



USAID | GLOBAL HEALTH
FROM THE AMERICAN PEOPLE FELLOWS II



Global Health Fellows Program II (GHFP-II)

Annual Progress Report

Program Year One: October 1, 2011-September 30, 2012

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Acronyms

AA	Office of the Assistant Administrator
ALHIV	Adolescents living with HIV
AOR	Agreement Officers Representative
AWP	Annual Work Plan
CEPH	Council on Education for Public Health
E&E	Europe & Eurasia
EPT	Emerging Pandemic Threats
FSL	Foreign Service Limited
GF	Global Fund
GHFP-II	Global Health Fellows Program II
GHSI	Global Health Security Initiative
HBCUs	Historically Black Colleges and Universities
HIDN	Office of Health, Infectious Diseases and Nutrition
HM	Hiring Manager
HSI	Hispanic Serving Institution
IAS	International AIDS Society
ICV	International Corporate Volunteer
IDP	Individual Development Plan
IR	Intermediate Result
JSI	John Snow International
MC	Millennium Challenge
MSF	Médecins Sans Frontières
MSI	Minority Serving Institution
OGAC	Office of the Global AIDS Coordinator
OHA	Office of HIV/AIDS
OSM	On-site Manager
PCD	Performance and Career Development
PEPFAR	President's Emergency Plan for AIDS Relief (PEPFAR)
PHE	Population Health and Environment
PMEP	Performance Monitoring and Evaluation Plan
PSCs	Personal Services Contracts
PY	Program Year
RRB	Ronald Reagan Building
SR	Sub-Result
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNITAID	Organization cooperating with WHO and others on WHO Millennium goals (not an acronym)
USSTA	Uniquely Skilled Senior Technical Advisor
WHO	World Health Organization

1. Overview and Highlights

In Program Year One (PY1), GHFP-II transitioned participants from GHFP-I to II and brought on board several new staff including two new key personnel. Systems were updated to respond to a significantly reshaped portfolio with a deeper focus on performance management, rather than organizational development or implementation of professional development activities. During this period, both Year One and Year Two workplans and budgets were developed and approved and 14% of the budget ceiling was spent. Transitions included the introduction of a new AOR (Angela Davila to Michael Wilburn) and the start of a two year process upgrading the project's information management and reporting systems. DC-based project staff moved to a new site, resulting in the combining of offices with the current fellows at 1201 Pennsylvania Avenue. In addition, the majority of fellows previously at the Ronald Reagan Building (RRB) moved to the same GHFP-II site.

All targets regarding outreach were exceeded including efforts to reach diverse audiences. In recruitment, all targets related to recruitment were exceeded while 73% (75% target) of hiring managers rated their satisfaction with the recruitment process as "high" or "very high." Regarding the fellows' experience on program, 94% (85% target) rated the program's support as good/excellent. The internship team recruited and supported 79 interns (including partner activities), exceeding all program's goals and in support of the program's strengthened diversity initiative. A detailed diversity strategy was formulated and implementation intensified and focused, including an expanded website focus. This activity addresses project goals and also increased external visibility for this aspect of the program.

Regarding support to fellows, in PY1, the program decided to undertake significant upgrades in the management of participant performance and professional development. These changes included updating policies and procedures, overhauling the work planning, professional development planning, evaluation processes and introducing competency self-assessments. Although most indicators were surpassed, several lag regarding the timely submission by fellows of annual workplans and performance plans, and completion of competency self-assessments by continuing fellows. The GHFP-II fellowship contribution to USAID continues to be perceived as valuable with 90% of fellows rated "above average/higher" by Onsite Managers (OSMs) and 91% of the OSMs indicating they are satisfied with the program's support to them. This documentation of GHFP-II's value persists throughout the start of GHFP-II as we commence year two's strengthening of these gains.

2. Processes and Administrative Accomplishments

2.1 Staffing

In Year One, key personnel were hired and onboarded by Oct. 31, 2011. Additional staff – the positions reflected in the proposal – also was hired, and functions shifted from a focus on Professional and Organizational Development to a focus on Performance Management and Advisory Services.

2.3 Facilities

The Washington, DC-based project staff moved from the National Press Building on July 31, 2012 to the third floor of the same building as the “GHFP Annex” (1201 Pennsylvania Ave, NW). The third floor was outfitted to house the administrative staff and interns, as well as to create small, mid-size and large meeting rooms. This move was to comply with the Cooperative Agreement language asserting a combining of the previous two project spaces into one. Furthermore, at the request of the Global Health Bureau, the space is now housing up to 85 fellows – an increase from the approximately 30 fellows from the Office of HIV/AIDS (OHA) that occupied the PHI space.

Since July 31, 2012, several improvements have been made to both floors so that GHFP-II can operate as one office unit in compliance with the Cooperative Agreement. They are as follows:

- Same phone exchange number for fellows and staff.
- A CCTV system on both floors so staff, fellows, interns and guests can enter the suite with one receptionist.
- Staff, fellows, interns and guests can gain access to both suites via an internal stairwell that is accessible only to PHI employees.
- Partitions were installed in both the large training and conference rooms on the second floor to add value and accommodate several smaller meetings. Several smaller meeting rooms were created on the third floor to accommodate smaller meetings for staff, fellows, interns and USAID Bureau of Global Health staff. In addition, reservations can be made directly via PeopleCube software.
- GHFP-II now has three mobile video conference systems to accommodate various requests at any meeting room.
- An upgraded security surveillance camera for both floors for staff, fellows, interns and guests.

2.4 Operations

Operational accomplishments in Year One include:

- GHFP-II systems' linkages with PHI central office systems were updated.
- Reviewed and updated major administrative policies and procedures including staff and fellows travel policies and guidelines.
- Hired subcontractor, Concur, to implement software-based system that is expected to greatly enhance efficiencies in staff/fellows' travel planning from reservations through travel expense reimbursement.
- Revised and updated the ERGO (ergonomics) evaluation processes.
- Revised and updated the orientation materials to increase consistency among staff and fellows.

2.5 Information Technology

A private company, IQVIS, was selected, among three other firms that responded to an RFP, to upgrade GHFP-II's Information Management and Report System (IMARS). This program will be an updated, integrated database to support program activities from start to finish. It aims to integrate and connect data from recruitment, participant support and program finance, and also will improve the interface with PHI's accounting and tracking systems. It features each fellow, his or her journey, experience and costs as a Global Health Fellow. The discovery phase of IMARS has been completed, and the testing phase will be staged according to program content areas (recruitment, participant support, finance, etc.) for the first two quarters of 2012. It will be finalized with the involvement of users such as USAID (AOR, OSM) and staff for various purposes. The final product will provide a customized "dashboard" that will allow access to important data including financial reports.

Systems also were updated and upgraded as needed. The second and third floors were wired with two LAN systems: one to support staff and the other to support fellows and interns. Staff and fellows are able to print to their desktop printers as well as to three secured printers for larger jobs on each floor. All desktop computers were upgraded with Microsoft Windows 7.

2.6 Subcontractors: Partners, Collaborating Organizations, Consultants

Contracts for Year One and draft contracts for Year Two were created for all subcontractors (key and complementary partners): Management Systems International (MSI) and CDC Solutions (CDS) as well as GlobeMed, and Global Health Corps. Each subcontractor is embedded in the relevant Divisions and overseen by that Deputy Director. For example, Fred Mills, Deputy Director for Performance Management and Advisory Services (PMAS) oversees MSI. Dr. Jill Posen, GHFP-II's part time Monitoring and Evaluation Specialist, resigned and her role is currently shared between Betsy Bury and Natasha Wanchek. Several consultants provided professional development support to individual staff and supported several all-staff and team meetings.

3. Results

3.1 Health Professionals Recruited and Supported

Key Result Area 1:

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

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

3.1.1 Outreach

Through its outreach activities, GHFP-II continued to increase USAID's visibility and recognition in the global health field. The Program's highly sought-after fellowships and internships appealed to a diverse cross section of individuals intent on, or considering, a career in global health. One of the first tasks at hand for GHFP-II outreach was to create a strategy that would build upon what had been established and successful in GHFP-I. The strategy, an eight page document and a spreadsheet identifying and categorizing high value schools, covers all aspects of outreach, including identification of target institutions, specific kinds of outreach events, actual and target events for Program Year One, outreach content, materials development and the program's focus on diversity.

Key messages of the strategy include:

- A demonstrated commitment to diversity
- Viability of a global health career for underrepresented groups
- Entrée to and understanding of USAID and its partners
- Highly regarded and competitive fellowships and internships
- Career development opportunities

The outreach strategy incorporates a combination of planned, opportunistic and virtual events and is driven by strategic priorities and the results required of the program by USAID. There is a somewhat cyclical nature to this work with more visits in Q1 and Q4 based on the summer cohort internship cycle and the constraints of the academic year.

GHFP-II Fellow, Kristina Yarrow, Health Advisor, ME/TS Worked with the Center for Global Development on an analysis of conditional cash transfers as a mechanism for improving maternal health outcomes, which was presented at the USG Evidence Summit on Enhancing the Provision and Use of Maternal Health Services through Financial Incentives.

With finite resources and a large geographical area to cover, the challenge was to devise a method for identifying and focusing on high value targets so that resources could be used efficiently and with the most impact. Priority targets are determined by a combination of geographic region, past contact,

school’s involvement with/commitment to public health and global health specifically (indicated through CEPH accreditation, or membership in the Association of Schools of Public Health, the Consortium of Universities for Global Health, and/or the Association of Minority Health Professions Schools), strategic value to the program’s planned Summits and the ability to reach a combination of diverse students and students on a global health career path. For example, a particular outreach trip may be built around one or two particular high-value target schools such as Loma Linda University and UCLA in California, adding in nearby, viable schools to maximize the travel and staff resources.

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

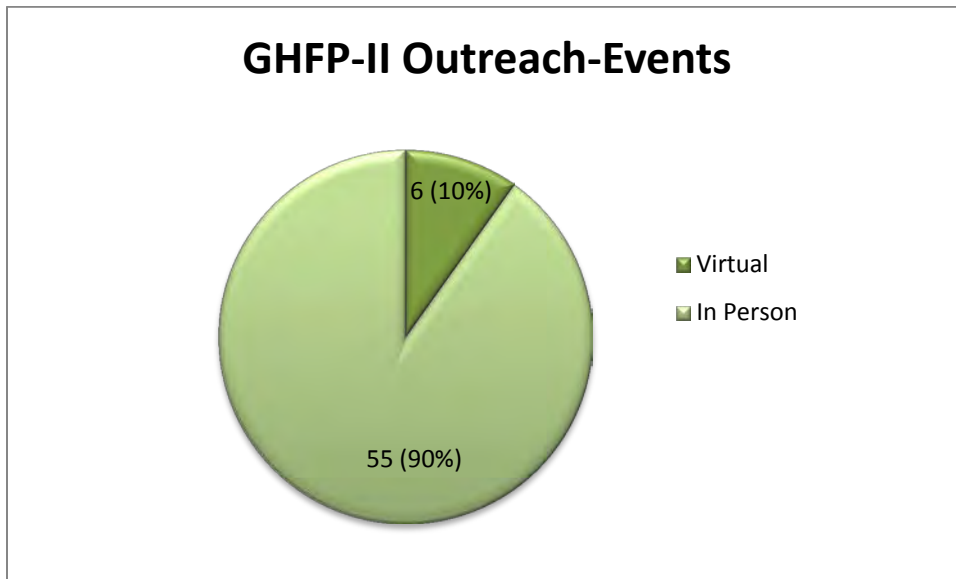
Indicator	Year 1	Target
1.1.1.1.a Total number of outreach events promoting awareness of GHFP-II	61	40
1.1.1.1.b Total number of people reached via outreach events	5,999	4,000

A central focus of the strategy is the comprehensive outreach program to universities – among them historically black colleges and universities (HBCUs), Hispanic serving institutions (HSIs) and other institutions with a large percentage of minority students – with both mature and emerging programs relevant to careers in global health. This outreach takes the form of in person, on campus information sessions, career fairs and faculty meetings, virtual career fairs, video conference events, and also webinars – a new and cost-effective means of reaching our target audience with high-quality information. In addition, large and small professional conferences and one-on-one informational interviews are on GHFP-II’s annual calendar. These events are hosted by GHFP-II staff, current and former fellows and current and former interns.

