

**Human Resource Capacity**  
**in**  
**Public Health Supply Chain Management**  
**ASSESSMENT GUIDE**

### **USAID | DELIVER Project**

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### **Global Initiative on Professionalizing Supply Chain Management and Reproductive Health Supplies Coalition Workstream on Professional Development of Supply Chain Managers**

Organizational members of a global initiative for Professionalization of Public Health Supply Chain Management and of the relevant workstream of the Reproductive Health Supplies Coalition who have participated in the development of this tool include: Bioforce, Clinton Health Access Initiative, Project Optimize, the U.S. Agency for International Development, the Partnership for Supply Chain Management Systems, the USAID | DELIVER PROJECT, and the World Health Organization.

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# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT GUIDE

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## Background

In 2006, WHO identified health workforce performance as one of the six building blocks essential to strengthening health systems, along with strengthening the supply chains that provide health workers with public health commodities. Strengthening supply chains involves engaging the *right people* in the *right quantities* with the *right skills* in the *right place* at the *right time* to implement the procedures that direct supply chain operations. To run efficiently, public health supply chains require trained, skilled staff familiar with the standard operating procedures required for each logistics function and empowered to make decisions, or participate in decision- and policy-making processes, that impact health supplies and supply chains. A lack of trained staff with the right skills is a frequent cause of supply chain system breakdown and poor performance demonstrated by poorly maintained information systems and product stock outs. Similarly, many health institutions do not recognize that health system performance is dependent on public health supply chain performance which in turn depends on the level of technical and managerial skills among the supply chain workforce

## Purpose of the Guide

The overall purpose of this Human Resource Capacity in Public Health Supply Chain Management Assessment Guide is to:

- document the state of a country's human resource capacity in supply chain management and professionalization efforts in public health supply chains;
- identify professionalization efforts spearheaded by the Ministry of Health and other partners, as well as areas of improvement for supply chain capacity building.

The assessment guide is centered on four important drivers based on the USAID *CapacityPlus* Project's Framework<sup>1</sup> and adapted for SCM, which can help address HR constraints, namely:

- *Building Powerful Constituencies*: technical leadership, advocacy, communication strategies, and coalitions
- *Optimizing Policies and Plans*: health teams, financing, human resource management (HRM) and Human Resource Information Systems (HRIS)
- *Developing Workforce*: pre-service education and in-service education
- *Increasing Workforce Effectiveness*: retention, supervision, productivity and task-shifting



As each of the four drivers is achieved, the opportunity to professionalize public health SCM should arise. The professionalization of public health SCM cadres helps to ensure a sustainable, supported health workforce, who is better able to strengthen supply chain performance, improve access to health supplies, and save lives of health systems' clients.

<sup>1</sup> [http://www.capacityplus.org/sites/intrah.civicactions.net/files/resources/CapacityPlus\\_Brochure\\_0.pdf](http://www.capacityplus.org/sites/intrah.civicactions.net/files/resources/CapacityPlus_Brochure_0.pdf)

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## Expected Outputs of the Assessment

The results of the assessment will not only assist country government officials and affiliated implementing partners to document human resource capacity in SCM and efforts to improve that capacity, but it will also allow for comparison and sharing of experiences across countries to effectively target capacity building and professionalization efforts for human resources strengthening in supply chain management on a global level.

In addition, this data will provide critical data and context to inform the international advocacy and arguments for the professionalization of supply chain management. The findings will also help define what strategies for professionalization could be most effective globally and at the country-level. It should be emphasized that participation in this assessment is not in any way an evaluation of performance or a supervisory visit.

Outputs of each of the seven parts of the tool are listed here:

<b>PART #</b>	<b>PART of Assessment Tool</b>	<b>Expected Output</b>
I	Overall Country/Program Profile	Overview of assessment conducted including people/levels interviewed, commodity supply chains assessed, and commodity and TA value.
II	Organization & Staffing of the Supply Chain	Process map/organizational chart and supply chain diagrams completed, identify roles and responsibilities at various levels of the supply chain, and management structure of supply chain.
III	Powerful Constituencies	Relationship map of various stakeholders and players in the supply chain; identification of supply chain champions and activities for HR strengthening.
IV	Policy & Plans	Identification of HR for SCM strategies, national budgets, HR tools and policies, and prioritization of SCM within the Ministry of Health.
V	Workforce Development	Documentation of availability, content, and relative success of pre- and in-service training initiatives in SCM and relative impact on commodity availability.
VI	Workforce Effectiveness	Identification of activities that support, assess, and improve the abilities of staff currently on-the-job to successfully complete their SCM job responsibilities.
VII	Professionalization Efforts in Public Health SCM	Analysis and documentation of SCM certification requirements; linkages between business SCM and health SCM; as well as efforts and activities to professionalize public health SCM careers.

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## Using the Assessment Guide & Tool

### *Preparation*

STEP	ACTIVITY	NOTES
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#### Approximately 2 months prior to assessment:

1	Select country and program(s) to assess	
2	Correspond with in-country counterparts and key officials in MoH confirm country participation.	
3	Select assessment team members	<p>Suggestions for team members:</p> <ul style="list-style-type: none"> <li>- Team should include at the very least two in-country team members who are capable of following up on assessment results; preferably a combination of public and private sector partners</li> </ul> <p>Team should include at least:</p> <ul style="list-style-type: none"> <li>- one consultant with expertise in supply chain management</li> <li>- one with expertise in human resources policy;</li> <li>- Country or regional experience;</li> <li>- Strong organizational skills;</li> <li>- Familiarity/experience with process mapping and/or assessment procedures;</li> <li>- Strong planning and facilitation skills;</li> <li>- Fluency in English</li> <li>- Good data analysis (quantitative &amp; qualitative) and report writing skills</li> </ul> <p>See attached Sample SOW in Annex 1 for more detail. Teams may also include expatriate team members as appropriate.</p>
4	Secure resources for activity implementation	<ul style="list-style-type: none"> <li>- Funding for travel</li> <li>- Per diem</li> <li>- Incidentals for meetings</li> </ul>
5	Identify in-country partners currently	Including partners involved in:

