

Virtual Leadership Development Program Brazil

May 2010

5 key words: VLDP Brazil
HIV/AIDS
LMS
Virtual Program
Leadership Development

This report was made possible through support provided by the US Agency for International Development, under the terms of Cooperative Agreement Number 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.

Leadership, Management and Sustainability Program
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org/lms



USAID
FROM THE AMERICAN PEOPLE



MANAGEMENT SCIENCES FOR HEALTH
LEADERSHIP, MANAGEMENT AND SUSTAINABILITY PROGRAM

Virtual Leadership Development Program

Final Report: VLDP for
Organizations Working in HIV/AIDS in Brazil

July 20 – October 16, 2009

Betsy Sylvester, Program Officer

December 2009

TABLE OF CONTENTS

Acronyms.....	4
Executive Summary.....	5
I. Using the Virtual Leadership Development Program as a vehicle for strengthening leadership and management in teams working on HIV/AIDS-related challenges in Brazil.....	7
II. Overview of the Virtual Leadership Development Program for teams in Brazil working to address HIV/AIDS	9
<i>Team Challenges</i>	11
<i>Team Participation</i>	12
III. Program Results.....	14
<i>Improved Workgroup Climate</i>	14
<i>Workgroup Climate Assessment Scores</i>	14
<i>Implementation of Action Plans</i>	15
IV. Feedback from VLDP Brazil Participants	16
<i>Highlights and summary of participant evaluation surveys</i>	16
V. Conclusions and Next Steps	16
Appendix A: VLDP Brazil Team Challenges	18
Appendix B: VLDP Brazil Workgroup Climate Assessment (WCA) Results.....	20
Appendix C: VLDP Brazil Final Evaluation Summary Responses	21

Acronyms

AEM	Associação Educacional Morιά
ARV	Antiretroviral
ASMMST	Associação das Mulheres de Monte Santo do Tocantins
CASSMA	Casmma centro de apoio social mulheres mato alto
CDC	Centers for Disease Control
CSO	Civil Society Organization
DF	Distrito Federal
DST	Sexually Transmitted Diseases (Portuguese acronym)
FBO	Faith-Based Organization
GAPA	Grupo de Apoio à Prevenção à Aids
GESC	Grupo pela Educação, Saúde e Cidadania
GVP	Gayrreiros do Vale do Paraíba
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
LGBT	Lesbian, Gay, Bisexual and Transgender
LMS	Leadership, Management and Sustainability Program
M&E	Monitoring and Evaluation
MAB	Movimento dos Atingidos por Barragens
MDS	Movimento da Diversidade Sexual
MOH	Ministry of Health
MSH	Management Sciences for Health
MSM	Men who have sex with men
NGO	Non-Governmental Organization
PEPFAR	The United States President's Emergency Plan for AIDS Relief
SC	Santa Catarina
STD	Sexually Transmitted Diseases
Unidas	Associação de Travestis Unidas na Luta pela Cidadania
USAID	United States Agency for International Development
VLDP	Virtual Leadership Development Program
WCA	Workgroup Climate Assessment

Executive Summary

The United States Agency for International Development (USAID) in Brazil funded the Virtual Leadership Development Program (VLDP) for organizations that address HIV/AIDS through the Leadership, Management and Sustainability (LMS) Program of Management Sciences for Health (MSH). This VLDP was delivered from July 20 to October 16, 2009 to 12 teams from non-governmental organizations (NGOs) and Civil Society Organizations (CSOs) from 10 different states in Brazil: Amapá, Brasília/Distrito Federal, Espírito Santo, Paraná, Paraíba, Sergipe, Rio de Janeiro, Rio Grande do Sul, Santa Catarina, and Tocantins. One Brazil-based MSH staff member and one MSH consultant from Brazil facilitated the program with the assistance of an MSH Monitoring and Evaluation (M&E) specialist who aided in the review of the teams' action plans.

Eight of the 12 teams (AEM, ASMMST, Casa de Maria, GAPA Chapecó, Gesto-GESC, GVP, MDS, and Unidas) successfully completed action plans with feedback from the two facilitators and the M&E specialist (Casa Servo de Deus, CASSMA, Departamento de DST e Aids, and MAB did not complete action plans). Team challenges were largely concerned with increasing the use of services provided by participating organizations. Challenges teams chose to address include the following:

ASMMST: How do we get the government to sponsor social and educational initiatives for the prevention of STDs/AIDS in the municipality of Monte Santo do Tocantins-TO, since the municipal budget does not prioritize these actions?

