Global Health Fellows Program II (GHFP-II)

Annual Progress Report

Program Year Two: October 1, 2012-September 30, 2013
Submitted December 31, 2013

Dr. Sharon Rudy
GHFP-II Program Director

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

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

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

GHFP-II Annual Progress Report, PY2 – October 1, 2012-September 30, 2013

Table of Contents

ANNEXES

Acronyms

ANE	Asia and Near East
AOR	Agreement Officer's Representative
CDC	Centers for Disease Control and Prevention
CHERG	Child Health Epidemiology Reference Group
CUGH	Consortium of Universities for Global Health
EOP	End of Project
ERT	Evidence Review Team
EPT	Emerging Pandemic Threats
FSN	Foreign Service National
GHCorps	Global Health Corps
GH	Global Health
GH/OHA	Office of HIV/AIDS
GH/PDMS	Office of Professional Development and Management Support
GHPOD	Global Health Professional & Organizational Development
GHFP-II	Global Health Fellows Program II
HBCUs	Historically Black Colleges and Universities
HOP	Headquarters Operational Plan
HSI	Hispanic Serving Institution
HSS	Health Systems Strengthening
IDP	Individual Development Plan
IMARS	Information Management and Reporting System
IR	Intermediate Result
LAC	Latin America and the Caribbean
MCH	Maternal and Child Health
MOH	Ministry of Health
MPH	Master of Public Health
MSI	Management Systems International
MSI	Minority Serving Institution
NGO	Non-governmental Organization
OAA	Office of Acquisition and Assistance
OFDA	Office of U.S. Foreign Disaster Assistance
OFM	Office of Financial Management
OGAC	Office of U.S. Global AIDS Coordinator
OMB	Office of Management and Budget
OSM	On-site Manager
OVC	Orphans and Other Vulnerable Children
PCD	Performance and Career Development
PEPFAR	President's Emergency Plan for AIDS Relief
PHI	Public Health Institute
PMAS	Performance Management and Advisory Services
PMEP	Performance Monitoring and Evaluation Plan
PRH	Population and Reproductive Health
PMI	President's Malaria Initiative
PY	Program Year
QA/QI Initiative	Quality Assessment/Quality Initiative

RFA	Request for Applications
SES	Senior Executive Service
SOP	Standard Operating Procedure
SR	Sub-Result
TDY	Temporary Duty
UNICEF	United Nations Children's Fund

Overview and Highlights

In Program Year Two (PY2), GHFP-II solidified staffing, continued to strengthen systems, updated and streamlined policies and procedures. During this period, Year One activities were evaluated while the Year Three Workplan was designed and approved. Transitions included new AORs (Michael Wilburn to Shari Brown-Smith to Lucrecia Roman) as well as new staff. During PY2, we led an exploration of the future of the American global health professional and further implemented the program's Diversity Initiative. We increased the use of relevant technology to serve the program goals, and continued to strengthen core processes of recruitment and support to a variety of program participants.

 Technology played a particularly significant role this year, when we:

- Held to the timeline and budget while designing the new IMARS (Information Management and Reporting System), set to launch in Program Year Three
- Expanded the use of webinars as an outreach tool, including focused webinars for diverse audiences
- Expanded the use of social media including Facebook, Twitter, LinkedIn and blogging to reach target audiences with appropriate messages
- Introduced video capability that supports fellows and USAID staff organizing videoconferences with up to 25 sites
- Introduced PREZI, a post-PowerPoint technology that allows more dynamic options for presenting information

During PY2, GHFP-II staff actively improved support for Onsite Managers In specific ways. We provided new guidance on the development of fellows' and interns' scopes of work and developed more frequent partnerships with OSMs, working together to manage the performance of fellows and, to a lesser extent, interns. OSM satisfaction with this increased support is reflected in the results. It should be noted that interns continue to desire more time and attention from their OSMs, a need which we will explore in PY3. Anecdotally, contact with OSMs, in meetings and teleconferences, increased significantly. During these interactions, guidance and advice was provided to OSMs to help them provide the most effective support to their fellows. Appreciation for this is reflected in the improved data.

PY 2 targets regarding outreach were exceeded including efforts to reach diverse audiences. It is concerning that fewer new fellows and no Level IV fellows were requested in PY2 (33 versus 43 in PY1). Hiring managers continued to give GHFP-II high marks as did fellows regarding the recruitment process and on-program support. Internships (including partner activities) exceed all program goals as did support for the program's strengthened Diversity Initiative.

Regarding fellows' support in PY2, the program continued to upgrade the management of participant performance and support to the OSMs. Work continues in streamlining policies and procedures, improving work planning, professional development planning, evaluation processes and the use of competency-based self-assessments. The entire process of improving performance management remains one of the most complicated aspects of the program, with slow improvements in the development of individual workplans and professional development plans. One indicator remains a challenge, although there is steady improvement. GHFP-II is particularly sensitive to the fact that many OSMs are managing multiple mechanisms so we work to ensure that our systems are top quality and user friendly.

The GHFP-II contribution to USAID continues to be perceived as valued with 95% of the fellows rating GHFP-II services "good/excellent" and 91% of the OSMs indicating they are satisfied/very satisfied with the value and responsiveness of assistance provided to them. This documentation of GHFP-II's value persists as we continue to improve in Year Three.

Processes and Administrative Accomplishments

Staffing

In PY2, staff who moved on were replaced (IT specialist, two receptionists, office supervisor, program support specialist, administrative assistant). With these hires, the administration team was fully staffed to support the increased demand on GHFP-II offices and meeting space. The Diversity and Recruitment lead function was separated into two positions and two new staff were hired – Jennifer Kaindi and Fred Fuentes. These hires allowed us to attend more specifically to the recruitment and diversity/inclusion functions as two interconnected but separate technical areas.

Facilities

After combining two project spaces in Washington, DC into one in the summer of 2012, staff and participants have been adjusting to the new setup. A series of small changes were made to improve the efficiency and appearance of the office.

- Five modular **cubicles were purchased** and installed, increasing the number of cubicles available to interns from 21 to 26 to accommodate the Summer Cohort.
- **Wiring and desks** were added in three fellows' offices, increasing seating capacity for fellows to 99.
- All **meeting rooms were named** for continents, to facilitate their identification and make it easier for meeting attendees to find them.
- Building management installed **security keypads** to enter the ladies' rooms, eliminating the need to issue restroom keys to female staff and participants.

- Colorful signs were created and posted in all meeting rooms, outlining a simple **"code of conduct"** for meeting organizers and attendees.
- **Colorful photography** was added to improve the appearance of the kitchen, reception area and two large meeting rooms in Suite 315. The photos are meant to remind all of us of the end-users of global health interventions – our final, real clients.

Operations

Key operations activities in PY2 include:

- **Revised meeting room reservations policy and procedure.** Meeting room requests are now made online via reservations.ghfp.net, where requestors complete a form with their meeting details. Receptionists respond to the request via e-mail and confirm reservations with an Outlook invitation. The system allows for tracking of meeting room usage and allows the receptionist to find the room best suited for the size of the gathering. This system makes the most of available space when demand is high.
- **Created a second receptionist position,** allowing for visitors and participants to be greeted and assisted at the reception desks on both floors. The additional staff makes it possible for the Office Coordinator to be available to usher in large groups attending meetings in the "Africa" conference room at the security desk in the lobby, as well as assist fellows and meeting attendees on both floors with setup and maintenance issues.
- **Accommodated three Foreign Service Nationals (FSNs) in the GHFP-II offices** during their working visits to DC.
- **Organized ergonomics assessments** several times throughout the year, to evaluate new fellows and staff. Equipment was ordered and installed to meet the recommendations. The opportunity for ergo re-assessments also was offered to fellows who had previously been evaluated. The service was popular and reportedly much appreciated.
- **Located a handyman service that met insurance requirements** of building management and offered fellows handyman services three times between February and September 2013.
- **Updated emergency procedures** and added a section on dealing with an Active Shooter situation. In addition, emergency evacuation diagrams were posted throughout suites 200 and 315 in Washington, DC.

Information Technology

GHFP-II launched several information technology improvements in PY2:

- With technology consultant company IQVIS, GHFP-II worked to finalize the new **Information Management and Reporting System (IMARS)**, which launched Dec. 2, 2013 and provides an improved dashboard for easy access to information and reports.
- **A cloud based videoconference and collaboration system** was implemented for all GHFP-II staff and participants. This service allows the user to conduct an online video meeting with up to 25 participants who can join via various methods like web browser, videoconferencing system, tablet, Skype, smart phone or phone. The service allows for improved content sharing and collaboration.

- **A web-based reservations system** was launched for meeting spaces and cubicles. These systems were used daily by USAID staff and GHFP-II participants to book meeting and office space with ease.
- **A new HD videoconferencing system** was installed in GHFP-II meeting rooms in Oakland and Washington, DC.

Subcontractors: Partners, Collaborating Organizations, Consultants

Contracts were signed or amended for PY2 activities with all subcontractors (key and complementary partners): Management Systems International (MSI) and CDC Development Solutions, now known as PYXERA Global, as well as GlobeMed and Global Health Corps. Each subcontractor is embedded in the relevant Divisions. For PY2, Natasha Wanchek has continued as part-time Monitoring and Evaluation specialist. In addition, several consultants provided professional development support to individual staff and supported several all-staff and team meetings.

Results

Health Professionals Recruited and Supported

Key Result Area 1:

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

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

Outreach

The program's highly sought-after fellowships and internships continue to appeal to a diverse cross section of individuals intent on, or considering, a career in global health. The outreach strategy incorporated a combination of planned, opportunistic, virtual and onsite events and was driven by strategic priorities and the results required of the program by USAID.   In PY2, GHFP-II continued to refine its established outreach strategy in a variety of ways, including:

- Increasing participation at proven events.
- Honing materials and the way they are delivered to meet the needs of the various audiences.
- Adding more high-value schools and conferences.
- Collaborating with partner organizations to extend outreach.

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

- Providing awareness of the opportunities available with USAID and GHFP-II.
- Providing awareness of global health opportunities in general.
- Offering individuals a variety of tools to help them be successful in the field. These include advice on resumes, cover letters and interviewing, providing insight into desired skills from an employer's perspective and also a big-picture overview and first-person look (from fellows and interns) at global health.
- Providing insight – often difficult to obtain – into what a career in global health looks like.

Key messages of the strategy include:

- A demonstrated commitment to inclusion.
- 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, such as performance and career development support; individual professional development funds; a professional, active network of current and former fellows and interns; and professional coaching.

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

Indicator	Year 1	Year 2	Total to Date	*Target*
1.1.1.1.a Number of outreach events promoting awareness of GHFP-II	61	62	123	*EOP: 200*
1.1.1.1.b Number of people reached via outreach events	5,999	5,523	11,522	*EOP: 25,000*

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

As in PY1, priority targets were determined by a combination of factors, including geographic region, past contact, school's involvement with and commitment to public health, and global health specifically, 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 attendance at a high-value conference, adding in nearby target schools to maximize travel and staff resources.

A central focus of GHFP-II's outreach strategy continues to be the comprehensive outreach program to universities – among them historically black colleges and universities (HBCUs), Hispanic serving institutions (HSIs) 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 webinars. In addition, GHFP-II's annual calendar includes large and small professional conferences and one-on-one informational interviews. These events are hosted by select GHFP-II staff, current and former fellows, and current and former interns.

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

Clinton Trout made 15 site visits to local Malian partners and provided technical support in HIV/AIDS prevention. He designed an approved HIV evaluation protocol, used by stakeholders. Working in the high-security environment in Mali, he received consistent feedback from stakeholders and Malian partners that his technical feedback has been valuable.

In PY2, GHFP-II had a significant 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
- Minority Health Conference, University of North Carolina
- Returned Peace Corps Volunteer Career Fair
- Drexel University Global Health Opportunities Day

- Stanford University Career Fair
- Masters and PhD Virtual Career Fair
- Clinton Global Initiative University
- Global Health & Innovation Conference (Unite for Sight)
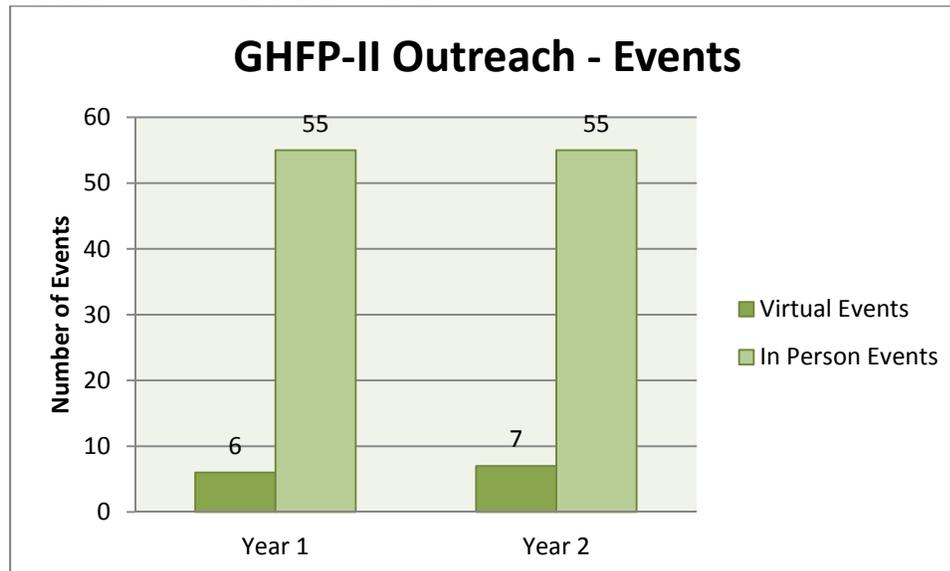- NGO, Non-profit and Government Career Forum

GHFP-II continued its series of webinars as part of the outreach strategy, which provided an in-depth look at USAID, GHFP-II and fellowship and internship opportunities. They also provided detailed advice on creating successful cover letters and resumes, interviewing and networking skills, and practical ways to gain developing country experience. Conceived of as a way to maximize resources and reach GHFP-II's target audience, webinars have several distinct advantages:

- Less resource intensive (no travel costs).
- Ability to reach a large number of targeted individuals.
- Wider geographic reach.
- Panel presentations can include current and former program participants, bringing an added depth of information.
- Utilizes an interactive format that "speaks" the language of a younger demographic.
- Data shows that the majority of attendees remain online for the entire 90 minute experience.
- Interactive-many attendees ask questions and receive answers during the webinar.

In addition, GHFP-II continued to expand use of its organizational Facebook and LinkedIn pages to engage with the target audience, provide relevant information about GHFP-II opportunities and offer a place for interested individuals to disseminate their own global health related thoughts and news. GHFP-II also began to make use of Twitter as another relevant social media site.

A summary of the number of virtual and in-person events and people reached is below. Although the PY2 outreach numbers for in person events represent a small decrease from PYI, we are still well on track to reach or exceed our end-of-project targets.