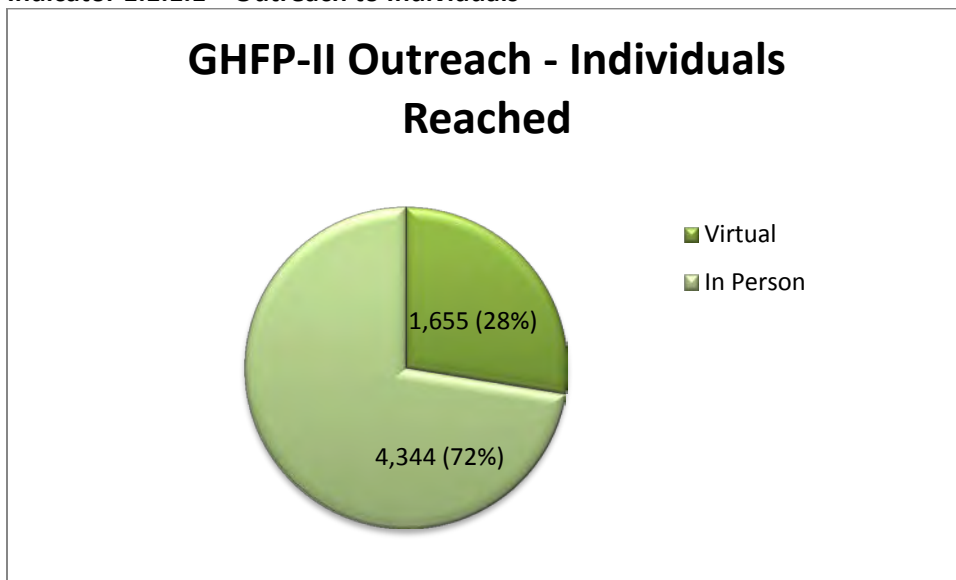
During Program Year One, GHFP-II had a presence at the following events, among others:

- American Public Health Association Annual Meeting
- American Public Health Association Student Assembly Annual Meeting
- Society for International Development Career Fair
- Johns Hopkins University Bloomberg SPH Career Fair
- University of California Berkeley Global Health Day
- Drexel University Global Health Opportunities Day
- University of Texas/Dallas Information Session
- Associated Schools of Public Health Virtual Career Fair
- Clinton Global Initiative University
- Global Health & Innovation Conference (Unite for Sight)

Indicator 1.1.1.1 – Outreach Events



Indicator 1.1.1.1 – Outreach to Individuals



During Program Year One, GHFP-II initiated a series of webinars as part of its outreach strategy. Conceived of as a way of maximizing resources and reaching our target audience, this kind of event has several distinct advantages:

- Less resource intensive
- Ability to reach a large number of targeted individuals
- Wider geographic reach
- Panel presentations include current and former program participants, bringing an added depth of information
- Utilizes an interactive format that “speaks” the language of a younger demographic

In addition, GHFP-II expanded the use of its organizational Facebook page and LinkedIn pages to engage with a targeted audience and provide relevant information about GHFP-II opportunities to interested individuals.

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

Indicator	Year 1	Target
2.1.1.1.a Total number of outreach events to recruit talent from diverse backgrounds	26	15
2.1.1.1.b Total number of people from diverse backgrounds reached via outreach events	1,431	1,000

Since its inception, the program has made a special effort to reach individuals from diverse backgrounds with our messages and opportunities. Specifically, Historically Black Colleges and Universities, Hispanic Serving Institutions, other Minority Serving Institutions and Universities with significant minority student enrollment have been targeted. This particular outreach focus is in line with GHFP-II’s goal to help develop the next generation of global health professionals that is representative of the diversity of the American people.

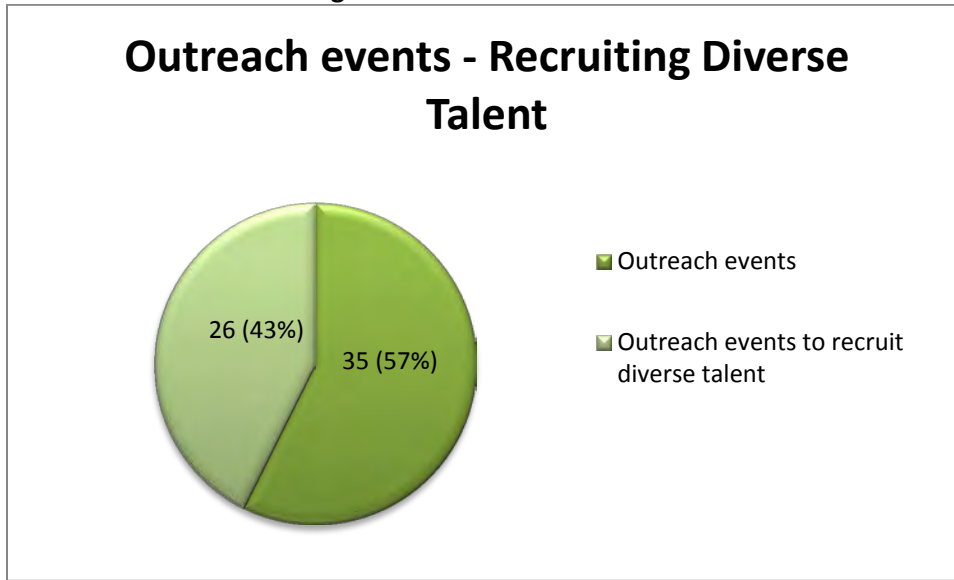
During Program Year One, GHFP-II conducted outreach at these and other HBCUs, MSIs and institutions with significant minority student enrollment:

- North Carolina Central University
- North Carolina A&T University
- Winston-Salem State University
- Prairie View A&M University
- Texas Southern University
- Huston-Tillotson University
- University of Illinois Chicago
- Drexel University
- University of South Florida
- Emory University

During Program Year One, GHFP-II conducted additional outreach, through the following venues, to reach minority students and other minority individuals interested in global health:

- Congressional Black Caucus Foundation Annual Legislative Conference
- Association of Minority Health Professionals Symposium
- White House Initiative on Historically Black Colleges and Universities’ HBCU Week Conference
- Health Career Connections Webinar (for students underrepresented in the field of global health)
- Advertising in the HBCU Career Guide (distributed to 100+ HBCUs)
- Launch of new content for the Diversity section of the GHFP-II website <http://www.ghfp.net/content.fsp?id=187954>

Indicator 2.1.1.1: Recruiting Diverse Talent



Indicator	Year 1	Target
1.1.1.2 Number of unique pageviews	855,850	6 million
1.1.1.3 Number of "Summit" meetings organized to discuss the future of professionals in the field of GH with key findings published	0	0

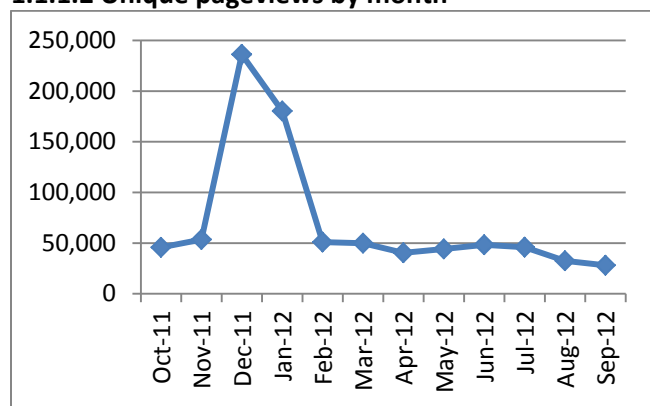
Unique pageviews, disaggregated by new and returning visitors

Indicator 1.1.1.2	Average monthly unique pageviews for Y1 (Nine months available - Jan 12 – Sept 12)
New visitors	54%
Returning visitors	46%

New visitors contributed an average of 54 percent of unique pageviews each month (for the nine months available), while returning visitors contributed 46 percent. Details are available in Annex B (Table 1).

Per the Cooperative Agreement, no "Summit" meetings were organized in PY1. These are anticipated to occur in Year Two and Year Four.

1.1.1.2 Unique pageviews by month



December and January are peak times for internship applications and this significant activity is reflected graphically.

3.1.2 Recruiting

SR 1.1.2 Fellows recruited and supported efficiently

Indicator	Year 1	Target
1.1.2.1: Percent of candidates selected as finalists by the hiring manager that were identified during the first round of GHFP-II recruitment	79%	75%
1.1.2.2.a: Average number of days for: recruiting appropriate candidates	32.8	EOP: 42 days
1.1.2.2.b: Average number of days for: hiring	17.4	EOP: 28 days
1.1.2.3: Hiring manager's satisfaction with GHFP-II's recruitment process is 'high' or 'very high'¹	73%	75%

GHFP has developed and sustained a strong track record of recruiting and hiring qualified technical advisors from a wide range of global health professionals, and in the first year of GHFP-II, this track record continued. GHFP-II successfully recruited 43 positions during the first year of the program and of those positions, 79 percent of the finalists were hired during the first round of recruitment (the goal for year one was 75 percent).

One of the challenges in hiring in the first round of recruitment is in developing the right scope of work. From the time the position is conceived and posted to the time of selection, there are often changes in the USAID division, hiring manager or in the needs of the division, which may alter the needs and the

¹ The question asked for indicator 1.1.2.3 was: "How satisfied were you with the GHFP-II recruitment process, from when you first contacted GHFP-II about this position through the time the candidate(s) signed the offer letter?" Options included: Very dissatisfied, dissatisfied, neutral, satisfied, very satisfied. The "satisfied" and "very satisfied" responses were included for the indicator, showing Hiring Managers' satisfaction with GHFP-II's recruitment process is 'high' or 'very high' (as described in the PMEP). The survey was sent to 31 hiring managers, and 11 responses were received (35 percent).

GHFP-II Fellow, Christie Hershey, Infectious Disease Monitoring & Evaluation Advisor, GH/HIDN/ID Contributed to the successful completion of the Tanzania Impact Evaluation Roll Back Malaria Progress & Impact Series report and the Impact Evaluation Core Report.

scope of work needed to be filled. These changes can result in having to repost the position and adapt the scope of work in order to attract a different or larger array of candidates.

GHFP-II conducts a profiling meeting with each hiring manager at the beginning of the recruitment process

to determine the technical skills as well as behavioral competencies necessary for a successful placement. GHFP-II has refined that process during this year and will work to increase the percentage of candidates hired in the first round in the subsequent years of the program. Charts in Annex C for SR 1.1.2 illustrate the first round of recruitment results disaggregated by level of position and by office/technical area.

GHFP-II defines recruitment as the number of days from the position announcement until the GHFP-II recruiter refers a short list of applicants to the hiring manager. GHFP-II typically posts the position for four weeks (28-31 days) unless otherwise requested by the hiring manager. The GHFP-II recruiter standard is to refer qualified candidates within 5-8 days of the position closing. Recruitment results for PY1 were: 31 days for Washington, DC positions and 43 days for overseas positions. On average, the time to recruit was 33 days, below the EOP target of 42 days.

For indicator 1.1.2.2, GHFP-II defines the number of days for hiring as the number of days from the time the hiring manager communicates the selection to the time that the selected candidate signs the letter of offer. Processes that take place during this timeframe include reference checking, background investigation, salary negotiation and preparation of the offer letter and human resources hiring paperwork. The goal of 28 days was exceeded during this program year. The average days to hire for Washington, DC based positions was 18 days; for overseas positions 17 days. Charts in Annex C include disaggregation by location and by level of position.

GHFP-II Fellow, Jacqueline Gayle, Tanzania Community Care Advisor, USAID/Tanzania Led the development of a strategy for collecting data on on-going partner research activities, which will be integrated into the PEPFAR reporting system.

In a survey conducted this year, 73 percent of hiring manager reported that they were “satisfied” or “very satisfied” with the GHFP-II recruitment process. This was just below the target of 75 percent.

Eighty-three percent of DC-based hiring managers who responded to the survey were satisfied or very satisfied with the recruitment process (six people), followed by sixty percent of overseas hiring managers (five people). Eleven percent of those surveyed responded to the survey. Due to the small number of respondents, GHFP-II will review survey methods in the next cycle to determine a more conclusive way of gathering data from the hiring managers. Historically, hiring managers are accustomed to communicating directly and more informally with the Deputy Director at the conclusion of the recruitment process and often send congratulatory emails in appreciation of the process. There is no data to accompany the two respondents who were not satisfied. Charts in Annex C include disaggregation by level and location.

3.1.3 Fellows' Experience in the Program

SR 1.1.3 USAID's technical and workforce needs addressed

Indicator	Year 1	Target
1.1.3.1: Percent of fellows who describe direct services provided by GHFP-II as good/excellent²	94%	85%
1.1.3.2: Total number of fellows employed by PHI annually and cumulatively	149	115
1.1.3.3: Percent of fellows who report that they achieved most or all work plan deliverables³	89%	75%
1.1.3.4 Percent of fellows rated by Onsite Managers (OSMs) as making a 'good' or 'excellent' contribution to the host organization⁴	91%	Y2: 60%
1.1.3.5.a Percent of Fellows: invited for extension	96%	EOP: 90%
1.1.3.5.b Percent of Fellows: accepting an extension of their fellowships	93%	EOP: 90%

GHFP-II supported 149 fellows during PY1, including 35 who joined the program during PY1. GHFP-II provides direct support to fellows through facility management, IT support, travel coordination, operational support, and facilitating professional development and performance management activities. In PY1, GHFP-II expanded facility management and IT support to include fellows that moved from the RRB to GHFP-II's offices at 1201 Pennsylvania Ave, NW. GHFP-II staff from the Participant Support, Performance and Career Development, IT and Administration teams meet regularly to coordinate support, identify areas for continuous program improvement and resolve issues. This coordination of support facilitates GHFP-II's ability to respond to both the needs of USAID and fellows.

