Virtual Leadership Development Program

FOLLOW UP INQUIRY:

Virtual Leadership Development Program for Reproductive Health Commodity Security Francophone Africa

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Acronyms

ADEMAS	Agency for the Development of Social Marketing
ASBEF	Association Sénégalaise pour le Bien-Etre Familial
ATN	Assistance Technique Nationale
ASDAP	Association de Soutien au Developpement des Activites de Population
CAG	Centrale d'Achat des Génériques
CPDS	Coordinated Procurement and Distribution System
CSB	Centres Santé de Bases
CSCom	Centre de Santé Communautaire
CSO	Civil Society Organization
DPM	Direction de la Pharmacie et du Médicament
DSR	Division de le Santé de la Reproduction
FP	Family Planning
FHI	Family Health International
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
IUD	Intra-Uterine Device
LMS	Leadership, Management, and Sustainability Program
MDG	Millennium Development Goals
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-governmental Organization
PTF	Pharmacy Task Force
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
SMI	Santé Maternelle et Infantile
SPS	Strengthening Pharmaceutical Systems
TOT	Training of trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VLDP	Virtual Leadership Development Program

VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM FOR REPRODUCTIVE HEALTH COMMODITY SECURITY

FOLLOW UP INQUIRY

June 2009

I. INTRODUCTION

The Virtual Leadership Development Program (VLDP) for private and public sector teams working in the area of Reproductive Health Commodity Security (RHCS) in Francophone Africa was offered with funding from the United States Agency for International Development (USAID) by the Leadership, Management and Sustainability (LMS) Program from June 23 to October 10, 2008.

Sixty-five participants (**39 men and 26 women**) from the following 11 teams representing four countries participated in the program.

Team Name	Total number of team members	Country	Completed
MAHAVITA	5	Madagascar	Yes
SALAMA	7	Madagascar	Yes
Ministry of Health/ Direction de la Pharmacie et du Médicament (DPM)	6	Mali	Yes
Equipe Malienne non-gouvernementale	8	Mali	Yes
Family Health International (FHI)	6	Rwanda	Yes
Pharmacy Task Force (PTF)	10	Rwanda	Yes
Management Sciences for Health (MSH)/ Strengthening Pharmaceutical Systems (SPS)	5	Rwanda	Yes
Projet Intrahealth/ Twubakane	4	Rwanda	No
Taskforce : Santé Maternelle et Infantile (SMI)	3	Rwanda	No
Senegal Partenaire	7	Senegal	Yes
Division de le Santé de la Reproduction (DSR)	4	Senegal	No

Nine of the eleven enrolled teams participated actively in the program with eight of these nine completing high quality action plans aimed at strengthening leadership & management in the Commodity Security programs of their respective countries.

II. TEAM CHALLENGES

As part of the VLDP, teams apply their leadership skills by identifying an organizational challenge and developing an action plan to address this challenge with feedback from program facilitators and monitoring and evaluation specialists.

The teams that completed the program identified the following challenges:

Team	Challenge
MAHAVITA	Given the fragility of the information system and inability of the management to generate reliable data in a timely manner, how can we improve the management of the supply of contraceptive products so that the districts and health facilities have an adequate level of stock?
SALAMA	How can we ensure the distribution of contraceptives to the Community Health Center level, given the insufficient resources and extremely challenging geographic accessibility of the health facilities?
Ministry of Health/ Direction de la Pharmacie et du Médicament (DPM)	How can we ensure the permanent availability of contraceptive products throughout the state and partners given the difficulty in funding, insufficient qualified staff and insufficient collection and transmission of reliable logistical data on RH/FP?
Equipe Malienne non-gouvernementale	How we can convince the Malian State to include a budget line for the purchase of contraceptive commodities and to reinforce the information system for the logistical management in light of the fact there is insufficient political will and socio-cultural constraints for the implementation of a national commodity security plan in Mali?
Family Health International (FHI)	How do we effectively integrate FP services into HIV services given the lack of HIV/FP integration tools, insufficient number of qualified provider trained in HIV/FP integration, the irregularity of the supply of all modern contraceptive methods used in Rwanda and their availability in services to the clients, as well as the target population which under utilizes the HIV and FP services due to various socio-cultural factors that are not favorable to modern FP?
Pharmacy Task Force (PTF)	How can we effectively coordinate the activities of all the parties involved in the pharmaceutical sector given the staff's lack of leadership experience and the resistance to change of the parties involved in the pharmaceutical sector?
Management Sciences for Health (MSH)/ Strengthening Pharmaceutical Systems (SPS)	How can we strengthen the capacity of the Ministry of Health/PTF to promote and generalize the practice of rational drug use, including contraceptives, throughout the entire health system in Rwanda?
Senegal Partenaire	Given the barriers related to geographic and financial accessibility, socio-cultural barriers, the availability of contraceptives, quality of the services and the legal framework, how are we going to decentralize access to the long-term methods to the community level?

