



Report of a ToT and Cascade Training on Leadership Development Program for Pharmacists from the Public Sector of the Ministry of Health and Sanitation of Sierra Leone

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Report of a ToT and Cascade Training on Leadership Development Program for Pharmacists from the Public Sector of the Ministry of Health and Sanitation of Sierra Leone

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to ensure 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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Key Words

Leadership development program, training of trainers, DDMS, MOHS, modules

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ACRONYMS

CRMS	continuous results monitoring system
DDMS	Directorate of Drugs and Medical Supplies
LDP	Leadership Development Program
MOHS	Ministry of Health and Sanitation
MSH	Management Sciences for Health
PHU	peripheral health unit
SAM	Senior/Stakeholder Alignment Meeting
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
TOR	terms of reference
ToT	training of trainers
USAID	US Agency for International Development

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Anduaem Oumer, Senior Technical Advisor for SIAPS, who ensured that all training materials were reproduced and bound.

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BACKGROUND

The pharmaceutical sector in Sierra Leone faces several challenges. The Ministry of Health and Sanitation (MOHS), in collaboration with different partners, is in the process of strengthening the capacity of district and peripheral health facilities (hospitals and peripheral health units (PHUs)) to ensure an uninterrupted supply of essential medicines, manage supply chain activities through an improved nationwide pharmaceutical management information system, and promote rational medicine use for better health outcomes.

The two-year US Agency for International Development (USAID)-funded SIAPS Sierra Leone project, with a scheduled end date of October 2017, was created to support the Government of Sierra Leone's post-Ebola Recovery Program. USAID support to the MOHS through SIAPS focuses on pharmaceutical management systems strengthening and supply chain management through capacity building and technical assistance to improve governance, management and leadership, selection and quantification, pharmaceutical management information systems, rational medicine use, and CRMS.

Based on the SIAPS technical assistance provided in revising the organogram and drafting terms of references (TOR) for the different units of the DDMS, it has more than doubled its staffing under the new organogram. SIAPS provides technical assistance by engaging the technical services of MSH in-house with LDP expert Sylvia Vreisendorp as lead facilitator supported by Wawira Munyi as a consultant co-facilitator of this LDP training.

PURPOSE OF THE TRAINING

The purpose of conducting MSH's LDP training was to build the capacity of Sierra Leone's DDMS, district/hospital pharmacists, and SIAPS staff in leadership, management, and governance. The goal was to ensure that the directorate, its district/hospital pharmacists, and SIAPS Sierra Leone staff would be equipped with the knowledge and skills to manage and lead the different components of the program efficiently in a transparent and participatory manner, including optimizing the SIAPS-supported CRMS, which has been implemented nationwide.

The purpose of the training of trainers (ToT) for the LDP was to establish a pool of local LDP facilitators who could cascade the program to other DDMS staff and district/hospital pharmacists throughout the 13 districts.

Scope of Work

The two LDP experts worked closely with the SIAPS Sierra Leone and headquarters technical teams, DDMS, and other entities to:

- Design and execute a program for leadership development based on MSH's LDP to help the DDMS strengthen its capacity to lead and manage DDMS core mandates of pharmaceutical management systems and the CRMS
- Design and implement a ToT to establish a pool of local LDP facilitators and provide virtual coaching support to the co-facilitation team as they implement their first LDP
- Work with project staff to conduct the LDP training for various selected participants as lead facilitator/co-facilitator
- Contribute to the cross-fertilization of technical and management ideas and approaches within the DDMS and district health management teams
- Work with DDMS staff to review the draft TOR developed as part of the revised organogram
- Provide technical assistance to launch the LDP and support local facilitators to design and implement the senior alignment meeting
- Submit trip and training reports

KEY OBJECTIVES

The key objectives represent the three parts of this assignment.

Training of Trainers/Facilitators

Purpose: To prepare 17 pharmacists from the DDMS, districts, hospitals, and SIAPS Sierra Leone to carry out the LDP in Sierra Leone at any level (for a list of participants, see annex A).

Learning objectives: At the end of the ToT, participants will:

- Be able to list and explain the eight leading and managing practices
- Be able to demonstrate application of the Challenge Model
- Have increased their confidence to deliver LDP modules 1–4
- Have increased their confidence to coach district and PHU teams to implement the CRMS
- Have a plan for implementing the LDP
- Have a plan for cascading the LDP to peripheral teams

Senior/Stakeholder Alignment Meeting (SAM)

The SAM is an integral part of the LDP. The purpose of this meeting is to align stakeholders and partners to collaborate with the DDMS in its efforts to improve leadership and management at all levels to contribute to the achievement of national health goals and solve issues in pharmaceutical management (for a list of participants, see annex B).

