Global Health Fellows Program (GHFP)

Results Review
July 1, 2009-June 30, 2010

Submitted October 18, 2010

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GHFP Program Director  GHFP Monitoring and Evaluation Manager

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

During the Global Health Fellows Program’s (GHFP) fourth program year, GHFP continued to strengthen program performance by anchoring in stable, proven strategies and targeted innovation to meet evolving needs. We continued to increase the number of fellowships, internships, professional development offerings and organizational development requests. Key Program Year Four themes include:

- Maintaining strong systems, improving when necessary to maintain high program standards
- Expanding our ability to impact the new generation of GH professionals through more internship opportunities (almost 70% more than last year)
- Enhancing the quality and scope of the information provided to potential candidates and to USAID through our public website, with the desired result of increasing transparency and understanding of the program
- Solidifying alumni activities and attachment to USAID through expanded alumni programming
- Responding to requests to meet the PHN sector’s professional and organizational development needs with solid, highly rated PDMS-GHFP offerings
- Providing innovative approaches to meet the PHN sector’s evolving needs such as multi-party collaboration training to support both PEPFAR and GHI.

Consistent with the GHFP Results Framework (see Figure 1), the following are key results for core elements in the program.

Outreach and Recruitment

Based on the successful experience of previous years, GHFP used outreach at universities, career fairs and conferences, in conjunction with personal contacts and web-based outreach to increase awareness of USAID. GHFP outreach also aims to increase favorable attitudes towards global health careers, and to increase the number of qualified professionals who are considering global health career opportunities. To ensure minority awareness of such opportunities, GHFP targeted select minority serving institutions and events known to have a larger number of minority participants.

The recruitment and onboarding systems that were refined during the previous program year are going well, as evidenced by the stable demand for new fellows. A selection of key results includes:
| Outreach and Recruitment of Fellows  
including Focus on Minorities | Year One | Year Two | Year Three | Year Four |
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach and University Partner Inreach Events, Presentations, Booths, etc.</td>
<td>18 events</td>
<td>39+ events</td>
<td>40+ events</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>2,300+ attendees</td>
<td>4,000+ attendees</td>
<td>5,000+ attendees</td>
<td>5,700+ attendees</td>
</tr>
<tr>
<td>Website page hits Annual Cumulative</td>
<td>773,000</td>
<td>3,400,000</td>
<td>7,630,000</td>
<td>6,248,000</td>
</tr>
<tr>
<td></td>
<td>773,000</td>
<td>4,174,000</td>
<td>11,804,000</td>
<td>18,052,000</td>
</tr>
<tr>
<td>Fellow Recruitment Transitioned New positions</td>
<td>61</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>50</td>
<td>42</td>
<td>41</td>
</tr>
<tr>
<td>Intern Recruitment Total interns Domestic Overseas</td>
<td>6</td>
<td>9</td>
<td>26</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>9</td>
<td>16</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

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

GHFP support to fellows includes administrative, performance management and professional development assistance. The staff reorganization to strengthen the fellows’ support system that took place during the previous program year has streamlined the support process, thereby increasing GHFP’s capacity to provide high-quality support to a much larger number of fellows.

GHFP has continued to support the Fellow-Onsite Manager (OSM) relationship, through the biweekly publication of the e-newsletter (“Fellows Express”) for fellows and OSMs, and the quarterly publication of the “OSM Express.” In addition, GHFP’s expanded, full-service website is used extensively to provide information on GHFP, as well as to provide information about training opportunities, professional development resources and networking tools for fellows. A selection of key results, which reflect a consistent rate of satisfaction includes:
During Program Year 4, GHFP continued to expand its efforts to help USAID achieve the Strategic Objective of strengthening staff capacity to lead and manage. GHFP’s professional development team, in association with the partner organizations, provided extensive professional development support across the Bureau and PHN sector to all Offices. A selection of key results includes:

<table>
<thead>
<tr>
<th>Fellows’ Administrative Support and Performance Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of fellows who agreed or strongly agreed that GHFP support services are satisfactory</td>
</tr>
<tr>
<td>74%</td>
</tr>
<tr>
<td>% of fellows who agreed that GHFP responds in a timely manner</td>
</tr>
<tr>
<td>% of fellows who agreed website is useful and relevant</td>
</tr>
<tr>
<td>% of fellows who accepted invitation to extend their fellowship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of professional development events</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td># of participants in GHFP professional development activities</td>
</tr>
<tr>
<td>Average evaluation rating</td>
</tr>
<tr>
<td>% of fellows indicating GHFP successful in providing state-of-the-art technical information</td>
</tr>
<tr>
<td>% of participants finding PD content applicable and reporting they are likely to use content on the job</td>
</tr>
</tbody>
</table>
Alumni

In Program Year 4, GHFP continued to publish the “GHFP Express – Alumni Edition” e-newsletter, which is disseminated to the entire database of GHFP alumni. End-of-fellowship reports indicate that the fellowship experience is a positive one with implications for strengthened human resources for the international health development sector’s future. Tracking data show that upon the completion of their fellowships, our alumni remain in the global health sector (either via their next job or via graduate school).

<table>
<thead>
<tr>
<th>Alumni Outcomes</th>
<th>Year One</th>
<th>Year Two</th>
<th>Year Three</th>
<th>Year Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of fellows (known to us) who post-initial fellowship have remained in global health sector (via next job or return to school)</td>
<td>-</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Organizational Development

In Program Year 4, international organizational development (OD) work continued to grow as a result of a joint PDMS-GHFP strategic focus on OD. GHFP worked with PDMS to strengthen its communication to OSMs in the OSM Express and through a newly updated dedicated section of the GHFP homepage. GHFP increased its support to GH Bureau offices, divisions and teams as well as missions, groups of missions, and multi-agency, multi-sector, multi-organization coordinating groups and alliances such as PEPFAR, OGAC and the Implementing Best Practices Consortium. In both French and Spanish, GHFP supported improved PHN sector performance via strengthened management and leadership skills, strategic planning, stronger teams and Washington-Mission relations, as well as more effective alliances. One outstanding activity was the expansion of the multi-party collaboration, through OHA’s leadership, to include State Department, OGAC, Peace Corps and CDC.
A selection of key results includes:

<table>
<thead>
<tr>
<th>Organizational Development</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td># of activities, both domestic and overseas, including SOTA events</td>
</tr>
<tr>
<td>--------------------------------------------------------------------</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>Average rating by participants</td>
</tr>
</tbody>
</table>

More detailed information and additional results for each of the key elements of the GHFP Results Framework (see Figure 1) achieved during Program Year 4 are presented in the remainder of the report.

Figure 1: Global Health Fellows Program Results Framework
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**Health Sector Cadre Enhanced Worldwide**

<table>
<thead>
<tr>
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<th>Page</th>
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</thead>
<tbody>
<tr>
<td>IR 1.1 Health Professionals Recruited, Developed, Supported</td>
<td>1</td>
</tr>
<tr>
<td>IR 1.2 GHFP Internships Implemented</td>
<td>65</td>
</tr>
<tr>
<td>IR 1.3 Diversified Workforce Improved</td>
<td>77</td>
</tr>
</tbody>
</table>

**Staff Capacity to Lead and Manage Strengthened**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR 2.1 Essential PHN Skills and Knowledge Developed and Improved</td>
<td>85</td>
</tr>
<tr>
<td>IR 2.2 Institutional Capacity Developed</td>
<td>98</td>
</tr>
</tbody>
</table>
Health Sector Cadre Enhanced Worldwide

IR 1.1 Health professionals recruited, developed, supported

SR 1.1.1 Expanded awareness of GHFP and its opportunities

During Program Year 4, GHFP program staff continued their efforts to increase awareness of the program through a wide range of outreach activities. This was done by using the outreach strategies proven effective during the first three years of the program. Therefore, outreach activities continued to emphasize and target the following areas:

1) schools of public health and other relevant schools;¹
2) professional conferences and employment fairs;
3) outreach targeting minorities;
4) other targeted outreach; and
5) web-based outreach.

The majority of outreach activities provide information about both the program’s fellowship and internship opportunities, as well as general information regarding employment at USAID.

Results

The 56 face-to-face outreach events conducted during the course of Program Year 4 include the following:

- **Schools of Public Health and Other Relevant Schools:** During Program Year 4, GHFP held information sessions and presentations about GHFP and USAID with schools selected to maximize outreach to graduate students of public health and related disciplines interested in global health careers. During Program Year 4, GHFP conducted outreach with the following schools: Tufts University, Drexel University, New York University, Johns Hopkins University, Boston University, University of Texas, University of Miami, University of Tampa, Juniata College, Duke University, Yale University, University of Michigan, University of North Carolina at Chapel Hill, University of Maryland, California State University at Sacramento, California State University at East Bay, Columbia University, the University of California at Berkeley, American University, the University of California at Los Angeles, the University of South Florida, the University of San Francisco, and Brigham Young University. As in previous years, GHFP staff also conducted in-reach activities at Harvard University and Tulane University.²

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¹ The term “relevant schools” refers to colleges and universities that have previously provided a large number of graduates that enter the GHFP fellowship and/or internship programs.
² In-reach consists of activities based at GHFP partners, Harvard and Tulane.
• **Professional Conferences and Employment Fairs:** To maximize outreach to public health professionals, and facilitate their recruitment, GHFP participated in key annual public health conferences and meetings. During Program Year 4, GHFP staff conducted presentations and/or had a booth at the Peace Corps Career Fair, the Devex International Development Career Fair, the American College of Nurse Midwives Annual Meeting, the Association of Schools of Public Health Career Services Council Meeting, and the Society for International Development Career Fair. GHFP also presented to the Fogarty International Clinical Research Scholars orientation meeting to increase the Scholars’ awareness that GHFP and USAID provide excellent opportunities to apply their global health expertise. As in previous years, GHFP had a booth and continued to offer the very popular one-on-one resume consultations at the annual meetings of the American Public Health Association (APHA) in Philadelphia, PA and the Global Health Council (GHC) in Washington, DC. Additionally, at the APHA conference, GHFP staff moderated a well attended panel presentation with two GHFP fellows and one GHFP intern describing their experience with the program. At the GHC conference, GHFP staff made a career presentation and offered a resume-writing workshop – both events were well attended.

• **Outreach Targeting Minorities:** To continue its efforts to increase awareness of GHFP and USAID among minority groups, GHFP held presentations and information sessions at specifically targeted minority serving institutions (MSIs). During Program Year 4, these included Howard University, Florida International University, Morehouse University, Prairie View A&M, and Texas Southern University. GHFP also conducted outreach at the American College of Nurse Midwives Women of Color meeting and a Disabled Career Fair.

• **Informational Interviews:** While GHFP staff have routinely been available to provide information to professionals who enquired about GHFP fellowships and internships, in Program Year 3 it was decided to make informational interviews more widely available through the program’s website. By formalizing the informational interview process, GHFP increased opportunities for people interested in working in global health to speak with a knowledgeable staff member. During Program Year 4, GHFP staff conducted 171 informational interviews to expand awareness of the program, up from 138 during Program Year 3. As in the past, most informational interviews also included a resume review. Of those individuals who had informational interviews in Program Year 4, four have been hired either as a GHFP fellow or intern.

• **Internship Outreach:** Most outreach activities promote both GHFP fellowships and internships. However, because of the growth of the GHFP internship program, some outreach activities were designed specifically to promote the internship program. During Program Year 4, GHFP staff conducted internship-specific outreach at American University, Bowie State University, Georgetown
University, George Mason University, George Washington University, Howard University, and Montgomery Community College.

- **Career Panel:** As in previous years, GHFP hosted a career panel during Program Year 4 in its Washington, DC office. The panel highlighted the work of fellows and introduced job seekers to the field of global health. In Program Year 4, GHFP highlighted the diversity of technical areas (nutrition, infectious diseases, HIV/AIDS, supply chain management) and backgrounds that individuals bring to the field, both personally and professionally. As in previous years, there was a lot of interest in this session. All 50 spaces for the session were taken, and GHFP had a waiting list of over 100 additional people interested in attending.

During the course of Program Year 4, GHFP conducted 56 outreach/inreach events (booths, panels, and presentations), up from 40 during Program Year 3. Figure 2 shows the cumulative number of attendees at GHFP outreach events over the life of the program through Program Year 4. The results show that these outreach events continue to help ensure that a large number of people learn about GHFP, USAID, and about careers in global health. During Program Year 4, over 5,700 people attended a GHFP outreach event. Over the course of the first four Program Years combined, a total of nearly 15,000 people have participated in GHFP outreach events.
Web-based Outreach and Communication: GHFP’s website continues to be an important tool to supplement in-person outreach events. The website has been functional since the fourth quarter of Program Year 1, and its use continues to increase. The purpose of the website is to increase awareness of the program and to facilitate the application and review processes for fellowships and internships. To that effect the website includes an easy-to-use online application system for both fellowships and internships. During Program Year 4, the GHFP website was refreshed with a new layout and enhanced content for all program areas. GHFP staff widely advertise the GHFP website address at all outreach events and the web address is also included on various GHFP communication materials.

The popularity of GHFP’s website continues to increase. Figure 3 shows the cumulative number of GHFP website visitors over the course of the first four years of the program. By the end of Program Year 1, the website had already recorded over 15,000 visitors, and use has steadily increased ever since. The cumulative number of website visitors reached 99,000 by the end of Program Year 2, to over 300,000 by the end of Program Year 3, and over 580,000 by the end of Program Year 4. During Program Year 4, the website was visited from over nearly 74,000 unique IP addresses, up from 48,000 during Program Year 3 and 31,000 during Program Year 2.
The GHFP website also provides information about the internship program. The internship webpage allows potential applicants to sign up for the internship listserv and to apply for internships. During Program Year 4, visits to the internship webpage nearly doubled. The internship webpage received over 802,000 hits, up from 450,000 hits during Program Year 3.

Figure 3: Cumulative Number of GHFP Website Visitors (April 2007 – June 2010)

Note: Pink represents Program Year 1; light blue represents Program Year 2; purple represents Program Year 3, and dark blue represents Program Year 4.
As in previous years, website visitors tend to review several pages on the website. During Program Year 4, the average number of page hits per visitor was 23. Figure 4 shows cumulative number of page hits since the launch of the GHFP website in April 2007. The GHFP website received 6.2 million hits during the course of Program Year 4 and in total, the website has recorded a total of nearly 18 million page hits since its inception in the last quarter of Program Year 1.

Figure 4: Cumulative Number of GHFP Website Hits (April 2007 – June 2010)

Note: Pink represents Program Year 1; light blue represents Program Year 2; purple represents Program Year 3, and dark blue represents Program Year 4
SR 1.1.2 Procedure for selection and placement of fellows improved

GHFP has established a strong track record of recruiting and hiring right-skilled technical experts from a wide range of public health disciplines to meet the needs of USAID. By the end of Program Year 4, roughly 120 fellows were being supported by the program. This number exceeds the maximum capacity of 75 fellows that was envisioned in the original GHFP Request for Application (RFA) by approximately 60%.

Results

- Figure 5 shows the cumulative number of applicants that have applied for GHFP fellowship positions during the first four program years. The results indicate that GHFP’s outreach campaign is successful in attracting a large number of applicants for the program. The launch of the online application system in April 2007, and the increase in the number of available positions toward the end of Program Year 1 resulted in a sharp increase in the total number of applications toward the end of Program Year 1. The number of fellowship applicants increased steadily during the course of Program Year 2, and then increased much more rapidly during Program Year 3. During Program Year 4, the number of applicants continued to increase, albeit not as rapidly as during the previous year. In total, about 2,750 applicants were received for positions that closed during Program Year 4. For all four program years combined, GHFP reviewed over 7,750 fellowship applications.
Data from the fellow’s recruitment management system illustrate that the recruitment of GHFP fellows is speedy. For positions that were advertised with a closed date within Program Year 4, the average duration from the time that the position opened until qualified applications were forwarded to the relevant Onsite Manager was only 38 days. For all positions for which data are available, qualified applications were forwarded within 90 days after the position opened. The average time from the day the position opened until interviews started was just under two months (57 calendar days). The average duration from the position opening until the time an offer was made was roughly two and a half months (78 calendar days). In just over two thirds of the cases (69%), an offer was made within 90 days after the opening of the position.

The number of fellows that GHFP supports varies from month to month, as a result of the continuous cycle of new hires and fellows who reach the end of their fellowship period. Figure 6 shows the extent to which the number of fellows supported by GHFP in any given month has changed during the first four program years. As shown in Figure 6, there was a very rapid increase in the number of fellows supported during the first quarter of Program Year 1, which indicates that the transition of fellows from previous fellowship programs occurred swiftly. After this initial transition period, the number of fellows being supported was
nearly constant for the remainder of Program Year 1, with the number fluctuating around 63.

- From Program Year 2 onward, the number of fellows being supported by GHFP has steadily increased, from less than 65 fellows in September 2007 to 82 in June 2008, 105 in June 2009, and 119 in June 2010. The increase in the number of fellows that are concurrently supported by GHFP has continued steadily until roughly February 2010, after which the number of fellows appears to have stabilized – at least temporarily – around 120 fellows. This is 60% higher than the maximum capacity of 75 concurrent fellowships that was anticipated in the GHFP RFA.

Figure 6: Number of GHFP Fellows Supported During Any Given Month (July 2006 -- June 2010)

Note: Pink represents Program Year 1; light blue represents Program Year 2; green represents Program Year 3; dark blue represents Program Year 4
SR 1.1.3 Cadre of fellows meets USAID/GH/PHN technical and workforce needs

GHFP has a strong track record of providing well-qualified technical experts who contribute to USAID’s global health leadership and to help implement USAID’s vision. The successful outreach strategy that GHFP developed during previous program years (see SR.1.1.1) has helped generate a large pool of qualified fellowship applicants for the positions that became available during Program Year 4.

Results

- During the course of Program Year 4, GHFP managed a total of 142 different fellowship positions. This represents an 18% increase over Program Year 3 (120 positions), and a 30% increase over Program Year 2 (109 positions). The 142 positions managed during Program Year 4 include 41 new positions filled during the course of the year, and 101 positions that continued from earlier program years. Of these 101 continuing positions, 88 were new GHFP recruitments during Program Years 1 to 3. The remaining 13 positions included six positions that had originally been recruited by the Johns Hopkins Health and Child Survival Program, one by the Public Health Institute’s Population Leadership Program, and six by the University of Michigan Population Fellows Program.

- As anticipated, the total number of fellows who started under a previous fellowship mechanism continued to decline (see Figure 7). The number of such transfer fellows decreased from 61 in Program Year 1 to 46 in Program Year 2, to 21 in Program Year 3, and to 13 in Program Year 4. At the same time, the percentage of fellows who have been directly recruited by GHFP increased steadily. During Program Year 4, 90.8% (129 out of 142) of all fellowships managed were recruited directly by GHFP, up from 82.5% during Year 3 (99 out of 120).

- The 41 new positions filled during Program Year 4 include 39 new hires and two fellows who transferred from other GHFP fellowship positions. As before, fellows who transferred have openly competed and were selected for new fellowships. The new positions provided USAID with technical expertise covering a wide range of topics and skills, including malaria (4 fellows), Global Fund technical assistance and coordination (3 fellows), tuberculosis (3 fellows), orphans and vulnerable children (2 fellows), family planning (2 fellows), monitoring and evaluation (3 fellows), food security and nutrition (2 fellows), and health systems strengthening (4 fellows) among other technical areas.
GHFP recruited 39 new fellows during Program Year 4, and supported 88 continuing fellows, as well as two fellows who transferred from other fellowship positions. Table 1 lists the new hires along with their position titles and posts.

In total, 26 fellowships ended during the period from July 1, 2009 through June 30, 2010 (see SR.1.1.5). Of these 26 fellowships, two had originally been recruited by the Johns Hopkins Health and Child Survival Program and three by the Public Health Institute’s Population Leadership Program (not shown).

Among the 39 new hires that were recruited during Program Year 4, ten fellows were assigned to overseas posts. These fellows filled positions in Bangladesh, Burkina Faso, DR Congo (2 positions), Ethiopia, Indonesia, Nepal, South Africa (2 positions), and Tanzania.
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alilio, Martin</td>
<td>Senior Malaria Technical Advisor</td>
<td>GH/HIDN/ID</td>
</tr>
<tr>
<td>Arevalo, Marcos</td>
<td>Senior Family Planning Advisor</td>
<td>USAID/Bangladesh</td>
</tr>
<tr>
<td>Armbruster, Deborah</td>
<td>Senior Maternal Health Advisor</td>
<td>GH/HIDN/MCH</td>
</tr>
<tr>
<td>Au, Maria</td>
<td>Monitoring and Evaluation Advisor</td>
<td>GH/OHA/SUPER</td>
</tr>
<tr>
<td>Bergeson-Lockwood, Jennifer</td>
<td>Community-based Family Planning Technical Advisor</td>
<td>GH/PRH/SDI</td>
</tr>
<tr>
<td>Brown, Charlene</td>
<td>Senior TB and HIV/AIDS Advisor</td>
<td>GH/OHA/TLR</td>
</tr>
<tr>
<td>Brownlow, Kaleb</td>
<td>Supply Chain Advisor</td>
<td>GH/OHA/SCMS</td>
</tr>
<tr>
<td>Castor, Delivette</td>
<td>Epidemiologist/Statistician</td>
<td>GH/OHA/TLR</td>
</tr>
<tr>
<td>Choi, Yoonjoung</td>
<td>Demographic and Health Surveys and Evaluation Technical Advisor</td>
<td>GH/PRH/PEC</td>
</tr>
<tr>
<td>Eteni, Longondo</td>
<td>Global Fund Liaison</td>
<td>USAID/DR Congo</td>
</tr>
<tr>
<td>Fieno, John</td>
<td>Senior Regional System Strengthening and Human Capacity Development Advisor</td>
<td>USAID/Southern Africa (RHAP)</td>
</tr>
<tr>
<td>Frymus, Diana</td>
<td>Health Systems Strengthening Advisor</td>
<td>GH/OHA/SUPER</td>
</tr>
<tr>
<td>Hammamy, Diaa</td>
<td>Senior Advisor for Maternal, Newborn and Child Health</td>
<td>GH/HIDN/MCH</td>
</tr>
<tr>
<td>Hazen, James</td>
<td>Food Security Advisor</td>
<td>GH/HIDN/NUT</td>
</tr>
<tr>
<td>Kayongo, Milly</td>
<td>Senior Integration Advisor for HIV/AIDS and Maternal and Child Health/Family Planning</td>
<td>GH/OHA/IS</td>
</tr>
<tr>
<td>Kirsztajn, Ilana</td>
<td>Global Fund Technical Assistance Analyst</td>
<td>GH/OHA/SUPER</td>
</tr>
<tr>
<td>La, Hanh</td>
<td>Senior Surveillance Advisor</td>
<td>GH/OHA/SUPER</td>
</tr>
<tr>
<td>Lombardi, Karen</td>
<td>Donor Coordination Advisor</td>
<td>GH/SPBO</td>
</tr>
<tr>
<td>Long-Wagar, Andrea</td>
<td>Emerging Pandemic Threats Advisor</td>
<td>AFR/SD</td>
</tr>
</tbody>
</table>
McCauley, Ann  
Senior Public Health Advisor  
USAID/Nepal

Meftuh, Abdalla  
Senior Malaria Advisor  
USAID/Burkina Faso

Mendenhall, Maury  
Orphans and Vulnerable Children Advisor  
GH/OHA/IS

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

Pacque, Michel  
Senior Neglected Tropical Diseases Advisor  
GH/HIDN/ID

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

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

Piatek, Amy  
Tuberculosis Technical Advisor  
GH/HIDN/ID

Pullum, Thomas  
Senior M&E Technical Advisor for Orphans and Other Vulnerable Children  
GH/AA

Rao, Pamela  
Senior Health Systems Strengthening Advisor  
GH/OHA/SPER

Rao, Sandhya  
Senior Private Sector Technical Advisor  
GH/PRH/SDI

Reed, Kanchan  
Country Operation Plan Advisor  
USAID/Ethiopia

Scheening, Sarah  
Health Workforce Development and Health Care Improvement Technical Advisor  
GH/HIDN/HS

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

Tchofa, Jose  
Malaria Advisor  
USAID/DR Congo

Vaillancourt, Denise  
Monitoring and Evaluation Health Advisor  
GH/SPBO/SPB

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

Zinzindohoue, Pascal  
Malaria Technical Advisor  
GH/HIDN/ID
Table 2: List of Internal Transfers in Program Year 4 (with most recent position title and organization)

<table>
<thead>
<tr>
<th>Koppenhaver, Todd</th>
<th>Njeuhmeli, Emmanuel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and Program</td>
<td>Biomedical Prevention Advisor</td>
</tr>
<tr>
<td>Advisor/Epidemiologist</td>
<td>GH/OHA/TLR</td>
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<tr>
<td>USAID/Southern Africa (RHAP)</td>
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- Of the 33 fellows eligible for extension in Program Year 4, 96% (32) were invited to extend their fellowships; of this number 87% (28) accepted an extension. Four of the eligible fellows (1%) pursued other positions in global health.

- Seven fellows were promoted in Program Year 4. Fellows may be considered for promotion after one year in the fellowship if there is a significant change in the fellows’ scope of work. Of the fellows promoted, 57% (4) were promoted from Level I to Level II fellowships and 43% (3) were promoted from Level II to Level III fellowships based on their excellent performance and continued growth in job responsibility.
**Fellows Activities and Contributions**

During Program Year 4, a total of 142 different fellows participated in the Global Health Fellows Program, up from 120 during Program Year 3. These fellows provided a wide range of technical expertise to USAID and its cooperating partners. The section below provides a brief description of the main activities and accomplishments of each fellow.

**Martin Alilio, PhD, MSc**  
Senior Malaria Technical Advisor  
GH/HIDN/ID

Martin Alilio was the Senior Malaria Technical Advisor, Behavior Change Communication and President’s Malaria Initiative Country Support in the Office of Health, Infectious Diseases and Nutrition. Martin was a key member of USAID’s PMI team, providing expert guidance, monitoring and technical support in Washington and in the field with missions and PMI country teams, technical counterparts, Ministries of Health and USAID cooperating agencies. In that role, he served US Government priorities at critical technical and policy forums, and in resolving problems and conflicts.

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

Patty Alleman worked as a Health Policy and Gender Advisor in the Office of Population and Reproductive Health. In this role, she provided technical leadership to the GH flagship policy project, the Health Policy Initiative, and made significant contributions to the project follow-on design. In addition, she helped enhance key workplan activities through her review and assistance, leading to numerous project publications.

Given the heightened attention to gender and female empowerment in the current administration, Alleman has facilitated ways to forge effective and strategic linkages within PRH, GH, USAID, USG and the larger international community. This includes the initiation of standing weekly meetings between PRH gender advisors, bi-weekly meetings of GH advisors, and co-facilitation of gender integration TA/training opportunities.

Further, Alleman contributed to numerous requests for technical review of GHI documents, and other USG briefs, and facilitated enhanced review of GHI strategy development via meetings with the Interagency Gender Working Group. She fostered institutional linkages with key multilaterals, including WHO, PAHO and UNFPA, and provided technical leadership on gender activities for PRH projects, including C-Change, PROGRESS and PTA.

**Ugochukwu Amanyeiwe, MSc, BDS, FWACS, MS/IHPM**  
Community Care and Prevention Advisor  
GH/OHA/LTR

During the past year, Ugochukwu Amanyeiwe served as an HIV/AIDS Community Care and Prevention Advisor. In collaboration with her onsite manager and technical working group co-chairs, she provided leadership and technical assistance to regional programs and field missions on community based care and support with a focus on prevention. In her role as co-chair for Prevention with Positives (PwP) Task Force, Amanyeiwe developed a conceptual framework for community-based interventions, developed a community component of PwP new generation indicators and integrated a critical mass of OHA experts into the Task Force. She also collaborated with the Task Force to coordinate integrated facility-community based program design, implementation and documentation.

