

# People that Deliver – Members Survey



PEOPLE  
that  
DELIVER

November 2014

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## Overview

During a six week period, October – November 2014, PtD members were invited to participate in a ‘PtD Member survey’. The survey was prepared by the PtD Secretariat with input from the three PtD Working Group leads and disseminated using the ‘Survey Monkey’ platform using the PtD Knowledge Gateway member only database.

The aim of the survey was to seek feedback on the progress of PtD in achieving its goals, feedback on how the tools generated by the Initiative have been used, and understanding both, member organisational goals regarding HR for SCM and suggested direction for PtD over the 2015-2016 period.

This document simply presents the questions asked and the raw data retrieved through this review process. The data was used as an input into the review of the PtD Operational Plan for the 2015-2016 period.

We would like to thank Erin Larsen-Cooper, from VillageReach who was instrumental in formatting the survey into the Survey Monkey tool.

# PtD Member Survey

RESPONDENTS: 54

## PAGE 2: Demographics

Q1

Please fill out the following information about you and the organization you work for:

• Answered: 54

MSH (2)
Ministry of Public Health Afghanistan
Central Medical Supplies Public Corporation
JSI   DELIVER (5)
CILT
Gavi The Vaccine Alliance
Ministry of Health Burkina Faso
Copenhagen University
i+solutions
Addis Ababa University
WHO
Central Medical supplies Public Corporation
Imperial Health Sciences
MSH/SIAPS
USAID Cote d'Ivoire
AMP
Ministry of Health Nauru
Addis Ababa University
Ministry of Health & Child Care
UNICEF
GSS Health
RHSC/JSI
WHO/BURKINA FASO
Central Medical Supplies Public Corporation
Central Medical Supplies of Sudan

UNICEF
VillageReach
Riders for Health
Imperial Health Sciences
UNFPA
Independent Consultant
SCMS
GAVI
UNFPA
World Health Organisation
Ministry of Health And Social Welfare
CapacityPlus Project, IntraHealth International
FIP
COMMUNITY AND FAMILY AID FOUNDATION
Griffith University
Pak Army
Deloitte
PATH
South West Regional Fund For Health Promotion (Regional Pharmaceutical Supply Chain Center)
InterSystems
PFSCMS
Health Partners International of Canada
WHO

**Showing 52 responses**

Deputy Country Director for SCMS in Ethiopia
Deputy National EPI Manager + Communication Officer
Technical Advisor
General Procurement Director
Capacity Building Lead Advisor
Director
Project Manager
Director of Pharmaceutique Supply Security
Associate Professor
Business development consultant
Assistant lecturer
Essential Drugs and Other Medicines National Professional Officer
Director General
Manager Training
Principal Technical Advisor
Senior Supply Chain Advisor
Program Manager
Senior Pharmacist
Lecturer
Director, Washington Office
Director Pharmacy Services
Regional Chief of Supply
Founder & CEO
NATIONAL PROGRAMME OFFICER/ ESSENTIAL MEDECINE
Head Section of Total Quality
Manager

Intern
Program Manager
Partnership Director
Director: Public Health
Chief, Procurement Services Branch
Consultant
Deputy Country Director
Senior Manager, Supply Chain
Health Systems /RHCS Specialist
Technical Officer/PSM for Tuberculosis Medicines
Senior officer of Family Planning in Senegal
Team Lead, Health Workforce Development
CEO
EXECUTIVE DIRECTOR
Professor of Humanitarian Logistics
Senior Technical Advisor (2)
Major
Specialist Supply Chain
Director of Procurement
Director, Task Order Public Health, USAID   DELIVER PROJECT
Program Pharmacist/Pharmaeconomist/Health economist
Product Specialist
Human Resource Capacity Development Principal Advisor

Q2	
How long have you been a PtD member?	
• Answered: 54	
Answer Choices–	Responses–
Less than 6 months	14.81% 8
6 months to 1 year	25.93% 14
1 to 3 years	42.59% 23
More than 3 years	16.67% 9
Total	54

