Building Human Resources for Supply Chain Management

Theory of Change

USAID FROM THE AMERICAN PEOPLE

HRH2030 HUMAN RESOURCES FOR HEALTH IN 2030

PEOPLE THAT DELIVER

unicef

Acknowledgments

The authors wish to thank the myriad of individuals who significantly contributed to the process of developing this framework: The People that Deliver Board; ActKnowledge (Dr. Helene Clark, Eoin Collins and Zabi Rahat); Julie Gerdes; Pamela Steele; the participants of a roundtable discussion at the 2016 Global Health Supply Chain Summit in Dar es Salaam, Tanzania (facilitated by moderators Kevin Etter, Musonda Kasonde, Eomba Motomoke, Karen McNulty, and Kevin Pilz); Erin Hasselberg.

Financial support for the development of Building Human Resources for Supply Chain Management Theory of Change was graciously provided by the United States Agency for International Development (USAID) through the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project, Task Order 3 (PRH) and the People that Deliver Initiative.

Andrew Brown, PhD, BPharm, GCHE,
USAID GHSC-PSM

Wanda Jaskiewicz, MPH,
HRH2030/Chemonics

Bridget McHenry, MPH, CSCP,
USAID

Erin Meier, MPH,
Consultant

Dominique Zwinkels, MS, MBA,
People that Deliver

Contents

People that Deliver (PtD)

The PtD Initiative was established in 2011 as a global partnership of organizations focusing on professionalization of supply chain personnel by advocating for a systematic approach to human resources (HR) for supply chain management (SCM) at the global and local level. PtD advocates at the international and national level for interventions that improve the demand and supply of qualified health supply chain professionals in organizations, which in turn strengthens the individual practitioners within those organizations. Since the introduction of the PtD initiative in June 2011, there has been an increased focus on systematic approaches to HR capacity development and the professionalization of SCM cadres, particularly in low- and middle-income countries.

Our Vision:

We envision a world where health supply chain workforces are empowered and equipped to optimize health outcomes by improving access to health commodities.

Our Mission:

Promote global awareness, generate evidence-based approaches, and catalyze national capacity to plan, finance, develop, support, and retain national health supply chain workforce through global partnership.

Strategic Goals:

PtD's transformative direction for the period 2018–2020 will focus on:

1. PROMOTING stewardship and leadership at the national level to address health supply chain workforce needs
2. ADVOCATING for the development of a competent and supported supply chain workforce deployed across the public and private sectors within the health system

While maintaining the long-term strategic goals of:

3. SUSTAINING a global community dedicated to mobilizing support and resources toward a professional health supply chain workforce
4. DEVELOPING, CATALYZING, AND DISSEMINATING evidence-based approaches for human resources for supply chain management that is informed by best practices and responsive to an evolving xenvironment

USAID, the Global Health Supply Chain–Procurement and Supply Management (GHSC-PSM) Project, the HRH2030 program, and People that Deliver support governments in assessing needs and developing strategies to manage the quantity, type, and capacity of human resources required to manage and operate health supply chains. In order to provide a clear description of supply chain goals and associated outcomes that enable programs to reach those goals, these organizations have collaborated to develop a Theory of Change (TOC).

Acronyms

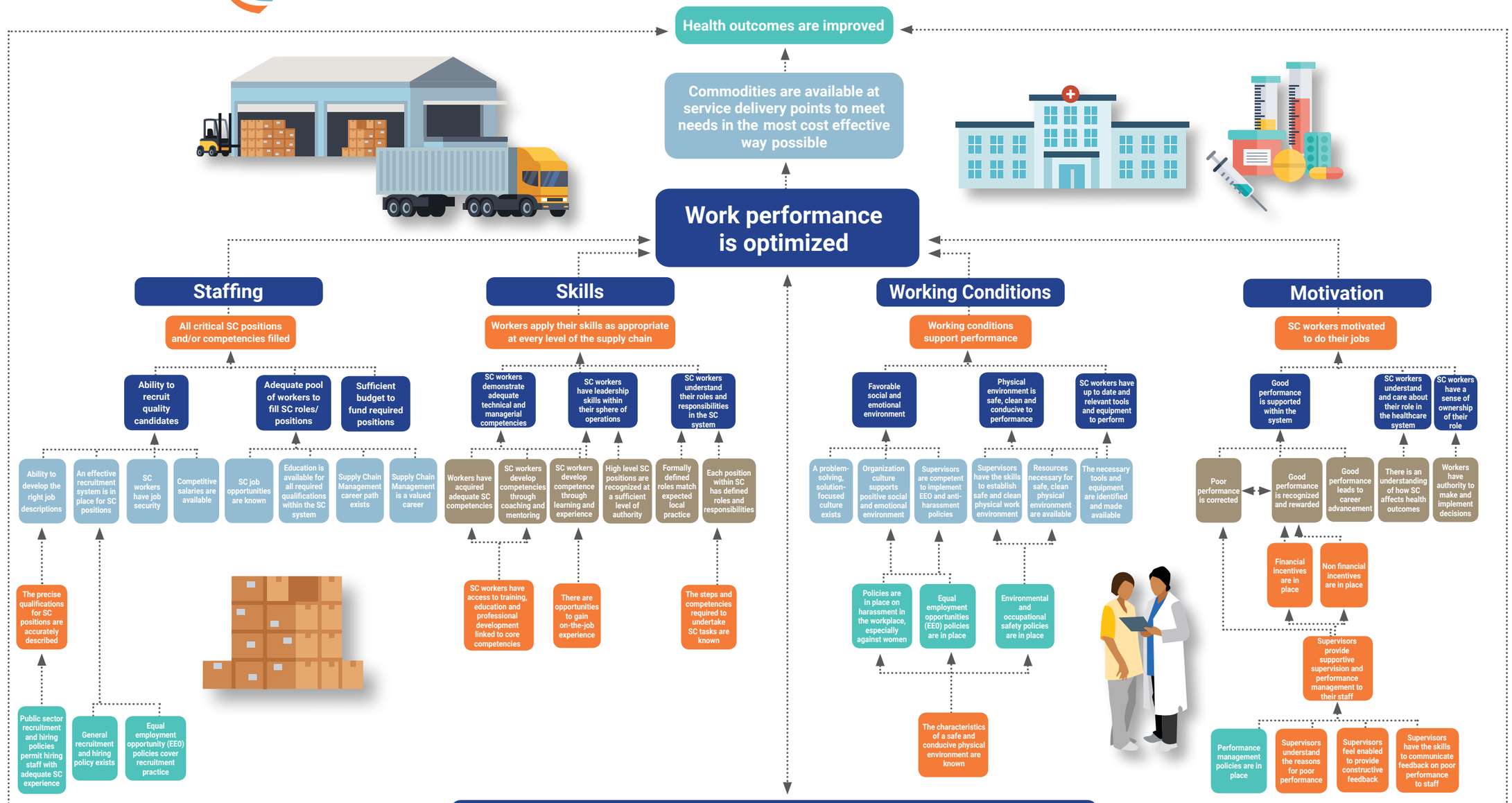
EEO	Equal Employment Opportunity
HR	human resources
HR4SCM	Human Resources for Supply Chain Management
JD	job description
SC	supply chain
SCM	supply chain management
TOC	Theory of Change
USAID	U.S. Agency for International Development

1. The Theory of Change Diagram

Click on the diagram below to explore the HR4SCM TOC online.

PEOPLE THAT DELIVER

Building Human Resources for Supply Chain Management: A Theory of Change



2. Introduction

Like all chains, supply chains are no stronger than their weakest link. Although hundreds of millions of dollars in commodities may flow through a country's health supply chain (SC) system, the critical, strategic function of the supply chain within health systems is rarely acknowledged—and the SC workforce seldom has the technical and managerial competencies to perform optimally, or the empowerment to affect supply decisions and policies.

The SC workforce includes a variety of people dedicated to fulfilling logistics activities at national, district, and health facility levels, such as pharmacists, logisticians, SC managers, data managers, and warehouse and transport personnel. The workforce also includes key personnel who contribute only a portion of their time to SC functions, such as doctors, nurses, and other clinical and administrative staff, all of whom function within a coordinated system to provide appropriate and affordable medicines and health commodities.

Many low- to middle-income countries have an insufficient number of adequately trained staff to manage health supply chains. Countries face significant gaps in technical capacity and knowledge among their existing health SC staff, often due to the lack of experience or formal training.[1,2] Many low- to middle-income countries lack a professionalized supply chain occupational category, formed either via formal education or through the civil service structure.[3] This professionalization is critical to embedding a workforce with specific supply chain competencies in the health system.

Lessons learned from previous SC investments have highlighted the importance of clearly articulating the goals for all interventions and how interventions will improve the SC *from the outset.*[1] In an attempt to evaluate the investments that USAID had made in human capacity development for supply chain management, a central challenge became clear: the inability to retrospectively evaluate the outcomes surrounding these investments.[1] The pertinent interventions had not been designed in such a way that there was a clearly defined pathway demonstrating how such interventions were expected to achieve intended outcomes in supply chain performance.[1] Without expected results to serve as a comparison, evaluation of key elements proved difficult. This was compounded by a lack of indicators that would adequately measure whether human resource interventions would ultimately have an impact on supply chain performance.

The Theory of Change for Building Human Resources for Supply Chain Management (HR4SCM TOC) was developed to describe the impact of interventions and investments in human resources for supply chain management (SCM), efforts which aim to improve supply chain performance by ensuring the availability of commodities at the service delivery point. Until now, this type of model did not exist, and links between previous investments and interventions supported by USAID and impact in supply chain performance was neither distinct nor clear. An underlying narrative describing how and why objectives were expected to be achieved in a given context was lacking. For this reason, the HR4SCM TOC was developed.

A Theory of Change (TOC) captures complexity and allows users to understand how a number of program activities link to one another and lead to goals. A TOC provides a detailed description of goals and how change is expected to occur.[4] Finally, a TOC lists clear expected outcomes that lead to the overall goals and articulates possible interventions to achieve each outcome.

The HR4SCM TOC will enable SC practitioners to capture and understand the pathway of change that connects interventions and investments in human resources (HR) to health supply chain performance improvements and ultimately to improved health outcomes. Applying a TOC process will help practitioners acknowledge and assess impact in hard-to-measure areas, such as capacity strengthening and institutional development. The HR4SCM TOC is not meant to be prescriptive, but rather to map the multiple pathways for improving HR in health supply chains and to serve as a starting point for country programs in prioritizing interventions and investments. The HR4SCM TOC is a valuable learning tool that allows governments, donors and technical partners to appreciate the complexities that govern HR in health supply chains and understand how programs and interventions can navigate the complex environment to create change. The HR4SCM TOC relates to both public and private sector supply chains and can be used by practitioners working in each environment. The HR4SCM TOC adds further depth to the understanding of how outcomes relate to one another and provides detailed insights for consideration in developing country-based strategies for improving HR in health supply chains.

The HR4SCM Theory of Change Diagram (p. 1) provides a structure that can be used to prioritize the workforce interventions required to make improvements or changes needed to strengthen health supply chains. By discussing the desired

outcomes, planners can decide how to apply skills, knowledge, and resources to fulfill each outcome. Also, by capturing the starting point of a project and describing the desired outcomes from the beginning, users can more easily recognize progress over time.

In general, a Theory of Change provides a useful basis for:

- Strategic planning—by providing a foundation for developing strategies
- Monitoring and evaluation—by identifying and specifying ways to measure activities undertaken to make change

Specifically, the HR4SCM Theory of Change will be used to:

- Explain the causal pathway and needed change process for optimizing the SC workforce performance to internal and external partners
- Understand and convey the complexity of SCM HR systems
- Advocate for the importance of investing in aspects of human resources for SCM
- Design SCM HR interventions based on a solid rationale to maximize impact potential
- Plan and measure effective interventions to improve selected HR management systems
- Assess the effectiveness of HR management systems

The HR4SCM TOC is comprised of two parts: a diagram and a narrative. The diagram visualizes the TOC, while the narrative describes the components and critical assumptions that support interventions around HR for SCM, capacity building, and organizational strengthening. The HR4SCM TOC Diagram is included in Section 1. The narrative presents the rationale behind the HR4SCM TOC's outcomes and components throughout Section 3. Section 4 describes how the HR4SCM TOC can be used and applied to programs. Annex 2 includes a catalog of indicators from which practitioners can select appropriate and relevant indicators to measure progress for the particular HR4SCM TOC outcomes that programs choose to prioritize.

To help support advocacy efforts using the HR4SCM TOC, a supplemental Summary Brief on the HR4SCM TOC is available in a separate document. This two-page brief contains a simplified diagram that gives a high-level overview of the components of the HR4SCM TOC as well as a short summary of the concepts.

