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ASSESSMENT OF THE INTERNATIONAL ASSOCIATION OF PUBLIC HEALTH LOGISTICIANS

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ASSESSMENT OF THE INTERNATIONAL ASSOCIATION OF PUBLIC HEALTH LOGISTICIANS (IAPHL)

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Cover Photo: IAPHL scholarship recipients during the Health and Humanitarian Logistics Conference in Kigali, Rwanda, 2019.

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ABSTRACT

The International Association of Public Health Logisticians (IAPHL) was established in 2007 to promote professionalization in the field of public health logistics through education and information sharing in low- and middle-income countries. It was initiated as an informal activity under the USAID | DELIVER Project and has grown to a free and open community of practice (COP).

The twofold purpose of the IAPHL assessment is to: (1) better understand the value that IAPHL delivers to its members and propose improved methods for capturing its impact moving forward; and (2) assess the current organizational structure and propose solutions to any identified barriers to long-term sustainability. The assessment was organized around three main domains: (1) value and impact; (2) structure and sustainability; and (3) measurability and applied learning.

The assessment team used a mixed-method model, including a desk review of relevant IAPHL documents, key informant interviews (N=59), an online survey of IAPHL members (N=503), a content analysis of the Knowledge Gateway listserv threads, and a comprehensive landscape analysis of organizations and COPs other than IAPHL that support health logisticians.

The assessment found that IAPHL has a small but appreciative and active group of members who highly regard the peer-to-peer interaction it provides. This small group is a fraction of a much larger membership base that is less active or passive. Engagement with activities such as moderated discussions and the listserv is low, and several competitors in the landscape offer more targeted and relevant health supply chain support. A lack of appropriate governance, oversight, performance metrics, and vision dilutes IAPHL's value as a COP. Although country chapters were deemed to be one of the most impactful features of the community, they are not systematically organized, onboarded, or supported to take advantage of their strategic position. The current funding structure is donor-dependent, and there is little possibility for independent funding or long-term sustainability outside this structure. IAPHL suffers from an overall lack of clarity regarding the links between its activities and its stated mission which is further exacerbated by the lack of a performance plan or monitoring and evaluation strategy to measure progress and/or return on investment.

This assessment signals a critical turning point in the life of IAPHL. It calls for strategic rethinking of the vision, mission, and values of this community and an overhaul of COP operations to better align with the current needs of global logistics. The assessment team recommends a number of improvements to the functions of the community that are discussed at length in the report.

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ACRONYMS

Acronym	Description
AG	Advisory Group
AQ	Assessment Question
ARC	Africa Resource Centre
ASCM	Association of Supply Chain Managers
CC	Country Chapter
CIPS	Chartered Institute of Procurement and Supply
COP	Community of Practice
CSL	Bureau of Commodities, Security, and Logistics
DwP	Digital Workplace
ED	Executive Director
FP/RH	Family Planning/Reproductive Health
GH EvalS	Global Health Evaluation and Learning Support
GH	Bureau of Global Health (USAID)
HLA	Humanitarian Logistics Association
HP+	Health Policy Plus
IAPHL	International Association of Public Health Logisticians
IR	Intermediate Result
JSI	John Snow Incorporated
KG	Knowledge Gateway
KII	Key Informant Interview
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning

Acronym	Description
NGO	Non-governmental Organization
PRH	USAID Bureau for Global Health Office of Population and Reproductive Health
PSA	Pharmaceutical Systems Africa
PtD	People that Deliver
SAPICS	South African Production and Inventory Control Society
SCM	Supply Chain Management
STEP 2.0	Strategic Training Executive Program
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

INTRODUCTION AND ASSESSMENT PURPOSE

The International Association of Public Health Logisticians (IAPHL) was established in 2007 to promote the professionalization of the field of public health logistics through education and information sharing in low- and middle-income countries. Initiated as an informal activity under the USAID | DELIVER Project, IAPHL has grown into a free and open community of practice (COP) that reportedly serves approximately 8,000 members from nearly 150 countries. The IAPHL secretariat is hosted by John Snow International (JSI). IAPHL is not a registered entity on its own but operates under the structures of its host organization.

Although IAPHL has collected compelling anecdotal evidence as to its value to its members, it does not have measures in place to demonstrate outcomes and/or impacts related to its activities.

The purpose of this assessment is twofold: (1) to better understand the value that IAPHL delivers to its members and propose improved methods for capturing its impact moving forward, and (2) to assess the current organizational structure and propose solutions to any identified barriers to long-term sustainability.

ASSESSMENT QUESTIONS AND METHODS

The assessment was organized around answering three assessment questions (AQs):

- **AQ1.** Value and impact: What is IAPHL's unique value proposition?
- **AQ2.** Structure and sustainability: What is IAPHL? What is the ultimate structure to enable IAPHL to survive and thrive and to continue to offer great value to its members?
- **AQ3.** Measurability and applied learning: How can IAPHL continue to monitor and document its outcome and impact?

This assessment used a mixed-method model, employing both quantitative and qualitative approaches to answer the AQs. The assessment team used a number of methods, including:

- **A desk review** of all available provided program and other relevant documents from IAPHL;
- **Key informant interviews** (KIIs; N=59) with IAPHL community members and stakeholders;
- An **online survey** of current IAPHL members (N=503);
- **Content analysis of the Knowledge Gateway** (KG) listserv threads from 2007, 2015, 2016, 2018, 2019, and 2020; and
- **A comprehensive landscape analysis** of organizations and COPs other than IAPHL that support health logisticians.

KEY FINDINGS

Summary of Findings for AQ1. Value and Impact: What Is IAPHL Unique Value Proposition?

Membership size is described as a unique key feature of IAPHL given that it is perceived as a large association, with 8,000 members spanning 150 countries. However, the assessment team estimates the size of the IAPHL community to be between 1,680 and 5,000 members (but more likely around 2,500), most of them “passive”—that is, they receive emails but do not engage in any community features such as the listserv or moderated discussions. The key value that respondents to the online survey identified

was a sense of community, the ability to communicate with other members through the Listserv, and the fact that membership is free of charge, unlike similar organizations. Participants in KIIs, however, did not consider IAPHL to have a unique value proposition beyond, perhaps, its geographic footprint and size, as a number of competitors in this space provide services that are similar to or better than those that IAPHL provides.

Summary of Findings for AQ2. Structure and Sustainability: What is IAPHL? What is the ultimate structure to enable IAPHL to survive and thrive and continue to offer great value to its members?

IAPHL is a COP and it is governed by JSI and uses a Listserv as its main platform for member engagement on supply chain management (SCM) issues of interest. IAPHL is housed under JSI's non-profit JSI Research & Training Institute, which is a US charitable organization with 501(c)(3) tax status (meaning that donations can be tax- deductible). JSI provides infrastructure support *ad hoc* technical staff, and operations. IAPHL utilizes a staffing structure where they are able to access multiple staff with different skill sets depending on the requirements of the IAPHL community. Conceptually, IAPHL retains separate but affiliated status as a membership organization and not a JSI project.

A part-time Executive Director (ED) and a part-time COP manager/project officer in Washington, D.C., manage the IAPHL secretariat. IAPHL's Advisory Group (AG) is an informal body that provides advice and direction but has no official governance responsibility or authority. It meets twice yearly and focuses on membership growth and sponsorship.

IAPHL has also established country chapters (CCs) in 22 countries, where members may meet face-to-face and/or host country-specific listserv platforms. CCs are expected to invite supply chain industry professionals to chapter meetings to present on topics of interest and to facilitate membership, peer mentorship, and employment opportunities. IAPHL considers the CCs to be the international branches, with the same mission and vision as the main organization. However, IAPHL does not consider CCs part of its administrative structure or provide formal or consistent operational support. No policies exist to govern the establishment, management, or outcomes of CCs other than guidelines for establishing a CC and joining one through the Listserv.

Some potential barriers to the long-term sustainability of IAPHL include:

- (1) While JSI considers IAPHL to be a COP housed within its institution, it does not consider IAPHL a sustainable model and it expects increased donor funding going forward.
- (2) IAPHL's inability to provide evidence of measurable outcome and impact may impede buy-in from potential donors.
- (3) IAPHL does not offer valuable, fee-based services to its members.
- (4) Because IAPHL's current knowledge management approach does not meet the needs of all key members, some have limited their participation in the COP.

IAPHL's inadequate management and oversight capacities are reflected in areas including inadequate monitoring and evaluation (M&E), support to CCs, knowledge management, and communication capacities to meet the needs of members and donors. The COP also has an inadequate sustainability strategy. IAPHL's sponsorship strategy has not attracted sufficient resources, and it sometimes interferes with the knowledge and learning aspect of the COP platform. IAPHL does not charge membership fees as they are not a formal entity. Therefore, its future largely depends on donor funding.

Summary of Findings for AQ3. Measurability and Applied Learning: How can IAPHL continue to monitor and document its outcome and impact?

IAPHL has inadequate M&E and learning capacity. Although it has been conducting annual members surveys, these do not provide sufficient data for program monitoring, evaluation, and learning (MEL) because they do not focus on specific key performance indicators (KPIs). IAPHL has, over time, reported membership growth and results from online surveys, but the COP does not have a formal and relevant M&E system to systematically track and report the results of its activities at various stages of its life cycle— inception, coalescing, growth, and maturity.

An adequate MEL system would require the funder to provide oversight and instill accountability to ensure it is conducted and reported on regularly. This has not been the case for IAPHL, despite its having received USAID funding for over 10 years. IAPHL does not document the impact of its interventions or track member status properly. IAPHL would greatly benefit from establishing and using basic, well-known, and accepted metrics — such as annual response rate, which measures how actively members respond to posts and queries.

All metrics and learning activities should relate directly to a specified set of articulated outputs, outcomes, and impacts aligned with IAPHL’s mission and vision. No such plan currently exists at the time of this assessment although IAPHL, is mandated to report on the results framework and some indicators for the USAID Global Health Population and Reproductive Health Office, primarily related to family planning and reproductive health. Despite consistent reporting, IAPHL has not kept records of the reports. This assessment provides a set of key performance indicators (KPIs) for the stages of a COP’s growth: inception, coalescing, growth, and maturity. IAPHL’s COP should be able adapt some of these KPIs to suit its interventions and stages of development.

CONCLUSIONS

IAPHL has a small but appreciative and active group within the COP who regard the group’s peer-to-peer interaction highly. However, engagement with activities such as moderated discussions and the listserv is low, and several competitors in the landscape offer more targeted and relevant health supply chain support. The lack of appropriate governance, oversight, performance metrics, and vision dilutes the value of the COP, particularly compared to relatively recent entrants to this space. Current IAPHL members and stakeholders deemed CCs among the most impactful features of the community. To take advantage of their strategic position, the CCs could benefit from policies to govern their establishment and management, and report their outcomes and from stronger support by IAPHL. The current funding structure is donor-dependent, and there is little possibility for independent funding or long-term sustainability outside of that structure. The project’s overall lack of clarity regarding the link between its activities and its stated mission is exacerbated by the lack of any performance plan or M&E strategy to measure progress and return on investment.

RECOMMENDATIONS

The overall assessment findings indicate that, while IAPHL provides some positive services to a small number of core members, the organization is lacking in the cohesion, structure, and quality of services needed to justify the continued funding of this association in its current form. A number of competitor organizations provide the same—if not superior—services, and most of those are either highly coordinated and developed COPs based in the global North or emerging ones run by professionals in the global South. This assessment is an opportunity to examine the value that IAPHL brings to the improvement of global logistics services.

USAID now has the opportunity to reflect on the need for this type of community and determine how best to allocate resources and oversight. Particularly in an era of decolonialization and the Journey to Self-

Reliance, it is imperative to reconsider what IAPHL could look like if it took a more regional or mission-based approach. The outdated premise of running the community through headquarters in Washington, D.C., does little to enhance global health logistics capacity in critical parts of the world. The recommendations for JSI/IAPHL and USAID are shown below. The assessment team invites both to consider what might be possible if they go back to the drawing board and create a community that responds to the emerging complexities and needs of the post-COVID landscape rather than repeating a stale approach that uses too many resources to serve too few individuals.

FOR JSI/IAPHL

AQ1. Value and Impact

- Without delay, add data integrity capabilities to the KG/Listserv to accurately reflect the membership's size, composition, and geographic footprint and start to measure new membership and wastage and response rates. This can be the basis for developing further performance metrics to determine how IAPHL will measure progress, outcomes, and impact—and to share this information with USAID.
- Revisit the professionalization and technical support that IAPHL seeks for its members. IAPHL needs to determine who its member/clients are (from the public sector? The private sector? Academia? State actors? All of these?), what service offer is in place (given that over 90 percent of survey respondents have at least a university degree and one in three work in the supply chain arena), and how services will be provided and financed. The current focus is on an inaccurate membership list, struggling CCs carving out meaningful roles in their countries, supporting the professional growth of members through advertisements and job postings, invitations to webinars, and the attendance of a few members at relevant international conferences (funded by IAPHL). The links to professionalization are tenuous.
- Provide competency-based scholarships to relevant courses offered by relevant institutions, rather than conferences. This would be a more effective and direct way to support members' supply chain careers.
- Devise a vision and strategy for the role of CCs in increasing members' supply chain competence. At the same time, ensure that CCs continue to collaborate key in-country stakeholders, but rather collaborate with them.

AQ2. Structure and Sustainability

- The ultimate structure to enable IAPHL to survive and thrive and offer value to its members largely depends on what services it wants to offer and its members want to receive. Thus, the COP should start by establishing a stronger and interlinked three-layered structure: (1) a two-member secretariat to manage, coordinate, moderate, communicate, and develop knowledge products; (2) a technical advisory committee to provide technical guidance, host some online posts or moderated discussions, or support the development of some knowledge products and technical proposals; (3) senior management from JSI to provide overall leadership with a focus on strategic direction, sustainability, staffing, and resource mobilization. Formalize the AG with a chair and decision-making powers.
- The IAPHL secretariat, the AG, and JSI should collaborate to develop a CC support strategy.
- JSI should establish a clear separation of duties at IAPHL so the secretariat focuses on technical aspects of SCM professionalization in areas such as communication, learning, and knowledge management, while the core group (the AG and Governance Body/JSI) leads strategic direction and fundraising.

- IAPHL should improve the technical features on its website, including directories of member contacts, to help facilitate and improve peer-to-peer outreach.
- Review USAID support for salaries and outputs, and consider utilizing less senior (and less costly) staff, particularly those with knowledge management and communication skills, to lead and manage IAPHL; move IAPHL management to the global South.
- IAPHL should develop a strategic plan, including identifying country needs and where CCs would complement national efforts and continue to partner with other stakeholders. Where other organizations are active, IAPHL should consider increasing regional and in-country partnerships¹ and encourage members to join these as alternatives to those CCs that are isolated, disconnected, or under-resourced. To support these arrangements, IAPHL should provide leadership, vision, and resources need.
- Develop a new vision or implement the 2016 vision as an essential step for the future of IAPHL.
- IAPHL secretariat should capitalize on the capabilities of its member experts as volunteers in implementing activities related to mentorship, technical development, tracking and documenting impacts, developing success stories from the field, and others.
- Strengthen COP knowledge management, offering education and information to meet the needs of all members.

AQ3. Measurability and Applied Learning

- IAPHL should develop an M&E system, including a theory of change, results framework, and M&E plan for its interventions. A clear M&E framework and plan are priorities, mapping activities to clear and measurable results that align with the activity's stated goals and mission. IAPHL can translate these into M&E activities such as web statistics, light-touch community feedback mechanisms (for example, lightning surveys of up to three questions) and improved measures of satisfaction and needs immediately following offerings such as webinars or moderated discussions.
- Conduct surveys of members' needs, including questions related to IAPHL's results matrix (such as those that can provide evidence of impact). The findings can inform annual benchmarks.
- IAPHL should track unique and repeat visits to the website and social media engagement, a count of replies and queries on the Listserv, tracking of new membership requests on a routine basis, links clicks and attendance to JSI or other webinars to which the IAPHL community is invited.
- Track metrics for decision-making such as retention rates and membership growth by segment as an indication of the COP's health.
- Utilize the USAID Learning Lab² Matrix to measure COP results over its life cycle: potential/inception, coalescing, maturing, stewardship, and transformation.
 - Growth Measure: Measure the COP's growth and effective penetration. Since its inception, IAPHL has been tracking the number of members and country reach to some extent. At this stage, the COP should also analyze the impact of total or potential knowledge transfer through surveys.

¹ IAPHL currently has a Memorandum of Understanding with HLA and PtD. IAPHL chapters currently work with local organizations, including FAAL, AsloB, AGCAL-RDC, Empower School of Health, and SAPICS.

²https://usaidlearninglab.org/sites/default/files/resource/files/Dynamics%20Research%20Corporation_%20Life%20Cycle.pdf (accessed April 2021).

- Activity Measure: Measure the interaction among COP members.
- Understand growth and activity: Compare page visits to members' ratios to derive the potential knowledge transfer to each member.
- Analyze member participation to establish reply to discussion ratio/answer to question ratio. This helps to determine whether the COP is meeting members' needs.
- Map COP-implemented activities to COP core objectives to understand whether the COP is in alignment with its stated objectives and purposes.
- Estimate quantifiable IAPHL return on investment in areas such as time, money, lives saved, and others. Conduct a survey to ascertain members' perceptions of the value of the COP. Link quantitative findings with evidence and supporting anecdotes.
- IAPHL should consider the cost-effectiveness of conference attendance versus relevant online courses offered to the membership as a whole.

5.2 RECOMMENDATIONS FOR USAID

- Reassess the current needs for a COP such as IAPHL and work with JSI to develop a strategic approach for IAPHL that responds to both the assessment findings and the realities of emerging competitors in the landscape.
- Make funding contingent on an updated strategic plan with clear and measurable outcomes that align with the stated goals and mission of the COP and core activities including governance, implementation, and accountability structures to execute the annual plan.
- Assume a proactive monitoring role; request annual work plans and performance reports with milestones, and reports to be presented during AG meetings.
- Ensure that the contractor with the pass-through mechanism more actively monitors work plan implementation and activity completion to achieve results (outputs, outcomes, and impacts) rather than reporting on the inputs of indicators from other projects.