GHFP-II Fellow, Susan Leclerc-Madlala, Cultural Anthropologist, GH/OHA/TLR
Facilitated gender training for PEPFAR Swaziland staff and prime country partners, which integrated cultural knowledge and approaches to addressing cultural norms for gender.

Each GHFP-II fellow has a dedicated two-person support team made up of a Participant Support Specialist and a Performance and Career Development (PCD) Coordinator. The Participant Support Specialist provides fellows with logistical and administrative support while the PCD Coordinator works with fellows and their onsite managers to

² The survey question for 1.1.3.1 was: "Please describe your overall satisfaction with GHFP-II services." Options included: very dissatisfied, dissatisfied, neutral, satisfied, very satisfied. Eighty-eight fellows answered this question – a response rate of 75 percent (the survey was sent to 117 fellows and 90 completed at least part of the survey).

³ The survey question for 1.1.3.3 was: "What proportion of the deliverables would you estimate you were able to complete for the previous year's Annual Work Plan?" This question was asked of continuing fellows only. Fifty-eight fellows (of 82) responded to the survey, and 56 answered this question – a response rate of 68 percent.

⁴ This indicator for 1.1.3.4 was originally worded as: "Percent of Onsite Managers (OSMs) who rate a fellow's contribution to the host organization as 'good' or 'excellent,'" and was changed because OSMs were reporting on multiple fellows. The survey question was: "Please rate the contribution that each of the fellows you supervise makes to your organization." Options included: too new to evaluate, poor, fair, good and excellent.

coordinate performance management activities and provides individualized support to address professional development needs. This model of support allows GHFP-II to provide timely and appropriate support allowing fellows to focus on the technical aspects of their work, thus enabling them to enhance their contribution to USAID or host organization. In PY1, 94 percent of fellows described the services provided by GHFP-II as good or excellent and 91 percent of Onsite Managers described fellows as making a good or excellent contribution to the host organization.

Fellows Feedback about Direct Services (1.1.3.1)

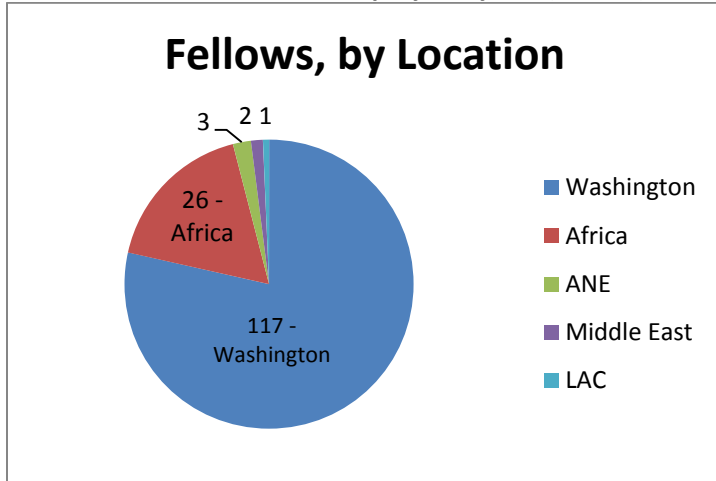
- “People at GHFP are incredibly nice, supportive, and willing to help out at any time. I also appreciate how quickly people respond and their willingness to problem solve/resolve any issues.”
- “I very much like the Fellows Program and have recommended it to several friends and colleagues (at least 2 of whom are now working as Fellows).”

Fellows employed, disaggregated by level

Indicator 1.1.3.2: Level	Fellows employed ⁵
I	11 (7%)
II	51 (34%)
III	69 (46%)
IV	15 (10%)
USSTA	3 (2%)
TOTAL:	149

⁵ Fellows who served at any time during PY1.

1.1.3.2 Location of fellows employed by PHI (1.1.3.2)



3.1.4 Fellows Continuing in Global Health

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

Indicator	Year 1	Target
1.1.4.1: Percent of fellows who rate their overall professional fellowship experience as contributing 'positively' or 'very positively' to their future careers	N/A	Yrs 2-5: 80%
1.1.4.2: Percent of fellows who transition to another position or pursue further education in global health within a year of completing their fellowship	93%	EOP: 80%

Twenty-eight fellows ended their fellowships in PY1. The majority (93 percent) continued their careers in the field of global health. Most ending fellows continued to work for USAID through another employment mechanism (FSL, GHSI-II or PSC). Others took positions with international NGOs, universities and the private sector while one fellow started his own global health consulting firm. The fellows who did not pursue further education or a career in global health had plans to not immediately return to the workforce at the end of their fellowship.

3.1.5 Intern Program

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

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

Indicator	Year 1	Target
1.2.1.1.a Total number of outreach events promoting awareness of GHFP-II⁶	61	40
1.2.1.1.b Total number of people reached via outreach events	5,999	4,000

As noted in section 3.1, there were more than 60 outreach events promoting awareness of GHFP-II, more than the target of 40. In addition, the number of people reached – nearly 6,000, significantly exceeded the target of 4,000. All of these outreach events included information about GHFP-II’s internship program.

SR 1.2.2 Interns recruited, and supported

Indicator	Year 1	Target
1.2.2.1 Total number of interns placed and supported annually and cumulatively	73	50
1.2.2.2 Percent interns who describe the overall quality of the internship experience as ‘good’ or ‘excellent’⁷	100%	75%
1.2.2.3 Percent of interns who pursue further education or obtain work in international public health-related areas	68%	EOP: 50%

This year’s goal was to place up to 50 interns, and with GlobeMed interns, GHFP-II exceeded its goal. Nearly all GHFP-II interns – 39 of 40 – were based in Washington, DC. The one exception was placed in USAID/Tanzania. GlobeMed interns were placed in Uganda, El Salvador, Ecuador, Rwanda, Ghana, Nepal and Thailand.

At the start of their internships, 58 percent of participants (23 people) either were pursuing an MPH or MSPH or already had the degree. An additional 13 percent (five people) either had a PhD or were pursuing their PhD. More than half – 55 percent (22 people) – had completed their degrees at the start of the internship, while 45 percent (18 people) were pursuing their degrees. At least sixty-percent (24

⁶ Indicator 1.2.1.1 is identical to indicator 1.1.1.1, described in more detail in section 3.1.

⁷ Surveys were received for 7 of the 21 interns who departed in year one (33 percent). The online survey question for 6 of the respondents was: Please rate the overall quality of your GHFP-II internship experience. Options included: very dissatisfied, dissatisfied, neutral, satisfied and very satisfied. Prior to this, one paper survey asked the question: If you were to rate the GHFP-II internship experience, would you say it was: excellent, good, satisfactory or unsatisfactory. The respondent for this survey indicated ‘very satisfied,’ which was included in results as ‘excellent.’

people) had degrees clearly in a health field (SBN, MPH, MSPH), and this increases to 73 percent if including the pursuing and completed PhDs (29 people). A chart showing this breakdown is available in Annex C.

GHFP-II’s additional mission is to increase the number of underrepresented groups in the field of global health through its intern program. Through continued targeted outreach and training for hiring managers in year two of the program the percentage of underrepresented groups should increase. This year’s cohort was 47 percent non-white with a goal of 50 percent at the end of the program.

Interns, disaggregated by ethnic background

Indicator 1.2.2.1	GHFP-II Interns	GlobeMed Interns	Total (GHFP-II & GlobeMed)	% Total (GHFP-II & GlobeMed)
White	24 (60%)	15 (45.5%)	39	53.4%
Black	8 (20%)		8	11.0%
Asian	3 (7.5%)	9 (27.3%)	12	16.4%
Two or more races	3 (7.5%)	3 (9.1%)	6	8.2%
Hispanic or Latino	2 (5.0%)	6 (18.2%)	8	11.0%
TOTAL:	40	33	73	

For GHFP-II interns’ ethnic background, 24 were listed as White (60 %), eight as Black (20%), three Asian (8%), three who were two or more races (8%) and two Hispanic or Latino (5%). Overall, 41 percent were non-White. For GlobeMed’s 33 interns, 45 percent were White, 27 percent Asian, 18 percent Hispanic or Latino and nine percent were two or more races. GHCorps interns were 83 percent White and 17 percent Asian. For the combined 79 interns, 56 percent were White, 16 percent Asian, 10 percent Black, 10 percent Hispanic or Latino and eight percent two or more races.

Of the seven interns who completed a survey, 71 percent indicated that they were ‘very satisfied’ and 29 percent indicated that they were ‘satisfied.’ Both of the respondents who indicated ‘satisfied’ were from GH/OHA. Most of the respondents served in GH/OHA (four

Intern Feedback: Comments on the Internship Experience (1.2.2.2)

- “My OSM was truly great... Helping to understand the value of my assignments gave me a sense of pride in my work and made me feel like a valued member of our team. Additionally, I felt that she was genuinely interested in helping me meet my personal goal of returning to USAID as a full time employee in the future.”
- “I now feel more strongly than ever that I am supposed to end up working for a government agency or an agency supported by USAID as a result of my summer internship with the GHFP... I strongly believe that this was the most meaningful summer and professional experience I have ever had.”
- “I found the program to be well organized and was impressed with the level of professionalism and flexibility of the management. The open door policy maintained throughout the internship was great and helped facilitate the logistical aspects of the internship and provided me with the opportunity to focus on the technical work.”
- “I honestly feel as though I’ve grown and learned immensely as both a public health professional and a person from the start of this internship. By far, this internship was the most memorable and beneficial to my career.”

interns – 57 percent), with additional interns serving in GH/AA, GH/HIDN and GH/PRH (one each).

The internship program is successfully achieving its goal of providing a rewarding and meaningful entry to the field of global health. The percentage of interns continuing to work in the field of global health is a testament to the success of the internship experience. Interns who pursued further education or obtained work in international public health-related areas, disaggregated by position/degree and gender. EOP Target: 50%.

1.2.2.3: Interns pursuing international public health	Female	Male	Total
Obtained work in international public health-related area	7	0	7 (31.82%)
GHFP-II Fellow	1	0	1 (4.55%)
Pursued further education - global health	5	2	7 (31.82%)
Pursued further education - other field	2	1	3 (13.64%)
Job searching	1	0	1 (4.55%)
Employed – unclear whether in global health	2	1	3 (13.64%)
TOTAL:	18	4	22

An equal number of alumni interns have obtained work in an international public health-related area (seven – 32 percent) or pursued further education in global health (seven – 32 percent). An additional one person became a GHFP-II fellow, bringing the total that has stayed in the field to 15 or 68 percent of the total. Of the remaining seven, three have pursued education in other fields, one was job searching, and three were employed, but it was unclear whether the position was in global health. Of the 22 alumni interns, 82 percent were female (18) and four were male (18 percent). Of the 18 female alumni interns, 13 have pursued the field or related education – 72 percent. Of the four male alumni interns, half have pursued further education in global health, and the remainder is pursuing education in another field or employed, but unclear whether in global health.

3.2 Diversity and Additional Types of Participants

Key Result Area 2:

Diversity increased in the cadre of Global Health professionals

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

3.2.1 Diversity

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

Indicator	Year 1	Target
2.1.1.1.a Number of outreach activities conducted to recruit talent from diverse backgrounds	26	15
2.1.1.1.b Number reached (through outreach activities conducted to recruit talent from diverse backgrounds)	1,431	1,000

GHFP-II's approach to diversity has been to embed a [series of strategies](#) into the program's current activities in the areas of outreach, recruitment, hiring and internships. Other strategies have been proposed and will be implemented over time. This ongoing effort is in place to ensure that the global health workforce will be an accurate reflection of the diversity of the American people.

Strategic goals include the enhancement of the Bureau for Global Health's leadership in the areas of diversity and inclusiveness and improvement of GH programming results in the following areas:

- Effectiveness
- Adaptability
- Relevancy
- Appealing to the next generation
- Returns of global investment

In PY 1, GHFP-II worked with colleges and universities across the US, providing guidance, advice and information about the program's opportunities, not easily obtained elsewhere, to individuals considering a career in global health. During the first year of the program, GHFP-II took part in 61 different outreach events, providing relevant information to nearly 6,000 individuals interested in the field of global health. Of those, 26 events (including two webinars) reaching 1,431 individuals were aimed specifically at connecting with talent from diverse backgrounds. Within this outreach context, GHFP-II regularly communicates with Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs) and other institutions with significant minority enrollment.

