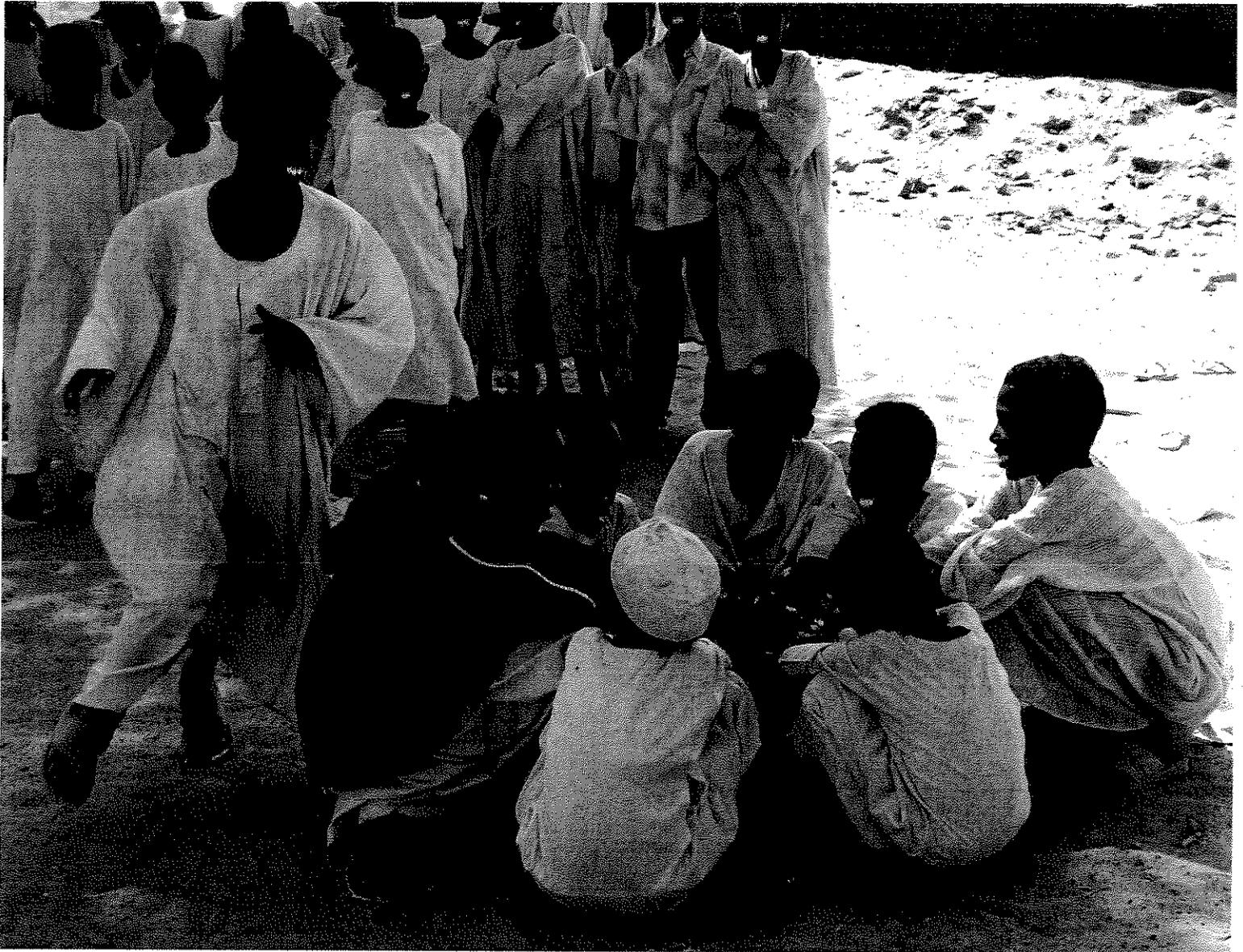


**HEALTH AND CHILD SURVIVAL  
FELLOWS PROGRAM  
1985 – 2007  
Final Report**



**Health and Child Survival Fellows Program**  
National Secretariat  
Institute for International Programs  
Department of International Health  
Johns Hopkins Bloomberg School of Public Health  
June 2007

**Health and Child Survival Fellows Program National Secretariat  
USAID/Johns Hopkins Bloomberg School of Public Health Agreement HRN-A-00-01-00001-00  
January 31, 2001-March 31, 2007  
Final Report**

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Front cover photo by Cathy Frazier: Children in Darfur, Sudan performing a skit of dirty fly contaminating food.



# **Health and Child Survival Fellows Program 1985 – 2007**

## **Final Report**

This is the final report of the Health and Child Survival Fellows Program, a collaboration of the Department of International Health of the Johns Hopkins Bloomberg School of Public Health and the U.S. Agency for International Development that began in 1985 and ended on March 31, 2007, launched careers for hundreds of international public health professionals and had significant impact on public health programs in developing countries.

The Institute for International Programs of the Department of International Health served as National Secretariat for the Health and Child Survival Fellows Program (HCSFP). The program had as its objective the establishing and fostering of a cadre of field-experienced technical experts in child survival and international health. The program offered two-year fellowships in international health and child survival for junior and mid-level Fellows. The program's assignments were with the U.S. Agency for International Development (USAID), international health organizations and donor agencies, as well as with universities, Private Voluntary Organizations (PVOs) and governments. Through a separate agreement the Program also placed Fellows with the Baltimore City Health Department. The USAID assignments are located at USAID headquarters in Washington, DC and in its overseas field operations.

### ***Acknowledgements:***

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Our valued clients, partners and colleagues at USAID whose vision of achieving a better and healthier world we shared, especially The Office of Health, Infectious Disease and Nutrition (HIDN) and the Office of HIV and AIDS (OHA) of the United States Agency for International Development (USAID/GH/HIDN and USAID/GH/OHA) but also those USAID missions with strong health and child survival programs. Our USAID CTOs whose work on our behalf was essential to our accomplishments, especially Dale Gibb, USAID/GH/HIDN (1989-2003), and Rochelle Thompson, USAID/GH/PDMS (2003-2007). We're especially grateful to the patient and dedicated USAID staff who served as mentors to our Fellows.

Faculty Colleagues at our Collaborating Institutions who welcomed us each year to their campuses, encouraged their best students to apply, and wrote thoughtful letters in support of the applicants from their institutions. They believed our program was the best which is why their students were so motivated to be part of it.

Our Fellows, Interns, Scholars, and STARS: For their superb academic training, professional experience, and motivation to make a positive impact child health worldwide.

**Health and Child Survival Fellows Program National Secretariat  
Final Report Agreement HRN-A-00-01-00001-00**

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## **I. Executive Summary**

The Johns Hopkins Bloomberg School of Public Health and the United States Agency for International Development (USAID) ended more than 20 years of collaboration when the Health and Child Survival Fellows Program (HCSFP) ended on March 31, 2007. This report reviews the highlights of those twenty years and reports on the Activities of the most recent Cooperative Agreement (HRN-A-00-01-00001-00) and the Seventy-six Fellows, six interns and three Urban Child Survival Fellows that were supported during the time period of that agreement. The Urban Child Survival Fellows were fully funded under a contract with the Baltimore City Health but was a response to a USAID initiative regarding reverse technology that began in the late 1990's.

The HCSFP's objectives were:

“to develop a U.S. cadre of field-experienced technical experts committed to careers in child survival and international health while enhancing the effectiveness of developing country health, nutrition and population programs”

The HCSFP was managed by the Department of International Health of Johns Hopkins Bloomberg School of Public Health. USAID and JHU agreed in 1989 that the management would be provided by a “National Secretariat” that had its own recognizable identity, distinct from a Johns Hopkins brand. The purple mother and child was selected by JHU and approved by USAID in 1989 and continued to be used during all three USAID cooperative agreements that funded the HCSFP.

During the life of the Health and Child Survival Fellows Program (1989-2007) and its predecessor Child Survival Fellows Program (1985-1989) there were 196 Fellows, 12 Senior Technical Advisors in Residence, three Urban Child Survival Fellows assigned to the Baltimore City Health Department, and six Health and Child Survival Interns. Eight Fellows applied for and were selected for more than one assignment, bringing the total number of assignments supported by the program to 225.

This document is also the final report for Agreement HRN-A-00-01-00001-00 (January 31, 2001-March 31, 2007). The report provides details on each of the Seventy-six Fellowship assignments, six internship assignments and three Urban Fellows assignments supported during the time period (Urban Child Survival Fellows were financed by the Baltimore City Health Department). A survey was conducted at the end of the program to evaluate the HCSFP from the Fellows' perspective. The Survey Report by Dr. Norma Wilson is one of the sections of this Final Report. Another section of this report describes each of the Fellows supported under this agreement and their activities. The last section lists all of the Fellows, STARS, interns and Urban Fellows financed by all sources since 1985.

The National Secretariat earned a reputation for superior recruitment of candidates, responsiveness in support of the Fellows, responsiveness to USAID's many requests, and for collegiality and collaboration with many the universities and NGOs that worked hand-in-hand with the program. It worked hard for and earned the respect of historically black colleges that had graduate programs in medicine, public health, or other health sciences. Fellows who completed their assignments have remained grateful to the program and remember their Fellowship years as professionally rewarding and their relationship with the National Secretariat and JHU fondly.

Ninety-one percent of the Fellows indicated that it was important to them to be affiliated with the Johns Hopkins Bloomberg School of Public.

We respectfully recommend to USAID that:

1. USAID's international health Fellows program should be managed by a prestigious and recognizable international health academic institution.
2. USAID should continue to offer Fellowship assignments at USAID/W and USAID Field Missions and the position descriptions should continue to have a strong technical component.
3. USAID's mentoring program should be improved.
4. USAID's Fellow's orientation should be required and strengthened
5. Professional Development Offerings at USAID should be standardized and made available to Fellows
6. USAID should clarify the role of Fellows: Is it a Fellowship or a regular staff position? Are Fellows allowed to carry out direct hire functions?

## **II. History of the Health and Child Survival Fellows Program (1985-2007)**

The Health and Child Survival Fellows Program, a program of the Institute for International Programs, Department of International Health, Johns Hopkins Bloomberg School of Public Health, launched careers for 225 international health professionals during its run. The HCSFP grew from the Johns Hopkins' Child Survival Fellows Program. This program placed Child Survival Fellows mainly in research or practice assignments in universities, research centers and PVOs in developing countries from 1985-1989. Beginning in 1989, The Health and Child Survival Fellows Program's placements were almost entirely with USAID and other international donor agencies. The Senior Technical Advisors in Residence (STARS) program was added in 1991 as a mechanism for providing USAID with access to senior academic faculty or other senior development professionals. Urban Child Survival Fellows were added in 2001 in response to a USAID initiative designed to provide U.S. inner cities with reverse technology transfer in the form of development expertise learned from USAID programs. Urban CS Fellows were fully funded by the Baltimore City Health Department. Health and Child Survival Interns were added in 2003 so that very junior-with-great-potential young professionals could have a six-month experience with USAID or one of its cooperating agencies. The HCSFP's matching funds awarded MPH scholarships to 40 health professionals seeking international health careers, and helped those individuals on their way as burgeoning international health professionals.

### **A. The Child Survival Fellows Program, 1985-1989, preceded the HCSFP.**

When USAID's Child Survival Initiative was authorized by congress in 1985, USAID provided funds, via the "**Child Survival Cooperative Agreement**" – DPE-5951-A-00-5051-00 - to JHU's Department of International Health/Institute for International Programs (JHU/IIP) to propose and direct field studies on child survival technologies and field studies on evaluation methodology. A significant piece of this new child survival research initiative was field training for a new generation of technically qualified international health specialists to prepare them for positions of technical leadership in international health organizations. Because Child Survival Fellows were assigned to work on research projects directed by JHU faculty, the Fellows were usually in a pre- or post-doctoral relationship with JHU and were working under the direction of JHU faculty advisors. Under the leadership of the new Chairman of the JHU Department of International Health, (Robert E. Black, M.D., MPH), JHU placed Fellows in Peru, Guatemala, Haiti, Bangladesh and Nigeria who were embedded in research projects on Diarrheal disease, acute respiratory infection, evaluation methodology, immunization, and vitamin A supplementation. All of these Fellows did important research that has been put into practice by the many organizations implementing child survival and child health programs throughout the developing world.

By 1987, JHU's **Child Survival Fellows Program** had developed some of the infrastructure and systems needed for a sustainable, major international Fellowship activity. JHU named a Director (Stella Goings, M.D., MPH), collaborated with USAID in naming a Board of Advisors (1987-1992), established written Policies and Procedures, and hired one full and one half-time support staff. The Child Survival Fellows Program

began nationwide recruitment activities, contracted with a historically black college to assist with the diversity components of Fellows recruitment, developed unique JHU administrative systems and entered into vendor relationships for travel, moving, insurance, etc. JHU continued to attract funds for Fellowships, and to recruit and place fellows in new field research assignments including sites in India, Kenya, Tanzania, and Bolivia as well as assignments in USAID/Washington. Major funding for Fellowships was provided by USAID through the cooperative agreement, but Fellowships were also funded by CARE/India, PAHO, and Save the Children/Bolivia under separate contracts.

**B. The Health and Child Survival Fellows Program (1989-2007)** was a USAID Project funded by USAID's Office of Health, and competed as an RFA in 1989 (as Agreement DPE-5951-A-00-9033-00) for the period 1989-1999, and competed again in 2000 as Agreement HRN-A-00-01-00001-00 for the period 2001-2007. JHU competed (successfully) for both of those RFA. JHU also received a sole source, non-competed, award from USAID for the **Health and Child Survival Fellows Program and Senior Technical Advisors Program** in 1997 (Agreement HRN-A-00-97-00020-00) for the period 1997-2002.

**1. The 1989 Program (1989-2002)** -Agreements DPE-5951-A-00-9033-00- HRN-A-00-97-00020-00 required JHU to become a "National Program" managed at JHU by a "National Secretariat," to establish a Network of Collaborating Institutions (including minority serving institutions) from which the Secretariat would draw candidates for Fellowships, and expand the Board of Advisors to include Foundation Representatives and PVO Representatives. JHU Program Staff remained at 1.5 FTE although Paul Seaton, as the full-time Associate Director at 80% FTE, was listed as a key person in the agreement. The Director, Dr. Stella Goings, served at 20% FTE.

**2. 1991 – 2002: Senior Technical Advisors in Residence (STAR) Program:** In 1991, USAID accepted JHU's proposal to add a second element to the program: a Senior Technical Advisors in Residence (STARS) component. STARS were posted at USAID/Washington who, like Fellows, served in a purely technical role, but brought substantial qualifications and experience with them to the position. Almost all of the STARS recruited had successful academic careers combined with significant international experience in USAID funded programs.

**3. 1992 – Mid-term External Evaluation:**

A mid-term evaluation was the major impetus for USAID and Johns Hopkins to make course corrections that established the program's identity and structure for the next 15 years. The evaluation recommended that the program:

- A. be continued for its full projected ten years;
- B. improve results of recruiting Fellows representing disadvantaged and minority elements of the U.S. population and
- C. Add a third element to the program: The Associate Professional Officers (APO) at the World Health Organization.

The evaluation noted program successes achieved as of 1992:

- Graduating Fellows have continued in the international health field
- Program objectives were met following the guidance of an Advisory Board representing nine institutions, under the effective management of a National Secretariat located at JHU/IIP
- A diverse, dynamic candidate pool from a range of institutions including but not dominated by JHU had been developed and was available to select from for new Fellowship assignments
- USAID's users of Fellows found the Fellows to be appropriately qualified, and were pleased with the contributions they made to improving international health status and child survival. USAID felt that they offer a useful training experience to the fellows.
- Fellows expressed desire for a research component in their Fellowships but such an opportunity, albeit an important component of training, is not available through placements at USAID or other international organizations such as WHO.
- Efforts to recruit fellows representing disadvantaged and minority elements of the U.S. population had been carried out in good faith, but the population of Fellows actually selected for assignments had failed to reach targets for Asian-American, Hispanic and African-American.
- The STAR program brings technical expertise and research experience to contribute to policy formulation, program development and the ability of the Agency to elicit support for child survival programs in other fora.
- The WHO APO Program will offer an opportunity to young health professionals for one to three years of international experience and by placing those individuals where they can contribute to the improvement of international health status through positions at WHO headquarters or field offices.
- USAID anticipated a demand for six placements per year but demand has increased and JHU should be allowed to fill more assignments.
- USAID/Washington assignments were predominant and field assignments were few. This balance would continue into the foreseeable future.

### **Recommendations for Minor Course Corrections**

- USAID and JHU should develop a more formal orientation to the program
- JHU and USAID should develop more formal mechanisms for sharing research and experiences such as seminars at national meetings or regular publications highlighting Fellows' experiences
- Regularize the security clearance process so that it can begin in advance of the arrival of a Fellow at USAID.
- JHU should develop performance evaluation guidelines for evaluations of "onsite supervisors" of Fellows to be submitted on an annual evaluation.
- USAID should establish an internal system of evaluation of the contribution of the program fellows and STARS to the development objectives of contributing to health and child survival programs in developing countries.

- The advisory board should identify non-USAID funding to support field assignments.
- Should go beyond the minority MPH Scholarship awards to identify more minority candidates.

#### **4. JHU and USAID's Response to the 1992 Mid-Term Evaluation:**

The Mid-Term Evaluation was an excellent tool for guiding the changes the National Secretariat and the USAID management team needed to make and to develop the program that became so well known and respected at USAID and the international public health community. The Evaluation identified the program as a mechanism for bringing Fellows into USAID/Washington or, to a lesser extent, USAID field missions. It was made clear that if there were to be research or practice assignments with non-governmental organizations, the program would need to identify non-USAID funds to support those elements.

In response to the evaluation:

**a. JHU proposed Paul Seaton to be named as the new Director of the National Secretariat of the Health and Child Survival Fellows Program.**

**b. USAID extended the agreement to 1999 and increased the ceiling.**

**c. JHU, USAID and WHO were unable to negotiate acceptable terms for US participation in the APO Program.**

**d. Expansion:** 1993 saw a rapid expansion of the program, as JHU began filling 38 additional Fellowship assignments, for a total of 64 Fellows and STARS on board at the end of 1993, up from a total of 26 at the end of 1992. Sixty-four was the peak number employed by the program at one time in its history. That number declined through attrition to about 45 where it stabilized for about seven years. The majority of the assignments remained with USAID/Washington until the program ended in 2007.

**e. Paul Seaton, as the new Director, reorganized the National Secretariat** to reflect the program that existed (a Fellows program with the majority of the assignments with USAID/Washington) rather than the program for which JHU and its Board of Advisors had prepared (a research fellowship program with the majority of the research assignments in developing country NGOs, managed by faculty of JHU or faculty of the other collaborating institutions). The Administrative/financial staff would handle tasks appropriate to the program including support of near constant T/DY travel by Fellows, procurement and delivery to USAID of office supplies, computers, software, and peripherals, logistics and repair and upgrading of computers, processing of applications for Secret-level security clearances, etc. The staff were tasked with dealing with the logistics of overseas moves, hiring of Fellows as regular JHU employees, working off-campus, and dealing with their special payroll and benefits needs etc) and finance (handling expenses and reporting to USAID). JHU established a new position, Assistant

to the Director, to handle Advertising, Information Technology, management and logistics of computer hardware and software, Security Clearances, editing and publishing regular program communications via the Quarterly Technical Reports and Monthly Status Reports, and Brochures and other promotional literature as well as assisting the Director with his weekly visits to USAID/Washington, increased promotional visits to collaborating institutions and national meetings and exhibitions. The .5 FTE secretarial position was revised into a full-time position for a Recruitment Assistant to handle an expanded application load – and for pool of candidates interested in working at USAID/Washington - aided by a new database program.

**f. USAID and JHU should develop a more formal orientation to the program:** The National Secretariat developed an expanded HCSF Program Manual that was utilized in a day-long orientation at JHU for new Fellows. USAID followed up with an orientation for USAID/Washington and/or USAID missions, and the HCSF CTO developed a week-long course of USAID Essentials, generally referred to as USAID 101. This course became quite popular was quickly expanded to include Fellows from other mechanisms.

**g. JHU and USAID should develop more formal mechanisms for sharing research and experiences** such as seminars at national meetings or regular publications highlighting Fellows' experiences.

- **Seminars at national meetings:** The National Secretariat began its annual Auxiliary Conference at the annual meeting of the National Council for International Health (NCIH) now called Global Health Council. Fellows made technical presentations of their work, a panel discussed their presentation and the audience consisting of Fellows, USAID staff, candidates for the program, and representatives of our collaborating institutions, responded with questions and comments. This annual seminar quickly became an excellent recruiting tool, in addition to an effective forum for sharing research and experiences.
- **Regular Publications:** The National Secretariat initiated publication of a “Quarterly Technical Report,” generally a 50+ page document. Fellows updated their individual entries at three month intervals; the National Secretariat edited each Fellow’s report into a single document, and distributed the document to all JHU Fellows, their USAID “Supervisors” and other interested individuals.

**h. Regularize the security clearance process** so that it can be begun in advance of the arrival of a Fellow. All Fellows posted at USAID were required to have a SECRET security clearance. The new Assistant to the Director position was charged with handling this tricky bureaucratic procedure, working with candidates the JHU Facility Security Office and the USAID security process to get the candidates their SECRET clearances as quickly as possible.

**i. Develop performance evaluation guidelines** for evaluations of “onsite supervisors” of Fellows to be submitted on an annual evaluation: The National Secretariat and USAID agreed to use the term “Mentors” to describe the “onsite supervisors” and developed a

“Mentoring Manual” for this purpose as well as a Mentoring Workshop, held several times, to introduce the “Mentors” to this concept.

**j. The advisory board should identify [non-USAID] funding to support field assignments.** The Advisory Board, formed in 1987, performed invaluable service to JHU and to USAID to help both organizations appreciate the importance of this program, and the necessity to expand the candidate pool so that the program selected Fellows on a national basis. The collective wisdom of the board helped us to more fully appreciate the task we had been given. Furthermore, the Advisory Board, which included representatives from nine institutions including four historically black colleges, was unanimous in the view that the Fellowship assignments should be international and should be research-focused at a research center that had the capacity to mentor and guide a Fellow in their first significant international experience. The Advisory Board had already determined that USAID was the appropriate and only viable organization that could fund such a program and wanted to continue to advise USAID on this approach to the Health and Child Survival Fellows Program. The Advisory Board’s terms expired in 1993 and members were not reappointed.

**k. Minority Recruitment: The National Secretariat should go beyond the minority MPH Scholarship awards to identify more minority candidates.** The evaluation missed the larger issue for us, which was that the National Secretariat needed to learn how to recruit candidates (minority and non-minority) for positions with USAID. The candidate pool consisted of the wrong candidates for the positions USAID offered the program. Our applicants (minority and non-minority from a wide variety of diverse institutions including HBCU medical schools) were not interested in a USAID/Washington desk job and were probably unqualified for any of our USAID positions. Our candidates believed that they had applied to a program of research fellowships and it was their expectation that they would be embedded with an important child survival research activity in a developing country medical school or other research center. These candidates believed that the research opportunities presented to them as Fellows would prepare them to be researchers in major U.S. academic medical centers. Minority candidates were highly motivated to include “Johns Hopkins” on their resumes following their developing country research experience, and to join academic medical faculty at minority institutions such as Morehouse, Meharry, or Howard Medical Schools.

As a result of the evaluation, the National Secretariat developed a new recruitment model to target outstanding candidates for Fellowships with USAID/Washington and its overseas field missions.

The recruitment model the National Secretariat developed was to present USAID with a diverse slate of candidates specifically qualified for every Fellowship assignment. The slate was ethnically, institutionally, and geographically diverse. Qualified minority candidates were recruited and proposed for every new Fellowship assignment. Candidates were drawn from the candidate pool of the National Secretariat. Candidates applied to that pool in response to the Director’s campus visits, national advertising, Seminars at national meetings, and the program’s promotional activities at national

meetings and career fairs. The ultimate responsibility for selecting the top candidate belonged to the USAID hiring manager.

### **5. 1993-2001: The Health and Child Survival Fellows Program and Senior Technical Advisors in Residence Program develops into a stable, mature organization**

Under its new leadership, the Health and Child Survival Fellows Program quickly learned how to become a responsive mechanism for managing a Fellowship Program with USAID's Health sector in Washington and in USAID's field missions.

**a. HCS Fellowship Assignments:** Our Fellowship positions were described as "USAID Technical Advisor Positions" requiring highly specialized training and interests with desired international experience. U.S. citizenship was required because of Security Clearance requirements. The learning experience of the Fellowship was to become acquainted with global health initiative programming, monitoring and evaluation and to learn how USAID functions.

**b. STAR assignments:** There were a total of 12 STAR assignments. Ten of the twelve STARS were identified by USAID; two were recruited by the National Secretariat. Recruitment for STARS ended in 1999 although STARS remained in the program until Agreement HRN-A-00-97-00020-00 ended in 2002.

**c. Recruitment:** The program quickly attracted far more candidates for USAID/Washington assignments than it ever had for NGO-based research assignments and became popular among the early-in-career international health specialists. Candidates rightly saw the program as an important career step towards their goal of attaining leadership positions at USAID or other international agencies. The program requested these candidates to complete a basic application which the program entered into a database. With each new position, the database was searched for matches and candidates were contacted. Candidates interested in a specific position would respond with cover letter, c.v. and a list of references. The program also advertised each new position in relevant websites to attract potential candidates not already in the database. Every new position would attract over 100 cover letters and resumes, giving USAID and the National Secretariat a large number of candidates to select from, including a goodly number of minority candidates. Almost invariably, the perfect candidate would emerge.

**d. Selection:** USAID formed a selection committee to review the slate of candidates submitted for each position, and picked the top candidates for interview. The National Secretariat prepared a set of questions with score sheets for the interviewers to use. The candidate with the top score was offered the position.

**e. Collaborating institutions:** The program became well known as a career opportunity for international health specialists. The National Secretariat expanded the number of collaborating institutions to 25. Six historically black colleges were included in this list. The program director took an annual seminar on the road to these institutions where he spoke on "Careers in International Health," promoting all international health entry level

opportunities in addition to the Health and Child Survival Fellows Program. JHU entered into subcontracts with four of these collaborating institutions that allowed a pass-through of funds so that the collaborating institution would be the employer of a Fellow (Virginia Tech, University of North Carolina, Colorado State University and Research Triangle Institute). Staff of all collaborating institutions identified candidates and wrote letters, served as referees and took other steps to promote their candidates' qualifications.

**f. National Meetings and Recruitment Fairs:** The Program's booth was a regular fixture at all professional meetings with an international health component as well as recruitment fairs. The Director and Assistant to the Director were always at the booth to sell the program to potential candidates.

**g. Program Management:** A large program consisting of USAID/Washington-based Fellowships had very different management needs from a small program of NGO-based research Fellowships. The National Secretariat was reorganized so that the jobs of the home office support staff matched the needs of the program. The program's new requirements included administrative support for more or less continuous and extensive T/DY travel for 50+ Fellows; security clearances for every new Fellow being brought on-board plus annual renewal of the clearance; two computers per Fellow (laptop and desktop) with software, printer and other peripherals; office supplies and the logistics for all of these. Recruitment systems were modified and enhanced for a program hiring Fellows for Washington, DC. Quarterly Technical Reports were initiated as were Monthly Status Reports and Monthly Pipeline Reports. Regular systems for continuous hiring of Fellows were instituted and a system of performance evaluation was put into place.

**h. Funding for management:** USAID informed the National Secretariat that funding would no longer be provided to pay the operational costs of the National Secretariat beginning with the fiscal year starting up on October 1, 1993. JHU's ability to absorb these costs would be considered an indicator of "sustainability" and would show JHU's commitment to the program. With no federal funds available to support the costs of program management, efficiency became the watchword at the National Secretariat. JHU's program management became a model of efficiency and set an example of sustainability for other CAs to emulate.

**i. Staff Structure of the National Secretariat:** The National Secretariat stabilized at five staff plus the director. Their job titles were Administrator (1), Administrative Assistant (2), Recruitment Assistant (1) Program Assistant (1) and Director.

**j. Management Site Visits:** Consistent with USAID policy regarding supervision of non-direct hire personnel, the Director was the Supervisor of the Health and Child Survival Fellows and was also responsible for logistical support. Regular weekly site visits by the Program Director and staff gave the program a presence at USAID. During the Director's site visits, he would meet with the Fellows individually as needed, and would also meet with the CTO or her staff, conduct business with the many USAID offices that hosted Fellows, delivery supplies and deliver or pick-up computers.

**k. Monitoring and Evaluation:** The National Secretariat established a system of Monitoring and Evaluation consisting of:

- **Monthly Status Report:** The National Secretariat tracked the status of all unfilled and filled assignments with a monthly report. Information for unfilled assignments includes recruitment, review and selection status (e.g. date for deadline for submission of candidates, names of candidates under consideration, date for selection committee to meet, status of security clearance processing, proposed start date and comments), location and funding source. Information for filled assignments included name of Fellow, assignment dates, location, funding source, and comments including status of workplan, evaluation and funding.
- **Quarterly Technical Reports:** The National Secretariat required Fellows to submit Quarterly Progress Reports. The Director reviewed and discussed the Quarterly reports with the Fellow. The Quarterly Progress reports were assembled into a single volume and widely distributed to Fellows and to USAID offices.
- **Fellows' Performance Evaluation:** The National Secretariat developed the Performance Evaluation form (written in a macro format) for use by the Mentor at a new Fellow's six-month mile post, at the Fellow's first anniversary, and each anniversary thereafter. The six-month evaluation was suggested as an option but rarely used. The annual evaluation was a requirement and linked to the annual salary increase.
- **Weekly Site Visits:** The Director paid weekly site visits to USAID to visit Fellows and telephoned overseas Fellows frequently and met with them when they were in Washington on T/DY.

**l. Mentors:** A USAID mentor was identified for every Fellow as per written USAID policy. The mentor was responsible to the Fellow to provide operational oversight, to foster intellectual growth, to provide career guidance and give support throughout the period of assignment. The Fellow and Mentor were required to negotiate an annual workplan within 90 days as well as leave and travel plans that are subject to the approval of the USAID as well as JHU. The National Secretariat developed a Mentor's manual and carried out mentor training at USAID three times.

**6. 2001: Urban Child Survival Fellows Program:** In the late 1990s, USAID promoted reverse technology transfer, so that lessons learned from its development assistance program could be utilized to benefit domestic U.S. issues. Baltimore's mayor, at the time, the Hon. Kurt Schmoke, responded in an open letter published in the *Washington Post* that Baltimore "needed all the help it could get." Eventually, it was the Health and Child Survival Fellows Program that was identified to help Baltimore reduce its infant mortality rate (the highest in the U.S.) by assisting the City to develop a Child Fatality Review Process. With funding provided entirely from the Baltimore City Health Department, the National Secretariat presented the City with a slate of candidates with developing country

child survival experience. The candidate selected for the task was a U.S. physician, born in Ghana, who had served as a BASICS technical advisor in one of the Central Asian Republics. The first Urban Child Survival Fellow started work in 2001. Two more Urban Fellows, all with substantial international experience through USAID projects, were selected for a total of three Fellows that worked with Baltimore City on child fatality review and on issues regarding teenage pregnancy.

**7. 2002 USAID Reorganization:** The 2002 USAID reorganization moved the HCSFP from the Office of Health, which was its primary client and where the program had been managed since 1985 to a newly formed Office named the “Office of Professional Development and Management Support (PDMS).” The Program’s CTO from the Office of Health, Dale C. Gibb, was replaced by Rochelle Thompson from the PDMS Office. The Office of Health was split into the Office of HIV-AIDS and the Office of Health, Infectious Diseases and Nutrition (HIDN). Three Fellowship Programs were placed in Ms. Thompson’s portfolio: Two from the Office of Population (Population Fellows of the University of Michigan, Population Leadership Fellows of the Public Health Institute (Oakland, CA), and from the Office of Health, the Health and Child Survival Fellows Program of Johns Hopkins University.