Indicator 1.1.1.1 – Outreach Events

GHFP-II Outreach - Events

Indicator 1.1.1.1 – Outreach to Individuals

GHFP-II Outreach - Individuals Reached

Year 1: Virtual Events 1,655; In Person Events 4,344
Year 2: Virtual Events 1,726; In Person Events 3,797

(Y-axis: Number of Individuals, 0 to 5000)
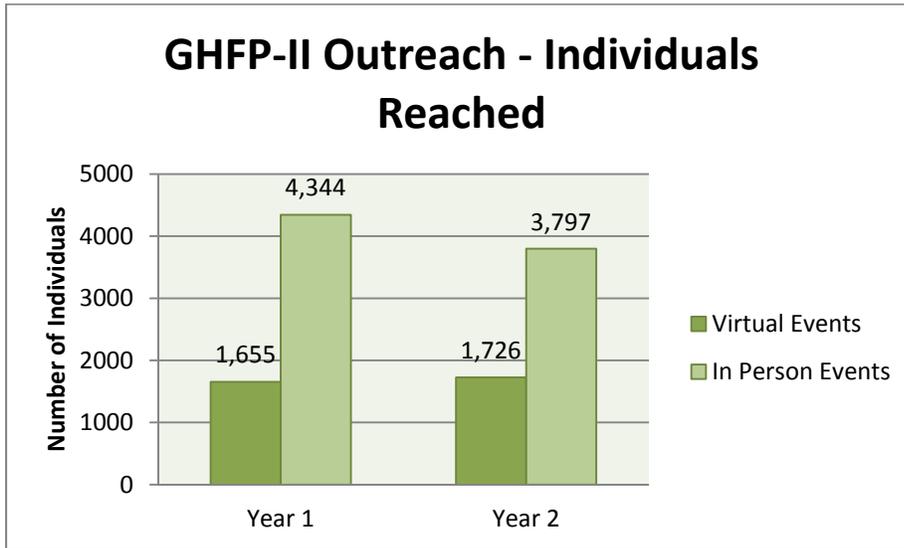
More about GHFP-II's emphasis on recruiting talent from diverse backgrounds is in section 2.1.1.1.

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

The GHFP-II website is a significant outreach tool that provides access to one-on-one informational interviews with staff, news about upcoming webinars, resources for job seekers and other information about the program that is useful to individuals considering a fellowship or internship. In addition, it provides an opportunity to sign up for the GHFP-II listserv so that those people interested in global health careers can be notified about upcoming openings and other program activities.

While there was a decrease in the number of unique pageviews to the website in PY2, numbers remain well above the target of 500,000. The decrease may have been due to fewer positions open compared to PY1. Also, announcements for internships did not come as early as the year before. In previous years, the summer internships were announced as early as October or November.

New visitors contributed an average of 54 percent of unique pageviews each month, while returning visitors represented 46 percent – similar to PY1. Many applicants visit the site when a job is announced, but don't apply until a few days before the position closes. Also, applicants frequently complete their application in multiple visits and then return to check on the status of the position.

Indicator 1.1.1.2 – Website Visitors

New & Returning Website Visitors

47%

53%

■ New visitors

■ Returning visitors

In PY2, there were 158,143 *total visitors*. December and January continue to be peak times for internship applications, and this significant activity is reflected graphically below.

1.1.1.2 Unique Pageviews by Month

200,000	
150,000	
100,000	
50,000	
0	Oct-12 Nov-12 Dec-12 Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13
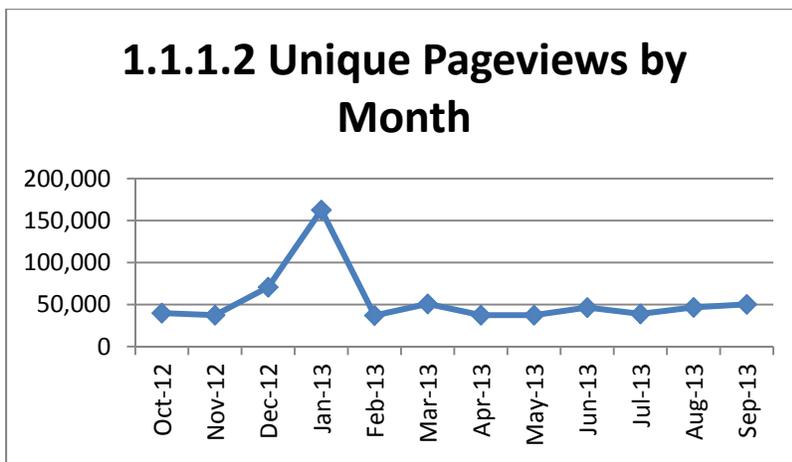
The Summit

As reflected in the GHFP-II cooperative agreement, in PY2, GHFP-II organized a Summit on the Future of the American Global Health Professional, based on a concept paper written by program staff. Professionals representing donors, implementing organizations and academia were invited to participate in a one-day event to discuss the implications of Americans' increasing interest in global health (GH) careers reflected in more GH-focused academic programs while jobs for Americans overseas appear to be shifting and/or decreasing. The event was highly interactive, organized around a series of questions. Dr. Ariel Pablos Mendez (GH/USAID) presented on the question "What is the future we are preparing GH professionals for?" while Dr. Keith Martin (CUGH) focused his presentation on data collected via the Consortium of Universities for Global Health and Global Health Council concerning

"What is a successful GH professional?" Commitments were made by participants, a dropbox and listserv were created and plans were made for a panel at the APHA Conference in Boston, to continue reflecting on this issue.

Recruiting

SR 1.1.2 Fellows recruited and supported efficiently

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

GHFP has developed and sustained a strong track record of recruiting and hiring well-qualified technical advisors from a wide range of global health specialties. The process starts with a profiling meeting with each hiring manager to determine the technical skills and behavioral competencies necessary for a successful fellowship placement. The process was refined in the first programming year, and the tool used during that profiling meeting was improved in the second year, to increase the percentage of candidates hired in the first round in the subsequent years of the program.

The program successfully recruited[2] for 33 fellowships this year, compared to 43 the first year. Of those, 82 percent of the finalists were **hired during the first round of recruitment** – very near the end-of-project target of 85 percent. Selection in the first round of recruitment was highest for Level I and Level II fellows.[3] This was not unexpected, as typically there is a broader pool of entry to mid-career professionals within global health. At the more senior levels, where expert technical expertise is required in more narrowly defined scopes of work, the pool of available global health professions shrinks. GHFP-II is working on increasing the selection of qualified candidates in the first round recruitment for

Terry Wollen
Livestock and Animal Health Advisor
USAID/DCHA/OFDA

Terry Wollen provided technical drought assessment support to regional teams in Niger, Senegal, Mauritania and Chad. He also supported livestock and veterinary medicine updates to revised OFDA Guidelines 2012, including supportive language relative to HPAI (Avian Influenza-Highly Pathogenic) for poultry products.

---

[1] Please see Annex D for information about PY2 surveys.
[2] GHFP-II defines recruitment as the number of days from the position announcement until the GHFP-II recruiter refers a short list of applicants to the hiring manager. GHFP-II typically posts the position for four weeks (28-31 calendar days) unless otherwise requested by the hiring manager. The GHFP-II recruiter performance standard is to refer qualified candidates within five business days of the position closing.
[3] No Level IV candidates were recruited in PY2.

more senior fellowships (Level 3 and Level 4) by sourcing passive candidates through the increased use of social media and networking in specialty health areas (such as supply chain and neglected tropical diseases).

A challenge in securing a finalist during the first round of recruitment is to develop the right scope of work. From the time the fellowship position description is developed and posted to the time of selection, there are often changes in the hiring manager or the needs of the host organization, which results in shifting personnel requirements that can alter the defined scope of work. This results in revisions to the scope and necessitates reposting the position to attract a different array of candidates.

The chart below for 1.1.2.1 shows the improvement in candidate selection from PY1 to PY2, particularly for levels one and two.

Candidates selected as finalists in the first round of recruitment

	Level I	Level II	Level III	Level IV
Year 1	14%	42%	42%	2%
Year 2	90%	100%	38%	0%
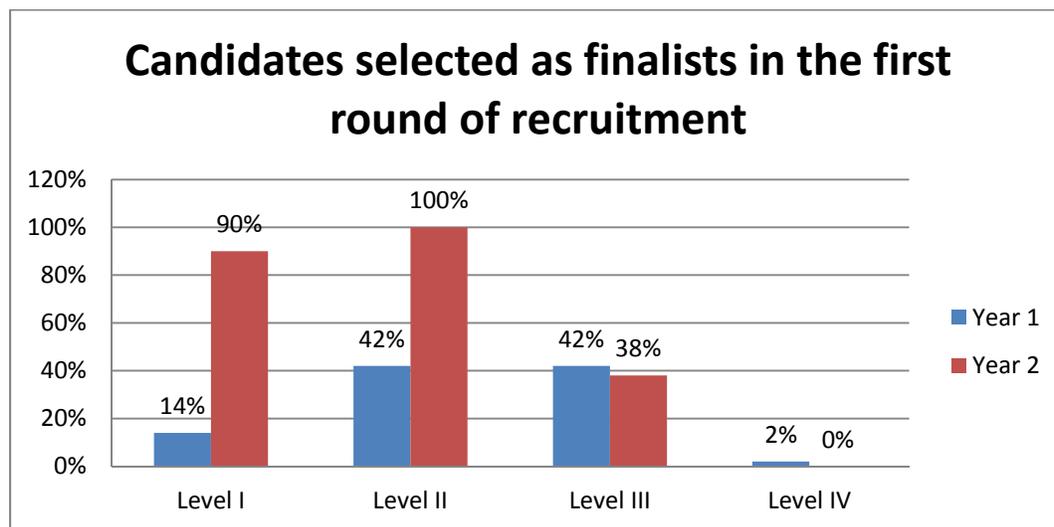
Both of the PY2 targets for hiring[4] were met – 26 days for recruiting appropriate candidates (the target was 42 days), and 17 days for hiring (the target was 28 days). Charts in Annex C show disaggregation by location and level of position.

In a survey conducted in fall 2013, <u>95 percent of responding hiring managers reported that they were "satisfied" or "very satisfied"</u> with the GHFP-II

Hiring Manager Feedback, PY2
"I have two great people. It went quicker than I would have expected. Spectacular people, which was part our choosing, but also the people they found. I think this went very well."

"They have a very good understanding of our professional needs. They are very responsive… They are constantly looking for feedback and have a very good process."

"We have good communication with the program. I do think that having a face-to face sit down conversation, tell me what you really want, not just filling out a paper, is very helpful. It is a best practice. This time it was by phone, so I did have that opportunity. I'm very satisfied."

---

[4] 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.

recruitment process – well above the target of 75 percent and also high compared to 73 percent in PY1. This improvement was the result of increased attention paid to the hiring manager in the form of a greatly improved intake process. In this process, the GHFP-II recruiter carefully interviews the hiring manager to gather information critical to understanding the position requirements, organizational atmosphere and ideal candidate characteristics. After that, there is increased, consistent communication from the GHFP-II recruitment team until the finalist signs their letter of offer and the candidate moves into the program's onboarding process.

Of the 20 hiring manager respondents, only one indicated "neutral" rather than "satisfied" or "very satisfied." Annex C includes disaggregation by level and location.

The survey of hiring managers also asked about specific aspects of the recruitment process, and all aspects improved in PY2:

Optional Data, Not in PMEP		
Recruiting Satisfaction	**% satisfied or very satisfied**	
	PY1	*PY2*
GHFP-II understanding of requirements	64% (7 of 11)	90% (18 of 20 respondents)
GHFP-II responsiveness	73% (8 of 11)	100% (20 of 20 respondents)
Quality of candidates	64% (7 of 11)	90% (18 of 20 respondents)
Overall	**73% (8 of 11)**	**95% (19 of 20 respondents)**

Fellows' Experience in the Program

SR 1.1.3 USAID's technical and workforce needs addressed

Indicator	Year 1	Year 2	Cumulative	Target
1.1.3.1: Percent of fellows who describe direct services provided by GHFP-II as good/excellent[5]	94%	95%	n/a	*Year Two: 88%*
1.1.3.2a: Total number of fellows employed by PHI annually and cumulatively	149	156	186	*EOP: 270*
1.1.3.2b: GHCorps level one fellows	6	12	18	
1.1.3.2c: TOTAL employed fellows	*155*	*168*	*204*	
1.1.3.3.a Percent of fellows: invited for extension	96%	112%[6]	n/a	*EOP: 90%*
1.1.3.3.b Percent of fellows: accepting an extension of their fellowships	93%	100%	n/a	*EOP: 90%*

GHFP-II provides direct support to fellows through facility management, IT support, travel coordination, operational support, and facilitating professional development and performance management activities. GHFP-II staff from the Participant Support, Performance and Career Development, IT and Administration teams meets regularly to coordinate support, identify areas for continuous program improvement and

---

[5] Please see Annex D for information about PY2 surveys.
[6] Thirty-four fellows were eligible for an extension, however 38 were invited for the extension (four fellows invited for 5th year extension), and all 38 fellows accepted.

resolve issues. This coordination of support facilitates GHFP-II's ability to respond to both the needs of USAID and fellows.

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 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.

For 1.1.3.1, fellows were asked to rate their satisfaction with direct services provided by GHFP-II, and 95 percent indicated that they were satisfied or very satisfied (109 of 115 survey respondents). This exceeds the target of 88 percent for PY2 and is higher than PY1.

Details are in Annex C, highlighting satisfaction with services disaggregated by type of assignment and location of position. What this revealed was that 96 percent of USAID fellows were satisfied or very satisfied compared to 60 percent of non-USAID fellows. Also interesting, 96 percent of Washington-based fellows were satisfied or very satisfied, while 89 percent of overseas fellows fell into this category – still above the target, but a noticeable difference.

For additional information for GHFP-II staff, fellows were asked about specific aspects of GHFP-II services, and results improved in almost all areas, including travel support, operational support and work planning/performance.

| Optional Data, Not in PMEP		
Fellow Satisfaction	**% satisfied or very satisfied**	
	PY1	**PY2**
Travel support services	84% (75 of 89)	91% (105 of 115)
Operational support	80% (71 of 89)	88% (101 of 115)
Work planning/performance	60% (53 of 89	65% (75 of 116)
Career development	50% (45 of 90)	61% (70 of 115)

A sample of feedback from the fellows' survey is below.

<div style="border:1px solid #000;">

Fellows Feedback about Direct Services, PY2 (1.1.3.1)
- "The support that the program gives learning professionals is truly outstanding. The program is designed in a way that puts the fellows first and finds unique and innovative ways to build their development and encourage their growth and satisfaction. It is a program that is focused on the position and the individual equally. This is greatly appreciated."
- "I am surprised with the individual follow-ups of every step in the recruitment, placement and following-steps."
- "Best work experience I can remember having! I really enjoyed working for PHI and would recommend the program to friends and colleagues!"
- "The staff at GHFP-II is top-flight and know what true excellence is!"
- "I am very happy with the GHFP program and especially so with PHI. I feel that I have been given all of the tools that I need from PHI to succeed."