GHFP-II Fellow, Thomas Chiang, Tuberculosis Technical Advisor, GH/HIDN/ID Helped develop the Letter of Inquiry by Global Drug Facility to UNITAID for the establishment of a stockpile of Tuberculosis drugs that can be used to meet the emergency needs of countries.

Of the 26 outreach activities conducted to recruit talent from diverse backgrounds, three were virtual (12

percent) and 23 were in person (88 percent). Of the 1,431 individuals reached through those outreach activities, 146 were reached virtually (10 percent) and 1,285 were reached in person (90 percent). In person events included professional conferences, university career fairs, information sessions and career panels, as well as one-on-one informational interviews/resume reviews. Virtual events included webinars, video conference and Skype sessions, and virtual career fairs.

In addition, messaging has been crafted that specifically addresses the needs and concerns of this audience segment. For example, a well-attended GHFP-II presentation was made at North Carolina Central University (an HBCU) to students entitled:

“Just Go: Seeking Global Opportunities”
 Overcoming the three F’s
 (Fear of travel and the unknown, Family concerns and Funding)

In PY 2, training and job aids will be developed especially for USAID hiring managers. These materials will be designed to encourage hiring managers to understand and appreciate the value added that applicants from diverse backgrounds can bring to global health work, in particular those who have experience in resource challenged, domestic public health settings.

SR 2.1.2 Diversity sustained among GHFP-II participants

Indicator	Year 1	Target
2.1.2.1 Percent of interns and fellows from backgrounds underrepresented (ethnic minorities, people with disabilities, low SES) in the GH workforce increases	27% ⁸	EOP: 50%
2.1.2.2 Number of short term private sector fellowships supported	0	15

GHFP-II recruitment activities include the use of a sophisticated, far reaching and well-targeted advertising network. This network is a key factor in ensuring that our positions are made widely available to a diverse audience of well-qualified global health professionals and newly-emerging GH professionals. In PY1, approximately 27 percent of interns and fellows were from backgrounds underrepresented in the field of global health. These include ethnic minorities, individuals with disabilities, and individuals with low socio economic status.

No short term, private sector fellowships were supported during PY1.

3.2.2 Other Types of Participants

Besides GHFP-II Fellowships (2-4 years, based at USAID and non-USAID sites) plus internships (one month to one year, summer cohort and “on demand”), GHFP-II supports a small number of corporate volunteers through the key partner, CDC Development Solutions (CDS). These participants, called Global Health Champions, are middle to senior level staff in private sector organizations that typically have

⁸ The estimation for 2.1.2.1 about percentage of underrepresented backgrounds used a total population of 228, which included GHFP-II fellows (149), GHFP-II interns (40), GlobeMed interns (33) and GHCorps interns (6), starting with ethnicity and then factoring in additional components of diversity.

GHPF-II Fellow, Karen Lombardi, Donor Coordination Advisor, GH/SPBO
Facilitated donor mapping to identify the donors, technical areas, and types of coordinated efforts in which missions in the GHI priority 24 countries engage.

some interest in developing countries/emerging economies but not much experience with USAID’s development philosophy and implementation approach.

Background: CDC Development Solutions (CDS) joined the Global Health

Fellows II program as a sub-contractor with the goal of linking private sector employees into the initiative to complement USAID strategies through shorter, skills-based pro bono assignments. CDS is a Washington, D.C.-based non-profit organization that, among other activities, designs, implements and measures the impact of International Corporate Volunteer programs for companies as diverse as IBM, Merck and John Deere. These programs provide beneficiaries in emerging markets with access to the technical expertise of private sector employees on three week to four month assignments. CDS is involved in all aspects of the program from selection of the beneficiary organizations to assignment development and impact measurement for both the participating corporate employee and the beneficiary organization.

During PY1, CDS focused primarily on conducting a vigorous outreach to the corporate community, primarily focusing on firms in the pharmaceutical and healthcare sector. To this end, CDS worked closely with PHI to develop marketing and outreach materials that highlighted the opportunity to contribute to the work of the fellows through more targeted technical assistance projects. In addition, CDS sought opportunities to present the program at several pharmaceutical, corporate social responsibility and pro bono service events throughout the year. Concurrently, CDS worked with PHI to identify opportunities in the field that would be appropriate to the International Corporate Volunteer (ICV) model.

As a result of this foundational work, in PY1, agreements were documented to host three Merck employees on three-month assignments with CEDPA/India with additional funding support through Merck’s own Richard T. Clark Fellowship program. The employees are using their professional skills to support a local NGO in its strategic planning and communications activities. In 2013 the number of Merck employees participating in the program is expected to increase.

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

SR 2.2.1 Opportunities for FSN exchanges increase

Indicator	Year 1	Target
2.2.1.1a Number of Foreign Service National (FSN) exchanges/fellowships implemented (and other professional development activities provided)	0	EOP: 30
2.2.1.1b Number of other professional development activities provided (FSNs)	0	

There were no Foreign Service National (FSN) exchanges/fellowships implemented in year one or other professional development activities provided.

3.3 Professional and Career Development

Key Result Area 3:

Fellows' technical, program management, and leadership competencies enhanced

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

3.3.1 Competency, Workplanning & IDP Planning

SR 3.1.1 Developmental goals for fellows defined and appropriate resources identified

Indicator	Year 1	Target
3.1.1.1 Percent of new fellows completing baseline job competency assessment within 90 days of starting employment	24%	20%
3.1.1.2 Percent of continuing fellows completing in-progress job competency assessment within 45 days of anniversary date	14%	20%
3.1.1.3 Percent of new fellows completing initial AWP/IDP within 90 days of starting employment⁹	52%	20%
3.1.1.4 Percent of continuing fellows updating AWP/IDP within 45 days of anniversary date¹⁰	13%	20%

GHFP-II Fellow, Diana Santillan, Gender Advisor, GH/PRH/PEC
Developed a results matrix tool to guide gender integration in health programming.

GHFP-II introduced a competency self-assessment instrument during the fourth quarter of PY 1 and successfully incorporated it into new fellows' orientation. Efforts to engage continuing fellows in the self-assessment process were less successful, consistent with the challenge program staff

face in getting annual work and individual development plans from them in a timely manner. New fellows completed and submitted their required documentation in much timelier fashion, however. Revised forms and instructions for both performance and development planning combined with a more proactive, collaborative approach to engaging fellows and OSMs should yield better results in PY 2.

⁹ Indicator 3.1.1.3 includes a possible 34 new fellows, of whom 25 started in enough time to have met this requirement. Of those, 13 completed it.

¹⁰ Indicator 3.1.1.4 includes 23 fellows with anniversary dates between April 1 and Aug. 15 and for whom the revised AWP/IDP requirement applies.

3.3.2 Professional Development

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

Indicator	Year 1	Target
3.1.2.1 Percent of fellows completing at least 75% of developmental activities in approved IDPs¹¹	54%	50%
3.1.2.2 Average composite rating of access to technical information, and research support services provided to fellows who request them¹²	3.6	3.0
3.1.2.3 Number of regional conferences/workshops for field fellows planned and conducted	1	1
3.1.2.4 Average composite rating of the value/relevance/ utility of the regional conference by attending field fellows	100% satisfied/very satisfied	3.5 ¹³
3.1.2.5 Percent of fellows completing all core training offered by GHFP-II	n/a	20%
3.1.2.6 Average satisfaction rating for GHFP-II core training provided to participating fellows	n/a	3.5
3.1.2.7 Average composite rating of GHFP-II coaching services provided to fellows¹⁴	3.8	3.5

A majority of fellows reported completing at least three-quarters of planned professional development activities. More than a third of responding fellows took advantage of GHFP-II professional coaching during PY 1, with more than two-thirds reporting satisfaction with the service. The project director and staff conducted an annual meeting for field-based fellows, with all attendees (n=10) indicating they were satisfied with its value and utility. No ‘core training’ was provided in PY 1; this refers to self-study orientation modules for new fellows, currently under development and scheduled for introduction over the course of PY 2.

¹¹ Indicator 3.1.2.1 includes the survey question: “Were you able to complete at least 75% of the activities for the previous year’s IDP?” Options included yes, no, or not sure.

¹² Indicator 3.1.2.2 includes the survey question: “Have you ever contacted GHFP-II with a request for technical information, research support services and/or publication guidance?” with the options yes, no, and do not remember. The follow-up question was: “How satisfied were you with the outcome of your request for access to technical information resources, research support services or publication guidance?”

¹³ A composite rating was not done for 3.1.2.4. Results are based on survey responses.

¹⁴ Indicator 3.1.2.7 includes the survey question: “Have you ever used the professional coaching services available from GHFP-II?” with the option yes, no, or not sure. The follow-up question was: “How satisfied were you with the professional coaching you received.” The options were: very dissatisfied, dissatisfied, neutral, satisfied and very satisfied.

Fellow Comments – Valuable Aspects of the Regional Conference (3.1.2.4)

- “Meeting with fellows and exchanging experiences and sharing our experiences with GHFP-II staff.”
- “Hearing different challenges from other fellows, lessons, etc.”
- Several fellows noted the value of the enneagram exercises.

3.3.3 Competency of Fellows

SR 3.1.3 Increase in fellows’ competency levels demonstrated and documented

Indicator	Year 1	Target
3.1.3.1 Average composite competency rating based on fellows’ self-assessment¹⁵	2.9	2.0
3.1.3.2 Percent of fellows’ overall annual performance appraisals rated ‘above average’ or higher¹⁶	90%	75%

Individual fellows’ job performance was rated highly by OSMs across the board, consistent with typical rating patterns within government organizations. GHFP-II is reorienting its evaluation process, however, and will be altering its rating scale in PY 2 with the goal of generating more realistic, specific and, in turn, more useful performance information. Program staff will work with fellows and OSMs to introduce an integrated, competency-based approach to performance and individual development planning. Fellows’ initial self reporting of competency levels shows a broader ratings’ spread, likely more representative of current/actual capabilities.

¹⁵ The competency level ratings for 3.1.3.1 range from 1 (basic) to 5 (expert).

¹⁶ Indicator 3.1.3.2 was based on the 73 of 80 fellows who submitted their evaluations. A total of 66 had a score of four or higher.

3.3.4 Support for OSMs

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

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

Indicator	Year 1	Target
3.2.1.1 Average composite score of the value and responsiveness of GHFP-II technical assistance (TA) provided to OSM¹⁷	91% satisfaction	3.5 ¹⁸
3.2.1.2 Average composite score of GHFP-II provided coaching services¹⁹	60% positive impact	3.0 ²⁰

Onsite managers (OSMs) reported a high level of satisfaction with GHFP-II assistance for fellowship management issues; however, the low response rate to the OSM survey means that these results are not necessarily representative of the program's overall client base. Similarly, only a small absolute number of OSMs were aware of any professional coaching received by their fellows, although a majority who were, reported positive results. These data suggests the program may benefit from increased outreach and communication to OSMs regarding available services and support.

Sixty percent of OSMs responding to a survey on coaching indicated that they saw positive impact or strong positive impact from GHFP-II coaching services. Three of four Washington, DC respondents (75%) indicated some positive impact, and the fourth indicated no impact observed. The one overseas respondent indicated no impact observed. Five OSMs responded to this question, indicating that their fellows had utilized GHFP-II provided coaching services.

OSM Feedback: Satisfaction with GHFP-II Support (3.2.1.1)

- "The fellows brought sound technical expertise to our office and they have lots of transferable skills that they have applied to help various other aspects of our Bureau's work - beyond the primary areas that they were hired for."
- "GHFP is well-known for its efficient and timely communication in all directions."

¹⁷ The question asked for 3.2.1.1 was: "In the past year have you been in touch with GHFP-II staff regarding any questions or issues related to managing a fellow?" Those who answered yes received the follow-up question: "How satisfied were you with the support you received from GHFP-II staff in addressing any questions or issues related to management of your fellow(s)?" Options included: very dissatisfied, dissatisfied, neutral, satisfied and very satisfied.

¹⁸ A composite score for 3.2.1.1 was not calculated. We will be proposing a change in the target for this item.

¹⁹ The survey question for 3.2.1.2 focused on the actual observed impact of coaching services, asking, "What impact have you observed from this coaching?" There were four possible responses: negative impact, no impact observed, some positive impact, or strong positive impact.

²⁰ A composite score for 3.2.1.2 was not calculated for PY1. We will be proposing a change in the target for this item.

4. Challenges and Lessons Learned

In PY1, GHFP-II faced challenges typical of a new project including organizing resources, updating systems, and shifting technical foci plus unexpected external challenges and new requests from USAID.

