PEOPLE THAT DELIVER

HUMAN RESOURCES FOR SUPPLY CHAIN MANAGEMENT

RAPID DIAGNOSTIC TOOL

FACILITATION GUIDE

CONTENTS

PART 1: BACKGROUND AND FOUNDATIONS

1.1 INTRODUCTION

Purpose of the guide

This guide supports facilitators in conducting a human resources (HR) for health supply chain management (HR4SCM) diagnostic review using the HR4SCM Rapid Diagnostic Tool (RDT). It provides a structured, step-by-step approach to identify workforce gaps, prioritise interventions and strengthen HR systems to improve supply chain performance.

The guide includes methods, tools and templates to ensure a standardised and evidence-based assessment process. It forms part of a broader effort to professionalise the health supply chain workforce and is grounded in the HR4SCM Theory of Change (TOC), developed by People that Deliver (PtD), which provides a strategic framework to develop the health supply chain management (SCM) workforce.

Scope of the diagnostic

The RDT focuses on assessing the capacity and performance of the health supply chain workforce. It specifically targets four critical HR pathways:

- **Staffing** – Ensuring that supply chain positions are appropriately filled with qualified personnel.
- **Skills** – Ensuring that SCM staff have the necessary competencies and access to relevant training.
- **Working conditions** – Creating a supportive and enabling environment to promote staff performance and retention.
- **Motivation** – Strengthening incentives, recognition and career pathways to improve staff engagement and productivity.

The RDT is not a general supply chain assessment or performance audit, and the TOC is not a supply chain improvement programme; it is a tool that can be used to design such a programme, develop specific interventions, and map how the activities will be sequenced and prioritised. Instead, the tool is designed to uncover HR–related barriers and opportunities for supply chain effectiveness and guide workforce-specific reforms.

Areas covered include:

- Staffing: Workforce planning, recruitment and retention strategies
- Skills: Competency development and training programmes
- Working conditions: Social, emotional and physical environments, tools and equipment

- Motivation: Leadership, professional development opportunities and career progression in SCM roles

These are all underpinned by HR policies, governance and management structures

The diagnostic findings guide decision-makers in developing strategic workforce interventions that align with national health priorities and strengthen the health supply chain workforce.

Intended audience

This guide is intended for the following users:

- **Government agencies and policymakers:** To inform workforce planning and policy development
- **Funders and donors:** To identify HR priorities and support SCM workforce strengthening initiatives
- **Facilitators and assessment teams:** To guide the structured implementation of the HR4SCM diagnostic process
- **Training institutions and professional bodies:** To align workforce development programmes with SCM needs.
- **Health system managers and SCM professionals:** To improve HR-related decision-making within supply chains

Expected outcomes

Conducting the HR4SCM diagnostic enables stakeholders to:

- Gain a comprehensive understanding of workforce strengths and weaknesses in SCM
- Identify priority HR interventions to enhance workforce capacity
- Inform policy and funding decisions to strengthen HR in health supply chains
- Develop actionable recommendations for workforce planning and professionalisation
- Strengthen the alignment of SCM workforce strategies with national and global health goals

Structure of the guide

This guide is organised into four parts:

Part 1: Background and foundations
Introduces the purpose of the diagnostic tool, the importance of HR in SCM and the Theory of Change (TOC), which underpins the approach.

Part 2: Preparing for the HR4SCM diagnostic
Outlines the steps to set up the diagnostic process, including stakeholder engagement, selecting target groups and planning data collection.

Part 3: Conducting data collection
Provides detailed guidance on how to carry out interviews, focus group discussions, site visits, and validation workshops, ensuring results are grounded in local realities.

Part 4: Using the HR4SCM Rapid Diagnostic Tool
Explains how to enter, analyse and interpret results using the Excel-based tool, prioritise interventions and validate findings with stakeholders.

Annexes
Include templates, tools, guiding questions and sample materials to support facilitation and reporting.

1.2 WHY HUMAN RESOURCES MATTER IN SUPPLY CHAINS

Why focus on human resources in SCM?

Access to essential medicines remains a challenge for a third of the world's population. Health systems face significant HR shortages and within this crisis, SCM is often under-resourced and overlooked — despite being essential to health service delivery. Without qualified personnel managing the supply chain, even the best-designed programmes can fail owing to stockouts, wastage and logistical breakdown.

The saying "no product, no programme" captures this reality. An effective supply chain relies on having the right people with the right skills working in the right conditions under the right policies. When any of these elements are missing, health outcomes suffer.

The World Health Organization (WHO) identifies HR as one of the six core building blocks of a well-functioning health system.[1] In 2023 WHO projected global shortfall of 10–11 million health workers by 2030, with 55 countries facing critical workforce challenges, particularly in achieving universal health coverage.[2] Major global strategies—including WHO's *Access to safe, effective and quality-assured health products and technologies* and the *Global Strategy for Women's, Children's and Adolescents' Health*—have also underscored the essential role of skilled health and logistics professionals in strengthening health systems.[3]

Key challenges facing the supply chain workforce

People that Deliver (PtD) has identified several challenges that hinder supply chain workforce performance. These include:

- Fragmented responsibility for managing supply chain operations
- Inadequate workforce planning and financing
- Lack of professional recognition and credentialing for supply chain roles
- Absence of clear job descriptions and career pathways
- Limited professional development opportunities for supply chain personnel

The current model, in which pharmacists—already in short supply—are expected to manage supply chains without dedicated training, is unsustainable. A new approach to professionalise the supply chain workforce should include:

- An analysis of the required competencies
- The establishment of structured career paths
- The creation of and support for training opportunities aligned with those roles

The establishment and maintenance of a pipeline of qualified professionals equipped to manage health supply chains requires the support of education institutions, health ministries and funding partners.

1.3 THE HR4SCM RAPID DIAGNOSTIC TOOL

What the tool enables you to do

Recognising these workforce challenges, PtD developed the HR4SCM Rapid Diagnostic Tool (RDT) with funding from USAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The RDT offers a structured, evidence-based approach to assess the strengths and weaknesses of the supply chain workforce. It enables countries and organisations to make informed decisions and prioritise interventions that will improve workforce capacity and, ultimately, supply chain performance.

The RDT supports stakeholders to:

- Identify competency gaps within the SCM workforce
- Align training opportunities with current and future needs
- Generate action plans for targeted interventions
- Create a foundation for long-term workforce planning and professionalisation strategies

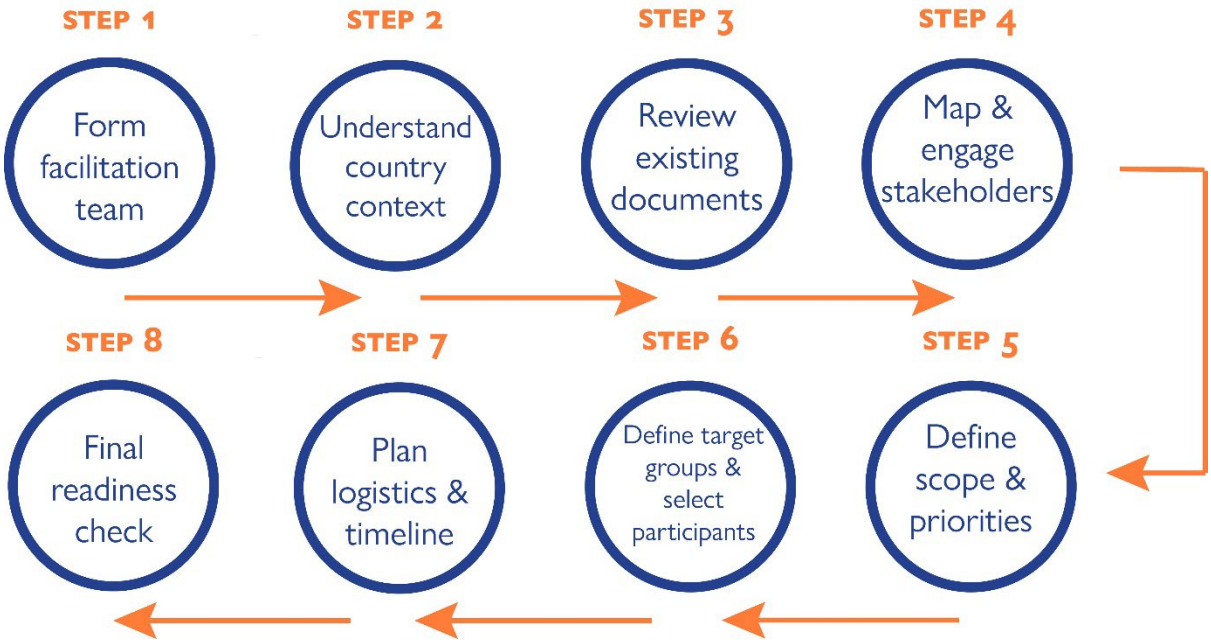
How the tool is applied

The application of the tool typically involves key stakeholders across health system levels. It combines qualitative and quantitative data to assess the four core pathways of the TOC:

1. Staffing
2. Skills
3. Working conditions
4. Motivation

The assessment enables tailored interventions that reflect national priorities, resource availability and workforce realities. The RDT contains 15 key questions for each of the four pathways—staffing, skills, working conditions and motivation. Responses are generated

through facilitated group discussions with target groups and are scored on a four-level maturity scale: foundational (level 1), emergent (level 2), functional (level 3) and advanced (level 4). The key activities are summarised as follows:



1.4 THE HR4SCM THEORY OF CHANGE

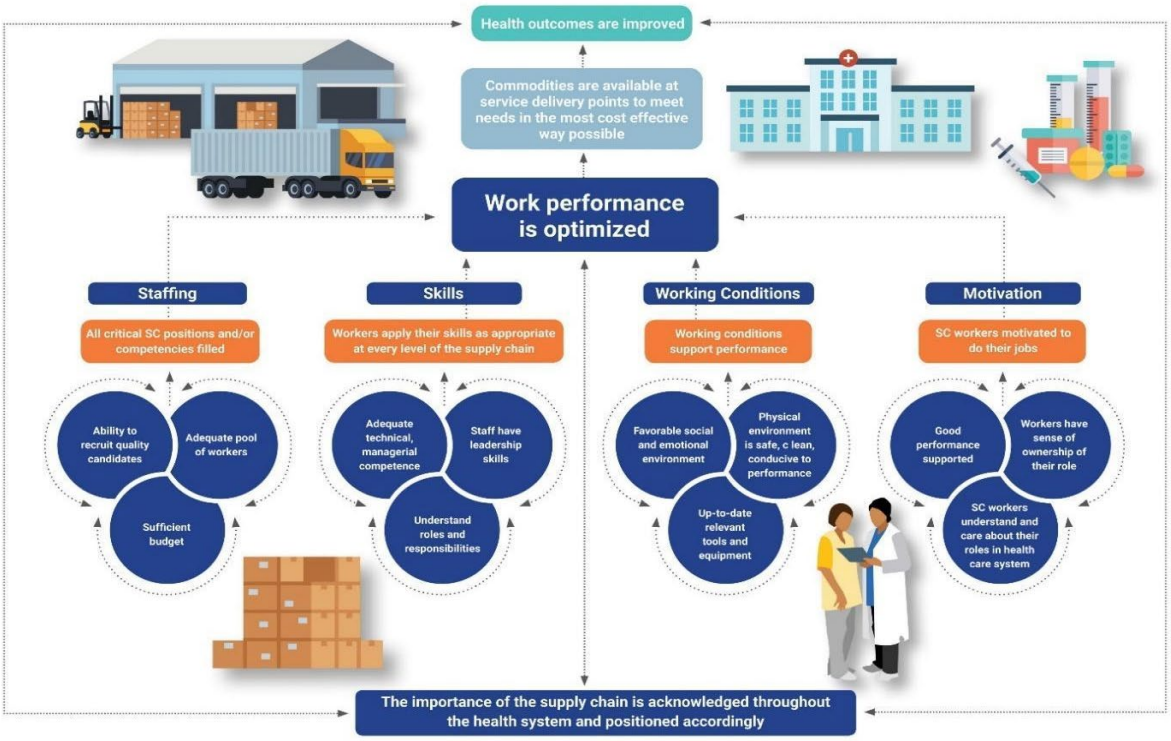
Overview of the framework

The HR4SCM Theory of Change (TOC) is a conceptual framework that demonstrates how improvements in four workforce pathways—staffing, skills, working conditions and motivation—lead to stronger supply chain systems and ultimately better health outcomes. It provides a structured approach to understanding how targeted HR interventions improve supply chain performance.

Why this framework is important

The TOC ensures that workforce strengthening efforts are coherent, strategic and effective. It:

- Connects workforce development to health system goals
- Identifies where and how to intervene for greatest impact
- Supports alignment with national priorities and donor investments
- Assists in understanding the organisational and environmental contexts in which supply chain professionals operate



Using the TOC in practice

The framework can be applied at any stage of workforce planning and reform and is preferably repeated at intervals for continuous programme improvement. Stakeholders use the TOC to:

- Prioritise and align HR interventions with health system objectives
- Inform the design of country-specific strategies
- Guide monitoring, evaluation and course correction

Outcomes enabled by the TOC

A successful application of the TOC results in:

- Better-aligned national policies and organisational workforce planning
- Clearly defined and professionalised supply chain roles
- Stronger HR systems that support recruitment, training, retention and performance
- Measurable improvements in the availability of health commodities

How the four pathways reinforce one another

The HR4SCM framework is built around four interdependent pathways—**staffing, skills, working conditions** and **motivation**. Each plays a distinct role in workforce development, but their combined effect is what drives lasting improvement in supply chain performance.

- Improvements in **staffing** help ensure the right number of people are in the right roles.
- Investments in **skills** ensure those people are equipped to do their jobs effectively.
- Supportive **working conditions** support retention, morale and day-to-day performance.
- **Motivation** mechanisms—from supervision to recognition—sustain engagement and professional growth.

The diagnostic process encourages integrated solutions that address all four areas. When interventions in all four pathways are coordinated, organisations are more likely to achieve lasting improvements in workforce performance and supply chain outcomes.

Further reading: Access the HR4SCM Theory of Change on the PtD website (summary, narrative and explainer video). Please note a second edition of the TOC was published in 2025, which includes the concepts of diversity, equity, inclusion and accessibility.

Country examples

DOMINICAN REPUBLIC

The RDT found that supply chain staff are often hired without undergoing a formal recruitment process. As a result, staff did not fulfil the formal qualifications required for their roles and faced employment instability, limited financial compensation and a lack of benefits. Formal job descriptions were often absent. Despite these structural deficiencies, the RDT identified notable workforce strengths, particularly a high level of staff commitment and a relatively low

turnover rate. This apparent contradiction was attributed to a prevailing perception among supply chain workers that being employed in the pharmaceutical supply chain offered prestige and a sense of empowerment. New job descriptions were introduced for all SCM staff to 21 hospitals across the country, with an improved classification system for personnel, placing the right people in the right positions to manage the health supply chain. Moreover, a diploma course on the rational use of drugs began at the Universidad Central del Este, with an additional diploma course on pharmaceutical supply management.

SUDAN

The RDT found that there was a shortage of qualified supply chain staff, with significant disparities in workforce distribution across different regions. This imbalance affected the efficiency and reliability of medicine distribution, especially in underserved areas. There was a deficiency in specialised training programmes for supply chain staff. Many workers lacked formal education or training in SCM, leading to gaps in the knowledge and skills necessary for effective performance. The absence of a comprehensive HR policy was identified as a significant barrier. Without clear guidelines and strategic planning, efforts to recruit, train and retain qualified supply chain staff were inconsistent and lacked direction.

A competency framework was developed for the National Medical Supplies Fund (NMSF), which was necessary for establishing job descriptions, training and career development (coaching and mentoring programmes), performance management, organisational development (HR policies and procedures manual) and recruitment. A training strategy that included a five-year costed training plan was also developed for the Abdulhameed Ibrahim Training Centre, a purpose-built supply chain training centre at NMSF in Khartoum.

RWANDA

In preparing for the launch and establishment of the Rwanda Medical Supply Ltd. (RMS), the Rwanda Ministry of Health (MOH) coordinated an extensive project to address multiple gaps identified through the RDT. There was a significant disparity between the competencies required for supply chain roles and the skills possessed by existing personnel. This mismatch was attributed to outdated curricula, a lack of specialised SCM education and insufficient practical training opportunities. The assessment revealed a lack of defined career pathways for SCM professionals, leading to limited motivation and high staff turnover. The absence of standardised job descriptions and professional recognition further exacerbated this issue. Consequently, the MOH developed a competency framework and specific SCM roles, completed an SCM competency mapping exercise and identified education and training needs to address the identified competency gaps.

Strategies have been implemented to strengthen recruitment, capacity development, and motivation of personnel. Capacity building approaches have been deployed, including a supportive supervision programme, mentorship and continuous learning through a people-centred approach. Career paths have been defined for SCM staff and professional development and education opportunities are aligned with career progression.

The lack of leadership skills among the SCM workforce was also highlighted during the assessment. An e-learning module on leadership and change management has since been introduced and RMS managers participated in a STEP 2.0 programme in 2023 (read more here).

MALAWI

The RDT revealed a shortage of qualified supply chain staff, which had led to overburdened staff and gaps in essential functions. Many existing staff lacked formal training in SCM, resulting in inconsistent practices and reduced system performance.

A rapid action plan was incorporated into the Central Medical Stores Trust (CMST) business plan and corporate strategy. It focused on developing a staff retention scheme, encouraging competency-based active recruitment, the implementation of industry-standard job descriptions and the development of a training programme based on the results of a training needs analysis (TNA). CMST attained a budgeted training plan, planned for HR policy revisions and requested reforms allowing a salary scheme, career planning and promotion systems to be managed organically without needing civil service involvement and approval.

PHILIPPINES

The RDT found that supply chain staff were not part of the HR for health workforce projected in the country's master plan for 2020–2040. Therefore, staff were employed through short-term contracts (less than six months), which created uncertainties.

A workforce development plan was designed and established as the foundation of the Department of Health's ongoing commitment to its supply chain workforce. Quality improvement and staff retention were included in a comprehensive strategy that incorporated training and capacity development of the SCM workforce through the identification of gaps in skills and knowledge. A competency framework was developed to standardise assessments, feedback and communication on performance. This led to objective succession planning, rewards for good performance and the increased productivity and retention of high-quality staff. More permanent SC staff positions were approved and an organisational structure was designed with end-to-end SC functional areas.

DRC

The RDT unveiled substantial skills gaps in the SCM workforce and subpar working conditions, all posing significant threats to the functioning of the health supply chain. Despite these hurdles, the existing staff exhibited commendable motivation, indicating a potential resource that could enhance operations.

To address the identified issues, a coordinated effort to empower the workforce with the necessary skills and resources to improve their working environments, and rectify the issues affecting the supply chain, began with outsourcing the management of the CMS. A TNA identified gaps in employee training and related training needs in 26 provinces. Since then, four cohorts of SCM managers have participated in the STEP 2.0 programme (2021, 2022, 2023 and 2024). Read about the latest cohort here.

ETHIOPIA

The RDT found that the availability of qualified supply chain staff was limited, especially in remote regions. Staff lacked formal education or training in SCM, which had led to gaps in the knowledge and skills necessary for effective performance. This contributed to inefficiencies in medicine dispensing, data management and logistics reporting.

A proclamation was declared, which gave the Ethiopian Pharmaceuticals Supply Service full control of the recruitment process. A tailored competency framework was created, outlining the skill and knowledge needed for different roles. HR strategic plans were developed and updated, and workshops were hosted to establish standard operating procedures for consistent SC and HR professional practices. A training centre has been established that offers formal classes, on-the-job training and mentoring to support study cohorts with SC professional certification.

Staff surveys had revealed low commitment among staff and dissatisfaction with working conditions and safety practices. Following a culture diagnostic assessment, a strategy was developed to promote new employee induction, culture ambassador programmes, a code of conduct and a gender audit. A compensation review and benchmarking study were conducted to compare the pay range in the SC industry. These findings were used to recommend a new grading system and compensation structure that would be fair and competitive. Three cohorts of EPSS managers participated in a STEP 2.0 programme in 2023 (read about it here).

NIGERIA

The RDT revealed significant gaps in the capacity of health workers to manage supply chains effectively. There were deficiencies in training, skills and overall preparedness for supply chain roles. SCM was not recognised as a strategic component within the health sector, leading to inadequate prioritisation and investment in SCM roles and functions.

The RDT recommended strengthening the Logistics Management Coordination Unit (LMCU's) role in coordinating capacity building at state and local government levels, and professionalising SCM roles in the LMCUs. The National Procurement and Supply Management Program (NPSCMP) and the Federal Ministry of Health (FMOH) created an appropriate career path structure for positions in the LMCUs, and the FMOH approved and endorsed the creation of a regulatory body to maintain the standards for SCM professionalisation in Nigeria. Both NPSCMP and FMOH staff participated in a STEP 2.0 programme in 2025 (read more here).