Amanyeiwe also served as a member of the Care and Support Technical Working Group and as a member of the General Population and Youth Prevention Technical Working Group. As a member of the Care and Support TWG, she co-chaired the care and support session at the 2009 PEPFAR implementers meeting, which resulted in consensus on the need for regional care and support workshops with a focus on service integration at the country level. As a new member in the General Population and Youth Prevention TWG, Amanyeiwe worked with the AED-led C-CHANGE project to develop a protocol for community PwP, which is currently being rolled out in three countries.
Zandra André, DVM, MPH
Avian Influenza Advisor
USAID/Bangladesh

Zandra served as Avian Influenza Advisor at USAID/Bangladesh. She provided the Mission with technical and programmatic support to design, manage, and monitor avian influenza activities to prevent, detect, and contain avian influenza in Bangladesh. She also provided similar support for Avian and Pandemic Influenza programs in Nepal and India. Her responsibilities included:

Technical assistance-- identifying critical country needs for personnel, training, commodities, technical assistance, and funding related to prevention, detection, and containment of avian influenza;

Strategic planning and program management-- identifying opportunities for USAID assistance at the country and regional level and working with, USAID/India, USAID/Nepal, and RDM/A to develop strategic approaches to prevent, detect, and contain H5N1 avian influenza;

Analysis and reporting-- Developing a database for Bangladesh, India, and Nepal, providing regular updates on USAID-funded country activities in Bangladesh and regional activities in Bangladesh, India, and Nepal;

US Government and international coordination-- working with government counterparts on country-specific and regional activities and contributing to and facilitating coordination and dialogue among USG agencies, international organizations, NGOs, PVOs, and other donors on technical issues.

Marcos Arevalo, MD, MPH
Senior Family Planning Advisor
USAID/Bangladesh

Marcos Arevalo served as the senior family planning advisor in USAID/Bangladesh. Since September 2009, Arevalo served as activity manager for a contraceptive security technical assistance project. Additionally, through his technical assistance to USAID’s implementing partners, Arevalo helped to change contraceptive eligibility requirements made by the National Technical Committee, helped introduce two new family planning methods to Bangladesh through a social marketing program, and aided in increasing the number of permanent contraception sites in country.

As a member of the Contraceptive Logistics Coordination Forum, Arevalo provided technical assistance to the Directorate of Family Planning, increasing the efficiency and transparency of contraceptive procurement. In his role in the Procurement Task Group, he provided guidance to the Ministry of Health and Family Welfare to increase efficiency and transparency of procurement and logistics for health commodities. As a member of the Maternal-Neonatal Task Group, Arevalo assisted in the development of the next health sector program.

Arevalo presented Strategic Directions for USAID Bangladesh’s Family Planning Program at a USAID/Bangladesh health office retreat in December 2009, and Contraceptive Update for Policy Makers at the Long Acting and Permanent Method Policy Development Workshop in January 2010.

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

Deborah Armbruster joined GHFP in April 2010 as the Senior Maternal Health Advisor in the Maternal and Child Health Division, Office of Health, Infectious Diseases and Nutrition. In that role, Deborah was responsible for providing technical leadership to the Agency on Maternal Health issues. She provided technical assistance to field missions, GH offices and regional bureaus and served as technical advisor for the MCH Division and other GH projects.

Maria Au, PA-C, MPH
Monitoring and Evaluation Advisor
GH/OHA/SPER

Maria Au was a Monitoring and Evaluation Advisor in the Strategic Planning, Evaluation and Research Division, Office of HIV/AIDS. Maria participated in the planning, implementing and reporting on USAID activities at the Team, Division, Office and Agency levels. She analyzed monitoring and evaluation data for inclusion in Agency and multilateral reports and advised technical program managers on a variety of M&E issues.
Gretchen Bachman, MBA  
Senior Orphans and Vulnerable Children Technical Advisor  
GH/OHA/SPER

Gretchen Bachman was the Senior Orphans and Vulnerable Children Technical Advisor in the Leadership and Research Division, Office of HIV/AIDS at USAID. In her position, Gretchen was responsible for providing technical leadership for HIV/AIDS prevention and mitigation related to orphans and children. She was also a key advisor to USAID at technical and programmatic forums on OVC issues, and provided technical assistance to missions, regional field offices, regional bureaus, Cooperating Agencies (CAs), private volunteer organizations, host country governments, and non-governmental organizations. In addition, Gretchen provided technical oversight and leadership for OHA contractors and CAs regarding technical work plans, activities, and research agendas.

Kimberly Bardy, MScPH  
Supply Chain Management Advisor  
GH/OHA/SCMS

Kimberly Bardy served in the Office of HIV/AIDS’ Supply Chain Management System. She worked closely with the COTR on developing a structural process for review of project management for the complex multi-billion dollar project that supports procurement and country supply chain strengthening for PEPFAR.

As part of the OHA/SCMS Field Support Team, Bardy took a leadership role in developing a strategy and implementation plan for country support with respect to supply chains, which included efforts to more broadly share field experiences between countries and developing a strategy for country support activities, establishing regular communications between headquarters and the field, and analysis of feedback and inputs from supply chain advisors in the field. A major activity stemming from the country support efforts was the development of the first USG Supply Chain Advisors Workshop, held August 2010 in Tanzania with representatives from over 15 countries.

In her larger role with SCMS and PEPFAR, Bardy took the lead on a number of supply chain-related PEPFAR initiatives, including development of standard operating procedures for the Emergency Commodity Fund and membership on the Coordinated Procurement Planning Initiative Steering Committee.

Matthew Barnhart, MD, MPH  
Senior HIV/AIDS Technical Advisor  
USAID/Malawi

Matthew Barnhart served as Senior HIV/AIDS Technical Advisor at USAID/Malawi. Barnhart was the main point of contact for HIV-related issues between USAID and the Government of Malawi. He also provided leadership for Malawi’s PEPFAR program, including strategic planning; technical leadership and oversight; program design, implementation, and evaluation; and mentoring of staff. He worked closely with the Government of Malawi, the National AIDS Commission, other USG agencies, and other development partners to develop a common vision for USG funding priorities for HIV programs over the next five years, playing a key role as a lead writer for the first-ever Partnership Framework between the US Government and the Government of Malawi.

Barnhart also helped forge nine public-private alliances, including four that bridge OVC programs, economic development, food and nutrition, and education sectors; one in Human Resources for Health; and four involving PMTCT, care, and treatment. He helped leverage more than $50 million of private resources over the next 5 years. He led the design of new HIV/AIDS projects and evaluations of ongoing projects.

Additionally, Barnhart coordinated with other USAID health, food and nutrition, and broader development projects to ensure integration and mainstreaming of HIV activities within other programs supported by the Mission.

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

Noah Bartlett was Monitoring and Evaluation Advisor in the Strategic Planning, Evaluation and Research Division, Office of HIV/AIDS, Bureau for Global Health at USAID. In this position, Bartlett served as a member of the Monitoring, Evaluation & Reporting (MER) Team and supported the monitoring and evaluation activities within the Division. He provided general support to the Division’s activities that included project...
performance monitoring, program level data gathering/validation, trend monitoring and reporting. Working closely with the MER Team, Bartlett supported the development of HIV/AIDS surveillance systems and assisted with the oversight, management and reporting on HIV/AIDS surveillance indicators and targets for these activities. Within the Division, Bartlett provided technical input on surveys and assisted with operational research, tracking studies, and program assessments.

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

Wendy Benzeraga worked at USAID/South Africa as the Senior HIV/AIDS Prevention Technical Advisor. Benzeraga was a member of the South Africa National Department of Health operation planning team, and helped finalize the HIV Prevention operation plan for the country. She served as a member of the National task team on Medical Male Circumcision, providing technical support to the National Department of Health. She was a member of the Know Your Epidemic/Know Your Response National working group, participating in the planning, development and organization of the KYE/KYR survey that will help the Government of South Africa to program and coordinate the HIV prevention response more strategically.

Benzeraga also worked on strategically focusing the South African HIV prevention portfolio, and provided technical assistance on the launch and scale up of a major male norm change initiative, *Brothers for Life*. She also helped assure that prevention efforts were a priority during the World Cup.

Benzeraga made several presentations, including:  
*Solving the Prevention Puzzle, Yes we Can* to the South African PEPFAR Taskforce;  
*Know Your Epidemic: the South Africa Experience* at the New Partner Initiative SOTA;  
*Ensuring Prevention in VCT* at the VCT Partners Meeting; and the *South Africa Country Portfolio* at the Southern Africa Prevention Initiative meeting.

**Jennifer Bergeson-Lockwood, MPH**  
Community-based Family Planning Technical Advisor  
GH/PRH/SDI

Jennifer Bergeson-Lockwood began her fellowship in June, 2010. She was the Community-based Family Planning Technical Advisor in the Office of Population and Reproductive Health. In this role, she provided support to the Grants Solicitation and Management Project and provided support and technical guidance to the Flexible Fund Program. Additional responsibilities included reviewing budgets and working with the AOTR on workplan approvals.

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

Robert Blanchard completed his fellowship as Avian Influenza Logistics Advisor in the Office of Health, Infectious Diseases, and Nutrition in November 2009. Since 2007, he has provided operational logistics support and technical expertise related to avian influenza programs, specifically within occupational health and safety, biosecurity, and personal protective equipment.

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

Malia Boggs worked as a Micronutrient Program Advisor in the Office of Health, Infectious Diseases, and Nutrition. She served as the Agency’s technical representative on the International Zinc Task Force since 2005, which aimed to accelerate zinc adoption for diarrhea case management in developing countries, update policy makers and program planners on the evidence supporting use of low osmolarity oral rehydration salts and zinc for childhood diarrhea, and led to national policy changes in several countries.

Boggs provided management and technical oversight of several global cooperative agreements, grants and contracts. She led USAID’s work to expand the introduction of zinc with ORT/ORS globally, especially in Benin, Cambodia, DR Congo, India, Indonesia, Madagascar, Mozambique, Nepal, Pakistan, and Tanzania.
In addition to many internal presentations to colleagues at USAID Missions, Boggs delivered a formal presentation in June 2010, entitled *Introducing Pediatric Zinc with ORT/ORS in the Private Sector*. Additionally, she contributed to publications such as the *Toolkit for the Collection of Survey Data on the Correct Use of Pediatric Zinc as a Treatment for Diarrhea*, published in 2009, and the *Workshop Report on Scaling Up the Use of Multiple Micronutrient Powders to Improve the Quality of Complementary Foods for Young Children in Asia*, published by UNICEF in 2009.

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

As the Senior HIV/AIDS and Maternal/Child Health Vertical Transmission Advisor in the Office of HIV/AIDS, Margaret Brewinski co-chaired an interagency PEPFAR Technical Working Group on PMTCT and Pediatric HIV. She helped draft a guidance plan on the use of $100 million in PEPFAR PMTCT Plus Up funds, participated in a WHO expert panel for PMTCT and Pediatric HIV guideline revisions, and represented USAID/PEPFAR in a WHO/UNICEF led interagency task team on PMTCT and Pediatric HIV. Additionally, Brewinski participated in several interagency task team subgroups, co-led the annual workplan meeting for PMTCT and Pediatrics Technical Working Group, and provided extensive technical advice to multiple PEPFAR countries, including Angola, Ethiopia, Swaziland and Zambia.


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

Over the past year, Susan Brock worked as a Health Program Advisor in USAID/Afghanistan. In this role, she served as activity manager for five projects within the health portfolio, including an Afghanistan Mortality Survey, a Health Care Improvement Project, a project to strengthen pharmaceutical systems, the COMPRI-A social marketing and behavior change and private sector support project, and a project to institutionalize the collection of key health financing information for National Health Accounts. Her responsibilities included contributing to the Mission’s 2009 Health Program Performance Review, finalizing the Health Dashboard for the USAID Administrator, preparing Action Memos to extend all major bilateral projects, and drafting key documents regarding USAID/Afghanistan’s approach to meeting new policy directives, including regionalization, stabilization, and District Development Plans.

Brock was the recipient of the Meritorious Service Award for innovation, teamwork, and professionalism in the alignment of USAID/Afghanistan’s health programs with the Obama Administration’s new strategy for Afghanistan.

**Charlene Brown, MD, MPH**  
Senior TB and HIV/AIDS Advisor  
GH/OHA/TLR

Charlene Brown served as the co-chair for the Federal TB Taskforce Infection Control Technical Working Group, coordinating a group of experts from various USG agencies, and as a member of the Guidelines Committee to develop WHO guidelines on intensified case finding for TB and the use of isoniazid preventive therapy in HIV positive persons to prevent the development of active tuberculosis. Brown also served as a participant on USAID/Washington’s TB team, on the PEPFAR’s TB/HIV Technical Working Group, and on the PEPFAR HIV Care and Support Technical Working Group.

Brown led a rapid assessment of TB and TB/HIV-related needs for the USAID Central Asian Republics Mission, making recommendations to expand TB case finding and referral within HIV
outreach. Further, she provided in-country technical assistance to USAID/Uganda on the design and prioritization of TB and TB/HIV activities within their portfolio, and developed a TB strategy for USAID/CAR Mission, in collaboration with TB technical advisors in Washington.

During the International Union Against TB and Lung Disease TB/HIV Course for National Program Managers in Malawi, Brown prepared and presented *The Donor Landscape: New Developments and Financing Approaches*. Additionally, she contributed to two publications: *USAID/Uganda Rapid TB and TB/HIV Assessment* and the *2010 WHO Isoniazid Preventive Therapy & TB Intensified Case Finding Guidelines*.

**Kaleb Brownlow, MA**  
Supply Chain Advisor  
GH/OHA/SCMS

Over the past year, Kaleb Brownlow worked as Supply Chain Management Advisor within the Office of HIV/AIDS, and provided technical support to USAID/Rwanda during the transition of the SCMS chief of party. In his two trips to Rwanda, Brownlow liaised with senior management staff and the Government of Rwanda to further advance the program’s progress. Additionally, Brownlow developed two new tools for the Mission, including a financial management system to track commodity and TA expenditures, and a commodity tracking tool to compare planned and actual procurements. Both tools have been disseminated to other country missions.

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

Clancy Broxton was the Most At Risk Populations (MARPs) Advisor with USAID. Her primary responsibilities included serving as HIV/AIDS subject matter specialist in the area of prevention with MARPs and providing technical and programmatic advice on the implementation of HIV/AIDS prevention programs, particularly those involving sex workers, injecting drug users and men who have sex with men. Broxton also served as a member of a team providing technical advice on HIV prevention, care and support and programs expanding access to treatment for MARPs. She also participated in USG and global technical working groups and committees including those on crosscutting issues involving gender, trafficking, stigma and discrimination.

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

Linda Cahaelen served as a Contraceptive Security Advisor within the Office of Population and Reproductive Health. She was the chair of the Commodity Security and Logistics Workgroup, where she emphasized global coordination of partner implementing organizations.

Additionally, Cahaelen was a member and work stream leader of the Resource Mobilization and Advocacy Workgroup within the Reproductive Health Supplies Coalition, developing and leading in-country activities. She was also the Global Leadership Priority Co-Champion for Commodity Security and Logistics.

Cahaelen also provided technical assistance to USAID/Uganda in the development of the Uganda Alliance for Reproductive Health and technical oversight for USAID/Washington commodity donation data review and exploration of commodity co-financing approaches. She gave technical direction for ongoing development of a near-term platform for advocacy for family planning in developing economies and technical assistance and recommendations for action regarding commodity security issues for financing, policy, product distribution and training to African Missions. She also provided onsite technical assistance on commodity security to 11 African nations.

Delivette Castor, PhD, MPH  
Epidemiologist/Statistician  
GH/OHA/TLR  

Delivette Castor was the Epidemiologist/Statistician in the Technical Leadership and Research Division of the Office of HIV/AIDS. Delivette’s responsibilities included applying empirical data and complex analytical approaches to HIV/AIDS programming challenges in resource-limited settings.

Viviane Chao, MALD  
HIV Program Coordination Advisor  
USAID/Kenya  

Viviane Chao completed her fellowship as HIV Program Coordination Advisor with USAID/Kenya in December 2009. Her responsibilities included HIV/AIDS coordination with the Office of the Global AIDS Coordinator (OGAC), coordination and planning with the Kenya Interagency Team and US Embassy, as well as providing leadership in managing public-private partnerships for HIV/AIDS mitigation.

Kendra Chittenden, PhD, MS  
Senior Avian and Pandemic Influenza Technical Advisor  
USAID/Indonesia  

Kendra Chittenden served as Senior Avian and Pandemic Influenza Technical Advisor and Program Manager with USAID/Indonesia. She led the Avian and Pandemic Influenza (API) team through a strategic rethinking and helped to revision their instruments and restructure a new procurement. Chittenden also developed the next phase of the Community Based Avian Influenza Program (CBAIC), including working on technical components, expanding the focus to add new tasks to fill gaps in assistance, and to reduce continued AI risks.

With USAID teams in Vietnam, Bangladesh, and Egypt, she developed and hosted a meeting in Bali, Indonesia for the five high AI burdened countries. This led to the development of best practices for these countries, as well as new partnerships. She also helped Indonesia prepare for the Inter-Ministerial Conference on Animal and Pandemic influenza (IMCAPI).

Yoonjong Choi, DrPH, MPH, RN  
Demographic and Health Surveys and Evaluation Technical Advisor  
GH/PRH/PEC  

Since joining GHFP in June 2010 in the capacity of Demographic and Health Surveys and Evaluation Technical Advisor, Yoonjong Choi participated in the refinement of the Service Readiness Index, one of the proposed indicators to monitor health system strengthening under the Global Health Initiative, and in the development of a survey method for the Service Readiness module to provide data for the index. Choi also participated in the revision of the Service Provision Assessment surveys, in collaboration with the Health System Strengthening working group.

Veerle Coignez, MA  
Pharmaceutical Management Advisor  
GH/HIDN/HS  

Veerle Coignez served as Pharmaceutical Management Advisor in USAID’s Office of Health, Infectious Diseases, and Nutrition. She participated in two successive working groups on procurement reform, a working group to analyze health system strengthening spending across all USAID Missions, and a working group to prepare the Health System Strengthening Report to Congress during the summer of 2009.

In providing management and technical assistance to the medicines quality assurance program, Promoting the Quality of Medicines (PQM), Coignez guided and reviewed workplans, guided the development of brochures and briefers on the PQM program, and shepherded two waivers and one action memo approving the provision of
support to anti-counterfeit and substandard medicines operations and initiatives. Further, she helped strengthen USAID technical leadership in medicines quality assurance through her work at the Global Forum on Pharmaceutical Anti-Counterfeiting, and increased coordination with other USG agencies, including the Departments of Commerce and State, and the FDA. Finally, Coignez was part of an assessment team of a USAID health program in Kenya, responsible for the evaluation of pharmaceutical policy and services work.

Coignez presented The Threat of Substandard and Counterfeit Medicines to Global Health at the George Washington University and USAID and Tackling the Threat of Substandard and Counterfeit Medicines at the Global Forum on Pharmaceutical Anti-Counterfeiting, as well as at Boston University.

Carmen Coles, MPP
Repositioning Family Planning Advisor
GH/PRH/PEC

Carmen Coles co-led the Office of Population and Reproductive Health’s initiative to Reposition Family Planning in Africa and served as the Technical Advisor for the Office’s “Bringing Information to Decision-makers for Global Effectiveness” (BRIDGE) cooperative agreement with the Population Reference Bureau (PRB). Coles had roles and responsibilities in the Repositioning Family Planning Initiative across bureaus and offices with a focus on articulating USAID’s vision and strategy for the Initiative to internal and external audiences, linking it to the Agency’s overall strategy for improving health and development in Africa and facilitating information exchange with missions, donors, cooperating agencies, and other partners. In addition, she provided technical guidance to the advocacy and communication task force, assisted with the development of advocacy and communication materials for the Initiative and coordinated PRH efforts to educate and inform policymakers and the public, as well as global partner organizations and colleagues in the health, environment, development and related fields.

Margaret D’Adamo, MS, MLS
Knowledge Management and Information Technology Advisor
GH/PRH/PEC

Peggy D’Adamo was the Knowledge Management and Information Technology Advisor for the Office of Population and Reproductive Health. She was responsible for designing and implementing a knowledge management system for the division, as well as for providing expert advice and technical assistance on division projects and activities. She was a member of the Health Systems Strategy, Health Information Systems, and Leadership/Governance Working Groups, which are currently focusing on health systems strengthening and the Global Health Initiative. Further, she organized an interagency mHealth working group which is developing an mHealth toolkit, and she was an active member of the Global Health eLearning Team, where she worked on PEPFAR e-learning course development.

D’Adamo also worked on the Implementing Best Practices (IBP) initiative. She participated in the development of a strategy for the IBP Knowledge Gateway and was also part of a smaller team developing a 5-year IBP strategy. During the past year, D’Adamo also served as alternate lead for the Sudan Country team, and provided input on a new MOH family planning strategy and family planning compliance plan for the Mission.

In October 2009, D’Adamo presented Knowledge for Health Project at a K4Health launch event. In April 2010, she presented Knowledge Management at USAID at HIPNet.

Heather D’Agnes, MPA, MMA
Population-Environment Technical Advisor
GH/PRH/PEC

Heather D’Agnes served as the Population-Environment Technical Advisor within the Office of Population and Reproductive Health. As part of the IDEA Program Design Team she assisted in the drafting of the APS program description for three, 5-year cooperative projects. Additionally, she was a member of the management team of a $450,000
project funded by the Asia Bureau that will conduct an assessment of the impact of glacial melt in Asia and that will assess the programming options for USAID. D’Agnes helped oversee the project, coordinated USAID input, and participated in technical discussions to provide integration expertise, particularly related to population, health, and environment.

D’Agnes is the lead author of a study on Integrated management of coastal resources and human health yields added value: evidence from a comparative study in Palawan, Philippines, which will be published later this year.

Shannon Darcy, MPH
Health Advisor, Afghanistan-Pakistan Task Force
AME/TS

Shannon Darcy served as Health Advisor to the Afghanistan-Pakistan Task Force. In that capacity, Darcy provided support in the areas of maternal and child health, family planning and reproductive health, HIV/AIDS, malaria, tuberculosis, infectious diseases, and health systems. Darcy also coordinated with the Global Health Country Leads for Afghanistan and Pakistan and with representatives of the Bureau for Global Health’s Office of Regional and Country Support. Specifically, Darcy supported the Health Working Group of the Afghanistan-Pakistan Task Force and the Afghanistan and Pakistan missions’ health programs and activities.

Robert De Wolfe, MPH
Child Health Advisor / Deputy Team Leader
USAID/Mali

Robert De Wolfe completed his fellowship as Child Health Advisor and Deputy Team Leader in USAID/Mali in March 2010. In this capacity, he served as the principle portfolio manager for child health areas, collaborating with other leaders of the high impact health services strategy, and provided technical guidance on the development and execution of the Mission’s child health interventions.

ThuVan Dinh, MPH
Senior HIV/AIDS Monitoring, Evaluation, and Reporting Advisor
GH/OHA/SPER

As Senior HIV/AIDS Monitoring, Evaluation, and Reporting Advisor, ThuVan Dinh supported monitoring, evaluation, and surveillance activities within specific countries in the Asia and Near East Region under PEPFAR. In this capacity, Dinh provided technical guidance to identify and recommend data monitoring, evaluation, and surveillance systems and activities so that countries with significant HIV/AIDS prevalence in concentrated epidemic settings could track the progress and changing circumstances of the epidemic.

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

As the Avian Influenza Technical Advisor to USAID/Egypt, Thomas Easley provided strategic and technical assistance to various implementing partners regarding the control and containment of avian influenza. Over the past year, Easley facilitated the design, guidance and mediation of ten two-day workshops designed to define roles and responsibilities, and provide training on H5N1 prevention, response and control. He facilitated a strategic and programmatic review of all activities undertaken to date that were designed for the control and containment of avian influenza in Egypt and provided further technical expertise on the resultant recommendations for the way forward.

As a member of the Office of Health and Population Team, Easley participated in the production of an Activity Agreement Document, for which he was responsible for avian and pandemic influenza, as well as for initial environmental evaluations. He worked with the General Organization of Veterinary Services, providing technical expertise in the Technical Discussion on Best Practices and Containment of H5N1 Highly Pathologic Avian Influenza. Easley was also an active participant in the facilitation of a Gender Assessment of Avian Influenza in Egypt, and designed and served as an activity manager for two Ministry of Agriculture and Land Reclamation Implementation Letter amendments.
Longondo Eteni, MD, MPH  
Global Fund Liaison  
USAID/DR Congo

Longondo Eteni began his fellowship with GHFP in March 2010, as the Global Fund Liaison for USAID/Democratic Republic of the Congo. Eteni facilitated the communications between the Global Fund, the Ministry of Health, and the USG agencies (USAID, CDC, and DoD) in the DRC. He helped to develop a situational analysis on DRC, conducted an initial assessment on Global Fund Round 9 requirements, and participated in and coordinated the technical assistance to develop monitoring and evaluation tools for specific TB and HSS grants.

Eteni was a member of the Groupe Inter Baillers Santé (GIBS) donor group that meets monthly to coordinate program funding and discuss programming issues.

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

John Eyres completed his fellowship in September 2009 after serving as Drug Rehabilitation and HIV/AIDS Prevention Senior Technical Advisor for USAID/Vietnam. During his fellowship, Eyres played a leadership role in the development of a PEPFAR/Vietnam HIV Prevention Strategy and Operational Plan. Within this role, he helped develop new targeted programs for high risk migrant Vietnamese women and for recovering drug users in Ho Chi Minh City.

Additionally, he helped refocus PEPFAR Vietnam interventions toward high prevalence provinces. Eyres worked extensively with the Nhi Xuan Drug Rehabilitation Pilot program. Now in its third year of implementation, the program has served over 1,000 clients, with over 300 having initiated antiretrovirals. Eyres helped monitor the implementation by USAID partners and advocated with Provincial AIDS Committees for program evaluations. Eyres’ work also included overseeing the order and importation of over 12 million condoms for free distribution and social marketing, helping to revise plans for a 100% Condom Use Program in An Giang province, and monitoring USAID programs in Vietnam’s southern provinces.

Kirk Felsman, EdD  
Senior Orphans and Vulnerable Children Technical Advisor  
USAID/Southern Africa (RHAP)

As Senior Orphans and Vulnerable Children Technical Advisor, Kirk Felsman helped build OVC staffing on the PEPFAR country teams within the region, which resulted in new OVC focal staff being introduced in Namibia, Swaziland, Botswana, and Lesotho. These staff additions proved instrumental for the strengthening and quality improvement of OVC programming.

Further, Felsman helped persuade country programs to increase their resources to more developmental activities (including very young and older adolescents) and to broaden support for system strengthening in the area of child protection. The budgetary and activity support of this is most clearly demonstrated in Swaziland, Botswana, and Namibia.

Felsman’s last priority area over the past year was to focus on more truly regional issues such as the protection issues for "children on the move," those affected by migration or involuntary displacement. The concrete accomplishments in this area included joint donor assessments (with DfID) on the border with Zimbabwe, and co-funding a regional conference and situation analysis with other bilateral donors (Irish Aid). This has led to increased recognition of child protection issues on the border for OFDA, who is now planning to support child protection issues on both sides of the border – a complement to PEPFAR programming.

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

John Fieno served as Technical Advisor and activity manager to the Southern African Human Capacity Development (SAHCD), led by IntraHealth. In his dual role, he acted as an intermediary between the SAHCD and the PEPFAR teams, mainly in Swaziland, Lesotho, Namibia and Malawi. Additionally, Fieno led troubleshooting efforts related to the implementation and close out of the agreement.

Fieno chaired the technical panel for the follow up to SAHCD, the Human Resources Alliance for
Africa, a five-year, $50 million cooperative agreement. He wrote the strategic plan for Human Resources in Health for his unit, the Southern Africa Regional HIV/AIDS Program (RHAP), and presented it to missions across the region. He collaborated with UNAIDS and the Southern African Development Community on regional initiatives in capacity building in health systems. Fieno has also given technical assistance in decentralization in Lesotho and organizational restructuring in Swaziland. He also was the primary author of RHAP's operational plan.

**Karen Fogg, MPH**
Health Program Advisor
AFR/SD

Karen Fogg was a Health Program Advisor in the Africa Bureau. Over the past year, she undertook a wide variety of activities to support the Health Team portfolio, including continuing to serve as the primary maternal and newborn health advisor. She joined the team for the evaluation of the Africa's Health in 2010 project, AFR/SD's primary health contract, where she participated in all aspects of the evaluation from reviewing draft SOWs to drafting and editing the final report.

Fogg led the review in maternal and newborn health, infectious disease, and child health, and made significant contributions to the reviews of FP/RH, HIV/AIDS, and communications portfolios. In addition to reviewing the technical areas, she provided input into the management review for the project.

