

[MEASURE- VLDP M&E 1 Follow-up Report – February, 2010]

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[February, 2010]

Keywords: VLDP, 6-month follow-up, Botswana, Ghana, Guyana, India, Kenya, Nigeria, Swaziland, Tanzania, Uganda, and Zambia

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

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MEASURE Evaluation is funded by the U.S. Agency for International Development (USAID) and implemented by the Carolina Population Center at University of North Carolina in partnership with Futures Group International, John Snow Inc., ICF Macro, Management Sciences for Health and Tulane University

Virtual Leadership Development Program

FOLLOW UP INQUIRY:

VLDP for HIV/AIDS Program
Monitoring & Evaluation Teams
in Anglophone Countries
March 30 – June 26, 2009

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February 2010

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Acronyms

AMPATH	Academic Model Providing Access to Healthcare
ART	Antiretroviral Therapy
CEDEP	Center for the Development of People
CMIS	Computerized Management Information System
CSO	Civil Society +Organization
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EMR	Emergency Medical Record
FLAS	Family Life Association of Swaziland
GBVRC	Gender-Based Violence Recovery Center
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
ICRH	International Centre for Reproductive Health
IDM	Institute of Development Management
LQAS	Lot Quality Assurance System
MCP	Malaria Communities Program
M&E	Monitoring and Evaluation
MEIII	MEASURE Evaluation Phase III
MHP	Military HIV Program
MIS	Management Information System
MOD	Ministry of Defense
MOH	Ministry of Health
MPR	Monthly Progress Report
MSH	Management Sciences for Health
NAC	National AIDS Council
NARF	National AIDS Reporting Form
NGO	Non-governmental organization
PFI	Population Foundation of India
PHFI	Public Health Foundation of India
PMI	President's Malaria Initiative
PMP	Performance Management Plan
PMTCT	Prevention of Mother-to-Child Transmission

RH	Reproductive Health
SDI	Strength Deployment Inventory
SDP	Service Delivery Point
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities, and Threats
UMEMS	Uganda Monitoring and Evaluation Management Services
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

VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM FOR HIV/AIDS PROGRAM MONITORING & EVALUATION TEAMS

FOLLOW UP INQUIRY

February 2010

Introduction

Funded by the United States Agency for International Development (USAID) through MEASURE Evaluation, the Virtual Leadership Development Program (VLDP) for HIV/AIDS program monitoring and evaluation (M&E) teams was offered in Anglophone countries from March 30 to June 26, 2009.

Fourteen HIV/AIDS program M&E teams from public, private, and international organizations were initially accepted into the VLDP. Two of the teams, Afghanistan Ministry of Health (MOH) and the Kunene Regional Council in Namibia were not able to complete the program due to language difficulties (Afghanistan MOH) and inability to meet regularly as a team (Kunene Regional Council).

Ninety participants (46 female and 44 male) from the following 12 teams in nine different countries completed the program.

Team Name	Country	Participant Number
Institute of Development Management (IDM)	Botswana	5 (4F; 1M)
Centre for the Development of People (CEDEP)	Ghana	10 (4F; 6M)
Ministry of Health—Health Sector Development Unit	Guyana	8 (5F; 3 M)
Population Foundation of India (PFI)	India	4 (2F; 2M)
Public Health Foundation of India (PHFI)	India	7 (2F; 5M)
Academic Model Providing Access to Healthcare (AMPATH)	Kenya	8 (4F; 4M)
International Centre for Reproductive Health (ICRH)	Kenya	10 (6F; 4M)
Ministry of Defense—Military HIV Program	Nigeria	8 (2F; 6M)
Family Life Association of Swaziland (FLAS)	Swaziland	7 (5F; 2M)
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	Uganda	10 (8F; 2M)
Uganda Network of AIDS Service Organizations (UNASO)	Uganda	4 (0F; 4M)
Department of State	Zambia	9 (4F; 5M)
TOTAL: 12 teams	9 countries	90 participants (46 F; 44 M)

Team Challenges

As part of the 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 an existing organizational challenge and develop an action plan to address this challenge with support and feedback from the program facilitators and an M&E specialist. As individuals and teams develop their leadership skills, they are able to recognize and act on opportunities to achieve their desired results. Issues or problems that were deemed insurmountable in the past are transformed into challenges that inspire and call people into action. Attitudes and behaviors begin to change as people align around a common objective and are supported by an enabling work environment.

