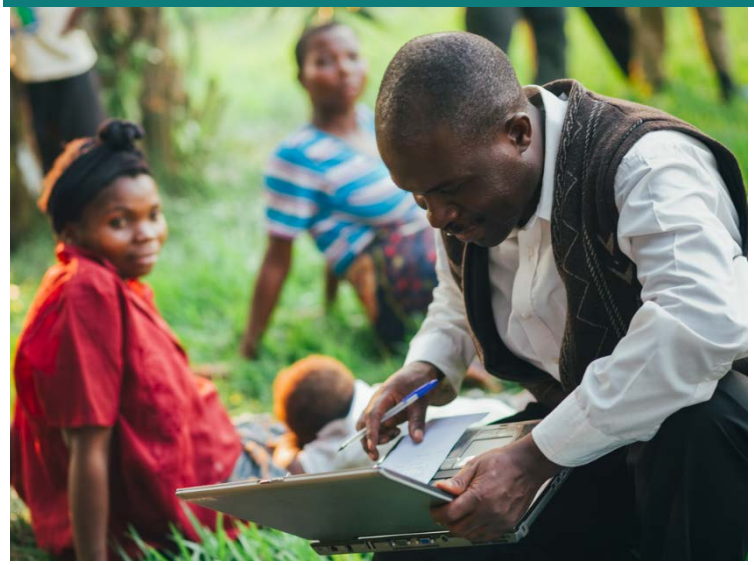
# Sustaining Technical and Analytic Resources (STAR) Year Three Program Performance Report

October 1, 2020 – September 30, 2021



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Sustaining Technical and Analytical Resources (STAR) is a project of the Public Health Institute (PHI) implemented in partnership with the University of California, San Francisco (UCSF) and Aspen Management Partnership for Health (AMP Health).

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# ACRONYMS

| | |
|---|---|
| **AMP Health** | Aspen Institute's Management Partners in Health |
| **AP** | Academic Partnerships |
| **APHA** | American Public Health Association |
| **ATOTW** | Anaesthesia Tutorial of the Week |
| **CoLab** | Collaboration Laboratory |
| **Comms** | Communications |
| **CUGH** | Consortium of Universities for Global Health |
| **DEI** | Diversity, Equity, and Inclusion |
| **DDL** | Development Data Library |
| **FIN** | Finance |
| **FSN** | Foreign Service National |
| **GH** | Global Health |
| **GHPOD** | Global Health Professional and Organizational Development |
| **GHTP** | Global Health Technical Professionals |
| **GH/PDMS** | USAID Bureau for GH, Office of Professional Development and Management Support |
| **GO** | Global Operations |
| **GOALS** | Growth, Outcomes, Activities, Learning Needs, and Success |
| **HBCU** | Historically Black Colleges and Universities |
| **HIC** | High-Income Country |
| **ILP** | Individualized Learning Plan |
| **IMARS** | Information Management and Reporting System |
| **IRB** | Institutional Review Board |
| **IT&A** | IT and Administration |
| **LCN** | Local Country National |
| **LMIC** | Low-and-Middle-Income Country |
| **LMS** | Learning Management System |
| **LRN** | Learning |
| **MEL** | Monitoring, Evaluation, and Learning |
| **MOH** | Ministry of Health |
| **MSI** | Minority Serving Institution |
| **OHA** | Office of HIV/AIDS |
| **PM** | Performance Management |
| **PMP** | Performance Monitoring Plan |
| **POC** | Point of Contact |
| **PPE** | Personal Protective Equipment |
| **PE** | Partnership Engagement |
| **PHI** | Public Health Institute |
| **PY** | Project Year |
| **RO** | Recruitment and Outreach |
| **STAR** | Sustaining Technical and Analytic Resources |
| **TAG** | Technical Advisory Group |
| **TB** | Tuberculosis |
| **TCN** | Third Country National |
| **TD** | Tangible Development |
| **UCSF** | University of California, San Francisco |
| **USAID** | United States Agency for International Development |
| **USN** | United States National |
| **WFSA** | World Federation of Societies of Anaesthesiologists |

# I. EXECUTIVE SUMMARY/INTRODUCTION

## Background

The Sustaining Technical and Analytic Resources (STAR) project completed its third project year with significant progress in achieving planned programmatic goals and maintaining support for participants. Through fellowships, internships, and strategic partnerships, STAR supports building the capacity of diverse global health professionals and organizations at all levels to make inclusive, collaborative, and innovative contributions to global health. STAR participants and partners collaborate in the development of systems and tools that strengthen and sustain local and global health responses to better address diseases, epidemics, and pandemics in resource variable settings. The STAR project is implemented by the Public Health Institute (PHI) in partnership with the University of California San Francisco (UCSF) and Aspen Management Partners in Health (AMP Health).

## Reporting Period

In project year three (PY3), Oct. 1, 2020, to Sept. 30, 2021, workplan activities were carried out as planned, meeting USAID requests for recruitment of global health Fellows and Interns, as well as providing strong performance management, learning support, and administrative support for participants. Challenges from the COVID-19 pandemic continued in PY3, and new priorities were incorporated into STAR's work.

COVID-19 played a significant role in programming. STAR staff continued to work remotely, as did most participants. STAR prioritized recruiting and supporting participants working in diverse work settings, including virtually. In addition, as a cooperative agreement, STAR has built-in flexibility for how it can achieve its objectives and support USAID. This has enabled STAR and partner University of California, San Francisco (UCSF) to provide ongoing COVID-19, ventilator, and critical respiratory care technical assistance for USAID's COVID-19 response.

Following 2020's heightened awareness and responsiveness to the Black Lives Matter movement for racial justice, STAR continued to prioritize diversity, equity, and inclusion (DEI) issues for both staff and participants. Throughout this year, STAR focused on increased awareness for staff and continued use of blind recruitment and resource sharing with STAR participants. Working with partner Tangible Development (TD), STAR supported the Office of HIV/AIDS in the Global Health Bureau at USAID (USAID/GH/OHA) with diversity, equity, and inclusion (DEI) activities.

The U.S. exit from Afghanistan this year impacted several STAR Fellows. STAR remained in frequent communication with those impacted and tried to find creative solutions to challenging problems, including the inability of Fellows to receive paychecks following the collapse of their banking system.

PY3 also marked additional endings and beginnings. Support for the four Collaboration Laboratory (CoLab) pairs of low- and middle-income country (LMIC) and high-income country (HIC) academic institutions partners ended in December 2020 when the grants were closed out. Responding to budgetary concerns by USAID, STAR's learning program was streamlined during PY3 and Johns Hopkins University's participation on STAR ended in June 2021. At the same time, through ongoing discussions with USAID Offices and Missions, STAR moved closer to implementing a partnership with the Aspen Institute's Management Partners in Health (AMP Health) program to build leadership and management capacity within Ministries of Health (MOH).

Contributions by STAR partners are incorporated throughout the report and highlighted in the Partner and Sub-Awardee Activities section.

## STAR Participants

In PY3, STAR supported 175 U.S. national (USN) and LMIC positions, compared to 132 in PY2 and 59 in PY1. PY3 details are available in the Participant Overview section and Annex A, and cumulative data is available in Annex B.

### STAR PY3 Participants

- **Total positions:** 175
- **Total participants:** 174
- **USAID-funded positions:** 168
- **Additional positions:** 7, including the David and Lucile Packard Foundation (4), Purdue University (1), Wayne State University (1) and Princeton University (1)

- **Fellowships supported:** 117 (including Purdue and the Packard Foundation)
- **Internships supported:** 58 (including Wayne State and Princeton)

- **USN positions:** 99
- **LMIC positions:** 76, including 60 local country hires (LCN) and 16 third country national (TCN) hires

- **STAR participants onboarded in PY3:** 80
  - **New internships:** 42
  - **New fellowships:** 38

## Indicator Overview

For PY3, STAR had 21 active indicators in its Monitoring, Evaluation, and Learning (MEL) Plan, and 16 targets (76 percent) were met, exceeded, or on track. Several targets not met were due to COVID-19 restrictions. Details and discussion of these results can be found in the Activities section and Annex C.

**PY3 Indicators**[1]

| Targets Met or on Track (10) | On track/ No PY3 Target (6) | Targets Not Met (5) |
|---|---|---|
| 1.2.2 Point of Contact (POC) satisfaction – quality of candidates | 1.1.1 Number outreach events | 1.4.5 Fellows use learning funds |
| 1.2.3 POC satisfaction – recruitment process | 1.3.1 Participants supported | 1.2.1 Average days recruiting |
| 1.4.3 Number of STAR-hosted learning events and number of attendees | 1.4.6 STAR-generated resources publicly available | 1.6.1 Number and percent participants from LMICs |

[1] Two indicators related to the Foreign Service National (FSN) Fellowship program were not active due to COVID-19:

- FSN Fellowship program participant satisfaction (1.7.1)
- FSN Fellowship host sponsor satisfaction (1.7.2)

Three indicators were completed:

- Two indicators for STAR's Collaboration Laboratory (2.1.1, 2.1.2) – ended in PY3
- One indicator from STAR's UCSF Technical Advisory Group (TAG) (2.2.1) – ended in PY2

| Targets Met or on Track (10) | On track/ No PY3 Target (6) | Targets Not Met (5) |
|---|---|---|
| 1.4.4 Percent of learning events relevant professionally | 2.3.1 COVID Technical Advisory Group (TAG) contributions | 1.5.1 Fellows participate in field experiences |
| 1.3.2 POC satisfaction with STAR assistance | 2.3.2 Unique visitors to COVID critical care portal | 1.5.2 Interns participate in field experiences |
| 1.3.3 Participant satisfaction with STAR services | 2.3.3 Number of COVID technical assistance tools | |
| 1.4.1 Participant satisfaction with learning support | | |
| 1.4.2 Fellows develop Individualized Learning Plans (ILPs) | | |
| 2.1.1 CoLab – number of knowledge experiments | | |
| 2.2.2 CoLab – development of intellectual property resources | | |

## Key Team Updates

STAR teams continued to collaborate in PY3 to provide consistently strong recruitment to USAID and performance management, learning, and administrative support to participants. Key results included:

- **Outreach:** STAR staff participated in 16 virtual outreach events (indicator 1.1.1) and conducted eight presentations that promoted STAR. Given the wide use of virtual platforms for most events held in the global health arena, STAR was able to diversify the types of events attended, which allowed for greater focus on increasing minority access to global health career opportunities, LMIC audiences, and domestic audiences.

- **Recruitment:** STAR filled 36 fellowship positions and 39 internship positions in this period[2]. The Recruitment and Outreach (RO) team's use of blind recruitment for all domestic USAID positions continued. Additionally, RO continued to advertise positions in relevant country niche sites, newspapers, and other outlets to increase the pull of qualified applicants, with an emphasis on local country nationals.

  The target number of days for hiring was met for USN Fellow recruitments, but not for LMIC recruitments or for recruitments overall (1.2.1). Ninety-five percent of POCs responding to a survey reported that they were satisfied/very satisfied with the quality of candidates (1.2.2), and 95 percent were satisfied/very satisfied with the overall recruitment process (1.2.3).

- **Performance Management:** STAR refined and implemented participant orientation and quarterly check-in processes in this period. The Performance Management (PM) team oriented 68 participants and led the extension process for eligible fellowships and internships. PM worked closely with Recruitment on development of job descriptions and the Learning (LRN) team on identifying participant learning needs.

- **Learning:** Learning (LRN) support to participants in PY3 prioritized individual learning, curated collective learning experiences, and network facilitation. New initiatives focused on enhancing peer communication, professional development, and support were established for

[2] Recruitment numbers include all offers signed during the programming year, between Oct. 1 and Sept 30. These numbers do not always match the number of onboarded participants.

tuberculosis (TB) Fellows through piloted Learning and Leadership Circles and for Interns through the Rising STARs Series.

Seventy-nine percent of eligible Fellows developed an Individualized Learning Plan (ILP) in PY3 – exceeding the 70 percent target (1.4.2). There were four Learning Series that emphasized networking and learning for participants, and four additional learning events that were conducted to address stated gaps for Interns, meeting the target (1.4.3). All eight events had more than 80 percent of participants finding the event relevant professionally, exceeding the target (1.4.4).

- **Academic Partnerships:** STAR's Academic Partnership (AP) team completed Collaboration Laboratory (CoLab) experiments with four university pairs in this period during a no-cost extension. AP completed the final Learning Exchanges in December 2020, and partners submitted their final deliverables and outputs. Two indicators related to the Collaboration Laboratory were met – the number of knowledge experiments and development of intellectual property resources (2.1.1, 2.1.2). A final report summarizing the findings and recommendations from the CoLab was completed, submitted to USAID, and more broadly disseminated.

- **Communications:** Communications (Comms) continued to increase STAR's visibility and value to target audiences within the global health community. A new Comms Manager was hired in November 2020 who implemented enhanced strategies and campaigns to successfully promote and propel STAR's brand and mission to effectively engage with internal and external audiences in the field of global health. In this period, STAR generated more than 250 pieces of marketing, technical, and branded material for use in various media across the project. Twenty STAR-generated resources were made publicly accessible (1.4.6).

- **Global Operations:** The Global Operations (GO) team onboarded 38 Fellows and 42 Interns across 25 countries, including STAR's first USN overseas Intern supporting Rwanda's mission. GO also provided ongoing support to 75 local country nationals (LCNs) and third country nationals (TCNs) across 29 countries through PHI's vendor Elements Global Services, including seven that were new to STAR – the Democratic Republic of the Congo (DRC), Uzbekistan, Angola, Djibouti, Namibia, Pakistan, and Ghana. The GO team also led (and continues to lead) PHI and STAR efforts to support current and former Fellows and their families during and following the Taliban takeover of Afghanistan.

- **Partnership Engagement:** The STAR partnerships with UCSF, which focused on COVID-19 technical assistance, Purdue University to support a Global Health Equity Pharmacy Fellow, Tangible Development to implement DEI activities with OHA, and the Packard Foundation in India to support its office staff and build organizational effectiveness among adolescent sexual and reproductive health grantee partners, continued through the reporting period. A new partnership with AMP Health is underway to build capacity among MOHs in leadership and management. STAR also partnered with Princeton University for the second time this past summer, to place an Intern at USAID/Center for Innovation and Impact (CII). Through these partnerships and those that existed before this period, STAR has fully achieved its cost share requirement of four percent.

- **COVID-19 Activities:** Sub-partner UCSF supported USAID recipient countries' responses to the COVID-19 pandemic by providing technical assistance focused on ventilator deployment, critical care capacity assessments, and critical care education. Key to this support is the OpenCriticalCare.org portal, the World Federation of Societies of Anaesthesiologists (WFSA) Anaesthesia Tutorial of the Week (ATOTW) website, and the COVIDprotocols.org website.

STAR/UCSF provided remote technical assistance to implementing partners (IPs) and in-country partners by expanding a suite of resources to address key questions including hosting regular calls with oxygen ecosystem IPs.

Results for the three targets included:

- STAR/UCSF expanded the respiratory/critical care TAG to include more than 30 subject matter experts (2.3.1).
- The OpenCriticalCare.org portal received more than 163,000[3] users from 214 countries (2.3.2).
- STAR/UCSF organized and hosted a COVID-19 Clinical TA Webinar series that included five webinars with 388 live participants and 1,329 total participants, including asynchronous views (2.3.3).

- **Administration and IT:** In PY3, STAR's Administration team continued to oversee a 100 percent work-from-home (WFH) environment. The IT Management team's support of STAR's WFH systems and strategies included computer equipment setup and assignment, remote support to staff and participants, and the update and maintenance of cloud-supported data and systems. STAR's Information Management and Reporting System (IMARS) was further developed to support cross-team work.

  The team worked with local staff and PHI Central to fully clear and liquidate STAR's physical office space before the end of the lease on Sept. 30, 2021, and made the requisite adjustments to vendor management, inventory and equipment management, and mail delivery.

# II. OVERVIEW OF ACTIVITIES

Section II includes an overview of activities for all project areas. Updates related to each intermediate result (IR) area highlight the preparatory work needed to meet targets. This section reflects strategic collaboration and a continuous learning and adaptive management approach across STAR partners and teams to ensure that the project is achieving its planned objectives.

## IR 1: Strengthened capacity of diverse American and LMIC health professionals at all levels to make innovative contributions to global health (GH)

### Outreach

In PY3, the Recruitment and Outreach (RO) team conducted or participated in 16 outreach events – all in virtual format due to the pandemic (1.1.1a). Events included three webinars focusing on global health resume writing, which helped target a wide audience, including LMIC applicants. The RO team promoted STAR's listserv at each event and, as a result, more than 400 new subscribers were added to STAR's listserv, which reflects a conservative estimate of the number of people reached (1.1.1b) through outreach events.

[3] The exact number of visitors to OpenCriticalCare.org was 163,640. However, tracking did not take place for several months, and UCSF estimates that the correct number of users was closer to 200,000.

STAR continued to prioritize outreach to minority serving institutions (MSIs) and Historically Black Colleges and Universities (HBCUs). Out of 16 events (listed below), eight were targeted to MSIs in the US and seven were to LMIC audiences.

The RO team had a successful session at GHTechX, which, due to its virtual format, gathered a wide international audience. RO's session, "How to Stand out from the Pack of Applicants when Preparing an Application for STAR Fellowships: International Applicants Edition," targeted prospective LMIC applicants and was attended by 80 participants from 24 countries. Similarly, RO's "Spring Clean Your Global Health Resume" webinar was attended by 229 participants from over 30 countries. Such events present a unique opportunity for STAR to engage with LMIC-based audiences to promote the program. Finally, the RO and Academic Partnerships teams, along with the Program Director, presented on STAR at the Consortium of Universities for Global Health (CUGH) annual conference satellite session.

A summary of PY3 events is below. All were virtual due to the pandemic.

**STAR PY3 Outreach Events**

| Conferences (PY3 – 2020 and 2021) | Date | Target Groups |
|---|---|---|
| **London School of Economics Information Session: Careers in the US** | October 6, 2020 | LMIC, Domestic |
| **APHA Annual Meeting and Expo — "Creating the Healthiest Nation: Preventing Violence"** | October 24 – 28, 2020 | Domestic, LMIC and minority access |
| **STAR Information Session Webinar: How to gain a competitive advantage when applying for Fellowships and Internships in Global Health** | January 27, 2021 | Domestic, LMIC and minority access |
| **CUGH Education Committee Satellite Session** | March 6, 2021 | Domestic, LMIC |
| **Columbia University** | February 19, 2021 | Domestic |
| **Tufts University** | February 23, 2021 | Domestic |
| **George Washington University Virtual Internship Fair** | February 26, 2021 | Domestic |
| **Xavier University Information Session** | March 31, 2021 | Minority access (HBCU) |
| **Information Session on STAR to Howard University** | April 5, 2021 | Minority access (HBCU) |
| **GHTechX Webinar: How to stand out from the pack of applicants when preparing an application for STAR Fellowships** | April 23, 2021 | Domestic, LMIC |
| **STAR Webinar -Spring Clean Your Global Health Resume** | April 28, 2021 | LMIC, Domestic |
| **STAR Webinar-Leveling Up Your Global Health Resume** | July 23, 2021 | Domestic, LMIC |
| **San Diego State University Fall Career and Internship Fair (STEM, Health & Human Services)** | September 15, 2021 | Minority access (HSI), Domestic |
| **Atlanta University Center 2021 Career Fair** | September 16, 2021 | Minority access (HBCU), Domestic |
| **Arizona State University Tourism, Nonprofit + Government Career & Internship Fair** | September 23, 2021 | Minority access (HSI), Domestic |
| **Grambling State University Fall 2021 Virtual Career and Graduate School Fair** | September 28, 2021 | Minority access (HBCU), Domestic |

In addition to the external virtual events above, RO hosted STAR webinars to share information with the general public as a way to reach various audiences. This proved an effective way to create interest in the program. One information session, "How to Gain a Competitive Advantage when Applying for Fellowships and Internships in Global Health," received more than 400 registrations and over 180 attendees who had an opportunity to directly engage with the RO team to get answers to questions about STAR's recruitment process. Additionally, RO conducted pre- and post-event polls to understand the questions that were of most interest to prospective applicants and how well the presentation met their needs. The poll came back with a 98 percent satisfaction rating, along with requests for more sessions in the future.

Finally, RO worked with Communications to update the program description, website, and postcards to represent programmatic changes and continue to enhance the applicant experience on the website.

***Outreach challenges in PY3 included:***

- In the first part of the year, virtual conference platforms were not well established and did not help organizations effectively connect with attendees. However, technology improved throughout the year, and it became easier to connect and conduct meaningful conversations with potential applicants. STAR also started hosting webinars to reach people directly.

## Recruitment

STAR filled 36 fellowship positions in PY3, including five in the United States and 32 in 24 LMIC countries. In addition, STAR filled 39 internship positions in the U.S.

The RO team continued to build awareness of the recruitment process and STAR's blind recruitment approach. Social media campaigns were used to share current open positions with a wider audience. In addition, RO began highlighting vacancies on the STAR newsletter, which is distributed to current Fellows and Interns. STAR focused on improving coordination to provide smoother transitions of LMIC hires from other USAID mechanisms to STAR.

STAR revised its job description template for Interns to ensure blind recruitment is highlighted for teams and continued to promote it during kick-off meetings for fellowship positions. The STAR application also was revised to include gender-neutral pronouns to ensure inclusivity.

PY3 recruitment requests came from 24 countries.

| PY3 Recruitment Requests | | | |
|---|---|---|---|
| Angola | India | Malawi | Tanzania |
| Bangladesh | Indonesia | Namibia | Uganda |
| Cambodia | Kenya | Pakistan | Uzbekistan |
| Djibouti | Kyrgyzstan | Philippines | Vietnam |
| Ethiopia | Liberia | South Africa | Zambia |
| Ghana | Sierra Leone | Ukraine | Indonesia |

The ≤ 50 target number of days for hiring 36 fellowship positions was not met this year (1.2.1). While the target was met for USN Fellow recruitments (36 days for US positions; 45 days for USAID Mission positions), it was not for LMIC recruitments (96 days). Since LMIC recruitments are the majority of

positions, the average number of days for hiring was affected for recruitments overall (82 days). The international positions generally take longer to fill due to:

- Availability of teams and candidates for interviews
- Longer decision-making process from hiring teams due to the need to include outside parties such as Ministries of Health
- Longer negotiations with finalists for overseas positions due to country specific benefits and allowances that must be negotiated and confirmed by the employer of record (Elements)

The number of days for recruiting U.S. mission-based positions averaged 45 days, meeting the target of ≤ 50 days. Decision making from hiring teams tends to be quicker since the positions are internal. Similarly, U.S.-based positions were filled in 36 days, which was well below the target. These positions are the least complicated due to the clear salary and benefits packages and familiarity of hiring teams with the STAR recruitment process.

**PY3 POCs: Recruitment Process**

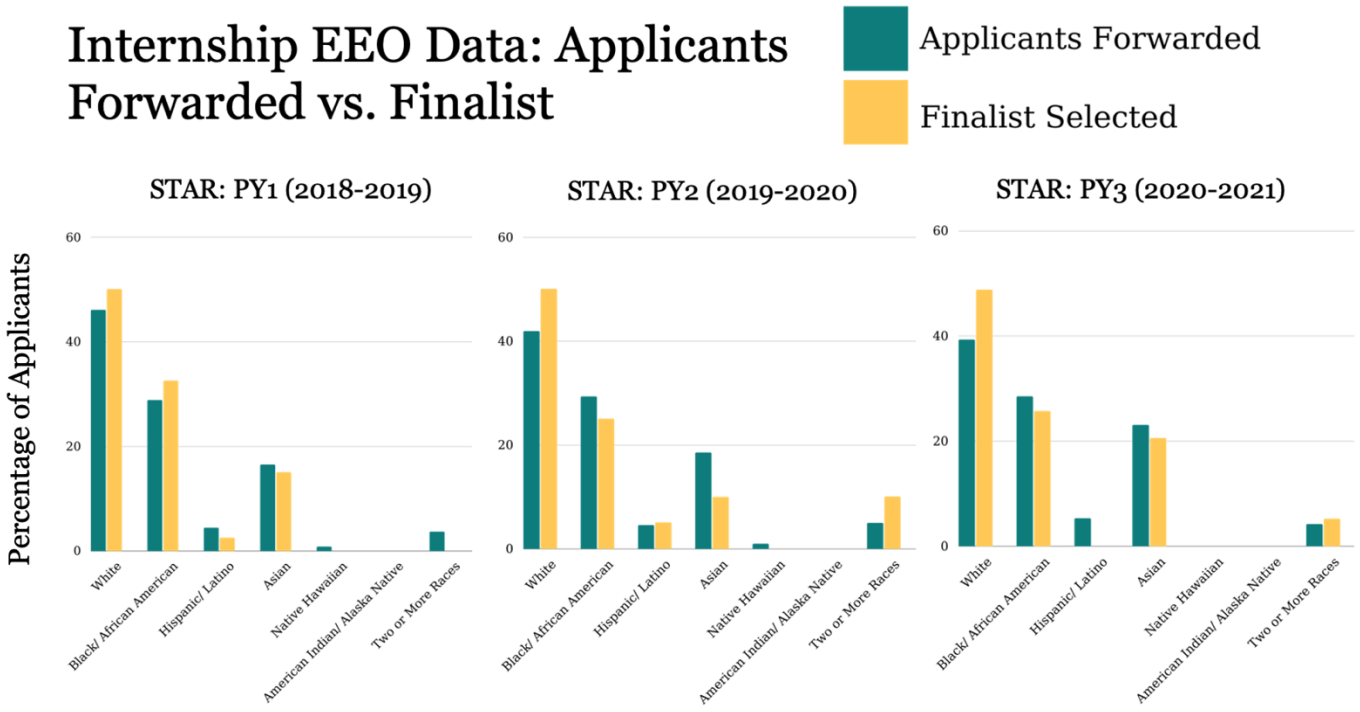
- "Overall, it was a very smooth process and appreciate the coordination and communication provided by STAR!"
- "Excellent experience. Looking forward to working with the STAR team again. THANK YOU - from start to finish the process was flawless."
- "Super easy process with clear communication on steps and support - thank you!"
- "This recruitment process has gotten smoother, with a higher quality of candidates, every time I have gone through it over the past 2 years."

Since most of the positions filled were overseas, i.e., 28 at Ministries of Health, four at USAID missions, and only five at USAID Washington, the average skewed towards the longer recruiting times.

STAR's blind recruitment process continued into PY3. Key findings from PY1-P3 include:

1. STAR has received a continuously diverse group of applicants, even with the internship applicant pool increasing by 105 percent from PY1 (1,617) to PY3 (3,324).
2. Diversity in internship applicants forwarded to USAID increased from PY1 to PY3.
3. Diversity in internship applicants selected to interview increased from PY1 to PY3.
4. Diversity in internship selected finalists increased from PY1 to P2, but did not change significantly from PY2 to PY3.

Summary charts are below, and details are available in Annex D.

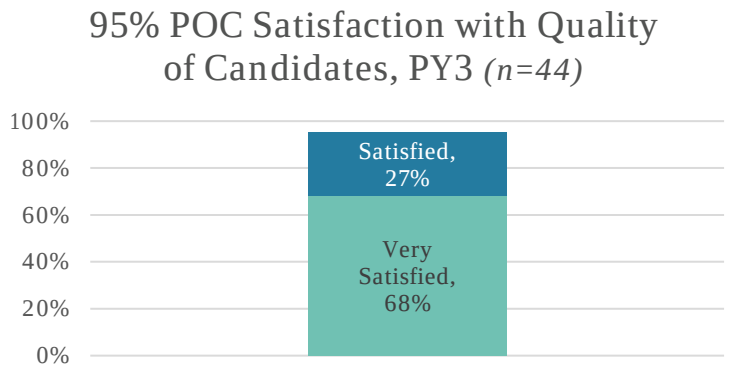



***Recruitment challenges included:***

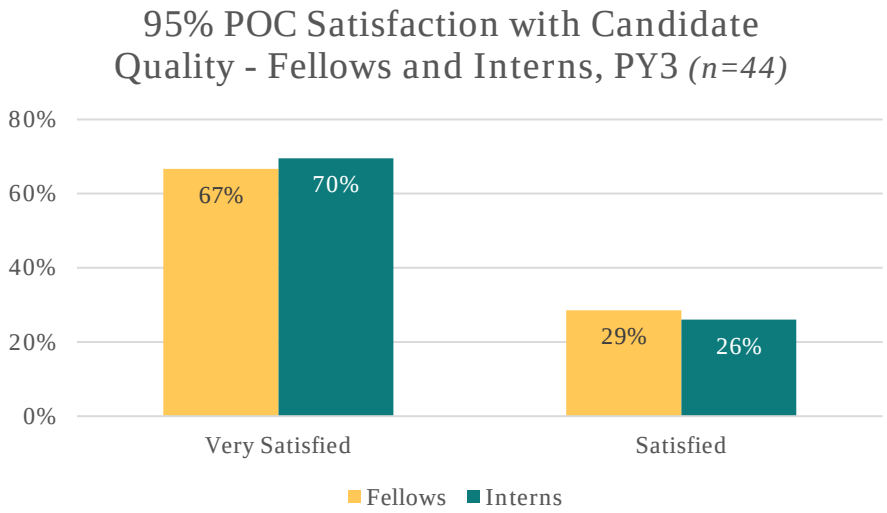
- All interviews were conducted virtually due to the pandemic, which required different approaches, particularly for local country national (LCN) positions. Given that the STAR recruitment team had already conducted interviews both in-person and virtually prior to the pandemic, best practices in virtual interviewing could be quickly referenced.
- Transitions of applicants from other mechanisms posed numerous challenges associated with compensation, especially among applicants who were previously hired through consulting contracts. The RO team established a new classification in the STAR Title and Pay Plan in order to maintain equitable standards of pay among incoming and existing Fellows.

**POC Feedback on Recruitment Process**[4]

POCs reported a high level of satisfaction with the quality of STAR candidates throughout PY3. Asked at the conclusion of each hiring process, 95 percent (42/44 respondents) indicated that they were 'satisfied' or 'very satisfied' with the quality of STAR candidates (1.2.2) – exceeding the 85 percent target.