Part 2: PREPARING FOR THE DIAGNOSTIC

A well-structured preparation phase ensures the facilitation team is ready, the right stakeholders are engaged and the process is aligned with the country context and priorities. This section outlines the key steps required to prepare for the diagnostic and provides practical instructions and templates to support implementation.

2.1 FORM AND ORIENT THE FACILITATION TEAM

The facilitation team plays a central role in coordinating and implementing the RDT. They plan and oversee data collection, facilitate discussions and bring groups to consensus, analyse findings and guide the development of recommendations. A well-prepared, impartial and technically competent team is crucial to success.

Recommended composition

The size and composition of the team may vary depending on the country context and number of target groups, but can include:

- A team leader (ideally from a coordinating organisation or ministry)
- Technical experts in supply chain, HR or health systems
- Representatives from relevant government institutions, partners or NGOs
- Support staff to manage logistics, note-taking and documentation

Where possible, an external facilitator may be engaged to ensure objectivity and provide additional technical guidance, especially in contexts where internal biases or sensitivities may impact responses.

Orientation activities

Before the diagnostic begins, all team members should review **HR4SCM Theory of Change (TOC)**. The TOC is the conceptual foundation of the diagnostic, showing how the four pathways—staffing, skills, working conditions and motivation—drive stronger supply chains and better health outcomes. Reviewing this framework beforehand ensures that the facilitation team shares a common understanding of *why* the diagnostic is important and how its results link to broader workforce strengthening.

Once familiar with the TOC, the team should participate in an orientation session to become comfortable with the **RDT** and the process to apply it.

To support this session, facilitators should use the **HR4SCM Diagnostic Process Presentation** to introduce the diagnostic structure, objectives and workflow. This complements the guide and helps align the team's practical understanding.

Recommended activities

- Review the HR4SCM Theory of Change as preparatory reading
- Review the presentation and facilitator's guide
- Clarify objectives, deliverables and expectations
- Assign roles and discuss timelines, communication protocols and data collection methods
- Identify technical support or training needs

Download the Diagnostic Process Presentation

2.2 UNDERSTAND THE COUNTRY CONTEXT

Before applying the diagnostic, facilitators must develop a strong understanding of the health system, SCM landscape and broader HR context. This helps tailor the tool, identify priority areas and engage the most relevant stakeholders.

Facilitators should review existing policies, strategies and performance reports, and identify which actors influence or are impacted by SCM workforce decisions. This preparatory step ensures the diagnostic is aligned with national priorities, makes use of existing information and involves the right actors at each level of the system.

Stakeholders to consult

National/central level

- Ministry of Health (HRH and SCM units)
- Finance, planning, labour and related ministries
- Human resources for health office or unit
- Logistics management unit
- Central medical store
- Drug regulatory or quality assurance authority
- Port or customs authorities
- Training institutions and universities
- Professional associations (e.g. pharmacists, logisticians)
- Private sector actors in supply chain services
- Donor and implementing partners supporting supply chain functions

Sub-national and service delivery level

- Regional or provincial medical stores or distribution centres
- Regional or district health management offices
- Health facilities (hospitals, clinics, pharmacies, laboratories)

Outputs

- A country context summary or briefing note
- A completed stakeholder mapping tool (see Annex 2)
- A draft list of facilities or institutions for data collection
- A high-level map or description of national supply chain structure (e.g. which levels manage warehousing, procurement, distribution)

Annex 2: Country Context Mapping Template

2.3 REVIEW EXISTING DOCUMENTS AND ASSESSMENTS

A document review ensures the diagnostic builds on existing evidence, avoids duplication and aligns with national strategies and recent reforms. It also helps adapt the RDT.

Objectives

- Gather information on supply chain and HR policies, plans and systems
- Identify key priority areas, reforms or known workforce gaps
- Understand the current status of SCM workforce development
- Strengthen the credibility and relevance of findings and recommendations
- Ensure alignment with national strategies, donor investments and ongoing programmes

Key activities

1. **Compile relevant documents**
   Request or download national and organisational documents from ministries, implementing partners and donors. Where necessary, follow up with key informants to access grey literature or internal reports.

2. **Review and extract key information**
   Examine each document for insights related to SCM workforce planning, roles, systems and existing interventions. Take note of any ongoing reforms or planned initiatives.

3. **Synthesise findings**
   Summarise key themes, priorities and existing challenges or solutions that will influence the diagnostic process. This will serve as the evidence base for stakeholder engagement and tool adaptation.

4. **Maintain a reference log**
   Keep a record of all documents reviewed, including source, date and relevance, to ensure transparency in reporting and allow verification of findings later.

Examples of documents to review

- National health strategic plans
- National or regional supply chain strategies or implementation plans
- HR or HR for health strategic plans
- Job descriptions and staffing norms
- SCM competency frameworks
- Professional certification or credentialing policies
- Organisational charts and supply chain process maps
- Pay scales or salary band frameworks
- Pre-service and in-service training curricula
- Funding frameworks and donor-supported HR initiatives
- Past SCM assessments, evaluations and workforce reviews

Tip: *If an assessment or intervention was conducted recently (e.g., within the last 12–18 months), build on that data rather than duplicating efforts.*

Outputs

- A summary of key insights to inform diagnostic planning
- A completed document review template (see Annex 1)
- A reference list to be included in the final diagnostic report

Annex 1: Document Review Template

2.4 MAP AND ENGAGE STAKEHOLDERS

Early and ongoing stakeholder engagement helps secure buy-in, improve data access and strengthen ownership of results.

Key actions

1. **Conduct stakeholder mapping**: Use the stakeholder mapping tool (Annex 2) to list key individuals, their level of influence, interest and potential support or resistance.
2. **Determine engagement strategy**: Use power/interest levels to plan engagement (e.g. involve high-power advocates in validation workshops).
3. **Initiate outreach**: Send formal letters or emails to relevant agencies or individuals. Introduce the diagnostic process and request participation.
4. **Hold a kick-off meeting**: Bring together key stakeholders to align on the objectives, explain the process and discuss timelines.
5. **Maintain communication**: Share updates, thank-you notes and summaries of next steps throughout the process.

Outputs

- A completed stakeholder mapping template
- A stakeholder engagement strategy and contact list
- A successful kick-off meeting with agreed action points

Annex 2: Country Context Mapping Template and Instructions
Annex 3: Sample Stakeholder Invitation Letter
Annex 4: Sample Kick-off Meeting Agenda

2.5 DEFINE SCOPE AND PRIORITIES

Establish what the diagnostic will cover—both geographically and thematically— which groups will be included in data collection and manage time and resources.

Key considerations

1. **Geographic focus**: Will the tool be applied at national, regional or facility level—or all?
2. **HR pathway focus**: Based on country context, which of the four pathways (staffing, skills, working conditions, motivation) should be prioritised?
3. **Sectoral coverage**: Will private sector, NGOs or training institutions be included?
4. **Target groups**: What kinds of organisations or institutions will participate in the diagnostic?
5. **Success criteria**: What outcomes do stakeholders expect from the diagnostic?

Facilitators should document these decisions in a scoping worksheet.

Annex 5: Diagnostic Scoping Worksheet
Annex 6: Participant Planning Template

Outputs

- Diagnostic scoping worksheet *(Annex 5)*
- Target group and participant list *(Annex 6: Participant Planning Template)*

2.6 DEFINE TARGET GROUPS AND SELECT DIAGNOSTIC PARTICIPANTS

After engaging stakeholders and understanding the country context, define the **target groups** for the diagnostic process and then select individuals from each group to participate in data collection.

In collaboration with country stakeholders, select institutions or levels of the public health system/supply chain that:

- Have HR/SCM issues
- Are of strategic importance to the supply chain
- Represent a range of geographic areas or types of institutions (e.g. central vs. district level, public vs. private, rural vs. urban)

Potential target groups include:

- National supply chain agencies and ministries
- Central medical stores
- National, regional or provincial health offices
- Distribution centres
- Service delivery points (hospitals, clinics, labs)
- NGOs or private sector logistics providers

Important to note: the tool should be applied separately to each group to allow for tailored analysis.

Selecting participants

- Include staff in different roles: pharmacists, nurses, drivers, warehouse staff, procurement officers
- Include HR representatives
- Conduct separate interviews for managers and focus groups for workers where possible
- Aim for diversity in gender, job role and experience
- Ensure individuals are knowledgeable and can speak openly

Annex 6: Target Group and Participant Planning Template

2.7 PLAN LOGISTICS AND TIMELINE

Efficient logistics planning ensures smooth implementation and reduces disruptions during data collection.

Key planning tasks

1. **Develop a detailed work plan:** Include tasks, responsibilities, timelines and budget considerations
2. **Schedule site visits and interviews:** Coordinate with facilities and stakeholders in advance
3. **Arrange travel and permission:** Secure approvals to access facilities and conduct interviews
4. **Prepare materials:** Print or load tools, briefing documents, consent forms and ID badges if needed
5. **Build in flexibility:** Allow time in the schedule to account for unforeseen challenges

Outputs

- A completed work plan and timeline
- A checklist to ensure all logistics are ready

Annex 7: Diagnostic Planning Checklist
Annex 8: Sample Workplan and Timeline Template

2.8 FINAL READINESS CHECK

Before fieldwork begins, the facilitation team should carry out a final readiness check to ensure that all preparations are in place and that the RDT can be used effectively. This step bridges the planning phase and the start of data collection, giving the team confidence that logistical, technical and ethical requirements are covered.

Key actions

1. **Confirm schedule and participants**
   - Verify the final list of focus groups, interviews and site visits
   - Double-check attendance and institutional permissions
2. **Check tools and materials**
   - Ensure the Excel diagnostic tool is functional and accessible
   - Print copies of maturity level definitions and facilitator guides

- Prepare consent forms, sign-in sheets and any handouts
- Confirm note-taking tools (notebooks, tablets or recorders)

3. **Team orientation**
    - Hold a short internal meeting the day before fieldwork
    - Walk through the daily agenda and responsibilities
    - Review the four pathways, preconditions and maturity level definitions
    - Practice navigating the tool (emphasising the use of dropdowns and not editing formulas).
    - Discuss how to handle unexpected challenges (i.e. late arrivals, unclear responses)
4. **Ethical and practical considerations**
    - Reconfirm confidentiality protocols and participant consent process
    - Ensure all facilitators understand their role in creating a safe, neutral environment

Outputs

- A facilitation team that is fully oriented and confident in using the tool
- All materials prepared and ready for field deployment
- Clear understanding of daily roles and responsibilities

Annex 9: Final Readiness Checklist

PART 3: CONDUCTING DATA COLLECTION

3.1 INTRODUCTION TO DATA COLLECTION

Data collection is at the core of the HR4SCM diagnostic process; data informs our understanding the current state of SCM HR systems and ensures that findings reflect the experiences of supply chain staff.