LDP Modules 1–4

The purpose of the LDP is to help participants to work with their workplace teams to:

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

An additional activity, not originally in the consultants' scope of work, was added as part of SIAPS' activities to strengthen the DDMS. A full day was dedicated to a presentation and discussion on optimizing the DDMS organizational structure and TOR of its five units as part of ongoing SIAPS governance technical assistance. Intended results included:

1. Everyone is clear about the roles and responsibilities of the units
2. Agreement on a final organizational chart*
3. Everyone knows the current situation of their unit in the reorganization
4. Everyone knows everyone else's challenge and what they recommend to overcome these challenges
5. Everyone is clear about the purpose and process of the CRMS
6. Every unit has its objectives and results areas/indicators to be used in the CRMS
7. There is draft action plan for each unit for the next six months (end of December)*

The two results with an asterisk (*) were not completed as the first session took more time than planned; they are intended to be completed during the course of SIAPS.

Complementary sessions were conducted by SIAPS during the workshop as part of linking the LDP to the technical implementation of the CRMS and Drug and Therapeutics Committees, including a brief presentation of the MSH-developed Monitoring, Training, and Planning approach to add technical value to the LDP.

PURPOSE OF THIS REPORT

This report seeks to communicate the extent to which the objectives of the training as outlined above were achieved. It also shows the process through which the objectives were achieved, including principal findings during the process. The consultant documented lessons learned, which may benefit future programs.

Principal Findings

1. The DDMS has many challenges (e.g., inefficient supply chain, internal feedback and communication issues with districts and hospitals) that could be addressed through application of the leading and managing practices.
2. Participants were not grounded in essential leading, managing, and governing practices and showed great interest in tools and logical thinking processes to tackle their multiple challenges.
3. The LDP could go a long way toward helping to overcome problems within the DDMS, including stock-outs, poor data quality, and lack of inclusion of the pharmacist in the decision making process. The program will help people become proactive, take initiative to resolve long-standing issues, and reduce their dependence on problems being solved by their superiors.
4. ToT graduates learned basic facilitation processes that can help them engage stakeholders. They moved from presenters and lecturers to facilitators of learning, drawing on the wisdom of the group to discover possibilities. Daily feedback sessions allowed everyone to provide constructive feedback to their peers that everyone could learn from. The quality of the feedback increased each day.

Methodology

The LDP follows an Empowerment Model of development, which asks participants to come up with solutions to challenges they face. In line with this model, the two LDP experts facilitated the learning process as opposed to lecturing.

The participants for this LDP, including the ToT, were selected by DDMS senior management. They included pharmacists from districts, hospitals and the directorate.

The facilitators used both flip charts and power point presentations during the training process. A video of LDP in Egypt was also used as part of the learning process to demonstrate how the program brings change to the health sector. The facilitators used the LDP Facilitator Guide to deliver the training and provided participants with the guide and handouts for references and additional detail.

The facilitators organized participants into teams of six or seven to ensure participation by everyone. The team set up built camaraderie among participants and strengthened their relationships. The facilitators used real-life scenarios, challenges, and examples to generate discussions and brainstorming. During these discussions, participants brainstormed on the many challenges that the health sector, and specifically the pharmaceutical sector, faces (e.g., stock-outs of different medicines). Participants were guided to propose possible solutions (e.g., proactively communicating their needs to the central storage unit and working to ensure availability of transport). Participants also brought out another key challenge—poor data quality—and they realized that they need to take action to resolve this issue. The advantage of this adult learning method is that it is not prescriptive. People identify challenges and generate their own ideas and solutions. The facilitators used activities laid out in the Facilitator Guide and ensured that everyone participated.

The Process

The training kicked off with a three-day ToT for 17 individuals from the DDMS, districts, hospitals, and SIAPS Sierra Leone who had been selected by DDMS management. Participants were taken through selected sections of the LDP content to allow them to grasp the key elements of the program. They were also coached on facilitation skills and how these differ from lecturing. At the end of the ToT, each trainee was allocated sections of LDP Facilitator Guide to train the rest of the participants on during training on modules 1–4. Over the following, days, trainees prepared to deliver these sections by practicing in front of their colleagues and the LDP experts, who provided feedback and coaching. At the end of the ToT, the 17 participants received certificates of completion. As part of the certificate ceremony, which was attended by USAID staff and the DDMS director, participants were given a flash drive with resources.

Of the 17 trainees, four who had demonstrated a great deal of confidence in facilitation and understanding the content were selected to facilitate the SAM, which was scheduled to take place after the ToT. These four were intensely coached separately and they practiced their presentations repeatedly while receiving feedback from the expert LDP facilitators. This ensured that they were confident, had mastery of the content, and were comfortable delivering it for the SAM to a group of senior management and partners. During the SAM, the consultant provided an overview of the LDP. The newly trained trainers facilitated the rest of the content.

Facilitation of LDP modules 1–4 was conducted over five days, including one day of preparation. The experts had the facilitator trainees prepare and practice in their presence and in front of other trainees every day. Trainees received feedback and coaching in preparation for the next day's facilitation. There were also one-on-one coaching sessions in cases where individual trainees required further guidance and clarification. Of the initial 17 participants, 14 were able to train a larger group of pharmacists from 13 districts on LDP modules 1–4. Each four-hour module was facilitated by three or four ToTs.

