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Virtual Leadership Development Program

FINAL REPORT:
VLDP for HIV/AIDS Organization Monitoring & Evaluation Teams in Anglophone Countries
March 30 – June 26, 2009

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Acronyms

AMPATH	Academic Model Providing Access to Healthcare
APAC	AIDS Prevention and Control
ART	Antiretroviral Therapy
CBO	Community Based Organization
CEDEP	Center for the Development of People
CSO	Civil Society Organization
DOD	Department of Defense
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FBO	Faith Based Organization
FLAS	Family Life Association of Swaziland
GBVRC	Gender-Based Violence Recovery Center
GEN	Global Exchange Network for Reproductive Health
HIS	Health Information System
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
ICRH	International Centre for Reproductive Health
IDM	Institute of Development Management
ILO	International Labour Organization
M&E	Monitoring and Evaluation
MEC	Monitoring, Evaluation, and Communications
MOD	Ministry of Defense
MOH	Ministry of Health
MHP	Military HIV Program
MSH	Management Sciences for Health
NACP	National AIDS Control Program
NGO	Non-governmental organization
PFI	Population Foundation of India
PHFI	Public Health Foundation of India
PMTCT	Prevention of Mother-to-Child Transmission
RH	Reproductive Health
SDP	Service Delivery Point

SI TWG	Strategic Information Technical Working Group
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNASO	Uganda Network of AIDS Service Organizations
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
VLDP	Virtual Leadership Development Program
WCA	Workgroup Climate Assessment

Executive Summary

The Virtual Leadership Development Program (VLDP) for HIV/AIDS program Monitoring and Evaluation (M&E) teams in Anglophone countries, was offered from March 30 to June 26, 2009 to teams from both the public and private sector. Fourteen teams enrolled in this offering of the VLDP from ten countries: Botswana, Ghana, Guyana, India, Kenya, Nigeria, Swaziland, Tanzania, Uganda, and Zambia. This VLDP M&E was the first offering of a VLDP through MEASURE Evaluation and focused on building the leadership capacity of M&E teams to strengthen M&E systems to improve performance. Two Management Sciences for Health (MSH) staff facilitated the program with two MSH M&E specialists assisting teams in the development of their action plans.

Twelve of the 14 enrolled teams participated actively in the program and all 12 of these teams completed high quality action plans aimed at strengthening leadership and management of the M&E systems within their HIV/AIDS programs. The M&E and data collection challenges teams identified to address include the following examples:

EGPAF: "*How can we work with the District Prevention of mother to child transmission of HIV and care and treatment focal persons, Health Sub District leaders and health facilities to ensure that we have timely and complete reports on pediatric HIV/AIDS in EGPAF's regions of operation given that there are multiple program specific reports that are not integrated and are compiled by the same staff often during the same period with tight deadlines?"*

Kenya ICRH: *"How can we improve the quality of our services when there is no M&E system for the collection of data and preparation of reports on quality of service standards?"*

Developed by MSH, the VLDP is a 13-week Internet-based, blended learning program that combines face-to-face team work with distance learning methodologies. VLDP participants work in their organizational teams to complete seven learning modules without leaving their work sites. They learn and apply key leadership practices and competencies while working as a team to identify a real organizational challenge and develop an action plan to address this challenge with support and feedback from the program facilitators.

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

- Module 1: Getting Started
- 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

Highlighted Results of the VLDP M&E

- Twelve teams completed all components of the programs including creating strong action plans, which included vision, challenge statement, obstacles and root causes, a desired measurable result to be achieved within six-months, and the activities, staff and resources necessary to achieve this result.
- The VLDP had a positive impact on the workgroup climate of participating teams. The eight teams that had valid results reported a positive change in their Workgroup Climate Assessment (WCA)[1].
- At the conclusion of the program, 75% of respondents to the final evaluation survey reported that their teams had already begun implementing their action plan.
- Seventy-five percent of the participants who responded to the final evaluation survey reported having brought about changes in their organization as a result of the program.

Conclusions

Based on these results, the VLDP for HIV/AIDS program M&E teams in Anglophone countries was successful. Extensive communication took place between the teams and facilitators throughout the program and 12 teams completed the program requirements and finished with solid action plans.

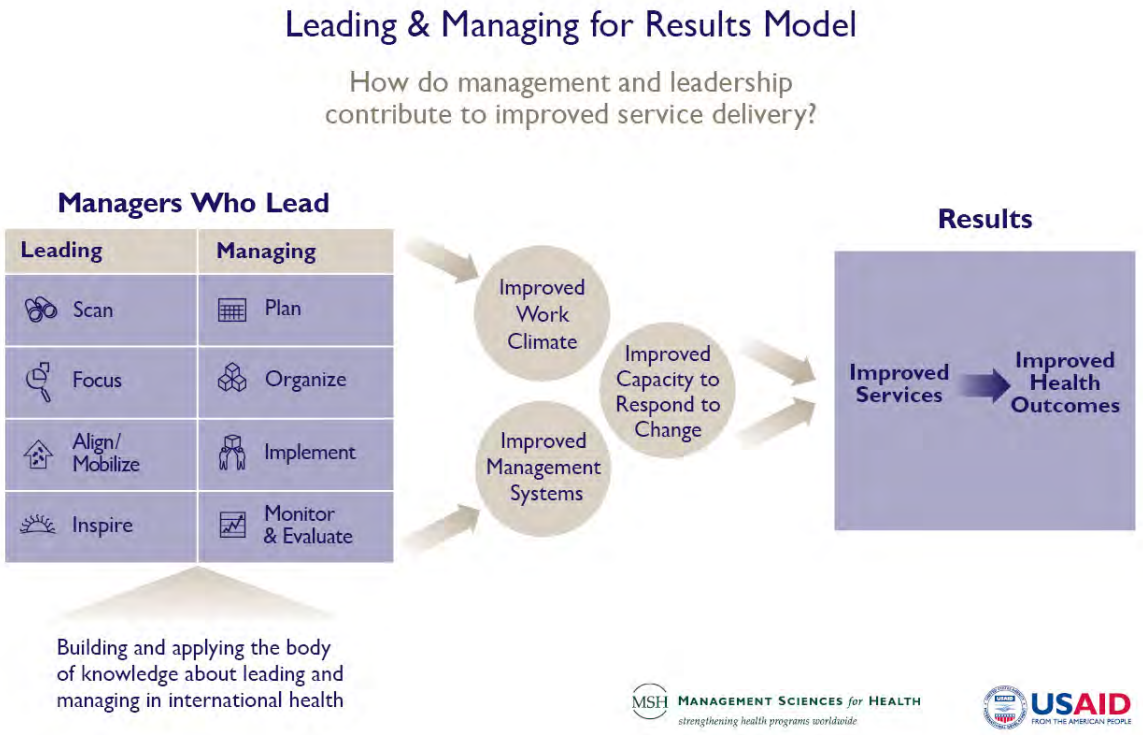
An After Action Review (AAR) meeting was held on July 20, 2009. The next steps are to continue to follow-up monthly with the teams through December 2009 to track the progress they have made on their action plans and assist teams with any challenges they encounter in implementation. Each team has also been invited to join LeaderNet, a worldwide virtual network of continuous learning, support, and peer exchange for health professionals interested in strengthening their leadership, management, and governance practices in order to improve health services and outcomes. In January 2010, a six-month follow-up will be conducted with the 12 teams that completed the program.

[1] The Workgroup Climate Assessment, a tool developed and validated by MSH to measure team climate, was applied during Module 1 of the program, and again at the conclusion of the program during Module 7 in order to measure the change in workgroup climate for each team pre- and post-VLDP. For a team's score to be valid, the number of respondents in the first WCA must match the number in the end of program WCA.

I. Using the Virtual Leadership Development Program as a vehicle for strengthening leadership and management in HIV/AIDS program monitoring and evaluation teams

Introduction

The Virtual Leadership Development Program (VLDP) for HIV/AIDS program monitoring and evaluation (M&E) teams, was the 26th VLDP offered since the program was developed by Management Sciences for Health (MSH) in 2002. Strong M&E, a critical management practice, increases the availability of quality health data for use in policy formulation, program planning, and monitoring and evaluation, which improves health systems and leads to improved health outcomes. Access to timely, accurate health data allows programs to react appropriately to existing health issues with proper planning and allocation of resources as well as to plan for the future and focus on preventive actions. The Leading and Managing for Results Model below demonstrates the link between leadership and management practices, including M&E, and improved health services and outcomes.



Although considerable progress has been made in terms of country capacity to monitor the HIV/AIDS epidemic, there are still many challenges ahead that will take vision and initiative from leaders at all levels. For HIV/AIDS service programs, the data demand is particularly daunting and there are many challenges related to ensuring well performing M&E systems. Timely, quality information must be provided and used to address such issues as effectiveness, accountability, and transparency.

Building the capacity for strong M&E depends not only on establishing strong systems, but also on developing leaders at all levels to inspire and engage their teams and their entire organization in using M&E systems to improve performance. Throughout the VLDP, participants worked in teams to identify key leadership challenges in M&E systems within their organizations and began addressing these challenges. Team members worked together in a variety of ways: independently on the VLDP website, with additional support from a program workbook, and in on-site team meetings within their organizations.

Background

Developed by MSH, the VLDP is a 13-week Internet-based, blended learning program that combines face-to-face team work with distance learning methodologies. VLDP participants work in their organizational teams to complete seven learning modules. They learn and apply key leadership practices and competencies while working as a team to identify a real organizational challenge and develop an action plan to address this challenge with support and feedback from the program facilitators and an M&E technical expert.

Since its development in 2002, the VLDP has been offered to over 2,270 health professionals from more than 280 teams in over 50 countries in Africa, Latin America, the Caribbean, Eastern Europe, the Middle East, and Asia. The program is available in Arabic, English, French, Portuguese, Russian, and Spanish. Evaluation studies show that the VLDP strengthens leadership and management capacity, improves team work, improves workgroup climate, and helps teams to address identified organizational challenges to improve service delivery and management systems.

