Human Resources for Supply Chain Management Theory of Change Rapid Diagnostic Tool

Facilitator Guide

January 2021

PEOPLE THAT DELIVER

Acronyms

COVID   Coronavirus disease

EEO   Equal employment opportunity

GHSC   Global health supply chain

HR   Human resources

HR4SCM   Human resources for supply chain management

JD   Job description

PSM   Procurement and supply management

PtD   People that Deliver

SC   Supply chain

SCM   Supply chain management

TNA   Training needs analysis

ToC   Theory of Change

ToT   Training of trainers

UNICEF   United Nations Children's Fund

USAID   U.S. Agency for International Development

WHO   World Health Organization

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HR4SCM THEORY OF CHANGE

Health outcomes are improved

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

Work performance is optimized

Staffing

All neccessary SC positions and/or competencies filled

- Ability to recruit quality candidates
- Adequate pool of workers
- Sufficient budget

Skills

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

- Adequate technical, managerial competence
- Staff have leadership skills
- Understand roles and responsibilities

Working Conditions

Working conditions support performance

- Favorable social and emotional environment
- Physical environment is safe, slean, conducive to performance
- Up-to-date relevant tools and equipment

Motivation

SC workers motivated to do their jobs

- Good performance supported
- Workers have sense of ownership of their role
- SC workers understand and care about their roles in health care system

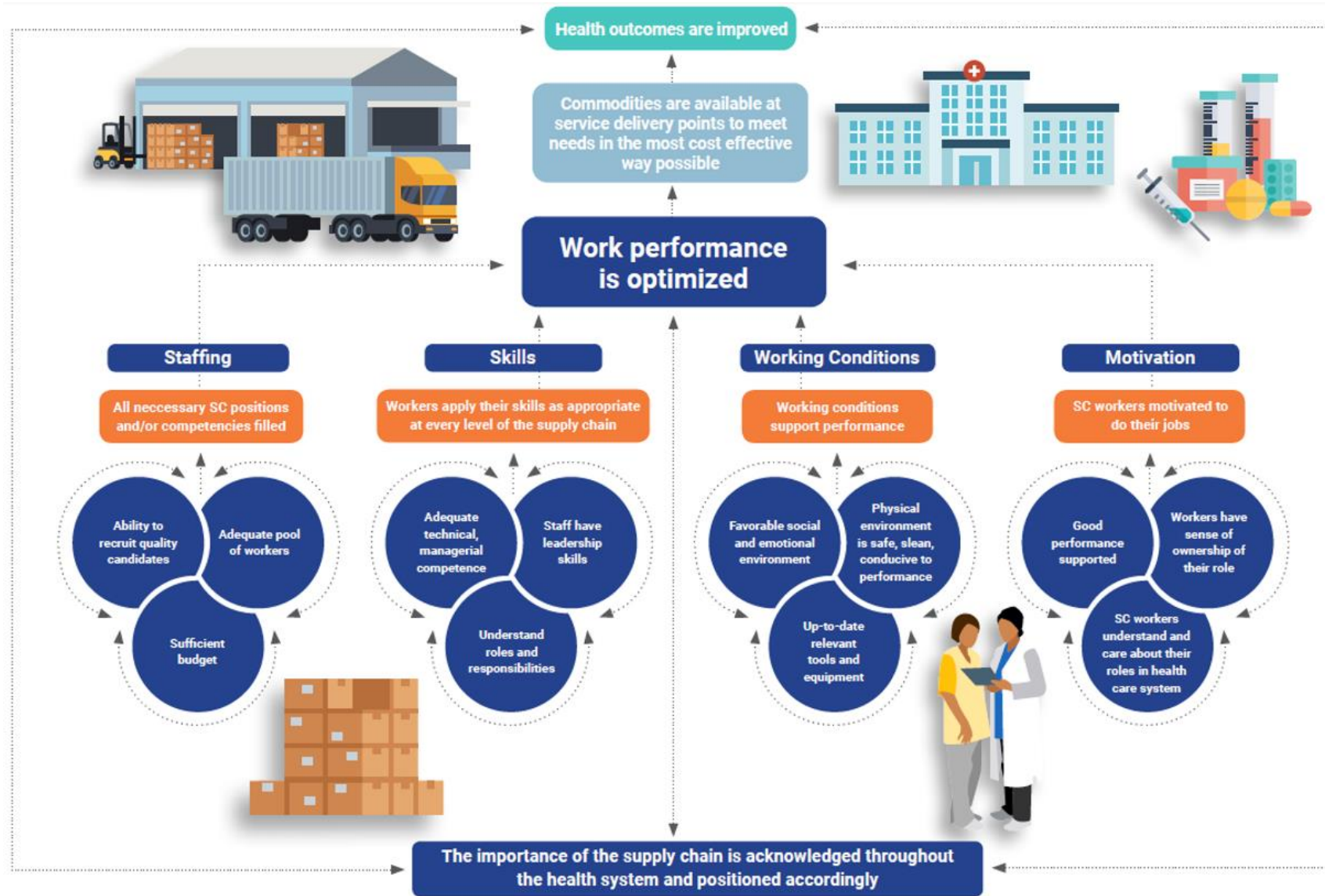The importance of the supply chain is acknowledged throughout the health system and positioned accordingly

FIGURE 1 DIAGRAM: HR4SCM THEORY OF CHANGE

1 PEOPLE THAT DELIVER

People that Deliver (PtD) was established in 2011 to advocate a systematic approach to human resources (HR) for health supply chain management (SCM). PtD is a global coalition focused on technical leadership in HR for SCM. Its unique feature is that member countries and organisations are expected to be the vehicles for the provision of services and funding. It builds on the experiences of coalition members to advocate change at a global and country-level.

PtD's collaborative effort results in stronger and more sustainable systems for developing, recruiting and retaining a qualified health supply chain workforce. PtD not only understands the current HR for health SCM landscape globally and locally, it also identifies, builds and strengthens the tools and resources needed to support capacity building in country. Visit PtD's website for a complete overview of their mission and vision, as well as access to materials and resources related to HR for SCM.

🌐 www.peoplethatdeliver.org

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2 INTRODUCTION

2.1 The HR4SCM Theory of Change

The HR4SCM diagnostic tool has been developed by the PtD and the GHSC-PSM project and funded by USAID and the Global Fund. The tool is based on the PtD Theory of Change (ToC) framework (Building Human Resources for Supply Chain Management) and its origins lie in a considerable body of theoretical and applied development in the evaluation field. The ToC can be seen as a way to describe the set of assumptions that explain both the steps that lead to the long-term goal and the connections between programme activities and outcomes that occur at each step of the way. The application of ToC principles will help to understand and assess impact in hard-to-measure areas, such as capacity strengthening and institutional development. The diagram in Figure 1 shows the ToC foundational principle with its four pathways. 'Ctrl Click' anywhere on the diagram in Figure 1 to further explore the HR4SCM ToC online.

The ToC uses *backwards mapping,* requiring planners to think in backwards steps from a long-term goal (impact) to the intermediate (outcome) and early-term changes (outputs) that are required to affect the desired change (impact). This creates a set of connected entities, referred to as the *pathway of change*. The pathway of change graphically represents the desired change process.

The ToC explores the relationship between various factors that affect health supply chain capacity development interventions. This methodology enables SC practitioners to understand and articulate the pathway of change that connects interventions in HR to health SC performance improvements and, ultimately, to improved health outcomes. As such, it provides a structure that can be used to prioritise the workforce interventions required to make improvements or changes that are needed to strengthen health supply chains. Learn more about PtD's HR4SCM Theory of Change on the PtD website, *www.peoplethatdeliver.org*.

2.2 Purpose of the diagnostic

Effective supply chains require a competent, recognised and supported workforce with appropriate technical and managerial capacity. The pharmaceutical supply chain ensures efficient and timely delivery of health commodities and essential medicines to the target population. An integrated solution comprises three technical areas: (i) Warehousing and distribution, (ii) Health product management information system, and (iii) Finance and business practices. Each of these areas requires specific cadres of human capacity and

competence. This demands that governments and supporting agencies recruit and retain qualified personnel for positions with supply chain responsibilities.

Insufficient numbers of adequately trained staff are a major cause of supply chain system breakdowns and poor system performance. The purpose of the HR4SCM Rapid Diagnostic is to identify and address, in broad terms, the strengths and weaknesses of key aspects the supply chain workforce. It should be noted that this tool is not a SC assessment, nor a performance evaluation; the focus of the tool is specifically HR for SCM.

2.3 The diagnostic tool

The design and structure of the HR4SCM Theory of Change Rapid Diagnostic Tool is entirely based on the ToC principles. The tool comprises a comprehensive set of indicators, formulated as questions, in four categories. These four categories correspond to the four pathways of the ToC: staffing, skills, working conditions and motivation.

There are 15 key questions for each of the four pathways. Target groups, representative teams of individuals from the organisations participating in the diagnostic, answer these questions on a four-point maturity scale. As part of that process, documentation will need to be consulted to support the responses, such as HR files, survey reports and job descriptions.

Responses to the questions are entered into an Excel application (the tool) which, in turn, produces a visual summary of the responses. Based on these findings, the tool generates a list of suggested interventions that address HR-related weaknesses in the supply chain. These recommended interventions are further prioritised by the user. The ultimate selection of interventions remains the responsibility of the user.

