

**OFFICE OF HIV/AIDS
VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM
Final report**

Delphine Liston
Cabul Mehta
Karen Sherk

August 2007

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement GPO-A-00-05-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM**

August 2007

FINAL REPORT

Report prepared by:

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Acronyms

AAR	After Action Review
CDC	Centers for Disease Control
CHAM	Christian Health Association of Malawi
CLM	Center for Leadership and Management
FPD	Foundation for Professional Development
HCD	Human Capacity Development
HRM	Human Resource Managers
IDM	Institute of Development Management
LMS	Leadership, Management, and Sustainability Program
MC	Male Circumcision
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
OHA	Office of HIV/AIDS
SMDP	Sustainable Management Development Program
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VLDP	Virtual Leadership Development Program
WCA	Workgroup Climate Assessment

I. Executive Summary

Recognizing the importance of strengthening leadership in HR in the context of HIV/AIDS, the Office of HIV/AIDS (OHA) of the United States Agency for International Development (USAID) funded a Virtual Leadership Development Program (VLDP) through the Leadership, Management & Sustainability (LMS) program of Management Sciences for Health (MSH) April through July 2007.

The VLDP is a 13-week Internet-based, blended learning program developed by MSH that combines face-to-face team work with distance learning methodologies. VLDP participants work in organizational teams to complete seven learning modules, identify an organizational challenge, and develop an action plan to address this challenge with support and feedback from the program facilitators.

The VLDP OHA was launched on April 30, 2007 and concluded on July 27, 2007. Fifty participants (28 women and 22 men) from seven organizations in five Anglophone African countries successfully completed all program requirements as of August 2007. The program was facilitated by two MSH organizational development specialists, with support from a Monitoring and Evaluation specialist and a Human Resources Management specialist.

Upon completion of the OHA VLDP, the facilitation and management teams held an After Action Review (AAR) to discuss the program, share lessons learned, and identify ways that the program can be improved in the future. The OHA VLDP team reviewed responses to the participant evaluation, discussed the performance of the teams, and identified strengths and weaknesses of the program. The material in this report is based on the AAR, participant responses to the end-of-program evaluation, pre- and post-program scores on the Workgroup Climate Assessment, teams' action plans, and observations of the facilitators and project management team.

Improved Workgroup Climate

The Workgroup Climate Assessment (WCA) tool is included in the first and last modules of the program as a means of measuring improvement in work climate over the duration of the program. Five of the seven teams that successfully completed the VLDP HRM II produced statistically valid results in the WCA assessments, and all reported a positive change in their workgroup climate score. In the qualitative evaluations participants also stated that there was improved solidarity, teamwork and group communication among their teams as a result of participating in the program.

VLDP Challenges and Action Plans

During the third module of the program, teams identified an organizational challenge they are currently facing and developed an action plan to address this challenge, achievable within six months. The challenges selected and associated action plans were of high quality and showed a firm understanding of the concepts and competencies discussed in the program.

Some examples of challenges selected include:

- Society for Family Health: How we can offer Male Circumcision services to clients at Voluntary Counseling and Testing (VCT) centres given limited space, inadequate supplies, few trained medical providers and fear of work overload on available staff?
- Raleigh Fitkin Memorial Hospital: How can we reduce the average waiting time of clients at the out patients department by 30% of the current waiting time given the existing obstacles (many queues, insufficient pay point, delay of doctors to attend to patients, high staff patient ratio and discontinuity of care)?
- Institute of Development Management (IDM) Botswana: How can we increase enrollment to the Clinical Supervision course for Nurse Supervisors?

In the end-of-program evaluations, 79% of respondents reported that their team had already begun implementing their action plan. Examples of these results include:

Society for Family Health: *“Training of the counselors has been completed; a stakeholders meeting held; recruitments for the medical staff advertised; renovations to find some work space for Male Circumcision (MC) is underway. We have hired 2 staff specifically designated for MC. More than 30 counselors have been trained in MC counseling.”*

Raleigh Fitkin Memorial Hospital: *“We have obtained clearance from our Board to implement a new fee structure that will reduce the number of queues by September. We have started evaluating the time spent by patients at the hospital by distributing the evaluation form as set out in our action plan. A baseline survey shall be conducted in the week of July 30 to August 03 2007. We are presently informing our clients about this. We have also conducted interviews to recruit more Family nurse practitioners.”*

IDM Botswana: *“We have contacted our stakeholders for the needs assessment to ensure relevance of the program; the team has been able to design a needs assessment tool.”*

Follow-up with all teams will occur in January 2008 to determine how much progress they have made implementing their action plans.