The teams that completed the program identified the following 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 with trainees or 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 all of 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?
Ministry of Health—Health Sector Development Unit	Guyana	How can we align the respective sector administrative heads of the various sector ministries to develop policy and procedures for mainstreaming Sexual and Reproductive Health (SRH) into their respective HIV/AIDS program?
Population Foundation of India (PFI)	India	How 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 systems 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 four separate institutions working in four 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?
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 provide feedback on positions 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?

Inquiry Methodology and Objectives

VLDP M&E facilitators conducted a follow-up inquiry with VLDP M&E teams from December 2009 through February 2010, six to eight months after the program completion. The objectives of the inquiry were to:

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

Facilitators initiated phone interviews and email exchange with team participants to request updates on the progress to date for specific actions and current indicators of measurable results from each team's action plan. Responses were received from 11 of the 12 teams who completed the program.

Results

Institute of Development Management (IDM), Botswana

Desired Measurable Result	Actual Result
By October 31, 2009, we have designed and applied a 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 have sought and received approval to refer the plan to the coordinating agency for inclusion in the content of the M&E training course.	IDM was unable to achieve their desired measurable result. See comments below.

While the members of this team were enthusiastic participants during the 13-week program, the composition of the team was such that they didn't continue to work together. Of the five team members, only one was an M&E professional and the others were consultants. As a result, the consultants moved on to other projects and the M&E person was left with the plan and no one to work with to implement it.

Although the Monitoring and Evaluation Officer and team leader reports that she has found the principles and learnings from the program to be helpful to her professionally, she and her team have no results to report based on the plan they developed.

Centre for the Development of People (CEDEP), Ghana

Desired Measurable Result	Progress toward Desired Measurable Result
By 31 December 2009, 90% of the 30,000 women between 15 and 49 years in Half Assini will have received reproductive health (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 31 st December 2009.	The team was unable to obtain the funding needed for the program in Half Assini, but the team used the actions and strategies from their plan in working on a similar project in Tema. In Tema, the team conducted Community Entry Exercises consisting of meeting with community and opinion leaders to discuss the project, meeting with Service Providers to discuss the project and solicit their support, and meeting with Assembly members for the community profile. Results - During these 6 months, the CEDEP team contacted church, community, and women's groups in Tema and found that they were very supportive and CEDEP's community workers continue to have regular meetings with them. This has helped CEDEP to identify and register more women and to be more accurate in their registrations.

Organizational Impact

As a result of the VLDP, the team reports that their team members are counseling and training community workers much more effectively, especially in the area of identifying the women's needs. Additionally, they are working better as a team to strategize and report achievements.

The lasting leadership and management development results of the program reported by the team include team building, team work, and identification of team members as leaders. This means that the team members share responsibilities and rotate responsibility for chairing meetings. As a result, they feel as if they "pull together" as a team. Unfortunately, three VLDP team members have left the organization since the program ended, but the remaining team members trained their colleagues' replacements and coached them in the VLDP methodology using the participant workbooks, so that now the VLDP approach has become an integral part of their organizational training process.

Ministry of Health, Health Sector Development Unit, Guyana

Desired Measurable Result	Actual Result
By December 2009, six of the eleven sector ministries and/or agencies involved in the 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.	By December 2009, all eleven sector ministries and/or agencies involved in the Health Sector Development Unit HIV/AIDS prevention and control program demonstrated their full commitment by agreeing to have a complete SRH program mainstreamed and funded.

Focusing on aligning and mobilizing, the Guyana team took the first several steps in their action plan in which they sought buy-in and support from senior leaders in the ministries. In doing so, they experienced unexpected success as the senior stakeholders they spoke with were not only enthusiastic about the plan, but saw greater potential for it, converting the team's SRH project to an inter-ministerial program and taking a global approach to planning.

As a result, a consultant has been hired to work with an expanded project team that includes both the members of the VLDP team and members from all of the related ministries to implement this project and approach. The consultant has taken the project team through visioning and a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis and is focusing on funding and resource allocation at this time. The objective is to complete a plan to integrate the team's SRH project into the fabric of all 11 ministries by next year and get political approval of it in time for the budget to be confirmed for 2011.

