



Ramping Up Public Health Supply Chain Workforce Management Skills: Lessons Learned in Latin America and the Caribbean

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EXECUTIVE SUMMARY

To ensure that individuals can obtain affordable and reliable HIV/AIDS commodities critical for reducing the burden of HIV/AIDS, investing in a Supply Chain Management (SCM) workforce is essential. In most developing countries, the SCM workforce is an under-recognized professional cadre with limited education and training opportunities.

In response to the evident need of building up the SCM workforce, the USAID Bureau for Latin America and the Caribbean provided financial support to *CapacityPlus* to enhance capacities in Central American countries through a multi-country approach. A regional HIV/AIDS Commodity Security Workshop was held to share and apply lessons learned from USAID's ten-year Latin American contraceptive security work and from specific health workforce and supply chain work already done in the region. Additionally, workshops focusing on supply chain workforce motivation and quality of services were held in the Dominican Republic and El Salvador. These workshops applied participatory processes to create a safe space in which participants could share their problems and seek solutions with their peers. Building on the action plans developed at its workshop, El Salvador sought to delve more deeply into ways to systematically improve the quality of services through supportive supervision.

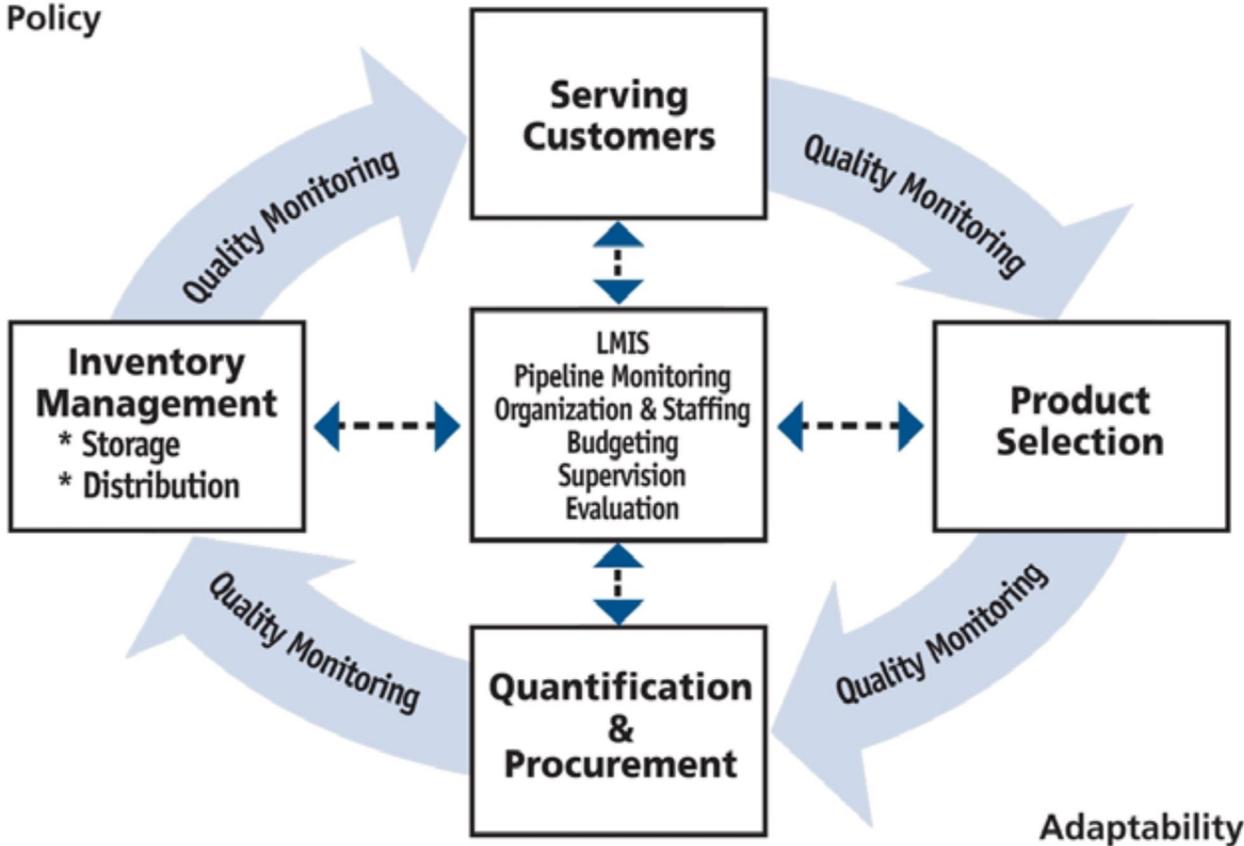
The workshops and group efforts produced strategies and action plans to improve SCM quality of service, enhance organizational structures, and change teamwork and individual performance behaviors. Course materials were also developed that could be customized for other country situations.