I. BACKGROUND, EVALUATION PURPOSE, AND QUESTIONS

I.1. BACKGROUND

IAPHL aims to strengthen the capacity of public health supply chain and logistics workers in low- and middle-income countries to better perform their jobs in order to strengthen the outputs of the health supply chains that are critical to health outcomes in those countries. Additionally, IAPHL aims to promote professionalization in the field of public health logistics through education and information sharing. It does so through by increasing these workers' knowledge and empowerment.

IAPHL was established in 2007 as an informal activity under the USAID | DELIVER Project as an alumni network of public health supply chain practitioners and logisticians who had benefited from training on capacity building programs through the project. It is a free and open COP that reportedly serves approximately 8,000 members from around 150 countries.

The IAPHL secretariat is hosted by JSI Research & Training Institute, which provides a small amount of in-kind support and is funded primarily by USAID. IAPHL is not a registered entity; it operates under the structure of its host organization. In addition to support from USAID and JSI's in-kind contributions, IAPHL received a second grant (2020–2021) from the Bill & Melinda Gates Foundation and generates a small amount of revenue through corporate sponsorships.³

IAPHL's primary mode of function is via a moderated Listserv, where members initiate unprompted dialogues and host discussions via this platform. IAPHL also has a website with e-learning resources, including publications and webinars. It offers scholarships each year to select members to attend logistics conferences. It has also established country chapters (CCs) in 22 countries, where members may meet face-to-face and/or host country-specific Listserv platforms. IAPHL considers the CCs its international branches, with the same mission and vision as the main organization.

IAPHL has compelling anecdotal evidence as to its value to its members, but it has no way to demonstrate outcomes and/or impact related to its activities, as it does not collect or report on performance measures.

I.2. ASSESSMENT PURPOSE

The purpose of this assessment is to twofold: (1) to better understand the value that IAPHL delivers delivered to its members and propose improved methods for capturing its impact moving forward and (2) to assess its current organizational structure and propose solutions to any identified barriers to long-term sustainability.

I.3. ASSESSMENT QUESTIONS

The assessment is guided by a set of specific AQs⁴:

- **AQ1.** Value and Impact: What is IAPHL's unique value proposition?

³ Scope of work, Annex I

⁴ In order to respond thoroughly to these AQs, the assessment team divided them into sub-questions (see Section 3, Findings and Annex 2: Assessment Matrix).

- **AQ2.** Structure and Sustainability: What is IAPHL? What is the ultimate structure to enable IAPHL to survive and thrive and continue to offer great value to its members?
- **AQ3.** Measurability and Applied Learning: How can IAPHL continue to monitor and document its outcome and impact?

I.4. ASSESSMENT AUDIENCES

The main intended audiences for this assessment are senior staff, USAID's Bureau for Global Health Office of Population and Reproductive Health (GH/PRH) senior staff, Commodities Security and Logistics (CSL) staff, and other Global Health offices that fund similar activities. IAPHL members are another intended audience.

2. ASSESSMENT METHODS AND LIMITATIONS

2.1. ASSESSMENT METHODOLOGY

The IAPHL assessment used a mixed-method design, employing a number of quantitative and qualitative approaches to answer the three AQs and their sub-AQs.⁵ The assessment team outlined the data sources and methods for each AQ and sub-AQ in the Assessment Design Matrix included in the Inception Report (see Annex 2: Assessment Matrix).

2.2. DATA SOURCES

The main sources of data for this assessment were (1) available IAPHL program documents, (2) in-depth KIIs, (3) an online survey, (4) a content analysis of IAPHL's KG,⁶ (5) a review of IAPHL website statistics, and (6) a comprehensive landscape analysis of organizations and COPs other than IAPHL that support health logisticians.

2.2.1 Desk Review

The assessment team collated and analyzed all available program documents provided by IAPHL, including the 2020 IAPHL/Palladium sub-award, 2020 work plans, annual surveys, CC leaders meeting reports, the 2016 position paper prepared by People that Deliver (PtD) and IAPHL, and the 2016 IAPHL final business plan. Annex 4: Data Sources provides a complete list of referenced documents.

2.2.2. Key Informant Interviews

The assessment team selected a purposive sample of key informants from a universe of eight stakeholder groups, as shown in Table 1: Key Informants Participating in IAPHL Assessment KIIs, by Stakeholder Group and conducted 59 in-depth KIIs.

Table 1: Key Informants Participating in IAPHL Assessment KIIs, by Stakeholder Group

Stakeholder Group	Number of Key Informants
USAID	5
Current and former JSI IAPHL program staff	7
IAPHL AG members	12
IAPHL CC leaders	13
IAPHL peers	8
IAPHL sponsors	6
IAPHL scholarship recipients	6
Influent platform manager; ARC digital workplace (DwP) manager	2
Total Key Informants	59

⁵ For a detailed list of sub-AQs, see Section 3, Findings, and Annex 2: Assessment Matrix.

⁶ The KG is the members-only section of IAPHL's website, which contains threads from listserv exchanges.

The assessment team designed several semi-structured interview guides composed primarily of open-ended questions tailored to specific stakeholder groups (see Annex 3: Data Collection Tools). In view of COVID-19 safety precautions, the team conducted all KIIs virtually via Zoom, Skype, telephone, and other remote platforms. They informed all key informants of the assessment objectives and requested verbal informed consent to be interviewed and, sometimes, recorded. Interviews were conducted largely in English; they lasted from one to two hours, and most were audio-recorded following consent.

Assessment team members captured key concepts, emerging themes, and direct quotes throughout the KIIs. Their notes were then extracted and reviewed to ensure consistency in analysis and interpretation of findings.

2.2.3. Online Survey

An online survey sent to all current members of the IAPHL Listserv assessed respondent demographics, IAPHL membership and usage, user experience and satisfaction with IAPHL, and its perceived contributions to professional development for members. The survey also asked for suggestions for improving the IAPHL community. It was designed and managed through Survey Monkey and was open from January 3 to February 7, 2021. A total of 503 respondents participated in the survey, with varying response rates per question.

The assessment team analyzed the survey responses in three main ways:

- (1) They used the Survey Monkey analysis interface to run descriptive statistics;
- (2) They downloaded an Excel file and used it to run cross-tabulations; and
- (3) They manually coded open-ended responses and analyzed them in Excel.

Annex 5: Key Findings from Online Survey presents key survey findings.

2.2.4. Content Analysis of Knowledge Gateway

The assessment team manually analyzed threads on the IAPHL KG, the members-only section of the IAPHL website, which contains threads from daily Listserv exchanges. The team analyzed threads for 2007, 2015, 2016, 2018, 2019, and 2020 to represent the tenure of the four executive directors (EDs) since IAPHL's inception. In addition, for 2021, the team conducted an *ad hoc* analysis to gain further insights and obtain examples of good and inadequate practices.

Due to limitations in time allocation and level of effort, the assessment team sampled threads as follows:

- 2007: An analysis of all threads and interventions since IAPHL's inception in July 2007.
- 2015, 2016, 2018, 2019, and 2020: Analysis of a random sample of 20 percent of the total number of threads.
- 2021: To gain a comprehensive understanding of the IAPHL activities, a spot-check of posts during the assessment implementation period as well as a review of a number of videos for CC leaders and attendance at some of JSI seminars open to IAPHL membership.

The assessment team categorized and analyzed contributions to Listserv threads using a coding system that captured the types and technical quality of content (e.g., peer-to-peer technical requests, job vacancies, course advertisements, workshop and webinar invitations, organizations sharing information, organizations using IAPHL as a resource, etc.). The analysis also captured the interactions in the community by recording the number of responses each of the analyzed post received at the time, as well as capturing members requests to gain information on a specific topic and the number of responses it attracted. requests and responses to each posting. These codes were tallied to derive insights into content trends.

2.2.5. Comprehensive Landscape Analysis

The assessment team conducted a comprehensive landscape analysis of organizations and COPs other than IAPHL that support health logisticians. These included the South African Production and Inventory Control Society (SAPICS), Humanitarian Logistics Association (HLA), Chartered Institute of Procurement and Supply (CIPS), Pharmaceutical Systems Africa (PSA), Technet21, Association of Supply Chain Managers (ASCM), PtD, eDrug, i+Academy, and the ARC DwP. Annex 6: Country Chapter Leaders Attendance at Monthly Meetings presents the detailed analysis.

2.3. DATA TRIANGULATION

The assessment team collated information across data sources and analyzed the material identified through the data collection tools (Annex 3) by AQ and sub-AQ. During data analysis and triangulation, the team maintained a running list of emerging themes that provided the basis for thematic content analysis of the reviewed documents, KIs, the online survey, KG content analysis, and landscape analysis to formulate findings through an iterative process. They first compiled key findings and conclusions individually and then compared, contrasted, discussed, and validated them against the findings of other team members to arrive at a consolidated set of findings.

The assessment team then organized the results into a Findings-Conclusions-Recommendations matrix to highlight relevant conclusions and recommendations by AQ, ensuring a clear line of sight from conclusions and recommendations back to the supporting findings.

2.4. ASSESSMENT LIMITATIONS

The assessment team anticipated the need to mitigate certain data limitations through methodological or analytical means. These limitations included the following:

- IAPHL does not have complete records of activities (products, events, etc.) that it can use for proper tracking. To mitigate this limitation, the assessment team conducted its own analysis of membership, including industry sector of the membership, CCs, and Listserv content. IAPHL provided raw data that required analysis of members against industry sectors.
- The assessment team had a difficult time identifying and reaching “passive” users. Some key informants were unable to participate in the assessment despite several approaches. At least one member approached by the IAPHL AG declined to be interviewed. Despite this, the assessment team interviewed a sufficient number of key informants from all relevant stakeholder groups and is confident of the robustness and validity of its assessment findings, conclusions, and recommendations.
- Another limitation is the potential self-selection bias of the online survey respondents. The IAPHL active members who are frequent users of the COP’s services may have been more likely to reply to the survey, inadvertently a self-selection bias (either beneficial or detrimental) into the survey results.
- The assessment took place during the COVID-19 pandemic. IAPHL reported that this is an unprecedented and very busy time for its members that may have resulted in a reduction in Listserv discussions during the time of the assessment.

2.5. ETHICAL CONSIDERATIONS AND HUMAN SUBJECT PROTECTION

The assessment team ensured privacy and confidentiality in all data collection. Team members took all measures to ensure that participants understood that their contributions were strictly voluntary and that all data (including recorded interviews) would be kept confidential and anonymized for the duration of data collection, analysis, and reporting. All KIs conducted during the assessment began with an informed

consent process and written documentation, in alignment with the Common Federal Policy for Protection of Human Subjects in Research (the Common Rule) adopted by USAID.⁷ The informed consent process included the following consent statement elements:

- Introduction of the facilitator/note-taker;
- Purpose of the evaluation;
- Purpose of the interview;
- Statement that all information provided would be confidential and information provided would not be connected to the individual;
- Statement that the participant had the right to refuse to answer questions or participate in the interview and the right to stop the interview at any time;
- A request for consent prior to initiating data collection through the interview.

The assessment team did not interview or include in the evaluation anyone under the age of 18 years.

Only the assessment team collected and assessed survey and qualitative data. To protect confidentiality, the team stored all survey and qualitative data, including recordings, in a locked electronic folder on password-protected computers and restricted cloud-based file drives accessible only to the assessment team and GH EvaLS. All primary data will be destroyed within three months after approval of the final USAID assessment report.

The team analyzed data without any identifying information. The citations in this report do not include the names of the persons quoted; the confidentiality of the respondents is maintained by pooling and citing all input by stakeholder group and by anonymizing any quotations.

⁷ Annex 2: Annex Design includes the data collection tools.

3. FINDINGS

The assessment findings are organized by AQ and sub-AQ and incorporate both qualitative and quantitative results throughout. The AQs were:

- **AQ1.** Value and impact: What is IAPHL’s unique value proposition?
- **AQ2.** Structure and sustainability: What is IAPHL? What is the ultimate structure to enable IAPHL to survive and thrive and to continue to offer great value to its members?
- **AQ3.** Measurability and applied learning: How can IAPHL continue to monitor and document its outcome and impact?

3.1. AQ 1. VALUE AND IMPACT: WHAT IS IAPHL’S UNIQUE VALUE PROPOSITION?

3.1.1. AQ1.1. What Is the Reach of the IAPHL?

A. Individual Membership Based on Listserv Analysis

IAPHL records indicate a membership of just under 8,000, as listed in the KG, with a global footprint in 150 countries. However, analysis from the KG and interviews with the IAPHL ED and Influent Platform Manager suggest that this is significantly overestimated.

“Quantity does not translate into impact” —KII, AG member

The KG shows 7,857 members as of February 24, 2021, including approximately 100 duplications. During a KII, the IAPHL ED referenced a glitch in the website’s counting of members, and JSI requested Influent’s support to rectify the error (“It appears that even though we may have deleted you or you have deleted yourself, the website system never deletes you.”). Despite this technical issue, IAPHL uses the membership number listed in the KG.

Perhaps due in part to this issue, the membership list has not been cleaned, and no member has been removed since IAPHL’s inception in 2007. Through a manual review of all email addresses on the KG, the assessment team confirmed at least 100 duplications. This increases the likelihood that the Listserv includes either former members of the COP or members who rejoined with new email addresses after changing jobs. The ED estimates without clarification that 500 members are no longer active.

The IAPHL recently asked members to update their details. However, it is unlikely that doing so is sufficient to clean the Listserv, given that the membership size has increased.⁸

The Listserv’s level of interaction—indicated by (1) KG threads (advertises on courses, seminars, organizations showing or sharing their work, etc.), (2) the number of survey responses over the years, and (3) community engagement interactions (community members post questions and interact or reacted to news or requests)—shows an active group of not more than 500 members.⁹ It is impossible to estimate membership size accurately, given the available data and the fact that the IAPHL does not maintain metrics on community engagement. The outdated KG site shows only 231 member profiles under the Library tab.

⁸ As of September 24, 2021, IAPHL listed 8,123 people from 152 countries. <https://iaphl.org/membership/maps-stats/>

⁹ A manual analysis of randomly selected KG interventions over a period of time (2007, 2015-2020, see Section 22.4) found that 143 people (including JSI employees) had commented, with 35 posting more than one comment over the same period.

There are several way that members can engage with the COP. These include reading discussions, accessing the library, attending webinars sponsored by IAPHL, applying for sponsorships, etc., as well as engagement at the CC chapter level.

A purposive indicator of members' level of engagement is participation in the moderated discussions (see Table 2: IAPHL Membership Participation in Moderated Discussions, 2017 to 2020).

Table 2: IAPHL Membership Participation in Moderated Discussions, 2017 to 2020

Date	Moderated Discussion Topic	Responses from IAPHL Members
May 2017	Quantification of health commodities	46
June 2017	Mind the Gap: Linking program and supply chain data	39
December 2017	A critical look at the effectiveness of training	18
Average annual response rate (2017): 34		
March 2018	Maximizing the impact of capacity building beyond the workshop	24
April 2018	What should be delivered by unmanned aerial systems in health supply chains?	29
May 2018	Leveraging a digital network to enhance patient safety through product serialization	1
June 2018	IAPHL and People that Deliver join forces to better understand supply chain leadership	36
September 2018	Monitoring temperature and humidity for ambient health products in the supply chain	38
October 2018	Improving the efficiency and effectiveness of cold chain deliveries: The use of refrigerated vehicles for delivering temperature-sensitive pharmaceuticals	6
Average annual response rate (2018): 22		
February 2019	The role of leadership in advancing health supply chain accountability in the public sector	21
March 2019	Digital innovations and public health supply chain solutions	33
Average annual response rate (2019): 27		
March 2020	Ideal qualifications for a procurement pharmacist	17
April 2020	COVID-19 supply chain management considerations, and how are supply chains doing in light of COVID-19	13
July 2020	Determining an acceptable stock value percentage for expiry	17
October 2020	Technical assistance and health supply chains	10
Average annual response rate (2020): 14		

Source: IAPHL/secretariat-provided moderated discussions, May 2017 to November 2020.

Table 2: IAPHL Membership Participation in Moderated Discussions, 2017 to 2020 shows minimal and declining participation in moderated discussions, with an average of 14 member responses to discussion threads in 2020—just over half of average participation in 2019 (27 responses). The three moderated discussions in 2017 attracted the highest participation, with an annual average of 34 responses. The highest

was 46 responses to the moderated discussion on quantification of health commodities in May 2017; only one individual responded to the discussion on leveraging a digital network to enhance patient safety through product serialization in May 2018.

Social media engagement can be another measure used to gauge membership size. IAPHL member engagement on social media is limited. Analysis provided by IAPHL¹⁰ shows 1,500 members on its Facebook page, and 39 posts in 2020. Its Twitter feed has 1,400 members with 44 tweets, and LinkedIn has 370 followers with 34 posts in the same year.

Active members are those who contribute by asking or responding to questions posted by community members through the Listserv; *passive* members are listed in the Listserv database but do not engage with the community, such as by asking or reacting to questions or expressing views on issues raised by other members. While some members of this group benefit passively or indirectly from reading the Listserv, others are no longer members—but their e-mail addresses have not been deleted.

To estimate membership size, other than what has already been stated, Nelson^{11,12} provides some guidance, indicating estimates that 10 to 15 percent of COP members (800 to 1,200 of the IAPHL's total) are active. The same reference states that COP events will ideally attract three levels of participation ranging from core group/leads (10 to 15 percent), active group (15 to 20 percent) and those in peripheral passive groups (65 to 75 percent). The challenge is that IAPHL admits that the number of members it claims does not reflect the actual number, as the Listserv never deletes a member and has been carrying “dead weight” since 2007. Nevertheless, membership size is one of the IAPHL's key drivers and reported indicators.