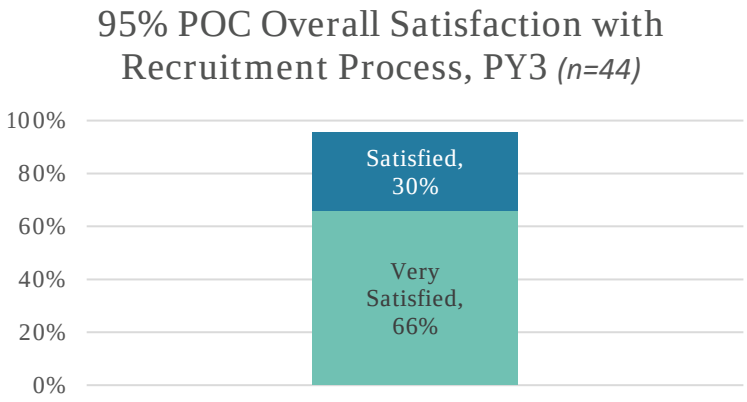



POC satisfaction with candidate quality was similar for Fellow and Intern recruitments.

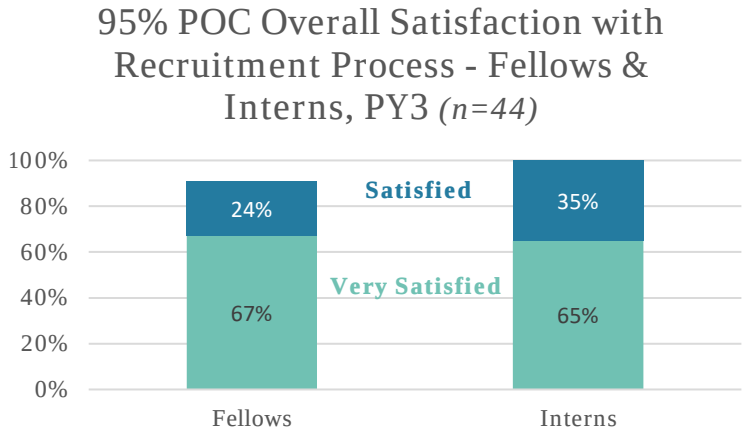



[4] Chart data may not equal 100 percent or match summary descriptions due to rounding.

Ninety-five percent of POCs reported that they were 'satisfied' or 'very satisfied' with the overall recruitment process (1.2.3) – also exceeding the 85 percent target.




Satisfaction with the recruitment process was similar regardless of type of participant.



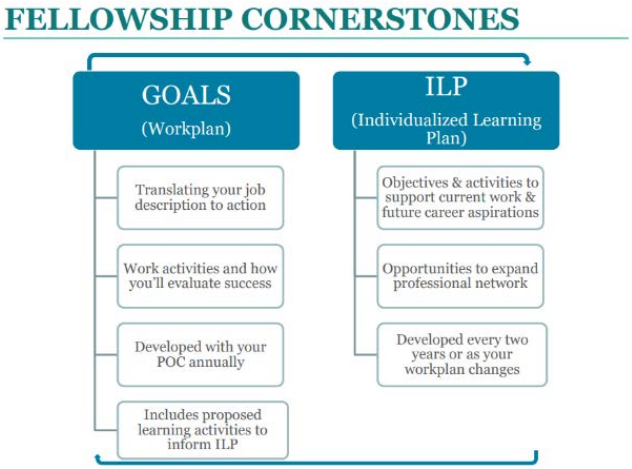

Leading into the question about overall satisfaction, POCs were asked about components of recruitment, and 98 percent reported that they were 'satisfied' or 'very satisfied' with both understanding of the recruitment process and STAR's responsiveness.

**PY3 POCs: Quality Candidates**

- "Thank you for incredible support! We had more qualified candidates than we could hire and the process was incredibly efficient!"
- "Great candidates and easy, streamlined process- thank you STAR!!!"
- "Thanks for the quick support and ability to hire competent staff urgently."
- "The level of support in finding the right candidates in a very narrow area of expertise I got from [staff] was tremendous, client oriented, timely and transparent."
- "The process was quick and STAR picked a good candidate."

## Performance Management

The Performance Management (PM) team refined processes and systems to support geographically diverse STAR participants and their points of contact (POCs) by providing individualized support to all participants. Over this period, PM oriented 68 participants and continued to support full-time teleworking needs.




PM provided Fellows with ongoing support to develop work plans using the Growth, Outcomes, Activities, Learning Needs, and Success (GOALS) framework. GOALS integrates the Fellow's work activities with learning needs and serves as the foundation for development of the Individualized Learning Plan (ILP). In addition, PM conducted quarterly check-ins for Interns, Fellows, and POCs using online surveys, followed by phone calls to Fellows every six months to gauge progress on their fellowship GOALS and address any concerns.

PM continued to implement quarterly check-ins to assess Interns' experiences and facilitate the provision of additional tailored support (role clarification, resume review, job search support, and referrals to PHI and USAID resources).

Key PM tools developed or expanded in PY3 included:

- Update of quarterly check-ins to reflect STAR's revised approach to Learning support and to better help PM understand participants' needs.
- Development of an Intern POC checklist and modification of an Intern POC Handbook to help POCs quickly onboard Interns.
- Implementation of a process for renewing fellowships for Fellows who are near their end date, which requires POCs to update the job description and approve additional funding.
- Expansion and refinement of orientation material to better address participant needs, particularly focusing on supporting Interns with a full-time remote environment.

### Participant Feedback about Support: Engaged and Motivated

- "(The) STAR mechanism is easily the best institutional contracting mechanism that I've been on during my time at USAID, given the amount of benefits (both professionally and personally) that it offers to its employees. Overall makes for higher work satisfaction and motivation to stay fully engaged." *(USN Fellow)*
- "I am very comfortable and happy working with STAR in general. Very excellent and cooperative teamwork among Star fellows." *(LMIC Fellow)*
- "Good and well-organized project especially in focusing the third world countries health developments, like fighting against HIV/AIDS and TB. Very well supported projects." *(USN Fellow)*
- "I am so pleased that I had the opportunity to work with STAR project and the PHI. It has assisted me to develop my career and reach my career goal." *(USN Fellow)*

***PM challenges in PY3 included:***

- Remote work has made it difficult to build connections among Interns. To address this challenge, STAR began hosting quarterly "meet and greets" for Interns, which are informal, online events to support cohesion of the cohort.
- The decreased number of PM team members in PY2 continued in PY3, which has been challenging as the number of participants has steadily increased.

## Learning

Learning support to participants in PY3 prioritized individual learning, curated collective learning experiences, and network facilitation. With many participants working remotely from a wide range of locations, emphasis was placed on bridging connections. New initiatives focused on enhancing peer communication, professional development, and support were piloted through Learning and Leadership Circles or TB Fellows and through the Rising STARs Series for Interns.

### Individual Learning

Customized learning for STAR's diverse participants continued to be a hallmark of the program. New eligible participants benefited from learning onboarding calls that supported them in identifying their key learning objectives and the development of their ILPs, and continuing participants maintained and updated their plans as needed. Overall, 79 percent of eligible Fellows with learning funds developed an ILP this year – exceeding the 70 percent target (1.4.2). An additional 16 Fellows who did not have access to learning funds also developed an ILP, although this was not required.

Due to budgetary constrictions, STAR's partnership with the Johns Hopkins University (JHU) was phased down during PY3 and ended in the third quarter. Therefore, the focus this year was on streamlining and developing tools to help participants identify and fulfill their own learning needs. By the end of PY3, participants could access the learning activities database and complete a Proposed Learning Activities form (PLA) independently as a part of their GOALS development process. The improved systems allowed for a more productive learning onboarding call and more efficient and accurate ILP development.

**Participants: Learning Supported, PY3**

- "I am thrilled with all the support that STAR learning has afforded me. I've been able to learn new skills including social and behavior change and improve my French." *(USN Fellow)*
- "I have benefitted greatly from the learning services, especially the ILP." *(USN Fellow)*
- "I benefitted from STAR online learning platforms, which helped me to learn some critical skill in specific area of my need." *(LMIC Fellow)*
- "The ILP was very helping in understanding and mapping out growth areas in ways I had not considered in the past." *(LMIC Fellow)*
- "I felt very supported, by my co-Interns and the STAR Learning leadership." *(Intern)*

Participants were encouraged to access the Learning Activities Database and explore hundreds of curated learning opportunities. PHI expanded Learning Management System (LMS) offerings by shifting from Skillsoft to Percipio, a robust platform with hundreds of courses. Twenty-six STAR participants accessed 62 courses on subjects such as project management, data quality, data analysis, data visualization, Tableau, and effective communication. Seven participants completed courses, including one Fellow who completed the Project Management Professional (PMP) bootcamp course and successfully passed his PMP exam.

Another free PHI resource that became available to participants this year was EBSCO host, a platform that provides access to thousands of peer reviewed journal articles.

**Learning Funds**

Fellows' learning funds carry over year to year for two contract years, and, in PY3, STAR began allocating $3,000 per fellowship year to eligible Fellows and $500/year for Interns. The reduction in funds was intended to align with past use of funds. STAR aims for 80 percent of eligible Fellows to use at least some of their learning funds, and 45 percent did so (18 of 40 Fellows) – not meeting the target (1.4.5). This may be attributed to the cancellation of in-person conferences and learning opportunities, coupled with the increased availability of free online learning opportunities due to COVID-19.

In addition, STAR aims for Fellows to spend 50 percent of their learning funds. In PY3, Fellows with learning funds spent an average of 38 percent of their annual budget ($1,143 of $3,000) – not meeting the target (1.4.5).

While only 39 percent of STAR Fellows received learning funds in PY3, many others have pursued free opportunities, including courses through Precipio, PHI's Learning Management System, MOOC, and STAR organized Learning and Leadership Circles.

**Networking and Facilitation**

Based on participant feedback, interest in connecting and networking with other participants was a priority. In response, the Learning team established two new ways for participants to interact with peers by sub-cohorts, such as Interns and TB Fellows, and with the broader STAR community: Rising STARS and Learning and Leadership Circles.

**Participants: STAR Networking, PY3**

- "My professional network expanded as we met with colleagues from different countries working in the similar field where we learnt from each other." *(LMIC Fellow)*
- "STAR has given me an opportunity to interact with other professionals within and outside of the hosting country." *(LMIC Fellow)*
- "Even though my internship was short, I have been able to network and expand my professional network." *(Intern)*

A) **Rising STARS (Interns) –** Rising STARS was launched in Q3 to create space for peer conversation, expand perspective, skills and resources, and promote networking. While Interns met informally online, there was not previously a space where they could discuss key topics and serve as resources to one another. Over the course of two months, there were three 90-minute Rising STARS sessions with different professional development topics:

- Managing Up
- Leveraging Your Strengths in the Workplace
- Preparing for Life After STAR – Designing Your Career

The three events were positively received with all participants reporting relevancy to their work and professional development.

B) **Learning and Leadership Circles (TB Fellows) –** TB Advisors often have limited connections to their technical counterparts in other countries. To provide support, STAR piloted a peer coaching program that aimed to:

- build coaching capabilities among STAR participants

- create a space for participants to support each other and translate technical skills into practice
- develop and enhance career opportunities by promoting meaningful professional connections during STAR and beyond
- reinforce and cultivate a connected network with a strong STAR identity

Five STAR Fellows were trained as peer facilitators over the course of a two-month experiential program that built leadership and facilitation skills and prepared them to serve as co-facilitators of their own Learning and Leadership Circles. The four-module curriculum was co-designed and delivered in partnership with Dr. Baker Maggwa, an USSTE STAR Fellow with extensive coaching and facilitation skills. Once trained, groups of 8-10 participants met once or twice a month and covered a range of topics, such as:

1. Effective Facilitation
2. Tools and Strategies for Effective Program Management
3. Cultivating Leadership Skills
4. Strategic and Effective Communication
5. Managing up- Working with Difficult Managers
6. Productivity, Teleworking and Navigating the New Online Working Culture
7. Sustaining Work-Life Balance During a Pandemic and Beyond)
8. Navigating Professional Transitions (Life after STAR and Beyond)
9. Effectively Stimulating Change in the Workplace
10. Advocacy Approaches to Inspire Policy Changes
11. Improving Teamwork (Team Building)

Overall, 19 Fellows participated, and feedback was positive. In an informal evaluation, participants reported that the content supported their professional and personal development. A copy of the agenda for the modules is available in Annex E.

**Curated Learning Experiences**

STAR learning offerings in PY3 were largely informed by participant feedback gathered in PY2. One of the key lessons was that the different participant sub-groups had very different needs. As a result, LRN prioritized cohort-specific learning support based on emerging needs of the various types of participants.

Over the course of the year, STAR delivered multiple learning offerings:

- five curated, collective learning experiences that were open to all participants;
- seven events targeting Interns; and
- a series of events that targeted overseas Fellows.

Eight of the STAR offerings were considered key activities/events, and there was an average of 22 participants at each, exceeding the targets of six events and average of 20 participants at each (1.4.3). Participants were asked in post-event surveys whether the activity was relevant to them professionally (such as for increased knowledge, skills, perspective, networking). In seven of the surveys, 100 percent of respondents indicated that they 'moderately' or 'strongly' agreed, and in one survey, 91 percent agreed – exceeding the target of 80 percent (1.4.4)[5]. The eight events where surveys were conducted are indicated below with an asterisk (*).

[5] Learning event surveys were conducted at the close of each of the key activities/events. Response rate varied from 35 percent to 100 percent.

**Five Core Learning Events for All Participants (Oct 2020 to September 2021)**

| Learning Activity | Date | Participants | Participant Details |
|---|---|---|---|
| CUGH Satellite Session* | March 3, 2021 | 34 | 4 Interns, 30 Fellows (28 LMIC, 2 USN) |
| Hopkins Publishing Series pt 1* | April 7, 2021 | 42 | 4 USN Interns, 5 USN Fellows, 28, 5 staff |
| Hopkins Publishing Series pt 2* | May 4, 2021 | 23 | 1 USN Intern, 1 USN Fellow, 17 LMIC Fellows, 4 staff |
| Hopkins Publishing Series pt 3* | June 2, 2021 | 24 | 1 USN Intern, 1 USN Fellow, 18 LMIC Fellows, 4 staff |
| WHO Implementation Science Course | April 1, 2021 | 27 | 25 LMIC, 2 Fellows |

In a fully virtual internship, to counteract the isolation and better navigate their new positions, Interns identified their learning priorities around having opportunities to connect with their peers and discuss issues that support them in their roles and prepare for launching a career in global health.

**Seven Learning/Networking Events for Interns (Oct 2020 to September 2021)**

| Learning Activity | Date | Participants |
|---|---|---|
| Leveling Up Your Global Health Resume* | July 23, 2021 | N/A |
| Rising STARS Peer Coaching Series- Managing your Manager* | Aug. 6, 2021 | 8 |
| Rising STARS Peer Coaching Series- Leveraging your Strengths* | Aug. 30, 2021 | 8 |
| Intern Meet and Greet (3 sessions) | Apr 2, 2021<br>Feb 5, 2021<br>June 11, 2021 | Average 11-18 participants |
| STAR Intern Global Health Careers Panel and Discussion* | Sept. 24, 2021 | 17 |

For USN participants, STAR worked in partnership with PHI colleagues from the Global Health Technical Professionals (GHTP) program to develop a Racial Equity and Social Justice Challenge (an adaption from another PHI Project, CA for Health), which aimed to help participants see how social and racial injustices exist at both individual and systematic levels. The Challenge offered participants the opportunity to engage in both individual and collective reflection and to increase their knowledge on issues of race, power, privilege, and leadership. Participants engaged in a five-part facilitated conversation with STAR and GHTP colleagues on these themes. Thirteen participants attended at least one of the five sessions, and 95 percent of participants reported that the content supported their personal and/or professional development.

For TB Fellows, the priority this year was on leveraging each other as a valuable resource. The Learning and Leadership Circles were ongoing and will be evaluated in PY4. To date, feedback has been positive. For this initial offering, there were 19 participants.

**Learning and Leadership Facilitator Training and Circles for TB Participants (Oct 2020 to September 2021)**

| Learning Activity | Date | Target Audience | Participants | Participant Details |
|---|---|---|---|---|
| STAR Coaching Overview | Nov. 4, 2020 | TB Advisors | 24 | 24 LMIC |
| Learning and Leadership Circles Facilitator Orientation | Feb. 1, 2021 | TB Fellows | 5 | 6 LMIC |
| Learning and Leadership Circles Facilitator Training (4-3hr modules) | Feb 18, 25, March 4, 11 (2021) | TB Fellows | 5 | 5 LMIC |
| Learning and Leadership Circles Series (7) | March-September (2021) | TB Fellows | 19 | Avg group size is between 4-8/session. |

To address the needs of STAR TB Advisors who did not have formal learning budgets, STAR innovated and adapted to meet their needs, promoting several no-cost options. With support from STAR, TB Fellows pursued a variety of opportunities, including courses through Percipio, PHI's Learning Management System, Massive Open Online Courses (MOOCS), and STAR organized Leadership Learning Circles. Additionally, LRN worked with the TB Advisors and Mission POCs to successfully advocate for funding for learning activities that would support them in their roles.

TB Advisors were actively involved with STAR learning, including:

- Forty percent of TB Advisors (16 Fellows) opted to develop an ILP
- Eighty-nine percent of STAR participants in a special WHO MOOC on Implementation Research were TB Advisors (24 of the 27 registrants)
- About 80 percent of participants in STAR curated learning experiences were TB Advisors
- Seventy-seven percent of the 26 STAR participants accessing the PHI Percipio system were TB Advisors, as were 85 percent of those completing courses

***Learning challenges in PY3:***

- Participant learning needs vary widely by participant type and career stage. Developing learning opportunities appropriate for all participants is a challenge.
- Implementing a robust learning program and providing individual support for ILPs with reduced staff remained a challenge. LRN encouraged Fellows to take ownership in the development of their ILP and made the Learning Activity database available to participants.
- Systems for developing and sharing ILPs with Fellows and their POCs was inefficient. The team worked with IT to make improvements to IMARS to streamline processes and reduce the administrative burden that can be a barrier to Fellows fully engaging in the ILP process.
- Finding the best time to schedule live offerings for Interns was challenging. In the work from home context, Interns are based in multiple time zones and often have conflicts with scheduled events.

## Participant Experience

STAR's goal is to provide a positive global health career experience beginning with recruitment and throughout the fellowship/internship. In survey feedback, participants and POCs repeatedly described the strong networking opportunities, the valued professional learning and growth support, the unique and valuable opportunity for LMIC participants, and the responsive and supportive services provided to participants and USAID staff. Quotes are provided throughout the report, and a summary of the participant experience is below.

### Orientation

In PY3, STAR oriented 37 Fellows and 31 Interns. For Fellows, PM focused on refining messages, particularly for LMIC Fellows whose understanding of their roles, employer relationships, and English proficiency varied. PM also refined orientation to reflect changes to the STAR learning program. Orientations for U.S.-based Fellows were adapted depending on the individual's background. For example, several Fellows hired for positions at USAID/Washington had transitioned from other hiring mechanisms and were familiar with the Agency and their roles. For Interns, the focus was on STAR program, policies, procedures, and participation in USAID's New Employee Orientation (NEO). PM also updated the Intern orientation to include sections on communicating and networking in a full-time remote environment. STAR orientations for Fellows and Interns have been fully virtual since March 2020.

**Participant Feedback about Support: STAR Staff**

- "The staff with whom I interact have been very helpful and had the right level of push and pull with me. I feel that they are concerned with my well-being and try to assist." *(USN Fellow)*
- "STAR support staff have been exceedingly responsive and helpful with providing information and direction to any query." *(USN Fellow)*
- "Services are reliable and provided promptly, whenever support is needed." *(LMIC Fellow)*
- "The staff were great, responded quickly to questions, and provided all the information I needed for a smooth transition into my first week." *(Intern)*
- "Everyone I worked with at STAR was extremely helpful and kind. They made my onboarding experience less stressful and easier." *(Intern)*

Orientations are grouped when possible (e.g., when several Interns start on the same day), to promote camaraderie and networking, but generally orientations are individual due to time zone and bandwidth constraints.

PM provides support to STAR POCs to help them understand their role in the participant's experience. Each POC receives a POC primer within a week of the participant's orientation. STAR also developed an Intern POC checklist and continued to provide the POC Handbook, which was updated this year and focuses on managing and mentoring Interns.

### Participant Requirements

All participants are required to submit a workplan, referred to as GOALS, within 90 days for Fellows and 30 days for Interns. STAR conducts check-ins and calls with participants and POCs to gauge experience. The schedule includes:

- Check-in surveys with participants approximately every quarter.
- Check-in with Fellow POCs every six months.
- Phone calls with Fellows on a semiannual basis.

### Support through Technology

Following orientation, participants are directed to the Participant Dashboard, which includes a list of tasks and information release forms, along with instructions on completing their GOALS. Previously, information was distributed through emails. Additional project resource materials are also available on their dashboard. Finally, STAR provides all participants with a Zoom account, which they can use to host video conferences and connect with one another or staff using the Zoom channel chat functions.

Another update this year was implementation of a new Intern quarterly check-in procedure. Each quarter, Interns receive a survey asking about their accomplishments and experience. They also are given the opportunity to schedule a resume review or phone call with STAR staff.

### STAR Support During COVID-19

STAR teams focused on strengthening processes for participants continued remote work. Teams shared resources with participants and their POCs on remote work best practices and improving communication in remote environments. In addition, PHI continued to provide resources to help employees manage stress and cope with day-to-day challenges associated with the pandemic. Improving networking in a remote environment was also important, particularly for Interns.

A significant impact of the pandemic and resulting remote work for participants has continued to be the inability to travel, participate in live, in-person learning activities, and shifting work priorities. Findings from STAR's survey of Fellows and Interns included:

1. COVID-19 impacted participants' ability to participate in planned learning activities (55 percent for Interns and 57 percent for Fellows). The reported impact was particularly high for LCN Fellows (70 percent).
2. Both Fellows (53 percent) and Interns (32 percent) reported that COVID-19 has impacted their ability to implement GOALS. LCN Fellows reported the greatest impact.
3. Participants reported that COVID-19 had impacted their view of their GH career, for both Interns (43 percent) and Fellows (47 percent). Comments primarily described increased dedication to work in GH and reaffirmation of their passion, but also, for Interns, limited options for working abroad.

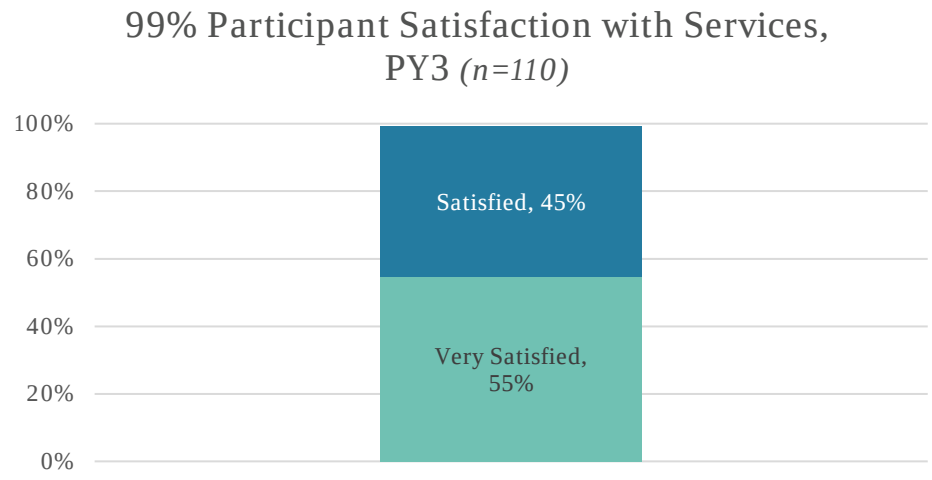
## Participant and POC Feedback

The importance of Fellow, Intern, and POC experience with STAR is reflected in three indicators focused on satisfaction with services and support, and all met PY3 targets.

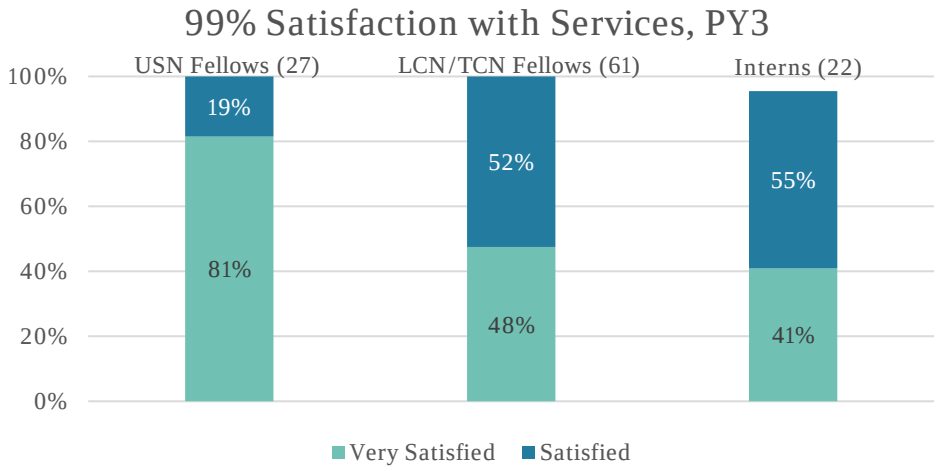
| |
|---|
| Participant overall satisfaction with STAR services: 99% |
| Participant satisfaction with STAR learning support: 91% |
| POC satisfaction with STAR assistance: 98% |

**Participant Feedback**[6]

Ninety-nine percent of PY3 participants responding to a survey indicated that, overall, they were 'satisfied' or 'very satisfied' with STAR services – exceeding the 85 percent target (1.3.3). This result was an improvement from 88 percent in PY2.



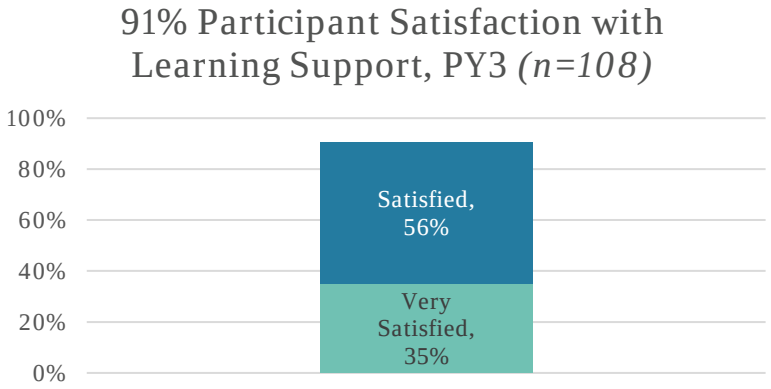

Fellows – both USNs and LMIC participants – indicated that they were 100 percent 'satisfied' or 'very satisfied', including 81 percent who were 'very satisfied.' Intern results showed 95 percent were 'satisfied' or 'very satisfied'. Survey details are available in Annex F.



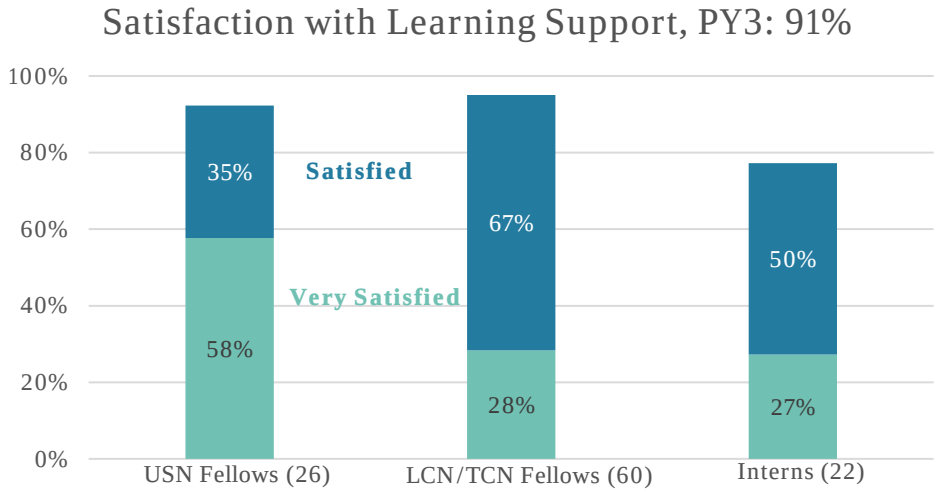

Participant feedback was strong for multiple aspects of STAR services, including performance management, operational support, responsiveness of STAR staff, and travel support services – ranging from 85 percent to 93 percent.

[6] Chart data may not equal 100 percent or match summary descriptions due to rounding.

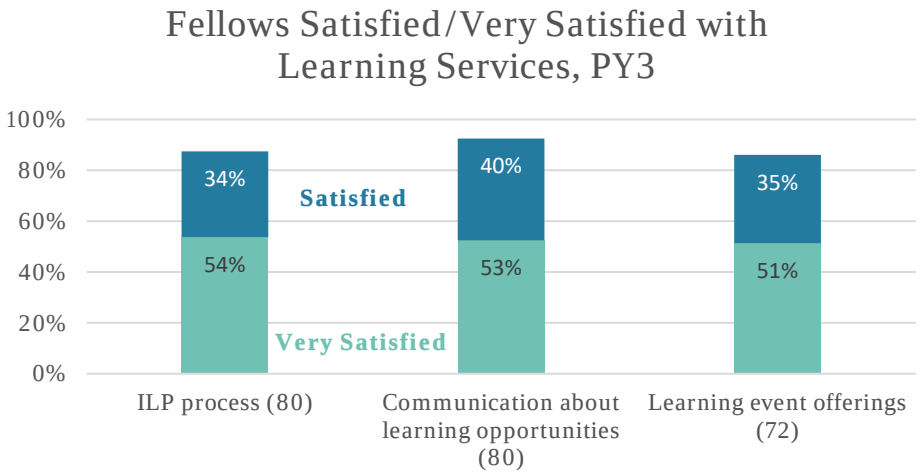
STAR also aims high for participant satisfaction with learning support, and 91 percent of respondents indicated that they were 'satisfied' or 'very satisfied' – exceeding the 80 percent target (1.4.1). This was a significant increase from 79 percent in PY2 during the start of COVID-19 – and similar to 92 percent in PY1.




USN and LMIC Fellow feedback was similar with 92 and 95 percent 'satisfied' or 'very satisfied'. Intern feedback was lower at 77 percent.

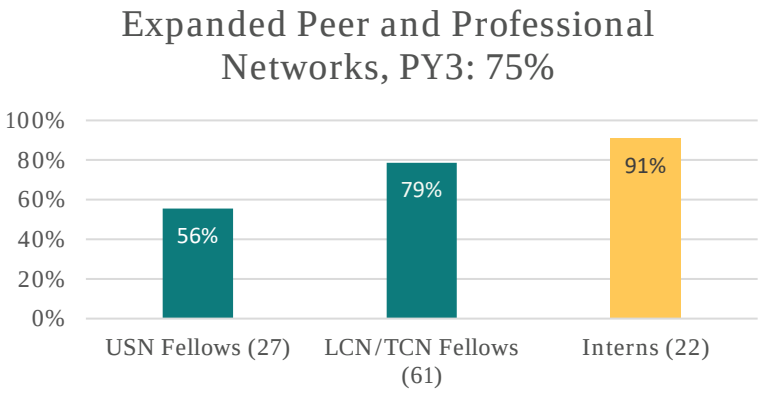


For Fellows, the breakdown of those who were 'satisfied' or 'very satisfied' with components of learning services ranged from 86 percent for learning event offerings to 93 percent for communication about learning event offerings. In addition, 88 percent indicated satisfaction with the ILP process.