3. Critical Assumptions

Nine critical assumptions underlie the HR4SCM Theory of Change Diagram. They predict how actions will produce desired outcomes. The more realistic these assumptions are, the better chance of strategic success. Each critical assumption is described in detail, with evidence and relevance for country programming.

1. **Optimizing supply chain management work performance will contribute to improved commodity availability and improved health outcomes.** People power supply chains. An appropriately organized and adequately staffed workforce with the required, specialized technical skill sets are needed to make supply chains function effectively.

2. **Acknowledging the importance of supply chains enhances efforts to optimize workforce performance.** Recognizing the importance and complexity of SCM is essential to building national health systems where well-managed supply chains ensure the availability of critical commodities and allow for health care delivery.

3. **Adopting a crosscutting approach will lead to greater results.** Interventions that work across various levels of the organization and the SC are more likely to have an effective and sustained impact.

4. **Cadres that perform SCM vary between different country contexts.** The HR4SCM TOC can be applied equally to supply chains managed by various cadres.

5. **The public sector supply chain can leverage private sector best practices to create change.** The public sector can apply private sector solutions to human resource issues in order to reach the desired outcomes. Lessons learned from applying private sector tactics to public sector supply chains have shown that the private sector can play an important role in improving health supply chains.

6. **Health supply chains are often entirely embedded neither in the public sector nor in the private sector.** Supply chains may intersect both public and private sectors through use of contracting and outsourcing, parastatal entities, and/or other hybrid approaches. The pathways and outcomes within the HR4SCM TOC can be applied to any and all of these scenarios.

7. **Well-functioning human resource management systems—with effective policies and well-defined processes—enable optimized work performance.** Institutional-level outcomes and interventions—such as introducing policies and creating and implementing effective HR management processes—are foundational steps toward building an efficient workforce.

8. **Strengthening the role of SC leadership and supervisors will lead to optimized work performance.** Empowering individual-level supervisors and SC leaders will bolster the overall performance of the SC workforce.

9. **Cultivating workers' motivation and skills improves work performance.** Creating opportunities to improve individual-level competencies and motivation will lead to improved work performance.

3.1 Optimizing supply chain management work performance will contribute to improved commodity availability, and ultimately, improved health outcomes

The HR4SCM TOC assumes that optimizing SCM workforce performance will lead to improved system performance. People power supply chains. A competent, adequately staffed workforce, with the skills to operate the SC effectively, is a key performance driver of supply chains.[5,6] By targeting key components that support workforce optimization, supply chains and commodity availability can be improved.

Performance of the SC system depends on workforce performance. As human-run systems, supply chains can only perform as well as the workers managing the systems. At the same time, commodity availability depends on, and is inextricably linked to, SC performance; improving commodity availability leads to improved health outcomes. Therefore, the HR4SCM TOC assumes that optimizing workforce performance will greatly help to improve system performance, and ultimately impact commodity availability and health outcomes.

Evidence has shown that insufficient numbers of adequately trained staff are a frequent cause of supply chain system breakdowns and poor system performance.[5,7,8,9] An adequately staffed, appropriately skilled, and motivated workforce will power supply chains and result in commodities being available to meet local needs. This relationship is critical to the long-term outcome of the TOC: that ***work performance is optimized.***

The long-term outcome directly supports the ultimate goal—that ***commodities are available at service delivery points to meet needs in the most cost-effective way possible so that health outcomes are improved.*** A number of assumptions link the long-term outcome to this ultimate goal.

The ultimate goal is beyond what SC practitioners can achieve in isolation. A number of factors outside the workforce, such as adequate funding for procurement, infrastructure, government support, and other health system components, also impact whether commodities are available. The HR4SCM TOC focuses on the key elements of optimizing workforce performance and building HR for SCM.

The ultimate goal assumes that increased access to and availability of health commodities will lead to improved health outcomes. Although external issues, such as cultural or individual factors, can impact whether communities seek out medicines from health facilities, and separate, outside factors can affect whether these products are used correctly, overall health outcomes are expected to improve as a result of more reliable commodity availability.[1]

Rigorous studies linking HR for SCM interventions to improved health outcomes are limited.[10] Although research into the direct connection between commodity availability and health outcomes is limited by complexities and confounding factors, the logic linking *improved access to medicine with improved health outcomes* is generally accepted. The literature recognizes that strong health supply chains are an essential component for achieving positive health outcomes.[11] This belief underlies most public health initiatives that target SC strengthening; it is embodied, for example, in the slogan "No Product, No Program," a well-established concept in the health SC field.[12] Health services rely on effective delivery and management of health products.[11] As stock-outs decrease and products become reliably available, greater portions of populations can have access to treatment.[1] Increased access to vaccines improves immunization coverage among children and leads to a reduction in preventable illness. Similarly, more reliable availability of HIV treatment improves patient outcomes.[1]

3.2 Acknowledging the importance of supply chains enhances efforts to optimize workforce performance

Recognizing the importance and complexity of SCM is essential to building national health systems where well-managed supply chains provide critical commodities and allow for health care delivery. The HR4SCM TOC assumes that appropriately positioning and elevating SC throughout the health system will build an enabling environment for improved performance—optimizing work performance and boosting supply chain operation.

In the commercial sector, industry leaders acknowledge that cost-effective supply chains are essential to business performance and provide supply chains with the required resources and strategic direction.[11] Cultivating an appreciation for supply chain can ensure institutions prioritize the financial, human, and physical resources that successful SC operation requires. This is specifically acknowledged within the HR4SCM TOC: having a sufficient budget to fund required positions is a key component of the Staffing pathway. Similarly, availing resources necessary for a safe, clean physical environment is fundamental to establishing Working Conditions that support optimal performance.

Promoting awareness and understanding of the role of SCM in the health system and society at large can lead others to recognize SCM occupations as desirable, secure, and supported careers and improve the sector's ability to recruit new talent.[13] In line with this reasoning, the TOC's Staffing pathway theorizes that once SCM is a valued career, with an existing career path and recognized job opportunities, these levers will work together to produce an adequate pool of workers to fill critical SC positions.

Beyond the specific outcomes mentioned here—which are closely and clearly connected to appreciating supply chain's value—more broadly, acknowledging and promoting SC's importance will enhance all efforts to optimize work performance and improve commodity availability.

Political and technical leaders must clearly understand the importance of SC within the health system so that SCM is given the time, resources and priority required for interventions to be effective.[14,15] The literature suggests that a supportive government environment is particularly important for initiatives regarding policy making and implementation as well as efforts to optimize organizational structure.[15,16]

Lessons learned from working to increase appreciation for supply chain support this thinking.[15] When leaders in ministries of health, public sector institutions, and nongovernmental stakeholders appreciate the value of supply chain, it provides the advocacy, impetus, resources, and attention needed to support effective action and achieve the outcomes of the TOC framework.[15,16]

The significance of SC should be recognized beyond its importance as an operations function. A strong understanding of how SC impacts health outcomes and effectively delivers social benefits must be promoted as well. When SC workers recognize how supply chain benefits health in society and society recognizes the importance of the sector, this can increase interest in, support of, and motivation throughout the supply chain sector.

3.3 Adopting a crosscutting approach will lead to greater results

HR is a crosscutting issue affecting every function in the health supply chain, from product selection to eventual service delivery. As HR impacts people and processes across the organization, building effective and optimal work performance requires a crosscutting approach. Furthermore, supply chain management is complex and requires the appropriate staff, organizational structure, skills, working conditions, and resources.

The HR4SCM TOC maps four distinct pathways—**Staffing, Skills, Working Conditions,** and **Motivation**. The TOC assumes that interdependence exists between each of these areas and that making strides in one area can lead to improvement across other areas.

For example, the TOC assumes that achieving improvements in **Working Conditions** could lead to a higher degree of worker motivation. Gains in **Motivation** could impact staff retention and encourage SC workers to continue to develop new skills. Efforts to expand workers' **Skills** could serve to further multiply motivation among workers who have experienced the expansion of their capabilities.

Change is rarely linear. The four pathways must be approached in parallel in order to achieve successful change. For example, skills are essential to workforce performance and may be fostered by training; however, skills are insufficient in themselves to meet the long-term outcome, particularly if working conditions are not optimal or if supply chain positions are not adequately staffed.[17] Therefore, strategies that focus solely on training interventions to build skills are unlikely to succeed, given the other component outcomes that are necessary for optimal workforce performance. Defining the necessary scope of interventions in this way can broaden the thinking about what successful strategies are needed to optimize workforce performance.

The literature suggests that achieving long-term, sustainable improvements to supply chain requires a multipronged approach.[1] Human resources is one of a number of factors that influence supply chain performance. System design, infrastructure, data visibility, governance, and finance also play a role in system performance.[15] HR interacts with each of these factors, as leadership and workers make decisions and carry out work in each area.[18] Given the number of factors that impact system performance, it is imperative that a comprehensive, crosscutting approach is applied to HR management.

Strategies that focus solely on training interventions to build skills are unlikely to succeed, given the other component outcomes that are necessary for optimal workforce performance.

3.4 Cadres that perform SCM vary between different country contexts

Fully optimizing SC work performance and developing the SC career path requires a clear definition of who is responsible for performing the work. Many countries lack a professionalized SC occupation, either via formal education or through the civil service structure. This professionalization is critical to embedding a workforce with specific SC competencies into the health system. In the absence of a standard, professionalized SC occupation, a variety of cadres are expected to manage supply chains in various countries.

There is not a consensus about whether supply chains should be managed by pharmacists or non-pharmacists.[19] In some countries, legal implications regulate which types of civil service positions can carry out roles related to procurement and distribution of medicines. Identifying the required professional qualifications of SC workers is a critical question for countries to solve.

The HR4SCM TOC assumes that there are multiple solutions for addressing the gap in a professionalized SC occupation. Across different countries, varied cadres of staff manage and operate SC systems. In each unique context, the selected staffing structure has the potential to achieve success. The TOC can be adapted equally to situations where pharmacists run the SC as it can to supply chains managed by logisticians or other non-pharmacists. This framework does not differentiate between the types of staff managing the SC. Instead, the outcomes and interventions of this framework can be applied to various cadres and staff at all levels. However, the HR4SCM TOC does require that a determination be made about the specific qualifications required at various levels of the SCM workforce in the context where the framework is being applied.

Interventions aiming to achieve the outcomes in the HR4SCM TOC must be context-specific, given the country's staff composition. For example, crafting the right job descriptions, developing SCM career paths, or establishing competitive salaries in the **Staffing** pathway must be appropriate for the workforce that exists in that context. Similarly, approaches taken to ensure access to education and professional development in the **Skills** pathway will depend on the professions and cadres in place in the country. In each of these cases, identifying the optimal cadres of staff for each SC task is a vital first step, along with ensuring the identified cadres have the competencies required to carry out designated SCM functions.

Introducing new cadres can be an important and valuable step toward professionalizing SC positions; however, establishing and launching a new cadre is a complex political and governmental process. Yet certain countries have achieved success. For example, to overcome a shortage of pharmacists, the Malawi Ministry of Health introduced a pharmacy assistant training and support program, based on the identified competencies this specific context required. Before the introduction of the pharmacy assistant cadre, many SC tasks fell to clinical staff, in the absence of sufficient pharmacy staff. The program successfully allowed SC tasks to shift back to pharmacy staff and, as a result, clinical staff previously working on SC reported being able to spend more time with patients.[20]

Strategic task shifting can be another valuable approach for addressing gaps in a professionalized SC occupation. Creating SCM specialization within an existing profession is another possible option. For example, in Ghana, where most lower-level health facilities lack dedicated SC professionals on staff, the Ministry of Health introduced a preservice training program on SCM competencies for students in pharmacy and nursing schools. This sustainable, cost-effective preservice training model resulted in a continuous flow of graduates from a standardized course who are capable of performing SCM duties.[21]

3.5 The public sector supply chain can leverage private sector best practices to create change

A common misconception is that the challenges faced by supply chains in the public sector are unique to that sector. Actually, evidence suggests that the public sector can leverage private sector solutions to reach the desired outcomes.[12] Much of the HR4SCM TOC is built around private sector answers to human resource questions.

In the public health context, the ministry of health generally has the principal responsibility for providing direction to the health supply chain workforce and developing HR policies and plans. Yet leaders in the public sector can look to private sector successes to inform their decision making and interventions.

