



# **PUNJAB SUPPLY CHAIN HUMAN RESOURCE CAPACITY DEVELOPMENT STRATEGY**

**2017- 2022**

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## Overview

Although there is a large number of healthcare professionals working in the health and population sectors of Punjab, there is a definite need for professionalization of the logistics cadre, with a well-defined skill mix at all levels of supply chain. Currently, supply chain management (SCM) oriented training is not part of health managers' professional development plan, which needs to be introduced through this strategy. There is also a need to analyze current supply chain workforce trends and conduct a future human resource needs assessment in order for the Punjab Health and Population Welfare departments to effectively and systematically manage human resource development needs around the health supply chain. In addition, there is also a need to create a competent cadre of health supply chain professionals for managing/ providing services efficiently, through human resource development and capacity building of service providers.

To address these issues, the DOH and PWD recently collaborated with the Global Health Supply Chain – Procurement & Supply Management (GHSC-PSM) Project to conduct a human resource needs assessment, in order to formulate a strategy to effectively manage human resource development requirements in the Punjab public health supply chain. The document provides an in-depth assessment of supply chain workforce and recommendations which the Health and Population Welfare departments can use to strengthen workforce incrementally.

## Methodology

### Scope

The scope of the Human Resource assessment was to identify opportunities and challenges associated with human resource management (HRM) of Supply Chain personnel for Family Planning (FP) and Maternal & Newborn Child Health (MNCH) with the help of a structured, rating-based methodology. The assessment was aimed to strengthen supply chain personnel capacity by informing Punjab Government in Pakistan to enhance efforts to build applicable Human Resource (HR) systems and advocate for the professionalization of supply chain management. By strengthening the capacity of public health supply chain personnel, both supply chains and, ultimately, health systems, will operate more effectively, ensuring clients improved access to lifesaving health supplies.

### Objective

Considering the above scope, the objectives of the Human Resource assessment were to:

- Document the capacity of the Punjab's Family Planning (FP) and Maternal & Newborn Child Health (MNCH) supply chain human resource management within the Population & Welfare Department (PWD) and Department of Health (DOH)
- Identify where and how to improve supply chain performance through the effective human resource management of supply chain personnel.
- Document professionalization efforts of personnel working across the Punjab Family Planning (FP) and Maternal & Newborn Child Health (MNCH) supply chains.

### Technical Team

This collaborative assessment effort was led by a team of experts from the GHSC-PSM Project, comprising of Dr. Andrew N Brown (GHSC-PSM Workforce Development Specialist), Ms. Kanwal Qayyum (Consultant for Public Health Supply Chain HRCD), and GHSC-PSM Project team members, in consultation with the Punjab DOH and PWD departments. A scope for assessment was outlined, along with the development of

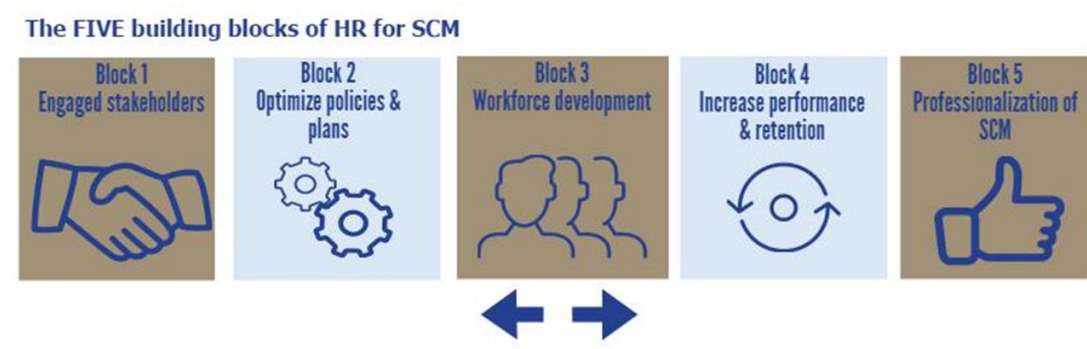
a data collection plan, including the identification of key stakeholders as informants for the assessment tool. The GHSC-PSM team finalized the list of informants for the semi-structured interviews and the participants for validation meetings. Interview notes were compiled into an assessment tool and all findings were validated with government staff in a day long group meeting with each respective department from the Punjab Government.

## Assessment Process

To understand the importance of human resources in Supply Chain, its role & responsibilities, competencies as per its role, the overall SCM environment with its limitations, as well as opportunities for a conducive supply chain management within PWD and DOH Punjab; the GHSC-PSM team conducted a desk review of a number of documents. They used the [Human Resource Capacity Development in Public Health Supply Chain Management: Assessment Guide and Tool](#) to conduct an HR capacity assessment for SCM with respect to public health departments in Punjab. The team completed desk studies, interviewed key informants, and held a group discussion with high-level personnel to validate the findings.

The tool below was used to evaluate the capacity of the supply chain human resource management, based on five building blocks. These five components encapsulate all aspects of workforce management needed to develop a comprehensive approach to building human resource capacity in the Province of Punjab from Pakistan. See figure 1.

**Figure 1. Components of the HR Assessment Tool**



## Five Building Blocks of Human Resource for SCM

The “*Human Resource Capacity Development in Public Health Supply Chain Management: Assessment Guide and Tool*” is comprised of five building blocks. Each block addresses the specific aspect of Human Resource Capacity Development in Supply Chain Management. High function HR systems have the following characteristics:

- **Building Powerful Constituencies:** visionary and technical leadership in the field of supply chain management exist and advocate for SCM by engaging stakeholders. Improved human resource and communication strategies, and coalitions like commodity security groups exist.
- **Policies and Plans:** financing, human resource management (HRM) strategies, HR Policies, and Human Resource Information Systems (HRIS), and succession plans are in place.
- **Workforce development:** recruiting policies, procedures, tools; competency modeling and development through a defined career path and linked with competencies required; well-articulated training plan to address pre-service education and in-service education.
- **Workforce Performance Management:** performance management, human resource development plans; retention, supervision, coaching & mentoring, productivity, and task shifting exist.

- **Professionalization:** networks and processes for creating a professional cadre among supply chain personnel, coordination between institutions and government to address the demand and supply gap.

Each building block is comprised of a number of 'dimensions'. Each dimension was rated on a 0 to 4 scale after consideration of the desk audit, individual interviews and working groups. Maturity of the building block dimensions were rated zero, if the dimension was not present or 4, if the dimension was fully "developed and consistently applied with full dedicated budget" (see figure 2). Results for all levels were collated and verified at a stakeholders' validation meeting.

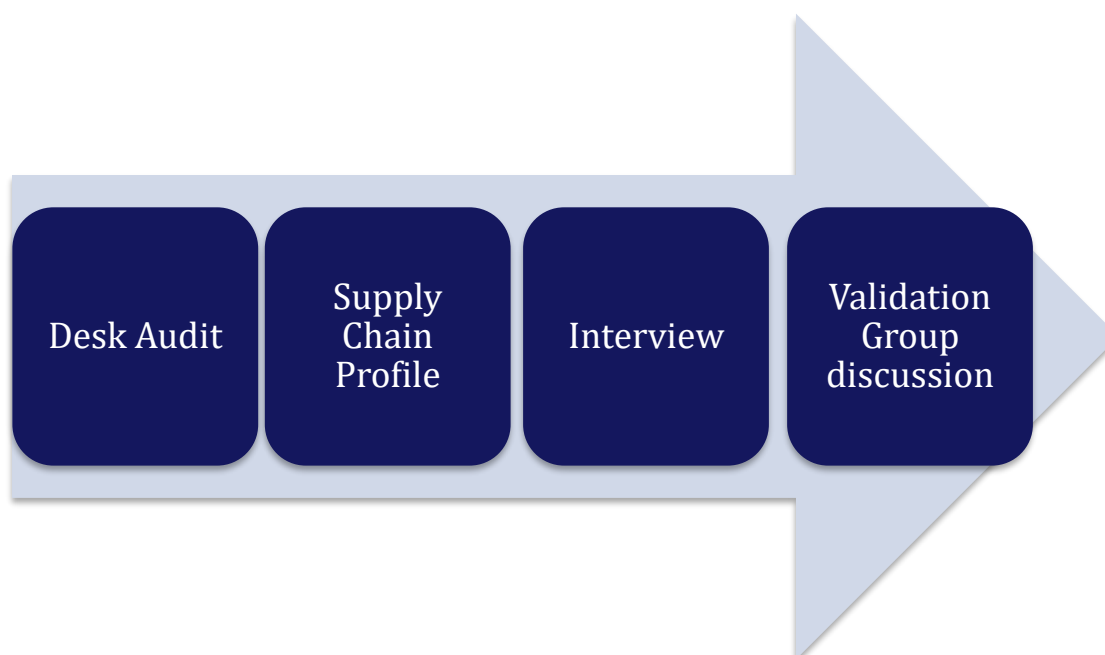
**Figure 2: Dimension rating System**

Score	Interpretation of Score
0	Dimension does not exist
1	In development stage or outdated
2	Developed and not consistently applied
3	Developed and consistently applied
4	Developed and consistently applied with dedicated budget

### Data Collection, Analysis and Validation

*Human Resource Capacity Development for PHSCM Assessment Tool* has four components. Each component is designed to gather specific data and together this data is used to determine the development rating for each HRH building block (Figure 3.).

