

**The Caribbean  
Virtual Leadership Development Program  
Follow-Up Inquiry**

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## Acronyms

<b>BZD</b>	Belize dollar
<b>CLM</b>	Center for Leadership and Management
<b>CRN</b>	Caribbean Regional Network
<b>DOH</b>	Department of Health
<b>FHI</b>	Family Health International
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>MSH</b>	Management Sciences for Health
<b>NPC</b>	National Program HIV/AIDS Coordinator
<b>NGO</b>	Non-Governmental Organization
<b>PCR</b>	Polymerase Chain Reaction
<b>PLWHA</b>	People Living With HIV/AIDS
<b>USAID</b>	United States Agency for International Development
<b>VLDP</b>	Virtual Leadership Development Program
<b>WCA</b>	Work Climate Assessment

## I. Executive Summary

The purpose of this report is to present the findings of a follow-up inquiry with the participants of the Virtual Leadership Development Program (VLDP) that was offered in the Caribbean between May and July 2004.

Under the Family Health International (FHI) contract to Management Sciences for Health (MSH) the Center for Leadership and Management (CLM) offered the Virtual Leadership Development Program (VLDP) to 15 teams in ten countries. Of the 15 teams that enrolled in the program, 11 teams from public and private sector organizations working in HIV/AIDS in Bermuda, St. Maarten, St. Kitts and Nevis, Trinidad and Tobago, Suriname, St. Lucia, and Belize completed the program and received VLDP certificates of achievement. The team sizes ranged from two to ten members. In all, 59 participants successfully completed the program.

The VLDP is a twelve week blended learning program designed to strengthen leadership competencies of health managers and their teams to more effectively address organizational challenges. The VLDP enrolls teams who work with program facilitators from a distance to develop an action plan that addresses an organizational challenge.

MSH conducted a follow-up inquiry seven months after the program's conclusion to assess whether the teams are continuing to address the organizational challenge they identified during the VLDP, the current status and results of the teams' implementation of their action plans, and the impact of the VLDP on individual participants, the teams, and overall organizational performance. The MSH evaluation team e-mailed a questionnaire to the eleven teams who successfully completed the program. **Five teams completed the questionnaires:** Sticking Mamio Naimen Projekt, MOH Belize, FHI Trinidad & Tobago, DOH Bermuda, and St. Maarten. This report contains further analysis of the participants' evaluations at the program conclusion in July 2004 as background information, but primarily focuses on the findings from the follow-up inquiry conducted in February – March 2005.

VLDP Caribbean participants attribute changes in **both individual and team performance** to the program. These changes include **improved communication as well as the ability to manage individuals, emotions, and work**. Teams also reported **improved relationships among their team members and external organizations**. Teams cited **taking on more challenging responsibilities**, an increased **ability to solve problems**, and a **new recognition that multiple interventions can be used to resolve issues**. Results from the application of the Work Climate Assessment (WCA) tool demonstrate **improved work climate** for the three teams from whom valid results were available.

The teams' improved **self-awareness, management techniques, and communication** resulted in **improved organizational performance**. The MOH Belize team described the VLDP's impact during a recent follow-up visit where they discussed the progress they have made on their challenge of "identifying a mechanism to increase DNA HIV testing in newborns of HIV+ mothers from 22.4% to 100% during the period June to August 2004." **Since the program conclusion the team has conducted an inventory of the systems needed** to create a serology department. They have subsequently **received funding and procured all the equipment and supplies necessary for the DNA HIV**

**testing of newborns.** The MOH Belize team is currently exploring funding options for the lab expansion and training for lab technicians to learn how to use the equipment.

Three of the five teams who participated in the follow-up study are working on the organizational challenge they selected for their teams' action plan. **One team reported using the indicators they developed in the VLDP to monitor and report significant progress addressing their organizational challenge.**

The study revealed that although four out of the five responding teams have not continued to implement the action plans they developed during the program, **teams are continuing to address their organizational challenge in some other capacity. There did not seem to be a correlation between a team continuing to work on its identified challenge or action plan and the positive benefits they reported at the individual and team levels.**

As a result of participating in the VLDP one participant stated, “we became closer as a team, it allowed us to critically look at this area of our work and the impact it was having on our response to the HIV/AIDS epidemic...overall the course allowed us to efficiently develop our plan of action.”

Another respondent described the impact the program had on her by saying, “I have learned to be more patient. I like to do things very fast – like running. Now I have learned to walk.”

Limitations to the effectiveness of the VLDP seem to be **competing priorities, busy schedules, the participation of non-intact teams** or teams that are constructed solely for the purpose of participating in the VLDP, **problems accessing the internet**, and in some cases, **language barriers**.

**Recommendations and additional considerations** for improvements to the VLDP program design and delivery and future follow-up evaluations include:

- Encourage the participants to refer to their organizational strategic plan, operational plan, or other stated organizational priorities to select their challenge.
- Program facilitators should continue to provide timely feedback on the teams' action plans.
- Enroll intact teams who are proficient in the language in which the program is being offered.
- Collect and include in the VLDP materials suggestions from teams who have successfully participated in previous offerings of the VLDP regarding how to organize themselves and overcome barriers, such as conflicting priorities and busy schedules.
- Ensure that program materials include regional examples. Collect leadership interviews and other examples from the recent alumni that can be included in future program offerings.

- Determine the respondent rate needed to assure adequate representation of the VLDP teams' experience and allow ample time to follow-up with the potential respondent pool in order to receive a large enough sample to develop conclusions that adequately represent the cohort of teams.
- Employ multiple methods for obtaining evaluation information, including both written e-mail questionnaires and telephone interviews.
- Determine the factors that influence an organization's commitment to the program by examining previous teams' motivation for participation and experience in the program.

## **II. Background**

The Virtual Leadership Development Program (VLDP) was offered in the Caribbean region between May 10 and July 31, 2004 under a contract from Family Health International (FHI) to MSH. 15 teams from ten countries enrolled in the program, of which 11 teams representing a diverse group of institutions, including health ministries and NGOs, completed the program and received VLDP certificates of achievement. The teams which completed the VLDP were from Bermuda, St. Maarten, St. Kitts and Nevis, Trinidad and Tobago, Suriname, St. Lucia, and Belize. Team size ranged from two to ten members. In all, 59 participants successfully completed the program.<sup>1</sup>

The VLDP is designed to strengthen leadership competencies of health managers and their teams to more effectively address organizational challenges. Using a blended-learning methodology that combines face-to-face and distance learning, the VLDP brings leadership development opportunities into the workplace for managers at all levels who may seldom have the time or the resources to attend off-site leadership development programs. Designed for teams rather than individuals, organizations select and enroll one or several teams in the program. Teams learn to:

- Identify a key challenge related to improving organizational performance or HIV/AIDS services for clients served by their organizations
- Develop a plan to effectively respond to the challenge they have identified
- Align and mobilize people, systems, and resources to address their challenge

The immediate outcomes of the VLDP have already been documented in a report prepared by one of the two VLDP facilitators: “The Virtual Leadership Development Program for HIV/AIDS Organizations in the Caribbean, May-July 2004, Summary Report for Family Health International” by James Wolff, M&L Program, MSH, September 9, 2004. The report documents: a) the challenges identified by participating teams; b) the leadership themes participants discussed during the VLDP; c) the degree of participation by teams during the VLDP based on records collected by the VLDP software platform; and d) the participants’ evaluation of the VLDP.

## **III. Objectives**

One of the key recommendations in the Wolff report was to follow-up with teams six months after the conclusion of the VLDP to determine how the teams are progressing with their action plans. The MSH VLDP team and MSH evaluation experts determined that a full-scale evaluation could not be conducted due to time constraints. The team therefore developed a scope of work focused on collecting information on whether the teams are continuing to address the organizational challenge they identified during the VLDP, the current status and results of the teams’ implementation of their action plans, and the impact of the VLDP on individual participants, the teams and overall organizational performance.

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<sup>1</sup> James Wolff, “The Virtual Leadership Development Program for HIV/AIDS Organizations in the Caribbean, May-July 2004, Summary Report for Family Health International, M&L Program, MSH, September 9, 2004.