**8. The 2003 Evaluation** of the three Fellows Programs organized under USAID/GH/PDMS management was carried out as a step towards a re-designed single Fellows Program that would replace Population Fellows, PLP and the HCSFP. The evaluation team looked at these three programs to learn how they worked, what unique features they had, and attempted to measure the quality of some common elements. Unlike the 1992 Evaluation, there were no recommendations made for improvements JHU could make, rather there were recommendations made for improvements USAID could make for the redesigned single Fellows program.

The 2003 Evaluation, in measuring the quality of some of the three programs’ common elements, noted that the HCSFP was “extremely responsive.” The HCSFP’s successes in recruitment were noted throughout the report. USAID’s users of the program “continue to be impressed by HCSFP’s ability to find just the right candidate for every position.” HCSFP’s Mentor System was found to be superior to the other two programs. The evaluation found that the home office support was very efficient and HCSFP’s system of Monitoring and Evaluation was effective and easy to use. The evaluation noted HCSFP’s small staff in comparison to the other two programs and the impressive cost efficiencies that resulted from the smaller staff size of HCSFP.

The 2003 Evaluation noted that the HCSFP had not improved diversity within the Bureau for Global Health. Because HCSFP had provided every USAID selection committee with a well-qualified and diverse slate of candidates from which to choose, the National Secretariat requested USAID Senior Management to *require* USAID’s hiring managers (e.g. the Chairs of Fellowship selection committees) to interview at least one qualified minority candidate in every nominated slate of candidates. USAID’s hiring managers responded by interviewing the minority candidates presented by HCSFP; some of those

candidates were selected for placement in a Fellowship assignment. HCSFP's diversity component became highly successful.

**9. 2003-2006: Health and Child Survival Interns:** The National Secretariat initiated a six-month internship program in 2003. This program selected the most outstanding minority public health professionals and found ideal assignments for them at USAID or at another international agency where they could gain needed international experience that would help them start a career in international health. The program was limited both by the availability of funds and well-matched candidates but we were able to place six interns, or two per year over the life of this three year activity.

### **III. Final Activity Report: Agreement HRN-A-00-01-00001-00 – Health and Child Survival Fellows Program (HCSFP).**

Agreement HRN-A-00-01-00001-00 was awarded effective January 31, 2001 for five years. Prior to its projected end date of January 30, 2006, the Agreement was extended until September 30, 2006 and extended once again until March 31, 2007. The reason for these two extensions was to provide the new bureau-wide Global Health Fellows Program the time needed to become operational. The Agreement was modified 25 times for a total award of \$25,036,018.

Seventy-six Health and Child Survival Fellows were supported under this agreement. Some of those 76 rolled over from the prior agreement for the HCSFP. Some of those 76 rolled over to the new Global Health Fellows Program. However most of the Fellows supported under this agreement completed their Fellowship and moved into a career appointment with USAID or other international agency.

This report represents the end of a highly successful program. The purpose of the program, as described in the Program Description of the CA, was to

Develop a U.S. cadre of field-experienced technical experts committed to careers in child survival and international health while enhancing the effectiveness of developing country health, nutrition and population programs. Through this program, junior and mid-level experts are identified, placed, backstopped, and supervised in field assignments that will contribute to the cross-sectoral, capacity-building efforts of USAID and its partners as well as to the career development and commitment of the experts themselves.

The ultimate measure of success for this Fellowship program, then, would be the attainment of its goal of developing a U.S. cadre of field-experienced technical experts. Under this program, eighty-two percent of the Fellows who completed their Fellowships are currently working in positions in international health and credit the Fellowship experience as being an important factor in their holding their present positions. Seventy-five percent agree that the Fellowship helped to create a post-Fellowship network of international health professionals. Fellows agree that their Fellowships met their expectations coming into the Program.

Finally, 94% agree or strongly agree that they would recommend the Health and Child Survival Fellows Program to their colleagues, if it were continuing in its current form.

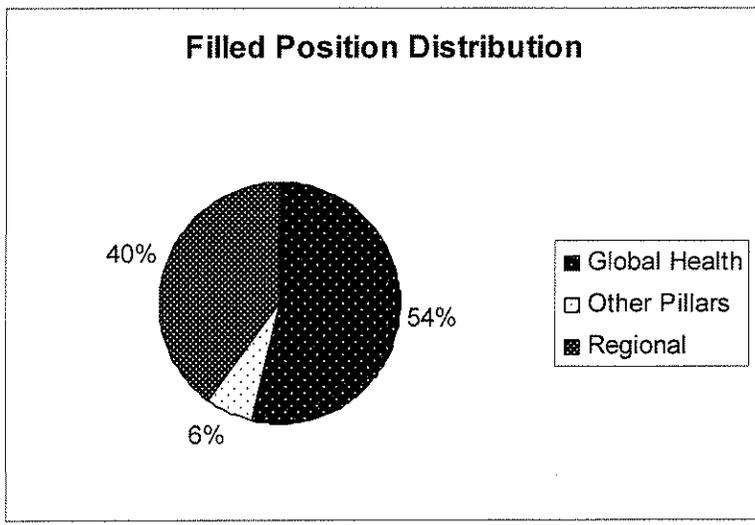
#### **A. Specific Activities of the National Secretariat and Results:**

**1. Identification of Assignments:** “The recipient, in collaboration with USAID, will identify suitable assignments for HCS Fellows. Among the essential criteria for assignments will be (1) relevance to USAID’s health and/or child survival objectives and

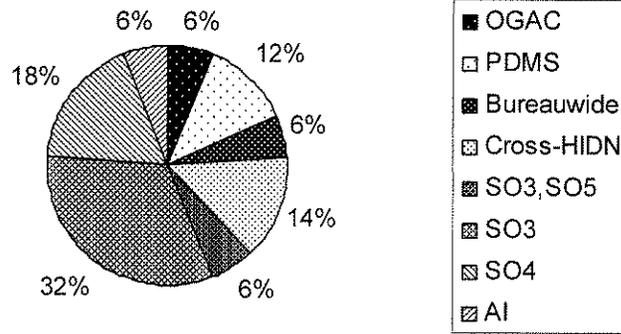
potential for contribution to the health of populations in the developing world (2) significant field experience as part of every assignment, including those based in the U.S. (3) Preference given to two year assignments and (4) restricted to exclude activities which must be performed by direct-hire staff of the U.S. Government.”

USAID identified possible Fellow assignments for discussion with the National Secretariat. The NS developed or modified a scope of work so that it was an appropriate position description for a Fellow with activities and duties that could be performed by USAID non-direct hire personnel at the professional level of our Fellows. Because the CA states that the program is tasked with “Attracting new talent to careers in international health” it is important that the position description be written so that it can be accomplished by someone who has never previously worked at USAID.

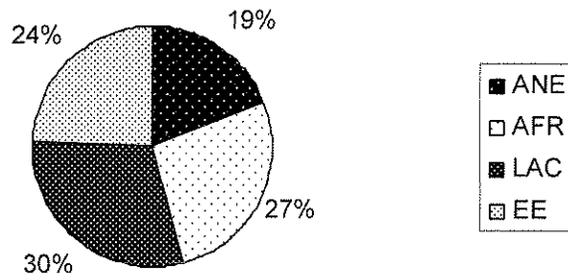
- **Results 1:** *Relevance to USAID’s health and/or child survival objectives and potential for contribution to the health of populations in the developing world.* Assignments for HCS Fellows were entirely in health and/or child survival and were evenly distributed among Pillar Bureaus and Regional (46% pillar, 54% regional). Because all assignments must be relevant to USAID’s health and/or child survival objectives, Pillar assignments were overwhelmingly GH as health activities are concentrated in GH, but other pillars work in health as well, so there were a few assignments in DCHA, EGAD and PPC. GH placements were spread throughout the bureau (with the exception of PRH), with the largest concentration in SO3, followed by SO4 and cross-HIDN. Regionally EE was the largest customer, although all but one of those assignments was in Washington. Overseas placements were evenly divided among LAC, ANE and AFR.

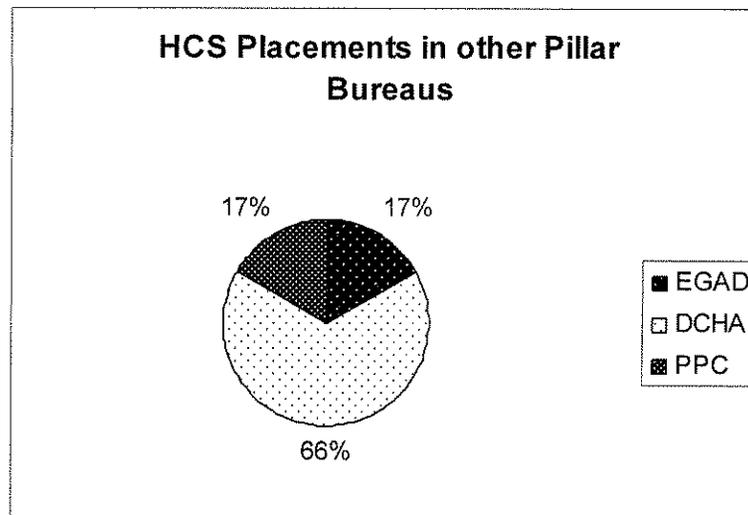


### HCS Fellows Placed in GH



### Regional HCS Placements





**Results 2:** *Significant Field Experience in Every Assignment, including those based in the U.S.* All DC-based Fellows traveled and the National Secretariat believed that all Fellows achieved “significant” field experience. In the survey of Fellows, one question asked “Would you agree/disagree that during the Fellowship you had adequate field experience structured to comply with your annual work plan and meet your professional development goals?” Eighty-five (85.2%) percent of respondents somewhat agreed, agreed or strongly agreed that that they had adequate field experience.

**Results 3:** *Preference given to two-year assignments:* Seventy-three percent of the Fellows supported under this agreement had two-year assignments; 27% extended their assignments beyond two years. It should be noted, however, the assignments of some of the two-year Fellows were rolled into the Global Health Fellows Program while they were still in their first two years; if these Fellows extend, it would be under the new program.

**Results 4:** *Restricted to exclude direct-hire activities:* The National Secretariat believes that USAID and HCSFP Fellows consistently followed USAID and JHU policies regarding the appropriate role of Fellows (e.g. non-direct hire USAID staff.). Although USAID consistently enforced its own policy regarding the role of Fellows, 28% percent of the Fellows did report that USAID saw them as “staff” rather than Fellows. Eighty-two percent of the Fellows agreed, however, that both JHU and USAID viewed their role as Fellows as a learning experience for them as intended

## **2. Recruitment, Review and Selection of Fellows:**

- **Objective: Candidate Roster:** (1) “Recipient will establish a roster of applications, organized to be retrieved by academic training, area of geographic interest and expertise, language skills, other skills and experience. (2) Efforts to recruit Fellows from the broadest range of sources will be employed. (3) The

recipient will maintain contact with roster applicants to ensure that individuals will be presented various opportunities throughout the program.”

**Result 1:** *Recipient will establish a roster of applications, organized to be retrieved by academic training, area of geographic interest and expertise, language skills, other skills and experience* The candidate roster consisted of Fellowship applications entered into a searchable and friendly Microsoft ACCESS format, searchable in all areas listed in this objective. The Roster averaged 700 fully qualified international health professionals, organized and searchable so that candidates could be matched with and contacted for assignments.

**Result 2:** *Efforts to recruit Fellows from the broadest range of sources will be employed.* The roster included residents from all 50 States, and the broadest possible range of institutions, including graduates of 28 minority serving institutions.

The National Secretariat developed 29 Collaborating Institutions. These institutions promoted the program, recommended candidates, and made arrangements for the Director or for one of the Fellows to meet with students and faculty during a site visit. Collaborating institutions were important to the recruitment success of the program. Fellows often stated that they first heard of the program while they were matriculating through their graduate program; it was no accident that the Fellows had such early contact with information about the program, even though the average Fellow was five years out from the graduate program.

- **Result 3:** *The recipient will maintain contact with roster applicants to ensure that individuals will be presented various opportunities throughout the program.”* JHU was in regular contact with roster candidates, who received notices of program opportunities and who were always invited to meet with the Director and to discuss process, etc, with him by phone or in person. The Director traveled to meet with candidates, who were notified of opportunities to meet with him at professional meetings or at campus visits. Ninety-six percent of the Fellows stated that the National Secretariat was pro-active in the recruitment process. One Fellow stated that “I was able to pick up the phone at any point during the recruitment process and obtain immediate and detailed feedback on the specific positions I was interested in and or the shortcomings of the applications which were not selected for employment. This support and feedback ultimately led to my selection for a position which I found to be ideally suited to my interests and experience.”
- **Objective: Diversity:** (1) *“The recipient will be expected to develop a plan for actively encouraging minority participation in the Fellows Program.* (2) Expected diversity results were that the program would “look like the United States”, thus the expectation was that minority participation in the Fellows Program would be

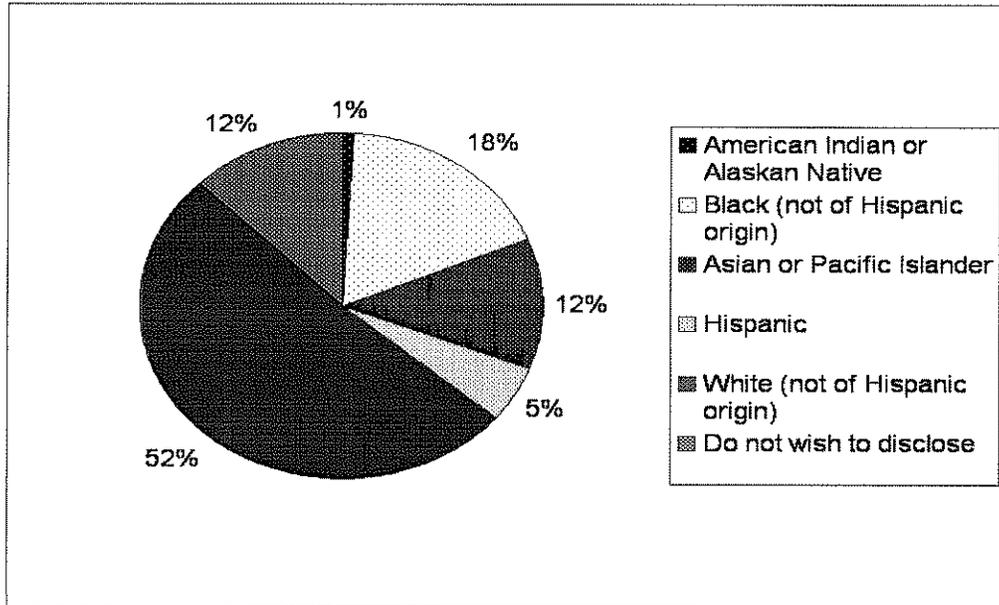
at least equivalent to national demographic statistics. JHU interpreted “minority participation in the Fellows Program” to mean minority participation in all aspects of the program, e.g. the candidate pool as well as successful placements by minority individuals in the Fellows Program itself. USAID and JHU were especially concerned about the lack of participation by African Americans in its programs.”

**Result 1: Plan for Actively Encouraging Minority Participation:** The program asked JHU for financial help with minority recruitment and participation. JHU stepped up and responded by providing the program with a total of \$428,970 over the five years of this agreement to partially fund the program’s diversity initiative. These additional funds were crucial to the program’s great success of exceeding expected diversity results in both the candidate pool and in Fellows placed. Details of the program’s successful diversity initiative will be described in the final report but the Plan for Encouraging Minority Participation included 1) Information and Communication to minority audiences and individuals 2) Academic Training in International Public Health 3) Recruitment and Placement of outstanding minority individuals in MSI focused internships 4) Coaching minority individuals on the application and selection process and 5) Helping USAID selection committees in this process.

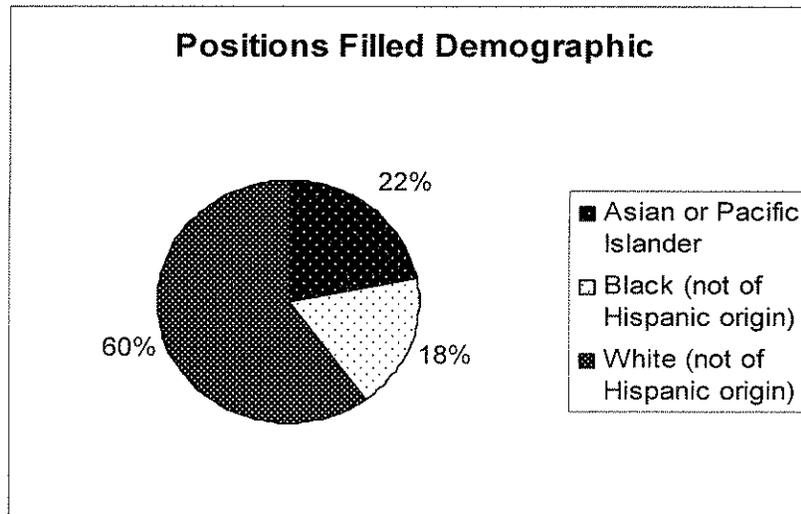
**Result 2:** Minority participation in the candidate pool exceeded statistical expectations, e.g. black=18%, Hispanic=12% and Native American=1%.

The National Secretariat developed 29 Collaborating Institutions including six historically black colleges. All collaborating institutions promoted the program, recommended candidates, and made arrangements for the Director or for one of the Fellows to meet with students and faculty during a site visit. Collaborating institutions were important to the recruitment success of the program. Fellows often stated that they first heard of the program while they were matriculating through their graduate program; it was no accident that the Fellows had such early contact with information about the program, even though the average Fellow was five years out from the graduate program.

### Candidate Pool End Report



**Result 3:** Fellows selected and hired exceeded statistical expectations for African Americans. White (not Hispanic) was 60%; Black (not Hispanic) was 18% and Asians were 22%. Hispanic=0%. These figures include Fellows and do not include our MSI interns.



### 3. Orientation, Mentoring, Evaluation, and Supervision

**Objective:** “Recipient will make all arrangements to prepare for the placement to include 1) Orientation, 2) Mentoring, 3) Evaluation and 4) Supervision”

- **Objective: “1. Orientation** will introduce Fellows to the HCSFP office Administrative Procedures, orient them to the USAID organizational structure and begin to prepare them for their assignment and when appropriate, to life overseas. For Fellows assigned to the field, a two-to-three day orientation including briefings with USAID individuals knowledgeable about how country or region programs will be organized.”

**Result 1:** In addition to the half-day orientation at the HCSFP office (which included a discussion of professional development and continuing education opportunities available, contract signing, hiring, benefits orientation, security briefing, review of USAID organizational structure, issuing of computers, procedures for travel, for procuring supplies, for claiming expense reimbursement, review of budget, and numerous “how to do things” briefings), USAID provided Fellows with an orientation and JHU often provided Fellows with pre-hire activities such as program document review, travel to meetings, and travel overseas to familiarize the Fellow with a strategic objective or a country or region.

Ninety-six percent of the Fellows agreed that the orientation to JHU and the HCSF Fellowship had provided them with the necessary information on JHU salary, benefits, employment policies, logistical support, administrative and management procedures. As one Fellow stated: “The HCSF was highly organized and efficient. The orientation was smooth, and they had binders and books prepared with all of the information I needed. The staff was always available if I had questions.”

Seventy-six percent of the Fellows reported that the orientation to USAID contained all of the necessary information, a strongly positive response.

- **Objective: “2. Mentoring:** at least one senior professional at USAID whose interests and experience are relevant to the Fellow and his/her assignment and who is willing to take an active role in the Fellow’s career development will be assigned as the Fellow’s career development will be assigned as the Fellow’s mentor. The specific roles and responsibilities of each mentor will be included in guidance that will be attached to the Fellow’s work plan.”

**Result:** All Fellows were assigned mentors. Some mentors were ideal and have maintained something like a mentor role with their Fellows even as their Fellows left and moved up the ladder of responsibilities. Other mentors either did not understand, or did not accept the role that was expected of them and seemed to think of Fellows as being the same as all other subordinate staff in the office. More than two-thirds (70%) of the Fellows responded favorably on the mentoring experience. However, with approximately one-third of the Fellows (30%)

reporting a negative experience, in relation to other support tasks, mentoring could be considered less than successful.

- **Objective:** “The Mentor and Fellow will jointly develop a workplan within three months of the initial assignment and annually thereafter. The workplan will be organized to capture the Fellows activities as they relate to the assignment objectives. TDY and leave will be identified and included in the work plan to whatever extent possible. The mentor and the mentor’s supervisor will sign off on the workplan. “
- **Objective:** “The recipient is encouraged to identify a **simple Mentor Support Plan** that will incorporate tools, techniques and opportunities to encourage the mentorship aspect of the program.”

**Result:** JHU developed a **simple Mentor Support Plan**. Results with the workplan were mixed with a more detailed analysis to be presented in the final report. Some, but not all, mentor-Fellow teams developed workplans. Some appreciated the simple, easy to use workplan, but others complained that it should have been much longer and more complex. Plans for the Fellow’s **Professional Development** activities were incorporated into the Workplan.

More discussion on Mentoring is in Section IV: Survey Report

- **Objective 3. Evaluation:** “Fellows will be evaluated annually based on workplan progress. Mentors will complete a standard PHN Center evaluation form using input from colleagues, counterparts and senior staff. Both mentors and mentors’ supervisors will sign the evaluation before submitting it to the Program Director who will review the evaluation.”

**Result:** JHU utilized the standard PHN Center form throughout the project. The form was generally appreciated by all. Because JHU personnel policy requires an annual evaluation to be tied to an annual salary increase, Fellows had an incentive to facilitate the completion of the annual evaluation.

- **Objective: 4. Supervision:** “The Program Director will be responsible for supervision in collaboration with the Mentor and regular contact with the Fellow throughout the assignment. As Supervisor, the Program Director will receive and review Fellow’s evaluations and discuss it with the Fellow. If necessary the Supervisor will identify any problems, administrative or otherwise, inform the CTO, and take corrective action.”

**Result:** The program director did maintain regular contact, served as an ad-hoc mentor when needed, solved problems, worked in tandem with the mentor to enhance the value of the Fellowship to the Fellow and to the Agency, and in particular, was available to assist the Fellow in achieving **professional development goals**.

Section IV: Survey Report goes into greater detail on supervision.

#### **4. Monitoring and Evaluation:**

**Result:** JHU provided USAID with tools to monitor the program including the Quarterly Technical Report, a Monthly Status Report, Bi-weekly Reports, Quarterly Travel Report, Annual Results Review, and Quarterly Financial Reports, Professional Development Reports, and other reports as needed or requested.

**Evaluation:** JHU surveyed the 76 Fellows supported under this agreement and analyzed the results of this survey as part of the final report. The survey and analysis is in Section IV: Survey Report.

#### **B. Recommendations and Lessons Learned:**

1. Management of USAID's international health fellowship program should be placed under the responsibility of an academic institution with credibility in the field. A prestigious international health academic institution (such as the Johns Hopkins Bloomberg School of Public Health) will attract the best and the brightest to federal government's premiere international health organization. Ninety-one percent of the Fellows indicated that the affiliation with Johns Hopkins was important to them. USAID's arrangement with JHU ensured a steady supply of highly motivated and well-trained technical advisors. The fact that a large majority of those Fellows have entered regular USAID employment demonstrates USAID's success in retaining the Fellows who were attracted by the promised affiliation with Johns Hopkins.
2. The program should continue to offer assignments similar with USAID/Washington and USAID field offices.
3. Improve the Mentoring Program: While a majority of Fellows reported that they had mentors that were helpful, too many Fellows had a negative mentoring experience. USAID policy defines the role of mentor and also requires Fellows to have mentors. USAID staff that serve as mentors should be offered training on helping subordinates to develop in their careers.
4. Improve the USAID orientation: Many Fellows took a USAID training course offered by CEDPA and reported that it was excellent. Not all Fellows had this opportunity. A course like this should be required
5. Improve or regularize professional development offerings for Fellows: Conscientious mentors struggled to find appropriate professional development activities for their Fellows. These were almost never "in-house" and whether a Fellow had such opportunities was based on how the mentor understood his/her role vis-à-vis the Fellow.

6. USAID should make clear the role of Fellows: The underlying recurring concern brought up in respondents' comments on items throughout the survey was the conflicting views on the Fellow's role, i.e., was it a Fellowship or was it a regular staff position made possible through a special employment mechanism? The lack of agreement on the Fellow's role weighed heavily on the areas identified as most in need of improvement.



**THE HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM**  
**Did it meet its objectives?**

**Survey Report**

**Norma W. Wilson, MS, DrPH**

**May 30, 2007**

**The Health and Child Survival Fellows Program**  
**Institute for International Programs**  
**Johns Hopkins Bloomberg School of Public Health**

## ACKNOWLEDGEMENTS

Johns Hopkins University Institute for International Programs gratefully acknowledges the following for their valuable contributions to this Survey of the Health and Child Survival Fellows.

**Focus Group:**

Former JHU Fellows Billy Pick, Kama Garrison, Misun Choi, ThuVan Dinh, D'Arcy Richardson and Stephen Lee served as the Focus Group for the Survey's design and pre-tested the draft survey.

**Survey Monkey:** John Seeley learned the software program Survey Monkey and entered the questionnaire into the program and monitored the progress of the survey responses

**Worrier:** Paul Seaton, as Director of the Program, could do nothing about this survey but stand back and watch as the Survey was designed, administered, and analyzed. He hoped for a good response rate and useful results.

**Value of the Program in finding post-Fellowship positions:** It is important to know if the HCSF experience contributed positively to obtaining an IH position upon the Fellow’s completion of the Program.

Table 9 Would you agree/disagree that the Fellowship experience contributed to your obtaining a position in international health?

	<b>RESPONSE PERCENT</b>	<b>RESPONSE TOTAL</b>
Strongly Disagree	2%	1
Disagree	0%	0
Somewhat Disagree	0%	0
Somewhat Agree	7%	3
Agree	22%	10
<b>Strongly Agree</b>	<b>69%</b>	<b>32</b>
<b>Total Respondents</b>	100%	46
(skipped this question)		15

Clearly the Fellowship played an important role in Fellows’ post-Fellowship employment experience, especially so as many continued on with positions within USAID under a staff employment mechanism. A few Fellows commented that their Fellowship experience uniquely provided them with valued experience desired by the Agencies or contractors with whom they were working. The Fellowship provided a rich experience and opportunity for those desirous of continuing on in IH work.

**Post-Fellowship networking opportunities:** This question sought information on whether the Fellowship provided the opportunity for creating a personal professional network in international health?

Table 10 Would you agree/disagree the HCSF Program has created post-Fellowship networking opportunities for you in the international health field?

	<b>RESPONSE PERCENT</b>	<b>RESPONSE TOTAL</b>
Strongly Disagree	0%	0
Disagree	7%	3
Somewhat Disagree	9%	4
Somewhat Agree	9%	4
Agree	26%	12
<b>Strongly Agree</b>	<b>49%</b>	<b>23</b>
<b>Total Respondents</b>	100%	46
(skipped this question)		15

Three-fourths of the Fellows agree or strongly agree that the Fellowship created networking opportunities for them. Those who were less sure commented that this was in part because they did not take advantage of the opportunities. A network is a crucial asset when working within the Agency and among the global and bilateral agencies,

governments and institutions in international health. The Fellowship has been successful in helping Fellows make contacts that will help them achieve their objectives.

**Meeting pre-Fellowship expectations:** It is important to know if the pre-Fellowship expectations of the applicants were met by the actual Fellowship experience. A lack of agreement could indicate the pre-program information did not provide a clear picture of the experience or a lack of clarity in the Program goals, objectives and implementation.

Table 11 Would you agree/disagree that: the Fellowship met your pre-Fellowship expectations?

	<b>RESPONSE PERCENT</b>	<b>RESPONSE TOTAL</b>
Strongly Disagree	2%	1
Disagree	2%	1
Somewhat Disagree	0%	0
Somewhat Agree	14%	8
<b>Agree</b>	<b>43%</b>	<b>26</b>
Strongly Agree	39%	23
Total Respondents	100%	59
(skipped this question)		2

The majority of Fellows (82%) agrees or strongly agrees that the Program met their expectations. There were 11 comments which ranged from “it actually exceeded my expectations”, “I was hoping for more mentoring in this Fellowship than I received. Other than that, it got me exactly where I wanted to go, and for that I am grateful!” to “the Fellowship met my expectations from the JHU side, however, not from the USAID office side”. Given the strong positive response on this item, it would seem the candidates’ expectations entering the Fellowship were both realistic and met.

**Would you recommend the Fellowship?** We hypothesized that if the Fellowship was a positive experience, a Fellow would recommend it to others. We asked Fellows, “if the Fellowship as they experienced it were to continue, would they recommend it?”

Table 12 Would you agree/disagree that were the HCSF Program continuing as you knew it, you would recommend it to a colleague?

	<b>RESPONSE PERCENT</b>	<b>RESPONSE TOTAL</b>
Strongly Disagree	0%	0
Disagree	3%	2
Somewhat Disagree	0%	0
Somewhat Agree	3%	2
Agree	18%	11
<b>Strongly Agree</b>	<b>76%</b>	<b>46</b>
Total Respondents	100%	61
(skipped this question)		0

There is almost unanimous agreement among the Fellows (94%), who agree or strongly agree that they would recommend the Program as they experienced it were it to continue. The following comments speak for the others who commented: “I recommend this to everyone. It was an amazing experience overall.” “It was an excellent program and I would certainly recommend it.” Our hypothesis held true, Fellows would recommend the program if they had a positive experience in the program.

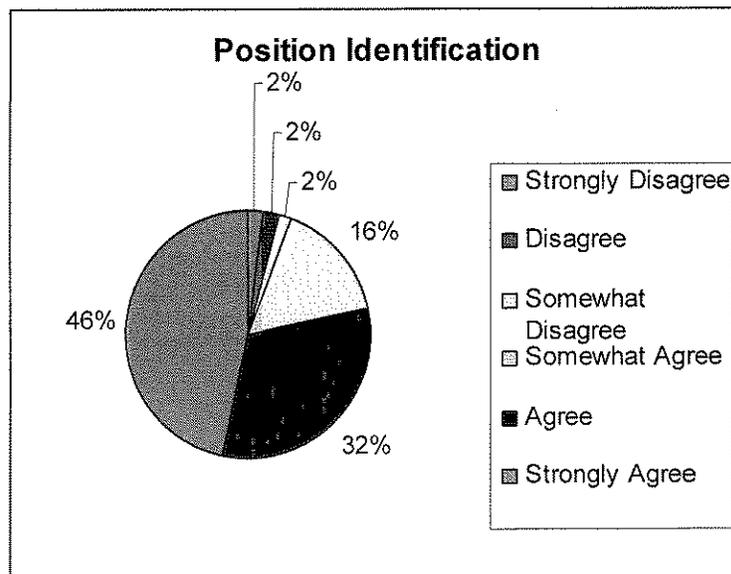
**V. Part II Results: The HCSF Program administrative and management support.**

This section focused on the administrative, management and logistical support provided primarily by the HCSF Secretariat. There were nine main support functions and questions were asked on each of the functions. An overall score for each function is provided in the following results; results on the individual items are found in Annex I. Analysis of the functions results finds there is a strong skewed effect, with most responses consistently falling in the “agree” or “strongly agree” categories of the response scale, a most unusual response pattern. Additionally, there are only 1 or 2 responses consistently in the strongly disagree or disagree categories. As this is so consistent and represents only from 1 – 2% of the total responses, this result will not be discussed other than to note it exists; findings will be discussed when there is an increase for these categories of response on any one item.