III. INQUIRY METHODOLOGY AND OBJECTIVES

MSH conducted a follow-up inquiry with VLDP RHCS teams in June 2009, eight months after the program completion. The objectives of the inquiry were to:

- Determine what progress the teams have made addressing the challenges they identified during the VLDP and implementing the action plans they created to address the selected challenges.
- Determine the impact the VLDP has had on participating teams and individuals.

MSH initiated phone interviews and email exchange with team participants to request answers to the follow up questionnaire. MSH received information from all eight of the teams that completed the program on the implementation of team action plans, including progress to date for specific actions and current indicators of measurable results.

IV. RESULTS

The following are the team results based on action plans completion, interviews, and email exchange with participants.

MAHAVITA, Madagascar	
Challenge	Given the fragility of the information system and inability of the management to generate reliable data in a timely manner, how can we improve the management of the supply of contraceptive products so that the districts and health facilities have an adequate level of stock?
Measureable result	By the end of the first quarter of 2009, 75% of the health districts are compliant with the supply process at the SALAMA procurement center.
Achievements since October 2008	Achievement of measureable result: 76.6% of the districts were compliant with performance criteria for monitoring the management of the supply of contraceptives. District performance was monitored by the four criteria. Based on district performance, the following actions were undertaken: - Feedback sent to each district - Site visits - Procedure manual sent to each district -Training planned Trainings have been held for logistics managers and heads of district services, starting with the TOT for staff responsible for RH in 22 regions in May 2009. Trainings will continue with logistics managers and district health facilities to cover logistics management and supply as well as training on the Channel which is a software product management initiated by UNFPA. From mid-July 2009, training RH managers in districts will be held for the 22 regions with support from the central level, therefore, including members of the Mahavita team. Quarterly monitoring is also being done: the supervision was carried out in 24 districts and 13 health facilities from April to June 2009.
Challenges to implementation	The implementation of activities is delayed. Only the activities monitored in the 4th quarter of 2008 were achieved on time. Other activities began in April 2009. The disruption caused by the political situation in the country and the reassignment of some team members has prevented the team from implementing the entire action plan.

MAHAVITA, Madagascar (continued)	
Changes in team performance	The VLDP enabled certain team members to improve their listening skills, know the importance of time management by respecting the established agenda, and to consider the views and experiences of others before making decisions.
New challenges addressed	The team has not yet addressed other challenges as they strive to first carry out the activities outlined in their action plan.
Replication of VLDP concepts within organization	1. Root cause analysis of situations they want to improve within their services to find better solutions to yield the desired results. 2. Monitoring the various stages in leadership to have a common understanding of the mission and functions of a project.

SALAMA, Madagascar	
Challenge	How can we ensure the distribution of contraceptives to the Community Health Center level, given the insufficient resources and extremely challenging geographic accessibility of the health facilities?
Measureable result	Before the end of May 2009, we will ensure the delivery of quality contraceptives (justified and checked by the contraceptive product safety service) to 225 CSB of the 2,400- one urban and one rural in each assigned district.
Achievements since October 2008	Reported that no progress has yet been made.
Challenges to implementation	Due to the current political situation in Madagascar, which has existed since the beginning of 2009, the team has not been able to move forward with their efforts.
Changes in team performance since VLDP	Not reported.
New challenges addressed	N/A
Replication of VLDP concepts within organization	Not reported.

