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Virtual Leadership Development Program

FINAL REPORT:
VLDP for Health Program
Monitoring and Evaluation Teams
in Anglophone Countries
September 14 – December 11, 2009

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2010

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Acronyms

AMREF	African Medical and Research Foundation
ART	Antiretroviral Therapy
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CRS	Catholic Relief Services
CSO	Civil Society Organization
EIFDDA	Ethiopian Interfaith Forum for Development Dialogue and Action
FBO	Faith Based Organization
GEN	Global Exchange Network for Reproductive Health
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
JCRC	Joint Clinical Research Centre
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
NASCP	National HIV and AIDS Control Program
NGO	Non-governmental organization
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
RH	Reproductive Health
STF	Straight Talk Foundation
STI	Sexually Transmitted Infection
UNC	University of North Carolina
USAID	United States Agency for International Development
USG	United States Government
VLDP	Virtual Leadership Development Program
WCA	Workgroup Climate Assessment

Executive Summary

The Virtual Leadership Development Program (VLDP) for health program Monitoring and Evaluation (M&E) teams in Anglophone countries, was offered from September 14 to December 11, 2009 to teams from both the public and private sector. Twelve teams enrolled in this offering of the VLDP from nine countries: Afghanistan, Ethiopia, Kenya, Malawi, Myanmar, Namibia, Nigeria, Uganda, and Zimbabwe. This VLDP M&E was the second 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 one M&E specialist from the University of North Carolina (UNC) at Chapel Hill assisting teams in the development of their action plans.

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

Ten teams participated actively in the program and all of these teams completed high quality action plans aimed at strengthening leadership and management of the M&E systems within their health programs. The following are examples of the M&E and data collection challenges that teams identified to address:

Nigeria National HIV/AIDS Control Program: *“How do we develop a harmonized National M&E Data capturing tool and get all stakeholders to utilize the new tool so that we can have a National data poll for easy access and proper documentation, given that various implementing partners have their own data collection tools in the field?”*

African Medical and Research Foundation: *“How can we develop a standardized compendium of indicators that cover priority areas in health in the light of limited expertise and low buy-in from Project Managers?”*

Highlighted Results of the VLDP M&E 2

- Ten 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 seven teams that had valid results reported a positive change in their Workgroup Climate Assessment (WCA)¹.
- At the conclusion of the program, 79% (59 of 75) of respondents to the final evaluation survey reported that their teams had already begun implementing their action plan.
- Eighty-eight percent (66 of 75) 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 health program M&E teams in Anglophone countries was successful. Extensive communication took place between the teams and facilitators throughout the program and 10 teams completed the program requirements and finished with solid action plans.

An After Action Review (AAR) meeting with the program facilitators and management team was held on January 5, 2010. The next steps are for the program facilitators to continue to follow-up monthly with the teams through May 2010 to encourage them in the implementation of their action plans, track the progress they have made, 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 June 2010, a six-month follow-up will be conducted with the 10 teams that completed the program to determine the progress and results they have achieved in implementing their action plans.

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 to strengthen leadership and management in health program monitoring and evaluation teams

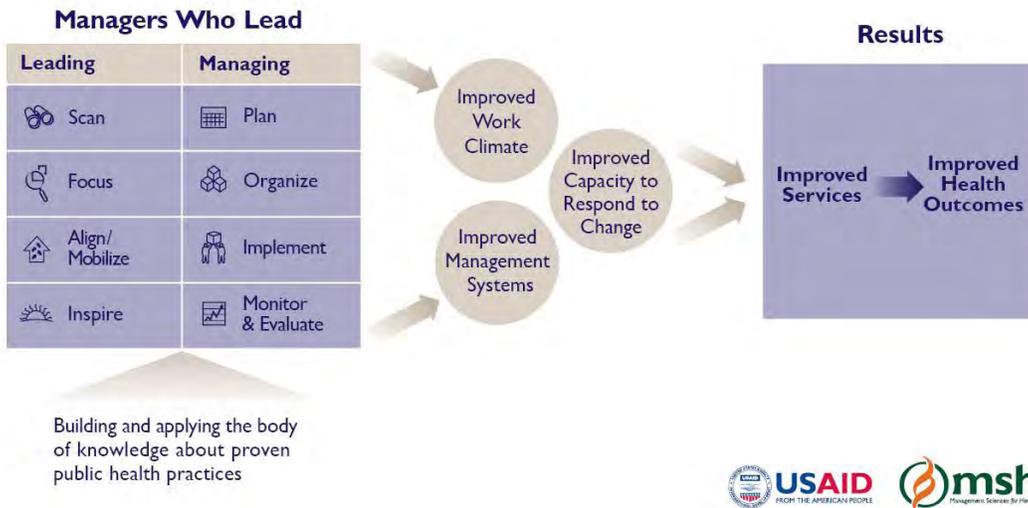
Introduction

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. 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. Strong monitoring and evaluation (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 strengthens health systems and leads to improved health outcomes.

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.

Leading & Managing for Results Model

How do management and leadership contribute to improved service delivery?



Although considerable progress has been made in terms of country capacity to monitor routine health services, episodic outbreaks, and the impact of programs for prevention and cure, the demand for such information still stretches what are often weak and overburdened M&E teams and health information systems (HIS). For all health care 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.

These challenges require vision and initiative from leaders. Therefore, building the capacity for strong M&E depends not only on putting good systems in place, but also on developing leaders at all levels to inspire and engage their teams and their entire organizations in using M&E systems to improve performance. Throughout the Virtual Leadership Development Program (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 both independently on the VLDP website, with additional support from a program workbook, and as a team in on-site meetings within their organizations.

Background

The VLDP for health program M&E teams was the 29th VLDP offered since the program was developed by Management Sciences for Health (MSH) in 2002. 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 they currently face and to 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 2,500 health professionals from more than 320 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

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 change³ 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.

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

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

II. Overview of the Virtual Leadership Development Program for health program monitoring and evaluation teams

“Participating in the VLDP has helped in shaping my leadership skills as well as appreciating diversity of ideas from different participants.”

-Farai Gwenzi, Ministry of Health Team, Zimbabwe

The United States Agency for International Development (USAID) funded this VLDP for M&E teams through MEASURE Evaluation. In response to the announcement of this VLDP, 99 applications were received before the application deadline from teams in 29 countries, including: Afghanistan, Bangladesh, Botswana, Cameroon, Ethiopia, Ghana, Haiti, India, Kenya, Lesotho, Malawi, Mozambique, Myanmar, Namibia, Nepal, Nigeria, Pakistan, Papua New Guinea, the Philippines, Rwanda, Sierra Leone, South Africa, Sudan, Tanzania, Uganda, the United Kingdom, the United States of America, Zambia, and Zimbabwe. Teams that applied came from diverse organizations and sectors, including the United States Government (USG) and local government entities, international and local non-governmental organizations (NGOs) and civil society organizations (CSOs), faith based organizations (FBOs), hospitals, universities, and private companies.

This VLDP was delivered from September 14 to December 11, 2009 to 12 local health program M&E teams from public, private, and international organizations in nine countries: Afghanistan, Ethiopia, Kenya, Malawi, Myanmar, Namibia, Nigeria, Uganda, and Zimbabwe. Unfortunately, during the program the Ministry of Health team from Afghanistan encountered frequent electricity outages in their office and team members were moved to different locations. The team therefore chose not to complete the program. Due to challenges faced as a composed team⁴, the Kunene Regional Council in Namibia was also unable to complete the program. (See Appendix A for a full list of teams and descriptions of the organizations.)

The program was facilitated by Scott McKeown (Organizational Development Advisor, MSH) and Susan Post (Senior Program Associate, MSH). Anupa Despande (Research Associate, University of North Carolina) served as the M&E specialist, providing feedback on the action plans developed by participating teams.

This VLDP M&E was the second offering of a VLDP funded through MEASURE Evaluation. Team recruitment was assisted by the USAID MEASURE Evaluation Management Team who contacted USAID missions in Anglophone African countries. The program was also announced and applications distributed via the MEASURE Evaluation m2front listserv as well as the MEASURE Evaluation website. MSH also marketed the program through LeaderNet⁵ and the Global Exchange Network for Reproductive Health (GEN)⁶.

