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Pharmaceutical Leadership and Governance Initiative Free State Province November 2015–May 2016 Final Report

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

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CONTENTS

Acronyms	iv
Acknowledgments	v
Executive Summary	vi
Introduction and Background	1
Health Care Services in the Free State	1
Pharmaceutical Services in the Free State	3
Problem Statement	5
Building Leadership and Management Capacity	8
Overview of the MSH Leadership Development Program	8
Governance for Pharmaceutical Services	11
The Pharmaceutical Leadership and Governance Initiative in the Free State	13
Participants in the PLGI in the Free State	13
PLGI Approach	14
PLGI Workshop Schedule	15
Coaching Visits	17
Results Achieved	18
Improving Medicine Availability at Five Hospitals in the Mangaung Metro (Animal	
Reducing Expired Stock Levels at Selected Mangaung Metro and Lejweleputswa De Health Facilities (Pathfinders)	
Reducing Overexpenditure on Pharmaceuticals at 11 Hospitals in the Thabo Mofuts District (Ruby)	•
Improving Stock Management Practices at Fezile Dabi Hospitals (Team Fezi)	22
Reducing the Value of Expired Stock at Primary Health Care Facilities in Thabo Mofutsanyana District (Landrover)	23
Reducing the Value of Expired Stock in 8 PHC Facilities in TM District by 25% by March 2017 (Team 4x4)	
Improving Efficiencies for the Payment of Suppliers by the Pharmaceutical Medicin Depot (Mufasa)	
Dissemination of Results	26
References	27
Annex A. List of Participants	28
Annex B. Workshop Schedules	29
Annex C. Coaching Visit Reports	33
Annex D. Workshop Evaluations	53

ACRONYMS

AIDS acquired immunodeficiency syndrome

APP annual performance plan

ARV antiretroviral

BAS basic accounting system
CEO chief executive officer
EDD expected delivery date

FSDOH Free State Department of Health HIV human immunodeficiency virus LDP Leadership Development Program

M&E monitoring and evaluation

MSH Management Sciences for Health PDOH Provincial Department of Health

PEPKAN Pelonomi Regional Hospital, Embekweni District Hospital, Katleho District

Hospital, National District [Hospitals]

PFMA Public Finance Management Act

PHC primary health care

PLDP Pharmaceutical Leadership Development Program
PLGI Pharmaceutical Leadership and Governance Initiative

QIP quality improvement project

ROL reorder level

SIAPS Systems for Improved Access to Pharmaceuticals and Services Program

SOP standard operating procedure

SPS Strengthening Pharmaceutical Systems

SWOT strengths, weaknesses, opportunities, and threats

TB tuberculosis

TM Thabo Mofutsanyana [District]

USAID US Agency for International Development

ZAR South Africa rand

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We also wish to acknowledge the pharmacists and pharmacy managers who participated in the PLGI for their hard work, commitment, and dedication to improving pharmaceutical services in their provinces.

We acknowledge the FSDOH: Head of Department, Dr. Sharon Matela, and all the CEOs from the participating facilities, for allowing and making room for the pharmacists to participate in this program.

EXECUTIVE SUMMARY

The Pharmaceutical Leadership Development Program (PLDP) and Leadership Development Program (LDP) offered by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, which is funded by the US Agency for International Development (USAID), bring together health care professionals, including clinicians, pharmacists, facility managers, and operational managers, to strengthen their leadership and management skills, while engaging them in analyzing a persistent challenge they face in the health facility at which they work. These programs apply a proven approach that has been used to equip participants to address workplace challenges by building leadership and management capacity.

The PLGI was adapted from the LDP and PLDP curriculum. The PLGI is designed to provide participants with essential skills and tools necessary for playing a leadership role in the work environment and to address governance challenges they may be faced with. The PLGI uses a structured approach in which health managers and their teams learn to apply leading and managing practices to address governance challenges they face in their facilities, while receiving feedback and support. Working in teams, participants address their own workplace challenges using the PLDP as well as governance tools and practices. As the participants confront challenges in service delivery, compliance and management, trained facilitators provide supportive supervision to them in implementing their action plans and providing better health services.

In June 2015, a request for support was made by the Director of Pharmaceutical Services in the Department of Health, Free State Province to SIAPS. The Director of Pharmaceutical Services asked SIAPS to assist her division in addressing the findings from the auditor general's report regarding the provision of pharmaceutical services in the province. Many of the findings were governance-related and a decision was, therefore, made to customize the PLDP for the province and focus on strengthening governance within pharmaceutical services.

The PLGI was then implemented in the Free State Province from September 2015 to May 20016. Thirty-two pharmacists from primary health care (PHC) centers, hospitals, districts, and the provincial health depot successfully completed the program (Annex A). The results achieved, together with the challenges faced by the pharmacy district teams, were presented at a final presentation workshop held in Bloemfontein in May 2016.

Although not all of the teams achieved their desired measurable result within the short time frame allotted for the program, most teams showed good progress towards addressing the findings of the auditor general.

INTRODUCTION AND BACKGROUND

The Free State has a population of approximately 2.746 million. The province is divided into one metropolitan municipality and four district municipalities (figure 1); the district municipalities are, in turn, divided into 19 local municipalities (table 1).

Table 1. Districts and	Municipalities in	Free State Province
------------------------	-------------------	---------------------

District	Local Municipalities	
Mangaung Metropolitan	Bloemfontein, Botshabelo and Thaba Nchu, and the recently incorporated	
Municipality	Soutpan, Dewetsdorp, Van Stadensrus, and Wepenar	
Xhariep District	Letsemeng, Kopanong, Mohokare, and Naledi	
Lejweleputswa District	Masilonyana, Tokologo, Tswelopele, Nala, and Matjhabeng	
Thabo Mofutsanyana	Setsoto, Dihlabeng, Nketoana, Maluti-a-Phofung, Phumelela, and	
District	Mantsopa	
Fezile Dabi District	Moqhaka, Ngwathe, Metsimaholo, and Mafube	



Figure 1. Districts in Free State Province. (Source: www.businessinsa.com.)

Health Care Services in the Free State

The FSDOH provides healthcare service to 82.9% of the province's population (approximately 2.28 million people). The balance of the population use the private sector for their health care needs and are covered by medical aid schemes.

The **vision** of the FSDOH is to increase life expectancy through health system effectiveness, drive system change, and ensure sustainable quality services.

The department's **mission** is to create a value-driven institution that inculcates operational efficiency and accountability in delivering desired outcomes effectively.

The key determinants of relationships within the department are accountability, responsiveness, Batho Pele principles (box 1), commitments, and integrity. The department's key enablers include:

- A team approach based on strong intercluster collaboration
- Intersectoral collaboration
- An outcomes and/or evidence-based approach
- Timely corrective actions

Box 1. Batho Pele Principles

Consultation: Citizens should be consulted about the level and quality of the public services they receive and, wherever possible, should be given a choice about the services that are offered.

Service standards: Citizens should be told what level and quality of public services they will receive so that they are aware of what to expect.

Access: All citizens should have equal access to the services to which they are entitled.

Courtesy: Citizens should be treated with courtesy and consideration.

Information: Citizens should be given full, accurate information about the public services they are entitled to receive.

Openness and transparency: Citizens should be told how national and provincial departments are run, how much they cost, and who is in charge.

Redress: If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy; when the complaints are made, citizens should receive a sympathetic, positive response.

Value for money: Public services should be provided economically and efficiently in order to give citizens the best possible value for money.

Encouraging innovation and rewarding excellence: Innovation can be new ways of providing better service, cutting costs, improving conditions, streamlining, and generally making changes which tie in with the spirit of Batho Pele. It is also about rewarding the staff who "go the extra mile" in making it all happen.

Customer impact: Impact means looking at the benefits we have provided for our customers both internal and external—it is how the nine principles link together to show how we have improved our overall service delivery and customer satisfaction. It is also about making sure that all our customers are aware of and exercising their rights in terms of the Batho Pele principles.

Leadership and strategic direction: Good leadership is one of the most critical ingredients for successful organisations. Organizations who do well in serving their customers can demonstrate that they have leaders who lead by example, set the vision, and ensure that the strategy for achieving the vision is owned by all and properly deployed throughout the organisation. They take an active role in the organization's success.

Pharmaceutical Services in the Free State

Pharmaceutical Services in the Free State province have recently been integrated into one comprehensive directorate. The directorate is comprised of provincial pharmaceutical services office which provides oversight to all pharmaceutical operations in the province, including policy formulation and policy implementation guardianship. In addition to the provincial office, the pharmaceutical medical depot and the district health pharmaceutical services also form part of the directorate. The amalgamation has enabled for a more coordinated delivery of pharmaceutical services in the province.

As it is a critical feature of the South African health care system arrangement, pharmaceutical services provision in the Free State is nestled within the district health system. Services are provided by a number of district pharmacists who are supported by a team of roving pharmacists. Both are responsible for provision of pharmaceutical services at the PHC level. Delivery of services at the other levels of care (including tertiary, regional and district hospital and a number of community health centers) is by pharmacists, pharmacists' assistants, and other pharmacy support personnel.

One of the admirable features of health care services delivery in the Free State is that the entire FSDOH operates coherently and all directorates within the department (including Pharmaceutical Services) share the same strategic goals, namely:

- Provide strategic leadership and creation of a social compact for better health outcomes
- Manage the financial affairs for sustainable health service delivery
- Build a strategic and dedicated workforce that is responsive to service demands
- Reengineer PHC to create access to quality services
- Develop, operate, and manage infrastructure for compliance and better health outcomes
- Strengthen information and knowledge management system to optimise performance and research capability
- Optimize and support implementation of key priority programs

The goals are informed by critical national policy and operational documents such as the National Health Insurance white paper and the provincial annual performance plan. The design of activities of all directorates/departments within the FSDOH (including those of the Pharmaceutical Services Directorate) are then guided by and geared toward achieving these goals.

Problem Statement

A request for support was made by the CEO, Pharmaceutical Services in the FSDOH, to SIAPS. At the meeting the following were discussed:

- Audit conducted by the auditor general at the facilities in the Free State Province
- Audit report from the auditor general which highlighted gaps in the provision of pharmaceutical services within the province
- The vision of the Pharmaceutical Services Directorate
- The strategic goals and the provincial balance score card for the province with four interconnected perspectives (box 2)
- Gaps within Pharmaceutical Services in the Free State, particularly at the district level, relating to achieving the elements of the balance score card
- Possible ways by which SIAPS could support the directorate

The pharmaceutical performance audit findings that were important in ensuring availability and distribution of medicines through effective and efficient medicine supply management processes included the following:

- Lack of implementation of policies and procedures at the facility level
- Inadequate and ineffective human resource planning at the facility level to satisfy the need to manage and supply pharmaceuticals
- Lack of integrated information management systems to ensure that pharmaceuticals are procured in accordance with processes that promote economy and efficiency
- Lack of use of information to support management with procurement processes and decision making
- Lack of proper budgeting and planning for pharmaceuticals

Box 2. Provincial Balance Score Card and Perspectives

The Free State balance score card is an operational plan and therefore focuses on operations (activities). It is much more detailed than the annual performance plan (APP) and it breaks performance monitoring into four interconnected perspectives: customer, internal processes (IP), learning and growth, and financial.