The key study questions include:

- 1) Participant selection
  - a) What were the characteristics of the organizations that participated in the VLDP? What countries were they from, and how were they recruited into the program?
  - b) What was the make-up of the teams? Were they intact teams, i.e. staff who normally work together or teams formed for the purposes of enrolling in the VLDP?
- 2) Program implementation
  - a. How was the content of the VLDP adapted for the Caribbean and HIV/AIDS contexts?
  - b. How did participants rate the program in terms of applicability and usefulness in their daily work? How did they rate the facilitation?
  - c. What factors facilitated or inhibited participation in the program?
  - d. What were the results for the teams in terms of changed workgroup climate?
  - e. What else changed for the participants **during** the program? Personally? In terms of team cohesion? In terms of organizational performance?
- 3) To what extent have the teams succeeded in addressing their challenge? Which activities in their action plan have been completed? Did they produce the desired result? If not, why not?
  - a. How and why did each team prioritize its desired performance – what was the selection based on? What motivated the team to select their challenge?
  - b. What process was used to prepare the action plan?
  - c. Are the teams monitoring their progress using the indicators in their action plans? If not, how else are they monitoring progress?
  - d. What are the team's measurable results related to the program's objectives and their action plans?
  - e. Which activities that should have been completed have not been completed? Why?
  - f. What changed for the participants **after** the program? Personally? In terms of team cohesion? In terms of organizational performance?
- 4) Were there other changes in organizational performance after the program ended?
  - a. Have there been any changes in the performance of the team as a result of the VLDP?
  - b. Have the teams taken on any new challenges since the VLDP ended?
  - c. Have the teams replicated the VLDP (either in part, or as a whole program) to other staff in their organization or with another organization?
- 5) What are the recommendations for future VLDPs?

#### **IV. Methodology**

Data were collected through a questionnaire e-mailed to the entire team (please see **Annex 1**). Participants were instructed to complete one questionnaire with the input of the entire team. Two teams responded to the questionnaires without follow-up contact: MOH Belize and Stitching Mamio Naimen Projekt in Suriname. The evaluators were unable to contact several of the teams by telephone. One of the VLDP facilitators also followed-up with several teams over the phone. Only after much follow-up over several weeks were the evaluators able to obtain three additional responses. In total, the evaluators received five completed questionnaires out of 11 teams to which questionnaires were sent. Questionnaires were returned from the MOH Belize, Stitching

Mamio Naimen Projekt, St. Maarten, FHI Trinidad and Tobago, and the DOH in Bermuda.

The evaluators also conducted follow-up phone interviews with the two teams who were available for phone interviews, the St. Maarten and the Stitching Mamio Naimen Projekt teams, to clarify some of their responses to the questionnaire and to solicit further information.

This report is based on information from:

1. The questionnaire e-mailed to all members of each team. Each team completed one questionnaire. In two cases, follow-up phone calls were made to clarify information provided in the questionnaire.
2. A review of the content of the action plans submitted by each team, including any information on progress implementing their action plan. Only one of the five teams sent an updated action plan providing information on progress.
3. Data captured on the VLDP website about individual and group participation (i.e., participation in module exercises, posting to forum and café, completion of individual and group exercises); participant use of website features; participant feedback on the VLDP through the final program evaluation; facilitator activity; and provision of technical support from Boston-based team.
4. Analysis of available and valid work climate data.
5. Review of other documents related to the VLDP.
6. Information collected during a visit with the Belize MOH VLDP team by two MSH staff members in March 2005.

## **V. Findings**

### **A. Supplemental information to the Wolff report: Findings from participants' evaluation of the VLDP and application of the WCA at program completion (July 2004)**

The following is provided as background and as an introduction to the inquiry findings.

#### ***Participant selection and participating teams***

The VLDP was offered in the Caribbean under a contract from Family Health International (FHI) to MSH. Michael Hall, an MSH employee who was working with FHI in the Caribbean on organizational development activities, decided that the Organization of National Program HIV/AIDS Coordinators (NPCs) under the FHI project would benefit from the VLDP. Ms. Renee West Mendoza, the Executive Director of the Organization of National Program HIV/AIDS Coordinators, served as a contact in the Caribbean region and supplied a list of potential organizations in March 2004.<sup>2</sup> The organizations were contacted by Ms. West Mendoza and a member of the VLDP team in Boston. There were four types of participating organizations: Non governmental

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<sup>2</sup> This differs from the procedure for enrolling teams in other VLDPs. Usually, the MSH team contacts organizations that may be interested in enrolling in the program, and they sign up for the program for a nominal fee. For this program, there was a set list of organizations to invite, and organizations were not charged a fee for participation.

organizations (NGO's), Ministries and Departments of Health, National AIDS Coordinating Committees (NACC), and National AIDS Programs (NAP) (some NAPs were also part of their Ministry of Health). In total, fifteen teams, ranging in size from two to ten individuals, enrolled in the program:

**Table 1: Organizations participating in the VLDP Caribbean**

<b>Organization</b>	<b>Country</b>
Ministry of Health, Belize	Belize
National STI/HIV/AIDS Program (NAP) Suriname	Suriname
National NGO Network	St. Vincent and the Grenadines
Department of Health in Bermuda	Bermuda
St Kitts & Nevis, FHI Caribbean Regional Program	St Kitts & Nevis
FHI Caribbean Regional Programme – Trinidad and Tobago	Trinidad and Tobago
National AIDS Coordinating Committee (NACC)	Trinidad and Tobago
Island HIV/AIDS/SOA	Bonaire. Neth. Antillean
HIV/AIDS Programme St Maarten	St Maarten
CISIH	Guadeloupe
AIDS Action Foundation	St. Lucia
National AIDS Programme	Trinidad and Tobago
Stitching Mamio Namen Projekt	Suriname
Community Based Health Services	St. Kitts and Nevis
SHAN (Suriname HIV/AIDS Network)	Suriname

***Participant Evaluation of the VLDP***

29 participants (49%) completed all or a portion of the final evaluation at the program conclusion. Of these, 25 responded to the question about program content with all 25 rating the content of the program as either “very helpful” or “helpful” for identifying a leadership challenge. 19 of the 25 identified the Web site’s café as “helpful” or “very helpful” for the exchange of ideas among participants; 23 of 25 identified the information in the daily announcements as “helpful” or “very helpful”; 22 of 25 also rated e-mails with the facilitators, tools reference materials, and the self-assessments as “helpful” or “very helpful”. 23 of 25 participants rated the leading article (the new article for each module on the first page of the site) as “helpful” or “very helpful.”

The participants rated the facilitation of the program positively. 24 of 25 felt that the facilitator’s inputs were “excellent” or “good,” and 22 of 25 felt that the availability of the facilitators was “excellent” or “good.”

Participants were also asked about the implementation of their action plans at the program conclusion. 26 of the 29 participants said that they had begun to implement their action plan, and 6 of the 29 reported that they had already successfully addressed their team’s challenge by the end of the program.

### *Improvements in team work*

Participants also responded to open-ended questions in the final program evaluation. In general, participants cited improvements in the way that their teams worked together and improved communication among team members as a result of participating in the program.

### *Improvement in Organizational Performance*

The MOH Belize team cited improvements in organizational performance in their responses at the conclusion of the program. They described the following progress on addressing their challenge (to identify a mechanism to increase DNA HIV testing in newborns of HIV+ mothers from 22.4% to 100% during the period June to August 2004):

“Applying the leadership functions we do has achieved today the approval for the trip to Honduras for the training in PCR testing for infants born from HIV positive mothers. We already identified 3 possible sources for funding the purchasing of the thermal cycle. Our leaders are sensitized on the importance of achieving our goal as a team and we are receiving support. As a result of the VLDP, although we work together before, the team work is stronger, more confident, more autocritical, more seeking for goal achievements and aligning us and others who need it, in a more effective way.”

