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FROM THE AMERICAN PEOPLE



Sustaining Technical and Analytic Resources (STAR)

Year Four Program Performance Report



October 1, 2021-September 30, 2022

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ACRONYMS

AMP Health	Aspen Management Partnership for Health
CUGH	Consortium of Universities for Global Health
DEIA	Diversity, Equity, Inclusion, and Accessibility
DDL	Development Data Library
FIN	Finance
FSN	Foreign Service National
GH	Global Health
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
ILP	Individualized Learning Plan
IMARS	Information Management and Reporting System
IP	Implementing Partner
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
MP	Management Partner
MSI	Minority Serving Institution
NMP	National Malaria Program
O₂	Oxygen
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
T₂T	Test-to-Treat
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 the fourth project year with continued 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 Partnership for Health (AMP Health).

Reporting Period

In project year four (PY4), October 1, 2021, to September 30, 2022, 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 PY4, and the anticipated closing of STAR in PY5 impacted recruitment and programming decisions.

STAR staff continued to work remotely, as did many participants, although some participants shifted to a hybrid working situation. STAR continued to prioritize recruiting and supporting participants working in diverse work settings, including virtually. In addition, as a cooperative agreement, STAR's flexibility for engaging with partners to support USAID goals and objectives has enabled STAR and the University of California, San Francisco (UCSF) to provide ongoing technical assistance for USAID's COVID-19 response.

STAR also continued to prioritize diversity, equity, inclusion, and accessibility (DEIA) issues for both staff and participants. STAR continues to improve its language to reflect an inclusive workplace and began using the term "masked" rather than "blind" recruitment to describe its use of an anonymized recruitment process. Working with partner Tangible Development (TD), STAR continued its support of DEIA activities to the Global Health Bureau at USAID (USAID/GH) as a whole, as well as specific support to the Offices of Population and Reproductive Health (USAID/GH/PRH) and HIV/AIDS (USAID/GH/OHA). This included the recruitment and anticipated placement of a DEIA Intern and the placement of a DEIA Fellow to support the Bureau's DEIA priorities.

Using lessons learned following the fall of Afghanistan, STAR proactively evacuated a STAR Fellow from Ukraine ahead of the Russian invasion. Lessons learned around the financial challenges faced in Afghanistan also helped identify pathways to fully compensate the Ukraine Fellow during the ongoing evacuation considering access to banks in Ukraine was no longer possible.

STAR's partnership with the Aspen Management Partnership for Health (AMP Health) program is supporting the USAID Malaria Division to build leadership and management capacity among the National Malaria Program (NMP) teams in five non-Presidential Malaria Initiative (PMI) countries in Africa.

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

STAR Participants

In PY4, STAR supported 194 U.S. national (USN) and LMIC positions. Details are available in the Participant Overview section and Annex A.

STAR PY4 Participants – Summary

- **Total positions:** 194
- **Total participants:** 193
- **Fellowships supported:** 126 (including Purdue [two])
- **Internships supported:** 59 (including SUNY Stony Brook [one])
- **MOH fellowship positions:** 68 (including 65 MOH-TB; two MOH-MAL; one MOH-HIV)
- **Packard Foundation Fellows:** 4
- **AMP Health Management Partners:** 5

- **USN positions:** 106
- **LMIC positions:** 88

- **STAR participants onboarded in PY4:** 55
 - **New fellowships:** 28
 - **New internships:** 27

Indicator Overview

For PY4, STAR had 19 active indicators in its Monitoring, Evaluation, and Learning (MEL) Plan, and 14 targets (74 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 B.

PY4 Indicators¹

Targets Met or on Track (8)	On track/ No 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
1.4.4 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 – N/A
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)		

Key Team Updates

STAR teams collaborated in PY4 to continue providing consistently strong recruitment to USAID and performance management, learning, and administrative support to participants. Key activities and results included:

- Recruitment & Outreach (RO):** In PY4, STAR filled 24 fellowship positions and 29 internship positions². As a result of implementing masked recruitment in PY4, the program saw a significant increase in diversity among Intern hires. Indeed, this year’s Intern diversity numbers demonstrated that masked recruitment is a worthwhile process to invest in, with the program showing the strongest diversity numbers since its inception. Of note, Internships saw a 21 percent increase in the hiring of African Americans from the previous year and a 10 percent increase from the previous year of the Latino/Hispanic hires. The number of hires for two or more races increased from five percent to 10 percent. A series of deliberate and effective strategies were used throughout the program that enabled an increase in diversity numbers.

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

² The number of fellowship and internship positions reported by the Recruitment and Outreach team does not always match final annual numbers for participants, based on the timing of when positions are recruited for and when they are filled.

- **Performance Management:** STAR continued to implement participant orientation and quarterly check-in processes. Orientation content was regularly refined and tailored to the needs of the participant. The Performance Management (PM) team oriented 56 participants and facilitated the extension process for eligible fellowships and internships. PM worked closely with Recruitment on development of job descriptions and with the Learning team on identifying participant learning needs and planning learning events.
- **Learning:** Support to participants in PY4 continued to prioritize individual learning, curated group learning experiences, and networking. There were two core webinars – navigating the role of technical advisor as linchpin in Global Health and elevating the voices and perspectives of Women in Global Health. For both sessions, 100 percent of respondents indicated that they found the event relevant professionally, exceeding the target. In addition, the piloted Learning and Leadership Circles were expanded, and 13 additional participants were trained as facilitators. Three groups delivered a total of 14 sessions, covering five topics. To date, STAR has trained 18 participants as facilitators. They have reported increased confidence and ability to facilitate meetings and learning conversations.
- **Communications:** Communications (Comms) continued to uphold and promote the brand image of STAR and to improve communication flow, internally and externally, within the global health community. Comms partnered with STAR internal team members to develop content providing a consistent, focused, and impactful message. Comms conceptualized and produced an array of targeted material to promote webinars, satellite sessions, and STAR participant-only events. Comms connected with external audiences through outreach activities promoted through social media, STAR listserv direct mail, STAR website, and other targeted communications. In this period, STAR generated more than 250 new pieces of marketing, technical, and branded material for use in various media platforms, including print, social media, and the STAR website. Thirty-two STAR-generated resources were made publicly accessible, including seven resources added in PY4.
- **Global Operations:** The Global Operations (GO) team onboarded 26 Fellows and 25 Interns across 15 countries. GO also provided ongoing support to 60 local country nationals (LCNs) and 19 third country nationals (TCNs) across 35 countries through PHI's vendors Atlas Global Services (formerly Elements Global Services) and Velocity Global, including five countries that were new to STAR – India, Panama, Armenia, Sierra Leone, and Canada. The GO team evacuated one Fellow from Ukraine ahead of the Russian invasion and was in regular contact with Fellows based in the neighboring country of Moldova. The GO team continued to lead PHI and STAR efforts to support former Fellows and their families following the Taliban takeover of Afghanistan.
- **Partnership Engagement:** STAR partnerships continued through the reporting period, including with UCSF, focused on COVID-19 technical assistance, Purdue University to support a second Global Health Equity Pharmacy Fellow, Tangible Development to continue implementing DEIA activities with USAID/GB as a whole, with specific support to OHA and PRH, the Packard Foundation in India to support its office staff and build organizational effectiveness among adolescent sexual and reproductive health grantee partners, AMP Health to build capacity among Ministries of Health (MOH) in leadership and management, and SUNY Stoney Brook to support an Intern in OHA. Through these partnerships and those that existed before this period, STAR has fully achieved its cost share requirement of four percent.

- **STAR-UCSF:** While continuing to support the USAID response to COVID-19, STAR-UCSF's focus shifted a bit from technical assistance around emergency, critical care and oxygen support, to developing and promoting global goods for appropriate management of care for people with COVID-19. STAR-UCSF continued to build and maintain online knowledge hub portals, such as OpenCriticalCare.org, worked with other implementing partners (IP) and USAID to develop the Test-to-Treat (T2T) algorithm, provided remote technical assistance to implementing partners (IPs) and in-country partners by expanding a suite of freely available online resources that address key questions in COVID-19 case management and Oxygen (O2) ecosystem strengthening, and began designing review protocols for T2T and O2 Ecosystem pilot activities being implemented in multiple countries. All indicators were on track.
- **AMP Health:** In October 2021, a partnership with AMP Health launched to build leadership and management capacity among National Malaria Program (NMP) teams so they are better able to deliver on their objectives, including the effective use of Global Fund investments. Throughout the reporting period, AMP successfully recruited and onboarded Management Partners (MPs) to work in Ministries of Health (MOH) in five countries: Central African Republic (CAR), Chad, Mauritania, Namibia, and the Republic of Congo. MPs rapidly developed trusting relationships with the teams into which they were embedded, through experiential learning sessions, carrying out situation assessments, and monitoring, evaluation, and learning (MEL) assessments to inform specific leadership and management learning opportunities in the partner MOH teams. All indicators were on track.
- **Administration and IT:** In PY4, the IT & Administration (IT&A) team focused on increasing the efficiency and security of the work-from-home (WFH) environment. Updates were made to STAR's cloud-available directory management system to allow for easier monitoring on the administrative side and easier options on the user side to self-manage password changes and access control. The IT&A team also continued to support staff and participants remotely with software and hardware solutions, shipping and logistics, and executing a new policy instituting an allowance for office supplies and peripheral equipment. Multi-factor authentication (MFA) was introduced to STAR systems to increase data security. The team also held trainings for staff to introduce these concepts and instruct our staff on usage. STAR's Information Management and Reporting System (IMARS) was further developed to support cross-team work. Finally, IT&A and the Global Operations (GO) team further developed a synergistic relationship by introducing a new hybrid position combining the compatible duties of the Administration Assistant and the Global Operations Coordinator.

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 PY4, STAR's Recruitment and Outreach team conducted and participated in 21 virtual outreach events, 12 of which were audiences from minority-serving institutions, and seven were LMIC-specific audiences (1.1.1). The STAR RO team hosted four webinars that were open to the general public and were attended by diverse audiences:

- 'How to Gain a Competitive Edge When Applying to STAR Fellowships and Internships' (Feb. 23, 2022)
- 'Spring Clean Your Global Health Resume' (March 23, 2022)
- 'Let's Talk About Interviewing for Global Development Jobs' (May 04, 2022)
- 'Moving Beyond Borders: Becoming a Regional Global Health Expert' (June 22, 2022)

PY4 Webinar Feedback

- "This event was quite engaging and provided relevant information on STAR recruitment process."
- "This webinar was very insightful! I appreciate all of the information given. Sharing personal experiences would make the webinar a better experience!"
- "Extremely informative and beneficial for prospective candidates."
- "This was a high-quality event, you even exceeded my expectation..."

Webinar topics were selected based on feedback from past career events, and content was designed with minority applicants in mind. STAR's RO team provided advice to increase audience familiarity with industry-standard recruitment practices, including tips for developing one's resume and cover letter and interviewing. Current STAR Third Country National (TCN) Fellows provided advice on how to pivot one's career to an international setting, transferring home-country knowledge into the regional context during the 'Moving Beyond Borders: Becoming a Regional Global Health Expert' webinar.

The four webinars had a total of 1,480 registrations. Each webinar included a presentation, followed by Q&A session and a brief post-webinar feedback survey. Results showed significant interest, with most participants reporting that they definitely would recommend the events to colleagues and strongly agreeing that the events contributed to their understanding of the topics. Participants also requested future webinars on other topics relevant to the USAID and global health careers.

A summary of PY4 events is below. All were virtual due to the pandemic.

STAR PY4 Outreach Events

Conference (PY4, 2021-2022) *	Date	Target Groups
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	MSI, HIS
Michigan State University Science and Health Job and Internship fair	October 6, 2021	Domestic
London School of Economics Public Health Information Sessions: Exploring Global Health Career Opportunities in the US (jointly with GHTP)	October 13, 2021	LMIC
Johns Hopkins Bloomberg School of Public Health Information Session: Exploring global health career opportunities at USAID (jointly with GHTP)	October 20, 2021	Domestic
TB Union	October 19-22, 2021	LMIC
Virginia State University 2021 Virtual graduate and Professional career fair	October 21, 2021	Domestic
Bethune-Cookman University Fall 2021 Virtual Graduate School and Career fair	October 27, 2021	MSI, HBCU
University of Maryland School of Public Health Career Expo Fall 2021	November 3, 2021	Domestic
North Carolina Masters & Doctoral Virtual Career Fair	November 4, 2021	Domestic
New Mexico State University Health Professionals Virtual Career Fair	November 4, 2021	MSI, HSI
Drexel Virtual Health Professions Career Fair 2022	February 15, 2022	Domestic
Boston University Virtual School of Public Health Career Fair	February 17, 2022	Domestic
Howard University Spring 2022 College of Arts and Sciences (COAS) Virtual Career Fair	February 24, 2022	MSI, HBCU
Bethune-Cookman University's Spring 2022 Virtual Graduate School and Career Fair	March 16, 2022	MSI, HBCU
Consortium of Universities for Global Health (CUGH) Conference	March 21, - April 1, 2022	Domestic, MSI, LMIC
STAR Webinar: How to Gain Competitive Edge When Applying to STAR Fellowships and Internships	February 23, 2022	LMIC, HSI, HBCU
STAR Webinar: Spring Clean Your Global Health Resume	March 23, 2022	LMIC, HSI, HBCU

Conference (PY4, 2021-2022) *	Date	Target Groups
University of Washington Bothell Virtual Spring Job & Internship Fair	April 19, 2022	MSI, HBCU
Xavier University Virtual Career Fair	April 21, 2022	MSI, HBCU
STAR Webinar: Let's Talk About Interviewing for Global Development Jobs	May 4, 2022	LMIC, HSI, HBCU
STAR webinar: Moving Beyond Borders: Becoming a Regional Global Health Expert	June 22, 2022	LMIC, HSI, HBCU

Outreach challenges in PY4 included:

- As the final year of STAR approaches, positions are limited to one year. This created a challenge in attracting viable candidates, especially for domestic positions during this year. The pools available for the roles are much fewer and limits STAR to mostly people with consulting backgrounds who are used to short-term positions.

Recruitment

STAR filled 24 fellowship positions in this reporting period³, including six in the United States, eight based at USAID missions, and 10 based in the Ministries of Health. Of the 24 positions, 13 were filled by local country nationals in LMICs. In addition, STAR filled 29 internship positions in the U.S.

To advertise STAR positions and increase the pool of diverse candidates that apply to positions, STAR continued to use social media campaigns and highlight positions in the STAR newsletter and other niche sites specific to the type of skills needed. The requirements for data visualization and analytics internships were revised to attract a wider pool to this emerging area.

In this period, STAR recruited a DEIA Advisor and Intern to support the advancement of the Global Health Bureau's DEIA goals. STAR also successfully recruited and hired an Afghan national who had previously served as an FSN in the USAID/Afghanistan Health Office.

During this period, STAR received recruitment requests from 22 countries.

PY4 Recruitment Requests		
Bangladesh	Kenya	Philippines
Cambodia	India	Sierra Leone
Cameroon	Indonesia	South Africa
DRC	Kazakhstan	Uzbekistan
Eswatini	Malawi	Ukraine

³ There can be discrepancies between the number recruited and the final number of participants for a reporting period due to start dates and other factors.

PY4 Recruitment Requests		
Guatemala	Namibia	USA
Ghana	Nigeria	
Haiti	Panama	

STAR aims to hire fellowship positions within 50 days and this year missed the target by eight days – averaging 58 days for the 24 positions (1.2.1). Both USN Fellow recruitment (six) and LMIC Fellow recruitments (18) took an average of 58 days.

Masked Recruitment

STAR submitted an abstract to the Consortium of Universities for Global Health (CUGH) for the 2022 CUGH conference, ‘Blind Recruitment is Necessary but not Sufficient to Increase Diversity of the Global Health Workforce,’ authored by Rachel Mases, Jennifer Dogbey, Natasha Wanchek, and David Hausner. It was approved and aired as an abstract presentation on March 28. The presentation, by Jennifer Dogbey and Rachel Mases, focused on the definition of masked recruitment, how it is applied, the impact at STAR, how other organizations can benefit from implementing it, and additional interventions that are needed to succeed at becoming a more inclusive and diverse global health workforce.



The STAR Recruitment and Outreach Team present abstract and oral presentation at the CUGH 2022 conference

Over the course of the program, the diversity of candidates interviewed for STAR positions at USAID increased. However, upon completion of the interview step, the number of diverse candidates hired diminished. To address this discrepancy during this period, the team focused on implementing the following:

- The RO team continued to require POCs to acknowledge that information on the masked recruitment process was reviewed, including a short video, as part of the internship request process.
- RO continued messaging to ensure that USAID teams understood masked recruitment as a method for minimizing unconscious bias in the application review process. The following

paragraph is included when masked internship applications are forwarded to USAID teams for U.S. positions:

“The STAR Project is dedicated to increasing diversity, equity, and inclusion in global health and supporting the careers of applications from Minority-Serving Institutions (MSIs). As the team reviews this batch of applicants, please keep in mind that while an applicant may not align with the "typical" Intern profile, we have shared these applicants because they have transferrable skills that relate to the duties and requirements listed in the job description. Please join us in providing career and learning opportunities to these candidates who may never get a chance to work at the largest donor because of the school they went to, their race, gender and other factors that may prevent them from being selected for an opportunity like this. We want to be at the forefront of positively changing their career trajectory and increasing DEIA in global health to truly reflect the American people. We know that diverse perspectives inspire creativity, innovation and richer discussions and results!”

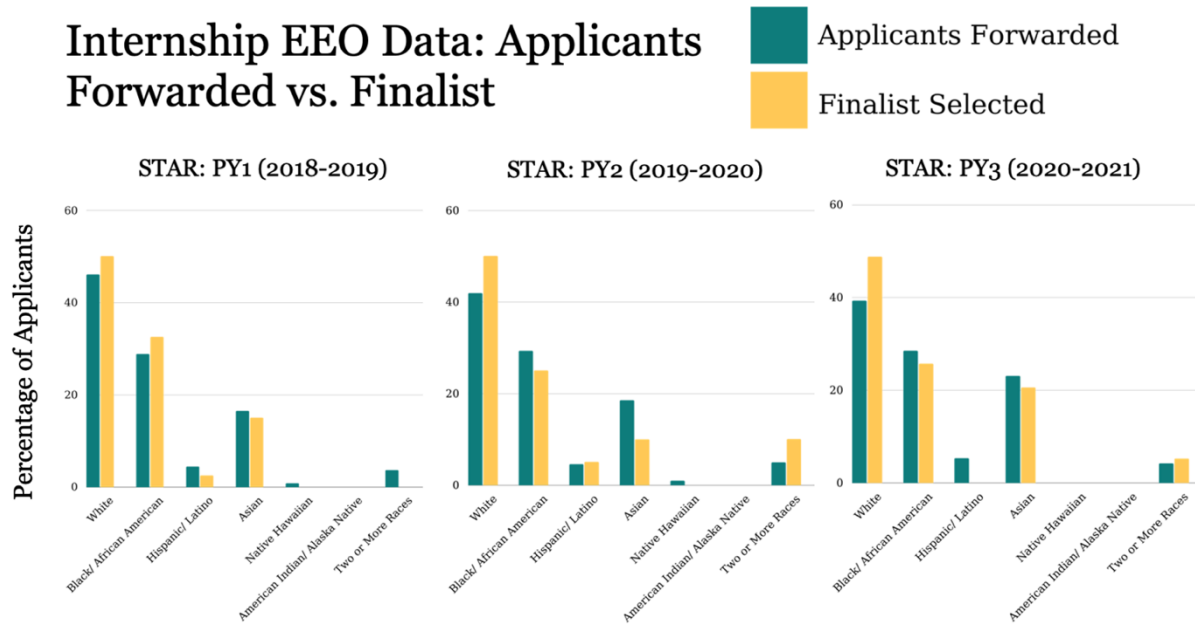
- RO continued to encourage POCs to send their interview questions in advance to ensure that candidate questions are not discriminatory, likely to cause discomfort, or not relevant to the candidate’s ability to perform the job. Additionally, RO members facilitated the interviews.
- A RO team member is now present at 80 percent of Washington, DC-based virtual interviews to ensure that appropriate questions are asked. There was a 20 percent increase in the number of interviews for which STAR provided guided facilitation to USAID teams from PY4 Q2 to Q4, including notes on how to approach hiring through a diversity, equity, and inclusion lens.
- The RO team integrated “office hours” for potential applicants to seek support through the STAR application process, masked recruitment, and navigating application requirements.
- As a continuous learning approach by RO, the team attended webinars/virtual meetings discussing topics on diversity in global health and career development to further broaden and deepen STAR’s perspective on DEIA in global health as recruiters, and gain insight as to how STAR might integrate these perspectives into the team’s DEIA and masked recruitment efforts.
- STAR collected and analyzed diversity data with results advising its future efforts to increase diversity in the applicant pool. Current data analysis is focused on determining the geographic locations from which internship applications are coming to identify regions where outreach activities should be increased.

Masked Recruitment Data: Key findings from PY1-PY4 include:

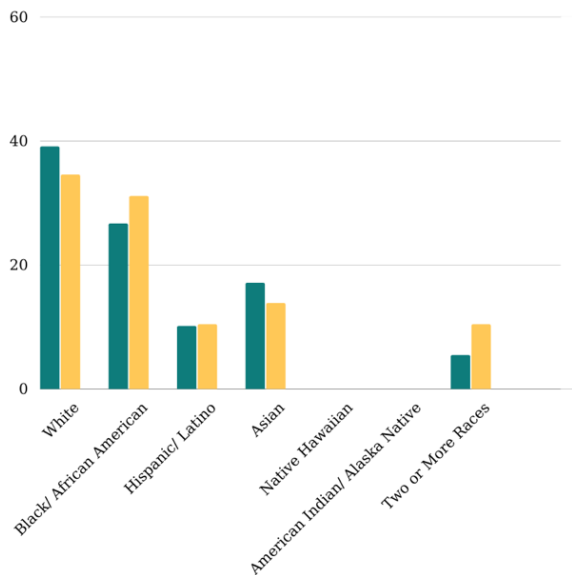
- STAR continues to receive a diverse group of applications for STAR internships due to the outreach efforts targeting Minority Serving Institutions (MSIs).
- STAR continued to shortlist and forward qualified diverse applicants to POCs/interview teams in PY4, resulting in continued diversity in those selected for interviews.
- With data collected from the 29 internship positions filled in PY4, STAR has seen a pattern of increasing diversity in applicants selected as finalists for some categories, and a drop in others, to reflect an overall more diverse group of Interns.

The charts below show the data collected in previous project years and results for PY4. Details are available in Annex C.

Internship EEO Data: Applicants Forwarded vs. Finalist



The chart below displays the data collected for PY4:



The RO Team observed a significant increase in diversity of finalists selected within the Black/African American, Hispanic/Latino, and Two or More Races EEO categories. The number of Asian and White finalists dropped, while the number of Native Hawaiian and American Indian/Alaska Native finalists unfortunately remained at zero. The breakdown in percentage for finalists selected for PY4 is as follows:

- **White:** 34.5%

- **Black/African American:** 31%
- **Hispanic/Latino:** 10.5%
- **Asian:** 14%
- **Native Hawaiian:** 0%
- **American Indian/Alaska native:** 0%
- **Two or More Races:** 10.5%

Recruitment PY4 challenges included:

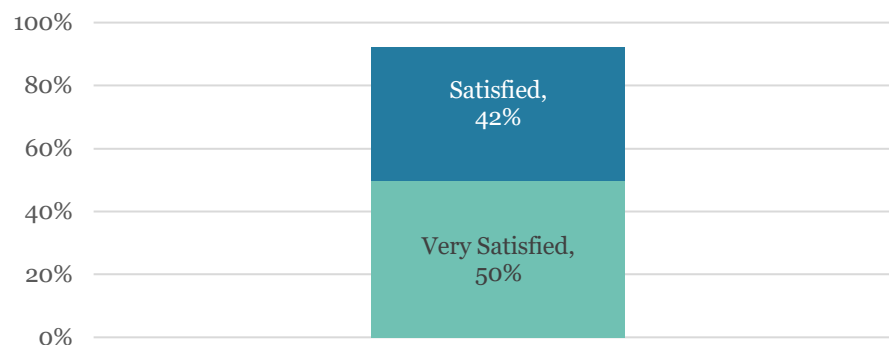
- As the STAR project’s end date is in 2023, it has become challenging to attract potential applicants as they are not interested in joining a project that has a year or less remaining.
- STAR faced challenges recruiting in countries where COVID-19 is not well controlled. For example, STAR was tasked with recruiting a Russian-speaking vaccine safety advisor in Uzbekistan; however, potential candidates were more interested in remaining in their home country with travel to Uzbekistan, rather than being posted there full time.
- The Russian invasion of, and war in, Ukraine paused recruitment efforts in that country.

