



Monitoring & Evaluation Final Report & Guidance Document

JULY 2020

*Promoting sustainable workforce excellence in health supply
chain management*

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Abbreviation

GHSC-PSM	Global Health Supply Chain- Procurement and Supply Management Project
HR4SCM	Human Resources for Supply Chain Management
IAPHL	International Association of Public Health Logisticians
M&E	Monitoring & Evaluation
MIT	Massachusetts Institute of Technology
PtD	People that Deliver
SC	Supply Chain
SCM	Supply Chain Management
ToR	Terms of Reference

1. Background

The progress made by People that Deliver (PtD) was reviewed in the organizational and structural mid-term evaluation report to determine whether PtD was able to achieve its goals as formulated in the Strategic Plan of 2013-2018. The evaluation recommended that PtD establish a rigorous Monitoring and Evaluation (M&E) system to facilitate 1) nimble organizational functioning and timely adaptations of internal processes, 2) PtD's progress in implementing global and regional activities, and 3) progress done by PtD stakeholders in countries of interventions.

In response to this recommendation, the PtD Secretariat (Secretariat hereinafter) set out to develop a robust Results Framework in February 2019, to collect and track data over time on impact. In May 2019 the Secretariat recruited a Research Analyst to implement the M&E system using the M&E Handbook which provides PtD with an approach and methodology to evaluate progress towards the results already identified as well as harvest results not yet identified or anticipated. Since then the indicators defined by the Results Framework and emerging outcomes have been analyzed. The timeline of activities to strengthen PtD's M&E is presented below.

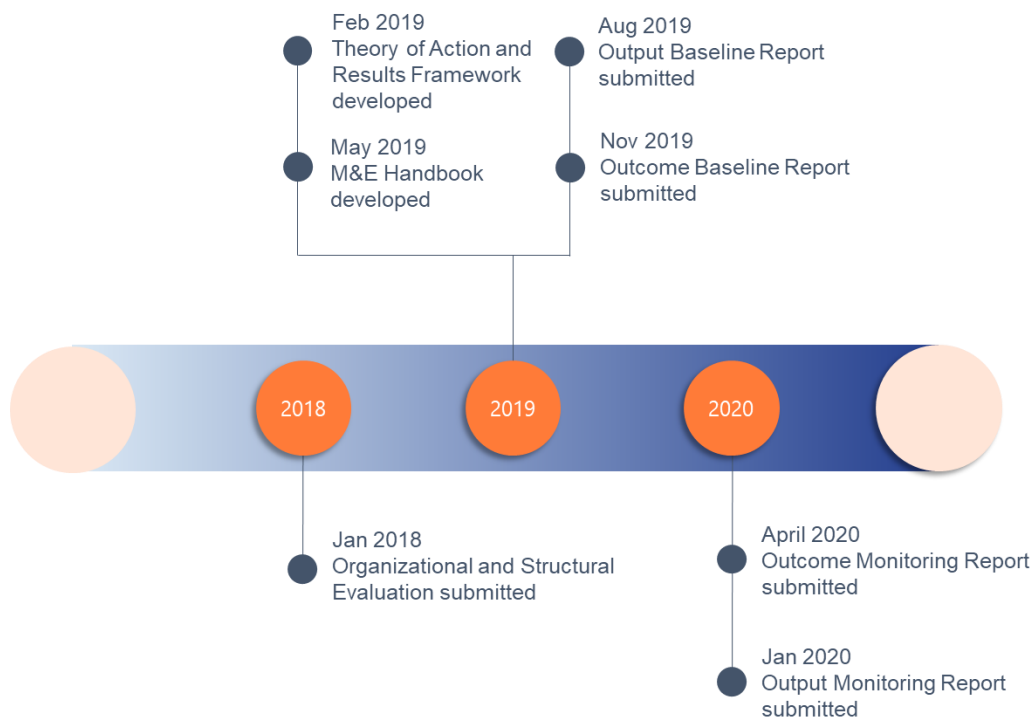


Figure 1: Overview of PtD's M&E efforts

In order to take stock of activities and results achieved before the M&E system was developed and to be able to compare progress over time, the Research Analyst developed a baseline for the output and outcome indicators. After a six-month period, progress made was monitored at output and outcome levels and reported to the coalition members.

Data required for output and outcome indicators was collected with several methods such as online surveys, interviews, website and social media analytics, and templates filled out by the Secretariat, and a data collection mechanism which is now in place. However, the year-long monitoring exercise also revealed challenges and limitations. The Secretariat plans to continue

monitoring progress made at the output level and to conduct a full-scale M&E exercise every two or three years.

2. Objectives

Taking into account the M&E plan which has now been refined by the Secretariat, the main objective of this report is to guide Secretariat staff in conducting future monitoring of PtD's activities and achievements and to record the use of various data collection tools developed. In order to make best use of the baseline and monitoring reports developed from 2019 to 2020, particular attention should be paid to continuity, as this will enable the comparison of data over time and track progress accurately.

To serve as a guidance document for future M&E activities, this report will;

- Provide a clear interpretation of each indicator, describe the different use of data collection methods, and highlight potential challenges that may be encountered during data collection and analysis.
- Further prioritize output indicators and provide rationale for the prioritization, which will allow the Secretariat staff to monitor key outputs and associated results with limited time and resources.
- Suggest timing and frequency of output and outcome monitoring
- Suggest additional or alternative data to investigate for a more in-depth and impactful analysis

3. Key considerations and lessons learned

Throughout the one-year M&E exercise, several issues were identified that impact the planning, approach, and the quality of forthcoming M&E activities. The Research Analyst recommends exploring each carefully before conducting another monitoring exercise for PtD.

Data quality

- The set-up of PtD is unique in a way that the PtD Results Framework is designed to capture activities implemented by coalition members and partners and report them as part of PtD's results. Much of PtD's work is in uncharted waters, and whether or how change will actually occur is to some extent uncontrollable (the Secretariat can have influence but is not directly responsible for members activities), unpredictable (being achieved collectively by members and dependent on members advocacy at the national level as well as potentially unstable political situations), and uncertain (because PtD is evolving its focus to be more concentrated on national level advocacy). However, collecting details of every activity implemented by coalition members and partners through interviews and surveys is not feasible, as there are over 20 coalition member organizations and more partners with whom PtD closely collaborates. The response rate of the coalition members in the two output monitoring surveys was 81% in July 2019 and 71% in January 2020. While the data collected from interviews forms the critical element for this monitoring exercise, the timing and usefulness for respondents should be considered not to cause "survey fatigue". Therefore, the number of surveys targeting PtD members and partners should be minimized and conducted for reporting both output and outcome indicators.