The VLDP consists of seven modules; each module comprised of individual reading, individual exercises on the website, group work, and a forum section where teams post and report on the outcomes of their team meeting. The modules include:

- *Module 1: Getting Started*

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

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

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

- *Module 3: Identifying Challenges*

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

- *Module 4: Leadership Competencies*

To focus on personal mastery, participants assess and discuss their own leadership competencies by completing the Leadership Assessment Instrument.[2]

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

• *Module 5: Communication*

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

• *Module 6: Managing Change*

Participants are introduced to the concept of change management through a case study about perspectives on change and change management. Participants are also introduced to John Kotter's eight stages of change[3] and are asked to apply these stages to the work on their action plans.

• *Module 7: Coming to a Close*

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

II. Overview of the Virtual Leadership Development Program for HIV/AIDS program Monitoring and Evaluation teams

Recent large global health initiatives have brought about a dramatic increase in the demand for high-quality information to be able to demonstrate impact and improve accountability. Unfortunately, these demands stretch what are often weak and overburdened M&E and health information systems (HIS). Public and private sector organizations around the world have been working to improve these systems and ensure thorough and accurate collection, analysis, and use of data in their health programs. Strong leadership and management are often the missing link in leading effective to change processes and establish new or improved systems.

The United States Agency for International Development (USAID) funded the VLDP M&E through MEASURE Evaluation. In response to the marketing of this VLDP, 132 applications were received before the application deadline (152 received in total) from teams in 24 countries, including: Afghanistan, Botswana, Canada, Ethiopia, Ghana, Guyana, Haiti, India, Kenya, Lesotho, Malawi, Namibia, Nepal, Niger, Nigeria, Rwanda, Sierra Leone, Swaziland, Tanzania, Trinidad, Uganda, the United States of America, Zambia, and Zimbabwe. Applications from Nigeria and Uganda represented 39% of the total. Teams that applied came from diverse organizations and sectors, including USG and local government entities, international and local NGOs and CSOs, FBOs, hospitals, universities, and private companies.

This VLDP was delivered from March 30 to June 26, 2009 to 14 HIV/AIDS program M&E teams from public, private, and international organizations in 10 countries: Botswana, Ghana, Guyana, India, Kenya, Nigeria, Swaziland, Tanzania, Uganda, and Zambia. Unfortunately, during the program the AIDS Prevention and Control (APAC) team had difficulty completing their assignments as a team and therefore chose not to complete the program. Due to time constraints, the Tanzania National AIDS Control Program (NACP) was also unable to complete the program. (See Appendix A for a full list of teams and descriptions of the organizations.)

[3] Kotter, John P. *Leading Change.* Cambridge: Harvard Business School Press, 1996.

The program was facilitated by Scott McKeown (Organizational Development Advisor, MSH) and Susan Post (Senior Program Associate, MSH). Cary Perry (Monitoring and Evaluation Specialist, MSH) and Alison Ellis (Monitoring, Evaluation, and Communications Team Leader, MSH) served as M&E specialists, providing feedback on the action plans developed by participating teams.

This VLDP M&E was the first offering of a VLDP through MEASURE Evaluation. Team recruitment was led by contacting the USAID missions in Anglophone African countries, then through MEASURE Evaluation contacts with USAID representatives and partner contacts in these countries, announcements on the MEASURE Evaluation website, in various listservs, and to the LeaderNet and Global Exchange Network for Reproductive Health (GEN)[4] communities. The technical and programmatic requirements for participating in this program included:

- Teams that are currently facing challenges related to M&E of HIV/AIDS programs.
- Team that works together on a regular basis on a common objective or goal.
- Teams that can dedicate four to six hours per week per participant to complete program requirements and work.
- The ability to meet as a team every other week over the course of the 13-week program.
- Reliable access to a computer and the Internet.

[4] The Global Exchange Network (GEN) for Reproductive Health is an online network that allows for exchange and learning about leadership and management issues that affect reproductive health programs, organizations, and professionals in countries that no longer receive United States Agency for International Development (USAID) Population and Reproductive Health funding, are soon to no longer receive it, or currently receive this assistance.

Details about the participating teams in the VLDP are shown in Table 1 below:

Table 1: VLDP M&E Participating Teams

Team Name	Country	Participant Number	Status
Institute of Development Management (IDM)	Botswana	5	Completed
Centre for the Development of People (CEDEP)	Ghana	10	Completed
Ministry of Health—Health Sector Development Unit	Guyana	8	Completed
AIDS Prevention and Control (APAC)	India	10	Not completed
Population Foundation of India (PFI)	India	4	Completed
Public Health Foundation of India (PHFI)	India	6	Completed
Academic Model Providing Access to Healthcare (AMPATH)	Kenya	8	Completed
International Centre for Reproductive Health (ICRH)	Kenya	10	Completed
Ministry of Defense—Military HIV Program	Nigeria	8	Completed
Family Life Association of Swaziland (FLAS)	Swaziland	7	Completed
National AIDS Control Program	Tanzania	5	Not completed
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	Uganda	10	Completed
Uganda Network of AIDS Service Organizations (UNASO)	Uganda	4	Completed
Department of State	Zambia	8	Completed
TOTAL: 14 teams	**10 countries**	**103 participants**	**12 teams completed**

Team Challenges

During the third module of the program, teams identified challenges related to M&E. Some teams understood the action planning process faster than others, but 12 of the 14 teams successfully completed their action plans with feedback from the two facilitators and one M&E specialist (APAC and Tanzania NACP did not complete action plans as they did not finish the program). For teams who did not complete their action plan by the final day of the program, a three week extension was granted. During this time, teams continued to revise their plans with feedback until they created a final draft, which was approved by the facilitators and M&E specialist.

The final challenges and associated action plans developed by the teams were of high quality and showed a firm understanding of the concepts and competencies discussed in the program (please see Appendix B for a full list of challenges and measurable result statements).

Table 2: VLDP M&E Team Challenges

Team Name	Country	Challenge
Institute of Development Management (IDM)	Botswana	How can we ensure that our M&E trainings produce quality HIV and AIDS service providers given that there is currently no mechanism to follow up trainees nor established indicators for measuring trainee effectiveness and at the same time we do not have authorization to provide follow up guidance?
Centre for the Development of People (CEDEP)	Ghana	How can we reach to all the targeted population (women aged 10- 49) to register them and provide counseling services to them in their homes given that most of the women may be out working during the greater part of the day? How can all the women who will be referred to Health Facilities for services be attended to efficiently and effectively given that the number of Health Service Providers and the equipment they work with are limited?
Ministry of Health—Health Sector Development Unit	Guyana	How can we get the respective sector administrative heads of the various sector ministries to develop policy and procedures for mainstreaming Sexual and Reproductive Health (SRH) into the respective HIV/AIDS program?
AIDS Prevention and Control (APAC)	India	N/A
Population Foundation of India (PFI)	India	How we can we ensure that the data entry forms reported from the 124 service delivery points (SDPs) are accurately filled out, given high turn-over and low literacy of the staff at the SDPs?

Public Health Foundation of India (PHFI)	India	How can the training division design and use information and communication system that will ensure that all internal stakeholders are informed of and contribute to training activities in the face of a rapid expansion of the organisation in 4 separate institutions working in 4 separate cities?
Academic Model Providing Access to Healthcare (AMPATH)	Kenya	How can we develop an effective internal M&E system for the Social Work department that will be a model for other departments in AMPATH given that there has been none before?
International Centre for Reproductive Health (ICRH)	Kenya	How can we improve the quality of our services when there is no M&E system for the collection of data and preparation of reports on quality of service standards?
Ministry of Defense—Military HIV Program	Nigeria	How can our HIV program demonstrate effectiveness in decreasing HIV/AIDS transmission and improving treatment when none of the 20 sites currently use data effectively for adaptive program management and quality improvement?
Family Life Association of Swaziland (FLAS)	Swaziland	How can FLAS Mbabane clinic increase comprehensive, accessible and affordable SRH services including HIV and AIDS given that the clinic is not conveniently located?
National AIDS Control Program	Tanzania	N/A
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	Uganda	How can we work with the District Prevention of mother to child transmission of HIV and care and treatment focal persons, Health Sub District leaders and health facilities to ensure that we have timely and complete reports on pediatric HIV/AIDS in EGPAF's regions of operation given that there are multiple program specific reports that are not integrated and are compiled by the same staff often during the same period with tight deadlines?
Uganda Network of AIDS Service Organizations (UNASO)	Uganda	How can UNASO effectively represent the issues and concerns of partner CSOs (National NGOs) in HIV & AIDS to the Steering Committee of the Civil Society Fund, given that UNASO does not have the funds to organize consultative meetings to generate harmonized positions to be presented to the Steering Committee and providing feedback on position of the steering committee on issues and concerns of partner CSOs?
Department of State	Zambia	How can we ensure US Government (USG) partner reporting results into the National system when this has not been done before and there has not been any clear directive?

Team Participation

Individual team participation varied throughout the program, often linked to workload and travel schedules of the participants. Despite this, the program had an active Café[5], especially from the members of the AMPATH and MOH Guyana teams. The topics of conversation in the Café covered a range of topics and linked to what the participants were learning in each module.

Examples of comments and conversations from the Café include:

Conversation Thread: The greatest virtue of leadership

"To me, the greatest leader is one who will walk a step ahead of you, look back always to know you are right behind and extend a helping hand when bigger steps need to be taken. Finally a leader should be able to pick you up when you fall and explain to you why you fell at that particular point in time so that you continue with the walk more carefully. I believe if this is done, within no time, you will be able to walk beside the leader and finally ahead of him/her. My goal would be to finally walk without this leader (though he/she should be in reach when I need consult). This way I will be in a position to lead others giving them a chance, like the one I got."