During the preparation phase (Part 2), facilitation teams identify **target groups:** specific institutions, levels of the health system or categories of supply chain workers (e.g. pharmacists, warehouse managers, procurement officers, drivers). Each data collection activity is conducted with one of these groups to ensure diverse perspectives are represented.

Examples of target groups from previous diagnostics

- **Sierra Leone**
  Target group: National Medical Supply Agency (NMSA) warehousing and inventory management systems
  Level: National
  Informants: Management and non-management staff drawn from all departments within the NMSA
- **Vietnam**
  Target group: Public health supply chain sector
  Level: National
  Informants: Representatives from essential health programmes, Ministry of Health, in-country development partners, donors, academics, training institutions and the private sector
- **Pakistan**
  Target group: Supply chain workforce in Charsadda and Swat districts
  Level: District and facility
  Informants: District and facility level workers from the Population Welfare Department and the Department of Health.

Different countries have applied the RDT at various levels of the health system, engaging target groups that best reflect their needs.

Purpose of data collection

The aim of data collection is to:

- Generate accurate, context-specific information about HR systems and SCM practices
- Capture perspectives from a wide range of staff, managers and stakeholders
- Provide both qualitative insights and quantitative scores to populate RDT

- Build ownership of the process and building consensus by directly involving participants in scoring and discussion

Methods used

Three complementary methods are used during the diagnostic process, each applied to different target groups:

1. **One-to-one interviews** – in-depth discussions with individuals who hold specialised roles or senior responsibilities. These allow facilitators to explore sensitive issues, validate group findings or capture the perspectives of decision-makers.

2. **Focus group discussions (FGDs)** – collective discussions with small groups of participants, usually frontline or mid-level staff. FGDs encourage participants to share experiences, debate differences and reach a consensus on how indicators should be scored.

3. **Site visits** – direct observation of supply chain operations, facility and working conditions. Site visits provide context that complements interviews and FGDs, allowing facilitators to see "how things really work" on the ground.

Each of these methods is carried out with the **specific target groups selected during the preparation phase**. For example, a facilitation team may conduct separate focus group sessions with regional warehouse staff, interviews with Ministry of Health HR managers and site visits to distribution centres or hospitals. The use of multiple methods with different groups ensures triangulation and a more comprehensive picture of HR for SCM.

Triangulation and credibility

No single data source provides the full picture. Staff may describe situations differently depending on their role, perspective or level of seniority. For this reason, data collection is always designed to capture multiple perspectives and findings should be cross-checked. For example:

- An interview with a senior HR manager may confirm whether policies described by frontline staff are formally documented.
- A site visit may reveal gaps in tools and equipment that were not mentioned during a focus group.
- Differences in staff and manager perspectives can highlight areas where policy and practice diverge.

By comparing the results of interviews, focus groups, site visits and document reviews, facilitators strengthen the accuracy, credibility and legitimacy of the diagnostic findings.

Adapting methods to context

When in-person sessions are not possible, interviews and FGDs can be held virtually. A local focal point may support coordination and validation.

Ethical considerations

Facilitators must ensure that:

- Participants are informed about the purpose of the diagnostic and give consent.
- Responses are treated confidentially, with no names linked to reported findings.
- Power dynamics are carefully managed—for example, separating managers and frontline staff into different focus groups to ensure open discussion.
- Time is respected, with sessions designed to be engaging but efficient.

3.2 CONDUCTING ONE-TO-ONE INTERVIEWS

One-to-one interviews are an essential method for collecting in-depth information from specific individuals within the selected target groups. Unlike focus group discussions, interviews allow participants to speak openly without influence from colleagues, making them especially valuable for gathering sensitive perspectives or exploring the views of managers and technical specialists.

Purpose

- Capture detailed, role-specific insights into HR for SCM systems
- Explore sensitive issues that participants may be reluctant to discuss in group settings
- Validate or expand on themes emerging from document reviews and focus groups

Who to interview

Interviews should always be drawn from the **target groups identified during the preparation phase**. Within each target group, interviewees are selected because of their expertise, role or unique perspective. For example:

- Senior managers or HR officers who can describe recruitment, policies or budgets
- Technical specialists (e.g. warehouse managers, procurement officers) who can explain operational challenges
- Key decision-makers in ministries, agencies, or donor or partner organisations

Steps for conducting interviews

1. **Prepare an interview guide**
    - Use the 15 diagnostic questions per pathway as a foundation
    - Tailor questions to the interviewee's role (e.g. finance managers for budgeting indicators, HR officers for job descriptions)
    - Include open-ended prompts to encourage elaboration

2. **Create a conducive environment**
    - Arrange a private, comfortable setting (or use a virtual platform if remote)
    - Emphasise confidentiality and clarify how the information will be used

3. **Facilitate the interview**
    - Begin with a clear purpose statement
    - Guide the discussion indicator by indicator, allowing the interviewee to share examples or documentation
    - Probe for clarity: ask "Can you give me an example?" or "How does this work in practice?"

4. **Document responses**
    - Record the maturity level selected for each indicator directly in the Excel tool, where possible
    - Capture qualitative notes on why that level was chosen, including quotes or examples
    - Flag any areas where the response contradicts other sources, for later validation

Tips for facilitators

- Avoid leading questions; allow the interviewee to describe the situation in their own words before linking it back to the tool.
- When responses do not fit neatly into a single maturity level, record the lowest level that fully applies and note any partial progress.
- Cross-check key findings with other methods (FGDs, site visits) to ensure accuracy.

3.3 CONDUCTING FOCUS GROUP DISCUSSIONS

Focus group discussions are a central method in the HR4SCM diagnostic process, used to gather collective input from supply chain workers within a defined target group.

Format

- FGDs may be organised as small sessions with 6–12 participants, or as larger **workshops** bringing together 20–30 participants.
- In larger workshops, participants should be divided into smaller breakout groups (e.g. by cadre, job role or level of the system). Each subgroup works through the diagnostic tool and records its responses.

Breaking into smaller groups ensures that participants feel comfortable speaking openly and that a range of perspectives are captured. It also allows each group to complete the diagnostic tool directly, which increases ownership of the results.

Steps

1. Begin with a plenary introduction explaining the objectives, confidentiality and how the diagnostic tool works.
2. Divide participants into smaller groups (avoid mixing supervisors with subordinates in the same group).
3. Each group discusses the guiding questions (Annex 2), reaches a consensus on indicator ratings and records its responses in the tool (or on paper for later entry).
4. Reconvene in plenary for subgroup reporting and collective reflection.
5. Capture key themes, disagreements and illustrative quotes in the notes.

Tip: Larger workshops can also be used to build momentum and stakeholder buy-in, since they create visible opportunities for dialogue between different cadres and institutions.

Facilitation resource

A presentation with guiding questions and prompts aligned to the HR4SCM pathways is available here. Facilitators can use this presentation to support discussion during focus group sessions. It includes sample questions that explore staffing, skills, working conditions and motivation, and can help participants reflect on their experiences and rate indicators more confidently.

3.4 Hosting a validation workshop

A validation workshop is a critical step in the HR4SCM diagnostic process. It brings together key stakeholders to collectively review, refine and prioritise the findings emerging from the RDT, TNAs and FGDs. The workshop builds ownership, ensures data accuracy and lays the foundations for action planning and implementation.

Purpose

The validation workshop serves to:

- Present and validate findings from the diagnostic assessment (including results from the RDT, TNA and FGDs)
- Collect feedback from stakeholders across different levels of the health supply chain
- Prioritise recommendations and identify contextual factors influencing workforce performance
- Build consensus on the next steps for improving HR for SCM and initiate action planning

Participants

Validation workshops typically last one day and include a mix of plenary and group discussions. Participants should include representatives from:

- Central medical stores (CMS) or equivalent national logistics units
- Ministries of health (HR, pharmacy, supply chain divisions)
- Regional/district health offices
- Health facilities (pharmacy, nursing, lab personnel)
- Training institutions, professional associations, development partners and implementing agencies

The workshops are usually facilitated by the HR4SCM technical team or national facilitators trained in the methodology.

Suggested agenda

- **Welcome and opening remarks** by senior ministry official or CMS leadership
- **Workshop objectives and overview** of the diagnostic process
- **Presentation of findings**, including dashboard visuals, maturity levels, pathway scores and themes from FGDs
- **Discussion and validation** of key findings and recommendations
- **Breakout group work** to review and prioritise recommendations
- **Plenary feedback and discussion** of group priorities
- **Agreement on next steps and action planning**

***Tip**: Use an interactive icebreaker (e.g., ask participants to stand by the HR4SCM pathway they believe shows the greatest gaps) to build energy and engagement.*

Prioritisation and consensus building

Use the *Priority Interventions* sheet in the Excel tool to guide breakout group discussions. Each proposed intervention should be discussed and ranked based on agreed parameters:

1. Relevance
2. Feasibility
3. Affordability
4. Time-bound nature
5. External support requirements

Facilitators should help groups enter ratings in the tool or record them manually for later entry. Encourage justification of choices, capturing notes on why certain interventions are prioritised.

Structured consensus-building techniques—such as voting, ranking, or clustering—can be used to finalise a shortlist of actions.

For detailed guidance on how to apply the prioritisation criteria and use the Excel tool to generate ranked interventions, see **Section 4.3** of this guide.

Outputs

The validation workshop should generate:

- Verified and endorsed diagnostic findings
- A refined and validated list of priority interventions
- Stakeholder feedback on relevance, feasibility and priority of proposed interventions
- A shortlist of agreed actions and recommendations
- Initial ideas for change management and implementation planning

These outputs should be documented and incorporated into the final assessment report and roadmap.

Supporting materials

A sample facilitation presentation used in the Eswatini CMS workforce assessment is available here. It includes:

- Workshop structure and agenda
- Example graphs and summaries for presenting diagnostic findings
- Key discussion prompts to guide stakeholder validation and prioritisation

Facilitators may adapt this presentation for use in other country contexts.