Gapa Chapecó SC: How can we motivate People Living with HIV/AIDS in the city of Chapecó to participate in the activities of the Positive Attitude Project and make them realize that quality of life is more than receiving medical and pharmaceutical care?

This was the 31st VLDP offered since the program was developed by MSH in 2002. The VLDP is a thirteen-week Internet-based, blended learning program that combines face-to-face team work with distance learning methodologies. VLDP participants work in their organizational teams to complete seven learning modules without leaving their work sites. They learn and apply key leadership practices and competencies while working as a team to identify a real organizational challenge and develop an action plan to address this challenge with support and feedback from the program facilitators.

Each of the seven VLDP learning modules consists of practical frameworks, individual reading, individual exercises on the program website, group work, and exchanges among participants and the facilitators on the website and through email. The modules include:

- 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

Highlights of the VLDP:

- Eight teams completed all components of the program including the creation of a strong action plan with a desired measurable result to be achieved within six months.
- At the conclusion of the program, 96% percent of the final program evaluation respondents reported having brought about changes in their organization as a result of the program and 100% of respondents reported that they would recommend the program to others.

Conclusions

The teams who participated in the VLDP Brazil faced a unique set of challenges to participating in the program, as many were small, grassroots, volunteer-based organizations. Despite these challenges, based on the participation of the teams, results of the program, and participant feedback, the VLDP Brazil was a success. Eight teams completed the program requirements, developed action plans, and earned program certificates.

The next steps are to continue to follow up with the teams and provide support as necessary as they continue with the implementation of their action plans. Each team has also been invited to join LeaderNet¹, an alumni website for health professionals who have completed leadership and management development programs. A follow-up six months post-program will also be conducted in April 2010 with all teams who successfully completed the program.

¹ LeaderNet is a web-based global learning community that provides participants with opportunities to continue to strengthen their leadership skills and capacities and to exchange information and ideas with leaders all over the world.

I. Using the Virtual Leadership Development Program as a vehicle for strengthening leadership and management in teams working on HIV/AIDS-related challenges in Brazil

Introduction

Today, the HIV and AIDS epidemic and many other health problems put a strain on health systems and, as a result, needed services are not always delivered in a timely and efficient manner. New and increased levels of funding for HIV and AIDS flow into many countries through the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR, and other donor programs. Effective and sustainable health programs and organizations rely on sound public health practices and strong leadership, management, and operational systems. The lack of sufficient leadership and management is the single most serious obstacle for effectively implementing national prevention, treatment, and care programs.

Brazil's HIV prevalence rate is higher than in most other neighboring countries and accounts for more than half of all AIDS cases in Latin America and the Caribbean. As of 2008, the number of people living with HIV in Brazil was 730,000 and prevalence in adults aged 15-49 was 0.6% (UNAIDS 2008). The country has been praised for maintaining an aggressive and comprehensive approach to HIV prevention, treatment, and support and developing a successful National STD/AIDS Program, which is considered to be one of the most progressive in the world. Brazil has overcome significant challenges and demonstrated strong leadership and management in this area. Nevertheless, there are still significant challenges at all levels of the health system where effective leadership and management are needed.

Some key HIV/AIDS challenges Brazil continues to face are to:

- Increase uptake of HIV testing. It is estimated that only one-third of HIV-positive Brazilians are aware of their status, and that just 20% of Brazil's sexually active population has been tested for HIV (New England Journal of Medicine 2006).
- Continually pressure international pharmaceutical companies to lower their prices for antiretroviral (ARV) medications.
- Be able to fund its HIV and AIDS efforts without donor support. Part of the success of the Brazilian program to prevent HIV rests with the work of civil society organizations (CSOs). However, CSOs, particularly those that work with most-at-risk populations, struggle to fund their services.
- Help prevent men who have sex with men (MSM)—who face a proportionately higher risk—from becoming infected with HIV/AIDS. The government has estimated that MSM are around 11 times more likely to become infected with HIV than heterosexual people.