Participant Engagement and Feedback

Overall the program concluded with seven teams who were very engaged and active on the website and in the virtual café. The participants conducted their online individual exercises in a timely manner and corresponded actively with the facilitators over email. The communication between the facilitators and the teams was the core of the program and was cited as the most valuable part of the program by many participants and the facilitators.

Overall the feedback from the participants was very positive, with 74% of the evaluation respondents reporting that they have brought about changes in their organizations as a result of the program and over 95% reporting they would recommend the VLDP to another organization:

“I have learned to respect time and prioritize my work. I have also learned to work under pressure. The things that used to take me the whole day now takes only half a day. Thanks to this wonderful program.”

“(The VLDP) is a very fruitful program especially to people living in places where there is scarcity of resources items of institutions, funds for staff development and time for attending trainings”

Initially 13 teams were registered for the OHA VLDP, but only seven have completed the program and received certificates of participation as of August 2007. Of the six teams that did not complete the program, the Ministry of Health South Africa – HIV/AIDS Directorate was enrolled in the program until the end, but has yet to finalize their action plan and complete all of their online exercises as of August 2007. The attrition experienced during this offering of the VLDP can likely be attributed to teams not understanding the overall commitment that the program requires prior to enrolling.

Feedback from USAID and CDC Staff

As part of the After Action Review, feedback was collected via telephone from Karin Turner, HCD Advisor in the Southern Africa Region, USAID, based in South Africa, and Monica Smith, BOTUSA Project, Center for Disease Control and Prevention in Botswana, who observed the program and the team participation. Both Ms. Turner and Ms. Smith received positive feedback from local teams about the program content and facilitation, and also felt the program helped to increase local teams’ familiarity with virtual training, which is a trend in the region. They were impressed by the high level of engagement of the teams, and were surprised to see the high level of completion of the program by the teams. They both stated that they received feedback from the teams that finding the time to complete the program while working their full-time jobs was challenging. They also stated that internet connectivity remained a challenge in the region. They mentioned specific ways to improve future offerings, which included better coordination of the VLDP with local projects and organizations.

Conclusions

Results to date from this program demonstrate the VLDP as a successful model for strengthening the leadership skills of HIV/AIDS service delivery providers and stakeholders who are facing human resources management and other related challenges. Recommendations for the next VLDP in Southern Africa include marketing strategies that concretely denote the requirements for participation in the program to ensure that participants are fully able to commit themselves.

Overall, it was a successful offering of the program, creating much interest in the region. Future applications of the VLDP in Southern Africa will be explored, given the positive feedback from participants and key USAID and project staff in the region.

II. Background

The Virtual Leadership Development Program (VLDP) is a 13 to 16-week blended learning program developed by MSH that combines face-to-face team work with distance learning methodologies. Facilitated by organizational and leadership development specialists, the program is Internet-based and does not require participants to leave their work sites in order to participate.

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

- *Module 1: Getting Started*

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

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

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

- *Module 3: Identifying Challenges*

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

- *Module 4: Leadership Competencies*

To focus on personal mastery, participants assess and discuss their own leadership competencies by completing the Leadership Assessment Instrument.¹

- *Module 5: Communication*

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

- *Module 6: Managing Change*

Participants are introduced to the concept of change management through a case study and story about perspectives on change and change management. Participants are also introduced to John Kotter's eight stages of change² and are asked to apply these stages to their work on their action plans.

¹ Linkage, Inc., *Leadership Assessment Instrument: Self-Managed Assessment* (Lexington, MA: nd)

² Kotter, John P. *Leading Change*. Cambridge: Harvard Business School Press, 1996.

