



# Global Health Fellows Program (GHFP)

## Results Review

July 1, 2007-June 30, 2008

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

## Executive Summary

Across the Global Health Bureau’s Offices and the PHN sector, the Global Health Fellows Program (GHFP) was fully engaged this year in recruiting, placing, and supporting fellows as well as strengthening individual and organizational performance for those doing health-related work within USAID. Consistent with the GHFP Results Framework (see Figure 1), the following are key results for core elements in the program.

### Outreach and Recruitment

GHFP’s outreach small working group was able to dramatically increase awareness of USAID and global health career opportunities by expanding the number of outreach activities and supporting materials with a focus on minority environments. GHFP monitored outcomes this year to develop a more targeted outreach approach in Year 3. Uses of GHFP’s public website and internal virtual workspace were expanded, resulting in increased utility.

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

Outreach and Recruitment of Fellows (including Focus on Minorities)		
	Year One	Year Two
Outreach and University Partner Inreach Events, Presentations, Booths, etc.	18 events 2,300+	39+ events 4,000+ attendees
Website page hits	770,000	2,400,000
Fellow Recruitment	61 transitioned 13 new positions	n.a. 50 new positions
Intern Recruitment	6 interns	9 interns

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

GHFP support to fellows includes administrative, performance management and professional development assistance. GHFP implemented an effective support system for fellows including individualized orientations, dedicated contact persons, university-based faculty mentors, support to the Fellow-Onsite Manager (OSM) relationship, regular publication of the e-newsletter (“GHFP Express”) for fellows and OSMs, and a full-service website including information on the GHFP program, training opportunities, and professional development resources and networking tools. The unexpected increase in

fellows' numbers did not diminish the quality of support, but strained systems which required some reorganization in Year 3. A selection of key results includes:

Fellows' Administrative Support and Performance Management		
	Year One	Year Two
% fellows who agree or strongly agree that GHFP support services are satisfactory	74%	83%
% of fellows who agree that GHFP achieves its 24 hour response rate goal	90%	96%
% of applicable fellows satisfied with mentoring program	57%	70%
% fellows who agreed website is useful and relevant	26%	57%
% of fellows who accepted invitation to extend their fellowship	91%	89%

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

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

## Alumni

In Year 2, GHFP alumni ratings indicate that the fellowship experience is a positive one with implications for strengthened human resources for the international health development sector's future. A selection of key results includes:

Alumni Outcomes		
	Year One	Year Two
% of alumni who would recommend GHFP to others	-	100%
% of alumni maintaining professional contact with OSM, GHFP, or other alumni	-	65% - 71 %
% of fellows (known to us) who post-initial fellowship have remained in global health sector (via next job or return to school)	-	100%

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

## Organizational Development

In Program Year 2, GHFP significantly increased its support to GH Bureau offices, divisions and teams as well as missions, groups of missions, and relevant alliances such as PEPFAR. In both French and Spanish, GHFP helped with a variety of USAID challenges including developing new program areas, project design efforts, strategic planning, role clarification, strengthening Washington-Mission relations, and fostering more effective collaborations. A selection of key results includes:

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

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

Figure 1: Global Health Fellows Program Results Framework



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# Health Sector Cadre Enhanced Worldwide

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

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

To increase awareness of GHFP, program staff engaged in a wide range of outreach activities. Outreach activities focused on the following targeted areas: 1) schools of public health and other relevant schools,<sup>1</sup> 2) professional conferences and employment fairs, 3) outreach targeting minorities, 4) other targeted outreach, and 5) web-based outreach. Because GHFP took over the Global Health Bureau Washington, DC Summer Internship Program, these outreach activities now also incorporate information about the internship program.

### ***Results***

Face-to-face outreach events conducted during Year 2 include the following:

- **Schools of Public Health and Other Relevant Schools:** To maximize outreach to graduate students of public health and related disciplines interested in global health careers, GHFP staff targeted specific schools by holding information sessions and presentations about the GHFP program. Targeted outreach schools included: Tulane University, Johns Hopkins University, Harvard University, Emory University, Columbia University, the George Washington University, Boston University, Tufts University, the University of Alabama at Birmingham, the University of South Florida, Vanderbilt University, the University of California at Berkeley, the University of California at Los Angeles, the University of San Francisco, the University of Richmond, Loyola University, and New York University.
- **Professional Conferences and Employment Fairs:** In order to maximize outreach to and recruitment of public health professionals, GHFP maintained a strong presence at key annual public health conferences and meetings. These included a Recruiter Fair and Career Panel at the Global Health Council Annual Meeting in Washington, DC, as well as presentations and booths at: the ASPH (Association of Schools of Public Health) Career Services Council, the US State Department's Career Transition Center Job Fair, the GlobeMed Conference, the Global Health Education Consortium Conference, the Society for International Development Career Fair, the Annual Unite for Sight Conference, and the Career Fair for Returning Peace Corps Volunteers.
- **Outreach Targeting Minorities:** To increase awareness of GHFP among minority groups, GHFP staff held presentations and information sessions at select minority-serving institutions (MSI) and events known to have a large number of minority

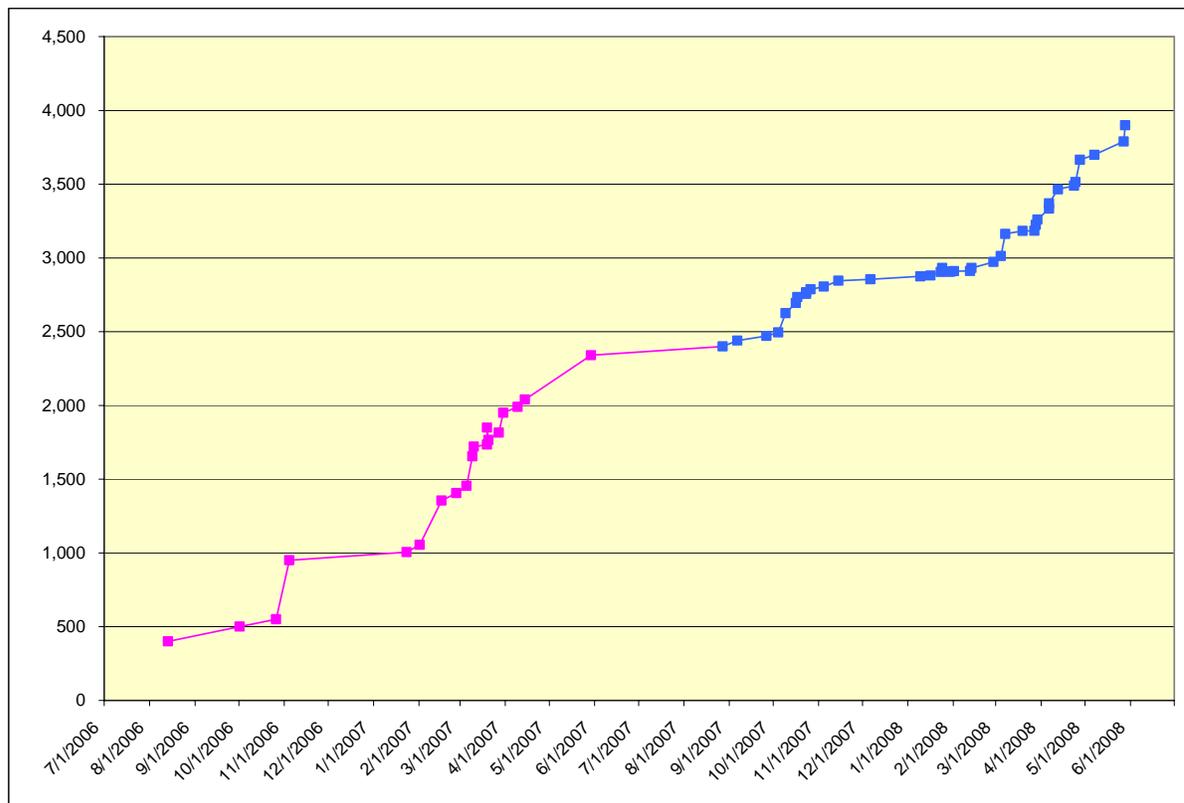
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<sup>1</sup> The term "relevant schools" refers to colleges and universities that typically provide a large number of graduates that enter the GHFP program.

participants. Schools where presentations were held included: the Morehouse College of Medicine, Morgan State University, Virginia Union University, Meharry Medical College, Florida International University, Loma Linda University, Virginia Commonwealth University, and CSU Fresno. In addition, GHFP outreach was done at the Hispanic Medical Conference in Fresno, CA, and with the African American Consortium of Schools of Public Health during the APHA Conference held in Washington, DC.

In Year 2, an increasing number of people learned about USAID and global health careers by participating in GHFP's outreach/inreach 39+ events (booths, panels and presentations). Inreach are those activities based at GHFP partners, Harvard and Tulane. The results illustrate the extensive reach of GHFP activities. GHFP launched an intensive informational campaign to promote the new fellowship program after the end of the second quarter of Program Year 1, the results of which can be seen in Figure 2. During Program Year 2, GHFP implemented a steady stream of outreach and inreach events. By the end of Year 2, nearly 4,000 people had attended GHFP outreach and inreach events.

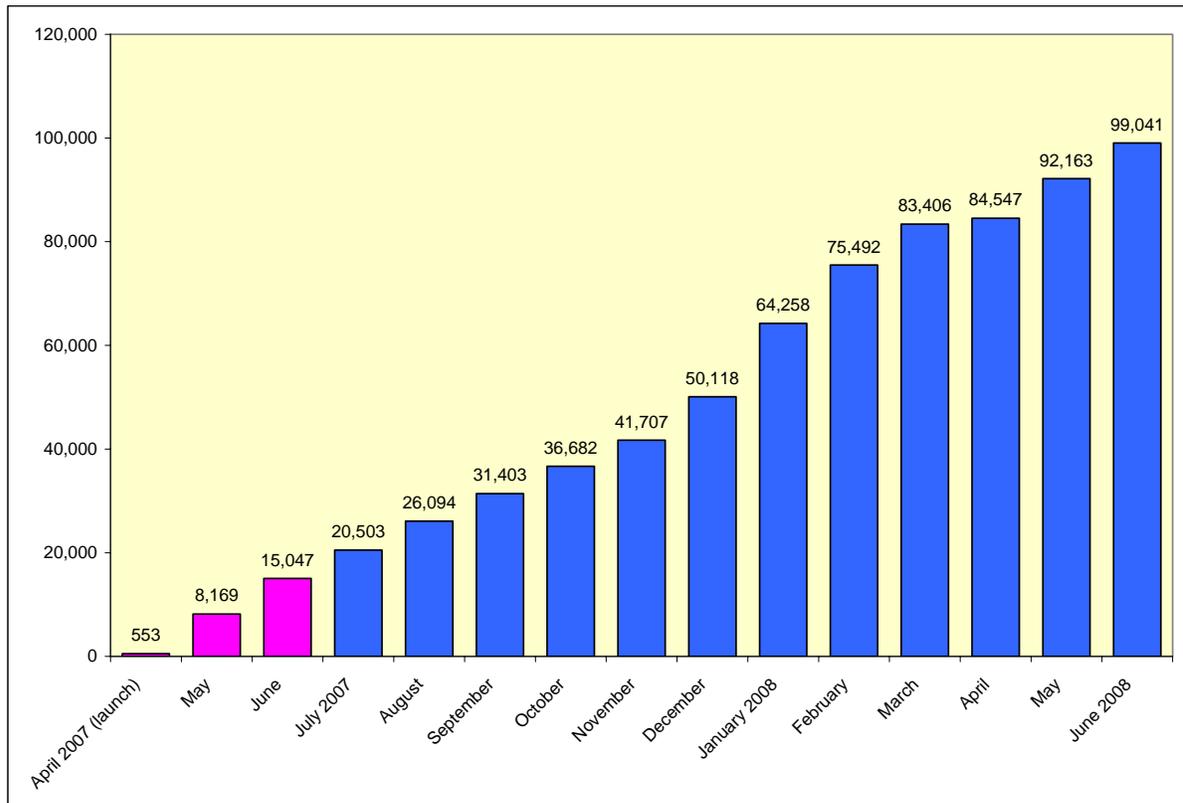
Figure 2: Cumulative Number of Attendees at GHFP Outreach Events, July 2006 – June 2008



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

- Web-based Outreach:** GHFP in-person events are supported by a full-featured website, which was launched during the fourth quarter of Program Year 1. The website aims to increase awareness of the program and facilitate the application and review processes for fellowships and internships through its easy-to-use online application system. The GHFP website address is advertised during all outreach events, as well as on various GHFP communication materials. Figure 3 shows the cumulative number of GHFP website visitors since the launch of the revamped website in April 2007. By the end of Program Year 1, the website had recorded just over 15,000 visitors. Use of the GHFP website increased substantially during Program Year 2. By the end of June 2008, over 99,000 website visits had been recorded over the course of the program. During Program Year 2, visits to the website were made from 31,004 unique IP addresses. The GHFP website also includes information about the internship program, and enables potential applicants for the 2009 internships to sign up for the internship listserv.

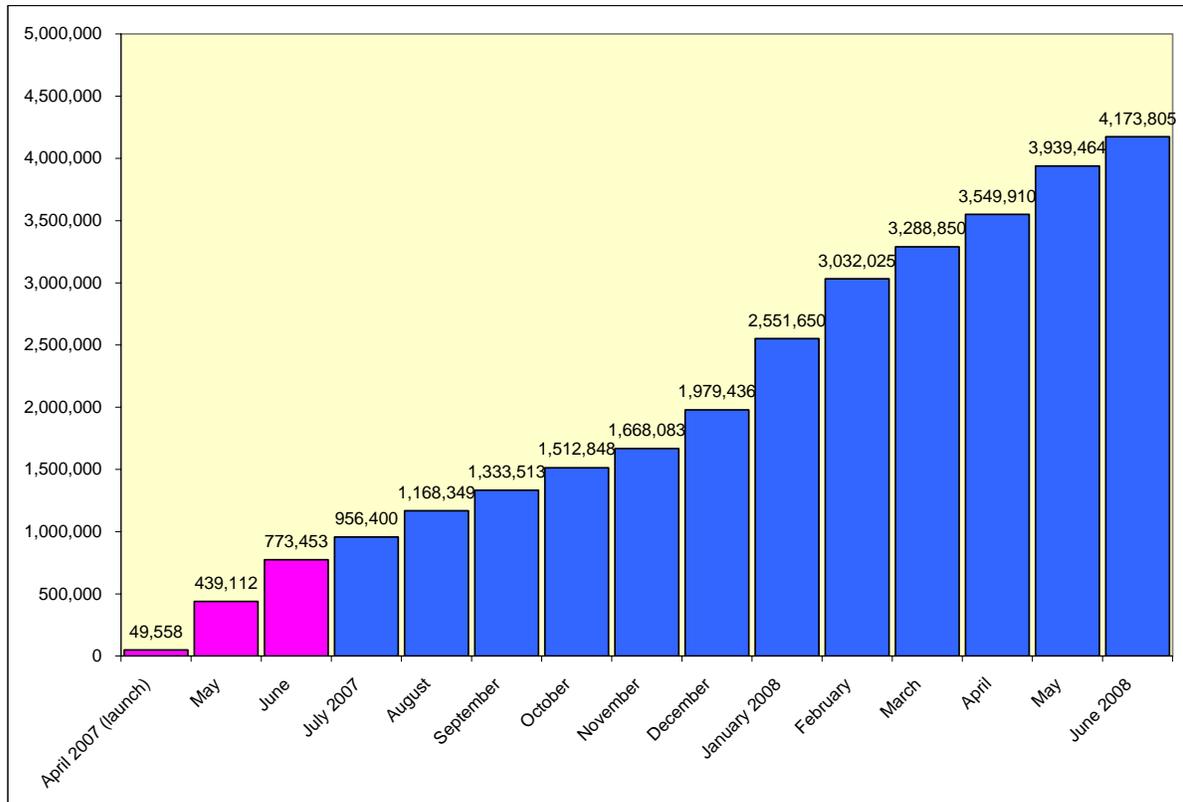
Figure 3: Cumulative Number of GHFP Website Visitors (April 2007 – June 2008)



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

Website statistics further show that many website visitors reviewed several pages on the website. The average number of page hits per visitor was 51.4 during Program Year 1, and 40.1 during Program Year 2. Figure 4 shows cumulative number of page hits since the launch of the GHFP website in April 2007. Since GHFP's inception, the website has recorded nearly 4.2 million page hits, with 770,000 in Year 1.

Figure 4: Cumulative Number of GHFP Website Hits (April 2007 – June 2008)



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

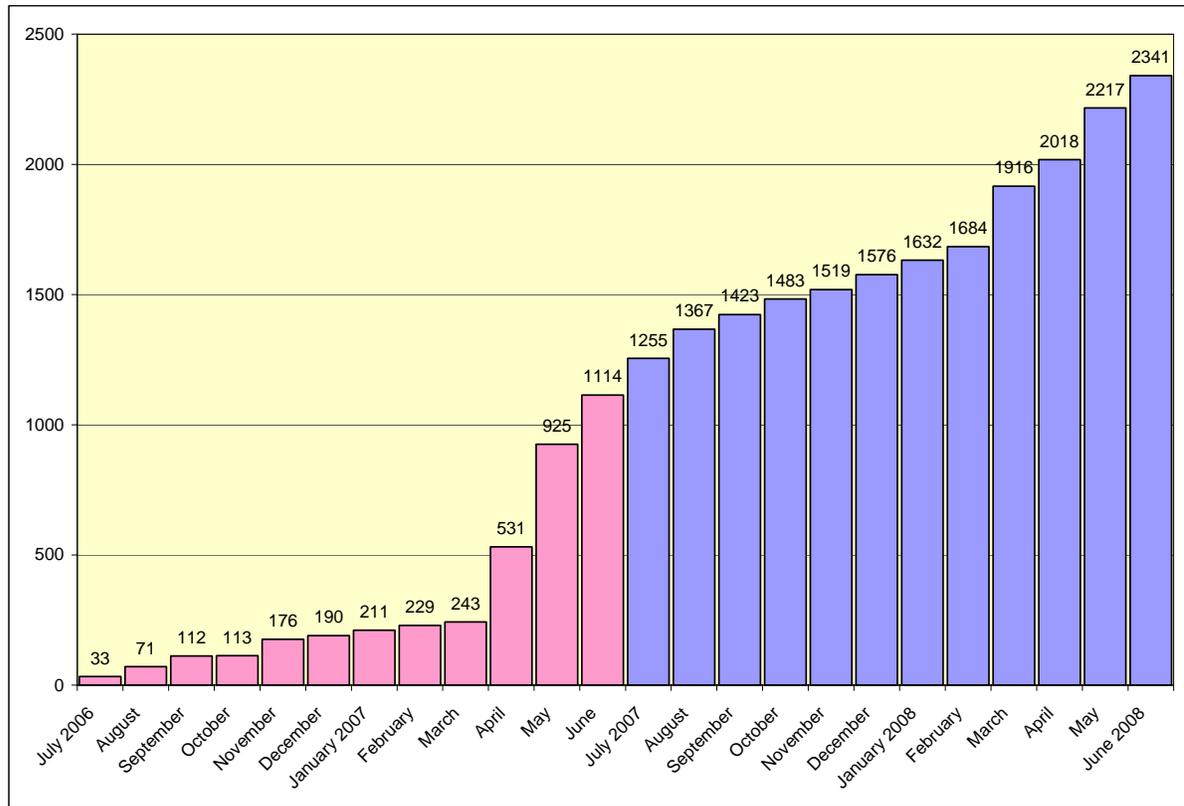
SR 1.1.2 Procedure for selection and placement of fellows improved

GHFP has been very successful in recruiting and hiring right-skilled technical experts from a wide range of public health disciplines in order to meet the needs of USAID. During Program Year 2, the number of fellows being supported reached and exceeded the maximum capacity that was envisioned in the GHFP RFA.

**Results**

- To ensure that the fellowship program would have a large number of qualified applicants, GHFP launched an extensive outreach campaign to promote the fellowship program during Program Year 1. In late April 2007, GHFP went live with its redesigned website, which included an easy to use online application system. These efforts were continued during Program Year 2. Figure 5 shows that GHFP has been very successful in reaching potential applicants. By the end of Program Year 1, more than 1,100 applications for fellowship positions had been received. The sharp increase in the total number of applications received in April and May 2007 corresponds with the launch of the online web applications and with the increase in the number of available positions. By the end of Program Year 2, GHFP had received and processed over 2,300 applications for specific fellowships.

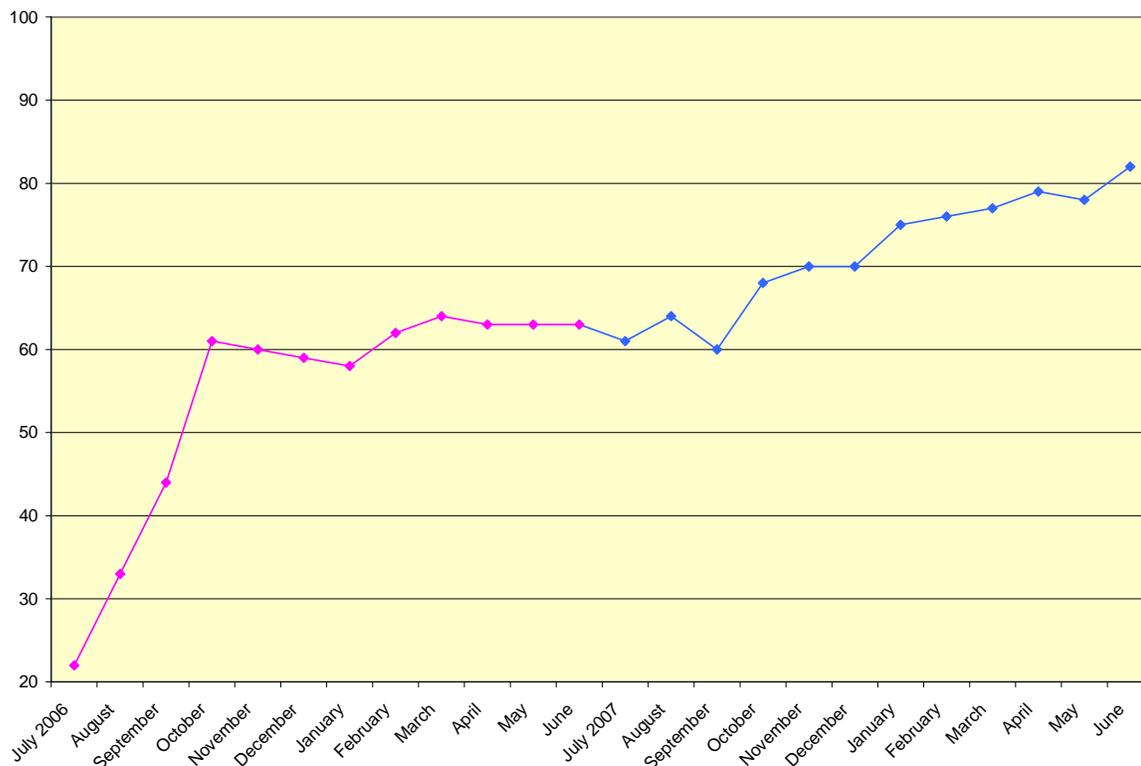
Figure 5: Cumulative Number of Applications for GHFP Fellowships (July 2006- June 2008)



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

- Analyses of recruitment data (based on positions that were advertised with a closed date within Program Year 2), illustrate that the recruitment of GHFP fellows is swift. The average duration from the time that the position opened until qualified applications were forwarded to the relevant OSM was only 44 days. For 92% of the positions, qualified applications were forwarded within 90 days after the position opened. The average duration from the position opening until the time an offer was made was less than three months (81.7 calendar days). In more than two thirds of the cases (68%), an offer was made within 90 days after the opening of the position.
- The number of fellows that GHFP supports varies from month to month, as a result of the continuous cycle of fellows who reach the end of their fellowships, and new hires. Figure 6 shows how the number of fellows that GHFP supported changed over the course of the first two Program Years. The results show that the transition of fellows from previous fellowship programs occurred swiftly, which led to a rapid increase in the number of fellows supported during the first quarter of Program Year 1. After this initial transition period, the number of fellows being supported was nearly constant for the remainder of Program Year 1, with the number fluctuating around 63.
- During Program Year 2 the number of fellows being supported steadily increased from less than 65 in September 2007 to over 75 from January 2008 onward. By June 2008, the program was supporting 82 fellows concurrently. This relatively modest increase masks a great change in the composition of the fellows – 42 new fellows joined GHFP and 8 current fellows assumed new fellowships (new Scopes of Work) during Program Year 2. The GHFP RFA anticipated up to 75 fellowships per year as the maximum capacity for the program. As shown in Figure 6, GHFP has reached or exceeded this maximum since January 2008.