PtD's influence

- It is essential to keep in mind that PtD's M&E reports are accountable for activities led by PtD and even more for the Secretariat's own activities. What outcomes are triggered by PtD's activities should be analyzed and reported in as much detail as possible. It is therefore important to look into the activities and services in which the PtD Secretariat played a leading role.

Change takes time

- It is clear that change does not take place in a short time. Countries where technical assistance is being provided on an ongoing basis by PtD members and partners, such as in Ethiopia and Rwanda, need to be monitored regularly, and the Secretariat should plan to follow up on any activities were implemented since the previous monitoring report. However, even in those countries, it requires time to achieve higher level outcomes such as HR policy reform. Furthermore, the landscape of organizations working in global health supply chain management does not change dramatically in a short time. This consideration also informs the frequency of outcome monitoring reports in Section 5.

Lack of quantitative indicators

- Most of the output indicators are quantitative, while outcome indicators are rather qualitative. In order to make best use of quantitative data, some output indicators should be used when reporting outcomes. For instance, use of PtD tools reported by Output Indicator 22 will be useful for Outcome Indicator 39. Similarly, the analysis made for Output Indicator 4 can be used for reporting on Outcome Indicator 43, 44, and 45 as elaborated in Section 5. Furthermore, annual and quarterly reports published by the USAID-funded Global Health Supply Chain - Procurement and Supply Management (GHSC-PSM) Project include quantitative data such as the turnover rate in SC organizations and stock-out rate per commodity. Those data alone do not explain PtD's contribution but can be useful as a secondary indicator for explaining a link between PtD's outputs and outcomes and analyzing its possible contribution, combined with retrospective interviews and careful analyses.

Private sector engagement

- Private sector engagement is a subject discussed at length in the health supply chain management (SCM) community, but it is not explicitly integrated into PtD's M&E framework. The Research Analyst found that it is not necessary to create a new indicator dedicated explicitly to private sector engagement, as the framework is already designed to capture it by the number and type of people met and briefed under Output Indicators 2 and 9. However, in order to respond to the high interest in this subject, it is recommended to closely analyze the results that have been achieved in collaboration with private sector organizations.

COVID-19

- There is no doubt that the COVID-19 pandemic continues to impact the global health supply chain. However, it is not PtD’s task to assess impacts of COVID-19, but necessary to recognize that priorities and work plans of the organizations involved in the global health supply chain have changed to a varying extent and identify how it influenced decision-making for Human Resources for Supply Chain Management (HR4SCM).
- Working conditions of the health supply chain workforce has never received more attention than now. Optimizing the workforce by putting in place resilient and sustainable planning will continue. Therefore, it is suggested to undertake a rapid stock-taking of perception and knowledge of HR4SCM before and post COVID-19 in one of the upcoming M&E exercises.

4. Output indicators

This section will provide suggestions on timing and frequency of output monitoring and then detail with what tools and methodologies data was collected and analyzed.

A full-scale impact assessment is anticipated in two or three years (2022-2023) and output monitoring will be performed by Secretariat staff. Hence, the way of undertaking output monitoring should be reconsidered, and some flexibility should be given considering their workload, so that output monitoring is feasible but meaningful with reduced resources.

In order to do this, output indicators need to be prioritized for demand and usefulness. Most of the indicators focus on activities done by the Secretariat or PtD as a whole. Some indicators such as the number of visitors to the website or the number of tools downloaded can be monitored more frequently than every six months and should inform PtD’s daily operations. On the other hand, several output indicators are designed to monitor changes such as knowledge and perception of coalition members, and they should be monitored less often than activity-focused indicators.

It is also advised to choose a timing that enables more activities and results to be reported. As several new tools are scheduled to be piloted, the next monitoring should take place 1-2 months after the pilots, so that the results of them will be analyzed and reported. It is also an opportunity to reconnect with coalition members or partners and to make a strategic follow-up for past activities.

4.1 Data collection and lessons learned

The Research Analyst has prioritized output indicators that report important results and that have direct impacts on PtD’s daily operation, taking into consideration what are discussed above. The seven prioritized indicators are presented below, and the priority level of all the output indicators is shown in [Annex I](#). Other non-prioritized indicators will still be monitored in the longer frequency than biannually or at the same time with the full-scale assessment.

Prioritized indicators
04. Coordinated actions that SCM actors undertake
05. Number and type of materials developed
10. Number, type and position/level of individuals/institutions briefed
16. Number of downloads of tools (by tool, user) (cross-cutting with O 1)

18. Number of leaders targeted taking action on HR4SCM
22. Number, type of reported uses of tools by members (by tool)
25. Number of members who report that they are collaborating with other members
30. Number and topics of follow-on meetings/discussions

Table 1: List of prioritized indicators

This section also details how the data of each indicator was collected and analyzed per data collection tools and also provides suggestions for the future monitoring.

Suggestions and considerations per data collection method and indicator

Data source and collection methodology	Indicators / criteria
Analytics function of respective social media	13. Number of social media/ traditional media mentions of PtD and its tools

Currently, only the data presented in Figure 2 has been monitored by utilizing analytic functions embedded in LinkedIn and Twitter. The Secretariat recognizes that more sustained engagement on social media is needed to drive traffic to the PtD website, but given higher priority activities very little time is devoted to managing the social media accounts.

