HEALTH PROFESSIONAL FELLOWSHIP PROGRAM:
BUILDING THE CAPACITY OF HEALTH PROFESSIONALS TO DELIVER HIGHER QUALITY HIV/AIDS, TB, AND OTHER HEALTH SERVICES
ACRONYMS:

AIDS Acquired immune deficiency syndrome
CBO Community-based organization
CCT Comprehensive care and treatment
CUBS Community-Based Support for Orphans and Vulnerable Children
HIV Human immunodeficiency virus
ICT Information communications technology
IT Information technology
MSH Management Sciences for Health
NGO Nongovernment organization
PEPFAR U.S. President’s Emergency Fund for AIDS Relief
PLAN-Health Program to Build Leadership and Accountability in Nigeria’s Health System
POEM planning, organizing, executing, and monitoring and evaluating
ProACT Prevention and Organizational Systems—AIDS Care and Treatment
PLWHA people living with HIV/AIDS
SACA State Action Committee on AIDS
SMOH State Ministry of Health
TB Tuberculosis
USAID United States Agency for International Development

Cover Photo:
PEPFAR Health fellow Dr Tali Gajere presenting on behalf of the health providers team at the Fellowship graduation

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HEALTH PROFESSIONAL FELLOWSHIP PROGRAM:
BUILDING THE CAPACITY OF HEALTH PROFESSIONALS TO DELIVER HIGHER QUALITY HIV/AIDS, TB, AND OTHER HEALTH SERVICES

THE BUILDING SUCCESS SERIES VOL 3

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FOREWORD

This manual is one component in BUILDING SUCCESS, a series of guides offering practical, concrete, and innovative approaches that have proven effective in strengthening the response to HIV/AIDS and tuberculosis (HIV/AIDS and TB) in Nigeria. Each manual can stand alone, but the manuals will be most effective if you view them as components of an integrated package.

Each manual contains references to relevant information in other components of the series. The series synthesizes and expands the learning gained from MSH’s Nigerian projects, supported by the United States Agency for International Development (USAID) through the U.S. President’s Emergency Fund for AIDS Relief (PEPFAR):

- Prevention and Organizational Systems—AIDS Care and Treatment (ProACT)
- Community-Based Support for Orphans and Vulnerable Children (CUBS) Project
- Program to Build Leadership and Accountability in Nigeria’s Health System (PLAN-Health)

In 18 states, these three projects are striving to achieve USAID’s strategic objective for the country: “Increased Nigerian capacity for a sustainable HIV/AIDS and TB response.”

They are equally committed to MSH’s mission: “To save lives and improve the health of the world’s poorest and most vulnerable people by closing the gap between knowledge and action in public health.”

Project staff members work with state and local governments, CBOs, and targeted health facilities and communities to bring high-quality services to people living with HIV/AIDS (PLWHA) and TB, and to their families. (See box left.)

OUR GUIDING PRINCIPLES

This manual, with the others in the series, embodies the principles that guide the day-to-day activities of everyone who works for MSH Nigeria projects. We are grounded in the recognition that people—both the users and providers of health services—are at the core of our work.

We believe that—

- Success depends on empowering all the players: community leaders and members—including people living with HIV/AIDS—as well as health providers at all levels, government officials, and employees of civil society organizations.
- The solutions to people’s problems lie within themselves.
- We can celebrate our successes and use each failure as a learning opportunity.
- Small successes add up to big changes.
- Freely shared information and insights are essential to achieving common goals.
Who Created This Series?

The staff of the ProACT Project has written BUILDING SUCCESS with input from the other MSH Nigeria projects. Most of the approaches, lessons learned, and success stories come from clients and colleagues in the six states where ProACT is working to improve systems for service delivery: Adamawa, Kebbi, Kogi, Kwara, Niger, and Taraba.

ProACT’s clients have used the approaches described here to successfully implement a quality program despite many challenges. The series is based on the belief that successes in any project can be replicated in other settings, bringing high-quality, sustainable, gender-responsive HIV/AIDS and TB services to the people who need them.

How Can You Use the Building Success Series?

The reason this project, or any development project, exists is to empower people to save lives and improve the quality of life for themselves and their fellow citizens. You, like all of our readers, can make a significant contribution to this challenge. To support you in this effort, BUILDING SUCCESS will enable you to do the following:

- Use the “software”—the approaches, concepts, processes, and examples in these manuals—to put into action the “hardware”—the systems, structures, standards, and guidelines that already exist in your professional and geographic area
- Apply proven approaches to strengthen your organization and its HIV/AIDS and TB programs
- Translate guidelines into action and apply them for the greatest possible effect
- Benefit from the examples of health professionals at all levels who have overcome challenges to bring better health to the people they serve
- Enthusiastically carry out your responsibilities for providing or supporting the quality care that will prolong and improve the lives of PLWHA and their families

The manuals provide real-life examples of these successes, drawn from experience in the six project states. The manuals also refer to some documents—tools, government guidelines, standards of practice, forms—that you and your colleagues can use in carrying out these approaches and that are readily available to those working with HIV/AIDS and TB programs. You will find a few other important documents, newly developed and not yet widely distributed, in the annexes.

The manuals in this series are yours to read, re-read, discuss, adapt, and apply. But they are not all you need—no document by itself can enable you to provide all the information necessary to carry out a successful program. We strongly recommend that you and your colleagues supplement the information in each manual with other useful documents, including guidelines, standards of practice, checklists, reports, and success stories.
You can seek assistance from a variety of sources: government agencies, IPs, civil society organizations, and other groups that have successfully implemented initiatives like the one you are undertaking. With the support of these entities, you can use the manuals as a starting place and an ongoing point of reference.

We welcome you, our readers, as partners in the effort to provide the HIV/AIDS and TB services that will contribute to a long and meaningful life for all our fellow citizens.

—The MSH Nigeria Team

Living positively with hope, Florence, a volunteer in Garkida
INTRODUCTION

Using the Fellowship Manual

This manual is intended for individuals and groups who can play a role in building the capacity of health professionals by using fellowship programs that support the delivery of quality HIV/AIDS, TB, and other health services. If you are a care and support practitioner or health care provider at any level of state government or with a nongovernmental organization (NGO), the manager of a comprehensive care and treatment (CCT) facility, or working for an implementing partner, it is for you. If you are living with HIV/AIDS or have a family member who is HIV-positive, it is for you. In fact, if you are a resident or if you play a leadership role in any community where there are people living with HIV/AIDS or TB, this manual can help you to contribute to their care and support. If you work in the private for-profit sector and have a concern for the health of your fellow citizens, it is for you as well.