Figure 6: Number of GHFP Fellows Supported During Any Given Month (July 2006- June 2008)



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

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

GHFP continues to contribute to USAID’s global health leadership by providing a large pool of technical experts who can implement USAID’s vision. The outreach strategy described under SR.1.1.1 ensures that there is a large pool of qualified fellowship applicants.

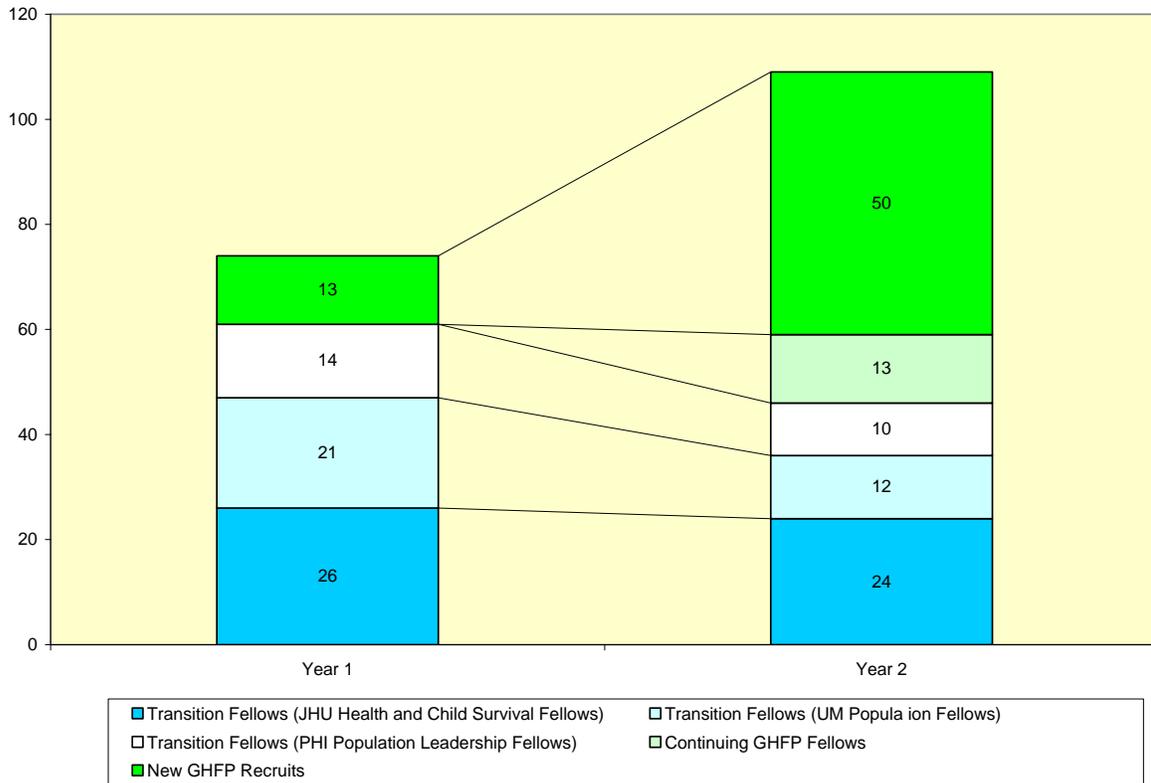
### Results

- In total, GHFP managed 109 fellowship positions during the course of Program Year 2. This included 50 new positions that were filled during the course of the year, and 59 positions that continued from the previous year. Of these 59 continuing positions, 24 had originally been recruited under the Johns Hopkins Child Survival Program, 10 under the Public Health Institute’s Population Leadership Program, and 12 under the University of Michigan Population Fellows Program. The remaining 13 were new GHFP hires during Program Year 1.
- The total number of fellows who started under a previous fellowship mechanism declined from 61 in Program Year 1 to 46 in Program Year 2 (see Figure 7). The percentage of fellows who have been directly recruited by GHFP, rather than

transferred in from a previous fellowship mechanism, increased from 17.6% during Year 1 (13 out of 74) to 57.8% during Year 2 (63 out of 109).

- The 50 new positions were filled by 42 new hires and eight fellows who transferred from previous fellowship positions. These eight fellows openly competed and were selected for new fellowships, which illustrates GHFP’s designed flexibility to move critical resources where they are needed most. The new positions provide USAID with technical expertise in a wide range of areas, including HIV/AIDS (10 fellows), orphans and vulnerable children (2 fellows), avian influenza (3 fellows), malaria (5 fellows), maternal and child health (3 fellows), service delivery (5 fellows), information management (3 fellows), and monitoring and evaluation (4 fellows).

Figure 7: Number of GHFP Fellows, by Program Year



- During the course of Program Year 2, GHFP recruited 50 new fellows. Table 1 lists these new fellows along with their position titles and posts. In addition, GHFP supported 59 continuing fellows.
- In total, 31 fellowships ended during the period from July 1, 2007 through June 30, 2008 (see SR.1.1.5). These 31 fellowships included 12 that had transferred from the Johns Hopkins Child Survival Program, 3 that transferred from the Public Health Institute’s Population Leadership Program, and 10 who had transferred from the University of Michigan Population Fellows Program.

- Among the 50 new hires, 12 fellows were assigned to overseas posts. They filled positions in Bangladesh, South Africa (2 fellows), Malawi (2 fellows), Kenya, Mali, Nigeria (2 fellows), Rwanda, Vietnam (2 fellows). All were successfully relocated to their posts.

Table 1: List of New Hires in Program Year 2 (with position title and USAID location)

<p><b>Gretchen Bachman, MBA</b> Senior Orphans and Vulnerable Children Technical Advisor GH/OHA/SPER</p>	<p><b>Kimberly Bardy, MSPH</b> Global Fund Technical Assistance Analyst S/GAC</p>
<p><b>Wendy Benzerga, MS</b> Senior HIV/AIDS Prevention Technical Advisor USAID/South Africa</p>	<p><b>Viviane Chao, MA</b> HIV/AIDS Program Coordination Advisor USAID/Kenya</p>
<p><b>Veerle Coignez, MA</b> Pharmaceutical Management Advisor GH/HIDN/HS</p>	<p><b>Carmen Coles, MPP</b> Repositioning Family Planning Advisor GH/PRH/PEC</p>
<p><b>Shannon Darcy, MPH</b> HIV/AIDS Regional Advisor GH/OHA/SPER</p>	<p><b>Robert De Wolfe, MPH</b> Child Health Advisor / Deputy Team Leader USAID/Mali</p>
<p><b>Kirk Felsman, EDD</b> Senior Orphans and Vulnerable Children Technical Advisor USAID/RHAP (Pretoria)</p>	<p><b>Jennifer Foltz, MA</b> Health Program Advisor AFR/SD</p>
<p><b>Terra Fretwell, MIT</b> Capacity Development Advisor GH/PDMS</p>	<p><b>Stella Goings, MD, MPH</b> Senior HIV/AIDS and TB Advisor AFR/SD</p>
<p><b>Nathaly Herrel, MSc</b> Malaria Technical Advisor (Communication Liaison) GH/HIDN/PMI</p>	<p><b>Emily Hughes, MPA</b> Program Management Advisor USAID/Malawi</p>
<p><b>Troy Jacobs, MD, MPH</b> Pediatrics HIV/AIDS Advisor GH/HIDN/MCH</p>	<p><b>Megan Kearns, MA</b> HIV/AIDS Regional Advisor GH/OHA/SPER</p>
<p><b>Shannon Kelly, MPP</b> Health Development Advisor GH/OHA/SPER</p>	<p><b>Irene Kitzantides, MPH</b> Population, Health and Environment Advisor SPREAD</p>
<p><b>Christina Lau, MPH</b> Information Management Specialist USAID/Nigeria</p>	<p><b>Erika Lutz, MPH</b> Child Survival and Health Grants Advisor GH/HIDN/NUT</p>

Table 1 (cont'd): List of New Hires in Program Year 2 (with position title and organization)

<p><b>Dorina Maris, MPH</b> Health Management Information Systems Advisor GH/OHA/SPER</p>	<p><b>Elizabeth McDavid, MPIA</b> Malaria Technical Advisor GH/HIDN/PMI</p>
<p><b>Elaine Menotti, MPH</b> Child Survival and Health Grants Advisor GH/HIDN/NUT</p>	<p><b>Erin Mielke, MPH</b> Service Delivery Improvement Program Advisor GH/PRH/SDI</p>
<p><b>Roy Miller, PhD, MS</b> Senior Strategic Planning, Information, Monitoring and Evaluation Health Advisor AFR/SD</p>	<p><b>John Milliner, MS</b> Malaria Advisor AFR/SD</p>
<p><b>Ligia Paina, MHS</b> Health Systems Advisor GH/HIDN/HS</p>	<p><b>John Palen, PhD, MPH</b> HIV/AIDS Palliative Care Advisor GH/OHA/TLR</p>
<p><b>Christianna Pangalos, MA</b> Technical Advisor, Health Commodity and Logistics USAID/Rwanda</p>	<p><b>Thomas Perdue, MPH</b> Monitoring and Evaluation Advisor GH/OHA/SPER</p>
<p><b>Kevin Pilz, PhD</b> Commodities Security and Logistics Advisor GH/PRH/CSL</p>	<p><b>Jessica Rose, MSc</b> Monitoring and Evaluation Advisor GH/OHA/SPER</p>
<p><b>Trenton Ruebush, MD, MSc</b> Senior Malaria Advisor GH/HIDN/PMI</p>	<p><b>Chunnong Saeger, MA</b> Monitoring and Evaluation Advisor GH/OHA/SPER</p>
<p><b>Macarena Sarraf, MIS</b> PEPFAR Program Advisor USAID/Vietnam</p>	<p><b>Kenneth Sklaw, MPH, MA</b> Organizational Capacity Advisor GH/OHA/SPER</p>
<p><b>Shelley Snyder, MPH</b> Policy Advisor GH/PRH/PEC</p>	<p><b>Scott Stewart, MSPH</b> Surveillance Advisor GH/OHA/SPER</p>
<p><b>Elina Sverdlova, MIA</b> Commodities and Logistics Advisor USAID/Nigeria</p>	<p><b>Nandita Thatte, MHS</b> Service Delivery Improvement Technical Advisor GH/PRH/SDI and RTU</p>
<p><b>Jenny Truong, MHS</b> Reproductive Health Technical Advisor GH/PRH/SDI</p>	<p><b>Marci Van Dyke, MPH</b> Pandemic Avian Influenza Advisor GH/HIDN/AI</p>
<p><b>Ronald Waldman, MD, MPH</b> Team Leader, Pandemic Planning/Humanitarian Response GH/HIDN/AI</p>	

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

<p><b>Zandra André, DVM, MPH</b> Avian Influenza Advisor USAID/Bangladesh</p>	<p><b>Matthew Barnhart, MD, MPH</b> Senior HIV/AIDS Technical Advisor USAID/Malawi</p>
<p><b>Robert Blanchard, MPH</b> Avian Influenza Logistics Advisor GH/HIDN/AI</p>	<p><b>Erin Boyd, MS</b> Infant and Young Child Feeding Advisor GH/HIDN/NUT</p>
<p><b>Kamden Hoffmann, MPH, MA</b> Malaria Technical Advisor GH/HIDN/PMI</p>	<p><b>Tiffany Lillie, PhD, MHS</b> HIV/AIDS Primary Prevention Advisor GH/OHA/TLR</p>
<p><b>Stephen Settimi, MA</b> Health Management Information Systems Advisor GH/OHA/IS</p>	<p><b>Angela Weaver, MPH</b> Infectious Disease Technical Advisor GH/HIDN/ID</p>

- Of the 20 fellows eligible for extension in Program Year 2, 90% (18) were invited to extend their fellowships; of this number, 89% (16) accepted an extension.
- Thirteen fellows were eligible for a promotion in Program Year 2. Not an entitlement, eligibility for promotion under GHFP is defined as having completed two years in a fellowship with an invitation to extend in that fellowship by the host organization. Of these eligible fellows, 54% (7) were promoted based on their excellent performance and continued growth in job responsibility.

### *Fellow Activities and Contributions*

During this second reporting period, GHFP managed a total of 109 fellowships and provided technical expertise to USAID and its select cooperating partners. Of these, 78 fellowships remained active at the end of Program Year 2, while 31 ended during the course of the year. This section provides a brief description of the activities and accomplishments of fellows active during Program Year 2.

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#### **Namita Agravat, MPH**

Child Survival and Health Grants Program  
Manager  
GH/HIDN/NUT

As the Child Survival and Health Grants Program Manager at the Office of Health, Infectious Disease, and Nutrition, Ms. Namita Agravat contributed to several aspects of the CSHGP. She presented on behalf of the CSHGP on several occasions. Ms. Agravat also contributed significantly to several RFAs and reporting guidelines. Through her work with the wider CSHGP team, including partners CSTS and CORE, Ms. Agravat worked on updating several of the M&E guidelines for CSHGP grantees. She also helped the DRC Health Team complete their first Operational Plan.

#### **Zandra André, DVM, MPH**

Avian Influenza Advisor  
USAID/Bangladesh

Dr. Zandra André joined GHFP from the Johns Hopkins Health and Child Survival Fellowship Program. In her current position as the Technical Advisor for Avian and Pandemic Influenza (API) at USAID/Bangladesh, Dr. André provides technical and programmatic support to design, manage, and monitor API activities in human and animal populations in Bangladesh. In addition, she provides similar support for the Avian and Pandemic Influenza Regional Program based in Nepal.

Dr. André provides technical assistance to identify critical country needs for personnel, training, commodities, and funding related to prevention, detection, and containment of API. She is also involved with strategic planning and program management to identify opportunities for USAID assistance at the country and regional level and works with USAID/Bangladesh, USAID/India, USAID/Nepal, and the Regional Development Mission for Asia to develop strategic approaches related to API.

Dr. André regularly works with government counterparts on country-specific and regional activities and contributes to and facilitates coordination and dialogue among USG agencies,

international organizations, NGOs, PVOs, and other donors on technical issues.

#### **Michael Andreini, MPH**

Health Advisor  
USAID/Sudan Field Office, Nairobi

No update received prior to document submission.

#### **Laura Arntson, PhD, MPH**

Strategic Information Advisor  
USAID/Nigeria

In the last three months, Dr. Laura Arntson, as the Strategic Information [SI] Advisor and USAID SI Team Lead with USAID/Nigeria, has seen many of her earlier efforts to improve systems and build capacity come to fruition. The guidance materials, systems, and processes she developed for SI Team review, improvement, and development of USAID implementing partner program management plans and results frameworks are now handled by team members whose capacity continues to grow. She recently developed data quality assessment (DQA) question guidelines for an improved DQA process now underway by the SI Team—a process that will lead to capacity building for implementing partners as well.

Dr. Arntson also contributes to the capacity building of implementing partners and the Government of Nigeria's M&E staff through her involvement as Co-Chair of the Capacity Building Sub-Committee of the National M&E Technical Working Group.

Much of the work she does as SI Advisor is 'behind the scenes.' By developing guidance materials, tools, systems, and processes for improved quality of Country Operational Plans and semi-annual and annual progress reports data management and the design and implementation of improved methods to capture and manage numbers, she has eliminated potential sources of error in capturing data for both planning and reporting in PEPFAR/Nigeria. The system she developed has now been taken on entirely by the Health Management Information System SI Team member who in turn is mentoring other USG SI Team members.

Dr. Arntson also contributes to PEPFAR learning, through her input to public health evaluation (PHE) research design and proposal development (both multi-country and Nigeria-specific). She also works with PEPFAR/Nigeria technical working groups on various ways of using routine monitoring data and other available secondary data.

### **Gretchen Bachman, MBA**

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

In her position, Ms. Gretchen Bachman is responsible for providing technical leadership for HIV/AIDS prevention and mitigation related to orphans and children. She is also a key advisor to USAID at technical and programmatic forums on OVC issues, and provides technical assistance to missions, regional field offices, regional bureaus, cooperating agencies (CAs), PVOs, host country governments, and NGOs. In addition, Ms. Bachman provides technical oversight and leadership for OHA contractors and CAs regarding technical work plans, activities, and research agendas.

### **Kimberly Bardy, MSPH**

Global Fund Technical Assistance Analyst  
S/GAC

As the Global Fund Technical Assistance Analyst, Ms. Kimberly Bardy serves as Technical Advisor on the Grant Management Solutions contract, and is responsible for managing the USG approval process for each scope of work submitted by Global Fund grantees throughout the world. Ms. Bardy also establishes fiscal controls and reporting systems to track funds and direct disbursements. In addition, she maintains regular communication with grantees, and other Global Fund TA partners, particularly Roll Back Malaria, Stop TB Partnership, Green Light Committee, and UNAIDS Technical Support Facilities who also receive funding from the USG to provide Global Fund TA.

During Program Year 2, Kimberly developed systems and procedures for the management of, and interagency contributions to, a USAID contract providing Global Fund technical assistance (TA) as well as providing oversight and direction to four multilateral partners providing similar support to Global Fund grants. The total amount obligated to this portfolio of Global Fund TA mechanisms within the relevant timeframe was \$26.8 million. Through the USAID Global Fund TA contract, she led an interagency Technical Support Advisory Panel to review and approve 48 Global Fund TA requests from 22 different countries. Once the requests are approved she provided oversight and direction to the project management team. As a liaison to the field for Global Fund grant implementation issues, she responded to questions

and concerns about grants in over 70 countries, and connected field offices with additional resources to promote grant performance. Additionally, she drafted and led through clearance a Report to Congress on the Involvement of Faith-Based Organizations in the Global Fund, as well as an annex to the Global Fund Annual Report to Congress on Global Fund TA. As part of her larger role within the Multilateral Diplomacy division, she participated in the Global Fund Parallel Review and the inter-agency Global Fund Core Group, developed briefing papers for Global Fund Board and Committee meetings, and contributed to Global Fund Phase 2 evaluations.

### **Matthew Barnhart, MD, MPH**

Senior HIV/AIDS Technical Advisor  
USAID/Malawi

Dr. Matthew Barnhart is responsible for guiding a multimillion dollar portfolio, one of the largest and most complex within the Mission. In partnership with the Health Team Leader and the Deputy Team Leader, he interacts with multilateral and bilateral agencies, the Malawi government, NGOs, the private sector, and any other key stakeholder involved in HIV/AIDS programming. Dr. Barnhart is fully engaged in the day to day management of the HIV/AIDS Unit as well as guiding and mentoring staff and working with the Program Management Specialist in technical oversight, strategic leadership, and planning and reporting.

### **Kipling Beardsley, MPH**

HIV/AIDS Technical Advisor  
EE/DGST

Mr. Kipling Beardsley served as the external expert on a UNAIDS coordinated assessment of the National AIDS Program in Ukraine. In this capacity, he was responsible for the analysis of and recommendations concerning: program planning, finance and budgeting at the national, oblast and rayon levels, financial monitoring systems, and HIV prevention programs targeting men who have sex with men.

During his second year with GHFP, Mr. Beardsley completed the final project design and negotiated the clearance for a regional policy initiative to improve access to drug addiction treatment resources, especially opioid substitution therapy. This process included sharing project concepts and incorporating feedback from OHA, missions, and other organizations active in the region. As part of the project design phase, Mr. Beardsley also engaged in negotiations with the Bureau for International Narcotics Law Enforcement Affairs and the White House Office of National Drug Control Policy, completed the Europe and Eurasia Bureau Concept Review and Approval process, and negotiated the final workplan and budget. Mr. Beardsley also provided program assessment and

strategy suggestions to the Central Asia Regional Mission.

### **Wendy Benzerga, MS**

Senior HIV/AIDS Prevention Technical Advisor  
USAID/South Africa

Wendy Benzerga is the GHPF Fellow serving as HIV/AIDS Prevention Technical Advisor with USAID/South Africa. In her position, Wendy is USAID/South Africa's leading technical expert in the area of behavior change and prevention of sexual transmission of HIV. She works in close collaboration with other President's Emergency Plan for AIDS Relief (EP) team members including USAID's youth advisor, and education advisor, and technical experts from the CDC and other USG agencies. Wendy is responsible for overseeing the overall strategic direction, relevance, coverage and quality of the portfolio for prevention of sexual transmission of HIV. She is also responsible for the design, implementation and evaluation of related prevention activities implemented by USAID as well as coordinating USAID's prevention activities with interventions funded by other agencies, including the CDC, the Department of Defense, and the Peace Corps.

### **Richard Berzon, DrPH**

HIV/AIDS Technical Advisor  
GH/OHA/SPER

Dr. Berzon served as a member of the Palliative Care Technical Working Group, and as USAID lead responsible for the implementation of the public palliative care targeted evaluation study. In this capacity, he led a task force that redesigned and provided oversight for that study. He also served as a member of the ARV targeted evaluation costing study, and as USAID lead he presented findings of the study to audiences across five PEPFAR focus countries (Nigeria, Uganda, Ethiopia, Botswana, and Vietnam). Dr. Berzon served as a member of the Public Health Evaluation Subcommittee (PHE SC), and actively contributed expertise in study outcomes research, specifically with respect to the conceptualization of patient quality of life, the design, and interpretation of findings. He also served on the core teams for Russia, South Africa, and Kenya.

### **Robert Blanchard, MPH**

Avian Influenza Logistics Advisor  
GH/HIDN/AI

Mr. Robert Blanchard provides technical and operational leadership to the USAID | DELIVER Project for the global distribution and management of Avian Influenza International Stockpile assets. He manages and coordinates USAID actions to ensure the efficient and effective global response to outbreaks of highly-pathogenic avian influenza

(HPAI) as well as other emerging infectious diseases. He routinely assesses the capability of implementing partner programs and provides strategic planning guidance and technical direction to support the improvement of supply chain systems to respond to outbreaks of HPAI.

Mr. Blanchard has provided technical guidance to the USAID | DELIVER project and during the launch of this new contract he personally invited representatives from USDA, HHS, CDC, DOD, and DOS to participate. This outreach to other cooperating partners has facilitated information sharing and cooperation among these partners. Mr. Blanchard now has the resources to better assist USAID missions, host governments and NGOs in developing, implementing and assessing programmatic approaches for responding to outbreaks of Avian or Pandemic influenza through the use of appropriate resources of a variety of cooperating agencies.

Mr. Blanchard was instrumental in the establishment of the first Regional Distribution Center (RDC) located in Bangkok, Thailand. The RDC provides the South East Asia Region with a readily available emergency supply of AI commodities. Because of Mr. Blanchard's efforts, the Agency can now meet specified timeframes for the delivery of AI commodities globally.

### **Malia Boggs, MPH**

Micronutrients Program Advisor  
GH/HIDN/NUT

In her capacity as Micronutrients Program Advisor in the Bureau for Global Health, Ms. Malia Boggs serves as a programmatic and technical advisor supporting the implementation of USAID's micronutrient and child survival strategy. She is responsible for supporting the design, implementation, monitoring, and evaluation of global, USAID-funded micronutrient activities. The specific technical focus of her work includes USAID's food fortification and diarrhea treatment programs, for which Ms. Boggs works in collaboration with USAID's overseas field missions, regional bureaus, and implementing agencies. Ms. Boggs also serves as the liaison with multilateral and bilateral agencies as well as with the private sector towards facilitation of global micronutrient activities.

### **Erin Boyd, MS**

Child Survival and Health Grants Program  
Technical Advisor (thru December 2007)  
Infant and Young Child Advisor  
GH/HIDN/NUT

Ms. Erin Boyd accepted a new fellowship position as the Infant and Young Child Feeding Advisor in the Office of Health, Infectious Diseases and Nutrition. Previously Erin was Program Advisor

for Child Survival and Health Grants, also in HIDN. In her new fellowship, Erin provided technical expertise to satisfy the overall operational objectives of USAID/GH/HIDN. Particularly, Ms. Boyd worked on providing technical leadership for infant and young child feeding to meet the objective of providing contractor services and deliverables. She also provided agency-wide technical guidance in these areas and assisted in strategy development and project implementation.

Her accomplishments as Infant and Young Child Feeding Technical Advisor include managing daily processes for the IYCN Project, working with Missions to create demand for IYCN assistance through FS, and collaborating with the Africa Bureau, GH and OHA to ensure multi-sectoral programming in PMTCT

### **Kathryn Boryc, MPH**

Strategic Information Liaison  
USAID/Guyana

During her second year with GHFP, Ms. Kathryn Boryc assisted in writing the FY08 Country Operational Plans, including setting targets with all USG partners. She also conducted a situational analysis of Guyana's national monitoring and evaluation systems for HIV/AIDS, and provided a series of key recommendations to Guyana's Ministry of Health.