- The customer perspective
 - o Translating institutional mission into measures that reflect what really matters to the customer (time, quality, performance, service, and satisfaction).
 - Must be directly related to the patient's experience.
- The IP perspective
 - What must the province excel at?
 - What the institution must do internally to meet customer needs.
 - Customer-oriented performance derives from operational decisions, actions, and processes.
 - o Therefore, IP outlines the key processes necessary to deliver the customer objectives.
- The organizational capacity (learning and growth) perspective
 - The parameters that are critical for institutional competitive success based on sustained ability to change, grow, and improve.
 - The intangible drivers of future success such as human capital, organizational capital, and information capital, including skills, training, organizational culture, leadership, systems, and databases.
- · Financial perspective
 - The financial objectives of an organization.
 - o It allows managers to track financial success and shareholder value (in business).
 - o How to know if the institution has effective financial controls and financially sustainable?

It was agreed that identified pharmacists and pharmacy managers within the districts would be capacitated on the PLGI through a customized LDP.

The primary objective of the program would be to develop managers who can lead by enabling them to face challenges and achieve results. They would work in teams to address the audit findings within their districts and facilities. Progress toward addressing the audit findings would be monitored and the results would be shared with senior management within the provincial department as well as within the districts and facilities.

Participants on the program would learn practices of leading and managing from the *Managers Who Lead—A Handbook for Improving Health Services*. These practices would enable them to lead their work groups to face of challenges they encounter and achieve results. As they practice the application of the lessons learned during the workshops, teams would create work climates that support staff motivation and a commitment to continuously improve health service delivery.

The key content areas to be included in the capacity building activity were identified as below, however, for this report only Leadership and management and governance were the two areas that were reviewed:

- Leadership and management
- Governance (including implementation of the service-level agreement)
- Finance
- Supply chain management
- Information use and management reports for decision making
- Operational research methodologies

BUILDING LEADERSHIP AND MANAGEMENT CAPACITY

The USAID-funded SIAPS Program is focused on improving access to quality pharmaceutical products and effective pharmaceutical services through systems strengthening. SIAPS works across all functions of a health system, from governance to financing, and in all five major health and disease areas: family planning and reproductive health, HIV and AIDS, malaria, maternal and child health, and tuberculosis (TB).

In South Africa, SIAPS works closely with the National Department of Health and the Provincial Department of Health (PDOH) as well as other government counterparts at the national, provincial, district, and facility levels through the development and implementation of a set of technical interventions focusing on strengthening health systems and building local capacity. SIAPS South Africa, in response to a request by the Heads of Pharmaceutical Services, has been involved in supporting PDOH in applying an approach for participatory and continuous performance improvement.

In 2011, under the SIAPS's predecessor program, Strengthening Pharmaceutical Systems (SPS), the LDP was adapted for South Africa's pharmaceutical system, thereby creating the Pharmaceutical Leadership Development Program. The PLDP brings together pharmacists and other health care professionals to strengthen leadership and management skills, while engaging them in analyzing a persistent challenge they face within the health facility they serve. As participants confront service delivery, compliance, and management challenges, trained facilitators provide supportive coaching to assist participants in working through action plans to provide better health services.

SIAPS supports the Provinces under *Objective 2: Capacity for Pharmaceutical Supply Management and Services Enhanced* and the specific activity of *implementing sustainable health system strengthening* through the Pharmaceutical Leadership Development Program.

Overview of the MSH Leadership Development Program

The MSH LDP is a program designed to strengthen leadership, governance, and management capacity for health managers in public health service. It is a proven approach that has been used to equip teams to address workplace challenges by building leadership and management capacity. MSH first launched the LDP in Aswan, Egypt, in 2002 to teams in PHC units. The program has since been delivered to thousands of health care workers in over 40 countries around the world. It continues to achieve impressive results in health service delivery outcomes.

The LDP focuses on four major learning objectives:

- Learning the basic practices of leading and managing so as to be able to lead work groups to address challenges and achieve results
- Applying tools and processes for defining and addressing challenges in the workplace
- Creating a work climate that supports staff motivation

 Establishing and sustaining teams that are committed to continuously improving client services

Through this program, MSH introduces leadership and management practices and tools through a series of participatory workshops.

The Leading and Managing Framework of practices is detailed in figure 2.²

Leading Managing planning scanning ■ identify client and stakeholder needs and priorities set short-term organizational goals and performance recognize trends, opportunities, and risks that affect develop multiyear and annual plans the organization allocate adequate resources (money, people, and look for best practices materials) identify staff capacities and constraints anticipate and reduce risks know yourself, your staff, and your organization values, strengths, and weaknesses ORGANIZATIONAL OUTCOME The organization has defined results, assigned ORGANIZATIONAL OUTCOME resources, and developed an operational plan. Managers have up-to-date, valid knowledge of their clients, and the organization and its context; they know how their behavior affects others. organizing develop a structure that provides accountability and focusing delineates authority ensure that systems for human resource articulate the organization's mission and strategy management, finance, logistics, quality assurance, identify critical challenges operations, information, and marketing effectively link goals with the overall organizational strategy support the plan determine key priorities for action strengthen work processes to implement the plan create a common picture of desired results align staff capacities with planned activities ORGANIZATIONAL OUTCOME ORGANIZATIONAL OUTCOME The organization's work is directed by a well-defined The organization has functional structures, systems, and mission and strategy, and priorities are clear. processes for efficient operations; staff are organized and aware of job responsibilities and expectations. aligning/mobilizing ensure congruence of values, mission, strategy, implementing structure, systems, and daily actions facilitate teamwork integrate systems and coordinate work flow unite key stakeholders around an inspiring vision balance competing demands ■ link goals with rewards and recognition routinely use data for decision-making enlist stakeholders to commit resources coordinate activities with other programs and sectors adjust plans and resources as circumstances change ORGANIZATIONAL OUTCOME Internal and external stakeholders understand and ORGANIZATIONAL OUTCOME support the organization's goals and have mobilized Activities are carried out efficiently, effectively, and resources to reach these goals. responsively. inspiring monitoring and evaluating match deeds to words demonstrate honesty in interactions monitor and reflect on progress against plans ■ show trust and confidence in staff, acknowledge the provide feedback contributions of others identify needed changes provide staff with challenges, feedback, and support improve work processes, procedures, and tools be a model of creativity, innovation, and learning ORGANIZATIONAL OUTCOME ORGANIZATIONAL OUTCOME The organization continuously updates information The organization's climate is one of continuous learning. about the status of achievements and results, and and staff show commitment, even when setbacks occur. applies ongoing learning and knowledge.

Figure 2. The Leading and Managing Framework

At the core of the LDP is the realization that good leadership is about achieving measurable improvements in health services, thus permitting better health outcomes. This is illustrated in the Leading and Managing for Results Framework, which is used as one of the core approaches of the LDP (figure 3). When applied consistently, good leading and managing practices strengthen organizational capacity and result in higher-quality services and sustained improvements in health outcomes.

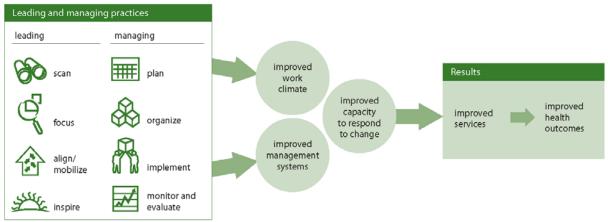


Figure 3. The Leading and Managing for Results Framework

Working in teams, participants tackle one of their own workplace challenges using the Challenge Model³ (figure 4). Using this tool, participants:

- Create a shared vision
- Define one measurable result;
- Get an understanding of the current situation and root causes
- Articulate key priority actions
- Develop an action plan toward achieving their desired result

The leading and managing practices and tools, taught and demonstrated throughout the program, are applied in addressing the identified workplace challenges. An action plan is implemented and progress toward achievement of the desired measurable result is monitored and evaluated. At the end of the program, workplace teams present their project to senior managers in the sub-structure, district, and province, as well as to other appropriate stakeholders.

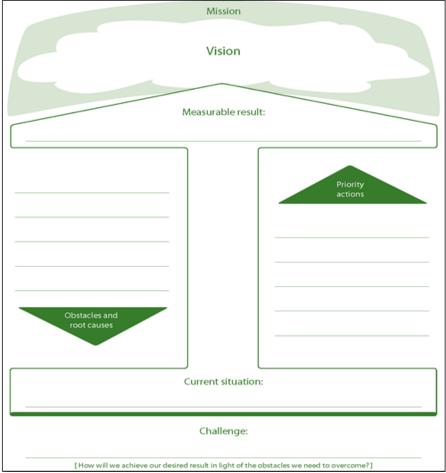


Figure 4. The Challenge Model

Governance for Pharmaceutical Services

Governance is an important concern in the provision of health services. Addressing critical system weaknesses by strengthening governance, maximizes the use of scarce resources and sustains positive health outcomes in the long term. A framework for strengthening governance was used during the PLGI. The framework (figure 5) was used to guide development of strategies to strengthen governance practices within pharmaceutical services in their districts and facilities. The framework uses a systems-orientated approach to organize interventions that support adherence to one or more principles of good governance.

This approach focused on interventions in the four key areas as illustrated in the framework. These included:

- Policies and legislation supported by rule of law
- Organizational structures able to exercise appropriate decision making, authority, and oversight
- Systems and processes that are transparent, ethical, accountable, and grounded in well-formed policies and legislation

• Human resource management systems that promote effective performance and ethical practices



Figure 5. Framework for Strengthening Governance in Pharmaceutical Systems

THE PHARMACEUTICAL LEADERSHIP AND GOVERNANCE INITIATIVE IN THE FREE STATE

The PLGI curriculum is adapted from the LDP and PLDP curriculum. It is designed to provide participants with essential skills and tools necessary for playing a leadership role in the work environment. The PLGI uses a structured approach in which health managers and their teams learn to apply leading and managing practices to address challenges they face in their facilities, while receiving feedback and support. Objectives of the PLGI are:

- Leadership and management practices that can be used to sustain organisational systems and processes
- Information use and management for decision making in the public health setting to ensure optimal delivery of an efficient and effective pharmaceutical service
- Good governance principles in the context of public health systems and pharmaceutical services
- Leading teams to deliver high-quality health services to the communities they serve
- The legislative and regulatory framework which is the building block of pharmaceutical service delivery in South Africa

Participants in the PLGI in the Free State

The PLGI was launched in Free State in November 2015. A total of 32 participants (6 male and 26 female) were enrolled in the program, which would run for a period of approximately six months.