This technical report reviews the actions taken and what was learned in strengthening and professionalizing the supply chain workforce.

OVERVIEW

Health professionals with supply chain responsibilities in developing countries typically face challenges regarding their roles and responsibilities in the implementation of a national health care system, the extent to which they are consulted in sector planning and coordination, and their status in the health professional community. The effectiveness of the supply chain workforce requires a systems perspective so that policies, facilities, processes, and relationships all contribute to benefit the end-user. Supply chain planning, coordination, and execution involves multiple actors at regional, national, and local levels, who must synchronize activities across the logistics continuum to assure that health supplies are available where and when they are needed. Figure 1 below presents the functions of a national health supply chain.

Figure 1: Functions of a National Health Supply Chain (source: USAID | DELIVER PROJECT 2010)



In most developing countries, the SCM workforce, beyond pharmacists, is an under-recognized professional cadre: job descriptions are insufficiently developed, and education and training is at best limited to technical logistics aspects. To complement technical training, skills in planning and problem-solving are needed. Additionally, managerial skills in motivating SCM workers are crucial, so they feel valued and engaged in providing quality health services to people relying on the public health sector for their well-being. Over two years, the USAID Bureau for Latin America and the Caribbean provided financial support to CapacityPlus to enhance these capacities in

Central American countries through a multi-country approach. This approach applied participatory processes to create a safe space in which participants could share their problems and seek solutions with their peers; considered motivation a subject worthy of explicit, separate, and intensive learning; and emphasized south-to-south coaching. This report explicates what was done and what was learned in strengthening and professionalizing the supply chain workforce.

CONTEXT AND BACKGROUND

Many countries in Latin America and the Caribbean (LAC) have made significant progress in achieving contraceptive security due in part to the ten-year USAID LAC Contraceptive Security Regional Initiative and other programs. However, less attention has been given to HIV/AIDS commodity security. As LAC countries face diminishing HIV/AIDS donor support, including reductions in funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), they need to find ways to better and more efficiently utilize available resources to address HIV/AIDS commodity security. Given the issues and challenges surrounding the complex environment of HIV/AIDS commodities, USAID and its country and development partners identified the need to improve health SCM. As a result, USAID and these partners reached an agreement to undertake a series of HIV/AIDS commodity security efforts to build on lessons learned from the LAC regional contraceptive program and from CapacityPlus's own health workforce and supply chain work.

CapacityPlus organized and held a Central American workshop in Antigua, Guatemala in January 2013, which included participants from the Dominican Republic, El Salvador, Guatemala, Honduras, and Panama. Representatives from USAID, Supply Chain Management System (SCMS), DELIVER, Systems for Improved Access to Pharmaceuticals and Services (SIAPS), Grant Management Solutions, CapacityPlus, the Pan American Health Organization (PAHO), and the Global Fund provided country participants with technical expertise in commodity security and supply chain management activities. Informed by new knowledge acquired during the workshop, coupled with experience and knowledge of their country context, country teams developed two-year, medium-term strategic plans (2013-2015) to strengthen access to HIV/AIDS drugs and supplies in their countries. Country teams also developed 100-day action plans with specific activities they would undertake upon their return home. Workshop participants and technical experts agreed to maintain contact and continue dialogue through listserv communications. Further, those peer coaching relationships that were established at the workshop were to continue to provide support. After the regional workshop, two countries, El Salvador and the Dominican Republic, held in-country workshops to further pursue motivational and supportive supervision skills development, which are described below. This south-to-south sharing and learning exchange provided ongoing professional support to those involved in managing their public sector HIV/AIDS commodity programs. Collaborating USAID technical assistance projects, such as DELIVER, SCMS, and CapacityPlus, and other organizations, such as PAHO, the Centers for Disease Control and Prevention, and People that Deliver, agreed to

provide follow-up technical assistance to participating countries according to expressed needs and availability of funds.

