

Virtual Leadership Development Program for the Organisation of Eastern Caribbean States Workbook

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THE VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM FOR THE ORGANISATION OF EASTERN CARIBBEAN STATES

PARTICIPANT WORKBOOK

March 2010

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Introduction to the workbook

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

This document is your workbook. The workbook is a tool for you to use during the VLDP. Workbooks are distributed to all program participants as a guiding instrument and supplement to our online program. Complete your individual assignments when asked to do so, using this workbook.

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

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

How should the workbook be used?

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

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

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

How should the group work meetings be organized?

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

Organizing your time

Each team needs to schedule its meeting during the last days of each module. In Module 3 there are three scheduled meetings, one at the end of each week. There is no meeting or Forum posting for Module 7. Schedule enough time for each meeting (suggested times are given for each module) and hold each meeting in a place that allows you to concentrate on the assignment without interruption. It is important that the

entire team is present. We realize that this is hard for a large team. Nevertheless, aim for full team participation.

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

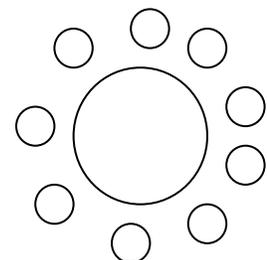
Be sure to schedule the team meetings (also referred to as “group work”) and identify the coordinator for each session and the place where the sessions will be held during your first team meeting (during module 1, “Getting Started”). Below is the schedule of modules, so you can already begin to block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

VLDP Module Schedule

Module	Schedule	Team Meeting
1. Getting Started	March 15 – March 26, 2010	2 nd week, March 22-March 26, 2010
<i>Break for Easter</i>	March 29-April 5, 2010	
2. Leadership in Health Programs and Organizations	April 6 – April 16, 2010	4 th week, April 12-April 16, 2010
3. Identifying Challenges	April 19 – May 7, 2010	5 th week, April 19-April 23, 2010
		6 th week, April 26-April 30, 2010
		7 th week, May 3-May 7, 2010
4. Leadership Competencies	May 10-May 21, 2010	9 th week, May 17-May 21, 2010
5. Communication	May 24 – June 4, 2010	11 th week, May 31-June 4, 2010
6. Managing Change	June 7 – June 15, 2010	12 th week, June 7-June 11, 2010
7. Coming to a Close	June 16– June 18, 2010	No team meeting

Meeting room layout

The most important element of group work is interpersonal communication, and the best way to encourage this is by using a



circular layout, as shown in the illustration to the right, where each person can see all the others and all are on an equal footing. If you do not have a round table, push tables together and seat yourself around them.

Materials required

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

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

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

Coordinator

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

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

Communicating the results of your team meeting

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

1) In some modules you will have an assignment for which the facilitator will send you a form to fill in. These forms will also be in the workbook. This work will only be seen by the facilitators. The facilitators will review the completed work and may or may not return comments to team members via e-mail.

2) The answers that your team provides to the questions that are being asked in the Forum section of each module. Your team's coordinator is responsible for posting these (instructions on the site). The Forum responses will be available to all the teams participating in this VLDP. The Forum at the end of each module is a place where you can read the conclusions from all the other teams. Teams post immediately after their meeting. We encourage you to read those and then go to the Café to discuss any comments or questions raised by the conclusions of your own and other teams. Thus it

is important that your team schedule its meetings before the end of each module and stick to your schedule. You are all expected to have completed the individual reading and exercise assignments prior to the group meeting.

Module 1: Getting Started

Purpose

Welcome to the Virtual Leadership Development Program (VLDP). We are very excited to work with you in the coming weeks. This learning program is an opportunity for a rich exchange and rewarding individual and group learning experience leading to improvements in your organization and in the way each of us performs as a leader.

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

Learning Objectives:

In this Module you will:

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

	Topics	Activities	Time
INDIVIDUAL	Introduction to the VLDP	1. Reading about the VLDP's objectives, content, and characteristics	15 minutes
		2. Reading about team dynamics	20 minutes
	Exercises for getting acquainted with the Web site, the participants, and the teaching team	3. Advice on navigating the course's Web site	20 minutes
		4. Communicating with the facilitators and other participants	45 minutes
		5. Practice sending documents	20 minutes
		6. Work climate assessment	20 minutes
	Total individual time	2 hours, 20 minutes	
GROUP		Group work	2 hour, 15 minutes
		Forum	15 minutes
		Total time for module	4 hours, 50 minutes

The VLDP Goal

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

VLDP Objectives

The VLDP helps *managers who lead* to:

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

VLDP Learning Objectives

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

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

The Call for Leadership: Strengthening the Public Health System of the Eastern Caribbean Sub Region by Enhancing the HIV/AIDS Response

Effective and sustainable health programs and organizations rely on sound public health practices as well as on strong leadership, management and operational systems. While these factors remain essential, the context has changed dramatically. Today, the HIV/AIDS epidemic and many other health problems strain health systems and needed services are not always delivered in a timely and efficient manner. Insufficient leadership and management is a serious obstacle to effectively implementing national prevention, treatment, and care programs.

By confronting the HIV/AIDS epidemic, the global health community has learned many lessons and generated best practices in health system management. Although HIV resources are unlikely to diminish in the near future, the global community may need to evaluate the systems in place to effectively manage donor funds, manage health resources such as test kits, and ensure programs are maximizing their potential for impact. A great opportunity therefore exists to apply the lessons learned by confronting HIV/AIDS challenges to strengthen general public health systems.

Challenges currently facing countries in the Eastern Caribbean sub region include:

- How to obtain accurate data on public health
- How to evaluate and strengthen health systems
- How to use available human resources to bolster service delivery
- How to integrate best practices/lessons learned from dealing with the HIV/AIDS epidemic into general public health practice
- How to engage communities in care and support for those infected and affected
- How to ensure access to all, given the high levels of stigma

Leadership is essential to addressing these challenges facing the sub region, whether they are HIV/AIDS service delivery challenges, monitoring and evaluation challenges, or challenges to improving the general public health system in the individual countries. Improving access to and quality of delivery in health not only depends on putting good systems in place, but also on developing leaders at all levels to inspire and engage the care teams and the Ministries of Health in the transformation process.

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 require stretching beyond the obvious and ordinary. For this we need support and feedback from peers, from our supervisors/team leaders and other colleagues, from our family members, and from those whom we respect and admire. We cannot develop our leadership skills in isolation, because we cannot lead in isolation.

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

- Scanning what is going on within yourself, your team, your organization, and your country;
- Focusing on priorities that will allow you to face your M&E challenges, including those dealing with human resources challenges given your organization's mandate and strategies, and obstacles and opportunities;
- Aligning and mobilizing individuals, systems and resources to implement priority actions and produce your desired results; and
- Inspiring people so that they will follow you, offering their energy, commitment, and creativity to ensure that quality, timely HIV/AIDS data are recorded, processed, reported and used for policy making and program implementation to improve health outcomes

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

- Planning the activities that need to be implemented to achieve your desired result and consistent with your organization's mission and the needs of the people you serve;
- Organizing this work, including the financial and human resources to do the work;
- Implementing the activities, changes and decisions that are called for; and
- Monitoring and evaluating your progress towards your desired result.

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

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

We look forward to working with you, learning from you, and celebrating your successes.

Duration

The Virtual Leadership Development Program has a duration of 13 weeks, from March 15, 2010 – June 18, 2010. We will devote two weeks to every module, except for Module 3, which is three weeks long. Modules 6 and 7 are combined into one two-week session. In order to help you plan your time and stay up-to-date with the VLDP work, we provide you with a calendar below indicating the dates by which each module needs to be complete.

VLDP Module Schedule

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7. Coming to a Close	June 16– June 18, 2010	No team meeting

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

At the end of the first week or during the first two days of the second week of each module, each team must conduct its team meeting. The team meeting is led by a team coordinator who is responsible for managing the meeting and posts the results in the Forum. The team coordinator is also responsible for sending any assignments that are

due to the facilitator. The facilitator team will review all the assignments and send responses back to the team by email.

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

The team coordinator has the important role of making sure his or her team stays on schedule and fulfills the requirements for that module, as these are also certificate requirements. Once a team falls behind, it is hard to catch up. Since being a team coordinator is also a leadership role, each person in that role has a chance to test their leadership skills and put into practice what they learned.

Keys to Success

The key to individual and team success in this virtual program is everyone's active participation:

- doing the individual work for each module,
- reading the daily opening message from the facilitator,
- visiting the Café,
- participating in your team meeting,
- posting in the Forum,
- practicing what you are learning as you work with your team to address the challenges that come your way.

Requirements for the Program Certificate

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

1. Assignments have been received by the facilitators.
2. The team has posted in the Forum for each module.
3. The team has completed an action plan. The team has implemented part of the action plan during the VLDP and communicated the results of this initial implementation.
4. All team members have completed the individual exercises in each module.
5. All team members have completed the final program evaluation in Module 7.
6. All team members have completed the Workgroup Climate Assessment in Module 1 and again in Module 7.

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

Blending individual and team work

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

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

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

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

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

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

Getting Acquainted

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

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

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

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

Group Dynamics in the VLDP

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

If you have ever worked with a great team, you will know that teams, like marriages, need lots of tender loving care. Working intensely together as a team is not always easy. In this VLDP you will find that you need to work intensely as a team and that if you don't or can't, you will not be able to address your challenge nor will you receive your certificate of completion.

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

You can expect some tensions around our requirement of full participation. We acknowledge that external factors sometimes prevent team members from being

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

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

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

Teams go through stages

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

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

Stages in Team Development

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

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

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

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

Once each member of the team has succeeded in answering the questions listed above with regard to their inclusion in the group, the team moves into a phase that is often marked by tension and struggles over control. Because the VLDP requires rotating team leadership for each module, the team cannot fall back on the easy solution of using the existing hierarchy ("you are our boss, so you decide") to solve emerging tensions. This is the stage where people's prior experiences and inclinations vis-à-vis conflict come into play. Some people hate conflict and will do everything to avoid or ignore it. By doing this, they are effectively preventing the team from growing and developing into its next stage. Unpleasant as this stage is for some, it cannot be skipped. The VLDP program is designed to help you confront each other in productive way, so that you can continue to

do the group work required for each module, and in particular the work on your challenge.

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

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

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

Navigating the VLDP's website

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

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

Communicating in the Café

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

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

1. Choose "Café" on the top navigation bar
2. In the Café you will find the initial question, in red, on the left. Click on it and a more complete message appears in the right side of the window. Read it, and all other responses that have been posted already.
3. When you are ready, click on the underlined sentence below the message and post your response.
4. Click on preview your Message. If you are satisfied with it click on Post your message. If not, click on edit and make the changes, then preview again, then post.
5. You can start a new conversation (this is called a 'thread') any time by clicking on the blue line in the left part of the window.
6. Don't start a new conversation about a topic that is already going on. The blue line is for topics that are not already visible in red on the left side of the window.

Throughout the VLDP participants can use the Café to discuss topics that are relevant to any aspect of their work. It is a tool for your use to explore ideas, comment on health issues, leadership and management, ask questions, respond to your colleagues' queries or simply ask for advice.

Communicating with Facilitators and the Other Participants

Practice Sending Documents

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

Through daily messages that will appear on the home page when you log on. Each weekday a new message will be there for you to read. If you have been offline for a few days you can click on Archived messages to catch up. This is an important part of

participant-facilitator communication and we urge you to spend the necessary time to read them.

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

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

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

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

Communicating through the Forum

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

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

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

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

Workgroup Climate Assessment

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

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

Objective

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

What is a workgroup?

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

What is workgroup climate?

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

Confidentiality

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

Accuracy

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

Please note: It is critical that the individual members of your team **complete the exercise on the VLDP Web Site:** <http://vldp.msh.org/oecs>. The facilitator will analyze your individual responses to determine your team's profile. You may use your workbook to first complete the exercise and keep record of your individual results before posting your response on the Web site.

Workgroup Climate Assessment (WCA) - Part A

How do I complete the Workgroup Climate Assessment Part A?

- Please read each item. How do you feel about the item today? To assist you, there is a statement at the top of the survey that reads: *I feel that in my workgroup...*
- Once you have made your choice on a scale of 1 to 5, where 1 means “not at all” and 5 means “to a very great degree,” indicate your selection by clicking on the circle next to the appropriate number.
- Do this for each item in the assessment.

Questions 1 – 4. Please read each item below and make your selection using the following scale:

Actual Performance

How are things now in your work group?

Please rate each item on a scale from 1 to 5 where:

- 1** = Not at All
- 2** = To a Small Degree
- 3** = To a Moderate Degree
- 4** = To a Great Degree
- 5** = To a Very Great Degree

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

<p>Workgroup Climate Assessment</p> <p>SAMPLE</p> <p>I feel that in my workgroup...</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>1 = Not at All 2 = To a Small Degree 3 = To a Moderate Degree 4 = To a Great Degree 5 = To a Very Great Degree</p>
1. We have a positive attitude	1 2 3 4 5
2. We enjoy our work	1 2 3 4 5

Workgroup Climate Assessment - Part A

Please read each item below and indicate your selection by circling the appropriate number in the shaded column.

<p>Workgroup Climate Assessment – Part A</p> <p>I feel that in my workgroup.....</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>1 = Not at All 2 = To a Small Degree 3 = To a Moderate Degree 4 = To a Great Degree 5 = To a Very Great Degree</p>
1. We feel our work is important	1 2 3 4 5
2. We strive to achieve successful outcomes	1 2 3 4 5
3. We pay attention to how well we are working together	1 2 3 4 5
4. We understand the relevance of the job of each member in our group	1 2 3 4 5
5. We have a plan which guides our activities	1 2 3 4 5
6. We understand each other's capabilities	1 2 3 4 5
7. We seek to understand the needs of our clients	1 2 3 4 5
8. We take pride in our work	1 2 3 4 5

After completing this part of the assessment, please move on to Part B found on the next page.

Workgroup Climate Assessment - Part B

This section is an assessment of your feelings about whether your workgroup is *known for quality work* and whether it is *productive*.

What does being *known for quality work* mean? It means that our workgroup:

- is known for meeting our clients' needs
- receives positive feedback from our clients or supervisors

What does being *productive* mean? It means that our workgroup:

- consistently meets our work objectives, such as monthly or annual objectives
- is recognized by others as a group that gets the job done

Please read each item and then decide how things are in your workgroup. Using the same scale as in Part A, indicate your selection by circling the appropriate number in the shaded column.

<p>Workgroup Climate Assessment – Part B</p> <p>I feel that</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>1 = Not at All 2 = To a Small Degree 3 = To a Moderate Degree 4 = To a Great Degree 5 = To a Very Great Degree</p>
9. Our workgroup is known for quality work	1 2 3 4 5
10. Our workgroup is productive	1 2 3 4 5

Thank you for completing the assessment. Please enter your exercise results on the VLDP Web site (<http://vldp.msh.org/oecs>) in order to receive your results.

Group Work

Getting Organized for the VLDP

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

Requirements for the meeting

- For this first meeting find a time that all team members can be present; 100 percent attendance is highly desirable.
- Schedule at least 2 hours and 15 minutes of uninterrupted time for the meeting.
- Find a space in which you can work without being disturbed.
- Let people know in advance where and when you will meet. Also remind them to complete their Work Climate Assessment before the meeting. If you click on the section "Evaluation" on the left navigation bar of Module 1, and then select your own team from the scroll down menu, you will see the scores for your team's Work Climate. You can also see how many members of your team still have to complete the exercise. Record the information on flip chart paper so you can discuss it during the meeting.
- Tell people to bring their workbooks.
- Have flipchart paper and markers or a blackboard and chalk ready.

Time: 2 hours, 15 minutes

Objectives

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

Expected result

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

Instructions

1. Present the objectives, agenda, and expected results of the meeting. **5 minutes**
2. Ask the team members to state their expectations for the VLDP. Record the answers on the flipchart or blackboard. **20 minutes**
3. Ask the group members to talk about any doubts they might have about the way the VLDP works. As a group, try to respond to those doubts. If there are several team members who have concerns, record them on the flipchart or blackboard. **20 minutes**
4. Set the dates for the team meetings at the end of each module. Use the schedule of module completion dates as a reference. **15 minutes**
5. Determine the coordinators for each module. **15 minutes**
The role of the coordinator is the following:
 - organize and facilitate the group meeting ensure that all of the group members have done their individual work and reading before attending the meeting;
 - summarize and document the results of the team meeting and post this in the Forum;
 - communicate with the facilitators about any problems or absences of team members;
 - encourage members of the team to participate in the conversation in the Café;
 - be aware and keep watch over the dynamics of the group.
6. Present the results of the WCA to your team and invite your team to analyze the results, reflecting on the following questions: **60 minutes**
 - What do these results tell us? Do team members have similar or different scores for their WCA?
 - Are our scores for quality and productivity similar or different? What does this tell us?
 - How can we improve our workgroup climate?

The coordinator then prepares three short paragraphs containing the following:

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

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

Forum Module 1: Expectations of the Program

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

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

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

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

Individual Reflections on Module 1

Module 2: Leadership in Health Organizations

Purpose

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

Learning Objectives

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

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

	Topics	Activities	Time
INDIVIDUAL	What is leadership?	1. Reading	15 minutes
	What are the four basic leadership practices?	2. Individual reflection - What do leaders do?	40 minutes
	What are the differences between leadership and management?	3. Case study: Improving Staff Performance	30 minutes
		4. "Leadership practices" self-assessment	20 minutes
	Total individual time		1 hour, 45 minutes
GROUP		Group work	2 hours, 40 minutes
		Forum	15 minutes
	Total time for module		4 hours, 40 minutes

What is Leadership?

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

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

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

What Do the Leaders Say?

“I learned nothing about leadership and management [during medical school] and what little I learned about administration was obsolete and old fashioned. In medical school, there is (and it seems that it continues to be) a hidden curriculum that the physician is a ‘born leader.’ Medical students need structured knowledge on management and leadership as well as practical experience. They need to understand how a health system operates, how health services are managed and how a health facility is managed.”

Dean of the University of Fortaleza Medical School, Brazil

“In nursing school, it was my great desire to serve my people as a skilled nurse. The curriculum focused on managing the patient and safe delivery of medication. . . . Now I cooperate and coordinate with institutions, NGOs, and government departments to manage human resources. I advocate for nursing staff by mobilizing stakeholders to support capacity building. In nursing school, nurses need to learn how to create a vision and accept challenges. They need to know how to manage their time, obtain results, and use training facilitators in an efficient and effective manner.”

Director of Nursing, Ministry of Public Health, Afghanistan

“I thought my role in health care would be to treat the sick, but I realized there would be few doctors compared to the size of the population. So I began to realize I would have to lead non-medical people. But I had no formal training in leadership or management, only informal experiences.”

Deputy Dean for Education, Makerere University, Faculty of Medicine, Uganda

“I learned more by accident. . . . The first one or two years were not easy. After two years, I realized I had to abandon my work on the ward and concentrate more on management and preventive work. [Young doctors] definitely need training in leadership

and management, and it should not be short term. It needs to be incorporated at various levels of their training, both in class and out in the field.”

Director of the Malaria Control Program, Kenya

Leadership at All Levels

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

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

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

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

Achieving results under challenging conditions

In focus-group discussions, health program managers in developing countries have described examples of the challenges, they face including:

- rapidly scaling-up services to reach more people;
- assuring delivery of high-quality services;
- developing the systems and capacity to absorb and use new funds;
- making their organizations more sustainable;
- moving from individuals focused on activities to teams focused on achieving results;
- decentralizing decision-making to managerial levels close to clients.

Facing challenges such as high maternal and infant mortality rates, the continuing effect of poverty on peoples' health, poor quality services, insufficient human resources, or stressed health workers require people with leadership abilities. Organizations need managers who can lead to provide guidance and inspiration to the teams that have to address those challenges.

Dimensions of leadership

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

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

- **Leadership involves not just "doing" but "being."** Effective leaders have a high level of self-awareness. "Leadership involves the discipline of continually clarifying and deepening our personal vision, of focusing our energies, of developing patience, and of seeing reality objectively... [This discipline] starts with clarifying the things that really matter to us, living our lives in the service of our highest aspirations" (Senge 1994:7,8).
- **Leadership is exercised with others.** Organizations that face challenges in their environments must adapt and change. Leaders get people to face the challenge, the change, and the learning. "Solutions to adaptive challenges reside in the collective intelligence of employees at all levels. Often the toughest task for leaders in effecting change is mobilizing people throughout the organization to do adaptive work" (Heifetz and Laurie 1997:33).
- **Leadership is responsibility.** "Leadership is responsibility, not rank, title, privilege, or money... [Leaders] did not start out by asking themselves, 'What do I want?' but 'What should be done?' Then they ask themselves, 'What should I do and what must I do to make a difference?'" (Drucker in Hesselbein et al. 1996:xii–xiii).
- **Leadership happens at all levels.** "Students of management and mid-level managers in the organizations I work with often ask me, 'How can we lead the organization and make the changes you are talking about if we are not in the upper ranks?' I tell them, 'You can start right where you are; it doesn't matter what your job is. You can contribute your new judgment, new leadership, to your team or your group'" (Hesselbein 1997:83).

- **Leadership and management are both necessary.** "Leadership and management are two distinctive, complementary systems of action, each having its own characteristic practice and activities, but both are necessary for success in an increasingly complex and volatile setting" (Kotter 1990:85).

What Do the Leaders Say?

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

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

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

And furthermore she emphasizes that "*Leadership is responsibility*" since she has to be "... consistently mindful of the fact that all efforts are not about personal achievements, they have to do with reaching the desired outcomes meant to benefit people who rely on goods and services provided."