As the name implies, this tool has been developed as a 'rapid diagnostic', meaning that in-country time is limited, while minimum preparation and training of the assessment team is needed. This means that the diagnostic can be carried out at a relatively low cost to countries. The tool is fairly easy to use, although in some cases the assistance of a short-term external facilitator may be preferred.

2.4 Target group

The target group(s) are determined in close collaboration with all interested parties at country level. Typically, target groups in need of capacitating in terms of staffing, skills, working condition and motivation will be identified within the health sector supply chain. The diagnostic tool will typically be applied to each target group individually, resulting in specific findings and recommendations related to each unique target group.

The tool is designed in such a way that it can be applied to all levels of the supply chain. The terminology for these levels will differ from country to country. Typically, the four levels are:

> PR = Primary level (national, central)
>
> SN = Sub-national level (state, regional, provincial)
>
> LD = Lowest distribution point (district)
>
> SL = Service level (health facility)

This diagnostic may also be used to assess the human resources of parastatal and private for-profit supply chain agencies.

2.5 Diagnostic outputs

The outcome of the diagnostic is a detailed description of strengths and weaknesses of the HR component of the health products supply chain. A visual outcome of the HR4SCM tool is a chart that clearly indicates HR strengths and weaknesses. The findings lead to the development of prioritised interventions that, in turn, inform an HR action plan. The focus of the recommended interventions is strictly on staffing, skills, working conditions and motivation.

2.6 Confidentiality

The information provided by individuals within the target group(s) is confidential, meaning that names of individuals will not be associated directly with any of the data collected. Participation in the diagnostic process is voluntary and participants may opt out at any time.

2.7 Follow-up studies

This 'rapid diagnostic' needs to be regarded as a preliminary study that will produce a robust framework of requirements for key SCM HR-related aspects, such as staffing, skills, working conditions and motivation. Practical action points emanating from this diagnostic will inform workforce planning, recruitment and development.

The diagnostic aims to assist countries who wish to conduct an initial study to identify major HR for SCM bottlenecks. Once these performance-related bottlenecks have been identified, countries have the option to undertake a more in-depth study using a methodology that investigates HR for the supply chain in greater detail.

3 THE DIAGNOSTIC PROCESS

3.1 Overview

The in-country stage comprises stakeholder buy-in, data gathering and consolidation of findings. The data gathering process starts with a kick-off meeting with key stakeholders to ensure buy-in by all relevant parties. Buy-in from key stakeholders is of crucial importance to the implementation of the recommendations emanating from this diagnostic. The kick-off meeting is followed by focus group discussions, interviews, consolidation of the findings and reporting.
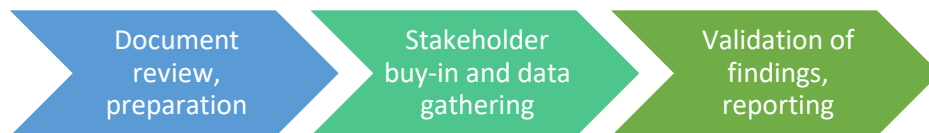
FIGURE 2 STEPPED APPROACH TO THE HR4SCM DIAGNOSTIC

Focus group sessions typically take up to half a day, depending mainly on the depth of discussion regarding the prioritisation of interventions. When in-person meetings are possible, the methodology for the in-person focus group sessions is typically as follows:

- Initial introduction by facilitators
- Participants divided into groups
- Each group led by a facilitator
- Structured discussion
- Discussion of findings
- Prioritisation of interventions

Following the structured discussion and application of the HR for SCM Diagnostic Tool, strengths and weaknesses are revealed of the four pathways. This, in turn, leads to the discussion on priority interventions.

3.2 Preparation

3.2.1 The facilitating team

The diagnostic will typically be carried out by a team of facilitators who are to some extent familiar with the in-country SC, but not directly associated with the target group(s). This is to ensure impartiality and an objective interpretation of the diagnostic findings. The in-country facilitator(s) may be supported by an external facilitator. Prior to the application of the tool, the members of the facilitating team ensure familiarisation with the use of the tool, which may be done by way of an orientation session. The composition of the team of facilitators should be diverse and include, for example, project staff, government staff and any NGOs that may want to participate.

3.2.2 Engaging the key beneficiary

Administrative procedures to initiate a diagnostic will vary from country to country and from organisation to organisation. Typically, there will be a formal letter exchange between the country beneficiary and the key supporting and/or funding agency. Such letters may include, for example, an invitation from the country to external consultants or a 'concept note' from the supporting agency to the beneficiary. The concept note explains the purpose and duration of the diagnostic, as well as resources required and anticipated results.

3.2.3 Stakeholder meeting(s)

In order to ensure maximum buy-in and successful implementation of the recommendations, it is of utmost importance that all stakeholders are fully involved in the diagnostic process. Successful implementation of priority interventions will depend entirely on stakeholder support and involvement. Stakeholder engagement starts as soon as a decision has been taken to carry out the diagnostic and continues throughout the diagnostic and validation process. A typical first step would be a kick-off meeting organised and facilitated by the key beneficiary and be open to all interested parties.

3.2.4 Understanding the country context

All facilitators must have a good understanding of the country context, including its health system, public health priorities and health care trends. This includes knowing who the key players are within the health supply chain. Potential agencies with a stake in human resources for the supply chain include:

National/central level	- Ministry of Health - Other government ministries, for example finance or planning - Human resources for Health Office - Logistics Management Unit - Central Medical Store - Quality Assurance / Drug Authority - Port Authority - Implementing partners working in the supply chain - Donor agencies - Training institutions - Professional associations - Private sector organisations involved in the supply chain
Sub-national level	- Regional distribution centres / medical stores - Health management offices
Service delivery points	- Hospitals, health centres, clinics - Pharmacies, laboratories

3.2.5 Documentation review

A pre-condition for an effective diagnostic process is that a proper desk review has been carried out. The study of existing documentation, related to the SCM, is important since it provides the facilitators with relevant contextual information that enhances their understanding of the SC. Since much of the orientation and data collection takes place at this stage, the document review is an important element of the diagnostic process. The document review is best done before any in-country visits, meetings, interviews and/or focus group discussions.

Find out what has been written about HR for SCM in policies, strategies and plans. Obtain relevant documentation by contacting key individuals. Search the internet for country-specific literature. Look for articles, studies and reports related to HR for SCM. Stay focused on the purpose of the diagnostic and include any relevant facts in the diagnostic report.

Consider reviewing these reference materials:

- National or other health strategic plans
- National or other supply chain strategic plans
- National or other human resource and/or human resource for health strategic plans
- Supply chain-relevant competency models
- Job descriptions
- Applicable pay scales/bands
- Supply chain certification policies and/or programmes
- HR management tools
- Funding levels and sources for human resource management initiatives
- Pre- and in-service training curricula
- Supply chain organisational charts and systems/process maps

The diagnostic team should also review recently conducted related assessments to ensure that this assessment does not duplicate those studies.

Documents should be gathered, reviewed, and synthesised prior to the initiation of data gathering. Conducting a thorough review of background materials is essential to understanding the supply chain context so that the HR4SCM ToC Rapid Assessment Tool can be properly adapted to the assessment environment, objectives and recommendations. A reference document review will also ensure that recommendations are informed by and relevant to the impacted supply chain.

Each document must be properly cited in the references section of the assessment report to ensure that the information can be verified later, if needed.

3.3 The diagnostic

Through a process of one-to-one interviews, focus group discussions and observation, obtain insight into the workings of the supply chain. Guide the discussions and questioning using leading questions (Annex 2). Facilitators draw on their findings from the desk review.

3.3.1 Define the scope of the diagnostic

The scope of work, for instance which levels of the supply chain and which agencies to include in the diagnostic, must first be agreed upon by the client/beneficiary and the facilitating team. The applicable level(s) of the supply chain should be selected based on the expected outputs and intended application of its outcomes.

3.3.2 Identify key informants

With reference to the list of stakeholders above, identify informant(s) for each agency or organisation selected (inside and outside the supply chain). Select a wide variety of supply chain workers from each selected agency and from different sections of the supply chain (for example, a nurse with supply chain

responsibilities, a pharmacist, a truck driver, a warehouse manager, a procurement specialist). Some of the questions will need input from the relevant HR department.

To ensure data integrity, a diverse and knowledgeable group of informants is essential. Look for information from multiple perspectives. Various parties may judge the same situation differently; for many reasons, an individual informant may not perceive a situation accurately. For example, some informants may be unclear about a particular situation, or they may only feel comfortable speaking about the ideal. Therefore, it is important to verify facts by way of multiple and diverse interviews.

3.3.3 Formulate questions

Prepare and use a list of leading questions for interviews and group discussions to accompany the list of indicators for this diagnostic. An example list of leading questions is given in Annex 2.

3.3.4 Conduct site visits

Although this is not a strict requirement for the rapid diagnostic, if time and opportunity allow, facilitators will benefit from visits to supply chain facilities. These would give the facilitator(s) the opportunity to interact with the target group(s), for instance warehouse managers and support staff. This will enhance their understanding of SCM HR-related issues and constraints.

3.3.5 Interviews and group discussions

Interviews are usually with only one person. Interviews allow the facilitating team to gather detailed information as well as opinions. Facilitators will ensure that interviewees understand that all information shared is confidential.

A focus group is a group interview, usually with six to twelve people who share similar characteristics or common interests. Focus group discussions are useful when gathering data that is informed by group discussion and consensus.

