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# THE VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM FOR IRAQ FINAL REPORT

January 2006

This publication was produced for review by the United States Agency for International Development. It was prepared by the BASICS project.

# **THE VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM FOR IRAQ**

## FINAL REPORT

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## Abstract:

This final report describes findings and lessons learned from the Virtual Leadership Development Program (VLDP) for the Iraq Ministry of Health. The program was delivered by the BASICS Project to a total of eighty participants from the central level of the Iraq Ministry of Health from September 25 to December 22, 2005. The VLDP is a 13-week Internet-based, blended learning program developed by Management Sciences for Health that combines face-to-face team work with distance learning methodologies and is facilitated by two organizational and leadership development specialists.

## Recommended Citation

Sherk, Karen. 2006. *The Virtual Leadership Development Program for Iraq, Final Report*. Arlington, Va., USA: Basic Support for Institutionalizing Child Survival (BASICS) for the United States Agency for International Development (USAID).



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BASICS (Basic Support for Institutionalizing Child Survival) is a global child survival project funded by the Office of Health and Nutrition of the Bureau for Global Health of the U.S. Agency for International Development (USAID). BASICS is conducted by the Partnership for Child Health Care, Inc., under contract no. GHA-I-00-04-00002-00. The partners of the Partnership for Child Health Care, Inc., are the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors include The Manoff Group, Inc., the Program for Appropriate Technology in Health (PATH), and Save the Children Federation, Inc.

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## **ACKNOWLEDGEMENTS**

The Virtual Leadership Development Program (VLDP) Team at Management Sciences for Health would like to acknowledge and thank Leslie Perry, Health, Population and Nutrition Officer, United States Agency for International Development (USAID)/Iraq, for her support of the VLDP for the Iraq Ministry of Health and for the generous funding from USAID/Iraq for this VLDP.

The Team would also like to thank Fred White, Director of BASICS, and Dina Hammamy, Team Leader, BASICS, for their support of the program and direction throughout its implementation, as well as Andres Acedo Del Olmo, Contracts Administrator, BASICS, for his administrative support of the program.

Finally, the Team would like to thank the VLDP Iraq participants for their efforts and animated participation in the program, and for openly sharing their thoughts, hopes, experiences, and challenges throughout the VLDP.

## ACRONYMS

<b>AAR</b>	After Action Review
<b>CCCU</b>	Community Care Center Units
<b>EPI</b>	Expanded Program of Immunization
<b>IMCI</b>	Integrated Management of Childhood Illness
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>MSH</b>	Management Sciences for Health
<b>NGO</b>	Non-Governmental Organization
<b>PHC</b>	Primary Health Center
<b>RTI</b>	Research Triangle Institute International
<b>TB</b>	Tuberculosis
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>VLDP</b>	Virtual Leadership Development Program
<b>WCA</b>	Workgroup Climate Assessment
<b>WHO</b>	World Health Organization

## EXECUTIVE SUMMARY

This final report describes the Virtual Leadership Development Program (VLDP) for the Iraq Ministry of Health that was planned and delivered by the BASICS Project, through a subcontract with the VLDP team at Management Sciences for Health (MSH). The program was offered in English to a total of eighty participants from eleven teams from the central level of the Iraq Ministry of Health (MOH) from September 25 to December 22, 2005. The VLDP is a 13-week Internet-based, blended learning program developed by MSH that combines face-to-face team work with distance learning methodologies. VLDP participants complete seven learning modules, work in teams to identify an organizational challenge, and develop an action plan to address this challenge with support and feedback from the program facilitators.

The VLDP Iraq also included two face-to-face workshops in Amman, Jordan for some program participants. The workshops, which were led by the VLDP facilitators, took place in August 2005, before the launch of the VLDP, and in October 2005, during the program. These meetings proved advantageous for introducing program and leadership concepts, cementing program relationships between the Iraqi team leaders and the VLDP facilitators, and encouraging program participation. In January 2006, two weeks after the VLDP ended, the VLDP team held an After Action Review (AAR) to review the program that had just concluded, and to discuss the successes as well as areas for improvement.

The information contained in this report is compiled from the following sources: the AAR; the end-of-program evaluation surveys that participants completed during the last module of the VLDP; comments written by participants in the VLDP Café<sup>1</sup>; results of the Workgroup Climate Assessment (WCA)<sup>2</sup> pre- and post-program applications; e-mail and telephone correspondence with the participants; and the action plans developed by the participant teams.

The participants in the VLDP Iraq had a high level of program participation and engagement throughout the VLDP. Participants demonstrated a high level of completion of the individual and team exercises, a high level of participation in the Café discussions, and an 83 percent completion rate for the end-of-program evaluation (which is relatively high compared with other offerings of the VLDP). All of the teams have submitted all or part of the action plans that they are developing to address an organizational challenge, and seven teams have completed their action plans.

In the end-of-program evaluations, participants rated all components of the VLDP very positively, including the usefulness of the program content, the usefulness of facilitator feedback, and the availability of the facilitators. Eighty-seven percent of the program participants who completed the end-of-program evaluation reported that they would

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<sup>1</sup> The Café is a feature on the VLDP Web site where participants can communicate freely by posting and responding to discussion threads. It simulates an actual “café” where participants can go to chat informally about program content, or related subjects of their choice.

<sup>2</sup> The Workgroup Climate Assessment, a tool developed and validated by MSH to measure team climate, was applied during the first module of the program, and again at the conclusion of the program during Module 7 in order to measure the change in workgroup climate for each team pre- and post-VLDP.

recommend the VLDP to another organization. Many participants wrote that they would like to see the program translated into Arabic.

Although the VLDP ended less than a month ago, several VLDP Iraq teams have already reported some progress on the implementation of their action plans, such as carrying out some initial implementation activities. This demonstrates the participants' acquisition and application of the leadership skills, knowledge and attitudes presented during the VLDP.

A good workgroup climate is positively related to individual and team performance and productivity. The VLDP had a positive impact on the workgroup climate of participating teams. Nine of the ten teams that completed pre- and post- WCA demonstrated a positive increase in their workgroup climate scores.

VLDP Iraq participants demonstrated what MSH has identified as "Leader Shifts," or shifts in behaviors or attitudes, as a result of participating in the program, which is an indication that participants have internalized leadership skills and knowledge, and are practicing what they have learned. From the anecdotes and observations written in the Café, participants demonstrated shifts from "individual heroics to collaborative actions"; "despair and cynicism to hope and possibility"; "blaming others for problems to taking responsibility for challenges"; "scattered, disconnected activities to purposeful, interconnected actions"; and from "self-absorption to generosity and concern for the common good."<sup>3</sup>

Participants reported improved teamwork and communication among team members as positive results of the VLDP. As one participant stated at the end of the program:

*To be sure that everyone in the team is involved in the work and can carry out the activities in the absence of other members is an important result of the VLDP program. We can say comfortably that we have many members with excellent leadership skills in the teams now.*  
—VLDP Iraq Participant, Donor Coordination Team

Participants also reported positive changes on an individual level, such as identifying and addressing their individual strengths and weaknesses and increasing their emotional intelligence.