APPROACH

Overview of Approach

The planning and implementation process was central to achieving the project's main objectives:

- Host a regional three-day workshop
- Conduct a situation assessment and analysis in two countries
- Host motivation and advocacy workshops in two countries
- Provide supportive supervision assistance, in one case through a separate workshop
- Provide technical assistance in one country to restructure the supply chain workforce, develop formal job descriptions, and develop and institutionalize continuing education courses for supply chain workers.

Preparation for the regional workshop began with a series of interviews with SCM counterparts, including Ministry of Health officials and development partners, to establish a conceptual basis for the workshop. Building on these interviews, *CapacityPlus* and USAID undertook an intensive pre-planning exercise to establish a coordinating committee and country teams, all of which would engage in formulating the agenda and desired outcomes. Frequent multi-country exchanges through video- and teleconferencing preceded the workshop, coupled with electronic provision of background materials. Country teams were given pre-workshop assignments so that time spent in the workshop could be focused on sharing SCM problems and seeking practical solutions, sharing tools and resources, developing two-year strategic and 100-day action plans, and networking between countries. Facilitators, who were identified by *CapacityPlus* and PAHO specialists, engaged in both planning and providing support at the workshop and were instructed to be primarily resource persons and not principal presenters. The format of the three-day workshop stressed group interactions rather than plenary sessions.

Following the regional workshop, two countries (El Salvador and the Dominican Republic) held additional workshops, building on what was accomplished and learned from the interaction with other countries and the facilitator experts. El Salvador held a supportive supervision workshop, while the Dominican Republic provided supportive supervision training in ten priority hospitals more broadly (including and beyond the supply chain workforce) and opted to strengthen its supportive supervision effort by developing materials to be used throughout the system. For the regional and in-country workshops, participants' feedback was solicited through interviews and/or questionnaires to gain insight into their experiences, learning, and the contacts they had made (see Appendix for a summary of responses).

Regional HIV/AIDS Commodity Security Workshop Package

The rationale for the HIV/AIDS Commodity Security Workshop was to share and apply lessons learned from USAID's ten-year Latin American contraceptive security work and from specific health workforce and supply chain work already done in the region.

Before initiating planning for this workshop, *CapacityPlus*:

- Conducted a literature review on the HIV/AIDS supply chain in LAC
- Conducted interviews with 14 key informants from donor and implementing agencies with knowledge of SCM in the LAC region, in order to inform the workshop agenda and design
- Carried out an online survey with six USAID missions.

Key interviews and the USAID survey showed strong support for the regional workshop and follow-up technical assistance. A multi-agency planning committee was formed with representation from the USAID/LAC Bureau, the USAID/Office of HIV/AIDS, USAID missions in Guatemala and Honduras, PAHO, the Global Fund, SCMS, DELIVER, and SIAPS. The planning committee met virtually seven times prior to the workshop to design the agenda and workshop, gather relevant materials, identify potential participants, and arrange pre-workshop half-day meetings that were then held in three of the five participating countries. The pre-workshop meetings were attended by invitees to the workshop, as well as others working in HIV/AIDS commodity security. During the pre-workshop meetings, participants reviewed a "lessons learned" brief, information from planning committee interviews, and a literature search to identify the strengths of their current HIV/AIDS commodity security systems, as well as their challenges. The pre-workshop meetings were an important opportunity to share current knowledge and experience in improving an SCM system by supply chain workforce capacity-building, procurement methods to gain economies of scale, and commodity distribution service delivery.

The regional workshop in Antigua, Guatemala involved 43 participants, with country teams from the Dominican Republic, El Salvador, Guatemala, and Honduras. Each team was composed of five technical and management/policy-level health professionals working in HIV/AIDS commodity security in the public and private/nongovernmental sectors; two Panama HIV/AIDS commodity security professionals; and technical resource professionals, including representatives from USAID, the Centers for Disease Control and Prevention, PAHO, Grant Management Solutions, SCMS, DELIVER, and *CapacityPlus*.