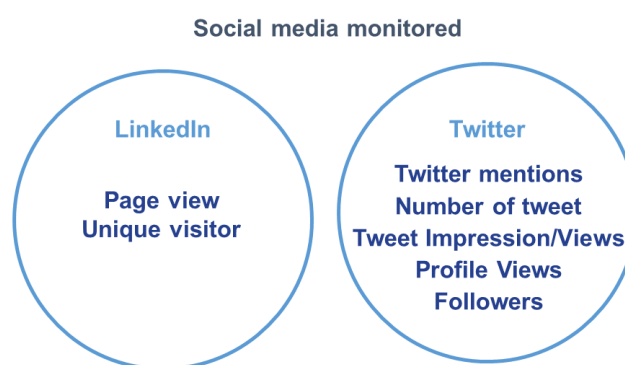


Figure 2: Social media monitored

Data source and collection method	Indicators / criteria
Constant Contact	14. Number, type of individuals/organizations who read newsletter
	43. Number of board members who read board updates

Constant Contact is utilized to track the number of subscribers of the newsletter and coalition updates and open rates. As newsletter subscribers are not required to submit information such as their organization and position other than an email address, analyses were made based on the domain of email addresses. Since the current dataset does not allow a comprehensive analysis of type of subscribers, it is therefore recommended to focus on and only use the total number of individuals who read the newsletter as the primary proxy.

On the other hand, it is possible to read which individual opened coalition updates. However, the open rate does not seem to change substantially even when the Secretariat follows-up. Since coalition updates are exclusively sent to the coalition members and serve as important source of information of the work towards HR4SCM, the Secretariat should increase the open rate by collecting feedback and ensuring the email settings.

Data source and collection method	Indicators / criteria
Google Analytics	16. Number of downloads of tools (by tool, user) (cross-cutting with O 1)

Google Analytics was set up at the outset of the M&E report. It allows the Secretariat to monitor the number of visitors to the PtD website, how visitors reached the website (direct link, organic search etc.), and the number of downloads of different tools per region. It is a highly useful quantitative indicator to assess the usage of each tool by region. As there have been multiple additions to the PtD website after April 2020 such as the COVID-19 resource page, a more in-depth analysis of the use of tools and patterns should be made by reviewing the number of views on different pages and the length of those views. In order to better understand the pattern of use of tools and resources, the website can be designed to request users to leave his/her name, position, organization, and email when downloading them.

Data source and collection method	Indicators / criteria
Microsoft form, Secretariat	44. Quality of board meetings

The quality of coalition meetings has been surveyed since 2018, but the response rate has been meager. From the most recent survey taken place in April 2020, a survey link was provided to the participants during the meeting to increase the response rate. The Secretariat will continue to implement this, so that the survey is completed during or when leaving coalition meetings.

Data source and collection method	Indicators / criteria
Interview with Secretariat	05. Number and type of materials developed
	06. Number of tools updated
	12. Key advocacy or talking points for HR4SCM published on PtD website
	42. Transition plan for sustainability developed
	45. Number of donors that have funded
	46. Number of donors that have indicated a willingness to fund
	47. \$/% amount of donors (committed, awarded) sufficient to cover each annual budget

Necessary data for the above five indicators was obtained through interviews with the Secretariat. Indicator 6, the number of tools updated will be more useful as more new tools have been developed in 2020. However, this indicator serves the same purpose as Indicator 5 Number of and type of materials developed and can be combined.

Indicator 42 turned out to be less relevant now, as donors are willing to continue funding PtD. Moreover, due to funding modality, a transition plan is difficult to develop and no longer prioritized.

Indicator 46 can be reported only if there is an actual discussion with donors.

Data source and collection method	Indicators / criteria
Secretariat and new TOR	38. Revised Terms of Reference (ToR) provide more clarity about board roles, responsibility and level of effort
	39. ToR for membership base are developed and approved
	40. ToR between PtD and UNICEF finalized and approved
	41. Staffing structure is reviewed, revised (as needed), and aligned with strategic need

The indicators 38, 39, and 40 are no longer relevant to monitor. A new ToR was developed in April 2020, but it was agreed that PtD no longer pursues the development of a membership base to avoid an overlap with the existing membership base managed by the International Association

of Public Health Logisticians (IAPHL) which operates in the same community of global health supply chain management.

Through Indicator 41, whether staffing structure is reviewed and revised according to strategic needs should be elaborated in future reports, as it is now prescribed in the TOR.

Data source and collection method	Indicators / criteria
Secretariat provides data in Google spreadsheet	01. Number and type of actors connected to PtD
	02. Number of meetings held with relevant actors
	03. Topics of meetings
	07. Number and type of presentations made
	08. Number and type of workshops held
	09. Number and type of briefings
	10. Number, type and position/level of individuals/institutions briefed
	11. Number and location of decision makers with whom relationships have been developed
	21. Number of members who attend meetings (by meeting)
	36. Number of global and regional forums attended

The analysis of the above 11 indicators relied on direct input from the Secretariat. Each Secretariat staff was requested to provide in a google spreadsheet details of individuals they met and briefed on evidence-based approaches both online and face-to-face, topic of discussion, presentation made etc. This process required a significant amount of effort from the Secretariat staff, but it provided a clear overview of whom the Secretariat meets and disseminated evidence-based approaches to.

However, in order to make the data input process less burdensome, some revisions need to be made.

- Indicator 1. “Number and type of actors connected to PtD” overlaps with 14. “Number, type of individuals/organizations who read newsletter”. Moreover, “connected” do not directly result in changes compared to “meeting” where the Secretariat or other parties arrange a meeting for a specific purpose. “Briefing” where evidence-based approach is discussed in those meetings is even more likely to lead to results than meetings. From these reasons, Indicator 1 is deprioritized in the

04. Coordinated actions that SCM actors undertake
05. Number and type of materials developed
10. Number, type and position/level of individuals/institutions briefed
16. Number of downloads of tools (by tool, user) (cross-cutting with O 1)
18. Number of leaders targeted taking action on HR4SCM
22. Number, type of reported uses of tools by members (by tool)
25. Number of members who report that they are collaborating with other members
30. Number and topics of follow-on meetings/discussions

- Table 1 above and Indicator 14 alone is sufficient to monitor.

