Strategic Training Executive Programme (STEP 2.0)

Professional development for health supply chain managers

While innovation and technological advances continue to modernise supply chain infrastructure, the supply chain system itself relies on strong, motivated and empowered health supply chain managers.

WHAT IS STEP 2.0?

The jointly coordinated STEP programme, also known as STEP 2.0, is a professional development tool that is specifically tailored to the needs of health supply chain leaders and managers. Crucially, it blends elements of self-paced learning, facilitator-led training, on-the-job application of leadership skills and coaching support. What makes it particularly unique is that it pairs public sector supply chain managers – the delegates – with private sector supply experts – the coaches.

www.peoplethatdeliver.org
Managed by People that Deliver (PtD) – a global coalition hosted by UNICEF Supply Division – STEP 2.0 is jointly offered by Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the United States Agency for International Development (USAID).

By uniting to offer STEP 2.0, Gavi, the Global Fund and USAID will increase supply chain efficiency and improve health outcomes for many in lower- and middle-income countries struggling to access medicines or other health commodities.

PtD, the global technical leader in human resources for health supply chain management, will work closely with donors, implementing partners and other key stakeholders to oversee and coordinate the rollout of the STEP 2.0 programme. PtD is governed by a member coalition of twenty-six organisations including Gavi, the Global Fund, USAID and UNICEF.

Health supply chain leaders and managers play a pivotal role in ensuring the availability of critical vaccines and health commodities but all too often these leaders and managers lack the appropriate skills and training. The human resource training that is prevalent in low- and middle-income countries tends to emphasise technical and operational-level competencies (hard skills) over strategic competencies (soft skills). As a result, health supply chains are often limited in their ability to meet existing demands. This jeopardises the health of individuals, the health goals of countries and the major investments in health supplies made by governments and partners.

A well-performing health system relies on well-trained and motivated health workers. The health supply chain worker is often overlooked, but it is precisely this worker that is responsible for ensuring that health commodities reach patients.

This is where STEP 2.0 comes in. STEP 2.0 combines traditional learning with on-the-job training to give health supply chain managers guidance in people management, problem-solving, communication, project management and professional development competencies, knowledge, skills and abilities. It is precisely these kinds of skills that could hold the key to many health supply chains reaching their potential and becoming well-oiled machines.

WHO IS BEHIND STEP 2.0?

WHAT IS THE CHALLENGE?

WHAT IS THE SOLUTION?
LUCY W KANJA

Health supply chain, maternal and child health professional

Dagoretti sub-county, Kenya

There is a lot to manage to make sure children receive the vaccines they need in Kenya, but our resources for immunisation activities and other health commodities are limited. One of the key challenges centres on our information management systems, which negatively affect data quality. These, in turn, have an impact on stock forecasting and ordering, and can result in vaccine and commodity damage and stock-outs. We also struggle with transportation, inadequate storage space, inadequate skills and poorly functioning cold chain equipment, which can leave vaccines vulnerable to temperature damage. To improve vaccine and health commodity availability and access, the uninterrupted supply of the right products, at the right place, in right quantities, at the right time and in the right condition is critical.

I saw STEP as my opportunity to drive real change and to help my unit to do the same. For example, as a trainer of trainers and a supportive supervisor, it has been extremely valuable for me to learn how to build teams by managing diversity and by attracting and retaining talent. We also explored emotional intelligence skills; I have used this to help me understand both my own goals and behaviours, as well as other people’s feelings and how to relate to them in order to accomplish shared objectives. During the STEP workshop our group of supply chain managers and the training facilitators set up a network through which we can stay in touch and share information anytime, anywhere: ever since these contacts have been so valuable. Knowing that I can reach out to my network for advice and guidance when I need it has improved my confidence in my job and the decisions I make.

The direct deliveries approach has helped us to overcome the obstacles of weak infrastructure and limited transportation. It has also provided us with extra opportunities to monitor stock control processes as well as provide supportive supervision to health facility staff on effective vaccine and other logistics management issues during delivery visits. We are now working to upgrade our cold chain equipment and have already delivered new, modern and efficient refrigerators to 37 facilities.

Within a short time frame and with the support of my STEP coach I have been able to accomplish so much together with the key collaborators in maternal and child health in Kenya. We have addressed poor data quality through a new computerised logistics management system (LMIS) for the sub-county depot, and we now have seamless information flows and data visibility. In addition, we now have scheduled data quality assessments, while for decision making we have adopted micro planning and immunisation performance monitoring. In addition we have begun monitoring reach every community and reach every child (REC) interventions: this has all resulted in improved service delivery.