B. Individual Membership Based on the Online Survey

Another indication that IAPHL's membership size is smaller than what it claims is the low response rate to an online assessment survey sent to all IAPHL email addresses. Only 503 members responded. Sauermann and Roach (2013)¹³ note, “although the response rates for online surveys vary by context and population, systematic reviews have shown that web-based or online surveys tend to yield a response rate of between 10–30 percent.” Given these rates, and the number of IAPHL online survey respondents (N=503), the assessment team estimates that membership ranges between 1,680 (30 percent response rate) and 5,040 (10 percent response rate). The average of these figures, for a 20 percent response rate, indicates an estimated COP size of *2,520 members*.

C. Country Chapters

IAPHL considers CCs akin to international branches insofar as they represent the same mission and vision as the parent organization. All CCs are supported via monthly meetings and in-depth bi-annual meetings with each chapter individually facilitated by the IAPHL Secretariat. However, IAPHL has an external SOP explaining how to establish a chapter that is posted publicly on the website and the Listserv. The IAPHL Secretariat also supports any individual that expresses interest in establishing a chapter. IAPHL expects CCs to invite supply chain industry professionals to chapter meetings to present on topics of interest and

¹⁰ IAPHL Advisory Group Meeting December 2020 Activity Updates.

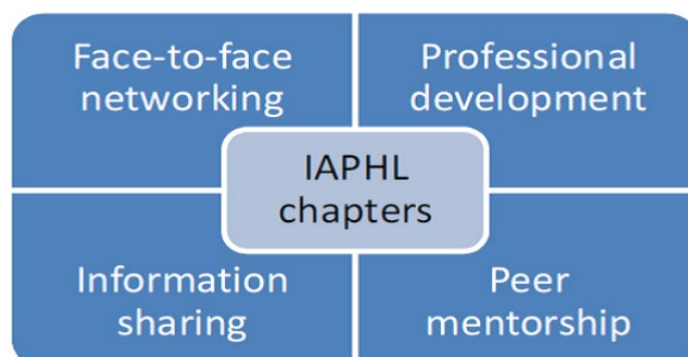
¹¹ Nelson, J. Measuring value: community of practice life cycle metrics. USAID Learning Lab. Undated presentation. https://usaidlearninglab.org/sites/default/files/resource/files/Dynamics%20Research%20Corporation_%20Life%20Cycle.pdf (accessed April 2021).

¹² Scaled Agile. Communities of practice. Last updated February 10, 2021. <https://www.scaledagileframework.com/communities-of-practice/> (accessed April 2021).

¹³ Sauermann, H., and Roach, M. Increasing web survey response rates in innovation research: An experimental study of static and dynamic contact design features. *Research Policy*. February 1, 2013; 42(1):273–286.

to facilitate membership, peer mentorship, and employment opportunities (see Figure 1: The Four Functions of IAPHL Country Chapters) shows the four IAPHL CC functions.

Figure 1: The Four Functions of IAPHL Country Chapters



CCs have yet to perform the professional development and peer mentorship functions shown in Figure 1: The Four Functions of IAPHL Country Chapters. Recruitment and resource mobilization are discussed in monthly meetings and are part of the CC agenda, and encouraged by IAPHL. IAPHL does not, however, provide formal criteria or guidance for CC governance, management, and coordination. Some chapters struggle with funding and technical content. CCs are led by volunteers, who often hold full-time jobs. Therefore, engagement varies across chapters, and participation is very low according to both IAPHL¹⁴ and KII.

“The chapters provide opportunity for local learning and educational opportunities, and active engaged at local level. They make it easy to interact at local level. They serve in the AGs role but they are not part of formal structure of IAPHL. It will make sense for IAPHL to provide rules of engagement for the country chapters to facilitate growth but allow organic growth, i.e., guidelines on branding and proper use of IAPHL resources and meeting the expectations.” —KII, IAPHL sponsor

To date, the only support provided to CCs is in the form of monthly meetings to which all CC leaders are invited and, where possible, office space or information technology assistance at JSI’s or partners’ project offices. IAPHL expects recently commenced spotlight interviews with CC leaders to generate further interest in the chapters.

Using recent funding from the Bill & Melinda Gates Foundation, IAPHL introduced its Small Grant Program, through which where CCs can apply for grants of \$100 to \$2,000 to support further growth and development, excluding salaries. Any CC receiving a grant must provide the foundation with the name of the person overseeing implementation and the goal and budget. There is no mention of whether grants cover operating costs, whether these fall under support for further growth and development, or how CCs might access financial resources once the foundation’s grant support ends.

The IAPHL Chapter Tracker includes 23 CCs, whether active or not. For instance, at the time of this writing, Benin, the Democratic Republic of Congo, Malawi, Mozambique, and Tanzania were listed but inactive. All chapter leaders are invited to participate in monthly chapter lead meetings. Annex 6: Country Chapter Leaders Attendance at Monthly Meetings presents attendance at CC lead meetings by country between May 2020 and January 2021¹⁵ (information for December was either unavailable or a meeting did not take place). Representatives from the Ghana and Sierra Leone CCs each attended five of the eight meetings. In contrast, representatives from the Liberia, Malawi, and US chapters each attended one

¹⁴ IAPHL Country Chapter Tracker.

¹⁵ Data for other months and years was unavailable.

meeting, either because a chapter was not active (Malawi) or was newly formed. Representatives from Angola, Benin, Côte d'Ivoire, the Democratic Republic of Congo, Mozambique, Pakistan, and Tanzania—one-third of all CCs—attended no meetings, although IAPHL states that the Pakistan CC is active.

During KIIs, respondents explained the South Africa CC did not yet exist but that SAPICS was happy to host it. SAPICS' February 2021 webinar launched the chapter by inviting South African public health supply chain operators that were IAPHL members to register for the CC. Its aim was to improve learning and knowledge sharing among those in the private sector (who are primarily SAPICS members).

IAPHL reports establishment of 22 CCs; some are in their infancy, and others are trying to reconstitute themselves. It is difficult to ascertain an accurate number of CC members, as the assessment team uncovered discrepancies between self-reported chapter membership figures, those of individual countries as listed in the KG, and information shared by the IAPHL secretariat. Self-reported chapter membership figures far exceed those in the KG. CC leaders reported that the number of active members attending CC meetings or activities is very small. For instance, the Nigeria chapter lead reported 7,000 members in the chapter, although only 1,600 members are registered as living in Nigeria, and only 50 appear active as reflected in IAPHL's global membership records.¹⁶ While it is understood that members are usually recruited outside the Listserv (i.e., through WhatsApp, telegram and MailChimp) and encouraged at monthly CC leaders' meetings, IAPHL affirms that it has reinforced its policies surrounding official membership only through the Listserv.

It is unclear how many of chapter members are also IAPHL global members; IAPHL does not have these records. This confusion is compounded by an outdated Listserv that may include inactive (as opposed to passive) members or those who are not listed under the correct country following moves. The Listserv figures on CC membership are as unreliable as the IAPHL's self-reported membership size.

According to KIIs with CC leaders, a key challenge with IAPHL management is a lack of partnerships with local organizations to devise context-specific strategies to address health supply chain issues within countries. KII respondents suggested that IAPHL should "sit at the table" with health ministries and other local stakeholders and should partner with other logistics associations that have emerged in the global South at the national, regional, and continental levels. Respondents mentioned examples such as the African Logisticians' Federation Associations and West African Logistician Association Federation. IAPHL has not fostered partnerships through CCs and, in some countries, including Kenya and Benin, there is growing misunderstanding of its role. One CC lead reported that they joined the local logisticians' association to reduce duplicative efforts. During the KII, they noted difficulties in the way decision-making occurs between IAPHL headquarters and CCs.

"We cannot have many associations in one country, addressing the same cause. IAPHL country chapter will continue to be part of the Benin association of logisticians. No need to duplicate efforts...[IAPHL] cannot be a big cooperation led by one person controlling the world. We need to look at the IAPHL structure" —KII, CC lead

CCs struggle to keep members interested and motivated and get them to volunteer and participate in CC activities. The reasons include lack of resources to organize learning sessions, lack of incentives for members to commit their time to COP activities (such as content development), bandwidth challenges, lack of reliable communication tools, and disruptions in business practices caused by the COVID-19 pandemic. Some CC members expect national chapters to provide employment opportunities (which is part of the stated IAPHL CC vision), although IAPHL has not provided guidance or managed CC members' expectations in this regard.

¹⁶ IAPHL Country Chapter Tracker external (1).

“Is there anything else you would like to say about IAPHL...? “Please IAPHL send me great ideas of how to have successful chapter. Having the big numbers of members but not effective is useless. For me it is a reputational problem to handle over an unsuccessful association. I want when I hand over this chapter should be a model or at least successful.” —KII, CC lead

3.1.2. AQ1.2. Are IAPHL Users Satisfied with the COP?

The majority of survey respondents had an overall favorable view of the IAPHL community and were generally satisfied with its components and services. All respondents reported enjoying membership in IAPHL and over 85 percent either agreed or strongly agreed that they were “satisfied with the resources that the IAPHL community provides.” Members also indicated a strong sense of belonging to the community. This reveals that IAPHL provides a relevant forum and platform that has attracted supply chain operators to learn about and interact with peers on common issues around public health supply chain management.

One of the few IAPHL blog posts (9th May 2019), “Top Five Reasons to Love IAPHL,” by Carolyn Hart, discussed community, professional growth, engagement in problem-solving and peer learning, opportunities to ponder how others do things, and personal development. IAPHL is, then, a community—a place of support and camaraderie.

“I experience IAPHL as a community, first and foremost—a group bound by common interests, passionate about similar things, and shaped by the daily realities of our collective mission: to ensure the availability of public health products wherever and whenever they are needed. And as a community, we are shaping the domain of public health supply chain management, a specialty that didn’t even used to exist! It’s so nice to be in a group that “gets” you. I also really enjoy witnessing the concern and respect with which IAPHL-ers treat each other.” —IAPHL blog post, May 9, 2019, Carolyn Hart, JSI

A strong sense of belonging could translate to COP members’ lenience and encouragement in collaboration, participation in knowledge development, and the development and sharing of best practices that could enhance members’ personal and professional development and improve supply chain management (SCM) operations and practices. All of these could contribute to better public health outcomes. These results are in line with the USAID’s mission for SCM capacity strengthening.

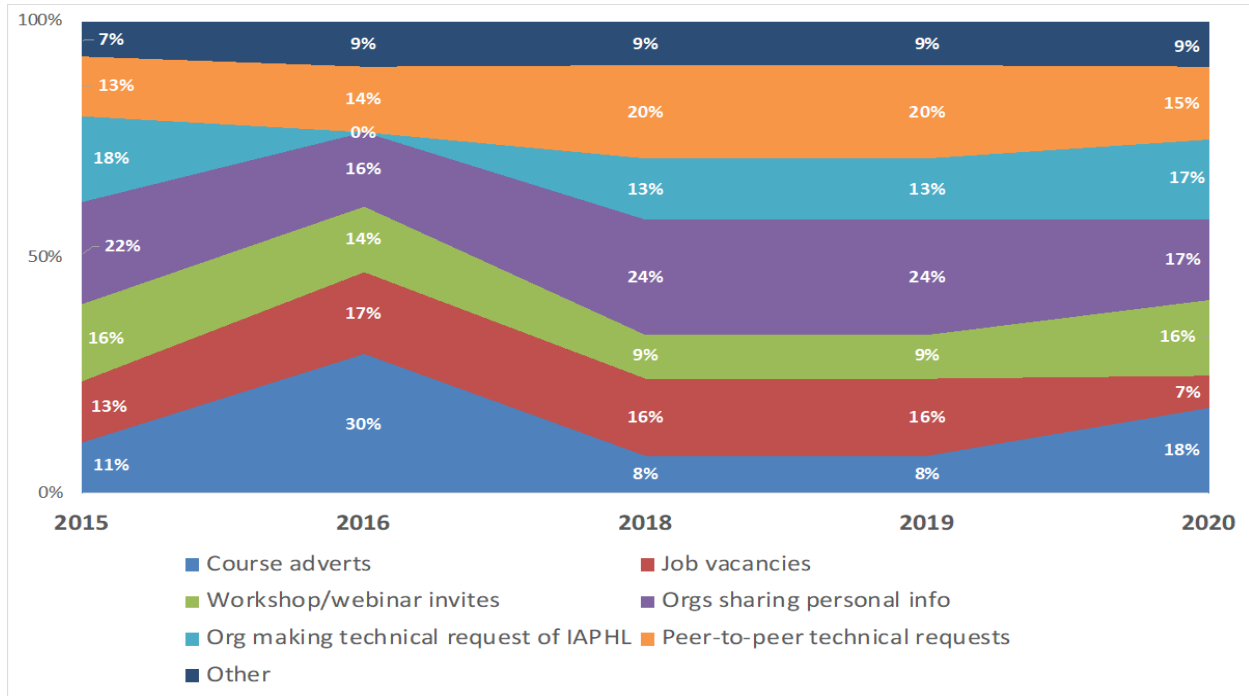
When asked about functionality of IAPHL services, most survey respondents agreed with statements related to the searchability of IAPHL directories, timely responses to Listserv queries, and IAPHL’s convenience as a means to connect with colleagues. However, respondents were less enthusiastic about functionality than satisfaction (as shown by far fewer “strongly agree” responses), indicating room for improvement in this area (e.g., the Listserv and KG lack a search function to locate past discussions, materials, members, or employers).

While users’ responses to online survey questions reflect general satisfaction with IAPHL, the assessment team’s content analysis of the KG found limited or no moderation of threads posted on the Listserv. Many are void of technical content (often serving only to thank or acknowledge others). Other stakeholder groups interviewed, such as members of the AG, observed a lack of understanding of what members want, IAPHL’s vision, and how it should be funded. In all KIIs, participants most often mentioned the lack of technical content as a red flag.

An analysis of peer-to-peer interactions from the KG by thread content reveals that around 20 percent of peers interact (see Figure 2: Analysis of KG Interactions by Thread Content). However, IAPHL neither validates nor consolidates the information shared (and does not provide appropriate links to any validated information). Every moderated discussion is assigned an expert moderator, often outside of IAPHL. A moderated discussion hosted by PATH on February 10, 2021, “Are Health Supply Chains Supporting People Living with Non-Communicable Diseases?” sparked interest among the COP, and the presenter

responded to questions on the Listserv. However, a former World Health Organization professor submitted evidence that the speaker’s response to a question about cold chain requirements for insulin was incorrect. This demonstrates the need for moderation even when presumably informed individuals share information, although moderation is more necessary for peer-to-peer exchanges.

Figure 2: Analysis of KG Interactions by Thread Content



3.1.3 AQI.3. What Does IAPHL Offer that Is Separate from or Complementary to Existing Products and Communities in the Field of Logistics?

IAPHL provides a forum and platform for members to network, exchange ideas, and improve their logistics skills through offerings such as webinars and moderated discussions. The main modes of interaction for members are linear Listserv response threads that all members see via email and/or in the KG. The Listserv also serves as a resource center that lists courses, job vacancies, webinars, conferences, and other relevant announcements—although it is not comprehensive, and members can access only limited information. Most postings on tabs dated from 2010–2013 or were recent and related to COVID-19. The calendar tab listed two events from March 2021 with no updates. The Listserv is low-tech and easy for most IAPHL members to access, including those in resource-constrained environments, because it requires only an email address to join and engage with peers. Moreover, members drive vibrancy, as they do not require permission from IAPHL headquarters to post queries or respond to colleagues. IAPHL membership and resources are 100 percent free, except for fee-based courses or conferences advertised through the KG.

“I like [IAPHL] because it is free, people come as they are and they are not judged” —KII, IAPHL sponsor

In over 35 interviews, key informants noted that IAPHL is the only Listserv-based COP cutting across countries and sectors that provides a platform for SCM, offering moderated discussions. Respondents noted that IAPHL’s reach to the world’s poorest countries and communities is a unique aspect of the COP.

“..It is the only listserv based COP with breadth (across countries and sectors), depth with distinct offering which is a platform for SCM, and moderation discussion. They reach to countries and communities that are poorest in the world.” —KII, peer group member

Eight in ten survey respondents agreed with the statement, “IAPHL provides me with all the supply chain information I need as a practitioner.” Furthermore, 63 percent agreed that, “There is no other virtual community that provides me with the services that IAPHL provides.” In fact, 62 percent of respondents said they belong to other SCM/logistics organizations and know of other organizations that provide similar, free services.

The assessment team’s landscape analysis confirms that, while peer-to-peer interaction may be a unique IAPHL feature, other organizations and COPs offer broader and more comprehensive services, thereby supporting the professionalization of health supply chain workers (see Annex 7: Landscape Analysis). Among the organizations studied, the ARC is probably the most comprehensive and technically sound. The Africa-based organization has no membership fee. It offers services through its Digital Workplace, which aims to improve the availability of medicines and health products in Africa. ARC does so by working with country health ministries to address critical areas for building more efficient and effective health supply chain systems and by partnering with relevant in-country stakeholders, including universities. ARC maintains Solution Centers in Eastern and Southern Africa and offices in Nigeria and South Africa. It operates in the public health and supply chain environment in Africa, building collaboration by connecting practitioners and shared knowledge through access to a network of supply chain experts and registration to its webinars and conferences, and by providing an exclusive online platform loaded with white papers, research studies, and articles related to the supply chain field. ARC targets members including representatives from the private sector, implementers, donors, academia, and supply chains in order to achieve its vision and mission of the universal availability of medicines and health commodities by 2030.¹⁷ ARC is managed by one mid-career knowledge management officer with the required technical expertise. There is a one mid-career person who is a full-time employee of the COP and the platform provider charges US\$7,000 per year for up to 10,000 members. This is less than the \$17,000 that IAPHL is charged for its platform. ARC envisages that a community larger than 10,000 might require a second officer (probably part-time).