As maternal and newborn health advisor, Fogg developed a maternal and newborn strategy for the Africa Bureau, which will serve as a basis to guide investments over the next five years. She also worked with the World Health Organization's Africa Regional Office to conceive and draft a sub-Saharan African review process for maternal and newborn health plans at the country level.

Fogg also managed the Operational Plan process for the Health Team and served as the primary point of contact between the team and the GH Bureau-managed MCHIP project.

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

Terra Fretwell served as the Capacity Development Advisor in the Office of Professional Development and Management Support. Over the past year, she assisted in the planning and co-facilitation for a large Family Planning meeting in Kigali, Rwanda in March 2010 at the request of a team working on repositioning family planning in the Office of Population and Reproductive Health. Additionally, she coordinated the PHuNdamentals for Success planning committee and the Non Direct Hire Awards Review Committee and Ceremony in May 2010.

Additionally, Fretwell implemented a training program for Junior Officer classes 7-11 of the Developing Leadership Initiative and has recently been working on key priorities for the Global Health eLearning Center, including a new, improved home page, a course catalog, and certificate tracks. With the assistance of an intern and a staff member at GHFP, she also completed a full print and online catalog of professional development and training for USAID's health sector, accomplished in conjunction with a web section redesign for Professional Development and Training.

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

Diana Frymus was a Health System Strengthening Advisor in the Office of HIV/AIDS Strategic Planning, Evaluation and Reporting Division.

In the Health Systems Strengthening team, Frymus provided input to the team’s strategy for operationalizing HSS in OHA and collaborating with other USAID offices. She facilitated the planning and implementation of USAID HIV core-funded human resources for health and select HSS activities to increase project efficacy.

As a technical advisor to the CapacityPlus Project, Frymus provided integral technical input and management assistance during the project’s first year startup. She also served as a technical advisor for the Health Care Improvement Project where she helped guide the growing HRH portfolio and managed other HIV-funded activities. She also
served as a primary HIV point person for the project’s COTR.

In the HRH TWG team, Frymus served as one of the USAID team members responsible for reporting USAID core-funded HRH activity progress, identifying opportunities for collaboration amongst PEPFAR USG agencies, and in overall HOP planning. In this role, she provided technical assistance to the field to integrate HRH program considerations to operationalize HRH State of the Program Area priorities. Frymus also participated in two COP reviews, FY10 HOP Planning, and provided input for the HSS/HRH portion of the Caribbean Partnership Framework.

In the Tanzania PEPFAR Country Support Team, she served as the secondary USAID member, and in the CAR Health Team, she served as the backstop of HIV/AIDS.

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

Muthoni Gachuhi completed her fellowship as USAID Rwanda’s HIV/AIDS Prevention and Care Technical Advisor in July 2009. Over the course of her fellowship, she was responsible for managing a large portfolio of prevention activities and six implementing partners, and ensuring that partners adhered to the terms of their cooperative agreements, to the technical guiding principals of PEPFAR and Global Health, as well as to the requirements and priorities of the Government of Rwanda.

Gachuhi participated in the development of large new prevention and integrated service delivery projects for social marketing and communication, health systems strengthening, and family planning and maternal and child health. She participated in national level technical working groups (on male circumcision, condom programming, and sexual prevention), and participated in the development of the national HIV/AIDS strategic plan. Additionally, she was responsible for ensuring adequate funding for prevention activities during Country Operational Planning, and contributed to the development of the partnership framework between the US Government and the Government of Rwanda.

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

Jewel Gausman was the Family Planning/Program Research Technical Advisor in the Research, Technology, and Utilization Division, Office of Population and Reproductive Health at USAID. In this position, Jewel participated in oversight of its FP/RH research projects and contributed to the Division’s broader mandate of advancing USAID’s work in the field of FP/RH research and research utilization. Among other responsibilities, she assisted the RTU Division in providing technical and programmatic support to its large Fertility Awareness-Based Methods (FAM) Project. Gausman took technical direction from the Cognizant Technical Officer for the FAM cooperative agreement and served as a member of the RTU Division’s Program Research team.

**Roshni Ghosh, MD, MPH**
Knowledge Management/Information Technology Advisor
GH/HIDN/HS

Roshni Ghosh completed her fellowship as Knowledge Management/Information Technology Advisor in the Office of Health, Infectious Diseases, and Nutrition in October 2009. Ghosh served as a member of the team that developed the health systems strategy, and served as coordinator for the Health Systems working groups. She was a member of the team that wrote the Child Survival Report to Congress, and led the data analysis for that report. Ghosh contributed to the Health Services Department Portfolio Review in the fall of 2009. Additionally, she participated in the writing of the Health Systems portion to the Child Survival Report to Congress, the Research Report to Congress, and the Health Systems Report to Congress.

**Stella Goings, MD, MPH**
Senior HIV/AIDS and TB Advisor
AFR/SD

Stella Goings worked as Senior HIV/AIDS and TB Advisor. In this capacity, she supports AFR/SD programs and worked to strengthen collaboration with the Office of HIV/AIDS and to support PEPFAR goals.
As a steering committee member of the Orphans and Vulnerable Children Technical Working Group, Goings acted as a backstop for the Zambia Mission and supported HOP development and COP reviews. As a member of the Gender Technical Working Group, she participated in the Vulnerable Girls Index Meeting. She was a member of the Prevention of Maternal to Child Transmission/Pediatric Care Technical Working Group, and served on the GH Tuberculosis Team.

Goings’ additional responsibilities included providing technical oversight and supporting activities for the AFR/SD Health team. She represented the group on many country national teams in Africa (including, Mali, Nigeria, Zambia, and Zimbabwe), and provided technical backstopping activities for these countries.

Goings and her colleagues gave a presentation on Domestic Violence against women in sub-Saharan Africa: Linkages with Maternal Health at the 2010 Global Maternal Health Conference.

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

Abby Goldstein served as Avian Influenza Coordinator Advisor for USAID’s Bureau for Latin America and the Caribbean Bureau, Office of Regional Sustainable Development. Her fellowship ended in May 2010. She was responsible for coordinating with the LAC Bureau and the Avian and Pandemic Influenza Unit in the Global Health Bureau. Goldstein served on several teams and technical working groups. As the Latin America/Caribbean (LAC) representative on the Avian and Pandemic Influenza Unit, she helped coordinate USAID and API activities. On the LAC Bureau health team, Goldstein served as Avian and Pandemic Influenza Advisor. Following the January 2010 Haiti earthquake, she served as USAID representative to the Haiti Interagency Task Force, as a member of the Haiti Orphans and Vulnerable Children Task Force, and as LAC Bureau Liaison on the Response Management Team.

Goldstein prepared and presented *Avian Influenza* at USAID/Washington, and *Influenza A H1N1* to the LAC Bureau Front Office. At the LAC Health Officers SOTA, she served as moderator of the *Bugs, Bats and Bacillus* session and prepared a presentation on *Avian and Pandemic Influences*. In collaboration with various authors, she managed and developed the design of the toolkit for *Leadership During a Pandemic: What Your Municipality Can Do*, which was published in November 2009.

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

Cherry Gumapas completed her fellowship in September 2009, after serving as an HIV Behavior Change Communication Advisor in USAID/Mozambique. In this role, Gumapas provided technical assistance to country PEPFAR programs. Additional responsibilities included managing agreements for prevention of sexual transmission of HIV/AIDS programs, and providing technical assistance to implementing partners to ensure a prevention of sexual transmission portfolio.

**Diaa Hammamy, DrPH, MPH, MSc**
Senior Advisor for Maternal, Newborn, and Child Health
GH/HIDN/MCH

As the Senior Advisor for Maternal, Newborn, and Child Health in Office of Health, Infectious Diseases, and Nutrition, Hammamy provided technical assistance on programmatic approaches to increase the uptake, use, and impact of key interventions to reduce maternal and child mortality.

Since his fellowship began in December 2009, Hammamy has been involved in several initiatives. He became the lead focal point for Integrated Community Case Management (iCCM) in March 2010, co-authoring the development of specific indicators for each step of the implementation of a CCM program, and developing a tool kit for CCM implementation that countries can use/adapt in their CCM program. Hammamy served as member of a team that carried out a review of the first phase of the Integrated Family Health Project (IFHP) in Ethiopia. As of April 2010, he served as co-lead for the Gaza/West Bank country team, reviewing country documents and presentations and helped to orient new health staff stationed there.

He also worked with the Maternal and Child Health team, and served as lead for the child health
component of MCHIP. Hammamy produced a background paper on the health situation and US Government health activities and programs in Iraq, which was used in the development of the new health program procurement for USAID/Iraq.

**James Hazen, MPH**  
Food Security Advisor  
GH/HIDN/NUT

James Hazen began his fellowship in January 2010, as Food Security Advisor for the Office of Health, Infectious Diseases, and Nutrition. Since his fellowship began, he has been working with USAID Missions to plan and design programs that contribute to the USG Feed the Future Initiative, which aims to sustainably reduce hunger and poverty with a particular emphasis on improved nutrition. He was a member of three primary working groups, including the USAID Nutrition Working Group and the Nutrition and Agriculture Working Group.

Additionally, Hazen provided field technical support to the DRC, Nepal and Mali and has written strategy and design documents for each of the three countries. He also developed a presentation on the integration of nutrition and water, sanitation and hygiene activities in Mali, which was presented both at USAID/Mali and at USAID/Washington.

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

Amie Heap served as a Nutrition Advisor in the Office of HIV/AIDS. Over the past year, she developed a set of harmonized nutrition and HIV indicators for use at the global/international level, helped organize a jointly sponsored WHO/PEPFAR three-day consultation addressing Globally Harmonized Indicators for Nutrition and HIV/AIDS involving multiple international stakeholders, and participated as a technical expert and representative of USAID in the roll out of the new WHO HIV and Infant Feeding Guidelines.

Additionally, Heap helped plan and coordinate the Regional Meeting on Nutrition Assessment, Counseling, and Support for PLHIV to be held in Jinja, Uganda in September 2010. She was a member of several working groups, including the Food and Nutrition Technical Working Group, the Care and Support TWG, the PMTCT TWG, and the Orphans and Vulnerable Children and Food and Nutrition Advisory Group.

Heap gave several presentations over the past year, including a presentation on Globally-Harmonized Nutrition and HIV Indicators: A Report on the Results of a Consultative Process to the MERG Indicator TWG in September 2009; and a presentation on WHO HIV and Infant Feeding Guidelines: Perspectives from the International Meeting in Harare, Zimbabwe to the Bureau of Global Health in June 2010.

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

As a Malaria Technical Advisor and Communication Liaison in the Office of Health, Infectious Diseases, and Nutrition, Nathaly Herrel provided technical country support to PMI-focused countries, and served as a liaison on the development of technical communication and written reports related to PMI. Over the past year, she was the lead writer for the PMI 4th Annual Report to Congress - Sustaining Momentum Against Malaria: Saving Lives in Africa in April 2010. She drafted the Malaria Chapter for the FY 2009 Global Health and Child Survival Progress Report. She provided content to the PMI website on a regular basis, created new PMI country pages, and updated the site to reflect the principles of the Administration’s Global Health Initiative and the USG’s new Malaria Strategy, which contributed to the website’s award from the National Association of Government Communications in May 2010.

**Kamden Hoffmann, MPH, MA**  
Malaria Technical Advisor  
GH/HIDN/PMI

Kamden Hoffman completed her fellowship as Senior Advisor for Maternal, Newborn, and Child Health in July 2009. During her fellowship, she was responsible for several behavior change communication activities, including organizing and managing communication team activities, and assisting in the management of Communication for Change (C-Change) workplan and priorities. She provided technical assistance for communications to the Mali and Rwanda missions.
Hoffmann also worked on community case management. She developed benchmarks for community case management frameworks, and organized the second CCM implementation partners meeting. She also served as the alternate country lead for Rwanda, and provided technical support for community case management through country visits and working group participation.

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

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

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

Milly Kayongo was the Senior Integration Advisor for HIV/AIDS and Maternal and Child Health/Family Planning in the Office of HIV/AIDS. Over the past year, she served as a member of the Family Planning/HIV Integration Team, providing inputs including document reviews and participating in working sessions with key staff at OGAC to support the development of draft policy guidance on integrated HIV/RH programming. She participated and contributed to work with key activity managers within PEPFAR TWGs, in particular PMTCT, counseling and testing, and gender.

Kayongo’s additional responsibilities included coordinating USAID activities to develop an updated systematic review on program integration with the Cochrane Collaboration, conducting an integration assessment in Kenya as part of the AHPIA project, and serving as a representative at key international events on SRH/HIV linkages, including the UNAIDS PCB Thematic Session and the Inter Agency Working Group on SRH/HIV linkages hosted by WHO and multilateral partners.

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

Megan Kearns served as HIV/AIDS Regional Advisor in the Office of HIV/AIDS. As the GH Tech Technical Advisor, she worked to develop a scope of work for the GH Tech Team, providing advice and recommendations about the use of GH Tech, drafting a SOW, and helped to follow up with staff to move activities forward. As a member of the PEPFAR support teams for Russia, Ukraine, Central Asia, Central America, and the Caribbean Regions, she helped link missions with appropriate technical assistance and implementing mechanisms; provided guidance; and reviewed, edited and drafted key strategy and reporting documents. For the Caribbean Regional Team, she provided both onsite and virtual support in the development of the Partnership Framework Plan. As a member of the Regional Advisor Team, she developed trainings for new support team members, helped lead Country Support Team meetings, and worked with Regional bureau counterparts to ensure all are up to date on PEPFAR information and country updates. Since February, Kearns served as Team Lead for the Regional Advisor Team.

Shannon Kelly, MPP  
Health Development Advisor  
GH/OHA/SPER

Shannon Kelly worked in the Office of HIV/AIDS as a Health Development Advisor. In this capacity, she served on numerous teams, including the OHA Budget Team, where she coordinated the FY 2010 Headquarters Operational Plan, prepared quarterly PEPFAR outlay reports, and coordinated clearance of official documents. As a member of the Policy Support Project, she managed a support activity with MSI, revised presentations and supplemental material, and conducted pilot trainings in South Africa and Mozambique.

Kelly’s additional responsibilities included providing backstop support to the Health Policy Initiative activity, and providing input for the project redesign and creation of new Task Order Proposal, and serving as a secondary reviewer for Swaziland FY 2010 COP review.
Ilana Kirsztajn, MPH
Global Fund Technical Assistance Analyst
GH/OHA/SPER

Ilana Kirsztajn is the Global Fund Technical Assistance Analyst in the Strategic Planning, Evaluation and Research Division, Office of HIV/AIDS at USAID. In that capacity, Kirsztajn was responsible for receiving and finalizing technical assistance scopes of work from Global Fund grantees throughout the world. She maintained regular communication with grantees and counterparts in US Embassies, USAID Missions and CDC offices and established fiscal controls and reporting systems to track contract and grant funds. Kirsztajn worked with the Global Fund Technical Assistance Coordinator and contractors and acted as point person for multilateral diplomacy issues.

Irene Kitzantides, MPH
Population, Health and Environment Advisor
SPREAD/Rwanda

Irene Kitzantides completed her fellowship as Population, Health, and Environment Advisor with the USAID SPREAD Agribusiness in Rwanda in May 2010. She supported and advised SPREAD’s health component, provided technical assistance to develop family planning, HIV/AIDS, and MCH programming, and implemented M&E plans for coordinated health activities.

In May, she gave a presentation on Coffee and Contraception: Combining Agribusiness and Community Health Projects in Rwanda at the Woodrow Wilson Center’s Environmental Change and Security Program.

Robert Kolesar, MPH
Senior Infectious Disease Advisor
USAID/DR Congo

Robert Kolesar served as the Senior Infectious Disease Advisor at USAID/DR Congo, providing technical leadership and coordination to the Infectious Disease Team. Over the past year, he coordinated and analyzed team inputs to synthesize key mission documents including the Annual Performance Report, Annual Operational Plan, and Portfolio Review, and Coordinated evaluation of the TB Control Assistance Program and design of the follow-on activity.

Kolesar’s responsibilities included providing technical assistance on the strategic expansion and program design of the mission’s infectious disease portfolio. He provided substantive technical review and writing inputs on the HIV/AIDS Country Operational Plan and the President's Malaria Initiative Operational Plans, and reviewed implementing partner proposals, annual work plans, and quarterly reports to ensure technically sound planning and progress of infectious disease activities. He also served as the acting Health Team Leader.

Todd Koppenhaver, MHS
Research and Program Advisor/Epidemiologist
USAID/Southern Africa (RHAP)

Todd Koppenhaver served as Research and Program Advisor/Epidemiologist with USAID/Southern Africa since February 2010. In this capacity he provided specialized technical assistance in areas related to HIV epidemiology and its use for strategic planning, program planning, and monitoring and evaluation.

Prior to this position, Koppehhaver was an M&E and Strategic Information Advisor with USAID/Namibia. In that role, he provided technical assistance in order to provide USAID partners with capacity building in strategic information, the use of data for decision making, and to assist in the development and implementation of strategic information systems to meet the needs of USAID/Namibia and the President’s Emergency Plan for AIDS Relief.

Hanh La, PhD, MHS
Senior Surveillance Advisor
GH/OHA/SPER

Hanh La was the Senior Surveillance Advisor for the Office of HIV/AIDS. She served as a member of the Strategic Planning, Evaluation and Reporting Division (SPER). La provided broad HIV/AIDS-related expertise and guidance in program evaluation and monitoring.
Christina Lau, MPH
Information Management Specialist
USAID/Nigeria

Christina Lau completed her fellowship in December 2009, after serving as an Information Management Specialist for USAID/Nigeria. She managed the USG data system, including PEPFAR’s HIV/AIDS and TB program data, liaised and trained implementing partners, and managed the storage and use of information to meet USAID’s accountability standards.

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

Suzanne Leclerc-Madlala is the Cultural Anthropologist Technical Advisor with USAID. Her primary responsibilities included advancing the understanding of socio-cultural perspectives relevant to HIV/AIDS within USAID/USG PEPFAR and taking the lead in the application of cultural perspectives and social science knowledge and methods, including ethnography to HIV/AIDS strategies and programs. In addition, she functioned as a key member of the GH/OHA team working to promote the success and activities of the larger TLR and OHA teams.

Ya-Shin Lin, MPH
Public Health Evaluation Advisor
GH/OHA/TLR

Ya-Shin Lin served as a Public Health Evaluation Advisor in the Office of HIV/AIDS, and was responsible for research and evaluation and technical support to country teams. Over the past year, Lin’s work included supporting USAID’s OHA research and coordination activities, supporting the Vulnerable Girls Initiative management team, and supporting USAID/South Africa by developing a statement of work for the evaluation of PEPFAR programs targeting OVC adolescents.

Lin also supported public health evaluation activities, including reviewing protocols undergoing the PHE review process, coordinating PHE review meetings and drafting consensus recommendations, and assisting in the preparation and facilitation of a multi-country PHE meeting.

Karen Lombardi, MA
Donor Coordination Advisor
GH/SPBO

Karen Lombardi worked as the Donor Coordination Advisor within the Office of Strategic Planning and Budget. In this role, Lombardi helped create a health partnership framework between USAID and the European Union within the overall GHI framework for USAID and the EU’s new global health positioning.

She initiated and facilitated ongoing efforts to engage China as a donor. This included facilitating the office director’s participation as part of the USAID delegation to the 2nd US-China Strategic and Economic Dialogue in May 2010, providing input into and drafting interagency papers for this Dialogue and other State-led meetings about China, and spearheading the organization’s participation in China Africa Health Cooperation, which is a technical working group and group email list established to pursue implementation of US-China health cooperation in select African countries.

Other accomplishments included facilitating the inclusion of maternal and child health and malaria in a new MOU between USAID and AusAID, and convening a GH technical working group to advance this cooperation; coordinating various tracks of donor cooperation with DFID; and implementing a donor coordination panel at the PHuNdamentals training course.

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

Andrea Long-Wagar was the Emerging Pandemic Threats Advisor in the Africa Bureau’s Office of Sustainable Development Health Team. In this capacity, she worked on the Global Health Bureau Avian Influenza and Other Emerging Threats Unit’s (AI/OET) Emerging Pandemic Threat (EPT) Program. Her role was to be a liaison between AI/OET and Africa Bureau and African presence and non-presence countries. She helped introduce the new centrally funded EPT program to eight countries in Africa, and helped set up introductory (rollout) meetings in Uganda and Democratic Republic of Congo (April 2010), and to USAID country missions and the USAID partners in country.
In addition, Long-Wager participated in an introductory meeting in Brazzaville, Republic of Congo to introduce EPT and to ask for assistance of the World Health Organization's African Regional Office. She was also helping the AI/OET Unit implement their Pandemic Preparedness training workshops in the African Region, which train personnel in the government and military of African countries to be prepared for a pandemic (like avian influenza) or any other humanitarian disaster.

Long-Wager represented USAID at interagency meetings with Department of State and Department of Defense in determining how best to take a whole government approach to improving the disease surveillance and response capabilities in the African Countries.

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

As Demographic Health Surveys and Evaluation Technical Advisor in the Office of Policy, Evaluation, and Communication, Rachel Lucas provided technical and financial oversight for the MEASURE DHS award. She also designed, led and documented the first Management Review of the MEASURE Evaluation, and provided oversight for the MEASURE Evaluation PRH Associate Award, as well as for key activities under the MEASURE Evaluation Leader Award. She served as a member of and contributor to the Office of Population and Reproductive Health’s (PRH) Evaluation Process Improvement Committee (EPIC). Recently Lucas was appointed the technical lead for EPIC in her division. Additionally, Lucas participated in the Health System Strengthening Information Building Block Working Group, where her responsibilities included establishing Bureau-wide objectives for the group (including one year and five year targets), developing a draft Information System strengthening tracking tool for monitoring and reporting on Agency/Mission progress, and preparing a comprehensive matrix of Global Health Bureau support for Information System strengthening in PRH and implementation mechanisms. Lucas also served on the steering committee for the Bureau’s Partners’ M&E working group, and was a member and contributor to the Agency-wide “Evaluation Interest Group.”

Erika Lutz, MPH
Child Survival and Health Grants Advisor
GH/HIDN/NUT

Erika Lutz served as Child Survival and Health Grants Program (CSHGP) Technical Advisor. Lutz provided technical and managerial assistance for more than 20 CSHGP projects implemented by PVOs/NGOs and their local partners. She organized multiple team meetings to streamline and strengthen the technical rigor of the CSHGP RFA and ensured resonance with GH Bureau priorities; developed timelines and milestones; coordinated with team members to organize the Mission nomination process; worked with OAA to ensure adherence with USAID rules and regulations; and facilitated key informant interviews to obtain critical input from key GH Bureau stakeholders. Lutz reviewed PVO/NGO annual reports and midterm reports and provided written technical feedback to grantees.

As a member of the Interagency Sanitation Working Group from 2008-2010, Lutz participated in discussions to develop an Agency-wide vision for sanitation programming and provided the Sanitation Working Group with a list of the CSHGP water and sanitation projects that were subsequently included in an Agency-wide mapping exercise.

Lutz prepared and delivered several presentations, including a presentation on the Detailed Implementation Plan (DIP) Development Process at the CSHGP New Grantee Orientation and a presentation on Women-Centered Approaches Increase Exclusive Breastfeeding Rates around the World at the Breastfeeding and Feminism Symposium. She also served as a member of the panel on The Good, the Bad and the Ugly of USAID/USG Proposals at the InsideNGO Proposal Management Workshop.

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

Esther Lwanga was a Health Research Advisor in the Nutrition Division of the Office of Health, Infectious Diseases and Nutrition at USAID/Washington. She supported the management of HIDN’s Health Research Program (HaRP) through the provision of technical
assistance on research priorities, research design and implementation, as well as the adaptation and translation of research findings into field programs.

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

As Service Delivery Improvement Program Advisor, Patricia MacDonald worked as the technical leader for long-acting and permanent methods of contraception (LA/PMs), and on the integration of family planning with maternal, newborn and child health services (FP/MNCH). She managed three global projects and advanced developments in both of these technical priority areas.

Over the past year, MacDonald established a community of practice for LA/PMs that saw the completion and dissemination of an implants toolkit, and development of a research working group. She led the development of another working group between service delivery and contraceptive security to promote participatory forecasting, and strengthening of both systems in a mutually reinforcing manner. Macdonald facilitated FP/MNCH technical consultations on program approaches for postpartum family planning (PPFP), integration of PPFP with immunization services, and integration of PPFP with nutrition services. She conducted FP program reviews in Senegal, Nigeria, Ethiopia and Mali, and served as a technical resource person for the African FP meeting in Kigali. MacDonald developed and presented a Reality Check tool to country teams at the Kigali meeting.

Additionally, she contributed to the report on *Democratize, Demedicalize, Decentralize*, to the report of the Technical Review Team of USAID’s support to Family Planning in Senegal, and to the report of the Phase I review of the USAID/Ethiopia Integrated Family Planning Program.

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

Gavin Macgregor-Skinner worked as the Tuberculosis Laboratories Advisor in the Office of Health, Infectious Diseases, and Nutrition. Macgregor-Skinner served on the Expert Review Board for the World Bank’s “Health Systems Approach to Diagnostics Retooling and Laboratory Capacity Strengthening” Project; he was a member of the STOP TB Partnership Global Laboratory Initiative Core Group, and participated on the USAID project review team for the USAID DELIVER Supply Chain Project.

Macgregor-Skinner’s responsibilities included providing assistance to the WHO prequalification Program for HIV/AIDS, Malaria and TB. He served on the CDC International Laboratory Branch working group, was a member of the USAID Geospatial Working Group, and served on the USAID e-Health and m-Health Working Group.

Additional accomplishments included facilitating at the TB CAP Training of Trainers workshop in Nairobi, Kenya, participating in a WHO AFRO and Government of Malawi workshop, and participating at meetings and technical reviews with the USAID Supply Chain Management Systems working group.

Macgregor-Skinner delivered several presentations including: *Expanding and Accelerating Laboratory Services Through Innovative Partnerships* at the Annual Global Laboratory Initiative; *Functional Effective Supra-national TB Reference Laboratory Network* at the WHO Supranational and National TB Reference Laboratory Strategic Workshop; and *From Cell Phones to Cell Biology: High Tech, Low Cost Solutions for Global Health* at the NIH.

He also wrote a summary document entitled *Laboratory Services* and co-authored *USAID FY08 TB Report to Congress.*

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

Timothy Mah served as HIV Prevention Advisor in the Office of HIV/AIDS. In this role, Mah provided technical assistance for the prevention of sexual transmission. As a member of the General Population and Youth Prevention Working Group, he provided technical assistance to six countries (Nigeria, Ghana, South Africa, Lesotho, Swaziland, and Papua New Guinea), co-led the planning for “Technical Consultations on HIV Prevention Programming in Mixed Epidemics,” and co-led the World Bank-USAID debate series “Emerging Issues in Today’s HIV Response.” As a
member of the Sexual Transmission Subcommittee and Public Health Evaluation Committee, Mah provided assistance in the conceptualization and development of the public health evaluations for Lesotho, Botswana, Ethiopia, and South Africa.

Over the past year, Mah gave several presentations, including Key Topics in HIV Prevention for Adults and Couples at the NPI SOTA training in Capetown, South Africa (April 2010), and An Overview of Key Topics in HIV Prevention for Adults at an NPI Partners Meeting in Washington, DC (June 2010).

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

Peter Mamacos served as Malaria and Other Health Policy Advisor in the Office of Health, Infectious Diseases, and Nutrition. As a member of the Global Fund Core Group, Mamacos helped advise a USG delegation to the Global Fund Board in developing a strategy to promote the USG position regarding the need for an evidenced-based decision on the Affordable Medicines Facility for Malaria (AMFm). He also served on the G8 Health Working group, where he worked with USAID and interagency colleagues to compile, clean, and present USG data on global health spending for the G8 Accountability Matrix.

As part of the Ethiopia and Malawi Malaria Operational Plan (MOP) Team, Mamacos participated in the drafting of the FY2010 Malaria Operation Plan. He served on the Haiti Health Team, participating in a senior-level interagency USG team to Haiti, and served as advisor and drafter of a USG-Haiti health strategy. After the January 2010 earthquake, Mamacos worked with colleagues to assemble geo-coded data on health facilities in Haiti and developed these into detailed maps that became a key resource in the immediate USG health response.