Ms. Boryc also liaised with representatives from the World Bank, Global Fund, UNAIDS, WHO/PAHO, UNICEF, and various NGOs to improve the coordination of assistance provided to the Government of Guyana in strategic information at large. She also assisted in the development of strategic information capacity for key focal persons at the National AIDS Programme Secretariat.

### **Molly Brady, MPH**

Avian Influenza Advisor  
USAID/RDM/Asia (Bangkok)

Ms. Molly Brady is a former Johns Hopkins Health and Child Survival Fellow posted with the Regional Development Mission for Asia (RDMA) in Bangkok, Thailand, serving as Avian Influenza Advisor. In this capacity, she provides technical and program management support and oversight to the development and implementation of policy, research, and project activities in the prevention, detection and containment of avian and pandemic influenza in Burma, China, Laos, Thailand, and Vietnam. As such she coordinates and liaises with a wide array of USG partners and international organizations. She has played a crucial role in working with host governments, United Nations organizations, and NGOs to develop and assess approaches for responding to the rapidly changing environment of avian influenza programming. She serves on the Monitoring and Evaluation Working

Group and has participated in the development of a monitoring and evaluation framework and guide for avian influenza activities in Asia. She also published a report on social marketing zinc to improve diarrhea treatment practices, based on findings from Cambodia.

### **Rebecca Callahan, MPhil**

Family Planning Technical Advisor  
GH/PRH/RTU

Over the past year, Ms. Rebecca Callahan served as the Family Planning point person for the E&E Team. In this capacity, Ms. Callahan has also worked with project implementers to develop a FP/RH in-service training curriculum that will be piloted in the region, and has worked with the private sector to increase FP access. She is on the FP graduation working group and intends to travel as part of this team to perform graduation assessments for four countries in the region. She has prepared and had approved both an extension and a ceiling increase for the project, and presented the E&E Regional FP activity during the 2007 E&E SOTA.

As the technical assistant for the Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU) project, Ms. Callahan participated in the strategic planning and budgeting for the project, and served as primary backstop. Some of her related activities included developing a scope of work for an evaluation of the project and traveling to Kenya, Uganda, and India for project monitoring visits.

Ms. Callahan provided technical assistance to the Microbicides Team, and participated in the Microbicides 2008 meeting in New Delhi. Other responsibilities included serving on the GH country team for Haiti and serving as alternate country coordinator for Armenia.

### **Judy Canahuati, MPhil**

MCH/N and HIV Technical Advisor  
DCHA/FFP/PTD

Ms. Judy Canahuati serves as Maternal and Child Health, Nutrition and HIV/AIDS Technical Advisor to the Office of Food for Peace in the Bureau for Democracy, Conflict and Humanitarian Assistance. She provides programmatic and technical guidance for activities in Maternal and Child Health and Nutrition supported through Food for Peace Cooperating Sponsors and the World Food Program. She serves as a member of the PEPFAR Orphans and Vulnerable Children and Food and Nutrition Technical Working Groups, the USAID Core Working Group on Nutrition and as a member of the GAIN Working Group on Infant and Young Child Nutrition.

### **Michael Cassell, PhD, MA, MEM**

Senior Prevention Advisor  
USAID/Vietnam

Dr. Michael Cassell provides technical, operational, and management support to the Emergency Plan team. As a recognized prevention expert in the field of HIV/AIDS, Dr. Cassell performs a full range of consultative, advisory, program planning, and financial management, and reporting, monitoring and evaluation functions. He is responsible for providing direction, management, technical assistance and oversight to a portfolio of HIV/AIDS prevention projects/activities in Vietnam. In addition, Dr. Cassell serves as the activity manager for all prevention activities and is involved in the planning, design, and implementation and evaluation of those activities.

### **Viviane Chao, MA**

HIV/AIDS Program Coordination Advisor  
USAID/Kenya

Ms. Viviane Chao joined GHFP as an HIV/AIDS Program Coordination Advisor in the Kenya Coordination Office for PEPFAR. As the deputy coordinator for PEPFAR Kenya, Ms. Chao contributed to the strategic direction of multiple interagency planning retreats around development of the FY 09 Country Operational Plan. She designed and led tutorial sessions for interagency technical staff on key aspects of the Country Operational Plan and database, as well as reprogramming procedures. She also initiated and provided continual support to PEPFAR Kenya's first interagency gender working group. During the first year of her fellowship, Ms. Chao was responsible for streamlining Kenya's extensive Public Health Evaluations portfolio and ensuring transparency in the review process by both country and HQ teams. She also advised the Coordination Office in the overall direction of a public-private partnership in youth prevention, which engaged international and indigenous corporations, youth-serving organizations, as well as local and headquarters stakeholders.

### **Veerle Coigne, MA**

Pharmaceutical Management Advisor  
GH/HIDN/HS

Ms. Veerle Coigne provides the Health Systems Division with technical and managerial assistance in the implementation of the Strengthening Pharmaceutical Systems Program and the United States Pharmacopeia Drug Quality and Information Program. In addition, she contributes to strengthening Health, Infectious Disease, and Nutrition (HIDN) approaches and strategies to improve health system performance, by improving overall pharmaceutical management, product quality assurance and pharmacovigilance,

pharmaceutical sector governance, medicines use, and pharmaceutical information activities. She further provides technical guidance to the antimicrobial resistance component of the USAID Infectious Disease Strategy by supporting technical efforts and interventions to combat the development of resistance.

Veerle helped DQI consolidate the disparate draft work plans for different components into one comprehensive and formally approved work plan, comprising only commitments that were within reason and within budget. She completed the FY07 portfolio review for DQI and successfully argued for an increase in FY08 funding for specific core activities. Other program management achievements include: guiding the DQI staff in the preparation of substantive and well-written reports, presentations, program proposals, and other work products; and pro-actively working with counterparts at headquarters and in the Missions to facilitate program implementation.

Veerle contributed to the development of an e-learning course on quality. She wrote, with input from DQI, an analytical piece on the role of the program in supporting large-scale disease programs such as PMI. The piece was distributed to all relevant Missions and formed the basis for a constructive discussion with the PMI team. She and a colleague took the lead in writing a briefing paper on quality assurance for an upcoming WHO-USAID meeting. She completed the first draft of a concept paper for the development of a new quality assurance program by next year. She provided technical and managerial assistance to other pharmaceutical activities and has contributed to the work of the Health Systems Division (e.g. working on two more e-learning modules – on antimicrobial resistance; contributing to Congressional reports such as the Child Survival Report and Research Report; helping prepare a no-cost extension for another pharmaceutical program).

### **Carmen Coles, MPP**

Repositioning Family Planning Advisor  
GH/PRH/PEC

Ms. Carmen Coles co-leads the Office of Population and Reproductive Health's initiative to Reposition Family Planning in Africa and serves as the Technical Advisor for the Office's "Bringing Information to Decision-makers for Global Effectiveness" (BRIDGE) cooperative agreement with the Population Reference Bureau. Ms. Coles has responsibilities in the Repositioning Family Planning Initiative across bureaus and offices with a focus on articulating USAID's vision and strategy for the Initiative to internal and external audiences, linking it to the Agency's overall strategy for improving health and development in Africa and facilitating information exchange with missions, donors, cooperating agencies, and other

partners. In addition, she provides technical guidance to the advocacy and communication task force, assists with the development of advocacy and communication materials for the Initiative and coordinates PRH efforts to educate and inform policymakers and the public, as well as global partner organizations and colleagues in the health, environment, development and related fields.

**Heather D’Agnes, MPA, MMA**

Population-Environment Technical Advisor  
GH/PRH/PEC

Ms. Heather D’Agnes provides technical guidance and administrative oversight for projects that link the population, health, and environment sectors. These projects are funded out of the Office of Population and Reproductive Health within the Global Health Bureau. In her position, she oversees current activities implemented by groups such as Conservation International, World Wildlife Fund, the Jane Goodall Institute, and the Woodrow Wilson Center’s Environmental Change and Security Program.

**Shannon Darcy, MPH**

HIV/AIDS Regional Advisor  
GH/OHA/SPER

Ms. Shannon Darcy joined GHFP in October 2007 as the HIV/AIDS Regional Advisor for Asia, the Near East and Middle East.

She traveled to Indonesia to conduct an in-country assessment of options for programming USAID/Indonesia funds for HIV/AIDS. During the assessment, she and other members of the team met with a wide range of stakeholders in the Indonesia response to HIV/AIDS, including government officials at national and provincial levels (e.g., Ministry of Health, Secretariat of the CCM GFATM Indonesia, national KPA, provincial KPADs in East Java and Papua, provincial hospitals in Surabaya and Jayapura), bilateral and multilateral partners (e.g., AusAID, UNAIDS, other UN agencies) and implementing organizations.

She was invited by the USAID Mission to serve on a joint USAID-CDC team that conducted the first USG in-country assessment of options for programming USG PEPFAR funds to address HIV/AIDS in Afghanistan. During the assessment, the members of the team met and held discussions with a wide range of stakeholders participating in the response to HIV/AIDS in Afghanistan, including government officials at the national and provincial levels. She traveled to Jalalabad, Afghanistan with USAID/PRT representatives to visit the Regional hospital, and to assess the blood bank reserves and drug rehabilitation centers.

**Robert De Wolfe, MPH**

Child Health Advisor / Deputy Team Leader  
USAID/Mali

As Deputy Team Leader, Mr. Robert De Wolfe provides overall guidance and vision to the personnel of the USAID/Mali Health Team and serves as the second point of contact (after the Team Leader) for interaction with USAID/W, partners and donors. Mr. De Wolfe serves as the principal portfolio manager/administrator for child health areas. He works in close collaboration with health team members in charge of other areas including HIV/AIDS, Maternal Health and Family Planning. Mr. De Wolfe provides technical and administrative guidance on the development and execution of USAID/Mali child health interventions implemented by the collaborating agencies and participates in the USAID process of programming allocated funding resources. In addition, he consults with the Government of Mali partners including World Bank, Global Fund, WHO, UNICEF and other donors, in planning, designing and implementing child health activities of the health program.

**ThuVan Dinh, MPH**

Senior Monitoring and Evaluation Advisor  
GH/OHA/SPER

No update received prior to document submission.

**John Eyres, PhD**

Rehabilitation/ HIV/AIDS Senior Technical Advisor  
USAID/Vietnam

Dr. John Eyres joined the USAID/Vietnam team as the Senior Technical Advisor for Drug Rehabilitation and HIV Prevention based in Hanoi. Since July 2007, Dr. Eyres has taken on numerous responsibilities with the team. He currently manages procurement and importation of all PEPFAR/Vietnam condoms and lubricant commodities, liaising with the USAID condom social marketing partner and facilitating delivery to PEPFAR partners throughout Vietnam. In July and August 2007, Dr. Eyres lead the PEPFAR team in identifying three key northwestern provinces with high rates of drug use, but few substance abuse or HIV treatment alternatives. He is now the activity manager for the UN Office on Drugs and Crime programs in these three provinces, offering substance abuse treatment alternatives to the national system of rehabilitation centers. This fiscal year, the team is set to leverage PEPFAR and other partner risk reduction and HIV care and treatment services to provide comprehensive services for drug users in these northwestern provinces.

In May 2008, Dr. Eyres moved to Ho Chi Minh City to lead USAID efforts in the south of the country and liaise with the Consulate General.

With support from his colleagues there, Dr. Eyres has improved the capacity of USAID to monitor southern HIV programs, developing a matrix and site visit schedule for partner program review. Part of Dr. Eyres' responsibilities include planning and oversight of USAID partners in a comprehensive substance abuse and HIV treatment transition program for drug users in one HCMC rehabilitation center and several community districts. In the coming months, the program will be adapted to provide HIV prevention, care and treatment for drug users in additional centers and communities.

Dr. Eyres oversees a cross-border initiative for Vietnamese women who migrate or are trafficked to Cambodia and are at high risk for HIV transmission through sex work. Through cooperation with the Vietnam and Cambodia PEPFAR teams Vietnamese women will have increased access to Vietnamese language IEC materials, peer education, HIV testing and care, and options for returning to Vietnam. In another Mekong Delta province, Dr. Eyres has guided USAID partners in the development of a 100% Condom Use Program that will be launched this year. In addition to HIV initiatives, Dr. Eyres also supports the USAID country team logistically to manage programs in disabilities, the environment, trafficking in persons, and education.

### **Kirk Felsman, EdD**

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

Dr. Kirk Felsman is responsible for providing technical leadership for HIV/AIDS prevention and mitigation related to orphans and children. He is a key advisor in the regional technical and programmatic forums on Orphans and Vulnerable Children (OVC) issues, and provides technical assistance to missions, regional field offices, regional bureaus, cooperating agencies (CAs), PVOs, host country governments, international organizations and NGOs.

In addition, Dr. Felsman provides technical oversight and leadership for Office of HIV/AIDS contractors in the field and CAs regarding technical work plans, activities, and research agendas. Dr. Felsman also consults regularly with the Health Team Leaders for missions in Southern Africa. Dr. Felsman continues to provide input to USAID's implementation of Public Law 109.95 on OVC, including USG agency coordination at country level and the annual report to Congress.

### **Bamikale Feyesitan, PhD, MA**

Evaluation Technical Advisor  
GH/PRH/PEC

Dr. Bamikale Feyesitan had several key responsibilities, including working on the MEASURE Evaluation, MEASURE DHS, and participating in country teams. For the MEASURE Evaluation, Dr. Feyesitan reviewed project workplans, technical reports, financial reports, and monitored the implementation of PRH funded activities, amongst other responsibilities. For the MEASURE DHS, Dr. Feyesitan's responsibilities included: providing technical guidance to DHS activities, reviewing DHS reports, and participating actively in the design of the follow-on project (DHS Phase III). Dr. Feyesitan also served as the co-lead of the Nigeria Country Health Team. He also participated in some Bureau-wide activities, including co-chairing the steering committee of the Global Health Collaborating Agency M&E Working Group.

### **William Fischelis, MEd**

Population and Environment Advisor  
Conservation International, Philippines

Bill Fischelis served as Population and Environment Advisor with Conservation International in the Philippines through November 2007. In this role, he worked with Conservation International's socio-economic policy team to develop a country strategy for integrating human well initiatives into conservation programming, advised country programs on the development of annual plans for integrated programming, and developed concept papers for scaling up existing PHE activities. He also served as Institutional Strengthening Advisor for The International PHE Network.

### **Jennifer Foltz, MA**

Health Program Advisor  
AFR/SD

Ms. Jennifer Foltz joined GHFP as the Health Program Advisor on the Africa Bureau's Health Team in May 2008. In this capacity, Ms. Foltz provided technical assistance to a Senior Advisor to organize a session for the African Growth and Opportunities Act Forum held in Washington, DC in July. As a part of this session, she co-authored a paper analyzing best practices in private investment in health in Africa, which was distributed in draft summary form at the conference and will be distributed at a conference in November. Ms. Foltz also assisted the Global Health Bureau to coordinate the submission, revision, and compilation of narratives and indicator tables from every mission for the 2008 Maternal and Child Health Report to Congress. In August, Ms. Foltz traveled to Ethiopia to work

with the HIV/AIDS team to plan for the 2009 Country Operational Plan (COP). She worked in the mission for one month, assisting with the staffing database, collaborative team meetings, COP timeline, virtual teams, and reprogramming.

### **Terra Fretwell, MIT**

Capacity Development Advisor  
GH/PDMS

Ms. Terra Fretwell has almost completed the first year of her fellowship at USAID. Some of the highlights this year included the State of the Art (SOTA) Health Managers' Workshop for the Asia Near East region in Bangkok, Thailand, and the orientation training for Global Health, known as the PHuNdamentals course. Ms. Fretwell also serves as the manager for the Global Health eLearning Center. Early in her tenure, she planned a debrief meeting with partners MSH and JHU to focus goals and efforts for the coming year. She has weekly status calls with partners to discuss ongoing course construction and revisions, and to evaluate priorities. She has worked with new course authors to orient them to the course development process. One project they have been working on is an "offline copy" of one of the courses to address poor or lack of reliable access to Internet in the field. They will experiment with this model and evaluate its usefulness. Ms. Fretwell is currently conducting an overall assessment of the eLearning program.

For the ANE SOTA, she led a team of eight USAID and contract staff to develop a five day conference for 100+ attendees from all over the ANE region. The program included sessions featuring technical, cross-cutting, and leadership-oriented topics as well as opportunities for attendees to network with each other. She also co-facilitated at the conference. Follow-up activities are currently being developed and she is assisting with planning the website presence.

The PHuNdamentals course is a classroom-based training that is developed in conjunction with partners at GHFP, and held 2-3 times per year. In June 2008, Ms. Fretwell made a special effort to work with technical experts and Office leadership to help them improve their presentation and teaching styles.

In 2008, Ms. Fretwell organized and managed the technical training of the first two classes of Junior Officers of the new Developing Leadership Initiative. She worked in cooperation with Human Resources and the Bureau's technical staff to formulate a training schedule for the Officers that helps them make the most of their time in Washington before they leave for their first post. She has received positive feedback about her work in this area.

### **Mary Freyder, MPH**

HIV/AIDS Technical Advisor  
USAID/Barbados

Mary Freyder served as HIV/AIDS Technical Advisor for the USAID Mission in Barbados until August 2007. During her fellowship, she provided technical oversight of the HIV/AIDS strategy for the Caribbean Regional Program based in Barbados. She ensured the scientifically sound analysis of the epidemic and assisted CARICOM priority countries to develop programs that are evidence-based, while incorporating US Government and specifically USAID policies.

Mary served as activity manager for five cooperative agreements. She provided oversight of the technical support provided to the Caribbean HIV/AIDS Training (CHART) Network, including day to day management of the Mission's cooperative agreement with the University of Washington ITECH Project. She also provided day to day management of the cooperative agreement with PAHO that aims to improve the management of TB and HIV co-infection through activities implemented by the Caribbean Epidemiology Center (CAREC). She managed the Caribbean Regional Program portfolio of the global projects MEASURE Evaluation Project (University of North Carolina) and IMPACT (Family Health International). Mary also worked with Caribbean regional institutions and MEASURE Evaluation Project staff to promote M&E capacity building in six National AIDS Programs and conduct practical research in order to fill national program gaps. Mary provided oversight of the Caribbean HIV/AIDS Alliance, a component of the global cooperative agreement with the International HIV/AIDS Alliance. She worked with the Barbados Mission's HIV team to design the new co-operative agreement, "The Community Action Project: Increasing Access to HIV/AIDS Services through Evidence-based Programming."

### **Fernando Fuentes, MS**

HIV/AIDS Integration Advisor  
Mercy Corps, Guatemala

Mr. Fred Fuentes completed his last year as a Fellow. In his capacity, Mr. Fuentes established peer and group counseling and education in the rural Tucuru area of Guatemala, located in the Central Highlands of Alta Verapaz. Working with a 98% indigenous population living in poverty, Mr. Fuentes developed culturally sensitive health education and counseling programs.

Working with cultural agents on the ground, Mr. Fuentes used varied teaching styles, low literacy materials, and native language materials to educate the communities of Tucuru.

He worked with the young adult peer power groups such as “Jovenes 4 Peace”. These programs gave Mr. Fuentes access to remote rural communities, and provided the communities with key RH knowledge and skills, such as awareness of and access to RH services and negotiating power in family planning, amongst other benefits and successes.

### **Mary Furnivall, MPH**

Senior HIV/AIDS Advisor  
USAID/Namibia

Mary Wieczynski Furnivall served as Senior Technical Advisor, HIV Prevention, for USAID/Namibia. She joined GHFP from IntraHealth International. As the Senior Technical Advisor, Prevention, Mary was responsible for guiding the overall USG HIV prevention program in Namibia, supporting a number of USAID-funded partners as an activity manager, and providing technical assistance to the Ministry of Health and Social Services (MOHSS) in a number of prevention areas.

Specific accomplishments during her two year period as a fellow include overhauling USG/Namibia's strategic technical approach to HIV prevention, which was codified in the annual PEPFAR Country Operational Plans. She set up and supported the MOHSS' national prevention assessment, which included a quantitative analysis of the epidemic drivers, qualitative research on alcohol and HIV, and a mapping and inventory of prevention, care, treatment, and OVC services in Namibia. In November 2008, the MOHSS will conduct a national workshop to validate the epidemic drivers, define a national package of prevention services, and make recommendations for a national prevention strategy. Mary was also a founding member of the national male circumcision task force, which to date has completed situational assessments and a national policy. She coordinated Namibia's Men and HIV/AIDS PEPFAR initiative, mainstreaming gender into implementing partners' portfolios, which culminated in Namibia's first National Men and HIV/AIDS conference, hosted by Namibia's President. She helped spearhead another PEPFAR initiative, targeting alcohol and HIV, including outpatient addiction treatment services, pre and in service training, and the mainstreaming of communications and referrals within all of Namibia's PEPFAR partners' programs. Mary also helped design a state of the art technical assistance program designed to build the capacity of PEPFAR-supported partners in behavior change communications, with the aim to increase not only the impact of prevention of sexual transmission programs, but other key areas of behavior change, including treatment adherence and uptake of counseling and testing, care, and treatment services.

### **Muthoni Gachuhi, MPH**

HIV/AIDS Prevention and Care Technical Advisor  
USAID/Rwanda

Ms. Muthoni Gachuhi is responsible for managing six prevention partners ensuring that they are in compliance with USG and Government of Rwanda requirements. She also serves as the lead point person for abstinence, fidelity and condom programming. She sits on the national condom steering committee; the male circumcision task force; the national prevention technical working group and is involved in the family planning/HIV integration technical working group. She is currently participating in the prevention axis for the development of the new National Strategic Plan (2008-2012) for the National AIDS Commission.

Ms. Gachuhi serves as an integral member of the Country Operational Plan PEPFAR team, responsible for ensuring that prevention activities are well integrated and funded. In early 2008 she organized a two and a half day retreat for all USG health partners, under the theme of ensuring coordination and harmonization. Ms. Gachuhi is currently planning a health fair for all the US embassy staff, including access to counseling and testing; nutrition; blood pressure check ups and hygiene and sanitation information.

### **Pradeep Goel, DrPH, MS, MPH**

Senior Immunization Advisor  
USAID/Nigeria

As USAID/Nigeria's Senior Immunization Advisor, Mr. Pradeep Goel developed essential relationships and engagements with key stakeholders of Nigeria's public health system. He is responsible for managing USAID funded immunization projects in Nigeria, and has represented USAID at various national and international forums. His main responsibilities and achievements revolved around providing technical leadership in Nigeria's efforts to revitalize the Polio Eradication Initiative and routine immunizations. Mr. Goel initiated the implementations of global best practices in polio eradication activities in Nigeria. He also provided leadership during the national crisis surrounding the reporting of vaccine derived polio outbreaks. To revitalize routine immunizations, Mr. Goel assessed the implementation of immunization activities and provided guidance on appropriate modifications. He also initiated donor coordination in routine immunizations, and cross-specialty collaboration between RI and RH. In the past year, Mr. Goel significantly strengthened government and partner collaboration for RI in Nigeria.

### **Stella Goings, MD, MPH**

Senior HIV/AIDS and TB Advisor  
AFR/SD

Dr. Stella Goings is the Senior HIV/AIDS and Tuberculosis Advisor in the Office of Sustainable Development, Bureau for Africa (AFR/SD). In this position, Dr. Goings supports AFR/SD participation in HIV/AIDS and TB programs and works to strengthen collaboration with the Office of HIV/AIDS to support PEPFAR goals, ensure adequate technical support for African Missions and Regional Programs and provide leadership for HIV/AIDS and TB programs. Her work focuses on the identification of multi-sectoral programming opportunities, cutting edge issues, HIV and TB control approaches that can improve program outcomes and are relevant and realistic in Africa.

### **Cherry Gumapas, MPH**

HIV Behavior Change Communication Advisor  
USAID/Mozambique

Ms. Cherry Gumapas is responsible for developing, managing and monitoring USAID's sexual transmission prevention activities for PEPFAR/Mozambique. She serves as Chair for the PEPFAR/ Mozambique's Interagency Working Group on Sexual Transmission Prevention and represents the USG at Ministry of Health and National AIDS Council technical working groups on communication and most at-risk populations.