</div>

1.1.3.2. Fellows employment by location

GHFP-II supported 156 fellows in PY2 and with GHCorps Level One Fellows (18) included there were a total of 204 employed fellows. For PHI, this included 40 who joined the program in PY2. For PHI and GHCorps together, 78 percent were in Washington, DC, 20 percent in Africa and two percent in ANE.

Fellows, by Location PY2
(PHI and GHCorps Level One Fellows)
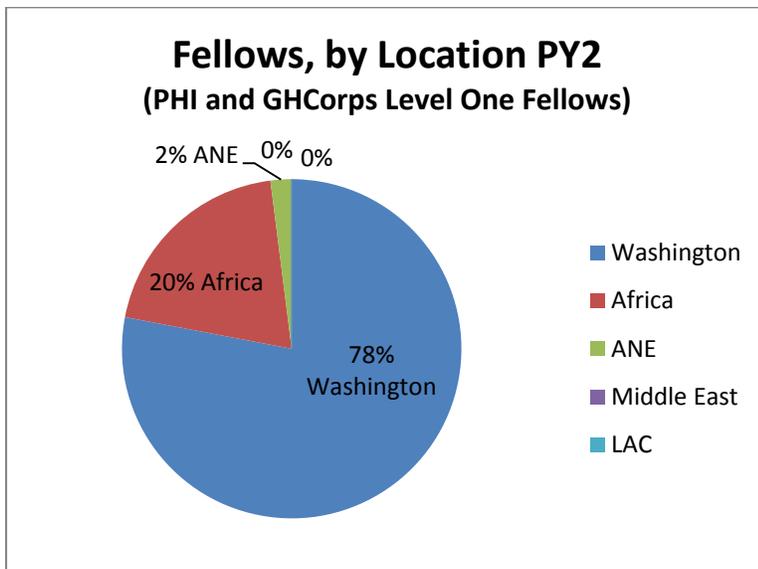
For PHI fellows, a majority of participants in both PY1 and PY2 were Level III and then Level II. The number of Level I fellowships increased from seven percent in PY1 to 12 percent in PY2. GHCorps was not included in this disaggregation because those participants do not use the same system of levels. Although there are no quotas in the program regarding levels, it does seem that GHFP-II's capability to recruit and support Level IV and USSTAs is being underutilized. This is a point for discussion with AOR.

Indicator 1.1.3.2: Level	PHI fellows employed PY1[7]	PHI fellows employed PY2
I	11 (7%)	18 (12%)
II	51 (34%)	60 (38%)
III	69 (46%)	68 (44%)
IV	15 (10%)	9 (6%)
USSTA	3 (2%)	1 (1%)
TOTAL:	**149**	**156**

In PY2, all eligible fellows were invited for an extension, including four who were invited for a fifth year extension, and all 38 fellows accepted (100 percent). The large number of fellows invited demonstrates the level of satisfaction by USAID staff, and the number accepting (100 percent) is indicative of the fellows' experience. As seen below, this was applicable both to overseas and domestic fellows.

1.1.3.3: Type of Assignment	Invited for Extension	Accepted Extension
Overseas	10	10
Domestic	28	28
Total	**38**	**38**
	100%	**100%**

Fellows Continuing in Global Health

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

Indicator	Year 1	Year 2	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[8]	N/A	91%	*Years 2-5: 80%*
1.1.4.2: Percent of fellows who transition to another position or pursue further education in global health	93%	PHI: 97% GHCorps: 67% **Combined: 92%**	*EOP: 80%*

An impressive 91 percent of fellows who completed their fellowship in PY2 indicated that their

fellowship experience had contributed positively or very positively to their future careers. This is well above PY2 and EOP target of 80 percent. Looking at the disaggregation, the two of 22 respondents who indicated no effect both were in level four – already at a

> **Fellow Feedback:**
> **Contribution of Fellowship to Future Career, PY2 (1.1.4.1)**
>
> "I got my next (and present) job at least in good part to my experience working at USAID. I was extremely happy with my fellowship experience."

---

[7] Fellows who served at any time during PY1.
[8] Please see Annex D for information about PY2 surveys.

professional level. All respondents in levels one, two and three indicated positive or very positive impact[9].

For 1.1.4.2, in PY2, 31 of 32 GHFP-II fellows ending their fellowships continued their careers or education in global health (97 percent). This compares to 93 percent in PY1 (28 fellows total ended their work in that period) and is well over the target of 80 percent.

Overall, 23 of the 31 fellows who are staying in the global health field continued to work for USAID (74 percent), while others took positions with international NGOs and the private sector. One fellow was self-employed, one was pursuing a PhD and another was working for the Rwanda MOH. It was unknown what the one fellow who did not pursue further education or a career in global health had chosen as a next step.

For partner GHCorps, four of six completing fellows were transitioning to another position or pursuing further education in global health – 67 percent. For those continuing, two remained at their NGO placements (in Burundi and Malawi), one was doing health consulting and the fourth was pursuing an MPH. The two not continuing were working at a department of education and a Tanzanian NGO.

For GHFP-II and GHCorps together, 92 percent of fellows were continuing in global health fields. Disaggregation by location of position and ethnic/racial background for 1.1.4.2 is available in Annex C.

Intern Program

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

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

Indicator	Year 1	Year 2	Cumulative	Target
1.2.1.1.a Total number of outreach events promoting awareness of GHFP-II[10]	61	62	123	*EOP: 200*
1.2.1.1.b Total number of people reached via outreach events	5,999	5,523	11,522	*EOP: 25,000*

As noted in section 3.1, there were 62 outreach events promoting awareness of GHFP-II, and all of these events included information about GHFP-II's internship program. In addition to providing information about the internships themselves, advice was offered on how best to prepare application materials and the kinds of information that reviewers are looking for in a resume and essay questions. In the run up to the application deadline, GHFP-II hosted a webinar focusing on the internships and how to prepare application materials. Nearly 260 individuals participated in the 90 minute event, and the panel consisted of current and former interns and senior staff. Additional counseling was offered through GHFP-II's one-on-one informational interviews, available either in person or by phone or Skype.

---

[9] Thirty-two fellows finished in PY2 – of which 22 did the survey.
[10] Indicator 1.2.1.1 is identical to indicator 1.1.1.1, described in more detail in section 3.1.

SR 1.2.2 Interns recruited, and supported

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

SR 1.2.2 Interns recruited, and supported

Indicator	Year 1	Year 2	Cumulative	Target
1.2.2.1 Total number of interns placed and supported annually and cumulatively	73	130	184	*EOP: 275*
1.2.2.2 Percent of interns who describe the overall quality of the internship experience as 'good' or 'excellent'[11]	100% (PHI)	91% (PHI & GlobeMed)	n/a	*EOP: 85%*
1.2.2.3 Percent of interns who pursue further education or obtain work in international public health-related areas[12] (PHI)	68%	74%	n/a	*EOP: 80%*

In PY2, PHI placed 34 interns, and GlobeMed placed 77 interns – for a total of 111. When including interns also supported from the prior year's placements, the total increases to 130 interns supported. Cumulatively, the two organizations have placed and supported 174 interns.

Interns placed, disaggregated by organization

Indicator 1.2.2.1	Interns Y1 Placed	Interns Y2 Placed	Cumulative	%
PHI	30	34	64	37%
GlobeMed	33	77	110	63%
TOTAL:	**63**	**111**	**174**	

Interns supported, disaggregated by organization

Indicator 1.2.2.1	Interns Y1 Supported	Interns Y2 Supported	Cumulative	%
PHI	40	53	74	40%
GlobeMed	33	77	110	60%
TOTAL:	**73**	**130**	**184**	

Details about interns placed/supported are available in Annex C, with PY2 highlights including:
- **Location.** 40 percent of interns were based in Washington DC, 25 percent in Southeast Asia, 22 percent in Latin America and 14 percent in Africa. All but two of the international placements were with GlobeMed.

---

[11] Please see Annex D for information about PY2 surveys.
[12] Please see Annex D for information about PY2 surveys.

- **Diversity.** GHFP-II has aimed to increase the number of underrepresented groups in the field of global health through its intern program. In PY2, 22 percent of interns would be considered ethnically diverse.[13] More broadly, this year's group was 35 percent non-white, compared to 47 percent non-white in PY1. The goal is 50 percent by the end of the program. Through continued targeted outreach and training for hiring managers in PY3, the percentage of underrepresented groups is expected to increase.
- **Education.** Most PHI interns were pursuing their master's degree or already had completed master's degrees. All GlobeMed interns were undergraduates.

For indicator 1.2.2.2, <u>91 percent</u> (102 interns of 112) indicated satisfaction with their internship in surveys. This includes:

- PHI: 92 percent of respondents were satisfied or very satisfied with the overall quality of their internship (33 of 36 respondents).
- GlobeMed: 91 percent of respondents indicated that the overall quality of their internship was very good or excellent (69 of 76 respondents).

More specifically, when asked about satisfaction with aspects of their internship experience in PY2, interns were most pleased with internship activities and performance/career support, though all areas were rated above 75 percent.

---

[13] The ethnically diverse categories, in this case, include Black, Hispanic or Latino, Pacific Islander, American Indian, and two or more races.

Interns also provided optional comments on their internship experience, with highlights provided below.

Intern Feedback in PY2: Comments on the Internship Experience (1.2.2.2)

- "This was an extremely beneficial internship for me. From the GHFP side… Understanding the scope of work and how to best find a job that fits my goals and ambitions was extremely helpful. Other lessons originate from exposure to USAID and other public health professionals."
- "The true lessons I am able to take away for my long term career is the knowledge of the USAID/Global Health & Development field and connections. I now feel I am a sort of 'insider' in this system and am able to navigate it."
- "I learned a lot about the structure of USAID, PEPFAR and the general workings of the global health and development fields, which will surely benefit me in the years to come as I navigate through those fields. I also had the opportunity to serve as an advisor for one of the countries where we implemented the Expenditure Analysis, and this gave me a lot of insight into how to manage a project, particularly with regards to data collection."
- "I learned a ton about how USAID works and its new initiatives and am excited about a lot of the projects USAID Forward is promoting. I learned a lot about the RFA process as USAID does it, and a lot about Maternal and Neonatal health technologies. I also met a lot of really interesting and intelligent people that I enjoyed learning from and getting to know."
- "I realized where some of my strengths and weaknesses lie. I will look for jobs where I can apply my strengths. I have a much better sense of what type of work will satisfy me now than I did before doing this internship. This was probably the most valuable lesson I learned."
- "The internship was definitely a confidence-building experience for me. My OSM and team encouraged me to really dive in head first and treated me as an equal, which pushed me to try new things and put any uncertainty aside—and I was successful more often than not. It was a great experience and I'll definitely carry that mentality into future endeavors."

A focus in PY2 was to streamline and improve the orientation information provided to both interns and their OSMs. Material was updated to ensure that interns and OSMs had a common understanding of program policies and the support available to them.

A challenge reported by this group of interns was that they would have liked more time from their OSMs. Still, 81 percent rated OSM support positively, with feedback including:

- Supportive and accessible (check-in meetings once a week).
- Encouraged intern to present at different occasions.
- Talked with intern about public health issues.
- Talked with interns about their next steps.
- Helped with networking.
- Working on projects with the OSM – not only separately.
- Willingness to include intern in activities, meetings and internal/external events and conferences.
- Encouraged intern to take ownership of their project.

Overall, the internship program is successfully achieving its goal of providing a rewarding and meaningful entry to the field of global health.   Indicator 1.2.2.3, the percentage of interns continuing to work in the field, is a strong sign of the success of the internship experience.   Overall, 74 percent of PHI

interns (31 of 42 interns who completed the program in PY2) indicated that they were pursuing further education or have obtained work in international public health-related areas. This is nearing the end-of-project target of 80 percent and an increase over PY1's 68 percent.

GlobeMed reported on nine of its undergraduate interns this year, of which eight (89 percent) were intending to continue in the field. This data from GlobeMed is not included in PMEP results as the indicator specifies pursuit of further education or work in the field rather than *intention* to continue.

Interns & Global Health
Interns likely or very likely to continue to work or seek employment in the global health & development field:
100 percent

Details by gender, organization and specific pursuits are available in Annex C, and highlights for PHI interns include:

- Nearly 70 percent of female interns are continuing (23 of 34 women).
- 100 percent of male interns are continuing (all eight).
- Most continuing interns (24 people) are pursuing further education as their next step, while the remaining seven already have obtained work in the field (four women and three men).
- For the 11 women not currently continuing in the field, five are job searching, five are pursuing further education in another field and one is employed in another field.

Diversity and Additional Types of Participants

> ### Key Result Area 2:
>
> **Diversity increased in the cadre of Global Health professionals**

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

Diversity

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

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

Indicator	Year 1	Year 2	*Total to Date*	EOP Target
2.1.1.1.a Number of outreach events conducted to recruit talent from diverse backgrounds (PHI & GlobeMed)	26	37	*63*	*Annual: 15 EOP: 100*
2.1.1.1.a Number of people reached through outreach events conducted to recruit talent from diverse backgrounds (PHI & GlobeMed)	1,431	1,620	*3,051*	*Annual: 1,000 EOP: 10,000*

PHI outreach staff and partner organization GlobeMed initiated or participated in 37 events (as part of the 62 total events for this period) aimed at reaching diverse audiences, including students, faculty and university administrators. Staff visited Historically Black Colleges and Universities (HBCUs), and the program exhibited at the Minority Health Conference at the University of North Carolina and the White House Initiative on HBCUs' 2013 HBCU Week Conference.   The program also advertised in the HBCU Career Guide (distributed to 120+ HBCUs). In addition, the GHFP-II staff visited other institutions with large minority enrollments, including:

- North Carolina Central University
- North Carolina A&T University
- North Carolina State University
- Meharry Medical School
- Touro University
- Sacramento State University

Courtney Blake
Child Protection Advisor
USAID/GH/DCHA/OFDA

Courtney Blake's efforts established a close working relationship between OFDA and UNICEF – the global leader of child protection in emergencies (CPIE), the Child Protection Working Group, the Gender-based Violence AOR and other key CPIE actors. These relationships have greatly improved the recognition that OFDA receives for its work, and they have also contributed to the quality of the work.