-Irene Jao, ICRH

"I do believe that integrity is a great virtue of a leader. The people you manage and lead need to know what you stand for (your values) and where you are taking them (the goals of the organization and for their own work). You must demonstrate that you are reliable, honest and trustworthy and that you walk your talk. They need to see your values in action, that you value healthy relationships and that you have their best interests at heart. They need to see that you value openness and honesty in interpersonal transactions. They need to know that they will not be deliberately diminished by your actions. Be a leader with integrity."

-Jepchirchir Kiplagat, AMPATH

Conversation Thread: Leaders vs. Managers: Are they really different?

"Being a leader and being a manager may be two different things but a good manager has to be a leader as well to make sure that as he does things right he must at the same time do the right thing. For example, as much as a manager has to beat the deadline for submitting a report, he must also make sure that the report is compiled and submitted in the right way and no shortcut methods are used."

-Zawadi Adhiambo, ICRH

Conversation Thread: How do leaders overcome resistance to change?

"The wind of change can never be welcome by everybody within an organization/ society. But what remains as a fact is if the change is well thought out and it is for the betterment of tomorrow, this change will instead change them. For leaders should not be demotivated that some section of their members is resisting change. They should expect it and only ensure that the interest of the people are taken care of but above all the organization interest."

-Ekwang Morris Seddy, UNASO

[5] The Café is an asynchronous discussion board for participants to share information and dialogue.

"The first thing to ensure as an agent of change is being certain of what you want to introduce. You must have the facts with you. You must have all the data with you. This way, you can support your argument with proven facts. As a result, you will position yourself as a leader on a stage where you can support your point of view."

-Ian Milimo, Zambia Department of State

Conversation Thread: Speeches on the virtual graduation ceremony, Class of March'09

"I take this opportunity to thank all of you: our guest of honor, our dear facilitators Susan and Scott for the splendid facilitation, the entire faculty and fellow colleagues (the 109) seated in this virtual hall. I wish to appreciate this innovative training facility that has put technology at its optimum use (I just adjusted my virtual gown) and for the ability to undertake school across the continents: this is the largest school I have ever known. I have learned a lot in the 13 weeks of school and I stand here a better leader than I came in. I just want to say thank you for the new community I now belong to and wish to challenge o my colleagues to keep this VLDP live by applying all the concepts we have learnt. I say thank you very much (I am waving to all of you across the room and I now turn to Scott and Susan and bow), our facilitators have been very supportive, let's give them an applause and please join me for a standing ovation (we just did that)."

-Cleophas W Chesoli, AMPATH

Conversation Thread (about one month post-program): Climate change!

"Hi colleagues, have you noticed? The climate is getting warmer. Is it because of your burning too much energy in the accomplishment of your visions, working with your teams and other members? I am feeling the energy from the 13 countries, despite distances. The world is still a global village, keep working."

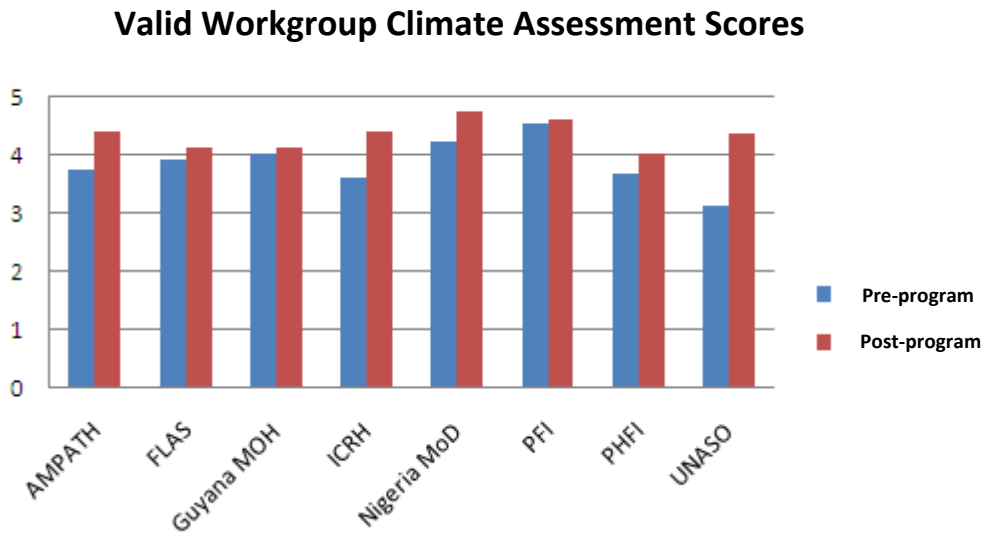
- Autry Haynes, Guyana Ministry of Health

III. Program Results

Improved Workgroup Climate

In Modules 1 and 7 of the VLDP, participants completed the Workgroup Climate Assessment (WCA), a validated tool developed by MSH that is applied to measure improvement in work climate over the duration of the program. Twelve of the 14 teams completed the WCA pre- and post-program; however, of the 12 teams only eight teams had valid scores[6]. All eight teams with valid results reported a positive change in their workgroup climate. For four of the teams there was not the same response rate in the pre- and post-program WCA, so a direct comparison of scores cannot validly be made (see Appendix C). Improved workgroup climate is an important change that is reflected in the team members' motivation and individual and team performance. In the final program evaluations, participants also stated that there was improved collaboration with colleagues, communication, self-awareness, and adaptability of teammates as a result of participating in the program. Please see the chart below which shows teams' pre- and post-program WCA scores.

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



Some comments from the final program evaluation related to workgroup climate include:

> *"We have identified so many challenges at our work place as we undertook this program and one of such is communication…"*
> - Lawrencia Mensah, CEDEP

> *"The challenge of working as a team has improved as we are now doing much better in sharing ideas and helping one another out."*
> - John Lelei, AMPATH

> *"This program has helped my team in incorporating leadership and management practices. What I've learned is that by sharing knowledge we gain knowledge."*
> - Abhilasha Mukund Rathod, PFI

Implementation of Action Plans and Early Results

Eighty five (85%) of the VLDP participants completed the final program evaluation in Module 7. In these evaluations, 75% of respondents reported that their teams had begun implementing their action plan at the conclusion of the program (See Appendix D). Examples of progress noted by teams in their final evaluation are below:

AMPATH:
Challenge: "*How can we develop an effective internal M&E system for the Social Work department that will be a model for other departments in AMPATH given that there has been none before?"*

Progress reported at the end of the VLDP: *"The tool development for Social work information system has been developed and piloted, necessary approvals have been undertaken, a data assistant has been hired to help in information entry and report production by developing a database. We are currently through with stage five of our work plan."*

EGPAF:
Challenge: "*How can we work with the District Prevention of mother to child transmission of HIV and care and treatment focal persons, Health Sub District leaders and health facilities to ensure that we have timely and complete reports on pediatric HIV/AIDS in EGPAF's regions of operation given that there are multiple program specific reports that are not integrated and are compiled by the same staff often during the same period with tight deadlines?"*

Progress reported at the end of the VLDP: "*We have started implementing changes in our work approaches that as we begin to address our key challenge in M&E. A vision has been communicated to partners and strategies developed to strengthen program reporting systems."*

Kenya ICRH:
Challenge: *"How can we improve the quality of our services when there is no M&E system for the collection of data and preparation of reports on quality of service standards?"*

Progress reported at the end of the VLDP: "*We have started coming up with proposals to review the tools that are currently used and are in the process of meeting the stakeholders to discuss our action plan."*

Guyana MOH:
Challenge: "*How can we get the respective sector administrative heads of the various sector ministries to develop policy and procedures for mainstreaming Sexual and Reproductive Health (SRH) into the respective HIV/AIDS program?"*

Progress reported at the end of the VLDP: "*We have scheduled a meeting with the local ILO representative to facilitate the advocacy aspect of the plan."*

In addition to the official challenges each team selected, members from all of the 12 teams noted in their final evaluation that their team has made organizational changes to improve communication. A six-month follow-up with all teams will occur in January 2010 to evaluate progress made on the implementation of their action plans.

IV. Feedback from VLDP participants

Highlights and summary of participant evaluation surveys

Overall, the feedback from the participants was very positive, with 88 out of 103 participants completing the final evaluation survey at the end of the program. Seventy-five percent (75%) of the respondents to the final program evaluation survey reported having brought about changes in their organization as a result of the program and one hundred percent (100%) reported they would recommend the program to others (for a summary of the final evaluation responses, please see Appendix D). Seventy-five percent (75%) of participants responding to the evaluation survey said that they had shared some of the VLDP materials with other colleagues who did not participate in the program.

Many respondents noted personal and organizational changes as a result of the VLDP. The main areas of personal development noted were: strengthened team work (48%), improved communication (40%), enhanced leadership skills and confidence (26%), and greater management skills (39%).

Some selected participant feedback on changes observed from the VLDP include:

"I have learned lessons in management, leadership, communication, and managing change. These skills have come in handy."
- Erica Kigotho, AMPATH

"I feel I am better equipped to identify challenges. I pay greater attention to scanning my external and internal environment."
- Preeti Kumar, PHFI

"This program will enable the end users, who are our clients, to fully benefit from the services we provide them."
- Omphemetse Sephala Mouti, IDM

"Prior to the VLDP, I didn't really see myself as being a leader, but this program has helped me to see myself differently and what I can achieve being a good leader."
- Aleta Peterson, Guyana MOH

"After doing this VLDP, I have become familiar with the different management and leadership competencies and that has personally empowered me as a young manager."
- Thobile Mngadi, FLAS

"I have a better understanding of change and how to work with partners to institute change."
- Edward Bitarakwate, EGPAF

"I would absolutely recommend this program. If more leaders/managers in organizations undertake this program, we will be able to produce more managers that lead and therefore improve the quality of services given to our clients."
- James Kariuki, AMPATH

"I want to promise and assure you that I will not waste the resources, skill and expertise but will utilize it fully for the improvement of my programs."
- Omphemetse Sephala Mouti, IDM

V. Conclusions, future recommendations, and next steps

Based on the final results, the VLDP for HIV/AIDS program M&E teams in Anglophone countries was successful. Though multiple teams commented on having challenges with time management during the program (balancing program demands with busy workloads), extensive communication took place between the teams and facilitators throughout the program and 12 teams completed the program requirements and finished with solid action plans.