Organizational Impact

Since the VLDP, team members have been setting clear indicators for what they would like to achieve in their own ministries in the next six months and are using the SMART (Specific, Measureable, Appropriate, Realistic, and Time-bound) criteria and setting clear timelines. There has also been more information sharing within the organization and more dialogue between levels within the system, and the team members report that they are now thinking "outside of the box" more often at all levels and are more supportive of each other.

In addition, the VLDP team participating in this proposal has shared their VLDP learning within the larger team. They are now all using the tools consistently.

Population Foundation of India (PFI)

Desired Measurable Result	Progress toward Desired Measurable Result
By December 2009, 124 Service Delivery Points (56 Community Care Centre and 68 District Level Network) submit accurate Monthly Progress Reports (MPRs) as measured by the consistency checklist.	<ul style="list-style-type: none">• Accuracy of monthly reports improved (as measured against a consistency checklist)• Completed CMIS development and training• Roll out of the CMIS is beginning, which is expected to further increase reporting timeliness and accuracy• Results data will be available when the CMIS is fully functional

Between June and December 2009, the team completed the following actions:

1. Met with PFI officials to stress the importance of accurate MPRs and obtain approval for the implementation of the CMIS.
2. Developed, tested, and implemented a consistency checklist to be used in measuring accuracy of the MPRs until the CMIS was installed.
3. Identified key issues related to consistency and accuracy in the MIS data for SDP and state level MPRs to inform development of CMIS.
4. Designed CMIS.
5. Programmed CMIS.
6. Pretested CMIS in two community care centers and two district level networks.
7. Conducted a workshop on the feedback received from MIS staff involved in the pretest.
8. Finalized the CMIS.
9. Trained staff in the SDPs on the CMIS.

PFI is currently beginning the roll-out of the CMIS and will be able to provide accurate statistics related to their plan when the CMIS is fully functional.

Organizational Impact

The team also reports: “As a result of the VLDP, we became more united. The frequency of meetings increased. We became more focused on our action plan.” Before the VLDP there was no regular set meeting schedule; the team met on an ad hoc basis. The meetings themselves were not planned, but “now we have a clear plan for the meetings. We are meeting every week.”

One of the PFI VLDP members, Ritu Mishra, has recently joined another organization, the Emmanuel Hospital Association, and has shared his experiences in the VLDP with his new team at the hospital.

Public Health Foundation of India (PHFI)

Desired Measurable Result	Actual Result
One training matrix developed jointly with the training division and shared with staff in the four institutions of PHFI by November 30, 2009. The matrix includes 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.	The PHFI team was not able to implement their action plan during the six months following the VLDP. The six members that comprised the PHFI team were not an intact workgroup or predominantly M&E focused, and they were geographically dispersed, which made it difficult for the team to identify a common challenge. After the VLDP, there was also a major reshuffling of staff in the division which made it difficult for the VLDP team to influence decisions within the division.

Organizational Impact

Despite not being able to implement the action plan as designed, there were a number of accomplishments and the entire team reported that the VLDP was a useful program for them in terms of their individual projects.

Some of the accomplishments cited by the PHFI team include:

1. Despite differences in interests and responsibilities, the team was able to identify a challenge common to the training programs division. This in itself was an improvement over past attempts to forge a common agenda.
2. The team cited certain components of the program as being very useful to them as they implemented other aspects of their work.
 - Action-learning approach which took them through the steps of identifying a leadership challenge, conducting a root cause analysis of the current barriers, and the use of the Challenge Model to define a desired result and elaborate an action plan to address the selected challenge.
 - The Strength Deployment Inventory (SDI)¹ tool, which allowed personal reflections on communication skills and helped them assess team members' patterns of motivation. The team said that they were able to build a better relationship as the VLDP progressed and it helped them to manage conflict that arose during the team meetings. Team members have since applied these principles with their individual project teams and program partners.
 - Kotter's "Stages of a Successful Change Process"² model "helped the individual members to explore the interests and concerns of key stakeholders associated with their own projects..."