**Figure 3: Data collection plan**



- **Desk Audit:** In the first phase of data collection, the GHSC-PSM technical team performed a desk audit to review all relevant policies, strategies, and any other official document i.e. PC-I, which

could inform and helped to understand the profile of HR for SCM in respective departments i.e. PWD and DoH of the Punjab province.

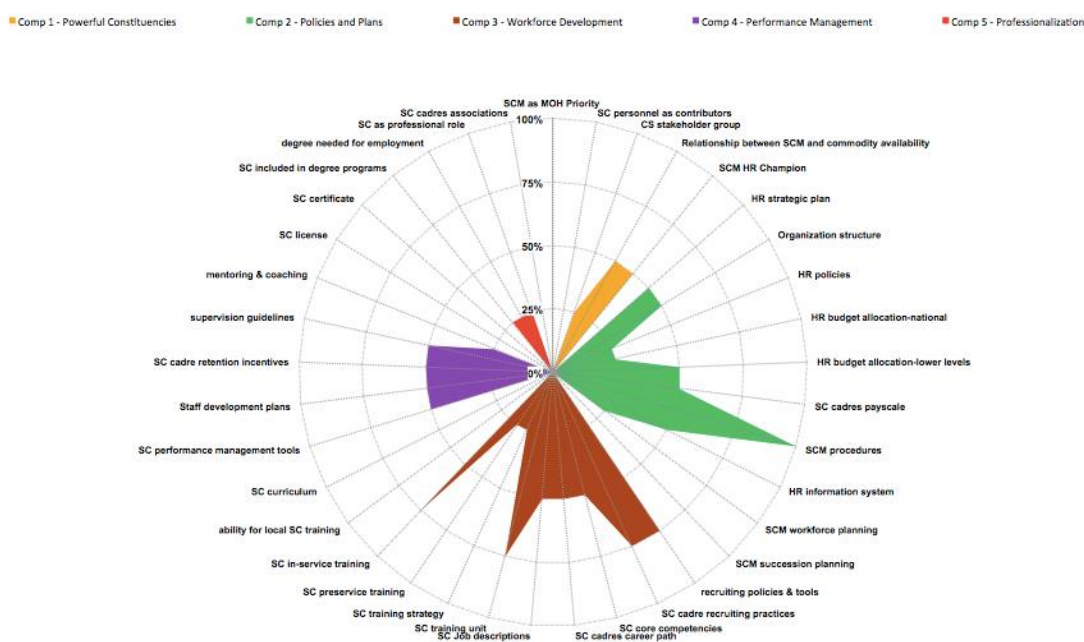
- **Supply Chain Profile:** The team administered the tool for Supply Chain Profile, while responses and observation were recorded in context of understanding the system.
- **Key Informant Interviews:** The team established a key informant list of suitable supply chain stakeholders at the provincial level who would be familiar with the five assessment areas. The team reviewed the interview guide and scheduled interviews with relevant staff to assess the SCM system for PWD & DoH.
- **Validation Group Discussion:** A group discussion was scheduled with relevant stakeholders and key personnel of each department i.e. PWD and DOH to validate the findings and have a discussion on the scope of professionalization in SCM.



## Results: Population Welfare Department, Punjab

Figure 4 provides a visual ‘Dashboard Overview’ of the five HR building blocks assessed from the perspective of the Population Welfare Department. The more colour for the building block, the better developed the building block is against the desired assessment standard noted in the assessment tool. This dashboard is also provided in Annex 1.

**Figure 4. Dashboard View of Human Resource for SCM of Population & Welfare Department**



A summary of relevant information for each of the five HR building blocks is presented noting ‘Overview’, ‘Findings’ and ‘Recommendations’ for each building block respectively.

## Component I-Powerful constituencies

### Overview

Dimensions within the “*Powerful constituencies*” building block are designed to describe the development of *Powerful Constituencies* who advocate for supply chain management and personnel. Through good governance and advocacy, powerful constituencies “ensure strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability.” (WHO 2007). Powerful constituencies are important because they ensure that supply chains operate effectively and efficiently. This HR building block identifies constituencies and examines their leadership and advocacy on behalf of supply chain management. In this tool ‘Powerful constituencies’ refers to stakeholders from organizations and institutions, or stakeholder groups, who play various roles in supporting and advocating for the importance of supply chain functions and HR for the supply chain in public health through funding, management, communication strategies, and coalition building.

The assessment team reviewed key dimensions related to this component:

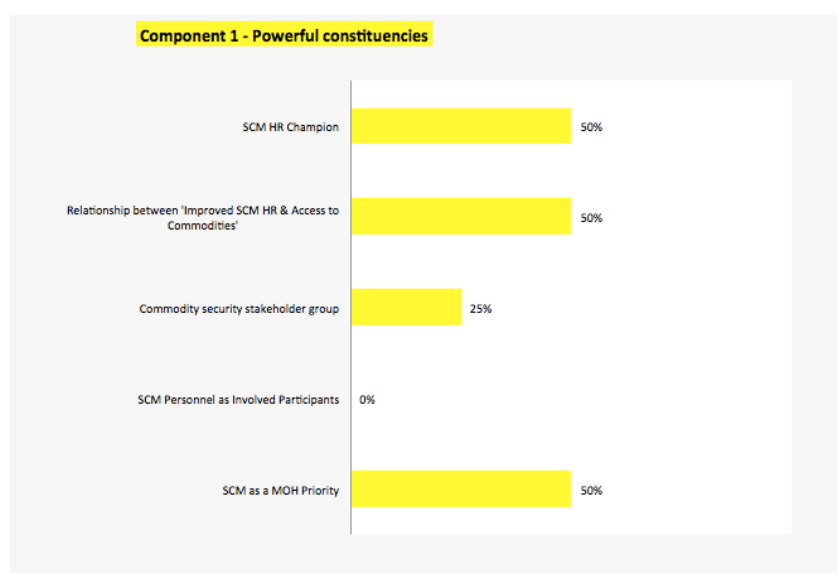
- Supply chain management as PWD priority
- SCM personnel as involved contributors in decision making

- Commodity security stakeholder groups
- Relationship between improved SCM human resource management and improved access to commodities
- Existence of SCM human resource champions

### Findings:

Figure 5 summarizes the consensus on the status of powerful constituencies within PWD of the Punjab Province in Pakistan. PWD rated SCM HR champion, relationship between improved SCM HR & access to commodities and SCM as priority of PWD as 50 percent. PWD also rated commodity security Group as only 25 percent. They also rated SCM personnel as involved participants in decision making as 0 percent.

**Figure 5: Powerful Constituencies for PWD**



PWD considers supply chain management as a priority for Family Planning (FP) commodities in Punjab as it has its own approved budget to procure contraceptives. Considering the requirements of procurement, PWD forwarded a summary to Secretary PWD to approve a “Logistics & Procurement Cell (LPC)” with designated staff. The summary has been approved and now PWD is in the process of hiring LPC staff. PWD also has a designated “Population and Welfare Training Institute (PWTI)”, which provides training to PWD human resource for Family Planning services. The staff at PWTI has received training on Logistics Management Information System (LMIS) under the USAID | DELIVER project. In order to manage LMIS for reporting and quantification purposes, the PWTI roll out these trainings to their relevant staff.

PWD has taken on these initiatives on its own by undertaking dual responsibilities in its current role. However, there is a lack of human resources with supply chain specific expertise who can guide and inform supply chain-related strategic, policy, programmatic, and funding decisions at the leadership level. As such there is no formal “Commodity Security Group” led by PWD. PWD participates in a joint group meeting with the Department of Health to discuss various issues, including SCM issues at departmental levels. Although this group organizes its meeting periodically, it has however not met for the last one year.