### **Heather Haberle, MS**

Health Research Advisor  
GH/HIDN/NUT

Ms. Heather Haberle provides program design, monitoring, coordination and evaluation of research initiatives for the Office of Health, Infectious Diseases and Nutrition's Health Research Program (HARP). In her role as a Health Research Advisor, Ms. Haberle provides technical assistance to USAID staff and cooperating agencies on design, implementation, and translation of research.

### **Nathaly Herrel, MSc**

Malaria Technical Advisor and Communication  
Liaison  
GH/HIDN/PMI

As a Malaria Technical Advisor and Communications Liaison in the Infectious Diseases Division, Office of Health, Infectious Diseases and Nutrition at USAID, Ms. Nathaly Herrel serves as a key member of USAID's Presidential Malaria Initiative (PMI) team. She provides technical country support to PMI focus countries and serves as liaison on the development of technical

communication and written reports associated with PMI and malaria efforts.

### **Kamden Hoffmann, MPH, MA**

Malaria Technical Advisor  
GH/HIDN/PMI

Previously, Ms. Kamden Hoffmann was a GHFP Fellow serving as a Child Health Advisor in the MCH division in the Office of Health, Infectious Diseases and Nutrition. In her new position, Ms. Hoffmann is responsible for technical and managerial support to PMI focus countries and provides technical leadership in areas including communication and social mobilization, home-based management of fever, and community case management.

Over the past year, she provided over five months of in-country field support for Mali, Rwanda, and Ethiopia. This support has included: Malaria Operational Plan (MOP) needs assessments and planning teams, mission support, technical assistance in FY 08 MOP implementation, behavior change communication and social mobilization, and community case management. In addition, she participated in a community case management workshop in Geneva. She gave numerous presentations including a presentation on a two-week community health needs assessment in Rwanda, a state of the art presentation on community case management, and she presented the Mali FY 09 MOP to the high-level Interagency Steering Group for annual review. She also serves as the liaison between the Maternal and Child Health and Infectious Disease division regarding community case management to ensure collaboration and integration where possible. She led the development and design of the PMI communication and social mobilization guidelines. In addition, she led the community case management sub group for PMI between USAID and CDC. From headquarters, she provides technical and managerial support for all three of her country teams.

### **Emily Hughes, MPA**

Program Management Advisor  
USAID/Malawi

Ms. Emily Hughes serves as USAID/Malawi's lead team member in Systems Strengthening. In this capacity, Ms. Hughes guides technical working groups in developing strategies and priorities captured in the Country Operational Plan (COP) under the President's Emergency Plan for AIDS Relief (PEPFAR). Her areas of focus include laboratory infrastructure, commodity security, supply chain management and human capital development.

Ms. Hughes also manages USAID/Deliver and Strengthening Pharmaceutical Systems (SPS)

activities in the HIV/AIDS portfolio in Malawi. This involves participating in regular meetings with partners to ensure progress toward objectives in work plans, providing technical support and direction, promoting integration between partners across health portfolio, aiding in work plan development, and performing site monitoring visits to service delivery points. Other responsibilities include developing and strengthening tools for financial and program management, such as managing the “Shadow COP” database.

Capacity building activities that Ms. Hughes is responsible for also include building communication and reporting systems within the Health, Population & Nutrition (HPN) Team to ensure proactive management in the USG Mission. Ms. Hughes assists the HPN Director and Senior HIV/AIDS Advisor in managing financial matters related to planning and program activities, such as operational budgets, reallocations, and earmark calculations.

Ms. Hughes also participates on hiring committees USG wide. Her key role at USAID/Malawi ensures effective coordination of USAID-funded activities with donors and the Government of Malawi.

### **Laura Hurley, MPH**

International Development Associate  
Assistance Technique Nationale (ATN), Mali

Ms. Laura Hurley served as the International Development Associate at Assistance Technique Nationale in Mali. During her fellowship she was involved in following up on the introduction of refocused ANC in Mali, in producing job aides for auxiliary midwives, and the implementation of a feasibility pilot project for the introduction of Active Management of Third Stage Labor by the midwives. Her responsibilities related to these activities included setting up workshops and trainings, providing technical support, and performing supervision visits to field sites.

### **Troy Jacobs, MD, MPH**

Pediatrics HIV/AIDS Advisor  
GH/HIDN/MCH

Dr. Troy Jacobs is responsible for providing technical assistance in child health and pediatric HIV/AIDS. As an active member of the USAID Maternal Child Health (MCH) Element team, he contributes to the overall development of MCH strategies and activities and in setting child health priorities. His particular emphasis is integrating prevention, care and treatment of HIV/AIDS with other elements of maternal, newborn and child healthcare services in USAID-assisted countries.

### **Mary Jordan, BS**

Sr. Technical Advisor, Public/Private Partnerships  
GH/OHA/LTR

No update received prior to document submission.

### **Megan Kearns, MA**

HIV/AIDS Regional Advisor  
GH/OHA/SPER

Megan Kearns serves as Regional Advisor in OHA to the programs in the E&E region. In this capacity she works closely with the E&E Bureau health team to support HIV programming in the region. USAID core team member for PEPFAR Ukraine and Russia support teams; this includes serving as a resource for AID and PEPFAR questions, coordinating with OGAC and Technical working group members, and providing assistance to the Russia mission in preparations for their annual country operating plan. She also serves as main USAID contact and resource for Georgia and Central Asian Republics related to their PEPFAR programs, and as GH Team lead for Georgia, worked with Georgia mission health team, RCS, and GH HQ support team to organize updates and monthly conference calls.

Megan serves as team member for the Sudan PEPFAR team, and traveled to the region to manage the HIV programs. This included working with partners and implementing agencies to plan activities and resolve problems. She has worked with one IA to design and implement a home-based care services assessment in one region, including developing terms of reference, interview questionnaires, and assessment schedule. Interviewed key subjects, visited sites providing services, analyzed the information gathered, and presented recommendations for designing and implementing a HBC program in the region. She also provided temporary assistance to PEPFAR program in Namibia, assisting with COP preparations, and activity planning and implementation follow up.

Other activities in which Ms. Kearns was involved included serving as a member of the PEPFAR Human Resources for Health Technical Working Group and participating in COP 08 reviews. She also volunteered to serve as technical reviewer for three grant application review committees. As Tech advisor for GH Tech, she regularly provides assistance to OHA and field staff interested in using the mechanism and tracks budgets, helps plan activities, and follows up with USAID or GH Tech staff as needed to move projects forward.

**Shannon Kelly, MPP**

Health Development Advisor  
GH/OHA/SPER

Ms. Shannon Kelly is responsible for providing support for a complex range of HIV/AIDS program operations, including strategic budgeting and budget formulation, activity design and approval, procurement planning and execution, and budget control and administration. In addition, Ms. Kelly provides technical leadership and guidance in key areas as mentioned above, lends support for regional activities, and assumes a leadership role in the defining of program results.

**Irene Kitzantides, MPH**

Population, Health and Environment Advisor  
SPREAD

Ms. Irene Kitzantides is the Population, Health and Environment Advisor with the USAID/Texas A and M Sustaining Partnerships to Enhance Rural Enterprise and Agribusiness Development (SPREAD) Project in Butare, Rwanda. SPREAD's goal is to provide rural cooperatives and enterprises involved in high-value commodity chains with appropriate technical assistance and access to health-related services and information in order to sustainably increase incomes and improve livelihoods. Working primarily with coffee cooperatives and coffee washing stations in the specialty coffee sector, SPREAD is also supporting other agribusiness initiatives, such as chili pepper production and ethnic foods development.

Irene's role is to advise on appropriate HIV/AIDS, Family Planning, and Maternal and Child Health technical approaches to be adopted by the project health component, and to encourage close collaboration between SPREAD coffee and health activities to increase synergies and produce added value across sectors. In addition, Irene is to spend 15% of her time providing technical assistance to the USAID-funded Destination Nyungwe Project (DNP) to support their integrated Population, Health and Environment efforts in Nyungwe Forest National Park. DNP focuses on tourism and biodiversity conservation while addressing the economic and health needs of local communities.

During her 5 months at site, Irene has been engaged in re-designing SPREAD's Health Program to adopt a community-based approach involving key stakeholders such as coffee farmer cooperatives and private enterprises, local health centers and government officials, and other NGO health service providers. She has led the design, implementation and analysis of a community health needs assessment, created program plans for integrating health into coffee activities based on GOR and USAID technical priorities, and guided the recruitment of a dynamic new SPREAD Health Coordinator. Irene is also actively supporting the

burgeoning Population, Health and Environment Network in Rwanda, comprised of a mix of development professionals from government, donor agencies, academic and NGO fields. The Rwandan Network is part of a larger East Africa initiative, which aims to build capacity and garner support for integrated development in both policy and practice.

**Todd Koppenhaver, MHS**

M and E and Strategic Information Advisor  
USAID/Namibia

Mr. Todd Koppenhaver provides technical assistance on monitoring and evaluation to USAID/Namibia and its partners. This technical assistance includes aiding partners in using strategic information and data for decision making and policy development, as well as assisting in the development and implementation of strategic information systems. He also encourages the USAID/Namibia HIV/AIDS Team to use strategic information for program management and decision making.

Todd helped design and oversee several USAID-funded evaluation projects, including projects on perceptions of male circumcision, on the cost and impact of scaling up circumcision, and KAP surveys of teachers in Namibia. He co-authored three presentations for the 2008 Implementers meeting in Kampala. Todd collaborated with various Namibian ministries on M&E projects, including the National Plan of Action for OVC, the National target setting workshop, and the 2008 HIV Sentinel Surveillance. He also participated in the preparation of a Global Fund proposal and in the development of the curriculum for RM&E training in M&E.

**Lisa Kramer, MPH**

Infectious Diseases Technical Advisor  
USAID/Indonesia

Ms. Lisa Kramer designed, manages, and guides USAID/Indonesia's program for combating Avian Influenza (AI). Indonesia is USAID's highest priority country for AI control. Ms. Kramer provides strategy, policy, technical, programming and budgetary guidance to USAID/Indonesia, Government of Indonesia counterparts, and USAID implementing partners for AI control and pandemic prevention. Ms. Kramer chairs the USG AI Working Group in Indonesia and she provides leadership in donor coordination of AI control assistance to Indonesia.

### **Christina Lau, MPH**

Information Management Specialist  
USAID/Nigeria

In collaboration with the HIV/AIDS/TB Team, Ms. Christina Lau manages HIV/AIDS and TB programmatic and financial data generated in PEPFAR's implementation. She plays a key role in developing annual and semi-annual reports, and submission of yearly Country Operational Plans (COP). She also works closely with the USAID Strategic Information team to manage the storage and use of information to meet USAID's accountability standards.

Complementing her work managing programmatic and financial data, Ms. Lau is currently serving as Nigeria's acting PEPFAR coordinator. She plays a key role in coordinating the activities of the interagency PEPFAR team and its implementing partners and facilitating communication between OGAC and the Nigeria PEPFAR team.

### **Connie Lee, MPH, MIA**

Youth Reproductive Health Technical Advisor  
Save the Children/Mozambique

During her second year with Save the Children, Mozambique, Ms. Connie Lee continued to provide technical support for the design, monitoring, and evaluation of the adolescent program. This included assisting other national Save the Children entities in Mozambique and facilitating trainings and workshops to strengthen adolescent programs. Ms. Lee also provided technical assistance to a new HIV/AIDS prevention component for the basic education and school health and nutrition program.

Ms. Lee also performed monitoring and evaluation activities related to adolescent reproductive and sexual health (ARSH) and basic education and school health and nutrition programs. These activities included the facilitation of a mid-term rapid review of the ARSH program, and the coordination of the evaluation of the 5-year basic education and school health and nutrition program.

### **Tiffany Lillie, PhD, MHS**

HIV/AIDS Primary Prevention Advisor  
GH/OHA/TLR

In her capacity as HIV/AIDS Primary Prevention Advisor, Dr. Tiffany Lillie created an office wide (and bureau wide) forum for collaboration on HIV prevention activities, allowing for greater transparency and sharing of different ideas and perspectives. She served as the lead technical collaborator for USAID on the development of prevention indicators for PEPFAR II. Her current work on this is focusing on finalizing the outcome indicators. Dr. Lillie also served as the lead for the

TWG sub-group on Task Order AIDSTAR to provide technical input and guidance in the project. She provided leadership in both the interagency technical working group and the USAID prevention team.

Dr. Lillie provided technical assistance in HIV prevention to the Dominican Republic, Haiti, and Zimbabwe, including reviewing their prevention portfolios.

### **Erika Lutz, MPH**

Child Survival and Health Grants Advisor  
GH/HIDN/NUT

Ms. Erika Lutz participates in the review of the Child Survival Grants proposals, ensures consistent application of Agency policy determinations, grant award criteria and operational policy and guidelines in the review process. In addition, Ms. Lutz advises on Agency policies, priorities, practices and procedures regarding USAID funding for institutional development, management services and/or multi-country development programs under the Child Survival Grants Program.

She also assists with the development, coordination and analysis of Agency relationships with the international health community and develops, analyzes and recommends policies and programs to assure effective use of the resources of the US PVO community in furthering overseas development in health and child survival. In addition, Ms. Lutz contributes to the development and monitoring of training programs, coordinates expert technical consultation, monitors, evaluates and advises on the status, progress and implementation of USAID funded PVO child survival and health projects and advises USAID geographic and technical bureaus.

### **Patricia MacDonald, MPH**

Service Delivery Improvement Program Advisor  
GH/PRH/SDI

Patricia MacDonald serves as Office of Population and Reproductive Health's "champion" for two technical priorities: integrating family planning with maternal/newborn/child health (FP/MNCH), and long-acting and permanent methods (LAPMs). She is the STA for three global projects, one working in each of these technical areas, and a specialized Fistula Care project. This past year, she oversaw a quadrupling of the size of the ACCESS-FP project's work in postpartum family planning, the successful close of the ACQUIRE project and the design of the RESPOND project, and a near doubling of the Fistula Care project. One of her most positive experiences this past year was the privilege of mentoring a summer intern, who worked with her to analyze data about women's reproductive desires for spacing and limiting. This multi-country DHS analysis

illustrated, for the first time, a strong correlation between rising contraceptive prevalence rates (CPR) and a decline in the age at which women want to limit. These data were presented by the Director of the PRH office in his "Call to Action" presentation at the ACQUIRE end-of-project event, and provided the foundation for further analysis of reproductive intentions and programming for family planning services to meet women's needs.

### **Mark Maire, MPH, DO**

Senior Technical Advisor  
USAID/Zambia

Dr. Mark Maire is responsible for several key technical areas at USAID/Zambia, including: maternal and child health, child survival, malaria, nutrition, monitoring and evaluation, family planning, and prevention of mother to child transmission.

In his work on the Zambia PMI team, Dr. Maire is working towards meeting the target of 85% coverage of vulnerable groups. This has been aided by a scaling up in funding in Zambia during FY 2008. The team has also contributed to the Five-Year Strategic Plan and Annual Action Plans in Zambia, along with other partners such as the Global Fund, World Bank, UNICEF, and JICA. Their support has involved supplying RDTs, improving laboratory capacity, strengthening the logistics and delivery systems, procuring ACTs, and expanding diagnostic training at the district level.

### **Mahua Mandal, MPH**

Reproductive Health Advisor  
GH/PRH/SDI

During her second year with GHFP, Ms. Mahua Mandal continued her work with the Youth Global Leadership Priority (GLP). In year two, Ms. Mandal completed a second GLP workplan and budget and presented them at PRH budget meetings, securing funding for the project. Ms. Mandal regularly communicated with the Office of HIV/AIDS to ensure strategic collaboration and avoid duplication of efforts.

Ms. Mandal also provided technical guidance to CTOs/TAs, CAs, and Missions regarding youth reproductive health service delivery activities, research proposals, tools, and documents. She further collaborated closely with the Gender GLP Champions to create synergies around issues related to both youth and gender. Before completing her fellowship, Ms. Mandal fully oriented the new Youth Champion, as well as the interim Youth Point Person, to ensure smooth personnel and task transition.

### **Lisa Maniscalco, MPH**

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

Lisa Maniscalco serves as a HIDN Technical Advisor for the MEASURE Evaluation project and for the MEASURE DHS project. She also coordinates USAID's support to the Health Metrics Network. Lisa serves as the Alternate Lead of the GH Angola Country Health Team and has other responsibilities related to health information and health system activities with global health partners and initiatives.

### **Dorina Maris, MPH**

Health Management Information Systems Advisor  
GH/OHA/SPER

Dorina Maris is a key contributor to the design and implementation of Strategic Health Management Information Systems, and the reporting of program results in priority countries under the President's Emergency Plan for AIDS Relief (The Emergency Plan) and in other USAID-assisted countries. She works to strengthen USAID's overall ability to monitor program implementation, document results, and assess impact vis-à-vis USAID's goal to reduce HIV transmission and mitigate the impact of the disease on nations, communities and families. Specifically, Dorina serves as a Strategic Implementation Advisor to Ukraine, providing broad HIV/AIDS-related expertise and guidance in program evaluation and monitoring.

### **Elizabeth McDavid, MPIA**

Malaria Technical Advisor  
GH/HIDN/PMI

Ms. Elizabeth McDavid worked with the PMI team, where she participated in the Malaria Communities Program technical reviews of new partner proposals. That review included reading and evaluating 12 proposals, mostly from local NGOs in the field, and participating in review committee meetings. She met with each country lead to get a briefing on the program and to determine how it was proceeding and whether there were any issues or impediments to the plans underway.

As part of the Kenya and Senegal teams, Ms. McDavid participated in communications with the larger team to get updated and provide support and guidance. She was designated as the lead on the design of a new PMI project and worked towards completing the RFA for the project.

In her division, Ms. McDavid attended HIDN meetings and PMI team meetings, and participated in several HIDN office portfolio reviews.

## **Mieko McKay, MPH**

Public Health Advisor  
USAID/Mali

In her final year with GHFP, Ms. Mieko McKay primarily worked with the routine operations of program management. This included conducting site visits on at least a quarterly basis to assist in the oversight and management of family planning/reproductive health programs.

Ms. McKay also served as the activity manager of USAID family planning/reproductive health Flexible Fund and child survival grants programs. She coordinated project procurements, reviewed the annual report and detailed implementation plans and facilitated other reporting requirements. Ms. McKay served as the focal point for the introduction of new family planning methods (natural and (re)introduction of IUD) and the FP/RH work group coordinated by the Division of Reproductive Health.

## **Elaine Menotti, MPH**

Child Survival and Health Grants Advisor  
GH/HIDN/NUT

Ms. Elaine Menotti participates in the review of the Child Survival Grants proposals, ensures consistent application of Agency policy determinations, grant award criteria and operational policy and guidelines in the review process. She also advises on Agency policies, priorities, practices and procedures regarding USAID funding for institutional development, management services and/or multi-country development programs under the Child Survival Grants Program. In addition, Ms. Menotti assists with the development, coordination and analysis of Agency relationships with the international health community and assists with collaboration with other Agency bureaus, offices and missions.

During the past year, Elaine participated in finalizing FY08 Requests for Application for the Child Survival and Health Grants Program; in the development of and management of the technical review process with members of GH Bureau and Regional Bureaus, NEPs/IDIs, Missions, and USAID's Agreements Office. She prepared materials for and co-led an orientation for technical reviewers; reviewed, scored and recorded notes for applications; co-led technical application review panels; led application debriefs with unsuccessful applicants; reviewed and updated cooperative agreement language for new FY08 awards, including reviewing and commenting on proposed branding/marketing strategies.

She served as lead CSHGP team member in design and management of a 3-day Technical Development Meeting/Mini-U for grantees, implemented by CSTS+. She organized and

managed the Detailed Implementation Plan (DIP) review process for CSHGP, including identifying and communicating with 10 technical reviewers in GH Bureau; leading 3 DIP panel review processes; and approving and/or providing in depth comments for DIP revisions. She led the updating of grantee reporting guidance documents (Annual Report, Midterm Evaluation, Final Evaluation). She provided technical backstopping as primary technical advisor to portfolio of 18 NGO grants. She participated in the updating of Maternal and Newborn Care survey module for grantees, including facilitating expert consultation meetings, organizing the review process, conducting regular coordination with contractor (Macro).

## **Erin Mielke, MPH**

Service Delivery Improvement Program Advisor  
GH/PRH/SDI

Ms. Erin Mielke assists with the overall technical, administrative, and financial management for two RH/FP service delivery projects (Capacity Project and Fistula Care) by providing guidance on the design of project workplans for Global Health Bureau core-funded activities. Ms. Mielke participates in project management reviews and assessment designs and assists in the development of the projects' monitoring and evaluation plan to ensure that activities are effectively implementing RH/FP programs and achieving intended results. She also participates in the review of country workplans and program descriptions for associate awards, and provides oversight on key technical intervention and dissemination activities implemented by the projects. In addition, Ms., Mielke provides technical support to the SDI Division and USAID field missions.

## **Roy Miller, PhD, MS**

Senior Strategic Planning, Information, Monitoring and Evaluation Health Advisor  
AFR Bureau

Dr. Roy Miller is the Strategic Planning, Information, Monitoring and Evaluation Health Advisor in the Africa Bureau. In this position, Dr. Miller is responsible for monitoring the overall performance of USAID/Africa Bureau's program in health, family planning, and HIV/AIDS. He is also charged with developing and maintaining a health information database for easy access to key health trend and programmatic information; providing technical guidance to AFR/Washington and USAID missions in Africa on developing health strategies and designing health programs and providing technical and strategic support to key USAID missions. In addition, Dr. Miller works with colleagues in the USAID cooperating agency community to assure the relevance of their work to USAID priorities and the needs of USAID missions and country counterparts and advise and assist in managing the nutrition portfolio and the

maternal and newborn health portfolio of the Africa Bureau.

**John Milliner, MS**

Malaria Advisor  
AFR/SD

Mr. John Milliner supports the implementation of USAID's malaria strategy as well as the scope and purpose of the President's Malaria Initiative (PMI) for countries in the Africa region. He advises senior Bureau and Agency leadership on malaria issues in the Africa region and keeps them abreast of technical developments in malaria from both the public and private sectors. In addition, Mr. Milliner advises USAID missions and Ministries of Health in Africa and other partner organizations on the development, budgeting, implementation, monitoring and evaluation of national operational plans that ensure a high percentage of the most vulnerable populations have access to effective, comprehensive interventions that will achieve PMI goals. Mr. Milliner also works with members of the USAID and CDC interagency PMI team to assess specific malaria data, activities and plans across PMI countries to ensure rapid implementation of large scale interventions that will reduce malaria mortality by 50% in the 15 PMI designated countries.

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

Tuberculosis Advisor  
GH/HIDN/ID

Dr. Carolyn Mohan provides technical expertise to missions in the area of Tuberculosis control. She consulted with colleagues in the Global Health and Eastern Europe and Eurasia Bureaus, missions and partner organizations to identify these gaps. Dr. Mohan collaboratively designed three regional projects with the new funds. Both missions and partner organizations have accepted all three projects, confirming that they meet important needs in regional TB control.

**Jennifer Murphy, PharmD**

Pharmaceutical Management Advisor  
GH/HIDN/HS

Jennifer Murphy served as Pharmaceutical Management Advisor through November 2007. She currently holds a CASU fellowship with the Bureau of Global Health.

**Ligia Paina, MHS**

Health Systems Advisor  
GH/HIDN/HS

Ms. Ligia Paina serves as advisor to the Health Systems 20/20 Cooperative Agreement, USAID's global cooperative agreement on health finance,

governance, operations and institutional capacity building, liaises with clients and provides technical direction and administrative advice to implementing partners through headquarters and field visits. Ms. Paina also reviews annual work plans and assesses performance, develops and provides information on budget proposals and ensures tracking of financial obligations and expenditures. She designs other USAID management systems and supports USAID's regular and ad hoc reporting requirements as well as provides USAID missions and other operational units with technical assistance in health finance, governance, operations and institutional capacity building.

**Patricia Paine, DLitt & Phil, MSc**

Senior Tuberculosis Advisor  
USAID/Brazil

Patricia Paine served as Senior Tuberculosis Advisor for the USAID Mission in Brazil until July 31, 2007. She currently serves as Foreign Service National with USAID/Brazil.

**John Palen, PhD, MPH**

HIV/AIDS Palliative Care Advisor  
GH/OHA/TLR

Dr. John Palen provides on-going technical assistance, training, and consultation to the Office of HIV/AIDS, Global Health Bureau, and Missions on the development and implementation of HIV/AIDS care programs. He provides technical assistance to managers of USAID grants and contracts designed to implement HIV/AIDS care and support programs, and provides methods to monitor and evaluate programs. In addition, Dr. Palen coordinates HIV/AIDS care and support programs with Missions, regional bureaus, GH, USG agencies, international agencies, donors, banks, and implementing partners.

