



Virtual Pathways Leading Africa's Fight Against HIV/AIDS

The Virtual Leadership Development Program (VLDP) works to help strengthen health managers and their teams to address real organizational challenges. One such organization is Kenerela, a network of religious leaders with HIV working throughout Kenya to increase HIV/AIDS awareness and address stigma, denial, and discrimination issues.

"My mother, stop lying to me. You think I don't know my father is dying of AIDS?" It was 1996, and ten-year old Samwel challenged his mother Elsa to accept a harsh reality as his classmates, teachers, and neighbors listened to a discussion rarely conducted in public. Samwel did not care—he could not be silenced. Just ten years old, his words weighed heavily on his mother, who had recently found out she was also HIV-positive: *"I left perplexed and traumatized. He helped me decide to tell my family."* Their story is not an uncommon one in Africa: a dying husband and father, a wife and mother infected by him, children to care for, and a questionable future. But Elsa Ouko is no ordinary woman. A brief conversation between a mother and her son became a turning point in their lives.

Elsa and her family live near Eldoret, a small town in northwest Kenya where HIV is widespread. For the first time since finding out she was HIV-positive eight years ago, Elsa is ill. Despite this, she is quick to smile, her short hair framing her face on her slim, but not wasted, 48-year-old frame. Elsa thinks nothing to tell her story again, sitting next to her friend and colleague Margaret, who is also HIV-positive. Margaret is tall and heavy-set, helped by the anti-retrovirals she uses most of her meager teacher's salary to purchase.



Elsa and Margaret inspire each other to speak openly about being HIV-positive. The VLDP course helped them to build leadership capabilities to ensure the success of Kenerela, a Kenya-wide network of religious leaders living with AIDS.

Elsa, and millions like her, cannot afford the medicines. She is unemployed and has worked as a housewife for most of her life. Together, Margaret and Elsa talk passionately about a disease that kills 8,000 people worldwide every day—that is 353 deaths per hour, six every minute, and one every ten seconds—among them Elsa's husband. One thing is clear: they have turned a devastating diagnosis into a positive campaign to fight HIV/AIDS.

Eighteen months of caring for her dying husband had taken their toll. In 1996, Elsa confirmed that she was also HIV-positive and despite her anger, accepted: *"Let us not blame, let us look at how we are going to live. I will nurse you, love you, and we*

can still live positively if we accept.” After he died, Elsa disclosed her status to her community, remembering her son’s forthright attitude. She began to meet other HIV-positive people, like Margaret, who further inspired her to speak openly in order to combat stigma and influence local decision makers to do the same.



HIV-positive Elsa Ouko has improved her leadership skills to more actively fight HIV/AIDS in Kenya.

An active member of her church, Elsa also disclosed to her congregation: *“I cried of joy, not of pain...I played a big role in my church as a woman leader. [There could be] no more hiding... if they accepted me or they refused, they could not silence me.”* Despite being shunned and publicly ridiculed for being HIV-positive, housewife and mother Elsa was becoming an outspoken leader in the fight against HIV/AIDS.

As Peter Piot, Director of UNAIDS, recently said: *“Leadership is key in the response to AIDS.”* Strong leadership at community-level helps families like Elsa’s to obtain the medical and psycho-social support they need. Strong leadership at national and international levels ensures that public and private institutions advocate for and obtain resources, effectively manage those resources, and contribute to a coordinated response while rapidly scaling up services. One of the organizations Elsa helped to establish, Kenerela, serves as such an example.

Kenerela is a Kenya-wide network of religious leaders from all faiths living with AIDS. The organization was formed in January 2004 with 20 members, including Elsa and Margaret. By July 2004, Kenerela’s membership had grown to over 1,000. The network recognized the need to improve its leadership and management capabilities to create a successful network and influence stakeholders to better support people living with AIDS. The efforts of the Kenerela Steering Committee took on new urgency with 1,000 constituents waiting for direction.

From March to June 2004, four Kenerela members participated in the first-ever Virtual Leadership Development Program (VLDP) for HIV/AIDS organizations in Africa. Developed and implemented by Management Sciences for Health’s Management & Leadership Program (M&L) and funded by the USAID Office of Population and Reproductive Health, the VLDP is an integrated learning program that aims to provide leadership development opportunities to health managers and teams in developing countries, many of whom seldom have the time or money to attend offsite training. Using a blended learning model that combines face-to-face and distance learning, the twelve-week course enables participating teams to identify and address challenges, recognize opportunities, focus on priorities, align and mobilize people, and inspire each other to make positive change.

“The Steering Committee started quarreling and job descriptions were unclear...these issues made us fail to get donors as fast as possible. When we heard about the Virtual Leadership Development Program, we signed up immediately.”

–Elsa Ouko

Despite health problems, no transport, few resources, and no knowledge of how to use a computer, Elsa and her Kenerela colleagues paid out of their pockets to take the course—learning how to use a computer at an Internet café and reinforcing their commitment to define Kenerela’s purpose and obtain funding to work toward that purpose.