## Recommendations

**Powerful constituencies:** By creating a Logistics & Procurement Cell (LPC) Population and Welfare Department (PWD) is very much on a right track. There is a need to institutionalize the supply chain competencies, and consideration could be given to widening the scope of the procurement cell to include other SCM competency areas. This leaves open the possibility to introduce dedicated personnel with a defined career path to look after the supply chain functions, which is an aspect considered later in this report. A pragmatic approach for a stable system could be to have an overall Supply Chain cell that is responsible to look after overall Supply Chain functions. The cell should be equipped with the competencies of Supply Chain knowledge, attitudes, and skills. The idea of having a Logistic & Procurement cell (LPC) shows that PWD already has this vision. The LPC, should be responsible for overall end-to-end visibility of supply chain, overall understanding of supply chain, procurement, monitoring and evaluation, forecasting, quantification, and LMIS.

## Component II- Policies and Plans for PWD

### Introduction:

Supply chain management HR policies help to:

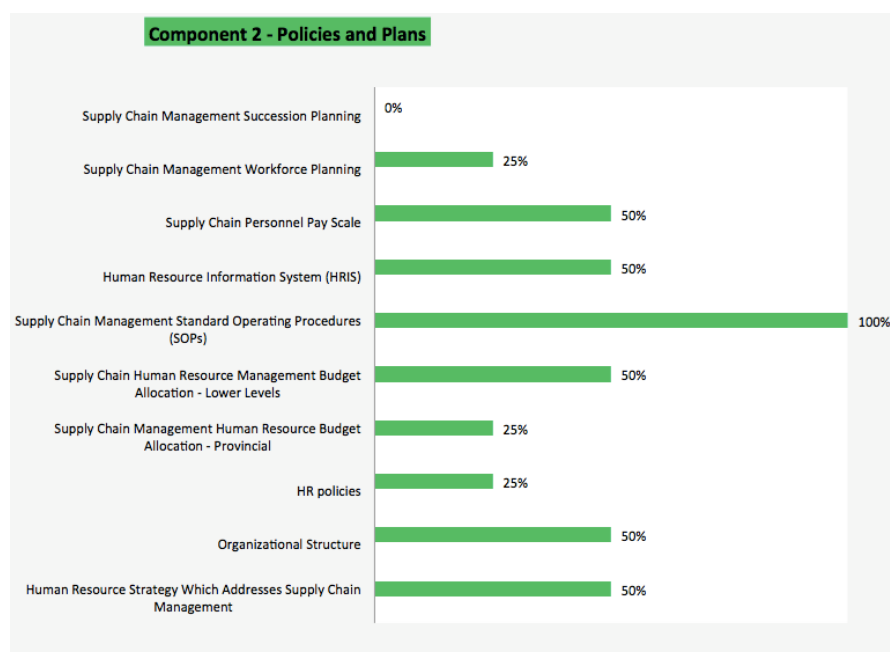
- Strengthen a SC workforce, develop priorities and objectives for operating the health commodity supply chain system; and specify strategies for recruitment, retention, productivity, performance, and deployment
- Specify the resources required to meet the objectives
- Support decision-making at the various levels of the SCM system
- Provide a framework for evaluating the SC workforce and SCM system performance

HR plans support these policies by providing the SC workforce with procedures and steps on how the policies will be implemented.

### Findings:

For any commodity procurement, all departments have to comply with Punjab Public Procurement Regulatory Authority (PPRA) rules. The PPRA rules are a uniform policy for all the government departments at the provincial level. Any irregularity identified in procurement may result in strict actions and punishment by PPRA. Similarly, there are uniform human resource policies for recruitment, retention, and performance management, which are applicable to all human resources employed by the government. These policies however are not as clear and as detailed as they should be, in order to guide performance management of personnel with specific responsibilities i.e. SC. Currently there is no specific SCM structure that exists within PWD. At the moment, existing staff perform SCM responsibilities as an additional responsibility to their current position. This arrangement adds an additional workload on the staff, which is unjust to their primary roles. With the formation of LPC, PWD plans to re-allocate this additional workload away from current staff, for which they have identified a need to have specific human resource policies to manage their performance. There is also no distinctive succession plan or policy for SC human resource which exists to ensure succession plan at any level.

**Figure 6: Policies and Plans for PWD**



### Recommendations:

**Policies & Plan:** A clear vision of supply chain structure is evident in different cadres and within overall supply chain environment. To ensure that Supply Chain Systems are optimized, a “Human Resource Strategy” describing the policies and plans with respect to supply chain needs to be in place, which clearly articulates the required competencies, clear job description, and specification. In order to have such an efficient system, there is a need for government to introduce standards for Supply Chain in the form of “Standard Operating Procedures” (SOPs), in addition to procurement rules.

## Component III- Workforce development for PWD

### Introduction

Significant shortages of competent supply chain workers negatively impact supply chain performance. Too often, their skills and experience are poorly suited to their roles. Workforce development is the process of building a workforce with the knowledge, skills, and attributes required to operate supply chain functions. Knowledge, skills, and attributes are drawn from competency models, which are a set of defined behaviors required to be successful in a job position. Competency models provide a structured framework for recruiting, evaluating, and developing a qualified supply chain workforce (Marrelli 1998). They inform the development of job descriptions and guide career paths.

Desired competencies also inform the development of educational or training curriculum designed to produce qualified supply chain professionals. Curriculum can be administered in three forms: pre-service education; postgraduate and specialty training; and in-service training, including professional development.

In this dimension “**Workforce development**” describes mechanisms for sourcing and recruiting, competency modeling and development, pre-service education, and in-service education.

Some of the basic elements needed to build an effective SC workforce are:

- Clearly defined educational pathways that result in recognized credentials
- Competency frameworks
- Comprehensive job descriptions
- Opportunities for continuing professional development
- Presence of coordinated SC curricula
- Local institutions able to deliver the curricula
- Regular schedule of trainings

### Findings

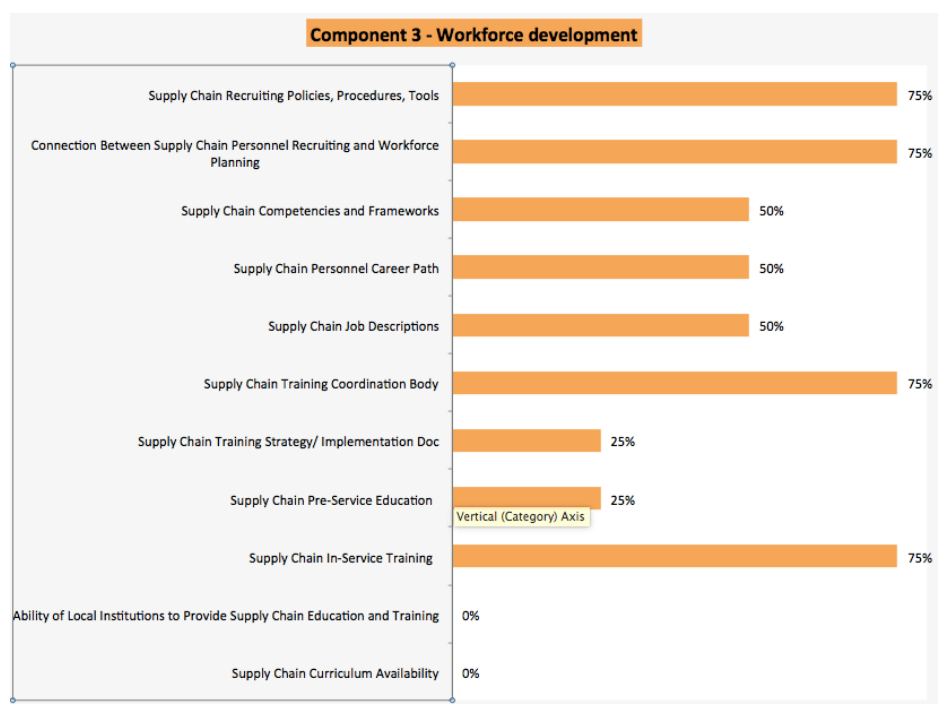
Although a general recruitment policy for public servants is available, it does not however include any details specific to supply chain management. A workforce plan that guides the number of staff needed to be recruited exists; but, in terms of Supply Chain specific qualification demand, a workforce plan does not exist. There is also a shortage of graduates skilled in SCM with specific relation to health commodities in the job market. Currently, graduates in business studies or any other disciplines fill most of the positions.

There is a general perception that pharmacists are responsible for SCM functions. In addition, SC tasks (i.e., procurement, forecasting, storage, data keeping, and transport) are carried out by distinct and, often, unrelated categories of staff. There are only a few SCM designated positions at district level in PWD i.e. storekeeper, dispenser, demographer, and statistician. Although SC responsibilities are assigned to staff by considering their relevant past experience within PWD (in addition to their primary role), however, the department recognizes that this is an ad-hoc arrangement and is not governed by any formal competencies based system.