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

"My two deputies and I have taken the habit, every morning, to meet for about 15 minutes. In those meetings we discuss what we need to strive for that day and we also use this occasion to question ourselves, to keep ourselves poised for action."

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

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

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

Four Leadership Practices

Effective leaders at all levels constantly use four essential practices:

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

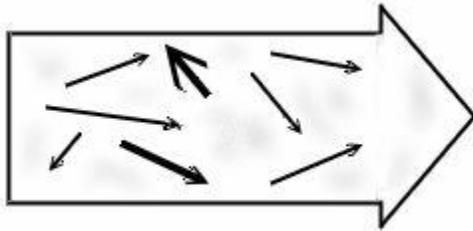
In their daily work this looks like this:

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

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

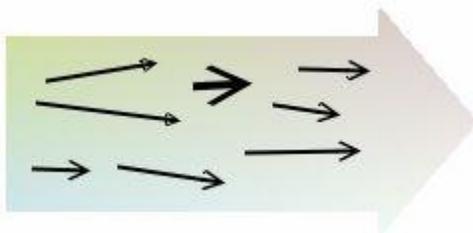
Align and mobilize: *Managers who lead* align people toward a common vision and mobilize energy, work, and resources toward achievement of the common goal. Peter Senge, an influential thinker on organizational development, articulates well what many of us intuitively know:

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



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

A picture of such a team would look like this:



Inspiring: *Managers who lead* inspire others by creating an environment in which people want to take part and put forth their best effort. Such an environment stimulates people to live up to their potential, to continue to learn and grow, and to take risks and be creative in a collective effort to produce the desired results.

MSH's Management and Leadership Program explored the importance of these functions in a study of public health leaders carried out in 2001. The study examined the values and functions that have enabled *managers who lead* to direct their organizations or work groups and to face challenges and achieve results even under very difficult conditions. The findings of this study showed that effective leaders:

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

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

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

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

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

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

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

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

What are the differences between leadership and management?

Differences between leadership and management

"Leadership is different from Management, but not for the reason most people think. Leadership isn't mystical or mysterious," says Harvard professor John Kotter. It has nothing to do with what people sometimes call 'charisma,' some vague quality that some people have and others don't. Nor is leadership dependent on exceptional personality characteristics. If we were to depend on the availability of some very gifted individuals,

born as natural leaders, the world would be in trouble. Kotter continues, "[leadership] is not the province of a chosen few. Nor is leadership necessarily better than management or a replacement for it; Leadership and management are two distinctive, complementary systems of action. Each has its own function and characteristic activities. Both are necessary for success in an increasingly complex and volatile environment" (Kotter 1990:85).

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

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

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

People Who Lead and Manage: Managers who lead

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

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

Four management practices

Effective managers carry out four essential management practices:

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

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

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

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

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

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

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

The Leading & Managing Framework

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

Leading & Managing Framework

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

Leading

SCANNING



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

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

FOCUSING



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

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

ALIGNING / MOBILIZING



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

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

INSPIRING



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

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

Managing

PLANNING



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

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

ORGANIZING



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

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

IMPLEMENTING



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

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

MONITORING & EVALUATING



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

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



Understanding Leading and managing practices

Case study: Improving staff performance

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

Instructions

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



Dr. Akulo, Director of Rural Health Services, a nongovernmental organization (NGO) in Central Africa, and his team were tasked to improve staff retention and performance in order to provide basic child and maternal health services to a large, rural population in the northern part of the country. Health care is provided through a network of 49 clinics staffed by doctors, nurses, nurse's aides, medical assistants, midwives, and 155 volunteer village health workers. Our story begins in February 2004, with Dr. Akulo's first intervention.

Dr. Akulo called a meeting of the headquarters staff and the eight zonal coordinators. He wanted to involve them in identifying the root causes of a recent decline in the number of people coming to their clinics for health services. He already suspected that the problem was related to staff absenteeism and the lack of good staff performance, but he wanted to hear from his senior staff and zonal coordinators.

In his introductory remarks to the group, Dr. Akulo provided evidence for his concern by citing recent statistics from the northern part of the country and comparing them with those from other parts of the country. He emphasized how each manager's leadership was important in turning this situation around. He was careful not to blame them for the problem, but rather pointed out that this problem was the responsibility of the whole organization.

He asked the assembled group whether they had observed the same phenomenon and what they thought were the reasons for the decline in health services utilization. They indicated that, indeed, they had noticed the same and shared their ideas about the causes for this decline. He then invited the managers to further explore this challenge. They brainstormed possible causes, which Dr. Akulo divided into those that were things they could do something about and those that were clearly outside their control, such as pervasive poverty, security issues, and road infrastructure.

The causes that they identified as being under their control included:

- irregular and superficial contact between supervisors and staff, resulting in missed opportunities to seek professional development and personal growth of facility staff;
- undefined role of supervisors;

- poor understanding of the notion of career development among staff (both supervisors and subordinate staff);
- perceived inequities in staff salaries and benefits;
- low staff morale and work satisfaction;
- poor communication between zones and headquarters

After more discussion, Dr. Akulo and his team decided to focus on the human resources management (HRM) system, as most of the causes they had identified might best be addressed through improvements in HRM. Dr. Akulo proposed holding a workshop to systematically assess the current HRM system, policies, and practices in order to help them focus their activities on those interventions that would most likely address the root causes. Dr. Akulo told the group that although they could hire an HR expert to solve the problems for them, he preferred that they do the assessment themselves, since it would be an opportunity to learn and work together on persistent challenges that threatened to compromise the organization's mandate of serving underserved populations.

March 2004: HRM assessment

The team of managers and Dr. Akulo met again for an entire day and applied the HRM Assessment Tool for Health Organizations¹, a tool that provides a rapid method for assessing the strengths and weaknesses of an organization's HRM system. The assessment helped them to take a closer look at the six basic functions of human resource management: HRM capacity; HR planning; personnel policy and practice; HRM data; performance management; and training. It helped them develop strategies to improve weaknesses.

At the end of the day, the managers felt that they understood more clearly what the weaknesses in the HRM system were and the changes required to address at least some of the important root causes of low attendance at the health facilities under their control. They all felt more encouraged and more motivated, mostly because they could, for the first time, see what difference they could make. As a first step, they agreed to go back to their offices and zones and explore in more depth the strengths and weaknesses they had discovered during the assessment. In some cases they needed more data, and the zonal coordinators in particular expressed the desire to interview some people back home to confirm or disconfirm their hypotheses.

¹ Please find the Human Resource Management (HRM) Rapid Assessment Tool on the Health Manager's Toolkit, <http://erc.msh.org/toolkit/>, Management Sciences for Health copyright © 2005

Follow-up meeting with Dr. Akulo

The senior managers asked to meet with Dr. Akulo to report on their findings. Many arrived early, as they had to travel long distances from their rural postings. Dr. Akulo provided coffee and pastries. They sat comfortably, chatting for a few minutes before the meeting began. There was a lot of excitement in the air, and people seemed genuinely positive about their ability to turn things around for the organization.

Dr. Akulo began the meeting by asking each person their opinion about the assessment activity that they had done together, and then the additional information they collected among their own staff. One by one they reported:

- Mrs. Oouko reported that people were not familiar with personnel policies and did not know where to find out about them; in fact, some did not even know there was such a thing.
- Dr. Ngoma learned from his supervisors that they had a very limited view of their responsibilities, and that these did not include staff training and mentoring.
- Ms. Nawekwe had followed a supervisor on her rounds and noticed an awkwardness in the relationship when it came to discipline and the correction of errors.

In discussing the various observations and findings, the staff realized that this was not just about fixing simple problems by providing training here or manuals there, but that they needed to think more systematically and rethink various parts of their current HRM system so that it would support the various interventions aimed at improving staff retention and performance on a more sustainable basis. However, they also felt that there were some immediate issues that they could start to address right now, such as:

- perceived (and often real) salary inequities;
- tolerance of chronic underperformers in the system;
- aspects of the organizational structure and procedures that made communication between zones and headquarters cumbersome and difficult.

Dr. Akulo complimented the group on the quality of their presentation. He told them that he agreed with their conclusions and that it would be important to address both the immediate issues of salary inequities, chronic underperformers, and communication. He then asked them for their suggestions on how to proceed. Several people had already thought about this and started to make suggestions. Mrs. Brown, Director of Human Resources of the NGO, suggested that it would be better if they did this more systematically by developing a work plan and timetable that would designate expected results, activities, and who would be responsible for carrying out the activities, and indicators to determine progress. She volunteered to oversee this process.

Over a series of meetings, the zonal managers and Mrs. Brown developed a detailed work plan, making sure that every activity had a clear outcome to serve as an indicator

of success, the necessary resources with which to undertake it, deadlines, and clearly defined responsibilities. When staff left, they expressed their confidence in their ability to change the course of things within the organization; they even seemed anxious to get started.

June 2004

In June 2004, Dr. Akulo and Mrs. Brown reconvened the group for another meeting at headquarters to discuss the impact of their work. The atmosphere was charged with excitement. Everyone reported on the progress regarding the activity they had taken responsibility for. Many proudly reported that they had successfully completed their tasks and that there was already an air of improvement and motivation among the health staff at their clinics. Not only did staff and supervisors feel more empowered because they had access to the personnel policy, but the dismissal of poor performers and the awarding of fixed contracts until the end of the project made them all feel valued and more like a team, despite the geographic distances among them.

They realized that they still had a long way to go to sustain this new-found optimism and that they would have to monitor the impact on services being offered, but they felt they now had tools to work with, the support of headquarters, and clear lines of communication. They were unanimous in their feelings that these things would significantly improve the management of the organization and make Rural Health Services a more responsive NGO with quality staff and services, and that it would ultimately increase the number of people who would come to their health facilities.

Instructions for answering questions

Now that you have finished reading the case, please:

1. Carefully read the segments of the case below.
2. Write down, for each segment, which of the leadership and management practices were used. Sometimes several practices were used. Remember that the practices for leading are: scanning, focusing, aligning/mobilizing, and inspiring. The practices for managing are: planning, organizing, implementing, and monitoring/evaluating.

Write, below each segment of the process, which practices were used:

1. **When Dr. Akulo decided to invite the zonal managers and senior staff at headquarters to a meeting to discuss the decline in the number of people seeking services at their clinics and ask them to invest time in the process he is effectively...**

Check the appropriate boxes

Leadership

Management

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

2. **When Dr. Akulo talks to the managers about the importance of their role as leaders in their communities, when he attends the entire meeting and demonstrates his enthusiasm for the recommendations they make, when he is willing to invest his own time, he is:**

Check the appropriate boxes

Leadership

Management

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

3. When Dr. Akulo agrees to be involved in the actions taken regarding underperforming staff and salary inequities, he is engaged in:

Check the appropriate boxes

Leadership

Management

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

4. When Dr. Akulo affirms the role and function of the HR Director and agrees to support her in taking action on poor performance and salary issues, he is engaged in:

Check the appropriate boxes

Leadership

Management

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

5. When the managers develop a work plan and distribute roles and responsibilities, they are engaging in:

Check the appropriate boxes

Leadership

Management

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

Please see the Exercise results in Annex 3, which contains all Exercise answers.

How do I act in my role as leader?

To find out how you apply the scanning practice, fill out the following questionnaire. Assign each practice a point score of 1 to 5, as indicated below.

1 = I hardly ever do this

2 = I sometimes do this

3 = I often do this

4 = I very often do this

5 = I almost always do this

When you have completed this exercise, please post your answers on the Web site.

Assessing "Scanning"

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

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

I reflect about my own abilities, motivations, and challenges

1 2 3 4 5 « Select your response

Points _____

How do I act in my role as leader?

To find out how you apply the focusing practice, fill out the following questionnaire. Assign each practice a point score of 1 to 5, as indicated below.

1 = I hardly ever do this

2 = I sometimes do this

3 = I often do this

4 = I very often do this

5 = I almost always do this

When you have completed this exercise, please post your answers on the Web site.

Assessing "Focusing"

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

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

I ask "Why are we doing this?"

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

I set priorities to satisfy our clients' needs

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

Points _____

How do I act in my role as leader?

To find out how you apply the aligning and mobilizing practice, fill out the following questionnaire. Assign each practice a point score of 1 to 5, as indicated below.

1 = I hardly ever do this

2 = I sometimes do this

3 = I often do this

4 = I very often do this

5 = I almost always do this

When you have completed this exercise, please post your answers on the Web site.

Assessing "Aligning/ Mobilizing"

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

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

I recognize and reward my staff for achieving objectives

1 2 3 4 5 « Select your response

Points _____

How do I act in my role as leader?

To find out how you apply the aligning and mobilizing practice, fill out the following questionnaire. Assign each practice a point score of 1 to 5, as indicated below.

1 = I hardly ever do this

2 = I sometimes do this

3 = I often do this

4 = I very often do this

5 = I almost always do this

When you have completed this exercise, please post your answers on the Web site.

Assessing "Inspiring"

My staff feels challenged by me to take on difficult assignments

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

My staff feel listened to, even when there is disagreement

1 2 3 4 5 « Select your response

My staff feel comfortable to present me with new ideas

1 2 3 4 5 « Select your response

My staff feel supported and appreciated by me

1 2 3 4 5 « Select your response

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

1 2 3 4 5 « Select your response

My staff feel recognized for their contributions

1 2 3 4 5 « Select your response

Points _____

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

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

My strengths	My weaknesses
Areas in which I can improve in my development as a leader	

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

Group Work

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

Requirements for the meeting

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

Time: 2 hours, 40 minutes

Objectives

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

Expected results

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

Instructions

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

Continue for each of the other practices. Together these form the basis for a development plan for the team as well as for individuals.

- How are the practices distributed within the team?
7. Summarize how you exercise the four practices of leading as a team. **20 minutes.**

8. The coordinator, taking the group's conclusions from point 7, answers the following questions:
 - How are the four leadership practices exercised by the team?
 - Which leadership practices are strongest in your team, which ones weakest?
9. Once this summary has been completed, the coordinator will go to the next page (the Forum page on the Web site), click on the box that says "Enter the group's response," and upload the responses.

Leadership Practices - Chart 2A

Scan	Focus	Align/ Mobilize	Inspire

Forum Module 2: The four leadership practices and your team

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

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

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

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

Tools and Readings

Recommendations for further reading

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

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

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

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

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

Individual Reflections on Module 2

Module 3: Identifying Challenges

Purpose

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

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

- identify a leadership challenge relating to how to best integrate an action-learning approach to leadership and management development into your own organization, curriculum, or program;
- analyze the root causes of the current situation;
- use the Challenge Model to envision a desired result and design an action plan to address your team's selected challenge.

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

* The first meeting should take place no later than the second week of Module 3. The other meetings should take place as soon as your team has received feedback from the facilitators on the results of your first meeting.

From Problems to Challenges

The Role of Challenges in Leadership Development

You are faced with a challenge when there is a gap between your desired performance and your current situation. A challenge forces you to stretch beyond your current capabilities. For a group of people, a challenge may mean that they are committed to addressing an obstacle that in the past has been seen as someone else's problem to resolve. For example, an M&E officer working in HIV/AIDS programs is overwhelmed by demands from different donors and the problems of harmonizing data reporting. Some people would have stopped right there and declared the lack of coordination as an impossible obstacle. Instead, he took the lack of communication and coordination between funding agencies on as a challenge.

It is easy to feel overwhelmed by the breadth of challenges in regard to HIV/AIDS, but as this M&E officer and others throughout the world are discovering, there are manageable challenges that they can address that will make a positive difference in the monitoring and evaluation of programs dealing with HIV/AIDS, thereby improving program results.

Achieving results by overcoming obstacles = Challenge

People develop their leadership skills in response to:

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

Leadership development occurs when someone is:

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

Definition of a Challenge

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

For example, a team involved in HIV/AIDS reporting might select:

- How can we ensure that audience appropriate M&E materials that support data sharing and use target are available?, or
- How can we ensure that the HIV/AIDS data that we collect is used for decision-making purposes?

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

From Here to There

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

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

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



Not Just Any Challenge

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

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

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

What Challenges have other Leaders taken on?

The following challenge addressed by a director of a large family planning non-governmental organization represents the interrelatedness of HIV/AIDS and other health programs:

"When this organization was formed it existed only in the capital city and we had three branches which offered information and family planning services in only three of our twelve provincial capitals. The government was not active in advocating for family planning as a means to reduce maternal mortality, or as one important component of the national strategy to improve economic development of our country. So in addition to offering family planning services in a limited geographic area, we played an important role in trying to influence the policy of the government, to encourage the Ministry of Health to budget resources for in-service training of government doctors, nurses, and midwives in FP counseling and service delivery, to develop and distribute information on the benefits and risks of FP methods, and to develop policies which articulated that family planning was an important component of the national health strategy. However, much has changed in the past 20 years. Now we are a key partner of the MOH which provides 50% of the FP services in the country. While we continue to provide services in geographic areas not well served by Ministry hospitals, health centers, and health posts, we also have an important role to play in finding ways to maintain and further increase access to and quality of FP services among the women and men we serve and while also addressing the HIV pandemic in our country."

Since the strategies implemented over the past 20 years for FP service delivery were no longer effective in the context of current conditions, the Director realized that developing new strategies was not a task she could not undertake on her own. She therefore

invested time and energy in building her team in the headquarters office, and then her team built local teams in the 12 branch offices, which in turn worked with outreach workers all the way down to the community level in order to produce a critical mass of strong and committed teams that, together, could take on current challenges.

There are many challenges facing those who are committed to maintaining and improving access and quality of FP services within the context of the HIV pandemic as well as reaching populations in dense urban areas and very rural and remote areas. In working with her team, these are some of the major challenges they identified:

- How to get top MOH support for allocating more government human and financial resources to training health personnel in FP, in the face of the government's and donors' priority for prevention of HIV and care and treatment of HIV+ patients?
- How to improve the NGO's logistics management system to reduce stock-outs of both contraceptive commodities and ARVs in the most rural and remote areas of the country?
- How to help the government find effective models to integrate FP information and counseling into HIV prevention information services when providers are already overwhelmed by the number of women and men they have to see daily?
- How to effectively introduce a strategy for dual contraceptive use such that at risk women who want to space their children can also protect themselves from HIV?

What Do the Leaders Say?

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

One Director of a national health services organization told us:

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

Whether the challenge concerns internal issues or external issues, one thing is clear, it is important which challenge you select to work on. Make sure it is one that you can have some impact on. After all, you are going to spend a lot of energy and time on addressing your challenge. Don't take on the challenge of "How can we end poverty in our country?" when your team is a small section of a department. Unless you are a

national cross-sector team of highly influential and resourceful (and well-resourced) professionals, this challenge is too big for you.

Selecting the Right Challenge for Your Level

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

For example, an internal challenge might be the prevailing work climate that is characterized by conflict, poor leadership, or inefficient management processes, since all these would mean wasted effort and resources. External challenges could come from the overall political climate, decentralization, unions, or high morbidity and mortality affecting not only the general population but also the workforce. If leaders want their organizations or teams to produce results, they have to pay as much attention to what is going on inside their organization or team as to external factors.

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

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

Individual assignment

In the following assignment, you will have the opportunity to identify the critical challenges for leaders at various levels in HIV/AIDS programs.

Read the following case, “New Regional HIV/AIDS Reference Laboratory” and write the answers to the questions in the Module 3 individual reflections section of your workbook.

1. What are the most critical challenges for Director of the National Agency for the Control of AIDS (NACA)?
2. What are the most critical challenges facing the Director of the Regional HIV/AIDS Reference Laboratory?
3. What are the most critical challenges for the newly appointed M&E Manager of the Regional HIV/AIDS Reference Laboratory?
4. What are the most critical challenges facing the HR Director?

Extension of reference laboratory capacity

A key strategy of the 2000 – 2005 Ministry of Health Plan for Scaling up AIDS Treatment was to increase laboratory capacity in support of HIV/AIDS Testing services. An evaluation conducted at the end of 2006 found that there were insufficient laboratory resources to handle both current and expected future demand. In addition, existing testing data were incomplete and of unsure quality. A variety of factors were identified as possible causes, including:

- a total lack of support and attention from national and regional health managers;
- observation of practices showed poor mastery/adherence of both necessary technical and data recording skills;
- irregular and unreliable supply of test kits, lab supplies and equipment;
- a negative work environment (unmotivated and/or hostile);
- persistent rumors about breaches in confidentiality;

After digesting the evaluation report, the Director of the National Agency for the Control of AIDS (NACA) made several visits to the Minister of Health and persuaded him to plan for the establishment of the first in what was to be a series of Regional HIV/AIDS Reference Laboratories. This plan required a number steps, including persuading the region's Governor to support the allocation of sufficient resources for the completion of a Regional HIV/AIDS Reference, negotiating with the labor union for its support etc. Some of the NACA Director's first successes were the approval for such a clinic, the donation of a building, provision of some equipment and supplies, and the appointment of a director for the new clinic.

Given the difficulties in aligning the various parties to support this new Regional HIV/AIDS Reference Laboratory, its director would have to find ways to demonstrate the value of such a laboratory and prove that laboratory was providing the promised high-quality services. The Director began hiring competent staff, negotiating with the hospital director to get qualified staff to be seconded to the clinic, and of convincing them as well as new recruits that they were all partners in the creation and shaping of this new reference laboratory. In order to address the issues identified above, the Director made hiring of the M&E Manager for the regional laboratory and a new HR Director among his first priority actions.