**V.1. Identification of HCSF positions:** USAID identified possible Fellow assignments which were then discussed with the Director of the HCSF Program and a position description was developed jointly by HCSF and USAID. Among the characteristics of an appropriate Fellow assignment were the following:

- the position met the Fellow’s career development goals
- the actual position responsibilities matched those in the job description
- the position job responsibilities made use of the Fellow’s previous skills and knowledge
- the position’s responsibilities provided an opportunity for the Fellow to learn new skills and knowledge

Overall the evaluation on the appropriateness of the positions was extremely positive (94%) with three-fourths agreeing or strongly agreeing and only a few somewhat agreeing (16%). The one item that had a somewhat higher number of responses (28%) in the “somewhat in agreement” category was whether the actual position responsibilities matched those in the job description.



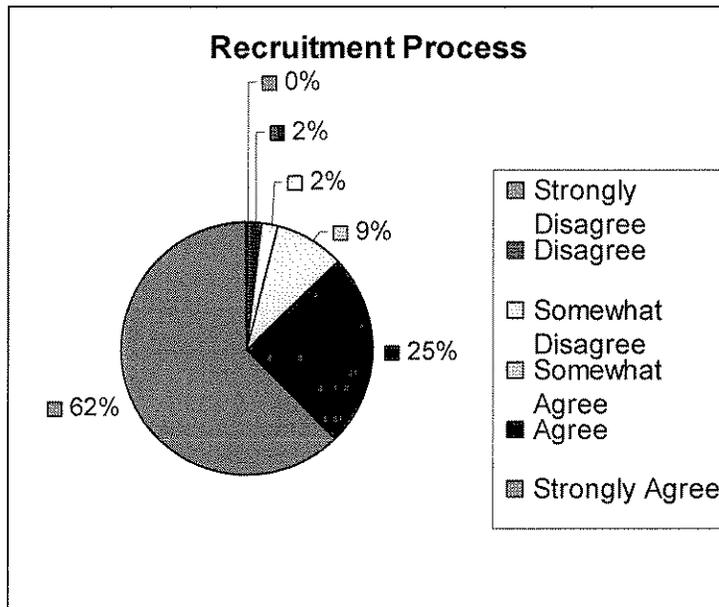
Even when the Fellows found the actual position responsibilities to be different than anticipated they did not view this negatively, rather they still found the position provided a valuable learning experience.

**V.2. The Fellow recruitment process:** An active recruitment process would have the following characteristics, i.e., it would:

- Actively seek out appropriate candidates for positions
- Be accessible to candidates to respond to their questions
- Provide needed and desired information to the candidates
- Have a reasonably short recruitment time from the first contact for a specific position until being offered the position

Another dimension in the recruitment process is institutional and peer identification, that is, how positively or negatively the employing institution (JHU) and potential peers would be rated from the candidate’s point of view.

Again there is a strong, positive agreement (96%) among the Fellows that over all the HCSF Secretariat had done an excellent job in recruiting for the HCSF positions. In their comments Fellows emphasized the HCSF Director as being a highly skilled recruiter who maintained contact even when there were no specific positions being recruited. Being able to contact the Secretariat freely and receiving requested and appropriate information was a strong factor in the Fellow’s choice to commit to the HCSF Program.



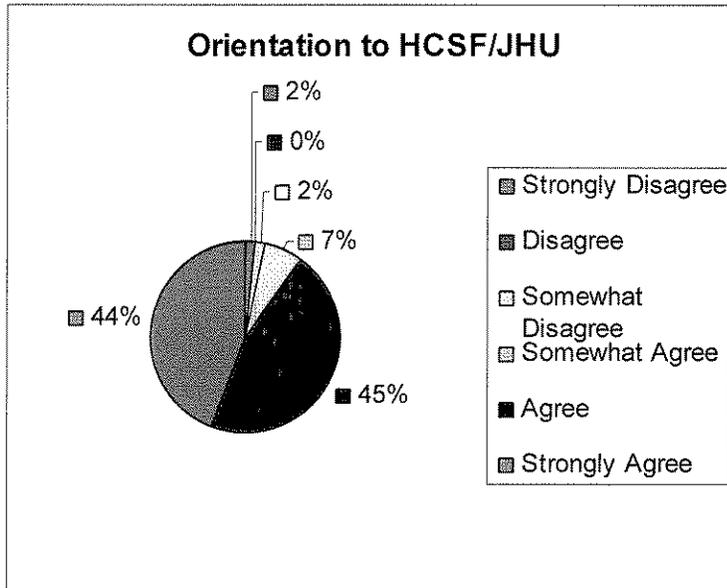
Most agreed the recruitment process went quickly with the caveat that the aspects that JHU could control went quickly while the USAID Agency process requirements and security clearances went less quickly. Positive institutional identification played a strong part in Fellows views of the program, either because they had attended the Johns Hopkins Bloomberg School of Public Health and respected the Program and faculty, while there learned of the HCSF Program, or because of the excellent national reputation of the School. Equally there was strong positive peer identification as Fellows judged the other HCSF Fellows as being bright, highly qualified and motivated professionals.

**V.3. Orientation:** Orientation to a new position and work environment is an important step when beginning a work experience. In the case of the Fellowship there were two aspects to the Fellows’ orientation, the employer’s (JHU) policies, procedures and office

support staff and the USAID Agency, its policies, procedures, organizational structure and key staff. The survey asked just two questions on orientation, did the Fellow agree or disagree that in the first six months of the Fellowship that the Fellow's orientation to:

- the Johns Hopkins University and HCSF Program provided the necessary information on salary, benefits, employment policies, logistical support administrative and management procedures?
- USAID provided the necessary information on USAID organizational structure, key personnel, policies, procedures and physical environment to facilitate doing your job?

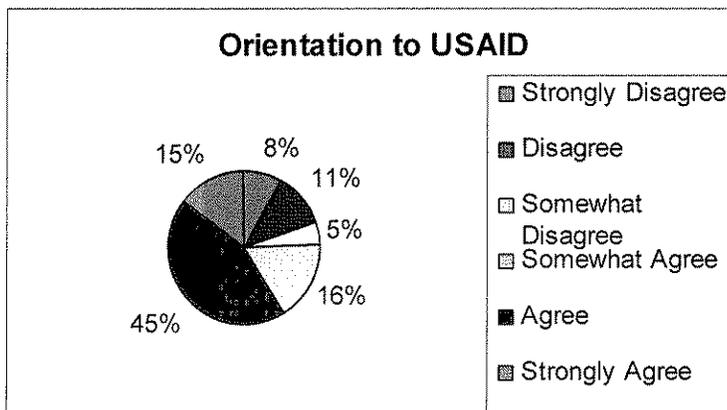
On combining the responses to the two questions a strong majority (86%) agreed they had received adequate information with a few, (14%) disagreeing. Upon separating the responses to the two questions most HCSF Fellows (96%) agreed that the orientation to JHU and the HCSF Fellowship had provided them with the necessary information on JHU



salary, benefits, employment policies, logistical support, administrative and management procedures. One of four Fellows commenting gave reasons why the orientation had been found to be effective, "The HCSF was highly organized and efficient. The orientation was smooth, and they had binders and books prepared with all of the information I needed. The staff was always available if I had questions".

In analyzing the responses to the USAID orientation, one finds that a good majority (76%) of Fellows found they had received the necessary information on USAID organizational structure, key personnel policies, procedures and physical environment to facilitate doing their job.

This is a strongly positive response, although nearly one-fourth of the Fellows thought they had not received the necessary information. The fifteen Fellows who provided comments may provide some



additional information on the responses; their comments seemed to fall within 3 categories:

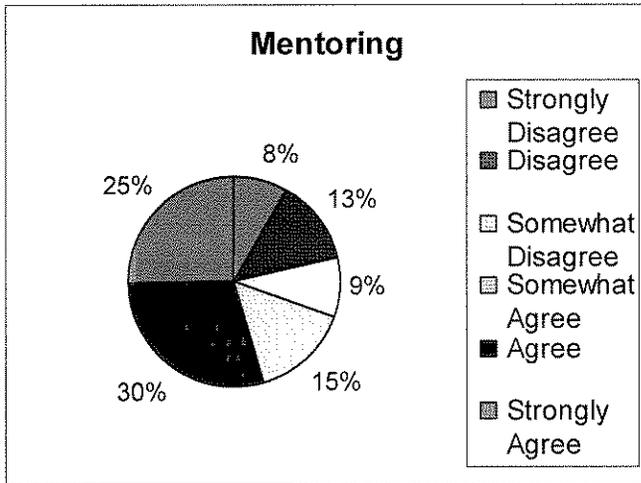
- Several had taken the CEDPA course on USAID. Those who had taken it early in their experience found it helpful. Fellows who did not take it until 1 year or more into the Fellowship and did not find it helpful.
- Other Fellows stated they had received no orientation from co-workers or a structured program. This resulted in learning by doing things incorrectly the first time and that they were unnecessarily inefficient the first 6 months in the position.
- There were Fellows who commented on the complexity and ever-changing nature (re-organization, etc., ) of USAID inferring that no matter what orientation, it simply takes time measured in months and years, to attain the necessary information to work efficiently and effectively.

In summary, Fellows thought HCSF provided the Fellows with the necessary information in their orientation to their employer and the HCSF Program. Although a good majority of Fellows also responded positively on their orientation to USAID, a relatively large minority found their productivity initially hindered by lack of orientation to their new work environment and its policies and procedures. Arguably the complex and ever-changing environment at USAID presents particular challenges for orienting newcomers to their positions yet the loss of productivity through lack of basic knowledge of the new workplace and processes might be something that the Agency would want to try to improve.

**V.4. The Mentoring Program:** HCSF Fellows, as JHU employees, could only be supervised by JHU, in this instance, the staff of the HCSF Secretariat in the person of the HCSF Program Director. However perhaps a more important role for a Fellowship position is that of a mentor, an advisor, teacher, coach, to guide the Fellow through the learning experience. To provide this dimension to the HCSF experience, each Fellow was assigned a USAID staff member to be the Fellows mentor within the Agency. We hypothesized that a mentor would:

- Be available and accessible to respond to questions and provide support
- Meet with the fellow to develop the annual work plan and provide an annual evaluation
- Provide guidance and support in finding a post-fellowship position
- Be a strong factor in the Fellow reaching his/her career development goals for the Fellowship

Mentoring of the Fellows by USAID staff was one of the most important HCSF Program support tasks and overall, more than two-thirds of the Fellows (70%) responded favorably on the mentoring experience. However, with approximately one-third of the fellows (30%) reporting a negative experience, in relation to other support tasks, mentoring could be considered less than successful.



Actions by mentors that Fellows found helpful were the mentor's availability and accessibility to them for questions, support and discussion. Fellows found that openness by the mentor to their learning needs and career development goals and making job experiences possible to accommodate them as being particularly helpful. Fellows also commented that facilitating and ensuring movement into a USAID supported position at the end of the

Fellowship was very helpful. Several USAID staff were identified by name as having been excellent mentors.

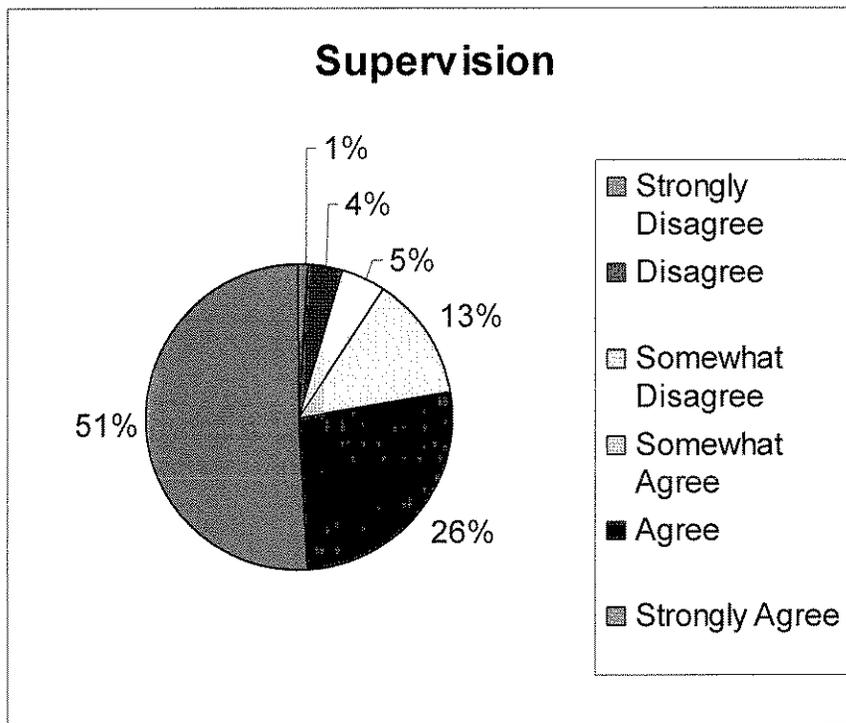
Some Fellows who found the mentor experience less positive, commenting there appeared to be a lack of clarity and understanding of the mentor role on the part of USAID staff; others commented on what they perceived to be a lack of interest on the mentor's part. Some Fellows had a succession of mentors within a relatively short period of time or were left with no mentor at all due to frequent changes in USAID staff. There was also some confusion on the Fellows' part on the mentor position. Several identified the HCSF Program Director as their mentor while stating he had focused primarily on administrative and management support (appropriate in his supervisory role) inferring that they did not receive much technical support which in fact was the USAID mentor's role.

Overall the mentor position concept was seen to be more favorable than negative. However, as it was implemented, it was not totally successful and the reasons for that seem to be both "person dependent" and to be an institutional issue. It can be hypothesized that there were some individuals who did not have an interest or an aptitude for the mentoring role but may have had no choice on being a mentor. The other aspect, that of an institutional issue, is more far reaching. There was no official, formal orientation to prepare USAID staff for the mentor role nor was the mentor role seen as a part of their job descriptions and therefore included in their job performance evaluations. In looking to the future, this is an important aspect that should be considered when designing a project that needs to rely heavily on the mentor role. Orientation of the Agency staff to the mentor role and explicit institutionalization of the role in job descriptions with recognition and rewards for a performance done well by the professional staff could be helpful in achieving a more successful implementation of the concept.

**V.5. Supervision:** As discussed previously, the HCSF Program Director acted as the Fellows' supervisor. Fellows were asked to give their opinion whether their supervisor:

- Made himself accessible to them
- Had regular and frequent contact with them
- Was aware of their job satisfaction and progress towards their learning objectives
- Provided comments on their annual work plans and evaluation
- Discussed any issues related to their Fellowship with the Fellow's mentor and the HCSF Program CTO
- was knowledgeable and supported USAID policies and procedures as they related to the Fellowship and the Fellows' responsibilities.

The supervision dimension received a positive overall assessment by the Fellows (agree/strongly agree, 26%/51% respectively; 13% somewhat agree). Reasons given were that the HCSF Director, their supervisor, was available and accessible to them



(100%) and most agreed (95%) that they had regular contact with him. Written comments praised the Directors support, availability and skilled supervisory interventions. Nearly all Fellows (93%) agreed that their supervisor was aware of their job satisfaction and progress towards their personal learning objectives. An area to be considered for strengthening is that of supervisory

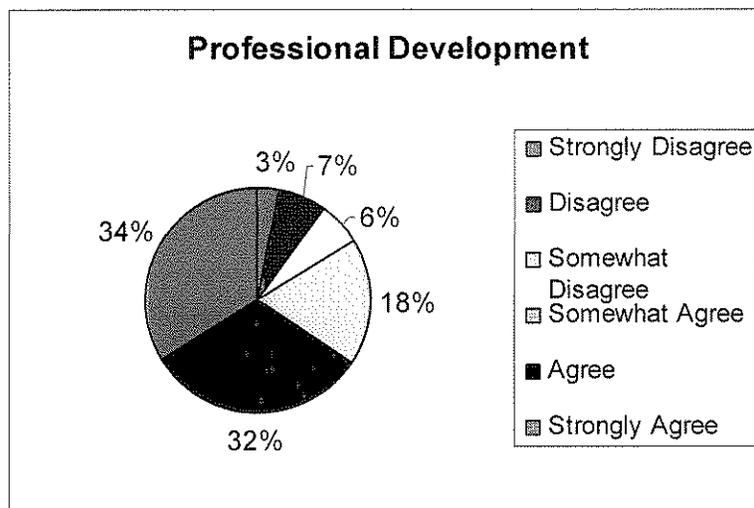
feedback on Fellows' work plans and evaluations. Although three-fourths agreed they had received comments on their annual work plans and evaluations from their supervisor, one-fourth of the Fellows did not agree. It was the responsibility of the mentor and Fellow to jointly develop the Fellow's annual work plan. The work plan contains specific outputs that are used to evaluate the Fellow's performance on an annual basis. Evaluation forms are completed annually by the mentor and the Fellow. The HCSF supervisor reviews both the completed work plan and evaluation, providing technical oversight and ensuring their compliance with USAID policy. The supervisor also provides feedback, as appropriate, to the Fellow. Fellows' comments on receiving feedback varied some stating they did not recall ever having an annual work plan or

evaluation; others did not recall receiving feedback. However, one Fellow stated he/she had only received an evaluation through the intervention of the HCSF Program Director. Regarding supervisory support with problems in their Fellowship, the majority (80%) of Fellows agreed that the HCSF Director would discuss any problems related to their Fellowship with their mentor and/or the HCSF Program CTO to reach a satisfactory solution. However, as most commented, this had not been necessary in their particular case but the Director would have done so had it been. The “supervisor” and “mentor” relationship in this cooperative agreement was a complex and delicate one, particularly so in carrying out the supervisor’s responsibilities. Especially important because of this complexity was the supervisor’s knowledge and support of USAID policies and procedures as they related to the Fellow’s role. Fellows agreed nearly unanimously (98%) that their supervisor, the HCSF Director, was both knowledgeable and supportive of USAID policies and procedures.

Overall, in the Fellows’ opinions, the HCSF Program Director had met his supervisory responsibilities very well. The one area of improvement is providing feedback on Fellows’ work plans and evaluations. This requires close cooperation between the cooperating agency, HCSF Program Director (JHU) and the mentor (USAID) who is responsible for working with the Fellow to complete the documents on an annual basis. This is a “process for improvement” even though a good majority (73%) agreed they had received comments from their supervisor on their work plans and evaluations.

**V.6. Professional Development:** There was funding available through the Fellowship to support the Fellow’s professional development through attendance at activities such as technical conferences, professional meetings, academic courses, distance learning, and continuing education. In a successful professional development program the Fellow would:

- know that funding was available through the Fellowship to support professional development activities.
- be encouraged by his/her mentor to participate in professional development activities related to the Fellows development and work plan objectives.
- select jointly with the Fellow’s mentor the professional development activities to attend
- participate in at least 1-2 professional development activities a year
- attend activities useful in reaching the Fellow’s development goals.



A large majority of Fellows (84%) gave a positive rating overall to the professional development program available to them. Most Fellows (98%) reported knowing that funding was available to them to attend professional development activities. A large majority of Fellows (84%) also agreed they were encouraged by their mentors to participate in

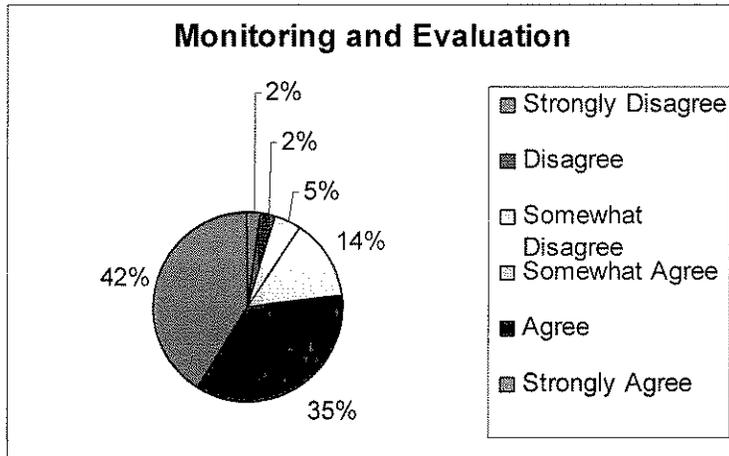
professional development activities. Nearly three-fourths of the Fellows (73%) said they selected their professional development activities jointly with their mentors. However, although a large majority (71%) of Fellows agreed they had participated in 1-2 activities yearly, others (29%) commented they knew of funding for activities but were unable to take advantage of them. The Fellows who did not participate in professional development activities or who responded negatively on other professional development items commented that their heavy work load prevented them from participating or mentors were more interested in “getting the work done” than in the Fellow’s participation in courses. Others commented that mentors encouraged participation in the USAID/CEDPA training or in USAID administrative trainings such as the CTO course but were not supportive of their attending technical training. Nearly all Fellows participating in professional development activities found them useful in reaching their professional development goals (94%). For those who were unable to attend professional development courses it would seem the lack of understanding of the Fellowship as a learning experience by some of the USAID mentors may have prevented Fellows taking full advantage of the professional development activities available to them through the Fellowship.

**V.7. Monitoring and Evaluation of the HCSF Program:** The HCSF Secretariat had a responsibility to monitor and evaluate the HCSF Program; it did this in two ways. The HCSF Program Director monitored the individual Fellow’s progress in the Program and the Secretariat staff obtained data on the overall Program. The Secretariat then prepared a report that was sent to USAID on quarterly basis. We hypothesized that to successfully report on the Program the HCSF Program Director and Secretariat staff would:

- maintain regular contact to monitor activities and work performance;
- maintain a good understanding of each Fellow’s responsibilities and performance level throughout the Fellowship;
- review the Fellows’ annual evaluations and provide feedback as appropriate;
- obtain updated data on a regular basis on any changes in Fellow responsibilities, accomplishments and new activities and,

- obtain information through a simple reporting system that would not place a burden on the Fellow.

Nearly all Fellows (91%) agree the Director and Secretariat carried out the tasks that would lead to reporting successfully on the HCSF Program. Ninety-one percent also agreed the Director maintained regular contact to monitor their activities and work performance. A large majority of Fellows (88%) said the Director maintained a good

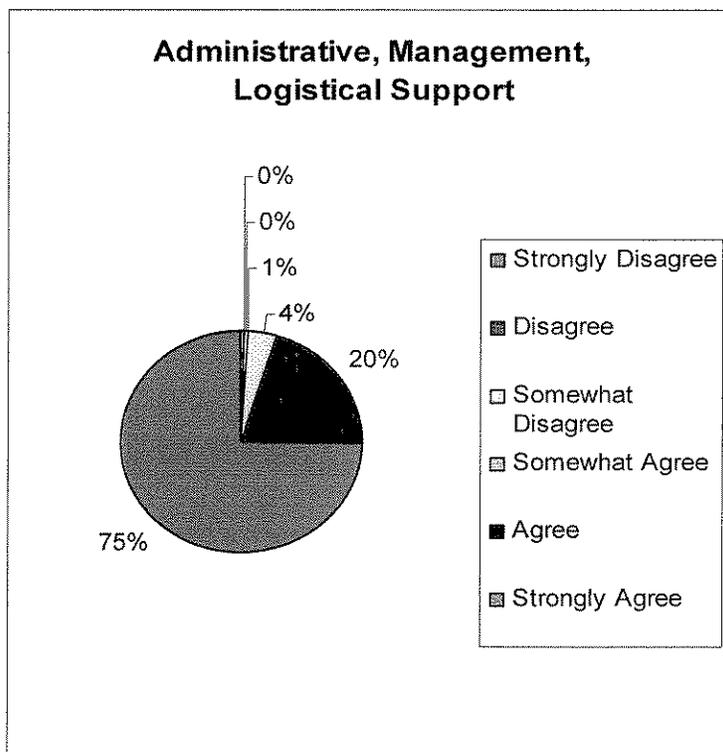


understanding of their work responsibilities and performance throughout their Fellowship. A large majority (80%) also agreed they received feedback on their annual performance evaluations from the Director. Ninety-six percent reported they were contacted regularly by the Secretariat for information on any changes in their responsibilities, job

accomplishments and any new activities. Such continuing performance oversight could have been seen as onerous by the Fellows. In fact almost all Fellows (95%) agree that the system was not labor intensive on their part. Only 3 Fellows added comments and they can be summed up in this one quote “This was the easiest and most effective reporting method ever!”

**V.8. Program Administrative, Management and Logistical Support:** Perhaps most Fellows would consider the administrative, management and logistical support provided by the Secretariat as one of the most important aspects of the Secretariat’s role. Good administrative and management support would leave Fellows free to concentrate on their technical activities and work at USAID. Fellows responded to how well the Secretariat had done on the following selected characteristics of a good management support system. The characteristics are:

- accessibility to respond to the Fellows’ requests;
- assistance in complying with the HCSF Program management and administrative procedures;
- ensuring travel advances and reimbursements are received in a timely manner by the Fellows;
- an “easy to use” equipment and office supplies requisition process;
- ensuring responses to Fellows’ requests are received in a timely manner;
- providing Fellows with the necessary I.T. equipment and any additional items needed to carry out their responsibilities;
- providing Fellows with the office supplies needed to carry out their responsibilities.



The overall rating was overwhelmingly positive (99%) on administration, management and logistical support provided by the Secretariat to the Fellows. All the Fellows (100%) said the Secretariat made themselves accessible to respond to their requests. Nearly all Fellows agreed (96%) that the Secretariat provided assistance in complying with the HCSF Program management and administrative procedures. Based on their responses, the efficient and timely provision of travel advances and reimbursements appeared to be greatly

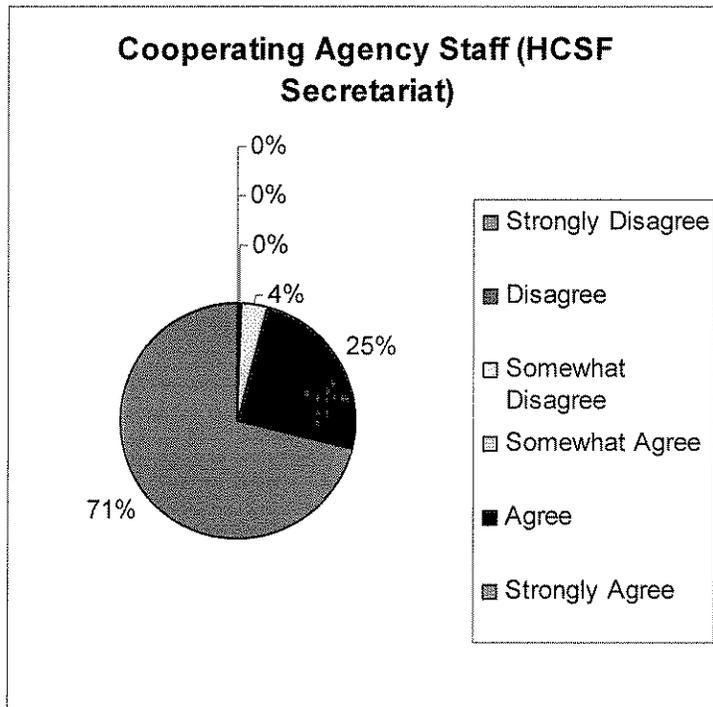
appreciated by the Fellows (98%). Comments on this item reflected how grateful the Fellows are for the Secretariat's efficiency in processing their requests. The Secretariat also received high marks (100% agreement) on the easiness of the office equipment and supplies requisition process. All Fellows (100%) also agreed they received a timely response to their requests. Nearly all Fellows (99%) agreed they had the necessary I.T. equipment and office supplies to carry out their responsibilities.

The overall rating of 99% for the administrative, management and logistical support reflects the range of individual item scores between 96% to 100% on all items. The Secretariat seems to have provided outstanding professional services in their responsibility to give administrative, management and logistical support to the Fellows.

**V.9. Cooperating Agency Staff (HCSFP Secretariat):** The Secretariat staff is responsible for carrying out the services that the Fellows rated so highly. The Project Director's responsibilities have been highlighted earlier. Equally important is the Secretariat staff that interfaced with the Fellows and carried out the services. It was hypothesized that a highly skilled administrative support staff would have the following selected characteristics. The Secretariat staff would:

- be available and accessible in person, by telephone or internet to the Fellows;
- communicate with the Fellows in a respectful and friendly manner;
- would respond to the Fellows' requests in a timely manner;
- have a basic knowledge enabling quick responses to Fellows' requests;
- have a good knowledge of its primary client's (USAID) administrative and management policies, procedures and program goals;

As can be seen in the accompanying chart, the Fellows' experiences with the Secretariat



staff result in one hundred percent agreement that the Secretariat staff was highly professional and competent. All Fellows (100%) found the staff available and accessible to them. Nearly all Fellows (98%) found that the Secretariat staff communicated with them in a respectful and friendly manner. All Fellows (100%) agreed that the Secretariat was able to respond to their requests in a timely manner. Nearly all Fellows (98%) thought that the staff had a basic knowledge that made it possible for them to provide quick responses to their requests. Last but not least,

Fellows found that the Secretariat staff had a good knowledge of USAID's administrative and management policies, procedures and program goals. Perhaps the staff performance is best summed up by this quote from a Fellow's comment "Everyone at the Program Secretariat was top-notch and extremely professional".

**VI. Fellows' Final Comments:**

**Best aspects and room for improvement:** We were curious to know what the Fellows would choose as the 3 best aspects of the HCSF Program and the 3 areas most needing improvement if the Fellows thought back on the program as a whole. To obtain this information the survey concluded with two optional questions asking the Fellows to list the 'three best aspects of the HCSF Program' and '3 improvements they would suggest to improve the USAID Fellowship Programs'.

**VI.1. The three best aspects of the HCSF Program:** Fifty-six Fellows provided 164 responses on the 'best aspects' of the Program which, when categorized and ranked in order, 1 to 3, identified the HCSF Secretariat as first or best, the learning and work experience in their Fellowship position second and the opportunity to learn about and work in USAID third.

**The HCSF Secretariat support:** The HCSF Secretariat support ranked first as the best aspect of the HCSF Program. The Fellows cited the staffs' professionalism and their knowledge of both JHU and USAID policies and procedures. The Fellows also cited the excellence of the administrative, management and logistical support leaving them free to carry out their work responsibilities.... "they made things easy". Fellows state the staff

made themselves accessible and provided quick responses to their requests while treating them with respect and always addressing them by name. Secretariat staff appears to have established strong positive relationships with the Fellows while carrying out their responsibilities. Several staff members were singled out by name to acknowledge how helpful they had been. The Director particularly was frequently mentioned for the relationships he had established with the Fellows, the interest he took in their careers, and for going beyond the 'expected' in times of crisis for some Fellows. The comments reflect excellence of performance but additionally demonstrate the less tangible acts that are more difficult to quantify and which made the Secretariat so appreciated: the relationships they established, the personal interest they took in the welfare of the Fellows, and their pride in their work.

**Opportunities for learning and experience gained:** The second most frequently mentioned aspect was the opportunity for learning and experience gained through working in the Fellow's assigned job position. Fellows state part of its value was in providing experiences they could not have had without the Fellowship as well as the opportunity for learning provided by the work environment but they also cite the experience and knowledge gained through being in their particular job position more oriented to their career development objectives. Among the experiences mentioned, Fellows specifically identified the broader exposure to international health, programmatically, technically, and geographically and the opportunity to participate in meetings with international leaders. A number of the Fellows also remarked that because they were considered as 'staff' rather than 'learners' by many, they were given considerable responsibility and reaped the rewards of having successfully carried out their responsibilities.

**USAID experience:** The Fellows were extremely grateful to have had the opportunity to work within the USAID environment. They state it provided an opportunity to learn about the Agency, its philosophy of international development, policies, procedures and how decisions are made within the Agency. Being within the Agency made it possible for them to be involved at the global level and to expand their horizons of international health; they also appreciated the involvement in discussions that influence the implementation of programs and development of health practices. The Fellows also found that the experience opened doors for them for post-fellowship positions they would never have been considered for without the Fellowship and the USAID experience.