Given the complexities of the HIV/AIDS epidemic and the challenges faced in rolling out and scaling up services, these challenges will only be met with sound management practices and visionary and inspirational leadership from health sector leaders at all levels.

Leadership is not 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 when confronted with real challenges that force an individual to stretch and go beyond what thought possible.²

² Management Sciences for Health. *Virtual Leadership Development Program for Brazil*, 2009.

Leadership is essential to addressing the HIV and AIDS crisis. Strong leaders, both those with direct responsibility for program management as well as senior level leadership within the organization, are needed to imbue the system with a positive people-centered philosophy and set of values which view people as valuable and entitled to equity, respect, appreciation, and support. Leadership and in-country capacity to determine and implement national priorities are central for sustained progress. To respond to these challenges, the United States Agency for International Development (USAID) funded the Virtual Leadership Development Program (VLDP) for teams working on HIV/AIDS-related challenges in Brazil. This was the 31st VLDP offered since the program was developed by Management Sciences for Health (MSH) in 2002.

Background

The VLDP is a 13-week internet-based, blended learning program that combines face-to-face team work with distance learning methodologies. VLDP participants work in their organizational teams to complete seven learning modules. They learn and apply key leadership practices and competencies while working as a team to identify a real organizational challenge and develop an action plan to address this challenge with support and feedback from the program facilitators and a Monitoring and Evaluation (M&E) specialist. Team members work together in a variety of ways: independently on the VLDP website, with support from a program workbook, and in face-to-face, on-site team meetings within their organizations.

Since its development in 2002, the VLDP has been offered to over 2,500 health professionals from over 320 teams in 52 countries in Africa, Latin America, the Caribbean, Eastern Europe, the Middle East, and Asia. The program is available in Arabic, English, French, Portuguese, Russian, and Spanish. This offering was the second in Portuguese for HIV and AIDS organizations in Brazil.

Evaluation studies show that the VLDP strengthens leadership and management capacity, improves team work, improves workgroup climate, and helps teams to address identified organizational challenges to improve service delivery and management systems.

Program Modules

The VLDP consists of seven modules. Each module consists of individual reading and exercises on the program website, 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*

In this introductory module, participants familiarize themselves with the program's purpose and objectives, as well as how to interact in the virtual environment. It provides participants with an opportunity to get organized as a team and allows them to meet the other participants and the facilitation team. Participants also develop a calendar to plan their team meetings and activities for the duration 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, as a team participants 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 an 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.³

- *Module 5: Communication*

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

- *Module 6: Managing Change*

Participants are introduced to the concept of change management through a case study about perspectives on change and change management. Participants are also introduced to John Kotter's eight stages of change⁴ and are asked to apply these stages to the work on their action plans.

- *Module 7: Coming to a Close*

Participants are asked to reflect upon the program and complete the final program evaluation and a post-program WCA.

II. Overview of the Virtual Leadership Development Program for teams in Brazil working to address HIV/AIDS

USAID/Brazil funded the VLDP for organizations that address HIV/AIDS through the Leadership, Management and Sustainability (LMS) Program of MSH. This VLDP was delivered from July 20 to October 16, 2009, to 12 teams from non-governmental organizations (NGOs) and Civil Society Organizations from 10 different states in Brazil: Amapá, Brasília/DF, Espírito Santo, Paraná, Paraíba, Sergipe, Rio de Janeiro, Rio Grande do Sul, Santa Catarina, and Tocantins. Unfortunately, four of the 12 originally enrolled teams were unable to complete the program: the teams from Movimento dos Atingidos por Barragens (MAB) and Cassma Centro de Apoio Social Mulheres Mato Alto had difficulty balancing their everyday work with the time required to participate in the program; the team Casa Servo de Deus was unable to overcome access issues after a robbery left the organization with only one computer; and the implications of publicly sharing internal challenges with other organizations greatly affected the team from Departamento de DST e Aids.

The program was facilitated by Karen Johnson Lassner, a Principal Program Associate in the Center for Leadership and Management at MSH, and Luciano Braga, a Brazilian MSH consultant and leadership and management specialist. Cary Perry, Monitoring and Evaluation Specialist at MSH, participated as the M&E liaison, providing additional feedback on the action plans developed by participating teams.