POC Feedback on Recruitment Process⁴

POC satisfaction with quality of STAR candidates: 92%
POC satisfaction, overall, with STAR recruitment process: 92%

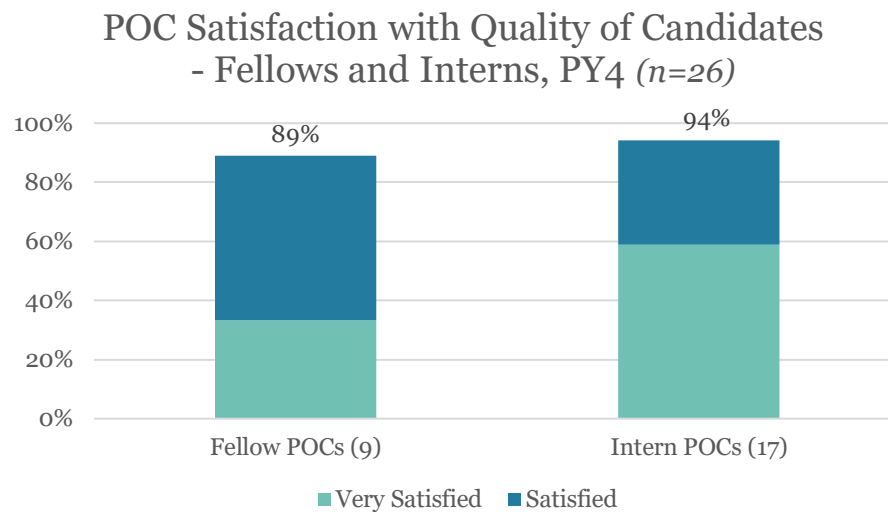
POCs reported a high level of satisfaction with the quality of STAR candidates throughout PY4. Asked at the conclusion of each hiring process, 92 percent (24/26 respondents) indicated that they were ‘satisfied’ or ‘very satisfied’ with the quality of STAR candidates (1.2.2) – exceeding the 85 percent target.

92% POC Satisfaction with Quality of Candidates, PY4 (n=26)

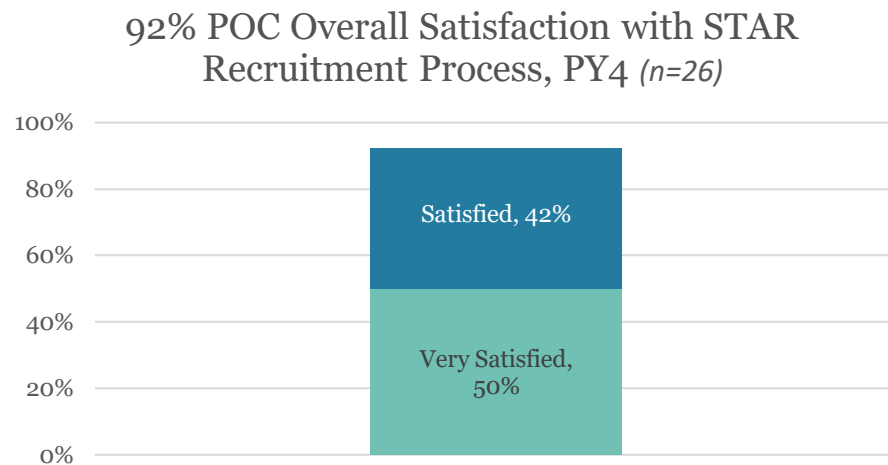


⁴ Chart data may not equal 100 percent or match summary descriptions due to rounding.

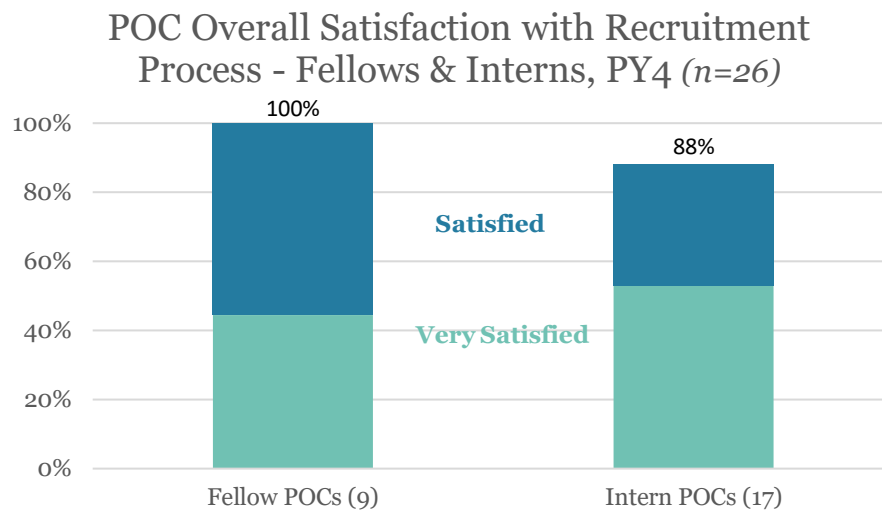
POC satisfaction with candidate quality was similar for Fellow and Intern recruitments – 89 percent for Fellow POCs and 94 percent for Intern POCs.



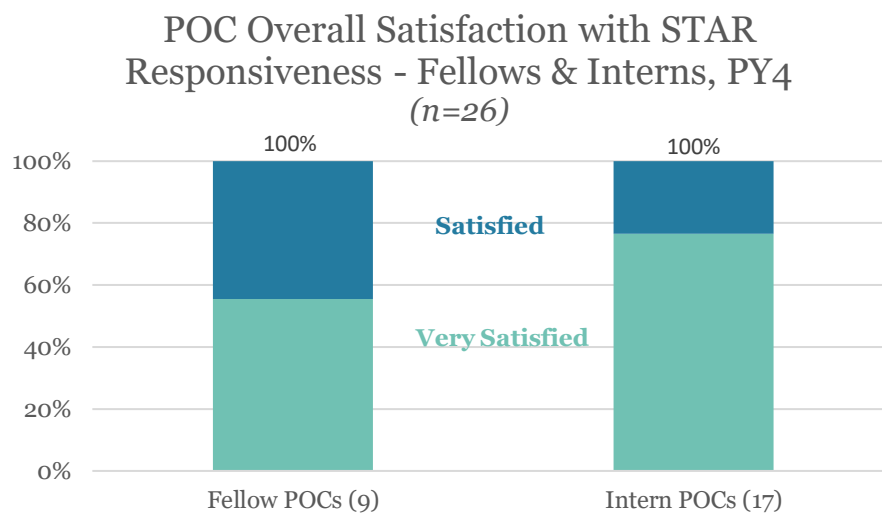
Ninety-two percent of POCs reported that they were ‘satisfied’ or ‘very satisfied’ with the overall recruitment process (1.2.3) – also exceeding the 85 percent target.



Satisfaction with the recruitment process was high for both Fellow and Intern POCs, but particularly high for Fellow POCs (100 percent).



Leading into the question about overall satisfaction, POCs were asked about components of recruitment, and 96 percent reported that they were ‘satisfied’ or ‘very satisfied’ with understanding of the recruitment process, while 100 percent were ‘satisfied or ‘very satisfied’ with STAR’s responsiveness.



PY4 POC Feedback: Recruitment Process

- “We are satisfied with the STAR recruitment process.” (*Fellowship*)
- “The quality of candidates was very high, and STAR gave great support during this process!” (*Internship*)
- “Re-recruitment was very successful, and candidates were much more aligned with the position! We appreciate STARs responsiveness and flexibility in recruiting for candidates more fit for the role.” (*Internship*)
- “We had such excellent candidates-- it was a very hard decision!” (*Internship*)
- “I’ve been extremely impressed with STAR services throughout the recruitment of the... intern from flexibility in the education requirement, through masking the resumes and allowing us to provide feedback and input throughout the entire process. Kudos to an amazing recruitment team at STAR.” (*Internship*)

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. PM oriented 56 participants and continued to provide ongoing support throughout the fellowship and internship experiences.

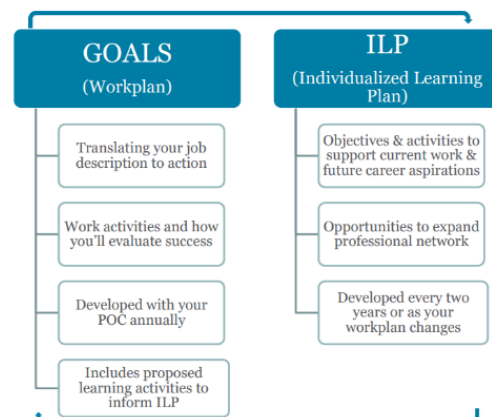
PM provided Fellows with support to develop work plans using the Growth, Outcomes, Activities, Learning Needs, and Success (GOALS) framework. GOALS integrates the Fellow’s work activities with learning needs and serves as the foundation for development of the Individualized Learning Plan (ILP). In addition, 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), as well as the Internship Final Activity Report.

Key PM tools developed or expanded in PY4 included:

- Updated POC check-ins to clarify the role of the POC to provide technical guidance and STAR’s role as that of the employer.

FELLOWSHIP CORNERSTONES



- Expanded and refined orientation material to better address participant needs, particularly focusing on supporting Interns with a full-time remote environment.
- Hosted three Intern “meet and greets,” which are informal online events to support cohesion of the cohort.
- Launched the STAR Intern Ambassador Program, a semi-formal leadership role facilitating connections that support new Interns to connect with the broader Intern cohort.

PM challenges in PY4 included:

- Remote work has made it difficult to build connections among Interns. To address this challenge, STAR hosts quarterly virtual “meet and greets.”
- There was an increase in Intern performance issues in PY4, likely due to the on-going challenges of remote work. PM has been working with POCs to provide best practices for managing junior professionals.
- The decreased number of PM team members in PY2 continued in PY4, while, at the same time, the number of STAR participants has increased. This presented an ongoing challenge to fully engage with and build relationships with every participant.

PY4 Participant Feedback about STAR

- “With the pandemic, I’ve become more aware of how globally interconnected we are. I have appreciated STAR’s flexibility and communication.” (*USN Fellow*)
- “The training and mentoring that I have received through STAR via my ILP have allowed me to speak up, set me on a course to publish, and network.” (*STAR Fellow*)
- “The STAR project is an important and effective mechanism to support and invest into capacity building of host organizations.” (*LMIC Fellow*)
- “In my opinion this is the most useful project for the national TB program due to the flexibility and possibility of planning of actions based on NTP priorities.” (*LMIC Fellow*)
- “Great experience and excellent contribution to improve global health delivery.” (*LMIC Fellow*)
- “(The) STAR fellowship was a life changing experience, which expanded my engagement with a multi-disciplinary team within USAID and also with all necessary stakeholders... So far, STAR fellowship has equipped me with necessary skills and knowledge to lead the USAID laboratory programme to ensure that the USAID achieve its ambitions (i.e., goals and objectives).” (*LMIC Fellow*)
- “This was a unique concept. It has brought out wider fields for contribution in Global Health and link with International colleagues across the country. Working in Government settings and supporting Government activities through such projects is an opportunity to work for the country...” (*LMIC Fellow*)

Learning

Learning support to participants in PY4 focused on individual learning, delivering curated group learning experiences, and analyzing and redesigning the Learning and Leadership Circles program based on pilot evaluation feedback. With many participants continuing to work remotely from a wide range of locations, emphasis was placed on building connections. The Learning and Leadership Circles were expanded, focusing on enhancing peer communication, professional development, and support. The Rising STAR series, initially facilitated by STAR Learning staff, was adapted into an Intern Leadership and Learning Circle series and piloted in the second half of PY4.

Individual Learning

Customized learning for participants continued to be a hallmark of STAR. Eligible Fellows benefited from learning onboarding calls to support them in identifying learning objectives and developing Individual Learning Plans (ILPs), and continuing participants maintained and updated their ILPs as needed. A total of 73 percent of eligible Fellows developed/maintained an ILP in PY4 (1.4.2) – exceeding the 70 percent target. TB Fellows, who did not have specified learning funds, participated in learning activities including the LLC’s or accessing free resources available through PHI, USAID, or other resources.

The PHI Percipio learning management system has been a primary resource for asynchronous learning for all participants. Interns and overseas Fellows have been the main users of this relevant and free platform. Three participants (one Intern and two Fellows) completed their Project Management (PMP) prep training in PY4 using this platform and successfully obtained the PMP certification. Most frequently accessed courses on PHI Percipio by participant type were:

Interns	LMIC/Oversees Fellows
PMP Boot Camp Tableau Desktop Data Visualization Excel	PMP Boot Camp Project Management Series (PMBOK & Prince2) Engaging Team Members & Stakeholders Effective Team Communication Pivot Series Taking Stock of Work/Life Balance

Networking and Cultivating a Learning Community- STAR Learning and Leadership Circles (STAR LLCs)

Participant interest in connecting and networking with other STAR colleagues remained a priority in PY4, especially from Interns and overseas Fellows. In response, LRN expanded the pilot of STAR Learning and Leadership Circles, which aimed to provide a platform for participants to:

- Build peer-coaching capabilities
- Create a space to support each other and translate technical skills into practice
- Develop and enhance career opportunities by promoting meaningful professional connections
- Reinforce and cultivate a connected network

The Circles enabled participants to engage by participant type (Intern/Fellow) and by geography and availability. This flexibility aimed to ensure sufficient opportunity to participate. Over the course of PY4, 74 participants (over 60 percent of STAR population) engaged in the sessions.

Curated Learning Experiences

STAR has learned that participant sub-groups have distinct needs, and this informed learning offerings in PY4. 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 17 learning offerings (1.4.3), exceeding the target of three:

- Fourteen interactive Learning and Leadership Circles (on five topics), open to all participants (four targeting Interns)
- Two virtual learning experiences open to all participants
- One Intern Rising STAR session

STAR participants were also invited to attend and including: “Let’s Talk About Interviewing for Global Development Jobs” and “Moving Beyond Borders: Becoming a Regional Global Health Expert” participate as panelists in outreach events. The content was open to an audience beyond STAR participants and particularly valued and relevant to STAR Interns and LCNs hoping to transition to TCN roles.

For indicator 1.4.4 – the percent of STAR learning offerings where participants found the activity relevant professionally – feedback was requested at 17 events, and 100 percent of events had at least 80 percent finding the event relevant professionally.



STAR LLC HIGHLIGHTS

STAR LLC FACILITATOR TRAINING AT-A-GLANCE

- 19 Facilitators (15 Fellows, 3 Interns and 1 staff) have been trained between PY 3 and PY4
- 12-hour Facilitator training is an interactive virtual learning experience
- 1 STAR Fellow is the co-designer of the training
- 100% of training participants report the training was relevant professionally

STAR LLC SESSIONS AT-A-GLANCE

- 5 Topics selected by participants were delivered
- 82% of participants reported an increase in professional connection
- 52% of STAR participants attended at least one STAR LLC
- 91% of the Fellow attendees were LMIC-based
- 100% report the STAR LLCs facilitating their increased access to learning resources
- 100% of participants reported they would like to see STAR LLCs continue

rich-sharing
impressed best-coaching-strategy
instructive highly-rewarding
magnificent-forum networking fantastic

17 Learning Events Completed – PY4 (1.4.3 and 1.4.4)

Three Core Learning Events

Learning Activity	Date	Registered	Participants	Participant Details	Relevancy
Linchpin: Successfully Navigating between Host Org, USAID and STAR	April 7, 2022	48	34	30 LMIC, 5 USN Fellows	100%
Women in Global Health Fellow Feature	June 2, 2022	39	27	21 LMIC, 2 USN, 4 Intern	100%
Rising STARS Intern Series- Preparing for Life After Your Internship	October 1, 2021	12	3	3 Interns	100%

Fourteen Learning and Leadership Circles Events*

Learning Activity	Date	Registered	Participants	Participant Details
Intern LLC- Cultivating Leadership Skills	April 20, 2022	5	4	4 Interns
Intern LLC- Strategic & Effective Communication	July 29, 2022	4	3	3 Interns
LLC- Strategies for Effective Program Management	Aug. 26, 2022	14	10	10 Interns
LLC- Navigating Professional Transition	Sept. 9th, 2022	15	7	7 Interns
LLC- Cultivating Leadership Skills	April 21, 2022 April 22, 2022	19	16	15 LMIC, 1 USN
LLC- Strategic & Effective Communication	May 11, 2022 May 12, 2022	21	16	15 LMIC, 1 USN
LLC- Strategies for Effective Program Management	June 8, 2022 June 9, 2022	27	19	17 LMIC, 2 USN
LLC- Managing Up	Aug. 11, 2022 Aug. 12, 2022	25	12	11 LMIC, 1 USN
LLC- Navigating Professional Transition	Sept. 8, 2022 Sept. 14, 2022	34	17	14 LMIC, 3 USN

**For the Learning and Leadership Circle session in PY4, the average positive rating for professional relevancy for sessions was 81 percent across 14 meetings.*

Tailored Learning Events

Recognizing the wide diversity and varying needs of STAR participants, a continued emphasis was placed on specific sub-populations (Interns, LMIC Fellows) who have expressed a greater need for connection. The following events reflect the non-core Learning events conducted.

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. TB Advisors were actively involved with STAR learning, including:

- Forty percent of TB Advisors (16 Fellows) opted to develop an ILP
- About 80 percent of participants in STAR curated learning experiences were TB Advisors
- Seventy-six percent of the 34 STAR participants accessing the PHI Percipio system were TB Advisors, as were 70 percent of those completing courses

Additionally, based on feedback from the STAR Intern Ambassadors, LRN developed [STAR Internship Not-to-Miss Highlights](#), a one-page reference guide which outlines where to go for critical information and how to fully optimize the STAR Intern experience.

Learning Funds

Fellows' learning funds carry over year to year for two contract years, and in PY4, STAR allocated \$3,000 per fellowship year to eligible Fellows and \$500/year for Interns. STAR aims for 80 percent of eligible Fellows to use at least some of their learning funds, and 34 percent did so (21 of 61 Fellows) – not meeting the target (1.4.5). This may be attributed to the lack of in-person conferences and learning opportunities, coupled with the increased availability of free learning opportunities available through USAID University or other resources.

In addition, STAR aims for Fellows who have access to learning funds to spend 50 percent of their funds. In PY4, eligible Fellows spent \$42,893 on learning or 23 percent of total available funds. Fellows who spent learning funds spent an average of \$2,043, or 68 percent, of their annual individual learning budget– not meeting the target (1.4.5).

Learning challenges in PY4:

- **Managing Learning and Leadership Circle operations & attendance** – To ensure that the Learning and Leadership Circles facilitated connection, participation was capped at 12. Not all registered participants attended, however, which sometimes made it difficult to facilitate with a small number of attendees.
- **Limited Intern participation in most learning events** – For learning events in PY4, Intern participation was low (seven people or less). The average number of Interns in the program at any given time was between 19-25. To improve attendance, LRN sought clarity through surveys and key informant interviews. What emerged was that Interns did not have a sense of control over their time or work schedule during the first few months. Then, during the last few months, they were often busy looking for their next employment. There was a sense that they already had a lot of learning resources available to them (between on-the-job learning and STAR), but they needed one place to facilitate access when the need arose. Thus, a STAR Intern Reference Guide was developed and is shared monthly.
- **Value of STAR learning activities not well understood by POCs** – In many company learning programs, the content is driven by the gaps that are identified by staff and understood by management. As a fellowship program, with several stakeholders (Ministry, USAID Mission, and USAID HQ), the non-technical learning programs that STAR provides are sometimes seen as less of a priority by POCs.

- **Poor Uptake on Zoom Channels** – The Zoom channels for Interns and Fellows, developed in PY3, have received minimal use. Interns primarily communicate through GroupMe and USAID G-Chat, while Fellows prefer email.

Participants: STAR Learning, PY4

- “Professional development funds allowed me to pursue a number of educational opportunities that were beneficial for my career growth.” (*USN Fellow*)
- “I have appreciated all the learning offerings and especially the flexibility of the ILP process.” (*USN Fellow*)
- “STAR provides great learning opportunities. The communication is very effective.” (*LMIC Fellow*)
- “In my view, the existing approach to learning is very convenient and useful” (*LMIC Fellow*)
- “I have used all the fellowship resources and platform, including Percipio and LLC star facilitator sessions. All of them are very useful for my daily works.” (*LMIC Fellow*)
- “I am super satisfied. STAR learning team has always been timely in responding to my queries and proving guidance with clarity.” (*LMIC Fellow*)

Participant Experience

STAR aims to provide a positive global health career experience for participants, beginning with recruitment and throughout their fellowship/internship. In survey feedback, participants and POCs have 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. A summary of participant experience for this reporting period is highlighted in this section.

Orientation

In PY4, STAR oriented 27 Fellows and 29 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 updated orientation to reflect changes to the STAR learning program and reflect the approaching end date of the STAR project. Orientations for U.S.-based Fellows were adapted depending on the individual's background. Intern orientations focused 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, managing up, and networking in a full-time remote environment and expanded explanations of the timelines around USAID network access.

Orientations were grouped, when possible (e.g., when several Interns started on the same day), to promote camaraderie and networking, but generally orientations were individual due to time zone and bandwidth constraints. In this period, all orientations were fully virtual.

PM provided support to STAR POCs to help them understand their role in the participant's experience. Each POC received a primer within a week of the participant's orientation. STAR also used an Intern POC checklist and continued to provide

PY4 Fellow Feedback about STAR Support

- “Throughout my employment by the PHI STAR Program I was always positively impressed by the excellent level support received from the STAR staff.” *(USN Fellow)*
- “The entire STAR support team has been very responsive and supportive every time I have had a need to consult with them. The team has also been very efficient in sending communication from the leadership and management teams whenever, there has been changes or new requirements relevant to the fellowship.” *(USN Fellow)*
- “Staff are very knowledgeable and prompt.” *(USN Fellow)*
- “STAR support has responded promptly in all situations.” *(LMIC Fellow)*
- “STAR has been very responsive in general to many of the emerging issues that we managed to resolve.” *(LMIC Fellow)*
- “This is the best team I have worked with in more than 15 years of my career!” *(LMIC Fellow)*
- “It has been a wonderful experience. Especially with the flexibility of tailoring my learning to my needs. This is the best learning model I have seen.” *(LMIC Fellow)*
- “Very supportive team with high professional ethics. Response to concerns and questions are almost immediate (except for time difference). Thank you for the support.” *(LMIC Fellow)*

the POC Handbook, which was updated in this period and focuses on managing and mentoring Interns.

Participant Requirements

All participants are required to submit a workplan, referred to as GOALS (Growth, Outcomes, Activities, Learning Needs, and Success), within 90 days for Fellows and 30 days for Interns. STAR conducts check-ins and calls with participants and POCs to gauge experience. In this period, the schedule included:

- Check-in surveys with participants approximately every quarter
- Check-in with Fellow POCs every six months
- Phone calls with Fellows on a semiannual basis
- Recognizing performance: STAR proactively reaches out to POCs around Fellows' anniversaries to remind them of the STAR Discretionary Bonus Program. STAR Fellow POCs may nominate Fellows for a bonus one time per calendar year. Due to STAR's proactive messaging, STAR approved 13 Fellows for bonuses in PY4.

Each quarter, Interns receive a questionnaire 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

In this period, STAR continued to share resources with participants and their POCs on remote work best practices and improving communication in remote environments. A significant impact of the pandemic and resulting remote work for participants has continued to be the inability to participate in live, in-person learning activities, and shifting work priorities. To address this, STAR Performance and Learning teams focused on improving networking in a remote environment, particularly for Interns.