All participants on the PLGI were pharmacists. There were representatives from each of the districts in the province; participants were divided into teams according to their districts (table 2). Some of the districts had more than one team and the result was a total of seven teams. Teams were introduced to the following:

- Practices of leadership and management
- Use of the Challenge Model as a tool for identifying and addressing challenges in striving for better health outcomes
- Principles of good governance

Table 2. Participants in the Free State PLGI Program by District

District	Participants	Team Name
Fezile Dabi District	L. Holder, A. Schmulian, L. Bibbey	Landrover
Fezile Dabi District	A. van Biljon, C. Boshoff, M. Wilken, M. Shadrack Mashamba, L. Salemane	Fezi

District	Participants	Team Name
Mangaung District	G.J. Kgasane, S. Kearney, M. Gordon, D.B. Mokwena, R.A.	Animal Farm
	Motema	
Mangaung Metro	L. Ravhura, C. Moatlhodi, L. van der Merwe, C. Fouche	Pathfinders
Provincial Depot	K. Mosikare, H. Marais, L. Schabort, V. Mokhothu, M.	Mufasa
	Mogamisi, P. Santho	
Thabo	E. de Jager, M. Tlali, N. Crowther	4x4
Mofutsanyana	C. Kirstein, C. Luwes, A. Marais, P. Tsatsa, N. Theron, M.	Ruby
District	Tinarwo	-

Each of the teams above crafted a measurable result that would bring them closer to the vision that they have for pharmaceutical services in their districts and province. These would be results that would help address the gaps that had been identified from the auditor general's report. Each team then formed a larger team within their work environment and mobilized relevant stakeholders and resources in order to achieve the identified results.

PLGI Approach

The PLGI was delivered in a series of three workshops and two coaching visits over a period of eight months (September 2015–May 2016). The facilitation approach at the workshops was highly participatory and included group discussions and practical activities. The exchange of experiences and ideas among participants added depth to the learning process and provided a forum for the sharing of best practices.

A team of four facilitators guided the teams through the process of selecting a challenge that would help them address the auditor general's report and identifying specific measurable results that could be achieved within the duration of the PLGI.

Following the LDP approach, teams created their mission statements. These mission statements were aligned with the mission of the province and the participating districts. Each team then created a shared vision as a picture and developed a vision statement for their visual picture. Creating a shared vision allows the teams to know where they want to go and what they want to achieve.

To move closer to the vision that they had created, teams developed a list of desired measurable results. The desired measurable results were intended to address the gaps identified by the auditor general's report. Teams were introduced to scanning tools, which they could apply back to better understand the situation as it relates to the auditor general's Report. Facility teams conducted a SWOT (strengths, weaknesses, opportunities, and threats) analysis of their facilities/districts, which enabled them to identify gaps in pharmaceutical services in their environment.

The analysis process starts in the workshop and is continued with the broader facility/district team back in the workplace. Teams are encouraged to involve various stakeholders so as to obtain a clear description of the situation relating to the challenge faced. Having carefully evaluated the current situation, the teams craft a desired measurable result, following the SMART criteria (specific, measurable, appropriate, realistic, and time-bound).

Teams must have a clear understanding of who the stakeholders are, both those who can affect the desired result, as well as those who can be affected. A thorough stakeholder analysis was conducted. Teams discussed what issues the stakeholders were most interested in as well as their greatest concerns. Teams were encouraged to go back to the workplace and engage with the stakeholders to ensure teams had a clear understanding of their interests and concerns. Teams also had to ask themselves what they would need to do to get the support of the stakeholders as they move forward with their quality improvement projects (QIPs).

Upon agreeing on the desired measurable result, teams developed clear, reliable, economic, appropriate, and measurable (CREAM) indicators they would use to monitor progress. Each team drew up an M&E plan and developed indicators that would help track progress toward their desired measurable result.

Data were collected as teams progressed with the implementation of their interventions. Results were shared with the larger group of participants and discussed in detail during workshops and coaching visits. Teams went on to apply the tools they gained in the PLGI workshops, such as the root cause analysis and the Five Whys to better understand the root causes of their situation. Each team determined their key priority actions to address the root causes and established an action plan.

PLGI Workshop Schedule

The workshops were interspersed with a period of four to five weeks of workplace application of principles, practices, and tools learned. Participants were encouraged to bring what they learned at the workshops back to their institutions, where they shared and inspired their co-workers to apply the leading and managing practices and tools. They were required to work on their QIPs between contact sessions.

Table 3 shows the schedule of the workshops and coaching visit, with further information in annexes B and C.

The information on workshop evaluation report is in Annex D.

Table 3. Free State Pharmaceutical Services PLGI Workshop Schedules

Workshop 1	Workshop 2	Coaching Visit 1	Coaching Workshop	Coaching Visit 2	Final Presentation
September 22–23 2015	October 27–29, 2015	November 9–13, 2015	December 9–11, 2015	January 25–29, 2016	May 11–12, 2016
 Introduction to leading and managing Governance principles Current situation: free state strategy map (conceptual framework) Introduction to the provincial balance score card Presentation on the auditor general's findings Formulate teams Spheres of control Scanning tools (district teams) SWOT analysis; (stakeholder analysis; work climate assessment) Finance—Public Finance Management Act and treasury regulations Legislative framework Introduce potential Projects Distinguishing challenges from problems Introduction to the Challenge Model 	Identify a team challenge Report back on challenges Report back on teams Identify obstacles and root causes Develop team challenge model M&E, information use and management for decision making Use of ABC analysis, VEN analysis as tools Develop an action plan leading to results By end of workshop 2 Completed Challenge Model, M&E plan, priority action	LDP facilitators meet with teams to provide: Technical assistance on action plan Review root cause analysis Provide feedback and support as they apply the leading and managing practices Encourage teams as they address the leadership challenges Help teams reflect on their commitments	Teams report on progress Emphasize some of the tools	LDP facilitators meet with teams to: Provide feedback and support as they apply the leading and managing practices Encourage teams as they address the leadership challenges as well as Help teams reflect on their commitments	Final preparation Presentation to stakeholders

Coaching Visits

Coaching is one of the most important activities of the LDP and PLDP programs. It is a conversation that enables participants to reflect on their commitments and find new ways to achieve their intended results. Coaching visits were therefore adopted and adapted for the PLGI. They were used to help those participants to:

- Be clear about their commitments
- Understand how their actions were contributing to meeting, or not meeting, their commitments
- Develop and practice new actions that produce the intended organizational results

Two coaching visits and a coaching workshop were conducted in-between workshops to support participants in the implementation of their QIPs.

For the coaching visits, the facilitators visited the facilities/districts participating in the PLGI. They met with participants and some of the staff members from the facilities who were participating in the quality improvement project. Coaching sessions are important to support the teams in addressing challenges identified in the workplace. They help guide the teams in the appropriate use of the tools, practices, and the LDP approach as they worked toward achieving their desired measurable result.

A coaching workshop (December 9–11, 2015) was held in between the coaching visits. The coaching workshop was different in that the teams all met together for the coaching sessions and the facilitators were able to provide the coaching and support to everyone at the same time and fellow participants were able to share best practices.

RESULTS ACHIEVED

The results achieved following the implementation of the QIPs were documented and shared with senior managers at the final presentation meeting held on May 12, 2016. Below is a summary of the quality improvement projects by team, also summarized in table 4.

Table 4. Measurable Result by Team

Team	Measurable Result	Baseline	Endline
Animal Farm	Increase medicine availability from 80% to 95% in PEPKAN hospitals by May 2016	Average medicine availability was 81% in August 2015; 81% in September 2015, and 79% in October 2015.	Average medicine availability was 83% in November, 85% in December, and 85% in January 2016. (Not Achieved)
Team Fezi	To improve stock availability of antibiotics and parenterals by 10% by reviewing and updating ROLs in Fezile Dabi hospitals by the end March 2016	Inadequate/poor medicine availability aggravated by poor demand management practices	A provincial SOP on ROL was implemented and personnel trained on it. ROLs were recalculated and medicine availability and stock levels monitored monthly. (Not Achieved)
Pathfinders	To reduce expired stock from 7% to 5% against expenditure in eight PHC facilities in Mangaung Metro and Lejweleputswa District by March 2016	Expired stock from August 2015 to November 2015 was 7% (ZAR 205,313) against expenditure (ZAR 2,793,562)	Expired stock from August 2015 to November 2015 was 5% against expenditure. (Achieved)
Team 4 X 4	Reduce the value of expired stock in 8 PHC facilities in TM District by 25% by end of March 2017	Percentage expired stock by facility: Clocolan—0.89% Boitumelo—1.3% Itumeleng—2.36% Relebohile—2.12% Kopanong—4.67% Tseki—0.52% Sekamotho—2.26% Mantsopa LA—0.012%	Clocolan—results not available from the facility Boitumelo—results not available from the facility Itumeleng—3.23% Relebohile—0.71% Kopanong—4.41% Tseki—1.1% Sekamotho—3.36% Mantsopa LA—0.25% (Not Achieved Yet)
Ruby	All responsible pharmacists in the TM District's 11 hospitals are actively monitoring pharmaceutical expenditure against budget on monthly basis by March 2016	In November 2015, out of the 11 responsible pharmacists in the TM District: • 40% knew how the FSDOH budgeting processes worked • 45% gave inputs to the finance staff when they did budget planning • 60% knew how to forecast pharmaceutical expenditure	64% of the responsible pharmacists attended the training. The team developed a budget monitoring tool to monitor pharmaceutical services expenditure and to ensure that the tool was being used correctly and consistently. (Achieved)

Team	Measurable Result	Baseline	Endline
Landrover	Expired medication not to exceed 1% of each clinics annual budget for medication	Value of expired stock Mafube LA = ZAR 179 360. 20 Phumelela LA = ZAR 58 295. 76 Nketoana LA = ZAR 3 304.82 Percentage of expired stock Mafube LA: average = 50.3% Phumelela LA: average = 28.73% Nketoana LA: average = 2.02%	Value of expired stock Mafube LA = ZAR 5 011.00 Phumelela LA = ZAR 9 518.12 Nketoana LA = ZAR 3 071.70 Percentage of expired stock (details not available) (Not Achieved Yet)
Mufasa	Reduce number of days post EDD for 84 items on HP09-2014 contract for three major suppliers from an average of 37 days to 21 days by 31 March 2016	Delayed stock delivery of medicines post-EDD of three major suppliers by 37 days on average	The team reduced the number of days post-EDD from an average of 37 days to an average of seven days. (Achieved)

Improving Medicine Availability at Five Hospitals in the Mangaung Metro (Animal Farm)

A baseline assessment of medicine availability at five hospitals in the Free State identified low medicine availability as a challenge. The assessment was conducted at five hospitals: Pelonomi Regional Hospital, Embekweni District Hospital, Psychiatric Complex, Katleho District Hospital, National District Hospital (PEPKAN hospitals). The average combined medicine availability at these hospitals at baseline was at 80% in August 2015. A team of pharmacists from these hospitals embarked on an improvement initiative with the aim of improving medicine availability at the respective facilities. To achieve this, the team devised measures and these included:

- Updating stock levels by recalculation and resetting minimum and maximum stock levels
- Training pharmacists on medicine supply management
- Supervising the generation of orders
- Implementing measures on following up and liaising with suppliers once an order has been placed to track timeous delivery

Data generated from RxSolutions[®] and Meditech[®] pharmaceutical management information systems were used to monitor and improve medicine availability. Monthly monitoring of medicine availability was undertaken and by January 2016, average medicine availability had increased slightly from 80% to 86% (average for the five hospitals) (figure 6).