In the following pages, you will find guidance on important elements to consider when designing a Health Professionals Fellowship Program and a step-by-step process for selecting the program team and participants, creating a curriculum, implementing the program, and sustaining the process.

The Value of a Health Professionals Fellowship Program

In Nigeria, health indicators are poor. Life expectancy at birth is less than 50 years, and 85 children out of every 1,000 born die before one year of age. Nigeria has the second highest burden of HIV/AIDS in Africa, with over 3 million persons living with the disease.

In Nigeria and many other countries, the mounting prevalence of HIV is putting enormous pressure on already strained human resources—the backbone of the health system. The need is urgent to expand human capacity and for health professionals to adopt new paradigms of advanced teamwork and collaboration, stronger problem-solving skills, creative thinking, and thoughtful sharing of information.

A Health Professionals Fellowship Program is a powerful tool for radically shifting health professionals' approaches to addressing challenges in their facilities and communities and working effectively as change agents in teams to overcome those challenges. An HIV/AIDS Fellowship Program increases health workers' knowledge about HIV and AIDS prevention, care, and treatment; equips health workers with needed skills such as leader-
ship, management, and clinical skills; and empowers these workers to become change agents in their communities. To date, 173 doctors, nurses, laboratory scientists, TB specialists, and health managers and policy makers have graduated from the PLAN-Health–run Fellowship Program and have effected far-reaching changes in their facilities and surrounding communities. They have, on their own initiative, shared their knowledge with over 3.5 million persons in their communities. The ripple effect of the training program continues to resound in the communities where the participants come from and tangible changes have been emerging. Requests to participate in future Fellowship Programs stream in from various states, facilities, and communities. (See box 2.)

Creating a Transformational Fellowship Program

From the challenges and successes of several Fellowship Program experiences, the Nigeria PLAN-Health team has learned much and has found that the approach outlined in this manual works well. You and your colleagues should feel free to experiment with the design and delivery of your program to best suit the program to your country context. Depending on your country context, you may want to change the scope and focus of the Fellowship Program described in this manual. In our experience, we found that the elements outlined here are important to consider, and we did our best to address them in the design of the program. As more participants complete the program and we receive their feedback and assessments, we continue to adapt the program to meet their needs.

The basic structure of the program relies on a support team of mentors, facilitators, and technical advisors who guide and manage the Health Professionals Fellowship Program. The eight- or nine-week program includes four main components: (1) classroom learning, (2) hands-on practice, (3) community-based activities, and (4) mentoring and coaching. These components provide opportunities for the fellows to practice what was learned, give something back to the community, grow their skills and competencies, and share their moments of insight through group discussions and the use of case studies adapted to their national context.

Classroom Learning

The classroom learning component of the program relies on lecture-based instruction on topics critical to the quality of HIV/AIDS service delivery. An experiential learning approach is applied for the classroom learning as well as for the hands-on learning. Since participants join the program as adult learners who have 5 to 20 years of work experience, facilitators are able to utilize the wealth of participants’ experience by using real challenges participants have faced that they can reflect on and search for answers to as a group. Case studies from local hospitals, clinics, and partner organizations are also used.
Our Fellowship Program focuses on five modules:

- **Leadership and management**: The leadership and management module contains adaptations of selected sections from MSH’s Leadership Development Program. By utilizing real life experiences and challenges from the facility and community, the participants work in teams to learn and apply leadership and management practices. By the end of the leadership and management module, participants acquire conceptual and problem-solving skills for facing challenges and achieving measurable results in challenging environments. These skills are practiced and reinforced through their work with each other during the eight- or nine-week period by means of feedback and support from fellowship mentors and facilitators. The leadership and management module also focuses on communication and team building and includes lessons on emotional intelligence, hands-on teamwork, and basic verbal communication skills. Participants learn the challenges that affect teams and how to provide and receive feedback from teammates.

  The module also includes a session on influencing change in the local community. Participants learn skills for influencing policy and making change in their communities and receive practical training on conflict management and opportunities to apply the skills to real life situations.

- **HIV curriculum adapted from existing national curriculum**: The HIV and AIDS curricula vary from cohort to cohort and are dependent on the type of participants. For the facility-based participants, the HIV curriculum covers HIV epidemiology, HIV counseling and testing, adult and pediatric antiretroviral therapy, management of opportunistic infections, TB/HIV integration, and bereavement counseling. For participants who are management staff, the HIV curriculum focuses on supervision of HIV services, referrals and linkages, and coordination and management of the health sector HIV response. For policy makers, the focus is on health systems and HIV integration.

- **Information communication technology (ICT)**: The ICT module includes hands-on training on the use of the Microsoft Office Suite (Word®, Excel®, PowerPoint®, Outlook®, and Picture Manager®) and the Internet. The pretest assessment and class observation during the ICT lessons reveal that many participants have little or no ICT knowledge before participating in the Fellowship Program. Lack of these skills keeps health professionals from (1) contributing to the body of knowledge on HIV/AIDS, (2) learning from new challenges, (3) understanding and preparing for new infections, and (4) providing accurate information and a timely response to meet the needs of HIV/AIDS clients.

- **Research and abstract and proposal writing**: This module trains participants to develop proposals for funding their projects, develop operational research skills, and communicate their results and achievements via abstract and paper presentations at local and international conferences. Graduates from the Fellowship Program have gone on to share their experiences and lessons learned with other colleagues at several different conferences.
Basic project management: Within this module, participants are introduced to the project life cycle (i.e., the CDEF phases of a project: conceive, develop, execute, finish). They also learn how to apply tools and techniques for project planning, organizing, executing, and monitoring and evaluating (POEM).

Hands-on Practice and Community-Based Activities

In many training programs, training is often entirely classroom based and has a theoretical rather than applied focus. Many health professionals receive training and education outside of the country where they work and often find it difficult to apply what they have learned in their local context. Lack of resources, religious and cultural conflicts, and other realities on the ground can make applying theoretical, classroom experience difficult.

