

Sample Virtual Leadership Development Program Workbook

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THE VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM PARTICIPANT WORKBOOK

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Introduction to the workbook

Welcome to the ***Virtual Leadership Development Program*** (VLDP).

This document is your workbook. The workbook is a tool for you to use during the Virtual Leadership Development Program. Workbooks are distributed to all program participants as guiding instruments and supplements to our Internet program. Complete your individual assignments when asked to do so, using this workbook

Each module of the Virtual Leadership Development Program is designed to help you combine your individual work with the work that you will do with other members of your team.

The content of each module will be posted on the Internet on the Web site for the Virtual Leadership Development Program (<http://erc.msh.org/vldpiraq>). This workbook is where you will write down the results of your personal reflections, which will then serve as reference material for your team meetings and guide you and your fellow team members to prepare for these meetings and participate in the Forum to be held at the conclusion of each module.

How should the workbook be used?

The organization of the workbook follows the structure of the Virtual Leadership Development Program: the introduction, five subject-specific modules on leadership development and the conclusion.

Each section of the workbook corresponds to a Module and contains the text from the internet site that does not require online interaction, such as individual reading assignments, exercises and the instructions for the group meetings, including the questions that you need to answer as a group and then post on the part of the site that is called Forum. You will also find in the workbook the forms that you need to fill in as part of your group's home work and send to the facilitators.

A few blank sheets are added to each module to take notes and write down questions and observations.

How should the group work meetings be organized?

The group work happens in face-to-face sessions with your team. These sessions are a critical part of the VLDP.

Organizing your time

Each team needs to schedule its meeting during the last days of each module if at all possible. In Module 3 there are two scheduled meetings, one at the end of week 2 and one at the end of week 3. There is no meeting or Forum posting for

Module 7. Schedule enough time for each session (suggested times are given for each module) and hold each session in a place that allows you to concentrate on the assignment without interruption. It is important that the entire team is present. We realize that this is hard for a large team. Nevertheless, aim for full team participation.

In accordance with the program schedule, you have approximately two weeks to perform between seven and eight hours of work for each module. This time is divided as follows: three to four hours of individual Internet work, from two to four hours for the group meeting, and about 15 minutes for the Internet Forum (preparing your team's posting and reading those of others).

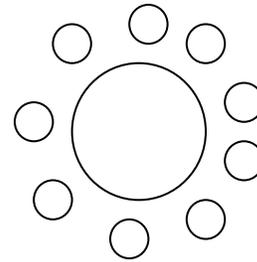
Be sure to schedule the team meetings (also referred to as "on-site sessions", and "group work") and identify the coordinator for each session and the place where the sessions will be held during your first team meeting (during module 1, "Beginning the Course."). Below is the schedule of modules, so you can already begin to block out dates and times for your meetings.

VLDP Module Schedule

Module	Schedule
1. Getting Started	September 25 - October 6
2. Leadership in Health Programs and Organizations	October 9 - October 20
3. Identifying Challenges	October 23 - November 17
4. Leadership Competencies	November 20 - December 1
5. Communication	December 4 - December 15
6. Managing Change	December 18 - December 27
7. Coming to a Close	December 27 - December 29

Meeting room layout

The most important element of group work is interpersonal communication, and the best way to encourage this is by using a circular layout, as shown in the illustration below, where each person can see all the others and all are on an equal footing. If you don't have a round table, push tables together and seat yourself around them.



Materials required

Individual assignments are often used as input for group work, thus it is important to stick to the schedule for individual work. This workbook contains the exercises involving personal reflection. In addition, be sure to print and insert into the workbook your self-assessments, which you will be required to complete (online if you can) since these will also be used during the group meeting. If connection time is expensive or unreliable, do the exercise in your workbook first and then transfer your responses online on the appropriate pages in the module.

Each of you must take your workbook to the meeting. This is very important, in order to avoid beginning the meeting with incomplete information or wasting time attempting to get information from the computer at the last minute.

In addition to individual materials, a flipchart and markers or a blackboard and chalk are required to prepare the information charts and list the conclusions reached by the team.

Coordinator

We suggest that a different person coordinate each group assignment. Coordinators for each meeting should be chosen during Module 1.

Although all participants have their instructions for the session in this workbook, it will be the coordinator who sets the pace and leads the team meeting, independent of whether he or she is the formal team leader or not.

Communicating the results of your team meeting

Your team will communicate the results of your group work in two ways:

- 1) In some modules you will have an assignment for which the facilitator will send you a form to fill in. These forms will also be in the workbook. This work will only be seen by the facilitators. The facilitators will review the completed work and may or may not return comments to team members via e-mail.
- 2) The answers that your team provides to the questions that are being asked in the Forum section of each module. Your team's coordinator is responsible for posting these (instructions on the site). The Forum responses will be available to all the teams participating in this VLDP. The Forum at the end of

each module is a place where you can read the conclusions from all the other teams. Teams post immediately after their meeting. We encourage you to read those and then go to the Café to discuss any comments or questions raised by the conclusions of your own and other teams. Thus it is important that your team schedule its meetings before the end of each module and stick to your schedule. You are all expected to have completed the individual reading and exercise assignments prior to the group meeting.

Requirements for the Program Certificate

In order to earn a VLDP certificate for completion of the program, the following requirements must be met by the team:

1. Assignments have been received by the facilitators.
2. The team has posted in the Forum for each module.
3. The team has completed an action plan, and revised it as directed by the facilitators as many times as needed.
4. All team members have completed the individual exercises in each module.
5. All team members have completed the final program evaluation in Module 7.
6. All team members have completed the Workgroup Climate Assessment in Module 1 and again in Module 7.

Please make a serious commitment to yourself and your team to complete all parts of the VLDP and to participate very actively.

Module 1: Getting Started

Purpose

Welcome to the Virtual Leadership Development Program (VLDP). We are very excited about working with you in the coming weeks. This exchange with a community of people like you offers great opportunities for a rich individual and group learning experience as well as for improvements in the way each of us performs as a leader.

This introduction will help you become familiar with the VLDP goals and objectives and give you an opportunity to get to know the other course participants, the teaching staff, and some interesting leaders in the health field who have shared their leadership experiences to enrich this VLDP. In this module, we will introduce the concept of “Workgroup Climate” and its relevance to both the team work that this program requires and your everyday work in your organization.

Introduction to the VLDP

In this Module, you will:

- become acquainted with the VLDP objectives;
- learn to navigate the VLDP's Web site and use its tools;
- get to know the teaching staff and your co-participants;
- find out how the VLDP is organized and how the teams participate;
- establish a baseline on how you are doing as a team using the Work Climate Assessment Instrument;
- reflect on your team's dynamics.

The Virtual Leadership Development Program

	Topics	Activities	Time
INDIVIDUAL	Introduction to the VLDP	1. Reading about the VLDP's objectives, content, and characteristics	15 minutes
		2. Reading about team dynamics	20 minutes
	Exercises for getting acquainted with this Web site, the participants, and the teaching team	3. Advice on navigating the course's Web site	20 minutes
		4. Communicating with the facilitators and other participants	45 minutes
		5. Practice sending documents	20 minutes
		6. Work climate assessment	20 minutes
	Total individual time		2 hours, 20 minutes
GROUP		Group work	1 hour, 45 minutes
		Forum	15 minutes
Total time for module		4 hours, 20 minutes	

The VLDP Goal

The goal of the VLDP is to support managers like you who work in health programs or organizations to develop or strengthen their leadership skills so that they can identify and address, together with their teams, the challenges of improving their organizations and the health status of the population. By making this program available in virtual space, the VLDP allows managers to develop their leadership skills without having to spent significant time away from their workplaces, or incur travel and related expenses.

VLDP Objectives

The VLDP helps managers who lead to:

- identify and address key leadership challenges within their organizations;
- recognize opportunities for themselves, their teams, and their organizations to create desired impact;
- focus on producing results;
- align and mobilize people, partner organizations and needed resources to get the work done;
- support others to become leaders;
- continue their own professional development and personal growth.

VLDP Learning Objectives

At the end of this program, participants will be able to:

- use a systematic approach to leading and managing their teams, their programs, or their organizations;
- show improvement on key leadership competencies;
- apply the practices of leading and managing, as well as new leadership competencies to challenges that they face in their work;
- show team leadership skills and more team cohesion;
- identify weaknesses to work on and strengths to take advantage of;
- recognize team dynamics and the role they play in improving team work and organizational results.

The Call for Leadership

In Iraq, what was once an exemplary health system in the region has lost much of its advanced position due to years of isolation from the rest of the world, economic sanctions, and the current post-war situation. The inaccessibility of certain areas, the lack of reliable data for decision making, the deficiencies in the infrastructure of the health system, the lack of safety, drug logistics problems, polluted drinking water, and pervasive malnutrition have contributed to a

considerable gap between what the Iraqi Ministry of Health has proven it can accomplish and the current situation.

It is clear from current activities that everyone is engaged to overcome these obstacles and regain the former level of operations. Capable health professionals are still available throughout the system. Vaccination rates are amazingly high. Policies are being developed and efforts are made to establish good management systems.

This enormous effort under way is not just a matter of skill development in the technical and managerial domains but also requires a significant investment in building leadership capacities, not just at the top but also at lower levels in the ministry, and in fact, also within Civil Society.

So how do people become leaders, or better leaders? And in particular, how do people become leaders when they are not in positions of authority?

True leadership starts with self-knowledge and a personal commitment to change what needs to be changed, whether it is one's own behavior or longstanding traditional practices that are harmful. Leaders must be able to listen, motivate, and guide their colleagues, their staff, their families, and their neighbors. In organizations, in government and civil society, leaders need to think strategically and direct the teams that make up the organizations. Leaders need to foster a work climate that is conducive to in-depth learning so that their organizations get better at doing what they are mandated to accomplish.

We do not consider leadership to be the exclusive domain of a small and select group of exceptional men and women who were born that way. Everyone can become better at leading. Thus, for us leadership development is the process by which people, whether they consider themselves leaders or not, rise up to a challenge, enlist and get the support from others and produce the desired results that make a difference in the life of others. We have seen new leaders get better at facing new challenges, as they gain self confidence and experience.

The development of new leaders and the strengthening of leadership skills of those who are already in leadership positions is best done by reflecting on our experiences and applying new insights and skills to real-life challenges that present themselves to us at home and at work.

Leadership development happens when we confront real challenges that force us to stretch and go beyond what we thought we can do. For this we need support: support from peers, from our bosses, from our family members, and from those whom we respect and admire. We also need feedback about how we are doing now, what we should be doing better, and where we are strong. We cannot develop our leadership skills in isolation, because we cannot lead in isolation.

Throughout the VLDP, we will work with you on the practices that you need to master in order to be a good leader:

- scanning what is going on within yourself, your team, your organization, and your country;
- focusing on priorities that will allow you to face your challenges given the Iraq Ministry of Health's mandate and strategies, and obstacles and opportunities;
- aligning and mobilizing individuals, systems, and resources to implement priority actions and produce the desired results;
- inspiring people so that they will follow you with their energy, commitment, and creativity in order to serve the health care needs of the Iraqi people.

To do this well, you will also need to become good at managing by:

- planning the activities that need to be executed;
- organizing the work, the resources and the people who do the work;
- implementing the changes and decisions that are called for;
- monitoring and evaluating progress towards desired goals.

Our work together over the next several weeks is organized into modules. We are now in Module 1: Getting Started. We will go through the following modules during the VLDP:

- Module 1 Getting Started
- Module 2 Leadership in Health Programs and Organizations
- Module 3 Identifying Challenges
- Module 4 Leadership Competencies
- Module 5 Communication
- Module 6 Managing Change
- Module 7 Coming to a Close

Duration

The Virtual Leadership Development Program has a duration of 13 weeks, from September 25, 2005 to December 29, 2005. We will devote 2 weeks to every module, except for module 3, which is three weeks long. Module 6 and 7 are combined into one two-week session. In order to help you plan your time and

stay up-to-date with the VLDP work, we provide you with a calendar below indicating the dates by which each module needs to be complete.

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In the first week of each module, all the participants are expected to read through the module, complete the exercises and self-assessments where applicable, and participate in the Café.

At the end of the first week or during the first two days of the second week of each module, each team must conduct its team meeting. The team meeting is led by a team coordinator who is responsible for managing the meeting and post the results in the Forum. The team coordinator is also responsible for sending any assignments that are due to the facilitator. The facilitator team will review all the assignments and send responses back to the team by email.

After the team meeting the team coordinator is also required to post the answers to the Forum questions, posted on that section of the module, for all other teams to read.

The team coordinator has the important role of making sure his or her team stays on schedule and fulfills the requirements for that module, as these are also

certificate requirements. Once a team falls behind, it is hard to catch up. Since being a team coordinator is also a leadership role, each person in that role has a chance to test their leadership skills and put into practice what they learned.

Keys to Success

The key to individual and team success in this virtual program is everyone's active participation: doing the individual work for each module, reading the daily opening message from the facilitator, visiting the Café, participating in your team meeting, posting in the Forum, and practicing what you are learning as you work with your team to address the challenges that come your way.

Blending individual and team work

The VLDP uses an educational model that combines individualized learning through the Internet with participative (face-to-face) group work in work teams, and interactions through electronic communications both with other participants and among teams. This combined learning model offers the opportunity to develop your own knowledge and skills as you work individually through the text and exercises, and then put your new knowledge and skills into practice in your team meetings (and any other time at work or at home). In module 3 each team will focus on identifying and addressing an important team or organizational challenge.

Each module of the VLDP includes readings, exercises, and a team meeting. Each module starts with individual reading and assignments. This individual work is the principal input for the team sessions. You will do most of the individual work on the VLDP Web site, although some of you may find it helpful to work offline using the workbook and then going to the Web site to complete the interactive exercises and participate in conversations in the Café. When internet access is temporarily suspended, you can do your reading and exercises in the workbook and then transpose your exercise scores to the site once connection is re-established.

The team meetings are a critical element of the VLDP experience. Therefore, all efforts must be taken to ensure that all members of the team can attend these sessions.

Instructions for the team meetings are found in "Group work" on the vertical navigation bar and in the workbook we sent each of you. You should become familiar with the objectives and activities of the team meetings before each meeting.

The instructions for each team meeting contain information about preparing for the session, the session objectives, the results you should be aiming for, and details on how to facilitate the session. During the team session for this

module, your team will be asked to choose a coordinator for each team meeting. This coordinator will serve as a conduit for communication between the team and the facilitators of the VLDP. The team coordinator is responsible for facilitating the meeting, recording the agreements reached, and reporting the results of the team's work to the facilitators. The coordinator is also responsible for passing on the feedback received from the facilitator to the members of the team. Use this first team meeting to become familiar with the way in which these sessions should be organized. The work performed by each team will be shared with the others in the Forum.

To help you get the most out of your team meetings, read the section on "Team Dynamics in the VLDP."

Getting Acquainted

In the section called 'Navigation' we will show you how to navigate the VLDP Web site, see who else is participating, 'meet' your facilitators and the team that is working behind the scenes and learn how to complete an online exercise.

Navigation. In this exercise we will take you on a tour of the Web site, using your mouse as a 'mode of transport.' You will find out who else is in the program with you, and who your facilitators are, as well as the people working behind the scenes.

Communicating with the Facilitators. In this exercise, we will take you to the Cafe and show you how to use it to communicate with the other participants and your facilitators. You will learn how to communicate directly with the facilitators by e-mail. And for people who have little experience with communication per computer, we will show you how to open a file attachment that we will send to you, save it on your computer, modify it, and return it to us. We will also show you the Forum, what it is and how and when to post there.

Work Group Climate Instrument. This exercise will give you practice in filling out an interactive questionnaire. The instrument will also serve as a baseline for measuring change within your work group before and after the course.

Group Dynamics in the VLDP

One of our leadership principles is that managers who lead enable groups of people to face challenges and achieve results in complex conditions. In this VLDP we emphasize team leadership, since the complexity of the challenges we face can only be addressed by teams, not by individuals.

If you have ever worked with a great team, you will know that teams, like marriages, need lots of tender loving care. Working intensely together as a team is not always easy. In this VLDP you will find that you need to work intensely as a

team and that if you don't or can't, you will not be able to address your challenge nor will you receive your certificate of completion.

In past VLDP programs we have seen some teams that were able to manage their own internal team dynamics by improving the quality (and/or quantity) of their communications. Those teams reported to us in their evaluation and in later conversations that the VLDP had brought them closer and that, as a result, they are more productive and successful. Other teams were not able to overcome feelings of resentment or conflict among various individuals or factions and, although individually successful, were not able to benefit from the synergies that strong teams make possible.

You can expect some tensions around our requirement of full participation. We acknowledge that external factors sometimes prevent team members from being present in the group meeting or complete their individual assignments on time, and that you may not have any control over these factors. However, we also know that some people are more actively involved than others (in the Café, in doing the team's homework, in working on their action plans, in short in taking full advantage of the VLDP). They seem to be doing most of the team's work. Sometimes they do this gladly, but we have also seen teams where there was resentment about this that could not be expressed or discussed in the team.

Over the course of the VLDP such resentment can build up, coming to a head towards the end of the course when we remind people that certificates will only be given to those teams that have completed all requirements: the group work and all the individual assignments.

We invite you to be mindful of your team's dynamics and take action (leaderly action) when you sense that the team is not doing as well as it could. This is exactly where we want you to try out the leadership practices and skills that are taught in this course.

Teams go through stages

Teams are not machines that can be directed by instructions or programmed to act in certain ways. Made up of people, teams not only have to deal with tasks and roles, but also with the powerful feelings that people bring into their interactions with each other. The behavior of people in groups is complex because these feelings are influenced by their prior experiences in other groups – both in the personal and professional spheres of life. The experiences have to do with inclusion or exclusion, power or submission, intimacy, love and hate.

As a group of people comes together to form a team, each member has a number of questions, which are rarely voiced. In order for the group to move to the next stage of its development, these questions need to be answered. Teams get stuck when individuals get stuck on these questions.

STAGES IN TEAM DEVELOPMENT

Three stages	Questions asked by the members of the team
Inclusion	Who am I in this team? What sort of behavior is acceptable and appropriate in this team? What do I need to do to become fully integrated in this team?
Control	Who is in charge? Who defines (or who defined) the rules and roles? How can I create the conditions for me to do what I want to do in this team? How is leadership expressed (or: what leadership style is acceptable)? Who is the formal leader and who are the informal leaders?
Affection	How much am I liked by my team mates? How free do I feel to express myself and communicate with others in this team? How much do I like to be with my team members?

Source: Schutz, W. *The Human Element : Productivity, Self-Esteem and the Bottom Line*, San Francisco : Jossey-Bass Publishers, 1994.

Each time the composition or the task of the group changes, these questions have to be asked again.

For new teams, the first stage is the one in which the issue of inclusion is central. Team members tend to be polite to each other, relationships are superficial and there is a fear ‘to rock the boat.’ People are still very concerned with appearance, including the appearance of harmony, even if there is conflict simmering under the surface. As a result, there is little or no confrontation and some of the behavior patterns are set that may not be all that useful for the group later. If your VLDP team is relatively new (or if the composition of your team has been changed for the VLDP) this may mean that some people do not show up at the first meeting because they don’t consider it very important. If no one raises this as a problem (out of politeness), and if the team does not evolve in the meantime, other people may decide not to show up, and the team is off to a rocky start.

Once each member of the team has succeeded in answering the questions listed above with regard to their inclusion in the group, the team moves into a phase that is often marked by tension and struggles over control. Because the VLDP requires rotating team leadership for each module, the team cannot fall back on the easy solution of using the existing hierarchy (“you are our boss, so you decide”) to solve emerging tensions. This is the stage where people’s prior experiences and inclinations vis-à-vis conflict come into play. Some people hate

conflict and will do everything to avoid or ignore it. By doing this, they are effectively preventing the team from growing and developing into its next stage. Unpleasant as this stage is for some, it cannot be skipped. The VLDP program is designed to help you confront each other in productive way, so that you can continue to do the group work required for each module, and in particular the work on your challenge.

If the team successfully navigates this stage and if individuals feel that their questions are answered, the team can move on to the next stage in which the questions are about how open or closed one should be in one's relationships with the other team members. Throughout the VLDP we will ask you to assess yourself, your leadership strengths and weaknesses, your strongest and weakest competencies, and in doing so reveal things about yourself to each other. Most VLDP teams have found that these revelations profoundly impact their interpersonal relationships, strengthening the bonds and increasing the intimacy that this third stage is all about. The teams that did not find these revelations useful or found that people weren't all that interested in revealing themselves had gotten stuck in either stage 1 or 2. Clearly, they could not benefit from this as the others had.

The teams that participate in the VLDP may be brand new teams who are indeed starting off in stage 1, or teams that have worked together for a long time and are already in stage 3. Other teams may be old teams that have gotten stuck at one stage or another. Whatever stage you are in, and however long you have been together, we encourage you to be mindful of this process of team development and do what you can to help the team along to its next stage. If you have ever worked in a wonderful team, you know that being in stage 3 is very rewarding. But you will also know that once there, there is no guarantee that you will stay there, since team members come and go and tasks change.

The Work Climate Assessment is designed to help you become more aware of your team and use it as a vehicle to talk about how you are doing as a team. At the end of the VLDP you will be asked again to fill in the Work Climate Assessment and have another conversation. We hope that you can see some progress in your team development at that time.

Navigation of the VLDP Web site

You will now learn how to navigate on the VLDP website. You will explore the various parts of the website. You will 'meet' the other participants and the facilitators, as well as the people working on keeping this site going behind the scenes. To start the tour:

1. Place your cursor on 'Home'.

2. Click on the **"Why leadership?"** section of the Web site. Read this section, and return to the home page.
3. Now go to **"Help."** Here you will find the answers to some frequently-asked questions:
 - a. What should I do if I get lost in the VLDP?
 - b. What happens if there's a breakdown on our telephone lines?
 - c. How do I return to the page I was on before I selected the option for e-mail, discussion, or external Web links?
4. Read the answers to each of these questions. Note that there is also a button for sending a message if, during the VLDP, you are having a problem of an electronic nature. Now return to the home page.
5. Click on **"Participants."** Read this section, and return to the home page.
6. Now go to **"Faculty."** In "Faculty" you can click on **"Facilitators," "Development team," "BASICS" and "MSH."** Click on "facilitators" to read a short biography. You can click on other names to see a picture. Eventually we would like to have your team picture on the site. Next time you meet as a team, make a picture and send it to us. We will post it.

Communicating with the Facilitators and the Other Participants

Communicating in the Cafe

One of the most exciting aspects of virtual learning is that physical boundaries disappear and you can chat with others, whether they are in the room next door or thousands of miles away. Much of this virtual interaction among the course participants and facilitators occurs in the Café, which is a place for conversation. Any course participant can read and post messages in the Café.

To begin your participation in this course and begin to learn more about each other, we invite you to go to the Cafe by clicking on the word 'Cafe' at the top of the page. There you will find a query from one of the facilitators. It reads: "Who was your favorite leader when you were a teenager and why?" To post and read messages in the Café, follow these steps:

1. Choose "Café" on the top navigation bar
2. In the Café you will find the initial question, in red, on the left. Click on it and a more complete message appears in the right side of the window. Read it, and all other responses that have been posted already.
3. When you are ready, click on the underlined sentence below the message and post your response.

4. Click on preview your Message. If you are satisfied with it click on Post your message. If not, click on edit and make the changes, then preview again, then post.
5. You can start a new conversation (this is called a 'thread') any time by clicking on the blue line in the left part of the window.
6. Don't start a new conversation about a topic that is already going on. The blue line is for topics that are not already visible in red on the left side of the window.

Throughout the VLDP participants can use the Cafe to discuss topics that are relevant to health care in Iraq. It is a tool for your use to explore ideas, comment on health issues, leadership and management, ask questions, respond to your colleagues' queries or simply ask for advice.

Practice Sending Documents

Your facilitators will communicate with you in a variety of ways:

Through daily messages that will appear on the home page when you log on. Each weekday a new message will be there for you to read. If you have been offline for a few days you can click on Archived messages to catch up. This is an important part of participant-facilitator communication and we urge you to spend the necessary time to read them.

Through the Cafe. The facilitators closely follow the conversations in the Cafe. occasionally they may ask a question. They are also responsible for making sure that the cafe stays orderly, and, if needed, they will move new threads on existing topics, to keep the cafe tidy. They will never delete a participant message, unless it was a posting that required another form of communication.

Through e-mail. On a daily basis the facilitators monitor the VLDP mailbox to which participants may send assignments, questions about technical issues, requests for advice or explanations of why a team has not been on the site or responded to requests. Sometimes there is a lot of e-mail, so it may take a bit longer for them to get back to you, but they will attend to all communications. E-mail is also the method by which drafts of your action plans (starting in Module 3) will be exchanged, back and forth, until the plan is solid. Feedback on the Work Climate Assessment and instructions on interpreting your team's profile will also be provided by e-mail.

Because communicating via e-mail with the facilitators is critical for effective participation in the course, we will now have you practice receiving and sending an e-mail message with a file attachment. In this exercise you will learn how to open an attached Word file e-mailed by your facilitator, save it on your computer, modify the file, and return it to the facilitators as an e-mail attachment. Follow these steps:

1. Before starting, create a directory on your hard drive or on a disk that you can use to save all the work related to the VLDP. You can name the directory "Leadership," or "VLDP."
2. Now look in your e-mail for a message from one of the VLDP facilitators. It should have a file named "memorandumModule1.doc" attached.
3. Save the file in the directory you just created renaming the file using your team name and your last name as the new file name.
4. Once you have saved the file, open it in Word. Read the instructions in the document, and complete the assignment.
5. Once you have saved the file, exit Word, and send the file as an attachment to the course facilitators at VLDPIraq@msh.org.

Communicating through the Forum

The Forum is a place where teams post the results of the group meetings. The coordinator for each module is responsible for posting the answers to a few questions that the team needs to consider at the end of its meeting. The posted answers allow teams to compare themselves with one another.

The Forum almost always asks each team to tell us how many members were present at the meeting and some interesting things that happened. Since we cannot be at one another's meetings, and since your facilitators live thousands of kilometers away, this is the only way that we can have a peek at how you worked as a team on your collective assignment.

The coordinator can prepare the posting by typing the answers to the questions at the end of the instructions for group work into a Word document (See the section 'Group Work' on the left-hand side navigation bar). Have the file handy on a data stick or on your computer when you go to the site and click on the section 'Forum' also on the left hand navigation bar for the appropriate module.

The questions are repeated in this section. Click on the underlined sentence to post your answers. Cut and paste your answers from your Word document. Preview the post, and then click on Post (the latter action is important to make the post 'live.'). If you refresh the page (click on the 'Refresh' icon at the top of your browser page), and you should see your team's posting. If not, you must have forgotten to click on Post, in the Preview window.

Workgroup Climate Assessment

In this module, we will also ask you to complete a Workgroup Climate Assessment (WCA). This assessment has two objectives: 1) to establish baseline data about how you work together as a team; 2) to facilitate a dialogue about the elements required for good team work and work climate. At the end of the program, you will complete the Assessment again so that you can compare the results pre- and post- VLDP.

Each member of the team should complete the following assessment. We will repeat the application of this tool during Module 7 to see if there have been changes in your team's workgroup climate.

Objective

The objective of this assessment is to evaluate Workgroup Climate in workgroups.

What is a workgroup?

The workgroup consists of people who work together on a regular basis to produce results. Workgroups exist at all levels of the organization. For example, a workgroup can be a regional or district team within the Ministry of Health, or can be a group of high-level administrators at a hospital, or a team of personnel at the service delivery level.

What is workgroup climate?

Workgroup climate is the prevailing atmosphere in a workplace, as experienced by the members of the group.

Confidentiality

Your responses are confidential, and will not be communicated with your name to any member of your organization.

Accuracy

We ask you to be as honest as possible in your rating of the items in the assessment. Please respond according to how you really feel. This information will only be valuable if your responses accurately reflect your feelings and your point of view about the workgroup climate within your workgroup.

Please note: it is critical that the individual members of your team **complete the exercise on the VLDP Web site** (<http://erc.msh.org/vldpiraq>). The facilitator will analyze your individual responses to determine your teams' profile. You may use your workbook to first complete the exercise and keep a record of your individual results, before posting your responses on the Web site.

Workgroup Climate Assessment (WCA) - Part A

How do I complete the Workgroup Climate Assessment Part A?

- 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 on a scale of 1 to 5, where 1 means “not at all” and 5 means “to a very great degree,” indicate your selection by clicking on the circle next to the appropriate number.
- Do this for each item in the assessment.
- Please read each item below and indicate your selection by circling the appropriate number in both columns. **Please complete the exercise on the VLDP Web site** (<http://erc.msh.org/vldpiraq>). You may use your workbook to first complete the exercise and keep a record of your individual results, before posting your responses on the Web site.

Actual Performance

How are things now in your work group?

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

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

<p>Workgroup Climate Assessment</p> <p>SAMPLE</p> <p>I feel that in my workgroup...</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>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</p>
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.

<p>Workgroup Climate Assessment – Part A</p> <p>I feel that in my workgroup.....</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>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</p>
1. We feel our work is important	1 2 3 4 5
2. We strive to achieve successful outcomes	1 2 3 4 5
3. We pay attention to how well we are working together	1 2 3 4 5
4. We understand the relevance of the job of each member in our group	1 2 3 4 5
5. We have a plan which guides our activities	1 2 3 4 5
6. We understand each other's capabilities	1 2 3 4 5
7. We seek to understand the needs of our clients	1 2 3 4 5
8. We take pride in our work	1 2 3 4 5

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.

<p>Workgroup Climate Assessment – Part B</p> <p>I feel that</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>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</p>
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. Please enter your exercise results on the VLDP Web site (<http://erc.msh.org/vldpiraq>) in order to receive your results.

Group Work

Getting Organized for the VLDP

The following instructions are to help the team coordinator prepare for the team meeting.

Requirements for the meeting

- For this first meeting find a time that all team members can be present; 100 percent attendance is highly desirable.
- Schedule at least 1 hour and 30 minutes of uninterrupted time for the meeting.
- Find a space in which you can work without being disturbed.
- Let people know in advance where and when you will meet. Also remind them to complete their Workgroup Climate Assessment before the meeting. If you click on the section "Evaluation" on the left navigation bar of Module 1, and then select your own team from the scroll down menu, you will see the scores for your team's Work Climate. You can also see how many members of your team still have to complete the exercise. Record the information so you can discuss it during the meeting. (The VLDP facilitator will send your team information and a graph depicting your team's profile after everyone has completed the exercise on the site.)
- Tell people to bring their workbooks.
- Have flipchart paper and markers or a blackboard and chalk ready.

Time: 1 hour, 30 minutes

Objectives

- State the team's expectations and doubts regarding the VLDP.
- Develop a schedule for the team meetings for each of the modules.
- Select coordinators for each team meeting.
- Discuss the results of the Work Climate Assessment.