CHALLENGE: To meet cooperative agreement expectations and deadlines in two areas, key personnel needed to be hired within 30 days of the program's start (10/31/11) and the initial two DC office spaces needed to be combined by 9/30/12. **ACTION:** All key personnel were hired by 10/31/11 and the GHFP-II DC project staff co-located with fellows at 1201 Pennsylvania Avenue, NW in July 2012, significantly before the September 2012 deadline.

CHALLENGE: An unexpected request from the GH Bureau led to the complex implementation of site development and moving 50+ fellows from the RRB to the GHFP-II site. **ACTION:** This was planned in stages and accomplished in an effective collaboration with the PDMS Office in PY1.

CHALLENGE: Although many improvements have been made in the performance management and professional development of participants, their (Fellows/OSM team) completing evaluations, developing workplans, and creating individual professional development plans remains a challenge. **ACTION:** In PY2, in discussion with PHI-Central and our AOR, systems will be streamlined, incentives and consequences will be implemented to increase the response rate and ensure that people are able to take full advantage of these key aspects of the fellowship. Fred Mills is the lead and will be implementing changes, officially commencing in Quarter 2.

CHALLENGE: During the first-time use of the PMEP (Project Monitoring and Evaluation Plan) to collect information for this report, we have experienced issues with several of the indicators. An example is the expectation that 30 FSNs will participate in the program over five years. GHFP-II has no control or involvement in the numbers chosen for this activity. **ACTION:** In PY2, we will be providing more details on this issue and propose to the AOR some revisions of the PMEP. Sharon Rudy is the lead and will be proposing changes to AOR in Quarter 2.

CHALLENGE: Unexpected obstacles have occurred in completing the placement of several overseas-based fellows with significant consequences. The program depends on the hiring manager (USAID staff) to thoroughly investigate whatever documentation (including approvals) is required to complete and onboard their choice of fellow. GHFP-II staff use a checklist with the hiring manager to cover as much documentation as is known. Unfortunately, there appear to be significant variations by country and by individual regarding what is necessary. In the case of Mark Breda, an official passport was found to be required to work in the mission and weeks were spent waiting for a final denial of his application. Mr. Breda and the program were notified of the problem after Mr. Breda had received security clearance, quit his current employment, organized his household shipment and was a few days away from moving his family to Ukraine. Another example is Maggie Janes-Lucas who also received her offer, had security clearance and made preparations when the regional office indicated she could not come because the Burundi office (non-presence country) had not done their due diligence regarding USAID internal approvals. Dr. Janes-Lucas waited months in limbo before a final approval was given. **ACTION:** Patricia Preware, Christine Caraballo, with Fred Mills and Sharon Rudy will work throughout PY2 with the AOR and appropriate USAID staff to increase our knowledge of the changing landscape of field placements; to learn how we might better assist the hiring manager to ensure due diligence; and to explore what expectations and influence USAID staff might bring to bear on preventing future situations.

5. Plans for Program Year 2

In Program Year Two, GHFP-II will implement the approved Workplan for October 1, 2012, through September 30, 2013. This includes continuing activities, system improvements, and several new endeavors (all approved in Year Two Workplan):

CONTINUING ACTIVITIES AND SYSTEMS IMPROVEMENTS

- Continue to implement robust recruitment, outreach programs and participant support work, focusing on high-quality candidates who meet USAID's technical expectations and needs
- Complete the Information Management and Reporting System (IMARS) upgrade and continue to adjust internal IT and office systems
- Continue improvements in the fellows' performance management and professional development systems, resulting in increased clarity, streamlined implementation, and increased documentation of participant performance
- Continue and expand diversity efforts including supporting GlobeMed's establishing undergraduate chapters in Minority Serving Institutions (Historically Black Colleges and Universities and Hispanic Serving Institutions, for example)
- Monitor performance and submit the fourth quarter and year two semi-annual Performance Monitoring Reports; the required Year One Annual Progress Report; and ad hoc financial reports.

NEW ACTIVITIES:

- Plan and implement the first "Future Directions for Global Health Professionals" Summit, which will include diversity and cross-sector collaboration themes
- Provision of new guidance for Hiring Managers, defining performance and outcome objectives, and "What to Expect when You are Recruiting through GHFP-II"
- New materials to support the fellows' orientation to PHI and USAID, including a series of web-based tutorials
- Evaluate current participant support vendors to ensure quality service and best value for program participants' needs; seeking new vendors if evaluation warrants
- Identify potential FSN Mission-to-Mission directed exchanges, partner organization or other USG short-term rotation placements, coordinated rotation activities (FSN/Fellow), and other avenues through which FSNs may gain work experience and exposure outside of their home Mission. This activity is contingent on the larger USAID strategy for FSNs. If funding and approvals are secured, implement activities.

ANNEX A: A SAMPLE OF FELLOWS ACCOMPLISHMENTS

Note: The evaluations used overlap with GHFP-II Program Year One, but do not exactly coincide with it.

Amie N. Heap

Nutrition Advisor
Office of HIV/AIDS
Global Health Bureau
USAID

Amie Heap, along with an international team of colleagues from WHO, WFP, GFTAM and UNAIDS, authored, produced and distributed a Nutrition Toolkit for Global Fund Proposals. This global guidance document is for use by national Country Coordinating Mechanisms considering including a nutrition element within their Global Fund Round 12 proposals. Along with colleagues, Amie organized and participated in two international sessions to orient and train national government representatives and UN and USAID headquarters and field staff on the toolkit's capacity and utility.

Amie also helped develop a method for providing coordinated technical assistance to USAID Missions seeking to jointly program PEPFAR, MCH and Feed the Future funds. During the course of four TDY's to USAID missions Amie and her colleagues were able to increase coordination of nutrition programs and funding priorities across the broader mission portfolio and is reflected in the 2012 country operational plans. This coordination was highlighted twice by Ambassador Goosby in formal comments on examples of PEPFAR and Feed the Future coordination.

In addition, Amie worked with USAID and international colleagues to establish the Partnership for HIV-Free Survival and led the international consultative team to finalize the globally harmonized nutrition and HIV indicator set and move forward in establishing plans to develop a globally-harmonized field test template.

Kelly Hamblin

Supply Chain Advisor
USAID/Rwanda

Kelly Hamblin led the "clean up" of SCMS, SPS and DELIVER project financial systems to clarify budgets and pipelines so that USAID/Rwanda would be better able to advocate, plan and budget for her portfolio. Kelly led the implementation of USAID Forward in the context of direct funding to the procurement and distribution arm of the Rwanda Ministry of Health. She also took on the additional role of Activity Manager for MEASURE Evaluation and MEASURE DHS, as well as SI Liaison to PEPFAR in the absence of an M&E Advisor and has successfully created linkages across the programs.

Kelly made multiple presentations on supply chain internally to the US Government, to the Rwanda Ministry of Health and for a CDC supported Field Epidemiology course. She also assisted two large field supported projects undergoing major structural changes in streamlining management into one structure and led the process to lay the groundwork to begin direct government to government financing of health commodities to the Ministry of Health.

Dr. John Vincent Fieno

RHAP Prevention Advisor
USAID/ Southern Africa (RHAP)

In his role as Activity Manager, John Fieno assisted implementing partner ECSA (East and Southern Africa Health Community) with setting up and opening a Regional Office that is co-located with the Swazi office in Mbabane, Swaziland. In addition, he monitored the start-up of the ECSA Agreement and reviewed workplans and the program budget. He also designed Abt Associates' scope of work for ECSA's participation in Malawi Human Resources for Health (HRH) Strategic Plan design, composition and its finalization.

John conceptualized and developed a joint activity with USAID's Private Enterprise Officer, Luis Hernandez, to use Development Credit Authority to create a fund for housing for in-service health workers. He also made multiple presentations and concept notes to engage senior management and other stakeholders to introduce the need for infrastructure regarding HRH, the concept of the funding mechanism and its sustainability.

John provided strategic and technical leadership on HRH/HSS to PEPFAR countries in the region and participated in the Nursing Education Partnership Initiative, Medical Education Partnership Initiative and the Global Health Initiative on an as needed basis.

Dr. Dianna Edgil

Supply Chain Technical Advisor
Global Health Bureau
Office of HIV/AIDS
USAID

Dianna Edgil managed the RTK recall, quarantine and emergency replacement of over 200,000 HIV rapid test kits (.5 million tests), which impacted nine PEPFAR countries, including Kenya and Tanzania. Dianna also co-founded a communication platform with WHO, GF, UNICEF and MSF to address quality assurance issues for diagnostics including rapid tests and other point-of-care testing platforms. The group is also developing a communications strategy to address issues of quality for diagnostics used in public health programs.

Dianna also developed a strategy for the procurement of male circumcision (MC) commodities to enable countries to meet their US Government MC targets for the Voluntary Medical Male Circumcision (VMMC) program. This includes not only MC kit issues, but also technical issues related to fixed and mobile sites clinics and associated pharmaceuticals needed for this project.

Dianna pushed the waste management issue to the forefront. She helped prioritize countries to receive Contracting Officer's Technical Representative (COTR) management team visits and reviewed country plans and other documents in order to identify opportunities for technical assistance in waste management.

Published: Voluntary medical male circumcision: logistics, commodities, and waste management requirements for scale-up of services. Edgil D., Stankard P., Forsythe S., Rech D., Chrouser K., Adamu T., Sakallah S., Thomas A.G., Albertini J., Stanton D., Dickson K.E., Njeuhmeli E. PLoS Med. 2011 Nov.; 8 (11).

Thomas Easley

Emerging Pandemic Threats (EPT) Country Coordinator
USAID/Uganda

Thomas Easley provided guidance and technical expertise to the Government of Uganda and USAID implementing partners on the design and implementation of projects and activities related to the control and containment of emerging and re-emerging infectious diseases in an effort to facilitate the production of improved and sustainable infectious disease prevention and control. These activities include biosecurity, surveillance, outbreak response, laboratory sampling, vaccination protocols mass depopulation techniques, farm/equipment disinfection, carcass disposal techniques, compensation mechanisms, establishment of Public/Private Partnerships and behavior/risk communication strategies. This is an area that in the past USAID/Uganda has not been able to provide long-term continuous support.

Thomas facilitated and provided technical expertise in the design and implementation of a centralized command and control structure for the public veterinary services in collaboration with the National Task Force, Uganda Wildlife Authority, Schools of Public Health, Veterinary Medicine and Wildlife and the Chief Veterinary Officer.

To ensure coordination, collaboration and integration of USAID/Uganda's Emerging Pandemic Threats portfolio, including integration among implementing partners within the portfolio, and coordination with other relevant USAID/Uganda programs, other USG agency programs, local Uganda control programs, other bilateral and multilateral donor programs, and USAID/Washington and regional programs, Thomas facilitated, chaired and actively participated in 10 monthly EPT Partners' meetings and attended National Task Force meetings, as well as those sponsored by other Government of Uganda and US Government organizations.

Thomas also researched trends and best practices in the prevention, control and response to emerging and re-emerging infectious diseases, especially those of zoonotic origin, in order to guide and adjust USAID's Emerging Pandemic Threats program to maximize effectiveness and results.

Jennifer Albertini

Senior HIV/AIDS Technical Advisor
USAID/AFR/SD

Jennifer Albertini completed a draft strategy to help establish a more formal HIV/AIDS unit within the AFR Bureau's Health team. She was responsible for production and dissemination of several documents related to adolescents living with HIV/AIDS (ALHIV). She also advised on a convening session for ALHIV at the International AIDS Society (IAS) Conference, and spearheaded the creation of an ALHIV task force team at PEPFAR which all contribute to greater services for ALHIV in Africa. In addition, Jennifer provided technical expertise and field perspective for the development of upcoming Family Planning and HIV Integration guidance, which will result in the first ever practical application of these important activities at African PEPFAR programs.

Jennifer provided technical input to the AFR representative to the Office of the Global AIDS Coordinator (OGAC) Deputy Principals board on key policy and programmatic decisions affecting PEPFAR programs in

Africa. She also coordinated the bi-annual Africa Based Health Officers meeting for leadership and management skills which brought together 79 Health Officers from across the region, briefed numerous USAID and Department of State officials on HIV/AIDS and USAID programs in Africa and supported USAID offices in Africa in the design and management of their HIV/AIDS programs.

Natalia Machuca

Infectious Disease and Emerging Pandemic Threats Advisor
Bureau for Latin America and the Caribbean

As the technical expert on Emerging Pandemic Threat programs for the Bureau for Latin America and the Caribbean, Natalia Machuca served as a point person for colleagues, monitored the Emerging Pandemic Threats Team's work, and facilitated team activities within the Latin America and Caribbean region. Natalia provided technical support to USAID/Haiti, particularly on issues related to Cholera and supporting the Haiti Task Team.