We realized that including real life, experiential learning as part of the Fellowship Program was important. Incorporating community projects and volunteer experiences in clinics, hospitals, HIV/AIDS support groups, and prisons as components of the program means that learning and applying skills happens at the same time. Clinical skills, management and leadership skills, and teamwork—all essential skills for delivering quality HIV/AIDS services—become habit instead of theory.

Practicum sessions are included as an experiential learning component of the program. Participants are taken to hospitals, systems management offices, laboratories, and other facilities. They observe, share, and learn from their professional colleagues. This outing reveals much to the participants because they visit the facilities from the perspective of a client. They get exposed to the challenges clients encounter in hospitals and clinics, and they return to class the following week sober and displeased by the way clients are treated by health professionals. According to one participant, commenting on his practicum experience, “I observed staff stigmatize and talk harshly to clients, and this experience at the District Hospital will go a long way in changing my attitude towards my clients because I experienced what the patients feel after receiving bad service” (Idokoh Cyril Emeka, Cohort E fellow, Nurse at Bishop Shanahan Hospital,Nsukka).

The facilities that are open to feedback on how they can improve their processes are encouraged to do so based on the observations and lessons learned from the experience.
Mentoring and Coaching

A Fellowship Program is intensive. It is eight to nine weeks of classroom learning and applied work, and participants are engaged six to seven days per week. We have found that coaches and mentors have been indispensable to the success of the program. Mentors not only help keep enthusiasm up, but they also provide a resource for discussing challenges and ideas. When mentors are not around, participants look forward to scheduled mentor phone calls and take pride in having progress to report.

Mentors also push participants to come up with solutions on their own, which is an encouraging and inspiring process. Coaching and mentoring helps participants learn to effectively and consistently manage challenges in their respective facilities. Professionals from varied backgrounds are recruited as coaches and mentors. They are paid to provide support, facilitate part of the learning, guide the participants to reflect on each module, and support participants to produce an improvement plan for themselves and for their facility or organization. To see a sample of a simple scope of work for a mentor, please refer to annex A.
A STEP-BY-STEP PROCESS FOR DEVELOPING AND DELIVERING AN EFFECTIVE FELLOWSHIP PROGRAM

The Fellowship Program is a rigorous process. Therefore, it is important to plan carefully and well ahead of the commencement date. Below are the steps for the program. Note that some of these processes occur concurrently.

STEP 1. BUILDING YOUR FELLOWSHIP PROGRAM TEAM

1.1 Selecting Fellowship Program Facilitators, Mentors, and Support Team

At this stage, brainstorm about the types of skills useful for the program and people you know of who have those skills. (See table 1.)

Table 1. Skills of the Fellowship Program Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Primary Skills Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator</td>
<td>■ Experience utilizing adult learning approaches</td>
</tr>
<tr>
<td></td>
<td>■ Experience gathering and working with evidence</td>
</tr>
<tr>
<td></td>
<td>■ Experience developing case studies and utilizing participatory approach</td>
</tr>
<tr>
<td>Mentor</td>
<td>■ Listening and communication skills</td>
</tr>
<tr>
<td></td>
<td>■ Experience providing mentoring and coaching services</td>
</tr>
<tr>
<td></td>
<td>■ Experience working with teams</td>
</tr>
<tr>
<td>Support team staff</td>
<td>■ Project design, planning, evaluation, and general management experience</td>
</tr>
<tr>
<td></td>
<td>■ Experience compiling feedback received from the participants and updating the content on the website</td>
</tr>
<tr>
<td></td>
<td>■ Skill in facilitation of adult learners</td>
</tr>
</tbody>
</table>

Contact the people you have identified and encourage them to contact others they may know as well. Word of mouth can expand the reach of your search. Places to start are universities, NGOs, faith-based organizations, or other institutions or groups that have individuals who have the skills you are looking for. Your best collaborators will be people who are interested in the idea of the program and are interested in giving back to the community.

Facilitators and mentors receive a stipend, but it is usually a lot less than what they would typically make in a day. People also need to understand and accept that participation in the program is a part-time assignment in addition to their regular full-time work responsibilities. You are looking for people who are ready and willing to make this extra time commitment. Sometimes university professionals will get an official release to participate since fellowship programs like these often meet professional development requirements. You can also ask for volunteers and recruit additional paid staff as needed.
1.2 Getting the Team Aligned and Committed

Getting the team aligned and committed means that everyone understands and can communicate the program mission, vision, objectives, and expected results. All involved know their roles and responsibilities, and they support the program delivery approach. At this stage, information about the program can be delivered to program delivery team candidates in a workshop format. Share all of the information you have about the program at this stage. As the workshop is unfolding, it can be used as an opportunity to screen potential program facilitators. Who seems most committed to the work? Who has a volunteerism spirit and is interested in doing something for his or her country and community? Who is good at dealing with people? Who has good listening skills? These are all indications of successful program delivery team members. Get final oral commitments from selected program delivery team members and follow through with your human resources department.

Inspired to forge change in their spheres, two mentors sing a song composed for the Fellowship.
STEP 2. DEVELOPING THE FELLOWSHIP PROGRAM CURRICULUM

Developing the curriculum is a participatory process involving all of the program delivery team members. Although the curriculum should be basically complete before the team is on board, it is helpful to treat the curriculum as a flexible, living document that can be changed to best meet the needs of facilitators, mentors, and program participants. We found it useful to develop a draft curriculum with the components we knew we wanted to include in the program and then to work with facilitators to refine the curriculum and make deletions and additions. Since the purpose of the program is to produce change agents through capacity-building, it is important that the program team and participants understand this change process. Then, it is important to reach agreement about the elements of the program that will facilitate that change process for participants. An example of a detailed curriculum can be found in annex G.

2.1 Understanding the Change Process

The Successful Manager’s Handbook states that “in order for people to change, they need to know what is expected of them and how they match up against expectations. They also must want to change, have access to methods to gain knowledge and develop their skills, and have opportunities to practice their new skills” (p. 229). (See box 3.) The handbook goes on to identify five steps to a successful change process, with related questions that help you identify where you are in the process.

- **Insight**: Do you know what to develop?
- **Motivation**: Are you willing to invest the time and energy it takes to develop yourself?
- **Capabilities**: Do you know how to acquire the skills and knowledge you need?
- **Real world practice**: Do you have opportunities to try your new skills at work?
- **Accountability**: Do you internalize your new capabilities to actually improve performance and results?