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STEP	ACTIVITY	NOTES
	working in SCM and brainstorm how/if to involve them in the assessment	<ul style="list-style-type: none"> <li>- procurement</li> <li>- customs clearing</li> <li>- quality assurance</li> <li>- warehousing</li> <li>- transportation/distribution</li> <li>- LMIS</li> <li>- Stock Management</li> <li>- Supply Planning</li> <li>- Quantification</li> <li>- Health training programs</li> </ul>
6	Compile background information on country supply chain(s) and HR SCM strengthening efforts	<p>Desired Information:</p> <ul style="list-style-type: none"> <li>- Funding levels for products and SCM activities, including training, as well as funding source</li> <li>- Policies affected SCM</li> <li>- Procurement policies</li> <li>- Partners/supporters/champions</li> <li>- Pre-service training programs</li> <li>- Relevant organizational charts and systems/process maps for the supply chain</li> </ul> <p>Possible Sources:</p> <ul style="list-style-type: none"> <li>- in-country partner websites, staff, publications</li> <li>- implementing partner technical assistance reports</li> </ul>

### Approximately 1 month prior to assessment:

7	Determine two week period for in-country assessment activities	
8	Identify possible key informants	<p><i>Examples of possible key informants:</i></p> <p><u>National/Central Level</u></p> <ul style="list-style-type: none"> <li>- Ministry of Health Program Managers (<i>for example, National AIDS Control Program, Malaria, Maternal and Child Health, etc.</i>)</li> <li>- Ministry of Finance, Education, Planning, etc.</li> <li>- Central Medical Stores (<i>managers of distribution, warehousing, HR unit, data analysts, finance</i>)</li> <li>- Quality Assurance/Drug Authority</li> <li>- Port Authority/Customs Clearance</li> <li>- Logistics Management Units</li> <li>- Training program/institute directors</li> <li>- Procurement agents or units/departments</li> <li>- Implementing partners (commodity donation/technical assistance)</li> </ul>

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STEP	ACTIVITY	NOTES
		<ul style="list-style-type: none"> <li>- 3<sup>rd</sup> party logistics staff/outsourced staff</li> </ul> <p><u>Intermediate Level (Region, District, etc.)</u></p> <ul style="list-style-type: none"> <li>- Regional Distribution centers or Regional Medical Stores staff</li> <li>- Health Management Office (Program Managers)</li> <li>- Intermediate health facility store managers or program managers</li> </ul>
9	Identify sites to visit	<p><i>Examples of possible sites to visit:</i></p> <p><u>National/Central Level</u></p> <ul style="list-style-type: none"> <li>- Central Medical Stores</li> <li>- Quality Assurance/Drug Authority Offices</li> <li>- Port Authority</li> <li>- Logistics Management Unit Office</li> <li>- Training program/institute offices</li> <li>- Procurement agents or units/departments</li> <li>- Professional Association offices/programs</li> </ul> <p><u>Intermediate Level (Region, District, etc.)</u></p> <ul style="list-style-type: none"> <li>- Regional Distribution Centers or Regional Medical Stores</li> <li>- Health Management Office</li> <li>- Larger health center or hospital pharmacy/store</li> </ul>
10	Identify key data to request to key informants and program managers prior to initiating the assessment	<p><i>Examples of possible data to request:</i></p> <ul style="list-style-type: none"> <li>- cost of training, system functions- distribution, and other activities funded by: <u>host country itself</u> in the past calendar year? funded by implementing partners?</li> <li>- salaries of staff covered by donor vs. salaries covered by host country itself for supply chain activities</li> <li>- etc.</li> </ul>
11	Outline assessment schedule, including: <ul style="list-style-type: none"> <li>- Key informant interviews</li> <li>- Site visits</li> <li>- Visit to health training programs/ Health Schools (Pharm., Pharm.-Tech., Nursing)</li> <li>- Findings Presentation Meeting</li> </ul>	<p><i>Key Informant Interviews –v- Facilitated Group Discussion</i></p> <p>Key informant interviews are usually interviews with one single person being interviewed at a time. Facilitated Group Discussions used for this assessment should be a group of no larger than 10 key informant interviewees that could potentially all benefit from being together and moving through questions in the assessment together. The Assessment team will need to modify how the tool is</p>



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STEP	ACTIVITY	NOTES
		implemented somewhat in order to facilitate group participation and discussion.
12	Contact key informants and/or start scheduling in-country visits	
<b>Approximately 2 weeks prior to assessment:</b>		
13	Convene assessment team to review schedule and tool	- Be sure to include in-country team members in this process
14	Send request to key informants for the data in Part III. Question #1 (relationship map).	
15	Confirm schedule and appointments for in-country assessment; travel logistics	
16	Determine roles and responsibilities of each team member and roles in interviews and group discussion	
17	Select which questions to ask which key informants	

### ***Implementation (Suggested in-country schedule)***

STEP	ACTIVITY	NOTES
<b>Week 1</b>		
1	Review tool and confirm schedule with all team members	
2	Confirm visit schedule and participant invites	
3	Prepare copies of tool as needed	
4	Venue logistics for "Review & Consensus" Meeting	
5	Conduct key informant interviews and site visits as scheduled	
7	Synthesis/ data analysis and planning for the next week	
<b>Week 2</b>		
8	Continue key informant interviews and visit national health training program/ Health Schools (Pharm., Pharm. Tech., Nursing)	
9	Convene with assessment team to review results, compile initial findings, and plan for "Findings Review" Meeting (including sending invitations to	

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	meeting invitees).	
10	Facilitate “Findings Review” Meeting	
11	Compile comments from “Findings Review” Meeting.	
12	Present next steps to and debrief with key in-country stakeholders	
13	Complete draft report prior to leaving the country.	Make sure to involve in-country partners in the process; See Annex 3 for a final report outline.

### *Follow-up*

STEP	ACTIVITY	NOTES
1	Complete draft report with full assessment results and recommendations.	
2	Share draft report with respective stakeholders	Please be sure to share the draft report with the Professionalization of SCM Initiative partners and the USAID   DELIVER PROJECT in Arlington, VA.
3	Complete final report	
4	Transfer all data, files, copies, etc., to in-country partners	
5	Disseminate report and recommendations as needed.	
6	Where possible, share results with other countries conducting the same exercise in order to compare and share experiences.	

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## ***Section-by-Section Notes & Time Allowances***

Each of the short paragraphs below gives suggestions for how to complete each part of the assessment tool. Where necessary, clarification and specific instruction are provided on certain questions. Time estimates are just that- estimates. Time estimates *do not* include preparation time or time to analyze the data/findings/results. When utilizing the focus group discussion method to complete sections, additional time may be required depending on the size of the group.