The use of this blended learning approach was successful in Iraq, and can be replicated in future programs. For future programs, lessons learned included: the face-to-face workshops were helpful to participants and facilitators, participants could use more time to complete their action plans, the audio presentations made on the Web site in Arabic by Dr. Mansour were helpful to the participants, it is helpful to engage subject area specialists in the review of the action plans if they focus on a particular technical area, and participants will benefit from a program in Arabic.

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<sup>3</sup> Management Sciences for Health, *Mangers Who Lead: A Handbook for Improving Health Services* (Cambridge, MA: Management Sciences for Health, 2005), 3.

The next steps for the VLDP team are to complete the Arabic VLDP Web site, and offer the VLDP to new teams in the Iraq MOH. USAID Iraq has supported the translation of the VLDP into Arabic. The VLDP Web site in Arabic will be completed by the end of January 2006, and the next VLDP will be offered in Arabic. During this next offering, tentatively scheduled to be launched in March 2006, the VLDP Iraq Delivery Team will train new Arabic-speaking facilitators and begin to transfer the technical and administrative management of the program to the Iraq MOH for their future use.

## BACKGROUND

BASICS is a global child survival project funded by the Office of Health and Nutrition of the Bureau for Global Health of the United States Agency for International Development (USAID). BASICS is conducted by the Partnership for Child Health Care, Inc., whose partners are the Academy for Educational Development (AED), John Snow, Inc. (JSI), and Management Sciences for Health (MSH). Subcontractors include the Manoff Group, Inc., the Program for Appropriate Technology in Health (PATH), and Save the Children Federation, Inc.

In 2005, BASICS was awarded a contract by the USAID Mission in Iraq to provide training and technical assistance to the Iraq Ministry of Health (MOH) in child survival and reproductive health. The project was called the Cross-Border project because Iraqi MOH officials and staff often travel to Amman, Jordan for training workshops and meetings.

The Virtual Leadership Development Program (VLDP) is part of the Cross-Border portfolio. In order to address the needs of the Iraq MOH for strengthened leadership and management capacity in health, BASICS offered the VLDP to teams at the Ministry of Health in Iraq from September 25 to December 22, 2005. The VLDP is a 13-week blended learning program developed by MSH that combines face-to-face team work with distance learning methodologies. Facilitated by organizational and leadership development specialists, the program is Internet-based and does not require participants to leave their work sites in order to participate.

The VLDP consists of seven modules. Each module consists of individual reading, individual exercises on the site, group work, and a forum section where teams post and report about the results of their group work. The modules are—

- *Module 1: Getting Started*

Participants are oriented to the VLDP Web site and materials, and are introduced to the concept of team dynamics. Participants also create a calendar to plan their team meetings and activities for the rest of the program, and complete the Workgroup Climate Assessment (WCA) (see page 13).

- *Module 2: Leadership in Health Programs and Organizations*

Through individual and group exercises, participants are introduced to the leadership and management framework, and the eight leadership and management practices..

- *Module 3: Identifying Challenges*

Considered the heart of the VDLP, participants meet together to identify an organizational challenge they are facing and develop an action plan to address this challenge using the Challenge Model (see Appendix 5). The action planning process is an iterative process, in which the teams create action plan drafts and work with the facilitators and a Monitoring and Evaluation (M&E) specialist to revise and clarify their plans.

- *Module 4: Leadership Competencies*

To focus on personal mastery, participants assess and discuss their own leadership competencies by completing the Leadership Assessment Instrument.<sup>4</sup>

- *Module 5: Communication*

In addition to targeted reading, participants complete an exercise to assess their patterns of communication and communication styles, and discuss this assessment with their teams.

- *Module 6: Managing Change*

Participants are introduced to the concept of change management, including through a case study, and story about perspectives on change and change management. Participants are also introduced to John Kotter's eight stages of change<sup>5</sup> and are asked to apply these stages to their work on their action plans.

- *Module 7: Coming to a Close*

Participants are asked to reflect upon the program, complete the final program evaluation, as well as a second application of the WCA.

To date, the VLDP has been offered ten times to more than 800 health managers in 30 countries around the world, including Iraq, various countries in Latin America, the Caribbean, and Africa, as well as India. The VLDP has demonstrated that it strengthens leadership and management capacity, improves team work, and helps teams to develop action plans that address an identified organizational challenge.

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<sup>4</sup> Linkage, Inc., *Leadership Assessment Instrument: Self-Managed Assessment* (Lexington, MA: nd)

<sup>5</sup> Kotter, John P. *Leading Change*. Cambridge: Harvard Business School Press, 1996.

## DESCRIPTION OF THE VLDP IN IRAQ

The VLDP in Iraq is the first offering of the VLDP in the Middle East. The VLDP Iraq was offered over the Internet in English<sup>6</sup> from September 25 through December 22, 2005. It was facilitated by Ms. Sylvia Vriesendorp, Institutional Development Specialist, Leadership, Management and Sustainability Program, MSH/Cambridge, USA, and Dr. Morsy Mansour, Leadership Development Consultant, Cairo, Egypt. Karen Lassner, Principal Program Associate, Leadership, Management and Sustainability Program, MSH, Rio de Janeiro, Brazil was the Monitoring and Evaluation specialist who helped review all of the action plans.

The program content was adapted from previous English-language offerings of the VLDP in Africa and revisions made to the program content during the most recent offering of the program in French in Haiti. Dr. Mansour changed the names in case studies and some of the health scenarios described in the readings from their HIV/AIDS and Africa-focus to a more appropriate focus given the cultural context and health challenges facing Iraq.

In total, eighty participants from eleven Iraqi MOH teams<sup>7</sup> participated in the VLDP. The teams were composed of senior and lower level staff, representing a mixture of professional and administrative disciplines. The participating teams are listed in Table I.

**Table I: Participating teams in the VLDP Iraq**

<b>Team name</b>	<b>Number of participants</b>
Adolescent Psycho-social Problem Solving Team	8
Control of Nosocomial Infection Team	7
Database Systems Team	9
Department of Health Policy and Planning Team	6
Donor Coordination Team	6
Expanded Program of Immunization Team	8
Health Information Systems Team	8
Human Resources and Training Development Center Team	10
Iraq Stop TB Team	5
Neonatal Care Team	8
Nutrition Research Institute Team	5
<b>Total</b>	<b>80</b>

<sup>6</sup> This initial offering of the VLDP in Iraq was in English. The VLDP has since been translated into Arabic and the VLDP Arabic Web site has been built, so future offerings of the program in Iraq will be in Arabic.

<sup>7</sup> The Iraqi MOH Food Poisoning team was also initially registered for the VLDP but did not continue with the program.

## **Face to face workshops with the VLDP facilitators**

In addition to the Internet-based modules, the program consisted of two face-to-face workshops conducted by the VLDP facilitators in Amman, Jordan with representatives from the Iraq VLDP participant group. The first workshop occurred from August 15 to 20, 2005, before the program started. The primary purpose of this initial meeting with three Ministry of Health officials was to orient a core team of champions to the structure and process of the VLDP, the core leadership concepts, and to determine interest in the program. This was received with great enthusiasm by the three-member core team. At the end of the meeting, the core team had developed a plan for recruitment and practiced their leadership skills on their new challenge.