3.1.4. AQ1.4. What Is the Overall Value-Add of IAPHL?

Eleven key informants commented that the IAPHL’s utility has changed as its administrators have changed. When the secretariat was based in Nigeria, from June 2017 to October 2019, members appreciated the communication and outreach and perceived effective good engagement with both members and stakeholders¹⁸. Under the leadership of the previous ED (from February to December 2016), members appreciated the activeness of the platform and the rigor and intellectual depth of discussions. A number of key papers written during this period discussed IAPHL’s vision, provided focus and direction through a business plan, and identified its differences from PtD. Unfortunately, however, insufficient financial resources made it impossible to implement IAPHL’s vision. A key informant and member of the AG criticized the current management for the lack of technical content and poor communication skills and understanding of members and what they require. Limited or no Listserv moderation and diluted Listserv technical content largely limited to postings of (paid) courses and webinars, along with limited membership

¹⁷ <https://www.africaresourcecentre.org/join-the-movement/>.

¹⁸ Note: The KIIs conducted with IAPHL members from Nigeria may be somewhat biased due to the increased support by the Secretariat at that time.

engagement and the absence of a vision and performance tracking measures detract from identifying any value-addition that IAPHL may offer.

- *“It has become too monotonous.”* —Sponsor and director of a supply chain organization
- *“IAPHL is not currently serving fully its original purposes. It has become a market place for jobs adverts and research data collection for companies and researchers.”* KII —Peer group member

The perceived value of IAPHL varies depending on the stakeholder. Some members of the AG believe that its large geographic footprint and number of members is probably seen as adding value, but that IAPHL lacks vision and technical merit.

“I don’t have strong vision for IAPHL, because I don’t have strong understanding of what is really their contribution as of now. I found it hard to find what else they can do. I therefore hesitate to advocate their growth in this way or that way, while their value proposition is something I question.” —KII, USAID

“Meetings are designed for self-validation or how to continue to validate ourselves. No mention of strategy, no discussion around [key performance indicators], just membership growth.” —KII, AG member

Members’ low participation in surveys, moderated discussions, CCs, and webinars may signal that IAPHL has reached a stage of winding down in the COP life cycle. COPs end when members realize that they have achieved a core objective or the COP no longer provides added value. One key sign that a COP is winding down or is in steady decline is member participation levels in events, reduced activity on collaboration platforms (such as the Listserv), and limited input from community retrospectives.¹⁹ It is also important to note that the movement of people among COPs is healthy for improved learning and collaboration. As mentioned under Limitations (section 2.4), the reduced Listserv participation rates could have been impacted by COVID-19.

IAPHL claims that it has brought attention to professionals working in the supply chain field. Policymakers pay attention to it, more people are aware of SCM, and IAPHL has brought USAID partners together on health supply chain issues. However, other organizations working in the SCM field (such as PtD) focus on human capacity development and also raise awareness of supply chain issues.

“IAPHL does not know about their value. There are no measures of success. Need to frame the IAPHL model to have clarity.” —KII, AG member

Given that the IAPHL has no performance measurements or an M&E framework in place and only anecdotal information of its impact, it is difficult to directly assess the added value that it provides.

“Quantity does not translate into impact. Need depth and insight to have change. Needs to be measurable impactful.” —KII, AG member

While users and stakeholders may have positive perceptions of IAPHL’s perceived value addition, in real terms, it is rivaled by a number of other organizations that offer similar services. Organizations that offer capacity building in SCM include CIPS, ASCM, PtD, SAPICS, PSA, HLA, and ARC. Associations that have active COPs and effective technical components and communication include ARC, i+academy, and HLA. Free membership is available through ARC, HLA (associate member), i+academy, and Technet21 (see Annex 7: Landscape Analysis).

¹⁹ <https://www.scaledagileframework.com/communities-of-practice/> (accessed April 2021).

“IAPHL need to decide what their value proposition is, are they into professional development at the country level or are they an online chat on supply chain issues?” —KII, AG member

“People have started to detach from IAPHL. Many associations have been created including the one for Africa. The [African Logisticians’ Federation Associations] (ALAF), I don’t see IAPHL the same way I used to see it....” —KII, Peer group member

3.1.5. AQ1.5. In What Ways Does IAPHL Contribute to the Professional Advancement Among Its Members?

The IAPHL’s knowledge management approach does not meet the needs of some members. The KG thread analysis shows that peer-to-peer professional interaction on SCM is low, only between 13 and 20 percent of threads from 2015 to 2020, and only 7 to 17 percent of threads are related to job vacancies. Free courses are posted without charge on IAPHL’s website, while sponsors can post paid courses. Although the KG provides information on professionalization services, professional advancement seems to depend on an individual’s ability to pay and attend courses. IAPHL does not develop any technical content and thus does not offer its own or sponsored courses. This includes webinars, even if the organizer collaborates or partners with IAPHL. The ED does not appear in these webinars, and IAPHL’s role is not acknowledged. Moreover, participation in webinars is low. The Ambassador program, which provides scholarships to cover conference attendance costs, in return for posting technical content from the event back to the members via the Listserv, is limited to only a handful of attendees each year.

“On this platform there should be something for seasoned members and for young graduates.” —KII, sponsor

Through the assessment’s online survey, members reported that IAPHL contributes to their professional development and career advancement, although IAPHL has never attempted to measure this. The majority of the respondents agreed or strongly agreed with statements that IAPHL helps them “feel like a respected member of their community” (83 percent) and “form professional relationships they may not otherwise have had” (83 percent), and that IAPHL is helpful for their “career advancement” (84 percent). Fewer respondents agreed that IAPHL helps them “conduct day-to-day professional tasks” (74 percent). Responses to open-ended questions about the ways in which IAPHL has contributed to their professional advancement were mostly positive but varied among members.

- *“It impacted on many ways such as information dissemination sharing, update of knowledge on logistics and supply chain.” —Male, 45–59, Nigeria*
- *“It has helped me to network with organizations and individuals abroad, and thus strengthen my supply chain development and capacity building.” —Male, 30–44, Solomon Islands*
- *“Not much in terms of professional development other than a few exchanges of thoughts” —Male, over 60, United States*

Summary of Findings for AQ1, Value and Impact: What is IAPHL’s unique value proposition?

Membership size is seen as a unique key feature of IAPHL given the perception of size—8,000 members spanning 150 countries. The assessment team argues that the membership size is smaller; only 503 members responded to the online survey (which according to literature likely represents 10 to 30 percent of the overall membership size); there is minimal engagement in moderated discussions (on average 14 in 2020), webinars, and CCs (estimated in the literature at 10 to 15 percent); according to the ED, around 500 people are no longer members; and the assessment team found 100 duplicate email addresses in the KG content analysis. Looking at social media, there are 1,574 members on Facebook and 1,843 on LinkedIn. Considering this information, the assessment team estimates the IAPHL community to comprise 1,680 to 5,000 members—but more likely around 2,500.

The key value that online survey respondents identified was a platform through which they feel a sense of community and that provides professional development opportunities and knowledge to perform their jobs better. Members can communicate with other members through the Listserv without paying a membership fee, unlike other COPs.

However, key informants did not consider IAPHL to have a unique value proposition other than its geographic footprint and size, as a number of competitors in this space provide similar or better services than IAPHL.

The findings of this assessment show low member participation in COP core activities, indicating that the IAPHL may be winding down in the COP life cycle. COPs end when its members realize that they have achieved a core objective and the COP no longer provides value.

The assessment team notes a distinction in the definition of this community. IAPHL is presently referred to as a COP, which is typically defined as a group of individuals who “share a concern or a passion for something they do and learn how to do it better as they interact regularly.”²⁰ Given the limited number of interactions on the Listserv and moderated discussions, the assessment team would designate the IAPHL as more of a community of interest, in which individuals are loosely connected by a shared interest or passion but interaction is more sparse or irregular.

3.2. AQ 2. STRUCTURE AND SUSTAINABILITY: WHAT IS IAPHL? WHAT IS THE ULTIMATE STRUCTURE TO ENABLE IAPHL TO SURVIVE AND THRIVE AND CONTINUE TO OFFER GREAT VALUE TO ITS MEMBERS?

- *“IAPHL needs depth and insight to have change.” —KII AG member*
- *“IAPHL needs to decide what their value proposition. Are they into professional development at the country level or an online chat on supply chain issues?” —KII AG member*

3.2.1. AQ2.1. What Is the Current Organizational Structure/Role of IAPHL?

IAPHL is a COP or a community of interest. It is governed by JSI and uses a Listserv as its main platform for member engagement on SCM issues of interest. It is not an independent association as the name suggests, but rather an informal community of practice or interest.

Under its current organizational structure, the IAPHL administration has three main components:

²⁰ Wenger, E., 2010. Communities of practice and social learning systems: the career of a concept. In Social learning systems and communities of practice. (pp. 179–198). Springer, London.

- (1) The IAPHL, is housed under JSI's non-profit JSI Research & Training Institute, which is a US charitable organization with 501(c)(3) tax status (meaning that donations can be tax-deductible). JSI provides infrastructure support (space, telecommunications, technology), *ad hoc* technical staff, and operations (payroll, accounting, etc.). IAPHL utilizes a staffing structure where they are able to access multiple staff with different skill sets depending on the requirements of the IAPHL community. Conceptually, IAPHL retains separate but affiliated status as a membership organization and not a JSI project. The JSI Vice President oversees IAPHL, with supervision by Senior Advisor Carmit Keddem. A part-time ED and a part-time COP manager/project officer in Washington, D.C. manage the IAPHL secretariat. The staff size of the secretariat fluctuates regularly. The current ED (since 2019) provides overall management, engages with the COP, reads, reviews and vets every single Listserv message, supervises the COP manager/project officer, reports to Palladium and the AG, and promotes IAPHL in conferences and relevant fora. The COP manager/project officer is responsible for administration and finance and day-to-day activities. She also manages COP social media and provides support to CCs.
- (2) IAPHL's Advisory Group (AG) is an informal body that provides advice and direction but has no official governance responsibility or authority. It comprises stakeholders from entities including USAID, JSI, CCs, and relevant partner organizations. The AG meets twice yearly and focuses on membership growth and sponsorship. Most AG members interviewed were not aware that the AG has specific terms of reference.
- (3) As mentioned above, IAPHL has established CCs in 22 countries. Members may meet face-to-face, attend chapter meetings to discuss topics of interest, facilitate membership and peer mentorship, and share employment opportunities.

From June 2017 and to October 2019, in an effort to be closer to the membership and with funding support from the Bill & Melinda Gates Foundation, the IAPHL secretariat was based in Abuja, Nigeria, where the ED was supported by three junior officers in the JSI country office. The location in Nigeria did not increase USAID funding for IAPHL, which has remained fairly stable since the organization's inception. The KIIs revealed that members from the global South appreciated the presence of the secretariat in Nigeria, citing reasons such as easy communication and noting that management had a better understanding of the working environment and the challenges and thus were better engaged with other stakeholders. Key informants from the AG mentioned that the IAPHL was more relevant and engaged when it was based in Africa.

Key informants reported that the main challenges with the current IAPHL structure include limited governance, accountability, and leadership and the lack of a formal implementation or M&E plan. At the time of data collection, USAID provided funding through a Health Policy Plus (HP+) pass-through via the Palladium Group, thus Palladium—not USAID—was accountable to provide direct oversight. However, USAID participates as an AG member and can provide guidance and advice in that capacity. It is noteworthy that twice-yearly AG meetings consist of presentations by the ED followed by question-and-answer sessions, with no follow-up or discussion of key issues such as the grant-making cycle.

3.2.2. AQ2.2. What Are Some Potential Barriers to the Long-Term Sustainability of IAPHL?

IAPHL requires donor funding to operate. Its four primary funding sources are: (1) USAID, which supports the majority of IAPHL activities; (2) JSI in-kind contributions; (3) IAPHL sponsors; and (4) grant funding from the Bill & Melinda Gates Foundation. However, a lack of clarity regarding the IAPHL's outcome and impact measures may reduce the potential for donor buy-in or continued funding.

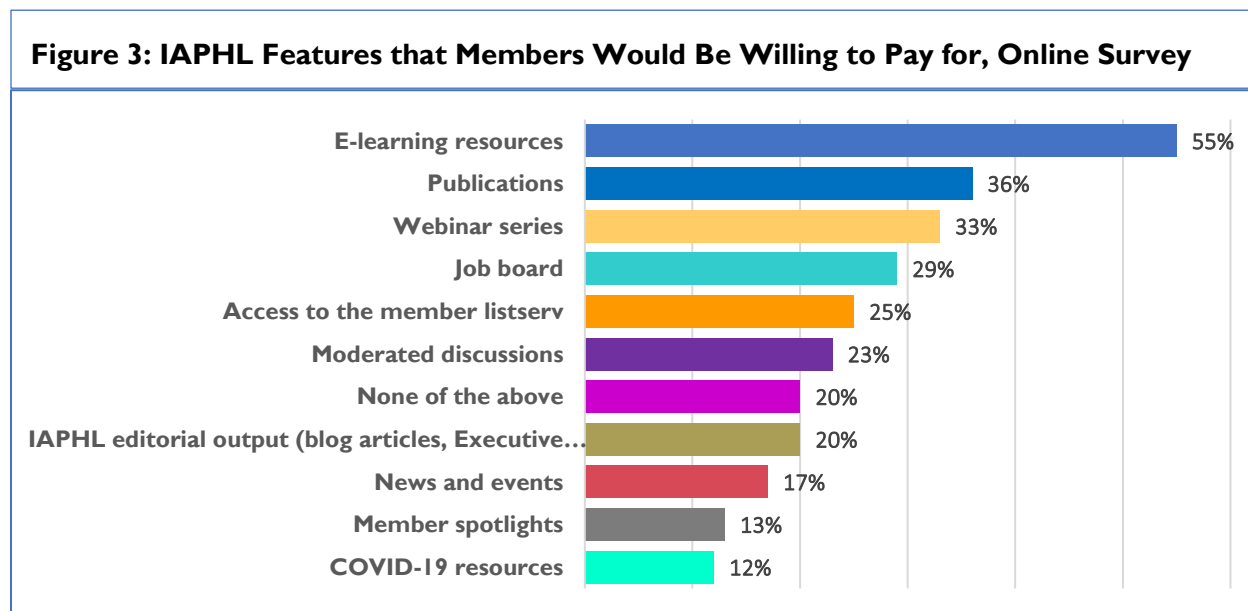
While IAPHL has made efforts to attract more funding through wider sponsorship or proposals,²¹ its model is not built to be sustainable, as an AG member stated:

“Donors need to really understand the IAPHL organizational model and accept it is not self-sustaining.” —KII, JSI

Some sponsor organizations make frequent announcements on paid courses on IAPHL’s Listserv. This may be perceived by some members to interfere with the technical content and learning aspect of the COP.

The assessment team explored barriers to IAPHL’s long-term sustainability, with special emphasis on members willingness to pay for its services (see section below “Willingness to Pay” for more details). Barriers to sustainability as reported by the KIIs included the fact that IAPHL was part of JSI and therefore, it was perceived that JSI should pay for their staff salaries and respondents should not use their personal resources to fund JSI. Many KIIs mentioned the lack of technical content and the lack of moderation of costs which diminished the value of IAPHL.

Willingness to Pay



The online survey assessed willingness to pay for IAPHL membership. In responding to open-ended questions and in KIIs, many members valued the fact that IAPHL is a free service. However, 63 percent of survey respondents said they would be willing to pay some amount for annual membership. The most commonly mentioned amount was \$50 but responses ranged from \$10 to \$200. When asked which IAPHL features they would be most willing to pay for, respondents most frequently mentioned e-learning resources, publications, and webinar series (see Figure 3: IAPHL Features that Members Would Be Willing to Pay for, Online Survey). The evaluation team’s analysis disaggregated willingness to pay by level of education, finding that two-thirds (67 percent) of respondents who lacked a secondary degree were unwilling to pay. This is significant, as this group is IAPHL’s target. Especially in developing countries, supply chain management often is not considered to require specialized training or a college degree. There was no significant difference in willingness to pay among age groups, although those most willing ranged from 30 to 44 years (58 percent). Most respondents under age 29 and those with no college degree were

²¹ Two unsuccessful proposals were submitted to Takeda and two successful proposals to the Bill & Melinda Gates Foundation.

unwilling to pay. Interestingly, respondents with mid-level experience in supply chain jobs (four to six years of experience) were more willing to pay (70 percent) than those with more experience, as this group was keen to gain more knowledge, advance in their work, and command higher salaries.

Respondents who were unwilling to pay a membership fee most often cited lack of financial resources, the ability to access free resources elsewhere, and a belief that such resources ought to be free.

- *“I can get same information and interactions with other expert by another way without paying.”* —Member, Democratic of Congo, 45–59
- *“I think to share knowledge and experience must be free.”* —Member, Madagascar, 45–59
- *“No, so rich”* —Member, Pakistan 45–59

Findings from the KIIs show that some CCs already charge or plan to charge membership fees. For example, the Burundi CC charges the equivalent of \$100 annually, the Zimbabwe CC plan to charge in the future, and other CCs are discussing whether to charge.

“I don’t think they can be self-sustaining without donor support. I don’t see paid membership as a realistic path because they will not be able to maintain same number of members. They don’t offer enough to ask for a fee, in addition to the challenges to administer a membership fee from all over the world.” —KII, USAID

3.2.3. AQ2.3. In What Ways Could IAPHL Be Improved to Better Meet the Needs of Current and Future Members and Map Out a More Sustainable and Strategic Pathway Forward?

IAPHL’s mission is to enable people working in public health supply chains, especially in the global South, to connect, learn, and succeed. IAPHL promotes itself as a platform with more than 8,000 members in 150 countries²² who seek practical learning in SCM in order to improve the health programs in which they work. The IAPHL focuses on peer-to-peer learning through the sharing of best practices among members. Members tap into this collegial and responsive COP to get cutting-edge, tested solutions and feedback.²³

Accomplishing this mission requires strong oversight, technical competence, and good management. The assessment exposed capacity challenges in the oversight, management, governance, and administration functions at the IAPHL secretariat. Additionally, IAPHL lacks a results framework and does not measure or report on performance or impact measures.