ACCOMPLISHMENTS AND OUTCOMES

DDMS, District, Hospital, and SIAPS Staff Trained in LDP Facilitation

Seventeen participants were selected by the DDMS and SIAPS Sierra Leone to be trained in conducting the LDP. The goal was to have a pool of LDP facilitators who could cascade the program throughout the 13 districts of Sierra Leone. The before and after measurement of the objectives shows (on average) an increase in confidence, skills, and knowledge (on a 10 point scale from 0 (low) to 10 (high)).

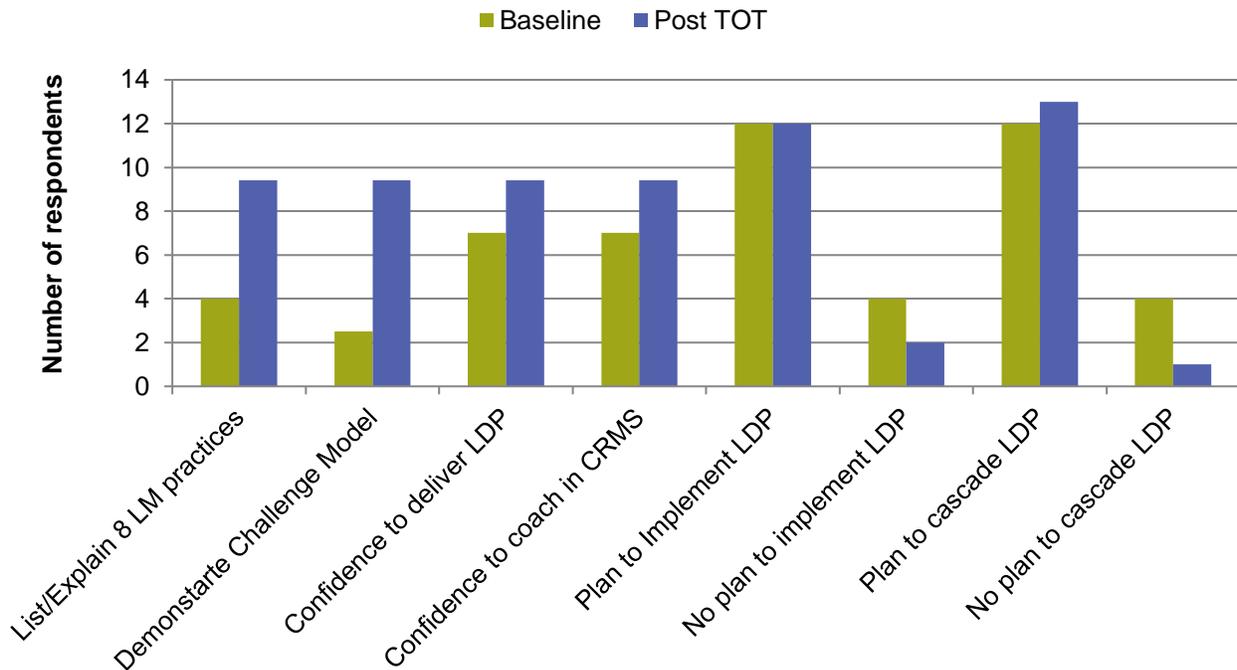


Figure 1. Pre and post ToT measurement of knowledge, attitude, and practice

Newly Trained Facilitators Showed Evidence of Their New Skills

The new trainers were put at the forefront as facilitators immediately after completing the ToT. Of the 17 people who went through the ToT, four were selected to facilitate the SAM, which they did very well, with participants commenting on their excellence, passion, energy, and mastery of content. Those four, as well as nine others from the ToT, facilitated LDP modules 1–4 with occasional interventions by the expert LDP facilitators. Given that both the process (facilitating vs lecturing) and the concepts and tools were new to most, we were impressed with their transformation. Those who had not benefitted from the intense preparations, feedback, and rehearsal sessions were simply lecturing as they always had and were not able to engage participants.



New trainer facilitating LDP module 1

Staff Further Refine DDMS Organizational Structure

This session was designed using the Challenge Model and included presentations and group exercises and resulted in the staff owning their TOR and a final version of the organizational structure. The intended results of the day were ambitious. Although not all seven results were achieved (namely agreement on the organization chart and a workplan for the rest of the year) because some sessions took longer than planned, staff were actively engaged in contributing in the revision of DDMS organogram and took ownership of their TOR (annex D). DDMS and SIAPS staff continued to work on the organizational chart the next day.

SAM Conducted

The SAM was attended by medical superintendents, district medical officers, and representatives from USAID, UNICEF, and the nongovernmental emergency hospital. The invited guests expressed their appreciation for the training, citing the change and improvement that it would bring to the DDMS. The LDP was featured in local print media and internally at USAID.

