njeuhmeli, MD, MPH, MBA</b> Prevention Advisor, Male Circumcision GH/OHA/TLR</p>
<p><b>Chinyere Omeogu, MD, MPH</b> Maternal/Child Health and PMTCT Advisor USAID/Ethiopia</p>	<p><b>Janet Phillips, MPP</b> International Programs Advisor GH/HIDN</p>
<p><b>Diana Prieto, MPP</b> Senior Gender Advisor GH/OHA/TLR</p>	<p><b>Uchechi Roxo, MSc</b> Community and Home Care Health Advisor GH/OHA/IS</p>
<p><b>S. Rene Salgado, MD</b> Senior Malaria Monitoring and Evaluation Advisor GH/HIDN/ID</p>	<p><b>Jyoti Schlesinger, MSc</b> Senior Technical HIV/AIDS Specialist/Africa Regional Advisor GH/OHA/SPER</p>
<p><b>Christopher Talley, PhD, MDiv</b> Health Commodity and Logistics Advisor USAID/Rwanda</p>	<p><b>Elizabeth Thompson, MS</b> Malaria Technical Advisor and Communications Liaison GH/HIDN/ID</p>
<p><b>Annie Wallace, MSc</b> Population, Health and Environment Advisor Packard/Ethiopia</p>	<p><b>Kristina Yarrow, MPH</b> Health Advisor AME/TS</p>

Table 2: List of Internal Transfers in Program Year 3 (with most recent position title and organization)

<p><b>Kimberly Bardy, MSc</b> Supply Chain Advisor GH/OHA/SCMS</p>	<p><b>Shannon Darcy, MPH</b> Health Advisor, Afghanistan/Pakistan Task Force AME/TS</p>
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- Of the 27 fellows eligible for extension in Program Year 3, 78% (21) were invited to extend their fellowships; of this number 95% (20) accepted an extension. Two of the eligible fellows (7%) accepted a new fellowship position with GHFP (see Table 2) and 15% (4) pursued other positions in global health (of which three were with USAID and one with World Vision).
- Eleven fellows were eligible for a promotion in Program Year 3. Not an entitlement, eligibility for promotion under GHFP is currently defined as having completed two years in a fellowship with an invitation to extend in that fellowship by the host organization. Of these eligible fellows, 36% (4) were promoted based on their excellent performance and continued growth in job responsibility.
- Another way to identify the contribution that fellows’ make to the PHN Sector is to review their individual performance data. The quality of the GHFP fellows’ performance in Year 3 remains strong. The average rating across all Onsite Managers for all fellows evaluated during Year 3 was 4.6 out of 5. Most fellows are judged as performing above expectations or outstanding.

### ***Fellows Activities and Contributions***

During this third reporting period, 120 fellows participated in the Global Health Fellows Program and provided technical expertise to USAID and its selected cooperating partners. This section provides a brief description of the activities and accomplishments of each fellow.

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#### **Patty Alleman, MPH, MA**

Health Policy and Gender Advisor  
GH/PRH/PEC

During the past year, Patty Alleman served as a Health Policy and Gender Advisor. She provided managerial and technical leadership to the flagship policy and advocacy project in the Bureau of Global Health, Health Policy Initiative. She also reviewed technical documents produced by the project, including *Impact Assessment of Addressing Gender-based Violence Through USAID's Health Programs: A Guide for Health Sector Program Officers* and *Addressing Early Marriage in Uganda*, both contributing to the Futures Group International's Health Policy Initiative, Task Order 1.

Alleman provided technical leadership on gender activities in various projects in the Population and Reproductive Health Office. She collaborated with other USG and international partners (e.g., UNFPA) to promote gender activities and a woman-centered model of care, including contributing to various USG papers on Beijing +15 and the Global Health Initiative. Alleman also co-chaired the Interagency Gender Working Group where she assisted in developing a scope of work for a working paper on how best to coordinate health programs with women and men that lead to gender equality.

#### **Ugochukwu Amanyeiwe, MSc**

Community Care and Prevention Advisor  
GH/OHA/LTR

From April–June, 2009, Ugochukwu Amanyeiwe participated in the Care and Support Technical Working Group (TWG) where she was part of the monthly TWG teleconferences. She Co-Chaired the care and support session at the PEPFAR implementers meeting, which resulted in consensus on the need for a regional care and support workshop focusing on integration of services at the country implementation level. The event is currently being planned by the TWG.

During this time, Amanyeiwe was also a member of the Prevention with Positives (PwP) Task force forum. As proposed co-chair, she developed: (1) The community component of PwP new generation indicators and technical guidance; (2) a Community PwP concept paper and is currently working on 2-page marketing tool; (3) Reviewed and edited the UNAIDS Global Network of People Living with HIV/AIDS white paper on PwP.

Amanyeiwe was a member of the Community Care Advisory group where she convened fortnightly meetings focused on community-based care, program and implementation support. This created a forum for cross fertilization of ideas while providing opportunities to share critical field-TDY experience and

achievements that can be built upon by other members when on TDY to the same countries.

Amanyeiwe prepared and presented “Oral and Maxillofacial Surgery (OMFS) in resource challenged countries versus OMFS in the industrialized nations; can we ever bridge the gap?” Authors: Amanyeiwe U.E., Thomas D., Obuekwe O. Presented at the 19th International Conference of Oral and Maxillofacial Surgeons (19th ICOMS). Date: May 24-27 2009; Shanghai, China.

**Zandra André, DVM, MPH**

Avian Influenza Advisor  
USAID/Bangladesh

While serving as the USAID/Bangladesh Technical Advisor for Avian and Pandemic Influenza (API), Zandra André participated in several working groups and technical committees. She was the Avian Influenza (AI) Development Partner Group Chair, co-chair of the API USG Interagency working group, and secretary of the API Communication Technical Committee. André additionally served as a member of the Livestock Sector Technical Committee for API where she revised the Government of Bangladesh (GOB) Response and Preparedness Plan for API, the Health sector technical committee where she revised the GOB Response and Preparedness Plan for API, the National Laboratory working group, and the Technical Performance Proposal for AI Steering Committee where she assisted in programming use of \$5 million to build AI capacity.

As the API Technical Advisor for USAID/Bangladesh, André gave numerous presentations to different stakeholders,

including *Avian and Pandemic Influenza Response Program in Bangladesh: USAID’s approach to capacity building to Ambassador James Moriarty in July 2008, and USAID Bangladesh’s Avian Influenza Program at The Wildlife Perspectives on Avian Influenza in Bangladesh Conference in March 2009.*

André has contributed to many works in the past year, including *First Avian Influenza, Now Swine Flu: Important Zoonotic Influenza Viruses*, in April 2009, *Preventing a Pandemic: The Avian and Pandemic Influenza Response and Prevention Program* in April 2009, *Preventing a Pandemic: USAID Avian and Pandemic Influenza Response and Prevention Program* in April 2009, *Epidemic! (But did you notice all of the sick animals?)* for the International Center for Diarrheal Disease Research, in May 2009, and *First Birds, Now Pigs? Novel H1N1 Influenza* for the Save the Children Staff Training Program in June 2009.

Her contribution in several working groups led to the publication of a national policy document with the National API Health and Livestock Technical Committee called *Government of Bangladesh National Avian and Pandemic Influenza Response and Preparedness Plan, 2009-2011 Dhaka, Bangladesh* in December 2008.

**Michael Andreini, MPH**

Health Advisor  
USAID/Sudan Field Office, Nairobi

Michael Andreini completed his fellowship in October 2008 and is currently assigned to USAID/Sudan as a Foreign Service Limited. As a fellow, Andreini served as a Health Advisor for

the USAID/Sudan Field Office. He worked on USAID's various aspects of infectious disease control, health education, clinic construction/rehabilitation and water and sanitation programs.

Andreini collaborated with many different sectors: donor, NGO, private and official. In addition to collaborating with different partner organizations, He had the task of procuring emergency drugs and equipment in the event of disease outbreaks and other unforeseen events. Other roles included program design, monitoring and evaluation, and reviewing program results.

Andreini was also able to create jobs at USAID for Foreign Service nationals; the aim of this being to empower the local community to ensure sustainability to USAID's projects. Much of his time was dedicated to lending his experience and offering advice to the local PEPFAR projects. Other diseases in Southern Sudan whose management and/or prevention were addressed include cholera and other diarrheal diseases, typhoid, meningitis, Visceral Leishmaniasis, yellow fever, TB, polio, malaria, and more.

**Laura Arntson, PhD, MPH**  
Strategic Information Advisor  
USAID/Nigeria

Laura Arntson completed her fellowship in January 2009. As a fellow, she served as a Strategic Information (SI) Advisor in Nigeria. Her work objectives included improving the use of PEPFAR data for planning and decision making, improving the quality of PEPFAR data, and building the capacity of the USAID SI Team.

Arntson worked to strengthen data collection, management, and reporting, and focused on research and evaluation to improve data access and utilization. She is currently working as the Evaluation and Reporting Coordinator for USAID/OFDA in Washington, DC.

**Gretchen Bachman, MBA**

Senior Orphans and Vulnerable Children  
Technical Advisor  
GH/OHA/SPER

Gretchen Bachman is the Senior Orphans and Vulnerable Children (OVC) Technical Advisor at the Office of HIV/AIDS. In this capacity, she is responsible for providing technical leadership to USAID and its partners on HIV/AIDS prevention as it relates to orphans and vulnerable children.

Bachman was the co-chair of the PEPFAR OVC technical working group, where she led the planning and implementation of the first OVC technical forum in three years, which had more than 50 participants. She also managed the OVC FY09 Country Operational Plan review among other activities. She co-chaired a subcommittee on the Interagency Task Team on Children Affected by AIDS Steering Committee, where she participated in the planning and implementation of the Global Partners Forum. She also played a key role in the Better Care Network Steering Committee, the OHA Vision Strategy Team, and the Sesame Street Evaluation USAID Task Team.

Bachman was also a presenter in several settings. Notably, she gave an overview of what PEPFAR means to children in developing countries at the Global Health Mini-University. She also presented "Exposure to Violence among Highly

Vulnerable Children: Programmatic Implications” at the Department of State in March 2009, among other presentations.

She was the principal author of *A Rapid Assessment of PEPFAR funded Orphans and Vulnerable Children’s Programs in Rwanda*, and was the primary reviewer of *The role of international donors in supporting community responses to vulnerable children in countries severely affected by HIV and AIDS*. Bachman also contributed to sections of *Supporting Highly Vulnerable Children: Progress, Promise and Partnership: Second Annual Report to Congress*.

**Lindizgya Banda, MA**

Child Health and Immunization Technical Advisor  
GH/HIDN/MCH

Lindizgya Banda was a member of the Maternal and Child Health Integrated Program management team. As part of the team she served as the point person for budget and award matters and quarterly and portfolio reporting, and she also served as the backstop for pediatric work plans and semiannual/annual reporting. Additionally, Banda served as the point person on the management team for Communications Initiative Sub-agreement (polio) matters. Banda served as the country support lead for Benin, Burkina Faso and Madagascar and backstopped the county lead for Sudan, DR Congo, and Kenya. In addition, she provided significant input to technical startup for child health and immunization activities within the project.

Banda also participated in the Vaccine Development Strategy Report to Congress. She played a lead role in the drafting and

coordination of the report, and organized and coordinated interagency contributions to the Vaccine Development Strategy.

Banda also led the revision of the Immunization Results Pathway, which includes the strategic five-year vision, activities and milestones for immunization within the Office of Health, Infectious Diseases and Nutrition.

Finally, Banda was involved in the Child Health Survival and Health Programs Fund Progress Report to Congress in the capacity of drafting the Immunization and Pneumonia/Diarrhea chapters for the FY09 Report to Congress. This included summarizing the agency’s strategic approach for immunization, pneumonia, and diarrhea, and reporting country results in all three areas.

**Kimberly Bardy, MScPH**

Global Fund Technical Assistance Analyst  
GH/OHA/TLR

Kimberly Bardy was the Global Fund Technical Support Analyst, where she developed systems and procedures for the management of, and interagency contributions to, Grant Management Solutions, a USAID contract providing Global Fund technical assistance, and provided oversight and direction to four centrally funded multilateral partners providing similar assistance to Global Fund grants.

As a liaison to the field for Global Fund grant implementation issues, Bardy responded to questions and concerns about grants in over 35 countries, and connected field offices with additional resources to promote and improve grant performance. Her role within the Multilateral Diplomacy

division allowed her to participate in the inter-agency Global Fund Core Group, develop briefing papers for Global Fund Board and Committee meetings, and contribute to the process for Global Fund Phase 2 decisions.

Additionally, Bardy helped lead the Congressionally-mandated Global Fund Parallel Review and facilitated the health system strengthening technical review.

**Kimberly Bardy, MScPH**

Supply Chain Management Advisor  
GH/OHA/SCMS

Kimberly Bardy began a second fellowship with GHFP in December 2008 as the Supply Chain Advisor in the Supply Chain Management System division of the USAID Office of HIV/AIDS where she helps in the development of a number of standard operating procedures and templates. She is assigned to backstop six PEPFAR countries, Botswana, Ethiopia, Kenya, Namibia, Vietnam, and Zimbabwe, with respect to supply chain management issues.

**Matthew Barnhart, MD, MPH**

Senior HIV/AIDS Technical Advisor  
USAID/Malawi

In the past year, Matthew Barnhart provided leadership for USAID/Malawi's PEPFAR programs in the capacity of strategic planning, technical leadership and oversight, program design, implementation, evaluation, and mentoring and oversight of seven staff within the HIV Cluster. He has worked closely with the Government of Malawi (GOM), USG agencies, and other development partners to develop a common vision for priorities for USG funding for HIV programs over

the next five years, playing a key role as one of the team of writers for the first-ever Partnership Framework between the USG and the GOM. The Partnership Framework is closely aligned with Malawi's recently revised National Action Framework (NAF), thereby promoting national ownership of sustainable HIV programs. It has been held up as a model by the USG Office of the Global AIDS Coordinator for other PEPFAR country teams to review in developing partnership frameworks with their own host country governments. The PEPFAR Malawi team is now working closely to develop a more detailed Partnership Framework Implementation Plan with the National AIDS Commission, the GOM, as well as other partners.

Barnhart has also provided technical support to the GOM in national policy and planning arenas including the Ministry of Health's HIV/AIDS Technical Working Group, the Prevention of Mother-to-Child Transmission (PMTCT) and Pediatric HIV sub-group, the National HIV Prevention Strategy Task Force, and Joint Annual HIV/AIDS Program Reviews. As part of these groups, he helped to galvanize the process of Malawi developing a National Prevention Strategy and also participated in the development of new national guidelines for PMTCT.

Additionally, Barnhart led design of new HIV/AIDS projects and evaluations of ongoing projects. He also provided technical leadership to seven staff within the HIV Cluster, including the Strategic Information Advisor, the OVC and Community Care Advisor, the HIV and Nutrition Advisor, the Program Management Specialist, the Senior HIV Prevention Advisor, and two other HIV Specialists.

**Noah Bartlett, MPH, MIA**  
Monitoring and Evaluation Advisor  
GH/OHA/SPER

Noah Bartlett works as Monitoring and Evaluation Advisor for the Strategic Planning, Evaluation and Research Division of the Office of HIV/AIDS. He supports the monitoring and evaluation activities in the division, while also supporting the development of HIV/AIDS surveillance systems.

As part of his work, Bartlett co-chairs PEPFAR's Surveillance and Surveys Technical Working Group. He also works to improve USAID's efforts in surveillance on the global stage.

Bartlett wrote and contributed to several key reports this year, including co-authoring the "CDC algorithm," a document that streamlines the approval process of Demographic and Health Surveys (DHS) within the CDC. He also contributed to surveillance sections of the State of the Program Area and FY10 Country Operational Plan (COP). He led the revision process for the HIV section of DHS questionnaires, reducing the number of HIV-related questions by 36%.

Outside of these accomplishments, he also provided technical assistance to USAID/DR Congo for COP and Annual Performance Report submission. Bartlett also facilitated francophone training in Dakar on software packages that project HIV incidence and its impacts. Collaborating with the Global Fund and International AIDS Society, he helped organize in-country capacity to design and implement operations research activities.

**Wendy Benzerga, MS**  
Senior HIV/AIDS Prevention Technical Advisor  
USAID/South Africa

Wendy Benzerga served as the Prevention Advisor for South Africa in the past year, providing strategic and technical guidance to the South Africa PEPFAR team to improve HIV prevention results. She led an interagency team to assess overall effectiveness of the PEPFAR prevention portfolio and made substantial strategic changes in the program direction in order to actively respond to the HIV epidemic, better align with the South African government strategy, and assure complementarities with other donor programs. Benzerga was appointed by the Director General of the Department of Health and served as an active member of the Health Task Team to elaborate upon the South African government's accelerated HIV prevention plan. She designed results-based grant solicitation to address the key drivers of the HIV epidemic.

**Robert Blanchard, MPH**  
Avian Influenza Logistics Advisor  
GH/HIDN/AI

Robert Blanchard serves as a disaster logistics technical advisor for the Office of Health Infectious Diseases and Nutrition within USAID's Bureau for Global Health. Since June 2006, Blanchard has provided logistics technical and operational leadership to USAID's emergency response to highly pathogenic H5N1 avian influenza within the Avian and Pandemic Influenza Response and Management Unit (API Unit). Blanchard has coordinated the USAID commodity response to outbreaks of H5N1 avian influenza as well as to

other diseases such as Ebola Hemorrhagic Fever and Rift Valley Fever. He has managed and coordinated the complex acquisition of supplies and commodities including vaccines and protective equipment and ensured prompt delivery of this support to over 85 countries.

In May 2009, USAID's Office of Foreign Disaster Assistance responded to outbreaks of H1N1 Influenza by staffing a Response Management Team (RMT). Blanchard served as the Logistics Coordinator on the OFDA/RMT and coordinated the provision of critical health commodities in coordination with HHS, CDC, DOS, DOD, and USAID Missions. Blanchard ensured a chartered aircraft was made available to deliver 100,000 sets of personal protective equipment in response to the significant magnitude of outbreaks reported in Mexico.

Blanchard continues to provide technical direction and strategic guidance to supply chain matters pertaining to USAID's response to pandemic influenza as well as other emerging pandemic threats.

### **Malia Boggs, MPH**

Micronutrients Program Advisor  
GH/HIDN/NUT

No report received.

### **Molly Brady, MPH**

Avian Influenza Advisor  
USAID/RDM/Asia (Bangkok)

Molly Brady completed her fellowship as Avian Influenza Advisor with the Regional Development Mission in Bangkok in March 2009. As part of the

Infectious Disease team, Brady oversaw the development, implementation, and evaluation of an annual ~\$25 million portfolio including avian and pandemic influenza (API), malaria, tuberculosis, and neglected disease activities in South East Asia. With over 18 partners in Burma, China, Laos, Vietnam and regionally, Brady developed scopes of work (SOWs) and monitored the implementation of these SOWs for avian influenza funding. She created and implemented strategies and performance management plans for the API and infectious disease portfolios, including data collection documents and data quality assessments, aided in convening Strategic Data Reviews for Vietnam and Southeast Asia and used this information to plan FY08 funding, transitioned the Vietnam API program to a more focused, provincial 'package of interventions' approach, and fostered technical skills through participation in the M&E regional technical working group to develop an Avian Influenza M&E guidance document.

Additionally, she developed mechanisms for partners to share technical and programmatic information, including organizing semi-annual regional API partners meetings, monthly newsletters for the South Asia program, and disease-specific briefers. Brady also liaised with USAID and other USG officials to plan and report on partner activities and increased effectiveness and efficiency of the portfolio by aiding partners in understanding USAID rules and regulations.

Brady is currently pursuing a DrPH at the University of California, Berkley.

**Margaret Brewinski, MD, MPH**  
Senior HIV/AIDS and Maternal/Child  
Health Vertical Transmission Advisor  
GH/OHA/TLR

Margaret Brewinski works as senior HIV/AIDS and Maternal and Child Health Vertical Transmission Advisor in OHA's Technical Leadership and Research Division. In this capacity, she co-led the interagency Technical Working Group (TWG) on prevention of mother to child transmission (PMTCT) and Pediatric HIV as well as co-led the drafting of guidance on Integration of PMTCT/Pediatric HIV and maternal, newborn and child health services. She represented USAID/PEPFAR on the WHO/UNICEF-led interagency task team on PMTCT and Pediatric HIV. Brewinski delivered multiple presentations on USAID/PEPFAR results and efforts in this group, including an overview of PEPFAR PMTCT/Peds achievements as well as future program directions. She participated in several subgroups including Pediatric HIV and M&E, co-led the annual work plan meeting for PMTCT/Peds TWG, and presented PEPFAR Pediatric HIV State of the Program Area and Interagency Technical Taskforce overview to the group. Brewinski co-led and represented the USAID perspective in the interagency Headquarters Operational Plan process. She provided technical assistance to multiple PEPFAR countries including Mozambique, DR Congo, South Africa, Lesotho, and Ethiopia, and presented findings to USG and National teams.

Brewinski worked with the OHA team who selected a candidate for a second PMTCT/peds advisor position. She also led the writing of PEPFAR Pediatric COP FY10 Guidance and Pediatric State of the Program Area document. Brewinski also

served as Activity Manager for Elizabeth Glaser Pediatric AIDS Foundation and International Center for AIDS Care and Treatment cooperative agreements and conducted assessments of these partner activities in Swaziland.

Brewinski has submitted the following works for publication: *Dyslipidemia in a Cohort of HIV Infected Latin American Children Receiving Highly Active Antiretroviral Therapy* and *Preventive Pediatrics, Biostatistics and Epidemiology*.

**Susan Brock, MPH**  
Health Program Advisor  
USAID/Afghanistan

Susan Brock just started her position with USAID/Afghanistan in June 2009. In this capacity, she is working collaboratively with the Afghanistan/Pakistan Task Force. She will be working closely with USAID/Washington counterparts on health projects in Afghanistan.

**Clancy Broxton, MPH, MA**  
Most At Risk Populations Advisor  
GH/OHA/TLR

In the past year, Clancy Broxton served as a Most At Risk Populations (MARP) Advisor serving as an HIV/AIDS subject matter specialist in the area of prevention with MARPs. Broxton's duties include providing USAID technical and programmatic advice on the implementation of HIV/AIDS prevention programs, particularly those involving sex workers, injecting drug users, and men who have sex with men; serving as a member of a team providing technical advice on HIV prevention, care and

support and programs expanding access to treatment for MARPs; participating in USG and global technical working groups and committees; participating in international conferences dealing with HIV/AIDS prevention and treatment; providing research and programmatic recommendations to cooperating agencies and OHA in the design and methodology of new research areas; reviewing technical quality of projects by conducting site visits to country program locations to provide strategic and program development and technical assistance, monitor progress and evaluate performance, review and analyze results, and recommend changes in implementation.

Additionally, Broxton served as a point of contact for various centrally funded HIV prevention activities obligated through USAID mechanisms. She planned, participated, facilitated, and presented at international, domestic and local meetings, and at workshops and conferences.

**Linda Cahaelen, DSc, MPH**  
Contraceptive Security Advisor  
GH/PRH/CSL

Linda Cahaelen works as a Contraceptive Security Advisor in the Commodity Security and Logistics Division. She served as the chair of the USAID Commodity Security Global Leadership Workgroup, where she initiated workgroups for collaboration with global partners in commodity security, and provided a forum for strategy planning, policy discussion and issue analysis. Cahaelen also served as co-chair of the Office of Population and Reproductive Health's (PRH) Policy and Advocacy Workgroup, where she initiated workgroups to provide collaboration

within the Office for Division work on in-country policy and advocacy initiatives (PEC/CSL/RTU/SDI involvement). She participated in the USAID Countries at Risk Team (CAR), and took part in collaborative monthly workgroups for global donors such as World Bank, UNFPA, KFW, DFID, and USAID. Cahaelen also participated in the workgroup for PRH's Global Leadership Priorities (GLP) and Technical Priorities (TP) champions.

Cahaelen participated in the East Africa Regional Contraceptive Security Workshop in January 2009 where she provided onsite review and critique of new training curriculum. She also participated in the USAID Contraceptive Security and Logistics Technical Oversight Visit to JSI/Tanzania in February 2009, as well as the USAID/PRH Technical Champion, Commodity Security and Logistics, where she provided coordination with USAID TPs with focus on Commodity Security and Logistics. She served at the USAID/Washington Commodity Security and Logistics Technical Advisor/Country Backstop where she provided specific oversight and technical assistance in contraceptive procurement for Ghana, Zambia, Malawi, and Uganda. Cahaelen was also the sole USAID participant in TreeAge Pro Software Training, which is a decision analytic modeling software used for health economic analysis as a new approach to cost modeling/cost benefit analysis to be used at USAID/PRH for advocacy strategy planning.

Cahaelen presented *China: The iHEA 7<sup>th</sup> World Congress on Health Economics* to PRH as an update on the International Conference on Health Economics and the Preconference Symposium on National

Health Accounts, held in Beijing in August 2009.

**Rebecca Callahan, MPhil**  
Family Planning Technical Advisor  
GH/PRH/RTU

Rebecca Callahan completed her fellowship as Family Planning Technical Advisor in July 2008. She served as technical advisor for the Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU) project. She contributed to portfolio reviews and budget reviews, and she collected and presented project results. Callahan also served as Family Planning Advisor for the Europe and Eurasia (E&E) Bureau Health Team, and provided day to day oversight of the E&E Regional Family Planning Activity.

Callahan also served as a member of the family planning graduation working group. She was involved with the USAID Microbicides team, and served as primary backstop for the agreements with FHI, PATH, and the Global Campaign for Microbicides. As PRH's point person for emergency contraception (EC), she represented USAID at the International Consortium for Emergency Contraception and American Society for Emergency Contraception annual meetings.

Callahan compiled and disseminated weekly "technical updates" to the RTU Division. She drafted technical briefs on contraceptive methods for division staff, and provided support to all the agreements managed out of the RTU division including field monitoring visits, budget analysis, and work plan reviews.

**Judy Canahuati, MPhil**  
MCH/N and HIV Technical Advisor  
DCHA/FFP/PTD

No end-of-project report received.

**Michael Cassell, PhD, MA, MEM**  
Senior Prevention Advisor  
USAID/Vietnam

Michael Cassell completed his fellowship in February 2009. As a Fellow Cassell served as a Senior HIV Prevention Advisor in Vietnam where he provided technical, operational, and management support to the PEPFAR team. He also performed a full range of consultative, advisory, program planning as well as financial management, reporting, and monitoring and evaluation functions.

Cassell contributed to the HIV prevention section of the Country Operational Plan (COP) for Vietnam. He also garnered broad support for an impact evaluation of USG-supported HIV prevention activities in the northwest provinces.

Cassell is currently working as a Personal Services Contractor at USAID/Cambodia.

**Viviane Chao, MALD**  
HIV Program Coordination Advisor  
USAID/Kenya

Viviane Chao is an HIV Program Coordination Advisor at USAID/Kenya. She was integral to the strategic direction and logistics for multiple interagency planning retreats held to develop the Kenya Country Operating Plan (COP). She designed and led tutorial sessions for interagency technical staff on key aspects of the COP and related databases. During

absences of the PEPFAR Country Coordinator, Chao was also responsible for managing the interagency efforts.

Chao worked to streamline Kenya's \$11 million Public Health Evaluation (PHE) process and ensure transparency in the selection and review of PHEs by country. Additionally, she provided continual support to PEPFAR Kenya's interagency gender working group.

**Kendra Chittenden, PhD, MS**

Avian and Pandemic Influenza Technical Advisor  
USAID/Indonesia

Kendra Chittenden serves as an Avian and Pandemic Influenza Technical Advisor at USAID/Indonesia. In that capacity, she provides policy, strategic, technical, programming and budgetary guidance in the area of avian and pandemic influenza. She plays a leadership and coordinating role in assisting relevant USAID and USG staff in understanding and supporting key initiatives and strategic priorities. She serves as a technical advisor to USAID/Indonesia's Strategic Objective for the Office of Basic Human Services (BHS), and took responsibility for achieving assigned immediate results.

Her main objective this year was managing the Avian and Pandemic Influenza (API) and Emerging Threats (ET) portfolio. This included maintaining regular communications with USAID/Washington, meeting regularly with Government of Indonesia counterparts, and assisting USAID/Indonesia in the implementation of the BHS API and ET component of the USAID/Indonesia strategy. She also monitored epidemiological trends of API,

current literature, implementing partner reports, API Knowledge Attitudes and Practices survey and other survey reports, and other related materials to guide and adjust USAID's API program to maximize effectiveness and results. Other tasks included preparing technical positions and background materials for use in USAID/Indonesia's communications relating to API, ET, and the BHS sector programs; monitoring developments in Indonesia for newly emerging threats; conducting monthly meetings with implementing partners and monthly site visits to monitor program implementation and consistency with best practices; attending relevant conferences and workshops on API, ET, and other portfolio related subjects as appropriate; and presenting at workshops, conferences, and trainings as appropriate.

Chittenden also ensured the coordination and integration of USAID/Indonesia's API and ET portfolio, including integration among implementing partners within the portfolio, as well as coordination with other relevant USAID/Indonesia programs, other USG agency programs, local Indonesian control programs, other bilateral and multilateral donor programs, and USAID/Washington and regional programs.

**Veerle Coigneux, MA**

Pharmaceutical Management Advisor  
GH/HIDN/HS

Veerle Coigneux serves as the Pharmaceutical Management Advisor. In this capacity, she worked to develop the concept and structure of a new USAID program to promote the quality, safety and efficacy of medicines in developing countries, and to then shepherd the program package through formal approval.

The endeavor involved not only gaining support from different quarters in the USAID bureaucracy for the program's concept and approach, but also obtaining political approval for a non-competitive award on technical grounds. In addition to the day-to-day program management and contributions to the work of the Health Systems Division, Coignez also spearheaded the development of the technical parts of the request for proposal and looks forward to the finalization of the procurement process before the end of the fiscal year. In addition, Coignez provided technical assistance to the Liberian Medicines Regulatory Committee this year to finalize the draft for a law establishing a new Medicines Regulatory Agency. Once approved, the law will provide the basis for the development of a regulatory framework for the burgeoning pharmaceutical sector in Liberia.