PtD's experience and successes have focused on strengthening public sector SCM systems while facilitating private sector inputs, where necessary.[11] Lessons learned from applying private sector tactics to public sector supply chains have shown that the private sector can play an important role in improving health supply chains and that a variety of approaches for engaging the private sector can benefit supply chains for public health.[12] Applying private sector processes, such as warehouse management best practices, network optimization, or use of performance management metrics, has strengthened public sector solutions for SC issues.[12]

The HR4SCM TOC adapts HR private sector strategies, processes, and methods to improve HR for SCM. **Motivation** pathway methods, such as financial and nonfinancial incentive programs, apply strategies that have been developed in the private sector. Other outcomes are based on theories that have been studied among employees in the commercial sector. For example, building a sense of ownership among employees by ensuring that workers have authority to make and implement decisions is supported by evidence.[22] Management research has shown that, when workers feel greater ownership for their work, this positively impacts performance and job satisfaction.[22,23] Similarly, literature supports the expected impact of establishing a favorable social and emotional work environment, a component of the **Work Conditions** pathway.[24] The TOC's expected benefits of establishing competitive salaries so that quality candidates can be recruited is a concept in the **Staffing** pathway that has also been shown to be effective in the private sector.

3.6 Health supply chains are often not embedded entirely in the public sector nor in the private sector

In addition to adapting best practices from the private sector, the TOC assumes that health supply chains are often not embedded entirely in the public sector nor in the private sector. These supply chains may intersect both public and private sectors through use of contracting and outsourcing, parastatal entities, and/or other hybrid approaches. In contexts where private sector partnership is advantageous, many of the TOC concepts can be applied to private sector collaboration.

The public and private sectors intersect. In many countries, health supply chain systems are comprised of multiple supply chains, implicate both public and private operators and facilities, and involve a range of processes and personnel.[12] In these scenarios, the flow of products moves between public and private sector boundaries.

In addition to products flowing across sector boundaries, supply and demand factors in the labor market for SCM interact across public and private sectors. Public and private sectors draw from a similar, limited pool of skilled workers to staff supply chains for various commodity types.[25] The global community faces an international shortage of SCM expertise; this shortage will continue to expand as economies grow.[25]

A country's ministry of health is accountable for essential leadership and overall guidance for the supply chain. Leaders in the ministry advocate and collaborate with other public sector institutions and stakeholders to develop and sustain a competent workforce.[14] Leaders can also collaborate with the private sector to maximize system performance. Often, the ministry of health plays a role in regulation of companies that provide supply chain services for the private health and pharmaceuticals markets in a country.

Collaboration with the private sector can take a number of forms. Engaging private companies to act as service providers is one example. In this arrangement, private sector companies manage services for supply chain functions. Outsourcing supply chain functions, such as warehousing, transport or procurement, is a practice that has grown in recent years.[12]

The TOC includes numerous outcomes that target strengthening skills and managing performance. In circumstances where certain functions are outsourced, the competencies required by leaders and workers should include the skills needed to manage an outsourced contractor, which calls for competencies such as effective leadership, oversight, and coalition building among partners.[12] The technical and managerial competencies required in the **Skills** pathway to manage an outsourced contractor can differ from those needed for an in-house approach. The needs of each scenario should be reflected in the organization's vision for skills, leadership, staffing, and motivation.

Improving private sector participation can also take the form of establishing partnerships. For example, public sector supply chain leadership can collaborate with private institutions, such as universities, to improve education opportunities for SCM.

In the HR4SCM TOC, outcomes, such as ensuring SC workers have access to training, education, and professional development in the **Skills** pathway, could be achieved through partnering with local universities to strengthen SC coursework and improve interest in course enrollment.

Likewise, private sector actors have the same needs in terms of optimizing staffing, skills, working conditions, and motivation, and can apply the HR4SCM TOC to their system improvements for HR.

3.7 Well-functioning HR management systems—with effective policies and well-defined processes—enable optimized work performance

The HR4SCM TOC assumes that strong human resource management systems are the foundation for organizing, effecting, and sustaining changes in work performance. Institutional-level outcomes and interventions—such as introducing policies and creating and implementing HR-related processes—are foundational steps toward building an efficient workforce.[3]

Establishing HR policies lays the foundation for carrying out effective HR activities and processes. A number of specific policies are included in each of the pathways within the TOC. For example, establishing performance management policies is foundational to the **Motivation** pathway. Policies on Equal Employment Opportunity (EEO), harassment in the workplace, and environmental and occupational safety form the basis for building further improvement in the **Working Conditions** pathway. Finally, recruitment and hiring policies lay the groundwork for the **Staffing** pathway.

In addition to establishing policies, powerful benefits come from identifying required system inputs. Articulating clear definitions and requirements is a first step toward establishing effective HR processes. When HR systems formulate the competencies, qualifications, and workplace characteristics that effective SCM requires, this planning process lays the foundation for implementing processes to improve performance. For example, defining the precise qualifications for SC positions is an essential first step toward recruiting quality candidates in the **Staffing** pathway. Similarly, first describing the competencies required to undertake SC tasks and ensuring each position has defined roles and responsibilities later enables SC workers to understand their roles and responsibilities (three related outcomes in the **Skills** pathway). Finally, describing the characteristics of a safe and conducive work environment provides the foundation for putting in place processes to improve **Working Conditions**.

Well-functioning HR management systems and processes are also critical to fulfilling staffing requirements needed for optimal work performance. Evidence reveals that common system-level staffing issues that impede work performance include a lack of job descriptions with clear expectations; lack of defined roles and responsibilities; and lack of defined career path.[1] The TOC includes several outcomes that call upon strong institutional HR management systems to create the needed change; these outcomes include ensuring that an effective recruitment system is in place; education is available for all required qualifications; a SCM career path exists; and SC workers have job security.

Defining the precise qualifications for SC positions is an essential first step toward recruiting quality candidates.

The TOC also assumes that performance management policies and processes lead to good performance. Specific performance management processes built into the TOC—such as providing performance feedback, financial incentives, and nonfinancial incentives—are understood to be effective methods of recognizing and rewarding good performance.[9,11]

Finally, HR information systems are a key requirement for planning for change, taking action, and monitoring progress. Optimizing HR management systems requires an HR information system that provides reliable data, in order to create staffing plans, train workers, appraise staff performance, and provide salaries and incentives for staff retention.[15]

3.8 Strengthening the role of SC leadership and supervisors sustains optimized work performance

The HR4SCM TOC assumes that empowering individual-level supervisors and SC leaders will bolster the overall performance of the SC workforce. An engaged and informed leadership fosters the decision making, change management, innovation, and advocacy required to develop efficient supply chains.[14] At the same time, supervisors improve workforce performance through monitoring and supervision efforts as well as through their role in performance management (e.g., incentive, appraisal, or mentoring) programs.[1]

In contexts where members of HR and SC leadership are not engaged and do not adequately provide overall direction, advocacy wanes and policy making, planning, and budgeting can be negatively affected.[14,15] SC and HR leadership are vital forces that drive development and implementation of the policies and programs called for within the HR4SCM TOC. Leadership is also critical to providing adequate budgets and strategic direction.

In many countries, supervision is inadequate, in either the number or capacity of existing supervisors. In a system with inadequate supervision, operations are unsystematic and work performance cannot reach suitable standards.[1]

Evidence supports the assumption that supervision, coaching, and mentoring lead to performance results such as retention and accountability.[1] These methods are effective as individual approaches and also when applied together. Lessons from the USAID|DELIVER Project found that supervision and mentorship positively impacted retention and created linkages across supply chain levels.[1] Findings also show that initiatives to improve supervisor competence—such as by building capacity of supervision practices—were essential to bolstering staff training interventions and sustaining improvement in SC worker performance. Well-conducted supervisory visits, as well as coaching and mentoring, and on-the-job training, can reinforce the educational gains achieved among SC workers through training and education. Supervision also allows supervisors to identify areas for improvement and provide feedback.[1]

Specific outcomes in the TOC target supervisors to ensure they have the knowledge, skills, and enabling environment to provide feedback, recognize good performance, and conduct supportive supervision and performance management. These outcomes create the foundation of the **Motivation** pathway.

Supervisors also play a key role in carrying out performance management initiatives—such as financial and nonfinancial incentive programs. Lessons from USAID supply chain investments indicate that performance management initiatives can lead to a workforce whose members feel valued.[1]

Outcomes in the **Working Conditions** pathway ensure supervisors have the competence and skills to establish a safe work environment and implement key policies that build a favorable social and emotional environment, including EEO and anti-harassment policies. Furthermore, the TOC posits that leaders and supervisors are responsible for establishing and maintaining an organizational culture that supports a favorable social and emotional environment with a problem-solving, solution-focused culture. Research guiding the commercial sector consistently links positive emotional work environments with better performance, quality, and customer service. The literature indicates that this association holds across various roles and industries and exists at various levels of an organization.[24]

3.9 Cultivating workers' motivation and skills improves work performance

The HR4SCM TOC assumes that creating opportunities to improve individual-level motivation and competencies will lead to improved work performance. Motivated and competent workers, possessing the skills and capacity to operate the supply chain effectively and efficiently, are crucial to the performance of the supply chain.[3,5,6]

The literature indicates that many organizations have not yet deciphered how to encourage, reward, and motivate staff.[1] The HR4SCM TOC expects that providing incentives and feedback through performance management systems will engage workers, increase motivation, and improve their outputs. The literature on health worker motivation has highlighted the importance of deploying a diversified approach to increasing motivation. Research has acknowledged the limitations of financial incentives in influencing motivation and highlighted the importance of utilizing both financial and nonfinancial incentives to motivate staff.[26] Other findings suggest incentives should be applied in parallel with improving work conditions.[26] This evidence also supports the crosscutting approach of the HR4SCM TOC.

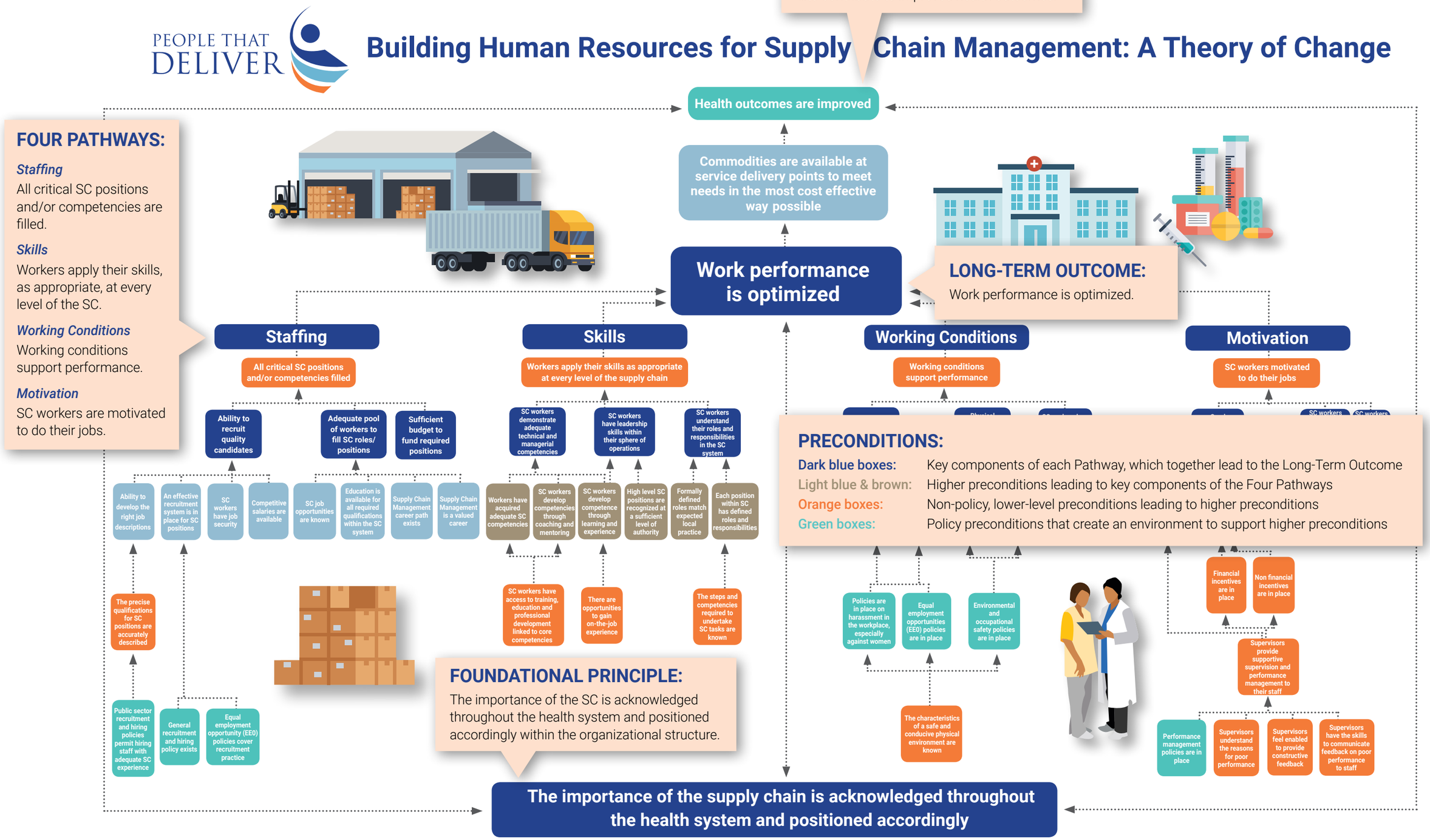
The HR4SCM TOC envisions that, supported by effective leaders and supervisors, SC workers will participate in educational activities, apply newly acquired skills and knowledge to their tasks, and achieve improvements in performance as a result. The literature supports the belief that interventions like education and training positively influence capacity and workforce development.[1] Efforts to improve skills must be combined with increasing motivation to be maximally effective. Achieving increases in both motivation and competencies can lead to increased workforce performance.