General recruitment was led by USAID and Center for Disease Control (CDC) representatives and the Brazilian National STD and AIDS Department. The technical and programmatic requirements for participating in the VLDP are the following:

³ Linkage, Inc. *Leadership, Assessment Instrument: Self-Managed Assessment* (Lexington, MA: nd)

⁴ Kotter, John P. *Leading Change*. Cambridge: Harvard Business School Press, 1996.

Teams must have:

- Reliable access to a computer and the internet
- Minimum 56.6Kb/s modem connection speed
- Internet Explorer 5.1 or higher

Teams must be:

- Working in the area of HIV/AIDS
- Composed of people who can each individually dedicate four to six hours of time to the program per week over 13 weeks
- Working together on a regular basis on a common objective or goal
- Able to commit to active participation in all aspects of the program as well as completion of assignments, including the initiation of team action plan implementation
- Able to give all team members all VLDP materials and be aware of the program and their participation

Details about the participating teams in the VLDP are shown in Table 1 on the next page.

Table 1. VLDP Brazil Participating Teams

Team Name	City & State	Number of Participants	Status
Associação das Mulheres de Monte Santo do Tocantins - ASMMST	Monte Santo do Tocantins, Tocantins	3	Completed
Associação de Travestis Unidas na Luta pela Cidadania – Unidas	Aracaju, Sergipe	5	Completed
Associação Educacional Morιά – AEM	Macapá, Amapá	6	Completed
Casa de Maria – Centro de Apoio a Dependentes	Londrina, Paraná	7	Completed
Casa Servo de Deus	Guarapari, Espírito Santo	3	Did not complete program
Cassma Centro de Apoio Social Mulheres Mato Alto	Rio de Janeiro, Rio de Janeiro	6	Did not complete program
Departamento de DST e Aids	Brasília/DF	7	Did not complete program
Gayrreiros do Vale do Paraíba – GVP	Itabaiana, Paraíba	4	Completed
Gesto – GESC (Grupo pela Educação, Saúde e Cidadania)	Pelotas, Rio Grande do Sul	8	Completed
Grupo de Apoio à Prevenção à Aids Chapecó – GAPA Chapecó	Chapecó, Santa Catarina	6	Completed
Movimento da Diversidade Sexual – MDS	Macaé, Rio de Janeiro	8	Completed
Movimento dos Atingidos por Barragens – MAB	Palma, Tocantins	4	Did not complete program
12 teams		67 (M: 21, F: 46)	8 of 12 teams completed

Team Challenges

During the third module of the program, teams identified challenges and began the process of creating action plans to address their challenges. Eight of the 12 teams (AEM, ASMMST, Casa de Maria, GAPA Chapecó, Gesto-GESC, GVP, MDS, and Unidas) successfully completed action plans with feedback from the two facilitators and the M&E specialist (Casa Servo de Deus, CASSMA, Departamento de DST e Aids, and MAB did not complete action plans). For teams who did not complete their action plan by the final day of the program, an extension of two weeks was granted. During this time, teams continued to revise their plans with feedback from the program facilitators and M&E specialist until they created a final draft that was approved by the facilitators.

As shown in Table 2, team challenges were largely concerned with increasing the use of services provided by participating organizations. Facilitators encouraged teams to examine the needs of their community, but due to time limitations and the absorptive capacity of teams, facilitators were unable to engage teams in a deeper discussion of whether the services they are offering are in demand in their communities. Most challenges were externally focused, with a number highlighting a need for increased collaboration with the municipal government. Please see Appendix A for a list of challenges and measurable result statements.