**VI.2. Three areas of improvement for future USAID Fellowship programs:** Fifty-two Fellows provided a total of 89 suggestions which, when categorized, identified the mentor program as most frequently suggested for improvement, followed by the USAID orientation program and the professional development program; these are consistent with the findings on the survey items. Significantly, underlying many of the different suggestions is the theme of the lack of agreement and/or knowledge by USAID staff of the Fellow's role and its impact on the Fellow experience.

**The mentor role:** Fellows observed that there seemed to be a lack of commitment to the mentor role on the part of some staff, an observation which resulted from their having had mentors who were either "non-existent", "unavailable" or not "accessible" to them for guidance. Others commented that the mentor role seemed to be a dual role, that of "boss" and "mentor" with an imbalance leaning toward that of the boss rather than an

appropriate balance between the two. A frequent comment was that a decision should be made as to whether the Fellow position should be a staff position with recognition that the Fellows perform all the responsibilities of a regular staff position or a whether it is a Fellow position and ensure support for the learning aspects of the Fellow's role, mentor support, work experiences meeting career development learning needs, and support of Fellows' taking professional development courses. Fellow's had the following suggestions to strengthen the mentor role in future agreements:

- more focus by USAID on the mentor role
- ensure mentors have appropriate skills for mentoring
- provide a course for mentors on the mentor role and responsibilities,
- mentor accountability for mentoring performance
- improved screening for selection of mentors
- commitment to mentoring on the part of the mentor
- strengthen the mentor/HCSF supervisor relationship
- defined expectations and roles for Fellows
- ensure the Fellowship position has an appropriate balance between learning and responsibilities
- opportunity to change mentors after 1 year (suggested to provide broader technical learning opportunities for the Fellows)

**The Orientation Program:** The Fellows agreed that there is need for a "formal" orientation to USAID when they begin work in their positions. Several Fellows stated that they recognize that the Agency is complex and that learning it "all" takes time and also that the Agency is trying to improve the orientation programs. However, Fellows ask for a training on USAID policy and procedures and on Agency special programs. Fellows suggested an explicit orientation check list that would include the development of a professional development strategy for the individual Fellow. Although some Fellows acknowledge attending training on USAID policies and procedures, their attendance was sometimes more than a year after they had joined the Agency and as recorded earlier in this document, they learned by making mistakes and experienced an unnecessary lack of efficiency and effectiveness in their positions due to the lack of a formal orientation to the Agency.

Equally important, the Fellows suggest that USAID staff be oriented to the Fellow program and the Fellow's role and responsibilities while working in the Agency. Numerous times they mentioned that USAID staff considered the HCSF "just another staff hiring mechanism" for Agency staff positions which resulted in a misunderstanding by USAID staff of the responsibilities that could be carried out by the Fellows.

**Professional development:** Nearly all Fellows knew that professional development activities were available to them and a large majority stated their mentors encouraged them to attend professional development activities which were selected jointly by the mentor and the Fellow. However approximately one-third of those who knew of professional development activities did not take advantage of them due to their heavy work load or lack of support by their mentors to participate. To emphasize the professional development aspect of the Fellow role, the Fellows suggest that:

- USAID make a commitment to supporting the Fellow’s participation in professional development activities
- mentors have accountability for making Fellows learning experiences possible
- USAID staff recognize a more equal balance of work and learning in the Fellow role
- there be a minimum requirement of 2 professional development activities per year for each Fellow and ensure that it occurs
- the Secretariat (the Fellow’s supervisor) have an increased role in working with mentors on the Fellow’s professional development strategy
- accessibility of professional development activities is ensured for Fellows
- a Fellow’s professional development strategy be individualized and included in an orientation checklist (mentioned earlier in the orientation recommendations).

Although the Fellowship was specifically defined in the cooperative agreement as a learning and work experience, these suggestions seem to imply that some of the Agency staff and mentors’ viewed the Fellowship as a regular staff position and as such limited the Fellow’s participation in professional development activities.

**VII. Summary and conclusions:**

**The HCSF support functions:**

The HCSF Secretariat provided the administrative, management and logistical (AML) support for the Fellowship program. Table 13 below summarizes the Fellows’ opinions, in rank order from 1 to 3 with one being highest, of the support they received in the 9 primary AML functions discussed in a previous report section. Included in this table are the percent of Fellows who responded “agree” or “strongly agree” to the question; “somewhat agree” responses are not included.

Table 13. Fellows of opinion of HCSF Program Support

HCSF PROGRAM SUPPORT	FELLOWS AGREE/STRONGLY AGREE (%)
Administrative, management and logistical support	97%
Secretariat Staff	96%
Recruitment Process	87%
Position Identification*	78%
Supervision	77%
Program monitoring and evaluation	77%
Orientation Program*	75%
Professional Development Program*	66%
Mentoring Program**	55%

\* Shared responsibility USAID/JHU

\*\* USAID responsibility

Some of the 9 support functions were the sole responsibility of the HCSF, some were shared responsibilities with USAID and one, mentoring was solely USAID’s responsibility. It is interesting to note, and perhaps it should highlighted for further

exploration when planning for future fellowship activities, that performance on those functions rated most highly, HCSF had complete responsibility, while the three at the lower end were shared or USAID sole responsibility. It is beyond the scope of this study, other than the previous discussions on these functions, to hypothesize on the significance of this finding.

The Secretariat provided top level, professional support to the Fellows and the Fellows acknowledge this by the unusually high rating for administration, management, logistical support and the secretariat staff of 97% and 96% respectively. Fellows appreciated the supplies they had to work with, the simplicity of the HCSF supply procurement system, provision of computers and the timely reimbursements on travel expenditures. The Fellows rated the Secretariat highly on accessibility, responsiveness, interpersonal relationships and knowledge of JHU and USAID policies and procedures. The Director's skill, knowledge and personal interest in the Fellows was often commented upon. The Secretariat staff was a "team" and the Director's expertise that brought that about was also acknowledged by the Fellows. The high quality of the HCSF Fellows speaks for the recruitment process conducted by HCSF.

Of concern are the 3 lowest ranked functions as ultimately they are the most important for the technical development and performance of the Fellows. They were, in rank order from 7 to 9, with 9 receiving the lowest rating, the orientation, professional development and the mentoring programs respectively. The orientation program received 75% approval when the USAID and JHU orientations are joined together; when analyzed separately separated the JHU orientation program rises to 89% and the USAID orientation falls to 60%. Professional development was also a shared responsibility with the HCSF Secretariat ensuring that Fellows were aware of funding and administrative support for the Fellow's participation while the mentor worked with the Fellow to select appropriate activities and approve the Fellow's participation. The Fellows who did not take advantage of the professional development programs found lack of mentor support or too many work responsibilities prevented them from participating. The mentor program, previously discussed in detail, seemed to suffer from being introduced in an organization that has not incorporated the mentor role institutionally.

Most of the Fellows highly valued the Program and were appreciative of the opportunities and support given them by their USAID colleagues and learned a lot from the USAID experience but much of their learning was self-directed. To build on the success of the Program, USAID would do well to consider the institutional changes that need to be in place to provide a true Fellowship experience.

**The overall HCSF Program objective:**

The overall HCSF Program objectives were to develop a cadre of field experienced child survival and international health experts that would contribute to the effectiveness of developing country health, nutrition and population programs during their Fellowship. Based on the findings of this survey the Program objectives were reached.

Through the HCSF Program the Fellows participated in carefully selected Fellowship positions that provided highly valued professional growth, expanded their world view, and made it possible for them to take part in unique experiences they could not have found elsewhere. As a result Fellows found employment opportunities open to them that were not previously possible. Eighty-two percent of this Fellow cohort are working in positions in international health. USAID has benefited from this beyond the altruistic goal of the Fellowship with 51% of the Fellows working in USAID career or non-direct hire positions.

It is clear the HCSF Program objectives were met, but were the objectives met that were held by the Fellows when they entered the Program met? Most Fellows say the program met their objectives and they have a sense of accomplishment and satisfaction with their contribution to international programs made during their Fellowship experiences. Validating this is their agreement that, if the HCSF Fellowship Program were continuing as they knew it, they would recommend it to their colleagues.

A review of the post-Fellowship positions in international health currently held by the Fellows “demonstrates” the success and achievements of the program. The Health and Child Survival Fellowship Program was a positive contributor to the on-going goal of providing the best possible technical expertise to carry out and lead the important work in child survival and health in resource poor countries.

**V. Health and Child Survival Fellows, Interns and Urban Child Survival Fellows Supported Under Cooperative Agreement HRN-A-00-01-00001-00 and Baltimore City Health Department Contract**

**Pillar Bureau Assignments: Bureau for Global Health (GH)  
Avian Influenza Response Unit (GH/AIRU)**

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***Zandra H. André, DVM, MPH***  
***Veterinary Epidemiologist/Public Health Advisor***  
***Avian and Pandemic Influenza Preparedness and Response Unit***  
***USAID/GH/AIRU***

June 5, 2006 – October 30, 2006



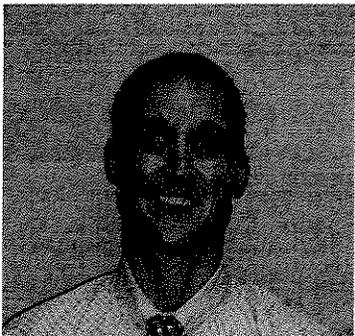
Dr. Zandra H. André was the Veterinary Epidemiologist/Public Health Advisor to the Avian and Pandemic Influenza Preparedness and Response Unit, in the Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition from June thru October 2006. Dr. André provided expert guidance to Agency senior management and other policymakers, field mission and regional office directors and Washington-based program leaders on issues related to management of highly pathogenic avian influenza (HPAI) outbreaks, post-outbreak recovery and restructuring of poultry sectors for sustainable management of endemic.

Zandra continues to work at USAID as a Global Health Fellow through the Public Health Institute.

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***Robert M. Blanchard, MPH***  
***Disaster Logistics Support Specialist***  
***Avian Influenza Response Unit***  
***USAID/GH/AIRU***

June 29, 2006 – October 3, 2006



Mr. Robert M. Blanchard served as Disaster Logistics Support Specialist to the Avian Influenza Response Unit. He provided the U.S. Agency for International Development (USAID)'s Avian Influenza Response Unit with resident expertise in disaster logistics in support of disease prevention, detection, and containment activities internationally in conjunction with a wide array of US Government partners.

Rob continues working at USAID as a Global Health Fellow through the Public Health Institute.

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**Pillar Bureau Assignments: Bureau for Global Health (GH)  
Health, Infectious Diseases and Nutrition (GH/HIDN)**

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***Namita S. Agravat, MPH***  
***Child Survival and Health Grants***  
***Program Advisor***  
***USAID/GH/HIDN/NUT***

March 1, 2005 – October 3, 2006



From March 2005 until October 2006, Ms. Namita Agravat served as Child Survival and Health Grants Program Advisor in the Division of Nutrition. She worked to strengthen the contributions of and expand the involvement of U.S. Private Voluntary Organizations (PVOs) with USAID's Child Survival and other programs. She advised on policy and program issues related to the centrally funded Child Survival Grants

Namita continues to work at USAID as a Fellow with the Public Health Institute's Global Health Fellows Program.

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***Ayan H. Ahmed Noor, MD, MPH***  
***Health, Disaster and Complex Emergency Advisor***  
***USAID/GH/HIDN/MCH***

February 28, 2006 – October 3, 2006



Dr. Ayan H. Ahmed Noor served as Health, Disaster and Complex Emergency Assistance Advisor in the Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition, Maternal and Child Health Division. From February to October 2006, Dr. Noor provided the U.S. Agency for International Development (USAID)'s Bureau for Global Health (BGH) and Bureau of Democracy, Conflict and Humanitarian Assistance/Office of Foreign Disaster Assistance jointly with resident health expertise to participate on Disaster Assistance Relief Teams (DART) and Response Management Teams (RMT). She also provided technical support and oversight to the development and implementation of policy,

research, and project activities in health in foreign disasters and fragile and transitional state situations.

Ayan continues to work at USAID through the Public Health Institute's Global Health Fellows Program.

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**Sharon Arscott-Mills, MPH**  
**Child Survival Grants Program Advisor**  
**USAID/GH/HIDN/NUT**

October 1, 2002 – September 4, 2005



Serving in her capacity as Child Survival Grants Program Advisor, Ms. Sharon Arscott-Mills assisted in strengthening the contributions of and expanding the involvement of U.S. Private Voluntary Organizations (PVOs) with USAID's Child Survival and other programs. She advised the Nutrition Division on policy and program issues related to the centrally funded Child Survival Grants Program.

Sharon Arscott-Mills is currently working as Team Leader and Senior Technical Advisor for HIV/AIDS for USAID/Nepal. She is leading a team of five Nepali colleagues and overseeing the implementation of two newly awarded HIV/AIDS activities in Nepal. The bilateral program is implemented by Family Health International with main sub partners and over 30 local NGOs. The other is a social

marketing project with the goal of strengthening national capacity and sustainability of social marketing in Nepal. Her role also involves close coordination and collaboration with government and all other HIV/AIDS donors and stakeholders in Nepal.

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**Stacey L. Ballou, ND, RN**  
**Child Health Technical Assistance Fellow**  
**USAID/GH/HIDN/MCH**

October 21, 2002 – November 30, 2004



Ms. Stacey L. Ballou was the Child Health Technical Assistance Fellow in the Maternal and Child Health Division. She assisted the Division by providing programmatic and technical support to child survival and maternal health programs, including the polio eradication program. She assisted in the development, analysis, and implementation of new programs to support overseas USAID field mission activities in these areas.

Stacey is currently a Field Coordination officer with the UN. She is contracted by the Resident Coordinators Office and seconded to OCHA South Darfur to focus on coordination of livelihood security, environmental and protection programs. Stacey works as part of a small team trying to address the livelihood and environmental aspects of programming in the current humanitarian context in Darfur. The environment is both a cause and a consequence of the conflict and without directly addressing it in current programming

strategies we are not going to make progress on conflict resolution at the community level. As a part of the OCHA team, she focuses on the coordination aspects of this programming and to assist in the introduction of new programming initiatives, especially as they relate to UNEP and UN HABITAT.

We are addressing issues of alternative building technology, alternative fuel, sustainable natural management including innovative water harvesting and forestry programming. Linked with this is the livelihood security perspective and ways to address changes in livelihood patterns due to the conflict.

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***Malia K. Boggs, MPH***  
***Micronutrients Program Advisor***  
***USAID/GH/HIDN/NUT***

April 19, 2005 – October 3, 2006



Ms. Malia Boggs served as Micronutrients Program Advisor in the Nutrition Division. Ms. Boggs provided overall support to USAID's micronutrients portfolio. The technical focus of her assignment included USAID's vitamin A supplementation and food fortification programs. Ms. Boggs served as liaison and coordinator with multilateral and bilateral agencies as well as the private sector toward coordination of global micronutrient activities.

Malia continues working at USAID as a Global Health Fellow through the Public Health Institute.

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***Neal P. Brandes, MHS***  
***Health and Child Survival Fellow***  
***USAID/G/PHN/HN/CS/CHR***

August 4, 1999 – May 30, 2003

*No Photo Available*

In his assignment as Health and Child Survival Fellow, Mr. Neal Brandes worked in the Office of Health and Nutrition, Child Survival Division. He provided the Child Survival Division with technical, programmatic and managerial assistance with the Child Health Research (CHR) Project.

Neal works as a USAID direct hire in the Bureau for Global Health, Nutrition Division.

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**Misun Choi, MPH**  
**MEASURE Advisor**  
**USAID/GH/HIDN/HS**

October 7, 2004 – May 25, 2006



Ms. Misun Choi worked in the Health Systems Division at USAID where she served as MEASURE Advisor. As MEASURE Advisor she assisted with the development and evaluation of initiatives relating to the improved collection, utilization, analysis and dissemination of data applicable to Health and Nutrition sectors in developing countries. Specific attention was given to indicator and program data in the fields of child survival, infectious diseases (including: tuberculosis, malaria, antimicrobial resistance, and surveillance), health systems, and maternal health. She also assisted with the development, implementation and dissemination of Health and Nutrition activities of the MEASURE project.

Misun is now working at USAID/GH/HIDN/ID as a team member with the President's Malaria Initiative.

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**Maria L. Francisco, MHS**  
**BASICS II Advisor**  
**USAID/G/PHN/HN/CS**

January 3, 2000 – January 3, 2003

*No Photo Available*

Ms. Maria Francisco served as BASICS II Advisor in the Child Survival Division. Ms. Francisco provided USAID with technical support and oversight to the development and implementation of policy, research, and project activities in health and child survival. She served as a technical advisor on the BASICS II management team; she provided technical and operational backstopping for a subset of project country-level activities and regional initiatives. She served as full member of the SO 3 Team. She participated in strategic planning and coordination of activities of G/PHN cooperating agencies, contributed to interagency activities and dialogue. She also provided strategic technical and program support to regional and other USAID bureaus and field missions.

Maria currently works as a direct hire at USAID/GH/HIDN/MCH.

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***Kama G. Garrison, MPH***  
***Pharmaceutical Management Advisor***  
***USAID/GH/HIDN/HS***

September 20, 2004 – March 30, 2007



diseases by improving overall drug management, product quality assurance and pharmaceutical information activities.

Ms. Kama Garrison served as Pharmaceutical Management Advisor in the Health Systems (HS) Division. She provided the Health Systems Division with technical and managerial assistance in the implementation of the Rational Pharmaceutical Management (RPM) Plus Program and the United States Pharmacopoeia Drug Quality and Information (USPDQI) Program. Ms. Garrison contributed to strengthening Health, Infectious Disease, and Nutrition (HIDN) approaches and strategies and enhancing health system performance in the delivery of PHN priority interventions in reproductive, maternal, neonatal and child health, HIV/AIDS and infectious

Currently, Kama serves as a Foreign Service Officer working with USAID's Avian Influenza unit charged with Behavior Change Communications and Monitoring and Evaluation.

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

February 28, 2006 – October 3, 2006



Heather continues working at USAID as a Global Health Fellow through the Public Health Institute.

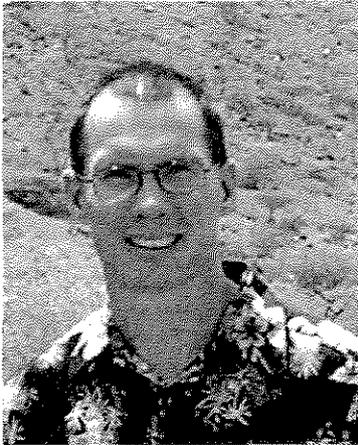
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Ms. Heather Haberle served as Health Research Advisor in the Nutrition Division. Ms. Haberle assisted USAID's Nutrition Division with technical, programmatic and managerial support with the implementation of the Health Research Program (HARP) Activities, a central component of the Office of Health, Infectious Disease, and Nutrition's (HIDN) research to use strategy. She assisted the Bureau for Global Health in maintaining its global leadership role in health research and served as a member of a virtual technical team that advised the Bureau on research and research translation issues.

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***Thomas A. Hall, MPH***  
***Child Survival Grants Program Advisor***  
***USAID/GH/HIDN/NUT***

September 3, 2002 – February 18, 2003



HCSFP

Mr. Tom Hall served as Child Survival Grants Program Advisor in the Nutrition Division. Mr. Hall assisted in strengthening the contributions of and expanding the involvement of U.S. Private Voluntary Organizations (PVOs) with USAID's Child Survival and other programs by advising on policy and program issues related to the centrally-funded Child Survival Grants Program.

Tom currently serves as a Foreign Service Officer with the President's Malaria Initiative, based in the USAID Bureau for Africa.

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***Kamden D. Hoffmann, MA, MPH***  
***Child Health Advisor***  
***USAID/GH/HIDN/MCH***

November 16, 2004 – October 3, 2006



HCSFP

Ms. Kamden Hoffmann serves as Child Health Advisor to the Maternal and Child Health Division in the Bureau for Global Health. Ms. Hoffmann provides technical and programmatic support to the Global Health Bureau in developing and implementing policy, research and program activities in health and child survival and in supporting the Agency's global and country agendas in child health and related areas.

Kamden continues working at USAID as a Global Health Fellow with the Public Health Institute.

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***Nazo Kureshy, SM***  
***Maternal and Child Health Technical Advisor***  
***Child Survival and Health Grants Program***  
***USAID/GH/HIDN/NUT***

August 3, 2005 – October 3, 2006



Ms. Nazo Kureshy served as Maternal and Child Health Technical Advisor to the Child Survival and Health Grants Program. Ms. Kureshy provided technical and programmatic support to the Child Survival and Health Grants Program (CSHGP) in development and implementation of program policy, priorities and activities related to child survival and health, including a focus on maternal and child health, nutrition, and infectious diseases.

Nazo continues to work at USAID through the CASU mechanism in the Nutrition Division.

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***Matthew C. Lynch, MPH***  
***Environmental Health Technical Advisor***  
***Environmental Change and Health Outcomes (ECHO)***  
***USAID/G/PHN/EH***

October 12, 1999 – February 28, 2003



From 1999 – 2003, Mr. Lynch worked in the Environmental Health Division as Environmental Health Technical Advisor to the Environmental Change and Outcomes (ECHO) project. Mr. Lynch provided the U.S. Agency for International Development (USAID) with technical support and oversight to ongoing and planned activities in environmental health, particularly those which link environmental change and health outcomes.

Following completion of his Fellowship, Matt continued working at USAID. Matt is now the Program Director for the Center for Communication Programs (CCP) Global Program on Malaria at Johns Hopkins Bloomberg School of Public Health.

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***Rochelle C. Rainey, PhD***  
***Water Supply, Sanitation and Environmental Health Technical Advisor***  
***USAID/GH/HIDN/ID***

January 10, 2005 – October 30, 2006



Dr. Rochelle Rainey serves as Water Supply, Sanitation and Environmental Health Technical Advisor to USAID/GH/HIDN. Dr. Rainey provided USAID with programmatic and technical expertise in water supply and sanitation, particularly point-of-use water treatment, as these relate to public health and serves as the lead USAID technical resource on these issues.

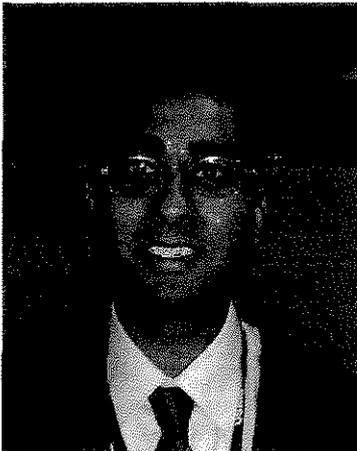
Rochelle continues working at USAID as a Global Health Fellow with the Public Health Institute.

HCSEFP

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***Yogesh Rajkotia, MSc***  
***Health Systems Advisor***  
***USAID/GH/HIDN/HS***

April 18, 2005 – August 29, 2006



Mr. Yogesh Rajkotia served as Health Systems Advisor in the Health Systems division of USAID's Bureau for Global Health's Office of Health, Infectious Disease and Nutrition. He participated in the development and oversight of a new health financing, policy, and management strengthening project with worldwide scope, the provision of technical assistance to USAID missions in health financing, policy and management, and the identification and response to new opportunities to improve the health impact of USAID's work by strengthening health systems.

Yogesh is now a USAID Foreign Service Officer assigned to USAID's Health Systems Division.

Rajkotia

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***Bryn A. Sakagawa, MIA, MPH***  
***Health Policy and Management Advisor***  
***USAID/GH/HPSR***

December 2, 2002 – January 21, 2005



In her assignment as Health Policy and Management Advisor, Ms. Bryn Sakagawa worked in the Health Policy and Sector Reform Division. Ms. Sakagawa provided the HPSR Division with technical and managerial assistance in the oversight of the Partnerships for Health Reform Plus Project. This \$98 million project builds on the experience of the Partnerships for Health Reform Project <http://www.phrproject.com> and is the HPSR Division's Flagship project. It seeks to improve health system performance in delivering PHN priority interventions in reproductive, maternal, neonatal and child health, HIV/AIDS and infectious diseases. The scope of the PHRplus project encompasses all the USAID PHN Strategic

Objectives and all the geographic regions where USAID is active (Africa, Asia and Near East, Europe and Eurasia, Latin America and the Caribbean).

After completing her fellowship, she joined the NEP program and moved to Georgia in September 2006. Bryn is the Director of the Office of Health and Social Development for USAID/Caucasus in Tbilisi, Georgia.

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***Matthew U. Sattah, MPH, MSc***  
***Knowledge Management Advisor***  
***USAID/GH/HIDN/HS***

March 10, 2003 – September 30, 2006

*No Photo Available*

From 2003 – 2006, Mr. Matthew Sattah worked in the Health Systems Division as Knowledge Management Advisor. Mr. Sattah served as a catalyst to bring together information management concepts with international health content to facilitate the work of the Bureau for Global Health. He provided technical assistance and support to Offices within the Bureau in the development and utilization of web-based content that will streamline the development of strategies, projects, reports and initiatives of the Agency. He provided consultation and training for the optimal utilization of web-based knowledge within the Agency. Matt also served as liaison between the Bureau's health officers and advisors and the Agency's Information Management professionals in the design of web-based applications that will streamline the work of the agency.

Matt is now a Foreign Service Officer, assigned to USAID's Division of Infectious Diseases.

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***Adam Y. Slote, MD, MPH***  
***Child Health Advisor***  
***USAID/GH/HIDN/MCH***

February 24, 2003 – October 28, 2005

*No Photo Available*

Dr. Adam Slote served as Child Health Advisor to the Maternal and Child Health Division. Dr. Slote provided technical support and oversight to the development and implementation of policy, research, and project activities in health and child survival under Strategic Objective 3 (SO3=Increased use of key child health and nutrition interventions). He served as a technical advisor in the SO3 Management Team and was responsible for providing technical and operational backstopping for IMCI and other specific interventions. He was also responsible for providing technical backstopping in case management of diarrheal diseases and acute respiratory infections takes secondary responsibility for providing technical backstopping in health care delivery systems.

Adam now works as a USAID direct hire serving as the ANE Team Leader in USAID's Bureau for Global Health.

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***Marni J. Sommer, MSN, MPH***  
***Pharmaceutical Management Advisor***  
***USAID/G/PHN/HN/HPSR***

August 6, 2001 – June 18, 2004

*No Photo Available*

In her position as Pharmaceutical Management Advisor, Ms. Marni Sommer provided the Health Policy and Sector Reform (HPSR) Division with technical and managerial assistance in the implementation of the Rational Pharmaceutical Management (RPM) Plus Program and the United States Pharmacopeia Drug Quality and Information (USPDQI) Program. Ms. Sommer contributed to strengthening Health and Nutrition (HN) approaches and strategies and enhancing health system performance in the delivery of PHN priority interventions in reproductive, maternal, neonatal and child health, HIV/AIDS and infectious diseases by improving overall drug management, product quality and pharmaceutical information activities as part of integrated health sector reform initiatives.

Upon completion of her fellowship, Marni entered the PhD program at Columbia University.

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***Youssef Tawfik, MB-CH, MPH***  
***Senior Child Health Advisor***  
***USAID/GH/HIDN/MCH***

October 21, 2005 – March 30, 2007



Dr. Tawfik served as a Health and Child Survival Fellow from November 2005 to March 2007 as Senior Child Health Advisor with US Agency for International Development, Office of Health, Infectious Diseases and Nutrition, Maternal and Child Health Division. He led efforts to develop a strategy to increase detection, care and treatment of HIV-exposed children. The strategy is based on making use of the relatively high coverage of conventional child

survival services, such as immunization services, by linking them to centers that offer pediatric HIV care. He initiated the strategy implementation in Tanzania, Rwanda and Malawi. In addition, Dr. Tawfik provided technical support and oversight to USAID centrally funded projects on child health such as BASICS III project and Immunization BASICS project. He contributed to several country assessments of maternal and child health programs, e.g. in Ghana and Kenya and represented USAID in various international meetings.

Youssef works for JHPIEGO as Director of Policy and Advocacy seconded to the International Partnership for Microbicides.

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***Angela M. Weaver, MPH***  
***Child Health and Immunization Technical Advisor***  
***USAID/GH/HIDN/MCH***

March 1, 2005 – November 15, 2006



Ms. Angela Weaver served as Child Health and Immunization Technical Advisor. Ms. Weaver assisted the Maternal and Child Health Division provided programmatic and technical support to immunization programs and activities. Angela assisted in the technical oversight of HIDN projects working in the area of immunization. She assisted in the development, analysis, and implementation of new programs that support overseas USAID field mission activities in this area. She also assisted USAID field missions in utilizing the Global Health Bureau's programmatic and technical support.

Angela continues to work at USAID as a Global Health Fellow through the Public Health Institute.

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***Merri Weinger, MPH***  
***Environmental Health Technical Advisor***  
***USAID/G/PHN/HN/EHD***

January 14, 2002 – June 18, 2004

*No Photo Available*

Ms. Merri Weinger provided technical support and oversight to ongoing and planned activities in environmental health with special emphasis to the CESH (community-based environmental sanitation and hygiene) and ECHO (environmental change and health outcomes) themes of the Environmental Health Division. She assisted with operations research, policy activities, and implementation of CESH activities. She assisted with ECHO activities to improve surveillance and data analysis to better understand patterns of vector-borne disease and the use of this information to develop better control and prevention programs. She also assisted ECHO with the development of health early warning systems to better forecast and prepare for epidemic infectious disease outbreaks, such as cholera or dengue.

Having served as a JHU Child Survival and Health Fellow from 2002 to 2004 (Environmental Health Technical Advisor), Ms. Weinger continues to focus on hygiene improvement based in USAID's Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition (HIDN). In November, 2006, she became a foreign service officer and manages several environmental health activities. She serves as CTO for the Hygiene Improvement Project (HIP), a five-year (2004-2009) project operated by the Academy for Educational Development in partnership with ARD, Inc., the Manoff Group Inc., and the IRC International Water and Sanitation Centre based in the Netherlands. HIP aims to reduce diarrheal disease prevalence in children under five through the promotion of three key hygiene practices: hand washing, safe disposal of feces, and safe storage and treatment of drinking water. Merri also participates, on behalf of USAID, in the Global Public-Private Partnership to Promote Handwashing with Soap based at the World Bank/ Water and Sanitation Program. A third project involves a small grant to UNICEF, Malawi to integrate hygiene improvement into antenatal care, in partnership with CDC and PSI.

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***Norma W. Wilson, MS, DrPH, RN, FPNP, PNP***  
***Senior Advisor, The Measure Projects***  
***USAID/GH/HIDN/HS***

January 31, 2000 – January 30, 2004, September 15, 2004 – April 15, 2005



Dr. Norma Wilson served as Senior Technical Advisor from the HIDN Office to the Global Bureau-wide MEASURE Projects, MEASURE/DHS and MEASURE/Evaluation. She also served as Monitoring and Evaluation Advisor to the Health Systems Division/HIDN. In her capacity as technical advisor to the M/DHS Project, she was instrumental in the development of the Service Provision Assessment (SPA) surveys and was a member of the inter-Agency Facility Assessment Working Group. Dr. Wilson also was a member of the Routine Health Information Network (RHINO) Steering Committee. Initially working with the HIDN HIV/AIDS

Division on monitoring and evaluation issues, she provided liaison between HIDN and the Office of HIV/AIDS when it expanded from a Division to a Global Bureau Office.

Dr. Wilson was a member of the USAID intra-Agency Monitoring and Evaluation Working Group. She also was Country Coordinator for Morocco. Dr. Wilson served on the Monitoring and Evaluation Working Group for the Global Fund for AIDS, Tuberculosis and Malaria (GF-ATM) in the initial days of the Fund and provided support to the HIDN Office Director in his role on the Health Metrics Network (HMN) Board of Directors. Prior to the HMN launch in May 2005, she provided liaison between USAID and the HMN and in her final year was posted as Senior Technical Advisor to the new HMN Secretariat based at the World Health Organization, Geneva, Switzerland.