Please note that all questions marked with a ★ must be completed. While the entire tool is worthwhile and will collect valuable information, if time is short all questions with the ★ should be completed and documented.

**N.B.: This tool can be adjusted to fit local context/needs, as well as time available for the assessment but as time allows, please try to complete as much of the rest of the tool as possible. All of Part I is required for every assessment.**

### *Part I. Overall Country/Program Profile (Approx 30 – 60 minutes to complete)*

This section should be completed first and only once. The team along with a few key informants should be able to complete Part I. If multiple supply chains are assessed and the team selects to utilize separate hard copies of Parts II – VII of the assessment tool to assess each one individually be sure to note how many tools were completed. **Part I should capture information about the ENTIRE assessment for summary purposes.**

For the four questions related to the value of commodities and value of technical assistance, the assessment team should not try to get exact information or spend too much time trying to get the most accurate response. An estimate is just fine for any of these questions. At the very least, an approximate dollar value should be given for commodities and for technical assistance and those organizations/departments who contribute should be listed. While the value can be an estimate, you can consider using tools such as the Reproductive Health Interchange (RHI), National AIDS Spending Assessments, and National Health Accounts to obtain data on the value of commodities.

### *Part II. Organization & Staffing of the Supply Chain (Approx 1.5 to 3 hours to complete)*

This section may be completed for each supply chain assessed depending on how integrated or not each of the supply chains are. This section may be completed via key informant interviews or a focus group discussion of a number of key informants given how expansive the scope is for this section. **Note that it is possible to interview a wide variety of “supply chain managers”—different cadres from different parts of the supply chain (for example a nurse who has SCM responsibilities, a pharmacist, a truck driver, a warehouse manager, a procurement specialist, etc.)**

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**Definition of Public Health Supply Chain Manager:** *"a person who has the responsibility to oversee specific in-country supply chain activities and functions that ensure the availability of health supplies at service facilities, including procurement, customs clearance, quality assurance, warehousing, distribution, logistics information management, and logistics monitoring and evaluation."*

## *Part III. Powerful Constituencies (Approx 1 hour to complete)*

This section will likely only be completed once even if multiple supply chains are examined. Focus here is on the national level; however, if more clear, this section could be completed separately for each section. Similar to Part II, this section could be completed via key informant interview or small focus group discussion with a few key informants. Time to complete depends on if any of the relationship mapping in question 1 is completed ahead of time.

## *Part IV. Policy & Plans (Approx. 1 hour to complete)*

This section will likely only be completed once even if multiple supply chains are examined. Focus here is on the national level; however, if more clear, this section could be completed separately for each section if the team so desires. Similar to Parts II and III, this section could be completed via key informant interview or small focus group discussion with a few key informants. Time to complete depends on if any of the relationship mapping in question 1 is completed ahead of time.

## *Part V. Workforce Development (Approx 1 to 2 hours to complete)*

This section should be completed via key informant interviews at various levels of the supply chain system and with various stakeholders (i.e. MOH, Ministry of Education, Health Training institutions, Procurement Units, warehouses, health facilities, etc.). Therefore, you might complete multiple copies of Part V (one for each key informant).

**Pre-service training definition:** *Capacity- and skills-building that occurs prior to an individual joining the workforce (or prior to one's "service" in the field of study).*

**In-service training definition:** *Capacity- and skills-building that occurs while an individual is employed within a particular field. Skills-building opportunities are often shorter in nature or provided on-the-job in order for the individual to get back to their position and immediately apply lessons-learned.*

**Should course/program evaluation data (completed by former students, etc.) or similar reports be available, it would be useful to make a photocopy of this and attach it to this section.**

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## *Part VI. Workforce Effectiveness (Approx 1 to 2 hours to complete)*

This section should be completed via key informant interviews at various levels of the supply chain system and with various stakeholders (i.e. MOH, Ministry of Education, Health Training institutions, Procurement Units, warehouses, health facilities, etc.). Therefore, you might complete multiple copies of Part VI (one for each key informant). In Part VI, you may also be able to cross-validate the responses of informants (i.e. does supervision actually happen as described by the supervisor or as described by the supervisee?).

**Please note that an additional supervision diagramming exercise is listed in Annex 2.** If time allows, the team should attempt to complete and document the supervisory relationships within the supply chain.

In Part VI, if informants do not have responses to questions 9, 10, 11, and 12, be sure to try and suggest a few (as noted just after the questions) and see if those examples might be something of interest to their program or would be potentially feasible to implement.

## *Part VII. Professionalization Efforts in Public Health SCM (Approx 1 hour to complete)*

This section will be completed only once even if multiple supply chains are examined. Focus here is on the national level; however, if more clear, this section could be completed separately for each section if the team so desires. Similar to Parts II, III, and IV, this section could be completed via key informant interview or small focus group discussion with a few key informants. However, for this Part it may be useful to include different informants (from a business sector or other sector with professional groups/associations, etc.). If informants do not have responses for much of this section, be sure to try to give examples of the International Association of Public Health Logisticians (IAPHL ) as well as efforts by the private sector industry (CIPS, CILT, CSCMP, etc.) and see if those examples might be something of interest to their program or would be potentially feasible to implement.

**Professionalization of Health Supply Chain Management definition:** *A series of activities intended to increase the capacity of national health systems to sustainably develop, recruit, and retain health workers who have the qualifications, competencies, and resources required for effective management of health supply chains, and to overcome existing and emerging health commodity challenges.*

***\*\*It may be possible to complete sections II, III, IV, and VII together in one day with a small group of key informants via a focus group discussion given the “national level” nature of many of these questions.***

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## ASSESSMENT TOOL

### ***PART I. Overall Country/ Program Profile***

*Questions in this section relate to basic country information about the health programs, systems and associated supply chains including sector, commodities, facility, etc.*

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#### **Overall Background Information**

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Date(s): \_\_\_\_\_ (DD/MM/YY)      Country: \_\_\_\_\_

Assessment Lead(s): \_\_\_\_\_

Team Members:

Program(s)/Supply Chain(s) Assessed: \_\_\_\_\_

# of Assessment Tools Completed for this Program/Supply Chain: \_\_\_\_\_

Type of program/structure:

Government    Parastatal    NGO    Social Marketing    Private    National Insurance/Social Security    Other (specify):

Levels interviewed for completion of entire assessment:

Central       Regional       District       Service Delivery Point       Other

List names of organizations/departments/facilities visited (by level):