Table 2. VLDP Brazil Team Challenges

Team Name	Challenge
AEM	How do we train staff and implement preventive actions in the area of STD/HIV/AIDS, starting with the formation of the Committee on Harm Reduction, with a goal to strengthen the harm reduction in the care network for people who use alcohol and other drugs and targeting vulnerable populations?
ASMMST	How do we get the municipal government to fund social and educational initiatives for the prevention of STDs/AIDS in the municipality of Monte Santo do Tocantins-TO, given the municipal budget deficit and the fact that the municipal government does not prioritize these actions?
Casa de Maria	How do we encourage patients to join the activities offered during their stay at Casa de Amigo Support Corner and face the reality of Home Support Type II, when the residents come with a history of poverty and neglect, poor education, and physical, psychological and mental impairments?
Gapa Chapecó SC	How can we motivate People Living with and affected by HIV/AIDS in the city of Chapecó to participate in the activities of the Positive Attitude Project and make them realize that quality of life is more than receiving medical and pharmaceutical care?
Gesto-GESC	How can we ensure that civil society, municipal AIDS council members, and service providers participate in preparation of the Municipal Action Plan for HIV and AIDS considering that the participation of these groups is fundamental to ensure a Municipal Action Plan that reflects the interests of the users and that is effective in confronting the epidemic?
GVP	How can we improve access to the library for our users and encourage them to become enthusiastic readers, since it is disorganized and lacks equipment, and the local population has limited access?
MDS	How can we encourage the LGBT audience in the city of Macaé/RJ to participate in MDS activities, given that there is little interest on the part of the LGBT population in activities that are not parties?
Unidas	Given that the visibility of Unidas is derived from its performance in meeting the demands of transvestites, people living with HIV/AIDS, and the LGBT population, how can we maintain a permanent office open from Monday to Friday to provide legal services and distribute condoms?

Team Participation

Team participation online was lower in this program offering than in other virtual programs offered by MSH. However, 48% of participants cited the workbook as their primary method of participation. Similarly, 42% of participants said their primary or secondary method of participation was email with facilitators. The program's virtual discussion board (Café) included conversations covering a variety of subjects and linked to the program content in each module. Discussions in the Café included conversations on participants' favorite leaders, breaking down pre-judgments and preconceptions of

others, particularly those from groups with high-risk behaviors, and what leadership means to them in their personal and professional lives.

Examples of comments and conversations from the Café:

Being a leader-

- To be a leader we must have the ability to always learn. Hardly anyone can be a leader in life without being open-minded to learning. One of the secrets of leadership is having the ability to listen and share with others their worldview and how it is always in flux. Being a leader requires listening, dialogue, sharing, and attitudes that are very valuable, not always easy to practice, and requires an effort of continuous learning.
-Team Member, Unidas
- In my view, learning is a never-ending process, because every day we face different situations which are sometimes beyond our control and that requires leaders to be intelligent, adaptive, flexible, etc., in order to find the best solution to the current situation.
-Team Member, AEM

Inspire-

- Inspiration is something crucial to our team, because we keep ourselves always inspired by something to our goals, and knowledge.
-Team Member, MAB
- Many of you have inspired me in making decisions, but many unanticipated challenges have appeared in front of me that inspired me to take action.
-Team Member, GAPA Chapecó SC

Motivation-

- Motivation really is contagious and necessary in the workplace. I sometimes feel that some of the team lacks it, but feel the VLDP is changing that.
-Team Member, GVP
- Motivating are partners make people dream of a better world, it is possible to build something better where we can live a better quality of life with our rights and the role of leadership and yet always find the strength to continue fighting.
-Team Member, MAB

Now we can evaluate the program-

- The VLDP was a welcome opportunity to reflect on ourselves and the institution. It is a tool that prompted the discussion and adoption of attitudes more consistent with what we want and we can do. I believe it is a watershed for the product we offer to society.
-Team Member, Unidas