**Carmen Coles, MPP**

Repositioning Family Planning Advisor  
GH/PRH/PEC

Carmen Coles serves as the Repositioning Family Planning Advisor and the Technical Advisor for the Bringing Information to Decision-makers for Global Effectiveness (BRIDGE) project for the Office of Population and Reproductive Health and the Division of Policy, Evaluation and Communication, respectively. Over the past year she has provided technical leadership to increase political and financial commitment to family planning in sub-Saharan Africa and provided technical and administrative oversight to the BRIDGE cooperative agreement.

In the past year, Coles participated in an assessment of the Malawi Family Planning

program to identify gaps in the current programs. Recommendations from the assessment led to the development of a RAPID (Resources for the Awareness of Population Impacts on Development) model, which helped to raise awareness among other donors about the benefits of family planning. She also helped organize the first-ever USAID Health Officers Meeting on Family Planning in Nairobi, Kenya. Coles helped design and organize the agenda, identified speakers and helped to facilitate communication with the missions. Coles provided technical assistance to the Africa Bureau to finalize an 11-country review of family planning programs in sub-Saharan Africa. She also co-planned an International Family Planning Conference with the Gates Institute at Johns Hopkins.

**Margaret D'Adamo, MS, MLS**

Knowledge Management/Information  
Technology Advisor  
GH/PRH/PEC

Margaret D'Adamo serves as the Knowledge Management (KM)/Information Technology Advisor within the Policy, Evaluation and Communication (PEC) Division of the Office of Population and Reproductive Health. In this capacity, she designs knowledge management systems for the division and provides technical assistance on other projects within her division. This year, one of her notable accomplishments in that capacity was conducting a knowledge/information needs assessment of the PEC Division.

D'Adamo was a member of several teams this year, both as a member and as a technical advisor. These groups include: the USAID KM Reference Group,

Implementing Best Practices Initiative, USAID Post Abortion Care Working Group, and the Health Systems Strategy Working Group.

She also presented at several meetings. Notably, she presented “*Creating Knowledge Pathways to Improve Reproductive Health*” at the Global Health Council International Conference as part of a panel on Improved Health through Knowledge Networks. D’Adamo also presented on other topics this year, including “Approaches to Effective Online Knowledge Sharing: Experiences from USAID INFO Project/K4H Project,” “Conceptual Frameworks and Indicators for Health Information Impact,” “Finding Good Information on the Web,” and “Knowledge Sharing Tools and Strategies.”

**Heather D’Agnes, MPA, MMA**  
Population, Health and Environment  
Technical Advisor  
GH/PRH/PEC

Heather D’Agnes serves as the Population, Health and Environment (PHE) Technical Advisor in the Policy, Evaluation and Communication Division. She provided technical and management assistance to core funded PHE projects. She conducted several site visits and provided key technical inputs to improve project implementation. D’Agnes designed an activity to develop a training curriculum for PHE program design and participated in the review and approval of the curriculum, which was tested in November 2008.

D’Agnes played an essential role in the development of the PHE Technical Leadership Award. She participated in the

technical panel to evaluate proposals and participated in post award planning and oversight with the BALANCED Project. She also worked to award the PHE Alliance in September 2008. D’Agnes assisted in the organization of the signing of a memorandum of understanding and reviewed and provided substantive technical input, in collaboration with Johnson & Johnson, into the first PHE Alliance work plan.

D’Agnes participated as a country team member for Nepal, Madagascar and Rwanda and served on a technical review panel. In addition, she promoted the PHE approach, making presentations to different environmental organizations and developing and chairing a panel at the EcoHealth conference in Merida, Mexico.

**Shannon Darcy, MPH**  
HIV/AIDS Regional Advisor  
GH/OHA/SPER

Shannon Darcy worked as the HIV/AIDS Regional Advisor in the Strategic Planning, Evaluation, and Research Division. In this capacity, she gave several presentations on the Asia Near East region’s PEPFAR programs. Her most notable work was as a Country Operational Plan reviewer for Indonesia, Vietnam and Cambodia.

In 2008, Darcy traveled to Indonesia to be part of a team to develop a follow up program to the PEPFAR project’s Family Health International program. Her team traveled extensively throughout Indonesia talking with sex workers and taking note of current program flaws and successes. The result was a follow up project that expanded on current activities but severely scaled back the provincial targets. Her

recommendation was to concentrate on the Most-at-risk populations in Java, W. Papua, and Surabaya instead of two other provinces.

**Shannon Darcy, MPH**

Health Advisor, Afghanistan/Pakistan Task Force  
AME/TS

In June 2009, Shannon Darcy accepted a new fellowship as Health Advisor for the Afghanistan/Pakistan Task Force. Darcy has participated in developing the health program reviews, the budgeting and program/partner follow-on projects, the USG Framework for health in Afghanistan, and Operational Plan writing and review.

**Robert De Wolfe, MPH**

Child Health Advisor / Deputy Team Leader  
USAID/Mali

In the past year, Robert De Wolfe served as the Child Health Advisor/Deputy Team Leader in Mali. He participated in technical review groups for three major new bilateral procurements. De Wolfe also helped support the selection processes for a Senior Public Health Advisor, Senior Reproductive Health Advisor, PMI Program Manager, and Health Team Administrative Assistant.

De Wolfe was the principal author of *FY 2008 Operational Plan for Health USAID/Mali*; *FY 2008 Performance Report for Health USAID/Mali*; and *2009 Operational Plan for Health USAID/Mali*. He also provided technical assistance for the entire non-PMI Health Portfolio.

**ThuVan Dinh, MPH**

Senior Monitoring and Evaluation Advisor  
GH//OHA/SPER

ThuVan Dinh is the Senior Monitoring and Evaluation Technical Advisor for HIV/AIDS on the Monitoring and Evaluation Team of the Strategic Planning, Evaluation, and Reporting Division.

Dinh is the USAID co-chair of the interagency PEPFAR Indicators and Reporting Work Group. In this capacity, she has been co-leading the PEPFAR Next Generation Indicators Project that was started nearly 18 months ago. This culminated in the newest version of the PEPFAR Next Generation Indicators Reference Guidance document for PEPFAR Phase II monitoring and reporting. Dinh received a USAID "Sustained Outstanding Performance Award" in recognition of superior work of the M&E Team of the Office of HIV/AIDS to support the design and implementation of PEPFAR II's Strategic Information (SI) Framework.

Dinh was nominated to be the chair of the UNAIDS Monitoring and Evaluation Reference Group's Global Technical Working Group for the Monitoring & Evaluation of Prevention Programs for Most-at-Risk Populations (MARPs). As the chair, she leads a team of international MARP experts in the planning and development of monitoring and evaluation operational guidelines for different high-risk populations.

As the PEPFAR Headquarter SI Advisor and PEPFAR Country Support Team member for Vietnam and Cambodia, Dinh regularly provides technical assistance for Country Operational Plan development,

target setting, SI/M&E-related trainings, etc. to help build SI/M&E human capacity as well as help to expand in-country knowledge and effective monitoring and evaluation practices of HIV/AIDS prevention, care, and treatment programs across USG agencies.

Dinh received the PEPFAR Superior Service Award in recognition of her efforts to develop and finalize the PEPFAR Next Generation Indicators.

**Thomas Easley, DVM, MPH**  
Avian Influenza Technical Advisor  
USAID/Egypt

Thomas Easley began his fellowship in June 2009 as the Avian Influenza Technical Advisor at USAID/Egypt. His responsibilities center around giving direction and guidance to USAID/Egypt, the Egyptian government, and their partners related to Avian Influenza and outbreak preparedness and response.

Easley has been working on the establishment of effective relationships with key partners in the field, including WHO, UNDP, and FAO. He has provided guidance on an Avian Influenza Strategic Review for members of the Egyptian government, UN, IOM, US State Department, and other partners.

Easley has also provided expert advice for two workshops designed to educate governorate-level Directors of Veterinary Services on proper techniques in H5N1 outbreak preparedness and response, organized by the General Organization for Veterinary Services (GOVS). He is developing a workshop to strengthen the relationship between the Central Veterinary Laboratory of Egypt and the GOVS.

**John Eyres, PhD**  
Drug Rehabilitation and HIV/AIDS  
Prevention Senior Technical Advisor  
USAID/Vietnam

In the past year, John Eyres served as a Drug Rehabilitation and HIV/AIDS Prevention Senior Technical Advisor in USAID/Vietnam.

One of Eyres' responsibilities this year was the development of the PEPFAR/Vietnam HIV Prevention Strategy and Operational Plan. He took an active role in defining the prevention strategy and formalizing it in the Country Operational Plan (COP) and working with partners to develop new interventions for the country. Some examples include: development of Cambodia cross-border initiatives for high risk migrant Vietnamese women; a 100% Condom Use Program in An Giang Province; an independent evaluation of PEPFAR/Vietnam peer outreach; and a pilot program for recovering drug users in Ho Chi Minh City (HCMC). Eyres ensured the prevention working group had a comprehensive set of draft narratives in place.

Eyres participated in the Nhi Xuan Drug Rehabilitation Pilot in developing a plan to provide HIV treatment and substance abuse treatment for residents at one center as they returned to the community. The pilot was based on four cornerstone services including peer education, HIV counseling and testing, qualified drug addiction counseling and HIV treatment, including antiretroviral therapy (ART) drugs. Now in its third year of implementation, the Nhi Xuan Drug Rehabilitation Center pilot HIV and substance abuse program has served over 1,000 clients and more than 300 have

initiated ART. As one of the original authors of the program, Eyres has monitored elements implemented by USAID partners and advocated with HCMC Provincial AIDS Committee to allow program evaluation when political concerns threatened to halt evaluation efforts.

Eyres also backstopped HIV work in Northwest Vietnam. As a technical advisor for USAID he helped refocus PEPFAR Vietnam interventions toward the high prevalence provinces of Son La, Lao Cai and Dien Bien. These Northwestern provinces are now priority areas for the national plan of action and have received considerable attention from the government, DFID, Global Fund, and other funding sources. He has also led several initiatives to monitor and improve programming and to coordinate existing partner efforts.

Eyres also participated in the Cambodia Cross Border Interventions in developing cross-border HIV prevention programs to ensure Vietnamese women had printed materials, communications and testing and HIV treatment in their own language. In its second year of funding, Cambodia Cross Border interventions have improved services for Vietnamese women who migrate to Cambodia and are at higher risk of HIV transmission through sex work. Peer education services are now in place to refer Vietnamese women to HIV and STI clinics and to provide condoms and prevention information.

During COP 2009 development he prepared and delivered a presentation on the PEPFAR/Vietnam injecting drug users' strategy to the OGAC Vietnam Core team. For the COP 2009 PEPFAR partners "Big Picture" meeting in Hanoi

he developed a presentation on recent changes in the Vietnam drug law and potential implications for PEPFAR programming. In February 2009 he was asked to develop and present a program on PEPFAR Vietnam harm reduction efforts for an international PEPFAR conference on lessons learned working with Most-At-Risk populations in Chennai, India.

**Kirk Felsman, EdD**

Senior Orphans and Vulnerable Children  
Technical Advisor  
USAID/RHAP (Pretoria)

Kirk Felsman served as the Senior Orphans and Vulnerable Children (OVC) Technical Advisor to USAID/RHAP based in Pretoria, South Africa. He has provided extensive on-site technical advising in Swaziland, Lesotho, Malawi, Namibia, Zimbabwe, South Africa and Uganda. Felsman has participated in regional structures including the Regional Interagency Task Team on HIV/AIDS and UNAIDS coordination of HIV/AIDS donors in the region.

Felsman supports the OVC Technical Working Group in Washington, DC and has led a number of Country Operational Plan reviews. He has also supported the planning of a Trafficking in Persons baseline study for Namibia, which will include children and adolescents.

**Karen Fogg, MPH**

Health Program Advisor  
AFR/SD

Karen Fogg is the Health Program Advisor in the Africa Bureau's Office of Sustainable Development. In this role, she provided technical oversight to Africa's

Health in 2010 Project. This work included doing extensive reviews of the “USAID Maternal-Newborn Health Initiative Concept Note for Africa”, used as a resource for strengthening maternal health in Africa by USAID and the State Department.

Fogg has also participated in the BASICS project global meeting and contributed to the day-to-day technical management of maternal and child survival activities. She also worked with members of the health team to complete funding-related activities.

**Jennifer Foltz, MA**  
Health Program Advisor  
AFR/SD

Jennifer Foltz served as Health Program Advisor in the Africa Bureau Office of Sustainable Development until February 2009. During her time as a Global Health Fellow, Foltz provided technical assistance to a Senior Advisor to organize a session for the African Growth and Opportunities Act Forum held in Washington, DC in July 2008. As a part of this session, she co-authored a paper analyzing best practices in private investment in health in Africa, which was distributed in draft summary form at the conference and will be distributed at another conference in November. She also assisted the Global Health Bureau to coordinate the submission, revision, and compilation of narratives and indicator tables from missions for the 2008 Maternal and Child Health Report to Congress. In August 2008 she traveled to Ethiopia to work with the HIV/AIDS team to plan for the 2009 Country Operational Plan (COP). She worked in the mission for one month, assisting with the staffing database,

collaborative team meetings, COP timeline, virtual teams, and reprogramming.

Following her fellowship, Foltz joined the US Department of State’s Foreign Service.

**Terra Fretwell, MIT**  
Capacity Development Advisor  
GH/PDMS

Terra Fretwell serves as the Capacity Development Advisor within the Office of Professional Development and Management Support, supporting USAID staff capacity building through staff professional development activities and other interventions. She also provides support to the field through organizational development activities.

She was on the PHuNdamentals for Success Planning Committee, and also participated in the Review Committee of Non Direct Hire Awards this year.

Fretwell had several key accomplishments this fiscal year. She contributed to the Conference proposal for eLearning Africa 2009: “Global Health eLearning: Free, High-Quality Professional Development for Health Care Workers.” She also prepared and presented “Beyond Bullet Points” to GH staff in February 2009. Other accomplishments she had this year included completing the assessment report of the Global Health eLearning Center, and representing the Global Health Bureau on the redesign team for Human Resources website. Fretwell also implemented a training program for classes 1-5 of the Developing Leadership Initiative.

**Mary Furnivall, MPH**  
Senior HIV/AIDS Advisor  
USAID/Namibia

Mary Furnivall completed her fellowship in October 2008. As a fellow, Furnivall served as a Senior Technical HIV/AIDS Advisor for USAID/Namibia. She facilitated the Government of the Republic of Namibia's (GRN) nascent prevention response; by the end of her tenure, the Minister of Health agreed to host the National Consultation on HIV Prevention Strategies, or a national prevention assessment, the recommendations of which will create a national prevention policy and response to be codified in the fourth Medium Term Plan, as well as the development of a national Prevention Technical Working Group (TWG). She recognized the serious gaps in data, including HIV biomarkers, and addressed this through the initiation of a national AIDS Indicator Survey. She achieved this through the GRN through a protracted process of advocacy at senior levels.

Other accomplishments included the activation of the national Male Circumcision (MC) Task Force and the finalization of an MC policy. In response to Furnivall and her colleagues' Country Operational Plan (COP) 08 alcohol submission, Namibia is now receiving core funding from PEPFAR to initiate a truly innovative alcohol and HIV program.

Furnivall's other activities included drafting the national prevention TWG terms of reference for the National AIDS Executive Committee and participating as a member of the GRN's task forces for male circumcision and the Take Control campaign. Furnivall provided support to partner organizations as an activity manager, where she helped coordinate the

prevention response for the 2008 PEPFAR Country Operational Plan – a process that re-examined the USG's national prevention approach, strategy and programmatic priorities, as well as the participation of key Namibian prevention stakeholders during the process. She also was a part of the coordination of the prevention interagency technical team, which continues to actively coordinate prevention programming post-COP. Furnivall also participated in the conceptualization and design of an award that aims to build partners' capacity in behavior change communications programming, and she set up and managed a prevention information list service to Namibian prevention partners that provided prevention technical support.

Furnivall currently resides in Kenya where she is writing a book.

**Muthoni Gachuhi, MPH**  
HIV/AIDS Prevention and Care Technical Advisor  
USAID/Rwanda

In the past year Muthoni Gachuhi has worked at USAID/Rwanda in the capacity of a Prevention Advisor on the PEPFAR team. In this position Gachuhi has been responsible for managing a large portfolio of prevention activities and six implementing partners, ensuring that partners adhere to the terms of their cooperative agreements, the technical guiding principals of PEPFAR and Global Health as well as the requirements and priorities of the Government of Rwanda (GOR).

She participated in the development of large new prevention and integrated service delivery projects (social marketing

and communication, health systems strengthening, family planning, and maternal and child health); participated in national level technical working groups (male circumcision, condom programming, sexual prevention); participated in the development of the national HIV/AIDS strategic plan; been responsible for ensuring adequate funding for prevention activities during Country Operational Planning; contributed to the development of the partnership framework (USG and GOR) and conceived and planned a health fair for the US Embassy staff and family, offering access to basic health services.

**Jewel Gausman, MHS**

Family Planning/Program Research  
Technical Advisor  
GH/PRH/RTU

Jewel Gausman is the Family Planning/Program Research Technical Advisor in the Research, Technology, and Utilization Division. She oversees family planning and reproductive health (FP/RH) research projects and helps advance USAID's work in the field of FP/RH research utilization.

This last year, Gausman served on several different teams, including the Armenia and Azerbaijan Global Health Country Teams where she was team leader. She was also a family planning advisor on the Europe and Eurasia Bureau Office of Democracy Governance and Social Transition Health Team.

Gausman presented as either author or contributing author multiple times at the E&E Health Managers Workshop in Budapest in June 2009. She presented "What's New and What's Hot in Family

Planning for E&E," "Opportunities for Working with the Private Sector," and "MCH/FP Integration."

**Roshni Ghosh, MD, MPH**

Knowledge Management/Information  
Technology Advisor  
GH/HIDN/HS

In the past year, Roshni Ghosh served as the Knowledge Management/Information Technology Advisor in the Health Systems Division.

One of her biggest accomplishments was managing the first ever Report to Congress in health systems and simultaneously leading a group in a full scale data analysis to determine the extent of how our health systems work. The report is now in its final stages and should be published in the coming month.

Ghosh was also a contributor in helping to develop the Health Systems Strategy for the report to Congress.

**Pradeep Goel, DrPH, MSc, MPH**

Senior Immunization Advisor  
USAID/Nigeria

No end-of-project report received.

**Stella Goings, MD, MPH**

Senior HIV/AIDS and TB Advisor  
AFR/SD

During the past year, Stella Goings served as Senior HIV/AIDS and TB Advisor. She was a steering committee member of the Orphans and Vulnerable Children (OVC) Technical Working Group (TWG) and primary drafter of the State of the Program

Art (SOPA) for TWG and participant and planner for the bi-annual Forum for OVC held in Mozambique. Goings was also a member of the Gender TWG, contributed to the SOPA for TWG and was a member of the Gender Based Violence subcommittee. She was a member of the Prevention of Maternal to Child Transmission/Pediatric Care (PMTCT/PEDS) TWG and contributed to the draft of the SOPA for TWG. Goings was also AFR/SD representative on health, population and nutrition teams for Mali, Nigeria, Zambia and Zimbabwe and provided technical backstopping for these countries.

Presentations included: Gender Based Violence in Africa, DHS Findings and their Use in National Planning Documents, Wilson Center Presentation, Reena Borwankar, Elizabeth Sommerfelt, Mark Blackden (Panelist); Briefing for Incoming Africa Bureau DAA's (Moore and Gast) and SD Directors (Curtis and Attwood), (Prepared and presented); International AIDS Society Meeting (2009), ANNECA Study on Validation of WHO Algorithm for Rapid Diagnosis of HIV in Pediatric Clients in Resource Poor Settings in Africa (Contributor); and presentation on Geographic Information Systems at OVC Forum, Mozambique, May 2009 (Prepared and presented).

In addition, Goings participated in numerous representational activities on behalf of AFR/SD Health and HIV Teams; provided technical oversight of work colleagues on the HIV/AIDS Team; and provided briefings for four newly appointed Ambassadors and six new Mission Directors for Africa. She also provided orientation and support for placement of a USAID Advisor with the PEPFAR team in Cote d'Ivoire and

authored the technical brief: *Food, Nutrition and HIV/AIDS* prepared for the PEPFAR Implementer's Meeting, Namibia 2009. (Lead Author; S. Goings. Contributors; Tim Quick, Judy Canahuati, Hope Sukin)

**Abby Goldstein, MPH, MA**  
Avian Influenza Coordinator  
LAC/SD/PHN

Abby Goldstein is the Avian Influenza Coordinator in USAID's Latin America and the Caribbean Bureau Office of Regional Sustainable Development.

In this position, she coordinated with partners in the development and dissemination of a pandemic response and recovery toolkit. She also worked to integrate the efforts of the LAC Bureau and the Avian and Pandemic Influenza Unit. Goldstein also collaborated with partner agencies such as the CDC to help plan trainings and activities surrounding avian and pandemic influenza.

**Cherry Gumapas, MPH**  
HIV Behavior Change Communication  
Advisor  
USAID/Mozambique

Throughout the year, Gumapas served as Chair of a newly re-named PEPFAR Mozambique interagency Sexual Transmission Prevention Working Group (WG) where she led the WG through the first PEPFAR Mozambique Joint Portfolio Review. She served as a member of a five-person country team delegation to the Southern Africa Prevention Initiative Field Meeting, actively continuing with follow-up tasks and calls to develop regional activities. Gumapas programmed and

supported partners to carry out the first provincial level HIV Partners (USG and non-USG) coordination meeting which served as one model for future provincial level coordination meetings.

**Heather Haberle, MS**  
Health Research Advisor  
GH/HIDN/NUT

No end-of-project report received.

**Amie Heap, MPH**  
Nutrition Advisor  
GH/OHA/TLR

Amie Heap is a Nutrition Advisor in OHA's Technical Leadership and Research Division. In this capacity, she served as a member of the Food and Nutrition Technical Working Group. She also assisted in the development of the PEPFAR Next Generation nutrition recommended indicators. Heap served on the Interagency Technical Task Force on Infant Feeding where she participated in a two-day consultation considering approaches to infant feeding and HIV; this included multiple discussions with implementing partners and consideration of monitoring and evaluation needs. Heap served on the WHO Nutrition/HIV Monitoring and Evaluation Consultation Committee where she organized and participated in a smaller two-day preparatory consultation committee meeting to review current nutrition and HIV indicators. She also contributed to a collaborative strategy to develop and submit a cohesive set of nutrition and HIV indicators to the WHO/UNAIDS Monitoring and Evaluation Reference Group (MERG). Heap co-organized and participated in a joint WHO/PEPFAR

International Consultation on Nutrition/HIV and Monitoring and Evaluation Frameworks and indicators. Through an extensive collaborative stakeholder process with the WHO and several other multi and bilateral organizations, Heap developed three comprehensive sets of nutrition/HIV indicators which are currently being refined and will be presented both to the WHO MERG Indicator Technical Working group in London as well as the General UNAIDS/WHO MERG in Geneva.

Heap also participated in the Prevention of Mother-to-Child Transmission Work Plan Committee and the Community Care and Support and Prevention Task Force, which developed ways to include nutrition education and assessment in community-based care and prevention with positives programs.

Additionally, Heap has presented *Nutrition for PWLHA and PEPFAR* to the Namibian Ministry of Health, *PEPFAR Week in Review* to the OHA staff on the subject of the value of joint TDYs, *Nutrition and HIV Globally Harmonized Indicator Project* to the WHO/UNAIDS Monitoring and Evaluation Technical Working Group.

**Nathaly Herrel, MSc**  
Malaria Technical Advisor and  
Communication Liaison  
GH/HIDN/PMI

Nathaly Herrel served as the President's Malaria Initiative (PMI)/Benin Country Team Lead and provided technical support to the Benin PMI team, including support for the USAID Benin Mission during the initial start up phase for PMI/Benin. She participated actively in the writing of the

FY08 and FY09 Benin Malaria Operational Plans, monitored and tracked the overall progress of PMI plans and activities for Benin, and provided ongoing support to the Benin USAID Mission by participating on the PHN country team and PMI country calls. She updated the design and content of the PMI website, in collaboration with the PMI data management team, and updated key PMI documents such as PMI Fast Facts, PMI country profiles, and PMI Malaria Operational Plan guidance. Herrel prepared the 2nd PMI Annual Report to Congress documenting PMI's progress, achievements and outputs.

Herrel also assisted the Global Health Bureau's Communications Team in preparing the launch of the Annual Report on Africa Malaria Day. This included drafting and reviewing numerous press releases, speeches, and briefers for the PMI website and other activities.

Herrel was awarded the USAID "Above and Beyond" award for 'outstanding and tireless commitment in preparing the Second PMI Annual Report to Congress' in February 2009.

**Kamden Hoffmann, MPH, MA**

Malaria Technical Advisor  
GH/HIDN/PMI

Kamden Hoffmann completed her fellowship in July 2009 as a Malaria Technical Advisor on the President's Malaria Initiative (PMI) Team in the Office the Health, Infectious Diseases and Nutrition.

She was responsible for developing the Communication team scope of work and was also responsible for Communication

for Change (C-Change) by assisting in the management of the work plan and priorities for C-Change under PMI.

Hoffmann provided technical support for communications to Rwanda and Mali. She was also responsible for outreach, including a monthly email newsletter on current articles, maintaining the Comteam forum on extranet, and attending meetings and representing PMI communications as needed (e.g. CORE meeting). Additionally, she was responsible for developing benchmarks and components for community case management (CCM) frameworks, delivering presentations on CCM, reviewing current literature to support new strategies/approaches in CCM for PMI, and for organizing the second CCM implementing partners meeting.

**Emily Hughes, MPA**

Program Management Advisor  
USAID/Malawi

Emily Hughes completed her fellowship as a Program Management Advisor at USAID/Malawi in June 2009. Her major accomplishments were in supporting the health team with improved reporting systems as well as working with the USG as a whole in fighting HIV through PEPFAR.

Hughes developed and implemented tools such as the weekly status report and the Health Population and Nutrition database that not only organized activities internally, but also made them accessible to the rest of the mission. The status report she created guided the discussions with the Mission Director during weekly meetings and served as an agenda for calls home with Washington.

On the USG side, she worked closely with the PEPFAR coordinator in the development of the Country Operational Plan (COP) as well as the Partnership Framework. Specifically, she managed the finances for all of the agencies within a separate database – one through which she could run reports quickly and also “shadow” the inputs into the electronic COP. She also led the systems strengthening technical working group (TWG) in which the logistical health needs of Malawi were examined and as the USG worked to develop a plan addressing these needs. Not only was the TWG integrated across agencies, but also the expertise of other programs such as the President’s Malaria Initiative was also utilized. She chaired the TWG and was therefore responsible for regular meetings and conceptual overviews for reporting (i.e. narratives for the COP).

Overall, Hughes also responded to any needs put forth by the mission. She served on technical review panels for small grants; interagency hiring committees; managed partners, etc. She also assisted her Onsite Manager whether that meant creating an orientation binder or acting as a Malaria Advisor.

Hughes is currently working at USAID as a Presidential Management Fellow in Washington, DC.

**Troy Jacobs, MD, MPH**  
Pediatrics HIV/AIDS Advisor  
GH/HIDN/MCH

Troy Jacobs is the Pediatrics HIV/AIDS Advisor for the Maternal and Child Health (MCH) Division in the Office of Health, Infectious Diseases and Nutrition. Jacobs was responsible for providing technical

expertise to the Bureau’s child health-related MCH strategies and activities and connecting care and treatment of HIV-positive and exposed children with other elements of routine maternal and child health care and services in USAID-assisted countries. In the past year, he served as the MCH review to WHO/USAID consultation on family planning (FP) and HIV Integration to develop guidance on MCH/FP/HIV integration. He served as the MCH representative on the prevention of mother to child/pediatric care Technical Working Group which drafted *PEPFAR Guidance on the Integration of PMTCT, Pediatric HIV, and MNCH Services*. Jacobs also provided technical assistance to USAID missions in Malawi and Zambia on the incorporation of community case management into strategic planning and RFA development.

**Megan Kearns, MA**  
HIV/AIDS Regional Advisor  
GH/OHA/SPER

Megan Kearns is HIV/AIDS Regional Advisor in OHA’s Strategic Planning, Evaluation, and Reporting Division. As a member of the Human Resources for Health team, her responsibilities included Country Operational Plan (COP) technical reviews and the development of the State of the Program Area document. As OHA Technical Advisor for the GH Tech Project, Kearns assisted Missions and OHA to develop requests for short-term assistance, reviewed scopes of work, coordinated with the Cognizant Technical Officer and GH Tech for activity approval, implementation, and problem resolution. As Technical Advisor for the Health Policy Initiative project, she worked with

USAID technical leads to develop new and monitor ongoing policy activities conducted by the implementing contractor.

As Regional HIV Advisor, Ms. Kearns worked closely with OHA and USAID regional bureau staff to support HIV programs in the Europe and Eurasia and, as of May 2009, in the Latin America and Caribbean regions. She provided technical assistance to USG HIV programs, reviewed Mission HIV program strategies, operational plans and reports, and advocated for the region's programs within OHA and with the State Department's Office of the Global AIDS Coordinator. She also provided advice and technical assistance in planning and evaluating programs. Kearns served as a member of PEPFAR teams providing technical guidance and support to missions in Ukraine, Russia, and Sudan, and she assisted in the development and review of COPs for Russia and Ukraine. Kearns also served as team member for the external review of USAID's Russia HIV program. She worked with a team to develop methodology and interview guides, review project documents, interview stakeholders, and visit project sites.

Kearns spent several weeks in Namibia, helping the mission and the USG team prepare for the COP, developing a standardized data collection template for partners, and helping move several activities forward, including a Trafficking in Persons assessment. She provided coverage for several weeks for the whole health portfolio, and worked with staff to plan events for the Ambassador's visit to Crimea, where she met with the local implementing partners. She also participated in a planning meeting in Guatemala City to begin preparations for the development of a Central American

Partnership Framework. As part of a two-person team, Kearns conducted an assessment of the Caribbean Regional programs' assistance to the regional HIV training program, and also helped develop the methodology, conducted document reviews and interviews, and began preparing the final report and recommendations.

In June 2009, Kearns presented a session entitled "*Regional HIV/AIDS Overview and Prevention Update*" at the E&E Health Managers Workshop held in Budapest, Hungary.