In an e-mail to the program facilitator dated October 6, 2004, members of the MOH Belize team described their progress: “Just one month after writing our project proposal and we already got the financing for the PCR machine... [some] equipment and supplies.”<sup>3</sup> (For more information about the MOH Belize’s progress on their action plan, please see **Section VIII** of this report.)

### *Change in Work Climate as a result of the VLDP*

The Work Climate Assessment (WCA), a tool developed by MSH that measures work group climate, was applied by teams during the first module of the VLDP, and again during the last VLDP module. To complete the WCA, teams rate the actual performance of their team on a scale from 1 to 5 for fourteen elements. They also rate the importance of each of these elements. The scores for the team’s actual performance are averaged by team member (these are the unweighted scores), and multiplied by the importance score, which results in the weighted scores. These scores are then averaged across the team.

Of the 15 teams that participated in the VLDP, only three teams completed both the pre- and post-program WCA that yielded valid results (i.e. the sample size and participants who completed the pre-intervention WCA were the same as the sample size and participants who completed the post-intervention WCA). These three teams were the FHI Caribbean Regional Program in St. Kitts and Nevis, the FHI Caribbean Regional Program in Trinidad and Tobago, and the Department of Health team in Bermuda. All three teams demonstrated improvements in climate scores between commencing and completing the VLDP (for graphs, please see **Annex 3**). All three teams demonstrated

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<sup>3</sup> James Wolff, “The Virtual Leadership Development Program for HIV/AIDS Organizations in the Caribbean, May-July 2004, Summary Report for Family Health International, M&L Program, MSH, September 9, 2004.

improvements in work climate as seen by an increase in both their unweighted and weighted scores.

**Table 2: WCA Results from VLDP Modules 1 and 7**

<b>Team</b>	<b>FHI Caribbean Regional Program in St. Kitts and Nevis (n=3)</b>	<b>FHI Caribbean Regional Program in Trinidad and Tobago (n=7)</b>	<b>Department of Health in Bermuda (n=2)</b>
<b>Module 1 (May 2004)</b>	Unweighted score*= 3.61 Weighted score**= 16.88	Unweighted score= 3.81 Weighted score= 17.48	Unweighted score= 3.46 Weighted score= 14.50
<b>Module 7 (July 2004)</b>	Unweighted score= 4.28 Weighted score= 20.11	Unweighted score= 4.26 Weighted score= 19.35	Unweighted score= 4.44 Weighted score= 18.47

\*team's average actual performance score

\*\*average actual performance score multiplied by the importance score

The DOH Bermuda team was the only team that completed the questionnaire sent to the teams for the follow-up inquiry and for which valid WCA results are available.

Therefore in only one case can evaluators look at improvements in work climate in relation to information from the questionnaire. The DOH Bermuda team reported that they have continued to work on their team's challenge, and they reported both positive changes at the team and individual levels as a result of the VLDP. This corresponds to the improvement in their work climate scores from the beginning of the program to the completion of the program.

### *Adaptation of the VLDP for the Caribbean*

The VLDP was originally offered in English in Africa (March-June 2004) to organizations working in HIV/AIDS. Due to budget and programmatic constraints, the program was minimally adapted from the existing program for implementation in the Caribbean region. Specifically, the program content was not modified to include interviews with leaders from the region; the examples and leadership interviews were exclusively African. In the VLDP final evaluation, participants commented on the lack of adaptation for the Caribbean context:

“One of the shortcomings of this course relates to the relevance of the material to the Caribbean. The region has a number of peculiarities that sets it apart from other regions of the world and it would have been useful to see some of the material adapted to reflect the situation in the region. This would allow for greater appreciation of the material.”

“The course was fine, but there was a concern that some of the material should have been more Caribbean oriented. It was a training for the region and there are so many best practices and programmes here that could have been utilized for the programme.”

## B. Findings from the VLDP Inquiry Seven Months after Program Completion (February-March 2005)

### *Summary of the findings*

Table 3 provides a summary of data from the five completed questionnaires.

**Table 3: Summary of Information from Completed VLDP Questionnaires, February-March 2005**

<b>Inquiry Question</b>	Stiching Mamio Naimen Projekt	MOH Belize	FHI Trinidad & Tobago	St. Maarten	DOH Bermuda
# of team members	4	3	10	3	3
Was this team an intact team prior to the VLDP?	No	Yes	Yes	No	No
Did the challenge come from the strategic/operational plan?	No	Yes	No	Yes	No
Was the action plan developed by entire team?	No	Yes	Yes	Yes	Yes
Has the team continued to work on the challenge?	N/A. "still at the first stage..."	Yes	No	Yes (as a larger team)	Yes
Are you using the indicators in your action plan?	N/A	Yes	No	No	No
New challenges?	?	Yes	No	No	No
Changes in the team performance as a result of the VLDP	Yes	Yes	Yes	No	Yes
Changes for the individual as a result of the VLDP	Yes	Yes	Yes	Not really	Yes
Are you replicating the VLDP?	No	No	Both Yes & No	No (no time)	No

### *Types of teams participating*

Three of the five teams reported that they were not intact teams<sup>4</sup> prior to the program. Although all of the respondents had worked together prior to the VLDP, the teams ranged from the one intact team, the Ministry of Health, Belize, to a "team [that] was established for VLDP purposes" (St. Maarten). The Ministry of Health, Belize team reported, "Team members remain the same, although in implementing our action plan there is the involvement of other persons, which by extension are members of the team." The Trinidad and Tobago FHI team was comprised of members of an umbrella organization of NGOs working in HIV/AIDS. They commented seven months after completing the VLDP: "Maybe the individuals from the original team do not interface as we did during the training, but from an organizational standpoint we do."

<sup>4</sup> An intact team is defined as a team that works together on a regular basis on a common project, either in the same location or remotely.

### ***Factors Affecting Participation in the Program***

The five teams universally stated that time and conflicting schedules were barriers to participation in the VLDP. Scheduling meetings (bi-weekly team meetings are a program requirement) with representatives of nine organizations was cited as a difficulty by one team. Not all of the team members were able to participate in all of the team meetings. Language was also a barrier for one Dutch-speaking team. To overcome this, the team nominated one of the fluent English speakers to be the team coordinator throughout the program. One of the respondents said that two members of her team did not have continuous access to the Internet throughout the program.

### ***Selecting Challenges***

During the third module of the VLDP, teams are asked to identify an organizational challenge and to work as a team to design an action plan that addresses this challenge. The development of the action plan is an iterative process where the facilitators, with the input of MSH monitoring and evaluation experts, give guidance and feedback to the teams on their action plans. Teams may be given guidance about the type of challenge they select, the activities that are included in the action plan to address the challenge, and indicators for monitoring progress in achieving their desired result.

The organizational challenges identified during the VLDP for the five teams that responded to the questionnaire are included in Table 4:

**Table 4: Challenges Selected during the VLDP by Questionnaire respondents**

<b>Team</b>	<b>Challenge Selected during the VLDP</b>
<b>Stiching Mamio Naimen Projekt</b>	"To get support from friends/family for PLWHA so that they will be able to become advocates for themselves during the period June 10 till October 20, 2004."
<b>MOH Belize</b>	"To identify a mechanism to increase DNA HIV testing in newborns of HIV+ mothers from 22.4% to 100% during the period June to August 2004."
<b>FHI Trinidad &amp; Tobago</b>	"Need to form and work as a team."
<b>St. Maarten</b>	"Try to work with the French and Dutch side health system to come with a unique code for the registration of the HIV patients. To find a way that the family doctors can give or send information about the mode of transmission of the HIV. To find a way to register or procedure the information correctly."
<b>DOH Bermuda</b>	"Change public perception of negative stigma attached to HIV testing."

Two of the five respondents stated that their challenge came from their organization's strategic or operational plan. The St. Maarten team stated: "We didn't want to pick a challenge we couldn't use since we already work on this one as part of a larger team."

Four of the five teams responded that everyone participated in the selection of their challenge. This collective ownership is exemplified by this response by the MOH Belize

team: “Each team member was involved in the development of the action plan; we ensured that this happened, as we wanted each member to have ownership of it, which we think have contributed greatly to the strides we have made thus far in its implementation.”