Although the team regretted that they have not been able to implement the team action plan, they reported that the VLDP has helped them "think through some of the most important leadership and

¹ Elias H. Porter, "Understanding Personal Strengths in Relations to Others, "Strength Deployment Inventory, Premier Ed. (Carlsbad, CA: Personal Strengths Publishing, 2005), p. 12.

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

systemic challenges at our organization...[and]...recognize our own as well as our team’s leadership styles and competencies.”

Academic Model Providing Access to Healthcare (AMPATH), Kenya

Desired Measurable Result	Progress toward Desired Measurable Result
By 31 st October 2009, the Social Work department will have generated and submitted a total of four accurate 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 July 2009.	<ul style="list-style-type: none"> • Developed, tested, and revised an M&E tool for assessments • Developed and modified database • Trained social workers in the use of the assessment tool • Reports produced using the assessment tool have been accurate and have been used for reporting purposes while AMPATH continues to work on automating the system

Organizational Impact

The team also reported that it is still using the indicators developed in the action plan as a measure of their progress. So far, one data collection tool has been developed and all of their 24 social workers have been trained in its use. They have found that it is helping them to refine the database for auto-reports. The organization has also hired a data assistant, and the data leadership are working to get the automated system up and running. “Through these indicators [developed in the action plan] we have easily known what has been done and how well it has been done, what is pending, and what is done (over 80%),” the team reports.

The impact and sustainability of the team’s learning in the VLDP is clear in the following statement:

“The VLDP team coordinated the development of a leadership training manual greatly informed by the VLDP course and content. This is going to be applied to all AMPATH managers; all participants except one were in the VLDP team. Individually, each member is applying VLDP principles in their spheres of influence and the team and these concepts are getting in[to] the AMPATH program.”

International Centre for Reproductive Health (ICRH), Kenya

Desired Measurable Result	Progress toward Desired Measurable Result
By November 31, 2009, the Gender Based Violence Recovery Center (GBVRC) will have aligned around a vision for monitoring and evaluation, including designing the system and data collection instruments.	<ul style="list-style-type: none"> • Completed both the questionnaire to collect the necessary data and the database that receives and processes the data • Completed M&E Plan for the GBVRC for client management aspects like provision of post-exposure prophylaxis and family planning • Created data collection instruments for all indicators in the M&E Plan

Unfortunately, the clinic that houses the GBVRC has been restructured and it is now being run by Coast General Hospital. Because of this, ICRH-Kenya has had limited ability to affect the management

practices of the GBVRC. ICRH-Kenya is continuing efforts to align new stakeholders so that the M&E plan can be implemented. Due to the takeover of management by Coast General Hospital, the team is still working on satisfying the third objective to develop a report that meets the stakeholders’ needs.

The team indicated that the two biggest barriers to fully implementing their action plan were: 1) restructuring of the clinic, and 2) changes in staff at GBVRC.

Organizational Impact

In general, the team reports that the VLDP has helped with planning and organizing skills, improving communication skills, and working together as a team. The team noted several changes over the last six months that have facilitated their work:

1. There is now a common purpose that the different ICRH members are working towards so efforts are more focused and efficient
2. Team members feel more confident in their abilities to lead the change process.
3. Team members report that the skills and competencies learned during the VLDP have helped them implement activities in less time than before.

In terms of additional or further use of experiences gained during the VLDP, individuals within the team have used some of the VLDP concepts in their work (e.g., what a leader is/does, communication styles, and the use of the Challenge Model to address outstanding issues). Of particular note, one of the ICRH members collaborating with another partner project shared some experiences and approaches from the VLDP and as a result several ICRH staff were invited to contribute at a two-day M&E workshop.

Ministry of Defense—Military HIV Program, Nigeria

Desired Measurable Result	Actual Result
<ol style="list-style-type: none"> 1. Twelve out of 20 sites will be regularly presenting monthly monitoring and progress/achievement updates by the 5th of the following month to commanders and decision-making staff. 2. Sixteen out of 20 sites will be submitting timely and complete monthly summary indicator reports consisting of HIV Counseling and Testing, Care, and Support, antiretroviral services, laboratory, and Behavior Change Communication indicator data to the program M&E officer by the 7th of each new month. 	<ol style="list-style-type: none"> 1. On average 13 out of the 20 sites have been regularly reporting results by the 5th of the month. 2. Nineteen out of 20 sites are submitting timely and complete monthly summary indicator reports.