General recommendations from participants and support team for future MEASURE Evaluation-funded offerings include:

- Once teams are accepted, facilitators should call them to answer any questions, explain further about the program and expectations, and ensure their commitment. This will also serve to

clarify with participants that this is a leadership development program, not an M&E skills-building course.

- Expand the membership of teams to include program staff, not only the M&E team, to allow for learning within the larger team to understand the importance of M&E and improve program results.
- Reach out to teams through phone calls earlier in the program to communicate information, follow-up on program, connect personally, and inspire and motivate teams.

An After Action Review (AAR) meeting was held on July 20, 2009. The next steps are to continue to follow-up monthly with the teams through December 2009 to track the progress they have made on their action plans and assist teams with any challenges they encounter in implementation. Each team has also been invited to join LeaderNet[7], an alumni website for health professionals who have completed leadership development programs. In January 2010, a six-month follow-up will be conducted with the 12 teams that completed the program.

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

Appendix A: VLDP M&E Participating Teams

Team Name	Country	Participant Number	Status	Description of Organization
Institute of Development Management (IDM)	Botswana	5	Completed	IDM was involved with MEASURE evaluation in September 2005 in the development, design, and piloting of M&E curricula in the country. After this exercise, the institute was engaged by the National AIDS Coordinating Agency (NACA) to build capacity among all the private/public and civil organizations involved in the HIV/AIDS response.
Centre for the Development of People (CEDEP)	Ghana	10	Completed	CEDEP has a philosophy of maximizing human potential for sustainable development in Ghana. CEDEP's efforts to meet its mission have three complementary program areas namely Health Promotion, Education, and Livelihood Programs. In the entire three broad program areas, advocacy, gender equity, empowerment, and good governance are mainstreamed.
Ministry of Health—Health Sector Development Unit	Guyana	8	Completed	The Health Sector Development Unit within the Ministry of Health (MOH), is responsible for financial and procurement management and administration of the Guyana HIV/AIDS Prevention and Control Project. The Unit also serves as the Secretariat of the Presidential Commission on HIV/AIDS.
AIDS Prevention and Control (APAC)	India	10	Not completed	The AIDS Prevention and Control (APAC) project is administered by the Voluntary Health Services (VHS), Chennai with financial assistance from USAID. APAC is currently working in seven selected districts in an intensive manner to provide comprehensive prevention, care, and treatment services among Female Sex Workers (FSW), Men having Sex with Men (MSM), Injecting Drug Users (IDUs), and PLHIVs in the state of Tamil Nadu.
Population Foundation of India (PFI)	India	4	Completed	PFI is a national organization and works in close coordination with the government, both at the center and at the state level. It focuses on a rights based, gender sensitive approach for human development including population stabilization in India.
Public Health Foundation of India (PHFI)	India	6	Completed	PHFI was conceptualized as a response to a growing concern over the emerging public health challenges in India. It is a public-private

				partnership that was collaboratively evolved through consultations with multiple constituencies. PHFI is working towards building public health capacity in India by establishing seven new institutes of public health.
Academic Model Providing Access to Healthcare (AMPATH)	Kenya	8	Completed	The Academic Model Providing Access to Healthcare (AMPATH) is a partnership between Moi Teaching and Referral Hospital, Moi University School of Medicine, and a consortium of universities led by Indiana University. AMPATH is currently working in a network of 19 Ministry of Health facilities in western Kenya. This includes a national referral hospital, several district hospitals, sub-district hospitals, and many rural health centers.
International Centre for Reproductive Health (ICRH)	Kenya	10	Completed	The International Centre for Reproductive Health (ICRH) Kenya is an International Non-Governmental Organization, based in Mombasa, Kenya, affiliated with Ghent University, Belgium, and registered since May 2000. ICRH Kenya is implementing various program activities in the field of reproductive health. These activities encompass basic research as well as interventions.
Ministry of Defense—Military HIV Program	Nigeria	8	Completed	The US Department of Defense/Nigerian Ministry of Defense – Military HIV Program (MHP) is part of the President's Emergency Plan For AIDS Relief (PEPFAR) in Nigeria. The program aims to increase the capacity of the Nigerian military medical system to deliver HIV prevention, care, and treatment within the greater military community.
Family Life Association of Swaziland (FLAS)	Swaziland	7	Completed	The mission of FLAS is to contribute to a country that ensures its young people enjoy good health as a fundamental right, live free from HIV/AIDS, and have the confidence and capacities to make a meaningful contribution to the sustainable livelihood of self and others.
National AIDS Control Program	Tanzania	5	Not completed	National AIDS control Program that offers treatment and care services.
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	Uganda	10	Completed	At the time of its formation, gaps in knowledge resulted in a lack of services and care for children. In Uganda, EGPAF started its work in 2000. The Foundation seeks to fill these gaps in the management and care of HIV-infected children and their families.

Uganda Network of AIDS Service Organizations (UNASO)	Uganda	4	Completed	UNASO, formed in 1996, is an umbrella organization that exists to coordinate and represent AIDS Service Organizations (ASOs)—NGOs/CBOs/FBOs in Uganda so that prevention, quality care and support services are available to all.
Department of State	Zambia	8	Completed	The SI TWG in Zambia meets regularly to discuss and resolve issues related to strategic information data collection, use, and reporting, with a particular focus on President's Emergency Plan for AIDS Relief (PEPFAR) data.

Appendix B: VLDP M&E Team Challenges

TEAM	PARTICIPANT NUMBER	CHALLENGE	MEASURABLE RESULT	PROGRESS TO DATE
Academic Model Providing Access to Healthcare (AMPATH), Kenya	8 participants	How can we develop an effective internal M&E system for the Social Work department that will be a model for other departments in AMPATH given that there has been none before?	By 30th November 2009, Social work department will have generated and submitted a total of 4 complete monthly HIV/AIDS departmental reports to the VLDP team and the program manager. Each report shall be submitted by the last Friday of every month beginning September 2009.	We have developed a data collection tool which is being piloted. The tool development for Social work information system has been developed and piloted, necessary approvals have been undertaken, a data assistant has been hired to help in information entry and report production by developing a database. We are currently through with stage 5 of our work plan. In each of our respective departments we are trying as much as possible to improve our communication lines and have been able to strengthen our teamwork. The VLDP team has been able to coordinate better to improve the services they provide to clients even with the other people in the organization. We are now focusing more on care of our clients. The team has also managed to stick together as a team and overcome challenges that if had been faced by an individual it would have been hard to handle. Again I can say we are in good shape at developing an internal monitoring and evaluation tool for social work department that will be a model to other departments.

Ghana Centre for the Development of People (CEDEP)	10 participants	How can we reach to all the targeted population (women aged 10- 49) to register them and provide counseling services to them in their homes given that most of the women may be out working during the greater part of the day? How can all the women who will be referred to Health Facilities for services be attended to efficiently and effectively given that the number of Health Service Providers and the equipment they work with are limited?	By 31 December 2009, 90% of the 30,000 women between 15 and 49 years in Half Assini would have received RH counseling from our Field Volunteers and the number of counseled respondents who have received RH services from health facilities will have increased from the current 35% to 52.5%. Also, there will be an increase in the Contraceptive Prevalence Rate among respondents from a current 17% to 25.5% by 31st December 2009.	We have met with the opinion leaders to brief them on our action plan and also solicited their unflinching support to that effect. We have also created awareness in the community. We have started reaching out to the women on the outreach program and have also designed forms that would give our Field Educators the number of clients they should visit each week to make sure that all the clients are visited before August 31.
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Uganda	10 participants	How can we work with the District Prevention of mother to child transmission of HIV and care and treatment focal persons, Health Sub District leaders and health facilities to ensure that we have timely and complete reports on pediatric	By December 2009, all the EGPAF partners will have submitted a total of 27 complete PMTCT and Care and treatment reports to the Program Officers and Monitoring and Evaluation officers by the 15th of the following month. (A Complete district report is one which has (100%) all the reports of the PMTCT / ART implementing sites	We have started implementing changes in our work approaches that as we begin to address our key challenge in M&E. A vision has been communicated to partners and strategies developed to strengthen program reporting systems. Improved communication within the organization. Share quarterly performance results with the districts. Last quarter's performance

		HIV/AIDS in EGPAF's regions of operation given that there are multiple program specific reports that are not integrated and are compiled by the same staff often during the same period with tight deadlines?	in the district.)	was shared with the districts during implementers' meetings in the last two weeks.
Family Life Association of Swaziland (FLAS)	7 participants	How can FLAS Mbabane clinic increase comprehensive, accessible and affordable SRH services including HIV and AIDS given that the clinic is not conveniently located?	Through a new program of mobile outreach and by December 18, 2009,increase the number of visits by women and men aged 10-24 to the Mbabane clinic for VCT, Pregnancy screening, family planning, STI treatment by 3 % from 38 290 to 39 439.	The team is planning to share the action plan during a staff meeting that will be held sometime this month. Relationships have been strengthened through working together as a team We have also realized how working together can help us achieve our vision and mission. At our different departments we are already applying some of the skills learnt like conflict management.
Ministry of Health, Guyana	8 participants	How can we get the respective sector administrative heads of the various sector ministries to develop policy and procedures for mainstreaming Sexual and Reproductive Health (SRH) into the respective HIV/AIDS program?	By December 2009, six of the eleven sector ministries and / or agencies involved in Health Sector Development Unit HIV/AIDS prevention and control program, develop policy and procedures to demonstrate commitment to making SRH mainstreamed in their work program.	We have scheduled a meeting with the local ILO representative to facilitate the advocacy aspect of the plan. We met often and this helped us to become a better team. We were able to express our challenges in the different sectors.