Write your answers to the questions in the space provided:

- 1. What are the most critical challenges for Director of the National Agency for the Control of AIDS (NACA)?

- 2. What are the most critical challenges facing the Director of the Regional HIV/AIDS Reference Laboratory?

- 3. What are the most critical challenges for the newly appointed M&E Manager of the Regional HIV/AIDS Reference Laboratory?

- 4. What are the most critical challenges facing the HR Director?

Please find the answers to this exercise in Annex 3, which contains answers to the Exercises for the entire program.

What do the leaders say?

In this section, some of the leaders from different parts of the world whom we interviewed talk about the challenges they faced.

Making rural living attractive for health professionals:

A regional Health and Nutrition Advisor tells us the following:

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

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

Expansion of Services:

The director of a national health services organization's challenge was to expand the services of his organization to people living in areas without access to these services. At the time, the organization only existed in three main cities and therefore was not benefiting all people who might need it. He wanted to make sure that everyone, or almost everyone, who was in need could benefit from the organization's services.

Increasing access to affordable drugs:

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

Aligning stakeholders:

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

Identifying and acting on a challenge

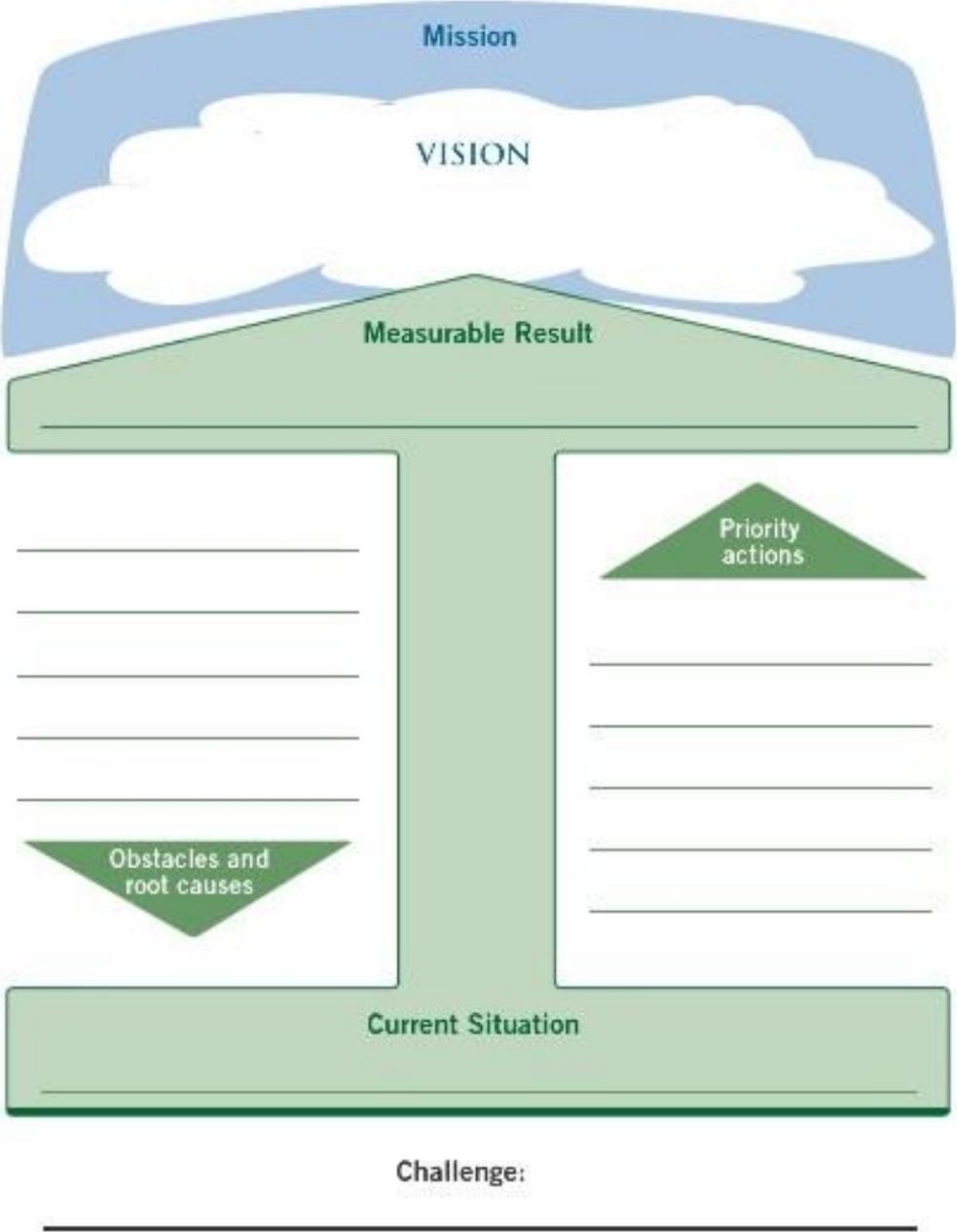
In this section, we will introduce you to the Challenge Model to identify, explore, and select ways to address an important organizational challenge. This process of determining and addressing a challenge will provide each team the opportunity to practice each of the four leadership practices and, in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

What does "performance" mean?

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

The Challenge Model

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



How to use the Challenge Model

Step 1. Review your organizational mission and strategic priorities.

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

Step 2. Create a shared vision.

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

Step 3. Agree on one specific desirable result.

Pick an aspect of your shared vision and select one specific, measurable result that you all want to achieve. This result is what will drive your work. Because it is specific enough to be measurable, it allows you to monitor and evaluate your progress toward achieving it. Focus your specific result on something that will move you toward your vision but that is actionable within a time period of six months.

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

Step 4. Assess the current situation.

Scan your internal and external environments to form an accurate baseline of the realities or conditions that describe the current situation in relation to your stated measurable result. This may include both positives (assets) and negatives (liabilities).

Step 5. Articulate the challenge.

State the tension between the current situation and the desired measurable result. A challenge statement poses the question: "How can we/I accomplish [the measurable result] given that (or in light of) the [liabilities present in the current situation]."

Step 6. Identify the obstacles you are likely to encounter as you move from the current situation to the desired one—the defined root causes are responsible for the gap between those two.

Identify what obstacles are in the way as you move from your current situation to your desired measurable result. In order to understand what you are up against, use the root cause analysis tools (Fishbone diagram and the Five Whys technique) to analyze the underlying causes of these obstacles to make sure you are addressing the root causes and not just the symptoms.

Step 7. Select priority actions.

Select the priority actions that are most likely to address the identified root causes. As stated in Step 3 above, choose priority actions that you can achieve within the next six months.

Step 8. Develop an action plan.

Develop an action plan that spells out the activities and tasks that need to be undertaken to implement the priority actions and estimates human, material, and financial resources needed and the timeline for implementing your actions. It also includes activities that are needed to monitor and evaluate your efforts.

Step 9. Implement your plan and monitor and evaluate your progress.

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

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

Vision

Shared Vision Has Power

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

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

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

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

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

When a team or group from a unit, a program, or an organization describes where they want to be in the future, it creates a tension between the current situation and the desired future state. To visualize this tension, imagine an elastic band extended

between the current situation and the desired result in the future. The more ambitious the result is, in light of the current situation, the more tension there will be in the elastic band. The tension thus set up produces the challenge: "How can we achieve result X given that the current situation is Y?"

The challenge represents a psychological tension that seeks resolution, and the only way this can be accomplished is by moving forward towards the intended result. This is how people, over the ages, have been able to overcome significant obstacles, handicaps, and other countervailing forces towards a result they truly wanted to achieve. If the commitment is there, even the most daunting forces can be overcome. The world is full of examples, and most people can find examples in their own life or in their family.

Example of a vision:

"Health organizations fulfill their mandates through committed staff who work effectively together in all-round teams, facing challenges with the right attitudes and skill sets. Staffing levels allow for patient care of the highest quality, required attention to management functions and the establishment and maintenance of good relations with the key stakeholders in the community in order to streamline service delivery, solve problems, and ultimately produce desired health outcomes."

Creating a Shared Vision with a Team

The following steps will help you and your team create a shared vision in case you don't already have one. This will be especially useful if there are members of your team that do not come from your unit.

Step 1. Imagine the future

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

Step 2. Integrate your vision with another one

- Have the participants divide into pairs and ask them to share their visions with each other.
- Ask each pair of participants to create one shared vision combining the best aspects of both visions.

- In groups of four (composed of two pairs), discuss the combined visions, and further consolidate these visions to arrive at one shared vision for each group of four people.

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

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

Step 4. Prioritize the elements

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

Step 5. Present the shared vision statement

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

For other Building Shared Vision exercises, including an adaptation of this exercise, refer to the tool section of MSH's leadership handbook "Managers who lead: A Handbook for Improving Health Services." Cambridge, MA, 2005.

The Future and the Present

Your next task is to define a specific desired and measurable result that would indicate your success in moving towards your vision.

In order to determine what it is that you actually need to do to create this result you have to know where you currently are in relation to that result.

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

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

Root Cause Analysis Tools

The Fishbone Diagram

Conducting a root cause analysis

You have developed your vision and a desired measurable result. Before you develop your action plan you have to now take a closer look at the reasons why the current situation is as it is. The better your analysis the more likely your action plan will include actions that address the root causes of the gap.

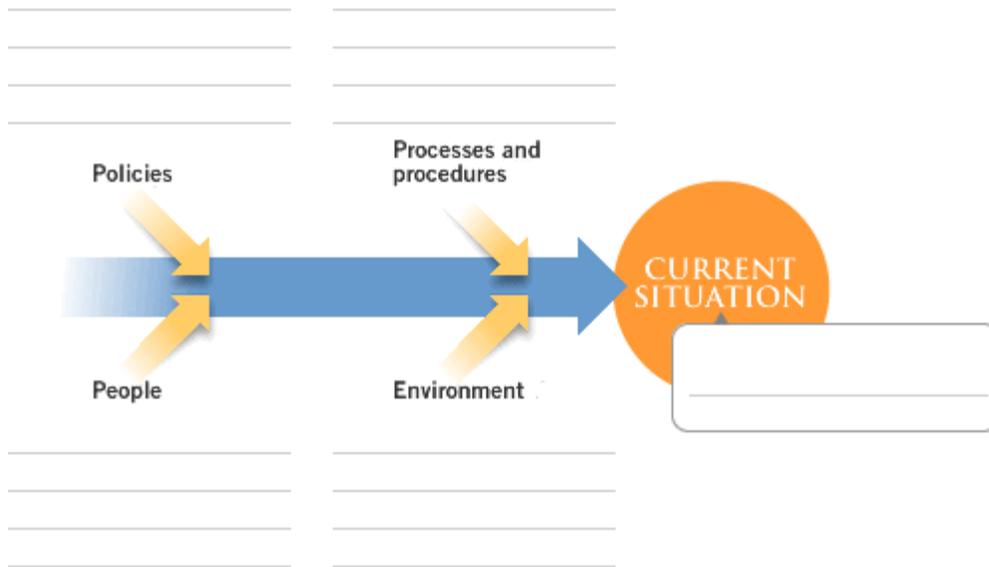
Below are two tools that may help you get to the root cause or causes of the gap between your current situation and your desired results.

The Fishbone Diagram Analysis

The purpose of the fishbone diagram analysis is to identify the root causes of the current undesirable situation. For this example, consider a high rate of staff turnover.

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

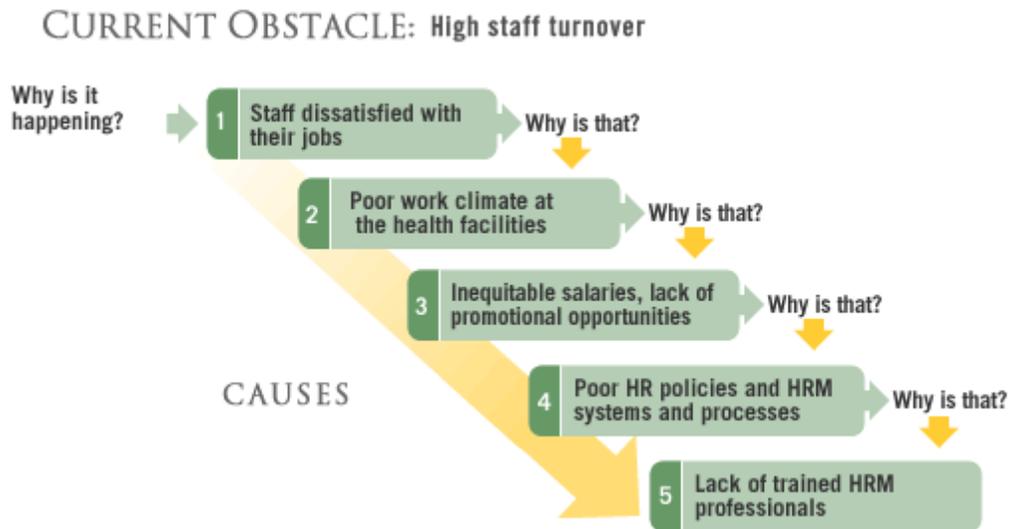
The 4 P's (place, procedure, people, policies)



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

The Five Whys Method

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



To practice this method, take a current situation that an organization or institution may like to change. For example, frequent staff turnover:

Why is the current situation like this? *Response:* Because staff are dissatisfied with their jobs.

Why is this so? *Response:* Because there is a poor work climate at the health facilities.

Why is this so? *Response:* Because salaries are inadequate, there is a lack of promotional opportunities and no on-going facilitative supervision.

Why is this so? *Response:* Because of poor HR policies and HRM systems and processes.

Why is this so? *Response:* Because lack of trained HRM professionals.

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

From Vision to Action - Putting it all together

The following case study demonstrates how to go from vision to action using the challenge model and an action plan. Follow the example to understand the process for addressing the challenge identified by your team and moving from a vision to a clear action plan with specific activities, and dates to move your team towards the vision. Your team may select a very different challenge from that described in the case study, but all teams will follow these same steps.

Case Study: Introducing Rapid Testing for HIV into an HIV/AIDS Program

The National HIV/AIDS program of the island of St. Agnes (NAPSA) was facing a series of leadership and management challenges. NAPSA officials knew that funding for its program was likely to decrease over the coming years. The worldwide recession was affecting the national economy and every public service, including health care. As national leaders, NAPSA wanted to be prepared for change it knew was coming and to use this time to strengthen the provision of HIV prevention, treatment and support. It sometimes seemed an overwhelming task, but NAPSA was made up of very committed people. When an opportunity arose for a team from NAPSA to take part in a leadership training program called the VLDP, the program jumped at the chance.

During the VLDP, the NAPSA team was asked to review its mission and develop a shared vision. The team decided its mission would be aligned with the mission of the Ministry of Health: *“To improve the quality of life for the members of high-risk and vulnerable groups and the general population of St. Agnes by preventing the spread of HIV infection and reducing the impact of AIDS.”*

The creation of a shared vision for their team was something new. They were asked to create a picture in their minds of what the future would look like if they were successful as a team. They were excited and surprised by its power. Here is the vision that they created together:

A society on St. Agnes with rights and social justice for everyone, where people living with AIDS have access to life saving treatment and continued care and where an HIV epidemic has been averted.

The vision was broad and ambitious. The NAPSA team felt overwhelmed and did not know where to start. The team reviewed its vision and selected just a small piece of it – the piece about people with HIV having access to life saving treatment. The team discussed how stigma and discrimination were keeping people from knowing their HIV status and getting treatment. Even when people came for voluntary counseling and testing, they often didn't come back for their results. The rapid test for HIV, which gave immediate results, was used on national testing days but the primary mode for testing was the ELISA test combined with confirmatory tests for positive results at the Caribbean Epidemiology Centre (CAREC). The ELISA test required that the person return to get his or her test results, and this sometimes did not happen. Even though the

government was in favor of rapid testing, not all of the key stakeholders were in agreement as to its feasibility.

The team selected a measurable result that it believed would move NAPSA a little closer to its vision and would be achievable in the 6 months following the VLDP. In NAPSA managers were used to creating 5 year plans but this was the first time they had to focus on a much shorter time frame. The team's first draft of the desired measurable result was:

“An increase in the number of key areas of the National AIDS Program delivering rapid HIV testing as a matter of routine”

In order to be as clear as possible about their desired result, they checked whether it was SMART.

Specific (S): *Is the desired measurable result, as stated, specific enough so that it can be measured by a frequency, a percent or a number?*

The initial definition of the measurable result, failed the 'S' test. Several terms were vague. What did it mean to say a “number of key areas”? Did it mean every large organization providing HIV testing or just government polyclinics? What did it mean that the organizations would be “delivering rapid HIV testing as a matter of routine”? Did it mean that they would always use the rapid test or that they would combine rapid testing with Elisa if they had stock-outs of test kits, which often happened. The team decided to focus its measurable result to be more achievable in 6 months. It wrote down its second draft of the measurable result as:

“The St. Agnes Red Cross and all government polyclinics will have integrated rapid testing for HIV as their primary method of HIV testing, with Elisa used only in the case of stock-outs of test kits.”

Measurable (M): *Is the desired result framed in terms that are measurable?*

Making the desired result measurable seemed a bit more challenging. The team reviewed the reports on voluntary counseling and testing from the Red Cross and the government polyclinics and confirmed that they were using the ELISA test with the exception of national testing days. The team felt that the substitution of rapid tests would enable many more people to receive their test results in 21 days, so it selected as an indicator of success the “number of people receiving HIV counseling and testing including the provision of the test results.

It wrote down its third draft of the measurable result as:

“The St. Agnes Red Cross and government polyclinics will have integrated rapid testing for HIV as their primary method of HIV testing, and will have increased the number of

people receiving HIV counseling and testing including the provision of the test results by 50% as compared with the same time period in 2009.”

Appropriate (A): *Is the desired measurable result appropriate to the goals and level of the team and to the mission of the organization?*

The team agreed that their result was appropriate given the mission of NAPSA. Following the results and lessons learned from this initial effort to introduce widespread use of the rapid test, it would be possible to expand the scope of this measurable result to more organizations

Realistic (R): *Can the desired measurable result be realistically achieved in a short time frame?*

The team wondered if in 6 months it could persuade the Red Cross and the government to switch to the rapid tests and put into place a logistics system and plan for quality control. The team decided that during a 6 months period it was enough to have the commitment in writing of the Red Cross and the government to integrate use of the rapid tests and that it might see an increase in the number of people receiving HIV counseling and testing including the provision of the test results by 20% as compared with the same time period in 2009.

The team wrote down its fourth draft of the measurable result as:

“The St. Agnes Red Cross and government polyclinics will have committed in writing to integrate rapid testing for HIV as their primary method of HIV testing, and will have increased the number of people receiving HIV counseling and testing including the provision of the test results by 20% as compared with the same time period in 2009.”

Time-Bound (T): *Is there a specific time period for achieving the desired performance? Can the result be achieved with the resources available in the time specified?*

By adding the beginning and end date for the desired result, it had now become SMART:

“Between June and December 31, 2010, the St. Agnes Red Cross and government polyclinics will have committed in writing to integrate rapid testing for HIV as their primary method of HIV testing, and will have increased the number of people receiving HIV counseling and testing including the provision of the test results by 20% compared with the same time period in 2009.”

Describing the current situation

Following the Challenge Model, with the mission, vision and measurable result sections completed, the NAPSA team now turned their attention to the current situation. The current situation or baseline measure, they were told, had to match exactly the situation

they desired in their measurable result. The team knew therefore described the current situation with as much detail as possible:

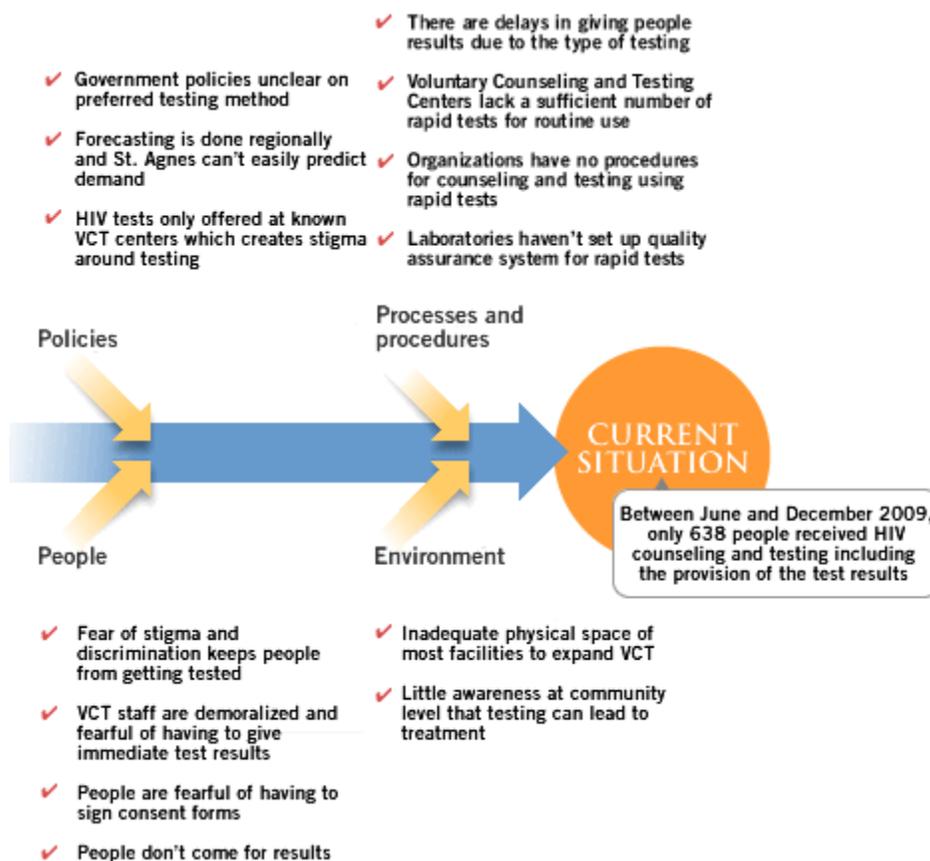
“Between June and December 2009, 638 people received HIV counseling and testing including the provision of the test results

With the desired result and the current situation clearly in view, the team was now able to articulate its challenge:

“How can we work with the Red Cross and government polyclinics to increase access to HIV/AIDS services for the population of St. Agnes by integrating rapid counseling and testing for HIV in the face of fears about the validity of rapid testing, logistical barriers and cost constraints?”