The secretariat is currently involved in business and partnership development as well as day-to-day technical, management, and administrative functions. With only two or three part-time staff members, it is been challenging for the team to carry out these roles efficiently. Thus, there is a need for strategic division of work among the secretariat, AG, and JSI on key issues such as fundraising and outreach, day-to-day management, knowledge management, communication, and CC support, given that USAID’s financial support has remained relatively stable over a decade.²⁴ During the tenures of the previous EDs, in 2016 and from 2016 to 2019, the COP was run relatively more effectively.

The secretariat needs to focus on maintaining the health of the COP by (1) moderating the Listserv (2) fostering trust, (3) ensuring the rapid flow of communication and shared awareness, and (4) developing a body of technical knowledge. To do this, the secretariat will need to develop high-quality knowledge

²² The latest figures are somewhat higher.

²³ IAPHL results report for October 2019 to September 2020 for HP+.

²⁴ On average, IAPHL has received around \$300,000 yearly from USAID since 2013. The exceptions are \$435,206 in 2013, \$194,568 in 2016 (partial year and extension), \$435,694 in 2017, and \$375,000 in 2018.

management products. None of this will be possible without knowing what members require, and how to pay for what is needed. A lack of performance measures and impact tracking (IAPHL focuses exclusively on process) does not facilitate growth or performance. Under its current structure, IAPHL cannot professionalize SCM, given that it generates no technical content and is not able to ascertain the supply chain competence of members.

One of the greatest challenges that IAPHL faces is how to achieve its stated purpose. According to IAPHL, limited finances have been a major challenge in meeting members' expectations and implementing an M&E plan, since most resources provided by USAID are spent on salary and overhead. IAPHL also struggles to understand how to continue to offer services that members need with its limited resources and how to fit into the larger broader community of supply chain professional associations—and what role it and its members can play.

The assessment found that IAPHL members have achieved higher educational levels than expected, given that public health logisticians—despite their critical roles in providing life-saving health services—are often undervalued. SCM is often not recognized as a profession that requires specialized training or higher education, especially in developing countries. Still, nearly one in three online survey respondents (29 percent) hold university degrees, and two-thirds (67 percent) hold post-graduate degrees (see Annex 6: Country Chapter Leaders Attendance at Monthly Meetings). The remaining 4 percent do not have a university degree. Only 31% work in the public sector; the rest in the private sector and for NGOs, donors, and humanitarian supply chain sectors. To address the needs and interests of all these members, it is important for IAPHL to understand the services they need. Not all members are public health logisticians. According to the KG (April 14, 2021), IAPHL seeks to learn about the professional needs of members and how it can provide greater value through its service offerings. This recent post supports the evaluation team's findings that IAPHL has yet to fully understand the needs of its members.

CCs could be helpful in uncovering this information with strategic support and by building partnerships with health ministries and relevant institutions working in the health SCM space at the country level. Most CC leaders commented on the lack of funds to support activities, as well as a lack of communication tools and direction. They also cited lack of coordination as a barrier to optimizing IAPHL's value at the country level.

The online survey asked for suggestions for how IAPHL could improve its services to meet member needs. In terms of professional development, the majority of respondents wanted more opportunities for free learning or training in SCM issues. Many, noting the valuable role of CCs in increasing local professional development, requested greater emphasis for and support for CCs.

- *“Access to more training opportunities.”* —Male, 30–44, Uganda
- *“If there could be reduction in the funded courses. I have always tried to register to do some of the courses but cannot afford the cost involved.”* —Male, 30–44, Ghana
- *“Strengthen country chapters. This will ultimately result in improved professional development of its members.”* —Male, 45–59, Tanzania

The online survey also solicited suggestions for improving connections and communication among community members. Again, many respondents identified CCs' ability to reach members with local SCM solutions. Several also suggested improved technical features, like directories of member contacts, which would facilitate peer-to-peer outreach. Respondents also mentioned the need for more or consistent live connections through online meetings or webinars.

- “Creating a directory of members to capture contacts, workplace, job role, etc. Thus, questions asked can be targeted to members in a specific industry and improve engagement.” —Male, 18–29, Nigeria
- “The starting point is the country charters. I don't know about others but we hardly meet to discuss or address supply chain issues in our country.” —Member, 30–44, Zambia
- “Regular online meetings” —Member, over 60, Philippines

In order for IAPHL to attain a structure that enables it to survive, thrive, and continue to offer value to its members, it must revisit its vision and mission, understanding (1) its client base, (2) what other organizations provide in the SCM landscape, and (3) where funding will come from. This knowledge will build understanding of the value that IAPHL brings and enable it to lean into its key differentiators. Until the IAPHL answers these questions, it is unproductive to discuss a specific, suitable structure.

In the assessment team’s opinion, the IAPHL will need at least a three-layered independent structure—a **secretariat, a technical advisory committee, and the senior management.**

- **A two-member secretariat** is adequate to manage a community of less than 5,000 members, assuming competence in management, coordination, moderation, communication, and the development of knowledge products. A mid-career director or COP coordinator and a community manager with these skills would be sufficient. Their main focus should be the day-to-day management of COP operations.
- **IAPHL’s technical advisory committee:** As part of JSI, IAPHL has access to a pool of technical expertise at no cost that can provide technical guidance, host some online posts or moderated discussions, or support the development of some knowledge products and technical proposals.;
- **Senior JSI management** can provide overall leadership with a focus on strategic direction, sustainability, staffing, and resource mobilization. As the majority of CCs and members are in the global South, relocating to Africa will ensure that discussions, engagement, and support to the CC are timely, relevant, and applicable.

Summary of Findings for AQ2: Structure and Sustainability

IAPHL has been under the JSI Research & Training Institute, with separate but affiliated status. The JSI vice president oversees the COP. A part-time ED and COP manager/project officer manage the IAPHL secretariat. The AG is active but has no authority over the COP, and most of its members are not aware of the AG’s terms of reference or have any role other than attending twice-yearly meetings. The secretariat considers itself under-resourced; lacking a pool of resource providers, it could negotiate inputs from JSI at no cost. IAPHL maintains a “can’t do with no extra money” attitude. In fact, its vision statements are considered aspirational by IAPHL and are therefore accomplished incompletely due to the lack of funding and limited engagement. However, in JSI’s view, the IAPHL is not funded to its full potential. It does not financially support CCs, for example, although it holds monthly discussions with available CC leaders.

Some potential barriers to IAPHL’s long-term sustainability include: (1) JSI does not consider IAPHL a sustainable model and expects donor funding in the future; (2) IAPHL is unable to provide evidence of impact and lacks clear outcomes and impact measures, limiting potential donor buy-in; (3) the organization does not offer valuable, fee-based services to members; (4) the COP’s current knowledge management approach does not meet members’ needs, leading some to leave the COP; and (5) globally, other organizations and COPs (e.g., ARC) offer similar activities but present a nimbler structure and approach, and some IAPHL members enjoy membership in those organizations.

IAPHL's inadequate management and oversight capacities are reflected in areas including knowledge management, M&E, and support to CC functions to meet the needs of members and donors. The COP lacks a sustainability strategy. Its sponsorship strategy has failed to bring in enough resources and often interferes with the technical knowledge and learning aspect of the COP platform. Therefore, the future of the COP depends to a great extent on donor funding.

The ultimate structure that will enable the IAPHL to survive, thrive, and offer value to its members largely depends on the services it will offer and the membership it pursues. IAPHL needs to start by establishing a stronger and interlinked three-layered structure consisting of a secretariat, a technical advisory committee, and senior management, with special linkage to the field and CCs.

3.3. AQ 3. MEASURABILITY AND APPLIED LEARNING: HOW CAN IAPHL CONTINUE TO MONITOR AND DOCUMENT ITS OUTCOME AND IMPACT?

3.3.1. AQ3.1. What Are Existing Monitoring and Assessment Procedures that IAPHL Uses to Document Outcome and Impact?

“No, we don't have tools, we only review growth of membership over years, and we know people read e-mails—they tell us.” —KII, IAPHL ED

IAPHL has no stated performance metrics with which it can document the outcomes or impact of its COP interventions. It periodically conducts surveys to gauge member satisfaction and needs (the last one was conducted in 2019). The assessment team found no evidence of how (or whether) IAPHL used the findings to improve the COP or derive value.

Notwithstanding the existence of basic, widely known, and accepted standard M&E procedures for COPs and membership organizations in the for-profit and non-profit sectors,²⁵ IAPHL has not developed an M&E plan. However, the IAPHL does report to Palladium (HP+ pass-through), and the assessment team reviewed two reports (one covering 2017 to 2019 and the second covering 2019 to 2020). Both include indicators derived from USAID's Population and Reproductive Health Office (PRH) results framework and indicators developed in 2012 for family planning/reproductive health (FP/RH) monitoring, which mandatory for all projects/activities receiving PRH funding (see Table 3: Indicators in the PRH FP/RH Results Framework (2012) and Indicators Reported on by IAPHL (highlighted) below).

Table 3: Indicators in the PRH FP/RH Results Framework (2012) and Indicators Reported on by IAPHL shows that IAPHL reports on six of the 16 PRH FP/RH indicators:

- I.2: Promote best practices and standard-setting
- I.3: Create, nurture, and participate in global partnerships, including with non-traditional partners
- 2.1: Support innovation through biomedical research, health systems and social sciences research, and implementation science, drawing on field experience and knowledge

²⁵ USAID Learning Lab's guidance document, *Modern Communities of Practice: Recommendations for Building, Maintaining and Measuring Impact*. The key recommendations in this document are (1) to develop a conceptual framework, (2) set meaningful expectations, (3) assess the value created, (4) take advantage of online analysis tools, (5) use existing tools for assessment, and (6) Leverage social media.

https://usaidlearninglab.org/sites/default/files/resource/files/Modern_Communities_of_Practice_2014.pdf.

2.2: Develop and evaluate innovative tools, technologies, and approaches to improve program effectiveness

3.1: Provide direct and virtual technical expertise to the field

3.3: Assist the field in building local capacity to strengthen health systems

Table 3: Indicators in the PRH FP/RH Results Framework (2012) and Indicators Reported on by IAPHL (highlighted)

Intermediate Result (IR) 1.0: Global leadership demonstrated in FP/RH policy, advocacy, and services	IR 2.0: Knowledge generated, organized, and disseminated in response to program needs	IR 3.0: Support provided to the field to implement effective and sustainable FP/RH programs
I.1. Elevate FP/RH on international agenda	2.1. Support innovation through biomedical research, health systems and social sciences research, and implementation science, drawing on field experience and global knowledge	3.1. Provide direct and virtual technical expertise to the field
I.2. Promote best practices and standards-setting	2.2. Develop and evaluate innovative tools, technologies, and approaches to improve program effectiveness	3.2. Establish and manage procurement mechanisms that are responsive to mission needs
I.3. Create, nurture, and participate in global partnerships, including with non-traditional partners	2.3. Capture, evaluate, synthesize, and package information to support evidence-based practice	3.3. Create partnerships to advance field programs, including public-private, south-to-south and academic institutions
I.4. Lead U.S. Government strategic direction and linkages	2.4. Support population-based surveys and other data collection and analysis	3.4. Develop sustainable sources for commodities
I.5. Leverage FP/RH resources globally	2.5. Develop, test, and validate metrics for program monitoring and performance	3.5. Assist field in building local capacity for strengthening health systems
	2.6. Strengthen performance and impact evaluations	

Note: Indicators shaded in blue are those that IAPHL reported to Palladium.

Due to the unsuitability of the results framework and a reluctance to provide performance measures in reporting to Palladium, IAPHL’s activity report for the period from October 2019 to November 2020²⁶ shows a series of activities over those 14 months but no quantitative measures or evidence to show how the initiatives supported members or created value or impact. IAPHL holds the opinion that only development projects require results frameworks with baselines and targets. The ED does not consider IAPHL a project and, therefore, does not believe it should use the same accountability standards.

²⁶ IAPHL Final Report Deliverable 2 to Palladium, 2019–2020.

“We are not a project with baseline and targets—I have told [the USAID AOR] we cannot do it.” —KII, IAPHL ED

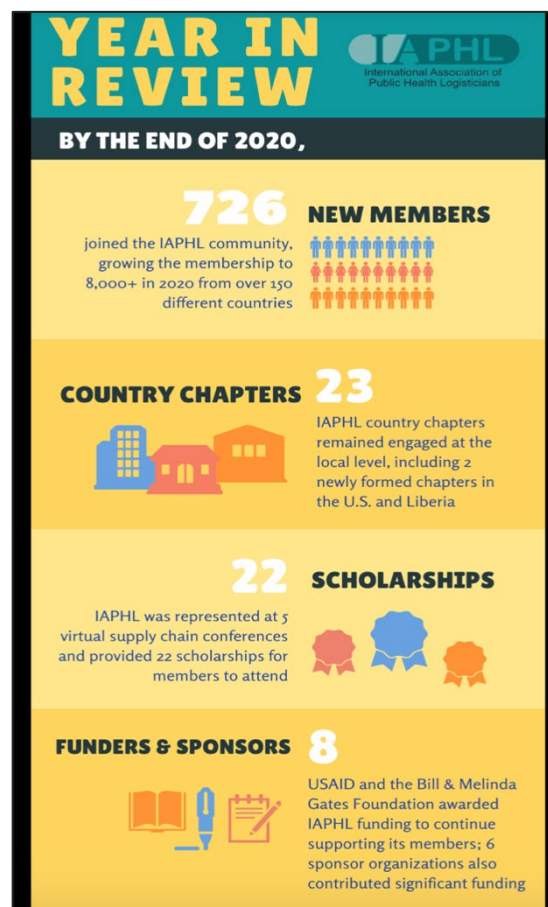
This reflects some resistance to suggestions for improved measurability and applied learning on the part of IAPHL management. The ED in particular believes there is no appropriate methodology or approach for a COP to measure its outcomes and impact, other than the 2012 PRH FP/RH Results Framework:

“...I am a member of Practice managers from over 40 organizations and none has an answer on how to explain return on investment from a COP.” —KII, IAPHL ED

Interestingly, return on investment is not an analysis suitable for a COP.

IAPHL does report to the AG on four process indicators on the number of new members, CCs, scholarship recipients, and funders and sponsors (Figure 4: Metrics Shared by IAPHL in 2020).

Figure 4: Metrics Shared by IAPHL in 2020



The ED acknowledged that IAPHL could demonstrate the impact of its work by conducting field research through CCs, if given additional financial resources to implement this project.

“We are not free, COPs costs money, and we are not a foundation.” —KII, IAPHL ED

During data collection, the assessment team noted that IAPHL management recently asked CC leaders to begin to document their experience and prepare success stories about how IAPHL’s impact on their SCM career development. However, it is not entirely clear how well IAPHL has tracked CC activities and the engagement of their members, given that CCs have no upward reporting requirements.

In interviews, other stakeholders pointed to lost opportunities to improve IAPHL’s M&E performance. The organization has no requirements for M&E plans or work plans to include specific timelines or levels of work plan execution. A key informant noted that, as IAPHL is housed within a technically capable organization, it could have benefited from JSI’s in-house M&E expertise. Another key informant and AG member noted that AG is not utilized to its fullest extent, resulting in missed opportunities to track and improve performance measures.

- “With the wealth of technical expertise drawn from years as a USAID contractor, IAPHL could have deployed JSI to assist with putting together a performance framework” —KII, AG member and peer
- “The Advisory Group gives advice, that is all.” —KII, JSI

3.3.2 AQ3.2. What Are Some Possible Ways to Introduce Improved Monitoring and Assessment Systems into IAPHL?

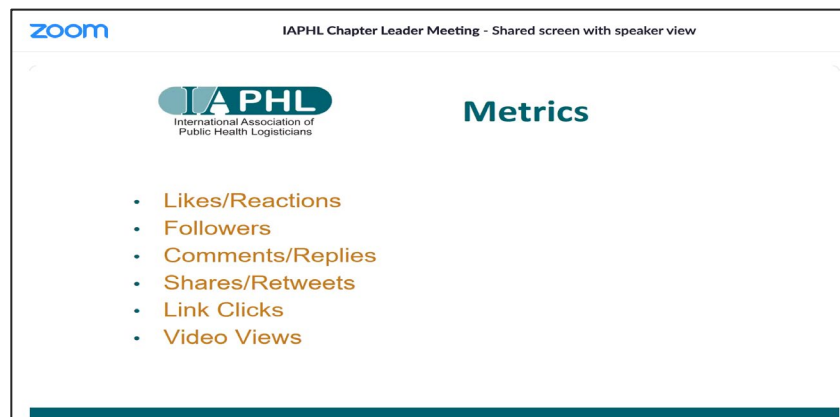
IAPHL has no discernable M&E system or results framework and does not use any of its web-based functions to track or monitor use and improvement. While annual surveys are useful, they do not paint an accurate picture of quotidian use and must be bolstered by a regular M&E plan. The first and most important step is to establish a clear M&E system (with a theory of change, results framework, and M&E plan) that helps connect activities to clear and measurable outcomes aligned with IAPHL’s mission and goals. These could be translated into M&E activities such as web statistics, light-touch community feedback mechanisms (such as lightning surveys of one to three questions) and improved assessment of satisfaction and needs immediately following offerings such as webinars or moderated discussions.

The total lack of reporting on web statistics is a lost opportunity. Unique and repeat visits to the website and social media engagement should be tracked monthly; replies and queries on the Listserv counted; and new membership requests, links clicked, and attendance at JSI or other webinars to which the IAPHL community is invited tracked routinely. The entire M&E system, and especially the M&E plan, would require accountability to oversight by the funder to ensure it is carried through and reported with regularity.

The IAPHL webinar, “Reaching your audience through social media” (November 25, 2020, see Figure 5: IAPHL’s Suggested Social Media Metrics for CC Leaders), suggested a set of metrics to CC leaders to determine the success of chapters’ use of social media. IAPHL reports these social media indicators to the AG. Some indicators, such as comments and replies, link clicks and views, and/or webinar participation, can be used to monitor Listserv interaction.