STAR continued to host Intern Socials, an informal quarterly meeting where STAR Interns meet each other, receive program updates, and participate in brief structured discussions mostly focused on succeeding at USAID, networking, and global health careers. Intern socials took place in October 2021 and February 2022 with approximately 12 participants for each.

STAR also launched the Intern Ambassador Program. Two Interns were selected to serve as STAR Ambassadors – a semi-formal leadership role facilitating connections that support new Interns to connect with the broader Intern cohort and improve participant cohesion. The position is voluntary with a six-month tenure. STAR Ambassadors serve as a “welcoming committee” to new Interns by connecting them with the greater STAR Cohort. They also meet with staff to help STAR continue to deliver relevant programming for Interns.

PY4 Intern Feedback about STAR Support

- “The onboarding experience was very smooth for me and staffs has been very responsive to my questions.”
- “The Star project is a very important bridge specially for young global health professionals.”
- “It was great! I will speak highly of this experience.”
- “The team has been amazing in supporting my internship.”

STAR also supported participants through USAID's return to in-person work in Q3. This included staying abreast of the latest USAID requirements for working in person, surveying participants to

determine their ability to return to the office and continuing to establish telework agreements during the onboarding process.

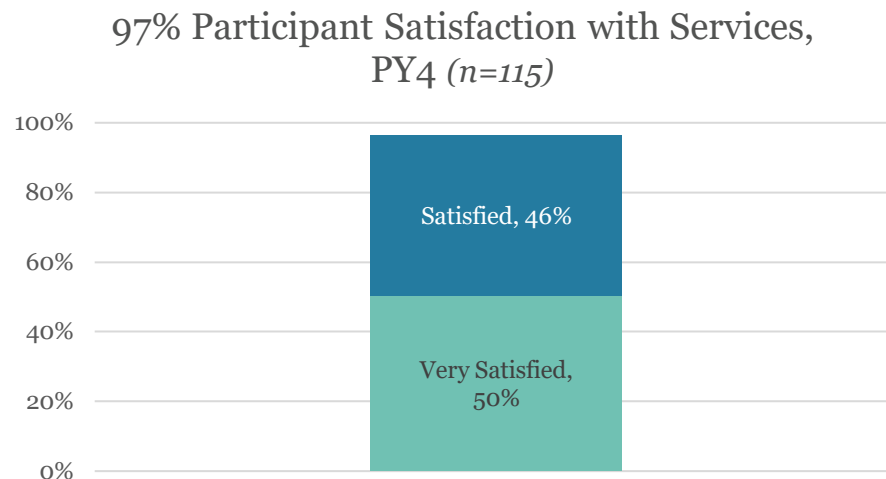
Participant and POC Feedback

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 PY4 targets.

Participant overall satisfaction with STAR services: 97%
 Participant satisfaction with STAR learning support: 97%
 POC satisfaction with STAR assistance: 94%

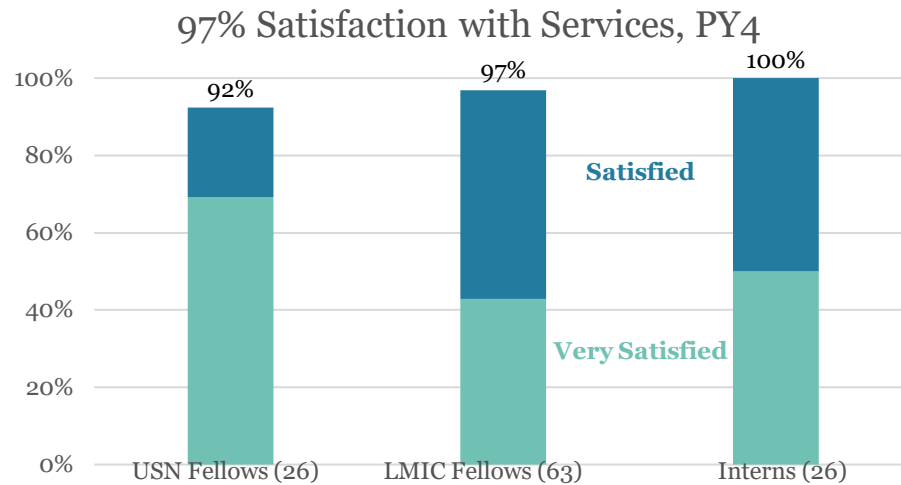
Participant Feedback⁵

Ninety-seven percent of PY4 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 similar to 99 percent in PY3.

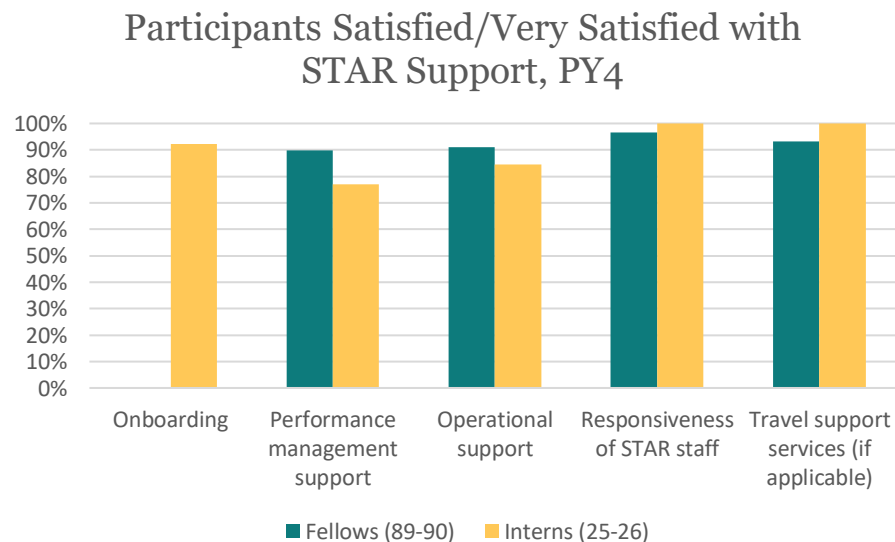


⁵ Chart data may not equal 100 percent or match summary descriptions due to rounding.

All types of participants were primarily ‘satisfied’ or ‘very satisfied’, ranging from 92 percent for USN Fellows and 97 percent for LMIC Fellows – to 100 percent for Interns. Survey details are available in Annex D.



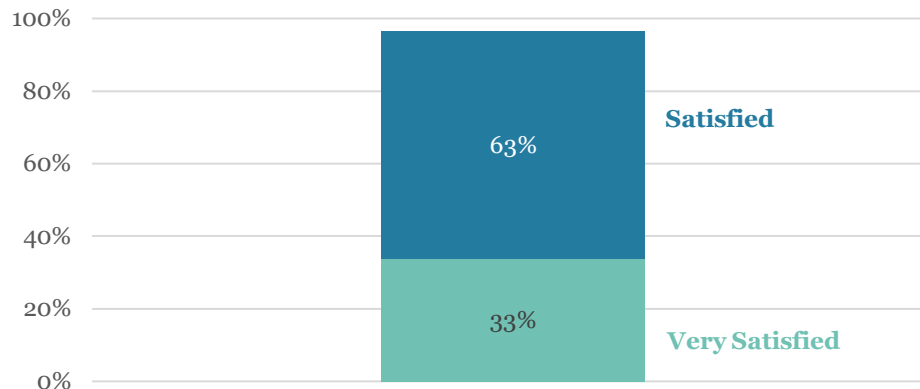
Participant feedback was strong for multiple aspects of STAR services, including performance management, operational support, responsiveness of STAR staff, and travel support services. The strongest area for was responsiveness of STAR staff (97 percent for Fellows and 100 percent for Interns).⁶



⁶ Feedback on travel support was strong from Interns but limited as only four Intern respondents reported traveling in PY4.

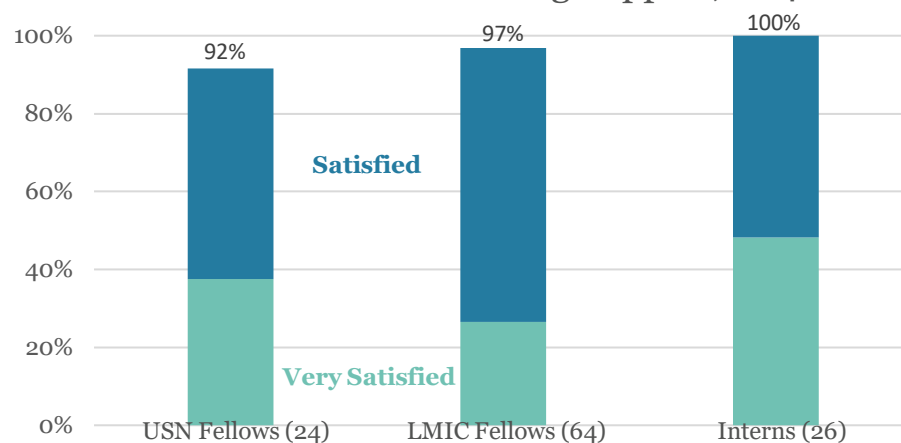
STAR also aims high for participant satisfaction with learning support, and 96 percent of respondents indicated that they were ‘satisfied’ or ‘very satisfied’ – exceeding the 80 percent target (1.4.1). There has been a continual increase from 79 percent in PY2 and 91 percent in PY3.

96% Participant Satisfaction with Learning Support, PY4 (n=114)



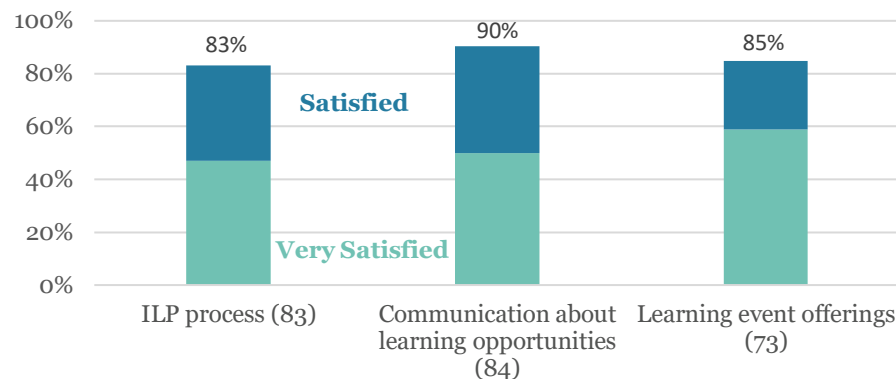
USN and LMIC Fellow feedback about learning support was similar with 92 and 97 percent ‘satisfied’ or ‘very satisfied’. Intern feedback was at 100 percent – an improvement from 77 percent in PY3.

Satisfaction with Learning Support, PY4



For Fellows, the breakdown of those who were ‘satisfied’ or ‘very satisfied’ with components of learning services ranged from 83 percent for the ILP process to 90 percent for communication about learning event offerings. In addition, 85 percent indicated satisfaction of learning event offerings.

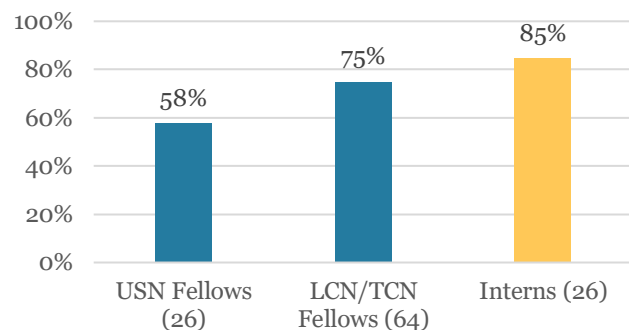
Fellows Satisfied/Very Satisfied with Learning Services, PY4



In addition to survey questions about learning, 62 percent of Interns (16/26) ‘agreed’ or ‘strongly agreed’ that learning activities during their internship helped them gain confidence in their role/position, while 27 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, 73 percent of respondents indicated that it had (85/116). Results were particularly strong for Interns with 85 percent. LCN/TCN Fellows reported more opportunities to network than USN Fellows – 75 percent compared to 58 percent – 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.

Expanded Peer and Professional Networks, PY4



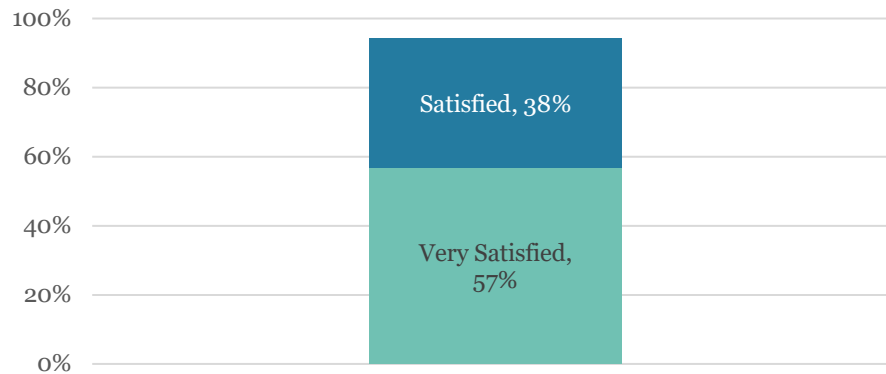
POC Feedback⁷

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, 94 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). Survey details are in Annex F.

Of the 94 percent of POCs who were ‘satisfied’ or ‘very satisfied’ with STAR assistance, an impressive 57 percent indicated that they were ‘very satisfied,’ and 38 percent were satisfied.

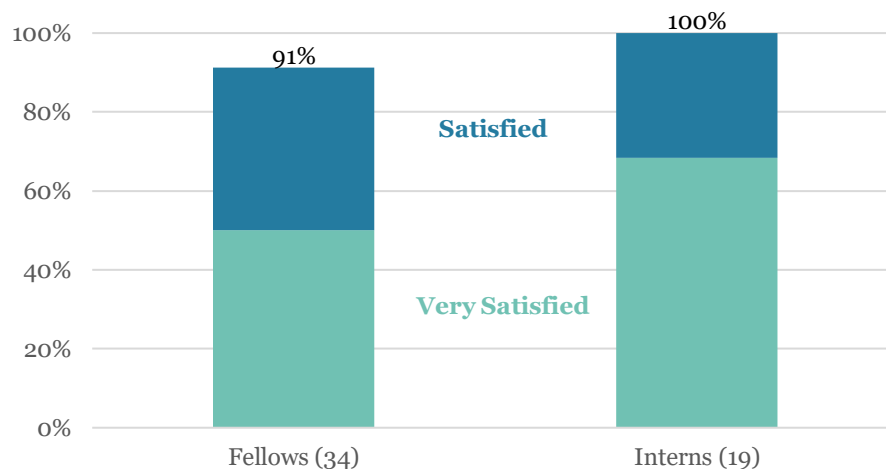
⁷ Chart data may not equal 100 percent or match summary descriptions due to rounding.

94% POC Satisfaction with STAR Assistance, PY4 (n=53)



POC feedback was strong from both Fellow and Intern POCs, but particularly noteworthy for Intern POCs at 100 percent.

POC Satisfaction with STAR Assistance, PY4



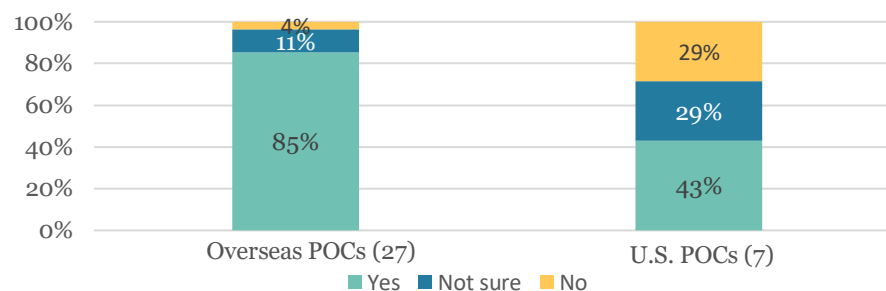
In comments, POCs noted STAR’s engagement, support, and communication. Suggestions primarily centered around requests for more frequent check ins, biannual updates, sharing tools made available to Fellows for managing remote work, and communication around the STAR mechanism’s closure and transition plans. As noted below in a consolidated section about recommending STAR, below, 74 percent of POCs would be extremely likely and 24 percent would be somewhat likely to do so.

POC Feedback about STAR Assistance, PY4

- “I look forward to the continued engagement with STAR and to have more local experts using this mechanism.” *(Fellow POC, LMIC)*
- “The STAR mechanism has supported us effectively in engaging experts to work with country implementers and government partners. The experts are also able to actively engage their counterparts based on their clear TORs and roles and functions. STAR was also able to support us in updating the TORs as the role of the engaged experts evolve with the changes in the government health structure.” *(Fellow POC, LMIC)*
- “Thanks for the good work and support that you have provided us during all these years.” *(Fellow POC, USN)*
- “Great and expedient communication. Easy process. Overall, excellent process.” *(Intern POC)*
- “I have had great experiences with communication and responsiveness of the STAR services.” *(Intern POC)*
- “STAR was a very solid partner and easy to work with throughout the process of recruitment, selection, onboarding and placement.” *(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 76 percent indicated that there had been an impact (26/34), and many provided specific examples.

Fellow POCs: Fellowship Impact on Capacity of Placement Location, PY4



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 quarterly or mid-way check-ins, and more discussion about spending professional development funds. Fellow POCs requested additional sharing of resources made available to Fellows for managing work while working remotely, more follow up and structured meetings, and communication around STAR’s transition plans.

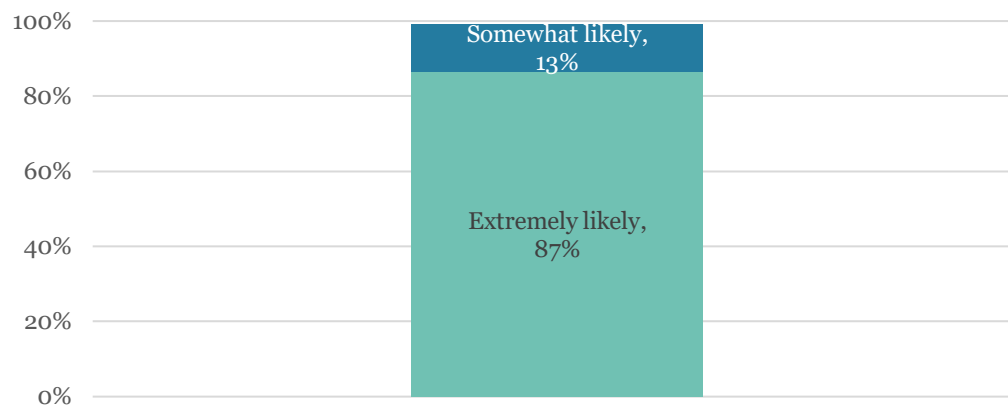
Fellow POCs: LMIC Fellowship Impact on Capacity of Placement Location, PY4

- “The Fellow has provided significant technical support to the NTP, his contribution is very evident.”
- “We hired a Senior Technical Advisor, and the individual has been a great source of capacity strengthening to our technical office.”
- “The Fellows were able to provide direct technical assistance in developing country strategies and improving technical guidelines and operational plans which are now in use and as basis for implementation.”
- “Being embedded in the Project and the work premises; allows interaction between the Advisor and the Project staff and management. Advisor thus contributes to the overall improvement and performance.”

Recommending STAR

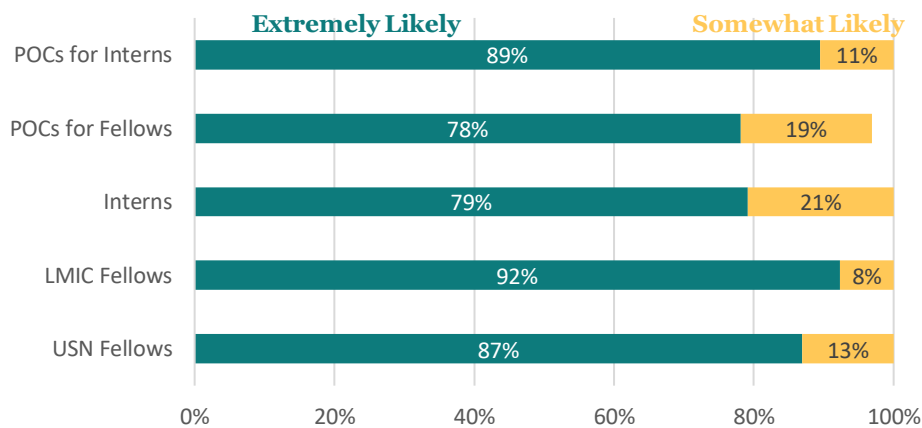
Ninety-nine percent of Fellow, Intern, and POC survey respondents in PY4 said that they would be ‘somewhat’ or ‘extremely likely’ to recommend STAR to colleagues and friends, including 87 percent who would be ‘extremely’ likely to do so.

99% Participants and POCs Likely to Recommend STAR, PY4 (n=163)



Ratings for recommending STAR were strong across the board – including 92 percent of LMIC Fellows and 87 percent of USN Fellows who were extremely likely to recommend STAR. Ratings from POCs included 78 percent from Fellow POCs and 89 percent for Intern POCs who were extremely likely to do so.

STAR Participant and POC Likelihood to Recommend STAR, PY4



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.

In PY4, 13 of 26 USN Fellow respondents to the survey question indicated that they had participated in field experience(s) under STAR that were at least two weeks in length – only 50 percent. Typically, the target for this indicator would be 85 percent (1.5.1). All 13 reported that this work had included active, technical engagement.

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. Few Interns were traveling in PY4, so this question was not asked on the survey. Nevertheless, in summer 2022, four Interns traveled, providing valuable experience for the participants.

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

Cost Share and Partnership Engagement (PE) / Special Projects

STAR's strategic focus on special projects and partnerships continued during the reporting period and remains focused on programmatic outcomes. Partnerships included:

Diversity, Equity, Inclusion, and Accessibility (DEIA) with USAID/Office of HIV/AIDS (OHA), USAID/Office of Population and Reproductive Health (PRH), the USAID Global Health Bureau (GHB) and Tangible Development (TD). See the DEIA section below for details of this partnership's activities.

During this reporting period, the following activities were conducted by Office/Bureau.

- **OHA:** Having produced the DEIA assessment report for OHA during PY3, Tangible Development presented the findings to OHA leadership and staff from all Divisions and Branches. Training sessions were then developed to address the DEIA needs of the office and then implemented for staff in all Divisions and Branches. Separate senior management team training sessions were also developed and implemented for OHA leadership. Towards the end of PY4, TD produced the final report for their work with OHA and support to OHA concluded at the end of the reporting period.
- **PRH:** TD's work with PRH started in the second half of PY4. Initial planning meetings were held with PRH's designated DEIA representatives. Feedback sessions with PRH staff were scheduled, although due to competing priorities and busy schedules, the actual feedback sessions were delayed until late in PY4. At the very end of the reporting period, TD held a visioning workshop with the PRH DEIA working group. Plans were developed to draft the PRH DEIA mission statement and strategic goals, to present the draft for feedback, and hold a workshop with the working group early in the next program year.
- **GHB:** Work on DEIA with the GHB was started at the tail end of PY3 and continued throughout PY4 in 4 areas including leadership readiness, Bureau-wide affinity group discussions, human resources (HR), and communications. The leadership readiness sessions and the affinity group discussion were completed during the reporting period and the HR and communications work is ongoing into the next reporting period. The communications work consists of developing a guidebook and the HR work involves the development and implementation of best practices training.

Global Equity Pharmacy Fellowship with Purdue University. STAR's partnership with Purdue University continued through PY4. During this reporting period, the first Fellow ended his position at Purdue University and a second Fellow started her position at USAID/OHA.

Leadership and management capacity building with AMP Health. The partnership among STAR, AMP Health, and USAID/Malaria began during this reporting period. AMP Health is working in five countries in Africa to build capacity in, and promote leadership and management within, MOH National Malaria Programs (NMP). AMP Health placed management partners in Chad, the Republic of Congo (ROC), the Democratic Republic of Congo (DRC), Mauritania, and Namibia. For details on progress to date, see the AMP Health section of this report, below, and full reporting in Annex E.

Staff support and organizational effectiveness capacity building with David and Lucile Packard Foundation.