Over the course of the year, the focus of Natalia's position has shifted increasingly towards tuberculosis programs. Natalia gained a thorough knowledge of tuberculosis issues throughout the region and proved to be a highly valued technical resource for USAID Mission Staff. Natalia assisted in the design of an internal regional strategy for tuberculosis and led the expansion of tuberculosis programming within the region. In addition, she supported bilateral missions in the closure of their programs, and worked with missions to develop a transition plan from bilateral to regional programming.

Natalia provided technical support on Neglected Tropical Diseases to missions and tracked the Agency's programming and investments in Neglected Tropical Diseases within the region. She successfully arranged for the funding of a dedicated staff person at the Pan American Health Organization who worked on onchocerciasis elimination in the Western Hemisphere.

Gillian Huebner

Child Protection Technical Advisor
Office of the Assistant Administrator

The past year marked a transition period for the PL 109-95 team, with significant staff changes. Gillian Huebner led the PL 109-95 team through the transition period, hired a new team of three staff and led the recruitment of a world-class expert on children in adversity as the new Special Advisor for the team.

Gillian led a year-long interagency process that culminated in a Pre-Summit and US Government Summit on Protecting Children Outside of Family Care, which brought together 150 leaders in international child protection, including representatives from 30 offices within seven US Government agencies and departments, top researchers, and practitioners. The Summit resulted in an interagency commitment to develop guiding principles and a whole-of-government evidence-based strategy to do more and better on behalf of children in adversity. Gillian wrote the interagency commitment, which was published as a commentary piece in *The Lancet* and was co-signed by 10 senior interagency leaders. Gillian also co-authored two other papers, with leading experts in the field, which were presented at the Summit and will be published in *Child Abuse and Neglect: The International Journal*.

Following through on commitments made at the Summit, Gillian coordinated the development of the first whole-of-government strategy to guide US Government international assistance to children. The US Government Action Plan on Children in Adversity is a results-based strategy for an effective whole-

of-government response to the world's most vulnerable children in accordance with the legislative requirements set forth in Public Law 109-95.

Erin Seaver

Program Advisor

Commodities Security and Logistics Division, Office of Population and Reproductive Health

Erin Seaver provided direct commodity security backstopping support to approximately 10 countries. She assisted with reviewing supply plans, processed commodity orders, provided shipment and financial updates, and worked with them to resolve supply-related issues.

Erin directed the development of an online ordering system for contraceptives and condoms through the Central Contraceptive Procurement (CCP) Project, which allowed USAID field program to order contraceptives and condoms from an existing web program. The ordering system created efficiencies in the ordering process and also increased the visibility of the status of orders. In conjunction with the T05 teams (USAID & JSI), Erin also streamlined and managed a new process for procuring essential public health commodities for USAID field programs, which allowed USAID to better manage the expectations of field programs, track the progress of current procurements and report on past procurements.

Erin collaborated with a quality assurance contractor to develop a new Quality Assurance Policy for the Office of Population and Reproductive Health. The new policy better aligned quality assurance standards with other major donors of contraceptives and condoms and increased flexibility, while still maintaining the rigorous quality assurance standards of the US. Erin also wrote a memo to the Office of Population and Reproductive Health Office Director, which requested that WHO Prequalified hormonal contraceptives be eligible for procurement and supply to USAID field programs. The memo was approved, expanding the potential products eligible for procurement and supply to USAID field programs.

Katie Qutub

Health Advisor

Office of Technical Support, Bureaus for Asia and the Middle East

Katie Qutub has become very knowledgeable on the Agency's new program cycle and design process and acted as a valuable technical resource to the Missions that she served in the areas of program evaluation and design. She served with distinction on two Technical Evaluation Committee Panels. Katie assisted USAID/Philippines in refining eight program designs and also assisted in the evaluation of the HIV program in Thailand and Laos.

Katie has become the definitive voice of authority on how funding should be invested in various Global Health Program fund elements in all the countries of Asia and the Middle East. She conceptualized and created a "Focus and Concentrate" methodology which led to a rational, epidemiological prioritization of funding. During '12 and '14 budget discussions she often represented the health interests of the Asia and Middle East Bureaus in discussions with the other Bureau, which resulted in a more rational justification for increases and redistribution of funds to meet priority needs.

Katie has led the management of the Gender Policy and Measurement activity and incorporated ideas and work from other members of her team, Global Health Bureau managers and implementing partners.

The implementation targets for Gender Policy and Measurement have been met. In addition, Katie was a strong leader for the 2012 State of the Art (SOTA) Meeting.

Jewel Gausman

Family Planning/Program Research Technical Advisor
Research, Technology, and Utilization Division, Office of Population and Reproductive Health

Jewel Gausman led the capacity building efforts of the Research Utilization Team. She organized a major meeting with the United Nations Population Fund (UNFPA) in order to establish a partnership in regard to high impact practices and research utilization. She worked extensively to provide leadership in the area of maternal health and worked with other technical leaders and developed an understanding of the evidence base and research gaps. She was also instrumental in developing relationships with donors and other international organizations in order to coordinate research agendas, relationship building and in getting buy-in and support.

Jewel provided technical leadership to Europe & Eurasia (E&E) and other missions in the design of new Family Planning programs. She also provided technical oversight to the development of the agenda for a high-profile meeting of government stakeholders, mission staff and partners from across the E&E region. Jewel worked to raise the profile of E&E in the Office of Population and Reproductive health and received co-funding for many of the E&E activities that she designed.

In addition to providing technical leadership within the division, Jewel managed three large research projects. She served as an advocate and strategist for the projects and also served as a guide by providing technical leadership in family planning and research.

Kristen Stelljes

Population, Health and Environment Advisor
Packard Foundation, Ethiopia

Kristen Stelljes was instrumental in providing technical support in the areas of Monitoring & Evaluation and communication to PHE organizations and to other grantees of the Packard Foundation. Kristen worked with a number of organizations and helped them complete Monitoring, Evaluation and Communications needs assessments, which included discussions and planning on using M&E data for communications. Kristen worked with these organizations on how to build their capacity in developing indicators and data collection tools, which will also be used in communication materials.

Kristen developed a facilitator guide and provided training of trainers for the staff of PHE Ethiopia Consortium. The trained program officers used the guide to facilitate sessions at the PHE Implementers' Workshop. Kristen developed a protocol, which the trained program officers used during site visits, which was focused on integration, sustainability and scaling up.

Kristen conducted two separate workshops to build skills on PHE implementation for PHE implementers from 10 organizations and 17 organizations from PHE implementation initiators. From these workshops, each organization developed an action plan to strengthen PHE in their organizations. She also provided technical support to select organizations on strengthening their programs.

ANNEX B: LIST OF COMPLETED FELLOWS

Armbruster, Deborah
Senior Maternal Health Advisor
GH/HIDN/MCH

Bachman, Gretchen
Senior Orphans and Vulnerable Children
Technical Advisor
GH/OHA/IS

Banda, Lindizgya
Child Health and Immunizations Technical
Advisor
GH/HIDN/MCH

Bartlett, Noah
Monitoring and Evaluation Advisor
GH/OHA/SPER

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

Broxton, Clancy
Most-at-Risk Populations Advisor
GH/OHA/TLR

D'Adamo, Margaret
Knowledge Management / IT Advisor
GH/PRH/PEC

Eckert, Erin
Senior Monitoring and Evaluation Advisor
GH/AA(GHI)

Feldbaum, Harley
Senior Public Health Policy Advisor
GH/AA (GHI)

Fogg, Karen
Health Program Advisor
AFR/SD

Fretwell, Terra
Capacity Development Advisor
GH/PDMS

Hammamy, Diaa
Senior Advisor for Maternal, Newborn and Child
Health
GH/HIDN/MCH

Hazen, James
Food Security Advisor
GH/HIDN/NUT

Hazen, James
Senior Nutrition and Water, Sanitation and
Hygiene Advisor
USAID/Mali

Herrel, Nathaly
Malaria Technical Advisor (Communication
Liaison)
GH/HIDN/PMI

Jacobs, Troy
Pediatrics HIV/AIDS Advisor
GH/HIDN/MCH

Lucas, Rachel
Demographic and Health Surveys & Evaluation
Technical Advisor
GH/PRH/PEC

Marks, Lauren
Health Programs/Public-Private Partnership
Advisor
USAID/South Africa

McCauley, Ann
Senior Public Health Advisor
USAID/Nepal

Mielke, Erin
Service Delivery Improvement Program Advisor
GH/PRH/SDI

Milliner, John
Malaria Advisor
AFR/SD

Minnick, Anja
SCMS Advisor
GH/OHA/SCMS

Njeuhmeli, Emmanuel
Biomedical Prevention Advisor
GH/OHA/TLR

Orlando, James
Monitoring and Evaluation Advisor
GH/AA

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

Raja Rao, Irine (Pamela)
Senior Health Systems Strengthening Advisor
GH/OHA/SPER

Reed, Kanchan
Deputy PEPFAR Coordinator
PEPFAR/Ethiopia

Rose, Jessica
Senior Monitoring & Evaluation Advisor
GH/OHA/SPER

Schlesinger, Jyoti
OGAC Congressional and Legislative Liaison
GH/OHA/SPER

Sklaw, Kenneth
Organizational Capacity Advisor
GH/OHA/IS

Svenson, Gary
Senior Regional HIV/AIDS Prevention Advisor
USAID/ Southern Africa (RHAP)

Tchofa, Jose
Malaria Advisor
USAID/DRC

Thatte, Nandita
Service Delivery Improvement Technical Advisor
GH/PRH/SDI and RTU

Thompson, Elizabeth
Malaria Technical Advisor and Communications
Liaison
GH/HIDN/ID

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

Active Fellows

Abbott, Sally
Nutrition and Food Security Advisor
GH/HIDN/NUT

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

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

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

Alleman, Patty
Health Policy and Gender Advisor
GH/PRH/PEC

Amanyeiwe, Ugochukwu
Community Care and Prevention Advisor
GH/OHA/TLR

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

Armstrong, LaToya
Policy Advisor
GH/P3

Asrat, Anjabebu (Lily)
Senior Evaluation Advisor
GH/OHA/SPER

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

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

Belemvire, Allison
Malaria Technical Advisor
GH/HIDN/MAL

Bergeson-Lockwood, Jennifer
Saving Lives at Birth Program Technical Advisor
GH/HIDN/MCH

Beyene, Endale
Immunization Technical Advisor
GH/HIDN/MCH

Blake, Courtney
Child Protection Advisor
DCHA/OFDA/TAG

Bravo, Mario
Senior Advisor for Development
Communication
GH/HIDN

Broomhall, Lorie
Senior Monitoring and Evaluation Advisor
GH/OHA/SPER

Brownlow, Kaleb
Supply Chain Advisor
GH/OHA/SCMS

Castor, Delivette
Epidemiologist/Statistician
GH/OHA/TLR

Charles, Jodi
Health Systems Advisor
GH/OHS

Chiang, Thomas
TB Technical Advisor
GH/HIDN/ID

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

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

Clemente, Corina
Population, Health and Environment Advisor
Gorongosa Restoration Project(Mozambique)

Clune, Karen
Innovation Advisor
GH/AA/CAII

Cole, Kimberly
Population and Reproductive Health Technical
Advisor
LAC/FP/RH

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

Connolly, Kimberly
Malaria Technical Advisor
AFR/SD

Crews, Meredith
Child Survival & Health Grants Program
Technical Advisor
GH/HIDN/NUT

Dzisi, Stephen
Cross-Cutting Health Advisor
USAID/Liberia

Easley, Thomas
Senior Emerging Threats Country Coordinator
USAID/Uganda

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

Edgil, Dianna
Supply Chain Management Systems Advisor
GH/OHA/SCMS

Egan, Rebecca
Nutrition Advisor
GH/HIDN/NUT

Eteni, Longondo
Global Fund Liaison
USAID/DRC

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

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

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

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

Gausman, Jewel
Family Planning/Program Research Technical
Advisor
GH/PRH/RTU

Gayle, Jacqueline
Tanzania Community Care Advisor
USAID/Tanzania

George (Latona), Kristen
Malaria Technical Advisor
GH/HIDN/MAL

Gerberg, Lilia
Malaria and Communication Technical Advisor
GH/HIDN/MAL

Gryboski, Kristina
Child Survival & Health Grants Program
Technical Advisor
GH/HIDN/NUT

Hamblin, Kelly
Health Commodity and Logistics Advisor
USAID/Rwanda

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

Harrison, Denise
Market Development Advisor
GH/PRH/CSL

Heap, Amie
Nutrition Advisor
GH/OHA/TLR

Hershey, Christine
Infectious Disease Monitoring and Evaluation
Advisor
GH/HIDN/MAL