### *Addressing Challenges*

The respondents have had varying levels of success addressing their challenge. Three teams stated that they have continued to work on their respective challenges after the end of the VLDP.

When asked if they were continuing to address their challenge, the **Stitching Mamio Naimen Projekt** team responded “yes,” “[We are] still at the first part of mobilizing the PLWHA [People Living With HIV/AIDS].” This team has struggled with their challenge (“To get support from friends/family for PLWHA so that they will be able to become advocates for themselves during the period June 10 till October 20, 2004”), stating “we thought it should be easy to mobilize PLWHA to become advocates and then find out that there were lots of barriers.” When asked about these barriers during a follow-up telephone interview, the team coordinator responded that every time she takes a step forward, she takes a step backwards in trying to address this challenge. She explained that PLWHA don’t know how to approach their families effectively to gain their support. She tells them, “You have to fight. I am fighting for myself...I can’t fight for you... I can only support you.” She also stated that the challenge is her “dream.” Her optimism of reaching this dream is “what keeps her alive...keeps her healthy.”

The **DOH of Bermuda** stated that “continued communication and brainstorming with each other” has helped the team to continue to work on their challenge (“Change public perception of negative stigma attached to HIV testing”). They stated: “those in leadership do not agree with nurse’s vision”, which implies that those who participated in the program may not have the same vision as those who are leading the Department of Health and therefore may be a barrier to continuing this work.

**FHI Trinidad and Tobago** had a mixed response to the question of whether or not they are continuing to work on their challenge, answering both “unfortunately, no” and “I would agree with yes, since some of us continue to collaborate and work together.”

The **St. Maarten** team commented, “We have continued to work on the challenge, but not as a team.” In a follow-up interview, they explained that they are still addressing their challenge, “to work with the French and Dutch side health system to come with a unique code for the registration of the HIV patients,” as part of a larger team (with health staff from the French side of the island). This team explained in the questionnaire and during a follow-up phone conversation that they “do not have” an action plan. The St. Maarten team recounted during the phone interview that they had initially sent in a draft of the first part of the action plan, but that they “did not get any feedback on the action plan after repeated requests” to the facilitators. The participant interviewed said that “technically, we never developed an action plan” and that they made repeated requests for feedback during VLDP Modules 4, 5, and 6 and still didn’t get any response, and then the program ended. She said, “in the interim, we have gone on working on our challenge as part of a larger team,” as their challenge was already part of their work before the VLDP.

The **MOH Belize** team reports that they have continued to address their challenge and that they have made significant progress implementing the action plan designed during the VLDP, as explained further in the following section. They commented, “One of the things that has worked well in us continuing to work on our challenge is the fact that all three of us are committed to our job and we are passionate about what we do.”

### ***Progress on the Action Plans***

Of the five teams who completed the questionnaire, only the MOH Belize returned an updated action plan that includes information on progress made in addressing their challenge (please see **Section VIII** of this report and **Annex 2**). They report that, in order “to identify a mechanism to increase DNA HIV testing in newborns of HIV+ mothers from 22.4% to 100% during the period June to August 2004” they have identified a team who will investigate and decide upon the necessary equipment, visited and obtained information from a laboratory in Honduras about PCR testing, finalized the decision about the equipment to be procured, and identified a space in the lab to hold the equipment. The team reports that currently they are constructing a new space in the lab to house the new PCR machine, and that they have identified and received \$40,000 (BZD) of the \$58,000 (BZD) necessary to procure the PCR machine. They are presently drafting guidelines for PCR testing. The Belize team reported that they have yet to train personnel in the use of the machine, perform the testing on babies born to HIV+ mothers, and monitor and evaluate the new procedures.

### ***Monitoring progress on action plans***

The MOH Belize was the only respondent to report using the indicators they developed for their action plan. “For each action that we accomplish towards achieving our challenge we always go back to our indicators to ensure that we are on the right track and to determine how far we are away from completing our challenge. So we often refer to the plan to evaluate our progress. We also use the indicators as a monitoring tool to determine if our challenge is still realistic.”

The responses from the remaining four teams suggest that they do not see the indicators as supporting their work, but rather as additional work. “Honestly, have not gotten around to that,” the DOH Bermuda team stated.

Another team has not made significant progress on their challenge and therefore is not using the indicators they developed, “We are still at the first stage and we can’t move further until we get the support from PLWHA,” the Stitching Mamio Naimen Projekt team reported.

### ***Impact at the team and individual level***

The respondents identified changes at the individual and team level as a result of participating in the VLDP.

The reported changes include improved communication, increased enthusiasm and willingness to partner with colleagues on initiatives, taking on more challenging responsibilities, and utilizing models explained in the VLDP. One team stated, “We are working in a more collaborative manner with other partners in health.”

The only respondent who said there has not been any changes in performance was the team which does not have a final action plan (St. Maarten). The respondent did, however; state that the biggest impact the VLDP had on her was “reviewing her current management style.” She wrote that the VLDP “strengthened an existing relationship.” When interviewed, she said that the VLDP helped her team, but that they “don’t have the lead on [their challenge]—it is difficult to translate all that we learned [during the VLDP] into completing the challenge or finding a solution, but not completely impossible.”

The DOH Bermuda team commented that the VLDP’s impact was that “it gave us a framework.” Several members of the FHI Trinidad and Tobago team responded that the biggest impact was “networking” and the development of “friendships, alliances and relationships.”

The VLDP had an impact on the individual participants who stated that it made them more confident, it improved their communication and their leadership skills. “I tend to listen more and exercise self control,” one participant noted. Another participant from the FHI Trinidad and Tobago team stated, “The experience [VLDP] not only facilitated a greater ability to manage and develop my HIV/AIDS programme and relate to my colleagues but I believe it positioned me well to assume the post that I now hold of Programme Specialist – HIV/AIDS with the UNDP.” According to another team member of the MOH Belize team, the VLDP “allowed us to utilize different leadership approaches when working with other persons in our Ministry and other agencies.” She stated that the VLDP improved their “team spirit” and has “created a bond between us that we feel will only prove to get better and stronger.” This team also stated that as a result of the VLDP “we became closer as a team, it allowed us to critically look at this area of our work and the impact it was having on our response to the HIV/AIDS epidemic...overall the course allowed us to efficiently develop our plan of action.”

One respondent from Stitching Mamio Naimen Projekt said that as a result of the VLDP, “I have learned to be more patient. I like to do things very fast – like running. Now I have learned to walk.”

Several participants from different teams stated that they are better able to cope in stressful situations. The MOH Belize team reported: “Because of the knowledge and skills I learnt, I was better able to interact with my supervisor without allowing him to stress me out as he did prior to the course.” Additional individual changes include becoming more “self conscious in terms of how I react to staff situations. I am still learning, but I am maturing in my leadership skills,” stated FHI Trinidad and Tobago.

Another individual change was learning “how to better appreciate others for their contributions, despite how minimal it may be” according to a MOH Belize team member. The VLDP also helped participants with problem solving. A FHI Trinidad and Tobago team member commented, “I have realized that several interventions could be utilized at different times in resolving issues.” The St. Maarten team also cited finding solutions and “learning new ways of problem solving” as well as “learning how other factors affect good leadership and identifying possible solutions to resolve them” as positive experiences in the process of developing the teams’ action plan.

The VLDP participants actively used M&L's leading and managing framework (please see **Annex 4**) and language when responding to how they are applying what they learned in the program. One respondent noted that she has observed her team member use her new skills "to mobilize" participants in PLWHA support group meetings. The MOH Belize team commented that as a result of participating in the VLDP, "relationships with external agencies have improved through our increased skills to scan our external environment."

### ***New Challenges after the conclusion of the Program***

Two of the five teams have taken on new challenges since the conclusion of the VLDP in July 2004. The MOH Belize has chosen to research the HIV sero-prevalence among inmates at the Belize Central Prison, and the Stitching Mamio Naimen Projekt will start some projects with PLWHA (including looking for funding).