A second face-to-face workshop in Amman took place from October 9 to October 11, 2005 at the request of USAID/Iraq. This meeting served as an alignment meeting for the team leaders representing each of the participating teams, with the exception of the Health Information Systems team and the Nutrition Research team. This meeting was conducted as a leadership dialogue to further orient the team members to the VLDP and to leadership practices and concepts as well as to create a common vision among all of the teams for the success of the VLDP. These team representatives became an “umbrella team” who returned to their teams in Baghdad and shared what they learned during the three-day leadership dialogue. This meeting also allowed the facilitators to observe participants as they worked on the VLDP site, and to gauge participants’ language skills. The subsequent messages posted by the facilitators on the site were adjusted for simplicity, and eventually an audio element in Arabic was added to the site.

The program facilitators have expressed that these face-to-face meetings helped to engage participants, introduce them to basic leadership and management concepts, and cement relationships between the participants and facilitators and among the coordinators from each team. The facilitators felt that these meetings greatly helped in the success of this VLDP.

## **Participant engagement**

The level of participation in the Iraq VLDP was very high. Principle evidence of this was the timely completion of assessment exercises by individual participants (see Appendix 1) and the teams’ participation in each module’s electronic forum.<sup>8</sup> Nine of eleven teams posted in all of the forums during the program. Other key indications of the high level of participation include—

- *Postings in the virtual Café.*<sup>9</sup>

Although not a mandatory VLDP program exercise, 76 of the 80 participants posted in the Café at least once during the program, and some individuals posted as many as 63 times. The average number of postings per participant was between 10 and 11.

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<sup>8</sup> Each module has a forum section, where the teams post a synopsis of the team meeting they held for that module. Posting in the forum indicates that teams are organized and meeting on schedule.

<sup>9</sup> The café is a feature on the VLDP Web site where participants can communicate freely by posting and responding to discussion threads. It simulates an actual “café” where participants can go to chat informally about program content, or related subjects of their choice.

- *Completion of action plans*

As noted above, the heart of the VLDP is the identification by each participating team of an organizational challenge and the development of an action plan to address this challenge (see Table II). Of the eleven teams, seven completed their action plans by January 24, 2006 and the remaining action plans are in various stages of completion.

- *Completion of an end-of-program evaluation survey.*

Eighty-three percent of participants (66 of 80) answered all or part of the evaluation, a relatively high response rate compared to previous VLDP offerings<sup>10</sup> (see Appendix 2 for the quantitative results of the participants' evaluations).

- *Visits to the VLDP Web site after the conclusion of the program*

Since the program's official conclusion on December 22, 55 of the 80 participants have visited the VLDP site (as of January 11, 2006).

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<sup>10</sup> The end-of-program evaluation response rates for the preceding VLDPs are the following: VLDP Caribbean: 49%, VLDP Africa 1: 90%, VLDP Africa 2: 80%, and the VLDP Haiti: 54%.

## FINDINGS

The VLDP Iraq Delivery and Management team held an After Action Review (AAR) meeting in January 2006, two weeks following the program's completion. The team reviewed the participant evaluation findings, discussed the participation and performance of the teams, and identified strengths and weaknesses of this VLDP and ways that the program can be improved in the future. The findings in this section are based on the AAR, the end-of-program evaluations that participants completed at the conclusion of the VLDP, comments written by participants in the Café, results of the WCA pre- and post-program applications, e-mail and telephone correspondence with the participants, the action plans developed by each team, and observations made by the facilitators and the Delivery and Management team about the program.

Participants rated the program very positively in their end-of-program evaluations,. Almost all of the respondents rated each of the modules and all of the program components as “helpful” or “very helpful” (please see Appendix 2). Ninety-five percent of the participants felt that the input from the facilitators was “excellent” or “good” and 94 percent of the participants rated the availability of the facilitators as “excellent” or “good.” As one participant's evaluation reflected, “The facilitators were excellent and responded to the needs of the participants.”

Eighty-seven percent of the 61 participants who responded to the qualitative section of the evaluation reported they would recommend VLDP to others. One participant wrote in the Café, representing several participants' comments:

*At the end of our journey, my congratulations for you all and I hope that the VLDP persists for a new period. Why? Because this program educated us about how to work together as a team and discover our competencies.*

*—VLDP Iraq Participant, Control of Nosocomial Infection Team*

When asked in the end-of-program evaluation if he would recommend the program to other organizations, one participant answered:

*Yes, because of the program's ability to improve the managerial skills of managers in different settings, facing different challenges and obtaining valid results.*

*— VLDP Iraq Participant, End-of-Program Evaluation*

In the end-of-program evaluations, participants also expressed a desire to have the VLDP translated into Arabic.

### **Progress on addressing organizational challenges**

In the third module, identifying an organizational challenge and developing an action plan to address this challenge become the teams' leadership project through which they can apply the leadership and management skills they are strengthening during the VLDP.

The action plans are developed using the Challenge Model (see Appendix 5) during an iterative process of support and feedback from the program facilitators and a VLDP team monitoring and evaluation specialist, who pays special attention to the goals, objectives and indicators in the plan. Facilitators coach teams on how to formulate their mission and vision, how to focus their measurable result, how to articulate a realistic challenge, and they push the teams to do a complete root cause analysis and help them fine tune their interventions in a detailed action plan. Because of this iterative process, and the requirement to respond to the facilitators' comments as a team, VLDP teams are at various stages of completing their action plans at the end of the program, depending on how many iterations are needed and the frequency with which they can meet as a team and respond to comments.

Of the 61 participants who answered the qualitative section of the end-of-program evaluation, 92 percent reported that they have begun to implement their team's action plan. Seventy-four percent of respondents reported that their teams have begun to introduce organizational changes as a result of participating in the VLDP Iraq.

The completion and implementation of these leadership projects, or action plans, can be used as a measure of the skills participants have acquired throughout the VLDP. It is very early in the process to determine the extent to which the participating teams have made progress on their challenges and implementing their plans, but some teams did report progress on their challenges in the end-of-program evaluation, as well as in e-mail correspondence and conversations with the facilitators three to four weeks after the program concluded. This information is compiled in Table II.