Central	Regional	District	Service Delivery Point	Other

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

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## Overall Background Information

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List the name and title of those interviewed for this section (or provide attached list):

Name	Title	Organization/Level	Contact Info.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## Overall Background Information

Product categories in the supply chain systems covered: (Check all that apply.)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Contraceptives   | <input type="checkbox"/> STI medicines        | <input type="checkbox"/> HIV Test Kits        | <input type="checkbox"/> TB medicines                 |
| <input type="checkbox"/> Essential medicines  | <input type="checkbox"/> Vaccines             | <input type="checkbox"/> ARVs                 | <input type="checkbox"/> Other diagnostic supplies    |
| <input type="checkbox"/> Malaria medicines  | <input type="checkbox"/> Malaria (ITNs)       | <input type="checkbox"/> Avian Influenza (AI) | <input type="checkbox"/> Reproductive health supplies |
| <input type="checkbox"/> Equipment for supply chain (trucks, fridges, generators, etc.) | <input type="checkbox"/> Other (please list): |   |   |

Procurement responsibility for these medicines and supplies:

- Locally managed (in-country) procurement
- Regionally managed procurement (i.e. pooled procurement)
- Internationally managed procurement (i.e. via IPPF/UNFPA/UNICEF, etc.)
- Donor-managed (for in-kind/donated commodities)
- Other 3<sup>rd</sup> party/outsourced procurement: \_\_\_\_\_
- Combination (please designate the percentage mix of each source):

Of supply chain being assessed, please list the approximate value of (in USD) and key players in the following:

<u>Commodities</u> procured by <u>host country itself</u> (either basket-funding or in-country revenue) in the past calendar year:	
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<u>Commodities</u> procured by <u>implementing partners/purchased with partner funds</u> in the past calendar year: (for example: Global Fund, GAVI, World Bank, UNICEF, UNFPA, USAID, Other (specify): <b>N.B.: Tools such as the RHI that can provide this information if needed.</b>	
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Health commodity <u>supply chain activities</u> (including training, system functions- distribution, etc.) funded by <u>host country itself</u> in the past calendar year:	
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Health commodity <u>supply chain technical assistance</u> (including training, system functions- distribution, etc.) funded by the <u>implementing partners</u> in the past calendar year:	
--	--

**General notes:**



# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## ***PART II. Organization & Staffing of the Supply Chain***

*Questions in this section relate to the structure, policies and responsibilities of the staffing and organizational plans of a health commodity supply chain management.*

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List the name and title of those interviewed for this section (or provide attached list):

<b>Name</b>	<b>Title</b>	<b>Organization/Level</b>	<b>Contact Info.</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## ★ ORGANIZATIONAL CHART

Attach a copy of the organizational chart (or multiple charts) that describes the logistics personnel structure for the supply chain(s) being assessed. If an organizational chart does not exist, diagram the personnel structure for the supply chain being assessed including all personnel and any outsourced entities who have supply chain responsibilities. SCM responsibilities may include, but are not limited to

- procurement
- customs clearing
- quality assurance
- warehousing
- transportation/distribution
- storage
- routine ordering/reporting
- stock management
- supply planning
- quantification
- data management and analysis

Whether on an official organizational chart or on a diagrammed one, list all positions involved in the supply chain graphically –from service delivery point to national program level—even though these individuals may not have formally documented SCM responsibilities. **This diagram may include government and outsourced entities.**

After diagramming the organizational chart(s) for the supply chains examined for this assessment, please describe each of the diagrammed positions in a bit more detail. For each position on the organizational chart with SCM responsibilities, please indicate the following in the table on the next page:

- The level of the system where position is located (i.e. national (including medical store), provincial, region, district, hospital, service delivery)
- The position name/cadre (e.g., doctor, nurse, pharmacist, pharmaceutical technician, manager, director, technical staff)
- A brief description of the supply chain responsibilities the position. For example, “responsible for the preparation of logistics reports at the health unit”, etc.
- The level/ amount of training received in this area (including length). For example, “Three short trainings on specific logistics topics: “a one day session in preservice training on storage and inventory control, a two day in-service workshop on logistics information systems, and a CD-ROM based training on quantification of essential medicines (about 4 hours)”, etc.
- Any qualifications/certifications/license required for the particular position. For example, are procurement officers expected to have certification from the Chartered Institute of Procurement and Supply (CIPS) or similar organization? Are medical stores managers expected to have a university degree in supply chain, pharmacy or business administration? What qualification are needed for their position (occupation, job)?

## Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

Please complete each column. If you do not have an answer for a column, please write "D/K" for "Don't Know."

Level of the Supply Chain	Position/Health Cadre (Public sector or Outsourced) with SCM responsibilities	SCM responsibilities	Average amount of SCM training received (including length)	Qualification/certifications/license required for position

## Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

Level of the Supply Chain	Position/Health Cadre (Public sector or Outsourced) with SCM responsibilities	SCM responsibilities	Average amount of SCM training received (including length)	Qualification/certifications/license required for position

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## PART II: Organization and Staffing of the Supply Chain

1. ★ Which department/unit is primarily responsible for managing/supervising activities within and budgets for this supply chain?

2. ★ To what extent are these responsibilities shared with other departments/organizations?

Not at all  To a low extent  To a medium extent  To a great extent

Comments:

3. ★ Is this department/unit fully responsible for the following activities? If not, note the departments, units or organizations responsible for each logistics task in the “Comments” column:

	Task	Yes	No	Comments
A	Managing and using the logistics management information system			
B	Product selection			
C	Quantification			
D	Supply Planning			
E	Procurement			
F	Warehousing			
G	Transportation/Distribution			
H	Storage/ Inventory Management			
I	Routine Monitoring & Periodic Evaluation of SCM operations			
J	Staffing of logistics positions			
K	Budgeting of logistics positions and activities			
L	Supervision and logistics staff development			
M	Other supply chain activities: Please describe:			

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

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## PART II: Organization and Staffing of the Supply Chain

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4. ★ Is there a national/central-level position (or several) dedicated to supply chain management? (If the system is decentralized, please respond to questions 4 & 5 for the relevant regional/intermediate level as well.)

No... If no, skip to question 6.

Yes...If yes, what are they? What responsibilities are included?

---

5. ★ Please describe the level of authority this position(s) has, who it reports to, and who it is responsible for at the intermediate and peripheral level:

---

6. Other comments on “Organization and Staffing”:

---

What is working well in “Organization & Staffing”?	What are challenges in “Organization & Staffing”?