Note that for focus group discussions, it may be beneficial to the outcome of the discussion to make a distinction between groups of different managerial level. For instance, mixing senior managers with warehouse operational staff may hamper an open and frank discussion, working conditions or staff motivation at the warehouse. In other cases, cultural realities and/or gender-related sensitivities will guide the definition of target groups. Note that in the diagnostic report there will be no direct connection between the findings and individuals interviewed.

3.3.6 Validation meeting

With all stakeholders engaged throughout the diagnostic process, the facilitating team documents their findings and seeks consensus among stakeholders. This is best done by way of a formal debriefing or validation meeting. Alternatively, a draft report may be shared with all stakeholders to obtain comments.

Note that data collection is best concluded at least two days before the validation workshop. This gives facilitators the opportunity to prepare the final debriefing meeting. Debriefing is best done by the appointed focal points to enhance local ownership of the process and the recommendations.

3.3.7 Record the findings

Use the HR4SCM Excel data collection tool (explained in Section 4) to record the findings from the diagnostic. Where necessary, elaborate on the scores assigned. Ensure that data entry is complete and that all indicators under the four pathways are covered.

3.4 Alternative data collection methodologies

There may be circumstances whereby site visits and in-person meetings are not feasible. In such cases, the data collection methodology will be affected. As an alternative to physical meetings and site visits, interviews and groupwork may be conducted virtually using any of the available online meeting tools. The steps in the

methodology outlined above remain the same. The validation workshop, typically held when the draft report has been disseminated, may also be conducted virtually.

If in-person meetings are not possible, it is recommended that a focal point is nominated for each target group for the diagnostic. The focal point should act as an intermediary between the individuals in the target group(s) and the main facilitator, for example the external consultant. Each focal point must be briefed on the diagnostic tool so that they have a full understanding of the process. Focal points are also instrumental in overseeing the validation of the findings once the diagnostic is completed.

3.5 Data analysis

Using the data analysis features of the Excel tool, analyse the findings from the diagnostic, draft recommendations and select interventions to address weaknesses in the system.

3.5.1 Analyse key findings

Observe the summary graphs in the Dashboard of the Excel tool. Analyse and describe the key findings from the diagnostic, giving emphasis to areas of weakness for which action is needed. All findings should be supported by information collected during the desk review and/or the data collection process. The dashboards in the Excel tool serve to consolidate and present the findings in an easy to interpret manner accompanied by a report that provides more detail and support of findings.

3.5.2 Draft recommendations

Based on the findings from the diagnostic, address areas of both strength and weakness. Be clear and concise with your statements. For example: for *staffing (Pathway 1), it was found that relative HR strengths are in a, b and c. Areas of weakness, however, are in d, e and f.* Be sure that there is a clear link between the findings and the recommendations.

3.5.3 Draft interventions

Based on findings from the diagnostic, interventions may be selected from the ToC catalogue of indicators and interventions, also referred to as the 'basket of interventions' (Annex 3). These interventions address the preconditions that underpin the pathway outcomes. Users of the HR4SCM tool are encouraged to decide on interventions that are best suited to their specific situation. The HR4SCM tool produces an initial list of priority interventions as tentative recommendations. The user may prioritise further, while the final set of interventions should be agreed upon by group consensus. Interventions should be relevant, feasible, affordable, time-bound and likely to be supported by partner agencies.

Note that, in cases where the results point to one or more interventions that is/are not feasible or affordable, this should still be noted in the diagnostic report as areas that can't be addressed in the current environment, but deserves attention and perhaps more discussion on how to get it funded or made feasible.

3.6 Reporting

Based on the findings from the tool, as well as from the desk review, interviews and discussions, prepare the draft diagnostic report. Note that the report is anonymous, meaning that all responses, findings and recommendations are not linked to specific individuals. A suggested report template is provided in the Annex.

3.6.1 Draft the diagnostic report

In the diagnostic report, use a selection of graphs generated by the HR4SCM Excel tool dashboard. Summarise and list the findings and list recommendations with the associated interventions to address problem areas.

3.6.2 Obtain consensus

Reach a consensus on priority recommendations and interventions, by way of a debriefing/validation meeting (see Section 3.3.6). Circulate the draft report to key stakeholders prior to the debriefing meeting and invite all stakeholders to provide comments and feedback.

3.7 Action planning

Once the findings and recommendations have been agreed upon by all parties, it is important that these are acted upon. Practical action requires leadership and teamwork involving all stakeholders.

3.7.1 Agree on priority action plan

As far as this is part of the assignment, based on the outcome of the diagnostic, agree on a prioritised action plan with clear targets and measurable progress indicators, stating who is responsible for which actions.

3.7.2 Ensure engagement of all parties

Engagement of all stakeholders is of utmost importance, especially of those who will be involved in implementing the recommendations. It is important to ensure national ownership of this process.

3.7.3 Disseminate final report

Prepare the final report, including the agreed Action Plan. Disseminate the report and plan for implementation by incorporating the action plan into health sector plans and budgets.

4 USING THE HR4SCM DIAGNOSTIC TOOL

4.1 Introduction

The HR4SCM diagnostic tool is an Excel-based questionnaire and it is used to determine a score for each pre-condition of each HR4SCM ToC pathway. Collected data are incorporated in several dashboards included in the tool, which can be used to prioritise interventions with the intention of strengthening each of the four pathways in ways that positively impact supply chain performance.

There are two versions of the HR4SCM Diagnostic Tool available: the first version includes maturity level scoring whereby each indicator is given a corresponding maturity level. The second version of the tool offers a more simplified scoring system, whereby each indicator marked as either "yes" or "no." Guidance for both versions of the tool is provided in the subsequent sections. The choice of tool depends on which one best suits the scope and needs of the particular exercise.

The HR4SCM diagnostic tool is largely self-explanatory. Read the worksheet 'ReadMe' regarding the HR4SCM Excel tool to familiarise yourself with the structure and workings of the tool. The worksheets are protected by default so that users do not accidently make changes to the underlying structure of the tool, which could cause changes to the output. The worksheets, however, can be unprotected if necessary; there are no passwords needed to unprotect worksheets if the user chooses to make any changes. Some parts of the tool may be modified to suit the specific needs of the user group. This will require at least an intermediate knowledge of Microsoft Excel.

Depending on the country, it may be necessary to translate the Excel tool to make it easier to collect data, especially if the diagnostic is done online.

The diagnostic tool will typically be applied to the individuals in each target group, resulting in specific findings and recommendations related to that specific target group. In the case of multiple target groups, or the diagnostic being used at different levels of the SC, the use of separate instances of the Excel tool for each target group and/or level of the SC is recommended.

4.2 Data entry

4.2.1 HR4SCM Diagnostic Tool with Maturity Model

For each indicator, the user or user group decides on the maturity level that best matches their current situation. Below is an example.

Maturity Level >	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
INDICATOR	FOUNDATION	EMERGENT	FUNCTIONAL	ADVANCED
Job descriptions (JDs) exist for all SC positions	Job descriptions do not exist, are not relevant, or are outdated	Job descriptions exist but are not sufficiently specific to individual roles and responsibilities	Job descriptions exist for all positions but they are not periodically updated	Each position has documented roles and responsibilities, while all job descriptions are reviewed periodically

FIGURE 3 HR4SCM DATA ENTRY

4.2.2   HR4SCM Diagnostic with yes/no questions only

For each indicator, the user or user group selects *yes* or *no* for each question. Each precondition is given a score as a percentage from 0 percent to 100 percent. A score of 0 percent means that a pre-condition does not exist and 100 percent means that the pre-condition has been fully achieved.

4.3 Data analysis

A typical outcome of the HR4SCM diagnostic tool is a set of charts that clearly indicate HR strengths and weaknesses. The scores for each indicator are automatically aggregated by HR4SCM ToC pathway and displayed in a the dashboards. The main graph in the Excel file is a dashboard; this is a *petal* graph. This graph gives an overview of each supply chain HR4SCM ToC pathway at a macro level by displaying the relative level of completion of the pathway in distinct, coloured petals. The size of the petal represents the degree of achievement of the pathways. If the dimension is missing or undeveloped (score = 0 percent) that dimension will be white on the dashboard. If the dimension is complete or fully developed (score = 100 percent), the dimension will be fully coloured on the dashboard. If a dimension is in progress (score = between 20-80 percent), then the dimension will be partly coloured. These dashboards and graphs are an excellent starting point for discussions that lead to the development of a list of prioritised interventions, i.e. action points.