### PAGE 3: Progress Towards PtD Goals

Q3								
Please evaluate the following statements on how well PtD has met its goals in 2013-2014:								
• Answered: 52								
	Strongly Disagree–	Disagree–	Neither Disagree Nor Agree–	Agree–	Strongly Agree–	Don't know–	Total –	Weighted Average –
PtD made significant progress toward Goal 1: global recognition that strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and manager.	1.92% 1	3.85% 2	3.85% 2	46.15% 24	38.46% 20	5.77% 3	52	3.98
PtD made significant progress toward Goal 2: government and national health institutions demand, recruit and retain appropriately qualified personnel for positions with supply chain responsibilities.	1.92% 1	15.38% 8	28.85% 15	30.77% 16	5.77% 3	17.31% 9	52	2.71
PtD made significant progress toward Goal 3: adequate personnel from relevant cadres with appropriate supply chain competencies and qualifications are available.	0.00% 0	23.08% 12	26.92% 14	26.92% 14	9.62% 5	13.46% 7	52	2.83
PtD made significant progress toward Goal 4: a repository of evidence-based resources for human resources (HR) for supply chain management (SCM) is established, accessible, used and disseminated.	0.00% 0	3.85% 2	15.38% 8	40.38% 21	26.92% 14	13.46% 7	52	3.50

**PAGE 4: PtD Tools**

**Q4**

Which of the following PtD tools have you used or referred to in your organization?

• Answered: 52

Answer Choices–	Responses–
Advocacy Tools	21.15% 11
HR for SCM Assessment Guide and Tool	57.69% 30
Competency Compendium	40.38% 21
HSS Funding Guide	11.54% 6
Briefly describe how and where you used the tools	48.08% 25

I used the contents of the documents to prepare advocacy materials in country for govt. and non-governmental stakeholders.
Awareness for staff (2)
Set our organization training needs
We used the competency compendium as reference material during design of our pharmaceutical management center's supply chain competency framework and development.
Assessment tools was adapted and used in EAC,
Haven't accessed any tools above, how can I better access? (3)
In carrying out assessment of supply chain staff in the whole Ministry from the periphery to the Central Level
HR push is often 'just' a subcomponent of a broader advocacy for supply chain strengthening. Thus, it is a crowded filed of tools you need to familiarize with (which is not always easy or realistic)
I used it for a country case study to assess HR in HSCM in the country.
Research for background and policy papers (2)
Used HR for SCM guide in Mozambique; Aware of Competency Compendium and would like to implement in Moz. Have referred to Advocacy tools for Strategic Plan.
I don't think we have used, but there is an opportunity to refer to these in HSS funding guidelines
Advocacy tools used at IAS conference and HRH Forum. Assessment guide used in LAC region. Funding guide used for proposal in Kenya
Competency Compendium in Namibia
Orient other SC professionals and donors to the tool and its use
The DELIVER project has used these tools worldwide
I use the tool in carrying out my research study on HR SCM in Cameroon
During country deeming of trained personnel as competent

**Q5**

How have you participated or engaged with PtD in the last year?

Answered: 52

Answer Choices–	Responses–
As a PtD Board Member	32.69% 17
As a PtD Working Group Member	25.00% 13
As a PtD Focus Country Liaison	7.69% 4
As a contributor to the PtD online discussion via IAPHL	21.15% 11
As a participant in a PtD Lead Webinar	1.92% 1
I have NOT participated in PtD in the last year	30.77% 16
Total Respondents: 52	

Comments(11)

Reviewed draft documents

We participated in meetings & developed draft protocols for follow-up studies - as well as assisting in finding suitable interns for the Copenhagen team.

Conflict of agenda has preventing me from effective participation in PtD events

How I can better participate from the next period?