STAR's partnership with the Packard Foundation continued through PY4 with STAR managing four staff placed with the Packard Foundation office in India. The staff functions similarly to USAID-funded Fellows and includes one Country Advisor, 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 continued to manage Packard Foundation India's organizational effectiveness (OE) capacity building activities with Packard's India grantee partners. These OE activities are expected to continue into the first half of the next reporting period.

Global Health Preventive Medicine Residency Rotation with the State University of New York (SUNY), Stonybrook. STAR worked closely with SUNY Stonybrook medical school and USAID/OHA to set up a partnership to place a preventive medicine resident at USAID for a global health rotation. Specifically, this was a placement with USAID/OHA/Research/HIV Vaccine. The resident successfully completed her internship with OHA. In fact, the internship was such a success that OHA has asked her back to do a TDY to Lesotho in the first half of the next reporting period, which STAR will also facilitate.

Global COVID-19 global goods 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 remained on hold or have been canceled. Although STAR has met its cost share requirement, 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. Partnerships that have proceeded have continued 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. Work initially focused on ventilator deployment, critical care capacity assessments, and critical care education and evolved to focus on COVID-19 case management and O2 ecosystem scaleup. All indicators remained on track in PY4, including the Technical Advisory Group (TAG) (2.3.1), visitors to the critical care portal and accessing other educational content (2.3.2), and technical assistance tools created (2.3.3).

STAR/UCSF's work in four objective areas for COVID-19 response are described below.

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

STAR/UCSF continued to lead the respiratory care/O2 ecosystem TAG with 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.

At its peak utilization by USAID in PY2-3, the TAG included 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 has 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 and 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 of 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. In subsequent quarters, the TAG was refined in size and scope to meet the ongoing needs of USAID and IPs as relates to COVID-19 clinical case management and O₂ ecosystem development.

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

STAR/UCSF’s work on the novel survey tool, which assessed facility level capacity to care for critically ill patients who required mechanical ventilation, concluded in PY3.

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

In partnership with multiple U.S. academic institutions, NGOs, and leading medical authorities, 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, COVID19treatmentguidelines.org, Oxygencalculator.org, and COVIDprotocols.org. In this period, STAR/UCSF partnered with the World Federation of Societies of Anaesthesiologists (WFSA) to build a new version of the [WFSA Anaesthesia Tutorial of the Week \(ATOTW\)](https://WFSAAnaesthesiaTutorialoftheWeek.org) website. User traffic for the suite of global goods created included (2.3.2):

- The Anaesthesia Tutorial of the Week (ATOTW) received >200,000 total users from 210 countries cumulatively.
- The OpenCriticalCare.org portal received more than 300,000 visitors, from >210 Countries, with >80 percent from outside the United States and 10-20 percent accessing the Spanish version of the site.
- The COVIDprotocols.org resource received >178,000 users from >200 countries cumulatively.

Highlights of STAR/UCSF's products include the following:



Job aids



- A new Point of Care Ultrasound Pocket Card was created to guide users in the use of ultrasound at the bedside. It is segmented into Basic, Intermediate, and Advanced Views.
- The Respiratory Care Pocket Card was created and translated into French, Spanish, Portuguese and printed and distributed by IPs, with over 3,000 distributed in print.
- A new Job Aid tool was launched on OpenCriticalCare (<https://opencriticalcare.org/job-aid-builder/>). This tool allows users to mix and match to create their own pocket card suiting local needs, from the job aids already available on OCC.

Build your own job aid

Use the tool below to create your own customized and personally branded job aid, or browse some of our most populate pre-made job aids in the [OCC Resource Library](#).

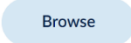
1 Select Final Size ⓘ

Ring bound (11 x 8.5in)  

Foldable pocket card (7x17in)  


2 Enter Title ⓘ

3 Add Logo ⓘ


Upload Your Logo Here (600px x 160px .jpg .png)
or use the browse button to select the file. 

By uploading this image you acknowledge that you have permission to use this image.

4 Choose Your Content ⓘ



QR Code
StarMap
OpenCriticalCare.org

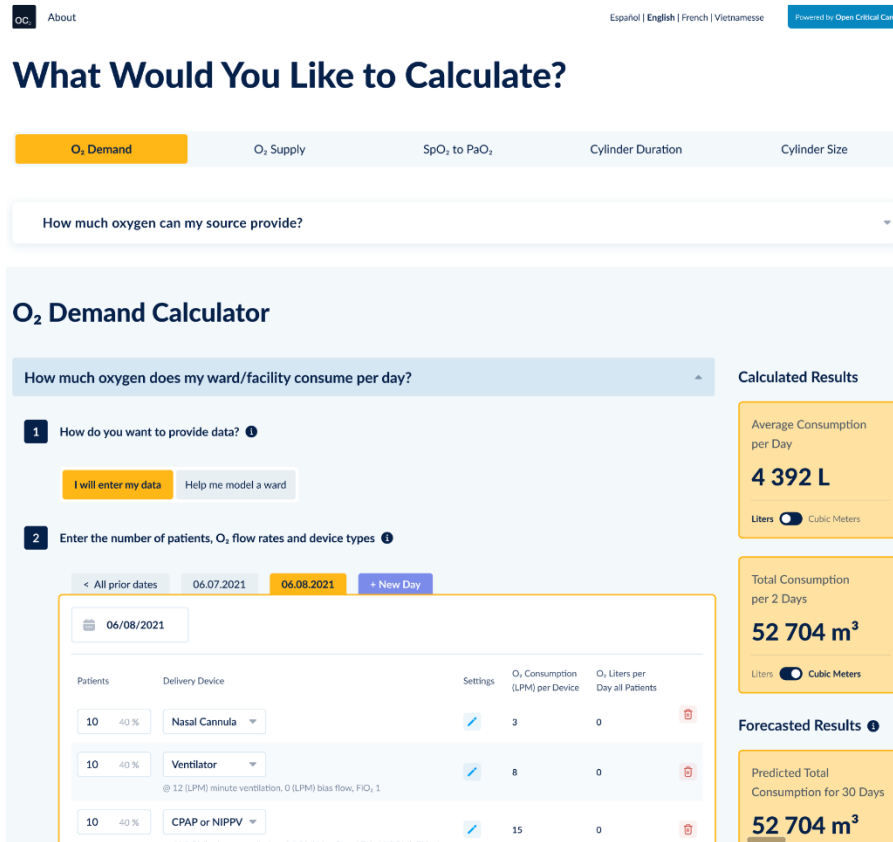
 Add New Tile

Peer review: 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 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, with no login required.

During this reporting period, STAR-UCSF created more than 50 novel resources, including the following accomplishments (2.3.3):

Oxygen Calculator: OxygenCalculator.org underwent incremental improvements including persistent online data storage and password protection.

- The new features from OxygenCalculator.org are in use by the Ecuador RISE team as part of a pilot project quantifying oxygen consumption in several hospitals.
- Vietnamese language support has been added, in addition to Spanish and French.
- An ambitious redesign of the user interface and additional functionality of the calculator has begun, that will expand its usefulness to other settings. Interest in the re-designed tool has been expressed by the nascent Lancet Commission on Oxygen Security.



The screenshot shows the Oxygen Calculator web application. At the top, there are navigation links for 'About', 'Español | English | French | Vietnamese', and 'Powered by Open Critical Care'. The main heading is 'What Would You Like to Calculate?' with tabs for 'O₂ Demand', 'O₂ Supply', 'SpO₂ to PaO₂', 'Cylinder Duration', and 'Cylinder Size'. The 'O₂ Demand' tab is selected. Below this is a dropdown menu asking 'How much oxygen can my source provide?'. The main section is titled 'O₂ Demand Calculator' and asks 'How much oxygen does my ward/facility consume per day?'. It has two steps: 1. 'How do you want to provide data?' with buttons 'I will enter my data' and 'Help me model a ward'. 2. 'Enter the number of patients, O₂ flow rates and device types'. Below step 2 is a table for data entry for the date 06/08/2021. The table has columns for Patients, Delivery Device, Settings, O₂ Consumption (LPM) per Device, and O₂ Liters per Day all Patients. The table contains three rows: Nasal Cannula (3 LPM, 0 L/day), Ventilator (8 LPM, 0 L/day), and CPAP or NIPPV (15 LPM, 0 L/day). On the right side, there are 'Calculated Results' and 'Forecasted Results' boxes. 'Calculated Results' shows 'Average Consumption per Day' as 4 392 L and 'Total Consumption per 2 Days' as 52 704 m³. 'Forecasted Results' shows 'Predicted Total Consumption for 30 Days' as 52 704 m³. There are also toggle switches for 'Liters' and 'Cubic Meters'.

OpenCriticalCare Image Library: This new resource on OpenCriticalCare hosts free, high-quality images related to oxygen devices and airway management. Responding to a need from the community for accurate and clear images for education and reference, the Image Library makes these available for any end-user on a Creative-Commons license. To date, 132 images are available in the Library.

Other resources:

- Expanded peer-reviewed educational content, clinical guidelines, and clinical tools relevant to respiratory care in resource-variable settings
- Expanded functionality of the OpenCriticalCare.org portal resource library
- Continued to expand the O₂ FAQ

Utilizing the TAG, in 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. These

tools continued to be refined based on user feedback, and many of these tools and illustrations were adopted by the newly released version of the WHO SARI Toolkit.

Courses:

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 continued managing 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 Learning Management System (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).

- 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 – 500 users English, Spanish Users TBD, Mongolian Users TBD; Lifebox PPE and Pulse Oximeter Courses – >300 users; Harvard EdX AARC Mechanical Ventilation for COVID-19 Course updated and Spanish subtitled by STAR-UCSF – 43,000; American Association of Critical Care Nursing COVID-19 Course translated into Spanish with FHI/Palladium and created hosting platform for the course – 250 users.
- These courses were well received and served to fill an acute gap at a key juncture. As online courses from other resources have developed, these courses have been less required and have now been sunset.

Additionally, select countries received wireless access points loaded with COVID-19 and critical care educational resources, especially in areas where Internet connectivity was poor.

Objective 4: COVID-19 Education, Guidelines and Online Portals - Oxygen Ecosystem Activities

Oxygen Encyclopedia: In this period, STAR-UCSF created a new Oxygen Encyclopedia. In recognition of the need for an authoritative resource on respiratory care topics, the Oxygen Encyclopedia was created to house comprehensive references on these topics. Modeled on popular medical reference sites like UpToDate, it contains innovative features including the ability to dynamically shift encyclopedia content based on the learning level of the user.

< All Articles

Share Article

Print PDF

Content level BETA
ESSENTIAL ● ● ● ● ● ADVANCED

Overview of oxygen sources

Contributors: Sky Vanderburg, Michael Lipnick, MD
Date last updated: Oct 27, 2022

Topic Outline

Overview of oxygen sources ▲

OXYGEN SOURCES ▲

Choosing the right source

Oxygen Cylinders ▲

- Cylinder naming and sizing
- Cylinder color codes & labels
- Valves, regulators & accessories
- Installation & safety
- Maintenance

OXYGEN SOURCES

This article will review the four most common sources of medical oxygen: oxygen cylinders, oxygen concentrators, oxygen plants, and liquid oxygen. While historically, liquid oxygen (LOX) has been relatively more common only in well-resourced settings, in the wake of the SARS-CoV-2 pandemic, significant efforts were set in motion to scale up access to LOX as well as other oxygen supply types in resource-limited settings, too.

Medical grade oxygen must be >82% purity and without contamination. Oxygen used at clinical sites is either: 1) generated offsite and transported via cylinders in gaseous or liquid form; or 2) generated onsite via oxygen concentrators or plants. Oxygen is then delivered to patients via wall piping—either directly from an onsite oxygen plant or from a manifold supplied by oxygen cylinders—or via oxygen cylinders or concentrators placed at the bedside.

Here we refer to oxygen sources as low, intermediate and high pressure:

- "Low pressure" – < 2bar/20 PSI
- "Intermediate pressure" – 3.4bar/55PSI

Test-to-Treat [Algorithm](#): STAR-UCSF coordinated the creation of an algorithm to guide treatment with oral antivirals under the Test-to-Treat strategy. Utilizing the TAG, STAR-UCSF incorporated guidelines from high-income country institutions in conjunction with input from lower-resourced settings to develop the algorithm. This algorithm is now widely adopted by the IPs as a central part of USAID’s Test-to-Treat program.

Quantification [Tool](#): In partnership with USAID and Implementing Partners, STAR-UCSF contributed to a Test-to-Treat Quantification Tool for oral antivirals. The calculator was created in response to the need for USAID and IPs to estimate the number of courses required for roll-out of a T2T antiviral program. STAR-UCSF consulted with experts and provided technical assistance in the input parameters and assumptions of the model. This calculator is hosted in the OpenCriticalCare Resource Library.

COVID Protocols and Guidelines Dashboard: 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 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 was continuously updated and has received 178,000 total users from >200 countries since launch.

STAR-UCSF continued to update the “COVID Guidelines Dashboard” (created in PY3) in [English](#) and [Spanish](#) to summarize 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 remains on the OpenCriticalCare.org portal and is linked to the New England Journal of Medicine COVID-19 Resource page. To ensure the continuation of high-quality updates, the Guidelines Dashboard has been transitioned to having a set of dedicated editors responsible for updating content.

Objective 5: Remote Technical Assistance

STAR-UCSF continued to update the FAQ section of the online portal established to answer technical ventilator questions and common questions related to COVID-19 received from IPs and site users. New features of the FAQ with expanded functionality and easier user interoperability have been implemented.

Webinars: In addition to the 5 webinars for the COVID-19 TA Webinar series, STAR-UCSF also participated in the COVID-19 Clinical Updates for Global Practice Webinar Series, in addition to convening and hosting the webinar on “Oxygen therapies and delivery devices in COVID-19”.

AMP Health

During the reporting period, AMP Health has implemented project activities in Central African Republic (CAR), Chad, Mauritania, Namibia, and the Republic of the Congo.

Management Partners were recruited with the goal of strengthening the leadership and management capacity of National Malaria Programs (NMP) and to effectively and efficiently deliver on their objectives, including the use of Global Fund investments. AMP Health has been implementing its holistic, team-based approach to strengthening the leadership and management capabilities of the NMP with support to build custom learning journeys structured around a set of core leadership and management competencies.

100% of the NMP team members received practical training from Management Partners on GF processes (indicator 1.1)

- CAR – 11 team members
- Chad – 26 team members
- Congo – 19 team members
- Namibia – 11 team members
- Mauritania – 4 team members

Three-day in-country experiential learning workshops were held to onboard the Namibian team, which joined the partnership during the reporting period, and to engage with country teams that joined earlier in the first half of PY4. These are in-country workshops, designed and facilitated by AMP Health Learning team in close collaboration with Management Partners and NMP team leads. Indicators and targets were developed for AMP Health’s work (Annex A). Monitoring, Evaluation, and Learning (MEL) assessments were fielded, and baseline data has been collected for all teams. In Chad, Mauritania, and Republic of Congo, a second round of data was collected due to the earlier start of the Management Partner’s term and is reported on in Annex B. Annex B also includes the specific Partnership Objectives that were developed with each team. Dedicated, long-term support in the form of an embedded Management Partner helps to ensure that new tools and approaches are consistently applied and become institutionalized within Ministries of Health teams. This work is carried out in several ways dependent upon the contexts of the teams. Below are some examples:

Central African Republic: Empowering the team in its relationship with partners

One of the critical programmatic activities in the fight against malaria are malaria intervention campaigns (e.g., long-lasting insecticidal net distribution campaigns) which require NMPs to have in place a strong and fully costed strategic plan. Its operationalization requires months of preparation and effective communication with, and coordination of, the different partners by the NMP. The latter was identified by the CAR NMP as an area of leadership and management that they wanted to further develop in order to deliver on their goals. To strengthen these skills, the AMP Health Management Partner supported the NMP team in taking the lead for the organization and design of the overdue 2022 annual planning workshop, which gathered all key stakeholders. This included close coaching of the team lead by the Management Partner, with a particular emphasis on the importance of delegating tasks and empowering team members, and on effective communication with partners. In addition, the Management partner trained team members in oral communication and facilitation, while providing guidance, with the support of the AMP Health Learning team, in the design and preparation of an interactive workshop. Not only did this activity achieve its intended objectives, but it has invigorated the relationship and trust with partners and sparked interest more broadly across the Ministry of Health to build stronger leadership and management skills.



CAR In-Country Workshop - Plenary Reflection, February 7, 2022

Chad: Building team cohesion

The largest team supported by AMP Health is the NMP team in Chad, which recently reached 35 team members. Despite a strong organizational structure, the team has recognized, since the inception of the partnership, that strengthening trust between members of this large team would unlock their potential to achieve results. To support the team in that regard, the AMP Health Management Partner firstly focused on encouraging cohesion and trust in the top leadership, and on helping that layer to understand the importance of trust, which effectively percolated to the team. Then, through the support of intermediate levels of leadership, administrative processes have been streamlined through the co-creation of effective tools to enhance communication and collaboration, such as the meeting planning sheet, which the team use to record the meetings to be held, dates,



Chad In-Country Workshop - Group Work, September 21, 2022

expected attendees, and the agenda, and the NMP activities tracker policy, which describes how activities will be tracked from the creation of term of references, to its approval, execution, and reporting, and a RACI (responsible, accountable, consulted and informed) matrix was agreed upon. This was done through the establishment of regular meetings between section heads, within sections, and with the entire team. Ultimately, these interventions have resulted in initial individual-level behavioral change affecting positively the way the team work together.

Mauritania: Motivating a marginalized team

Previously consisting of more than 40 members, the malaria team in Mauritania had seen its human resources reduced to four team members as its status went from being an independent program (NMP) to being the Malaria Control Service (MCS). Despite the loss in personnel and autonomy, the mission of the program remained ambitious. This transition and reorganization were felt as a marginalization of the program; it had negatively affected the leadership moral, the delivery of activities, and, as a result, the outcomes of the program. In agreement with the team, the support provided by the AMP Health Management Partner has focused on motivating the team leadership through coaching, on re-gaining the Ministry trust by strengthening the team's skills in communication and advocacy, and, finally, in attracting financial partners by improving the communication with existing partners and by using the strategic and operational plan to raise funding. The MCS team has been able to secure close to 400,000 USD for their 2022 Malaria Chemoprevention Campaign, run successfully their first campaign, and the program was recently re-elevated to the status of a Program, an exciting turnaround for this team.



Mauritania In-Country Workshop - Reflection Exercise, October 11, 2022

Namibia: Hybrid team engagement and support

From the kick-off training session of the Namibia National Vector Disease Control Program (NVDCP) team in May 2022, the team had expressed three main areas of leadership and management for which they need support, including: partnership brokering, managing frequent team turn over, and creating a supportive working environment. The Management Partner supported the team virtually until August 2022, while waiting for his working permit to be delivered, which made it challenging to build trust with the team. The structure of the team, with half of them based in remote areas, revealed that a hybrid support for the NVDCP team would be necessary. The Management Partner has supported the engagement with stakeholders (e.g., potential funders, regional teams), provided training on communication skills to facilitate the technical field visits, and initiated a conversation on building trust and psychological safety in the work environment. Six months of hybrid support has allowed for quick wins and gains that could potentially be amplified sustainably through the provision of a longer period of engagement in this partnership.

In September 2022, the Management Partner in Namibia resigned from the position to pursue another job opportunity. AMP Health is in active discussions with the MOH team lead to explore whether they would like the position to be backfilled to enable continued embedded support to the team.

Comments from team members in Namibia National Vector-Borne Diseases Control Programme

“Leadership and management are key for us. We are running programs, we have people under us, teams working for us. If we don’t manage our goals, our people, manage our resources, we won’t be able to reach our goals.”

“The most visible impact on the team was individual self-reflection and self-reflection as a team. How have we been leading until now, how are we most effective, what is the gap, what do we need to do to improve? I got the sense that at least some team members were able to change their relationships with others in the team... We have made an important first step in the right direction – a significant mindset shift.”

Republic of Congo: Improving internal and external communication

The NMP in the Republic of Congo is the second largest team supported by AMP Health, with 25 team members. The organizational structure of the team is well established. However, the team has acknowledged that internal and external communication, together with the definition of roles and responsibilities, are areas that need attention from a leadership and management standpoint. Following a careful assessment of team members skills, the Management Partner combined one-on-one training and coaching, full team workshops, and involvement of technical partners to address these skills gaps. In addition, the introduction to conflict resolution techniques as well as the establishment of regular meetings between head of sections, within sections and with partners have contributed to create healthier communication internally and externally.

Challenges in PY4 included:

- Significant difficulty in establishing stable internet service in CAR, requiring unexpected investment in equipment to improve access
- Challenges in travelling to some of the partner countries by AMP Global team and external training facilitators, especially to Mauritania, Chad, and CAR, resulting in cumbersome itineraries. Higher-than-expected travel costs in the post-COVID environment
- Delays in obtaining work permit for the Management Partner selected for Namibia
- Unexpected resignation of the Management Partner in Namibia

AMP Health Indicators

A summary of indicator results is available below, and details are in Annex E.

Summary of Indicator Results, PY4	
1.1 – # of NMP team members who receive practical training from Management Partners on GF processes	CAR – 11 team members Chad – 26 team members Congo – 19 team members Namibia – 11 team members Mauritania – 4 team members
1.2 - # of NMP teams that strengthen their capacity to engage with GF stakeholders	5 out of 5 teams
2.1 - # of NMP teams with improved staff management	3 out of 3 teams*
2.2 – #/% of NMP team members who report improved coordination and communication skills	23 out of 23 team members*
2.3 – #/% of NMP team members who report improvements in team effectiveness	23 out of 23 team members*
3.1 – # of NMP teams who report improved partner coordination skills	3 out of 3 teams*
3.2 – #/% of NMP team members who report improved work planning skills	23 out of 23 team members*
4.1 – # of NMP teams who report improved strategy development skills	3 out of 3 teams*
4.2 – # of NMP teams who report improved ability to regularly assess progress against objectives (implementation skills)	3 out of 3 teams*
4.3 – # of NMP teams who report improved ability to make programmatic adjustments as conditions change	2 out of 3 teams*

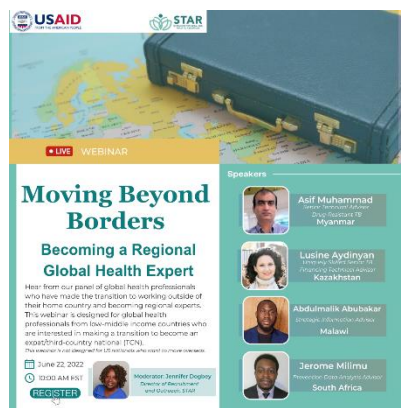
* Only baseline data is currently available for teams in Namibia and Central African Republic and changes in team composition in other teams resulted in only one data point being available at the time of this report.

III. CROSS-CUTTING TECHNICAL AND INFRASTRUCTURE ACTIVITIES

Communications

Comms continued to develop content and direct creative execution to strengthen STAR’s brand identity and visibility within the targeted global health community. Comms provided impactful content, ensuring all messaging and communications collateral remained consistent with STAR branding and marking guidelines. Comms has produced 20 issues of the computer- and mobile-friendly, newsletter, *The Monthly STAR*, for STAR participants since its initial launch in January 2021, and 12 issues in this reporting period.

In PY4, STAR’s website had 47,248 unique visitors. There were 241,962 unique pageviews in this period, the average session duration was 3:15 minutes, the average session duration was 3:15, and there was a bounce rate of only 35 percent.



Comms continued to produce visual concepts to promote upcoming STAR webinars, satellite sessions, and conference exhibits, as well as STAR participant-only webinars and sessions. Promotional platforms included STAR website, direct mail STAR listserv, social media, and *The Monthly STAR* newsletter.

Introducing the STAR Project

Visitors to the STAR website can learn more about the STAR project through the “Who We Are” dropdown menu where they can access a “What is the STAR Project”, one-page flyer and accompanying video.

Comms leverages the STAR website and social media channels to encourage potential participants to join the STAR listserv to learn about new STAR fellowship and internship opportunities, as well as the latest STAR program updates.