The remaining three teams responded that they had not begun to address any new challenges.

### ***Replicating the VLDP***

Replication of the VLDP with others is not part of the program design. Nevertheless, one of the five teams responded that they have shared the VLDP with others in several ways. The FHI Trinidad and Tobago team has photocopied the modules and distributed them to other organizations "that are challenged." In addition they used the VLDP materials in a capacity building workshop in September 2004. Another FHI Trinidad and Tobago team member wrote, "I have shared the contents of the course with some of my colleagues and have been working with them to sensitize them to the rationale behind the material." A member of the same team responded that "no" she had not replicated the VLDP, "but I do have intentions of sharing this information with my colleagues as it made such a big impact on my life."

The participant from St. Maarten who was interviewed reported that during the program she mentioned to her boss that "there were perhaps other departments in the Ministry who could [benefit from the VLDP] and the CRN (Caribbean Regional Network) could too." Their team is part of the MOH of St. Maarten, but this participant is part of the board of the CRN. She said the program would be beneficial in both areas, but she would not be able to replicate it because she "does not have time."

## **VI. Conclusions**

The VLDP in the Caribbean had a positive impact on the individuals and teams who participated in the program. Teams reported both improved team work and progress in addressing challenges identified during the VLDP. Based on information collected from the participants at the conclusion of the VLDP Caribbean in July 2004 and from the follow-up inquiry seven months later it is clear that teams who participated in the VLDP Caribbean attribute changes in both individual and team performance to the program. These changes include improved communication as well as the ability to manage individuals, emotions, and work. Teams also reported improved relationships among their team members. Results of the application of the WCA demonstrate improved work climate for the three teams from whom valid results were available.

Five questionnaires completed by the teams seven months after the VLDP indicate that three of the five teams continue to work on their challenge to some extent. One team reported progress on the action plan they developed to address an organizational challenge during the VLDP. This team was also the only team that reported using the indicators developed during the VLDP to measure their progress in addressing their challenge.

Most teams are not continuing to implement the action plans they developed to address an identified organizational challenge, even if they are continuing to address this challenge in some capacity. However, there did not seem to be a correlation between continued work to address a team's identified challenge or action plan and positive benefits reported at the individual and team levels for participating teams.

Only two of the five respondents indicated that they have chosen a new challenge to address, and one team stated that they have shared the information they learned in the VLDP outside of the team that participated in the program. Another team expressed interest in sharing the benefits of the program, but did not report "replicating" the VLDP.

The benefits of using the VLDP in the Caribbean to build the capacity of public sector organizations and NGOs to address organizational performance and HIV/AIDS services include improved self-awareness, management techniques, and communication for participating teams and individuals. The limitations to the effectiveness of the VLDP seem to be competing priorities, busy schedules, the participation of non-intact teams or teams that are constructed for the program, problems accessing the internet, and in some cases, language barriers.

## **VII. Recommendations**

The following recommendations for future VLDPs in the Caribbean region and future evaluations of the VLDP are based on the questionnaire responses from five participating teams and from the participants' end of program evaluation responses.

### ***Selecting an organizational challenge***

The results of this inquiry suggest that teams that chose a challenge that is aligned with their organization's stated priorities have continued to work to address that challenge after the program concluded. The VLDP facilitators and program content should **encourage the participants to refer to their organizational strategic plan, operational plan, or other stated organizational priorities to select their challenge.**

**The facilitator's feedback to the teams on their action plans and VLDP work is beneficial to the teams. Facilitators should continue to provide timely feedback.** The iterative process used to develop the action plan is a critical part of the program.

### ***Participating teams***

**Enroll intact teams who are proficient in the language in which the program is being offered.** This will ensure that all team members can fully participate in the program, and will not burden fellow team members who may be more proficient in the program

language. This is an important consideration in a region as linguistically diverse as the Caribbean.

**Collect and include suggestions in the VLDP materials from teams who have successfully participated in previous offerings of the VLDP regarding how to organize themselves and overcome barriers**, such as conflicting priorities and busy schedules. Future teams will benefit from the program alumni's experiences and lessons learned.

#### *Adapt the VLDP for the regional context*

**Ensure that program materials include regional examples. Collect leadership interviews and other examples from the recent alumni** that can be included in future program offerings.

#### *Future Evaluations of the VLDP*

Determine the respondent rate needed to assure adequate representation of the VLDP teams' experience and **allow ample time to follow-up with the potential respondent pool** in order to receive a large enough sample to develop conclusions that adequately represent the cohort of teams. **Employ multiple methods for obtaining evaluation information**, including both written e-mail questionnaires and telephone interviews. Teams may not have responded to questionnaires due to lack of internet access or access to their e-mail accounts, lack of access to other participating team members for input, conflicting priorities, busy schedules, and travel. Some questionnaires were completed without the input of all members of the team. Additionally, participants were not offered any incentive to take time out of their busy work schedules to complete the questionnaires. Participants should also be alerted during the program that they will be contacted at a later date about their experience during and after the program. This, coupled with a token reward for responding to the inquiry (e.g. offer a free publication), may improve the response rate.

#### *Additional considerations*

**Determine the factors that influence an organization's commitment to the program** by examining the motivation and experiences of teams who have participated in previous programs. Assess whether or not requiring payment for the program (which was not a requirement of the VLDP Caribbean but has been a requirement for other MSH offerings of the VLDP) affects a teams' commitment to participating.

## VIII. MOH Belize: Profile of a High Performing Team

In order to gain insight about a high performing VLDP team, two MSH staff visited Belize to meet with senior staff of the Ministry of Health in March 2005. The Belize MOH VLDP team was one of the highest performing teams in the Caribbean VLDP. The team chose a demanding leadership challenge, created a detailed action plan to address the challenge, and is successfully addressing their challenge by implementing an action plan.

The purpose of the visit was to learn about the MOH Belize teams' experience in the VLDP and to explore how they continue to address their challenge and carry out the program action plan seven months after the program's completion. Additionally, the interviewers explored the MOH's interest in leadership and management development in general, adapting and using the VLDP materials for leadership development activities within the MOH, and their appreciation of the need for leadership strengthening within the Ministry.

### *Choosing the challenge:*

As stated in the body of this report, the Belize team chose the following leadership challenge: to increase DNA HIV testing of infants born to HIV+ women to 100% by performing all the tests in Belize. Currently Belize sends samples for testing in Honduras. The team described the importance of this challenge by stating:

*“The reason we decided on this challenge was because this was the one that needed the most urgent attention... We realized we needed to do in-country testing... the PCR testing we send out now (to Honduras) is \$250 for one sample; once the lab is set up it will cost us \$25 per sample... We had discussed it before but the VLDP actually got us mobilized to complete it.”*

There are also important benefits to the clients:

*“Many times when we sent a sample, besides being lost, when they got there we were told they were inappropriate, we needed to take the samples again. So that entails going out now, trying to find those kids again. It becomes very, very challenging.”*

### **Results**

The PCR machine and equipment have been purchased. The team is currently seeking funding for laboratory space which would create its own serology department. The equipment brings additional benefits: the PCR machine will also be able to perform additional tests that are both HIV-related and non-HIV-related:

*“The lab setting and the PCR machine also will serve to have in-country not only the HIV testing of children, but classifying outbreaks of dengue, hep C—the same machine has the capacity to do many tests.”*

## ***The impact of the VLDP***

The impact of VLDP on the team went beyond producing results vis-à-vis their challenge. There were also many reported results on the individual and team levels. The program helped team members to reflect on their own leadership and communication styles, what is needed for them to lead more effectively, and to consider the leadership development needs of others with whom they work in the MOH. The participants had the following reflections about the program:

*“I’m telling you when I started doing the course it helped me a lot. It taught me how to deal with certain situations. I think the course assisted me enough to be where I am now in dealing with things. The problems still exist, but they don’t affect me like before.”*