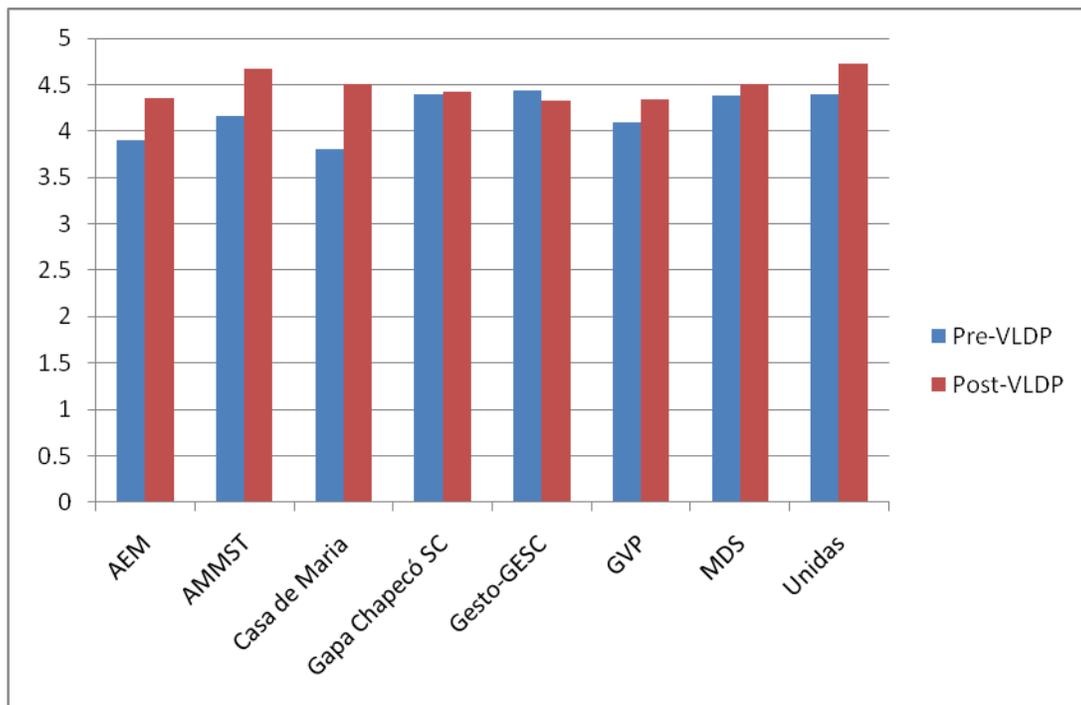
III. Program Results

Improved Workgroup Climate

In Modules 1 and 7 of the program, participants completed the Workgroup Climate Assessment (WCA), a tool developed and validated by MSH to measure improvement in work climate over the duration of the program. In this offering of the VLDP, 10 of the participating teams completed the WCA pre- and post-program. Of these 10 teams, eight produced valid scores⁵, and seven of the eight teams with valid scores reported an improvement in their WCA score. The score for Gesto-GESC decreased by 0.11 points from pre- to post-program. This decrease in score could represent a heightened awareness of team dynamics and behaviors rather than a decline in the quality of team relationships. For the teams that did not produce valid scores, the response rate in the pre- and post-program WCA was not equal, so a valid comparison of scores could not be made.

Improved workgroup climate is an important change that is reflected in the team members' motivation and individual and team performance. In the final program evaluations, teams also reported improved collaboration and communication skills due to their participation in the program. The chart below illustrates teams' pre- and post-program WCA scores.

Workgroup Climate Assessment Scores



⁵ Scores are not valid if the number of team members varies in the pre- and post-intervention application of the Workgroup Climate Assessment tool.

Qualitative responses from the final program evaluation regarding improvement in workgroup climate echoed the quantitative:

“Our team work is now more agile.”

-Team Member, AEM

“I learned the value of the skills of my team members.”

-Team Member, GVP

“I believe in the importance of a team, including the importance of the role of each actor.”

-Team Member, Unidas

“Decision-making should be a team process.”

-Team Member, MAB

“We focus on integration and people’s views of the workgroup.”

-Team Member, MDS

“Our team meetings have taken on a new importance.”

-Team Member, Gesto-GESC

“Everything is different now. Teamwork is essential. We always try to unite the ideas to obtain success.”

-Team Member, ASMMST

Implementation of Action Plans

All of the VLDP participants that finished the program also completed the program evaluation survey at the end of Module 7, and an additional seven participants whose teams did not finish the program also completed the evaluation, for a final total of 54 respondents. Through these evaluations, it was noted that all eight teams that developed an action plan had begun implementing their action plan at the conclusion of the program. See Appendix A for more detailed information on areas of focus and challenges selected in team action plans. Team progress includes:

“We have already started the first activity, organizing the venue”

-Team Member, Casa de Maria

“Some team members are contacting managers and institutions to form partnerships”

-Team Member, AEM

“We have started cataloging resources in the library”

-Team Member, GVP

IV. Feedback from VLDP Brazil Participants

Highlights and summary of participant evaluation surveys

Overall, the feedback from the participants was very positive, with 54 out of 67 participants completing the final evaluation survey at the end of the program. Ninety-six percent of the respondents to the final program evaluation reported having brought about changes in their organization as a result of the program and 100% of respondents reported that they would recommend the program to others (for a summary of the final evaluation responses, please see Appendix C). More than 60% of the participants responding to the evaluation survey said that they had already shared some of the VLDP materials with other colleagues who did not participate in the program.