- *Module 7: Coming to a Close*

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

As of July 2007, the VLDP has been offered nineteen times to more than 1,500 health managers from more than 190 teams in more than 40 countries around the world, including Iraq, various countries in Latin America, the Caribbean, Africa, and India. The program is available in Arabic, English, French, Portuguese and Spanish. Evaluation studies show that the VLDP strengthens leadership and management capacity, improves team work, improves work group climate, and helps teams to address identified organizational challenges to improve service delivery and management systems.

The information contained in this report is compiled from the following sources: the After Action Review (AAR); the end-of-program evaluation surveys that participants completed during the last module of the VLDP; comments written by participants in the VLDP Café³; results of the pre- and post-program applications of the Workgroup Climate Assessment (WCA)⁴; and the action plans developed by the participant teams.

III. Overview of the OHA VLDP

This VLDP was the fifth version launched in Anglophone Africa. It launched on April 30, 2007 for teams from organizations and institutions facing challenges in Human Resource Management and HIV/AIDS. The program was funded through the Office for HIV/AIDS at USAID. The participants consisted of the following teams and organizations:

Total teams completing the program: 7

Total organizations: 7

Total countries: 5

Total participants: 50 (28 women, 22 men)

³ The Café is a feature on the VLDP Web site where participants can communicate freely by posting and responding to discussion threads. It simulates an actual “café” where participants can go to chat informally about program content, or related subjects of their choice.

⁴ The Workgroup Climate Assessment, a tool developed and validated by MSH to measure team climate, was applied during the first module of the program, and again at the conclusion of the program during Module 7 in order to measure the change in workgroup climate for each team pre- and post-VLDP.

Table 1: Participating teams in the VLDP HIV

Organization	Country	Number of participants	Completed VLDP?
Christian Health Association of Malawi (CHAM)	Malawi	4	Yes
Hubert Kairuki Memorial University	Tanzania	10	Yes
Institute of Development Management (IDM)	Botswana	4	Yes
Ministry of Health Botswana	Botswana	10	Yes
Ministry of Health South Africa – HIV/AIDS Directorate	South Africa	5	No
Ministry of Health South Africa – Iphondo LeMpuma-Koloni	South Africa	10	No
Ministry of Health Swaziland	Swaziland	10	No
Muhimbili National Hospital	Tanzania	6	No
National Association of Nurses of Malawi	Malawi	10	No
Nursing Association	Swaziland	4	Yes
Raleigh Fitkin Memorial Hospital	Swaziland	10	Yes
Society for Family Health	Zambia	8	Yes
University of Swaziland – Faculty of Health Sciences	Swaziland	11	No
TOTAL:	6 countries	50 completed	7 out of 13 completed

The requirements for participating in this program include:

- A commitment to dedicating 4 to 5 hours a week per participant to complete program requirements and work
- Reliable access to the internet (either in their workplace, or willingness/ ability to complete online program requirements at a cyber café)
- Teams that work in the field of HIV/AIDS and Human Resources for Health.

The participants were identified by USAID, the Human Capacity Development (HCD) Coalition in Southern Africa, and MSH staff who work in Africa in Human Resource Management. The participants were recruited via telephone and e-mail.

The program was jointly facilitated by two facilitators from MSH with technical support from HRM and monitoring and evaluation specialists:

- Ida Grum, Senior Program Associate & Regional Representative for East Africa
- Karen Johnson Lassner, Principal Program Associate
- Mary O’Neil, Principal Program Associate (expertise in HRM)
- Cary Perry, Monitoring and Evaluation Specialist

The program concluded on July 27, 2007. Seven teams successfully completed the program and earned VLDP certificates.

IV. After Action Review Findings

Upon completion of the OHA VLDP, the facilitation and management teams held an After Action Review (AAR) to discuss the program, share lessons learned, and identify ways that the program can be improved in the future. The OHA VLDP team reviewed responses to the participant evaluation, discussed the performance of the teams, and identified strengths and weaknesses of the program. The material in this section is based on the AAR, participant responses to the program evaluation, pre- and post-program scores on the Workgroup Climate Assessment, teams' action plans, and observations of the facilitators and project management team.

Overall the program concluded with seven teams who were very engaged and active on the website and in the virtual café. The participants conducted their online individual exercises in a timely manner and corresponded actively with the facilitators over email. The communication between the facilitators and the teams was the core of the program and was cited as the most valuable part of the program by many participants and the facilitators.