Another example is our new vaccine distribution system pilot: at six public health facilities a direct delivery approach is being tested, removing the need for facilities to collect vaccines and other health commodities. The aim is to improve access to health delivery posts and minimise any service disruptions.
The programme more than exceeded my expectations. When I was invited to take part in STEP I expected to learn about supply chain leadership strategies and networking with my peers in the health supply chain. The programme integrated social learning activities through team assignments that made teamwork exciting since members exchanged ideas on how to address work-related issues.

On top of this, the workshop introduced me to a new type of training. For example, as I observed the facilitators find interactive ways to engage us, I realised that I could also use my personal traits to motivate my team members back at work. The programme truly tied into real-world applications and I felt that was great use of my time. The programme focused on important topics and provided invaluable learning resources – before, during and after the workshop. I felt that the programme was personalised for my job role and responsibilities.

Around the same time that I started the STEP training we were planning the implementation of the logistics management information system (LMIS) in 20 remaining counties. Organising the implementation was difficult, however, in large part because I was trying to manage multiple aspects of the launch without reaching out to my team.

Using what I had learned through STEP – including from both my peers and facilitators – I returned from the workshop with a different take on how to tackle the issue. I gathered my team to try to build a collaborative solution. I used my rapport with them and the new skills that I had gained to motivate them. Using the project planning tools from the workshop I was much better able to lead my team effectively.

Health supply chains are becoming increasingly more complex to manage especially with the implementation of universal health care where efficiency in service delivery is fundamental. Superior supply chain capabilities can only be realised through sustainable and strong leadership. Today most central medical stores are confronted with glaring leadership gaps that threaten their performance. The STEP programme, though, included training on emerging skills and knowledge on strategic supply chain leadership, which was an eye opener and allowed me to embrace the results-oriented leadership skills that will see my organisation thrive.

The programme has helped me to adapt my leadership styles to accommodate the diversity of my colleagues and other employees under me.

I am confident that if we continue to apply what I learned at STEP, many of the challenges we face can be overcome with ease as we move on to strengthening other aspects of our health commodity supply chain.
MARTHA G AJULONG
Principal pharmacist
Ministry of Health, Uganda

At STEP I experienced a truly collaborative approach to problem solving and learnt how to build strong, effective and dedicated teams. As the training came to a close, I was determined to replicate what I had learned back at the hospital. For example, I realised that I needed to shape a self-reliant team by adapting my leadership style and empowering my team to handle complex problems or situations on their own – this was a true breakthrough for me.

We have already seen improvements in stock control thanks to these new processes and also in accountability for supplies across the hospital. We are much better equipped to avoid stock-outs because we can make sure that stock is always ordered on time. We can also ensure that the right quantities of supplies are procured, which helps us to avoid the build-up of unnecessary stock and thereby reduce stock wastage. These improvements help to ensure that all patients at the hospital are treated promptly with the correct quality medication.

We have also introduced an electronic system called Rx solutions which helps in monitoring stock status. This system helps us to generate supply chain reports on multiple variables, including expired medicines, overstocked items and understocked items.

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When I returned to work I focused on building strong relationships with my co-workers. As communication improved I was able to engage the team with my ideas for how to improve our processes. Building on what I had learned about project execution, we put in place a change management plan at the pharmacy department. As the plan progressed I was proud to see that the changes we were implementing were much more than one-off activities. For example, our vaccine storeroom has remained in perfect condition since it was first reorganised several months ago. Even more inspiring is that the storeroom manager now feels a sense of ownership and pride in her job.

We are now implementing an electronic system called Rx solutions to monitor the stock status of items, generate reports, and improve ordering and forecasting for the whole hospital, paired with a central collection point for medical supplies. To make sure that the system is always up to date, we have launched a new procedure for stock monitoring, through which every hospital ward orders and units that have essential medicines and health supplies carry out monthly counts of their commodities. Now we also hold monthly meetings to update the different stakeholders and maintain communication between units.

How have you used the team building skills you learnt?

Since taking part in the STEP programme, what improvements have you seen in stock management at the hospitals?

How did STEP help you to find solutions for your staffing and stock management challenges?

How do you plan to expand these successful practices, in Uganda and beyond?

STEP showed me that the key to success lies in my people and how I motivate them. The results that we are now seeing make me confident in my ability to do so. The support of my STEP coach was essential to my progress, as was the forum I set up to stay in touch with the other participants. I hope to build this into something bigger, through which all STEP participants can share ideas despite the distances that separate us.

Our progress so far is just the first step towards transforming the supply chain at the National Referral Hospital and, eventually, across Uganda. With the knowledge that I have gained from STEP, I am in the process of introducing collaborative approaches to learning in twenty hospitals in Uganda. This will go a long way to empowering regional hospital pharmacists to embrace the quality-improvement approach, which will help the regional pharmacists identify their own supply chain problems and solve them within the hospital. Importantly, these pharmacists will share their experiences with other hospitals every quarter.

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