Currently no SCM cadre exists, therefore, there is no SC career path. Supply chain-specific job descriptions are available for LPC, which is in the pipeline. A few positions such as storekeeper, dispenser, demographer, and statistician also have job descriptions as per their roles. As mentioned earlier, PWD has its own training institute PWTI. The staff at PWTI are trained as master trainers for LMIS, which they roll out during their in-service training with relevant staff. This training institute also provides in-service training to their staff for FP services. Currently, PWD does not have a formal or coordinated training plan

or strategy for SCM. Pre-service training rarely involves supply chain coursework or any university course of study to demand competency in supply chain functions and management; it is however still required for graduating personnel who will have supply chain responsibilities on the job.

**Figure 7: Workforce development for PWD**



### Recommendations:

**Workforce development:** At PWD there are three main areas of workforce development; orientation, continuing education through in service training, and pre-service training. There is a designated Population and Welfare Training Institute (PWTI) within PWD to provide in service training to their staff. This designated PWTI can design training courses to address the needs of different cadre performing different functions of Supply Chain according to defined training requirements. An SCM education and training plan could be developed to support this. There is a need for improved competencies at each level to perform the required roles. A requirement for additional qualifications and skills for human resource already responsible for Supply Chain functions may be introduced. In this regard, a competency framework for SCM cadres may be developed and validated by PWD, in order to support improved education and professionalization. *(The authors of this document provide a draft competency framework as a separate attachment. This framework was developed from their experience in Pakistan and requires further validation).*

These competencies need to be introduced at PWD through upgrading of relevant job descriptions and working with training institutions to ensure that the supply side of supply chain courses is available to meet this demand. PWD has the potential to improve the professional culture for logistics and supply chain competencies by possibly realigning existing positions and human resources in a given career path - this would in turn result in human resource development of the supply chain. There is a need to appeal to individuals with certain competencies and qualifications to SCM positions, or alternatively they may join at junior level positions, and the presence of a clear career path could aspire them to attain certain desired qualifications and competencies related to SCM. Developing an educative and training approach for supporting a professional supply chain cadre is an appropriate way forward.

## Component IV- Performance Management for PWD

### Introduction

Performance management is the systematic process of planning work and setting expectations, periodically rating performance in relation to job criteria, and rewarding good performance. Criteria are established in competency models, embedded in job descriptions, and linked to organizational objectives. The most effective management of performance is done on an ongoing basis through supportive supervision, coaching and/or mentoring. To ensure that supervision is unbiased and productive, managers must give feedback according to established guidelines and understand how to properly reward good performance to encourage retention, respond to, and mitigate poor performance. Ultimately, the objective of performance management is to link individual employee goals and performance to organizational goals and performance through competency-based assessments, in order to positively impact supply chain performance.

Dimensions in this building block are designed to assess the development of *Workforce Performance Management* activities intended to build and improve the performance of supply chain personnel.

The Workforce Performance Management building block addresses the following five dimensions:

- Performance management policies, procedures, and tools
- Staff development plans
- Retention and performance incentives
- Supportive supervision guidelines and implementation
- Mentoring and coaching

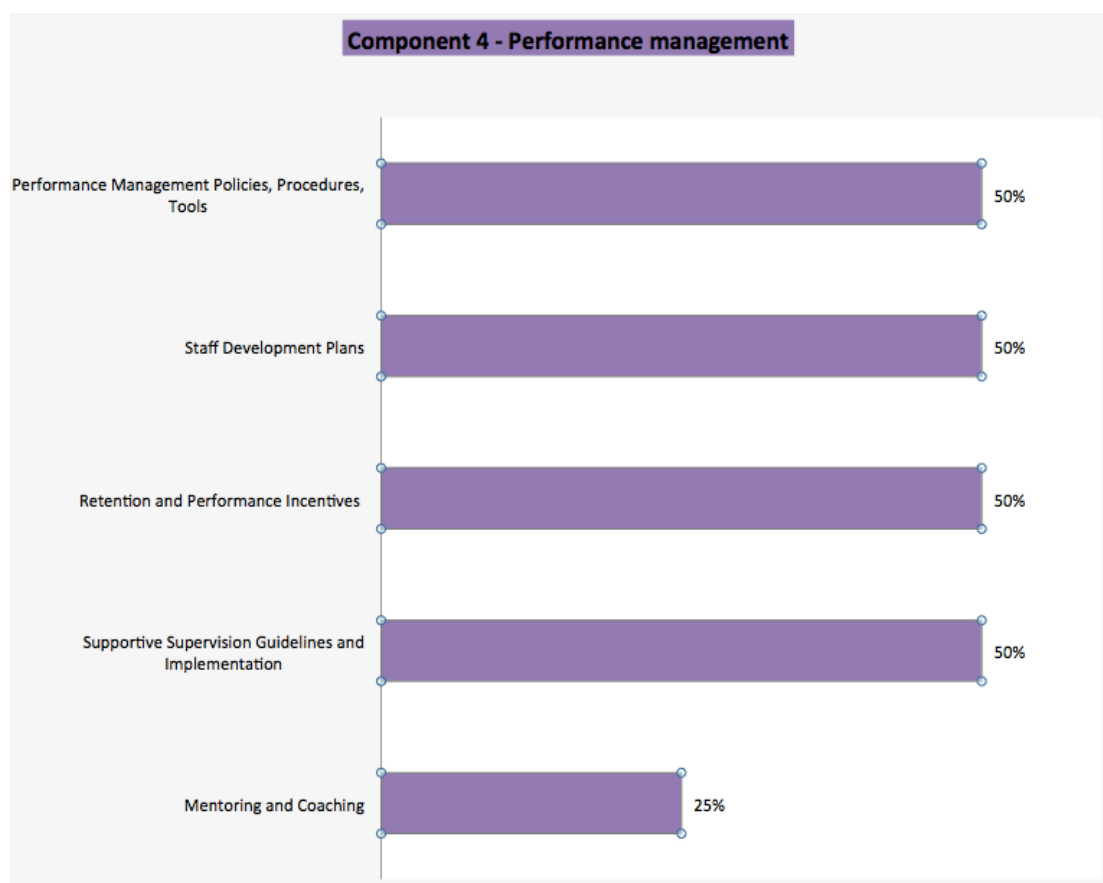
### Findings

Figure 8 clearly shows that procedures and tools are reasonably developed within the PWD general policies. Participants indicated that the performance appraisal system is too general (the current system that is applied to all public employees on an annual basis). Under this appraisal system, the employee is expected to receive a pre-defined salary, increments, promotions, and demotions. In general, staff receive an incremental annual salary raise based on their salary scale, and not linked with their performance.

No specific coaching or mentoring system is currently in place that provides feedback and assistance to improve the performance or competency development of staff. An increased emphasis on implementing supportive supervision, as well as mentoring and coaching the staff would increase job satisfaction and help retain skilled staff.

Participants identified the graded system (which is linked to duration of service) as the current performance development plan. Formal performance development plans for all PWD workforce however are not developed, nor are there any specifically plans developed for SCM. Retention incentives exist, and this is not expected to be an area of concern. One method currently being used to promote staff retention is a policy which encourages staff to be appointed in their hometown if there are any available duty stations at the time. This policy is not linked to the performance management system. Supportive supervision is conducted informally, as there is a lack of any formal guidelines, plan, or policy in place at the moment.

**Figure 8: Performance Management for PWD**



### Recommendations:

**Performance Management:** As was the case with DOH, staff retention at PWD is not considered an issue at the junior and middle level positions. An example of this is a store-keeper. However, if more professionals with defined career paths are targeted, then retention could be a problem. In this regard, qualified professionals may be retained through a “succession plan policy”, by encouraging supportive supervision. There is also a need to develop formal mentoring and coaching skills at PWD, which may be used as a basis to introduce a stronger supportive supervision system and a more responsive performance management system.



## Component V- Professionalization for PWD

### Introduction

A profession is an occupation, practice, or vocation that requires mastery of a complex set of knowledge and skills gained through formal education and/or practical experience. It is more than a job; it is a career for someone who wants to be part of society and is willing to follow the ethical requirements of that specific profession. Generally, a professional body governs an organized profession. As professionals, public health supply chain workers ensure that medicines and other health commodities reach the people who need them. An effective public health supply chain requires specialized, competent, motivated, and well-supported personnel, who have sufficient knowledge and background in the supply chain of health commodities. Their skills will ensure the appropriate selection, forecasting, procurement, storage, and distribution of these commodities.

To improve the delivery of supply chain services, additional efforts must be made to professionalize supply chain roles and tasks through education and licensure, and the dimensions under the professionalization building block designed to assess the development of *Professionalization* efforts intended to formalize supply chain roles.