Mamacos drafted a chapter on Health System Strengthening for the 2010 Annual Report of the President's Malaria Initiative and coordinated the preparation of the congressional testimony of the USAID Acting Assistant Administrator of the Global Health Bureau on USAID’s efforts to promote pharmaceutical innovation for rare and neglected tropical diseases.

Lisa Maniscalco, MPH
Health and Nutrition Surveys and Evaluation Advisor
GH/HIDN/HS

Lisa Maniscalco served as the Health and Nutrition Surveys and Evaluation Advisor for the Office of Health, Infectious Diseases, and Nutrition. As Technical Advisor for MEASURE’s DHS Phase III Management Team, she managed and provided technical input for substantial review and revision processes of DHS core questionnaires with respect to HIDN elements (MCH, malaria, TB, avian influenza, etc.), managed a joint MEASURE DHS/MEASURE Evaluation to develop a field test to quantify fecal bacteria in household drinking water, and managed the application and testing of health expenditure questions within a DHS survey. As Technical Advisor for the MEASURE Evaluation Phase III Management Team, Maniscalco collaborated with MCH Element leads to plan for Bureau technical support to Kenya and Liberia in implementation of monitoring of health outcome indicators.

As the lead in the GH Health Systems Strengthening Information Building Block Working Group, Maniscalco established Bureau-wide objectives for information, developed a draft Information System Strengthening tracking tool, and reviewed Bureau concept papers for new activities and recommended modifications. Maniscalco worked with the Health Metrics Network to help review and refine the HMN mission, goals and objectives, participated in expert consultation for the development of a tool to track country progress in health information systems strengthening, and monitored the ongoing tool development process. As alternative lead for the Angola Country Health Team, Maniscalco helped develop and refine a SOW for the evaluation of a Mission bilateral health project, and coordinated the review and provided feedback for the Mission OP Health and Performance Plan and Report.

Stephanie Marion-Landais, MPH
PEPFAR Strategic Information Liaison/Deputy Coordinator
USAID/Namibia

Stephanie Marion-Landais served as PEPFAR’s Strategic Information Liaison and Deputy Coordinator with USAID/Namibia. As PEPFAR
Coordinator for the period from January through March 2010, Marion-Landais acted as a continuous and present link to the OGAC team via communication and dissemination of critical and time-sensitive documents and information. She developed, disseminated, cleared, and maintained key management documents for the PEPFAR Namibia team, developed and maintained the FY2011 PEPFAR Timeline, and managed the submission of the PEPFAR Namibia Semiannual Progress Report in 2009. As co-chair for the Strategic Information ITT, Marion-Landais helped convene and supported the facilitation of weekly meetings, and provided overall Strategic Information guidance. She was also responsible for the continued administration of the PEPFAR Namibia team site, and managed the daily office activities of the PEPFAR Coordinator’s Office. Finally, Marion-Landais was also responsible for managing the submission of the PEPFAR Namibia Country Operation Plan for 2010.

**Dorina Maris, MPH**
Health Management Information Systems Advisor
GH/OHA/SPER

Dorina Maris completed her fellowship as Health Management Information Systems Advisor in February 2010. In this capacity, Maris assisted USG agencies and multilateral organizations in the design and implementation of HMIS and IT systems. Additional responsibilities included coordinating training programs and workshops to broaden the knowledge and practice of effective health information systems.

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

As the Health Programs Private-Public Partnerships Advisor to USAID/South Africa, Lauren Marks led and participated on several teams and working groups as part of the USG’s interagency PEPFAR team. On the Country Operational Plan (COP) Team, Marks participated in the drafting, writing, editing, and collecting information for the South Africa COP. As a member of the Alignment Committee, she assisted in developing criteria to strategically align the USG's implementing partners. Marks was also a participant in the Planning Committee for the All Partners Meeting.

Marks was instrumental in placing Provincial Liaisons in each of the nine provinces in South Africa. She helped interview and select the candidates; developed an orientation and training program for them; helped define their evolving roles; and is serving as a key advisor in the co-management of each of the Provincial Liaisons. Lauren maintained, tracked, and updated the budget, the Procurement Plan, and all funding actions for the Health Office, in close coordination with counterparts in other offices and other Agencies. In addition, Marks helped broker relationships with several key contacts in the private sector, and drafted a Public Private Partnership Strategy for USAID/South Africa.

Marks delivered presentations on USAID's PPP strategy to both internal and external audiences. She also organized and hosted a Regional Conference on the Use of Information, Communication, and Technology in Health and Education for the public and private sectors.

**Stacey Maslowsky, MPH**
Micronutrients Program Advisor
GH/HIDN/NUT

Stacey Maslowsky worked as a Micronutrients Program Advisor in the Office of Health, Infectious Diseases, and Nutrition until May 2010. As a member of the A2Z Micronutrient Management Team, she provided technical and administrative guidance to the A2Z staff, coordinated agency involvement and support to the Global Alliance for Vitamin A for a meeting in Senegal for 20 Sub-Saharan African countries and development partners. Additionally, Maslowsky provided technical backstopping for the West Bank nutrition and food fortification portion of the A2Z portfolio, coordinated with the CORE group, Child Survival and Technical Support Program and A2Z to review best practices in maternal anemia programming.

Maslowsky also served as a member of the Micronutrient Forum Management Team for Beijing and was one of four core members in the planning of the forum. She coordinated USAID involvement in the launch of the United Call to Action on Vitamins and Mineral Deficiencies report and coordinated and managed the USAID nutrition booth. Further, she was a member of the
Burundi Country team, and facilitated the review of the current global indicators for the Universal Salt Iodization programs.

Maslowsky helped prepare a presentation on nutrition and food security, presented at USAID/Uganda, and assisted in the preparation of a presentation on the Nutrition Portfolio of MCH countries, presented to senior State Department and USAID staff.

**Jennifer Mason, MPH**
**Health Advisor**
**AME/TS**

Jennifer Mason provided technical assistance, project management, and strategic planning to assure that USAID investments in health in Asia and the Middle East support the Agency’s strategic objectives. She was responsible for the planning, implementation and follow-up of USAID’s Middle East and North Africa HIV programming and activities. She provided support to A/ME programs, including the scaling up of best practices in family planning and maternal, neonatal, and child health, mobilization of religious leaders in development and the bureaus’ Health Analysis, Information and Management activities.

Mason provided direct assistance to USAID missions in the A/ME region on technical and operational issues. She collaborated with colleagues in the GH Bureau and the A/ME Technical Support team to conduct technical reviews and present critical information to USAID, USG and external partners on issues such as regional and national health needs, health trends, program design and program monitoring. She supported the A/ME Bureaus in their assessment and planning for the establishment of new USAID regional and country missions. She participated in the development and/or review of RFAs, proposals and requests for support at both the central and field levels of USAID.

Mason was a member of several USAID assessment teams that provided support and guidance to USAID A/ME missions, including a Family Planning Graduation assessment in Egypt, FP and MCH review and planning exercise in Timor-Leste, government and Global Health Initiative alignment assessment in West Bank/Gaza among others.

Mason was recognized in 2010 for “Superior Support to the Field” for her dedicated assistance to the Timor-Leste Mission.

**Ann McCauley, PhD, MA**
**Senior Public Health Advisor**
**USAID/Nepal**

A Senior Public Health Advisor in USAID/Nepal, Ann McCauley began her fellowship in January 2010. Her technical responsibilities were broad but focused primarily on nutrition, HIV and supporting the upcoming Nepal Demographic and Health Survey. She technically backstopped HFP’s Nepali staff in technical leadership and programmatic guidance in program design, implementation, monitoring, and evaluation.

McCauley provided technical assistance in the development of HIV-related activities as well as in the development of new nutrition activities, and backstopping the development, implementation, and reporting of the Demographic and Health Survey in Nepal. She assisted in the design and implementation of new activities under the Global Health Initiative, and provided technical input to Government of Nepal national strategic plans. She was a member of the Strategic Information Technical Working Group.

She helped draft several presentations for the Global Health Initiative Technical Working Team, including presentations on *Health Planning in Nepal: A Government-Owned Process*, on *Research-to-Programs*, and *Health Programs in Nepal: Response to Data Call from the Presidential Initiative*.

**Abdalla Meftuh, MD, MPH**
**Senior Malaria Advisor**
**USAID/Burkina Faso**

Abdalla Meftuh finished his fellowship in June 2010, after serving as a Senior Malaria Advisor for USAID’s Burkina Faso malaria activities. During his tenure, he provided technical and administrative guidance on the development, start up, and implementation of the Malaria Program in Burkina Faso.
Maury Mendenhall, MSW  
Orphans and Vulnerable Children Advisor  
GH/OHA/IS  

Maury Mendenhall was the Orphans and Vulnerable Children (OVC) Advisor, working in the Office of HIV/AIDS, Implementation Support Division. In collaboration with USG country teams, she was responsible for strengthening the technical capacity of host governments, non-governmental organizations, community-based organizations, and faith-based organizations, to address the multi-dimensional needs of OVC.

Elaine Menotti, MPH  
Child Survival and Health Grants Advisor  
GH/HIDN/NUT  

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

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

As an advisor to the Service Delivery Improvement Program in the Office of Population and Reproductive Health, Erin Mielke assisted with the overall technical and administrative management for service delivery projects. She was a technical advisor on USAID’s fistula management team, where she reviewed workplans and budgets, helped set the research agenda, conducted a management review meeting, including mid-term review of projects, and participated in briefings for members of Congress.

As the leader of Tanzania’s County Support Team, Mielke facilitated communication about the GHI between the Mission and Washington, provided input on program design for social marketing and community-based family planning solicitations, reviewed the Country Assistance Strategy and other mission reports and coordinated family planning/maternal health advocacy meetings for the First Lady of Zanzibar at the Women Deliver conference.

Mielke also served on USAID’s internal working group on Postabortion Care (PAC) and external “PAC Connection,” where she co-led the PAC Connection meeting; presented the joint statement by FIGO, ICM, ICN and USAID supporting postabortion family planning at the Global Health Mini-University.

Mielke prepared and presented Strengthening PAC Linkages: HIV, STI’s, Gender and Gender-Based Violence at the PAC Connection in April 2010. Additionally, she co-prepared and co-presented Networking to Improve Fistula Treatment in Nigeria and Universal Access for Postabortion Family Planning- Failing Women No Longer at the 2009 Global Health Mini-University in October 2009.

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

As Senior Strategic Planning, Information, Monitoring and Evaluation Advisor, Roy Miller was responsible for monitoring the overall performance of USAID/Africa Bureau’s program in health, family planning, and HIV/AIDS. Within the Global Health Initiative and the Food Security’s Feed the Future initiative, Miller was a member of a committee formed to provide input into the interagency process regarding Metrics, Monitoring, Evaluation and Research, and to provide periodic input to draft documents emerging from the interagency body. Additionally, he served on a committee to develop an approach and tools to monitor progress toward developing more effective health systems in countries. He was also a member of an ad hoc “Nutrition Working Group” which aimed to develop a shared vision by the USAID regional and global bureaus of how to approach nutrition in both GHI and Feed the Future.

Miller served on the Quadrennial Diplomacy and Development Review (QDDR) Working Group V, and represented the Africa Bureau on five country
backstop teams. He was the Technical Advisor to the Africa’s Health in 2010 Project, and was also responsible for coordinating, assembling, and handling the submission of the AFR/SD Health Team Operational Plan and Performance Plan and Report.

Miller also co-assembled and delivered a presentation for the Africa Bureau portfolio review and collaborated with a nutrition colleague in AFR/SD/EGEA to prepare and deliver a presentation on nutrition for the “cross-cutting” issues of the portfolio review. He presented *Africa Health Sector Challenges and the Way Forward* at USAID’s PHuNdamentals course.

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

John Milliner served in the Africa Bureau as a Malaria Advisor. His responsibilities included serving as the Ghana Team Leader for the President’s Malaria Initiative, where he coordinated malaria-specific activities and plans for the Ghana Mission throughout the year.

Additionally, Milliner organized and led the Malaria Operational Plan development for Ghana. His responsibilities included team visits, building consensus on issues, and preparing and completing an operational plan document outlining activities for FY2011. He also participated in the development of the FY2011 Malaria Operational Plan for Zambia, including in-country discussions with various officials and wrote the ITN section of the plan.

As the industry liaison to the UN Special Envoy for Malaria, Milliner continued the development of a comprehensive global analysis of ITNs. He built relationships with all net manufacturers and prepared quarterly reports on progress to the industry. He prepared and delivered presentations of the results to the World Bank, the Global Fund, WHO, UNICEF and Alliance for Malaria Prevention.

Finally, as a member of the External Scientific Action Committee of the Gates Foundation-funded Innovative Vector Control Consortium, Milliner reviewed, prepared, and discussed various new vector control concepts.

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

Thomas Minior worked as an Adult Treatment Advisor in the Office of HIV/AIDS. In this role, he was responsible for monitoring and review of treatment-related public health evaluations, and provision of senior-level strategic and programmatic guidance to USAID treatment contract/cooperative agreements/grants. He provided the Adult Treatment Technical Working Group (ATTWG) review of the Country Operational Plans (COPs) for Namibia, Rwanda, Nigeria, and Uganda and organized and led ATTWG monthly meetings.

Minior also developed treatment guidelines with implementing partners. In conjunction with WHO/PAHO, he organized and facilitated joint workshops in Sub-Saharan Africa and Central America to discuss and develop plans to adapt and implement changes to WHO Guidelines on Antiretroviral Therapy. In coordination with WHO-Geneva and colleagues at CDC, Minior helped develop guidance for the 2009 revision of the *WHO Guidelines on the treatment of HIV Infection in HIV positive adults and adolescents*.

Minior was the lead author of the Global Treatment Working Group White Paper on ART, and provided significant input into the new “Adaptation Guidance” on implementation of WHO guidelines. He drafted two technical updates for the field – the Universal Test & Treat Strategy (in collaboration with other colleagues) and the DART Trial. Finally, he provided an overview of HIV Treatment at the GH Mini-University, and presented treatment highlights from the 2010 Conference on Retroviruses and Opportunistic Infections to USAID staff.

**Carolyn Mohan, DrPh, MPH, MIA**  
Tuberculosis Advisor  
GH/HIDN/ID

As Tuberculosis Advisor in the Office of Health, Infectious Diseases, and Nutrition, Carolyn Mohan worked closely with the Global Fund to leverage multi-million dollar TB grants in Europe and Eurasia (E&E) region, particularly in Armenia and Azerbaijan. She designed three enthusiastically received FY09 regional TB projects for E&E and the Central Asia Republics (CAR) in collaboration
with missions and partners and provided guidance and coordination for the implementation of two nationwide MDR TB surveys in the CAR region.

Mohan continued to provide technical guidance to scale up public-private partner projects with Eli Lilly and IFRC for support of patients with, and at risk of, MDR TB in South Africa, Kazakhstan and India.

Mohan was nominated by WHO/EURO to serve on its TB Technical Advisory Group and was elected chair of an interagency working group to adapt MDR TB training modules for the E & E region.

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

Dr. Ya Diul Mukadi was the Senior Tuberculosis Medical Advisor in the Office of Health, Infectious Diseases, and Nutrition at USAID. In that role, he provided technical assistance to USAID country level TB programs, with a particular focus on Africa. Mukadi also provided senior level strategic and programming guidance and assisted USAID missions in strengthening coordination and leveraging of USAID TB funds with President’s Emergency Plan for AIDS Relief resources. In addition, Mukadi provided technical support to the HIDN Infectious Diseases TB program.

Josephine Mungurere-Baker, MBA
Strategic Information Advisor
USAID/Tanzania

Josephine Mungurere-Baker was the Strategic Information Advisor at USAID/Tanzania. Josephine provided technical assistance to the USG PEPFAR country team, technical working groups, implementing partners, and Government of Tanzania counterparts to ensure that the portfolio of program activities contributed to the national HIV/AIDS strategic goals and targets.

Jeffrey Muschell, MPH, ME
Global Fund Liaison
USAID/Indonesia

Jeff Muschell began his fellowship at USAID/Indonesia in August 2009. He served as the Global Fund Liaison and worked closely with the Conflict Management and Mitigation (CCM) secretariat. In his role, Muschell developed and refined CCM’s “Expanded Funding” budget application and initiated the introduction of the CCM Oversight Dashboard in Indonesia, and was named the CCM focal point for dashboard introduction.

Muschell participated in CCM field monitoring visits (FMVs) to two provinces in late November and early December 2009, drafted detailed reports of those visits and began to introduce new tools and templates for both standardizing the reporting outputs for future FMVs and following up on recommendations that are generated by FMV teams.

Emmanuel Njeuhmeli, MD, MPH
Biomedical Prevention Advisor
GH/OHA/TLR

Emmanuel Njeuhmeli was the Biomedical Prevention Advisor and served as a topical expert and technical authority on policy and program issues. He developed and recommended policies, strategies, and plans for the safe and effective implementation of biomedical interventions to reduce HIV/AIDS transmission. Njeuhmeli developed strategies to address the areas of product development and licensure; costing and cost analysis; commodities management; policy development; and program monitoring and evaluation of new and emerging biomedical prevention technologies.

Previously, Njeuhmeli was the Prevention Advisor on Male Circumcision (MC) in the Technical Leadership and Research Division. He was responsible for providing technical support to Missions to provide safe male circumcision services and specialized expertise to technical bureaus. In this role, Njeuhlemi served as co-chair for the Male Circumcision Technical Working Group, and collaborated with implementing partners to provide technical leadership and handle policy issues. He acted as the lead on issues related to costing and impact of expanding male circumcision service delivery, developing strategy and communication for MC.

Njeuhlemi developed recommendations for supply chain management and standardized a list of MC commodities with other USG and NGO institutions, providing technical consultations and advocacy for the initiative. He developed issue briefs on Costing and Impact of expanding MC and a course on “MC for HIV Prevention,” and
designed the Implementation and Evaluation of MC MOVE with Project SEARCH R2P.

Njeuhmeli delivered numerous presentations over the course of the year. These included More than a Snip: Challenges and Opportunities of expanding Male Circumcision in Southern and Eastern Africa at the USAID Mini-University in October 2009; Male Circumcision Commodities Issues and SCMS to the Kenya National and Provincial Task Force in November 2009; and Costing and Impact of Expanding Male Circumcision Service Delivery in Zambia to the Zambia Male Circumcision Task Force in November 2009.

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

Chinyere Omeogu was the Maternal and Child Health/Prevention of Mother to Child Transmission Advisor in the Health, AIDS, Population and Nutrition Office with USAID/Ethiopia. Omeogu provided technical leadership to expand and strengthen the quality of PMTCT services in Ethiopia. She provided strategic and technical leadership and direction to the USAID HIV/AIDS Team and supported the PEPFAR Interagency team's efforts with emphasis on women and families; and provided strategic technical advice for key PEPFAR planning and budget documents.

**Michel Pacque, MD, MPH, DTMH**
Senior Neglected Tropical Diseases Advisor
GH/HIDN/ID

As Senior Neglected Tropical Diseases Advisor within the Office of Health, Infectious Diseases and Nutrition, Michel Pacque provided technical assistance and input in USAID’s global strategic planning for the implementation of the USG Neglected Tropical Diseases (NTD) Initiative.

In this role, Pacque served on the Working Group on Access to Assured-Quality, Essential Medicines for Neglected Tropical Diseases, and the Working Group on Monitoring and Evaluation of Preventive Chemotherapy Interventions. Additionally, in his role, Pacque also made recommendations to the WHO Strategic and Technical Advising Group on NTDs.

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

Ligia Paina worked as a Health Systems Advisor in the Office of Health, Infectious Diseases, and Nutrition. She completed her fellowship in January 2010. In her role, she contributed to the management team of the Health Systems 20/20 Project, with increasing responsibilities throughout the fellowship. She worked on developing National Health Accounts, including liaising with the Gates Foundation, helping with the development of a work program for National Health Accounts institutionalization, and provided technical assistance to HS 20/20 activities in Senegal and to USAID Missions in Namibia and Uganda.

Throughout the course of her fellowship, Paina participated in several teams and technical working groups. As co-lead for the GH Health Governance WG, she helped develop a survey of GH leadership and governance activities, and developed key objectives and milestones for the GH Bureau’s work in Leadership and Governance. In the Europe and Eurasia, Latin and Central America, and GH Health System Strengthening Indicator Working Group, Paina served as coordinator, developing and disseminating literature reviews on performance measuring, and developing a scope of work for HSS indicators. Paina’s additional responsibilities included serving on Country Health Teams for Senegal and DRC, and the Rwanda Project Design Team. Paina provided input to the October 2009 Health Systems Report to Congress: Sustaining Health Gains, Building Systems, and wrote the chapter on measuring health system performance.

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

John Palen worked as the HIV/AIDS Palliative Care Advisor in the Office of HIV/AIDS, where he provides technical assistance to regional bureaus and agencies. His responsibilities included co-chairing the PEPFAR Care and Support Technical Working Group, where he prepared case studies and additional materials on mental, health, palliative care, cervical cancer, and nutrition. He also helped plan regional conferences, and provided oversight and management of several
TWG functions such as the review of Country Operations Plans.

Palen also served as a member of the TDY team involved in assessing and recommending care and support services for Ethiopia, Zambia, and Vietnam, and as a member of the USAID/OHA Vision Team, developing new strategic visions for OHA and its three divisions. Additionally, he was the team lead for the collaboration between the OVC, PMTCT/Peds and Care and Support Technical Working Groups to plan regional workshops on the integration of mother-child HIV care programs.

Palen gave a presentation on *Scaling Up Mental Health Services in the Context of HIV Care and Support* to the USAID OHA Team, and he presented *The Role of Task Shifting to Increase Access and Use of HIV Services* to the USG Ethiopia Team. He also served as a technical reviewer to the following publications: *Mental Health Technical Brief, Training Manual for Clinician's Pocket Guide to Pain; Training Curriculum for HIV Caregivers: Safe Water, Sanitation, and Hygiene*; and the *Clinician's Pocket Guide to Assessing and Managing Pain for Adults and Children with HIV Disease*, of which he also wrote certain sections.

**Roshelle Payes, MPH**  
Food and Nutrition Technical Advisor  
GH/HIDN/NUT

As Food and Nutrition Technical Advisor in the Office of Health, Infectious Diseases, and Nutrition, Roshelle Payes provided technical assistance and supported the implementation and monitoring of large scale nutrition projects in Africa, South Asia, and Central America. She contributed to the development of the USAID Administrator’s High-Level Nutrition side event at World Bank Spring Meetings in April 2010.

Payes’ also coordinated and drafted USG position papers on Strategy and Plan of Action for the Reduction of Chronic Malnutrition for the 146th Session of the Executive Committee of PAHO, and coordinated and edited the Nutrition Update 2010 with Demographic and Health Surveys which provides consolidated nutrition data to serve as baselines for Feed the Future countries. She is a member of the Nutrition Technical Working Group, where she developed Nutrition Communication Strategy and Nutrition Technical Updates.

Payes gave a presentation on *Nutrition’s Role in the Global Hunger and Food Security Initiative* at the Latin America and Caribbean Regional Food Security Meeting in February 2010; on *Nutrition and Food Security* at the Latin America and Caribbean SOTA in March 2010; on *Nutrition Technical Essentials* at USAID Washington in March 2010; and on *Food Security and Nutrition* to the OHA Food and Nutrition Technical Working Group in April 2010.

Payes has also contributed to several publications. She contributed to *Nutrition Operational Guidance for USAID Missions*. She co-authored *Integrated Nutrition Investment Framework: USAID/East Africa* and *Integrated Nutrition Investment Framework: USAID/Ghana*; and she wrote the nutrition chapter for the *Global Health and Child Survival Report to Congress – FY09*.

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

Thomas Perdue finished his fellowship in June 2010, after serving for two years as a Monitoring and Evaluation Advisor in the Office of HIV/AIDS. During his tenure, Perdue served on several teams and technical working groups. These included the Monitoring, Evaluation, and Reporting Team, the PEPFAR Monitoring and Evaluation Technical Working Group, the PEPFAR Working Group on Developing Technical Assistance Indicators, the MEASURE Evaluation Management Team, the PEPFAR Lesotho Country Support Team, the PEPFAR Indonesia County Support Team, the PEPFAR Central Asian Republic Regional Support Team, and the PEPFAR M&E TWG. He managed a PEPFAR M&E TWG activity to identify and disseminate promising practices from PEPFAR countries. He provided Strategic Information technical assistance to several country teams, and participated in headquarters-level SI design and proposal writing.

**Alisa Pereira, MA**  
E&E Regional Avian Influenza Advisor  
GH/HIDN/AI

Alisa Pereira served as the Europe and Eurasia Avian Influenza Advisor. During her fellowship,
Pereira worked to design the Emerging Pandemic Threats Program and the procurement of the five cooperative agreements that make up that program.

In this capacity, Pereira was responsible for liaising with OAA, preparing the IEEs for each of the five agreements, organizing the API Unit to address procurement needs, preparing governmental budgets estimates for all the agreements, developing evaluation criteria and scoring protocols for each agreement, preparing memos for the procurement process, drafting sections of the agreements, and participating in procurement panels.

Benjamin Ryan Phelps, MD, MPH
Senior Pediatric Care/PMTCT Advisor
GH/OHA/TLR

Ryan Phelps worked as Senior Pediatric Care and PMTCT Advisor in the Office of HIV/AIDS. He was a member of the Pediatric/PMTCT Interagency Technical Working Group, where he reviewed PMTCT and pediatric HIV content of USG-supported country programs, as well as a member of the PMTCT Interagency Task Team (IATT), where he supported the updating, creation, dissemination, and implementation of technically sound and up-to-date guidelines for PMTCT. Phelps was also a member of the IATT Pediatric Working Group and helped found the IATT Finance and Economic Analysis Working Group. In addition, he was a member of the PMTCT/Peds PHE team; a member of the IATT PMTCT Monitoring and Evaluation Working Group; and the IATT Resistance Working Group.

At the Mozambique International Workshop on HIV Pediatrics, Phelps prepared and presented Preview of the 2010 WHO Pediatric ART Guidelines and an Overview on Global Child Survival.

Phelps co-authored an assessment of Angola’s PMTCT and family planning/reproductive health programs, and drafted a “Process Information Toolkit” for Mozambique’s pediatric HIV treatment facilities. He is the co-editor of the Pediatric HIV Treatment Toolkit: A practical guide to the implementation of the 2010 World Health Organization pediatric HIV treatment recommendations, and co-authored The implications of a meta-analysis on traditional healers; and The community response to intermittent preventive treatment of malaria in infants, both of which were published in the American Academy of Pediatrics Section on International Child Health Quarterly Newsletter. He also co-edited WHO recommendations for the management of diarrhea and pneumonia in the context of HIV infection in infants and children.

Janet Phillips, MPP
International Programs Advisor
GH/HIDN

Janet Phillips worked independently with all Health, Infectious Diseases and Nutrition Office staff as well as staff from the Office of Population and Reproductive Health and Field Missions in coordinating technical and financial input for policy and program operations both within USAID and with international organizations. Phillips took the lead in the preparation of HIDN’s Operational Plan and related exercises, organizing the process and content of HIDN’s input. She worked with the Directorate of Foreign Assistance and Global Health Bureau leadership to assure clear guidance and had oversight of the entire process. She also provided technical leadership in programming to international organizations and prepared for governance sessions, multilateral consultations and conferences and took the lead in preparing and obtaining agency and interagency clearance of documentation and position papers.

Amy Piatek, PhD, MSc
Tuberculosis Technical Advisor
GH/HIDN/ID

Amy Piatek served as a Tuberculosis Technical Advisor in the Office of Health, Infectious Diseases, and Nutrition. She was a member of the WHO Global Task Force on Tuberculosis Impact Measurement, focusing on surveillance standards and benchmarks, and staffing for workshops and country missions.

Additionally, Amy was a member of the USG interagency TB/HIV Technical Working Group. She provided Mission and country support to Tanzania, Nigeria, and India, drafting five-year TB control strategies and participating in Monitoring Review Missions of the TB Control Program. Piatek also developed a comprehensive model to estimate multidrug-resistant TB targets for USAID priority TB countries.
Kevin Pilz, PhD
Commodity Security and Logistics Advisor
GH/PRH/CSL

Kevin Pilz completed his fellowship in August 2010. As Commodity Security and Logistics Advisor, Pilz assisted USAID in supporting access to health commodities through work at the global, regional and country level.