In additional survey questions about learning, 55 percent of Interns (12/22) 'agreed' or 'strongly agreed' that learning activities during their internship helped them gain confidence in their role/position, while 23 percent were neutral.

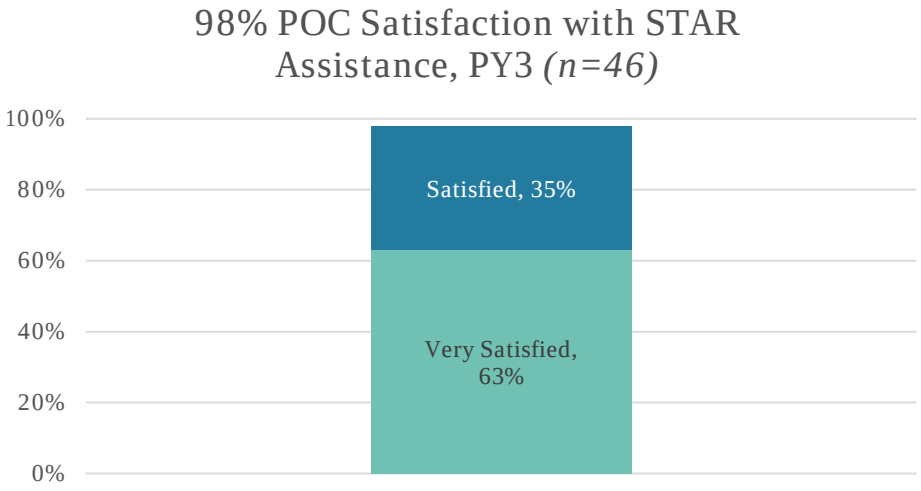
Another component of learning support was providing opportunities for participants to network. When asked whether participation in STAR helped expand their peer and professional network beyond their immediate colleagues and organization, 75 percent of respondents indicated that it had (83/110). Results were particularly strong for Interns with 91 percent. LCN/TCN Fellows reported more opportunities to network than USN Fellows, likely due to the priority placed on facilitating opportunities for Interns and overseas Fellows through the Rising STARS series, the Intern Meet and Greets, and the Learning and Leadership Circles for overseas fellows.



**POC Feedback**[7]

Maintaining consistent, responsive, helpful support for Fellow and Intern POCs is always a STAR priority, and that focus resulted in exceptionally positive feedback this year. Despite the pandemic and continued remote work, 98 percent of POC respondents indicated that they were 'satisfied' or 'very satisfied' with STAR assistance provided to them – exceeding the 85 percent target (1.3.2). This included a response rate of 40 percent (with 28 Fellow and 18 Intern POCs responding). These 46 respondents support 67 participants. Survey details are in Annex F.

Of the 98 percent of POCs who were 'satisfied' or 'very satisfied' with STAR assistance, an impressive 63 percent indicated that they were 'very satisfied,' and 35 percent were satisfied.




**POC Feedback about STAR Assistance, PY3**

**Fellow POCs:**

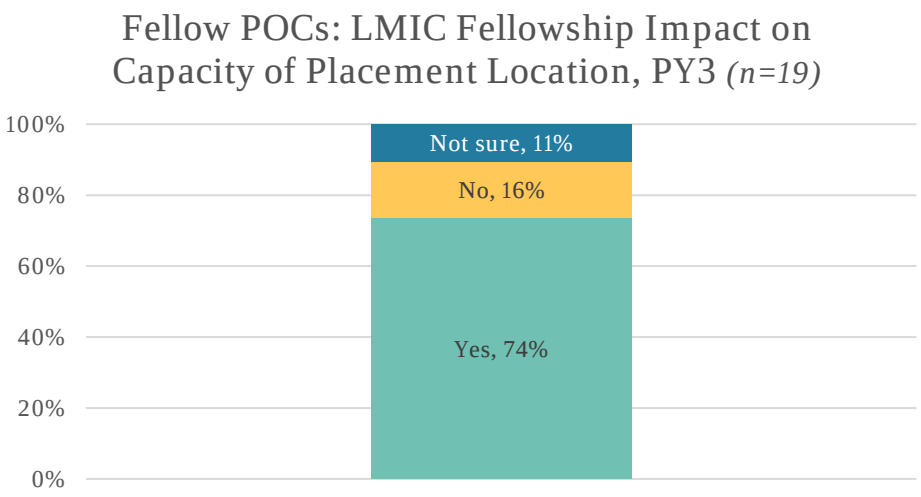
- "Easy to work with, responsive, supportive." *(Fellow POC)*
- "I really appreciate the great service I receive from STAR staff. My emails/calls receive quick responses, and STAR staff are willing to have open conversations about fellow performance." *(Fellow POC)*

**Intern POCs:**

- "I appreciated the ease of working with them and the assistance they provided to the intern. She felt all the processes were clear and simple." *(Intern POC)*

The STAR survey also asked POCs of Fellows whether the fellowship(s) had impacted the capacity of the placement location. This question is particularly relevant for LMIC participants working at MOHs, and 74 percent indicated that there had been an impact, and nearly half provided specific examples. For some 'not sure' or 'no' responses, Fellows may not have been in their positions for very long. This feedback was reported by 19 POCs who support 35 LMIC Fellows.

[7] Chart data may not equal 100 percent or match summary descriptions due to rounding.



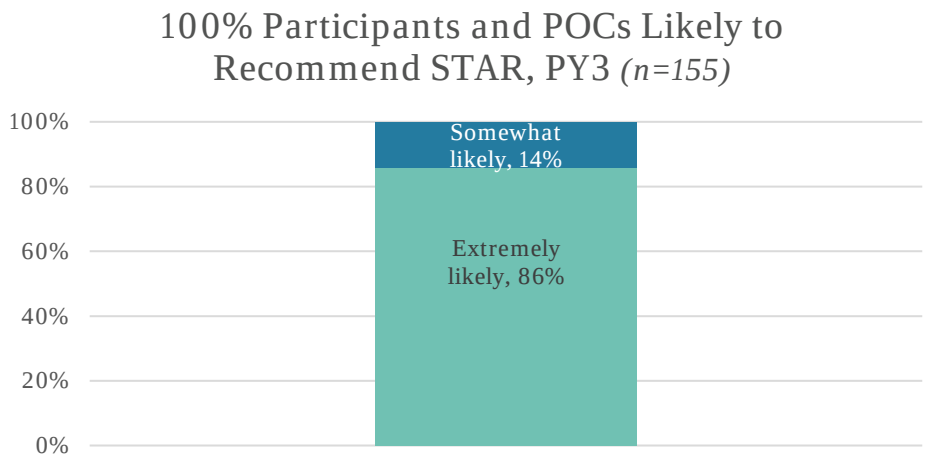

**Fellow POCs: LMIC Fellowship Impact on Capacity of Placement Location, PY3**

- "During the COVID-19 pandemic, the advisors were instrumental in helping the DOH develop its Adaptive/Recovery plan and ensuring logistics for TB are available." *(Fellow POC)*
- "Invaluable support to building the capacity for TB surveillance at the (Ministry of Health)." *(Fellow POC)*

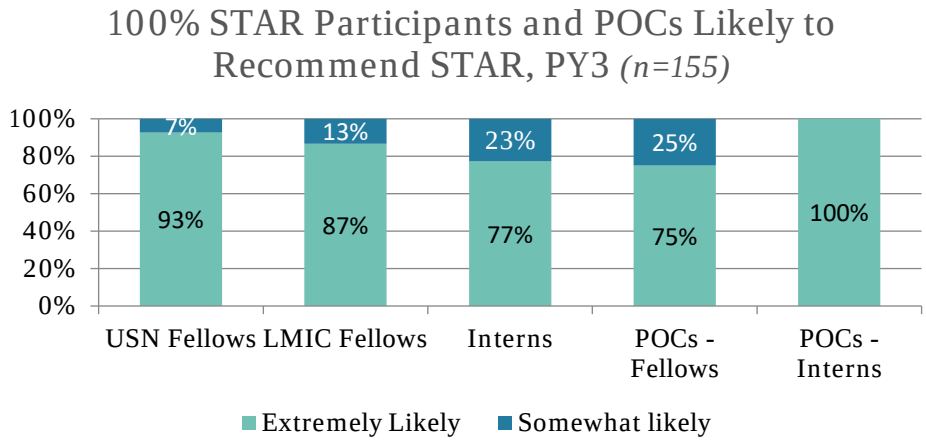
The POC surveys requested suggestions for programmatic improvements, which are shared with staff and discussed as a part of planning processes. Suggestions by Intern POCs this year included requests to have the POC attend the Intern orientation session to learn administrative details, and to revamp the closing evaluation. Fellow POCs requested funds to support activities beyond TA, adjusting remuneration to adapt to local situations, budgeting allocated for STAR advisors to use for coaching/mentoring or capacity building for their counterparts, and increasing peer-to-peer sharing/learning and advisory support, including thematic groups.

**Recommending STAR**

One hundred percent of Fellow, Intern, and POC survey respondents in PY3 said that they would be 'somewhat' or 'extremely likely' to recommend STAR to colleagues and friends, including 86 percent who would be 'extremely' likely to do so.




Ratings for recommending STAR were strong across the board, but particularly notable for USN Fellows and Intern POCs.



**Recommending STAR, PY3**

- "I always recommend STAR to colleagues looking to join USAID or public health work." *(USN Fellow)*
- "Overall, the fellowship and PHI have provided me with a lot of opportunities to explore a career at USAID and continue developing technical skills." *(USN Fellow)*
- "STAR is a project that values the skills of Fellows and aim to enhance their ability to show high quality performance to help health programs become accountable." *(LMIC Fellow)*
- "STAR Fellowship is a golden opportunity..." *(LMIC Fellow)*
- "The fact that STAR supports governments gives a lot of leverage to the STAR to work somewhat within and somewhat without the system which makes for a very dynamic and helpful partnership." *(LMIC Fellow)*
- "Fellows have been very helpful in bridging the needs of the host organization and the response of the USAID activities." *(Fellow POC)*
- "The fellowship gives great opportunity to provide strong TA and coordination between different partners especially with government counterparts." *(Fellow POC)*

## Field-based Experiences

From the start of the project, STAR has recognized the importance of field experience, both for Fellows and Interns. Although STAR does not control whether fieldwork takes place, there is value in promoting those experiences. Due to the pandemic, travel has been limited.

In PY3, only five of 27 U.S. Fellows reported that they had participated in fieldwork that was at least two weeks in length (cumulatively). Typically, the target for this indicator would be 85 percent (1.5.1). All five reported that this work had included active, technical engagement. It should be noted that the fieldwork did not necessarily take place in the last year.

Similarly, indicator 1.5.2 looks at the percent of USN Interns who participated in field experience by the end of their internship, with a target of 50 percent. For those replying to the internship survey in PY3, only one of 22 Interns who had been in their positions for at least six months had participated in field experience(s) during their internship that was at least two weeks in length (cumulatively). The one Intern who reported fieldwork agreed that their field experience contributed to their understanding of GH work.

## Foreign Service Nationals

Due to COVID-19, the Foreign Service National (FSN) program has been on hold since PY2.

## IR 2: Strengthened capacity of U.S. and LMIC GH academic institutions and other groups to create systems for open-access knowledge sharing, leading to more effective partnerships

### Academic Partnerships

In the first quarter of PY3, STAR's Academic Partnerships (AP) team successfully completed the Collaboration Laboratory (CoLab) experiments to better understand how to create and sustain respectful, mutually beneficial partnerships. The final component of the CoLab was the final Learning Exchanges with each of the four partnerships in December 2020. The Learning Exchanges provided the final assessment of the Partnership Assessment Toolkit (PAT) and the Capacity Assessment Toolkit (CAT). Due to the pandemic, all meetings were conducted virtually.

As required in the grant agreement, all four partners successfully submitted their final assessments and reports by the December 31, 2020 deadline. CoLab partnerships included:

- Valley View University (Ghana) and Kenyatta University (Kenya)
- University of Notre Dame (Indiana) and Uganda Martyrs' University (UMU) (Uganda)
- Kathmandu University, School of Medical Sciences (KUSMS) (Nepal) and Medical School of Wisconsin (MCW) (Wisconsin)
- University of Saint Francis Xavier (USFX) (Bolivia) and Touro University California (California)

**CoLab: Catalyzing Collaboration**

"We have worked with colleagues at Uganda Martyr's University for years, but the STAR grant was incredibly helpful in pushing forward our ongoing project and catalyzing additional collaborations."

- *Lacey Ahern, University of Notre Dame*

Two indicators focused on the CoLab. STAR planned for at least four paired CoLab knowledge experiments with at least two captured collaborative iterations, and this target was met (2.1.1). During PY3, AP completed four Learning Exchanges (one with each partnership pair) and eight calls to check in with each of the partners. The calls were conducted as standard operating procedure to ensure that STAR was well informed about how the partnerships were progressing, and as an opportunity to address any challenges or needs.

In addition, STAR aimed for four intellectual property resources developed through institutional collaborations, and this target was met (2.1.2). The second part of the indicator – the number of resources made publicly accessible – also was met with four shared publicly (2.1.2). Resources included a peer-reviewed, published article written by KUSMS that was shared with USAID and through STAR's social media channels. Accomplishments of the STAR CoLab participants are summarized below.

**Partnership Accomplishments**

| CoLab Partner | Intellectual Property resources Developed | Publicly Disseminated |
|---|---|---|
| Kenyatta University | Blog Post | Widely disseminated through STARs social media channels including website |
| Kenyatta University and Valley View University | Joint Curriculum on Infectious Disease & Prevention | |
| Kathmandu University, School of Medical Sciences | Blog Post | Widely disseminated through STARs social media channels including website |
| Kathmandu University, School of Medical Sciences and Medical College of Wisconsin | Established Emergency Department COVID protocols | 1. Published online in *Open Access Emergency Medicine* journal<br>2. Information about this partnership published on PHI's website |
| Touro University California and University of Saint Francis Xavier | Developed an online Course on research, ethics & integrity | |
| Touro University California | Blog Post | Widely disseminated through STARs social media channels including website |
| Touro University California and University of Saint Francis Xavier | Poster abstract accepted for CUGH 2021 Virtual Annual Conference | |
| University of Notre Dame and Uganda Martyrs' University | Draft Manuscript on Health Surveillance | |

***AP challenges included:***

- CoLab delays were incurred due to the pandemic, but STAR was able to grant no cost extensions to all participants, lengthening the grant duration to December 31, 2021.
- Some CoLab participants were unsure how to address budgetary issues as planned travel expenses were no longer allowed. Adjustments were made to budgets and PHI provided guidance.

## Cost Share and Partnership Engagement (PE) / Special Projects

With the reduced cost share requirement for STAR, in PY3, the emphasis on private sector engagement evolved to a broader partnership and special projects focus concerned more with programmatic outcomes than with raising cost share. These special projects and partnerships have flourished during PY3, including:

**Diversity, Equity, and Inclusion (DEI) with USAID/Office of HIV/AIDS (OHA) and Tangible Development.** Early during this reporting period, STAR released a Request for Proposals (RFP) to procure a consultant company to work with OHA to assess, design, implement, and evaluate DEI, with a special focus on racism and racial equity, within the Office. STAR received six proposals from interested companies. Following a technical review process that included members of STAR and OHA staff, Tangible Development (TD) was selected. The sub-contract between PHI and TD began on February 22, 2021 and included three phases. The remainder of PY3 was spent implementing Phase 1, the assessment of OHA staff around DEI issues and the readiness of OHA leadership to address needed changes. The assessment included review of documents and a series of focus groups. Due to a very high interest level for an opportunity to participate, the number of focus groups was high, at nearly 30, comprised of identity-based affinity groups. By the end of PY3, the data collection and document review were nearly completed. The assessment report and presentations will be ready in the first quarter of PY4, when Phase 2, intervention design, will also begin.

**Global Equity Pharmacy Fellowship with Purdue University**. STAR's partnership with Purdue University started during PY2 and was formalized at the end of that year with the onboarding of the Fellow. This fellowship is designed to consist of three rotations: one at USAID/Global Health in the Office of HIV/AIDS (GH/OHA) in Washington, DC, one in Indianapolis, and one in Kenya. The Fellow completed a full year in GH and has transitioned to Indiana, where he will remain for six months. Whether or not the Fellowship will be able to transition to Kenya or elsewhere overseas will depend on the COVID-19 pandemic. The Fellow's first year in GH/OHA was, by all accounts, very productive both for the Fellow and for GH. Reports from his POC have been very positive, and he published an article with colleagues in GH/OHA.

**Leadership and management capacity building with AMP Health**. STAR worked during the first half of PY3 with USAID and the AMP Health team to promote leadership and management capacity-building activities. By the third quarter of PY3, the USAID/Malaria team expressed interest in supporting the partnership between STAR and AMP Health in up to five countries in Africa. Following several meetings with AMP Health and USAID, the partnership was formalized, and the sub-award document was sent to Aspen Institute for review. The fully executed agreement is expected to be ready within the first few weeks of PY4, following which implementation will begin.

**Global Health internship with Princeton University**. The Center for Innovation and Impact (CII) at USAID expressed interest in a third Intern from Princeton University in summer. In accordance with our partnership with Princeton, STAR supported the communication between USAID and Princeton, the security clearance process for the selected Intern, and the onboarding and placement of the Intern within CII. By all accounts, the internship was successful.

**Staff support and organizational effectiveness capacity building with David and Lucile Packard Foundation**. STAR's partnership with the Packard Foundation began early in PY3. STAR is managing four staff placed with the Packard Foundation office in India. The staff function similarly to USAID-funded Fellows and includes one Country Director, one Research Associate, one Program Associate, and one Administrative Assistant. STAR provides legal supervision, performance management, and learning/professional development support to these Packard Foundation-funded

staff. Additionally, STAR received funding from Packard Foundation to implement organizational effectiveness (OE) capacity building activities with Packard's India grantee partners. Using this funding, STAR has contracted and is managing a LCN consultant, who is coordinating activities, including targeted training by contracted OE consulting companies for the grantee partners. These OE activities were implemented during the second half of PY3 and are expected to continue through PY4.

**Global COVID-19 ventilator and critical respiratory care technical assistance with the University of California, San Francisco**. See COVID-19 Response section below for details of this partnership's activities and results.

***PE and cost share challenges in PY3 have included:***

COVID-19 continues to be a challenge. Some special partnership opportunities that were put on hold since the beginning of the pandemic remain on hold or have been canceled. Although STAR is meeting its cost share requirement and no longer has cost share as a motivating factor for developing these partnerships, many of the joint activities that were being developed before COVID-19 would have been exciting and contributed greatly towards STAR's program objectives and global health. Other partnerships that have been able to proceed have had to do so virtually.

## COVID-19 Response

STAR/UCSF has continued to support USAID recipient countries' responses to the COVID-19 pandemic by providing global technical assistance focused on ventilator deployment, critical care capacity assessments, and critical care education. All three indicators were on track in PY3, focused on the number of Technical Advisory Group (TAG) members (2.3.1), number of people reached (2.3.2), and technical assistance tools and webinars created (2.3.3). STAR/UCSF's work in four objective areas are described below.

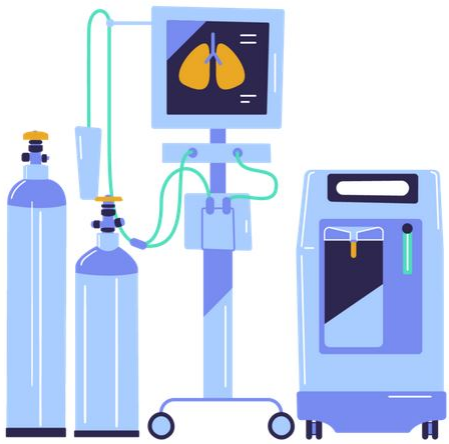


*Image from the opencriticalcare.org website*

### Objective 1: Technical Advisory Group (TAG) – Vent and Oxygen Ecosystem Activities

STAR/UCSF expanded the respiratory care/O2 ecosystem Technical Advisory Group (TAG) in PY3 to include subject matter experts in clinical assessment and triage, testing for COVID-19, therapeutics and supportive medical care for COVID-19, and infection prevention and control.

The TAG includes over 30 members, including intensivists, respiratory therapists, anesthesiologists, infectious disease specialists, pulmonologists, emergency medicine physicians, nurses, and other global health specialists who have helped lead COVID-19 response planning or have provided clinical care in a wide variety of contexts and settings (2.3.1). Collectively the TAG members represent expertise from 14 countries (DRC, France, Germany, Haiti, Honduras, India, Mexico, Nepal, Nigeria, Rwanda, Tanzania, Uganda, UK, and the U.S.).

The TAG helped identify clinical and critical care needs (skills and knowledge, information, and infrastructure gaps) arising due to COVID-19 in different country settings and advised on:

- Ventilator procurement planning & implementation
- Planning educational initiatives relevant to critical care, COVID-19, and respiratory care

- Critical care for severe COVID-19 patients
- Oxygen ecosystem planning
- COVID-19 clinical assessment, triage, and testing
- COVID-19 therapeutics and supportive medical care
- COVID-19 infection prevention and control
- Appropriate approaches for monitoring, evaluation, and quality assurance of interventions

The TAG worked closely with oxygen ecosystem implementing partners (IPs) – EpiC (FHI360), RISE (Jhpiego), Palladium, Partners in Health (PIH) Peru, ESQUEL, and PROSALUD – to answer clinical questions related to their oxygen ecosystem scopes or work and to ensure IP needs and perspectives were accounted for. The TAG was expanded on an ad hoc basis to access relevant expertise and experience when needed, including that from local providers in USAID partnering countries.

**Objective 2: Critical Care Facility Level Assessment Survey – Vent Activities**

STAR/UCSF continued to use the survey tool, developed in PY2, that assesses facility level capacity to care for critically ill patients who require mechanical ventilation. With virtual training and other support from STAR/UCSF, implementing partners RISE, EpiC, and others rapidly disseminated the tool via in-country teams. STAR/UCSF manages incoming facility level assessment data via Qualtrics and created a data dashboard in Tableau. STAR/UCSF then provides exportable country level datasets for implementing partners, creating data reporting (standard data tables and scoring) templates to facilitate data analysis by implementing partners and country partners. By the end of PY3, 647 facility-level assessments had been completed in 40 countries.

**Objective 3: Critical Care Education and Online Portals – Vent Activities**

In partnership with U.S. academic institutions and the World Federation of Societies of Anesthesiologists (WFSA), the STAR/UCSF team continued to build out, update, and maintain multiple novel dissemination platforms for delivery of critical care educational material relevant to resource-variable settings – including the OpenCriticalCare.org portal, Oxygencalculator.org, COVIDprotocols.org, and the new version of the WFSA Anaesthesia Tutorial of the Week (ATOTW) website. In this reporting period, user traffic for the suite of global goods created included:

- Anaesthesia Tutorial of the Week (ATOTW) received >200,000 total users from 210 Countries
- OpenCriticalCare.org portal received more than 163,640 users[8], from 214 Countries (2.3.2), with >80 percent from outside the United States and >20 percent accessing the Spanish version of the site.
- COVIDprotocols.org resource received 96,783 users from 201 countries.
- The Respiratory Care Pocket Card was translated into French and Spanish, and printed and distributed by IPs, with over 3,000 distributed in print.
- Online courses were hosted, translated or co-developed by the UCSF team, often in collaboration with implementing partners and collaborating organization: BASIC Critical Care Course – 200 users English, Spanish Users TBD, Mongolian Users TBD; Lifebox PPE and Pulse Oximeter Courses – 300 users; Mechanical Ventilation for COVID-19 Patients subtitled in Spanish – 36,527.

[8] The exact number of visitors to OpenCriticalCare.org was 163,640. However, tracking did not take place for several months, and UCSF estimates that the correct number of users was closer to 200,000.

Due to the urgent need for critical care content, the OpenCriticalCare.org portal focuses on curating existing context-specific modules and courses relevant to COVID critical care in LMICs with an emphasis on respiratory care. STAR/UCSF utilized the TAG and WFSA collaborators to peer review content and incorporated regular feedback from implementing partners and in-country teams to ensure content was maximally beneficial to end users. All content on the websites was openly accessible and allowed users to access content directly from the web using desktop or mobile devices, without a login required.

During the reporting period, STAR/UCSF created more than 60 novel resources, including the following accomplishments:

- Expanded peer-reviewed educational content, clinical guidelines, and clinical tools relevant to respiratory care in resource-variable settings
- Created new slide decks on caring for respiratory failure patients when certain equipment is unavailable
- Created a COVID-19 case series teacher's slide deck on bedside care and charting
- Expanded functionality of the OpenCriticalCare.org portal resource library
- Launched version 2.0 of COVIDprotocols.org website
- Created OxygenCalculator.org
- Expanded the FAQ
- Offered weekly live chat sessions (until May 2021)

Utilizing the TAG, STAR/UCSF created algorithms and diagrams based on IP questions and needs, including an endotracheal cuff leak algorithm, a ventilator weaning algorithm, a ventilator circuit and filter placement diagram, and a CPAP/NIPPV circuit filter placement diagram. Many of these tools and illustrations were adopted by and were in press for the next version of the WHO SARI Toolkit. STAR/UCSF also created a beta version of an oxygen commodity quantification tool that was being piloted by some project countries.

Following guidance from IPs and USAID, STAR/UCSF translated select content from OpenCriticalCare.org into additional languages (predominantly Spanish). This included the oxygen and ventilator FAQs (in collaboration with FHI360/Palladium), the respiratory care pocket reference (also translated into French), oxygen delivery protocols, ventilator protocols, and the oxygen calculator.

To meet IP and in-country clinician needs to access quality, online courses relevant to care of COVID-19 patients in resource-variable settings, STAR/UCSF implemented a learning management system (Moodle and Learnworlds) to provide access to critical care training courses free of charge to end users. Three courses were hosted on the UCSF LMS: BASIC for COVID Course designed for healthcare providers caring for COVID-19 patients requiring mechanical ventilation; BASIC LR for SARI Course providing training on severe acute respiratory infections in resource-variable settings; and a Lifebox PPE Course providing training on personal protective equipment. The Lifebox PPE Course (Lifebox is a sub-awardee of STAR/UCSF) was created in direct collaboration with STAR/UCSF, and STAR/UCSF also contributed to the BASIC for COVID Course in content design and translation. UCSF also created a dedicated LMS in Spanish to host a Spanish version of the American Association of Critical Care Nurses COVID-19 course (translation done by FHI360).

In addition to the courses hosted on the LMS, STAR/UCSF partnered with Harvard EdX and the American Association of Respiratory Care to help update and translate their Mechanical Ventilation for COVID-19 course into Spanish. This online course is provided free of charge to end users. Since October 2020, over 36,000 learners enrolled in the Spanish version of the course.

## Objective 4: COVID19 Education, Guidelines and Online Portals - Oxygen Ecosystem Activities


In partnership with Brigham and Women's Hospital (BWH) and Partners in Health (PIH), STAR/UCSF and collaborators revised the BWH-developed COVIDProtocols.org website to create and maintain COVIDProtocols v2.0, a new version of COVIDProtocols.org that includes guidelines and protocols relevant to resource variable settings (much of the content integrated from PIH COVID-19 manuals). COVIDProtocols v2.0 is available and maintained in English and Spanish and integrates educational material from the OpenCriticalCare.org portal. From the time the revised site launched on December 21, 2020 to September 30, 2021, COVIDProtocols v2.0 received 96,783 total users from >200 countries.

STAR/UCSF created and maintains a "COVID Guidelines Dashboard" in English and Spanish that summarizes the latest guidelines on infection prevention and control (IPC), therapeutics and respiratory care in real time from leading authorities, including World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Infectious Disease Society of America (IDSA), Society of Critical Care Medicine (SCCM), and the European Society of Intensive Care Medicine (ESICM). The Dashboard is housed on the OpenCriticalCare.org portal and linked to COVIDProtocols.org and the *New England Journal of Medicine* COVID-19 Resource page.

STAR/UCSF expanded content on the OpenCriticalCare.org portal to include a "suggested COVID-19 trainings" feature covering infection prevention and control, supplemental O2/respiratory care, therapeutics and diagnostics, clinical assessment and triage, facility charting tools, and provider well-being. Webinars and the events page were refined to display visuals, languages available, and calendar downloads. Webinars by STAR/UCSF and partners were promoted on the updated events page, including the Palladium Spanish webinar series on COVID-19 and critical care, and the ASSIST International/Stanford/Project ECHO case-based webinar series on oxygen therapy and critical care.

STAR/UCSF organized and hosted a COVID-19 Clinical TA Webinar series on topics requested by USAID and IPs. The table below summarizes the five webinars held during the reporting period with 388 live participants and 1,329 total participants, including asynchronous views (2.3.3).

**COVID-19 Clinical TA Webinar series**

| Webinar Title | Date | Languages | # of Attendees |
|---|---|---|---|
| COVID19 Respiratory Care: Lessons Learned from 2020 | January 12, 2021 | English, Spanish | N/A |
| COVID19 Therapeutics: Updates for 2021 | February 9, 2021 | English, Spanish | **286** - 91 webinar participants; 120 views YouTube (English recording); 75 views YouTube (Spanish recording) |
| COVID19 Diagnostics: Updates for 2021 | February 23, 2021 | English, Spanish, French | **123** - 74 webinar participants; 29 views YouTube (English recording); 13 views YouTube (Spanish recording); 7 views YouTube (French recording) |
| Pulse Oximetry: Applications, Limitations & Uncertainty | March 9, 2021 | English, Spanish, French | **170** - 68 webinar participants; 50 views YouTube (English recording); 39 views YouTube (Spanish recording); 13 view YouTube (French recording) |

| Webinar Title | Date | Languages | # of Attendees |
|---|---|---|---|
| Optimizing the Impact of Oxygen Scaleup | March 23, 2021 | English, Spanish, French | **72** - 44 webinar participants; 14 views YouTube (English recording); 14 views YouTube (Spanish recording) |
| Oxygen delivery device show and tell | April 13, 2021 | English, Spanish, French | **241** - 66 webinar participants; 175 views YouTube |
| Oxygen conservation tips | May 11, 2021 | English, Spanish, French | **108** - 51 webinar participants; 57 views YouTube |
| Oxygen concentrators 101 | June 1, 2021 | English, Spanish, French | **329** - 38 webinar participants; 156 views YouTube (English recording); 56 views YouTube (Spanish recording) 79 view YouTube (French recording) |

**Objective 5: Remote Technical Assistance**

In addition to facilitating needs assessment and disseminating educational material, providers invariably require more personalized and directed answers to specific questions. Experts with the ability to answer these questions may be few in the target countries and may be geographically distant from the providers in need. STAR/UCSF has established a multi-layered approach to answering technical ventilator questions and common questions related to COVID-19. This has included an online directory of frequently asked questions (FAQ) received from implementing partners and in-country teams. STAR/UCSF also hosted hour-long, bi-weekly IP implementing calls to provide a forum for IPs to check in on their evolving scopes of work, ask pressing clinical questions, receive updates on new resources, and to improve communication and coordination among implementing partners.