**Christianna Pangalos, MA**

Technical Advisor, Health Commodity and Logistics  
USAID/Rwanda

Christianna Pangalos serves as Technical Advisor for Health Commodities and Logistics with the USAID Mission in Rwanda. In this capacity, she managed and coordinated USG funded Supply Chain implementing partners. She also negotiated and coordinated between vertical funding streams (PMI, PEPFAR, Family Planning and Maternal and Child Health) and advised the USG PEPFAR, PMI and other health teams on Supply Chain activities. Christianna also organized an anti-corruption training and assessment for the Rwandan Ministry of Health.

### **Thomas Perdue, MPH**

Monitoring and Evaluation Advisor  
GH/OHA/SPER

Mr. Thomas Perdue joined GHFP as an M&E Technical Advisor in the Global Health Bureau's Office of HIV/AIDS, Strategic Planning and Reporting Division in March 2008. Mr. Perdue serves as the PEPFAR Strategic Information (SI) Advisor for Lesotho and in this capacity, participated in Lesotho's PEPFAR partner performance reviews and assisted with SI planning. He also participated in a World Bank-facilitated M&E national systems assessment in Lesotho. Mr. Perdue became a member of the PEPFAR M&E Technical Working Group and participated in SI advisor meetings during the period.

### **Alisa Pereira, MA**

Europe and Eurasia Regional Avian Influenza  
Advisor  
GH/HIDN/AI

Alisa Pereira is the Project Manager for the Avian and Pandemic Influenza Unit's flagship animal health project, STOP AI. In this capacity she has overseen the development of country work plans for over 27 countries and/or regional activities and corresponding budgets. The Project is now operating simultaneously globally to increase capacity for countries to prevent and, if necessary, respond to highly pathogenic avian influenza and other zoonotic diseases. Ms. Pereira serves as the primary liaison between the STOP AI Project and USAID Missions to facilitate project interventions and navigate road blocks. Ms. Pereira works with the CTO to ensure that the STOP AI contract remains a flexible mechanism for attacking the threat of HPAI and changes are made within the project's activities to best address emerging threats.

In addition, Ms. Pereira manages a grant to the FAO and WHO for implementing integrated tabletop simulations throughout the E&E region. Tabletop exercises are exceptional opportunities to bring together animal and human health officials in a country to test national avian and pandemic influenza response plans. Ms. Pereira works closely with the WHO and FAO to hone the simulation model, country preparation, and ultimate execution of the simulation. The model created by the WHO and FAO is expected to become a replicable approach that national governments, NGOs, and other international organizations can utilize when planning for an emergency response that requires an intergovernmental response.

### **Kevin Pilz, PhD**

Commodities Security and Logistics Advisor  
GH/PRH/CSL

Dr. Kevin Pilz serves as a Commodity Security and Logistics Advisor for USAID/Washington's Population and Reproductive Health Office. His primary responsibilities are to advance global leadership in contraceptive security, to support programs with analyses and state-of-the-art resources, and to provide technical direction for a portfolio of relevant office-sponsored activities and for USAID's flagship project for contraceptive security and logistics, the USAID | DELIVER PROJECT.

Accomplishments over the past year in providing global leadership for contraceptive security include: leading development of a new monthly report which increases the ability of USAID and other donors to ascertain and respond to contraceptive supply shortages and overstocks, leading the Reproductive Health Supplies Coalition's "Countries-At-Risk Group", and leading the drafting process for "Ready Lessons in Contraceptive Security II", which includes critical lessons learned in five technical areas. In supporting USAID missions and programs, Dr. Pilz's accomplishments include assisting in the development of Family Planning Graduation Plans for Nicaragua and Honduras, co-implementing a mid-term assessment for implementation of the Family Planning Graduation Plans for Paraguay, and acting as a liaison between MOH's, USAID missions, and UNFPA to help resolve critical issues related to contraceptive security.

In the area of providing technical direction to the USAID | DELIVER PROJECT, Dr. Pilz has provided critical guidance on the formation of a multi-year activity to develop organizational and technical capacity at two regional institutions to provide sustainable training and technical assistance programs for commodity security, oversaw and provided technical guidance on development of work plans and budgets for capacity building activities, and provided technical input on a series of policy-oriented contraceptive and commodity security papers.

### **Rochelle Rainey, PhD**

Environmental Health Technical Advisor  
GH/HIDN/ID

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

Dr. Rainey provides leadership in the development, evaluation, and dissemination of innovative program approaches in health-focused water supply and sanitation activities. Dr. Rainey works to establish and maintain cooperative relationships with USAID field Missions, regional Bureaus, other central Offices, including providing technical guidance for project design and evaluation in water supply, sanitation, and environmental health. She serves as liaison to and coordinates with the USAID Water Team, linking health-focused water supply and sanitation activities with other water sector activities, including integrated water resources management. Dr. Rainey provides technical and program oversight of the work of contractors and cooperating agencies engaged by HIDN. She maintains liaison with other international development organizations such as WHO, PAHO, UNICEF, UNDP, and the World Bank and other donor and bilateral agencies.

### **Suzanne Reier, MPH**

Senior Technical Advisor  
WHO, Geneva

No update received prior to document submission.

### **Heather Robinson, MPH**

International Development Associate  
Population Services International, Benin

As an International Development Associate and reproductive health advisor placed with PSI, Benin, Ms. Heather Robinson contributed significantly to reproductive health activities in Benin during her second year as a fellow.

She contributed to the conceptualization and writing of a winning proposal for a \$14 million/5 year integrated HIV/AIDS, family planning, and child survival health project. She also wrote a proposal for IUD sales and promotion in Benin.

Ms. Robinson also provided technical support and edited communications materials on family planning, correct and consistent condom use, a malaria boite a image, injectable contraceptive and oral pill contraceptive pharmacist materials, HIV/AIDS brochure for high-risk populations, private health clinic promotional materials and advertisements, and television spots.

She also managed the relationships with the Ministry of Health Department of Family Health Director. Ms Robinson managed the addition of 12 new clinics to a social franchise network in Benin, something she initiated in her first year as a fellow.

### **Jessica Rose, MSc**

Monitoring and Evaluation Advisor  
GH/OHA/SPER

Ms. Jessica Rose serves as an M&E Advisor on the Monitoring, Evaluation and Reporting (MER) Team within SPER. Ms. Rose provides general support to the Division's activities that include project performance monitoring, program level data gathering/validation, trend monitoring and reporting. Her roles include SI Advisor to several Focus and Other Bilateral countries, management of indicator development for the areas of human capacity development and community-based organizations, and participating in technical working groups around monitoring and evaluation in HIV/AIDS.

### **Trenton Ruebush, MD, MSc**

Senior Malaria Advisor  
GH/HIDN/PMI

Dr. Trenton Ruebush provides medical, scientific, strategic, and programmatic leadership across USAID/Washington and to field missions and has primary responsibility for malaria research in areas relevant to Agency goals and objectives. As the primary technical resource and Team Leader for the Global Health Bureau's malaria program, and lead scientist and medical advisor for the President's Malaria Initiative, Dr. Ruebush leads the Bureau's development of medically sound and appropriate policies and strategies; formulates guidelines for program and project implementation in malaria; and supports the effective implementation of the PMI in focus countries, as well as the effective integration of sound malaria policies and technical approaches into Agency development policies, and into Mission, host-country and other development agency/donor development programs.

### **Chunnong Saeger, MA**

Monitoring and Evaluation Advisor  
OHA/SPER/MER

While working at the Office of HIV/AIDS, Ms. Chunnong Saeger was tasked to organize the 2008 Country Operational Plan (COP) Strategic Information (SI) section reviews for 31 countries. To complete this project on time, Ms. Saeger planned the review process, coordinated with CDC GAP staff to set up the PEPFAR Extranet SharePoint review page, compiled the list of reviewers from all agencies, revised and disseminated COP SI review guidelines, made all logistics arrangements for the reviews, and coordinated the inter-agency reviews.

Ms. Saeger also assisted the MEASURE Evaluation CTO in conducting an activity analysis. The analysis resulted in convincing the Contracting

Office that the next phase of the MEASURE Evaluation (\$181 million) should be a cooperative agreement instead of a contract. She also drafted the section on proposal review criteria of the new RFA and the questions and answers section after the RFA was posted. In addition, Ms. Saeger backstopped the MEASURE Task Order as a technical advisor and program coordinator.

Ms. Saeger provided technical assistance to the MEASURE DHS Management Team as the OHA representative, and assisted in resolving important technical and logistical issues related to the DHS contract. The contract implementer occasionally encountered obstacles in moving forward with DHS implementation in the field; in these cases, Ms. Saeger provided assistance allowing them to proceed.

As SI liaison to the Orphans and Vulnerable Children Technical Working Group (OVC TWG), Ms. Saeger provided technical assistance to the TWG, participated in the group's strategic planning for FY 2008, and produced the OVC budget, targets and results table (FY2004-2007) for the FY 2008 COP OVC reviews. In particular, Ms. Saeger assisted in implementing the PL-109-95 2<sup>nd</sup> report to Congress on Highly Vulnerable Children.

### **Macarena Sarraf, MIS**

PEPFAR Program Advisor  
USAID/Vietnam

Ms. Macarena Sarraf serves as the PEPFAR Program Advisor for USAID/Vietnam. She joined GHFP after having worked as an HIV/AIDS Team Leader with a PEPFAR implementing partner in Nigeria. As the PEPFAR Program Advisor, Ms. Sarraf was responsible for coordinating and developing cross cutting sections of the annual Country Operational Plan (COP) for the \$88 million PEPFAR program in Vietnam and for increasing the capacity of staff to develop uniform and guidance-compliant work plans.

In her COP responsibilities, Ms. Sarraf summarized COP development guidance and disseminated to PEPFAR team and implementing partners; organized the logistical arrangements for interagency work; developed schedules, timelines, assignment lists, and databases that track the COP development process; kept agencies on task for deliverables by tracking document development; convened and managed PEPFAR USG agency teams to ensure coordinated, efficient, and accurate entry of data into the COP database system; reconciled budgets with available resources throughout the process; and, oversaw the maintenance of the COP database by updating it when new information became available and accessing the database for information to respond to requests; and ensuring all reprogramming was reflected. Ms. Sarraf has responded to the Office of the US Global AIDS Coordinator's (OGAC's)

routine and ad hoc requests for information and reports, worked closely with the PEPFAR Strategic Information (SI) team to coordinate and report program results, conducted strategic exercises to evaluate program progress and success, and maintained a calendar of important benchmarks to ensure the program was on schedule; prepared and disseminated periodic internal and external updates/status reports on PEPFAR in Vietnam; kept agencies on task for interagency efforts such as reprogramming, results reporting, and provided all requisite related documentation to OGAC; and contributed to Mission reporting documents as requested. Ms. Sarraf also oversaw the coordination of travel and meeting logistics for international visitors, including Core Team members, technical advisors, and others; assisted with planning and facilitating site visits for visiting dignitaries and others as needed; facilitated communication between the Technical Working Groups and the Country Team; organized regular phone calls with the US-based interagency country support team lead (Core Team Lead) and the full Core Team; and facilitated technical assistance from appropriate Technical Working Groups to State Department PEPFAR projects. Ms. Sarraf also assisted the PEPFAR Country Coordinator, the PEPFAR Communications Officer, and the SI Liaison to assure timely and complete response to media requests for information on PEPFAR in Vietnam, and has acted as the PEPFAR Country Coordinator in his absence.

### **Ndeye (Marietou) Satin, MPH**

Maternal and Child Health Advisor  
USAID/Nigeria

Marietou Satin served as Maternal and Child Health Advisor with the USAID Mission in Nigeria until August 31, 2007. She currently serves in the Foreign Service, where she holds a position as Health Officer with the USAID Regional Development Mission in Asia.

### **Lois Schaefer, MPH, BS Nursing**

Senior Technical Advisor  
GH/PRH/SDI

Ms. Lois Schaefer served as the Senior Technical Advisor for Human Capacity Development (HCD) and Training, providing HCD/human resources for health (HRH) expertise within the Global Health Bureau, Office of Population and Reproductive Health, and the Service Delivery Improvement Division, as well as providing technical assistance to the field missions in HRH and Family Planning (FP)/Reproductive Health (RH). She also served as a liaison to the Office of the Global AIDS Coordinator (OGAC) on HRH issues.

Ms. Schaefer provided technical, administrative and financial monitoring to the Capacity Project, PRH's 5-year centrally-managed \$250 million

HRH-focused project. She designed and oversaw the implementation of the project's final evaluation, including traveling to the field with the evaluation team for data collection. She assisted three countries to write Associate Awards to allow them to continue accessing the Capacity Leader Award for an additional five years. She reported the project's annual results to PRH and OHA, collaboratively developed the FY08 budget request with the project, and participated in the Office of Health, Infectious Disease and Nutrition's Health Systems Strengthening Portfolio Review, to ensure adequate representation of PRH's HRH efforts.

For GH, Ms. Schaefer presented sessions on the global HRH situation and task shifting at the GH Mini University; organized plenary and breakout sessions on HRH issues for the Africa and Asia SOTAs. She was a panel respondent at the 2008 Berkeley Conference on the Global Health Workforce, speaking on scaling up pre-service education in sub-Saharan Africa. With OGAC, Ms. Schaefer participated in FY08 COP reviews, and early development of the FY08 HOP. She also regularly participated in the OGAC HRH Working Group, and the USG Interagency HRH Working Group. Ms. Schaefer assisted OGAC in developing new HRH indicators for FY09. She successfully completed the Federal Executive Institute's Emerging Leaders Training.

### **Stephen Settimi, MA**

Health Management Information Systems Advisor  
GH/OHA/IS

Mr. Stephen Settimi became a Senior Advisor to USAID Bureau of Global Health, Office of Population and Reproductive Health in December 2004.

In December 2007, Mr. Settimi moved to the Office of HIV/AIDS (OHA). There he serves as co-Chair on the OGAC Health Management Information System Technical Working Group; advisor to the PEPFAR.NET extranet control board; Strategic Information Advisor to Dominican Republic, and leads a few core funded initiatives. He advises the GH Bureau on matters related to technology for development in health, including data and information and communication technology protocols and knowledge management practices. Mr. Settimi champions and advises on the eHealth Telemedicine Bureau wide and champions an eHealth project started in Madagascar in 2006.

He traveled for TDY most recently to Vietnam, Uganda, Malawi, Madagascar, and the Dominican Republic. He is especially focused on pushing the frontier of technology use to strengthen health system data use and reporting. Mr. Settimi reinforces development issues related to sustainability and ownership by advocating for national ownership strategies that clearly place

national institutions at the center of activity. He works very closely with CDC counterparts in what he calls an "intensely interesting relationship."

### **Kenneth Sklaw, MPH, MA**

Organizational Capacity Advisor  
GH/OHA/SPER

As the Organizational Capacity Advisor in the Implementation Support Division, Office of HIV/AIDS at USAID, Mr. Sklaw is responsible for building management and technical capacity of new partners; NGOs, community-based organizations, and faith-based organizations, particularly those in resource poor settings. He provides technical and capacity building assistance to new partners to help them compete now and in the future - both within the New Partners Initiative grant process and in other competitions. Mr. Sklaw also provides technical assistance focused on topics such as assessment of capacity and need; strategic planning; project management; resource development; personnel policies and human resources issues; monitoring and evaluation; and different HIV/AIDS technical areas. In addition, he provides support to missions, regional field offices, regional bureaus, cooperating agencies, and other entities to ensure organizational sustainability.

### **Shelley Snyder, MPH**

Policy Advisor  
GH/PRH/PEC

As the technical advisor for the Health Policy Initiative (HPI), Ms. Snyder has provided assistance to missions, helping them complete the field support review process required under Task Order 1. She has also taken the initiative with PRH and HPI to promote additional utilization of the RAPID model, which looks at cross-sectoral impacts of high rates of population growth.

Ms. Snyder also worked on the Task Order Management Review in cooperation with the other USAID project managers. Other achievements included co-writing a Request for Task Order Proposal for Tanzania and contributing to the Request for Task Order Proposal for the Democratic Republic of Congo.

### **Scott Stewart, MSPH**

Surveillance Advisor  
GH/OHA/SPER

Mr. Scott Stewart is the Surveillance Advisor in the Strategic Planning, Evaluation and Reporting Division, Office of HIV/AIDS. In this capacity, Mr. Stewart works to strengthen USAID's ability to monitor program implementation; document results; help inform program design and implementation and assess the programmatic impact of USAID's goal to reduce HIV

transmission and mitigate the impact of the disease on nations, communities and families. He provides broad HIV/AIDS-related expertise and guidance in data collection projects and studies that encompass a wide range of advanced topics including statistical methods and research and study design of HIV/AIDS programs and issues. Mr. Stewart also is a key contributor to the design and implementation of surveillance and survey programs and, along with other USG agencies, develops and implements surveillance projects, surveys, and reporting systems in the 15 priority countries under PEPFAR and in other USAID-assisted countries.

### **Alison Surdo, MPH**

Voluntary Counseling and Testing Advisor  
GH/OHA/TLR

In the past year, Ms. Alison Surdo led several new initiatives. She designed and led a USAID-funded international workshop on HIV counseling and testing, which took place in Zambia with over 180 participants from 28 countries. Ms. Surdo also developed the counseling and testing portfolio for the first PEPFAR Headquarters Operational Plan, and led an international collaborative effort to draft new counseling and testing program indicators. Ms. Surdo provided technical assistance in Ethiopia, Nigeria, Malawi, Democratic Republic of Congo, Thailand, Namibia, and Mozambique. Ms. Surdo also had the opportunity to author and present at several international forums, including the USAID State of the Art Regional conference in Bangkok. She was awarded the USAID "Exemplary Achievement" award for non-direct hires in 2008.

### **Elina Sverdlova, MIA**

Commodities and Logistics Advisor  
USAID/Nigeria

Ms. Elina Sverdlova serves as a PEPFAR Logistics Advisor for HIV/AIDS commodities. She oversees the forecasting, procurement, importation, storage and distribution of drugs, test kits and other HIV/AIDS commodities for PEPFAR partners. She works across PEPFAR program lines to create an effective HIV/AIDS waste management system. Ms. Sverdlova is also introducing ARV supply chain management indicators developed by WHO to effectively monitor and evaluate various partners supply chain systems. She is hoping to create an integrated and functioning nationwide logistical system for HIV/AIDS commodities.

### **Pamela Teichman, MA**

Senior Technical Advisor  
USAID/Cambodia

Pamela Teichman served as Senior Technical Advisor with USAID/Cambodia thru August 31,

2007. She currently works as a personal services contractor for USAID/Barbados.

### **Yumiko Texidor, MPH**

Youth Friendly Health Services Advisor  
Guyana Ministry of Health

As a Global Health Fellow based at the Ministry of Health in Georgetown, Guyana, Yumiko Texidor managed and implemented an adolescent health program called the Youth Friendly Service (YFS) Program. The YFS program aims to encourage youth to visit health centers to retrieve services and information on their sexual health, HIV/STIs, and other adolescent health topics related to mental health, nutrition, substance / alcohol abuse, and sexual abuse. As YFS program coordinator, Yumiko supervised over 80 health center staff that consists of nurses, midwives, and community health workers. During the past two years, Yumiko conducted the program's first evaluation of the first YFS sites. The final evaluation report was used as a justification to establish additional training in advanced counseling. Yumiko also played a key role in establishing the program in the interior communities.

### **Sreen Thaddeus, MPH**

Senior Technical Advisor  
USAID/Uganda

Ms. Sreen Thaddeus serves as Senior Technical Advisor in Behavior Change Communication with the Health, HIV/AIDS and Education Team, USAID/Uganda. In this role, Ms. Thaddeus is responsible for all aspects of USAID's support for social marketing and behavior change communication to ensure that interventions are complementary and utilize the best technical approaches to achieve the desired results. In addition, she provides technical support for USAID-supported behavior change communication interventions at the national and district levels which involves promoting collaboration between public and private sector agencies and monitoring the achievement of results. In addition to Behavior Change Communication, Ms. Thaddeus manages USAID Uganda's Reproductive Health/Family Planning activities and is the co-chair of the HIV Prevention working group of the USG interagency PEPFAR team.

### **Nandita Thatte, MHS**

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

Ms. Nandita Thatte is a Technical Advisor with the Service Delivery Improvement (SDI) and Research, Technology and Utilization (RTU) Divisions in the Office of Population at USAID. For SDI, Ms. Thatte serves on the Private Sector Team and specifically on a cooperative agreement

within that program: the Leadership, Management and Sustainability (LMS) Project. The purpose of the LMS Project is to improve leadership, management, and sustainability of accessible, quality services and programs in the areas of reproductive health, HIV/AIDS, infectious disease, and maternal and child health by strengthening management systems and increasing leadership capacity; improving the performance of leaders and managers; planning and managing human resources; and building capacity to anticipate and respond effectively to changing external environments. For RTU, Ms. Thatte serves as an integral member of RTU, working with staff of PRH to move family planning research results to program implementation.

Nandita served on an evaluation team that assessed research utilization activities in Rwanda and Madagascar, and on a team that assessed maternal and child health and family planning services in Haiti. She facilitated communication between the Research, Technology and Utilization Division (RTU) and the Service Delivery Improvement Division (SDI) via regular meetings with supervisors and staff. She serves on the technical team for the new PROGRESS project, and participates in cross-cutting projects such as the Implementation of Best Practices (IBP) Consortium.

### **Jenny Truong, MHS**

Reproductive Health Technical Advisor  
GH/PRH/SDI

Jenny Truong joined GHFP as a Reproductive Health Technical Advisor in USAID's Global Health Bureau, Office of Population and Reproductive Health, Service Delivery Improvement Division in September 2007. As a Reproductive Health Technical Advisor, Jenny has multiple responsibilities. First, she serves as the Youth Global Leadership Priority Champion with the primary aim to advocate for appropriate investment by USAID in effective reproductive health programming that meets the needs of young people (aged 10-24). In this capacity, she developed work plans and budgets and monitored the progress of youth activities implemented by 10 Global Health projects. She co-directs the Interagency Youth Working Group (IYWG), a network of USAID partner organizations who work on youth reproductive health and HIV prevention, directing agendas for their bi-annual technical meetings and providing technical input on documents produced by IYWG partners. She also serves as the Youth Health resource person for Democracy, Conflict, Humanitarian Assistance Bureau and the Economic Growth, Agriculture and Trade Bureau and responds to requests for information about youth activities to USAID and USAID partner organizations. Jenny also produced a Global Health technical brief for the Maximizing Access and Quality (MAQ) Project on the evidence

for and against peer education as an intervention in youth reproductive health programs titled *Peer Education: A Viable Approach for Reaching Youth*. Secondly, she works as the Technical Advisor for the Grants, Solicitation, and Management Project, a project that provides grants to US-based Private Voluntary Organizations and Non-governmental organizations that conduct community-based family planning programs. She has engaged in daily management of the project as well as led weekly meetings. Jenny has also organized and conducted two management reviews, helped negotiate the extension of the project to 2012 through the Office of Acquisitions and Assistance, reviewed annual reports and mid-term evaluations of grantees and reviewed grantee sub-awards for CTO approval. Jenny has provided technical support to USAID/Nigeria by leading the development of a Request for Applications for activities to promote family planning/reproductive health among Nigerian political, religious, and traditional leaders. She has also worked with the Child Survival Technical Support Plus Project to coordinate the production of the Family Planning Self-Assessment Tool, a tool to help grantees design and implement more sustainable community-based family planning programs. Finally, Jenny has served as the Co-Alternate for the Ghana Country Team and provided family planning technical support to the Liberia Country Team.

### **Marci Van Dyke, MPH**

Pandemic Avian Influenza Advisor  
GH/HIDN/AI

Marci Van Dyke joined GHFP as Technical Advisor in the Global Health Bureau's Avian and Pandemic Influenza Unit. In this capacity, Marci provided technical assistance to all organizations involved in the Humanitarian Pandemic Preparedness (H2P) Initiative and participated in four High Level Country Visits with partner organizations. In addition, she has visited five USAID Missions to present the H2P Initiative and lay the ground work to support partner organizations new work. Marci is a member of the H2P Health Technical Working Group and the Food Security Working Group. In this capacity, she provides both technical advice as well as ensuring the API Unit's vision is first and foremost in the program design.