At the global and regional level, he became the leader of a broad, multi-stakeholder initiative on professionalizing supply chain management; continued to lead a multi-donor forum for responding to emergency contraceptive stockouts; led efforts to improve technical collaboration on commodity security with donors and international NGOs in Europe; co-founded a new coordination body for RH Commodity Security in Latin America; and continued to provide technical guidance for the USAID | DELIVER Project Task Order 1 on organizational strengthening activities.

At the country level, Pilz assisted USAID/Kenya develop its new 5 year health strategy and new commodity & supply chain support program; assisted USAID/Peru evaluate and revise its strategy for successful graduation from USAID Family Planning support; continued to lead two GH country health teams (Mozambique and Honduras) and assisted multiple countries with contraceptive procurement and contraceptive security support.

In 2009, Pilz completed two publications: Improving Health Outcomes through Professionalizing the Management of Public Health Supply Chains (White paper published by the Reproductive Health Supplies Coalition) and Getting the Numbers Right: A Guide to USAID-Developed Contraceptive Forecasting Tools, published by USAID.

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

Diana Prieto served as a member of the Technical Leadership and Research Division within the Office of HIV/AIDS. Prieto was responsible for providing technical assistance and guidance to the development and strategic planning of the headquarters operations plan (HOP) and country operational plans (COPs). She also provided technical advice on the relationship between gender and HIV/AIDS prevention, care and treatment programs. She was a key advisor to USAID at technical and programmatic forums and provided technical assistance to USAID missions, regional field offices, regional bureaus, cooperating agencies, private volunteer organizations, host country governments, and non-governmental organizations.

Thomas Pullum, PhD
Senior Monitoring and Evaluation Technical Advisor for Orphans and Vulnerable Children (OVC)
GH/AA

Thomas Pullum began his fellowship in December 2009, as Senior M&E Technical Advisor for OVC, in the Office of the Assistant Administrator. In this role, Pullum helped to develop and implement an M&E system across all USG agencies involved in PL 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act. His role included advancing the M&E strategy across many sectors, including health, economic growth, and child welfare. Additionally, Pullum was responsible for developing estimates of child deaths and new orphans following the Haiti Earthquake.


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

As the Environmental Health Technical Advisor in the Office of Health, Infectious Diseases, and Nutrition, Rochelle Rainey served as the water, sanitation and hygiene advisor on several multidisciplinary teams in Madagascar, Pakistan, and Mali, including technical review panels.

She provided support for the implementation of country-level point of use activities under the POUZn IQC, and provided support to various
Missions (including Bangladesh, Cambodia, Bangkok, DRC, Malawi, Pakistan, and Nepal) and their partners to incorporate hygiene improvement to child survival activities. She also participated in post-earthquake assistance for Haiti.

Rainey presented at the International Network to Promote Household Water Treatment, and facilitated a day of roundtable discussions in Dublin in September 2009.

Pamela Rao, MPH, MA
Senior Health Systems Strengthening Advisor
GH/OHA/SPER

Pamela Rao was Senior Health Systems Strengthening Advisor in the Strategic Planning, Evaluation and Reporting Division, Office of HIV/AIDS. In this position, Pamela led OHA’s technical efforts on health governance, health systems M&E, HIS and private sector system strengthening. She managed the HIV/AIDS-funded activities in governance including country ownership strategies, health information systems and institutional capacity building. In addition, she coordinated the USAID Missions and PEPFAR teams in the assessment, design and implementation of health systems strengthening activities with an emphasis on health governance and served as a thought leader in health systems strengthening within USAID, cooperating agencies, Missions, donors and other partners.

Sandhya Rao, MPH
Senior Private Sector Technical Advisor
GH/PRH/SDI

Sandhya Rao was the Senior Private Sector Technical Advisor in GH/PRH/SDI. In this role, she actively engaged with technical staff and private sector entities to develop new public-private alliances. She was the technical advisor for the Bayer Schering Pharma (BSP) contraceptive alliance and the Strengthening Health Outcomes through the Private Sector (SHOPS) agreement. She also worked on private sector assessments and evaluations and was a member of the Kenya country team in the Bureau for Global Health.

Kanchan Reed, MPH
Country Operational Plan Advisor
USAID/Ethiopia

Kanchan Reed began her fellowship in December 2009 as the Deputy PEPFAR Coordinator and Country Operational Plan Advisor in Ethiopia. Working as the acting coordinator, she manages critical and time-sensitive work products between and among the various USG departments and agencies involved in the Emergency Plan in Ethiopia. She liaised routinely with the Office of the Global AIDS Coordinator in the US State Department, partners in Ethiopia, and with representatives of the USG PEPFAR Interagency Collaborative Team.

Reed provided the PEPFAR Coordination Office with technical and managerial support and helped coordinate a number of key activities to support an integrated USG response in Ethiopia. She provides ongoing support with the development and submission of Ethiopia’s Country Operational Plan.

Additionally, Reed supported the Global Health Initiative’s in-country design team with the development of Ethiopia’s strategy and results framework. In May 2010, she received a Certification of Appreciation from the US Embassy for diligence and dedication in ensuring the successful submission of the Country Plan for 2010.

Suzanne Reier, MPH
Senior Technical Advisor
WHO, Geneva

Suzanne Reier completed her fellowship as Senior Technical Advisor with WHO in Geneva in January 2010. Her responsibilities entailed collaborating on the development of tools to apply best practices in family planning and reproductive health care programs, and supporting their implementation in country-level programs.

Jessica Rose, MSc
Monitoring and Evaluation Advisor
GH/OHA/SPER

Jessica Rose worked as a Monitoring and Evaluation Advisor in the Office of HIV/AIDS. In this role, she served on the Ghana and Nigeria
country teams as a strategic information advisor, providing guidance on the USG SI portfolio, participating in COP and Partnership Framework preparations, and participating in the design of an evaluation plan for MARP prevention programs (in the case of Ghana). As a West Africa point person for the IPSE team, Rose participated in HIV strategy development for the USG Mali team.

As an SI Liaison for the Human Resources for Health Technical Working Group, Rose led a refinement of indicators. Additionally, she developed a new activity for measuring retention of health workers, which was funded by the HRH and M&E TWGs.

In March 2010, Rose led the HRH TWG Workshop on measuring the production of 140,000 new health workers.

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

Uchechi Roxo worked as the Community and Home Care Health Advisor within the Office of HIV/AIDS. She managed and provided high quality technical information and guidance in care and support during the New Partners Initiative (NPI) SOTA, integrating new presentations in TB screening and counseling in HBC. Roxo also provided country support for Rwanda and the Dominican Republic, reviewing operational plans and contributing to feedback on technical, management, and research issues.

As a member of the Care and Support TWG, Roxo demonstrated leadership as a new member through building interagency relationships and collaborative work with the USAID/South Africa care team. She reviewed PEPFAR II guidance and consistently represented community level perspectives in TWG meetings. Her ideas on the importance of focusing in local capacity building efforts for organizational development and income generation/livelihoods strengthening helped to secure HOP funding for a new IGA HOP activity, which she will co-manage with DoD in 2011.

In April and July 2009, Roxo presented Care and Support experiences from PEPFAR I & II at the Meeting for New Partners Initiative. In July 2009, she participated in an expert panel on Community Care and Support successes and Opportunities, organized by the Center for Faith-Based and Community Initiatives in Washington, DC.

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

Trenton Ruebush was the Senior Malaria Advisor with the President’s Malaria Initiative (PMI) team. He provided medical, scientific, strategic, and programmatic leadership across USAID Washington and field missions, and had primary responsibility for malaria research relevant to Agency goals and objectives.

Over the past year, Ruebush’s responsibilities included reviewing and assisting with the final revisions of FY2010 Malaria Operational Plans for 15 PMI focus countries in Africa; participating in the preparation of FY2011 PMI Malaria Operational Plans for Nigeria, Democratic Republic of Congo, Angola, Tanzania, and Mozambique; serving as a member of the PMI Operational Research Committee; and revising and updating the PMI Technical and General Guidance documents.

Ruebush was heavily involved in the 2010 Roll Back Malaria Initiative, serving as a member of the Roll Back Malaria Harmonization Working Group, and participating in the Procurement and Supply Management Working Group, and Monitoring and Evaluation Reference Group. He assisted with the development of PMI guidelines for the support of operational research activities, and with a review of malaria proposals related to interactions between indoor residual spraying and insecticide-treated bed nets. Ruebush represented USAID on a USG Malaria Research Coordination Working Group with NIH, DoD, and CDC.

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

Rene Salgado served as a Senior Malaria Monitoring and Evaluation Advisor to the Infections Diseases Division of the Health, Infectious Diseases, and Nutrition (HIDN) Office at USAID. Salgado coordinated with the M&E Advisor to provide technical leadership and guidance on all data collection, analysis, trend monitoring, and reporting requirements for the
President’s Malaria Initiative (PMI). His primary responsibilities included working as a Country Lead providing support for teams in Washington, DC and overseas. He coordinated and collaborated with other donors on data collection and activities reports, while also preparing Congressional and annual reviews on PMI.

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

Macarena Sarraf completed her fellowship as PEPFAR Program Advisor in USAID/Vietnam in September 2009. During her fellowship, Sarraf was responsible for supporting optimal understanding and support for PEPFAR in Vietnam, for providing support to the Interagency Coordinator, and for working with the PEPFAR Interagency Team to facilitate the development, review, and approval of the annual Country Operational Plans.

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

Lois Schaefer served as Senior Technical Advisor in the Global Health Bureau’s Office of Population and Reproductive Health, Service Delivery Improvement Division. In this capacity, Schaefer played a key role in providing leadership and guidance in the areas of human capacity development, training, management and evaluation. Schaefer was responsible for technical, administrative and financial monitoring and evaluation of the Capacity Project, providing human capacity development/human resources for health (HRH) expertise within SDI, PRH, and the GH Bureau, as well as providing technical assistance to the field missions in HRH and FP/RH.

**Sarah Scheening, MPP**  
Health Workforce Development and Health Care Improvement Technical Advisor  
GH/HIDN/HS

Sarah Scheening began her fellowship in September 2009, working as the Health Workforce Development and Health Care Improvement Technical Advisor. In this role, she provided USAID missions and other operational units with technical assistance in human resources for health, health care improvement, and quality assurance.

Scheening’s additional responsibilities included serving as the co-chair for the Human Resource for Health Working Group within the Bureau-wide Health System Strengthening Working Group, participating in the Human Resource for Health Technical Working Group for PEPFAR, and serving as a member of the Global Health Initiative Launch Team at USAID.

**Jyoti Schlesinger, MSc**  
Senior HIV/AIDS Technical Advisor  
GH/OHA/SPER

Jyoti Schlesinger was the Senior HIV/AIDS Technical Advisor for the Africa Region in the Office of HIV/AIDS. She provided guidance and recommendations on program priorities and budgets and helped regional offices and missions monitor the epidemic, develop sound strategies and implementation plans, as well as monitor and report on the plans’ progress.

**Stephen Settimi, MA**  
Health Management Information Systems Advisor  
GH/OHA/SPER

Stephen Settimi was the Health Management Information Systems (HMIS) Advisor, serving as a member of the Strategic Planning, Evaluation and Reporting Division within the Office of HIV/AIDS. He provided broad HIV/AIDS-related expertise and guidance in program evaluation and monitoring; strengthened USAID’s ability to monitor program implementation; documented results; and assessed the program impact of USAID’s goal to reduce HIV transmission and mitigate the impact of the disease on nations, communities and families. Settimi was also a key contributor to the design and implementation of Strategic Health Management Information Systems, and reports program results in the priority countries under PEPFAR and in other USAID-assisted countries.
Kenneth Sklaw, MPH, MA
Organizational Capacity Advisor
GH/OHA/IS

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

Shelley Snyder, MPH
Policy Advisor
GH/PRH/PEC

Shelley Snyder was the Policy Advisor in the Office of Population and Reproductive Health. In that capacity, Snyder provided input, technical assistance and oversight to the Policy, Evaluation, and Communication Division’s Health Policy Initiative. Snyder helped to manage the HPI IQC and provided technical and administrative oversight to HPI IQC contractors.

Scott Stewart, MSPH
Surveillance Advisor
GH/OHA/SPER

Scott Stewart was the Surveillance Advisor in the Strategic Planning, Evaluation and Reporting Division, Office of HIV/AIDS. In this capacity, Stewart worked to strengthen USAID's ability to monitor program implementation; document results; help inform program design and implementation and assess the programmatic impact of USAID's goal to reduce HIV transmission and mitigate the impact of the disease on nations, communities and families. He provided broad HIV/AIDS-related expertise and guidance in data collection projects and studies that encompass a wide range of advanced topics including statistical methods and research and study design of HIV/AIDS programs and issues. Stewart also was a key contributor to the design and implementation of surveillance and survey programs and, along with other USG agencies, developed and implemented surveillance projects, surveys, and reporting systems in the 15 priority countries under PEPFAR and in other USAID-assisted countries.

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

Alison Surdo worked in the Office of HIV/AIDS as a Voluntary Counseling and Testing Advisor. Over the past year, she participated in multiple working groups. She co-chaired the HIV Counseling and Testing interagency working group for PEPFAR, participated in a lab interagency working group, participated in the interagency team responsible for multi-country Public Health Evaluations for HIV counseling and testing, and served on the OHA Management team for the Research to Prevention Task Order and the AIDSTAR-One Task Order.

Over the past year, Surdo provided extensive technical assistance to the field in Africa and Asia, and convened international workshops on Couples HIV Counseling and Testing in Rwanda, and Home-Based Counseling and Testing in Kenya. She served as an agency point of contact for the HIV Test Kit waiver list and helped create a standardized validation process for new kits on the market between USAID and CDC.

In June 2010, Surdo assisted in the development of WHO Guidance for Delivering HIV test results and messages for re-testing and counseling in adults. In 2009, she won the “Sustained Achievement” award from the Bureau for Global Health.

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

Gary Svenson served as the Senior Regional HIV/AIDS Prevention Advisor to USAID/Southern Africa since October 2009. In that capacity he
contributed to prevention activities in non-presence countries (Botswana, Swaziland, and Lesotho), as well as to regional activities. Svenson has made significant contributions as a team member in drafting three 2010 COPs, RFAs in Swaziland and Lesotho and the male circumcision Accelerated Saturation Initiative in Swaziland. Regionally, Svenson was a member of SADC’s HIV Prevention Working Group and HIV/AIDS Fiscal Sustainability TWG. As a member of the Southern African Prevention Initiative (SAPI) Action Team, he was the activity manager for the Regional Assessment of Migration/Mobility and HIV. His other non-SAPI activities included the Regional HIV Prevention Policy Analysis (HPI), serving as a member of the Evaluation Committee for the Southern Africa Communication/BCC Initiative, developing the Southern Africa HIV/AIDS Internet portal via its Planning Committee, and participated as a member of the UNAIDS/USAID/World Bank regional planning team for a multi-lateral regional capacity building initiative.

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

Elina Sverdlova completed her fellowship as a Commodities and Logistics Advisor in USAID/Nigeria in December 2009. In this capacity, she helped ensured that approved drugs and supplies were constantly available to target populations, and assisted with accounting for the funding from USG programs and integrating it into the Nigerian Government’s frameworks.

**Christopher Talley, PhD, MDiv**  
Health Commodity and Logistics Advisor  
USAID/Rwanda

Christopher Talley worked as Health Commodity and Logistics Advisor with USAID/Rwanda. He chaired the USG Commodity Working Group. Since April, he also served as the chair for the HIV Supply Chain team, facilitating the management and technical guidance to the SCMS project. Talley was also a member of the Care and Treatment Working Group, the Coordinated Procurement and Distribution Team, and the Logistics Committee that oversees MCH/FP commodities.

In July, 2009, Talley presented at the Big Lines Meeting before the Ministry of Health and all of the USG Implementing Partners. He delivered a presentation to the entire PEPFAR team on commodities and technical assistance for the Portfolio Review in September. In October, he presented on findings of the Regional Inspector General Audit to IntraHealth, and in April 2010, developed presentations and led a team that wrote a report from a PMTCT commodities meeting in Nairobi. Finally, he helped to revise and update the CPDS governance document and led the subcommittee that organized the Resource Management Commission section of the document.

**Jose Tchofa, MD**  
Malaria Advisor  
USAID/DR Congo

Jose Tchofa began his fellowship in December 2009, working as a Malaria Advisor in USAID/DR Congo. He served on a USAID/CDC Interagency team for the President’s Malaria Initiative and contributed significantly to the malaria content of the FY09 Portfolio Review. He helped develop the preliminary FY11 Malaria Operational Plan for DR Congo.

Tchofa’s additional responsibilities include the field monitoring of malaria activities in two USAID-supported provinces with the Improving Malaria Diagnostic, contributing to the 2010 DRC workplan, and completed the DRC Health Unit Operational Plan data entry into the Foreign Assistance Coordination and Tracking System.

**Sereen Thaddeus, MPH**  
Senior Technical Advisor  
USAID/Uganda

Sereen Thaddeus finished her fellowship in July 2009. Based in Kampala, Thaddeus worked as a Senior Technical Advisor, providing technical assistance and guidance to the mission’s reproductive health portfolio, with an emphasis on behavior change communication.

Thaddeus served as the technical lead and co-chair for the HIV Prevention Group, and helped create the Young, Empowered, and Healthy (YEAH) campaign. More recently, she helped design a bilateral project for the Uganda Mission, integrating family planning and child survival. Additionally, Thaddeus worked to convince SO8 leadership to consolidate communication activities to ensure technical quality. Finally, she helped to
create two working groups within the field of family planning in her Mission.

**Nandita Thatte, MHS**  
Service Delivery Improvement Technical Advisor  
GH/PRH/SDI (RTU)

Nandita Thatte worked in the Office of Population and Reproductive Health as a Service Delivery Improvement Technical Advisor. Her responsibilities included supporting research utilization efforts by engaging other divisions and linking up with the WHO/Implementing Best Practices Consortium to help institutionalize best practices in country family planning programs.

Thatte was involved in the Health Systems Strengthening Working Group as part of the Leadership and Governance team. She participated in a Long Acting and Permanent Methods and Best Practices Assessment in Haiti and a Family Planning Assessment in Senegal. Additionally, she also participated in an Assessment on Best Practices in Bangladesh in 2010.

In November 2009, Thatte and her colleagues gave a presentation on "What are donors doing to ensure the adoption of evidence based family planning practices?" at the Gates International Family Planning Meeting in Uganda. Additionally, she co-authored the USAID/Haiti: Long Acting and Permanent Methods Assessment Report, co-authored a report on USAID/Senegal: Expanding Family Planning to Meet MDGs 4 and 5 in Senegal; Democratize, Demedicalize, Decentralize and the USAID/Bangladesh: Best Practices Assessment Report.

**Elizabeth Thompson, MS**  
Malaria Technical Advisor and Communication Liaison  
GH/HIDN/ID

As Malaria Technical Advisor and Communications Liaison on the PMI Team in the Office of Health, Infectious Diseases, and Nutrition, Elizabeth Thompson provided technical country support to focus countries and served as a liaison on the development of technical communication and written reports. She participated in PMI’s Uganda team Malaria Operational Plan trip in 2009.

Thompson’s additional responsibilities included updating and expanding the PMI website to include new technical pages and new photo essays, developing new country pages for the PMI website and investigating social media options for PMI. Thompson helped produce PMI’s 4th annual report, which was published in April 2010.

**Jenny Truong, MHS**  
Reproductive Health Technical Advisor  
GH/PRH/SDI

Jenny Truong served as a Reproductive Health Technical Advisor in the Office of Population and Reproductive Health. In this role, she participated in the Interagency Youth Working Group, an internal working group to USAID composed of youth experts across different pillars and regional bureaus, and served as a representative from the Global Health Bureau to the Steering Committee. Over the past year, Truong provided assistance to USAID/Mozambique, conducting site visits to meet community health agents and workers, and helping to produce an Associate Award with four main objectives: strengthen FP/HIV integration, increase FP service delivery at training institutes, expand youth-friendly sexual and reproductive health services and build community-based support for FP. She also provided short term technical assistance to USAID/Ghana. Truong served as the Youth Health Advisor at USAID’s conference “Meeting the Family Planning Demand to Achieve MDGs: Vision 2015” and as a member of an independent 5-member team evaluating USAID/Vietnam’s bilateral project with FHI for HIV Prevention, Care and Treatment. She participated in designing a program to expand service delivery and subsequently served as a member of the Technical Evaluation Committee for this procurement document. Additional responsibilities included leading the process to have an external assessment of USAID’s youth reproductive health and HIV activities, attending the UNICEF Meeting on Adolescent Girls, and leading the development of the agenda and identification of presentations for the annual Inter-agency Youth Working Group Meeting on Girls.

In April 2010, Truong gave a presentation on USAID Programs for Youth: Health Interventions for this Population to DLIs.
Denise Vaillancourt, MA  
Monitoring and Evaluation Health Advisor  
GH/SPBO/SPB  

Denise Vaillancourt finished her fellowship as Monitoring and Evaluation Health Advisor in the Office of Strategic Planning, Budgeting and Operations in May 2010. In this capacity, she led the development and implementation of a Bureau-wide research and evaluation agenda, oversaw implementation of the evaluation plan, and ensured the analysis and dissemination of evaluation findings, conclusions, recommendations, and best practices.

Marci Van Dyke, MPH  
Pandemic Avian Influenza Advisor  
GH/HIDN/AI  

As Pandemic Avian Influenza Advisor, Marci Van Dyke participated in several working groups and technical committees. As a member of the Humanitarian Pandemic Preparedness (H2P) Operations Committee, she coordinated project implementation and coordinated decision-making. In the H2P Health Working Group, Van Dyke developed global health guidance and training curriculum on pandemic influenza, and provided technical and programmatic guidance to country level work. As a member of the H2P Program Review Team, she participated in the evaluation of H2P projects over the past 3 years. Van Dyke’s additional responsibilities included working on the USAID GH Haiti Response Team.

During the past year, she organized several meetings and gave several presentations. In March 2010, she gave a presentation on Pandemic Preparedness in Africa at the Society for International Development. In April 2010, she gave several presentations at the CORE Group Annual Spring Meeting in Baltimore.

Van Dyke contributed to the following publications: Pandemic Influenza Community Planning and Response Curriculum for Community Responders, Volunteers and Staff (May, 2009); Pandemic Influenza Community Planning and Response Curriculum for District and Community Leaders (May 2009); and Leadership During a Pandemic, What Your Municipality Can Do (December 2009).

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

Ronald Waldman coordinated the emergency health sector response of the US Government to the Haiti earthquake. In this role he worked closely with high-level officials of USAID, State Department, Department of Health and Human Services, and the Department of Defense, both in Haiti and in Washington, to coordinate an effective and technically sound response to the health needs of a devastated nation. He spent about two months on this activity and has subsequently spoken about the successes and failures in a variety of fora, including giving a special session of Grand Rounds in Public Health at the Mailman School of Public Health of Columbia University where he remains on the Faculty as a Professor of Clinical Population and Family Health.

Waldman oversaw the activities that are informally grouped together under the umbrella of the Humanitarian Pandemic Preparedness (H2P) Initiative, working with the International Federation of Red Cross and Red Crescent Societies, a number of agencies of the United Nations, private voluntary organizations, and others, to develop plans to deal with an influenza pandemic and other disasters. On the basis of the achievements of H2P he has been asked to direct a working group for a stock-taking exercise to determine the result of investments in pandemic preparedness and to determine to what extent those results can be “mainstreamed” into general disaster reduction and mitigation strategies.

Annie Wallace, MSc  
Population, Health and Environment Advisor  
The Packard Foundation/Ethiopia  

As Population, Health and Environment Advisor for the Packard Foundation in Ethiopia, Annie Wallace provided ongoing assistance in developing partnerships with PHE networks and international partners. In this capacity, Wallace sat on several teams and working groups. She was a member of the Safe Motherhood Awareness Raising Team, which aims to develop awareness on health service utilization for prenatal care. She also served as member and editor for the EU Proposal Development Committee for PHE Network, and
helped prepare a proposal for a capacity-building project for integrated approaches for the PHE Network. She was Co-chair of the MEASURE Evaluation Livelihoods Research Proposal Development Committee, for which she helped develop a concept paper for research on the effect of the integrated PHE approach on livelihoods in Ethiopia.

Wallace’s additional accomplishments include finalizing the five year strategic plan for PHE Ethiopia Consortium, assisting the PRB in the design and logistics for their PHE Policy and Communications workshop, providing final edits for the first PHE Network USAID proposal submission, and serving as a liaison for PHE partners visiting Ethiopia.

Wallace delivered several presentations over the past year. These included a presentation entitled Introduction to the Integration of Population, Health and Environment for PHE Network members in September 2009; Introduction to the Integration of Population, Health and Environment to the Relief Society of Tigray in October 2009; and a panel discussion on Sierra Club Pop-Env Study Tour Reflections and Lessons Learned, presented to Sierra Club members in Ethiopia in June 2010.

**Angela Weaver, MPH**
Infectious Diseases Technical Advisor  
GH/HIDN/ID

As the Infectious Diseases Technical Advisor, Angela Weaver was a member of the Global Working Group on Monitoring and Evaluation for Neglected Tropical Diseases (NTD) of the WHO Secretariat, she coordinated donor groups and implementing partners and developed M&E guidelines for global NTD control and elimination. Weaver also served as co-chair of the Measuring Enhanced Outcomes and Impact Sub-Group, where she was responsible for the analysis of existing impact data on NTDs and prioritization of gaps remaining. Lastly, she served on the WHO Working Group on Development of Ten Year Strategy for Elimination of Lymphatic Filariasis, where she developed revised strategies to achieve global elimination of LF.

Weaver’s additional responsibilities included developing, organizing, and moderating a “Diseases for Poverty” Panel for the International Conference on Emerging Infectious Disease, working on the Development Team for the NTD RFA, and participating in a multi-donor evaluation of NTD activities in Bangladesh with other implementing partners.

During the past year, Weaver gave several presentations, including a presentation on Integrated Control of Neglected Tropical Diseases at the 2009 Global Health Mini-University in Washington, DC (October 2009), a presentation on USAID’s NTD Initiative at the African Program for Onchocerciasis Control Joint Action Forum, held in Tunis (December 2009); and a presentation on NTDs and their Control in the Philippines to the USAID Mission in the Philippines (February 2009).

Weaver also co-authored several technical reports, including the USAID Neglected Tropical Disease 5-year Strategy; and the New 10-year WHO Global Strategy for Elimination of Lymphatic Filariasis.

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

Kelly Wolfe served as Community and NGO Development Advisor in the Office of HIV/AIDS. She is a member of the Prevention Technical Working Group, where she contributed to the State of the Program Area document for the TWG in February 2009. She was the lead USAID representative of the Caribbean Country Support Team and in January 2010, led the USG inter-agency team in the development of the Caribbean Regional Operational Plan.

Wolfe planned and facilitated the Partnership Framework meeting for USG in February 2009; planned and participated in the Partnership Framework Meeting for regional stakeholders in St. Lucia in April 2009; assisted with writing and reviewing the Partnership Framework in June and July 2009; participated on the Technical Evaluation Committee for the PEPFAR Coordinator position for the Caribbean in August 2009; and participated in writing and review of the Partnership Framework Implementation Plan in the Fall 2009 - April 2010.

Wolfe’s additional responsibilities included serving as the activity manager for a cooperative agreement with AED, and strengthening organizational and technical capacity for 13 partners in Haiti,
Botswana, Mozambique, Uganda and Zambia. In the areas of prevention, OVC and care and support, Wolfe provided partners with PEPFAR technical guidance, as well as any other state of the art information and research pertinent to their program.

Wolfe gave a presentation on HIV Prevention: Progress to Date and Future Challenges at the New Partners Initiative State of the Art meeting Capetown, South Africa (July 2009). She also contributed to the The NPI Resource Guide, which was published by USAID and AED in April 2010.

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

During the past year, Vincent Wong worked as an HIV Testing and Counseling (HTC) Advisor in the Office of HIV/AIDS. He served as co-chair for the HTC Technical Working Group, where he helped navigate the HOP Process for the upcoming year, developed and delivered State of the Program Area presentations, led the process to identify key countries in need of technical assistance, established technical calls to the field, and successfully advocated for the expansion of the HTC TWG. Additionally, Wong provided technical assistance to several countries, including COP development in Kenya, initiating home-based counseling in Swaziland, and facilitating South-to-South technical assistance between Uganda and Swaziland.