Graphics from the STAR/UCSF project are available in Annex G.

# III. CROSS-CUTTING TECHNICAL AND INFRASTRUCTURE ACTIVITIES

## Communications

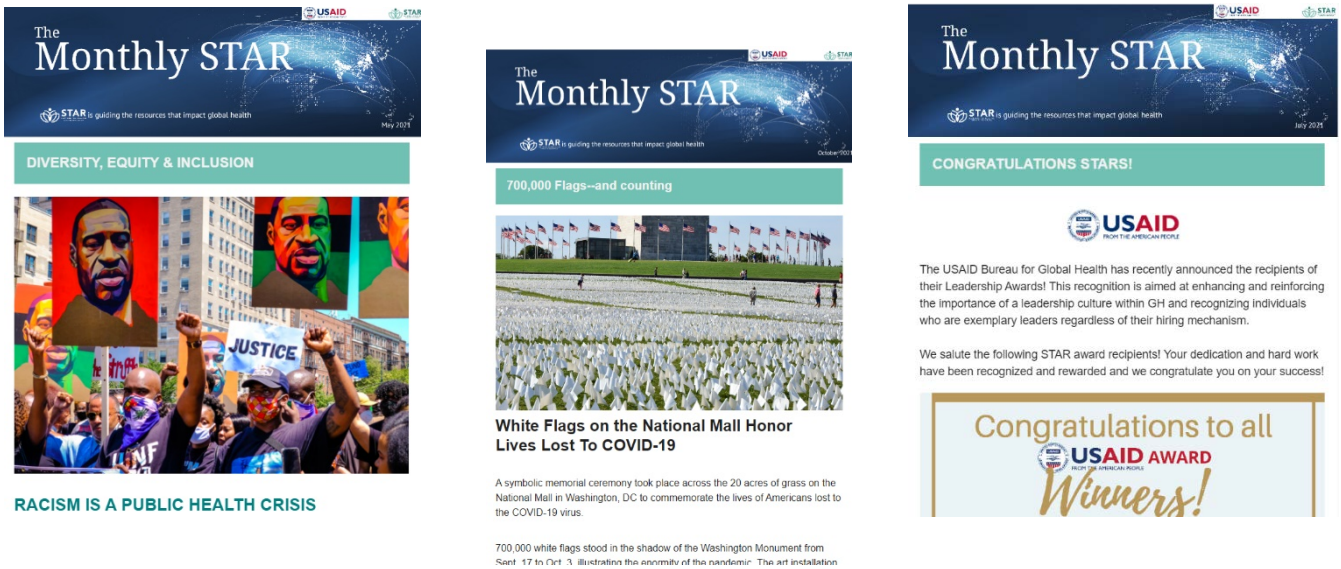
STAR continued to develop brand collateral to increase visibility and recognition of STAR within targeted communities. The Comms team consistently highlighted the work and accomplishments of participants through the STAR internal newsletter, website, and social media platforms. Comms increased the number of followers across all social media platforms through consistent updates, STAR participant promotion, and targeted engagement.

A new section on the STAR website was introduced this year, "Meet Our STARS", which features drop-down menu options to showcase each Fellow and Intern. The section includes an interactive feature that displays photos of each participant and flips to reveal their personal bios when hovered. There is also an option to locate each participant through a filter selection of country and/or office.

*"Meet Our Stars" website feature.*

In PY3, STAR's website had 61,261 unique visitors, compared to 40,101 in PY2. Results this year also included 478,865 pageviews and 327,522 unique pageviews. The average session duration was more than four minutes, and there was a bounce rate of only 35 percent.

Comms incorporated unique and creative designs for promotional material for STAR webinars, flyers, and conference exhibits. Outreach activities were regularly promoted via social media, STAR website, direct email to listserv subscribers, and The Monthly STAR newsletter. In addition to highlighting current global health news and events, the newsletter includes sections that showcase STAR participants' recently published articles, peer-reviewed materials, and global health-related thought leadership.




*The Monthly STAR newsletter.*

Comms produced a new video, "What is the STAR Project?" this year, which is housed on the STAR website and outlines STAR's mission, goals, and purpose. The video features STAR's current partnerships and provides information on how to access more information about the STAR project and how to apply for available positions.


*STAR promotional video*

Each month, Comms designates a STAR Fellow or Intern for the "STAR Spotlight of the Month". The feature includes a Q&A style, two-page interview that highlights the exceptional accomplishments of the participant and provides an opportunity for them to share their insight and perspective on global health-related topics. The article is featured across all STAR social media platforms, in the STAR participant newsletter, and on the STAR website.


*STAR Spotlight articles*

Another new initiative this year was the STAR Amplifier Program for Fellows and Interns, which provides an opportunity to augment STAR's brand awareness within the global health community, build STAR's listserv database, and guide unique visitors to the website. As STAR Amplifiers, Fellows and Interns serve as the face of the STAR brand, using STAR branded hashtags and website address whenever they post related content on their social media pages. In turn, STAR participants have the opportunity to expand their professional network, reach priority audiences, and receive broad promotion of their accomplishments and thought leadership within the GH community and general public.

Comms continues to engage the over 5,500 subscribers of the STAR listserv to encourage participation in upcoming STAR webinars, panel discussions, and conference exhibits. Comms targets potential participants via social media and the website to join the STAR listserv to view fellowship and internship opportunities and attend upcoming webinars and STAR-related events.

**STAR Generated Resources**

STAR shared 20 participant and staff-generated resources this year (indicator 1.4.6). Material was shared publicly on the "Resources" section of the STAR website, in the newsletter, and on all social media platforms. Types of material generated by participants and staff this year included conference abstracts, technical briefs, toolkits, technical knowledge-sharing, web-based portals, informational tools for healthcare providers, and peer-reviewed manuscripts. Details are in Annex H.


*STAR-generated resources on the website*

## Global Operations

### Participants and Global Operations

STAR onboarded and placed 38 Fellows and 42 Interns across 25 countries this year, including STAR's first USN overseas Intern supporting Rwanda's mission. In addition to ongoing support for USN Fellows, STAR provided continuing support to 75 LCNs and TCNs across 29 countries through PHI's vendor Elements Global Services.

The Global Operations (GO) team continued to implement a helpdesk model to provide support through a single contact point (gosupport@ghstar.org), which enabled the team to manage requests based on staff expertise and availability. The model has proven especially useful as the team navigated staffing changes while managing operations around the pandemic.

Improvements in this period included:

- Advising PHI on potential future procurement for an additional Professional Employment Organization (PEO) and facility security services
- Conducting a thorough audit of onboarding communication templates and orientation materials
- Developing new resources for Elements participants
- Adding content for Elements participants to the left navigation of the internal STAR online system for easier access

GO also collaborated with Elements to make several process improvements, including:

- Refining the process of the new payroll adjustment and invoicing system.
- Aligning TCN processes to be standard globally, to the extent possible given local country limitations.
- Adding local country mileage functionality to the Elements expense management system to more accurately reimburse STAR's overseas Fellows who use their personal vehicles for travel to reduce risk during the COVID pandemic.

Fellows that started early in STAR became eligible for extensions this year, and the GO team worked with the Performance Management team and Elements to process extensions and execute new contracts. For those not extending, GO worked with Elements on offboarding.

The GO team continued to work with USAID Administrative and Management Support (AMS) Officers to refine the process and tracking spreadsheet used to track all STAR security actions.

### COVID-19 and New Challenges

GO provided ongoing support to address emerging needs as the COVID-19 pandemic continued to evolve. Participants' return-to-work status was monitored through regular check-ins for overseas placements, and a personal protective equipment (PPE) allowance was provided for those returning to offices based on local guidance. As situations varied country to country, many Fellows were required to complete in-country travel; to account for this, the GO team worked with PHI to develop a formal approval process for high-risk travel. The GO team also developed a policy to cover the cost of the COVID-19 vaccine for participants and their dependents in countries where it was not provided free of cost, as well as a special leave policy for participants who became ill or were caring for a family member with COVID-19. STAR also provided PPE allowances and added PPE to the list of allowable travel expenses.

Two USN hires were not in the country they were supporting (one Fellow and one Intern) at the end of this reporting period, including the new Rwanda Intern. This has become a common challenge –

participants are not always able to relocate to the country they were hired to support due to the pandemic. Similarly, TCN participants faced travel and visa restrictions during this period:

- A Kazakh Fellow hired to work in Kyrgyzstan had to work remotely for several months until travel restrictions were lifted.
- A Nigerian Fellow hired to work in Malawi had to provide support remotely and was expected to take a first trip to Malawi in April and relocate when his work permit is approved.
- A Ugandan working in Zimbabwe, who left Zimbabwe during COVID, was not able to return for several months.

As COVID continued to impact the ability to open offices and remote work became more accepted, the GO team worked with PHI/HR to establish a process and policy to accommodate participants who needed to work remotely across the country and around the world.

When the government in Afghanistan fell, the GO team pivoted to addressing an urgent humanitarian mission. The team worked to submit P-2 visa applications for STAR's two active Fellows and three former Fellows while also providing support for the family of former Afghan Fellow, Dr. Mohammad Samadi, who passed away from COVID last year. STAR remained in frequent communication with those impacted and tried to find creative solutions to challenging problems, including the inability of Fellows to receive paychecks following collapse of their banking system.

***GO challenges in PY3 have included:***

- COVID-19 impacted the GO team and participants with delays in routine processes, including processing work permits.
- The GO team had to be responsive to COVID-19 developments, such as transitioning from support for participant's COVID-19 testing to vaccinations.
- GO worked with Elements to create a travel advance system, but there was not a workable option. Instead, direct payment and other options were implemented to decrease the financial burden on participants.
- The GH AMS team has been short staffed at various points throughout PY3, which resulted in delays on security actions that the GO team sends for processing.

## IT and Administration (IT&A)

This year, IT staff maintained and made improvements to IMARS, created and maintained portal sites for various users, and supported staff and participant productivity with IT solutions, now in a fully remote capacity. Improvements in PY3 included:

- Added enhancements and edits to the Learning Activity database system that tracks and reports on activities including conferences, courses, and coaching
- Improved ad hoc reports engine to include more fields for reporting
- Enhanced recruitment and application process
- Updated STAR online survey modules that send and track different workflows, including GOALS, Performance check ins, Recruitment Survey feedback, ILPs, learning activities approvals, etc.
- Enhanced participant portal dashboard with new action items to allow participants easy access to their information and activities
- Updated and enhanced the STAR website

General IT support services included:

- Maintenance of cloud data repository and office software systems

- Upgraded STAR laptops and desktops
- Software purchasing and license management for participants
- Implementation of dedicated remote support software
- Regular support for Zoom meetings and advanced functions
- Home assignment of various IT equipment to staff
- Updated documentation for IT systems
- Conducting of live Zoom trainings on software features and functions
- Creation of collaborative inventory documentation system

In PY3, the IT and Administrative (IT&A) team completed a transition to 100 percent remote work for STAR staff. In Washington DC, strict COVID guidelines remained in place for STAR and Global Health Professional and Organizational Development (GHPOD) staff to only allow one person in the office at any given time for limited purposes, such as acquiring equipment, managing mail and packages, and for any necessary participant onboarding and offboarding activities.

As the pandemic reached another critical spike in PY3, STAR staff gave survey feedback that was overwhelmingly in favor of remote work, and a plan was put in place to fully move from the office, acquire alternate post box service and forward to the new address, reassess vendor relationships and cancel those that were no longer relevant, assign and distribute relevant equipment to staff, coordinate time for staff to appropriately handle office belongings and documents, acquire recycling and repurposing services for suitable furniture and equipment, and perform the physical move out. This was completed on September 30, 2021, at the end of the lease at the Warner Building office.

IT&A also began the process of terminating STAR presence in PHI's Oakland office in March. Staff cleaned and cleared the office of all equipment and furniture and hired a local company to take care of recycling services. All remaining STAR staff vacated, and furniture, data and documentation, and equipment were removed the second week of April 2021.

***IT&A challenges in PY3 included:***

- Reduced LOE (level of effort) for the Director of IT&A presented challenges to meet increased demand for IMARS and website development.
- Logistical challenges presented by COVID restrictions and remote work impacted participant equipment assignments and returns, particularly with participants widely spread across the country. IT&A worked closely with the GO team to efficiently handle these situations.
- The IT&A team had to dynamically adjust office access measures, due both to the ever-changing COVID pandemic situation and fluid security situation around the election, subsequent riots in January, and other demonstrations.
- The closeout of the lease at the Warner Building and associated office move was a significant, multifaceted undertaking for STAR's small staff. This included overseeing the move of our subletter, GHPOD.

## Monitoring, Evaluation, and Learning

The Monitoring, Evaluation, and Learning (MEL) plan was revised and approved in the first quarter of PY3 to reflect programming changes. New indicators were added to increase review and evaluation of learning support. Additional MEL activities in this reporting period included updating the Performance Monitoring Plan (PMP) and performance indicator reference sheets (PIRS). STAR continues to prioritize review of data quality to ensure that indicators are valid, reliable, timely, and precise.

A review of indicators took place in late PY3 along with development of the PY4 workplan, and the STAR research protocol was reviewed, updated, and submitted for IRB review in August 2021.

As part of MEL activities, surveys continued in PY3:

- Interns (ongoing)
- POCs about recruitment process (ongoing)
- Fellows (completed September 2021)
- USAID POCs for Fellows (completed September 2021)
- USAID POCs for Interns (completed September 2021)

On hold are surveys, developed in PY2, for:

- USAID Foreign Service National (FSN) Fellows
- USAID Host Sponsors for FSNs

Datasets for participant surveys and for CoLab activities were added to the Development Data Library (DDL) in mid PY3.

## Human Subjects Protection

STAR collects a wide range of performance and learning data for participant support and to contribute to generalizable knowledge about learning activities in fellowship programs. To ensure full protection of participant data, STAR teams focus on privacy and have a consent request form for participants. Staff across most STAR teams have obtained Collaborative Institutional Training Initiative (CITI) certification. STAR has continued to update protocols, as needed, and to obtain modifications and renewals from the PHI IRB.

| Title | IRB Number | Approved by PHI IRB | Expires |
|---|---|---|---|
| Monitoring, Evaluation, and Analysis of the Sustaining Technical and Analytic Resources (STAR) Global Health Training Program | #I19-022 | Sept. 11, 2019; Sept. 10, 2020 Sept. 9, 2021 | Sept. 8, 2022 |
| Sustaining Technical and Analytical Resources (STAR) Landscape Analysis Study | #I19-015 | July 11, 2019 | July 10, 2020 *[Closed]* |
| STAR Academic Partnerships Collaboration Laboratory Study - Research Design | #I19-025 | Nov. 11, 2019; Oct. 13, 2020 | Oct. 7, 2021 *[Closed]* |

## Gender

STAR's gender strategy continued to be a priority in PY3. The initial phase of developing the strategy in PY1 included review of STAR's organizational structure and implementation plan from a gender perspective. Staff engaged with groups focusing on this issue and collected and reviewed gender-related research and written material that was pertinent to STAR's human capacity development focus. STAR's gender strategy was implemented across teams in PY3.

**Recruitment and Outreach:** RO continued to use gender-neutral language in job descriptions for both fellowships and internships and incorporated gender-neutral pronouns in the applicant tracking system by adding a non-binary option. Additionally, STAR's blind recruitment ensures that any personally identifying information about candidates, including gender, is concealed from the hiring team's view when selecting candidates to move to the interview stage.

**Performance Management:** STAR provides quarterly check-ins as a space where participants can discuss and receive support in resolving workplace challenges, including issues that may be impacted by gender dynamics. PM works with participants to use the GOALS tool to develop a workplan for each term of their tenure with STAR. These efforts are intended to help reduce the influence of bias in work assignments and performance feedback and to provide tailored support to facilitate individual success. In PY3, PM increasingly provided guidance to participants and managers on use of PHI's flexible leave policies for managing work and home life responsibilities due to COVID.

**Learning:** STAR officially launched the STAR Gender Equity Module to participants in January 2021, which focused on how key gender concepts, frameworks, and tools can be utilized to support participants' work. The core content provides a practitioner-oriented overview of the gender landscape and a set of key resources and activities. The module, which was developed in partnership with Johns Hopkins University in PY2, also includes a set of video interviews with gender experts working across contexts who delve into topics including gender and men, gender transformative research and practice, and challenges and opportunities of working on gender-related issues in LMIC contexts.

**Global Operations:** The GO team worked with Elements to add specific language on policies for addressing sexual harassment. The language was finalized in this period and ensures that it is included in employment agreements as STAR moves into new countries. All PHI-employed participants must complete Workplace Harassment Prevention training within the first 90 days of their employment and adhere to PHI policies related to non-discrimination.

**Communications:** In the February 2021 issue of The Monthly STAR newsletter, STAR provided participants access to the STAR Gender Equity Module online course. Additionally, through the monthly STAR Spotlight articles featured in the STAR Newsletter, on social media and the STAR website, STAR continues to highlight the accomplishments of participants, especially those of women and people of color to help elevate examples of high-quality leadership.

**IT&A:** The IT team added a "non-binary" option to the gender field in IMARS to be more inclusive of participants of all genders.

## DEI

Although diversity, equity, and inclusion (DEI) has always been an important aspect of STAR, efforts intensified in PY2, in response to the murder of George Floyd and other instances of racial injustice. In PY3, STAR applied an even stronger DEI lens to programming, including regular meetings of an internal working group, made up of staff from various teams, focused on addressing DEI issues among staff and participants. Work also started with Tangible Development (TD) to support USAID's Office of HIV/AIDS (OHA) in its efforts to improve diversity and inclusion.

STAR's internal DEI working group developed a DEI Strategy, which articulates how STAR integrates diversity, equity, and inclusion best practices and strategies into its work in tangible, intentional, and sustainable ways. The strategy will be reviewed regularly to ensure STAR activities are being implemented with a DEI lens. In PY4, the working group will identify new strategies to incorporate DEI into team building and all staff activities.

The DEI working group also facilitated all-staff discussions about topics of equity and inclusion and how racism impacts workplaces. Discussions were intended to enhance awareness among staff and create opportunities for deeper conversations. Topics included:

- Courageous Conversations
- Building a Culture of Equity
- Race, Ethnicity & Nationality
- Health Equity
- Employment-Workplace Diversity & Inclusion
- Privilege

PY3 DEI highlights by team included:

**Recruitment and Outreach:** STAR's blind recruitment ensures that any personally identifying information about candidates, including race, is concealed from the hiring team's view when selecting candidates to move to the interview stage. In addition, STAR continued to expand outreach efforts to diverse audiences including MSIs and tribal colleges.

**Performance Management:** STAR provides quarterly check-ins as a place where participants can frankly discuss and receive support in resolving workplace challenges, including issues that may be impacted by diversity, equity, and inclusion dynamics. PM also works with the Recruitment team to review job descriptions to help ensure that positions are graded fairly based on experience and skills needed.

**Learning:** The Learning team has committed to:

- Provide opportunities for learning (through the deepening of knowledge and skills, and perspective sharing) that promote an expanded awareness of DEI issues, anti-racism, and social justice efforts
- Provide unique and targeted learning opportunities to ensure all participants have opportunities to learn and cultivate leadership and technical skills during their fellowship or internship
- Through facilitated group discussion, promote the application of an anti-racism lens. These efforts aim to ultimately empower participants to influence programming to address anti-racist practices/policies and the intersectionality that impact access, service delivery, and systems within global health.
- Make racial equity resources available to staff and participants

**Communications:** To develop and strengthen program content that elevates the contributions of all STAR participants, Comms is:

- Highlighting stories and accomplishments of Black, Indigenous, and People of Color (BIPOC) participants to elevate them and support their visibility within global health leadership
- Creating digital and print collateral to actively promote outreach efforts to minority serving institutions
- Ensuring that non-discriminatory, anti-racist, and equity messages are promoted across all STAR social media platforms
- Promoting visibility of STAR's usage of DEI-focused key messaging to USAID when appropriate
- Ensuring inclusive language and pronouns in STAR print materials, website, social media, and newsletter
- Ensuring a representation of diverse images are used in STAR print materials, website, social media, and newsletter

**Global Operations:** Knowing that salary scales and financial situations range widely from country to country and LCN to TCN, STAR aimed to ensure that financial concerns did not become a roadblock to Fellows in meeting work objectives or participating in valuable career experiences. When possible, the GO team has worked with vendors, Elements Global Services, and participants to arrange for alternate and direct payment methods, including wire transfers, credit card payments, and advances to ensure participants in lower income countries are able to receive the same fellowship experience as those from higher income countries.

**Tangible Development:** In December 2020, STAR procured TD to implement the following activities to support USAID/OHA in its efforts to improve diversity and inclusion. The activities are being implemented in phases. Phase 1 was completed during the second half of PY3, and phases 2 and 3 are expected to be implemented during PY4. The three phases are described below:

1. **Workforce Equity Assessments**, to understand OHA's present status in DEI, with a focus on anti-racism work, as well as promotion and support of diversity in the workplace more broadly. Tangible Development performed a thorough assessment. The collected data will inform OHA of the current strengths, weaknesses, opportunities, and threats to advancing DEI goals within the Office.
2. **Cooperative Intervention Design,** to set long-term goals and proceed with implementation based on the findings uncovered from the assessments. Concurrently, Tangible Development will identify strategic communications methods and tools to intentionally share on-going organizational culture efforts and design goals that lead to long-term systemic change. Tangible Development will work with OHA to develop the framework for Cooperative Design of Intervention and the communication plan of action that identifies stakeholders and audiences to communicate to, determines timing and appropriate platforms for dissemination, and additional support to help communicate the plan to staff, stakeholders, and constituents.
3. **Intervention Implementation and Sustainability and Impact Evaluation**, to implement trainings to introduce participants to inclusive and accessible professional practices and provide content that leads and informs intentional and thought-leading discussions around structural equity and identifying equitable opportunities and develop a common language around structural power. They will focus on building a sustainable roadmap for the work OHA has engaged in through the assessments and design. Milestones will be measured and tracked, and a sustainability plan will be developed to guide OHA's work beyond the work with Tangible Development.

The OHA project launched in the first half of PY3 and is expected to continue through PY4. In the second half of PY3, TD conducted 25 focus groups to give voice to OHA staff and assess perceptions of equity and inclusion in OHA. TD also reviewed various background documents provided by the OHA team. TD is expected to complete their initial assessment and present findings to the OHA project management team and leadership during the first quarter of PY4. Once findings have been shared, planning will begin for Phase II of their activities, which will include Cooperative Intervention Design. In addition, STAR has received Cross Bureau funds and launched a project with TD to support similar activities across the Global Health Bureau in PY4.

## Project Staffing Changes

The STAR Staff Organizational chart is available in Annex I. Updates by team include:

1. **Recruitment and Outreach (RO).** The RO team did not experience any staffing changes other than a promotion for one team member to Recruitment and Outreach Specialist during the first part of the program year.

2. **Academic Partnerships (AP)**. The Director of AP completed her work with CoLab in February 2021 and departed the project.

3. **Communications (Comms)**. A new Communications Manager was hired in early PY3.

4. **Finance and Global Operations (FIN, GO).** The GO Team recruited, hired, and onboarded a Senior GO Specialist in November 2020 to complete the team staffing structure. This position reports to the GO Manager, providing support to all Interns and other PHI-employed participants, allowing the GO Manager to focus on supporting Elements-hired employees.

5. **UCSF COVID-19 Response Team**. With additional COVID-19 funds for STAR, UCSF remained a partner on STAR into PY3. Several full- and part-time staff from UCSF were engaged with STAR via this funding.

6. **Learning Team (LRN)**. Due to budgetary concerns and changing priorities around participant learning, at the end of the third quarter of PY3, the partnership between STAR and the Johns Hopkins University ended. All JHU staff have now departed the project.

At the close of PY3, there were 17 staff members.

## Summary of Financial Position

STAR received a total of $86,154,186 in funding obligation as of September 30, 2021. During PY3, STAR incurred expenses of $24,694,086.61. Additionally, STAR has an unliquidated obligation of $2,411,179.29, which has resulted in an unobligated balance of $ 31,195,252.19 as of September 30, 2021. The STAR Finance team has provided ad-hoc financial reports to the GH offices and field missions during the last quarter and kept the AOR aware of the overall project pipeline. During this project year, the program was able to reduce the allocable gap to the minimum and will substantially reduce the monthly allocable charge to each participant in PY4.

## Progress Toward Cost Share

The total amount of cost share raised this reporting period was $ 706,771, and the total cost share raised from the beginning of STAR through the end of PY3 was $3,812,480.

# IV. STAR PARTICIPANT OVERVIEW

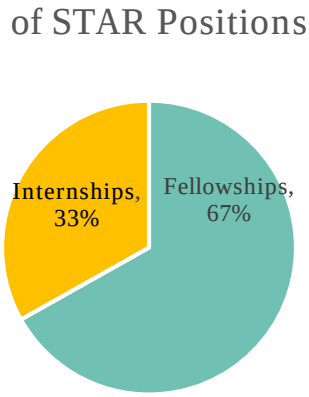
Two indicators focus on participant numbers:

- Number of participants supported: There were 175 positions (with 174 participants) in PY3, compared to 132[9] in PY2 and 59 in PY1 (1.3.1).
- Number and percent of participants from LMICs: This year, of 175 positions, 43 percent (76 positions) were from LMICs – not meeting the target of 50 percent (1.6.1). However, when considering only the 117 fellowship positions, the percent of participants from LMICs increased to 64 percent (75 positions).

Details about STAR participants are below[10]. In addition, a participant summary is included in Annex A, and a list of participants is available in Annex J.

### Type of STAR Positions – Fellowships and Internships, PY3

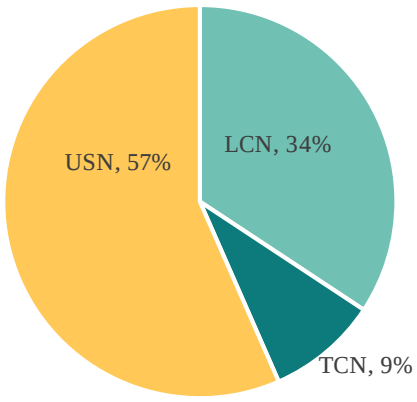
Most of the 175 STAR positions in PY3 were Fellows – 67 percent (117 Fellows) compared to 33 percent Interns (58 Interns). Seven non-traditional participants included four Packard Foundation Fellows, one Purdue Fellow, a Wayne State Intern, and a Princeton Intern.

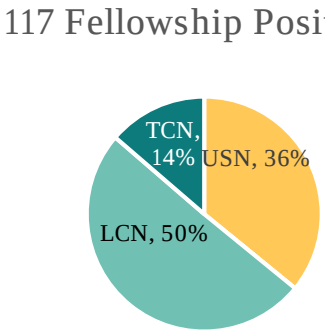


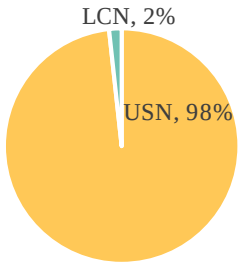

[9] For indicator 1.3.1 in PY2, the 132 participants included one Purdue Fellow, two Princeton Interns, and three Medtronic Associates. It did not include the nine FSN Fellows.
[10] Percentages noted in charts may not add up to 100 due to rounding.

## Types of STAR Positions – USNs, LCNs, and TCNs, PY3

Fifty-seven percent of the 175 STAR positions in PY3 were USNs, followed by 34 percent local country hires, and nine percent third country nationals. Most fellowship positions were LCN and TCN participants, while nearly all Interns were USNs.



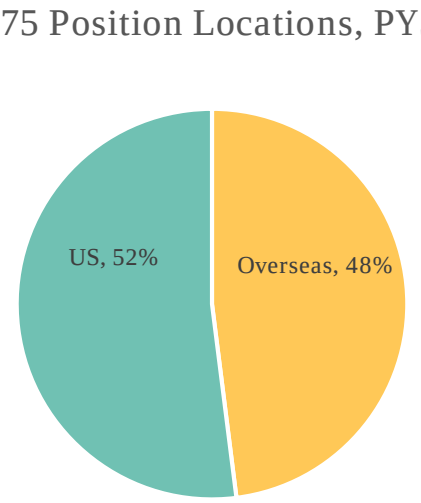



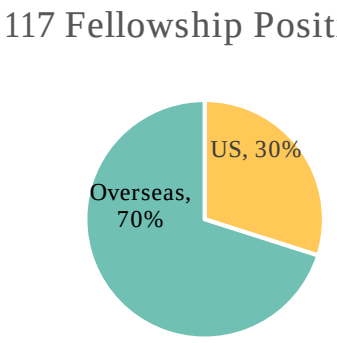



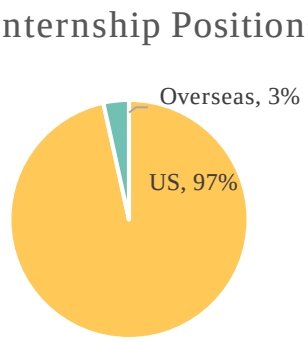
## Location of STAR Positions, PY3

Forty-eight percent of STAR positions were overseas in PY3 (84), and 52 percent were based in the U.S. (91).

The percent of overseas positions were similar when considering all participants, with 52 percent in the U.S. and 48 percent overseas. However, this varied significantly by type of participant; 70 percent of fellowship positions were overseas compared to only 3 percent of internship positions.