Now they were ready for a more thorough look at the obstacles the team would have to overcome in facing this challenge.

They used the Fishbone Diagram to further explore the current situation, identify the obstacles and understand the root causes. To start this analysis, they put their description of the current situation in the box on the right side of the Fishbone Diagram and filled in the branches (bones) as follows:



Then the NAPSA team used the Five Whys technique to analyze the root causes in more depth.

One reason had to do with Processes and Procedures:

► Voluntary Counseling and Testing Centers lack a sufficient number of rapid tests for routine use.

Why is that? The kits are available only in limited numbers from Central Medical Stores.

Why is that? The government hasn't sent in their plan for how many kits they will need.

Why is that? The government isn't sure what the demand will be for tests and doesn't want to be left with tests that could expire

Why is that? The government was penalized in the past for not accurately projecting demand for supplies

Another reason had to do with Policy:

► Government policies are unclear on the preferred testing method

Why is that? Even though rapid testing is easier for the client, the MOH feels it is more expensive and the forecasting more difficult

Why is that? MOH senior officials aren't sure they have the money or the logistical infrastructure to deliver an adequate number of test kits

Why is that? They haven't been persuaded that St. Agnes has a large enough population at risk for HIV to justify the expense

Why is that? There are many competing health needs

A third reason had to do with People

► VCT center staff are fearful of having to give immediate test results

Why is that? They don't feel they have the time to adequately do post test counseling if the work load increases

Why is that? They aren't well trained or supported by their supervisors

Why is that? There are too few staff to send them for extra training

Why is that? Mobility of health personnel between the islands and with the USA is putting stress on human resources

A fourth reason had to do with the Environment

► Inadequate physical space in most facilities to expand VCT

Why is that? VCT requires confidentiality, and health facilities are not set up to provide enough space for confidential counseling

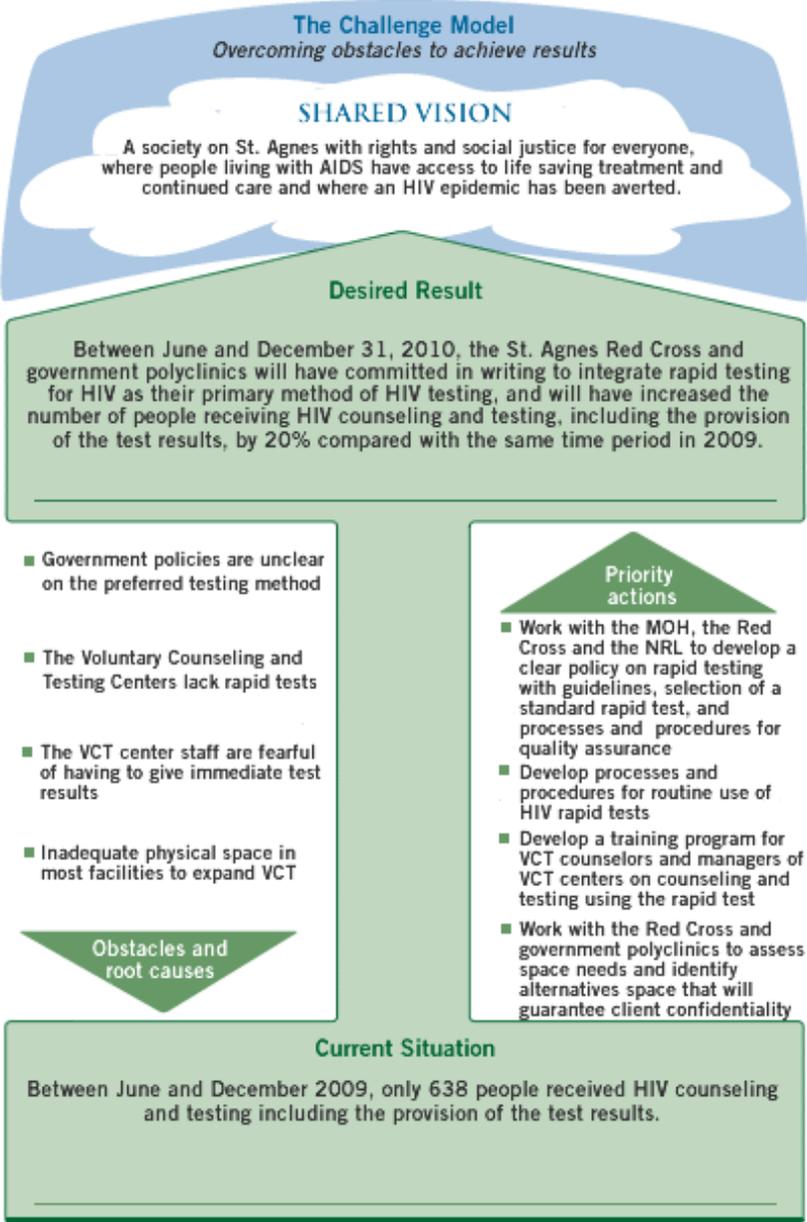
Why is that? Other diseases with higher prevalence take precedence over HIV counseling and testing and so have more space

Why is that? Health officials are concerned about HIV services taking away from routine health care

Why is that? There is a perception that there are a lot of resources for HIV and not many for general health care

Completing the Challenge Model

The next step for the team was filling out the Challenge Model. They placed the team’s vision at the top, followed by the desired measurable result they were seeking. Then they filled in the root causes on the left and the priority actions on the right that would specifically address each of those causes. At the very bottom they put their challenge statement. On the next page is the team’s completed Challenge Model:



Challenge:

How can we work with the Red Cross and government polyclinics to increase access to HIV/AIDS services for the population of St. Agnes by integrating rapid counseling and testing for HIV in the face of fears about the validity of rapid testing, logistical barriers and cost constraints?

Developing the Action Plan

Now the NAPSA team was ready to develop its action plan with specific activities linked to achieving each of the priority actions, and eventually leading to the desired measurable result. For each of the four priority actions there were several activities that needed to be completed. They also added in the launch of the rapid testing initiative and its evaluation at the end of 6 months.

- 1. Work with the MOH, the Red Cross and the National Reference Laboratory to develop a clear policy on rapid testing with guidelines, selection of a standard rapid test, and processes and procedures for quality assurance**
 - a) Prepare a compelling case to present to superiors at MOH and the St. Agnes Red Cross to obtain their support for this initiative
 - b) Set up working group to develop policy and clear guidelines for Rapid Testing
 - c) Set up working group with National Reference Laboratory to set up a system for quality assurance

- 2. Develop processes and procedures for routine use of HIV rapid tests**
 - a) Meet with Red Cross and Government polyclinics to develop processes and procedures
 - b) Decide on how initiative will be rolled out
 - c) Prepare plan for forecasting and obtaining rapid testing kits

- 3. Develop training curriculum jointly managers of VCT centers on counseling and testing using the rapid test**
 - a) Develop a training program for VCT counselors and managers of VCT centers with the MOH and Red Cross
 - b) Train 4 trainers to implement curriculum with VCT staff
 - c) Carry out training of counselors, nurses and other medical staff who will be involved in testing

- 4. Work with the Red Cross and government polyclinics to assess space needs and identify alternatives space that will guarantee client confidentiality**
 - a) Meet with senior staff from Red Cross and government polyclinics to assess space needs
 - b) Develop alternative arrangements for counseling and testing

- 5. Launch pilot routine HIV testing program on rapid test jointly with Red Cross and government polyclinics**
 - a) Distribution of supplies and equipment to the Red Cross and polyclinics
 - b) Carry out site visits to ensure that program is being successfully implemented

6. Evaluate Rapid testing Initiative

- a) Carry out client and provider satisfaction surveys
- b) Compile results from quality testing
- c) Compile data on # of people testing who receive their results
- d) Write report

Action Plan of NAPSA Team:

Date: June 31, 2010

<p>Challenge: “How can we work with the Red Cross and government polyclinics to increase access to HIV/AIDS services for the population of St. Agnes by integrating rapid counseling and testing for HIV in the face of fears about the validity of rapid testing, logistical barriers and cost constraints?”</p> <p>Desired result: “Between June and December 31, 2010, the St. Agnes Red Cross and government polyclinics will have committed in writing to integrate rapid testing for HIV as their primary method of HIV testing, and will have increased the number of people receiving HIV counseling and testing, including the provision of the test results, by 20% compared with the same time period in 2009.</p>	<p>Indicators:</p> <ul style="list-style-type: none"> • Number of people receiving HIV counseling and testing, including the provision of the test results Number of facility monthly HIV/AIDS program indicator reports received by M&E Officer by the 15th of the following month (target 9) • Number of organizations initiating rapid testing as a routine procedure • Number of VCT counselors, nurses and other medical personnel trained in HIV rapid testing and counseling
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Activities	Person responsible	Date of completion	Resources needed
Work with the MOH, the Red Cross and the National Reference Laboratory to develop a clear policy on rapid testing			
Set up working group to develop policy and clear guidelines for Rapid Testing Prepare a compelling case to present to superiors at MOH and the St. Agnes Red Cross to obtain their support for this initiative	Celeste	June	Staff time, meeting venue
Prepare a compelling case to present to superiors at MOH and the St. Agnes Red Cross to	Working group	Late June	Staff time, meeting venue, presentation materials
Set up working group with National Reference Laboratory to set up a system for quality assurance	David	Late June	Staff time, meeting venue
Develop processes and procedures for routine use of HIV rapid tests			

Activities	Person responsible	Date of completion	Resources needed
Meet with Red Cross and Government polyclinics to develop processes and procedures	Damien & Virginia	Early July	Staff time, meeting venue
Decide on how initiative will be rolled out	Working group	July	
Prepare plan for forecasting and obtaining rapid testing kits	James	Early August	Staff time, meeting venue
Develop a training program for VCT counselors and managers of VCT centers on counseling and testing using the rapid test			
Develop a training program for VCT counselors and managers of VCT centers	Working group	August	Staff time, meeting venue, training materials
Train 4 trainers to implement curriculum with VCT staff	Celeste & James	September	Staff time, meeting venue, training materials, transport, tea breaks
Carry out training of counselors, nurses and other medical staff who will be involved in testing	David & Damien	September	Staff time, meeting venue, training materials, transport, tea breaks
Launch pilot routine HIV testing program on rapid test jointly with Red Cross and government polyclinics			
Distribution of supplies and equipment to the Red Cross and polyclinics	Virginia	October	Transport
Carry out site visits to ensure that program is being successfully implemented	Virginia & Damien	October-December	Staff time, transport
Evaluate Rapid testing Initiative			
Carry out client and provider satisfaction surveys	Celeste, James & David	Late November	Staff time, transport
Compile results from quality testing	James	December	Time for data entry
Compile data on # of people testing who receive their results	David	December	Time for data entry
Write report	Celeste	By December 31, 2010	Staff time

Checking the Quality of the Action Plan

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

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

✓Is the desired result SMART?

✓Have measurable indicators been defined that will tell the NAPSA team whether or not they have achieved their desired result?

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

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

✓Have all the resources been identified?

✓Is there anything else that the team should add to its action plan?

Group Work

Identify the challenge, conduct a root cause analysis and develop an action plan.

During this group work session, you will apply what you have learned from this module to your actual situation. This module is the central product of this program and is, in part, a “test” of your capacities as a leader. This requires a lot of work and cannot be accomplished in one meeting. We suggest you schedule a separate meeting to accomplish each of the four tasks outlined below. You should use your first meeting in this module to begin the work you will be following for the rest of VLDP program.

Your team should complete four tasks before the end of the program and they should be aligned with your challenge: choose a leadership challenge and create a vision that your team would like to achieve, conduct a root cause analysis of your actual situation, create an action plan, and verify this action plan will successfully bring about change.

1. Identify a Challenge

During the first meeting, you should begin with the first task. In the first section on the first page of group work, you should read the directions on how to complete this task as a group. When you finished, you should ask your coordinator for Module 3 to send this to the facilitators for feedback. The facilitators will return work with questions, depending if your group work needs to be improved or clarified. During this time, certain VLDP groups should re-do the group work until facilitators are satisfied. At this point, they will give you the green light to proceed to the next step.

2. Root Cause Analysis

We hope you will accomplish this task before the end of Module 3 or at the beginning of Module 4. You should be able to meet for the required meetings and make sure they are scheduled since we do not know when everyone can meet. When you are satisfied with your root cause analysis, send this to a facilitator for feedback. After you have received the green light to proceed to the next step, you may begin the next step.

3. Creating an action plan

You should be able to meet as a group in order to accomplish this task which we hope will be completed before Module 6. We assure that you can follow the Case Study from Module 3 as an example. Develop your action plan and use the same format as the case study. You should be meeting at least one other time to accomplish this task. In the previous VLDPs, teams were able to accomplish this task during Module 4 or Module 5. There is much more work so you must manage your time well. For this level, when you are satisfied with your action plan you should send it to a facilitator for them to review and provide any feedback. You will be able to re-do this task until you successfully complete this task. At the moment, you are probably ready for Module 6, which talks about change.

4. Examine your action plan

Within Module 6, you learn a series of principles necessary for a change to be successful. Examine your action plan and make sure you follow these principles, making any modifications as necessary. You should be able to do this during regular meetings for Module 6. After your meeting, send this revised action plan to your VLDP facilitator for final review.

Group Work

Team Meeting for the First Task: Identifying a Challenge

Objective

- To apply the Challenge Model to identify an important challenge that your team is currently facing.
- While we know that institutional challenges can be complex and require the support of many stakeholders, for the purpose of this leadership program, identify a challenge that your team has the ability to address within the next 6 months. It can be an action that will move your team forward and must be SMART and achievable within the given time frame.

Expected Results

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

Approximate time: 2 hours, 30 minutes

Instructions

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

CREATE A SHARED VISION – EXAMPLE OF USING THE DRAWING METHOD

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

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

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

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

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

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

4. Choose a measurable result that will indicate that your team has effectively addressed the challenge that is SMART. **30 minutes**
5. Describe the current situation in relation to the desired situation. **30 minutes**
6. Examine the obstacles to your shared vision. Try not to use the words "lack of" or "absence of," but instead, concentrate on the factors that are present that are blocking you. Come to an agreement on a challenge that your team will address. Look at how addressing this challenge will bring you closer to your vision. **30 minutes**

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

Team Meeting for the Second Task: Analyzing the Root Causes

Note: Please do not start this activity until the facilitators have given their feedback and have suggested that you should go ahead and hold this meeting.

Objective

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

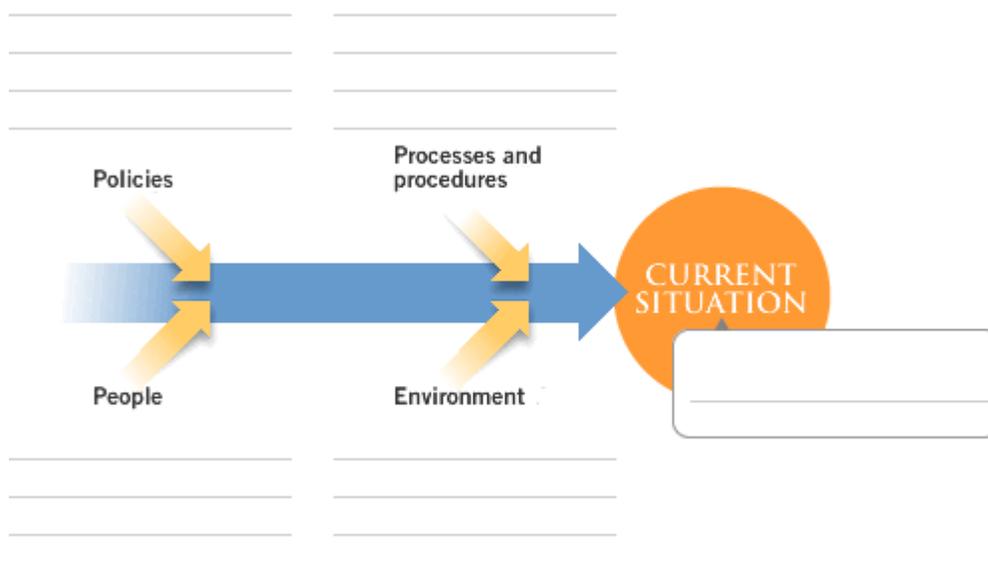
Expected Results

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

Time: 3 hours

Instructions

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



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

4. Analysis of the “5 Whys” **30 minutes**

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

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

In order to post to the Module 3 forum you must have completed your team meeting for the second task: Analyzing the Root Causes. Please post in the forum once you have completed this second team meeting.

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

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

Objectives

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

Expected Results

- An action plan consists of a challenge, a desired result (SMART), indicators, activities for collecting baseline and follow-up data, and a detailed plan in the format provided.

Time: 3 hours, 15 minutes

Instructions

1. Review the feedback that you received from the facilitators and make the necessary revisions to your analysis of the root causes. **45 minutes**
2. Ensure that everyone has read the case study provided in this module. **15 minutes**
3. Brainstorm to identify the interventions that have the potential to get rid of or neutralize one or many of the root causes and would contribute in a significant way to narrowing the gap between the desired result and the current situation. This will help you to focus your limited energy. **30 minutes**
4. Identify the priority actions from among all of the suggested ideas. **30 minutes**
5. As a team, choose one or two indicators linked to the priority actions that will allow you to verify that the gap between the desired result and the current situation has been reduced or has disappeared. Do not forget to include activities to collect baseline and follow-up data for your indicators in the final action plan. **30 minutes**
6. Develop an Action Plan in the format provided that will help you to address your challenge. **30 minutes**

7. Decide which leadership practices each member of your team will exercise in order to implement the necessary actions. **15 minutes**

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

Forum Module 3: The challenge and its relationship to leadership

To conclude this module, we would like to have a conversation with you and the other participants about your team challenge. It is best to answer these questions after you have conducted your team meeting for the second task: Analyzing the Root Causes.

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

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

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

Tools and Readings

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

Management Sciences for Health. "*Managers who lead: A Handbook for Improving Health Services.*" Cambridge, MA, 2005.

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

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

Kouzes, James, and Barry Z. Posner, "Seven Lessons for Leading the Voyage to the Future." In Hesselbein, Frances, Marshall Goldsmith, and Richard Beckhard (editors), *The Leader of the Future*. Drucker Foundation: 1997. The authors mention the following seven lessons for leading this voyage into the future:

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

For those interested in reading further about organizing a framework for a National HIV/AIDS Monitoring and Evaluation System:

UNAIDS. "Organizing Framework for a Functional National HIV Monitoring and Evaluation System." Geneva, Switzerland, 2008.

Individual Reflections on Module 3

Individual Reflections on Module 3

Individual Reflections on Module 3

Module 4: Leadership Competencies

Purpose

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

Learning Objectives

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

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

	Topics	Activities	Time
INDIVIDUAL	Personal mastery	1. Reading	20 minutes
		2. Exercise: Personal Reflection on Values	30 minutes
	Leadership competencies and individual development plan	3. Exercise: Determining Your Leadership Competencies	1 hour
		4. Reading	10 minutes
		5. Exercise: Create an Individual Development Plan	30 minutes
Total individual time		2 hours, 30 minutes	
GROUP		Group work	3 hours, 15 minutes
		Forum	15 minutes
	Total time for module		6 hours

Personal Mastery

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

Confucius

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

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

"Personal mastery is... the discipline of personal growth and learning. Personal Mastery goes beyond competence and skill. It means approaching one's life as a creative work. People with high levels of personal mastery are continually expanding their ability to create the results in life they truly seek" (Senge, 1990).

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

What Do the Leaders Say?

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

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

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

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

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

"I grew up in an environment where there were a lot of social injustices, socially and economically, and I have been involved in the struggle for demonstration of our people,

that is the black people, students, women, and so on. So these situations have actually built me, particularly the suffering of our people."

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

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

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

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

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

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

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

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

The role of values

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

(Hock, 1996)

To lead, you need to take a critical look at the values that influence your actions. What are your values? How are they reflected in your work? Do your values help your team

confront its challenges and move forward? Do your values contribute to building and maintaining good relations among the members of your team?

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

What Do the Leaders Say?

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

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

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

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

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

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

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

"[...] being honest with myself and trying to be objective and putting myself in other people's shoes to understand how they're feeling, I think, helped me. But also probably

my background of having both theological and educational training and experience as a teacher... And my faith in God that once you are being yourself and are doing good the best you can, while acknowledging the mistakes, nothing should really be in your way. If you're not selfish and you're not doing it for selfish reasons, why should it fail?"