PART 4: USING THE HR4SCM DIAGNOSTIC TOOL

This section provides practical guidance for using the RDT—from preparing for data collection to scoring indicators and interpreting results. It explains how the Excel-based tool is structured, how to use it during interviews or focus groups and what the maturity ratings mean.

4.1 OVERVIEW OF THE TOOL

The RDT is an Excel-based tool designed to assess HR systems that support SCM. It helps identify system gaps, prioritise improvements and support workforce planning and advocacy.

The tool draws from the HR4SCM Theory of Change and is structured around the **four pathways** from the TOC. Each pathway includes three **preconditions** necessary for effective SCM workforce performance.

1 – Staffing	2 – Skills	3 – Working conditions	4 – Motivation
Precondition 1-1: Ability to recruit quality candidates	**Precondition 2-1:** SC workers demonstrate adequate technical and managerial competencies	**Precondition 3-1:** Favourable social and emotional environment	**Precondition 4-1:** Good performance is supported within the system
Precondition 1-2: Adequate pool of workers to fill SC roles/positions	**Precondition 2-2:** SC workers have leadership skills within their sphere of operations	**Precondition 3-2:** Physical environment is safe, clean and conducive to performance	**Precondition 4-2:** SC workers understand and care about their role in the health care system
Precondition 1-3: Sufficient budget to fund required positions	**Precondition 2-3:** SC workers understand their roles and responsibilities in the SC system	**Precondition 3-3:** SC workers have up-to-date and relevant tools and equipment to perform	**Precondition 4-3:** SC workers have a sense of ownership of their role

Each precondition is assessed using five **indicators**, which are scored against a four-level **maturity scale** (from foundation to advanced).

Example: Key indicators and maturity scale for Staffing pre-condition 1-1.

1 – STAFFING **Precondition 1-1:** Ability to recruit quality candidates					
	Key indicator	**Level 1 FOUNDATION**	**Level 2 EMERGENT**	**Level 3 FUNCTIONAL**	**Level 4 ADVANCED**
1	Competency-based and transparent recruitment process	Recruitment is unplanned and not transparent, potentially resulting in hiring the wrong people being hired for the job	Recruitment is planned but not based on competency frameworks and detailed job descriptions	Recruitment is planned and transparent but not based on competency frameworks and is not periodically evaluated	Recruitment is competency-based and transparent with intentional planning and regular evaluation
2	Guidelines exist to ensure fair and open competition in recruitment	No documented guidelines are in place to ensure fair and open competition	Draft guidelines are being developed to support fair and open competition	Guidelines exist for fair and open competition but are not up to date	Recruitment guidelines are documented, regularly updated and contribute to an effective and fair recruitment system
3	Vacant SC positions are advertised externally	Vacant SC positions are always filled internally, without external advertising	Vacant SC positions are advertised externally but always filled internally	Vacant SC positions are advertised externally but preference is often given to internal candidates	Vacant SC positions are advertised externally, following a documented and open recruitment procedure
4	Job descriptions (JDs) exist for all SC positions	JDs do not exist, are outdated or are not relevant to the roles	JDs exist but are not specific to individual roles and responsibilities	JDs exist for all positions but are not reviewed or updated regularly	JDs are in place for all SC positions, with roles and responsibilities clearly defined and reviewed periodically
5	SC JDs meet industry standard for JDs	There is no documented standard format for writing JDs	A standard format for JDs exists but requires extensive revision	A standard format for JDs is used but needs improvement	JDs follow an industry-standard format and include purpose, duties, responsibilities, qualifications, experience, competencies and terms of employment

Tool components

The RDT is organised into several worksheets within the Excel file:

- **Read me (instructions):** Provides guidance on how to navigate and use the tool.
- **Assessment:** The main data entry sheet where facilitators score each indicator using a drop-down menu.
- **Dashboards (DB1–DB6):** Automatically generated visuals (bar, traffic light, fuel gauge and spider charts) that summarise maturity levels across pathways.
- **EVALUATE interventions:** Contains the basket of interventions linked to the preconditions and outcomes. These serve as suggested options that can be adapted to the country context.
- **PRIORITY interventions:** Enables users to refine and rank interventions according to agreed criteria (relevance, feasibility, affordability, time-bound and external support). Final selections should be confirmed through group consensus.

Note: The tool is protected to avoid accidental changes. Users can only enter data in the white cells (score selection columns).

4.2 UNDERSTANDING THE MATURITY LEVELS AND SCORING STRUCTURE

To use the RDT effectively, facilitators and participants must understand how the tool is structured, how indicators are scored and what the maturity levels represent. This section explains these elements in detail and offers guidance for accurate and consistent scoring during assessment sessions.

The maturity scale

Each indicator in the tool is scored from **Level 1 (foundation)** to **Level 4 (advanced)**, depending on how developed and effective the HR system or practice is. These maturity levels reflect the degree of structure, consistency and integration in HR for SCM. Scoring is based on how fully the description at each level applies to the participant's context.

Each of the four pathways—**Staffing, Skills, Working conditions and Motivation**—is assessed independently using this scale. Each pathway includes three preconditions and each precondition is measured through five key indicators. These indicators are explored through **15 core questions per pathway**.

During focus groups or interviews, facilitators use these questions to guide discussion and help participants reflect on each indicator. Facilitators lead group discussions, monitor input and assign a maturity score to each indicator based on the consensus. The results from each FGD are validated by participants prior to final submission. Participants should refer to the full level

definitions for each indicator to ensure they select the level that best matches the current reality.

Level	Description	Key characteristics
1 – Foundation	HR systems are weak or non-existent. No formal planning or structure.	Reactive, unstructured, lacking accountability.
2 – Emergent	Early-stage development with partial role definition and basic systems.	Fragmented efforts, gaps in coverage.
3 – Functional	Systems are operational with formal structures and policies in place.	Structured, moderate consistency, still evolving.
4 – Advanced	Strategic, integrated and competency-based HR for SCM, with DEIA principles embedded across systems and practices.	Data-driven, inclusive, sustained performance, aligned with national HR strategy.

Maturity level definitions

Level 1 – Foundation

HR systems for SCM are weak or non-existent.

- There is limited or no formal workforce planning.
- Roles and responsibilities are unclear or undefined.
- Training is ad hoc, and policies may be missing or not implemented.
- HR activities are often reactive rather than planned.

Key characteristics: Lack of structure, unclear processes, no strategic planning

Level 2 – Emergent

Basic systems and awareness of SCM workforce needs are starting to emerge.

- Some roles and responsibilities are defined but gaps remain.
- Training programmes may exist but are not systematic or aligned to competencies.
- Policies exist but are inconsistently implemented.
- Recruitment and retention strategies are fragmented.

Key characteristics: Early-stage development, limited structure, emerging systems

Level 3 – Functional

HR systems are operational and support structured workforce planning.

- Roles are clearly defined with formal job descriptions.

- Training is structured but may not fully align with evolving needs.
- Recruitment and retention systems are in place but may have gaps.
- Policies are implemented but not consistently across all levels.

Key characteristics: Established systems, moderate consistency, some limitations

Level 4 – Advanced

HR for SCM is fully integrated into workforce planning and health system strategies.

- Competency-based approaches guide recruitment, training and performance management.
- Staff roles and career pathways are clearly defined and supported.
- HR policies are fully implemented and reviewed regularly.
- Incentive and leadership development systems are in place.
- Equity, diversity, inclusion and accessibility (DEIA) principles are embedded across all HR functions to ensure fair, inclusive and representative workforce practices.

Key characteristics: Strategic, data-driven and inclusive HR systems for SCM, aligned with national and organisational strategies

Understanding the tool's structure: Pathways and colours

The RDT is organised around **four strategic pathways**, each representing a key dimension of HR for SCM. Each pathway is colour-coded throughout the tool to support easier navigation and interpretation:

- **Staffing – Orange**
  Focuses on workforce planning, recruitment, deployment and availability of staff to fill supply chain roles
- **Skills – Green**
  Addresses training systems, competency frameworks and opportunities for skills development
- **Working conditions – Blue**
  Covers infrastructure, tools, supervision, safety and other elements that affect working environments
- **Motivation – Purple**
  Includes factors such as performance management, recognition, career pathways and staff engagement

Each pathway contains three **preconditions** and each precondition includes five **indicators**. Every indicator is assessed using the four-level maturity scale above.

Colour-coding is used:

- In the **assessment sheets**, to identify which indicators belong to each pathway
- In the **dashboard visuals**, to present pathway scores in consistent, easily readable charts.

How to score an indicator

- Each indicator row contains **four narrative descriptions** (Levels 1–4). Read through all levels before choosing.
- **Select the lowest level that fully applies**. If the current situation meets some but not all elements of a level, choose the level below.
- Use the **drop-down menu** in the final column ("Select CURRENT LEVEL") to enter the score.
- Facilitators should encourage honest discussion, drawing on concrete examples to support scoring decisions.
- **Avoid aspirational scoring** (be honest)—this is a diagnostic, not a test.

Note: There are no composite scores generated for preconditions or pathways but the tool **automatically calculates percentage scores** and produces **bar and spider chart visuals** to aid interpretation (see Section 4.3 below).

Facilitator role during scoring

Facilitators are responsible for:

- Explaining the meaning of each indicator and its maturity descriptions
- Helping participants interpret levels using local context
- Encouraging evidence-based discussion and reaching consensus where possible
- Recording qualitative insights that explain or justify selected ratings

4.3 INTERPRETING RESULTS AND DASHBOARDS

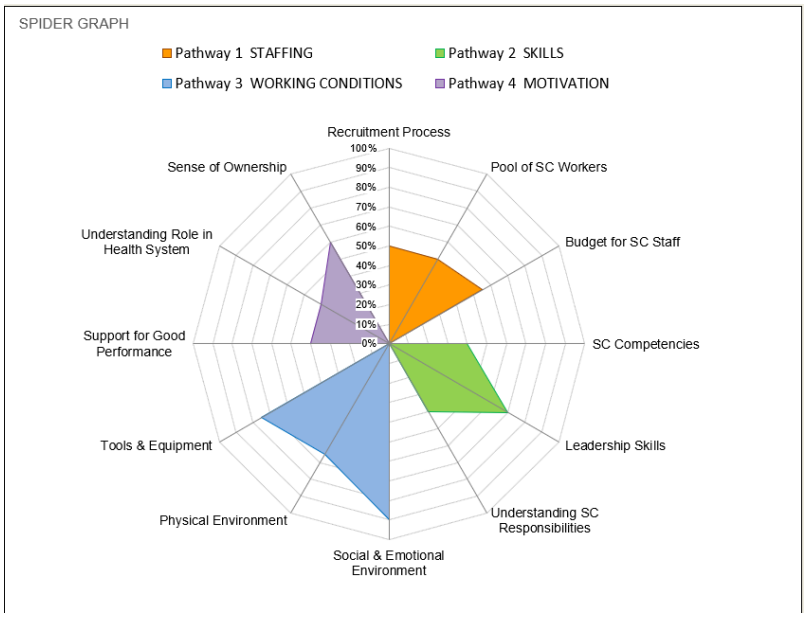
The RDT automatically generates visual dashboards that summarise scores across pathways, preconditions and indicators. These visuals help participants quickly identify areas of strength and weakness and provide an accessible entry point for group discussion and consensus building.