Expected result

- Summary of the team's expectations and doubts.
- Schedule of team meetings.
- Coordinators for team meetings chosen.
- A baseline of the team's current work climate.

Instructions

1. Present the objectives, agenda, and expected results of the meeting. **5 minutes**
2. Ask the team members to state their expectations for the VLDP. Record the answers on the flipchart or blackboard. **20 minutes**
3. Ask the group members to talk about any doubts they might have about the way the VLDP works. As a group, try to respond to those doubts. If there are several team members who have concerns, record them on the flipchart or blackboard. **20 minutes**
4. Set the dates for the team meetings at the end of each module. Use the schedule of module completion dates as a reference. **15 minutes**
5. Determine the coordinators for each module. **15 minutes**
The role of the coordinator is the following :
 - organize and facilitate the group meeting ensure that all of the group members have done their individual work and reading before attending the meeting;
 - summarize and document the results of the team meeting and post this in the Forum ;
 - communicate with the facilitators about any problems or absences of team members;
 - encourage members of the team to participate in the conversation in the Café;
 - be aware and keep watch over the dynamics of the group.

The coordinator then prepares three short paragraphs containing the following:

- A summary of your team's expectations (what it collectively hopes to achieve in this VLDP).

The Virtual Leadership Development Program

- A summary of your team's concerns and doubts about the program.
- A summary of your team's reaction to the section on team dynamics and the results of the Work Climate Assessment.

Once these summaries are complete, go to the next page (or click on the section Forum) on the navigation bar. On the Forum page (you have to do this online), click on the box that says "Enter the group's response," and post the responses.

30 minutes

Forum Module 1: Expectations of the Program

To conclude this module, we would like to have a conversation with you and the other participants about your expectations and doubts about participating in this program.

- A summary of your team's expectations (what it collectively hopes to achieve in this VLDP).
- A summary of your team's concerns and doubts about the program
- A summary of your team's reaction to section on team dynamics and the results of the Work Climate Assessment

The coordinator should post the responses from his or her team on the program Web site. Each team's responses will appear on this page after they have been posted by the team's coordinators.

When you have read the responses, you can move on to the Café and participate in a discussion with the participants from other teams and the VLDP facilitators.

Individual Reflections Module 1

Module 2: Leadership in Health Programs and Organizations

Purpose

Good leadership is a key part of any organization's success, yet a leader's work is often misunderstood. This module will introduce you to MSH's Management and Leadership Framework and teach you the practices of management and leadership that will help you become a manager who leads. In this module we will also explore the difference between leadership and management. During the module, you will be able to reflect on your own leadership experiences and explore those of others.

Learning Objectives

At the end of this module, you will be able to:

- define leadership;
- describe each of the four leadership practices and the four management practices;
- describe the links between management and leadership and improving health outcomes;
- explain the differences between leadership and management;
- apply the management and leadership practices to a challenge;
- identify your own strengths and weaknesses and those of your team in the exercise of leadership practices;
- propose specific actions to improve the exercise of the four leadership practices of your team.

	Topics	Activities	Time
INDIVIDUAL	What is leadership?	1. Reading	15 minutes
	What are the four basic leadership practices?	2. Individual reflection - What do leaders do?	40 minutes
	What are the differences between leadership and management?	3. Case study: Focus on Prevention	30 minutes
		4. "Leadership practices" self-assessment	20 minutes
	Total individual time		
GROUP		Group work	2 hours, 40 minutes
		Forum	15 minutes
Total time for module			4 hours, 40 minutes

What is leadership?

There are many definitions of leadership. Below, we present one definition developed by MSH's Management and Leadership Program:

Leadership is a set of practices, behaviors and values that enable work groups and organizations to face challenges and achieve results.

Leadership is always exercised in relationship with others, both inside and outside the organization or the workgroup that is being led. The true test of effective leadership is the visible progress towards the realization of a vision, whether small or large, and the achievement of results that inspire others to follow. There is considerable congruence among the people we interviewed about what leadership is all about:

What Do the Leaders Say?

A leader is someone who has a vision, and ability to see it through to reality, while keeping everyone else concerned on board. A good leader is always ready to learn and be led.

Executive Director of a clinical research centre

A leader is essentially someone who at a point in time is able to direct or influence certain types of activities when there is a definite goal that we are working towards.

Regional Health and Nutrition Advisor for World Vision International

Leadership at All Levels

When people think of leaders they often think about highly placed public figures in governments or organizations who are admired for their extraordinary, and often charismatic, qualities. Our assertion, however, is that there are people at all levels in both the public and private sectors who are leading their teams, large or small, towards the realization of a specific vision that is important to themselves and to their organizations. We call these people "managers who lead." They are the ones who accept a challenge and are working with their organizations, programs, departments, or teams to face this challenge, and in doing so are able to remove obstacles that stand in the way of achieving the vision and improving organizational results.

A Director at WHO Geneva who is from Brazil tells us:

"A leader is someone who is able to put together a proposal in a very concise manner, one that corresponds exactly to the needs and expectations of a certain group or sector. He/she can mobilize people around an idea, such as a proposal for change or a transformation process, while at the same time representing or being the spokesperson for such a movement. I think these are basically the characteristics of a leader."

A nurse at a rural health post in Egypt commented on how her views on leadership have changed: "When we first came to attend the leadership development meeting, we thought that the clinic director will be the leader, but we realized that every one of us is a leader."

Achieving results under challenging conditions

Facing challenges such as high maternal and infant mortality rates, the continuing effect of poverty on peoples' health, poor quality services, insufficient resources, or stressed health workers require people with leadership abilities.

Organizations need managers who can lead to provide guidance and inspiration to the teams that have to address those challenges. Managers who can lead are critical to achieving sustainable results, adapting to change, and strengthening their institutions to improve the health of those they serve.

Health managers in Iraq have to address these challenges under circumstances that are in and of themselves challenging. But, as Joyce Smith states in a recent WHO report *Guide to health workforce development in post-conflict environments* (WHO 2005) "[while] the loss or displacement of experienced personnel, the destruction or degradation of training systems, and the complexity of the context within which reconstruction takes place exacerbate the problems [...] such situations [also] offer the opportunity to start afresh." It is clear that leadership is required to set the conditions and plant the seeds for the health system.

Dimensions of leadership

Leadership has many dimensions, as you will see in the next few pages. We will look at what some of experts have to say about leadership, and then we will look at how leaders of health programs and organizations in various parts of the world, and at various levels, describe their own role as a manager who leads. You will easily see the connections between the two. We hope that you will feel as encouraged by these statements as we are: they show the many ways in which leadership makes a difference, and how leadership can be developed at all levels, whether people have formal power and authority or not.

There are many articles and books on leadership. Authors write that:

- **Leadership involves not just "doing," but "being."** Effective leaders have a high level of self-awareness. *"Leadership involves the discipline of continually clarifying and deepening our personal vision, of focusing our energies, of developing patience, and of seeing reality objectively... [This discipline] starts with clarifying the things that really matter to us, living our lives in the service of our highest aspirations."* (Senge 1994:7,8)
- **Leadership is exercised with others.** Organizations that face challenges in their environments must adapt and change. Leaders get people to face the challenge, the change, and the learning. *"Solutions to adaptive challenges reside in the collective intelligence of employees at all levels. Often the toughest task for leaders in effecting change is mobilizing people throughout the organization to do adaptive work."* (Heifetz and Laurie 1997:33)
- **Leadership is responsibility.** *"Leadership is responsibility, not rank, title, privilege, or money... [Leaders] did not start out by asking themselves, 'What do I want?' but 'What should be done?' Then they ask themselves, 'What should I do and what must I do to make a difference?'"* (Drucker in

Hesselbein et al. 1996:xii–xiii)

- **Leadership happens at all levels.** *"Students of management and mid-level managers in the organizations I work with often ask me, 'How can we lead the organization and make the changes you are talking about if we are not in the upper ranks?' I tell them, 'You can start right where you are; it doesn't matter what your job is. You can contribute your new judgment, new leadership, to your team or your group."* (Hesselbein 1997:83)
- **Leadership and management are both necessary.** *"Leadership and management are two distinctive, complementary systems of action, each having its own characteristic practice and activities, but both are necessary for success in an increasingly complex and volatile setting."*(Kotter 1990:85)

What Do the Leaders Say?

The previous statements are from people who live and grew up in the United States. What is interesting is that they are similar to statements from leaders from other countries:

A senior technical advisor on health and nutrition emphasizes also that "leadership is exercised with others" as she tells us:

"I began to appreciate, after a while, that working in teams, bringing people on board rather than trying to be on board every initiative is a more important strategy, if we are to make a difference in our communities. Working in teams and recognizing the niche of every professional group, and the fact that there are massive multi-sectoral programs that need to be embarked on, and that we all don't have to have the skills to tackle entire programs, but that each one of us would have a specific role to play, thus together if we pull our efforts we can get outcomes with a positive impact."

And furthermore she emphasizes that "Leadership is responsibility" since she has to be

"... consistently mindful of the fact that all efforts are not about personal achievements, they have to do with reaching the desired outcomes meant to benefit people who rely on goods and services provided."

The head of a national coordination body agrees that "Leadership involves not just "doing," but "being" when he tells us:

"My two deputies and I have taken the habit, every morning, to meet for about 15 minutes. In those meetings we discuss what we need to strive for that day and

we also use this occasion to question ourselves, to keep ourselves poised for action."

The director of a clinical research center points out that *"leadership and management are both necessary..."*

"Leadership is also a balancing act especially in developing countries. Issues need to be prioritized because of scarcity of resources. Sometimes you may have to do totally unpopular things to achieve a more useful objective. You may have, for example, to dismiss nonperforming staff. Difficult decisions have to be made, as long as it is done for the correct reasons, even if it may get you in some sort of trouble."

Individual Exercise: What do leaders do?

We have reviewed the definition of leadership and read what some leaders have to say. But, what exactly do leaders actually *do* to "enable work groups and organizations to face challenges and achieve results?" To respond to this question, let's look at your own experience.

Instructions:

- Choose a leader whom you know or knew personally and who you admire.
- Think about what this person does or did to produce results.
- Think about this person's behavior that inspired others to follow.

List the actions and behaviors that, in your opinion, obtain results.

Keep this list in mind as we continue to explore the four leadership functions. (You do NOT need to submit your responses to the facilitators).

Leadership and authority

We have said that leadership can—and should be—exercised at all levels, not just at the top, whether one is a nurse in a rural health unit responsible for some people, or a minister of health responsible for the performance of an entire health system.

This notion of 'leadership at all levels' often surprises people. That is because they confuse leadership with authority. Leadership is not about position. Leadership is about enabling people to face challenges. Facing a challenge means change in the way things are done. Leadership helps an organization to be successful and create the future it wants.

Authority is a role that people take on because of the position they are in. Authority is the power vested in a person by virtue of their role to expend resources (financial, material, technical and human). Sometimes people in positions of authority are also leaders, but not necessarily so. Conversely, some people without authority can be very effective leaders. We need both. If you are in a position of authority, this program will help you to also become a leader. And if you are not in a position of authority, this program will also help you to be an effective leader.

Four leadership practices

Effective leaders at all levels constantly use four essential practices:

- **they scan**
- **they focus**
- **they align and mobilize**
- **they inspire**

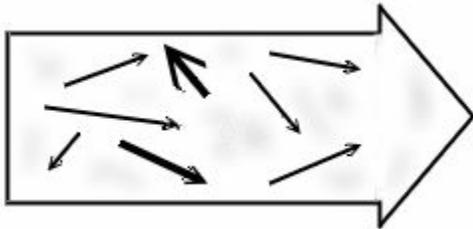
In their daily work this looks like this:

Scan: Managers who lead scan both the external and the internal environment of the organization continuously. Scanning helps leaders recognize the emerging needs of clients, of communities, and of other stakeholders. It makes them aware of what is out there that is in the way of realizing the vision, and what opportunities exist to move closer to the vision. Scanning the internal environment helps a manager who leads to understand better how to enable and mobilize their organization or team to do the work that needs to be done. Scanning also applies to oneself: managers who lead are aware of their emotional and physical states and how these impact the people around them.

Focus: Managers who lead focus their organization's or team's attention in order to address the challenges with a strategy and goals. By focusing attention, these leaders encourage their groups to set priorities that make it possible to move toward goals and objectives.

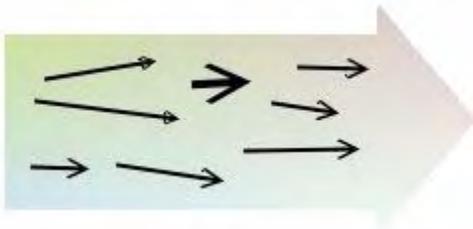
Align and mobilize: Managers who lead align people toward a common vision and mobilize energy, work, and resources toward achievement of the common goal. Peter Senge, an influential thinker on organizational development, articulates well what many of us intuitively know:

"When a group of people functions as a whole [...] they demonstrate a phenomenon we have come to call 'alignment.' In most teams, the energies of individual members work at cross purposes. If we drew a picture of the team as a collection of individuals with different degrees of 'personal power' (ability to accomplish intended results), the picture might look something like this:



The fundamental characteristic of the relatively unaligned team is wasted energy. Individuals may work extraordinarily hard, but their efforts do not efficiently translate into team effort. By contrast, when a team becomes more aligned, a commonality of direction emerges, and individuals' energies harmonize. There is less wasted energy. In fact a resonance or synergy develops, like the 'coherent' light of a laser rather than the incoherent and scattered light of a light bulb. There is a commonality of purpose, a shared vision, and understanding of how to complement one another's efforts. Individuals do not sacrifice their personal interests to the larger team vision; rather, the shared vision becomes an extension of their personal visions..." (Senge 1990:235)

A picture of such a team would look like this:



Inspiring: Managers who lead inspire others by creating an environment in which people want to take part and put forth their best effort. Such an

environment stimulates people to live up to their potential, to continue to learn and grow, and to take risks and be creative in a collective effort to produce the desired results.

MSH's Management and Leadership Program explored the importance of these functions in a study of public health leaders carried out in 2001 (this study is accessible on the Web site by clicking on the word that is underlined, "study"). The study examined the values and functions that have enabled managers who lead to direct their organizations or work groups and to face challenges and achieve results even under very difficult conditions. The findings of this study showed that effective leaders:

- achieve meaningful results in spite of complex work environments;
- are seen as people who value integrity, good interpersonal relations, risk-taking, and learning.

The interviews with health care leaders cited throughout this program demonstrated that they, too, used the four leadership functions to overcome the enormous challenges they faced, and they are guided by strong values and principles.

The head of a clinical research centre, in addressing the challenge of obtaining antiretroviral drugs for his country, shows how scanning was important in addressing his challenge:

"The action that I took was to learn as much as possible about antiretroviral drugs. It was then a new subject, and I equipped myself with as much knowledge about it as I could."

Across the ocean, in another continent, a government official, engaged in a similar pursuit, shows how focusing and mobilizing were important:

"The tools required to handle this situation were, at first, to establish a clear and transparent policy—for example, in the Ministry of Health—and to show very clearly what we believed in, what were our objectives. Secondly, we worked very hard to disclose all relevant information on everything related to the issue, including of course disclosure of our reasons and our arguments. Thirdly, we were fully engaged in mobilizing domestic and international public opinion through the media and through both domestic and international NGO's. These were the three main points, the three main tools that helped to completely revert the situation."

The training and nutrition advisor we interviewed realized that inspiring meant more than getting people to follow, it also meant preparing them to be leaders in their own right:

"One can take control when called in to provide leadership for a given initiative, however it is crucial to know when the time is right to give up/pass on that control. A leader must create opportunities for those who are followers in a given process; build capacity so that people can over time have confidence in continuing on their own."

What are the differences between leadership and management?

Differences between leadership and management

"Leadership is different from Management, but not for the reason most people think. Leadership isn't mystical or mysterious," says Harvard's professor John Kotter. It has nothing to do with what people sometimes call 'charisma,' some vague quality that some people have and others don't. Nor is leadership dependent on exceptional personality characteristics. If we were to depend on the availability of some very gifted individuals, born as natural leaders, the world would be in trouble. Kotter continues, *"[leadership] is not the province of a chosen few. Nor is leadership necessarily better than management or a replacement for it; Leadership and management are two distinctive, complementary systems of action. Each has its own function and characteristic activities. Both are necessary for success in an increasingly complex and volatile environment."* (Kotter 1990:85)

Leadership and management have different functions and activities, both necessary for success in an increasingly complex setting. Not everyone has the ability to both lead and manage equally well; some people are excellent managers but not good leaders. Others have a great capacity for leadership but cannot be successful as executives because they are not skilled or effective managers. Smart organizations value both leadership and management and encourage personnel to develop their skills in both areas.

People who are good managers are able to develop a sound plan and make sure that it will be carried out by competent personnel who will have access to the needed resources. They are skilled in using the major management practices: planning, organizing, implementing, monitoring, and evaluating. On the other hand, people who are good leaders are able to develop a compelling vision that is ultimately shared with everyone. They can focus organizational efforts on achieving that vision, rally people around the vision, and keep them moving in the right direction. Such leaders inspire and encourage staff to overcome obstacles that obscure the vision.

Successful organizations should have both good leadership to move toward a better future and good management to make sure that current operations run smoothly, efficiently, and produce the intended results. That is why we advocate the notion of "managers who lead," to make sure that both areas are covered.

People Who Lead and Manage: Managers Who Lead

We have examined in some detail the leadership practices. We have articulated our vision for a well-led organization: such organizations adapt to changes in the environment and develop cultures that are a source of inspiration, commitment, and innovation, and have the capability to design and maintain the management systems that are needed to run the organization efficiently and effectively. In an environment of uncertainty and change, such leadership is badly needed.

Now let us take a look at the management practices. We all have an ideal of what a well managed organization looks like. These are some of the common elements: they have clear plans, clear reporting structures for decision-making, and well organized systems and work processes. Personnel can carry out their assigned activities efficiently, follow the process to the desired results step by step, and assess whether they have been successful.

Four management practices

Effective managers carry out four essential management practices:

- they plan
- they organize
- they implement
- they monitor and evaluate.

This is how these practices are carried out in daily life:

Plan: Managers who lead plan how to achieve desired results and document these activities in a format that helps staff do their work and fulfill their responsibilities in a timely manner. They also have to be able to plan quickly as windows of opportunity open, and anticipate what is needed to move their programs ahead.

Organize: Managers who lead make sure that sufficient resources are available to implement the planned activities, and that the necessary structures, systems, and processes exist and run smoothly to facilitate the work. Organizing in the context of conflict requires special attention to shifting alliances, uneven resource flows.

Implement: Managers who lead execute and delegate execution of planned activities, coordinating multiple efforts to achieve desired results. This includes the capacity to work under pressure, the ability to improvise with resources that are available (and do without the ones that no longer are) and - in spite of conflict and insecurity - get the work done.

Monitor and evaluate: Managers who lead track activities, outputs, and results and compare them with what was planned, collecting feedback and information from a variety of sources to see whether the intended results were obtained or not. They fine-tune their plans and learn from errors to achieve intended results. They look for ways to show others that results were achieved, and in doing so, motivating them to join in or support future work. After all, results inspire!

Good management alone does not guarantee sustainable results. When conditions are fluid, complex, and interconnected it is not enough to be a good manager. Such managers must also learn to **lead** their staff through the changes needed to face strategic and tactical challenges and focus their people's energy and resources on achieving sustainable results that satisfy the clients. Managers who lead support their personnel, question assumptions, shape beliefs, and change ways of working in order to overcome obstacles which would otherwise undermine how well programs are implemented.

The Management & Leadership Framework

The Leading and Managing Framework shown below summarizes the four key leadership practices and the four management practices.



Case Study: Focus on Prevention

This case study will help you understand the differences between leadership and management.

Instructions:

1. Read the following case carefully.
2. Complete the exercise that follows the case.



Dr. Mohamed's challenge was to refocus a health system's culture from a curative model to a preventive model. Our story begins on October 20, 2000 with Dr. Mohamed Ali's first intervention.

Dr. Mohamed Ali, General Director of the Malika Health Authority (MHA), called a meeting of the eight hospitals he is coordinating. His challenge was to get each hospital involved in changing its institutional focus from curative to preventive care and to do this in a coordinated fashion. His plan for the first meeting was to invite the eight hospital directors and their Quality Improvement Coordinators to explore the idea of refocusing outpatient consultations on preventive rather than curative care.

In his introductory remarks to the group, Dr. Mohamed emphasized how each director's leadership was important in guiding this change and encouraged the directors to contribute their own ideas how this change could be accomplished. He also presented his own idea for this radical shift in hospital culture, which centered on using specialists to train general practitioners in ways of incorporating preventive care into their primary care curative consultations. Dr. Mohamed referred to previous failures in making changes of this magnitude in the hospitals and emphasized the importance of each director's individual commitment and leadership in the project.

At the end of the meeting, the directors agreed to implement a training program in their hospitals that they hoped would result in changing the focus from curative services to prevention in outpatient consultations. "Go back to your institutions," Dr. Mohamed implored them. "Start making these changes. We will meet again in two months to review our progress."

December 2, 2000: Follow-up meeting with the eight hospital directors

Many of the directors arrived early. Dr. Mohamed had provided coffee and pastries, and the doctors sat comfortably for a few minutes eating and chatting before the meeting began. There was a lot of excitement in the air, and people

seemed genuinely interested in the project and its importance for the hospital system.

Dr. Mohamed began the meeting by asking each hospital director to report on the progress he or she had made in implementing the training activities he or she had developed for changing the focus of outpatient consultations from curative to preventive. Several of the directors gave impressive presentations using Microsoft Project Manager. One presented the group with a color-coded Gantt chart that listed all the activities undertaken in support of this project in the hospital and identified the percentage of progress for each of these activities. Dr. Soha, the director of the Baha Hospital reported that specialists had already trained 70 percent of the general practitioners in her hospital.

Dr. Mohamed was impressed by the quality of the reports, which were well developed, technically sound, and nicely presented, and he was pleased that the training that these directors had been given in project management over the past two years was paying off. At the same time, it was quite apparent that there was no standard approach to the training of the general practitioners. Each specialist in each hospital had his or her own curriculum, the number of training sessions was different between institutions, and attendance of the general practitioners in several institutions was very low. Surprisingly, no one had taken into consideration these major differences in planning and implementing their training program between hospitals. For example,

- Dr. Soha reported that at Baha Hospital, specialists lectured to the general practitioners for one hour.
- Dr. Pasel, who was the director at Nasr Hospital, stated that in their institution they had decided not to use the specialists because they thought that the specialists would "ruin the general practitioners."
- Dr. Hamed, from Giad Hospital, had implemented a program that permitted the general practitioners to ask the specialists a series of questions about exploring the shift from curative to preventive care.

Dr. Nader, from Nada Hospital, was clearly irritated by the different approaches to accomplishing the task at hand, yet he felt that it was very important to continue to hear from all the other directors. He suggested that prior to any discussion of a common training approach, the group continue reviewing the percentage of progress in the activities. "Otherwise," he commented the "work would never be done!"

With things spinning somewhat out of control, Dr. Mohamed confronted the group of directors and their coordinators. He told them that they were not carrying out the activities as they had been planned, although he acknowledged that the

activities were being implemented and monitored with great precision. He asked, "What is more important here, to do things correctly or to do the correct things?"

Dr. Nader immediately seized upon this issue. Abandoning his effort to continue review of each director's implementation plans he told the group, "I stand corrected. We need to have a standardized approach to implementing a switch in emphasis from curative to preventive medicine. A change of this magnitude requires a better problem analysis and a robust and standardized intervention. Personally, I have been uncomfortable with using specialists for this type of training because often they have very little understanding of preventive medicine. We need an in-depth study of the diversity of viewpoints about how to accomplish this change in focus from curative to preventive care."

Dr. Soha and Dr. Hamed disagreed and proposed continuing to review the percentage of progress in carrying out the planned activities.

Dr. Nader returned to some of the interventions that had been already reported, insisting that these interventions should be carefully examined and that the differences between them not be glossed over. Finally, several other directors joined the discussion and argued in favor of Dr. Nader's suggestion.

Eventually, Dr. Soha and Dr. Hamed agreed to search for a training approach that would be as effective as possible. Classroom training by specialists was identified as a way of getting general practitioners into the program and allowing the specialists to showcase their expertise and credibility.

Dr. Hamed came up with the suggestion that the group find some general practitioners to get their ideas of what they might want to learn in a meeting like this with a specialist. To everyone's surprise, the general practitioners indicated that their interest was primarily curative. For example, one of the general practitioners stated, "We want them to tell us what to prescribe."

After their impromptu focus group, many of the directors were shocked by what they learned and admitted that an intervention with general practitioners posing questions to specialists would be counterproductive and not helpful in achieving the desired goal. "Exactly what we don't want," Dr. Nader summarized, "is for specialists to be talking about prescribing practices for outpatient consultations because that focuses on a cure and not on prevention. It's counterproductive and it gives the absolutely wrong message."

Following this meeting the directors' group became aware that change would be more difficult than they had thought. In the end, everyone agreed that the specialists had to be involved one way or the other, but they had to find a way to focus the specialists on prevention.

The group members had the idea that general practitioners could effectively explore the change in emphasis from curative to preventive services in small, facilitated group discussions, focusing on aligning the discussion with the ultimate objective. Using small group discussions the directors agreed they could develop a standardized training model that would involve a specialist, no more than four general practitioners, a prevention specialist, and a facilitator. They proposed that the facilitator for the group discussions be the quality coordinator in each hospital, since they had already been trained in facilitating small groups. To support the facilitator and guide the discussions, Dr. Mohamed proposed developing a guide to reinforce preventive messages and keep the discussion focused on how general practitioners could be advocates for preventive services in the context of a clinical encounter.

March 2001: A new strategy succeeds

In March 2001, the group was able to confirm the success of this strategy, which changed the attitudes of both the specialists and the general practitioners. Some specialists came to realize that they were totally disconnected from activities aimed at preventing the diseases associated with their specialty and were open to learning. The general practitioners liked the small group discussions, because in the presence of other general practitioners, they didn't feel quite as intimidated by the specialists and were thus able to participate more actively in the sessions.

Instructions for answering questions

Now that you have finished reading the case, please:

1. Read the following segments of the case carefully.
2. Write down, for each segment, which of the leadership and management practices were used. Sometimes several practices were referred to or used.
3. Remember that the practices for leading are: scanning, focusing, aligning/mobilizing, and inspiring; and for managing: planning, organizing, implementing, monitoring/evaluating.

For example:

When, at the beginning of the case, the Director General, Dr. Ali Mohamed, decides to invite all the hospital directors and their quality coordinators to design, along with him, the training for general practitioners, he is using a strategy for "mobilizing" and "aligning" the hospitals around a preventive care approach.

For each segment of the process, check the appropriate boxes to indicate what practices were used:

1. When Dr. Mohamed decides to invite the hospital directors and their quality coordinators to a meeting to discuss the change and ask them to invest time in the process, he is effectively...

Check the appropriate boxes

- | Leadership | Management |
|--|--|
| <input type="checkbox"/> Scanning | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Focusing | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Aligning/mobilizing | <input type="checkbox"/> Implementing |
| <input type="checkbox"/> Inspiring | <input type="checkbox"/> Monitoring/evaluating |

2. When Dr. Mohamed talks to the directors about the importance of their role as leaders in their hospitals, when he attends the entire meeting and demonstrates his enthusiasm for the change, when he is willing to invest his own time, he is:

Check the appropriate boxes

- | Leadership | Management |
|--|--|
| <input type="checkbox"/> Scanning | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Focusing | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Aligning/mobilizing | <input type="checkbox"/> Implementing |
| <input type="checkbox"/> Inspiring | <input type="checkbox"/> Monitoring/evaluating |

3. When Dr. Mohamed presents his own idea for using specialists to train general practitioners to incorporate preventive care into their primary care curative consultations, he is engaged in:

Check the appropriate boxes

- | Leadership | Management |
|--|---------------------------------------|
| <input type="checkbox"/> Scanning | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Focusing | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Aligning/mobilizing | <input type="checkbox"/> Implementing |

- Inspiring Monitoring/evaluating

4. When Dr. Soha reports achieving 70 percent of the training goals, she shows that she has been:

Check the appropriate boxes

Leadership Management

- | | |
|--|--|
| <input type="checkbox"/> Scanning | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Focusing | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Aligning/mobilizing | <input type="checkbox"/> Implementing |
| <input type="checkbox"/> Inspiring | <input type="checkbox"/> Monitoring/evaluating |

5. When Dr. Nader returns to some of the proposals made at the planning meeting and makes the group see how it was important to not gloss over differences but get to the bottom of them in order to understand the root of the problem, he is proposing that the group spend more time on:

Check the appropriate boxes

Leadership Management

- | | |
|--|--|
| <input type="checkbox"/> Scanning | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Focusing | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Aligning/mobilizing | <input type="checkbox"/> Implementing |
| <input type="checkbox"/> Inspiring | <input type="checkbox"/> Monitoring/evaluating |

6. It is clear that both specialists and general practitioners are needed, but it is necessary to identify a way to interact that would focus everyone on prevention. This highlights the importance of:

Check the appropriate boxes

Leadership Management

- | | |
|--|--|
| <input type="checkbox"/> Scanning | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Focusing | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Aligning/mobilizing | <input type="checkbox"/> Implementing |
| <input type="checkbox"/> Inspiring | <input type="checkbox"/> Monitoring/evaluating |

7. Given this situation, several people made creative suggestions and developed an approach bringing together a specialist, no more than four general practitioners, a prevention specialist, and a facilitator. This discussion helps with:

Check the appropriate boxes

- | Leadership | Management |
|---|---|
| <input type="checkbox"/> Scanning | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Focusing | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Aligning/mobilizing | <input type="checkbox"/> Implementing |
| <input type="checkbox"/> Inspiring | <input type="checkbox"/> Monitoring/evaluating |

How do I behave in my role as leader?

To find out how you apply the scanning practice, fill out the following questionnaire.

Assign each function a point score of 1 to 5, as indicated below:

1	2	3	4	5
I hardly ever do this	I sometimes do this	I often do this	I very often do this	I almost always do this

Scanning

___ I identify critical trends for my organization in the external environment, drawing from reliable sources of information.

___ I identify trends in other organizations, talking to colleagues about what they are doing.

___ I leave my office to learn about the needs of my organization's clients.

___ I visit branch offices or clinics to learn about working conditions of my staff.

___ I look at my staff's abilities, motivations, and challenges.

___ I reflect about my own abilities, motivations, and challenges.

Focusing

I present to my team or organization a vivid and challenging picture of the future.

I talk with my staff about our mission, goals, strategies, and critical challenges.

I ask "Why are we doing this?"

I work with my staff to establish goals and select strategies to achieve them.

I set priorities to satisfy our clients' needs.

I direct my staff's contributions towards the achievement of strategic goals and priorities.

