

Leadership Development Training to Strengthen Pharmaceutical Management in Sierra Leone

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BACKGROUND

The catastrophic Ebola epidemic that began in 2014 aggravated Sierra Leone's already weak pharmaceutical supply system. The country's public-sector storage, handling, distribution, and waste disposal practices were in dire need of improvement. Peripheral health units (PHUs) lacked reliable medicine consumption data, which compromised inventory control and accurate forecasting, leading to frequent stock-outs or overstocks.

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program received two years' of funding from the US Agency for International Development (USAID) in September 2015 to provide technical assistance to rebuild and strengthen the post-Ebola pharmaceutical management system and improve the supply chain and rational medicines use in Sierra Leone.

As part of that, SIAPS is helping Sierra Leone strengthen pharmaceutical sector leadership and governance at all levels and to improve management and accountability, including institutionalizing and operationalizing quality assessment/improvement protocols and processes. The project's technical assistance targets include district health management teams, hospitals, and PHUs in all 13 districts. Among the key stakeholders is the country's Directorate of Drugs and Medical Supplies (DDMS), which is responsible for coordinating and providing pharmaceutical services.

INTERVENTION

In May 2017, SIAPS held a Leadership Development Program (LDP) training, developed by Management Sciences for Health, to build the capacity of the DDMS, district and hospital pharmacists, and SIAPS field staff. It was the first such training in the country.

The program aims to train pharmacists on basic principles and practices of good leadership, management, and governance to help them identify challenges like system and budget constraints—and to lead their teams in handling them with maximum efficiency, collaboration, and transparency. Another training goal is to help pharmaceutical managers optimize the SIAPS-supported Continuous Results Monitoring and Support System (CRMS), which has been implemented nationwide. The training created a pool of local LDP facilitators who can extend their knowledge to other DDMS staff and to pharmacists throughout all 13 districts in Sierra Leone.

Step One: TOT

First, SIAPS supported training of trainers (TOT) for 17 future local LDP facilitators to cascade the program to other DDMS staff and district/hospital pharmacists throughout Sierra Leone. (Senior DDMS managers selected all participants, including the TOTs.) They were coached on key sections of the LDP content and taught how to facilitate them. The trainees practiced in front of their colleagues



and LDP leaders, who provided further feedback and coaching. Upon completion of their course, 13 of these 17 new trainers served as LDP facilitators for a senior management alignment meeting (SAM), a larger audience immediately comprising district medical officers, hospital superintendents, and external partners.

Step Two: Cascade Training

Then, a larger group of 35 participants trained in modules 1 through 4 of the LDP out of 10 modules (the remaining modules not covered due to project-related challenges). Topics covered included understanding leading and managing practices; introducing a “Challenge Model” and creating a shared vision; measuring results; and identifying obstacles to results and their root causes.

The purpose of the LDP cascade training is to help participants:

- Mobilize others in their workplace to envision and realize a better future for all
- Apply a systematic approach to define and address challenges and produce intended results
- Produce results that support the mission and shared vision of the team
- Build a work climate that supports commitment to continuous improvement

METHODOLOGY

The LDP follows an empowerment model of development practices, which involves participants in designing solutions to challenges they face. It is a participatory, adult learning process, as opposed to information delivered via a lecture. In line with this model, the two LDP facilitators, one an MSH LDP specialist and the other a consultant engaged by SIAPS, facilitated group learning for the first four modules of the program.

The facilitators organized participants in teams of up to seven people to ensure full participation by each individual. The teamwork is designed to also create camaraderie among participants and strengthen work relationships. The facilitators used potential day-to-day scenarios, challenges, and examples to generate discussion. The advantage of this learning method is that it is not prescriptive. Participants identify common, real-life issues and generate their own ideas and solutions.



Participants discuss how to tackle a challenge.
Photo: Gabriel Daniel

During these discussions, trainees brainstormed solutions to the many challenges that the pharmaceutical system is facing in Sierra Leone, such as drug stock-outs. With facilitators’ guidance, the participants proposed possible solutions, such as proactively communicating needs to the central storage unit as well as working to ensure availability of transport. The participants also discussed another key management challenge, poor data quality, realizing that individual action was needed to resolve this issue.

OBJECTIVES

Learning objectives for TOT participants included the ability to:

- List and explain eight leading and managing practices
- Demonstrate application of the Challenge Model
- Deliver LDP modules 1 through 4
- Coach district and PHU teams in implementing CRMS
- Plan implementation of LDP output
- Plan for cascading the LDP to peripheral teams