Despite continued staff attrition, including the loss of the project lead and another core team member, the team has continued to work on their plan and has achieved its Desired Measurable Result and more, including:

1. M&E staff at site level have been trained on:
 - Fundamentals of M&E –data collection and storage
 - Data quality assurance processes
 - Data Analysis, Interpretation, Use, and Reporting

- Feedback techniques
2. Central level data quality checks on each report have been received. (Standard operating procedures and responsibilities have been shared and a standardized tool is being tested at a pilot site.)
 3. Sites have been engaged to resolve issues noted.
 4. On an on-going basis the organization is monitoring:
 - The timeliness of monthly summary reports from sites
 - The regularity of monthly presentations to decision makers at sites
 5. Monitoring and Supervisory visits have been established on an on-going basis.

The team indicated that the on-site monitoring has worked well, allowing them to focus on data quality assurance and on-the-job refresher training. These visits were also used to work with staff on data management (data entry, collation, and analysis) to prepare for the electronic medical record (EMR) pilot. The team reviews the action plan indicators on a monthly basis to evaluate the progress of implementation.

The team still needs to present validated program-wide monthly reports and send feedback to the sites, the executive management, and all technical/programmatic staff. They will then do a six-month review of the timeliness and completeness of data reports received and optimize the process with lessons learned.

Family Life Association of Swaziland (FLAS)

Desired Measurable Result	Actual Result
Through a new program of mobile outreach, increase the number of visits by men and women aged 10-24 to the Mbabane clinic for Voluntary Counseling and Testing (VCT), pregnancy screening, family planning, and STI treatment by 3% (from 38,290 to 39,439) by December 18, 2009.	FLAS was unable to achieve their desired measurable result. See comments below.

FLAS reported that the two primary barriers to completing their plan were a decrease in the FLAS operating budget and challenges the team had working together after the end of the VLDP.

The FLAS team’s action plan counted on what the team felt was a modest and expected amount of funding, mostly for vehicle running costs to do activities in the community and transport existing clinic staff during mobile outreach. Unfortunately, since FLAS is mostly donor-funded and some of their donors have decreased their funding, even this modest amount of funding was no longer available.

The second barrier that the team faced was the difficulty in continuing to work as a team after the end of the VLDP. Some of the team members worked in Manzini while others worked in Mbabane. In addition to geographic challenges, all of the team members had multiple responsibilities, including responsibilities for different projects that FLAS manages. At the end of the VLDP, team members returned to their different work departments and were immediately caught up in end of year reporting, the push to meet annual targets, and other activities.

Organizational Impact

Notwithstanding the obstacles to implementation of their plan, members of the team indicated that there have been changes over the last six months that they attribute to implementing the leadership and management skills learned in the VLDP. Team members believe that:

- Their projects are more successful because they plan the activities carefully and organize the necessary resources in order to be able to successfully implement them.
- They are producing more realistic work plans as a result of the VLDP.
- They are better able to monitor and evaluate the projects in the communities in which they have been working because they have emphasized measurable results and SMART indicators, following the example of the Challenge Model.

Lastly, individual members also report that they have continued to use the VLDP workbook as a reference in their daily activities as managers and leaders within the organization.

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Uganda

Desired Measurable Result	Actual Result
By December 2009, all the EGPAF partners will have submitted a total of 27 complete PMTCT and Care and Treatment reports to the Programs Officers and Monitoring and Evaluation Officers by the 15 th of the following month. (A complete district report is one which has 100% of all the reports of the PMTCT/ART implementing sites in the district.)	EGPAF did not achieve their desired measurable result as the project ended in early December. See comments below.

Due to the close down of this project, the EGPAF team was not able to complete their action plan. By the end of September they had already transitioned the program in a number of their supported districts to other partners. Because they scaled down on activities as the project was coming to a close, their technical assistance to the districts/partners was greatly reduced and because of this a number of their proposed activities were not, by their own report, very well undertaken.

That being said, the team completed all planned activities at some level, except ranking the performance and recognizing the best performing districts during the bi-annual implementers' meeting which will not occur now.