### **Ronald Waldman, MD, MPH**

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

Dr. Ronald Waldman serves as the Senior International Health Advisor and Pandemic Preparedness/Humanitarian Response Team Leader in the Bureau of Global Health's Avian and Pandemic Influenza Preparedness and Response

Unit. In this capacity, Dr. Waldman is responsible for providing program and management support to USAID's Avian and Pandemic Influenza Preparedness and Response Unit in support of its technical and program activities related to avian influenza. He is a key contributor to activities that support USAID's objective to ensure that in the event of a human influenza pandemic, adequate attention is given to the needs of the most vulnerable population, including those displaced by war and civil disorder.

**Angela Weaver, MPH**

Infectious Disease Technical Advisor  
GH/HIDN/ID

Previously, Ms. Angela Weaver was a GHFP Fellow serving as a Child Health and Immunization Technical Advisor in the Maternal and Child Health Division in the Office of Health, Infectious Diseases and Nutrition. In her new position, Ms. Weaver is responsible for technical and managerial support for USAID's Neglected Tropical Disease (NTD) Control Program, including rollout of the new Presidential Initiative for NTDs. Ms. Weaver will continue her role as technical lead for HIDN's infectious disease surveillance portfolio, providing technical leadership in field epidemiology training programs and infectious disease surveillance.

**Jennifer Wilen, MS**

Family Planning/Reproductive Health Advisor  
International Rescue Committee, Thailand

Jennifer Wilen served as technical advisor for family planning and reproductive health with the International Rescue Committee in Thailand thru August 3, 2007. She currently holds a position as Assistant Program Officer for Francophone Africa with the International Women's Health Coalition.

**Regan Whitworth, PhD, MA**

Senior Technical Advisor  
USAID/Rwanda

Dr. Regan Whitworth is the Senior Technical Advisor at USAID/Rwanda and works extensively

on PEPFAR. Dr. Whitworth has worked with OGAC and other offices to make decisions and recommendations related to PEPFAR practices in Rwanda.

**Kelly Wolfe, MPH, MA**

Community and NGO Development Advisor  
GH/OHA/IS

Ms. Kelly Wolfe serves as a technical expert within the Global Health Bureau's Office of HIV/AIDS (OHA), providing guidance and leadership in the design, implementation and evaluation of technically sound, cost-effective and practical approaches to strengthening community and NGO-based approaches to the delivery of HIV/AIDS services in developing countries. Her primary areas of responsibility include: 1) fostering increased engagement of community-based organizations, especially indigenous organizations, in the delivery of HIV/AIDS related services; 2) designing, implementing and technical guidance of HIV/AIDS projects including those involved in strengthening the technical and managerial capacity of community-based organizations; and 3) providing technical support to field programs and other HIV/AIDS technical working groups.

**Martha Wood, MPH**

Reproductive Health Advisor  
PLAN/Ethiopia

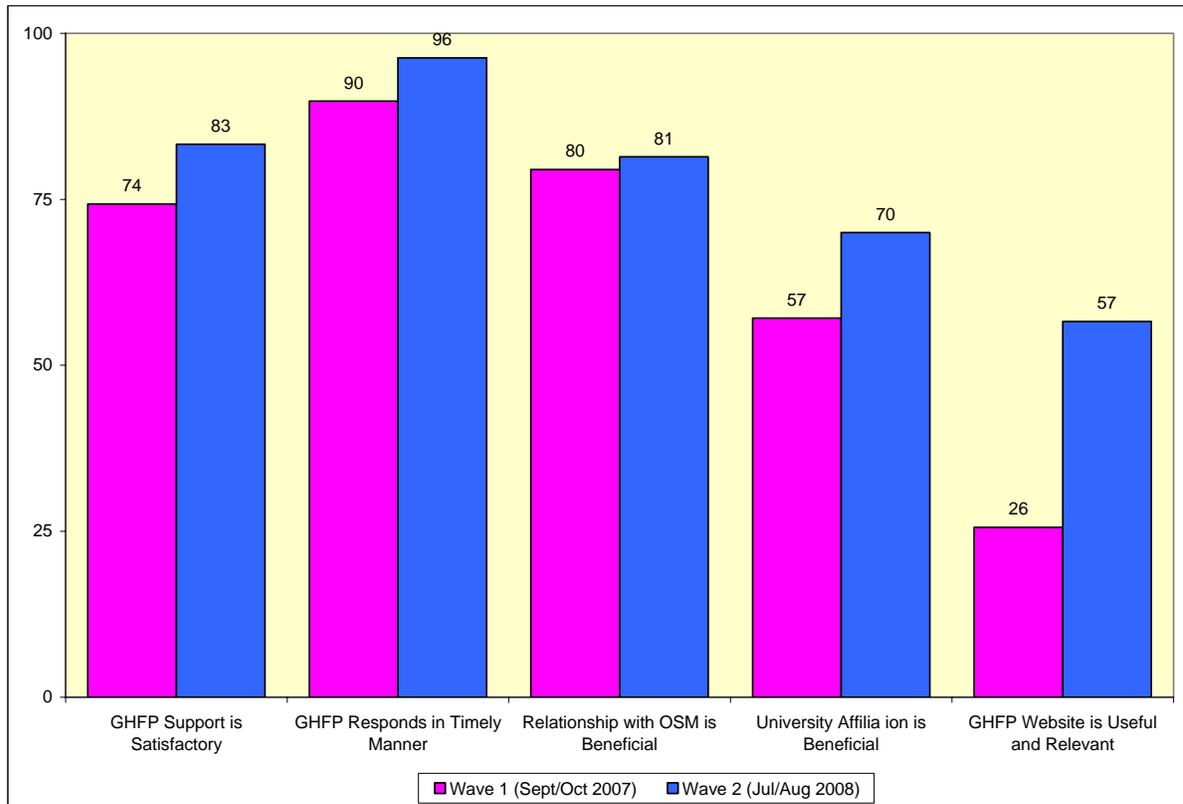
Martha Wood served as Reproductive Health Advisor with PLAN International in Ethiopia thru July 18, 2007. As her capacity as RH advisor, she provided technical support for various PLAN reproductive health and family planning activities. She helped mobilize resources, strengthened study designs, and collected best practices. She currently works as Senior Program Officer with JPHIEGO in Ethiopia.

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

##### *Results*

- During Program Year 2, GHFP fine-tuned the extensive support system initiated in Year 1. This support system has several components, including 1) an individual orientation, 2) dedicated staff to provide administrative support for each fellow, 3) a faculty mentor from one of the two university partners for each early through mid-career fellow (Levels I and II), and 4) website support.
- During Program Year 1, individual orientations were conducted at GHFP headquarters in Washington, DC. This was modified during Year 2. To help strengthen the relationship between the fellows and their respective support staff (the assigned program coordinator and faculty mentor), the orientations of early and mid-career fellows were implemented by their respective university partner. This shift in approach ensures that each new fellow has valuable in person time with both their assigned program coordinator and mentor. This approach has proven to strengthen these critical relationships and communication pathways which enhance the fellow's performance and professional development support.
- Data from the GHFP Fellows Survey indicate that fellows are satisfied with the support they receive from GHFP services. The survey asked fellows the extent to which they agreed that GHFP support services are satisfactory. Figure 8 shows that the percentage who agreed or strongly agreed that GHFP support is satisfactory increased from 74% in 2007 to 83% in 2008.
- GHFP aims to provide a reply to fellow's queries within 24 hours. Figure 8 shows that the percentage of fellows who agree that overall GHFP responds in a timely manner is very high, increasing from 90% in 2007 to 96% in 2008.
- University mentors provide fellows with access to technical expertise, university library resources, technical mentoring, and career guidance. The most significant change in the mentoring program during Program Year 2 was that most new fellows at the early and mid-career level were able to meet their faculty mentor in person during the university-based individual orientations. The survey results suggest that this has been a positive change. Figure 8 shows that satisfaction with the mentoring program has increased from 57% in 2007 to 70% in 2008.
- The redesigned GHFP website – launched in late April 2007 with dedicated portals for fellows and onsite managers – provides these important constituents with information about GHFP, performance management/evaluation materials, training opportunities, professional development resources, and networking tools. The data show that the fellows increasingly value the website. In 2007, when the website was still new and relatively unknown, only 26% of fellows agreed that the website was useful and relevant. By 2008, this had increased to 57%.

Figure 8: Trends in Fellows' Opinions about GHFP Support Services, 2007-2008  
 (% who agree or strongly agree)

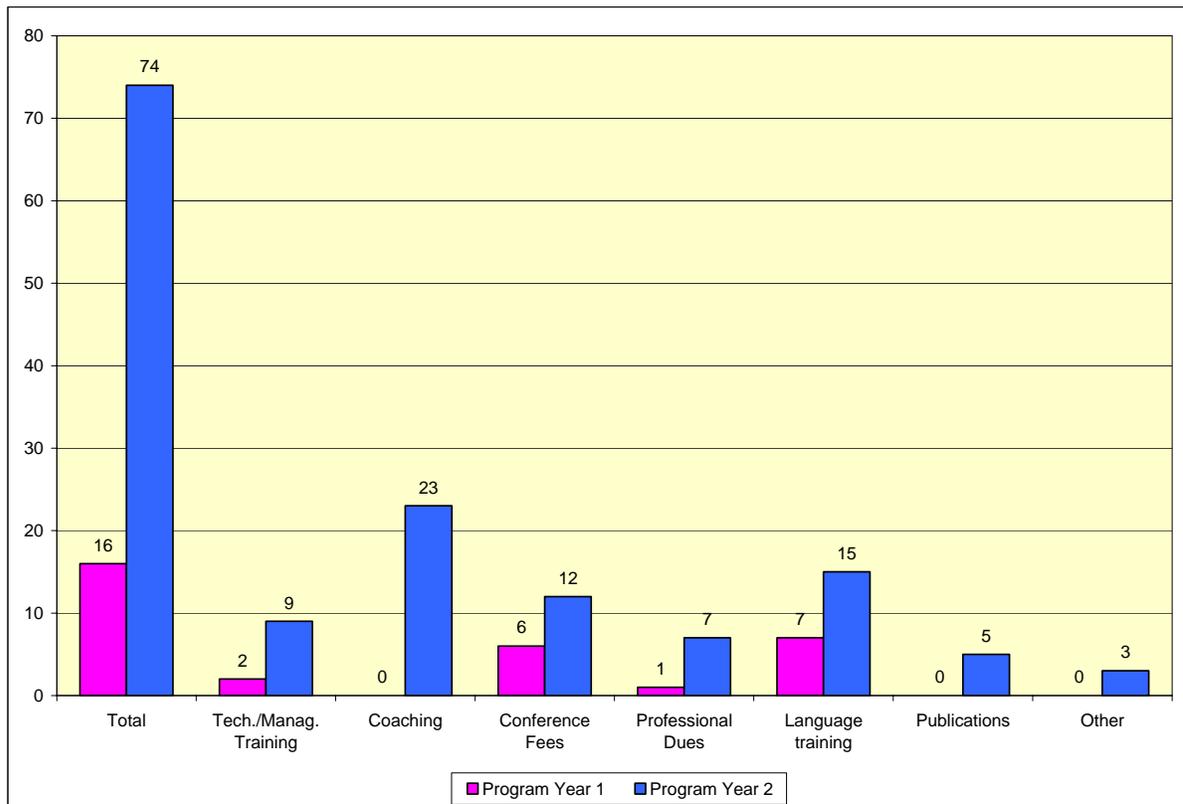


- To facilitate fellows taking advantage of various professional development (PD) opportunities, every GHFP Fellow is allocated \$2,500 for professional development at the start of each fellowship year. Use of these funds is carefully tracked by GHFP. Preauthorization from GHFP and the fellow's OSM for the use of these funds is required. Fellows may accumulate PD funds over the course of each two year fellowship term; funds remaining unspent at the end of the two year term are not carried over to a new fellowship term. Eligible PD expenses include, among others, fees for: training in technical skills or management, professional coaching, professional conference attendance, and language training. During Program Year 1, GHFP allocated nearly \$112,000 for potential use by 51 fellows. During that year it also recuperated about \$5,000 in unspent PD funds by four fellows who left the program. During Program Year 2, a total of about \$191,000 of professional development funds were allocated to 78 fellows. Over \$32,000 in unspent PD funds from 16 fellows remained with the program as fellows leaving the program do not pocket unspent allocations. The actual use of PD funds is described below.
- Figure 9 shows trends in the number of authorized requests to use professional development funds. Overall, the number of approved requests increased from 16 for Program Year 1 to 74 for Program Year 2. Most of this increase is attributable to the marked increase in requests to use PD funds for professional coaching, technical and

management training, and language training. The number of requests to use funds for professional coaching increased from zero in Year 1 to 21 in Year 2. The number of authorized requests to use funds for language training increased from 7 in Year 1 to 15 in Year 2. Similarly, request for funds for technical or management training increased from 2 to 9.

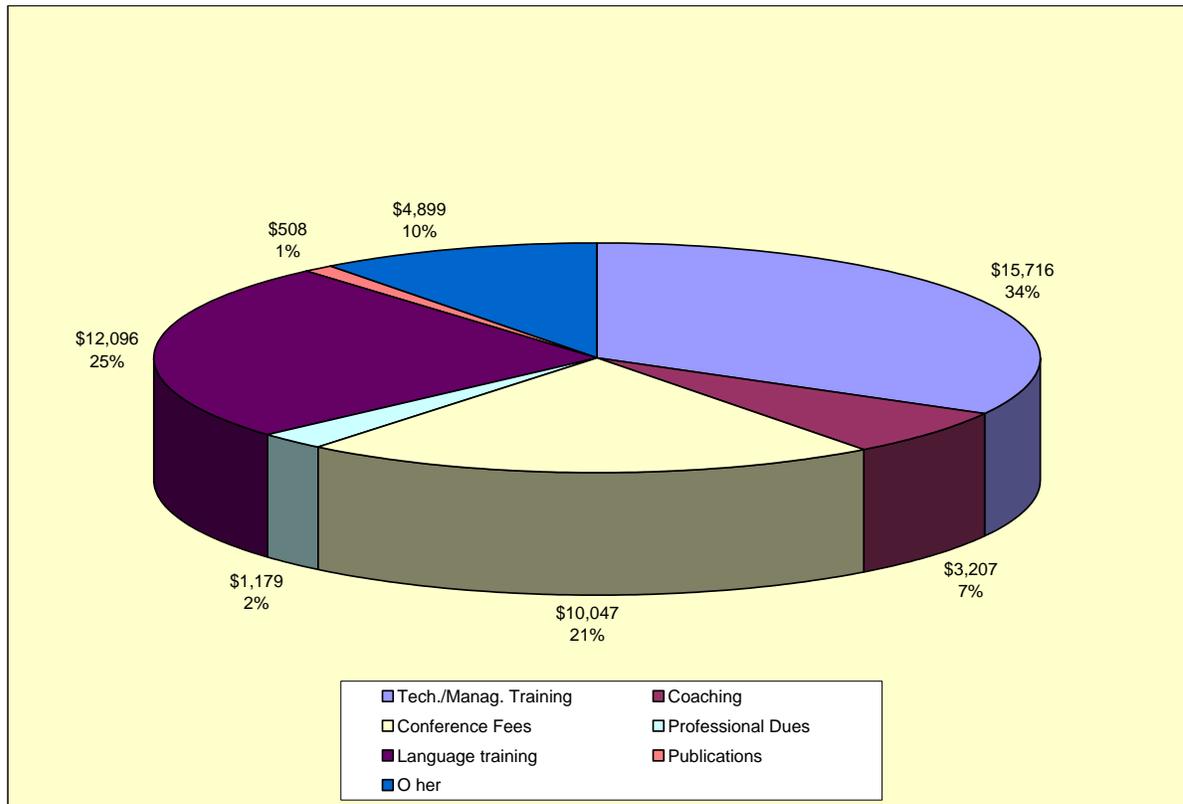
- The actual dollar amount of authorized professional development requests increased from less than \$9,000 in Year 1 (covering 16 requests) to almost \$48,000 in Year 2 (for 69 requests).<sup>2</sup>
- Figure 10 shows the distribution of actual authorized expenditures during Year 2. The largest percentage of funds went to improving technical skills or management training (34%), followed by language training (25%), and conference participation (21%).

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



<sup>2</sup> These 69 requests do not include five requests for coaching that was free of charge.

Figure 10: Distribution of Authorized Professional Development Expenditures by Purpose (in \$ and %, Year 2)



- During Year 2, GHFP Fellows attended the following conferences (including no-fee conferences):
  - Business for Social Responsibility Conference
  - Gates Summer Institute
  - Microbicides Conference
  - Global Health Conference
  - International Conference on Emerging Infectious Diseases
  
- GHFP Fellows participated in the following training courses during Year 2:
  - Water sanitation course
  - Johns Hopkins online course
  - Red Cross CPR course
  - UNC online course
  - Capital Speakers Class: Learning to Speak by Speaking and Listening
  - London School of Hygiene and Tropical Medicine Course
  - USDA Editing for Impact Course

- The GHFP coaching program was launched during the second half of Year 1. By the end of Year 1, five fellows had started coaching. Demand for professional coaching increased substantially during Year 2. In total, GHFP authorized 22 requests to use professional development funds for coaching. In addition, four fellows received complimentary coaching as part of the GHFP Leadership Retreat.
- The GHFP university mentoring program that was launched during the fourth quarter of Year 1 continued during Year 2. This formal mentoring program affiliates early and mid-career fellows with one of two GHFP partner public health schools, where the fellows are paired with faculty mentors who provide guidance, advice, and the voice of experience to a protégé. Mentors are selected based on their ability to meet the professional development needs of specific fellows. By the end of Year 1, thirty fellows had been affiliated with the Harvard School of Public Health and the Tulane School of Public Health and Tropical Medicine. During the course of Year 2, 28 of the 50 new fellows were affiliated with one of the two universities (12 with Harvard and 16 with Tulane). Out of the entire group of 109 Fellows who participated in the program during the course of Program Year 2, 24 were affiliated with Harvard, and 28 with Tulane.

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

##### *Results*

- GHFP developed systems for enhancing communications with alumni, and for tracking them as they progress in their global health careers. During Program Year 2, an Alumni Working Group, led by GHFP partner Tulane University, was formed. This group developed an alumni database and published the first Alumni Express to establish communication with this important constituency.
- Data on the fellows who finished their work as GHFP Fellows during Program Year 2 shows that most of these 22 GHFP alumni continue to be involved in global public health (see Table 3). Some have chosen to become direct hires or continue at USAID as staff under CASU. Others have taken positions with key health and development organizations, including the Peace Corps, CARE, EngenderHealth, and UNICEF. Box 1 provides illustrative examples of the types of activities that some of the former GHFP Fellows are currently involved in.

Table 3: Fellows Who Left GHFP During Year 2 (with their subsequent affiliations)

<p><b>Agravat, Namita</b> Sexual and Reproductive Health Coordinator CARE</p>	<p><b>Berzon, Richard</b> Independent Consultant</p>
<p><b>Beardsley, Kipling</b> Senior Technical Officer International Relief and Development</p>	<p><b>Feyisetan, Bamikale</b> Monitoring and Evaluation Advisor for HIV/AIDS Elizabeth Glaser Pediatric AIDS Foundation</p>
<p><b>Boryc, Kathryn</b> International Program Associate for Latin America and Mongolia Cicatelli Associates Inc.</p>	<p><b>Freyder, Mary</b> Consultant Tulane University School of Public Health and Tropical Medicine</p>
<p><b>Fischelis, William</b> Director, Leadership Development AIMS International</p>	<p><b>Hurley, Laura</b> Program Team Leader Intrahealth Rwanda</p>
<p><b>Fuentes, Fred</b> Doctoral Student, Counseling Texas A &amp; M</p>	<p><b>Lee, Connie</b> Consultant SAVE and the World Food Programme Mozambique</p>
<p><b>Jordan, Mary</b> Foreign Service Limited GH/OHA/TLR USAID</p>	<p><b>McDavid, Elizabeth</b> Program Advisor, Health Policy Initiative Project SRA International</p>
<p><b>Mandal, Mahua</b> Doctoral Student, Public Health Bloomberg School of Public Health, Johns Hopkins</p>	<p><b>Murphy, Jennifer</b> CASU GH/HIDN/ID USAID</p>
<p><b>McKay, Mieko</b> Senior Program Associate, Fistula Care EngenderHealth</p>	<p><b>Robinson, Heather</b> Associate Director Peace Corps Botswana</p>
<p><b>Paine, Patricia</b> Foreign Service National USAID/Brazil</p>	<p><b>Satin, Marietou</b> Health Officer (Foreign Service) USAID Regional Development Mission/Asia</p>
<p><b>Saeger, Chunnong</b> Foreign Service Officer US Department of State</p>	<p><b>Teichman, Pamela</b> Personal Services Contractor USAID/Barbados</p>
<p><b>Wilén, Jennifer</b> Assistant Program Officer, Francophone Africa International Women's Health Coalition</p>	<p><b>Wood, Martha</b> Senior Program Officer JHPIEGO, Ethiopia</p>

## Box 1: Illustrative Highlights of Current Activities by GHFP Alumni

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### **Boryc, Kathryn**

Kathryn Boryc is currently working with Cicatelli Associates Inc. (CAI), a non-profit organization in New York City, as their International Programs Associate. She is responsible for designing and implementing monitoring and evaluation systems for the organization's international projects and programs; providing training and technical assistance on project implementation and M&E to civil society organizations and National AIDS Programs; and researching and developing project proposals for the international division. She works largely in Latin America and the Caribbean, and has continued working in Guyana where she was a Global Health Fellow. Recent accomplishments include designing and conducting a series of evaluations of CAI's home-based care and micro enterprise projects for the USAID-funded Guyana HIV/AIDS Reduction and Prevention Project.

### **Erin Boyd**

Erin Boyd is currently based in Sudan, where she serves as a Nutrition Specialist for UNICEF. She is responsible for Nutrition Section of South Darfur, and manages three UNICEF staff and three sub-projects including: management of severe acute malnutrition and surveillance, micronutrient deficiency prevention and control, maternal and child nutrition for IDP and host populations of over 1.7 million people. She acts as sector lead for nutrition. She provides technical assistance to implementing partners, including the State Ministry of Health, international and national NGOs, to implement Community Management of Acute Malnutrition (CMAM), therapeutic and supplementary feeding programs. She liaises and coordinates with UN agencies including WFP, FAO, WHO, IOM, OCHA, and has developed a CMAM roll-out strategy for the state and has advocated for policy adoption at the Federal level.

### **Freyder, Mary**

After completing her Global Health Fellowship with USAID/Barbados in late 2007, Mary Freyder accepted work as a consultant with various USAID

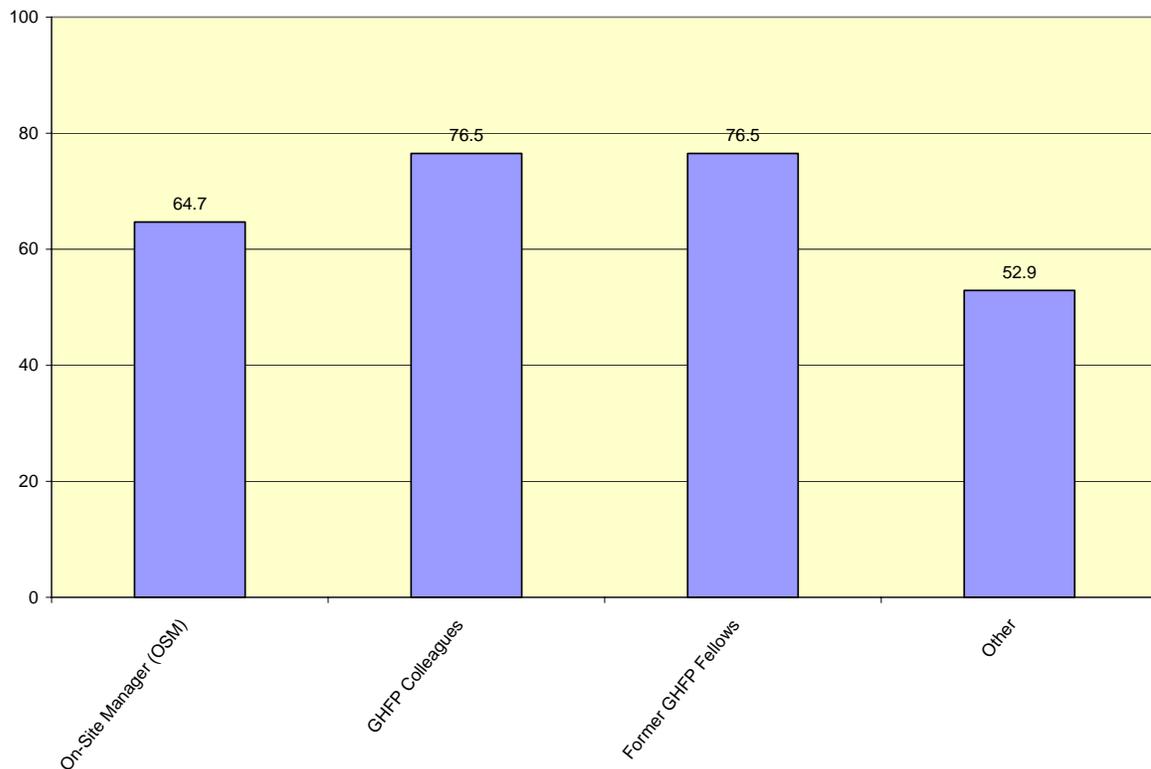
funded projects in Guyana and the Dominican Republic. Assignments included team leader on the evaluation of the USAID HIV program implemented in Guyana from 2003-2007, team leader to develop a national M&E system for Guyanese NGOs and Line Ministries, and M&E advisor to the USAID/Dominican Republic Strengthening HIV/AIDS Services Project. Freyder specializes in HIV strategic design, program monitoring, and program evaluation. Mary Freyder currently resides in her hometown, New Orleans, LA.