- California State University San Bernardino
- University of Illinois Chicago
- Drexel University
- University of South Florida
- Emory University
- University of Texas-Houston
- Texas Southern University
- Tennessee State University
- Howard University - Payne Fellowship event

GHFP-II also hosted four webinars (90 minutes each) that covered such topics as applying and interviewing for internships, crafting effective cover letters and resumes, and gaining developing country experience. These were marketed heavily to diverse audiences through the program's listserv and through targeted advertising with HBCU Connect Services, the HBCU Career Guide and a variety of social media channels. An additional GHFP-II webinar, aimed at USAID internship hiring managers, presented inclusion and diversity strategies and covered such topics as why inclusion matters, ways to achieve inclusion in the workplace and the benefits of inclusion. One-on-one informational interviews were also conducted throughout the year with many diverse candidates. These 20-30 minute meetings provided career and resume advice, from an employer's perspective, customized to the individual's unique needs.
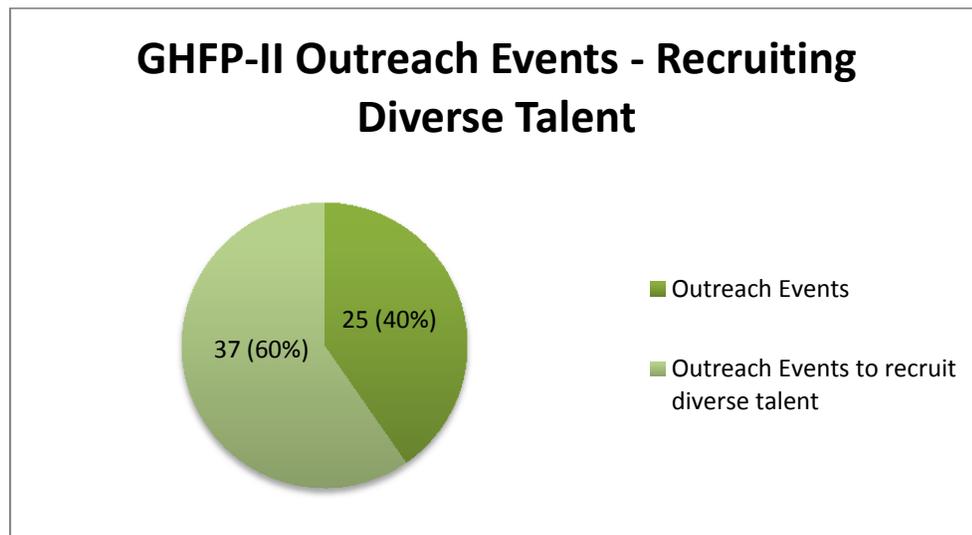
To support its outreach to diverse populations, the program continued to update the Diversity section of its website (https://www.ghfp.net/diversity/overview/) with new content highlighting recent activities and showcasing diverse program participants in a series of brief vignettes.

GlobeMed worked with GHFP-II to increase its outreach to Minority Serving Institutions, offering undergraduates the means of gaining developing country experience through their university-based and student-led chapters. These chapters represent not only a short-term developing country experience, but a long-term relationship between students and a particular in-country organization that they will interact with virtually throughout the year.   Through these efforts, GlobeMed established seven new chapters at the following institutions during PY 2:

School	Location	Type
California State University - San Bernardino	CA	HSI
Florida International University	FL	HSI
Howard University	DC	HBCU
Morgan State University	MD	HBCU
Spelman College	GA	HBCU
St Edward's University	TX	HSI
Xavier University	LA	HBCU

* GlobeMed previously reported eight new chapters as Huston-Tillotson University in TX, an HBCU, established a chapter and subsequently the chapter founder withdrew. GlobeMed will seek to re-establish this chapter in PY 3.

Indicator 2.1.1.1: Recruiting Diverse Talent in Year Two

GHFP-II Outreach Events - Recruiting Diverse Talent

- 25 (40%) — Outreach Events
- 37 (60%) — Outreach Events to recruit diverse talent

SR 2.1.2 Diversity sustained among GHFP-II participants

Indicator	Year 1	Year 2	Cumulative	Target
2.1.2.1 Percent of interns and fellows from backgrounds underrepresented (ethnic minorities, people with disabilities, low SES) in the GH workforce increases	27%	Ethnic minorities: 37% Ethnic underrepresented: 23% Disabilities: 1% Low SES: 16% *(includes fellows, interns, and, when available, partners)*	n/a	*EOP: 50%*
2.1.2.2 Number of short term private sector (Global Health Champions) supported[14]	8[15]	14	22	*Year Two: 10* *EOP: 200*

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 fellowship and internship opportunities are widely known to a diverse audience of well-qualified global health professionals and newly-emerging global health professionals. In PY1, approximately 27 percent of interns and fellows were from backgrounds underrepresented in the field of global health, including ethnic minorities and individuals with low socioeconomic status. Based on how data was collected in PY1, this single percentage estimation was possible. Data included individuals hired by Global Health Corps, GlobeMed and PHI for ethnicity, and only PHI for SES.

By comparison, a single percentage result was not possible in PY2 due to the anonymous collection of SES data. Instead, data was collected by disaggregating factors, namely ethnicity, disability and SES. Partner data was included when possible, with details in Annex C under 2.1.2.1. Overall, more than 37

---

[14] Indicator 2.1.2.2 should be revised in the PMEP. It previously read: "Number of short term private sector fellows supported."
[15] Year One data for 2.1.2.2 was not previously reported.

percent of participants come from backgrounds underrepresented (ethnic minority), though the actual percentage would be higher if the 16 percent who indicated SES could be added. Still, GHFP-II is moving toward the EOP target of 50 percent.

Private Sector (Global Health Champions)
In addition to fellowships and internships, GHFP-II supports short term, pro-bono corporate volunteers through its key partner, PYXERA Global (previously called CDC Development Solutions). These participants, called Global Health Champions, are middle to senior level staff of private sector companies that typically have some interest in developing countries/emerging economies but not much experience with USAID's development philosophy and implementation approach. PYXERA Global works with GHFP-II to link these Global Health Champions to USAID's health strategies through short term, skills-based pro bono assignments.

For 2.1.2.2, in PY1, there were eight Global Health Champions supported (this was not reported previously), and in PY2 there were 14, which exceeded the PY 2 target of 10. Cumulatively, there have been 22 private-sector assignments supported, and with an end-of-project target of 200, activities under this result are steadily increasing. It should be noted that the nature of this activity has evolved since original program conception, from one where many individuals participate for short periods of time (< 3 weeks) to one where fewer individuals participate, but for much longer periods of time (two + months). A more accurate measure of impact may be number of person days contributed. This will be proposed as a replacement indicator for 2.1.2.2 going forward.)

For the program's first year, all eight Global Health Champions worked for PYXERA Global client PepsiCo on water and sanitation issues with the organization Bhoruka Charitable Trust (BCT) in India. In PY2, the placements were more geographically and topically diverse, with Global Health Champions tackling challenges in the areas of clean water, improved maternal health and drug discovery. Eight Global Health Champions, seven of which worked for Merck, were placed in India with three organizations – Safe Water Network, CEDPA India and Sustaintech. An additional two Global Health Champions from Merck worked with the Medicines for Malaria Venture in Switzerland, and one with ICDDR, B in Bangladesh. PYXERA client Celanese also had three Global Health Champions working with Casa de Hospedagem Betesda in Brazil. Details are in Annex C.

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

Indicator	Year 1	Year 2	Cumulative	Targets
2.1.2.2 PROPOSED: Number of person days of technical assistance provided by short term private sector professionals	176	638	814	*Year Two: 360* *EOP: 1,800*

Other Types of Participants

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

SR 2.2.1 Opportunities for FSN exchanges increase[16]

Indicator	Year 2[17]	Target
2.2.1.1 Percentage of Foreign Service Nationals (FSNs) who rate their satisfaction with GHFP-II's assistance as 'satisfied' or 'very satisfied'[18]	100%	*Year Two: 80%*
2.2.1.2 Percentage of Host Supervisors/Onsite Managers, staff in USAID/HR and GH/PDMS who rate their satisfaction with GHFP-II assistance related to Foreign Service Nationals (FSN) as 'satisfied' or 'very satisfied'[19]	100%	*Year Two: 80%*

GHFP-II participates in the agency's activities meant to enhance the careers of senior Foreign Service Nationals while providing Washington-DC based staff the benefit of the FSN's special wisdom and experience.   Specifically, GHFP-II provides logistical support and "check-in" contact.

FSNs were asked in a survey to rate their satisfaction with GHFP-II's assistance, and 100 percent indicated that they were 'satisfied' or 'very satisfied.'[20]   Their comments are below.

> **FSN Feedback, PY2 (2.2.1.1)**
>
> - "From the moment I was notified I was selected for the Fellowship program up until the end of the assignment, the team was enormously supportive and kind."
> - "The preparation calls and emails were very helpful. The support during the actual fellowship was very good. The team… were extremely supportive during the fellowship. I also particularly appreciated the airport pick up and 'settling in' session."

---

[16] Please see Annex D for information about PY2 surveys.

[17] There were no Foreign Service National (FSN) exchanges/fellowships implemented in PY1 or other professional development activities provided.

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

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

[20] Three FSNs responded to the survey, of which one indicated 'very dissatisfied.' However, this respondent left very positive comments, leading the M&E specialist to determine, after consultation with GHFP-II staff, that the negative reporting was in error.

USAID support staff for FSNs also was surveyed. For the four respondents who indicated that they have had direct communication with GHFP-II, 100 percent (all four)[21] indicated that they were satisfied or very satisfied with GHFP-II assistance related to the FSN. Their comments are below, and a list of FSNs is provided in Annex B.

USAID Hosting Managers and Support Staff for FSNs Feedback, PY2 (2.2.1.2)

- "They are always very organized and on top of logistics and tasks that need to be completed to make sure things operate smoothly for FSNs coming into USAID/W. They also have excellent SOPs that can be used as guidelines for other B/IO. The staff is also always quick to respond with helpful and accurate information."
- "The support provided to our two FSN Fellows was incredible. Meeting at the airport, taking to the apartment, shopping, ensuring they were set up at the office and so much more. You guys are absolutely awesome!"

---

[21] Four USAID support staff responded to the survey, of which one indicated 'very dissatisfied.' However, this respondent left very positive comments, leading the M&E specialist to determine, after consultation with GHFP-II staff, that the negative reporting was in error.

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

Competency, Workplanning & IDP Planning

SR 3.1.1 Developmental goals for fellows defined and appropriate resources identified

Indicator	Year 1	Year 2	Target
3.1.1.1 Percent of new fellows completing baseline job competency assessment within 90 days of starting employment	24%	79%[22]	_Year Two: 50%_
3.1.1.2 Percent of new fellows completing initial APP within 90 days of starting employment	n/a[23]	36%[24]	_Year Two: 50%_
3.1.1.3 Percent of continuing fellows updating APP within 45 days of anniversary date	n/a[25]	2%	_Year Two: 35%_

In PY2, nearly 80 percent of new fellows completed a baseline job competency assessment within 90 days of starting employment – which greatly exceeded the 50 percent target for the year. The percent of new fellows completing initial draft APP within 90 days of starting employment was less than the target at 36 percent; however, 64 percent of new fellows submitted an initial APP by the 120th day of their fellowship.

There are a number of factors that contribute to the delay in fellows completing their initial Annual Performance Plan (APP), including heavy travel schedules, lack of meeting time with their onsite managers and delaying the APP so that the performance plan is aligned with evolving team roles. Results related to continuing fellows updating their APP were more challenging. The percent of continuing fellows updating APP within 45 days of anniversary date was 2 percent. This is in part due to the lack of systems in place to accurately capture data to ensure that continuing fellows submitted updated APPs by the due date. In PY3, the new IMARS database will allow the PCD team to track upcoming performance management tasks for all fellows.

---

[22] In PY2, 27 of 34 baseline job competency assessments due were completed.

[23] The indicator for 3.1.1.2 changed in PY2, and no comparable data is available for PY1.

[24] 36.4 percent (12/33) of new fellows submitted an initial (i.e. draft) APP within 90 days of starting their fellowship.

[25] The indicator for 3.1.1.3 changed in PY2, and no comparable data is available for PY1.

Professional Development

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

Indicator	Year 1	Year 2	Target
3.1.2.1 Percent of fellows completing an Individual Development Plan (IDP)[26]	n/a	*22%*	*Year Two: 50%*
3.1.2.2 Percent of fellows completing majority of developmental activities in approved IDPs[27]	54%	82%	*Year Two: 60%*
3.1.2.3 Number of regional conferences/workshops for field fellows planned and conducted	1	1	*EOP: 5*
3.1.2.4 Percent of attendees rating their satisfaction with the regional conference as high or very high	100% satisfied/ very satisfied	100% satisfied/ very satisfied	*Year Two: 4.0*
3.1.2.5 Percent of new fellows completing all orientation modules offered by GHFP-II	n/a	31%	*40%*
3.1.2.6 Average satisfaction rating with PCD portion of Washington orientation[28]	n/a	72%	*Year Two: 75% satisfied or very satisfied; EOP: 90%*
3.1.2.7 Percent of fellows receiving coaching who indicated that they were satisfied or very satisfied with the quality of coaching[29]	67%	75%	*Year Two: 75%*

The percent of fellows completing an Individual Development Plan (IDP) was at 22 percent for PY2, below the target of 50 percent. Completion of an IDP is only required if fellows wish to use their professional development funds. This reflects the number of fellows who developed a new IDP in PY2. Data for fellows who updated or revised their IDP in PY2 was not captured due to lack of data management systems. Data collection efforts should improve in PY3 with the introduction of the new IMARS database.

For 3.1.2.2, 82 percent of fellows completed a majority of development activities in their approved IDPs. This is 55 of the 67 fellows who answered that they did have an IDP in place for previous fellowship year. What this shows is that for fellows that did have an IDP, completion of activities was high.

---

[26] The indicator for 3.1.2.1 changed in PY2, and no comparable data is available for PY1. This data is based on the 156 fellows who were active in PY2.
[27] Please see Annex D for information about PY2 surveys.
[28] Please see Annex D for information about PY2 surveys. This was a new indicator for PY2.
[29] Please see Annex D for information about PY2 surveys.

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

There was one regional conference for field fellows in this programming year, in Addis Ababa, Ethiopia, from Sept. 17-20, 2013. Details about topic areas are available in Annex C).

3.1.2.3 Region & Topic	Year 1	Year 2
Region/location	Johannesburg, South Africa (Sept. 13 & 14, 2012)	Africa/Addis Ababa, Ethiopia (Sept. 17-20, 2013)
Topic areas	Personal and performance effectiveness, program updates on performance planning and role of the fellow issues, and a needs assessment for professional development and career planning support	Program updates, work successes and challenges, introduction to Fellows training, collaboration and negotiation, program management for health programs

For 3.1.2.4, one-hundred percent of participants at the conference indicated that they were satisfied or very satisfied with the event, both in PY1 and PY2[30]. Comments from the regional conference are below.

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

- "Getting to know the other participants and their areas of work. Learning through the workshops how others think and approach mock work situations. Getting time with Sharon and the trainers from MSI to discuss real work situations, and simply getting to know Sharon better. The training was relevant and solid. The conference was very well planned."
- "I thought it had a nice balance of technical training and opportunities to interact with other fellows and GHFP staff."
- "Connecting with other Fellows, checking in with Sharon Rudy, receiving PD training, arrangements at hotel."
- "Time to discuss and learn from other fellows. The training with Drew Lent was excellent - the materials were very useful in my work as a new fellow and I've shared them with my team back at post. The training was just what I needed to practically perform better in my position. The timing was just right: not rushed or pushed, we had time for networking and relaxing as well. I was very impressed and pleased with everything."