Ministry of Health/ Direction de la Pharmacie et du Médicament (DPM), Mali	
Challenge	How can we ensure the permanent availability of contraceptive products throughout the state and partners given the difficulty in funding, insufficient qualified staff and insufficient collection and transmission of reliable logistical data on RH/FP?
Measureable result	By June 30 2009, the number of couple years of protection will reach 400,000 (Currently at 337,317)
Achievements since October 2008	The team has implemented supervision and all activities to improve quality control. The other activities that were not funded for 2009 are included in the 2010 operational plan.
Challenges to implementation	By the end of the VLDP, programming for 2009 was already decided. Despite this the team continued with some activities already scheduled for 2009 that were in their action plan and the other activities will be implemented in 2010.
Changes in team performance since VLDP	Team spirit and morale remains high and they call each other often to check on the status of activities.
New challenges addressed	No.
Replication of VLDP concepts within organization	During some organizational meetings there has been knowledge exchange about the VLDP concepts and their colleagues have enjoyed and appreciated this.

Equipe Malienne non-gouvernementale, Mali	
Challenge	How we can convince the Malian State to include a budget line for the purchase of contraceptive commodities and to reinforce the information system for the logistical management in light of the fact there is insufficient political will and socio-cultural constraints for the implementation of a national commodity security plan in Mali?
Measureable result	By May 2009, the Malian national budget ensures the purchase of 10% of the contraceptive commodities and cost of reinforcing the information system for the logistical management.
Achievements since October 2008	The budget line exists since the state took over 10.1% of the purchase of contraceptives in 2009 (but the products are not yet purchased); 166 counter agents and private providers trained and supervised/ monitored on the use of modern contraception; 82 health service providers of the Malian Army trained in non-clinical FP (non-prescription methods); 5 midwives in the army health service trained in clinical FP; 56 private providers trained in contraceptive technology; 8 supervisory positions formed by the CAG and 3 by ASDAP in particular for the military garrisons; Advocacy with policy makers to strengthen the budget for the purchase of contraceptives; Organized awareness sessions for local authorities and regional populations to promote contraceptive security. Other activities currently being implemented: -Training and retraining of district providers and CSCom in contraceptive technology: current activities starting with the ATN Plus and Kènèya Ciwara II.
Challenges to implementation	1. Inadequate implementation timeline for certain activities within the implementation period of their action plan (activities such as training and retraining of cashiers, and in contraceptive technology, have been spread over the current year); they were financed by the CAG; the mobilization of resources from other stakeholders has been delayed. 2. Difficulties in monitoring the plan: irregular team meetings. 3. Implementation period of team's action plan coincided with the end of the funding cycle of the stakeholders/ partners.

Equipe Malienne non-gouvernementale, Mali (continued)	
Changes in team performance since VLDP	A concentrated dynamism, influence based on trust and communication were the skills and attitudes that have undergone major changes in the team.
New challenges addressed	How to operationalize the National Commission on Contraceptive Security.
Replication of VLDP concepts within organization	1. Shared all documents (on CD-Room) with service colleagues and leaders of some CSOs; 2. Regularly report to colleagues and heads of organizations implication in the program; 3. Replicated training for members of technical staff and headquarters of certain participating international organizations.

Family Health International (FHI), Rwanda	
Challenge	How do we effectively integrate FP services into HIV services given the lack of HIV/FP integration tools, insufficient number of qualified provider trained in HIV/FP integration, the irregularity of the supply of all modern contraceptive methods used in Rwanda and their availability in services to the clients, as well as the target population which under utilizes the HIV and FP services due to various socio-cultural factors that are not favorable to modern FP?
Measureable result	By June 2009, FHI Rwanda will have helped the Ministry of Health develop strategies and national HIV/FP integration tools in Rwanda. The final draft will be available to the technical amendment group before the final document is produced.
Achievements since October 2008	No results have been achieved. The team used this program to help them in building leadership capacity in partnership with the Ministry [of Health] and other partners and in the implementation of health trainings. Therefore, the action plan was provided in part as an example (or completed simply as an exercise), with the inspiration and support that was provided by FHI for the seconded staff at the MOH to allow for effective integration of HIV/FP programs in Rwanda. FHI project staff, not only the VLDP team, successfully recruited a seconded staff to the MOH as the Coordinator of the integration of HIV/FP, provided technical orientation, equipment, and the development of tools for integrating HIV/FP in collaboration with the MOH and other partners.
Challenges to implementation	Not applicable.
Changes in team performance since VLDP	Team members now do personal analysis through practice and observation for managerial and leader functions to improve what their work in relation to planning, implementation, monitoring and evaluation of results, while enhancing internal and external communication.
New challenges addressed	No.
Replication of VLDP concepts within organization	Yes, but not directly or officially—through daily exchange, the adjustment of the strategic plan, analysis, feedback, and supervision trainings and technical meetings.