Aligning/ Mobilizing

I communicate a compelling vision to others that emphasizes our common goals.

I look for ways to get people to buy in to that vision.

I look for ways to ensure that systems, structures, and tasks are in line with our goals and strategies.

I mobilize the resources that my team needs to implement our strategies.

I know how to bring the personal goals of my staff in line with organizational strategies.

I recognize and reward my staff for achieving objectives.

Inspiring

My staff feels challenged by me to take on difficult assignments.

My staff sees me modeling commitment and enthusiasm in the pursuit of our mission.

The Virtual Leadership Development Program

___ My staff feel listened to, even when there is disagreement.

___ My staff feel comfortable to present me with new ideas.

___ My staff feel supported and appreciated by me.

___ My staff feel that I have confidence in their ability to do challenging work.

___ My staff feel recognized for their contributions.

Individual Reflection: How do I behave in my role as a leader?

Think about the results from your self-assessment and then fill in the following chart with your reflections on your own strengths and weaknesses, as well as the areas in which you can identify opportunities for development.

My strengths

My weaknesses

Areas in which I can improve in my development as a leader

Make sure you have this page filled in and bring it to your team meeting.

Group Work

The following instructions are to help the team coordinator prepare for the team meeting.

Requirements for the meeting

- Try to stick to the meeting date and time that you set in your meeting schedule which you sent to the facilitators in Module 1. If you need to change the date and/or time to get the entire team to attend, please let the facilitators know.
- Schedule at least 2 hours, 40 minutes of uninterrupted time for the meeting.
- Select a meeting place in which you can work without being disturbed.
- Remind the team members sufficiently ahead of time of the meeting time and place.
- Have people bring their workbooks.
- Have flipchart paper and markers or a blackboard and chalk ready.
- Prepare two flipchart pages ahead of time as follows:
 - One with four columns, each column labeled with one of the four leadership practices (for an example, see the "Practices and Values Table" in Module 2 of your workbook.)
 - One with the four practices to present the results of the individual assessments and come up with the team average (for an example, see the "Team Practices Score Table" in Module 2 of your workbook.)

Time: 2 hours, 40 minutes

Objectives

- Analyze the behaviors of leaders who have impressed you and relate them to the four leadership practices and the four management practices.
- Think about how the people in your team apply the four leadership practices in their work.

Expected results

- The distribution of strengths and weaknesses of your team's members in using the four leadership practices.

Instructions

1. Present the objectives, agenda, and expected results of the meeting. **5 minutes.**
 2. Ask the team members to recall the four leadership practices and the four management practices. **10 minutes.**
 3. Ask each person to briefly describe the leader he or she analyzed in his or her workbook and some of the practices and values. As each participant discusses his or her experience, try to relate them to the four leadership practices by writing them in the relevant column, classifying them as: scanning, focusing, aligning/mobilizing, and inspiring. Write on a separate flipchart any values (such as integrity, honesty, perseverance, and so forth) that people mention. **30 minutes**
 4. Ask each team member to state what he/she learned about how he or she exercises each of the four practices. **20 minutes**
 5. Ask everyone to read his or her total results for each practice. Fill in the table on the flipchart with the numbers they give you, calculate the average, and write down the team results, identifying the practices that achieved the highest and lowest scores. **25 minutes.**
 6. Invite your team to talk about different team situations in which they use each of these practices. **50 minutes.** You can start out by asking:
 - How good are we as a team at scanning?
 - In which situations do we apply/have we applied this practice?
 - What should we do to get better at scanning?
- Continue for each of the other practices. Together these form the basis for a development plan for the team as well as for individuals.
- How are the practices distributed within the team?
7. Summarize how you exercise the four practices of leading as a team. **20 minutes.**

8. The coordinator, taking the group's conclusions from point 7, answers the following questions:

- How are the four leadership practices exercised by the team?
- Which leadership practices are strongest in your team, which ones weakest?

9. Once this summary has been completed, the coordinator will go to the next page (the Forum page on the Web site), click on the box that says "Enter the group's response," and upload the responses.

Leadership Practices - Chart 2A

Scan	Focus	Align/ Mobilize	Inspire

Forum Module 2: The four leadership practices and your team

To conclude this module, we would like to have a conversation with you and the other participants about the behavior of leaders and the leadership practices that the members of your team are currently performing.

- How is your team experiencing the four leadership practices?
- Which leadership practices are strongest in your team, which ones weakest?
- How many people attended, how much time did your meeting take, and what were the most interesting parts of the meeting?

The coordinator should post the responses from his or her team on the program Web site. Each team's responses will appear on this page after they have been posted by the team's coordinators.

When you have read the responses, you can move on to the Café and participate in a discussion with the participants from other teams and the VLDP facilitators.

Tools and Readings

Recommendations for further reading

Heifetz, Ronald A. and Donald L. Laurie. "The Work of Leadership." *Harvard Business Review* (January–February 1997): 123–134.

Hesselbein, Frances, et al., eds., *The Leader of the Future*. San Francisco: Jossey-Bass, 1997.

Hesselbein, Frances, et al., eds., *The Organization of the Future*. San Francisco: Jossey-Bass, 1997.

Kotter, John P. "What Leaders Really Do." *Harvard Business Review* (May–June 1990): 1–12.

Senge, Peter. *The Fifth Discipline: The Art and Practice of the Learning Organization*. New York: Currency Doubleday, 1990.

Individual Reflections on Module 2

Module 3 Identifying Challenges

Purpose

In this module, you will select an organizational challenge that you will use throughout the program to develop your own and your team's leadership skills. After selecting your challenge, you will begin an analysis of the root causes of your current situation. Step by step, you will produce an action plan to implement the activities that will help you to overcome obstacles to arrive at your desired result. This process, that starts during this module, will continue throughout the rest of the VLDP. We will support you by providing feedback and support as you practice your leadership skills and develop strategies and plans to meet your challenge.

At the end of this Module, you will be able to:

- identify a leadership challenge in your own organization;
- analyze the root cause of a current condition;
- use the Challenge Model to design an action plan to address your team's selected challenge.

	Topics	Activities	Time
INDIVIDUAL	Importance of the challenge in leadership development	1. Reading: The role of a challenge in leadership development	20 minutes
		2. Case Study: "The New Reproductive Health Clinic"	20 minutes
		3. Reading: Performance Improvement Methodology	20 minutes
	Challenge and performance improvement	4. Reading and exercise: Case Study	30 minutes
		5. Reading: From Challenge to Action Plan	1 hour
Total individual time			2 hours, 30 minutes
GROUP		Group work Meeting 1: Identifying a challenge	2 hours, 30 minutes
		Group work Meeting 2: Analyzing root causes	3 hours
		Group work Meeting 3: Preparing an action plan	3 hours, 15 minutes
	Total time for group work		
		Forum	15 minutes
Total time for module			11 hours, 30 minutes*

* The first meeting should take place at the end of Module 3. The other meetings should take place as soon as your team has received feedback from the facilitators on the results of your first meeting.

From Problems to Challenges

The Role of a Challenge in Leadership Development

You are faced with a challenge when there is a gap between your desired situation and your current situation. A challenge forces you to stretch beyond your current capabilities. For a group of people, a challenge may mean that they are committed to dealing with an obstacle that in the past has been seen as someone else's problem to resolve. For example, a doctor decided to bring

antiretroviral treatment for AIDS for his poor country without having any resources at his disposal. Some people would have stopped right there and declared the lack of resources an impossible obstacle. Instead, he took the lack of resources on as a challenge.

Achieving results by overcoming obstacles = Challenge

People develop their leadership skills in response to:

- a serious **challenge**, either as individuals or as a group.
- **feedback** from others regarding their effectiveness in addressing the challenge.
- the **encouragement and support** from people in positions of authority, from mentors, associates, and colleagues, or from family and friends.

Leadership development occurs when someone is:

- facing challenges;
- receiving feedback;
- receiving encouragement and support.

Definition of a Challenge

A problem turns into a challenge when you take ownership of the problem. As the saying goes, "if you don't own the problem, you cannot find the solution." A challenge is essentially the reframing of an obstacle by turning it into a question that starts with "How can I/we do ..."

For example,

"How can we get demoralized staff to provide good care and treat patients well?"

"How can we provide drugs and supplies to remote areas in consistent and reliable ways?"

"How can we get couples to talk about child spacing when they have never done so?"

"How can we provide quality care in damaged or badly equipped and understaffed health centers?"

"How can we ease the load of work in hospital emergency rooms?"

"How can we attract experienced health care providers to work in unsafe areas?"

In all these cases the challenges are big, but if you keep thinking that it is someone else's problem to solve, or that it is your problem but the obstacles are too great, if you believe you can do nothing but sit back and wait for other people to come and do the work for you, you will have a very long wait!

From Here to There

Leadership is a process of bringing a new reality into being and guiding a group of people to move from an unacceptable current state to a desired state, across many obstacles along the way. On this journey, the manager who leads facilitates and advances the change process using the four leadership practices mentioned in the previous module: scanning, focusing, aligning/mobilizing, and inspiring. Of course, to make sure that the necessary work gets done and actions are coordinated, the manager who leads also has to exercise the four management practices of planning, organizing, implementing and monitoring, and evaluating to make sure that both the daily work gets done and the road into the future gets paved and maintained.

Moving from the current state to the desired state is the challenge that the team and its manager face. The manager who leads has to help the group analyze the gap between the current and desired situations and explore ways to get from the present state to the desired state and overcome whatever obstacles are in the way. This process is driven by the strength of the vision of the desired state that the group has in mind.

The path from current situation to the desired situation is represented in the graphic below:



Not Just Any Challenge

Leaders develop when they have an opportunity to address a leadership challenge. Leadership challenges have three important characteristics:

- A leadership challenge is not part of routine work. It cannot be addressed by being simply a good manager.
- Successfully addressing a leadership challenge requires a profound change in the way things are done.
- To get others to join in facing a leadership challenge, they will have to be led through a change process.

Leaders do not identify and address the most important challenges by themselves. They do it together with the teams they lead. Consequently, they must develop skills that allow them to work in an environment that may be full of conflict or otherwise emotionally charged, with people exhibiting varying degrees of commitment and often with tremendous organizational pressure to move quickly and produce visible results.

What Challenges have other Leaders taken on?

The director of a national health services organization said:

"When this organization was formed it existed only in three main cities and few people were benefiting from it. The challenge that we had was that everyone or almost everyone who was stricken by this disease ought to benefit from the services rendered by the organization."

Since the numbers were high and the country big, he realized that this was not a task he could undertake on his own and he invested time and energy in building his team, and then his team built local teams all the way down to the grassroots in order to produce a critical mass of strong and committed teams that, together, could take on this challenge.

There are many challenges facing health programs in Iraq. In talking with several Iraqi government officials, some of the major challenges they listed are:

- How can we make Maternal and Child Health services available, including immunization of all children under five?
- How can we make safe and effective drugs available in all health facilities and reduce wastage?
- How can we put in place and maintain appropriate health infrastructures so that even people living in remote areas have access to quality care?

- How can we coordinate donor support and the activities of various sectors so that duplications and gaps are avoided and goodwill is maintained?
- How can we facilitate rational decision making through access to valid and reliable information?
- How can we ensure access to safe drinking water to prevent the spread of water-borne diseases?

What Do the Leaders Say?

The challenges mentioned on the previous page are examples of the challenges at the national level. Others face challenges at the organizational level. For example, how does one improve a demoralizing work climate? Or how does one maintain an adequate level of technical competence among personnel when there is high turnover of staff? Or how does one introduce procedures and management systems in an environment that is operating without much structure?

One Director of a national health services organization told us:

"When I started working there at that time... the organization was facing many challenges, and there were signs of collapsing because the director had just resigned, there were internal conflicts, so when I was appointed, the first challenge I confronted was to ensure the stability within the organization and to bring to together the different sections."

Whether the challenge concerns internal issues or external issues, one thing is clear, it is important which challenge you select to work on. Make sure it is one that you can have some impact on. After all, you are going to spend a lot of energy and time on addressing your challenge. Don't take on the challenge of "How can we end poverty in our country?" when your team is a small section of a department that focuses on information technology. Unless you are a national cross-sector team of highly influential and resourceful (and well-resourced) professionals, this challenge is too big for you.

Selecting the Right Challenge for Your Level

The first step on the road to becoming a manager who leads is to identify what the critical challenges you need to address in order to fulfill the promise of better health for the population and then to make a commitment to overcome the challenge and produce measurable results.

For example, an internal challenge might be a work climate that is characterized by conflict, poor leadership, or inefficient management processes, since all these would mean wasted effort and resources. External challenges could come from the overall political climate, decentralization, unions, epidemics, or high morbidity and mortality affecting not only the general population but also the

workforce. If leaders want their organizations or teams to produce results, they have to pay as much attention to what is going on inside their organization or team as to external factors.

Having an impact on health will only be possible when the internal challenges are dealt with successfully. The internal challenges may be within the control and authority of various people, according to their position in the organizational hierarchy. The challenge that you and your team choose will depend on the type of organization, department, and level at which your team works, as well as the context in which you work.

For example, policy questions cannot be resolved by personnel at the operational level. It is very important for each level in the organization to identify and effectively deal with the challenges they face. They must be realistic about which challenges are appropriate to their particular situation.

Individual assignment:

In the following case, you will have the opportunity to identify the critical challenges for leaders at various levels in the health system, related to the reorganization of a regional Family Planning clinic.

Let us practice articulating challenges. Read the following case, "The New Family Planning Clinic", and write the answers to the three questions in the space below the case:

1. What are the most critical challenges for the newly appointed director of the new Family Planning Clinic?
2. What are the most critical challenges facing the Director of the Regional Hospital?
3. What are the most critical challenges for the National Family Planning Coordinator?

The New Family Planning clinic

Key strategies of the 1994–1999 Reproductive Health Plan of the Department of Health Services of Highlands Region were to increase awareness and acceptance of services for birth spacing, especially among traditionally underserved populations; increase access to a variety of birth spacing methods; make available confidential testing and treatment of sexually transmitted diseases, and, in collaboration with the Department of Education, develop a curriculum for responsible parenthood to be taught to students in their final year of secondary school and in professional colleges. The plan called for creating within the Regional Hospital a Centre of Excellence for Family Planning. This

special Centre would provide high-quality services in a friendly and welcoming atmosphere. An evaluation conducted three years after the establishment of the new Family Planning Centre of Excellence found that it did not deserve its title of Centre of Excellence. It had faltered for the following reasons:

- a total lack of support and attention from the Director of the Regional Hospital (who also served as a temporary director of the Family Planning Centre of Excellence in addition to his work as the Director of the Regional Hospital);
- poorly trained staff;
- irregular and unreliable supply of contraceptives and surgical kits;
- mixed staff attitudes about family planning that were conveyed and affected to clients;
- a hostile labor environment;
- persistent rumors about contaminated birth control methods;
- opposition from some local religious leaders against the practice of family planning.

After digesting the evaluation report, the National Family Planning coordinator made several visits to the Minister of Health and persuaded him to lobby the region's Governor for his support in allocating sufficient resources for the completion of a freestanding Family Planning clinic and in negotiating with the labor union for its support. Some of the coordinator's first successes were the approval for such a clinic, the donation of a building, provision of some equipment and supplies, and the appointment of a director for the new clinic.

Given the difficulties in aligning the various parties to support this new Family Planning clinic, its director would have to find ways to get the clinic up and running, provide the promised high-quality services, gain the support of the union and deal with the opposition of some local religious leaders. As soon as she was hired, she began hiring competent staff, negotiating with the hospital director to get qualified staff to be seconded to the clinic, and of convincing them as well as new recruits that they were all partners in the creation and shaping of this new clinic.

Write your answers to the questions in the space provided:

1. What are the most critical challenges for the newly appointed director of the new Family Planning Clinic?

2. What are the most critical challenges facing the Director of the Regional Hospital?

3. What are the most critical challenges for the National Family Planning Coordinator?

If you want to check your answers, please see Annex 2.

These are just a few of the many challenges these three leaders face. In exercising leadership functions, managers who lead must constantly articulate their challenges, both inside and outside the organization, focus their teams on organizational priorities needed to move toward the desired future, align and mobilize people and resources, and communicate a deeply-felt sense of purpose in carrying out the change process so that they inspire dedication and commitment to the task at hand.

Most important, managers who lead must constantly find ways to enroll others and repeat the suitable message about the desired future of their clinic,

their program or their organization. In this way, they point the teams in the direction they need to go to achieve organizational objectives and create an organizational culture that will make that future a reality. When there is absence of leadership or when leaders are not effective, people develop their own understanding about what to do to make sense of the world around them, so they move in different directions. Effective managers who lead fill the leadership vacuum by providing a consistent set of answers to the questions "What do we do? Why do we do it? And how do we do it?"

In the next section, some of the leaders from other parts of the world who we interviewed talk about the challenges they faced.

What do the leaders say?

Making rural living attractive for health professionals

A regional Health and Nutrition Advisor

"I worked for close to 10 years in a health institution where there was a very high turnover of staff, particularly of health professionals. It was a semi-rural government hospital, and the high turnover of staff was really because most of the health professionals that came to this area, in particular, the doctors (though others were equally affected, such as: laboratory technicians, pharmacists, radiographers) had young families and they needed to move on from a semi-rural area to more urban settings, when their children were ready to get started with good school. This situation created some form of instability in service delivery in a society that already had high morbidity and mortality."

Her challenge was to make it attractive to health professionals with young families to make a commitment to stay for many years in the area, thus providing stability to the relationships between the community and its health care providers, and avoiding the damaging short-term commitments of young and inexperienced health professionals who had, until then, inadequately served the community's health needs.

The director of a national health services organization's challenge was to expand the services of his organization to people who were suffering. At the time, the organization only existed in three main cities and therefore was not benefiting all people who might need it. He wanted to make sure that everyone, or almost everyone, who was in need could benefit from the organization's services.

The director of a clinical research centre took on the challenge to make certain essential drugs available at an affordable price to those who needed them, in an environment that had essentially pronounced such action impossible.

The director of a national coordination body faced the challenge of aligning the multitude of actors, national and international, around a common vision in order to bring some coherence to the increasing number and variety of interventions.

Identifying and acting on a challenge

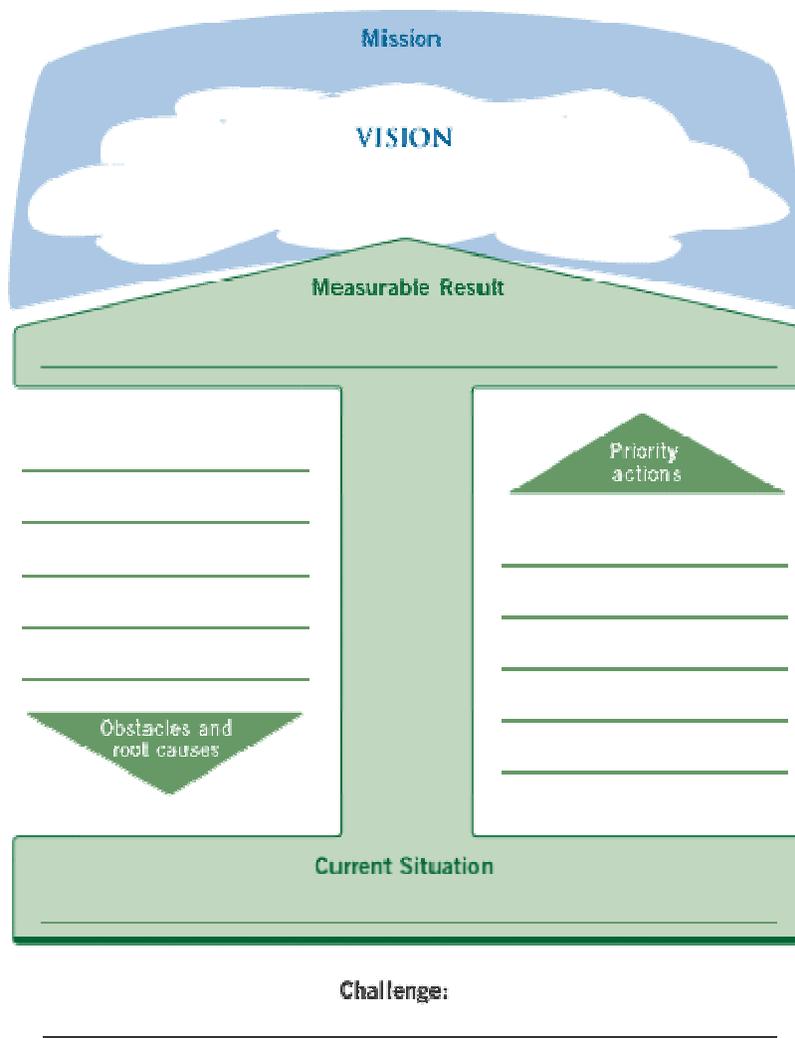
In this section, we will introduce you to the Challenge Model to identify, explore and select ways to address an important organizational challenge. This process of determining and addressing a challenge will provide each team the opportunity to practice each of the four leadership practices and, in doing so, move toward their measurable result.

What does "performance" mean?

Performance is carrying out actions and achieving results. Performance should not be confused with "effort." There can be great effort and poor performance. For example, if a team or an organization does not have the resources or the skills to perform the work, even with great effort, performance will be poor. Effort is important, of course, but if it doesn't produce results, then something is wrong, and you need to find out what is wrong. Effort without results discourages and demoralizes staff.

The Challenge Model

The model presented here, the Challenge Model, offers a systematic approach for working as a team to identify and face a challenge to achieve measurable results. The model leads you through a process going from a shared vision of a desired state that does not yet exist to creating an action plan that describes the strategies and actions necessary to produce a measurable result. In other words, it helps you move from a current situation to a more desirable future state that you and your team have identified as your vision.



How to use the Challenge Model

Step 1. Review your organizational mission and strategic priorities.

With your team, form a common understanding of your organization's mission and strategic priorities. This will help you shape your vision and make sure that it contributes to the larger organizational priorities.

Step 2. Create a shared vision.

Work with your team to create a shared vision of the future you want and one that contributes to accomplishing the organization's mission and priorities. This shared vision serves to inspire the team to face each new challenge.

Step 3. Agree on one specific desirable result.

Pick an aspect of your shared vision and select one specific, measurable result that you all want to achieve. This result is what will drive your work. Because it is specific enough to be measurable, it allows you to monitor and evaluate your progress toward achieving it.

(Note that *finalizing* the desired measurable result is an iterative process. As you learn more about the current situation and obstacles you need to overcome, you may need to adjust your stated result so that it is appropriate and realistic.)

Step 4. Assess the current situation.

Scan your internal and external environments to form an accurate baseline of the realities or conditions that describe the current situation in relation to your stated measurable result.

Step 5. Identify the obstacles and their root causes.

Make a list of obstacles that will need to be overcome in order to reach your stated result. Use root cause analysis tools to analyze the underlying causes of these obstacles to make sure you are addressing the root causes and not just the symptoms.

Step 6. Define your challenge and select priority actions.

State what you plan to achieve in light of the root causes of the obstacles you have identified. (It helps to begin your challenge statement with “How will we do...”) Then select priority actions that you will implement to address the root causes.

Step 7. Develop an action plan.

Develop an action plan that estimates human, material, and financial resources needed and the timeline for implementing your actions.

Step 8. Implement your plan and monitor and evaluate your progress.

Provide support to your team in implementing your plan, and monitor and evaluate your progress toward achieving your result.

In a process of give and take between you and the facilitators, we will complete these steps over the next few weeks. The process is not always easy but we know that leaders develop through challenges that stretch their abilities, and with the support and feedback of others. This is therefore the challenge that will help you to develop your leadership capabilities. You will also find that you need ‘Focused perseverance’ which is one of the leadership competencies that you will need to develop if you don’t already possess it. We will discuss this and other competencies in Module 4.

Vision

A Shared Vision Has Power

Some teams already have a vision; others have never articulated what it is that they, together as a team, hope to create in the future. If your team belongs to that category, the following will help you create your team’s vision.

Some think that vision should come from the top level of an organization or program. They believe that the new minister, executive director, or management team is supposed to establish the vision.

Experience has shown, however, that a vision is more powerful when people at all levels share it, or, even better, create it together, since people usually support what they help create.

A team can develop a vision of how it wants to work together to produce products or services, and the role it wants to have in the organization in the future.

The difference between a mission and a vision:	
Mission	Vision
The mission of the organization states why it exists, what it does.	The vision provides a picture of a desired future, what it wants to be.

When a team, or people from a unit, a program or an organization describes where they want to be in the future, it creates a tension between the current situation and the desired future state. This sets up something that is like a magnetic field, encouraging people to reduce the tension and move towards the desired future state.

Example of a vision:

“Our health center is known for consistently producing excellent service results and people come from all around to receive our high-quality services. We have reduced the spread of communicable diseases, and the people in our area are healthier and happier as a result.”

Creating a Shared Vision with a Team

The following steps will help you and your team create a shared vision if you don't already have one:

Step 1: Imagine the future

- Ask the participants to think about a time in the future.
- Say “Imagine it is two years from now and we are looking back. We have accomplished all that is important to us. What picture do you see in your mind that represents that accomplishment?”
- Ask each participant to write a newspaper headline reporting on your accomplishments in the year 20.... (two or more years from now).
- Each individual writes a few words to describe what has been accomplished.

Step 2: Integrate your vision with another one

- Have the participants divide into pairs and ask them to share their visions with each other.

- Ask each pair of participants to create one shared vision combining the best aspects of both visions.
- In groups of four (composed of two pairs), discuss the combined visions, and further consolidate these visions to arrive at one shared vision for each group of four people.

Step 3: Record the key elements of all the vision statements

- In plenary, ask each group of four to present its combined vision.
- Record the key elements or phrases of each vision statement on a flipchart.
- Review the elements and consolidate them to eliminate overlaps.

Step 4: Prioritize the elements

- If the list is long, ask each participant to choose the three elements that are most critical. Record them on a flipchart.
- For each element, ask how many others listed it as one of their top three elements.
- Choose the three elements of the vision that were listed most often.
- Check with the entire group to see if these three elements or phrases correspond to their vision.

Step 5: Present the shared vision statement

- Combine the elements and phrases into one vision statement and write it on a clean flipchart. Put it in the front of the room to guide further discussions.

For other Building Shared Vision exercises, including an adaptation of this exercise, refer to the tool section of MSH's leadership handbook "Managers Who Lead: A handbook for improving health services."

The Future and the Present

Your next task is to define a specific desired and measurable result that would indicate your success in moving towards your vision, such as "a 25% increase in fully immunized children under 5 in the next year."

In order to determine what it is that you actually need to do to create this result you have to know where you currently are in relation to that result. Thus you need to find out what the current vaccination coverage is. For this you review vaccination charts and discover that only 1 out of every 100 children is currently fully immunized by the age of 5.

The gap between a measurable desired result and the actual situation is rarely caused by one thing. In order to select the kinds of actions that effectively address the challenge and will have an impact it is important to understand better why the current situation is what it is and what keeps it from improving.

From medical practice we know that treating the symptoms is unlikely to cure the illness. Much effort is wasted on actions that deal with symptoms rather than root causes, which is why 'effort' alone is not enough to improve performance.

Root Cause Analysis Tools

The Fishbone Diagram

Conducting a root cause analysis

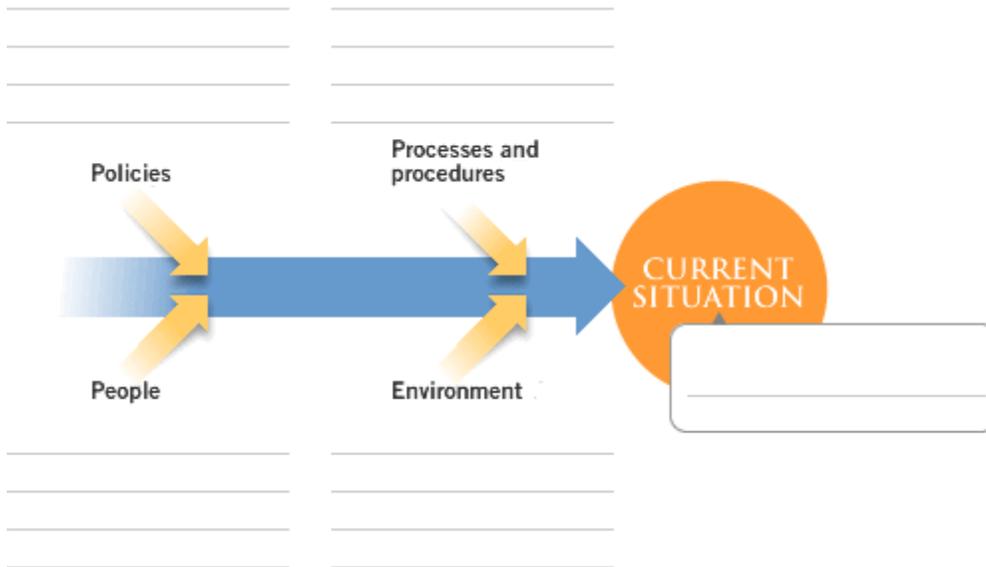
You have developed your vision and a desired measurable result. Before you develop your action plan you have to now take a closer look at the reasons why the current situation is as it is. The better your analysis the more likely your action plan will include actions that address the root causes of the gap. For example, you may find out that the low vaccination rates are related to the staff's inability to forecast vaccine needs. Or that the cold chain is frequently interrupted. Or you may find out that the reluctance of mothers to bring their babies for vaccination is due to rumors about side effects, or they simply don't know what vaccinations do.

Below are two tools that may help you get to the root cause or causes of the gap between your current situation and your desired results.

1. The Fishbone Diagram Analysis

The purpose of the fishbone diagram analysis is to identify the root causes of the current undesirable situation ('only 1 in 100 children is fully immunized by the age of 5').

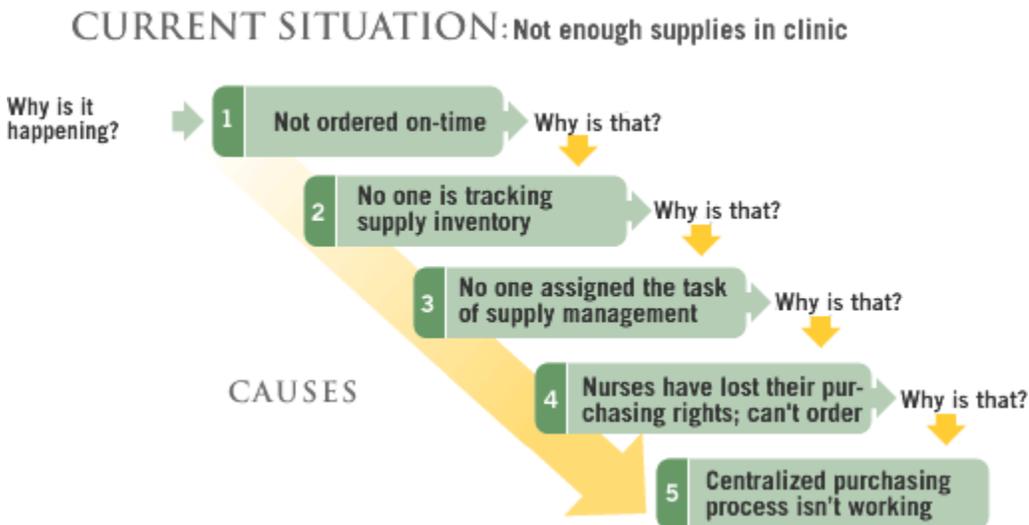
The diagram is called a Fishbone diagram because it looks a little bit like a fishbone. At the head of the fishbone diagram is a summary description of the current situation. The "bones" are used to order and group the causes that are responsible for the current situation (first major categories and then details). Label each "bone" of the "fish." Let us use the following four major rubrics to serve as the main causes (the four bones):



Each major cause can be further analyzed (the secondary bones, then the tertiary bones) by asking the question why. This will be described on the next page.