- The difference between "meeting" and "briefing" is whether an evidence-based approach was discussed. Changes will usually happen after an evidence-based approach is discussed, and meeting is not significant enough to make a change happen. However, as collecting the data on meetings together with briefings is not burdensome, it is advised to continue monitoring both data. Most importantly, the outcome of those briefings should be analyzed further and reported where possible.
- Indicator 9 type of meetings online or face-to-face did not turn out very useful and therefore deprioritized as well. Furthermore, in terms of Indicator 10, collection of position of individuals turned out unrealistic and the collected data was inconsistent. As examining the extent of the dissemination of evidence-based approaches is highly useful, the type of organization instead of position of individuals should be monitored and analyzed.
- It is the view of the Research Analyst that Indicator 11 should be utilized more, elaborating on why that relationship is important and what results the relationship led to should be elaborated that as those key relationships made are typically behind major activities or results. Hence, a separate interview or case study out of the interaction can be described more and can be a topic of PtD's newsletter.
- Indicator 7, 8, and 36 alone do not directly lead to results, but as part of advocacy efforts they need to be monitored continuously.

The templates used for collecting the above-mentioned data are annexed as [Annex II-a, b, c, and d](#).

Data source and collection method	Indicators / criteria
Survey	04. Coordinated actions that SCM actors undertake
	17. Number of leaders targeted whose understanding of HR4SCM aligns with PtD
	18. Number of leaders targeted taking action on HR4SCM
	22. Number, type of reported uses of tools by members (by tool)
	24. Number of members targeted who report improved knowledge and attitude about HR4SCM
	25. Number of members who report that they are collaborating with other members
	26. Number of in-country SC assessment conducted
	29. Number and type/position/level of participants at initial in-country SC assessment
	30. Number and topics of follow-on meetings/discussions
	31. Number and type/position/level of participants at follow-on meetings/discussions
	35. Number and type of stakeholders communicating and coordinating about HR4SCM without PtD initiation
	37. Feedback on value of contribution of reports providing evidence of impact of strengthening HR4SCM

Online survey was the primary vehicle for collecting data in output reports. The questionnaire sent out in the latest output monitoring survey is annexed in this report ([Annex III](#)).

Coordinated actions are analyzed in Indicator 4 and 25. Respondents have different definitions of coordination ranging from participating in a coalition meeting to providing technical assistance jointly. To keep continuity, the frequency of coordination should be continuously monitored, while examples of coordination can be provided in the survey such as implementation of joint activities, participation in task force, discussion of possible opportunities, attending meetings and interview calls etc. In the next monitoring, this indicator can have a new dimension and explore their demands for coordination, i.e. the Secretariat could ask what coordination they need or do not

need from PtD and what needs to be done to strengthen coordination. It should be combined with Indicator 4 and used as a cross-cutting indicator.

Indicator 17 and 18 are useful, but what happened after a briefing with decision-makers is more of interest. While indicator 17 is a useful quantitative indicator, it is also advised to focus on Indicator 18 and analyze more closely what actions was taken should be captured with follow-up call.

Indicator 24 is an essential indicator for PtD, but the frequency of monitoring should be reconsidered. If this question is asked as frequently as every six months, more respondents will likely choose “no influence” or “minor influence”, as knowledge and attitude do not change significantly in a short span. In order to capture a reportable change, this indicator should be revisited after at least a year. Furthermore, it is strongly suggested to specify the reference period and ask since when (e.g. the baseline) respondent’s knowledge and attitude have been improved. This will help respondents provide a specific answer together with the reason behind.

In the survey, the question for Indicator 26 was phrased as *"About how many in-country HR assessments and Supply Chain (SC) assessments that include workforce or HR development components (incl. maturity model assessment) has your organization conducted (as implementer)/funded (as donor)/received (as recipient)"*. However, an important activity like this usually comes to PtD's knowledge without having this question in the survey, and a response rate to this question is not very high in general. Instead of asking respondents broadly, it will be more efficient to collaborate with coalition members and partners providing other assessments such as different types of maturity models and establish a monitoring mechanism looking into what problems have been identified in the assessment and what was agreed to take forward. Since details of participants in the assessment showed an even lower response rate, it is recommended to focus on outcomes of activities, and noteworthy outcomes should be followed up by a separate interview.

Internal advocacy recently introduced in the Outcome Monitoring Report should be used for partly analyzing Indicator 35. The answer provided in the past surveys should be compared and the reason of the transition needs analyzing with an individual follow up.

Indicator 37 is also a valuable indicator, but there is no need to ask this frequently. Alternatively, it is better to specify what tool this question is referring to, as several new tools are to be piloted this year.

In order to avoid survey fatigue, an online survey should be implemented no more than once a year. The Research Analyst proposes that some indicators should be monitored bi-annually, but the primary data collection for biannual monitoring should be interviews with stakeholders involved in PtD members or partners’ major activities such as HR assessments or pilots of upcoming PtD tools. Change-focused output indicators such as number 24, 35, and 37 can be asked by embedding the questionnaire on the website for a limited time.

4.2 Summary of contents for bi-annual and annual output monitoring

The Research Analyst suggests the Secretariat to develop a bi-annual output monitoring report and an annual monitoring report every year. While the annual monitoring report should aim to review all the output indicators by desk study, survey, and a limited number of interviews if necessary, while the biannual monitoring report should play the role of stock-taking key activities provided and discussing Secretariat’s activities based on the internal data. Table 2 below provides a quick overview of the scopes and data sources for the two reports.

	Biannual monitoring report	Annual monitoring report
Key scopes	✓ PtD members and partners' key activities and services provided	✓ All indicators
Data source and collection methods	<ul style="list-style-type: none"> ✓ Analysis of internally collected data ✓ Email or interviews with the stakeholders related to key activities provided 	<ul style="list-style-type: none"> ✓ Desk study ✓ Survey ✓ A limited number of interviews if necessary

Table 2: Overview of focus and data source of biannual and annual monitoring reports

5. Outcome indicators

Outcome indicators had already been prioritized and narrowed down to 18 before the implementation of M&E activities in May 2019. As the Secretariat plans to conduct a full-scale outcome evaluation approximately in two or three years, there is no need to further reduce the number of outcome indicators for the feasibility purpose. Nevertheless, suggestions and considerations to outcome indicators are presented below.

5.1 Data collection and lessons learned

As most of the outcome indicators are qualitative, the principle data collection methodology was phone interview supplemented by in-depth desk study, particularly past HR assessment reports.