2.1.1 Ensuring an Effective Environment

A Fellowship Program creates the environment in which this change process can occur, from beginning to end. An effective Fellowship Program will identify participants who are committed to this change process and will provide a supportive environment for learn-
ing and applying new skills. The process begins by creating an opportunity for participants to have a moment of insight, where they see where they are now and where they want to go. It creates and sustains an enabling environment for participants to learn, and ultimately internalize, the skills they will continue to apply in their facilities going forward.

The Fellowship Program emphasizes on the fact that leadership develops by giving people challenges and providing them with the appropriate skills, support, and feedback as they address those challenges (MSH Leadership Development Program). (See figure 1.)

Figure 1. Framework: Developing Managers who Lead

Create opportunity for moment of insight ensure enabling, motivating environment provide opportunities to acquire new knowledge and skills real world practice applying knowledge and skills. (See The Successful Managers Handbook, p. 229.

2.1.2 Understanding the Change Curve and the Stages of Commitment

In addition to the steps laid out in The Successful Manager’s Handbook, we also find Stanford University's Degree of Support for Change Model a useful framework for understanding the stages people go through when they learn new skills and apply them.

Upon arrival, the first week is spent preparing the participants for a life-changing experience. This is known as the familiarization stage. At this stage, participants do exercises designed to familiarize them with each other and the environment. They also
receive detailed information about the training. This awareness leads to a certain level of understanding that convinces the participants to develop a positive perception that prepares them to gain new knowledge and insights. This second stage is known as the acceptance stage. The third and final stage is the commitment stage where the training aims to catapult participants into an irreversible level. It begins with installation of new positive ideas that could be adopted as a behavior. Through mentoring and coaching, the new behavior(s), that could be as simple as a decision to change a bad attitude, becomes institutionalized. The last two changes that are irreversible are the levels where internalization and institutionalization take place. At these levels, the new behavior becomes a habit and a way of life. These changes constitute the main goal for each Fellowship Program cohort, and the training is structured and delivered to achieve this goal. Figure 2 illustrates the process.

**Figure 2. Stages of Change for Fellowship Program Participants**

![Figure 2](image-url)

Source: Stanford Advanced Project Management, Mastering the Integrated Program, Initiate the Program, slide 24, adapted from Managing the Speed of Change by Daryl R. Connor.

### 2.2 Designing the Curriculum Elements and Schedule

Each day begins with reflections on the previous day, giving participants a chance to review what they have learned and share successes and frustrations. Next, the group moves into the classroom modules for the day. The modules focus on developing particular skills such as management and leadership skills, proposal writing, or program management. Information technology (IT) modules are also included in almost every day.
of the program so fellows can practice computer skills, data collection, and using data for decision making. (See box 4.) Participants apply the varied skills they have learned through community activities, internships, and volunteer projects. Participants spend five of seven Saturdays volunteering in different community settings such as orphanages, medium-security prisons, or HIV support groups. After the day’s classroom sessions and applied modules, fellows assess the strengths and weaknesses of each program component. This feedback is used to strengthen future programs. Mentoring sessions close each day, and sometimes last as late as 10:00 or 11:00 at night. Program participants enjoy spending this time with their mentors and each other.

2.3 Establishing the Curriculum Roles and Responsibilities

The support team, the facilitation team, and the mentoring team all have specific roles and responsibilities, which must be clearly defined and understood during the development stage.

2.3.1 The Support Team

Drawn from the organization that is implementing the Fellowship Program, a support team is made up of two core technical staff with project management expertise plus three assistants, all of whom provide support to each cohort. The support team organizes training for the facilitation team, ensures that issues raised by the participants are attended to within 24 to 48 hours, participates in each day’s learning, and facilitates assessment discussions at the end of each day.

2.3.2 The Facilitation Team

Two months before the commencement of each Fellowship Program, the program team identifies facilitation team members, who are invited for a discussion of the curriculum and appropriate delivery methods. Based on the cohort’s technical areas of expertise, the team negotiates who will teach which sections, determines a sequence for the presentations, and ensures content flows and is related.

2.3.3 The Mentoring Team

Mentor involvement is not fixed, but depends on the size and needs of the cohort. In general, mentors are available in person for roughly half of the program and are available virtually (by phone and e-mail) the rest of the time. Mentors are involved in program planning before the start of the program and play a key role in team building during the first week of the program. During that first week, mentors and mentees are assigned to each other and sign a mentoring contract (see annex H). The contract outlines the roles
The mentors and mentees agree to be available to offer support during and after the program, and mentees agree to participate fully in the program and to apply the skills they learn in their workplace after the program ends. Mentors use a mentoring and coaching plan (see annex E).

One of the most important roles of the mentor is to help mentees identify challenges and to support them to come up with solutions to those challenges on their own. The focus is not only on learning new skills, but also on leveraging the knowledge and resources that participants already have to solve challenges, rather than looking to others for resources or to solve problems for them. Some of the ways mentors provide support include the following:

- Providing linkages to organizations, individuals, and resources that support the mentee’s work
- Asking structured questions about assignments and challenges as a way of guiding mentees toward meeting goals and objectives
- Serving as role models

Mentors with skills in particular areas may have some facilitator responsibilities as well, such as teaching research skills, abstract writing, or proposal writing. Some mentors are graduates of the Fellowship Program and had been selected to be mentors in later programs because they excelled in the program and continue to make proven improvements at their facilities. (See box 5.)

Mentors report that participating in the program is one of the most rewarding experiences they have had. They take pride in seeing the immediate impact the program has on participants, in as quickly as two to three months. Mentors appreciate the fully participatory and interactive style of the program and the personal and professional relationships they develop. Mentors take particular pride in seeing their mentees sustain the positive changes they have made in their facilities and often remain in close contact with participants long after the program ends.

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**A MENTEE TURNED MENTOR**

“Before I participated in the program, I always waited for other people to take the lead in solving problems. However, with the skills I gained in the fellowship, I am able to identify problems and initiate the process of solving them. The advocacy and communication skills I gained from the program have been extremely useful in carrying other people along to cause change.”

— Amina Jafun, Fellowship Program fellow and current mentor
STEP 3. RECRUITING PROGRAM PARTICIPANTS

2.1 Opening the Participant Recruitment Process

The program support team should agree together on the criteria applicants should meet to be able to participate in the program. In our experience, we found that having an electronic recruitment and application process had two distinct advantages:

- The time it took to process electronic applications was much shorter than the time it took to process paper applications
- The electronic process served as a simple screening tool for ensuring applicants’ basic computer skills.