---

How could these challenges be addressed/improved?

---



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★ Overall Assessment of Organization & Staffing:

Weak				Strong
1	2	3	4	5

---

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

**PART III. Powerful Constituencies**

*Questions in this section relate to stakeholder groups and other players interact and advocate for human resource strengthening for supply chain management. Focus group discussion*

---

List the name and title of those interviewed (or provide attached list):

Name	Title	Organization/Level	Contact Info.

## Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

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### **PART III. Powerful Constituencies**

---

1. Provide a list of key stakeholders in public health supply chains, including government units, donors, and other cooperating agencies, and comment on their responsibilities and support [financial, staff, physical resources] for logistics activities. Additionally, indicate any key relationships between these stakeholders.

<b>Key Stakeholder/ Organization</b>	<b>Responsibilities and support for logistics activities</b>

**Comment on key relationships between stakeholders:**

- 
2. Please describe how this group of key stakeholders determines its overarching goals, objectives, responsibilities, budgets, and timelines for their work in public health supply chains. Also note how frequently the group meets together to discuss these goals and activities.



# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## PART III. Powerful Constituencies

3. ★ Is there a champion or group that advocates for improved SCM skills and capacity for health sector staff? (For example, MOH, academic institutions, implementing partners, etc.)

Yes  No

Comments: (If YES, please describe)

*If NO, jump to the “Strengths/Areas for Improvement” table.*

4. ★ Please describe how this champion or group is advocating for improving human resource capacity and build recognition in SCM for public health supply chains, and describe if there’s a budget for improving human resource capacity within the institution/organization (and the source of funding).

What is working well within “Powerful Constituencies”?	What are challenges within the “Powerful Constituencies”?
<b>How could these challenges be addressed/improved?</b>	

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

---

★ Overall Assessment of Powerful Constituencies:

<b>Weak</b>				<b>Strong</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## ***PART IV. Policy & Plans***

*Questions in this section examine what types of policies, plans, tools, and resources exist to strengthen human resource capacity in public health supply chains. Policy Markers*

---

List the name and title of those interviewed (or provide attached list):

<b>Name</b>	<b>Title</b>	<b>Organization/Level</b>	<b>Contact Info.</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

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## PART IV. Policy & Plans

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1. ★ How does supply chain management rank as a priority compared to other Ministry of Health programs and priorities?

- Don't know    Not a priority    Slight priority    Priority    High priority

Comments:

---

2. ★ How well do policymakers understand the relationship between improved access to health commodities and improved human resource strengthening for supply chain management?

- Not at all    Not Well    Indifferent    Well    Very Well

Comments:

---

3. Are staff with supply chain responsibilities involved in the Ministry of Health decision and policy making processes that impact on supply chain?

- Yes    No   Comments:
- 

4. Is there a Training Unit within the institution?

- Yes    No   Comments:
- 

If NO, skip to question 6

---

5. Is the training unit linked (in any way) with the Human Resources Unit, so that skill building and formal training activities are included in the training unit plan? Does the plan include strengthening supply chain?

- Yes    No   Comments:

If YES, please explain the content of the plan and how supply chain is included.

6. ★ Does a strategic plan for human resource development for public health supply chain management exist (possibly within a logistics system strategic plan or general human resources for health strategic plan)? (Secure a copy)

- Yes    No   Comments:

If NO, skip to Question 8.

---

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## PART IV. Policy & Plans

7. ★ Has the Ministry begun to implement this strategic plan?

- Yes, If yes, describe current phase.     No, If no, why not? Then SKIP to Ques. 8.

Comments:

8. What is the process for updating or revising this strategic plan? (for example, how often, by whom, etc.)

9. ★ Please describe the impact that the implemented strategic plan has had on strengthened HR for SCM and health commodity availability?

10. ★ Does a national (or regional) budget line item exist for HR strengthening in supply chain management? If the system is decentralized, ask if a regional/district budget exists

- Yes     No

Comments:

*If YES, what government entity(ies)/level is (are) responsible for implementing the workplan for this budget line item? And what are those workplan activities?*

11. ★ How well are the following human resource management tools defined and implemented for public health supply chain management responsibilities?

(Secure a copy of each description if possible).

	How well defined?				How well implemented?			
	1 Does not exist	2 Not well	3 Well	4 Very well	1 Does not exist	2 Not well	3 Well	4 Very well
<i>Job Descriptions</i>								
Central level	1	2	3	4	1	2	3	4
Peripheral level	1	2	3	4	1	2	3	4
<i>Supervision Guidelines</i>	1	2	3	4	1	2	3	4
<i>Standard Operating Procedures Manuals</i>	1	2	3	4	1	2	3	4
<i>Staff Development Plans</i>	1	2	3	4	1	2	3	4

## Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

<b>PART IV. Policy &amp; Plans</b>									
<i>Performance Review Guidelines</i>	1	2	3	4		1	2	3	4
<i>Incentive Plans</i>	1	2	3	4		1	2	3	4
<i>Skills certificates</i>	1	2	3	4		1	2	3	4
<i>Comments:</i>									

<b>What is working well in “Policies &amp; Plans”?</b>	<b>What are challenges in “Policies and Plans”?</b>

**How could these challenges be addressed/improved?**

<b>★ Overall Assessment of Policy &amp; Plans:</b>				
Weak				Strong
1	2	3	4	5

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## ***PART V. Workforce Development***

*This section of the assessment attempts to determine what initiatives are in place in a country to build up a health commodity supply chain workforce as well as how those initiatives have possibly impacted commodity availability.*

*Key informants for this Part of the tool can include:*

- *Human resources managers at different levels of the institution (central level, hospitals, etc.)*
- *Ministry of Education (relevant staff)*
- *Academic and training institutions*

---

List the name and title of those interviewed (or provide attached list):

<b>Name</b>	<b>Title</b>	<b>Organization/Level</b>	<b>Contact Info.</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## PART V. Workforce Development

1. ★ Does a pre-service training program (i.e. within an existing curriculum/program) exist that includes public health supply chain management/logistics skills-building and national procedures related to dispensing, storing, transporting, record-keeping and reporting, etc?

Yes  No

Comments:

*If NO, skip to question 6.*

2. ★ List the cadres for whom pre-service training in supply chain management is provided:

3. ★ List the course/programs & educational/training institutions that provide pre-service training.