General advocate at regional level

I have been on a few conference calls

Intern

Joined a couple working group calls and read the notes, but no significant contribution

Board Advisor

Interaction with Indonesia as a PtD focus country

I would like to be engaged with one

**PAGE 5: PtD Priorities and Activities**

**Q6**

**In order to make progress towards these goals, what do you see as priority areas of work, or priority activities, for PtD in 2015-2016?**

**The PtD goals are:**

- I. Global recognition that strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and managerial capacity.**
- II. Government and national health institutions demand, recruit and retain appropriately qualified personnel for positions with supply chain responsibilities.**
- III. Adequate personnel from relevant cadres with appropriate supply chain competencies and qualifications are available.**
- IV. A repository of evidence-based resources for human resources (HR) for supply chain management (SCM) is established, accessible, used and disseminated.**

• **Answered: 41**

**Showing 41 responses**

All the four goals are priorities as they feed to one another. I strongly suggest that PtD should support the country-liaisons more than the previous years in terms of building their capacity and provision of technical assistance to support their local efforts. Focus on country-level plans is very critical as most of the work is done at country level, where the context is different from one to another.

Recruit youths who are vibrant, eager to learn new things and equip them with sufficient knowledge (online or short term face to face training and internship), skills and practice about health supply chain management and use them as a change army within their organization. Generate more evidences on how the traditional (not supported by knowledge) SCM practice is wasting resources (time, money, human, information etc) for policy makers to make informed decision. For Instance, in Ethiopia there is huge pharmaceutical wastage or expiration but it is rarely known in terms of monetary value. If we do it thorough MSc thesis, PhD or other project at least in PtD's focus country, the findings of the survey will catalyze the change so that it will be propagated to other countries swiftly. Working with higher institutions i.e. to equip academic staff with knowledge, skill and attitude to make them able to train the future supply chain personnel as needed. Prepare modules and other relevant reference materials for the higher institutions to ensure the sustainability of supply chain activities and competencies even in the absence of experienced cadre for SC. Preparing very short, direct and pragmatic documentary film for health facilities or countries which have shown significant improvement

Need to train a human resources who have the capacity to solve the problems that we are facing currently in addition we need to work together with governments

I , II and III - Visit country to raise awareness among policymakers - training

Goal II is, to my humble opinion, the first priority area to focus on for the period 2015-2016. Goal III is the next priority and goal IV is the third one. I believe that significant progress has been made toward goal I as everybody understands the importance of SCM related to Health product.

I. Publications in international peer-reviewed journals. As well as "popular" articles (about the need and the PtD activities) in professional journals. II. Visits to government & national health institutions by PtD members to meet (face-to-face) and to have the opportunity to present the facts and explain the needs and goals - asking them what resources they would need to reach these goals. III. Visits by PtD members to schools/universities (as well as Ministries of Education) to present the facts and explain the needs and goals - coming with suggestions for how the curriculum for health professionals SHOULD look in order to meet future demands.

I. Priority area Global recognition: actively bringing together complementary organizations in the field of global recognition / advocacy HRM SCM II. Priority area Personnel SCM: actively bringing together complementary organizations in the field of SCM training, possibly recruitment III. Priority area Competencies SCM: actively bringing together complementary organizations in the field of SCM training, possibly recruitment IV. Priority area Repository SCM: activating the GHSCC portal as a guide to trusted quality SCM / HRM information