In PY2, GHFP-II continued development of two self-study orientation modules for new fellows. Module 1: *USAID Survival Skills for new GHFP-II Fellows* was launched in January 2013 and provides fellows with an overview of GHFP-II and USAID's structure and global health initiatives. In August 2013, a second module designed to provide an overview and guidance on GHFP-II's Annual Performance Planning process was launched. For 3.1.2.5, 31 percent of new fellows who started their work in August 2013 completed both orientation modules offered by GHFP-II (four of 13 participants) – below the target of 40 percent. Three of these fellows were based in Washington and one in Southern Africa. An additional

---

[30] In PY2, 13 attended, and seven responded to the survey.

eight fellows completed only module one or module two.[31] As both modules were offered only toward the end of PY2, GHFP-II expects the percentage to increase significantly in PY3. A new survey question this year asked fellows for their satisfaction rating with the PCD portion of the Washington, DC orientation. For those who started their fellowship in the time range to answer the question (34 percent), 72 percent (28 of 39 fellows) were satisfied or very satisfied with that part of orientation.

Fellows working overseas were most satisfied (88 percent) compared to those in Washington (68 percent), and level two fellows reporting the highest level of satisfaction (80 percent), followed by levels one and three (67 percent for each group). Disaggregation is available in Annex C.

Kimberly Connolly
Malaria Technical Advisor
USAID/Africa Bureau/SD/Health Team
and President's Malaria Initiative

Kimberly Connolly led the Malaria Operational Plan visit to Tanzania and guided the in-country and HQ teams from USAID and CDC in producing the initial drafts of the MOP. She also assisted with the planning of the PMI retreat in Arusha, Tanzania and worked closely with colleagues in the GH Bureau to ensure the overall success of the meeting.

Satisfaction with coaching services was high in PY2. In a survey, 75 percent of fellows who received coaching indicated that they were satisfied or very satisfied with the quality of coaching – meeting the target of 75 percent. This compares to 67 percent in PY1. In addition to an improvement in satisfaction with coaching, the percentage who reported using coaching services increased from 36 percent to 59 percent. This is a result of increased efforts to introduce fellows to coaching early in the fellowship. In PY2, GHFP-II offered all new fellows up to four hours of coaching without requiring them to use professional development funds. In addition, GHFP-II's PCD team and coaching coordinator proactively reached out to all new fellows to identify the potential benefits of coaching for their individual situation. Finally, GHFP-II expanded its coaching roster in PY2 by adding coaches with specialized areas of expertise to better meet the needs of fellows.

Coaching disaggregation for 3.1.2.7 is available in Annex C, showing that location was not a significant factor in satisfaction of coaching (75 percent in Washington and 80 percent for overseas). The most satisfied by level: the one fellow responding in level four, level two (80 percent), level three (72 percent) and level one (67 percent).

---

[31] Module 1 was available to 26 fellows at the time of their onboarding and nine (35 percent) completed it, along with an additional fellow who completed it during the test phase. There also were 12 fellows who had the opportunity to complete module 2, and of those, six (50 percent) completed the module. Of the six, four had also completed Module 1.

Competency of Fellows

SR 3.1.3 Increase in fellows' competency levels demonstrated and documented

Indicator	Year 1	Year 2	Target
3.1.3.1 Average composite competency rating based on fellows' self-assessment[32]	N/A	3.43 (on four-point scale)	*Year Two: 2.0*
3.1.3.2 Average composite competency rating based on OSM assessments	N/A[33]	New Format (29 fellows): 3.60/4	*Year Two: 2.0*

Individual fellows' job performance was rated highly in PY1 by OSMs across the board, consistent with typical rating patterns within government organizations. GHFP-II reoriented its evaluation process and altered its rating scale in PY2 with the goal of generating more realistic, specific and, in turn, more useful performance information. During the evaluation process, fellows and OSMs were asked to assess the fellow's competence in the following skill areas: technical skills and knowledge, resource management, leadership and professionalism. Competency was defined using a four-point rating scale ranging from awareness to expert. In PY2, the average composite competency rating based on 29 continuing fellows[34] who completed a self-assessment was 3.4 or intermediate. For 3.1.3.2, the average composite competency rating based on OSM assessments was slightly higher at 3.6.

> **Competency Rating Definitions**
>
> 1 = awareness–observer-apprentice
> 2 = developing–contributor-craftsman
> 3 = intermediate–practitioner-journeyman
> 4 = advanced–expert-master

New fellows were asked to complete a baseline self-assessment of their proficiency in the areas of technical expertise (based on USAID Backstop 50 GH technical areas), resource management, technical leadership, interpersonal effectiveness and professional skills. Proficiency was defined by a four-point rating scale ranging from awareness to expert. In PY3, GHFP-II plans to align the skills from the baseline

---

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

[33] The indicator for 3.1.3.2 changed in PY2, and data for PY1 is not available.

[34] For 3.1.3.1, 29 fellows took the self-assessment. This assessment did not exist in a previous format, and the number should be higher in PY3.

competency assessment with the evaluation in order to introduce an integrated, competency-based approach to performance and individual development planning.

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 2[35]	Target
3.2.1.1 Average rating of the value and responsiveness of GHFP II technical assistance (TA) provided to OSM[36]	91%	Year Two: 75% satisfied or very satisfied

Onsite managers (OSMs) reported a high level of satisfaction with GHFP-II assistance for fellowship management issues – 91 percent, which was well over the PY2 target of 75 percent. In PY2, GHFP-II streamlined several processes and policies in order to reduce the administrative burden placed on OSMs thereby allowing them to focus on technical and management aspects of their role. As an example, in PY1, the implementation of a new annual performance planning process that is focused on results and outcomes rather than tasks provides OSMs with a management tool to articulate expectations and better assess the fellow's performance, results and contribution to USAID.

The response rate for the OSM survey has improved from PY1, but still is only at 39 percent. Of the 33 OSMs who responded to the survey, only 23 indicated that they were in contact with GHFP-II staff regarding any questions or issues related to managing a fellow and thus answered this key question.

OSM ratings of GHFP-II support, disaggregated by location of position, are available in Annex C. What this shows is that nearly all OSMs were satisfied or very satisfied, with the exception of two OSMs at GH/OHA who gave a neutral rating (21 of 23 responded positively).

---

[35] For 3.2.1.1, a different question was asked of OSMs in PY1 and cannot be compared to PY2 results.
[36] Please see Annex D for information about PY2 surveys.

OSM comments from the survey are below.

OSM Satisfaction with GHFP-II Support, PY2 (3.2.1.1)

- "The program is very well managed and, to the best of my knowledge, the staff is satisfied with their jobs and the service they receive."
- "You provide a very valuable service of support to on-site managers. This service is not available through any other means, thanks."
- "GHFP is one of the best things about GH. If it did not exist, it would have to be invented. Contacts with recruitment staff and financial analyst has been particularly responsive and useful. The Project Director is an inspiration in her practicality and her vision. Her regular GHFP newsletters are well conceived and brief."
- "It's hard for on site managers to stay abreast of everything related to the staffing mechanisms when either they are managing staff from multiple mechanisms, or even just from one mechanism… The repeated communications which Sharon has been sending help us to stay connected. Even if we can't stay on top of it all, it can help remind us who to contact should we need to."

Challenges and Lessons Learned

In PY2, GHFP-II faced challenges which typically occur in year two including solidifying transitions and strengthening core functions.

CHALLENGE: Although almost all other PMEP targets are being met or exceeded, the program is challenged to meet the ambitious PMEP goals for a few factors in performance management and professional development.   For example, while there was a significant increase (from 54% to 82%) in fellows completing a majority of activities in their individual development plans (IDP) , the overall percentage of fellows selecting to develop an IDP still lags (22% versus target of 50%). Also, only 2% (35% target) of fellows update the Annual Performance Plan within 45 days of their anniversary date. 31% (40% is the target) of new fellows completed all available project orientation modules while the average satisfaction with the professional/career development (PCD) portion of their overall orientation program was 72% (up from PY1's 67% but a bit off the 75% target). We are going in the right direction but we are aware that these behaviors reflect a significant shift in the expectations placed on fellows by GHFP-II and their relationship with the project PCD team. We are consistently reinforcing the message that professional and career development is a serious aspect of their fellowship experience. We have also been introducing these changes incrementally with an eye towards continuously reducing and simplifying administrative requirements for onsite managers, shifting the burden from them to fellows and project staff wherever possible. **ACTION:**   We will continue to implement improvements and orient new fellows to meet program expectations.

CHALLENGE: Ongoing and new obstacles continue to make the placement of overseas-based fellows challenging. The program depends on USAID Mission and Department of State (DOS) staff (hiring managers, EXOs, admin officers) to ascertain and verify whatever specific documentation (and approvals) may be required to complete each placement and successfully onboard their choice of fellow. Significant variations by country, region, candidate, and especially, by post, (i.e., inconsistency in DOS priorities, practices and preferences) continue to make field placements almost custom exercises each time GHFP-II accepts an overseas fellowship request. **ACTION:**   The program is reengineering its Site Development function including reorienting the scope of work for the site development coordinator position, while also clarifying how project staff works together to support field placements including hiring, onboarding and ongoing support to field based fellows. In response to requests from both fellows and affected missions such as South Africa, program staff will be increasing TDYs to the field to improve our understanding of the changing landscape of field placements; to learn how we might better assist the hiring manager to ensure due diligence; and to explore what expectations and influence USAID staff might bring to bear on preventing future difficulties.

Plans for Program Year Three

In program year three, GHFP-II will implement the approved work plan for October 1, 2013 through September 30, 2014. This includes continuing activities, system improvements, and several new initiatives as approved via the year three work plan review process:

CONTINUING ACTIVITIES AND SYSTEM IMPROVEMENTS

- Continue to implement robust outreach, recruitment, onboarding and participant support programs to sustain and enhance fellowship cohort quality and responsiveness to USAID technical needs
- Fully operationalize the Information Management and Reporting System (IMARS) and new GHFP-II website, along with regular upgrades and enhancements to program IT resources
- Continue refinement and expansion of performance management and professional development support to fellows, building on prior year efforts to streamline and simplify processes
- Elevate visibility and expand diversity-focused outreach activities, including support to GlobeMed's efforts to establish chapters at minority serving institutions (e.g., HBCUs and HSIs)
- Monitor program performance and submit year three semi-annual performance monitoring reports, required year three annual progress report, and quarterly plus ad hoc financial reports

NEW ACTIVITIES

- Develop and implement communications strategy to disseminate and facilitate implementation of recommendations resulting from the Summit on the future of the American global health professional, working with and through organizations such as the Global Health Council and Consortium of Universities for Global Health
- Employ a refined profiling interview process to further specify fellowship requirements and outcome expectations with hiring managers, focused on nature of the work environment, organizational relationships, and key competencies required for success in the envisioned role
- Onboard GlobeMed Fellow to bolster program diversity outreach efforts, working with both existing chapters and prospective new program participants to broaden membership and recruit additional students from backgrounds underrepresented in the global health workforce
- Implement a fellowship-specific competency framework for use in performance planning and evaluation, professional and career development support, and recruitment qualifications definition and assessment
- Develop a streamlined, integrated exit and summary documentation process for ending fellows that combines the final year evaluation, fellowship close-out report, and professional 'next steps' data collection into a single, simplified process

ANNEX A: A SAMPLE OF FELLOWS ACCOMPLISHMENTS

(October 1, 2012 through September 30, 2013)

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

Karen Clune
Innovation Technical Advisor
USAID/AA/CII

Karen Clune built a new accelerator model to implement a customized training program for grantees to accelerate and scale innovations. The Global Health Xcelerator—which was formalized in a Global Development Alliance with the Lemelson Foundation and the National Collegiate Innovators and Inventors Alliance was launched at the end of 2012 and is being evaluated as a model to adopt in other bureaus throughout the Agency.

With her AOR, Karen planned, coordinated and implemented the second round of the Saving Lives at Birth Grand Challenge including identifying and securing reviewers, working with a contractor to develop an online review system, planning the review portion of the Seattle DevelopmentXChange in coordination with the Gates Foundation, and organizing debriefs with reviewers, partners and OAA. Karen also managed the Savings Lives at Birth partnership made up of five partners. In addition, she promoted the partnership and its innovators by helping prepare for conferences and other opportunities such as Frontiers for Development, Asia SOTA, Grand Challenges meeting, and USAID Frontline Stories. She led the drafting of the round three RFA of Saving Lives at Birth with the coordination of internal and external feedback. She also worked with the partners to plan the first Xcelerator workshop in Tanzania with 23 participants from 11 Saving Lives at Birth innovator teams.

Karen promotes the work of USAID both internally to the Agency and externally through public speaking opportunities and meetings with key stakeholders.

Karen co-managed the work plan development of the Duke HESN award with the Office of Science and Technology. As Activity Manager on the Duke award, she worked closely with the OST lead to oversee the work plan development for the first year of the project.

Rebecca Egan
Nutrition Technical Advisor
USAID/GH/HIDN/NUT

Rebecca Egan provided technical assistance and program management for several large GH/Nutrition projects. She served as the lead technical advisor for both FANTA (Food and Nutrition Technical Assistance III) and GAIN and provided regular support for several Core and Field Support activities for the SPRING (Strengthening Partnerships, Results and Innovations in Nutrition Globally) project. Rebecca successfully assumed responsibility for managing FANTA during a challenging period of transition that required increased coordination with USAID operating units and field missions in 18 countries.

Rebecca also supplied nutrition support for several countries/USAID Missions including Mozambique, Bangladesh, Kenya, Uganda, Ghana and others. That support included developing a concept note for

Mozambique's PAD (project appraisal document) for a nutritious marketplace, developing presentations and providing training at Ag Core Courses and technical support for the evaluation of projects including the HIV/Nutrition project in Kenya and technical guidance for new procurements including PAD in Mozambique and several procurements in Ghana.

In the area of public private partnerships, Rebecca played an important role in GAIN with the development and evaluation of a second ag-nutrition tool and assisted GAIN and Missions in Bangladesh and Kenya with the development of research concepts related to improving nutrition along agricultural value chains. This resulted in $800,000 in field support funding and further assistance with Workplan development and oversight of activities. Additionally, Rebecca assisted GAIN and Missions with the development of the Marketplace for Nutritious Foods, which resulted in $900,000 in field support funding from Tanzania and a commitment from Mozambique to fund these activities.

In addition, Rebecca played a vital role in the HIDN Management Portfolio Review process, stepping in to lead the planning process as the Element Lead and Team Lead were transitioning out of USAID/Washington.

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

Diana Frymus served as technical advisor to the CapacityPlus project providing oversight of planning, implementation and reporting processes. She participated in the HOP process identifying promising new and continuing activities, calculating cost and budgetary implications and describing the project's HIV/AIDS proposals to senior decision makers.