Institute of Development Management (IDM), Botswana	5 participants	How can we ensure that our M&E trainings produce quality HIV and AIDS service providers given that there is currently no mechanism to follow up trainees nor established indicators for measuring trainee effectiveness and at the same time we do not have authorization to provide follow up guidance?	By October 31, 2009, we will have designed an applied learning practicum inclusive of mentoring, review and assessment of the practical application of M&E principles learned in the earlier M&E training, and indices for mentoring the effectiveness of the training on an applied basis. We will also have sought and received approval to refer the plan to the coordinating agency for inclusion in the content of the M&E training course.	The implementation of the plan will be soon. The changes are essentially in terms of team work. The training made us very close. Other changes in line with the plan will be done very soon. Team members now exhibit quality leadership and managerial skills and it seems we now practice most of the things we were taught.
International Centre for Reproductive Health (ICRH), Kenya	10 participants	How can we improve the quality of our services when there is no M&E system for the collection of data and preparation of reports on quality of service standards?	By November 31st 2009, the GBVRC will have aligned stakeholders around a vision for monitoring and evaluation including developing output and outcome indicators, methods for data collection, data collection instruments and an M&E plan.	We have started coming up with proposals to review the tools that are currently used and are in the process of meeting the stakeholders to discuss our action plan. We are working on the data collection tools and we have a data base developed. Initial stages of meeting with stakeholders. We have influenced our colleagues to see things differently at the staff level. At managerial level very little has been achieved to address the challenge. The work group climate has improved.
Ministry of Defense Military HIV Program, Nigeria	8 participants	How can our HIV program demonstrate effectiveness in decreasing HIV/AIDS transmission and improving treatment	By December 31st, 2009: • 12 out of 20 sites will be regularly presenting to commanders and decision making staff,	A consensus building meeting has been convened and change elements and mission shared with site leaders. Tool harmonization updated and feedback to sites commenced.

		when none of the 20 sites currently use data effectively for adaptive program management and quality improvement?	monthly monitoring and progress/achievement updates by the 5th of the following month • 16 out of 20 HIV program sites will be submitting timely and complete monthly summary indicator reports consisting of HIV Counseling & Testing, Care & Support, Anti-retroviral services, Laboratory and Behavior change communication indicator data to the program M&E officer by the 7th of each new month	Applying the fishbone analysis and determining our individual motivational systems has helped with problem definition and fostering best approach to team work. We have learnt to work more together as a team, and we have improved institutional awareness of M&E, with other departments now better appreciating what M&E entails. A retraining program is being organized for all data personnel.
Population Foundation of India (PFI)	4 participants	How we can we ensure that the data entry forms reported from the 124 service delivery points (SDPs) are accurately filled out, given high turn-over and low literacy of the staff at the SDPs?	By December 2009, 124 Service Delivery Points (56 Community Care Centre and 68 District Level Network) submit accurate Monthly Progress Reports as measured by the consistency checklist	We have implemented MIS software action plan. The challenge that we were facing in Monitoring the SDPs vis-a-vis reports has been handled to some extent. With the VLDPs input we could recognize our loose ends and have started working on it. We hope firmly that we would be able to come out with something near perfection.

Public Health Foundation of India (PHFI)	6 participants	How can the training division design and use information and communication system that will ensure that all internal stakeholders are informed of and contribute to training activities in the face of a rapid expansion of the organisation in 4 separate institutions working in 4 separate cities?	One training matrix developed jointly with the training division and shared with all staff in the 4 institutions of PHFI, by 30th November 09. (The matrix will include the following: mapping of skills and competencies of current PHFI academic staff, identification of staff for development of course modules, development of training calendar, and development of marketing plan)	We are making the plan "Kottersised" and started communicating with key stakeholders. We have made serious attempts to improve our inter-personal communication within the team. We as a team have started implementation on the action plan by consulting other members within the organization and soon will arrange a meeting to share our plan of action for future with them.
Uganda Network of AIDS Service Organizations (UNASO)	4 participants	How can UNASO effectively represent the issues and concerns of partner CSOs (National NGOs) in HIV & AIDS to the Steering Committee of the Civil Society Fund, given that UNASO does not have the funds to organize consultative meetings to generate harmonized positions to be presented to the Steering Committee and providing feedback on position of the steering committee on issues and concerns of partner CSOs?	By December 31st, 2009 UNASO will have organized a minimum of 3 consultative meetings with partner CSOs; issues and concerns raised by the CSOs during these meetings will be summarized by UNASO and presented to the steering committee of the civil society fund for consideration and action.	The members have built consensus on a shared desired result: "By December 31st, 2009, six consultative meetings conducted to generate position papers to be presented to the steering committee of the civil society fund." We have planned a meeting with the Executive Director of UNASO. Coordination meeting for CSOs has started to be very relevant and it now being attended by the heads of these CSOs.

Department of State, Zambia	8 participants	How can we ensure US Government (USG) partner reporting results into the National system when this has not been done before and there has not been any clear directive	Desired Measurable Result: Our objective is that between July and December 2009 there will be an increase from 30% to 100% of the number of USG-funded partners reporting the standard set of AIDS program indicators according to the Indicator Reference Guide to NAC on the National AIDS Reporting Form (NARF) according to the NAC quarterly reporting timeline, and copying the US Government on these reported indicators within one week of reporting to NAC.	We have scheduled a meeting were all our partner will be trained. This means sharing our vision. We have decided to send a memo to our partners; to change our reporting format to include the changed desired; and to train our partners in the new system. We've been working on setting up program specifics pertaining to indicator reporting as we identified in Module 3. We have planned to train all our partners and during this training emphasize on the new reporting requirements. Using Kotters's stages, we are at Level 4. After the training, we shall realize the broad based action and will look out for the short term wins from our partners.

Appendix C: VLDP M&E Workgroup Climate Assessment (WCA) Results

Team Name	Pre Intervention Team Score – March 2009	N= number of responding team members	Post Intervention Team Score – June 2009	N= number of responding team members	Pre-Post Intervention Score Difference	Validity
Valid						
AMPATH	3.75	8	4.41	8	.66	Valid
FLAS	3.93	7	4.13	7	.20	Valid
Guyana MOH	4.03	8	4.13	8	.10	Valid
ICRH	3.63	10	4.41	10	.78	Valid
Nigeria MoD	4.25	8	4.77	8	.52	Valid
PFI	4.56	4	4.63	4	.07	Valid
PHFI	3.69	6	4.03	6	.34	Valid
UNASO	3.13	4	4.38	4	1.25	Valid
Invalid						
APAC	3.7	7	n/a	n/a	n/a	Invalid
CEDEP	4.08	10	4.33	9	.25	Invalid
EGPAF	4.13	10	4.47	9	.34	Invalid
IDM	4.53	5	4.42	3	(.11)	Invalid
Tanzania NACP	3.98	5	n/a	n/a	n/a	Invalid
Zambia Dept. of State	4.31	8	4.16	7	(.15)	Invalid

*Scores are not valid if the number of team members varies during the pre- and post-intervention application of the WCA.

Appendix D: VLDP M&E Final Evaluation Summary Responses

Eighty-eight (88) of 103 participants responded to the qualitative section of the post-program evaluation.

Evaluation by Module:

Module	Number of participants who answered "Very Helpful"	Number of participants who answered "Helpful"	Number of Total Responses	Percentage responding "Very Helpful" or "Helpful"
Module 2	60	26	88	98%
Module 3	72	15	88	99%
Module 4	69	17	88	98%
Module 5	63	23	88	98%
Module 6	67	19	88	98%

Evaluation by Component:

Component	Number of participants who answered "Very Helpful" or "Helpful"	Number of Total Responses	Percentage
Café	71	88	81%
Daily announcements	81	88	92%
Forum	84	88	95%
Email with Facilitators	87	88	99%
Tools and References	82	88	93%
Self-Assessments	87	88	99%
Editorials	84	88	95%

Component	Number of participants who answered "Excellent"	Number of participants who answered "Good"	Number of Total Responses	Percentage
Usefulness of Facilitators' input	72	15	88	99%
Availability of Facilitators	73	14	88	99%

Selected Results of the VLDP M&E End-of-Program evaluation responses

50% (42/84) used the website as their primary means to participate in the program.

38% (32/84) used the workbook as their secondary means to participate in the program.

75% (63/84) report having started to implement their action plan.

75% (63/84) report having brought about changes in their organization as a result of the program.

76% (62/82) said they would likely access an alumni website after the conclusion of the program.

What suggestions do you have for improving the program materials?

- **Daily messages kept brief (5)**
  - The daily email messages were quite detailed and therefore at times demotivating to read.
  - I suggest that announcements be brief because it is however useful as a constant reminder that one is in VLDP program.
- **Reference materials and SDI (15)**
  - I suggest that one or two reference books should be added to the workbook to facilitate learning since some of these books are expensive and at times difficult to get them.
  - Include more tools like the SDI, it was very practical. Have more SDI for various issues required in leadership.
- **Elaborate and specific (7)**
  - The materials should be more elaborate and specific.
- **Other Use of Media (6)**
  - I would have wished texting on our individual phones would have been more helpful since the phones are with us wherever we go.
  - Audio CDs or brail should be added to the materials. This will help any member who is blind who would like to study the course. Developing a CD with the workbook contents would be great. A CD based electronic copy of the Workbook will be helpful for those who travel and have lost the old skill of reading from paper based material.
  - Mp3 materials online.
  - Incorporating a teleconference option for discussion.
  - Have a chat as an additional option to the Café.
  - There is need for more virtual interaction with the facilitators to guide on the usage of the materials and give direction of how the meetings should be conducted.
- **Workbooks should be sent a few weeks prior to the program start (3)**
- **More visual materials or pictures (4)**
- **More focus on Leadership (12)**
  - The program material should have more focus on leadership.
- **More relevant case study materials (10)**
  - The program materials consisted of examples more at country level programs implemented by MOH. Examples could be from the challenges faced during the implementation by NGOs for small or medium level projects.
- **Linkage to other programs (2)**
  - Have it linked to programs such as International Program for Development Evaluation Training (IPDET).
- **Further materials post-program (15)**
  - I suggest the daily announcements/supplementary notes posted by facilitators on a daily basis could at the end of each VLDP program, be put together in a spiral-bound manual and be mailed to participants who successfully accomplish a VLDP program. This could be sent with program certificates. This suggested manual together with the workbook can make a

very important reference/refresher material for post-VLDP participants and they too can use them to coach and mentor their staff.