How the dashboards work

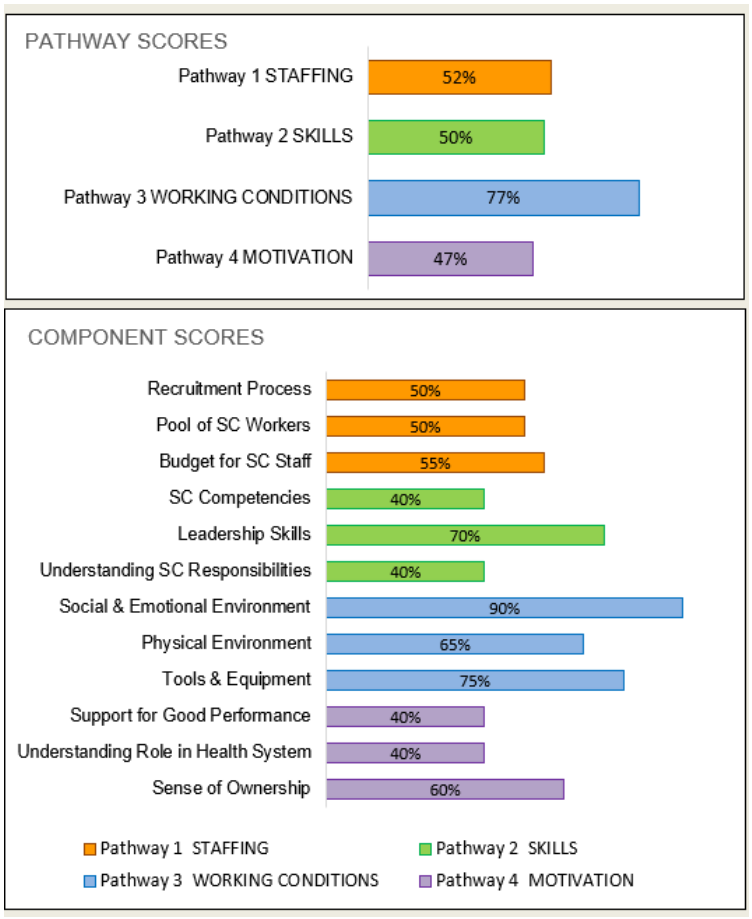
- **Automated visuals**: As scores are entered in the *Assessment* sheet, the dashboard tabs (DB1–DB6) automatically update
- **Colour coding**: Each pathway is represented by its assigned colour—Staffing (orange), Skills (green), Working conditions (blue), Motivation (purple)

- **Chart types**: The dashboards include graphics to aid interpretation:

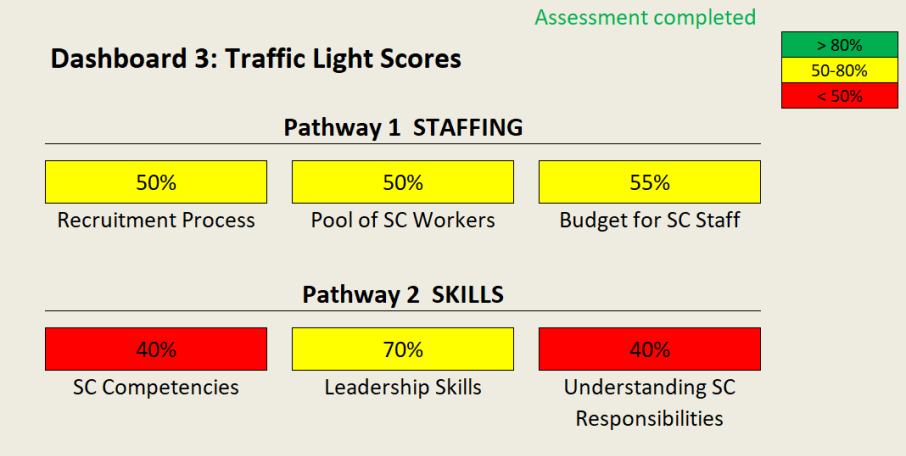
  Petal (spider) charts: Show the relative maturity of each pathway at a glance. The larger and more coloured the petal, the stronger the pathway.



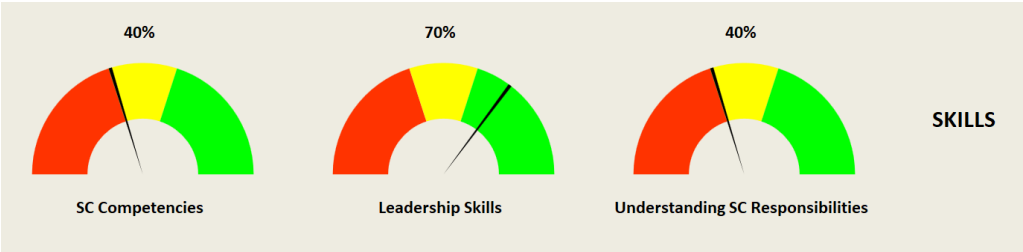
  Bar charts: Compare pathway scores side by side, allowing users to rank pathways quickly.



Traffic light charts: Indicate progress against thresholds (e.g. green = strong, yellow = partial, red = weak).



Fuel gauge charts: Highlight the overall level of progress toward full maturity for each pathway.



How to interpret results

- **Pathway scores**: Each pathway is scored as a percentage, reflecting the average maturity across its indicators.
- **Thresholds**:
  - *Below 80 percent*: Generally considered an area requiring attention or improvement
  - *80 percent or above*: Indicates a strong system but still requires review to ensure sustainability
- **Precondition breakdowns**: Users can also analyse in detail individual preconditions and indicators to identify specific gaps (e.g. missing recruitment guidelines or outdated job descriptions).

Using dashboards in practice

- **Facilitated discussion:** Review sessions by projecting the dashboard visuals. Ask participants to reflect on which findings stand out to them—for example, unexpected low scores, strong areas that confirm their experience, or discrepancies between different pathways or levels—and discuss how these align or contrast with their experiences.

- **Triangulate with qualitative data:** Interpret the charts alongside interview notes, documents and site observations to validate and enrich findings.
- **Compare across system levels:** If the tool was applied at multiple levels (e.g. central vs. regional), examine similarities and differences in dashboard results to identify patterns or outliers.
- **Build consensus on priorities:** Use the dashboard visuals as a starting point for structured discussion to reach agreement on key areas for intervention.

Cautions for facilitators

- Dashboards should not be treated as precise "scoresheets" but as **directional tools** for highlighting strengths and weaknesses.
- Pathway percentages reflect *collective judgments*, not statistical measurements.
- Avoid focusing only on "low" scores; also discuss how to sustain areas that are strong.
- Encourage participants to look for cross-pathway linkages (e.g. weak working conditions may undermine motivation).

Outputs

By the end of this step, facilitators should have:

- A shared understanding of pathway strengths and weaknesses
- Charts ready for use in validation workshops and reporting
- A clear set of discussion points with which to prioritise interventions

4.4 PRIORITISING AND VALIDATING INTERVENTIONS

Once the dashboards have been reviewed and areas of weakness identified, the next step is to prioritise interventions. The RDT provides a structured process to move from analysis to action by generating a list of suggested interventions linked to each pathway and indicator. These serve as starting points for discussion, not prescriptive solutions.

Intervention library in the tool

- **Evaluate Interventions sheet**: Contains a "basket of interventions" mapped to each precondition and indicator. These interventions are based on international good practice but should always be adapted to the country context.
- **Priority Interventions sheet**: Allows users to refine and rank interventions using agreed criteria. The tool produces an initial set of recommendations but the final priorities must be agreed through consensus with stakeholders.

Parameters for prioritisation

The tool uses five parameters to help stakeholders evaluate the relevance and practicality of proposed interventions:

1. **Relevance** – Does the intervention address a critical SCM workforce gap and align with national priorities?
2. **Feasibility** – Can it realistically be implemented within existing systems and capacities?
3. **Affordability** – Is funding available or could it be mobilised to sustain an intervention?
4. **Time-bound** – Can the intervention achieve results within an appropriate timeframe (short-, medium-, or long-term)?
5. **External support** – Does it require technical or financial assistance from partners, or can it be delivered with local resources?

Intervention Level	Effort Required	Implementation Timeline	Impact Scope
Low	Minimal adjustments	Short-term (weeks/months)	Small-scale, quick wins
Medium	Moderate policy/program changes	Mid-term (months/years)	Organizational or system-level
High	Major structural reforms	Long-term (years)	National or systemic transformation

Each intervention can be rated *low, medium* or *high* against these parameters in the Excel tool. The scoring system automatically generates an updated list of priority interventions.