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**Pillar Bureau Assignments: Bureau for Global Health (GH)  
HIV/AIDS (GH/OHA)**

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***Matthew Emerson Barnhart, MD, MPH***  
***HIV/AIDS Senior Technical Advisor***  
***USAID/GH/OHA/TLR***

November 1, 2004 – October 3, 2006



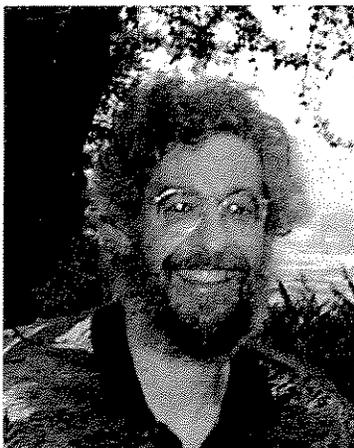
Serving as the HIV/AIDS Senior Technical Advisor to the Office of HIV/AIDS, Division of Technical Leadership and Research, Dr Matthew E. Barnhart provided support to USAID's implementation of HIV/AIDS programs, with emphasis on interventions for prevention of mother to child transmission of HIV (PMTCT) and for HIV/AIDS care and treatment services. Dr. Barnhart also served as liaison to regional bureaus and USAID partners in the care, treatment and PMTCT fields.

Matt continues working at USAID as a Global Health Fellow through the Public Health Institute.

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***Richard A. "Rick" Berzon, DrPH***  
***HIV-AIDS Technical Advisor***  
***USAID/GH/OHA/SPER***

August 1, 2005 – December 14, 2006



Dr. Rick Berzon served as HIV-AIDS Technical Advisor to the Strategic Planning, Evaluation and Reporting Division. He provided broad HIV/AIDS-related expertise and guidance in program evaluation and monitoring. He strengthened USAID's ability to monitor program implementation, document results, and assess program impact of USAID's strategic objective to reduce HIV transmission and mitigate the impact of the disease on nations, communities and families and also assisted USAID to design/implement Strategic Information Systems and report program results in the 14 priority countries under the President's Emergency Plan for AIDS Relief.

Dr. Berzon is a member of two of the US President's Emergency Plan for AIDS Relief (PEPFAR) technical workgroups: Adult Treatment and Palliative Care. Rick is also a member of the Public Health Evaluation (PHE) subcommittee. The PHE is an inter-agency governmental team that sets the program evaluation agenda across PEPFAR-supported HIV/AIDS prevention, care and treatment activities. In this capacity, he provides technical guidance in study design and, in particular, health economics to the PHE; and to PEPFAR countries that want to answer specific questions that relate to the evaluation of programs in place within their borders. These types of

studies are designed to provide rapid results and identify best practices for outreach to and care for those persons infected and affected by HIV/AIDS. Rick serves as the lead USAID representative for three PHE studies; these include (1) ARV Costing; (2) Palliative Care; and (3) Orphans and Vulnerable Children. Each study is to examine a sample of diverse models of service delivery with the intent of using outcomes and findings to improve service provision quality.

Rick continues working at USAID as a Global Health Fellow through the Public Health Institute.

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***ThuVan T. Dinh, MPH***  
***Monitoring and Evaluation Advisor***  
***USAID/GH/OHA/SPER***

October 3, 2005 – October 11, 2006



Ms. ThuVan T. Dinh served as Monitoring and Evaluation Advisor for the Strategic Planning, Evaluation and Reporting Division in the Office of HIV/AIDS. She provided broad HIV/AIDS-related expertise and guidance in program evaluation and monitoring. She worked to strengthen USAID's ability to monitor program implementation, document results, and assess program impact of USAID's strategic objective to reduce HIV transmission and mitigate the impact of the disease on nations, communities and families. She also assisted USAID to design/implement Strategic Information Systems and report program results in the 14 priority countries under the President's Emergency Plan for AIDS Relief.

ThuVan continues working at USAID as a Global Health Fellow through the Public Health Institute's Global Health Fellows Program.

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**Gabrielle Bushman Fitzgerald, MPA**  
**HIV/AIDS Technical Advisor**  
**USAID/G/PHN/HN/HIV-AIDS**

April 2, 2001 – April 6, 2003



Ms. Gabrielle Bushman Fitzgerald served as HIV/AIDS Technical Advisor in the AIDS Division. Ms. Fitzgerald provided the Office of Health and Nutrition with technical and managerial assistance for its projects and activities including: 1. HIV/AIDS-related communications, such as public awareness campaigns, media training, and social marketing; 2. HIV/AIDS prevention and education; 3. Adult and adolescent behavior change; 4. Interventions for children and orphans affected by HIV/AIDS; 5. Liaising between the Office of Health and Nutrition and the Office of Population to facilitate linkages between HIV/AIDS and Family Planning programs at the policy level as well as on the ground.

Ms. Fitzgerald is now a program officer at the Bill & Melinda Gates Foundation, focusing on global health advocacy. Prior to joining the foundation in the summer of 2004, Gabrielle spent five years at the U.S. Agency for International Development, most recently in the Office of HIV/AIDS, with prior assignments in the Bureau for Humanitarian Response and the Public Affairs office. Before joining USAID, Gabrielle worked as a consultant in Zambia and at the U.S. Committee for Refugees. Earlier in her career, she served as a speechwriter/researcher for President Clinton in the White House and also worked at the U.S. Department of Health and Human Services.

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**Amanda J. Gibbons, PhD**  
**Advisor for Mother to Child Transmission**  
**and HIV/AIDS Care and Technical Support**  
**USAID/GH/HIV-AIDS**

March 1, 2002 – August 16, 2004

*No Photo Available*

In her assignment as Advisor for Mother to Child Transmission and HIV/AIDS Care and Technical Support in the Office of HIV/AIDS, Dr. Amanda Gibbons provided support to USAID's implementation of interventions to prevent mother to child transmission of HIV (MTCT) and to provide HIV/AIDS care and support services. She provided technical support to USAID overseas missions on the design and implementation of interventions to prevent mother to child transmission of HIV/AIDS. She also provided technical support to missions on design and implementation of community and facility-based HIV/AIDS care programs.

Amanda is now Deputy Program Director of the Twinning Center, American International Health

Alliance.

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***Cynthia A. Hiner, MHS***  
***USAID/GH/OHA/SPER***  
***HIV-AIDS Monitoring, Evaluation and Reporting Fellow***

November 29, 2004 – June 25, 2005



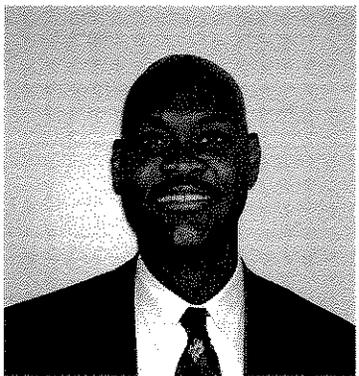
Ms. Cynthia Hiner served as HIV-AIDS Monitoring, Evaluation and Reporting Fellow in the Strategic Planning, Evaluation and Reporting Division (Office of HIV/AIDS). She provided broad HIV/AIDS-related expertise and guidance in program evaluation and monitoring. Ms. Hiner worked to strengthen USAID's ability to monitor program implementation, document results, and assess program impact of USAID's strategic objective to reduce HIV transmission and mitigate the impact of the disease on nations, communities and families. She also assisted USAID to design/implement Strategic Information Systems and report program results in the 15 priority countries under the President's Emergency Plan for AIDS Relief.

Currently, Cynthia is the M&E Advisor for the HIV Center at JHPIEGO, an affiliate of Johns Hopkins University. In this role she provides technical assistance to field staff to ensure M&E activities are appropriately planned and conducted.

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***Stephen A. Lee, MD***  
***HIV/STI Infectious Diseases Advisor***  
***USAID/E&E/DGST/ST***  
***and***  
***Senior Advisor for HIV/AIDS Care and Treatment***  
***USAID/GH/OHA/TLR***

October 14, 2003 – January 21, 2005



Dr. Stephen Lee served as Infectious Diseases Advisor to the Bureau for Europe and Eurasia, Office of Democracy, Governance and Social Transition. Dr. Lee assisted the Bureau for Europe & Eurasia strengthen evidence-based programming of infectious disease prevention and control activities throughout the countries of Europe and Eurasia. Stephen developed other concepts, rationale, materials and tools that might influence decision-makers in the E&E region to better support programs to control HIV/AIDS in the region.

In January 2005, Dr. Stephen Lee accepted a position as Senior Advisor for HIV/AIDS Care and Treatment in the Division of Technical Leadership and Research of the Office of HIV/AIDS. Serving as HIV/AIDS Care and Treatment Advisor, Stephen assisted

Missions, regional field offices, regional bureaus, CAs, PVOs, host country governments and NGOs in the design and implementation HIV/AIDS care and treatment programs.

Stephen now works as Director of Partnerships and Communications at the Elizabeth Glaser Pediatric AIDS Foundation.

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***Tiffany Lefevre Lillie, MHS, PhD***  
***HIV-AIDS Monitoring, Evaluation and Reporting Fellow***  
***USAID/GH/OHA/SPER***

June 27, 2006 – October 3, 2006



In her position as HIV-AIDS Monitoring, Evaluation and Reporting Fellow, Dr. Lillie served in the Strategic Planning, Evaluation and Reporting Division (Office of HIV/AIDS) providing broad HIV/AIDS-related expertise and guidance in program evaluation and monitoring. Dr. Lillie is the SI advisor to the Prevention of HIV in Persons Engaged in High Risk Behaviors (PHPEHRB) Technical Working Group (TWG) as well as co-chair to the Monitoring and Evaluation Technical Working and lead to the Monitoring and Evaluation Capacity Building sub-group. Dr. Lillie continues to be SI advisor to both Haiti and Dominican Republic and provides technical assistance on an as needed basis of both the Prevention and PHPEHRB TWG.

Tiffany continues working at USAID as a Global Health Fellow with the Public Health Institute.

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***Alison M. Surdo, MPH***  
***Advisor for HIV Voluntary Counseling and Testing***  
***USAID/GH/OHA/TLR***

September 12, 2005 – October 3, 2006



Ms. Alison M. Surdo served as Advisor for HIV Voluntary Counseling and Testing in the Office of HIV-AIDS Division of Technical Leadership and Research. Ms. Surdo provided support to USAID's programs in prevention and mitigation of infection with the human immunodeficiency virus (HIV). She provided USAID with both technical and programmatic advice on the implementation of HIV/AIDS programs, particularly those involving voluntary counseling and testing (VCT); palliative care; treatment of opportunistic infections; treatment of persons using antiretroviral drugs, as well as other biomedical aspects of prevention such as measures to ensure blood safety.

Currently Alison is working on several projects and issues. As part of the Global Health Country Team for Kenya, she has overseen approval of Kenya's HIV funding for 2007 and participated in

the health review of Kenya's overall Operational Plan. As HIV Counseling and Testing Advisor, she is finalizing an updated list of USAID-approved HIV test kits and new technical requirements for new kits on the market who wish to do business with USAID-supported programs. She is updating country guidance on counseling and testing for 2008 HIV/AIDS program planning. She has been working with the Office of the Global AIDS Coordinator, UNAIDS, and WHO on International Voluntary HIV Counseling and Testing Day, which the UN General Assembly has decided will be help on or around December 1, 2007. Finally, she is busy as usual working with USAID field programs. She is visiting South Africa to assist with plans to scale-up counseling and testing programs and meeting with USG implementing partners. She is also soon going to Lesotho to assist with their Know Your Status campaign, a nation-wide effort to offer HIV testing to every citizen by the end of 2007.

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***Linda B. Sussman, PhD***  
***Behavioral Science Advisor***  
***USAID/G/PHN/HN/AIDS***

December 8, 1997 – December 7, 2001

*No Photo Available*

Dr. Linda Sussman served as Behavioral Science Advisor in the AIDS Division. Dr. Sussman provided the USAID with programmatic and technical advice on behavioral research in support of HIV/AIDS Orphans and Vulnerable Children (OVC) issues.

Linda currently works as a consultant based in Silver Spring, MD following several years in India with the World Bank

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**Pillar Bureau Assignments: Bureau for Global Health (GH)  
Regional and Country Support (RCS)**

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***Julie Ann Chitty, RN, FNP-C, MPH, MS***  
***Africa Regional Program Advisor***  
***USAID/GH/RCS***

October 2, 2002 – February 6, 2004



In her assignment as Africa Regional Program Advisor to the Office of Regional and Country Support, Ms. Julie Chitty gained an understanding and appreciation for the central functions of a donor agency in program planning, implementation and evaluation. She provided technical support and oversight to the Global Health Bureau's Africa Regional Team. She served in a liaison capacity with counterparts in USAID's Bureau for Africa to ensure a coordinated effort toward country and regional work.

Julie currently serves as the Senior Technical Advisor for HIV/AIDS Palliative Care for the President's Emergency Plan for AIDS Relief (PEPFAR) in the USAID Regional HIV/AIDS Program in Southern Africa. Based in South Africa, she provides technical leadership and assistance in HIV/AIDS palliative care in collaboration with host governments, cooperating agencies (CAs), USG agencies, non-governmental partners and African palliative care providers and organizations in Africa. In 2006, Ms. Chitty provided significant technical leadership and support to the countries of Lesotho, Namibia, South Africa, Swaziland and Tanzania. Outcomes include a myriad of results such as strategic planning in HIV/AIDS care; development and implementation of country operational plan (COP) activities in five countries; development of policies, programs, implementation plans, evaluations and trainings at national, regional, district and local levels in Africa; and development, finalization and implementation of the OGAC Policy on HIV/AIDS Palliative Care. She also partnered with the African Palliative Care Association and other African providers and organizations to advance their role as technical assistance leaders in quality palliative care services and palliative care education across Africa.

Ms. Chitty came to this position after serving as the Senior Technical Advisor in HIV/AIDS Palliative Care with both the Office of the U.S. Global AIDS Coordinator (OGAC) and with USAID/Washington. While serving with USAID for the past four years, Julie developed and advanced a palliative care approach to HIV/AIDS care which is client, family and community-centered, holistic, and at its core addresses a person's mind, body, spirit and societal context. The goal of this approach is to improve and optimize quality of life and alleviate suffering of children and adults living with HIV, their family members and community.

Ms. Chitty is also a hospice volunteer and palliative care trainer at Mamelodi Hospice in South Africa. She is a certified family nurse practitioner and an international health specialist who has directed and implemented health and HIV/AIDS programs in partnership with Africans during the past thirteen years.

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***Felicia Fielding, MPH***  
***MCH/PRH Advisor***  
***USAID/GH/RCS/EEST***

October 18, 2004 – January 9, 2006



HCSEF

Ms. Felicia Fielding was the Public Health Advisor for MCH for Europe and Eurasia and served as expert technical advisor in Maternal and Child Health (MCH) and Population and Reproductive Health (PRH) and related areas such as Child Survival and Orphans and Displaced Populations, to the USAID's E&E Bureau and USAID Field Missions in the E&E Region. She worked on the development of health strategies and programs for the E&E region. Ms. Fielding provided technical support and assistance to Agency-wide and regional technical initiatives or policy priorities related to public health, especially family planning,

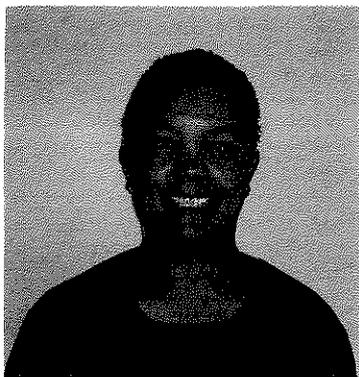
reproductive health, maternal and child health, child survival, and vulnerable populations.

Felicia works as a consultant in maternal/child health and child survival for several US PVOs/NGOs.

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***Patricia J. Mengech, MPH***  
***Africa Regional Program Advisor***  
***USAID/GH/RCS***

April 12, 2004 – October 16, 2006



HCSEF

Ms. Patricia Mengech served as Africa Regional Specialist to the Bureau for Global Health's (GH) Office of Regional and Country Support (RCS). Ms. Mengech is the RCS backstop for USAID Missions in seven eastern and southern African countries (Djibouti, Eritrea, Kenya, Uganda, Malawi, Namibia, and Zambia), four of which are Presidential Initiative HIV/AIDS funding focus countries.

Patricia continues to serve as Africa Regional Specialist to the Bureau for Global Health's, Office of Regional and Country Support.

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***M. D'Arcy Richardson, RN, PHN, MS, CNS***  
***Tuberculosis and Infectious Disease Advisor***  
***USAID/GH/RCS/EEST***

November 1, 2004 – March 8, 2006



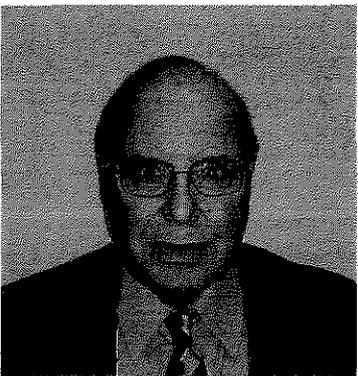
Ms. M. D'Arcy Richardson served as Tuberculosis and Infectious Disease Advisor. She was the expert technical advisor for Tuberculosis (TB) and other Chronic and Infectious Diseases (ID), to USAID's E&E Bureau and USAID Field Missions in the E&E Region. She worked on the development of health strategies and programs for the E&E region and to ensure that critical technical knowledge in public health is transferred to the field.

After leaving USAID in March 2006, D'Arcy joined PATH as Technical Director for the TB Program. She manages PATH's TB work under the USAID TASC2 TB mechanism, which includes TB/HIV service integration work in Kenya and Tanzania, DOTS expansion in Ukraine, public-private mix activities in Cambodia and global activities related to GFATM technical assistance; Advocacy, Communication, and Social Mobilization (ACSM) training and technical assistance; program evaluation; and website development and maintenance. She provides technical assistance for project development, implementation and evaluation, participates in national TB program reviews and in international TB working groups and advisory committees. D'Arcy is responsible for maintaining relations with donors and partner organizations. She develops and implements PATH's TB strategy, identifies and cultivates new partners and develops new business opportunities.

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***Robert G. Rosenberg, MD***  
***Senior Health Systems Advisor***  
***USAID/GH/RCS/EEST***

January 3, 2005 – December 29, 2006



Dr. Bob Rosenberg served as an E&E Regional Specialist in Health Care Systems to the Bureau for Global Health's Regional and Country Support Team. Dr. Rosenberg worked on programs and systems that strengthen health care systems in the region. He provided back-up technical support, and worked on special regional projects including a new regional health system assessment, supporting the development of primary medical care in a number of countries including Albania, the Ukraine, Azerbaijan, and Uzbekistan.

Bob is working as a consultant based out of Lewes, Delaware.

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***Julia J. Wallace, MN, MPH***

***Europe and Eurasia (E&E) Regional Infectious Diseases (Tuberculosis) Program Advisor  
USAID/GH/RCS***

March 10, 2003 – April 2, 2004

*No Photo Available*

Ms. Julia Wallace served as Europe and Eurasia Regional Infectious Diseases/Tuberculosis Program Advisor in the Office of Regional and Country Support. Ms. Wallace provided technical support to the Bureaus for Europe and Eurasia and Global Health in the areas of child survival and infectious diseases, with an emphasis on tuberculosis.

Julie works at USAID as a Malaria Advisor with the Division of Infectious Diseases.

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**Pillar Bureau Assignments: Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA)**

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***Judy Canahuati, MPhil***

***MCHN & HIV Technical Advisor***

***USAID/DCHA/FFP/PTD***

January 26, 2004 – October 3, 2006



Ms. Judy Canahuati served as Maternal and Child Health, Nutrition and HIV-AIDS Technical Advisor PL 480-Title II - Office of Food for Peace in the Bureau for Democracy, Conflict and Humanitarian Assistance. She provided FFP with programmatic and technical guidance reviewing Cooperating Sponsors (CSs) and the World Food Program (WFP) supported activities in Maternal and Child Health and Nutrition (MCH&N), funded with Title II commodities.

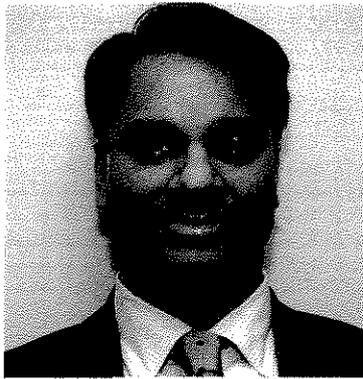
Judy continues working at USAID as a Global Health Fellow through the Public Health Institute.

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***Nitin Madhav, MPlA, MPH***  
***PVO Child Survival and Health Advisor***  
***USAID/BHR/PVC***

June 26, 1999 – September 30, 2002



Mr. Nitin Madhav served as PVO Child Survival and Health Advisor in the in the Bureau for Humanitarian Response. Mr. Madhav assisted in strengthening the contributions of and expand the involvement of U.S. Private Voluntary Organizations (PVOs) with USAID's Child Survival and other programs by advising the Child Survival staff of PVC on policy and program issues related to the centrally funded Child Survival and Health grants program.

Nitin Madhav is the currently the Officer-in-Charge, Pakistan Programs, at USAID's Bureau for Asia and the Near East, where he currently backstops an almost half a billion dollar development and earthquake reconstruction program in Pakistan.

Prior to this current assignment, he served as the Program Development Officer covering the Afghanistan Desk in USAID/Washington. He has spent a bulk of the last five years in Afghanistan, and is a fluent speaker of Dari. Mr. Madhav got his start in development issues working with Afghan refugees in Pakistan in 1992, and has closely monitored events in that country since then.

Soon after the fall of the Taliban, Mr. Madhav was asked by USAID's Administrator to spearhead the Agency's emergency back-to-school program for Afghan children who had been denied an education under that regime. In the course of this extraordinary two month project, Mr. Madhav lead a team of 2,000 Afghans, and printed 10.5 million textbooks and distributed them all across Afghanistan by airplane, truck and donkey cart, in time for the March 21, 2002 opening of schools. He received White House recognition for his efforts in Afghanistan.

Prior to 9/11, Mr. Madhav was a Technical Advisor for USAID's Child Survival Grants Program – a series of grants made to US based NGOs to work in child survival and maternal health issues in 36 countries worldwide.

Before joining USAID, Mr. Madhav worked on the Agency's flagship child survival project, BASICS, backstopping programs in West Africa, Ethiopia and Eritrea and the countries of the former Soviet Union. He was also the country director for a Doctors of the World refugee relief program in Rwanda, and worked with Save the Children and Relief International in Tajikistan.

He has two master's degrees, in Public Health and Economic Development from the University of Pittsburgh and specializes in countries in conflict.

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**Sandra C. Tedeschi, MPH**  
**Maternal and Child Health and Nutrition (MCH&N) Technical Advisor**  
**PL 480-Title II - Office of Food for Peace**  
**USAID/BHR/FFP**

August 12, 2002 – August 14, 2003



In her assignment as Maternal and Child Health and Nutrition Technical Advisor Ms. Sandra Tedeschi worked in the Bureau for Humanitarian Response, Office of Food for Peace. Ms. Tedeschi provided the Office of Food for Peace with programmatic and technical guidance through the following: reviewing Cooperating Sponsors (CSs) and the World Food Program (WFP) supported activities in Maternal and Child Health and Nutrition (MCH&N), funded with Title II commodities; reviewing emergency and development proposals that include MCH&N – including HIV/AIDS – programming to meet agency strategic objectives; assisting with policy and advocacy of nutrition, both adult and child, maternal/child health, and HIV/AIDS issues within the Bureau for Humanitarian Response; acting as the technical liaison with the Global Bureau's Center for Population, Health, and Nutrition; and act as technical resource for the CSs and WFP in their planning of new activities.

Following her fellowship, Sandra worked with the UN World Food Program in Darfur. After completing her assignment in Darfur, Sandra relocated to Central America. She currently lives in Costa Rica where she is the owner of Vajra Sol Yoga Adventures.

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## **Pillar Bureau Assignments: Bureau for Program and Policy Coordination (PPC)**

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***Bradley A. Cronk, MPH, MIA***  
***Health Policy Analyst***  
***USAID/PPC/PDC***

January 6, 2003 – February 1, 2005

*No Photo Available*

Mr. Bradley Cronk served as Health Policy Analyst in the Bureau for Policy and Program Coordination. In this assignment, he analyzed, evaluated and clarified USAID policies and strategies in Child HIV/AIDS and Infectious Diseases, and Reproductive Health. He also provided technical and operational assistance in the development and implementation of USAID's PHN program and project activities overseas.

Survival, Brad is currently a Foreign Service Officer with USAID assigned to USAID/Guatemala.

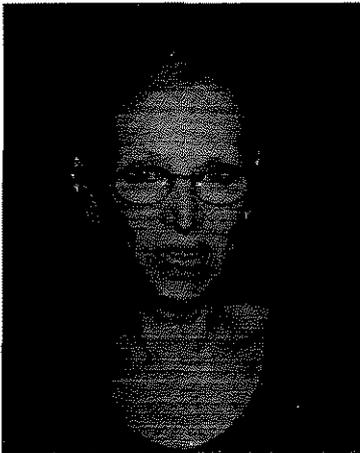
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## **Regional Assignments: Africa**

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***Liane Adams, MPH***  
***Health and Child Survival Advisor***  
***USAID/Nigeria***

May 17, 1999 – September 30, 2003



Ms. Liane Adams was a Health and Child Survival Advisor to USAID/Nigeria from May 1999 – September 2003. She was based in Lagos and moved to Abuja when the USAID mission relocated. During her Fellowship, Ms. Adams provided guidance, monitoring, evaluation, and technical support to USAID/Nigeria in the design, coordination, management and integration of USAID/Nigeria's integrated, private sector portfolio in child survival, family planning, maternal health and HIV/AIDS prevention.

Liane is now working as Nutritionist for the Alamo Navajo Indian Reservation in Alamo, New Mexico.

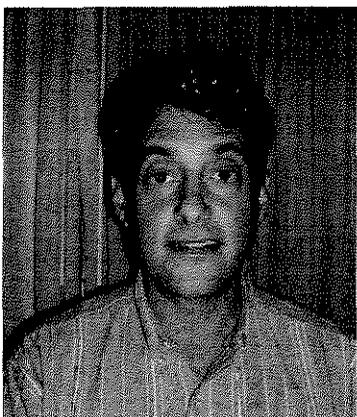
Her work on the reservation is with the entire population of approximately 2,000 people. She provides individual counseling, conducts group cooking classes, works with all the entities on the reservation (i.e., Early Childhood, K-12 school, Adult Education program, Senior Citizens program and the full-service medical clinic) to improve the quality of both nutritional status and general physical well-being.

In addition, she initiated the organization of a Community Garden project, is spearheading the creation of a reservation-wide Wellness Policy and is co-teaching a high school class entitled “Extreme Challenge” involving physical fitness and nutrition. She was also part of the team that created the idea and curriculum for the Extreme Challenge class.

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***Michael J. Andreini, MPH***  
***Health Advisor Sudan Field Office***  
***USAID/Nairobi***

October 19, 2005 – October 3, 2006



Mr. Michael J. Andreini was based in Nairobi, Kenya, where he served as the Health Advisor at the Sudan Field Office (SFO). He provided managerial and technical assistance to the Sudan Field Office and its health, nutrition, population, water and sanitation activities. In particular he provided technical advice and support to the SFO in the management of the Health Transformation program.

Michael continues to work at USAID as a Global Health Fellow through the Public Health Institute.

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***Nancy R. Cecatiello, MA***  
***Health and Child Survival Fellow***  
***USAID/G/PHN and USAID/Uganda***

April 15, 1999 - April 14, 2003

*No Photo Available*

Ms. Cecatiello assisted the Director of the Center for Population, Health and Nutrition (G/PHN) with the monitoring and articulation of the Center’s strategies, policies and regulations. She carried out analyses of trends by performing research, developing statistical data, preparing reports and briefing papers. She organized and developed responses to congressional inquiries and presentations.

In 2001, Ms. Cecatiello accepted a new HCSFP assignment based in Kampala, Uganda. In this assignment, she provided direct on-site technical assistance and program support to USAID/Uganda Population, Health and Nutrition Office (SO4) and the new emerging integrated health and education SO8 team.

Nancy is currently a Health Policy Specialist with Research Triangle Institute.

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***Cornelia E. Davis, MD, MPH***  
***Emerging and Infectious Diseases/Malaria Advisor***  
***USAID/AFR/SD***

October 12, 1999 – September 25, 2002



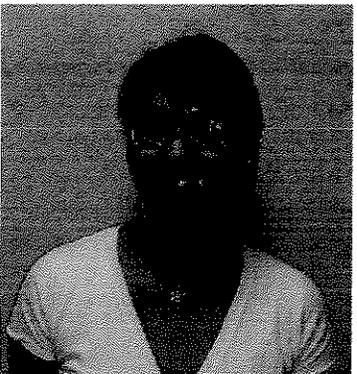
From 1999 to 2002, Dr. Davis served as Emerging and Infectious Diseases/Malaria Advisor in the Africa Bureau. She provided the Africa Bureau and USAID Missions in Africa with advice on programmatic and policy development regarding emerging and infectious diseases, with special emphasis on malaria.

Connie continues to work at USAID in Nairobi as the Senior Technical Advisor for Infectious Diseases.

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***Cherry M. Gumapas, MPH***  
***HIV/AIDS Behavior Change and Communications Specialist***  
***USAID/Maputo, Mozambique***

May 3, 2005 – October 16, 2006



Ms. Cherry Gumapas arrived in Maputo on May 4, 2005. Ms. Gumapas served as HIV/AIDS Behavior Change and Communications Specialist with the HIV/AIDS Team at USAID/Maputo. She provided technical leadership to assist USAID/Mozambique carry out specific responsibilities for planning, implementing, monitoring and overseeing activities under the President's Emergency Plan for AIDS Relief (PEPFAR) and the Country Strategic Plan (CSP) related to HIV/AIDS awareness, behavior change communications (BCC), condom social marketing, abstinence and faithfulness behavior change, including youth, and

special prevention efforts targeting high risk groups.

Cherry continues working at USAID/Maputo as a Global Health Fellow through the Public Health Institute.

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**Stephen Richard Hodgins, MD, MSc, DrPH**  
**Child Survival and Nutrition Advisor**  
**USAID/Lusaka, Zambia**

April 10, 2000 – August 1, 2003

*No Photo Available*

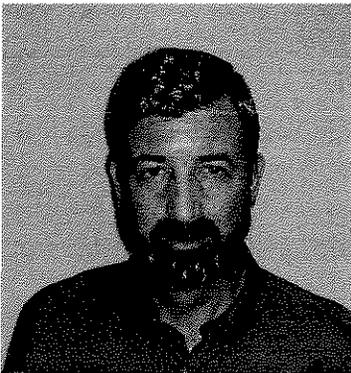
Dr. Stephen Hodgins served as USAID/Lusaka's lead technical expert in Child Survival and Nutrition. Dr. Hodgins provided guidance, monitoring and technical support to USAID/Lusaka, the Government of the Republic of Zambia (GRZ), and technical counterparts of donors and USAID cooperating agencies in the design, implementation, coordination and monitoring of Zambia's Child Survival and Nutrition activities, including working with various components of the Zambian Integrated Health Project (ZIHP).

Stephen currently works with the Nepal Family Health Program, serving as Chief of Party, John Snow, Inc.