What information, if any, would have been helpful to you prior to the program start?

- **Course time and program outline (15)**
  - Program outline and time to be scheduled for each week.
  - The overall structure of the course.
  - Detailed explanation on what comprises a "work group" would help to decide upon who can participate in the program.
  - Emphasis should be made that the VLDP is highly web-based/online especially the individual exercises.
  - In the teams especially in doing group-works, at what point should inactive, non-participating VLDP team-members be dropped. Persistent absenteeism or lack of co-operation among some team members continued drag behind the group-work performance.
  - Some information about the content of the course. I actually initially thought it was going to be purely M& E involving evaluations of different programs and modes of evaluation. The content on leadership turned out to be very educative.
  - Background and brief history of VLDP
- **Action Plan and Challenges (6)**
  - It would have been nice if we had a prior idea about identifying the problem.
  - Examples of different action plans just to give some ideas.
- **Tools and Resources (9)**
  - Access to some of the tools and resources to save time on reading.
  - I think upon arrival of the program materials, there should be an accompanying guide to indicate at what time of the program a particular material is going to be used. Or if all at the materials are going to be used concomitantly, it should be stated as such.
- **M&E** should have been emphasized **(22).**

Has your team started to implement its action plan to address the challenge you identified?

- **AMPATH -** We have developed a data collection tool which is being piloted. The tool development for Social work information system has been developed and piloted, necessary approvals have been undertaken, a data assistant has been hired to help in information entry and report production by developing a database. We are currently through with stage 5 of our work plan.
- **CEDEP -** We have met with the opinion leaders to brief them on our action plan and also solicited their unflinching support to that effect. We have also created awareness in the community. We have started reaching out to the women on the outreach program and have also designed forms that would give our Field Educators the number of clients they should visit each week to make sure that all the clients are visited before August 31.
- **EGPAF** - We have started implementing changes in our work approaches that as we begin to address our key challenge in M&E. A vision has been communicated to partners and strategies developed to strengthen program reporting systems.
- **FLAS -** The team is planning to share the action plan during a staff meeting that will be held sometime this month.
- **Guyana MOH** - We have scheduled a meeting with the local ILO representative to facilitate the advocacy aspect of the plan.

- **Botswana IDM** - The implementation of the plan will be soon.
- **ICRH** - We have started coming up with proposals to review the tools that are currently used and are in the process of meeting the stakeholders to discuss our action plan.
- **Nigeria MOD -** A consensus building meeting has been convened and change elements and mission shared with site leaders. Tool harmonization updated and feedback to sites commenced.
- **PFI -** We have implemented MIS software action plan.
- **PHFI -** We are making the plan kottersised and started communicating with key stakeholders.
- **UNASO** - We have planned a meeting with the Executive Director of UNASO.
- **Zambia Dept. of State** - We have scheduled a meeting were all our partner will be trained. This means sharing our vision.

Has your team been able to bring about any changes in your organization as a result of participating in the VLDP?

- **AMPATH -** The VLDP team has been able to coordinate better to improve the services they provide to clients even with the other people in the organization.
- **CEDEP –** good team work and team spirit as a result of the VLDP
- **EGPAF** - Improved communication within the organization.
- **FLAS** - Relationships have been strengthened through working together as a team. We have also realized how working together can help us achieve our vision and mission. At our different departments we are already applying some of the skills learnt like conflict management.
- **Guyana MOH** - We met often and this helped us to become a better team. We were able to express our challenges in the different sectors.
- **Botswana IDM -** Team members now exhibit quality leadership and managerial skills and it seems we now practice most of the things we were taught.
- **ICRH** - The work group climate has improved.
- **Nigeria MOD** - We have learnt to work more together as a team, and we have improved institutional awareness of M&E, with other departments now better appreciating what M&E entails.
- **PFI – coordination amongst the group has increased**
- **PHFI -** We have made serious attempts to improve our inter-personal communication within the team.
- **UNASO** - It had greatly improved the administrative/managerial approach to some issues by the acting CEO
- **Zambia Dept. of State** - We have also been able to work together as a team thus discovering our individual strengths and weaknesses.

In addition to the challenge that your team identified in Module 3 that you are working on together, are there other institutional challenges that you have undertaken during the program? What are these challenges and has the VLDP helped you address them? If so, in what way?

- **Personality/Team Conflicts (17)**
  - We have identified so many challenges at our work place as we undertook this program and one of such is communication between us and our 'top members' but after we went through module 5 we realized that it was an institutional challenge and we are applying what we learnt in VLDP to solve it.
  - The institutional challenges can only be overcome with the structure approach to getting the buy-in and support of the policy makers.

    - The challenge of working as a team in the various different departments - We are now doing much better in sharing ideas and helping one another out.
    - Understanding the uniqueness of different individuals within the program.
- **Communication (20)**
    - VLDP has equipped us with knowledge on how to overcome the barriers to effective communication.
    - The role of communication in managing programs and understanding the varied motivational systems as a means to improving this.
- **Other skills (5)**
    - It has taught us about strategic planning.
    - Lessons learnt in management, leadership, communication and managing change strategies that are being put into practice and coming in very handy.
- **Leadership (22)**
    - The challenge is that most team members were burdened with the organization's demand and programs, but it was good to realize that sometimes we have to fit in team issues in our busy schedules.
- **Other Challenges (3)**
    - We had identified several challenges before we settled on the one challenge. We have however, not undertaken other challenges but had looked at ways of addressing them at that time using the challenge model provided in the work book. Who knows, maybe when this challenge is done we might pick up some of the challenges if they will at that time still remain challenges.

Has the VLDP influenced the way you do things? What, if anything, are you doing differently as a result of participating in the program?

- **Team Work (43)**
    - I've learned group reaction to change even with regards to the work I'm involved in. Through the program, how individuals see change, challenges that are entailed in the change process and how the individual confronts the change process have all been learned during meetings.
    - It has helped with conflict management.
    - I have learned how to deal with my colleagues better.
    - The VLDP has made me realize the importance of team work, it is always important to work as team to achieve a common goal.
- **Communication (35)**
    - VLDP has helped to improve my communication skills. I felt that communicating face to face helps to reduce tensions and pass on clear messages.
    - Yes, I'm able to handle people better and I understand my motivational system and also the way I handle conflicts.
    - I have started being clearer in my communication styles as I work on my leadership competencies. I seek to listen more to my staff.
- **Leadership skills/Confidence (23)**
    - When I went through this VLDP program I have realized that I should have take ownership of those problems to make them challenges in order to find solutions to them and also I have now known that those challenges were there to help me improve on my leadership skills.
    - It has influenced my way of thinking as a leader.

    - The VLDP has strengthened my capacity to demonstrate leadership skills during the execution of project activities.
    - Prior to the VLDP I didn't really see myself as being a leader but this program has helped me to see myself differently and what I can achieve being a good leader.
    - I am more confident with what I do.
- **Management Skills (34)**
    - It has served as a refresher to me as a manager.
    - It has really enhanced my priority setting abilities by using "Focusing" as one of the Four Leadership Practices.
    - The program has helped us by giving a direction to our understanding of varied aspects of leadership, communication and strategy to face challenges.
    - Thinking carefully about how I manage people and how this impacts on the overall mission of the organization.

Have you strengthened any of your management and leadership competencies as a result of the VLDP? If so, which ones?

- After doing the VLDP course I have become familiar with the different management and leadership competencies and that has personally empowered me as a young manager.
- Yes – in **Scanning, focusing and inspiring**
- maintain **focus** and **active decision** making motivate others
- Yes **conflict management** and **positive communication**.
- I have a better **understanding of change** and how to **work with partners** to institute change.
- Yes , especially **delegation**
- Yes. **Planning**, focusing, scanning, **implementing**, **organizing**
- **Aligning**
- Been able to improve on my **communication skills**
- **Balance of interests** of the different colleagues to reach a win-win solution and **effective communication**.
- **Identifying management challenges**, providing **leadership**
- greater understanding of self leadership style
- I pay greater attention to scanning my external and internal environment. Second, I am working hard on improving my **emotional intelligence**, by being less reactive and more subjective.

Have you shared the VLDP material with other colleagues who did not participate in the program? If so, what did you share and how did you share it?

- **No (22)**
- **Yes**
    - The leadership module.
    - I shared all I learnt about communication with a colleague.
    - I have shared the knowledge I acquired from VLDP materials but not the materials as yet. I wanted to apply the concepts first before I expose the materials. I also wanted to complete the course first.
    - Yes! I shared how to identify a challenge and also come out with a specific action plan to address it.
    - Yes, I gave them the materials to read and we talked about the development plan.
    - Yes. With members of the Ministry's Ministerial Committee on HIV/AIDS.

- Yes. I shared the Leadership & Managing Framework and the LAI with my colleagues during break in an informal setting.
- Yes , the aspect of organizational communication
- Vision to action using root cause and five whys method.
- Yes, I shared the managing change module with my volunteer group.
- Yes I did - some modules that I had covered. I encouraged them to form a group and join the next class.
- Yes, talked to them about the program and will encourage them to enroll in the next intake.
- I have shared the SDI tool with several colleagues – they were all very impressed
- Have actually encouraged our pharmacist to take the VLDP course

As a result of participating in this program, have you identified particular gaps in your knowledge and skills in HRM in which you would like further training?