The regional three-day workshop was designed to be highly interactive and participatory, with only one formal presentation on the first day and country plan presentations on the last day. The methodology was designed to encourage informal discussion, relationship-building, and inter-country sharing. Participants were provided with key reading materials prior to the workshop, including a "lessons learned" brief on contraceptive commodity security and other experience in the region and more globally. At the workshop, participants received a USB flash

drive with many other resources relevant to the topic. The first day provided each participant (including technical resource people) with an opportunity to individually identify a priority challenge and seek possible solutions from other participants using an interactive technique known as the “Margolis Wheel.” All participants played both the role of a “seeker” (client) and a guru or “sabio” (sage). The client presented his or her problem to each sage, and got feedback on possible solutions to that problem. Following this exercise, the group identified themes of concern and voted on the priority themes to address. Participants identified challenges related to each theme, their desired results, and explored possible strategies and solutions . There were three rounds of concurrent group work, with each round building on the previous round.

Figure 2: Participants at the HIV/AIDS Commodity Security Workshop in Antigua, Guatemala Interact during the “Margolis Wheel” activity



Leading up to the workshop, the Dominican Republic supply chain team worked with CapacityPlus and the SIAPS project to conduct a situation analysis using an adapted version of an assessment tool developed by the global People that Deliver Initiative. The situation analysis highlighted specific priority areas for strengthening the supply chain workforce, which team members considered while they worked on their strategic and action plans. Coming out of the regional workshop, the team had some clear desired results. According to Maria Elena Tapia, the director of the Dominican Republic’s Integrated Medical Supply Unit (known as SUGEMI) who led the Dominican Republic’s five-person country team:

The problem that I chose [for the Margolis Wheel] was on the irrational use of medicines in our field. The progress that we have made [since the regional workshop] is precisely because we have implemented onboarding campaigns for new people and have trained the people who were already working.

José Agustin Matos, director of Region VI’s medical supply management unit, Dominican Republic

Our goal is basically to achieve an effective structure at the central and regional levels. That’s a weakness that we have as a country. When we have organized that structure in the area of medical supplies, I think we will have better results. For that to happen, we have to have procedures manuals, an organized structure, and human resources who can apply these procedures. It’s a challenge to do this [at the national and regional levels] and also have pharmacies in hospitals be able to guarantee not only the availability of the medicines, but also their quality.

Country teams developed medium-term strategic plans for a period of two years (February 2013 through February 2015) and short-term 100-day action plans to strengthen access to HIV/AIDS drugs and supplies in their countries, taking into account the work done during the workshop and their own knowledge of their country context. Ms. Tapia explains how her team used knowledge learned in the workshop:

The workshop in Guatemala was like a catapult for us to strengthen human resources; it demonstrated the weaknesses that we had in human resources—from there we began to work on developing a manual with new job descriptions...we began a training process, and a review of the list of essential medicines that need to be available in the national health system.

Workshop participants and organizers also reached an agreement on actions to be taken as a group at the regional level that would support inter-country efforts, namely:

- Developing clear guidelines and processes for inter-country borrowing of HIV/AIDS commodities
- Requesting the regional technical committee (COMISCA) to review the current regional treatment protocols and provide guidance on creating a more standard, evidence-based, up-to-date set of protocols
- Applying a PAHO platform (PRAIS) to post current procurement prices to foster transparency and optimize the use of country resources.

The regional workshop also featured a “tools fair” at which participants learned about a variety of guides, methods, and other tools available to SCM professionals including those regarding access to HIV/AIDS supplies. Technical resource people presented the tools in an informal setting and answered participants’ questions. Encouraged by exposure and learning at the regional workshop, the Dominican Republic decided to develop a new SCM structure and job descriptions for supply chain workers at all levels of the system, as well as policies and procedures manuals. As shared by one participant from the Dominican Republic country team:

Now, the challenge is for us to continue to improve, continuous improvement, improve processes, and not always think that we are at the top, at the summit. We need staff who work with medicines at the primary care level—they need to focus only on medicines and we need to train them, because now the person who works with medicines is a nurse who doesn’t have enough knowledge. It is the nurse who manages the pharmacy in the primary health care facility and I believe that we should look for people who only work on this [commodities management] to have better management and [produce] better statistical reports on use of commodities, and the same goes for the regional level, strengthen the regional units with people because there are many regions that don’t have a sufficient number of personnel.