### **Shannon Kelly, MPP**

Health Development Advisor  
GH/OHA/SPER

In the past year, Shannon Kelly served as a Health Development Advisor. She participated in numerous teams and working groups, including the Headquarters Operational Plan (HOP) Working Group, where she coordinated preparation of the FY 2009 HOP as well as the feedback process on the FY 2008 HOP process; Policy Support Project team, where she served as Activity Manager for the Policy Support Project, coordinated team meetings, and managed deliverables with contractor (MSI); Health Policy Initiative (HPI) Team, where she served as backstop activity manager for the HPI project including coordinating meetings, managing deliverables with the contractor (Futures Group), and coordinating presentations by HPI for USAID staff; and finally the Country Operational Plan review team in Swaziland where she served as the USAID representative.

This year, Kelly co-authored and presented *Policy Support Project Training package* to mission staff in Dar es Salaam, Tanzania, March 9-10, and in Kinshasa, DR Congo, March 12-13.

Additionally, Kelly assumed the backstop role for the Cote d'Ivoire country support team.

**Irene Kitzantides, MPH**

Population, Health and Environment  
Advisor  
SPREAD/Rwanda

Irene Kitzantides is the Population, Health and Environment Advisor based at the USAID SPREAD agribusiness project in Rwanda. In this capacity, she is responsible for analyzing the results of an introductory needs assessment to design a community health program for two cooperatives and one private enterprise of coffee producing farmers, compiling and sharing needs assessment findings with coops and district partners, and presenting and modifying program plans for approval at community, district and national levels. Kitzantides produced three sets of program plans relevant to each target district, a complete PEPFAR workplan including both district and national information, and synthesis documents for presentation at a USG partner meeting.

Kitzantides also played a role in the implementation of SPREAD's first year of its integrated Community Health Program in close collaboration with the new Health Coordinator. Major activities included collaborating with local authorities, NGOs, agribusinesses and health centers to expand the reach of existing community health services, preparing and implementing health trainings for

*animateurs de café* (coffee extension agents) and Youth and Adult Peer Educators, creating and revising monitoring and evaluation forms and systems, and consistently seeking opportunities to link health activities with other SPREAD agribusiness activities. She also oriented the Health Coordinator to USG procedures and resource people, helped hire a Community Health Outreach Supervisor, and assumed most of the quarterly reporting duties for PEPFAR, USAID and districts.

She has also been involved in non-SPREAD Population, Health and Environment (PHE) activities in Rwanda, where she designed and implemented an assessment of integration gaps for another USAID initiative, the Destination Nyungwe Project (DNP), which aims to link conservation, tourism and community health activities in and around Nyungwe National Park. This work consisted of field visits and stakeholder interviews, a desk review of PHE project documents from other initiatives around the world, and a participatory meeting of key DNP staff and stakeholders. The culmination of the assessment was the creation and distribution of a report outlining research methodology, tools used and technical recommendations.

Kitzantides was also involved in coordinating Rwanda's nascent PHE Network. Coordination involved setting up monthly meetings in Kigali with core group members, compiling and distributing agendas, meeting minutes and action items, keeping records of new members and planning for the East Africa Regional PHE Workshop.

**Robert Kolesar, MPH**

Senior Infectious Disease Advisor  
USAID/DR Congo

Robert Kolesar served as the Senior Infectious Disease Advisor in the Democratic Republic of Congo. In that capacity, he participated in identifying irregular tuberculosis detection and cure rates, which ultimately resulted in the registering and treatment of more than 1,500 previously neglected infectious tuberculosis cases in Mlemba-Nkulu district, Katanga province.

Additionally, Kolesar assisted in the coordination of team inputs to support the development of key mission documents, including the Annual Performance Report, Annual Operational Plan, Partnership Framework, and Portfolio Review, and he also drafted various memoranda.

Kolesar also provided inputs and editing support to the HIV/AIDS mini-Country Operational Plan, Malaria Operational Plan, Integrated HIV/AIDS Task Order, Primary Health Care project assessment, and the Environmental Evaluation. He provided ongoing support to the HIV/AIDS and Infectious Disease Program Specialists; reviewed Round 9 Global Fund proposals for TB and HIV/AIDS, as well as quarterly project reports. He participated on the USG PEPFAR Country team as well as the National Malaria Task Force, and he was also the acting Health Team Leader during the month of July 2009.

**Todd Koppenhaver, MHS**

M&E and Strategic Information Advisor  
USAID/Namibia

In the past year, Todd Koppenhaver served as the M&E and Strategic Information Advisor for USAID/Namibia. He co-chaired the Strategic Information Interagency Technical Team where he developed the Country Operational Plan (COP) 09 HVSI section and got funding for 4 PHEs approved. He helped coordinate the completion of the PEPFAR annual report for 2008. He is also a member of the Government of the Republic of Namibia's (GRN) Technical Working Group (TWG) on the Health Facility Census.

Koppenhaver also participated on the HIV Surveillance Team, where he helped review protocol and train data collectors in the field. He was a member of the Government of Namibia's prevention TWG, where he helped organize the National Consultation on HIV Prevention Meeting, as well as helped plan an evaluation of a national campaign on Multiple Concurrent Partners. Additionally, he oversaw the completion of several prevention assessments contracted to Macro International. Koppenhaver was also a member of Namibia's male circumcision task force, overseeing the completion of two studies on male circumcision, and he was also a member of the Prevention Interagency Technical Team USG Namibia, where he developed the prevention sections of COP09.

Koppenhaver presented *Major factors driving the epidemic in Namibia: A review of the current evidence* to the GRN at the National Prevention Consultation in November 2008, but since then he's given

the presentation several times as part of a regional meeting by Project Hope and twice for stakeholders in Namibia's development of its National Strategic Framework on HIV/AIDS.

Additionally, Koppenhaver co-authored and presented *Declines in HIV prevalence & risk behavior in Namibia: A review of the evidence* in June 2009; *Using microcredit to reduce sexual risk behavior among young women in Namibia: Baseline evaluation results from Caprivi & Kavango regions* in June 2009; *Using VCT as an entry point for male circumcision information & education: Data from a pilot site in Namibia* in June 2009; *Behavior change among HIV-negative repeat testers in the Namibian military* in June 2009; *The Namibian male circumcision situational assessment: Paving the way for male circumcision scale up in Namibia* in June 2009; *The Namibian HIV prevention consultation: Refocusing Namibia's prevention response* in June 2009; and *Behavior change among repeat testers in Namibia* in August 2008.

Finally, Koppenhaver co-authored the following publications: *HIV/AIDS in Namibia: Behavioral & contextual factors driving the epidemic*; *Report of Macro international, Inc., the Ministry of Health & Social Services (Namibia), and USAID*; *"One day I might find myself HIV-positive like her": Audience involvement & identification with role models in an entertainment-education radio drama in Botswana*; *Entertainment-education radio serial drama & outcomes related to HIV testing in Botswana*; *Report on attitudes toward male circumcision in Namibia: A qualitative study*; *Report on costing and impact of male circumcision in Namibia*; and the *Report on KAP among teachers in*

*Namibia; Report on alcohol and sexual partnerships in Namibia.*

**Lisa Kramer, MPH**

Infectious Diseases Technical Advisor  
USAID/Indonesia

Lisa Kramer completed her fellowship as the Infectious Diseases Technical Advisor at USAID/Indonesia in June 2009. Her responsibilities at USAID/Indonesia were to lead the mission's avian and pandemic influenza (API) program. In this capacity she provided policy, strategic, technical, programming and budgetary guidance to USAID/Indonesia, Government of Indonesia (GOI) counterparts, and USAID's implementing partners. She developed and maintained a leadership role in coordinating USG API efforts and in coordinating donor assistance to the GOI.

Kramer also designed USAID/Indonesia's API program including AI control in poultry, integrated animal and human surveillance, community-based API control and prevention, behavior change communication, commodity procurement and distribution, and complementary operational research. To implement this design, she managed and provided strategic technical guidance to five implementing partners, including a bilateral contract with DAI, a bilateral cooperative agreement with the International Livestock Research Institute, a centrally funded contract with JSI, UN FAO grant, and a WHO grant.

Kramer also provided technical, policy and strategy advice to the Mission and Embassy for API control. In this capacity she developed briefing and position papers, managed field visits and

presentations for Congressional and other high-level USG visitors, and met regularly with the Ambassador and Mission Director.

Through the hard work of USAID's API team, the close collaboration with USAID/Washington, the Government of Indonesia, other partners, and strong performance from implementing partners, USAID/Indonesia has developed a comprehensive API prevention and control program that is achieving significant results.

Kramer drafted the API and emerging infectious diseases portion of the mission's new five-year strategy, helping to build a long-term sustainable programmatic approach for Indonesia. A procurement plan and timeline were created to support the mission over the next few years.

Kramer is currently working as a PSC at USAID/Ghana.

**Christina Lau, MPH**  
Information Management Specialist  
USAID/Nigeria

Christina Lau is an Information Management Specialist with USAID/Nigeria. In the past year, she served as the interim PEPFAR Coordinator and played a key role in the successful submission of Nigeria's 2009 Country Operational Plan. She coordinated the efforts of technical staff from three USG agencies and more than 40 implementing partners during this process, oversaw the document control unit, mediated budget discussions between the interagency management team, and gave presentations to the Government of

Nigeria (GON) and the US Ambassador to Nigeria.

After submission, Lau received an award from the PEPFAR team for leadership and strategic planning skills. As an information management specialist, she has developed a system and tool for the USAID HIV/AIDS/TB team's budget planning and ongoing budget management. She was also chosen to represent the Nigeria team at an OGAC Antiretroviral Costing workshop which led to Lau's nomination as USG interagency point of contact for costing and modeling activities. Through this new role, she has worked closely with the Health Systems 20/20 team to complete the HIV/AIDS Program Sustainability Analysis Tool, which has been validated by the GON and will be disseminated in late September.

**Suzanne Leclerc-Madlala, PhD, MA**  
Cultural Anthropologist Technical Advisor  
GH/OHA/TLR

Suzanne Leclerc-Madlala serves as a Cultural Anthropologist Technical Advisor in the Office of HIV/AIDS Technical Leadership and Research Division. In this capacity, she is responsible for advancing the understanding of socio-cultural perspectives relevant to HIV/AIDS within USAID/USG PEPFAR. This was accomplished by maintaining knowledge of qualitative, formative and ethnographic literature relating to HIV/AIDS, with particular attention to cultural practices and belief systems in the areas of sexuality, marriage, fertility, gender roles and expectations, disease and healing, and health-seeking behaviors; analyzing, synthesizing and disseminating key findings from the qualitative and ethnographic literature relevant to

HIV/AIDS; and preparing and delivering presentations, reference materials, speeches, reports and other documents on cultural perspectives relating to HIV/AIDS.

Leclerc-Madlala's duties also included leading the application of cultural perspectives and social science knowledge and methods, including ethnography, to USAID/USG HIV/AIDS strategies and programs. This was done using her research and knowledge of cultural perspectives, ensuring that appropriate cultural perspectives were adequately incorporated in headquarters, regional and country-specific strategic planning processes, and that the USG strategic approach and program guidance adequately addressed cultural practices and barriers.

She also advised USAID/OHA and USG country teams on the design and implementation of formative and qualitative assessment to guide the development and refinement of HIV/AIDS interventions. Leclerc-Madlala was responsible for recommending enhanced programmatic approaches to address social, cultural and structural barriers to increasing uptake of HIV/AIDS services. In particular, she advised on innovative strategies and messages that resonate culturally to diminish stigma and discrimination and to reduce deeply rooted sexual risk behaviors, especially concurrent sexual partnerships and informal transactional sex. She also provided ongoing technical assistance, training and consultation on the development and implementation of culturally appropriate programs to OHA, PEPFAR country teams and implementing partners. She also advised on how to strengthen attention to cultural

perspectives, social relationships and social/cultural cohesion within HIV prevention and other programs and on methods to evaluate the impact of these programs on cultural practices and beliefs.

Finally, Leclerc-Madlala participated as a key member of the USAID/OHA team. She also participated in and provided technical leadership to activities undertaken by the relevant PEPFAR interagency TWGs, especially the TWG for General Population and Youth HIV Prevention. Other duties include interacting with other USAID and USG organizational units, implementing partners, and other donors for the purpose of coordinating HIV/AIDS programs; contributing to presentations, reference materials, speeches, reports and other documents as required, and undertaking other duties as assigned.

**Tiffany Lillie, PhD, MHS**

HIV/AIDS Primary Prevention Advisor  
GH/OHA/TLR

Tiffany Lillie completed her fellowship as an HIV/AIDS Primary Prevention Advisor in August 2008. In this capacity, Lillie worked with the General Population and Youth Technical Working Group (TWG) to develop the sexual prevention indicators, output indicators and definitions and outcome indicators for PEPFAR II. She led the Prevention TWG's sub-group to provide technical input and guidance to the AIDSTAR TO1 and AIDSTAR TO2 projects. Additionally, Lillie collaborated with AIDSTAR, OGAC, OHA and TWG staff to organize a technical consultation on "Addressing Concurrent Sexual Partnerships in Generalized HIV Epidemics."

Lillie is currently working as an independent HIV/AIDS Prevention and Behavior Change Communication consultant.

**Ya-Shin Lin, MPH**

Public Health Evaluation Advisor  
GH/OHA/TLR

Ya-Shin Lin is a Public Health Evaluation Advisor in OHA's Technical Leadership and Research Division. In this capacity, she is responsible for supporting country teams through technical support, research, and evaluation work. This includes implementing, managing and reporting on USAID's research to test behavioral and biomedical prevention strategies to reduce the incidence of HIV/AIDS.

Since beginning her fellowship in April 2009, she has reviewed public health evaluation protocols in sexual transmission of HIV/AIDS and provided technical assistance in evaluations being conducted in the Health Systems Strengthening Subcommittee and Gender Technical Working Group. Lin has also helped in the forming of OHA's research vision and mandate.

**Rachel Lucas, PhD, MA**

Demographic Health Surveys and Evaluation Technical Advisor  
GH/PRH/PEC

Rachel Lucas is a Demographic Health Surveys and Evaluation Technical Advisor. In her capacity as a technical advisor on both MEASURE Evaluation and MEASURE DHS, she participated in various technical working groups, most notably, the Geographic Information Systems Working Group (WG), Data

Utilization WG, and the Poverty and Health Equity WG. Lucas also worked with the management team for the MEASURE Evaluation PRH Associate Award and took a lead role in designing a program description that was approved by the PRH Front Office, and was awarded on January 29, 2009.

Lucas is an active participant in the Health Systems Strengthening (HSS) Information Systems working group that meets weekly and is developing an Information Tracking Tool that will be part of USAID's HSS strategy for the new Global Health Initiative.

Other accomplishments have been in designing a new Associate Award, getting it awarded, and having the first work plan approved.

**Erika Lutz, MPH**

Child Survival and Health Grants Advisor  
GH/HIDN/NUT

Erika Lutz serves as Technical Advisor for the Child Survival and Health Grants Program (CSHGP). In Program Year III, Ms. Lutz has provided technical and managerial support for 17 CSHGP projects, which have a total budget of approximately \$40 million. She reviewed several key reports and implementation plans, and provided technical feedback for CSHGP grantees/applicants. Furthermore, Lutz represented the CSHGP in multiple technical meetings such as the Interagency Sanitation Working Group, where she shared CSHGP sanitation achievements and tools and participated in discussions to develop technical guidance for USAID Missions. Lutz also led the development and finalization of the scope of work for the evaluation of the CORE PVO

Network, which was successfully completed in May 2009.

**Esther Lwanga, MPH**  
Health Research Advisor  
GH/HIDN/NUT

Esther Lwanga is the Health Research Advisor in the Nutrition Division of the Office of Health, Infectious Diseases and Nutrition. In this position, she supports the management of the Health Research Program, or HaRP, by providing technical assistance on research priorities, design, and implementation. She then adapts and translates these findings into field programs.

This year, Lwanga coordinated study activities with grantees, including the management of study budgets, reprogramming of agreement funds, review of active projects, and coordination of related meetings.

She drafted the Health Related Research Report to Congress and wrote a chapter in the Global Health and Child Survival Report to Congress. Lwanga also contributed data to the annual G-Finder survey.

**Patricia MacDonald, MPH**  
Service Delivery Improvement Program  
Advisor  
GH/PRH/SDI

Patricia MacDonald serves as Service Delivery Program Advisor in the Service Delivery Improvement Division. She was involved in the close-out of the ACQUIRE project and worked with the technical team to review and provide feedback on several technical reports and papers. She

prepared the PRH Office Director's "Call to Action" presentation for the ACQUIRE end-of-project conference. MacDonald has been involved in the awarding of the RESPOND project.

Building on the strengths of the ACQUIRE Project, MacDonald was involved in the transition to the Fistula Care Associate Cooperative Agreement. She has been responsible for monitoring the financial status of the two projects and ensuring a seamless transition. In addition, she served on several UNFPA committees, including Data Indicators, and Research; Partnership; Training; and the Classification Consortium.

MacDonald is one of two Office of Population and Reproductive Health designates to the Maternal and Child Health Integrated Program (MCHIP) in the HIDN office. She worked with both PRH and HIDN colleagues to identify strategic directions for family planning and maternal and child health integration within MCHIP.

Finally, MacDonald served as GH's country coordinator for Mali's health team. In this role, she coordinated team reviews and feedback to the Mission regarding the annual Operational Plan (OP) and the Performance Plan Review (PPR).

**Gavin Macgregor-Skinner, MPH, MSc**  
Tuberculosis Laboratories Advisor  
GH/HIDN/ID

Gavin Macgregor-Skinner serves as the Senior Technical Advisor for Tuberculosis Laboratories. Macgregor-Skinner co-authored the USAID FY08 TB Report to Congress, participated on the USAID

Philippines Country Health Team, helped in the review and selection of GHFP summer interns, and initiated the development of the Global Laboratory Initiative TB Supra-national and National Reference Laboratories directory website. Macgregor-Skinner traveled to Lesotho in October 2008 to help evaluate the USAID/CDC Mission TB/HIV program. He also participated in developing and reviewing the TB Control Assistance Program Year 5 core-funded work plans for the projects “C2.02 Dissemination and Implementation of the Package of TB Laboratory Tools,” “C2.05 Optimizing the functioning of the supra-national TB reference laboratories (SRL) network in Africa,” and “C2.09 Support to GLI Secretariat” from January to June 2009. As part of his USAID TB responsibilities he reviewed tuberculosis applications for the USAID Child Survival and Health Grants program and participated in the reviewers meeting in May 2009.

Macgregor-Skinner served as a member of the USAID Global Climate Change Team, a member of the USAID e-Health and m-Health working group, a member of the USAID Geospatial Working Group, and as a Jury member for the USAID Global Development Commons Challenge mobile technology competition. He also participated in technical reviews for the USAID DELIVER Project on management of supply chains and laboratory standardization.

Macgregor-Skinner collaborated with the CDC in the capacity of participation in the Global Laboratory Building Management Capacity Working Group; the PEPFAR Country Operational Plans 2009 Technical Review team; the CDC Laboratory Management Working Group meeting; the CDC Global AIDS Program; the WHO

Collaborating Center for Biosafety; the Division of Tuberculosis Elimination; the Division of Laboratory Systems the Center for Preparedness, Detection and Control of Infectious Diseases; the Coordinating Office for Global Health; and the USG TB Meeting. He also participated in the CDC Global Laboratory Working Group meeting in June 2009.

Macgregor-Skinner facilitated two sessions at the TB Infection Control Training and Workshop, and presented at the 36<sup>th</sup> Annual International Conference on Global Health as a member of a panel on “Rapid Detection of Emerging Infectious Diseases: New Approaches, Today’s Tools.” He also presented *Better coordination of TB, HIV, and Malaria Laboratory Systems* at the USG PEPFAR Laboratory working group.

**Timothy Mah, DSc, MSc**  
HIV/AIDS Prevention Advisor  
GH/OHA/TLR

Timothy Mah serves as HIV/AIDS Prevention Advisor in the Technical Leadership and Research Division. He served as a member of the Technical Working Group on General Population and Youth Prevention where he provided technical assistance to Ghana, South Africa, Lesotho, Swaziland, Mozambique, and Zambia. He also served as the HIV Prevention Advisor to USAID’s Regional HIV/AIDS Program in Southern Africa.

This year, Mah presented *Multiple and Concurrent Partnerships and HIV Prevention* at the Global Health Council – Policy Series Forum on HIV Prevention, *The Forgotten Epidemic: HIV and Vulnerabilities among Men Who Have Sex with Men* at the Technical Consultation on

Interventions with Most-at-Risk Populations in PEPFAR Countries, *Prevalence and correlates of concurrent sexual partnerships among young people in South Africa* at the 4th South African AIDS Conference, and *The Empirical Evidence on Multiple and Concurrent Partnerships* at the UNAIDS Reference Group on Estimates, Modeling and Projections Consultation on Concurrent Sexual Partnerships.

This year, Mah authored five publications and contributed to another; *Prevalence and correlates of concurrent sexual partnerships among young people in South Africa*, *The Evidence for the Role of Concurrent Partnerships in Africa's HIV Epidemics: A Response to Lurie and Rosenthal*, *PEPFAR/Zambia HIV Prevention Assessment Report, Social and cultural contexts of concurrency in Khayelitsha*, *Concurrent sexual partnerships and the South African HIV epidemic*, and *A Framework of sexual partnerships: Risks and implications for HIV prevention in Africa*.

**Mark Maire, MPH, DO**  
Senior Technical Advisor  
USAID/Zambia

Mark Maire completed his fellowship as Senior Technical Advisor to USAID/Zambia in July 2008. In this capacity, Maire functioned as the USAID/Zambia President's Malaria Initiative (PMI) Resident Advisor. He participated in the development of the Zambia PMI Assessment, and in the Zambia PMI Planning visit and the Malaria Operational Plan (MOP) design. He provided leadership and oversight in the implementation of malaria activities developed in the MOP. In addition to

malaria, Maire provided technical assistance in the areas of maternal newborn child health, nutrition, prevention of mother-to-child transmission (PMTCT), and monitoring and evaluation to USAID/Zambia, the Government of the Republic of Zambia, and technical counterparts of donors and USAID cooperating agencies. He has also worked with the HIV/AIDS Multi-sectoral Team to incorporate nutritional assessment of and support for HIV+ pregnant women, and Infant and Young Child Feeding support for HIV exposed infants into PMTCT programs.

Maire currently leads WorldVision's malaria programming.

**Peter Mamacos, MA**  
Malaria and Other Health Policy Advisor  
GH/HIDN/ID

Peter Mamacos works as a Malaria and Other Health Policy Advisor in the Office of Health, Infectious Diseases and Nutrition. This past year, he served as the Country Team Lead for the President's Malaria Initiative (PMI) in Ethiopia and participated in the development of the 2010 Ethiopia Malaria Operation Plan. Mamacos is also a member of the Global Fund Core Group team where he reviews USG policy positions on several issues, including the Global Fund's approach to resource prioritization and its position on the Affordable Medicines Facility for Malaria. Mamacos coordinated USG efforts in response to the G8 Health Accountability Matrix where he worked with interagency partners to compile USG data on expenditures and commitments in global health.

Mamacos also took part in background briefings for Voice of America's Ethiopia broadcast service, providing information on USG commitments in Ethiopia through the PMI.

**Lisa Maniscalco, MPH**

Health/Nutrition Surveys and Evaluation Advisor  
GH/HIDN/HS

Lisa Maniscalco works as the Health/Nutrition Surveys and Evaluation Advisor within the Office of Health, Infectious Diseases, and Nutrition in the Global Health Bureau. She is technical advisor on the MEASURE Evaluation Project and MEASURE Demographic and Health Surveys (DHS).

Maniscalco is part of two key teams: the MEASURE Evaluation Management Team, and the MEASURE DHS Management Team. She manages the reviews and revision process of DHS core questionnaires related to HIDN elements, and provides technical guidance on data collection, analysis, and other M&E related technical issues. She also serves as the Information 'Building Block' Point Person for the GH/Health Systems Division, and works as the alternate lead for the Angola Country Health Team.

She co-presented and prepared a poster at the APHA Annual Meeting in San Diego, titled *Country Comparison of HIV/AIDS Knowledge and Prevention – Cambodia and Indonesia, 2000-2007*.

**Stephanie Marion-Landais, MPH**

PEPFAR Strategic Information  
Liaison/Deputy Coordinator  
USAID/Namibia

Stephanie Marion-Landais is the PEPFAR Strategic Information Liaison/Deputy Coordinator for USAID/Namibia. Her responsibilities include remaining current at all times on national, development partner, and global coordination mechanisms related to HIV/AIDS in Namibia; including the Global Fund Country Coordinating Mechanism, the HIV/AIDS Partnership Forum, as well as others. She also managed day-to-day operations of the Coordinator's office and provided strategic information planning and assistance to the Country Coordinator.

Her specific responsibilities include coordinating Interagency Planning through the PEPFAR-Namibia Country Team in the capacity of preparing the PEPFAR budget and Country Operational Plan (COP) narratives, reports, memoranda, and other material; assisting agency strategic information personnel in preparing annual and semi-annual performance results reports (APRs and SAPRs) and reviewing public health evaluations; assisting the Coordinator in developing and implementing a long-term strategic Partnership Compact between the USG and the Government of the Republic of Namibia; managing logistical and practical support for scheduled and ad hoc meetings of the PEPFAR Interagency Team and Interagency Technical Teams; serving as co-convener of regular meetings with PEPFAR liaisons from other USG implementing agencies; and providing oversight and technical guidance to the teams and personnel responsible for quality assurance and data entry for COPs, APRs, and SAPRs.

She was also responsible for performing budgeting, personnel management, and administrative tasks in the capacity of principal PEPFAR point of contact for US Embassy/Windhoek financial, general services, and other administrative offices regarding the PEPFAR Coordinator's office budget; as well as developing effective work/training opportunities and managing effective use of Presidential Management Fellows, interns, and other temporary personnel.

Marion-Landais has also played a role in promoting PEPFAR-related public affairs and diplomacy, which includes assisting the PEPFAR Namibia team in planning and executing site visits, working with the Coordinator and the US Embassy Public Affairs Officer to ensure timely responses to media requests for information on PEPFAR in Namibia, and working with the Coordinator to proactively identify and plan opportunities for the Mission leadership to highlight PEPFAR success stories. She also coordinated with the Office of the Global AIDS Coordinator (OGAC) in serving as a principal point of contact for queries from OGAC, taking the lead in distributing to PEPFAR-Namibia team ad hoc requests from OGAC, and coordinating team responses to OGAC.

**Dorina Maris, MPH**

Health Management Information Systems  
Advisor  
GH/OHA/SPER

Dorina Maris currently serves as Health Management Information Systems (HMIS) Technical Advisor for the Office of HIV/AIDS. Maris provided leadership, guidance and oversight for the AIM project supporting HMIS Technical Working Group (TWG). As a result, in

five months AIM drafted HMIS country profiles for all 15 PEPFAR focus countries, plus Lesotho. She initiated and led the formulation of a new approach in delivering Geographic Information Systems (GIS) services in support of PEPFAR, via a forum linking National Mapping Agencies with Ministries of Health and National AIDS Councils. The idea developed collaboratively with the entire GIS Working Group (ME, DHS, Census), including the Orphans and Vulnerable Children TWG, Africa Bureau, WHO and UNECA. Maris also actively participated in and contributed to the overall Strategic Information (SI) Advisor agenda and goals which included providing support to SI aspects of Country Operational Plan submission and Annual Performance Report review for Ukraine and Russia.

**Lauren Marks, JD**

Health Programs Public-Private  
Partnership Advisor  
USAID/South Africa

Lauren Marks joined the USAID/South Africa HIV/AIDS and Health team in January 2009. She served as the USAID Country Operational Plan (COP) Coordinator for the production of the FY 2010 COP. Managing the COP process for USAID involved developing guidance and templates, recruiting and working with TDY staff, tracking deadlines, coordinating collection of data from partners and USG staff, and reviewing all submissions. She chaired bi-weekly inter-Agency COP Planning meetings and reported on progress at monthly PEPFAR Task Force meetings. Marks also served as a liaison between the health office and the program office. She prepared documents including statutory checklists and pre-

obligation checklists, and reviewed MAARDs and new procurement solicitations as well as the Mission's Strategic Objective Agreement. Marks also helped track partner budgets. Lastly, over the past few months, Marks has represented USAID at several meetings with corporate partners interested in pursuing public-private partnerships with the USG.

**Stacey Maslowsky, MPH**

Micronutrients Program Advisor  
GH/HIDN/NUT

Stacey Maslowsky is Micronutrients Program Advisor in the Office of Health Infectious Diseases and Nutrition. During the past year, she participated in the Planning Committee for Micronutrient Forum in Beijing.

Maslowsky conducted baseline data collection from each USAID Mission in the 30 Maternal and Child Health priority countries, which was later used in the development of the nutrition strategy in the Presidential Food Security Initiative. She also developed nutrition division advocacy materials while assisting in the creation of a brochure for the USAID nutrition division to be disseminated to the greater international development community. Maslowsky collaborated with UNICEF on determining strategic use of FY09 USAID funding for Universal Salt Iodization programming, and was also a participant in the Global Alliance for Vitamin A conference in Dakar, Senegal.

Maslowsky is also responsible for disseminating an important document titled *Investing in the Future: A United Call to action on Vitamin and Mineral Deficiencies* throughout the Global Health

Bureau, PHN officers in each mission, as well as posting it on the USAID external and internal websites.

**Jennifer Mason, MPH**

Health Advisor  
AME/TS

Jennifer Mason serves as Health Advisor in the Office of Technical Support. Her main responsibilities included providing regular support and technical assistance to Asia and Middle East (AME) Missions on health issues, including HIV/AIDS, family planning, maternal and child health, and health systems linkages with governance and security. In the past year, she conducted technical support visits to Timor Leste and Egypt for health assessment and planning activities, and also managed the Middle East regional HIV/AIDS portfolio and provided technical support visits to several countries.

Mason represented the AME Bureaus on the Country Health Teams for seven countries/regions and provided feedback and guidance on country strategies, operational plans, performance reviews and strategies. She also reviewed and provided clearance for health related reports, documents, and briefs and participated in the development of Request for Applications and review of proposals. She regularly collaborated with AME technical staff, including education, governance, environment, income, generation, gender, in developing intersectoral assessments and strategies.

In coordination with USAID AME Country Desk Officers and Global Health Bureau Technical Specialists, Mason conducted presentations on AME health

programs for a variety of audiences, including USG agencies, non-governmental partners, and donors.

**Elaine Menotti, MPH**

Child Survival and Health Grants Advisor  
GH/HIDN/NUT

Elaine Menotti is the Child Survival and Health Grants Advisor in the Nutrition Division of the Office of Health, Infectious Diseases and Nutrition. She is responsible for reviewing Child Survival Grants proposals, and ensuring that Agency policies, criteria, and guidelines are being applied consistently.