Pathway 2 SKILLS

Interventions		Intervention Parameters								Interventions		
No.	**Short Description**	Relevance	Feasibility	Affordability	Time-bound	Ext Support	∑ Score	Pathway Strength	Pathway Weight	Score	Pathway Rank	Overall Rank
2-01	Develop professional development plans for all SC positions	LOW	LOW	LOW	LOW	LOW	5	50%	LOW	2.50	16	59
2-02	Promote continual professional development for all SC staff	MED	LOW	LOW	LOW	LOW	6	50%	LOW	3.00	14	49
2-03	Conduct annual review of staff development plans	MED	MED	LOW	LOW	LOW	7	50%	LOW	3.50	12	40
2-04	Ensure high completion rates of staff development plans	MED	MED	MED	LOW	LOW	8	50%	LOW	4.00	10	34
2-05	Provide access to learning resources for SC staff	MED	MED	MED	MED	LOW	9	50%	LOW	4.50	8	28
2-06	Develop pre-service training opportunities	MED	MED	MED	MED	MED	10	50%	LOW	5.00	6	21
2-07	Integrate SC into the curricula of health care degree programs	HIGH	MED	MED	MED	MED	11	50%	LOW	5.50	5	16
2-08	Include pharmaceutics in existing SC degree programs	HIGH	HIGH	HIGH	HIGH	HIGH	15	50%	LOW	7.50	1	2
2-09	Develop SC-specific certificate and degree programs	HIGH	HIGH	HIGH	MED	MED	13	50%	LOW	6.50	4	9
2-10	Improve coaching programs to address skill gaps	HIGH	HIGH	HIGH	HIGH	MED	14	50%	LOW	7.00	3	5
2-11	Improve mentoring programs to address competency gaps	HIGH	HIGH	HIGH	HIGH	HIGH	15	50%	LOW	7.50	2	3
2-12	Link periodic performance appraisal to skills development	LOW	LOW	LOW	LOW	LOW	5	50%	LOW	2.50	17	60
2-13	Establish a system for self-assessment of SC competencies	MED	LOW	LOW	LOW	LOW	6	50%	LOW	3.00	15	50
2-14	Define a career path that maps all SC positions	MED	MED	LOW	LOW	LOW	7	50%	LOW	3.50	13	41
2-15	Adopt a recognised SC professional progression framework	MED	MED	MED	LOW	LOW	8	50%	LOW	4.00	11	35
2-16	Establish a SC licensing and accreditation program	MED	MED	MED	MED	LOW	9	50%	LOW	4.50	9	29
2-17	Link professional development with career progression	MED	MED	MED	MED	MED	10	50%	LOW	5.00	7	22

Facilitating prioritisation discussions

During the validation workshop, facilitators should guide participants through the following steps:

1. **Review the tool's suggested interventions**: Present the automatically generated list alongside dashboard results.
2. **Discuss feasibility and relevance**: Encourage stakeholders to debate whether interventions are realistic, affordable and aligned to local needs.
3. **Rate each intervention**: Enter group scores the five parameters on the Priority Interventions sheet.
4. **Agree on priority ranking**: Review the tool's updated ranking and confirm which interventions should be pursued immediately, which can be planned for the medium term and which require long-term advocacy or funding.
5. **Record justifications**: Capture the reasoning behind prioritisation decisions (e.g. *"critical for donor funding cycle," "quick win for morale"*). These notes will strengthen the credibility of the final report.

Quick wins versus long-term interventions

Not all interventions can or should be implemented at once. Some provide **immediate improvements** with minimal resources while others require **long-term investment and policy reform**.

Examples of quick wins (*low-resource, high-impact, short-term*):

- Developing standardised job description templates for SCM roles
- Updating and redistributing existing guidelines on transparent recruitment
- Conducting an annual staff satisfaction survey to gather baseline data
- Providing refresher training or mentoring for warehouse managers
- Printing and disseminating occupational safety posters

Examples of long-term interventions (*higher-resource, structural, long-term*):

- Establishing a nationally recognised SCM cadre within the civil service
- Integrating SCM modules into university degree programmes
- Developing and enforcing a licensing and accreditation system for supply chain professionals
- Linking career progression to competency-based promotion systems
- Creating sustainable budget lines for SCM salaries within government HR systems

By distinguishing between these types of interventions, facilitators can help stakeholders develop an action plan that includes both **short-term visible progress** and **long-term systemic reform**.

4.5 SUPPORTING IMPLEMENTATION: THE INDICATORS AND INTERVENTIONS CATALOGUE

Purpose of the catalogue

The RDT includes the Indicators and Interventions Catalogue: a practical reference tool for facilitators and decision-makers. It supports the identification of HR-related challenges and selection of targeted strategies to strengthen the supply chain workforce.

Catalogue structure

The catalogue is organised around the four key HR pathways:

- **Staffing** – Ensuring that critical SCM positions are filled with qualified personnel
- **Skills** – Ensuring that SCM staff possess the competencies required for their roles
- **Working conditions** – Improving the workplace environment to enhance performance and retention
- **Motivation** – Reinforcing performance through incentives, recognition and supportive systems to drive workforce engagement

Each pathway includes:

- **Preconditions** – The fundamental elements required for workforce effectiveness
- **Rationale** – Explanation of why each precondition is important for SCM performance
- **Interventions** – Actionable strategies to address HR gaps and enhance workforce capacity
- **Indicators** – Measurable benchmarks for assessing progress and outcomes
- **Data sources** – Recommendations for collecting relevant data to track improvements

How to use the catalogue

Facilitators can use the catalogue to:

- Select priority HR interventions based on diagnostic findings
- Align workforce development strategies with country-specific needs and available resources
- Monitor progress using standardised indicators and existing data collection mechanisms
- Develop evidence-based action plans for strengthening SCM workforce capacity

Benefits of applying the catalogue

By using the Indicators and Interventions Catalogue, stakeholders promote:

- A consistent and evidence-based approach to HR4SCM
- A shared understanding of focus areas among stakeholders
- Stronger alignment between identified needs and practical solutions

CONCLUSION

The RDT and its implementation process provide a structured, participatory approach to identify and address workforce challenges in health supply chain management. By engaging stakeholders across all levels of the system, the tool generates actionable insights and promotes shared ownership of workforce development priorities.

The ultimate goal is to support stronger, more sustainable health supply chains by investing in the people who manage them. This guide, together with the tool and annexed resources, equips countries and partners to take the next step—from assessment to action.

ANNEXES

ANNEX 1: DOCUMENT REVIEW TEMPLATE

This template helps facilitators systematically gather and analyse key documents relevant to the HR4SCM diagnostic process. Reviewing existing documents ensures the process builds on prior assessments, aligns with current strategies and avoids duplication of effort.

Instructions for use

Complete the table below by listing relevant national and sub-national documents. These may include health and supply chain strategies, HR plans, job descriptions, competency frameworks, training curricula or policy documents. For each, summarise its relevance and any key findings that may inform the diagnostic process.

- **S/No:** Sequential number
- **Document title:** Name of the document
- **Year:** Publication or last updated year
- **Source / author:** Organisation or agency responsible for the document
- **Document type:** e.g. strategic plan, HR policy, training curriculum
- **Relevance to HR4SCM diagnostic:** Short rationale for its inclusion
- **Key insights / findings:** Summary of content useful for the assessment
- **Implications of the diagnostic exercise:** Any impact on diagnostic scope, approach or focus
- **Notes:** Additional comments or follow-up needed

DOCUMENT REVIEW TEMPLATE

No	Document title	Year	Source / author	Document type	Relevance to HR4SCM diagnostic	Key insights / findings	Implications for diagnostic	Notes
1	*National Health Supply Chain Strategic Plan*	*2022*	*Ministry of Health*	*Strategic plan*	*Outlines national goals and HR priorities in SCM*	*Highlights need for trained logisticians and SCM posts*	*May inform focus areas in skills and staffing review*	*Consider follow-up with HR department for updates*
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

ANNEX 2: COUNTRY CONTEXT MAPPING TEMPLATE

The **Country context mapping template** is designed to help facilitation teams systematically gather relevant background information before starting the HR4SCM diagnostic.

How to use the template

1. **Assign a lead** from the facilitation team to complete the template before stakeholder engagement begins.
2. Use a combination of **desk review** (e.g. strategy documents, reports) and **key informant interviews** with government or partner representatives.
3. Populate the fields as fully as possible. If specific data is missing or unclear, note this for discussion with stakeholders during the diagnostic.
4. The information will help tailor the diagnostic process, identify key players and ensure contextual relevance in planning and analysis.

COUNTRY CONTEXT MAPPING TEMPLATE

Section	Category	Description	Example/Notes
1. Governance and policy environment	National health policies	Key national health or HRH policies relevant to SCM	e.g. National health policy, HRH Strategy
	SCM-related policies and strategies	Includes supply chain strategic plans, LMIS, logistics strategies	e.g. National SCM strategic plan (2022–2026)
	HR policies for SCM staff	HR planning, recruitment, retention, licensing, CPD, etc.	e.g. HRH guidelines for logistics officers
	Regulatory environment	Includes drug regulatory authority, QA bodies	e.g. National drug authority regulations
2. Organisational structure of SCM	Supply chain structure	Centralised/decentralised model, distribution tiers	e.g. 3-tier system: national, regional, facility
	Key coordinating bodies	e.g. LMU, technical working groups	Logistics management unit under MoH
	Donor coordination mechanisms	Pooled procurement, SC coordination forums	e.g. Donor SC coordination group (monthly)
3. Stakeholder landscape	Government bodies	MoH departments, HRH office, QA bodies	e.g. HRH directorate, port authority
	Partners & donors	UNICEF, USAID, Global Fund, WHO	List all major partners in SCM/HRH
	Implementing partners	NGOs or contractors managing SCM operations	e.g. GHSC-PSM, Chemonics, JSI
	Training institutions	Universities, technical colleges, academies	e.g. School of pharmacy, public health institute

Section	Category	Description	Example/Notes
	Professional associations	Pharmacy councils, logistics societies	e.g. National association of supply chain officers
	Private sector actors	Distributors, 3PLs, logistics tech firms	e.g. MedFast distributors Ltd.
4. Sub-national context	Administrative structure	Describe health system organisation (districts/regions)	e.g. 10 regions, 3 zones per region
	Regional medical stores	List major sub-national stores or depots	e.g. Central region medical store
	Local stakeholders	RHMTs, facility in-charges, logistics officers	List main contacts at district/facility level
5. HR Landscape for SCM	Cadres involved in SCM	Include pharmacists, logisticians, data clerks, etc.	e.g. Pharmacists, stores managers, HRH officers
	Staffing levels	Approximate staffing availability by level	e.g. 1 SCM staff per district
	Existing training programmes	In-service or pre-service training available	e.g. In-service LMIS training by JSI
	Gaps and known challenges	Any already documented issues in HR4SCM	e.g. High attrition at sub-national level

ANNEX 3: SAMPLE STAKEHOLDER INVITATION LETTER

[Your organisation's letterhead or logo]

[Date]

To:
[Name]
[Title]
[Organisation]
[Email Address]

Subject: Invitation to participate in the HR4SCM diagnostic process

Dear [Mr./Ms./Dr. Last Name],

We are pleased to inform you that [coordinating organisation]—in collaboration with [ministry of health / key partners]—is initiating a diagnostic process using the **Human Resources for Supply Chain Management (HR4SCM) Diagnostic Tool**. This activity aims to assess and strengthen the health supply chain workforce in [Country], focusing on the critical areas of staffing, skills, working conditions and motivation.