**Table II: Summary of the progress on VLDP Iraq team action plans at the conclusion of the program<sup>11</sup>**

<b>Team</b>	<b>Challenge</b>	<b>Measurable result</b>	<b>Progress reported in final evaluation and follow-up e-mails with the facilitators</b>
<b>Adolescent Psycho-social Problem Solving</b>	How to reduce smoking among adolescents.	By the end of this school year, reduce the number of student smokers at Aboo-Alalla-Almaary School (10 km east of center of Baghdad) from 7 out of 100 to 4 out of 100.	Training of trainers has begun. The team reports visiting the school, meeting with the headmaster and teachers, and giving the school folders and posters.
<b>Control of Nosocomial Infection</b>	How to improve the behavior, knowledge and skills of patients and health workers, as well as improve the availability of necessary resources and equipment to avoid bad sanitation in health facilities.	By the end of 2006, decrease from 10% to 5% the percentage of nosocomial-positive swabs taken from workers, walls and equipment in operating theaters and high risk areas of the specialist surgical hospital in Baghdad.	Every member of the team now has a responsibility for a specific part of the action plan. The team also reports having received the necessary authorization from the Ministry of Health and relevant hospital staff to begin implementation of the action plan.
<b>Data base system</b>	How will we network all PHCs and hospitals?	One PHC in Baghdad is connected to the MOH network.	A new database program has been developed and downloaded on 10 computers in one health center in Baghdad.
<b>Department of Health Policy and Planning</b>	How can we improve mid-level managerial skills in the health administration and health planning departments?	Improvement of the capability of the managerial skills of the mid-level managers from the health administration and health planning departments through their participation in the Health Administration and Promotion Conference (25-27 February, 2006).	Planning begun in January 2006.

<sup>11</sup> At the end of the VLDP, some of these action plans were still in various stages of completion. This chart is a summary of the teams' identified challenges, measurable results, and progress reported within a month of the end of the program.

Team	Challenge	Measurable result	Progress reported in final evaluation and follow-up e-mails with the facilitators
<b>Donor Coordination Team</b>	How to minimize duplication or excessive training programs for PHC staff by donors and humanitarian organizations (WHO, UNICEF, etc.).	<i>This measurable result was not fully articulated at the end of the VLDP, but it is related to streamlining and harmonizing donor-driven training programs with the MOH goals and plans.</i>	The team has worked with the MOH and donors to form a coordination committee.
<b>Expanded Program of Immunization</b>	How to reduce defaulter (from vaccination) phenomena.	Increase the vaccination coverage rate to 60% in PHC centers in the Al-saddir District of the Baghdad/Al-Russafa Directorate.	Training of trainers has begun.
<b>Health Information System</b>	How to implement the 10th revision of the International Classification of Diseases coding system in mortality and morbidity in hospitals.	By the end of the 1st quarter of 2006, reports on A3 sheets will be generated and show how the implementation of the program goes. Coding for the diagnoses in the report will be 80% accurate and the defects in registration will be reduced by 50%.	<i>There were no responses posted regarding progress in addressing this challenge in the team's end-of-program evaluation.</i>
<b>Human Resources and Training Development Center</b>	How to anticipate and prepare for training needs that are likely to shift over time.	By the end of June 2006, a list of training needs will be developed by the Human Resources and Training Development Center in coordination with health directorates.	Survey of training needs begun, including information requested from the health directorate.

Team	Challenge	Measurable result	Progress reported in final evaluation and follow-up e-mails with the facilitators
<b>Iraq Stop TB</b>	How to increase the case detection rate for smear positive TB patients, currently at 20%.	By the end of 2006, the case detection rate for positive TB cases will increase from 20% to 30%.	<p>Training courses provided to—</p> <ul style="list-style-type: none"> <li>• PHC physicians (2 courses)</li> <li>• PHC health workers (2).</li> <li>• Media professionals (2).</li> <li>• Private sector physicians (3).</li> <li>• Public sector physicians (2).</li> <li>• Teachers in Baghdad (2).</li> <li>• Health leaders in Baghdad (1).</li> </ul> <p>Pipeline activities include—</p> <ul style="list-style-type: none"> <li>• Meeting the community leaders (NGOs, teachers, and decision makers)</li> <li>• Implementing a health education campaign</li> <li>• Arranging for new publications of folders, posters</li> </ul>
<b>Neonatal Care Team</b>	How to provide selected areas with educational materials, registry books and training of health workers for implementation of Integrated Management Childhood Illnesses (IMCI).	At the end of April 2006, the Al-kadhmia PHC center and district in Baghdad/Alkarch directorate of health will be prepared to implement IMCI.	<ul style="list-style-type: none"> <li>• Two training course for doctors and one course for nurses conducted at primary health care centers and hospitals</li> <li>• Provision of ARI timer (respiratory rate counter timer) by UNICEF at the team's request in December 2005.</li> <li>• Production of 100 copies each 7 different IMCI training modules, translated and adapted from WHO.</li> </ul>

Team	Challenge	Measurable result	Progress reported in final evaluation and follow-up e-mails with the facilitators
<b>Nutrition Research Institute</b>	How to re-establish Community Care Center Units (CCCU) as an effective mode for improving the nutritional status of Iraqi children.	In 6 months, establish one model CCCU in Baghdad that meets the following standards— <ul style="list-style-type: none"> <li>• Established monthly program of nutrition activities</li> <li>• Trained staff</li> <li>• Availability and proper use of:               <ul style="list-style-type: none"> <li>-- 2 uniscales</li> <li>-- 2 height measuring tables</li> <li>-- 3 growth charts,</li> <li>-- 10 weight/age score estimation forms</li> <li>-- 2000 PHC referral forms</li> <li>-- stationery</li> </ul> </li> </ul>	Development of CCCU questionnaire interview form begun.

### Changes in the Workgroup Climate

The Workgroup Climate Assessment (WCA), an assessment tool developed and validated by MSH to measure team climate, was applied during Module 1 of the program, and again at the conclusion of the program during Module 7 in order to measure the change (if any) in workgroup climate for each team pre- and post-VLDP (see Appendix 6 for the WCA questions).

Of the eleven teams, ten completed the pre- and post- VLDP Work Climate Assessment on the Web site. Of these, nine of the ten had a positive change in their climate score.<sup>12</sup> Four teams had the same number of respondents to the WCA pre- and post-VLDP, producing valid results when their pre- and post-VLDP scores are compared. The results for these teams are shown in the Table III. All four of these teams demonstrated an increase in climate scores from pre- to post-VLDP, which indicates improved team climate (for all of the climate results, please see Appendix 3).

**Table III: VLDP Iraq WCA Results**

Team	Pre-intervention team score (October 2005)	Average post-intervention team score (January 2006)	Change in overall WCA score
Database Team (n=10)	4.14	4.43	+0.29
Department of Health Policy and Planning Team (n=6)	3.40	4.35	+0.95
Neonatal Care Team (n=8)	3.47	4.42	+0.95
Stop TB Team (n=5)	3.48	4.95	+1.47

One of the participants commented in the VLDP in the end-of-program evaluation, “[The program helped me to] pay more attention to improving work climate and supporting my staff in making a commitment to a new work climate.”

<sup>12</sup> The one team that did not demonstrate an increase in their workgroup climate score had a decrease of 0.13. This may be due to fewer team members completing the post-program assessment than completed the pre-program assessment. Also, it is recognized that post-intervention scores can sometimes drop because team members are more honest about their workgroup climate during the post-intervention application or they now understand the elements of workgroup climate and can more accurately assess their team’s climate. Therefore, a fall in scores does not necessary indicate a negative trend in workgroup climate.