⁴ A composed team is one that does not work together on a regular basis towards a common goal or objective.

⁵ 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.

⁶ 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.

The technical and programmatic requirements for participating in this program included:

- Teams involved in the collection, analysis, and use of health data.
- Teams located in the same office/area and work together on a regular basis on a common objective or goal.
- Teams with members dedicated to working four to six hours per week to complete program requirements.
- Teams able to meet every other week over the course of the 13-week program.
- Teams with reliable access to a computer and the Internet.

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

Table 1: VLDP M&E 2 Participating Teams

Team Name	Country	Participant Number	Status
Afghanistan Ministry of Public Health (MOPH)	Afghanistan	12 (12 M; 0 F)	Not completed—due to electricity failures
Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA)	Ethiopia	6 (5 M; 1 F)	Completed
African Medical and Research Foundation (AMREF)	Kenya	9 (4 M; 5 F)	Completed
Malawi Catholic Relief Services (CRS)	Malawi	6 (3 M; 3 F)	Completed
Myanmar Population Services International (PSI)	Myanmar	8 (4 M; 4 F)	Completed
Kunene Regional Council	Namibia	7 (4 M; 3 F)	Not completed—due to team composition
Catholic Secretariat of Nigeria	Nigeria	10 (3 M; 7 F)	Completed
Nigeria Country Coordinating Mechanism (CCM)	Nigeria	5 (5 M; 0 F)	Completed
Nigeria National HIV and AIDS Control Program (NASCP)	Nigeria	8 (4 M; 4 F)	Completed
Uganda Joint Clinical Research Centre (JCRC)	Uganda	6 (5 M; 1 F)	Completed
Straight Talk Foundation	Uganda	10 (7 M; 3 F)	Completed
Zimbabwe Ministry of Health and Child Welfare (MOH)	Zimbabwe	7 (6 M; 1 F)	Completed
TOTAL: 12 teams	9 countries	94 participants (62 M; 32 F)	10 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 10 of the 12 teams successfully completed their action plans with feedback from the two facilitators and one M&E specialist (the Afghanistan MOPH and Kunene Regional Council 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 two 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).

Team 2: VLDP M&E 2 Team Challenges

Team Name	Country	Challenge
Afghanistan Ministry of Public Health (MOPH)	Afghanistan	N/A
Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA)	Ethiopia	How can our team develop HIV M&E indicators, data collection tools, data reporting formats, electronic data base and M&E guidelines for EIFDDA and its members while most M&E staff are not well trained and the importance of M&E is not recognized by managers at all levels?
African Medical and Research Foundation (AMREF)	Kenya	How can we develop a standardized compendium of indicators that cover priority areas in health in the light of limited expertise and low buy-in from Project Managers?
Malawi Catholic Relief Services (CRS)	Malawi	How can we increase access to information, care, support and treatment for HBC and OVC Clients in targeted communities given that currently there is inadequate Information sharing within and among CRS partners, limited skills in data management and documentation of best practices?
Myanmar Population Services International (PSI)	Myanmar	How can we improve access to quality RTI drugs and medical care for women who come for long term birth spacing methods provided by PSI/M given that healthcare providers themselves are not familiar with proper treatment standards and do not have access to appropriate drugs?
Kunene Regional Council	Namibia	N/A

Team Name	Country	Challenge
Catholic Secretariat of Nigeria	Nigeria	How can our team set up a functional data base office that will meet the needs of donors, researchers and other organizations in the area of HIV/AIDS in the Catholic Church in Nigeria given that no database office currently exists and partners do not send in their reports because they perceive that the CSN Health Unit lacks the necessary coordination capacity?
Nigeria Country Coordinating Mechanism (CCM)	Nigeria	How can the CCM Nigeria Oversight Committee increase from 6 members to 15 members having received required M&E and Financial Management training given that some members are performing this role for the first time and others require M&E and Financial Management skills to review grants?
Nigeria National HIV and AIDS Control Program (NASCP)	Nigeria	How can we develop a harmonized National M&E Data capturing tool and get all stakeholders to utilize the new tool so that we can have a National data poll for easy access and proper documentation, given that various implementing partners have their own data collection tools on the field?
Uganda Joint Clinical Research Centre (JCRC)	Uganda	How can we improve the quality of HIV/AIDS data generated within JCRC in spite of: 1. The current training curriculum not having a focus on data quality; 2. The experts who designed the original support supervision tools having had a narrow focus on assessing and monitoring data quality; and 3. Existing reporting tools from the Ministry of Health not being comprehensive enough to meet all data reporting requirements for all implementing partners?
Straight Talk Foundation	Uganda	How can we strengthen monitoring and documentation such that information capture and sharing in STF is improved given that staff does not appreciate/understand the importance of these activities?
Zimbabwe Ministry of Health and Child Welfare (MOH)	Zimbabwe	How can we improve the number of ART initiating facilities reporting on time from the current 75 ART initiating sites reporting on time to 100 ART initiating sites given that few health workers are knowledgeable in monitoring and evaluation; there is no M&E training course; provincial and district MOH managers do not appreciate the importance of M&E as a guide in programming; and the M&E system is currently manual/paper based?

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 Café⁷. 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: What is leadership? What are the leadership styles and qualities of a good leader?

“Leadership is the capability of influencing and inspiring the people you lead to voluntarily commit themselves to accomplishing a certain goal. A good leader should have a positive approach to the decision, manage to solve problems and have new ideas to solve the problem, have effective communication, be a good learner and listener, keep commitments, share expertise and knowledge, immediately appreciate colleagues whenever they do good, be a team builder, be an efficient leader and be able to delegate responsibility and authority.”

-Lydia Kudakwashe Madyira, Zimbabwe MOH

“Leadership is a process or a journey of self study, education and experience. It is also about getting people to move in the right direction while gaining commitment and motivating them to achieve an organizational goal. A good leader is enthusiastic, supports others, recognizes individual effort and is a good team player. A good leader is creative, open minded and can communicate effectively to others.”

-Susan Ajok, Straight Talk Foundation

Conversation Thread: When communication is not beneficial?

“I have just realized that most of the challenges that we face in our work environment are largely to do with communication. The module [on communication] has opened my eyes to a wider horizon where effective communication is very important. I have also learnt that we have different perceptions based on our background, hence to effectively communicate with diverse people we need to have in-depth knowledge that people perceive things differently.”

-Wanangwa Moses Chisangwala, Malawi CRS

Conversation Thread: How do you take fear and resistance out of the change process?

“Determination for what you want to accomplish is needed. Usually resistance can be there at the beginning of the process, but as you start to work with the change, people start seeing the benefit of it. The other thing is persistence towards what you want to achieve and again involvement of people in the whole process. In this way it is possible to fight fear and resistance to change. When we wanted to introduce a PMTCT program in our project there was a lot of resistance by so many people, including the Ministry of Health, because at that time the program was only allowed to be implemented in health centers where there were delivery services. But after people saw the benefit of the program for the rural women who couldn't walk 15km to access services, they started supporting the idea and provided resources for the program. Linkages were strengthened and loss to follow up was reduced.”

-Molly Lucy Chirambo, Malawi CRS

⁷ The Café is an asynchronous discussion board for participants to share information and dialogue.

“I have had experiences where I was the one involved in the fear or resistance to change. Someone was introducing a change in the team. Even before he could finish communicating to us the change, I had already closed my heart that it won’t work. I let him finish and then gave him my opinion. He did his best to convince me about the change. But the more I challenged him, the more he also got fresh ideas on how best to effect the change. The resistance helped him to fine tune his strategy for the change process. We came out of the meeting when I still wasn’t convinced. I decided to be indifferent; to let things happen. As time went on, I thought it wasn’t wise to keep on the opposition; I began to look at the positive side of the change and gave it my support.”

-Annet Nassali, Uganda JCRC

Conversation Thread: Bridges of Leadership

“The VLDP made me a good builder of a leadership bridge. I simply jumped out of the box... to drive our team to the finish line without conflict but smiles all the way. What I learnt is already working for me. Thanks!”