A program website is useful for the electronic recruitment process. The website can be used as a place to which to refer applicants for information about the program, and the application form can be hosted on the website. Over the longer term, the website is also a place where facilitators, mentors, and participants can share program progress and recognize achievements. It is a discussion forum for sharing success stories, reflections on the program from previous program participants, and experiences back at the workplace after completing the program. This resource facilitates peer-to-peer learning and is a growing social network of health professionals and community-based leaders that people can use when they are back at their hospitals and clinics.

2.2 Conducting Candidate Interviews

Once potential candidates are selected, schedule the first round of interviews as phone interviews, since a smaller number of candidates will later be selected for in-person interviews. During phone conversations, look for candidates’ enthusiasm about the program and passion for the work. If they are passionate, they can’t hide it! Also check that their understanding and expectations of the program are accurate. Phone interviews are typically short, lasting approximately 10 minutes.

For the in-person interviews, make sure that a person who did not do the phone interview sits in on the in-person interview. Having more than one person’s opinion about an applicant is important, particularly when making difficult admission decisions, since there are always more applicants than the program can accommodate.

2.3 Selecting the Candidates

If an organization has several strong applicants, avoid selecting so many applicants from the same organization that services are disrupted there. Select the strongest applicants from across different organizations who are the strongest candidates best able to share their knowledge with colleagues. (See also box above.)

PARTICIPANT RECRUITMENT ADVICE

Choose from among applicants who applied themselves instead of applicants who were nominated or chosen to apply by directors or bosses. This helps ensure that participants are those who are hungry to participate and ready to make the necessary sacrifices needed to affect change in their communities.
Once the final group of applicants is selected, send acceptance letters along with a pre-program assignment. Previous experience has shown that giving a pre-program assignment helps participants think through in advance the challenges they face in their workplaces and the areas they would like to focus on improving. When they get to the part of the program in which they define their organization’s mission, vision, challenges, and current situation, participants who have done the pre-program assignment are able to develop targeted action plans more quickly than those who have not. For a sample assignment, please see the acceptance letter in annex C. For a final acceptance letter with program and logistical details, see annex D.
STEP 4. IMPLEMENTING THE PROGRAM

Now it is time to welcome the fellows and put the curriculum into action! All elements of the program are delivered using experiential and participatory learning approaches.

4.1 Organizing into Teams

To support this philosophy, participants are assigned to one of five teams on the first day of the program. Each team is assigned tasks they are responsible for during the program thus encouraging the spirit of teamwork, collaboration, openness, and sharing. We have found that people carry these team work skills back to their facilities and apply them. The five teams and their responsibilities are as follows:

- The welfare team is checks in with program participants regularly to see how everyone is doing in general. Team members ask about their hotel accommodations, the quality of support they are receiving from mentors and facilitators, and the dynamics among program participants. If particular problems are reported to the welfare team or discovered by the welfare team, team members do their best to respond and address the issue within 24 hours.

- The social team pays attention to the social environment. If energy levels are low and it’s time for a break, this team leads the way in a little traditional dancing and singing, joke telling, or other entertainment. These activities can also be used as punishment for a fellow who lets his or her cell phone ring. This team helps to keep the environment fun and light, but still productive.

- The environment team pays attention to the physical environment, such as the temperature, noise level, and cleanliness. They also explore where parks and other places of local interest are and report back with descriptions and photographs. Many people travel to participate in the program, so it’s nice to know about things to do and sights to see that are close by. Such outings are also opportunities to bond with other program participants.

- The time management team makes sure that daily activities are kept on schedule and that there is always time at the end of the day to give and receive program feedback. If not everyone understood a session, this team may adjust the program schedule so the facilitator can repeat or review the session. This team helps encourage participant ownership of the learning process.

- The evaluation team is key for obtaining feedback from the participants. At the end of every day, participants complete a daily evaluation in which they reflect on what worked well, what didn’t work well, and what can be changed within 24 hours. The evaluation team collects this written feedback, then compiles it and makes a presentation the following morning to the program support team and participants.
4.2 Distributing Laptops and Modems

Also on the first day of the program, program participants are given laptops and modems. This is a big surprise that participants get quite excited about. Along with the laptop computers, intensive training on the use of IT as a tool for research, communication, networking, and development is also provided. These skills support health workers to become part of a network of professionals committed to improving health outcomes in their communities.

SUSTAINING THE PROCESS

After the Fellowship Program ends, fellows enthusiastically go back to their workplaces inspired to be agents of the change they want to see in their facilities and communities. Transitioning directly from the training program back to the real world, however, is not always easy. In our experience, ongoing coaching and support after the program ends has helped participants begin to apply what they have learned in their workplaces. Skills to generate support for making the changes they want to see are also essential for sustaining commitment and action.

PROVIDING TRANSITIONAL COACHING AND SUPPORT

As part of the consolidation exercises, each participant develops a monitoring and evaluation plan that directs mentors’ support. Mentors provide feedback on the plan and follow up after the Fellowship Program on the implementation and utilization of the skills and new knowledge. Data on utilization are collected and input into an online database that only the mentors and the support team have access to. Mentors’ allowances are paid based on presentation of an active mentoring plan and on reports that show that they have been following up with at least 75 percent of graduated fellows. To enable this follow-up exercise to continue, each mentor is provided a mobile phone with monthly airtime and a connectivity card with a monthly subscription. The mentors continue to encourage fellows to find solutions to new challenges in the facility. When they are met with challenges, evidence shows that they either organize a set of activities, or build on existing activities in their facilities, to implement and improve on what they did in the past by utilizing new skills and knowledge. (See a sample of the mentoring plan and a simple performance-based log in annex F.)