Cascade Training

A total of 35 participants drawn from the pharmaceutical sector were partially trained in the LDP. Their training covered modules 1–4 as per the scope of work.

The 14 newly trained local facilitators were equipped with training materials (LDP Facilitator Guide and handout) prior to leading modules 1–4. They underwent a rigorous preparation and coaching process with the two LDP experts. On the first day of training, all trainee facilitators spent the day preparing with the LDP experts, who focused on those who would be facilitating module 1. Trainings were held for four hours each morning, and in the afternoon the experts had a feedback session with all trainees. Trainees who were scheduled to facilitate the following day were then coached for their sessions. During the feedback and coaching sessions, the LDP experts focused on:

- Facilitation skills
- Internalization and understanding of the content
- Confidence
- Space management
- Engaging participants

The experts observed that a small number of trainees were able to internalize the content to a large degree and follow the script/guide when they facilitated. A majority of the trainees, however, had difficulties mastering the content and keeping to the script. Some may have been used to lecturing and had a hard time making the shift to facilitating. It also became clear that a few did not prepare adequately or follow the script.

A Shift in Thinking

The trained staff from the DDMS, selected districts, and hospitals showed that they had mastered modules 1–4 and gave evidence of a shift in their thinking and reasoning, which will help them serve as coaches to their team members at their workplaces. At the end of the ToT, they reflected on how they can act more like managers who lead. They committed to:

- Proactively engage stakeholders rather than waiting for orders from above
- Take ownership of and responsibility for their own actions in the workplace
- Take action on challenges and adopt an attitude of “we can do it together”
- Never give up on engaging and inspiring stakeholders

CHALLENGES

- One of the challenges that the LDP expert facilitators experienced was poor time management by the facilitator trainees. Although experts clearly communicated the start times for sessions, participants would routinely arrive at least 15 minutes late. This meant that some sessions would be rushed or end late.
- A few trainees didn't take the training seriously or prepare for their sessions. Consequently, they did not do a good job of facilitation.
- Competing activities, such as office duties, prevented some trainees from fully participating. For example, one trainee missed modules 1–3 and was unable to facilitate any module due to a lack of practice, despite receiving a certificate after the ToT.
- The time allocated for the ToT was too short, and trainees' mastery of content suffered.

LESSONS LEARNED

- It is not easy to change someone's mindset and introduce a new way of teaching. Trainees who have traditionally used a lecture format had a hard time shifting to facilitation. To address this, more time should be allocated to the ToT.
- The LDP Facilitator Guide was designed in a prescriptive manner that contradicts the LDP facilitation method of empowerment. The guide spells out in detail what the facilitator should say. Several trainees found this very difficult because it meant they had to memorize content, which is discouraged. Others felt that they understood the content and should be allowed to deliver it in their own words.
- Participation by senior management is critical. The Director of Medical Services and Sanitation was present throughout the training, and this made a statement that he supports the process. It also gave participants courage to bring forth the challenges they face at work.

RECOMMENDATIONS

- The consultant recommended that the remaining LDP modules be conducted under the leadership/oversight of an expert LDP facilitator for quality control.
- A local facilitator should be appointed by DDMS management to coordinate the LDP in each district. This individual could coordinate cascading of the program to other departments and hospitals apart from pharmacy, which would improve sustainability.

ANNEX A. TOT PARTICIPANTS

No.	Name	Title	Organization	Gender
1	Mohamed B. Kanu	Pharmteck/IT officer	DDMS	M
2	Zainab Mullah	Pharmacist	PCMH	F
3	Alusine A. Musa	Pharmacist	Kenema	M
4	Fawzi Thomas	Pharmacist	DDMS	M
5	Sia C. Saffea	Snr ICT Officer	DDMS	F
6	Samuel S. Bailor	Pharmacist	DHMT W/A	M
7	Tamimu M. Kallon	Pharmacist	Bo DHMT	M
8	Idrissa M. Kamara	Pharmacist	Koinadugu DHMT	M
9	Jennet Buck	Pharmacist	DDMS	F
10	Muhamed D. Mansaray	Pharmacist	DDMS	M
11	Amara Bangali Sesay	STA-MSH Pharmacist	MSH/SIAPS/SL	M
12	Dr. Mohamed Bawoh	Pharmacist	DMS-WA	M
13	James Komeh	Pharmacist	Connaught Hosp	M
14	Jatu J. Abdulai	Pharmacist	DDMS	F
15	Dennis Thomas	Pharmacist	DDMS	M
16	Mbalia Conteh	Pharmacist	MSH/SIAPS/SL	F
17	Andualet Oumer	Pharmacist	MSH/SIAPS/HQ	M