The Five Whys Method

The Five Whys method is essentially a technique of questioning that permits you to dig deep below the symptoms to discover what is really at the root of an undesirable situation. The act of asking the question “why?” several times will help you to avoid identifying symptoms as root causes. The questioning will help you to arrive at a better understanding of what must be done to resolve a problem and make a difference.



To practice this method, take a current situation that you would like to change. For example, the cold chain frequently breaks down interrupting vaccination campaigns:

Why is the current situation like this? Response: Because there is no back-up during power outages.

Why is this so? Response: Because there was no money in the budget for a back-up arrangement.

Why is this so? Response: Because no one thought about it when the budget was made.

Why is this so? Response: Because the budget was made by an accountant who does not know about the importance of an uninterrupted cold chain.

Why is this so? Response: Because technical experts do not get involved in budgeting.

Note: It is possible that asking “why” three times is sufficient. You may stop when you reach a point when you respond “That is how things are, that is life...” or when you are not able to find a useful response anymore.

From Vision to Action - Putting it all together

The following case study demonstrates how to go from vision to action using the challenge model and an action plan. Follow the example to understand the process for addressing the challenge identified by your team and moving from a vision to a clear action plan with specific activities, dates and accountabilities to move your team towards the vision.

Case Study: Ibn Sina Fund

The Ibn Sina Fund (ISF) is an NGO whose mission is to improve the health status of underserved populations. Their vision is that people in even the most remote communities know when and how to access the health care system for appropriate and effective care.

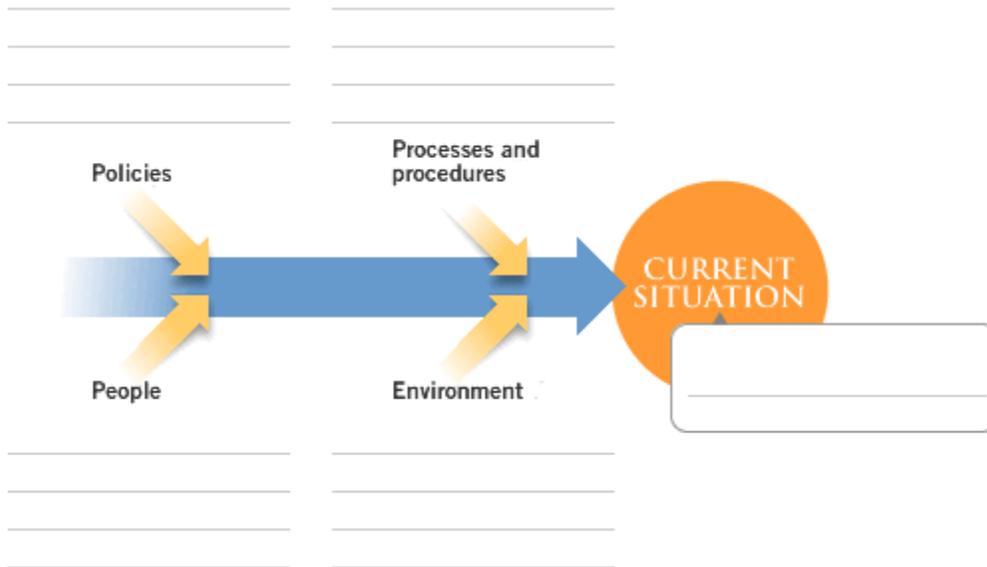
In scanning their environment the team from ISF saw that one of the cornerstones of serving underserved populations is getting the people educated about preventive health measures. Acknowledging that healthy habits alone are not sufficient, they also realized that people needed to learn when to seek professional care when certain symptoms presented themselves. The first time they wrote down their challenge they articulated it as follows: *How can we promote good health-seeking behaviors in underserved communities?*

As a first step they realized that they needed to survey these communities about their current knowledge, attitudes and behavior (KAP) related to health, since no such information was currently available. ISF mobilized staff and volunteers in different parts of the country to conduct surveys in selected communities and of primary health care facilities in those areas.

When they looked at the results of their survey they noticed that people had little understanding of the links between their behavior and their health. Moreover, those who had gone to seek medical help had often had a bad experience. The risk, as well as the time and money involved in getting to the health center, plus the often advanced state of their medical condition made such journeys very unpleasant. Once at the health center the crowded conditions and the lack of basic medicine did not help to alleviate their problems. And frequently they arrived too late. The required treatment was simply not available at the periphery of the health system. In addition, in some communities rumors were circulating about the vaccines being laced with a chemical substance that would make children sick rather than prevent illness.

Hospital and clinic managers were interviewed as well and complained that procurement of drugs, laboratory supplies and equipment had recently been centralized in an effort to respond more speedily to the large amount of funds flowing into the country for improving health care service delivery. They hadn't yet responded to a request to estimate drugs and supplies they would need, since they were understaffed and too busy. Asked whether some of their staff could help with this they indicated that no one else knew how to estimate drug needs.

Exercise: Make a list of all of the reasons above that help clarify what ISF is up against as they prepare to address their challenge. Then try to group these various obstacles in the four categories that are used for the Fishbone diagram below: policies, processes/procedures, people and environment. Use the empty Fishbone diagram provided here:



Let's continue with the case to see how ISF framed the challenge and how they used the Fishbone diagram and the Five Whys to analyze root causes.

When the ISF team filled out their fishbone diagram they saw that there were a number of causes of the problem that had to do with processes and procedures, policy, people, and the environment. Not all of these were appropriate for them to address. Go to Annex 2 of this workbook to see how well the Fishbone diagram you created matches theirs.

Then the team used the Five Whys method to get at the root causes of the most important of these primary causes. The Five Whys method can be used on its own or it can be used as the ISF team did in together with the Fishbone diagram analysis to deepen understanding of various root causes. Let's look at the results of their analysis below.

One reason why contacts with the health system had not been very positive for people from underserved communities has to do with *Policy*:

**** Access to health care system non existent at community level***

Why is that? There are not enough educated health professionals to staff health centers nears underserved communities.

Why is that? Service delivery is medicalized so only educated health professionals are allowed to dispense services.

Why is that? The policymakers are all medical professionals with many years of training and they fear lowering standards of care by opening up service delivery to people with less education.

Why is that? They have no experience with the impact of posting auxiliary health professionals or even village health workers to remote communities. They don't know about models from other countries or don't trust these reports.

Another reason had to do with *Processes and Equipment*:

*** *Lack of basic medicine at the health centers***

Why is that? The district hasn't submitted its estimates for needed drugs and supplies.

Why is that? Because the necessary calculations and paper work has not been done.

Why is that? There are too few people who can do it and the clinic is too busy.

Why is that? Only the hospital or clinic chief knows how to estimate needs.

A third reason had to do with *People*

*** *Advanced state of medical condition (people arrive too late for inexpensive and simple interventions to be effective)***

Why is that? People don't recognize serious symptoms which require immediate attention.

Why is that? They don't understand how the body works.

Why is that? The women are traditionally educated by their mothers and grandmothers, who transmit to them, unwittingly, a great deal of misconceptions and misinformation.

Why is that? Women in these areas rarely go to school where such misconceptions and misinformation could be corrected.

A fourth reason had to do with the *Environment*

*** *Crowded conditions in health centers***

Why is that? Clinics open late and close early.

Why is that? There are no consequences for health center personnel of opening late and closing early, but there are benefits.

Why is that? Some of the doctors and nurses have private practices on the side allowing them to supplement their income.

Why is that? Government salaries are low and often paid after considerable delays, and therefore not very reliable.

Based on this analysis the team decided to reframe their challenge to focus on health-seeking behavior. Thus their challenge read as follows: *how can we improve the interactions between the population (patients and their families) and the primary health care facilities in ways that promote good health-seeking behavior among underserved communities?*

Developing Measurable Objectives

Now the time had come for the team to develop their action plan. They wanted to address each of the root causes they had identified above, however, they realized that that would not be practical. They had to set some priorities and chose to focus on educating the communities about immunizations.

In order to be as clear as possible about their desired result, they used the SMART acronym. SMART is an acronym often used to help teams develop good objectives but it can also be applied to the elements of a good action plan. There are several definitions of SMART that you will read in the literature, but we prefer the following:

Specific (S): *Is the desired performance, as stated, specific enough so that it can be measured by a frequency, a percent or a number?* Having a desired performance like “ISF will help communities be more informed about health and health care” would not be specific enough. ISF decided that they had the resources to work in 10 communities. Thus their desired result was formulated as follows:

By November of this year, the health centers nearest to the 10 selected communities will see a 10% increase in the percentage of all visits for growth monitoring and a 15% increase in the number of children under 5 years old who are up to date on their immunizations.

Measurable (M): *Is the desired performance framed in terms that are measurable?* The team also knew that they had to measure the baseline of their actual performance. In order to measure the result stated above they would have to set a target (they chose a 10% increase in growth monitoring visits and an increase of 15% increase in the number of children under 5 years old who are up to date on their immunizations). Thus they would have to get baseline data from the health centers and then check the statistics in November again to determine if change had occurred.

Appropriate (A): *Are the activities in the action plan appropriate to the problem and to each of the root causes identified in the Fishbone diagram and Five Whys? Is the challenge appropriate to the goals of the team and to the mission of the organization?* The ISF team put each of their root causes on a piece of paper and wrote down all the ways they could think of that they could be addressed. Once again they asked themselves if this challenge was critical to their mission,

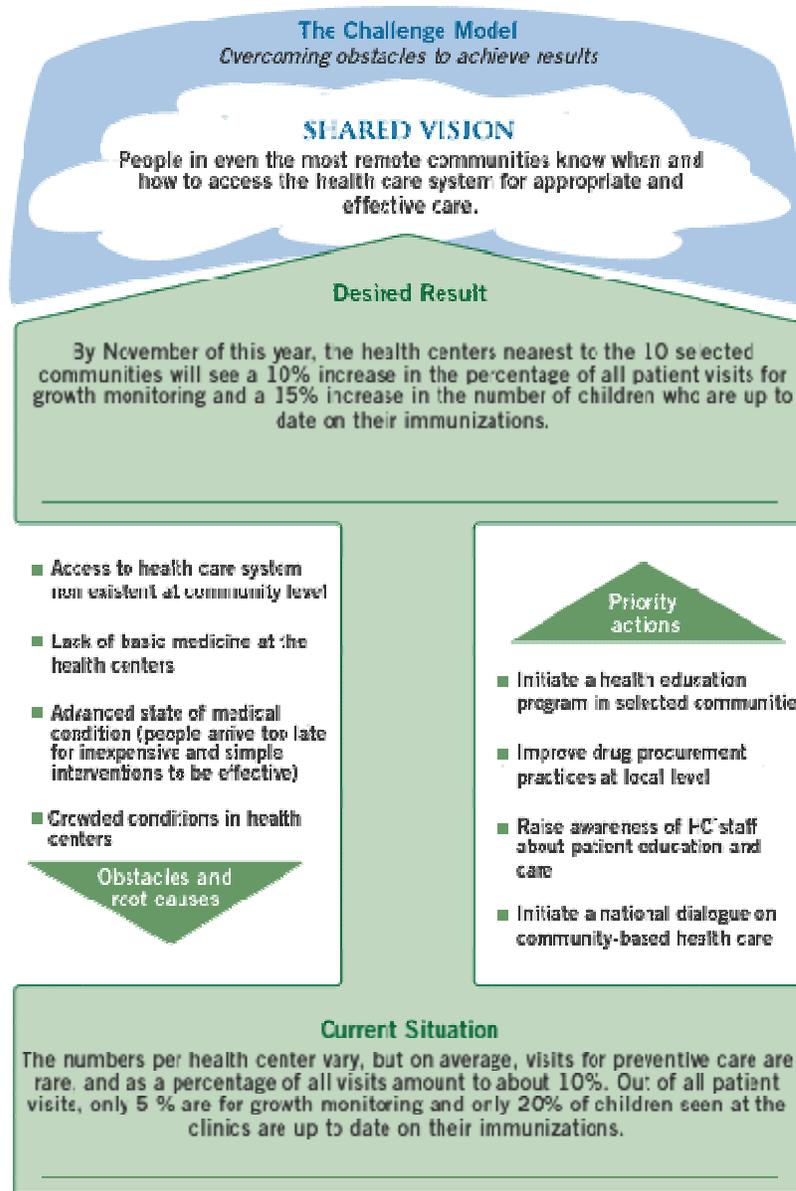
and they eliminated the ones they felt were not part of their organization's mandate.

Realistic (R): *Can the desired performance be realistically achieved in a short time frame?* Some of the root causes ISF identified in their fishbone seemed to the team to be too hard for them to solve and definitely not something to take on for the VLDP where they wanted to be able to show results in a 6 month period. This was the case for the lack of access to the health system at community level. They decided, for now, to postpone action. However, they would start to raise awareness at the central level, using their professional networks, about models of community based health care.

Time-Bound (T): *Is there a specific time period for achieving the desired performance? Can the action plan be carried out with the resources available in the time specified?* The ISF team targeted the month of November as the end date, to see the effects of their action plan. If there would not be enough resources to carry out their action plan, they would have to brainstorm about ways to get additional. All activities aimed at accessing such new resources would of course need to be added to their action plan.

Completing the Challenge Model

The next step for the team was filling out the Challenge Model. They placed the team's vision at the top, followed by the results they were seeking. Then they filled in the root causes on the left and the priority actions that would specifically address each of those causes on the right. When there was a root cause they knew they couldn't address in this action plan, as was the case with community based health services, they did not include it.



Challenge:

How can we improve the interactions between the population (patients and their families) and the primary health care facilities in ways that promote good health-seeking behavior among underserved communities?

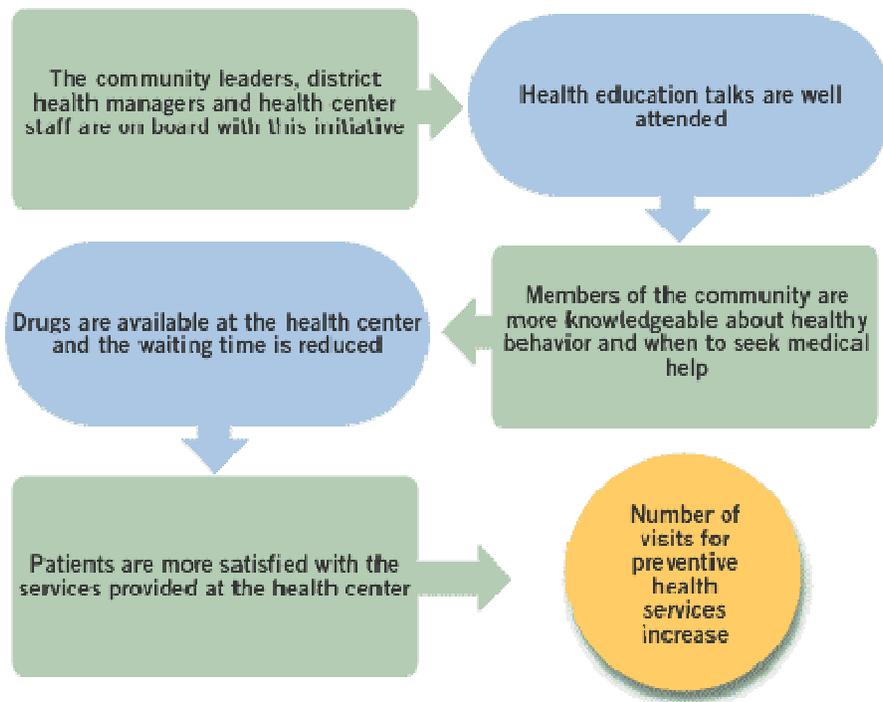
Pathways to Change - Checking the Logic of Your Plan

After you have determined the interventions that will help address the root causes of your challenge, make a “**Pathway to Change**” for the activities in your action plan to make sure you are not leaving anything important out. A “Pathway to Change” map is really just a series of statements placed in a pathway that shows how one action relates to another and how they all add up to the desired measurable result. The map often surfaces the underlying beliefs that people in an organization hold about how what they do achieves change. The idea of making a map of how a program or a plan is supposed to work came from the experience of evaluator Carol Weiss from Harvard University (Weiss, Carol. *Evaluation*. New Jersey: Prentice Hall, 1998).

Creating a Pathway to Change map forces you to answer these questions: Does every activity contribute to your desired performance? Are they logically connected? Are they sequential? You must always be able to trace a pathway from the beginning of your action plan to the goals of your organization whether it be so that people in the community have access to quality health care, or that they take better care of their own health.

One of the benefits of making a “**Pathway to Change**” is that it tells you what outputs to monitor towards your desired performance and what indicators to use. For example, ISF plans to hold health education sessions in the communities. Having completed such talks is one output that can be measured and that demonstrates progress. Another step in the pathway is that patient satisfaction has gone up. A quick survey of people who have recently used the health centers could tell ISF if this was really happening.

Below is the “Pathway to Change” map made by the ISF team to test their action plan:



Developing the Action Plan

Now the ISF team is ready to develop their action plan that explains the specific activities to achieve their priority actions to address the challenge. Based on their root cause analysis they decided their three priority actions would focus on:

1. providing health education to the communities to promote healthy living;
2. improving the health centers' provision of basic preventive health care services;
3. organizing campaigns promoting growth monitoring and immunizations in selected communities.

You can think of this action plan as a map that will start from the first step you have to take to reach your desired performance at the end of the journey.

Developing an action plan is not as easy as you might think. Your team has probably done countless action plans in the past, but you have probably not found them very useful as a management tool. We are so used to doing what we have always done, whether it be carrying out trainings or holding meetings that we forget that these activities may not be enough to affect the root causes that we identified in “Five Whys” and the “Fishbone Diagram.”

Below you will see ISF's action plan. They wrote down their challenge and their desired performance at the top of an action plan sheet. Then they wrote down all of the activities that would implement the priority actions they selected.

Action Plan of Team : Ibn Sina Fund – Preventive Health Outreach

Date: March 9, 2005

<p>Challenge: how can we improve the interactions between the population (patients and their families) and the primary health care facilities in ways that promote good health-seeking behavior among underserved communities?</p> <p>Desired result: By November of this year, the health centers nearest to the 10 selected communities will see a 10% increase in the percentage of all patient visits for growth monitoring and a 15% increase in the number of children under 5 who are up to date on their immunizations.</p>		<p>Indicators:</p> <ul style="list-style-type: none"> • Percentage of all patient visits for growth monitoring • Percentage of children seen at the clinic who are up to date on their immunizations (percentage of 1 year olds immunized with 3 doses of DTP or percentage of children under 2 with one dose of measles, percentage of children under 5 years who completed the doses of polio oral vaccine). • Satisfaction of patients with services provided • Improved KAP regarding health as measured by KAP survey 	
Activities	Person responsible	Date of start and completion of each activity	Resources
Meetings of ISF staff with central level MOH officials to agree on selected districts.	Abdulwahab	May 2005	
Meet with HC staff and community leaders in selected districts to discuss the project, identify local champions, get buy-in and review and adapt a plan for each of the communities, using this as a template	Abdulwahab	May 2005	Time of the team and counterparts, Transport to districts, refreshments

The Virtual Leadership Development Program

Sign a series of joint agreements	Abdulwahab	June 2005	Time of the team and counterparts, transport to districts, refreshments
Organize outreach campaigns with Ministry of Health teams from Child Survival and EPI programs	Sadia	June 2005	Sadia's time and transport to local radio stations
Meet to determine monitoring plan for interventions	Sultana	June 2005	Time of the team
Work with health centers, local radio stations and women's groups to initiate growth monitoring and immunization campaigns	Sultana	July and August 2005	Time of the team, District health managers and champions from the communities, transport, food and refreshments
First round of health education talks in selected communities	Hala and Rachid	July 2005	Materials and supplies, transport, Hala and Rachid's time
Study of typical case load at health centers and recommendations for skills upgrading of staff	Noha	July 2005	Transport to health centers, Noha's time
Client satisfaction survey at health centers to serve as baseline	Massoud and volunteers at each health center	July 2005	Massoud's time to develop survey and train volunteers, materials
Second round of health education talks in selected communities	Hala and Rachid	August 2005	Materials and supplies, transport, Hala and Rachid's time
Collection of indicator data, followed by evaluation meeting	Sultana	11/20/05	Time of the team, champions and

			the District health managers, Transportation, refreshments
Writing of report and dissemination of results to key stakeholders	Abdulwahab Sultana	and	12/01-12-23/05
			A's and S's time, mailing

Checking the Quality of the Action Plan

For a final check look back over the action plan for ISF and answer the following questions:

✓Do you think the activities in the plan address some of the important root causes?

✓Is the desired result SMART?

✓Have measurable indicators been defined that will tell ISF whether or not they've achieved their desired result?

✓Do the activities listed contribute individually and as a whole to the achievement of their desired result?

✓Are specific people identified to be responsible for the completion of each activity?

✓Have all the resources been identified?

✓Is there anything else that they should add to their action plan?

Group Work

The following instructions are to help the team coordinator prepare for the team meeting.

Identifying a challenge, completing a root cause analysis, and developing an action plan

In your group work session, you will apply what you have learned during this module to your current situation.

Please note that the homework for this module is the central product of this entire program and the ‘test’ of your leadership capacities. It is a considerable piece of work and cannot be completed in one meeting. Use your first meeting in this module to start on the work, which will continue throughout the rest of the VLDP.

There are four tasks (products) that your team needs to complete before the end of the VLDP related to your challenge: (1) the selection of a leadership challenge, including the statement of a desired result and a statement describing the current situation with respect to that result; (2) a root cause analysis of the factors that contribute to the current situation which you would like to change; (3) an action plan to successfully address the challenge and (4) a review of the action plan in light of a series of principles of effective change initiatives.

We hope that once you have completed these tasks, you will begin implementing your action plan.

(1) Identifying the challenge

In this first meeting start with the first task. In the section “group work” you will see instructions on how to go about doing this task as a team. When this is completed have the Module 3 coordinator send it to the facilitators for review and feedback. The facilitators will send you back your homework with some questions to consider in order to make it better or clearer. In the past, some VLDP teams had to do several iterations before the task was completed to the satisfaction of the facilitators. At that time the facilitators will give you the go-ahead to start the next task, which is the root cause analysis.

(2) Root cause analysis

We hope that you will be able to complete this task before the end of Module 3 or else early during Module 4. You will need to call another meeting for that which falls outside the scheduled meetings for each of the modules (since we don’t know when you will be ready for this meeting). When you are satisfied with your root cause analysis, send it again to the facilitator for review and feedback. You

will start the next task, the creation of the action plan after you have received the go-ahead from the facilitator.

(3) Action plan development

Again you will need to call a meeting to complete this task, which we hope happens before you start Module 6. Make sure everyone has completed reading Module 3, especially the part on action planning and the example from ISF. Then prepare your action plan using the same process and format as outlined in the ISF example. You will have to call at least one other meeting (and may be more) to complete this task. In previous VLDPs teams have done this task during Module 4 or 5 (in addition to the work required in that module, so manage your time well!) Again, when you are satisfied with your action plan, send it to the facilitator for review and feedback. And again you may expect a few iterations before it is completed. By this time we will have probably reached Module 6 which is about change.

(4) Review of action plan against change principles

In Module 6 you will learn about a series of principles that are linked with successful change initiatives. Review your action plan in light of these principles and make adjustments as needed. You can do this during your regularly scheduled module 6 meeting. After the meeting send you revised action plan to the facilitator for a final review.

Team Meeting for the first task: Identifying a Challenge

Objective

- To apply the Challenge Model to identify an important challenge that your team is currently facing.

Expected Results

- Articulation of your vision
- Agreement about the challenge your team will address
- Identification of a measurable result (SMART)
- Description of the current situation in relation to the desired situation

Approximate time: 2 hours, 30 minutes

Instructions

1. Present the objective, agenda, and expected results of the meeting. **5 minutes**
2. Review the steps of the tool. In this first meeting, limit your work to steps 1 through 4. Keep in mind that a leadership challenge is not part of your daily routine and cannot be overcome simply by being a good manager; it requires a profound change in the way that things are done; and it implies that you guide people through a change process. **25 minutes**
3. Optional : If your team has not yet created a shared vision of a desired situation, create one by asking the following question : « What do we want to create ?” You may arrive at an answer either by listening to everyone and taking notes of common themes, or through organizing a brainstorming session about the elements of this vision, or by using the drawing method. **30 minutes**. Here are instructions on how to use this method:

CREATE A SHARED VISION

Step 1. Assemble small, heterogeneous groups of four to six people. Ask everyone to dream about the future and create an image of a desired future state. Then ask each group to sketch this image on a piece of paper. The drawing keeps people from writing down slogans or abstractions that have little personal meaning or fail to inspire them.

Step 2. Ask the people in each group to show and explain their image to the others at their table.

Step 3. Have each group prepare one large drawing (flipchart size) that captures the collective dream of the people at the table. This process encourages people to defend elements that are important to them and omit elements they do not care strongly about.

Step 4. Ask each group to present their large drawings to the plenary group. If necessary, have the group clarify parts of the drawing that are not clear. If people criticize what a group drew, the group should defend the dream in such a compelling way that the rest of the groups accept it. The drawings can be altered at any time. While the small groups present their drawings, a facilitator summarizes the elements and concepts they portray on a separate board or wall chart.

Step 5. When all the presentations have been made, have the large group review the elements and concepts recorded by the facilitator.

Step 6. Invite a small group of writers to translate the elements and concepts into an inspiring piece of prose. Or ask a local artist to finalize the whole group's product.

4. Examine the obstacles to your shared vision. Try not to use the words “lack of” or “absence of”, but instead, concentrate on the factors that are present that are blocking you. Come to an agreement on a challenge that your team will address. Look at how addressing this challenge will bring you closer to your vision. **30 minutes**

5. Choose a measurable result that will indicate that your team has effectively addressed the challenge that is SMART. **30 minutes**

6. Describe the current situation in relation to the desired situation. **30 minutes**

Send the results of your meeting to the facilitators via e-mail for feedback: (1) your shared vision; (2) the challenge that your team has decided to address; (3) a desired result that is measurable; (4) a description of the current situation in relation to the desired situation.

Team Meeting for the Second Task: Analyzing the Root Causes

Note: Please do not start this activity without permission from the facilitators.

Objective

- To identify the root causes that are the reasons for the current situation (that have created or maintain the status quo).

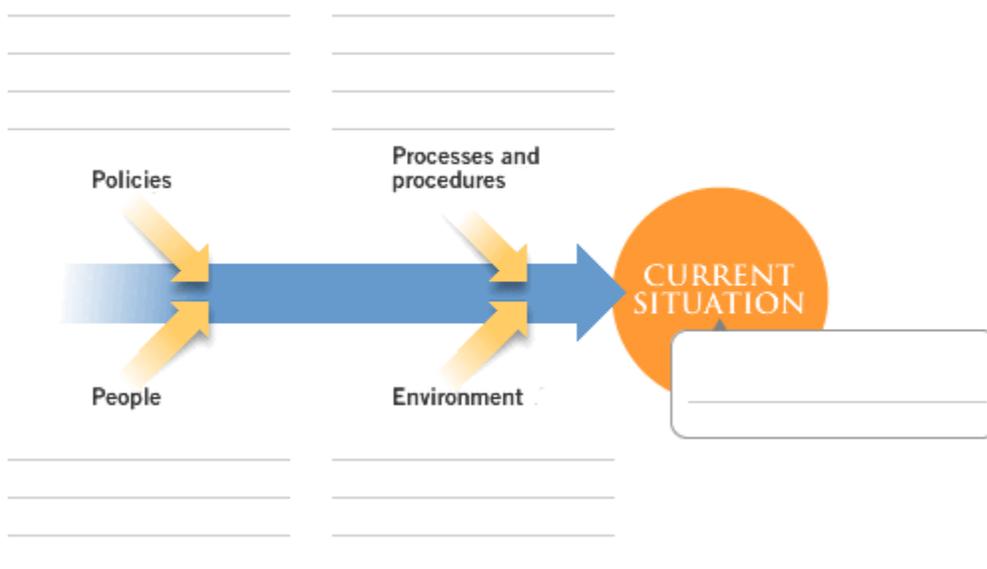
Expected Results

- A completed Fishbone diagram which contains the root causes that must be addressed in order to overcome the leadership challenge.

Time : 3 hours

Instructions

- Review the feedback from the facilitators and refine your vision, challenge, measurable results, and current situation according to their suggestions. **30 minutes**
- Construct a fishbone diagram on a large piece of paper. For each arrow, write the gap between the desired result and the current situation as defined during your first team meeting (example, low rates of prenatal consultation). **1 hour**



3. Analyze the causes of the gap. **1 hour**
 - a. Choose the principle factors that will be used in the diagram. For example, in the case study, the categories were:
 - i. policy
 - ii. processes and procedures
 - iii. people
 - iv. the environment
 - b. Draw arrows from each category to the first arrow, as it is indicated in the diagram.
 - c. Determine and write the causes for each factor that contribute to creating the gap, by posing questions.
 - d. Review the entire diagram and complete it.

4. Analysis of the « 5 Whys » **30 minutes**

Do this exercise for each of the « bones » of the diagram, finding the root causes by asking « why ? » for each answer you come up with. When you have finished, summarize the root causes that you have discovered, those that you should target for your interventions or priority actions. This is what will help lead you to your desired results and will serve as a basis for the development of your action plan.

Send the completed diagram to the facilitators via e-mail for feedback.

Team Meeting for the Third Task: Choosing Your Interventions and Preparing an Action Plan

Note: Please do not start this activity without permission from the facilitators.

Objectives

- Based on your analysis, identify the priority actions that are most likely to get rid of or neutralize one or many of the root causes and contribute in a significant way to narrowing the gap between the desired result and the current situation.
- Develop a plan with actions, persons responsible, indicators, and a calendar in order to reduce the gap between the desired result and the current situation.

Expected Results

- An action plan consists of a challenge, a desired result (SMART), indicators, and a detailed plan in the format provided.