- **No/Maybe (33)**
- **Yes**
  - Yes, mainly dealing with **staff appraisal** and **staff development**.
  - **HRM planning** and coordination **Skills and capacity identification**
  - Yes, with **leadership and change (16)**
  - Yes, with **Aligning/Mobilizing**
  - **Conceptual thinking/ Critical thinking**
  - **Communication skills** and **effective management (17)**
  - **Problem solving** amongst staff
  - Yes I would honestly like to be further trained on bringing effective change while fully involving the whole staff on board.
  - Key areas would be **people management, especially interpersonal relationships**
  - How to become a **good mentor**
  - **How to deal with crisis (7)**
  - **Public speaking**
  - **Negotiation skills (4)**
  - I realized that I had a communication challenge but the VLDP has helped clear this. However, I will be happy to receive a **general training in HRM**.
  - Yes. **Organizational Development** - for a performing organization
  - Yes, I would love to have more **capacity building in areas team building** - how do you build a very committed team. Enhanced skills in **giving constructive feed-back**.
  - **Strategic thinking and management**.
  - I would like to strengthen the **capacity building** element in our unit.

What kind of material should the alumni website contain that would be helpful in supporting you as a manager and leader in your organization?

- More **leadership resources and tools**
- interested in the **supporting documentation**
- **New tools**, resources developed by measures evaluation and also the 14 team that participated in the program.
- **Announcements of training programs, conferences etc.**
- **Successful stories** of HRM, new management tools
- **Papers** from various Journals on issues like leadership, org climate, culture, managerial styles, org change. All such topics should be specific to health field.

- **Experience sharing/**Experience-based, best practices and based on real situations. **Real life experiences**
- How leaders learn from mistakes they make and those of others.
- **Experience and challenges in Monitoring and Evaluation (4)**.
- The **short profile of each participant (2)**
- I think contributions and suggestions made at the **cafe** during the program should be at the website to always remind and refresh us on what we have to do.
- **Every aspect of the training modules**; from Module 1 down to the last module.
- Should have **relevant information posted periodically** to the site.
- Create a place (**CHAT ROOM**) where we can have the opportunity to chat with facilitators.
- **More information on HR monitoring**, evaluation and leadership in the health sector
- Access to materials to encourage **more reading and assessments (14)**.
- **Websites of members organizations**
- **Presentations**
- **News and Events**
- more on **project management**
- More information on **managing change and communication**
- Materials on **HR** and communication skills
- **Personality development**
- case studies and more **pictorial presentations**
- More number of situations to show how the leaders or managers faced challenges and provided solutions.
- **strategic planning**
- **proposal writing**
- **cost analysis**
- **Linking to Health Manager's Toolkit**

Would you recommend this program to other organizations? Why or why not?

- **Yes (100%)**
  - Absolutely! I have grown professionally and have regained my self confidence. My self-esteem has risen too! This type of success can only be enjoyed when shared to improve the impact of our organization.
  - VLDP Program really molds someone during the training
  - I believe a lot of people get promoted into leadership positions without being capacitated in what their new job requirements will be.
  - Yes, I would in that it serves as a capacity building period for the participants.
  - It is very educative and also addresses the needs of organization.
  - Yes I will recommend this program to other organizations because I think our group has benefited a lot and I know it will be of help to them too.
  - Sure I would recommend it to others in that it affords the team the wide opportunity to learn through a Virtual Program, which otherwise could have been possible.
  - Yes, because it is very good and it help the staff of the organization to work as a team, it will also uncover their leadership potential in the staff and at the end achieve their goals.
  - Yes. Because the program is human development-based, other organizations that are not health related have similar challenges and would therefore need such knowledge to help improve their social relations with their clients.
  - Yes because it is very resourceful.

- Yes. 1) Changes and give you a whole idea on leadership/who a leader is. 2) Learn how to navigate a website
- Yes! It is organized in keeping with the real problems of HRM in the health sector.
- Yes, I would recommend this program to other organization because it has help me to manage the Ministry HIV/AIDS program more effectively
- Yes. I like the self assessments and exercises. The program was not only about giving information but makes your think a lot.
- Yes. I think it is a very comprehensive program. It was well thought and covered the pertinent subject matters.
- We will recommend this program to all out partner NGOs. This really let one know the weak points an organization.
- Yes. It helps M&E officers in gaining problem solving skills and timely inputs
- Yes... for sure... This program has helped my team in inculcating leadership and management practices. What I feel is by sharing knowledge we gain knowledge...
- yes, If more leaders/managers in organizations undertake this program, we will be able to produce more managers that lead and therefore improve the quality of services given to our clients
- Yes, this program will enhance a lot of impact in organizations. I believe that as we apply what we have learned since, our organization shall experience significance change.
- Highly recommended since it builds leadership skills to management.
- Yes, it helps in growth both professionally and personal life.
- Very much. It is a program that can run within the work schedule, though it requires sacrifice and commitment. It also offers hands on experience and practice for leadership through the working groups and action plans. The support also offered by the facilitators is very helpful for growth.
- Yes! Reason It is free, easily accessible, materials provided are easy to understand and devoid of unnecessary technical details.
- YES. The program provides insight into essential parts to leadership and team building
- I would, it is empowering and it promotes relations amongst staff members creating an enabling environment.
- Yes, because it enable managers to become or practice good leadership skills which will result in high level staff motivation and thus help in achieving the organizations goals.
- Yes, this program goes a long way towards developing team work and strengthening an organizations capacity by improving approaches to program implementation
- Yes, the exercises on self reflection were very useful and the team work ones too.
- Yes, definitely. A great team building process and the information is very educational from an organizational standpoint.

Other comments/suggestions

Praise

- I would like to convey my sincere gratitude and thanks to the funders, organizers and facilitators of this program. Thank you very much for this king of a well needed support that you have provided to me for free. I want to promise and assure you that I will not waste the resources, skill and expertise but will utilize it fully for the improvement of my programs. This will enable the end users, who are our clients, to benefit fully from the services we provide to them. To my colleagues I would like to say, "it has been wonderful being part of you guys. You have been my inspiration throughout the course. You kept me on my toes as I wondered how you were able to

participate so much on the discussion threads when it seemed so impossible for me as the little time I had I would devote it to going through the module. The discussions also were very informative! Well done guys and keep in touch. We will still need each other for support and advice beyond the course timeline!

- I am grateful for the opportunity to participate, and I am still going to revisit the modules. Thank you VLDP team
- I appreciate the promptness in terms of responses of the VLDP team, when participants have any issues or concerns.
- VLDP is a very educative program and I know that it has influenced not only me but all those who participated.
- The VLDP was inspiring. I truly enjoy every aspect of it. The facilitators could not have done a better job.
- Thanks to you our facilitators for accommodating us throughout the 13 weeks of the program.
- Keep up the good work.
- The VLDP training has been great, with a lot of insight into issues that would ordinarily be taken for granted. Leadership is key for the success of projects and VLDP brought out this well with the well designed curriculum. I believe that in future the course will even be better
- Thank you Susan, Scott and the entire team for these 13 weeks fruitfully shared. I just hope we shall maintain contact to share growth opportunities and challenges.
- The VLDP has really been a 'God send' to me. It came at a time when I was challenged with additional responsibilities which I was not prepared for. But through the VLDP I kept on it and I received several complements on my approach to issues. Thank to the VLDP Team
- Once more, I am grateful to Susan and Scott for the immense technical support and the inspiration, particularly to me, that has brought us to the end of this VLDP. Scott and Susan you are such a resourceful and dedicated great team. Keep it up
- I have been humbled by this program.

Concerns

- The idea of a team member not getting their certificate if a member fails to complete individual assignment should be critically looked at.
- The only concern I have is that when one is buried with workload, it appears a bit challenging to combine the workload with VLDP assignment and other exercises. It was a well thought out program; however, at times it seemed not to take into account the time constraints participants faced.
- It is a great course, though frustrating at times but it was worth my time.
- Despite the challenges of meeting as a team since we all spend a lot of time in the field this was a rewarding experience.
- This is a very helpful course. I particularly had a challenge accessing the internet especially in the field but the work book was excellent. Thank you for all
- It was an awesome experience although I did not give it my best as I would have loved. I guess I gave it 85% of the time I originally had planned. This was because of various competing demands.

Suggestions

- The program is quite demanding. It should allow other colleagues who were not originally registered to join if they so wish.

- The Program's limited amount of intake for participants. By this, I mean it is not flexible enough for other interested member to join who were not originally registered with the program.
- There should be a break in between the program to reduce boredom.
- The contents in the course book should be expanded so that the diploma certificate could be issue at the end of the program.
- It should be re-designed in a way that facilitator will travel to met each participating team in their respective countries in one of the module. This would keep them on their toes as well as encourage them.
- There should also be weekly phone calls to check the state of the team. If we have learnt about communications then our able facilitators who passed that piece of information to us must set the ball rolling.
- Yes, I think program should be offered at least twice yearly.
- I think one to one interaction of different groups in a place for 3/4 days would have been more fruitful for exchange of ideas.
- One suggestion is that the mails that we receive from VLDP team should be shorter and crisp. Many a-times due to tight schedule we could not manage going through very long communications.
- There should be some sessions where there are e-live calls and exchanges between participants.