Continue its current support to its members to achieve those goals

I think 1 and 2 needs to be upfront. 4 can be expanded on and 3 work in progress

Convening Ministers of Health and/or other senior most country government officials to hear, understand, (and then DO) more about meeting their supply chain requirements through a stewardship approach (not necessarily direct implementation, i.e.)
1) Identify and support development of supply chain leaders, who will drive change globally and at country level. 2) Advocate for increased funding for human resource for supply chain management 3) Support initiatives that promote south-south HR for supply chain management development
Trainings Facility south-to-south fertilization; cross countries-technical assistance visit (e.g: fields assessment, program evaluations; ....) encourage members to write papers/posters and participation to conferences; share success stories; Keep repertoire of SC professional.
Priority I; III; IV; II
Facilitation of capacity building of supply chain workforce in the area of management development Advocacy initiatives for Goals 2 and 3 to be intensified
We need to keep operationalize the support PtD has come fare in on the advocacy agenda. In the GAVI context for instance, we need to be able to clearly articulate what we recommend countries to do when we advocate for HR strengthening as a key SCM strategy component. If we are not careful, HR strengthening becomes training of individuals (e.g. tangible outcome from Logivac / Kigali Centre of excellence). PtD should differentiate from or supplement this and articulate that we are operating at the more structural and enabling levels and that clearly articulate what countries can do to pursue such this.
Development AND validation of new/existing tools to make it easier for SC managers to manage and forecast for supplies. Access to relevant resources e.g. training etc through a single portal - I sometimes use the PSM Toolbox
I see the PtD best serving goal 1 and IV
I. Government and national health institutions demand, recruit and retain appropriately qualified personnel for positions with supply chain responsibilities. II. Adequate personnel from relevant cadres with appropriate supply chain competencies and qualifications are available. III. Global recognition that strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and managerial capacity. IV. A repository of evidence-based resources for human resources (HR) for supply chain management (SCM) is established, accessible, used and disseminated.
A repository of evidence -based resources for human resources (HR) for supply chain management (SCM) is established, accessible, used and disseminated.
Global recognition that strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and managerial capacity. Adequate personnel from relevant cadres with appropriate supply chain competencies and qualifications are available.
Global recognition of the importance of supply chain managers has definitely increased and improved; turning that into action that governments can take is always more challenging and takes much longer. PtD's approach to get the government buy-in and change is very appropriate and it would be nice to see more of this for a priority area.
It was difficult to answer the first question on 'significant progress' toward these four goals as the indicators or measures of success weren't also included in this questionnaire. I do believe that the advocacy piece is going well and there is more of a recognition that HR for SCM is incredibly important and that strand of work will need to continue to influence more countries.
In my opinion, the first two goals are the most significant. The key message that until healthcare supply chains are populated, managed and run by people who are competent, passionate and professional supply chain folks, many of the current supply problems within the public health sectors in Africa and most of the developing world will persist. In my opinion, there should be far stronger collaboration between the Governments of these countries, the donors and NGOs who assist and run public health systems in these countries and the local private sector - the goal being to form a partnership that leverages the strengths of each player to provide the opportunity to achieve the most desirable outcomes. Indeed, an area that requires significant review and possible focus from PtD is the development of the local private sector supply chain providers.
PtD initiative has done an important work of highlighting human resource professionalization of the supply chain function. The mapping of the competencies involved for a well-functioning supply chain has been particularly useful. The people working on the project have also done a good job in bringing together different actors involved with health commodities, instead of overly concentrating on vaccines (there was a risk considering the secretariat is at UNICEF). Moving forward the initiative should look at alternative methods of skills training and training of personnel involved in aspects of the supply chain that does not require a degree. The focus to date has been heavy on building the academic capacity of SCM-institutes and degree granting bodies. While these are good, we would like to see more exploration of how people can learn new skills for the last mile, especially in rural areas, where degree programs may not be an option. When engaging with universities in the south it would be useful for the initiative to have enough economic muscle to establish a medium to longer term perspective by encouraging twinning between southern institutions to build capacity, possibly also with universities in the North. There is related on-going work under the UNFPA Global Programme. It would be good for PtD to join forces with what is already being done