The professionalization building block has the following six dimensions:

- Supply chain license
- Supply chain certificate
- Supply chain coursework included in healthcare degree programs
- University degree program as pre-requisite for employment
- Supply chain role as a professional role
- Supply chain associations

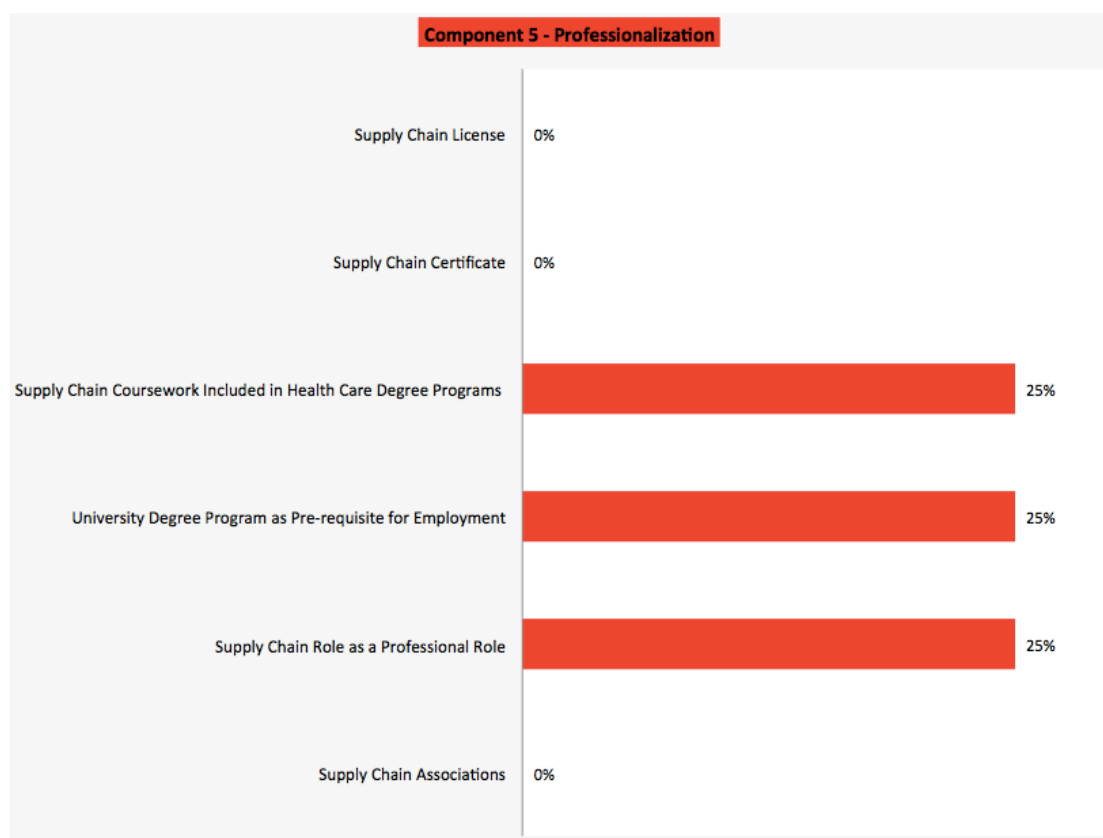
### Findings

Figure 4 demonstrates that the professionalization HR building block is the least developed of the five building blocks in this assessment. Figure 9 provides more details against the six dimensions for PWD professionalization for SCM in Punjab. Forming a distinct profession and local association should be the advocacy groups' first step in building to support this important profession.

At the moment, SC licenses and SC certification programs do not exist in Pakistan. There are limited local chapters for international SC associations.

As mentioned earlier, in Workforce Development, very few institutions i.e. University of Management & Technology (UMT), Bahria University, University of Health Sciences (UHS), and the University of the Punjab, have integrated SCM courses into their degree issuing programs of study. More institutions need to offer these courses, which should in turn be supported by a well-articulated demand by the public sector.

**Figure 9: Professionalization**



### Recommendations:

**Professionalization:** There is a need to develop enough positions within PWD in order to create a clear career path within the system to make Supply Chain more sustainable. Similarly, there is also a need to motivate more individuals to pursue the Supply Chain profession, in order to have more dedicated professional individuals in public health. Currently, there is no defined career path in Supply Chain to aspire people to enter this profession. In this regard, there is a need to catalyze a meaningful discussion amongst the private sector, academia, different associations, as well as the public sector on the supply and demand of Supply Chain Human Resource Development, in order to help individuals to understand where the supply chain needs are and expose them to potential employment opportunities.

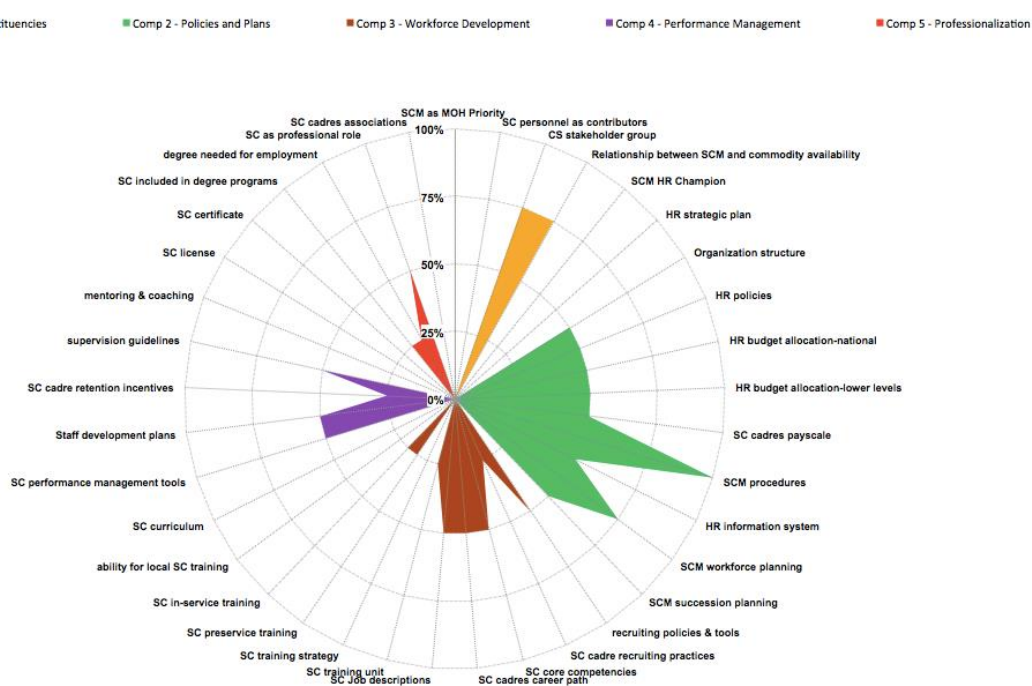
Another aspect of professionalization is to realign job descriptions and ask for the right competencies desired for that position. This approach will help in creating a demand for qualified people for that job. On the supply side, institutions will be offering relevant courses for what is required in the job market. There are two pathways that are needed to be brought together, in order to institutionalize Supply Chain Management as a step towards introducing a professional SCM cadre and career structure. One is an academic pathway with experience. Universities need to pursue a competency-based approach for their courses. The other is 'Professional pathway' with some experience gained through in-service training.

With regards to professional associations, the local pharmacy association may be engaged and advised to consider SCM pharmacists as a professional subset within their community.

## Results: Integrated Reproductive Maternal Newborn Child Health & Nutrition (IRMNCH) Program Department of Health

Figure 10 provides a visual ‘Dashboard Overview’ of the five HR building blocks assessed from the perspective of the (IRMNCH) Program Department of Health, Punjab. The more colour for the building block the better developed the building block is against the desired assessment standard noted in the assessment tool. This dashboard is also provided in Annex 2.

**Figure 10. Dashboard View of Human Resource for SCM of Integrated Reproductive Maternal Newborn Child Health & Nutrition (IRMNCH) Program Department of Health**



A summary of relevant information for each of the five HR building blocks is presented noting ‘Findings’ and ‘Recommendations’ for each building block respectively. An ‘Overview’ of each HR building block is provided in the previous section reporting on results from the Population Welfare Department, Punjab Province.

### Component I-Powerful constituencies for IRMNCH DOH

#### Findings

Figure 11 summarizes the consensus among personnel of IRMNCH – DoH on the status of powerful constituencies at the provincial level. The IRMNCH – DoH considers supply chain management as one of its key priority areas, and has realized its importance in documents without the allocation of funds. There is currently no advocacy forum where strategic issues related to SCM can be raised. Participants rated this dimension as 25 percent.