-Michael Egharevba, Nigeria CCM

“To corroborate [Michael], I learnt not only to bridge the gap, but also to drive across the bridges. I am fulfilled today that the leadership role is acquired and not ready made. I therefore encourage all to take whatever we have come across during the program and put it into use. Here at the CCM Secretariat, we have started by covering for one another.”

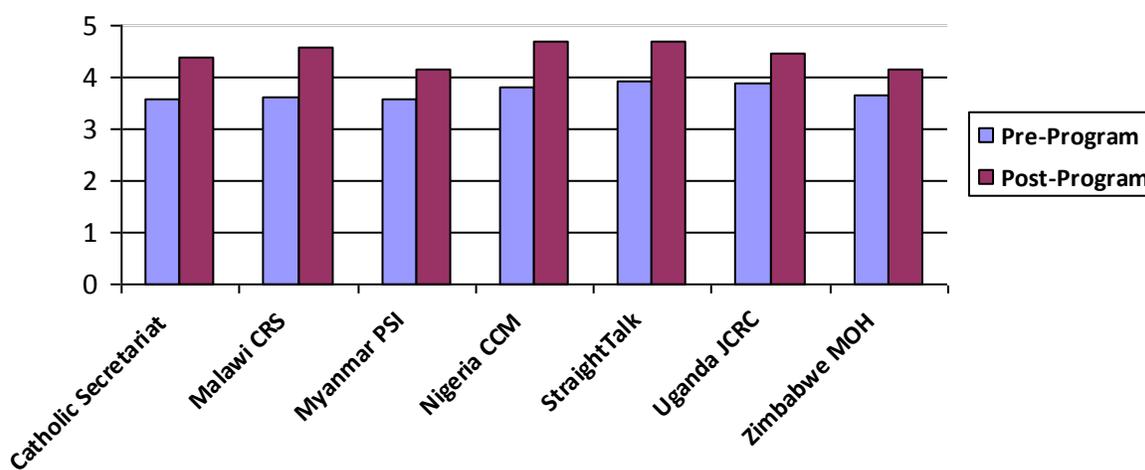
-Tajudeen Ibrahim, Nigeria CCM

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. Ten of the 12 teams completed the WCA pre- and post-program; however, of the 10 teams, only seven had valid scores.⁸ All seven teams with valid results reported a positive change in their workgroup climate. For three 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 member's 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 the teams' pre- and post-program WCA scores.

Valid Workgroup Climate Assessment Scores



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

“We realized that the M&E team did not have something common to bring us together. We would work on something but without a strong working relationship and knowledge of each other's capabilities. This VLDP has brought us together and we now have an understanding of one another. We are more friends now than before.”

- Annet Nassali, Uganda JCRC

“My interaction with my colleagues has changed. I listen more and try to understand the underlying or non-verbals even better before coming to a conclusion on an issue.”

- Rosemary Kamanu, AMREF

⁸ Scores are not valid if the number of team members varies in the pre- and post-intervention application of the Workgroup Climate Assessment tool.

“Understanding of each other’s personality through VLDP facilitation has helped us to communicate with each other better. We are now more focused on what we want to achieve in our project and making sure that our strategies are in line with our goals.”

- Molly Lucy Chirambo, Malawi CRS

Implementation of Action Plans and Early Results

Seventy-five of 86 (87%) of the VLDP participants completed the final program evaluation in Module 7. In these evaluations, 79% 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 evaluations are below:

AMREF:

Challenge: *“How can we develop a standardized compendium of indicators that cover priority areas in health in the light of limited expertise and low buy in from Project Managers?”*

Progress reported at the end of the VLDP: *“We have already set a timeline on how we are going to improve the AMREF M&E Compendium of indicators including specific roles of the team member. There will be training in negotiation skills. Persons assigned roles to review existing indicators and compile a representative list have started the process.”*

Malawi CRS:

Challenge: *“How can we increase access to information, care, support and treatment for HBC and OVC Clients in targeted communities given that currently there is inadequate Information sharing within and among CRS partners, limited skills in data management and documentation of best practices?”*

Progress reported at the end of the VLDP: *“We have incorporated the action plan to CRS health project with management support. The VLDP team has organized a stakeholders meeting in January to identify the information needs for CRS and partners. This will guide the development of indicators and MIS.”*

Catholic Secretariat:

Challenge: *“How can our team set up a functional data base office that will meet the needs of donors, researchers and other organizations in the area of HIV/AIDS in the Catholic Church in Nigeria given that no data base office currently exists and partners do not send in their reports because they perceive that the CSN Health Unit lacks the necessary coordination capacity?”*

Progress reported at the end of the VLDP: *“We have fulfilled the first four stages of Kotter's model by preparing ground for the successful accomplishment of the tasks needed to overcome our challenge. Staff attrition has also reduced. Interview has been conducted for the HMIS officer.”*

Straight Talk Foundation:

Challenge: *“How can we strengthen monitoring and documentation such that information capture and sharing in STF is improved given that staff do not appreciate/understand the importance of these activities?”*

Progress reported at the end of the VLDP: *“A field logbook has been developed showing staff the importance of monitoring. We have had informal discussions and Director's meetings and established*

awareness on the need for the group to respond to the challenge. Resources have also been assigned towards addressing the challenge.”

In addition to the official challenges each team selected, members from all of the 10 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 June 2010 to evaluate progress made on the implementation of their action plans.

IV. Feedback from Participants

Highlights and summary of participation evaluation surveys

Overall, the feedback from the participants was very positive, with 75 out of 86 participants completing the final evaluation survey. Sixty-six of the respondents (88%) reported having brought about changes in their organization as a result of the program and 100% reported they would recommend the program to others. Many respondents noted personal and organizational changes as a result of the VLDP. The main areas of personal development noted were: enhanced leadership skills and confidence (41%), greater management skills (27%), improved communication (20%), and strengthened team work (15%). For a summary of the final evaluation responses, please see Appendix D.

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

“Yes I think the VLDP training has now influenced how I am doing things. I have started considering myself as a leader in my organization.”

- Abreham Fisseha, EIFDDA

“I am more focused and able to mobilize resources better in my work to achieve results.”

- Molly Lucy Chirambo, Malawi CRS

“The program helped me to improve my skills on focusing and scanning, and I am now trying to improve more competencies like conceptual thinking and systems thinking.”

- Myint Myint Win, Myanmar PSI

“I now manage change much better. I am now more conscious of my and others’ behavior in response to conflict and our motivational value system.”

-Simon Chebii, AMREF

“As a result of VLDP I approach my daily work schedules with action plans and workplans to ensure I stay on track of all activities am working on. It has been invaluable.”

-Jesse Kigozi, Uganda JCRC

“I am now very careful when communicating to the team I work with. I try to be as clear as possible. When seeking change, I try to get buy-ins from the rest of the team so that we move together with the change that we want to bring about.”

-Martha Akello Otim, Straight Talk Foundation

“I am now [able] to generate a vision, mobilize resources, empower, step upon challenges and manage change as a leader.”

-Bereket Tarekegn, EIFDDA

“YES, this is the most exciting and beneficial program I have ever participated in. I have realized a lot about myself and have learnt a lot. The action plan has helped us focus on issues we complain about and never tried to adequately address as a team.”

-Cynthia Mambo, Malawi CRS

V. Conclusions and Next Steps

Based on these results, the VLDP for health program M&E teams in Anglophone countries was successful. Extensive communication took place between the teams and facilitators throughout the program and 10 teams completed the program requirements and finished with solid action plans.

An After Action Review (AAR) meeting with the program facilitators and management team was held on January 5, 2010. The next steps are for the program facilitators to continue to follow-up monthly with the teams through May 2010 to encourage them in the implementation of their action plans, track the progress they have made, 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 June 2010, a six-month follow-up will be conducted with the 10 teams that completed the program to determine the progress and results they have achieved in implementing their action plans.