Communication among group members was key to learning. Photo: Gabriel Daniel

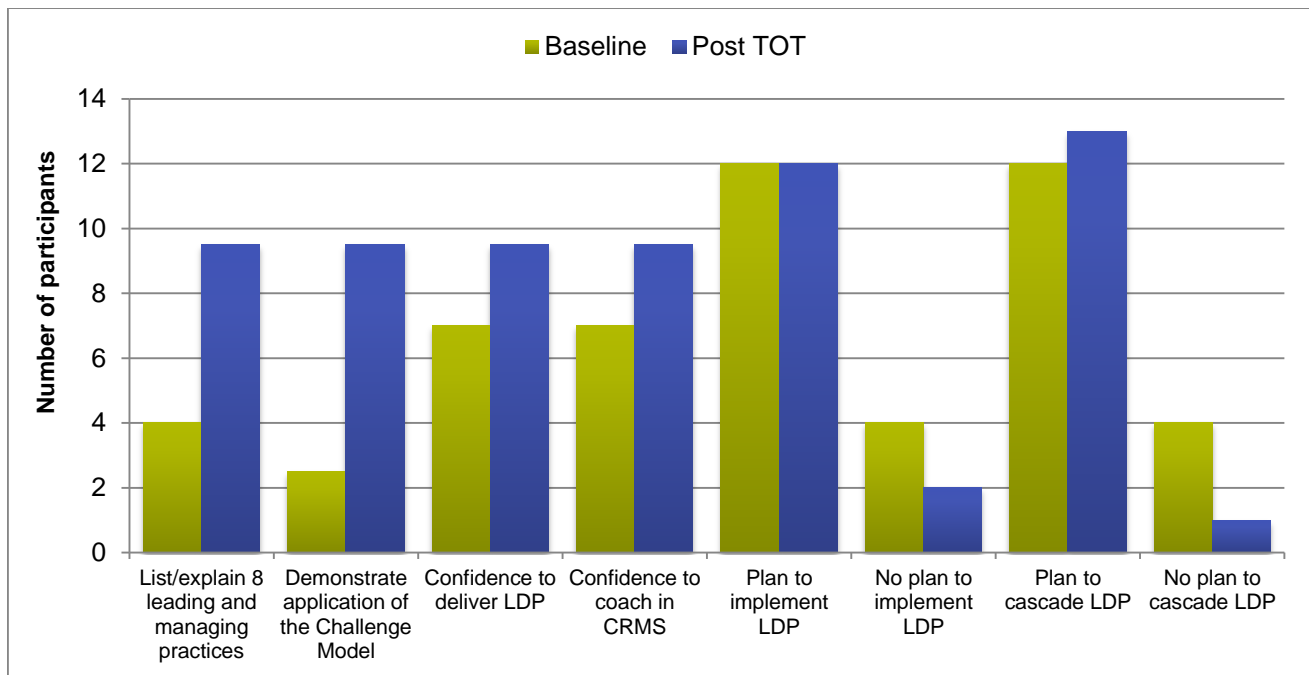


Figure 1. Results of TOT participants' survey on achieving learning objectives.

RESULTS

The “before and after” measurement of the objectives for TOT shows (on average) an increase in confidence, skills, and knowledge on a 10-point scale from 0 (low) to 10 (high).

The SIAPS facilitators observed that five TOT participants were well prepared to internalize the content and were able to follow the script/guide when they facilitated the modules during the cascade training. The remaining dozen, however, had not fully mastered the content and keeping to the script. It may be that the adult learning process was new to them and they had a hard time making the shift to facilitation.

CHALLENGES

- Work-related responsibilities conflicted with the training schedule, resulting in some of the participants missing some sessions in order to attend to office duties.
- The time used for the TOT was shortened to allow for enough time to do practicums for the subsequent SAM session. Only three days were allotted for the training, instead of the five days TOT normally requires.

LESSONS LEARNED

- It takes time to shift mindsets to new procedures. The TOT participants who were more accustomed to a traditional didactic training approach had a harder time shifting to a facilitated adult and participatory learning model. To deal with this, a full five days should be allocated to TOT training. Trainees must also ensure that they engage with the material and prepare thoroughly.
- The prescriptive manner of the LDP Facilitators Guide contradicts the way it's implemented, which is based on creative group facilitation. The guide spells out what a facilitator should say and ask to the letter. Some trainees took this to mean memorizing content, even though lecturing is discouraged. Others felt that, having mastered the content, they should be permitted to deliver it in their own words.
- Participation by senior management made a big difference in trainee enthusiasm. The director of DDMS was present throughout the training, which showed government support of the process. It also gave the participants a chance to bring forth the challenges they face at work.

GOING FORWARD

SIAPS recommends that DDMS management appoint a local facilitator to coordinate further LDP training in all 13 districts. The facilitator would coordinate cascading of the program to other departments and hospitals apart from pharmacy, improving the program's sustainability.

The TOTs from the DDMS, selected districts, and hospitals showed that they mastered the first four LDP modules. They displayed a shift in their thinking towards greater responsibility and empowerment that will help them serve as coaches in their workplaces. At the end of the TOT, they reflected on how they can act more like "managers who lead." As a group, they committed to:

- Proactively engaging stakeholders rather than waiting for orders from above
- Taking ownership of and responsibility for one's actions in the work place
- Taking action on challenges and adopting a persevering, can-do attitude
- Engaging and inspiring other stakeholders

At the conclusion of the training, Dorothy Peparah, the global health security agenda advisor who represented USAID in Sierra Leone, gave certificates of attendance to the participants and described the training as "an important milestone and an engine for pharmacists to improve on the health of the people of Sierra Leone."



TOT leaders and participants. Photo: Gabriel Daniel

ABOUT SIAPS | The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program works to assure access to quality pharmaceutical products and effective pharmaceutical services through systems-strengthening approaches to achieve positive and lasting health outcomes. SIAPS is funded by the US Agency for International Development (USAID) and is implemented by Management Sciences of Health.

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