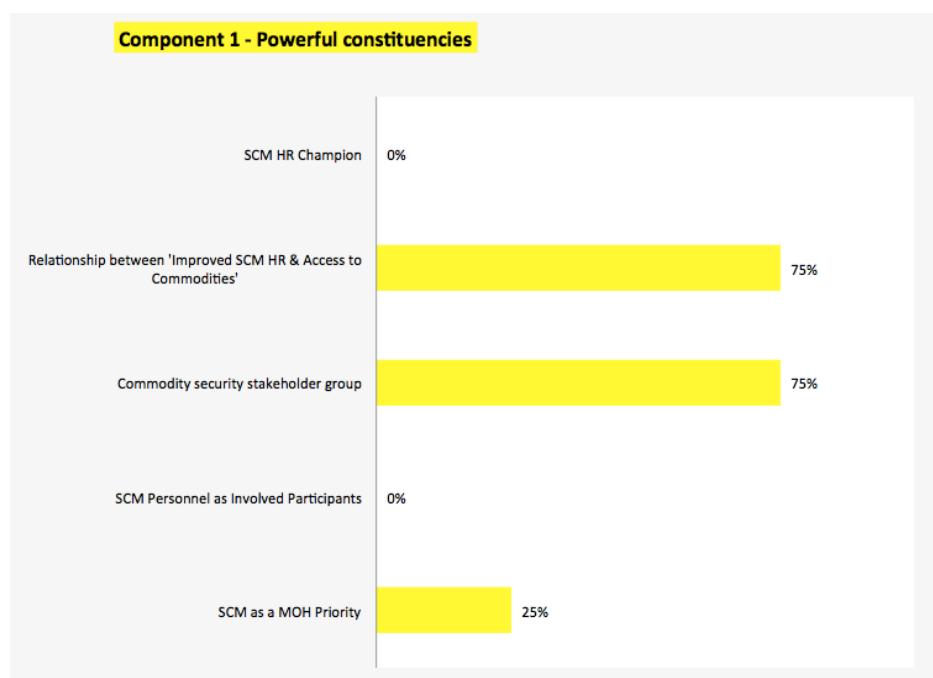
Participants could not identify any specific personnel with supply chain expertise who guide and inform supply chain-related strategic, policy, programmatic, and funding decisions at leadership level and rated this dimension as zero accordingly.

At the provincial level, there is a Provincial Technical Committee (under the leadership of the Secretary of Health) that is scheduled to meet once a quarter. This is the forum where key issues are discussed, and decisions are made accordingly. One such key decision was to initiate 'integrated procurement' however, this decision could not be sustained due to unavailability of funds. No meetings have been organized by the committee since the last 1.5 years. Moreover, due to a lack of formalized or institutionalized forums working specifically with commodity security concerns at the district and facility-levels, participants rated this dimension as 75 percent.

To ensure product availability, SC needs skilled people to perform various functions and tasks, such as product selection, forecasting, procurement of supplies, inventory control, warehousing and storage, transport and distribution, organizational support for logistics, financing, donor coordination, and commodity security planning. The Government of Punjab has taken key important decisions in relation to human resources for SCM. One of these examples is having a dedicated Additional Director of Procurement in the IRMNCH program with 7 approved positions, out of which 3 are filled. Participants rated this dimension as 75 percent.

Participants rated SCM HR champion dimension as zero percent, as they were unable to identify any senior level champions for human resource supply chain management with sufficient budget, tools, and authority, who is also actively and fully empowered for the development of supply chain personnel.

**Figure 11: Powerful Constituencies for IRMNCH-DoH**



### Recommendations:

**Powerful constituencies:** There is lack of resources with supply chain expertise at the leadership level of the Department of Health (DOH) who may guide and inform supply chain-related strategic, policy, programmatic, and funding decisions. There is a need to identify key actors within DOH to advocate for sufficient budget, tools and authority in order to have skilled & empowered human resource in Supply Chain Management, in addition to ensuring that leaders understand the benefit of supply chain from a monitoring, efficiency and cost effectiveness perspective. There is also an opportunity for PWD to support the introduction of a provincial wide health supply chain cell with a scope which extends across SCM

functions for the province, and goes beyond a procurement-specific focus.

## **Component II- Policies and Plans for IRMNCH DOH**

### **Findings**

There is a need for a strategic plan to be developed and implemented which addresses human resource requirements for supply chain functions and covers all levels of the supply chain as this does not exist currently. Participants rated this dimension as zero percent.

The IRMNCH PC-I addresses some of the positions for the function of procurement at the provincial level. The other SCM functions however are not formally reflected in organizational structure. Participants rated this dimension as 50 percent.

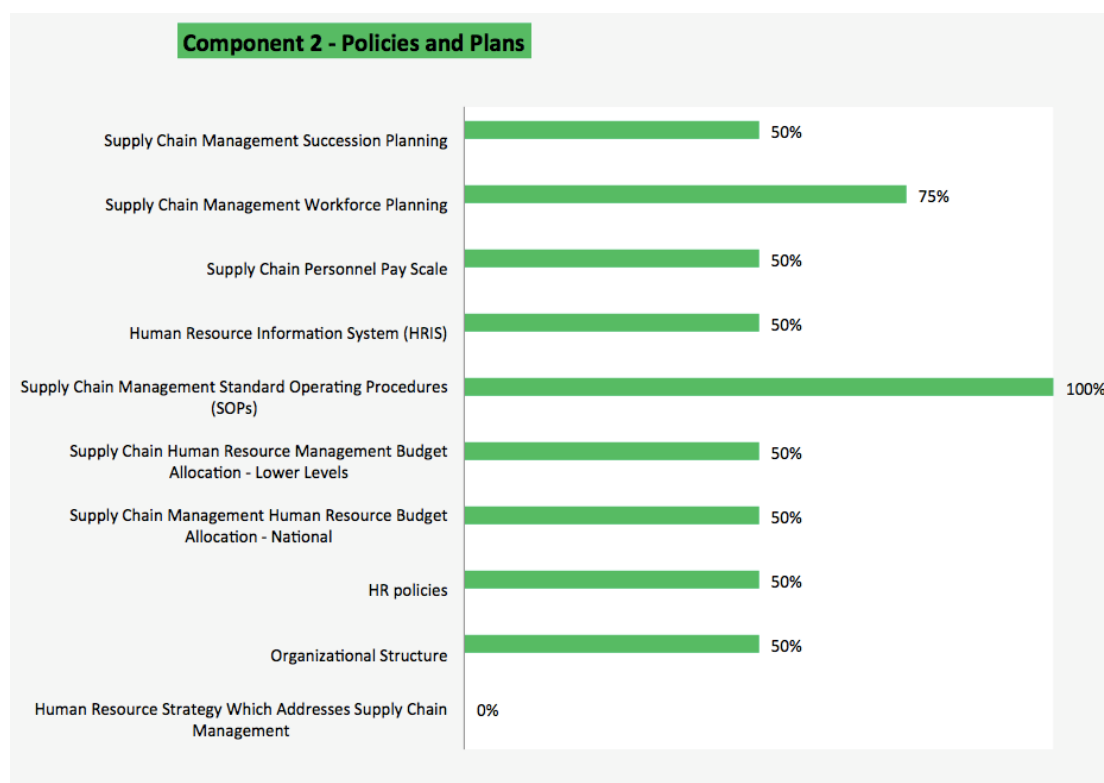
There are no defined Standard Operating Procedures (SOPs) for SCM at IRMNCH level with the exception of PPRA rules for procurement (The IRMNCH program has to comply with PPRA rules to procure any commodity for MNCH). The PPRA rules are a uniform policy for all government departments at the provincial level, and any irregularity identified in the procurement process can result in the disqualification of the respective employee. Participants rated this dimension as 100 percent.

Workforce planning is a part of the PC-I document, which is updated on an annual basis. However, this planning is of a general nature, that is not specific to SCM. Participants rated this dimension as 75 percent.

In terms of human resource policies there is limited SCM-HR budget allocation, no direct SCM pay scale, Human Resource Information System (HRIS). There are uniform policies for recruitments, retention, and managing HR performance which are applicable to all human resource employed by the government. To guide performance management of personnel with specific responsibilities i.e. SCM, these policies are not as clear and as detailed as they should be. Currently there is no specific SCM structure within the IRMNCH program. At the moment, staff perform SCM tasks as an additional responsibility to their current job description. This arrangement adds more workload that is unjust to their primary role. Participants rated these dimensions as 50 percent.

There is also a lack of distinctive succession plan or policy for SC human resource in place, which exists to ensure succession plan at any level. Participants rated this dimension as zero percent.