Appendix A: VLDP M&E 2 Participating Teams

Team Name	Country	Participant Number	Status	Description of Organization
Afghanistan Ministry of Public Health (MOPH)	Afghanistan	12	Not completed	MOPH has the role of Leadership and stewardship of Health relevant issue around the country and currently MOPH implements its two large policies BPHS and EPHS and other programs for the strengthening of these policies. More health projects are contracted out and M&E directorate of MOPH has active role in monitoring and evaluation for all contracted-out and control programs across the country.
Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA)	Ethiopia	6	Completed	The aim of EIFDDA is to provide a mechanism for FBO's to be effectively engaged in the generation of religion-inspired conception and practice of development. EIFDDA hopes to achieve its aim by engaging its members and partners in the complementary and mutually reinforcing learning processes of dialogue on sustentative issues related to mainstreaming religious values in development and action.
African Medical and Research Foundation (AMREF)	Kenya	9	Completed	AMREF is the largest Africa-based non-governmental health organization. In Kenya AMREF works at the health facility and community levels and has expertise in the entire continuum of the health care system. AMREF in Kenya has four programme areas – HIV and AIDS and TB; Child and Reproductive Health; Clinical; and Environmental health. Developing human resources for health is a cross-cutting theme in all the programme areas.
Malawi Catholic Relief Services (CRS)	Malawi	6	Completed	The Health & HIV Unit of the CRS in Malawi takes a holistic approach to address prevention, care and treatment aspects of HIV and AIDS, targeting both the affected and infected members in a community. The current CRS/Malawi Health Unit programmatic areas are; support to orphans & vulnerable children, home-based care integrated with food security and water, sanitation and hygiene (WASH).

Appendix A: VLDP M&E 2 Participating Teams

Team Name	Country	Participant Number	Status	Description of Organization
Myanmar Population Services International (PSI)	Myanmar	8	Completed	Population Services International/Myanmar is a non-governmental, non-political international organization that works principally through social marketing of family planning and health products and services, and health communications. As the Myanmar government is a pro-natalist with political sensitivity to reproductive and family planning issues, there are difficulties in limitations for implementing and evaluation of the family planning activities.
Kunene Regional Council	Namibia	7	Not completed	The organization serves as the custodian of the Kunene region in Namibia to deal with all the implementers of HIV/AIDS, TB and Malaria within the Region. All the multisectoral stakeholders that implement activities are coordinated under the Regional Coordinating Committees.
Catholic Secretariat of Nigeria	Nigeria	10	Completed	The Catholic Secretariat of Nigeria is the Administrative Headquarters of the Catholic Bishop's Conference. It is the most visible symbol of the unity of the Catholic Church in Nigeria. The Health Unit coordinates and facilitates the activities of the various parishes, dioceses and congregations in hospitals, mobile clinics, AIDS Prevention and Care etc. The unit also has the task of drawing up Health Policy for the Catholic Church in Nigeria.
Nigeria Country Coordinating Mechanism (CCM)	Nigeria	5	Completed	The Country Coordinating Mechanism is made up of 30 constituencies comprising 8 civil society organization, 2 faith based organizations, 8 government bodies, 1 NGO, 3 International NGOs, 2 Multilateral and 2 Bilateral bodies, 2 Academic bodies, 1 private sector representative and 1 representative of people living with the disease. The CCM under the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria arrangement functions with committees and task teams.
Nigeria National HIV and AIDS Control Program (NASCP)	Nigeria	8	Completed	This organization is the federal arm that has the responsibility of coordinating the health sector response to HIV/AIDS in Nigeria. It also ensures that all donor and implementing partners working on HIV/AIDS programs key into the health sector strategic plan on HIV/AIDS. The strategic information team holds a very important role in the M&E structure of the HIV/AIDS program in Nigeria.

Appendix A: VLDP M&E 2 Participating Teams

Team Name	Country	Participant Number	Status	Description of Organization
Uganda Joint Clinical Research Centre (JCRC)	Uganda	6	Completed	The Joint Clinical Research Centre (JCRC) is a non-profit organization, serving as a national HIV/AIDS research center; providing Clinical services, scaling up access of Anti-Retroviral Therapy (ART); laboratory services for sustainable HIV/AIDS care and other health care services locally and in the African region; training health providers, strengthening logistics management, and implementing communication & adherence activities which enhance ART knowledge and practices. With support from PEPFAR, JCRC is currently the largest provider of ARVs in the Sub-Saharan region.
Straight Talk Foundation	Uganda	10	Completed	Straight Talk Foundation (STF) is a leading Health and Development Communication NGO based in Kampala, Uganda. STF grew out of the Straight Talk newspaper, first published in 1993 with funding support from UNICEF, and was registered in Uganda as an NGO in 1997. Using a multifaceted Communication for Social Change model that includes radio, print, and face-to-face programming, STF targets adolescents aged 10-19 years old—in and out of school, married and unmarried, male and female—with direct and relevant sexual & reproductive health (SRH) information and complementary life skills trainings.
Zimbabwe Ministry of Health and Child Welfare (MOH)	Zimbabwe	7	Completed	The HIV/AIDS programmes under the AIDS and TB unit cover prevention, treatment and care aspects of the response to the HIV/AIDS epidemic in Zimbabwe. The programmes include HIV workplace, condom promotion and behaviour change, Testing and Counseling, Sexually Transmitted Infections, Prevention of Mother to Child Transmission, Anti-Retroviral Therapy (ART) and National Tuberculosis control programmes. Consequently the AIDS and TB unit's M&E system seeks to address the monitoring and evaluation needs of all these various programmes.

Appendix B: VLDP M&E 2 Team Challenges

Team	Participant Number	Challenge	Measurable Result	Progress to Date
African Medical and Research Foundation (AMREF)	9 participants	How can we develop a standardized compendium of indicators that cover priority areas in health in the light of limited expertise and low buy in from Project Managers?	Standardized compendium of indicators that incorporates all AMREF program areas developed by June 2010.	<p>We have already set a timeline on how we are going to improve the AMREF M&E Compendium of indicators including specific roles of the team members.</p> <p>Training in negotiation skills. Persons assigned roles to review existing indicators and compile a representative list have started the process.</p>
Catholic Secretariat of Nigeria	10 participants	How can our team set up a functional data base office that will meet the needs of donors, researchers and other organizations in the area of HIV/AIDS in the Catholic Church in Nigeria given that no data base office currently exists and partners do not send in their reports because they perceive that the CSN Health Unit lacks the necessary coordination capacity?	By 30th June 2010, CSN will establish an M & E office with clear standard operating procedures (SOPs) and M & E framework.	<p>We have fulfilled the first four stages of Kotter's model by preparing ground for the successful accomplishment of the tasks needed to overcome our challenge. Staff attrition has also reduced. Interview has been conducted for the HMIS officer.</p> <p>We have met our secretary general on the need for an M&E office and the importance of it. We have briefed the other staff and allocated to each team members a task to execute.</p>

Appendix B: VLDP M&E 2 Team Challenges

Team	Participant Number	Challenge	Measurable Result	Progress to Date
Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA)	6 participants	How can our team develop HIV M&E indicators, data collection tools, data reporting formats, electronic data base and M&E guideline to EIFDDA and its members while most of M&E staffs are not well trained and the importance of M&E is not recognized by managers at all levels?	In collaboration with EIFDDA’s management and technical staffs as well as with member faith based organizations (FBOs) and other stakeholders, develop M&E technical specifications (or framework) and train 30 program managers and M&E staff in its application by 30 June 2010.	<p>We have evaluated the status of the organization regarding the four leadership practices. We are developing our action plan based on that.</p> <p>We have started the breakthrough activities with EIFDDA senior management.</p> <p>We started the preparation of an MIS database and software.</p>
Malawi Catholic Relief Services (CRS)	6 participants	How can we increase access to information, care, support and treatment for HBC and OVC Clients in targeted communities given that currently there is inadequate information sharing within and among CRS partners, limited skills in data management and documentation of best practices?	By 30 June 2010, CRS VLDP Team establishes and implements a clear set of procedures for collecting and reporting health and HIV information.	<p>We have incorporated the action plan to CRS health project with management support. The VLDP team has organized a stakeholders meeting in January to identify the information needs for CRS and partners. They will guide the development of indicators and MIS.</p> <p>We have briefed some senior management team members on our progress since starting date and have circulated some updates and team module evaluation ratings. Partners are aware of the direction we are taking and we will share the final action plan on an agreed date.</p>