This year, Menotti also co-authored two publications:

- George Asha, Elaine Menotti, Dixmer Rivera, Irma Montes, Carmen Maria Reyes, David Marsh. 2009. "Community Case Management of Childhood Illness in Nicaragua: Transforming Health Systems in Underserved Rural Areas." *Journal of Health Care for the Poor and Underserved*.
- Gribble, James N., Nancy Murray, Elaine Menotti. 2009. "Reconsidering Childhood Undernutrition: Can Birth Spacing Make a Difference? An Analysis of the 2002-2003 El Salvador National Family Health Survey." *Maternal and Child Nutrition* 5 (1): 49-63.

**Erin Mielke, MPH**

Service Delivery Improvement Program  
Advisor  
GH/PRH/SDI

As the Service Delivery Improvement Program Advisor, Erin Mielke provides technical support for two Reproductive Health/Family Planning service delivery projects, namely the Capacity Project and Fistula Care. She was technical advisor and member of several teams, including USAID's fistula management team, the PAC Connection for postabortion care, the Long Acting and Permanent Methods Working Group, and the Capacity Management Team. She also headed the Tanzania's Country Support Team and assists the mission with its family planning portfolio, among other responsibilities.

Mielke prepared the presentation "USAID and Postabortion Care," which was presented at the PAC Consortium Meeting at the Global Health Council Annual Meeting in 2009. She is also working on several publications.

During this year, Mielke supervised a summer intern who learned about postabortion care. She also presented the Fistula Care Project's annual results and FY09 budget request to the PRH office.

**Roy Miller, PhD, MS**

Senior Strategic Planning, Information, Monitoring and Evaluation Advisor  
AFR/SD

Roy Miller is Technical Advisor for the Africa's Health in 2010 project. In this capacity, he assisted the Cognizant Technical Officer in the management of the project in addition to providing technical inputs to the Strategic Teams that do the planning and implementation of the project activities.

Miller served as the Africa Bureau Health Team representative on five country back-

stop teams: Angola, Ethiopia, Ghana, Senegal and the West Africa Regional Mission. He was the Africa Bureau representative on the working group formed to develop a monitoring tool to track the evolution of Health Information Systems. Miller coordinated the information for the health section of the Africa Bureau Annual Performance Plan and Report and assembled the budget information and narratives for the health section of the Africa Bureau FY 09 Operational Plan.

Miller served as a member of the evaluation team assessing the performance of the Africa Regional Office of the World Health Organization under the five-year grant to that organization by the Bureau for Africa. He presented his *Africa Health Sector Portfolio Review* to the Senior Management of the Africa Bureau on the Health Portfolio in August 2008. He also co-presented *Africa Health Sector Challenges and the Way Forward* to the PhUndamentals Course in March 2009.

**John Milliner, MS**  
Malaria Advisor  
AFR/SD

John Milliner is the Malaria Advisor for the Africa Region and supports the implementation of USAID's malaria strategy and President's Malaria Initiative activities for African countries. In that capacity, he was the lead for the Ghana Malaria Operational Plan task force, and the alternate for the Zambia Malaria Operational Plan task force. He was also a member of the Alliance for Malaria Prevention, and a member of the Bill and Melinda Gates Foundation External Scientific Action Committee that reviews

innovative solutions for malaria vector control.

In these capacities, Milliner developed plans to manage over \$50 million for malaria control activities. He also completed the first-ever comprehensive assessment of bednet distribution in sub-Saharan Africa, and reviewed and recommended action on 12 malaria vector control projects.

During this fiscal year, Milliner presented on *Progress toward Universal Coverage - results of the Net Mapping Project* to three audiences: the Special Envoy for Malaria at the UN, the Earth Institute at Columbia University, and the Roll Back Malaria Harmonization Working Group. He also presented *PMI programs/policies* at the Pesticide Regulations Workshop.

**Thomas Minior, MD, MPH**  
HIV/AIDS Adult Treatment Advisor  
GH/OHA/LTR

Thomas Minior started with the Global Health Fellows Program in May 2009, and is the senior advisor on adult HIV/AIDS treatment.

Minior was a member of several teams, including the PEPFAR Adult Treatment Technical Working Group and Scientific Issues subgroup. He also contributed to the founding of the WHO-coordinated Global HIV Treatment Working Group.

In July of 2009, Minior participated in a small group consultation between the WHO and USG, where he provided technical input on the revision of the WHO Guidelines on the treatment of HIV infection in adults and adolescents. He also facilitated a session to discuss issues

related to laboratory monitoring in HIV infection. Minior also took part in a USG-WHO collaborative feasibility study to explore factors that will limit implementation of changes to the WHO guidelines on HIV treatment in the field.

**Carolyn Mohan, DrPh, MPH, MIA**

Tuberculosis Advisor  
GH/HIDN/ID

Carolyn Mohan is a Tuberculosis Advisor within the Infectious Disease Division of the Office of Health, Infectious Diseases and Nutrition of USAID. She provided in-country technical assistance to USAID programs in Russia, Georgia, and Armenia, and assists numerous other missions on TB related activities and programs from Washington. She also provides guidance to key staff and partners.

Mohan was asked to serve as an advisor on the WHO/EURO Technical Advisory Group, which provides leadership to prioritize TB control efforts of the regional office. Other partners have also drawn on her skills and expertise; she was asked by the State Department to present a digital videoconference with them and the CDC to national staff in Eastern Europe on World TB Day in 2009. Mohan also prepared and presented on TB in the Eastern Europe and Central Asia region to colleagues at the State Department.

**Emmanuel Njeuhmeli, MD, MPH**

Prevention Advisor, Male Circumcision  
GH/OHA/TLR

Emmanuel Njeuhmeli serves as the Prevention Advisor on Male Circumcision working in the Technical Leadership and

Research Division. Njeuhmeli was responsible for providing technical assistance to USAID missions in carrying out analyses, feasibility studies, and innovative project design proposals to provide safe male circumcision services as well as providing specialized expertise to USAID regional and other technical bureaus and to missions in policies, and monitoring and evaluation strategies, related to male circumcision. He also analyzed, synthesized, and disseminated key research findings, cutting edge methodologies, and best practices on male circumcision.

Njeuhmeli interacted with other USG institutions, multilateral donors, PVOs, NGOs, foundations, and others for the purpose of coordinating efforts to provide safe male circumcision services and contributed to formulating Agency positions on research issues for presentation to interagency working groups, representatives of universities, foundations, and task forces. He participated in the development of strategies, plans, program guidance, and dissemination of research results for Agency-wide application and incorporation into programs to prevent medical transmission of HIV and other infections, coordinated evaluation of projects aimed at preventing HIV transmission through adult male circumcision, served as a liaison between USAID and other USG agencies involved in provision of safe male circumcision services, and attended conferences and meetings, for the purpose of professional and scientific interchange, and to establish and maintain effective working relationships with professional colleagues and institutions.

**Chinyere Omeogu, MD, MPH**  
Maternal Child Health/PMTCT Advisor  
USAID/Ethiopia

In the past year, Chinyere Omeogu served as a Maternal Child Health/Prevention of Mother to Child Transmission (PMTCT) Advisor in USAID/Ethiopia. Omeogu acted as Chairperson for an eight person team to draft an RFA on Community PMTCT for USAID Ethiopia. Also, Omeogu helped support the technical evaluation committee during application review process, a \$30 million award, which included coordinating the retreat, drafting a final TEC memo, and cost realism for the applications received. Omeogu introduced a monthly, well-received Health Team (HIV/AIDS, Malaria, TB and MNCH) Journal Club meeting at the mission with a fourth meeting scheduled for September.

Also, Omeogu coordinated and hosted a national level interactive session on Infant Feeding and HIV/AIDS to commemorate the World Breast Feeding Week, which culminated in a Ministry of Health (MOH) -led action point/strategy for improving Infant Feeding practices nationally.

Other responsibilities undertaken by Omeogu included chairing the USG wide PEPFAR Technical Working Group on PMTCT, Orphans and Vulnerable Children, and Pediatrics (POP), which involved convening biweekly meetings, becoming a member of the management level PEPFAR Collaborative Team Meeting in Ethiopia, initiating and facilitating a PMTCT study tour to Zambia and Tanzania for key staff of the MOH and regional and district health staff in PMTCT, and drafting several scopes of work and hosting technical assistance

visits including the current evaluation of Mothers Support Groups.

**Ligia Paina, MHS**  
Health Systems Advisor  
GH/HIDN/HS

Ligia Paina currently serves as the Health Systems Advisor to the Office of Health Infectious Diseases and Nutrition. Over the past year, Paina continued to coordinate the Health System Indicator Working Group which brought together health system experts from the Europe and Eurasia and Latin America and Caribbean Regional Bureaus and the Global Health Bureau as a way to try new approaches in measuring health system performance.

She continued to serve as an active member of the Health Systems 20/20 management team. Paina served as one of the members who carried out the analysis of USAID Health Systems Investments. She contributed to all of the stages of analysis including tool development, follow-up with Mission and USAID/Washington contacts, entering data and analyzing the results. During the summer of 2009, Paina was part of the writing team for the Health Systems Report to Congress where she contributed two chapters and data on health impacts for country case studies. Paina also led the development of a detailed workplan and budget for a 4-year program on resource tracking with National Health Accounts. This program will be implemented with funding from the Bill and Melinda Gates Foundation.

**John Palen, PhD, MPH**  
HIV/AIDS Palliative Care Advisor  
GH/OHA/TLR

John Palen is the HIV/AIDS Palliative Care Advisor in the Office of HIV/AIDS. He provided technical assistance to the office of HIV/AIDS, regional bureaus, USG agencies, international agencies and implementing partners, missions, and managers of USAID grants and contracts related to HIV/AIDS palliative care. He also provided technical assistance on the design, implementation, monitoring, and evaluation of HIV/AIDS palliative care programs.

Palen provided technical assistance to PEPFAR countries in the area of HIV care and support. These countries are mainly: Namibia, Nigeria, Uganda, Ethiopia, Tanzania, and Malawi.

He is a member of several teams, including the Country Core Teams for Ethiopia and Uganda, which he assisted in areas of Country Operational Plan planning, priority setting, and programmatic reviews. Palen also co-chaired the PEPFAR Care and Support Technical Working Group, which oversees all policy and programmatic reviews for the implementation of HIV care and support services. He has also established an intergovernmental workgroup on HIV and mental health issues to identify opportunities to integrate mental health interventions in PEPFAR supported HIV care and treatment programs.

Palen has also presented on HIV/AIDS Palliative Care at a WHO-sponsored international meeting held in Tunisia.

**Christianna Pangalos, MA**  
Technical Advisor, Health Commodity  
and Logistics  
USAID/Rwanda

Christianna Pangalos completed her fellowship as a Technical Advisor in Health Commodity and Logistics for USAID/Rwanda in September 2008. As the Supply Chain Advisor with USAID Rwanda, she: managed and coordinated USG funded Supply Chain implementing partners, the largest USG Rwanda portfolio (approximately 20 million USD per year); negotiated and coordinated between vertical funding streams, advised the USG, PEPFAR, President's Malaria Initiative and other health teams on Supply Chain activities; ensured that the Regional Legal Advisor and Regional Contracting Officer were adequately briefed to conduct a procurement assessment of the Rwandan Central Medical Stores (CAMERWA) and helped prepare CAMERWA to become a direct USG funding recipient; organized an Anti-Corruption Training and Assessment for the Rwandan Ministry of Health in partnership with the Democracy and Governance team at USAID; facilitated a complex transition period to rationalize all USG-funded Supply Chain implementing partners; and effectively managed complex Government of Rwanda interests and expectations through regular and transparent communication.

Pangalos currently works in Panama with the UN Development Programme.

**Thomas Perdue, MPH**  
Monitoring and Evaluation Advisor  
GH/OHA/SPER

Thomas Perdue is Monitoring and Evaluation Advisor in the Strategic

Planning, Evaluation and Reporting Division. This past year, he served as a member of the PEPFAR Monitoring and Evaluation Technical Working Group, and in this capacity managed an activity implemented by the Capacity Project to identify, document, and disseminate best practices in human resources development within Strategic Information (SI) teams and activities. Perdue also served as a member of the MEASURE Evaluation management team, where he reviewed proposed activities and strategy papers, and problem-solved issues with current activities in coordination with the project management team.

Perdue's other accomplishments included: building strong technical assistance relationships with two country teams—Lesotho and Indonesia; developing and reviewing SI components of PEPFAR Country Operational Plans for Indonesia and Lesotho; assisting in the development of the recently signed Partnership Framework (new five year strategy) agreement between the government of Lesotho and the USG; advising and assisting the Lesotho country team on international development partner coordination and harmonization within the national SI plan; contributing to PEPFAR State of the Program Area documents for SI; and assisting in the training and mentoring of new members of the Monitoring, Evaluation and Reporting Team.

**Alisa Pereira, MA**

E&E Regional Avian Influenza Advisor  
GH/HIDN/AI

Alisa Pereira is the Europe and Eurasia (E&E) Regional Avian Influenza Advisor in the Avian and Pandemic Influenza

(API) Unit. In this role, she assisted the E&E Bureau and its missions in developing approaches to prevent, detect, and contain outbreaks of avian or pandemic influenza. She also provided leadership in determining budget allocations to match the Unit's strategies and goals. Pereira oversaw field activities in over 27 countries and regional programs.

This year, Pereira led the preparation and execution of the API Unit's extensive procurement plan, as well as its Operation Plan. She also led efforts of the API Core Unit to develop approaches for preventing, detecting, and containing outbreaks of avian, pandemic influenza and other global pandemic threats. This included identifying and accessing resources, coordinating with partners and cooperating agencies, and providing technical expertise, among other responsibilities.

**Janet Phillips, MPP**

International Programs Advisor  
GH/HIDN

Janet Phillips serves as International Programs Advisor in the Office of Health, Infectious Diseases and Nutrition. She served as a member of an assessment team to Vietnam, reviewing the current status of TB/HIV activities in the country and the impact of PEPFAR activities. She also contributed to the writing of the final report that provided findings and recommendations for future PEPFAR TB/HIV programming. Phillips also participated in a brief review of current TB activities in Uganda with a member of the East Africa regional team. In this capacity, she met with partners and visited project sites in Kampala and provided recommendations to the USAID Mission

to improve the impact of future TB programming.

She also drafted a 5-year TB strategy for the USAID/Uganda Mission. Phillips also served as a member of an assessment team in Ethiopia reviewing the current status of national TB/HIV programs and the impact of current TB/HIV PEPFAR activities. This two-week assessment included site visits to PEPFAR-supported sites and interviews with government representatives and partners. Phillips worked with the team to prepare presentations and reports for the PEPFAR/Ethiopia team providing recommendations on future PEPFAR TB/HIV programming. She also worked as a member of the management team for TB Control Assistance Program, reviewing work plans and financial data and drafting concept papers.

**Kevin Pilz, PhD**

Commodity Security and Logistics  
Advisor  
GH/PRH/CSL

Kevin Pilz is Commodity Security and Logistics Advisor in the Office of Population and Reproductive Health. He was the coordinator of the Countries-At-Risk Group of the Reproductive Health Supplies Coalition. In this capacity, he identified solutions to a wide array of emergency contraceptive stock issues in developing countries. Pilz also participated as a member and leader of the *Professionalization of Logisticians* Workstream in the Systems Strengthening Working Group of the Reproductive Health Supplies Coalition. In this capacity, he increased collaboration and alignment amongst donors and technical agencies on goals and approaches for capacity building

in logistics. Pilz also served on the Advisory Committee for International Science and Engineering of the National Science Foundation where he advised the National Science Foundation with strategic direction and program design for its international programs. He also provided technical assistance to USAID/Egypt in developing a strategic plan for developing a sustainable program as USAID phases out family planning assistance on the USAID Family Planning Graduation Strategic Planning Team.

Pilz presented *Data Collection And Reporting At The Periphery* at the Technical Discussion On Challenges Of Data Capture And Reporting At The SDP Level in July 2009 and *Commodity Security for Health: Lessons Learned for Integrating Systems* at the Medicines Technical Group and the Reproductive Health Commodity Security Committee in June 2009. Pilz will co-present *Quality Assurance for Contraceptive Supplies During Procurement* at the Workshop for the Contraceptive Security Coordinating Committee in October 2009. Pilz also co-edited *Contraceptive Security: Ready Lessons II* as well as drafted the USAID *Family Planning Graduation Strategy For Egypt*.

Pilz also received a Global Health Bureau "Above and Beyond Award" for addressing emergency contraceptive needs through the Countries-At-Risk group and a Meritorious Group Award for assistance in developing and assessing strategic sustainability plans for USAID family planning graduation.

**Diana Prieto, MPP**  
Senior Gender Advisor  
GH/OHA/TLR

As the Senior Gender Advisor, Diana Prieto provided technical advice on the relationship between gender and HIV/AIDS prevention, care and treatment programs. She served as a key advisor to USAID at technical and programmatic forums and provided technical assistance to USAID missions, regional field offices, regional bureaus, cooperating agencies, private volunteer organizations, host country governments, and non-governmental organizations.

Prieto served as a Co-Chair on the interagency Gender Technical Working Group and provided leadership for PEPFAR in the field of gender and HIV/AIDS. As Co-Chair, Prieto provided technical direction and leadership to the group and facilitated group meetings, conference calls and other intra-group communications. As an expert advisor and technical authority on complex and precedent-setting policy and program issues, she developed and recommended policies, strategies, and plans related to gender issues as they relate to HIV/AIDS.

**Rochelle Rainey, PhD, MS**  
Environmental Health Technical Advisor  
GH/HIDN/ID

Rochelle Rainey is the Environmental Health Technical Advisor in the Infectious Diseases Division. She gave programmatic and technical guidance in the areas of water and sanitation, and provided leadership in the development and evaluation of innovative programmatic approaches to health-focused water and sanitation activities. She served as the

focal point for household drinking water quality.

As a member of the Environmental Health Team, Rainey helped to develop a draft strategy for integrating water, sanitation and hygiene into maternal and child health programs in USAID focus countries. She also served as the team leader for an evaluation of USAID's Point-of-Use water treatment project in Uttar Pradesh, India.

Rainey also presented an overview of USAID programming principles in water, sanitation and hygiene associated with the Paul Simon Water for the Poor Act to missing staff while on TDYs to Afghanistan, Liberia, DR Congo, Bangladesh, Cambodia and Nepal.

**Suzanne Reier, MPH**  
Senior Technical Advisor  
WHO, Geneva

Suzanne Reier served as a Technical Officer for the Secretariat for the Implementing Best Practices (IBP) Initiative in the Reproductive Health and Research Department based at the World Health Organization. As part of the IBP secretariat, her role was to provide management and organizational support to the IBP consortium chair and members with better coordination among partners and improved sharing and scaling up of "best practices."

Reier's specific achievements included support to Post Abortion Care (PAC) programs in West Africa through the assessment, dissemination, sharing and scaling up of best practices from six Francophone countries. She also planned and co-facilitated a workshop for seven Francophone countries with USAID and

partners, and co-facilitated an introduction to fostering change virtual follow-up program with Management Sciences for Health.

Reier provided support for repositioning family planning (FP) in West Africa through co-facilitating bilingual workshops for four West African countries with colleagues from WHO/Afro, the Population Reference Bureau and the West African Health Organization in the use of the FP advocacy toolkit, as well as in the SE Asia Region (SEARO) in the capacity of co-facilitating FP meetings for WHO/SEARO and presenting on IBP, PAC, partnerships, and advocacy.

In the past year, Reier co-authored *Promoting sexual and reproductive health for persons with disabilities: UNFPA/WHO guidance note, Community Health Workers: What motivates them to provide effective services?*, and *A guide for Fostering Change to Scale Up Effective Health Services (French version)*.

**Jessica Rose, MSc**

Monitoring and Evaluation Advisor  
GH/OHA/SPER

Jessica Rose serves as a Monitoring and Evaluation Advisor in the Strategic Planning, Evaluation and Reporting Division. In this capacity, she provided support to the division by monitoring project performance, gathering program level data, and monitoring trends, managing indicator development, and doing reporting. She was the strategic information (SI) advisor to several countries, namely Ghana, Nigeria, and Haiti. In these country teams, Rose provided overall SI guidance, helped with

Country Operational Plan preparations and SI review, and conducted monitoring and evaluation related trainings as needed.

Rose was also the SI Liaison for the Human Resources for Health (HRH) Technical Working Group. In that capacity, she led a two-day training on HRH indicators at a workshop in Pretoria. She has also managed the activity with MEASURE Evaluation for M&E of referral systems.

**Uchechi Roxo, MSc**

Community and Home Care Health  
Advisor  
GH/OHA/IS

Uchechi Roxo serves as Community and Home Care Health Advisor in the Office of HIV/AIDS. In the past year Roxo served as a Community and Home Care Health Advisor in the capacity of assisting in the coordination and presentation of care and support sessions at the New Partners Initiative State of the Art Meeting held in July 2009 in South Africa, attended by over 80 partners from 16 countries.

Roxo was also responsible for reviewing and contributing to the finalization of the 2010 Country Operational Plan Technical Considerations for Care and Support (C&S) disseminated to all PEPFAR country teams, as an active member of the C&S Technical Working Group.

Additionally, Roxo prepared and presented care and support programming to over 50 faith-based organizations/implementers on July 16, 2009 following an invitation from USAID's Center for Faith-Based and Community Initiatives on a panel of senior advisors.

**Trenton Ruebush, MD MSc**  
Senior Malaria Advisor  
GH/HIDN/PMI

Trenton Ruebush works as the Senior Malaria Advisor with the President's Malaria Initiative (PMI) team. He was responsible for providing technical leadership in malaria to USAID Washington and to field missions. He was the lead scientist and medical advisor to PMI. Ruebush helped develop agency policies related to malaria, while also supporting malaria program implementation in the field.

He played a key role in several teams, including the Roll Back Malaria Harmonization Working Group, the PMI Operational Research Committee, and the Angola PMI Team, on which he served as the country lead for USAID.

This year, Ruebush continued in his role leading support to prepare for the annual Malaria Operational Plans for the 15 PMI focus countries. He also helped plan visits and MOP development in three new countries that will receive USAID funding. Ruebush also helped in the preparation of a 6-year strategy for continued malaria funding, and assisted with the 2008 PMI Annual Report and PMI M&E Strategy.

**Rene Salgado, MD**  
Senior Malaria Monitoring and Evaluation Advisor  
GH/HIDN/ID

Rene Salgado serves as the Senior Malaria Monitoring and Evaluation Advisor for the President's Malaria Initiative, where he participated in two groups: the monitoring and evaluation group (M&E) and the

behavior change and communication (BCC) group. As a member of the M&E group, he participated in the development of PMI's M&E strategy and coordinated the development of the PMI M&E work plan. The M&E work plan is the principal document that directs all of PMI's monitoring and evaluation activities. Salgado also guided and participated in the development and roll out of the End Use Tool (EUT). The EUT is being deployed in all 15 PMI countries to collect information on the availability of malaria commodities in health facilities.

With the help of the CDC, he rolled out the implementation of malaria activities for the follow on project to PMI (Lantos-Hyde Bill). As a member of the M&E team he also participated in the review of all Malaria Operational Plans (MOPs) for all PMI countries for FY 2010. He provided direct technical support to PMI countries on M&E. Additionally, he worked with the WHO and Johns Hopkins University in updating a social autopsy tool that looks at the behavioral and social causes of under-five mortality. Salgado has been assigned to lead, from the USAID side, the impact evaluation of PMI. This last activity is of the highest priority and seeks to prove that PMI investments contributed to reduction of malaria-specific mortality of 50% or more (as specified in the original press release by the White House on PMI).

Salgado was assigned as Country Lead for Zambia and as an alternate for Liberia. For Zambia he coordinated the production of Zambia's Malaria Operational Plan for FY 2010; he was responsible for leading and coordinating a team of USAID and CDC technical advisors and for working the Zambian Malaria Control Centre to develop the MOP. For Liberia he was a

member of the technical team that visited the country and produced several sections of the MOP.

**Macarena Sarraf, MIS**  
PEPFAR Program Advisor  
USAID/Vietnam

Macarena Sarraf served as a PEPFAR Program Advisor in USAID/Vietnam. She provided direction and overall coordination of the April and August rounds of reprogramming including appropriate coordination meetings with PEPFAR staff and Office of the Global AIDS Coordinator headquarters personnel. She was also responsible for the USG participation and development of the coordinated Cost Norms information update and analysis to harmonize costs for personnel and operations between USAID, CDC, DHHS, World Bank, the European Economic Community, UNAIDS, UNDP, Dutch Development Agency, Australian Aid Agency, DfID and other major donors. She developed PEPFAR Vietnam's draft Operating Framework Document, and with a Communication Specialist, launched regular quarterly newsletters for PEPFAR/Vietnam. She participated in the PEPFAR Partners' Meeting for Country Operational Plan (COP) 2009 in August 2008. She also prepared the Executive Summaries for the PEPFAR Retreat, the PEPFAR Partners' meeting, the PEPFAR USG Big Picture meeting, and the PEPFAR Partners' meeting for COP 2009. Sarraf coordinated the Technical Review of Vietnam New Partner Initiative Concept Notes as well as the recruitment process for the PEPFAR Program Management Specialist position and the PEPFAR Information Specialist position (which included organizing an interview panel, developing tools for

written tests and interviews, reviewing CVs, developing a ranking matrix, and conducting interviews).

In close coordination with UNAIDS, Sarraf developed the Guest Lecturer Presentation Seminar Series which provided two priority presentations per month on areas of prevention, care and treatment by key members of the PEPFAR/UN program teams. She developed a COP09 development timeline, coordinated the COP 2009 process, prepared key supporting documents, recruited a COP coordinator, and was responsible for COP 2009 submission to OGAC.

**Lois Schaefer, MPH**  
Senior Technical Advisor  
GH/PRH/SDI

Lois Schaefer is Senior Technical Advisor in the Office of Population and Reproductive Health. She served as the USAID Representative to Office of the Global AIDS Coordinator's Human Resources for Health (HRH) Technical Working Group, where she participated in the technical review of all FY09 Country Operational Plans (COPs) for HRH activities and developed recommendations for missions based on reviews. She assisted in the writing of State of the Art of the Program Area for HRH based on COP review, revised technical guidance in HRH for preparation of FY10 COPs, participated in FY09 Headquarters Operational Plan process, and assisted in the development of HRH indicators for PEPFAR.

Schaefer served as the Global Health Lead on the Jamaica Core Team, which included such tasks as leading reviews of

the health component of the country's Performance Plan and Report as well as participating in the Country Assistance Strategy process at the State Department.

Schaefer provided leadership, strategic direction, and technical guidance to the Capacity Project, a \$300 million Leader with Associates Cooperative Agreement addressing the global crisis in human resources for health. She led the Capacity Project evaluation, which included developing the scope of work, selecting the team, overseeing data collection, and ensuring the quality of the final report.

She served as lead author for preparation of the RFA for the follow-on, *Human Resources for Health and Quality Services*. Other publications included *Am I being Treated Fairly? Managing Health Workers for Health Sector Results* and *Human Resources for Health: Tackling the Human Resources Management Piece of the Puzzle*.

**Jyoti Schlesinger, MSc**

Senior Technical HIV/AIDS Specialist  
and Africa Regional Advisor  
GH/OHA/SPER

In her role as HIV/AIDS Technical Advisor to the Africa Region within the Bureau for Global Health, Jyoti Schlesinger serves as the principal resource on HIV/AIDS epidemic, USAID programs and results for the region. Schlesinger also provided guidance and recommendations on program priorities and budgets. Schlesinger worked closely with the Bureau's Office of HIV/AIDS (OHA) and the Africa (AFR) Regional Bureau to help regional offices and missions monitor the epidemic, develop sound strategies and implementation plans,

and monitor and report on the plans' progress. She responded to Congressional and public inquiries and assisted in the preparation of routine and special reports on HIV/AIDS and related USAID assistance in the region.

**Stephen Settimi, MA**

Health Management Information Systems  
Advisor  
GH/OHA/SPER

Stephen Settimi serves as the Health Management and Information Systems (HMIS) Advisor in the Office of HIV/AIDS. In this role, Settimi is responsible for providing guidance and expertise on the design and implementation of Strategic HMIS, and reporting program results in PEPFAR countries. In the past year, Settimi served as the co-chair of the HMIS Technical Working Group which provided guidance on the use of information systems used by USG/PEPFAR. Settimi also served as the Global Health Bureau and cross-Bureau liaison for the Informatics Consult for Development and Knowledge Management initiatives. Settimi advised on USAID and PEPFAR objectives at several international events including the National Health Information Systems Initiative in Vietnam and provided technical expertise on the use of national health information systems in Uganda, Rwanda, Malawi, Ethiopia, Botswana and Vietnam.

**Kenneth Sklaw, MPH, MA**

Organizational Capacity Advisor  
GH/OHA/IS

Kenneth Sklaw is Organizational Capacity Advisor in the Office of HIV/AIDS. He

was a member of the Community/Faith Based Organization Technical Working Group (TWG) where he developed the State of the Art Program paper for TWG. His role was significant in ensuring an understanding of TWG members of the broader issues related to capacity building and in developing the TWGs strategy for the coming year. Sklaw was activity manager for the New Partners' Initiative (NPI) Team where he worked with a technical assistance provider to strengthen capacity building tools and approach, as well as to develop indicators of NGO capacity building (on-going). Sklaw was also an AIDSTAR II team member where he advised implementing agency teams on processes to develop civil social organizations' capacity building standards (ongoing).

Sklaw's other accomplishments included completion of the COTR/AOTR certification training, and working closely with NPI NGOs and technical assistance providers on various capacity-building activities, including strategic planning, work planning, and organizational assessment.

Additionally, Sklaw co-authored *Evaluation Capacity Building Best Practices in International Donor Non-Governmental Organization (NGO) Programs*, which will be presented November 14, 2009 at the American Evaluation Association Conference.

**Shelley Snyder, MPH**  
Policy Advisor  
GH/PRH/PEC

In the past year, Shelley Snyder served as a policy advisor in the Office of Population and Reproductive Health. She

served on the management team in the GH Bureau, which oversees the Health Policy Initiative (HPI). In this capacity, she was responsible for activities in Africa and the Middle East as well as for overseeing the cross cutting issue of stigma and discrimination.