In this section, considerations given for each outcome indicators during the past reports and suggestions for the next full-scale assessment are presented per indicator. Interview questions developed for each indicator are presented as [Annex V](#).

Indicator 6: Number and types of PtD SC ToC outcomes that are making progress

The approach taken for analyzing this indicator was to focus on the countries where coalition members or partners provided technical assistance including HR assessments. The data collected at the output level such as in-country activities should also inform this indicator where possible. When time allows, other countries can be explored.

Although the ToC is applied to an organization, not to a country supply chain, the Research Analyst rated progress made towards ToC per country in the Outcome Baseline Report and Outcome Monitoring Report for an easy reference with an annotation of what level of supply chain hierarchy was taken into account. The full-scale assessment should use those analyses as a basis and add what progress has been made together with relevant facts and events.

Indicator 7: Number and types of policies passed as indicated in PtD ToC

HR policies and civil service regulations are already in place in the majority of countries where data was collected in the Outcome Baseline Report. The problem is that those policies are not always referred to adequately or implemented consistently. Since the number and types of policies as such might not be directly useful, the future reports should concentrate on better adherence and revisions to existing HR policies and actual practices.

Indicator 13: Number and type of organizations providing support to HR4SCM (by government, national and international, focus of organization)

The snapshot illustrating organizations providing support to HR4SCM was developed in the Outcome Baseline Report. The next outcome evaluation should therefore build on it and assess whether all the organizations included in the landscape are still active and whether new organizations have joined the community and the subject areas in which they work.

Indicator 17: Coalition member and partner reporting of increased resources

As shown in the Outcome Monitoring Report, this indicator would show varying views of interviewees. It is important to clarify from what point of view interviewees answered this question e.g. from donor or implementing organization's point of view, working at country, regional, or global level.

It should also be noted that resource allocation within respective organizations is subject to organizational strategies, which also impacts the level of resources available internally.

Indicator 18: Professional associations have credentialing systems for HR4SCM exists

Both global professional associations and national registration bodies were identified and their roles were discussed in this indicator. While the landscape of global professional associations will not change drastically in two years, the landscape of national registration bodies likely changes in two or three years. While the enforcement of registration in Kenya and Uganda should be assessed in detail, the composition of SC workforce needs to be taken into account, because the enforcement may not be applicable to those who are primarily tasked with carrying out non-SC-related job functions.

Indicator 19. Number of countries in which the credentials can be accessed

Indicator 20 Number of countries that accept credentials

Indicator 21. Number of SC organizations demonstrating career paths for SCM, and

Indicator 22. Number of SC organizations that have a defined SC role

- The data for these indicators were analyzed based on interviews, a small-scale survey in the IAPHL platform ([Annex III](#)), and HR assessments etc.
- Although these indicators appear to be relatively quantitative and a simple exercise of counting per country, each indicator needs to look into a couple of sub-indicators that were analyzed together as explained below and presented in Figure 3.

In the Baseline Outcome Report, Indicator 19 was assessed through several lenses such as sufficient opportunities, physical distance, and languages available. Indicator 23 helped analyze whether there is a sufficient number of education opportunities at the country level. As it was revealed that online educational opportunities were widely available and recognized in the health supply chain community, the analysis of physical distance to schools or training centers should look into online educational opportunities. While the credentials offered in conventional face-to-face approaches by universities and training institutions form a significant part of access to

credentials, in general there is satisfactory access to credentials as long as there is a stable internet connection. The prevalence of relevant universities and institutions in neighboring countries should be taken into consideration, as they are pursued when there is no such institution domestically.

Indicator 20 investigated the extent to which credentials are recognized at the organizational or national levels and credentials are helpful when finding a SC-related job. The level of enforcement of registration of credentials was reviewed by interviewing national registration bodies.

Indicator 21 was analyzed based on three sub-indicators such as the existence of an SC cadre and their primary responsibilities, performance-based incentives, and required competencies. Indicator 22 also analyzed existence of SC cadre including their primary roles and logistics management unit.

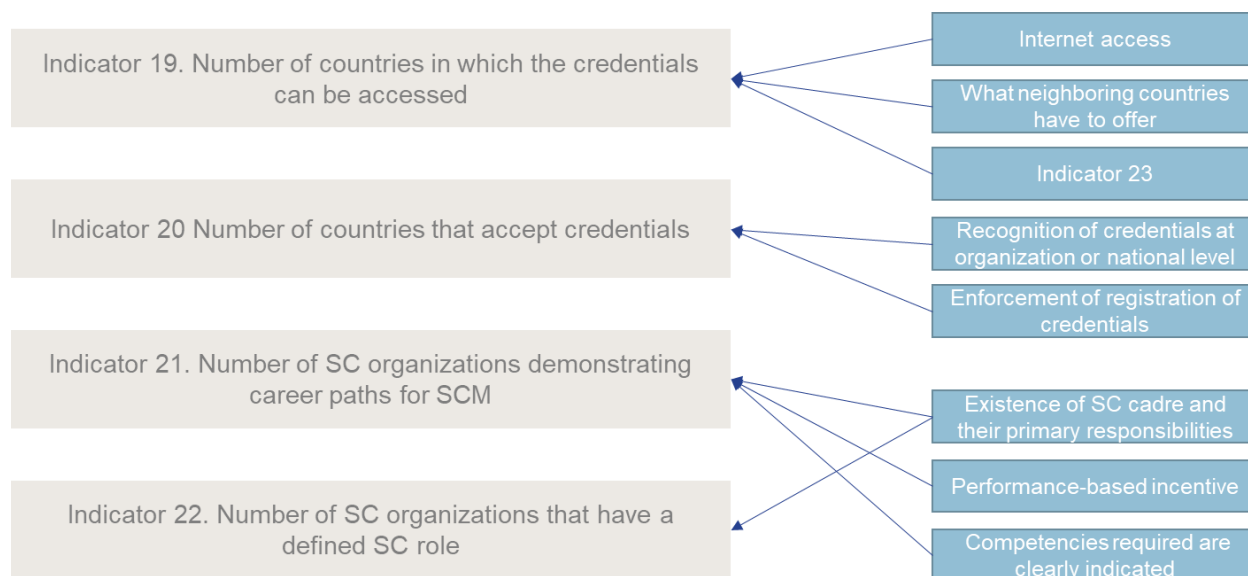


Figure 3: Elements analyzed under outcome indicator 19, 20, 21, 22

Indicator 23. Number and types of educational opportunities available for SC workforce (by type of provider)

