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Scaling Up Access to Effective Management and Leadership Practices for Health Organizations through the Use of Virtual Approaches



With funding from USAID, Management Sciences for Health (MSH) has developed Web-based distance learning programs, networks, and resources to address gaps in health professionals' management and leadership skills and education. These virtual offerings focus on leadership development, business and strategic planning, human resource management, board governance, and other organizational needs. MSH's Leadership, Management and Sustainability (LMS) Program reached more than 8,000 health leaders and managers through its networks and learning programs. Participation in Virtual Programs has more than doubled since these programs were first launched under the Management and Leadership Program between 2002 and 2005. Membership in LeaderNet and the Global Exchange Network for Reproductive Health has increased more than 13-fold, with the average number of participants per seminar steadily increasing over time.

This document highlights results and lessons learned from the strategic evaluation, "Scaling Up Access to Effective Management and Leadership Practices for Health Organizations through the Use of Virtual Approaches." It is one of four evaluations carried out by the Monitoring, Evaluation, and Communications Team of the Leadership, Management and Sustainability (LMS) Program. The four studies together offer a cross program examination of LMS Programs between 2005 and 2010 to document results and generate lessons learned for the benefit of USAID, MSH, and the international development and health community. More results and the complete evaluation can be accessed at <http://www.msh.org/projects/lms/Results/upload/2010-06-08-Strategic-Evaluation-Virtual.pdf>

LMS's Collection of Virtual Approaches

The need for capacity development in management, leadership, and governance is large, and using virtual technologies is a way to meet this demand. Virtual approaches provide ongoing learning opportunities to people who would not otherwise receive them, and at a reasonable cost. Significant opportunity exists to expand these virtual approaches as internet connectivity increases, and mobilization and financial support for strengthening health systems grows.

Around the world, health professionals, doctors, nurses, nutritionists, pharmacists, social workers, laboratory specialists, managers, and administrators are applying skills they have learned in LMS's virtual programs and seminars to reduce illness and save lives.

Virtual Approaches to Achieve Results in Family Planning and Reproductive Health

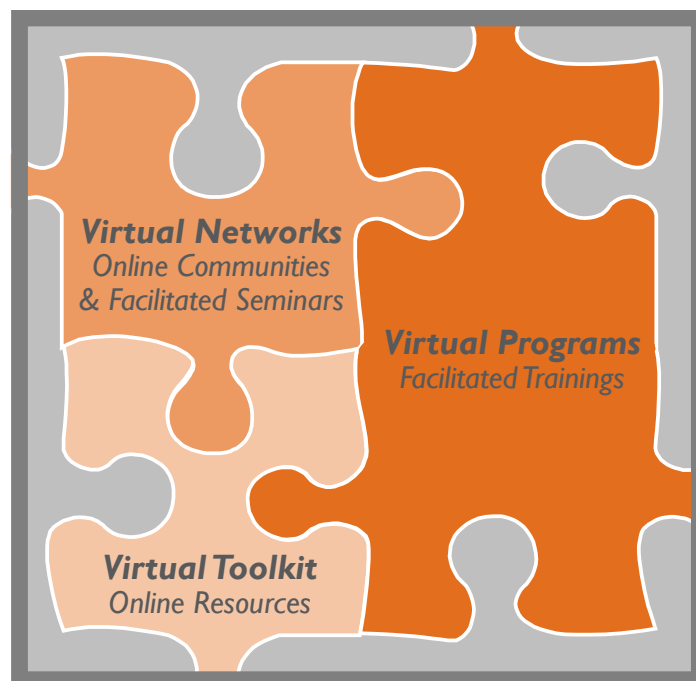
Many LMS virtual learning programs and seminars have furthered family planning and reproductive health goals, including repositioning family planning, contraceptive commodity security, and post abortion care. In addition, all Global Exchange Network for Reproductive Health virtual seminars have focused on priority family planning and reproductive health management and leadership topics.

Virtual Leadership Development Program: Contraceptive Security

LMS worked closely with the USAID Office of Population and Reproductive Health's commodity security team to plan and implement both face-to-face and virtual leadership development programs for teams working on commodity security issues in Latin America and Francophone Africa. See results at right.