Initially 13 teams were registered for the OHA VLDP, but only seven have completed the program and received certificates of participation as of August 2007. Of the six teams that did not complete the program, the Ministry of Health South Africa – HIV/AIDS Directorate was enrolled in the program until the end, but has yet to finalize their action plan and complete all of their online exercises. Ministry of Health South Africa – Iphondo LeMpuma-Koloni, Ministry of Health Swaziland, Muhimbili National Hospital, National Association of Nurses of Malawi, and the University of Swaziland were never active teams in the program as they did not have all their members registered even several weeks into the program, they did not complete homework assignments, rarely visited the site, and in some cases were not responsive to facilitator emails and phone calls. In communicating with these teams, it appears that internet connectivity issues, misunderstanding of program requirements and time constraints were the root causes for the teams' weak participation.

Participant evaluation responses

In the end-of-program evaluations, participants rated all components of the VLDP very positively. One hundred percent of respondents found all the Modules to be “helpful” or “very helpful” with the exception of Module 5 which 98% of participants found “helpful” or “very helpful.” One hundred percent of the participants felt that the input from the facilitators and their availability was “excellent” or “good.”

Overall the feedback from the participants was very positive, with 74% of the evaluation respondents reporting that they have brought about changes in their organizations as a result of the program and over 95% reporting they would recommend the VLDP to another organization. Participants noted changes in their daily work and many of the teams also reported in the evaluation that there was improved solidarity, teamwork and group communication among their teams as a result of participating in the program. Some selected participant comments include:

“I think in a way we have managed to effect change because I for one have changed the way I have been interacting with both my work and colleagues in a positive manner and that has made my work much easier than before.”

“Value of team work and understanding each others strength and we been able to apply it so well in our work climate, this has brought about healthy working climate and results oriented team.”

“I find people are more focused now and working in harmony, supporting each other by inspiring one another instead of criticizing each other all the time.”

“I have learned to respect time and prioritize my work. I have also learned to work under pressure. The things that used to take me the whole day now takes only half a day. Thanks to this wonderful program.”

“VLDP has been an eye opener to some of us and it has brought us closer as leaders of the organization on decision making.”

“Keep it up, it is a very fruitful program especially to people living in places where there is scarcity of resources items of institutions, funds for staff development and time for attending trainings.”

Summary of successful characteristics of this VLDP

There were several successful characteristics of the OHA VLDP. One successful feature was the facilitation model used throughout the program. The facilitation team worked well together and facilitators were very organized and able to pass off to the next facilitator seamlessly. Another success of the program was the very high level of engagement between the facilitators and the participants with constant email communication, coaching and timely feedback on team action plans. The timeliness and responsiveness of the teams in completing their individual exercises and team assignments was likely a result of this high level of engagement. The facilitation and management team also noticed a strong correlation between the stability of the team configuration and the success of the team.

The VLDP team found tools of the program very useful. The Café was a successful forum for discussion among teams and the self assessment instruments were rated very positively, as participants could receive instant feedback.

Workgroup Climate Assessment

The Workgroup Climate Assessment (WCA) tool is included in the first and last modules of the program as a means of measuring improvement in work climate over the duration of the program. Improved work group climate is a key outcome of the VLDP as it can be used to collect valuable monitoring information about the program and its impact.

Five of the six teams that successfully completed the OHA VLDP produced statistically valid results in the WCA assessments, meaning that the number of respondents did not vary between

the pre- and post-intervention application of the WCA. All five teams reported a positive change in their climate score, signifying that through participation in the program teams were able to improve their workgroup climate.

Team Challenges

During Module 3, teams were asked to come up with a team challenge and a corresponding action plan for addressing that challenge with a measurable result achievable within 6 months. During this module and subsequent modules the teams received constant coaching from the facilitators and HRM and M&E technical experts at MSH to assist the teams in framing their challenge and measurable result. A list of the team challenges selected by the teams can be found in Table 2. Although the ambitiousness of the challenges varied by team, overall the challenges selected and associated action plans were of high quality and showed a firm understanding of the concepts and competencies discussed in the program.