Figure 3: Participants at the HIV/AIDS Commodity Security Workshop Learn about Available Tools at the “Tools Fair”



Motivation and Quality of Services Workshops

Workshops focusing on supply chain workforce motivation and quality of services were held in the Dominican Republic (October 2013) and El Salvador (April 2014). Building on the experience of the regional workshop, interviews were held with key SCM personnel at regional, national, and hospital levels. Participants indicated interest in their having an opportunity to identify, discuss, and address a broad set of SCM problems related to their work situation, including organizational structure; inadequate budgeting for supply change needs; personnel insufficiencies, such as the lack of job descriptions, promotions, and training opportunities for operational staff; and underappreciation by other health professionals. These workshops followed a format similar to that of the regional workshop, with participants identifying their priorities before the workshop, interacting in small groups, having few formal presentations and plenaries, and being provided with limited, key external literature.

Workshop objectives were to:

- Consider health supply chain workers’ roles, responsibilities, and contributions to a well-functioning health system
- Identify key current problem areas and possible solutions for improvement
- Strengthen ways to work as a team
- Recognize the importance of feedback, and the ways to both in give and receive it
- Understand the factors that retain and motivate personnel and the strategies to do so at both the individual and team levels
- Strengthen advocacy capacity to get needed resources for effective SCM.

With these objectives in mind, participants were asked at the outset to describe their expectations and interact and problem-solve with others using the Margolis Wheel technique. Based on the results, participants worked in small groups on key elements of team-building, including communication and being open to listening to all members, leadership, collaborative

time management, consensus planning, and developing the habit of giving and receiving feedback. Time was devoted to understanding the concepts of extrinsic motivation (usually financial incentives, e.g., salary raises, bonuses, promotions) versus intrinsic motivation (non-financial incentives, e.g., personal satisfaction in committing to a meaningful purpose, choosing the best way to fulfill that purpose, and recognition for competent performance from beneficiaries, peers, and supervisors). Groups put forward their ideas, underpinned by motivational considerations, to systematically take steps to improve the quality of SCM services by identifying problems and desired changes; deciding on concrete, short-term actions; building the evidence base; prioritizing the most important objective; identifying and using key messages; and determining the means to communicate those messages. The end products were group action plans outlining how they would improve teamwork, strengthen intrinsic and extrinsic motivation, and create advocacy plans to seek support for priority needs.

In the Dominican Republic, understanding why and how to give and receive feedback was seen as a major facet of constructive learning from the workshop. The groups also created *telenoticias* of actions to be taken over the year—these are popular media products to better educate the public about the important role health supply chain workers play in the delivery of health services. In El Salvador, as a result of better communication and advocacy skills, the supply chain team successfully convinced decision-makers of the critical need for more refrigerated transport and that funds must be allocated for it, this after many years of trying. Further, courses to improve management skills were supported, including a diploma course in supply chain management developed and implemented in the Dominican Republic by SUGEMI, the National Institute of Public Administration, Management Sciences for Health/SIAPS, and CapacityPlus that has already had two sessions and trained over 60 staff.

Figure 4: Participants at the Motivation and Quality of Services Workshop in the Dominican Republic Review Their Group Action Plans for Improving Teamwork, Motivation, and Advocacy Efforts



Supportive Supervision

Country supply chain participants at central, regional, and hospital levels decided they would benefit from further in-depth attention and technical support in finding ways to upgrade teamwork and individual performance. El Salvador held a three-day workshop in October 2014, building on the action plans developed at their motivation and quality of services workshop. Participants sought to delve more deeply into ways to systematically improve the quality of services through supportive supervision, including techniques for coaching and leading efforts for change. The same formula of pre-interviews, select expert support, and an emphasis on group work in role-playing and strategy development was used. Each of the small groups was asked to develop a “Rich Picture” of which management processes in their field, bureaucratic and otherwise, were most important to address to improve performance. The groups then put forward their recommendations on how to address the selected management processes over the short-term, focusing on recognizing and celebrating good aspects of the current processes, identifying ways to improve those processes, and creating action plans to accomplish their goals.