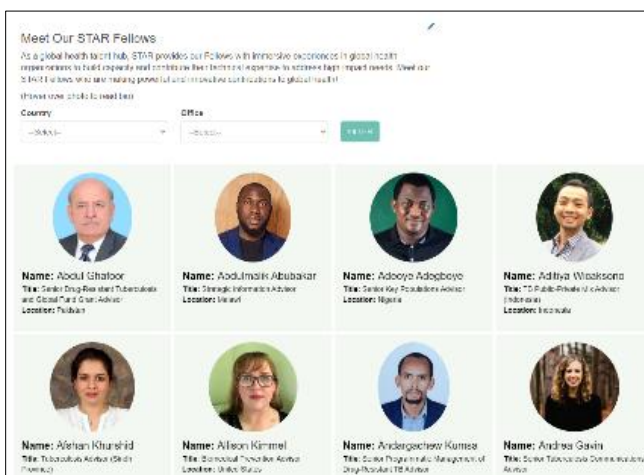
“What is the STAR Project?” video housed on the STAR website

As of September 30, 2022, the STAR listserv had over 5,800 subscribers, and Comms continued to use the listserv platform as a primary vehicle to promote upcoming STAR webinars, panel sessions, and conference exhibits.

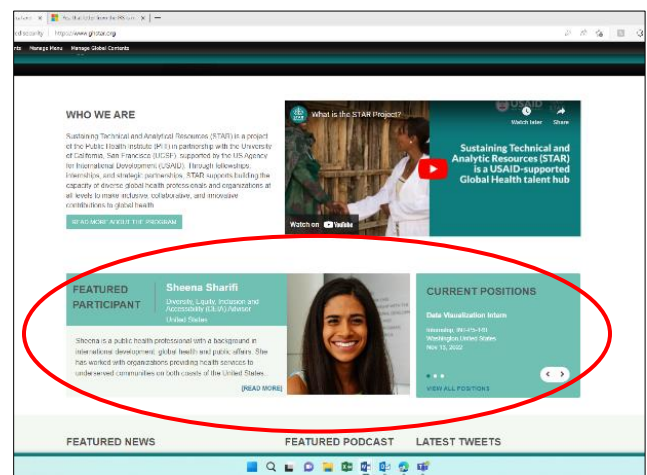
Meet Our STARS

The STAR website serves as a platform to highlight the personal bios and accomplishments of our STAR participants. Each day, on the front page of the website, a different STAR Fellow or Intern is showcased as our “Featured Participant”, offering a window into the accomplishments, background, and current role of our STAR members.

The “Meet Our STARS” section on the STAR website includes an interactive feature that showcases photos of current participants and flips, when hovered over, to reveal their personal bios and achievements.



“Meet Our STARS” section of STAR website



“Featured Participant” section on cover of STAR website

The Monthly STAR Newsletter

The STAR newsletter, *The Monthly STAR*, is a key means of communication for STAR participants to stay abreast of the latest global health news, research and medical advances affecting LMICs; announcements of upcoming global health-related events/conferences, and abstract-submission dates; and sharing of STAR participant success stories, individually and collectively within high-performing teams.

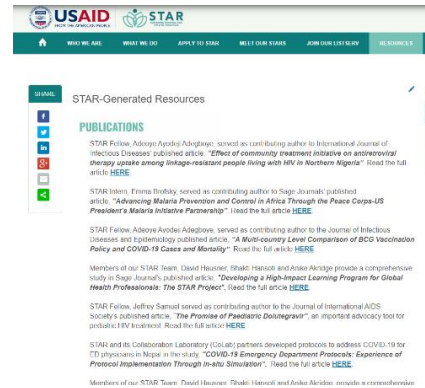
STAR Generated Resources

STAR shared six new participant and staff-generated resources in PY4 (indicator 1.4.6), and 32 have been shared cumulatively. Material was shared publicly on the “Resources” section



Cover of September issue of The Monthly STAR

of the STAR website, in the STAR newsletter, and on all social media platforms. Types of material generated by participants and staff so far, cumulatively, include conference abstracts, technical briefs, toolkits, technical knowledge-sharing, web-based portals, informational tools for healthcare providers, and peer-reviewed manuscripts. Details are available in Annex H.



STAR-generated resources on the website

Global Operations

Participants and Global Operations

In addition to ongoing support for USN Fellows, STAR provided continuing support to 79 LCNs and TCNs across 35 countries through PHI's vendors Atlas Global Services and Velocity Global. During this period, the GO team onboarded six LCNs who were placed at USAID Missions. The GO team also worked with the local Regional Security Officers (RSOs) and Missions to facilitate security clearances and coordinate support.

Thirty-one Fellows reached their two-year fellowship mark during PY4. The GO team worked with Elements to offboard 13 Fellows who were ending and renew 18 contracts for those who were extending.

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.

GO worked with PHI's Operations team to complete the procurement of a new employer of record (EOR) company to increase STAR's list of available countries for placement of new Fellows. Velocity Global was implemented as STAR's secondary EOR company with two employees active in Ethiopia and allowing for the onboarding of Fellows in two new countries – Armenia and Sierra Leone – in PY4. Velocity also opened STAR up to positions in Eswatini, Haiti, and Switzerland, which were in various stages of recruitment.

Countries with Onboarded Fellows (PY4)

1. Bangladesh
2. India
3. Indonesia
4. Liberia
5. Malawi
6. Namibia
7. Panama
8. South Africa
9. Uzbekistan
10. DRC
11. Canada
12. Armenia
13. Moldova
14. Sierra Leone

GO improvements in this period included:

- Updated operational resources for PHI employees
- Uploaded the internal STAR online system to the left navigation system
- Worked with the PHI Operations team to automate participant requests for international travel and implement new tools to better monitor travel to improve our Duty of Care
- Better aligned benefits and processes for TCN and LCN employees across multiple EORs
- Worked with PHI Operations to begin the process of transitioning FSO role to PHI Central

COVID-19 and Evacuations

GO provided ongoing support to address emerging needs as the COVID-19 pandemic continued to evolve. Work-related travel increased both for US-based Fellows finally visiting Missions overseas and for in-country travel for LCNs and TCNs. Domestically, USAID provided guidance for employees and contractors to return to USAID workspace and GO worked with PHI HR and other PHI central departments to ensure that STAR and STAR participants were compliant with guidelines.

When the government in Afghanistan fell, the GO team pivoted to addressing an urgent humanitarian mission. Although STAR Fellows in Afghanistan ended their contracts by January 2022, GO remained in contact to offer support as they managed an incredibly challenging situation. GO worked with Elements to find creative solutions to challenging problems, including the inability of Fellows to receive paychecks following collapse of the banking system in Afghanistan.

In February, STAR was able to successfully evacuate a TCN from Ukraine ahead of the invasion and was planning a long-term solution. GO also worked with STAR's Moldovan LCN to develop an action plan should Russia turn their attention to Moldova and the contested region there.

GO challenges in PY4 have included:

- The GO team continued to experience challenges with work permits and other processes in some countries as local entities were at different capacities ramping up from the pandemic.
- There were challenges with STAR's primary EOR in some countries and gaps in countries they did not service, resulting in the need for an additional EOR partner.
- PHI filled two vacant Operations positions in PY4, and the GO team worked to orient and familiarize them with STAR's processes.
- Following the departure of the Director of Finance and Operations, additional audit and compliance reporting became the responsibility of the GO team, requiring new systems and trackers.

IT and Administration (IT&A)

In PY4, with a 100 percent remote work environment confirmed for the duration of the STAR project, IT&A shifted focus to increasing the efficiency and security of systems. The team completed updates to add multifactor authentication (MFA) to our cloud-based office environment and monitored email with embedded tools to harden data security. IT&A continued to accept requests for equipment and office supplies and coordinated with staff and participants to meet at external locations when in-person training, assistance, or repair were needed. The IT&A team also worked with the GO team to solidify a solution for staff departures and changes. The former Administrative Assistant accepted a new position as the Global Operations and Administrative Support Specialist.

The team closed out all vendor relationships connected to office services and fully moved out of the DC office in early October 2021. PHI's policy for 100 percent remote work extended beyond the end of the STAR Project, and IT&A made the decision, in consultation with STAR leadership, to no longer consider acquiring a temporary office space.

In PY4, IT&A improvements to STAR processes included adding various new reports and trackers to IMARS and enhanced other online systems, including the STAR website. General IT support services for the project included upgrading and enhancing self-management tools, security features (such as multi-factor authentication, and virtual platforms to enable efficient work from home for all staff and participants. On the administration side of things, IT&A continued to support staff to

ensure smooth functioning and timely deliveries of supplies and equipment while working remotely, especially for the Learning and Global Ops teams.

IT&A challenges in PY4 included:

- Increased responsibility for the former Administrative Assistant in her new role necessitated time for training and performing new duties. IT&A continues to work to balance the workload.
- The team faced several urgent hardware and software repairs for Fellows – both domestic and international – that required tight scheduling and some travel to rectify. IT&A aims to find the best ways to deliver support in a timely manner, even when remote.

Monitoring, Evaluation, and Learning

The Monitoring, Evaluation, and Learning (MEL) plan was revised and approved in the first quarter of PY4 to reflect programming changes. Indicators were updated and discussed with the AOR. 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.

As part of MEL activities, surveys continued in PY4:

- Interns (ongoing)
- POCs about recruitment process (ongoing)
- Fellows (September 2022)
- USAID POCs for Fellows (September 2022)
- USAID POCs for Interns (September 2022)

On hold were surveys for:

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

Datasets for participant surveys were added to the Development Data Library (DDL) on schedule in the second quarter of PY4.

Human Subjects Protection

STAR collects a wide range of performance and learning data for participant support. 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 obtained – and renewed in PY4 – 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	Sept. 7, 2023
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 has been a priority throughout the project. Select team updates in PY4 include:

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. PM provided guidance to participants and managers on use of PHI's flexible leave policies for managing work and home life responsibilities due to COVID.

Global Operations: The GO team worked with Atlas and Velocity to add specific language on policies for addressing sexual harassment, trafficking in persons, and child safeguarding. The language was finalized in PY4 and will be included in employment agreements as STAR moves into new countries. The language was also retroactively acknowledged by all existing participants. 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.

DEIA

In PY4, STAR maintained its diversity, equity, inclusion, and accessibility (DEIA) lens in programming, building upon efforts started in PY2. STAR convened the launch of a new LinkedIn group for global health professionals called "DEI is not a Checkbox" This group offers a platform for professionals to share how DEIA challenges are being tackled in their organizations and highlight what has worked to drive equitable hiring and reduce bias in the hiring process. The group also promotes jobs for diverse candidates and gives STAR the opportunity to be at the forefront of important DEIA discussions, promoting jobs, and attracting DEIA candidates. Over a period of about six months, the group has grown to 383 members and averages about two posts a week.

Work continued with Tangible Development (TD) to support the Global Health Bureau, USAID's Office of HIV/AIDS (OHA) and the Office of Population and Reproductive Health (PRH). Select team updates include:

Recruitment and Outreach: STAR’s masked recruitment ensures that 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 to conducting interviews for the positions where the USAID teams participate, as well as ensuring there are more communication touchpoints where the teams get to understand the importance of masked recruitment, STAR is finally seeing the fruits of perseverance and persistence on the decision to implement masked recruitment since its inception.

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 continues to 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.

Communications: Comms collaborated with the Recruitment Team on a new LinkedIn platform to engage members of the global health workforce in interactive dialogue that promotes transformative practices that center DEI work in organizational culture within global health.

Tangible Development: During this reporting period, the following activities were conducted by Office/Bureau.



New DEI platform on LinkedIn

- **OHA:** Having produced the DEIA assessment report for OHA during PY3, Tangible Development presented the findings to OHA leadership and staff from all Divisions and Branches. Training sessions were then developed to address the DEIA needs of the Office and then implemented for staff in all Divisions and Branches. Separate senior management team training sessions were also developed and implemented for OHA leadership. Towards the end of PY4, TD produced the final report for their work with OHA and support to OHA concluded at the end of the reporting period.
- **PRH:** TD’s work with PRH started in the second half of PY4. Initial planning meetings were held with PRH’s designated DEIA representatives. Feedback sessions with PRH staff were scheduled, although due to competing priorities and busy schedules, the actual feedback sessions were delayed until late in PY4. At the very end of the reporting period, TD held a visioning workshop with the PRH DEIA working group. Plans were developed to draft the PRH DEIA mission statement and strategic goals, to present the draft for feedback, and hold a workshop with the working group early in the next program year.
- **GHB:** Work on DEIA with the GHB was started at the tail end of PY3 and continued throughout PY4 in 4 areas including leadership readiness, Bureau-wide affinity group discussions, human resources (HR), and communications. The leadership readiness sessions and the affinity group discussion were completed during the reporting period and the HR and communications work is ongoing into the next reporting period. The communications work consists of developing a guidebook and the HR work involves the development and implementation of best practices training.

Project Staffing Changes

The STAR Staff Organizational chart is available in Annex G. Updates in this reporting period include:

1. **Recruitment & Outreach (RO).** Jennifer Dogbey and Malika Mirkhanova reduced their LOE on STAR to dedicate time to the newly awarded GHTASC during a busy start-up period.
2. **Finance and Global Operations (FIN, GO).** The Senior GO Specialist resigned in March and the Deputy Program Director for Operations and Finance departed STAR in April. The Finance manager, Catherine Marquez, was promoted to Finance Director and a new Finance Manager, Dhori Manuel, was hired. The Administrative Assistant was promoted to Global Operations and Administrative Support Specialist and added new responsibilities to support the GO team along with her administrative duties.
3. **IT and Administration (IT&A).** As mentioned above, the Administrative Assistant accepted a new position as the Global Operations & Administrative Support Specialist. Her new LOE is now split: 70 percent GO, 25 percent Administration, five percent other teams, as needed. The Director of IT&A, Aziz Alkharji, returned to 100 percent LOE with STAR.
4. **Monitoring, Evaluation & Learning (MEL).** Natasha Wanchek reduced her LOE on STAR to dedicate time to the newly awarded GHTASC.
5. **UCSF COVID-19 Response Team.** With additional COVID-19 funds for STAR, UCSF remained a partner on STAR throughout PY4. Several full- and part-time staff from UCSF were engaged with STAR via this funding.
6. **AMP Health.** With the addition of AMP Health as a sub-partner on STAR in PY4, several part-time staff from AMP Health's Global Team have been engaged with STAR during this reporting period.

At the close of this period, STAR had a total of 16 staff members.

Summary of Financial Position

STAR received a total of \$107,924,169.18 in funding obligation as of September 30, 2022. During PY4, STAR incurred expenses of \$27,837,461.87. Additionally, STAR has an unliquidated obligation of \$1,685,080.69 which has resulted in an unobligated balance of \$25,853,874.01 as of September 30, 2022. 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.

Progress Toward Cost Share

The total amount of cost share raised in this reporting period was \$994,840, and the total cost share raised from the beginning of STAR through the end of PY4 was \$4,807,320.

IV. STAR PARTICIPANT OVERVIEW

STAR indicators include a focus on participant numbers:

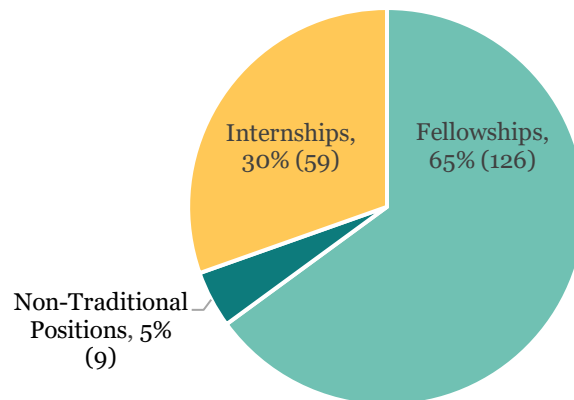
- Number of participants supported: There were 194 positions (with 193 participants) in PY4 compared to 175 positions (with 174 participants) in PY3.
- Number and percent of participants from LMICs: Of 194 STAR positions, 45 percent (88 positions) were from LMICs – not meeting the target of 50 percent (1.6.1). However, when considering only the 135 fellowship and partnership positions (excluding 59 Internship positions), the percentage of participants from LMICs increased to 65 percent.

Details about STAR participants are below⁸. In addition, a participant summary is included in Annex A, and a list of participants is available in Annex H.

Type of STAR Positions

Of the 194 positions in PY4, 126 were fellowships (65 percent), 59 were internships (30 percent), and nine were non-traditional positions (five percent), which included Packard Foundation Fellows and AMP Health Management Partners.

Types of STAR Positions, PY4 (n=194)

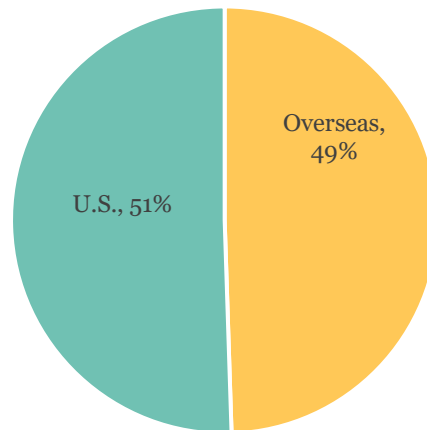


Location of STAR Positions

Forty-nine percent of STAR participants were overseas in PY4 (96 positions), and 51 percent were based in the U.S. (98 positions). Breaking this down, 69 percent of Fellows were based overseas (or 76 percent when including AMP Health Management Partners and Packard Fellows). All Interns were in the U.S. in this period.

⁸ Percentages noted in charts may not add up to 100 due to rounding.

STAR Position Locations, PY4 (n=194)

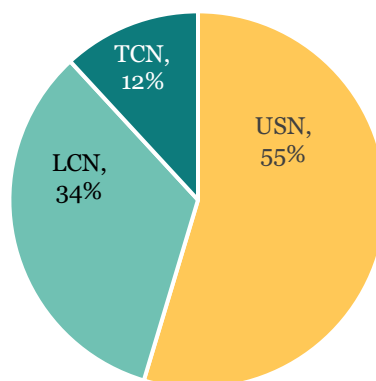


Types of STAR Positions – USNs and LMIC Participants

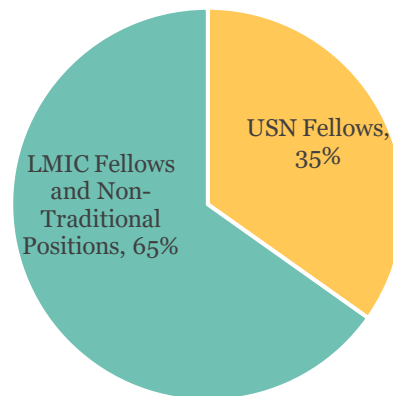
Of the 194 STAR positions in PY4, 106 were USNs (55 percent), 65 were LCNs (34 percent), and 23 were TCNs (12 percent). All internships were USN positions.

As described at the start of this section, of the 194 STAR positions in PY4, 45 percent (88 positions) were from LMICs – not meeting the target of 50 percent (1.6.1). However, when considering only the 135 fellowship and non-traditional positions, the percent of participants from LMICs increased to 65 percent.

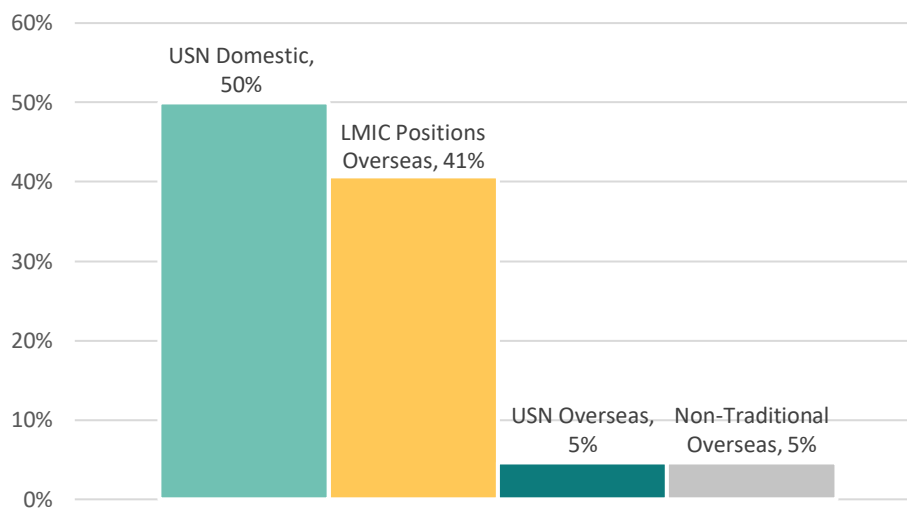
STAR Positions - All, PY4 (n=194)



STAR Positions - Fellowships and Non-Traditional, PY4 (n=135)



Types of STAR Positions, PY4 (n=194)

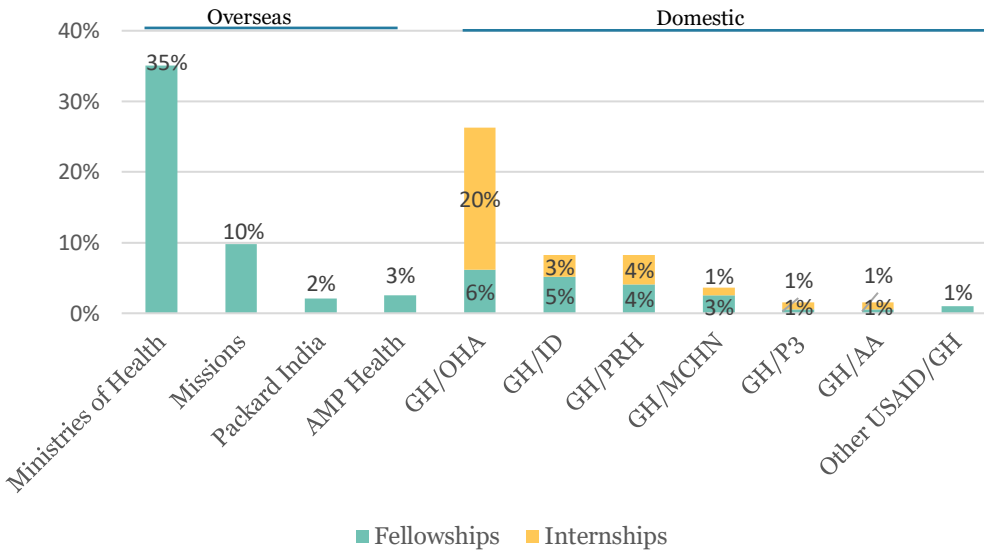


Position Locations – Offices

The highest percentage of STAR’s 194 positions – 35 percent – were based at Ministries of Health, followed by 26 percent at GH/OHA, 10 percent at Missions, and eight percent each at GH/ID and GH/PRH. The charts below show the percentage by office, followed by the total number of fellowships and internships at each office.⁹

⁹ Packard India is funded by the David and Lucile Packard Foundation.

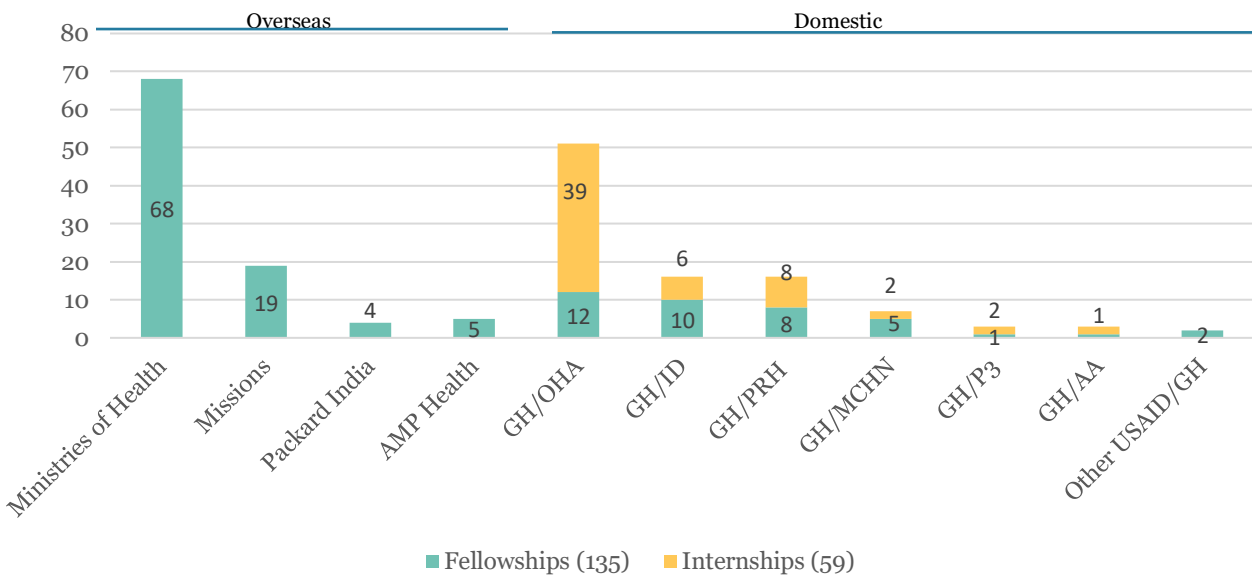
Host Sites for 194 Positions, PY4



STAR overseas positions were all Fellows this year, including 68 Fellows at MOHs, five AMP Health Management Partners at MOHs, 19 Fellows at Missions and four Fellows at Packard India. For U.S.-based positions, there was a strong mix of Fellows and Interns across offices, with Interns most strongly represented at GH/OHA and GH/PRH.