Course/Program/Class

Education/Training Institution or Organization

### 3.1. Technical training program

Name of Program	Name of Program	Name of Program
Length?	Length?	Length?
Modality	Modality	Modality
Classroom courses	Classroom courses	Classroom courses
Combination of Classroom courses, and distance learning	Combination of Classroom courses, and distance learning	Combination of Classroom courses, and distance learning
Distance learning course: Virtual	Distance learning course: Virtual	Distance learning course: Virtual
Required or elective?	Required or elective?	Required or elective?
Topics Covered	Topics Covered	Topics Covered



# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## PART V. Workforce Development

When first implemented?	When first implemented?	When first implemented?
How are instructors trained and by whom?	How are instructors trained and by whom?	How are instructors trained and by whom?
Certifications	Certifications	Certifications
Professional	Professional	Professional
Nationally recognized only	Nationally recognized only	Nationally recognized only
Internationally recognized	Internationally recognized	Internationally recognized

### 3.2. Professional training program

Name of Program	Name of Program	Name of Program
Length?	Length?	Length?
Modality	Modality	Modality
Classroom courses	Classroom courses	Classroom courses
Combination of Classroom courses, and distance learning	Combination of Classroom courses, and distance learning	Combination of Classroom courses, and distance learning
Distance learning course: Virtual	Distance learning course: Virtual	Distance learning course: Virtual
Required or elective?	Required or elective?	Required or elective?
Topics Covered	Topics Covered	Topics Covered
When first implemented?	When first implemented?	When first implemented?
How are instructors trained and by whom?	How are instructors trained and by whom?	How are instructors trained and by whom?
Certifications	Certifications	Certifications
Professional	Professional	Professional
Nationally recognized only	Nationally recognized only	Nationally recognized only
Internationally recognized	Internationally recognized	Internationally recognized

4. ★ What factors did you take into account in order to develop the pre-service training program(s) in supply chain management.

- a. Was assisted by the Ministry of Education
- b. Coordinated with other institutions

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

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## PART V. Workforce Development

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- c. Used national training programs as models
- d. Used international training programs as models
- e. Developed own model
- f. Other (specify) \_\_\_\_\_

---

5. ★ Do you update this program regularly?

YES

NO

How often? \_\_\_\_\_

Who do you coordinate with? \_\_\_\_\_

Who implements the program? \_\_\_\_\_

---

6. ★ What is working well in these pre-service training programs in SCM? What is not working well? Why?

---

7. ★ What are the challenges in the pre-service training programs in SCM?

---

8. ★ Do in-service training programs (i.e. those that exist for currently employed staff; examples include workshops, trainings, courses, on-the-job training, mentoring, etc.) exist that include supply chain management/logistics skills-building and national procedures related to dispensing, storing, transporting, record-keeping and reporting, etc?

Yes  No

Comments:

*If NO, skip to question 14.*

---

9. ★ List the cadres for whom in-service training in supply chain management is offered:

---

10. How often on average do staff participate in-service trainings in supply chain management (describe as number of times per year and/or amount of time per year)?

1 - 2 times a year \_\_\_\_\_

3 - 4 times per year \_\_\_\_\_

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## PART V. Workforce Development

More than 5 times per year \_\_\_\_\_

11. How and by whom is it decided which health staff will attend the in-service training in SCM? For example, is selection for in-service training an incentive for good performance, based on years of service, based on immediate competency needs, etc, and is it decided by a supervisor, the HR Manager, the Training Manager, etc.?

12. ★ List the course/programs & educational/training institutions that provide this in-service training in supply chain management.

Name of Program	Name of Program	Name of Program
Length?	Length?	Length?
Modality	Modality	Modality
Classroom courses	Classroom courses	Classroom courses
Combination of Classroom courses, and distance learning	Combination of Classroom courses, and distance learning	Combination of Classroom courses, and distance learning
Distance learning course: Virtual	Distance learning course: Virtual	Distance learning course: Virtual
Frequency	Frequency	Frequency
Annual	Annual	Annual
Every 6 months	Every 6 months	Every 6 months
Monthly	Monthly	Monthly
Topics Covered	Topics Covered	Topics Covered
When first implemented?	When first implemented?	When first implemented?
How are instructors trained and by whom?	How are instructors trained and by whom?	How are instructors trained and by whom?
% of staff that access/take advantage of offerings?	% of staff that access/take advantage of offerings?	% of staff that access/take advantage of offerings?
Accessibility for staff to attend (any costs, etc.)	Accessibility for staff to attend (any costs, etc.)	Accessibility for staff to attend (any costs, etc.)

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## PART V. Workforce Development

Funded by government or donor?		Funded by government or donor?		Funded by government or donor?	
How are instructors trained and by whom?		How are instructors trained and by whom?		How are instructors trained and by whom?	
Certifications		Certifications		Certifications	
	Professional		Professional		Professional
	Nationally recognized only		Nationally recognized only		Nationally recognized only
	Internationally recognized		Internationally recognized		Internationally recognized

**13. What is working well in these in-service training programs for supply chain management? What is not working well?**

**14. ★ What, if any, incentives exist for health cadres to take advantage of pre- or in-service training offerings? Are these incentives helpful in ensuring that the “right” people attend?**

*The next two questions relate to academic institutions only:*

**15. ★ Please rate and comment on the ability of local academic institutions to provide SCM education and training:**

	1 N/A	2 Not Very	3 Somewhat	4 Very
Availability of faculty to teach Supply Chain related topics.	1	2	3	4
Availability of resources to teach Supply Chain Classes	1	2	3	4
Willingness of the administration to develop and teach Supply Chain classes.	1	2	3	4
Willingness of the faculty in nursing, medical, public health and business school to develop and teach such classes.	1	2	3	4
Willingness to require mandatory Health Care Delivery and Supply Chain classes for nursing, medical, pharmacy and health policy students.	1	2	3	4

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## PART V. Workforce Development

Comments:

**16. ★ Please rate and then comment on the *ability of the government to provide the resources to the local universities to:***

	1 N/A	2 Weak ability	3 Average	4 Strong ability
Hire the "right" faculty to teach SCM courses	1	2	3	4
Develop and provide the appropriate SCM classes and programs	1	2	3	4
Require mandatory Health Care Delivery and Supply Chain classes for nursing, medical, pharmacy and health policy students.	1	2	3	4

Comments:

What is working well in “Workforce Development”?	What are challenges in “Workforce Development”?