Diana has taken the initiative in a number of key areas on the implementation of HRH (Human Resources for Health) interventions. Her work with the ASSIST project has helped advance OHA's ability to respond to PEPFAR's prioritization of QA/QI Initiatives, and her authorship of a number of articles and participation in expert panels have helped position USAID as a substantive contributor to PEPFAR on these issues. Diana played a key role in developing the HIV/AIDS activity agenda for ASSIST. In the face of a challenging process, her collaboration with the Office of Health Systems resulted in planning a comprehensive, non duplicative set of integrated HSS activities and was able to come to consensus with colleagues to prepare HOP proposals that advance PEPFAR and GHI objectives.

Diana provided support to several Missions including Swaziland and South Africa, helping to shape the strategic planning process for those countries' health systems programming.

Diana was involved in the development of the HRH session for the FY 13 Africa SOTA, working with the Nigeria, Ethiopia, and South Africa teams to present on experiences utilizing core-funded pre-service and in-service education tools, taking the lead in organizing the in-service training portion of the session.

Diana playing a leading role in the CHW (Community Health Worker) Evidence Summit, emerging as a valued technical resource on HRH and HSS issues for OHA and GH Bureau staff. She remained engaged in Evidence Summit follow up activities and was a catalyst for ensuring that the momentum created by the summit event was sustained and operationalized.

Kelly Hamblin
Supply Chain Technical Advisor
USAID/Rwanda

Kelly Hamblin provided strong technical leadership managing the supply chain portfolio on behalf of the USG. She was responsible for the coordination of activities covering commodities, laboratory supplies, equipment and reagents and ARV and essential drugs. Kelly successfully navigated an extremely complex set of relationships among all stakeholders, in particular with the Government of Rwanda, due to the sheer volume and variety of physical products to be moved into and around the country. She averted stock outs of key HIV products, found a solution for a difficult situation involving procurement of malaria supplies and was able to diplomatically resolve a number of challenging activities while adhering to USG objectives.

Kelly developed an interagency technical team on commodities, a new interagency management structure for the PEPFAR program. This model has been replicated for other technical areas across the PEPFAR program.

Kelly also worked with a number of other entities to develop the first of three project designs for government to government (G2G) support in the health sector for the USAID/Rwanda health portfolio. She provided extensive feedback to the Office of Financial Management (OFM) on both the Fiduciary Risk Assessment and the structure of the Risk Mitigation Strategy that were part of the design. Additionally, she worked with colleagues from the Government of Rwanda to assist with the sections of the Risk Mitigation Strategy. She also made a presentation to OGAC on the design of the Government to Government project and one on country ownership to the Supply Chain Sustainability Advisory Group.

In the course of her work, Kelly was able to navigate successfully among many diverse stakeholders including the Mission Controller's Office, Mission Director, the regional legal advisor in Nairobi, contractors, the Ministry of Health and USAID/Washington.

Andrea Long-Wagar
Emerging Pandemic Threats (EPT) Advisor and
Infectious Disease Advisor
USAID/AFR/SD/HT

Andrea Long-Wagar served as country lead in three non/limited presence countries and one presence country. She also served as lead backstop for country operations in Gabon, Cameroon, Republic of Congo, and DRC as well as being alternate on other key country teams. In addition, Andrea is the activity manager for the Emerging Pandemic Threats Program fund to WHO/AFRO.

Through her coordination and collaborative efforts, Andrea has provided leadership to USAID HQ Bureaus and Missions as well as other USG programs funding "One Health" approaches to disease prevention and control in Africa. Andrea also participated in the planning of a WHO sponsored Africa Regional One Health meeting. She has been instrumental in clarifying EPT work plans for USAID Missions, regional and USG partners. She has also strengthened the partnership with CDC, particularly with their regional team in Nairobi.

Andrea has contributed technical guidance to WHO/AFRO's Comprehensive Epidemic and Pandemic Preparedness Plans and Guidelines and assisted with organizing Beta testing of these guidelines in two

African countries (Uganda and DRC). Andrea also participated in the review of four centrally managed grants.

Andrea provided guidance and support in drafting the document called 'A Framework for Identifying, Investigating and Responding to Public Health Events of Initially Unknown Etiology'.

Andrea has been instrumental in facilitating resolution of issues and questions that arise from US Embassies and backstopped queries from country missions on a broad range of topic areas.

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

Timothy Mah provided assistance to numerous USAID and PEPFAR teams including in South Africa, Botswana, Tanzania, Ethiopia, Kenya, and Nigeria. He led an interagency HQ team (consisting of members from USAID, CDC, and DoD) that assisted PEPFAR/SA in developing a five-year HIV Prevention strategy. He also assisted with the development of a $70 million concept note for an HIV prevention project.

In Tanzania, Timothy led a four-day workshop with USAID's implementing partner, EngenderHealth, to develop several standard operating procedures for behavioral interventions for the Combination Prevention Evaluation in Iringa. In Kenya he provided technical assistance to the HIV Prevention team, including presenting at and moderating sessions at an HIV prevention partner's meeting. He also provided significant capacity building (on HIV prevention issues and USAID/PEPFAR issues) for a newly hired HIV Prevention Advisor.

In Ethiopia, Timothy provided broad technical support to the Prevention Team in the absence of the Team Leader. He also met with implementing partners involved in the newly awarded MULU Prevention Project to provide overall technical direction for its first year Workplan. He took part in the first joint World Bank-USAID mission to Nigeria. This collaboration aims to provide support to the Nigerian government on its national sex worker program and to provide assistance on developing a national evaluation of that program.

He also participated in several international meetings, making technical contributions in various areas of HIV prevention, and co-authored two papers that were accepted in peer-review journals, one on the cultural context of concurrent sexual partnerships in Cape Town, South Africa, and the other on innovative research approaches to identifying acute HIV-1 infection in men who have sex with men.

Coite Manuel
Senior Supply Chain Advisor
USAID/GH/PRH

Coite Manuel, with a colleague, took over the drafting of the technical scope of work for a major GH supply chain assistance and commodity procurement contract, the largest in USAID's history. He also lent his private sector expertise to the development of an innovative partnership with Coca-Cola for supply chain assistance in Africa and provided technical guidance for a planned cross-bureau project in business intelligence for supply chain assistance and commodity procurement.

Coite has also undertaken supply chain research in Nigeria and supply chain costing in Rwanda that involved collecting and cleaning shipment records, designing a spreadsheet, leading a data collection team to collect data from facilities, and providing feedback to the study presentation. The results of the study have been used to adjust the fee charged by Rwanda to the Global Fund, such that the fee is better aligned with the actual cost of the service. Coite also conducted testing of optical character recognition for logistics management information systems.

In addition, Coite handled an evaluation of Mozambique's public sector health supply chain and has provided his private sector insight into the improvement of global supply chain operation for delivering essential health commodities to over 50 countries.

Coite played a leading role in the design of GH's new $8 billion contract for supply chain assistance and commodity procurement. The contract will serve the needs of PRH, PEPFAR, PMI, MCH and other USG global health programs. This design required taking into account the different requirements and priorities of future users of the contract and being able to navigate between the high level framing of the contract's objectives and the details of implementing each objective.

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

Allisyn Moran provided technical guidance to GH's major integrated MNCH activity including design and development of the RFAs. She was a key contributor to the Maternal Health Strategic Vision (still under development) to End Preventable Maternal Death. Allisyn contributed to the MCH work on monitoring and evaluation that went beyond the scope of GH and USG to global processes and initiatives. She was called upon to provide expertise to the Countdown Coordination Committee, the CHERG, and WHO MDSR (Maternal Death Surveillance and Response) and to make presentations on Monitoring and Evaluation, including at the Women Deliver Conference in Malaysia.

Allisyn provided support to the field working with Missions in Tanzania, Indonesia, Nigeria, Senegal, Mali and Bangladesh to draft an RFA, provide guidance on results frameworks and performance monitoring as well as reviewing Performance Plans and Reports.

Allisyn initiated and planned a conference with the Maternal Health Task Force on MH and HIV and launched ongoing work between the MH and HIV communities. She also worked with MEASURE Evaluation, the US Census Bureau and key researchers to plan a training (in 2014) to build capacity of governments to obtain and analyze information on pregnancy-related mortality with potential co-funding from Evidence 4 Action, a DFID-funded project working in six African countries. In addition, she provided technical assistance to MCH priority countries on measurement.

Allisyn is also leading efforts to develop a proposal to use mobile phones for collection of real time data on maternal mortality.

Allisyn advanced new work on mapping maternal newborn health processes and outcomes, working internally with USAID's Geo Center and externally with the University of Texas, University of Southampton, Integrare, and others to help the MH program develop knowledge and capacity in the use of new technologies. She also participated in technical consultations with UN agencies, including WHO and UNICEF.

43

Roshelle Payes
Food and Nutrition Technical Advisor
USAID/GH/HIDN/NUT

Roshelle Payes was the Nutrition Element Lead and represented the USAID Nutrition Team frequently at high level events. She drafted the nutrition chapter and other sections of a G8 Accountability Report used by world leaders at the G8 Summit for the launch of the New Alliance for Food Security and Nutrition. She developed talking points and a summary presentation for the Nutrition Element presentation to OMB. She also coordinated annual reporting efforts for GH/Nutrition including the Nutrition Chapter of the GH Report to Congress.

Roshelle also provided support for Ghana and many other USAID Missions. She served as the Ghana Country Team Lead and supported Mission health team needs; facilitating a Ghana Health Team retreat to begin a health program redesign and plan performance evaluations for health projects. In addition she drafted the Ghana Project Appraisal Document (PAD) for Resiliency in Northern Ghana (RING). She also supported a high level visit by the First Lady of Ghana to Children's National Medical Center in Washington, DC.

Roshelle played a vital role in coordinating the Nutrition Global Learning and Evidence Exchange (NGLEE), a large multi-country workshop held in Kampala, Uganda. She served as the Technical Advisor to the SPRING Project, a new global nutrition project during its first challenging year as it began implementation in multiple countries. Additionally, she led an extensive effort for the procurement of agricultural commodities for the SPRING Project in Bangladesh. This process had never been done before in the Nutrition Division and Roshelle pioneered the way through an exceptionally complex bureaucratic process to ensure that the project was able to achieve groundbreaking work in integrated nutrition and agricultural programming.

Elan Reuben
Technical Advisor, Costing
USAID/GH/OHA/SPER

Elan Reuben achieved outstanding results in advancing the effective use of costing analysis, economic evaluation, and expenditure analysis for the improvement of HIV/AIDS programming within USAID. Elan designed and implemented effective strategies for building the capacity of staff to interpret and use costing and/or expenditure studies. His technical support to OHA and USAID Missions, through presentations, emails, TDYs, in-person tutorials and a variety of other methods, fostered a strong understanding of the PEPFAR Expenditure Analysis Initiative among Agency staff. This included 13 TDYs to seven countries over a two-month period to assist with the field launch of the initiative, the data collection process, and dissemination of results.

Elan also managed a complex procurement process to develop a new technical assistance award to support the Initiative, working extensively with OAA to meet the requirements for the procurement and build his own capacity in USAID procurement procedures.

In his work on Country Operational Plan (COP) and Headquarters Operational Plan (HOP) planning, Elan contributed important insights into the design and implementation of a varied portfolio of health systems interventions—with costing and expenditure analysis as one component of a larger integrated system.

Elan served as activity manager for a number of central costing and expenditure analysis projects conducted by OHA and the Global Health Bureau. As a technical advisor to the Saving Mothers Giving Life Expenditure Study, he directed a complex set of activities. He also maintained effective oversight of costing activities under the Health Policy Initiative Task Order, the Health Policy Project, and the Health Finance and Governance Project.

As USAID's co-chair on the Finance and Economics Working Group (FEWG) he made a significant contribution to a new round of expenditure analysis conducted in nine new PEPFAR countries and contributed to high-level interagency decision making on health finance issues. Elan's role on the FEWG also involved participation in the planning and implementation of PEPFAR HOP activities building relationships with USAID, CDC, and OGAC staff in the process.

Janet Shriberg
Monitoring and Evaluation Advisor for Orphans and Vulnerable Children
USAID/GH/OHA

Janet Shriberg served as the lead monitoring and evaluation specialist for OHA's OVC team and functioned as a resource for the office, the field and the broader inter-agency working group on OVC.

Janet worked with the OHA Technical Leadership and Research Division staff, the PEPFAR Technical Working Group for OVC and other technical teams to incorporate and prioritize investment in building the evidence base on quality OVC programs that can be used by both PEPFAR headquarters staff and Missions. Janet also guided the development of a suite of global tools to fill a large gap at field level for outcome based evaluation. She assessed the needs in the field with a field survey and follow up dialogue with OVC staff in the field and developed a vision for the OVC team on what type of evaluations have taken place, results, gaps and tools needed to address those gaps. She guided key evaluation partners such as the MEASURE Evaluation project and responded to a request to adapt the tools to incorporate the recently released Action Plan for Children in Adversity objectives.

Overcoming multiple challenges, Janet provided technical oversight and support to the design and implementation of baseline studies in Ethiopia, Zambia and Mozambique. She worked with the implementing partner in the US and ensured that a local partner in Ethiopia was included in the process so as to have a seamless transition to the local institution in the long term. Each of these studies provided important baseline information for the OVC portfolios in each country.

Janet took the lead in the improvement of the OVC program in regard to psychosocial and educational support. She helped to shape the recently released PEPFAR global guidance and contributed to the management of two major initiatives—one on caregiver-child relationships and one on educational strategies for OVC programs.