Time : 3 hours, 15 minutes

Instructions

1. Review the feedback that you received from the facilitators and make the necessary revisions to your analysis of the root causes. **45 minutes**
2. Ensure that everyone has read the case study provided in this module. **15 minutes**
3. Brainstorm to identify the interventions that have the potential to get rid of or neutralize one or many of the root causes and would contribute in a significant way to narrowing the gap between the desired result and the current situation. This will help you to focus your limited energy. **30 minutes**
4. Identify the priority actions from among all of the suggested ideas. **30 minutes**
5. As a team, choose one or two indicators linked to the priority actions that will allow you to verify that the gap between the desired result and the current situation has been reduced or has disappeared. **30 minutes**

6. Develop an Action Plan in the format provided that will help you to address your challenge. **30 minutes**
7. Decide which leadership practices each member of your team will exercise in order to implement the necessary actions. **15 minutes**

Send your plan to the facilitators. The plan you just developed as a team is a first draft that you will have the opportunity to complete and perfect throughout the next sessions of the program. In the modules that follow, you will learn more about the aptitudes and the competencies that you need as managers who lead to address your challenges and be successful in the implementation of your action plan.

Forum Module 3: The challenge and its relationship to leadership

To conclude this module, we would like to have a conversation with you and the other participants about your team challenge.

- What is the challenge your team identified?
- What difficulties did you have as a team identifying your challenge?
- What difficulties did you find, as a team, in pinning down your challenge and identifying the causes of the gap?
- How many people attended, how much time did it take, and what were the most interesting parts of the meeting?

The coordinator should post the responses from his or her team on the program Web site. Each team's responses will appear on this page after they have been posted by the team's coordinators.

When you have read the responses, you can move on to the Café and participate in a discussion with the participants from other teams and the VLDP facilitators.

Tools and Readings

For more information on the Challenge Model and other tools we recommend :

Management Sciences for Health. "Managers Who Lead: A Handbook for Improving Health Services." Cambridge, MA, 2005.

You you can order this book from the MSH website
(http://www.msh.org/resources/publications/LandM_Handbook.html)

We also recommend the following title for those interested in further reading about how to lead a group into the future:

Kouzes, James, and Barry Z. Posner, "Seven Lessons for Leading the Voyage to the Future." In Hesselbein, Frances, Marshall Goldsmith, and Richard Beckhard (editors), *The Leader of the Future*. Drucker Foundation: 1997.

The authors mention the following seven lessons for leading this voyage into the future:

- Lesson 1: Leaders don't wait
- Lesson 2: The leader's character counts
- Lesson 3: Leaders have their heads in the clouds and their feet on the ground
- Lesson 4: Shared values make a big difference
- Lesson 5: You can't do it alone
- Lesson 6: The legacy you leave is the life you lead
- Lesson 7: Leadership is everyone's business. Leadership is not a position in the organization or a single person. It is not reserved for the few. It is a process.

Individual Reflection on Module 3

Module 4: Leadership Competencies

Purpose

You don't have to be born a leader to become one. You can learn to become a leader, if you are not already a leader, or you can strengthen your leadership skills by facing challenges and by getting support from others as you face these challenges. One of the ways you get support from others is through constructive feedback on the way you are facing a particular challenge. In this module, we will share the experiences of leaders with respect to their values and how they developed their leadership skills. We hope that this will serve as a practical guide for becoming a better leader. You will have the opportunity to think about your own values, carry out a self-assessment, and prepare a personal development plan.

Learning Objectives

At the end of this Module, you will be able to:

- identify the values and competencies you need to become an effective leader;
- identify your own leadership strengths and weaknesses;
- develop and begin implementing your personal development plan;
- revise and follow up on the team action plans developed in Module 3.

The Virtual Leadership Development Program

	Topics	Activities	Time
INDIVIDUAL	Personal mastery	1. Reading	20 minutes
		2. Exercise: Personal Reflection on Values	30 minutes
	Leadership competencies and individual development plan	3. Exercise: Determining Your Leadership Competencies	1 hour
		4. Reading	10 minutes
		5. Exercise: Create an Individual Development Plan	30 minutes
Total individual time			2 hours, 30 minutes
GROUP		Group work	2 hours, 30 minutes
		Forum	15 minutes
Total time for module			5 hours, 15 minutes

"If you want to change the world, change your country. If you want to change your country, start with your city; before changing your city change your neighborhood; to change your neighborhood first change your family; and if you want to change your family, start by changing yourself."

Confucius

In Module 2, we noted that leadership involves not just "doing," but also "being." Your work as a leader begins with yourself.

Effective leaders have a high level of self-awareness and are committed to an ongoing process of self-improvement, learning, and personal mastery. According to Senge, leadership involves *"the discipline of personal mastery [which] starts with clarifying the things that really matter to us, living our lives in the service of our highest aspirations."* In concrete terms, he continues, this refers to *"the discipline of continuously clarifying and deepening our personal vision, of focusing our energies, of developing patience, and of seeing reality objectively."* (Senge, 1990:7–8).

"Personal mastery is... the discipline of personal growth and learning. Personal Mastery goes beyond competence and skill. It means approaching one's life as a creative work. People with high levels of personal mastery are continually expanding their ability to create the results in life they truly seek."

"When personal mastery becomes a discipline—an activity we integrate into our lives—it embodies two underlying movements. The first is continuously clarifying what is important to us. The second is continuously learning how to see current reality more clearly. The juxtaposition of vision (what we want) and a clear picture of current reality (where we are relative to what we want) generates what we call 'creative tension': a force to bring them together, caused by the natural tendency of tension to seek resolution. The essence of personal mastery is learning how to generate and sustain creative tension in our lives." (Senge, 1990)

Personal Mastery

What Do the Leaders Say?

We asked a number of people who are recognized as leaders in health about their personal perspectives on leadership and the factors they consider important in their own personal development as a leader. It is clear that there are many different influences, and that leaders develop in a variety of ways. Sometimes their families played a major role, sometimes it was about seeing injustices and realizing that someone has to take action, sometimes they were inspired by other leaders and wanted to follow in their footsteps, or sometimes they were simply presented a challenge that they wanted to face.

For one leader it was the support of her family that was important in nurturing her leadership skills:

"I have always had a very supportive family. In my family we talk about everything that affects our lives, we listen to one another's dreams, and we take each other seriously no matter how one's dreams may seem impossible on the surface. Just having an attentive family and knowing that I could sit down with members of my family and dream away, and that they wouldn't see me as crazy or anything like that."

But so were some of her earlier workplaces: *"I had a very conducive work environment in the hospital. We all got on very well as staff and we created opportunities for one another where this was called for. There was never a feeling that if a new innovation didn't work out, one would land in trouble. There was a supportive atmosphere that encouraged people to be creative."*

Another mentioned the environment in which he grew up as a critical influence in propelling him into a leadership position, even though he never saw himself as a leader (but others do):

"I grew up in an environment where there were a lot of social injustices, socially and economically, and I have been involved in the struggle for demonstration of our people, that is the black people, students, women, and so on. So these situations have actually built me, particularly the suffering of our people."

The director of a clinical research center mentioned the role of other leaders, and the experience of being led well, as formative influences in his own development as a leader:

"I didn't set out to be a leader. I set out to be a good worker... and be led by people who know better than me. I have been able to learn from good leaders and [this has helped me to] appreciate the problem of leaders, and appreciate the problem of people being led. [This] has helped in informing what sort of leadership skills are important for success."

Once in leadership roles, other factors became important, such as the importance of developing greater self-knowledge. As one of the leader's comments:

"I think the importance of knowing oneself is to know your strengths so that you can maximize them for the benefit of the organization that you are working for and for the benefit of the team that you are working with. Also, to understand your weaknesses so that you can begin to address those weaknesses. Because if you don't understand your weaknesses, a lot can happen, you can destabilize everything around you."

And finally, it is important to recognize why one is leading:

"[It's about] being constantly mindful of the fact that all efforts are not about personal achievements, they have to do with reaching the desired outcomes meant to benefit people who rely on goods and services provided."

The discipline as a leader involves the practice of stepping back from time to time:

"You have to take time out every now and again. That is, stop and take that "helicopter view" of things. Often one gets so involved and immersed in things that one loses sight of where they are. I sometimes become really hard on people, or I tend to push them beyond their limits; or I become too hard on myself and as such fail to see direction clearly. When I get to this point then I know I need to step out of the madness of work, and look at myself and my preoccupations, somewhat from the outside. "

The role of values

"If you look to lead, invest at least forty percent of your time managing yourself, your ethics, character, principles, purpose, motivation, and conduct"

(Hock, 1996)

To lead, you need to take a critical look at the values that influence your actions. What are your values? How are they reflected in your work? Do your values help your team confront its challenges and move forward? Do your values contribute to building and maintaining good relations among the members of your team?

Values are based on profound beliefs learned early and reinforced at key times throughout life. Successful leaders know and understand their values and the beliefs that sustain them. They are aware of the way in which their behavior reflects their values, and they intervene when this is not the case by either adjusting their values or changing their behavior.

What Do the Leaders Say?

One of the leaders we interviewed comments on the values of respect, honesty and sensitivity to others:

"One is to be honest in what you are doing and also to be sensitive to fellow colleagues and partners, highly sensitive of their needs, sensitive of their achievements and being able to appreciate them, that skill of partnership network was very, very vital."

Another emphasizes the value of good process, which is about how you work together, as opposed to what you work on:

"We had clear outcomes that we wanted to achieve, but we also recognized that it is equally important to pay some attention to process. I worked very diligently on improving my facilitation skills, skills necessary for someone who is driving a participatory process. It became important to make sure that people recognized the importance of every little step that they took in advancing our efforts. Even before achieving the anticipated outcomes, just taking cognizance of the fact that every step made in the right direction was important, and that it would add up to the next step. In this way were able keep our energy levels high."

Another comments on the value of favoring collaborative partnerships, which implies that you need to budget time for coming to a final decision:

"I got everyone to contribute to the improvement of the document... I even had external assistance provided to us by our development partners to fine-tune the document [...] All stakeholders were involved in the effort, the private sector, the public sector, and civil society. For two months we worked on the document in subcommittees and that is how we validated it."

A religious leader who has inspired people in many different countries to work together on combating the ignorance and misunderstanding - even among religious leaders themselves - with respect to family planning, reproductive health and sexually transmitted diseases says this:

"[...]being honest with myself and trying to be objective and putting myself in other people's shoes to understand how they're feeling, I think, helped me. But also probably my background of having both theological and educational training and experience as a teacher... And my faith in God that once you are being your self, and are doing good the best you can, while acknowledging the mistakes, nothing should really be in your way. If you're not selfish and you're not doing it for selfish reasons, why should it fail?"

One of the important functions of a leader is to empower others. Thus the value of empowering and developing others:

"I have had an approach of promoting ownership; making my colleagues... feel that they own the program as much as I do. I try to motivate them at work and to make them see all the achievements as their own. I also try to promote their career development within the workplace, and so, I have got people who have worked with me for over 10 years who have advanced in their own areas of specialty. I have members who joined as very junior staff, but now got university

degrees. So, job satisfaction has been part of our program, secondly making all staff part of the success story, and thirdly but most importantly, getting them to understand and to keep focused on the work at hand."

And finally, the value of concern for others which is shared by all the leaders we interviewed. Working in places where many health workers are traumatized, preoccupied with their own safety and that of their families, it is important to remember our own staff and their daily struggles:

"If, for example, someone on the staff is not performing according to expectations for whatever reason, you must be flexible, you must be able to help... you must be a hands-on person, don't sit in the boardroom... you must always be there so that you can understand the challenges that they face on a daily basis, then you would be a good leader."

Empowering and developing others also means that you have to value letting go:

"[It's about] being able to let go. There is a point in time when one has to work very hard on something, working with people until they have grasped what it is that was being undertaken. Once the work is done, or an aspect thereof, an effective leader knows to let go and allow people to get on with their lives, thus allowing them to move forward without feeling the need to be controlled and monitored."

... and trust that others can do well if you let them:

"Everyone has his or her place in the team, everyone is needed, as we know so little about their strengths and weaknesses. This management of trust is like the affective glue that holds the team together. This needs particular attention, since people need to feel confident so that they can contribute their share to the team's work."

Some people say that the core of leadership is about ethics and ethical behavior, and a deep respect for human rights:

"The fundamental value of my experience as a leader was ethics, ethics and human rights. [...] Human rights, as we have demonstrated in our country, and proved to the United Nations Commission on Human Rights. Access to treatment is a fundamental right, it is a human right."

The values of the six leaders interviewed for this VLDP and the values identified in the leadership study that we mentioned in Module 2 are very similar. In that study, we found several commonalities that related to values among the leaders we interviewed then. We recognize those again in the leaders we interviewed for this VLDP.

What all these effective leaders have in common is that their behavior had a direct effect on their workgroup's climate. And this then influenced how their staff and peers felt and behaved. The work units (organizations, divisions, directorates or departments) were all described as:

"Operating truly as a team—sharing information and ideas and collaborating in the decision-making process, in which everyone demonstrated commitment towards the team's shared vision—staff believe in their work, are dedicated, hardworking and produce quality work, while they continue to maintain an environment of trust."

A reflection on values at work

We have presented a number of different values that the leaders recognize as underlying their actions. The Mansoura Hospital case below reveals a difference in emphasis in the values of the executive director and the staff. As you read this case, think about your own values.

Instructions:

- Read the "Mansoura Hospital case."
- Remember the challenge your team chose in the previous module.
- Analyze what values support:
 - the challenge you chose
 - the way you are going to address it
- In the space that follows the case study write down what you find. Bring this to your next team meeting.

The case of Mansoura Hospital

The director of the Mansoura Hospital had decided that he needed to restructure the hospital to decrease costs and achieve financial autonomy. Members of the hospital staff were informed of his plans after he had made up his mind. They understood the importance of cost reduction, but they were also fearful about the possible impact that restructuring would have on them. They were worried about

work overload, and some imagined that they might lose their jobs if they were not able to do their jobs well in the restructured hospital, whatever it may look like.

What do you think were the most important issues for the director in this situation? What values were behind his decision? What do you think the values are from the staff's point of view?

Issues and values from the director's perspective	
Issue	Value
Reduce costs	Financial autonomy
Maximize use of resources	Efficiency and productivity
Show leadership ability	Decisiveness, effectiveness

Issues and values from the staff's perspective	
Issue	Value
Maintain the quality of their work	Excellence in work
Maintain reasonable workloads and job security	Balance, quality of life
To be heard, consulted	Respect and participation

Actions are not value-free. Leaders need to continually examine the values and beliefs that underlie their actions and to question whether their values foster right or wrong decisions and actions.

In this example, the hospital director may attach greater value to decisiveness, (financial) autonomy, and efficiency/productivity than to quality of the employees' life and participation. In situations where values compete, a good leader can create a shared vision in which people with different values may find common ground. Valuing participation involves believing in people's ability to make commitments and responsible decisions. If the value of participation had prevailed in the director's mind, he would have solicited his staff's input about the problem and possible solutions, and he might have explored with them the consequences of failing to meet the objectivities of sustainability and productivity.

Contextual and psychological factors influence how values are ordered—what is important in one situation may not be as important in another. External pressures can also reorder people's values. Nevertheless, for most of us, there are some values that are nearly sacred; we would be very hard-pressed to give them up.

Think about which values you consider your “sacred” values, in other words, what are the values you are not willing to compromise under any condition?

Leadership Competencies and individual development plan

We have just seen how important it is to examine our values so that we can change, reorder, or abandon them when circumstances change or when we change ourselves. As we do this, we are engaged in a continuous learning process of deepening our understanding of how our values influence our behavior, and living these values in the workplace. But leaders also need to have certain competencies to effectively exercise the four leadership practices of scanning, focusing, aligning/mobilizing, and inspiring and the four management practices of planning, organizing, implementing, and monitoring and evaluating to lead their team or their organization to a desired state.

To help you better understand your own level of competence in each of the ten areas, we invite you to complete a leadership competency self-assessment. Try to respond as honestly and spontaneously as you can to the following 75 questions, stating how you are now rather than stating how you would *like* to be.

The Leadership Assessment Instrument (LAI)

Instructions:

Step 1. Read each of the 75 items and rate yourself according to the scale below.

Rating Scale

1	Rarely demonstrate behavior
2	Sometimes demonstrate behavior
3	Often demonstrate behavior
4	Very Often demonstrate behavior
5	Almost Always demonstrate behavior

Step 2. You may complete this exercise in your workbook before posting your answers on the Web site, however, you must complete the exercise on the Web site to receive your individual profile. Click on the submit button at the bottom of each page to proceed to the next set of questions. You may want to print your results for your records.

Remember that **the validity of your results and the usefulness of these results to you is directly related to how honestly you answer the questions.** In any self-assessment, it is very important to be honest with oneself.

Linkage, Inc., *Leadership Assessment Instrument: Self-Managed Assessment* (Lexington, MA: nd)

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Leadership competencies self-diagnosis

Fill out your responses assigning each function a point score of 1 to 5, as indicated below.

Assign each function a point score of 1 to 5, as indicated below:

1	2	3	4	5
Rarely demonstrate behavior	Sometimes demonstrate behavior	Often demonstrate behavior	Very Often demonstrate behavior	Almost Always demonstrate behavior

Answer these questions

In my day-to-day work as a leader, I...

1. ___ Maintain focus when disruptions might detract attention from key issues and objectives.
2. ___ Act decisively to make things happen.
3. ___ Exhibit consideration of the feelings of others when or before taking action.
4. ___ Create a positive environment through the use of sincerity and optimism.
5. ___ Create a view of the future that motivates others.
6. ___ Display trust in others by giving them additional responsibilities.
7. ___ Ask "What if?" questions to test assumptions and challenge the status quo.
8. ___ Search for and conceptualizes the underlying or systemic causes that drive a problem.
9. ___ Take steps to make sure that new ideas are integrated with established procedures or processes.

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1	2	3	4	5
Rarely demonstrate behavior	Sometimes demonstrate behavior	Often demonstrate behavior	Very Often demonstrate behavior	Almost Always demonstrate behavior

10. ___ Display rigor and discipline in thinking in difficult situations.
11. ___ Successfully provide a visible anchor for others in times of great change, e.g., by reaffirming key goals or values.
12. ___ Use a variety of methods (reason, inspiration, etc.) to help individuals attain higher levels of performance.
13. ___ Represent and articulates viewpoints in a way that positively influences the dialogue.
14. ___ Use fact and argument to create a meeting of the minds among stakeholders with differing viewpoints.
15. ___ Fashion solutions by synthesizing and applying relevant information or data.
16. ___ Am able to pick out and target the projects or initiatives that require special attention.
17. ___ Strive to set and achieve ambitious goals rather than settling for the safety of achievable results.
18. ___ Treat each person differently according to his or her own unique makeup.
19. ___ Demonstrate maturity in reassuring teams and/or individuals in the face of setbacks.
20. ___ Gain the trust and loyalty of others by fulfilling the commitments made to them.

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1	2	3	4	5
Rarely demonstrate behavior	Sometimes demonstrate behavior	Often demonstrate behavior	Very Often demonstrate behavior	Almost Always demonstrate behavior

21. ___ Display confidence in individuals by delegating key tasks or functions.
22. ___ Seek better solutions to problems instead of falling back on obvious ones.
23. ___ Intuitively form ideas that clarify the many possibilities in a complex situation.
24. ___ Adhere to processes to make sure that the right people are involved in a project.
25. ___ Thoughtfully reach decisions by reviewing ideas and assumptions with key individuals within the organization.
26. ___ Help detect or resolve team breakdowns resulting from change.
27. ___ Help others recognize their areas of weakness in a constructive, beneficial manner.
28. ___ Communicate effectively with individuals up, down, and across the organization.
29. ___ Balance the interests of different constituencies to reach "win-win" solutions.
30. ___ Employ thorough analysis and pragmatism to sort through options and reach timely decisions.
31. ___ Display single-mindedness in directing energy at key targets.
32. ___ Overcome potential stumbling blocks to achieve an objective.
33. ___ Take into account the impact of emotions and feelings on a situation.

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1	2	3	4	5
Rarely demonstrate behavior	Sometimes demonstrate behavior	Often demonstrate behavior	Very Often demonstrate behavior	Almost Always demonstrate behavior

34. ___ Demonstrate an ability to control and filter emotions in a constructive way.

35. ___ Stimulate strong commitment to collective efforts through praise and recognition of individual contributions.

36. ___ Display a strong commitment to the success of others by providing clear feedback on issues or behavior.

37. ___ Demonstrate an ability to create new business ideas by thinking out of the box.

38. ___ Make connections between and among information, events, etc, that reveal key issues or opportunities.

39. ___ Talk about and perceives the organization in terms of critical and highly interrelated work processes.

40. ___ Crystallize thoughts by deliberately and systematically steering through ambiguity and information clutter.

41. ___ Am able to convince others of the need for change due to critical organizational objectives.

42. ___ Identify and confront critical developmental issues or barriers with respect to peers, reports, etc.

43. ___ Distill ideas into focused messages that inspire support or action from others.

44. ___ Find common ground to accommodate the conflicting needs and wants of different stakeholders.

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1	2	3	4	5
Rarely demonstrate behavior	Sometimes demonstrate behavior	Often demonstrate behavior	Very Often demonstrate behavior	Almost Always demonstrate behavior

45. ___ Spot what is at the root of a problem; i.e., distinguishes its symptoms from its causes.

46. ___ Focus on key tasks when faced with limited time and/or resources.

47. ___ Display a willingness to do whatever it takes to get it done.

48. ___ Understand the various psychological and emotional needs of people.

49. ___ Model how to handle failure by accepting setbacks with grace and renewed determination.

50. ___ Set a clear example for others by following through on important commitments.

51. ___ Give others the power to participate in decision making and to share in the responsibility.

52. ___ Demonstrate creativity in developing and/or improving ideas and concepts.

53. ___ Come up with new concepts or distinctions that better organize the interpretation of ambiguous data, information, or events.

54. ___ Ensure successful implementation by building and connecting processes within the organization.

55. ___ Critically and thoroughly analyze the data available on alternatives when seeking the best solution to a problem.

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1	2	3	4	5
Rarely demonstrate behavior	Sometimes demonstrate behavior	Often demonstrate behavior	Very Often demonstrate behavior	Almost Always demonstrate behavior

56. ___ Learn and develop new skills or behaviors to adapt to constant, sometimes turbulent change.
57. ___ Instill a sense of confidence in others - even those who are convinced that "they can't do it".
58. ___ Present opinions accurately and persuasively - both one-on-one and to a group.
59. ___ Persuasively use relevant data or information to gain the needed sponsorship or buy-in from others.
60. ___ Break down a problem or a situation into discrete parts that are easier to manage.
61. ___ Devote at least 80 percent of time to the top 20 percent of priority list
62. ___ Display stamina and energy over the long-term in achieving high standards of performance.
63. ___ Consider the impact of own behavior or decisions on other people.
64. ___ Consistently express myself in moods that invite participation and open up communication.
65. ___ Inspire dedication to the organization's shared goals and values through own visible actions.
66. ___ Provide whatever is needed to help others take charge of their work and successfully produce results.

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1	2	3	4	5
Rarely demonstrate behavior	Sometimes demonstrate behavior	Often demonstrate behavior	Very Often demonstrate behavior	Almost Always demonstrate behavior

67. ___ Create innovative concepts that have growth or profit potential.
68. ___ Ask questions to try to form a complete picture of seemingly unrelated information, events, etc.
69. ___ Demonstrate a commitment to build processes by documenting critical action steps and organizational learnings.
70. ___ Think through problems in a logical and well-organized fashion.
71. ___ Recognize and helps remedy individuals or collective barriers to the implementation of change.
72. ___ Help others work their way through problems or crises.
73. ___ Effectively communicate to all those who need to be informed.
74. ___ Reach agreements with individuals (internal and external) for the benefit of the organization.
75. ___ Figure out how to solve problems, even those that appear hopeless.

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What do your assessment scores mean?

The assessment measures five essential leadership competencies and five skills. The competencies are each made up of two linked and complimentary elements. For example, focused drive is a combination of focus and drive. Without focus, drive is less useful.

The assessment consists of five questions to measure the presence or absence of each of these behaviors in your behavior, and the strength of each behavior or skill. The graphic below illustrates your results. The length of each bar indicates the percentage that you have scored for each of the competencies and skills. The longer the bar, the more this competency or skill is present in you.

You can read the definitions of the competences and skills in Annex 1.

- On which competences or aptitudes did you score the lowest?
- On which competences and skills did you score the highest?
- What surprised you about your results?

Record your responses in this table:

Highest ratings	Lowest ratings	Surprises

The leadership assessment tool is based on research conducted by Linkage, Inc., with the help of Warren Bennis, University Professor and Distinguished Professor of Business Administration at the University of Southern California and the founding chairman of USC's Leadership Institute.

We have already discovered in Module 2 how hard it is to assess ourselves. Without realizing it we may be underestimating or overestimating ourselves. Ask someone who you trust and who knows you well to comment on the outcome of your self assessment (your scores). Ask for his or her feedback, and try to listen to the feedback without explaining or defending yourself. Consult the definitions (Annex 1) when you are not sure what a competency is all about. The

competencies for communication and change are explained in greater detail in Module 5 and 6 which you will be starting soon.

As we stated in Module 2, your own leadership development and your work as a leader is an ongoing process that begins with understanding yourself.

Remember that everyone can develop or strengthen his or her leadership competencies. In spite of the common saying that leaders are born, not made, most leaders have worked extremely hard to develop or strengthen their leadership competencies. History provides numerous examples of people who have risen to a challenge and in doing so became a leader. Sometimes a critically important challenge is thrust upon them, and they respond by inspiring and motivating people to address the challenge. In other instances, they identify challenges after receiving feedback on their own performance from others. Finally, some leaders develop their leadership competencies through support from mentors, associates, or colleagues.

Now that you have completed this self-assessment, you will have gained some insight about how well you are doing with respect to the following competencies:

- Focused drive
- Emotional intelligence
- Trusted influence
- Conceptual thinking
- Systems Thinking
- Change management
- Coaching/Mentoring
- Communication
- Negotiation
- Problem solving

You should also have checked your assessment with at least one trusted colleague. We hope that the self-assessment has also given you some guidance on where to concentrate your efforts as you continue to strengthen your leadership competencies.

Now let's see what the leaders whom we interviewed have to say about these leadership competencies.

What Do the Leaders Say?

Here are some examples of how the leaders we interviewed use the ten competencies:

The story of the director of the clinical research center illustrates the importance of conceptual thinking to help set direction:

"[I] learn[ed] as much as possible about these kinds of drugs. It was then a new subject, and I equipped myself with as much knowledge about it as I could. I [also] got to know the cost of the drugs, which was prohibitively expensive. I learnt about the benefits and problems associated with their use and then I put the lessons learned in our local perspective considering the kind of people who would be able to benefit from the drugs. This background helped me to plan."

The health and nutrition advisor gave us an example of emotional intelligence by explaining how she deals with people who are not ready to follow right away:

"I continued to be very friendly with the people who [who disappointed us in the effort] at critical moments in the development of the project. I kept an open mind and ensured that people were kept informed about developments within the... project. People were welcomed and made to feel free to join in the project activities when they were ready. We didn't begrudge anyone for not coming on board at the start of the project. As and when people were ready they came in, they did. In the final analysis, the community really came on board and contributed significantly in efforts to grow the school."

The director of a national patient organization illustrates the competency of focused drive and communication when he says:

"You must keep on communicating the vision of the organization, because that enables you to make people come and attend and understand that what we are here for in the organization and that keeps on motivating them."

The following is a good example of systems thinking. This leader looked farther than the present when she realized that better health care needs to take into account the factors that contribute to the constant coming and going of young and inexperienced health professionals in the community.

"I worked for close to 10 years in a health institution where there was a very high turnover of staff, particularly of health professionals. It was a semi-rural government hospital, and the high turnover of staff was really because most of the health professionals that came to this area, in particular, the doctors (though

others were equally affected, such as: laboratory technicians, pharmacists, radiographers) had young families and they needed to move on from a semi-rural area to more urban settings, when their children were ready to get started with school. This situation created some form of instability in service delivery in a society that already had high morbidity and mortality. The large number of young doctors opted to serve in small community hospitals to gain experience in their new careers. So in the case of the hospital in question, because there was never a category of doctors who had much experience, who had lived in the area long enough, the community was somewhat left out of the picture as regards their rights and responsibilities in their own health and development. The end result was an uninformed community, which readily left all health related decisions to the doctors. The downside of this was that major decisions were being left in the hands of doctors who would not have worked within the community long enough, and who themselves had very little experience. The end result was a highly undeveloped society in terms of what they felt able to do for themselves as regards taking their health needs in their own hands.”

Another leader referred to the notion of trusted influence when he explains how he got his colleagues on board. His humility and vulnerability towards his colleagues helped to create this trust:

“I shared that vision, this view of the future with them, and now my team is beginning to understand where we want to go. That was the first part and it was not easy, but by remaining open [I could do it]. We have come to realize that the more vulnerable you are vis-a-vis the people who work with you, the more you can exert a positive influence over them.”

Putting it all together: practices, competencies and values

Now that you have explored your own values and competencies, let's integrate them into the context of the challenge you have chosen and your analysis of the four basic practices in Module 2 to create a leadership development plan based on your team's challenge.

The following picture shows the relationship among values, competencies, leadership practices, and the challenge.

The challenge is what stimulates the leader, who applying the four leadership practices of scanning, focusing, aligning/mobilizing, and inspiring, encourages the team to discover the best ways of facing that challenge.

The effectiveness with which you will be able to exercise the four practices is determined by degree to which you have developed the ten leadership competencies. In addition there are the values, the driving force that sustains the leaders momentum and motivation to overcome obstacles and difficulties,

maintaining the consistency that produces confidence and keeps the team inspired.



We hope that by now you have come to realize that everyone has leadership potential, and everyone can become better at leading. No one starts from scratch: each person has strengths to build on as they develop the parts that need attention.

Individual development plan

We have said earlier that people develop their leadership capacity when they take on a challenge, get support and feedback. By now, your team has hopefully identified a challenge, and, by getting to know one another better, you are also hopefully providing one another with support and even feedback. This will help you entire team to develop its leadership capacities.

Having reflected on how well you apply the leadership practices, your scores on the leadership competencies and your values, you may also want to put together a personal leadership development plan. Developing your own leadership capacity takes effort and intention, so unless you have a plan, this is unlikely to happen (remember, planning is a management practice!).

In developing this plan, think about the competencies you want to improve. Don't take everything on at once. Focus on a competency in which you are weak, or further strengthen one in which you are already doing well that will help you compensate for weaknesses elsewhere. Or do both. Review once more:

- the challenge your team identified, and what might be the implications for you, as a personal challenge. For example the team's challenge might

- imply that you need to become a better public speaker, or negotiator;
- your strong and weak points with respect to the four basic leadership practices in Module 2. For example, you may realize that you need to become better at inspiring others;
 - your strongest and weakest leadership competencies. For example you realize that you need to become a better communicator;
 - the values that you hold dear. For example you may realize that although you value trust, you don't often act to inspire trust in others.