Finally, the literature has revealed that a clear pathway often does not exist between gaining skills through education and moving up a career ladder.1 Gaining skills and knowledge alone will not lead to sustained, improved performance or career advancement. In the HR4SCM TOC, ensuring a career path exists is expected to improve **Staffing** outcomes and help to build an adequate pool of workers. Establishing a career path must be combined with improving skills and motivation in order to achieve optimized work performance.

Research has acknowledged the limitations of financial incentives in influencing motivation and highlighted the importance of utilizing both financial and nonfinancial incentives to motivate staff.


ঢাকা মেট্রো-হ
৩৭-০১৩১

4. Theory of Change Diagram Decoded



5. Using the HR4SCM Theory of Change

Program planners and managers design and execute multiple interventions to move toward their envisioned goals. With many moving parts, organizations need to articulate the change they are trying to create and describe how that change is going to happen, through planned interventions. A TOC can be used to identify and describe how planned interventions are expected to produce specific, desired outcomes, as the TOC shows the chain of events that exists between a program's interventions and its goals.[4]

Applying the HR4SCM TOC should focus on the process of determining how the listed outcomes compare to your program and identifying where attention is needed. The HR4SCM Theory of Change should be used as an analytical framework that can be questioned, tested, and adapted to the particular context where you are working; it should not be seen as a strictly prescriptive map.

Specifically, the HR4SCM Theory of Change can be used to:

5.1 UNDERSTAND AND CONVEY THE COMPLEXITY OF SCM HR SYSTEMS

Step 1. Review the Theory of Change Diagram, paying particular attention to the Four Pathways.

Step 2. Review and discuss the preconditions in each pathway, taking note of the significance of the different levels of the preconditions within the framework.

Step 3. Review the TOC Narrative, with particular focus on the critical assumptions, which highlight the complexity of the SCM HR systems and show how the different components needed for optimized workforce performance interrelate.

Step 4. Identify which specific preconditions are the likely root causes of workforce performance weaknesses are in your specific context.

Step 5. Consider conducting a more in-depth analysis of these root causes using the Indicators and Interventions Catalog (Annex 2).

Step 6. Systematically assess these weaknesses, and identify and implement solutions, ensuring you measure the impact—using the Indicators and Interventions Catalog (Annex 2).

5.2 EXPLAIN THE CAUSAL PATHWAY AND NEEDED CHANGE PROCESS FOR OPTIMIZING SC WORKFORCE PERFORMANCE TO INTERNAL AND EXTERNAL PARTNERS

Step 1. Familiarize yourself with the Ultimate Goal, Long-Term Goal, and Four Pathways.

- Use the language in the goals and pathways when describing the purpose of HR4SCM.
- Highlight the Four Pathways when describing the change process.

Step 2. Share the HR4SCM Theory of Change Summary Brief with stakeholders who are less familiar with human resource needs within supply chain programs.

- The Summary Brief is a separate document, which contains a simplified overview of the TOC Diagram and a short summary.

Step 3. Develop agree among stakeholders on the next steps in identifying detailed workforce performance weaknesses and consider solutions for improvement, ensuring you measure the impact. The Indicators and Interventions Catalog can be a source for potential solutions (Annex 2).

5.3 ADVOCATE FOR THE IMPORTANCE OF INVESTING IN ASPECTS OF HUMAN RESOURCES FOR SCM

Step 1. Identify the key stakeholders that influence resource investments in public health and supply chain within your context. Consider stakeholders that influence both within the Ministry of Health and external to the Ministry of Health (e.g. Ministry of Finance stakeholders), as well as internal and external to government (e.g. donors, multilaterals, and civil society advocates).

Step 2. Use and share the HR4SCM Theory of Change Summary Brief, which contains a simplified overview of the TOC Diagram, to help convey:

- How investments in HR result in SC improvements
- Why specific targeted intervention areas are critical for resource allocation

Step 3. Use the increasing interest and political will generated to put HR improvement in SCM on the development agenda with stakeholders, working toward a comprehensive strategy and resourced plan for implementation.

5.4 DESIGN SCM HR INTERVENTIONS BASED ON A SOLID RATIONALE TO MAXIMIZE IMPACT POTENTIAL

Step 1. Review the HR4SCM Theory of Change Diagram and Narrative, including the Indicators and Interventions Catalog (Annex 2).

Step 2. Identify the pathways and specific preconditions in the TOC Diagram your program is ready to target, based on your needs and context.

Step 3. Once priority preconditions have been identified, review the potential interventions targeting each TOC precondition. Discuss and select interventions appropriate for your context for each targeted precondition. These interventions can be drawn from the Indicators and Interventions Catalog (Annex 2) or designed specifically to meet the needs of your unique context.

Step 4. Implement selected interventions, ensuring you use appropriate indicators to monitor improvements.

5.5 PLAN AND MEASURE THE EFFECT OF INTERVENTIONS TO IMPROVE SELECTED HR MANAGEMENT SYSTEMS

Step 1. Review Section 5.4. Once interventions are selected, brainstorm potential indicators to monitor the effect of the interventions. Refer to the Indicators and Interventions Catalog (Annex 2), as a resource.

Step 2. Specify the indicator(s) to measure the extent of change for each selected intervention.

- Selecting indicators will show how progress toward the precondition would be observed at the appropriate target level and how the precondition's eventual accomplishment will be realized.
- Designing a monitoring and evaluation process will tell you whether the interventions were effective and will allow you to correct course, as needed; it can also help you to explain why an intervention was effective.
- For each indicator specified, ensure that an appropriate data source is (or will be) consistently available. If not, specify an alternate indicator.
- NOTE: It is recommended that at least one indicator be specified to measure each precondition targeted by your intervention(s). However, it is acceptable for specific indicators to measure multiple preconditions.

Step 3. Work with stakeholders to coordinate planned interventions. Use the HR4SCM TOC to communicate the rationale behind the interventions and expected results.

Step 4. Implement selected interventions, making sure to collect baseline data for your selected indicator, and continually review progress.

5.6 ASSESS THE EFFECTIVENESS OF HR MANAGEMENT SYSTEMS

Step 1. Assess how your HR system compares with the outcomes in the HR4SCM TOC.

- Use tools such as the Human Resource Capacity Development in Health SCM: Assessment Guide and Tool to complete your assessment.
- This and other assessment tools are available on the PtD Resource Library.

Step 2. Identify weaknesses in your HR system, where preconditions are lacking or not fully developed. Consider policy preconditions, lower-level preconditions, and higher-level preconditions in each pathway.

Step 3. Determine whether each of the Four Pathways is adequately developed and addressed in your HR system.

Step 4. Review the Indicators and Interventions Catalog (Annex 2) and identify potential interventions and indicators that could strengthen the effectiveness of the HR system.

USING THE INDICATORS AND INTERVENTIONS CATALOG

The Indicators and Interventions Catalog, located in Annex 2, can guide discussion and selection of interventions and indicators for each precondition. For each precondition in the TOC Diagram, the Indicators and Interventions Catalog lists:

1. **THE PRECONDITION** grouped by pathway. For example, each precondition in the Staffing Pathway is listed together, in the order the preconditions appear in the TOC Diagram.
2. **RATIONALE** to describe why the precondition is important and how improvements in the listed outcome area can positively benefit the supply chain and your program.
3. **INTERVENTIONS** to inspire you in selecting strategic activities that could be implemented to lead to improvements for each precondition.
4. **INDICATORS** that can be selected and applied to measure progress toward strengthening outcomes and achieving the listed precondition.
5. **DATA SOURCES** for each potential indicator. Possible data sources are listed to help you determine how to collect data for each selected indicator.

The Catalog contains a menu of indicators; the listed indicators will not suit all programs. Data availability and system structures in each country differ. For preconditions where the Catalog lists two or three indicators, the various indicators should be considered as options. Use this list to select and customize the optimal indicator(s) for your program, based on the TOC preconditions your program is targeting and the data sources available. Keep in mind that, often, the best indicator to employ is the one you are currently collecting.

References

1. USAID. 2016. *Linking Human Resource Investments to the Global Health Supply Chain: Lessons from the USAID|DELIVER Project and Other USAID Investments.* Washington, DC: USAID. Available at *https://peoplethatdeliver.org/ptd/sites/default/files/resource_contents_files/HR4SCM* Evaluability Assessment Report... (accessed April 8, 2018).

2. Global Health Workforce Alliance. 2012. *Rapid Assessment of the Effectiveness of the Country Coordination and Facilitation (CCF) Process in Sudan, Zimbabwe, and Zambia: Consolidated Report.* Geneva: Global Health Workforce Alliance. Available at *http://www.who.int/workforcealliance/media/news/2012...* (accessed April 26, 2018).

3. Reproductive Health Supplies Coalition. 2009. *Improving Health Outcomes through Professionalizing the Management of Public Health Supply Chains.* White Paper #1. Available at *https://peoplethatdeliver.org/ptd/sites/default/files/about_us_files/RHSC%20Professionalizing%20SCM%20White%20Paper%201%20Eng.pdf#overlay-context=ptd-dashboard* (accessed April 26, 2018).

4. Clark, H., and D. Taplin. 2012. Theory of Change Basics: A Primer on Theory of Change. New York: Actknowledge. Available at *http://www.theoryofchange.org/wp-content/uploads/toco_library/pdf/ToCBasics.pdf* (accessed April 30, 2018).

5. Kasonde, M., and P. Steele. 2017. "The People Factor: An Analysis of the Human Resources Landscape for Immunization Supply Chain Management." *Vaccine* 35(17): 2134–40. Available at *http://www.sciencedirect.com/science/article/pii/S0264410X17301925* (accessed April 29, 2018).

6. Management Sciences for Health (MSH). 2014. *Promising Practices: Human Resources.* Arlington, VA: MSH/Systems for Improved Access to Pharmaceuticals (SIAPS) Program. Available at *http://siapsprogram.org/wp-content/uploads/2014/07/7_Human-Resources-final.pdf* (accessed April 27, 2018).

7. Project Optimize. 2011. *Landscape Analysis on Future Immunization Supply & Logistics Systems.* Available at *https://peoplethatdeliver.org/ptd/sites/default/files/resource_....* (accessed April 28, 2018).

8. People that Deliver. 2011. *Healthcare Supply Chains in Developing Countries: Situational Analysis.* Available at *http://www.peoplethatdeliver.org/sites/peoplethatdeliver.org/files/dominique/files/Healthcare%20Supply%20Chains%20-%20Situation%20Analysis%20EN.pdf* (accessed April 25, 2018).

9. People that Deliver. 2015. *Namibia's Integrated Actions to Improve the Health Supply Chain Management Workforce.* Available at *https://www.capacityplus.org/files/resources/people-that-deliver-namibia-synthesis-report.pdf* (accessed April 25, 2018).

10. Silve, B. 2009. *Health Logistics Is a Profession: Improving the Performance of Health in Developing Countries.* Available at *www.field-actions-sci-rep.net/2/19/2009/* (accessed April 25, 2018).

11. People that Deliver. 2011. *Workforce Excellence in Health Supply Chain Management: Literature Review.* Available at *https://peoplethatdeliver.org/ptd/sites/default/files/resource_contents_files/Literature Review...* (accessed April 25, 2018).

12. John Snow, Inc. (JSI). 2016. *Getting Products to People: How Private Sector Solutions Can Strengthen Supply Chains for Public Health.* Arlington, VA: JSI. Available at *https://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=17169&lid=3* (accessed April 28, 2018).