This indicator was analyzed with the report¹ developed by Massachusetts Institute of Technology (MIT) detailing the number of degrees and courses available per country and supplemented by new educational opportunities mentioned by interviewees. Although the MIT report is not expected to be updated, the initiative [LAPTOP](#) managed by the Reproductive Health Supplies Coalition (RHSC), hosts a database of educational opportunities in supply chain management. RHSC plans to update the platform in 2020. It is therefore suggested that the Secretariat coordinate with LAPTOP and endeavor to gain an updated overview of education opportunities, while the Secretariat can also identify newly created educational opportunities through interviews. It is also suggested to conduct a mini survey on the IAPHL platform and gain an insight of what opportunities are the most selected ones by SC organizations and students. The questions asked in the mini-survey for the Outcome Baseline Report are presented in [Annex IV](#).

¹ <https://peoplethatdeliver.org/ptd/download/file/fid/737>

Indicator 24. Number and location of countries whose national governments are making efforts to improve HR4SCM

The data source overlaps with that of Indicator 6. Indicator 6 is ToC-oriented, while this indicator can cover efforts made to improve HR4SCM that are not explicitly mentioned in the framework of ToC.

Indicator 39. Number and type of international and national actors working on evidence-based approaches to HR4SCM (PtD, PtD recommended, and other)

Since key organizations working in the global health supply chain community are already in PtD's network, the data collected for Output Indicator 22 can be used here as one of the sub-indicators.

Additionally, a short questionnaire consisting of one or two questions can be deployed on the website or social media to research the use of evidence-based approaches in the broader community beyond coalition members and partners.

Indicator 40: Evidence of PtD tools in policies and procedures of international and national organizations

Interviews were intended to capture how PtD tools were introduced, used, and transformed into part of policies and procedures at the organizational level. Although the use of tools was successfully captured, not many examples of integration of PtD tools into policies and procedures were gathered.

As required information can likely be gathered from interviews particularly with the organizations that underwent HR reform, such organizations will be key targets for this indicator.

Indicator 43. Number and types of new partnership and alliances

Indicator 44. Number and types of coordinated actions by partnerships/alliances

Indicator 45. Number and types of individuals and entities involved in partnerships and alliances (by government and non-government; international and national; donors and implementers)

The Outcome Baseline Report identified that not many new partnerships and alliances were emerging. Coordinated actions are however regularly monitored by the output indicator 4. "Coordinated actions that SCM actors undertake". The respondents who reported particular coordinated activities in the output monitoring survey should be followed up and asked to provide further information such as results achieved and with who they are engaged.

Annex I: Output indicators with priority

Indicators / criteria	Priority given	Activity-focused / Change-focused	Link to resulting in impacts	Frequency	Data source and collection methodologies
Output 1: Global HR4SCM actors are coordinated					
01. Number and type of actors connected to PtD	Not prioritized	Activity-focused	Low	Annually	Secretariat provides data in Google spreadsheet
02. Number of meetings held with relevant actors	Monitor, if time allows	Activity-focused	Low	Annually	Secretariat provides data in Google spreadsheet
03. Topics of meetings	Monitor, if time allows	Activity-focused	Low	Annually	Secretariat in Google spreadsheet
04. Coordinated actions that SCM actors undertake	Prioritized	Activity-focused	Medium	Annually	Survey
Output 2: Evidence-based approaches are developed and disseminated					
05. Number and type of materials developed	Prioritized	Activity-focused	Medium	Biannually	Secretariat provides data in Google spreadsheet
06. Number of tools updated	Not prioritized	Activity-focused	Low	Annually	Secretariat provides data in Google spreadsheet
07. Number and type of presentations made	Monitor, if time allows	Activity-focused	Medium	Annually	Secretariat provides data in Google spreadsheet
08. Number and type of workshops held	Monitor, if time allows	Activity-focused	Medium	Annually	Secretariat provides data in Google spreadsheet
09. Number and type of briefings	Not prioritized	Activity-focused	Medium	Annually	Secretariat provides data in Google spreadsheet
10. Number, type and position/level of individuals/institutions briefed	Prioritized	Activity-focused	Medium	Biannually	Secretariat provides data in Google spreadsheet
11. Number and location of decision makers with whom relationships have been developed	Monitor, if time allows	Activity-focused	Medium	Annually	Secretariat provides data in Google spreadsheet
12. Key advocacy or talking points for HR4SCM published on PtD website	Not prioritized	Activity-focused	Low	Annually	Secretariat
13. Number of social media/ traditional media mentions of PtD and its tools	Monitor, if time allows	Activity-focused	Low	Monthly	Analytics function of respective social media
14. Number, type of individuals/organizations who read newsletter	Not prioritized	Activity-focused	Low	Annually	Constant Contact
16. Number of downloads of tools (by tool, user) (cross-cutting with O 1)	Prioritized	Activity-focused	Medium	Monthly	Google Analytics
Output 3: Leaders have knowledge, understanding, will, and are empowered to support health supply chain workforce					
17. Number of leaders targeted whose understanding of HR4SCM aligns with PtD	Monitor, if time allows	Change-focused	Medium	Annually	Survey
18. Number of leaders targeted taking action on HR4SCM	Prioritized	Change-focused	High	Annually	Survey
19. Number, type and position/level of individuals/institutions briefed (cross-cutting indicator for O1)	See Indicator 15				NA