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

"I have had an approach of promoting ownership; making my colleagues... feel that they own the program as much as I do. I try to motivate them at work and to make them see all the achievements as their own. I also try to promote their career development within the workplace, and so, I have got people who have worked with me for over 10 years who have advanced in their own areas of specialty. I have members who joined as very junior staff, but now got university degrees. So, job satisfaction has been part of our program, secondly making all staff part of the success story, and thirdly but most importantly, getting them to understand and to keep focused on the work at hand."

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

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

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

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

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

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

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

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

The values of the six leaders interviewed for this VLDP and the values identified in a leadership study conducted by MSH in 2001² are very similar. In that study, we found several commonalities that related to values among the leaders we interviewed then. We recognize those again in the leaders we interviewed for this VLDP.

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

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

² Please read: *Managers Who Lead Effectively: Report on the Management & Leadership Project's Leadership Inquiry* (Annex 1)

A reflection on values at work

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

Instructions:

- Read the “Mansoura Hospital case.”
- Remember the challenge your team chose in the previous module.
- Analyze what values support:
 - the challenge you chose
 - the way you are going to address it
- Write down what you find. Save the findings to share with your team during your next team meeting.

The Case of Mansoura Hospital

The director of the Mansoura Hospital had decided that he needed to restructure the hospital to decrease costs and achieve financial autonomy. Members of the hospital staff were informed of his plans after he had made up his mind. They understood the importance of cost reduction, but they were also fearful about the possible impact that restructuring would have on them. They were worried about work overload, and some imagined that they might lose their jobs if they were not able to do their jobs well in the restructured hospital, whatever it may look like.

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

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

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

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

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

Contextual and psychological factors influence how values are ordered—what is important in one situation may not be as important in another. External pressures can also reorder people's values. Nevertheless, for most of us, there are some values that are nearly sacred; we would be very hard-pressed to give them up. Think about which values you consider your "sacred" values, in other words, what are the values you are not willing to compromise under any condition?

Leadership competencies and individual development plan

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

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

The Leadership Assessment Instrument (LAI)

Instructions:

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

Rating Scale

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

Step 2. You may complete this exercise in your workbook before posting your answers on the Web site. You must complete the exercise on the Web site to receive your individual results.

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

Leadership competencies self-diagnosis ³

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

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

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

Answer these questions

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

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

³ Linkage, Inc., *Leadership Assessment Instrument: Self-Managed Assessment* (Lexington, MA: nd)
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1	2	3	4	5
Rarely demonstrate behavior	Sometimes demonstrate behavior	Often demonstrate behavior	Very Often demonstrate behavior	Almost Always demonstrate behavior

12. ___ Use a variety of methods (reason, inspiration, etc.) to help individuals attain higher levels of performance.
13. ___ Represent and articulate viewpoints in a way that positively influences the dialogue.
14. ___ Use fact and argument to create a meeting of the minds among stakeholders with differing viewpoints.
15. ___ Fashion solutions by synthesizing and applying relevant information or data.
16. ___ Am able to pick out and target the projects or initiatives that require special attention.
17. ___ Strive to set and achieve ambitious goals rather than settling for the safety of achievable results.
18. ___ Treat each person differently according to his or her own unique makeup.
19. ___ Demonstrate maturity in reassuring teams and/or individuals in the face of setbacks.
20. ___ Gain the trust and loyalty of others by fulfilling the commitments made to them.
21. ___ Display confidence in individuals by delegating key tasks or functions.
22. ___ Seek better solutions to problems instead of falling back on obvious ones.
23. ___ Intuitively form ideas that clarify the many possibilities in a complex situation.
24. ___ Adhere to processes to make sure that the right people are involved in a project.
25. ___ Thoughtfully reach decisions by reviewing ideas and assumptions with key individuals within the organization.
26. ___ Help detect or resolve team breakdowns resulting from change.

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

27. ___ Help others recognize their areas of weakness in a constructive, beneficial manner.
28. ___ Communicate effectively with individuals up, down, and across the organization.
29. ___ Balance the interests of different constituencies to reach "win-win" solutions.
30. ___ Employ thorough analysis and pragmatism to sort through options and reach timely decisions.
31. ___ Display single-mindedness in directing energy at key targets.
32. ___ Overcome potential stumbling blocks to achieve an objective.
33. ___ Take into account the impact of emotions and feelings on a situation.
34. ___ Demonstrate an ability to control and filter emotions in a constructive way.
35. ___ Stimulate strong commitment to collective efforts through praise and recognition of individual contributions.
36. ___ Display a strong commitment to the success of others by providing clear feedback on issues or behavior.
37. ___ Demonstrate an ability to create new business ideas by thinking out of the box.
38. ___ Make connections between and among information, events, etc., that reveal key issues or opportunities.
39. ___ Talk about and perceive the organization in terms of critical and highly interrelated work processes.
40. ___ Crystallize thoughts by deliberately and systematically steering through ambiguity and information clutter.

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

- 41. ___ Am able to convince others of the need for change due to critical organizational objectives.
- 42. ___ Identify and confront critical developmental issues or barriers with respect to peers, reports, etc.
- 43. ___ Distill ideas into focused messages that inspire support or action from others.
- 44. ___ Find common ground to accommodate the conflicting needs and wants of different stakeholders.
- 45. ___ Spot what is at the root of a problem; i.e., distinguishes its symptoms from its causes.
- 46. ___ Focus on key tasks when faced with limited time and/or resources.
- 47. ___ Display a willingness to do whatever it takes to get it done.
- 48. ___ Understand the various psychological and emotional needs of people.
- 49. ___ Model how to handle failure by accepting setbacks with grace and renewed determination.
- 50. ___ Set a clear example for others by following through on important commitments.
- 51. ___ Give others the power to participate in decision making and to share in the responsibility.
- 52. ___ Demonstrate creativity in developing and/or improving ideas and concepts.
- 53. ___ Come up with new concepts or distinctions that better organize the interpretation of ambiguous data, information, or events.
- 54. ___ Ensure successful implementation by building and connecting processes within the organization.

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

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

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

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

What do your assessment scores mean?

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

The assessment consisted of 75 questions that use a scale of 1 to 5. This scale measures the presence or absence of each of these behaviors in your behavior, and the strength of each behavior or skill. After posting your answers on the Website, the graphic will illustrate your results. The length of each bar indicates the percentage that you have scored for each of the competencies and skills. The longer the bar, the more this competency or skill is present in you.

You can read the definitions of the competencies and skills in Annex 2.

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

Record your responses in this table:

Highest ratings	Lowest ratings	Surprises

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

We have already discovered in Module 2 how hard it is to assess ourselves. Without realizing it we may be underestimating or overestimating ourselves. Ask someone who you trust and who knows you well to comment on the outcome of your self assessment (your scores). Ask for his or her feedback, and try to listen to the feedback without explaining or defending yourself. Consult the definitions in Annex 2 when you are not sure what a competency is all about. The competencies for communication and change are explained in greater detail in Module 5 and 6.

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

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

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

- System Thinking
- Focused Drive
- Trusted Influence
- Emotional Intelligence
- Communication
- Change Management
- Negotiation
- Problem Solving
- Coaching/Mentoring
- Conceptual Thinking

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

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

What Do the Leaders Say?

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

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

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

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

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

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

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

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

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

community hospitals to gain experience in their new careers. So in the case of the hospital in question, because there was never a category of doctors who had much experience, who had lived in the area long enough, the community was somewhat left out of the picture as regards their rights and responsibilities in their own health and development. The end result was an uninformed community, which readily left all health related decisions to the doctors. The downside of this was that major decisions were being left in the hands of doctors who would not have worked within the community long enough, and who themselves had very little experience. The end result was a highly undeveloped society in terms of what they felt able to do for themselves as regards taking their health needs in their own hands.”

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

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

Putting it all together: practices, competencies, and values

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

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

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

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



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

Individual development plan

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

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

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

- the challenge your team identified, and what might be the implications for you, as a personal challenge. For example the team's challenge might imply that you need to become a better public speaker, or negotiator;
- your strong and weak points with respect to the four basic leadership practices in Module 2. For example, you may realize that you need to become better at inspiring others;

- your strongest and weakest leadership competencies. For example you realize that you need to become a better communicator;
- the values that you hold dear. For example you may realize that although you value trust, you don't often act to inspire trust in others.

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

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

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

Choose no more than three competencies, and fill in the second chart in Module 4 in your workbook. To help you define what you want to improve, you can review the definitions in Annex 2 of the competencies.

Table 4A : My Leadership Profile

My Values	Strengths and Weaknesses	Leadership Challenges	Team Challenges

Table 4B: Personal plan for developing leadership skills

Strengths you would like to reinforce	Why do you want to reinforce these?	What actions do you think you will take?	What can you do to maintain these skills?	How will you know if you have retained these skills?

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

Group Work

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

Requirements for the meeting

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

Time: 3 hours, 15 minutes

Objective

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

Expected results

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

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

Instructions

1. Present the objectives, agenda, and expected results of the meeting. **5 minutes.**
2. Based on the individual reflection about the values that everyone recorded in his or her workbook, ask the team: What values drive our response to the challenge? **15 minutes.**
3. Write down the values mentioned on the board or on the flipchart. As a group, select the three most frequently mentioned values and write them in the first column of Chart 4-1. **15 minutes.**
4. Taking the charts summarizing the individual assessment as a starting point, the coordinator will fill out the “team leadership diagnosis” chart (Chart 4-2, previously laid out on a flipchart page) with the individual results, and will write down the averages in the “competencies” column of Chart 1. **15 minutes.**
5. Show the group Chart 4-1. They should read it carefully, taking into account the team’s challenge, the values chosen, the strengths and weaknesses of the four functions (see Module 2), and the average results of the team's competencies. **10 minutes.**
6. Discuss the competencies that need to be strengthened in order to effectively exercise the four practices and face the challenge. Write down the team's conclusions on another flipchart to be shared in the forum. **45 minutes.**
7. Have people share their personal development plans. **25 minutes.**
8. Identify the development plans that need the team's special attention considering the chosen challenge, and explore ways in which the team members can support one another. **20 minutes.**
9. Answer and discuss the following questions as a team: Have you incorporated the suggestions and comments of the facilitator into your action plan which you prepared in the previous module?
10. Have you made any progress on the action plan? What successes have you had? What obstacles do you face? How will you confront these obstacles? **45 minutes**
11. Summarize the group's contributions in steps 5 and 8. When the summary is complete, the coordinator should log onto the forum page on the Web site, and click on the box that says “Enter your group's response.” These are the questions you will be asked to answer in the Forum:
 - What competencies are you going to reinforce, and how will you provide support, as a team, for developing them?
 - What are the three most important values that characterize your team as a whole?
 - How many people attended, how much time did it take, and what were the most interesting parts of the meeting?

Chart 4-1. Values, Competencies, and Practices

Values	Competencies	Basic practices	Challenge

Chart 4-2: Team Competencies Score

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

Forum Module 4: Leadership Competencies of the Team

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

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

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

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

Tools and Readings

Recommended reading

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

Management Sciences for Health. Creating Managers Who Lead. *The Manager*, volume 10, issue 3, 2001.

Management Sciences for Health. Creating Managers Who Lead. *The Manager* : Dr. Sal brings the voice of success to work, volume 10, numéro 3: p. 3, 2001.

Heifetz, Ronald A. et Donald L. Laurie. The Work of Leadership. Harvard Business Review. 1996

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

Dee Hock speaks about management, cited in FastCompany, volume 5, October/November 1996, page 79.

Emotional Intelligence:

EQ Informational Site on Emotions [<http://eqi.org/>], accessed on April 25, 2005.
Emotional Intelligence Services [<http://ei.haygroup.com/default.asp>], accessed on April 25, 2005.

Systems Thinking:

Systems Thinking [<http://www.mapnp.org/library/systems/systems.htm>], accessed on April 25, 2005.

Systems Thinking [http://www.thinking.net/Systems_Thinking/systems_thinking.html], accessed on April 25, 2005.

Negotiation:

Negotiating Women [<http://www.theshadownegotiation.com>], accessed on April 25, 2005.

Coaching :

International Coach Federation
[<http://www.coachfederation.org/abouticf/resources.htm>], accessed on April 25, 2005.

Coaching.com [<http://www.coaching.com/Marketing/Common/successstories.htm>], accessed on April 25, 2005.

New Ventures West [<http://newventureswest.com/>], accessed on April 25, 2005.

Individual Reflections on Module 4

Individual Reflections on Module 4

Module 5: Communication

Purpose

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

Learning Objectives

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

- describe the elements of the communication process and the principal barriers to effective communication;
- use the Strength Deployment Inventory (SDI[®])⁴ to explain patterns of motivation and communication styles;
- identify your own pattern of motivation and your own communication style;
- propose ways to improve interaction among the different patterns and styles on your team;
- revise and follow up on the team action plans developed in Module 3.

⁴ This course includes the Strength Deployment Inventory[®] (SDI[®]), a tool that helps people build better relationships and manage conflict. SDI[®] and Strength Deployment Inventory[®] are registered trademarks of Personal Strengths Publishing[®], Inc., Carlsbad, CA, USA (www.personalstrengths.com).

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

The Leader and Communication

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

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

What Do the Leaders Say?

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

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

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

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

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

"The first thing you have to do...is to sit down with your staff and explain your concept, explain your vision, and listen to them so that they can give you their feedback about

your mission, and after that you must make sure that there is a buy-in from them. Once there is a buy-in from them...they will take it and run with it, because now they own it. So I sit down with my staff and get the buy-in."

A third leader agrees:

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

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

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

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

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

Interpersonal communication

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

When two people communicate, they each perceive reality through their senses, and transform that information into a mental image as if it were a movie, with video, audio, and emotion. These recordings are stored in the brain with thousands of other “microfilms.” These are memories, and they combine to form experiences. After receiving new information, some of these old experiences get activated and “leak” into the communication by way of words, tone of voice, body language, and facial expressions.

The communication process has five elements:

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

Barriers to communication

- **Differences in perception**

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



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

- **Differences in interpretation**

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

- **Difference in "codes"**

Over the years we develop particular "codes" for transmitting messages, like shorthand. We may use specific language, tone of voice, facial expressions, hand gestures, and body language to convey certain meaning. But these codes may carry very different meanings to the receiver. When communication takes place across cultural (or ethnic,

professional, or gender) boundaries, the chances of misinterpretation of these codes increase enormously.

- **Noise**

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

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

Overcoming barriers to communication

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

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

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

Personal reflection on communication skills

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

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

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

1. What was the purpose of your communication?

2. Who received the message?

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

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

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

6. What was the overall tone of the communication?

7. Was the overall tone appropriate for the situation?

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

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

- What are you doing?

- How do you feel?

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

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

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

- What is the message you received?

- How do you feel when you receive this message?

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

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

Patterns of motivation

Assessing your motivation

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

This course includes the Strength Deployment Inventory[®] (SDI[®]), a tool that helps people build better relationships and manage conflict. SDI[®] and the Strength Deployment Inventory[®] are registered trademarks of Personal Strengths Publishing[®], Inc. Carlsbad, CA, USA (<http://www.personalstrengths.com>).

This instrument is based on four basic assumptions:

1. We all do what we do because we want to feel good about ourselves.
2. We tend to take two different approaches to life: when we feel that things are going well we act differently from when we are faced with conflict or opposition.
3. A weakness is the overuse of a strength, or using it in the wrong circumstances (for example, when we act too self-confident it becomes arrogance).
4. We tend to interpret the behaviors of others through the lens of our own motivations, acting toward others as if their motivations are the same as ours.⁵

Please visit the Personal Strength Publishing Web site at:
<http://www.personalstrengths.com/>

⁵ Elias H. Porter. "Understanding Personal Strengths in Relations to Others," Strength Deployment Inventory, Premier Ed. (Carlsbad, CA: Personal Strengths Publishing, 2005), p. 12

Motivational Value Systems

The Strength Deployment Inventory[®] asserts that there are different “motivational value systems”:

- **Blue:** “Concern for the protection, growth, and welfare of others”;
- **Red:** “Concern for task accomplishment; concern for organization of people, time, money, and any other resources to achieve desired results”;
- **Green:** “Concern for assurance that things have been properly thought out; concern for meaningful order being established and maintained”;
- **Hub:** “Concern for flexibility; concern for the welfare of the group; concern for the members of the group and for belonging in the group.”⁶

Through your coordinator you will be provided with a booklet called the Strength Deployment Inventory[®]. Follow the instructions in the booklet on how to assess your own “motivational value system.” Please note that this is not a test of how good or bad you are as a communicator. By having every team member fill this out the instrument does an inventory of the motivations and styles that are operating in your team.

Once you have identified your “motivational value system,” answer the following questions:

- What is your “motivational value system” in normal conditions?

- How do your motivations change under conditions of conflict?

⁶ Elias H. Porter. “Understanding Personal Strengths in Relations to Others,” Strength Deployment Inventory, Premier Ed. (Carlsbad, CA: Personal Strengths Publishing, 2005), p. 7

- Given your “motivational value system,” how can you best contribute to the team?

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

When it is time for your group work, bring the filled-in Strength Deployment Inventory[®] booklet to the meeting. Also bring your VLDP workbook with the answers to the questions above. You will be discussing the implications of the team members' various “motivational value systems” for your work as a team.

Communication styles

Laura at the clinic - Scene one

Scene 1: Clients, Laura, and her boss

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





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

- How is Laura communicating with the clients?

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

- What communication styles is each one of them using?

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

Laura at the clinic - Scene two

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

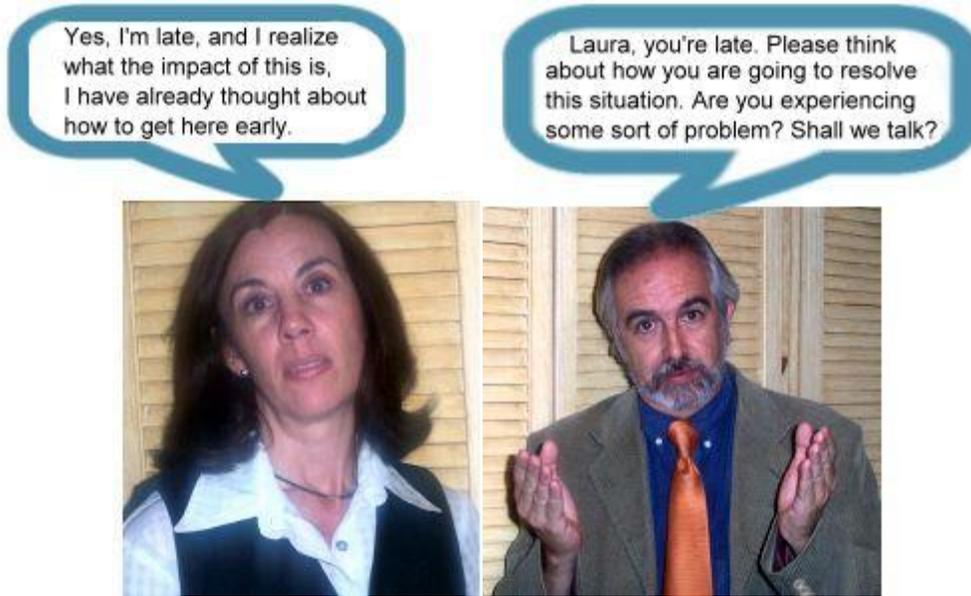
That's the last straw... I'm in such a hurry and that woman isn't coming.

Miss, why aren't we being taken care of?

Sorry about the delay.

I'll be right with you.

I need to think about what to do to get here on time.



Compare the two variations of this scene. Write your answers below.

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

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

- What is her boss' motivational pattern?

Sultana and her doctor - Scene one

Scene 1: Sultana and her doctor

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

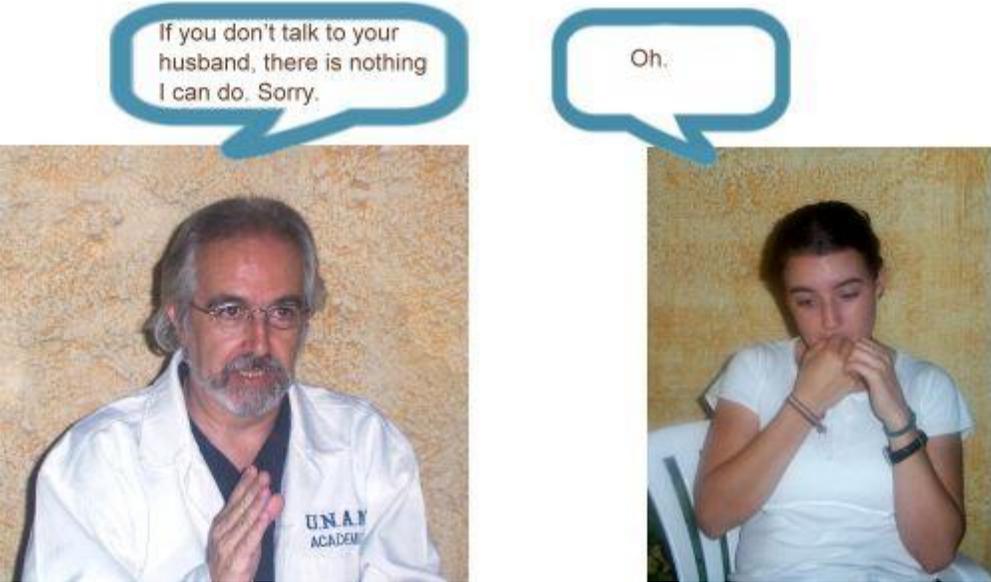
If you want to prevent getting pregnant, have your husband read these three instructions.

But...I don't know how to talk about this with him.

Well, in a good marriage this should not be a problem.

I want to tell him how I feel, but he won't understand.