Wong co-chaired several sections at the UNICEF/WHO meeting on HIV-positive adolescent services held in Kampala, and presented a poster on quality elements of provider-initiated testing and counseling at the International AIDS Conference.

Kristina Yarrow, MPH
Health Advisor
AME/TS

As a Health Advisor in the Technical Support Division of the Asia and Middle East (AME) Office, Kristina Yarrow provided technical assistance, project management and strategic planning to assure that investments in Health in AME support the Agency’s strategic objectives. She held positions in several working groups, including as Regional Bureau Representative of the Health Systems Strengthening Strategy Working Group, and as Regional Bureau Representative to the Global Health Initiative's Health Systems Strengthening Working Group.

Yarrow acted as the Health Team's lead officer in designing and implementing the October 2009 AME Health Managers' Meeting. Additionally, she managed the project "Integrating Environmental Security Across Sectors" for the AME Bureaus, providing technical input and oversight. Additionally, Yarrow managed the Bureaus' support of the Analysis, Information and Management activity that provides essential research and data analysis for both Regional Bureaus. Most recently, she was central in the interagency discussion on US-Russia Collaboration on polio eradication in Central Asia, spearheading the drafting of an information memo to USAID Administrators and the State Department.

Pascal Zinzindohoue, Adv. Degree
Social Sciences
Malaria Technical Advisor
GH/HIDN/ID

Pascal Zinzindohoue served as the Malaria Technical Advisor in the Office of Health, Infectious Diseases, and Nutrition. He provided guidance, monitoring, and technical support to USAID at headquarters and in the field with missions and PMI country teams, technical counterparts, implementing partners, and the Ministries of Health and USAID cooperating agencies.
SR 1.1.4 Maintain/strengthen strategies and systems for fellows’ support

Results

- During Program Year 4, GHFP continued the comprehensive support provided to all fellows. This support system included 1) an individual orientation, 2) a two-person support team comprised of an Operations Specialist who provides administrative support and a university-based Performance and Career Development Advisor who facilitates fellows’ access to technical and career development resources, including the option to have a faculty mentor from one of the two university partners and 3) website support.

- GHFP surveys the fellows to monitor whether the fellows are satisfied with the support services that the program provides. The results shows that GHFP’s efforts to increase and streamline support services for the fellows have been successful. Data from the GHFP Fellows Survey indicate that fellows’ satisfaction with the GHFP support services they receive has steadily increased over the course of the first three years of the program. The survey asked fellows the extent to which they agreed that GHFP support services are satisfactory. Figure 8 shows that the percentage of fellows who agreed or strongly agreed that GHFP support is satisfactory has increased steadily during the first three program years. During Program Years 3 and 4, nearly 90% of fellows agreed/strongly agreed that the support was satisfactory.

- GHFP believes it is important to be very responsive to the fellow’s requests for information and support. GHFP aims to provide a reply to all such queries within 24 hours. Figure 8 shows that the percentage of fellows who agree that overall GHFP responds in a timely manner continues to be very high, exceeding 90% for each of the first four program years.

- Since Program Year 2, new fellows have participated in university-based individual orientations, which enabled them to meet their Performance and Career Development Advisor and faculty mentor face to face. The university affiliation has provided fellows access to technical expertise, university library resources, technical mentoring, and career guidance. As shown in Figure 8 this was a positive change that resulted in an increased percentage of fellows who found their university affiliation helpful, from 57% to 70%. Since Program Year 3, roughly half of all fellows have reported that they agree or strongly agree that their university affiliation is beneficial. Results from the most recent wave of survey data show that 47% of fellows find their university affiliation helpful to get advice about professional development, 31% find it helpful for general administrative support, and 29% for technical assistance.

- Fellows are also asked their opinions about the GHFP website. The redesigned GHFP website – which was launched in late April 2007 and redesigned in Program Year 4 – serves not only as the main tool for online applications, but also as a portal for providing both fellows and onsite managers with a wide range of information and resources. For example, the website provides information about
the GHFP program, about training opportunities, professional development resources, networking tools, and performance management/evaluation materials. Data from the Fellows’ Survey show that a significant percentage of the fellows value the website.

- Survey data collected during Program Year 4 indicate that 59% of fellows interviewed reported that they used the website to download various forms in the past six months, 14% accessed GHFP reports, 13% checked the calendar of events, 12% checked job postings, and 33% used it for other purposes. Qualitative comments indicated that some fellows experienced some difficulties locating certain things on the website, particularly forms (e.g., travel and health forms) and PHI procedures (e.g., info on various benefits). Some fellows also commented that it would be helpful to update the calendar more frequently. In response to this feedback, the password protected Fellows’ portal of the website was reorganized in Program Year 4 so that it is easier for fellows to navigate and find information and resources.

Figure 8: Trends in Fellows’ Opinions about GHFP Support Services, 2007-2010 (% who agree or strongly agree)

- Since the beginning of the program, GHFP has allocated every GHFP fellow $2,500 for professional development at the start of each fellowship year. The purpose of this allocation of professional development (PD) funds is to provide
the fellows with the opportunity to take advantage of a wide range of PD events and trainings. Use of the PD funds is closely monitored by GHFP, and use of the funds requires preauthorization both from the fellow’s onsite manager and from GHFP. Eligible PD expenses include, among others, fees for training in technical skills or management, language training, professional coaching, and professional conference attendance. Fellows are allowed to accumulate PD funds over the course of each two-year fellowship term, but any funds that have not been spent by the end of the two year term cannot be carried over to a new fellowship term.

- The actual use of PD funds is described below.

- Figure 9 shows trends in the number of authorized requests from fellows to use their professional development funds over the course of the first four years of the program. Overall, the number of approved requests increased from 16 for Program Year 1 to 74 for Program Year 2 to 159 in Program Year 3. During Program Year 4, there were a total of 160 approved requests. As in previous years, there were a large number of requests for coaching, conference participation, and language training. The notable increase in the number of “other” requests reflects the increasing number of requests for technical trainings and certifications.

- The actual dollar amount of authorized professional development requests has steadily increased during the first four years of the program. During Program Year 1, 16 requests were authorized, with a combined expense of less than $9,000. During Year 2, 69 requests to use professional development funds were authorized, with a total cost of nearly $48,000 in Year 2.3 During Program Year 3, 159 requests were authorized, with a combined cost of $80,221. During the most recent program year, GHFP received 160 requests from fellows to use their professional development funds, for a total amount of $119,369. This recent increase in professional development expenditures reflects the increased number of fellows who are being supported by the program (see section SR1.1.2.).

- Figure 10 shows the distribution of actual authorized expenditures during Program Year 4. A large fraction of the funds went to improve the fellow’s technical skills (46%), conference participation (12%), management training (9%), language training (9%) and coaching (8%).

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3 This number excludes five requests for coaching that were free of charge.
The decline in the number of requests for PD funds for coaching between program year 3 and 4 is partially explained by a change in the way requests for coaching were recorded. Prior to Program Year 4, each coaching session was entered as a separate request. From the end of Program Year 3 onward, a fellow’s coaching was entered as a single entry.
During the course of Program Year 4, GHFP fellows attended the following conferences (including no-fee conferences):

- Global Health Council Conference (2 fellows)
- American Public Health Association Conference (2 fellows)
- AMA Seminar on “How to Communicate with Diplomacy, Tact, and Credibility”
- Birdflu 2009 Conference
- Women Deliver Conference (5 fellows)
- Western Veterinary Conference
- CONCASIDA Conference
- International Association of Physicians in AIDS Care Conference
- International Union Against TB & Lung Disease Conference
- 40th Union World Conference on Lung Health
- HIV Pediatrics Workshop

GHFP fellows participated in the following training courses during Year 4:

- International Development Evaluation Course (2 fellows)
- Online Seminars through User Interface Engineering
- World Bank Health Systems Flagship Course
- Plexus Webinar on Permanent White Water
- AMA Assertiveness Training Course
- Health Economics Course
- Econometrics and Microeconomics course
- George Washington University Evaluator Institute training courses

• The GHFP coaching program, which was launched during the second half of Year 1, continues to be very popular. During Program Year 4, GHFP authorized 24 requests to use professional development funds for coaching. Although the number of requests for coaching has declined since Program Year 3, the amount of PD fund used for coaching has increased from $8,557 to $9,875, which reflects an increase in the duration of coaching.

• GHFP’s university mentoring program was restructured during Program Year 3. Since the restructuring, all fellows have been affiliated with one of GHFP’s two partner public health schools (prior to the restructuring, only junior fellows had a university affiliation). Fellows are given the option to be paired with faculty mentors who provide guidance, advice, and share experience. Mentors are typically selected based on their expertise and ability to meet the professional development needs of specific fellows.

• Out of 142 fellows who participated in the program at any time during the course of Program Year 4, 70 were affiliated with Harvard, and 72 with Tulane. Of the 41 new fellows who were hired during the course of Year 4, 18 were affiliated with Harvard and 23 with Tulane.
SR 1.1.5 More GHFP alumni engaged in global public health education or employment

Results

• In Program Year 4, GHFP published two issues of the *GHFP Express–Alumni Edition* e-newsletter, which aims to enhance communications with and among alumni. The program also maintains an alumni database and listserv, which facilitate tracking alumni as they progress in their global health careers.

• GHFP launched a Distinguished Alumni series in Program Year 4 to highlight the current work of former USAID-sponsored health fellows. Alene Gelbard, a former USAID fellow with USAID/Indonesia, spoke in January 2010 about her program “Company-Community Partnerships for Health in Indonesia.” In April 2010, Mihira Karra, a former USAID fellow and current senior public health advisor with the Agency, presented on “The Three Cs to Reproductive Health: Contraceptives, Condoms, and Communication.”

• During Program Year 4, 24 fellows reached the end of their fellowships and left the program. In addition, two fellows transferred to a different GHFP fellowship position. Table 3 lists the names of the 24 alumni who left the program during Year 4 and provides information about their current affiliation and position.

Table 3: Fellows Who Left GHFP During Year 4 (with their subsequent affiliations)

<table>
<thead>
<tr>
<th>Matthew Barnhart</th>
<th>Robert Blanchard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Specialist</td>
<td>Senior Medical Commodity and</td>
</tr>
<tr>
<td>HIV/AIDS Care, Support, and Treatment</td>
<td>Logistics Advisor</td>
</tr>
<tr>
<td>Health Section, HIV Unit,</td>
<td>USAID’s Bureau for Global Health</td>
</tr>
<tr>
<td>Programme Division</td>
<td>Washington, DC</td>
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<tr>
<td>UNICEF</td>
<td></td>
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<tr>
<td>New York, NY</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Viviane Chao</td>
<td>Veerle Coignez</td>
</tr>
<tr>
<td>Country Coordinator</td>
<td>Independent Consultant</td>
</tr>
<tr>
<td>PEPFAR Vietnam</td>
<td>Baku, Azerbaijan</td>
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<tr>
<td>Hanoi, Vietnam</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Robert De Wolfe</td>
<td>John Eyres</td>
</tr>
<tr>
<td>Technical Director and Deputy Chief of Party</td>
<td>Foreign Service Officer</td>
</tr>
<tr>
<td>Integrated Health Systems Strengthening Project</td>
<td>USAID/Tanzania</td>
</tr>
<tr>
<td>Kigali, Rwanda</td>
<td>Dar es Salaam, Tanzania</td>
</tr>
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</table>

59
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muthoni Gachuhi</td>
<td>Regional Manager, Integrated Marketing Team</td>
<td>Marie Stopes International</td>
<td>New Delhi, India</td>
</tr>
<tr>
<td>Abby Goldstein</td>
<td>Student, Accelerated Nursing Program</td>
<td>Johns Hopkins University</td>
<td>Baltimore, MD</td>
</tr>
<tr>
<td>Kamden Hoffmann</td>
<td>DrPH Candidate</td>
<td>University of Pittsburgh</td>
<td>Pittsburgh, PA</td>
</tr>
<tr>
<td>Christina Lau</td>
<td>Country Support Team Lead</td>
<td>Office of the Global AIDS Coordinator</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>Dorina Maris</td>
<td>Independent Consultant</td>
<td></td>
<td>Washington, DC</td>
</tr>
<tr>
<td>Abdalla Meftuh</td>
<td>Independent Consultant</td>
<td></td>
<td>Washington, DC</td>
</tr>
<tr>
<td>Thomas Perdue</td>
<td>Quality Improvement Advisor</td>
<td>I-TECH</td>
<td>Seattle, WA</td>
</tr>
<tr>
<td>Macarena Sarraf</td>
<td>Director</td>
<td>PEPFAR Programs</td>
<td>Maseru, Lesotho</td>
</tr>
<tr>
<td>Roshni Ghosh</td>
<td>Specialist Leader</td>
<td>Deloitte</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>Cherry Gumapas</td>
<td>Personal Services Contractor</td>
<td>USAID/Mozambique</td>
<td>Maputo, Mozambique</td>
</tr>
<tr>
<td>Irene Kitzantides</td>
<td>Independent Consultant</td>
<td></td>
<td>Washington, DC</td>
</tr>
<tr>
<td>Erika Lutz</td>
<td>Program Manager</td>
<td>Global Health Technical Assistance Project</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>Stacey Maslowsky</td>
<td>Health and Nutrition Team Member</td>
<td>Save the Children</td>
<td>Haiti</td>
</tr>
<tr>
<td>Ligia Paina</td>
<td>PhD Candidate</td>
<td>Johns Hopkins University</td>
<td>Baltimore, MD</td>
</tr>
<tr>
<td>Suzanne Reier</td>
<td>Implementing Best Practices</td>
<td>Consortium, Department of Reproductive Health and Research World Health Organization Geneva, Switzerland</td>
<td></td>
</tr>
<tr>
<td>Elina Sverdlova</td>
<td>Personal Services Contractor</td>
<td>USAID/Ethiopia</td>
<td>Addis Ababa, Ethiopia</td>
</tr>
</tbody>
</table>
Table 3 shows that the large majority of the 24 alumni who left GHFP during Program Year 4 continue to be involved in global public health and related fields. A number of these alumni now hold positions with major health and development organizations, such as UNICEF, the World Health Organization, the United Nations Development Programme, Marie Stopes International, Deloitte, and Save the Children. Some are currently enrolled in doctoral programs, while others work as independent consultants. Several alumni have elected to become direct hires or continue at USAID as staff under a different mechanism.

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**Box 1: Interview with GHFP Alumna Sereen Thaddeus**

(Interviewed by Kris Ansin, September 2, 2010)

As a former GHFP Senior Technical Advisor with USAID/Uganda, Sereen Thaddeus talks about how the GHFP experience has benefited her, and shares her insights about how the global health sector is likely to evolve.

**Kris Ansin:** Where has your career path taken you since your time as a GHFP Fellow?

**Sereen Thaddeus:** I work with the [USAID] Maputo Mozambique Mission. Although I had been prepared to work with the mission -- from work with GHFP -- there are certain things you do not do as a fellow that I do now.

**KA:** When you applied for your current position, what were you looking for in this position?

**ST:** I was looking for a little bit of a higher level job, but they were not coming up. In the effort to combine family needs and career paths -- my family did not necessarily want to go where I wanted to go -- I had to make a few compromises, but this has worked out very nicely for us.

**KA:** Did you find that any particular skill, knowledge or tool that you gained as a fellow helped equip you for your current position?

**ST:** All the opportunities that I had through the GHFP Fellowship and all the professional development that I was very fortunate to take full advantage of, gave me a lot of opportunity to help me hone other skills in a way that I think prepares you very well for this kind of career with USAID. For example, the opportunities for training in the USAID way of working, and in managing and designing USAID programs. That is an opportunity that was made available through at least three or four different trainings. I would say that for me, management was one of the things that I really wanted to hone in on. I clearly got some good skills in project management and workload management out of the fellowship opportunities.
**KA:** Thinking more broadly about the current job market in public health, what is your perception of that job market?

**ST:** I think [the job market is] going to be broader and more diversified. We will be more integrated in what we do, so that is where I see more broad opportunities and more broad areas to work in Global Health. Probably less so than the very specialized focus within HIV/AIDS. When you are working in Africa, eastern and southern Africa is certainly where you are going to be working because the need is so great and the funding is available.

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

**ST:** Think broadly, really. I think that that is very important advice. Think about how things are interconnected, not just within our program areas, but beyond those as well. I was just having a discussion with some friends about how the arena is broader now. USAID is uniquely positioned because it has [an] education portfolio, an agriculture portfolio, and a democracy and governance portfolio, all of which contribute to health. So I would say think very broadly, think about those connections, think about what it is that makes health, and think beyond the clinic. A friend of mine said that we work in an area of health where there is no silver bullet. So if you’re familiar with those books, Where There is no Doctor, Where There is no Midwife, Where There is no Pharmacy, for us, it is where there is no silver bullet. Health is made by many, many things and good health is promoted through a lot of different things.

**KA:** Thinking about the future of global health, what direction do you see global health going in, technically? What is your impression of the future direction of the global health field?

**ST:** In a very objective way, I think monitoring, evaluation, and focusing on evidence-based approaches will take on bigger dimensions. I do not know about the women-centered approaches, which are being promoted now. I do not think those are new, I think we have always had that dimension, but it maybe coming back with a little different emphasis. And I think that we are going to see a lot of the biomedical type interventions within HIV/AIDS that are gaining ground.

**KA:** Where do you see yourself in the next ten years or so?

**ST:** I would very much like to be in a leadership position on the foundation side.
SR 1.1.6 Maintain high retention of fellows

It is important to GHFP to maintain high retention of fellows. However, because of the way GHFP fellowships are organized, several different aspects of “retention” can be identified. Specifically, it is desirable that:

1) New fellows honor the two-year commitment of the fellowship they are offered;
2) The select group of highly qualified and productive fellows who are invited to extend their fellowship for an additional two years (funding permitting) accept their extension offer, as these extensions help ensure that USAID’s workforce needs are met;
3) Fellows who leave GHFP remain with USAID through other mechanisms (e.g. direct hire, GHSI II); as such changes imply that they continue to contribute to the USAID workforce.

Results

• GHFP program data show that most GHFP fellows honor their initial two-year commitment. Analysis of data on the starting and end dates of the fellows confirm that few fellows leave the program early. Those that do tend to do so very close to the end of their initial two-year term.

• GHFP recognizes that a typical employee will go on the job market during the last six months of a fixed term assignment. Hence, that will also be the case for fellows, unless they have been invited to extend their fellowship. As GHFP fellows are in high demand, it is not uncommon for them to receive attractive job offers before the end of their term. Because fellows may not always be able to negotiate the starting date for those positions, it is anticipated that some fellows will leave their position during the last quarter of their two-year assignment.

• During Program Year 4, a total of 26 fellows left their fellowships. Of these 26 fellows, 19 (73%) completed at least 21 months of service (73%). By comparison, among fellows who left their positions during Program Year 3, only 53% had completed at least 21 months of their fellowship. For program years 1 and 2, this was the case of 75% and 68%, respectively.

• A more accurate way to calculate the percentage of fellows who honor their 24-month commitment is to use survival analysis (also called “lifetable” analysis). Lifetable analyses calculate the percentage of fellows who still hold their positions after various durations of service. The results are presented in Figure 12, for all program years combined.

• The results shown in Table 12 indicate that very few fellows leave their fellowship during the first 18 months. Overall, 87% of all fellows who joined GHFP during Program Years 1-4 completed at least 18 months of service. As predicted, a number of fellows drop out of the program during the last six months of their two-year terms. This reflects that fact that some fellows will receive and accept other job offers during this time. Nevertheless, the data show that 81% of
all fellows complete at least 21 months of service, and 75% stay the full 24 months or longer. Even though not all fellows are invited to extend their fellowship, Figure 12 shows that a significant number of fellows stay beyond their initial term. The life table results indicate that 43% of all fellows remain with the program at least three years.4

Figure 11: Lifetable Estimates of the Percentage of Fellows Still Holding their Fellowship, by Duration of Fellowship (All Program Year 1-4 GHFP fellows, including transfer fellows)

- Additional program data confirm that the large majority of fellows who were invited to extend their fellowships have accepted these offers. During Program Year 1, 91% of the 23 fellows who were invited to extend their fellowship accepted the offer. During Program Year 2, 89% of the 18 fellows who were offered an extension accepted it, and during Program Year 3, 77% of the 20 fellows offered an extension were retained. During Program Year 4, 32 fellows were offered an extension, of whom 28 accepted (88%).

- Each of the four fellows who did not accept the offers to extend their fellowships during Program Year 4 pursued global health positions in the NGO community or with other USG agencies.

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4 Note that these estimates of the proportion of fellows extending their positions are based in part on data from fellows who transferred to GHFP from previous fellowship mechanisms.
IR 1.2 GHFP Internships Implemented

SR 1.2.1 Expand awareness of GHFP internship opportunities
SR 1.2.2 Procedure for selection and placement of interns improved
SR 1.2.3 Maintain and strengthen strategies and systems for interns’ support

Highlights

• During Program Year 4, GHFP continued its Summer Washington, DC Internship Program, in addition to its Overseas Internship Program in collaboration with the One World Foundation.

• In addition to its summer internship programs, GHFP periodically offers internships throughout the year. These opportunities are known as “on-demand” internships as they arise out of an identified need within USAID health programs in Washington, DC for programmatic assistance lending itself to an intern placement. During Program Year 4 GHFP recruited, hired and placed four on-demand interns in the Bureau for Europe and Eurasia, and the Bureau for Global Health’s Offices of Health, Infectious Diseases and Nutrition, and Professional Development and Management Support.

• Planning and recruitment for the 2010 Summer Washington, DC internships occurred during Program Year 4; the majority of the internships take place during the first quarter of Program Year 5. 27 interns were hired for the Summer 2010 Washington, DC Internship Program, up from 16 in 2009, 9 in 2008 and 6 in 2007. Each intern had a specific scope of work developed by his/her host division within the Bureau for Global Health and an onsite manager (OSM) who provided day-to-day guidance. GHFP oriented both the interns and their OSMs to the program. Additionally, interns were offered the opportunity to attend the Annual Global Health Council Conference. The names of the interns and their key activities are described later in this section.

• GHFP promoted both the Washington, DC Summer Internship Program and the GHFP Overseas Internship Program extensively through a wide range of outreach activities. To reach students and mid-career changers interested in gaining international experience through the GHFP internship programs, GHFP used a comprehensive outreach strategy that included informational sessions, career fairs, campus visits and conferences, etc., with the GHFP university partners leading in-reach activities on their respective campuses. The outreach strategy also linked with the GHFP diversity initiative and reached out to minority serving institutions with public health programs.

All GHFP’s outreach activities provide information about the GHFP fellowships as well as about the internship programs. In addition to these general outreach activities, GHFP conducted several outreach activities that specifically promoted the internship programs. During Program Year 4, GHFP staff conducted such internship outreach activities at the American University, Bowie State University, Georgetown University, George Mason University, George Washington University, and Howard University.
University, Howard University, and Montgomery Community College. As in previous years, the summer internship programs were also extensively promoted through the GHFP website. The website was also used to process all applications for the internships. During Program Year 4, the internship application webpage received over 802,000 hits from nearly 61,000 different visitors. The extensive outreach activities and the easy-to-use online application system are believed to play a major role in the high and growing interest in the programs. During Year 4, GHFP received a total of 1,751 applications for the 27 available DC-based internship positions, up from 1,351 during Program Year 3. In addition, 55 applications were received for the 10 available GHFP overseas internships.

- As was the case in previous program years, all GHFP partners participated in the review and selection of the internship applications. For each internship position, a team comprised of a primary reviewer and a secondary reviewer from another organization was assigned. GHFP used best practices in diversity hiring in developing these teams, ensuring that each individual in the pairing brought unique personal attributes and experiences to the review process. All teams were chaired by the Diversity and Internship Manager. The Chair’s recommendations were forwarded to the relevant OSM, who interviewed the final candidates before selecting a finalist.

- To strengthen the intern’s public health knowledge and skills, GHFP designed and implemented several professional development activities specifically for interns. Professional development opportunities offered to the 2010 Summer Washington DC interns included: attending the 2010 Global Health Council’s annual conference, a mini PHuNdamentals course, the Technical Essentials series, a career panel, a resume building seminar, diversity skills for collaboration seminar, brown bag lunches, as well as several other technical conferences and networking events. Interns were also given one-on-one coaching in resume development.

- At the end of the regular 12-week internship placement, GHFP hosted an “Intern Showcase” at USAID’s headquarters to highlight the work of the interns. All of the Washington, DC based interns, along with two of the overseas interns, prepared poster presentations of their summer work. More than 50 USAID colleagues attended this event, providing each intern an opportunity to explain their work and its relationship to the Agency’s health objectives.

- 20 Washington, DC based summer interns were invited to extend their placements past the original 12-week duration, and 17 accepted. These extensions indicate that the interns work is valued and provides tangible contributions to the Agency’s work.

- During Program Year 4, GHFP expanded opportunities for DC-based interns to visit the field. These field trips were piloted during Year 3 and found to strengthen the internship experience. Most of the 2010 Summer interns based in Washington, DC were able to visit the field to locations such as Ethiopia, Uganda, Liberia and Botswana. These TDY trips provided the interns with a wide range of experiences, including participating in consultations with representatives of the relevant Ministry of Health and local USAID partner organizations, visiting
implementing organizations, and providing technical assistance to strengthen program implementation.

- A rapid assessment conducted upon the completion of the summer 2009 internships (which were implemented during the first quarter of Program Year 4) shows that the GHFP internships are a very valuable experience for these future public health professionals. Nearly all DC-based interns who participated in the assessment rated the internship experience as excellent, and all interns reported that they would recommend the internship program to their friends (and some had already done so). Nearly all interns commented that the scheduled professional development opportunities were excellent. All interns indicated that they intend to continue working in the global health and development field. Interns commented that the internship experience helped solidify their career trajectory or re-affirmed their career goals, and that it strengthened their skills and better prepared them for future job searches. One intern commented “I will use each of these skills and opportunities during my job search this year. I feel much more confident about my skills in public health and my ability to present my skills in a relevant and convincing manner. I also feel that I gained a much greater understanding of the different players in the field of public health, how they work together, how they work differently, and which ones I may be interested in working with. This experience will help me target my career search.”

- All but two interns reported that their relationship with their OSM was very beneficial, and several commented that the OSM made a point of being available for the interns and shared both technical and USAID experience. One intern commented that his/her OSM “made time to meet with me weekly to mentor me in the process. [My OSM] was respectful of my experience and the knowledge that I had, while encouraging me to learn more and providing me with the resources to do so.” Interns did note that the time availability of the OSMs can fluctuate considerably. Situations where the OSM had to go on TDY were found to be particularly challenging.

- The internship assessment also showed that overseas interns rated their experience as good or excellent. One intern said that “the experience was transformative. I gained so much personally as well as professionally. I have already recommended this program to others.” Accomplishments of the interns ranged from developing HIV/AIDS prevention brochures, to preparing a report on home-based care and services for orphans and vulnerable children, to developing a patient tracking system. For many interns, the biggest accomplishments were of a personal nature, particularly getting to know different peoples and cultures. All interns commented that they planned to stay in the global health and development sector. Some overseas interns suggested that it would be helpful to extend the duration of the internships and to develop a mechanism to have a closer connection between the DC-based and overseas interns.
2010 GHFP Intern Activities

During the fourth program year, 27 interns were selected to participate in the Washington, DC Summer Internship Program. The following section provides a brief description of the activities of each GHFP summer intern with their respective host office within the Bureau for Global Health.