ANNEX B. SAM PARTICIPANTS

No.	Name	Title	Organization	Gender
1	Alison Jenkins	CInefCSD	UNICEF	F
2	Alusine A. Musa	Pharmacist	Kenema	M
3	Amara Bangali Sesay	STA-MSH Pharmacist	MSH/SIAPS/SL	M
4	Andualet Oumer	Pharmacist	MSH/SIAPS/HQ	M
5	Bassie SR. Turay	Chief Pharmacist	DDMS	M
6	Caliba Conteh	M&E	Bonthe	M
7	Dr. Atiba Kebbie	M/S	Pujehun	M
8	Dr. David Bome	DMO	Pujehun	M
9	Dr. Dessmond Kangbai	M/S	Kailahun	M
10	Dr. JB Jongopie	M/S	Moyamba	M
11	Dr. JS Bangura	M/S	Bonthe	M
12	Dr. MA Vandi	DMO	Kenema DHMT	M
13	Dr. Mamoud T. Kamara	M/S	Bombali	M
14	Dr. Mohamed Bawoh	Pharmacist	DMS-WA	M
15	Dr. Mohamed Sheku	M/S	Kono Hospital	M
16	Dr. Prince EK. Masuba	M/S	KGH	M
17	Dr. Ronald C. Marsh	DMO	Moyamba DHMT	M
18	Dr. Sulaiman Conteh	Manager	RH/MOHS	M
19	Fawzi Thomas	Pharmacist	DDMS	M
20	Francis Lahal	Pharmacist	Kono Hospital	F
21	Gabriel Daniel	Prin Technical Advisor	MSH/SIAPS/HQ	M
22	Ibrahim Gassama	Pharmacist	DDMS	M
23	Idrissa M. Kamara	Pharmacist	Koinadugu DHMT	M
24	James Komeh	Pharmacist	Connaught Hosp	M
25	Jatu J. Abdulai	Pharmacist	DDMS	F
26	Jennet Buck	Pharmacist	DDMS	F
27	Mariam S. Sowa	Pharmacist	DDMS	F
28	Mohamed B. Kanu	Pharmteck/IT officer	DDMS	M
29	Muhamed D. Mansaray	Pharmacist	DDMS	M
30	Murtada M. Sesay	CPD	MSH/SIAPS	M
31	Musonda Kasonde	OIC Supply	UNICEF	F
32	Otis S. Williams	Pharmacist	DDMS	M
33	Samuel H. Serry	Pharmacist	DDMS	M
34	Samuel S. Bailor	Pharmacist	DHMT W/A	M
35	Sia C. Saffea	Snr ICT Officer	DDMS	F
36	Stefania Salerno	Intern MED LOG	Emergency Hospital	F
37	Sorie Kargbo	COMU	MSH	M
38	Sr. Yainkain B. Sesay	Matron	Kambia	F
39	Sylvia Vriesendorp	LDP Coach	MSH/HQ	F
40	Wawira Munji	LDP Consultant	MSH	F
41	Wilhemina E. Davies	Pharmacist	Emergency Hospital	F
42	Tamimu M. Kallon	Pharmacist	Bo DHMT	M
43	Zainab Mullah	Pharmacist	PCMH	F

ANNEX C. PARTICIPANTS IN LDP MODULES 1-4

No.	Name	Title	Organization	Gender
1	Ahamed F. Kallon	Pharmacist	Kailahun DHMT	M
2	Alpha Kabba	Pharmacist	Kono DHMT	M
3	Alusine A. Musa	Pharmacist	Kenema	M
4	Alusine T. Kargbo	Pharmacist	Kenema	M
5	Amara Bangali Sesay	STA-MSH Pharmacist	MSH/SIAPS/SL	M
6	Augustine S. Brima	Pharmacist	Kenema DHMT	M
7	Bockarie Kobba	Pharmacist	Moyamba DHMT	M
8	Bockarie Koroma	Pharmacist	Tonkolili DHMT	M
9	Dennis Thomas	Pharmacist	DDMS	M
10	Dr. Mohamed Bawoh	Pharmacist	DMS-WA	M
11	Fawzi Thomas	Pharmacist	DDMS	M
12	Francis Lahai	Pharmacist	Kono Hospital	F
13	Ibrahim Gassama	Pharmacist	DDMS	M
14	Ibrahim Koroma	Pharmacist	Kabala Hospital	M
15	Idrissa M. Kamara	Pharmacist	Koinadugu DHMT	M
16	James Komeh	Pharmacist	Connaught Hosp	M
17	Jennet Buck	Pharmacist	DDMS	F
18	Jude N. Williams	Pharmacist	Pujehun DHMT	M
19	Mariam S. Sowa	Pharmacist	DDMS	F
20	Mohamed B. Jalloh	Pharmacist	Bo Hospital	M
21	Mohamed B. Kanu	Pharmteck/IT officer	DDMS	M
22	Mohamed I. Bangura	Pharmacist	Kambia DHMT	M
23	Muhamed D. Mansaray	Pharmacist	DDMS	M
24	Otis S. Williams	Pharmacist	DDMS	M
25	Samuel H. Serry	Pharmacist	DDMS	M
26	Samuel S. Bailor	Pharmacist	DHMT W/A	M
27	Sia C. Saffea	Snr ICT Officer	DDMS	F
28	Tamba M D Saquee	Pharmacist	Bombali	M
29	Tamimu M. Kallon	Pharmacist	Bo DHMT	M
30	Zainab Mullah	Pharmacist	PCMH	F

Names in bold are the LDP facilitators who were trained in the ToT and conducted the sessions.