Better ask my friend Aisha what to do.



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

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

- What communication styles do the doctor and patient use?

Sultana and her doctor - Scene two

Scene 2: Sultana and her doctor

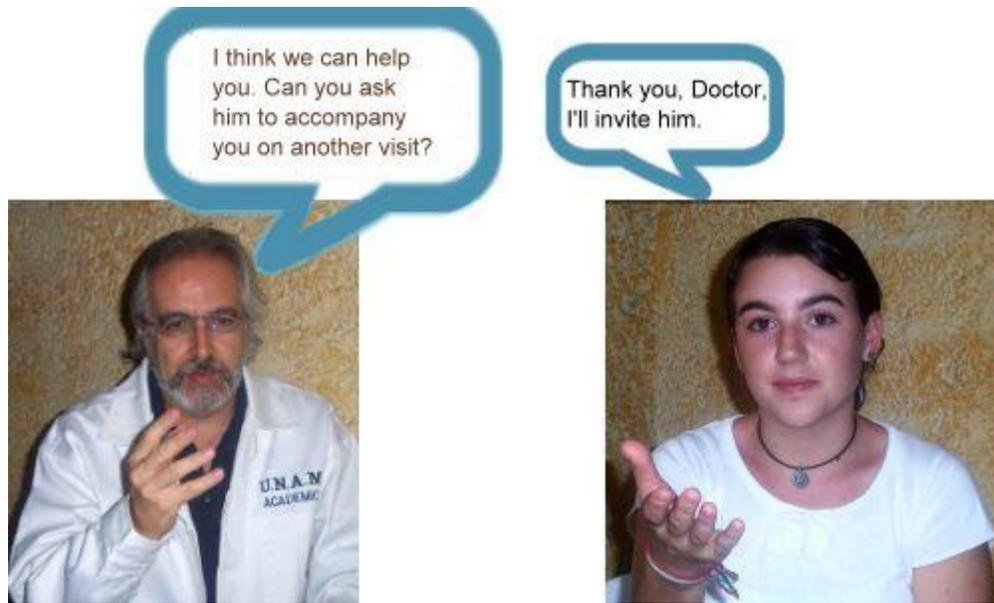
If you want to prevent getting pregnant, have your husband read these three instructions.

But...I don't know how to talk about this with him.

I understand... Tell me, how does your husband feel about preventing pregnancy?

I don't know, we don't talk about such things.

How good it would be if we could talk about such matters.



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

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

- What is the doctor's motivational pattern?

- What is the patient's motivational pattern?

Group Work

Team Discussion about Motivation

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

Requirements for the meeting

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

Time: 2 hours, 30 minutes

Objectives

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

Expected results

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

Instructions

1. Present the objectives, agenda, and expected results of the meeting. **5 minutes.**
2. What did you see in the image that was presented in the "Barriers to Communication" section? Compare your answers. What can you learn from this simple exercise? **10 minutes.**
3. Share the results of your Strength Deployment Inventory® and your personal reflections on the results of the self assessment. **20 minutes.**
4. Ask the group to discuss the following questions: **40 minutes.**
 - What “motivational value systems” predominate in your team?
 - How does this affect how you function as a team?

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

5. Return to your team's challenge, and explore how your “motivational value systems” and communication styles affect the way in which you address your challenge. The following questions will help you focus the conversation: **40 minutes.**
 - How do the “motivational value systems” and styles of communication in your team affect how the team is working on preparing its action plan to take on the selected challenge?
 - What actions will help to improve communication among your team members? And with people who are not part of your team?
6. Review your action plan by asking if you have made any progress implementing the proposed activities? What successes have you had? What obstacles do you face? How will you confront these obstacles? **35 minutes.**
7. Make sure that you have reached consensus and clarity on the actions that you will take to improve communication inside your team and with the rest of the organization (and with outsiders, if applicable).

The coordinator wraps up and goes to the Forum to post the team's response to the following questions:

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

Forum Module 5: Communication styles of the team

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

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

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

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

Tools and Readings

Recommendations for further reading

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

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

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

Individual Reflections on Module 5

Module 6: Making Change

Purpose

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

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

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

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

The Leader and Change

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

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

What Do the Leaders Say?

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

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

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

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

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

Organizations that are engaged in improving the quality of health services are faced with a particular set of challenges, all of which require fundamental shifts in the way

work is organized and how resources are used (from vertical to integrated programs, from a medical model to a focus on prevention and community empowerment, from working in the margins to becoming center stage as health challenges get more and more prominence and attract more and more funding).

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

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

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

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

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

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

My idea was to try to develop staff with public health management skills so that within the MOH there would be a critical mass of professionals who were technically competent in the major areas of public health and able to manage public health programs effectively. It was a huge undertaking and something that I knew I certainly couldn't accomplish by myself working in a rural health center. I decided then to leave the health center and work in the central ministry. There were several doctors and

nurses who shared my thoughts in these matters. It took some maneuvering within the MOH bureaucracy but I was able to find a job in the MOH division that was responsible for selecting and training MOH employees and assigning them to positions within the MOH. As soon as I was able to, I brought some of the people who had helped me develop my ideas to the MOH to work with me.

Of course, I had to use my political connections, because back then, in the Ministry, the vast majority of important positions were filled through political channels. I became Chief of the Personnel and Facilities Planning Division. My first and biggest challenge was to change the way provincial health directors were selected. My ultimate goal was to have directors with the appropriate public health and management training. These were skills they needed to be able to lead and manage public health activities in their provinces.

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

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

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

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

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

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

Rachid: Yes. As soon as I took the job, I began to articulate publicly the problems that I felt needed to be addressed. In my first year, I organized two large conferences for the MOH to look at the problems of attrition and other personnel issues within the MOH. We also did a large study to look at staffing norms for different positions in outpatient facilities. We published this book on staffing norms and generated a lot of comment and interest because it was clear that the staffing norms that were in actual use were 35 years old having been left in place after our country received its independence. They were so obviously outdated and impractical that people were really shocked. Once the report was circulated, there was tremendous enthusiasm for changing the staffing norms because people in the Ministry felt ashamed that for 35 years, they hadn't been able to influence the way the MOH functioned.

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

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

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

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

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

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

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

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

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

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

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

Let us take a closer look at the change process.

Human Reactions to Change

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

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

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

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

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

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

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

The Story of the White Horse

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

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

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

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

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

Take a few minutes to reflect on this story and write your thoughts in on the following page.

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

- How did you react to this change?

- How does this affect your view(s) on change?

What Do the Leaders Say?

Now let us take a look at the comments of some of the leaders we interviewed in order to explore in greater depth the ways in which they managed the change process as they led programs in health in various parts of the world.

One leader who was trying to introduce generic anti-retroviral treatment for AIDS in his country faced considerable resistance from the US, from the pharmaceutical companies, and even from authorities in his own country as he was spearheading a change in policy related to the buying and distribution of ARVs:

This is what he did to introduce change and face the resistance:

“The tools required to handle this situation were, at first, to establish a clear and transparent policy—for example, in the Ministry of Health—and to show very clearly what we believed in, what our objectives were. Second, we worked very hard to disclose all relevant information on everything related to the issue, including, of course, disclosure of our reasons and our arguments. Third, we were fully engaged in mobilizing domestic and international public opinion through the media and through both domestic

and international NGOs. These were the three main points, the three main tools that helped to completely revert the situation.”

On another continent, another leader faced obstacles while trying to get a similar program started:

“There was nobody who was prepared to fund antiretroviral drug use in our region. The subject itself was taboo, and any inquiries about funding for ARVs [were] met with a quick rebuff.”

This is what he did to introduce change:

“[I] learn[ed] as much as possible about antiretroviral drugs. I got to know the cost of the drugs...the benefits and problems associated with their use, and then I put the lessons learned in our local perspective considering the kind of people who would be able to benefit from the drugs. I form[ed] partnerships, with the people who were more knowledgeable with use of antiretrovirals. Now, the remaining challenge was that I had no money at all to buy the drugs. There was nobody who was prepared to fund antiretroviral drug use in our region. The subject itself was taboo. So, I formed the partnership between patients who used to trek all the way to the US and UK, advising them that they could actually get the same treatment right here in their own country. They realized that if they saved the cost of airfare, accommodation, and maintenance abroad, then they would not only find the cost cheaper but it would also be more sustainable. This group formed the nucleus with which I started the program of provision of antiretrovirals. It was, understandably a small number, but it gradually built up with more and more people now being able to afford the drugs, as the cost came down.”

The leader of a national patient organization talked to us about trying to expand the organization’s presence country-wide. He initiated the change by engaging in an intensive mobilization drive:

“Basically, the action that I took was to mobilize the...people who were already there, mainly the provincial coordinators...in each of our provinces. I then explained the concept of transforming and the need of transforming the organization such that everyone can benefit. I...asked for input to get [a] buy-in from the people...about my vision and the mission of transforming the organization. After I got the buy-in from them, we went...to local communities, partners, but particularly patient groups. The other problem that we’re facing is that in our country you’ve got two countries: you’ve got the urban part and the rural part, and the services are more in the urban areas, whereas the need is more in rural areas. That was one of the challenges facing us; we were more visible in urban areas and not in rural areas. So in terms of changing that, I had to explain to my staff to get a buy-in from them and develop a strategy for how to confront that challenge.”

The leader of a national coordination body had to face the deep mistrust of opening up a conversation to outsiders, something that felt to some of his fellow countrymen as “selling out” and putting at risk the self-determination of his own country.

“The risk I took indeed was to put this idea of national self-determination aside for the moment. Indeed, it isn’t always obvious for an independent country to open itself up to the world, especially towards its international partners, without giving offense. Especially since my fellow countrymen did not understand where I was going. But those risks diminished as I was able to inculcate this new way of working together, based on a partnership, not a one-way street but a two-way street. This way of learning from one another is not actually a contradiction of national independence. Once people understood that, the risk diminished. Otherwise, that was my biggest worry, to be accused of selling the country, because of this new way of working. Thank God, people now realize that it is a better way of doing things, because, our challenge it is not just a problem that concerns one country, it is a worldwide problem that requires a worldwide response.”

The woman leader we interviewed had committed herself to end the constant coming and going of young health professionals, as this practice prevented the establishment of good relations between health facilities and the community. This is what she did:

“The school project, for instance, which started as a pre-school, later grew into a primary school, and today there is a high school, was started essentially to discourage professional workers from moving out of the area. Initially the focus was on doctors and other health professionals employed at the one public hospital in the area, but in time it became evident that teachers as well - in the high schools and nearby colleges were staying longer and providing their services for longer periods within the community. Thus this effort promoted some form of stability in terms of community development and growth, in terms of facilitating better engagement with the society, while enabling the society to take more responsibility in more meaningful ways towards improving their lives and livelihoods. This was the essence of the school project – an initiative that enabled people to look somewhat differently at their own development, and how that impacted on the health of the community at large. Within a few years of these efforts being implemented, we began to see a difference with regard to people truly understanding their own situations as they began to realize that they had the power to change things within their reach and capability, from undesirable situations to more desirable ones.”

A personal reflection on change

There are many theories about change and why people react differently to change. Our past experiences influence our current views of change. If one grew up in a situation of constant change (for example in a war-torn part of the world, or in a chaotic household) a change, any change, may open old wounds, activate old fears, or bring back bad

memories. However, someone who grew up in a very stable and comfortable environment may also be afraid of a change but for very different reasons (loss of security, fear of falling apart, loss of familiar supports).

Our recent experiences also affect our interpretation of what a change holds for us personally. It may threaten status or position, income, or anything else that is important. The change may also upset comfortable routines and demand extra time and energy.

How do you react to change? What is your predisposition to change? Think about your reaction to a recent change not initiated by you. Did you think first about the risks, the difficulties of implementing the change, or its potential negative consequences? Or did you see it as an opportunity, full of promise and possibility?

It is good practice to ask yourself such questions as:

- How does this change affect my leadership?

- How might this change benefit my team or my organization?

- What might I/we learn from this change?

- What new opportunities will this change create?

When people feel they are *being changed*, having had no say or input in the process, chances are that they will become defensive and search for arguments that will support their case against the change: how it will hurt their interests, reduce their power, affect their job security or income. If not discouraged from this behavior, they may also engage in catastrophic thinking, creating compelling worst case scenarios and convincing themselves that this is indeed what will happen. When there is no or little information available about the change, there is no reason to revise those scenarios.

When you have come to the conclusion that a change is needed, try to anticipate people's reactions if you were to impose the change. Prepare yourself by creating a compelling case for the change, for example by stressing what will happen if there is no change. Talk with people who are likely to be most affected by the change in order to understand their fears. Explore how the change may benefit them. If there appears no benefit at all, only disadvantages, you can count on lots of resistance, sabotage, and people who withdraw. You can also count on having to operate in a very negative climate, with gossip, people accusing one another, and a negative impact on work performance. Ask yourself whether you can communicate honestly about the change process that you have in mind. If you feel that you cannot do that, for whatever reason, it is better to rethink your change strategy. Otherwise, you should expect resistance and have a plan for how to deal with it.

Remember that when there is an information vacuum, people will come up with their own stories; these may not be to your liking, nor will they help you do your job.

Leading Organizational Change

Common errors in change initiatives

Professor Kotter from Harvard University discovered that there was a pattern to the failures of the change initiatives he studied.⁷ Failures were due to eight errors that appeared over and over again. Each of these errors had a specific effect, following some sort of a sequence at specific points in the change process. These errors were:

- Allowing too much complacency;

When people feel that things are going well enough, and when there is no clear urgency for the proposed change, it is hard to mobilize people to do the change work that is needed.

⁷ Kotter, 1996, 16, Exhibit 1.

- Failing to create a sufficiently powerful guiding coalition;

When key authority figures are absent from the team that has responsibility for implementing the change, it is hard to get others to join forces and take the work seriously.

- Underestimating the power of vision;

Although formal goals and planning documents are sometimes formulated as visions, or include some sort of a vision statement, they rarely have the power to inspire people and rally them around a common image of the desired future.

- Under communicating the vision by a factor of 10 (or 100 or even 1,000);

Even when there is a vision, senior managers either neglect to communicate it at all, or do it in ways that is neither compelling nor inspires people to make the sacrifices that are called for. Sometimes the behavior of senior executives contradicts the values contained in the vision, thus canceling out whatever positive impact it might have had on employees.

- Permitting obstacles to obscure the new vision;

When real or perceived obstacles remain in place, and little or no effort is made to remove them, others often consider the proposed change “not really all that serious.”

- Failing to create short-term wins;

When employees do not see any positive effect in the short term, it is hard to keep them engaged.

- Declaring victory too soon;

The first positive results are encouraging, but they cannot substitute for lasting change. The risk of declaring victory too soon is that people’s attention shifts to something else, and the needed effort to keep the change from disappearing from people’s view is lost.

- Neglecting to anchor changes firmly in the corporate culture.

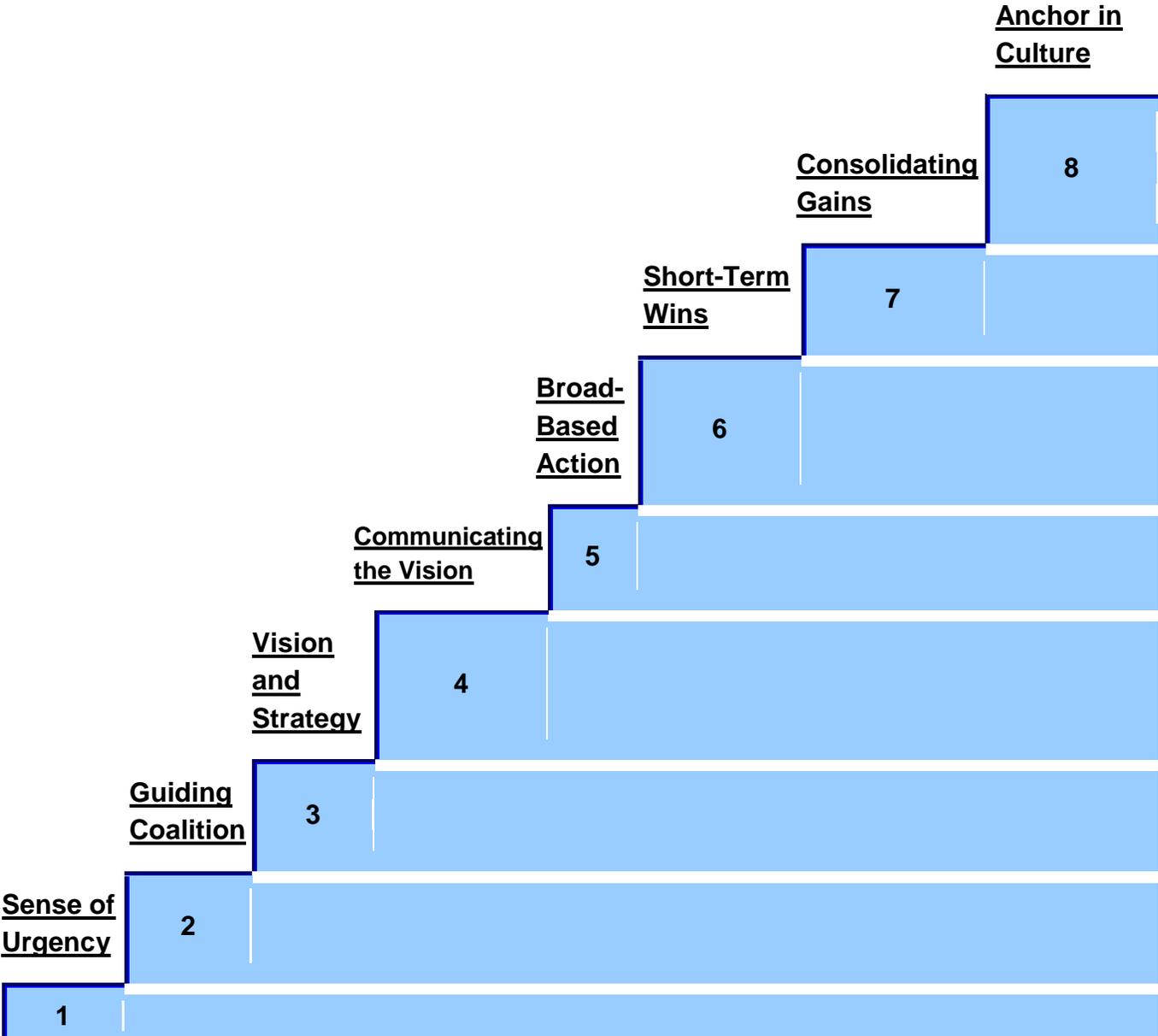
If the changes do not become part of the corporation’s culture, it is unlikely that the change will stick.

The problem with all of these failed change initiatives is not only wasted time and other resources, but, more importantly, the wasted good will of employees. Failed change efforts create cynicism, and cynicism acts like a virus in an organization: it spreads rapidly and makes future change initiatives less likely to be embraced and supported by the staff. This is understandable—after all, they invested their hopes and expectations in something that probably gave them more headaches than anything else.

Eight stages of change

Kotter proposes a sequence of eight stages when initiating any change, each of which is intended to keep one of the eight errors above from occurring.⁸ The first four stages are meant to “prepare the soil” so that it can accept “the seeds of change.” The next three steps provide a set of new practices that will help establish the desired new status. The final step is to make sure that the change is sustainable over time. Kotter’s model is a stage model, like a stairway. Each new step is built on the previous ones, so that if a lower step is weak, the next one will also be weak and there is a risk of collapse. Thus, it is important to make sure that each stage is completed properly.

⁸ Kotter, 1996, 21, Exhibit 2.



The following is a description of Kotter's eight stages:

1. Establishing a Sense of Urgency

We need to communicate that the need for change is unavoidable. The confrontation with reality leaves us no room for hope that we can continue working as we always have. A sense of urgency entails starting to move in the direction of the change. When, in an organization, people say that change is urgent, but actions are not congruent with those words (for example, there is no budget for the changes that are needed, or people don't come to meetings because they feel that they have more important things to do), then the sense of urgency is undermined. A change process initiated under those circumstances will be so fragile that any resistance will block it.

2. Creating the Guiding Coalition

Who should be included in such a guiding coalition? Mobilizing an organization to support a profound change will undoubtedly generate resistance from those parts of the system that fear a serious loss. Some of these groups or people may be very powerful. Thus, the coalition that is guiding the change process needs to be able to counteract measures of sabotage or other forms of resistance. Its members must have both the credibility and the authority to make decisions, remove obstacles, and obtain necessary resources. This means that key decision-makers as well as informal leaders need to be part of the coalition and that these people represent different parts of the organization.

3. Developing a Vision and Strategy

Generate a point of reference in the future. The vision of "where are we going and how are we going to get there" has to be compelling and clear, containing enough overall direction and enough appealing details to get people moving together in the same direction. A good vision aligns people and departments, but only if it can be communicated easily. If the vision statement is very long, confusing, or abstract, it will do little to invite individuals to align their personal visions with the organizational one. Ideally, a vision is created by all the key stakeholders, so then it becomes a shared vision. Strategy tells people how the organization is most likely to realize the vision. Strategy anchors the desired future state in a thorough knowledge of current reality (strengths, weaknesses, threats, opportunities, and trends) and indicates the best ways to move into the future.

4. Communicating the Change Vision

Articulating the vision and strategy is important, but not sufficient. If we want to encourage people to take initiative, if we want to unleash the organization's creative potential, people have to share the vision, and that requires careful communication. You cannot just announce the vision in a bulletin or letter from the director, or post it on signs on the walls. The vision needs to be "invoked" at every important meeting, at every important discussion, in every key decision.