## Leader Shifts

Management Sciences for Health has identified five "Leader Shifts" or attitudinal and behavior changes commonly observed among leadership development program participants as a result of their participation. Table IV describes these shifts.

**Table IV: Leader Shifts**<sup>13</sup>

A shift in perspective from...	To...
Individual heroics	Collaborative action
Despair and cynicism	Hope and possibility
Blaming others for problems	Taking responsibility for challenges
Scattered, disconnected activities	Purposeful, interconnected actions
Self-absorption	Generosity and concern for the common good

The Leader Shifts evidenced by the participants' comments and observations demonstrate how they internalized the knowledge and skills presented in the VLDP:

### *1. From individual heroics to collaborative actions*

This Leader Shift is explained as a growth from, "Work based on the heroic actions that you take alone, to collaborative actions that build on the strength of groups to produce sustainable results."<sup>14</sup> VLDP participants cited changes in how they function as individuals and how they now value working in teams. Teams repeatedly described improved team work as a result of the VLDP Iraq. One team member from the Donor Coordination team described a meeting among the coordinators of all of the VLDP teams, which was organized by Research Triangle Institute International (RTI), where it was decided that teams should rotate representatives at these meetings, in order to allow other members of the teams to have the opportunity to represent the teams.

*During our meeting on November 28, with most of the coordinators of the VLDP teams, it was a good opportunity to meet with each other and discuss the challenges that are facing each team. Everyone was providing solutions and not stuck 'within the box of the problems.' Every possible option was discussed to come to a conclusion that no problem is impossible [to solve].... The coordinators decided not to come next meeting and leave the opportunity for other members of the teams to come and present their teams. 'Everyone shares the same level of responsibility, and these meetings should not be restricted to specific*

<sup>13</sup> Table 5 taken from: Management Sciences for Health, *Mangers Who Lead: A Handbook for Improving Health Services* (Cambridge, MA: Management Sciences for Health, 2005), 3.

<sup>14</sup> Management Sciences for Health, *Mangers Who Lead: A Handbook for Improving Health Services*, 3.

*members of the team;’ one of the coordinators commented. This is the new spirit of leadership and teamwork that I can see it clearly very apparent.*

*– VLDP Iraq Participant, Donor Coordination Team*

## *2. From despair and cynicism to hope and possibility*

This Leader Shift is described as, “A state of despair or cynicism, where you see insurmountable problems and obstacles, to a place of hope and dreams, where you see possibilities to make things better.”<sup>15</sup> The challenges facing the participating teams in the MOH Iraq are great, but as the program progressed, participants expressed hope for their situations and their work.

*Dear colleagues, before we knew the VLDP program, we had hopes and dreams, whether personal or at work, a desire to change for a better future but we don’t know how to begin, how to work until we have our dreams in reality. But after we [participated] in the program, first we know our weak and strong points, how we should deal with the obstacles to get our vision in team work. Simply, the program showed us the road to get our vision.*

*—VLDP Iraq Participant, Neonatal Care Team*

Expressing challenges, one participant employed the metaphor of a car he could drive any way he wished, but whose color, model, and size he still could not chose:

*A lot of things are now under my control, like the ways to run my daily work and have influence on people who work with me at the central and peripheral level. Other things now are not under my control, like the security situation, but I try my best to accommodate myself hopefully to be changed in the future so that our control [over] many factors can take its full range of effectiveness.*

*—VLDP Iraq Participant, Expanded Program of Immunization Team*

## *3. From blaming others for problems to taking responsibility for challenges*

This Leader Shift is about moving from, “A tendency to blame others for problems or failures, [to] taking initiative, owning challenges, and working together to do something about them.”<sup>16</sup> Although there was not a lot of blame of others for problems expressed at the beginning of the VLDP, participants did describe taking initiative and responsibility in the face of challenges using the tools and methodologies contained in the VLDP such as the Challenge Model and the Leadership and Management Results Model (see Appendixes 4 and 5 these models) as illustrated by the following anecdote:

*“One of the problems [presented in the workshop] was that there are not enough beds [to permit] women to stay for 24 hours after labor. During the discussion [a participant] from the EPI team [cited the VLDP’s third module to show] how we should have vision and how we [create a] plan of action. I really feel proud of him... We can use our program at work and in any aspect of our lives.*

*– VLDP Iraq Participant, Neonatal Care Team*

<sup>15</sup> Management Sciences for Health, *Mangers Who Lead: A Handbook for Improving Health Services*, 3.

<sup>16</sup> Management Sciences for Health, *Mangers Who Lead: A Handbook for Improving Health Services*, 3.

#### *4. From scattered disconnected activities to purposeful, interconnected activities*

Participants move from, “Frantic days filled with unrelated activities carried out for their own sake, to purposeful work directed toward achieving results that matter.”<sup>17</sup> The VLDP helps teams to accomplish this through strengthening team cohesion and purpose, identifying a challenge facing the team, and using the action planning process to address this challenge. As one participant describes:

*We can be more functional if we can identify our challenge, vision and our ideas.*

*-- VLDP Iraq Participant, Donor Coordination Team*

The action planning process and the use of the Challenge Model (see Appendix 5) was new to many of the participants. When asked in an informal telephone interview with the program facilitator if the Challenge Model has changed the way his team approaches challenges, one participant replied:

*“[Before], we didn’t sit together before and discuss our challenges and obstacles—this was completely new to us.”*

*– VLDP Iraq Participant, Health Policy and Planning Team<sup>18</sup>*

This new approach stands in contrast to people working on their own activities, which may or may not align with those of others and produce lasting change.

#### *5. From self-absorption to generosity and concern for the common good*

This Leader Shift was most evident when examining the conversations in the Café. It describes a shift from, “Preoccupation with yourself and ways to satisfy your needs, to a place where you can generously and compassionately serve a greater good and inspire others to do the same.”<sup>19</sup> In the following quote, a participant points out that in the beginning of the VLDP, participants started threads in the Café about their areas of expertise. These postings were vertical, focused exclusively on one’s own area of expertise, and running in parallel to other postings. This, however, changed as the VLDP went on:

*If we look quickly backwards through the Café responses from the beginning, we will see that the early discussions were about private specialties but as [...] you [scroll upwards through the café conversations] you will find the VLDP affects on our discussion, vision and mind.*

*—VLDP Iraq Participant, Human Resources and Training Development Center Team*

By the end of this program, the participants were more focused on the ‘common good;’ using the Café to exchange information, engage in discussions, and to encourage, inspire, and express agreement with each other.

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<sup>17</sup> Management Sciences for Health, Mangers Who Lead: A Handbook for Improving Health Services, 3.

<sup>18</sup> This quote was translated from Arabic by Dr. Mansour.

<sup>19</sup> Management Sciences for Health, Mangers Who Lead: A Handbook for Improving Health Services, 3.

