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# Linking Demand and Supply of the Supply Chain Management Workforce

Michael Egharevba, GHSC-PSM













Presented by the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project

### Background: analyzing the market

- GHSC-PSM and PtD conducted a whole labor market analysis in Rwanda in 2019
- Revealed an imbalance between demand for and supply of competent supply chain management (SCM) workforce
  - Mismatch between SCM workers' skills and the required job competencies impacted the supply of SCM workforce
    - Demand: General difficulty in getting candidates to fill mid-cadre positions
    - Supply: Reliance on old curriculum to build on-demand industry competence
    - Supply: SCM curricula do not match the needs of the workplace
  - Lack of career pathway/structure for SCM workforce
  - Non-standardized job descriptions mostly at the SDP level
    - Clinical vs supply chain management responsibilities
  - Financial issues
    - Limited funding to hire and train
- The COVID-19 pandemic amplified the imbalance
  - Lower-level cadres SCM workforce became essential workers
    - Delegated to do some mid-level tasks



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# Background: Launching the professionalization framework

- SCM professionalization was proposed to remedy some of these challenges
  - Address the demand and supply challenges identified within the public sector
- GHSC-PSM and PtD developed the SCM Professionalization Framework in 2020
  - Library of competencies and designations for HSCM
    - Contains 56 expected technical competencies across seven domains. 3,360 behavioral competencies, categorized into 5 professional levels
  - Collection of roles and job descriptions for HSCM
    - Promotes demand for workers and contains 96 examples JDs.
  - Mapping of education for HSCM
    - Promotes supply of skilled SCM workers, by displaying education qualifications relevant to each competency across 5 professional levels
  - Implementation approach in 5 phases
    - Provide guidance to applying these tools in a supply chain context

SUPPLY of competent SCM workers

## Method & progress

Phase 3 (on-Phase 1 Phase 2 going) Implement Create Defining the scope and HR4SCM Building Block -Advocacy and awareness and Monitor capacity creation securing commitment Mapping SCM processes development and activities in existing Mapping of stakeholders Consultative domains plan in March 2021 – Had meeting/workshop in numerous meetings September 2021 – Developed a process commitments to support mapping tool in August • Webinar in June 2021 – SCM professionalization 2022 271 registered, **142** was secured attendees (including Data on existing SCM Representatives from representation from 12 processes, activities, MOH, HRH, RCE, GHSCorganizations in Rwanda designations, and PSM, WHO, RMS, - RMS, GIZ, MOH, USAID, competence Pharmacy Council, SDPs -Onesight, RCE/University Rwanda Medical Supply **Referral & District** of Rwanda, Rwanda (RMS), Branch RMS, SDP Hospital **Biomedical Center, GHSC-**(Teaching Hospital, PSM, MSF, BUFMAR, • Support – advocacy, District Hospital, Health Project San Francisco & increased awareness, and Center, and Health Post) **Center for Family Health** participation Job descriptions, Open-Research) • Project charter ended questionnaire, and

interview.

#### Results: SCM professionalization in Rwanda

#### Generated SCM professionalization in Rwanda

- Support SCM workforce:
  - Amplified the career pathway for the SCM workforce
- Support **Ministry of Health** to establish:
  - Job descriptions for SCM workforce at the SDP level
  - Summary job descriptions and process activities for each cadre of staff at each level
  - Required competencies per role
    - ✓ Assessment of the incumbent to understand current competency gaps
  - Key performance indicator (KPI) per role
  - Supervisee counts per role
  - Pre-requisite training and experience per role

#### Results: SCM professionalization in Rwanda

#### Generated SCM professionalization in Rwanda

#### Support institutions of higher learning:

- Compilation of competencies to influence the curriculum of SCM offerings (institutions involved in WLMA and SCM course offerings)
  - The Regional Centre of Excellence for Vaccine Immunization and Health Supply Chain Management (RCE-VIHSCM) - Master's course on health SCM and SCM professional short courses
  - The School of Medicine and Pharmacy BSc with Honors in Pharmacy, which provides introductory SCM competencies
  - The School of Health Sciences Masters in Hospital Management with limited procurement and SCM education
  - The School of Business at the University of Rwanda plans to offer a BSc in logistics and SCM
  - The University of Kigali BSc with Honors in Procurement and Supplies and MSc in Procurement and Supply Chain Management.

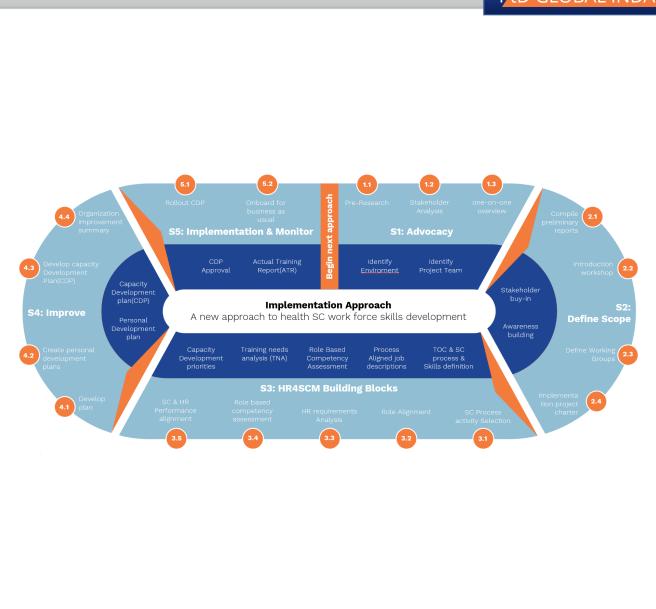
## Lessons Learned

- SCM Professionalization is a change management pursuit
  - Involvement of all in-country stakeholders
  - As the first to initiate the implementation, recorded success takes time
  - Processes and tools generated can be implemented in another country in a much shorter time from lessons gained in Rwanda
- Country-level ownership is key to sustaining the pursuit
  - Assign roles and responsibility
  - Stability of MOH staff should be solicited
- Long-term progress will require continuous awareness and advocacy to sustain the momentum

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### Next steps

- Phase 3 continuation
  - Complete and present SCM Professionalization in Rwanda to MOH so they can take the lead
  - Create targeted advocacy materials with messages for the different audiences
  - Conduct advocacy exercises -> drive for implementation
- Phase 4 Improve
  - Create capacity development plan
- Phase 5 Implement and Monitor
  - Obtain approval and roll out capacity development plan
    - $\checkmark$  Government to take the lead



## Closing

- Fully implemented framework will contribute to redefining job descriptions that are aligned to roles that will deliver on assigned SCM responsibilities
- Fully implemented framework will empower the SCM workforce to develop and pursue a career path in SCM
- Institutions of higher learning require competency gaps among the workforce in the market to update their curriculum to produce a fit workforce for the labor market

✓ Updated curricula will close the knowledge and competency gap

Continuous awareness and advocacy are needed to sustain the momentum







info@upavon.co.za