A score of below 80 percent in a component is generally regarded as needing improvement. For example:
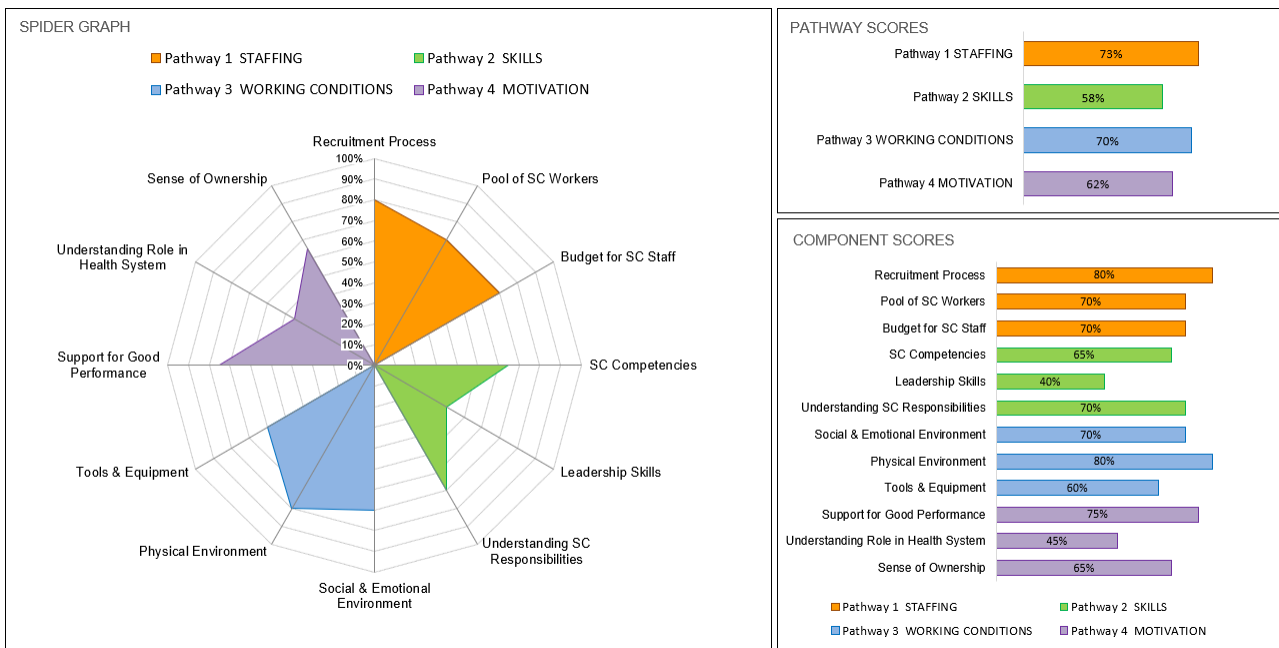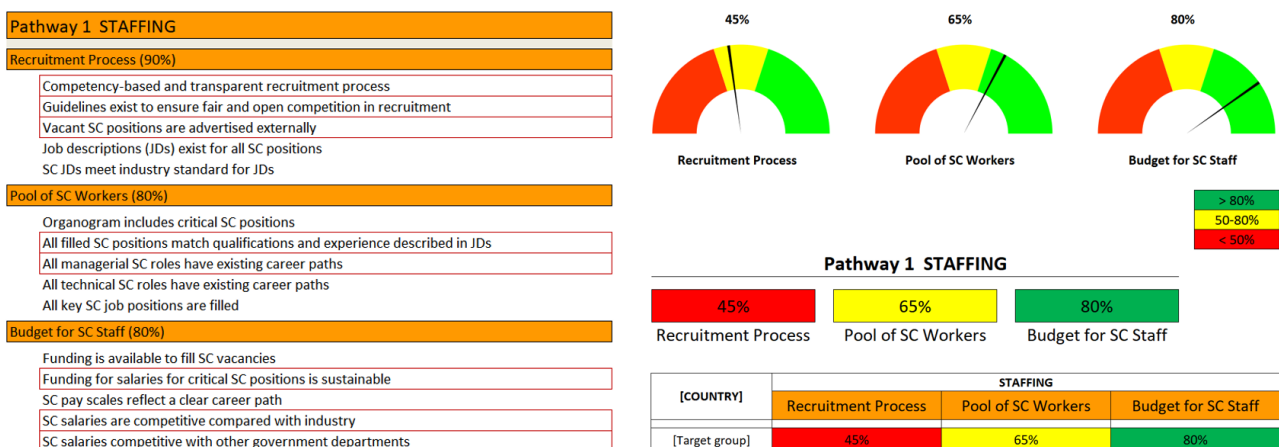

FIGURE 4 HR4SCM MAIN OUTPUT CHART

FIGURE 5 HR4SCM ALTERNATIVE CHARTS

The diagnostic tool includes a variety of charts, each depicting the same findings in a different way. The user may select any number of charts for presentation and reporting purposes.

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4.4 Interventions

The spider diagram clearly indicates the stronger and weaker pathways. The tool focuses on possible interventions that address weaknesses.

The HR4SCM tool incorporates a library of interventions from which priority interventions are selected based on the findings. The tool generates an initial list of prioritised interventions, based on diagnostic scores.

FIGURE 6 INTERVENTION PRIORITISATION PROCESS

The Maturity Model version of the tool provides an additional prioritisation function. The user can use the built-in function of the tool and apply five parameters to score and fine-tune priority interventions:

Ref.	Intervention	Relevance	Feasibility	Affordability	Time-bound	External support	TOTAL SCORE
1-01	Intervention 1	MED	MED	MED	MED	MED	…
1-02	Intervention 2	MED	LOW	LOW	LOW	LOW	…
1-03	Intervention 3	MED	MED	LOW	LOW	LOW	…
…	…	…	…	…	…	…	…

FIGURE 7 HR4SCM INTERVENTION SCORING

There are three parameters: low, medium and high, which are listed as 'LOW', 'MED' and 'HIGH' in the tool. Depending on the choices made, scores per intervention are calculated automatically. This generates a redefined list of priority interventions.

When using the yes/no version of the tool, prioritisation can be done by providing a list of interventions to the users and have them score all priority interventions (generated by the diagnostic tool) on a 5-point scale from not important to very important. This second method is less detailed and less accurate and, as a result, less time consuming for the participants, although it creates some additional work for the facilitators who need to score manually. This manual method can also be used with the Maturity Model version.

The HR4SCM tool is designed to be self-explanatory. Users of the tool are encouraged to ultimately decide on interventions that are best suited to their specific situation.

4.5 Action planning

This diagnostic is to be seen as a preliminary study that will produce a robust framework of requirements for key HR for SCM-related aspects, including staffing, skills, working conditions and motivation. Practical action points, based on priority interventions emanating from this diagnostic, will inform workforce planning, recruitment and development. The template for the country diagnostic report includes a basic template for an action plan.

REFERENCES

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UNICEF SD/ESARO, Human Resources for the Immunization Supply Chain: Rapid Assessment 2016, < http://www.technet-21.org/iscstrengthening/index.php/en/leadership-documents#HR%20for%20iSC >

USAID, GHSC-PSM, People that Deliver (PtD), HRH2030, Chemonics, Building Human Resources for Supply Chain Management: Theory of Change, 2018 < https://peoplethatdeliver.org/ptd/resources/human-resources-supply-chain-management-theory-change >

USAID | DELIVER PROJECT, Task Order 4, Human Resource Capacity Development in Public Health Supply Chain Management: Assessment Guide and Tool, 2013 https://peoplethatdeliver.org/ptd/download/file/fid/647

Related tools and guides:

- People that Deliver, HR for SCM Toolkit. Link.
- USAID Global Health Supply Chain Program. Link.
- TechNet-21, Leadership Resources. Link.

ANNEXES

Annex 1. Key indicators (Theory of Change)

Pathway 1 STAFFING

High-level outcome: all critical SC positions and/or competencies are filled

Precondition 1-1: ability to recruit quality candidates [recruitment process]

Competency-based and transparent recruitment process

Description: A fair, effective and ability-based recruitment system is in place for all SC positions.

Data sources: HR records, audit of candidates' CVs and job descriptions, recruitment policies and guidelines, hiring action documents.

Guidelines exist to ensure fair and open competition in recruitment

Description: Documented guidelines are in place to ensure an effective recruitment system.

Data sources: HR records, audit of candidates' CVs and job descriptions, recruitment policies and guidelines, hiring action documents.

Vacant SC positions are advertised externally

Description: All SC job opportunities are known outside the recruiting agency.

Data sources: HR records/recruitment documentation.

Job descriptions (JDs) exist for all SC positions

Description: Each position within SC has defined roles and responsibilities which are documented.

Data sources: HR records, recruitment policies and guidelines, hiring action documents.

SC JDs meet industry standard for JDs

Description: JDs include: (1) job title, department, etc., (2) responsibilities, (3) qualifications, (4) terms of employment, (5) any special conditions.

Data sources: HR records, industry standards for JDs.

Precondition 1-2: adequate pool of workers to fill SC roles/positions [pool of SC Workers]

Organogram includes critical SC positions

Description: Organogram available and specifies critical SC positions.

Data sources: Organisational chart, list of all SC positions or competencies identified as critical, JDs or list of qualifications, HR records.

All filled SC positions match qualifications and experience described in JDs

Description: Qualifications and experience are accurately described in JDs and complied with, for all SC positions.

Data sources: HR records, audit of candidates' CVs and job descriptions, recruitment policies and guidelines, hiring action documents.

All managerial SC roles have existing career paths

Description: A clear pathway exists for SC managerial staff to progress up the career ladder.

Data sources: Career development system, documentation (managerial/technical career ladders), pay scales, SC organogram.

All technical SC roles have existing career paths

Description: A clear pathway exists for SC technical staff to progress up the career ladder.

Data sources: Career development system, documentation (managerial/technical career ladders), pay scales, SC organogram.

All key SC job positions are filled

Description: There are no vacancies, all critical SC staff positions are filled.

Data sources: HR records, hiring action documents.