Pharmacy Task Force (PTF), Rwanda	
Challenge	How can we effectively coordinate the activities of all the parties involved in the pharmaceutical sector given the staff's lack of leadership experience and the resistance to change of the parties involved in the pharmaceutical sector?
Measureable result	By April 2009, all the partners and parties involved in the sectors related to health product safety will have established an integrated plan of action so that PTF can coordinate all the inventions related to the safety, availability and access to health care products.
Achievements since October 2008	In most cases, the activities planned in the action plan have been completed within the time limits set and the activity reports have been submitted. Among the coordination activities, many of them have been achieved including the coordination of CPDS, the coordination of pharmaceutical sector trainings Among the regulation activities, they have developed and finalized the documents relating to the pharmaceutical policy, namely, the national pharmaceutical policy, the strategic plan, the action plans integrated with partners, guidelines, standards, laws, and procedures. An evaluation team evaluates quarterly the achievement of the indicators in the action plan; we evaluate ourselves each month relative to the indicators that we set for ourselves to assess the achievement of our objectives.
Challenges to implementation	Accomplishing tasks not planned at the beginning, yet necessary, sometimes delayed the activities planned in the action plan. Other activities which have not been carried out are related to various factors, including the time required to conduct these activities, budgets that do not arrive on time or are not available, insufficient personnel compared to the amount of work, etc. Among these activities not completed there are certain standards related to pharmaceutical regulation that are not yet complete, but the team has reviewed their action plan in preparation for the establishment of a pharmaceutical regulatory authority rather than a task force. The plan was to extend over 6 months and not over a year due to changes caused by the integration of Rwanda into the community of the East African Community. In some areas the team overestimated their ability to complete activities, which has been a valuable lesson.

Pharmacy Task Force (PTF), Rwanda (continued)	
Changes in team performance since VLDP	The VLDP helped the team to focus and better frame their challenge in the organization's strategic plan. They now plan more effectively, have improved communication, are adaptable to different situations, each staff feels ownership of the service, and there is more motivation.
New challenges addressed	Some activities that have been assigned according to the needs of the times and called for great attention and time. PTF was forced to play two roles simultaneously: the pharmaceutical department of the Ministry of Health, charged with developing policies, and the role of regulatory authority responsible for implementing these policies.
Replication of VLDP concepts within organization	The team shared information about the virtual seminars on LeaderNet. The major reason for not sharing more lessons from the VLDP is the lack of time. In fact the mass of work is so huge that the team lacks the time to meet together outside of regular meetings.

Management Sciences for Health (MSH)/ Strengthening Pharmaceutical Systems (SPS), Rwanda	
Challenge	How can we strengthen the capacity of the Ministry of Health/PTF to promote and generalize the practice of rational drug use, including contraceptives, throughout the entire health system in Rwanda?
Measureable result	By April 2009, the National Essential Medicines List (French acronym LNME), including contraceptives, is revised and disseminated in all district hospitals.
Achievements since October 2008	The revision of the list of essential medicines, including products used for family planning, has been completed in partial collaboration with the Ministry of Health. The proposed indicators will be measured as soon as the list is at the level of the health trainings. Because the list is not validated the team cannot measure the percentage of hospitals in possession of this list.
Challenges to implementation	The validation of this new version of the list of essential drugs by the authorities of the Ministry has not yet occurred. The Ministry had other priorities and due to the fact that the list is not validated, it cannot be disseminated or implemented.
Changes in team performance since VLDP	Improved teamwork; Management of change within the team and the work of the organization; Anticipating problems; Improved communication with our partners, especially the Ministry of Health.
New challenges addressed	No.
Replication of VLDP concepts within organization	No.