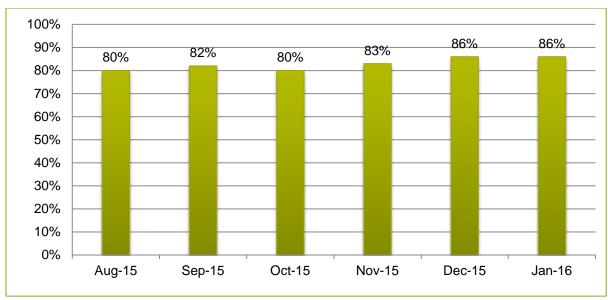


Figure 6. Medicine availability in Mangaung Metro, from baseline to endline

Strategies to improve governance practices at these facilities included the involvement of pharmacists in the specification and adjudication committee.

Reducing Expired Stock Levels at Selected Mangaung Metro and Lejweleputswa District Health Facilities (Pathfinders)

According to the Public Finance Management Act (PFMA), expired stock at facilities has financial and audit implications. Inventory management controls at facilities in the Mangaung Metro and Lejweleputswa District were found to be inadequate, resulting in expired stock level averaging 7% of expenditure. The province allows for 1% or less for this expenditure.

A team of pharmacists from the two districts, metro and district, set out to reduce expired stock from 7% to 5% against expenditure in eight PHC facilities in Mangaung Metro and Lejweleputswa District by March 2016. Results are shown in figure 7.

Some of the interventions undertaken to achieve this goal included the training of pharmacist's assistants on proper pharmaceutical inventory management and the development and deployment of tools for monitoring and reporting of expired and short-dated stock.

In addition, the pharmacists created WhatsApp® groups to improve communication on redistribution of "soon to expire stock." This strategy also involved informing the provincial pharmaceutical services on such stock so as to coordinate redistribution to other districts within the province and for possible interprovincial stock transfer. This was done so as to mitigate for the risk of expiry and the eventual fruitless expenditure that may result.

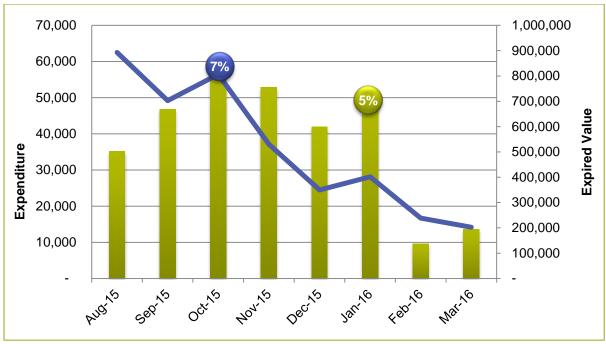


Figure 7. Expired stock as percentage of expenditure in Mangaung Metro and Lejweleputswa District from baseline to endline

Reducing Overexpenditure on Pharmaceuticals at 11 Hospitals in the Thabo Mofutsanyana District (Ruby)

According to the auditor general's report, the Department of Health's pharmaceutical budget was overspent by an average of 6% between the 2011–12 and 2013–14 financial years. At the core of overexpenditure was poor or lack of monitoring pharmaceutical expenditure against allocated budgets. Even in instances where measures were in place, failure to intervene by those responsible at critical phases of the budget significantly contributed to the continuous overexpenditure.

Furthermore, pharmacists in the Thabo Mofutsanyana (TM) District found the poor or lack of financial management skills were contributor to this over expenditure. The TM team of pharmacists then set out to ensure that pharmacists were actively monitoring pharmaceutical expenditure against budget on monthly basis by March 2016 at 11 of the hospitals in their district. Interventions to achieve this included focused training on financial management for pharmaceutical services, the development of a tool for monitoring expenditure and monitoring of the implementation of the tool to ensure appropriate and consistent use.

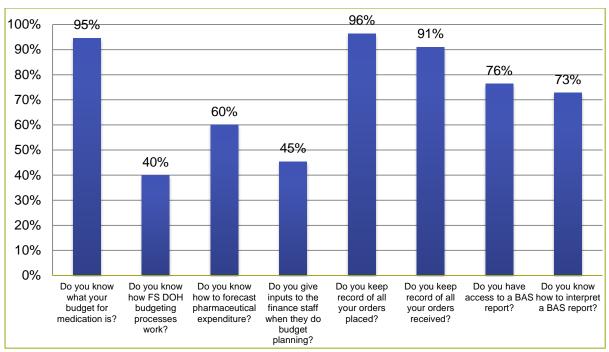


Figure 8. Participant response to finance baseline questions

As shown in figure 8, at the start of the project in November 2015:

- 40% knew how the FSDOH budgeting processes worked
- 45% gave inputs to the finance staff when they did budget planning
- 60% knew how to forecast pharmaceutical expenditure

At the end of the project the team had conducted training on financial management for pharmaceutical services to enhance expenditure monitoring against allocated budgets. Seven of 11 (64%) responsible pharmacists attended the training.

Improving Stock Management Practices at Fezile Dabi Hospitals (Team Fezi)

Stock management systems at the health facilities, medical depot, and district offices were not integrated and/or optimally utilized. This contributed to the process of demand management not being implemented optimally. In response to this, the team from Fezile Dabi set out to improve demand management systems focussing on reorder levels (ROLs) and on improving stock availability at five Fezile Dabi hospitals. At baseline the teams found that the reorder levels were inappropriately set, pharmaceutical quantification was poor, and availability of essential medicines was less than optimal. As a result, a paradox of poor stock availability and high levels of expired medicines became the status quo. Key stakeholders were engaged in this project and interventions were taken to strengthen governance in stock management systems. A provincial standard operating procedure (SOP) on ROLs was implemented and personnel trained on it. ROLs were recalculated and medicine availability and stock levels monitored monthly. Overtime and although marginal, hospitals started to experience an improvement in medicine availability, percentage overstock was reduced and percentage understocking improved. As a way forward the facility teams will continue to institutionalise these interventions and ensure sustainability. Below is an example of results from one of the hospitals from Fezile Dabi District.

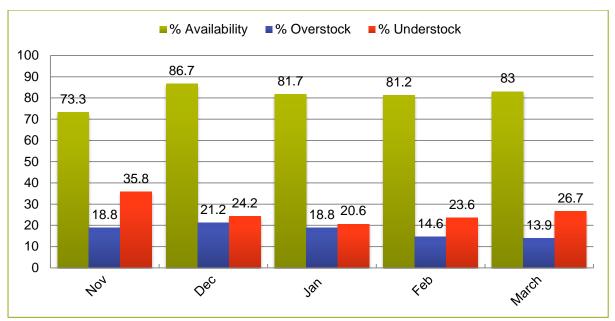


Figure 9. Stock status at Boitumelo Regional hospital

Reducing the Value of Expired Stock at Primary Health Care Facilities in Thabo Mofutsanyana District (Landrover)

According to the auditor general's report, in the Free State:

- The movement of pharmaceutical stock was not always accounted for accurately, completely and timeously.
- Bin cards were not used and/or updated regularly.
- The medical depot and health facilities lost pharmaceutical stock to spoilage and expiry.

The team from Thabo Mofutsanyana decided to focus on these three key auditor general findings for their district. Their main challenge was how to reduce excess and short-dated stock and better manage expired stock levels at facilities within the district, with the limited resources that the team had.

The team's measurable result was therefore to reduce the value of expired stock at eight PHC facilities in TM District by 25% by the end of March 2017, Figure 10 below shows the value of expired stocks at Nketoana PHC. The baseline was determined using the values of expired stock from the 2013–15 financial years. The denominator was taken as the value of the stock on hand as of March 2015 stock-take and the numerator was the value of expired stock for the two years and this was divided by two to get an annual proxy. The team monitored the following:

- Value of expired stock
- The value of short-dated stock
- The percentage of expired stock

Targeted interventions including the checking, recording and management of short-dated and expired stock; upliftment and redistribution of short dated stock; more stringent record keeping and calculation of monthly usage levels as well as checking were implemented. The team started to see a decrease in the level and value of expired stock. They continue to monitor expired stock levels and aim to reach the provincial target of less than 1% expired stock as a value of medicine expenditure.

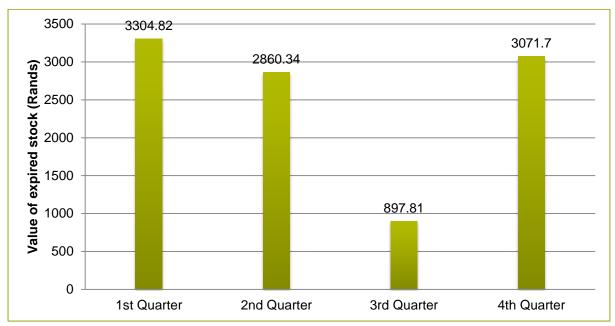


Figure 10. Value of expired stock at Nketoana PHC

Reducing the Value of Expired Stock in 8 PHC Facilities in TM District by 25% by End of March 2017 (Team 4x4)

This QIP took place in Thabo Mofutsanyana District in the Free State. There are four PHC local areas in the district and these are supported by three roving pharmacists. In order to address the finding of overspending on the pharmaceutical budget, which had been identified in the auditor general's report, the three roving pharmacists from the district decided to focus on reducing the value of expired stock at eight PHC facilities in their district by at least 25%. At baseline which was conducted in August 2015, the value of expired stock as a percentage of expenditure ranged from 0.012% to 4.67% across the eight identified PHC facilities. Figure 11 shows the reduction in the percentage of expired stocks at 6 PHC facilities.

From the interventions that were implemented at the facilities, it became evident that there was some expired stock that had not been disposed of with the previous disposal. The interventions and the education provided to phamacist's assistants highlighted some of the challenges faced with the handling of expired stock at facilities. The team of roving pharmacists were hopeful that with continued monitoring and support, the pharmacist's assistants would be better equipped to handle expired stock at their facilities and that the percentage expired stock would be reduced.

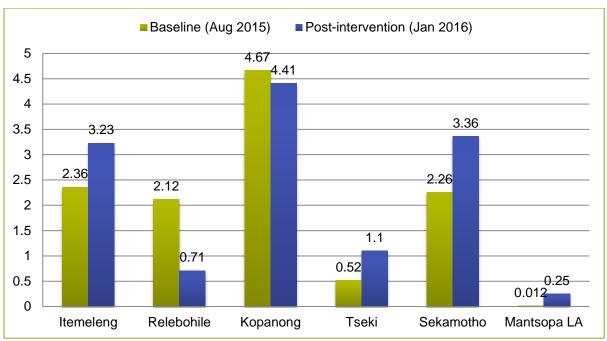


Figure 11. Reduction in the percentage of expired stocks at 6 PHC facilities

Improving Efficiencies for the Payment of Suppliers by the Pharmaceutical Medicine Depot (Mufasa)

Two of the findings identified in the auditor general's report during performance audit as impacting on medicine availability were:

- Payments to suppliers were not made in a timely manner, resulting in the delay in delivery or withholding of pharmaceutical stock by suppliers.
- Pharmaceuticals procured using the national contracts were not delivered to the medical depot within the contracted lead time.

A situational analysis highlighted that as of February 25, 2015, the department owed suppliers an estimated 61.6 million South African rand (ZAR) for outstanding commitments older than 30 days. Furthermore, some of the pharmaceuticals were not delivered up to 246 days (one year and six months) from the date that the orders were placed.