Output 4: PtD's members use tools, have knowledge and appropriate attitude, and are coordinated to advocate for HR4SCM					
21. Number of members who attend meetings (by meeting)	Not prioritized	Activity-focused	Low	Annually	Secretariat provides data in Google spreadsheet
22. Number, type of reported uses of tools by members (by tool)	Prioritized	Activity-focused	High	Biannually	Survey
23. Number of downloads of tools (by tool, user) (cross-cutting with O 1)	See Indicator 16				NA
24. Number of members targeted who report improved knowledge and attitude about HR4SCM	Monitor, if time allows	Change-focused	Medium	Annually	Survey
25. Number of members who report that they are collaborating with other members	Prioritized	Activity-focused	Medium	Annually	Survey
26. Number of in-country SC assessment conducted	Monitor, if time allows	Activity-focused	High	Annually	Survey
29. Number and type/position/level of participants at initial in-country SC assessment	Not prioritized	Activity-focused	Medium	Annually	Survey
30. Number and topics of follow-on meetings/discussions	Monitor, if time allows	Activity-focused	High	Annually	Survey
31. Number and type/position/level of participants at follow-on meetings/discussions	Not prioritized	Activity-focused	Medium	Annually	Survey
35. Number and type of stakeholders communicating and coordinating about HR4SCM without PtD initiation	Monitor, if time allows	Change-focused	Medium	Annually	Survey
Output 5: PtD's credibility and visibility as critical resource for best practices, expertise and innovative approaches in HR4SCM is grown					
36. Number of global and regional forums attended	Monitor, if time allows	Activity-focused	Medium	Annually	Secretariat provides data in Google spreadsheet
37. Feedback on value of contribution of reports providing evidence of impact of strengthening HR4SCM	Monitor, if time allows	Change-focused	Medium	Annually	Survey
Output 6: PtD organizational governing and operating structure are optimized for PtD's role					
38. Revised Terms of Reference (ToR) provide more clarity about board roles, responsibility and level of effort	New ToR developed				Secretariat and new TOR
39. ToR for membership base are developed and approved	New ToR developed				Secretariat and new TOR
40. ToR between PtD and UNICEF finalized and approved	New ToR developed				Secretariat and new TOR
41. Staffing structure is reviewed, revised (as needed), and aligned with strategic need	Monitor, if time allows	Activity-focused	Low	Annually	Secretariat and new TOR
42. Transition plan for sustainability developed	Not prioritized	NA	Low	Annually	Secretariat
43. Number of board members who read board updates	Monitor, if time allows	Activity-focused	Low	Annually	Constant Contact
44. Quality of board meetings	Not prioritized	Activity-focused	Low	Every board meeting	Microsoft form, Secretariat
Output 7: PtD has a diversified funding base that supports sustainability					
45. Number of donors that have funded	Not prioritized	NA	High	Annually	Secretariat
46. Number of donors that have indicated a willingness to fund	Not prioritized	NA	Medium	Annually	Secretariat
47. \$/% amount of donors (committed, awarded) sufficient to cover each annual budget	Not prioritized	NA	Medium	Annually	Secretariat

Annex II-a: Data collection template (Output indicator 1)

Name of organization	Type of organization	Where are they located	When (month/year)

Annex II-b: Data collection template (Output indicator 2, 3, 9, 10, 21)

Date	Meeting	Phone	Email	Face-to-face (F) or phone (P)	Coordinated by PtD?	evidence-based approach discussed or shared?	If meeting, name of meeting If phone/email, short description	Topics	Name of individual (participants)	Organization	Type of organization

Annex II-c: Data collection template (Output indicator 7, 8, 36)

No.	Name	Abbreviation	Overall event name	Conference	Side session under conf or forum	Workshop by other	Workshop held by PtD	Webinar	PtD as organizer at overall level	Presentation made?	In what form?	Title of presentation	PtD's involvement in the presentation	Year	Month	Where

Annex II-d: Data collection template (Output indicator 11)

Name of decision maker	Organization	Where are they located?	Type of relationship developed	When (month/year)

Annex III: Output monitoring survey questionnaire

1. Please state your name, title, and organization.

Name

Title

Organization

2. What PtD tools have you used since June 2019? Please rank the resources in the order of most used (1 - most used). If you have not used it at all or do not know, please choose a blank in the number box.



Human Resources for Supply Chain Management Theory of Change



Human Resource Capacity Development in Public Health Supply Chain Management: Assessment Guide and Tool



Competency Compendium for Health Supply Chain Management



Health Supply Chain Competency Framework for Managers and Leaders



Stepped Approach for HR Capacity Development in Health SCM

3. Over the past three months, how many decision-makers in governments, NGOs, or private sector companies have you or your organization briefed on PtD's approach to improving HR4SCM?

0

15-20 decision-makers

1-5 decision-makers

20-30 decision-makers

6-10 decision-makers

More than 30

11-15 decision-makers

4. As a result of your briefing to the decision-makers, has their understanding been aligned with PtD's approach to improving HR4SCM? (Examples: paying more attention to HR4SCM, actively seeking relevant information, utilizing more evidence-based data etc.). Please describe significant or highly impactful cases after June 2019.

5. Have those decision-makers taken actions or are they going to do so in order to improve HR4SCM, subsequent to interaction with your organization (Examples: incorporated PtD's approaches into their process/activities, made it an organizational priority, tried to include HR4SCM in policy and regulation etc.)? Please describe significant or highly impactful cases after June 2019.

6. In those significant or impactful cases above, to what extent was PtD Secretariat involved?

No involvement	To a small extent	To some extent	To a moderate extent	To a great extent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain how PtD Secretariat was involved.

7. To what extent has PtD influenced your organization's knowledge of and attitude towards HR4SCM (Examples: better understanding of HR4SCM, utilizing more evidence-based data, providing more efforts on advocacy etc.), as of today?

No influence	Minor influence	Moderate influence	Major influence
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe the influence and results achieved.

8. Please self-evaluate to what extent you advocate for PtD and HR4SCM in your organization.

To a small extent	To some extent	To a moderate extent	To a greater extent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment, if any

9. How often has your organization collaborated with PtD board members or other entities and organizations working in HR4SCM over the last three months as of today?

Never	Rarely	Sometimes	Very often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe the collaboration (which organizations, when, etc.)

10. To what extent has PtD influenced those coordinated activities?

Don't know To a small extent To some extent To a moderate extent To a great extent

Please describe how PtD has influenced such coordinated activities

11. About how many in-country HR assessments and Supply Chain (SC) assessments that include workforce or HR development components (incl. maturity model assessment) has your organization conducted (as implementer)/funded (as donor)/received (as recipient) since June 2019? Please also list the names of any partner organizations (incl. donors) that were involved/consulted in the implementation of the assessment.