13. Bornbusch, A., T. Dickens, C. Hart, and C. Wright 2014. "A Stewardship Approach to Shaping the Future of Public Health Supply Chain Systems." *Global Health: Science and Practice* 2(4): 403–9. Available at http://doi.org/10.9745/GHSP-D-14-00123 (accessed May 8, 2018). Canadian Logistics Skills Committee (CLSC). 2005. *Strategic Human Resources Study of the Supply Chain Sector: Final Report.* Stouffville, Ontario: CLSC. Available at *http://www.supplychaincanada.org/assets/CLSC_full_report.pdf* (accessed April 26, 2018).

14. Capacity Plus. 2013. *Applying the HRH Action Framework to Develop Sustainable Excellence in the Health Supply Chain Workforce.* Technical Brief 12. Available at *https://www.capacityplus.org/technical-brief-12/content/leadership.html* (accessed April 25, 2018).

15. Global Health Workforce Alliance, USAID, and World Health Organization. No date. "HRH Action Framework." Available at *http://www.capacityproject.org/framework/* (accessed April 27, 2018).

16. Management Sciences for Health (MSH). 2009. *HRH Action Framework (HAF): Guide to Develop and Implement Strategies to Achieve an Effective and Sustainable Health Workforce.* Cambridge, MA: MSH. *http://www.msh.org/sites/msh.org/files/HRM-Health-Action-Framework_7-28-10_web.pdf* (accessed April 27, 2018).

17. Potter, C., and R. Brough. 2004. "Systemic Capacity Building: A Hierarchy of Needs." *Health Policy and Planning* 19(5): 336–45. Available at *https://doi.org/10.1093/heapol/czh038* (accessed May 2, 2018).

18. Steele, P. 2014. "GAVI Supply Chain Strategy People and Practices Evidence Review." *Journal of Pharmaceutical Policy and Practice* 7(Suppl. 1): P6. Available at *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4304341/* (accessed July 6, 2018).

19. International Pharmaceutical Federation (FIP). 2017. *Pharmacists in the Supply Chain: The Role of Medicines Expert in Ensuring Quality and Availability.* The Hague: FIP. Available at *https://fip.org/files/fip/publications/Pharmacists...* (accessed May 14, 2018).

20. Larsen-Cooper, E., J. Crawford, M. Ziba, C. Blauvelt, and A. Brown. 2017. "Technicians and Other Pharmacy Support Workforce Cadres Working with Pharmacists: Malawi Case Study." *Research in Social and Administrative Pharmacy* 13(2): 288–90. Available at *https://doi.org/10.1016/j.sapharm.2016.10.010* (accessed May 14, 2018).

21. Motomoke, E., for People that Deliver. 2017. *Building a Strong Supply Chain Workforce in Ghana: The Role of Pre-Service Training.* Case Study. Available at *https://peoplethatdeliver.org/ptd...* (accessed May 30, 2018).

22. Witt, L., M. Andrews, and K. Kacmar. 2000. "The Role of Participation in Decision-Making in the Organizational Politics-Job Satisfaction Relationship." *Human Relations* 53(3): 341–58. Available at *http://journals.sagepub.com/doi/abs/10.1177/0018726700533003* (accessed May 12, 2018).

23. Gino, F. 2015. "How to Make Employees Feel Like They Own Their Work." *Harvard Business Review* (website) December 7. Available at *https://hbr.org/2015/12/how-to-make-employees-feel-like-they-own-their-work* (accessed June 8, 2018).

24. Seppala, E., and K. Cameron. 2015. "Proof That Positive Work Cultures Are More Productive." *Harvard Business Review* (website) December 1. Available at *https://hbr.org/2015/12/proof-that-positive-work-cultures-are-more-productive* (accessed June 8, 2018).

25. McKinnon, A., C. Flöthmann, K. Hoberg, and C. Busch. 2017. *Logistics Competencies, Skills, and Training: A Global Overview.* World Bank Studies. Washington, DC: World Bank. Available from *https://openknowledge.worldbank.org/handle/10986/27723* (accessed June 8, 2018).

26. Mathauer, I., and I. Imhoff. 2006. "Health Worker Motivation in Africa: The Role of Non-financial Incentives and Human Resource Management Tools." *Human Resources for Health* 4: 24–51. Available at *https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-4-24* (accessed April 30, 2018).

Annex 1: Numbering Convention for Indicators and Interventions Catalog

PEOPLE THAT DELIVER

Building Human Resources for Supply Chain Management: A Theory of Change

A1 Health outcomes are improved

A2 Commodities are available at service delivery points to meet needs in the most cost effective way possible

A3 **Work performance is optimized**

Staffing

B1 All critical SC positions and/or competencies filled

B2.1 Ability to recruit quality candidates

B2.2 Adequate pool of workers to fill SC roles/ positions

B2.3 Sufficien budget t fund requi positions

B3.1-B3.8 Abili develo right descri ective tment n is in for SC tions; SC workers have job security; Competitive salaries are available; SC job opportunities are known; Education is available for all required qualifications within the SC system; Supply Chain Management career path exists; Supply Chain Management is a valued career

B4.1 The precise lifications for SC itions are curately described

B4.2 Equal employr opportuni policies recruitn practice

B4.3

B5.1 Public sector recruitment hiring olicies it hiring ff with adequate SC experience

Skills

C1 Workers apply their skills as appropriate at every level of the supply chain

C2.1 SC workers nstrate quate cal and egerial competencies

C2.2 workers eadership s within sphere of rations

C2.3 SC workers derstand r roles and onsibilities n the SC system

C3.1-C3.6 Worker acqu adequ compet SC workers lop tencies ugh ng and mentoring; SC workers develop competence through learning and experience; High level SC positions are recognized at a sufficient level of authority; Formally defined roles match expected local practice; Each position within SC has defined roles and responsibilities

C4.1 SC workers have access to training, education and professional development linked to core tencies

C4.2 There are opportunities to gain on-the-job experience

C4.3 The steps and competencies required to undertake SC tasks are known

Working Conditions

D1 Working conditions support performance

D2.1 avorable cial and otional vironment

D2.2 Physical vironment is fe, clean and conducive to erformance

D2.3 SC workers up to date relevant t and equip to perfo

D3.1-D3.6 A problem-solvi solut focu cultu exists; Organization re rts cial tional environment; Supervisors are competent to implement EEO and anti-harassment policies; Supervisors have the skills to establish safe and clean physical work environment; Resources necessary for safe, clean physical environment are available; The necessary tools and equipment are identified and made available

D4.1 Policies are place on rassment in workplace, especially inst women

D4.2 E employment opportunities (EEO) policies are in place

D4.3 Environn and occupat safety po are in p

D5.1 The characteristics of a safe and conducive physical environment are known

Motivation

E1 SC workers motivated to do their jobs

E2.1 Good performance is supported within the system

E2.2 SC workers nderstand care about eir role in healthcare system

E2.3 SC workers have a sense of ownership of their role

E3.1-E3.5 Poor performance is corrected; Good performance is recognized and rewarded; Good performance leads to career advancement; There is an understanding of how SC affects health outcomes; Workers have authority make an implemen decision

E4.1 Financial incentives are in place

E4.2 Non financial incentives are in place

E5.1 Supervisors provide supportive supervision and performance management to their staff

E6.1 Performance management policies are in place

E6.2 Supervisors understand the reasons for poor performance

E6.3 Supervisors feel enabled to provide constructive feedback

E6.4 Supervisors have the skills to communicate feedback on poor performance to staff

A4 **The importance of the supply chain is acknowledged throughout the health system and positioned accordingly**

Annex 2: Indicators and Interventions Catalog

A. LONG-TERM OUTCOMES

A1
Health outcomes are improved

A2
Commodities are available at service delivery points to meet needs in the most cost-effective way possible

PRECONDITION

A3
Work performance is optimized

INDICATOR

- Strategic plan that addresses human resource requirements for supply chain functions and personnel exists. (Y/N)
- Supply chain organizational structure adequately supports supply chain functions and requirements. (Y/N)
- Workforce plans are updated annually and used to inform recruiting and other staffing decisions. (Y/N)

SOURCES OF DATA

- HR files
- Organogram

PRECONDITION

A4
The importance of the supply chain is acknowledged throughout the health system and positioned accordingly

INDICATOR

- SC technical leaders report directly to health minister or undersecretary. (Y/N)
- Orientation materials for new health system staff include mention of supply chain or SCM roles. (Y/N)

SOURCES OF DATA

- Organogram
- Review of orientation materials

RATIONALE:
A sustainable and effective health SC is essential for ensuring the delivery of health care. Political and technical leaders must clearly understand the importance of SC in the health system so that SCM is given the time, resources, and priority required for SCM to be effective.

INTERVENTIONS

- Establish "SC week" event to highlight importance of SC.
- Hold SCM advocacy activities for political and technical leaders within the SCM system.
- Use staff orientation and onboarding to explain health systems and the roles of individuals within that system.

TOP-LEVEL OUTCOMES

STAFFING

PRECONDITION

B1

All critical SC positions and/or competencies are filled

INDICATOR

- Percentage of positions at each level identified as critical that are currently filled
- Percentage of critical SCM competencies that are present in existing positions

SOURCES OF DATA

- Identified positions from organizational chart
- List of all SC positions or competencies identified as "critical"
- HR records
- Civil service bureau

RATIONALE: *Filling all critical SC positions and/or competencies significantly affects key performance measures such as revenue, costs, and quality and are critically important to the supply chain strategy. Because of how tightly coupled these positions are to the performance of the supply chain, an absence of qualified workers for a critical position can have devastating results.*

SKILLS

PRECONDITION

C1

Workers apply their skills as appropriate at every level of the SC

INDICATOR

- Percentage of staff appraisals with a rating of satisfactory or above in a 12-month period

SOURCES OF DATA

- Performance appraisal records

RATIONALE: *Effective supply chains require that ALL SCM staff are able to use their skills to fulfill their job description (JD) at every SC level. A weak link or inability to fulfill JD will result in a break in data flow or commodities flow.*

WORKING CONDITIONS

PRECONDITION

D1

Working conditions support performance

INDICATOR

- Percentage of staff who feel that their working conditions positively support performance

SOURCES OF DATA

- Working conditions survey or assessment

RATIONALE: *Better physical, social, and emotional working conditions result in increased productivity and improved performance among SC workers. Motivating employees is a combination of fulfilling their job expectations and putting in place workplace factors that enhance their job satisfaction. Key to an efficient workforce is providing a work environment that is safe and supports employee motivation and satisfaction.*

MOTIVATION

PRECONDITION

E1

SC workers are motivated to do their jobs

INDICATOR

- Bradford Factor[1]: That is, D (S x S), where D is the total days of absence over a set period and S is the number of spells of absence over the same period.
- Average level of staff satisfaction reported

SOURCES OF DATA

- Timesheets/ attendance records
- Employee satisfaction survey

RATIONALE: *If workers are not motivated, they will not be as productive in the workplace.*

1 Explanation: This measure of employee absence is more useful than straightforward measures like days lost or hours lost. By including the frequency of absence, this measure focuses on the short-term, high-frequency absences that can affect the morale or the attitude toward attendance of the rest of the immediate workforce. This is also a powerful indicator of satisfaction.

B. STAFFING PATHWAY INDICATORS

PRECONDITION

B 2.1

Ability to recruit quality candidates

INDICATOR

- Percentage of new hires who meet job criteria (i.e., have skills and/or qualifications listed in JD)

SOURCES OF DATA

- Audit of candidates' CVs and job descriptions
- HR records
- Certifications
- Experience and qualifications
- Verified referee reports

RATIONALE:
Professional candidates result in productive workers. Having processes in place that enable the recruitment of high-quality candidates supports increased SC productivity.

INTERVENTIONS

- Develop and improve processes for developing job descriptions, advertising job openings, screening candidates, forming interview panels, conducting candidate interviews, and recording information from the recruitment process.

PRECONDITION

B 2.2

Adequate pool of workers to fill SC roles/positions

INDICATOR

- Average number of qualified applicants for open SC positions[5]
- One or more critical SC position is unfilled due to a lack of candidates with required qualifications. (Y/N)

[5] NOTE: Suggested disaggregation by type of position

SOURCES OF DATA

- HR records/recruitment documentation

RATIONALE:
In many contexts, the pool of skilled SC workers is insufficient and unevenly distributed, with many working in the private rather than public sector. A robust pool of skilled workers is necessary to staff a SC system and ensure SC performance.