Precondition 1-3: sufficient budget to fund required positions [budget for SC staff]
Funding is available to fill SC vacancies
Description: Regular funding has been allocated to fill all SC vacancies.
Data sources: Budget request and actual approved budget, HR recruitment documents.
Funding for salaries for critical SC positions is sustainable
Description: Funding is from sustainable internal resources (government budget).
Data sources: HR Budget, HR recruitment documents, HR annual financial reports.
SC pay scales reflect a clear career path
Description: There is a career path in place whereby SC positions are linked to salary scales.
Data sources: Career development system, pay scales, SC organogram.
SC salaries are competitive compared with industry
Description: Salaries for critical SC positions are comparable to those in private sector industry.
Data sources: HR/payroll records, market salaries (or best available proxies thereof).
SC salaries competitive with other government departments
Description: Salaries for critical SC positions are comparable to those in other government departments.
Data sources: HR/payroll records, market salaries (or best available proxies thereof).

Annex 1. Key indicators (continued)

Pathway 2 SKILLS
High-level outcome: workers apply their skills as appropriate at every level of the SC
Precondition 2-1: SC workers demonstrate adequate technical and managerial competencies [SC competencies]
Documented lists exist of critical SCM competencies for all SC services
Description: Steps and competencies required to undertake SC tasks are documented and known.
Data sources: List of critical SCM competencies, list of SCM roles, HR records, competency frameworks.
All SCM roles have required SCM competencies assigned to them
Description: Competencies define the knowledge, skills, and attributes required.
Data sources: List of critical SCM competencies, list of SCM roles, HR records, competency frameworks.
A public service competency review process (staff evaluation) exists
Description: A formal competency review process includes all SC staff.
Data sources: Competency frameworks, public service reports.
A training needs assessment (TNA) for SC staff done at least every five years
Description: TNA focuses on knowledge, skills and attributes of all SC staff.
Data sources: SC strategy documents, SC annual reports, training reports.
Strong collaboration with local educational institutions related to SCM
Description: Collaboration with in-country universities and other institutions for learning contributes to developing and sustain a competent workforce.
Data sources: SC strategy documents, SC annual reports, training reports.

Precondition 2-2: SC workers have leadership skills within their sphere of operations [leadership skills]
Opportunities for leadership training are available to SC workers
Description: Leadership training is included in individual development plans and includes decision making, problem solving, project management and ensuring that adequate SC budgets.
Data sources: SC Strategy documents, SC annual reports, training reports.
Aspiring SC staff are given opportunity to assume more responsibility
Description: There is evidence that selected SC staff are given additional duties and responsibilities.
Data sources: Staff interviews, performance reviews.
Structured mentoring supervision systems in place for all SC staff
Description: Evidence exists that a mentoring supervision system is implemented, including routine supervision visits.
Data sources: HR files, staff interviews.
Opportunities for structured mentoring and coaching are available to SC workers
Description: All SC workers are given the opportunity and time to engage in structured mentoring and coaching sessions.
Data sources: HR files, where staff development plans are stored, review of mentoring/coaching programme.
All SC staff participate in a regular mentoring or coaching programme
Description: All SC workers routinely engage in mentoring/coaching activities, either as mentors or mentees.
Data sources: HR files related to mentoring/coaching programme, staff surveys.
Precondition 2-3: SC workers understand their roles and responsibilities in the SC system [understanding SC responsibilities]
All SC staff have individual staff development plans
Description: Staff development plans describe how workers develop competence through learning and experience.
Data sources: HR files, where staff development plans are stored.
SC staff discuss their roles and responsibilities with managers/supervisors
Description: Periodic performance evaluations are a means to improving individual job performance.
Data sources: HR files, staff interviews.
Individual development plans for SC staff based on periodic performance appraisal
Description: There is documented evidence that SC workers have individual, periodically-updated development plans.
Data sources: HR files, where staff development plans are stored.
SC staff know which responsibilities are included in their JDs
Description: All SC staff have a copy of their job description (JD) and know its content.
Data sources: Staff interviews, review of JD availability.
SC staff can identify to which KPI(s) their work directly contributes
Description: Staff understand their contribution to key performance indicators (KPIs) of the SC at their level, as a means to evaluate whether targets are reached.
Data sources: Staff interviews, JDs.

Pathway 3 WORKING CONDITIONS

High-level outcome: working conditions support performance

Precondition 3-1: favourable social and emotional environment [social, emotional environment]

Equal employment opportunity (EEO) policies exist

Description: Documented policies to reduce discrimination and build the organisation's reputation as a desirable place to work, while diversifying workforce.

Data sources: Public sector HR policies (policy database).

Environmental and occupational safety policies exist

Description: Documented policies to protect staff against workplace hazards, to ultimately build a safe and productive workplace.

Data sources: Public sector HR policies (policy database).

Policies exist on harassment in the workplace, especially of women

Description: Documented policies that contribute to establishing a zero-tolerance working environment.

Data sources: Public sector HR policies (policy database).

Training for supervisors includes anti-harassment in the workplace

Description: Training explains conduct that violates the anti-harassment policy, the seriousness of the policy and responsibilities of supervisors when they learn of alleged harassment.

Data sources: EEO and anti-harassment training logs, HR training records, supervisor personnel files.

Employee satisfaction survey conducted each year

Description: Surveys to assess whether employees are satisfied with their social and emotional working environment.

Data sources: Working conditions survey or assessment, staff surveys, HR files.

Precondition 3-2: physical environment is safe, clean and conducive to performance [physical environment]

List exists of required characteristics for a safe and conducive environment

Description: Documented details of a safe physical environment is accessible by all SC staff.

Data sources: HR files, training materials.

Training materials exist on establishing a safe and clean work environment

Description: Documented learning materials available to all SC staff on creating and maintaining a safe and clean work environment.

Data sources: Training materials.

Sufficient funding allocated for maintenance of work environment

Description: Funding from regular budget available to ensure maintenance and repair of workplace items.

Data sources: Budget files.

Staff feel physical environment is safe, clean and conducive to performance

Description: Staff agree that the physical workplace is conducive to improved job performance.

Data sources: Safety and health management records, working conditions survey or assessment, staff surveys.

System in place to capture and address workplace safety incidents

Description: Documented record exists of workplace safety incidents and issues.

Data sources: Safety and health management records, working conditions survey or assessment.

Precondition 3-3: SC workers have up-to-date and relevant tools and equipment to perform [tools & equipment]

List exists of necessary tools and equipment

Description: Documented details of required tools and equipment is accessible by all staff.

Data sources: Physical inventory.

Staff feel that they have access to necessary tools and equipment

Description: Staff have access to up-to-date tools and equipment in order to perform optimally.

Data sources: Physical inventory, staff surveys, interviews.

Staff agree that tools and equipment are in satisfactory condition

Description: Tools and equipment are in good condition and replaced by new items when necessary.

Data sources: Physical inventory, staff surveys, interviews.

Training materials exist on how to use tools and equipment

Description: Documented learning materials available to all SC staff, on how to use tools and equipment in the workplace.

Data sources: Training materials.

Sufficient funding allocated for procurement of tools and equipment

Description: Funding from regular budget available to ensure adequate and reliable tools and equipment in the workplace.

Data sources: Budget files, interviews.

Annex 1. Key indicators (continued)

Pathway 4 MOTIVATION

High-level outcome: SC workers are motivated to do their jobs

Precondition 4-1: good performance is supported within the system [support for good performance]

A formal performance appraisal system (PAS) is in place

Description: A PAS includes policies, tools and procedures.

Data sources: HR files, staff surveys, performance appraisal records.

Career progression (promotion) is linked to good performance

Description: Staff career progression is based on work performance and achievement.

Data sources: HR files, policy database.

A process for identifying and documenting poor performance is in place

Description: A progressive performance improvement process addresses poor performance.

Data sources: HR files, staff surveys, performance appraisal records.

A financial incentive system is in place and operational

Description: Good performance is documented and rewarded financially.

Data sources: HR files, where salary information is stored.

A non-financial incentive system is in place and operational

Description: Good performance is encouraged by way of non-financial incentives.

Data sources: HR files, staff surveys, performance appraisal records.

	Precondition 4-2: SC workers understand and care about their role in the health care system [understanding role in health system]
	SC staff understand their role in the health system
	Description: SC staff understand how the SC is essential to ensuring that commodities are available, so that health outcomes are improved.
	Data sources: Health policy, staff surveys, interviews.
	SC staff are able to describe the end-to-end supply chain
	Description: End-to-end SC, from manufacture to delivery of commodity at service point.
	Data sources: SC training materials, staff surveys, interviews.
	SC staff agree that SC is a profession that requires specific competencies
	Description: SC staff are able to describe managerial and technical competencies that apply to the SC.
	Data sources: Competency frameworks, staff surveys, interviews.
	SC staff are able to describe the career path that applies to them
	Description: SC staff are aware of the career path and job opportunities within their organisation.
	Data sources: Career development system, staff surveys, interviews.
	SC staff are aware of their need for continuous education
	Description: SC staff see continuous education as vital to improving job performance.
	Data sources: HR files, training records, staff surveys, interviews.
	Precondition 4-3: SC workers have a sense of ownership of their role [sense of ownership]
	SC staff feel a sense of ownership towards tasks and challenges
	Description: Sense of ownership refers to a proactive state of mind and a positive attitude, resulting in lower absenteeism, attrition rates, complaints and grievances.
	Data sources: HR files, staff surveys, interviews.
	SC managers are involved in goal setting and planning activities
	Description: Active involvement of SC managers in optimising system performance.
	Data sources: Records of management meetings, staff surveys, interviews.
	SC managers have authority to participate in high-level decision making
	Description: High-level decisions may be strategic, financial, HR or policy related.
	Data sources: Records of management meetings, staff surveys, interviews.
	SC managers feel competent to take part in high level decision making
	Description: SC managers feel able and empowered to take part in decision making processes.
	Data sources: Staff surveys, interviews.
	SC managers take part in high level decision making
	Description: SC managers contribute to high-level decisions.
	Data sources: Records of management meetings, staff surveys, interviews.