Holohan, Meghan
TB Coordination Advisor
GH/HIDN/ID

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

Kayongo, Milly
Senior Integration Advisor for HIV/AIDS and
Maternal and Child Health/Family Planning
GH/OHA/IS

Lane, Catherine
Youth Health Advisor
GH/PRH/SDI

Lane, Karin
M&E Advisor
GH/OHA/SPER

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

Loganathan, Ratha
Health Advisor for Afghanistan
USAID/OAPA

Lombardi, Karen
Donor Coordination Advisor
GH/P3

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

Lwanga, Esther
Health Research Advisor
GH/HIDN/NUT

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

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

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

Mason, Jennifer
Health Advisor
ME/TS

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

Miller, Roy
Senior Strategic Planning, Information, M&E
Health Advisor
AFR/SD

Minior, Thomas
Adult Treatment Advisor
GH/OHA/TLR

Miralles, Maria
Senior Pharmaceutical Management Advisor
GH/OHS

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

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

Mungurere-Baker, Josephine
Strategic Information Advisor
USAID/Tanzania

Muschell, Jeffrey
Global Fund Liaison
USAID/Indonesia

Muteteke, Dorcas
Senior Infectious Disease Technical Advisor
USAID/DRC

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

Nguyen, Cathy
Tanzania Deputy PEPFAR Coordinator
PEPFAR/Tanzania

Orlando, James
Field Liaison
GH/AA/CECA

Payes, Roshelle
Food and Nutrition Advisor
GH/HIDN/NUT

Peltz, Amelia
Gender Advisor
GH/OHA/TLR

Phelps, Benjamin (Ryan)
Senior Pediatric PMTCT Advisor
GH/OHA/TLR

Phillips, Janet
International Programs Advisor
GH/HIDN

Polis, Chelsea
Epidemiologist
GH/PRH/RTU

Prohow, Shimon
Multilateral Advisor
GH/OHA/SPER

Qutub, Katie
Health Advisor
ME/TS

Rankin, Kathleen
Malaria Research Advisor
GH/HIDN/MAL

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

Reuben, Elan
HIV/AIDS Costing Advisor
GH/OHA/SPER

Rinehart, Richard
Senior Technical Advisor for M & E of Assistance
for Vulnerable Children
GH/AA/CECA

Rosenthal, Matthew
Strategic Information Advisor
USAID/Namibia

Roxo, Uchechi
Community and Home Care Health Advisor
GH/OHA/IS

Ruebush, Trenton
Senior Malaria Advisor
GH/HIDN/MAL

Saarlas, Kristin
Evaluation Advisor
GH/P3

Salgado, Rene
Senior Malaria Monitoring and Evaluations
Advisor
GH/HIDN/MAL

Santillan, Diana
Gender Advisor
GH/PRH/PEC

Scheening, Sarah
Policy Implementation Technical Advisor
GH/OHS

Scholl, Ana
Monitoring & Evaluation and Budgeting Advisor
GH/OHA/SPER

Seaver, Erin
Program Advisor
GH/PRH/CSL

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

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

Smith, Shirl
M&E Advisor
GH/P3

Sprafkin, Noah
Health Advisor for Pakistan
USAID/OAPA

Sripipatana, Tabitha
Research Advisor
GH/PRH/RTU

Stelljes, Kristen
Population, Health and Environment Advisor
Packard/Ethiopia

Thapa, Shyam
Senior Research and Evaluation Advisor
GH/OHA/TLR

Tilahun, Jessica
Nutrition Advisor
GH/HIDN/NUT

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

Van der Bijl, Sophia
Food Security Monitoring and Evaluation
Advisor
USAID/Bureau for Food Security

Van Dyke, Marci
Neglected Tropical Diseases Technical Advisor
GH/HIDN/ID

Wahle, Christine
Global Fund Technical Assistance Advisor
GH/OHA/SPER

Webb, Kathleen
Senior Malaria Advisor
USAID/West Africa (Burkina Faso)

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

Widyono, Monique
Gender Advisor
GH/OHA/TLR

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

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

Yarrow, Kristina
Health Advisor
ME/TS

Zinzindohoue, Pascal
Malaria Technical Advisor
GH/HIDN/MAL

ANNEX C: PMEP DATA DISSAGREGATION

Key Result Area 1:

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

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

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

1.1.1.1 Number of outreach events promoting awareness of GHFP-II and people reached

Number of outreach events promoting awareness of GHFP-II, disaggregated by virtual and in person

1.1.1.1	Virtual	In Person	Total
Number of outreach events	6	55	61
Number of individuals	1,655	4,344	5,999

1.1.1.2 Number of unique pageviews

Unique pageviews, disaggregated by new and returning visitors

1.1.1.2 New; returning	Average monthly unique pageviews for Y1 (Nine months - Jan 12 – Sept 12)
New visitors	54%
Returning visitors	46%

1.1.1.3 Number of “Summit” meetings organized to discuss the future of professionals in the field of GH with key findings published

- **Indicator 1.1.1.3** None for year one.

SR 1.1.2 Fellows recruited and supported efficiently

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

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

1.1.2.1: Level	Total Fellowships	% of Total
Level I	6	14%
Level II	18	42%
Level III	18	42%
Level IV	1	2%
TOTAL:	43	

Candidates selected as finalists during the first round, disaggregated by technical area/office

1.1.2.1 Office	Total Fellowships	% of Total
Office of Health, Infectious Diseases and Nutrition	13	30%
Office of Population and Reproductive Health	8	19%
Office of HIV/AIDS	4	9%
Cross-Cutting (2 or More Technical Areas)	3	7%
Office of Strategic Planning, Budgeting and Operations	3	7%
Bureau for Democracy, Conflict, and Humanitarian Assistance	3	7%
Office of the Assistant Administrator	2	5%
Bureau for Food Security	1	2%
Bureau for Africa	1	2%
Bureau for LAC	1	2%
Technical Area HIV/AIDS	1	2%
Technical Area Infectious Diseases	1	2%

Technical Area Organizational Development	1	2%
Technical Area Orphans and Vulnerable Children	1	2%
TOTAL:	43	

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

Average number of days for recruiting and hiring, disaggregated by level

1.1.2.2: Level	Avg. # of Days for Recruiting	Avg. # of Days for Hiring
I	17.7	15.5
II	33.3	15.7
III	38.9	20.2
IV	5	11

Average number of days for recruiting and hiring, disaggregated by location

1.1.2.2: Location	Days – Recruiting (average)	Days – Hiring (average)
Washington, DC (36 fellows)	31	18
All overseas (7 fellowships)	43	17

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

Hiring managers satisfaction with recruitment process, disaggregated by level

1.1.2.3: Level of fellow(s) hired	very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total satisfied or very satisfied
1						0
2				4	1	5 (100%)
3	1		1		1	1 (33%)
4						0
multiple levels		1		2		2 (67%)
Total	1 (9%)	1 (9%)	1 (9%)	6 (55%)	2 (18%)	11

Hiring managers satisfaction with recruitment process, disaggregated by location

1.1.2.3: Location	very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total satisfied or very satisfied
DC		1		4	1	6 (83%)
Overseas	1		1	2	1	5 (60%)
Total	1 (9%)	1 (9%)	1 (9%)	6 (55%)	2 (18%)	11

SR 1.1.3 USAID's technical and workforce needs addressed

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

Fellows who indicate that they were satisfied or very satisfied with GHP-II services, disaggregated by type of assignment/office

1.1.3.1: Office	very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total
AFR/SD				2 (50%)	2 (50%)	4
Bureau for Food Security				1 (100%)		1
DCHA/OFDA				1 (100%)		1
GH/AA				1 (33%)	2 (67%)	3
GH/HIDN		1	2	10 (43%)	10 (43%)	23
GH/OHA				14 (74%)	5 (26%)	19
GH/P3		1		1 (33%)	1 (33%)	3
GH/PRH		1		6 (46%)	6 (46%)	13
Gorongosa				1 (100%)		1
LAC/FP				1 (100%)		1
LAC/RSD					1 (100%)	1
ME/TS				1 (33%)	2 (67%)	3
Packard/Ethiopia				1 (100%)		1
PEPFAR/Tanzania					1 (100%)	1
USAID/country office				5 (50%)	5 (50%)	10
USAID/OAPA				2 (100%)		2
(blank)					1 (100%)	1
Total	0 (0%)	3 (3%)	2 (2%)	47 (53%)	36 (41%)	88

Fellows who indicate that they were satisfied or very satisfied with GHP-II services, disaggregated by location

1.1.3.1: Location	very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total
Washington		3	2	40 (53%)	30 (40%)	75
Burkina Faso				1 (100%)		1
DRC					2 (100%)	2
Ethiopia				1 (100%)		1
Indonesia				1 (50%)	1 (50%)	2
Liberia				1 (100%)		1
Mali					1 (100%)	1
Mozambique				1 (100%)		1
Rwanda					1 (100%)	1
Tanzania				1 (50%)	1 (50%)	2
Uganda				1 (100%)		1
Total	0	3	2	47	36	88
Percentage	0%	3%	2%	53%	41%	

1.1.3.2 Total number of fellows employed by PHI annually and cumulatively

Fellows employed, disaggregated by level

Indicator 1.1.3.2: Level	Fellows employed ²¹
I	11 (7%)
II	51 (34%)
III	69 (46%)
IV	15 (10%)
USSTA	3 (2%)
TOTAL:	149

²¹ Fellows who served at any time during PY1.

Number of fellows employed, disaggregated by office/technical area

1.1.3.2: Office/ Technical area	Fellows employed
GH/HIDN	40 (27%)
GH/OHA	37 (25%)
GH/PRH	18 (12%)
USAID country offices	19 (13%)
Other offices	35 (23%)

Fellows employed, disaggregated by location

1.1.3.2: Location	Fellows
Washington	117 (79%)
Africa	26 (17%)
ANE	3 (2%)
Middle East	2 (1%)
LAC	1 (1%)
TOTAL:	149

1.1.3.3 Percent of fellows who report that they achieved most or all work plan deliverables

Fellows reporting achievement of most or all work plan deliverables, disaggregated by level

1.1.3.3: Level	all	most	not sure	some	Total
1	1	4		1	6
2	9	8		1	18
3	10	17	1	2	30
4		1		1	2
Total	20 (36%)	30 (54%)	1 (2%)	5 (9%)	56

Fellows reporting achievement of most or all work plan deliverables, disaggregated by technical area/office

1.1.3.3: Office	all	most	not sure	some	Total
AFR/SD		2			2
DCHA/OFDA		1			1
GH/AA				1	1
GH/HIDN	3	6		3	12
GH/OHA	8	6			14
GH/P3	1				1
GH/PRH	2	4	1	1	8
LAC/RSD	1				1
ME/TS	2	1			3
Packard/Ethiopia		1			1
PEPFAR/Tanzania		1			1
USAID/country office	3	6			9
USAID/OAPA		2			2
Total	20 (36%)	30 (54%)	1 (2%)	5 (9%)	56

Fellows reporting achievement of most or all work plan deliverables, disaggregated by location

1.1.3.3: Location	all	most	not sure	some	Total
Burkina Faso		1			1
DRC		2			2
Ethiopia		1			1
Indonesia		2			2
Mali	1				1
Rwanda	1				1
Tanzania		2			2
Uganda	1				1
Washington	17	22	1	5	45
Total	20 (36%)	30 (54%)	1 (2%)	5 (9%)	56

1.1.3.4 Percent of fellows rated by Onsite Managers (OSMs) as making a ‘good’ or ‘excellent’ contribution to the host organization

Fellows rated by Onsite Managers (OSMs) as making a ‘good’ or ‘excellent’ contribution to the host organization, disaggregated by location of position

1.1.3.4: Location of position	too new to evaluate	poor	good	excellent	Total	Total indicating 'good' or 'excellent'
DC	1	1	9	18	29	27 (93%)
Overseas	1		1	2	4	3 (75%)
Total	2 (6%)	1 (3%)	10 (30%)	20 (61%)	33	

- **Indicator 1.1.3.4:** Disaggregation for fellowship level was not available, as fellowship level was not matched to specific scores for OSMs with multiple fellows. Also not available, disaggregation by type of assignment.

1.1.3.5 Percent of Fellows: 1) invited for extension; 2) accepting an extension of their fellowships

- **Indicator 1.1.3.5** Disaggregation was not available (type of assignment, location of position, fellowship level).

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

- **Indicator 1.1.4.1** Data and disaggregation was not available (type of assignment, location of position, fellowship level).
- **Indicator 1.1.4.2** Disaggregation was not available for percent of fellows who transition to another position or pursue further education in global health within a year of completing their fellowship (type of position, location of position, ethnic/racial background).