Snyder was responsible for several technical areas such as repositioning family planning, community based distribution, and maternal health. Starting in May, she joined teams working on two project redesigns for her division and acted as the alternate lead for the Benin country team. Additionally, she spent three weeks in Mali to examine the state of its family planning program and reported the findings to the Africa Bureau.

**Scott Stewart, MSPH**  
Surveillance Advisor  
GH/OHA/SPER

No report received.

**Alison Surdo, MPH**  
Voluntary Counseling and Testing  
Advisor  
GH/OHA/TLR

In the past year, Alison Surdo served as a Senior HIV Counseling and Testing Advisor. She has worked on a range of initiatives and activities related to HIV counseling and testing and HIV prevention. In August 2008, she presented on "Key messages and guidance on HIV post-test counseling" at the XVII International AIDS Conference in Mexico City.

She participated in a WHO consultation on HIV testing and disclosure for children, and is participating in guidance development in that area. She also participated in Family Planning and HIV Integration Working Group through October 2008, participating in writing “Strategic Considerations for Strengthening the Linkages between Family Planning and HIV Service Delivery Programs: A Tool for Planning and Implementation” and participating in a consultation with donors and implementers in Washington, DC.

In the past year, she has provided technical assistance in several countries, including Mozambique, Thailand, DR Congo, China, South Africa, Namibia, and Cambodia. She is an active member of the PEPFAR Prevention Steering Committee and the HIV counseling and testing technical working group (as co-chair), providing guidance and support for PEPFAR in HIV prevention and counseling and testing. In this role she co-authored the document “PEPFAR State of the Program Area 2009: HIV Counseling and Testing.”

In the past year she has taken on more project management responsibilities, and has helped launch several key centrally funded projects within the Office of HIV/AIDS. Surdo is a technical advisor for AIDSTAR-One, the Project SEARCH Research to Prevention Task Order, and the new GH Bureau Prevention Technologies Agreement and is overseeing several counseling and testing and prevention activities under those awards. She has helped plan and launch key PEPFAR initiatives, including the Couples HIV Counseling and Testing Initiative, for which she convened a meeting of implementers in Zambia in

January 2009, and Project STATUS (Strengthening HIV Test Acceptance and Treatment Uptake Study), a multi-year, multi-million dollar public health evaluation looking at the impact of implementing Provider-Initiated Testing and Counseling in health facilities in five African countries.

Surdo received the “Sustained Outstanding Achievement” award for non-direct hires from the Global Health Bureau in February 2009.

**Elina Sverdlova, MIA**  
Commodities and Logistics Advisor  
USAID/Nigeria

Elina Sverdlova is the PEPFAR Logistics Advisor for USAID/Nigeria. She contributed to the development of a Logistics Management Information System for the distribution of HIV test kits in Nigeria and developed a centralized mechanism for test kit forecasting, distribution and reporting for more than 14 partners. With Supply Chain Management Systems, the Logistics Technical Working Group conducted a PEPFAR-wide antiretroviral forecast.

Sverdlova also worked closely with the prevention group to identify plausible waste management options for PEPFAR expired commodities. She organized a condom forecasting workshop for implementing partners that resulted in a partner’s supply plan. Additionally, Sverdlova designed monitoring and evaluation indicators for evaluation logistic systems.

**Christopher Talley, PhD**

Health Commodity and Logistics Advisor  
USAID/Rwanda

During the past year, Christopher Talley completed the PhuNdamentals course held in Washington, DC in early March and arrived at USAID/Rwanda on March 19. Upon arrival, he attended a DELIVER Logistics Course and the HIV Implementer's meeting, both of which were instrumental in his successful management of a diverse portfolio of HIV/AIDS, Malaria, Reproductive Health/Maternal Child Health and Injection Safety health commodities. Talley hosted a TDY from the Supply Chain Management Systems (SCMS) management team which led to his reassembling the USG Commodity Working Group consisting of PSI, MSH-SPS, DELIVER and SCMS. The first meeting for this group was held in mid August with preparation in June and July. Talley managed Central Contraceptive Procurement (CCP), processing orders of oral contraceptives and condoms. He also presented to the Ministry of Health and the USG team about CCP annual achievements and background at the Annual Big Lines Meeting. Talley also provided guidance for the Partnership Framework implementation and led the commodities technical area to produce commitments for the USG, the Government of Rwanda and civil society organizations.

**Yumiko Texidor, MPH**

Youth Friendly Health Services Advisor  
Guyana Ministry of Health

As a Global Health Fellow based at the Ministry of Health in Georgetown, Guyana, Yumiko Texidor managed and

implemented an adolescent health program called the Youth Friendly Service (YFS) Program. The YFS program aims to encourage youth to visit health centers to retrieve services and information on their sexual health, HIV/STIs, and other adolescent health topics related to mental health, nutrition, substance/alcohol abuse, and sexual abuse. The YFS program provides clinical services, counseling, peer education, voluntary counseling and testing for HIV. As YFS program coordinator, Texidor also supervised over 80 health center staff that consisted of nurses, midwives, and community health workers, and established the program in the interior communities.

Texidor completed her fellowship in July 2008 and is now an independent consultant.

**Sreen Thaddeus, MPH**

Senior Technical Advisor  
USAID/Uganda

Sreen Thaddeus is a Senior Technical Advisor in Kampala where she provides technical assistance and guidance to the mission's reproductive health (RH) portfolio, with a special emphasis on behavior change communication (BCC). Thaddeus helped shape the technical direction of the USAID mission in RH and BCC. She designed a bilateral project for the mission, integrating family planning and child survival. She helped elevate prevention and socio-behavioral interventions at a time when the emergency response dictated a focus on treatment and a clinical model.

Within the area of HIV prevention, Thaddeus provided the technical leadership and guidance for a very

successful BCC initiative, the Young, Empowered and Healthy (YEAH) campaign, which is a complex and innovative communication initiative to engage young people in thinking for themselves about the consequences of having sex early in their youth, including unwanted pregnancy, unwanted HIV, and girls dropping out of school. YEAH is complex because it includes mutually reinforcing mass media and community level activities that are varied and well coordinated.

Over the past two years, Thaddeus was able to convince SO8 leadership of the importance of consolidating all communication activities under one contractor to ensure the technical quality and to reduce the number of management units USAID staff were overseeing. She designed an Associate Award (AA) for a mechanism providing broad communication support, which has been in place for the past three years. She was able to increase the ceiling of the Associate Award and to extend its period of performance, based on the positive feedback all local partners provided on the technical support they were receiving through the AA recipient. As anticipated, the quality of the technical support made a significant difference on communication activities among partners, both in terms of building their communication capacity as well as ensuring the quality of the approaches and materials they developed.

**Nandita Thatte, MHS**

Service Delivery Improvement Technical Advisor  
GH/PRH/SDI (RTU)

Nandita Thatte works in the Service Delivery Improvement Division of the

Office of Population and Reproductive Health (PRH) as their Service Delivery Improvement Technical Advisor.

Thatte has been involved in the Health Systems Strengthening Working Group, and also serves on the Evaluation Process Improvement Committee to evaluate incoming Scopes of Work for project evaluations and assessments. She has been involved in the development of PRH's country team strategy. Thatte has also organized the Leadership, Management and Sustainability Project evaluation, and participated in the Maternal/Child Health and Family Planning Assessment for USAID/Haiti. She also contributed to the Contraceptive and Reproductive Health Technologies Research and Utilization Assessment Report "Research with a purpose."

This year, Thatte presented "USAID Perspectives and Strategies for Successful Scale Up" at the University of Michigan ExpandNet Global Meeting. She has published several manuscripts in peer-reviewed journals:

- Thatte N, Mullany LC, Khattry SK, Katz J, Tielsch JM, Darmstadt GL. (2009). *Traditional birth attendants in rural Nepal: Knowledge, attitudes and practices about maternal and newborn health*. Global Public Health. 2009 May: 1-17.
- Thatte N, Kalter HD, Baqui AH, Williams EM, Darmstadt GL. (2009). *Ascertaining causes of neonatal deaths using verbal autopsy: current methods and challenges*. J Perinatol. 2009 Mar; 29(3):187-94.
- Falle TY, Mullany LC, Thatte N, Khattry SK, LeClerq SC, Darmstadt GL, Katz J,

Tielsch JM. (2009). *Potential role of traditional birth attendants in neonatal healthcare in rural southern Nepal*. J Health Popul Nutr. Feb;27(1):53-61.

**Elizabeth Thompson, MS**

Malaria Technical Advisor and  
Communication Liaison  
GH/HIDN/ID

Elizabeth Thompson works as the Malaria Technical Advisor and Communications Liaison on the President's Malaria Initiative (PMI) Team in the Office of Health, Infectious Diseases and Nutrition. She acts as a liaison for the development of technical communication and gives technical assistance to countries.

Thompson was a member of the PMI Communications Team, the PMI Uganda Country Team and the PMI behavior change communication communications Comteam. Notably, she participated in the Malaria Operation Plan (MOP) visit to Kampala and contributed to Uganda's MOP document.

She served as the editor of *PMI's Third Annual Report: Working with Communities to Save Lives in Africa*.

**Jenny Truong, MHS**

Reproductive Health Technical Advisor  
GH/PRH/SDI

In the past year, Jenny Truong served as the Reproductive Health Technical Advisor in the Service Delivery Improvement Division. In this capacity she participated in various working groups, including the Interagency Youth Working Group (USAID and cooperating agencies). She was the USAID activity

manager for the cooperative agreement with Family Health International. She was also responsible for organizing a full-day technical meeting on Most-At-Risk Youth Programming and Research, and for writing three issues of YouthLens (on use of the internet and mobile phones to communicate with youth, the needs of HIV-infected youth, and hormonal methods of contraception for youth). Truong was the co-chair for the USAID Global Health Youth Working Group, where she was responsible for briefing the Director of the Office of Population and Reproductive Health and the Office of HIV/AIDS on youth RH/HIV prevention activities and for providing the scope of work for a future assessment of youth work to be conducted by external consultants. Truong was a member of the USAID Intraagency Youth Working Group where she outlined priorities for an increase in the Educator Sector budget.

In June 2009, Truong prepared and presented *Health and Young People: What's Games got to do with it?* to members of the Global Health Bureau, including the Director and Deputy Director of the Office of Population and Reproductive Health. She also presented *Youth Mapping Results* at the staff meeting of the Service Delivery Improvement Division, Office of Population and Reproductive Health in August 2009.

Additionally, Truong participated in a midterm evaluation of the Extending Service Delivery Project, managed by GH/PRH/SDI. The work included conducting in-depth interviews with project staff and beneficiaries, visiting site activities in Kenya, as well as contributing to the final report and presentation. She also represented USAID at an expert

meeting on factors associated with maternal morbidity and mortality among adolescents in developing countries at the World Health Organization in February 2009.

**Marci Van Dyke, MPH**

Pandemic Avian Influenza Advisor  
GH/HIDN/AI

Marci Van Dyke has served as the Technical Advisor for Pandemic Planning/Humanitarian Response since 2007. During that time she has been a key member of the Avian and Pandemic Influenza Unit. Van Dyke provides technical assistance, project management support, and strategic planning to assure that USAID investments in the Humanitarian Pandemic Preparedness (H2P) Initiative support the Agency's strategic objectives. She worked closely with the many UN, NGO, and Red Cross/Red Crescent partners of the H2P Initiative and is an integral member of the Health and Food Security technical working groups. She provided much of the day-to-day coordination and technical guidance to projects in 28 countries.

In addition to her pandemic planning work, Van Dyke has played an important role in coordinating partner organizations, as well as providing technical guidance related to the recent announcement of H1N1. She sat on the Office of Foreign Disaster Assistance's (OFDA) H1N1 Pandemic Influenza Response Management Team serving as technical support and a liaison between OFDA and GH. Van Dyke's emergency response and influenza specific experience will be called on more and more as the H1N1 situation progresses.

**Ronald Waldman, MD, MPH**

Team Leader, Pandemic  
Planning/Humanitarian Response  
GH/HIDN/AI

No report received.

**Annie Wallace, MSc**

Population, Health and Environment  
Advisor  
The Packard Foundation/Ethiopia

Annie Wallace served as the Population, Health and Environment (PHE) Advisor for the Packard Foundation in Ethiopia. She provided technical assistance in designing and co-facilitating the strategic planning retreat for the Consortium for the Integration of Population, Health and Environment (CIPHE). She assisted in writing the first draft of the strategic plan and developed the monitoring and evaluation plan.

Wallace worked closely with Packard PHE grantees in developing their PHE interventions, including proposal editing and comments, development of concept papers, development of monitoring and evaluation plans, developing and reviewing abstracts submitted for a family planning conference in Kampala, Uganda scheduled for November 2009, and visiting sites where interventions are being implemented and connecting organizations with potential partners and funding opportunities.

Wallace also developed and reviewed content for the CIPHE website. She also provided CIPHE technical guidance in positioning itself onto the National Civil Society Climate Change Network in order to bring family planning and population to the discussions regarding the National Adaptation Plan of Action and capacity

building for the official delegation to the December 2009 Copenhagen Meeting.

Additionally, Wallace connected organizations based outside of Ethiopia with appropriate partners and assisted in-country visits for PHE technical assistance and site visits. She assisted in planning, implementing, and follow up for the Packard Foundation's February grantees' meeting held in Addis Ababa, Ethiopia, and completed the first draft of the meeting report. She participated in planning, implementing, and follow up for Ethiopia's first National Earth Day Celebration.

Wallace also co-facilitated the *Workshop for Monitoring and Evaluation of Population, Health and Environment Programs* in Addis Ababa, Ethiopia and attended the *Project Design in Population, Health and Environment* USAID Training session held in Nazret, Ethiopia.

**Angela Weaver, MPH**

Infectious Disease Technical Advisor  
GH/HIDN/ID

Angela Weaver works as the Infectious Disease Technical Advisor within the Infectious Disease Division. In this position, she was responsible for providing technical support to the Neglected Tropical Disease (NTD) Control Program, and served as the technical lead for the division's infectious disease surveillance portfolio. She has also coordinated the NTD Stakeholders' Meeting, and managed the development of a new USAID NTD Initiative Website.

Weaver has lead and participated in multiple NTD country visits for program monitoring, partner coordination, and

strategic planning. These include visits to Bangladesh, Nepal, Ghana, Sierra Leone, and Tanzania, where she frequently presented to the Ministries of Health. She also participated in the Global Working Group on Monitoring and Evaluation for NTD of the WHO Secretariat.

This year, Weaver also distinguished herself with many presentations. She presented on the development of strategies for monitoring treatment coverage for NTDs in the WHO Thematic Stakeholders' Meetings on NTD Monitoring and Evaluation in March 2009. She also presented on Neglected Tropical Diseases and USAID's NTD Initiative to the WHO, USAID, missions, and country-specific disease control programs.

She received the "Sustained Outstanding Performance Award" from USAID's Global Health Bureau for her coordination of the NTD Stakeholders' meeting and "exemplary commitment to the countries affected by neglected tropical diseases."

She authored the "Neglected Tropical Disease" Chapter of the 2008 Child Survival and Health Report to Congress, and most recently co-submitted a paper for publication to Human Resources for Health, titled "Field Epidemiology Training Programmes in Africa; Where are the Graduates?"

**Regan Whitworth, PhD, JD, MA**

Senior Technical Advisor  
USAID/Rwanda

No final report received.

**Kelly Wolfe, MPH, MEd**  
Community and NGO Development  
Advisor  
GH/OHA/IS

Kelly Wolfe serves as the Community and NGO Development Advisor within the Office of HIV/AIDS, and provides guidance in effective approaches to strengthening NGO and community-based approaches to HIV/AIDS service delivery. She served as the Activity Manager for 13 New Partner Initiative (NPI) partners and provided them with assistance in organizational development. Wolfe was also the Activity Manager for AED and worked with them to ensure that technical assistance is appropriate for each partner. She has promoted the use of program area checklists to review NPI work plans, and conducted a Program Management Review of an indigenous organization facing challenges with compliance issues.

Over the last year, Wolfe worked in many teams, including being the Primary USAID representative to the Caribbean Regional Core Team. In that capacity, she facilitated and planned several meetings, including the Partnership Framework Meeting for the USG in February 2009, and the Partnership Framework Meeting for Stakeholders in April 2009. She also served on the Haiti Core Team and contributed to the State of the Program Area for the Prevention Technical Working Group.

She also prepared and presented presentations for the July 2008 State of the Art Conference in Capetown. Wolfe presented "HIV Prevention: Progress to Date and Future Challenges" and also prepared the presentation "Knowing Your Epidemic" for this meeting.

**Kristina Yarrow, MPH**  
Health Advisor  
AME/TS

Kristina Yarrow is the Health Advisor in the Office of Technical Support.

She worked with the Senior Infectious Disease Advisor and provided technical expertise to two regional bureaus and missions in 22 countries in maternal and child health, family planning and reproductive health, HIV/AIDS, malaria, TB, infectious diseases, and health systems. She also acted as the primary point of contact for USAID missions in the Middle East on all their health-related programs.

This year, Yarrow worked closely with the Health Team in the Regional Bureau. She has become a strong proponent of cross-sector programming within the Regional Bureau and has helped allocate funds for two cross-sector initiatives in 2009. She has participated in a TDY to Bangladesh in which she advised the Mission on how to reclaim technical leadership in health. The report that emerged from this technical support has been circulated to the Donor Consortium in Bangladesh and helped guide the mission on programming directions.

#### SR 1.1.4 Maintain/strengthen strategies and systems for fellows' support

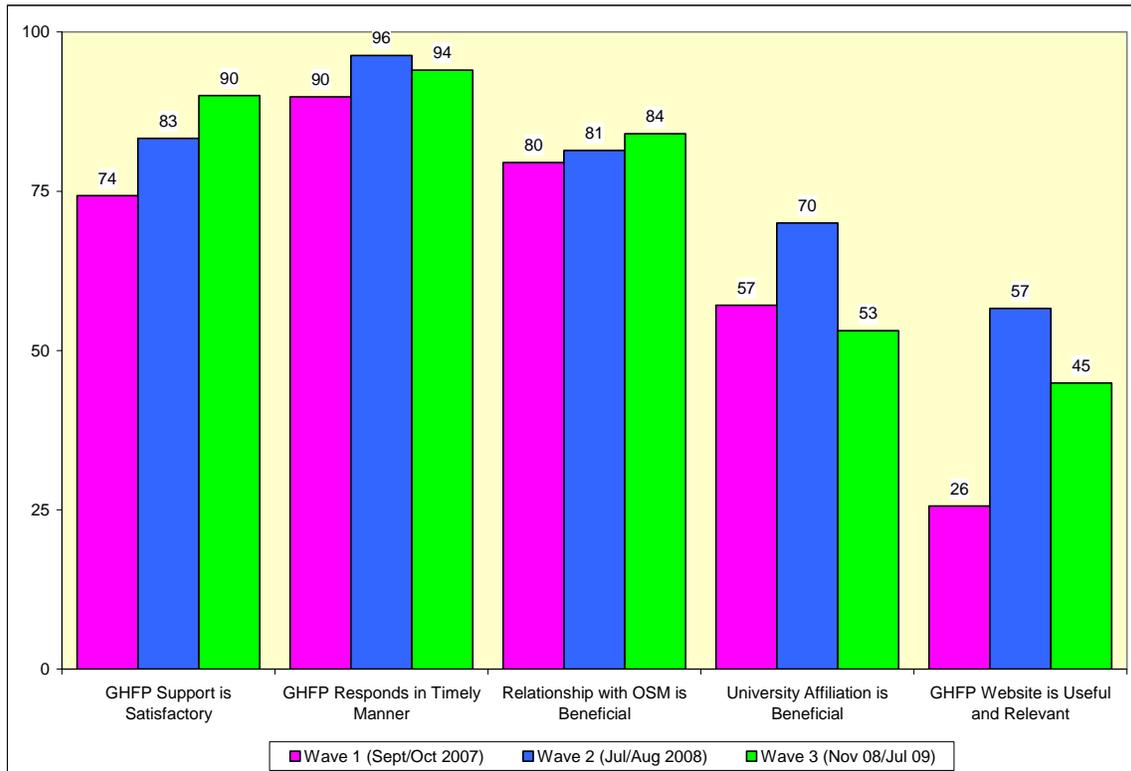
##### *Results*

- During Program Year 3, GHFP expanded the comprehensive support provided to all fellows by hiring additional staff members, streamlining the support system, and re-allocating existing staff responsibilities. This support system included 1) an individual orientation, 2) a two-person support team which includes an Operations Specialist who provides administrative support and a university-based Performance and Career Development Advisor who facilitates fellows' access to technical and career development resources, including the option to have a faculty mentor from one of the two university partners and 3) website support.
- GHFP's continuous efforts to increase and streamline support services for the fellows appear to have been successful. GHFP monitors satisfaction with the program using a survey of fellows. Thus far, three waves of the survey have been conducted (the first wave of interviews was conducted September-October 2007, the second in July-August 2008, and the third from November 2008 through July 2009). Data from the GHFP Fellows Survey indicate that fellows' satisfaction with the GHFP support services they receive has steadily increased over the course of the first three years of the program. The survey asked fellows the extent to which they agreed that GHFP support services are satisfactory. Figure 8 shows that the percentage who agreed or strongly agreed that GHFP support is satisfactory increased from 74% in 2007 to 83% in 2008, to 90% in 2009.
- GHFP aims to provide a reply to fellows' queries within 24 hours. Figure 8 shows that the percentage of fellows who agree that overall GHFP responds in a timely manner continues to be very high, exceeding 90% for each of the first three program years.
- During Program Year 2, GHFP started university-based individual orientations that enabled new fellows to meet their Performance and Career Development Advisor and faculty mentor face to face. Through their university affiliations fellows had access to technical expertise, university library resources, technical mentoring, and career guidance. As shown in Figure 8 this change was accompanied by an increase in the percentage of fellows who found their university affiliation helpful, from 57% to 70%. Although the university-based orientations continued during Year 3, the percentage of fellows who reported that their affiliation was beneficial declined back to 53%. The survey also specifically asked whether the university affiliation was beneficial for each of the following: 1) career guidance, 2) job searches, 3) professional development advice, 4) technical assistance, 5) general administrative support, and 6) other purposes. The results show that the percentage of fellows who reported that their university affiliation was beneficial for career guidance increased from 19% in Program Year 1 to 30% in Program Year 2, and to 42% in Program Year 3. Similarly, the percentage who found the university affiliation beneficial for job searches increased from 10% during Program Years 1 and 2 to 18% during Program Year 3. Throughout the first three Program Years, roughly one in two fellows found the

university affiliation beneficial for getting professional development advice, and one in three found it beneficial for getting technical assistance. The percentage who found the university affiliation beneficial for general administrative support increased from 76% during Program Year 1 to 93% during Program Year 2, but then decreased again to 79% during Year 3. These changes appear to correspond with the restructuring of responsibilities of the University Program Coordinator. Qualitative information provided during the Fellows Survey suggests that the reduced interest in the university affiliation is not related to the mentoring program, but rather results from the shift to affiliating all fellows to a university. In previous program years, only junior level (I and II) fellows were affiliated. In Program Year 3, all fellows who were not affiliated were assigned a Performance and Career Development Advisor at one of the partner universities and given access to university support.

- The redesigned GHFP website – launched in late April 2007 – was not only the main tool for online applications, but also as a portal for providing both fellows and onsite managers with information about GHFP, performance management/evaluation materials, training opportunities, professional development resources, and networking tools. The data show that a significant percentage of the fellows value the website. In 2007, when the website was still new and relatively unknown, only 26% of fellows agreed that the website was useful and relevant. In 2008 and 2009, roughly half of all fellows reported that they found the website very useful. Recent survey data indicate that two of every three fellows (64%) used the website to download various forms in the past six months. One in four (24%) used the website to check the calendar of events, 10% to access GHFP reports, 14% to check job postings, and 38% used it for other purposes. Qualitative comments indicate that some fellows experienced some difficulties locating certain things on the website, particularly forms (e.g., travel and health forms) and PHI procedures (e.g. info on various benefits). Some fellows also commented that it would be helpful to update the calendar more frequently.

Figure 8: Trends in Fellows' Opinions about GHFP Support Services, 2007-2009  
(% who agree or strongly agree)



- During this third Program Year, GHFP continued its practice of allocating every GHFP fellow \$2,500 for professional development at the start of each fellowship year. This allocation of professional development (PD) funds enables fellows to take advantage of a wide range of PD opportunities. GHFP carefully monitors the use of these funds. To that effect, preauthorization for the use of these funds is required both from GHFP and from the fellow's Onsite Manager. Fellows may accumulate PD funds over the course of each two-year fellowship term, but funds remaining unspent at the end of the two year term are not carried over to a new fellowship term. Eligible PD expenses include, among others, fees for training in technical skills or management, professional coaching, professional conference attendance, and language training.
- During Program Year 1, GHFP allocated nearly \$112,000 for potential use by 51 fellows. During that year it also recuperated about \$5,000 in unspent PD funds by four fellows who left the program, as fellows leaving the program do not pocket unspent allocations. During Program Year 2, a total of nearly \$209,000 of professional development funds were allocated to 85 fellows, and over \$32,000 in unspent PD funds from 16 fellows remained with the program. During this third Program Year, \$224,000 in professional development funds were allocated to 93 fellows. The actual use of PD funds is described below.

- Figure 9 shows trends in the number of authorized requests to use professional development funds over the course of the first three Program Years. Overall, the number of approved requests increased from 16 for Program Year 1 to 74 for Program Year 2 to 159 in Program Year 3. The steep increase in the number of requests between Years 2 and 3 can partially be attributed to the increase in the number of GHFP fellows. Nevertheless, there were very marked increases in the number of requests to use PD funds for professional coaching (an increase from 23 requests in Year 2 to 47 requests in Year 3) and language training (25 requests, up from 15 in Year 2). There was also a substantial increase in the number of requests for “other” reasons. Other reasons include expenditures for issues such as fees for software, movies about public health issues, standardized tests (Public Health Certification).
- The actual dollar amount of authorized professional development requests increased over the course of the program. During Program Year 1, 16 requests were authorized, with a combined expense of less than \$9,000. During Year 2, 69 requests to use professional development funds were authorized, with a total cost of nearly \$48,000 in Year 2.<sup>3</sup> During Program Year 3, 159 requests were authorized, with a combined cost of \$80,221. The steady increase in professional development requests and expenditures reflected not only an increased demand for professional development, but also the increase in the maturity of the program and the number of fellows that are being supported by GHFP (see section SR1.1.2).
- The distribution of actual authorized expenditures during Program Year 3 is shown in Figure 10. The largest percentage of funds went to improving technical skills or management training (40%), followed by language training (20%), and conference participation (17%).

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<sup>3</sup> These 69 requests do not include five requests for coaching that were free of charge.

Figure 9: Number of Authorized Requests for Professional Development Funds, by Program Year and Purpose

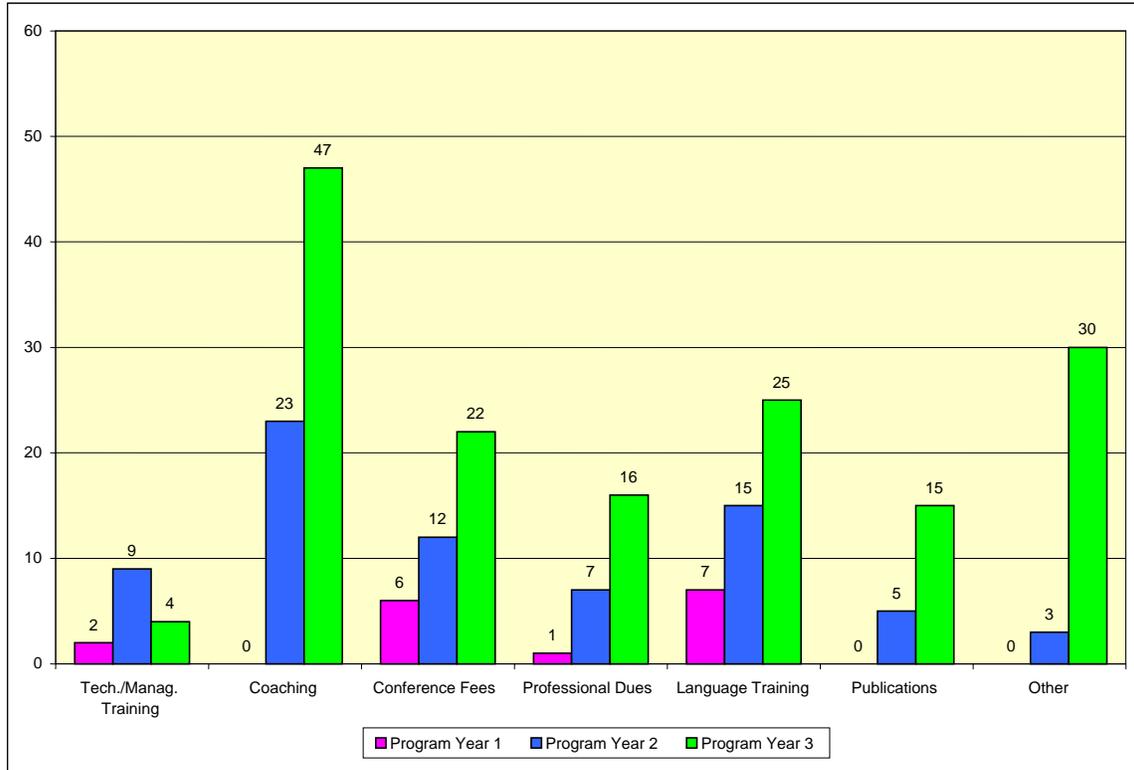
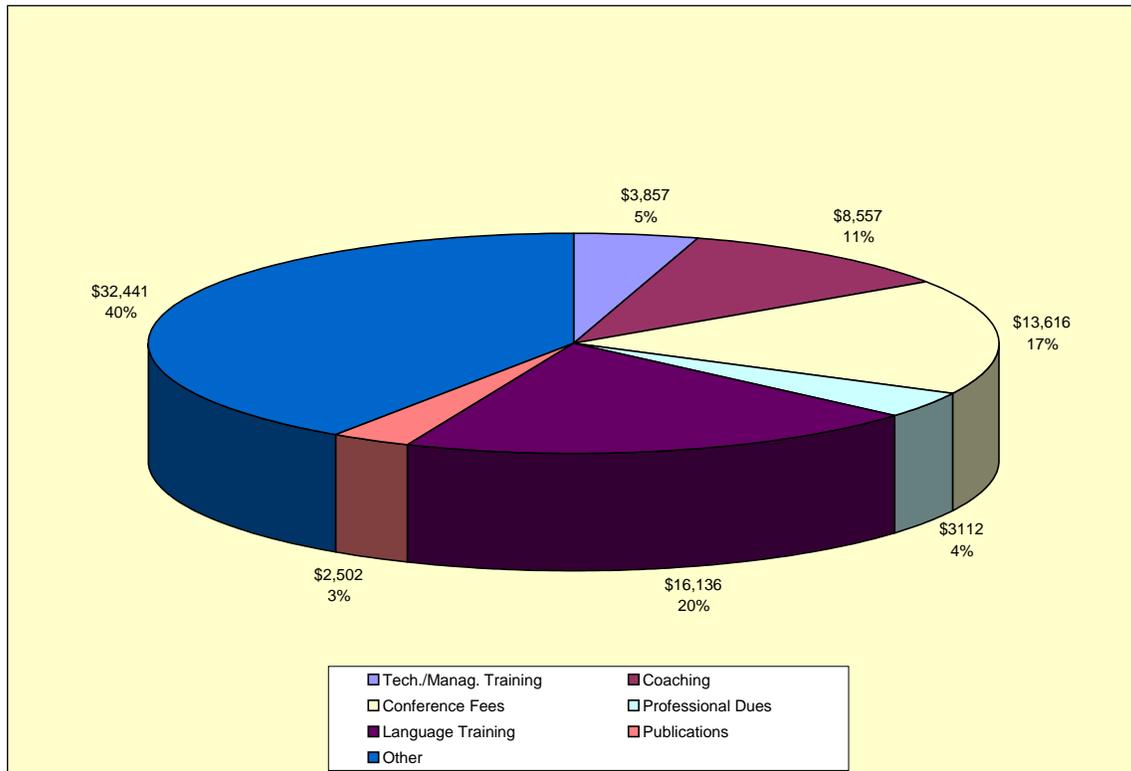


Figure 10: Distribution of Authorized Professional Development Expenditures for Program Year 3, by Purpose (in \$ and %)



- During Year 3, GHFP fellows attended the following conferences (including no-fee conferences):
  - Global Health Council Conference
  - South Africa World AIDS Conference
  - American Public Health Association Conference
  - American Society of Tropical Medicine and Hygiene Conference
  - World Health Economics Conference
  - EcoHealth Conference
  - Pediatric Academic Societies Annual Meeting
  - Conference on Retroviruses and Opportunistic Infections
  - International AIDS Society Conference
  - World Water Forum
  
- GHFP fellows participated in the following training courses during Year 3:
  - Humanitarian Supply Chain Management Certificate Program
  - Facilitator Training
  - Ecological Sanitation Training
  - Course on Data Presentation

- The GHFP coaching program, which was launched during the second half of Year 1, has proven to be exceptionally popular. By the end of Year 1, five fellows had started coaching. Demand for professional coaching increased substantially during both Year 2 and 3. During Program Year 3, GHFP authorized 47 requests to use professional development funds for coaching.
- The university mentoring program that GHFP launched during the fourth quarter of Year 1 continued during Year 3. This formal mentoring program affiliated all fellows with one of two GHFP partner public health schools, where the fellows are given the option to be paired with faculty mentors who provide guidance, advice, and share experience. Mentors are selected based on their ability to meet the professional development needs of specific fellows. Of the 42 new hires during the course of Year 3, 23 were affiliated with Harvard and 19 with Tulane. Out of the entire group of 120 fellows who participated in the program during the course of Program Year 2, 57 were affiliated with Harvard, and 54 with Tulane. The remaining 9 did not have a university affiliation, as they were close to completing their fellowship.