Senegal Partenaire, Senegal	
Challenge	Given the barriers related to geographic and financial accessibility, socio-cultural barriers, the availability of contraceptives, quality of the services and the legal framework, how are we going to decentralize access to the long-term methods to the community level?
Measureable result	By June 2009, we are reinforcing the skills of 100 health workers at the health posts and centers so that they can offer IUDs and Norplant.
Achievements since October 2008	The team has not worked much directly with their action plan, other than to hold an evaluation meeting, but they use it indirectly to plan all of the activities in the work plans of their various agencies: USAID/IntraHealth, USAID/ADEMAS, UNFPA, and ASBEF. In this way, the following activities have been achieved: • The development of the communication plan of the DSR and Kolda Medical Regions, St. Louis, Ziguinchor, Kaolack, Louga, and Thies (supported by USAID and UNFPA). • Financing of monitoring all the districts of the regions of Kolda, Tambacounda, Matam, St. Louis, Thies, Louga, Ziguinchor and Kaolack. Thus 143 providers were monitored. These oversight activities are also funded for the current year. • The implementation of outreach services including RH/FP in 12 regions (supported by USAID and UNFPA) • Training of midwives and nurses in contraceptive technology, including long-term methods (IUD and implant), in Kolda, Tambacounda, Saint Louis, Matam, Louga, Thies, Kaolack, Ziguinchor, and Dakar, including 32 by UNFPA and 579 by IntraHealth. • Training in postabortion care in the regions of Kolda (8), Dakar, Tambacounda (8), Ziguinchor (13), Kaffrine (5), Louga (10), Thies (10), and Kaolack (8). • Contracting with the National Radio Television of Senegal, the Matam regional chain, with more than 14 radio stations in the different regions. • The semi-annual stocking of contraceptive products in all regions of the country. The team has used their action plan indicators through the collection of routine data in the different medical regions which constitutes a compilation of indicators in the various districts of the target areas. The review of quarterly data in reproductive health (supported by USAID/IntraHealth) and the annual review of the PTA are organized by UNFPA and constitute the monitoring framework indicators in the areas of intervention. Additionally, there are the quarterly reports of institutions like IntraHealth and ADEMAS.

Senegal Partenaire, Senegal (continued)	
Challenges to implementation	The only obstacle has been the difficulty in finding time to meet regularly and work from their action plan.
Changes in team performance since VLDP	The collaboration has improved between the different team members. Additionally, they continue to look more and more for synergies, to share experiences, and provide mutual support. There are several things that have worked well, including the synergy between organizations in areas in which they all work, St. Louis, Kolda, and Matam, and where there exist frameworks for technical and financial partners. This is due to the direct relationship between the team's plan and the interventions of partners within the Division of Reproductive Health at the Ministry of Health, as well as the almost daily opportunities for collaboration between various members of the team.
New challenges addressed	They have addressed the improvement of interventions and resource mobilization.
Replication of VLDP concepts within organization	The team has replicated lessons from the VLDP with other institutions, such as UNICEF, through collaboration on interventions for the MDG Fund (joint fight against female genital mutilation) and collaboration and partnership with five NGOs on the CP6 of UNFPA. The application of tools from the VLDP has strengthened our support for the DSR, which held a planning workshop during which it evaluated the level of RH indicators in 2008 within each region and also defined nine indicators which allow for evaluation of the performance of regions in RH at the end of 2009.

V. CONCLUSIONS

The VLDP for teams working on RHCS challenges in Francophone Africa, offered from June 23 to October 10, 2008, had an important impact on participating teams. The program introduced teams to a new methodology for team building, developing management and leadership skills, and effectively addressing challenges. As a result of the program, participating teams were able to achieve significant results in implementing their action plans. Participants also report improved teamwork, the ability to manage change and anticipate problems, and support for each other and their work through better communication. Future offerings of the VLDP in French in the region should be considered.