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**Mark J. Maire, DO, MPH**  
**Child Survival, Nutrition and Infectious Diseases Advisor**  
**USAID/ZAMBIA**

July 14, 2006 – October 3, 2006



Dr. Mark Maire served as Child Survival, Maternal/Child Health (MCH) & Nutrition Advisor at USAID/ZAMBIA. Dr. Maire served as USAID/Lusaka's lead technical expert in Child Survival, MCH & Nutrition. He provided guidance, monitoring and technical support to USAID/Lusaka, the Government of the Republic of Zambia (GRZ), and technical counterparts of donors and USAID cooperating agencies in the design, implementation, coordination and monitoring of Zambia's child survival, MCH & nutrition activities.

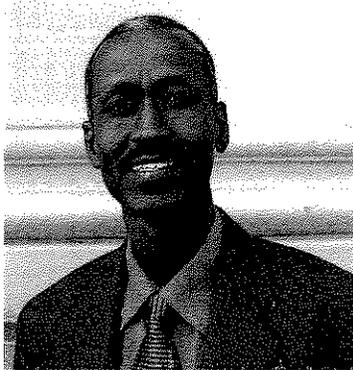
Mark continues working at USAID/Zambia as a Global Health Fellow with the Public Health Institute.

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**Abdirahman D. Mohamed, MD**  
**Child Survival, Nutrition, and Malaria Advisor**  
**USAID/Lusaka, Zambia**

September 26, 2003 – December 23, 2005



Dr. Abdirahman Mohamed served as USAID/Lusaka's lead technical expert in Child Survival, Nutrition, and Malaria. Dr. Mohamed provides guidance, monitoring and technical support to USAID/Lusaka, the Government of the Republic of Zambia (GRZ), and technical counterparts of donors and USAID cooperating agencies in the design, implementation, coordination and monitoring of Zambia's child survival, nutrition, and malaria activities.

Abdi is currently the country program director of a Bill and Melinda Gates Foundation funded malaria program in Zambia called the Malaria Control and Evaluation Partnership in Africa (MACEPA).

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**Ndeye Marietou Satin, MPH**  
**HIV-AIDS Monitoring, Evaluation and Reporting Fellow**  
**USAID/GH/OHA/SPER**  
**and**  
**Maternal and Child Health Technical Advisor**  
**USAID/Nigeria**

August 15, 2005 – October 30, 2006



From 2005 – 2006, Ms. Ndeye Marietou Satin served as HIV-AIDS Monitoring, Evaluation and Reporting Fellow in the Strategic Planning, Evaluation and Reporting Division in the Office of HIV/AIDS. In this position she provided broad HIV/AIDS-related expertise and guidance in program evaluation and monitoring. She worked to strengthen USAID's ability to monitor program implementation, document results, and assess program impact of USAID's strategic objective to reduce HIV transmission and mitigate the impact of the disease on nations, communities and families and also assist USAID to design/implement Strategic Information

Systems and report program results in the 14 priority countries under the President's Emergency Plan for AIDS Relief.

In April 2006, Marietou accepted an assignment with USAID/Nigeria in Abuja. In this position she served as Maternal and Child Health (MCH) Technical Advisor at the USAID mission in Nigeria. She worked as part of a team responsible for USAID/Nigeria's Reproductive Health and Child Survival strategic objective. Under the direct supervision of the USDH Strategic Objective 13

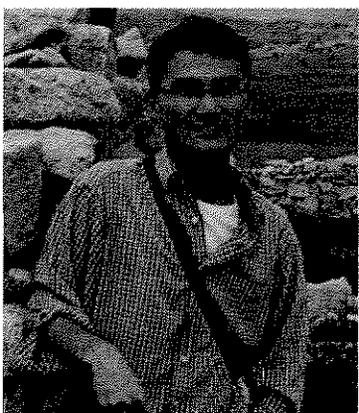
Team Leader, she provided technical input into the management of the Mission's health services portfolio. She provided analysis and advised the Mission on MCH policy and reform programs. She, also monitored the implementation, performance and results of USAID/Nigeria's MCH activities.

Marietou continues to work at USAID as a Global Health Fellow with the Public Health Institute.

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***David M. Sintasath, MSc***  
***Epidemiologist/Malaria Control Program Advisor***  
***USAID/Eritrea***

January 8, 2001 – December 18, 2003



Based in Asmara, Mr. Sintasath served as Epidemiologist/Malaria Control Program Advisor at the USAID mission in Eritrea. In this assignment, Mr. Sintasath assisted with the USAID initiative for strengthening evidence-based programming for malaria prevention and control in Eritrea. David served as a resource to the Eritrean Ministry of Health for increasing the capacity for collecting, managing, analyzing and using data through improvements to its surveillance systems, operational research program, and information systems. He also assisted with coordination with the USAID supported Environmental Health Project.

David is a PhD-student in the Department of International Health at the Bloomberg School of Public Health. He has been awarded a Graduate Research Fellowship from the National Science Foundation which will support his research into cross-species transmission of retroviruses in Cameroon.

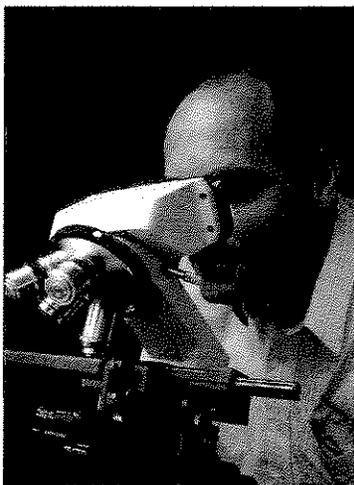
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## Regional Assignments: Asia and Near East

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***Christopher G. Barrett, MSc***  
***Infectious Diseases and HIV-AIDS Fellow***  
***USAID/India***

April 8, 2002 – September 30, 2006



Mr. Barrett worked at USAID/India based in New Delhi, India. He served as the USAID/India Infectious Disease HIV/AIDS Fellow. In this assignment, Mr. Barrett was responsible for assisting the Mission and its external partners to accomplish programmatic objectives defined under the Mission's Strategic Objective (SO) #7 Mitigate the Impact of Infectious Diseases Particularly HIV/AIDS.

Chris continues to work at USAID as NEP Health/POP Nutrition Officer.

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***Molly A. Brady, MPH***  
***Avian Influenza Advisor,***  
***USAID, Bangkok, Thailand***  
***USAID/RDMA***  
***(Regional Development Mission for Asia)***

March 20, 2006 – March 30, 2007



Ms. Molly Brady's assignment was based in Bangkok, Thailand. She served as Avian Influenza Advisor to the Regional Development Mission for Asia (RDMA). She provided the USAID/RDMA with resident health expertise to coordinate the Avian Influenza activities and provided technical support and oversight to the development and implementation of policy, research, and project activities in the prevention, detection and containment of avian influenza in countries and regions, working with a wide array of US Government partners and international organizations. Ms. Brady assisted USAID missions, host governments and NGOs in developing and assessing technical and strategic program approaches for preventing, detecting, and containing outbreaks of avian or pandemic influenza by identifying and accessing appropriate resources, including the technical and operational coordination of cooperating agencies.

Molly continues to work at USAID as a Global Health Fellow through the Public Health Institute.

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**Lyndon L. Brown, MPH**  
**Health and Child Survival Advisor**  
**USAID/Kathmandu**

February 16, 1999 – April 30, 2003

*No Photo Available*

From 1999 to 2003, Mr. Lyndon Brown was based in Kathmandu, Nepal where he served as Health and Child Survival Advisor to USAID/Kathmandu. In this assignment he provided technical and managerial support to USAID/Kathmandu's Strategic Objective # 2 Team (S)-2), Reduced Fertility and Improved Maternal and Child Health. He also provided technical oversight and managerial assistance to USAID-assisted maternal and child health activities in Nepal including the National Vitamin A Program, the National Program for Control of Diarrheal Disease and Acute Respiratory Illness, the National Polio-eradication program, selected NGO integrated child survival/family planning projects, Female Community Health Volunteers, Traditional Birth Attendants and HIV-AIDS Prevention Programs.

Following his fellowship he served as Team Leader for ANE in Office of Regional and Country Support, Lyndon was the main link to the Bureau for Global Health and the primary counterpart in GH for the entire ANE/TS PHN team.

Mr. Brown passed away on September 28, 2005.

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**Lisa M. Kramer, MPH**  
**HIV, TB & Infectious Diseases Advisor**  
**USAID/Jakarta**

May 11, 2004 – October 3, 2006



Based in Jakarta, Ms. Lisa Kramer served as HIV and Infectious Diseases Advisor at USAID/Indonesia. She worked with the mission's senior FSN team leader for HIV/AIDS and Infectious Diseases to guide, manage, and oversee the mission's program for HIV/AIDS prevention, malaria, TB, polio and other communicable diseases.

Lisa continues to work at the USAID/Indonesia mission with the Global Health Fellows Program. She has been promoted to Senior Infectious Diseases Technical Advisor. Ms. Kramer serves as the Mission's technical lead for avian influenza. Her portfolio includes national level strategic planning and policy development for combating avian influenza in Indonesia. She manages four large programs with a combined annual budget of over \$18 million. She provides technical guidance and monitoring of programs for community based surveillance, rapid response, and behavior change communications. She provides technical guidance on infectious disease control to

the USAID mission and helps to coordinate interagency US Government activities for avian influenza control in Indonesia.

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**William O. "Billy" Pick, JD, MSW**  
**HIV/AIDS and STD Advisor**  
**USAID/ANE/SPOTS**

October 8, 2001 – June 15, 2006

*No Photo Available*

In his position as HIV/AIDS and STD Advisor to the Bureau for Asia and the Near East, Mr. Billy Pick provided technical and managerial assistance to the design, monitoring and evaluation of USAID's STD

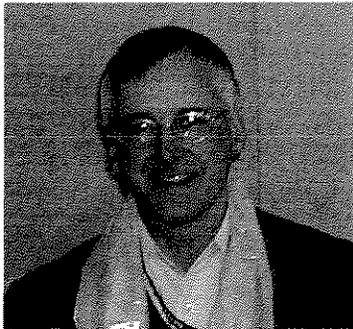
and HIV-AIDS programs, projects and initiatives in the Asia and Near East region.

Billy continues working at USAID as a Technical Advisor, Office of HIV/AIDS.

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**John C. Quinley, MD, MPH, ScD**  
**Child Survival Advisor**  
**USAID/Nepal**

August 18, 2003 – December 27, 2006



Based in Kathmandu, Dr. John Quinley served as Child Survival Advisor to USAID/Nepal. In this assignment, Dr. Quinley provided technical and administrative oversight to the USAID/Nepal supported public health programs, policies, initiatives and activities, specifically in the area of child health. He worked with USAID, Government of Nepal (GON), other donors, NGOs, and staff of the "Nepal Family Health Program", the USAID/Nepal family planning and maternal and child health bilateral activity. He also provided technical oversight to the USAID/Washington BHR-funded Child

Survival Grants including Mission response to proposals and technical guidance during implementation and evaluation.

John is a consultant with WHO. Currently he is working on a pilot program for malaria in pregnancy in Cambodia.

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***Jonathan M. Ross, MPH***  
***Child Health and Nutrition Advisor***  
***USAID/Indonesia***

April 16, 2001 – March 5, 2004



Based in Jakarta, Mr. Jonathan Ross served as Child Health and Nutrition Advisor to USAID/Nepal. In this position, Mr. Ross provided technical and managerial assistance to USAID/Indonesia's child health and nutrition programs and food aid programs (CHN/FA). He coordinated USAID supported CHN/FA activities with CHN/FA activities supported by other donors. He identified appropriate ways to utilize USAID resources to support the decentralized Indonesian Child Health and Nutrition programs.

Jonathan is now a Foreign Service Officer attached to USAID's Mission in Phnom Penh, Cambodia.

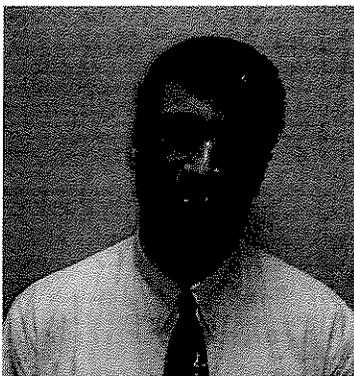
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**Regional Assignments: Europe and Eurasia**

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***Kipling A. "Kip" Beardsley, MPH***  
***HIV/AIDS Technical Advisor for Europe and Eurasia***  
***USAID/EE/DGST/ST***

June 19, 2006 – March 30, 2007



Mr. Kip Beardsley served as HIV/AIDS Technical Advisor for Europe and Eurasia in the Bureau for Europe and Eurasia, Office of Democracy, Governance and Social Transition. He assisted the Bureau for Europe & Eurasia in strengthening evidence-based responses to the HIV/AIDS epidemic throughout the countries of Europe and Eurasia. Mr. Beardsley provided scientific technical guidance on the prevention of HIV/AIDS particularly among populations who engage in high risk behavior such as injecting drug use and the treatment and/or care of those infected and affected. This included assistance in the technical design, development of policies and programs and the evaluation and monitoring of HIV/AIDS approaches and programs. It also included mastering and presenting the HIV/AIDS issues and opportunities in the E&E region to a range of senior decision makers in USAID, the State Department, Congress, international organizations and host country governments.

Kip continues working at USAID as a Global Health Fellow through the Public Health Institute.

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**Timothy A. Clary, MA, MS, EMBA, PhD**  
**HIV/STI Infectious Diseases Epidemiologist**  
**USAID/EE/EEST/HRHA**

October 1, 2001 – June 30, 2003

No Photo Available

Dr. Timothy Clary served as HIV/STI Infectious Diseases Epidemiologist in the Bureau for Europe and Eurasia. In this assignment he assisted the E&E Bureau in strengthening evidence-based programming of infectious disease prevention and control activities throughout Central and Eastern Europe and the Independent States of the former Soviet Union. He assisted the Bureau by analyzing and mapping the development of the HIV/AIDS, tuberculosis and STI epidemics in the region. He also provided scientific technical guidance on the prevention and control of infectious diseases specifically in the technical design, evaluation and monitoring of HIV/AIDS, STI and tuberculosis programs.

Dr. Clary is currently employed by Emerging Markets Group, Ltd. (EMG) as a Senior Manager within the Healthcare Practice Unit. His responsibilities included serving as a Project Director (and Chief of Party when necessary) for Project NOVA (reproductive health/family planning) and the Primary Health Care Reform Project with a combined value of \$24+ million. He also serves as the primary technical advisor on infectious diseases, including newly emerging diseases and provides technical assistance in other areas such as HIV/AIDS, anti-corruption in healthcare, gender mainstreaming, and Global Fund institutional and programmatic assessments. He acts as the primary liaison for EU-funded healthcare initiatives based in EMG's Brussel's.

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**Sangita Patel, MPH**  
**Health Sector Communications Advisor**  
**USAID/E&E/DGSR/HRHA**

March 27, 2000 – March 5, 2004



In her position as Health Sector Communications Advisor in the Bureau for Europe and Eurasia, Democracy, Governance and Strategic Response Division, Ms. Sangita Patel provided technical, analytical, and backstopping support. She assisted with the implementation, monitoring and evaluation of projects in the Agency's health sector portfolio, including health finance and service delivery reform, health-care partnerships, women's health, child welfare, and control of infectious diseases.

Sangita is now Deputy Team Leader of the HIV/AIDS and Health Office for USAID/Namibia, and provides critical technical oversight to a \$41.5 million portfolio that accounts for over 85% of the Mission's annual

program budget. She serves in a Presidential Emergency Plan focus country as a core member of the

USG team, led by the U.S. Ambassador and comprised of USAID, the Department of Defense, State Department, Peace Corps, and the Centers for Disease Control and Prevention.

Ms. Patel plays a critical role in combating the two greatest health issues ravaging Namibia's health sector: HIV/AIDS and Tuberculosis (TB). With a 19.9% HIV/AIDS prevalence rate, and a 60% TB-HIV co-infection rate, the two epidemics are proving to be lethal for Namibia's survival and continued development. In the absence of effective community based interventions to reach rural populations, HIV and TB undermine Namibia's stability and weaken government capacity to cope and respond, and leave the country overwhelmed with large numbers of orphans and vulnerable children (OVC). Ms. Patel assists the USG Team to effectively program rapidly expanding resources in an ever changing policy environment, as the programs shifts from crisis assistance to longer term development assistance. She is responsible for the implementation of the Office of the Global AIDS Coordinator (O/GAC) and USAID policies to provide care and support for orphans and vulnerable children, increase access to palliative care and treatment services for people living with HIV and AIDS, and work closely with partners to ensure greater sustainability and local capacity building.

As Deputy Team Leader, Ms. Patel serves as principal liaison with a number of development partners, including relevant line Ministries of Health, Gender Equality and Child Welfare (MGEWC), Education, and Environment, providing leadership to all cross-sectoral HIV/AIDS activities. She balances the technical and resource management requirements of USAID, the USG Emergency Plan Team and O/GAC to ensure that USAID results are achieved. In conjunction with the HIV/AIDS Team Leader, she supervises a team of six staff consisting of one U.S. Personal Services Contractor, two U.S. Fellows, two Foreign Service National (FSN) technical advisors, and a FSN Administrative Assistant.

Ms. Patel is the Cognizant Technical Officer (CTO) for a \$35 million HIV/AIDS prevention, care, and support program that builds capacity of 14 local non-governmental, faith-based, and community based partners to respond directly to the challenges posed by the HIV/AIDS epidemic. She is also CTO for a USAID funded \$6 million TB Control and Prevention program that is creating a sustainable model for roll-out of community-based programs in Namibia, leveraging over \$17 million in Global Fund TB resources. Additionally, Ms. Patel is CTO for a \$2.5 million vocational and life-skills training program to empower and integrate OVC into the workforce.

Ms. Patel provides critical support to the Mission, programming HIV/AIDS and Health resources in a sustainable manner to address Namibia's challenges beyond the "Emergency" nature of these dual epidemics.

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***Andreas W. Tamberg, MA***  
***Health Program Advisor***  
***USAID/CAR***

October 10, 2001 – October 9, 2003



Based in Tashkent, Mr. Andreas Tamberg served as Health Program Advisor to the Central Asian Republics. Mr. Tamberg provided technical and managerial assistance and coordinated the results package for the health reform and other health activities (including family planning, health partnerships, infectious diseases, and child survival) in USAID/CAR/Uzbekistan and USAID/CAR/Almaty. He coordinated monitoring and evaluation activities in the health sector. He also assisted government and non-governmental counterparts in program implementation activities and relevant health and humanitarian issues.

Following his fellowship with USAID in Tashkent, Uzbekistan and move to the Regional Mission in Almaty, Andreas served as Regional Public Health Advisor and Cognizant Technical Officer for the Mission's "CAPACITY" HIV/AIDS Program and Drug Demand Reduction Program (DDRP). After nearly five years with USAID, he accepted a position as Fund Portfolio Manager for Eastern Europe and Central Asia with the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund's purpose is to attract, manage and disburse resources to fight AIDS, TB and malaria. The Global Fund encourages local ownership of national disease control programs by focusing upon the technical quality of proposals, while leaving the design of programs and priorities to partners reflected by a multi-sectoral Country Coordinating Mechanism. In his new role, Andreas manages national HIV/AIDS and TB grant programs in Ukraine and the Balkans worth US \$284 million. Andreas is currently negotiating three new "Round 6" grants for Ukraine, Serbia and the newest member of the United Nations, Montenegro.

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## Regional Assignments: Latin America and Caribbean

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**Joan Atkinson, MPH**  
**HIV/AIDS/STI Technical Advisor**  
**USAID/Jamaica**

January 8, 2001 – July 31, 2005



From 2001 thru 2005, Ms. Joan Atkinson worked under USAID/Jamaica, based in Bridgetown, Barbados. She served as HIV/AIDS/STI Technical Advisor to USAID's Caribbean Regional Program. In this position she played a key technical role in the development/design of a continuing HIV/AIDS/STI Prevention and Control program with the Ministry of Health. She provided expert consultation to USAID in HIV/AIDS/STI and assisted with the design of a targeted Caribbean regional HIV/AIDS program and provided technical and managerial assistance with those programs.

She also provided technical assistance to the Adolescent Reproductive Health project manager (USAID) in guiding interventions, policies, and activities targeted to the youth in 9 parishes.

Joan serves as RHAP's primary coordinator/manager of all US Government Agency -supported HIV/AIDS activities and programs in Lesotho. She serves as the principal advisor to the Ambassador and the Deputy Chief of Mission on HIV/AIDS and developments in the President's Emergency Plan for AIDS Relief.

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**Logan Brenzel, PhD**  
**Population, Health and Nutrition Advisor**  
**USAID/LAC/RSD-PHN**

July 9, 2001 – November 22, 2002

*No Photo Available*

While serving as Population, Health and Nutrition Advisor to the Latin America and Caribbean Bureau, Dr. Logan Brenzel provided the Office of Regional and Sustainable Development (LAC/RSD)

with technical and managerial assistance in the oversight of the Latin America and Caribbean Regional Health Sector Reform Initiative (LACHSR). She identified opportunities to strengthen health reform implementation in the LAC region, and helped formulate Regional Bureau and initiative responses for collaboration and leadership. She, also provided technical and operational assistance to LAC/RSD team and LAC mission population, health and nutrition programs.

Logan is currently a Senior Health Specialist at the World Bank.

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***Kelly Flynn-Saldana, MPH, MPIA***

***Public Health Advisor***

***USAID/LAC/RSD-PHN***

May 12, 2003 – August 5, 2005

*No Photo Available*

Ms. Kelly Flynn-Saldana served as Public Health Advisor to USAID's Bureau for Latin America and the Caribbean, Office of Regional and Sustainable Development (LAC/RSD). In this assignment, Ms. Flynn-Saldana provided technical and managerial assistance in the oversight of LAC Regional Population, Health and Nutrition Programs, with special reference to health systems reform. She gained skills and experience in the design, monitoring and evaluation of regional health reform and financing activities and initiatives.

Currently Kelly is on a PASA mechanism from USDA with LAC. She serves as the Senior Public Health Advisor and deputy team leader for the health team. The technical focus of her assignment is health systems, but she is also the point person for cross-cutting issues and non-communicable diseases.

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***Mary J. Freyder, MPH***

***HIV-AIDS Monitoring, Evaluation and Reporting Fellow***

***USAID/GH/HIV-AIDS/PER***

**and**

***Senior HIV/AIDS Technical Advisor***

***USAID/Caribbean Regional Project***

***USAID/Barbados***

September 9, 2002 – October 23, 2006



communities and families.

Ms. Mary J. Freyder served as HIV/AIDS Monitoring, Evaluation and Reporting Fellow in the Office of HIV/AIDS, Planning, Evaluation and Reporting Division. In this assignment, Ms. Freyder provided broad HIV/AIDS-related expertise and guidance in program evaluation and monitoring. She strengthened USAID's ability to monitor program implementation, document results, and assess program impact of USAID's strategic objective to reduce HIV transmission and mitigate the impact of the disease on nations,

In June 2005, Ms. Freyder accepted an assignment at USAID/Barbados located in Bridgetown, Barbados. She served as Senior HIV-AIDS Technical Advisor to the Caribbean Regional Program (CRP). She provided US Government HIV and AIDS Technical and Programmatic Leadership; ensuring coordination and synergy of HIV/AIDS activities with other USAID CRP activities and related regional and country-level strategies supported by other donor partners and served as a

professional member of the USAID CRP technical team.

Mary continues working at USAID/Barbados as a Global Health Fellow with the Public Health Institute.

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***Patricia Ann Paine, DLitt & Phil, MSc***  
***Senior TB Advisor***  
***USAID/Brazil***

June 18, 2003 – October 16, 2006

*No Photo Available*

Based in Brasília, Dr. Paine served as Senior TB Advisor at USAID/Brazil. In this capacity she was responsible for assisting the Mission and its external partners to accomplish programmatic objectives defined under the Mission's Strategic Objective (SO) #3 Increased Sustainable and Effective Programs to Prevent Sexual Transmission of HIV among Target Groups and to Control Tuberculosis in Target Geographic Areas.

Patricia continues working at USAID/Brazil as a US Personal Service Contractor.

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***Glenn F. Sessions, BSN, MPH***  
***HIV/AIDS Technical Advisor***  
***USAID/Brazil***

March 19, 2001 – March 10, 2003

*No photo available.*

Based in Brasilia, Mr. Glenn Sessions served as HIV/AIDS Technical Advisor to the USAID mission in Brazil.

Currently, Glenn is working as a manager of an inpatient acute psychiatric ward at the Veteran Affairs Medical Center in West Los Angeles.

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**William K. Slater, MPH**  
**Technical Advisor - HIV-AIDS Special Objective**  
**USAID/Guyana**

May 6, 2002 – March 5, 2004



Based in Georgetown, Guyana Mr. William Slater served as Technical Advisor for the HIV/AIDS Special Objective at USAID/Guyana. In this assignment Mr. Slater served as primary technical advisor and provide managerial and technical assistance to USAID/Guyana's special objective in HIV-AIDS. He assisted in the identification of strategies and approaches for achieving SPO results. He facilitated capacity building of the USAID-funded NGOs and project steering committee(s) and mobilized support networking and coordination of HIV/AIDS information and activities.

Slater Following his fellowship, Bill joined the NEP program. He is now a Foreign Service Officer assigned to USAID's Regional Development Mission, Bangkok, Thailand.

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**Yumiko M. Texidor, MPH**  
**Youth Friendly Health Service Project Coordinator**  
**Adolescent Health Unit**  
**Ministry of Health**  
**Government of Guyana**  
**USAID/GUYANA**

July 6, 2006 – October 30, 2006



Ms. Yumiko Texidor served as a Technical Advisor to the Ministry of Health of the Government of Guyana. Ms. Texidor worked to mitigate HIV-AIDS among Guyanese youth. She served as a technical counterpart to the Director of the Ministry of Health's Adolescent wellness unit, the "Child, Adolescent and Young Adult Health and Wellness Unit" (CAYAHWU). She assisted the Director of the unit to ensure that CAYAHWU had an effective framework and effectively linked with partners, stakeholders and resources.

HCSFP Since working with the Ministry of Health's Adolescent Health Unit in July 2006, Ms. Texidor's main responsibilities involve assisting the rollout of Youth Friendly Services (YFS) nationwide where 60% of all health centres be deemed "youth friendly" by 2010. Ms. Texidor is currently coordinating all activities by Youth Friendly Service (YFS) centres and is collaborating with YFS centre staff as well as other counterparts, such as the National Youth Health Organization Coordinator and the Director of Adolescent Health Unit at Ministry of Health (MOH). YFS centres provide youths with education on reproductive health, sexuality, STI

treatment and VCT services. Other duties include sustaining fully functional YFS centres in Regions 6 and 10, Linden and New Amsterdam, respectively with provision of resources and materials; begin launching new YFS centres at the national level; coordinating trainings for existing and upcoming YFS staff; working with other government counterparts to ensure efficiency of the national rollout of YFS centres; and working with donor agencies such as USAID, UNICEF, and CDC to coordinate YFS activities.

Since December 2006, Ms. Texidor has been preparing the opening of new YFS centres in three regions. The outstanding training all new YFS staff must undergo is voluntary counseling and testing (VCT) to be carried out by the National AIDS Programme Secretariat (NAPS). This training is essential in order for the YFS centres to be established VCT sites. Renovations for one of the new centres to be launched were completed with the addition of new security measures. Launchings of the new YFS sites are expected to take place in mid-April. Also, two refresher trainings were conducted: for YFS staff and peer educators in the Berbice region. The peer education refresher training gave Ms. Texidor and her CDC-funded VCT technical officer colleague the opportunity to reform the present peer education program to allow more monitoring and structuring of the program.

Ms. Texidor was also able to secure funding from UNPFA to train new and existing YFS staff on updated information on contraceptives, gender-related issues and values clarification on the provision of contraceptives to youth. Currently, Ms. Texidor is planning the training program with the UNFPA country liaison and faculty from the University of Guyana's Department of Social Work. Currently, the YFS program is undergoing monitoring activities via client exit surveys to determine the quality of services offered by the YFS staff. The surveys are being administered by peer educators in various secondary school health clubs. The monitoring activities will determine accreditation of health centres as "youth-friendly" at the end of the year.

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***Jennifer Winestock Luna, MPH***  
***USAID/LAC Maternal Health and Child Survival Advisor***  
***USAID/LAC/RSD-PHN***

September 17, 2001 – January 28, 2004

*No Photo Available*

Ms. Jennifer Winestock-Luna served as Maternal Health and Child Survival Advisor to the Latin America and Caribbean. In this assignment she provided technical assistance in the oversight of the

Latin America and Caribbean Regional maternal health and child survival initiatives. She led the design of regional maternal health and child survival initiatives and strengthened maternal health and child survival program implementation.

After completing her assignment, Ms. Winestock-Luna joined Macro International as a Monitoring and Evaluation (M&E) Specialist. She began working at Macro as part of the Child Survival Technical Support Plus Project (CSTS+) and recently expanded her role to include working with MEASURE Evaluation. As part of CSTS, she is responsible for providing M&E technical support to approximately 70 active Child Survival and Health Grants (CSHGP) and is a technical resource to USAID/CSHGP in the area of M&E. Through MEASURE Evaluation, Jennifer is the focal person for the Caribbean Regional Program on M&E of HIV/AIDS. Her responsibilities have included updating the Knowledge, Practice and Coverage tool that CSHGP grantees use for evaluation; developing a Results Framework and Performance Management Plan (PMP) for CSHGP; developing a Program, Design, Monitoring and Evaluation course; facilitating a training of survey trainer's course in Uganda and Washington D.C.; facilitating a course on M&E of HIV/AIDS in Mexico; and providing technical information to USAID/GH on implementing small population sampling methodologies.

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## Interns

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***Cathie M. Frazier, MS, MPH***  
***Environmental Health Advisor***  
***Health and Child Survival Fellows Program Intern***  
***Environmental Health Project***

September 8, 2003 – June 30, 2004



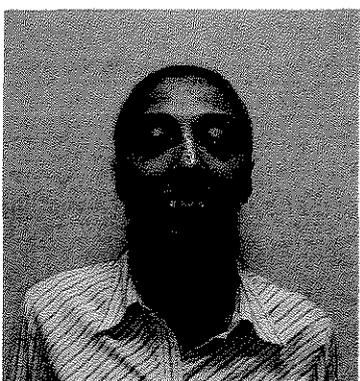
Ms. Cathie Frazier's internship through the Health and Child Survival Fellows Program is as an Environmental Health Advisor with the Environmental Health Project. Ms. Frazier gained in-depth knowledge and practical experience about international water supply, sanitation and hygiene issues. She also gained experience working in a USAID environment and interacting with international organizations. To accomplish this objective, she is worked with the USAID/GH Environmental Health Project to assist the UNICEF/WHO Joint Monitoring Programme (JMP) in the Development of an Authoritative Guide for Indicators and Monitoring of Water Supply, Sanitation and Hygiene.

Cathie is currently a faculty member of the Department of International Health, Johns Hopkins Bloomberg School of Public Health doing research through the Center for American Indian Health.

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***Maha Farouk Hag-Alshiekh, MBBS, MPH***  
***Health and Child Survival Advisor***  
***USAID/GH/HIDN/NUT***

May 30, 2006-December 15, 2006



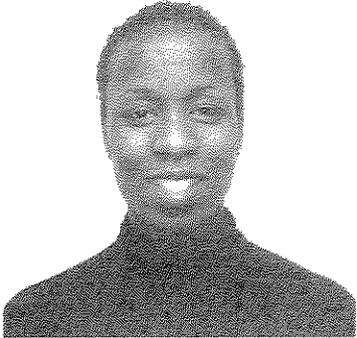
Dr. Maha Farouk Hag-Alshiekh was the MSI Intern serving as Health and Child Survival Advisor to the Child Survival and Health Grants Program. Dr. Hag-Alshiekh gained USAID and Global Health experience by assisting in the management of projects and activities that support the Child Survival and Health Grants Program, a centrally-funded program which supports community-based child survival and health programs implemented by U.S. private voluntary organizations (PVOs) and their local partners.