Appendix E: VLDP M&E Teams and Participants

Country: Botswana	Team Name (participant #): IDM (5)			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
	Mouti	osmouti@gov.bw	M&E Officer	F
Thuto	Tomeletso	thuto@idmbls.com	Snr. Consultant	M
Bernadette U	Peto	bernadette@idmbls.com	Snr. Consultant	F
Ellen	Mokalake	ellen@idmbls.com	Snr. Consultant	F
Esther	Mmatli	mmatlie@idmbls.com	Consultant	F

Country: Ghana	Team Name (participant #): CEDEP (10)			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
Adjei Boadu	Eric	Ericusbua@yahoo.com	Project Manager	M
Adu Gyamfi	Nana Akua	nanakaag@yahoo.com	Deputy Project Manager	F
Mensah	Lawrencia Afoley	lawmensah2003@yahoo.com	Field Supervisor	F
Leslie W. K. M.	Bedu	komlabedu1010@yahoo.com	Field Supervisor	M
Acheampong	Samuel	Samuel1980ach@yahoo.com	Project Assistant	M
Blay	Vida	vvivvib@yahoo.ca	Field Supervisor	F
Owusu-Ade	Kennedy	tuntumk@hotmail.com	Field Supervisor	M
Abdel-Rahman	Imran Gomdah	gomdah76@yahoo.co.uk	Project Assistant	M
Sam	Maame Gyesiwa	gyess@yahoo.com	Field Supervisor	F
Kyeremeh-Boateng	Elvis Kwasi	elvopapa@yahoo.com	Field Supervisor	M

Country: Guyana	Team Name (participant #): Health Sector Development (10)			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
Mentore	Patrick	pewartmentore@yahoo.com	Coordinator, Line Ministries	M

Sookdeo	Prakash	prakash_sookdeo@excite.com	Procurement Specialist	M
Harry-Hinds	Lorna	lornaharry@yahoo.com	Focal Point - Home Affairs	F
Peterson	Aleta	aletapeters@yahoo.com	Focal Point – Local Govt.	F
Isaacs	Ella	pi58544@yahoo.com	Focal Point – Rice Development	F
Grogan	Soyinka	Soyie_22@yahoo.com	Focal Point – Public Service	F
Haynes	Autry	hayaut@networksgy.com	Focal Point – Indigenous Peoples	M
Morris	Earl	earlm@guysuco.com	Focal Point – Sugar Corporation	M
Douglas	Jonelle	dolphin81411@gmail.com	Focal Point – Foreign Affairs	F

Country: India	**Team Name (participant #): APAC (10)**			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
	Dr. V. Sam Prasad	drvsampras@gmail.com	Program manager	M
	Mr. Jimreeves	jimreevesk@yahoo.com	Program manager	M
Periasamy	Dr. Mahalingam	Pmahan76@hotmail.com	Program manager	M
	Dr. Illanchezian	driciec@gmail.com	Program Director	M
Thambi	Mr. Rajendran	rajendranthambi@yahoo.co.in	Program manager	M
Christudoss	Mr. Ebenezer	ebenezerluke@rediffmail.com	Program manager	M
	Ms. Rupa	rupamudoi@gmail.com	Program manager	F
Sridharan	Mr. Lokabiraman	slokii@yahoo.com	Program manager	M
	Mr. Pushpraj	pushtwice@gmail.com	Program manager	M
Charles	Dr. Bimal	bimalcharles@gmail.com	Project Director	M

Country: India	Team Name (participant #): Population Foundation of India (4)			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
Mishra	Ritu Kumar	ritu@popfound.org	M&E Associate	M
Nukeila	Phanindra Babu	phanindra@popfound.org	M&E Manager	M
Rathod	Abhilasha	abhilasha@popfound.org	M&E Associate	F
Gurukuntala	Aparna	aparna@popfound.org	Sr. M&E Associate	F

Country: India	Team Name (participant #): Public Health Foundation of India (7)			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
Bhattacharyya	Sanghita	sanghita@phfi.org	Public Health Specialist, Demography	F
Kumar	Preeti	Preeti.kumar@phfi.org	Senior Public Health Specialist and Project Director HIV/AIDS Project	F
Sahoo	Pratap	pratap.kumar@phfi.org	Lecturer	M
Purohit	Bhaskar	purohit_bhaskar@yahoo.co.in	Lecturer	M
Trivedi	Mayur	trivedi.mayur@gmail.com	Lecturer	M
Gupta	Deepesh	deepesh.gupta@phfi.org	Programme Officer	M
Kumar	Shravan	shravan.kumar@phfi.org	Sr. Programme Officer	M

Country: Kenya	Team Name (participant #): AMPATH (8)			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
Njumwah	Judith	jnjumwah@yahoo.com	Training Manager	F
Muriithi	James	jamessheph@yahoo.co.uk	Informatics Manager	M
Gichunge	Catherine	cgichunge@yahoo.com	Food Distribution Manager	F
Koech	Joseph	josekoech@yahoo.com	Asst. Training Manager (M&E)	M

Chesoli	Cleophas	cleophaswanyonyi@yahoo.com	Social Work Manager	M
Kigotho	Erica	wangunoni@yahoo.com	Logistics Manager	F
Jepchirchir	Kiplagat	Chiri2809@yahoo.com	Study Coordinator, CDC project	F
Lelei	John	lelekip@yahoo.com	Data Manager	M

Country: Kenya	**Team Name (participant #): ICRH (10)**			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
Owuor	Patrick	Patrick.owuor@icrhk.org	Chief Data Manager	M
Lang'o	Daniel	Daniel.lango@icrhk.org	Project Officer	M
Mami	Margaret	devotajey@yahoo.com	Project Coordinator	F
Makena	Elizabeth	Elizabeth.makena@icrhk.org	Study Nurse	F
Thiong'o	Mary	Mary.thiongo@icrhk.org	Deputy Data Manager	F
Adhiambo	Zawadi	Zawadi.millies@icrhk.org	Executive Assistant	F
Obiyo	Fredrick	Fred.opiyo@icrhk.org	Data Assistant	M
Maina	Mercy	Mercy.maina@icrhk.org	Study Nurse	F
Jao	Irene	Irene.jao@icrhk.org	Study Coordinator	F
Malamba	Sewe	Sewe.malamba@icrhk.org	Junior Research Officer	M

Country: Nigeria	**Team Name (participant #): DoD (8)**			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
Ananaba	Alozie	aananaba@hivresearch.org	Snr HMIS Specialist	M
Onime	David	donime@hivresearch.org	Snr M&E Specialist	M
Chujor	Aaron	majoreleme@yahoo.com	Administrative officer	M
Gama	Bala	bala.gama@yahoo.com	Logistics officer	M
Ochagu	Ogbeche	pogbeche@gmail.com	Lab Officer	M
Apeteju	oluwasesan	sapetuje@yahoo.com	Health Records Officer	M

Lucy	Ernest	lulubd70@yahoo.com	Training Officer	F
Ayonmike	Tosan	tosanayonmike@yahoo.com	Data/M&E Officer	F

Country: Swaziland	**Team Name (participant #): FLAS (7)**			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
Mngadi	Thobile	tmngadi@flas.org.sz	AI Coordinator	F
Simelane	Dumisani Albert	dumi711sani@yahoo.com	Projects Officer	M
Dlamini	Futhi	sunshine05futhie@live.com		F
Magagula	Zamdile Grace	zazamzandi@yahoo.com		F
Sibanda	Gibson	gibson.sibanda@gmail.com	Nursing Officer	M
Masuku	Sanele	smasuku@flas.org.sz	M&E Officer	F
Bennett	Letticia	letticiagloriab@yahoo.co.uk	Senior Nursing Officer	F
Nkambule	Phindile	mapumdirnkamsule@yahoo.com	Nursing Officer	F

Country: Tanzania	**Team Name (participant #): National AIDS Control Program (5)**			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
Ndayongeje	Joel	j_ndayongeje@hotmail.com	Surveillance Officer	M
Rabiel	Bernard	benrabiel@yahoo.co.uk	M&E Officer	M
Nondi	Joseph	josenondi@yahoo.com	Data Manager	M
Kiwera	Rehema	rehema_1974@yahoo.com	Program Manager - Home based care	F
Lema	Levina	levlema@yahoo.com	Strategic Information Officer	F

Country: Uganda	**Team Name (participant #): Elizabeth Glaser Pediatric AIDS Foundation (10)**			
Name	**First name**	**E-mail address**	**Position**	**Sex**
Edward	Bitarakwate	ebitarakwate@pedaids.org	Technical Director	M

Emilly	Kemigisha	ekemigisha@pedaids.org	M&E Officer	F
Agnes Barbara	Kobusingye	akobusingye@pedaids.org	Technical Advisor	F
Eliab Kajungu	Natumanya	ekajungu@pedaids.org	M&E Officer	M
Doreen	Ondo	dondo@pedaids.org	Technical Manager/PO	F
Betty	Mirembe	bmirembe@pedaids.org	Technical Advisor	F
Mary	Namubiru	mnamubiru@pedaids.org	Technical Manager/PO	F
Joy	Angulo	jangulo@pedaids.org	Program Officer	F
Cattherine	Nanyunja	cnanyunja@pedaids.org	Program Officer	F
Lydia	Murungi	lmurungi@pedaids.org	Program Officer	F

Country: Uganda	**Team Name (participant #): Uganda Network of AIDS Service Organizations (UNASO) (6)**			
Name	**First name**	**E-mail address**	**Position**	**Sex**
Oturu	Michael	Mikeo2ru@yahoo.com	M&E Officer	M
Alege	Stephen	Ba4gs@yahoo.com	Networking and Partnership Officer	M
Ekwang	Morris	ekwangmorris@yahoo.com	M&E Officer	M
Okweny	James	jokweny@yahoo.com	Branch Manager	M

Country: Zambia	**Team Name (participant #): Department of State (9)**			
Last Name	**First name**	**E-mail address**	**Position**	**Sex**
Milimo	Ian	MilimoI@state.gov	PEPFAR Project Manager	M
Ching	Pam	Chingp@zm.cdc.gov	Assoc. Dir of Science	F
Mwenda Mwapela	Lungowe	Mwapelal@zm.cdc.gov	M&E Data Specialist	F
Membe	Ian	Membei@zm.cdc.gov	M&E Associate Advisor	M
Lwamba	Chibwe	clwamba@usaid.gov	HIV/AIDS Multisectoral Acting Team Leader	M
Kamocha	Stanley	Kamochas@zm.cdc.gov	Data Analyst	M

Lifuka	Eda	LifukaEM@state.gov	DOD PEPFAR Coordinator	F
Luhana	Charles	luhanacf@state.gov	Program Officer	M
Potter	Dara	potterd@zm.cdc.gov	Epidemiologist	F