“IAPHL needs to move away from the mind-set of we can’t do if no money.” —KII respondent

Figure 5: IAPHL’s Suggested Social Media Metrics for CC Leaders



The assessment team proposes the indicators listed in Table 4: Suggested Metrics for Measuring IAPHL's Performance and Impact, subject to validation, if and when IAPHL develops a strategic or project performance plan, to help it monitor and measure the impact of its activities. All metrics and learning activities should relate directly to a specified set of articulated outputs, outcomes, and impacts that aligns with IAPHL's mission and vision. The assessment team suggests that IAPHL use indicators in Table 4: Suggested Metrics for Measuring IAPHL's Performance and Impact to measure performance and impact (the team adapted these metrics from the USAID Knowledge Management and Learning Lab).

Table 4: Suggested Metrics for Measuring IAPHL's Performance and Impact

Purpose	Data Source
Result Level: Outputs	
Matrix: 1. Measure of growth	
To continue to monitor IAPHL growth and the penetration of membership	Registries, Listserv
Result Level: Intermediate outcome	
Matrix: 2. Activity measure 3. Monitor the vibrancy of communications and whether the communications are meeting community needs	
Monitor and measure the amount of interactions among the members to establish periodic increased/decreased interactions among members (new and old). For example, include online communications, email exchanges, as well as the number of documents uploaded or downloaded. Calculate a replies-to-discussion ratio.	Listserv, website
Result Level: Outcome (1)	
Matrix: 4. Monitor the page-visit-to-member ratio or the active participation rate (posts with technical content + discussions + replies and unique visits)	
These can reveal whether the organization is meeting the community's needs.	Listserv website
Result Level: Outcome (2)	
Matrix: 5. Assess potential knowledge transfer to each member	
Monitor and assess listserv and page visits to members' ratio as a way to measure potential knowledge transfer to each member. This will help to understand IAPHL growth and the relevance of its activities.	Listserv, website
Result Level: Outcome (3)	
Matrix: 6. Ratio of member participation & reply to discussion	
This helps to determine whether the IAPHL COP is meeting members' needs. Monitor and analyze member participation to establish reply to discussion ratio & answer to question ratio.	Listserv
Result Level: Impact (I) Relevance	
Matrix: 7. Map IAPHL- implemented activities against its core objectives and mission	
The objective is to establish whether IAPHL still aligns with its stated objectives and purposes or if it needs to take corrective actions.	Desk review of IAPHL's activities and report

Purpose	Data Source
Result Level: Impact (2) Measure of efficiency	
Matrix: 8. Measure IAPHL's operations and overall productivity and impact on its members	
Measure IAPHL's impact and the core results of its interventions through success stories coming from the members in their SCM day-to-day work Understand core results of IAPHL interventions	Collect field stories and publish them in periodic newsletters, blogs and reports Collect, document or compile best practices and experiences from the field showing changes in the way members perform provided by members and stakeholders. Publish them in periodic newsletters, blogs and reports, and share them widely. For this, IAPHL will request frequent feedback from its members and stakeholders.
Result Level: Impact (3)	
Matrix: 9. Estimate IAPHL's return on investment	
To ascertain members' perceptions of the value of IAPHL interventions	Conduct a survey to establish the perceived value of IAPHL activities. Use quantifiable indicators such as time, money, and lives saved etc. IAPHL can also pair quantitative findings with supporting anecdotes to provide context and personalize the data collected. For example, " IAPHL has saved countless hours for me as a SCM practitioner. Having one source to find the information I need allows me to help clinics with their SCM issues, which has led to fewer problems and reduced stress within my unit."

Summary of Findings for AQ3: Measurability and Applied Learning.

IAPHL utilizes a 2012 PRH results framework for FP/RH to report indirectly to USAID through the HP+ pass-through, which is the standard protocol for all PRH funded projects/activities.

IAPHL has no M&E and learning capacity. This is despite having been a USAID-funded program for many years. IAPHL has conducted annual member surveys, but these do not provide sufficient data for program MEL because they do not focus on specific KPIs.

Although IAPHL has over time reported membership growth and results from online surveys, the COP lacks a formal and relevant M&E system to systematically track results of its activities at various stage, such as at inception, coalescing, growth, and maturity.

IAPHL does not document the impact of its interventions or properly track member status. Its resistance to producing basic, well-known, and accepted metrics such as annual response rate, which measures how actively members respond to posts and queries, limits IAPHL growth. The same level of effort put into securing sponsorships should be devoted to providing technical content. This assessment concludes that M&E requires accountability to and oversight by the funder to ensure follow-through and regular reporting. However, this has not been the case for IAPHL, despite receiving USAID funds for over 10 years. M&E tools and metrics to measure the impact of COP do exist, and IAPHL is advised to use them to demonstrate the value and impact of its interventions to target beneficiaries.

4. CONCLUSIONS

Based on its findings, the assessment team presents below a series of conclusions organized around the AQs and three respective domains: AQ1, Value and Impact; AQ2, Structure and Sustainability; and AQ3, Measurability and Applied Learning.

This assessment used a variety of measurement approaches to answer the question regarding IAPHL's current relevance and impact in supporting the advancement of global health logistics. As we have found, IAPHL provides few services that are unique in this landscape and that it delivers with the vigor and attentiveness to be expected from a high-visibility, USAID-funded COP. Overall, IAPHL does not make a compelling case for unique value and impact, as a number of competitors provide higher-quality services to a verifiably larger audience. Furthermore, IAPHL's current management structure, with only part-time input from a handful of employees based in Washington, D.C., undermines its purported aims of embedding and enabling logistics knowledge in the global South. The key feature of local capacity building, CCs, are run in a highly variable manner and lack clear support structures that would enable them to flourish. Finally, IAPHL's almost willful resistance to using any quality M&E measures and to communicating transparently about the size of the community not only weakens the ability to serve its target population but also leaves funders largely in the dark about the actual return on their investment.

The evaluation team's detailed conclusions by AQ appear below.

4.1. AQ1. VALUE AND IMPACT

- A small subset of active members of the community report positive experiences and value-addition of IAPHL.
- IAPHL's key unique value proposition seems to be based on peer-to-peer interactions and membership in a community of like-minded individuals. IAPHL was considered unique in 2007, when no other organizations of this nature existed. However, in 2021, some active, successful, and engaged COPs working in health supply chains in the global South offer services similar to IAPHL's.
- Another unique value proposition is IAPHL's geographic footprint and size, but this is diluted by the competitors that provide similar or better services—particularly as the size of its membership is overestimated. Between the literature and current membership interactions, IAPHL's size appears to range from 1,680 to 5,040, with a realistic membership of around 2,500. KG analysis identified no more than 500 active members.
- Moderated discussions, a key feature of IAPHL's service offering, have very limited participation (an average of 14 responses during 2020, with the highest average participation in 2017 at 34).
- The KG has limited or no moderation, and limited technical content.
- Members considered IAPHL's best value-addition when it was based in Nigeria from June 2017 and to October 2019.
- Conference attendance is viewed as a great opportunity for members and focuses on bringing information back to the community; IAPHL ambassadors serve as a voice from IAPHL and the field at these conferences. Conference attendance yields little to no technical knowledge other than for the few members selected to attend (22 in 2020).
- The strategy to establish and expand IAPHL through CC outreach merits further discussion, as partnership on the ground and engagement with key stakeholders can be increased.

- The support to CCs based on monthly meetings (with low participation) is insufficient to generate technical content and revenues to keep a technical group active and engaged in local health supply chain issues.
- Perceived value differs among users. Online survey respondents value IAPHL highly, although outside of this perceived value and the CCs, KII participants believe that the organization could do more to serve its members. Key informants from the AG were the most critical, stating that IAPHL needs to understand who its customer is and develop technical content, a strategy, an M&E system, and a sustainable funding strategy.
- IAPHL is presently referred to as a COP—typically defined as a group of individuals who in the words of a key informant interviewee “share a concern or a passion for something they do and learn how to do it better as they interact regularly.” Given the limited number of interactions on the Listserv and in moderated discussions, the assessment team would designate IAPHL as a community of interest in which individuals are loosely connected by a shared interest or passion but interaction is more sparse or irregular.
- Members’ participation in IAPHL’s core activities is low; this is an indication that it has reached the end stage in a COP’s life cycle. COPs end when their members realize they have achieved their core objectives, or the COP no longer provides value (or both).

4.2. AQ2. STRUCTURE AND SUSTAINABILITY

- There is a lack of overall clarity as to the COP’s purpose and how it will achieve its stated mission.
- IAPHL has limited governance and lacks oversight, performance metrics, and vision. These shortcomings dilute IAPHL’s value as a COP, particularly in light of relatively recent entrants to the same space. The secretariat does not provide the level of communication, moderation, and knowledge management required for a COP and considers itself under-resourced despite USAID support valued at around \$300,000 since 2013, with a few exceptions.
- Creating CCs is commendable, but doing so requires a planned strategy, leadership, vision, in-country partnership, and resources.
- The COP’s current knowledge management approach does not meet members’ needs and the KG includes no technical content developed by IAPHL.
- To pursue other sources of funding, the Listserv is a marketplace of advertisements; reportedly, some members have disengaged from the COP.
- AG membership comprises a range of donor partners, similar supply chain development organizations, other stakeholders, and private sector organizations that serve voluntarily. However, IAPHL has not capitalized on their expertise to develop a more meaningful mechanism that can support it in achieving its goals.
- The current IAPHL operational model is not sustainable and depends on donor funding going forward. The sponsorship strategy has failed to attract enough resources and sometimes interferes with the knowledge and learning aspect of the COP platform. Moreover, the COP offers no fee-based services; in any case, the majority (67 percent) of target members (under age 29 without college degrees) are unwilling to pay for services.
- The size of the secretariat, and its ability to draw technical expertise from JSI, is appropriate; however, it lacks skills in moderation, communication, management, and knowledge development products. A mid-career director and a COP manager based in the global South are required.

- Thus, the ultimate structure to enable IAPHL to survive—and thrive—and offer value to its members largely depends on what services it wants to offer and what membership it wants to serve. The COP should establish a stronger and interlinked three-layered structure: (1) a stronger secretariat with a clearly mandated technical advisory committee; (2) senior management with oversight responsibility to provide strategic direction, leadership, and resources; and (3) a COP with defined and strategic linkage to the field through CCs.

4.3 AQ3. MEASURABILITY AND APPLIED LEARNING

- IAPHL reports indirectly to USAID using the Palladium HP+ pass-through indicators from the 2012 Family Planning Results Framework, which have different goals and objectives.
- Apart from a few output KPIs, IAPHL does not monitor or document the outcomes and impacts of its interventions or have appropriate MEL systems and tools in place.
- As IAPHL has no visibility into its membership via complete and accurate data, there is no data integrity to support decision-making.
- IAPHL does not produce basic metrics such as an annual response rate, which would measure how actively members respond to posts and queries within the KG. This limits opportunities for learning. However, IAPHL believes it can provide performance metrics, manage the listserv, and understand and manage both the membership and Listserv more effectively if it were to receive additional financial resources. This assessment team has proposed appropriate USAID and COP M&E metrics for IAPHL to adapt and implement.
- IAPHL is reluctant to measure and report its performance, stating that performance measures are for projects and not for COPs.

5. RECOMMENDATIONS

The overall assessment findings indicate that, while IAPHL provides some positive services to a small number of core members (those who respond to listserv emails and/or surveys), the organization is lacking in the cohesion, structure, and quality of services needed to justify the continued funding of this association in its current form. A number of competitor organizations provide the same—if not superior—services, and most of those are either highly coordinated and developed COPs based in the global North or emerging ones run by professionals in the global South. This assessment is an opportunity to examine the value that IAPHL brings to the improvement of global logistics services.

USAID has an opportunity to reflect on the need for this type of community and determine how best to allocate resources and oversight. Particularly in an era of decolonialization and the Journey to Self-Reliance, it is imperative to reconsider what IAPHL could look like if it took a more regional or mission-based approach. The outdated premise of running the community through headquarters in Washington, D.C., does little to enhance global health logistics capacity in critical parts of the world. The recommendations for JSI/IAPHL and USAID are shown below. The assessment team invites both to consider what might be possible if they go back to the drawing board and create a community that responds to the emerging complexities and needs of the post-COVID landscape rather than repeating a stale approach that uses too many resources to serve too few individuals.

5.1. FOR JSI/IAPHL

5.1.1. AQI. Value and Impact

- Without delay, add data integrity capabilities to the KG/Listserv to accurately reflect the membership's size, composition, and geographic footprint and start to measure new membership and wastage and response rates. This can be the basis for developing further performance metrics to determine how IAPHL will measure progress, outcomes, and impact—and to share this information with USAID.

“Creating a member directory, to capture contacts, workplace, job role, etc. Thus, questions asked can be targeted to members in a specific industry and improve engagement.” —Member, 18–29, Nigeria

- Revisit the professionalization and technical support that IAPHL seeks for its members. IAPHL needs to determine who its member/clients are (From the public sector? The private sector? Academia? State actors? All of these?), what service offer is in place (given that over 90 percent of survey respondents have at least a university degree and one in three work in the supply chain arena), and how services will be provided and financed. The current focus is on an inaccurate membership list, struggling CCs carving out meaningful roles in their countries, supporting the professional growth of members through advertisements and job postings, invitations to webinars, and the attendance of a few members at relevant international conferences (funded by IAPHL). The links to professionalization are tenuous.
- Provide competency-based scholarships to relevant courses offered by relevant institutions, rather than conferences. This would be a more effective and direct way to support members' supply chain careers.
- Devise a vision and strategy for the role of CCs in increasing members' supply chain competence. At the same time, ensure that CCs continue to collaborate with key in-country stakeholders.

5.1.2. AQ2. Structure and Sustainability

- The ultimate structure to enable IAPHL to survive and thrive and offer value to its members largely depends on what services it wants to offer and its members want to receive. Thus, the COP should start by establishing a stronger and interlinked three-layered structure: (1) a two-member secretariat to manage, coordinate, moderate, communicate, and develop knowledge products; (2) a technical advisory committee to provide technical guidance, host some online posts or moderated discussions, or support the development of some knowledge products and technical proposals; (3) senior management from JSI to provide overall leadership with a focus on strategic direction, sustainability, staffing, and resource mobilization. Formalize the AG with a chair and decision-making powers.
- The IAPHL secretariat, the AG, and JSI should collaborate to develop a CC support strategy.
- JSI should establish a clear separation of duties at IAPHL so the secretariat focuses on technical aspects of SCM professionalization in areas such as communication, learning, and knowledge management, while the core group (the AG and Governance Body/JSI) leaders strategic direction and fundraising.
- IAPHL should improve the technical features on its website, including directories of member contacts, to help facilitate and improve peer-to-peer outreach.
- Review USAID support for salaries and outputs, and consider utilizing less senior (and less costly) staff, particularly those with knowledge management and communication skills, to lead and manage IAPHL; move IAPHL management to the global South.
- IAPHL should develop a strategic plan, including identifying country needs and where CCs would complement national efforts and continue to partner with other stakeholders. Where other organizations are active, IAPHL should consider increasing regional and in-country partnerships²⁷ and encourage members to join these as alternatives to those CCs that are isolated, disconnected, or under-resourced. To support these arrangements, IAPHL should provide leadership, vision, and resources need.
- Develop a new vision or implement the 2016 vision as an essential step for the future of IAPHL.
- IAPHL secretariat should capitalize on the capabilities of its member experts as volunteers in implementing activities related to mentorship, technical development, tracking and documenting impacts, developing success stories from the field, and others.
- Strengthen COP knowledge management, offering education and information to meet the needs of all members.

5.1.3 AQ3. Measurability and Applied Learning

- IAPHL should develop an M&E system, including a theory of change, results framework, and M&E plan for its interventions. A clear M&E framework and plan are priorities, mapping activities to clear and measurable results that align with the activity's stated goals and mission. IAPHL can translate these into M&E activities such as web statistics, light-touch community feedback mechanisms (for example, lightning surveys of up to three questions) and improved measures of satisfaction and needs immediately following offerings such as webinars or moderated discussions.

²⁷ IAPHL currently has a Memorandum of Understanding with HLA and PtD. IAPHL chapters currently work with local organizations, including FAAL, AsloB, AGCAL-RDC, Empower School of Health, and SAPICS.

- Conduct surveys of members' needs, including questions related to IAPHL's results matrix (such as those that can provide evidence of impact). The findings can inform annual benchmarks.
- IAPHL should track unique and repeat visits to the website and social media engagement, a count of replies and queries on the listserv, tracking of new membership requests on a routine basis, links clicks and attendance to JSI or other webinars to which the IAPHL community is invited.
- Track metrics for decision-making such as retention rates and membership growth by segment as an indication of the COP's health.
- Utilize the USAID Learning Lab²⁸ Matrix to measure COP results over its life cycle: potential/inception, coalescing, maturing, stewardship, and transformation.
 - Growth Measure: Measure the COP's growth and effective penetration. Since its inception, IAPHL has been tracking the number of members and country reach to some extent. At this stage, the COP should also analyze the impact of total or potential knowledge transfer through surveys.
 - Activity Measure: Measure the interaction among COP members.
 - Understand growth and activity: Compare page visits to members' ratios to derive the potential knowledge transfer to each member.
 - Analyze member participation to establish reply to discussion ratio/answer to question ratio. This helps to determine whether the COP is meeting members' needs.
 - Map COP-implemented activities to COP core objectives to understand whether the COP is in alignment with its stated objectives and purposes.
 - Estimate quantifiable IAPHL return on investment in areas such as time, money, lives saved, and others. Conduct a survey to ascertain members' perceptions of the value of the COP. Link quantitative findings with evidence and supporting anecdotes.
- IAPHL should consider the cost-effectiveness of conference attendance versus relevant online courses offered to the membership as a whole.