### **Other changes reported at the team level**

Teams reported improved team work as a result of the program in both the end-of-program evaluation and in their comments in the Café. Participants reported that the VLDP has enabled them to become better at communicating with colleagues, and has improved their ability to mobilize and inspire others and create a shared vision. As one participant observed at the end of the program:

*To be sure that everyone in the team is involved in the work and can carry out the activities in the absence of other members is an important result of the VLDP program. We can say comfortably that we have many members with excellent leadership skills in the teams by now.*  
—VLDP Iraq Participant, Donor Coordination Team

Another participant wrote:

*It's difficult to find the team work spirit in every member in the team, but after joining VLDP we found an improvement in such issue and the competition begin to arise in such issue because all are eager to learn and this will definitely help us in reaching our goal.*  
--VLDP Iraq Participant, Neonatal Care Team

Some participants commented about improved communication and the recognition of the importance of communication and collaboration as a result of the VLDP.

*VLDP manages to make several departments to meet and discuss problems of searching for suitable solutions.*  
—VLDP Iraq participant, End-of-Program evaluation

The program has established communication links between groups that did not interact as much before the program. As one participant describes:

*Before the VLDP, [when] I came across other team members and even EPI team I would just say hello once a day. After the VLDP, before saying hello, everyone asked me about the new VLDP message, [whether I had] read Module 5, my opinion, and so on. And, that was repeated every time I met one of VLDP team members. Now we have a big thing to share. Nice feelings, hopeful attitude, from all.*  
—VLDP Iraq Participant, Expanded Program of Immunization Team

### **Other changes reported at the individual level**

In the end-of-program evaluations, participants cited improvements in their individual leadership and management practices, and in their ability to identify and address their individual strengths and weaknesses and increase their emotional intelligence. Participants also reported improved conceptual thinking, problem-solving, and patience as positive ways the program has influenced how they carry out their work.

## LESSONS LEARNED

The Iraq VLDP served to strengthen the leadership and management capacity of Ministry of Health teams. Participating teams exhibited improved workgroup climate, team work, communication, and positive attitudinal changes as a result of their participation. Despite the obstacles to participation, which include offering this first VLDP in English, teams were very engaged in the program, as demonstrated by their high level of participation during the program. They rated the VLDP very positively in the end-of-program evaluation.

VLDP teams have demonstrated that they have acquired and begun to apply the leadership skills, knowledge and attitudes presented during the VLDP. Seven of the eleven participant teams completed their action plans. The other teams are in various stages of completion of their plans. Participants already report having made some progress on these action plans, as well as having applied the action planning process and challenge model presented during the VLDP to other situations in their work. Evidence of changed thinking about what to do when faced with problems has also surfaced. The application of the WCA has shown an increase in the workgroup climate of participating teams. The VLDP has also strengthened the teamwork and communication within and among participating MOH teams.

The VLDP in Iraq harnessed the power of blended learning<sup>20</sup> by enabling MOH teams to participate in the program from their workplace. This flexible delivery method eliminated the costs and risks associated with traveling to a face-to-face training program, as well the inevitable loss of productivity that occurs when professionals are away from their duty post. As one participant wrote in the end-of-program evaluation:

*[The VLDP] was very helpful in developing and strengthening my leadership skills without my having to spend significant time away from my workplace or in a car traveling and the related expenses.*  
—VLDP Iraq participant, End-of-program evaluation

VLDP Iraqi participants used the computers in the MOH resource library to access the Internet and participate in the VLDP. In the final evaluation, the VLDP participants did not specifically comment on whether reliable access to the Internet was a challenge, though their high level of participation on the Web site indicates that they had relatively good Internet access. However, several participants did remark that they would have liked a face-to-face orientation workshop prior to the program launch.

Blended learning provides health professionals with an opportunity to participate in trainings that may not otherwise be available to them. Carefully defining the requirements for participation and the target audience ensures that participants have an understanding of the time commitment, required connectivity, and the equipment needed. Future blended learning programs in Iraq will require a similar assessment of new teams' capacity and readiness for any e-learning initiatives.

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<sup>20</sup> Blended learning programs combine face-to-face learning with distance learning methodologies.

Other lessons learned from this first offering of the VLDP in Iraq can be applied to future offerings. These lessons can be summarized as follows—

**1. *The face-to-face component of the program is important***

The program facilitators found that the face-to-face workshops in Amman were very important for building relationships with the participants, and for solidifying the participants' understanding of basic leadership and management concepts. The face-to-face team meetings that were held as part of the modules in the MOH in Iraq were also important for improving teamwork and communication.

**2. *Participants could benefit from more time to complete their action plans***

Given the iterative process of VLDP action planning, the time constraints of the participants' daily work, the need to develop high quality, measurable action plans, and the importance that teams learn from the process, the VLDP Management and Development team has decided that the next VLDP offering in Iraq will be structured to give teams more time to develop their action plans.

**3. *Audio components on the Web site were very helpful to participants***

Participants reported that the audio components<sup>21</sup> included on the VLDP Web site in Arabic were very helpful for understanding certain exercises. This lesson should be retained, though future offerings of the VLDP will be entirely in Arabic.

**4. *The VLDP teams could benefit from receiving input on the teams' action plans from public health and management subject area specialists in addition to the feedback received from the program facilitators and M&E specialist***

Many of the VLDP Iraq action plans were specific to particular areas of public health (e.g., tuberculosis). In addition to the leadership and organizational development expertise that the VLDP facilitators bring to the process, and the supplementary expertise of an M&E specialist, the review and feedback process on action plans might include a review of the plans by specialists in technical public health areas, when possible.

**5. *Some participants were stronger in English than others***

As the facilitators observed during the face-to-face meetings with the participants, some participants struggled to read the English of the program. This was obviously not too great a deterrent given the high level of participation. It is clear that the planned future delivery of the VLDP Iraq in Arabic will make it easier for the participants to read and understand. They will be able to express themselves better, benefit even more from the program, and further strengthen the leadership and management capacity of the MOH.

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<sup>21</sup> The audio components were recorded by the program facilitator in Arabic.

## **NEXT STEPS**

The translation of the VLDP from English into Arabic has been completed and the VLDP web site in Arabic will be completed at the end of January 2006. USAID Iraq has requested that the next VLDP in Arabic be launched in March 2006 to a new set of Iraq MOH teams. Additionally, USAID has requested that the BASICS/MSH team managing the VLDP begin to transfer the management of the VLDP to the Iraqi MOH. This request will be studied carefully and discussed with Leslie Perry at USAID/Iraq.

In the next VLDP, senior facilitator Dr. Mansour will train at least two Arabic facilitators (one in the Iraq MOH and one in RTI ) in order to expand capacity of the MOH and RTI staff to deliver and manage future VLDPs. BASICS and the VLDP Delivery and Management team at MSH will:

- Develop the timeline for the next VLDP and share it with USAID/Iraq so that they may discuss it with the MOH.
- Identify two potential Arabic-speaking facilitators who will work with Dr. Mansour to facilitate this new offering in Arabic with USAID's support.
- Determine a strategy for strengthening the capacity of the Iraqi MOH and RTI to deliver future VLDPs.