**Figure 12: Policies and Plans for IRMNCH DOH**



### Recommendations:

**Policies & Plan:** To ensure that Supply Chain Systems are optimized, a “Human Resource Strategy” describing the policies and plans with respect to supply chain needs to be in place, which clearly articulates the required competencies, clear job descriptions, and specifications. In order to have an efficient system, there is a need to set standards for Supply Chain in the form of “Standard Operating Procedure” (SOPs) for supply chain, in addition to procurement rules. Such standards should also be applied when SCM functions are outsourced to the private sector.

## Component III- Workforce development for IRMNCH DOH

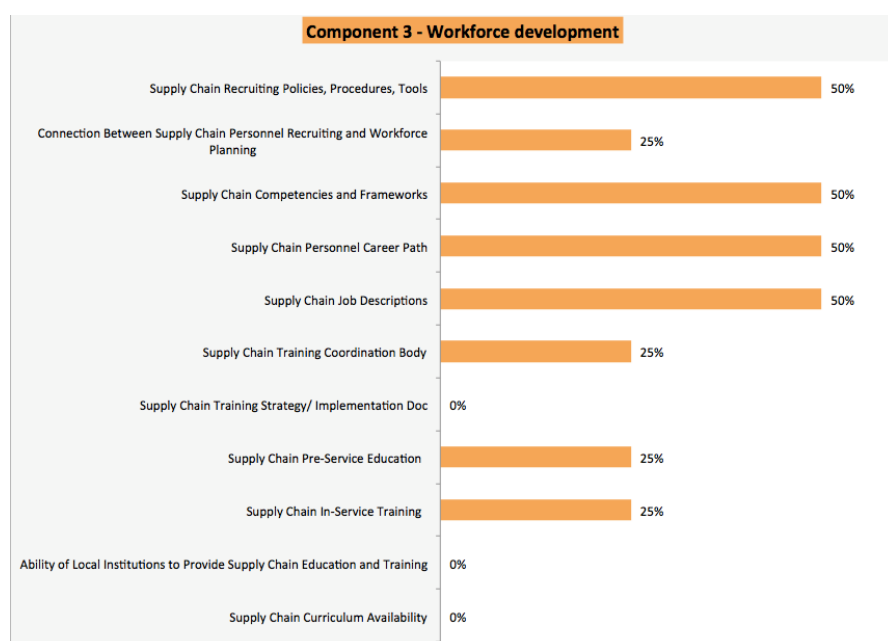
### Findings

The overview in figure 13 below, indicates a number of gaps in SC workforce development. Participants uniformly identified the absence of an SC training strategy at program level. From the perspective of human and institutional capacity development, training and education is one element of performance improvement. Aligning policies, processes, systems, and organizational culture to facilitate learning transfer would enable performance outcomes to be achieved.

Although a general recruitment policy for public servants is available, it does not include any details specific to SCM. Therefore, a lack of SCM competencies are reflected at all levels where employees are performing dual responsibilities. Participants rated this dimension as 50 percent. A workforce plan that guides the number of staff needed to be recruited partially exists in the form of a PC-I; however, due to budget constraints and a lack of graduates from the health science disciplines, it is neither defined or followed. All new graduates are *recruited* to fill open positions. While it is generally accepted that pharmacists are responsible for SCM functions, the assessment team found that local understanding of SCM is limited only to the procurement of health commodities. Participants rated this dimension as 25 percent.

General HR policies govern all cadres in the IRMNCH program, and specifically Supply Chain Core Competencies and Frameworks do not exist at the moment. Similarly, there is no SC cadre and therefore, no SC career path either. Supply chain-specific job descriptions are also not available. Storekeepers at district level, pharmacists, and Additional Director Procurement have job descriptions that include some supply chain tasks. Participants rated these dimensions as 50 percent. There is currently no formal or coordinated SCM training plan or strategy. Although there are general pre-service criteria for recruitment specific to the advertised job, these do not include any SC specific training. DoH also does not offer any specific SCM in-service training.

**Figure 13: Workforce development for IRMNCH DOH**



## Recommendations:

**Workforce development:** For workforce development the “whole of market” approach needs to be kept in mind, considering the SCM education and personnel needs across all industrial sectors, and not just health. One of the arguments is that SCM competencies across industries are 90% similar, with the remaining 10% difference reflecting the technical variations in the products which have SCM implications.

At the moment there are three main areas of workforce development: orientation, continuing education through in service training, and pre-service training. There are a number of positions responsible for performing Supply Chain functions at the district and facility level. There is a need for improved competencies at those levels to perform their roles. There can be a requirement of additional qualifications and additional skills supported by improved competency based SCM education and training. At the provincial level there are some specialized positions in terms of planning, contract management for transport and logistics, procurement, and management of distribution. This shows potential, if the logistics and supply chain competencies are professionalized, for instance, through improved qualifications associated with positions, existing positions and human resource could be realigned to form a career path. Thus, the attainment of a certificate, diploma, masters, PHD or other professional certification would consequently result in human resource development.

Such an approach needs to be supported through the introduction of a professional logistics and supply chain cadre with supporting education approaches and associated career path.

*A separate attachment to this report documents a proposed competency framework for SCM cadres and how a professional logistics cadre may be introduced into the health sector of Punjab Province.*

## Component IV- Performance Management for IRMNCH DOH

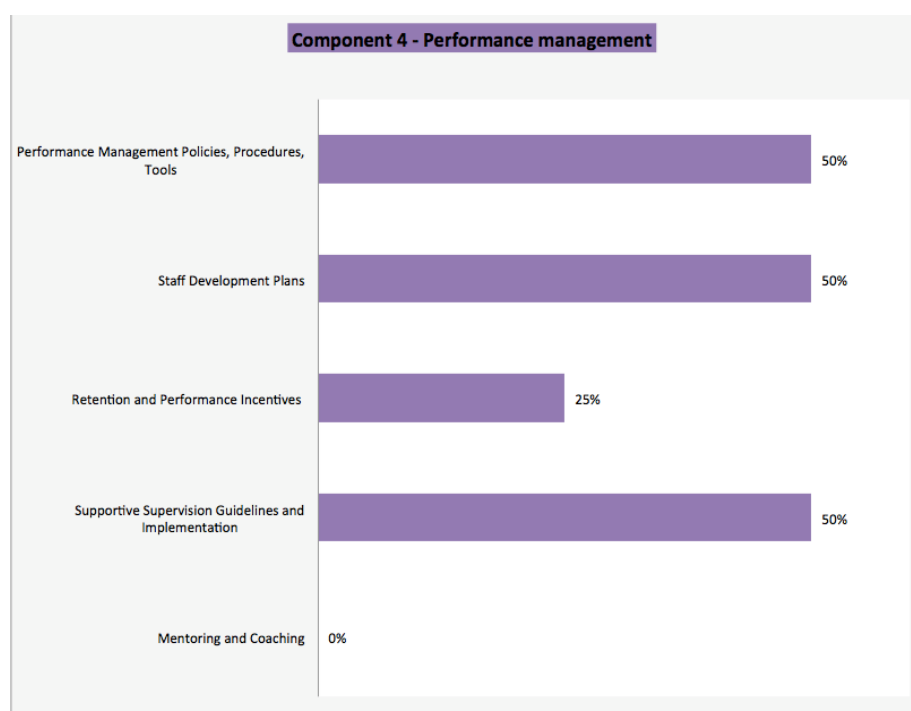
### Findings

Figure 14 shows progress towards what would be ideal for this building block, with the presence of general performance management policies procedures, tools, plans, and informal guidelines that are applicable to all human resources within DoH, although these are not specific to SCM. Participants indicated that the performance appraisal system is too general and is applied to all public employees on an annual basis. Employees are expected to receive a pre-defined salary, increments, promotions, and demotions as part of this appraisal system. In general, staff receive an incremental annual salary raise, based on their salary scales, that are not linked to their performance. Currently, there is no coaching or mentoring system in place that provides feedback and assistance to improve staff performance. An increased emphasis on implementing supportive supervision, as well as mentoring and coaching the staff is necessary to increase job satisfaction and help retain skilled staff.

Participants identified performance development plans as a grade system which is linked to their duration of service. However, formal performance development plans for IRMNCH program workforce, and specifically for SCM are not developed. General retention incentives do not exist, apart from a program introduced for Community Mid Wives and Lady Health Workers in more remote areas of the province. No specific retention plan currently exists for SCM staff and does not link to staff performance. Supportive supervision is done in an informal fashion with no formal guidelines, plan or policy for mentoring and coaching.