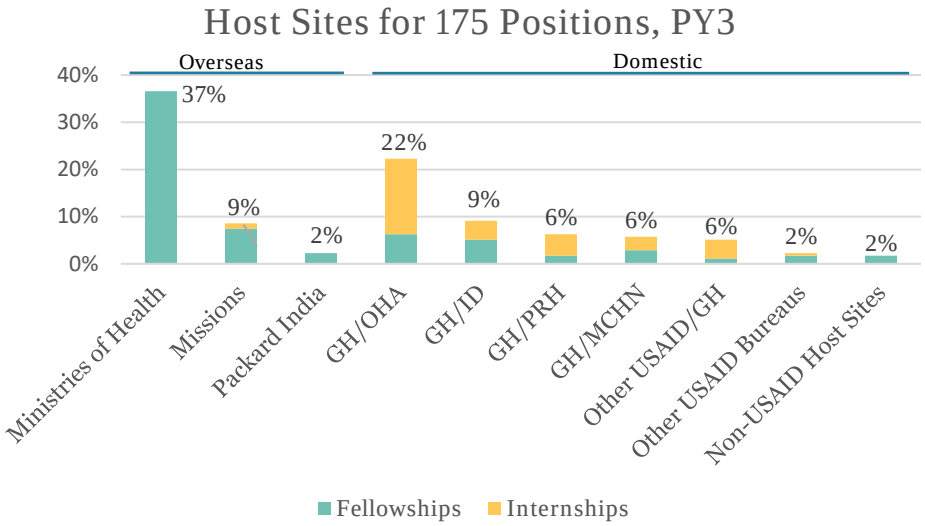



For the 83 STAR participants overseas, 33 countries were represented in PY3.

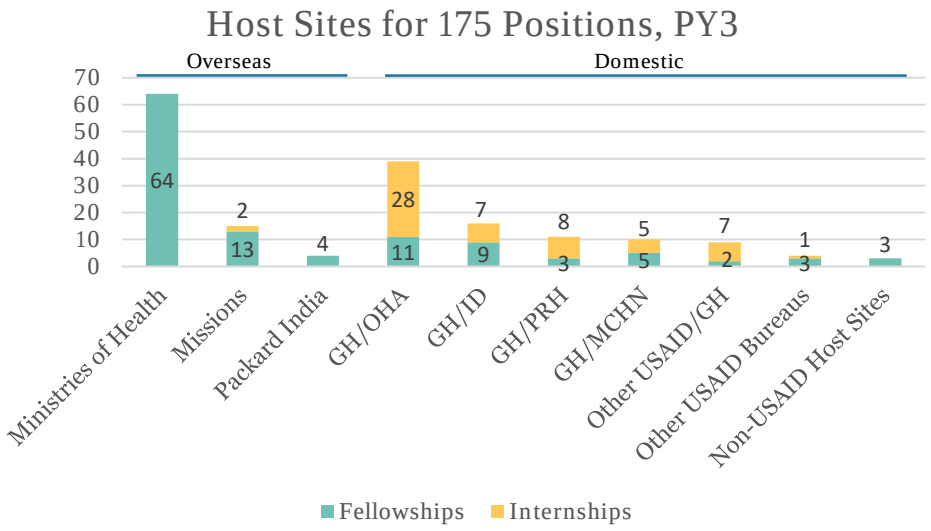

## Position Locations – Offices, PY3

The highest percentage of STAR's 175 positions – 37 percent – were based at Ministries of Health, followed by 22 percent at GH/OHA, nine percent at GH/ID, and nine percent at Missions. The charts below show the percentage by office, followed by the total number of fellowships and internships at each office.[11]



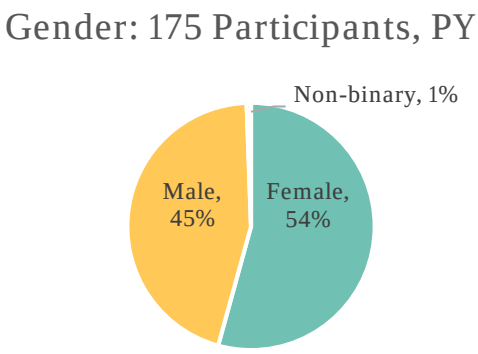

[11] Packard India is funded by the David and Lucile Packard Foundation. Other USAID/GH includes placements in several USAID/GH offices. Other USAID Bureaus includes placements at the Bureau for Latin America and the Caribbean (LAC), the Bureau for Policy, Planning, and Learning (PPL), and the COVID-19 Task Force/Executive Office. Non-USAID Host Sites includes placements at the UN Foundation and the World Health Organization (WHO), both supported by the USAID Office of Population and Reproductive Health (PRH), and the University of Minnesota, supported by the USAID Maternal and Child Health and Nutrition Office (MCHN).

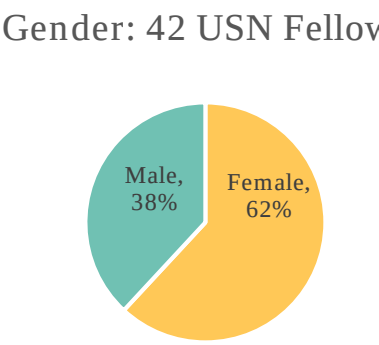
The positions at ministries of health were all Fellows, as were most USAID Mission positions. For U.S.-based positions, however, there was a strong mix of Fellows and Interns.

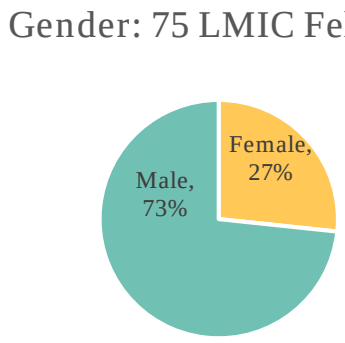


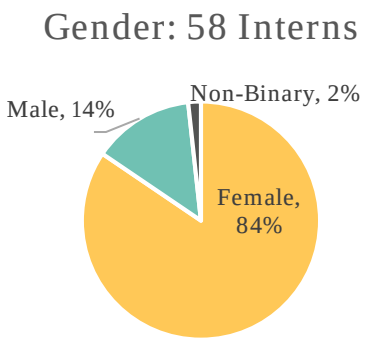

## Participant Gender, PY3

Most of STAR's 175 participants were female (54 percent). However, the type of participant significantly impacted the breakdown. For USN participants, most Fellows were female (62 percent), as were most Interns (84 percent). For LMIC participants, most were male (73 percent).



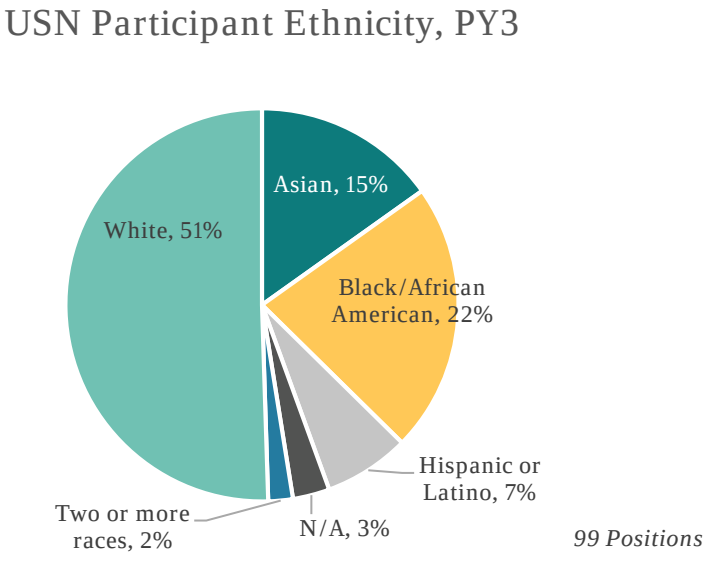



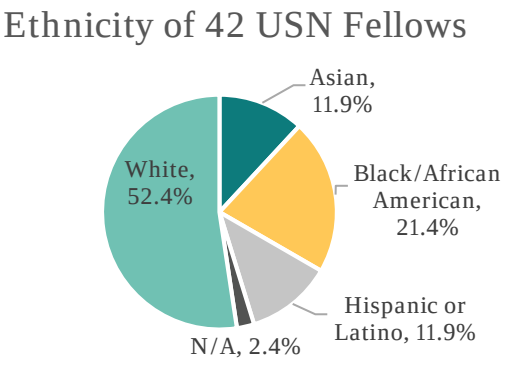



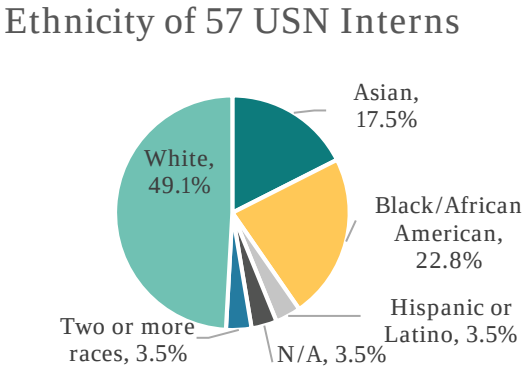



## Ethnicity for USN Participants, PY3

For USN participants in PY3, 51 percent were white, followed by 22 percent Black, 15 percent Asian, and 7 percent Hispanic or Latino.




As part of efforts to understand and encourage diversity among participants, STAR tracks the seniority of USN positions by ethnicity. Most Fellows are in senior-level categories, and for those, 58 percent are white, and 42 percent are non-white.

# V. PARTNER AND SUB-AWARDEE ACTIVITIES

## Johns Hopkins University (JHU)

The Senior Learning Advisor (Dr. Bhakti Hansoti) remained on the project through June 30, 2021 to finalize learning activities, evaluations, and publications. In collaboration with the Afya Bora Consortium, members of the STAR Learning team and the Program Director completed the Global Health Leadership Training special supplement with Annals of Global Health (AGH), which was published in July 2021. A total of eight papers authored by members of the STAR Learning team were included. In addition, members of the Learning team also wrote and submitted for publication, three articles that evaluate and document the learning program, namely:

- Training GH leaders: a review of competencies and gaps was published in July 2021 to *Annals of Global Health*
- REAPing the benefits of global health learning resources, which reviews and presents STAR's framework for codifying and evaluating learning activities published July 2021 to *BioMed Central*
- A qualitative study of the learning objectives of STAR participants was submitted 02/24/2021 to *PLOS One Journal*, which is still pending

Lastly, the Senior Learning Advisor facilitated a three-part spring Learning Series focused on scientific writing and dissemination, which took place in April, May and June for Interns and Fellows.

## University of California, San Francisco (UCSF) – COVID-19 Response

The UCSF team, along with collaborator WFSA, brought together the technical experts needed to support the scope of work, as well as to support USAID and implementing partners with subject matter expertise when needed. UCSF and WFSA leveraged the unique team assembled and established a new WFSA Intensive Care Medicine Committee to formalize and establish a longer-term body of experts that can support future needs beyond the COVID-19 pandemic. UCSF also brought together multiple institutional partners with the intention of building longer-term collaboration to strengthen critical care education support for LMICs.

# VI. PLANNED ACTIVITIES AND EVENTS FOR THE NEXT PERFORMANCE PERIOD, OCT. 1, 2021 TO SEPT. 30, 2022

In the next reporting period, STAR will continue to support Fellows and Interns at USAID Offices and Missions around the world, at MOHs in an increasing number of countries, and in other global and public health organizations, as requested. STAR also will continue to support USAID in special project areas, such as the USAID COVID-19 response with critical respiratory care and oxygen ecosystems (UCSF), and emerging areas like vaccine readiness (if requested), mental health (if requested), diversity and inclusion efforts (TD), organizational effectiveness (Packard Foundation), and leadership and management capacity strengthening (AMP Health).

Depending on the pandemic and travel restrictions, STAR looks forward to welcoming more FSN Fellows whenever possible, as the FSNs are the institutional memory and backbone of USAID. STAR's efforts in Academic Partnerships will continue shifting towards university-based or shared fellowships and internships, such as those with the University of Minnesota, Princeton University, Wayne State University, and Purdue University, and technical assistance and leadership in specific, targeted areas according to need.

The STAR team is committed to executing the planned activities outlined below, some of which will depend on evolving USAID priorities as expressed through cross-bureau funding. PHI and STAR will be monitoring the pandemic while considering whether, how, and when to transition back to a physical office, both for staff and for participants.

Plans for STAR teams in PY4 include:

### Recruitment

In the next reporting period, RO will continue focusing on recruitment of quality candidates by building STAR's online presence and recognition among potential applicants. RO also will continue spreading awareness among USAID missions around the world about its capacity to recruit internationally for both fellowship and internship placements. The focus will be on providing high quality, timely, and responsive recruitment services.

Recruitment will respond to USAID's request for new positions with anticipated new placements in Sierra Leone, Ghana, Cameroon, Ukraine, Haiti, and Papua New Guinea. In addition, two UN Foundation placements are expected in the Washington, DC area supported by the Population and Reproductive Health Office, as well as a DEIA Advisor to be placed in CII within the Global Health Bureau.

### Outreach

STAR outreach events for PY4 are expected to include conferences, webinars, career fairs, and presentations with increased emphasis on minority serving institutions and events with a large contingent of participants from minority groups. Additional public webinars are scheduled for PY4 on several new topics to increase awareness of STAR and provide potential applicants with tools to be successful in applying for jobs – and ultimately getting them.

## Expected PY4 STAR Outreach Events

| Conference (PY4, 2021-2022) * | Date | Location |
|---|---|---|
| *USAID First Annual Virtual Hispanic Serving Institutions/LatinX Conference and Career Expo: Global Health Fellowships and Internships at USAID (jointly with GHTP)* | October 6, 2021 | Virtual |
| *Michigan State University Science and Health Job and Internship fair* | October 6, 2021 | Virtual |
| *London School of Economics Public Health Information Sessions: Exploring Global Health Career Opportunities in the US (jointly with GHTP)* | October 13, 2021 | Virtual |
| *Johns Hopkins Bloomberg School of Public Health Information Session: Exploring global health career opportunities at USAID (jointly with GHTP)* | October 20, 2021 | Virtual |
| *TB Union* | October 19-22, 2021 | Virtual |
| *Virginia State University 2021 Virtual graduate and Professional career fair* | October 21, 2021 | Virtual |
| *Bethune-Cookman University Fall 2021 Virtual Graduate School and Career fair* | October 27, 2021 | Virtual |
| *University of Maryland School of Public Health Career Expo Fall 2021* | November 3, 2021 | Virtual |
| *North Carolina Masters & Doctoral Virtual Career Fair* | November 4, 2021 | Virtual |
| *New Mexico State University Health Professionals Virtual Career Fair* | November 4, 2021 | Virtual |
| *Consortium of Universities for Global Health (CUGH) Conference* | Spring 2022 | Virtual |
| *Howard University Spring 2022 Career Fair* | Spring 2022 | Virtual |
| *Drexel University Spring 2022 Career Fair* | Spring 2022 | Virtual |
| *Johns Hopkins Spring 2022 Career Fair* | Spring 2022 | Virtual |
| *Morgan State University Spring 2022 Career Fair* | Spring 2022 | Virtual |
| *University of California Spring 2022 Career Fair* | Spring 2022 | Virtual |
| *STAR Webinar: Spring Clean Your Global Health Resume* | Spring 2022 | Virtual |
| *STAR webinar: Moving Beyond Borders: Becoming a Regional Global Health Expert* | TBD | Virtual |

### Performance Management

In PY4, PM will coordinate with the Learning team to plan and hold virtual learning exchanges for participants, with some sessions specifically for Interns, such as career panels, meet and greets, and resume reviews. PM also will continue to revise and refine orientation materials to ensure that participants understand their role and the program.

Supporting participants and their POCs with performance issues is always a priority, and STAR will develop or adapt resources to respond to emerging needs, especially as it relates to developing telework arrangements and managing remote work. The team will review the Participant Handbook to ensure that it is reflective of program policies.

### Learning

In PY4, the STAR will continue to curate activities to meet the unique needs of the various participant groups. STAR will engage participants to co-facilitate networking activities and identify topics of relevance to each group. In addition, LRN will conduct an evaluation of the Learning and Leadership Circles to document and build upon knowledge gained from the pilot. STAR will also develop a Facilitator training manual that can be disseminated to Fellows or teams wishing to facilitate their own Learning and Leadership Circles.

| Activity | Participant Type |
|---|---|
| Rising STARS Series | Interns |
| Learning and Leadership Circles | TB Fellows |
| Meet and Greets | Interns |
| Pan-Participant Learning Events | All Participants |
| Global Health Career Panel | Interns |

The Foreign Service Nationals fellowships were very well received by participants, the Offices that hosted them, and the Missions that sent them. STAR is ready to continue supporting FSN fellowships as soon as it is possible.

### Communications

Comms will continue to develop creative and innovative content for STAR outreach materials and internal resources. Concentration will be on content development for STAR's website, social media platforms, promotional flyers, STAR monthly newsletter, and direct mail materials. Comms will continue to collaborate with STAR teams to produce quality content and promotional material to connect with our target audiences. Comms will continue to highlight the accomplishments and accolades of STAR participants to enhance their overall experience and share their contributions within the global health community.

### Global Operations

With the introduction of the left navigation panel on IMARS, GO plans to continue organizing participant content specific to users. Plans are underway to develop new participant content, including a review and revision of resources for PHI employed Fellows and Interns. In the next period, GO expects to bring even more countries online through Elements to meet the changing needs of USAID. GO will continue to work with Elements to improve and/or implement processes requested by participants.

During PY3, there were few international trips for STAR participants due to the pandemic. The GO team expects to be managing more international travel during PY4 as the vaccine becomes more widely available. In addition, if Washington-based participants start returning to the office in PY4, GO will work closely with the Administrative Management Support (AMS) team to process paperwork and ensure that all participants have access to USAID facilities.

### Partnerships and Cost Share Opportunities

STAR has nearly achieved its cost share requirement and is on track to fully do so. The motivation to engage partners in STAR will continue to stem from a desire to tackle special global health problems. STAR aims to focus on innovative and effective solutions and methods to reach expanding numbers of diverse global health professionals with opportunities to grow their careers and contribute towards those solutions.

STAR will formally begin a partnership with AMP Health at the beginning of PY4 with funding from the Malaria office to support non-PMI country ministries of health. AMP Health will implement its leadership and management capacity-building model to support national malaria programs in up to 5 countries in Africa. Princeton and Purdue Universities are expected to continue to partner with STAR to place special Interns and Fellows with USAID. DEI activities with subcontractor, TD, are expected to expand with Cross Bureau funds to include the whole Global Health Bureau, and possibly with specific additional activities with USAID/PRH (depending on funding). Finally, the partnership with the Packard Foundation continues in full swing with renewed funding expected in January 2022 to continue implementing organizational effectiveness capacity building activities with sexual and reproductive health grantee partners.

### UCSF COVID-19 Activities

STAR anticipates that there will be an extension of the STAR/UCSF COVID-19 activities through December 31, 2021. During this period, STAR/UCSF will focus on maintaining and updating resources on OpenCriticalCare.org and COVIDprotocols.org.

The following deliverables are expected to be finalized: an online, interactive simulator with cases relevant to COVID-19 critical care, in partnership with the New England Journal of Medicine Group; refine and improve functionality of the VentilO ventilator digital tool to support healthcare providers caring for respiratory failure patients, including those with COVID-19, in partnership with the University of Laval; and continuing to support select countries with wireless access points loaded with COVID-19 and critical care educational resources, especially in areas where Internet connectivity is poor.

Additionally, STAR expects to receive new COVID-19 funds during the first quarter of PY4. Once those funds become available, COVID-19 activities will continue through the first part of PY5.

### IT and Administration

The IT&A team will continue to support STAR remote work procedures and the remote onboarding and offboarding of staff and participants. The team will ensure that all have the tools, technologies, and equipment they need to be productive while working remotely. IT will take the opportunity of less physical IT equipment demand and resource allocation to further improve the functionality and efficiency of remote and cloud services and administration.

With the completion of STAR's lease, the Administration team will look to provide office supply, vendor management, and credit card reconciliation services remotely and will maintain the reservations@ghstar.org email address and the new PO Box for correspondence and inquiries. The team also will revisit the opportunity for temporary office space as needed and as the public health situation in the DC area allows. In addition, IT will continue to build and support IMARS based on the needs of staff, PHI, and USAID and to continue to provide tools to staff to enhance their work-from-home activities.

### Monitoring, Evaluation, and Learning

Following review and approval of the PY4 workplan and updated MEL plan, performance indicator reference sheets (PIRS) will be updated. The STAR research protocol also will be reviewed and submitted for IRB review in August 2022, including any additions or changes to surveys or STAR research activities.

# Annex A: STAR Participant Overview, PY3

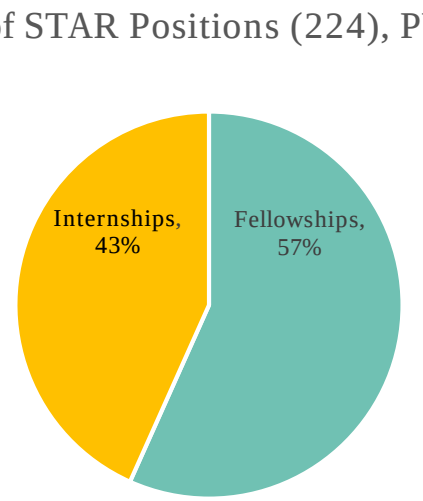
Specifics about STAR participants between October 1, 2020 and September 30, 2021 are provided below as part of indicator 1.3.1 – the number of participants supported.

| | |
|---|---|
| **Participants Supported** | 174 |
| **Positions Supported** | 175 |
| **Fellowships/Internships** | 117 fellowships (including four Packard Foundation Fellows and one Purdue Fellow)<br>58 internships (including one Wayne State Intern and one Princeton Intern) |
| **U.S./Overseas Positions** | 91 U.S.; 84 Overseas positions<br>(Includes one LMIC Intern overseas and one USN Intern overseas) |
| **U.S. National Positions** | 99 USN positions:<br>- 35 U.S.-based Fellows<br>- 56 U.S.-based Interns<br>- 7 Overseas-based Fellows<br>- 1 Overseas-based Intern |
| **LMIC Positions** | 76 LMIC positions:<br>- 60 Local Country Hires (includes four Packard Foundation)<br>- 16 Third County National Hires |
| **USAID Funded/Other** | 168 USAID-Funded; 4 Packard Foundation; 1 Purdue; 1 Wayne State, 1 Princeton |
| **Offices** | US Offices:<br>- GH/OHA: 39<br>- GH/ID: 16<br>- GH/PRH: 14<br>- GH/MCHN: 10[12]<br>- GH/P3: 3<br>- GH/AA: 5<br>- Other USAID/GH: 4<br>Overseas:<br>- 33 countries (USAID): 80<br>- Packard Foundation (India): 4 |
| **Country** | 91 U.S.-based positions<br>84 overseas positions in 33 countries |
| **Sex** | 79 Male; 95 Female; 1 non-binary |
| **USN Ethnicity** | For 99 USN positions: 50 White; 22 Black; 7 Hispanic or Latino; 15 Asian; 2 two or more races; and 3 N/A |
| **Fellowship Levels** | Master's Intern: 53<br>PhD Intern: 3<br>BA/Level IV Intern: 2<br>Technical Advisor: 6<br>Mid-Career Technical Advisor: 31<br>Senior Technical Advisor: 62<br>Senior Technical Advisor II: 4<br>Uniquely Skilled Senior Technical Advisor: 3<br>Uniquely Skilled Senior Technical Expert: 3<br>Associate: 4<br>Packard Foundation participants: 4 |
| **FSN Program Participants** | N/A in PY3 |

[12] One MCHN Fellow is based overseas in PY3.

# Annex B: Cumulative STAR Participant Data, PY1-PY3

1. PY1-PY3, there were 224 STAR positions, including 127 fellowships and 97 internships. Overall, fellowships have made up 57 percent of STAR positions.




2. Positions have included several "partnership" placements.

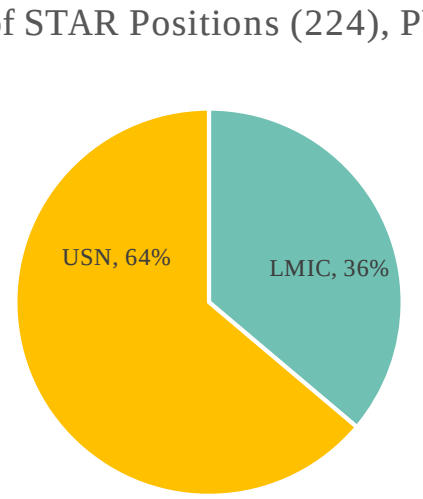
**STAR Partnership Placements, PY1-PY3**

Fellowships:
- Packard Foundation Associates: 4
- Medtronic Associates: 4
- Purdue University Fellow: 1

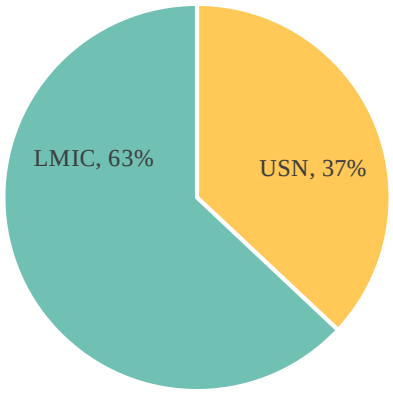
Internships:
- Wayne State University Intern: 1
- Princeton University Interns: 3

3. Four Fellows and Interns had more than one fellowship/internship, so the total number of individual STAR participants was 220.

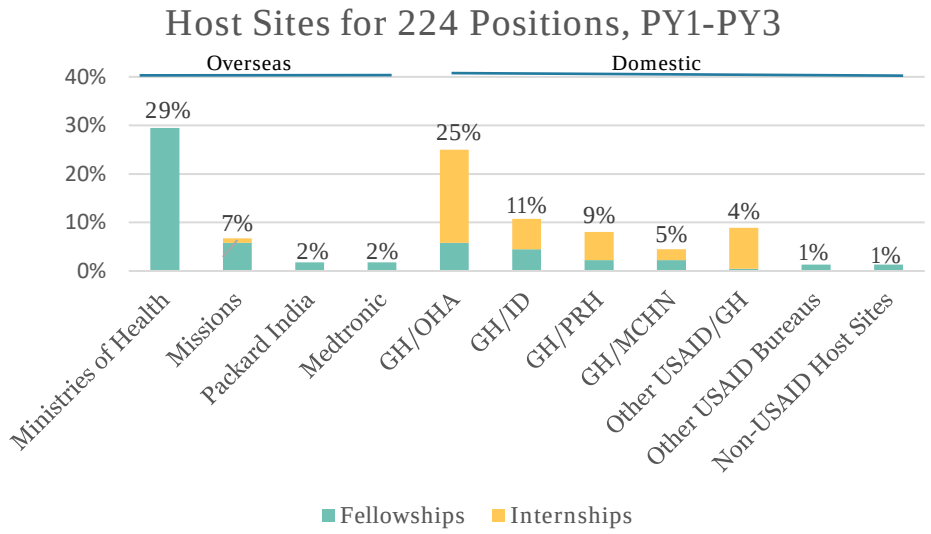
4. When including all STAR participants, most positions have been USNs (64 percent) because Interns are largely USNs.



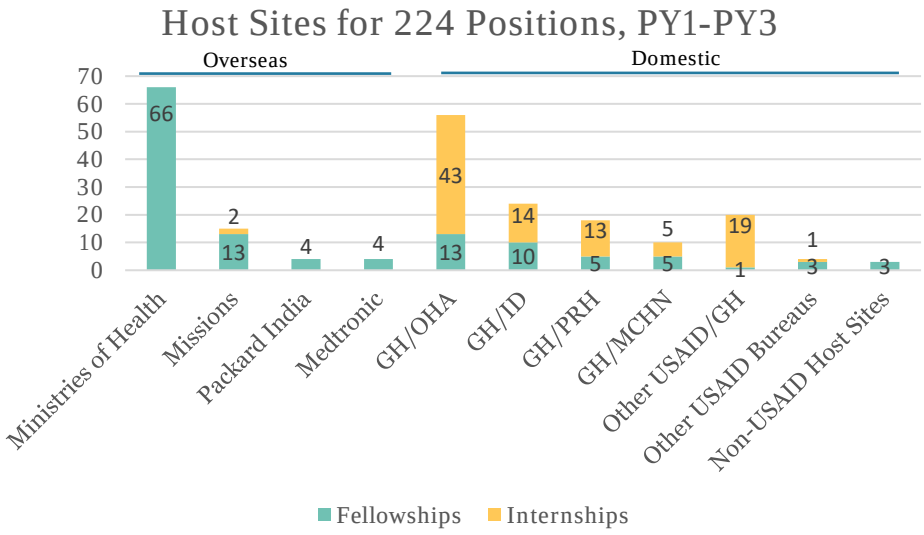

5. For Fellows, most positions have been LMIC participants (63 percent).



6. The highest percentage of STAR's 224 positions – 29 percent – were based at Ministries of Health, followed by 25 percent at GH/OHA, and 11 percent at GH/ID. Seven percent were at USAID Missions.[13]




7. Positions at Ministries of Health were all fellowships, as were most positions at Missions. Positions at USAID/GH were mixed.




[13] Packard India is funded by the David and Lucile Packard Foundation. Medtronic placements included one based in Washington, DC. Other USAID/GH includes placements in several USAID/GH offices. Other USAID Bureaus includes placements at the Bureau for Latin America and the Caribbean (LAC), the Bureau for Policy, Planning, and Learning (PPL), and the COVID-19 Task Force/Executive Office. Non-USAID Host Sites includes placements at the UN Foundation and the World Health Organization (WHO), both supported by the USAID Office of Population and Reproductive Health (PRH), and the University of Minnesota, supported by the USAID Maternal and Child Health and Nutrition Office (MCHN).