To help you develop your personal leadership development plan, fill out the first chart (4A) in Module 4 below with the information from the previous exercises.

Chart 4A: My leadership profile

Values	Strong points and weak points in competencies	Leadership practices	Team challenge

When you have completed the chart, study it, and ask yourself the following question:

- What competencies do I need to strengthen to address the challenge more effectively?

Choose no more than three competencies, and fill in the next chart (4B). To help you define what you want to improve, you can review the definitions of the competencies in annex 1.

Chart 4B: Personal leadership competencies development plan

Competencies that you would like to improve	Why do you want to improve this competency?	What actions will you take to do so?	From whom will you seek support in order to achieve this?	How will you know that you have improved?

Facing the challenge with support and feedback from your group will be the most effective way of developing the competencies you have chosen. It is also important that you accept that you may have weaknesses that need to be improved; otherwise they will stand in your way as a manager who leads. In this program, we have chosen to focus on two of the ten competencies and skills because they are commonly cited as weaknesses of managers who lead and because we believe we can address them well within the format of this VLDP. These competencies are communication and managing change. We will address those in Module 5 and Module 6.

Group Work

The following instructions are to help the team coordinator prepare for the team meeting.

Requirements for the meeting

- Remind your team of the date and time of your Module 4 meeting. If you need to change it make sure you communicate the changes to the facilitator. Try for complete attendance if at all possible.
- Block at least 3 hours and 15 minutes of uninterrupted time for the meeting.
- Select a comfortable room in which you can work without being disturbed.
- Tell people to bring their workbooks with their individual development plans ready to share.
- Have flipchart paper and markers or a blackboard and chalk ready.
- Have Charts 1 and 2 prepared, as shown in Module 4 of your workbook.
- Before the meeting, the coordinator should fill in the “challenge” column of the chart with the challenge chosen by the group in Module 3 and the “practices” column with the average ratings obtained as a group at the Module 2 meeting (bottom line of the chart in Module 4 of your workbook).

Time: 3 hours, 15 minutes

Objective

- Carry out an assessment of team values and leadership competencies with respect to the challenge.
- Revise and follow up on the team action plans developed in Module 3.

Expected results

- a better understanding of team values and the team’s profile of leadership competencies that are relevant to the selected challenge;
- an action plan that incorporates the suggestions and comments of the facilitator and an understanding of where the team is in working on this action plan.

Please note: The work that you started in the preceding module continues. Please respond to the questions that the facilitators pose to you about your identified challenge or your analysis. And when they tell you to do so, go on to the next task in that process.

Instructions

1. Present the objectives, agenda, and expected results of the meeting. **5 minutes.**
2. Based on the individual reflection about the values that everyone recorded in his or her workbook, ask the team: What values drive our response to the challenge? **15 minutes.**
3. Write down the values mentioned on the board or on the flipchart. As a group, select the three most frequently mentioned values and write them in the first column of Chart 4-1. **15 minutes.**
4. Taking the charts summarizing the individual assessment as a starting point, the coordinator will fill out the “team leadership diagnosis” chart (Chart 4-2, previously laid out on a flipchart page) with the individual results, and will write down the averages in the “competencies” column of chart 1. **15 minutes.**
5. Show the group Chart 4-1. They should read it carefully, taking into account the team’s challenge, the values chosen, the strengths and weaknesses of the four functions (see Module 2), and the average results of the team's competencies. **10 minutes.**
6. Discuss the competencies that need to be strengthened in order to effectively exercise the four practices and face the challenge. Write down the team's conclusions on another flipchart to be shared in the forum. **45 minutes.**
7. Have people share their personal development plans. **25 minutes.**
8. Identify the development plans that need the team's special attention considering the chosen challenge, and explore ways in which the team members can support one another. **20 minutes.**
9. Answer and discuss the following questions as a team: Have you incorporated the suggestions and comments of the facilitator into your action plan which you prepared in the previous module?

10. Have you made any progress on the action plan? What successes have you had? What obstacles do you face? How will you confront these obstacles? **45 minutes.**

11. Summarize the group's contributions in step 5 and 8. When the summary is complete, the coordinator should log onto the forum page on the Web site, and click on the box that says "Enter your group's response." These are the questions you will be asked to answer in the Forum:

- What competencies are you going to reinforce, and how will you provide support, as a team, for developing them?
- What are the three most important values that characterize your team as a whole?
- How many people attended, how much time did it take, and what were the most interesting parts of the meeting?

Chart 4-1. Values, competencies and practices

Values	Competencies	Basic practices	Challenge

Chart 4-2: Team Competencies score

Leadership functions	Ranking (Each letter corresponds to a person on the team)								
	A	B	C	D	E	F	G	H	Average
Focused drive									
Emotional intelligence									
Trusted influence									
Conceptual thinking									
Systems thinking									
Change management									
Coaching/Mentoring									
Communication									
Negotiation									
Problem solving									

Forum Module 4: Leadership Competencies of the Team

To conclude this module, please post your team's answers to the following questions in the Forum for all to read:

- What competencies are you going to reinforce, and how will you provide support, as a team, for developing them?
- What are the three most important values that characterize your team as a whole?
- How many people attended, how much time did it take, and what were the most interesting parts of the meeting?

The coordinator should post the responses from his or her team on the program Web site. Each team's responses will appear on this page after they have been posted by the team's coordinators.

When you have read the responses, you can move on to the Café and participate in a discussion with the participants from other teams and the VLDP facilitators.

Tools and Readings

Recommended reading

Linkage, Inc., *Leadership Assessment Instrument: Self-Managed Assessment* (Lexington, MA: no date)

Individual Reflections on Module 4

Module 5- Communication

Purpose

Good leaders are excellent communicators. Good communicators understand that an awareness of their own communication style and motivation is critical to avoid miscommunication and misunderstanding. A good communicator knows that when individuals interact, differences in their perceptions and interpretations of reality, their interests, and their motives complicate communication. Being aware of these differences is the first step to improving communication and interaction in a team. In this module, we present a model for analyzing patterns of motivation and communication styles. You will hear the opinions of other leaders regarding the importance of communication, diagnose your own style, and work in your teams to improve your communication style and use your differences in perception and motivation as a source of strength.

Learning Objectives

At the end of this Module, you will be able to:

- describe the elements of the communication process and the principal barriers to effective communication;
- use the Strength Deployment Inventory to explain patterns of motivation and communication styles;
- identify your own pattern of motivation and your own communication style;
- propose ways to improve interaction among the different patterns and styles on your team;
- revise and follow up on the team action plans developed in Module 3.

The Virtual Leadership Development Program

	Topics	Activities	Time
INDIVIDUAL	The leader and communication	1. Reading	20 minutes
		2. Exercise: Personal reflection: analyzing your communication	30 minutes
	Patterns of motivation	3. Self-assessment	30 minutes
		4. Reading	20 minutes
		5. Exercise: Reflection on your patterns of motivation	20 minutes
	Communication styles	6. Reading	15 minutes
		7. Exercise	25 minutes
Total individual time			2 hours, 40 minutes
GROUP		Group work	2 hours, 30 minutes
		Forum	15 minutes
Total time for module			5 hours, 25 minutes

The Leader and Communication

Leaders must be excellent communicators. Each of the leadership and management practices requires good communication skills and so do the management practices. Managers who lead must be able to convey meaningful, compelling, and inspiring messages and transmit or exchange information with a great variety of people inside and outside of the organization. A leader's key communication behaviors include the ability to:

- Articulate points of view in a manner that allows for productive dialogue;
- Relate positively with people at all levels of the organization;
- Create messages that inspire others to support the organization's goals and work together;
- Inspire, convey hope during times of despair and turbulence;
- Present clear and compelling points of view to individuals and groups;
- Select the most appropriate channel or channels of communication in view of the purpose of the communication.

What Do the Leaders Say?

Good communication is critical for leaders who want to involve the members of their team, department, or organization in the change process that is needed to successfully face challenges. And good communication is also important to align expectations. Irritations and frustrations between organizational units or between individuals often arise from a failure to communicate which would have allowed the alignment of expectations.

One of the leaders we interviewed spent much time communicating with her staff, as an integral part of her change effort:

"I talked to people, and tried to demonstrate to them possible interventions we could introduce to face the various challenges we have in our daily work - and in doing so I was really encouraging them to get involved in making things better..."

Recognizing how your own style differs from that of others, and becoming aware of differences in motivation patterns between people can help you understand how to improve communication and interaction in your work team.

Good communication strengthens interpersonal relations within your team. This is how another of the leaders we interviewed got his staff on board:

"The first thing you have to do...is to sit down with your staff and explain your concept, explain your vision, and listen to them so that they can give you their feedback about your mission, and after that you must make sure that there is a buy-in from them. Once there is a buy-in from them...they will take it and run with it, because now they own it. So I sit down with my staff and get the buy-in."

A third leader agrees:

"One needs skills to mobilize both the workers and people being served. Communication skills are very useful because people simply need to know clearly what is being planned so that they can understand it and be able to work on it. Without effective communication, it becomes very difficult for people being led to know how to proceed."

And this is what he sees as the requirements for good communication:

"One cannot communicate well unless he also learns and listens. Confidence in communication comes from knowledge of what one is trying to communicate...] Then one needs to understand the audience...for instance a discussion with nurses will differ from one with laboratory technologists even if the topic is the same...and one needs to check that the message is getting across, and...[keeping the message] up to date as people tend to get tired of hearing the same messages over and over again."

The head of a national coordination body invested a considerable amount of time and energy in communicating with key partners to prevent the national strategy he was in charge of coordinating from ending up in people's desk drawers and becoming yet another handed-down plan:

"Before, once the work was done, it ended up in a drawer. To avoid [this from happening] we created structures, platforms, discussions, and in particular, a forum with our development partners. Under the leadership of the national government [we] met every two months to discuss and to exchange views about how [our work was making a difference for our people]. This initiative, to stop hoarding information, and to be open, this willingness to learn, convinced our partners. We tried to show them that we are very open and that we are listening, and that we have to learn from one another, that we are ready to learn, especially from our mistakes and setbacks that we have experienced together, and that we are trying to find solutions together. It is this openness that has manifested itself in those... meetings that has helped to dissipate the mistrust that existed between the various parties."

Interpersonal communication

Interpersonal communication is a two-way process of exchanging information, feelings, and emotions by individuals or groups to achieve a variety of purposes that require a common language. For communication to be effective, it is necessary that the sender is conveying a clear message and that the receiver understands the intent of that message.

When two people communicate, they each perceive reality through their senses, and transform that information into a mental image as if it were a movie, with

video, audio, and emotion. These recordings are stored in the brain with thousands of other “microfilms.” These are memories, and they combine to form experiences. After receiving new information, some of these old experiences get activated and “leak” into the communication by way of words, tone of voice, body language, and facial expressions.

The communication process has five elements:

1. the sender—the person who has a message to transmit and who therefore initiates the communication process;
2. the message—the content of the communication (information, ideas, or attitudes);
3. the receiver—the person who receives the message, and who adds his or her own interpretation to what he or she receives. Thus the receiver plays an active role in the communication process;
4. interferences—all the things that get in the way of the transmission process (noise, surroundings, emotional states, etc.);
5. communication channels—the ways in which a message is transmitted (through words, images, body movements, facial expressions, sounds, or any combination of these).

Barriers to communication:

- **Differences in perception**

Reality is too big and too complex to take it all in. We perceive selectively, we pay attention to some things and not to other things, depending on past experience, current preoccupations, and a variety of very subjective associations. As a result, we may think that we all see the same but, in fact, we all see differently.



Look at this image. What do you see? Write it down and check your perceptions later when you meet in your teams. Did you all see the same thing?

- **Differences in interpretation**

Once information is selectively accepted, we interpret it in light of our past experiences. We keep a memory bank that helps us to remember so we don't have to relearn everything over and over again. Thanks to our memories, we don't have to keep putting our hand in the fire to know that it burns. But our memories also constrain us. It is difficult to ignore the influence of our past experiences, even though we know that circumstances may be different now. Generalizing and thinking that "if I got burnt in a relationship once, all relationships are to be mistrusted," keeps me from creating new opportunities for communication and action.

- **Difference in "codes"**

Over the years we develop particular "codes" for transmitting messages, like shorthand. We may use specific language, tone of voice, facial expressions, hand gestures, and body language to convey certain

meaning. But these codes may carry very different meanings to the receiver. When communication takes places across cultural (or ethnic, professional, or gender) boundaries, the chances of misinterpretation of these codes increase enormously.

- **Noise**

Communication between two people always occurs in a context. This includes the physical environment (with aromas, heat, air, various sounds), and the emotional, social, and cultural setting. All of these affect communication.

So, clear and direct communication is always complicated by differences in perception, interpretation, expression, and noise.

Overcoming barriers to communication

People who try to lead workgroups sometimes run into trouble when they neglect to pay attention to differences in perceptions and interpretations or differences in interests and reactions. We often forget that people experience the world very differently based on who they are and what their past experience has been. As a result it is easy to overlook that people may have very different motivations.

Sometimes the trouble comes from impatience or judgments that prevent people from speaking and listening carefully and respectfully. Sometimes we simply forget or are too busy, when our heads are full with other things to think about or we don't know because no one gives us feedback or people don't dare to let us know that we are missing signals. This happens in particular to leaders who are in high positions of authority. And sometimes there is simply not enough communication or communication of a kind that is misunderstood or misinterpreted.

Your responsibility as a leader is to engage people in a conversation in which you can explore together the perceptions and meanings of messages. You will have to set the tone for people to listen to what each group or individual has to say. By paying attention not just to the words but also to the nonverbal signals that are exchanged, you may be able to see areas of agreement and disagreement. Such active listening behavior often creates the trust that changes the relationship.

Personal reflection on communication skills

In this exercise, you will try to answer the following questions:

- How do you think you are communicating with the people in your workgroup or in your organization?
- What do people think of your ability to communicate?

Can you remember a recent communication that was unsuccessful? Perhaps you were talking with one or several people, perhaps by e-mail, telephone, memorandum, at a meeting, or in a speech you gave, and you discovered later that it did not produce the intended effect. Use the pages in Module 5 of your workbook to answer the following questions about this communication:

1. What was the purpose of your communication?

2. Who received the message?

3. How did your communication affect the interests and needs of the people you sent it to? (If you don't know, take a guess)

4. Given the purpose of the communication, the characteristics, interests, and needs of the receiver(s), was the mode of communication you used appropriate?

5. If you answered "no," what mode of communication would have been more appropriate?

6. What was the overall tone of the communication?

7. Was the overall tone appropriate for the situation?

8. If you answered “no,” how could you have handled it better?

9. Put yourself in the place of someone who received your communication. Imagine that you are that person and that you are about to receive the communication.

- What are you doing?

- How do you feel?

- What is the relationship between you and the other person?

- What is your opinion of the other person (for example, what is your level of confidence in him/her and how is your communication)?

10. Now, still in that person’s place, imagine yourself receiving the communication.

- What is the message you received?

- How do you feel when you receive this message?

- What do you want to do in response to the message?

11. Now that you have visualized the other person’s experience with your communication, ask yourself how you would change the communication if you could do it over.

Patterns and Motivation

Assessing your communication style and motivation pattern

The study of human differences is as old as mankind. People have always been trying to explain the many differences between people by looking for patterns in the way they behave. There are many different typologies in circulation. Based on these typologies, countless instruments have been designed to help people identify their type or preference.

We have chosen an instrument that was developed by Elias H. Porter from Personal Strength Publishing [www.PersonalStrengths.com]. It is called the Strength Deployment Inventory. This instrument is based on four basic assumptions:

1. We all do what we do because we want to feel good about ourselves.
2. We tend to take two different approaches to life: when we feel that things are going well we act differently from when we are faced with conflict or opposition.
3. A personal weakness is no more or no less than the over-use of a personal strength, or using it in the wrong circumstances (for example, when we become too self-confident it becomes arrogance).
4. We tend to interpret the behaviors of others through the lens of our own motivational pattern, acting towards others as if their motivation is the same as ours.

Three Patterns of Motivation

The Strength Deployment Inventory asserts that there are three different essential patterns of motivation that we can see in the workplace. These patterns are expressed as predominant concerns:

- Concern for the protection, growth and welfare of others;
- Concern for task accomplishment, for the organization of people, time, money and any other resources to achieve desired results;
- Concern for assurance that things have been properly thought out, for meaningful order being established and maintained, for individualism, self reliance and self-dependence.

Through your coordinator you will be provided with a booklet called the Strength Deployment Inventory. Follow the instructions in the booklet on how to assess your own motivation patterns and strategies. Please note that this is not a test of how good or bad you are as a communicator. It is called an inventory because it helps you discover what your style and motivational pattern is. By having every

team member fill this out the instrument does an inventory of the styles and patterns that are operating in your team.

Once you have identified your communication style and motivation pattern, answer the following questions in the spaces below:

- What is your dominant pattern in normal conditions?

- How does it change under conditions of conflict?

- Given your basic motivation pattern, how can you best contribute to the team?

- What do you need to work on in order to improve your interactions with your team?

When it is time for your group work, bring the filled-in Strength Deployment Inventory booklet to the meeting. Also bring this workbook with your answers to the questions above. You will be discussing the implications of the team members' various communication styles and motivation patterns for your work as a team.

Communication Styles

Laura at the clinic - Scene one

Scene 1: Clients, Laura, and her boss

It is Monday morning at 8:15. The place is the waiting room at the clinic where Laura should have been since 8:00 o'clock.





Reflect on this scene and write your answer below each question:

- How is Laura communicating with the clients?

- How would you characterize the communication between Laura and her boss?

- What communication styles is each one of them using?

Next you will see pictures with the same characters but now the communication style is different.

Laura at the clinic - scene two

Scene 2: same place, same time, same people:





Compare the two variations of this scene. Write your answers below. Remember that there are six possible behaviors, three positive (facilitating, providing direction, and clarifying) and three negative (placating, blaming, and over-rationalizing).

- What communication differences do you see between Scene One and Scene Two?

- What is Laura's motivational pattern in the first and second scenes?

- What is her boss' motivational pattern?

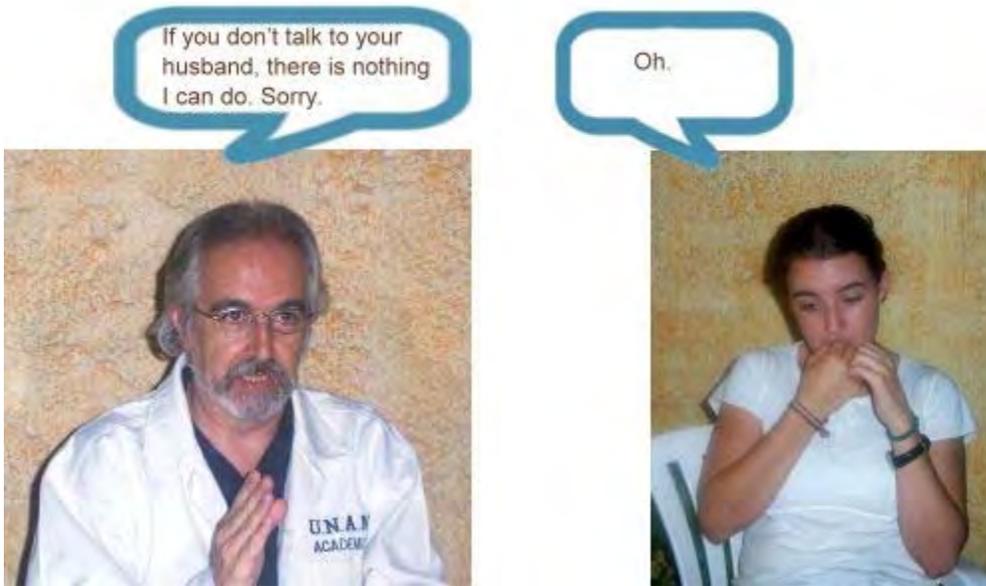
Sultana and her doctor - scene one

Scene 1: Sultana and her doctor

Review the following conversation between Doctor Ali and his patient Mrs. Sultana AbdelAziz.

The storyboard consists of several panels and text elements:

- Top Left:** A speech bubble containing the text: "If you want to prevent getting pregnant, have your husband read these three instructions." Below it is a photo of Doctor Ali, a man with glasses and a white lab coat, sitting at a desk and gesturing with his hands.
- Top Right:** A speech bubble containing the text: "But...I don't know how to talk about this with him." Below it is a photo of Mrs. Sultana, a woman with dark hair, looking thoughtful with her hands raised.
- Bottom Left:** A speech bubble containing the text: "Well, in a good marriage this should not be a problem." Below it is a photo of Doctor Ali looking down at a document on his desk.
- Bottom Middle:** A thought bubble containing the text: "I want to tell him how I feel, but he won't understand." Below it is a photo of Mrs. Sultana looking down with a sad expression.
- Bottom Right:** A thought bubble containing the text: "Better ask my friend Aisha what to do." Below it is a photo of Mrs. Sultana looking down with a sad expression.



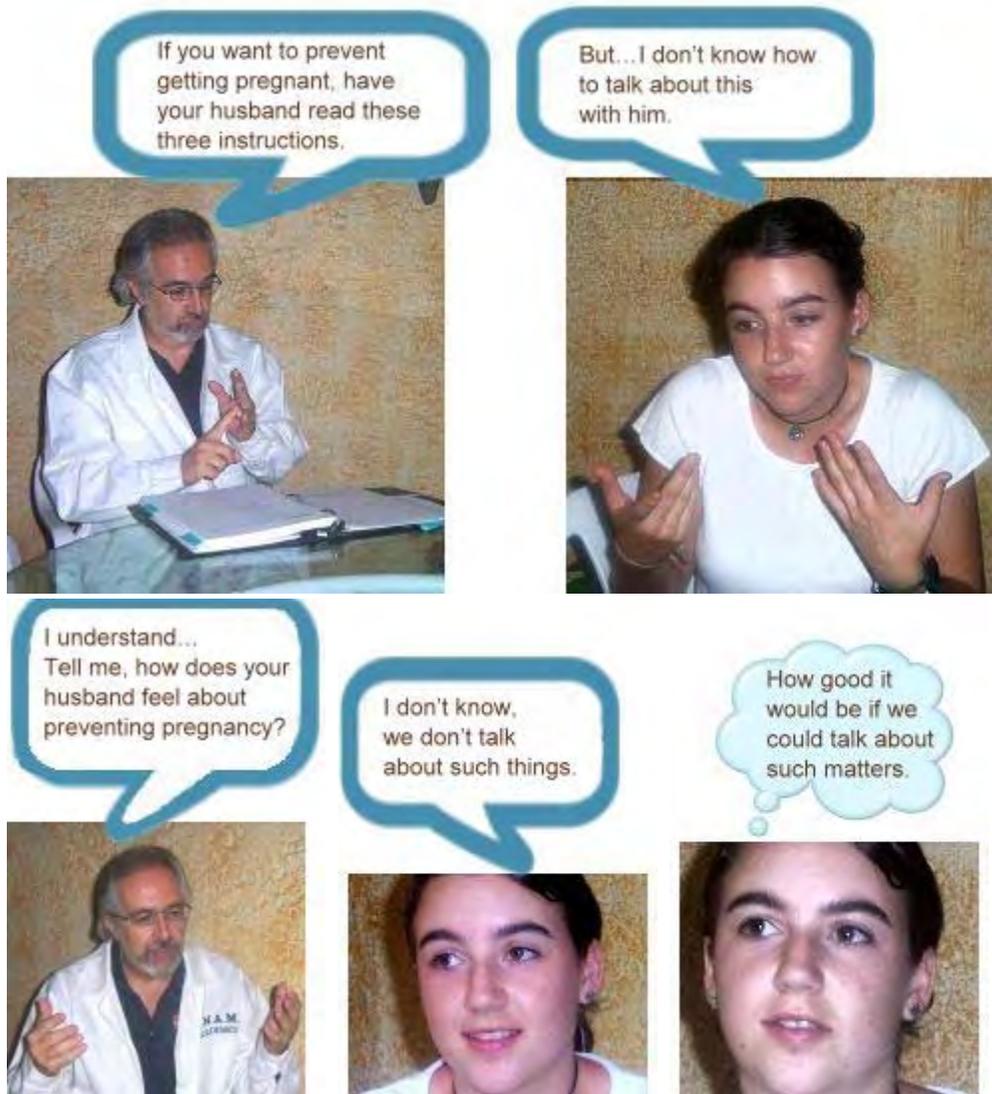
Reflect on this conversation and write your answer in the space provided:

- What do you observe in the communication between the Dr. Ali and his patient?

- What communication styles do the doctor and patient use?

Sultana and her doctor - scene two

Scene 2: Sultana and her doctor





Now compare the two variations of this scene. Remember that there are six possible behaviors, three positive (facilitating, providing direction, and clarifying) and three negative (placating, blaming, and over-rationalizing). Write your answers in the spaces provided.

- What differences do you find in communication style between doctor and patient in Scene Two?

- What is the doctor's motivational pattern?

- What is the patient's motivational pattern?

Group Work

The following instructions are to help the team coordinator prepare for the team meeting.

Team Discussion about Patterns of Motivation

Coordinators prepare for their teams to meet and to discuss this module, and how to apply what has been learned during this module.

Requirements for the meeting

- Remind your team of the date and time of your Module 5 meeting. If you need to change it make sure you communicate the changes to the facilitator. Try for complete attendance if at all possible.
- Block at least 2 hours and 30 minutes of uninterrupted time for the meeting.
- Select a comfortable room in which you can work without being disturbed.
- Tell people to bring their VLDP workbooks as well as their filled-in Strength Deployment Inventory booklets.
- Have flipchart paper and markers or a blackboard and chalk ready.

Time: 2 hours, 30 minutes

Objectives

- Identify the team's patterns of motivation and communication styles.
- Propose actions to improve interactions within the team.
- Review the team's progress towards the action plan: part 1 - the identification of the vision, the desired and measurable result, the challenge and the current situation; part 2 - the root cause analysis; and part 3 - the development of the actual action plan. Refer to the feedback that your team has received from the facilitators.

Expected results

- The team's patterns of motivation and communication styles are identified.
- Commitments are made to improve team interactions.
- A refined action plan that incorporates the suggestions and comments of the facilitator as well an understanding of where the team is in working on this action plan.

Instructions

1. Present the objectives, agenda, and expected results of the meeting. **5 minutes.**
2. What did you see in the image that was presented in the “Barriers to Communication” section? Compare your answers. What can you learn from this simple exercise? **10 minutes.**
3. Share the results of your self assessments (Red, Blue and Green exercise) and your personal reflections on the results of the self assessment. **20 minutes.**
4. Ask the group to discuss the following questions: **40 minutes.**
 - What patterns of motivation and communication styles predominate in your team?
 - Given the dominant patterns, how does this affect how you function as a team?

For example, is there too much or too little drive or direction in your team? Are some of you too aggressive or eager to blame others, influencing the quality of your interactions? Is there too much or too little analysis for decision-making? Are there power differences that have a negative impact on communication (some dominate, others don't dare to open their mouth)? Is there too much or too little attention to individual needs? Are some of you too submissive or too quick to give in when more assertive behavior is needed?

5. Return to your team's challenge, and explore how your patterns of motivation and communication styles affect the way in which you address your challenge. The following questions will help you focus the conversation: **40 minutes.**
 - How do the mayor patterns of motivation and styles of communication in your team affect how the team is working on preparing its action plan to take on the selected challenge?
 - What actions will help to improve communication among your team members? And with people who are not part of your team?
6. Review your action plan by asking if you have made any progress implementing the proposed activities? What successes have you had?

What obstacles do you face? How will you confront these obstacles? **35 minutes.**

7. Make sure that you have reached consensus and clarity on the actions that you will take to improve communication inside your team and with the rest of the organization (and with outsiders, if applicable).

The coordinator concludes the meeting and goes to the Forum to post the team's response to the following questions:

- What patterns (blue, red, and green) predominate in your team, and how does this affect the group dynamic of your team?
- What actions will help to improve communication among your team members? And with people who are not part of your team?
- How many people attended, how much time did it take, and what were the most interesting parts of the meeting?

Forum Module 5: Communication styles of the team

To conclude this module, we would like to have a conversation about the patterns of motivation and communication styles of the teams. As a team, please prepare a written response to the following questions to be posted in the Forum:

- What patterns (blue, red, and green) predominate in your team, and how does this affect the group dynamic of your team?
- What actions will help to improve communication among your team members? And with people who are not part of your team?
- How many people attended, how much time did it take, and what were the most interesting parts of the meeting?

The coordinator should post the responses from his or her team on the program Web site. Each team's responses will appear on this page after they have been posted by the team's coordinators.

When you have read the responses, you can move on to the Café and participate in a discussion with the participants from other teams and the VLDP facilitators.

Tools and Readings

Recommendations for further reading

Conger, Jay Alden. *Spirit at Work: Discovering the Spirituality in Leadership*. The Jossey-Bass Management Series, 1998.

Porter, Elias H. "Strength Deployment Inventory." Carlsbad, CA: Personal Strength Publishing.

Stone, Douglas, Bruce Patton, and Sheila Heen. *Difficult Conversations: How to Discuss What Matters Most*. New York: Penguin Books, 1999.

Individual Reflections on Module 5

Module 6- Managing Change

Purpose

One way in which leaders distinguish themselves from non-leaders is that they introduce change as they try to bring their organizations or team to higher levels of performance and create desired impact. In this process of initiating and managing change, leaders typically confront countless obstacles. John P. Kotter, a Harvard Business School professor, has identified eight common errors people make when attempting to lead their organizations through a change process. In this module we will look at different experiences that leaders have had introducing and managing change, and we will present Kotter's model of organizational change. At the end of the module, your team will meet and apply Kotter's model to the changes that you will undoubtedly have to make in order to implement your plan. Anticipating obstacles and thinking through the solutions that will help you overcome them will make your action plan more robust.

Learning Objectives

At the end of this Module, you will be able to:

- describe the most common human reactions to change;
- explain the relationship between leadership and change;
- describe Kotter's "Stages of a Successful Change Process" model;
- explore the interests and concerns of key stakeholders who will be affected by your plan or who can influence its implementation;
- refine your team's plan to address your chosen challenge, taking the eight stages of Kotter's model into consideration.