MOBILIZING HUMAN AND FINANCIAL RESOURCES

MSH Nigeria has found that most leaders, groups, and community members have a genuine interest in caring for those who are facing serious health challenges. We have encountered many instances—in Nigeria and worldwide—in which community mem-
bers and structures have been mobilized to respond to various health concerns. Fellowship Program participants learn to do the following:

- Scan the environment to understand the challenges that prevent them from delivering quality services
- Conduct research to better understand challenges and do advocacy research to identify stakeholders who will support these changes and improvements
- Use the following to form or become part of an existing committee to champion the new cause:
  - Workshops
  - Financial support
  - Meeting to share new vision for the team and get alignment
  - Outreach to share new knowledge
- Mobilize resources (human and material) to support the agreed upon activities
- Organize and implement activities
- Report back to mentors on progress made

EXAMPLES OF PROGRAM IMPACT

At the end of the Fellowship Program, participants usually feel a sense of achievement in the following areas:

- Knowledge about HIV/AIDS prevention, care, and treatment
- Skills needed to overcome challenges and achieve results
- Leadership and management skills
- Work relationships and an appreciation of teamwork
- Attitude to work upon return to their facilities

Most also hunger for more knowledge and feel a renewed desire to help improve health outcomes in their country, to contribute to a positive change within the health system, and to enhance the growing body of HIV/AIDS knowledge.

To date, 183 health professionals have benefited from the Fellowship Program (48 nurses, 33 doctors, 26 laboratory scientists, 28 TB program managers, and 48 health managers and policy makers). Previously, trained health professionals have shared their knowledge with over 3.5 million people in their communities. Evidence from the communities to which the participants returned after their Fellowship Program shows that participants utilize their new skills in tackling challenges that affect provision of quality HIV/AIDS services. Fellowship participants become more focused, results oriented, and
passionate about reducing the impact of HIV in their community, and they collaborate with existing local and international organizations in tackling complex situations.

Tangible improvements in health services have been observed in the facilities where they work. For example, within six months of completion of the program, records from five fellows’ facilities showed an average increase in TB case detection of 11.7 percent (1,062 to 1,186 within one quarter). Twenty-seven out of the 28 fellows have organized 160 awareness and advocacy activities on TB/HIV basics for an estimated population of 2.3 million. Cumulatively, they have leveraged N4,376,378 ($29,176 in U.S. dollars) from the community and are presently tackling new challenges emanating from increased client demand at the facilities.

According to reported facility-based outcomes from previously trained fellows, client waiting time in 10 facilities has been reduced by 50 percent, the number of clients who visit the facility has increased by 10 percent, the number of clients adhering to the ART protocols has increased by 20 percent, and the quality of health-related communication with clients has improved.

THE LAST WORD

Health professionals in Nigeria work under challenging circumstance. Provision of quality HIV/AIDS and TB services requires skills in management and leadership. A Fellowship Program can equip participants with important skills needed to provide solutions to country-specific challenges. By strengthening the capacity of health professionals to provide quality health care, each trained fellow contributes to improved health outcomes. The Fellowship Program results demonstrate that local health workers who are sensitive to the cultural complexities of their communities are better able to reach the people in these communities. Given the positive changes we have seen in Nigeria as a result of this program, we would like to support continuing efforts in the necessary development of human resources to affect quality and positive change in any health sector. With multifaceted training and support, these health workers can become the critically needed agents of sustainable change in their communities.
ANNEXES

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Chief Mentor Prof. Alfred Uwakwe congratulates a fresh Fellow as he presents her with a fellowship certificate.
ANNEX A. SAMPLE OF A SIMPLE SCOPE OF WORK FOR A MENTOR

SCOPE OF WORK
(Name of mentor)
Leadership, Management, and Sustainability Program
Management Sciences for Health

Activity Code/Workplan Number: xxxxxxxxxx

Period of Performance: (From) – (To)

Level of Effort (LOE): xxx days

Technical Supervisor: (Name of MSH Fellowship Coordinator)

Fellowship Objective: To produce cadre of health professionals who would utilize the skills gathered from the Fellowship Program to overcome challenges and achieve results in their teams, facilities, and communities

Program Background: The Fellowship Program is intended to improve and strengthen management and leadership capacity of health care providers from Nigerian networks and direct-service organizations delivering HIV/AIDS services. It runs for nine weeks and is comprised of classroom activity, community-based activity, mentoring activity, and practical exercise in hospitals.

To date, 185 health professionals have benefited from the Fellowship Program and have shared their skills and knowledge with over 3 million persons in facilities and communities in Nigeria.

Required Mentoring Skills:
- In-depth understanding of the cultural context of the mentees
- Experience working in local communities or rural hospitals
- Experience working with teams
- Experience providing counseling and mentoring services to individuals or groups in Nigeria
- Fluency in the English language and in at least one major Nigerian local language
- Commitment to adhere to Fellowship Program standards and key indicators

Activities:
- Organize meetings for the mentees
- Facilitate mentees’ learning experience
- Help the mentees to resolve issues that may arise
- Actively participate in the presentations
- Assist in the evaluation of the mentees
- Present a 4-week activity report to the Fellowship Program manager
- Participate in end-of-the-day facilitators’ evaluation meeting

Deliverables:
- Activity report
- Signed photo release forms
- Marked attendance sheet
PEPFAR Health Professional Fellowship Questionnaire

Date: 24 April 2010
Cohort E: TB Health Professionals

Dear Sir/Madam

I am administering this questionnaire to assess the knowledge people in Abuja have about tuberculosis (TB). Your honest feedback will help us to understand the questions people have about TB and to see how to provide relevant and simple information when providing services. Please answer the following questions by ticking the appropriate boxes. The information provided will be held in confidence by the MSH Fellowship Program.

Respondent Information

<table>
<thead>
<tr>
<th>1</th>
<th>ID number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Highest level of education</td>
</tr>
<tr>
<td>3</td>
<td>Gender</td>
</tr>
<tr>
<td>4</td>
<td>Occupation</td>
</tr>
<tr>
<td>5</td>
<td>Marital status</td>
</tr>
<tr>
<td>6</td>
<td>Age</td>
</tr>
</tbody>
</table>

Have you ever heard of TB? □ Yes □ No

If yes, where did you hear about it?
□ Radio
□ Television
□ From a friend
□ From a health worker or at the hospital
□ Newspaper
□ Others (please specify)__________________________________________

Is there any cure for TB? □ Yes □ No

How best can it be cured? □ Western method (e.g., in the hospital) □ Traditional method
**What is the cause of TB?**

- Spiritual attack or poison
- Sexual means
- Inherited through either mother or father
- Through germs
- Others (please specify)______________________________

**Have you seen a TB patient before?**

- Yes
- No

**How can somebody get TB?**

- Through food
- Through the air
- Through water
- Through sex
- I don’t know

**The most common symptom for TB is—**

- Weight loss
- Persistent cough
- Fast breathing
- Loss of appetite

**If a family member has persistent cough for over two weeks, where will he or she go?**

- Traditional home
- Chemist
- Laboratory
- Hospital
- Prayer house

**Can TB change to HIV?**

- Yes
- No
- I don’t know

**I accept that the information provided can be used to improve TB services.**

- Yes
- No

Thank you for your honest feedback.
Dear (name of mentee),

Congratulations! I am glad to inform you that you have been provisionally selected to participate in the Health Professionals Fellowship Program.