Appendix B: VLDP M&E 2 Team Challenges

Team	Participant Number	Challenge	Measurable Result	Progress to Date
Myanmar Population Services International (PSI)	8 participants	How can we improve access to quality RTI drugs and medical care for women who come for long term birth spacing methods provided by PSI/M given that healthcare providers themselves are not familiar with proper treatment standards and do not have access to appropriate drugs?	By 30 June 2010, the PSI M& E team will conceptualize, design and develop an RTI training module to incorporate into current RH training curriculum for the doctors and conduct a training to a total of 25 franchised doctors in the Sun Network.	We have advocated the potential RH donor about the RTI kit. However, we still need to advocate about the problem to convince the other donors. Now we are planning meeting with UNFPA.
Nigeria Country Coordinating Mechanism (CCM)	5 participants	How can the CCM Nigeria Oversight Committee increase from 6 members to 15 members having received required M&E and Financial Management training given that <ul style="list-style-type: none"> • Some members are performing this role for the first time and • Some others require M&E and Financial Management skills to review grants? 	By 30th June 2010, a training program for members of the CCM Nigeria Oversight committee will be created and three additional committee members will be trained.	M&E Plan developed and approved already by the Oversight Committee for implementation in the next operation work plan. We have to get clearance that our Action plan is in order; However we have shifted the start date to April 1st 2010. We recognize that to make the desired change we have to change ourselves and as such we have begun to take the bull by the horn to begin to mentor most of the CCM Nigeria Oversight Committee members.

Appendix B: VLDP M&E 2 Team Challenges

Team	Participant Number	Challenge	Measurable Result	Progress to Date
Nigeria National HIV and AIDS Control Program (NASCP)	8 participants	How can we develop a harmonized National M&E Data capturing tool and get all stakeholders to utilize the new tool so that we can have a National data poll for easy access and proper documentation, given that various implementing partners have their own data collection tools on the field?	In collaboration with the implementing partners, develop and produce a final Draft of the national M&E data capturing tools and guidelines that contain all relevant indicators required for monitoring and evaluating HIV/AIDS treatment and other HIV services in Nigeria by June 30, 2010.	<p>We work to achieve the vision and mission of NASCP by applying leadership skills to bring a change, sharing of information and transmitting skills to others.</p> <p>We have started having interaction unofficially with some of the stakeholders on the need to harmonize our data collection tools.</p>
Straight Talk Foundation	10 participants	How can we strengthen monitoring and documentation such that information capture and sharing in STF is improved given that staff do not appreciate/understand the importance of these activities?	By June 30th 2010, 20 STF staff will have increased capacity in monitoring and documentation of STF projects.	<p>The monitoring and evaluation staff is reviewing all project documents to identify reporting requirements. They are also looking at the current monitoring and reporting tools in use by staff in the different departments.</p> <p>A field logbook has been developed showing staff the importance of monitoring. We have had informal discussions and Director's meetings and established awareness of the need for the group to respond to the challenge. Resources have also been assigned towards addressing the challenge.</p>

Appendix B: VLDP M&E 2 Team Challenges

Team	Participant Number	Challenge	Measurable Result	Progress to Date
Uganda Joint Clinical Research Centre (JCRC)	6 participants	<p>How can we improve the quality of HIV/AIDS data generated within JCRC in spite of:</p> <ol style="list-style-type: none"> 1. The current training curriculum does not have a focus for data quality; 2. The experts who designed the original support supervision tools had a narrow focus on assessing and monitoring data quality; and 3. Existing reporting tools from the Ministry of Health are not comprehensive enough to meet all data reporting requirements for all implementing partners? 	<p>By June 30, 2010,</p> <ol style="list-style-type: none"> 1. The current JCRC data management curriculum will have been revised by including detailed procedures concerning data quality management and reporting. 2. Data quality will continuously be monitored by modifying the current support supervision procedures so as to include data quality checks resulting in an increase in accuracy, reliability, timeliness and completeness from the current approximate of 40% to 70%; 3. A harmonized reporting tool which accommodates all JCRC reporting requirements will have been developed in collaboration with the Uganda Ministry of Health. This will lead to an improvement in the quality of data submitted to the JCRC management and other stakeholders. 	<p>A part of the action plan is being implemented. For example, seeking dialogue with the Ministry of health concerning a harmonized tool, this is in progress. The other activity being done is training of data personnel in the JCRC collaborating sites.</p> <p>We discovered that it was in MOH's plan to review data collection tools with partners, changes have been made. Tools to be adopted in Jan'10. We have developed checklists for data quality assessment.</p>

Appendix B: VLDP M&E 2 Team Challenges

Team	Participant Number	Challenge	Measurable Result	Progress to Date
Zimbabwe Ministry of Health and Child Welfare (MOH)	6 participants	<p>How can we improve the number of ART initiating facilities reporting on time from the current 75 ART initiating sites reporting on time to 100 ART initiating sites given that</p> <ul style="list-style-type: none"> •Few health workers are knowledgeable in monitoring and evaluation; •There is no M&E training course; •Provincial and district MOH managers do not appreciate the importance of M&E as a guide in programming; and •M&E system is currently manual/paper based? 	<p>By 31 May 2010 a modular M&E training course for provincial & district managers, nurses and health information officers with the following modules;</p> <ul style="list-style-type: none"> •Basic M&E concepts •Overview of the HIV/AIDS M&E System in Zimbabwe •Data Quality Assurance •M&E tools for reporting •Cohort Analysis for patients on ART <p>Will have been developed. Fifty provincial health personnel will have been trained as trainers using the developed M&E course and a further 150 health workers from 5 provinces trained in M&E. In addition, 2 advocacy meetings with provincial and district MOH managers will have been conducted and an electronic indicator database will have been installed at 30 ART initiating health facilities. The above actions will lead to an increase in the number of ART initiating clinics reporting on time to the head office from 75 to 100, a 35% increase.</p>	<p>Organized M&E meetings to discuss implementation strategies.</p> <p>Held a meeting with program officers to discuss the challenges.</p> <p>Started trainings.</p>

Appendix C: VLDP M&E 2 Workgroup Climate Assessment Results

Team Name	Pre Intervention Team Score – September 2009	N= number of responding team members	Post Intervention Team Score – December 2009	N= number of responding team members	Pre-Post Intervention Score Difference	Validity
Valid						
Catholic Secretariat	3.59	10	4.40	10	0.81	Valid
Malawi CRS	3.63	6	4.56	6	0.93	Valid
Myanmar PSI	3.56	8	4.14	8	0.58	Valid
Nigeria CCM	3.80	5	4.70	5	0.90	Valid
Straight Talk Foundation	3.92	9	4.36	9	0.44	Valid
Uganda JCRC	3.88	6	4.46	6	0.58	Valid
Zimbabwe MOH	3.66	7	4.16	7	0.50	Valid
Invalid						
AMREF	3.08	9	4.02	8	0.94	Invalid
EIFDDA	3.90	5	3.92	6	0.02	Invalid
Nigeria NASCP	3.90	10	4.36	8	0.46	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 2 Final Evaluation Summary Responses

Seventy-five (75) of 86 participants responded to the qualitative section of the post-program evaluation.

Evaluation by Module:

Module	Number of participants who answered "Very Helpful" or "Helpful"	Number of Total Responses	Percentage responding "Very Helpful" or "Helpful"
Module 2	74	75	99%
Module 3	75	75	100%
Module 4	74	75	99%
Module 5	74	75	99%
Module 6	73	75	97%

Evaluation by Component:

Component	Number of participants who answered "Very Helpful" or "Helpful"	Number of Total Responses	Percentage
Café	60	75	80%
Daily announcements	71	75	95%
Forum	72	75	96%
Email with Facilitators	74	75	99%
Tools and References	70	75	93%
Self-Assessments	73	75	97%
Editorials	74	75	99%

Component	Number of participants who answered "Excellent"	Number of participants who answered "Good"	Number of Total Responses	Percentage
Usefulness of Facilitators' input	64	10	75	99%
Availability of Facilitators	64	11	75	100%

Selected Results of the VLDP M&E2 End-of-Program evaluation responses:

52% (39/75) used the website as their primary means to participate in the program.

52% (39/75) used the workbook as their secondary means to participate in the program.

79% (59/75) report having started to implement their action plan.

88% (66/75) report having brought about changes in their organization as a result of the program.

85% (64/75) said they would likely access an alumni website after the conclusion of the program.