Annex 2. Leading questions for interviews and discussions

Key to questions:

 Q – Indicator descriptions, taken from the HR for SCM Theory of Change.

 LQ – Leading/prompting questions for interviews and discussions.

Pathway 1: STAFFING

Precondition 1-1: ability to recruit quality candidates [recruitment process]

Q1. Competency-based and transparent recruitment process (a fair, effective and ability-based recruitment system is in place for all SC positions).

> *LQ1. Describe the recruitment process for SC positions. During the recruitment interview, are specific questions asked related to SC competencies?[1] Is the recruitment process fair and transparent?*

Q2. Guidelines exist to ensure fair and open competition in recruitment (documented guidelines are in place to ensure an effective recruitment system).

> *LQ2. Are documented procedures in place to ensure a fair and open recruitment process?*

Q3. Vacant SC positions are advertised externally (all SC job opportunities are known outside the recruiting agency).

> *LQ3. Are SC vacancies advertised externally or just internally?*

Q4. Job descriptions (JDs) exist for all SC positions (each position within SC has defined roles and responsibilities which are documented).

> *LQ4. Do all SC staff have JDs? Do JDs accurately reflect actual roles and responsibilities?[2]*

Q5. SC JDs meet industry standard for JDs (JDs include: (1) job title, department, etc., (2) responsibilities, (3) qualifications, (4) terms of employment, (5) any special conditions).

> *LQ5. Are industry-standard JDs in place for all SC positions?*

Precondition 1-2: adequate pool of workers to fill SC roles/positions [pool of SC workers]

Q1. Organogram includes critical SC positions (Organogram available and specifies critical SC positions).

> *LQ1. Is there a clear understanding of what the critical SC staff positions are? Is there a list or organogram of those positions?*

Q2. All filled SC positions match qualifications and experience described in their JD (qualifications and experience are accurately described and complied with for all SC positions).

> *LQ2. Do qualifications and experience match the roles and responsibilities listed in the JDs?*

Q3. All <u>managerial</u> SC roles have existing career paths (a clear pathway exists for SC managerial staff to progress up the career ladder).

> *LQ3. Is there a documented career path for SC managerial staff?*

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[1] Explain the term 'competencies' as being the blend of knowledge, skills and abilities, needed to perform a specific task.

[2] If JDs do not reflect actual roles and responsibilities, this means that JDs are outdated and not regularly updated.

Q4. All <u>technical</u> SC roles have existing career paths (a clear pathway exists for SC technical staff to progress up the career ladder).

LQ4. Is there a documented career path for SC technical staff?

Q5. All key SC job positions are filled (there are no vacancies, all critical SC staff positions are filled).

LQ5. Are all critical SC staff positions filled?

Precondition 1-3: sufficient budget to fund required positions [budget for SC staff]

Q1. Funding is available to fill SC vacancies (regular funding has been allocated to fill all SC vacancies).

LQ1. Is a budget in place to fund all SC positions?

Q2. Funding for salaries for critical SC managers is sustainable (funding is from internal sustainable resources, e.g. government budget).

LQ2. How are salaries for SC positions funded? From government or from external sources?

Q3. SC pay scales reflect a clear career path (there is a career path in place whereby SC positions are linked to salary scales).

LQ3. Are SC career paths (if they exist) linked to salary scales?

Q4. SC salaries are competitive compared with industry (salaries for critical SC positions are comparable to those in private sector industry).

LQ4. Are SC salaries competitive with private sector salaries?

Q5. SC salaries competitive with other government departments (salaries for critical SC positions are comparable to those in other government departments).

LQ5. Are SC salaries competitive with those of other government supply chains?

Pathway 2: SKILLS

Precondition 2-1: SC workers demonstrate adequate technical and managerial competencies [SC competencies]

Q1. Documented lists detail critical SCM competencies for all SC services (steps and competencies required to undertake SC tasks are documented and known).

LQ1. Is there a documented list of SCM competencies that can be used as a basis for role definitions and job descriptions?

Q2. All SCM roles have required SCM competencies assigned to them (competencies define the knowledge, skills and attributes required).

LQ2. Do the SC competencies listed in the JDs match those that are actually required to do the job?

Q3. A public service competency review process/staff evaluation exists (a formal competency review process includes all SC staff).

LQ3. Is a formal staff performance appraisal in place for all SC staff? During this process, are SC competencies assessed or evaluated?

Q4. A training needs assessment (TNA) is performed at least once every five years (TNA focuses on knowledge, skills and attributes of all SC staff).

LQ4. When was the last TNA carried out for SC staff? If no TNA has been carried out in recent years, were the staff's learning objectives assessed in some other way?

Q5. Strong collaboration with local educational institutions related to SCM (collaboration with in-country universities and other institutions for learning contributes to developing and sustain a competent workforce).

LQ5. Is there a strong collaboration with local training institutions related to SCM?

Precondition 2-2: SC workers have leadership skills within their sphere of operations [leadership skills]

Q1. Opportunities for leadership training are available to SC workers (leadership training is included in individual development plans and includes decision making, problem solving, project management and ensuring adequate SC budgets).

LQ1. Have you been trained in leadership skills (give examples) within the past three years?

Q2. SC staff are given an opportunity to take on more responsibility (there is evidence that selected SC staff are given additional duties and responsibilities).

LQ2. Are you encouraged to take on more duties and responsibilities in addition to your JD?

Q3. Structured mentoring supervision systems in place for all SC staff (evidence exists that a mentoring supervision system is implemented, including routine supervision visits).

LQ3. Is there a structured supervision and mentoring/coaching system in place for the purpose of improving job performance?

Q4. Opportunities for mentoring and coaching are available to SC workers (all SC workers are given the opportunity and time to engage in structured mentoring and coaching sessions).

LQ4. Is routine supervision and mentoring/coaching available to all SC workers?

Q5. All SC staff participate in a regular mentoring and coaching programme (all SC workers routinely engage in mentoring/coaching activities, either as mentors or mentees).

LQ5. Is routine supervision and mentoring/coaching properly implemented?

Precondition 2-3: SC workers understand their roles and responsibilities in the SC system [understanding SC responsibilities]

Q1. All SC staff have individual staff development plans (staff development plans describe how workers develop competence through learning and experience).

LQ1. Do you have an individual documented skill development plan? Is it implemented?

Q2. SC staff discuss their roles and responsibilities with managers/supervisors (periodic performance evaluations are a means to improving individual job performance).

LQ2. Do you discuss your role and responsibilities with your manager/supervisor? For example, during periodic performance evaluations.

Q3. Individual development plans for SC staff based on periodic performance appraisal (there is documented evidence that SC workers have individual periodically-updated development plans).

LQ3. Does your individual development plan lead to improved performance? How? Is there evidence of this?

Q4. SC staff know which responsibilities are included in their JDs (all SC staff have a copy and are aware of their JDs).

LQ4. Do you know which responsibilities are included in your JD?

Q5. SC staff can identify to which key performance indicators (KPIs) their work directly contributes (staff understand their contribution to KPIs of the SC at their level, as a means to evaluate whether targets are reached).

LQ5. Does your department/organisation use KPIs? What are they? How does your job contribute to these KPIs?

Pathway 3: WORKING CONDITIONS

Precondition 3-1: favourable social and emotional environment [social, emotional environment]

Q1. Equal employment opportunity (EEO) policies exist (documented policies to reduce discrimination and build the organisation's reputation as a desirable place to work, while diversifying the workforce).

LQ1. Does your organisation have an equal employment opportunity (EEO) policy in place to reduce discrimination?

Q2. Environmental and occupational safety policies exist (documented polices to protect staff against workplace hazards to ultimately build a safe and productive workplace).

LQ2. Are policies in place to ensure a safe working environment? Think about environmental and occupational safety policies.

Q3. Policies exist on harassment in the workplace, especially of women (documented policies that contribute to establishing a zero-tolerance working environment).

LQ3. Are policies in place to protect women from harassment and discrimination?

Q4. Training for supervisors includes anti-harassment in the workplace (training explains conduct that violates the anti-harassment policy, the seriousness of the policy and responsibilities of supervisors when they learn of alleged harassment).

LQ4. Are supervisors trained on a specific procedure or the steps to take in case of harassment taking place?

Q5. Employee satisfaction survey conducted each year (surveys to assess whether employees are satisfied with their social and emotional working environment).

LQ5. Is a survey conducted every year to assess employee satisfaction with their work environment?

Pathway 3: WORKING CONDITIONS

Precondition 3-2: physical environment is safe, clean, and conducive to performance [physical environment]

Q1. List exists of required characteristics for a safe and conducive environment (documented details of a safe physical environment is accessible by all staff).

LQ1. Is documentation available that describes what a safe and conducive physical environment looks like? This can be posters on the walls. Think about worker safety and cleanliness of the workplace.