SR 1.1.5 More GHFP alumni engaged in global public health education or employment

**Results**

- GHFP has published two issues of the *GHFP Express –Alumni Edition* e-newsletter, which aims to help maintain communications with and among alumni. The program also maintains an alumni database and listserv, which facilitate tracking alumni as they progress in their global health careers. Table 3 lists the names of the fellows who left during Program Year 3, along with information about their current positions.

Table 3: Fellows Who Left GHFP During Year 3 (with their subsequent affiliations)

<p><b>Michael Andreini, MPH</b> Foreign Service Limited USAID/Sudan Field Office Juba, South Sudan</p>	<p><b>Laura Arntson, PhD, MPH</b> Evaluation and Reporting Coordinator USAID’s Office of Foreign Disaster Assistance Washington, DC</p>
<p><b>Rebecca Callahan, MPhil</b> DrPH Student Johns Hopkins University</p>	<p><b>Molly Brady, MPH</b> DrPH Student University of California, Berkeley</p>
<p><b>Michael Cassell, PhD, MEM, MA</b> Personal Services Contractor USAID/Cambodia</p>	<p><b>Judy Canahuati, MPhil</b> Maternal, Child Health, Nutrition and HIV Advisor USAID’s Food for Peace Office Washington, DC</p>
<p><b>Jennifer Foltz, MA</b> Foreign Service, US Department of State Rwanda</p>	<p><b>Mary Furnivall, MPH</b> Independent Author Kenya</p>
<p><b>Pradeep Goel, DrPH, MSc, MPH</b> Independent Consultant Lake Forest, CA</p>	<p><b>Heather Haberle, MS</b> Staff Private Health Care Consulting Firm</p>
<p><b>Emily Hughes, MPA</b> Analyst USAID’s Office of HIV/AIDS Washington, DC</p>	<p><b>Lisa Kramer, MPH</b> President’s Malaria Initiative Advisor/Program Manager USAID/Ghana</p>
<p><b>Tiffany Lillie, PhD, MHS</b> HIV/AIDS Prevention and Behavior Change Consultant Morocco</p>	<p><b>Mark Maire, MPH, DO</b> Head, Malaria Unit World Vision Washington, DC</p>
<p><b>Christianna Pangalos, MA</b> United Nations Development Programme Panama</p>	<p><b>Yumiko Texidor, MPH</b> Independent Consultant New York, New York</p>
<p><b>Regan Whitworth, PhD, MA</b> Independent Consultant Mozambique</p>	

- Data on the fellows who finished their work as GHFP fellows during Program Year 3 shows that most of these 17 GHFP alumni continue to be involved in global public health (see Table 3). Some have chosen to become direct hires or continue at USAID as staff under a different mechanism, while others now hold positions with major health and development organizations, such as the United Nations Development Programme and World Vision.
- The Monitoring and Evaluation team conducts a short phone survey with selected GHFP alumni to get additional information about their career path. The survey is restricted to alumni whose fellowship ended 6-12 months ago. Though the sample is very small, the results suggest that the fellowship was perceived to have been a very good experience. All of the interviewed alumni indicated that they would be a Global Health Fellow again if they could do things all over. Moreover, all of them said they would recommend the Global Health Fellowship Program to others. About two thirds of alumni report that they maintained professional contacts with their Onsite Manager, and about three quarters report maintaining contact with GHFP colleagues and former GHFP fellows.

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## **Box 1: Interview with GHFP Alumna Marietou Satin**

Reproduced from *GHFP Express - Alumni Edition*, March 13, 2009

As a former GHFP Fellow and Maternal and Child Health Advisor with USAID/Nigeria, Marietou Satin shares her insights and visions for her next career step as a Foreign Service Officer with the Regional Development Mission in Asia managing their Tuberculosis portfolio. Interviewed by GHFP staff member John Hembling, Marietou talks about growing up in Senegal, what the GHFP experience meant to her and where she hopes to be career wise in the next ten years.

**John Hembling** Where has your career path taken you since your time as a GHFP fellow?

**Marietou Satin** I'm a New Entry Professional (NEP) with USAID. Once I leave Washington, I'll be a Foreign Service Officer. I am in Washington doing a rotation to prepare me to become a full Foreign Service Officer and serve in the field; in my case that will be Thailand where I will serve for four years. In November I will join the Regional Development Mission in Asia where I will be managing their Tuberculosis portfolio. It will be in addition to my regular health officer duties which are mainly administrative.

**JH** When you applied to become a NEP, what were you looking for in your next position?

**MS** For me, joining the Foreign Service was the next step in my career after my fellowship. I started in Washington, working at USAID in the Office of HIV/AIDS after only having a year of experience in HIV/AIDS with Family Health International. The fellowship really allowed me to work on my management and technical skills in HIV/AIDS, which I took to the field and applied in maternal and child health and more specifically in monitoring and evaluation of maternal and child health. What the fellowship allowed me to do was to grow professionally, to become familiar with USAID. And when I applied to become a Foreign Service Officer that's what they saw, I think, in my application, that I was ready to serve as a diplomat and represent the US government overseas.

**JH** Why did you decide to join the Foreign Service?

**MS** Growing up in Senegal, my dad was in the government and he had worked with many USAID Foreign Service Officers who were educational officers. I was exposed to that and as a little girl I said that one day I would work at USAID. That was kind of a joke, but today my family likes to remind me of it. Also, I like the lifestyle and I like the contribution that USAID is making in the world of development; the people we serve. I also worked in the NGO world and I always told USAID officers who would visit our programs that 'I would like you to do more for our programs, to look at the bigger picture.' I wanted to be in a place where I could help to bring programs together so that they could complement each other. It is a way for me to make a contribution that will go a longer way to serve the people we intend to serve.

**JH** How did you find out about the NEP program?

**MS** My husband is also a USAID Foreign Service Officer, so it was already in the family. This came about during a period of time when Afghanistan and Iraq assignments were being made. So as a family we decided that we would volunteer.

**JH** Did you find that any particular skills, knowledge, or tools that you gained as a fellow helped equip you to head off to the NEP program?

**MS** Absolutely. As I said earlier, I started in Washington in the Office of HIV/AIDS where I worked with teams in Washington and overseas to learn about monitoring and evaluation of HIV/AIDS, which I had never done before. I learned a great deal working with the teams and the Office of the Global AIDS Coordinator (OGAC), and how to apply those skills in the field. While serving as a Technical Advisor for monitoring and evaluation, I worked with the teams in Haiti, Zambia and Nigeria to set up their strategic information database, to advise them on how to collect data, and also to clarify some indicators for them,

for better collection and analysis of the data. Then I went to the USAID Mission in Nigeria to work on maternal and child health. It was my first mission. I learned about the different key people and it was eye opening for me because you begin to understand the workings of the mission in a deeper way than when you are there on TDY.

Also, I was able to work with our Ambassador in Nigeria, to take him on a field trip to visit some of the programs that I was managing, such as the fistula program. That was one of the highlights of my time in Nigeria. So I learned how to relate to my colleagues in the mission as well as higher level people in the country where we were serving. It was a good learning experience that the fellowship allowed me to have.

**JH** Thinking more broadly, about the current job market in global health, what is your perception of that job market?

**MS** I think that it (GHFP) is an excellent mechanism. I have had many colleagues in the field and in Washington who have been hired through the program. I continue to receive job postings that I forward to colleagues. Recently I forwarded a couple of postings to one of my roommates when I was at Tulane who is living in New Jersey and who is thinking about moving back to the Washington, DC area. The program is a good way of bringing professionals into USAID and to give people not only the professional opportunities but also the learning opportunity. I think that I am a big beneficiary of it.

**JH** What advice do you have for people getting into the arena of global health or applying to GHFP in particular?

**MS** It's a great opportunity if you have the passion to work in international health, either in Washington or anywhere else in the world. Sometimes people are intimidated by the thought of working at USAID and not understanding there is mentoring available and a steep learning curve that people acknowledge, and they will help you through that learning curve. So I would encourage it very much to use GHFP as an entry point into the agency.

**JH** Thinking about the future of global health, what direction do you see global health going in, technically? What's your impression of the future direction of the global health field?

**MS** Now we see a lot of money going to HIV/AIDS. That's wonderful. It's an area that we should tackle and see how we can stop the high incidence rate and be able to manage what we have now and focus more on prevention. But my wish, and I think the wish of many people in the agency and global health in general, is to see more money going to child survival. Child survival is still a huge issue in the developing world. We have been working in child survival for over 30 years and, despite the huge progress, we have not been able to fully address that issue in the developing world. Initiatives, like the HIV initiative are wonderful, but we also need initiatives that pump a lot of money, as well, into the field of child survival to be able to save our children all over the world so they are surviving past five years. That's where I want to see global health going.

**JH** What do you think are the prospects for this?

**MS** There are good prospects because we are seeing more of a focus on malaria and now TB and they affect those intervention areas in Child Survival. So instead of doing it full blown and saying Child Survival, I think the approach is by intervention area and I am hoping that one day all the other areas will have initiatives, which means more money toward tackling those diseases killing our children.

**JH** Where do you see yourself in the next 10 years or so?

**MS** I am working toward being a great population and nutrition officer somewhere in the field. Still being with the agency, I think. I am, so far, very happy with what I see. I'd like to be in the field doing what I do, serving people, that's the way I see myself.

### SR 1.1.6 Maintain high retention of fellows

In GHFP, “retention” has several components. First, since new fellows are offered a two-year fellowship, it is desirable that they honor that two-year commitment. Second, a select group of highly qualified and productive fellows may be invited to extend their fellowship for an additional two years (if funding permits). As these extensions are important to ensure that USAID’s workforce needs are met, the desirable outcome is that they accept GHFP’s offer to extend their fellowship. Third, fellows who leave GHFP to accept new positions at USAID through other mechanisms (e.g. direct hire) also continue to help USAID meet its workforce needs. Hence, these are also desirable changes.

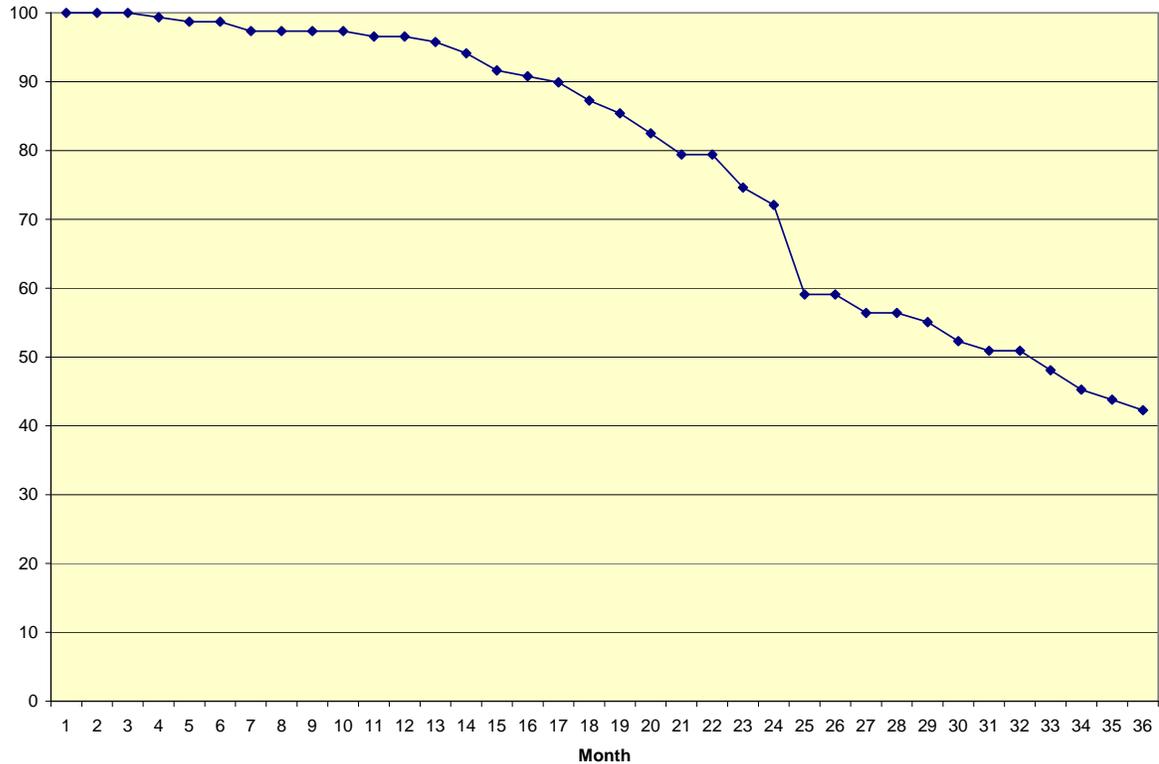
#### ***Results***

- The data confirm that most GHFP fellows honor their initial two-year commitment. It is recognized, however, that some fellows may need to leave the program a little bit before the official end of their term. Unless fellows have been invited to extend their fellowships, it is expected that they will be actively on the job market during the last 6 months of their fellowship. Because GHFP fellows are highly sought after by prospective employers, it is not uncommon for fellows to receive attractive job offers before the end of their term. Thus, it is anticipated that some fellows will resign a few months early to accept these new positions. Program data confirm that the number of fellows who leave the program early remains very low, and those who do leave early tend to do so very close to the end of the term. Among the 16 fellows who left the program during Program Year 1, 75% had completed at least 21 months of service. For Program Year 2, that was the case for 68% of the 31 fellows. Even though the number of GHFP fellows has continued to grow, the number who left the program declined substantially, While 31 fellows left the program during Program Year 2, only 19 did so during Program Year 3. Of these 19, 53% had completed at least 21 months of their fellowship.
- A more accurate way to calculate the percentage of fellows who honor their 24-month commitment is to use survival analysis (also called “lifetable” analysis). Figure 11 shows the percentage of all GHFP fellows who still held their position after various durations of service. The results confirm that very few fellows leave their fellowship during the first 18 months. Indeed, the results show that 87% of the fellows complete at least 18 months of service. As anticipated, there is a higher dropout during the last six months of the two-year terms, as a number of fellows accept other job offers. Nevertheless, the data show that 79% of all fellows complete at least 21 months of service. Moreover, 72% of fellows stay the full 24 months or longer. Even though not all fellows are invited to extend their fellowship, Figure 11 indicates that nearly half of all fellows do continue with GHFP after their initial term.<sup>4</sup>

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<sup>4</sup> Because GHFP has been in existence for three years only, estimates of the proportion of fellows extending their positions is based to a large extent on data from fellows who transferred to GHFP from previous fellowship mechanisms.

Figure 11: Lifetable Estimates of the Percentage of Fellows Still Holding their Fellowship, by Duration of Fellowship (All Year 1, Year 2, and Year 3 GHFP fellows, including transfer fellows)



- As suggested above, GHFP has been successful at retaining those fellows who were invited to extend their fellowships. During Program Year 1, GHFP was able to retain 91% of the 23 fellows who were invited to extend their fellowship. During the second Program Year, GHFP retained 89% of the 18 fellows who were offered an extension. During Program Year 3, 26 fellows became eligible for an extension; of these, 20 were invited by USAID and GHFP to extend their fellowships (77%). All twenty fellows who were offered extensions were retained.
- GHFP continued to be a desirable mechanism for USAID to retain critical human resources brought to the Agency through the fellowship program. Two of the 19 fellows who ended their fellowships during Program Year 3 accepted new fellowship positions with GHFP. In addition, seven fellows remained with USAID in various capacities.

## ***IR 1.2 GHFP Internships Implemented***

SR 1.2.1 Expand awareness of GHFP internship opportunities

SR 1.2.2 Procedure for selection and placement of interns improved

SR 1.2.3 Maintain and strengthen strategies and systems for interns' support

### ***Highlights***

- During Program Year 3, GHFP continued its Summer Washington, DC Internship Program. In addition, GHFP developed a new overseas internship program in collaboration with the One World Foundation.
- The 2009 Summer Washington, DC internships were implemented during the first quarter of Program Year 4. In total, 16 interns were recruited for the Summer 2009 Washington, DC Internship Program, up from 9 in 2008 and 6 in 2007. Each intern had a specific scope of work developed by his/her host division within the Bureau for Global Health and an Onsite Manager (OSM) who provided day-to-day guidance. GHFP oriented both the interns and their OSMs to the program. Additionally, interns were offered the opportunity to attend the Annual Global Health Council Conference. The names of the interns and their key activities are described later in this section.
- Both the Washington, DC Summer Internship Program and the GHFP International Internship Program were promoted through a variety of outreach activities. All of GHFP's outreach activities included information about both internship programs. In addition, several outreach activities were conducted to specifically promote the internship programs. For example, during Program Year 3, GHFP participated in the Internship and Scholarship Day at the University of the District of Columbia, and the California State University-East Bay Internship Fair. Additional intern outreach sessions were held at University of California, Los Angeles and George Mason University. The summer internship programs were also promoted through the GHFP website, which is also used for online applications. During Program Year 3, the internship pages received, 55,326 visits, up from 31,897 visitors during Year 2. The different internship pages received a total of 452,984 hits, up from 297,323 times in Year 2. The extensive outreach activities and the online application system are likely to have contributed to the high interest in the program. During Year 3, GHFP received 1,351 applications for the 16 available DC-based internship positions, and 100 applications for the 10 available GHFP International Internships.
- To reach students and mid-career changers interested in gaining international experience through the GHFP internship programs, GHFP used a comprehensive outreach strategy that included informational sessions, career fairs, campus visits and conferences, etc., with the GHFP university partners leading in-reach activities on their respective campuses. In addition to the extensive marketing of the program at schools of public health, the outreach strategy dovetailed with the

diversity initiative and reached out to minority serving institutions with public health programs.

- All GHFP partners were involved with the review and selection of the applications received for the internships. The partners were divided into review teams for each internship position. Each team comprised a primary reviewer and secondary reviewer from another organization, with the Diversity and Internship Manager serving as the chair for each review team. The OSMs reviewed vetted applications from the review team chair and interviewed the final candidates before making a selection of their intern. Throughout the summer internship program, GHFP held meetings with OSMs and interns to learn about their experience, with the goal of improving the program for next year. For example, next year, GHFP will encourage the OSMs to revisit the interns' SOWs prior to the interns' start date to ensure the planned internship activities continue to align with their needs and the interns' expectations. Additionally, GHFP will inform the internship finalists earlier in the process to allow more time for the interns to relocate to Washington, DC for the summer.
- As GHFP is committed to the professional development of the interns during their internship experience, several professional development activities focused specifically for interns were added to GHFP's series of activities throughout the summer. This was done to enhance the interns' public health knowledge and skills base. Professional development opportunities offered to the DC-based interns included: the Technical Essentials series, a mini PHuNdamentals course, a career panel, a behavioral interviewing and salary negotiation seminar, a resume building seminar, training in interviewing skills, brown bag lunches, as well as other technical conferences and networking events. Interns were also given one-on-one coaching in resume building. In addition, GHFP provided the interns the opportunity to attend the 2009 Global Health Council's annual conference. The Diversity and Internship Manager established a journal club for interns placed within the Office of HIV/AIDS. This activity provided the interns an opportunity to critically review articles on current global health topics and present their findings to their peers and GHFP fellows in a formal setting.
- A rapid assessment conducted upon the completion of the internships suggests that the DC-based interns greatly valued the experience (a similar assessment is planned for the GHFP International Interns). All interns who participated in the assessment reported that they would recommend the internship program to their friends, and said that it was highly likely that they would seek employment opportunities in the global health and development field. The rapid assessment also indicated that the internship experience affected the career goals of several interns. For example, several interns commented that it helped them understand where in the broad spectrum of global health they would like to work. Learning about the internal working of USAID was deemed particularly valuable for their future careers. Most interns reported that the internship program was well managed. The GHFP internship orientation was well received, and several interns commented that it may be worthwhile to expand it, and to include more information on the history and function of USAID, and the USAID office

structure. As one intern put it “the mini-PHuNdamentals course should not be so mini, it is an important part of the internship.” The 2009 Summer Interns found the professional development opportunities offered by GHFP to be a strength and highlight of the program that improved their technical knowledge. Indeed, some interns expressed interest in additional technical courses, such as technical writing and monitoring and evaluation. The interns reported that the highlight of some of their experiences was the opportunity to participate in partner visits and to travel to USAID program countries to work in the field.

- Nearly all interns reported that their relationship with their OSM was very beneficial. Several interns commented that their OSMs were very knowledgeable and good mentors. For example, one intern commented that his/her OSM “was incredibly encouraging, wise, and a competent teacher. My OSM truly cared about his job and realized his impact on those around him.” Most interns commented that they would have loved to have more face time with their OSM, as that would enable a more intensive mentoring relationship, but recognized that their time commitments prohibited this. The interns also made some suggestions for further improving the internship program. One suggestion was to provide earlier notification of acceptance into the program, to facilitate planning of their travel and lodging.

### ***2009 GHFP Intern Activities***

During the third program year, 16 interns were selected to participate in the Washington, DC Summer Internship Program. The following section provides a brief description of the activities of each GHFP Summer Intern with their respective host office within the Bureau for Global Health.

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#### **Chelsea Anderson**

Tuberculosis Vaccination Intern  
GH/HIDN/ID

Chelsea Anderson, a Texas native, is a recent graduate of Johns Hopkins School of Public Health where she earned a MHS degree. Her areas of expertise are infectious diseases, disease management and control, and vaccine science and policy.

Anderson worked on the design and development of a standardized system that would make TB laboratory information available in a format to support USAID program planning. Her

responsibilities also involved incorporating a means for laboratories to collect information into this system, and providing technical assistance on this development.

#### **Jude Awuba**

HIV/AIDS Community Care and  
Prevention Intern  
GH/OHA/TLR

Originally from Cameroon, Jude Awuba completed his MPH at the Karolinska Institute in Stockholm, Sweden. He went on to be the Health Education Program Manager at Luke Air Force Base in Arizona.

Awuba had several responsibilities including: assisting in PEPFAR-supported interagency projects focusing on HIV community care and prevention, collaborating with UN and other multilateral partners involved in this work, and preparing literature reviews.

**Alice Cartwright**

Community-Based Family Planning  
Intern  
GH/PRH/SDI

Alice Cartwright received her MPH from the University of California, Berkeley, with a concentration in health and social behavior. She previously worked in rural Ethiopia on a community-based project to investigate the distribution of the birth control injection Depo-Provera.

Cartwright provided technical support to the Community-based Family Planning Technical Priority, which works to provide family planning services at the community programming level. More specifically, Cartwright primarily served as a research analyst on the Priority, which focused on the distribution of Depo-Provera among PRH's 13 priority countries. Her responsibilities included: collecting information on relevant programs and initiatives in PRH priority countries, preparing advocacy documents, preparing key meetings, and participating in the review of community-based programs supported by the Flexible Fund.

**Diana Chamrad**

HIV/AIDS Orphans and Vulnerable  
Children Intern  
GH/OHA/IS

Diana Chamrad has 20 years' experience working as a psychotherapist on Whidbey Island, WA. She is also the co-founder of a small nonprofit which provides humanitarian aid to child heads-of-household in Zimbabwe.

Chamrad supported program management of activities targeting orphans and vulnerable children (OVC). She assisted in the technical support of OVC projects, prepared literature reviews, participated in the OVC technical working group, and assisted in other OVC activities as needed.

**Sarah Chartschlaa**

Orphans and Vulnerable Children Intern  
GH Office of the Assistant  
Administrator

Originally from Connecticut, Sarah Chartschlaa is currently enrolled at Virginia Commonwealth University's School of Social Work. She also works as an in-home clinician with a mental health agency that provides services to at-risk children.

While interning with GHFP Chartschlaa supported the US Government's Special Advisor for Orphans and other Vulnerable Children and collected information to form the basis for a one-stop shop web page on the Vulnerable Children's Act. She also liaised with the interagency OVC working group among other teams, and reported on OVC-related events, participated in technical assistance discussions, prepared

literature reviews, and identified best practices related to OVC.

**Jonathan Davitte**

HIV/AIDS Community Care and  
Prevention Intern  
GH/OHA/TLR

Jonathan Davitte was born in Alabama and is currently pursuing his MPH in epidemiology/international health and global studies at the University of Alabama at Birmingham. He has previous experience volunteering in a PEPFAR-sponsored HIV/AIDS clinic in Nigeria.

Davitte's responsibilities included: assisting in the development of several PEPFAR-supported interagency projects, preparing literature reviews, participating in technical assistance to the field, and participating in dialogues with partners involved in HIV community care and prevention work.

**Zachary Clarke**

Commodity Security and Logistics  
Intern  
GH/PRH/SDI

Zachary Clarke was born and raised in Idaho. He spent two years in Cameroon teaching HIV/AIDS awareness at a rural high school while in Peace Corps.

Clarke worked with the USAID DELIVER Project and identified references in pharmaceutical procurement, documented best practices in pharmaceutical procurement, and produced briefing materials related to these references.

**Roxanna Garcia**

Malaria Intern  
GH/HIDN/ID

Roxanna Garcia is a California native finishing her third year at the University of California, Berkeley – University of California, San Francisco Joint Medical Program. She has experience working in Mexico on community-based vector borne disease programs.

Garcia served as a program analyst for the Malaria Team, and worked closely with the President's Malaria Initiative (PMI) Team throughout her internship. Garcia had several key accomplishments during her internship, including assisting in the writing of the malaria operational plans, the management of malaria-related grants, the review of malaria grant proposals, and managing ongoing projects and providing support to in-country PMI activities.

**Samantha Huffman**

Tuberculosis Program Intern  
GH/HIDN/ID

Samantha Huffman has an MPH in global health and infectious diseases from Emory University. She has experience working in Central Asia on a tuberculosis-project looking at labor migrants' access to treatment. Her professional interests are in HIV/AIDS and tuberculosis.

Huffman worked as a program analyst with the TB Team and assisted them in various activities, including monitoring TB trends, preparing findings, and disseminating technical information to TB programs as appropriate.

**Briana Lozano**  
Fistula Intern  
GH/PRH/SDI

Briana Lozano is a California native with an environmental studies degree who has teaching experience and experience working as a Peace Corps Volunteer in Niger. She is currently pursuing her MPH at Emory University.

Lozano worked closely with the Service Delivery Improvement and Fistula Care Management teams on activities surrounding USAID's Fistula Program. Ms. Lozano primarily served as a program analyst, and was responsible for several tasks in that capacity, including assisting in the ongoing management of the Fistula Care Project, contributing to the study design of a randomized control trial, and preparing analytical work such as charts, position papers, and briefing memoranda.

**Jennifer McCleary-Sills**  
RESPOND Intern  
GH/PRH/SDI

Jennifer McCleary-Sills is pursuing a PhD in Public Health at Johns Hopkins University, where she is focusing her research on the effect of national communication campaigns on family planning behaviors among Jordanian women. She has experience working and living in several parts of the world, including the Middle East, Latin America, and sub-Saharan Africa where she served as a Peace Corps Volunteer.