<table>
<thead>
<tr>
<th>Intern Name</th>
<th>Position</th>
<th>Host Office</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melissa Adams</td>
<td>HIV Prevention Intern</td>
<td>GH/OHA/TLR</td>
<td>Received her MPH from Emory University with a focus on behavioral sciences and health sciences. Previously worked with the International Center for Research on Women and completed a Fulbright fellowship in Northern Uganda. Worked with the HIV prevention team on a number of projects, including assisting in the production and dissemination of various PEPFAR-supported interagency HIV prevention projects, working with HIV prevention advisors on sexual transmission, male circumcision, and gender, and conducting literature reviews for pertinent HIV prevention issues.</td>
</tr>
<tr>
<td>Julia Bennett</td>
<td>HIV/AIDS Orphans and other Vulnerable Children Intern</td>
<td>GH/OHA/IS</td>
<td>Received an MSW from University of Illinois and in 2009 began an MPH at Washington University. Worked with a transdisciplinary HIV/AIDS team in Zambia inspired Julia to pursue global public health. Supported the program management for activities targeting orphans and vulnerable children (OVC). Assisted in the technical support of OVC projects, prepared literature reviews, participated in the OVC technical working group, and assisted in other OVC activities as needed.</td>
</tr>
<tr>
<td>Ashley Blocker</td>
<td>HIV/AIDS Nutrition Intern</td>
<td>GH/OHA/TLR</td>
<td>Originally from Colorado, Ashley Blocker has an undergraduate degree in microbiology and an MPH from Tulane University. Brings expertise in arboviruses, having worked in a lab on Dengue Fever, and completed a Peace Corps assignment in Togo. During her internship, served as a research analyst with the nutrition team. Responsibilities included assisting in the development and rollout of various PEPFAR-supported interagency projects on food and nutrition, participating in technical assistance discussions with the field, and preparing literature reviews and other analytic work.</td>
</tr>
<tr>
<td>Earl Burrell</td>
<td>HIV Prevention Intern</td>
<td>GH/OHA/TLR</td>
<td>Has an extensive background in biological research, having worked with numerous organizations in the field. A California native, received an MPH from Columbia University and is currently pursuing his PhD in epidemiology at UCLA. Worked with HIV prevention advisors on sexual transmission, male circumcision, and gender. Assisted in the development and rollout of various PEPFAR-supported interagency HIV prevention projects, and conducted data analysis for current HIV prevention issues.</td>
</tr>
<tr>
<td>Dena Bushman</td>
<td>TB and HIV Global Health Intern</td>
<td>GH/OHA/TLR</td>
<td>Bushman of San Diego, California has an extensive background in meeting the needs of the underserved. Following a Peace Corps assignment in Paraguay, simultaneously pursued her MPH and nursing degrees. Work focused on issues related to the intersection of TB and HIV globally, specifically...</td>
</tr>
</tbody>
</table>
on nutritional and community care issues. She served as an analyst during her internship, working closely with senior TB/HIV technical advisors.

Elizabeth Coleclough
HIV/AIDS Community Care Program Management Intern
GH/OHA/IS

Elizabeth Coleclough is a Memphis, Tennessee native currently pursuing her MPH from Emory University. She has helped provide grassroots community health care, both domestically and abroad.

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

Stephanie Cook
HIV/AIDS Research Intern
GH/OHA/TLR

Stephanie Cook has an MPH from Columbia University’s Sociomedical Sciences Department. She has worked on several projects in Sub-Saharan Africa, including a project on the psychological well-being of urban youth and HIV testing and adherence.

Stephanie’s responsibilities as a research analyst involved: participating in research-to-practice efforts, participating in activities to standardize research procedures for OHA, and assisting in research/evaluation contract management.

Jeane G. Davis
HIV/AIDS Community Care and Prevention Intern
GH/OHA/TLR

Jeane Davis is a graduate student pursuing a dual MPH/MSN degree. She has served as a Peace Corps volunteer in Malawi and held many health-related positions in Baltimore. She is currently a critical care nurse and HIV counselor in Washington.

Jeane’s responsibilities included assisting in PEPFAR-supported interagency projects focusing on HIV community care and prevention, reviewing and developing a library of program materials for PEPFAR projects, and preparing literature reviews.

Allison Dawe
HIV/AIDS Program Evaluation Intern
GH/OHA/IS

Originally from Eugene, Oregon, Allison Dawe has spent several years living and working in South Africa. After spending two years in the private sector, Allison entered the Peace Corps and remained in country afterwards, working with PEPFAR. She is now completing a graduate degree in Public Policy from Duke University.

Allison’s internship responsibilities included documenting and assessing program experiences and lessons learned, and assisting with the program management of various PEPFAR-supported interagency projects.

Christine Henneberg
PMTCT/ Pediatric Intern
GH/OHA/TLR

Christine Henneberg, of Oakland, California, is currently pursuing an MPH/MD at Berkeley’s Joint Medical Program. Previously, Christine has worked extensively in India, serving with Family Health International and other local NGOs.

Christine supported program managers in PMTCT and pediatric HIV. She also assisted in the program management of various PEPFAR-supported interagency projects focused on PMTCT and participated in technical assistance with the field.

Christine Hershey
Malaria Monitoring & Evaluation Intern
GH/HIDN/ID

Christine Hershey, of Solvang, California, is currently pursuing her MPH from Johns Hopkins University. She has an extensive background as a researcher and epidemiologist, having received her PhD in Biochemistry from Harvard and having completed a postdoctoral fellowship in virology.

Christine worked closely with the Malaria Monitoring and Evaluation (M&E) Team, as well as the larger President’s Malaria Initiative (PMI) Team. Her responsibilities included updating PMI’s impact evaluation checklist,
developing and maintaining lists of in-country stakeholders participating in PMI’s impact evaluation, and assisting with the management of primary and secondary analysis of databases for PMI’s impact evaluation.

**Margaret Hower**  
Tuberculosis Program Intern  
GH/HIDN/ID

Before entering the field of global health, Margaret Hower had diverse experiences in the private sector and social work. Originally from St. Louis, Margaret recently completed a capacity building internship in Mongolia and is currently working towards her MPH.

Margaret worked as a program analyst with the Tuberculosis Team in various capacities, including assisting the regional TB advisor in monitoring and analyzing trends, reporting findings, and disseminating technical information to TB programs as appropriate.

**Christina Jacobi**  
Commodities Security & Logistics Intern  
GH/PRH/SD

Christina Jacobi grew up in Durham, North Carolina and pursued an anthropology degree at Harvard. She has worked in community health centers in New York City, helping with managing and fundraising, and is currently pursuing an MPH at Johns Hopkins.

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

**Ghada Khan**  
Health Research Analyst Intern  
GH/HIDN/ND

Ghada Khan, originally from Riyadh, Saudi Arabia, earned a degree in Microbiology from the University of California, Santa Barbara. Currently, Ghada is working in maternal and child health and humanitarian aid as well as pursuing her MPH from George Mason.

Ghada served primarily as a program analyst for the Health Research Program (HaRP) team. She was responsible for several activities, including conducting comprehensive literature reviews, working with the Health Scientist Specialist and Technical Advisors to facilitate relevant health research, and assisting the HaRP Team with various management activities.

**Christine Kim**  
HIV/AIDS Health Systems Strengthening Intern  
GH/OHA/SUPER

Christine Kim is currently a graduate student at Johns Hopkins Schools of Public Health with a focus in International Health. Previously, she worked in policy and advocacy in Washington, DC and spent time working with an NGO in India.

Christine assisted in the technical support of PEPFAR-related HSS projects, participated in technical assistance discussions in HSS technical working groups, and assisted in the planning and logistics for technical consultation meetings with key implementing partners.

**Amelia Kinter**  
Tuberculosis Intern  
GH/HIDN/ID

Amelia Kinter is from Kennett Square, Pennsylvania, and has a background in social work. She has spent time working with the American Red Cross, and is currently pursuing an MPH from Washington University in St. Louis.

Amelia worked as a program analyst and assistant for the Tuberculosis Team with the global Tuberculosis Control Assistance Project (TB CAP). Her responsibilities included assisting the TB Team by participating in meetings and activities, disseminating technical information to regional and country-level TB programs, and liaising with the TB advisor to monitor and analyze TB trends and issues in the TB CAP project.

**Elesha Kingshott**  
HIV/AIDS Orphans and other Vulnerable Children (OVC) Intern  
GH/OHA/IS

Originally from Brick, New Jersey, Elesha Kingshott is currently pursuing MPH and MSW degrees from Johns Hopkins and University of Maryland, respectively. Her professional and academic career is centered on health care.
disparities and access for children and their families.

Elesha supported the Orphans and Vulnerable Children (OVC) Technical Advisor with various OVC projects and activities, including assisting in the planning for technical consultation meetings with key implementing partners and technical assistance.

**Joanna Lai**  
HIV/AIDS Care and Treatment Intern  
GH/OHA/TLR

Joanna Lai, a California native, is currently completing her MPH from Johns Hopkins University. She has spent over four years in sub-Saharan Africa and has expertise in the fields of epidemiology, HIV/AIDS and TB control, and international health policy.

Joanna supported the HIV Adult Treatment Advisors on several activities. She participated in dialogues with WHO, UNAIDS and other multilateral partners involved in HIV treatment, and assisted in the development and rollout of various PEPFAR-supported interagency projects focused on HIV treatment.

**Jorge Luna**  
HIV/AIDS Surveillance Intern  
GH/OHA/SPER

Originally from Chile, Jorge Luna completed an MPH in Health Policy and Management from Columbia University. Jorge has been working on clinical stroke research internationally, and is currently pursuing a PhD in Infectious Disease Epidemiology from Columbia University.

Jorge worked primarily with the Senior Surveillance Advisor, focusing on an assessment of surveillance data use in PEPFAR countries with an aim to create a surveillance index for each country, as well updating a database of current protocols and guidelines for key surveillance areas.

**James Orlando**  
Highly Vulnerable Children Intern  
GH/AA

Originally from California, James spent two years as a counselor for emotionally disturbed teens before traveling and working across Asia with various charities focusing on children in crisis. He is currently a social welfare graduate student at the University of California, Berkeley.

James worked with the Office of the Assistant Administrator in the Bureau for Global Health and the USG Special advisor for Orphans and Vulnerable Children. His activities included assisting in the technical support to the advisors, liaising with an interagency working group, and identifying best practices, lessons learned, and evaluation results related to highly vulnerable children.

**Shimon Prohow**  
HIV/AIDS Policy Research Analyst Intern  
GH/OHA/SPER

Shimon Prohow is currently pursuing an MBA from Georgetown University. An Arizona native, Shimon has been heavily involved in HIV prevention and counseling both domestically and abroad. After completing his Peace Corps service in Togo, he continued to work for various international HIV nonprofit organizations.

Shimon served primarily as a program analyst to address PEPFAR policy issues related to HIV services for injection drug users (IDUs) and harm reduction. In this capacity, Shimon assisted in the development of IDU policy and drafted guidance for field missions for program implementation.

**Rachel Scheckter**  
Fistula and Post-abortion Care Intern  
GH/PRH/SDI

Rachel Scheckter, of Lewisburg, Pennsylvania, has a background in maternal and child health. She has provided perinatal services to at-risk pregnant women and worked in a reproductive health clinic. Currently Rachel is enrolled in University of North Carolina’s School of Public Health.

Rachel worked primarily as a program assistant for the Service Delivery Improvement team, reviewing research findings for post-abortion care, assisting in the ongoing management of the Fistula Care Project, and preparing charts, briefing memoranda, and position papers.
**Clinton Sears**  
HIV/AIDS Nutrition Intern  
GH/OHA/TLR

Clinton Sears is from Canaan, New Hampshire, but has spent the majority of recent years working and living in Asia. He has served as a Peace Corp volunteer, and is currently pursuing an MPH from Emory’s Rollins School of Public Health.

Clinton’s main responsibilities while serving as a research analyst with the nutrition team included: participating in technical assistance discussions with the field, assisting in the development of various PEPFAR-supported interagency projects on food and nutrition, and preparing literature reviews and other analytic work.

**Erin Seaver**  
Commodities Security and Logistics (Policy and Finance) Intern  
GH/PRH/CSL

Originally from San Diego, California, Erin Seaver has a background in reproductive health services. Erin has worked as a medical assistant for Planned Parenthood, and also held a public affairs position in the same organization. She is currently pursuing an MPH.

Erin’s primary responsibility consisted of supporting the Contraceptive Security Team through working with the DELIVER Project. Her work included identifying references in public health policy, advocacy, finance and health economics in developing countries, and producing briefing materials related to references, best practices, and lessons learned.

**Roy Smoot**  
HIV/AIDS Health Policy Initiative Intern  
GH/OHA/SPER

A native of Ann Arbor, Michigan, Roy Smoot is currently pursuing a master’s degree at University of Michigan’s Ford School of Public Policy. Previously, Roy served as a Peace Corps volunteer in Micronesia and worked as an adjunct professor at Columbus State Community College.

Roy worked with the Health Policy Team on its Health Policy Initiative, assisting in the closeout of the five year project, the development of a dissemination plan, and updating and managing materials for the Policy Support Project.

**Eileen Yam**  
Demographic and Health Surveys Intern  
GH/PRH/PEC

Eileen Yam, from Princeton, New Jersey, has an extensive background in sexual and reproductive health, having worked domestically and internationally on abortion, HIV/STIs, maternal health, and family planning. She is currently a PhD candidate at Johns Hopkins University.

Eileen worked with the Demographic and Health Surveys project management team to support ongoing technical work and activities, with a focus on strategies to improve the collection, analysis and use of Service Provision Assessments to assess quality of care in family planning programs.

**Linnea Zimmerman**  
HIV/AIDS Family Planning Integration Intern  
GH/OHA/IS

A native of Index, Washington, Linnea Zimmerman is currently earning a PhD from Johns Hopkins University in the Population, Family and Reproductive Health Department. She has worked internationally in family planning.

Linnea worked closely with HIV/Family Planning Integration Advisors performing multiple tasks. Among them, Linnea reviewed and analyzed key documents to assess and describe activities, interventions, experience and results, and researched and reviewed literature on program integration.

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During the fourth program year, 4 interns were selected to participate in on-demand internships. The following section provides a brief description of the activities of each GHFP on-demand intern with their respective host office and bureau.
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lauren Cohee</td>
<td>Malaria Health Communications Intern</td>
<td>GH/HIDN/ID</td>
<td>Lauren Cohee received her MD from Johns Hopkins University where she is currently a pediatric resident physician. She is a former Emerging Infectious Diseases Laboratory Fellow with the Centers for Disease Control and Prevention. Lauren’s responsibilities with the malaria team included: assisting the malaria team in providing guidance and support to the 15 President’s Malaria Initiative (PMI) countries and other partners, revising strategies and monitoring and evaluation activities of PMI programs, and preparing charts, briefing memoranda and position papers on global malaria issues.</td>
</tr>
<tr>
<td>April McCoy</td>
<td>Training Coordination Intern</td>
<td>GH/PDMS</td>
<td>April McCoy received her undergraduate degree in Healthcare Management from Howard University and is currently enrolled in the Master of Science program in Global Health at George Mason University. She previously worked with Lockheed Martin and the Pan American Health Organization. April’s internship responsibilities included: conducting training needs assessments of Back Stop (BS-50) officers; collecting and analyzing data on former BS-50 and Development Leadership Initiative (DLIs) and new Foreign Service officers; and creating profiles for each DLI, New Entry Professional, and International Development Intern hired in the last 5 years.</td>
</tr>
<tr>
<td>Robin Keeley</td>
<td>Public Health Analyst Intern</td>
<td>E&amp;E/DGST</td>
<td>Robin Keeley received her MPH from Emory University with a focus on reproductive health and population studies. She previously worked as a research associate at Emory University and served as a Peace Corp Volunteer in the Republic of Moldova. Robin worked with the Health team in the Office of Democracy, Governance and Social Transition of the Bureau for Europe and Eurasia. Her responsibilities included: supporting the maternal and child health (MCH) portfolio and MCH studies on the impact of non-communicable diseases on women of child bearing age, supporting the Health team’s communication strategy and revising key messages and educational advocacy materials for the Bureau.</td>
</tr>
<tr>
<td>Kelly McCorkendale</td>
<td>Malaria Health Communications Intern</td>
<td>GH/HIDN/ID</td>
<td>Kelly McCorkendale received her MA from American University with a focus on international training and education. She previously worked as a team assistant with the World Bank and served as a Peace Corps Volunteer in Madagascar. Kelly worked with the malaria team, assisting the malaria team in providing guidance and support to the 15 President’s Malaria Initiative (PMI) countries and other partners; revising strategies and monitoring and evaluation activities of PMI programs; and preparing charts, briefing memoranda and position papers on global malaria issues.</td>
</tr>
</tbody>
</table>

The following section provides a brief description of the background of each of the 10 GHFP overseas interns, and a brief description of their respective host organization and the activities they conducted during their internship.
**Kairos Charity Community Development Organization, Uganda**

GHFP/One World Young Leaders:

**Alexis Cooke**
Alexis Cooke is currently an MPH student at the University of California, Berkeley. Prior to this, Alexis’ work focused on participatory research for community improvement.

**Sharon Kei Yan Fan**
Sharon Kei Yan Fan is a dual degree MPH and Family Nurse Practitioner student at the University of Pennsylvania. She previously worked with underserved populations through a community health internship in Philadelphia.

**Hieu Pham**
Hieu Pham is a recent graduate of Columbia University with a degree in biology. This fall, Hieu will begin an MPH in international health at Johns Hopkins University.

**Tonja Khabir**
Tonja Khabir has a background in sociology and a passion for other cultures. She is currently earning an MPH from Morehouse’s School of Medicine.

**Jackson Musuuza**
Jackson Musuuza is currently enrolled at Case Western Reserve University where he is pursuing an MPH. Previously, Jackson earned a Bachelor of Medicine and Bachelor of Surgery from Mbarara University in Uganda.

Alexis, Sharon, Hieu, Tonja, and Jackson were placed with The Kairos Charity Community Development Organization. Kairos seeks to provide health services for anyone in its community that has a need. Its health center delivers health services and focuses on community development through partnerships. During their placement with Kairos, the GHFP/One World Young Leaders served on Kairos’ outreach team. Their responsibilities included traveling to multiple villages within the parishes to conduct community needs assessments and interact with local leaders. Upon identifying the community needs, the Young Leaders returned to the villages to provide HIV/AIDS education and prevention trainings. Finally, the Young Leaders were trained and administered malaria and family planning trainings for the communities served by the Kairos Community Health Center.

**Shifa-al-Asqam (Healers of the Sick) Socio Medical Center, Senegal**

GHFP/One World Young Leaders:

**Kelauni Cook**
Kelauni Cook is a recent graduate of Howard University with a degree in biology. She has a strong passion for public health, and intends to use new media and video production to shed light on economically depressed communities.

**Malaika Schiller**
Malaika Schiller is currently pursuing an MPH at Emory’s Rollins School of Public Health. She brings with her international experience, having lived and worked throughout West Africa.

**Sheyla Medina**
Sheyla Medina is a recent graduate from the University of Pennsylvania where she earned degrees in Health and Societies and Nutrition. She has experience working in school-based health initiatives, public health advocacy, and research.

Kelauni, Malaika and Sheyla were placed with the Shifa-al-Asqam (Healers of the Sick) Socio Medical Center. Shifa-al-Asqam’s mission is to provide compassionate, comprehensive patient care to meet the medical and social needs of the people of Medina-Kaolack and the surrounding rural communities. The GHFP/One World Young Leaders worked in the organization’s clinic and pharmacy. In the clinic, they engaged in daily activities, shadowed doctors and nurses, assisted with births, malaria care, and other patient services. In the pharmacy, they helped with the tracking and distribution of medicine and also learned about alternative/local remedies prescribed by the clinic.

**Reproductive and Child Health Alliance (RACHA), Cambodia**

GHFP/One World Young Leaders:

**Brittney Stewart**
Brittney Stewart is currently earning a bachelor’s degree in Global Health from the University of
Southern California. She also serves as the main student coordinator for USC’s Health Promotion and Prevention Services.

**Hnin Yee Lwin**
Hnin Yee Lwin is currently pursuing a degree in Public Health from Johns Hopkins University. She hopes to return to Burma, her country of birth, to serve as a public health professional.

Brittney and Hnin were placed with The Reproductive and Child Health Alliance (RACHA) in Cambodia. RACHA is a USAID-sponsored program that works to increase the supply and demand for quality reproductive and child health services in Cambodia. RACHA focuses on safe motherhood, child survival, birth spacing, STD/HIV/AIDS, infectious diseases, and capacity building. GHFP/One World Young Leaders placed within the organization conducted surveys on maternal and child health, child survival, and domestic violence. Additionally, they shadowed RACHA program staff in their daily duties in the Phnom Penh office and accompanied staff to the field. Based on their summer observations, the Young Leaders provided RACHA with recommendations to improve existing programs, and to develop new initiatives.
IR 1.3 Diversified workforce improved

SR 1.3.1 Increased diversity among GHFP interns
SR 1.3.2 Increased diversity among GHFP applicants and fellows
SR 1.3.3 Minority GHFP alumni engaged in global public health education or employment

Highlights

GHFP has continued its efforts to attract a highly diverse group of applicants for its Summer Internship Program, and is committed to ensuring that underrepresented groups have access and opportunities to gain experience in the global health field. To increase diversity and bolster minority inclusion, GHFP refined its internship application process during Program Year 3. Based on the recommendations of Dr. Kevin Barnett, a nationally recognized expert on workforce diversity with an emphasis on health professionals, GHFP refined the internship application process to strengthen the focus on diversity and the applicants’ commitment to the field of global health. This was done by asking applicants to respond to four questions aimed at uncovering challenges they may have had to overcome while maintaining academic excellence and a commitment to the global health field. GHFP maintained this approach to the internship application process in Program Year 4.

- During Program Year 4, GHFP received 1,751 applications for the 27 available internship positions.

- As in previous years, GHFP held outreach sessions at schools of public health, minority serving institutions (MSIs), community colleges and organizations that have membership largely comprised of individuals from groups underrepresented in the global health field in order to increase applications from such groups. Additionally, GHFP focused its internship recruitment at schools of public health with the greatest diversity enrollment. Demographic data on the applicant pool show that GHFP continues to be successful in attracting a diverse pool of applicants for the GHFP Summer Internship Program. Figure 13a shows the trend in the ethnic composition of applicants for the GHFP Summer Internships over the course of the Program Years 2 through 4. For each of these years, roughly half of applications were from minority groups, especially from African Americans and Asians. Figure 13b shows that females account for the large majority of internship applicants, exceeding 80% for each of the years. This high percentage of female applicants is fairly consistent with the US public health workforce. According to the Association of Schools of Public Health, their member schools have graduated, on average, just under 70% females over the last 10 years.

- The ethnic and gender distributions of the interns who were recruited is shown in Figures 14a and 14b, respectively. The results indicate that during each of the first four Program Years, at least one third of the interns were from ethnic minorities. During Program Year 4, Asians represented the largest minority group.
with the gender distribution of the internship applicants, Figure 14b shows that the large majority of interns are females.

- During Program Year 4, GHFP continued to implement its overseas internship program in collaboration with the One World Foundation of New York, Inc. The One World Foundation is a nonprofit organization that focuses on empowering young people of color (18 to 25) to become future leaders engaging in careers in international human rights and development. As such, the overseas internship program is an important mechanism for increasing diversity in GHFP’s internships and for providing internship candidates from groups that are underrepresented in the field of global health with opportunities to gain international experience. As was the case during Program Year 3, through its collaboration with the One World Foundation, GHFP once again supported overseas internship opportunities for ten young leaders. All 10 interns who participated in the overseas internship program during Summer 2010 represented ethnic minorities mostly from underrepresented communities in the global health field.

- GHFP understands that exposure to the global health field is an important activity in encouraging individuals underrepresented in the field to consider global health as a possible career option. To heighten exposure to the global health field, GHFP offered three registration scholarships to minority graduate students, pursuing graduate degrees in a health related discipline, to attend the Annual American Public Health Association Conference. As a direct result of the scholarship recipients attending the conference, all three students applied for GHFP summer internships and investigated global health internship opportunities. One of the scholarship recipients selected an overseas internship in South Africa as an avenue to gain experience in global health.
Recruitment for the 2007 Internships was conducted by USAID; hence, applicant data is not available.
Figure 13a: Trends in the Distribution of GHFP Summer Interns, by Race

Figure 13b: Trends in the Distribution of GHFP Summer Interns, by Gender
GHFP continues to be very successful in attracting a diverse pool of applicants for the fellowships. As shown in Figure 15a, over the course of the first four Program Years, more than half of all fellowship applicants were from ethnic or racial minorities. During Program Year 4, 60% of applicants were from ethnic or racial minorities. Figure 15b shows that the majority of applicants were female. During Program Year 4, 64% of all fellowship applicants were female.

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

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Among those applicants who stated their race on their application form.
Demographic data on the new hires recruited during the first four program years show that the percentage of fellows from ethnic or racial minorities has increased consistently since Program Year 2 (see Figure 16a). During Program Year 4, ethnic and racial minorities accounted for over half of all new hires. Figure 16b shows the trend in the percentage of female fellows. During the first three Program Years, the gender composition of the new recruits closely resembled that of the body of applicants. During Program Year 4, the gender distribution of new hires was roughly even (22 females; 19 males).

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7 For Program Year 1, this excludes fellows who transferred into GHFP from one of the earlier fellowship mechanisms.
Figure 15a: Distribution of GHFP Fellows, by Ethnic Group (New hires only)

Figure 15b: Distribution of GHFP Fellows, by Gender (New hires only)
• Most minority alumni continue to be engaged in global health after they leave GHFP. During the first three Program Years, all but one of the minority alumni (2 from Program Year 1, 9 from Program Year 2 and 3 from Program Year 3) stayed engaged in global health education or work after their fellowship ended. Of the 9 minority fellows who left GHFP during Program Year 4, all are currently engaged in global health work or education.
Staff Capacity to Lead and Manage Strengthened

IR 2.1 Essential PHN skills and knowledge developed and improved

During Program Year 4, GHFP sustained its ongoing contributions towards achieving Strategic Objective 2: strengthening staff capacity to lead and manage. Using the combined strength of GHFP staff, consultants, professional coaches, and its partner organizations, GHFP offered a wide range of professional and organizational development opportunities to staff from the Global Health Bureau as well as to various USAID Missions.

SR 2.1.1 Professional Development training provided

Results

- GHFP implemented a large number of training activities aimed at further improving key PHN skills and knowledge (IR 2.1.1). During Program Year 4, a total of 39 professional development activities were offered (see Table 4), up from 30 during Program Year 3 and 16 in Program Year 2. As in previous years, the series of professional development activities offered focused on leadership, management, performance improvement, technical skills, and USAID-specific knowledge and skill improvement. For courses that were led by PDMS facilitators, GHFP provided logistical support and content/facilitation guidance (upon request).

- During Program Year 4, GHFP continued to offer many courses that have been proven successful in previous years, including PHuNdamentals for Success; Strategies for Workflow Mastery; Planning Your Work, Working Your Plan; Making Meetings Work; MBTI Workshop; Beyond Bullet Points; Advanced Technical & Administrative Writing; Working with Emotional Intelligence; Managing Change Effectively; the Mastering the Art Series; the Technical Exchange Series and the Annual Intensive Leadership Course. In addition, several new courses were added, including Sharpening your Supervisory Skills to Strengthen Staff Performance, Influencing from the Middle, and an expansion of the seminar on Multiparty Collaboration. To accommodate the schedules of potential participants, a number of the courses were repeated several times throughout the year.

- In total, the series of courses offered during Program Year 4 attracted 449 participants. Overall, the results of end-of-course evaluations shows that all of the courses were rated highly by participants both in terms of quality of content and the effectiveness of the speaker or facilitator (for details, see SR2.1.2). These post-event evaluation surveys also show that courses were considered to be very useful for the participants’ work.
The results presented in Figure 17 indicate that the trainings offered by GHFP served the professional development needs of all six Global Health Bureau offices. OHA was the office that had the largest number of participants (180 participants), followed by PDMS (79), PRH (48), and HIDN (41). In addition to participants from the six GH offices, 81 other professionals at USAID attended, including health staff from the regional bureaus and field-based staff.