PtD has been successful in #1, and while this will continue to require attention in terms of funding etc., the Initiative to stay relevant and necessary needs to figure out how to make more progress in #2 and #3. #3 by definition, will take quite a while to achieve - it is a 5-10 year goal. Part of achieving #2 and #3 will be continuing to develop tools under #4. For that, PtD needs to figure out better how to leverage or access funding to support the development of tools (beyond USAID projects - UNICEF SC CB toolkit is a good example). PtD will also need to figure out how it can leverage or access funds for countries to develop and implement HR for SC plans. These are key priorities and issues for the next 2-3 years. If PtD stays at the global level, I think it has done much of what it can do and probably will phase out in the next few years.
Continued advocacy, which I think has been strong. It is difficult, as it is not in our control, but relies on governments and national health institutions. I don't know if we are making an impact on this, but perhaps there are some evaluations planned? III requires funding as well as training opportunities, I sense we are making progress here, but also relies on other funding organizations. IV--we can make resources available and accessible, and disseminate them--evaluating whether they are used is more difficult. Again, requires evaluation, which may be underway and I am just not aware!
I think that the goals are overly ambitious and unrealistic for an organisation sitting in a headquarters location. I have been working in procurement and supply chain management (PSM) in countries for the last 10 years. Frankly I see no change in the South East Asia region from 2004 to 2014. There is gross under investment by both donors and Governments to ensure that sufficient numbers of properly qualified PSM staff, are in place. I see on a monthly basis, very expensive medicines being delivered to countries, stored in completely inadequate warehouses. In addition to this, I see over quantification of expensive medicines and medicines expiring prior to utilisation. I also see the opposite situation with stock outs of medicines due to failure to quantify properly - usually because staff are not trained in this area or there are no staff at all to do quantification. I also see verticalisation, with multiple warehouses in countries, for multiple diseases and support by multiple donors - with little or no coordination. This fact has been well documented by WHO for years - but there seems to be no progress to integrate supply chain management, with purpose built centralised warehouses.
Goal II
Measure and communicate progress in PtD focus countries. Document country application of key HR for SCM approaches and tools, and share results and lessons learned at regional and global levels. Develop and share an HR for SCM monitoring and evaluation framework.
(Self-) assessment tool to link challenges encountered in supply chain at country level with competencies and workforce issues. Certification of lectures / training for Supply chain specialists
ALL
All of the above!! It will also be important to ensure coherence with parallel work being developed by the Humanitarian Logistics Association
In order of priority I would do III then II then ! then IV Above all of these I would insert language into the RFP's of every donor that explicitly institutionalizes this in all donor funded projects beginning tomorrow for at least 20 years. Until donor activities are driven in a common direction governments will never accept the more difficult path to improvement.
I think we need to make a stronger effort at engaging member organizations and leveraging what they already are doing IN COUNTRIES to build our case and also make progress toward goals II & III in particular and IV as a by-product. I think we also have enough multilateral agency support (UN, World Bank, GAVI,USAID) to warrant creating an "innovation" or small granting mechanism for HR for SCM work in-countries...to use tools, pilot others, and engage other orgs and govt's. I think it also behooves PtD to really utilize IAPHL and communicate to IAPHL members to further goal #1. Furthermore, we at PtD need to clarify our membership policy (is it orgs or individuals or both??).
I. Global recognition that strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and managerial capacity.
II - retention has always been a problem and much work still needs to be done.
Advocacy with national governments to raise the status of supply chain management units and staff, given their significance to all health programs, to a directorate level unit within the MOH structure. Advocacy for governments to apply private sector models for SC functions, advocating for governments to build their capacity to manage contracts with 3PLs. Identifying and building awareness about model career paths for supply chain professionals in public sector MOH. Contributing to the development of models/building awareness of motivating SC staff through performance based incentives/individual and unit-based performance based contracting.
Working with partners, conduct a survey in a significant number of countries to determine which mostly ministries of health have supply chain personnel at the most senior level. Which countries even have anyone called a logistician or supply chain professional.

Capacity building for human resources in SCM who are non-professionals. You know one of the bigger challenges is that SCM has a lot of workers who are not SCM professionals.

1. Ensuring all engaged SCM programs have a HR assessment and HR strategy that supports their strategic plan and activities
2. Established evidence based-standards and principles for SCM-human capacity development
3. National SCM Pre-service education (PSE) framework for universities
4. Standard human capacity development monitoring and evaluation framework and supportive tools for implementation
5. Leadership, Governance and HR Partnership building system strengthening.