McCleary-Sills worked on the RESPOND Project. The RESPOND Project aims to improve family planning services through enhancing knowledge

and practices, particularly related to long-acting and permanent methods of contraception. In her position, McCleary-Sills assisted in the preparation of key sessions for the Africa Regional Meeting, the management of the RESPOND Project, and the preparation of relevant analytical work.

**A. Wezi Munthali**  
HIV/AIDS Program Management Intern  
GH/OHA/IS

Wezi Munthali recently left the Institute of Medicine to pursue a career in global health. She has an MPH from Tulane University and has experience working in Zambia on safe motherhood issues.

Munthali supported program managers in HIV prevention and orphans and vulnerable children activities. She also assisted in the program management of various PEPFAR-supported interagency projects.

**Alexandra Santana**  
HIV/Orphans and Vulnerable Children  
Intern  
GH/OHA/IS

Alexandra Santana was born and raised in Puerto Rico. She received her MPH and MSW from the University of Michigan, and has worked as an AmeriCorps VISTA Volunteer in youth development.

Santana supported the Orphans and Vulnerable Children (OVC) Technical Advisor with various OVC projects and activities, including assisting in the planning for technical consultation

meetings with key implementing partners.

**Derek Sedlacek**

HIV Counseling and Testing Intern  
GH/OHA/TLR

Derek Sedlacek is a recent graduate of Johns Hopkins Bloomberg School of Public Health. While at Johns Hopkins, Sedlacek volunteered as a health educator in the Latino community. He also has experience working in the prevention of HIV among high risk populations as a Peace Corps Volunteer in Honduras.

Sedlacek worked primarily as a research analyst, assisting in several activities including the development of various PEPFAR-supported interagency projects focusing on HIV counseling and testing, preparing literature reviews, and participating in technical assistance to the field.

**Adriane Seibert**

Demographic Health Surveys Intern  
GH/PRH/PEC

Adriane Seibert is originally from Pennsylvania, but has spent significant time living and working in sub-Saharan Africa. She is currently pursuing a PhD in medical anthropology at the

University of South Florida, and holds an MPH from Tulane University.

Seibert worked with the Demographic and Health Surveys (DHS) project management team to develop a document charting the historical development of the DHS over the past 25 years. Ms. Seibert was also responsible for assisting in the collection of evidence on the distribution of DHS data to programming and policy in the health sector, and identifying which are used the least/most.

**Callie Simon**

Program Analyst Intern  
GH/PRH/SDI

Callie Simon, originally from Florida, is pursuing her MPH in global health at Emory University. She previously served as a Peace Corps Volunteer in the Dominican Republic.

Simon served primarily as a program analyst for the Service Delivery Improvement Team. In this capacity, Ms. Simon was responsible for several youth-related activities including: gathering information to map USAID's youth activities, identifying gaps in programmatic investment, and conducting analysis with DHS data.

The following section provides a brief description of the activities of each GHFP International Intern with their respective host organization.

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**Austin Clarke**

Young Leader, One World India program  
Maharashtra Network of People Living with HIV/AIDS (NMP+,NNP+)

**Averell Sutton**

Group Leader, One World India program  
Maharashtra Network of People Living with HIV / AIDS (NMP+,NNP+)

Austin Clarke grew up in the Washington, DC area and is currently finishing his BA degree in political science at Yale University.

Averell Sutton holds a BA in public policy from Duke University and an MPH from the University of Texas.

NMP Plus is a public health NGO which works to improve the quality of life for people living with HIV/AIDS and their family members. NMP Plus provides treatment and medication. The organization takes a rights-based approach to HIV/AIDS and advocates for those suffering with HIV/AIDS to be treated with dignity and to be given services. NMP Plus services communities in Maharashtra State. GHFP/One World Young Leaders worked on the organization of administrative systems at NMP Plus, web site development, and coordination of advocacy for local NGOs preparing for an advocacy campaign aimed at the national government to increase distribution of antiretroviral drugs and other medicines to poor children.

**Jonathan Hollingshed**

Young Leader, One World Uganda program  
Kairos Charity Community Development Organization

**Yu Na La**

Young Leader, One World Uganda program  
Kairos Charity Community Development Organization

Jonathan Hollingshed recently received his MPH from the University of South Florida. During his graduate program, Mr. Hollingshed traveled to Belize where he conducted research on diabetes.

Yu Na La is majoring in biology and society, with a minor in global health, at Cornell University. She has volunteered both domestically and internationally in social justice causes.

The Kairos Charity Community Development Organization seeks to provide health services for anyone in its community that has a need. Its health center functions under several objectives but primarily delivers health services and focuses on community development through partnerships. During their internship with the Kairos Health Center, the GHFP/One World Young Leaders served on the outreach team. The Young Leaders traveled to multiple villages within the parishes to dialogue with the community leaders and conduct community needs assessments. Upon identifying the community needs, the Young Leaders returned to the villages

and provide HIV/AIDS education and prevention trainings. Also, the Young Leaders were trained and delivered malaria and family planning trainings for the communities served by the Kairos Community Health Center.

**Nantrell Malveo**

Young Leader, One World Senegal program  
Shifa-al-Asqam (Healers of the Sick)  
Socio Medical Center

**Evelyn Kamgang**

Young Leader, One World Senegal program  
Shifa-al-Asqam (Healers of the Sick)  
Socio Medical Center

**Thomas Sun**

Young Leader, One World Senegal program  
Shifa-al-Asqam (Healers of the Sick)  
Socio Medical Center

Nantrell Malveo attends Delgado Community College in New Orleans, LA, where she is majoring in nursing. Since an early age, Ms. Malveo has been involved in community development and youth leadership.

Evelyn Kamgang, a native of Cameroon, is completing her BA in public health studies at Johns Hopkins University. She wants to work to improve maternal and child health.

Thomas Sun is a philosophy and premedical major at Columbia University. He wants to pursue an MD/MPH joint degree, and has experience working in healthcare in Canada and the US.

Evelyn Kamgang, Nantrell Malveo, and Thomas Sun were placed with the Shifa-al-Asqam (Healers of the Sick) Socio Medical Center. Shifa-al-Asqam's mission is to provide compassionate, comprehensive patient care to meet the medical and social needs of the people of Medina-Kaolack and the surrounding rural communities. GHFP/One World Young Leaders worked in the center's clinic and pharmacy. In the clinic, Young Leaders participated in daily activities, shadowed doctors and nurses, assisted with births, malaria care, and other patient services. In the pharmacy, Young Leaders helped with tracking and distribution of medicine. In addition, they learned about alternative/local remedies prescribed by the clinic.

**Boravy Nhim**

Young Leader, One World Cambodia program  
Cambodia Reproductive and Child Health Alliance (RACHA)

**Navita Sahai**

Young Leader, One World Cambodia program  
Cambodia Reproductive and Child Health Alliance (RACHA)

Boravy Nhim, a California native, was born to Cambodian refugees. She is pursuing her graduate degree in international development, nonprofit management and environmental policy at the University of California San Diego's Graduate School of International Relations and Pacific Studies.

Navita Sahai received her BA in economics with a minor in global health from Northwestern University. She has

worked in global health both in the US and in Mexico.

The Reproductive and Child Health Alliance (RACHA) is a USAID sponsored program that works to increase the supply of, demand for, and access to quality reproductive and child health services in Cambodia. RACHA works on the target areas of safe motherhood, child survival, birth spacing, STD/HIV/AIDS, infectious diseases, and capacity building. With RACHA, GHFP/One World Young Leaders conducted surveys on maternal and child health, and child survival, and domestic violence. The Young Leaders also shadowed RACHA program staff in their daily duties in the Phnom Penh office and in the field. Based on their summer observations, the Young Leaders provided RACHA with recommendations on improvement of existing programs, and development of new initiatives.

### **Abraham Velazquez**

Young Leader, One World Cambodia program  
Tiny Toones

Abraham Velazquez is a native of the South Bronx. His passion lies in the healing power of art and poetry.

Tiny Toones Cambodia uses break dancing, hip-hop music, and the contemporary arts as creative tools to empower the youth of Cambodia to live healthier lives free of HIV and drugs, build a more promising future by furthering their educational opportunities, and become positive role models for their community. The organization works with street children in Cambodia at its three Phnom Penh locations, providing classes in dance, literacy, HIV/AIDS prevention, among other topics. The GHFP/One World Young Leader worked with Tiny Toones to develop a curriculum for Tiny Toones HIV/AIDS educational outreach and organized trainings for Tiny Toones community facilitators to deliver. In addition, the Young Leader developed outreach materials, and developed a program of dance classes and other services for the organization to generate income to further support their HIV/AIDS education efforts.

## ***IR 1.3 Diversified workforce improved***

SR 1.3.1 Increased diversity among GHFP interns

SR 1.3.2 Increased diversity among GHFP applicants and fellows

SR 1.3.3 Minority GHFP alumni engaged in global public health education or employment

### ***Highlights***

GHFP's Summer Internship Program is dedicated to attracting a highly diverse group of applicants to insure underrepresented groups have access and opportunity to the global health field. To do so, GHFP continued its intensive outreach campaign (see SR1.1.1) during the course of Program Year 3. Building on the lessons learned to bolster minority participation in Program Year 2, GHFP continued its effort to increase diversity in the summer 2009 intern cohort. To gain insight into new strategies for increasing diversity and bolstering minority inclusion, GHFP staff sought counsel from PHI's diversity and cultural competency expert, Dr. Kevin Barnett, a nationally recognized expert on workforce diversity with an emphasis on health professionals. Dr. Barnett advised that a proven strategy to increase diversity includes focusing the application process not only on the individual's credentials, but on the applicant's life experiences, circumstances and personal challenges. With this information in hand, GHFP redesigned its application for the Summer 2009 cohort. Highlights of this effort included:

- During Program Year 3, GHFP refined the internship application process to strengthen the focus on diversity and the applicants' commitment to the field of global health. Applicants responded to four questions to uncover challenges they may have had to overcome, while maintaining academic excellence and a commitment to the global health field.
- As a result of the refocused outreach strategy, GHFP received over 100 applications on average per internship opening. Moreover, there was also a marked increase in the number of applicants from diverse backgrounds that demonstrated the ability to overcome challenges while maintaining academic excellence.
- To increase applications from underrepresented groups, GHFP held outreach sessions at schools of public health, minority serving institutions (MSIs), community colleges and organizations that have membership largely comprised of individuals from groups underrepresented in the global health field. As a result of this strategy, GHFP continued to be successful in attracting a diverse pool of applicants for the GHFP Summer Internship Program. Figure 12a shows the trend in the ethnic composition of applicants for the GHFP Summer Internships, from Program Year 1 through Program Year 3. The results indicate that over the course of the first three Program Years, roughly half of applications were from minority groups, especially from African-Americans and Asians. Figure 12b shows that the large majority of internship applicants are females. The percentage of female

internship applicants ranges from just over 70% in Program Year 1, to nearly 85% for Years 2 and 3.

- Figures 13a and 13b show the ethnic and gender distributions of the interns who were recruited. The results indicate that the percentage of minority interns has substantially increased. During Program Years 1 and 2, roughly one third of the interns were from ethnic minorities. By Program Year 3, this had increased to above 50%. Program Year 3 was the first year that Hispanics were represented in selected interns; indeed, Hispanics represented the largest minority group of GHFP interns during Program Year 3. Consistent with the gender distribution of the internship applicants, Figure 13b shows that the large majority of interns are females. This trend is consistent with the US global health workforce as represented by the graduates of the Association of Schools of Public Health, whose member schools have graduated, on average, just under 70% female over the last 10 years.
- Through GHFP's experience working with OSMs to fill both fellowship and internship positions, a lack of international experience has been a common issue for potential candidates who otherwise may have the required academic background and technical skills for a position. Oftentimes, these potential internship and fellowship candidates are from groups underrepresented in the field of global health. To address this concern and moving towards increased diversity in GHFP's internships, GHFP implemented an overseas internship program in collaboration with One World Foundation of New York, Inc., a nonprofit organization focused on empowering young people of color (18 to 25) to become future leaders engaging in careers in international human rights and development. Through this collaboration, GHFP supported overseas internship opportunities for 10 young leaders (GHFP scholars) participating in the One World Foundation's summer internship program. All 10 interns participating in the overseas internship program represented ethnic minorities mostly from underrepresented communities in the global health field.
- GHFP understands that exposure to the global health field is an important activity in encouraging individuals underrepresented in the field to consider global health as a possible career option. To heighten exposure to the global health field, GHFP offered two registration scholarships to MSI students, majoring in a health related discipline, to attend the Annual Global Health Council Conference. As a direct result of the scholarship recipients attending the conference, both are now investigating global health internship opportunities.

Figure 12a: Trends in the Distribution of Applicants for GHFP Summer Internships, by Race<sup>5</sup>

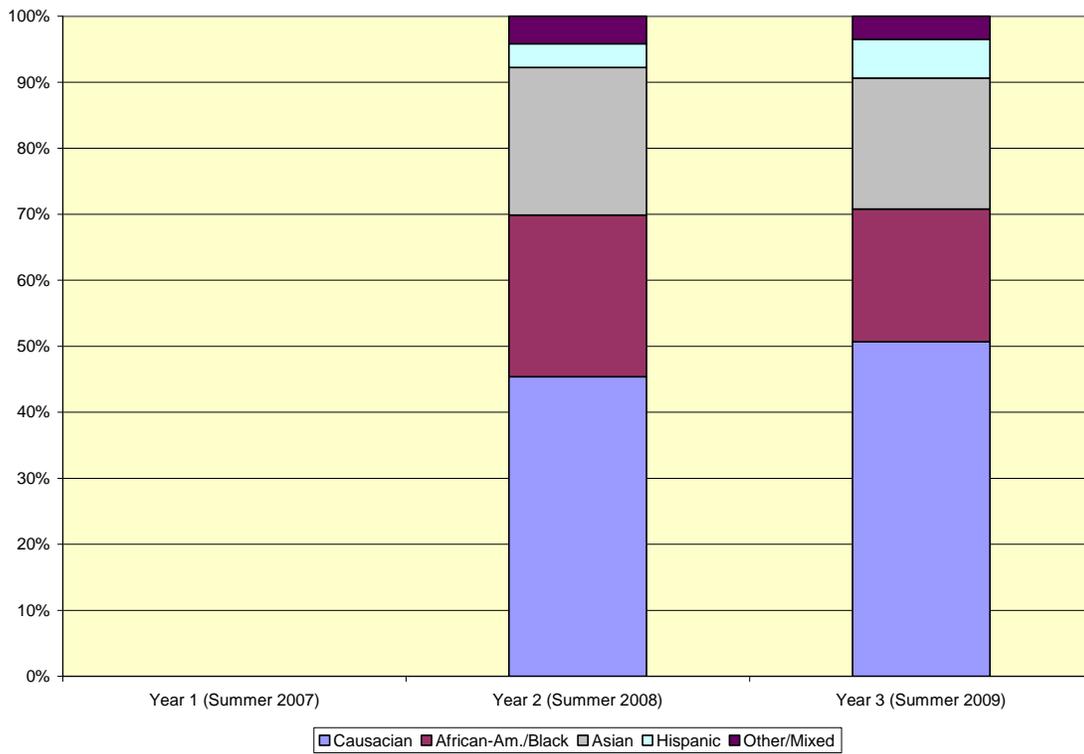
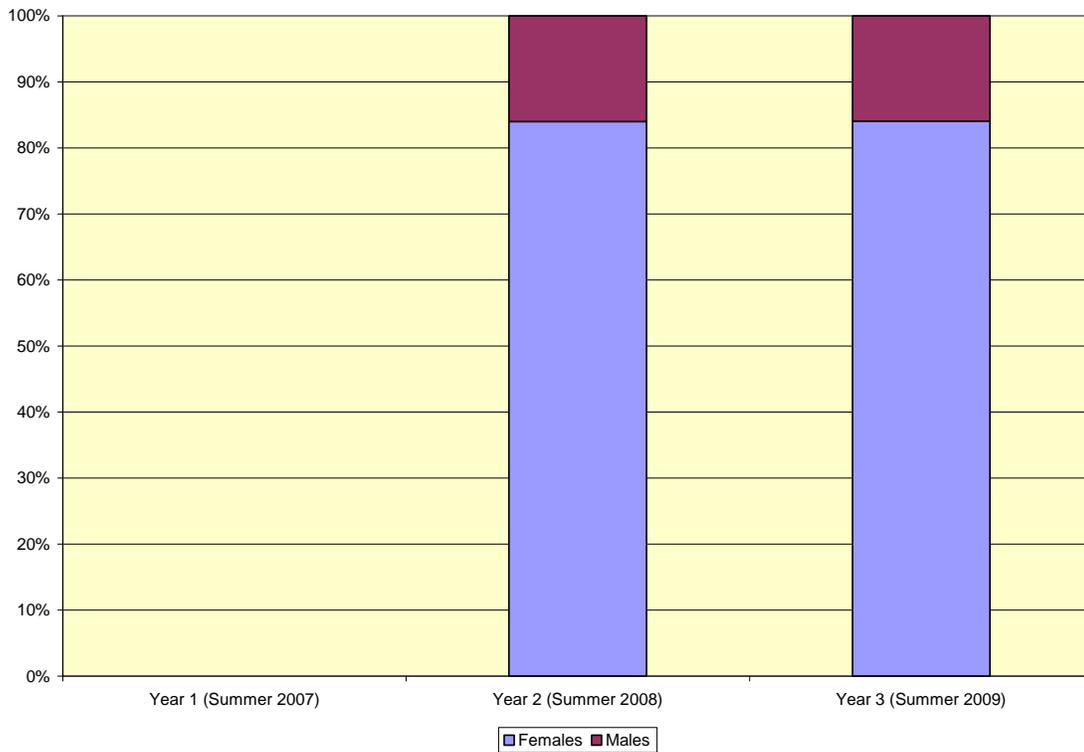


Figure 12b: Trends in the Distribution of Applicants for GHFP Summer Internships, by Gender



<sup>5</sup> Recruitment for the 2007 Internships was conducted by USAID; hence, applicant data is not available.

Figure 13a: Trends in the Distribution of GHFP Summer Interns, by Race

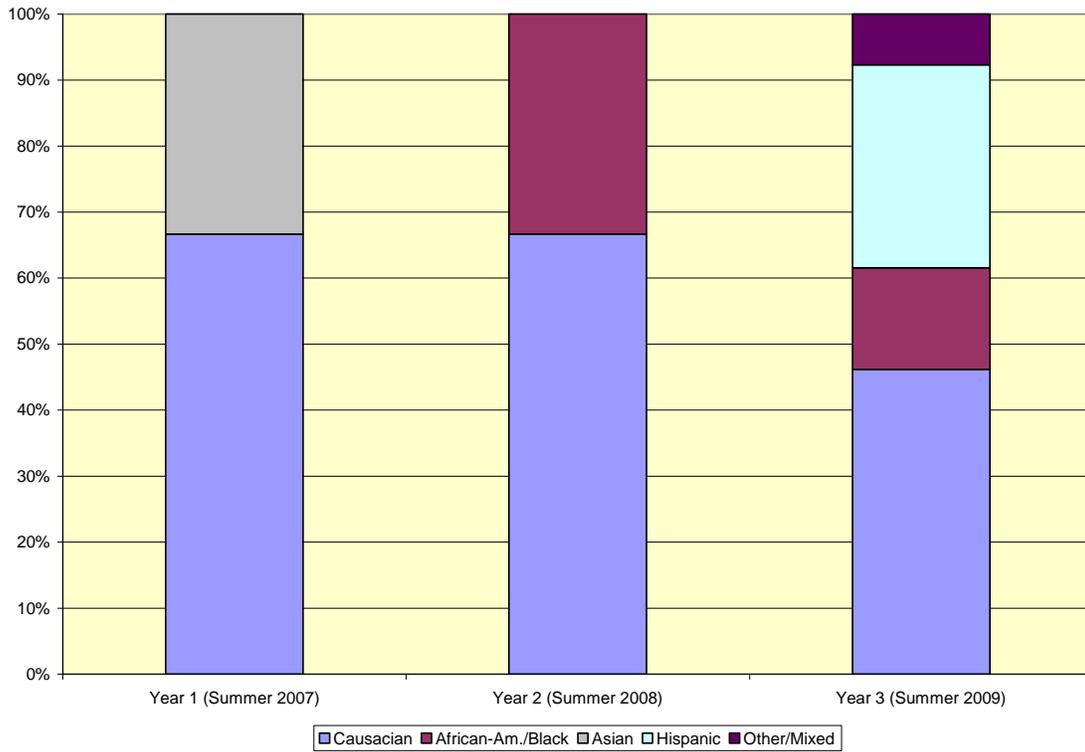
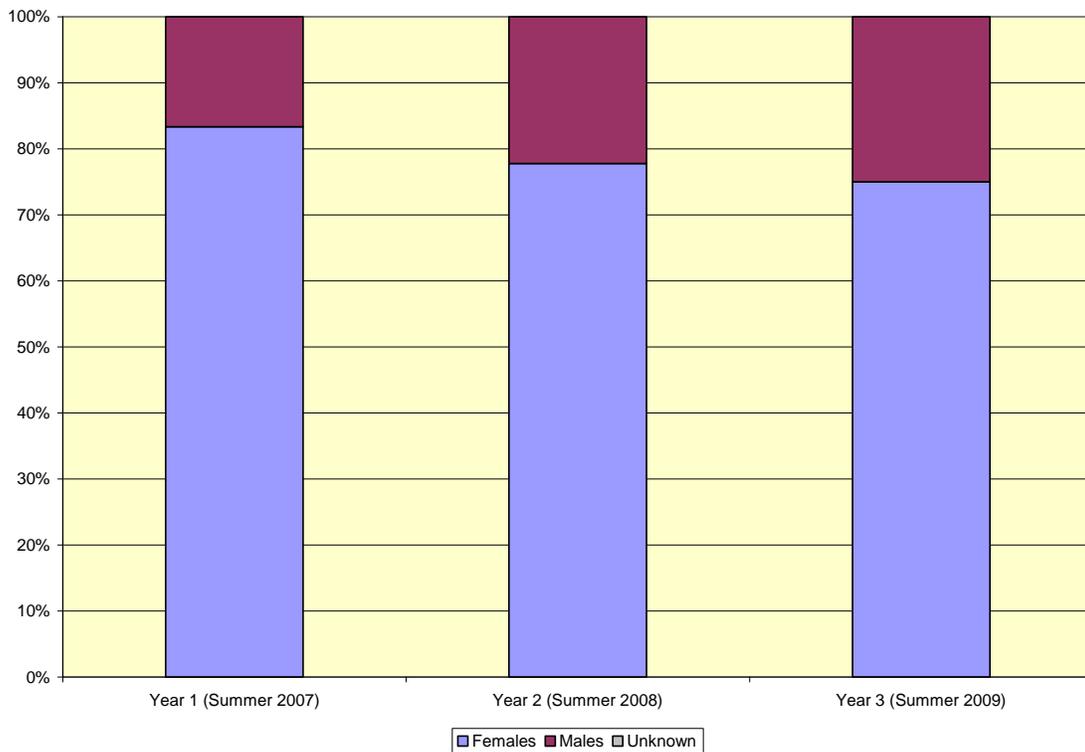
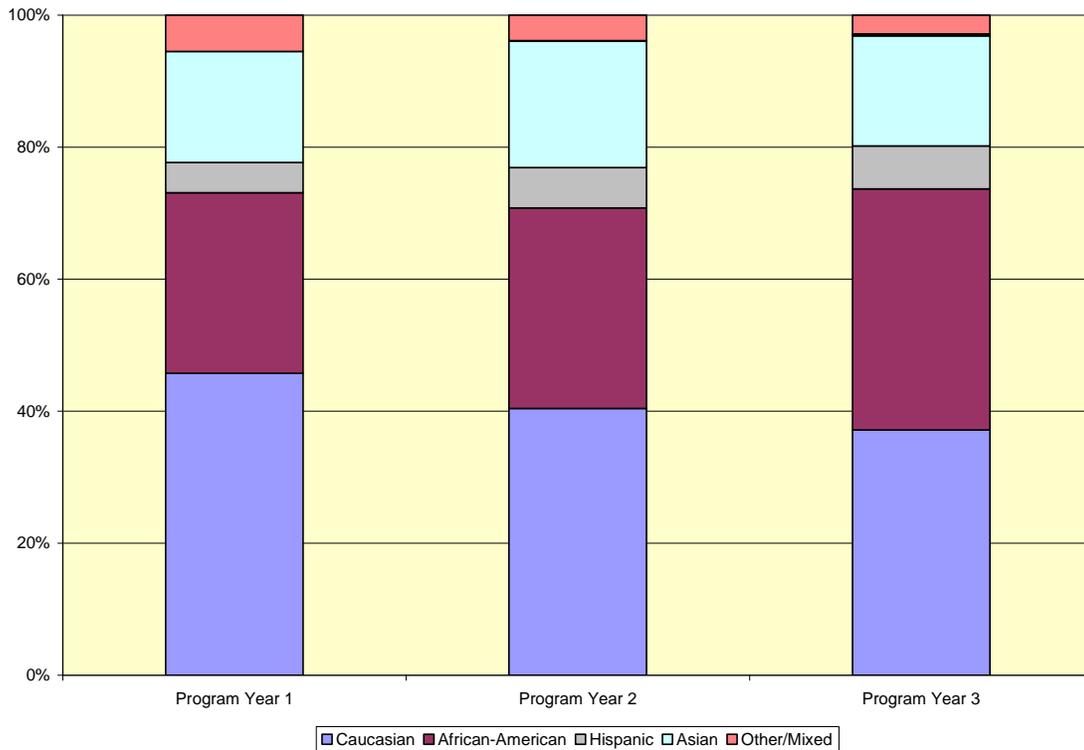


Figure 13b: Trends in the Distribution of GHFP Summer Interns, by Gender



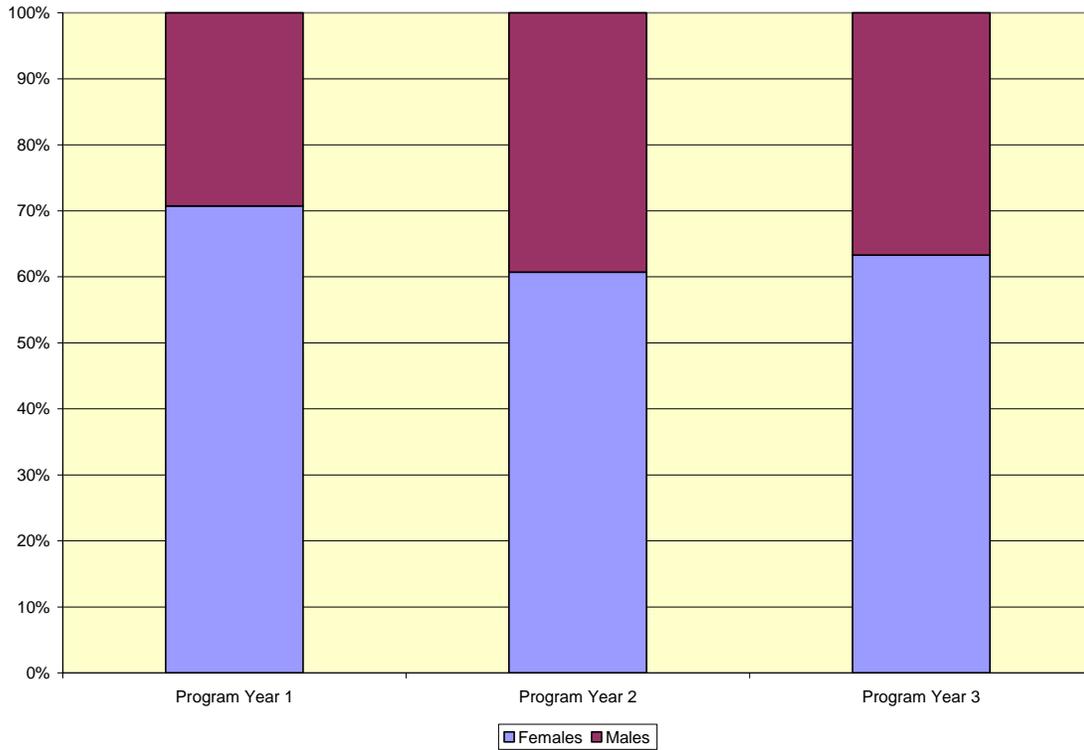
- As was the case for internship applications, GHFP has been very successful in attracting a diverse pool of applicants for the fellowships. Figure 14a shows that more than half of all fellowship applicants are from ethnic or racial minorities.<sup>6</sup> The percentage of Caucasian applicants appears to be steadily declining, in favor of an increase in African American and Hispanic applicants. Figure 14b shows that the majority of applicants are female. However, the percentage of male applicants is slightly higher in Program Year 2 and 3, compared to Program Year 1.

Figure 14a: Distribution of Applicants for GHFP Fellowships that Closed During Each Program Year, by Ethnic Background<sup>6</sup>



<sup>6</sup> Among those applicants who stated their race on their application form.

Figure 14b: Distribution of Applicants for GHFP Fellowships that Closed During Each Program Year 2, by Gender



- Demographic data on the new hires recruited during the first three program years show that the percentage of fellows from ethnic or racial minorities has increased (see Figure 15a).<sup>7</sup> During Program Year 3, ethnic and racial minorities comprised over 40% of all new recruits. Figure 15b further shows that the gender composition of the new recruits closely resembled that of the body of applicants. Consistent with the finding that between 60-70% of fellowship applicants are female during the first three years of the program, the percentage of new hires who are female has ranged from 62% to 79%.

<sup>7</sup> For Program Year 1, this excludes fellows who transferred into GHFP from one of the earlier fellowship mechanisms.