INTERVENTIONS

- Conduct analysis of positions unfilled as a result of lack of candidates with required qualifications (e.g., identify reasons for lack of candidates, evaluate recruitment strategies used)
- Develop recruitment plan for positions identified as having a lack of qualified candidates.
- Provide opportunities for work experience to secondary school students to build interest in SC career among students.

B. STAFFING PATHWAY INDICATORS (continued)

PRECONDITION

B 2.3

Sufficient budget to fund required positions

INDICATOR

- No evidence suggests that vacant SC positions are unfilled due to lack of funding. (Y/N)

SOURCES OF DATA

- Budget request and actual approved budget
- HR recruitment documents

RATIONALE:

With insufficient budgets, positions are lost and critical positions cannot be filled. Ultimately, this can lead to breakdowns in SC performance and low morale among staff.

INTERVENTIONS

- Allocate and execute budget for HR in the supply chain.
- Support advocacy for SC HR budget needs.
- Forecast supply chain positions and allocate budget accordingly.
- Ensure a staffing line item in SC budget.

PRECONDITION

B 3.1

Ability to develop the right job descriptions

INDICATOR

- Percentage of SC job descriptions that meet the industry standard for JDs

SOURCES OF DATA

- HR records
- Industry standard[2] for JDs

RATIONALE:

JDs ensure staff duties align with organizational needs and enable informed hiring decisions. Once employees are hired, JDs can serve as a basis to:

1) *Determine training and development needs for staff*
2) *Develop compensation plans in line with responsibilities*
3) *Communicate expectations and create staff development plans.*

INTERVENTIONS

- Develop job descriptions for SC functions at the different levels of the health system that meet industry standard.[2]
- Support advocacy for SC HR budget needs.
- Create a review and approval process for creating and updating job descriptions.

[2] NOTE: Industry standard sets forth that job descriptions should include the following minimum components: (1) identifiers (e.g., job title, to whom position reports, department in which position exists, and job location); (2) responsibilities; (3) qualifications; (4) terms of employment; and if applicable, (5) special conditions. This industry standard should be used to develop JDs; however, the standard may need to be adjusted for local context and/or within civil service protocols.

B. STAFFING PATHWAY INDICATORS (continued)

PRECONDITION

B 3.2

An effective recruitment system is in place for SC positions

INDICATOR

- Percentage of positions that are vacant
- Average number of days to fill vacancy
- Procedure to verify hired candidate's qualifications against job description requirements exists. (Y/N)
- Guidelines that ensure fair and open competition in recruitment exist. (Y/N)
- A transparent, competency-based recruitment process exists and is followed. (Y/N)
- Percentage of recruitments that have documented that guidelines for fair and open competition have been followed

SOURCES OF DATA

- HR records (compared against organizational chart, if needed)
- Audit of candidates' CVs and job descriptions
- Recruitment policies and guidelines
- Hiring action documents

RATIONALE:

An effective recruitment and selection process reduces turnover.

INTERVENTIONS

- Develop appropriate recruitment system (competency-based, transparent, with fair and open competition).
- Train people in the developed recruitment system.
- Create the culture to value and support a competency-based recruitment system.
- Develop clear guidelines on how to document hiring processes.

PRECONDITION

B 3.3

SC workers have job security

INDICATOR

- Percentage of critical SC positions at each level that are classified as permanent

SOURCES OF DATA

- HR records

RATIONALE:

Making key SC positions permanent ensures the continuous functioning of the SC. By improving job security, increasing the number of permanent positions can also reduce turnover and increase employee satisfaction.

INTERVENTIONS

- Conduct advocacy to transition nonpermanent supply chain positions to officially permanent positions (this includes contractors and temporary positions).
- Draft and implement a retention strategy.

B. STAFFING PATHWAY INDICATORS (continued)

PRECONDITION

B 3.4

Competitive salaries are offered

INDICATOR

- Salary Competitiveness Ratio[4] (competitor) [for specific position] = Salary offered by the organization / Salary offered by competitor
- Salary Competitiveness Ratio[4] (industry) = Salary offered by the organization / Average Salary offered in the industry or sector

[4] NOTE: Salary Competitiveness Ratio (SCR) is analyzed position-by-position. SCR is a measure of how competitive the current salary is. Salary competitiveness can be measured against specific competitors or against the general market.

SOURCES OF DATA

- HR/payroll records
- Market salaries (or best available proxies thereof)

RATIONALE:

Offering competitive salaries attracts and retains top talent and can impact recruitment rate, retention rate, and employee satisfaction.

INTERVENTIONS

- Develop a pay scale that links to career paths, required qualifications/competencies, as well as salary market analysis (i.e., evaluating market rates for similar positions in similar locations).
- Conduct salary market analysis.

PRECONDITION

B 3.5

SC job opportunities are known

INDICATOR

- Average number of job applicants for SC positions *(Suggested disaggregation: by type of position)*
- Vacant positions are advertised internally and externally. (Y/N)

SOURCES OF DATA

- HR records/recruitment documentation

RATIONALE:

Effectively advertising job openings allows you to fill the opening with the most qualified candidate in a timely manner.

INTERVENTIONS

- Widely disseminate effectively written job advertisements in the appropriate forums.
- Evaluate which outlets (e.g., newspaper, social media, trade publications, schools, referrals, online sites) produce the most applicants who meet qualifications.

B. STAFFING PATHWAY INDICATORS (continued)

PRECONDITION

B 3.6

Education is available for all required qualifications within the SC system

INDICATOR

- Educational training is available at all levels for all qualifications staff require. (Y/N)
- Training strategy that identifies educational requirements exists. (Y/N)
- Number of employees who received SCM training at preservice courses

SOURCES OF DATA

- SC job descriptions
- Mapping of SC education programs available
- Training strategy
- SC course enrollment data
- HR records

RATIONALE:

Certain qualifications require formal training to build staff capacity. Training might be required either before an individual can begin work in a position or to build additional capacity once an individual holds a position.

INTERVENTIONS

- Create preservice training opportunities for SC personnel in both the public and private sectors.
- Integrate SC into the preservice curriculum and include SC coursework in health care degree programs (e.g., nursing, medical, laboratory, pharmacy, and health policy).
- Include pharmaceutical-specific coursework in existing SC degree programs.
- Develop SC-specific certificate and degree programs.

PRECONDITION

B 3.7

Supply chain management career path exists

INDICATOR

- Percentage of managerial SC roles that have existing career paths
- Percentage of technical SC roles that have existing career paths

SOURCES OF DATA

- Career development system documentation (managerial/technical career ladders)
- Pay scales
- SC organogram

RATIONALE:

A career path is a progressive trajectory in terms of professional development, promotion, and/or compensation. Career paths are critical for attracting and developing high-performing staff.

INTERVENTIONS

- Develop a pay scale that links to a career path.
- Define a career path that maps low-level to upper-level experience.
- Align continuing professional development/education opportunities with career progression.
- Implement a professional progression framework.

B. STAFFING PATHWAY INDICATORS (continued)

PRECONDITION

B 3.8

Supply chain management is a valued career

INDICATOR

- Number of applicants for SC courses
- Percentage of SC workers who report seeing SCM as a valued career

SOURCES OF DATA

- SC course enrollment data
- Surveys of SC staff

RATIONALE:

Elevating SCM to a valued career (as seen by staff and greater society) helps staff find their career rewarding, attracts greater interest from recent graduates and helps ensure funding is prioritized for SCM HR activities.

INTERVENTIONS

- Develop and establish a recognized supply chain cadre.
- Establish a licensing and accreditation program for supply chain.
- Conduct activities that promote interest in and availability of supply chain within secondary schools.
- Conduct activities that promote supply chain careers within supply chain workforce or among students in supply chain certificate and degree programs.

PRECONDITION

B 4.1

The precise qualifications for SC positions are accurately described

INDICATOR

- List of SC positions deemed critical exists. (Y/N)
- Percentage of SC positions for which a list of required qualifications exists
- Percentage of SC positions for which the position's list of required qualifications has been reviewed and deemed accurate

SOURCES OF DATA

- Identified positions from organizational chart
- List of all SC positions or competencies identified as "critical"
- JDs or list of qualifications
- HR records

RATIONALE:

Clearly identifying all qualifications required for each position enables the creation of accurate JDs and the hiring of the most appropriate employees.

INTERVENTIONS

- Develop list of required qualifications for each position at the different levels.
- Determine qualification and skill requirements for a position by observing or interviewing appropriate employees, such as a position's supervisor.
- Conduct review of qualifications listed in the job description for all positions and improve listed qualifications, as needed.

B. STAFFING PATHWAY INDICATORS (continued)

PRECONDITION

B 4.2

General recruitment and hiring policy exists

INDICATOR

- General recruitment and hiring policy exists. (Y/N)

SOURCES OF DATA

- Public sector HR policies (policy database)

RATIONALE:

Effective hiring procedures and guidelines create a standardized process for improved recruitment.

INTERVENTIONS

- Draft appropriate recruitment/hiring policy(ies)[3] and assist with approval and implementation.

[3] NOTE: Policies could include topics such as requisitions, job postings, internal transfers, recruitment advertising, interview process, reference checks, job offers, and orientation process.

PRECONDITION

B 4.3

Equal Employment Opportunity (EEO) policies cover recruitment practice

INDICATOR

- EEO policies that cover recruitment practice exist. (Y/N)

SOURCES OF DATA

- Public sector HR policies (policy database)

RATIONALE:

Policies ensure compliance with relevant laws and regulations. By affording equal employment opportunities, policies can build the organization's reputation as a desirable place to work and help build a diverse workforce.

INTERVENTIONS

- Draft appropriate recruitment/hiring policy(ies) and assist with approval and implementation.

B. STAFFING PATHWAY INDICATORS (continued)

PRECONDITION

B 5.1

Public sector recruitment and hiring policies permit hiring staff with adequate SC experience

INDICATOR

- Public sector recruitment and hiring policies that enable hiring of staff with adequate supply chain-related experience exist. (Y/N)

SOURCES OF DATA

- Public sector HR policies (policy database)

RATIONALE:

Hiring candidates with adequate SC experience, which can come from a range of career histories, ensures staff hired can perform duties and reduces the need for additional staff development in SC.

INTERVENTIONS

- Draft appropriate recruitment/hiring policy(ies) and assist with approval.
- Implement appropriate recruitment/hiring policy(ies).

End of B. Staffing Pathway Indicators

C. SKILLS PATHWAY INDICATORS

PRECONDITION

C 2.1

SC workers demonstrate adequate technical and managerial competencies

INDICATOR

- Percentage of staff appraisals with a rating of satisfactory or above in a 12-month period

SOURCES OF DATA

- Performance appraisal records

RATIONALE:
Individual staff must not only know what to do but must demonstrate competencies.

INTERVENTIONS

- Create a process for documenting performance appraisals, and the goals/areas for improvement identified during the appraisal process, so that follow-up can occur.
- Implement education and training interventions that address identified competency gaps.
- Review JDs to ensure that appropriate qualifications are requested for the position.

PRECONDITION

C 2.2

SC workers have leadership skills within their sphere of operations

INDICATOR

- Percentage of staff who are competent in leadership competencies listed in their JD

SOURCES OF DATA

- Supervisor interview
- Supervisor observation
- Performance appraisal or competency framework
- Job description

RATIONALE:
Leadership skills are needed to problem-solve, manage projects, and continuously improve. If leadership competencies are absent, systems rarely develop.

INTERVENTIONS

- Incorporate leadership development into/as part of staff development plans.
- Conduct online competency assessment or critical competency self-assessment with selected staff. Compare results of assessment with competencies listed in JDs.

PRECONDITION

C 2.3

SC workers understand their roles and responsibilities in the SC system

INDICATOR

- Percentage of staff who have a copy of their JD
- Percentage of staff who can explain their role and responsibilities in line with their JD

SOURCES OF DATA

- Staff interview
- Review of JD availability

RATIONALE:
Sustainable SCM systems require many people, engaged in diverse tasks. Understanding how one's job assists others, and vice versa, ensures better understanding of the system.

INTERVENTIONS

- Ensure all staff and their supervisor have access to JDs.
- Strengthen use of JDs in onboarding process and in employee appraisal process.

C. SKILLS PATHWAY INDICATORS (continued)

PRECONDITION

C 3.1

Workers have acquired adequate SC competencies

INDICATOR

- Percentage of staff who meet 80% of the required competencies to complete their job

SOURCES OF DATA

- Performance appraisal
- Supervisor observation
- Job descriptions, if they include competencies
- Competency frameworks

RATIONALE:

SCM competency needs for a role may change over time or a specific individual may be growing into their position. In either circumstance, staff must acquire new or update old competencies.