5. Empowering Broad-Based Action

Getting to this point requires having achieved a certain level of success with each of the previous stages. Otherwise, the change will fail here and, in fact, this is the point at which many changes do fail. When people get excited about the change and mobilize, they begin to take initiative and, in doing so, solve problems, take risks, and innovate. It is important that people are encouraged to do this and are rewarded for it. If existing procedures, structures, or behaviors squelch such initiatives, the guiding coalition needs to take steps to remove the obstacles so that the right signals are sent. It is very easy for initial enthusiasm to turn into frustration and to sap people's energy.

6. Generating Short-Term Wins

People need concrete reinforcement. If you want them to remain engaged and motivated, they have to feel that they are moving in the right direction. Visions are always grand and long-term, and they cannot be accomplished in six months. It is therefore important to aim for some short term victories that can be celebrated, to convince people that the change is happening, and that the change is good.

7. Consolidating Gains and Producing More Change

Although concrete accomplishments are important because they encourage people, the risk is that they may seduce an organization into declaring victory too soon. If people believe that, with those accomplishments, they have succeeded, the tendency is to go back to "normal" work, as if the change initiative was only an interruption. People need to be engaged in more projects, work with new themes, and include new change agents to create other accomplishments, each with more depth or breadth. If changes have occurred in some units, they need to be replicated in other units. If certain work practices have changed, they need to be converted into a more permanent system that formalizes the new procedures as part of a new way of working.

8. Anchoring New Approaches in the Culture

You may think that if you've come this far, there's no way to reverse the change. But many organizations, after four or five years of profound change, have learned that if the change has not become part of the organization's culture, an action in the general director's office can stop it, and even reverse it. Anchoring the change in the culture means making it part of "how we do things here," so that the strength of the culture will prevail if new decision-makers try to undo the changes.

Individual Exercise: "The Case of Rachid and Kotter's Eight Stages"

Instructions

Let's use Kotter's eight stages of change and see how they fit with an actual situation. Reread the interview with Rachid in the previous section-The leader and change. Try to identify the change stages in the Kotter model that Rachid considered and/or implemented as he worked to address his leadership challenge.

Relate each of the situations described in scenarios A-I to one of the stages in Kotter's model. Circle the number of the stage that corresponds to each situation.

- 1 Sense of Urgency
- 2 Guiding Coalition
- 3 Vision and Strategy
- 4 Communicating the Vision
- 5 Broad-Based Action
- 6 Short Term Wins
- 7 Consolidating Gains
- 8 Anchor in Culture

Situation A

I was convinced that the MOH needed to expand their hospital-focused vision to one that acknowledged the importance of management and public health training in developing and implementing ambulatory health programs. I thought, "If they don't know how to do it, perhaps I can help them." My idea was to try to develop staff with public health management skills so that within the MOH there would be a critical mass of professionals who were technically competent in the major areas of public health and able to manage public health programs effectively. It was a huge undertaking and something that I knew I certainly couldn't accomplish by myself working in a rural health center. I decided then to leave the health center and work in the central Ministry. There were several doctors and nurses who shared my thoughts in these matters. It took some maneuvering within the MOH bureaucracy, but I was able to find a job in the MOH division that was responsible for selecting and training MOH employees and assigning them to positions within the MOH. As soon as I was able to I brought some of the people who had helped me develop my ideas to the MOH to work with me.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation B

We provided adequate resources for staff to develop guidelines and protocols for establishing this new delivery system within the pilot provinces, and we began to disseminate these new strategies and materials to other provinces. In essence, we built a cadre of people who were working in a new and different way and were inspired to share with the rest of the MOH the work that they were doing.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation C

In my first year in the office, I managed to get two small grants, one from WHO and another from USAID. With that I was able to send some excellent people to training programs and short courses. We generated a lot of excitement early on by offering four Master's Program Fellowships. The department sponsored a competition within the MOH for which there was great interest and excitement. Three of the four people we selected came back after they obtained their degrees and were assigned to work with us. After that, we continued training people, and there was a lot of continued interest.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation D

We sent some people to train overseas and we ran a great many management workshops. We also sent people to short courses around the world to create expertise in specific areas of public health. At the same time, I began developing a plan for a project to introduce a new system for providing basic services. It was very important to seek support outside the Ministry, because at that juncture, there was little internal credibility and support for this venture.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation E

We needed a total overhaul of the system, and it needed to begin with the leadership and management at the highest levels within the provinces. First, while I was still in the rural health center, and then in the provincial capital, I began articulating a vision and strategy for changing the situation. Of course, I had lots of colleagues that I shared my thoughts with,

and together we created an idea of starting in a province like our own with a new delivery system for outpatient care and then expanding it to other provinces and, eventually, the whole country.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation F

I was quite close to the technical director of the MOH. He was a university professor and a permanent figure in the MOH. While the Minister changed every four years, the technical director remained and had a great deal of power and influence in the MOH. I was very systematic about giving him detailed information on the progress of the project. After my second year, he actually established a team of six people within the MOH from the pharmacy service, the directorate of maternal and child health, the personnel department, and the administrative affairs department to advocate for the project.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation G

As soon as I took the job, I began to work to articulate publicly the problems that I felt needed to be addressed. In my first year, I organized two large conferences for the MOH to look at the problems of attrition and other personnel issues within the positions in outpatient facilities. We published a book on staffing norms that generated a lot of comment and interest because it was clear that the staffing norms in actual use were thirty-five years old having been left in place after our country received its independence. They were so obviously outdated and impractical that people were really shocked. Once the report was circulated, there was tremendous enthusiasm for changing the staffing norms because people in the Ministry felt ashamed that for thirty-five years, they hadn't been able to put their own imprint on the way the MOH functioned.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation H

In a five-year period, we created a test in three pilot provinces to try out a new delivery strategy for public health interventions. In each of these pilot provinces, we trained senior and mid-level staff in management. We provided adequate resources for staff to develop guidelines and protocols for establishing this new delivery system within the pilot provinces, and we began to disseminate these new strategies and materials to other provinces.

1 2 3 4 5 6 7 8 **Circle the answer**

Situation I

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

1 2 3 4 5 6 7 8 **Circle the answer**

You can find the answers to this exercise in Annex 3, which contains answers to all the Exercises in the program.

Group Work

Kotter's eight stages and your team's action plan

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

Requirements for the meeting

- Remind your team of the date and time of your Module 6 meeting. If you need to change it make sure you communicate the changes to the facilitator. Try for complete attendance if at all possible.
- Block at least 3 hours of uninterrupted time for the meeting.
- Select a comfortable room in which you can work without being disturbed.
- Tell people to bring their workbooks with their individual development plans ready to share.
- Have flipchart paper and markers or a blackboard and chalk ready.

Time: 3 hours

Objectives

- Explore your reactions to change.
- Identify the various stakeholders who you have to get on board in order to implement your plan for addressing the organizational challenge that you identified in Module 3.
- For each stakeholder, establish what their interests and concerns are that you have to address in order to get them on board.
- Adjust your action plan using the eight stages of Kotter's model.
- Discuss the implementation of your workplan.

Expected Result

- An action plan that is more robust and that has been adjusted based on a review of progress, input from the facilitators, obstacles, and accomplishments.

Instructions

1. Present the agenda, the objectives, and the expected results of the meeting. **5 minutes**
2. Share your individual reflections from Module 6 in your workbook. As a team, how comfortable are you leading a change initiative? **30 minutes**
3. Remind the team about the challenge that the team has selected. Conduct a brainstorm about the stakeholders (groups of people) who will be either affected by your plan or whose influence will seriously affect implementation. Consolidate the list into key groups. For each group, identify interests and concerns related to your challenge. **55 minutes**
4. Remind the team that the eight stages of Kotter's model are designed to increase the positive forces for change and decrease the opposing forces. With your key stakeholder groups' interests and concerns in mind, review each of the stages and analyze what you have already accomplished as a team, and what you need to pay more attention to. Use the format in Module 6 in your workbook to record the application of Kotter's Model to your existing plan. **60 minutes**
5. Rewrite your action plan to incorporate the lessons you have learned in this module and as a result of your team's discussion. **30 minutes**
6. Send the VLDP facilitators the summary chart 6-1 to show how you incorporate Kotter's eight-stage model. This will be the input for the forum. Then adjust your plan accordingly by adding any new activities and send the updated plan to the facilitators.

The coordinator wraps up the meeting and prepares to post the answers to the following 2 questions in the Forum:

- In the process of facing your challenge, according to Kotter's model, what have you already accomplished as a team and what do you need to pay more attention to?
- How many people attended, how much time did it take, and what were the most interesting parts of the meeting?

<p>Table 6-1. Implementation Plan Analysis using Kotter’s Model Team name:</p>		
<p>Team challenge:</p>		
<p>Kotter’s stages:</p>	<p>Analyze what you have already accomplished as a team</p>	<p>What actions need to be done to pay more attention to this stage</p>
<p>1. Establish a Sense of Urgency</p>		
<p>2. Creating the Guiding Coalition</p>		
<p>3. Developing a Vision and a Strategy</p>		
<p>4. Communicating the Change Vision</p>		
<p>5. Empowering Broad-Based Action</p>		
<p>6. Generating Short-Term Wins</p>		
<p>7. Consolidating Gains and Producing More Change</p>		
<p>8. Anchoring New Approaches in the Culture</p>		

Forum Module 6: Successes and difficulties in implementing your Action Plan

To conclude this module, we would like to hear from your team about the behavior of leaders and the leadership practices that the members of your team are currently performing:

- In the process of facing your challenge, according to Kotter's model, what have you already accomplished as a team and what do you need to pay more attention to?
- How many people attended, how much time did it take, and what were the most interesting parts of the meeting?

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

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

Tools and readings

Recommendations for further reading

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

Senge, Peter M. "The Life Cycle of Typical Change Initiatives." In *The Dance of Change*. Peter Senge, et al. New York: Currency/Doubleday, 1999.

Individual Reflections on Module 6

Module 7: Coming to a Close

Purpose

In this session, we will reflect about the experience of the Virtual Leadership Development Program. We will ask you to share your observations with other participants and evaluate the impact of this type of blended learning on your work, your work as a team, and personally. We also invite you to explore ways of continuing to address the challenge your team identified during the program.

You will also have the opportunity to measure your team's Workgroup Climate and discuss the changes in your team's Climate at the end of the program.

Learning Objectives

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

- articulate your experience as a participant in the Virtual Leadership Development Program;
- re-assess your teams' work climate by comparing your scores with those from the beginning of VLDP;
- identify strong points, weak points, and influence of the program by completing a final evaluation;
- describe how you and your team will continue to address your team's challenge and strengthen their leadership skills.

INDIVIDUAL

Topics	Activities	Time
Evaluation	1. Personal reflection: "My experience with this program"	15 minutes
	2. Work climate assessment	30 minutes
	3. Online evaluation of the program	20 minutes
	4. Visit to the Café to share your observations with other participants	15 minutes
Closing	5. Visit to the Café for closing remarks from the facilitators	15 minutes
Total time for module		1 hour, 35 minutes

Personal Reflection

Our thirteen-week period together is almost over, and the time has come to bring the VLDP to a close. As a final exercise, let's think about our experience. Together we have covered much terrain: learning to navigate and work comfortably in an online program that is combined with face-to-face team meetings; exploring the differences between managing and leading; identifying our challenges; developing action plans; gaining insights into our leadership competencies; studying communication; and looking at the dynamics of the change process. As you review the modules, reflect on your experiences. Below we have provided a space for you to write down your thoughts in response to any one or all of the following questions:

- What were the high points of the VLDP?

- What were some of the low points or frustrating times you encountered while participating in this VLDP?

- What progress has your team made towards addressing the identified challenge(s)?

- How have the team sessions been useful in addressing the challenge?

- How well was the individual work of each module integrated with the work that your team was doing to address its challenge?

- How significant were your interactions with the other teams?

- How will your team continue to work on the challenge you identified?

When you have finished, look over your notes and write a brief summary or some of the highlights and post these in the Café. This will allow all of you to compare notes with your fellow VLDP participants.

Workgroup Climate Assessment

Now that you have completed the VLDP, we are asking each one of you to once again fill out the following interactive questionnaire to get some data on the work climate within your team.

When you next meet as a team again, maybe to celebrate receiving your certificate, take a look at the team climate data and note what has changed. Then give yourself a big clap for all the work you did. We hope you will all see the fruits of your improved team climate in the work that you produce and in the way you handle new challenges.

Each member of the team should complete the following assessment.

Objective

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

What is a workgroup?

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

What is workgroup climate?

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

Confidentiality

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

Accuracy

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

Please note: it is critical that the individual members of your team **complete the exercise on the VLDP Web site** (<http://vldp.msh.org/oecs>). The facilitator will analyze your individual responses to determine your teams' profile. You can then compare your results to the results you received during Module 1. You may use your workbook to first complete the exercise and keep a record of your individual results, before posting your responses on the Web site.

Workgroup Climate Assessment (WCA) - Part A

How do I complete the Workgroup Climate Assessment Part A?

- Please read each item. How do you feel about the item today? To assist you, there is a statement at the top of the survey that reads: *I feel that in my workgroup...*
- Once you have made your choice on a scale of 1 to 5, where 1 means “not at all” and 5 means “to a very great degree,” indicate your selection by clicking on the circle next to the appropriate number.
- Do this for each item in the assessment.

Questions 1 - 4. Please read each item below and make your selection using the following scale:

Actual Performance

How are things now in your work group?

Please rate each item on a scale from 1 to 5 where:

- 1** = Not at All
- 2** = To a Small Degree
- 3** = To a Moderate Degree
- 4** = To a Great Degree
- 5** = To a Very Great Degree

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

<p style="text-align: center;">Workgroup Climate Assessment</p> <p style="text-align: center;">SAMPLE</p> <p>I feel that in my workgroup...</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>1 = Not at All 2 = To a Small Degree 3 = To a Moderate Degree 4 = To a Great Degree 5 = To a Very Great Degree</p>
<p>1. We have a positive attitude</p>	<p style="text-align: center;">1 2 3 4 5</p>
<p>2. We enjoy our work</p>	<p style="text-align: center;">1 2 3 4 5</p>

Workgroup Climate Assessment - Part A

Please read each item below and indicate your selection by circling the appropriate number in the shaded column.

<p>Workgroup Climate Assessment – Part A</p> <p>I feel that in my workgroup.....</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>1 = Not at All 2 = To a Small Degree 3 = To a Moderate Degree 4 = To a Great Degree 5 = To a Very Great Degree</p>
1. We feel our work is important	1 2 3 4 5
2. We strive to achieve successful outcomes	1 2 3 4 5
3. We pay attention to how well we are working together	1 2 3 4 5
4. We understand the relevance of the job of each member in our group	1 2 3 4 5
5. We have a plan which guides our activities	1 2 3 4 5
6. We understand each other’s capabilities	1 2 3 4 5
7. We seek to understand the needs of our clients	1 2 3 4 5
8. We take pride in our work	1 2 3 4 5

After completing this part of the assessment, please move on to Part B found on the next page.

Workgroup Climate Assessment - Part B

This section is an assessment of your feelings about whether your workgroup is *known for quality work* and whether it is *productive*.

What does being *known for quality work* mean? It means that our workgroup:

- is known for meeting our clients' needs
- receives positive feedback from our clients or supervisors

What does being *productive* mean? It means that our workgroup:

- consistently meets our work objectives, such as monthly or annual objectives
- is recognized by others as a group that gets the job done

Please read each item and then decide how things are in your workgroup. Using the same scale as in Part A, indicate your selection by circling the appropriate number in the shaded column.

<p>Workgroup Climate Assessment – Part B</p> <p>I feel that</p>	<p>How are things now in your workgroup?</p> <p>Please rate each item on a scale from 1 to 5 where:</p> <p>1 = Not at All 2 = To a Small Degree 3 = To a Moderate Degree 4 = To a Great Degree 5 = To a Very Great Degree</p>
9. Our workgroup is known for quality work	1 2 3 4 5
10. Our workgroup is productive	1 2 3 4 5

Thank you for completing the assessment. Please enter your exercise results on the VLDP Web site (<http://vldp.msh.org/oecs>) in order to receive your results.

Experiences with the program

Thank you for providing us with your final evaluation of the course. If you have not completed your evaluation on the Web site, please do so now. After you have clicked on the 'submit' button at the end of the evaluation on the Web site, and the facilitators have checked whether your team has fulfilled the other course requirements, you will be mailed your course certificate.

Visit to the Café to Share Program Experiences

Now we would like to invite you to the Café to share your any other thoughts on the VLDP that you would like to express and read what others have said about their experiences.

Closing Ceremony

Staying connected

One of the things we've learned in this course is that the development of leadership skills is a complex, demanding task and a never-ending journey. It requires patience, perseverance, and flexibility. Over the past 13 weeks, we have had the opportunity to identify and work together on important challenges that require leadership if they are to be successfully addressed. We have come to see that we must understand our own leadership styles and skills and to draw up a plan for our own development as leaders so that we are better equipped to lead as we pursue a vision of better health for all.

Even though we are about to end this program, we hope the process of personal and organizational learning about facing challenges and achieving results will continue.

The Café will remain open for 3 three more months before we close down. We hope to 'see' you and your colleagues there as we are saying goodbye and reflecting on the impact of this program.

Staying in touch

We invite you to stay in touch with us and each other by signing on to LeaderNet. This is not a course, and there are no special requirements like team meetings, forum postings, or homework that you had for the VLDP. LeaderNet is set up as a virtual community of people who want to exercise leadership in pursuit of better health for their people.

If you would like to be a part of LeaderNet, please go to:
<http://erc.msh.org/leadernet/login.cfm> and click on the registration/new user link. Please direct any questions regarding LeaderNet to: leadernet@msh.org.

And with these words we say to you a temporary goodbye. We know it is temporary because we are confident that we will meet again, if not in person, then at least virtually on LeaderNet. Keep doing your important work, keep trying to be the best leader you can be. We are cheering you on from afar.

Individual Reflections on Module 7

Annex 1

Managers Who Lead Effectively: Report on the Management & Leadership Project's Leadership Inquiry

Introduction

The critical health care issues of our time demand *managers who lead effectively* at all organizational levels. Increasingly, efforts to improve the performance of health programs around the world have focused on strengthening leadership skills. The Management and Leadership (M&L) Project furthers these efforts by helping organizations worldwide to develop staff leadership at all levels.

Much of what we know about leadership is found in academic writings and anecdotal evidence, which often describe the various practices and characteristics of leadership. They also often identify leaders as extraordinary individuals whom we are encouraged to emulate.

These trends touch upon one of the major challenges involved in developing leadership capabilities. The question “Are leadership characteristics innate or learned?” is difficult, but important, to address. Many people, believing that leadership characteristics are innate, decide that they cannot ever become leaders, since only a select few are born to be leaders. This view is reinforced by the often larger-than-life status of leaders who serve as cultural role models, such as Nelson Mandela or Martin Luther King.

Leadership remains a topic that is difficult to define or measure. Yet people around the world are crying out for leadership development and training. To address these challenges, and to meet the international health community's leadership needs, the M&L Project conducted an inquiry to explore how to strengthen management systems and increase the leadership capacity of health organizations. The results of this inquiry will help shape the Project's future work and inform conversations in the development community about how to understand, promote, and sustain effective leadership throughout our work.

The inquiry tested a leadership model⁹ which had been validated with managers in the private sector in the US, Canada, and the UK but had not yet been applied to health organizations in developing countries. According to this model, high-performing managers:

- **Scan** their environments
- **Focus** the direction of their workgroups
- **Mobilize**¹⁰ others to action

⁹ For additional information, please see “Effective Leadership Practices for Managers, Balancing Interdependence and Autonomy,” J.L. Bragar, Harvard University, 1990.

¹⁰ In later iterations this element of the model was replaced by “Align”

- **Inspire** those around them to learn and create

Through our inquiry, we confirmed that this model does apply to the experience of leaders and managers in charge of health systems in developing countries. Additionally, since we used our MSH colleagues as informants, the inquiry gave us valuable insights into MSH staff's perceptions of leadership. From the data we gathered, we have distilled the key leadership practices that enable health managers to lead their staff and organizations to better serve their beneficiaries and fulfill their missions. The following is a summary of our findings and conclusions.

Key Findings

While leadership may be difficult to define, the participants in our inquiry had no difficulty identifying *managers who lead* effectively. When we asked them to describe what these leaders do, we also heard a great deal about who they are. The following is a summary of the practices and qualities of leaders described by the people we interviewed.

Managers who lead effectively lead *and* manage

Although our inquiry focused on leadership, many responses referred to the functions that have traditionally been associated with management¹¹: planning, organizing, staffing, directing and controlling. This lends credence to our view that managing and leading are simply theoretical constructs that emerged out of the bureaucratic model of organization. Today, those who are needed to move organizations into the next century require skills that combine the traditional characteristics of managing and leading. Thus, effective leaders exhibit both traditional management *and* traditional leadership skills.

Good leaders form strong personal and professional relationships and networks. Leadership is not done alone: the tasks involved in effectively managing and leading are too complex to be undertaken by any single person. Managers who are good leaders use the strengths of their workgroups to complement their own strengths and weaknesses. However, while they may draw upon their workgroups professionally, strong leaders do not view them as a means to an end. They value their colleagues as individuals and nurture personal relationships with them. Effective health managers also develop strong networks beyond their workgroups. This includes making connections through professional and personal networks and involving key stakeholders such as donors, political leaders, and other health organizations to gain support for their actions.