	Topics	Activities	Time
INDIVIDUAL	The leader and change	1. Reading - Change experiences: Rachid's and other leaders' experiences	30 minutes
	Leading organizational change	2. Reading and reflection on the white horse story	15 minutes
		3. Personal reflection in change	15 minutes
		4. Exercise: the case of Rachid and Kotter's eight stages	30 minutes
	Total individual time		
GROUP		Group work	3 hours
		Forum	15 minutes
Total time for module			4 hours, 45 minutes

The Leader and Change

Effectively addressing an important organizational challenge almost always means that something in the organization must change. Sometimes the changes are small, like a change in a procedure or a rule or regulation, or the way work is organized, or in how people interact with their colleagues, subordinates, or clients. Sometimes the changes are larger and require a shift in priorities and strategies or a change in the services and products offered by the organization. Change has a tendency to create unexpected consequences through the organization and beyond.

A leader's task, once the need for change has become clear, is to systematically plan for the change by initiating, organizing, managing, and monitoring the change process.

What Do the Leaders Say?

The leaders we interviewed gave us examples of the challenges that have stretched them and that have helped them become better leaders. To address their challenge, these leaders had to change the status quo.

For example, one of the leaders we interviewed from Brazil brought about profound changes in the legal system and political structures in his country, ultimately making Anti-RetroViral drugs available to all AIDS patients.

In another part of the world, a public health leader did something similar. The changes he advocated were considerable:

One set of changes concerned people's mindsets: first of all, the mindset of the people around him ("we can't do this because we don't have the resources"); the mindset of outsiders, who had very little confidence in his country's to manage the complexities of a treatment program ("if this disease could be cured with just a glass of clean water, you wouldn't be able to manage it"); and finally, the mindset of pharmaceutical companies who could not imagine that his country had the potential to ever become a market that would be profitable.

Managers who lead play a critical role in managing how well the change process gets implemented. Thus, they need to be familiar with the behaviors, methods, and techniques that are important for successfully introducing change. They must be able to anticipate the implications and consequences of a proposed change and manage the change process through the inevitable obstacles that will occur. The successful management of change includes creating the conditions (climate, rewards, encouragement, inspiration, resources) that encourage staff and other stakeholders to get involved in the change process and remain fully engaged in the often difficult work that change entails.

Organizations that are engaged in improving the quality of health services are faced with a particular set of challenges, all of which require fundamental shifts in the way work is organized and how resources are used (from vertical to integrated programs, from a medical model to a focus on prevention and community empowerment, from working in the margins to becoming center stage as health challenges struggle gets more and more prominence and attracts more and more funding).

All of these changes alter the usual ways of working, and sometimes also the prevailing patterns of dominance and power. Often there are no models to follow; no one has done this before. Taking a leadership role in the health services world, private or public, is not for the faint of heart. Let us take a look at how Rachid pursues his vision and in doing so has to manage the change process.

The Case of Rachid “Introducing a change in the Ministry of Health”

Interviewer: *Rachid, talk to us about the change you initiated in your country through your work in the Ministry.*

Rachid: When I finished medical school, I took a job with the Ministry of Health (MOH) and was assigned to work in a rural health center. During this period, I noticed that service delivery was disorganized because nurses and doctors were not trained for the type of work that was needed. I realized very quickly that the MOH was not going to provide us with the type of training that we needed. It was clear to me that there wasn't really anyone within the central ministry who understood what happened in rural health centers. The coming and going of staff within the provincial health service was considerable. There was no continuity of care. Even at the top, the provincial health officers came and went so frequently that the senior nursing staff was effectively in charge of the provincial health service.

The situation was serious enough to attract the attention of the Minister of Health at about the same time that I joined the MOH. I had the feeling that they wanted to do something but that they didn't know what to do. Their attention was directed to the big hospitals that focused primarily on curing individuals and did little to address the management of public health issues.

I was convinced that the MOH needed to expand their hospital-focused vision to one that acknowledged the importance of management and public health training in developing and implementing ambulatory health programs. I thought, “If they don't know how to do it, perhaps I can help them.”

My idea was to try to develop staff with public health management skills so that within the MOH there would be a critical mass of professionals who were technically competent in the major areas of public health and able to manage public health programs effectively. It was a huge undertaking and something that I knew I certainly couldn't accomplish by myself working in a rural health center. I decided then to leave the health center and work in the central ministry. There were several doctors and nurses who shared my thoughts in these matters. It took some maneuvering within the MOH bureaucracy but I was able to find a job in the MOH division that was responsible for selecting and training MOH employees and assigning them to positions within the MOH. As soon as I was able to, I brought some of the people who had helped me develop my ideas to the MOH to work with me.

Of course, I had to use my political connections, because back then, in the Ministry, the vast majority of important positions were filled through political channels. I became Chief of the Personnel and Facilities Planning Division. My first and biggest challenge was to change the way provincial health directors were selected. My ultimate goal was to have directors with the appropriate public

health and management training. These were skills they needed to be able to lead and manage public health activities in their provinces.

Interviewer: *What is it that people were doing that you wanted to change?*

Rachid: One of the reasons that the health system wasn't functioning well was that the provincial directors were unprepared for the type of work they needed to do to be effective. The directors were all excellent physicians, but the skills they needed to run the provincial health service weren't clinical. These directors needed managerial and leadership skills and they needed to have basic public health expertise.

Below them, there was this paradoxical situation. The nurses and doctors were really motivated, but they couldn't succeed without effective direction. They were counting on the provincial directors to provide the resources with which to do their work, but the provincial directors were not skilled in being able to secure these resources and act as advocates for their staff. There were very few opportunities for improvement.

As you might imagine, this resulted in people working in resource-poor and badly managed health facilities that were ill-equipped to serve their communities. Facilities were constantly running out of the drugs they needed. Curative care was the principle focus even though the mission of the MOH was to provide appropriate preventive services to the entire population.

We needed a total change of the system, and it needed to begin with the leadership and management at the highest levels within the provinces. First, while I was still in the rural health center, and then later in the provincial capital, I began articulating a vision and strategy for changing the situation. Of course, I had lots of colleagues that I shared my thoughts with, and together we created an idea of starting in a province like our own with a new delivery system for outpatient care, and then expanding it to other provinces and eventually the whole country.

Interviewer: *Then you obtained an influential position at the central Ministry, right?*

Rachid: Yes. As soon as I took the job, I began to articulate publicly the problems that I felt needed to be addressed. In my first year, I organized two large conferences for the MOH to look at the problems of attrition and other personnel issues within the MOH. We also did a large study to look at staffing norms for different positions in outpatient facilities. We published this book on staffing norms and generated a lot of comment and interest because it was clear that the staffing norms that were in actual use were 35 years old having been left in place after our country received its independence. They were so obviously outdated and impractical that people were really shocked. Once the report was

circulated, there was tremendous enthusiasm for changing the staffing norms because people in the Ministry felt ashamed that for 35 years, they hadn't been able to influence the way the MOH functioned.

Another thing I did was to create a team of motivated and experienced doctors. I brought several people up from the province that knew the situation and shared my vision to work with me at the central level. In my first year in the office, I managed to get two small grants, one from WHO and another from USAID. With that, I was able to send some excellent people to training programs and short courses. We generated a lot of excitement early on by offering four Master's Program Fellowships. The department sponsored a competition within the MOH for which there was great interest and excitement. Three of the four people we selected came back after they obtained their degrees and were assigned to work with us. After that, we continued training people, and there was a lot of continued interest. We sent some people to train overseas, and we ran a great many management workshops. We also sent people to short courses around the world to create expertise in specific areas of public health. At the same time, I began developing a plan for a project to introduce a new system for providing basic services. It was very important to seek support outside the Ministry, because at that point there was little internal credibility and support for this initiative.

Interviewer: *In other words, at that point conditions were not right inside the Ministry for getting all the support you needed, but how were your relationships with other colleagues inside the Ministry?*

Rachid: Very good. I was quite close the technical director of the MOH. He was a University Professor and a permanent figure in the MOH. While the Minister changed every four years, the Technical Director remained and had a great deal of power and influence in the MOH. I was very systematic about giving him detailed information on progress of the project. After my second year, he actually established a team of six people within the MOH from the pharmacy service, the directorate of maternal and child health, the personnel department, and the administrative affairs department to advocate for the project. In effect, he and these important team members became my partners in mobilizing support for the project. With his support, in just a few years we were able to obtain funds from the World Bank for a five-year project.

Interviewer: *Well, tell us how the project was implemented.*

Rachid: Within five years, we were able to develop a project in three pilot provinces to test out a new delivery strategy for public health interventions. In each of these pilot provinces, we trained senior and mid-level staff in management. We provided adequate resources for staff to develop guidelines and protocols for establishing this new delivery system within the pilot provinces, and we began to disseminate these new strategies and materials to other within provinces. In essence, we built a cadre of people who were working in a new and

different way and were inspired to share with the rest of the MOH the work that they were doing.

Interviewer: *It seems from what you're telling me, that one of the key elements in your change strategy was the development of this cadre of motivated people.*

Rachid: That's right. The selection and training for this group was very important. It was necessary to select doctors and nurses who were invested in their own professional development and willing and motivated to work to change the health delivery system.

Interviewer: *What happened to this cadre of people during the project and over time?*

Rachid: As I said, these people were different from people we had retained in the MOH previously. They had management and leadership skills and a track record for changing things in the pilot provinces. They were the people at the frontline of the change effort in the MOH. If you look at the MOH now, these people have moved on and are working at very important jobs within the MOH. People that came through the pilot experience have been promoted to provincial health officers in other provinces. In fact, now they are in different places throughout the ministry and have become the MOH's true leaders.

Rachid's story demonstrates, among other things, how a vision of change and an effective strategy to achieve change can transform a situation that seems unchangeable. Rachid was a leader who was not satisfied with the status quo. He had a vision for how health services could be improved and he made his vision a reality, in spite of the obstacles.

Later in this module, we will learn about a process for successfully introducing a change.

Let us take a closer look at the change process.

Human Reactions to Change

If we look at the changes over the last 200 years, it is remarkable how good we are as human beings in adapting to change. Some changes have made life better and others have made it worse, depending on whom you ask. When people perceive a change as bad, they tend to push back. This resistance can take various forms: passive resistance, active resistance, sabotage, or lethargy (indifference). In organizations we call all this “resistance to change”; between organizations, or even nations, we may call this competition or even war.

One thing we can learn from history about such resistance is that most human beings (and organizations and countries, because they are collections of human beings) resist being changed. If the change initiators take pains to involve, listen to, and empower people as active agents in the change process, outcomes almost always are different from when the initiators of change impose the change. We don't have to look very far to see examples of this in our own lives. Rather than saying “people resist change,” it is much more practical to say “people resist being changed,” because the latter statement gives us some ideas on what to do if we are in charge, while the former does not.

When we see the need for a change and the cooperation that is essential to produce it, it is critical to talk together about the reasons for the change, the importance of the proposed change(s), and what happens if we cannot come to agreement. The latter scenario almost always hurts people. If we can talk about that possibility before people get too emotional, we have a much better chance at people choosing the rational and reasonable over the irrational and unreasonable.

Change is a phenomenon that, in itself, is neither good nor bad. It is our reaction to change that gives it a value and that leads to either cooperation or resistance. Our first reactions are influenced by what we think we will gain or lose when the change gets implemented.

If the initiators of the change engage us in conversations, public debate, negotiation, or diplomacy in exploring the reasons for the change, and if we feel that our views are being listened to, we may eventually change our minds, or, together, reach new conclusions. It is only then that we can become active supporters of the proposed change(s).

If we do not feel listened to, if we feel that our needs are ignored, we tend to respond to change by digging in our heels, by sabotaging, or disengaging altogether. And then the conditions are set for problematic implementation of the change process or even complete derailment. Thus, how we perceive the change and how we feel about it determines our reaction.

The following story is an old story that is known in different parts of the world. It is an archetypical story about change.

The Story of the White Horse

Once upon a time, there was an old man who lived in a village very far from here. He was a widower and lived with his son in a farm at the edge of the village. He owned a strong male horse, beautiful to see, and completely white in color. One day, he woke up to find that his horse had broken through the enclosure and ran away.

When the neighbors learned what happened, they came to offer their sympathy for the misfortune that has just befallen him. The old man told them, "Yes you are right, the horse has run away, but I cannot tell you at this moment if this is a bad thing or a good thing."

Some days later, a noise awoke him in the middle of the night, and in the morning he saw that the stallion had returned, bringing with him several wild female horses. The villagers came to congratulate the man, commenting on his good luck, since he was now the owner of several beautiful horses. The old man answered them "That is true, I now have a lot of horses, but whether this is a good thing, I cannot tell you now."

In the weeks that followed, his son began the hard process of training the wild horses. One day, he was thrown off the back of a mare and broke both his legs and several ribs. The villagers, upon hearing this news, visited the old man and his son to express their regrets and offer their sympathy. The old man thanked them, saying that it was indeed true that his son had gotten badly hurt; however, he couldn't tell whether this was a bad thing or a good thing.

Some time after, the country in which the village was located was invaded by a neighboring country. The king sent his messengers around the country to mobilize all the healthy young men to come to the defense of the country. One such messenger arrived at the old man's house and found the son immobilized in his bed. All the other young men from the village were recruited into the army and marched away. A group of villagers came to visit the old man to congratulate him on his good fortune, since his son was the only one from the village who had not been mobilized. They told him, "You are very lucky to keep your son at home." The old man answered, "It is true that my son was not mobilized, but I don't know if this is a good thing or a bad thing."

Take a few minutes to reflect on this story and write down your thoughts.

- Can you think of a change in your personal or work life that at first seemed negative and later turned out to be positive?

- How did you react to this change?

- How does this affect your view(s) on change?

What Do the Leaders Say?

Now let us take a look at the comments of some of the leaders we interviewed in order to explore in greater depth the ways in which they managed the change process as they led programs in health in various parts of the world.

One leader who was trying to introduce generic anti-retroviral treatment for AIDS in his country faced considerable resistance from the US, from the pharmaceutical companies, and even from authorities in his own country as he was spearheading a change in policy related to the buying and distribution of ARVs. This is what he did to introduce change and face the resistance:

“The tools required to handle this situation were, at first, to establish a clear and transparent policy—for example, in the Ministry of Health—and to show very clearly what we believed in, what our objectives were. Second, we worked very hard to disclose all relevant information on everything related to the issue, including, of course, disclosure of our reasons and our arguments. Third, we were fully engaged in mobilizing domestic and international public opinion through the media and through both domestic and international NGOs. These

were the three main points, the three main tools that helped to completely revert the situation.”

On another continent, another leader faced obstacles while trying to get a similar programs started:

“There was nobody who was prepared to fund antiretroviral drug use in our region. The subject itself was taboo, and any inquiries about funding for ARVs [were] met with a quick rebuff.”

This is what he did to introduce change:

“[I] learn[ed] as much as possible about antiretroviral drugs. I got to know the cost of the drugs...the benefits and problems associated with their use, and then I put the lessons learned in our local perspective considering the kind of people who would be able to benefit from the drugs. I form[ed] partnerships, with the people who were more knowledgeable with use of antiretrovirals. Now, the remaining challenge was that I had no money at all to buy the drugs. There was nobody who was prepared to fund antiretroviral drug use in our region. The subject itself was taboo. So, I formed the partnership between patients who used to trek all the way to the US and UK, advising them that they could actually get the same treatment right here in their own country. They realized that if they saved the cost of airfare, accommodation, and maintenance abroad, then they would not only find the cost cheaper but it would also be more sustainable. This group formed the nucleus with which I started the program of provision of antiretrovirals. It was, understandably a small number, but it gradually built up with more and more people now being able to afford the drugs, as the cost came down.”

What Do the Leaders Say?

The leader of a national patient organization talked to us about trying to expand the organization’s presence country-wide. He initiated the change by engaging in an intensive mobilization drive:

“Basically, the action that I took was to mobilize the...people who were already there, mainly the provincial coordinators...in each of our provinces. I then explained the concept of transforming and the need of transforming the organization such that everyone can benefit. I...asked for input to get [a] buy-in from the people...about my vision and the mission of transforming the organization. After I got the buy-in from them, we went...to local communities, partners, but particularly patient groups. The other problem that we’re facing is that in our country you’ve got two countries: you’ve got the urban part and the rural part, and the services are more in the urban areas, whereas the need is more in rural areas. That was one of the challenges facing us; we were more visible in urban areas and not in rural areas. So in terms of changing that, I had

to explain to my staff to get a buy-in from them and develop a strategy for how to confront that challenge. ”

The leader of a national coordination body had to face the deep mistrust of opening up a conversation to outsiders, something that felt to some of his fellow countrymen as “selling out” and putting at risk the self-determination of his own country.

“The risk I took indeed was to put national this idea of self-determination aside for the moment. Indeed, it isn’t always obvious for an independent country to open itself up to the world, especially towards its international partners, without giving offense. Especially since my fellow countrymen did not understand where I was going. But those risks diminished as I was able to inculcate this new way of working together, based on a partnership, not a one-way street but a two-way street. This way of learning from one another is not actually a contradiction of national independence. Once people understood that, the risk diminished. Otherwise, that was my biggest worry, to be accused of selling the country, because of this new way of working. Thank God, people now realize that it is a better way of doing things, because, our challenge it is not just a problem that concerns one country, it is a worldwide problem that requires a worldwide response. ”

The woman leader we interviewed had committed herself to end the constant coming and going of young health professionals, as this practice prevented the establishment of good relations between health facilities and the community. This is what she did:

“The school project, for instance, which started as a pre-school, later grew into a primary school, and today there is a high school, was started essentially to discourage professional workers from moving out of the area. Initially the focus was on doctors and other health professionals employed at the one public hospital in the area, but in time it became evident that teachers as well - in the high schools and nearby colleges were staying longer and providing their services for longer periods within the community. Thus this effort promoted some form of stability in terms of community development and growth, in terms of facilitating better engagement with the society, while enabling the society to take more responsibility in more meaningful ways towards improving their lives and livelihoods. This was the essence of the school project – an initiative that enabled people to look somewhat differently at their own development, and how that impacted on the health of the community at large. Within a few years of these efforts being implemented, we began to see a difference with regard to people truly understanding their own situations as they began to realize that they had the power to change things within their reach and capability, from undesirable situations to more desirable ones. ”

A personal reflection on change

There are many theories about change and why people react differently to change. Our past experiences influence our current views of change. If one grew up in a situation of constant change (for example in a war-torn part of the world, or in a chaotic household) a change, any change, may open old wounds, activate old fears, or bring back bad memories. However, someone who grew up in a very stable and comfortable environment may also be afraid of a change but for very different reasons (loss of security, fear of falling apart, loss of familiar supports).

Our recent experiences also affect our interpretation of what a change holds for us personally. It may threaten status or position, income, or anything else that is important. The change may also upset comfortable routines and demand extra time and energy.

How do you react to change? What is your predisposition to change? Think about your reaction to a recent change not initiated by you. Did you think first about the risks, the difficulties of implementing the change, or its potential negative consequences? Or did you see it as an opportunity, full of promise and possibility?

It is good practice to ask yourself such questions as:

- How does this change affect my leadership?

- How might this change benefit my team or my organization?

- What might I/we learn from this change?

- What new opportunities will this change create?

When people feel they are *being changed*, having had no say or input in the process, chances are that they will become defensive and search for arguments that will support their case against the change: how it will hurt their interests, reduce their power, affect their job security or income. If not discouraged from this behavior, they may also engage in catastrophic thinking, creating compelling worst case scenarios and convincing themselves that this is indeed what will happen. When there is no or little information available about the change, there is no reason to revise those scenarios.

When you have come to the conclusion that a change is needed, try to anticipate people's reactions if you were to impose the change. Prepare yourself by creating a compelling case for the change, for example by stressing what will happen if there is no change. Talk with people who are likely to be most affected by the change in order to understand their fears. Explore how the change may benefit them. If there appears no benefit at all, only disadvantages, you can count on lots of resistance, sabotage, and people who withdraw. You can also count on having to operate in a very negative climate, with gossip, people accusing one another, and a negative impact on work performance. Ask yourself whether you can communicate honestly about the change process that you have in mind. If you feel that you cannot do that, for whatever reason, it is better to rethink your change strategy. Otherwise, you should expect resistance and have a plan for how to deal with it.

Remember that when there is an information vacuum, people will come up with their own stories; these may not be to your liking, nor will they help you do your job.

Leading Organizational Change

Common errors in change initiatives

Professor Kotter from Harvard University discovered that there was a pattern to the failures of the change initiatives he studied. Failures were due to eight errors that appeared over and over again. Each of these errors had a specific effect, following some sort of a sequence at specific points in the change process.

These errors were:

- Allowing too much complacency;

When people feel that things are going well enough, and when there is no clear urgency for the proposed change, it is hard to mobilize people to do the change work that is needed.

- Failing to create a sufficiently powerful guiding coalition;

When key authority figures are absent from the team that has responsibility for implementing the change, it is hard to get others to join forces and take the work seriously.

- Underestimating the power of vision;

Although formal goals and planning documents are sometimes formulated as visions, or include some sort of a vision statement, they rarely have the power to inspire people and rally them around a common image of the desired future.

- Under communicating the vision by a factor of 10 (or 100 or even 1,000);

Even when there is a vision, senior managers either neglect to communicate it at all, or do it in ways that is neither compelling nor inspires people to make the sacrifices that are called for. Sometimes the behavior of senior executives contradicts the values contained in the vision, thus canceling out whatever positive impact it might have had on employees.

- Permitting obstacles to obscure the new vision;

When real or perceived obstacles remain in place, and little or no effort is made to remove them, others often consider the proposed change “not really all that serious.”

- Failing to create short-term wins;

When employees do not see any positive effect in the short term, it is hard to keep them engaged.

- Declaring victory too soon;

The first positive results are encouraging, but they cannot substitute for lasting change. The risk of declaring victory too soon is that people's attention shifts to something else, and the needed effort to keep the change from disappearing from people's view is lost.

- Neglecting to tie the changes firmly in the organizational culture.

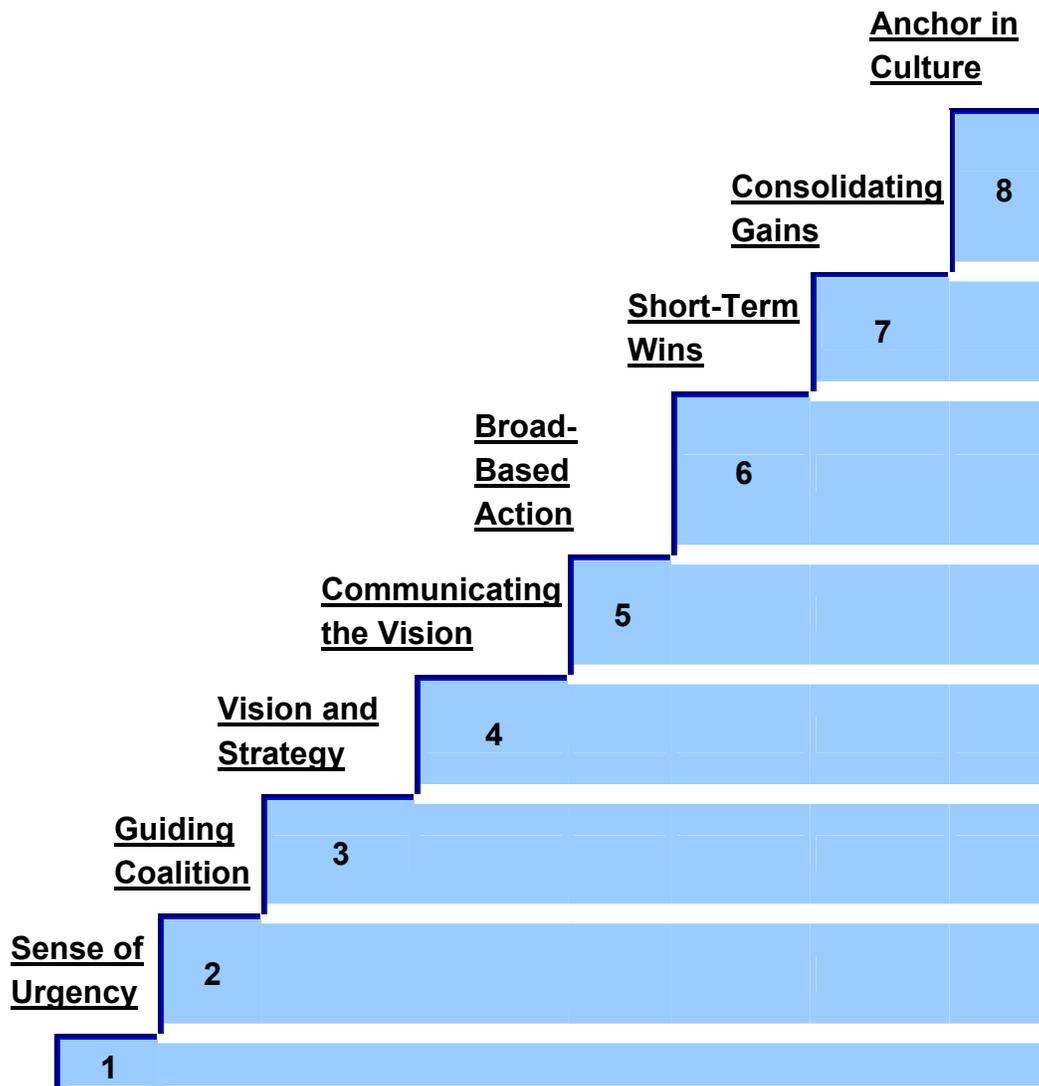
If the changes do not become part of the organization's culture, it is unlikely that the change will stick.

The problem with all of these failed change initiatives is not only wasted time and other resources, but, more importantly, the wasted good will of employees. Failed change efforts create cynicism, and cynicism acts like a virus in an organization: it spreads rapidly and makes future change initiatives less likely to be embraced and supported by the staff. This is understandable—after all, they invested their hopes and expectations in something that probably gave them more headaches than anything else.

Eight stages of change

Kotter¹ proposes a sequence of eight stages when initiating any change, each of which is intended to keep one of the eight errors above from occurring. The first four stages are meant to “prepare the soil” so that it can accept “the seeds of change.” The next three steps provide a set of new practices that will help establish the desired new status. The final step is to make sure that the change is sustainable over time. Kotter's model is a stage model, like a stairway. Each new step is built on the previous ones, so that if a lower step is weak, the next one will also be weak and there is a risk of collapse. Thus, it is important to make sure that each stage is completed properly.

¹ Kotter, John P. *Leading Change*. Cambridge: Harvard Business School Press, 1996.



Below, we describe each of these stages:

1. Establishing a Sense of Urgency

We need to communicate that the need for change is unavoidable. The confrontation with reality leaves us no room for hope that we can continue working as we always have. A sense of urgency entails starting to move in the direction of the change. When, in an organization, people say that change is urgent, but actions are not congruent with those words (for example, there is no budget for the changes that are needed, or people don't come to meetings because they feel that they have more important things to do), then the sense of urgency is undermined. A change process initiated under those circumstances will be so fragile that any resistance will block it.

2. Creating the Guiding Coalition

Who should be included in such a guiding coalition? Mobilizing an organization to support a profound change will undoubtedly generate resistance from those parts of the system that fear a serious loss. Some of these groups or people may be very powerful. Thus, the coalition that is guiding the change process needs to be able to counteract measures of sabotage or other forms of resistance. Its members must have both the credibility and the authority to make decisions, remove obstacles, and obtain necessary resources. This means that key decision-makers as well as informal leaders need to be part of the coalition and that these people represent different parts of the organization.

3. Developing a Vision and Strategy

Generate a point of reference in the future. The vision of “where are we going and how are we going to get there” has to be compelling and clear, containing enough overall direction and enough appealing details to get people moving together in the same direction. A good vision aligns people and departments, but only if it can be communicated easily. If the vision statement is very long, confusing, or abstract, it will do little to invite individuals to align their personal visions with the organizational one. Ideally, a vision is created by all the key stakeholders, so then it becomes a shared vision. Strategy tells people how the organization is most likely to realize the vision. Strategy anchors the desired future state in a thorough knowledge of current reality (strengths, weaknesses, threats, opportunities, and trends) and indicates the best ways to move into the future.

4. Communicating the Change Vision

Articulating the vision and strategy is important, but not sufficient. If we want to encourage people to take initiative, if we want to unleash the organization's creative potential, people have to share the vision, and that requires careful communication. You cannot just announce the vision in a bulletin or letter from the director, or post it on signs on the walls. The vision needs to be “invoked” at every important meeting, at every important discussion, in every key decision.

5. Empowering Broad-Based Action

Getting to this point requires having achieved a certain level of success with each of the previous stages. Otherwise, the change will fail here and, in fact, this is the point at which many changes do fail. When people get excited about the change and mobilize, they begin to take initiative and, in doing so, solve problems, take risks, and innovate. It is important that people are encouraged to do this and are rewarded for it. If existing procedures, structures, or behaviors squelch such initiatives, the guiding coalition needs to take steps to remove the obstacles so

that the right signals are sent. It is very easy for initial enthusiasm to turn into frustration and to sap people's energy.

6. Generating Short-Term Wins

People need concrete reinforcement. If you want them to remain engaged and motivated, they have to feel that they are moving in the right direction. Visions are always grand and long-term, and they cannot be accomplished in six months. It is therefore important to aim for some short term victories that can be celebrated, to convince people that the change is happening, and that the change is good.

7. Consolidating Gains and Producing More Change

Although concrete accomplishments are important because they encourage people, the risk is that they may seduce an organization into declaring victory too soon. If people believe that, with those accomplishments, they have succeeded, the tendency is to go back to "normal" work, as if the change initiative was only an interruption. People need to be engaged in more projects, work with new themes, and include new change agents to create other accomplishments, each with more depth or breadth. If changes have occurred in some units, they need to be replicated in other units. If certain work practices have changed, they need to be converted into a more permanent system that formalizes the new procedures as part of a new way of working.

8. Anchoring New Approaches in the Culture

You may think that if you've come this far, there's no way to reverse the change. But many organizations, after four or five years of profound change, have learned that if the change has not become part of the organization's culture, an action in the general director's office can stop it, and even reverse it. Anchoring the change in the culture means making it part of "how we do things here," so that the strength of the culture will prevail if new decision-makers try to undo the changes.

Individual Exercise: "The Case of Rachid and Kotter's Eight Stages"

Instructions

Let's use Kotter's eight stages of change and see how they fit with an actual situation. Reread the interview with Rachid in the previous section-The leader and change- from page 2 to 4. Try to identify the change stages in the Kotter model that Rachid considered and/or implemented as he worked to address his leadership challenge.

Relate each of the situations described in scenarios A-I to one of the stages in Kotter's model. Circle the number of the stage that corresponds to each situation.