# Annex C: Status of STAR Performance Indicators, PY3

| INDICATOR | Target | PY1 Result | PY2 Result | *PY3 Result* | Summary |
|---|---|---|---|---|---|
| **Intermediate Result (IR) 1: Strengthened capacity of diverse American and low-and-middle-income country (LMIC) health professionals at all levels to make innovative contributions to global health (GH)** | | | | | |
| **Sub-Intermediate Result (Sub-IR) 1.1: Increased awareness of opportunities for fellowships, internships and placement sites** | | | | | |
| 1.1.1 Number of outreach events promoting awareness of STAR within the global health community and number of people reached, including diverse U.S. audiences and LMIC audiences | N/A | 20 Total events; 17 In-person (14 US; 6 Overseas)<br><br>3314 listserv sign-ups | 18 Total events; 13 In-person; 5 virtual (16 US; 2 Overseas)<br><br>1,703 listserv sign-ups | 16 events (virtual)<br><br>400 listserv sign-ups | All events were virtual due to the pandemic |
| **S-IR 1.2: Participants recruited** | | | | | |
| 1.2.1 Average # of days recruiting (from posting the position to finalist selection) | PY1: 45 days<br>PY2-PY5: ≤ 50 days | 26 days | 35 days | 81.8 days (all) Includes 96 days for LMIC positions, 45 days for USAID Missions, and 36 days for US positions | Target not met |
| 1.2.2 Percent of hiring managers who rate their satisfaction with the quality of STAR candidates as 'satisfied' or 'very satisfied'[14] | PY1: 80%<br>PY2-PY5: 85% | N/A | 100% | 95% | Target met |

[14] For 1.2.2 and 1.2.3, STAR will propose updating "hiring manager" to "POC" for future reporting.

| INDICATOR | Target | PY1 Result | PY2 Result | *PY3 Result* | Summary |
|---|---|---|---|---|---|
| 1.2.3 Percent of hiring managers who describe their overall satisfaction with STAR's recruitment process as 'satisfied' or 'very satisfied' | PY1: 80%<br>PY2-PY5: 85% | 80% | 100% | 95% | Target exceeded |
| **S-IR 1.3: Participants supported** | | | | | |
| 1.3.1 Number of participants supported | N/A | 59 | 132 | 174 | N/A |
| 1.3.2 Percent of POCs who are 'satisfied' or 'very satisfied' with STAR assistance provided to them | PY1: 70%<br>PY2: 75%<br>PY3-PY5: 85% | 94% | 100% | 98% | Target exceeded |
| 1.3.3 Percent of participants who describe their overall satisfaction with STAR services as 'satisfied' or 'very satisfied' | PY1: 70%<br>PY2: 75%<br>PY3-PY5: 85% | 100% | 88% | 99% | Target exceeded |
| **S-IR 1.4: Learning and career planning supported** | | | | | |
| 1.4.1 Percent of participants who indicate that they were 'satisfied' or 'very satisfied' with the learning support they received from STAR during their Fellowship or internship | PY1: 70%<br>PY2: 75%<br>PY3-PY5: 80% | 92% | 79% | 91% | Target exceeded |
| 1.4.2 Percent of Fellows who develop an Individualized Learning Plan (ILP) | PY1: N/A<br>PY2: 60%<br>PY3-PY5: 70% | N/A | 4% | 79% | Target exceeded |
| 1.4.3 Number of STAR-hosted learning events and average number of attendees at events | PY1-PY2: N/A<br>PY3-PY5: 6 events; 20 participants | N/A | N/A | 8 | Target exceeded |

| INDICATOR | Target | PY1 Result | PY2 Result | *PY3 Result* | Summary |
|---|---|---|---|---|---|
| 1.4.4 Percent of STAR learning events with participants who find the event relevant professionally | PY1-PY2: N/A<br>PY3: 65 percent of events have at least 80% of participants who found the event relevant<br>PY4-PY5: TBD | N/A | N/A | 100% percent of events had at least 80 percent finding the event relevant professionally | Target exceeded – nine events, with eight at 100 percent and one at 91 percent |
| 1.4.5 a) Percent of Fellows who use learning funds and b) percent of learning funds spent | PY2: a) 80%; b) N/A<br>PY3-PY5: 80%; 50% | N/A | 44% | a) 40%<br>b) 38% | Target not met |
| 1.4.6 Number of STAR-generated resources made publicly accessible | N/A | N/A | 4 | 20 | N/A |
| **S-IR 1.5: Global health professionals participate in field-based experiences** | | | | | |
| 1.5.1 Percent of U.S. national Fellows who participate in field experience annually | PY1: N/A<br>PY2-PY5: 85% | N/A | 40% | N/A | N/A |
| 1.5.2 Percent of U.S. national Interns who participate in field experience by the end of their internship | PY1: N/A<br>PY2-PY5: 50% | N/A | 35% | N/A | N/A |

| INDICATOR | Target | PY1 Result | PY2 Result | *PY3 Result* | Summary |
|---|---|---|---|---|---|
| **S-IR 1.6: Participant demographics are reflective of the countries where they work** | | | | | |
| **1.6.1** Number and percent of participants from LMICs | 50% for USAID/ funded participants (cumulative) | 25% (14 LMIC USAID-funded Fellows of 55 total PY1 Fellow and Intern participants)<br><br>For USAID-funded Fellows, 14 were USNs and 14 were LMIC – 50% | For all 129 participants:<br>USN: 64%<br>LMIC: 36%<br><br>For the 78 Fellows only:<br>USN: 41%<br>LMIC: 59%<br><br>*(Medtronic associates not included)* | For all 175 positions:<br>LMIC: 43% (76)<br>USN: 57% (99)<br><br>For the 117 fellowships only:<br>LMIC: 64% (75)<br>USN: 36% (42) | Target not met for all participants (Fellows and Interns)<br><br>Target met for Fellows |
| **S-IR 1.7: Opportunities for Foreign Service Nationals (FSNs) supported** | | | | | |
| 1.7.1 Percent of Foreign Service Nationals (FSNs) in the FSN Fellowship program who rate their satisfaction with STAR's assistance as 'satisfied' or 'very satisfied' | PY1: N/A<br>PY2-PY5: 85% | N/A | 100% | N/A | N/A |
| 1.7.2 Percent of Host Sponsors and staff in USAID/HR and in GH/PDMS who rate their satisfaction with STAR assistance related to Foreign Service Nationals (FSNs) in the FSN Fellowship program as 'satisfied' or 'very satisfied' | PY1: N/A<br>PY2-PY5: 85% | N/A | 100% | N/A | N/A |

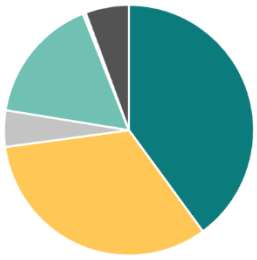
| INDICATOR | Target | PY1 Result | PY2 Result | *PY3 Result* | Summary |
|---|---|---|---|---|---|
| **IR 2: Strengthened capacity of US and LMIC GH academic and other institutions through engagement with STAR partnerships** | | | | | |
| **S-IR 2.1: Strengthened and engaged networks of and platforms for institutional participants** | | | | | |
| 2.1.1 Number of paired Collaboration Laboratory knowledge experiments with at least two captured collaborative iterations | PY1: N/A<br>PY2: ≥4<br>PY3-PY5: N/A | N/A | 4 | 4 | Target met |
| 2.1.2 a) Number of intellectual property resources developed through institutional collaborations; b) Number made publicly accessible | PY2: 4 developed; and number made accessible will be tracked | N/A | 4 | 4 | Target met |
| **S-IR 2.2: TAG creates innovative, durable opportunities that amplify the impact of STAR activities** | | | | | |
| **2.2.1** (a) Number of commitments made by each TAG member, and (b) number of commitments kept | N/A | 62 commitments from 12 TAG members | 15 commitments kept from 10 TAG members | N/A | N/A |
| **S-IR 2.3: Strengthened global health platforms and resources created by academic partners and STAR participants** | | | | | |
| 2.3.1 Number of COVID TAG members regularly contributing to planning for technical assistance (COVID-19 Response activities) | N/A | N/A | 14 | 30+ | N/A |

| INDICATOR | Target | PY1 Result | PY2 Result | *PY3 Result* | Summary |
|---|---|---|---|---|---|
| 2.3.2 Number of unique visitors to the COVID critical care portal and accessing other educational content curated or created by the project (COVID-19 Response activities) | N/A | N/A | **OpenCriticalCare.org** – 4,700 (90 countries) - web<br><br>**Anaesthesia Tutorial of the Week** - 10,000 (150 countries) - web<br><br>**Print materials** – pending | **OpenCriticalCare.org** – 163,000 users (214 countries)<br><br>**Anaesthesia Tutorial of the Week** – >200,000 users (210 countries)<br><br>**COVIDprotocols.org** – 96,783 users (201 countries) | N/A |
| 2.3.3 Number of remote COVID technical assistance tools and webinars curated or created for the portal or partners (COVID-19 Response activities) | N/A | N/A | Online interactive FAQ<br>Online Live Chat Function<br><br>5 webinars, 250 participants | **COVID19 Clinical TA Webinar series** – 5 webinars; 388 live participants and 1,329 total participants, including asynchronous views | |

# Annex D: Blind Recruitment – Interns, PY1-PY3

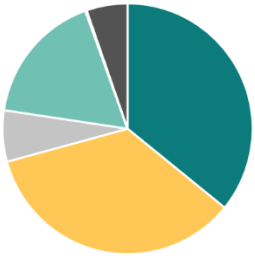
## Applicants

### STAR: PY1 (2018-2019)



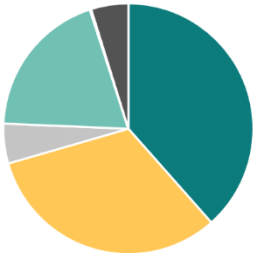
| | |
|---|---|
| White | 39.94% |
| Black/ African American | 32.92% |
| Hispanic/ Latino | 4.70% |
| Asian | 16.42% |
| Native Hawaiian/ Other Pacific Islander | 0.31% |
| American Indian/Alaska Native | 0.08% |
| Two or More Races | 5.63% |

### STAR: PY2 (2019-2020)



| | |
|---|---|
| White | 35.85% |
| Black/ African American | 34.92% |
| Hispanic/ Latino | 6.61% |
| Asian | 17.13% |
| Native Hawaiian/ Other Pacific Islander | 0.19% |
| American Indian/Alaska Native | 0.00% |
| Two or More Races | 5.31% |

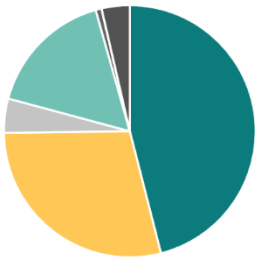
### STAR: PY3 (2020-2021)



| | |
|---|---|
| White | 38.45% |
| Black/ African American | 32.08% |
| Hispanic/ Latino | 5.13% |
| Asian | 19.34% |
| Native Hawaiian/ Other Pacific Islander | 0.13% |
| American Indian/Alaska Native | 0.06% |
| Two or More Races | 4.81% |

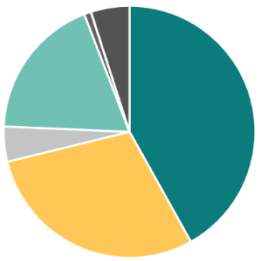
## Applicants Forwarded

### STAR: PY1 (2018-2019)



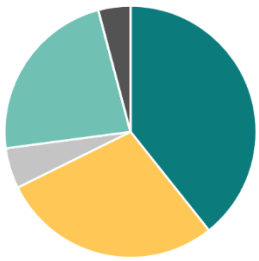
| | |
|---|---|
| White | 46.02% |
| Black/ African American | 28.79% |
| Hispanic/ Latino | 4.37% |
| Asian | 16.45% |
| Native Hawaiian/ Other Pacific Islander | 0.77% |
| American Indian/Alaska Native | 0.00% |
| Two or More Races | 3.60% |

### STAR: PY2 (2019-2020)



| | |
|---|---|
| White | 41.89% |
| Black/ African American | 29.28% |
| Hispanic/ Latino | 4.50% |
| Asian | 18.47% |
| Native Hawaiian/ Other Pacific Islander | 0.90% |
| American Indian/Alaska Native | 0.00% |
| Two or More Races | 4.95% |

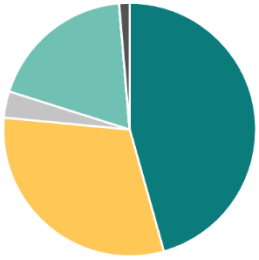
### STAR: PY3 (2020-2021)



| | |
|---|---|
| White | 39.32% |
| Black/ African American | 28.42% |
| Hispanic/ Latino | 5.21% |
| Asian | 22.99% |
| Native Hawaiian/ Other Pacific Islander | 0.00% |
| American Indian/Alaska Native | 0.00% |
| Two or More Races | 4.12% |

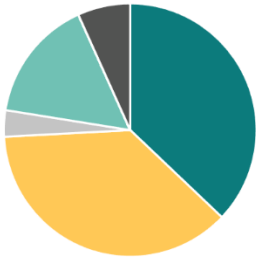
# Applicants Interviewed

STAR: PY1 (2018-2019)



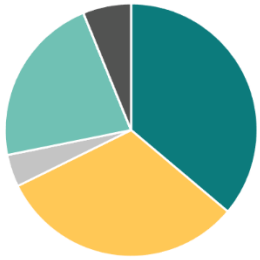
| | |
|---|---|
| White | 45.64% |
| Black/ African American | 30.87% |
| Hispanic/ Latino | 3.36% |
| Asian | 18.79% |
| Native Hawaiian/ Other Pacific Islander | 0.00% |
| American Indian/Alaska Native | 0.00% |
| Two or More Races | 1.34% |

STAR: PY2 (2019-2020)



| | |
|---|---|
| White | 37.08% |
| Black/ African American | 37.08% |
| Hispanic/ Latino | 3.37% |
| Asian | 15.73% |
| Native Hawaiian/ Other Pacific Islander | 0.00% |
| American Indian/Alaska Native | 0.00% |
| Two or More Races | 6.74% |

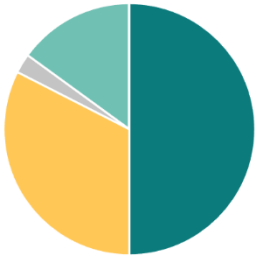
STAR: PY3 (2020-2021)



| | |
|---|---|
| White | 36.03% |
| Black/ African American | 31.51% |
| Hispanic/ Latino | 4.11% |
| Asian | 21.92% |
| Native Hawaiian/ Other Pacific Islander | 0.00% |
| American Indian/Alaska Native | 0.00% |
| Two or More Races | 6.16% |

# Finalist Selected

STAR: PY1 (2018-2019)

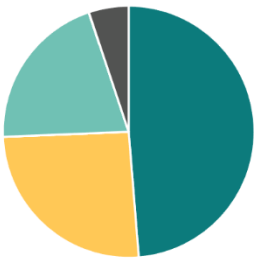


| | |
|---|---|
| White | 50.00% |
| Black/ African American | 32.50% |
| Hispanic/ Latino | 2.50% |
| Asian | 15.00% |
| Native Hawaiian/ Other Pacific Islander | 0.00% |
| American Indian/Alaska Native | 0.00% |
| Two or More Races | 0.00% |

STAR: PY2 (2019-2020)

| | |
|---|---|
| White | 50.00% |
| Black/ African American | 25.00% |
| Hispanic/ Latino | 5.00% |
| Asian | 10.00% |
| Native Hawaiian/ Other Pacific Islander | 0.00% |
| American Indian/Alaska Native | 0.00% |
| Two or More Races | 10.00% |

STAR: PY3 (2020-2021)



| | |
|---|---|
| White | 48.72% |
| Black/ African American | 25.64% |
| Hispanic/ Latino | 0.00% |
| Asian | 20.51% |
| Native Hawaiian/ Other Pacific Islander | 0.00% |
| American Indian/Alaska Native | 0.00% |
| Two or More Races | 5.13% |

# Annex E:

## Learning and Leadership Circles Facilitator Training Agendas Module 1-4

Module 1: Facilitation Foundations
*Thursday, February 18, 2021*

**Facilitators:**

- Anike Akridge
- Baker Maggwa

**Objectives:**

1. To get to know one another
2. To provide participants with a clear understanding of their roles and expectations
3. To provide an overview of the Facilitator Framework
4. To reinforce and practice key skills that support the forming and maintaining a Peer Leadership Circle including;

    - Self-awareness
    - Holding space and creating safety
    - Co-creation

**Day 1 Agenda:**

| Session | Start Time EST | Duration (mins) |
|---|---|---|
| Welcome and Introductions | 6:30 | 25 |
| Facilitation Overview & Context Setting | 6:55 | 20 |
| Cultivating Self-Awareness | 7:15 | 35 |
| Break | 7:50 | 5 |
| Establishing Harmony & Holding Space | 7:55 | 35 |
| Preparation & Session Overview | 8:30 | 20 |
| Break | 8:50 | 5 |
| Practice Session | 8:55 | 20 |
| Wrap-up | 9:15 | 15 |



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## Module 2: Supporting the Process

*Thursday, March 11, 2021*

**Facilitators:**

- Anike Akridge
- Baker Maggwa

**Objectives:** To practice and apply all of the skills learned over the three modules in practice sessions and participants prepare to lead their groups.

**Day 2 Agenda:**

| Session | Start Time EST | Duration (mins) |
|---|---|---|
| Welcome and Check in | 6:30 | 15 |
| All Group Prep Time | 6:45 | 10 |
| Group 1 Practice + Feedback | 6:55 | 20 |
| Break | 7:15 | 5 |
| Group 2 Practice + Feedback | 7:20 | 20 |
| Group 3 Practice + Feedback | 7:40 | 20 |
| Group Reflection | 8:00 | 10 |
| MBTI | 8:10 | 60 |
| Next Steps & Close out | 9:10 | 20 |



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## Module 3: Navigating Complexity

**Facilitators:**

- Anike Akridge
- Baker Maggwa

**Objectives:** To learn and practice the fundamental facilitation skills for holding and leading the space, advancing group learning and fostering growth. Skills that will be explored include:

- Powerful Questioning
- Conflict Resolution
- Personality Dynamics
- Wrapping-Up

**Day 3 Agenda:**

| Session | Start Time EST | Duration (mins) |
|---|---|---|
| Welcome and Check-in | 6:30 | 20 |
| Powerful Questioning | 6:50 | 40 |
| Break | 7:30 | 5 |
| Conflict Resolution | 7:35 | 50 |
| The Wrap Up | 8:25 | 20 |
| Break | 8:45 | 5 |
| Preparing for Mod 4 (Practice Pairs) | 8:50 | 20 |
| Wrap Up | 9:10 | 20 |



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## Module 4: Practice, Practice, Practice

*Thursday, March 11, 2021*

**Facilitators:**

- Anike Akridge
- Baker Maggwa

**Objectives:** To practice and apply all of the skills learned over the three modules in practice sessions and participants prepare to lead their groups.

**Day 4 Agenda:**

| Session | Start Time EST | Duration (mins) |
|---|---|---|
| Welcome and Check in | 6:30 | 15 |
| All Group Prep Time | 6:45 | 10 |
| Group 1 Practice + Feedback | 6:55 | 20 |
| Break | 7:15 | 5 |
| Group 2 Practice + Feedback | 7:20 | 20 |
| Group 3 Practice + Feedback | 7:40 | 20 |
| Group Reflection | 8:00 | 10 |
| MBTI | 8:10 | 60 |
| Next Steps & Close out | 9:10 | 20 |



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# Annex F: PY3 Survey Response Rates

A summary of survey dates, questions, and response rates are below.

| Survey | Open | Response Rate | Indicators |
|---|---|---|---|
| 1. Fellows Survey - USNs | PY1: Oct. 1-11, 2019<br>PY2: Sept. 29 – Oct. 9, 2020<br>PY3: Sept. 28 – Oct. 8, 2021 | PY1: 91% (10 of 11)<br>PY2: 74% (20 of 27)<br>PY3: 68% (27 of 40) | Three: 1.3.3, 1.4.1, 1.5.1 |
| Q3) Please describe your OVERALL satisfaction or dissatisfaction with STAR services. [INDICATOR 1.3.3]<br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| Q5) Please describe your OVERALL satisfaction with STAR learning support. [INDICATOR 1.4.1]<br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| Q12) Have you participated in field experience(s) under STAR that were at least two weeks in length (cumulatively)? [INDICATOR 1.5.1]<br>*Options: yes, no*<br><br>**IF YES:** Q13) Did the field experience include active, technical engagement?<br>*(Examples include program support and evaluation)* | | | |
| 2. Fellows Survey – LMIC | PY1: Oct. 1-11, 2019<br>PY2: Sept. 29 – Oct. 9, 2020<br>PY3: Sept. 28 – Oct. 8, 2021 | PY1: 100% (2 of 2)<br>PY2: 90% (37 of 41)<br>PY3: 93% (62 of 67) | Four: 1.3.3, 1.4.1 |
| Q3) Please describe your OVERALL satisfaction or dissatisfaction with STAR services. [INDICATOR 1.3.3]<br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| Q5) Please describe your OVERALL satisfaction with STAR learning support. [INDICATOR 1.4.1]<br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| 3. POC Survey – Fellows | PY1: Oct. 1-11, 2019<br>PY2: Sept. 29 – Oct. 9, 2020<br>PY3: Sept. 28 – Oct. 8, 2021 | PY1: 46% (6 of 13)<br>PY2: 49% (21 of 43)<br>PY3: 40% (28 of 70)(for 107 Fellows) | One: 1.3.2 |
| Q2) Please rate your OVERALL satisfaction or dissatisfaction with STAR assistance provided to you?<br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| 4. POC Survey - Interns | PY1: Oct. 1-11, 2019<br>PY2: Sept. 29 – Oct. 9, 2020<br>PY3: Sept. 28 – Oct. 8, 2021 | PY1: 56% (10 of 18)<br>PY2: 45% (17 of 38)<br>PY3: 40% (18 of 45)(for 50 Interns) | One: 1.3.2 |
| Q2) Please rate your OVERALL satisfaction or dissatisfaction with STAR assistance provided to you?<br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| 5. Intern Survey | PY1: Ongoing<br>PY2: Ongoing<br>PY3: Ongoing | PY1: 50% (1 of 2)<br>PY2: 79% (30 of 38) – PHI Interns | Three: 1.3.3, 1.4.1, 1.5.2 |



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| Survey | Open | Response Rate | Indicators |
|---|---|---|---|
| | | PY3: 85% (22 of 26) | |
| Q3) Please describe your OVERALL satisfaction or dissatisfaction with STAR services. [INDICATOR 1.3.3]<br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| Q5) Please describe your OVERALL satisfaction with STAR learning support [INDICATOR 1.4.1]<br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| Q13) Have you participated in field experience(s) under STAR that were at least two weeks in length (cumulatively)? [INDICATOR 1.5.2]<br>*Options: yes, no* | | | |
| 6. POC Recruitment Survey | PY1: Ongoing<br>PY2: Ongoing | PY1: 31% (15 of 49)<br>PY2: 50% (33 of 66)<br>PY3: 49% (44 of 89) | Two: 1.2.2, 1.2.3 |
| Q1) How satisfied were you with the STAR recruitment process, from when you first contacted STAR about this position through the time the candidate(s) signed the offer letter?<br>• Quality of STAR candidates [INDICATOR 1.2.2]<br>• Overall satisfaction with the STAR recruitment process [INDICATOR 1.2.3]<br><br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| 7. FSN Survey | PY2: May 5-15, 2020<br>PY3: N/A | PY2: 78% (7 of 9)<br>PY3: N/A | One: 1.7.1 |
| Q4) Please describe your OVERALL satisfaction or dissatisfaction with STAR's learning and professional development activities.<br><br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| 8. FSN Manager Survey | PY2: May 14-29, 2020<br>PY3: N/A | PY2: 100% (3 of 3)<br>PY3: N/A | One: 1.7.2 |
| Q2) Please describe your OVERALL satisfaction or dissatisfaction STAR's learning and professional development support for FSNs.<br><br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| 9. Princeton and Wayne State Intern Survey | PY2: Sept. 7-Oct. 9, 2020<br>PY3: N/A | PY2: 50% (1 of 2) - Princeton<br>PY3: N/A | One: 1.3.3 |
| Q3) Please describe your OVERALL satisfaction or dissatisfaction with STAR services.<br><br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |
| 10. Princeton and Wayne State Intern POC Survey | PY2: Sept. 15-25, 2020<br>PY3: Sept. 28 – Oct. 8, 2021 | PY2: 100% (2 of 2)<br>PY3: X% (X of 2) – Princeton and Wayne State | One: 1.3.2 |
| Q2) Please rate your OVERALL satisfaction or dissatisfaction with STAR assistance provided to you? [INDICATOR 1.3.2]<br>*Options: very satisfied, satisfied, dissatisfied, very dissatisfied* | | | |



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# Annex G: STAR/UCSF Open Critical Care Graphics, PY3

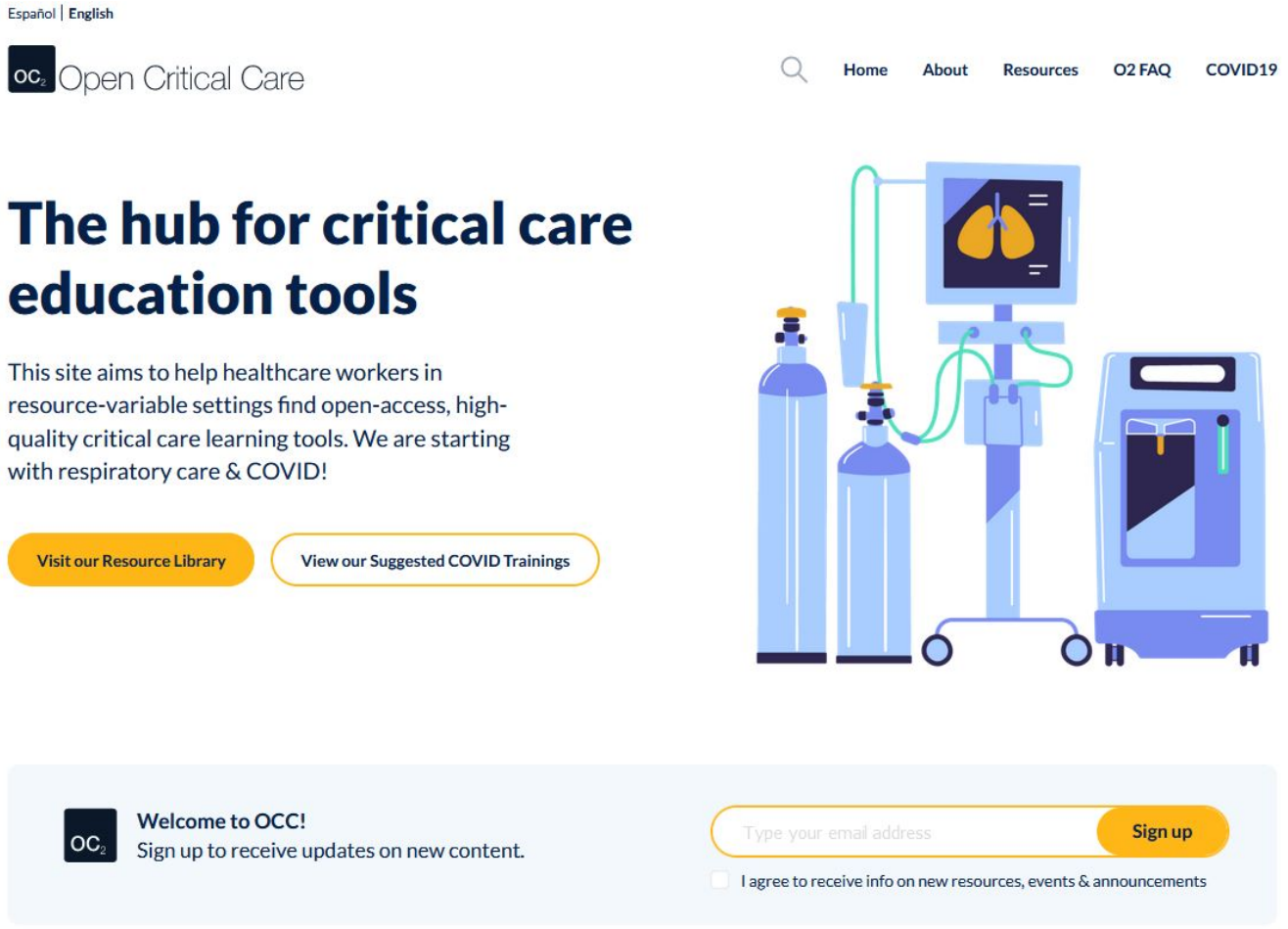


*Figure 1 Open Critical Care homepage*

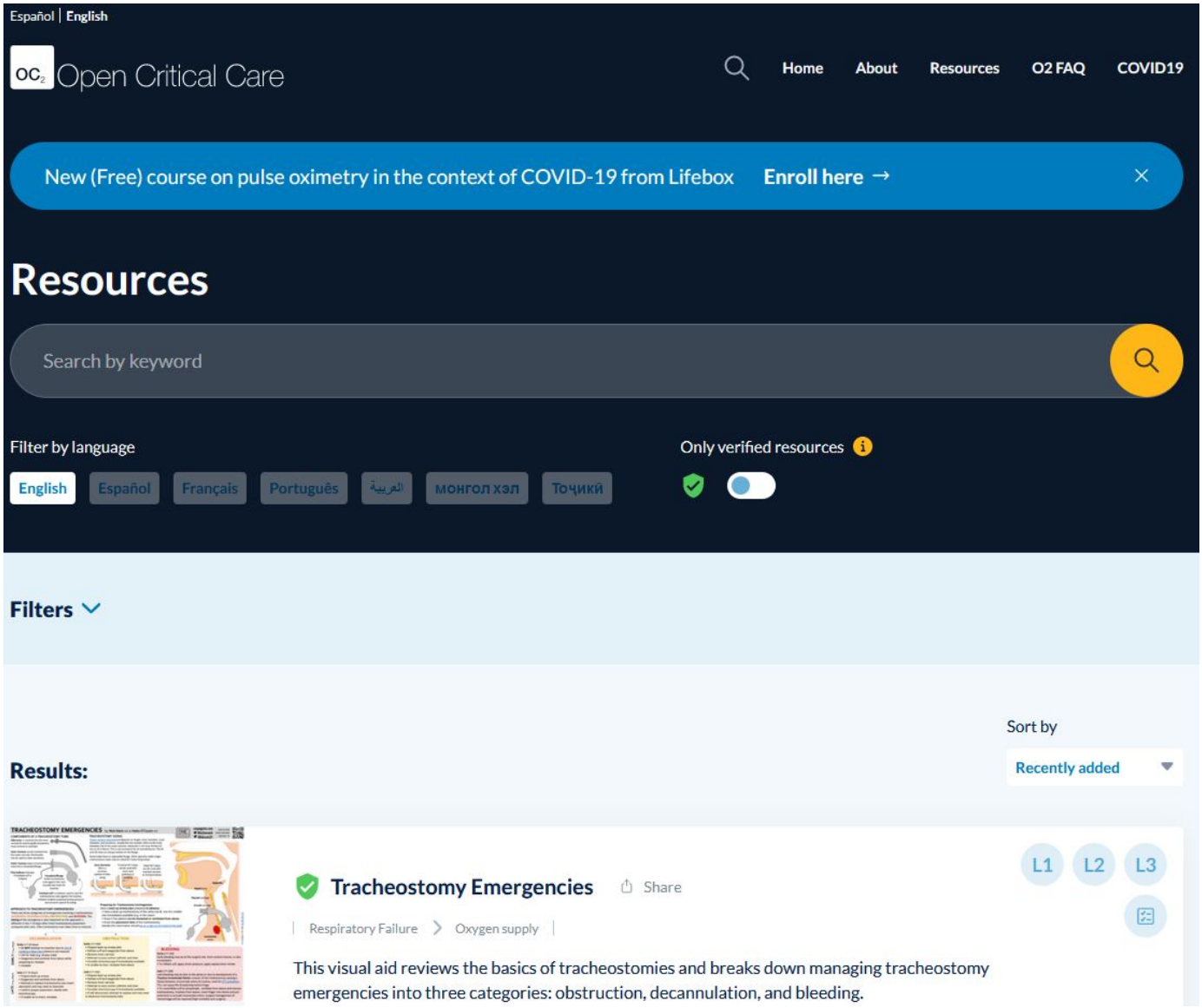


*Figure 2 Open Critical Care Resources page*



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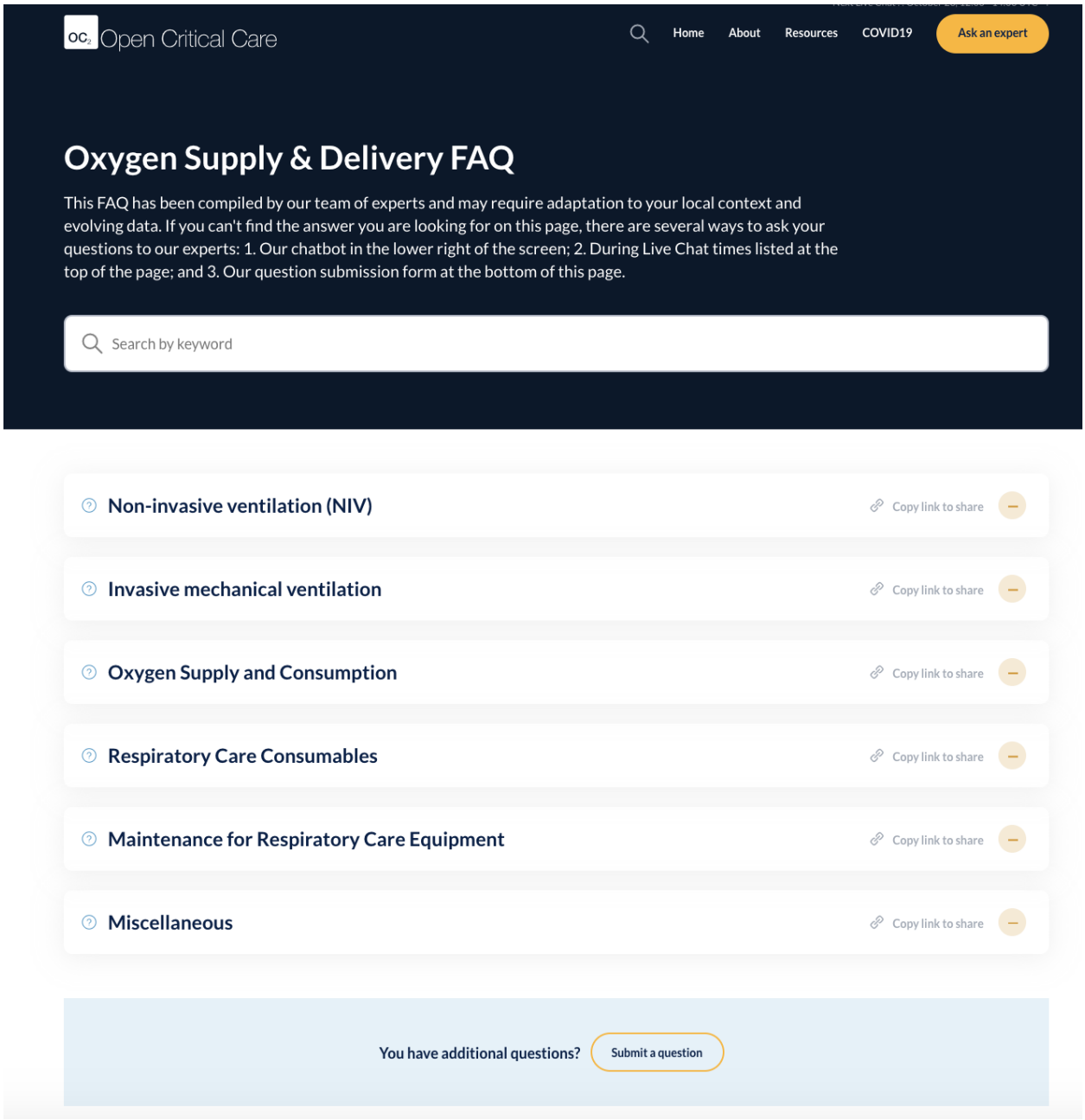