For STAR fellowships that were overseas, 34 countries were represented.

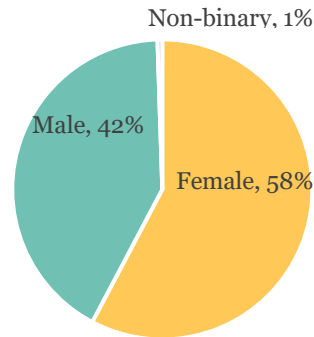
Host Sites for 194 Positions, PY4



Participant Gender, PY4

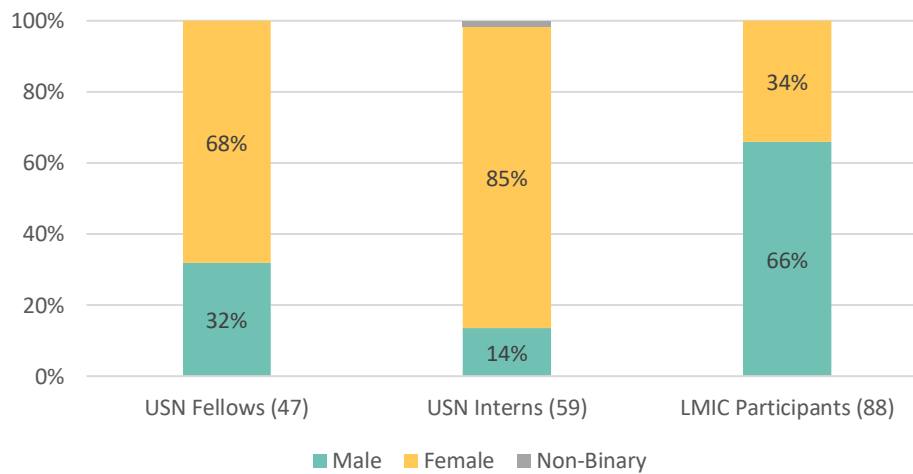
Overall, most participants in STAR’s 194 fellowships and internships were female (58 percent). However, the type of participant significantly impacted the breakdown – based on USN or LMIC – as seen in charts below.

Gender: 194 STAR Participants, PY4



Most USN participants were female – both Fellows (68 percent) and Interns (85 percent). In contrast, most LMIC Fellows were male (66 percent).

Gender of STAR Participants, PY4 (n=194)



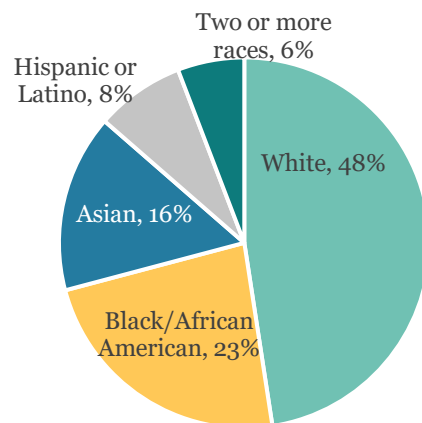
Gender for USN and LMIC Positions, PY4



Ethnicity for USN Participants

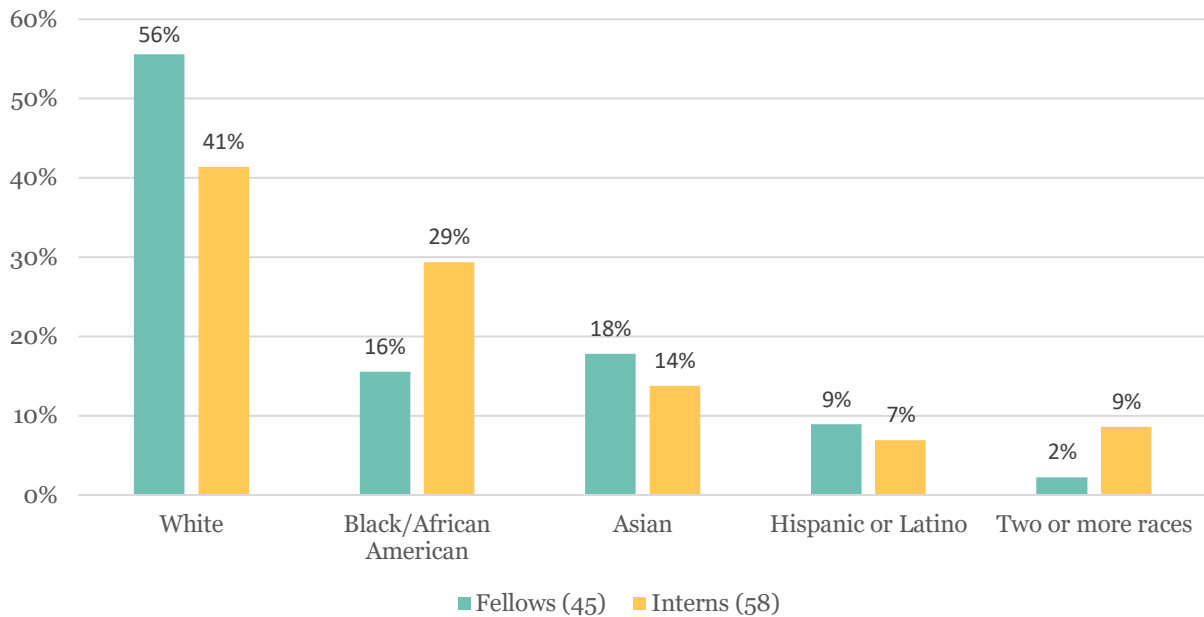
For 103 USN participants in PY4 for whom STAR has ethnicity data, 48 percent were white, followed by 23 percent Black, 16 percent Asian, eight percent Hispanic or Latino, and six percent two or more races.

Ethnicity: USN STAR Participants, PY4 (n=103)



A comparison for the 103 participants, by ethnicity along with fellowship and internship, is provided below. This applies for 45 fellowship positions and 58 internship positions.

USN Participant Ethnicity for USN Fellows and Interns, PY4



V. PLANNED ACTIVITIES AND EVENTS FOR THE NEXT PERFORMANCE PERIOD, OCT. 1, 2022, TO SEPT. 30, 2023

In the next reporting period, STAR will continue to support Fellows and Interns at USAID Offices and Missions around the world, at MOHs, and in other global and public health organizations, as requested. STAR also will continue to support USAID in special project areas, including the USAID COVID-19 response with global goods for COVID-19 case management, including test-to-treat and critical respiratory care and oxygen ecosystems (UCSF), DEIA (TD), organizational effectiveness (Packard Foundation), and MOH leadership and management capacity strengthening (AMP Health).

STAR will continue to support university-based or shared fellowships and internships, including with University of Minnesota, SUNY Stony Brook, and Purdue University.

The STAR team is committed to executing the planned activities outlined below, some of which will depend on evolving USAID priorities. STAR will continue to work from home for the duration of the project. Some participants will continue to work in a hybrid status or will go back to an office working part time or full time in person. STAR Interns will continue to be remote due to the short-term nature of their internships.

As STAR enters PY5, it is anticipated that there will continue to be challenges with recruiting and placing Fellows for shorter term contracts. STAR will likely not recruit for TCN positions overseas due to the time required to recruit and secure work visas for TCN candidates. New requests for fellowship positions will be considered on a case-by-case basis in consultation with the AOR and POC, considering pipeline of funding from the requesting Office or Mission and the overall project ceiling.

Plans for STAR teams in PY5 include:

Recruitment

In the next reporting period, Recruitment will respond to USAID's request for new positions in Nepal, Burma, Angola, India, Mozambique, and others. The RO team will continue working on the Diversity, Equity, and Inclusion in Global Health (DEIA-GH) network group on LinkedIn, "DEI is Not a Checkbox".

Outreach

STAR outreach events for PY5 are expected to include conferences, webinars, career fairs, and presentations with increased emphasis on MSIs and events with a large contingent of participants from minority groups. RO is planning to conduct three public webinars on new topics such as interviewing and salary negotiations with the aim of increasing awareness of STAR and providing potential applicants with tools to be successful in applying for jobs – and ultimately getting them.

Expected PY5 Q1 and Q2 STAR Outreach Events

Conference (PY5, 2022-2023) *	Date	Location
London School of Economics Public Health Information Sessions: Exploring Global Health Career Opportunities in the US (jointly with GHTP)	10/12/2022	Virtual
Xavier University, Spring Career Fair	2/16/2023	Virtual
STAR Webinar: Let's talk about salary negotiations	TBD	Virtual
STAR Webinar: Spring Clean Your Global Health Resume	TBD	Virtual
STAR Webinar: Let's Talk About Interviewing for Global Development Jobs	TBD	Virtual
STAR webinar: Moving Beyond Borders: Becoming a Regional Global Health Expert	TBD	Virtual

Performance Management

PM will continue to coordinate with the Learning team to 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.

The PM team will continue to support POCs with the extension of eligible fellowships and internships through the end of the program including updating Fellows' scopes of work. PM will continue to work with USAID-based participants as they transition off program to the new GHTASC mechanism to help ensure a seamless transition.

Learning

In the final year of STAR, the LRN team will focus on supporting participants to take full advantage of the learning resources available including implementing their ILPs and finalizing LRN developed materials and products that can be shared with participants, USAID and other key stakeholders.

Planned Learning and Professional Development Events

Professional Development Activities for Participants PY5	Participant Type
Global Health Career Panel	Interns
Navigating Professional Transition	All Participants
Strategic and Effective Communication	All Participants
Strategies for Effective Program Management	All Participants
Strategies for Publishing as a Busy GH Professional (possible)	All Participants

Communications

Comms will continue to develop creative and innovative content for STAR outreach materials and internal resources, with a concentration on strengthening engagement and brand identity. Comms will boost viewership, followers, and subscribers by engaging external audiences through STAR's website, social media platforms, promotional flyers, and direct mail materials. 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. Comms will also continue to collaborate with internal STAR teams to produce quality content and promotional materials to connect with STAR participants and external target audiences.

Global Operations

As STAR has been extended to the end of 2023 the GO team will likely need to process up to 70 contract extensions across 35 countries with our EORs for our LCN and TCN Fellows in the first half of PY5.

GO plans to continue organizing participant content, including new content, specific to users on IMARS via the left navigation panel. In the next period, GO expects to bring additional countries online, including Haiti and Eswatini, through Elements and Velocity to meet the needs of USAID. GO will continue to work with the EORs to improve and/or implement processes.

As Washington-based participants continue returning to the office, 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 achieved its cost share requirement, and remains on track to do so, even if we have another ceiling increase. STAR will continue to engage current partners 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 continue the partnerships with AMP Health and UCSF throughout PY5. Purdue University is expected to continue to partner with STAR with a Fellow continuing with USAID/OHA until she transitions to the second part of her fellowship at the university. The partnership with SUNY Stonybrook is expected to continue for a few more months as the Intern will travel to Lesotho to do some TDY work in support of OHA. DEIA activities with subcontractor, TD, will continue with PRH and the GHB through most of the first half of PY5. Finally, the partnership with the Packard Foundation will continue as we support the staff at Packard India throughout PY5 and the

organizational development work with Packard grantees phases out by the end of the first half of the program year.

UCSF COVID-19 Activities

STAR/UCSF will focus on maintaining and updating resources on OpenCriticalCare.org and COVIDprotocols.org, including the creation of multiple new features for the OpenCriticalCare.org and OxygenCalculator.org portals.

The following deliverables are expected to be finalized in the coming period:

- Continued convening of ad-hoc members of the TAG and UCSF and IP SMEs with relevant expertise in COVID-19 therapeutics/diagnostics
- Continued updating and dissemination of T2T global goods
- Expansion of the job aid tool
- Continued support of the Guidelines Dashboard
- Continued expansion of library of images that can be used for education
- Continued development of job aids for respiratory care, critical care, and COVID-19 case management
- A fully refreshed version of the oxygencalculator.org with expanded data export and language support
- Course content from OCC incorporated into a new Critical Care Course being created by the World Health Organization
- Refined and improved 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 (now submitted to the App store)

In addition, STAR-UCSF will conduct reviews of two USAID pilot programs being implemented by other USAID IPs, including Test-to-Treat and Oxygen ecosystems. The reviews will be conducted in several countries for each pilot program.

AMP Health

In Q1 PY5, AMP Health will focus on leveraging the data stemming from its MEL framework and tools directly with teams to reinforce positive behavior change, demonstrate progress made, and support teams to identify additional opportunities for improvement. Partnership Objectives, which were agreed between teams and AMP Health, will be addressed using a learning plan that links the teams' objectives with the skills needed to reach them, and is regularly adapted as teams progress and as new challenges and opportunities arise.

In PY5, AMP Health will undertake the following activities:

- **In-country experiential learning sessions:** These sessions are led by the AMP Health Learning team and tailored to respond to each team's specific needs in term of leadership and management competencies. They are co-designed with the input of the NMP teams' leadership and the Management Partners.
- **Monitoring, Evaluation and Learning surveys:** These surveys, administered every six months, are critical to track the progress of NMP teams, to evaluate the effectiveness of AMP Health support, and to support their decision-making regarding each team's learning plan.
- **Leadership Accelerator Convening:** This is a three-day hybrid training designed and led virtually by AMP Health Learning team, bringing together all NMP team leads from the five countries, their deputies, and Management Partners to discuss leadership topics, learn from each other and from guests/speakers, and share experiences.

- **Ad-hoc leadership and management working sessions:** These are sessions designed and led by Management Partners, with the support of AMP Health Learning team, for their respective teams to focus on specific leadership and management competencies and topics that are critical to the team.

In addition, AMP Health will recruit and hire one additional MP to work in CAR at the MOH/NTP during PY5.

IT and Administration

The IT&A team will continue to support STAR remote work procedures and the dedicated assistance and advice regarding relevant hardware, software, equipment, and logistics to staff and participants. The team will continue to be proactive in finding solutions and methods that increase the ease of use for STAR systems while keeping all information and data exchanged and accessed secure and private. We will also begin the planning for project closeout, ensuring that all systems, licenses, inventory, and vendor relationships are evaluated closely and adjusted as need be. Administration will continue to provide office supply, vendor management, and credit card reconciliation services and will maintain the reservations@ghstar.org email address and the P.O. Box for correspondence and inquiries.

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

The STAR research protocol will be reviewed and submitted for IRB review in August 2023, including any additions or changes to surveys or STAR research activities. Ongoing surveys will continue and will be monitored quarterly to provide feedback to teams. Support to teams on their evolving MEL needs also will remain a priority.

Annex A: STAR Participant Details, PY4

Specifics about STAR participants between October 1, 2021, and Sept. 30, 2022 are provided below as part of indicator 1.3.1 – the number of participants supported.

Participants Supported	193
Positions Supported	194
Fellowships/Internships	126 fellowships (including two Purdue Fellows) 59 internships (including one SUNY Stony Brook Intern)
Non-Traditional Positions	Packard Foundation Fellows: 4 AMP Health Management Partners supported: 5
Participants Onboarded	55, including 28 fellowships and 27 internships
U.S./Overseas Positions	98 U.S.; 96 Overseas (Overseas includes USN Fellows who are funded by the mission, but placed in the U.S.)
U.S. National Positions	106 USN positions
LMIC Positions	88 LMIC positions
Country	99 U.S.-based positions; 95 overseas positions in 38 countries
Sex	81 Male; 112 Female; 1 non-binary
USN Ethnicity	For 106 USN positions: 49 White; 24 Black; 8 Hispanic or Latino; 16 Asian; 6 two or more races; and 3 N/A
Position Details/Levels	Senior Technical Advisor: 65 Master's Intern: 58 Mid-Career Technical Advisor: 33 Senior Technical Advisor II: 14 Technical Advisor: 6 AMP Health Management Partners: 5 Uniquely Skilled Senior Technical Advisor: 4 Packard Foundation participants: 4 Uniquely Skilled Senior Technical Expert: 3 PhD Intern: 1 Medical Resident Intern: 1
FSN Program Participants	N/A in PY4

Annex B: Status of STAR Performance Indicators, PY4

INDICATOR	Target	PY1 Result	PY2 Result	PY3 Result	PY4 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) 3314 listserv sign-ups	18 Total events; 13 In-person; 5 virtual (16 US; 2 Overseas) 1,703 listserv sign-ups	16 events (virtual) 400 listserv sign-ups	21 events (virtual) STAR had more than 5,200 listserv subscribers by September 2022 ¹⁰	On track
S-IR 1.2: Participants recruited						
1.2.1 Average # of days recruiting (from posting the position to finalist selection)	PY1: 45 days 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	58 days (all) Includes 58 days for LMIC positions and 58 days for US positions	Target not met
1.2.2 Percent of Points of Contact (POCs) who rate their satisfaction with the quality of STAR candidates as 'satisfied' or 'very satisfied'	PY1: 80% PY2-PY5: 85%	N/A	100%	95%	92%	Target exceeded

¹⁰ The number of listserv subscribers for indicator 1.1.1 will be reported cumulatively going forward.

INDICATOR	Target	PY1 Result	PY2 Result	PY3 Result	PY4 Result	Summary
1.2.3 Percent of POCs who describe their overall satisfaction with STAR's recruitment process as 'satisfied' or 'very satisfied'	PY1: 80% PY2-PY5: 85%	80%	100%	95%	92%	Target exceeded
S-IR 1.3: Participants supported						
1.3.1 Number of participants supported	N/A	59	132	174	193 participants and 194 positions	
1.3.2 Percent of POCs who are 'satisfied' or 'very satisfied' with STAR assistance provided to them	PY1: 70% PY2: 75% PY3-PY5: 85%	94%	100%	98%	94%	Target exceeded
1.3.3 Percent of participants who describe their overall satisfaction with STAR services as 'satisfied' or 'very satisfied'	PY1: 70% PY2: 75% PY3-PY5: 85%	100%	88%	99%	97%	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% PY2: 75% PY3-PY5: 80%	92%	79%	91%	96%	Target exceeded
1.4.2 Percent of Fellows who develop an Individualized Learning Plan (ILP)	PY1: N/A PY2: 60% PY3-PY5: 70%	N/A	4%	79%	73%	Target exceeded
1.4.3 Number of targeted learning offerings for STAR participants	PY1-PY2: N/A PY3: 6 events; 20 participants PY4: Three or more PY5: TBD	N/A	N/A	8	17	Target exceeded

INDICATOR	Target	PY1 Result	PY2 Result	PY3 Result	PY4 Result	Summary
1.4.4 Percent of STAR learning offerings where participants find the activity relevant professionally	PY1-PY2: N/A PY3-4: 65 percent of events have at least 80% of participants who found the event relevant PY5: TBD	N/A	N/A	100% percent of events had at least 80 percent finding the event relevant professionally	100% of events had at least 80 percent finding the event relevant professionally	On track
1.4.5 a) Percent of Fellows who use learning funds and b) percent of learning funds spent	PY2: a) 80%; b) N/A PY3-PY5: 80%; 50%	N/A	44%	a) 40% b) 38%	a) 34% b) 23%	Target not met
1.4.6 Number of STAR-generated resources made publicly accessible	N/A	N/A	N/A	25	6	Cumulative: 31
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 PY2-PY5: 85%	N/A	40%	N/A	50%	Target not met
1.5.2 Percent of U.S. national Interns who participate in field experience by the end of their Internship	PY1: N/A PY2-PY5: 50%	N/A	35%	N/A	N/A	N/A
S-IR 1.6: Participant demographics are reflective of the countries where they work						
1.6.1 Number and percent of Fellows from low-and-middle-income countries	50% for USAID/ funded participants (cumulative)	25% (14 LMIC USAID-funded Fellows of 55 total PY1 Fellow and	For all 129 participants: USN: 64% LMIC: 36%	For all 175 positions: LMIC: 43% (76) USN: 57% (99)	For all 194 positions: LMIC: 45% (88) USN: 55% (106)	On track – target nearly met for all participants; met for Fellows

INDICATOR	Target	PY1 Result	PY2 Result	PY3 Result	PY4 Result	Summary
		Intern participants) For USAID-funded Fellows, 14 were USNs and 14 were LMIC – 50%	For the 78 Fellows only: USN: 41% LMIC: 59% <i>(Medtronic associates not included)</i>	For the 117 fellowships only: LMIC: 64% (75) USN: 36% (42)	For the 135 fellowships only: LMIC: 65%	
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 PY2-PY5: 85%	N/A	100%	N/A	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 PY2-PY5: 85%	N/A	100%	N/A	N/A	N/A
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 PY2: ≥4 PY3-PY5: N/A	N/A	4	4	N/A - Completed	N/A

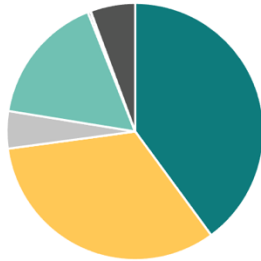
INDICATOR	Target	PY1 Result	PY2 Result	PY3 Result	PY4 Result	Summary
2.1.2 a) Number of intellectual property resources developed through institutional collaborations; b) Number made publicly accessible	PY2: 4 developed; and number made accessible will be tracked	N/A	4	4	N/A - Completed	N/A
S-IR 2.2: 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 - Completed	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+	12	On track
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	<p>OpenCritical Care.org – 4,700 (90 countries) - web</p> <p>Anaesthesia Tutorial of the Week - 10,000 (150 countries) - web</p> <p>Print materials – pending</p>	<p>OpenCritical Care.org – 163,000 users (214 countries)</p> <p>Anaesthesia Tutorial of the Week – >200,000 users (210 countries)</p> <p>COVIDprotocol s.org – 96,783 users (201 countries)</p>	<p>OpenCritical Care.org - 300,000 visitors (210 countries) cumulatively, with >80 percent from outside the United States and 10-20 percent accessing the Spanish version of the site</p>	On track

INDICATOR	Target	PY1 Result	PY2 Result	PY3 Result	PY4 Result	Summary
					<p>Anaesthesia Tutorial of the Week – not currently tracking</p> <p>COVIDprotocols.org – 178,000 users from >200 countries cumulatively</p>	
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	<p>Online interactive FAQ Online Live Chat Function</p> <p>5 webinars, 250 participants</p>	<p>COVID19 Clinical TA Webinar series – 5 webinars; 388 live participants and 1,329 total participants, including asynchronous views</p>	<p>>100 free open source images, >20 job aid panels and algorithms</p>	On track

Annex C: Masked Recruitment – Interns, PY1-PY4

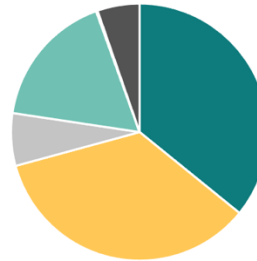
Applicants

STAR: PY1 (2018-2019)



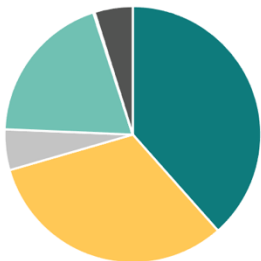
White	39.94%
Black/ African American	32.92%
Hispanic/ Latino	4.70%
Asian	16.42%
Native Hawaiian/ Other Pacific Islander	0.31%
American Indian/Alaska Native	0.08%
Two or More Races	5.63%