Many respondents noted personal and organizational changes as a result of the VLDP. Some selected participant feedback on changes observed from the VLDP include:

“I now feel more confident in certain situations in my work, something that had not happened in the past.”

-Team Member, AEM

“I learned things I can use every day.”

-Team Member, GVP

“I’m more focused and I know I need to mobilize people to achieve results.”

-Team Member, Unidas

“The VLDP influenced the way we collaborate, today we have more awareness of the importance of our work and how important we are as leaders and make a difference in our institution and community.”

-Team Member, Gesto-GESC

“I am more assertive now.”

-Team Member, ASMMST

V. Conclusions and Next Steps

The teams who participated in the VLDP Brazil faced a unique set of challenges to participating in the program, as many were small, grassroots, volunteer-based organizations. Despite these challenges, based on the participation of the teams, results of the program, and participant feedback, the VLDP Brazil was a success. Eight teams completed the program requirements, developed action plans, and earned program certificates.

An After Action Review was held on December 3, 2009, with the entire facilitation and support team in attendance. Teams have been invited to join LeaderNet⁶, an alumni website for health professionals who have completed leadership and management development programs, and a follow-up six months post-program will be conducted in April 2010 with all teams who successfully completed the program.

⁶ LeaderNet is a web-based global learning community that provides participants with opportunities to continue to strengthen their leadership skills and capacities and to exchange information and ideas with public health leaders all over the world.

This VLDP for teams addressing HIV/AIDS challenges in Brazil demonstrated that small CSOs in the country are eager to build their capacity to face institutional challenges that impede their ability to confront the AIDS epidemic. By assisting teams in improving work climate and building capacity to identify and address organizational challenges, the VLDP Brazil was able to build the capacity of leaders and managers across many states in a short period of time. The high volume of applications for this offering of the VLDP and the noteworthy dedication and enthusiasm of the enrolled teams confirms that building leadership and management capacity of organizations is an important need in Brazil.

Appendix A: VLDP Brazil Team Challenges

TEAM	PARTICIPANT NUMBER	CHALLENGE	MEASURABLE RESULT
AEM	6 participants	How do we train staff and implement preventive actions in the area of STD/HIV/AIDS, starting with formation of the Committee on Harm Reduction, with a goal to strengthen the harm reduction in the care network for people who use alcohol and other drugs and targeting vulnerable populations?	By 31 April 2010, the Committee on Harm Reduction in the state of Amapá is established, structured, and trained, composed of a minimum of 20 representatives of civil society and government organizations.
ASMMST	3 participants	How do we get the municipal government to fund social and educational initiatives for the prevention of STDs / AIDS in the municipality of Monte Santo do Tocantins-TO, given the municipal budget deficit and the fact that the municipal government does not prioritize these actions?	By April 2010, the Government of Monte Santo do Tocantins will sponsor an educational campaign, distributing leaflets and posters with basic information for prevention and treatment of STD/AIDS.
Casa de Maria	7 participants	How do we encourage patients to join the activities offered during their stay at Casa de Amigo Support Corner and face the reality of Home Support Type II, when the residents come with a history of poverty and neglect, poor education, physical, psychological and mental impairments?	By the end of March 2010, the level of participation in activities offered by Casa de Amigo Support Corner will average 75% of patients.
Gapa Chapecó SC	6 participants	How can we motivate People Living with and Affected by HIV / AIDS in the city of Chapecó to participate in the activities of the Positive Attitude Project and make them realize that quality of life is more than receiving medical and pharmaceutical care?	<ul style="list-style-type: none"> a) 15 People Living with HIV/AIDS trained as disseminators of Project Positive Attitude. b) The disseminators perform 45 home visits (3 visits by each disseminator). c) 30 persons living with HIV/AIDS have participated in each of the 4 activities held at the headquarters of Gapa