Your institution plays an important role in the national supply chain system and we believe your insights will be valuable in ensuring that the diagnostic is accurate, relevant and impactful. We are therefore writing to invite you to:

- Participate in an initial **kick-off meeting** to introduce the diagnostic process and align on objectives and roles.
- Nominate relevant team members to participate in interviews, focus group discussions, or validation sessions, depending on the scope and focus of the diagnostic.
- Support access to relevant documents and data, where applicable.

The diagnostic will be led by a trained facilitation team between [start date] and [end date], with data collection taking place in [locations or regions]. Further details—including the schedule, data collection methods and logistics—will be shared during the kick-off meeting.

We kindly request confirmation of your participation by [date], along with the names and contact details of your focal persons.

Please do not hesitate to contact us with any questions. We sincerely appreciate your collaboration and look forward to working together to strengthen the supply chain workforce in [Country].

Warm regards,
[Your Name]
[Title]
[Organisation]
[Phone number]
[Email address]

ANNEX 4: SAMPLE KICK-OFF MEETING AGENDA

Human resources for supply chain management (HR4SCM) diagnostic process

Date: [Insert date]
Time: [Insert start and end time]
Venue/platform: [Insert location or virtual link]
Facilitator(s): [Insert names and organisations]

Time	Agenda item	Lead
09:00 – 09:15	Welcome and introductions	Lead facilitator / host
09:15 – 09:30	Objectives and expected outcomes of the kick-off meeting	Facilitator
09:30 – 10:00	Overview of the HR4SCM Diagnostic Tool and Theory of Change	Technical expert / PtD rep
10:00 – 10:30	Summary of country context and rationale for the diagnostic	National coordinator
10:30 – 10:45	Coffee/tea break	—
10:45 – 11:15	Presentation of the diagnostic process and timeline	Lead facilitator
11:15 – 11:45	Stakeholder roles and responsibilities	Facilitator
11:45 – 12:15	Q&A and discussion: clarifications, concerns, suggestions	Open
12:15 – 12:30	Next steps and closing remarks	Lead facilitator / MoH rep

ANNEX 5: DIAGNOSTIC SCOPING WORKSHEET

To be completed jointly by the facilitation team and key stakeholders during the planning phase

Section	Question/prompt	Response/notes
1. Geographic scope	What levels of the system will the diagnostic cover? (e.g. national, regional, district, health facility)	
	List specific regions or facilities to be included	
2. Institutional scope	Which types of organisations or actors will be included? (e.g. public sector, NGOs, private sector, training institutions)	
3. Target groups	Which institutions or supply chain units will be assessed as target groups? (e.g. CMS, district warehouses, hospitals)	
	How many target groups will be assessed separately?	
4. HR4SCM pathway focus	Which HR pathways will be prioritised in this diagnostic? (tick all that apply)	
	Reason for prioritising selected pathways (e.g. known gaps, strategic relevance)	
5. Data collection methods	What data collection methods will be used? (e.g. interviews, focus groups, document review, surveys)	
	Will any tools need to be adapted for specific contexts or languages?	
6. Timeline and duration	What is the proposed start and end date of the diagnostic?	
	Are there any key deadlines (e.g. linked to donor reporting, programme planning)?	
7. Success criteria	What will success look like for this diagnostic? (e.g. quality of findings, stakeholder ownership, action plan developed)	
	Who will review and approve the final findings?	

ANNEX 6: TARGET GROUP AND PARTICIPANT PLANNING TEMPLATE

Instructions for use

This template helps the facilitation team identify the key *target groups* for the HR4SCM diagnostic and plan for the selection of appropriate *participants* within each group. The template should be filled in after the country context has been reviewed, stakeholder input gathered and the diagnostic scope agreed upon.

Use one row per target group. You may apply the diagnostic to multiple groups at different levels (e.g. national SCM agencies, regional warehouses, health facilities). If using separate Excel workbooks for each group (recommended), this template will also help you manage the process.

For each group:

- **Describe the group** (e.g. central medical store, district hospital, NGO logistics unit)
- **Indicate the level** (e.g. national, regional, facility)
- **List the institutions or organisations involved**
- **Plan the number and types of participants** to ensure diverse and informed perspectives
- **Specify whether the group will be interviewed as individuals, in focus groups or both**

Example row shown in italics below for illustration only.

Column descriptions

- **Target group name**: A descriptive name for the group (e.g. “Central Distribution Unit” or “Urban Health Clinics”)
- **System level**: Indicate whether this is a national, regional, district or facility-level group
- **Institution(s)**: List all institutions/organisations included in this group
- **SCM roles to include**: Specify which supply chain roles will be represented (e.g. pharmacists, drivers, LMIS officers)
- **HR staff to include**: Indicate which HR roles are essential (e.g. HR officer, staff development manager)
- **Data Collection Format**: Specify whether data will be gathered via interviews, focus groups or both
- **Estimated no. of participants**: Provide an approximate number to support logistics planning
- **Notes**: Use this column for any special considerations (e.g. need for translation, timing conflicts, sensitivities)

Target group and participant planning table

Target group name	System level	Institution(s)	SCM roles to include	HR staff to include	Data collection format	Estimated no. of participants	Notes
Central medical store	*National*	*CMS HQ*	*Warehouse manager, procurement officer, distribution planner*	*HR manager, training coordinator*	*Interviews & focus groups*	*6–8*	*Priority group due to central role in SCM*

ANNEX 7: DIAGNOSTIC PLANNING CHECKLIST

Instructions for use

This checklist helps the facilitation team prepare all necessary components before beginning fieldwork. It ensures that technical, logistical and administrative arrangements are in place, and that the team is aligned on roles, tools and timelines.

Use this checklist during planning meetings and update it regularly. You may assign team members to specific tasks and note the status of each item to track progress.

Tips for use

- Assign tasks during a planning meeting and review progress weekly.
- You can add columns for priority level or risk level if needed.
- Use alongside the **Work Plan and Timeline Template** (Annex 8) for comprehensive preparation.

DIAGNOSTIC PLANNING CHECKLIST TABLE

Category	Task	Person responsible	Due date	Status (Not started / in progress / complete)	Notes
Facilitation team	Facilitation team formed				
	Orientation completed using presentation and guide				
	Roles and responsibilities assigned				
	Communication protocols agreed				
Stakeholder engagement	Stakeholders mapped and prioritised				
	Introductory letters or emails sent				
	Kick-off meeting organised and conducted				
	Target groups selected with stakeholder input				
	Participants identified and invited				
Country context	Country context summary completed				
	Document review completed and logged				
	Context mapping tool completed				

Category	Task	Person responsible	Due date	Status (Not started / in progress / complete)	Notes
Diagnostic tools	TOC Rapid Assessment Tool reviewed and adapted if needed				
	All templates prepared and printed (as needed)				
	Consent forms, name badges or ID arranged				
Logistics	Travel plans and accommodation confirmed				
	Site visit permissions obtained				
	Meeting spaces arranged (if applicable)				
	Translation or interpretation support arranged				
Timeline and budget	Work plan with timeline finalised				
	Budget approved and funds disbursed				

ANNEX 8: SAMPLE WORK PLAN AND TIMELINE TEMPLATE

Instructions for use

This template provides a sample schedule for planning and implementing the HR4SCM diagnostic process. It outlines key activities over the course of a typical field week, helping teams coordinate stakeholder meetings, data collection, site visits and internal debriefs.

Use this template to:

- Align the facilitation team on timing and logistics
- Communicate with stakeholders about when and where they will participate
- Track completion of key milestones

Adjust the days, focus group themes and institutions based on your country context, scope and team availability.

Tips for use

- Add columns for additional logistical notes (e.g. transport, refreshments) if needed.
- If multiple teams are operating in parallel, create separate sheets for each region or stream.
- Use this table in conjunction with the **Diagnostic Planning Checklist** to ensure coordination.

SAMPLE WEEKLY WORK PLAN

Day	Time	Activity	Participants	Location	Responsible
Monday	Morning	Introductory meetings	Facilitation team, MOH officials	MOH HQ	Team leader
	Afternoon	Kick-off workshop with SCM stakeholders	SCM units, HR reps, partners	Conference room	Workshop facilitator
Tuesday	Morning	Focus group 1 – finance and procurement staff (CMST, ministry of finance)	Selected finance staff	CMST HQ	Facilitator A
	Afternoon	Site visit 1 – finance or procurement office	Same as above	CMST office	Facilitator A
Wednesday	Morning	Focus group 2 – warehousing staff (CMST)	Warehouse supervisors and staff	CMST warehouse	Facilitator B
	Afternoon	Site visit 2 – observe warehousing operations	Same group	CMST warehouse	Facilitator B
Thursday	Morning	Focus group 3 – warehousing staff (different region)	Regional warehouse staff	Regional warehouse	Facilitator C
	Afternoon	Site visit 3 – regional warehouse walkthrough	Same group	Regional warehouse	Facilitator C
Friday	Morning	Facilitators' internal debrief	All facilitators	Hotel or office	Team leader
	Afternoon	Drafting next steps and logistics for reporting	Facilitation team	Hotel or office	Team leader

ANNEX 9: FINAL READINESS CHECKLIST

Item	Check	Person responsible	Notes
1. Schedule and participants			
All focus groups, interviews and site visits confirmed	☐		
Participant lists verified and attendance confirmed	☐		
Institutional permissions secured	☐		
2. Tools and materials			
Excel HR4SCM Diagnostic Tool tested and accessible	☐		
Printed copies of maturity level definitions prepared	☐		
Facilitator guide copies available	☐		
Consent forms and sign-in sheets ready	☐		
Note-taking tools (notebooks, tablets, or recorders) checked	☐		
Handouts/presentation slides printed or loaded	☐		
3. Team orientation			
Internal team briefing held before fieldwork	☐		
Roles clarified (moderator, note-taker, timekeeper, technical support)	☐		
Agenda for first day reviewed together	☐		
Practice run using the tool completed	☐		
Plan discussed for handling challenges (late arrivals, non-responses)	☐		

Item	Check	Person responsible	Notes
4. Ethical and practical considerations			
Confidentiality and consent protocols reviewed	☐		
Team members briefed on neutrality and safe environment	☐		
Cultural or language issues anticipated and addressed	☐		
Contact points for troubleshooting logistics identified	☐		
5. Final confirmation			
Transport, venue and accommodation logistics confirmed	☐		
Daily communication plan agreed among team members	☐		
All documents and files backed up on at least one additional device	☐		