STAR: PY2 (2019-2020)



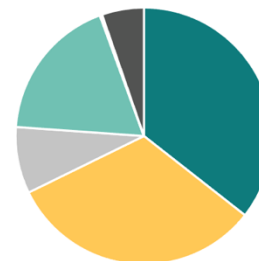
White	35.85%
Black/ African American	34.92%
Hispanic/ Latino	6.61%
Asian	17.13%
Native Hawaiian/ Other Pacific Islander	0.19%
American Indian/Alaska Native	0.00%
Two or More Races	5.31%

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%

STAR: PY4 (2021-2022)

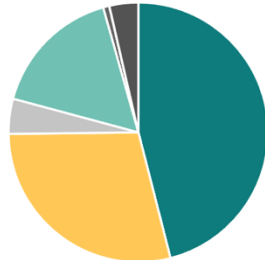


White	35.57%
Black/ African American	32.18%
Hispanic/ Latino	8.37%
Asian	18.28%
Native Hawaiian/ Other Pacific Islander	0.18%
American Indian/Alaska Native	0.12%
Two or More Races	5.29%



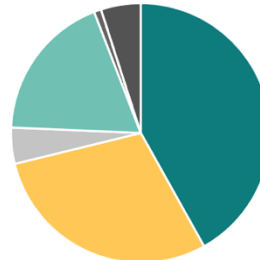
Applicants Forwarded

STAR: PY1 (2018-2019)



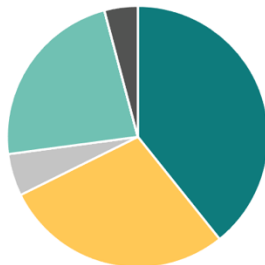
White	46.02%
Black/ African American	28.79%
Hispanic/ Latino	4.37%
Asian	16.45%
Native Hawaiian/ Other Pacific Islander	0.77%
American Indian/Alaska Native	0.00%
Two or More Races	3.60%

STAR: PY2 (2019-2020)



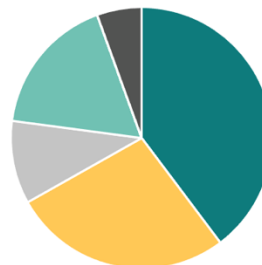
White	41.89%
Black/ African American	29.28%
Hispanic/ Latino	4.50%
Asian	18.47%
Native Hawaiian/ Other Pacific Islander	0.90%
American Indian/Alaska Native	0.00%
Two or More Races	4.95%

STAR: PY3 (2020-2021)



White	39.26%
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%

STAR: PY4 (2021-2022)

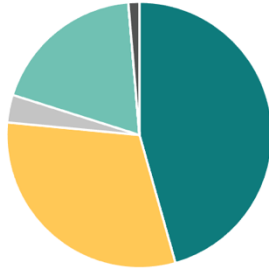


White	39.02%
Black/ African American	27.64%
Hispanic/ Latino	10.08%
Asian	17.83%
Native Hawaiian/ Other Pacific Islander	0.00%
American Indian/Alaska Native	0.00%
Two or More Races	5.43%



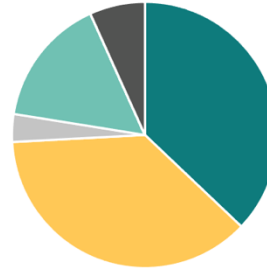
Applicants Interviewed

STAR: PY1 (2018-2019)



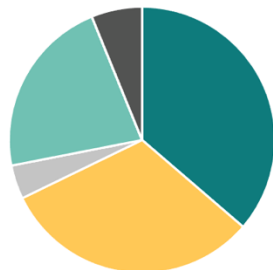
White	45.64%
Black/ African American	30.87%
Hispanic/ Latino	3.36%
Asian	18.79%
Native Hawaiian/ Other Pacific Islander	0.00%
American Indian/Alaska Native	0.00%
Two or More Races	1.34%

STAR: PY2 (2019-2020)



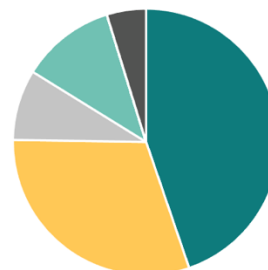
White	37.08%
Black/ African American	37.08%
Hispanic/ Latino	3.37%
Asian	15.73%
Native Hawaiian/ Other Pacific Islander	0.00%
American Indian/Alaska Native	0.00%
Two or More Races	6.74%

STAR: PY3 (2020-2021)



White	36.30%
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%

STAR: PY4 (2021-2022)



White	44.76%
Black/ African American	30.48%
Hispanic/ Latino	8.57%
Asian	11.43%
Native Hawaiian/ Other Pacific Islander	0.00%
American Indian/Alaska Native	0.00%
Two or More Races	4.76%



Finalist Selected

STAR: PY1 (2018-2019)



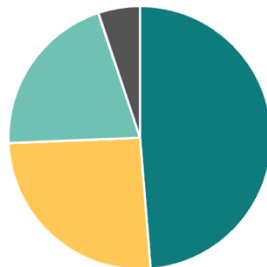
White	50.00%
Black/ African American	32.50%
Hispanic/ Latino	2.50%
Asian	15.00%
Native Hawaiian/ Other Pacific Islander	0.00%
American Indian/Alaska Native	0.00%
Two or More Races	0.00%

STAR: PY2 (2019-2020)



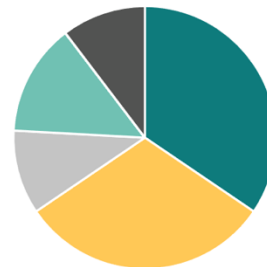
White	50.00%
Black/ African American	25.00%
Hispanic/ Latino	5.00%
Asian	10.00%
Native Hawaiian/ Other Pacific Islander	0.00%
American Indian/Alaska Native	0.00%
Two or More Races	10.00%

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%

STAR: PY4 (2021-2022)



White	34.48%
Black/ African American	31.03%
Hispanic/ Latino	10.34%
Asian	13.79%
Native Hawaiian/ Other Pacific Islander	0.00%
American Indian/Alaska Native	0.00%
Two or More Races	10.34%



Annex D: Survey Response Rates, PY1-PY4

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 PY2: Sept. 29 – Oct. 9, 2020 PY3: Sept. 28 – Oct. 8, 2021 PY4: Sept. 20 – Sept. 30, 2022	PY1: 91% (10 of 11) PY2: 74% (20 of 27) PY3: 68% (27 of 40) PY4: 70% (30 of 43)	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] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			
Q5) Please describe your OVERALL satisfaction with STAR learning support. [INDICATOR 1.4.1] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			
Q12) Have you participated in field experience(s) under STAR that were at least two weeks in length (cumulatively)? [INDICATOR 1.5.1] <i>Options: yes, no</i>			
IF YES: Q13) Did the field experience include active, technical engagement? <i>(Examples include program support and evaluation)</i>			
2. Fellows Survey – LMIC	PY1: Oct. 1-11, 2019 PY2: Sept. 29 – Oct. 9, 2020 PY3: Sept. 28 – Oct. 8, 2021 PY4: Sept. 20 – Sept. 30, 2022	PY1: 100% (2 of 2) PY2: 90% (37 of 41) PY3: 93% (62 of 67) PY4: 83% (62 of 75)	Four: 1.3.3, 1.4.1
Q3) Please describe your OVERALL satisfaction or dissatisfaction with STAR services. [INDICATOR 1.3.3] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			
Q5) Please describe your OVERALL satisfaction with STAR learning support. [INDICATOR 1.4.1] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			
3. POC Survey – Fellows	PY1: Oct. 1-11, 2019 PY2: Sept. 29 – Oct. 9, 2020 PY3: Sept. 28 – Oct. 8, 2021 PY4: Sept. 20 – Sept. 30, 2022	PY1: 46% (6 of 13) PY2: 49% (21 of 43) PY3: 40% (28 of 70)(for 107 Fellows) PY4: 51% (38 of 74)(for 118 Fellows)	One: 1.3.2
Q2) Please rate your OVERALL satisfaction or dissatisfaction with STAR assistance provided to you? <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			
4. POC Survey - Interns	PY1: Oct. 1-11, 2019 PY2: Sept. 29 – Oct. 9, 2020	PY1: 56% (10 of 18) PY2: 45% (17 of 38) PY3: 40% (18 of 45)(for 50 Interns)	One: 1.3.2



Survey	Open	Response Rate	Indicators
	PY3: Sept. 28 – Oct. 8, 2021 PY4: Sept. 20 – Sept. 30, 2022	PY4: 45% (21 of 47)(for 56 Interns)	
Q2) Please rate your OVERALL satisfaction or dissatisfaction with STAR assistance provided to you? <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			
5. Intern Survey	PY1: Ongoing PY2: Ongoing PY3: Ongoing PY4: Ongoing	PY1: 50% (1 of 2) PY2: 79% (30 of 38) – PHI Interns PY3: 85% (22 of 26) PY4: 77% (27 of 35)	Three: 1.3.3, 1.4.1, 1.5.2
Q3) Please describe your OVERALL satisfaction or dissatisfaction with STAR services. [INDICATOR 1.3.3] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			
Q5) Please describe your OVERALL satisfaction with STAR learning support [INDICATOR 1.4.1] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			
Q13) Have you participated in field experience(s) under STAR that were at least two weeks in length (cumulatively)? [INDICATOR 1.5.2] <i>Options: yes, no</i>			
6. POC Recruitment Survey	PY1: Ongoing PY2: Ongoing PY3: Ongoing PY4: Ongoing	PY1: 31% (15 of 49) PY2: 50% (33 of 66) PY3: 49% (44 of 89) PY4: 49% (26 of 53)	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? <ul style="list-style-type: none"> Quality of STAR candidates [INDICATOR 1.2.2] Overall satisfaction with the STAR recruitment process [INDICATOR 1.2.3] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			
7. FSN Survey	PY2: May 5-15, 2020 PY3: N/A	PY2: 78% (7 of 9) PY3: N/A	One: 1.7.1
Q4) Please describe your OVERALL satisfaction or dissatisfaction with STAR’s learning and professional development activities. <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			
8. FSN Manager Survey	PY2: May 14-29, 2020 PY3: N/A	PY2: 100% (3 of 3) PY3: N/A	One: 1.7.2
Q2) Please describe your OVERALL satisfaction or dissatisfaction STAR’s learning and professional development support for FSNs. <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i>			



Annex E: AMP Health Indicators, PY4

AMP Health indicators were added to the PMP in January 2022. This STAR initiative falls under S-IR 2.3 and is a stand-alone activity. Targets were determined in Q4 of PY4 and are included in the revised table below. Initial results from data collected through PY4 is also included.

AMP Health indicators were added to the PMP in January 2022. This STAR initiative falls under S-IR 2.3 and is a stand-alone activity. Targets were determined in Q4 of PY4 and are included in the revised table below. Initial results from data collected through PY4 is also included.

INDICATOR	Target	PY4 Result	Summary
GOAL: To strengthen the capacity of National Malaria Programs (NMPs) to utilize Global Fund investments to achieve country goals and objectives			
1 – Strengthened capacity of NMPs to effectively manage and implement Global Fund (GF) grants			
1.1 – # of NMP team members who receive practical training from Management Partners on GF processes	# of individuals engaged per team: CAR – 11 team members Chad – 26 team members Congo – 19 team members Namibia – 11 team members Mauritania – 4 team members	CAR – 11 team members Chad – 26 team members Congo – 19 team members Namibia – 11 team members Mauritania – 4 team members	The MPs provided training related to skills needed for the operationalization of the strategic planning, the monitoring and evaluation of teams’ activities, and the reporting to PR and other partners.
1.2 – # of NMP teams that strengthen their capacity to engage with GF stakeholders	5 (CAR, Chad, Congo, Namibia, Mauritania)	5 teams	The relationship between teams and their respective PR were strengthened by improving the quality of the communication and creating new platforms of communication (regular meetings and/or debriefing meetings post-seasonal campaign depending on contexts). Teams are being trained on the processes of partnership brokering, stakeholder mapping, and effective communication with partners.



Annex E: AMP Health Indicators, PY4, cont.

INDICATOR	Target	PY4 Result	Summary
2 – Strengthened capacity of NMPs to efficiently and effectively manage staff and internal operations			
2.1 – # of NMP teams with improved staff management	5 (CAR, Chad, Congo, Namibia, Mauritania)	3 out of 3 teams exhibited overall improvement in staff management. * *Only baseline data is currently available for Namibia and CAR.	AMP Health used 20 criteria to assess improvement in staff management. Congo demonstrated improvement in 17, Chad 16 and Mauritania 10 of these criteria.
2.2 – #/% of NMP team members who report improved coordination and communication skills	# of individuals engaged per team: CAR – 11 team members Chad – 26 team members Congo – 19 team members Namibia – 11 team members Mauritania – 4 team members	23 team members (100% of those we work with who completed both a baseline and 2 nd round of MEL data) reported improvement in their coordination and communication skills* *Only baseline data is currently available for Namibia and CAR and changes in team composition in other teams meant only one data point is available at the moment	AMP Health looks at 29 criteria to assess improvement in coordination and communication. Team members indicated improvement on an average of 5 criteria, with the biggest improvements seen in running meetings, communicating with others, planning and managing projects, team norms and the use of team calendars.
2.3 – #/% of NMP team members who report improvements in team effectiveness	# of individuals engaged per team: CAR – 11 team members Chad – 26 team members Congo – 19 team members Namibia – 11 team members Mauritania – 4 team members	23 team members (100% of those we work with who completed both a baseline and 2 nd round of MEL data) reported improvement in team's effectiveness* *Only baseline data is currently available for Namibia and CAR and changes in team composition in other teams meant only one data point is available at the moment	AMP Health uses a Team Effectiveness survey that looks at 22 criteria. Team members indicated improvement on an average of 8 criteria, with the biggest improvements seen in the area of culture (e.g., team members accepting other's points of view, taking responsibility for their work, and appreciating one another's unique capabilities)



Annex E: AMP Health Indicators, PY4, cont.

INDICATOR	Target	PY4 Result	Summary
3 – Strengthened capacity of NMPs to manage external relationships			
3.1 – # of NMP teams who report improved partner coordination skills	5 (CAR, Chad, Congo, Namibia, Mauritania)	3 out of 3 teams reported overall improvement on partner coordination skills. * *Only baseline data is currently available for Namibia and CAR	AMP Health used 5 criteria to assess improvement in partner coordination skills. Congo showed improvement on all 5, Chad improved on 3 areas, and Mauritania had improvement in 1 area.
3.2 – #/% of NMP team members who report improved work planning skills	# of individuals engaged per team: CAR – 11 team members Chad – 26 team members Congo – 19 team members Namibia – 11 team members Mauritania – 4 team members	23 team members (100% of those we work with who completed both a baseline and 2 nd round of MEL data) reported improvement in work planning skills. * *Only baseline data is currently available for Namibia and CAR and changes in team composition in other teams meant only one data point is available at the moment	AMP Health looks at 22 criteria to assess improvement in coordination and coordination. Team members indicated improvement on an average of 5 criteria, with the biggest improvements seen in planning and managing projects, maintaining a list of current priorities, the use of team calendars, and establishing standard reporting templates.
4 – Strengthened capacity of NMPs to use data to plan and manage strategically			
4.1 – # of NMP teams who report improved strategy development skills	5 (CAR, Chad, Congo, Namibia, Mauritania)	3 out of 3 teams reported overall improvement in strategy development skills. * *Only baseline data is currently available for Namibia and CAR	AMP Health used 8 criteria to assess improvement in strategy development skills. Chad and Congo demonstrated improvement in 5 out of the 8 areas, and Mauritania improved in 4 areas.



Annex E: AMP Health Indicators, PY4, cont.

INDICATOR	Target	PY4 Result	Summary
4.2 – # of NMP teams who report improved ability to regularly assess progress against objectives (implementation skills)	5 (CAR, Chad, Congo, Namibia, Mauritania)	3 out of 3 teams reported overall improved ability to regularly assess progress against objectives. * *Only baseline data is currently available for Namibia and CAR	AMP Health used 8 criteria to assess improvement in the ability to regularly assess progress against objectives. Congo demonstrated strong improvement in 6 criteria, Chad improved in 5 and Mauritania improved in 2 criteria.
4.3 – # of NMP teams who report improved ability to make programmatic adjustments as conditions change	5 (CAR, Chad, Congo, Namibia, Mauritania)	2 out of 3 teams reported overall improvement in the ability to make programmatic adjustments as conditions change. * *Only baseline data is currently available for Namibia and CAR	AMP Health used 3 criteria to assess improvement in making programmatic adjustments as conditions change. Congo showed improvement in all 3 areas and Mauritania improved in 2.



Annex F: STAR-Generated Resources, PY1-PY4

Resources created by STAR participants and staff contribute to indicator 1.4.6. There were seven new resources shared in this reporting period and 32 overall.

	Resource Shared	Participant Name	Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC)	Date and Location Shared
1	Published study in <i>PLOS One Journal</i> : “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 <i>Global Advances in Health and Medicine Journal</i> : “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	<i>International Journal of Infectious Diseases</i> 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	<i>Journal of Infectious Diseases and Epidemiology</i> 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	<i>Pedagogy in Health Promotion Journal</i> ’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	<i>Journal of International AIDS Society</i> ’s recently published article, “The Promise of Paediatric Dolutegravir”	Jeffrey Samuel and partner Fellow	STAR Fellows	STAR Website (2/19/21)
7	<i>Open Access Emergency Medicine Journal</i> ’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	<i>PLOS One</i> 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)



	Resource Shared	Participant Name	Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC)	Date and Location Shared
9	Non-peer reviewed article: "Tuberculosis among Drug Users: A Double Burden for the Already Compromised Health Services of Afghanistan"	Ghulam Qader	STAR Fellow	STAR Website (2/19/21)
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, Facebook



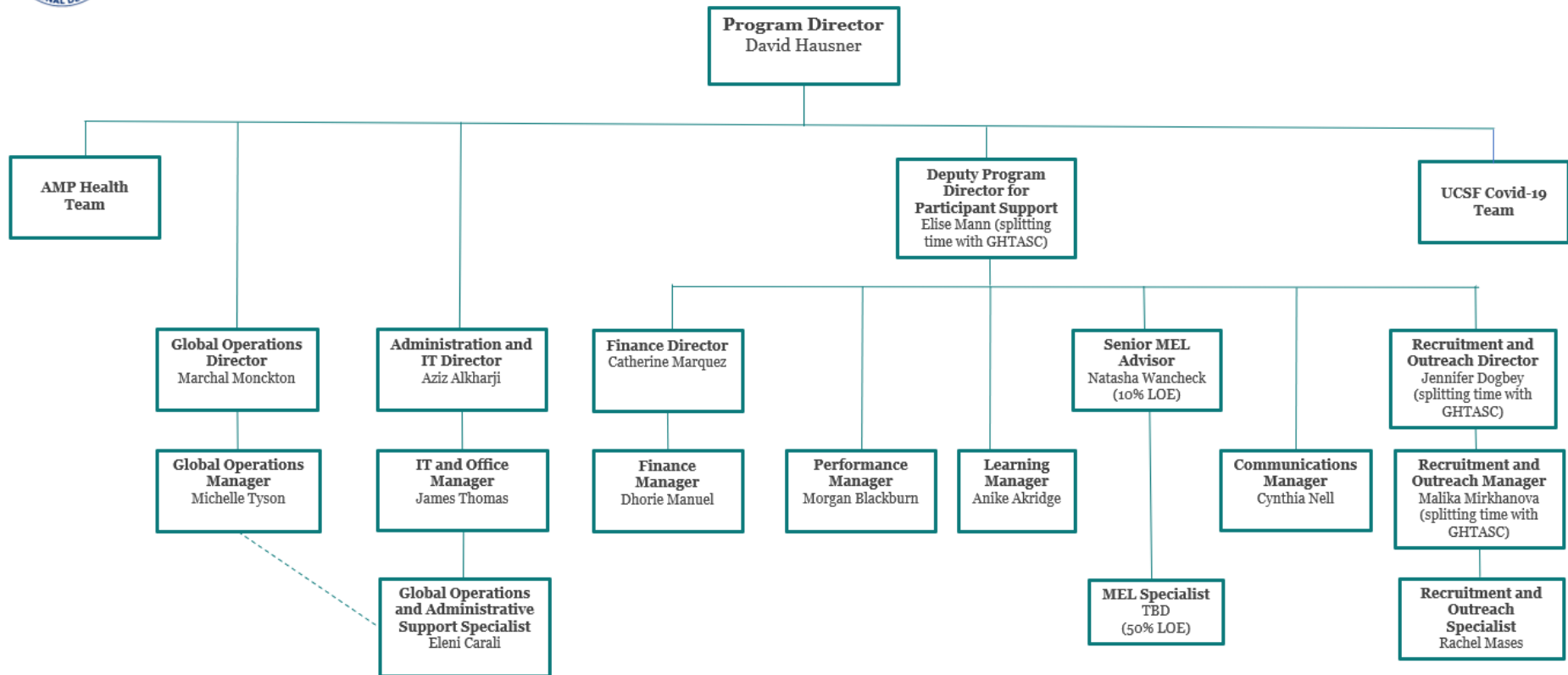
	Resource Shared	Participant Name	Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC)	Date and Location Shared
19	Published article in Studies in Family Planning, "Elevating Social and Behavior Change as an Essential Component of Family Planning Programs"	Laura Raney	STAR Fellow	(7/23/21) STAR Website, Newsletter, Twitter, LinkedIn, Facebook
20	Published special collection in Annals of Global Health "Special Collection on Capacity Building for Global Health Leadership Training"	Bhakti Hansoti, editor	STAR Staff (past and present)	(7/12/21) STAR Website, Newsletter, Twitter LinkedIn, Facebook
21	Published article in Annals of Global Health, "Gaps, Challenges, and Opportunities for Global Health Leadership Training"	David Hausner, Anike Akridge Joachim Voss Sandul Yasobant Edith Tarimo Esther Seloilwe Yohana Mashalla	STAR Staff (past and present)	(7/12/21) STAR Website, Newsletter, Twitter LinkedIn, Facebook
22	Published article in Annals of Global Health, "Measuring for Success: Evaluating Leadership Training Programs for Sustainable Impact"	Bhakti Hansoti Joel Njah Adebusuyi Adeyami Kerry Bruce Gabrielle O'Malley Mary Kay Gugerty Benjamin H. Chi Nanyombi Lubimbi Elizabeth Steen Sonora Stampfly Eva Berman Ann Marie Kimball	STAR Staff (past)	(7/12/21) STAR Website, Newsletter, Twitter LinkedIn, Facebook
23	Published article in Annals of Global Health, "Training Curriculum, Skills and Competencies for Global Health Leaders: Good Practices and Lessons Learned"	Bhakti Hansoti Meike J. Schleiff Patrick Mwirigi Mburugu John Cape Rama Mwenesi Nathanael Sirili Sean Tackett David P. Urassa Yohana Mashalla	STAR Staff (past)	(7/12/21) STAR Website, Newsletter, Twitter LinkedIn, Facebook
24	Published article in Annals of Global Health, "Training Global Health Leaders: A Critical Review of Competency Gaps"	Bhakti Hansoti Anike Akridge Elizabeth Hahn Caroline Dolive Melanie Atwell Anant Mishra Meike Schleiff	STAR Staff (past and present)	(7/12/21) STAR Website, Newsletter, Twitter LinkedIn, Facebook



	Resource Shared	Participant Name	Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC)	Date and Location Shared
25	Published article in Annals of Global Health, “Delivering Modern Global Health Learning Requires New Obligations and Approaches”	Bhakti Hansoti Scott J. N. McNabb Mabel Magowe Nadine Shaw Amanda M. Berrian Michael Wilkes Affan Shaikh Onesmus Gachuno Lucy A. Perrone Brittany L. Murray Eva Berman	STAR Staff (past)	(7/12/21) STAR Website, Newsletter, Twitter, LinkedIn, Facebook
26	Published article in Population Health Metrics, "Estimating the impact of donor programs on child mortality in low-and middle-income countries"	William Weiss	STAR Fellow	(1/21/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook
27	COVID-19 Clinical Updates for Global Practice Webinar series, “Review of Oral Therapeutics”	UCSF	STAR Partner	(3/17/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook
28	CUGH 2022 Conference oral abstract presentation, “Blind Recruitment is Necessary but not Sufficient to Increase Diversity of the Global Health Workforce”	Rachel Mases, Jennifer Dogbey, Natasha Wanchek, and David Hausner	STAR Staff	(3/28/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook
29	Blog Post on STAR website, “The Power of Engaging Local Community Leaders: Innovative Approaches to Access Isolated Rural Communities with Health Interventions”	Eyelachew Desta	STAR Fellow	(3/21/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook
30	OpenCriticalCare.org portal	STAR, University of California San Francisco	STAR Partner	(4/21/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook
31	Published article in BioMed Central, “Palliative care in Uganda: quantitative descriptive study of key palliative care indicators 2018-2020”	Lacey Ahern	STAR Colab Team (past)	(5/12/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook
32	Published article in Springer Link, “Community Mobilization is Associated with HIV Testing Behaviors and Their Psychosocial Antecedents Among Zambian Adults: Results from a Population-Based Study”	Maria Carrasco	STAR Fellow	STAR Website, Newsletter, Twitter, LinkedIn, Facebook

Annex G: STAR Organizational Chart, PY4

STAR ORGANIZATIONAL CHART PY4





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Annex H: STAR Participant List, PY4

There were 194 STAR positions active in PY4, including 126 fellowships, 59 internships, four Packard Fellows and five AMP Health Management Partners. There was a total of 195 participants, with one Fellow moving into another role.