Virtual Fostering Change Program (VFCEP): Post-Abortion Care

LMS conducted a VFCEP for teams working in post-abortion care in five Francophone African countries – Burkina Faso, Guinea, Rwanda, Senegal, and Togo – between January 2009 and March 2010. As of the writing of this document, teams' progress toward results includes:



- The teams from Guinea, Rwanda, and Togo developed and finalized their action plans for implementing their selected best practice in post-abortion care in one to four sites, and also gathered and analyzed data from their selected intervention sites;
- The team in Rwanda also finalized their action plan, and then conducted a day-long training for 13 participants on providing PAC and the integration of family planning and PAC services;
- The team from Togo implemented their selected best practice in three of their four sites.

Virtual Approaches to Achieve Results in HIV/AIDS Programs

With funding from the Office of HIV/AIDS, LMS delivered virtual learning programs to human resource managers and their teams as well as to teams from HIV/AIDS public and private sector organizations.

Virtual Leadership Development Program: HIV/AIDS Teams in Southern Africa

A Virtual Leadership Development Program was delivered from April to July 2007 to thirteen teams from Botswana, Malawi, South Africa, Tanzania and Zambia. Teams identified an organizational challenge that they were facing and developed an action plan to address this challenge, achievable within six months. See results at right.

Sample of Results from Latin America VLDP for Contraceptive Security

Team	Challenge	Measurable Result	Achieved by December 2007																		
Asociación Demográfica Salvadoreña (ADS)	How can we secure funding that will ensure access to education and to sexual and reproductive health services (including contraceptive supplies) for El Salvador's rural population, emphasizing teenagers and youth with limited purchasing power?	In December 2007, we will have \$640,000 to ensure family planning services and commodities for the population of fertile age in 640 rural communities in areas that ADS works in, an average of \$1,000 per community.	The budget of \$640,000 was approved in December 2007.																		
Centro Paraguayo de Estudios de Población (CEPEP)	How can we maintain the CYP produced by the PAC Program during 2006, taking into account the new tax status, declining donations, and increase in the population with limited resources?	Maintain the 7,490 CYP produced during the PAC program in 2006.	7,337 (98%)																		
Paraguay MOH	How can we ensure the availability and accessibility of the four contraceptives in the basic basket for groups of women and men from the country's 46 poorest districts, according to the IPG index?	By December 2008, 85% of the service points of the Ministry of Health in the 46 selected districts have the basic four contraceptives accessible and available, as measured by stockouts of these specific contraceptive commodities.	<table border="1"> <thead> <tr> <th colspan="3">% of stockout by method</th> </tr> <tr> <th></th> <th>Mar 07</th> <th>Dec 07</th> </tr> </thead> <tbody> <tr> <td>IUD</td> <td>9.5%</td> <td>3.9%</td> </tr> <tr> <td>Oral</td> <td>7%</td> <td>5.5%</td> </tr> <tr> <td>Depo</td> <td>15%</td> <td>7.9%</td> </tr> <tr> <td>Condom</td> <td>11%</td> <td>4%</td> </tr> </tbody> </table> <p>100% of Family planning HR leaders trained in CYP Dec. 2007</p>	% of stockout by method				Mar 07	Dec 07	IUD	9.5%	3.9%	Oral	7%	5.5%	Depo	15%	7.9%	Condom	11%	4%
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Sample of Results of VLDP in Human Resource Management for South African

Team	Challenge	Result Achieved by April 2008
Society for Family Health (SFH) Zambia	How we can offer male circumcision services to clients at voluntary counseling and testing (VCT) centers given limited space, inadequate supplies, few trained medical providers and fear of work overload on available staff?	The team completed all the activities in the action plan: 250 male circumcisions (MC) were provided at 1 SFH site. In addition, 60 MC have been provided at a private clinic.
Raleigh Fitkin Memorial Hospital (RFMH) Swaziland	How can we reduce the average waiting time of clients at the outpatient department (OPD) by 30% of the current waiting time given the existing obstacles (many queues, insufficient pay point, delay of doctors to attend to patients, high staff patient ratio and discontinuity of care)?	The team obtained a baseline measurement of OPD patient waiting time (approximately four hours). Empirical observations indicate waiting time has been reduced to three hours.
Christian Health Association of Malawi (CHAM)	With inadequate VCT counselors, how can we provide quality and sustainable VCT services in the rural areas within the catchment areas of CHAM units?	The team has implemented VCT in "approximately 25 static sites." (Target was 25 mobile and static sites.)