ANNEX D. TOT AND SAM AGENDA

Day 1 – May 16, 2017

Time	Activity
8:30–9:30 Session 1: Opening session	<ul style="list-style-type: none"> • Welcome • Remarks from stakeholders • Introductions • Overview of agenda and expectations
9:30–10:15 Session 2: Seeds of success	<ul style="list-style-type: none"> • Video • Questions and answers • Have participants identify facilitator beliefs and practices based on the video
10:30–12:30 Session 3: What do leaders who manage do?	<ul style="list-style-type: none"> • Individual reflection • Sharing in pairs • Group discussion • Present with cards in plenary • Explain leading and managing practices • Explain leading and managing for results
1:30–3:15 Session 4: Introduction to the Challenge Model	Practice on self; then example to study
3:30–4:45 Session 4: continued	
4:45–5:00 End of day reflection	

Day 2 – May 17, 2017

Time	Activity
8:30–8:45 Morning reflection	
8:45–10:00 Session 5: M&E in the LDP	SMART results, indicators
10:15–11:15 Session 6: Root cause analysis	Fishbone and five whys; Pareto principle
11:15–12:30 Session 7: Coaching principles and practice	Practice with filled in Challenge Models
1:30–2:00 Session 8a: Practicum prep	Selecting sessions (in pairs)—assignment of sessions Explain microteaching
2:00–3:00 Session 8b: Practicum prep in pairs	
3:15–4:45 Session 8b: continued	
4:45–5:00 Wrap up: Preparation for days 3 and 4	

Day 3 – May 18, 2017

Time	Activity
8:30–9:00 Morning reflection	Two practice sessions taking place in parallel
9:00–10:00 Practice session 1a and 1b	Includes feedback and transition
10:15–11:15 Practice session 2a and 2b	Includes feedback and transition
11:15–12:15 Practice session 3a and 3b	Includes feedback and transition
1:30–2:30 Practice session 4a and 4b	Includes feedback and transition
2:30–3:30 Practice session 5a and 5b	Includes feedback and transition
3:45–4:45 Next steps	Making plans
4:45–5:00 Closing	<ul style="list-style-type: none"> • Review agenda for tomorrow • HW: Prepare for practicum sessions

Day 4 – Planning and preparations for the SAM and LDP – May 19, 2017

Time		Activity
8:30–9:00	Morning reflection	Desired outcome for the day: have a design and a plan for the SAM
09:00–10:00	Design	Use of the Challenge Model to design the meeting
10:15–11:15	Plan for alignment meeting	Select team and distribute sessions
11:15–12:15	Practice	Selected parts of SAM
1:30–2:30	Practice	Selected parts of SAM
2:30–3:30	Modules 1+2	Assemble teams
3:45–4:45	Next steps	Whatever else needs to be discussed or rehearsed
4:45–5:00	Closing	

ANNEX E. DDMS ORGANIZATIONAL SESSION AGENDA

DDMS – Optimization

Purpose: Get everyone on the same page

Vision: Completion of the reorganization process in a way that has everyone’s buy-in

SMART results:

1. Everyone is clear about the roles and responsibilities of the units
2. Agreement on final organizational chart*
3. Everyone knows the current situation of their unit in the reorganization and where are they now
4. Everyone knows everyone else’s challenge and what they recommend to overcome these challenges
5. Everyone is clear about the purpose and process of the CRMS
6. Every unit has its objectives and results areas/indicators to be used in the CRMS
7. There is a draft action plan for each unit for the next six months (end of December)*

The two results with an asterisk (*) were not obtained as the first session took more time than planned and the last activities could not be completed.

Design

	Session	Process	Result
9:00–10:30	Welcome	Buffer time for late start (20)	Agreement on final org chart
	Roles and responsibilities	Welcome, purpose, and intended results of meeting (10) Presentation of org chart , Q+As (10) Units review their roles and responsibilities and make changes as desired (15) One member of unit stays, one goes around to exchange with other units, 5 mins at each other unit (4x5=20) Units regroup and report on what they learn (10) Wrap up and check for agreement (5)	Everyone is clear about the roles and responsibilities of the units