ANNEX B: LIST OF GHFP-II FELLOWS (156) AND FOREIGN SERVICE NATIONALS (8) ACTIVE IN PY2

GHFP-II Fellows, PY2

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

Alford, Sylvia
Health Program 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

Baxter, Bethany
Global Fund Liaison
USAID/Zambia

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/SCH (formerly 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

Chrisman, Cara
Biomedical Research Advisor
GH/PRH/RTU

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

Clemente, Corina
Population, Health and Environment Advisor
The Gorongosa Restoration Project

Clune, Karen
Innovation Advisor
GH/AA/CAII

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

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

Connolly, Kimberly
Malaria Technical Advisor
AFR/SD

Cooper, Mey
Population, Health and Environment Advisor
Health of People and the Environment-Lake
Victoria Basin Project, Pathfinder International

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

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

Douglas, Meaghan
Supply Chain Advisor
GH/OHA/SCH

Dzisi, Stephen
Cross-cutting Health Advisor
USAID/Liberia

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

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

Edgil, Dianna
Senior SCMS Advisor
GH/OHA/SCH

Egan, Rebecca
Nutrition Advisor
GH/HIDN/NUT

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

Eteni, Longondo
Global Fund Liaison
USAID/DRC

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

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

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

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

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

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

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

Gayle, Jacqueline
Tanzania Community Care Advisor
USAID/Tanzania

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

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

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

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

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

Hamblin, Kelly
Health Commodity and Logistics Advisor
USAID/Rwanda

Harper, Diana
Policy Advisor
GH/P3

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

Harrison, Denise
Market Development Advisor
GH/PRH/CSL

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

Heap, Amie
Nutrition Advisor
GH/OHA/TLR

Herant, Marc
Organizational Development Advisor
USAID/Rwanda (MoH)

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

48

Holohan, Meghan
TB Coordination Advisor
GH/HIDN/ID

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

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

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

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

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

Kondos, Leeza
Data Analysis Advisor
GH/P3

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

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

Lane, Catherine
Youth Health Advisor
GH/PRH/SDI

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

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

Leonard, Alexis
Malaria Technical Advisor
GH/HIDN/MAL

Lijinsky, Catherine (Keri)
HIV/AIDS and TB Advisor
AFR Bureau

Loganathan, Ratha
Health Advisor for Afghanistan
OAPA

Lombardi, Karen
Donor Coordination Advisor
GH/P3

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

Ludeman, Elisabeth
Pharmaceutical Management Advisor
GH/OHS

Lwanga, Esther
Health Research Advisor
GH/HIDN/NUT

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

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

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

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

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

McHenry, Bridget
Organizational Development Advisor
GH/PRH/CSL

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

Minior, Thomas
Adult Treatment Advisor
GH/OHA/TLR

Miralles, Maria
Senior Pharmaceutical Technical 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

Paust, Amanda
Supply Chain Advisor
GH/OHA/SCH

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

Peltz, Amelia
Gender Advisor
GH/OHA/TLR

Phelps, Benjamin Ryan
Senior Pediatric Care/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

Reed, Kanchan
Deputy PEPFAR Coordinator
PEPFAR/Ethiopia

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

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

Rosenthal, Matthew
Strategic Information Advisor
USAID/Namibia

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

Sagana, Reden
SCMS Advisor
GH/OHA/SCH

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

Santillan, Diana
Gender Advisor
GH/PRH/PEC

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

Scheening, Sarah
Policy Implementation Technical Advisor
GH/OCS

Schmalzbach, Molly
Public Affairs Advisor
GH/OHA

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

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

Seaver, Erin
Program Advisor
GH/PRH/CSL

Shah, Niyati
Senior Gender Advisor
GH/HIDN

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

Shriberg, Janet
Senior OVC Evaluation Technical Advisor
GH/OHA/IS

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

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

Smith, Shirl
M&E Advisor
GH/P3

Sprafkin, Noah
Health Advisor for Pakistan
OAPA

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

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

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

Van Der Bijl, Sophia
Food Security Monitoring and Evaluation
Advisor
BFS

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

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

Walia, Sonia
Public Health Advisor
DCHA/OFDA/TAG

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

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

Wheaton, Wendy
Child Protection Advisor
DCHA/OFDA/TAG

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

Widyono, Monique
Gender Advisor
GH/OHA/TLR

Wilson, Kimberley
Knowledge Management and Communications
Advisor
GH/OHS

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

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

Yarrow, Kristina
Health Advisor
ME/TS

Zinzindohoue, Pascal
Malaria Technical Advisor
GH/HIDN/MAL

Foreign Service Nationals, PY2

Project staff supported eight FSN Washington fellowships hosted by four technical divisions in the Bureau for Global Health during this reporting period:

Name and Home Mission: George Sanad, USAID/Egypt
Fellowship Dates: October 20, 2012 – December 14, 2012
Host: GH/HIDN/MCH

Name and Home Mission: Sheba Bamutiina, USAID/Uganda
Fellowship Dates: November 5, 2012 – December 21, 2012
Host: GH/OHA/SPER

Name and Home Mission: Nailya Janabayeva, USAID/Central Asia Republics
Fellowship Dates: November 30, 2012 – January 8, 2013
Host: GH/OHA/SPER

Name and Home Mission: Kenneth Chibiko, USAID/Nigeria
Fellowship Dates: December 3, 2012– January 11, 2013
Host: GH/OHA/SPER

Name and Home Mission: Washington Omwomo, USAID/Kenya
Fellowship Dates: August 5, 2013 – September 27, 2013
Host: GH/OHA/SPER

Name and Home Mission: Jacqueline Calnan, USAID/Uganda
Fellowship Dates: September 3, 2013 – October 18, 2013
Host: GH/OHA/TLR

Name and Home Mission: Tsion Demissie, USAID/Ethiopia
Fellowship Dates: September 16, 2013 – November 8, 2013
Host: GH/HIDN/MAL

Name and Home Mission: Naomi Kaspar, USAID/Tanzania
Fellowship Dates: September 16, 2013 – November 8, 2013
Host: 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 (& 1.2.1.1) Number of outreach events promoting awareness of GHFP-II and people reached

Outreach & individuals reached, disaggregated by virtual, in person

1.1.1.1: Type of Outreach	Virtual	In Person	Total
Outreach events	7	*55*	*62*
Number of individuals	1,726	3,797	**5,523**

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
New visitors	53%
Returning visitors	47%

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

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

1.1.1.3: Number of participants; affiliation	
Number of participants	24
Affiliation	14 (Implementing organizations)
	3 (Donor organizations)
	7 (Academia)

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	# Fellowships Recruited in Y1	% Selected as Finalists – First Round	# Fellowships Recruited in Y2	% Selected as Finalists – First Round
Level I	6	100%	10	90%
Level II	18	89%	15	100%
Level III	18	61%	8	38%
Level IV	1	100%	0	0%
TOTAL	**43**	79%	**33**	82%

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 - Y1	Avg. # of Days for Recruiting - Y2	*Avg. # of Days for Hiring - Y1*	Avg. # of Days for Hiring - Y2
Level I	18	24	16	19
Level II	33	24	16	18
Level III	39	31	20	13
Level IV	5	N/A	11	N/A

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

1.1.2.2: Location	Avg. # of Days for Recruiting - Y1	Avg. # of Days for Recruiting - Y2	Avg. # of Days for Hiring - Y1	Avg. # of Days for Hiring - Y2
Washington, DC	31	24	18	16
All overseas	43	34	17	19

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, PY2

1.1.2.3: Level of Fellow(s) Hired	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total Satisfied or Very Satisfied	%
1					4	4	100%
2				5	5	10	100%
3			1	1	3	5	80%
4							n/a
multiple levels					1	1	100%
Total			1	6	13	19/20	

Hiring managers satisfaction with recruitment process, disaggregated by location, PY2

1.1.2.3: Location of Hiring Manager	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total Satisfied or Very Satisfied	%
DC				1	4	11	15	94%
Overseas					2	2	4	100%
Total			1	6	13	19	

SR 1.1.3 USAID's technical and workforce needs addressed

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

Fellows' feedback about services, disaggregated by type of assignment

1.1.3.1: Type of Assignment	Satisfied or Very Satisfied
USAID	96% (106 of 110)
NON USAID	60% (3 of 5)

Fellows' feedback about services, disaggregated by location of position

1.1.3.1: By Location of Position	Satisfied or Very Satisfied
Washington	96% (93 of 97)
Overseas	89% (16 of 18)

1.1.3.2 Total number of fellows employed by PHI annually and cumulatively

Fellows employed, disaggregated by level[37]

1.1.3.2: Level	Fellows employed PY1[38]	Fellows employed PY2
I	11 (7%)	18 (12%)
II	51 (34%)	60 (38%)
III	69 (46%)	68 (44%)
IV	15 (10%)	9 (6%)
USSTA	3 (2%)	1 (1%)
TOTAL:	**149**	**156**

Fellows employed, disaggregated by location

Indicator 1.1.3.2: Location	GHFP-II Fellows	GHCorps Level One Fellows	*Total*	*%*
Washington	131 (84%)	0	*131*	*78%*
Africa	22 (14%)	12 (100%)	*34*	*20%*
ANE	3 (2%)	0	*3*	*2%*
Middle East	0	0	*0*	*0%*
LAC	0	0	*0*	*0%*
TOTAL:	**156**	**12**	*168*	

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

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

1.1.3.3: Type of Assignment	Invited for Extension PY2	Accepted Extension PY2	%
Overseas	10	10	100%
Domestic	28	28	100%
Total	**38**	**38**	**100%**

---

[37] Fellowship level not relevant for GHCorps Level One Fellows and not included in this disaggregation.
[38] Fellows who served at any time during PY1.

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

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

1.1.4.1: By Type of Assignment	Positively or Very Positively
USAID	90% (18 of 20)
NON USAID	100% (2 of 2)

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

1.1.4.1: By Location of Position	Positively or Very Positively
Washington	90% (18 of 20)
Overseas	100% (2 of 2)

Fellows rating about contribution to careers, disaggregated by fellowship level

1.1.4.1: Level	Positively or Very Positively
Level 1	100% (3 of 3)
Level 2	100% (6 of 6)
Level 3	100% (11 of 11)
Level 4	0% (0 of 2)
Total:	*91%*

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

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

1.1.4.2: Fellows Transitioning to GH	
GHCorps	**GHFP-II**
67% (4 of 6)	**97% (31 of 32)**
- Health consulting - Lighthouse Trust (Malawi placement) - MPH at Columbia Mailman School of Public Health - NYC Department of Education - One Acre Fund - Village Health Works (Burundi placement	- ABT Associates - AFR/SD - ASIA/TS (2) - GH/HIDN/ID (2) - GH/HIDN/MAL (2) - GH/HIDN/NUT (2) - GH/OHA/IS - GH/OHA/SPER - GH/OHA/TLR (4) - GH/P3 - GH/PRH/PEC (2) - Helen Keller International - Hewlett Foundation - Intrahealth - Nemours Health System - Pursuing PhD - Rwanda MOH - Self Employed - USAID/BFS - USAID/Botswana - USAID/Haiti - USAID/RDMA - USAID/Vietnam

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

1.1.4.2: Ethnicity	PHI: Continuing in GH	GHCorps: Continuing in GH	*Total Continuing in GH (PHI & GHCorps)*
White	19 (of 20; one fellow is unknown)	80% (4 of 5)	*66% (23)*
Black	100% (5 of 5)		*14% (5)*
Asian	100% (1 of 1)	0% (0 of 1)	*3% (1)*
Hispanic or Latino	100% (3 of 3)		*9% (3)*
Two or more races	100% (2 of 2)		*6% (2)*
Unknown	100% (1 of 1)		*3% (1)*
# Fellows Transitioning to GH	**97% (31 of 32)**	**67% (4 of 6)**	**35**

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

1.1.4.2: Location	% Continuing in GH
Washington	97% (28 of 29)
Overseas	100% (3 of 3)
Total staying in GH	*31 (of 32)*
%	*97%*

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 reached[39]

Outreach & individuals reached, disaggregated by virtual, in person

1.2.1.1: Outreach Type	Virtual – PY2	In Person – PY2	Total
Outreach events	7	*55*	*62*
Number of individuals	1,726	3,797	**5,523**

---

[39] Indicator 1.2.1.1 is identical to indicator 1.1.1.1.

SR 1.2.2 Interns recruited, and supported

1.2.2.1 Total number of interns placed and supported annually and cumulatively

Interns placed, disaggregated by organization

1.2.2.1: Placed	Interns PY1	Interns PY2	Cumulative	%
PHI	30	34	64	37%
GlobeMed	33	77	110	63%
TOTAL:	**63**	**111**	**174**	

Interns supported, disaggregated by organization

1.2.2.1: Organization	Interns Y1	Interns Y2	Cumulative	%
PHI	40	53	74	40%
GlobeMed	33	77	110	60%
TOTAL:	**73**	**130**	**184**	

GHFP-II Interns, disaggregated by location, PY2

1.2.2.1: Location	PHI Interns	GlobeMed Interns	Total
Africa	1	17	18
Latin America	0	28	28
Southeast Asia	1	31	32
Washington, DC	51	1	52
TOTAL:	**53**	**77**	130

Interns, disaggregated by education level completed at beginning of internship, PY2

1.2.2.1: Education	PHI Interns	GlobeMed Interns	Total	%
Undergraduate		77	77	59%
BA - Completed	1		1	1%
Masters - Pursuing	25		25	19%
Masters - Completed	19		19	15%
Pursuing PhD	6		6	5%
PhD - Completed	2		2	2%
TOTAL:	**53**	**77**	**130**	

Interns, disaggregated by ethnic background, PY2

1.2.2.1: Ethnicity	PHI Interns	GlobeMed Interns	Total	% Total
White	33	50	83	64%
Black	7	4	11	8%
Hispanic or Latino	4	6	10	8%
Asian	6	11	17	13%
Pacific Islander		4	4	3%
American Indian		2	2	2%
Two or more races	2		2	2%
Did not indicate	1		1	1%
TOTAL:	53	77	130	

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

1.2.2.1: Type	PHI Interns	GlobeMed Interns	*Total (PHI & GlobeMed)*	*%*
Summer	43	1	*44*	*34%*
On-Demand	8		*8*	*6%*
Overseas	2	76	*78*	*60%*
TOTAL:	**53**	**77**	***130***	

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

Interns who were 'satisfied' or 'very satisfied' with their internship, disaggregated by type of assignment, PY2 (GHFP-II only)

1.2.2.2: Intern Satisfaction	PHI Interns – Satisfied or Very Satisfied
Summer	91% (30 of 33)
On-Demand	100% (3 of 3)

Interns who were 'satisfied' or 'very satisfied' with their internship, disaggregated by location, PY2

1.2.2.2: Intern Satisfaction by Location	PHI Interns	GlobeMed Interns
Africa		88% (15 of 17)
Latin America		89% (24 of 27)
Southeast Asia		97% (30 of 31)
Washington, DC	92% (33 of 36)	0% (0 of 1)
Total:	**92% (33 of 36)**	**91% (69 of 76)**

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, PY2

1.2.2.3: PHI Interns Pursuing International Public Health	Female (34)	Male (8)	Total: M&F (42)	%: M & F
* Interns Pursuing				
Obtained work in international public health-related area	4	3	7	17%
Pursued further education - PhD related to public health	5	1	6	14%
Pursued further education - global health (MPH, enviro health)	13	4	17	40%
Pursued further education - medical/nursing	1	0	1	2%
Total pursuing:	**Female: 23**	**Male: 8**	**31**	**74%**
% of each gender continuing:	**68%**	**100%**		
* Interns Not Pursuing				
Pursued further education - other field	5		5	12%
Employed – not related to international public health	1		1	2%
Job searching	5		5	12%
Undecided			0	0%
Total *not* pursuing:	**Female: 11**	**Male: 0**	**11**	**26%**
% of each gender *not* continuing:	**32%**	**0%**		

Interns who pursued further education or obtained work in international public health-related areas, disaggregated by institution, PY2

1.2.2.3: Institutions
PHI
42 interns: 22 Institutions & Organizations

Universities	University of Southern California
Columbia University	University of Texas, Austin
George Mason University	University of Texas, Houston
George Washington University	University of Washington
Harvard University (2)	Washington University, St. Louis
Johns Hopkins University (6)	_Jobs_
Penn State University	Inova Juniper Program
Tulane (3)	OHA (2)
University of California, Los Angeles	USAID/GH/OHA
University of California, San Francisco	USAID/HIDN
University of Michigan	World Relief
University of Pennsylvania	Deloitte Consulting, LLP