**Figure 14: Performance Management for IRMNCH DOH**



### Recommendations:

**Performance Management:** Although retention is not currently a problem at the junior and middle level positions e.g. district store-keeper; introduction of supportive supervision approaches supporting stronger performance management systems would work well to lift performance. On the other hand, if more professionals are aspired to with a defined career path, retention could then become a problem therefore seeking to develop these systems now is to be encouraged. Qualified professionals may also be retained by encouraging supportive supervision and also by considering succession plans for critical SCM positions.

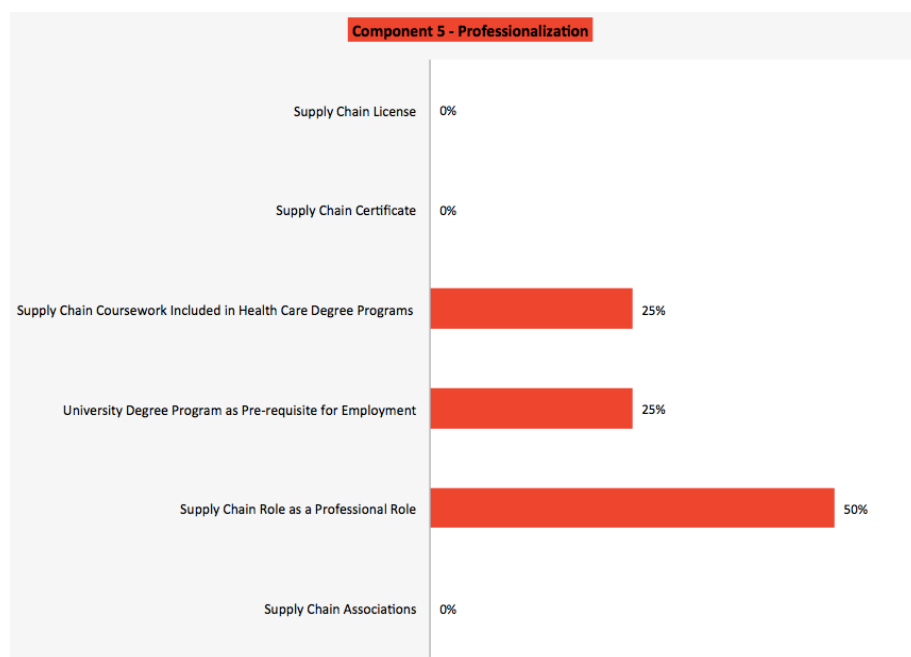
## Component V- Professionalization for IRMNCH DOH

### Findings

Figure 15 shows that IRMNCH professionalization of SCM in Punjab is the weakest of the five building blocks in this assessment. Forming a distinct profession and local association should be the advocacy groups' first step in building support for this important profession. At the moment however, SC licenses and SC certification programs do not exist in Pakistan. Moreover, there are also limited local chapters for international SC associations.

As mentioned earlier, in Workforce Development, very few institutions (i.e. University of Management & Technology (UMT), Bahria University, University of Health Sciences (UHS), and University of the Punjab) have integrated SCM courses into their degree issuing programs of study. More institutions need to offer these courses, which needs to be supported by a well-articulated demand by the public sector.

**Figure 15: Professionalization**



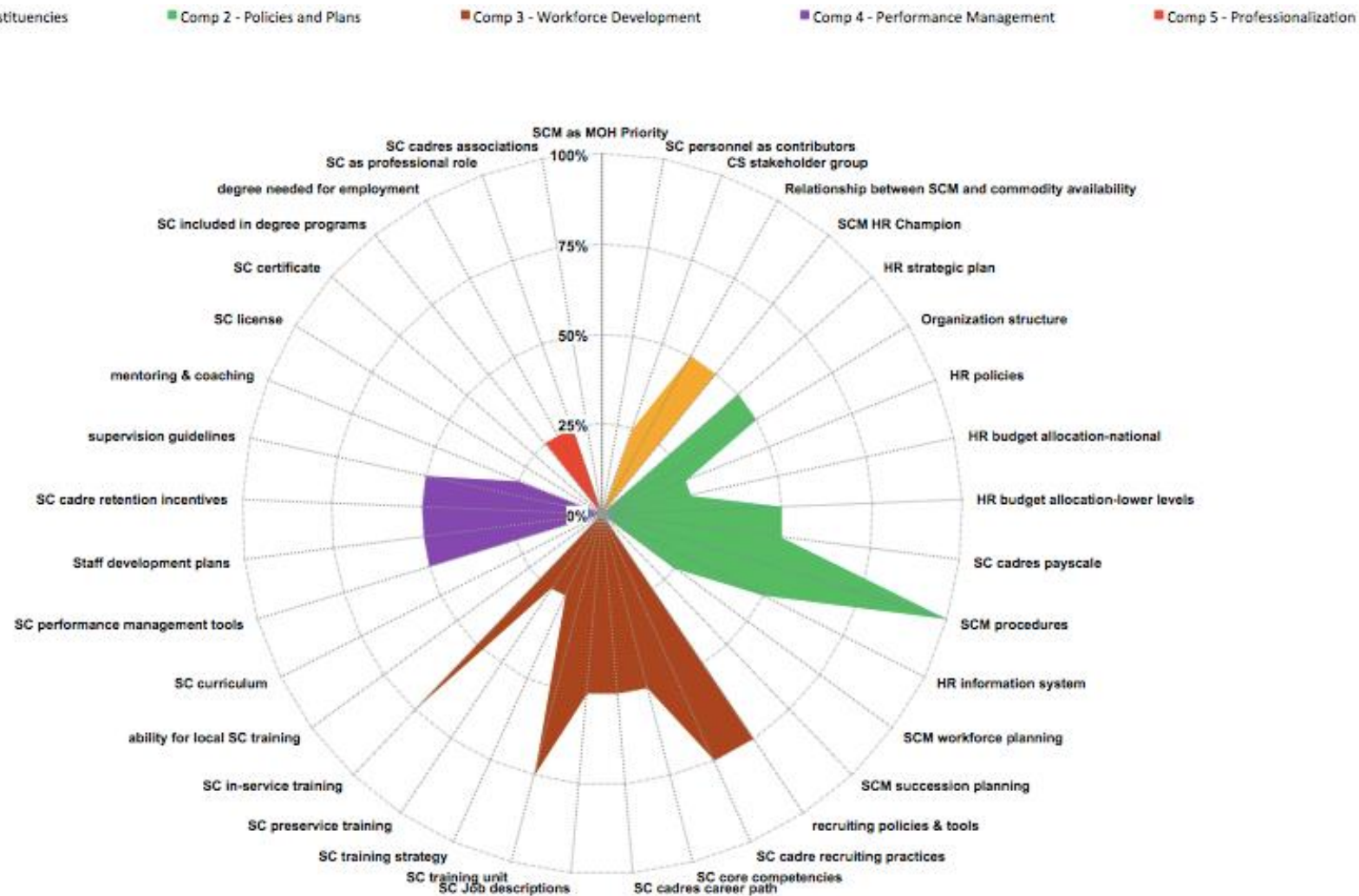
### Recommendations:

**Professionalization:** There is an opportunity to create a clear career path within the system to aspire more people towards the Supply Chain profession and gain more dedicated professionals. Currently, there is no defined career path in Supply Chain to aspire people to enter this profession. Other than store-keeper at district level, there is no designated position for Supply Chain. As noted earlier, there is a need to catalyze a meaningful discussion between private sector, academia, different associations, as well as the government sector about the supply and demand of SCM HR development, to help individuals to understand where the needs are and what opportunities are available.

Another aspect of professionalization is to realign job descriptions, ensuring that the right competencies desired for that position are noted. This approach will help in creating demand for qualified individuals for that job. This needs to be linked with the supply side, ensuring that institutions are offering the required courses. International professional associations may also provide support for SCM functional specialization. e.g. Council of Supply Chain Management Professionals (CIPS). Some organizations demand their qualification along with experience to fill the gap of supply side. Distance education programs also offer specialized certification e.g. Chartered Institute of Logistics Transport (CILT) offers International qualification in transportation, and CIPS offers supply chain management specialized courses from general to specialized fields for upper and middle level management. Similarly, APIES also offers a range of courses. Generally, Supply Chain courses are offered within business studies. A demand for these qualifications needs to be created by the government by specifying these qualifications in job descriptions and asking for these competencies. With regards to professional associations, one option to consider is to engage the local pharmacy association and suggest they consider SCM pharmacists as a professional subset within their community.

Annexures

Annex 1: Figure 4. Dashboard View of Human Resource for SCM of Population & Welfare Department



Annex 2: Figure 10. Dashboard View of Human Resource for SCM of Integrated Reproductive Maternal Newborn Child Health & Nutrition (IRMNCH) Program Department of Health