			Chapecó.
Gesto-GESC	8 participants	How can we ensure that civil society, municipal AIDS council members, and service providers participate in preparation of the Municipal Action Plan for HIV and AIDS considering that the participation of these groups is fundamental to ensure a Municipal Action Plan (PAM) that reflects the interests of the users and that is effective in confronting the epidemic?	By April 2010, at least 50% of the requests made by civil society will be included in the HIV & AIDS Municipal Action Plan.
GVP	4 participants	How can we improve access to the library for our users and encourage them to become enthusiastic readers, since it is disorganized and lacks equipment, and the local population has limited access?	Between September 2009 and the end of March 2010, the frequency of visits to our library will increase to 40 people per month.
MDS	8 participants	How can we encourage the LGBT audience in the city of Macaé / RJ to participate in MDS activities, given that there is little interest on the part of the LGBT population in activities that are not parties?	By April 2010, MDS NGO will have 20% of LGBT people of the Airport Park neighborhood attending events.
Unidas	5 participants	Given that the visibility of Unidas is derived from its performance in meeting the demands of transvestites, people living with HIV/AIDS and the LGBT population, how can we maintain a permanent office open from Monday to Friday to provide legal services and distribute condoms?	By December 2009, the office will be open in the evening (14h to 18h) each day through the help of volunteers and, in the same period (September-December 2009), Unidas will prepare a proposal to contract an employee to carry out administrative activities, starting in January 2010. Maintaining the headquarters open will allow Unidas to better meet demands, with respect to referrals and monitoring and evaluation of services provided.

Appendix B: VLDP Brazil Workgroup Climate Assessment (WCA) Results

Team Name	Pre-intervention		Post-intervention		Pre/Post-intervention score difference	Validity* (n1=n2)
	Team score	n=number of respondents	Team score	n=number of respondents		
Valid scores (n1 = n2)						
AEM	3.9	5	4.35	5	0.45	VALID
AMMST	4.17	3	4.67	3	0.50	VALID
Casa de Maria	3.8	7	4.5	7	0.70	VALID
Gapa Chapecó SC	4.4	6	4.42	6	0.02	VALID
Gesto-GESC	4.44	8	4.33	8	(0.11)	VALID
GVP	4.09	4	4.34	4	0.25	VALID
MDS	4.39	8	4.5	8	0.11	VALID
Unidas	4.4	5	4.72	5	0.32	VALID
Invalid scores (n1 ≠ n2)						
Casa Servo de Deus	4.58	3	0	0	(4.58)	INVALID
Cassma	4.65	6	0	0	(4.65)	INVALID
Departamento De DTS/AIDS	3.52	7	4.13	3	0.61	INVALID
MAB	4.78	4	4.25	1	(0.53)	INVALID

*Scores are not valid if the number of respondents differs during pre- and post-intervention application of the WCA.

Appendix C: VLDP Brazil Final Evaluation Summary Responses

54 of 67 participants that completed the program also completed the program evaluation.

Evaluation by Module:

Module	Number of participants who answered “Very Useful”	Number of participants who answered “Useful”	Number of participants who answered “Somewhat Useful” or “Not Useful”	Number of Total Responses	Percentage responding “Very Useful” or “Useful”
Module 2	38	15	1	54	98%
Module 3	41	12	1	54	98%
Module 4	37	15	2	54	96%
Module 5	41	12	1	54	98%
Module 6	36	16	2	54	96%

Evaluation by Component:

Component	Number of participants who answered “Very Useful” or “Useful”	Number of Total Responses	Percentage
Café	50	54	93%
Daily announcements	51	54	94%
Forum	52	54	96%
Email with Facilitators	54	54	100%
Tools and References	52	54	96%
Self-Assessments	54	54	100%
Editorials	53	54	98%

Evaluation of Facilitation:

Component	Number of participants who answered “Excellent” or “Good”	Number of Total Responses	Percentage
Usefulness of Facilitators’ input	54	54	100%
Availability of Facilitators	54	54	100%

Selected Results of the VLDP Brazil End-of-Program evaluation responses

48% (24/50) used the workbook as their primary means to participate in the program.

50% (25/50) used the website as their secondary means to participate in the program.

84% (42/50) report having started to implement their action plan.

96% (48/50) report having brought about changes in their organization as a result of the program.