5.2 RECOMMENDATIONS FOR USAID

- Reassess the current needs for a COP such as IAPHL and work with JSI to develop a strategic approach for IAPHL that responds to both the assessment findings and the realities of emerging competitors in the landscape.
- Make funding contingent on an updated strategic plan with clear and measurable outcomes that align with the stated goals and mission of the COP and core activities including governance, implementation, and accountability structures to execute the annual plan.
- Assume a proactive monitoring role; request annual work plans and performance reports with milestones, and reports to be presented during AG meetings.
- Ensure that the contractor with the pass-through mechanism more actively monitors work plan implementation and activity completion to achieve results (outputs, outcomes, and impacts) rather than reporting on the inputs of indicators from other projects.

²⁸https://usaidlearninglab.org/sites/default/files/resource/files/Dynamics%20Research%20Corporation_%20Life%20Cycle.pdf (accessed April 2021).

ANNEXES

ANNEX I. SCOPE OF WORK

Assignment #: 007 [assigned by GH EvalS]

Global Health Evaluation and Learning Support Project (GH EvalS)

Contract No. **GS-10F-154BA**

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)

Date of Submission: August 28, 2020

Last update: September 23, 2020

INSTRUCTIONS: Complete this template in MS Word to develop a SOW an evaluation, assessment, or other analytic activity. Please be as thorough as possible in completing this SOW.

Some of the sections below have been pre-populated with information that is common to most analytic activities. Please review these details and edit as needed to fit the needs of your specific analytic activity.

Refer to the USAID How-To Note: Evaluation SOW and the Evaluation SOW: Good Practice Examples when developing your SOW.

I. TITLE: Assessment of the International Association of Public Health Logisticians (IAPHL)

II. Funder/Requester / Client

USAID/Washington

Office/Division: PRH/CSL

USAID Country or Regional Mission

Mission/Division:

III. Funding Account Source(s): (Click on box(es) to indicate source of payment for this assignment)

3.1.1 HIV

3.1.4 PIOET

3.1.7 FP/RH

3.1.2 TB

3.1.5 Other public health threats

3.1.8 WSSH

3.1.3 Malaria

3.1.6 MCH

3.1.9 Nutrition

3.2.0 Other (specify):

IV. Cost Estimate: \$200,000 (Note: GH EvalS will provide a cost estimate based on this SOW)

V. Performance Period

Expected Start Date (on or about): October 26, 2020

Anticipated End Date (on or about): April 23, 2021

VI. Location(s) of Assignment: (Indicate where work will be performed)

This assessment will be completed remotely at the consultants' homes of record.

VII. Type of Analytic Activity (Check the box to indicate the type of analytic activity)

EVALUATION:

Performance Evaluation (Check timing of data collection)

Midterm Endline Other (specify):

Performance evaluations encompass a broad range of evaluation methods. They often incorporate before–after comparisons but generally lack a rigorously defined counterfactual. Performance evaluations may address descriptive, normative, and/or cause-and-effect questions. They may focus on what a particular project or program has achieved (at any point during or after implementation); how it was implemented; how it was perceived and valued; and other questions that are pertinent to design, management, and operational decision making

Impact Evaluation (Check timing(s) of data collection)

Baseline Midterm Endline Other (specify):

Impact evaluations measure the change in a development outcome that is attributable to a defined intervention. They are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

OTHER ANALYTIC ACTIVITIES

■ **Assessment**

Assessments are designed to examine country and/or sector context to inform project design, or as an informal review of projects.

Costing and/or Economic Analysis

Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.

Other Analytic Activity (Specify)

PEPFAR EVALUATIONS (PEPFAR Evaluation Standards of Practice 2.0 September 2015)

Note: If PEPFAR-funded, check the box for type of evaluation

Process Evaluation (Check timing of data collection)

Midterm Endline Other (specify):

Process Evaluation focuses on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. For example: Are activities delivered as intended, and are the right participants being reached? (PEPFAR Evaluation Standards of Practice 2015)

Outcome Evaluation

Outcome Evaluation determines if and by how much, intervention activities or services achieved their intended outcomes. It focuses on outputs and outcomes (including unintended effects) to judge program effectiveness but may also assess program process to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example of question asked: To what extent are desired changes occurring due to the program, and who is benefiting? (PEPFAR Evaluation Standards of Practice 2015)

Impact Evaluation (Check timing(s) of data collection)

Baseline Midterm Endline Other (specify):

Impact evaluations measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons are made between beneficiaries that are randomly assigned to either an intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact.

Economic Evaluation (PEPFAR)

Economic Evaluations identifies, measures, values and compares the costs and outcomes of alternative interventions. Economic evaluation is a systematic and transparent framework for assessing efficiency focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. Main types of economic evaluation are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example of question asked: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?

VIII. BACKGROUND

If an evaluation, Project/Program being evaluated:

Project/Activity Title:	International Association of Public Health Logisticians (IAPHL)
Award/Contract Number/Dates:	2010 - 2017: DELIVER PROJECT (Deliver II) Task Order 4 Technical Assistance/OAA-TO-10-00064 2017-2019: Advancing Partners and Community Project (APC)/OAA-A-12-00047 2019-present: Health Policy Plus (HP+)/OAA-A-15-00051 (As a pass-through via Palladium Group)
Project/Activity Funding:	NOTE: Because this was not a stand-alone project, but an activity funded across several projects, there is not a ceiling. The total USAID contribution since 2008 is estimated to be about \$2M (cumulative).
Implementing Organization(s):	JSI
Project/Activity AOR/COR:	Bridget McHenry, Activity Manager

Background of project/program/intervention (Provide a brief background on the country and/or sector context; specific problem or opportunity the intervention addresses; and the development hypothesis)

The International Association of Public Health Logisticians aims to strengthen the capacity of public health supply chain and logistics workers in low- and middle-income countries to better perform their job in order to strengthen the outputs of the health supplies chains so critical to health outcomes in these countries. The IAPHL was established to promote the professionalization of the field of public health logistics through education and information sharing. It achieves this through a focus on increasing knowledge and empowerment of these workers.

IAPHL was initiated in 2007 as an informal activity under the USAID | DELIVER Project as an alumni network of public health supply chain practitioners and logisticians that had benefited from training on capacity building programs through the project. From there it grew into a free and open community of practice that serves over 6,500 members from nearly 150 countries. The IAPHL Secretariat is hosted by JSI, which provides a small amount of in-kind support/co-funding and is primarily funded by USAID (POP core funding). IAPHL is not a registered entity on its own but operates under the structures of its host organization.

IAPHL's staffing structure has fluctuated over the course of the past several years but has generally had an Executive Manager (either full- or part-time) overseeing a handful of JSI staff who have partial LOE dedicated to IAPHL work. IAPHL has an Advisory Board that meets approximately twice a year - either in person or virtually. This is an informal body to provide input on strategy and direction for the association but does not have official governance responsibility or authority.

Apart from the support from USAID and JSI's in-kind contributions, IAPHL has received one-off support from the Gates Foundation and generates a small amount of revenue through corporate sponsorships.

IAPHL's primary mode of function is via a moderated listserv, which is rather active. Members initiate unprompted dialogues via this platform in addition to regularly hosted focused, moderated discussions and a communications calendar maintained by the Secretariat.

To-date, IAPHL claims to have established "Country Chapters" in 22 countries that may meet face-to-face and/or host a country-specific Listserv platform. None of these Country Chapters are independently registered organizations. The Secretariat provides guidance and coaching to the Country Chapter leaders but does not fund Country Chapters. It is not entirely clear how well the activities of the Country Chapters and the engagement of their members have been tracked by IAPHL.

IAPHL also provides opportunities for "Ambassadors" to be selected from the membership to attend various global fora and share their learning with the rest of the global membership via the Listserv.

IAPHL has compelling anecdotal evidence as to its value to its members but struggles to demonstrate measurable outcomes or the impact of USAID's years of investment. Since the end of the USAID | DELIVER Project, identifying the appropriate mechanism to support the IAPHL Secretariat has not been straight forward.

It is hoped that in defining more clearly IAPHL's value proposition, linking it with a monitoring, evaluation and learning plan, and addressing some underlying organizational/structural/governance questions, USAID and IAPHL can, in conjunction with IAPHL's Advisory Board, map a more sustainable and strategic pathway forward.

USAID Office and Division: *USAID/GH/PRH/CSL*

Implementing Partner: John Snow, Inc

AOR: Alan Bornbush, CSL Division Chief

Mechanism:

2010 - 2017: DELIVER PROJECT (Deliver II) Task Order 4 Technical Assistance/OAA-TO-10-00064

2017-2019: Advancing Partners and Community Project (APC)/OAA-A-12-00047

2019-2020: Health Policy Plus (HP+)/OAA-A-15-00051 (As a pass-through via Palladium Group)

Primary POCs: Bridget McHenry & Wezi Munthali

Evaluation Technical Advisor: Amani Selim

Theory of Change (ToC) of target project/program/intervention

N/A

Strategic or Results Framework for the project/program/intervention (paste framework below)

N/A

What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?

IX. Purpose, Audience & Application

A. **Purpose:** Why is this assessment being conducted (purpose of analytic activity)? Provide the specific reason for this activity, linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

The purpose of this assessment is twofold:

(1) to better understand the value delivered by the International Association of Public Health Logisticians (IAPHL) to its members and propose improved methods for capturing its impact moving forward; and

(2) to assess the current organizational structure and propose solutions to any identified barriers to long-term sustainability.

B. **Audience:** Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

Intended audience are PRH senior staff, CSL staff and other GH offices that fund similar activities. IAPHL members are also intended audience.

C. **Applications and use:** How will the findings be used? What future decisions will be made based on these findings?

Inform decisions regarding the future of IAPHL and options for sustainability.

X. Assessment Questions & Matrix:

- Questions should be: a) aligned with the assessment purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.), they must be incorporated into the assessment questions. **USAID Evaluation Policy** recommends **I to 5 evaluation questions**.
- State the method and/or data source and describe the data elements needed to answer the assessment questions.

	Assessment Question	Method & Data Source
1	VALUE & IMPACT: What is IAPHL's unique value proposition?	<ul style="list-style-type: none"> • Surveys or other virtual engagement with IAPHL's members to determine the actual value of IAPHL (overall and vis-à-vis other similar entities) and perceived importance/recognition/relevance. • Key informant interviews (KIIs) with global and country member chapters, IAPHL Secretariat staff past and present, IAPHL Advisory Board members, and funders on IAPHL's value • Analysis of IAPHL's membership database • Web analytics from IAPHL's listserv activities/communications • Qualitative analysis of the content of IAPHL's listserv activities/communications • Landscape Analysis (desk research and mini-survey) of other professional associations and/or communities of practice with similar or related mandates or structures to determine the unique value of IAPHL
2	STRUCTURE & SUSTAINABILITY: What *is* IAPHL? What is the optimal structure to enable IAPHL to survive and thrive and continue to offer greater value to its members?	<ul style="list-style-type: none"> • Surveys or other virtual engagement with IAPHL's members to determine the value of IAPHL, perceived importance/recognition/relevance and willingness to pay (WTP) for membership and training. • Key informant interviews with global and country chapter members, IAPHL Secretariat staff (past and present), IAPHL Advisory Board members, and funders • Analysis of IAPHL's membership database • Web analytics from IAPHL's listserv activities/communication • Qualitative analysis of the content of IAPHL's listserv activities/ communications • Analysis of best practices of structure and mandate of similar/related professional associations and/or communities of practice

	Assessment Question	Method & Data Source
3	MEASURABILITY & APPLIED LEARNING: How can IAPHL continue to monitor and document its outcome and impact?	<ul style="list-style-type: none"> • Surveys or other virtual engagement with IAPHL's members • Key informant interviews with global and country chapter members, IAPHL Secretariat staff (past and present), IAPHL Advisory Board members, and funders • Analysis of IAPHL's membership database • Web analytics from IAPHL's listserv activity • Qualitative analysis of the content of IAPHL's listserv activities/communications • Review of IAPHL's workplans, MEL plans and progress reports - to track and determine if IAPHL's capacity building activities have reached their targets and most importantly, translated into increased knowledge and skills among PH workers

See the Annex for more details on the questions and context surrounding them.

Other Questions [OPTIONAL]

(Note: Use this space only if necessary. Too many questions can lead to an ineffective evaluation or analysis.)

N/A

XI. Methods: Check and describe the recommended methods for this analytic activity. Selection of methods should be **aligned with the assessment questions** and fit within the time and resources allotted for this analytic activity. Also, include the sample or sampling frame in the description of each method selected.

General comments related to methods: A critical part of the methodology will be to assess the situation during the COVID-19 pandemic. It is anticipated that evaluation, especially where borders are closed and access restricted, highly qualified national/regional evaluators can be contracted, or alternative means of interviewing stakeholders and data collection will be used (desk reviews, virtual stakeholder meetings, key informant interviews, focus groups where possible). See also [USAID Guide to Remote Monitoring in COVID-19](#).

The assessment will include both quantitative and qualitative analysis to answer the assessment questions. In the report, the Assessment Team (AT) will describe any statistical tests that were used and how qualitative data were documented and analyzed. Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and country of residence, whenever feasible. Thematic review of qualitative data will be performed, connecting the data to the assessment questions, seeking relationships, context, interpretation, nuances, and homogeneity and outliers.

There is a depth of data that can be mined from IAPHL listserv activity. This is both an opportunity and potentially a burden. Ample thought and planning will have to be put into how to adequately mine and analyze this information without becoming overwhelmed.

Interviews with key stakeholders and IAPHL members, including both those from the Country Chapters and those from the global membership base will be critical - most of this should be possible to conduct at a distance.

IAPHL frequently conducts member surveys, but the response rates are fairly low, so determining if there is a valuable way to get input from a broader swath of membership should be explored.

Analysis of the current funding structure of IAPHL and of members' willingness to pay -- in order to assess the feasibility and value-for-money and to build future recommendations on whether/how IAPHL can be self-sustaining (vis-à-vis its value proposition).

Landscape Analysis (desk research and mini-survey) of other professional associations/communities of practice/capacity building initiatives with similar mandates and/or structures to determine the unique value of IAPHL.

Analysis of best practices of sustainable structures of similar/related professional associations/communities of practice to help with future recommendations for IAPHL's structure and sustainability.

Triangulation of data is possible due to use of multiple methods that are quantitative and qualitative. The AT will explicitly identify and communicate any methodological strengths and limitations, such as potential for bias and language constraints, among others.

Document and Data Review *(list of documents and data recommended for review)*

This desk review will be used to provide background information on the project/program and will also provide data for analysis for this assessment.

Secondary analysis of existing data *(This is a re-analysis of existing data, beyond a review of data reports. List the data source and recommended analyses)*

Data Source (existing dataset)	Description of data	Recommended analysis

Key Informant Interviews *(list categories of key informants, and purpose of inquiry)*

The IAPHL Secretariat should be able to provide the names and contact information for the key informants. The USAID POC will sign-off on the final list. Additional key informants may come to light as the assessment progresses. Listserv and documentation will also be provided.

Focus Group Discussions *(list categories of groups, and purpose of inquiry)*

Group Interviews *(list categories of groups, and purpose of inquiry)*

Client/Participant Satisfaction or Exit Interviews (list who is to be interviewed, and purpose of inquiry)

Survey (describe content of the survey and target responders, and purpose of inquiry)

Survey of IAPHL members

Mini-survey of other professional associations/communities of practice/capacity building initiatives with similar mandates to IAPHL

Facility or Service Assessment/Survey (list type of facility or service of interest, and purpose of inquiry)

Observations (list types of sites or activities to be observed, and purpose of inquiry)

Cost Analysis (list costing factors of interest, and type of costing assessment, if known)

Data Abstraction (list and describe files or documents that contain information of interest, and purpose of inquiry)

Case Study (describe the case, and issue of interest to be explored)

Verbal Autopsy (list the type of mortality being investigated (i.e., maternal deaths), any cause of death and the target population)

Rapid Appraisal Methods (ethnographic / participatory) (list and describe methods, target participants, and purpose of inquiry)

Other (list and describe other methods recommended for this assessment, and purpose of inquiry)

If **impact evaluation** –

Is technical assistance needed to develop full protocol and/or IRB submission?

Yes No

List or describe case and counterfactual”

Case	Counterfactual

XII. HUMAN SUBJECT PROTECTION

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the assessment, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the assessment at any time without

consequences. Only adults can consent as part of this assessment. **Minors cannot be respondents to any interview or survey and cannot participate in a focus group discussion without going through an IRB.** The only time minors can be observed as part of this assessment is as part of a large community-wide public event, when they are part of family and community in the public setting. During the process of this assessment, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.

An Informed Consent statement included in all data collection interactions must contain:

- Introduction of facilitator/note-taker
- Purpose of the assessment
- Purpose of interview/discussion/survey
- Statement that all information provided is confidential and information provided will not be connected to the individual
- Right to refuse to answer questions or participate in interview/discussion/survey
- Request consent prior to initiating data collection (i. e. , interview/discussion/survey)

XIII. ASSESSMENT PLAN

Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data it to be triangulated (if appropriate). For example, a thematic analysis of qualitative interview data, or a descriptive analysis of quantitative survey data.

All analyses will be geared to answer the evaluation questions. Additionally, the assessment will review both qualitative and quantitative data related to the project/program's achievements against its objectives and/or targets.

Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and location, whenever feasible. Other statistical test of association (i.e., odds ratio) and correlations will be run as appropriate.

Thematic review of qualitative data will be performed, connecting the data to the evaluation questions, seeking relationships, context, interpretation, nuances and homogeneity and outliers to better explain what is happening and the perception of those involved. Qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data do not exist.

Use of multiple methods that are quantitative and qualitative, as well as existing data (e.g., project/program performance indicator data, DHS, MICS, HMIS data, etc.) will allow the Team to triangulate findings to produce more robust evaluation results.

The assessment report will describe analytic methods and statistical tests employed in this evaluation.

XIV. ACTIVITIES

List the expected activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and Deliverables may overlap. Give as much detail as possible.

Background reading – Several documents are available for review for this assessment and will be provided prior to the assessment launch. This desk review will provide background information for the Assessment Team and will also be used as data input and evidence for the evaluation.