Organizational Impact

Some of the benefits of the VLDP cited by the EGPAF team included:

- Increased abilities in "identifying and clarifying each other's skills. It was not until we had this training that a number of us were able to know some of the key skills that potentially contribute to the attainment of the goals and the mission."
- The team now "approaches a task in a much more systematic manner."
- "As a team, we now appreciate the need to plan very well before activity implementation."

Finally, the EGPAF team has continued to use the materials and advocate with others to adopt some of the principles and approaches of the VLDP. This has included sharing the ideas and course objectives with other departments and indicating how they thought other departments could benefit from the program.

Uganda Network of AIDS Service Organizations (UNASO)

Desired Measurable Result	Actual Result
By December 31, 2009 UNASO will have organized a minimum of three 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 team was unable to implement their plan due to senior level changes and team composition.

The UNASO team overcame formidable organizational challenges in finishing the VLDP. The team coordinator and UNASO M&E officer, Michael Oturu, became the Acting Executive Director midway through the VLDP due to staffing changes. The original team of six was reduced to four by the end of the program and the remaining members had to put in extra effort to complete all of the program requirements. The end result was mixed: the team was able to produce an approved action plan, but was unable to complete their plan primarily because Mr. Oturu, the M&E Director and team coordinator, left the organization.

Organization Impact

On an individual level, several participants from the UNASO team credit the VLDP with successful achievement of results in the past six months. Michael Oturu, for example, credits the VLDP with giving him the confidence and additional skills needed to be an effective manager and leader. In Mr. Oturu's words, "I appreciate the knowledge gained because it is still being applied within Uganda to implement interventions that will impact the people of Uganda."

Another UNASO team member, George Ebulu, the Regional Operations Manager for World Vision Uganda says, "As individuals, we have continued to make very good use of the knowledge gained from the VLDP program in our organizations."

Department of State, Zambia

Desired Measurable Result	Actual 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 the National AIDS Council (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.	This team did not achieve their desired measurable result due to competing priorities. See comments below.

The team reports that since July 2009 they have been implementing the various aspects of the plan on a routine basis. The team cited competing time commitments as the principal barrier in implementing the plan. The last part of the action plan—to review the strategy, activities, and results—has not been conducted yet, but the team reported that they had completed the following activities from their action plan:

1. Instruction was given to USG partners to report to the NAC system and they were requested to copy the team on quarterly NARF reports.
2. USG created a worksheet for 2009-2010 for quarterly report recording (once reports are received), by funded partner. Each agency is doing this using the Zambia Partner Reporting System Training of PEPFAR's New Generation Indicators.
3. Partners have been trained on the Annual Progress Report Guidance. One of the conditions is for the partners to report into the national system and this was emphasized during the training.
4. Team members divided up partners by agency and assigned them to respective Activity Managers. Team members called their assigned partner to follow up to ensure that the letter of notification was received.
5. Each partner continues to be supported with mentoring, feedback, and support as part of continuous partner support.
6. Team members are working closely with Activity Managers and M&E staff in each agency, checking on the receipt of a copy of the NARF report for each quarter and creating a follow-up system to collect and maintain data in support of indicators.

Organizational Impact

The team reports that they continue to perform well as a group and have maintained their focus on strategic information. The team also reports that the VLDP afforded them an additional opportunity in a different environment to work together in achieving a goal and enhancing their effectiveness. The team has also continued to successfully take on new challenges since the VLDP ended, including expansion of the data quality assessment exercise and implementation of various PEPFAR-related assignments. Lastly, the team has mentioned the VLDP to other staff who plan to apply to a future VLDP.

Conclusions

The MEASURE Evaluation Phase III (MEIII) VLDP for HIV/AIDS program M&E teams in Anglophone countries, offered from March 30 to June 26, 2009, had an important impact on participating teams. The program introduced teams to a new methodology for team building, developing management and leadership skills, and effectively addressing challenges to establish or improve M&E systems to provide better programs and services to clients. As a result of the program, participating teams were able to achieve results in implementing their action plans. Participants also report being better equipped to see the bigger picture in their work, take on new challenges, and establish support for each other and their team through better communication. Because of the demand for and success of the VLDP for M&E teams, two other VLDPs for M&E teams have been offered by USAID through MEIII.