The team embarked on interventions aimed at reducing the number of days post–expected delivery date (EDD) for 84 items on HP09-2014 contract supplied by three major pharmaceutical entities from an average of 37 days to 21 days by March 31, 2016. The team employed three strategies to reduce days post EDD from these three companies. These included:

- Implementing a register for tracking payment documents and improving the filing system
- Strict monitoring, documenting, and reporting on the number of days post-EDD
- Imposing penalties for nonperforming or poor performing suppliers

The team worked with key stakeholders within the medicine depot to enforce conditions of contracts for aspects related to short-dated stock, partial and late deliveries, buyout, and imposing penalties where there was contravention of contracts.

Dissemination of Results

The results from the interventions implemented by the teams were presented at a final presentation day held in Bloemfontein on May 12, 2016. The presentations were attended by senior managers from the FSDOH and districts as well as critical stakeholders and representatives from within the province.

Final presentations to senior managers are important for showcasing the work that is being conducted to address the findings of the auditor general. They are also useful in advocating for support for the scaling up of the QIPs, and for sharing best practices within the districts in the province. This forum also provides an opportunity for advocating for the allocation of resources to support and sustain these initiatives.

Presentations prepared by each of the teams can be found in annex E. The teams that did not achieve their measurable result in the time frame allocated to the PLGI continue to implement the quality improvement projects and are working toward achieving the desired results. Those who achieved their desired measurable result are encouraged to work toward sustaining the results achieved.

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- 1. Statistics South Africa. Census 2011 municipal report, Western Cape. Pretoria: Statistics South Africa; c2012.
- 2. Galer JB, Vriesendorp S, Ellis A. Managers who lead: a handbook for improving health services. Cambridge, MA: Management Sciences for Health; c2005.
- 3. Strengthening Pharmaceutical Systems (SPS). 2011. Pharmaceuticals and the public interest: the importance of good governance. Submitted to the US Agency for International Development by the SPS Program. Arlington, VA: Management Sciences for Health; c2011. p. 7.

ANNEX A. LIST OF PARTICIPANTS

	District	Local Area/Facility	Name	Surname
1.	Mangaung Metro	Pelonomi Regional Hospital	Jonas	Kgasane
2.	Mangaung Metro	Psychiatric Complex	Sias	Kearney
3.	Xhariep	Embekweni District Hospital	Dikeledi	Mokwena
4.	Lejweleputswa	Katleho District Hospital	Refilwe	Motema
5.	Mangaung Metro	National District Hospital	Mariska	Gordon
6.	Lejweleputswa	Masilonyana, Matjhabeng East,	Lufuno	Ravhura
	, .	Matjhabeng West, Nala, Tokologo, Tswelopele	Corne	Fouche
7.	Xhariep	Kopanong, Letsemeng, Mohokare	Charlotte	Moatlhodi
8.	Mangaung	Mangaung, Botshabelo, Dewetsdorp, Van Stadensrus	Lucy	van der Merwe
9.	Thabo Mofutsanyana	Maluti-A-Phofung, Dihlabeng	Elsie	de Jager
10.	Thabo Mofutsanyana	Setsoto	Maureen	Tlali
11.	Thabo Mofutsanyana	Mantsopa	Nirvana	Crowther
12.	Fezile Dabi	Parys District Hospital	Abie	van Biljon
13.	Fezile Dabi	Fezi Ngubentombi District Hospital, Sasolburg	Corrie	Boshoff
14.	Fezile Dabi	Boitumelo Regional Hospital, Kroonstad	Mareli	Wilken
15.	Fezile Dabi	Mafube District Hospital, Frankfort	Madala Shadrack	Mashamba
16.	Fezile Dabi	Tokollo District Hospital, Heilbron	Lithlare	Salemane
17.	Fezile Dabi	Phumelela Local Area	Lienkie	Holder
18.	Fezile Dabi	Nketoana Local Area	Anri	Schmulian
19.	Fezile Dabi	Mafube Local Area	Linsey	Bibbey
20.	Mangaung	Free State Pharmaceutical Services Depot	Keitumetse	Mosikare
21.	Mangaung	Free State Pharmaceutical Services Depot	Hettie	Marais
22.	Mangaung	Free State Pharmaceutical Services Depot	Liz	Schabort
23.	Mangaung	Free State Pharmaceutical Services Depot	Vincent	Mokhothu
24.	Mangaung	Free State Pharmaceutical Services Depot	Mavis	Mogamisi
26.	Mangaung	Free State Pharmaceutical Services Depot	Palesa	Santho
27.	Thabo Mofutsanyana	Ficksburg Hospital	Caroline	Kirstein
28.	Thabo Mofutsanyana	Dihlabeng Regional Hospital	Cornè	Luwes
29.	Thabo Mofutsanyana	Phekolong Hospital	Almari	Marais
30.	Thabo Mofutsanyana	Thebe Hospital	Nelia	Theron
31.	Thabo Mofutsanyana	EL Ross Hospital	Michelle	Tinarwo
32.	Thabo Mofutsanyana	Mantsopa Hospital	Puseletso	Tsatsa

ANNEX B. WORKSHOP SCHEDULES

Free State Pharmaceutical Leadership & Governance Initiative (PLGI) Workshop 1 Schedule September 22–23, 2015, Bloemfontein

Objectives:

- 1. Describe PLGI process
- 2. Explain the leading and managing practices
- 3. Understand principles of governance related to pharmaceutical services
- 4. Understand the impact of poor governance on the health system
- 5. Describe current situation in Free state pharmaceutical services
- 6. Formulate teams for PLGI
- 7. Describe the current situation in the districts
- 8. Introduction to Challenge Model
- 9. Explain principles of legislation and PFMA related top services

Day 1

Time	Session	Facilitator
08h00 –	Session 1: Welcome and Opening Address by the Province	Tumi Molongoana
10h45	Introductions and Expectations	SIAPS
	Rules of Engagement	SIAPS
	Setting the Stage for Good Dialogue	SIAPS
	Overview of the PLGI	SIAPS
	Viewing the Seeds of Success Video	SIAPS
	Session 2: Understanding Leading and Managing Practices	SIAPS
11h15 –	Assessing Strengths and Weaknesses in Leading and Managing	SIAPS
13h00	Linking Leading and Managing for Improved Health Outcomes	SIAPS
	Session 3: What Is Governance?	SIAPS
	Principles of Good Governance	SIAPS
	What Does This Mean for Pharmaceutical Services?	SIAPS
14h00 –	Session 4: Presentation of the Balanced Score Card	Tumi Molongoana
16h30	Results Framework	SIAPS
	Auditor General's Findings	Provincial
		Representative
	Session 5: Spheres of Control and Influence	SIAPS
	Distinguishing Challenges from Problems	SIAPS
	Formation of Teams	SIAPS
16h30 – 17h00	Closing Reflections	All

Day 2

Time	Session	Facilitator
08h00 –	Reflections from Day 1	All
11h00	Session 6: Principles of Legislation	SIAPS
	PFMA as It Relates to Pharmaceutical Services	Provincial
		Representative
	Session 7: The Leadership Practice of Scanning	SIAPS
	 SWOT Analysis 	
	Stakeholder Analysis	
11h30 –	Session 8: Potential Challenges for the Teams	SIAPS

Time	Session	Facilitator
13h00	Introduction to the Challenge Model	SIAPS
	Developing the Team's Challenge Model	SIAPS
	Understanding the Province Mission & Vision	
	Creating a Shared Vision	SIAPS
14h00 –	Session 9: The Leadership Practice of Aligning and Mobilizing	SIAPS
15h40	Gaining Commitment Not Just Compliance	
	 Understanding Roles in Teamwork 	
	Session 10: The Leadership Practice of Inspiring	SIAPS
	 Acknowledgments 	
	Assessing the Work Climate	SIAPS
15h40 –	Reflecting on Workshop 1, Workshop Evaluation Preparing for	
16h00	Workshop 2	

Free State Pharmaceutical Leadership & Governance Initiative Workshop 2 Schedule October 27–29, 2015, Bloemfontein

Objectives:

- Develop a team Challenge Model that will enable teams to describe their desired measurable result and articulate their challenge
- Develop a monitoring and evaluation plan
- Conduct a root cause analysis
- Utilize Information for decision making
- Utilize tools and techniques for leading and managing
- Develop priority actions
- Complete an actionable action plan

Day 1

Time	Session	Facilitator
08h00 –	Welcome back and review of agenda for Workshop 2	Ntefeleng Nene
11h05	Report back on work climate assessment and stakeholder analysis -	
	all teams	
11h20 –	The Challenge Model (cont'd)	Ntefeleng Nene/
13h00	 Finalize a shared vision – vision statement 	Tiwonge
	 Developing a measurable result 	Mkandawire
13h45 –	The Challenge Model (cont'd)	Tiwonge
15h00	Developing a measurable result	Mkandawire
15h00 –	Monitoring and mobilizing for results:	Tiwonge
16h30	Developing indicators	Mkandawire
	Activity - Develop indicators to measure your teams desired	/Celeste Sauls
	measurable result	
16h30	Closing reflections	All

Day 2

Time	Session	Facilitator
08h00 –	Review of content from day 1	Ntefeleng Nene
08h15		_
08h15 –	Focusing the plan:	Neo Sematlane/
11h00	Obstacles to reaching results	Ntefeleng Nene
	 Diagnosis root causes – the fishbone technique and Five Whys 	

Time	Session	Facilitator
11h15 –	Utilizing information for decision making:	Celeste Sauls/
13h00	Distinguish between data and information	Tiwonge
	Importance of data	Mkandawire
	 Translating expenditure data to information (ABC analysis) 	
13h45 –	Monitoring and mobilizing for results:	Tiwonge
16h15	Developing an M&E plan	Mkandawire
16h15	Closing reflection	AII

Day 3

Time	Session	Facilitator
08h00 - 08h15	Review of content from day before	Neo Sematlane
08h15 - 10h30	Focusing the plan:	Ntefeleng Nene/
	 Describing the current situation 	Celeste Sauls
	 Articulating your challenge 	
	 Setting priorities using the priority matrix 	
10h45 – 11h30	Focusing the plan:	Ntefeleng Nene/
	 Describing the current situation 	Celeste Sauls
	 Articulating your challenge 	
	 Setting priorities using the priority matrix 	
11h30 - 13h00	Focusing the plan:	Neo Sematlane
	 Developing an action plan that leads to results 	
13h45 - 15h30	Aligning and mobilizing:	Ntefeleng Nene
	 Making requests instead of complaints 	
	 Mobilizing stakeholders to commit resources 	
	 Good news about breakdowns 	
15h30 – 16h00	Closing reflection	All
	Workshop evaluation, acknowledgments, discuss coaching visit	

Free State Pharmaceutical Leadership and Governance Initiative

Workshop 3 Schedule Dates: December 8–10, 2015 Bloemfontein

Objectives:

- Teams to share progress on the implementation of quality improvement projects (QIPs)
- Teams to work on their QIPs
- Understanding Governance in relation to medicine supply management
- Data analysis and presentation of results

Day 1

Day One	Session
08h30 - 08h45	Welcome back and review agenda for workshop 3
08h45 – 10h30	PLGI team presentation (20 minutes per team) Each presentation includes: Completed Challenge Model Revised M&E plan Results Completed action plan with detailed activities for each priority action Next steps (way forward)

Day One	Session
11h00 – 13h00	PLGI team presentation (20 minutes per team)
	Each presentation includes:
	✓ Completed Challenge Model
	✓ Revised M&E plan
	✓ Results
	✓ Completed action plan with detailed activities for each priority action
	✓ Next steps (way forward)
14h00 – 16h00	Teams work on their QIP
16h00 - 16h15	Closing reflections

Day 2

Day Two	Session
08h30 - 08h45	Review of content from day 1
08h45 - 09h45	Coaching through breakdowns
09h45 - 10h30	Governance and medicine supply management
10h45 - 13h00	Governance and medicine supply management
14h00 – 16h00	Teams work on their QIP
16h15	Closing reflections

Day 3

Day Three	Session
08h30 - 08h45	Review of content from day before
08h45 - 10h30	Data analysis and presentation of results
10h45 - 12h00	Data analysis and presentation of results
12h00 - 13h00	Closing reflections, workshop evaluation, acknowledgments, coaching visit

ANNEX C. COACHING VISIT REPORTS

Coaching Visit 1

COACHING VISIT REPORT Pharmaceutical Leadership and Governance Initiative Free State Province Dates: November 9–13, 2015

Introduction

In Free State, SIAPS is supporting the Pharmaceutical Services Directorate to address pharmaceutical performance audit findings following an audit conducted by the auditor general for 2013–14 financial year. Amongst the findings, the following were pertinent in ensuring availability and distribution through effective and efficient medicine supply management.