*“... how can you organize yourself to be most effective in getting from them (staff) what you need to achieve. You think about throwing all these people into a cauldron—all these different personalities, all the perceptions, all the values, all the ethics—trying to gear all of these together to get what you really need. It is a major challenge. But what the course really did—especially with me—was to learn a lot of patience and to be able to have a listening ear. And one has to help develop that leadership in others as well, and that’s a part of displaying your leadership capabilities. By listening and allowing people to be empowered as well, to be a part of the process, to feel a part of the process. When they feel they are part of the process then they are better able to contribute instead of being behind someone [who says] ‘this is what you do, this is what you need to do!’”*

## ***Factors related to high performance***

It is difficult to determine why some teams, such as the Belize team, are high performing teams. However, certain characteristics of the Belize team stood out in the face-to-face meetings and field visits with the team, including:

- A high level of motivation and focused perseverance characterized each one of the team members before the program began. They each were motivated individuals with an important personal as well as professional dedication to their public health work. They had also overcome challenges themselves-- both personal and professional-- to get where they are today.
- The team had worked together before and viewed the VLDP not only as an opportunity to learn more about leadership but also an opportunity to work together again.
- They identified a challenge that all of the members perceived as important. It was something that every team member felt passionate about accomplishing.
- Their challenge was well aligned with the major objectives of their work.
- They all felt that achieving this challenge would create a direct benefit for mothers and children.

### *MOH's perceptions on the need for leadership development*

The Ministry of Health staff members saw the need for leadership development and were enthusiastic about the program:

- Everybody with whom the interviewers spoke acknowledged the importance of improving leadership within the MOH. All the MOH officials met were interested in adapting the VLDP for use in Belize by the MOH and even for other ministries like the Ministry of Public Service.
- Senior managers of the MOH expressed greatest interest in leadership development, management training, and training in strategic planning, monitoring and evaluation, and in the preparation of a log frame.
- Senior managers were enthusiastic about adapting the VLDP for other types of training and expanding its focus beyond HIV/AIDS. Other staff expressed the need for assistance in Human Resources Management/Human Capacity Development within the MOH.
- There is presently no formal program for staff development although performance appraisal and staff development were clearly areas of interest to the MOH human resources director.
- The human resource director was most interested in training senior managers at the central level of the MOH in leadership development.
- An adapted VLDP would be an efficient way to introduce the program in Belize.
- The MOH is in the process of “deconcentrating” authority to the regional level and is keenly aware of the importance of management and leadership development for regional management teams. This is, therefore, an advantageous time to be developing programs for management and leadership development in the MOH.

The face-to-face meetings with the VLDP team and other MOH stakeholders provided insights over and above the team's responses to the questionnaire, not only regarding factors that contributed to the team's success in addressing their challenge, but the importance of capacity development in leadership skills and competencies that is relevant to continued effectiveness of this team as well as the larger MOH. The MSH team that visited Belize is preparing a full story on this team to share with FHI and others.

**ANNEX 1: VLDP Inquiry Questionnaire**

**MSH / M&L  
VLDP Caribbean Follow-up Inquiry**

**Questionnaire for Team Contact Persons**

The purpose of this questionnaire is to learn about your team's experience since the conclusion of the Virtual Leadership Development Program (VLDP) last July.

Please discuss this questionnaire with your team members who took the VLDP with you. Please return one (1) completed questionnaire to us with the answers that represent the points of views of the whole team

It has been our experience that after VLDP teams graduate, there may be surprising successes to celebrate and unforeseen barriers to contend with. You can help us to strengthen the VLDP by telling us both the ups and downs of how your team is doing.

In some cases we will be selecting some VLDP participants for telephone interviews to get as complete a picture as possible of participants' experiences both during the VLDP and afterwards, so at a later date we may also follow-up by telephone with someone from your team.

Please contact Karen Sherk if you have any questions about how to fill out the questionnaire.

Karen can be reached at [VLDPCaribbean@msh.org](mailto:VLDPCaribbean@msh.org) or 617.250.9183 in Cambridge, Massachusetts in the U.S. If you prefer to return the questionnaire by fax rather than as an email attachment, please send it our fax number: 617.250.9090 attn: Karen Sherk.

**\*\*\*\*\*Please return this questionnaire to us by February 18, 2005.\*\*\*\*\***

Thank you very much for your help,

*Karen Sherk*  
on behalf of the VLDP evaluation team

# Questionnaire

## QUESTIONS ABOUT YOUR TEAM

1. Name of Team:

2. Below is a list of your team members who took part in the VLDP program. If any members have left or been added since the conclusion of the VLDP, please mark the changes next to your team member's name:

Team member 1

Team member 2

Team member 3

3. Before the VLDP, did your team members work with each other on a regular basis, or did you only start to work with each other during the VLDP?

We worked together as team before the VLDP *Please respond "yes" or "no."*

We only started working together when we began the VLDP *Please respond "yes" or "no."*

Other - Please feel free to explain another way your team may have interacted before beginning the VLDP *Please provide your answer in the space below.*

## SELECTING YOUR CHALLENGE

4. Looking back, was the challenge your team selected already in your organization's strategic or operational plan, or did the challenge emerge from discussions you had as a team during the VLDP?

The challenge came from our organization's strategic/operational plan. *Please respond "yes" or "no."*

The plan emerged from discussions we had as a team during the VLDP. *Please respond "yes" or "no."*

## ADDRESSING YOUR CHALLENGE & PREPARING YOUR ACTION PLAN

5. Looking back, what were the positive experiences in the process of preparing your action plan during the VLDP? *Please provide your answer in the space below.*

What difficulties did you encounter? *Please provide your answer in the space below.*

6. Was your action plan developed by a few members of your team, or did everyone participate in the process? *Please provide your answer in the space below.*

7. Has your team continued to work on its challenge? *Please respond "yes" or "no."*  
What has worked well in continuing to work on your challenge? *Please provide your answer in the space below.*

**What have been the barriers?** *Please provide your answer in the space below.*

**8. Are you using the indicators in your action plan to measure the results of your team's action plan?** *Please respond "yes" or "no."*

**If yes, how are you using the indicators?** *Please provide your answer in the space below.*

**If no, why are you not using the indicators?** *Please provide your answer in the space below.*

**9. We are attaching the final action plan we received from your team. Please describe in the far right column whether or not an activity has been implemented, cancelled or has yet to be completed. Feel free to add in any additional activities and use the space to make any comments you would like. Please return the action plan along with the questionnaire.**

### **CHANGES IN ORGANIZATIONAL PERFORMANCE AFTER THE VLDP**

**10. Has your team taken on any new challenges since the VLDP ended?** *Please respond "yes" or "no."*

*If yes, please let us know what new challenges you have taken on. Please provide your answer in the space below.*

### **CHANGES FOR PARTICIPANTS AFTER THE VLDP**

**11. Have there been any changes in the performance of your team as a result of the VLDP?** *Please respond "yes" or "no."*

*If you answered yes, please let us know what these changes are. Please provide your answer in the space below.*

**12. Have there been any changes for the individuals on your team after the VLDP ended?** *Please respond "yes" or "no."*

*If so, can you share with us any stories or give examples? For example, how might team members be applying new knowledge, skills and competencies in their "regular" work? Please provide your answer in the space below.*

### **VLDP REPLICATION**

**13. Have you replicated the VLDP (either in part, or as a whole program) to other staff in your organization or with another organization?** *Please respond "yes" or "no."*

*If so, please let us know how you have replicated the VLDP. Please provide your answer in the space below.*

### **LOOKING BACK ON THE VLDP**

**14. What was the biggest impact the VLDP had on you?** *Please provide your answer in the space below.*

**15. What was the biggest impact you think it had on your team?** *Please provide your answer in the space below.*

**16. What was the biggest impact that it had on the challenge your team selected in Module 3 to work on?** *Please provide your answer in the space below.*

### **ANYTHING WE FORGOT?**

**17. Is there anything else you would like to share with us about how your team has been working since the end of the VLDP that wasn't included in the questions above?** *Please provide your answer in the space below.*

### **YOUR FEEDBACK ON THIS QUESTIONNAIRE**

This is the first time that we are using this questionnaire to evaluate the Virtual Leadership Development Program, but we are planning to use it again to evaluate other VLDPs. Please help us make sure we are asking the right questions by taking a moment to provide your feedback below.