Figure 5: Participants at the Supportive Supervision Workshop in El Salvador Practice Giving and Receiving Feedback



The Dominican participants had similar interests but pursued a different route to address the same goals. Tapia and her team faced many challenges: in some places, they didn't have sufficient numbers of staff, while in others, the staff they did have had not yet been trained to apply the recommended procedures. To address these challenges, she advocated for more staff and worked with the National Institute of Public Administration to institute an ongoing professional development course for supply chain workers, so they could learn how to apply the recommended practices. Reflecting on her experience to date, Tapia made a recommendation:

I have always said that there are two things for this to be sustained over time, we need constant training and supervision. There are changes that arise over time and these changes need to be adopted. There needs to be constant training, and there also needs to be supervision. I can have the best recommended procedures, I can have technical support, but if there is no supervision, the people find themselves “free” and this lack of supervision is a weakness that we have as a country. For this reason, any project that begins, if you don't have supervision, will fail. In the supervision, it's important to provide incentives to people, it doesn't need to be money, I am certain that it doesn't need to be money, but you need to recognize the work and the effort that people are making. There are many people who give a lot and they are not recognized. You have to motivate them.

In the Dominican Republic, a new supportive supervision manual for supply chain workers has been drafted, with supportive supervision concepts integrated into broader hospital-based efforts to improve prevention of mother-to-child transmission. In El Salvador, participants took away an in-depth understanding of the cycle of change and how it could be brought to bear in their daily work lives.

Coaching

Recognizing the challenge of implementing action plans after participants return to their countries, the concept of south-to-south peer coaching was introduced essentially as “... an opportunity to contribute to another person's development. It is a two-way partnership where you both share knowledge and experience in order to maximize the coachee's potential and help her achieve her goals” (McManus 2006, 4). Participants were invited to seek a person (or two or three) from another country to serve as their coach, and vice versa. Peer coaching pairs or groups discussed and agreed on coaching goals, frequency and mode of communication, and how they would like to be coached. These agreements were recorded in a “Coaching Agreement”. The purpose of the coaching approach was to provide country participants with support to implement their action plans. The coach does not necessarily need to be a technical expert in relation to the coaching goals, but should be available to check in with the coachee to see what progress s/he is making in implementing the plan; to serve as a sounding board as the coachee identifies and determines how to tackle challenges; and to provide a fresh, outside perspective to help the coachee see possibilities that s/he may not be aware of. Coaches can also help coachees take a large task and break it down into smaller, more manageable steps, and can follow up with their coachees to ensure that they are moving forward. An added potential benefit to this approach is inter-country, south-to-south sharing and learning. Participants proposed that they would maintain contact with each other beyond their coaching relationships by establishing a listserv and by holding a follow-up webinar/meeting after two months to share progress on the implementation of their action plans.

Accomplishments, Processes, and Products

The workshops and group efforts produced strategies and action plans to improve SCM quality of service, enhance organizational structures, and change team-oriented and individual

behaviors. Course materials were also developed that could be customized for other country situations. Table 1 highlights some of the program’s accomplishments.

Table 1: Program Accomplishments (Events, Processes, and Products)

Event	Process	Products
Regional workshop	<p>Literature review on the HIV/AIDS supply chain in LAC</p> <p>Interviews with 14 key informants</p> <p>Online survey with six USAID missions</p> <p>Virtual planning committee meetings</p> <p>Pre-workshop meetings</p> <p>Three-day highly interactive workshop</p>	<p>Medium-term strategic plans for a period of two years (February 2013 through February 2015)</p> <p>Short-term 100-day action plans to strengthen access to HIV/AIDS drugs</p> <p>Clear guidelines and processes for inter-country borrowing of HIV/AIDS commodities</p> <p>Regional technical committee (COMISCA) review of current regional treatment protocols</p> <p>Application of a PAHO platform (PRAIS) to post current procurement prices to foster transparency and optimize the use of country resources</p>
Motivation and quality of services workshop	<p>Interviews with key SCM personnel at regional, national, and hospital levels</p> <p>Interactivity and group work, including use of Margolis Wheel technique</p>	<p>Group action plans containing how they would: improve teamwork, strengthen intrinsic and extrinsic motivation, and create advocacy plans to seek support to address priority needs</p>
Supportive supervision activities	<p>Interviews with select experts</p> <p>Three-day workshop building on the action plans developed at their motivation and quality of services workshop</p>	<p>“Rich Picture” of what management processes in participants’ field were most significant to address to improve performance</p> <p><i>Telenoticias</i> of actions to be taken over the year to better educate the public about the important contributions of health supply chain workers</p> <p>Training to improve management skills, including a diploma course in supply chain management that has already had two sessions and trained over 60 staff</p>

LESSONS LEARNED AND CHALLENGES

Regional interaction platforms provide both efficiencies of technical resources and opportunities to review and determine SCM challenges and solutions. They facilitate regional and local experts learning from each other and contributing to regional and national capacity, with greater likelihood of innovation and sustainability going forward. Substantive consensus among regional stakeholders about common problems is likely to increase adoption of standards that can be applied across borders, with enhanced quality of services and financial efficiencies. Central to these goals is having the country participants be actively engaged in the process,

moving away from a lecture mode of information delivery, to one characterized by participants learning from each other. This basic concept works for regional, national, and sub-national learning. Further, technical competence must be complemented with management and interpersonal skills to produce an effective supply chain workforce.