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***Tamara A. Henry, M.A.***  
***Health and Child Survival Intern***  
***Public Affairs Associate***  
***US Coalition for Child Survival***

January 20, 2004 – July 27, 2004



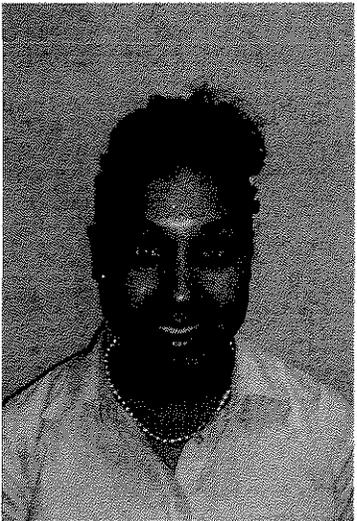
Ms. Henry served as Public Affairs Associate at the US Coalition for Child Survival, a NGO hosted and supported by the Global Health Council. During her internship she gained experience with USAID and with international Child Survival Advocacy work. She also became knowledgeable of national and international development assistance networks.

Tammy recently completed her PhD in Health Education from Columbia University.

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***Kiesha N. McCurtis, MPH***  
***Health and Child Survival Intern***  
***Global Campaign for Microbicides***  
***(PATH)***

June 16, 2006 – December 29, 2006



Ms. Kiesha N. McCurtis served as Health and Child Survival Intern with the Global Campaign for Microbicides housed at PATH, a broad-based international effort to build support among policymakers, opinion leaders, and the general public for increased investment into microbicides and other user-controlled prevention methods. Through advocacy, policy analysis, and social science research, the Campaign works to accelerate product development, facilitate widespread access and use, and protect the needs and interests of users, especially women. Her internship was sponsored by the Office of Professional Development and Management Support. Through her internship, Ms. McCurtis gained practical on-the-job-training and experience with the Global Campaign for Microbicides, a broad-based international effort to build support among policymakers, opinion leaders, and the general public for increased investment into microbicides and other user-controlled prevention methods.

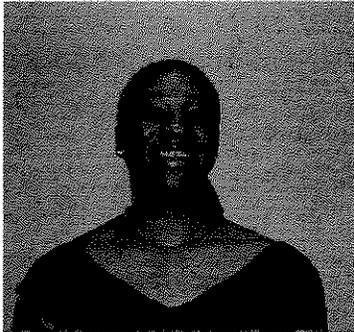
Currently, Keisha works with the National Women's Health Network.

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***Mieko McKay***  
***MSI Intern***  
***JHPIEGO ACCESS***

February 15, 2005 – June 15, 2005



Mieko McKay served as a Health and Child Survival Intern at the ACCESS program, working in the contractor's space (JHPIEGO). The ACCESS program is a 5-year USAID-sponsored global initiative to reduce maternal and newborn deaths and to improve maternal and newborn health. The ACCESS program promotes expanding coverage, access and use of key maternal and newborn health services across the continuum of care from the household to hospital. ACCESS works with USAID missions, governments, local communities, and partner agencies in developing countries to achieve sustainable improvements in maternal and newborn health and survival.

Mieko currently serves as Public Health Advisor to USAID in Mali through the Global Health Fellows Program of the Public Health Institute.

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***Serena Williams, MPH***  
***MSI Intern***  
***DCHA/FFP and DCHA/CMM***

June 6, 2005 – December 5, 2005



Ms. Serena Williams began her Health and Child Survival Internship with the Bureau for Democracy, Conflict and Humanitarian Assistance in June 2005. Ms. Williams worked with the Office of Food for Peace and the Office of Conflict Management and Mitigation. She participated in Food Aid Management Training and worked with the CMM Team in the development of a Health and Conflict toolkit.

Serena currently works as the Manager of the New Business Unit, International Division, Chemonics.

**Urban Child Survival Fellows  
Baltimore City Health Department Assignments  
(Urban Child Survival Fellows were funded under a separate contract from the Baltimore  
City Health Department)**

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***William K. Adih, MD, MPH, DrPH***  
***Urban Child Survival Advisor***  
***Baltimore City Health Department***  
***Division of Maternal and Child Health***  
October 22, 2001 – March 15, 2003

*No Photo Available*

Dr. William Adih was an Urban Child Survival Fellow based in Baltimore. His assignment was with the Baltimore City Health Department where he served as Child Survival Advisor in the Division Maternal and Child Health. In this assignment he provided technical and managerial assistance to the Baltimore City Health Department's efforts to reduce infant and child mortality in the city.

William is now working for the Maryland Department of Health and Mental Hygiene Center for Maternal and Child Health as the MCH Epidemiologist.

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***Karen Angelici, MPP***  
***Urban Child Survival Fellow***  
***Baltimore City Health Department***  
***Division of Maternal and Child Health***  
June 16, 2003 – March 31, 2004



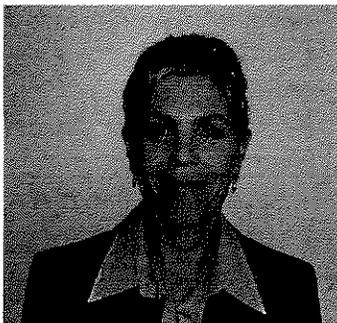
Ms. Karen Angelici was an Urban Child Survival Fellow with the Baltimore City Health Department, Maternal and Child Health (MCH) Division. In this position, she provided technical and managerial assistance to the Baltimore City Health Department's efforts to reduce infant and child mortality in the city.

Karen is now a Senior Program Officer with the Annie E. Casey Foundation where she leads a statewide child welfare reform project for Virginia.

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***Robin Collen-Zellers, MPH***  
***Adolescent and Reproductive Health Advisor***  
***Urban Child Survival Fellow***  
***Baltimore City Health Department***  
***Division of Maternal and Child Health***  
***Bureau of Adolescent and Reproductive Health***  
March 15, 2004 – December 27, 2004



Ms. Robin Collen-Zellers was an Urban Child Survival Fellow based in Baltimore. She served as Adolescent and Reproductive Health Advisor to the Baltimore City Health Department, Bureau of Adolescent and Reproductive Health. In this assignment she provided technical and managerial assistance to the Baltimore City Health Department's efforts to prevent unplanned and adolescent pregnancy in the city.

Robin is currently working as an Adolescent Health consultant from her base in New Hampshire.



## HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM

History of Placements 1985 – 2007

Listed in order of assignment end date, beginning with the most recently completed assignments.

Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Kipling A. "Kip" Beardsley, MPH (Harriet Destler)	06/19/2006 – 03/31/2007	USAID/EE/DGST (HIV/AIDS Advisor for Europe & Eurasia)	FS-EE	FELLOW (PHI GHFP)
Molly A. Brady, MPH (John MacArthur)	03/13/2006 – 03/31/2007	USAID/RDMA Bangkok, Thailand (Avian Influenza Advisor)	AI	FELLOW (PHI GHFP)
Youssef Tawfik, MB-CH, MPH (Al Bartlett, III)	11/21/2005 – 03/31/2007	USAID/GH/HIDN/MCH (Child Health Advisor)	CORE SO 3	SENIOR FELLOW (JHPIEGO -- International Partnership for Microbicides)
Kama G. Garrison, MPH (Toni Boni)	09/20/2004 – 03/31/2007	USAID/GH/HIDN/HS (Pharmaceutical Management Advisor)	CORE CH	FELLOW (USAID Foreign Service)
Kiesha McCurtis, MPH (Bindiya Patel Global Campaign – North American Coordinator & Global Campaign Global North Coordinator)	06/19/2006 – 12/29/2006	Global Campaign for Microbicides (Housed at PATH) MSI Intern	USAID/GH/PDMS	MSI INTERN (National Women's Health Network)



## HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM

History of Placements 1985 – 2007

Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Rogert G. Rosenberg, MD, MPH (Mary Vandembroucke)	01/03/2005 – 12/29/2006	USAID/GH/RCS/EEST (Health Systems Advisor for Europe & Eurasia)	FS-EE	FELLOW (Consultant)
John C. Quinley, MD, MPH, ScD (Sheila Lutjens)	8/18/2003 – 12/27/2006	USAID/Nepal Kathmandu, Nepal (Health & Child Survival Advisor)	FS-ANE	FELLOW (WHO -- Cambodia)
Maha F. Hag-Alshiekh, MBBS, MPH (Cand.) (Susan Youll)	05/30/2006 – 12/15/2006	USAID/GH/HIDN Health & Child Survival Advisor MSI Intern	USAID/GH/PDMS	MSI INTERN (Consultant)
Richard A. “Rick” Berzon, DrPH, PA (John Novak)	08/01/2005 – 12/14/2006	USAID/GH/OHA/SPER (M & E Advisor)	OGAC	FELLOW (PHI GHFP)
Angela M. Weaver, MPH (Murray Trostle)	03/01/2005 – 11/15/2006	USAID/GH/HIDN/MCH (Child Health Technical Assistance Fellow with Emphasis on Immunization)	HEALTH CORE SO 3	FELLOW (PHI GHFP)
Yumiko M. Texidor, MPH (Julia Rehwinkle)	07/06/2006 – 10/30/2006	USAID/Guyana Georgetown, Guyana (HIV Strategic Information Advisor)	FS-LAC	FELLOW (PHI GHFP)



## HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM

History of Placements 1985 – 2007

Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSEFP (Current Position)
Zandra H. André (Duprey), DVM, MPH (Elizabeth Fox)	06/05/2006 – 10/30/2006	USAID/GH/AIRU (Highly Infectious Avian Infectious Diseases (HPAI) Senior Advisor)	CORE AI	FELLOW (PHI GHFP)
Ndeye Marietou Satin, MPH (Aqua Kwateng-Addo)	04/15/2006 – 10/30/2006	USAID/Nigeria Abuja, Nigeria Maternal & Child Health Technical Advisor)	FS-AFR	FELLOW (PHI GHFP)
(John Novak)	08/15/2005 – 04/14/2006	USAID/GH/OHA (Monitoring, Evaluation & Reporting Fellow)	CORE SO 4	FELLOW
Rochelle Rainey, PhD (John Borrazzo)	01/10/2005 – 10/30/2006	USAID/GH/HIDN/ID (Water Supply & Sanitation Advisor)	CORE SO 3, SO 5	FELLOW (PHI GHFP)
Mary J. Freyder, MPH (Angela Davis)	06/13/2005 – 10/23/2006	USAID/Barbados Bridgetown, Barbados (Senior HIV/AIDS Technical Advisor Caribbean Regional Program)	FS-LAC	FELLOW (PHI GHFP)
	09/09/2002 – 06/10/2005	USAID/GH/HIV/PER (Advisor for Monitoring & Evaluation)	CORE SO 4	FELLOW



## HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM

History of Placements 1985 – 2007

Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Cherry M. Gumapas, MPH (Linda Lou Kelley)	05/03/2005 – 10/16/2006	USAID/Mozambique Maputo, Mozambique (Mozambique HIV/AIDS Behavior Change & Communications Specialist)	FS-AFR	FELLOW (PHI GHFP)
Patricia J. Mengech, MPH (Willa Pressman)	04/12/2004 – 10/16/2006	USAID/GH/RCS (Africa Regional Program Advisor)	CORE BW	FELLOW (CASU USAID/RCS)
Patricia A. Paine, DLitt & Phil, MSc (Michael Burkly)	06/18/2003 – 10/16/2006	USAID Brazil Brasilia, Brazil (Senior TB Advisor)	FS-LAC	SENIOR FELLOW (PHI GHFP)
ThuVan Dinh, MPH (John Novak)	10/03/2005 – 10/11/2006	USAID/GH/OHA/SPER (M & E Advisor)	OGAC	FELLOW (PHI GHFP)
Mark J. Maire, DO, MPH (Jeannie Friedman)	07/14/2006 – 10/03/2006	USAID/Zambia Lusaka, Zambia (Child Survival, Nutrition, Malaria & TB Advisor)	FS-AFR	FELLOW (PHI GHFP)
Robert M. Blanchard, MPH (Murray Trostle)	06/29/2006 – 10/03/2006	USAID/GH/AIRU (Disaster Logistics Specialist Avian Influenza Response Unit)	AI	FELLOW (PHI GHFP)



## HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM

History of Placements 1985 – 2007

Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSEFP (Current Position)
Tiffany Lefevre Lillie, PhD, MHS (John Novak)	06/27/2006 – 10/03/2006	USAID/GH/OHA (M & E Advisor)	CORE SO 4	FELLOW (PHI GHFP)
Ayan H. Ahmed Noor, MD, MPH (Elizabeth Fox)	02/28/2006 – 10/03/2006	USAID/DCHA/OFDA and/or USAID/GH/HIDN (Health Disaster & Complex Emergencies Fellow)	CORE SO 3 USAID/DCHA/OFDA FS-PILLAR	FELLOW (PHI GHFP)
Heather L. Haberle, MSc (Mike Zeilinger)	02/28/2006 – 10/03/2006	USAID/GH/HIDN/NUT (Health Research Advisor)	CORE SO 3	FELLOW (PHI GHFP)
Michael J. Andreini, MPH (Kifle Negash)	10/19/2005 – 10/03/2006	USAID/Sudan Field Office Nairobi, Kenya (Health Advisor)	FS-AFR	FELLOW (PHI GHFP)
Alison M. Surdo, MPH (David Stanton)	09/12/2005 – 10/03/2006	USAID.GH/OHA/TLR (Advisor for HIV Voluntary Counseling & Testing)	CORE SO 4	FELLOW (PHI GHFP)
Nazo Kureshy, SM (Susan Youll)	08/03/2005 – 10/03/2006	USAID/GH/HIDN/NUT (Maternal & Child Health Advisor)	CORE SO 3	FELLOW (CASU USAID/GH/HIDN)
Malia Boggs, MPH (Frances Davidson)	04/19/2005 – 10/03/2006	USAID/GH/HIDN/NUT (Micronutrients Program Advisor)	CORE SO 3	FELLOW (PHI GHFP)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Namita Agravat, MPH (Susan Youll)	03/01/2005 – 10/03/2006	USAID/GH/HIDN/NUT (Child Survival Grants Program Advisor)	CORE SO 3	FELLOW (PHI GHFP)
Kamden D Hoffmann, MA, MPH (Al Bartlett, III)	11/16/2004 – 10/03/2006	USAID/GH/HIDN/MCH (Child Health Advisor)	CORE SO 3	FELLOW (PHI GHFP)
Matthew E. Barnhart, MD, MPH (David A. Stanton)	11/01/2004 – 10/03/2006	USAID/GH/OHA/TLR (Advisor for HIV/AIDS Programs, Including PMCTC HIV Care)	CORE SO 4	FELLOW (PHI GHFP)
Lisa M. Kramer, MPH (Lynn Adrian)	05/11/2004 – 10/03/2006	USAID/Indonesia Jakarta, Indonesia (HIV, TB & Infectious Diseases Advisor)	FS-ANE	FELLOW (PHI GHFP)
Judy Canahuati, MPhil. (Carrell Laurent)	01/26/2004 – 10/03/2006	USAID/DCHA/FFP/PTD (MCHN & HIV Advisor)	FS-PILLAR	SENIOR FELLOW (PHI GHFP)
Christopher G. Barrett, MSc (Merri Sinnett)	04/08/2002 – 09/30/2006	USAID/India New Delhi, India (Infectious Diseases & HIV/AIDS Fellow)	FS-ANE	FELLOW (NEP USAID/GH)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Matthew U. Sattah, MPH, MSc (Elizabeth Fox)	03/10/2003 – 09/30/2006	USAID/GH/HIDN (Knowledge Management Advisor)	CORE CH	FELLOW (FSL USAID/GH/HIDN)
Stephen A. Lee, MD (David Stanton)	01/22/2005 – 09/16/2006	USAID/GH/OHA/TL (Advisor for HIV/AIDS Care & Treatment)	CORE SO 4	FELLOW (Director Program Operations Elisabeth Glasner Pediatric AIDS Foundation Washington, DC)
(Harriett Destler)	10/14/2003 – 01/21/2005	USAID/E&E (HIV/STI Infectious Diseases Epidemiologist)	FS-EE	FELLOW
Yogesh Rajkotia, MSc (Karen Cavanaugh)	04/18/2005 – 08/29/2006	USAID/GH/HIDN/HS (Health Systems Advisor)	CORE CH	FELLOW (Foreign Service USAID/GH/HIDN)
William O. "Billy" Pick, LLD, MSW (Andrew Clements)	10/08/2001 – 06/15/2006	USAID/ANE (HIV/AIDS & STD Advisor)	FS-ANE	FELLOW (IAP World Services – USAID/GH/OHA IDU/MARP Prevention Advisor)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Misun Choi, MPH (Bob Emrey)	10/07/2004 – 05/25/2006	USAID/GH/HIDN/HS (Health/Nutrition Surveys & Evaluation Advisor – Measure Project)	CORE CH	FELLOW (CASU USAID/GH/HIDN)
Morgan D'Arcy Richardson, RN, PHN, MSN, CNS (Willa Pressman)	11/01/2004 – 03/08/2006	USAID/GH/RCS/EEST (Senior TB & Infectious Diseases Advisor)	FS-EE	FELLOW (PATH Technical Director TB Project)
Felicia Fielding, MPH (Mary Vandembroucke)	10/18/2004 – 01/09/2006	USAID/GH/RCS/EEST (Public Health Advisor for MCH for Europe & Eurasia)	FS-EE	FELLOW (Consultant)
Abdirahman D. Mohamed, MD (Jeannie Friedman)	09/26/2003 – 12/23/2005	USAID/Zambia Lusaka, Zambia (Health & Child Survival Advisor)	FS-ANE	FELLOW (Bill and Melinda Gates Foundation – Malaria Control and Evaluation Partnership in Africa (MACEPA), Program Director)
Serena Williams, MPH (Judy Canahuati)	06/06/2005 – 12/05/2005	USAID/DCHA/FFP & USAID/DCHA/CMM (MSI Intern)	USAID/GH/PDMS	MSI INTERN (CHEMONICS, New Business Unit, International Division)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Adam Y. Slote, MD, MPH (Al Bartlett, III)	02/24/2003 – 10/28/2005	USAID/GH/HIDN/MCH (Child Health Advisor)	CORE SO 3	FELLOW (USAID direct hire – USAID/GH/HIDN)
Sharon Arscott-Mills, MPH (Susan Youll)	10/01/2002 – 09/04/2005	USAID/GH/HIDN/NUT (Child Survival Grants Advisor)	CORE SO 3	FELLOW (USAID/Nepal)
Kelley Flynn-Saldana, MPH, MPIA (Karen Welch)	05/12/2003 – 08/05/2005	USAID/LAC/RSD-PHN (Public Health Advisor)	FS-LAC	FELLOW (PASA USAID/LAC)
Joan Atkinson, MPH (Rebecca J. Rohrer)	09/2003 – 07/31/2005	USAID/Barbados Bridgetown, Barbados (Regional HIV/AIDS & STI Advisor)	FS-LAC	FELLOW (USAID Lesotho)
(Rebecca J. Rohrer)	01/08/2001 – 09/2003	USAID/Jamaica Kingston, Jamaica (HIV/AIDS & STI Advisor)	FS-LAC	FELLOW
Cynthia A. Hiner, MHS (John Novak)	11/29/2004 – 06/25/2005	USAID/GH/OHA/SPER (M & E Advisor)	OGAC	FELLOW (HIV M & E Specialist JHPIEGO)
Mieko McKay, MPH (Koki Agarwal)	02/15/2005 – 06/15/2005	ACCESS JHPIEGO (MSI Intern)	USAID/GH/PDMS	MSI INTERN (PHI GHFP)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Thomas A. Hall, MPH (Susan Youll)	09/03/2002 – 02/18/2005	USAID/GH/HIDN/NUT (Child Survival Grants Advisor)	CORE SO 3	FELLOW (Foreign Service USADI/AFR)
(Dr. John Beier, JHU)	10/01/1990 – 09/30/1993	Muhimbili Medical Center Tanzania (Malaria Bednets Project Fellow)	USAID/AFR	FELLOW
Bradley A. Cronk, MIA, MPH (Richard Cornelius)	01/06/2003 – 02/01/2005	USAID/PPC (Health Policy Analysis Advisor)	FS-PILLAR	FELLOW (NEP USAID/Guatemala)
Bryn A. Sakagawa, MIM, MPH (Karen Cavanaugh)	12/02/2002 – 01/21/2005	USAID/GH/HIDN/HPSR (Health Policy & Management Advisor)	CORE CH	FELLOW (NEP USAID/Caucasus)
Monique A. Mosolf, MSW, MPH (Frances Davidson)	08/27/2001 – 01/21/2005	USAID/GH/HIDN/NUT (Vitamin A/Micronutrients Program Coordinator)	CORE SO 3	FELLOW (NEP)
Robin Collen-Zellers, MPH (Lisa Firth)	03/15/2004 – 12/27/2004	Baltimore City Health Department Baltimore, MD (Adolescent & Reproductive Health Advisor)	Baltimore City Health Department	URBAN CHILD SURVIVAL FELLOW (Planned Parenthood of Maryland)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Stacey Ballou, ND, RN (Murray Trostle)	10/21/2002 – 11/30/2004	USAID/GH/HIDN/MCH (Child Health Technical Advisor)	CORE SO 3	FELLOW (UN Field Office Darfur, Sudan)
Amanda J. Gibbons, PhD, MPH (David L. Stanton)	03/01/2002 – 08/16/2004	USAID/GH/HAI/MTCT (Mother to Child Transmission (MTCT) Advisor)	CORE SO 4	FELLOW (Twinning Initiative -- AIHA)
Tamara Henry, MA (Elizabeth Fox/ Allison Thomas)	01/20/2004 – 07/27/2004	U.S. Coalition for Child Survival Housed at Global Health Council (MSI Intern)	USAID/GH/PDMS	MSI INTERN (PhD Program Columbia University)
Cathie Frazier, MA, MPH (John Austin/Eckhard Kleinau)	09/08/2003 – 06/30/2004	USAID/GH/HIDN/EHP (MSI Intern)	USAID/GH/PDMS	MSI INTERN (Faculty, JHU – Center for American Indian Health)
Merri Weinger, MPH (John Borrazzo)	01/14/2002 – 06/18/2004	USAID/GH/HIDN/ID (Environmental Health Advisor)	CORE SO 3, SO 5	FELLOW (CASU USAID/GH/HIDN)
Marni J. Sommer, RN, MSN, MPH (Toni Boni)	08/06/2001 – 06/18/2004	USAID/GH/HIDN/NUT (Pharmaceutical Management Advisor)	CORE CH	FELLOW (PhD Program Columbia University)
Julie Wallace, RN, MN, MPH (Bonnie Ohri)	03/10/2003 – 04/02/2004	USAID/GH/RCS (E & E Infectious Diseases Advisor)	FS-EE	FELLOW (CASU USAID/GH/RCS)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Karen Angelici, MPP (Lisa Firth)	06/16/2003 – 03/31/2004	Baltimore City Health Department Division of Maternal & Child Health Baltimore, MD (Urban Child Survival Fellow)	Baltimore City Health Department	URBAN CHILD SURVIVAL FELLOW (Annie E. Casey Foundation)
William Slater, MPH (Mike Sarhan)	05/06/2002 – 03/05/2004	USAID/Guyana Georgetown, Guyana (Technical Advisor – HIV/AIDS Special Objective)	FS-LAC	FELLOW (FSO USAID/RDMA)
Jonathan Ross, MPH (Molly Gingerich)	04/16/2001 – 03/05/2004	USAID/Indonesia Jakarta, Indonesia (Child Health & Nutrition Advisor)	FS-ANE	FELLOW (FSO USAID/Cambodia)
Sangita Patel, MPH (Bonnie Ohri)	03/27/2000 – 03/05/2004	USAID/GH/RCS/EEST (Health & Child Survival Advisor)	FS-EE	FELLOW (NEP USAID/Nambia)
Julie A. Chitty, RN, FNP-C, MPH, MS (Willa Pressman)	10/02/2002 – 02/06/2004	USAID/GH/RCS (Africa Regional Coordinator)	CORE BW	FELLOW (CASU USAID/South Africa)
Norma W. Wilson, MS, DrPH, FPNP, PNP (Bob Emrey)	01/31/2000 – 01/30/2004	USAID/GH/HIDN/HS (MEASURE Advisor)	CORE CH	SENIOR FELLOW (Consultant)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSEFP (Current Position)
(Dr. Matthew Tayback – JHU)	September 1986 – September 1988	L'Institut Haitien de l'Enfance Haiti (Fellow)	USAID/Haiti	FELLOW
Jennifer Winestock-Luna, MPH (John Rogosch)	02/18/2003 – 01/28/2004	USAID/GH/HIDN/MCH (Maternal Health & Child Survival Advisor)	FS-LAC	FELLOW (MACRO International M&E Specialist)
	09/17/2001 – 02/17/2003	USAID/LAC/PHN/MCH (Maternal Health & Child Survival Advisor)	FS-LAC	FELLOW
David Sintasath, PhD, MSc (Linda Lou Kelley)	01/08/2001 – 12/18/2003	USAID/Eritrea Asmara, Eritrea (Malaria Epidemiology Advisor)	FS-AFR	FELLOW (PhD Program JHU)
Andreas W. Tamberg, MA (Jennifer Adams)	10/10/2001 – 10/09/2003	USAID/CAR Tashkent, Uzbekistan (Health Program Advisor Uzbekistan)	FS-EE	FELLOW (Global Fund to Fight AIDS, Tuberculosis and Malaria – Portfolio Manager for Eastern Europe and Central Asia)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Liane Adams, MPH (Lynn Gorton)	05/17/1999 – 09/30/2003	USAID/Nigeria Abuja, Nigeria (Health & Child Survival Advisor)	FS-AFR	FELLOW (Nutritionist Alamo Navajo Indian Health Service Magdalena, NM)
Sandra C. Tedeschi, MPH (Dr. P. E. Balakrishnan)	08/12/2002 – 08/14/2003	USAID/BHR/FFP (MCH & N Technical Advisor PL-480 – Title II)	FS-PILLAR	FELLOW (Vajra Sol Yoga Adventures)
Stephen R. Hodgins, MD, MSc, DrPH (Barbara Hughes)	04/10/2000 – 08/01/2003	USAID/Zambia Lusaka, Zambia (Health & Child Survival Advisor)	FS-AFR	FELLOW (John Snow, Inc.)
Timothy A. Clary, MA, MS, PhD (Bonnie Ohri)	10/01/2001 – 06/30/2003	USAID/E&E (HIV/STI Infectious Disease Epidemiologist)	FS-EE	FELLOW (Emerging Markets Group – Senior Manager, Healthcare Practice Unit)
Neal Brandes, MPH (Ruth Frischer)	08/04/1999 – 05/30/2003	USAID/GH/HIDN/MCH (Child Health Research Project Advisor)	CORE SO 3	FELLOW (Health Science Advisor USAID/GH/HIDN)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Lyndon L. Brown, MPH (Rebecca J. Rohrer)	02/16/1999 – 04/30/2003	USAID/Nepal Kathmandu, Nepal (Health & Child Survival Advisor)	FS-ANE	FELLOW (Deceased)
Nancy R. Cecatiello, MA (Angela Franklin Lord)	04/15/2001 – 04/14/2003	USAID/Uganda Kampala, Uganda (Health & Child Survival Fellow)	FS-AFR	FELLOW (RTI North Carolina)
(Duff Gillespie)	04/15/1999 – 04/14/2001	USAID/GH/PHN (Health & Child Survival Fellow)	CORE BW	FELLOW
Gabrielle Bushman, MPA (Paul DeLay)	04/02/2001 – 04/06/2003	USAID/GH/HA (Communications Advisor)	CORE SO 4	FELLOW (Gates Foundation)
William K. Adih, MD, MPH, DrPH (Lisa Firth)	10/22/2001 – 03/15/2003	Baltimore City Health Department Division of Maternal & Child Health Baltimore, MD (Urban Child Survival Fellow)	Baltimore City Health Department	URBAN CHILD SURVIVAL FELLOW (Center for Maternal & Child Health Maryland Department of Health & Mental Hygiene)
Glenn F. Sessions, BSN, MPH (Kevin Armstrong/Jaime Rojas)	03/19/2001 – 03/10/2003	USAID/Brazil Brasilia, Brazil (HIV/AIDS Advisor)	FS-LAC	FELLOW (Clinical Medicine)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Matthew C. Lynch, PhD, MPH  (John Borrazzo)	02/01/2001 – 02/28/2003  10/12/1999 – 01/31/2001	USAID/AFR (Malaria Advisor)  USAID/G/PHN/HN/EH (Environmental Health Advisor)	USAID/AFR  CORE SO 3, SO 5	FELLOW (JHU/CCP Project Direct Voice)  FELLOW
Maria L. Francisco, MHS (Murray Trostle)	01/03/2000 – 01/03/2003	USAID/G/PHN/HN/CS (BASICS II Advisor)	CORE SO 3	FELLOW (Health Officer USAID/GH)
Logan Brenzel, PhD (Carol Dabbs)	07/09/2001 – 11/22/2002	USAID/LAC/PHN-RSD (PHN Advisor)	FS-LAC	FELLOW (World Bank)
Carter L. Diggs, MD, PhD (Irene Koek)	04/01/1994 – 09/30/2002	USAID/G/PHN/HN (Malaria Vaccine Development Advisor)	USAID/G/PHN/HN	STAR (CASU USAID/GH/HIDN/ID)
Nitin Madahv, MPIA, MPH  (Sheila Lutjens)	07/08/2002 – 09/30/2002  07/26/1999 – 07/05/2002	USAID/ANE/SEA (Program Development Officer for Afganistan)  USAID/BHR/PVC (PVO Child Survival & Health Advisor)	FS-ANE  FS-PILLAR	FELLOW (PSC USAID/ANE)  FELLOW