Processes:

- Lack of implementation of policies and procedures at the facility level
- Inadequate and ineffective human resource planning at the facility level to satisfy the need to manage and supply pharmaceuticals
- Lack of integrated information management systems to ensure that pharmaceuticals are procured in accordance with processes that promote economy and efficiency
- Lack of use of information to support management with procurement processes and decision making
- Lack of proper budgeting and planning for pharmaceuticals

Two workshops have been conducted to date, with teams having identified their quality improvement projects (QIPs) with desired measurable results. To provide support and guide teams toward achieving their desired measurable results, coaching visits were conducted from November 9–13, 2015. Each team met in a central place and presented their QIPs.

The Purpose of the Coaching Visit

The purpose of the coaching visits is to:

- Work with teams to address any gaps in understanding concepts discussed during workshops
- Support teams and ascertain progress made with respective projects

- Help teams reflect on the implementation of projects and provide guidance on action plans (key priority actions)
- Ensure governance issues related to each project are integrated into the QIPs

Facilitators

These coaching visits were facilitated by:

- Ms. Ntefeleng Nene, Senior Technical Advisor, SIAPS
- Ms. Tiwonge Mkandawire, Senior Technical Advisor, SIAPS
- Ms. Neo Sematlane, Senior Technical Advisor, SIAPS
- Ms. Celeste Sauls, Senior Technical Advisor, SIAPS

Progress per Team

Team Animal Farm (November 9, 2015) Participants

Representative	Position
Mariska Gordon	District Hospital Pharmacist
Refilwe Motema	District Hospital Pharmacist
Josias Kearney	Specialized Hospital Pharmacist
Dikeledi Mokwena	District Hospital Pharmacist
Jonas Kgasane	Pharmacy Manager: Tertiary Hospital

Pharmaceutical Leadership and Governance Initiative Title: Medicine Availability

Desired Measurable Result: Increase medicine availability from 75% to 90% in PEPKAN hospitals by May 2016

Progress

- The team has made some progress on the implementation of the QIP.
- The team has not engaged relevant stakeholders as yet on the implementation of their QIPs.
- The team has not collected the baseline data as yet.
- Root causes need to be analyzed further the team agreed on the top five root causes:
 - o IT resources
 - o Buyouts
 - o Lead time
 - o Staff shortage and skills
 - Stock levels

Recommendations for the Team

- Add more details on the background, particularly because there is a combination of district and tertiary hospitals.
- Include prescription and dispensing statistics to provide context.
- Use weekly reports to ascertain baseline.
- Review the data collection method it does not provide a true reflection.
- Generally, when telling the story, provide context on tertiary versus district/specialized hospitals.
- Include interventions as part of the presentation.
- Include slide on governance in the presentation to illustrate how the implementation of QIP is addressing governance challenges related to stock management.

Way Forward

- Ensure stakeholder engagement.
- Conduct a thorough root cause analysis.

Team Mufasa (November 10, 2015) Participants

Representative	Position
Tumi Mologoana	Pharmaceutical Services CEO
Liz Schabort	District Pharmacist (Thabo Mofutsanyane District)
Tiny Mavis Mogamisi	Chief Pharmacist, Free State Medical Depot
Tladi Vincent Mokhothu	District Pharmacist (Mangaung Metro)
Tracey Simons	Supply Chain Management System (SCMS) Technical Advisor

Pharmaceutical Leadership and Governance Initiative Title: Contract Management

Desired Measurable Result: Improve contract management through monitoring supplier performance

Progress

- The team made significant progress overall.
- The team engaged relevant stakeholders. SCMS was invited to provide technical assistance to further support the team.
- Indicators had been defined and completed; however, it may change as team further explore and update their Challenge Model.
- There was some confusion between challenges and activities.

Recommendations for the Team

- Conduct a mapping exercise to determine the current contract management process, thereby allowing the team to provide a more accurate baseline.
- The desired measureable result should focus on the depot, and the team should confirm which aspects will be addressed.
- The background slide should include a summary on and importance of contract management.
- Engage any additional stakeholders identified through the mapping process.
- Work closely with SCMS, who will also provide some useful tools and background information.
- The root cause analysis will be reworked, and priority actions aligned with obstacles.
- Ensure consistency in reflecting the current situation on the presentation; for example, the current situation that appears on the root cause analysis should be the same with one on the Challenge Model.
- Additionally, interventions should be clear to ensure ease of implementation of activities.
- Include a column on progress in the action plan.
- Include a slide on governance in the presentation to illustrate how the implementation of QIP is addressing governance challenges related to contract management.

Way Forward

- Conduct a mapping exercise to inform the process, which is necessary to inform all the aspects of the identified project.
- Finalize desired measureable result.

Team 4X4 (November 11, 2015) Participants

Representative	Position	
Maureen Tlali and Else de Jager	Roving Pharmacist	

Pharmaceutical Leadership and Governance Initiative Title: Expired Stock

Desired Measurable Result: Reduce expired medicines in PHC clinics in Thabo Mofutsanyana District by 25% by the end of March 2017.

Progress

- The team conducted work climate assessments at clinics that they support; however, concerns were raised on the validity of the information gathered, as the questionnaires were administered by supervisors. Thus, responses provide by participants may not be a true reflection of the actual work climate.
- The team conducted the baseline assessment and presented it; however, they felt figures may actually be higher.
- The team also raised concerns on the reliability of the expired medicines data.

Recommendations for the Team

- Focus further on problematic areas, and rework root cause analysis to ensure all other root causes are captured.
- Highlight the period in which stock was recorded as expired.
- Add the period of the baseline data.
- Align root causes and interventions within the Challenge Model.
- Ensure the desired measurable result is consistent throughout the presentation.
- Review the M&E plan.
- Consider developing processes and procedures on the disposal of stock as an intervention.
- Consider reporting short-dated stock on a monthly basis as an intervention—prevention.
- Include slide on governance in the presentation to illustrate how the implementation of QIP is addressing governance challenges related to expired stock.

Way Forward

- Conduct a more comprehensive root cause analysis to broaden focus.
- Finalize intervention and ensure that activities are clear.
- SIAPS (Neo Sematlane and Tony Linden) will provide support on the effective use of RxSolutions.

Team Landrover (November 12, 2015) Participants

Representative	entative Position	
Anri Schmulian, Lindsey Bibbey, and Lientjie Holder	Roving Pharmacist	

Pharmaceutical Leadership and Governance Initiative Title: Reduce expired medicines in PHC clinics in Thabo Mofutsanyana District

Desired Measurable Result

Another possible QIP that the team identified and may pursue involves adherence (by prescribers) at PHC clinics to legal prescripts of writing a prescription. It was mentioned that pharmacist's assistants continue to dispense chronic prescriptions well after the prescriptions have expired. Several reasons were cited for this; however, chief among them was limited availability of prescribers (medical practitioners). The team decided to start by assessing and documenting the prevalence of this challenge.

Progress (Same as 4x4)

Recommendations for the Team (Same as 4x4)

- Focus further on problematic areas, and rework root cause analysis to ensure all other root causes are captured.
- Highlight the period in which stock was recorded as expired.
- Add the period of the baseline data.
- Align root causes and interventions within the Challenge Model.
- Ensure that the desired measurable result is consistent throughout the presentation.
- Review the M&E plan.
- Consider developing processes and procedures on the disposal of stock as an intervention.
- Consider reporting short-dated stock on monthly basis as an intervention/prevention.
- Include a slide on governance in the presentation to illustrate how the implementation of QIP is addressing governance challenges related to expired stock.
- Consider consolidating existing tools for supervising PHC clinics into a manual for all roving pharmacists to use.

Way Forward

- Conduct a more comprehensive root cause analysis to broaden focus.
- Finalize intervention and ensure activities are clear.

• SIAPS (Neo Sematlane and Tony Linden) to provide support on the effective use of RxSolutions.

Team Ruby (November 12, 2015) Participants

Representative	Position
Michelle Tinarwo, Puseletso Tsatsa, Caroline Kirstein, Nelia Theron,	Responsible Pharmacist
Almari Marais	

Pharmaceutical Leadership and Governance Initiative Title: Improve Financial Skills among Responsible Pharmacists

Desired Measurable Result

Equip all 11 responsible hospital pharmacists in TM with financial skills and tools to adequately monitor pharmaceutical expenditure by February 2016.

Progress

- The baseline assessment was conducted through a survey and results were presented.
- The assessment is the foundation for aspects that will be addressed as part of the intervention.
- Some aspects of the presentation outline was excluded and the template was shared again.

Recommendations for the Team

- Focus on the project (expenditure) and avoid being distracted by medicine management.
- Review the root cause analysis and priority actions.
- Review the M&E plan.
- Ensure that interventions are clear.
- Rearrange the slides, following the recommended outline for logical flow.
- Review PFMA to get more acquainted with this policy and the do's and don'ts. This will
 assist the team when aligning and mobilizing finance on the use of pharmaceutical budget.
- Include slide on governance in the presentation to illustrate how the implementation of QIP is addressing governance challenges related to overexpenditure on pharmaceuticals.

- Define focus of project and review root cause analysis with priority actions.
- Rearrange slides on correct template and update the presentation based on the coaching visit discussions.

Team Pathfinder (November 13, 2015) Participants

Representative	Position
Lucy van der Merwe, Charlotte Moatlhodi, Lufuno Ravhura, Corrie Fouche	Roving Pharmacist

Pharmaceutical Leadership and Governance Initiative Title: Reducing Expired Stock

Desired Measurable Result

To reduce the rand value of the expired stock against the 2015–16 budget

Progress

- The team has not determined the baseline yet.
- Baseline data collection tools have been developed.
- Data collection tools will be shared from Mangaung District to avoid reinventing the wheel.
- The indicators need to be reviewed.
- Root causes require in-depth analysis. Some of the main root causes, based on the discussion and the coaching, include:
 - o Poor ordering practices and poor implementation of stock management policies
 - o Excess stock—parameters of ordering (min/max)
 - o Uplifting of short dated stock/wrongly delivered stock
 - o Lack of resources on information dissemination
 - o Lack of skills in stock management (pharmacist's assistants)

Recommendations for the Team

- Consider interventions on how to motivate pharmacist's assistants.
- Review the presentation to include discussions from the coaching visits.