The Fellowship Program is funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through the Program to Build Leadership and Accountability in Nigeria’s Health System (PLAN Health), managed by Management Sciences for Health.

The program is designed to improve the skills and strengthen the management and leadership capacity of health care providers, Nigerian networks, and direct-service organizations delivering HIV/AIDS. It also hopes to build the capacity of the health practitioners to effectively respond to the challenges they face managing HIV/AIDS services. So far, five cohorts of health professionals have benefited from the Fellowship Program: two cohorts of 48 nurses, a cohort each of 33 doctors, 26 laboratory scientists, and 28 TB program managers. The previously trained health professionals have shared their knowledge with over 3 million persons in about 32 states in Nigeria.

The program is fully residential and will last for seven weeks. You are expected to check in on the 20th of February 2011 and to check out on the 7th of April 2011.

Kindly confirm your acceptance and availability to attend this program within two weeks from today (confirmation deadline is 9th of February 2011) to me at dbooth@msh.org.

Your confirmation e-mail should include a two-page response to the following:

1. **Background information** (about your facility or organization or department):
   - What services were you set up to provide?
   - What services does your department presently provide?
   - How many people work in your organization, department, or facility?
   - How many clients access services from your facility annually?
   - How many partners (e.g., nongovernmental organizations, international organizations) work with your department or organization?

2. **Problem definition:**
   - What problems affect the delivery of service in your facility or organization?
   - Why do you perceive what you identified as problems?

3. **Expected result:** What kind of change would you like to see happen in your facility? For example, do you want to see—
   - Improvement in the relationship between management and staff
   - Improvement in the relationship between patients and health workers
   - Improvement in the service delivery to clients
   - Increase in the number of clients that visit your facility or organization
   - Better coordination of partners
   - Reduction of client waiting time
   - Other

Kindly note that your confirmation is required on or before 9th of February 2011 to be assured a space in the Cohort F Fellowship Program. A follow-up letter will be sent to you once we receive your confirmation.

Do not hesitate to contact the undersigned should you require any form of facilitation or advocacy for your release from your facility. Once again, accept my congratulations!

Yours sincerely,
ANNEX D. FINAL ACCEPTANCE LETTER

The U.S. President’s Emergency Program for AIDS Relief (PEPFAR) 
Health Professional Fellowship Program 
6 February – 16 March 2012

Dear (name of mentee),

On behalf of the Management Sciences for Health (MSH), I congratulate you for accepting our invitation to participate in the Cohort G PEPFAR Health Professional Fellowship Program.

Hotel Reservations and Meals

Accommodation is reserved for you from 5 February to 16 March 2012 at Covenant University Guest Inn, Otta, Ogun State. You will be expected to pay for all your meals and personal incidental expenses. In view of this, a meal allowance, which will exclude any meal provided throughout the workshop days will be paid weekly to you by the MSH account team. As you will soon find out, there are many eating outlets within the school premises, which are safe to eat in.

Training Structure and Time

The 30-day Fellowship Program experience is hugely captivating, and you will be busy most of the time you are with us. There is only one day of break at the end of each week; you will be engaged from 9:00 a.m. to 5:00 p.m. each day. Information technology practice, mentoring meetings, and team assignments happen in the evening; community activities happen every weekend. The community activities will enable you to work with local nongovernmental organizations, orphanages, and HIV/AIDS support groups. The PEPFAR Health Professional Fellowship Program has four components:

• A six-week interactive classroom component
• A one-week internship experience within a community
• Meetings with your teammates
• Continuous mentoring support.

Moreover, in week six, there will be a consolidation exercise that will sum up your learning experience. Kindly note that as part of your concluding activities, you will be asked to present an action plan on what you hope to improve upon return to your facility, department, or organization. Therefore, you should consider not planning any appointments or meetings during the program because you will be very busy.

Fellowship Program Certification

Two types of certification presently exist in the Fellowship Program: certificate of attendance and certificate of successful implementation of a step-down activity. A certificate of attendance will be awarded to any participant with 90 percent attendance in classroom, weekend, and weekly mentoring activities. The second certificate will be based on the implementation of activities that will overcome a real life challenge that militates against provision of services in your department, organization, facility, or community. To ensure that you are successful in acquiring all the skills needed to effect change upon return to your place of work or community, you will be assigned a trained MSH coach, who will work with you as your mentor; both during and after the 30-day Fellowship Program.
In Case of Emergency

For immediate response to emergencies during the program, please contact the welfare team leader, who will be resident in the hotel or inform any of the following persons.

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philomena Orji</td>
<td>Senior Technical Advisor</td>
<td>08056897103</td>
</tr>
<tr>
<td>Victor Ukpere</td>
<td>Technical Officer</td>
<td>08053005400</td>
</tr>
<tr>
<td>Temitope Fadiya</td>
<td>Technical Officer</td>
<td>08055098004</td>
</tr>
</tbody>
</table>

Daily Transport Arrangement

The venue is the university guest house that contains both accommodation for fellows and the training hall, but arrangements are being made with the campus shuttle to facilitate movement for those going for Jumat prayers.

On behalf of the Health Professionals Fellowship management team, I once again congratulate you and look forward to welcoming you.