Further disseminate information and advocacy tools

**Q7**

**What are your organization's goals related to human resources for supply chain management?**

• **Answered: 41**

1. Development of standard curricula for SCM trainings; 2. Institutionalize in-service SCM trainings in MOH-selected training institutions 3. Work with local stakeholders in sustainable training plan (HRCD plan) development 4. Advocate for HRCD for SCM

School of Pharmacy, Addis Ababa University is responsible for training pharmacists who predominantly run health logistics or SCM activity in Ethiopia. Although the school has no separate plan particular to supply chain management, it has main goal of improving graduates' (undergraduate and postgraduate students) competency and preparing them for supply chain task since major stakeholders like Ministry of Health and Pharmaceutical Fund and Supply Agency are informing there is gap in the training and the service

We are starting a masters programme

Will support the implementation of the training project logisticians of Health in collaboration with BIOFORCE

Human resources management is one of the key priority element of the new GAVI Supply Chain Strategy. This particular element is very much important to us.

At the university, we try to educate the students about these issues. We suggest that they choose the topic "human resources for supply chain management" as the focus of their Masters thesis.

Goals: \* trainings SCM health products: face to face Amsterdam/Paris \* trainings SCM health products: e-learning \* trainings SCM health products: in country (face to face on the job and e-learning) \* training SCMS and PPM/GFATM country procurers (52 countries), to get to self-sufficient procurement and supply \* training health professionals Great Lakes countries in SCM for SRH commodities

To keep HR for supply change up to date in all fields of supply chain (from selection of medicines to the use of them. To keep them motivated and professional

Thought Leadership awards and why is it important that an organization should allow employees to be innovative Catching people doing things right! Measuring and managing ... don't measure what you cannot manage or have no intention of managing! Internships ... making them work Pharmacist Bursaries ... and their supply and demand challenges Great CSI initiatives which make people proud - Unjani Clinics Driving culture – REAP and Ordinary heroes Employee wellness programs ... healthy people are happy people and happy people deliver

Our goals are to support and improve the performance of individual practitioners, the institutions which house them, and the enabling environment in which public health support chains operate.

1) Build capacity of HR for supply chain management at all levels of the health system, including learning from commercial logistics service providers. 2) Facilitate personal professional development of HR for supply chain management 3) Produce evidence base technical reference materials about effective interventions, tools, guides and approaches for enhancing logistics performance

Attract, motivate and retain supply chain talents.

Provision of on-line training courses that can build the capacity of my staffs involved in SCM

Recruitment and retention of appropriately qualified staff for Procurement Supply Management (PSM) in sufficient numbers

I use the GAVI SCM strategy (board approval in June 2014) as vehicle for HR advocacy. I'm also carefully emphasizing that push for strengthening of structural and enabling environment moves beyond the immunization sector and should include supply chains for other essential health commodities.

Develop eLearning materials related to laboratory supply chain Expand WHO quantification tool for essential HIV supplies to include other disease areas and launch the web-based system at ASLM2014 Continue laboratory supply chain reviews in the countries where we work Provide QA for procurement activities

The RHSC aims to ensure RH commodity availability. There are four strategic pillars: equity, quality, access, choice. A strong SC workforce is required to achieve this. In addition, the SSWG supports several work streams that focus on HRH (LAPTOP, PSA, Supply Chain Design briefer.

See on WHO web site the document related: Pharmaceutical strategy: 2008 - 2013

Adequate personnel from relevant cadres with appropriate supply chain competencies and qualifications are available.