Annex E. DDMS Organizational Session Agenda

Session	Process	Result
11:00-12:30 Where are we now?	Buffer time (10) Every unit presents (5x10=50) Q+A (5x5=25) Slide template. Four slides: What have you accomplished? What has helped or hindered you? What are you doing about the hindrances? What support do you need? Wrap up (5)	Everyone knows the current situation of their unit in the reorganization and where are they now Everyone knows everyone else' challenge and what they recommend to overcome these challenges
1:30–3:00 CRMS	Buffer time (10) Presentations essentials of CRMS (10) Q+A (10) Units develop objectives, KRAs, indicators (30) Present to each other (maybe share and shift) (4 rounds of 5=20) Wrap up (10)	Everyone is clear about the purpose and process of the CRMS Every unit has its objectives and results areas/indicators to be used in the CRMS
3:00–4:30 Action plans	Buffer time (10) Instructions (10) Review/revise action plan (20) Gallery review (20) Wrap up (10) Review of objectives/ accomplishments (10) What's next (10)	There is a draft action plan for each unit for the next six months (end of Dec)

ANNEX F. SAM AGENDA

9:00–10:00	Settling in, welcome, introductions
10:00–10:20	Overview of the LDP
10:20–11:15	Viewing of the Egypt video followed by discussions
11:30–12:15	Understanding managing and leading practices—a demonstration
12:15–12:45	Governing practices—an inquiry
12:45–1:00	Closing

ANNEX G. AGENDA FOR LDP MODULES 1–4

Module 1: May 24, 2017

9:00	Welcome, program overview, expectations, and agreement on how we will work together
10:00	Understanding leading and managing practices
11:15	Linking leading, managing, and governing practices
12:00	Applying governing practices
12:45	Homework and closing
2:00	Participants work on assignment for module 2

Module 2: May 25, 2017

8:30	Welcome, homework review, and module overview
9:00	Introducing the Challenge Model
9:45	Mission and vision
10:30	Creating a shared vision
11:30	Scanning the current situation
12:15	Homework and closing
1:30	Participants work on assignment for module 3

Module 3: May 26, 2017

8:30	Welcome, homework review, and module overview
9:00	Filling out the first steps of the Challenge Model
9:30	Developing a measurable result
10:30	Developing a measurable result (continued)
12:15	Homework and closing
1:30	Participants work on assignment for module 4

Module 4: May 27, 2017

8:30	Welcome, homework review, and module overview
8:45	Recognizing your sphere of influence
9:15	What is focusing?
9:45	Identifying the main obstacles to achieving desired results
11:15	Diagnosing root causes – the 5 Why Technique
12:15	Closing and next steps
1:30	CRMS presentation

ANNEX H. SAM PRESENTATION



Leadership Development Program

Senior Alignment Meeting for the LDP



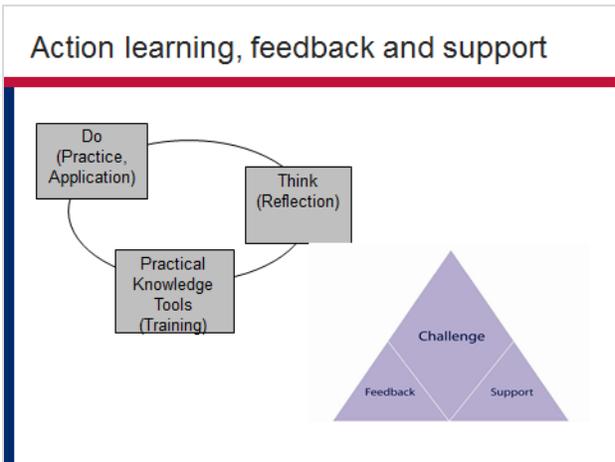
Purpose: To align stakeholders to collaborate with DDMS in its efforts to improve leadership and management at all levels to contribute to the achievement of national health goals and solve issues in pharmaceutical management in particular.

Agenda

Time	Session
9:00 – 10:30	Welcome remarks Brief overview of the Leadership Development Program
10:30 – 11:15	Seeds of success video and discussion
11:15 – 11:30	Break
11:30 – 12:30	The practices leading and managing - demonstration
12:30 – 13:15	The practices of good governance – an inquiry
13:30	Lunch



- ## What is the LDP?
- A transformational process that develops people at all levels.
 - Application of Leading & Managing and Governing practices to address challenges and persistent problems.
 - Use of simple analytical tools, to move towards a desired result.
 - Local managers own and implement the process.
- 



Schedule of the LDP

- Four three day workshops 6 weeks apart with coaching in between.
- Or 10 modules of 4 hours each with coaching, application and cascade training in between.
- Either one flanked by an alignment meeting at the start and a results presentation at the end.

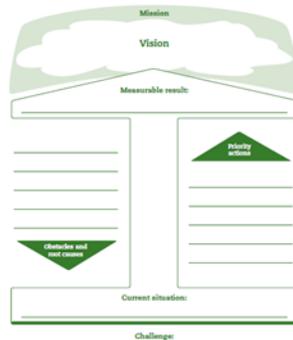


How does the LDP differ from other training programs?