After identifying the Kenerela vision to decrease HIV stigma, the team developed a concrete action plan that would help them achieve that vision. This included identifying the biggest obstacles, such as the conflicting roles in the Steering Committee: *“Before, we did not know what to say, so we ignored the situation. We realized this was not a solution. The [VLDP] has changed us, we realized that if we had taken one person we couldn’t have started Kenerela...we now realize that teamwork is important and we understand how to make Kenerela strong.”* The VLDP served to validate and further enhance the skill-set each member brought to the network.

VLDP for HIV/AIDS	
Challenge	Results
<i>Uganda AIDS Commission</i>	
Strengthen institutional capacity to scale-up	IT and procurement management systems implemented
<i>Uganda: Joint Clinical Research Centre</i>	
Increase regional access to anti-retroviral therapy (ART) in specialized clinics	Improved skills helped to open six sites and increase access to ART
<i>Kenya: Kenerela</i>	
Increase HIV/AIDS knowledge in congregations and address stigma, denial and discrimination	More churches are including HIV/AIDS in sermons, enhancing openness

Today, more than 500 participants from 26 countries around the world have learned the essentials of developing leadership capacity to improve health. From grassroots organizations like Kenerela to the national-level Uganda AIDS Commission, the VLDP’s focus on real life challenges, flexible delivery model, and face-to-face teamwork sets it apart from traditional leadership courses. The virtual course has brought together health managers and activists from around the world who share one common goal: to advance health agendas and address their people’s most pressing health problems.

“I had never thought of myself as a leader. I did not know I had these skills. After the VLDP, I said: WOW. I now know how to organize and how to talk to people better—in my church, in my family, in my community and in my organization.”

—Elsa Ouko

HIV/AIDS, as well as with other reproductive health issues, often top the list. VLDP HIV/AIDS-focused programs in Brazil, the Caribbean, and now Africa have created a new cadre of managers and leaders better prepared to lead teams and to fight HIV/AIDS. Whether in Portuguese, Spanish, or English, the VLDP print materials, CD-ROM, ongoing coaching, and first-rate facilitation, as well as an interactive Web site, enabled participants to gain new skills as they exchanged ideas with colleagues in other countries, worked in teams, and developed prioritized action plans to apply what they learned.

Acting on these action plans has helped improve access to anti-retrovirals in Uganda, increased revenue for pharmacies in Ecuador, and improved systems for managing multiple donor funds in Uganda. Evaluation data from a VLDP demonstrates the results of a methodology

participants deemed 'effective' and 'expertly' delivered: improved teamwork, communication, role clarification, and strengthened vision. Though not quantifiable, each of these is crucial to achieve HIV/AIDS organizations' objectives—from improving support to orphans in Malawi and increasing accessibility to HIV services Madagascar to addressing stigma in Kenya and involving youth in peer education in Uganda. As the senior advisor to the Uganda AIDS Commission summarized: *"This course meets the needs of HIV/AIDS stakeholder groups, it is not the 'business as usual', it is both individual and team work, it is cheap and good quality, it is well facilitated, it brings something new immediately adaptable to our specific situation, it does not keep you away from office, it brings together the people who are eager to learn and obliges all to share and discuss. It has built here at Uganda AIDS Commission a critical mass of people that together can initiate change that will benefit the whole organization."*

Back in Kenya, Elsa's health has continued to worsen. Though determined to continue her fight against the virus in her body and the ignorance and prejudice in her community, she cannot do it alone. Just as Elsa's son Samwel inspired her to talk openly about HIV, Elsa in turn inspired many more to do the same. She will replicate a "mini-VLDP" with the Kenerela Steering Committee in the coming month, and, learning valuable lessons from other VLDP participants, she says: *"The Uganda AIDS Commission made me realize the importance of influencing policy. Without that, we cannot [accomplish] anything."*



Elsa's son-in-law Owino (pictured with his son) draws inspiration from her strength and leadership.

Today, her fight is about HIV/AIDS. The skills she passes on, however, will empower men and women alike to fight whatever comes after it. Her son-in-law, Owino Okong'o, a district medical officer and also a participant in another MSH leadership program, puts it best: *"Elsa is a role model...she is an example to be looked at for inspiration. When a leader talks about [HIV/AIDS], people listen to their advice. When a leader declares his status, others will find it easier to find out their status. [Elsa] has challenged me...and made me believe in her message."*

Through her strong leadership and supported by the VLDP, Elsa's message is traveling virtually beyond her community and across countries, where stronger African leaders are more prepared than ever to ensure they put their skills to use in fighting HIV/AIDS—the biggest challenge the global health community has ever faced.

Story and photos by Carmen Urdaneta, 2004

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To learn more about the Management and Leadership Program, please visit www.msh.org/mandl



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