- Consider providing mentorship to pharmacist's assistants during supervisory visits as an intervention.
- Align priorities discussed (during coaching visit) to root causes.
- Ensure thorough stakeholder analysis and engagement. Include operational managers, pharmacist assistant's, and clinic management as key stakeholders and identify strategies to engage them.
- Review the M&E plan.

• Include the slide on governance to illustrate how the implementation of QIP is addressing governance challenges related to expired stock.

Team Fezile Dabi (November 13, 2015) Participants

Representative	Position
Mareli Wilken	Pharmacy Manager, Boitumelo Regional Hospital
Corrie Boshoff	Pharmacy Manager, Mestimaholo Hospital
Shadrack Mashamba	Pharmacy Manager, Mafube Hospital

Pharmaceutical Leadership and Governance Initiative Title: Improving Stock Management Practices in Fezile Dabi Hospitals

Desired Measurable Result

To be refined.

Progress

- The team made significant progress, though concerns were raised that not all team members were contributing to the process.
- The team decided to focus on improving stock management practices for antibiotics and parenterals for the project.
- The baseline assessment was not completed; however, will be completed by the end of November as indicated on the action plan.
- Interventions and activities are clearly outlined.
- Thorough stakeholder analysis not conducted.

Recommendations for the Team

- Review stakeholder analysis and engage stakeholders accordingly.
- Review the M&E plan.
- Update the root cause analysis.
- Update baseline information.
- Remember that though the change may not be seen by the end of the project, it is a starting point and forces hospitals to improve their stock management practices.
- Include the slide on governance to illustrate how the implementation of QIP is addressing governance challenges related to stock management practices.

Way Forward

- Conduct baseline assessment at all facilities.
- Update the desired measurable result.
- Review the M&E plan.

Coaching Visit 2

COACHING VISIT REPORT Pharmaceutical Leadership and Governance Initiative Free State Province Dates: January 25, 2016

Introduction

In Free State, SIAPS has been involved in supporting Pharmaceutical Services to address pharmaceutical performance audit findings following an audit conducted by the auditor general. Among the findings, the following were pertinent in ensuring availability and distribution through effective and efficient medicine supply management processes:

- Lack of implementation of policies and procedures at the facility level
- Inadequate and ineffective human resource planning at the facility level to satisfy the need to manage and supply pharmaceuticals
- Lack of integrated information management systems to ensure that pharmaceuticals are procured in accordance with processes that promote economy and efficiency
- Lack of use of information to support management with procurement processes and decision making
- Lack of proper budgeting and planning for pharmaceuticals

Two workshops have been conducted to date with teams having identified their quality improvement projects (QIP) with desired measurable results. To provide support and guide teams toward achieving their desired measurable results, coaching visits were conducted from November 9 to November 13, 2015. Each individual team met in a central place and presented their QIP.

The Purpose of the Coaching Visit

The purpose of the coaching visits is to:

- Work with teams to address any gaps in understanding concepts discussed during workshops
- Support teams and ascertain progress made with respective projects
- Help teams reflect on the implementation of projects and provide guidance on action plans (key priority actions)
- Ensure governance issues related to each project are integrated into the QIP

Facilitators

These coaching visits were facilitated by:

- Ms. Ntefeleng Nene, Senior Technical Advisor, SIAPS
- Ms. Tiwonge Mkandawire, Senior Technical Advisor, SIAPS
- Ms. Neo Sematlane, Senior Technical Advisor, SIAPS
- Ms. Celeste Sauls, Senior Technical Advisor, SIAPS

Progress per Team

Team Animal Farm (November 9, 2015) Participants

Representative	Position
Mariska Gordon	District Hospital Pharmacist
Refilwe Motema	District Hospital Pharmacist
Josias Kearney	Specialized Hospital Pharmacist
Dikeledi Mokwena	District Hospital Pharmacist
Jonas Kgasane	Pharmacy Manager, tertiary hospital

Pharmaceutical Leadership and Governance Initiative Title: Medicine Availability Desired Measurable Result

Increase medicine availability from 75% to 90% in PEPKAN hospitals by May 2016

Progress

- The team made some progress on the implementation of the QIP.
- The team have not yet engaged relevant stakeholders on the implementation of their QIPs
- The team has not collected the baseline data as yet.
- Root causes still require more analysis; the team agreed on the top five root causes:
 - o IT resources
 - o Buyouts
 - Lead time
 - o Staff shortage and skills
 - Stock levels

Recommendations for the Team

- Add more details on the background, particularly because there is a combination of district and tertiary hospitals.
- Include prescription and dispensing statistics to provide context.
- Use weekly reports to ascertain baseline.
- Review the data collection method—it does not provide a true reflection.

- Generally, when telling the story, provide context on tertiary versus district/specialized hospitals.
- Include interventions as part of the presentation.
- Include slide on governance in the presentation to illustrate how the implementation of QIP is addressing governance challenges related to stock management.

- Ensure stakeholder engagement.
- Conduct a thorough root cause analysis.

Team Mufasa (November 10, 2015) Participants

Representative	Position
Tumi Mologoana	Pharmaceutical Services CEO
Liz Schobort	District Pharmacist (Thabo Mofutsanyane District)
Tiny Mavis Mogamisi	Chief Pharmacist, FS Medical Depot
Tladi Vincent Mokhothu	District Pharmacist (Mangaung Metro)
Tracey Simons	SCMS Technical Advisor

Pharmaceutical Leadership and Governance Initiative Title: Improve Contract Management through Monitoring Supplier Performance

Desired Measurable Result

To be refined.

Progress

- The team made significant progress overall.
- The team engaged relevant stakeholders, with SCMS invited to provide additional technical assistance to further support the team.
- Indicators defined and completed; however, it may change as team further explore and update their Challenge Model.
- There were some confusion between challenges and activities.

Recommendations for the Team

 Conduct a mapping exercise to determine the current contract management process, thereby allowing the team to provide a more accurate baseline which is currently still unclear.

- The desired measurable result should focus on the depot, and the team should confirm which aspects will be addressed.
- The background slide should include a summary on and the importance of contract management.
- Engage any additional stakeholders identified through the mapping process.
- Work closely with SCMS, who will also provide some useful tools and background information.
- The root cause analysis will be reworked and priority actions aligned with obstacles.
- Ensure consistency in reflecting the current situation on the presentation—for example, the current situation that appears on the root cause analysis should be the same with one on the Challenge Model.
- Additionally, interventions should be clear to ensure ease of implementation of activities.
- Include a column on progress in the action plan.
- Include a slide on governance in the presentation to illustrate how the implementation of QIP is addressing governance challenges related to contract management.

- Conduct a mapping exercise to inform the process; this is necessary to inform all the aspects of the identified project.
- Finalize the desired measurable result.

Team 4X4 (November 11, 2015)Participants

Representative	Position
Maureen Tlali and Else de Jager	Roving Pharmacist

Pharmaceutical Leadership and Governance Initiative Title: Reduce Expired Medicines in PHC Clinics in Thabo Mofutsanyana District

Desired Measurable Result

To be refined.

Progress

• The team conducted work climate assessments at clinics that they support; however, concerns were raised about the validity of the information gathered, as the questionnaires

were administered by supervisors. Thus, responses provide by participants may not be a true reflection of the actual work climate.

- The team conducted the baseline assessment and presented it; however, they felt that figures may actually be higher.
- The team also raised concerns about the reliability of the expired medicines data.

Recommendations for the Team

- Zoom further into problematic areas, and rework root cause analysis to ensure that all other root causes are captured.
- Highlight the period in which stock was recorded as expired.
- Add the period of the baseline data.
- Align the Challenge Model with root causes and interventions.
- Ensure that the desired measurable result is consistent.
- Review the M&E plan.
- Consider developing processes and procedures on the disposal of stock as an intervention.
- Consider reporting short-dated stock on monthly basis as an intervention/prevention.
- Include the slide on governance in the presentation to illustrate how the implementation of QIP is addressing governance challenges related to expired stock.

Way Forward

- Conduct a more comprehensive root cause analysis to broaden focus.
- Finalize intervention and ensure that activities are clear.
- SIAPS (Neo Sematlane and Tony Linden) will provide support on the effective use of RxSolutions.

Team Landrover (November 12, 2015) Participants

Representative	Position
Anri Schmulian, Lindsey Bibbey, and Lientjie Holder	Roving Pharmacist

Pharmaceutical Leadership and Governance Initiative Title: Reduce Expired Medicines in PHC clinics in Thabo Mofutsanyana District

Another possible QIP that the team identified and may pursue involves adherence (by prescribers) at PHC clinics to legal prescripts of writing a prescription. It was mentioned that pharmacist's assistants continue to dispense chronic prescriptions well after the prescriptions have expired. Several reasons were cited for this; however, chief among them was limited availability of prescribers (medical practitioners). The team undertook to start by assessing and documenting the prevalence of this challenge.

Desired Measurable Result

To be refined.

Progress

- The team conducted work climate assessments at clinics that they support; however, concerns were raised on the validity of the information gathered, as the questionnaires were administered by supervisors. Thus, responses provided by participants may not be a true reflection of the actual work climate.
- The team conducted the baseline assessment and presented it; however, they felt that figures may actually be higher.
- The team also raised concerns about the reliability of the expired medicines data.

Recommendations for the Team (Same as 4x4)

- Zoom in further on problematic areas, and rework root cause analysis to ensure that all other root causes are captured.
- Highlight the period in which stock was recorded as expired.
- Add the period of the baseline data.
- Align the Challenge Model with root causes and interventions.
- Ensure the desired measurable result is consistent.
- Review the M&E plan.
- Consider developing processes and procedures on the disposal of stock as an intervention.
- Consider reporting short-dated stock on monthly basis as an intervention/prevention.

• Include a slide on governance in the presentation to illustrate how the implementation of QIP is addressing governance challenges related to expired stock.

Way Forward

- Conduct a more comprehensive root cause analysis to broaden focus
- Finalize intervention and ensure activities are clear
- SIAPS (Neo Sematlane and Tony Linden) to provide support on the effective use of RxSolutions.

Team Ruby (November 12, 2015) Participants

Representative	Position
Michelle Tinarwo, Puseletso Tsatsa, Caroline Kirstein, Nelia Theron,	Responsible Pharmacist
Almari Marais	

Pharmaceutical Leadership and Governance Initiative Title: Improve Financial Skills among Responsible Pharmacists

Desired Measurable Result

To be refined.

Progress

- The baseline assessment was conducted through a survey and results were presented.
- The assessment is the foundation for aspects that will be addressed as part of the intervention.
- Some aspects of presentation outline were excluded and the template was shared again.

Recommendations for the Team

- Maintain focus on the project (expenditure) and avoid being distracted by medicines management.
- Review the root cause analysis and priority actions.
- Review the M&E plan.
- Ensure that interventions are clear.
- Rearrange the slides to follow recommended outline for logical flow.