	First Name	Last Name	Title	Office	Fellow/ Intern
1	Farid	Abarca Realegeno	Pediatric and Adolescent HIV Treatment Intern	GH/OHA/PCT	Intern
2	Abdulmalik	Abubakar	Strategic Information Advisor	USAID/Malawi	Fellow
3	Fouad	AbuHijleh	Digital Health Intern	GH/AA/CII	Intern
4	Adeoye	Adegboye	Senior Key Populations Advisor	USAID/Nigeria	Fellow
5	Basir	Ahmad	Senior TB Urban DOTS Advisor	USAID/Afghanistan	Fellow
6	Namita	Akolkar	Intern - Medical Resident - SUNY Stony Brook	GH/OHA/RES	Intern
7	Maka	Akhalaiia	Senior TB Laboratory Advisor	USAID/Tajikistan	Fellow
8	Hanna	Amanuel	OVC/Pediatric-Adolescent Intern	GH/OHA/PPIR	Intern
9	Yom	An	Senior Operational Research and Strategic Information Technical Advisor	USAID/Cambodia	Fellow
10	Marcos	Arevalo	Senior Family Planning and Reproductive Health Advisor	USAID/Nepal	Fellow
11	Moses	Arinaitwe	TB Monitoring and Evaluation Technical Advisor	USAID/Uganda	Fellow
12	Aditi	Arunmozhi	Key Populations Data Analysis Intern	GH/OHA/PPIR	Intern
13	Lusine	Aydinyan	Uniquely Skilled Senior TB Financing Technical Advisor	USAID/Kazakhstan	Fellow
14	Emory	Babcock	HIV/AIDS Microbicide Research Intern	GH/OHA/RES	Intern
15	Margaret	Barnes	Health Systems Strengthening Intern	GH/OHS	Intern
16	Timur	Bazikov	Senior Tuberculosis Advisor	USAID/Kyrgyzstan	Fellow
17	Hana	Berhe	HIV/AIDS Microbicide Research Intern	GH/OHA/RES	Intern



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	First Name	Last Name	Title	Office	Fellow/ Intern
18	Yusuf	Bhamu	COVID Coordination Advisor	USAID/Malawi	Fellow
19	Reshma	Bhattacharjee	Senior Surveillance and Epidemiology Advisor	GH/OHA/SIEI	Fellow
20	Yubika	Bhattarai	Health Management Information Systems Intern	GH/OHA/SIEI	Intern
21	Amy	Bloom	Uniquely Skilled Senior Tuberculosis Technical Advisor	GH/ID/TB	Fellow
22	Marie Eva	Bonny Antoine	Senior Supply Chain and Capacity Building Advisor	USAID/Haiti	Fellow
23	Sambo	Boy	Senior Technical Advisor for Laboratory Strengthening	USAID/Cambodia	Fellow
24	Victor	Burinschi	Senior TB Technical Advisor	USAID/Kazakhstan	Fellow
25	Raymond	Byaruhanga	Senior Tuberculosis and Global Fund Grant Advisor	USAID/Uganda	Fellow
26	Linda	Cahaelen	Uniquely Skilled Senior Family Planning/Reproductive Health Finance and Policy Advisor	GH/PRH/PEC	Fellow
27	Kristina	Caparelli	Adolescent & Young Adult HIV Treatment Intern	GH/OHA/PCT	Intern
28	Maria	Carrasco	Senior Implementation Science Technical Advisor	GH/PRH/RTU	Fellow
29	Marcia	Carvalho	Tuberculosis and Global Fund Grant Advisor	USAID/Angola	Fellow
30	Roni	Chandra	Senior TB Diagnostic Network Advisor	USAID/Indonesia	Fellow
31	Angela	Chen	Strategic Information Intern	GH/OHA/SIEI	Intern
32	Rhehabi	Chimzizi	Senior Tuberculosis and Global Fund Grant Adviser	USAID/Zambia	Fellow
33	Misun	Choi	Uniquely Skilled Senior Malaria Technical Advisor	GH/ID/MAL	Fellow
34	Sheridan	Coomer	Capacity Building and Partnerships Communications Intern	GH/OHA/SPS	Intern
35	Bradley	Corner	Senior Family Health Technical Advisor	USAID/Ghana	Fellow
36	Loide	Cossa	Programmatic Management of Drug-Resistant TB Advisor	USAID/Mozambique	Fellow
37	Margaret	Cunningham	Adult Clinical Branch Treatment Cluster Intern	GH/OHA/PCT	Intern



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	First Name	Last Name	Title	Office	Fellow/ Intern
38	Madiera	Dennison	Gender and Sexual Diversity Intern	GH/OHA/PPIR	Intern
39	Eyelachew	Desta	Innovation and Scale-Up Intern	GH/AA/CII	Intern
40	Andrew	Devlin	Senior Data Science Advisor	GH/OHA/SIEI	Fellow
41	Binta	Diallo	Monitoring and Evaluation Intern	GH/PRH/PEC	Intern
42	Tomas	Doce	Senior TB Monitoring and Evaluation Advisor	USAID/Mozambique	Fellow
43	Jeneva	Du Preez	Private Sector and Civil Society Engagement Advisor	USAID/Namibia	Fellow
44	Jennifer	Duncan	HIV Pre-Exposure Prophylaxis Intern	GH/OHA/PCT	Intern
45	Courtney	Eker	Capacity Building and Partnerships Communications Intern	GH/OHA/SPS	Intern
46	Anna	Erlandson	Malaria Communications Intern	GH/ID/MAL	Intern
47	Nicholas	Ezati	Senior TB Diagnostic Network Advisor	USAID/Kenya	Fellow
48	Ronald Allan	Fabella	Senior Tuberculosis and Global Fund Grant Advisor	USAID/Philippines	Fellow
49	Victor	Falokun	Senior Tuberculosis and Global Fund Grant Advisor	USAID/Liberia	Fellow
50	Shiza	Farid	Family Planning Data Analysis Advisor	GH/PRH/FrontOffice	Fellow
51	Daria	Faulkner	HIV Voluntary Medical Male Circumcision Intern	GH/OHA/PCT	Intern
52	Lindy	Fenlason	Senior Nutrition and Capacity Building Advisor	GH/MCHN/NEH	Fellow
53	Andrew	Fleming	Senior Provincial HIV/AIDS Technical Advisor	USAID/South Africa	Fellow
54	Niguse	Gade	Senior Tuberculosis and Global Fund Grant Advisor	USAID/Sierra Leone	Fellow
55	Tina	Gant	Adult Clinical Branch Intern for Mental Health and Psychosocial Support	GH/OHA/PCT	Intern
56	Andrea	Gavin	Senior Tuberculosis Communications Advisor	GH/ID/TB	Fellow
57	Nega	Gebreyesus	Senior Health Information Systems (HIS) Advisor	GH/OHA/SIEI	Fellow
58	Abdul	Ghafoor	Senior Drug-Resistant Tuberculosis and Global Fund Grant Advisor	USAID/Pakistan	Fellow
59	Cynthia	Gire	Senior Health Systems Strengthening Advisor	USAID/India	Fellow



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	First Name	Last Name	Title	Office	Fellow/ Intern
60	Rachel	Golin	Senior Clinical Services Advisor	GH/OHA/PCT	Fellow
61	Birru Shigut	Gondol	Senior Tuberculosis and Global Fund Grant Adviser	USAID/Malawi	Fellow
62	Brian	Guzman	Health Communications and Public Affairs Intern	GH/ID/NTD	Intern
63	Wisam	Hanna	Senior Health Information Systems (HIS) Advisor	GH/OHA/SIEI	Fellow
64	Muhammad Maksudul	Hannan	Senior TB Strategic Planning Technical Advisor	USAID/Bangladesh	Fellow
65	Mary Beth	Hastings	Senior Gender Advisor	GH/PRH/FrontOffice	Fellow
66	Nicholas	Hayes	Strategic Information Program Management Intern	GH/OHA/SIEI	Intern
67	Zoe	Henderson	Family Planning and Reproductive Health Strategic Communications and Outreach Intern	GH/PRH/FrontOffice	Intern
68	Maria	Idrissova	Senior Drug-Resistant TB Advisor	USAID/Kyrgyzstan	Fellow
69	Abdul Naser	Ikram	Senior TB Country Level Strategic Information and Analysis Advisor	GH/ID/TB	Fellow
70	Dora	Illei	HIV/AIDS Microbicide Research Intern	GH/OHA/RES	Intern
71	Ahmad	Ismail	Tuberculosis Advisor	USAID/Pakistan	Fellow
72	Mushota	Kabaso	TB Monitoring and Evaluation Advisor	USAID/Zambia	Fellow
73	Samuel	Kasozi	Senior TB and Global Fund Grant Advisor	USAID/Zimbabwe	Fellow
74	Fasil	Kassa	Senior TB and Global Fund Grant Advisor	USAID/Ethiopia	Fellow
75	L	Katrin	HIV Testing Services Intern	GH/OHA/PCT	Intern
76	Peter	Kerndt	Senior TB HIV Medical Advisor	GH/ID/TB	Fellow
77	Azharul	Khan	Senior TB Mitigation and Coordination Advisor	USAID/Bangladesh	Fellow
78	Komal	Khanna	Senior Social Behavior Change Advisor	USAID/India	Fellow
79	Dilyafuz	Khudaykulova	Senior TB Monitoring and Evaluation Technical Advisor	USAID/Ukraine	Fellow
80	Afshan	Khurshid	Tuberculosis Advisor	USAID/Pakistan	Fellow
81	Mohammad	Kibria	Senior TB Strategic Planning Technical Advisor	USAID/Bangladesh	Fellow



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	First Name	Last Name	Title	Office	Fellow/ Intern
82	Hailey	Kieltyka	Strategic Partnership Engagement Intern	GH/ID/MAL	Intern
83	Clare	Killian	Monitoring, Evaluation and Learning Intern	GH/P3/SAEO	Intern
84	Allison	Kimmel	Biomedical Prevention Advisor	GH/OHA/PCT	Fellow
85	Allison	Kimmel	Senior Biomedical Prevention Advisor	GH/OHA/PCT	Fellow
86	Pamela	Kisoka	TB Monitoring and Evaluation Technical Advisor	USAID/Tanzania	Fellow
87	Rodney	Knotts	Senior Marketing Advisor	USAID/South Africa	Fellow
88	Akshara	Kumar	Health Equity Technical Advisor	GH/OHA/SCH	Fellow
89	Andargachew	Kumsa	Senior Programmatic Management of Drug-Resistant TB Advisor	USAID/Ethiopia	Fellow
90	Priscilla	Kwarteng	HIV/AIDS Microbicide Research Intern	GH/OHA/RES	Intern
91	Ngoc	Le	Regional TB Technical Advisor	USAID/Vietnam	Fellow
92	Isack	Lekule	Programmatic Management of Drug-resistant TB Advisor	USAID/Tanzania	Fellow
93	Kevin	Li	HIV/AIDS Microbicide Research Intern	GH/OHA/RES	Intern
94	Naomi	LinceDeroche	Senior Policy Advisor	USAID/South Africa	Fellow
95	Mary (Maggie)	Machaca	Maternal and Child Health Policy and Programs Intern	GH/MCHN/FrontOffice	Intern
96	Stephen	Macharia	Senior Tuberculosis and Global Fund Grant Advisor	USAID/Kenya	Fellow
97	Baker	Magwa	Uniquely Skilled Senior Program Research Technical Advisor	GH/PRH/RTU	Fellow
98	Siva Anggita	Maharani	Multi-sector Partnership and Policy Advisor	USAID/Indonesia	Fellow
99	Sinead	Maharrey	Community Programming and Clinical Integration Intern	GH/OHA/PCT	Intern
100	Emmanuel	Matechi	Senior Tuberculosis and Global Fund Grant Advisor	USAID/Tanzania	Fellow
101	Ados	May	Senior Technical Advisor - IBP	GH/PRH/FrontOffice	Fellow
102	Bonnie Jeanne	Medeossi	Senior Quality Improvement Advisor	USAID/South Africa	Fellow
103	Martha	Medina	Geospatial Analysis and Visualization Intern	GH/OHA/SIEI	Intern
104	Tichatyei	Mhazo	TB Procurement and Supply Chain Advisor	USAID/Malawi	Fellow



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	First Name	Last Name	Title	Office	Fellow/ Intern
105	Jerome	Milimu	Prevention Data Analysis Advisor	USAID/South Africa	Fellow
106	Erin	Milner	Senior Nutrition Monitoring, Evaluation and Learning Advisor	GH/MCHN/NEH	Fellow
107	Zaynab	Minawi	Malaria Case Management and Community Health Intern	GH/ID/MAL	Intern
108	Seponono John	Molifi	Facility Laboratory Integration Advisor	USAID/South Africa	Fellow
109	Joseph	Monehin	Senior Child Health Technical Advisor	GH/MCHN/CHI	Fellow
110	Aryc	Mosher	Senior Neglected Tropical Diseases Advisor	GH/ID/NTD	Fellow
111	Dr Adneen	Moureen	TB New Technologies and Diagnostics Advisor	USAID/Bangladesh	Fellow
112	Muhammad	Mputu	Drug Resistant TB Advisor	USAID/Zambia	Fellow
113	Asif	Muhammad	Senior MDR-TB Advisor	USAID/Burma	Fellow
114	Olivier	Muhongya	Senior Monitoring and Evaluation Advisor	USAID/Democratic Republic of Congo (DRC)	Fellow
115	Fidele	Mukinda	Senior Monitoring and Evaluation Advisor	USAID/Democratic Republic of Congo (DRC)	Fellow
116	Kelsey	Mulka	Data Visualization Intern	GH/P3/SAEO	Intern
117	Helena	Mungunda	Senior Tuberculosis Advisor	USAID/Namibia	Fellow
118	Ohvia	Muraleetharan	Pediatric and Adolescent HIV Treatment Intern	GH/OHA/PCT	Intern
119	Sarah	Mure	HIV/AIDS Prevention Care and Treatment Program Management Intern	GH/OHA/PCT	Intern
120	Dorcas	Muteteke	Senior Tuberculosis Adviser	USAID/Democratic Republic of Congo (DRC)	Fellow
121	Winfridah	Mwanza	TB Laboratory Technical Advisor	USAID/Zambia	Fellow
122	Hawa	Nakato	TB Procurement and Supply Chain Management Advisor	USAID/Uganda	Fellow
123	Nikoloz	Nasidze	Senior TB Technical Advisor	USAID/Uzbekistan	Fellow
124	Nguyen Thi	Nguyen	Procurement and Supply Chain Management Technical Advisor	USAID/Vietnam	Fellow
125	Catherine	Nichols	Senior Data Analysis Advisor	GH/OHA/SIEI	Fellow



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	First Name	Last Name	Title	Office	Fellow/ Intern
126	Jeanne	Ntiranyibagira	Senior Malaria Technical Advisor	USAID/Djibouti	Fellow
127	Chukwuemeka	Nwachukwu	Implementation Science Technical Advisor	GH/PRH/RTU	Fellow
128	Simmie	Nyanfor	Private Health Sector Advisor	USAID/Liberia	Fellow
129	Kingsley	Ochei	Senior Tuberculosis Surveillance Advisor	USAID/Nigeria	Fellow
130	Aoife	OConnor	Family Planning and Reproductive Health Strategic Communications and Outreach Intern	GH/PRH/FrontOffice	Intern
131	Izabella	Oganezova	TB Lab Advisor	USAID/Uzbekistan	Fellow
132	Folake	Olayinka	Uniquely Skilled Senior Global Immunization Program and Policy Expert-*	GH/MCHN/CHI	Fellow
133	David	Omotayo	Senior Programmatic Management of Drug- Resistant TB Advisor	USAID/Malawi	Fellow
134	Samuel	Oppong	Malaria Data Advisor	USAID/Ghana	Fellow
135	Tara	Ornstein	Senior TB Multilateral Advisor	GH/ID/TB	Fellow
136	Ghenimelle Rose (Ghen)	Pasumbal	Procurement and Supply Chain Management Advisor	USAID/Philippines	Fellow
137	Krystle	Pate	Visual Communications Intern	GH/OHA/SCC	Intern
138	Laura Marie	Peeples	Orphans and Vulnerable Children (OVC) Program Assessment Intern	GH/OHA/PPIR	Intern
139	Jenna	Pellegrino	Policy, Advocacy, Financing and Governance Intern	GH/PRH/PEC	Intern
140	Yusie	Permata	Programmatic Management of Drug-Resistant TB Advisor	USAID/Indonesia	Fellow
141	Julie	Perng	Senior Data Science Advisor	GH/OHA/SIEI	Fellow
142	Jessica	Petrillo	Senior Anti-microbial Resistance and Global Health Security Agenda Advisor	GH/ID/GHSA	Fellow
143	Diana	Poindexter	HIV Testing Services Intern	GH/OHA/PCT	Intern
144	Adriana	Ponte	Senior HIV Advisor	USAID/Guatemala	Fellow
145	Annie	Preaux	High Impact Practices in Family Planning Research Intern	GH/PRH/RTU	Intern



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	First Name	Last Name	Title	Office	Fellow/ Intern
146	Musadiq	Qadar	TB Procurement and Supply Chain Management Advisor	USAID/Afghanistan	Fellow
147	Laura	Raney	Senior Family Planning High Impact Practices Advisor	GH/PRH/FrontOffice	Fellow
148	Sonia	Rao	Survey, Research and Evaluation Intern	GH/PRH/PEC	Intern
149	Sabreena	Robinson	Strategic Partnerships Engagement Intern	GH/ID/MAL	Intern
150	Sarah	Robinson	Program Quality Visualization and Communication Intern	GH/OHA/SIEI	Fellow
151	Kim	Rodgers	Population and Reproductive Health Social and Behavior Change Intern	GH/PRH/PEC	Intern
152	Tiar	Salman	TB Procurement and Supply Chain Management Advisor	USAID/Indonesia	Fellow
153	Michael	Salvatore	Adult Clinical Branch Treatment Cluster Intern	GH/OHA/PCT	Intern
154	Jeffrey	Samuel	Heath Equity Fellow	GH/OHA/SCH	Fellow
155	Gina	Sarfaty	Senior Strategic Information Advisor	USAID/South Africa	Fellow
156	Rita	Seicas	Senior TB Drugs Quality Technical Advisor	USAID/Kazakhstan	Fellow
157	Md Abdul Hamid	Selim	Uniquely Skilled Senior TB and Global Fund Grant Adviser	USAID/Bangladesh	Fellow
158	Kitambala	Sentime	Senior Procurement and Supply Chain Management Advisor	USAID/Democratic Republic of Congo (DRC)	Fellow
159	Sheena	Sharifi	Diversity, Equity, Inclusion and Accessibility (DEIA) Advisor	GH/FrontOffice	Fellow
160	Kaiser	Shen	Senior Tuberculosis Diagnostics Technical Advisor	GH/ID/TB	Fellow
161	Pragati	Singh	Senior Family Planning and Reproductive Health Advisor	USAID/India	Fellow
162	Ajara	Sompo Ceesay	Maternal and Infant HIV Treatment Intern	GH/OHA/PCT	Intern
163	Aderayo	Soyemi	Youth Engagement Intern	GH/OHA/PIIR	Intern
164	Karishma	Srikanth	Strategic Information Data Intern	GH/OHA/SIEI	Intern
165	Raz	Stevenson	Senior Implementation Research Advisor	GH/MCHN/RP	Fellow



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	First Name	Last Name	Title	Office	Fellow/ Intern
166	Alexis	Sullivan	Malaria Case Management Intern	GH/ID/MAL	Intern
167	Misty	Tabora	Youth Family Planning and Reproductive Health Program Intern	GH/PRH/SDI	Intern
168	Natasha	Thaweesee	HIV Pre-Exposure Prophylaxis Intern	GH/OHA/PCT	Intern
169	Virginia	Thonyiwa	Senior DREAMS Coordinator and Adolescent Girls and Young Women (AGYW) Technical Advisor (Malawi)	USAID/Malawi	Fellow
170	Jeri	Thuku	Maternal and Infant HIV Treatment Intern	GH/OHA/PCT	Intern
171	Dan	Twizelimana	Adolescent & Young Adult HIV Treatment Intern	GH/OHA/PCT	Intern
172	Maya	Ulin OKeefe	Orphans and Vulnerable Children/PPIR Social Services Intern	GH/OHA/PPIR	Intern
173	Eduardo	Velazquez	COVID-19 Monitoring, Evaluation and Learning Advisor	PPL/AA/LER	Fellow
174	Erika	Vitek	Senior Multi-Drug Resistant Tuberculosis Technical Advisor	GH/ID/TB	Fellow
175	Zelege Alebachew	Wagaw	Senior TB and Global Grant Fund Advisor	USAID/Ghana	Fellow
176	Yasir	Waheed	Tuberculosis Advisor	USAID/Pakistan	Fellow
177	Aditiya	Wicaksono	TB Public-Private Mix Advisor	USAID/Indonesia	Fellow
178	Sena	Woldetensay	Key Populations Intern	GH/OHA/PPIR	Intern
179	Abbey	Woolverton	Data Science and Visualization Advisor	GH/P3/SAEO	Fellow
180	Ann	Yang	LAC COVID-19 Regional Advisor	LAC/RSD/PHN	Fellow
181	Kossana	Young	Maternal and Child Health and Nutrition Communications Intern	GH/MCHN/FrontOffice	Intern
182	Sharofiddin	Yuldashev	Senior TB and Global Fund Grant Advisor	USAID/Uzbekistan	Fellow
183	Ferdiana	Yunita	Senior Multisector Partnership for TB Control Advisor	USAID/Indonesia	Fellow
184	Nana	Zarkua	Senior Tuberculosis Technical Advisor	USAID/Tajikistan	Fellow
185	Sergine Cindy	Zeufack	Structural and Behavioral Interventions Intern	GH/OHA/PCT	Intern



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	First Name	Last Name	Title	Office	Fellow/ Intern
186	Jyoti	Kumari	Packard Program Associate	Packard	Packard Fellow
187	Pailwan	Singh	Packard Admin Assistant	Packard	Packard Fellow
188	Anand	Sinha	Packard Country Advisor	Packard	Packard Fellow
189	Sahil	Tandon	Packard Research Associate	Packard	Packard Fellow
190	Sylvie	Bambara	Management Partner - AMP Health	AMP Health - Republic of Congo	Management Partner - AMP Health
191	Amadou	Sy	Management Partner - AMP Health	AMP Health - Chad	Management Partner - AMP Health
192	Marcel	Lama	Management Partner - AMP Health	AMP Health - CAR	Management Partner - AMP Health
193	Marie	Ba Lacouture	Management Partner - AMP Health	AMP Health - Mauritania	Management Partner - AMP Health
194	Benjamin	Mukasa	Management Partner - AMP Health	AMP Health - Namibia	Management Partner - AMP Health



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