Table 2: VLDP OHA team challenges:

Team	Country	Organization Type	Challenge
Christian Health Association of Malawi (CHAM)	Malawi	Health Association	With inadequate VCT Counselors, how can we provide quality and sustainable VCT services in the rural areas within the catchment areas of CHAM units?
Hubert Kairuki Memorial University	Tanzania	University	How can we enable Mission Mikocheni hospital health care providers to report and seek prompt treatment in case of exposure to HIV infection at workplace?
IDM Botswana	Botswana	Management Institute	How can we increase enrollment to the Clinical Supervision course for Nurse Supervisors?
Ministry of Health Botswana	Botswana	Ministry of Health	How can we respond to correspondence within two weeks given that we currently respond in four weeks or more by March 2008?
Raleigh Fitkin Memorial Hospital	Swaziland	Hospital	How can we reduce the average waiting time of clients at the out patients department by 30% of the current waiting time given the existing obstacles (many queues, insufficient pay point, delay of doctors to attend to patients, high staff patient ratio and discontinuity of care)?
Society for Family Health	Zambia	Health Association	How we can offer Male Circumcision services to clients at Voluntary Counseling and Testing (VCT) centres given limited space, inadequate supplies, few trained medical providers and fear of work overload on available staff?
Swaziland Nursing Association	Swaziland	Nursing Association	How can we establish a functional support group for HIV positive health care workers in Manzini region?

In the 43 end-of-program evaluations completed, 79% of respondents reported that their team had already begun implementing their action plan. Examples of this progress include:

Raleigh Fitkin Memorial Hospital: “We have obtained clearance from our Board to implement a new fee structure that will reduce the number of queues by September. We have started evaluating the time spent by patients at the hospital by distributing the evaluation

form as set out in our action plan. A baseline survey shall be conducted in the week of July 30 to August 03 2007. We are presently informing our clients about this. We have also conducted interviews to recruit more Family nurse practitioners.”

Society for Family Health: *“Training of the counselors has been completed; a stakeholders meeting held; recruitments for the medical staff advertised; renovations to find some work space for Male Circumcision (MC) is underway. We have hired 2 staff specifically designated for MC. More than 30 counselors have been trained in MC counseling.”*

IDM Botswana: *“We have contacted our stakeholders for the needs assessment to ensure relevance of the program; the team has been able to design a needs assessment tool. But the process has been very slow because of time constraints.”*

MOH Botswana: *“Action plan scheduled to be implemented after completion of programme. We are busy trying to collect the base line data and meeting management to discuss the challenge.”*

Hubert Kairuki Memorial University: *“We are preparing the guidelines for conducting the survey on post-exposure prophylaxis. We have planned to meet with Mikocheni Mission Hospital administration to share news about our challenge.”*

Swaziland Nursing Association: *“We have distributed posters to managers and supervisors making them ready for the first meeting.”*

One indicator used to measure the impact of the VLDP is the teams' progress completing their action plans six months post-program. In order to capture the impact of the program, follow-up with all teams will occur in January 2008.

Suggestions for future programs

During the After Action Review, the team identified the following priority areas for improvement for future VLDPs:

- Administer a program application to potential teams to ensure program requirements and commitments are clearly understood by all participants prior to enrolling in the program.
- Encourage teams to finalize their team configuration as early as possible in the program to ensure consistent and successful participation.
- Send teams a detailed timeline for completion of program exercises to ensure even better timeliness from the teams in their submission.

Feedback from USAID and CDC Staff

As part of the After Action Review, feedback was collected via telephone from Karin Turner, HCD Advisor in the Southern Africa Region, USAID, based in South Africa, and Monica Smith, BOTUSA Project, Center for Disease Control and Prevention in Botswana, who observed the program and the team participation.

Both Ms. Turner and Ms. Smith received positive feedback from local teams about the program content and facilitation, and also felt the program helped to increase local teams' familiarity with virtual training, which is a trend in the region. They were impressed by the high level of engagement of the teams, and were surprised to see the high level of completion of the program by the teams. They both stated that they received feedback from the teams that finding the time to complete the program while working their full-time jobs was challenging. They also stated that internet connectivity remained a challenge in the region.