Figure 15a Distribution of GHFP Fellows, by Ethnic Group (New hires only)

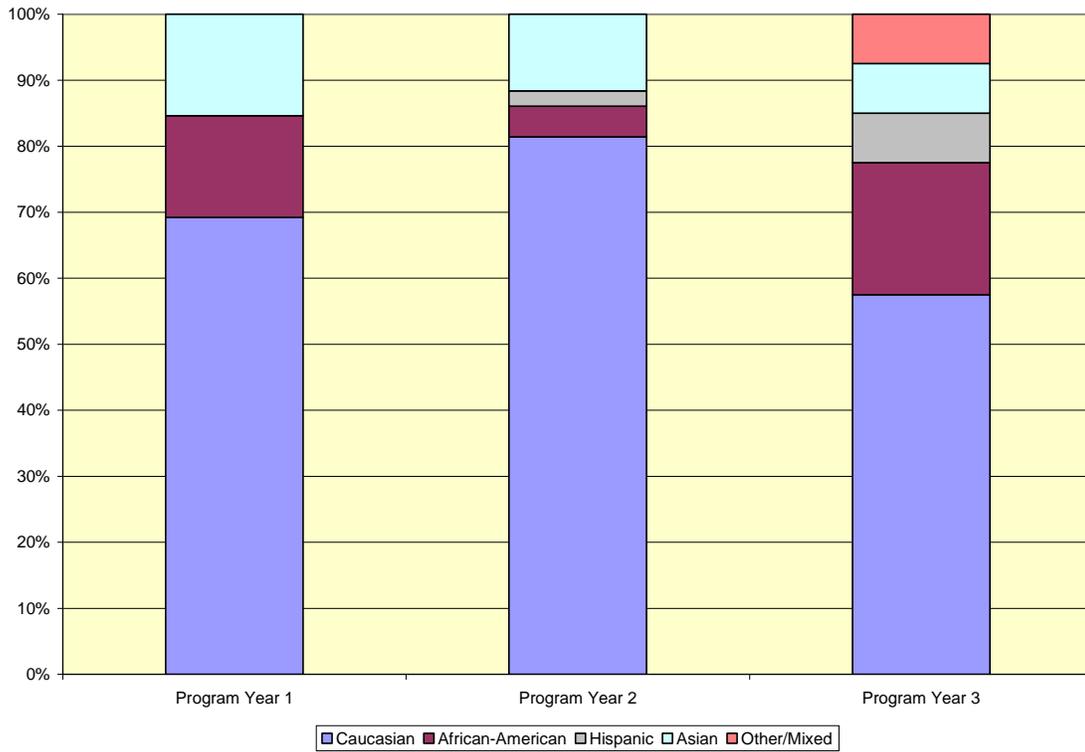
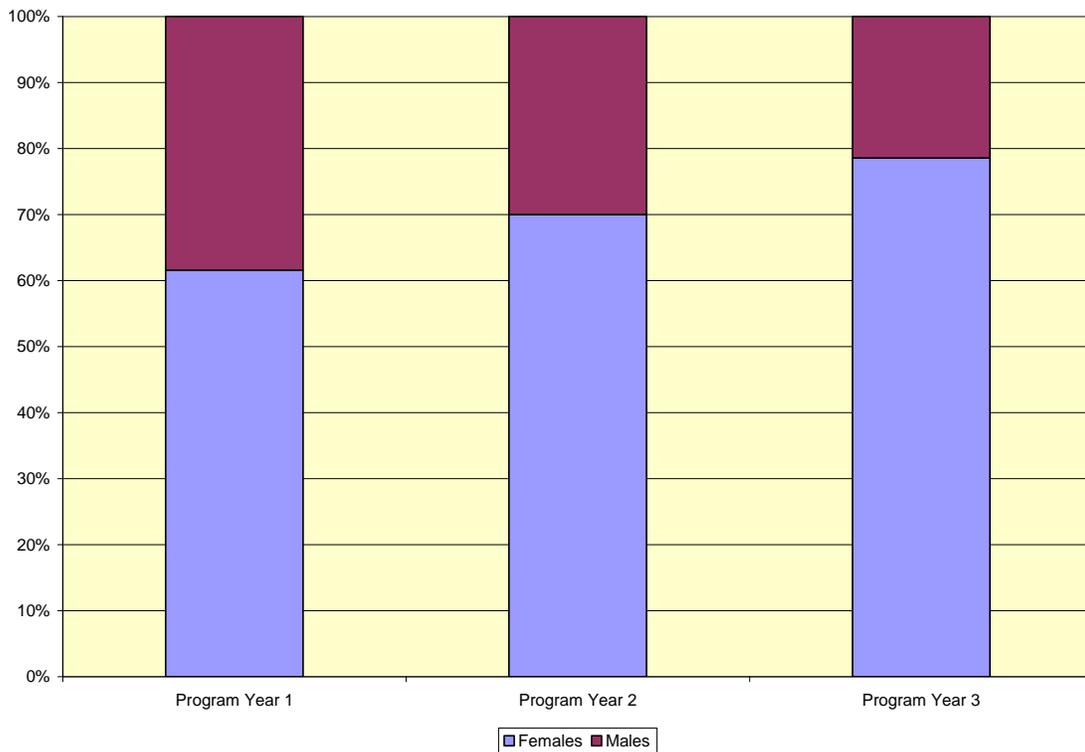


Figure 15b Distribution of GHFP Fellows, by Gender (New hires only)



- Most minority alumni continue to be engaged in global health. All but one of the minority alumni (2 from Program Year 1, 9 from Program Year 2 and 3 from Program Year 3) are currently engaged in global health education or work. The one exception is a male currently pursuing a doctoral degree in counselor education, which he hopes to use in conjunction with his public health training.

## **Staff Capacity to Lead and Manage Strengthened**

### ***IR 2.1 Essential PHN skills and knowledge developed and improved***

During Program Year 3, GHFP intensified its efforts towards achieving Strategic Objective 2; strengthening staff capacity to lead and manage. Through the strength of GHFP staff, consultants, professional coaches, and various partner organizations, GHFP has been able to increase the number and use of professional and organizational development opportunities offered to staff both at the Global Health Bureau and at Missions.

SR 2.1.1 Professional Development training provided

#### ***Results***

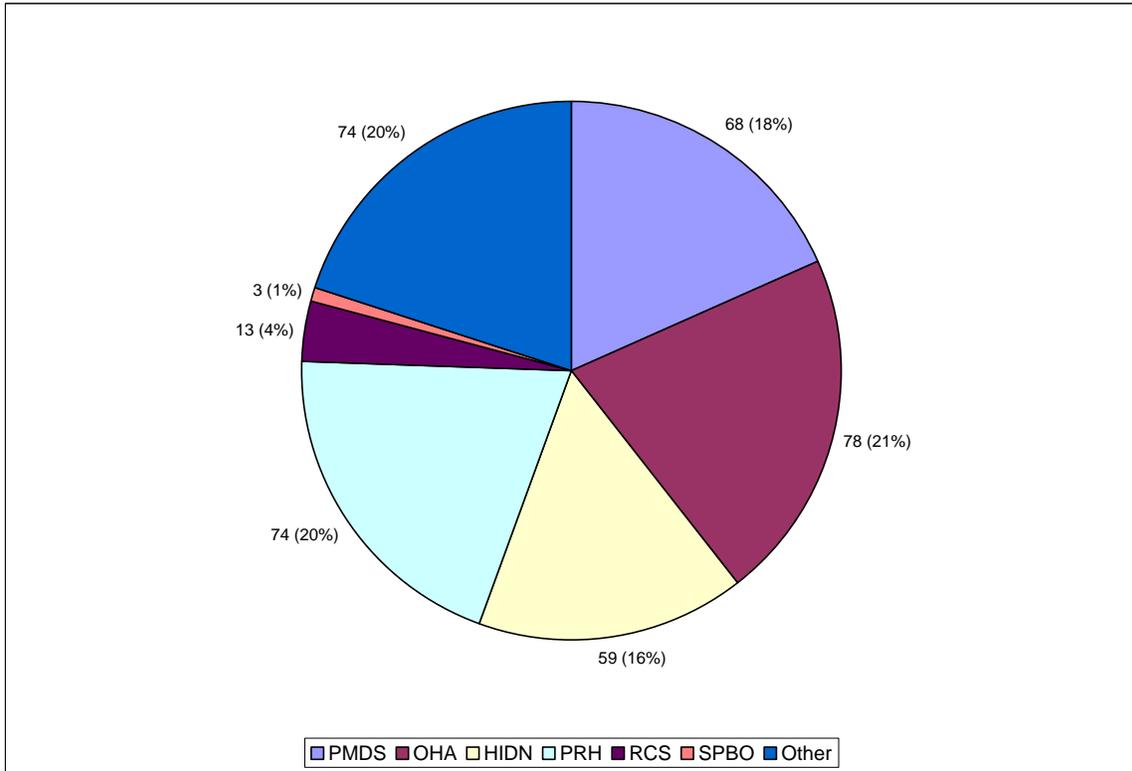
- To further improve key PHN skills and knowledge (IR 2.1.1), GHFP substantially increased the number of training activities implemented during Program Year 3. In total, 30 professional development activities were offered (see Table 4), up from 16 in Program Year 2. The professional development activities offered centered around leadership, management, performance improvement, technical skills, and USAID-specific knowledge and skill improvement.
- Specific courses offered included: PHuNdamentals for Success; Working Smarter, Not Harder; Mastering the Art Series; Working with Emotional Intelligence; Technical Exchange Series; Planning Your Work, Working Your Plan; Making Meetings Work; Strategies for Workplace Mastery; MBTI Workshop; Managing Change Effectively; Beyond Bullet Points: Diversifying Your Presentation Skills; Advancing Technical & Administrative Writing; and the Annual Leadership Course. Many of these courses were offered multiple times throughout the year to maximize the opportunity for attendance.
- The courses were very well attended, attracting a total of over 425 participants over the course of the year. Overall, all of the courses were rated highly by participants both in terms of content and instruction, based on results of course evaluation surveys. According to post-event evaluation surveys, participants typically reported that the events were highly relevant to their work, and that both the course content and instruction were of high quality.
- As illustrated in Figure 16, trainings offered by GHFP served the professional development needs of all six Global Health Bureau technical offices, as well as other professionals at USAID. Professional development activities had

similar representation of participants from the Offices of Professional Development and Management Support, HIV/AIDS, Health, Infectious Diseases and Nutrition, and Population and Reproductive Health.

Table 4: Chronological List of Bureau-wide Funded Professional Development Activities, Program Year 3

Dates	Event	Participants
September 2008	Planning Your Work; Working Your Plan #1	11
October 2008	Technical Exchange #1: Decentralization	25
October 2008	Mastering the Art: Entering a Project Midstream #1	17
October 2008	Making Meetings Work #1	13
November 2008	Working Smarter, Not Harder	16
November 2008	PHuNdamentals #1	31
December 2008	MBTI Workshop #1	10
December 2008	Working with Emotional Intelligence #1	14
December 2008	Mastering the Art: Managing a Contract; Monitoring a CA #1	6
December 2008	Planning Your Work; Working Your Plan #2	7
January 2009	Working with Emotional Intelligence #2	11
January 2009	Mastering the Art: Managing a Contract; Monitoring a CA #2	20
January 2009	Managing Change Effectively	8
February 2009	Planning Your Work; Working Your Plan #3	10
February 2009	Technical Exchange #2: Evaluation	12
February 2009	Beyond Bullet Points: Diversifying Your Presentation Skills	12
February 2009	Strategies for Workflow Mastery #1	8
March 2009	PHuNdamentals #2	19
March 2009	Making Meetings Work #2	6
March 2009	Strategies for Workflow Mastery #2	15
April 2009	MBTI Workshop #2	11
April 2009	Senior Seminar on Multi-Party Collaboration	8
April 2009	Technical Exchange #3: R&S Environments	38
May 2009	Annual Leadership Course	25
May 2009	Planning Your Work; Working Your Plan #4	9
May 2009	Advanced Technical & Administrative Writing	13
May 2009	Mastering the Art: Entering a Project Midstream #2	8
May 2009	Mastering the Art: Financial Management #1	20
June 2009	Technical Exchange #4: Priority Setting	12
June 2009	Mastering the Art: Financial Management #2	12
All Events		427

Figure 16: Distribution of Participants in Year 3 Professional Development Activities, by Global Health Bureau Technical Office – Bureau-wide Funded Activities



SR 2.1.2 Professional Development programs address needs of training attendees

**Results**

- Results from post-event evaluations conducted after each GHFP professional development activity show that all trainings were very highly rated. Using a five-point Likert scale, 27 out of the 30 professional development events offered received an average usefulness rating of at least 4 out of 5 (with five being “excellent”, see Figure 17).

Figure 17a: Rating of the Usefulness of Selected GHFP Professional Development Trainings Conducted during Program Year 3 (5-point scale)

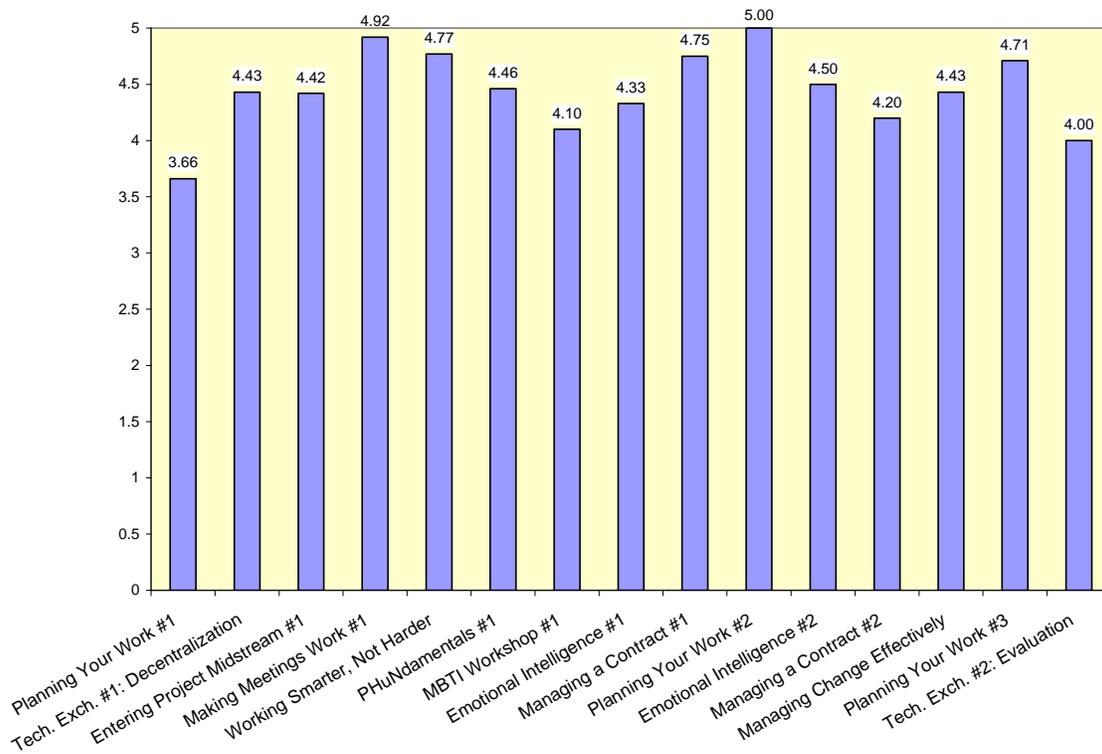
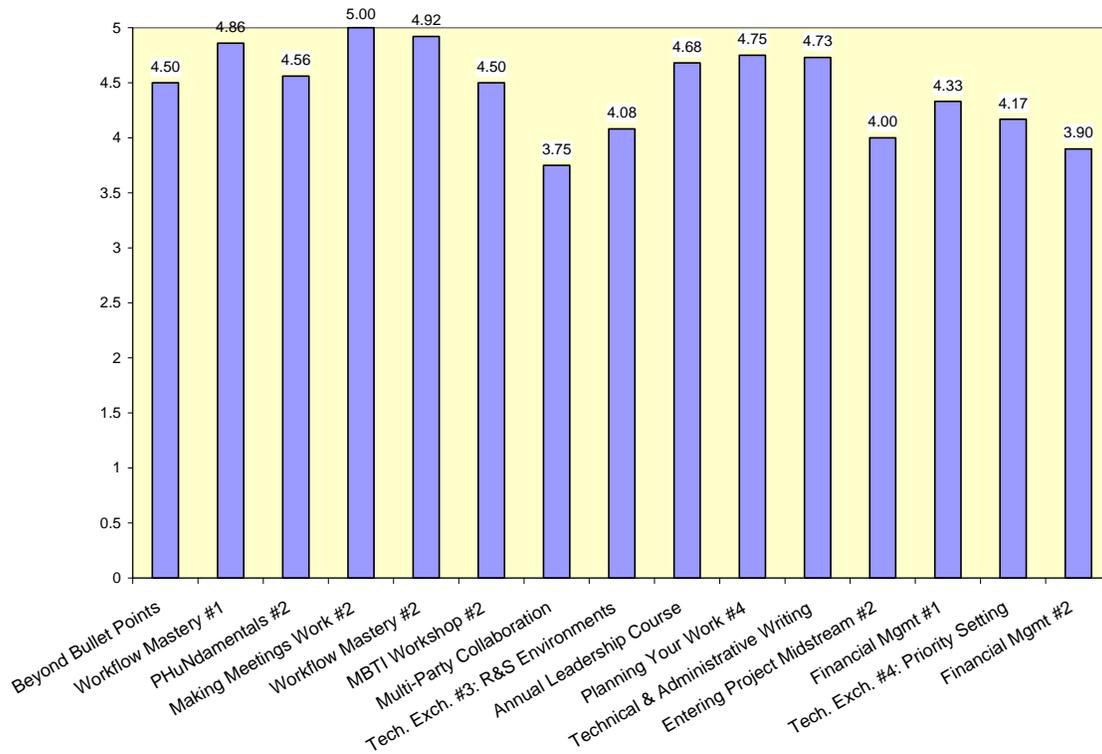


Figure 17b: Rating of the Usefulness of Selected GHFP Professional Development Trainings Conducted during Program Year 3 (5-point scale) continued



- In addition to planning, designing and implementing the aforementioned professional development activities, GHFP saw a marked increase in its support to large and small Global Health Bureau meetings. Meeting support ranged from simple room set-up and providing coffee/tea to arranging for meals and breaks, process facilitation, sound system support, international video conferencing, audio recording and small group breakout sessions. The list of external meetings supported by GHFP during the course of Program Year 3 is shown in Table 5.

Table 5: Chronological List of External Meetings Supported by GHFP, Program Year 3

Date	Event	Office/Division
July 10, 2008	OHA/SPER MER Mini-retreat	GH/OHA/SPER
July 11, 2008	Interns HIV, Malaria Lecture with Palen and Milliner	GH/OHA
July 15, 2008	Modeling & Estimates OVC	GH/OHA
July 21-25, 2008	New Partners Initiative	GH/OHA/IS
August 13, 2008	Sudan Team Meeting	State/OGAC
August 22, 2008	Mobilizing and Engaging Communities for Global Health Conference	Global Health Council
September 9, 2008	Progress Update PRH	GH/PRH
September 10, 2008	PEPFAR FY 2005 Update	State/OGAC
September 17, 2008	OVC Guidance Meeting	M/CIO/BSE
September 25, 2008	Pfizer and USAID	GH/PRH
September 29, 2008	MCH Mini-SOTA	GH/PDMS
October 6, 2008	Sustainable Development Senior Staff Retreat	AFR/SD
October 6, 2008	USAID and CA Representatives	GH/PRH/SDI
October 14, 2008	Pediatric HIV/PMTCT/MCH Integration Activity Core Writing Group Meeting	GH/OHA/TLR
October 20, 2008	PHE Community	GH/PRH/PEC
October 28, 2008	USG HIV Prevention Staff	GH/OHA/TLR
October 29, 2008	OVC Guidance Meeting	M/CIO/BSE
October 30, 2008	USG HIV Prevention Staff	GH/OHA/TLR
November 5-6, 2008	PRH/RTU Planning Meeting	GH/PRH/RTU
December 1-3, 2008	TWG Meeting	GH/OHA/TLR
December 3, 2008	Caribbean Regional COP Review	State/OGAC
December 4-5, 2008	Angola COP Review	State/OGAC
December 5-8, 2008	Ukraine COP Review	State/OGAC
December 9, 2008	Mozambique COP Review	State/OGAC
December 10, 2008	Tanzania COP Review	State/OGAC
December 11-12, 2008	Zambia COP Review	State/OGAC
January 21, 2009	Policy Support Project	GH/OPRH/PEC
January 21, 2009	PSP 1 CTO Meeting	GH/PRH/SDI
February 4, 2009	Orphans and Other Children Made Vulnerable (OVC) Forum	GH/OHA/OVC
February 4, 2009	PSP 1 CTO Meeting	GH/PRH/SDI
February 13, 2009	Knowledge Management Team lunch and discussion	GH/PDMS
February 18, 2009	Orphans and Other Children Made Vulnerable (OVC) Forum	GH/OHA/OVC
February 18, 2009	PSP 1 CTO Meeting	GH/PRH/SDI
March 4, 2009	PSP 1 CTO Meeting	GH/PRH/SDI
March 4, 2009	Health System Strengthening Inter-Agency Group	GH/OHA
March 5, 2009	OHA/SPER Divisional Strategy Session	GH/OHA/SPER
March 24, 2009	MEASURE Evaluation	GH/OHA/SPER

Table 5 (continued)

April 1, 2009	PEPFAR Adult Treatment TWG Co-Chair Meeting	GH/OHA/TLR
April 6, 2009	OVC DHS Questionnaire	GH/OA
April 7, 2009	RESPOND – Reality Check Hands On Tutorial	GH/PRH
April 15, 2009	PSP 1 CTO Meeting	GH/PRH/SDI
April 17, 2009	USAID ME/TS Staff Retreat	USAID/ME/TS
April 21, 2009	MER Team Meeting	GH/OHA/SPER
April 27, 2009	Integration of Water, Hygiene, and Sanitation into HIV/AIDS Programs	GH/MCH
April 28, 2009	MER Team Meeting	GH/OHA/SPER
April 28, 2009	PSP 1 CTO Meeting	GH/PRH/SDI
May 13, 2009	New Research Findings from Rakai, Uganda	GH/OHA/TLR
May 13, 2009	PSP 1 CTO Meeting	GH/PRH/SDI
May 14, 2009	OHA Extended Prevention Team Meeting	GH/OHA/TLR
May 18, 2009	PAC Curriculum Meeting	GH/PRH/SDI
May 27, 2009	PSP 1 CTO Meeting	GH/PRH/SDI
May 28, 2009	PMTCT Pediatric TWG Work Plan Meeting	GH/PRH
June 1, 2009	Fistula Care	GH/PRH
June 2, 2009	SDI CA Meeting	GH/SDI
June 3, 2009	USAID/GH/PRH Private Sector Working Group	GH/PRH
June 3, 2009	USAID-RESPOND	USAID-RESPOND
June 8, 2009	E&E: Workshop Videoconference with Ken Yamashita	E&E
June 11, 2009	GH/PRH/SDI: PAC Connection Partners Meeting	GH/PRH/SDI
June 11, 2009	WHO: KM Looking Towards the Future	WHO
June 16, 2009	USAID/GH/PRH: Private Sector Working Group	GH/PRH
June 17, 2009	GH/OHA & HRSA: PEPFAR Orphans and Vulnerable Children TWG	GH/OHA/HRSA

- In addition to the professional development activities and external meeting support described above, GHFP initiated a new career management series during Program Year 3. Started in January 2009, the series aimed to help participants take charge of their careers, to brand themselves better, to use networking to their advantage, and improve their interviewing and salary negotiation skills. The list of career management events, along with the number of participants is shown in Table 6. These “pilot events” were implemented with consultant expertise and served to train-up our Performance and Career Development team members to conduct these same courses in future without the need for external technical resources.

Table 6: Chronological List of Career Management Events Supported by GHFP, Program Year 3

Dates	Event	Participants
January 13, 2009	Taking Charge of Your Career	6
May 4, 2009	Marking Brand You	8
May 26, 2009	Building Success Through Networking	13
June 24, 2009	Behavioral Interviewing and Salary Negotiation	14

- The first four career management events attracted a total of 41 participants, from a range of USAID Global Health Offices. Specifically, the attendees included 10 participants from OHA, 7 from HIDN, 8 from PRH, and 4 from PDMS. Post-event evaluations indicated that each of these four events was well received. Using a five-point Likert scale, the usefulness of the events were rated between 4.0 and 4.7. Similarly, the session content, the facilitation, and logistics for each of the events received an average score of at least 4 out of 5.
- The demand for professional coaching continued to increase substantially (see SR 1.1.4). In Program Year 3, there were 47 requests to use professional development funds for coaching, up from 24 in Program Year 2. The amount of coaching ranged from one hour to six or more hours per fellow. As in previous Program Years, fellows used coaching to achieve some of the following objectives:
  - Improved leadership and management skills, improved teamwork, and improved cross-agency collaboration, more effective communication with onsite managers, heightened self-awareness and emotional intelligence, improved organizing skills, and enhanced influencing skills, among other areas.
  - Clarified career direction and effective career transition. For example, fellows who approach the end of their fellowships may use coaching to consider next steps within USAID, or to explore opportunities with other international development and/or public health organizations.
  - Sustained learning following GHFP training events.
- The increased demand for coaching, as well as informal feedback, indicate that the coaching program was very well received.

#### SR 2.1.3 Access to state-of-the-art technical information provided

##### *Results*

- GHFP fellows were provided several means of access to state-of-the-art technical information. Through their professional development funds in particular, fellows were able to freely select state-of-the-art technical training that matched their

careers. This included professional courses, training courses, professional conferences, language courses, and technical training materials. This allowed them to enhance skills and stay up to date with the latest information in their technical field (for details, see SR 1.1.4).

- Findings from the GHFP Fellows' Survey indicate that the program has been successful in providing fellows with state-of the-art technical information during Program Year 3. Nearly two thirds of the fellows surveyed confirmed that state-of the-art technical information was made available to them. And of those, 87% reported that the information was relevant to their needs.

## ***IR 2.2 Institutional capacity developed***

### SR 2.2.1 Organizational development interventions provided

GHFP (PHI and its partner, MSI) offers a variety of organizational development (OD) support at various levels within USAID. GHFP provides information about its organizational development capacity in the Onsite Manager Express and in a dedicated section on the program's home page ([www.ghfp.net](http://www.ghfp.net)). GHFP offers assistance at various levels including bureau wide, office wide, divisions and teams as well as with multi-sector, multi-agency, and multi-organization coordinating groups. GHFP's OD expertise ranges from workforce analysis, to planning exercises, to team-building often complementing the work with short training modules and coaching. These services are also available in French, Spanish and other languages. The need for GHFP OD assistance is often communicated through the AOTR, the fellows, Office and Division heads and OSMs. Sometimes USAID staff who have benefited from our OD work on previous occasions invite us to work with USAID sites new to GHFP. Other requests come from word-of-mouth based on our established reputation for quality services. GHFP's organizational development work in Washington more than doubled over the previous year. International OD work more than tripled. In total, GHFP conducted 12 domestic OD activities and 13 field-based activities. In Program Year 3, GHFP worked with PDMS to plan a more strategic approach to developing institutional capacity. One outcome included the PDMS-GHFP joint work in USAID/Ethiopia to develop PHN staff orientations and performance management processes and materials.

### ***Results***

- During the course of Program Year 3, GHFP conducted six team-building or planning retreats, including another two-day office wide retreat for the Office of HIV/AIDS (OHA). The program also arranged for four consultancies to assist GH offices in Washington with a variety of organizational challenges ranging from developing new program areas to design efforts (see Table 5). Requests for organizational assistance also included requests from offices to conduct focused trainings which complemented efforts to increase organizational performance.
- GHFP also conducted thirteen field-based organizational development activities. Specifically, GHFP implemented twelve PHN teambuilding or planning consultations (in a USG wide event in East Timor and PEPFAR events in Nigeria, Rwanda and Malawi) and facilitated a regional conference for PEPFAR Strategic Information personnel in Africa (see Table 5).
- OD activities for GH offices in Program Year 3 including activities conducted for the Office of HIV/AIDS (the most frequent user of these services), the Office of Population and Reproductive Health, The Office of Professional Development and Management Support, the Office of Regional and Country Support and the State Department's Office of the Global AIDS Coordinator.

Table 7: List of Organizational Development Activities Conducted In Program Year 3

<b>OD Interventions for GH Offices and Divisions in Washington DC</b>
<ul style="list-style-type: none"> <li>• Office of Regional and Country Support (RCS) Strategy Development Process. This included five one-day meetings over a four-month period.</li> <li>• Office of HIV/AIDS (OHA) Retreat. This was a two-day office-wide retreat for more than 90 staff members.</li> <li>• Support to PDMS for a global PHN professional development needs assessment which included providing input on survey design, interviewing PHN staff worldwide and data analysis and management.</li> <li>• PRH/Commodities, Security Logistics Division Workforce Review and Retreat. This intervention involves a one-day retreat followed by monthly meetings, and it will continue into Program Year 4.</li> <li>• Provision of consultants to develop curriculum for a conflict, recovery and stabilization in health course for PDMS.</li> <li>• PRH/Policy, Evaluation, and Communication Division Retreat. This was a 1.5 day divisional retreat.</li> <li>• Teambuilding session for the USG PEPFAR Sudan Team on the request of GH/OHA/SPER and the Office of the Global AIDS Coordinator (OGAC)</li> <li>• PRH/Research, Technology, and Utilization Division External Review on the Future of Family Planning Research. GHFP hired two consultants to work on this project over a period of several months. GHFP then facilitated a final meeting including the RTU Division, the consultants, and external stakeholders.</li> <li>• PRH/RTU Division Retreat. This was a one-day divisional retreat.</li> <li>• A one-day interactive workshop for Tools for Organizational Change for OHA.</li> <li>• A series for work planning and teambuilding sessions for the Monitoring, Evaluation and Reporting team at OHA/SPER.</li> <li>• Provision of a Negotiation course at the request of OHA.</li> <li>• Provision of a course of staff recruitment interviewing skills for OHA.</li> </ul>
<b>OD Interventions for USAID Missions and Offices Overseas</b>
<ul style="list-style-type: none"> <li>• Mentoring through GH/RCS to USAID PHN staff in Ghana and Malawi</li> <li>• Design and facilitation of a PEPFAR team meeting in Nigeria</li> <li>• USAID/East Africa – Regional Family Planning Meeting</li> <li>• USAID/East Timor – Mission Retreat and USG (Embassy) Retreat</li> <li>• USAID/Ghana – Program Strategy and Team Building</li> <li>• USAID/Ethiopia – Development of PHN staff orientation and performance management processes and materials</li> </ul>

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- USAID/Madagascar – Team Building
  - USAID/Malawi – Program Design and Family Planning Assessment
  - USAID/Mali – Team Building and Planning
  - USAID/Nigeria – PEPFAR Retreat
  - USAID/Rwanda – PEPFAR Retreat
  - USAID/South Africa – PEPFAR Retreat
  - OGAC PEPFAR Regional Strategic Information Meeting (Malawi)
-