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

- **AMREF** - The team members developed draft compendium of health indicators, shared with program decision making body (PTC - Program Technical Committee) and they are currently reviewing.
- **Catholic Secretariat** - We have met with our secretary general on the need for M and E office and the importance of it. We have briefed the other staff and allocated to each team member a task to execute.
- **EIFDDA** - We have started the breakthrough activities with EIFDDA senior management.
- **Malawi CRS** - We have incorporated the action plan to CRS health project with management support. The VLDP team has organized a stakeholders meeting in January to identify the information needs for CRS and partners. This will guide the development of indicators and MIS.
- **Myanmar PSI** - We have advocated the potential RH donor about the RTI kit, and is allowed. However, we still need to advocate about the problem to convince the other donors.
- **Nigeria CCM** - M&E Plan developed and approved already by the Oversight Committee for implementation in the next operation work plan.
- **Nigeria NASCP** - We work to achieve the vision and mission of NASCP by applying leadership skills to bring a change, sharing of information and transmitting skills to others.
- **Straight Talk Foundation** - A field logbook has been developed showing staff the importance of monitoring. We have had informal discussions and Director's meetings and established awareness on the need for the group to respond to the challenge. Resources have also been assigned towards addressing the challenge.
- **Uganda JCRC** - We have already contacted our local Ministry of Health so as to have a uniform / harmonious reporting tool for all HIV - implementing partners in the country. Also, our team has introduced data quality management and reporting checks, in an effort to improve data quality for all M&E reports received from our partners.
- **Zimbabwe MOH** - Held a meeting with program officers to discuss the challenges. Organized M&E meetings to discuss implementation strategies. Trainings going on.

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

- **AMREF** - We are viewed as a cohesive group to be reckoned with. There are talks to assign individuals heavier and specific roles in the organization.

- **Catholic Secretariat** - In our work as a team, we tolerate each other better and understand leadership with more emotional intelligence than before.
- **EIFDDA** - We have included essential elements of the VLDP in the annual plan of the organization as part of leadership capacity component for the year 2010.
- **Malawi CRS** - Our team has become more focused and values each member's contributions; as a result our communication has greatly improved and we are able to assist one another, critically assessing situations and providing constructive, decision making (innovative ideas) to address challenges. The team is dedicated and takes plenty of time trying to find ways of addressing M&E challenges related to Health and HIV projects. We speak with one voice in order to be heard and the SMT has been very supportive. In addition, we have shared some relevant materials and links obtained from the program reference section with other departments. Change of attitudes towards work and leadership by team members has been great.
- **Myanmar PSI** - Yes. The team members are involved in advocating not only the RTI treatment but also the launch of ART treatment kits and also clean delivery kits for STI and RH programs.
- **Nigeria CCM** - We have been able to make most CCM Nigeria Oversight Committee members to do lots of scanning and analyzing before any meeting. That has helped them make proper decisions.
- **Nigeria NASCP** - More focused in our approach to M& E matters and the quality of leadership.
- **Straight Talk Foundation** - The challenge of monitoring and documentation has been a subject of discussion among our senior management, as a matter of fact, plans are underway to integrate a session on documentation in a planned workshop for staff working in the radio department.
- **Uganda JCRC** - We are in the process of scheduling meetings without training coordinator so as to forge a way of revising the current training curriculum so as to include aspects of data quality management and reporting. We are optimistic that in the end, we shall have a revised training curriculum that will incorporate aspects that are meant to improve data quality for all M&E reports.
- **Zimbabwe MOH** - Team work has been strengthened. Some leadership practices e.g. aligning/mobilizing have evidently improved - more stakeholders have committed to support M&E activities for 2010.

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?

- **Communication (9)**

- The other challenge I noticed during the VLDP was; how we can instantly respond to letters we get that need instant replies? Through the VLDP we have managed to set up a "Rapid letter response unit" This will require all data entrants to select and place highly sensitive letters into a separate file where trained counselors within the organization can find them and respond to them timely.

- **Organizational Structure (14)**

- Decentralization of M & E system to project level. The team leader is proposing to the program technical committee to centralize M&E at program level.

- The team is pursuing with PTC to have M&E Officers in each of the four program areas as part of the initiatives to the realization of the team vision. At the moment we have one Programs (country) M&E Officer, one program area M&E Officer and four project M&E Officers. VLDP has given us more courage and reason to pursue this proposal for reorganization of M&E within AMREF in Kenya.

- Yes, Straight Talk Human resource department is reviewing staff job descriptions and while updating them, responsibilities of documentation and reporting will be included among the roles for program staff.

- Yes- there are other institutional challenges identified such as- - Bureaucratic impediments. VLDP has helped us a lot to address this challenge in the sense that when we held our meeting with top management, it was one of the challenges raised and discussed. The management promised to look into it as well as other challenges raised.

- **Leadership & Management (11)**

- Weak management, lack of strong cooperation among different program units.

- CRS has a learning web site called CRS learns. Some people within management thought we should go for those courses. We had to introduce the course and stress its importance to the team and CRS to win management support.

- **Resource Constraints (3)**

- Yes, we have challenges related to program implementation & lack of quality services. Therefore we will review the challenges through VLDP approach.

- **Other Challenges (11)**

- Yes, research projects within the organization. More moral support from team members.

- No quality assurance in the program.

- Staff motivation. Poor remuneration to staff and VLDP has proffered solution by encourage open discussion. Very interactive interpersonal communication.

- Yes long waiting time for approval of activities and proposals submitted for approval and so it slows implementation of activities. Yes VLDP HELPED BECAUSE WE NOW FOLLOW UP ON SUBMITTED DOCUMENTS CLOSELY AND GET APPROVAL FASTER

- How to carry out Data analysis after the collection and collation of data from facilities and implementing partners.

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 (11)**

- When seeking change, I try to get buy-ins from the rest of the team so that we move together with the change that we want to bring about

- **Communication (15)**

- Yes, I am able to handle, communicate and relate better with teammates, family members and friends.

- Understanding of each other's personality through VLDP facilitation helps us to communicate to each other better. We are now more focused on what we want to achieve in our project and making sure that our strategies are in line with our goals.

- **Leadership skills/Confidence (31)**

- Yes, it has. I am now able to generate a vision, mobilize resources, empower, step upon challenges and manage change as a leader.

- I was proud to be part of the program as I have never been to such online program. The four leadership skills and the managerial skills are quite impressive. The leadership competencies are also a surprise to me as I see clearly my areas to be improved.

- Yes. Leading - VLDP has helped me improve/work on improving some of my leadership skills particularly inspiring other members of the team. I think I have improved in aspects such as giving feedback and support to team members.

- **Management Skills (20)**

- VLDP has been instrumental to me, especially on module 6. I happened to look back at certain new systems we tried to introduce to staff in the past but have not been embraced. It looks like we were actually forcing the change down their throats. I have read severally the Kotter's stages and I know now how to go about the other changes we are planning in my program.

- I used to have too much work related assignments and missed some important deadlines on some make or break assignments. With VLDP, I have learned the importance of prioritization of my assignments and for the last 1.5 months, I have been able to complete my important and urgent assignments on time leading to improved performance and even less personal stress.

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

- Yes. I now **manage change** much better. I am now more conscious of myself and others behavior in response to conflict and motivational value system.
- Yes, I strengthened my skills of **empowering and developing people** and **collaborative partnership**, especially during the work group exercises.

Appendix D: VLDP M&E 2 Final Evaluation Summary Responses

- Yes, **communication** and **emotional intelligence** competencies.
- This program has assisted me to **scan and focus** on what I do. In my assignment I discovered that I was not good at scanning because I acted on things as they arose rather than identifying the root causes of the problems before acting, but now before I implement anything, I scan, **set priorities** and then plan.
- **Monitoring and evaluation**, and **inspiring**.
- I have strengthened leadership competencies of **systems thinking**, **focused drive** and **conceptual thinking**. In terms of management competencies, I have strengthened **focusing and aligning/mobilizing**.

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 (15)**
- **Yes**

- I have sent soft copy of some the materials to **all our staff**.

- Yes, I leave the text book on our **common shelf** so that any staff can read it.

- Yes, I shared with my **project manager** my workbook for 2 days to look at the communication part.