In the future, they would like to see better coordination of OHA-funded VLDPs with local projects in the region. For example, Ms. Turner and Ms. Smith found the challenges that the teams chose to be interesting and would like to share them with local projects. Other suggestions for future OHA-funded offerings of the VLDP include:

- Countries in Southern Africa would like more advanced notice about upcoming OHA core-funded work. She would like to see VLDPs considered during operational planning design to better align the program with the other work planned in-country.
- It is important to align and ensure donors and other organizations and projects are connected to the VLDP and the teams' work. Team action plans should be shared with other organizations working with the participating teams. For example, Raleigh Fitkin Memorial Hospital works closely with the HCD coalition in Southern Africa and the Swaziland Nursing Association has strong ties to Georgetown University in the region, who can help support them in the implementation of their action plan.
- Having a letter of invitation from Washington, DC to invite government officials that comes through USAID in-country is helpful and has worked for other programs.
- The South African government now requires accredited service hours for its employees. Accreditation may help to leverage the participation of government employees.
- Local projects could assist even more in identifying participants, and ensure that the VLDP is considered in regional work plans.
- To address challenges of connectivity, future VLDP teams can be connected to regional training centers with good internet connectivity. This will require advanced planning.
- Ms. Smith would like to see Botswana become further involved in future offerings of the VLDP. She said there is a push by the government of Botswana to strengthen leadership, and she would like to see the VLDP used more strategically. One possibility is working with the IDM in-country. Botswana is poised to do regional work through the Sustainable Management Development Program (SMDP) and Foundation for Professional Development (FPD).

V. Conclusions

Fifty participants from seven organizational teams in five Anglophone African countries successfully completed all VLDP OHA program requirements as of August 2007. Participants were active in the program, reported bringing about change in their organization, and noted improvements in communication and work group climate in their teams as a result of participating in the program. Results to date from this program demonstrate the VLDP as a successful model for strengthening the leadership skills of HIV/AIDS service delivery providers and stakeholders who are facing human resources management and other related challenges.

Seventy-nine percent of participants that responded to the end-of-program evaluation reported their teams have started implementing their action plans. Further follow up with teams will occur in January 2008 to assess progress teams have made in addressing their organizational challenge.

Almost all (95%) participants reported they would recommend the program to another organization and 74% reported having brought about changes in their organization as a result of the program. These are clear indications of participant satisfaction with the program and the skills they have acquired as well as the ability of the program to bring about organizational change.

The attrition experienced during this offering of the VLDP can likely be attributed to teams not understanding the overall commitment that the program requires prior to enrolling. Future program marketing strategies must seek to more concretely denote the requirements for participation in the program to ensure that participants are fully able to commitment themselves.

Overall, it was a successful offering of the program, creating much interest in the region. Future applications of the VLDP in Southern Africa will be explored, given the positive feedback from participants and key USAID and project staff in the region.

Annex I

Selected participant responses to the VLDP final evaluation

Forty-three responses to the qualitative section of the evaluation were received as of August 3, 2007.

Evaluation by Module:

Module	Number of participants who answered “Very Helpful”	Number of participants who answered “Helpful”	Number of Total Responses	Percentage responding “Very Helpful” or “Helpful”
Module 2	36	7	43	100%
Module 3	39	4	43	100%
Module 4	34	9	43	100%
Module 5	36	6	43	98%
Module 6	41	2	43	100%

Evaluation by Component:

Component	Number of participants who answered “Very Helpful” or “Helpful”	Number of Total Responses	Percentage
Café	35	43	81%
Daily announcements	42	43	98%
Forum	41	43	95%
Email with Facilitators	43	43	100%
Tools and References	37	43	86%
Self-Assessments	43	43	100%
Editorials	43	43	100%

Component	Number of participants who answered “Excellent” or “Good”	Number of Total Responses	Percentage
Usefulness of Facilitators’ input	43	43	100%
Availability of Facilitators	43	43	100%

60% (25/42) used the workbook as their primary means to participate in the program.

38% (29/42) used the Web site as their primary means to participate in the program.

79% (33/42) report having started to implement their action plan.

74% (31/42) report having brought about changes in their organization as a result of the program.