Q2. Training materials exist on establishing a safe and clean work environment (documented learning materials available to all SC staff on creating and maintaining a conducive physical work environment).

LQ2. Are training materials available on how to create and maintain a safe and conducive physical work environment? This can be SOPs.

Q3. Sufficient funding allocated for maintenance of work environment (funding from regular budget available to ensure maintenance and repair of workplace items).

LQ3. Is a regular budget available and sufficient specifically for workplace maintenance and repair?

Q4. Staff feel the physical environment is safe, clean and conducive to good performance (staff agree that the physical workplace is conducive to improved job performance).

LQ4. Is the physical workplace safe, clean and conducive to improving job performance?[3]

Q5. System in place to capture and address workplace safety incidents (documented record exists of workplace safety incidents and issues).

LQ5. Are workplace safety incidents recorded?

Precondition 3-3: SC workers have up-to-date and relevant tools and equipment to perform [tools & equipment]

Q1. List exists of necessary tools and equipment (documented details of required tools and equipment is accessible by all staff).

LQ1. Is there a documented inventory of essential tools and equipment (for example in an SOP)?

Note: Examples of tools and equipment in this section are: cold chain equipment, computers, temperature monitoring devices, repair tools and spare parts for refrigerator technicians, protective clothing (for cold rooms) and lifting equipment in warehouses.

Q2. Staff feel that they have access to necessary tools and equipment (staff have access to up-to-date tools and equipment in order to perform optimally).

LQ2. Do you have all the tools and equipment that you need to carry out your duties optimally? Refer to Q1.

Q3. Staff agree that tools and equipment are in satisfactory condition (tools and equipment are in good condition and replaced by new items when necessary).

LQ3. Are the tools and equipment replaced when they are no longer in good working condition? Refer to Q1.

Q4. Training materials exist on how to use tools and equipment (documented learning materials available to all SC staff on how to use tools and equipment in the workplace).

LQ4. Are training materials available on how to use tools and equipment in the workplace? For example: how to use computers and computer programs, how to maintain refrigerators and how to use temperature monitoring devices.

Q5. Sufficient funding allocated for the procurement of tools and equipment (funding from regular budget available to ensure adequate and reliable tools and equipment in the workplace).

LQ5. Is a regular budget available and sufficient for procurement of tools and equipment?

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[3] For example, ask whether the basics are in place, such as a clean WC (separate for men and women), a place to pray and a suitable indoor area to eat lunch.

Pathway 4: MOTIVATION

Precondition 4-1: good performance is supported within the system [support for good performance]

Q1. A formal performance appraisal system (PAS) is in place (A PAS includes policies, tools and procedures).

LQ1. Is a system in place for performance evaluation? This is also referred to as a performance evaluation review or a performance appraisal.

Q2. Career progression (promotion) is linked to good performance (staff career progression is based on work performance and achievement).

LQ2. Are promotions primarily linked to good work performance and achievement? Does the practice of nepotism play a role?

Q3. A process for identifying and documenting poor performance is in place (a progressive performance improvement process addresses poor performance).

LQ3. Does the Performance Management System identify and address <u>poor</u> performance?

Q4. A financial incentive system is in place and operational (good performance is documented and rewarded financially).

LQ4. Is good performance rewarded financially?

Q5. A non-financial incentive system is in place and operational (good performance is encouraged by way of non-financial incentives).

LQ5. Is good performance rewarded with non-financial incentives? Examples include: formal recognition, certificates, awards, employee of the month and selected to attend a conference.

Precondition 4-2: SC workers understand and care about their role in the health care system [understanding role in health system]

Q1. SC staff understand their role in the health system (SC staff understand how the SC is essential to ensuring that commodities are available so that health outcomes are improved).

LQ1. Can you describe your role in the entire SC system? How does your role contribute to improved health outcomes?

Q2. SC staff are able to describe the end-to-end supply chain (end-to-end SC, from manufacture to delivery of commodity at service point).

LQ2. Can you describe the entire SC system, from start to finish?[4]

Q3. SC staff agree that SC is a profession requiring specific competencies (SC staff are able to describe managerial and technical competencies that apply to the SC).

LQ3. Can you describe some of the critical SC managerial and technical competencies?[5]

Q4. SC staff are able to describe the career path that applies to them (SC staff are aware of the career path and job opportunities within their organisation).

LQ4. Do you have a clear career path in mind within your department or organisation? Or do you feel stuck in your position without promotion opportunities?

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[4] Ask about the supply chain, from manufacturer to service delivery point.

[5] Refer to Annex: Competency Framework for SC Managers and Leaders.

Q5. SC staff are aware of their need for continuous education (SC staff see continuous education as vital to improving job performance).

LQ5. Have you considered continuous education? What type of training would be the next step for you?

Precondition 4-3: SC workers have a sense of ownership of their role [sense of ownership]

Q1. SC staff feel a sense of ownership of tasks and challenges (sense of ownership refers to a proactive state of mind and a positive attitude, resulting in lower absenteeism, attrition rates, complaints and grievances).

LQ1. Do you feel a sense of ownership of your role or is this just a nine-to-five job for you?[6]

Q2. SC managers are involved in goal setting and planning activities (active involvement of SC managers in optimising system performance).

LQ2. Do you feel listened to by supervisors and managers when you have ideas about goal setting and planning activities?

Q3. SC managers have the authority to participate in high-level decision making (high-level decisions may be strategic, financial, HR or policy related).

LQ3. Are you given the opportunity to contribute to high-level decision making? Is your voice heard in management meetings?[7]

Q4. SC managers feel competent taking part in high level decision making (SC managers feel able and empowered to take part in decision making processes).

LQ4. Do you feel empowered to take part in taking strategic and financial decisions?

Q5. SC managers take part in high level decision making (SC managers contribute to high-level decisions).

LQ5. Can you give a concrete example of when you provided important input to a strategic or financial decision?[8]

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[6] Also, try and find out from managers and supervisors about levels of absenteeism, attrition rates, complaints and grievances: these are indicators of the state of mind and attitude of the workforce.

[7] Either directly or through a staff representative.

[8] This refers to a decision that positively influenced system performance.

Annex 3. Basket of interventions

Pathway 1 STAFFING

High-level outcome: all critical SC positions and/or competencies are filled

Precondition 1-1: Ability to recruit quality candidates

Precondition 1-2: Adequate pool of workers to fill SC roles/positions

Precondition 1-3: Sufficient budget to fund required positions

1. Develop an effective transparent recruitment system (develop an appropriate and transparent recruitment system, based on fair and open competition).
2. Develop a competency-based recruitment system (create the culture to value and support a competency-based recruitment system).
3. Develop guidelines to document recruitment processes (develop clear guidelines on how to document hiring processes).
4. Train staff in principles of effective recruitment and train staff in competency-based, fair and open recruitment).
5. Establish a formally recognised SC cadre (develop and establish a formally recognised supply chain cadre).
6. Review the SC staff structure periodically (conduct review of the SC organisational structure, by senior people within the organisation, to ensure that appropriate authority and accountability exist to manage SC end-to-end).
7. Review positioning of SC function within the organogram (Conduct advocacy to ensure that the organisational structure, within which the SC is positioned, is appropriate and allows adequate authority for effective operation; For example, advocate why a particular department would operate more effectively as a division).
8. Develop an industry standard job description format (develop a professional format for job descriptions for SC functions for the different levels of the health system. Industry standards stipulate that job descriptions should include the following minimum components: [1] identifiers, e.g., job title, to whom to report, department in which position exists and job location [2] responsibilities [3] qualifications [4] terms of employment [5] special conditions. The standard may need to be adjusted for local context and/or within civil service protocols).
9. Develop professional job descriptions for all SC positions (develop job descriptions for every position using a well-developed, thorough template and identify precise qualifications).
10. Develop a review process for job descriptions (create a review and approval process for creating and updating job descriptions. Compare job descriptions with the local context and adapt/improve as appropriate).
11. Publish job advertisements in the appropriate forums (widely disseminate effectively written job advertisements in the appropriate forums).
12. Evaluate the effectiveness of job advertising media (evaluate which outlets, e.g., newspaper, social media, trade publications, schools, referrals or online sites produce the most applicants who meet the requirements).
13. Support advocacy for SC HR budgetary needs (support advocacy for SC HR budgetary needs, ensuring that funding is available for an effective SC operation).
14. Develop a pay scale that links to a career path (ensure that career progression is matched by incremental pay scales).
15. Link pay scale to required qualifications and competencies (develop a pay scale that links to required qualifications/competencies, as well as salary market analysis).
16. Conduct a salary market analysis (conduct salary market analysis, i.e., evaluating market rates for similar positions in similar locations).
17. Transition non-permanent to permanent SC positions (conduct advocacy to transition non-permanent supply chain positions to officially permanent positions; this includes contractors and temporary positions).
18. Draft and implement a retention strategy (draft and implement a strategy to retain qualified staff).
19. Promote the SC among students at secondary schools (conduct activities that promote interest in and availability of the pharmaceutical supply chain within secondary schools).
20. Promote the SC in certificate and degree programmes (conduct activities that promote pharmaceutical supply chain careers among students in supply chain certificate and degree programmes).