**How could these challenges be addressed/improved?**

**★ Overall Assessment of Workforce Development:**

Weak				Strong
1	2	3	4	5

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## ***PART VI. Workforce Effectiveness***

*Questions in this part of the assessment look at activities that support, assess, and improve the abilities of staff currently on-the-job to successfully complete their job responsibilities. Please note the additional questions in Annex 2 related to supervisory responsibilities and complete if time allows.*

---

List the name and title of those interviewed (or provide attached list):

<b>Name</b>	<b>Title</b>	<b>Organization/Level</b>	<b>Contact Info.</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

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## Part VI: Workforce Effectiveness

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1. ★ Are supervisory responsibilities for SCM activities described in written job descriptions of supervisors?

Yes  No

Comments:

---

2. ★ Please describe any constraints or encouraging factors to supervisory visits for SCM activities?

---

## Performance & Incentives

---

3. Please describe how performance and accountability are promoted or rewarded.

Specifically, are staff members with supply chain responsibilities directly provided incentives (financial or other) for successful completion of logistics activities (such as on-time reporting, accurate record-keeping, on-time delivery, proper storage, etc)?

Yes  No

Comments:

*If yes, please describe the activities and associated incentives.*

---

4. ★ If a staff member's performance in logistics is not satisfactory, is the person provided with:

a. in-service training?

Yes  No

Comments:

b. on-the-job training?

Yes  No

Comments:

c. written instructions on how to improve?

Yes  No

Comments:

d. a coach or mentor?

Yes  No

Comments:

e. other? (describe)

---

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## Part VI: Workforce Effectiveness

5. ★ How would you qualify the average turnover rate in SCM positions or positions with SCM responsibilities? *Turnover = someone leaving for a job either in a different department, organization, or sector with NO SCM responsibilities.*

Operational staff		Technical staff		Managerial staff	
	less than 6 months in position		less than 6 months in position		less than 6 months in position
	less than 1 year in position		less than 1 year in position		less than 1 year in position
	less than 2 years in position		less than 2 years in position		less than 2 years in position
	less than 5 years in position		less than 5 years in position		less than 5 years in position
Comments		Comments		Comments	

6. ★ On average, when public sector staff in SCM positions or with SCM responsibilities leave their position, to what types of positions/departments/organizations do they move? (Check the most common.)
- stay in same organization, take on new position that also has SCM responsibilities
  - stay in same organization, take on new position without SCM responsibilities
  - other public sector
  - private sector- International NGO/Company
  - private sector- local private company
  - Other: (Please describe)

7. ★ What mechanisms, if any, are in place to encourage retention of staff members with supply chain responsibilities? Is there a career track for SCM specialists?

*For example, public recognition for exemplary performance, (by region, district, etc.? Sharing best practices by different teams? Congratulatory letter from a high level person in the MOH? Sending the staff to a refresher course? A promotion? Salary raise?*



# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

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## Part VI: Workforce Effectiveness

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**8. ★ What other “indirect” incentives exist to encourage levels and teams working together to successfully operate the supply chain?** *For example, public recognition for exemplary performance, (by region, district, etc.? Sharing best practices by different teams? Congratulatory letter from a high level person in the MOH? Sending the staff to a refresher course? A promotion?*

---

### **OUTSOURCING SUPPLY CHAIN ACTIVITIES (3rd party logistics)**

---

**9. ★ Are any supply chain processes in your institution outsourced to a separate unit/organization/company. If so, which?**

YES       NO

- Procurement
- Warehousing
- Distribution
- Data management
- Other (specify) \_\_\_\_\_

What have the results been?

---

### **TASK-SHIFTING**

---

**10. What, if any, SCM tasks at the service delivery level (reporting, physical inventory, record-keeping, etc.), are regularly completed by staff with specialized logistics/SCM skills (possibly from a higher level)? Please describe the tasks and staff who complete them on behalf of service delivery personnel.**

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# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

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## Part VI: Workforce Effectiveness

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### ***INNOVATION IN HR for SCM***

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11. Please describe any innovative policies/activities (either past, present, or planned for the future) that have strengthened/will strengthen human resource capacity in supply chain management for health commodities. *(For example, using cell phones for data collection, mentoring programs, supportive supervision, other technology incentives, outsourcing, etc.)*

<b>What is working well in “Workforce Effectiveness”?</b>	<b>What are challenges in “Workforce Effectiveness”?</b>
<b>How could these challenges be addressed/improved?</b>	

---

★ Overall Assessment of Workforce Effectiveness:

<b>Weak</b>				<b>Strong</b>
1	2	3	4	5

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

## **PART VII. Professionalization Efforts in Public Health SCM**

Questions in this part of the assessment look at efforts that promote and support the professionalization of public health supply chain management careers and positions. Professionalization of public health supply chain management will ensure that people with SCM responsibilities have the necessary competencies to complete their jobs successfully as well as access to SCM skills-building resources to develop those competencies.

Key informants for this section can include:

- Human resources managers at different levels of the institution (central level, hospitals, etc.)
- Professional associations, councils, certification/accreditation bodies
- Academic and training institutions

---

List the name and title of those interviewed (or provide attached list):

<b>Name</b>	<b>Title</b>	<b>Organization/Level</b>	<b>Contact Info.</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## **PART VII. Professionalization Efforts in Public Health SCM**

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## Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

1. ★ Is it compulsory to be “certified” in supply chain management/logistics for health commodities in order to complete SCM activities in a job or to ‘get’ the job?

Yes       No....skip to question 3.

*If yes, please list different certifications and how often they must be renewed?:*

<b>Certifications</b>	<b>Who provide it</b>	<b>How often must be renewed/update</b>

2. ★ Please describe the process/requirements for attaining certification in supply chain management for health commodities.

3. ★ Does a certification program exist for private sector/business-focused supply chain management (i.e. non-health related) within the country or regionally?

Yes       No

*If yes, please list different certifications and how often they must be renewed?:*

<b>Certifications</b>	<b>Who provide it</b>	<b>How often must be renewed/update</b>
		<input type="checkbox"/>

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

4. ★ Is there a local professional body or local chapter of an international body to which members of the private sector/business-focused supply chain industry belong (CIPS, CILT, CSCMP)?

Yes       No....if No for both #3 and #4, skip to #6

*If yes, please list these bodies.*

5. ★ Please describe any efforts taken or any opportunities that might exist to link the business-focused SCM community with the health-focused SCM communities.