Lessons Learned

1. Successful programs are responsive to the needs and interests of participants.

LMS online programs and seminars are designed around priority management and leadership topics that are identified through field-based work, the needs expressed by LMS client organizations and partners, and the feedback of participants from earlier programs and seminars. Virtual approaches are only a vehicle to achieve results. What makes these approaches successful is not the fact that they are online. They are successful because LMS uses field-tested, well-designed materials, and experiential learning approaches. Virtual programs and seminars are practical and action oriented so participants leave with skills and tools they can apply to enhance the performance of their organizations.

2. Measuring and reporting results motivates teams.

When teams set goals and achieve them, they are inspired to share their results and skills with others, and to continue applying what they have learned. From end-of-program surveys and follow-up data collection, we know that our programs improve how teams work together on their objectives and goals. Quality follow-up data is also vital to demonstrating the links between investments in management and leadership capacity building, improved organizational and program functioning, and improved services and health outcomes.

3. The potential for using virtual approaches is growing.

An exciting lesson learned is that virtual approaches are an extremely important vehicle for scaling up management and leadership approaches and tools to public and private sector health organizations in the developing world. While these approaches are still not viable in some low resource settings with poor internet access, teams in health organizations in dozens of African, Latin American, Asian, and Middle Eastern countries have accessed these programs, participated in them actively and productively, and rated them very positively. Attrition has been low and participation high.

4. Balance standardized and customized program content.

When scaling-up virtual programs, it is important to standardize programs to ensure quality and allow for easy replication. At the same time, it is important to be able to adapt these programs to the context and needs of client organizations. In the beginning, each time the VLDP was offered in a new content area, much of the content of the program was revised

to reflect the new program focus. However, given the time and resources spent on each program adaptation, and recognizing that LMS virtual programs focus on developing priority management and leadership skills applicable to all areas of health, the programs are now more standardized, but retain enough flexibility to be meaningful in different country contexts. In this way, LMS is able to offer flexible and adaptable programs that are standardized and easy to replicate, making scale-up less costly.

5. Partnering extends LMS' reach.

Partnering with USAID programs, cooperating agencies, and other organizations is an important way to maximize USAID's investment in our virtual approaches. It is also an excellent way to add content and value to our programs in the areas that our partners specialize in, such as contraceptive security and public-private partnerships. Partnering was a particularly successful strategy for the VLDP and the Global Exchange Network for Reproductive Health. Organizations working in family planning and reproductive health could see the benefits of expanding their reach through the use of LMS' virtual media, and saw the added value of incorporating management and leadership skills to strengthen clinical approaches.

6. Dynamic facilitation is a key to success.

Participants will not stay engaged in a program or online discussion if the program is not dynamically facilitated by qualified facilitators. LMS has 49 trained facilitators in key technical areas that develop relationships with teams, recognize their progress, and provide interactive feedback and support. For example, facilitators and other technical experts provide timely technical feedback on the teams' action plans as they are developing them, enabling participants to develop high-quality plans with the input of several organizational development and medical specialists (something that is very difficult to do face-to-face with several technical staff given the costs of travel).

We are in a new era of international development that requires a long-term view. Increasingly, donors will need to pursue long-term health strengthening strategies while continuing to address the pressing immediacy and demands of vertical health programs. The overarching aim should be to help countries achieve independence, and to leave a legacy of countries who are able to plan, lead, manage, finance, and deliver basic health services on a sustained basis. Strengthening leadership and management innovatively, and with the most effective technologies, is a central means to these important ends.

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