Those who lead achieve significant results despite complex work environments

Managers who lead effectively are able to further their organization's or country's health objectives despite constantly changing political and social environments, geographically dispersed workgroups, and fragmented or overly rigid systems with limited resources.

¹¹ R. Alec MacKenzie. "The Management Process in 3-D." Harvard Business Review reprint No. 69610

Those who lead take risks and do things that aren't commonly done in their workplace or culture

Managers who lead effectively are not afraid to put themselves on the line to advocate for and make changes in their workplace or culture. In doing so, they challenge and inspire those in their workgroups both to follow them and to take on leadership roles themselves.

LEADERSHIP PRACTICES OF HEALTH CARE MANAGERS

The participants in our study were asked to identify a manager they had worked with who leads effectively. Participants described ways in which the identified managers exhibited practices from the four categories of the leadership model.

Scanning their environments

Managers who lead effectively were described as constantly seeking and processing information from different sources, to stay abreast of sector activities and clients' needs.

S/he [is] like radar. His/her head turns all the time, beaming different ways. S/he always has the information... s/he always knows more than I do. S/he always has all of the elements and threads.

Many health managers were viewed as being particularly strong at scanning and being aware of the external environment.

“Scanning the external environment is her strength. This is a person who has worked in the country for many years. She has an excellent perspective... For example, she has many contacts and is familiar with the environment of the Ministry and NGOs. She knows how the MOH works. [Therefore] she is able to undertake problems and find solutions.”

Key practices of managers who scan effectively include:

- Being actively involved in the field and continuously seeking the involvement of stakeholders (private sector, donors, field-based organizations, the community) in activities;
- Using personal networks and connections for information and support;
- Maintaining a relationship with the government to stay abreast of policies and decisions;
- Integrating past experiences and knowledge of the environment into current work;
- Reading news, data, reports, and other information sources to keep abreast of national and international events;
- Dealing with information and decisions in a way that involves the workgroup. This includes actively listening, asking questions, and treating information and decisions with transparency.

Focusing the direction of their workgroups

Managers who lead well are effective at focusing the direction of their workgroups, communicating goals, and mobilizing staff and stakeholders in reaching these goals while not losing track of the big picture.

“She is always willing to look for connections to seemingly isolated problems and ask how they impact other things within the organization. [...] She thinks at many levels and never gets immersed in one problem. She sees the overview.”

They emphasize participatory processes which encourage people to think independently, to act on what they believe in, and to take responsibility for their actions.

“He helps them to push the envelope a little bit, not exactly according to the rules, but not really wrong. Encourages people to think outside the box but not go so far that people rap them on the knuckles. He understands where the line is and where it’s stepping over that line. Encourages them to put one foot over, maybe two...”

Key practices of managers who focus their workgroups include:

- Conducting strategic planning processes and using the plans to guide their work;
- Setting clear objectives and organizing systems (including both management processes such as timelines, deadlines, and regular meetings, and institutional systems) to help achieve them; Enrolling workgroups and stakeholders in the purpose and objectives of their work;
- Looking for connections between different, sometimes remote, activities and their impact on stated goals;
- Anticipating change and pursuing opportunities to introduce change when appropriate, even in the face of resistance.

Mobilizing others to action

In this inquiry, “mobilizing others to action” refers to how someone who leads motivates and works with the workgroup to meet its stated objectives.

“He’d encourage people, complimenting them on work well done, encouraging people to do things they weren’t maybe comfortable in doing, to apply for new positions, stretch themselves. He believed in them.”

There are many ways to motivate others. Each involves leaders helping their staff to understand both their individual roles within the group and how they contribute to the larger whole.

“From the beginning she visited every health center and hospital, traveling around the state, visiting by surprise. Some of the health centers were rural and were never visited by past ministers of health. She made rounds all the time and

went to every service to see what was going on and to organize meetings to talk. She would remember names of people and invite them to the meeting. This was very motivating; people were happy to receive her in their service.”

Key practices of managers who mobilize their workgroups include:

- Communicating clear work expectations and responsibilities;
- Delegating responsibility to staff; allowing and encouraging them to become leaders;
- Encouraging professional growth and development;
- Monitoring staff in their work and holding them accountable for results;
- Providing ongoing feedback, guidance, and follow-up to staff;
- Giving people the resources they need to work: equipment, money, etc.;
- Recognizing the achievements of staff through individual and public praise.

Inspiring those around them to learn and create

Managers who inspire their workgroups to work to a higher level often do so by serving as role models: setting an example through their own attitudes, demeanor, and behavior.

It is not authority [that he has]: it is power, because he has spiritual leadership. He creates an atmosphere of trust, transparency and hard work, and sacrifices himself first and foremost. People don't perform because they have to, but because they want to perform as well as he does (...)

An important element of inspiring is a manager's ability to build staff confidence in themselves. This involves the leader both being open with staff and taking time to understand them as individuals.

“One of the things she changed is the attention to personal relationships with people at all levels in the department, using the first name and inviting people into her office. She always tried to involve people, making personal connections”

Building staff confidence also involves helping them discover their own strengths so that they can realize their own potential.

“He knows how to ask people to do things well, even things they don't know they can do, and gives them support to do it. He throws people into something they think they cannot do, but he never throws people into something they would fail at- this gives them the confidence to try.”

Key practices of managers who inspire those around them include:

- Establishing a friendly and caring environment and a basis for a strong workgroup identity;

- Communicating a vision that appeals to the workgroup on an emotional level and continuously linking workgroup activities to this vision;
- Demonstrating trust and confidence in the workgroup and creating an open environment;
- *Fostering personal relationships with staff.*

THE ROLE OF LEADERS IN SHAPING ORGANIZATIONAL CULTURE AND INTRODUCING CHANGE

In addition to our questions about particular behavioral practices, we also asked our informants about their views about the leader's workgroup and the wider organization.

The culture of the health manager's workgroup

What effective leaders did had a direct result on their workgroup's culture, which further influenced how people felt and behaved. Workgroups were described as:

- Working as a team—sharing information and ideas and collaborating in the decision-making process;
- Demonstrating commitment towards a shared vision—staff believe in their work, and are dedicated and hardworking;
- Being competent and professional, and producing high-quality work;
- Working in an environment of trust.

Introducing significant improvements

Beyond influencing the immediate workgroup, many of our informants told us that those who lead effectively introduced significant improvements in their organizations. This included generating revenue, increasing their organization's financial sustainability, developing strong management systems, and increasing staff motivation.

“Before he took over the culture was just like all of the public sector. People did the minimum they could, escaped whenever they could, carelessness, things not well done, environment was dirty, not functional. After he arrived, he made lots of big changes without needing a budget increase. He moved services around to make them function better; he managed resources well; his staff became more responsible.

Bringing about such improvements accomplished significant changes in the public health landscape of their countries or regions.”

“She was the key person behind getting her health center accredited by achieving a recognized standard of quality in all aspects of care provision. It was the first center to be accredited.”

This included:

- Developing strong relationships with donors to effectively mobilize resources for achieving public health objectives;
- Influencing national policy, by creating standardized policies and tools and advocating for important health issues;
- Increasing the quality and use of health care services;
- Creating opportunities for learning and expanding the reach of knowledge and skills, through the transfer of best practices and creation of new initiatives;
- Establishing committees and involving the community.

IMPLICATIONS FOR THE M&L PROGRAM

This inquiry confirms something that we intuitively already knew, having seen first-hand so many of the inspiring leaders described by our informants. That is, we confirmed that good leadership can produce organizational impact in spite of a resource-poor, complex, bureaucratic and politicized work environment. Leadership does matter! We heard countless stories of people who were able to effect significant change by motivating their staff to do what no others had been able to do before. In this, these remarkable individuals showed that they were able to mobilize that most precious of resources: human passion and energy to make the world a better place, especially for those most forgotten. It is a resource that can, to a certain degree, make up for the lack of many more obvious resources such as money, time, materials, equipment, and people.

The leadership and management model that the M&L Project chose as a frame for its work holds the findings from this inquiry. We found that the exemplary health care leaders whom our colleagues have known and observed are indeed engaged in scanning, focusing, mobilizing (aligning), and inspiring others in their organizations. We were able to illustrate these functions with specific behavioral practices that enable organizations to produce the results they desire.

- There is no doubt that leadership makes a difference. Developing leadership skills is an important dimension of any effort aimed at improving program or organizational effectiveness.
- The behavioral practices identified in this study help to identify leadership talent. Organizations are encouraged to look for the leadership potential that is already there, rather than relying only on formal leaders or outside experts to get the work done.
- The Leading and Managing Framework can serve as a foundation for the diagnosis and design of specific interventions to strengthen leadership at all levels in organizations and programs. The leadership practices we identified enable us to diagnose strengths and weaknesses in individuals and organizations. This will enable us to link leadership development work to performance improvement.

In closing, we hope that this inquiry, by expanding our knowledge base regarding leadership, will help focus our discussions with colleagues in the field and at home about the challenges before us. We also hope that we, as individuals and as a group, can critically examine our own leadership practices and improve them. We realize that MSH, and especially the M&L program, must model effective leadership practices for our colleagues, partners and counterparts around the world.

Appendix

METHODOLOGY

We interviewed 24 MSH staff (12 men and 12 women), with the following characteristics:

- Had at least 5 years of experience working with developing country health organizations;
- Had established recent and close working relationships with managers in this context;
- Could identify mid- to senior-level health managers who effectively lead teams to results, and could describe how they worked and how they mobilized their teams to achieve results.

These individuals had varied nationalities and were based in Boston, Washington DC and field projects around the world.

In the preliminary phase of the inquiry, staff were sent an email asking two questions:

- “Among the health managers with whom you’ve developed close working relationships, can you identify a mid- to senior- level health manager who effectively leads his/her team towards results?”
- “Could you describe what she/he does to effectively lead teams towards results?”

Those who answered yes to both questions were interviewed for about one hour over the phone.

First, they were asked both open-ended and closed questions, addressing the characteristics of the identified manager and his or her effect on the workgroup. Next, the participant was asked about the manager’s ability to scan, focus, mobilize, and inspire. Finally, the participant described characteristics of the manager not addressed by this model.

Participants in the inquiry identified 23 health managers as effective leaders. One manager was identified by two different informants. These managers had the following characteristics:

- **Gender:** 12 women and 11 men. Informants tended to identify managers of the same gender as their own.
- **Age:** The average age of the managers was 46 years (ranging from 36 to 60 years).
- **Geographic Region:** The managers were from various regions, most strongly represented in Latin America and Africa. Most were senior-level managers—directors or program heads—working for public-sector institutions or NGOs.
- **Type of Organization:** There were 9 public sector organizations, 9 NGOs, 2 private/for profit, 1 academic, and 2 other types of organizations.
- **Length of relationship with manager:** *On average, MSH informants had known the health managers they identified for close to 7 years.*

Annex 2

Definitions of Leadership Competencies¹²

Focused Drive: The competency of focusing on a goal and harnessing your energy in order to meet that goal – a balance between the components of:

- Focus: The ability to identify an important goal or vision and to channel efforts at specific targets that support that goal or vision.
- Drive: The ability to persevere, sacrifice (when necessary), and expend high degrees of energy to reach high levels of performance.

• **Emotional Intelligence:** The competency of understanding and mastering your own emotions (and recognizing the emotions of others) in a way that instills confidence, motivates, inspires, and enhances group effectiveness – a balance between the components of:

- Perception: The ability to read the emotions and thoughts of others through the use of insight, empathy, and observational skills.
- Emotional Maturity: The ability to master emotions and cope with stress in a way that instills confidence, motivates, and enhances group effectiveness.

• **Trusted Influence:** The competency of effectively influencing others by evoking their trust and by placing trust in others to enable their success – a balance between the components of:

- Commitment: The ability to evoke trust from others by keeping commitments, recognizing individual contributors, setting a personal example, and building shared goals, values, and vision.
- Empowerment: The ability to help others reach higher levels of performance through trust, delegation, participation, and coaching.

• **Conceptual Thinking:** The competency of conceiving and selecting innovative strategies and ideas for your organization – a balance of the components of:

- Innovation: The ability to create or enhance new ideas, products, and services by challenging assumptions and thinking out of the box.
- Big-Picture Thinking: The ability to conceptualize and clarify all of the forces, events, entities, and people that are affecting (or are being affected by) the situation at hand.

• **Systems Thinking:** The competency of rigorously and systematically connecting processes, events, and systems – a balance between the components of:

- Process Orientation: The ability to increase overall learning and performance by designing, implementing, and/or connecting critical work processes.
- Mental Discipline: The ability to logically and thoughtfully sort through ambiguity and

¹² Linkage, Inc., Leadership Assessment Instrument: Self-Managed Assessment (Lexington, MA: nd)

alternatives with a rigor and discipline that crystallizes ideas for action.

Definitions of Leadership Skills

- **Change Management:** The skill of adapting to and thriving in times of internal or external change.
- **Coaching/Mentoring:** The skill of mastering a comfortable coaching style and using it strategically to improve performance.
- **Communication:** The skill of communicating and relating to a broad range of people internally and externally.
- **Negotiation:** The skill of arriving at and reaching understandings and agreements with a broad range of people internally and externally.
- **Problem Solving:** The skill of employing analytical abilities, pragmatism, and other tools to resolve complex problems in a variety of contexts.

Annex 3

Module 2: Case study: Improving Staff Performance

Answers to the Exercise

1. When Dr. Akulo decided to invite the zonal managers and senior staff at headquarters to a meeting to discuss the decline in the number of client visits, he is effectively:

Focusing: He gives clarity of direction by stressing, through his decision and by example, the priority he assigns to this problem.

Aligning/mobilizing: He brings the managers on board and enlists (mobilizes) them in the effort to reverse the decline in client visits.

Organizing: He is assigning the managers a role and particular responsibilities in finding a solution.

Implementing: By inviting them to this meeting, he is putting this issue in motion.

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

Inspiring: He tells them that he needs their input and effort, that hearing their views is worth his time, making them feel like part of something important and significant.

3. When Dr. Akulo agrees to be involved in the actions to be taken toward underperforming staff and to correct salary inequities, he is engaged in:

Focusing: He presents a specific action to address this issue.

Planning: He defines objectives and activities, and allocates resources.

Organizing: He encourages the managers to develop a work plan and time frame.

Inspiring: he is showing his commitment to make their actions successful

4. When Dr. Akulo affirms the role and function of the HR Director and agrees to support her in taking action on poor performance and salary issues, he is engaged in:

Mobilizing: He hopes to mobilize her energies and those of her staff as well as those of the zonal managers.

Inspiring: He is expressing confidence in their ability to do the job.

5. When the managers develop a work plan and distribute roles and responsibilities, they are engaging in:

Planning: They are deciding on a set of specific steps and activities that will be needed.

Organizing: They are distributing roles and responsibilities.

Implementing: They are developing a time frame in which the activities will be done.

Monitoring/evaluating: They have developed a plan to gather base data now and evaluate the number of client visits six months from now.

Module 3: Case Study: The New Family Planning clinic

Answers to the Exercise

1. What are the most critical challenges for the Director of the National Agency for the Control of AIDS (NACA)?
 - How to successfully advocate for increased laboratory capacity in support of scaling up activities, including getting support/buy-in from national and regional health managers.
 - How to have all HIV/AIDS partners recognize and address the need to ensure that quality of services is maintained as services are scaled up.
2. What are the most critical challenges for the newly appointed Director of the Regional HIV/AIDS Reference Laboratory?
 - Ensure that necessary resources (people, supplies) are available to enable laboratory to perform its mandate.
 - Oversee staff; ensure that proper laboratory procedures are being followed.
3. What are the most critical challenges for the newly appointed M&E Manager of the Regional HIV/AIDS Reference Laboratory?
 - Ensure that staff responsible for recording and reporting information on laboratory activities and results is properly trained.
 - Ensure that timely and accurate clinical and logistics information to be used for policy design, planning and implementation of activities is available to the Director of the Laboratory.
4. What are the most critical challenges facing the HR Director?
 - Finding and hiring competent and dedicated staff to work in the Regional laboratory.
 - Ensuring a positive and enabling work environment.

Module 6: Individual Exercise: "The Case of Rachid and Kotter's Eight Stages"

Answers to the Exercise

Situation A

I was convinced that the MOH needed to expand their hospital-focused vision to one that acknowledged the importance of management and public health training in developing and implementing ambulatory health programs. I thought, "If they don't know how to do it, perhaps I can help them." My idea was to try to develop staff with public health management skills so that within the MOH there would be a critical mass of professionals who were technically competent in the major areas of public health and able to manage public health programs effectively. It was a huge undertaking and something that I knew I certainly couldn't accomplish by myself working in a rural health center. I decided then to leave the health center and work in the central Ministry. There were several doctors and nurses who shared my thoughts in these matters. It took some maneuvering within the MOH bureaucracy, but I was able to find a job in the MOH division that was responsible for selecting and training MOH employees and assigning them to positions within the MOH. As soon as I was able to I brought some of the people who had helped me develop my ideas to the MOH to work with me.

Correct answer: 3

Explanation: Rachid has clearly demonstrated a point of reference in the future; he has a vision and many ideas about how to realize that vision.

Situation B

We provided adequate resources for staff to develop guidelines and protocols for establishing this new delivery system within the pilot provinces, and we began to disseminate these new strategies and materials to other provinces. In essence, we built a cadre of people who were working in a new and different way and were inspired to share with the rest of the MOH the work that they were doing.

Correct answer: 7

Explanation: This was an effective strategy for creating depth and breadth to the changes occurring in the pilot provinces. The guidelines and protocols could also be immediately used in other provinces and would help to formalize changes both within the pilot provinces and in other areas.

Situation C

In my first year in the office, I managed to get two small grants, one from WHO and another from USAID. With that I was able to send some excellent people to training programs and short courses. We generated a lot of excitement early on by offering four Master's Program Fellowships. The department sponsored a competition within the MOH for which there was great interest and excitement. Three of the four people we selected came back after they obtained their degrees and were assigned to work with us. After that, we continued training people, and there was a lot of continued interest.

Correct answer: 6

Explanation: This is a good example of an early short-term win. First of all, there were the grants Rachid was able to get, and then the awards of the scholarships for further training. Master's Degree training not only raised the visibility of the department, it also helped to promote the vision of the department and was in fact, part of the strategy for improving the skills and knowledge of key people in the MOH that would later be highly motivated to carry out the project's change strategy.

Situation D

We sent some people to train overseas and we ran a great many management workshops. We also sent people to short courses around the world to create expertise in specific areas of public health. At the same time, I began developing a plan for a project to introduce a new system for providing basic services. It was very important to seek support outside the Ministry, because at that juncture, there was little internal credibility and support for this venture.

Correct answer: 5

Explanation: This group of people represented the critical mass needed to get the project going. These professionals came back from training with a shared sense of purpose and felt empowered by their experiences to push for successful change.

Situation E

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

Correct answer: 4

Explanation: Communicating the ideas and building a constituency for the vision is critical. Rachid develops his vision and strategy with others who have first-hand knowledge of the situation and who share his own analysis about what needs to be done. Many of these people will later go with him to the central ministry or remain in the pilot province to help implement the work that will be done to change the delivery system.

Situation F

I was quite close to the technical director of the MOH. He was a university professor and a permanent figure in the MOH. While the Minister changed every four years, the technical director remained and had a great deal of power and influence in the MOH. I was very systematic about giving him detailed information on the progress of the project. After my second year, he actually established a team of six people within the MOH from the pharmacy service, the directorate of maternal and child health, the personnel department, and the administrative affairs department to advocate for the project.

Correct answer: 2

Explanation: By getting and staying close to the technical director, Rachid influences the establishment of a guiding coalition within the MOH. With participation from key departments in the MOH, this group was able to shepherd the idea of the project through the ministry.

Situation G

As soon as I took the job, I began to work to articulate publicly the problems that I felt needed to be addressed. In my first year, I organized two large conferences for the MOH to look at the problems of attrition and other personnel issues within the positions in outpatient facilities. We published a book on staffing norms that generated a lot of comment and interest because it was clear that the staffing norms in actual use were thirty-five years old having been left in place after our country received its independence. They were so obviously outdated and impractical that people were really shocked. Once the report was circulated, there was tremendous enthusiasm for changing the staffing norms because people in the Ministry felt ashamed that for thirty-five years, they hadn't been able to put their own imprint on the way the MOH functioned.

Correct answer: 1

Explanation: The situation in the MOH at the time Rachid began working there had deteriorated to the point where ambulatory health programs were beginning to lose staff. Rachid's conferences and study focused attention on the problem and created the sense that things must change quickly.

Situation H

In a five-year period, we created a test in three pilot provinces to try out a new delivery strategy for public health interventions. In each of these pilot provinces, we trained senior and mid-level staff in management. We provided adequate resources for staff to develop guidelines and protocols for establishing this new delivery system within the pilot provinces, and we began to disseminate these new strategies and materials to other provinces.

Correct answer: 5

Explanation: If we take the larger view that the ultimate challenge in this situation was to change the health delivery system throughout the country, a mechanism for disseminating and implementing changes that were occurring in the pilot provinces would be paramount. In fact, the pilot project was structured to provide guidelines and examples that could be used to generate support for similar changes in other provinces.

Situation I

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

Correct answer: 8

Explanation: Rachid and the guiding coalition painstakingly built the human resource infrastructure to help bring about the change. There was enough of a critical mass of health officials to create a new way of working. Having these people at key positions throughout the system multiplied the number of leaders and managers, thus supporting the change initiative in various parts of the system.

Notes and Reflections