- Other training programs introduce leadership theories and behaviors in a course setting
- The LDP is a practical, transformational process
- The LDP creates the possibility for catalytic change
- The LDP transforms individuals behavior both at the workplace and homes

LDP's essential tool

1. What is the mission (why are we here)?
 2. What is the vision (what are we trying to accomplish)?
 3. What is the situation now?
 4. What would be a Desirable Measurable Result (DMR) in the short term?
 5. What are the obstacles and root causes that keep us from producing our DMR?
 6. What is the challenge?
 7. What are the priority actions to deal with root causes?
- [And only then is an action plan developed.]



The LDP produces "Leader Shifts"

Shifting attitudes from:	to.....
Individual heroics	Collaborative actions
Despair and cynicism	Hope and possibility
Blaming others for problems	Taking responsibility for challenges
Scattered, disconnected activities	Purposeful, interconnected actions
Focus on satisfying one's own needs	Concern for the common good

Video: Seeds of Success



- What captured your attention?
- What thoughts or feelings came up for you as you watched?
- What might be relevant to your work?

Managers who Lead

How do they do it?



<p>Definition</p> <p><i>“Managers who lead... mobilize others to envision and realize a better future for all.”</i></p>	<p>What do managers who lead do?</p> <p>Think of someone you know who leads and manages well and is good at “mobilizing others to envision and realize a better future for all.”</p> <p>What does he/she do?</p> <ol style="list-style-type: none">1. Reflect on specific actions this person did or does and take notes.2. In small groups, share what this person does.3. Develop a list of actions.4. Write each of them in a few words (using a verb) on a Post-It Note (10 mins).
<p>The practices of leading</p> <ul style="list-style-type: none">• Scanning• Focusing• Aligning and Mobilizing• Inspiring	<p>Definitions of the leading practices</p> <ul style="list-style-type: none">▪ Scanning: Identifying internal and external conditions that influence desired results.▪ Focusing: Directing attention and effort to priority challenges and actions.▪ Aligning & Mobilizing: Uniting and motivating internal & external stakeholders to commit resources to support achieving desired results.▪ Inspiring: Creating a climate of commitment and continuous improvement.
<p>The practices of managing</p> <ul style="list-style-type: none">• Planning• Organizing• Implementing• Monitoring and Evaluation	<p>Definitions of the managing practices</p> <ul style="list-style-type: none">▪ Planning: preparing a set of activities, timelines, and accountabilities to meet goals.▪ Organizing: Developing structures, processes and systems to support the action plan.▪ Implementing: Carrying out and adapting the action plan while coordinating related activities.▪ Monitoring & Evaluation: Observing, examining & assessing progress and the attainment of intended results.

What do we mean by governance?

“Governance is setting strategic direction, establishing policy, raising and allocating resources and overseeing achievement of results in a way that is responsive to the people and organization or agency serves.”

Good governance involves **openness, transparency, accountability** and **participation** of the governed in the decision making process.

Governance practices

- Cultivate Accountability
- Engage stakeholders
- Set Shared Direction
- Steward resources

Cultivate accountability

When we create:

- a culture of integrity and openness
- practice and enforcement of ethical code of conduct
- processes for accountability at all levels
- reports on finances, activities, plans and outcomes
- a way for people to voice concerns and feedback

Organizational outcome:

Those who govern are accountable to those governed. Decision making is open and transparent. Decisions serve the public interest.

Engage stakeholders

When we invite:

- participation from all stakeholders
- marginalized voices to be heard for decision making
- stakeholders to express needs and concerns
- people into a safe space for sharing ideas
- feedback and respond in a timely manner.

Organizational outcome:

An inclusive and collaborative decision making process to achieve shared goals.

Set shared direction

When we champion:

- uniting stakeholders around shared outcomes
- the development of a joint action plan
- setting measurable indicators and routine review processes to monitor progress
- the implementation of a joint action plan

Organizational outcome:

A shared plan, jointly defined by those who govern and those who are governed.

Steward resources

When we ensure:

- the ethical and efficient allocation of resources
- the collection, analysis and use of evidence for making decisions about resources
- alignment between resource allocation and shared goals
- transparent resource allocation and use

Organizational outcome:

The availability of adequate resources for achieving shared goals, and ethical and efficient use of those resources.

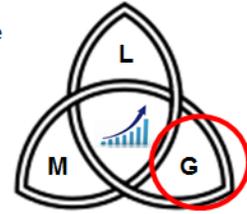
How are we governing right now?

1. Please review the right column of the handout entitled 'Leading, Managing and Governing practices.'
2. Pick at least one of the four practices that describe how to ensure good governance in your organization or workplace.
3. Turn to your neighbor and take turns discussing what your organization is doing regarding this practice.
4. Consider which practices you could do better.

We will share some examples in plenary.

Linking Governance, Leadership and Managing practices

- Leadership, management & governance are interdependent and reinforce each other.
- All three are essential to successfully take on tough challenges and ensure optimum performance.



As we launch the LDP...

« To get to the next level of greatness depends on the quality of the culture, which depends on the quality of the relationships, which depends on the quality of the conversations. Everything happens through conversations! »
—Judith E. Glaser