### **Robinson, Heather**

Heather Robinson is Associate Director of Peace Corps Botswana. In this regard, she leads the programming team that provides technical training and support to over one hundred volunteers in-country, all of whom work on HIV/AIDS in some respect. PC Botswana is one of only two countries where all volunteers work on HIV/AIDS. Volunteers serve for two years in country and Heather helps 38 of the 100 volunteers from arrival to departure in his/her job performance and training as it relates to HIV/AIDS and in terms of human resources management. The 38 volunteers she manages work as home-based care volunteers or in clinics with the PMTCT programs. She helps them develop workplans, reports quarterly on the work they do, and assesses areas for improvement. She helps design and facilitate trainings for all of the 100 volunteers (approximately 3 months total throughout their two years). She manages one PC staff member. She also works as a PEPFAR Botswana team member, serving on Gender technical working groups and PMTCT working groups, participating in COP planning and peer portfolio reviews. Finally, she serves as Acting Director of PC Botswana for approximately one month of the year while the Director is out of the country. This requires budgetary and spending management, staff management, and other official PC representation duties.

- The M&E team started the implementation of a short phone survey with GHFP alumni to get additional information about their career path. The survey targets alumni whose fellowship ended 6-12 months ago. Thus far, interviews have been completed with 17 alumni. Preliminary data from the survey indicate that the fellowship was perceived to have been a very good experience. When asked if they would be a Global Health Fellow again if they could do things all over, all respondents said they would. Moreover, all of them said they would recommend the Global Health Fellowship Program to others.
- When asked whether the alumni maintained professional contacts with people they met during the fellowship, 65% reported maintaining contact with their Onsite Manager (OSM), 71% with GHFP colleagues, and 71% with former GHFP fellows. Over half (53%) reported maintain contact with other persons, mostly referring to former fellows from previous fellowship programs.

Figure 11: Percentage of GHFP Alumni Who Have Maintained Professional Contacts with Various GHFP Colleagues



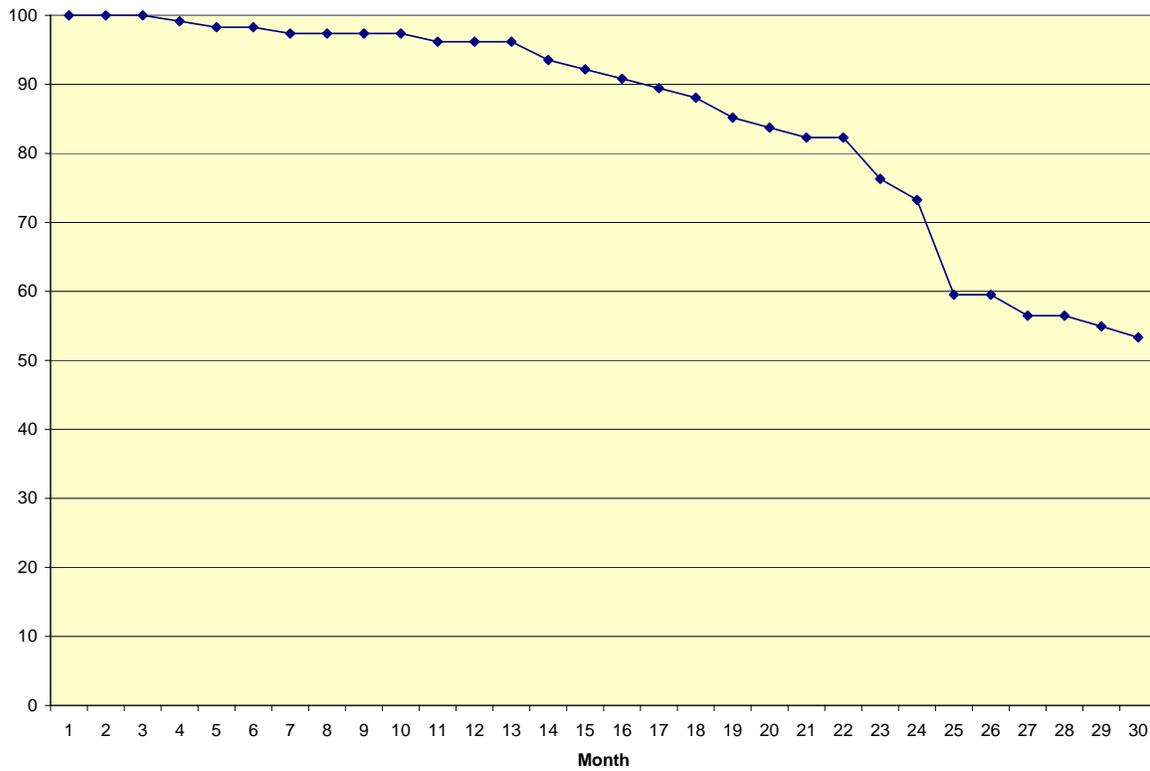
## SR 1.1.6 Maintain high retention of fellows

### *Results*

- In GHFP, “retention” refers to fellows who are invited to and accept a two+ year extension of their fellowship; fellows who accept new positions at USAID in the global health sector either private or public (direct hire) sector, or: fellows who proceed to additional academic studies that are related to global health or with the intention to use their additional advanced degree in the global health sector. The retention rate for fellows remains high. During Program Year 1, 25 fellows were eligible for an extension of their fellowship beyond the previously agreed to end date. 100% remained in the global health arena. Among the 25 eligible fellows, 23 were invited by USAID and GHFP to extend their fellowships (92%) and of these 23, 21 agreed to extend their fellowship (91%). The two fellows who did not accept the extension invitations elected to take direct-hire positions within USAID (an FSL in Washington and PSC with USAID/Ethiopia). In Program Year 2, 20 fellows were eligible for an extension; of these, 18 were invited by USAID and GHFP to extend their fellowships (90%). Sixteen fellows accepted the invitation and extended their fellowships. The two fellows who did not accept the extension invitations pursued other opportunities within the global health field (one as a USAID Foreign Service Officer, and the other as a senior technical advisor with a USAID partner organization).
- GHFP continues to be a desirable mechanism for USAID to retain critical human resources brought to the Agency through the fellowship program. Eight fellows who ended their fellowships during Program Year 2 accepted new fellowship positions. Two of these fellows moved from USAID/Washington to field Missions, and five accepted new fellowships working on Presidential Initiative programs (PEPFAR, avian influenza, malaria and neglected tropical diseases). Earlier in the report, we mentioned 7 fellows who were retained. The inconsistency is caused by one fellow, who took another fellowship but left it in Year 2 (Erin Boyd).
- Few fellows leave the program early and as a result the retention of Fellows has been very high. During Program Year 1, 16 fellows left the program. Of those 16, all but 4 had completed at least 21 months of service (75%). During Program Year 2, 31 positions ended with 30 fellows leaving the program (one person had two different fellowships.). Of those positions, 21 served for at least 21 months (68%). Moreover, of the 10 who left the program earlier than planned (<22 months), four did so to take new positions with GHFP. In other words, in actuality only six fellows left the program earlier than planned.
- Lifecycle table analyses based on all GHFP fellows recruited during Program Years 1 and 2 confirm the high retention rate (see Figure 12). It is estimated that over 82% of Fellows will complete a minimum of 21 months of service. After 21 months of services, we start to observe a little bit of dropout, as fellows start to receive offers for other global health jobs. This was anticipated as GHFP Fellows are in high demand by organizations working on global health. Figure 12 further

shows that it is estimated that more than half of the Fellows are extending their positions after their initial two years of service.<sup>3</sup>

Figure 12: Lifetable Estimates of the Percentage of Fellows Still Holding their Fellowship, by Duration of Fellowship (All Year 1 and 2 GHFP Fellows, including transfer fellows)



<sup>3</sup> Because GHFP has been in existence for two years only, estimates of the proportion of fellows extending their positions is based exclusively on data from fellows who transferred to GHFP from previous fellowship mechanisms.

## IR 1.2 GHFP Internships Implemented

SR 1.2.1 Expand awareness of GHFP internship opportunities

SR 1.2.2 Procedure for selection and placement of interns improved

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

### *Highlights*

- GHFP worked with the Office of Professional Development and Management Support to provide logistical support for interns to work within the Bureau for Global Health for Summer 2008. In total, 9 interns were recruited for Summer 2008, up from 6 in 2007. Each intern had a specific scope of work developed by their host division within the Bureau and an Onsite Manager who provided day-to-day guidance. The Summer 2008 internships were implemented during the first quarter of Program Year 3. The interns were oriented to GHFP and USAID and attended the Annual Global Health Council Conference. The names of the interns and their key activities are described later in this section.
- The Global Health Bureau, Washington, DC Summer Internship Program is promoted through a variety of outreach activities. All GHFP outreach activities now incorporate information about the Summer Internship Program. In addition, several outreach activities are conducted to specifically promote the program. For example, in October 2007, GHFP conducted a brownbag session about the program at the Harvard School of Public Health. The Summer Internship Program is also promoted through the GHFP website, which now also enables online applications. During Program Year 2, the internship pages received 31,897 visitors, and the different internship pages were hit a total of 297,323 times. The extensive outreach activities and the online application system are likely to have contributed to the large interest in the program. During Year 2, over 600 applications were received for the nine available internship positions.
- The outreach working group met throughout the year to develop and implement a strategy to reach students and mid-career changers interested in gaining international experience through the GHFP internship program. The outreach strategy included many venues; informational sessions, career fairs, campus visits and conferences, etc. All GHFP partners are involved in outreach, with the universities leading the in-reach activities on their campuses. The team used a regional approach to focus outreach efforts throughout the US – GHFP (Mid-Atlantic and Southeast), PHI (West), Harvard (Northeast) and Tulane (Deep South and Southwest). In addition to marketing the program at schools of public health, the outreach strategy dovetailed with the diversity initiative and reached out to minority serving institutions with public health programs.
- All GHFP partners were also involved with the review and selection of the applications received for the internships. The partners were divided into review teams based on their areas of expertise and knowledge of the internship description. Each team comprised a primary reviewer from one of the partner

organizations and secondary reviewer from another organization, with the internship manager serving as the chair for each review team. The onsite managers reviewed vetted applications from the review team chair and interviewed the final candidates before making a selection of their intern. Towards the end of the summer internship program, meetings were held to debrief OSMs and interns on their experience and lessons learned have been incorporated into the planning for next year. For example, next year, GHFP will be emphasizing working with the OSM to determine their expectations regarding travel, the experience level of the intern and fit with OSM needs.

- To enhance the interns' learning experience, GHFP developed and implemented a series of lectures and activities throughout the internship placement. All program partners were involved in the activities. Grounded in the strength of GHFP partners, the interns received lectures in the fundamentals of USAID, monitoring & evaluation, NGO capacity development, personal and professional development. Additionally, the interns received individualized career planning sessions with the program staff. The program provided the opportunity for the interns to attend a local global health conference. The highlights of some of the interns' experience were the ability to participate in onsite visits and travel to countries where USAID programs are implemented.
- Results from a rapid assessment suggest that the interns valued the experience, and appreciated the increased understanding about the role of USAID in global health and how contracting organizations fit into its overall mission. One intern commented that this enhanced understanding deepened his/her appreciation of USAID and its contractors. They also appreciated the professional development opportunities and mentoring that came with the internship. For example, one intern commented that professional development opportunities such as the PHuNdamentals course and the “Work Smarter, Not Harder” workshop introduced him/her to new ways to balance and manage projects. The interns appreciated having a GHFP Fellow to mentor them, although the mentors' availability was sometimes limited. One intern commented that the interactions he/she had with the mentor were “invaluable to my internship experience. [My mentor] was incredibly proactive in getting me directly involved with Divisional activities and projects, gave insights on how the Agency and its partners function, and offered a great perspective on what role I would play for the division during my internship. He was fantastic!”

The following section provides a brief description of the activities of each intern at their respective host office within the Bureau for Global Health.

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**Mawuena Agbonyitor***HIV/AIDS Monitoring and Evaluation Intern*

OHA, Strategic Planning, Evaluation and Reporting Division

Ms. Agbonyitor is a medical student at the University of Maryland School of Medicine, where she expects to graduate in 2011. She also chairs the HIV Intervention and Prevention Corps at the school.

During her internship with GHFP, Ms. Agbonyitor worked with the M&E team in the Office of HIV/AIDS. She worked extensively with PEPFAR, and was able to learn about the coordination required to reap its benefits. The focus of her internship was on the use of new M&E tools for orphans and vulnerable children (OVC) programs and for improving data collection on community based HIV-related programs.

Through her internship, Ms. Agbonyitor learned about the benefits of M&E at the community level and of the importance of obtaining input from all stakeholders in the design of an intervention. She traveled to Kigali, Rwanda to participate in the pilot testing of the OVC program tool.

**Sean Baird***Malaria Intern*

HIDN, Infectious Diseases Division, PMI Team

Mr. Baird is a Master of Health Science candidate at Johns Hopkins University, and expects to graduate from the Department of International Health in December 2008.

Mr. Baird participated in the review and finalizing of Malaria Operational Plans, outlined a database that consolidates data from key reports and surveys, aided the development of policy briefs on the impact of TRIPS and Artemisinin-based combination therapy procurement, participated in the Human Resources for Health working group, and wrote literature reviews on recent findings in long lasting insecticidal net distribution strategies.

**David Eric Blankenship***Avian Influenza Commodity and Logistics Intern*

HIDN, Avian and Pandemic Influenza Preparedness and Response Unit

Mr. Blankenship was an ER nurse in Bend, Oregon, a career he started by working in a rural

village ER in the highlands of Western Guatemala. He is now pursuing an MPH at the University of Montana.

Mr. Blankenship's internship focused on meeting the USAID | DELIVER Project Task Order 2 objectives for Avian Influenza. His particular focus was the management of the AI International Stockpile. He worked with relevant partners, such as John Snow, Inc. to coordinate on matters pertaining to planning commodity needs, shipping and tracking of the AI International Stockpile commodities, supporting in-country receipt, storage, and distribution of those commodities, and providing logistics technical support for these aims. Mr. Blankenship dedicated significant time during his internship to developing and presenting inventory, forecasting and tracking tools. He developed this tool set with the aim of improving the transparency and accountability of existing capacity for inventory, forecasting and tracking AI commodities.

**Britt Ehrhardt***HIV/AIDS Counseling and Testing Intern*

OHA, Technical Leadership and Research Division

Ms. Ehrhardt is pursuing a Master of Health Science at Johns Hopkins University, and is expecting to graduate from the Department of International Health with a concentration in Social and Behavioral Interventions in May 2009.

Ms. Ehrhardt helped plan for Namibia's annual PEPFAR Implementer's Meeting. As part of this planning process, she had the opportunity to travel to Namibia. She also conducted preparatory work for her Onsite Manager's attendance at the XVII International AIDS Conference in Mexico City. This included helping to draft and finalize presentation materials.

**April Grant***HIV/AIDS Counseling and Testing Intern*

OHA, Technical Leadership and Research Division

Ms. Grant has recently completed a Master of Public Affairs in International Public Service and Development at Rutgers University.

During her GHFP internship, Ms. Grant was involved in several activities. She participated in the Prevention and Counseling and Testing Technical Working Groups, as well as the Family

Planning – HIV Integration Interagency Working Group Panel of Counseling and Testing Experts. She was also involved in providing support for the Orphans and Vulnerable Children Task Order under Project SEARCH, and finding relevant literature for the Prevention and Counseling and Testing teams. During her internship, Ms. Grant traveled to Mozambique to support the Counseling and Testing Interagency Group.

### **Ashley Lykins**

*Commodity Security and Logistics Intern*  
PRH, Commodity Security and Logistics Division

Ms. Lykins is pursuing a Master of Business Administration with a concentration in Health Care, Operations and Strategy at Vanderbilt University's Owen Graduate School of Management, with an expected graduation in May 2009.

During her GHFP internship, Ms. Lykins worked with the Contraceptive Security Team in the Office of Population and Reproductive Health. Her responsibilities included retrieving information on procurement professional certifications, best standards for procurement specialists, and best practices for public procurement as they relate to Task Order 1 of the USAID | DELIVER Project. Through her internship, Ms. Lykins was able to incorporate her management and supply chain background with her public policy experience to determine the impact of best practices in procurement in the field.

### **Tamarah Moss-Knight**

*Program Management and Publication Intern*  
PRH, Service Delivery Improvement Division

Ms. Moss-Knight is pursuing a PhD in Social Work and a Graduate Certificate in International Studies at Howard University. Her dissertation focuses on health services and the experiences of pregnant adolescents.

During her GHFP internship, Ms. Moss-Knight worked in the Service Delivery Improvement Division of the Office of Population and Reproductive Health. Her responsibilities included participating in the day-to-day management of the

ACQUIRE project, and attending programmatic meetings related to post-abortion care and other family planning issues. One of Ms. Moss-Knight's most significant internship achievements was the development of a co-authored publication with her Onsite Manager.

### **Treniese Polk**

*Management Resources Planning Intern*  
PRH, Professional Development Team

Ms. Polk is currently pursuing a Master in Health Systems Management with a concentration in Health Policy Analysis at George Mason University. She expects to start her Peace Corps service in Mozambique in September 2008.

Ms. Polk worked with the Professional Development Team of the Office of Professional Development and Management Support. She drafted a hiring manual for the Missions and collected data on diversity trends at the Bureau of Global Health for a diversity analysis. She also worked on staffing reports by collaborating with the Office Director and other HR team members to research numbers and categories of staff.

### **Elizabeth Torrone**

*Service Delivery Improvement Research Intern*  
PRH, Service Delivery Improvement Division

Ms. Torrone is currently pursuing a PhD in Epidemiology at the University of North Carolina. Her dissertation focuses on risk behavior disclosure during HIV test counseling.

During her GHFP internship, Ms. Torrone worked with the Service Delivery Improvement Team at the Office of Population and Reproductive Health. She used her research experience to help the Long Acting and Permanent Methods of Contraception Technical Priority Group identify gaps in relevant research. To identify those gaps, Ms. Torrone analyzed the DHS datasets and summarized trends in demands for limiting and spacing by age groups across 21 African countries. In addition, Ms. Torrone traveled to New York City for an end of project review, where she participated in brainstorming sessions on future programming.

### IR 1.3 Diversified workforce improved

SR 1.3.1 Increased diversity among GHFP interns

SR 1.3.2 Increased diversity among GHFP applicants and fellows

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

#### Highlights

- As shown in Figure 13, the large majority of the hundreds of applicants for the 2008 GHFP Summer Internships were females. Overall, 35% of all internship applicants were Caucasian females, 17% were Asian females, and 16% were African American or black females. In addition, 14% of all applicants were females who did not declare their ethnic background. African-American and black males account for a slightly higher percentage of applicants than Caucasian males (6% and 5%, respectively).
- Figure 14 shows the gender and ethnic diversity of the 2007 and 2008 interns. For the two years combined, one third of the interns recruited (5 out the 15) were from ethnic minority groups. Consistent with the demographics of the applicant pool, only one fifth of the interns (3 out of 15) were male.

Figure 13: Distribution of Applicants for 2008 GHFP Summer Internships, by Gender and Ethnic Background

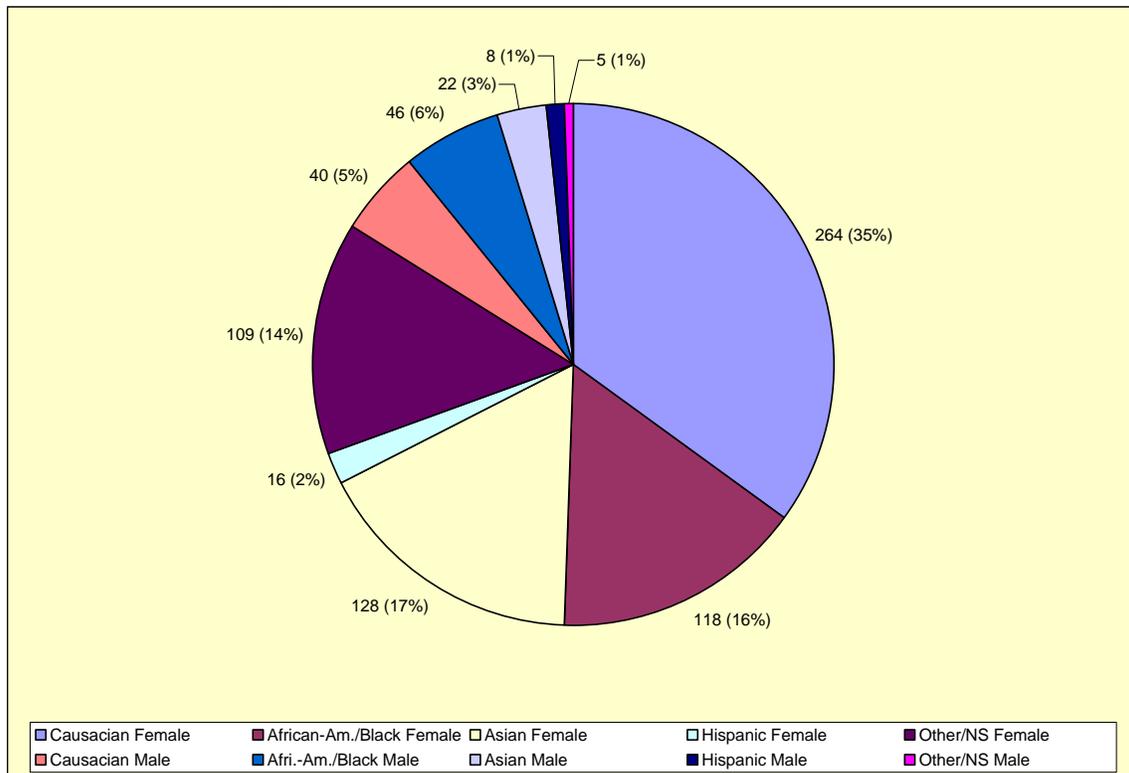
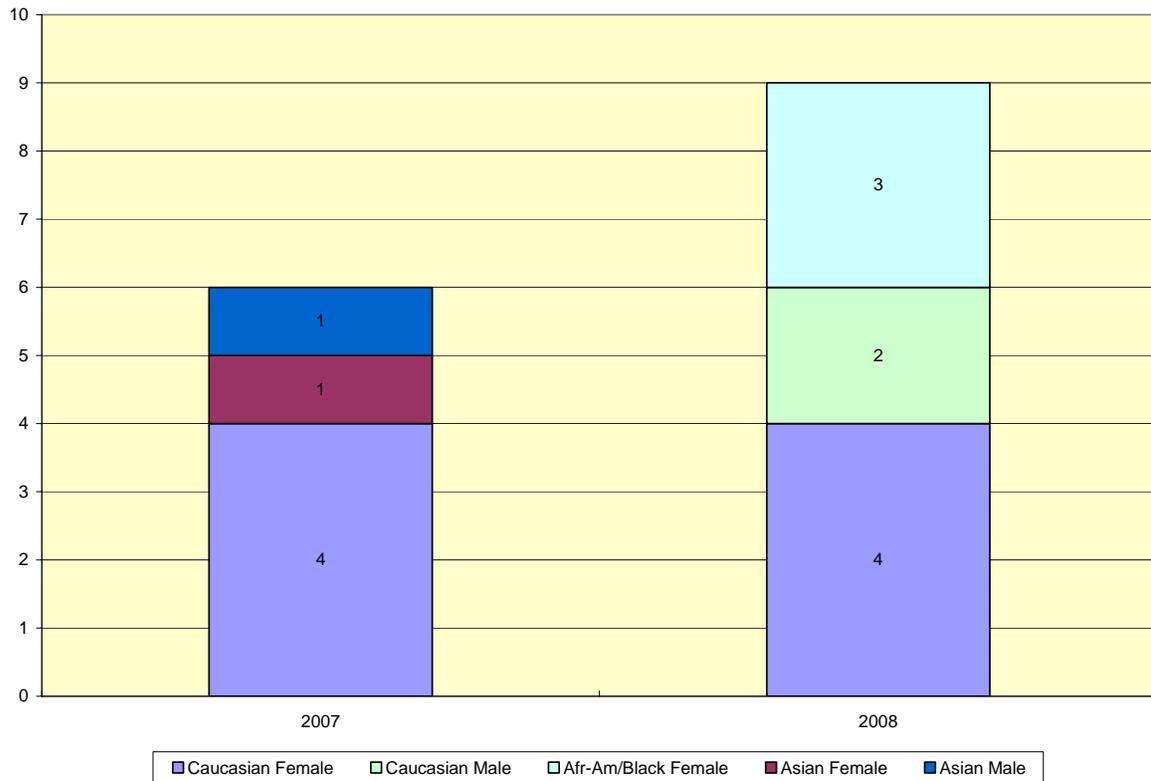


Figure 14: Distribution of GHFP Summer Interns, by Gender and Ethnic Background (2007-2008)



- As was the case for internship applicants, the majority of applications for GHFP fellowships are from women (see Figure 15). The available data on selected fellowship positions with a closing date that occurred during Program Year 2 show that 20% of applicants are Caucasian females, 8% are Asian females, 8% African-American or black females, 3% are Hispanic females, and 25% are females who did not declare their ethnic background. Caucasian males and African-American or black males each account for only 10% of the applicants.