- Yes, the organization assessment tool for human resources officers was shared with our **Head of management quality and administration and human resource** manager. They think it's a very important and timely resource which we can use to evaluate our organization.

- The team shares the materials with the **head of health and HIV unit** because from the beginning she has supported the team on this program. We share information through e-mails and sometimes verbally.

- I could discuss with some of my work mates on the differences between leadership and management, I also shared the links with my younger brother who is a social science student at the **University of Malawi**. I also shared the reference links with my other younger brother who is a lecturer in Political Science at the **Catholic University**. Both of them appreciated the valuable information sourced from the links.

- Yes. I shared the some of the materials with some colleagues at the **Federal Ministry of Health** in Nigeria.

- I shared the strength development inventory with the **senior colleagues** in the department. I wanted to understand their strengths and see how we can complement each other to build a team.

- I have shared verbally with a colleague in **another HIV organization** in my country about communication barriers; it was in a simple conversation over lunch. I am also preparing a **presentation** to share with my colleagues in the next few weeks in our regular continuous staff development program. I want to share about communication and change management.

- I shared about the four leadership and management practices with a **regional data manager**. It was in the form of sharing how one gets the best out of his supervisees. I had outlined on paper all the practices (Leadership & mgmt)

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 (8)**
- **Yes**

- I am still not good at **crafting a vision** and **analyzing root causes**. And I will work hard in this area. **(3)**
- **Change management (5)**

- Yes, I would like to further train in **negotiation** and **communication** so as to improve team involvement **(9)**

- **Performance Management (5)**
- **Delegation (2)**

-**Creating partnerships**

- **Financial management for health managers (3)**

- Essential skills/ steps in **proposal writing**

- Assessing each team member's **emotional and social intelligence** and performance quality **Team building (7)**

- **Recruitment/Engagement skills (6)**

- **Planning & focusing (3)**

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

- **Yes (100%)**

- I really recommend this training to many organizations. This is because leadership is the most overlooked area in most organizations.

- Yes, especially in Ethiopia, the reason for the failure of most health programs is lack of committed leadership and strong M&E.

- Yes. It is a great opportunity to evaluate oneself and their organization and strengthen it further.

- Yes. It helps in imparting some basic and critical leadership and management skills. It also helps team members to bond and know each other better.

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- Yes because it's refreshing. Most people would say they are leaders but they lack a lot. This program teaches one on how to lead admirably because leadership is about people.
- Definitely...I thought that management and leadership was common sense to any health professional and that poor managers did it intentionally. There is however a lot we get wrong simply because we do not know. This is the course to go for.
- YES, this is the most exciting and beneficial program I have ever participated in. I have realized a lot about myself and have learnt a lot. The action plan has helped us focus on issues we complain about and never tried to adequately address as a team. This program has helped us as a team we have developed a very strong bond.
- Yes. Most organizations are failing to thrive due to leadership challenges. Most organizations have managers and not leaders. To have both is a blessing.
- Yes because I know it will stir something positive in any organization as it did to mine.
- Yes I would recommend this program to other organizations. I have already suggested the program to some friends in two organizations in Uganda.
- Yes. I am very good at self assessments. I have never known of a tool that can spell out the real self of me until I took the VLDP! Now, I know my strengths and weaknesses and I strive to be an average person by working on my weaknesses.
- Yes, because it's organized in a very practical and participatory manner. This ensures a hands-on learning experience such that lessons learnt are basically for a life time.
- Yes. I would recommend it because it is helpful in shaping one as a leader. Most of us can manage, but not most of us have been leaders. So I would recommend the other organizations to participate so that they can be helped to lead, as we address the HIV/AIDS challenge on this continent.
- Yes. There are many people who are managing by experience. Many people are promoted to management positions, but are never trained in any way to lead and manage. We have doctors managing our regional centre but have no knowledge in leadership and management.
- I would definitely recommend the program as every manager, leader or aspiring leader would greatly benefit from it.
- Yes. I am already telling people about it. A lot of my friends are very interested.
- Yes. It is enriching and soul inspiring can compete anywhere on leadership in health sector in general.
- Yes, failure to do this will show me as a selfish person.

Other comments/suggestions

Praise

- Please, Keep it up!!! VLDP is such an amazing and useful tool. I had doubts about online training before. It looks like I am changed now. Thank you all facilitators. Blessings from the Nile River.
- Thank you very much to the facilitators for all the inputs. They played a major role in the training and kept us motivated to continue.
- Kudos to Scott and Susan, you were always responsive, understanding, supportive and very resourceful. You have a way with adult learners!!

Appendix D: VLDP M&E 2 Final Evaluation Summary Responses

- I really thought I was not going to learn much but VLDP has proved me wrong. The facilitators are great.
- Thank you so much. I am now a better leader. I have had time to reflect and take in new knowledge and skills. I am sure there is a lot I will do to help my organization.
- Was such a revealing engagement. It goes beyond workplace and helps you reflect critically on your leadership role in the family. I am glad I got the opportunity to be a part of VLDP.
- THANK YOU VERY MUCH INDEED FOR HAVING US INVOLVED IN SUCH A WONDERFUL PROGRAM.
- You've done a great job to help me become a good leader/manager, but many organizations are not informed of such opportunities. For any training opportunity, let us know so that we can connect other organizations to benefit from VLDP.
- It is an excellent program. I WILL BE INTERESTED IN ANY PROGRAM ORGANIZE BY YOU. YOU ARE ALL HARDWORKING AND INTELLIGENT.

Suggestions

- Try to reach out as many organizations as possible and include staffs at different levels in the organization (leaders/managers), program staffs, M&E and finance.
- Keep on creating managers who leads. In the future it will be also good if can organize short kind of trainings.
- The teams/participants from all organizations and faculty during a course should at least meet once in its existence.
- Keep up and never give up. Organize for Alumni workshops in future so we share best practices in what works in the various facets of management and leadership of health programs.
- Thanks to the organizers, the donor and the facilitators. It would be nice to have a VLDP team T-shirt.
- I would encourage you to start an electronic degree program.
- If the facilitator can meet with the teams in person, you will understand the difficulties and facilitate more effectively.
- Internet could be very frustrating. However, another means of communication to the facilitator e.g. telephone or text messages
- Maybe more time should be given to some module especially module 3.
- I would like the facilitators to intervene in the cafe whenever the discussions are not taking the right direction (to redirect the discussions) and give their views when they think participants haven't exhausted the subject. Module 5, I personally didn't understand the appropriate communication styles in the Client, Laura and her boss's scenes. What were the communication styles for each of them in the different scenes? I searched the Internet for communication styles, but I did not find some appropriate styles for some characters in the scenes. I wish these are given in the handbook than leaving the participants to take whatever we read on the Internet. It would be good if we all went with a common understanding. Otherwise, thanks a lot.

Appendix E: VLDP M&E 2 Teams and Participants

Country: Afghanistan	Team Name (participant #): MOPH (12)			
Last name	First name	E-mail address	Position	Sex
Sana	Sanallah	[REDACTED]	M&E Officer	M
Hasanzai	M. Ismail	[REDACTED]	M&E Officer	M
Brakati	Zikria	[REDACTED]	M&E Officer	M
Amerkhail	Mahmadullah	[REDACTED]	M&E Officer	M
Marufkhail	Allah Dad	[REDACTED]	M&E Officer	M
Rahimi	Fazal. M	[REDACTED]	M&E Officer	M
Emal	M. Emal	[REDACTED]	M&E Officer	M
Shafaq	Said Bariq	[REDACTED]	M&E Officer	M
Zaki	Zaki	[REDACTED]	M&E Officer	M
Ahad	Abdul	[REDACTED]	M&E Officer	M
Neyaysih	Haseebullah	[REDACTED]	M&E Officer	M
Jalili	Abd Maruf	[REDACTED]	M&E Officer	M

Country: Ethiopia	Team Name (participant #): EIFDDA (6)			
Last name	First name	E-mail address	Position	Sex
Fisseha	Abreham	[REDACTED]	Monitoring and Evaluation coordinator	M
Woldeyes	Habtamu	[REDACTED]	HIV/AIDS unit coordinator	M
Tarekegne	Bereket	[REDACTED]	Planning, monitoring and evaluation department head	M
Bergene	Azmach	[REDACTED]	OVC program officer	M
Nigussie	Kibrework	[REDACTED]	Social mobilization and stigma, discrimination and denial officer	F
Nesru	Hadi	[REDACTED]	Research officer	M