The main objective of my organization is to use competency compendium to be applied to all its functions in 2015
Strengthen the capacity of the supply chain manager; promote policy change by governments to have dedicated logisticians and supply chain managers.
We have only a tangential relationship to this area - mostly in terms of the transport side of logistics. We also make the same argument that there needs to be specialised fleet managers for any type of transport system (not just SCM) and that an administrator or other non-specialised (in transport) function cannot manage this technical area. But we advocate for outsourcing this function, because it's not vital to a MoH/government to house this specialty function.
Our Organization continues to work to demonstrate that strengthening the local private sector supply chain providers produces improved health outcomes. IHS have been a part of the team in Malawi that has achieved this and will be working in Nigeria to achieve a similar result.
Currently, our organisation is providing CIPS training to staff
Not applicable
It is a key strategic priority under the GAVI Alliance supply chain strategy, which our organization is working to support and implement.
This is not an area that is prioritised by WHO in regional offices.
A repository of evidence-based resources for human resources for supply chain is available
They are fully aligned with PtD's goals
In many countries especially in French speaking countries, pharmacists play a key role in the organisation and management of the supply chain for health products. Given our programme FIP Education initiative (FIPed), pharmacists in supply chain management are a component of the pharmacy workforce and the development of tools by PtD could be adjusted, adapted and/or referred to in FIP own work.
We stand to offer it takes to meet the teaming needs of communities one at a time based on broader stakeholders support and arrived at needs assessment.
This question is not relevant to my organisation
Significantly supportive of training, capability and maturity model measurement and path to improvement (I am not an HR person so this is less than succinct)
JSI through DELIVER and SCMS is currently in close-out mode in all countries until news of the award of the rebid. If re-awarded, JSI will continue to work at a country and international level in developing resources, promoting PST, in-service, on-the-job and other capacity development activities as appropriate by country. In addition JSI is intent on growing and expanding IAPHL in the coming years with corporate and USAID support. It seems logical for PtD and IAPHL to support and reinforce one another.
Investment in human capital significantly impact the performance of scm, so my organization is goal is to improve the skill set of its human resource for agile efficient and competency based supply chain.
Continue to build bench strength by providing supply chain staff with progressively more complex procurement and SCM opportunities.
Continue to build organizational capacity of MOHs and NGOs to manage supply chain functions or to build the capacity of others in SC. Work to establish or strength logistics management units within MOHs. Build USAID staff capacity to better support initiatives to strengthen SC in developing countries.
It remains a priority for our work in the more than 25 countries in which we work. We continue to work on the leadership issue as it regards SCM.
Get continuous human resource development policy.
To support SCMS programs in identifying evidence based-standards and resources for SCM-human capacity development achievement. To design standardized human capacity development monitoring and evaluation framework and supportive tools for measuring training impact
Assist countries in Planning & Budgeting (cMYP) for Immunization

Q8

What activities has your organization planned and budgeted to implement in 2015-2016 that will strengthen HR for SCM and further PtD's Goals?