*Figure 3 Open Critical Care FAQ*



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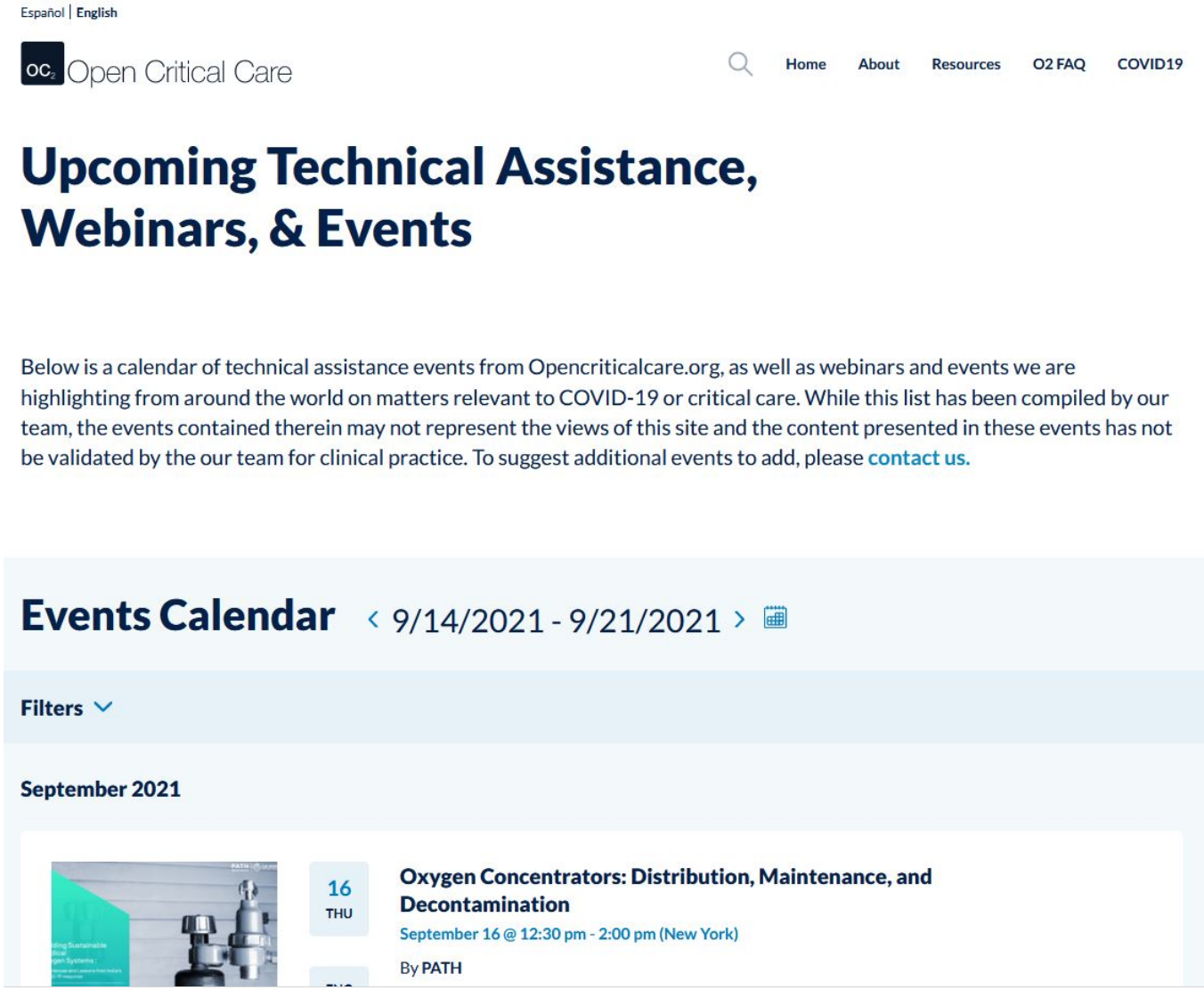


*Figure 4 Open Critical Care Events Calendar*



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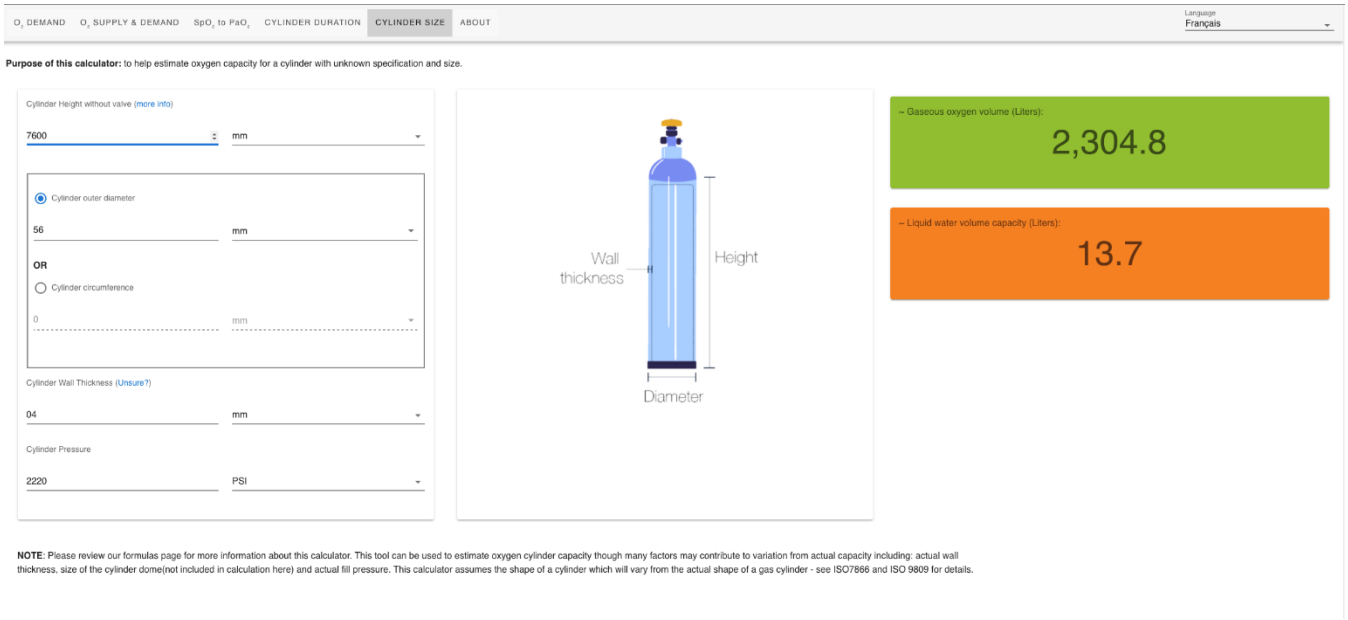


*Figure 5 Cylinder size estimator – Terminology for oxygen cylinder sizes is not universal and it is often difficult to know how much oxygen a cylinder can hold. This tool helps users identify the size of their oxygen cylinders and how much oxygen it can hold*



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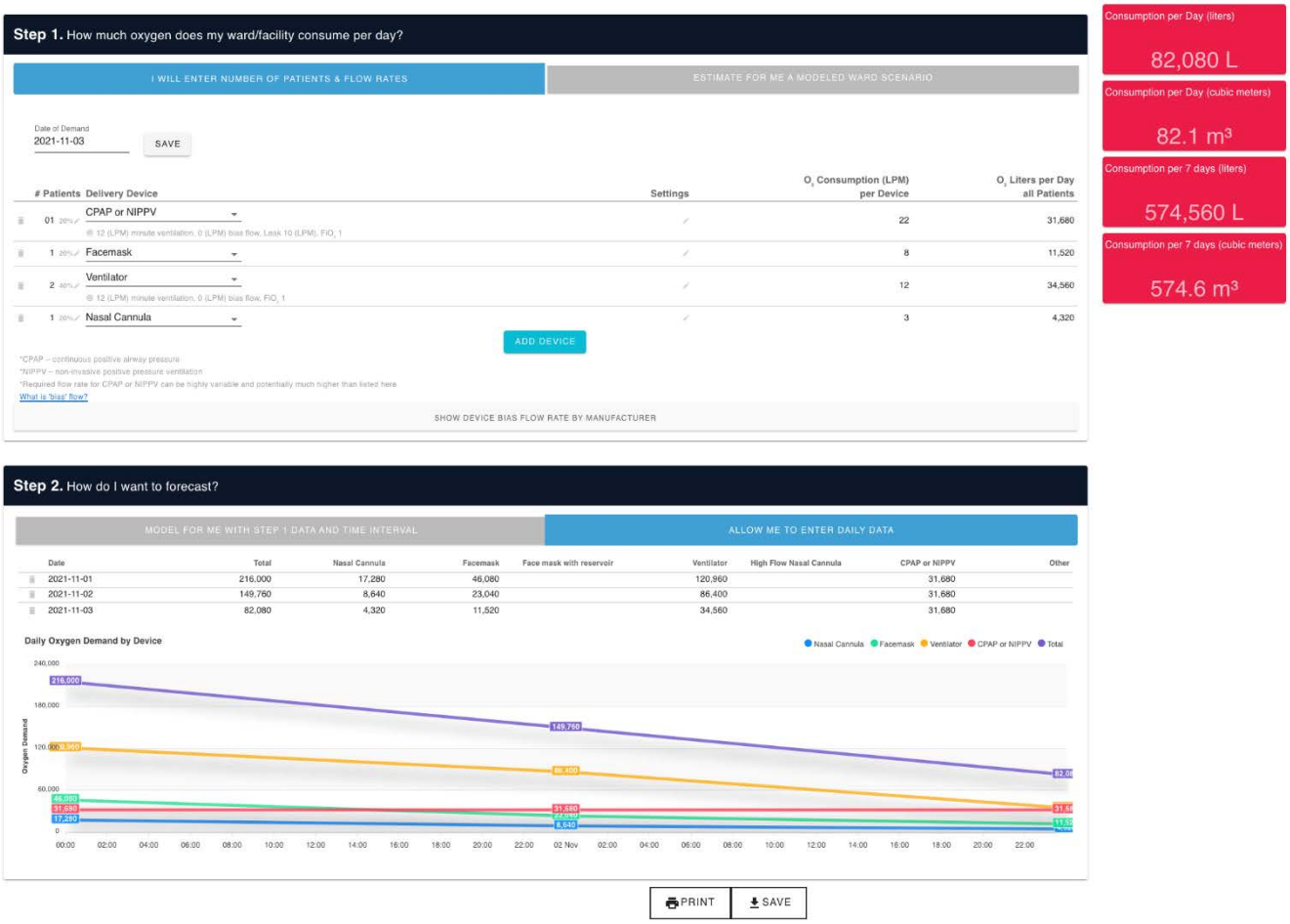


*Figure 6 Facility level O2 demand calculator – this tool allows users to estimate how much O2 their facility is consuming day to day and allows users to track the data in real time, downloadable graphs.*



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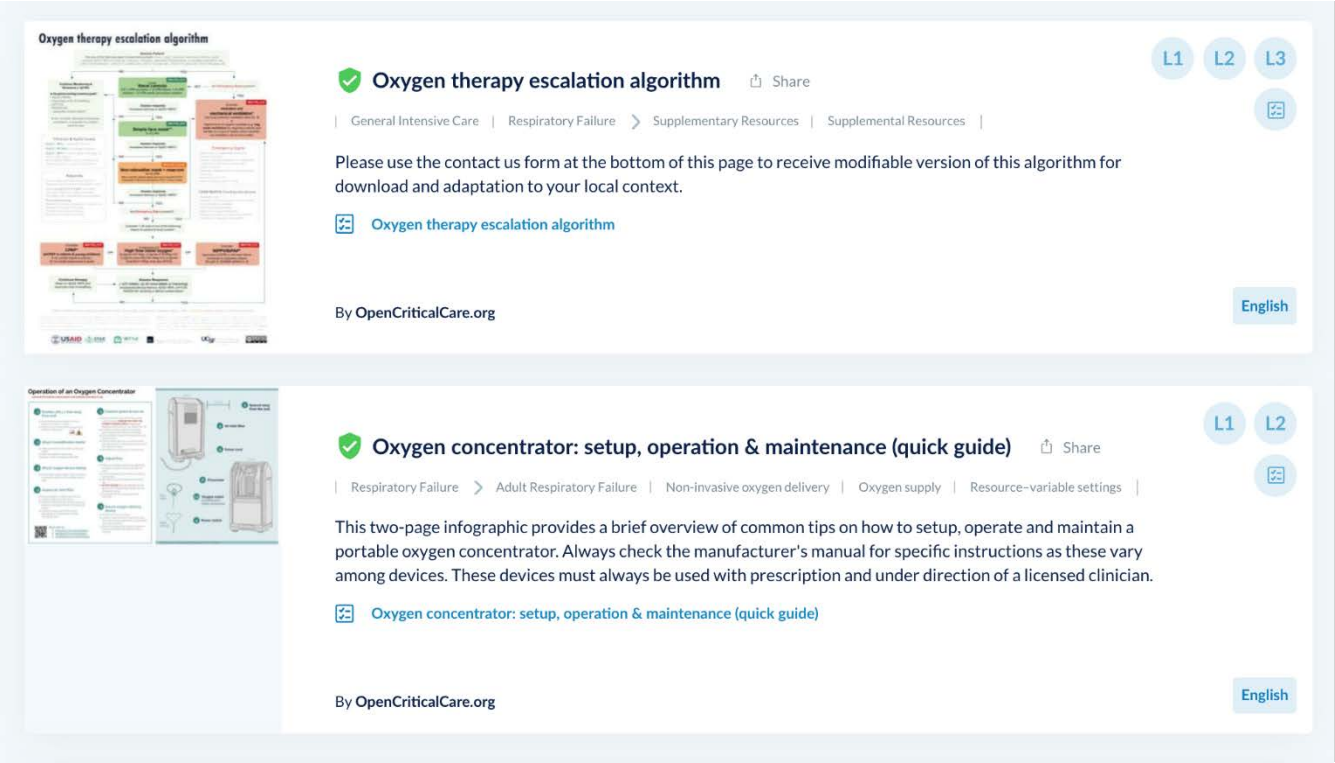


*Figure 7 Oxygen delivery algorithms (2)– these algorithms were made to help providers implement evidence based approaches to )2 therapy for COVID patients.*

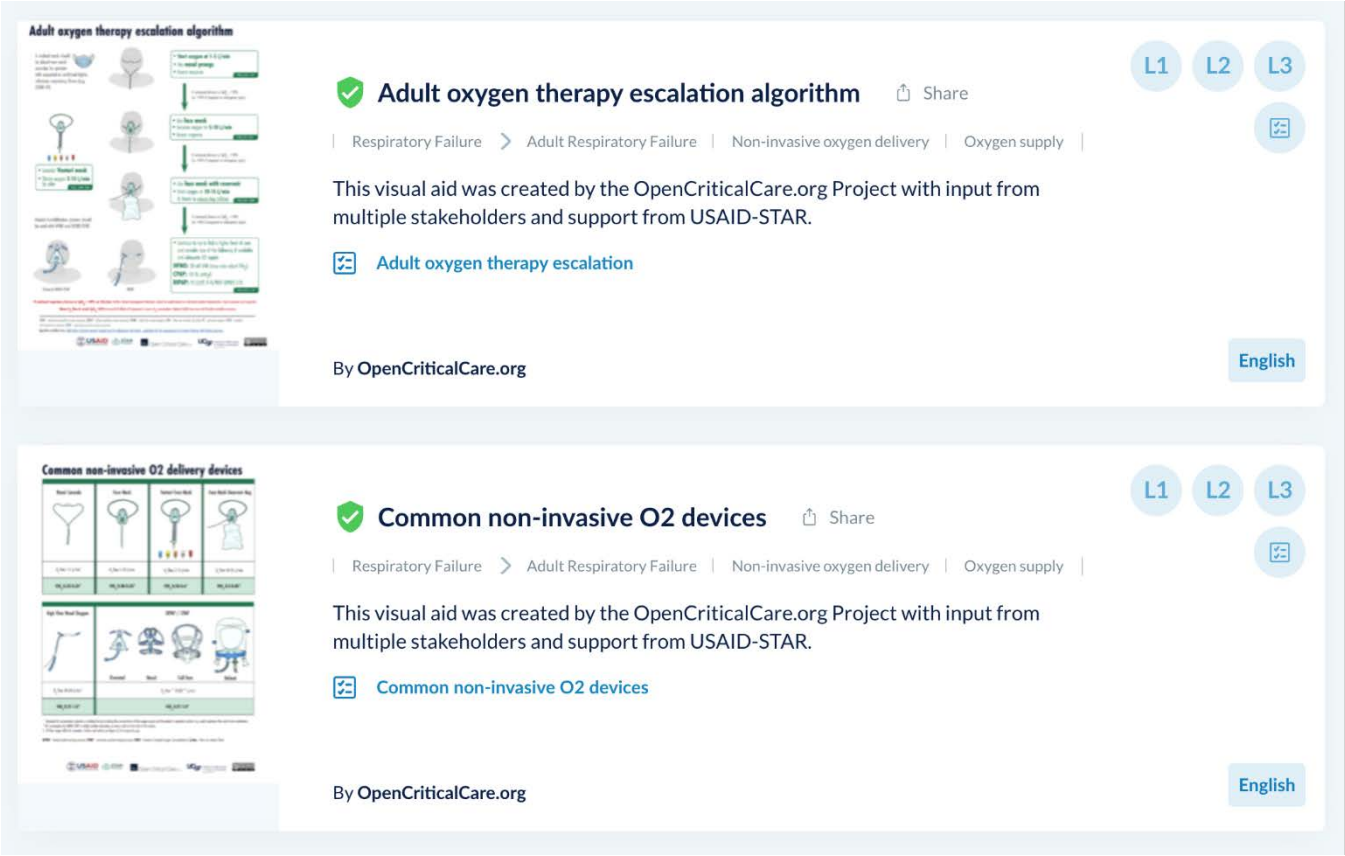


*Figure 8 Oxygen delivery algorithms (2)– these algorithms were made to help providers implement evidence based approaches to )2 therapy for COVID patients.*



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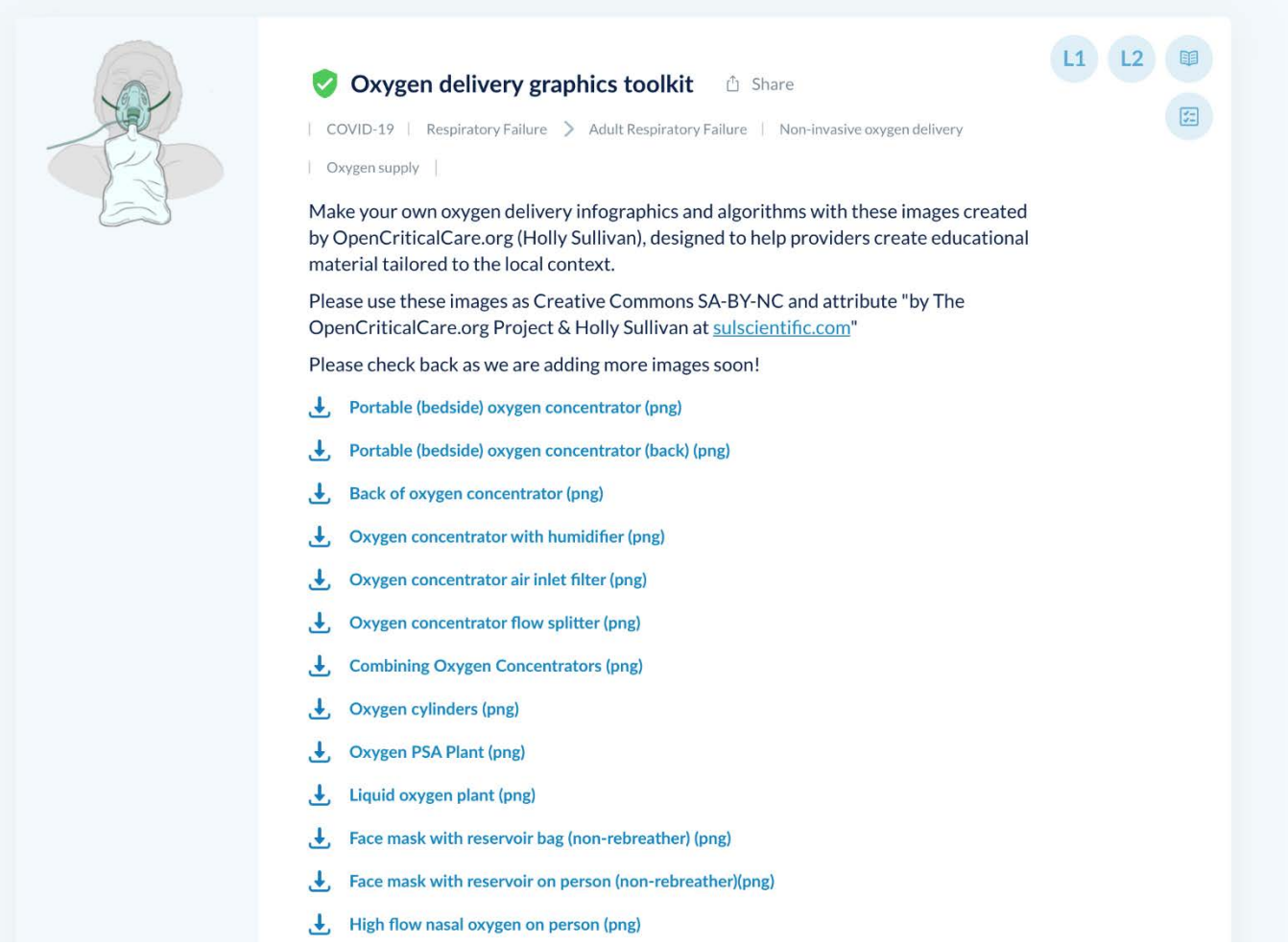


*Figure 9 Oxygen delivery graphics toolkit – OCC created a library of high quality, open access graphics that can be used by teachers creating local teaching content and courses on respiratory care.*



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# Annex H: STAR-Generated Resources, PY3

| | Resource Shared | Participant Name | Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC) | Date and Location Shared |
|---|---|---|---|---|
| *1* | Published study in *PLOS One* Journal: "Implementation of global health competencies: A scoping review on target audiences, levels and pedagogy and assessment strategies" | Bhakti Hansoti, Anike Akridge, David Hausner | STAR Staff | LinkedIn, Twitter, PHI website, Newsletter (on 1/19/21), STAR Website (2/19/21) |
| *2* | Published article in *Global Advances in Health and Medicine* Journal: "Advancing Malaria Prevention and Control in Africa Through the Peace Corps" | Emma Brofsky, MSPH, | STAR Intern (USN) | LinkedIn, Twitter (12/2/2020) Newsletter (1/19/21), STAR Website (2/19/21) |
| *3* | *International Journal of Infectious Diseases'* published article, "Effect of community treatment initiative on antiretroviral therapy uptake among linkage-resistant people living with HIV in Northern Nigeria" | Adeoye Ayodeji Adegboye | STAR Fellow | STAR Website (2/19/21) |
| *4* | *Journal of Infectious Diseases and Epidemiology* published article, "A Multi-country Level Comparison of BCG Vaccination Policy and COVID-19 Cases and Mortality" | Adeoye Ayodeji Adegboye | STAR Fellow | STAR Website (2/19/21) |
| *5* | *Pedagogy in Health Promotion* Journal's published article, "Developing a High-Impact Learning Program for Global Health Professionals: The STAR Project" | Bhakti Hansoti, Anike Akridge, David Hausner | STAR Staff | STAR Website (2/19/21) |
| *6* | *Journal of International AIDS Society*'s recently published article, "The Promise of Paediatric Dolutegravir" | Jeffrey Samuel and partner Fellow | STAR Fellows | STAR Website (2/19/21) |
| *7* | *Open Access Emergency Medicine* Journal's published article, "COVID-19 Emergency Department Protocols: Experience of Protocol Implementation Through in-situ Simulation" | Department of General Practice and Emergency Medicine, Kathmandu University School of Medical Sciences | STAR CoLab Partner | STAR Website (2/19/21) |
| *8* | *PLOS One* published article, "Active household contact screening for tuberculosis and provision of isoniazid preventive therapy to under-five children in Afghanistan" | Said Mirza Sayedi and Ghulam Qader | STAR Fellows | STAR Website (2/19/21) |
| *9* | Non-peer reviewed article: "Tuberculosis among Drug Users: A Double Burden for the Already | Ghulam Qader | STAR Fellow | STAR Website (2/19/21) |



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| | Resource Shared | Participant Name | Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC) | Date and Location Shared |
|---|---|---|---|---|
| | Compromised Health Services of Afghanistan" | | | |
| *10* | Non-peer reviewed article: "Prevalence of latent tuberculosis infection among health workers in Afghanistan-a cross-sectional study" | Ghulam Qader | STAR Fellow | STAR Website (2/19/21) |
| *11* | COVID-19 critical care resources: A Respiratory Care Pocket Reference Guide and an Oxygen Supply and Demand Calculator | STAR, University of California San Francisco (UCSF) and World Federation of Societies of Anaesthesiologists | STAR Partners | (2/19/21) STAR Website, Newsletter, Twitter, LinkedIn, PHI Website |
| *12* | OpenCriticalCare.org portal | STAR, University of California San Francisco | STAR Partners | (2/19/21) STAR Website, Newsletter, Twitter, LinkedIn, PHI Website |
| *13* | COVID Protocols portal | STAR, University of California San Francisco | STAR Partners | (2/19/21) STAR Website, Newsletter, Twitter, LinkedIn, PHI Website |
| *14* | COVID-19 Surveillance Dashboard | Mohammad Golam Kibria | STAR Fellow | (2/19/21) STAR Website |
| *15* | COVID-19 Guidelines Dashboard | STAR, University of California San Francisco | STAR Partners | (2/19/21) STAR Website, Newsletter, Twitter, LinkedIn, PHI Website |
| *16* | Published article in Sexual and Reproductive Health Matters: "Applications of the High Impact Practices in Family Planning During COVID-19" | Maria Augusta Carrasco, Laura Raney, Ados May | STAR Fellows | (3/19/21) STAR Website, Newsletter, Twitter, LinkedIn |
| *17* | Published article in American Journal of Public Health, "The HIV Pandemic Efforts Can Inform the COVID-19 Pandemic Response in the United States" | Maria Augusta Carrasco | STAR Fellow | (3/25/21) STAR Website, Newsletter, Twitter, LinkedIn |
| *18* | Published article in BioMed Central, "Agenda setting for essential medicines policy in sub-Saharan Africa: a retrospective policy analysis using Kingdon's multiple streams model" | Alison Mhazo | STAR Fellow | (5/19/21) STAR Website, Newsletter, Twitter, LinkedIn |