In terms of the process, to maximize potential benefits from a regional SCM-focused program, the following steps are recommended:

- Obtain interest from appropriate authorities and explain what is to be expected from the process, which brings with it greater likelihood of ownership
- Identify a lead person or team to organize and confirm country commitment to the effort and who could conduct initial country meetings, which are complemented by commensurate actions at the regional level
- Organize a planning group that includes both country representation and external partners, and uses regular remote conferencing to clarify topics, develop training materials, engage with experts, and agree on the major guiding principles for the workshop and the agenda
- Have participants prepare specific assignments before the workshop, have small group work be the centerpiece throughout, and make concrete outcomes clear to all participants
- Build cohesion and commitment of the country team formed in the workshop so it takes ownership of initial successes and sustain its engagement
- Follow up with in-country training activities that complement the regional effort

There are major challenges in implementing this process, which include finding time for participants to meet virtually, dealing with technological glitches in connectivity, transitions in country leadership or organizational restructuring, differing levels of confidence in sharing with supervisors, and other organizational departments' doubts and gaps in performance. These challenges can be overcome so long as there is flexibility to respond to new situations, a willingness to listen to country participants, and reinforcement of the idea that the benefits of frankness outweigh the costs in seeking to provide a better quality of service.

CONCLUSIONS AND RECOMMENDATIONS

The process of having substantial pre-planning and stakeholder involvement in the design and content of a managerial and interpersonal skills development workshop enhances prospects for positive institutional changes and better managerial practices. Regional sharing of problems and possible solutions creates perspective and synergies that benefit supply chain personnel in the individual countries, and increases the likelihood that they will look beyond past experience and existing institutional approaches. Complementing a regional effort with in-country activities that drill further into key areas of concern helps reinforce what was learned and experienced from the regional process, and sustains interest and momentum in adopting important systemic and

behavioral changes. The planning-to-execution used in this case to improve public health supply chain management skills is an excellent example of applying the concept of having those most directly involved identify their problems, and with the support of external experts, apply new management learning methodology, global supply chain knowledge, and practice to find solutions.

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APPENDIX: EL SALVADOR SURVEY RESPONSES

	Explanation of why workshop was useful	New or different elements of the workshop	Changes as a result of the workshop	Suggestions for improvement
Participant 1	Enabled participants to see areas of needed improvement in SCM	Content about the legal profession	Sought inputs and support from other parties at work about decisions that may affect them; spoke to management about what motivates health workforce	Delve deeper into issues and dedicate more time to them
Participant 2	Learned new motivation techniques	Dynamic learning environment	Increased teamwork	Allocate more time, as a lot of important issues that participants need to learn about were not addressed
Participant 3	Learned how to change bad attitudes and be more understanding of colleagues	Content on changing attitudes and teamwork	Improved working relationships with warehouse staff at the hospital; established bi-monthly staff meetings to brainstorm solutions	Develop protocols or guidelines for other individuals to improve SCM; in future workshops, always include information on how to change attitudes
Participant 4	Reinforced knowledge and helped participants identify their unused skills	Learned new techniques	Increased communication and better working relationships within facilities; implemented various trainings and staff incentives	Include more senior-level staff within the MOH
Participant 5	Learned the benefits of teamwork and sharing successes and failures with the team for continuous improvement	Techniques and methodologies used during the workshop to facilitate sharing of ideas	Learned to share strengths and weaknesses with co-workers	Develop continuity among people involved in this effort; perhaps formalize their positions



CapacityPlus is the USAID-funded global project uniquely focused on the health workforce needed to achieve the Millennium Development Goals. Placing health workers at the center of every effort, CapacityPlus helps countries achieve significant progress in addressing the health worker crisis while also having global impact through alliances with multilateral organizations.

The CapacityPlus Partnership



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