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Cornelia E. Davis, MD, MPH (Mary Ettling)	10/12/1999 – 09/25/2002	USAID/AFR (Infectious Diseases Advisor)	FS-AFR	FELLOW (CASU USAID/Kenya)
Maria A. Bosche, DrMed, Mph (Katie MacDonald)	06/16/1998 – 08/11/2002	USAID/Nicaragua Managua, Nicaragua (Population, Health & Nutrition Advisor)	USAID/Nicaragua	FELLOW (Consultant)
Kristin L. Frank, MPH (Richard Cornelius)	07/17/2000 – 07/20/2002	USAID/G/OFPS (Africa Regional Program Advisor)	USAID/G/OFPS	FELLOW (Medical School)
Jeanine M. Comeau, MS (Robert Bertram)	06/25/2001 – 03/28/2002	USAID/G/EGAD/AFS (Nutrition & Child Survival Advisor)	FS-PILLAR	FELLOW (Consultant)
Amy S. Charney, MPH (Ellyn Ogden)	03/28/2001 – 01/11/2002	USAID/G/PHN/HN/CS (Child Health Advisor)	USAID/G/PHN/HN/CS	FELLOW (Consultant)
Della J. Dash, MPH (Sheila Lutjens)	11/09/1998 – 12/31/2001	USAID/BHR/PVC (PVO Child Survival & Health Advisor II)	USAID/BHR/PVC	FELLOW (Consultant)
Margaret C. "Peggy" McNamara, MSPH (Karen Cavanaugh)	04/09/2001 – 12/07/2001	USAID/G/PHN/HN/HPSR (Health Systems Advisor)	USAID/G/PHN/HN/HPSR	FELLOW (ARHQ)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSEFP (Current Position)
Linda B. Sussman, PhD (Paul DeLay)	12/08/1997 – 12/07/2001	USAID/G/PHN/HN/HIV/AIDS (Behavioral Research Advisor)	CORE SO 4	FELLOW (Consultant)
René A. Berger, MPH (Richard Newberg)	10/19/1998 – 11/30/2001	USAID/BHR/FFP (Maternal/Child Health and Nutrition MCH & N Technical Advisor)	USAID/BHR/FFP	FELLOW (CHEMONICS Corp)
Emily Wainright Counts, MPH (Murray Trostle)	02/17/1998 – 10/11/2001	USAID/G/PHN/HN/CS (NIS Child Survival Advisor)	USAID/ENI & USAID/G/PHN/HN/CS	FELLOW (USAID/GH/HIDN)
Clifton J. Cortez, Jr., JD (Paul DeLay)	09/02/1997 – 09/28/2001	USAID/G/PHN/HN/HIV-AIDS (HIV Community Mobilization Advisor)	USAID/G/PHN/HN/HIV/A IDS	FELLOW (CASU USAID/RDMA)
Cheryl Malanick (Kamin), MPP (Frances Davidson)	01/05/1998 – 09/07/2001	USAID/G/PHN/HN/CS (Vitamin A Program Advisor)	USAID/G/PHN/HN/CS	FELLOW (FSO USAID)
Kristen Marsh, MPH, RD, CLE (Miriam Labbok)	08/25/1997 – 08/24/2001	USAID/G/PHN/HN/NMH (Nutrition/MCH Advisor)	USAID/G/PHN/HN/NMH	FELLOW (Consultant)
Annette Bongiovanni (Carol Dabbs)	02/24/1997 – 08/23/2001	USAID/LAC (CS/Reproductive Health Advisor)	USAID/LAC	FELLOW (Consultant)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
John R. Cutler, MD, MPH (Angela Franklin Lord)	01/10/2000 – 08/01/2001	USAID/Uganda Kampala, Uganda (Health & Child Survival Advisor)	USAID/Uganda	SENIOR FELLOW (Consultant)
Andrew P. Clements, PhD (Irene Koek/Douglas Heisler)	03/15/1999 – 07/31/2001	USAID/ANE/SEA/SPA (Regional Health & Infectious Diseases Advisor)	USAID/ANE/SEA/SPA USAID/G/PHN/HN	FELLOW (USAID/ANE)
Erika K. Barth, MPP (Paul DeLay)	09/25/2000 – 07/13/2001	USAID/G/PHN/HN/HIV/AIDS (LIFE Initiative Advisor)	USAID/G/PHN/HN/HIV/A IDS	FELLOW (PhD Program, U. of Wisconsin)
W. Abdullah Brooks, MD, MPH (Mathu Santosham)	07/01/1997 – 06/30/2001	ICDDR,B Dhaka, Bangladesh (Child Health Research Advisor)	USAID/G/PHN/HN/CS	FELLOW (ICDDR,B staff)
Susan M. Bacheller, RN, MA (Carol Dabbs)	06/27/2000 – 06/25/2001	USAID/LAC (Health Sector Reform Advisor)	USAID/LAC	FELLOW (USAID/GH/HIDN)
(Toni Boni)	04/15/1997 – 06/26/2000	USAID/G/PHN/HN (Rational Pharmaceutical Management Advisor)	USAID/G/PHN/HN	FELLOW
Krista J. Stewart, PhD (Ellen Starbird)	01/16/1995 – 06/15/2001	USAID/G/PHN/POP (Evaluation Advisor)	USAID/G/PHN/POP	STAR (Direct Hire USAID/GH/PRH)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Deborah A. Lans, PhD (Irene Koek)	03/01/2000 – 05/31/2001	USAID/G/PHN/HN/EH (Infectious Diseases Technical Advisor)	USAID/G/PHN/HN/EH	FELLOW (TAACS USAID)
Paurvi H. Bhatt, MP (Paul Delay)	10/16/1997 – 04/22/2001	USAID/G/PHN/HN/HIV/AIDS (PVO AIDS Care Advisor)	USAID/G/PHN/HN/HIV/A IDS	FELLOW (Abbott Fund)
Kai Spratt, RN, MPH, PhD (Charles Llewellyn)	05/24/1999 – 04/18/2001	USAID/ANE/SEA/SPA (HIV/AIDS Advisor)	USAID/ANE/SEA/SPA	FELLOW (FUTURES Group)
John L. Dunlop, MPH (Maggie Diebel)	08/01/1998 – 04/01/2001	USAID/REDSO/ESA Nairobi, Kenya (Food Security/Nutrition Advisor)	USAID/REDSO/ESA	FELLOW (FSO USAID/RDMA)
Stephanie T. Pirolo, Med (Molly Gingerich)	01/06/1997 – 01/05/2001	USAID/Indonesia Jakarta, Indonesia (Health Care Financing Advisor)	USAID/Indonesia	FELLOW (Consultant)
P. Randall Kolstad, PhD (Jeffrey Ashley)	06/14/1998 – 12/31/2000	USAID/Cambodia Phnom Pehn, Cambodia (MCH & HIV/AIDS Monitoring Advisor)	USAID/Cambodia	FELLOW (FSO USAID/Iraq)
Patricia Stephenson, ScD (Miriam Labbok)	02/02/1998 – 10/31/2000	USAID/G/PHN/HN/NMH (Reproductive Health Advisor)	USAID/G/PHN/HN/NMH	FELLOW (Research Advisor USAID/GH/PRH)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Timothy C. Quick, PhD (Frances Davidson)	09/01/1996 – 09/30/2000	USAID/G/PHN/HN/CS (Vitamin A/Micronutrients Advisor)	USAID/G/PHN/HN/CS	FELLOW (USDA Nutrition Officer USAID/GH/OHA)
Paul S. Zeitz, DO, MPH (Robert Hecht – UNAIDS)	12/01/1996 – 09/01/2000	UNAIDS (Regional Coordinator Debt-for- HIV/AIDS Response in Africa)	UNAIDS USAID/AFR USAID/G/PHN/HN/HIV/A IDS	FELLOW (Director Global AIDS Alliance)
(Drs. Stella Goings & Carl Taylor - JHU)	08/01/1994 – 07/31/2000	USAID/G/PHN/HN/CS (Advisor)	USAID/G/PHN/HN BASICS	FELLOW
(Drs. Richard Morrow & Carl Taylor)	August 1999 – December 1988	UNICEF International Child Development Center Florence, Italy (Advisor)	UNICEF	FELLOW
(Drs. Richard Morrow & Carl Taylor)		JHU/IH/HS (Advisor)		FELLOW
Barbara O. de Zalduondo, MSc, PhD (Paul DeLay)	08/16/1994 – 08/24/2000	USAID/G/PHN/HN/HIV/AIDS (Behavioral Research Advisor)	USAID/G/PHN/HN/HIV/A IDS	STAR (UNAIDS)



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History of Placements 1985 – 2007

Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
John H. Austin, PhD, PE (Irene Koek)	11/16/1993 – 03/30/2000	USAID/G/PHN/HN/EH (Environmental Health Engineering Advisor)	USAID/G/PHN/HN/	STAR (Deceased)
Sandra Buffington, MPH (Maria Busquets)	05/01/1998 – 03/30/2000	USAID/G/PHN/POP/CMT (Communication Management Training Advisor)	USAID/G/PHN/POP/CMT	STAR (CEDPA)
Caryn K. Miller, PhD (Joyce Holfield)	04/28/1997 – 02/29/2000	USAID/PPC/SA (Research Policy Advisor)	USAID/PPC	STAR (Consultant)
Ann G. Hirschey, MPH (Kate Jones)	10/13/1998 – 12/03/1999	USAID/BHR/PVC (PVO Child Survival & Health Advisor)	USAID/BHR/PVC	FELLOW (Direct Hire USAID)
E. Keys MacManus (Paul Hartenberger)	12/01/1991 – 10/29/1999	USAID/G/PHN/FPS (Health and Population Advisor)	USAID/G/PHN/POP	STAR (Consultant)
Elizabeth A. Holt, DrPH (Bob Emrey)	07/01/1997 – 09/30/1999	USAID/G/PHN/HN/HPSR (MEASURE Advisor)	USAID/G/PHN	FELLOW (Faculty JHSPH)
Suzanne F. McQueen, PhD (Bob Emrey)	07/01/1995 – 08/27/1999	USAID/G/PHN/HN/HPSR (Health Care Financing Advisor)	USAID/G/PHN/HN	FELLOW (PHN Officer USAID/Uganda)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
O. Masee Batemen, MD, DTM&H (Liverpool) (Al Bartlett, III)	01/06/1997 – 08/16/1999	USAID/G/PHN/HN/CS (BASICS Advisor)	USAID/G/PHN/HN/CS	SENIOR FELLOW (USAID/India)
(Drs. Robert E. Black & Bradley Sack – JHU)	September 1985 – June 1988	Universidad Peruana Cayetano Heredia Peru (Diarrheal Disease Researcher)	USAID/Peru	FELLOW
Wendy L. Wallace, MA (MaryAnn Micka)	08/01/1995 – 07/31/1999	USAID/ENI/HR/HP (Health Sector Reform Advisor)	USAID/ENI/HR/HP	FELLOW (Law School Case Western Reserve)
Paul M. Holmes, MS (MaryAnn Micka)	01/01/1995 – 06/30/1999	USAID/ENI/HR/HP (Pharmaceuticals/Health Advisor)	USAID/ENI/HR/HP	SENIOR FELLOW (CASU USAID/E&E)
John E. Borrazzo, PhD (Irene Koek)	09/01/1994 – 05/03/1999	USAID/G/PHN/HN/EH (Environmental Health Advisor)	USAID/G/PHN/HN/EH	FELLOW (USAID/G/HIDN)
Ellen A. Coates, MPH (Duff Gillespie)	01/21/1997 – 02/12/1999	USAID/G/PHN/OD (Health & Child Survival Fellow)	USAID/G/PHN	FELLOW (CORE Group)
Barbara McKinney- Sow, ScD (Mouhamadou Gueye)	01/01/1996 – 12/31/1998	CERPOD/Mali Bamako, Mali (Child Survival Advisor)	USAID/Mali	FELLOW (USAID/Rwanda)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Judith Robb-McCord, MAAS, MPH (Glen Anders)	06/01/1996 – 11/30/1998	USAID/Eritrea Asmara, Eritrea (Health & Child Survival Advisor)	USAID/Eritrea	FELLOW (USAID/Uganda)
Kimberly S. Allen, MPH (Charles Llewellyn)	01/01/1997 – 11/24/1998	USAID/Nepal Kathmandu, Nepal (Child Survival & Nutrition Advisor)	USAID/Nepal	FELLOW (Consultant)
John H. “Jack” Thomas, MPH (Christopher McDermott)	11/01/1996 – 10/31/1998	USAID/ANE (PHN & STD/HIV/AIDS Advisor)	USAID/ANE	STAR (Consultant)
Laurie E. Krieger, PhD (Muneera Salem-Murdock)	10/01/1996 – 09/30/1998	USAID/WID (Woman’s Health Advisor)	USAID/WID	FELLOW (Manoff Group)
Jean M. Capps, BSN, MPH (Katherine Jones-Patron)	05/16/1995 – 08/31/1998	USAID/BHR/PVC (Public Health Advisor)	USAID/BHR/PVC	FELLOW (Consultant)
Kanta Jamil, PhD (SkAli Noor)	05/16/1994 – 08/31/1998	USAID/Bangladesh Dhaka, Bangladesh (Demographic Advisor)	USAID/Bangladesh	FELLOW (USAID/Bangladesh)
Kathy P. Keel, MA (Hope Sukin)	11/06/1996 – 08/14/1998	USAID/AFR (Strategic Planning/Performance Monitoring Advisor)	USAID/AFR	FELLOW (Consultant)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Gretchen Bloom, MA, MPhil (Carol Becker)	10/01/1994 – 08/14/1998	USAID/ANE/SEA/SPA (Gender/WID Advisor)	USAID/ANE	FELLOW (World Food Programme Rome, Italy)
Subhi Mehdi, MA (Hope Sukin)	04/11/1994 – 08/14/1998	USAID/AFR/SD/HRD (Technical Advisor for Information Systems)	USAID/AFR	FELLOW (DHHS – Direct Hire USAID/AFR)
	11/16/1992 – 04/10/1994	USAID/G/PHN/HN (Health & Child Survival Advisor)	USAID/G/PHN/HN	FELLOW
Eric Starbuck, DrPH, MPH (Katherine Jones-Patron)	03/01/1995 – 08/03/1998	USAID/BHR/PVC (ARI/Child Survival Advisor)	USAID/BHR/PVC	FELLOW (Save the Children)
Melody Trott, PhD (Al Bartlett, III)	06/01/1994 – 06/30/1998	USAID/G/PHN/HN/CS (BASICS Advisor)	USAID/G/PHN BASICS	STAR (Consultant)
	03/01/1992 – 05/31/1994	USAID/G/PHN/HN/HIV/AIDS (Behavioral Sciences Research Advisor)	USAID/G/PHN/HN	STAR
Rebecca J. Rohrer, MPH (Murray Trostle)	04/01/1996 – 02/02/1998	USAID/G/PHN/HN/CS USAID/ENI/HR/HP (ENI BASICS Advisor)	USAID/ENI/HR/HP	FELLOW (FSO USAID/Honduras)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSEFP (Current Position)
Claudia S. Morrissey, MD, MPH (Miriam Labbok)	05/01/1995 – 04/30/1997 (10/1997)	USAID/G/PHN/HN/NMH (Reproductive Health Advisor)	USAID/G/PHN/HN/NMH	FELLOW (Clinical Practice)
Carmela Green-Abate, MD (Vic Barbiero)	04/01/1993 – 09/30/1007	USAID/Ethiopia Addis Abba, Ethiopia (PHN Advisor)	USAID/Ethiopia	FELLOW (Catholic Relief Services Ethiopia)
Jeannine M. Buzy, PhD (Victor Barnes)	09/01/1995 – 08/08/1997	USAID/G/PHN/HN/HIV/AIDS (Microbicide Advisor & NGO Coordinator)	USAID/G/PHN/HN	FELLOW (Case Western Public Health Unit Bathurst, NSW, Australia)
Beth A. Plowman, MA, PhD (abd)	08/15/1996 – 05/31/1997	Joint United Nations Program on HIV/AIDS Office of the Director Geneva, Switzerland (Monitoring & Evaluation Advisor)	USAID/G/PHN/HN/HPSR	FELLOW (BASICS)
	06/01/1993 – 05/31/1995	USAID/GPHN/HN (Advisor)	USAID/G/PHN	FELLOW
C. Kirk Lazell, JD, MBA, MPH (Charles Habis)	02/16/1995 – 05/30/1997	USAID/Niger Niamey, Niger (Health Policy & Management Advisor)	USAID/Niger	FELLOW (USAID/Nambia)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Karen Morita, MPA (Jacob Gayle)	06/16/1994 – 02/28/1997	USAID/G/PHN/HN/HIV/AIDS (US/Japan Common Agenda Advisor)	USAID/G/PHN	FELLOW (Consultant)
Paul DeLay, MD, DTM&H (London) (Victor Barnes)	11/01/1991 – 02/15/1997	USAID/G/PHN/HN/HIV/AIDS (HIV/STD Advisor)	USAID/G/PHN	STAR (Director of Monitoring & Evaluation UNAIDS)
Peggy J. Meites, MS (Frances Davidson)	06/01/1995 – 01/15/1997	USAID/G/PHN/HN/CS (Nutrition Advisor)	USAID/G/PHN/HN/CS	FELLOW (CASU USAID/GH/RCS)
Ellyn Ogden, MPH	06/16/1993 – 01/01/1997	USAID/LAC/RSD (PHN Advisor)	USAID/LAC	FELLOW (USAID/GH/HIDN)
Robin Landis, MA (Charles Habbis)	02/16/1995 – 12/31/1996	USAID/Niger Niamey, Niger (Health Communication Advisor)	USAID/Niger	FELLOW (World Food Programme Rome, Italy)
Patricia Martin, MPA (Jean Meadowcroft)	10/01/1994 – 12/15/1996	USAID/LAC/SPM (Gender/WID Advisor)	USAID/LAC	FELLOW (LAC Consultant)
Aye Aye Thwin, MBBS (Rangoon), MPH, ScD	02/01/1995 – 11/15/1996	Bangladesh/UHEP Dhaka, Bangladesh (Operations Research Scientist)	USAID/Bangladesh	FELLOW (USAID)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSEFP (Current Position)
Mary Linchan, MPH, MIA (Charles Llewellyn)	11/01/1994 – 09/30/1996	USAID/Nepal Kathmandu, Nepal (Health & Child Survival Program Advisor)	USAID/Nepal	FELLOW (RTI)
Anne W. Scott, PhD (Barbara Spaid)	09/01/1995 – 08/31/1996	USAID/Indonesia Jakarta Indonesia (STD/HIV/AIDS & Health Advisor)	USAID/Indonesia	FELLOW
Sangeeta Mookherji, MHS	07/01/1994 – 08/31/1996	The Asia Foundation Urban MCH-FP Initiative Dhaka, Bangladesh (Operations Research Advisor)	USAID/Dhaka	FELLOW
Steve T. Wiersma, MD, MPH	01/01/1995 – 07/31/1996	USAID/H/PHN/HN/CS (Child Survival & HIV/AIDS Advisor)	USAID/G/PHN	FELLOW (WHO EPI)
(Paul Hartenberger)	01/01/1994 – 12/31/1994	USAID/R Zambia Lusaka, Zambia (Medical Officer Advisor)	USAID/Zambia	FELLOW
Abraham Bekele, PhD (Hope Sukin)	05/01/1993 – 07/31/1996	USAID/AFR/SD/HRD (Health Economics & Financing Advisor)	USAID/AFR	FELLOW



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Basil P. Vareldzis, MD, MPH (Jacob Gayle)	09/16/1993 – 06/15/1996	USAID/G/PHN/HN/HIV/AIDS (HIV & Tuberculosis Advisor)	USAID/G/PHN	FELLOW (International Association of Physicians in AIDS care)
Mohammed Khaled, PhD	09/01/1994 – 05/31/1996	USAID/Bangladesh Dhaka, Bangladesh (Micronutrients Basic Sciences Research Advisor)	USAID/G/PHN/HN	FELLOW (Faculty UAB Birmingham, AL)
Charles W. Oliver, Jr, PhD, MPH	09/16/1995 – 03/31/1996	USAID/Nigeria Legos, Nigeria (PHN Advisor)	USAID/Nigeria	FELLOW (FSO USAID/SFO)
(Dr. Chris Kjolhede, JHU)	08/16/1993 – 08/15/1995	USAID/G/PHN/HN	USAID/G/PHN/HN	FELLOW
	11/27/1989 – 12/31/1991	ZPCSFP Maputo, Mozambique	USAID/Mozambique	FELLOW
Stephen Landry, PhD	09/01/1992 – 03/31/1996	USAID/G/PHN/HN/EH (Malaria & Vector-borne Diseases Advisor)	USAID/G/PHN/HN	FELLOW (Gates Foundation)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSEFP (Current Position)
Pradip K. Muhuri, PhD	02/01/1994 – 01/31/1996	WHO/ES & HST Geneva Switzerland (Statistician/Demographer)	USAID/G/PHN/HN USAID/G/PHN/POP	FELLOW
Alexis Shelokov, MD	01/01/1994 – 01/31/1996	USAID/ENI/HR/HP (Senior Vaccine Advisor)	USAID/ENI	STAR
Susan Ross, BSN, MPH	06/16/1995 – 01/15/1996	USAID/G/PHN/FPS (Child Survival & Population Advisor)	USAID/G/PHN	FELLOW (Consultant)
	11/07/1994 – 06/15/1995	USAID/PPC	USAID/G/PHN/POP	FELLOW
John Tomaro, PhD	06/20/1995 – 12/31/1995	USAID/G/PHN/HN/EH (Environmental Health Division Senior Advisor)	USAID/G/PHN/HN/EH	STAR (Aga Khan Foundation Geneva, Switzerland)
Lisa Messersmith, PhD, MPH	10/01/1994 – 12/31/1995	USAID/G/PHN/HN/HIV/AIDS (Women & AIDS Advisor)	USAID/G/PHN/HN/AIDS	FELLOW (Faculty, Harvard)
Ray Langsten, PhD	04/01/1994 – 11/30/1995	American University in Cairo Cairo, Egypt (Demographer)	USAID/Egypt/CS	FELLOW (Faculty, American University in Cairo)
Kathleen Michels, PhD	02/01/1995 – 11/10/1995	USAID/PPC/ARC (Research Policy Advisor)	USAID/PPC	FELLOW (NIH)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Sylvia Rhodes, MA	07/01/1995 – 10/31/1995	USAID/PPC/DC (Child Survival Advisor)	USAID/PPC/DC	FELLOW (Consultant)
	04/01/1994 – 06/31/1995	USAID/BHR/PVO/CSH	USAID/BHR/PVC/CSH	FELLOW
	01/01/1993 – 03/31/1994	USAID/POL	USAID/G/PHN/HN	FELLOW
Molly Mort, MS	07/09/1993 – 09/30/1995	USAID/ENI/HR/HP (Vaccine Program Advisor)	USAID/ ENI/NIS	FELLOW (PATH)
Andrew Swiderski, MD, MPH, MIA, RD	10/01/1993 – 08/16/1995	USAID/G/PHN/HN/NMH (Technical Advisor)	USAID/G/PHN/HN	FELLOW (Pediatrician Baltimore, MD)
Carolyn Hessler-Radelet, SM	08/01/1994 – 07/31/1995	USAID/Indonesia Jakarta, Indonesia (Child Survival & AIDS Advisor)	USAID/Indonesia USAID/AFR	FELLOW (Exec. VP John Snow, Inc.)
Monique Cohen, PhD	01/01/1993 – 06/30/1995	USAID/G/WID (Advisor)	USAID/G/WID	FELLOW (Microfinance Opportunities, Inc.)
Debra A. Schumann, PhD, MPH	08/01/1992 – 06/30/1995	USAID/G/WID (Population & Health Advisor)	USAID/G/WID	FELLOW (NIH)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Pankaja Panda, PhD	04/01/1994 – 03/31/1995	IMPACT (Technical Advisor OMNI)	USAID/G/PHN/HN	FELLOW (DHHS)
W. Henry Mosley, MD, MPH	08/01/1992 – 03/15/1995	USAID/G/PHN/HN (Emerging Health Issues Advisor)	USAID/G/PHN/HN	STAR (Faculty, JHU)
Lynellyn Long, PhD	09/01/1992 – 12/31/1994	USAID/ENI/EUR (Refugees and Displaced Persons Advisor)	USAID/G/WID	FELLOW (International Organization for Migration)
Eugene Weiss, PhD	09/10/1993 – 10/19/1994	Bangladesh UHEP Dhaka, Bangladesh (Advisor)	USAID/Bangladesh	FELLOW (Consultant)
Lynnda Keiss, MPH (Eunyong Chung)	10/16/1992 – 10/14/1994	USAID/G/PHN/HN (Technical Advisor)	USAID/G/PHN/HN	FELLOW (Helen Keller, Inc.)
Nancy Lowenthal, MPH (Dr. Eugenia Eng, UNC-Chapel Hill)	02/01/1991 – 10/14/1994	USAID/Niger Niamey, Niger (Child Survival Project Advisor)	USAID/Niger	FELLOW (USAID)
Katherina Puffenberger, MPH	04/16/1993 – 09/19/1994	USAID/Niger Niamey, Niger (Basic Health Services Advisor)	USAID/Niger	FELLOW (Consultant)
Ioanna Trilivas, PhD	09/01/1992 – 06/01/1994	AID/G/R&D/HN/H/HIV/AIDS (Advisor)	AID/G/R&D/HN/H/HIV/A IDS	FELLOW (ICRW)



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<b>Name (Mentor)</b>	<b>Term</b>	<b>Location (Title)</b>	<b>Funding Source</b>	<b>Status with HCSFP (Current Position)</b>
Nancy Stark, PhD, BSN	10/01/1992 – 04/15/1994	AID/G/R&D/HN/H/HSD (Advisor)	AID/G/R&D/HN/H/HSD	FELLOW
David Boyd, MPH	10/01/1993 – 02/15/1994	AID/AFR (Advisor)	AID/AFR	FELLOW
Bruce Barrett, MD, PhD	02/16/1993 – 02/15/1994	WHO INCAP Guatemala (Advisor)	USAID/G/R&D/H	FELLOW (Faculty, U. of Wisconsin)
Nancy Williamson, PhD	01/16/1993 – 12/31/1993	AID/G/R&D/H/AIDS (Advisor)	AID/G/R&D/H/AIDS	FELLOW (FHI)
Leroy Benons, MD (Drs. Ciro de Quadros, PAHO & Lee Harrison, JHU)	12/16/1991 – 12/15/1993	PAHO CAREC Trinidad (Advisor)	AID/G/R&D/H/HS	FELLOW (UK Community Advisory Board)
John Bowman, PhD (Dr. Chris Kjolhede, JHU)	11/01/1991 – 11/15/1993	AID/G/R&D/N (Advisor)	AID/G/R&D/N	FELLOW (Development Alternatives, Inc.)
Susan Kolodin, PhD	09/01/1992 – 08/15/1993	AID/G/R&D/H/HS (Advisor)	AID/G/R&D/H/HS	FELLOW (IDB)
Kirk Dearden, PhD, MPH (Dr. Stan Becker, JHU)	07/16/1991 – 07/15/1993	ICDDR,B Dhaka, Bangladesh (Advisor)	AID/G/R&D/H/AR	FELLOW (Bingham Young University)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSEFP (Current Position)
Anne Marie Wouters, PhD, MAPE	07/01/1991 – 02/28/1993	AID/ST/H/AR (Advisor)	AID/G/R&D/H/AR	FELLOW (LITTELL Group)
M. Kathryn Stewart, MD, MPH (Dr. Robert E. Black, JHU)	05/16/1991 – 02/28/1993	DHS Columbia, MD (Advisor)	AID/G/R&D/H/AR	FELLOW (Pacific Institute for Research & Evaluation)
Allan Lewis, MD, MPH	04/15/1991 – 11/15/1992	ARI Control Program Egypt Child Survival Project Egypt (Advisor)	USAID/Egypt	FELLOW
Elba Velasco, MD, MPH (Dr. Nestor Suarez Ojeda, PAHO)	06/16/1990 – 11/15/1992	AID/LAC/TR (Advisor)	AID/LAC	FELLOW (Red Cross)
Barbara Parker, PhD (Dr. Tony L. Whitehead, UMD)	10/22/1990 – 10/21/1992	AID/AFR/ST/H/HS (Advisor)	AID/AFR	FELLOW
Shelley Smith, MPH (Dr. O. Masee Bateman, Water & Sanitation for Health Project)	08/01/1990 – 09/15/1992	AID/ST/H/AR (Advisor)	AID/G/R&D/H/AR	FELLOW
Deborah Helitzer-Allen, ScD	06/15/1992 – 09/15/1992	Malawi Health Communications Malawi (Advisor)	AID/G/R&D/H/AIDS	FELLOW (U. of New Mexico)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Krystin Wagner, MPH (Dr. Stella Goings, JHU)	08/16/1991 – 08/15/1992	AID/G/R&D/H/AIDS (Advisor)	AID/G/R&D/H/AIDS	FELLOW
Steve Rosenthal, MD, MPH (Dr. Neal Halsey, JHU)	06/01/1991 – 05/31/1992	WHO EPI (Advisor)	AID/G/R&D/H/AR	FELLOW (FDA Vaccine Trials Division)
Michael Mueller, MHP (Dr. Stella Goings, JHU)	03/01/1990 – 02/28/1992	AID/ST/H/AR (Advisor)	AID/G/R&D/H/AR	FELLOW (NIH Consultant)
Deborah Barnes, PhD, MSPH (Dr. Matthew Tayback, JHU)	01/30/1989 – 01/29/1992	IEH Haiti (Advisor)	USAID/PAP	FELLOW (Department of Epidemiology, U. of Minnesota)
Al Bartlett, III, MD (Dr. Robert E. Black, JHU)	11/22/1986 – 11/30/1991	WHO INCAP Guatemala (Advisor)	USAID/ROCAP	FELLOW (PSC USAID/GH/HIDN)
Elizabeth Sommerfelt, MD (Dr. Robert E. Black, JHU)	02/08/1988 – 03/07/1991	DHS Columbia, MD (Advisor)	AID/G/R&D/H/AR	FELLOW
Meri Sinnitt, MPH (Dr. Stella Goings, JHU)	09/16/1989 – 11/30/1990	PROCOSI La Paz, Bolivia (Advisor)	AID/Bolivia	FELLOW (USAID/India)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Neen Alruz, MSc (Drs Stella Goings & Sandra Huffman, JHU)	05/01/1988 – 10/26/1990	AID/AFR/TR (Advisor)	AID/AFR	FELLOW
George O. Rae, MD, MPH (Dr. Robert E. Black, JHU)	08/15/1988 – 08/14/1990	AMREF Kenya (Advisor)	AID/G/R&D/H/AR	FELLOW
Petra Reyes, ScD, MPH (Dr. Stella Goings, JHU)	February 1987 – June 1989	AID/LAC (Advisor)	AID/LAC	FELLOW (Academy for Educational Development)
Krishna Bose, PhD, MPH, MSc (Dr. Mark Steinhoff, JHU)	March 1987 – March 1989	CARE India India (Advisor)	CARE India	FELLOW (UNICEF)
James Mills, PhD (Dr. James Childs, JHU)	August 1987 - ?	Instituto Nacional de Estudios Sober Virosis Hemorrhagicas (INEVH) Argentina (Advisor)	PAHO	FELLOW (CDC)
Beverly Tucker, MPH Dr. Stella Goings, JHU)	December 1987 – December 1988	PROCOSI La Paz, Bolivia (Advisor)	Save the Children	FELLOW



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSFP (Current Position)
Dennis Long, ScD (Dr. Al Buck, JHU)	February 1987 – September 1988	USAID Bureau of Health (Advisor)	USAID/S&T/H	FELLOW (World Bank)
George Bicego, MA (Drs Ron Gray, Neal Halsey & A. Chanazarian, JHU)	August 1986 – August 1988	Child Health Institute Port-au-Prince, Haiti (Advisor)	USAID/S&T/H	FELLOW (Regional SI Advisor USAID/South Africa)
Anne Gadomski, MD, MPH (Drs Ken Brown & Michele Forman, JHU)	August 1986 – July 1988	Vitamin A Working Group Indonesia, Philippines, Bolivia & Guatemala (Advisor)	USAID/S&T/N	FELLOW (Pediatrics Researcher, Cornell University)
Chris Kjolhede, MD, MPH (Drs Ken Brown & Michele Forman, JHU)	August 1986 – July 1988	Vitamin A Working Group Indonesia, Philippines, Bolivia & Guatemala (Advisor)	USAID/S&T/N	FELLOW (Pediatrics Researcher, Cornell University)
Petra Osinski, MA, MPH (Drs W. Henry Mosley & Ron Gray – JHU)	March 1987 – April 1988	Population Services International/Social Marketing Project Bangladesh (Advisor)	PSI	FELLOW (German Development Bank)



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Name (Mentor)	Term	Location (Title)	Funding Source	Status with HCSEFP (Current Position)
Katherine Dickin, MS (Drs Ken Brown & Steve Esrey)	January 1987 – January 1988	University of Ilorin Dietary Management of Diarrhea Project Ilorin, Nigeria (Advisor)	USAID/S&T/N	FELLOW (Faculty, U. of London -- Ontario, Canada)
Zeil Rosenberg, MD (Drs Robert E. Black & Stella Goings – JHU)	February 1987 – August 1987	USAID/Indonesia Jakarta, Indonesia (Advisor)	USAID/G/PHN	FELLOW (Director, Diareason & Co.)



*John Seeley, Paul Seaton, Maggie Marsh, Robert Franks, Heather Heine and Elliot Rosen.*



*John Seeley, Paul Seaton, Maggie Marsh, Robert Franks, Heather Heine and Elliot Rosen.*