• Answered: 41

Showing 41 responses

- activities are planned and budgeted for.
- ol of Pharmacy, Addis Ababa University has been working with PtD, UNFPA and USAID DELIVER to launch postgraduate programs in health SCM to come the existing and emerging health commodity challenges in more structured and sustainable manner.
- a Masters programme
- ment our hospital pharmacy project and our three-year plan of pharmaceuticals supply security
- gh the People and Practices Priority Working Group, GAVI and its Alliance partners are planning major activities (Case studies on best practices/policy framework, etc.) related to the HR for SCM.
- opic is becoming a part of our curriculum.
- : \* trainings SCM health products : face to face Amsterdam/Paris \* trainings SCM health products: e-learning \* trainings SCM health products: in country to face on the job and e-learning) \* training SCMS and PPM/GFATM country procurers (52 countries), to get to self sufficient procurement and supply g health professionals Great Lakes countries in SCM for SRH commodities  
[http://www.surveymonkey.com/analyze/browse/FqG4LfqIZWW796kOH9HD4\\_2FxcHSi6WzY4MKCEbXUesW0\\_3D?respondent\\_id=352931](http://www.surveymonkey.com/analyze/browse/FqG4LfqIZWW796kOH9HD4_2FxcHSi6WzY4MKCEbXUesW0_3D?respondent_id=352931)
- continue its comprehensive training programme 2. establish a well-equipped training centers 3. implement its bilateral agreement for HR with Leeds Univer ERA 4. detailed plan to fill the gaps in the staff training needs 5. to pass an Act that makes the organization business-oriented in its operation, which es the right of the organization to hire and fire its staff
- ght Leadership Internships Pharmacist Bursaries Driving culture – REAP and Ordinary heroes  
[http://www.surveymonkey.com/analyze/browse/FqG4LfqIZWW796kOH9HD4\\_2FxcHSi6WzY4MKCEbXUesW0\\_3D?respondent\\_id=352790](http://www.surveymonkey.com/analyze/browse/FqG4LfqIZWW796kOH9HD4_2FxcHSi6WzY4MKCEbXUesW0_3D?respondent_id=352790)
- ngoing implementation and technical assistance through the USAID | DELIVER Project, SCMS, and other foundation-funded projects focused on public supply chain management.
- ply Chain management workshops 2) Support capacity building for national supply chain leaders  
[http://www.surveymonkey.com/analyze/browse/FqG4LfqIZWW796kOH9HD4\\_2FxcHSi6WzY4MKCEbXUesW0\\_3D?respondent\\_id=352764](http://www.surveymonkey.com/analyze/browse/FqG4LfqIZWW796kOH9HD4_2FxcHSi6WzY4MKCEbXUesW0_3D?respondent_id=352764)
- gement with development partners in the organization of training courses in order to improve the capacity of SCM staffs.
- ng ( short term) for provincial and district levels Support and supervisory visits to conduct on the job training for Central, Provincial and District levels w and printing of updated reference materials for PSM for dissemination to all levels Quarterly meetings for HR for SCM coaching and mentorship for h levels
- ral support to UNICEF Country Offices to implement GAVI SCM strategy. Development of HQ/RO package of advocacy and support tools.
- through eLearning
- bove. LAPTOP and PSA innovation fund are a collaboration with PtD
- elp the country to achieved and implemented the activities and strategies to assure the availability and affordability of secure and quality drug. We give y of health, the technical and financial support.
- t and retaining appropriately qualified personnel for positions with supply chain responsibilities.
- pository of evidence-based resources for human resources (HR) for supply chain management (SCM) is established, accessible, used and disseminated
- acy efforts for system redesign, including the role of a dedicated supply chain manager
- directly - our work is complementary, but not directly related, as we've discussed in the past.
- entioned above, IHS are involved in a supply chain project in Nigeria where we work with and contract the local logistics services providers. Our goal is closely with a selected number of parties to help improve their ability to better meet the needs of the public health system in Nigeria and become a sional service provider to all their clients at the same time. This activity is within our current year's budgeted activities.
- own. That will be known in a month time
- the UNICEF CB for SC toolkit. Also perhaps Moz case study on HR for SC working group.
- ave a number of advocacy goals for the strategy as a whole, which should help to further PtD's goals inasmuch as they are aligned with the strategy.

that I am aware of at Regional level.

ing in pipeline

r SCM in Namibia (DCE and WISN) Develop funding proposals on HR for SCM in several countries where we have active programs and offices

ur action plan: [http://www.fip.org/files/fip/PharmacyEducation/FIPEd\\_ActionPlan\\_2014-2018.pdf](http://www.fip.org/files/fip/PharmacyEducation/FIPEd_ActionPlan_2014-2018.pdf)

to national dialogue on HR in SCM that looks at the collective re. Positioning of these issues including bridging the gap according to community access  
nse and needs.

uestion is not relevant to my organization.

project we do encapsulates many of your objectives

t involved in project budgeting so am not sure. Follow-up with Cheryl Mayo (SCMS) and Moto Eomba (DELIVER).

ensive training

ng in Tanzania and Indonesia to strengthen supply chain managers to introduce new technologies for Malaria, TB and NTD's

ue to work with Regional Technical Assistance and Training Institutions providing SC assistance. Courses for USAID staff. Country level SC technical  
ance, including development of staff pre-service training in SCM.

activities are planned in our numerous countries.

ng capacity through having HRs who are trained and equipped. Provision of adequate support of infrastructure for HRs for SCM.

o the fact that my role and position is located in our Headquarters office the planning occurs at the country level and the availability of funds will determine  
country program focus on PtD goals.

ng/Curricula development