- How many minutes did it take you to complete the questionnaire?
- How easy/difficult was it to respond to the questionnaire?
- Were there any confusing questions or wording?
- Do you think that teams will respond to this questionnaire? If not, why? Any suggestions are appreciated.
- Did you have any problems accessing email in order to fill it out?

**Please e-mail or fax this document and your updated action plan by February 18 to:**  
**[VLDPCaribbean@msh.org](mailto:VLDPCaribbean@msh.org) or fax 617.250.9090**

**Thank you very much for all your help!**

**ANNEX 2: Updated Action Plan**

**MOH Belize Updated Action Plan February 2005**

<p>Challenge:</p> <p><b>To identify a mechanism to increase DNA HIV testing in newborns of HIV+ mothers from 22.4% to 100% during the period June to August 2004</b></p>		<p>Indicators:</p> <ul style="list-style-type: none"> <li>• Procurement of PCR machine Completed.</li> <li>• Guidelines to perform PCR test is established and implemented</li> <li>• % of test done for newborns of HIV+ mothers.</li> <li>• % of newborns of HIV+ mothers that are tested for HIV</li> </ul>		
Activities		Person responsible	Date of start and completion of each activity	Resources
1. Identification of a team that includes lab technician and Maternal and Child Health (MCH) Director to investigate and decide upon which machine is most suitable.	Completed	Director MCH program and Director of the Laboratory	June 23, 2004	<ul style="list-style-type: none"> <li>• Directors' time</li> <li>• Information on available machines</li> <li>•</li> </ul>
2. Plan, visit and acquire information from Laboratory in Honduras where current testing are being done.	Completed	Director MCH program	June 30, 2004	<p>Travel cost</p> <p>Director's time</p>
3. Finalize decision in relation to what specific machine is to be bought.	Completed	Director MCH program Director Laboratory Director Health Services	July 15, 2004	<p>- Directors' time</p> <p>- Information on machines available</p>
4. Identify lab space and personnel to be trained	Completed in the process of constructing a new area in the lab to house PCR machine	Director Laboratory	July 30, 2004	<p>-Director's time</p> <p>-List of lab staff and job descriptions</p>
5. Procurement of machine, reagent and supplies.	Funds have already been identified; we received funding from PAHO and	Director National AIDS Program	July 30, 2004	<p>Funds</p> <p>Director's time</p>

	the business community. We have \$40,000 Bze, but our target is \$58,000 Bze			
6. Establish guidelines to perform PCR test	Presently being drafted	Director National AIDS Program Director MCH program Director Laboratory Health Education Coordinator	August 5, 2004	- Directors' time - Sample of guidelines to review and adopt to Belize
7. Train lab personnel in operation of machines	Yet to be completed	Engineer Director National AIDS program Health Education Coordinator	August 13, 2004	- Trainers' time - Training module - Guidelines for PCR testing
8. Collection and analysis of samples from newborns of HIV+ mothers	Yet to be completed	Lab personnel assigned to machine	August 16, 2004	Reagents, supplies, samples
9. Monitor and evaluate new procedures	Yet to be completed	Director MCH  Director Laboratory	July 30 to August 31, 2004	Directors' time

### **Overview of the Situation – PMTCT Programme**

In the year 2001 the Prevention of the Mother to Child Transmission Programme (PMTCT) was initiated through a Technical Cooperation among countries (TCC) including Belize and the PMTCT Programme, Bahamas. In 2002 the PMTCT Programme was implemented countrywide along the guidelines for the Management of the Prevention of the Mother to Child Transmission of HIV. This protocol involves voluntary HIV testing in the 1<sup>st</sup> trimester and at the 36<sup>th</sup> gestational week, the use of Nevirapine to the positive mother before delivery and to the newborn and the provision of artificial milk for nine months. HIV positive mothers who satisfy criteria for ARV Therapy are provided with triple therapy. To determine the DNA HIV status of the newborn, blood samples (dry spot on filter paper), taken at twelve weeks, are sent to the Virology Laboratory of the National Autonomous University of Honduras. However, this process is met with many challenges. The PMTCT

Programme is presently considering the procurement of a Polymerase Chain Reaction (PCR) System for qualitative analysis of HIV.

**Statement of the Problem**

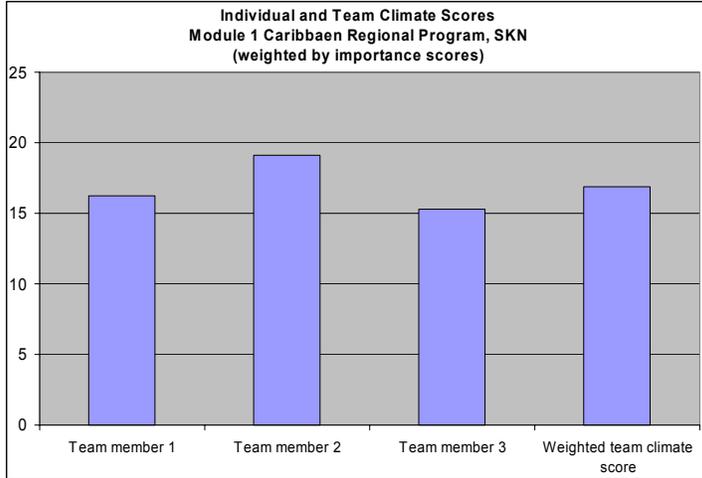
In 2002 DNA HIV testing was not performed on 8 of the 49 newborns of HIV positive mothers for various reasons including death. Of the 41 tested 37 was HIV negative, 4 were positive, 2 is alive and 2 have died. In 2003 there were 49 newborns to HIV positive mothers, up to date only 11 have been tested with 3 of that 11 being tested HIV positive. Pending are 35 newborns to be tested as two were aborted and one was stillborn.

**ANNEX 3: Work Climate Assessment Results**

**FHI Caribbean Regional Program in St. Kitts and Nevis, Module 1**

**Weighted Climate score= 16.88, Unweighted score= 3.61**

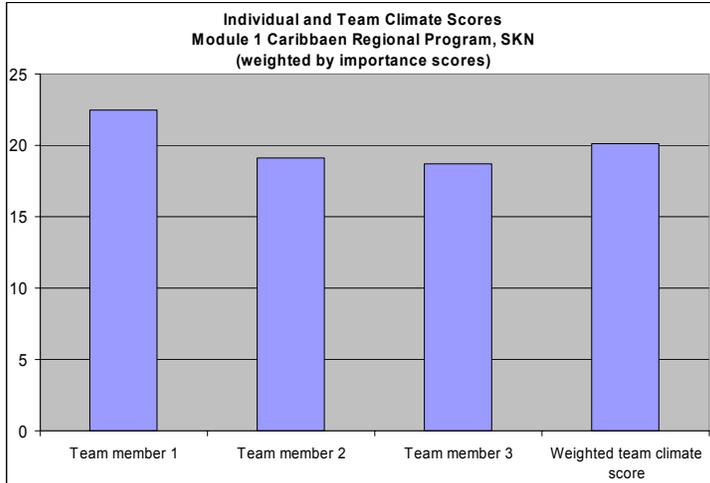
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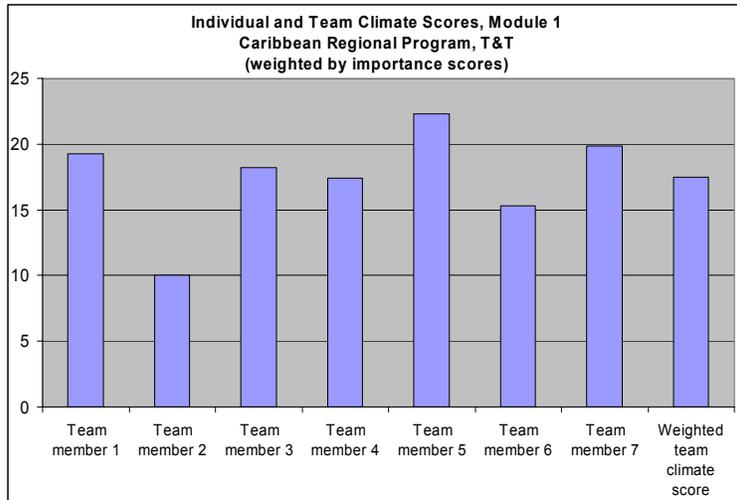
**FHI Caribbean Regional Program in St. Kitts and Nevis, Module 7**