Appendix E: VLDP M&E 2 Teams and Participants

Country: Kenya		Team Name (participant #): AMREF (9)		
Last name	First name	E-mail address	Position	Sex
Chepii	Simon	[REDACTED]	Programme M & E officer	M
Njagi	Purity	[REDACTED]	Project M & E officer	F
Wangalwa	Gilbert	[REDACTED]	Project M & E officer	M
Kamanu	Rosemary	[REDACTED]	Project M & E officer	F
Machira	Yvonne	[REDACTED]	Research Officer	F
Wangila	Sam	[REDACTED]	Knowledge Manager	M
Mwangi	Judy	[REDACTED]	Project officer	F
Marita	Enock	[REDACTED]	Project officer	M
Atiema	Lydia	[REDACTED]	Project Officer	F

Country: Malawi		Team Name (participant #): CRS (6)		
Last name	First name	E-mail address	Position	Sex
Jumbe	Brian	[REDACTED]	Monitoring and Evaluation Specialist	M
Mambo	Cynthia	[REDACTED]	Head of Monitoring, Evaluation and Learning Unit	F
Chirambo	Molly	[REDACTED]	Project Manager-Health and HIV Unit	F
Mgowa	Fidelis	[REDACTED]	Project Manager-Health and HIV Unit	M
Kamwendo	Effie	[REDACTED]	Team Leader-Health and HIV Unit	F
Chisangwala	Moses	[REDACTED]	Project Manager-Health and HIV Unit	M

Appendix E: VLDP M&E 2 Teams and Participants

Country: Myanmar	Team Name (participant #): PSI (8)			
Last name	First name	E-mail address	Position	Sex
Win	Myint Myint	[REDACTED]	Brand Coordinator	F
Linn	Nay Aung	[REDACTED]	Senior Franchising Officer	M
Zaw	Min	[REDACTED]	Deputy Director	M
Hlaing	Hnin Wai	[REDACTED]	Franchising Manager	F
Han	Theingi	[REDACTED]	Franchising Manager	F
Cho	Htoo Aung	[REDACTED]	Senior Franchising Officer	M
Htin Aung	May Sandi	[REDACTED]	Senior Franchising Officer	F
Hein	Aung	[REDACTED]	Senior Franchising Officer	M

Country: Namibia	Team Name (participant #): Kunene Regional Council (6)			
Last name	First name	E-mail address	Position	Sex
Cloete	Rodney	[REDACTED]	Kunene Regional Monitoring and Evaluation Officer HIV/AIDS, TB and Malaria	M
Mijoro	Lilian	[REDACTED]	Khomas Regional Monitoring & Evaluation Officer HIV/AIDS, TB and Malaria	F
Sinalumbu	Vinea	[REDACTED]	Kavango Regional Monitoring & Evaluation Officer HIV/AIDS, TB and Malaria	M
Naibeb	Herold	[REDACTED]	Erongo Regional Monitoring & Evaluation Officer HIV/AIDS, TB and Malaria	M
Tjituri	Elsie	[REDACTED]	Regional Monitoring & Evaluation Officer HIV/AIDS, TB and Malaria	F
Kambundu	Hilma	[REDACTED]	Oshana Regional Monitoring & Evaluation Officer HIV/AIDS, TB and Malaria	F

Appendix E: VLDP M&E 2 Teams and Participants

Country: Nigeria		Team Name (participant #): Catholic Secretariat (10)		
Last name	First name	E-mail address	Position	Sex
Ezekwe	Miriam Ifeoma	[REDACTED]	Health Secretary	F
Ovwigho	Bibiana	[REDACTED]	National HIV/AIDS	F
Agbo	Regina	[REDACTED]	Project Manager (SUCCOUR Project).	F
Ihyom	Grace	[REDACTED]	Health Policy Advocacy Advisor	F
Udeinya	Martins	[REDACTED]	M&E Specialist, SUCCOUR Project	M
Tomori	Michael	[REDACTED]	M&E Specialist, SUCCOUR Project	M
Kpason	Anne	[REDACTED]	Care and Support Officer, 7D/SUN Project	F
Ekpen	Patrick	[REDACTED]	Grants Administrator	M
Anyafulu	Roseline	[REDACTED]	Prevention Project Officer	F
Ayabami	Oluwaseun	[REDACTED]	OVO Prevention Officer (SUCCOUR Project)	F

Country: Nigeria		Team Name (participant #): CCM (5)		
Last name	First name	E-mail address	Position	Sex
Bello	Fatai Wole	[REDACTED]	Executive secretary	M
Adio	Israel	[REDACTED]	Finance and admin officer	M
Couson	Emmanuel	[REDACTED]	Communication Officer	M
Ibrahim	Tajudeen	[REDACTED]	Program Officer	M
Egharevba	Michael	[REDACTED]	M&E Officer	M

Appendix E: VLDP M&E 2 Teams and Participants

Country: Nigeria		Team Name (participant #): NASCP (8)		
Last name	First name	E-mail address	Position	Sex
SEGILOLA	ARAOYE	[REDACTED]	ASST. DIRECTOR	M
BASHORUN	ADEBOBOLA	[REDACTED]	MEDICAL OFFICER- STRATEGIC INFORMATION	M
YUSUF	AISHATU	[REDACTED]	MEDICAL OFFICER	F
IKWULONO	GABRIEL	[REDACTED]	PRINCIPAL LABORATORY TECHNOLOGIST	M
CHUKWUKAODIN AKA	NWAKAEGO	[REDACTED]	MEDICAL OFFICER	F
ABATTA	EMMANUEL	[REDACTED]	SCIENTIFIC OFFICER	M
AMODU-AGBI	PERPETUA	[REDACTED]	PRINCIPAL SCIENTIFIC OFFICER	F
BAKO-ODOH	DEBORAH	[REDACTED]	SENIOR MEDICAL OFFICER	F

Country: Uganda		Team Name (participant #): JCRC (6)		
Last name	First name	E-mail address	Position	Sex
KIGOZI	JESSE	[REDACTED]	Health Economist/M&E Officer	M
MUHUMUZA	DAVID	[REDACTED]	M&E Officer	M
KAYIWA	JOSHUA	[REDACTED]	Medical Statistician	M
NASSALI	ANN	[REDACTED]	Data Manager	F
RUGANDA	RICHARD	[REDACTED]	Data Manager	M
MUGUMYA	RICHARD	[REDACTED]	Data Manager	M

Appendix E: VLDP M&E 2 Teams and Participants

Country: Uganda		Team Name (participant #): Straight Talk Foundation (10)		
Last name	First name	E-mail address	Position	Sex
Walugembe	Patrick	[REDACTED]	M&E Manager	M
Ajok	Susan	[REDACTED]	Programs Director	F
Awour	Emily	[REDACTED]	Data Officer- Kampala	F
Walakira	Godfrey	[REDACTED]	Outreach & Training Manager	M
Kato	Isaac	[REDACTED]	M&E Officer - Kampala	M
Campo	Stuart	[REDACTED]	Director Special Projects & Innovations	M
Sekajoolo	Hassan	[REDACTED]	Radio Manager	M
Akello	Martha	[REDACTED]	Editorial Manager	F
Omach	Jerolam	[REDACTED]	Director for Face to Face Programs	M
Kibwola	Denis	[REDACTED]	Director for Northern Uganda Programs	M

Country: Zimbabwe		Team Name (participant #): MOH (6)		
Last name	First name	E-mail address	Position	Sex
Mpeta	Edwin	[REDACTED]	Deputy National ART Programme Coordinator/M&E Coordinator	M
Siziba	Nicholas	[REDACTED]	M&E officer – TB	M
Chidawanyika	Henry	[REDACTED]	Health Info advisor	M
Madyira	Lydia	[REDACTED]	Database officer	F
Gwenzi	Farai	[REDACTED]	M&E officer – OI/ART	M
Chimhanda	Luke	[REDACTED]	M&E officer – OI/ART	M