Kind regards,
### ANNEX E. COACHING AND MENTORING PLAN FORMAT

<table>
<thead>
<tr>
<th>Name of Mentor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Fellow</td>
<td></td>
</tr>
<tr>
<td>Facility of Fellow</td>
<td></td>
</tr>
<tr>
<td>Activity 1 agreed to by Fellow/Mentor</td>
<td></td>
</tr>
<tr>
<td>Activity 2 agreed to by Fellow/Mentor</td>
<td></td>
</tr>
<tr>
<td>Activity 3 agreed to by Fellow/Mentor</td>
<td></td>
</tr>
<tr>
<td>Activity 4 agreed to by Fellow/Mentor</td>
<td></td>
</tr>
<tr>
<td>Identified priority activity 1 to be implemented in the next one month</td>
<td></td>
</tr>
<tr>
<td>Priority activity 2 to be implemented in the next one month</td>
<td></td>
</tr>
<tr>
<td>Suggestions on the way forward</td>
<td></td>
</tr>
<tr>
<td>Results achieved last month</td>
<td></td>
</tr>
<tr>
<td>Lesson(s) learned by Fellow</td>
<td></td>
</tr>
<tr>
<td>Lesson(s) learned by Mentor when mentoring the Fellows</td>
<td></td>
</tr>
<tr>
<td>Feedback from Fellow to Mentor</td>
<td></td>
</tr>
<tr>
<td>What a Fellow when mentored by a Mentor will do differently as a result of the feedback received</td>
<td></td>
</tr>
<tr>
<td>Date of next meeting</td>
<td></td>
</tr>
</tbody>
</table>
## ANNEX F. SIMPLE MENTORING PERFORMANCE-BASED LOG

<table>
<thead>
<tr>
<th>Name of Mentor</th>
<th>Expected Number of Fellows to Be Reached</th>
<th>Number of Fellows Whose Step-Down Activities Were Recorded</th>
<th>Percentage of Fellows with Recorded Step-Down Activities</th>
<th>Number of Fellows Provided Mentoring Services</th>
<th>Percentage of Fellows Provided Mentoring Services</th>
<th>Conclusion Based on the Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person A</td>
<td>18</td>
<td>20</td>
<td>111</td>
<td>12</td>
<td>67</td>
<td>Just one person added to the record on mentoring services will complete your assignment</td>
</tr>
<tr>
<td>Person B</td>
<td>18</td>
<td>19</td>
<td>106</td>
<td>16</td>
<td>89</td>
<td>Complete and can be paid</td>
</tr>
<tr>
<td>Person C</td>
<td>18</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>22</td>
<td>Incomplete because the benchmark for both is 70%</td>
</tr>
</tbody>
</table>

Data on Number of Fellows Reached from ___________ to _____________, 20____
ANNEX G. PEPFAR HEALTH PROFESSIONAL FELLOWSHIP PROGRAM

MODULES

TRAINING METHODOLOGY

- Didactic presentations
- Case studies
- Group exercises
- Plenary discussions
- Role plays
- Practicum
- Focused group discussions

Week 1: Leadership and Management

Learning objectives: Participants

- Acquire basic leading and managing skills
- Articulate personal improvement plans with mentors

Sessions:

- Leading and managing practices
- The challenge model
- Communication and feedback
- Team building
- Emotional intelligence
- Emotional labor

Contact time: 40 hours

Week 2: Project Management

Learning objectives: Participants

- Acquire and apply basic knowledge of project knowledge areas and POEM
- Plan for application of acquired knowledge and skills in their personal improvement projects after close of the Fellowship Program

Sessions:

- Project management knowledge areas
- Project planning
- Organizing
- Monitoring and evaluation

Contact time: 40 hours

Week 3: Technical Week

Learning objectives: Participants

- Understand the basics of HIV
- Become familiar with HIV burden in Nigeria and in their locality
- Know the relationship between HIV and the health system
- Identify gaps in HIV programming in relation to other health services
- Identify possible strategies for integration and sustainability
Sessions:

- Introduction to HIV
- Epidemiology of HIV
- Introduction to health systems (health system pillars, health system players)
- HIV integration
- HIV and governance
- Sharing by PLWHA

Contact time: 40 hours

**Week 4: Research Methods and Proposal Writing**

**Learning objectives:** Participants

- Acquire knowledge on and practice proposal writing, conducting research, writing abstracts, report writing, and applying for and managing grants

Sessions:

- Introduction to research methods (operational research, research ethics)
- Abstract writing and communicating results
- Writing concept papers
- Proposal writing
- Grants management

Contact time: 40 hours

**Week 5: Practicum week**

**Learning objectives:** Participants

- Utilize knowledge gained so far and improve on acquired skills

Contact time: 40 hours

**Week 6: Consolidation**

**Learning objectives:** Participants

- Acquire knowledge on how to implement their new skills upon return to their organization
- Articulate and share changes that will be implemented to bring about positive results

Sessions:

- Advocacy and resource mobilization
- Influencing change
- From policy to action
- Quality assurance
- Conflict management
- Presentation of improvement plans by participants

Contact time: 40 hours

**Week 7: Final fellowship evaluation and closing ceremony**

**Objectives:** Participants

- Evaluate the Fellowship Program and make recommendations for improvement

Contact time: 24 hours
ANNEX H. INITIAL MENTORING CONTRACT

<table>
<thead>
<tr>
<th>Between:</th>
<th>(mentor) and</th>
<th>(mentee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td></td>
<td>To:</td>
</tr>
</tbody>
</table>

You may find it helpful to write down the initial contract you agree to for your mentoring partnership. This will help you—

- Clarify what you want to focus on as your meetings develop
- Review and adjust your approach as you go
- Identify and celebrate progress.

**Purpose and objectives:**

Record the objectives of the mentoring relationship for both of you. Objectives could include career aspirations or goals of the mentee, main development areas, key skills you want to develop.

**Discussion times:**
### How we work together (e.g., confidentiality, boundaries):

<table>
<thead>
<tr>
<th>Things I/we will do:</th>
<th>Things I/we will not do:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Things I/we can do:</th>
<th>Things I/we cannot do:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed  

Signed  

Date  

Signed  

Signed  

Signed  

Date
VOL 1: COMPREHENSIVE HIV/AIDS CARE AND TREATMENT: SITE START-UP AND MANAGEMENT

VOL 2: STRENGTHENING THE LONG-TERM CAPACITY OF COMMUNITY-BASED ORGANIZATIONS

VOL 3: HEALTH PROFESSIONAL FELLOWSHIP PROGRAM: BUILDING THE CAPACITY OF HEALTH PROFESSIONALS TO DELIVER HIGHER QUALITY HIV/AIDS, TB, AND OTHER HEALTH SERVICES

VOL 4: HIV/AIDS CARE AND SUPPORT: A COMMUNITY RESPONSE