Figure 15: Distribution of Applicants for GHFP Fellowships that Closed During Program Year 2, by Gender and Ethnic Background

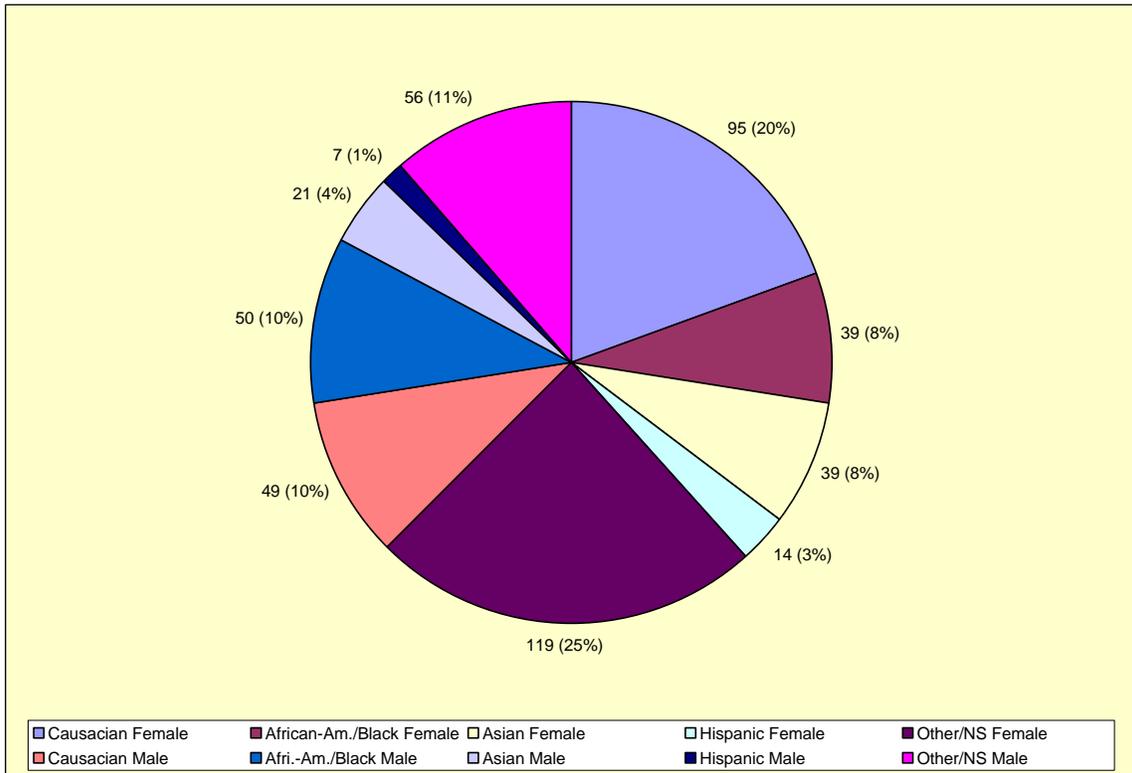
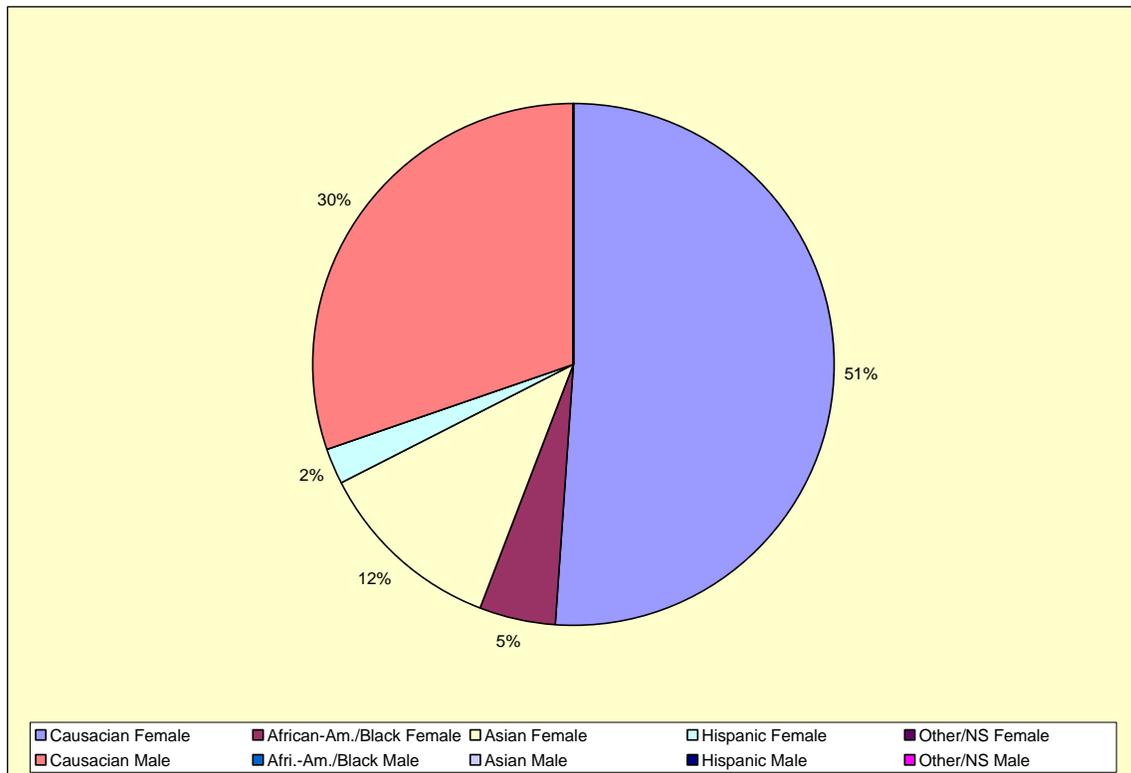


Figure 16: Distribution of GHFP Fellows, by Gender and Ethnic Background (Program Year 1&2)



- Selected data from Program Year 1 and 2 suggest that roughly 70% of fellows are females. Minorities account for nearly 20% of all fellows. Overall, 12% of fellows are Asian females, 5% are Africa-American or black females, and 2% are Hispanic females.
- Most minority alumni continue to be engaged in global health. All but two of the minority alumni (2 from Program Year 1 and 9 from Program Year 2) are currently engaged in global health education or work. The two exceptions include one female who is currently at home raising her child, but who plans to re-enter the workforce in the field, and one alum who is currently pursuing a doctoral degree in counselor education, which he hopes to use in conjunction with his public health training..

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

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

GHFP made substantial progress contributing to the Strategic Objective of strengthening staff capacity to lead and manage (SO2). During Program Year 2, GHFP has been able to provide a significant amount of both professional development and organizational assistance which contribute to staff capacity to lead and manage. This has been accomplished by drawing on experienced GHFP staff and consultants as well as the GHFP partner organization, Management Systems International (MSI) and complementary partners, the American Management Association and the Center for Creative Leadership. Working with MSI, complementary partners, and private consultants, GHFP has access to a large cadre of fulltime and consultant experts to respond to the needs of the Global Health Bureau as well as Missions.

#### SR 2.1.1 Professional Development training provided

##### ***Results***

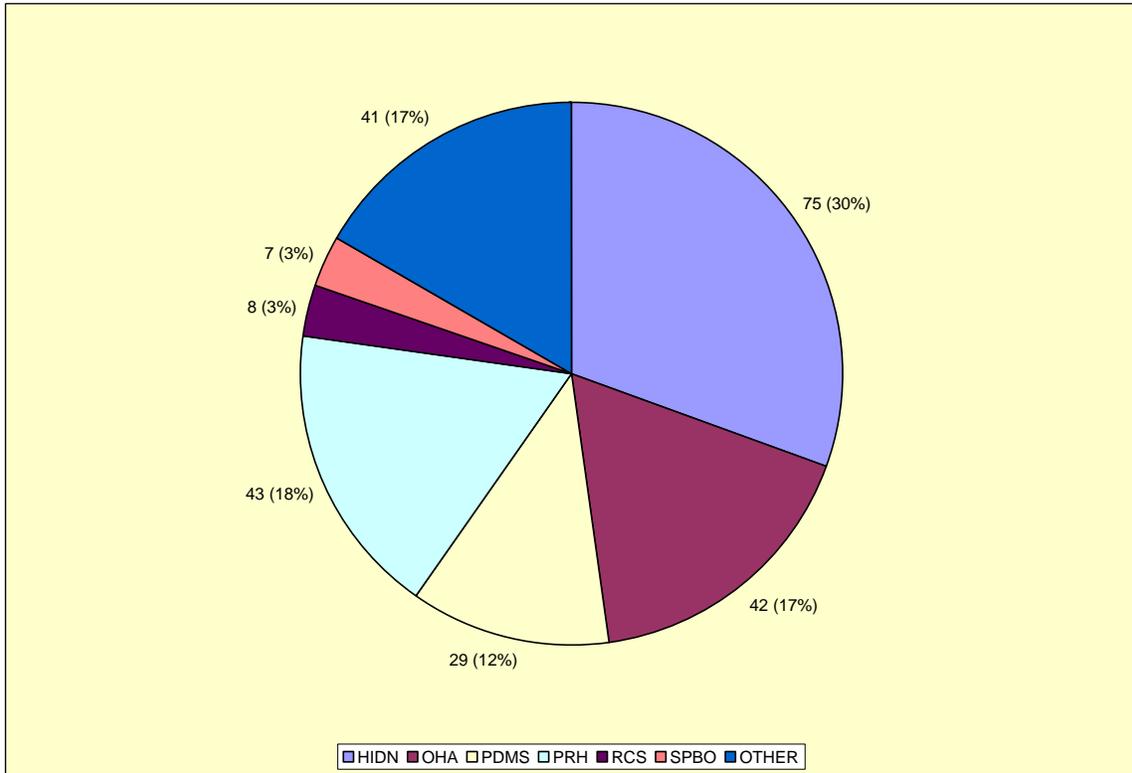
- Using Bureauwide funds, GHFP implemented 16 training activities aimed at developing and improving essential PHN skills and knowledge (IR 2.1) during Program Year 2 (see Table 4). Based on the themes of leadership, management, technical topics and working in the USAID context, specific courses included: PHuNdamentals for Success (twice); Working Smarter, not Harder (twice); Modern Business Writing (twice); Annual Workplan/Individual Development Plan Sessions (four times); and the GHFP Intensive Leadership course. In addition, three technical exchanges were held on “Data Certainty for Performance Management”, “Social Marketing: Does it Work?” and “Child Health: The Next Generation.” Repeating highly rated courses addresses the needs of USAID’s frequent travelers and enabled GHFP to dramatically increase the use of these professional development services among GH staff and addressed.
- In addition to Bureauwide-funded training, GHFP arranged a third Working Smarter, not Harder course for OHA as part of a blended intervention of organizational and professional development activities. In another instance, GHFP conducted training for PDMS and other GH staff which included a short series of Myer-Briggs Type Indicator (MBTI) courses designed to enhance collaboration and teamwork in GH units
- In total, these highly rated training activities attracted over 300 participants, which reflects GHFP’s training capacity and quality. According to post-event evaluation surveys, participants typically reported that the events were highly relevant to their work, and that both the course content and instruction were of high quality.

- GHFP has been able to serve the need for professional development training across the GH technical offices. As shown in Figure 17, attendees at GHFP training activities implemented during Program Year 2 came from across the six GH technical offices.

Table 4: Chronological List of Bureau-wide Funded Professional Development Activities, Program Year 2

Dates	Event	Participants
September 2007	Working Smarter Not Harder	33
September 2007	Modern Business Writing	28
November 207	PHuNdamentals	26
December 2007	IDP Breakfast Session	9
January 2008	IDP Session	27
January 2008	Technical Exchange – Data Certainty	18
January 2008	Emotional Intelligence Brownbag	8
February 2008	Emotional Intelligence 1-day Course	15
February 2008	Modern Business Writing	18
February 2008	IPD Session	3
April 2008	Technical Exchange – Social Marketing	17
May 2008	GHFP Leadership Course	22
May 2008	Technical Exchange – Child Health	21
May 2008	Annual Workplan/IDP Session	9
June 2008	PHuNdamentals	27
June 2008	Working Smarter Not Harder	24
All Events		305

Figure 17: Distribution of Participants in Year 2 Professional Development Activities, by GH Technical Office – Bureau-wide funded activities

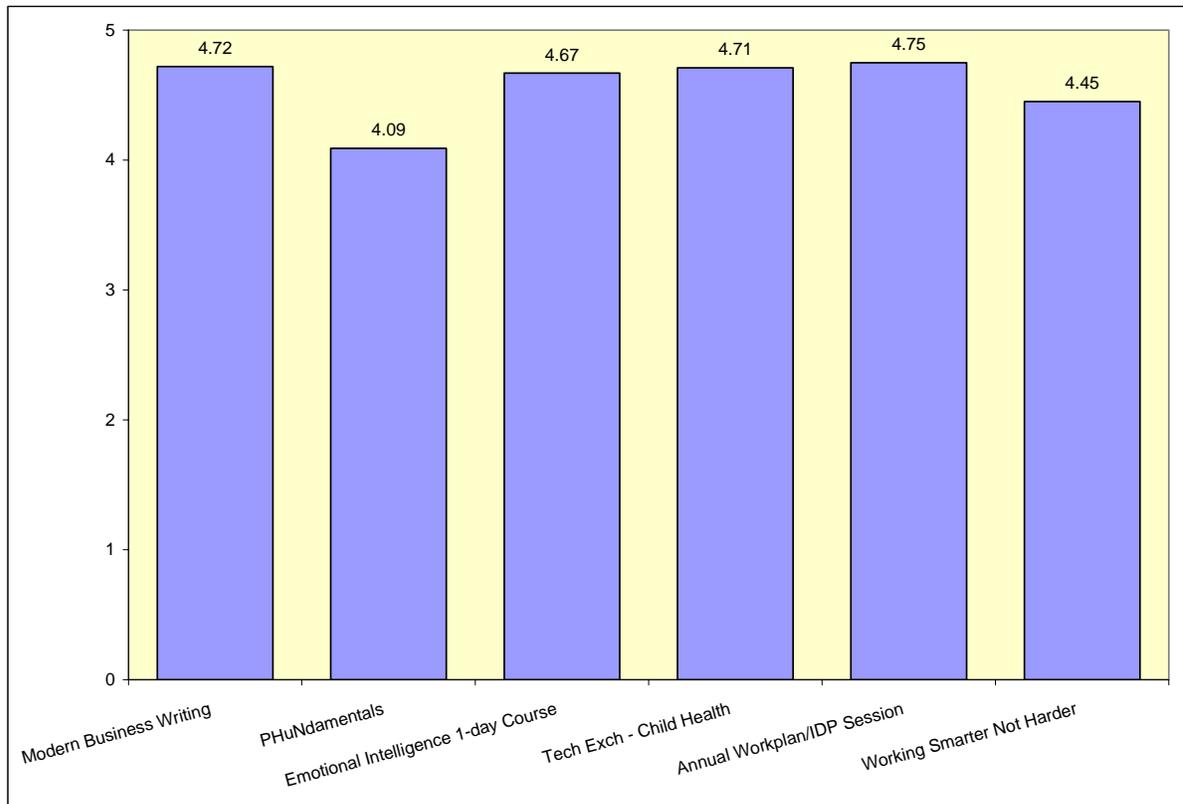


## SR 2.1.2 Professional Development programs address needs of training attendees

### *Results*

- Post-event evaluation of the GHFP professional development activities show that all trainings were very highly rated. Using a five-point Likert scale, the appropriateness of the content, the quality of the instruction, and the usefulness of the training all received scores of 4 or higher (with five being “excellent”, see Figure 18).
- GHFP made special efforts to reduce the inequity in professional development opportunities and increase fairer use of allocable funds for field-based GHFP fellows. During Program Year 2, GHFP started to require that field fellows participate in one multi-day PD event in DC once every two-year fellowship. Most new field fellows fulfill the requirement by attending the GH orientation course “PHuNdamentals for Success.” However, several field-based fellows attended the Annual Intensive Leadership Course, which was conducted by the Center for Creative Leadership. The field-based fellows who attended this course recommended it enthusiastically.
- To further help reduce the disparity in access to PD for field fellows and to efficiently implement needed site visits, GHFP designed and led two short Regional Fellows’ Meetings. During Program Year 2, Regional Fellows Meetings were held for fellows in ANE and Africa. The Regional Meeting format is a two-day workshop that comprises one day of PD training, and one day of annual work planning and career/fellowship support sessions. Both the ANE and Africa Regional Meetings in 2008 were highly rated by the 16 fellows who participated in the meetings.

Figure 18: Rating of the Usefulness of Selected GHFP Professional Development Trainings Conducted during Program Year 2 (5-point scale)



- The demand for professional coaching increased substantially during Program Year 2 (see SR 1.1.4). In year two, 21 fellows received professional coaching. The amount varied from one hour to six or more hours for some fellows. Fellows used coaching to address a number of needs, including:
  - Improved leadership and management skills, including improved teamwork, better cross-agency collaboration (particularly for PEPFAR-related assignments), more effective communication with on-site managers, heightened self-awareness and emotional intelligence, improved organizing skills, and enhanced influencing skills, among other areas.
  - Clarified career direction and effective career transition, particularly as fellows approached the end of their fellowships. For example, some fellows wanted to consider next steps within USAID, while others explored opportunities in other international development and/or public health organizations.
  - Sustained learning following GHFP training events. As a follow on to the GHFP leadership workshop, fellows obtained coaching to receive feedback from personal assessments and to gain insight and implement lessons from the workshop.

- Informal feedback indicates that the coaching program is very well received. There are also indications that there is a need to expand the program. For example, one fellow commented that additional time with the coach was needed, while another has inquired whether there would be a mechanism to continue professional coaching beyond the fellowship period.

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

#### *Results*

- Several GHFP Fellows used their professional development funds to participate in training courses or to attend professional conferences, which enabled them to enhance their skills and get updated on the latest developments in the field (for details, see SR 1.1.4).
- Data from the GHFP Fellows' Survey indicate that the program has been successful in providing fellows with state-of-the-art technical information. For example, the percentage of fellows reporting that GHFP provided them with state-of-the-art information increased from 25.6% in 2007 to 59.6% in 2008. More importantly, the likelihood that fellows actually use the state-of-the-art information provided to them has increased substantially. In Year One, of the ten fellows who reported receiving such information, four reported using it (40.0%). By contrast, in Year Two this was the case for 27 out of the 31 Fellows (87.1%).

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

### SR 2.2.1 Organizational development interventions provided

GHFP (PHI and its partner, MSI) offers a variety of organizational development support at various levels within USAID. GHFP provides information about its organizational development capacity in the OSM Express and on [www.ghfp.net](http://www.ghfp.net). The need for GHFP OD assistance is often communicated through the CTO, the fellows, Office and Division heads and OSMs. Sometimes USAID staff who have benefited from our OD work on previous occasions invite us to work with USAID sites new to GHFP. GHFP offers assistance at various levels including bureau wide, office wide, divisions and teams as well as with multi-sector, multi-agency, multi-organization coordinating groups. GHFP's OD expertise ranges from workforce analysis, to planning exercises, to team-building often complementing the work with short training modules and coaching. These services are available in French, Spanish and other foreign languages. GHFP's organizational development work implemented 7 domestic OD activities in Year 1. In Year 2, GHFP conducted 9 domestic OD activities and was involved in 5 field-based activities including 3 State of the Art Regional meetings. This was a significant increase over Year One.

#### ***Results***

- During the course of Program Year 2, GHFP conducted nine team-building or planning retreats, including a two-day office wide retreat for the Office of HIV/AIDS (OHA). The program also arranged for 5 consultancies to assist GH offices in Washington with a variety of organizational challenges ranging from developing new program areas to design efforts (see Table 5).
- GHFP also conducted several field-based organizational development activities. Specifically, GHFP implemented two PHN teambuilding consultations (in Afghanistan and Timor-Leste), and was responsible for the design, preparation and execution of highly successful SOTA conferences for the LAC, ANE, and AFR regions.
- OD activities for GH offices in Program Year 2 were limited to the Office of HIV/AIDS (the most frequent user of these services) and the Office of Population and Reproductive Health.

Table 5: List of Organizational Development Activities Conducted During Program Year 2

August, 2007	USAID Afghanistan OSSD Teambuilding
August 2007	USAID/SCMS-PFSCM Retreat
December 2007	LAC SOTA: planning, design, facilitation and logistics
January 2008	GH/PRH/PEC Retreat
January 2008	USAID/SPER MER Team Retreat
January 2008	USAID/GH/OHA Retreat
January 2008	Facilitation: PEPFAR Strategic Information Structure Meeting
February 2008	Facilitation: Research, Technology, and Utilization Division Retreat
February 2008	Facilitation: MER Strategy Session
March 2008	ANE SOTA: planning, design and facilitation
March/April 2008	AFR SOTA: planning, design, facilitation and logistics
June 2008	USAID/Timor-Leste Teambuilding Retreat
June 2008	Timor-Leste Joint USG (Embassy & USAID) Teambuilding Retreat

## **Program Coordination**

This section refers to tools and approaches that are used to support the program, across all technical areas. These management, administrative and operational topics include systems to involve and monitor partners, to use technology efficiently, and to ensure that there is an appropriate person/task fit to get the work accomplished.

### **Results**

The management systems set up in Year 1, including partner oversight and communication, continued to function well with little adjustment. These include an annual face-to-face meeting, virtual meetings of all partners, routine teleconferences and individual calls and meetings. Some small working groups, with combinations of PHI and partners, worked more efficiently than others. Year 3 will see a further refinement of the use of small working groups. Two key PDMS technical staff were hired during Year 2. The complementary nature of the GHFP SOW and the PDMS technical work is evolving and will continue to be an important focus to ensure effective use of the human resources now available to the PHN sector for professional development.

GHFP expanded use of its web-based Virtual Workspace by encouraging use of the calendar for posting events and out-of-office status. We also used the space to develop large reports with many contributors. This included the 2007 GHFP Results Review and 2008 Workplan. Heavy use of the Fellows' Management System in Year 2 enabled GHFP staff and partners to manage the fellows' information online and to share fellows' information with each other, USAID and PHI. The public website received over 770,000 hits in Year 1 and over 2.4 million hits in Year 2.

Finally, in Year 2, GHFP analyzed the match between resources and its current ability to recruit, place and support fellows. Previous fellowship programs were a fraction of the size of GHFP but the current program has actually fewer staff than several of the previous programs. The surprising number of requests for GHFP fellows has strained current service. Data indicates that delivery systems remain effective but at high personal cost and with more complexity than necessary. Also, a majority of Deputy Director time is spent on direct service or technical work (pipeline analysis and reporting, counseling fellows, leading workshops), leaving little time for management and leadership activities or special initiatives. In Year 3, GHFP is rethinking its traditional structure to build capabilities required to support USAID effectively over the long term.