- Review PFMA to get more acquainted with this policy and the do's and don'ts. This will assist the team when aligning and mobilizing finance on the use of pharmaceutical budget.
- Include a slide on governance in the presentation to illustrate how the implementation of QIP is addressing governance challenges related to over expenditure on pharmaceuticals.

- Define the focus of the project and review root cause analysis with priority actions.
- Rearrange slides on the correct template and update the presentation based on the coaching visit discussions.

Team Pathfinder (November 13, 2015) Participants

Representative	Position
Lucy van der Merwe, Charlotte Moatlhodi, Lufuno Ravhura, Corrie Fouche	Roving Pharmacist

Pharmaceutical Leadership and Governance Initiative Title: Reducing Expired Stock

Desired Measurable Result

To reduce the rand value of the expired stock against the 2015–16 budget

Progress

- The team has not yet determined the baseline.
- Baseline data collection tools have been developed.
- Data collection tools will be shared from Mangaung District to avoid reinventing the wheel.
- The indicators need to be reviewed.
- Root causes require in-depth analysis. Some of the main root causes, based on the discussion and the coaching, include:
 - o Poor ordering practices and poor implementation of stock management policies
 - o Excess stock—parameters of ordering (min/max)
 - o Uplifting of short-dated stock/wrongly delivered stock
 - o Lack of resources on information dissemination
 - o Lack of skills in stock management (pharmacist's assistants)

Recommendations for the Team

- Consider interventions on how to motivate pharmacist's assistants.
- Review the presentation to include discussions from the coaching visits.

- Consider providing mentorship to pharmacist's assistants during supervisory visits as an intervention.
- Align priorities discussed (during coaching visit) to root causes.
- Ensure thorough stakeholder analysis and engagement. Include operational managers, pharmacist's assistants, and clinic management as key stakeholders and identify strategies to engage them.
- Review the M&E plan.

• Include the slide on governance to illustrate how the implementation of QIP is addressing governance challenges related to expired stock.

Team Fezile Dabi (November 13, 2015) Participants

Representative	Position
Mareli Wilken	Pharmacy Manager, Boitumelo Regional Hospital
Abie van Biljon	Pharmacy Manager, Parys
Lithlare Salemane	Pharmacy Manager

Pharmaceutical Leadership and Governance Initiative Title: Improving Stock Management Practices in Fezile Dabi Hospitals

Desired Measurable Result

Improving stock management practices in Fezile Dabi Hospital

Progress

- The team made significant progress, though it seems that only two people are actively participating in the process.
- The team decided to focus on improving stock management practices for antibiotics and parenterals for the project.
- The baseline assessment was not completed; however, will be completed by the end of November as indicated on the action plan.
- The interventions and activities are clearly outlined.
- A thorough stakeholder analysis not conducted.

Recommendations for the Team

- Review stakeholder analysis and engage stakeholders accordingly.
- Review the M&E plan.
- Update the root cause analysis.
- Update baseline information.
- Remember that though change may not be seen by the end of the project, it is a starting point and forces hospitals to improve their stock management practices.

Way Forward

- Conduct baseline assessment at all facilities.
- Update the desired measurable result.
- Review the M&E plan.

ANNEX D. WORKSHOP EVALUATIONS

Pharmaceutical Leadership and Governance Initiative - Workshop 1 Evaluation Report

Training Start Date: September 22, 2015
Training End Date: September 23, 2015
Province, Country: Free State - South Africa

Programme Facilitators: Ntefeleng Nene, Tiwonge Mkandawire, Neo Sematlane

Course Co-ordinator: Mmabatho Mokoena and Lesego Mantu

Health Focus Area: Pharmaceutical Services

Client: Free State Pharmaceutical Services

Participants Details:

Overall Number of Participants: 22 Number of Female Participants: 18 Number of Male Participants: 4

Session Length

- 6 participants felt that the session was too long.
- 25 participants felt that the session was just right.
- None of the participants felt that the session was too short.

What topics in this session will be most useful to you in your work?

- Governance
- Leading and managing
- Methods involved in trying to provide leadership in one department
- Identification and addressing of weakness in my leadership profile
- PFMA presentation
- SWOT analysis and identifying issues, challenges, problems, strengths, and weaknesses
- Different tools needed to handle challenges
- Scanning and to inspire
- SWOT analysis and stakeholder analysis
- All the sessions
- Linking leading and managing for Improved Health
- Interventions to improve governance in pharmaceutical systems
- Leading and managing framework practices/principles
- Workplace climate assessment
- Challenge management

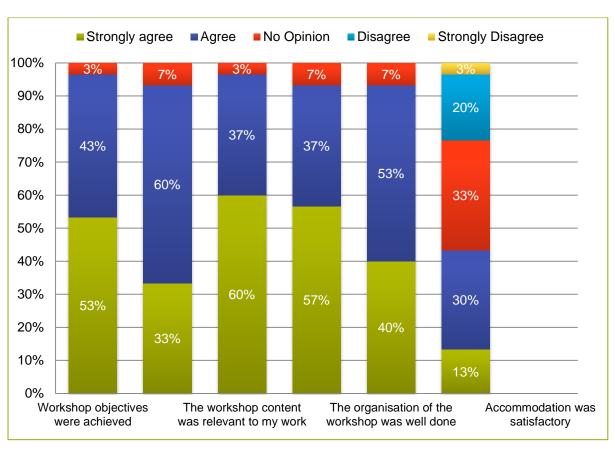
What topics would you have liked more information or more time on?

- Challenge Model
- Circle of influence
- Motivation of exhausted leaders themselves
- Leadership of inspiring
- Leadership and teamwork
- Time management
- Dealing with challenges practically in the workplace

- Balance score card matrix
- Strategies to reduce medicine shortages
- Leadership skills for myself
- Feedback on the past PLDP course or outcomes of the projects
- PFMA

Additional comments:

- The planning of the workshop did not take into consideration participants coming from far who drove long distances to attend a programme that ends at five.
- Take into account the short concentration span for adults.
- Interesting and useful.
- Accommodation was good.
- Workshop was well organised.
- Enjoyable workshop, lovely presenter.
- Well-structured good content and presented in an easy-to-comprehend manner.
- Very practical and relevant to the settings in pharmaceutical services both institutional and corporate.
- Facilitators presented the information well and interactive.
- Enjoyed their methods of facilitation.
- Enjoyed being part of the first session. It is relevant to me and I hope I would be able to support the pharmaceutical team in resolving most of challenges they are facing in the facilities.
- Facilitators were very well informed and organized.



Pharmaceutical Leadership and Governance Initiative - Workshop 2 Evaluation Report

Training Start Date: October 27, 2015 Training End Date: October 29, 2015

Province, Country: Free State - South Africa

Programme Facilitators: Ntefeleng Nene, Celeste Sauls, Neo Sematlane, Tony Linden

Course Co-ordinator: Mmabatho Mokoena Health Focus Area: Pharmaceutical Services

Client: Free State Pharmaceutical Services

Participants Details:

Overall Number of Participants: 25 Number of Female Participants: 21 Number of Male Participants: 4

Session Length

- 9 participants felt that the session was too long.
- 15 participants felt that the session was just right.
- 1 participant did not respond.
- None of the participants felt that the session was too short.

What topics in this session will be most useful to you in your work?

- Use of data
- Analysing data
- Challenge Model
- Root cause analysis (asking the Five Whys)
- To leave here with a proposal on all issues affecting pharmacist to the district management
- How to prioritize
- Dealing with obstacles
- Identifying root cause and to prioritize action
- Fishbone analysis
- Developing measurable result
- Creating a mission and vision
- Importance of data, action plans on how to achieve results, it is a process to achieve desires results
- Obstacles and priority action
- Priority matrix
- Utilising information for decision making
- M&E module matrix

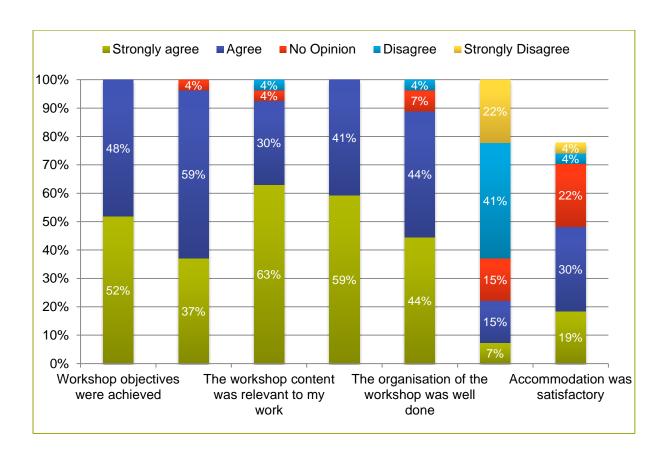
What topics would you have liked more information or more time on?

- Excel training
- Priority actions/ obstacles
- Time management and how to prioritize
- The slides, presentations and pictures taken by Ntefeleng that were not in the handout should be sent to us via e-mail soon
- Analyzing root causes

- RxSolutions
- How to deal with conflict in a working environment
- More time on priority actions
- Deciding about the actual topic that we chose
- Challenge Model
- Monitoring and mobilization for results

Additional comments:

- Venue not so user-friendly.
- I have learned a lot that I will use at my work environment to improve service delivery.
- Training facility too small, hot, and does not allow proper participation of groups.
- Better catering and provision of water must improve.
- The workshop is helpful and knowledge and skills were gained.
- The presenter presented well and was able to capture our attention.
- Training facility was very hot/humid.
- As always, the facilitators were knowledgeable and organized. Once again, big-ups.
- Team presentations are time-consuming.
- It sometimes feels that we are doing the same exercises over and over again, just in different ways, which is frustrating.
- It is good that the workshop is ongoing and very interactive.
- Very helpful in current situation.
- Groups can proceed with tasks at night and finish project and then it is not necessary to go back and do it at home, where we do not have time.
- Workshop very informative.
- Need training on Excel.



Pharmaceutical Leadership & Governance Initiative – Workshop 3 Evaluation Report

Training Start Date: December 8, 2015
Training End Date: December 10, 2015
Province, Country: Free State - South Africa

Programme Facilitators: Ntefeleng Nene, Celeste Sauls, Neo Sematlane, Tiwonge

Mkandawire

Course Coordinator: Mmabatho Mokoena Health Focus Area: Pharmaceutical Services

Client: Free State Pharmaceutical Services

Participants Details:

Overall Number of Participants: 25 Number of Female Participants: 20 Number of Male Participants: 5

Session Length

- Three participants felt that the session was too long.
- Twenty-two participants felt that the session was just right.
- None of the participants felt that the session was too short.

What topics in this session will be most useful to you in your work?

- Excel
- Process mapping
- Leadership management principles
- Strategies on dealing with issues on governance based on the QIP
- Governance linked with leadership/managing tools
- Governance

What topics would you have liked more information or more time on?

- Excel
- More time allocation for Excel
- Leadership management principles
- Proactively involving stakeholders
- Results analysis and presentations
- Excel manual to be provided

Additional comments:

- I feel like we are rehearsing the same topics and doing the same things over and over again in different ways, which gets frustrating.
- Very informative.
- Happy.
- Keep up the good work.
- Enjoyable workshop.
- Would have liked the Excel to be shorter individual classes. The work session was compressed.
- Well done.