INTERVENTIONS

- Put in place staff development plans to support desired staff development.
- Use a modified performance appraisal system that includes a self-assessment of staff competencies, with staff and supervisor involvement.

PRECONDITION

C 3.2

SC workers develop competence through learning and experience

INDICATOR

- Percentage of staff who show progress in completing their staff development plan compared to previous year
- Completion rate of staff development plans
- Opportunities for mentoring/coaching are available to SC workers. (Y/N)

SOURCES OF DATA

- HR files, where staff development plans are stored
- Review of mentoring/coaching program

RATIONALE:

Opportunities must exist for staff to acquire new or update old competencies through a variety of means.

INTERVENTIONS

- Ensure that all staff have a staff development plan.
- Implement a process for annual review of staff development plans.
- Conduct activities to increase the completion rate of staff development plans, by providing opportunities for staff to meet requirements in their development plans.
- Build a supportive environment that allows staff to develop competence.
- Improve access to and monitoring of tools SC workers can use to gain competence, such as books, courses, rotations etc.

C. SKILLS PATHWAY INDICATORS (continued)

PRECONDITION

C 3.3

SC workers develop competencies through coaching and mentoring

INDICATOR

- Percentage of staff participating in coaching/ mentoring program
- Percentage of staff who feel that coaching/mentoring leads to improved commodity availability

SOURCES OF DATA

- HR files related to mentoring/coaching program
- Staff survey

RATIONALE:
Engaging senior staff or external experts in coaching and mentoring of new/junior staff is a cost-effective way to develop competencies.

INTERVENTIONS

- Implement or improve coaching and mentoring programs that address identified competency gaps.

PRECONDITION

C 3.4

High-level SC positions are recognized at a sufficient level of authority

INDICATOR

- High-level supply chain personnel are key contributors to strategic, financial, or policy making decisions. (Y/N)
- Percentage of high-level SC staff who feel enabled to make human resource, strategic, financial, or policy decisions

SOURCES OF DATA

- Organogram
- Staff survey or interview
- Competency frameworks

RATIONALE:
High-level positions require adequate authority to delegate responsibilities, empower employee development, and create environment for accountability, productivity, and results.

INTERVENTIONS

- Conduct review of organogram (by senior people within the organization) to ensure that appropriate authority and accountability exist to manage SC end-to-end.
- Conduct advocacy to ensure the organizational structure is appropriate and allows adequate authority for effective operation. (For example, advocate for why a particular department would operate more effectively as division.)

C. SKILLS PATHWAY INDICATORS (continued)

PRECONDITION

C 3.5

Formally defined roles match expected local practice

INDICATOR

- Percentage of filled positions for which qualifications and experience of person hired matches the qualifications described in their JD

SOURCES OF DATA

- HR records/recruitment documentation
- HR files where JDs and staff CVs are stored
- Job candidate/staff interview

RATIONALE:
Local roles must be created to reflect local SCM requirements. Standard JD or SCM approaches should not be simply dropped into new environments without considering local context.

INTERVENTIONS

- Review job descriptions against the local context and adapt/improve JDs as appropriate.

PRECONDITION

C 3.6

Each position within SC has defined roles and responsibilities

INDICATOR

- Percentage of SC positions for which a job description exists

SOURCES OF DATA

- HR job description repository

RATIONALE:
For staff to be effective in any role, they need to clearly understand their roles and responsibilities.

INTERVENTIONS

- Develop JDs for every position using a well-developed, thorough template and identify precise qualifications.

PRECONDITION

C 4.1

SC workers have access to training, education, and professional development linked to core competencies

INDICATOR

- Percentage of SCM staff with individual staff development plans

SOURCES OF DATA

- HR files, where staff development plans are stored

RATIONALE:
Access to proper education and training develops required competencies.

INTERVENTIONS

- Put in place staff development plans to support desired development.

C. SKILLS PATHWAY INDICATORS (continued)

PRECONDITION

C 4.2

Opportunities exist to gain on-the-job experience

INDICATOR

- Percentage of staff engaged in workplace mentoring or other form of on-the-job training or structured supportive supervision at least once in last 12 months
- Structured mentoring and/or supportive supervision systems are in place and include all staff at all levels. (Y/N)

SOURCES OF DATA

- HR files
- Staff interview

RATIONALE:

SCM knowledge and skill needs to be applied to be effective. On-the-job experience is a leading way for this application to occur.

INTERVENTIONS

- Develop or improve mentoring and coaching programs, which allow staff to have a variety of experiences in the workplace.
- Improve supportive supervision process.
- Provide opportunities for work placements as part of training/education programs.

PRECONDITION

C 4.3

The steps and competencies required to undertake SC tasks are known

INDICATOR

- Lists of critical SCM competencies have been documented for all SC services. (Y/N)
- All needed SCM competencies are assigned to SCM roles. (Y/N)
- Competency frameworks, which define the knowledge, skills, and attributes needed, are available for all SC cadres. (Y/N)

SOURCES OF DATA

- List of critical SCM competencies
- List of SCM roles
- HR records
- Competency frameworks

RATIONALE:

For a staff member to undertake a specific task, he/she must have the knowledge and skills needed to complete the activity. Clearly defining the behavioral competencies that a staff member needs to demonstrate is the first step. This forms the basis of education and training needed for staff member to complete the task.

INTERVENTIONS

- Conduct SCM competency mapping exercise.
- Establish a competency framework and roles and responsibilities for SCM at all levels with corresponding SC qualifications.

End of C. Skills Pathway Indicators

D. WORKING CONDITIONS INDICATORS

PRECONDITION

D 2.1

Favorable social and emotional environment

INDICATOR

- Percentage of staff who feel positively that their organization has a favorable social and emotional environment.
- Number of harassment complaints brought forward, compared to previous year(s)
- Number of discrimination complaints brought forward, compared to previous year(s)

SOURCES OF DATA

- Working conditions survey or assessment
- Staff survey
- EEO and anti-harassment records

RATIONALE:

"Positive emotions are consistently associated with better performance, quality, and customer service—this holds true across roles and industries and at various organizational levels."—Harvard Business Review

INTERVENTIONS

- Conduct activities to improve the social and emotional environment.

D. WORKING CONDITIONS INDICATORS (continued)

PRECONDITION

D 2.2

Physical environment is safe, clean, and conducive to performance

INDICATOR

- Number of fatal and nonfatal occupational injuries in 12-month period
- Checklists are regularly completed to ensure compliance with safety standards defined in occupational safety policies. (Y/N)
- Percentage of staff who indicate that there is a safety and health management system in place and that regular procedures are applied to identify and assess workplace hazards
- Percentage of staff who indicate that their work environment is clean
- Percentage of staff who indicate that their work environment is safe
- Percentage of staff who indicate that their work environment is conducive to performance

SOURCES OF DATA

- Safety and health management records
- Working conditions survey or assessment
- Staff survey

RATIONALE:

A physical environment that is safe and clean is an appropriate working environment and is conducive to better performance.

INTERVENTIONS

- Conduct training with staff on maintaining a safe work environment.
- Identify the most frequent injuries and develop strategies to address issues.
- Adopt comprehensive approach[6] to improve safety.

[6] Note: In addition to training and education about safety, the approach could involve (1) incorporating safety into monitoring/supervision process (e.g. check equipment or adherence to procedures); (2) ensuring JD for positions with physical requirements list the necessary physical capabilities; (3) ensuring workers have proper equipment

D. WORKING CONDITIONS INDICATORS (continued)

PRECONDITION

D 2.3

SC workers have up to date and relevant tools and equipment to perform

INDICATOR

- Percentage of staff who report having all of the necessary and relevant tools to perform their jobs

SOURCES OF DATA

- Working conditions survey or assessment
- Staff survey

RATIONALE:
Having relevant tools enables workers to properly implement operating procedures.

INTERVENTIONS

- Implement a regular (e.g., annual) audit or assessment of the availability of tools and equipment.

PRECONDITION

D 3.1

A problem-solving, solution-focused culture exists

INDICATOR

- Percentage of staff who feel positively that their organization has a problem-solving, solution-focused culture.
- Percentage of staff who feel positively that staff at their organization are goal-oriented, focused on the present and future.
- Percentage of staff who can cite a recent example of their organization's solution-focused culture at work.

SOURCES OF DATA

- Working conditions survey or assessment
- Staff survey

RATIONALE:
Problems and challenges inevitably arise. Efficient problem solving, among employees and across the organization, enhances productivity and morale.

INTERVENTIONS

- Conduct solution-focused leadership coaching.
- Implement interventions that reward problem-solving behaviors and outside-the-box approaches.

D. WORKING CONDITIONS INDICATORS (continued)

PRECONDITION

D 3.2

Organizational culture supports positive social and emotional environment

INDICATOR

- Percentage of staff who feel positively that their organization is committed to maintaining a fair and respectful workplace
- Percentage of staff who feel positively that their organization promotes an emotionally supportive workplace
- Number of organization-wide employee satisfaction or organizational culture surveys conducted each year

SOURCES OF DATA

- Working conditions survey or assessment
- Staff survey
- HR files

RATIONALE:

Organizational culture impacts employee experiences. Organizations with a positive environment can benefit from lower absenteeism, higher retention, and fewer Equal Employment Opportunity complaints.

INTERVENTIONS

- Identify the optimal emotional and social environment for your organization and incorporate this vision into management principles or the organization's values.
- Define/describe the organization's current culture and how it can be improved.
- Ensure supervisors and middle management are responsible for building an improved social and emotional environment.
- Implement policies that are important to organizational culture (e.g., occupational safety, anti-harassment, discrimination policies).
- Ensure onboarding or orientation processes explain and build awareness of existing policies that impact organization culture (e.g., occupational safety, anti-harassment, discrimination policies).

PRECONDITION

D 3.3

The necessary tools and equipment are identified and made available

INDICATOR

- Percentage of staff who indicate that the proper tools and equipment they need to perform their job are available
- Percentage of existing tools and equipment located and deemed in satisfactory condition during equipment audit
- List of necessary tools and equipment for each level is accessible by all. (Y/N)

SOURCES OF DATA

- Working conditions survey or assessment
- Staff survey
- Physical inventory
- HR files

RATIONALE:

Identifying the tools required by workers ensures workers can safely complete tasks.

INTERVENTIONS

- Introduce and foster a "checking" culture to confirm agreed equipment is available and functional and used correctly.
- Develop list of required tools and equipment for each level and share with all staff.

D. WORKING CONDITIONS INDICATORS (continued)

PRECONDITION

D 3.4

Supervisors have the skills to establish safe and clean physical work environment

INDICATOR

- Percentage of supervisors who have received training on establishing a safe and clean work environment

SOURCES OF DATA

- HR training records

RATIONALE:

Engaging supervisors/ staff in safety activities ensures that policies and procedures are used and the proper work environments are maintained.

INTERVENTIONS

- Train supervisors on establishing and maintaining a safe and clean work environment.
- Establish a safety and health management system.

PRECONDITION

D 3.5

Resources necessary for safe, clean physical environment are available

INDICATOR

- Budget line item exists at central level for maintenance of work environment and equipment and funding has been allocated.
- Budget line item exists at lower levels for maintenance of work environment and equipment and funding has been allocated.

SOURCES OF DATA

- Budget files

RATIONALE:

Resources are required to establish an appropriate working environment for staff.

INTERVENTIONS

- Prepare budget request for the resources required at all levels and advocate for inclusion of resources in the budgets.

D. WORKING CONDITIONS INDICATORS (continued)

PRECONDITION

D 3.6

Supervisors are competent to implement EEO and anti-harassment policies

INDICATOR

- Percentage of supervisors who have received training about EEO and anti-harassment in the workplace

SOURCES OF DATA

- EEO and anti-harassment training logs
- HR training records
- Supervisor personnel files

RATIONALE:

Training supervisors ensures that they understand their responsibilities under the policy and its complaint procedure.

INTERVENTIONS

- Provide training[5] to supervisors in the skills necessary to (1) identify harassment and discrimination; (2) address harassment/discrimination when they arise; (3) follow policies and protocols—including local laws as appropriate—in responding to and reporting harassment/discrimination; (4) establish a zero-tolerance working environment; (5) mentor their supervisees in all of the above.

[5] Note: Such training should explain conduct that violates the anti-harassment policy, the seriousness of the policy, and responsibilities of supervisors when they learn of alleged harassment.

PRECONDITION

D 4.1

Policies are in place on harassment in the workplace, especially on harassment of women

INDICATOR

- Policies on harassment in the workplace, on harassment especially of women, exist. (Y/N)

SOURCES OF DATA

- Public sector HR policies (policy database)

RATIONALE:

The workplace must be free of discrimination. Policies that prohibit discrimination/ harassment and identify consequences for unacceptable conduct improve work environment by providing clear expectations.