79% (34/43) said they would likely access an alumni Web site after the conclusion of this VLDP

Annex 2: Participating teams that completed the program

VLDP HIV/HRM TEAM LIST

Christian Health Association of Malawi				
Member	Name	First name	Position	Sex (M/F)
1	Nayupe	Patrick	PHC/AIDS Manager HIV and AIDS	M
2	Chasukwa	Ellious	Coordinator	M
3	Chafuwa	Lawrence	HIV/AIDS Coordinator	M
4	Kayimba	Makayiko	HIV/AIDS Coordinator	M
4	Mwala	Jeffrey	PHC/AIDS Coordinator	M

The Hubert Kairuki Memorial University				
Member	Name	First name	Position	Sex (M/F)
1	Prof. P. P. Mella	Pauline	Professor - Dean Faculty of Nursing	F
2	Ms. Elizabeth Z. Mika	Elizabeth	Ass. Lecturer- Deputy Dean Faculty of Nursing	F
3	Ms. Elizabeth Kijugu	Elizabeth	Ass. Lecturer	F
4	Mr. Amiri Mmaka	Amiri	Ass. Lecturer	M
5	Mr. Bernard John	Bernard	Tutorial Assistant	M
6	Ms. Minael Omary	Minael	Tutorial Assistant-	F
7	Ms. Miriam Napandilwa	Nathanael Miriam	Counselor Tutorial Assistant-class coordinator	F
8	Mrs. Sarah Mtenga	Sarah	Senior Nurse Tutor- class coordinator	F
9	Hosiana G. Msechu	Hosinana	Nurse Tutor	F
10	Emmi Masinga	Emmi	Hospital Matron	F

IDM Botswana				
Member	Name	First name	Position	Sex (M/F)
1	Kgosidintsi	Audrey	Regional Director	F
2	Phumaphi	Othilia	Senior Consultant	F
3	Batlhophi	Jonie	Consultant	M
4	Gabaake	Kebabonye	Senior Consultant	F

MOH Botswana				
Member	Name	First name	Position	Sex (M/F)
1	Seetasewa	Gaongalelwe S.	Deputy Director, Ministry Management Performance Improvement	F
2	Mbongwe	Gordon	Coordinator	M
3	Badirwang	Lesedi M.	Assistant Director- Recruitment Principal Health	F
4	Zhiro	Kedibonye	Manpower Officer II (HR)	F
5	Wright	Beauty	Assistant Director	F
6	Moetedi	General M.	Chief Admin Officer	M
7	Mello	Kagiso	Admin Officer	M
8	Ketumile	Thulaganyo	Principal Admin Officer	M
9	Basenyapelo	Mphoyaone	Administration Officer	F
10	Mosarwe	Gaefete	Assistant Director	F

Raleigh Fitkin Memorial Hospital				
Member	Name	First name	Position	Sex (M/F)
1	Bitchong	Raymond	SMO	M
2	Lukoji	Dr.Tshibungu	Physician	M
3	Bhembe	Veronica	Chief matron	F
4	Thwala	Jessie	Matron	F
5	Zwane	Goodness	Nursing sister	F
6	Mamba	Ruth	Nursing sister	F
7	Dlamini	Leonard	Hosp. Administrator	M
8	Shabangu	Kholiwe	Pharmacist	F
9	Magagula	Maurice	Lab Supervisor	M
10	Dlamini	Thomas	Accountant	M

Society for Family Health - Zambia				
Member	Name	First name	Position	Sex (M/F)
1	Kapanda	Suzgo	Health Services Manager -VCT	M
2	Siamwanza	Nomsa	Health Services	F

			Manager-QA	
3	Mkandawire	Joseph	Logistics Officer	M
4	Chanda	Lizzy	Program Manager-HIV	F
5	Chilambwe	Jully	Program Manager- Reproductive Health	F
6	Banda	Emmanuel	Site manager Youth Communications	M
7	Sibongo	Jacqueline	Manager Male Circumcision	F
8	Chikumbi	Boniface	Provider	M

Swaziland Nursing Association				
Member	Name	First name	Position	Sex (M/F)
1	Thwala	Sebenzile		F
2	Simelane	Sibusiso	Vice President	M
3	Mvila	William		M
4	Mamba	Phetsile		F