Number of in-country HR assessment and SC assessment with HR component (incl. maturity model assessment etc.) / Please list countries

Name(s) of any partner organizations that were involved/consulted in the implementation of the assessment (including donors)

12. Following those in-country HR and SC assessments (incl. maturity model assessments) how many follow-on meetings/discussions has your organization had since June 2019? Please list the names of any partner organizations that were involved/consulted in the assessments. Moreover, what were the typical topics discussed during follow-on meetings/discussions?

Number of follow-on meetings and discussions / Please list countries

Name(s) of any partner organizations that were involved in the follow-on meetings/discussions

Typical topics discussed

13. Please rate the following statement:

The evidence presented by PtD approaches, reports, and other materials in general are valuable for strengthening HR4SCM. (e.g. ToC, HR assessment reports from country etc.)

Strongly disagree

Disagree

Uncertain/ no opinion

Agree

Strongly agree

Please comment, if any

Annex IV: Questions uploaded on the IAPHL platform

1. Have you obtained any credentials or qualifications related to (health) Supply Chain Management from an academic degree program?
2. From a professional association or similar?
3. What is the name of the certification?
4. From which academic institution or professional association did you obtain your credentials?

Annex V: Interview questions for outcome indicators

Indicators analyzed	Interview questions
Long-term outcome 2: Improved policies, organizational design, and organizational strength in key government entities with supply chain responsibility, which provide funding and support for a competent and sufficient supply chain workforce	
6. Number and types of PtD SC ToC outcomes that are making progress	<p>Which precondition areas in PtD' ToC do you think have made progress until now and which ones have been difficult to make progress in key national supply chain entities? Please explain when and how. What were the successful areas?</p> <ul style="list-style-type: none"> • What are the contributing factors or activities? When and how did it happen? • Have there been other social actors and factors that influenced the change besides PtD's work? Please describe what they are and how they impacted the change? • Where do you think we stand in achieving PtD goal of a competent, supported and adequately staffed SC workforce? • What factors do you think contributed to it? And which one is the most critical factor?
7. Number and types of policies passed as indicated in PtD ToC	<p>Do you know any HR related policies (ideally in SCM) that were passed in the country? What are they about?</p> <ul style="list-style-type: none"> • When • What level • (Please provide a link, if possible)
Long-term outcome 3: Increased and improved resources (government, non-government; national international) to support a qualified, educated health supply chain workforce	
13. Number and type of organizations providing support to HR4SCM (by government, national and international, focus of organization)	<p>In which of the following areas (staffing, skills, working conditions, ad motivation), does your organization provide support for improving HR4SCM?</p>
17. Board member and partner reporting of increased resources	<ul style="list-style-type: none"> • Do you know other governments and donors that provide financial commitment in the HR4SCM area? Does the government also provide financial commitment? Please provide name and their engagement/project? • Do you feel resources dedicated to HR4SCM has been increasing or getting difficult to secure internally? What is the reason? Symptom from when?
Long-term outcome 4: Improved mechanisms to support professionalization of a qualified, educated health supply chain workforce	
18. Professional associations have credentialing systems for HR4SCM exists	<ul style="list-style-type: none"> • In the country you are based or work, do you feel credentials are easily accessible (in terms of physical distance, available in your language, reasonable price)? Please also state your country. • In the country you are based or work, do you feel such credentials are well recognized and considered as an advantage • Does your organization recognize such credential? • Does your organization have career path in place for SC professionals? • Does your organization have a defined SC role? • Does your organization provide education opportunities for SC workforce? (Academic degree, Diploma, Bachelor, Master, Internal training, External training or certificates, with what educational institutions?) • Do you know why did your organization decide to do this? What influenced you to do so? • What specific credentials do you think are most recognized in the job market? <p>To professional associations</p> <ul style="list-style-type: none"> • Challenges and opportunities in HR4SCM from professional association's point of view? • Collaboration with university. If students complete the degree, they get certificate from CIPS. Do you have such collaboration with other universities or other academic institutions? Why made you do so?
19. Number of countries in which the credentials can be accessed	
20. Number of countries that accept credentials	
21. Number of SC organizations demonstrating career paths for SCM	
22. Number of SC organizations that have a defined SC role	
23. Number and types of educational opportunities available for SC workforce (by type of provider)	

	<ul style="list-style-type: none"> Do you know if there is problem with access to accreditation (language, price, distance)?
Intermediate outcome 1: Improved HR4SCM is on the policy agenda (national legislative bodies or administrative entities)	
24. Number and location of countries whose national governments are making efforts to improve HR4SCM	Synthesize data received from other indicators. Link with Indicator 6.
Intermediate outcome 5: Increased use of HR4SCM evidence-based approaches that are informed by best practices and respond to an evolving environment	
39. Number and type of international and national actors using evidence-based approaches to HR4SCM (PtD, PtD recommended, and other)	<p>Have you used any tools?</p> <ul style="list-style-type: none"> PtD (ToC, Competency Compendium, HR assessment tool by USAID etc.) Tools developed by other organizations None For what purpose did you use? Please provide name of the tool and developed by who? <p><i>Also use survey results obtained for the output indicator 22. Number, type of reported uses of tools by members (by tool)</i></p>
40. Evidence of PtD tools in policies and procedures of international and national organizations	
Intermediate outcome 7: Increased and improved collaboration and alignment between partners, advocates, champions, and donors on tactics and messaging to improve HR4SCM, globally and nationally	
43. Number and types of new partnership and alliances (Cross indicator with LTO 1)	<p>Is your organization in a partnership or alliance with other organizations (any form of collaboration will do e.g. advocating tactics and messaging together, joint meetings etc.)?</p> <ul style="list-style-type: none"> Please provide details of the joint activities? Please state the entities you are working together
44. Number and types of coordinated actions by partnerships/alliances (Cross indicator with LTO 1)	
45. Number and types of individuals and entities involved in partnerships and alliances (by government and nongovernment; international and national; donors and implementers)	<p>In the collaboration, are there any important individuals from government and nongovernment; international and national; donors and implementers? Who is he/she and why his/her presence is important?</p>