In Tanzania, the East, Central and Southern Africa (ECSA) Health Community faced a challenge. Its member states struggled to produce current, accurate information on health worker training, deployment and attrition. How could ECSA help improve these countries’ human resources information systems? Clearly, tackling the issue required strong leadership and teamwork.

Through their participation in the Virtual Leadership Development Program (VLDP), ECSA team members addressed this challenge through a concrete action plan, propelled by their newly honed skills in leadership and management. A few months later, the team succeeded in co-sponsoring a week-long regional workshop on developing mechanisms for evidence-based decision-making through the Africa Health Workforce Observatory.

Developed by Management Sciences for Health (MSH), the VLDP strengthens the leadership capacity of health teams to produce organizational results. The program uses a blended-learning approach over the course of 16 weeks, combining on-site team meetings with individual work done on the website. With coaching from facilitators, teams identify the key challenges facing their organizations and create action plans to address them.

To strengthen the leadership and management capacity of HR managers and their teams in Anglophone Africa, the Capacity Project and the USAID-funded Leadership, Management and Sustainability (LMS) Program (implemented by MSH) jointly conducted the first VLDP for HR in 2006. Ten teams from seven countries completed the program. Team members dedicated approximately four hours per week and participated without having to leave their workplaces.

Building on the success of the first program, the Capacity Project and LMS conducted the second VLDP for HR from January to May 2007, with nine teams from eight countries. The Capacity Project’s HRH Global Resource Center was incorporated into the program based on earlier feedback. Participants were provided with links to relevant resources and targeted searches for each section of the VLDP’s curriculum.

The Christian Health Association of Ghana identified the challenge of gathering and managing data to provide improved HR information, leading to better service delivery. Through its action plan, the team developed an information system that was piloted in ten hospitals and will soon be rolled out to all member facilities. “We have been able to collect some data on HR for negotiating for health

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professionals for 2007/2008,” said a team member. “We have also identified the need to support our hospitals and clinics to plan for their HR needs and provide us with the data. We have benefited from VLDP [by using] the team approach and broad-based action to achieve this goal.”

In Lesotho, the Ministry of Health and Social Welfare decided to develop an orientation program for health workers. The team created materials and held six orientation sessions. The VLDP “helped us to make it more comprehensive,” said a participant. She added that the program has influenced the way her team approaches new initiatives, “especially when we realized that the organizational challenges we were facing were not unique to our situation but were universal.”

“The program has created teamwork among all the participants and has made it easier to collaborate on other issues other than those related to the action plan,” said a team member from the Uganda Protestant and Catholic Medical Bureaus. Echoing this sentiment, a participant from the Namibia Ministry of Health and Social Services remarked, “Now I am working in a team, a dynamic team, one that VLDP shaped for the better.”

Importantly, graduates report that they have gained a sense of empowerment about their ability to effect change. Through the VLDP, “I am able to handle people who resist change, and my communications skills have improved,” said one participant. “I am more confident now.” Another participant added, “The VLDP helped me to understand that I can be a leader.”