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>Event</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2009</td>
<td>Multiparty Collaboration Seminar #1</td>
<td>14</td>
</tr>
<tr>
<td>July 2009</td>
<td>Mastering the Art: Analyzing Program Level Data</td>
<td>15</td>
</tr>
<tr>
<td>August 2009</td>
<td>Technical Exchange #1: Transparency and Health</td>
<td>22</td>
</tr>
<tr>
<td>August 2009</td>
<td>Managing Change Effectively</td>
<td>19</td>
</tr>
<tr>
<td>August 2009</td>
<td>Advanced Technical &amp; Administrative Writing #1</td>
<td>12</td>
</tr>
<tr>
<td>September 2009</td>
<td>Planning Your Work, Working Your Plan #1</td>
<td>5</td>
</tr>
<tr>
<td>September 2009</td>
<td>MBTI Workshop #1</td>
<td>10</td>
</tr>
<tr>
<td>September 2009</td>
<td>Beyond Bullet Points #1</td>
<td>15</td>
</tr>
<tr>
<td>October 2009</td>
<td>Strategies for Workflow Mastery #1</td>
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</tr>
<tr>
<td>October 2009</td>
<td>Mastering the Art: Entering a Project Midstream</td>
<td>6</td>
</tr>
<tr>
<td>October 2009</td>
<td>Mastering the Art: Managing without Micromanaging #1</td>
<td>4</td>
</tr>
<tr>
<td>October 2009</td>
<td>Making Meetings Work</td>
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</tr>
<tr>
<td>November 2009</td>
<td>Technical Exchange #2</td>
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<td>November 2009</td>
<td>MBTI Workshop #2</td>
<td>8</td>
</tr>
<tr>
<td>November 2009</td>
<td>PHuNdamentals for Success #1</td>
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</tr>
<tr>
<td>December 2009</td>
<td>Planning Your Work, Working Your Plan #2</td>
<td>7</td>
</tr>
<tr>
<td>December 2009</td>
<td>Working with Emotional Intelligence</td>
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</tr>
<tr>
<td>December 2009</td>
<td>Strategies for Workflow Mastery #2</td>
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<tr>
<td>December 2009</td>
<td>Multiparty Collaboration Seminar #2</td>
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<tr>
<td>December 2009</td>
<td>Sharpening your Supervisory Skills to Strengthen Staff Performance #1</td>
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</tr>
<tr>
<td>January 2010</td>
<td>Influencing from the Middle</td>
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<tr>
<td>January 2010</td>
<td>Mastering the Art: Financial Management #1</td>
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<td>January 2010</td>
<td>MBTI Workshop #3</td>
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<tr>
<td>February 2010</td>
<td>Strategies for Workflow Mastery #3</td>
<td>7</td>
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<tr>
<td>March 2010</td>
<td>Sharpening your Supervisory Skills to Strengthen Staff Performance #2</td>
<td>5</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td>Code</td>
</tr>
<tr>
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</tr>
<tr>
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<td>5</td>
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<tr>
<td>April 2010</td>
<td>Strategies for Workflow Mastery #4</td>
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<tr>
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<td>Mastering the Art: Managing Without Micromanaging #2</td>
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<tr>
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<td>Advanced Technical &amp; Administrative Writing #2</td>
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<td>MBTI Workshop #4</td>
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</tr>
<tr>
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<td>GHFP Annual Intensive Leadership Course</td>
<td>18</td>
</tr>
<tr>
<td>May 2010</td>
<td>Planning Your Work, Working Your Plan #4</td>
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</tr>
<tr>
<td>May 2010</td>
<td>Mastering the Art: Financial Management #2</td>
<td>21</td>
</tr>
<tr>
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<td>Advanced Technical &amp; Administrative Writing #3</td>
<td>12</td>
</tr>
<tr>
<td>June 2010</td>
<td>Sharpening you Supervisory Skills to Strengthen Staff Performance #3</td>
<td>6</td>
</tr>
<tr>
<td>June 2010</td>
<td>Technical Exchange #3: Scaling Up</td>
<td>16</td>
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<tr>
<td>June 2010</td>
<td>Sharpening your Supervisory Skills to Strengthen Staff Performance #4</td>
<td>3</td>
</tr>
<tr>
<td>June 2010</td>
<td>PHuNdamentals for Success #2</td>
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<tr>
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<td>June 2010</td>
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<td>June 2010</td>
<td>Sharpening your Supervisory Skills to Strengthen Staff Performance #4</td>
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</tr>
<tr>
<td>June 2010</td>
<td>PHuNdamentals for Success #2</td>
<td>27</td>
</tr>
<tr>
<td>All Events</td>
<td></td>
<td>449</td>
</tr>
</tbody>
</table>
Figure 16: Distribution of Participants in Year 4 Professional Development Activities, by Global Health Bureau Technical Office – Bureau-wide Funded Activities
SR 2.1.2 Professional Development programs address needs of training attendees

**Results**

- The effectiveness of the various professional development training programs described in Section SR2.1.1 was assessed using post-event evaluations conducted after each GHFP professional development activity. The post-event evaluations asked participants to rate the extent to which they agreed that the event was relevant to their work, that the quality of the content was high, and that the facilitation was effective. Each of these three indicators was rated using a five-point Likert scale (with 1 being the lowest rating and 5 the highest). The results are summarized in Figures 18a through 18c.

- Figure 18a shows the average rating for the perceived relevance of each event for the participants’ work. The results show that all trainings were deemed highly relevant. Of the 36 PD events for which ratings are available, 25 received relevance ratings of at least 4.5 out of a possible 5. Figure 18b shows the rating for the quality of the content of the various PD trainings. The content quality for all but one of the events received a rating of at least 4 out of 5, and 22 of the events received a rating of at least 4.5 out of a possible 5. Figure 18c shows that the speakers and facilitation were also rated highly, with only one of the events receiving a rating slightly below 4 out of 5. Twenty-three of the events received ratings of at least 4.5 out of 5 for the effectiveness of the facilitation and speakers.
Figure 17a (continued)

Figure 17b: Rating of the Content Quality of Selected GHFP Professional Development Trainings Conducted during Program Year 4 (5-point scale)
Figure 17b (continued)

Figure 17c: Rating of the Effectiveness of the Speakers at Selected GHFP Professional Development Trainings Conducted during Program Year 4 (5-point scale)
During Program Year 4, GHFP’s professional development team continued to provide extensive support to large and small Global Health Bureau meetings. As before, the type of support provided varied from event to event. In response to the specific needs, GHFP support activities included simple room set-up and providing coffee/tea, arranging for meals and breaks, sound system support, audio recording and small group breakout sessions, process facilitation, and international video conferencing. Table 5 shows the list of all external meetings supported by GHFP during the course of Program Year 4.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Office/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/9/2009</td>
<td>Madagascar Malaria Operational Planning Team</td>
<td>USAID/AFR/SD</td>
</tr>
<tr>
<td>7/10/2009</td>
<td>Madagascar Malaria Operational Planning Team</td>
<td>USAID/AFR/SD</td>
</tr>
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<td>7/17/2009</td>
<td>IBP Planning Meeting—RtoP Day FP Meeting Uganda</td>
<td>USAID/GH/PRH/RTU</td>
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<td>8/3/2009</td>
<td>USAID API Unit Review</td>
<td>USAID GH</td>
</tr>
<tr>
<td>8/4/2009</td>
<td>OHA Project Meeting</td>
<td>USAID/GH/OHA</td>
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<tr>
<td>8/11/2009</td>
<td>PEPFAR PHE Sub-Committee</td>
<td>USAID/GH/OHA</td>
</tr>
<tr>
<td>8/12/2009</td>
<td>Vaccine Development Strategy Meeting</td>
<td>USAID/GH/HIDN</td>
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<tr>
<td>8/13/2009</td>
<td>GHFP Intern/DLI Event</td>
<td>USAID/GH/PDMS</td>
</tr>
<tr>
<td>8/18/2009</td>
<td>OHA Journal Club</td>
<td>USAID/GH/OHA</td>
</tr>
<tr>
<td>8/25/2009</td>
<td>AFR/SD computer-based modeling application training</td>
<td>USAID/AFR/SD</td>
</tr>
<tr>
<td>8/28/2009</td>
<td>GIS Working Group</td>
<td>USAID/GH/OHA</td>
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<tr>
<td>9/3/2009</td>
<td>Key Findings from Evaluations of Five Programs Supporting OVC’s in Kenya and Tanzania</td>
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<td>9/11/2009</td>
<td>USAID EngenderHealth Project Meeting</td>
<td>USAID/GH/PRH</td>
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<td>9/14/2009</td>
<td>Up-coming WHO 2009 revision of PMTCT guidelines</td>
<td>USAID/PEPFAR</td>
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<td>9/16/2009</td>
<td>Childhood Pneumonia of the Global Stage</td>
<td>USAID/GH</td>
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<td>9/16/2009</td>
<td>Non-communicable Diseases- Opportunities for Dealing with This Reality</td>
<td>USAID/GH</td>
</tr>
<tr>
<td>9/22/2009</td>
<td>PRH/SDI CA’s Meeting</td>
<td>USAID/PRH/PRH/SDI</td>
</tr>
<tr>
<td>9/22/2009</td>
<td>Non-communicable Diseases- Opportunities for Dealing with This Reality</td>
<td>USAID/GH</td>
</tr>
<tr>
<td>9/29/2009</td>
<td>OHA Journal Club</td>
<td>USAID/GH/OHA</td>
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<tr>
<td>10/5 – 10/8/2009</td>
<td>Asia and Middle East Health Managers Workshop, Siem Reap, Cambodia</td>
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<td>10/8/2009</td>
<td>SHOPs CTO Meeting</td>
<td>USAID/GH/PRH/SDI</td>
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<td>10/29/2009</td>
<td>OHA- COP Reviews</td>
<td>USAID/GH/OHA</td>
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<td>OHA- COP Reviews</td>
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<td>OHA- COP Reviews</td>
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<td>The RESPOND Project</td>
<td>USAID/GH/PRH</td>
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<td>12/7/2009</td>
<td>Interagency Gender Working Group (IGWG) TAG Meeting</td>
<td>USAID/PRH/PEC</td>
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<td>SHOPs CTO Meeting</td>
<td>USAID/GH/PRH/SDI</td>
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<td>USAID/GH/OHA</td>
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<td>Prevention</td>
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<td>Partner’s Meeting</td>
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<td>SHOPs CTO Meeting</td>
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<td>M&amp;E Presentation</td>
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<td>5/11/2010</td>
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<td>Vulnerable Girls Initiative</td>
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<td>5/18/2010</td>
<td>Health System Assessment Manual Consultation</td>
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During Program Year 4, GHFP continued the career management series that was started during the previous program year. The objectives of the career management series are to help participants take charge of their careers and teach them how to brand themselves better and improve their resumes. The list of career management events, along with the number of participants is shown in Table 6.

Table 6: Chronological List of Career Management Events Supported by GHFP, Program Year 4

<table>
<thead>
<tr>
<th>Dates</th>
<th>Event</th>
<th>Participants</th>
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</thead>
<tbody>
<tr>
<td>September 8, 2009</td>
<td>Taking Charge of Your Career</td>
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</tr>
<tr>
<td>December 2, 2009</td>
<td>Personal Branding</td>
<td>7</td>
</tr>
<tr>
<td>March 17, 2010</td>
<td>Resume Writing</td>
<td>2</td>
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</table>

In PY 4, career management events attracted a total of 21 participants from a range of USAID Global Health Offices. Specifically attendees included 4 participants from OHA, 7 participants from HIDN, 2 participants from PRH and 1 participant from PDMS. Post-event evaluations indicated that the first two events were well received. Using a five-point Likert scale, the usefulness of the events was rated between 4.2 and 4.7. Similarly, the session content, the facilitation and logistics for each event received an average score of at least 4 out of 5. A post-event evaluation of the Resume Writing session was not conducted. Due to the low number of registered participants, the session was modified and participants received one-on-one resume consultations.

To further help reduce the disparity between DC and field based fellows in access to GHFP’s personal effectiveness, management and career development training and to efficiently conduct needed site visits, GHFP designed and facilitated a regional meeting for field based fellows in Africa. The regional meeting was held February 11-13, 2010. The three-day workshop included two days of professional development training and one day of career management/fellowship support sessions. The meeting was highly rated by the 7 fellows who participated.

The demand for professional coaching continued to increase substantially (see SR 1.1.4). Over the course of the first four program years, a total of 60 fellows participated in coaching. During Program Year 4, 26 fellows took advantage of GHFP’s coaching program. The amount of coaching provided per fellow ranged from one hour to ten hours per fellow during Year 4, with one to three hours being the most common. During Program Year 4, fellows used coaching to achieve some of the following objectives:

- Improved leadership and management skills, improved teamwork, and improved cross-agency collaboration, more effective communication with onsite managers, heightened self-awareness and emotional intelligence,
improved organizing skills, and enhanced influencing skills, among other areas.

- Clarified career direction and effective career transition. For example, fellows who approach the end of their fellowships may use coaching to consider next steps within USAID, or to explore opportunities with other international development and/or public health organizations.
- Sustained learning following GHFP training events.

**• Informal feedback from participants, combined with the high demand for coaching, suggest that the coaching program continues to be well received.**

**• During Program Year 4, GHFP also provided technical support for several USAID PDMS led monitoring and evaluation activities. For example, GHFP assisted with the implementation of an assessment of the pilot phase of the USAID Foreign Service National Washington Fellowship Program. The assessment helped identify the strengths and weaknesses of the pilot program and suggested concrete action items for improving the design of a scaled up version of the program. To support the USAID Bureau for Global Health objective to demonstrate technical leadership by publishing in peer-reviewed journals, GHFP also released a guide on peer-reviewed publishing. The guide is designed to help fellows and others at USAID think about opportunities for publishing research, reviews, commentaries, and experiences from their professional work in peer-reviewed journals.**

**• GHFP provided technical assistance for two PDMS-organized surveys that were conducted to help plan the 2010 LAC Health Managers State of the Art meeting and the 2010 AME Health Managers State of the Art meeting. In addition, GHFP provided technical support for the assessment of several PDMS conferences and major workshops. Specifically, the GHFP M&E team provided technical support for the assessments of the Africa Health Managers’ Workshop held in Dakar, Senegal (October 19-22, 2009), the 2010 LAC Health Managers’ State of the Art Meeting that was held in Miami, Florida (March 8-12, 2010), and the conference on “Meeting the Family Planning Demand to Achieve MDGs: Vision 2015” that was held in Kigali, Rwanda (March 21-26, 2010).**
SR 2.1.3 Access to state-of-the-art technical information provided

Results

- During Program Year 4, GHFP continued to provide fellows with extensive access to state-of-the-art technical information. GHFP updates all fellows about important professional development opportunities through the biweekly Fellows’ Express newsletter. The professional development funds that are allotted to each fellow enable them to freely select state-of-the-art technical training that matched their careers. As indicated in section SR 1.1.4., fellows have used these funds to attend professional conferences, to take language courses, management and technical training courses, and to obtain technical training materials. The fact that fellows are able to enhance their skills and stay up to date with the latest information in their technical field is an important perk that helps the program to attract highly motivated applicants who are interested strengthening their skills and who are likely to continue to work in public health.

- In Program Year 4, GHFP developed and launched a searchable online database of professional development opportunities. The database is maintained by GHFP’s Performance and Career Development team and is searchable by technical area and type of opportunity. Fellows have access to this database through the GHFP website.

- Findings from the GHFP Fellows’ Survey indicate that the program has been successful in providing fellows with state-of-the-art technical information during Program Year 4. More than nine out of every ten fellows (94%) agreed or strongly agreed that state-of-the-art technical information was made available to them (up from 58% in Year 3 and 61% in Year 2). And of those who reported that state-of-the-art technical information was made available, 97% reported that the information was relevant to their needs.
IR 2.2 Institutional capacity developed

SR 2.2.1 Organizational development interventions provided

GHFP offers a variety of organizational development (OD) support activities for USAID. The OD activities are implemented through the Public Health Institute and its partner, Management Systems International. GHFP’s organizational development capacity is described in a dedicated section on the program’s Web site at www.ghfp.net/organizationaldevelopment.fsp, as well as in some issues of the Onsite Managers Express. Organizational development assistance is available for various levels within USAID. In other words, the activities can be tailored to be bureau-wide or office-wide, or they can target specific divisions or teams. GHFP also implements multi-sector, multi-agency, and multi-organization OD activities. GHFP’s OD team has extensive expertise in a wide range of OD activities, ranging from workforce analyses, to planning exercises, to team building often complementing the work with short training modules and coaching. GHFP has the capacity to offer such services in French, Spanish and other languages.

GHFP receives requests for OD assistance through a variety of sources. Most often, requests are communicated through the AOTR, the fellows, Office and Division heads and OSMs. In some cases, USAID staff members who previously worked with GHFP’s OD team invite GHFP to conduct OD work in other sites. Similarly, word-of-mouth communications about the quality of GHFP’s OD services increasingly generates new requests for OD assistance.

GHFP’s organizational development work in Washington, DC has continued to expand. During the course of Program Year 4, GHFP conducted a total of 20 domestic OD activities, compared to 12 in Program Year 3. In addition, GHFP conducted 7 field-based OD activities.

Results

- During the course of Program Year 4, GHFP conducted 14 team building or planning retreats. The program also arranged for logistical support for various GH-sponsored activities. Requests for organizational development assistance also included requests from offices to conduct focused trainings which complemented efforts to increase organizational performance. (see Table 5)

- GHFP conducted seven field-based organizational development activities during the course of Program Year 4, two of which were requested by PRH (see Table 5). These included three teambuilding and planning consultations (in Malawi, Senegal, and Southern Africa) and a mid-term review and strategy for USAID/Ethiopia’s Integrated Family Health Program. GHFP also conducted an assessment of and facilitated the development of a health program design/strategy in Malawi. GHFP conducted an organizational analysis of an Indonesian parastatal family planning organization and designed its re-organization. At the
request of PRH, GHFP also facilitated and provided logistical support for a 6-day conference in Rwanda.

- During Program Year 4, GHPF implemented OD activities for several GH offices, including the Office of HIV/AIDS, the Office of Health, Infectious Diseases, and Nutrition, the Office of Population and Reproductive Health, The Office of Professional Development and Management Support, the Office of Regional and Country Support. OHA was the most frequent user of OD support (12 events), followed by PRH (7 events, including 2 overseas events).

Table 7: List of Organizational Development Interventions for GH Offices and Divisions in Washington D.C., Program Year 4

<table>
<thead>
<tr>
<th>OD Interventions for GH Offices and Divisions in Washington, DC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nutrition Team Retreat. This was a one-day retreat for the Nutrition team within the Office of Health, Infectious Disease, and Nutrition (HIDN).</td>
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<tr>
<td>• HIDN/Maternal &amp; Child Health (MCH) Division Retreat. This was a one-day divisional retreat.</td>
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<tr>
<td>• Facilitation of two meetings of the Research Administrators, organized by the Office of Population and Reproductive Health (PRH)’s Research, Technology, and Utilization (RTU) Division. This included two one-day meetings over a two month period.</td>
</tr>
<tr>
<td>• PRH/Commodities Security and Logistics (CSL) Division Retreat. This was a two-day retreat that concluded the workforce review and series of retreats that began in Program Year 3.</td>
</tr>
<tr>
<td>• PRH/Service Delivery Improvement (SDI) Division Retreats and Training. This included one two-day retreat, one half-day workshop, and one one-day retreat for this division over a three month period. The training workshop was based on the Mastering the Art of Health Project Management “Managing without Micromanaging” course, adapted for the SDI Division.</td>
</tr>
<tr>
<td>• Provision of Interpretation Services to the Women Deliver Conference at the request of PRH.</td>
</tr>
<tr>
<td>• PRH/RTU Division Retreat. This was a one-day divisional retreat.</td>
</tr>
<tr>
<td>• Facilitation of planning meetings for DR Congo teambuilding and OGAC “staffing for results” exercise, at the request of the Office of HIV/AIDS (OHA). The activity ultimately did not take place.</td>
</tr>
<tr>
<td>• OHA/Technical Leadership and Research (TLR) Division Retreat. This was a 1.5-day</td>
</tr>
</tbody>
</table>
divisional retreat.

- Regional Advisors Team Retreat. This was a one-day retreat for the Regional Advisors team within OHA’s Strategic Planning, Evaluation, and Reporting (SPER) Division.

- New Partners Initiative (NPI) Team Retreat. This was a one-day retreat for the NPI team within OHA’s Implementation Support (IS) Division.

- Team building and Strategic Planning Retreats for the Health Systems Strengthening (HSS) Team within OHA/SPER. This included two days of teambuilding and one day of strategic planning over a two month period.

- Strategic Planning Retreats for the Monitoring, Evaluation, and Research (MER) Team within OHA/SPER. This included a one-day retreat and a two-day retreat over a two month period.

- OHA Team Leaders Retreat. This was a one-day retreat for the Office Director, Deputy Office Director, Division Chiefs, and Team Leaders from each of the four divisions in OHA.

- Provision of on site logistics support for a one-day meeting for Orphans and Vulnerable Children (OVC) evaluation, at the request of OHA.

- Support to OHA/SPER in preparation for the 2010 Global Health Information Forum in Bangkok. This included providing technical guidance and contributing to a paper entitled, “Using Organizational Development Approaches to Strengthen Health Information Systems.”

- Support to OHA/SPER in the development of a project plan and strategy for an OHA evaluation initiative. This support included several meetings over a two month period.

- Provision of a Negotiation and Conflict Resolution course by Harvard University at the request of OHA. This was a two-day event.

- Facilitation of Multiparty Collaboration and Negotiation Skills course for PEPFAR at the request of OHA. This three-day course was attended by 22 participants from OHA, CDC and OGAC.

- Facilitation of a workshop on Myers-Briggs Type Indicator (MBTI) Step II for the Office of Regional and Country Support (RCS).
Table 8: List of Organizational Development Interventions for USAID Missions and Offices Overseas, Program Year 4

<table>
<thead>
<tr>
<th>OD Interventions for USAID Missions and Offices Overseas</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Facilitation of and provision of logistics support for “Meeting the Family Planning Demand to Achieve MDGs” conference in Rwanda, at the request of PRH. This was a six day conference.</td>
</tr>
<tr>
<td>• Organizational analysis and re-organization design of BKKBN, an Indonesian parastatal family planning organization, at the request of PRH. This included four weeks of field work in Indonesia.</td>
</tr>
<tr>
<td>• USAID/Ethiopia – Conducted a mid-term review and strategy for the Integrated Family Health Program.</td>
</tr>
<tr>
<td>• USAID/Malawi – Conducted assessment and analysis and facilitated development of a health program design and strategy.</td>
</tr>
<tr>
<td>• USAID/Malawi – Facilitation of a two-day teambuilding retreat for USAID/Malawi Health Office staff and a three-day Collaborative Problem-Solving and Negotiation Skills Workshop for Malawi PEPFAR Team.</td>
</tr>
<tr>
<td>• USAID/Senegal – Conducted assessment and analysis for strategic planning and teambuilding for the Mission’s health sector.</td>
</tr>
<tr>
<td>• USAID/Southern Africa– Conducted a two-day teambuilding retreat.</td>
</tr>
</tbody>
</table>
### List of Selected Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Office of the Assistant Administrator</td>
</tr>
<tr>
<td>AED</td>
<td>Academy for Educational Development</td>
</tr>
<tr>
<td>AFR</td>
<td>Bureau for Africa</td>
</tr>
<tr>
<td>AI</td>
<td>Avian Influenza</td>
</tr>
<tr>
<td>AME</td>
<td>Bureaus for Asia / Middle East</td>
</tr>
<tr>
<td>AOTR</td>
<td>Agreement Officer's Technical Representative</td>
</tr>
<tr>
<td>APHA</td>
<td>American Public Health Association</td>
</tr>
<tr>
<td>API</td>
<td>Avian and Pandemic Influenza</td>
</tr>
<tr>
<td>APS</td>
<td>Annual Program Description</td>
</tr>
<tr>
<td>CAR</td>
<td>Central Asian Republics</td>
</tr>
<tr>
<td>CCM</td>
<td>Community Case Management</td>
</tr>
<tr>
<td>COP</td>
<td>Country Operational Plan</td>
</tr>
<tr>
<td>COTR</td>
<td>Contracting Officer's Technical Representative</td>
</tr>
<tr>
<td>CPDS</td>
<td>Coordinated Procurement and Distribution System</td>
</tr>
<tr>
<td>CSL</td>
<td>Commodity Security and Logistics Division</td>
</tr>
<tr>
<td>DfID</td>
<td>Department for International Development (UK)</td>
</tr>
<tr>
<td>DoD</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>E&amp;E</td>
<td>Bureau for Europe and Eurasia</td>
</tr>
<tr>
<td>FIGO</td>
<td>International Federation of Gynecology &amp; Obstetrics</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>GH</td>
<td>Bureau for Global Health</td>
</tr>
<tr>
<td>GHC</td>
<td>Global Health Conference</td>
</tr>
<tr>
<td>GHFP</td>
<td>Global Health Fellows Program</td>
</tr>
<tr>
<td>GHI</td>
<td>Global Health Initiative</td>
</tr>
<tr>
<td>HIDN</td>
<td>Health, Infectious Diseases and Nutrition Division</td>
</tr>
<tr>
<td>HOP</td>
<td>Headquarters Operational Plan</td>
</tr>
<tr>
<td>HRH</td>
<td>Human Resources for Health</td>
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<tr>
<td>HS</td>
<td>Health Systems Division</td>
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<tr>
<td>HSS</td>
<td>Health Systems Strengthening</td>
</tr>
<tr>
<td>IBP</td>
<td>Implementing Best Practices</td>
</tr>
<tr>
<td>ICM</td>
<td>International Confederation of Midwives</td>
</tr>
<tr>
<td>ICN</td>
<td>International Council of Nurses</td>
</tr>
<tr>
<td>ID</td>
<td>Infectious Diseases Division</td>
</tr>
<tr>
<td>IEE</td>
<td>Initial Environmental Examination</td>
</tr>
<tr>
<td>IFRC</td>
<td>International Federation of Red Cross</td>
</tr>
<tr>
<td>IGA</td>
<td>Income Generation Activity</td>
</tr>
<tr>
<td>IGWG</td>
<td>Interagency Gender Working Group</td>
</tr>
<tr>
<td>IPSE</td>
<td>Institut Prospective et Sécurité de l'Europe</td>
</tr>
<tr>
<td>IS</td>
<td>Implementation Support Division</td>
</tr>
<tr>
<td>ITT</td>
<td>Interagency Technical Team</td>
</tr>
<tr>
<td>KYE/KYR</td>
<td>Know your epidemic, know your response</td>
</tr>
<tr>
<td>LAC</td>
<td>Bureau for Latin America and the Caribbean</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MARPs</td>
<td>Most at Risk Populations</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and Child Health Division</td>
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<tr>
<td>MER</td>
<td>Monitoring, Evaluation and Reporting Team</td>
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<tr>
<td>NGOs</td>
<td>Non-governmental Organizations</td>
</tr>
<tr>
<td>NUT</td>
<td>Nutrition Division</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>---------</td>
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<tr>
<td>OAA</td>
<td>Office of Acquisition and Assistance</td>
</tr>
<tr>
<td>OFDA</td>
<td>Office of Foreign Disaster Assistance</td>
</tr>
<tr>
<td>OGAC</td>
<td>Office of the Global AIDS Coordinator</td>
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<tr>
<td>OHA</td>
<td>Office of HIV/AIDS</td>
</tr>
<tr>
<td>ORT/ORS</td>
<td>Oral Rehydration Therapy/Salts</td>
</tr>
<tr>
<td>OSM</td>
<td>Onsite Manager</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan-American Health Organization</td>
</tr>
<tr>
<td>PCB</td>
<td>Programme Coordinating Board</td>
</tr>
<tr>
<td>PDMS</td>
<td>Office of Professional Development and Management</td>
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<tr>
<td>PEC</td>
<td>Office of Policy, Evaluation and Communication</td>
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<tr>
<td>PEPFAR</td>
<td>President's Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV/AIDS</td>
</tr>
<tr>
<td>PMI</td>
<td>President's Malaria Initiative</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<tr>
<td>PQM</td>
<td>Promoting the Quality of Medicines</td>
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<td>PRH</td>
<td>Population and Reproductive Health Division</td>
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<td>PVOs</td>
<td>Private Voluntary Organizations</td>
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<td>PwP</td>
<td>Prevention with Positives</td>
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<tr>
<td>RDM/A</td>
<td>Regional Development Mission / Asia</td>
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<td>RH</td>
<td>Reproductive health</td>
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<td>RHAP</td>
<td>Regional HIV/AIDS Program</td>
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<td>RTU</td>
<td>Research, Technology and Utilization Division</td>
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<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
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<tr>
<td>SAHCD</td>
<td>Southern African Human Capacity Development</td>
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<tr>
<td>SCMS</td>
<td>Supply Chain Management System</td>
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<td>SD</td>
<td>Sustainable Development</td>
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<td>SDI</td>
<td>Office of Service Delivery Improvement</td>
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<td>State of the Art Program Series</td>
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<td>SPBO</td>
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<td>Technical Working Group</td>
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<td>US Agency for International Development</td>
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<td>US Government</td>
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<td>Voluntary Counseling and Testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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</table>