Remaining BASICS funds will be used for the delivery of the next VLDP. The VLDP Delivery and Management team also suggests that other remaining funds be used for follow-up with the 11 teams that participated in this first VLDP, so as to further document their progress with their public health challenges and provide them with support.

The team has also suggested to USAID Iraq that this first cohort of teams present their leadership projects to the Iraq MOH and USAID in March 2006.

Participants in both the first Iraq VLDP and the upcoming Iraq VLDP will be invited to participate in upcoming forums and events on LeaderNet in English, such as the global LeaderNet forum scheduled this spring. LeaderNet is a global community of practice for graduates of leadership and management programs that uses several mediums, such as Internet, phone, and fax, to provide participants with opportunities for sharing experiences and continuous learning and development.

## APPENDIX

## Appendix 1: VLDP Iraq, Team Completion of Exercises and Forum Postings by Module

VLDP Iraq, Team Completion of Exercises and Forum Postings by Module		
Team	Forum Submitted for Modules	Individual Exercise Completion Completed/ Total: Exercise
Adolescent Psycho-social Problems Solving	1 2 3 4 5 6	8 / 8: Module 1 WCA 8 / 8: Module 2 Differences between Leadership and Management 7 / 8: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring 8 / 8: Module 4 Leadership competencies self-diagnosis: 6 / 8: Module 6 Change Management Exercise 6 / 8: Module 7 WCA 5 / 8: Module 7 Final Evaluation
Control of Nosocomial Infection	1 2 3 4 5 6	7 / 7: Module 1 WCA 7 / 7: Module 2 Differences between Leadership and Management 7 / 7: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring 7 / 7: Module 4 Leadership competencies self-diagnosis: 7 / 7: Module 6 Change Management Exercise 6 / 7: Module 7 WCA 7 / 7: Module 7 Final Evaluation
Data base system	1 2 3 4 5 6	9 / 9: Module 1 WCA 9 / 9: Module 2 Differences between Leadership and Management 9 / 9: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring 9 / 9: Module 4 Leadership competencies self-diagnosis 9 / 9: Module 6 Change Management Exercise 9 / 9: Module 7 WCA 9 / 9: Module 7 Final Evaluation
Department of Health Policy and Planning	1 2 3 4 5 6	6 / 6: Module 1 WCA 6 / 6: Module 2 Differences between Leadership and Management 6 / 6: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring 6 / 6: Module 4 Leadership competencies self-diagnosis 6 / 6: Module 6 Change Management Exercise 6 / 6: Module 7 WCA 6 / 6: Module 7 Final Evaluation
Donor Coordination	1 2 3 4 5 6	6 / 6: Module 1 WCA 6 / 6: Module 2 Differences between Leadership and Management 6 / 6: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring 5 / 6: Module 4 Leadership competencies self-diagnosis 4 / 6: Module 6 Change Management Exercise 4 / 6: Module 7 WCA 5 / 6: Module 7 Final Evaluation
Expanded Program of Immunization	1 2 3 4 5	8 / 8: Module 1 WCA 8 / 8: Module 2 Differences between Leadership and Management 8 / 8: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring 8 / 8: Module 4 Leadership competencies self-diagnosis 7 / 8: Module 6 Change Management Exercise 6 / 8: Module 7 WCA 6 / 8: Module 7 Final Evaluation
Health	1	8 / 8: Module 1 WCA

Information System	2	7 / 8: Module 2 Differences between Leadership and Management
	3	7 / 8: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring
Human Resources and Training Development Center	1	10 / 10: Module 1 WCA
	2	10 / 10: Module 2 Differences between Leadership and Management
	3	10 / 10: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring
	4	8 / 10: Module 4 Leadership competencies self-diagnosis
	5	9 / 10: Module 6 Change Management Exercise
	6	9 / 10: Module 7 WCA 9 / 10: Module 7 Final Evaluation
Iraq Stop TB	1	5 / 5: Module 1 WCA
	2	5 / 5: Module 2 Differences between Leadership and Management
	3	5 / 5: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring
	4	5 / 5: Module 4 Leadership competencies self-diagnosis
	5	5 / 5: Module 6 Change Management Exercise
	6	5 / 5: Module 7 WCA 5 / 5: Module 7 Final Evaluation
Neonatal Care Team	1	8 / 8: Module 1 WCA
	2	8 / 8: Module 2 Differences between Leadership and Management
	3	8 / 8: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring
	4	8 / 8: Module 4 Leadership competencies self-diagnosis
	5	8 / 8: Module 6 Change Management Exercise
	6	8 / 8: Module 7 WCA 8 / 8: Module 7 Final Evaluation
Nutrition Research Institute	1	5 / 5: Module 1 WCA
	2	5 / 5: Module 2 Differences between Leadership and Management
	3	5 / 5: Module 2 Assessing scanning, focusing, aligning/mobilizing, inspiring
	4	5 / 5: Module 4 Leadership competencies self-diagnosis
	5	5 / 5: Module 6 Change Management Exercise
	6	3 / 5: Module 7 WCA 5 / 5: Module 7 Final Evaluation

## Appendix 2: VLDP Iraq: End-of-Program Evaluation Results

For the quantitative section of the evaluation, we received 66 responses out of 80 participants.

Evaluation by Module:

Module	Number of participants who answered “Very Helpful” or “Helpful”	Number of Total Responses	Percentage
Module 2	64	66	97%
Module 3	60	66	91%
Module 4	63	66	95%
Module 5	59	66	89%
Module 6	58	66	88%

Evaluation by Component:

Component	Number of participants who answered “Very Helpful” or “Helpful”	Number of Total Responses	Percentage
Café	59	66	89%
Daily announcements	59	66	89%
Forum	60	66	91%
Email with Facilitators	61	66	92%
Tools and References	53	66	80%
Self-Assessments	59	66	89%
Editorials	61	66	92%

Component	Number of participants who answered “Excellent” or “Good”	Number of Total Responses	Percentage
Usefulness of Facilitators’ input	63	66	95%
Availability of Facilitators	62	66	94%

### Appendix 3: VLDP Iraq WCA Results Summary

Team	Pre-intervention team score, October 2005, n= number of team members responding	Post-intervention team score, January 2006, n= number of team members responding	Change in overall WCA score
Database Team	Team average= 4.14 n= 9	Team average= 4.43 n= 9	+0.29
Department of Health Policy and Planning Team	Team average = 3.40 n= 6	Team average= 4.35 n= 6	+0.95
Neonatal Care Team	Team average= 3.47 n=8	Team average= 4.42 n=8	+0.95
Stop TB Team	Team average= 3.48 n=5	Team average= 4.95 n=5	+1.47
Adolescent Health team	Team average= 4.19 n=8	team average= 4.31 n=6	+0.12
Donor Coordination team	Team average= 3.54 n=6	team average= 4.09 n=4	+0.55
EPI	Team average= 4.09 n=8	team average= 4.29 n=6	+0.20
HR and Training Team	Team average= 3.30 n=10	Team average= 3.94 n=9	+0.64
Nosocomial Infection	Team average= 4.07 n=7	Team average= 3.94 n=6	-0.13
Nutrition Team	Team average= 3.30 n=5	Team average= 4.58 n=3	+1.28