6. ★ Is there a local professional body or a local chapter of an international body to which health staff working in supply chain management belong (e.g., pharmacy boards, IAPHL, CIPS, CILT, CSCMP)?

Yes       No

*If yes, please list them here:*

7. ★ Are there international professional bodies to which health staff working in supply chain management belong (e.g., pharmacy boards, IAPHL, CIPS, CILT, CSCMP)?

Yes       No....skip to Question 9

*If yes, please list them here:*

8. ★ Describe some of the activities members of these bodies have organized or participated in:

<b>What is working well in “Professionalization of Public Health SCM”?</b>	<b>What are challenges in “Professionalization Public Health SCM”?</b>
<b>How could these challenges be addressed/improved?</b>	

# Human Resource Capacity in Public Health Supply Chain Management ASSESSMENT TOOL

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★ Overall Assessment of Professionalization:

Weak				Strong
1	2	3	4	5

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## **Annexes**

**ANNEX 1:**  
**SAMPLE HR for SCM Assessment Scope of Work**

Anticipate needing: 2 STTA providers  
Destination: \_\_\_\_\_  
Project: \_\_\_\_\_  
Dates: \_\_\_\_\_

**Background statement setting context for the STTA:**

In 2006, WHO identified health workforce performance as one of the six building blocks essential to strengthening health systems, along with strengthening the supply chains that provide health workers with public health products. Strengthening supply chains involves engaging the *right people* in the *right quantities* with the *right skills* in the *right place* at the *right time* to implement the procedures that direct supply chain operations.

To run efficiently, public health supply chains require trained, skilled staff familiar with the standard operating procedures required for each logistics function and empowered to make decisions, or participate in decision- and policy-making processes, that impact health supplies and supply chains. A lack of trained staff with the right skills is a frequent cause of supply chain system breakdown and poor performance demonstrated by poorly maintained information systems and product stock outs. Similarly, there is a lack of recognition among many health institutions that efficient health systems depend on good supply chain management (SCM), and thus on appropriate technical and managerial skills among the supply chain workforce.

To respond to this widespread and systemic weakness of health systems, a broad group of governments and organizations have united for a joint initiative to promote and implement professionalization of public health supply chain management. The global initiative, in association with the USAID | DELIVER Project, has developed a HR assessment tool to gather data on the human resource opportunities and challenges associated with supply chain management. Data collected through these assessments are expected to support advocacy for professionalization of supply chain management at the country and global level, and to inform professionalization interventions.

**Dates and Duration:** \_\_\_\_\_

1 week prep, 2 weeks in country and 2 weeks for completing the final report.

**Location:** \_\_\_\_\_

**Brief purpose statement:**

The purpose of this visit is to:

- assess the state of the country’s human resource capacity in supply chain management and professionalization efforts in public health supply chains.
- identify professionalization efforts spearheaded by the Ministry of Health, Ministry of Education, and other partners, as well as areas for improvement of supply chain capacity building.



**Specific tasks to be performed:**

## Before travel:

- Conduct desk review of relevant HR materials as well as country-specific background.
- Outline assessment schedule and schedule in-country visits.
- Convene assessment team to review schedule and tool, determine roles and responsibilities of each team member, and select which questions to ask which key informants.

## In-country:

- Conduct an in-brief with project country directors (if applicable), MOH officials and USAID mission (if required).
- Meet with key stakeholders to reach consensus on assessment details.
- Conduct an HR SCM assessment of selected supply chain using the “Human Resource Capacity in Public Health Supply Chain Management Assessment Guide”:
  - a. Review and confirm schedule and visits with team and key informants.
  - b. Conduct interviews with key informants.
  - c. Visit health facilities at various levels and the national health training program/ health schools.
  - d. Obtain an organizational chart or, if one does not exist, diagram the personnel structure for the supply chain being assessed including all personnel who have supply chain responsibilities.
- Prepare for and facilitate consensus meetings.
- Conduct an out brief with project Country Directors (if applicable), MOH Officials and USAID (if required).

## Follow-up:

- Submit a trip report within one week of leaving country.
- Complete final report with full assessment results and recommendations within 3 weeks of leaving country.
- Share report with respective stakeholders.
- Disseminate recommendations and overall assessment scores as needed.
- Where possible, share results with other countries conducting the same exercise in order to compare and share experiences.

**Deliverable or products to be developed:**

- Trip report
- Organizational chart/diagram illustrating HR functions throughout the supply chain
- Technical Report for the country document human resource capacities and professionalization opportunities in country, and providing quality improvement suggestions to improve effectiveness/efficiency of supply chain through HR related issues. The report will include suggestions for global audience with lessons learned that can help with HR management decisions (including professionalization, PST, organizational development and task shifting etc.)

**Required qualifications of the Technical Advisor(s):**

Team should include at least:

- one consultant with expertise in supply chain management
- one with expertise in human resources policy;
- Country or regional experience;
- Strong organizational skills;
- Familiarity/experience with process mapping and/or assessment procedures;
- Strong planning and facilitation skills;
- Fluency in English
- Good data analysis (quantitative & qualitative) and report writing skills

## ANNEX 2: OPTIONAL SUPERVISION DIAGRAM SECTION

### Part VI: Workforce Effectiveness- Additional Question/Activity

#### **Supervision**

**Please diagram (graphically and/or in table format) the supervisory structure by job position/title and by level for the following supply chain management tasks.**

- Indicate if any position receives supervision from more than one person or unit
- Indicate if SCM supervision is integrated with other programmatic supervision
- Indicate from what level to what level (and who actually conducts and receives the supervision).

For example:

From National Level to *XX level/unit/department*

From Regional/Provincial/State to *XX level/unit/department*

From District to *XX level/unit/department*

From SDP to *XX level/unit/department*

- Indicate what SCM activities are reviewed during supervision. For example:

*Product Selection*

*Warehousing*

*Quantification*

*Routine Ordering/Reporting*

*Supply Planning*

*Storage*

*Procurement*

*Inventory management*

*Distribution/Transport*

*LMIS*

<b>From level and by whom...</b>	<b>To what level and to whom</b>	<b>SCM activities supervised?</b>	<b>Frequency of supervision?</b>	<b>Supervision tools used?</b>

## **ANNEX 3: FINAL REPORT TEMPLATE OUTLINE**

**TBD**