INTERVENTIONS

- Consult with staff and experts in local labor laws to help develop or improve anti-harassment policies.
- Identify global best practices on drafting anti-harassment policy(ies) to help develop or improve anti-harassment policies.

D. WORKING CONDITIONS INDICATORS (continued)

PRECONDITION

D 4.2

Equal Employment Opportunity (EEO) policies are in place

INDICATOR

- EEO policies exist. (Y/N)

SOURCES OF DATA

- Public sector HR policies (policy database)

RATIONALE:

By reducing discrimination and affording EEO, these policies can ultimately build the organization's reputation as a desirable place to work, while diversifying workforce.

INTERVENTIONS

- Consult with staff and expert in local labor laws to help develop EEO policy(ies)
- Identify global best practices to draft EEO policy(ies)

PRECONDITION

D 4.3

Environmental and occupational safety policies are in place

INDICATOR

- Environmental and occupational safety policies exist. (Y/N)

SOURCES OF DATA

- Public sector HR policies (policy database)

RATIONALE:

Availing a safety policy to all staff can protect against workplace hazards, ensure processes are in place to identify and correct hazards, and ultimately build a safe and productive workplace.

INTERVENTIONS

- Consult with staff and expert in local labor laws to draft environmental and occupational safety policy(ies).
- Identify and apply global best practices to develop policies

D. WORKING CONDITIONS INDICATORS (continued)

PRECONDITION

D 5.1

The characteristics of a safe and conducive environment are known

INDICATOR

- List of required characteristics for a safe and conducive environment is accessible by all personnel. (Y/N)
- Training materials on establishing a safe and clean work environment exist. (Y/N)

SOURCES OF DATA

- HR files
- Training materials

RATIONALE:

Identifying the characteristics of safe and conducive work environment is paramount to establishing an appropriate environment.

INTERVENTIONS

- Implement a checklist to confirm work environment is safe.
- Share list of required characteristics for safe and conductive environment with all personnel.
- Develop training materials on establishing safe and clean work environment.

End of D. Working Conditions Pathway Indicators

E. MOTIVATION PATHWAY INDICATORS

PRECONDITION

E 2.1

Good performance is supported within the system

INDICATOR

- Number and percentage of employees recognized by formal recognition systems

SOURCES OF DATA

- HR files

RATIONALE:
Formal systems need to be in place to support good performance and correct poor performance.

INTERVENTIONS

- Implement formal recognition programs.
- Develop processes for informal recognition and communicate recognition ideas to managers.

PRECONDITION

E 2.2

SC workers understand and care about their role in the health care system

INDICATOR

- Percentage of staff who feel they understand their role
- Percentage of staff who feel they care about their role

SOURCES OF DATA

- Staff survey

RATIONALE:
Staff who understand their role and how it relates to the wider system are more likely to do a good job, as they are aware of the significance of their work.

INTERVENTIONS

- Improve staff onboarding and orientation processes for new staff.
- Identify opportunities and communication channels for the organization to communicate to staff how their jobs contribute to the health care system.

PRECONDITION

E 2.3

SC workers have a sense of ownership of their role

INDICATOR

- Percentage of staff who feel positively that have a sense of ownership of their role

SOURCES OF DATA

- Staff survey or interview

RATIONALE:
Understanding significance of and being held responsible for one's tasks creates ownership, which has a positive influence on work performance.

INTERVENTIONS

- Build a culture where employees are encouraged to share their opinions and feel a sense of belonging.
- Define the ownership culture you'd like to see in your organization and take actions to align the organization's ownership culture with your vision.
- Incorporate staff ownership into incentive programs, performance management programs and/or appraisal programs.

E. MOTIVATION PATHWAY INDICATORS (continued)

PRECONDITION

E 3.1

Poor performance is corrected

INDICATOR

- A progressive performance improvement process for identifying and documenting poor performance is in place. (Y/N)
- Existing performance improvement process details procedures that allow supervisors to correct poor performance. (Y/N)
- Documented examples of supervisors correcting poor performance (e.g., disciplinary action, reduced merit increase) exist. (Y/N)

SOURCES OF DATA

- HR files
- Policy database

RATIONALE:
Monitoring and documenting poor performance allows issues and progress to be tracked and improvements to be achieved.

INTERVENTIONS

- Improve supportive supervision and performance management systems.
- Develop or improve progressive disciplinary process.
- Reform HR policy to ensure supervisors have authority to take disciplinary actions.

PRECONDITION

E 3.2

Good performance is recognized and rewarded

INDICATOR

- A performance management system (policies, tools, procedures) is in place. (Y/N)
- Percentage of staff who report receiving recognition for good performance

SOURCES OF DATA

- HR files
- Staff survey
- Performance appraisal records

RATIONALE:
Employee recognition improves morale, loyalty, ownership, motivation and retention.

INTERVENTIONS

- Improve and increase use of supportive supervision and performance management systems.
- Develop a formal recognition program—that is, determine what accomplishments (e.g., length of service) the program will recognize, how often recognition will occur and how employees will be recognized.

E. MOTIVATION PATHWAY INDICATORS (continued)

PRECONDITION

E 3.3

Good performance leads to career advancement

INDICATOR

- Performance management system is in place with evidence of increment/ promotion based on merit. (Y/N)
- Percentage of positions filled in the last 12 months that were filled by staff promotion rather than a newly hired staff

SOURCES OF DATA

- HR files
- Policy database

RATIONALE:
Promoting staff from within the organization can motivate employees, who can see that hard work is rewarded.

INTERVENTIONS

- Develop and implement competency-based promotion systems.
- Ensure relevant staff members have the skills to implement developed promotion systems.

PRECONDITION

E 3.4

There is an understanding of how SC affects health outcomes

INDICATOR

- Percentage of staff who agree with statements, included in survey tool, about how SC affects health outcomes

SOURCES OF DATA

- Staff survey or interview

RATIONALE:
Understanding the overall purpose and value of the program is essential for building accountability among individual workers and enabling staff to align their individual goals with program goals.

INTERVENTIONS

- Hold staff orientation and onboarding to explain the health systems and the roles of individuals within that system.

E. MOTIVATION PATHWAY INDICATORS (continued)

PRECONDITION

E 3.5

Workers have authority to make and implement decisions

INDICATOR

- Job descriptions include objectives, reporting relationships of the position, decision-making responsibilities. (Y/N)
- Percentage of staff who report they have the authority to make and implement decisions

SOURCES OF DATA

- Job descriptions
- Staff survey

RATIONALE:

Empowering workers to make and implement decisions fosters a collaborative, innovative, and engaged workforce and environment.

INTERVENTIONS

- Ensure organogram reflects required hierarchy that enables staff to make and implement relevant decisions.
- Ensure job descriptions include reporting relationships, objectives, and decision-making responsibilities for relevant positions.
- Provide training to managers on adopting management styles that enable workers to make decisions and take ownership for their tasks and success.

PRECONDITION

E 4.1

Financial incentives are in place

INDICATOR

- Financial incentive system in place and operational. (Y/N)
- Pay rate differential exists between high performers and others (satisfactory or low performers).

SOURCES OF DATA

- HR files
- HR files, where salary information is stored

RATIONALE:

A variety of incentives, including financial rewards and salary increases, can improve motivation.

INTERVENTIONS

- Put in place a performance management system with financial component and provide support needed to ensure system is actively used.

E. MOTIVATION PATHWAY INDICATORS (continued)

PRECONDITION

E 4.2

Nonfinancial incentives are in place

INDICATOR

- Nonfinancial incentive system is in place and being used. (Y/N)
- Nonfinancial incentives are provided appropriately, based on strong performance. (Y/N)

SOURCES OF DATA

- HR files
- Policy database

RATIONALE:

Nonfinancial incentives, including praise or attention from leaders/ supervisors or mentoring and training, are powerful motivators.

INTERVENTIONS

- Put in place a performance management system that has nonfinancial rewards and ensure system is actively used.
- Monitor system of nonfinancial incentives to ensure incentives are given appropriately, based on strong performance (i.e., that high-performing staff receive incentives more often than low-performing staff).

PRECONDITION

E 5.1

Supervisors provide supportive supervision and performance management to their staff

INDICATOR

- Percentage of staff who received a performance management review in last 12 months
- Percentage of staff who received a supportive supervision visit in last 12 months

SOURCES OF DATA

- HR files
- Performance appraisal records
- Supervisory visit records

RATIONALE:

Performance reviews and supportive supervision align employee actions with the organization's objectives, clarify expectations, and create a documentation process for any personnel decisions.

INTERVENTIONS

- Ensure supportive supervision and performance management systems are in place and that relevant staff are trained in their use.

E. MOTIVATION PATHWAY INDICATORS (continued)

PRECONDITION

E 6.1

Performance management policies are in place

INDICATOR

- Performance management policies exist. (Y/N)

SOURCES OF DATA

- HR files
- Policy database

RATIONALE:

By providing feedback on performance, identifying strong/low performers, pinpointing training needs, and documenting promotions or disciplinary actions, performance management systems can strengthen the employee, supervisor, team and organization.

INTERVENTIONS

- Consult with staff and expert in local labor laws to draft or improve performance management policies

PRECONDITION

E 6.2

Supervisors understand the reasons for poor performance

INDICATOR

- Percentage of supervisors who feel they can identify the reasons for poor performance
- Performance management system includes documentation of corrective action plans (for individuals identified to have poor performance). (Y/N)

SOURCES OF DATA

- Staff survey
- HR files

RATIONALE:

Supervisors must be able to diagnose causes of poor performance to create solutions. Factors might relate to the individual (e.g.. lack of motivation or skills) or be external to the individual (e.g., poorly designed position).

INTERVENTIONS

- Train supervisors in competencies necessary to run supportive supervision and performance management systems.
- Train supervisors in causes and solutions of poor performance.

E. MOTIVATION PATHWAY INDICATORS (continued)

PRECONDITION

E 6.3

Supervisors feel enabled to provide constructive feedback

INDICATOR

- Percentage of supervisors who feel enabled to provide constructive feedback
- Percentage of staff who report their supervisor provides them with constructive feedback (either positive or negative)

SOURCES OF DATA

- Staff survey

RATIONALE:
Constructive feedback makes a worker aware of an area in which performance could improve. In addition to skills, supervisors require support and authority to provide effective feedback.

INTERVENTIONS

- Provide training to the managers of supervisors and organizational leadership on empowering supervisors they oversee to provide constructive feedback.
- Evaluate how your organization can incorporate "providing feedback" as a topic in staff development platforms, such as the employee development plans (of those employees who are supervisors) or the education opportunities available to supervisors.

PRECONDITION

E 6.4

Supervisors have the skills to communicate feedback on poor performance to staff

INDICATOR

- Percentage of supervisors who have received training on providing feedback on poor performance
- Supervisory guidelines that cover how to give constructive feedback are operational.
- Supervisory guidelines that cover how to give constructive feedback exist.
- Evidence exists in performance management system of documenting communication of poor performance. (Y/N)

SOURCES OF DATA

- HR files
- Staff survey
- HR training records
- Personnel files of applicable supervisors
- Performance management system documentation

RATIONALE:
Effective feedback, describing worker's performance in a specific area compared to expectations, is an essential step toward improving performance.

INTERVENTIONS

- Train supervisors in competencies necessary to run supportive supervision and performance management systems.
- Develop and implement supervisory guidelines.

End of E. Motivation Pathway Indicators

Notes

Photo Credits

Page 1: © UNICEF/UNI137105/Dormino

Page 3: © UNICEF/UNI181555/Sokhin

Page 7: © Global Health Supply Chain—Procurement and Supply Management (GHSC-PSM) project

Page 8: © Mulugeta Mebratu

Page 14: © UNICEF/UN0162565/Bell

Page 19: © UNICEF/UN0220654/Krishan

Page 23: © UNICEF/UNI137297/LeMoyne

Page 24: © UNICEF/UNI106742/Asselin

Page 28: © UNICEF/UN0535/Zaidi

Page 30: © Global Health Supply Chain—Procurement and Supply Management (GHSC-PSM) project

Page 38: © UNICEF/UNI181553/Sokhin

Page 61: © Global Health Supply Chain—Procurement and Supply Management (GHSC-PSM) project


30 Comprimés
UNE FOIS-PAR-JOUR
Éfavirenz, Lamivudine
et fumarate de
Ténofovir disoproxil
comprimés
600/300/300 mg

USAID
FROM THE AMERICAN PEOPLE

HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030

PEOPLE THAT DELIVER

unicef