GlobeMed
9 interns; 8 Institutions & Organizations

Universities
Lawrence University (Wake Forest Medical School)
Loyola University - Chicago
Northwestern University
Truman State University
Tufts University (2)
University of California – LA
University of Cincinnati
University of Missouri - Kansas City

Interns who pursued further education or obtained work in international public health-related areas, disaggregated by ethnic background, PY2

1.2.2.3: Ethnicity	PHI Interns Continuing	Total by Ethnicity	_% Continuing by Ethnicity_
White	19	27	_70%_
Black	4	6	_67%_
Hispanic or Latino	3	3	_100%_
Asian	2	3	_67%_
Two or more races	2	2	_100%_
N/a	1	1	_100%_
TOTAL:	**31**	**42**	_**74%**_

Key Result Area 2:

Diversity increased in the cadre of Global Health professionals

> _Intermediate Result (IR) 2.1:_ Talent from diverse backgrounds
> identified, recruited and supported

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

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

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

2.1.1.1: Outreach	Virtual	In Person	_Total_
Outreach events to recruit diverse talent	4	_33_	_37_
Diverse individuals reached	482	1,138	_1,620_

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 age[40]

2.1.2.1: Diversity by Age	PHI Fellows	PHI Interns	GHCorps Level One Fellows	GlobeMed Interns	_TOTAL_	_%_
21-25	1	13	6	77[41]	_97_	_33%_
26-30	10	29	6		_45_	_15%_
31-35	48	9			_57_	_19%_
36-40	36	2			_38_	_13%_
41-45	30				_30_	_10%_
46-50	10				_10_	_3%_
51-55	9				_9_	_3%_
56-60	5				_5_	_2%_
61-65	4				_4_	_1%_
66-70	3				_3_	_1%_
Total:	**156**	**53**	**12**	**77**	_298_	

---

[40] GHFP-II will propose that age not be used for disaggregation in future reports.
[41] All GlobeMed interns were between the ages of 18 and 22. Specific age data was not available for this report, but will be collected for the 2014 internship program.

Interns and fellows from underrepresented backgrounds, disaggregated by sex

2.1.2.1: Diversity by Gender	PHI Fellows	PHI Interns	GHCorps Level One Fellows	GlobeMed Interns	*TOTAL*	*%*
Female	117	41	11	52	*221*	*74%*
Male	39	12	1	25	*77*	*26%*
Total:	*156*	*53*	*12*	*77*	*298*	

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

2.1.2.1: Diversity by Ethnicity	PHI Fellows	PHI Interns	GHCorps Level One Fellows	GlobeMed Interns	*TOTAL*
White	96	33	7	50	*186*
Black	22	7	1	4	*34*
Asian	20	6	3	11	*40*
Two or more races	6	2	1	0	*9*
Hispanic or Latino	10	4		6	*20*
American Indian		0		2	*2*
Pacific Islander	1	0		4	*5*
Not Available	1	1		0	*2*
Total active in the year	**156**	**53**	**12**	**77**	*298*
Total underrepresented in PY2 (black, two or more races, American Indian, Pacific Islander)	**39**	**13**	**2**	**16**	*70*
% underrepresented by ethnicity	**25%**	**25%**	**17%**	**21%**	*23%*
Total ethnic minorities (all ethnicities other than White)	**59**	**19**	**5**	**27**	*110*
% ethnic minorities by ethnicity	**38%**	**36%**	**42%**	**35%**	*37%*

Interns and fellows from underrepresented backgrounds, disaggregated by disability status

2.1.2.1: Diversity by Disability	PHI Fellows	PHI Interns	GHCorps Level One Fellows	GlobeMed Interns	*TOTAL*	*%*
Yes	0	0	0	1	*1*	*1%*
No	29	29	12	76	*146*	*0%*
Number answered survey (PHI) or counted (partners)	29	29	12	77	*147*	*0%*
% disabled:	*0%*	*0%*	*0%*	*1%*		*0%*

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

2.1.2.1: Diversity by SES	PHI Fellows	PHI Interns	Global Health Corps Level One Fellows	GlobeMed Interns	TOTAL	%
Yes	4	5			9	16%
No	22	22			44	76%
Decline to answer	3	2			5	9%
Total number of answers	29	29	N/A	N/A[42]	58	
% answered Yes:	**14%**	**17%**			**16%**	

2.1.2.2 Number of short term private sector fellowships supported

Private Sector Fellowships, disaggregated by technical area, PY2

2.1.2.2: Technical Area	Fellows
Water	4 (29%)
Maternal Health	6 (43%)
Cookstoves	1 (7%)
Drug Discovery	2 (14%)
Communicable Diseases	1 (7%)
TOTAL:	**14**

Private Sector Fellowships, disaggregated by location, PY2

2.1.2.2: Location	Fellows
India	8 (57%)
Bangladesh	1 (7%)
Switzerland	2 (14%)
Brazil	3 (21%)
TOTAL:	**14**

---

[42] GlobeMed tracks financial assistance awarded by universities to the interns, rather than the self-reported, anonymous SES tracking that is used by GHFP-II for this indicator.

SR 2.2.1 Opportunities for FSN exchanges increase

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

- No disaggregation for this indicator.

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

- No disaggregation for this indicator.

Key Result Area 3:

Fellows' technical, program management, and leadership competencies enhanced

SR 3.1.1 Developmental goals for Fellows defined and appropriate resources identified

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

- No disaggregation for this indicator.

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

- No disaggregation for this indicator.

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

- No disaggregation for this indicator.

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

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

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

3.1.2.1: Level	Fellows completing IDP
Level 1	21% (4 of 19)
Level 2	17% (10 of 58)
Level 3	29% (20 of 69)
Level 4	11% (1 of 9)
USSTA	0% (0 of 1)
Total:	**35 of 156**

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

3.1.2.1: Location	Fellows completing IDP
Washington, DC	21% (28 of 131)
Overseas	28% (7 of 25)
Total:	**22% (35 of 156)**

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

- No disaggregation for this indicator.
-

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

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

3.1.2.3: Region & Topic	Year 1	Year 2
Region/location	Johannesburg, South Africa (Sept. 13 & 14, 2012)	Africa/Addis Ababa, Ethiopia (Sept. 17-20, 2013)
Topic areas	Personal and performance effectiveness, program updates on performance planning and role of the fellow issues, and a needs assessment for professional development and career planning support	Program updates, work successes and challenges, introduction to Fellows training, collaboration and negotiation, program management for health programs

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

Regional conference satisfaction, disaggregated by region/location

- Region/location: the conference took place in Addis Ababa – 100 percent

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

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

3.1.2.5: Level	# fellows in each level	# fellows completing all orientation modules	*% fellows completing all orientation modules*
Level 1	11	1	*9%*
Level 2	19	0	*0%*
Level 3	10	3	*30%*
Level 4	0	0	*0%*
USSTA	0	0	*0%*
Total:	**40**	**4**	***10%***

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

3.1.2.5: Location	# fellows at each location	# fellows completing all orientation modules	*% fellows completing all orientation modules*
Washington, DC	32	3	*9%*
Africa	7	1	*14%*
Asia	1	0	*0%*
Total:	**40**	**4**	***10%***

3.1.2.6 Average satisfaction rating with PCD portion of Washington orientation

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

3.1.2.6: Level	Fellows Satisfied or Very Satisfied with PCD Orientation
Level 1	67% (6 of 9)
Level 2	80% (12 of 15)
Level 3	67% (10 of 15)
Level 4	0
USSTA	0
Total:	**72% (28 of 39)**

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

3.1.2.6: Location	Fellows Satisfied or Very Satisfied with PCD Orientation
Washington	68% (21 of 31)
Overseas	88% (7 of 8)
Total satisfied/very satisfied	*72% (28 of 39)*

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

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

3.1.2.7: Location	Fellows Satisfied or Very Satisfied with Coaching
Washington	75% (44 of 59)
Overseas	80% (8 of 10)
Total satisfied/very satisfied	*75% (52 of 69)*

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

3.1.2.7: Level	Fellows Satisfied or Very Satisfied with Coaching
Level 1	67% (6 of 9)
Level 2	80% (24 of 30)
Level 3	72% (21 of 29)
Level 4	100% (1 of 1)
USSTA	0% (0)
Total:	**75% (52 of 69)**

SR 3.1.3 Increase in Fellows' competency levels demonstrated and documented

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

Competency rating, disaggregated by fellowship level

3.1.3.1: Level	1 = awareness–observer-apprentice	2 = developing–contributor-craftsman	3 = intermediate–practitioner-journeyman	4 = advanced–expert-master	# fellows evaluated by level
Level 1			2		2
Level 2		1	8	3	12
Level 3		2	12		14
Level 4				1	1
USSTA					
Total:	*0*	*3*	*22*	*4*	*29*
% by category		*10%*	*76%*	*14%*	

Competency rating, disaggregated by location of placement
- Not available.[43]

3.1.3.2 Average composite competency rating based on OSM assessments

Composite competency rating (OSMs), disaggregated by fellowship level, PY2
- Not available.[44]

---

[43] For 3.1.3.1, disaggregation by location of placement should be removed from the PMEP. Data is not available to provide meaningful report outcomes.
[44] For 3.1.3.2, disaggregation by fellowship level should be removed from the PMEP. Data is not available to provide meaningful report outcomes.

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

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

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

3.2.1.1: Office/organization	# Satisfied or Very Satisfied
GH/HIDN	100% (4 of 4)
GH/OHA	50% (2 of 4)
GH/PRH	100% (3 of 3)
Other Washington offices (Africa Bureau, GH, ME/TS, OAPA)	100% (5 of 5)
Overseas	100% (7 of 7)
Total satisfied/very satisfied	*91% (21 of 23)*

ANNEX D: PY2 SURVEY SUMMARIES

Data for 11 indicators in PY2 were collected from eight surveys.

SURVEY	OPEN	RESPONSE RATE	Indicators:
1. OnSite Managers Survey	Nov. 4-21	Response rate: 39% Responded: 33 *(total sent: 85)* *(Note: 23 were in touch with GHFP-II and answered the key question)*	**One:** 3.2.1.1
3.2.1.1 In the past year have you been in touch with GHFP-II staff regarding any questions or issues related to managing a Fellow? *yes no not sure* [if yes] How satisfied were you with the support you received from GHFP-II staff in addressing any questions or issues related to management of your Fellow(s)? *very dissatisfied dissatisfied neutral satisfied very satisfied*			
2. Fellows Survey	Nov. 4-21	Response rate: 73% Responded: 112 finished survey (116 started) *(total sent: 154)*	**Five:** 1.1.3.1, 1.1.4.1, 3.1.2.2, 3.1.2.6, 3.1.2.7
1.1.3.1 Please describe your OVERALL SATISFACTION with GHFP-II services *very dissatisfied dissatisfied neutral satisfied very satisfied*			
1.1.4.1 How would you rate your professional fellowship experience as contributing to your future career? *very negatively negatively no effect positively very positively*			
3.1.2.2 Did you have an approved Individual Development Plan (IDP) in place for the previous fellowship year? *yes no not sure* [If yes] Were you able to complete a majority of activities for the previous year's IDP? *yes no not sure*			
3.1.2.6 Did you start your fellowship between June 30, 2012 and June 30, 2013? yes no [If yes] Please rate your level of satisfaction with the professional development portion of the orientation training (initial briefing and web-based modules)? *very dissatisfied dissatisfied neutral satisfied very satisfied*			

3.1.2.7			
Have you ever used the professional coaching services available from GHFP-II?			
yes no not sure			
[If yes]			
How satisfied were you with the professional coaching you received?			
very dissatisfied *dissatisfied* *neutral* *satisfied* *very satisfied*			
3. FSNs	Nov. 4-21	Response rate: 38% Responded: 3 *(total sent: 8)*	**One:** 2.2.1.1
2.2.1.1			
Please describe your OVERALL SATISFACTION with GHFP-II services, from initial arrangements to exit interview.			
very dissatisfied *dissatisfied* *neutral* *satisfied* *very satisfied*			
4. USAID Hosting Managers and Support Staff for FSNs	Nov. 4-21	Response rate: 28% Responded: 5 *(total sent: 18)* *(note: 4 people indicated yes for communication with GHFP-II)*	**One:** 2.2.1.2
2.2.1.2			
In the past year, were you in touch with GHFP-II staff regarding planning for or interacting with Foreign Service Nationals (FSNs) – such as assistance with SOWs, etc?			
yes *no*			
[if yes]			
How satisfied were you with the support you received from GHFP-II staff in addressing any questions or issues?			
very dissatisfied *dissatisfied* *neutral* *satisfied* *very satisfied*			
5. End of Internship Feedback Survey	PY2 - Ongoing	Response rate: 88% Responded: 36 *(total sent: 41 (41 of 42 completing interns received the survey request)* *For GlobeMed: 100% response rate for their survey*	**One:** 1.2.2.2
1.2.2.2			
Please rate the overall quality of your GHFP-II internship experience			
very dissatisfied *dissatisfied* *neutral* *satisfied* *very satisfied*			
6. Hiring Managers Survey	PY2 - Ongoing	* Response rate: 73% - OSMs responding at least once * Response rate: 67% - Based on the number of fellows/surveys sent (several HMs had multiple fellows) Responded: 19 HMs about 20 fellows (one HM reported on two)	**One:** 1.1.2.3

		(total sent: 30 surveys to 26 HMs) *(one survey per fellow; three of four HMs with multiple fellows reported on only one)*	

1.1.2.3
How satisfied were you with the GHFP-II recruitment process, from when you first contacted GHFP-II about this position through the time the candidate(s) signed the offer letter?
very dissatisfied   dissatisfied   neutral   satisfied   very satisfied

7. Fellow Diversity Survey	PY2 – Ongoing	Response rate: 73% Responded: 29 *(total sent: 40)*	**One:** 2.1.2.1

2.1.2.2
Are you an individual with a disability as defined by the Americans with Disabilities Act?
yes   no   decline to answer
Would you describe yourself as coming from a low socioeconomic background?
yes   no   decline to answer

Fellows are asked to complete the survey online after starting their fellowship.

8. Intern Diversity Survey	PY2 - Ongoing	Response rate: 85% Responded: 29 *(total sent: 34 were asked to complete the paper survey)*	[Same as above – 2.1.2.1]

2.1.2.1
Are you an individual with a disability as defined by the Americans with Disabilities Act?
yes   no   decline to answer
Would you describe yourself as coming from a low socioeconomic background?
yes   no   decline to answer

For GlobeMed, interns were asked to rate the overall quality of the internship, from 1-5 (poor, fair, good, very good, excellent). The response rate was not available.

PHI interns fill out a paper survey at the start of their internship, and PHI staff submits to the M&E specialist.