**Weighted Climate score= 20.11, Unweighted score= 4.28**

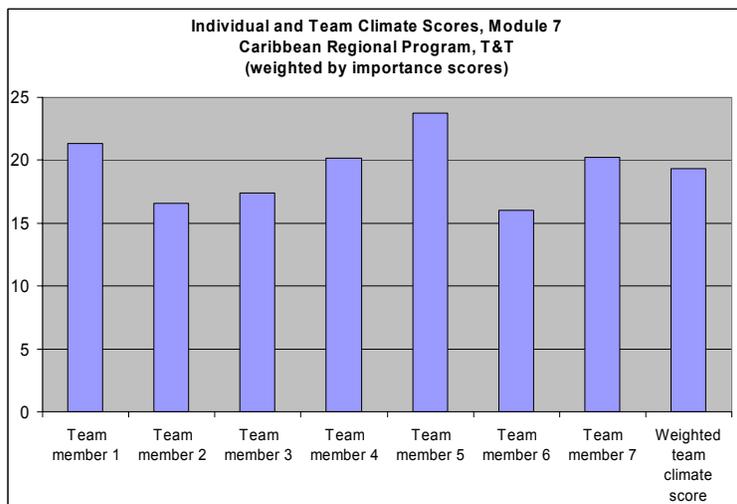
**n= 3**



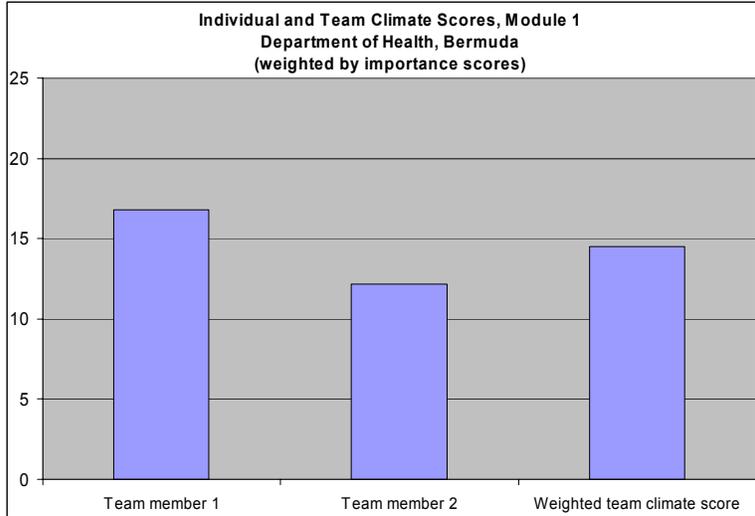
**FHI Caribbean Regional Program in Trinidad and Tobago, Module 1**  
**Weighted Climate score= 17.48, Unweighted score= 3.81**  
**n= 7**



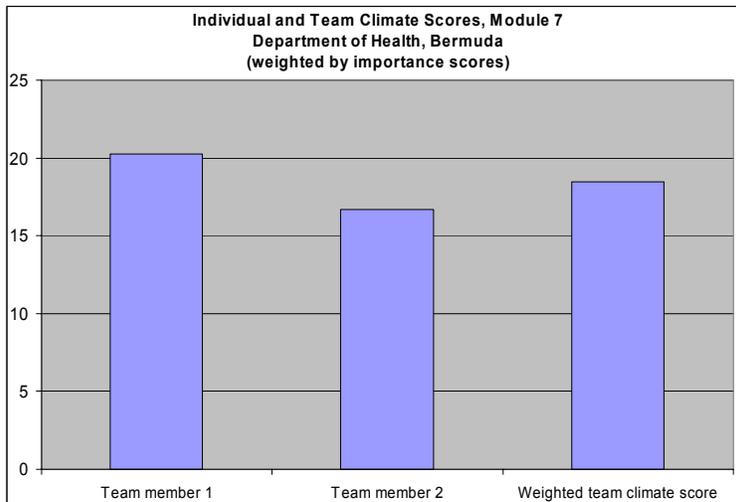
**FHI Caribbean Regional Program in Trinidad and Tobago, Module 7**  
**Weighted Climate score= 19.35, Unweighted score= 4.26**  
**n= 7**



**Department of Health in Bermuda, Module 1**  
**Weighted Climate score= 14.5, Unweighted score= 3.46**  
**n= 2**



**Department of Health in Bermuda, Module 7**  
**Weighted Climate score= 18.47, Unweighted score= 4.44**  
**n= 2**



## ANNEX 4: Leading and Managing Framework

# Leading & Managing Framework

*Practices that enable work groups and organizations to face challenges and achieve results*

## Leading

### SCANNING



- Identify client and stakeholder needs and priorities.
- Recognize trends, opportunities, and risks that affect the organization.
- Look for best practices.
- Identify staff capacities and constraints.
- Know yourself, your staff, and your organization — values, strengths, and weaknesses.

**ORGANIZATIONAL OUTCOME:** *Managers have up-to-date, valid knowledge of their clients, the organization, and its context; they know how their behavior affects others.*

### FOCUSING



- Articulate the organization's mission and strategy.
- Identify critical challenges.
- Link goals with the overall organizational strategy.
- Determine key priorities for action.
- Create a common picture of desired results.

**ORGANIZATIONAL OUTCOME:** *Organization's work is directed by well-defined mission, strategy, and priorities.*

### ALIGNING / MOBILIZING



- Ensure congruence of values, mission, strategy, structure, systems, and daily actions.
- Facilitate teamwork.
- Unite key stakeholders around an inspiring vision.
- Link goals with rewards and recognition.
- Enlist stakeholders to commit resources.

**ORGANIZATIONAL OUTCOME:** *Internal and external stakeholders understand and support the organization's goals and have mobilized resources to reach these goals.*

### INSPIRING



- Match deeds to words.
- Demonstrate honesty in interactions.
- Show trust and confidence in staff, acknowledge the contributions of others.
- Provide staff with challenges, feedback and support.
- Be a model of creativity, innovation, and learning.

**ORGANIZATIONAL OUTCOME:** *Organization displays a climate of continuous learning and staff show commitment, even when setbacks occur.*

## Managing

### PLANNING



- Set short-term organizational goals and performance objectives.
- Develop multi-year and annual plans.
- Allocate adequate resources (money, people, and materials).
- Anticipate and reduce risks.

**ORGANIZATIONAL OUTCOME:** *Organization has defined results, assigned resources, and an operational plan.*

### ORGANIZING



- Ensure a structure that provides accountability and delineates authority.
- Ensure that systems for human resource management, finance, logistics, quality assurance, operations, information, and marketing effectively support the plan.
- Strengthen work processes to implement the plan.
- Align staff capacities with planned activities.

**ORGANIZATIONAL OUTCOME:** *Organization has functional structures, systems, and processes for efficient operations; staff are organized and aware of job responsibilities and expectations.*

### IMPLEMENTING



- Integrate systems and coordinate work flow.
- Balance competing demands.
- Routinely use data for decision making.
- Coordinate activities with other programs and sectors.
- Adjust plans and resources as circumstances change.

**ORGANIZATIONAL OUTCOME:** *Activities are carried out efficiently, effectively, and responsively.*

### MONITORING & EVALUATING



- Monitor and reflect on progress against plans.
- Provide feedback.
- Identify needed changes.
- Improve work processes, procedures, and tools.

**ORGANIZATIONAL OUTCOME:** *Organization continuously updates information about the status of achievements and results, and applies ongoing learning and knowledge.*