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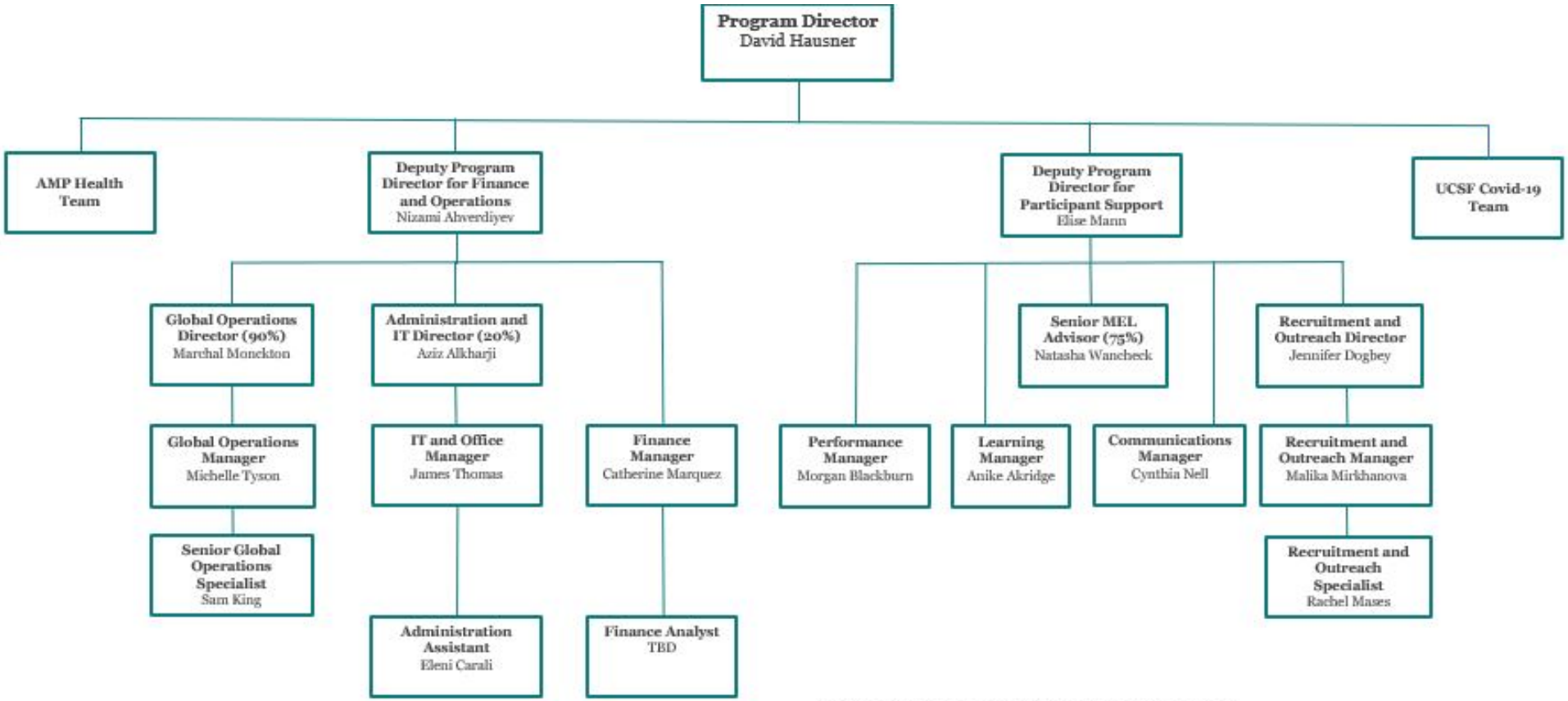
| | Resource Shared | Participant Name | Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC) | Date and Location Shared |
|---|---|---|---|---|
| *19* | Published article in Studies in Family Planning, "Elevating Social and Behavior Change as an Essential Component of Family Planning Programs" | Laura Raney | STAR Fellow | (7/23/21) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| *20* | Published article in Annals of Global Health "Special Collection on Capacity Building for Global Health Leadership Training" | Anike Akridge, Bhakti Hansoti, David Hausner, Meike Schleiff, Melanie Atwell, Caroline Dolive, and Daniela C. Rodriguez | STAR Staff (past and present) | (7/12/21) STAR Website, Newsletter, Twitter LinkedIn |

# Annex I: STAR Organizational Chart, PY3




*Unless otherwise noted, staff positions are 100% FTE.

# Annex J: STAR Participant List, PY3

There were 175 STAR positions active in PY3, including 117 fellowships and 58 internships. Participants included one Purdue Fellow, one Wayne State Intern, one Princeton Intern, and four Packard Foundation Fellows. There was a total of 174 participants, with one Intern moving on to a fellowship role.

| | First Name | Last Name | Title | Office | Fellow/ Intern | Type |
|---|---|---|---|---|---|---|
| 1 | Abdulmalik | Abubakar | Strategic Information Advisor | USAID/Malawi | Fellow | LMIC participants overseas |
| 2 | Fouad | AbuHijleh | Digital Health Intern | GH/AA/CII | Intern | US-placed Intern |
| 3 | Bailey | Adams | Maternal and Child Health and Nutrition Communications Intern | GH/MCHN/FrontOffice | Intern | US-placed Intern |
| 4 | Adeoye | Adegboye | Senior Key Populations Advisor | USAID/Nigeria | Fellow | LMIC participants overseas |
| 5 | Basir | Ahmad | Senior TB Urban DOTS Advisor | USAID/Afghanistan | Fellow | LMIC participants overseas |
| 6 | Maka | Akhalaia | Senior TB Laboratory Advisor | USAID/Tajikistan | Fellow | LMIC participants overseas |
| 7 | Saidi | Alli | TB Quality Management Associate | USAID/Tanzania | Fellow | LMIC participants overseas |
| 8 | Hanna | Amanuel | OVC/Pediatric-Adolescent Intern | GH/OHA/PPIR | Intern | US-placed Intern |
| 9 | Yom | An | Senior Operational Research and Strategic Information Technical Advisor | USAID/Cambodia | Fellow | LMIC participants overseas |
| 10 | Marcos | Arevalo | Senior Family Planning and Reproductive Health Advisor | USAID/Nepal | Fellow | Overseas-based Fellow |
| 11 | Moses | Arinaitwe | TB Monitoring and Evaluation Technical Advisor | USAID/Uganda | Fellow | LMIC participants overseas |
| 12 | Emory | Babcock | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern | US-placed Intern |
| 13 | Emma | Bassin | High Impact Practice Engagement and Dissemination Intern | GH/PRH/RTU | Intern | US-placed Intern |
| 14 | Timur | Bazikov | Senior Tuberculosis Advisor | USAID/Kyrgyzstan | Fellow | LMIC participants overseas |
| 15 | Bilen | Berhane | HIV Prevention Care and Treatment Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 16 | Sirisha | Bhadriraju | Social and Behavior Change Intern | GH/PRH/PEC | Intern | US-placed Intern |

| | First Name | Last Name | Title | Office | Fellow/ Intern | Type |
|---|---|---|---|---|---|---|
| 17 | Reshma | Bhattacharjee | Senior Surveillance and Epidemiology Advisor | GH/OHA/SIEI | Fellow | US-based Fellow |
| 18 | Yubika | Bhattarai | Health Management Information Systems Intern | GH/OHA/SIEI | Intern | US-placed Intern |
| 19 | Amy | Bloom | Uniquely Skilled Senior Tuberculosis Technical Advisor | GH/ID/TB | Fellow | US-based Fellow |
| 20 | Marie Eva "Eva" | Bonny Antoine | Senior Supply Chain and Capacity Building Advisor | USAID/Haiti | Fellow | Overseas-based Fellow |
| 21 | Sambo | Boy | Senior Technical Advisor for Laboratory Strengthening | USAID/Cambodia | Fellow | LMIC participants overseas |
| 22 | Victor | Burinschi | Senior TB Technical Advisor | USAID/Kazakhstan | Fellow | LMIC participants overseas |
| 23 | Vicent | Butera | Data Analytics for Health Workforce Intern | GH/OHA/SPS | Intern | US-placed Intern |
| 24 | Raymond | Byaruhanga | Senior Tuberculosis and Global Fund Grant Advisor | USAID/Uganda | Fellow | LMIC participants overseas |
| 25 | Linda | Cahaelen | Uniquely Skilled Senior Family Planning/Reproductive Health Finance and Policy Advisor | GH/PRH/PEC | Fellow | US-based Fellow |
| 26 | Maria | Carrasco | Senior Implementation Science Technical Advisor | GH/PRH/RTU | Fellow | US-based Fellow |
| 27 | Marcia | Carvalho | Tuberculosis and Global Fund Grant Advisor (Angola) | USAID/Angola | Fellow | LMIC participants overseas |
| 28 | Gina | Celata | Maternal and Child Health Policy Intern | GH/MCHN/FrontOffice | Intern | US-placed Intern |
| 29 | Roni | Chandra | Senior TB Diagnostic Network Advisor | USAID/Indonesia | Fellow | LMIC participants overseas |
| 30 | Angela | Chen | Strategic Information Intern | GH/OHA/SIEI | Intern | US-placed Intern |
| 31 | Rhehabi | Chimzizi | Senior Tuberculosis and Global Fund Grant Adviser | USAID/Zambia | Fellow | LMIC participants overseas |
| 32 | Misun | Choi | Uniquely Skilled Senior Malaria Technical Advisor | GH/ID/MAL | Fellow | US-based Fellow |
| 33 | Beata | Corcoran | Saving Lives at Birth (SL@B), Innovation and Scale-Up Intern | GH/AA/CII | Intern | US-placed Intern |

| | First Name | Last Name | Title | Office | Fellow/ Intern | Type |
|---|---|---|---|---|---|---|
| 34 | Loide | Cossa | Programmatic Management of Drug-Resistant TB Advisor | USAID/Mozambique | Fellow | LMIC participants overseas |
| 35 | Margaret | Cunningham | Adult Clinical Branch Treatment Cluster Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 36 | Kaliane | Davidson | President's Malaria Initiative Program Management Intern | GH/ID/MAL | Intern | US-placed Intern |
| 37 | Melaku | Dessie | Senior Strategic Information Advisor | GH/OHA/SIEI | Fellow | US-based Fellow |
| 38 | Eyelachew | Desta | Innovation and Scale-Up Intern | GH/AA/CII | Intern | US-placed Intern |
| 39 | Andrew | Devlin | Senior Data Science Advisor | GH/OHA/SIEI | Fellow | US-based Fellow |
| 40 | Binta | Diallo | Monitoring and Evaluation Intern | GH/PRH/PEC | Intern | US-placed Intern |
| 41 | Tomas | Doce | Senior TB Monitoring and Evaluation Advisor | USAID/Mozambique | Fellow | LMIC participants overseas |
| 42 | Thanduxolo | Doro | Senior People Living with HIV Civil Society Advisor | USAID/South Africa | Fellow | LMIC participants overseas |
| 43 | Jennifer | Duncan | HIV Pre-Exposure Prophylaxis Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 44 | Anna | Erlandson | Malaria Communications Intern | GH/ID/MAL | Intern | US-placed Intern |
| 45 | Nicholas | Ezati | Senior TB Diagnostic Network Advisor | USAID/Kenya | Fellow | LMIC participants overseas |
| 46 | Ronald Allan | Fabella | Senior Tuberculosis and Global Fund Grant Advisor | USAID/Philippines | Fellow | LMIC participants overseas |
| 47 | Blessing | Falade | HIV Testing Services Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 48 | Lindy | Fenlason | Senior Nutrition and Capacity Building Advisor | GH/MCHN/NEH, University of Minnesota | Fellow | US-based Fellow |
| 49 | Nimasha | Fernando | HIV Prevention Care and Treatment Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 50 | Ivana | Ferrer | Data Science Advisor | GH/OHA/SIEI | Fellow | US-based Fellow |
| 51 | Nicola | Gallagher | Malaria Communications Intern | GH/ID/MAL | Intern | US-placed Intern |
| 52 | Andrea | Gavin | Senior Tuberculosis Communications Advisor | GH/ID/TB | Fellow | US-based Fellow |
| 53 | Nega | Gebreyesus | Senior Health Information Systems (HIS) Advisor | GH/OHA/SIEI | Fellow | US-based Fellow |
| 54 | Joshua | George | Maternal and Child Health Intern | GH/MCHN/MNH | Intern | US-placed Intern |



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| | First Name | Last Name | Title | Office | Fellow/ Intern | Type |
|---|---|---|---|---|---|---|
| 55 | Abdul | Ghafoor | Senior Drug-Resistant Tuberculosis and Global Fund Grant Advisor | USAID/Pakistan | Fellow | LMIC participants overseas |
| 56 | Cynthia | Gire | Senior Health Systems Strengthening Advisor | USAID/India | Fellow | Overseas-based Fellow |
| 57 | Jacob | Girista | TB Supply Chain Associate | USAID/Tanzania | Fellow | LMIC participants overseas |
| 58 | Andrew | Goldbaum | Private Sector Engagement Intern | GH/ID/MAL | Intern | US-placed Intern |
| 59 | Rachel | Golin | Senior Clinical Services Advisor | GH/OHA/PCT | Fellow | US-based Fellow |
| 60 | Birru Shigut | Gondol | Senior Tuberculosis and Global Fund Grant Adviser | USAID/Malawi | Fellow | LMIC participants overseas |
| 61 | Wisam | Hanna | Senior Health Information Systems (HIS) Advisor | GH/OHA/SIEI | Fellow | US-based Fellow |
| 62 | Maria | Idrissova | Senior Drug-Resistant TB Advisor | USAID/Kyrgyzstan | Fellow | LMIC participants overseas |
| 63 | Oghogho | Igodan | Audit Support Advisor | PPL/AA/Performance Team | Fellow | US-based Fellow |
| 64 | Dora | Illei | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern | US-placed Intern |
| 65 | Ahmad | Ismail | Tuberculosis Advisor (Khyber Pakhtunkhwa Province) | USAID/Pakistan | Fellow | LMIC participants overseas |
| 66 | Leeda | Jewayni | HIV and COVID-19 Adaptations Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 67 | Mushota | Kabaso | TB Monitoring and Evaluation Advisor | USAID/Zambia | Fellow | LMIC participants overseas |
| 68 | Samuel | Kasozi | Senior TB and Global Fund Grant Advisor | USAID/Zimbabwe | Fellow | LMIC participants overseas |
| 69 | Fasil | Kassa | Senior TB and Global Fund Grant Advisor (Ethiopia) | USAID/Ethiopia | Fellow | LMIC participants overseas |
| 70 | L | Katrin | HIV Testing Services Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 71 | Peter | Kerndt | Senior TB HIV Medical Advisor | GH/ID/TB | Fellow | US-based Fellow |
| 72 | Shahzarin | Khan | Program Associate | Packard Foundation India | Packard | LMIC participants overseas |
| 73 | Dilyafruz | Khudaykulova | Senior TB Monitoring and Evaluation Technical Advisor | USAID/Ukraine | Fellow | LMIC participants overseas |
| 74 | Afshan | Khurshid | Tuberculosis Advisor (Sindh Province) | USAID/Pakistan | Fellow | LMIC participants overseas |



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| | First Name | Last Name | Title | Office | Fellow/ Intern | Type |
|---|---|---|---|---|---|---|
| 75 | Mohammad | Kibria | Senior TB Strategic Planning Technical Advisor | USAID/Bangladesh | Fellow | LMIC participants overseas |
| 76 | Hailey | Kieltyka | Strategic Partnership Engagement Intern | GH/ID/MAL | Intern | US-placed Intern |
| 77 | Clare | Killian | Monitoring, Evaluation and Learning Intern | GH/P3/SAEO | Intern | US-placed Intern |
| 78 | Allison | Kimmel | Biomedical Prevention Advisor | GH/OHA/PCT | Fellow | US-based Fellow |
| 79 | Pamela | Kisoka | TB Monitoring and Evaluation Technical Advisor | USAID/Tanzania | Fellow | LMIC participants overseas |
| 80 | Rodney | Knotts | Senior Marketing Advisor | USAID/South Africa | Fellow | LMIC participants overseas |
| 81 | Andargachew | Kumsa | Senior Programmatic Management of Drug-Resistant TB Advisor | USAID/Ethiopia | Fellow | LMIC participants overseas |
| 82 | Priscilla | Kwarteng | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern | US-placed Intern |
| 83 | Ngoc | Le | Regional TB Technical Advisor | USAID/Vietnam | Fellow | LMIC participants overseas |
| 84 | Isack | Lekule | Programmatic Management of Drug-resistant TB Advisor | USAID/Tanzania | Fellow | LMIC participants overseas |
| 85 | Naomi | LinceDeroche | Senior Policy Advisor | USAID/South Africa | Fellow | Overseas-based Fellow |
| 86 | Mary (Maggie) | Machaca | Maternal and Child Health Policy and Programs Intern | GH/MCHN/FrontOffice | Intern | US-placed Intern |
| 87 | Stephen | Macharia | Senior Tuberculosis and Global Fund Grant Advisor (Kenya) | USAID/Kenya | Fellow | LMIC participants overseas |
| 88 | Baker | Maggwa | Uniquely Skilled Senior Program Research Technical Advisor | GH/PRH/RTU | Fellow | US-based Fellow |
| 89 | Sinead | Maharrey | Community Programming and Clinical Integration Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 90 | Luke | Martin | COVID-19 Task Force Project Management Intern | COVID-19 TF/Executive Office | Intern | US-placed Intern |
| 91 | Emmanuel | Matechi | Senior Tuberculosis and Global Fund Grant Advisor | USAID/Tanzania | Fellow | LMIC participants overseas |
| 92 | Ados | May | Senior Technical Advisor - IBP | GH/PRH/FrontOffice, World Health Organization | Fellow | US-based Fellow |



STAR SUSTAINING TECHNICAL AND ANALYTIC RESOURCES
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| | First Name | Last Name | Title | Office | Fellow/ Intern | Type |
|---|---|---|---|---|---|---|
| 93 | Curran | McSwigan | Health Communications and Public Affairs Intern | GH/ID/NTD | Intern | US-placed Intern |
| 94 | Bonnie Jeanne | Medeossi | Senior Quality Improvement Advisor | USAID/South Africa | Fellow | Overseas-based Fellow |
| 95 | Martha | Medina | Geospatial Analysis and Visualization Intern | GH/OHA/SIEI | Intern | US-placed Intern |
| 96 | Margaret | Melville | Innovation and Scale-Up Intern | GH/AA/CII | Intern | US-placed Intern |
| 97 | Nicodem | Mgina | TB Safety Associate | USAID/Tanzania | Fellow | LMIC participants overseas |
| 98 | Tichatyei (Alison) | Mhazo | TB Procurement and Supply Chain Advisor | USAID/Malawi | Fellow | LMIC participants overseas |
| 99 | Jerome | Milimu | Prevention Data Analysis Advisor | USAID/South Africa | Fellow | LMIC participants overseas |
| 100 | Erin | Milner | Senior Nutrition Monitoring, Evaluation and Learning Advisor | GH/MCHN/NEH | Fellow | US-based Fellow |
| 101 | Seponono John (John) | Molifi | Facility Laboratory Integration Advisor | USAID/South Africa | Fellow | LMIC participants overseas |
| 102 | Joseph | Monehin | Senior Child Health Technical Advisor | GH/MCHN/CHI | Fellow | US-based Fellow |
| 103 | Aryc | Mosher | Senior Neglected Tropical Diseases Advisor | GH/ID/NTD | Fellow | US-based Fellow |
| 104 | Dr Adneen | Moureen | TB New Technologies and Diagnostics Advisor (Bangladesh) | USAID/Bangladesh | Fellow | LMIC participants overseas |
| 105 | Muhammad | Mputu | Drug Resistant TB Advisor | USAID/Zambia | Fellow | LMIC participants overseas |
| 106 | Asif | Muhammad | Senior MDR-TB Advisor | USAID/Burma | Fellow | LMIC participants overseas |
| 107 | Olivier | Muhongya | Senior Monitoring and Evaluation Advisor | USAID/Democratic Republic of Congo (DRC) | Fellow | LMIC participants overseas |
| 108 | Kelsey | Mulka | Data Visualization Intern | GH/P3/SAEO | Intern | US-placed Intern |
| 109 | Helena | Mungunda | Senior Tuberculosis Advisor | USAID/Namibia | Fellow | LMIC participants overseas |
| 110 | Ohvia | Muraleetharan | Pediatric and Adolescent HIV Treatment Intern | GH/OHA/PCT | Intern | US-placed Intern |



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| | First Name | Last Name | Title | Office | Fellow/ Intern | Type |
|---|---|---|---|---|---|---|
| 111 | Dorcas | Muteteke | Senior Tuberculosis Adviser | USAID/Democratic Republic of Congo (DRC) | Fellow | Overseas-based Fellow |
| 112 | Winfridah | Mwanza | TB Laboratory Technical Advisor | USAID/Zambia | Fellow | LMIC participants overseas |
| 113 | Hawa | Nakato | TB Procurement and Supply Chain Management Advisor | USAID/Uganda | Fellow | LMIC participants overseas |
| 114 | Nikoloz | Nasidze | Senior TB Technical Advisor | USAID/Uzbekistan | Fellow | LMIC participants overseas |
| 115 | Nguyen Thi | Nguyen | Procurement and Supply Chain Management Technical Advisor | USAID/Vietnam | Fellow | LMIC participants overseas |
| 116 | Catherine | Nichols | Senior Data Analysis Advisor | GH/OHA/SIEI | Fellow | US-based Fellow |
| 117 | Jeanne | Ntiranyibagira | Senior Malaria Technical Advisor | USAID/Djibouti | Fellow | LMIC participants overseas |
| 118 | Chukwuemeka | Nwachukwu | Implementation Science Technical Advisor | GH/PRH/RTU | Fellow | US-based Fellow |
| 119 | Simmie | Nyanfor | Private Health Sector Intern | USAID/Liberia | Intern | LMIC Intern overseas |
| 120 | Simmie | Nyanfor | Private Health Sector Advisor | USAID/Liberia | Fellow | LMIC participants overseas |
| 121 | Christopher | Obermeyer | Biomedical Prevention Advisor | GH/OHA/PCT | Fellow | US-based Fellow |
| 122 | Kingsley | Ochei | Senior Tuberculosis Surveillance Advisor | USAID/Nigeria | Fellow | LMIC participants overseas |
| 123 | Aoife | OConnor | Family Planning and Reproductive Health Strategic Communications and Outreach Intern | GH/PRH/FrontOffice | Intern | US-placed Intern |
| 124 | Ednner | Oketch | HIV Voluntary Medical Male Circumcision Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 125 | Folake | Olayinka | Uniquely Skilled Senior Global Immunization Program and Policy Expert | GH/MCHN/CHI | Fellow | US-based Fellow |
| 126 | Regan | OMarra | HIV/AIDS Vaccine Branch Intern | GH/OHA/RES | Intern | US-placed Intern |
| 127 | David | Omotayo | Senior Programmatic Management of Drug-Resistant TB Advisor | USAID/Malawi | Fellow | LMIC participants overseas |



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| | First Name | Last Name | Title | Office | Fellow/ Intern | Type |
|---|---|---|---|---|---|---|
| 128 | Samuel | Oppong | Malaria Data Advisor | USAID/Ghana | Fellow | LMIC participants overseas |
| 129 | Tara | Ornstein | Senior TB Multilateral Advisor | GH/ID/TB | Fellow | US-based Fellow |
| 130 | Philip | Owiti | TB Epidemiologist, Monitoring and Evaluation Advisor | USAID/Kenya | Fellow | LMIC participants overseas |
| 131 | Ghenimelle Rose (Ghen) | Pasumbal | Procurement and Supply Chain Management Advisor | USAID/Philippines | Fellow | LMIC participants overseas |
| 132 | Krystle | Pate | Visual Communications Intern | GH/OHA/SCC | Intern | US-placed Intern |
| 133 | Jenna | Pellegrino | Policy, Advocacy, Financing and Governance Intern | GH/PRH/PEC | Intern | US-placed Intern |
| 134 | Yusie | Permata | Programmatic Management of Drug-Resistant TB Advisor | USAID/Indonesia | Fellow | LMIC participants overseas |
| 135 | Jessica | Petrillo | Senior Anti-microbial Resistance and Global Health Security Agenda Advisor | GH/ID/GHSA | Fellow | US-based Fellow |
| 136 | Kaitlin | Powers | HIV Prevention Care and Treatment Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 137 | Annie | Preaux | High Impact Practices in Family Planning Research Intern | GH/PRH/RTU | Intern | US-placed Intern |
| 138 | Musadiq | Qadar | TB Procurement and Supply Chain Management Advisor | USAID/Afghanistan | Fellow | LMIC participants overseas |
| 139 | Ghulam | Qader | Senior TB Technical Advisor | USAID/Afghanistan | Fellow | LMIC participants overseas |
| 140 | Laura | Raney | Senior Family Planning High Impact Practices Advisor | GH/PRH/FrontOffice, UN Foundation | Fellow | US-based Fellow |
| 141 | Kim | Rodgers | Population and Reproductive Health Social and Behavior Change Intern | GH/PRH/PEC | Intern | US-placed Intern |
| 142 | Elisabeth | Ruggiero | Innovation and Scale-Up Intern | GH/AA/CII | Intern | US-placed Intern |
| 143 | Del Aqa | Safi | Senior TB New Technologies Advisor | USAID/Afghanistan | Fellow | LMIC participants overseas |
| 144 | Tiar | Salman | TB Procurement and Supply Chain Management Advisor | USAID/Indonesia | Fellow | LMIC participants overseas |
| 145 | Jeffrey | Samuel | Heath Equity Fellow | GH/OHA/SCH | Fellow | US-based Fellow |
| 146 | Said Mirza | Sayedi | Programmatic Management of Drug-Resistant TB Advisor | USAID/Afghanistan | Fellow | LMIC participants overseas |

| | First Name | Last Name | Title | Office | Fellow/ Intern | Type |
|---|---|---|---|---|---|---|
| 147 | Hanna | Schweitzer | Mental Health and HIV Integration Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 148 | Md Abdul Hamid | Selim | Uniquely Skilled Senior TB and Global Fund Grant Adviser | USAID/Bangladesh | Fellow | LMIC participants overseas |
| 149 | Kitambala | Sentime | Senior Procurement and Supply Chain Management Advisor | USAID/Democratic Republic of Congo (DRC) | Fellow | LMIC participants overseas |
| 150 | Kaiser | Shen | Senior Tuberculosis Diagnostics Technical Advisor | GH/ID/TB | Fellow | US-based Fellow |
| 151 | Nonhlanhla | Sibanda Moyo | Gender Based Violence Civil Society Advisor | USAID/South Africa | Fellow | LMIC participants overseas |
| 152 | Pailwan | Singh | Admin Assistant | Packard Foundation India | Packard | LMIC participants overseas |
| 153 | Anand | Sinha | Country Director | Packard Foundation India | Packard | LMIC participants overseas |
| 154 | Holly | Slade | Health Management Information Systems Intern | GH/OHA/SIEI | Intern | US-placed Intern |
| 155 | Karishma | Srikanth | Strategic Information Data Intern | GH/OHA/SIEI | Intern | US-placed Intern |
| 156 | Raz | Stevenson | Senior Implementation Research Advisor | GH/MCHN/RP | Fellow | Overseas-based Fellow |
| 157 | Morgan | Stoner | Global Health Intern | USAID/Rwanda | Intern | US-Intern overseas |
| 158 | Alexis | Sullivan | Malaria Case Management Intern | GH/ID/MAL | Intern | US-placed Intern |
| 159 | Misty | Tabora | Youth Family Planning and Reproductive Health Program Intern | GH/PRH/SDI | Intern | US-placed Intern |
| 160 | Sahil | Tandon | Research Associate | Packard Foundation India | Packard | LMIC participants overseas |
| 161 | Jeri | Thuku | Maternal and Infant HIV Treatment Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 162 | Dan | Twizelimana | Adolescent & Young Adult HIV Treatment Intern | GH/OHA/PCT | Intern | US-placed Intern |
| 163 | Vanessa | Vassall | Maternal and Child Health Monitoring and Evaluation Intern | GH/MCHN/RP | Intern | US-placed Intern |
| 164 | Eduardo | Velazquez | COVID-19 Monitoring, Evaluation and Learning Advisor | PPL/AA/LER | Fellow | US-based Fellow |

| | First Name | Last Name | Title | Office | Fellow/ Intern | Type |
|---|---|---|---|---|---|---|
| 165 | Erika | Vitek | Senior Multi-Drug Resistant Tuberculosis Technical Advisor | GH/ID/TB | Fellow | US-based Fellow |
| 166 | Zeleke Alebachew | Wagaw | Senior TB and Global Grant Fund Advisor | USAID/Ghana | Fellow | LMIC participants overseas |
| 167 | Yasir | Waheed | Tuberculosis Advisor (Islamabad Capital Territory) | USAID/Pakistan | Fellow | LMIC participants overseas |
| 168 | Agnes | Wandwalo | TB Data Management Associate | USAID/Tanzania | Fellow | LMIC participants overseas |
| 169 | William | Weiss | Senior Monitoring & Evaluation Advisor for MNCH | GH/MCHN/RP | Fellow | US-based Fellow |
| 170 | Sena | Woldetensay | Key Populations Intern | GH/OHA/PPIR | Intern | US-placed Intern |
| 171 | Abbey | Woolverton | Data Science and Visualization Advisor | GH/P3/SAEO | Fellow | US-based Fellow |
| 172 | Ann | Yang | LAC COVID-19 Regional Advisor | LAC/RSD/PHN | Fellow | US-based Fellow |
| 173 | Sharofiddin (Sharaf) | Yuldashev | Senior TB and Global Fund Grant Advisor | USAID/Uzbekistan | Fellow | LMIC participants overseas |
| 174 | Nana | Zarkua | Senior Tuberculosis Technical Advisor | USAID/Tajikistan | Fellow | LMIC participants overseas |
| 175 | Michelle | Zhu | Adult Clinical Branch Intern for HIV and Cervical Cancer | GH/OHA/PCT | Intern | US-placed Intern |