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

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

1.2.1.1 Number of outreach events promoting awareness of the GHFP-II program and people reached²²

Outreach & individuals reached, disaggregated by virtual, in person

1.2.1.1: In-person; virtual	Virtual	In Person	Total
Number of outreach events	3	32	35
Number of individuals	1,509	3,059	4,568

SR 1.2.2 Interns recruited, and supported

1.2.2.1 Total number of interns placed and supported annually and cumulatively

GHFP-II Interns, disaggregated by location

1.2.2.1: Location	Interns
Washington, DC	39
USAID/Tanzania	1
TOTAL:	40

Interns, disaggregated by education level completed at beginning of internship

1.2.2.1: Education level	Interns
BSN	1 (3%)
Pursing MPH or MSPH	10 (25%)
MPH or MSPH	13 (33%)
Pursuing other Master's	4 (10%)
Other Master's	7 (18%)
Pursuing PhD	4 (10%)
PhD	1 (3%)
TOTAL:	40

²² Indicator 1.2.1.1 is identical to indicator 1.1.1.1.

Interns, disaggregated by ethnic background

Indicator 1.2.2.1	GHFP-II Interns	GlobeMed Interns	GHCorps Interns	Total (GHFP-II, GlobeMed and GHCorps)	% Total (GHFP-II, GlobeMed and GHCorps)
White	24 (60%)	15 (45%)	5 (83%)	44	56%
Black	8 (20%)			8	10%
Asian	3 (8%)	9 (27%)	1 (17%)	13	16%
Two or more races	3 (8%)	3 (9%)		6	8%
Hispanic or Latino	2 (5%)	6 (18%)		8	10%
TOTAL:	40	33	6	79	

Interns, disaggregated by type (summer/other)

1.2.2.1: Type	GHFP-II Interns	GlobeMed Interns	GHCorps Interns	Total (GHFP-II & GlobeMed)
Summer	32 (80%)			32 (44%)
On-Demand	7 (18%)			7 (10%)
Overseas	1 (3%)	33 (100%)		34 (47%)
TOTAL:	40	33		

Interns, disaggregated by organization

1.2.2.1: Type	Interns
GHFP-II	40
GlobeMed	33
TOTAL:	73

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

Interns who were 'satisfied' or 'very satisfied' with their internship, disaggregated by office/type of assignment

1.2.2.2: Office/ type	Satisfied	Very satisfied	Total
GH/OHA	2	2	4 (57%)
GH/AA		1	1 (14%)
GH/HIDN		1	1 (14%)
GH/PRH		1	1 (14%)
Total:	2	5	7

- **Indicator 1.2.2.2:** Disaggregation by location was not available.

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

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

1.2.2.3: Interns pursuing international public health	Female	Male	Total
Obtained work in international public health-related area	7	0	7 (32%)
GHFP-II Fellow	1	0	1 (5%)
Pursued further education - global health	5	2	7 (32%)
Pursued further education - other field	2	1	3 (14%)
Job searching	1		1 (5%)
Employed – unclear whether in global health	2	1	3 (14%)
TOTAL:	18	4	22

- **Indicator 1.2.2.3:** Disaggregation by ethnic background and institution was not available.

Key Result Area 2:

Diversity increased in the cadre of Global Health professionals

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

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

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

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

2.1.1.1: Recruiting	Virtual	In Person
Outreach events to recruit diverse talent	3 (12%)	23 (88%)
Diverse individuals reached	146 (10%)	1,285 (90%)

- **Indicator 2.1.1.1:** Disaggregation by location was not available.

SR 2.1.2 Diversity sustained among GHFP-II participants

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

Interns and fellows from underrepresented backgrounds, disaggregated by ethnicity

2.1.2.1: Underrepresented backgrounds: Ethnicity	Fellows	Interns (includes GlobeMed and GHCorps)	Total	Percent ²³
Black	23	8	31	14%
Two or more races	6	6	12	5%
Hispanic or Latino	10	8	18	8%
Total	39	22	61	27%

²³ This estimation for 2.1.2.1 about percentage of underrepresented backgrounds, disaggregated by ethnicity, used a total population of 228, which included GHFP-II fellows (149), GHFP-II interns (40), GlobeMed interns (33) and GHCorps interns (6).

Interns and fellows from underrepresented backgrounds, disaggregated by disability

2.1.2.1: Self-reported disability ²⁴	Fellows	Interns ²⁵
Yes	0	n/a
No	83	n/a
Declined to answer / skipped question	7	n/a

Interns and fellows from underrepresented backgrounds, disaggregated by socioeconomic status (SES)

2.1.2.1: Self-reported low socioeconomic status ²⁶	Fellows	% Fellows	Interns
Yes	10	13%	n/a
No	67	87%	n/a
Declined to answer / skipped question	13		n/a

- Thirteen percent of fellows (10 people) indicated that they would describe themselves as coming from a low socioeconomic background. Eighty-seven percent of respondents who answered the question (67 people) indicated no to this question. An additional 13 people, not included in these calculations, declined to answer or skipped the question. This data was not available for interns in year one.
- **Indicator 2.1.2.1:** Disaggregation by age and gender was not available.

2.1.2.2 Number of short term private sector fellowships supported

- **Indicator 2.1.2.2:** No data was available, as no short term private sector fellowships supported in year one.

²⁴ For indicator 2.1.2.1, fellows were asked, “Are you an individual with a disability as defined by the Americans with Disabilities Act?” Options included yes, no, and decline to answer. Interns were not surveyed on disability in year one.

²⁵ Interns were not surveyed on socioeconomic status (SES) in year one.

²⁶ For indicator 2.1.2.1, fellows were asked, “Would you describe yourself as coming from a low socioeconomic background?” Options included yes, no, and decline to answer.

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

SR 2.2.1 Opportunities for FSN exchanges increase

2.2.1.1a Number of Foreign Service National (FSN) exchanges/fellowships implemented and other professional development activities provided

- **Indicator 2.2.1.1:** There were no Foreign Service National (FSN) exchanges/fellowships implemented in year one or other professional development activities provided.

Key Result Area 3:

Fellows' technical, program management, and leadership competencies enhanced

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

SR 3.1.1 Developmental goals for Fellows defined and appropriate resources identified

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

- **Indicator 3.1.1.1:** Disaggregation by fellowship level and location of placement was not available.

3.1.1.2 Percent of continuing Fellows completing in-progress job competency assessment within 45 days of anniversary date

- **Indicator 3.1.1.2:** Disaggregation by fellowship level and location of placement was not available.

3.1.1.3 Percent of new Fellows completing initial AWP/IDP within 90 days of starting employment²⁷

- **Indicator 3.1.1.3:** Disaggregation by fellowship level and location of placement was not available.

3.1.1.4 Percent of continuing Fellows updating AWP/IDP within 45 days of anniversary date²⁸

- **Indicator 3.1.1.4:** Disaggregation by fellowship level and location of placement was not available.

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

3.1.2.1 Percent Fellows completing at least 75% of developmental activities in approved IDPs

²⁷ Indicator 3.1.1.3 includes a possible 34 new fellows, of whom 25 started in enough time to have met this requirement. Of those 25, 13 completed it.

²⁸ Indicator 3.1.1.4 includes 23 fellows with anniversary dates between April 1 and Aug. 15 and for whom the revised AWP/IDP requirement applies.

Fellows completing at least 75% of developmental activities in approved IDPs, disaggregated by fellowship level

3.1.2.1: Level	no	not sure	yes	Total
1	3	1	2 (33%)	6
2	6	3	9 (50%)	18
3	4	7	19 (63%)	30
4	2		1 (33)	3
Total	15 (26%)	11 (19%)	31 (54%)	57

Fellows completing at least 75% of developmental activities in approved IDPs, disaggregated by location of placement

3.1.2.1: Location	no	not sure	yes	Total
Washington	14	8	24 (52%)	46
Burkina Faso		1		1
DRC			2 (100%)	2
Ethiopia			1 (100%)	1
Indonesia			2 (100%)	2
Liberia				
Mali			1 (100%)	1
Rwanda		1		1
Tanzania	1	1		2
Uganda			1 (100%)	1
Total	15 (26%)	11 (19%)	31 (54%)	57

3.1.2.2 Average composite rating of access to technical information, and research support services provided to Fellows who request them

Satisfied with the outcome of request for access to technical information resources, research support services or publication guidance, disaggregated by fellowship level

3.1.2.2: Level	Very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total
1			1			1
2			1	1		2
3				3	1	4
4		1				1
Total	0 (0%)	1 (13%)	2 (25%)	4 (50%)	1 (13%)	8

Satisfied with the outcome of request for access to technical information resources, research support services or publication guidance, disaggregated by location of placement

3.1.2.2: Location	Very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total
Ethiopia			1			1
Mali				1		1
Mozambique			1			1
Washington		1		3	1	5
Total	0 (0%)	1 (13%)	2 (25%)	4 (50%)	1 (13%)	8

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

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

3.1.2.3	
Region/location	Johannesburg, South Africa
Topic areas	Personal and performance effectiveness, program updates on performance planning and role of the fellow issues, and a needs assessment for professional development and career planning support

3.1.2.4 Average composite rating of the value/relevance/ utility of the regional conference by attending field Fellows

- **Indicator 3.1.2.3:** Disaggregation by region/location and topic areas was not available.

3.1.2.5 Percent of Fellows completing all core training offered by GHFP-II

- **Indicator 3.1.2.5:** Disaggregation by fellowship level and location of placement was postponed to year two.

3.1.2.6 Average satisfaction rating for GHFP-II core training provided to participating Fellows

- **Indicator 3.1.2.6:** Data and disaggregation was not available for year one.

3.1.2.7 Average composite rating of GHFP-II coaching services provided to Fellows

Rating of GHFP-II coaching services provided to Fellows, disaggregated by fellowship level

3.1.2.7: Level	very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total
1			2	3 (38%)	3 (38%)	8
2	1	2	2	3 (33%)	1 (11%)	9
3			3	7 (50%)	4 (29%)	14
4				1 (100%)		1
Total	1 (3%)	2 (6%)	7 (22%)	14 (44%)	8 (25%)	32

Rating of GHFP-II coaching services provided to Fellows, disaggregated by location of fellowship

3.1.2.7: Location	very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total
Washington	1	2	7	12 (41%)	7 (24%)	29
Burkina Faso					1(100%)	1
Mozambique				1 (100%)		1
Tanzania				1 (100%)		1
Total	1 (3%)	2 (6%)	7 (22%)	14 (44%)	8 (25%)	32

SR 3.1.3 Increase in Fellows' competency levels demonstrated and documented

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

Competency rating, disaggregated by level

3.1.3.1: Level	2.2 – 2.4	2.5 – 2.7	2.8 – 3.0	3.1 – 3.3	3.3 – 3.6
I			1		
II	2	1	1	1	1
III	3	1	2	4	2
IV					
Total	5 (26%)	2 (11%)	4 (21%)	5 (26%)	3 (16%)

3.1.3.2 Percent of Fellows’ overall annual performance appraisals rated ‘above average’ or higher

Annual Performance Appraisal, disaggregated by level

3.1.3.2: Level	Below Average	Satisfactory	Above Average	Outstanding	Total
I			1	3	4
II		2	20	9	31
III	2	3	15	14	34
IV			1	2	3
USSTA			1		1
Total	2	5	38	28	73
% Scores by Rating	3%	7%	52%	38%	

- Disaggregation by location was not available for 3.1.3.2.

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

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

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

Value and responsiveness of GHFP II technical assistance (TA) provided to OSM, disaggregated by location (office/organization listed)

3.2.1.1: Location - Office/organization	very dissatisfied	dissatisfied	neutral	satisfied	very satisfied	Total - satisfied or very satisfied
DC				3	6	9 (100%)
Overseas			1		1	2 (50%)
Total	0	0	1 (9%)	3 (27%)	7 (64%)	11

3.2.1.2 Average composite score of GHFP-II provided coaching services

OSM feedback on impact of GHFP-II provided coaching services, disaggregated by location (office/organization listed)

3.2.1.2: Location - Office/organization	negative impact	no impact observed	some positive impact	strong positive impact	Total indicating some or strong positive impact - by location
DC		1	3		4 (75%)
Overseas		1			0 (0%)
Total	0 (0%)	2 (40%)	3 (60%)	0 (0%)	5

Survey Summary

- **Fellows Survey:** The survey was sent to 117 fellows, and 90 responded – for a response rate of 77 percent. This included:
 - New fellows: 35 sent, responses received from 32. Response rate of 91 percent.
 - Continuing fellows: 82 sent, responses received from 58. Response rate of 71 percent.
- **OSM Survey:** The survey was sent to 63 OSMs, and 19 responded, for a response rate of 30 percent.
- **Hiring Managers Survey:** The survey was sent to 31 hiring managers, and 11 responded, for a response rate of 35 percent.