# Appendix 4: Leadership and Management Results Model

## Leading & Managing for Results Model

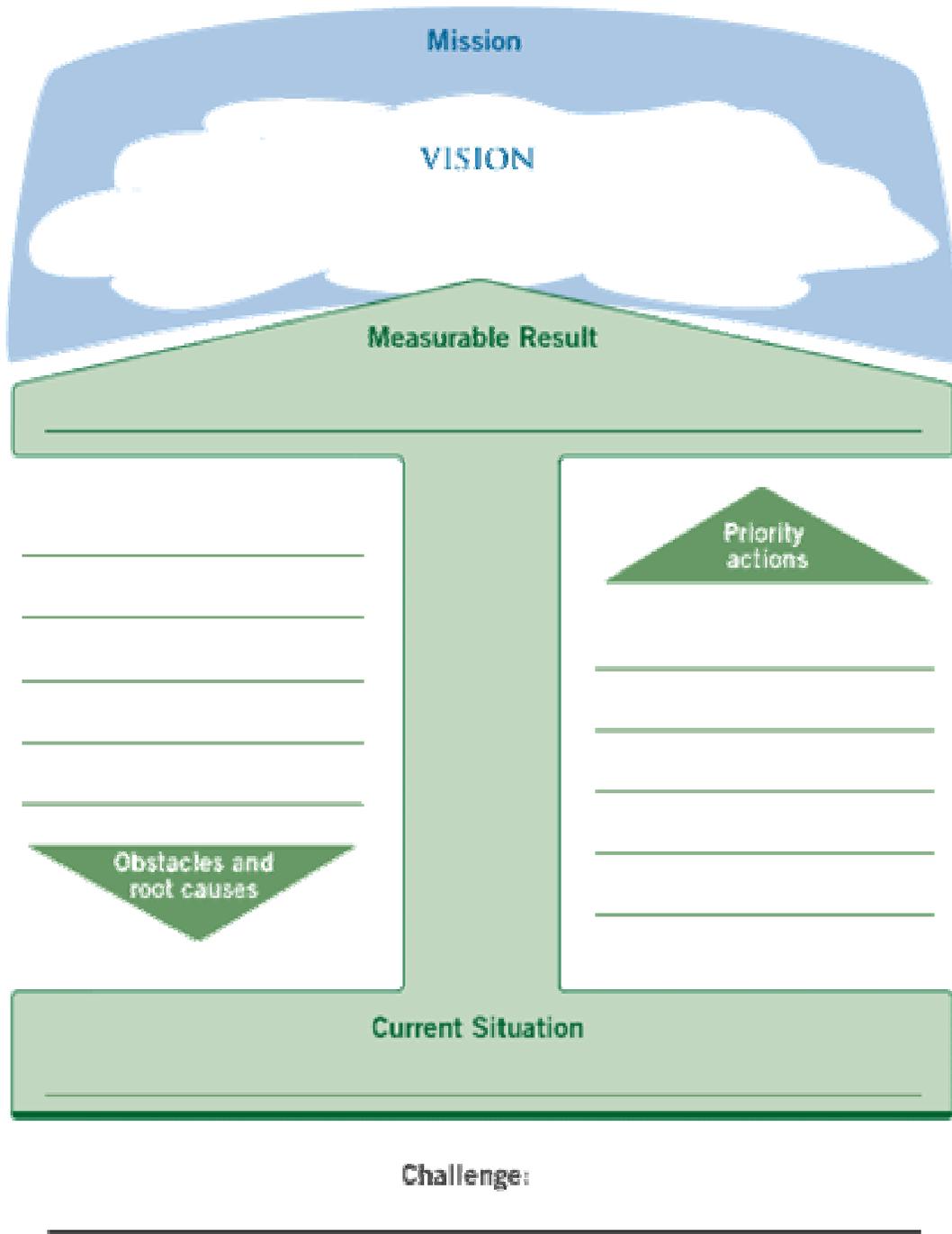
How do management and leadership contribute to improved service delivery?



Building and applying the body of knowledge about leading and managing in international health



## Appendix 5: The Challenge Model



## Appendix 6: Workgroup Climate Assessment

### *Workgroup Climate Assessment (WCA)*

#### Management Sciences for Health

INSTRUCTIONS: To complete the survey, please read each item. How do you feel about the item today? To assist you, there is a statement at the top of the survey that reads: *I feel that in my workgroup.....*. Once you have made your choice, indicate your selection by circling the appropriate number in the shaded column, as demonstrated in the sample below.

Your answers are confidential. In no case will your individual responses be shared with anyone in your organization.

Here is an example of how to complete the Workgroup Climate Assessment.

<b>Workgroup Climate Assessment</b>  <b>SAMPLE</b>  <b>I feel that in my workgroup.....</b>	<b>How are things now in your workgroup?</b>  Please rate each item on a scale from 1 to 5 where: 1 = Not at All 2 = To a Small Degree 3 = To a Moderate Degree 4 = To a Great Degree 5 = To a Very Great Degree				
1. We have a positive attitude	1	2	3	4	5
2. We enjoy our work	1	2	3	4	5

## Workgroup Climate Assessment - Part A

Please read each item below and indicate your selection by circling the appropriate number in the shaded column.

<b>Workgroup Climate Assessment – Part A</b>	<b>How are things now in your workgroup?</b>				
	Please rate each item on a scale from 1 to 5 where:- 1 = Not at All 2 = To a Small Degree 3 = To a Moderate Degree 4 = To a Great Degree 5 = To a Very Great Degree				
<b>I feel that in my workgroup.....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. We feel our work is important					
2. We strive to achieve successful outcomes					
3. We pay attention to how well we are working together					
4. We understand the relevance of the job of each member in our group					
5. We have a plan which guides our activities					
6. We understand each other's capabilities					
7. We seek to understand the needs of our clients					
8. We take pride in our work					

*After completing this part of the assessment, please move on to Part B found on the next page.*

## Workgroup Climate Assessment - Part B

This section is an assessment of your feelings about whether your workgroup is *known for quality work* and whether it is *productive*.

What does being *known for quality work* mean? It means that our workgroup:

- is known for meeting our clients' needs
- receives positive feedback from our clients or supervisors

What does being productive mean? It means that our workgroup:

- consistently meets our work objectives, such as monthly or annual objectives
- is recognized by others as a group that gets the job done

Please read each item and then decide how things are in your workgroup. Using the same scale as in Part A, indicate your selection by circling the appropriate number in the shaded column.

<b>Workgroup Climate Assessment – Part B</b>	<b>How are things now in your workgroup?</b>				
	Please rate each item on a scale from 1 to 5 where:				
	1 = Not at All 2 = To a Small Degree 3 = To a Moderate Degree 4 = To a Great Degree 5 = To a Very Great Degree				
<b>I feel that .....</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
9. Our workgroup is known for quality work	1	2	3	4	5
10. Our workgroup is productive	1	2	3	4	5

**Thank you for completing the assessment.**