Basket of interventions (continued)

<table>
<tr><td style="background-color:#8DC63F">Pathway 2 SKILLS</td></tr>
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High-level outcome: workers apply their skills as appropriate at every level of the SC

Precondition 2-1: SC workers demonstrate adequate technical and managerial competencies

Precondition 2-2: SC workers have leadership skills within their sphere of operations

Precondition 2-3: SC workers understand their roles and responsibilities in the SC system

1. Develop professional development plans for all SC positions (put in place staff development plans to support desired staff development).
2. Promote the continued professional development of all SC staff (ensure that all staff are informed about their individual staff development plans).
3. Conduct an annual review of staff development plans (implement a process for annual review of staff development plans).
4. Ensure high completion rates of staff development plans (conduct activities to increase the completion rate of staff development plans by providing opportunities for staff to meet the requirements in their development plans).
5. Provide access to learning resources for SC staff (improve access to and monitoring of tools for SC workers to use and gain skills, such as books, courses and rotations.).
6. Develop pre-service training opportunities (create preservice training opportunities for SC personnel in both the public and private sectors).
7. Integrate SC into the curricula of health care degree programmes (integrate SC into the preservice curriculum and include SC coursework in health care degree programmes, e.g., nursing, medical, laboratory, pharmacy and health policy).
8. Include pharmaceutics in existing SC degree programmes (include pharmaceutical-specific coursework in existing SC degree programmes).
9. Develop SC-specific certificate and degree programmes (develop certificate and degree programmes, specifically focusing on the supply chain).
10. Improve coaching programmes to address skill gaps (improve performance driven coaching programmes designed to improve on-the-job performance, typically in the short term, targeting specific skill gaps).
11. Improve mentoring programmes to address competency gaps (improve development-driven mentoring programmes, taking a more holistic approach to career development, addressing identified competency gaps).
12. Link periodic performance appraisal to skills development (ensure that routine performance appraisals lead to the identification of skill gaps).
13. Establish a system for self-assessment of SC competencies (establish a system of self-assessment of staff competencies in addition to formal performance appraisals with staff and supervisor involvement).
14. Define a career path that maps all SC positions (define a career path within the organisation that maps low-level to upper-level experience).
15. Adopt a recognised SC professional progression framework (Link the SC staff structure to a recognised professional progression framework).
16. Establish a SC licensing and accreditation programme (establish a licensing and accreditation programme for the supply chain).
17. Link professional development with career progression (align continuing professional development/education opportunities with career progression).

Basket of interventions (continued)

Pathway 3 WORKING CONDITIONS

High-level outcome: working conditions support performance

Precondition 3-1: Favourable social and emotional environment

Precondition 3-2: Physical environment is safe, clean, and conducive to performance

Precondition 3-3: SC workers have up-to-date and relevant tools and equipment to perform

1. Develop policies for occupational safety (develop occupational safety policies for SC staff, which contribute to improving organisational culture).
2. Familiarise SC staff with occupational safety policies (ensure onboarding or orientation processes to explain and build awareness of existing policies that impact organisation culture, including occupational safety).
3. Establish and maintain clean conducive work environment (establish and maintain a clean and conducive work environment).
4. Establish a staff safety and health management system (establish a system to manage the safety, welfare and health of SC staff).
5. Develop policies to address anti-harassment (develop anti-harassment policies that contribute to improving organisational culture).
6. Familiarise staff with anti-harassment policies (ensure onboarding and/or orientation processes to explain and build awareness of existing policies that impact organisation culture, including anti-harassment).
7. Develop policies to address anti-discrimination (develop anti-discrimination policies that contribute to improving organisational culture).
8. Familiarise staff with anti-discrimination policies (ensure onboarding and/or orientation processes to explain and build awareness of existing policies that impact organisation culture, including anti-discrimination).
9. Train supervisors in workplace policy awareness (train supervisors on [1] identifying and addressing harassment and discrimination, [2] following policies and protocols—including local laws as appropriate—in responding to and reporting harassment/discrimination, [3] establishing a zero-tolerance working environment, and [4] mentoring their supervisees in all of the above. Note: such training should explain conduct that violates the anti-harassment policy, the seriousness of the policy and the responsibilities of supervisors when they learn of alleged harassment).
10. Train supervisors in workplace policy enforcement (provide training to supervisors in the skills necessary to implement and enforce workplace policies, including [1] identifying and addressing harassment and discrimination, [2] following policies and protocols—including local laws as appropriate—in responding to and reporting harassment/discrimination, [4] establishing a zero-tolerance working environment, and [5] mentoring their supervisees in all of the above. Note: such training should explain conduct that violates the anti-harassment policy, the seriousness of the policy and the responsibilities of supervisors when they learn of alleged harassment).
11. Conduct workplace solution-focused leadership coaching (conduct workplace solution-focused leadership coaching for aspiring SC staff).
12. Stimulate and reward problem-solving behaviour (implement interventions that reward problem-solving behaviours and outside-the-box approaches).
13. Assess and improve the organisation's current culture (define and describe the organisation's current culture as it applies to the SC workforce and consider how it can be improved).
14. Create an optimal emotional and social work environment (identify the optimal emotional and social environment for your organisation and incorporate this vision into management principles or the organisation's values).
15. Task managers with improving the social working environment (ensure supervisors and middle management are responsible for building a conducive and improved social working environment).
16. Task managers with improving the emotional working environment (ensure supervisors and middle management are responsible for building a conducive and improved emotional working environment).
17. Develop checklist of required tools and equipment (develop list of required tools and equipment for each level and share with all staff).
18. Ensure all tools and equipment are in good condition (introduce and foster a "checking" culture to confirm agreed tools and equipment are available, functional and used correctly).
19. Replace missing or defective tools and equipment (prepare budget request for the tools and equipment required at all levels and advocate for inclusion of these resources in the budgets).

Basket of interventions (continued)

Pathway 4 MOTIVATION

High-level outcome: SC workers are motivated to do their jobs

Precondition 4-1: Good performance is supported within the system

Precondition 4-2: SC workers understand and care about their role in the health care system

Precondition 4-3: SC workers have a sense of ownership of their role

1. Establish a supportive supervision system (establish a supportive supervision system for all SC staff).
2. Improve existing supportive supervision system (improve existing supportive supervision system for SC staff).
3. Establish a performance management system (establish a performance management system for all SC staff).
4. Improve existing performance management system (improve existing performance management system for SC staff).
5. Develop competency-based promotion systems (develop and implement a competency-based promotion system).
6. Train managers in implementing promotion systems (ensure relevant staff members have the skills to implement developed promotion systems).
7. Develop a formal recognition programme for SC staff (develop a formal recognition programme—that is, determine what accomplishments the programme will recognise, e.g., length of service, how often recognition will occur and how employees will be recognised).
8. Build a supportive environment for staff development (build a supportive environment that allows staff to develop skills).
9. Develop or review financial incentives (develop or review financial incentives for SC staff, in terms of salary and allowances in order to improve staff motivation and satisfaction).
10. Develop or review non-financial incentives (develop or review non-financial incentives for SC staff, such as training opportunities and participation at conferences, in order to improve staff motivation and satisfaction).
11. Develop or improve progressive disciplinary process (develop or improve a progressive disciplinary process applicable to SC workers).
12. Ensure supervisors have the authority to take disciplinary action (reform HR policy to ensure supervisors have authority to take disciplinary actions).
13. Ensure organogram enables SC staff to take decisions (ensure organogram reflects required hierarchy that enables staff to make and implement relevant decisions).
14. Ensure job descriptions include reporting structures (ensure job descriptions include reporting relationships and responsibilities for relevant positions).
15. Ensure job descriptions include decision making duties (ensure job descriptions include decision-making responsibilities for relevant positions).
16. Train managers in delegating decision-making to staff (provide training to managers on adopting management styles that enable workers to make decisions and take ownership for their tasks and successes).
17. Orientate new SC staff on their role in the health system (hold staff orientation and onboarding to explain the health systems and the roles of individuals within that system).

Annex 4. Template: Country Diagnostic Report

A template for a diagnostic country report is available from People that Deliver.

Annex 5. Template: Presentation to Stakeholders

A template for a presentation to stakeholders is available from People that Deliver.

Annex 6. Health Supply Chain Competency Framework for Managers & Leaders

Source: Adapted from PtD (2015)

Technical competencies	Competency area
1. Selection and quantification	1.1 Select the appropriate product
	1.2 Define the specifications and quality of products
	1.3 Forecast and quantify product needs
	1.4 Develop supply plans
2. Procurement	2.1 Manage procurement costs and budget
	2.2 Manage tendering processes and supplier agreements
	2.3 Assure quality of products
	2.4 Manage importation of products
	2.5 Manage clearance of products
3. Storage and distribution	3.1 Storage, warehousing and inventory management
	3.2 Supply commodities to facilities
	3.3 Manage distribution of commodities
	3.4 Manage disposal of products (e.g., expired, damaged, redundant)
4. Use	4.1 Understand use of medical products including medicines and equipment
	4.2 Understand the supply chain cycle at user level
	4.3 Waste management
Managerial competencies	**Competency Area**
5. Resource management	5.1 Strategic and operational planning
	5.2 Manage human resources
	5.3 Performance management
	5.4 Financial management
	5.5 Transport management
	5.6 Data for management
6. Professional and personal	6.1 Command of technology
	6.2 Communication skills
	6.3 Interpersonal skills
	6.4 Problem solving and decision making
	6.5 Leadership and teamwork
	6.6 Accountability and responsibility
	6.7 Initiative and creativity
	6.8 Time management
	6.9 Conflict management