- 1 Sense of Urgency
- 2 Guiding Coalition
- 3 Vision and Strategy
- 4 Communicating the Vision
- 5 Broad-Based Action
- 6 Short Term Wins
- 7 Consolidating Gains
- 8 Anchor in Culture

Situation A

I was convinced that the MOH needed to expand their hospital-focused vision to one that acknowledged the importance of management and public health training in developing and implementing ambulatory health programs. I thought, "If they don't know how to do it, perhaps I can help them." My idea was to try to develop staff with public health management skills so that within the MOH there would be a critical mass of professionals who were technically competent in the major areas of public health and able to manage public health programs effectively. It was a huge undertaking and something that I knew I certainly couldn't accomplish by myself working in a rural health center. I decided then to leave the health center and work in the central Ministry. There were several doctors and nurses who shared my thoughts in these matters. It took some maneuvering within the MOH bureaucracy, but I was able to find a job in the MOH division that was responsible for selecting and training MOH employees and assigning them to positions within the MOH. As soon as I was able to I brought some of the people who had helped me develop my ideas to the MOH to work with me.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation B

We provided adequate resources for staff to develop guidelines and protocols for establishing this new delivery system within the pilot provinces, and we began to disseminate these new strategies and materials to other provinces. In essence, we built a cadre of people who were working in a new and different way and were inspired to share with the rest of the MOH the work that they were doing.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation C

In my first year in the office, I managed to get two small grants, one from WHO and another from USAID. With that I was able to send some excellent people to training programs and short courses. We generated a lot of excitement early on by offering four Master's Program Fellowships. The department sponsored a competition within the MOH for which there was great interest and excitement. Three of the four people we selected came back after they obtained their degrees and were assigned to work with us. After that, we continued training people, and there was a lot of continued interest.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation D

We sent some people to train overseas and we ran a great many management workshops. We also sent people to short courses around the world to create expertise in specific areas of public health. At the same time, I began developing a plan for a project to introduce a new system for providing basic services. It was very important to seek support outside the Ministry, because at that juncture, there was little internal credibility and support for this venture.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation E

We needed a total overhaul of the system, and it needed to begin with the leadership and management at the highest levels within the provinces. First, while I was still in the rural health center, and then in the provincial capital, I began articulating a vision and strategy for changing the situation. Of course, I had lots of colleagues that I shared my thoughts with, and together we created an idea of starting in a province like our own with a new delivery system for outpatient care and then expanding it to other provinces and, eventually, the whole country.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation F

I was quite close to the technical director of the MOH. He was a university professor and a permanent figure in the MOH. While the Minister changed every four years, the technical director remained and had a great deal of power and influence in the MOH. I was very systematic about giving him detailed information on the progress of the project. After my second year, he actually established a team of six people within the MOH from the pharmacy service, the directorate of maternal and child health, the personnel department, and the administrative affairs department to advocate for the project.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation G

As soon as I took the job, I began to work to articulate publicly the problems that I felt needed to be addressed. In my first year, I organized two large conferences for the MOH to look at the problems of attrition and other personnel issues within the positions in outpatient facilities. We published a book on staffing norms that generated a lot of comment and interest because it was clear that the staffing norms in actual use were thirty-five years old having been left in place after our country received its independence. They were so obviously outdated and impractical that people were really shocked. Once the report was circulated, there was tremendous enthusiasm for changing the staffing norms because people in the Ministry felt ashamed that for thirty-five years, they hadn't been able to put their own imprint on the way the MOH functioned.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation H

In a five-year period, we created a test in three pilot provinces to try out a new delivery strategy for public health interventions. In each of these pilot provinces, we trained senior and mid-level staff in management. We provided adequate resources for staff to develop guidelines and protocols for establishing this new delivery system within the pilot provinces, and we began to disseminate these new strategies and materials to other provinces.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation I

As I said, these people were different from people we had retained in the MOH previously. They had management and leadership skills and a track record for changing things in the pilot provinces. They were the wedge that created change in the entire MOH. If you look at the MOH now, these people have moved on and are working at very important jobs within the MOH. People that came through the pilot experience have been promoted to provincial health officers in other provinces. In fact, now they are dispersed throughout the ministry and have become the MOH's true leaders.

1 2 3 4 5 6 7 8 **Circle the answer**

Group Work

Kotter's eight stages and your team's action plan

The following instructions are to help the team coordinator prepare for the team meeting.

Requirements for the meeting

- Remind your team of the date and time of your Module 6 meeting. If you need to change it make sure you communicate the changes to the facilitator. Try for complete attendance if at all possible.
- Block at least 3 hours of uninterrupted time for the meeting.
- Select a comfortable room in which you can work without being disturbed.
- Tell people to bring their workbooks with their individual development plans ready to share.
- Have flipchart paper and markers or a blackboard and chalk ready.

Time: 3 hours

Objectives

- Explore your reactions to change.
- Identify the various stakeholders who you have to get on board in order to implement your plan for addressing the organizational challenge that you identified in Module 3.
- For each stakeholder, establish what their interests and concerns are that you have to address in order to get them on board.
- Adjust your action plan using the eight stages of Kotter's model.
- Discuss the implementation of your work plan.

Expected Result

- An action plan that is more robust and that has been adjusted based on a review of progress, input from the facilitators, obstacles, and accomplishments.

Instructions

1. Present the agenda, the objectives, and the expected results of the meeting. **5 minutes**
2. Share your individual reflections from Module 6 in your workbook. As a team, how comfortable are you leading a change initiative? **30 minutes**
3. Remind the team about the challenge that the team has selected. Conduct a brainstorm about the stakeholders (groups of people) who will be either affected by your plan or whose influence will seriously affect implementation. Consolidate the list into key groups. For each group, identify interests and concerns related to your challenge. **55 minutes**
4. Remind the team that the eight stages of Kotter's model are designed to increase the positive forces for change and decrease the opposing forces. With your key stakeholder groups' interests and concerns in mind, review each of the stages and analyze what you have already accomplished as a team, and what you need to pay more attention to. Use the format in Module 6 in your workbook to record the application of Kotter's Model to your existing plan. **60 minutes**
5. Rewrite your action plan to incorporate the lessons you have learned in this module and as a result of your team's discussion. **30 minutes**
6. Send the VLDP facilitators the summary chart 6-1 (below) to show how you incorporate Kotter's eight-stage model. This will be the input for the forum. Then adjust your action plan accordingly by adding any new activities and send the updated plan to the facilitators.

The coordinator concludes the meeting and prepares to post the answers to the following 2 questions in the Forum:

- In the process of facing your challenge, according to Kotter's model, what have you already accomplished as a team, and what do you need to pay more attention to?
- How many people attended, how much time did it take, and what were the most interesting parts of the meeting?

Chart 6-1. Implementation Plan Analysis using Kotter's Model

Team name:

Team challenge:

Kotter's stages:	Analyze what you have already accomplished as a team	What actions need to be done to pay more attention to this stage
1. Establishing a Sense of Urgency		
2. Creating the Guiding Coalition		
3. Developing a Vision and a Strategy		
4. Communicating the Change Vision		
5. Empowering Broad-Based Action		
6. Generating Short-Term Wins		
7. Consolidating Gains and Producing More Change		
8. Anchoring New Approaches in the Culture		

Forum Module 6: Successes and difficulties in implementing your Action Plan

To conclude this module, we would like to hear from your team about the behavior of leaders and the leadership practices that the members of your team are currently performing.

- In the process of facing your challenge, according to Kotter's model, what have you already accomplished as a team, and what do you need to pay more attention to?
- How many people attended, how much time did it take, and what were the most interesting parts of the meeting?

The coordinator should post the responses from his or her team on the program Web site. Each team's responses will appear on this page after they have been posted by the team's coordinators.

When you have read the responses, you can move on to the Café and participate in a discussion with the participants from other teams and the VLDP facilitators.

Tools and Readings

Recommendations for further reading

Kotter, John P. *Leading Change*. Cambridge: Harvard Business School Press, 1996.

Senge, Peter M. "The Life Cycle of Typical Change Initiatives." In *The Dance of Change*. Peter Senge, et al. New York: Currency/Doubleday, 1999.

Individual Reflections on Module 6

Module 7- Coming to a Close

Purpose

In this session, we will reflect about the experience of the Virtual Leadership Development Program. We will ask you to share your observations with other participants and evaluate the impact of this type of blended learning on your work, your work as team, and personally. We also invite you to explore ways of continuing to address the challenge your team identified during the program.

You will also have the opportunity to measure your team's Workgroup Climate and discuss the changes in your team's Climate at the end of the program.

Learning Objectives

At the end of this Module, you will be able to:

- articulate your experience as a participant in the Virtual Leadership Development Program;
- re-assess your team's work climate by comparing your scores with those from the beginning of VLDP;
- identify strong points, weak points and influence of the program by completing a final evaluation;
- describe how you and your team will continue to address your team's challenge and strengthen their leadership skills;

INDIVIDUAL	Evaluation	1. Personal reflection: "My experience with this program"	15 minutes
		2. Work climate assessment	30 minutes
		3. Online evaluation of the program	20 minutes
		4. Visit to the Café to share your observations with other participants	15 minutes
	Closing	5. Visit to the Café for closing remarks from the facilitators	15 minutes
Total time for module			1 hour, 35 minutes

Personal Reflection

Our thirteen-week period together is almost over, and the time has come to bring the VLDP to a close. As a final exercise, let's think about our experience. Together we have covered much terrain: learning to navigate and work comfortably in an online program that is combined with face-to-face team meetings; exploring the differences between managing and leading; identifying our challenges; developing action plans; gaining insights into our leadership competencies; studying communication; and looking at the dynamics of the change process. As you review the modules, reflect on your experiences. Below we have provided a space for you to write down your thoughts in response any one or all of the following questions:

- What were the high points of the VLDP?

- What were some of the low points or frustrating times you encountered while participating in this VLDP?

- What progress has your team made towards addressing the identified challenge(s) or is it always singular?

- How have the team sessions been useful in addressing the challenge?

- How well was the individual work of each module integrated with the work that your team was doing to address its challenge?

- How significant were your interactions with the other teams?

- How will your team continue to work on the challenge you identified?

When you have finished, look over your notes and write a brief summary or some of the highlights and post these in the Café. This will allow all of you to compare notes with your fellow VLDP participants.

Workgroup Climate Assessment

Now that you have completed the VLDP, we are asking each one of you to once again fill out the following interactive questionnaire to get some data on the work climate within your team.

When you next meet as a team again, maybe to celebrate receiving your certificate, take a look at the team climate data and note what has changed. Then give yourself a big clap for all the work you did. We hope you will all see the fruits of your improved team climate in the work that you produce and in the way you handle new challenges.

Each member of the team should complete the following assessment.

Objective

The objective of this assessment is to evaluate Workgroup Climate in workgroups.

What is a workgroup?

The workgroup consists of people who work together on a regular basis to produce results. Workgroups exist at all levels of the organization. For example, a workgroup can be a regional or district team within the Ministry of Health, or can be a group of high-level administrators at a hospital, or a team of personnel at the service delivery level.

What is workgroup climate?

Workgroup climate is the prevailing atmosphere in a workplace, as experienced by the members of the group.

Confidentiality

Your responses are confidential, and will not be communicated with your name to any member of your organization.

Accuracy

We ask you to be as honest as possible in your rating of the items in the assessment. Please respond according to how you really feel. This information will only be valuable if you your responses accurately reflect your feelings and your point of view about the workgroup climate within your workgroup.

Please note: it is critical that the individual members of your team **complete the exercise on the VLDP Web site** (<http://erc.msh.org/vldpiraq>). The facilitator will analyze your individual responses to determine your teams' profile. You can then compare your results to the results you received during Module 1. You may use your workbook to first complete the exercise and keep a record of your individual results, before posting your responses on the Web site.

Workgroup Climate Assessment (WCA) - Part A

How do I complete the Workgroup Climate Assessment Part A?

- 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 on a scale of 1 to 5, where 1 means “not at all” and 5 means “to a very great degree,” indicate your selection by clicking on the circle next to the appropriate number.
- Do this for each item in the assessment.
- Please read each item below and indicate your selection by circling the appropriate number in both columns. **Please complete the exercise on the VLDP Web site** (<http://erc.msh.org/vldpiraq>). You may use your workbook to first complete the exercise and keep a record of your individual results, before posting your responses on the Web site.

Actual Performance

How are things now in your work group?

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

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

<p style="text-align: center;">Workgroup Climate Assessment</p> <p style="text-align: center;">SAMPLE</p> <p>I feel that in my workgroup...</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>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</p>
<p>1. We have a positive attitude</p>	<p style="text-align: center;">1 2 3 4 5</p>
<p>2. We enjoy our work</p>	<p style="text-align: center;">1 2 3 4 5</p>

Workgroup Climate Assessment - Part A

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

<p>Workgroup Climate Assessment – Part A</p> <p>I feel that in my workgroup.....</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>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</p>
1. We feel our work is important	1 2 3 4 5
2. We strive to achieve successful outcomes	1 2 3 4 5
3. We pay attention to how well we are working together	1 2 3 4 5
4. We understand the relevance of the job of each member in our group	1 2 3 4 5
5. We have a plan which guides our activities	1 2 3 4 5
6. We understand each other's capabilities	1 2 3 4 5
7. We seek to understand the needs of our clients	1 2 3 4 5
8. We take pride in our work	1 2 3 4 5

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.

<p>Workgroup Climate Assessment – Part B</p> <p>I feel that</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>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</p>
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. Please enter your exercise results on the VLDP Web site (<http://erc.msh.org/vldpiraq>) in order to receive your results.

Final Evaluation of the Program

The results of this evaluation will help us improve future programs. Please read this questionnaire carefully, and take a few minutes to complete it. You must complete this evaluation to receive a program certificate. **Please complete this evaluation on the VLDP Web site.** Thank you in advance for taking the time to evaluate the VLDP.

The objectives of this evaluation are:

- to solicit your feedback on how to improve the VLDP for the benefit of future VLDP participants;
- to assess your team's progress in implementing the action plan related to the challenge you selected;
- to solicit your ideas for continuing support.

Please answer the following series of questions regarding various aspects of the VLDP.

Please be sure to go to the site to fill out the form and submit your answers.

1. How helpful was the content of each module for strengthening your leadership competencies and identifying and addressing your team's leadership challenge?

Module:

Module 2: Leadership in Health Programs and Organizations

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Module 3: Identifying Challenges

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Module 4: Leadership Competencies

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Module 5: Communication

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Module 6: Managing Change

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

2. How helpful was each of the following components of VLDP?

VLDP component

Café: for exchange of ideas and discussion among the participants

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Bulletin boards: for the information posted every day

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Forum: for the sharing of each team's results by module and the opportunity to discuss them with each team's coordinator and the facilitators

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

E-mail/communication with the facilitators: for feedback on the team's action plan

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Tools and references

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Self assessments

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Leading article: the new article for each module on the first page of the site

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

3. Please give us your opinion about the facilitation of the program

Usefulness of facilitators' inputs

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Availability of facilitators

___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

4A. Which VLDP material did you primarily use to participate in the program?

___ Web site

___ Workbook

___ Email

4B. Which VLDP material did you use as a secondary means of participating in the program?

___ Web site

___ Workbook

___ Email

5. What suggestions do you have for improving the program materials? Please be as specific as possible.

6. What information, if any, would have been helpful to you prior to the program start? Please be as specific as possible.

7A. Has your team started to implement its action plan to address the challenge you identified?

YES NO

7B. Please describe

8A. Has your team been able to bring about any changes in your organization as a result of participating in the VLDP?

YES NO

8B. Please describe

9. In addition to the challenge that your team identified in Module 3 that you are working on together, are there other institutional challenges that you have undertaken during the program? What are these challenges and has the VLDP helped you address them? If so, in what way?

10. Has the VLDP influenced the way you do things? What, if anything, are you doing differently as a result of participating in the program?

11. Have you strengthened any of your management and leadership competencies as a result of the VLDP? If so, which ones?

12. Have you shared the VLDP material with other colleagues who did not participate in the program? If so, what did you share and how did you share it?

13. How likely are you to access an alumni Web site after the conclusion of this VLDP to exchange ideas and articles about leadership with other people who have taken this program?

___ Very Likely ___ Somewhat Likely ___ Unlikely

14. What kind of material should the alumni Web site contain that would be helpful in supporting you as a manager and leader in your organization?

15. Would you recommend this program to other organizations? Why or why not?

16. Do you have any other comments and/or suggestions about the VLDP?

Experiences with the Program

Thank you for providing us with your final evaluation of the course. If you have not completed your evaluation, please do so now and please enter your responses on the Web site. After you have clicked on the 'submit' button at the end of the evaluation, and the facilitators have checked whether your team has fulfilled the other program requirements, you will be mailed your program certificate.

Visit to the Café to Share Program Experiences

Now we would like to invite you to the Café to share your any other thoughts on the VLDP that you would like to express and read what others have said about their experiences.

Closing Ceremony

Staying connected

One of the things we've learned in this course is that the development of leadership skills is a complex, demanding task and a never-ending journey. It requires patience, perseverance, and flexibility. Over the past 13 weeks, we have had the opportunity to identify and work together on important challenges that require leadership if they are to be successfully addressed. We have come to see that we must understand our own leadership styles and skills and to draw up a plan for our own development as leaders so that we are better equipped to lead as we pursue a vision of better health for all.

Even though we are about to end this program, we hope the process of personal and organizational learning about facing challenges and achieving results will continue.

The Cafe will remain open for 3 more months before we close down. We hope to 'see' you and your colleagues there as we are saying goodbye and reflecting on the impact of this program.

Staying in touch

We invite you to stay in touch with us and each other by signing on to LeaderNet. This is not a course, and there are no special requirements like team meetings, forum postings or homework that you had for the VLDP. LeaderNet is set up as a virtual community of people who want to exercise leadership in pursuit of better health for their people. It is for all the participants around the world who have ever participated in a virtual or face to face leadership program and who are practicing the leadership and management practices presented during this VLDP.

The LeaderNet website is currently available in English and Spanish and we hope to add other languages to that in the future. LeaderNet delivers periodic two-week forums on specific topics, such as supervision, evaluation, ethics, and coaching. These topics

can be proposed by the members of LeaderNet. Invitations to participate in such forums are sent to all members, no matter where they live in the world. Daily translations of postings allow people from Latin America to communicate with people from Asia, Africa or the Arab world.

The LeaderNet website is a place where you can share your challenges and best practices, access tools and resources, stay in contact with your VLDP colleagues, get to know other health professionals around the world, and help design the future of LeaderNet. LeaderNet is for you, so we invite you to help us shape it.

If you would like to be a part of LeaderNet, please go to: <http://erc.msh.org/leadernet/login.cfm> and click on the registration/new user link. Please direct any questions regarding LeaderNet to: leadernet@msh.org.

And with these words we say to you a temporary goodbye. We know it is temporary because we are confident that we will meet again, if not in person, then at least virtually on LeaderNet. Keep doing your important work, keep trying to be the best leader you can be. We are cheering you on from afar.

Annex 1: Definitions of Leadership Competencies

Leadership Components- Definitions:

Focused Drive: The competency of focusing on a goal and harnessing your energy in order to meet that goal – a balance between the components of:

- Focus: The ability to identify an important goal or vision and to channel efforts at specific targets that support that goal or vision.
- Drive: The ability to persevere, sacrifice (when necessary), and expend high degrees of energy to reach high levels of performance.

• **Emotional Intelligence:** The competency of understanding and mastering your own emotions (and recognizing the emotions of others) in a way that instills confidence, motivates, inspires, and enhances group effectiveness – a balance between the components of:

- Perception: The ability to read the emotions and thoughts of others through the use of insight, empathy, and observational skills.
- Emotional Maturity: The ability to master emotions and cope with stress in a way that instills confidence, motivates, and enhances group effectiveness.

• **Trusted Influence:** The competency of effectively influencing others by evoking their trust and by placing trust in others to enable their success – a balance between the components of:

- Commitment: The ability to evoke trust from others by keeping commitments, recognizing individual contributors, setting a personal example, and building shared goals, values, and vision.
- Empowerment: The ability to help others reach higher levels of performance through trust, delegation, participation, and coaching.

• **Conceptual Thinking:** The competency of conceiving and selecting innovative strategies and ideas for your organization – a balance of the components of:

- Innovation: The ability to create or enhance new ideas, products, and services by challenging assumptions and thinking out of the box.
- Big-Picture Thinking: The ability to conceptualize and clarify all of the forces, events, entities, and people that are affecting (or are being affected by) the situation at hand.

• **Systems Thinking:** The competency of rigorously and systematically connecting processes, events, and systems – a balance between the components of:

- Process Orientation: The ability to increase overall learning and performance by designing, implementing, and/or connecting critical work processes.
- Mental Discipline: The ability to logically and thoughtfully sort through ambiguity and alternatives with a rigor and discipline that crystallizes ideas for action.

Leadership Skills – Definitions:

- **Change Management:** The skill of adapting to and thriving in times of internal or external change.
- **Coaching/Mentoring:** The skill of mastering a comfortable coaching style and using it strategically to improve performance.
- **Communication:** The skill of communicating and relating to a broad range of people internally and externally.
- **Negotiation:** The skill of arriving at and reaching understandings and agreements with a broad range of people internally and externally.
- **Problem Solving:** The skill of employing analytical abilities, pragmatism, and other tools to resolve complex problems in a variety of contexts.

Linkage, Inc., *Leadership Assessment Instrument: Self-Managed Assessment* (Lexington, MA: nd)

Annex 2: Answers to the Exercises

Module 3: “The New Family Planning Clinic”

Answers to the Exercise

1. What are the most critical challenges for the newly appointed director of the Family Planning Clinic?

- How to organize the work in a way that the available resources are used as efficiently as possible;
- How to add to these resources to secure continued service, since discontinuing services would have a negative impact on the clinic's clients;
- How to align and mobilize stakeholders to support her against some local religious leaders that opposed the clinic and help her to enroll them;
- How to distinguish the new clinic as separate and different from the previous Centre of Excellence and gain credibility and develop a new image for it in the community;
- How to counter rumors about contaminated family planning methods;
- How to ask for help without being seen as weak and ineffective.

2. What are the most critical challenges facing the Director of the Regional Hospital?

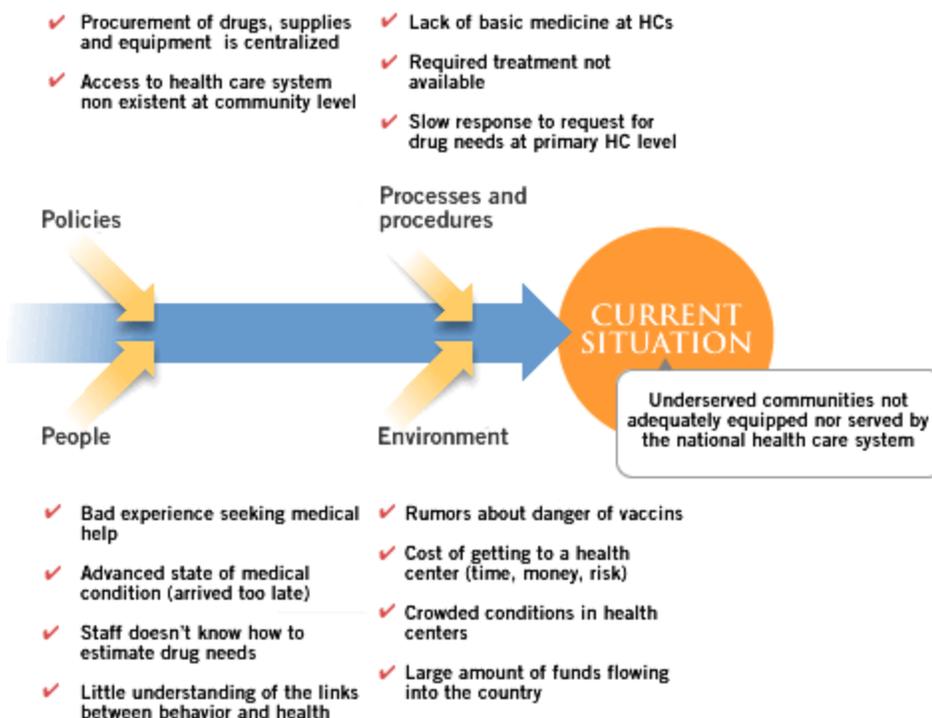
- How to re-establish a positive work climate and good relations among the hospital, the Family Planning clinic director, and the union;
- How to (re)define the role of the hospital vis-à-vis the Family Planning clinic;
- How to support the Family Planning clinic director in her response to the rumors and the opposition;
- How to regain credibility with the national authorities after the failure of the Centre of Excellence.

3. What are the most critical challenges for the National Family Planning coordinator?

- How to support the newly appointed Family Planning clinic director in her new role;
- How to assure an understanding between national politics and the services offered at the clinic;
- How to facilitate the consistent and reliable provision of contraceptives and surgical kit supply from the central warehouse to the regions;
- How to obtain and maintain the political support of the governor to resolve the conflict with the union and guarantee that the new Family Planning clinic has sufficient resources;
- How to enter into a dialogue with opposing forces at the national level.

Module 3: “Case Study: Ib Sina Fund”

ISF Fishbone diagram



Module 6: Individual Exercise: "The Case of Rachid and Kotter's Eight Stages"

Answers

Situation A

I was convinced that the MOH needed to expand their hospital-focused vision to one that acknowledged the importance of management and public health training in developing and implementing ambulatory health programs. I thought, “If they don’t know how to do it, perhaps I can help them.” My idea was to try to develop staff with public health management skills so that within the MOH there would be a critical mass of professionals who were technically competent in the major areas of public health and able to manage public health programs effectively. It was a huge undertaking and something that I knew I certainly couldn’t accomplish by myself working in a rural health center. I decided then to leave the health center and work in the central Ministry. There were several doctors and nurses who shared my thoughts in these matters. It took some maneuvering within the MOH bureaucracy, but I was able to find a job in the MOH

division that was responsible for selecting and training MOH employees and assigning them to positions within the MOH. As soon as I was able to I brought some of the people who had helped me develop my ideas to the MOH to work with me.

Correct answer: 3

Explanation: Rachid has clearly demonstrated a point of reference in the future; he has a vision and many ideas about how to realize that vision.

Situation B

We provided adequate resources for staff to develop guidelines and protocols for establishing this new delivery system within the pilot provinces, and we began to disseminate these new strategies and materials to other provinces. In essence, we built a cadre of people who were working in a new and different way and were inspired to share with the rest of the MOH the work that they were doing.

Correct answer: 7

Explanation: This was an effective strategy for creating depth and breadth to the changes occurring in the pilot provinces. The guidelines and protocols could also be immediately used in other provinces and would help to formalize changes both within the pilot provinces and in other areas.

Situation C

In my first year in the office, I managed to get two small grants, one from WHO and another from USAID. With that I was able to send some excellent people to training programs and short courses. We generated a lot of excitement early on by offering four Master's Program Fellowships. The department sponsored a competition within the MOH for which there was great interest and excitement. Three of the four people we selected came back after they obtained their degrees and were assigned to work with us. After that, we continued training people, and there was a lot of continued interest.

Correct answer: 6

Explanation: This is a good example of an early short-term win. First of all, there were the grants Rachid was able to get, and then the awards of the scholarships for further training. Master's Degree training not only raised the visibility of the department, it also helped to promote the vision of the department and was in fact, part of the strategy for improving the skills and knowledge of key people in the MOH that would later be highly motivated to carry out the project's change strategy.

Situation D

We sent some people to train overseas and we ran a great many management workshops. We also sent people to short courses around the world to create expertise in specific areas of public health. At the same time, I began developing a plan for a project to introduce a new system for providing basic services. It was very important to seek support outside the Ministry, because at that juncture, there was little internal credibility and support for this venture.

Correct answer: 5

Explanation: This group of people represented the critical mass needed to get the project going. These professionals came back from training with a shared sense of purpose and felt empowered by their experiences to push for successful change.

Situation E

We needed a total overhaul of the system, and it needed to begin with the leadership and management at the highest levels within the provinces. First, while I was still in the rural health center, and then in the provincial capital, I began articulating a vision and strategy for changing the situation. Of course, I had lots of colleagues that I shared my thoughts with, and together we created an idea of starting in a province like our own with a new delivery system for outpatient care and then expanding it to other provinces and, eventually, the whole country.

Correct answer: 4

Explanation: Communicating the ideas and building a constituency for the vision is critical. Rachid develops his vision and strategy with others who have first-hand knowledge of the situation and who share his own analysis about what needs to be done. Many of these people will later go with him to the central ministry or remain in the pilot province to help implement the work that will be done to change the delivery system.

Situation F

I was quite close to the technical director of the MOH. He was a university professor and a permanent figure in the MOH. While the Minister changed every four years, the technical director remained and had a great deal of power and influence in the MOH. I was very systematic about giving him detailed information on the progress of the project. After my second year, he actually established a team of six people within the MOH from the pharmacy service, the directorate of maternal and child health, the

personnel department, and the administrative affairs department to advocate for the project.

Correct answer: 2

Explanation: By getting and staying close to the technical director, Rachid influences the establishment of a guiding coalition within the MOH. With participation from key departments in the MOH, this group was able to shepherd the idea of the project through the ministry.

Situation G

As soon as I took the job, I began to work to articulate publicly the problems that I felt needed to be addressed. In my first year, I organized two large conferences for the MOH to look at the problems of attrition and other personnel issues within the positions in outpatient facilities. We published a book on staffing norms that generated a lot of comment and interest because it was clear that the staffing norms in actual use were thirty-five years old having been left in place after our country received its independence. They were so obviously outdated and impractical that people were really shocked. Once the report was circulated, there was tremendous enthusiasm for changing the staffing norms because people in the Ministry felt ashamed that for thirty-five years, they hadn't been able to put their own imprint on the way the MOH functioned.

Correct answer: 1

Explanation: The situation in the MOH at the time Rachid began working there had deteriorated to the point where ambulatory health programs were beginning to lose staff. Rachid's conferences and study focused attention on the problem and created the sense that things must change quickly.

Situation H

In a five-year period, we created a test in three pilot provinces to try out a new delivery strategy for public health interventions. In each of these pilot provinces, we trained senior and mid-level staff in management. We provided adequate resources for staff to develop guidelines and protocols for establishing this new delivery system within the pilot provinces, and we began to disseminate these new strategies and materials to other provinces.

Correct answer: 5

Explanation: If we take the larger view that the ultimate challenge in this situation was to change the health delivery system throughout the country, a mechanism

for disseminating and implementing changes that were occurring in the pilot provinces would be paramount. In fact, the pilot project was structured to provide guidelines and examples that could be used to generate support for similar changes in other provinces.

Situation I

As I said, these people were different from people we had retained in the MOH previously. They had management and leadership skills and a track record for changing things in the pilot provinces. They were the wedge that created change in the entire MOH. If you look at the MOH now, these people have moved on and are working at very important jobs within the MOH. People that came through the pilot experience have been promoted to provincial health officers in other provinces. In fact, now they are dispersed throughout the ministry and have become the MOH's true leaders.

Correct answer: 8

Explanation: Rachid and the guiding coalition painstakingly built the human resource infrastructure to help bring about the change. There was enough of a critical mass of health officials to create a new way of working. Having these people at key positions throughout the system multiplied the number of leaders and managers, thus supporting the change initiative in various parts of the system.

Notes and Reflections

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