Team Planning Meeting (TPM) – A three-day team planning meeting (TPM) will be held at the initiation of this assignment and before the data collection begins. The TPM will:

- Review and clarify any questions on the assessment SOW
- Clarify team members' roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
- Review and finalize assessment questions
- Review and finalize the assignment timeline
- Develop data collection methods, instruments, tools and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the assessment work plan for USAID's approval
- Develop a preliminary draft outline of the assessment report
- Assign drafting/writing responsibilities for the assessment report

Work plan and methodology submitted and followed by review meeting. Work plan should include:

- Assessment questions
- Proposed methodology
- Data collection strategy (including data collection instruments that include interview questionnaires)
- Data analysis plan describing procedures that will be used to analyze qualitative data from key informant and other stakeholder interviews, and how the assessment will weigh and integrate qualitative data from these sources with IAPHL records to reach conclusions about the effectiveness and efficiency of the project
- Assessment timeline
- Data and resource requirements
- List of key informants

Briefing and Debriefing Meetings – Throughout the evaluation the Team Lead will provide briefings to USAID. The briefings are likely to include the Assessment Team experts but will be determined in consultation with USAID. These briefings are:

- **Assessment Launch**, a call/meeting among the USAID, EvaLS and the Assessment Team (AT) to initiate the assessment activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. EvaLS will introduce the AT and review the initial schedule and review other management issues.
- **In-brief with USAID**, as part of the TPM. At the beginning of the TPM, the Assessment Team will meet with USAID to discuss expectations, review evaluation questions, and intended plans. The AT will also raise questions that they may have about the project/program and SOW resulting from their background document review. The time for this in-brief will be determined between USAID, the AT, and EvaLS prior to the TPM.

- **Workplan and methodology review briefing.** At the end of the TPM, the Assessment Team will meet with USAID to present an outline of the methods/protocols, timeline and data collection tools. Also, the format and content of the assessment report will be discussed.
 - **In-brief with JSI** to review the assessment plan and timeline, and for JSI to give an overview of IAPHL to the Assessment Team.
 - The Team Lead (TL) will brief the USAID POC **weekly** to discuss progress on the assessment. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.
2. A **final debrief** between the Assessment Team and USAID will be held at the end of the assessment and before the preparation of the assessment report, to present **preliminary findings to USAID**. During this meeting a summary of the data will be presented, along with high level findings and draft recommendations. For the debrief, the AT will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The AT will incorporate comments received from USAID during the presentation in the assessment report. *(Note: preliminary findings are not final and as more data sources are developed and analyzed these findings may change.)* Also, the AT and USAID will determine which elements are incorporated into public report and which findings and recommendations shall be included in a USAID-only memo.

Data Collection – The Assessment Team will conduct interviews and online surveys for data collection. A list of the key informants and informational meetings will be developed in consultation with USAID. The Assessment Team will outline and schedule key interviews and informational meetings prior to data collection.

Assessment Report – The Assessment Team under the leadership of the Team Lead will develop a report with findings and recommendations. Report writing and submission will include the following steps:

1. Team Lead will submit assessment report to GH EvaLS for review and formatting
2. GH EvaLS will submit the draft assessment report to USAID
3. USAID will review the draft assessment report in a timely manner, and send their comments and edits back to GH EvaLS
4. USAID will manage implementing partner(s)'s (IP) review of the report and compile and send their comments and edits to GH EvaLS. *(Note: USAID will decide what draft they want the IP to review.)*
5. GH EvaLS will share USAID's comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH EvaLS
6. GH EvaLS will review and reformat the final assessment report, as needed, and resubmit to USAID for approval.
7. Once the final assessment report is approved, GH EvaLS will re-format it for 508 compliance and post it to the DEC.

The assessment report **excludes** any **procurement-sensitive** and other sensitive but unclassified (**SBU**) information. This information will be submitted in a memo to USAID separate from the assessment report.

Data Submission – All quantitative data will be submitted to GH EvalS in a machine-readable format (CSV or XML). The datasets created as part of this assessment must be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. It is essential that the datasets are stripped of all identifying information, as the data will be public once posted on USAID Development Data Library (DDL). Raw data (cleaned datasets in CSV or XML with codesheet)

Where feasible, qualitative data that do not contain identifying information should also be submitted to GH EvalS.

XV. DELIVERABLES AND PRODUCTS

Select all deliverables and products required on this analytic activity. For those not listed, add rows as needed or enter them under “Other” in the table below. Provide timelines and deliverable deadlines for each.

Activity/Deliverable	Timelines & Deadlines (estimated)
Launch Meeting	Week 1 (week of October 26)
In-brief with JSI	Week 1 (week of October 26)
Desk Review	Weeks 1-2 (October 26-November 6)
Team Planning Meeting (TPM)	Week 2 (week of November 2)
Workplan (must include questions, methods, timeline, data analysis plan, and instruments)	Week 3 (week of November 9)
Workplan, methodology, and data collection finalization based on USAID’s feedback, briefing with USAID	Week 4 (week of November 16)
Preparation/Logistics for data collection (qualitative and quantitative)	Week 5 (week of November 23)
Data collection	Weeks 6-11 (November 30-January 8)
Data collection: routine briefings	Weekly during data collection phase
Data analysis	Weeks 12-14 (January 11-29)
Preliminary findings PowerPoint presentation with USAID (including preparatory work)	Week 15 (week of February 1)
Draft assessment report	Weeks 16-17 (February 8-19)
GH EvalS assessment report review & formatting	Week 18 (week of February 22)

Activity/Deliverable	Timelines & Deadlines (estimated)
Submission of draft assessment report to USAID	Week 19 (week of March 1)
USAID assessment report review	Weeks 20-21 (March 8-19)
Incorporating USAID feedback in the final draft of the assessment report	Week 22 (week of March 22)
USAID reviews and approves final draft of assessment report	Weeks 23-24 (March 29-April 9)
Final assessment report editing, formatting, and 508 compliance	Week 25 (week of April 12)
Raw data (cleaned datasets in CSV or XML with code sheet)	Week 26 (week of April 19; process finalized by April 23)
Report Posted to the DEC	Week 26 (week of April 19; posted by April 23)

Estimated USAID review time

Average number of business days USAID will need to review the Report? 10 Business days for each version of the report (draft and final)

XVI. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT (LOE)

Assessment team: When planning this analytic activity, consider:

- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leads for evaluations/assessments must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation/Assessment Specialist, who should have assessment methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with methodological expertise.
- Note that **all team members will be required to provide a signed statement attesting that they have no conflict of interest (COI)**, or describing the conflict of interest if applicable.

Team Lead (Key Staff I): This consultant will be selected from among the key staff and will meet the requirements of both this and the second position. The Team Lead (TL) should have significant experience conducting and leading project evaluations and/or assessments.

Roles & Responsibilities: The TL will be responsible for:

- Providing team leadership
- Managing the team's activities
- Ensuring that all deliverables are met in a timely manner
- Serving as a liaison between the USAID and the Assessment Team, and
- Leading briefings and presentations.

Qualifications:

- Minimum of 10 years of senior level experience in international development
- Doctorate or master's degree, with related postgraduate training in international development, public health, program evaluation, or related areas
- Significant expertise in evaluating/assessing communities of practice, especially in LMICs
- Significant expertise in evaluating/assessing informal organizational structures, in particular those hosted by another registered entity
- Significant expertise in evaluating/assessing membership organizations/professional associations serving individuals living and working in LMICs, particularly organizational structures, membership satisfaction, and financial sustainability
- Expertise in evaluating/assessing online/virtual engagement platforms
- Experience in qualitative and quantitative interviewing and analysis
- Expertise with logistics and supply chain management in LMICs (preferable but not critical)
- Excellent skills in planning, facilitation, and consensus building
- Excellent interpersonal skills
- Excellent organizational skills and ability to keep to a timeline
- Good writing skills, with extensive report writing experience
- Familiarity with USAID
- Familiarity with USAID policies and practices
 - Evaluation policy
 - Results frameworks

Logistics/Supply Chain Management Specialist (Key Staff 2): S/He will support the Assessment Team in providing expertise on logistics and supply management issues.

Qualifications:

- Extensive experience working on health logistics and supply chain management in LMIC, particularly in capacity building
- Experience in the implementation of project/program assessments
- Strong knowledge, skills, and experience in quantitative analytic tools
- Strong data interpretation and presentation skills

- Good writing skills, including experience writing assessment reports

Analyst (Key Staff 3): S/He will support the Assessment Team in all aspects of the qualitative and quantitative data analysis.

Qualifications:

- Experience in the implementation of project/program assessments
- Experience in quantitative and qualitative data analysis and management
- Strong knowledge, skills, and experience in quantitative analytic tools
- Experience conducting web analytics/secondary analysis of existing quantitative datasets
- Able to analyze qualitative data
- Strong data interpretation and presentation skills
- Good writing skills, including experience writing assessment reports

Other Staff Titles with Roles & Responsibilities (include number of individuals needed):

Project Manager/Coordinator

Will USAID participate as an active team member or designate other key stakeholders to as an active team member? This will require full time commitment during the evaluation or assessment activity.

- Full member of the Assessment Team (including planning, data collection, analysis and report development) – If yes, specify who:
- Some Involvement anticipated – If yes, specify who:
- No

Staffing Level of Effort (LOE) Matrix:

This LOE Matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH EvalS can assist you to complete this table.

- a. For each column, replace the label "Position Title" with the actual position title of staff needed for this analytic activity.
- b. Immediately below each staff title enter the anticipated number of people for each titled position.
- c. Enter row labels for each activity, task and deliverable needed to implement this analytic activity.
- d. Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.
- e. At the bottom of the table total the LOE days for each consultant title in the 'Sub-Total' cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

Level of Effort in **days** for each Assessment Team member

*(The following is an **Illustrative** LOE Chart. Please edit to meet the requirements of this activity.)*

Activity/Deliverable		Assessment Team			
		Team Lead/ (Key Staff 1)	Logistics & Supply Chain Management Specialist (Key Staff 2)	Analyst (Key Staff 3)	Project Manager/ Coordinator
Number of persons →		1	1	1	1
1	Launch Meeting	0.5	0.5	0.5	0.5
2	In-brief with JSI	0.5	0.5	0.5	
3	Desk review	3	3	2	1
4	Team Planning Meeting (TPM)	3	3	3	1
5	Assessment planning deliverables: 1) workplan with timeline, assessment design matrix, and protocol (methods, sampling & assessment analysis plan); 2) data collection tools	1	1	1	1
6	Workplan, methodology, and data collection finalization based on USAID's feedback, briefing with USAID	2	2	0.5	0.5
7	Preparation/Logistics for data collection (qualitative and quantitative)	0.5	0.5	0	2
8	Data collection	15	10	5	5
9	Data analysis	5	2	10	0
10	Preliminary findings PowerPoint presentation with USAID (including preparatory work)	1.5	0.5	0.5	0
11	Draft assessment report	8	5	2	1
12	GH EvalS assessment report review & formatting	0	0	0	0
13	Submission of draft assessment report to USAID	0	0	0	0
14	USAID assessment report review	0	0	0	0
15	Incorporating of USAID feedback in the final draft of the assessment report	5	2	0	0
16	USAID approves assessment report	0	0	0	0
17	Final assessment report editing, formatting, and 508 compliance	0	0	0	0
18	Assessment report to the DEC	0	0	0	0
Total LOE per person		45	30	25	12

A 6-day workweek permitted Yes No

6-day workweek approved for travel to/from work locations Yes No

Travel anticipated: List international and local travel anticipated by what team members.

None

XVII. LOGISTICS

Billing up to seven (7) days in any consecutive seven (7)-day period is approved when traveling to or from the Consultant's home of record Yes No

Visa Requirements

List any specific Visa requirements or considerations for entry to countries that will be visited by consultant(s):

N/A

List recommended/required type of Visa for entry into counties where consultant(s) will work

Name of Country	Type of Visa		
N/A	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> No preference
	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> No preference
	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> No preference
	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> No preference

Clearances & Other Requirements

Note: Most Assessment Teams arrange their own work space, often in conference rooms at their hotels. However, if a Security Clearance or Facility Access is preferred, GH EvalS can submit an application for it on the consultant's behalf.

GH EvalS can obtain **Facility Access (FA)** and transfer existing **Secret Security Clearance** for our consultants, but please note these requests, processed through AMS at USAID/GH (Washington, DC), can take 4-6 months to be granted. If you are in a Mission and the RSO is able to grant a temporary FA locally, this can expedite the process. FAs for non-US citizens or Green Card holders must be obtained through the RSO. If FA or Security Clearance is granted through Washington, DC, the consultant must pick up his/her badge in person at the Office of Security in Washington, DC, regardless of where the consultant resides or will work.

If **Electronic Country Clearance (eCC)** is required prior to the consultant's travel, the consultant is also required to complete the **High Threat Security Overseas Seminar (HTSOS)**. HTSOS is an interactive e-Learning (online) course designed to provide participants with threat and situational awareness training against criminal and terrorist attacks while working in high threat regions. There is a small fee required to register for this course. [Note: The course is not required for employees who have taken FACT training within the past five years or have taken HTSOS within the same calendar year.]

If eCC is required, and the consultant is expected to work in country more than 45 consecutive days, the consultant may be required complete the one-week **Foreign Affairs Counter Threat (FACT) course** offered by FSI in West Virginia. This course provides participants with the knowledge and skills to better prepare themselves for living and working in critical and high threat overseas environments. Registration for this course is complicated by high demand (consultants must register approximately 3-4 months in advance). Additionally, there will be the cost for additional lodging and M&IE to take this course.

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH EvalS workspace and travel (other than to and from post).

USAID Facility Access (FA)

Specify who will require Facility Access:

Electronic County Clearance (ECC) (International travelers only)

High Threat Security Overseas Seminar (HTSOS) (*required in most countries with ECC*)

Foreign Affairs Counter Threat (FACT) (for consultants working on country more than 45 consecutive days)

GH EvalS workspace

Specify who will require workspace at GH EvalS:

Travel, other than posting (specify):

Other (specify):

Specify any country-specific **security concerns and/or requirements**

XVIII. GH EvalS ROLES AND RESPONSIBILITIES

GH EvalS will coordinate and manage the assessment team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed
- Provide technical assistance on methodology, as needed
- Develop budget for analytic activity
- Recruit and hire the assessment team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review and assist with development of methods, workplan, analytic instruments, reports, and other deliverables as part of the quality assurance oversight, as appropriate
- Report production - If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH EvalS website. If the report is internal, then copy editing/formatting for internal distribution.

XIX. USAID ROLES AND RESPONSIBILITIES

Below is the standard list of USAID's roles and responsibilities. Add other roles and responsibilities as appropriate.

USAID Roles and Responsibilities

USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

Before Field Work

- SOW.
 - Develop SOW.
 - Peer Review SOW
 - Respond to queries about the SOW and/or the assignment at large.
- Consultant Conflict of Interest (COI). To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV's for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.
- Documents. Identify and prioritize background materials for the consultants and provide them to GH EvaLS, preferably in electronic form, at least one week prior to the inception of the assignment.
- Local Consultants. Assist with identification of potential local consultants, including contact information.
- Site Visit Preparations. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.
- Lodgings and Travel. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

During Field Work

- Mission Point of Contact. Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team's work.
- Meeting Space. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i. e. USAID space if available, or other known office/hotel meeting space).
- Meeting Arrangements. Assist the team in arranging and coordinating meetings with stakeholders.
- Facilitate Contact with Implementing Partners. Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

After Field Work

- Timely Reviews. Provide timely review of draft/final reports and approval of deliverables.

XX. ANALYTIC REPORT

Provide any desired guidance or specifications for Final Report. (See [How-To Note: Preparing Evaluation Reports](#))

The **Assessment Final Report** must follow USAID's Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the [USAID Evaluation Policy](#)).

- The report must not exceed 25-30 pages (excluding executive summary, table of contents, acronym list and annexes).
- The structure of the report should follow the Evaluation Report template, including branding found [here](#) or [here](#).
- Draft reports must be provided electronically, in English, to GH EvalS who will then submit it to USAID.
- For additional guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found [here](#).

USAID Criteria to Ensure the Quality of the Evaluation Report (USAID ADS 201):

- Evaluation reports should be readily understood and should identify key points clearly, distinctly, and succinctly.
- The Executive Summary of an evaluation report should present a concise and accurate statement of the most critical elements of the report.
- Evaluation reports should adequately address all evaluation questions included in the SOW, or the evaluation questions subsequently revised and documented in consultation and agreement with USAID.
- Evaluation methodology should be explained in detail and sources of information properly identified.
- Limitations to the evaluation should be adequately disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people's opinions.
- Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.
- If evaluation findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
- If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

Reporting Guidelines: The draft report should be a comprehensive analytical evidence-based assessment report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. ***The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.***

The findings from the assessment will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:

- **Abstract:** briefly describing what was evaluated, assessment questions, methods, and key findings or conclusions (not more than 250 words)
- **Executive Summary:** summarizes key points, including the purpose, background, assessment questions, methods, limitations, findings, conclusions, and most salient recommendations (2-5 pages)
- **Table of Contents** (1 page)
- **Acronyms**
- **Assessment Purpose and Questions:** state purpose of, audience for, and anticipated use(s) of the assessment (1-2 pages)
- **Project [or Program] Background:** describe the project/program and the background, including country and sector context, and how the project/program addresses a problem or opportunity (1-3 pages)
- **Assessment Methods and Limitations:** data collection, sampling, data analysis and limitations (1-3 pages)
- **Findings (organized by Assessment Questions):** substantiate findings with evidence/data
- **Conclusions**
- **Recommendations**
- **Annexes**
 - **Annex I: Assessment Statement of Work**
 - **Annex II: Assessment Methods and Limitations** ((if not described in full in the main body of the assessment report)
 - **Annex III: Data Collection Instruments**
 - **Annex IV: Sources of Information**
 - List of Persons Interviewed
 - Bibliography of Documents Reviewed
 - Databases
 - [etc.]
 - **Annex V: Statement of Differences** (if applicable)
 - **Annex VI: Disclosure of Any Conflicts of Interest**
 - **Annex VII: Summary information about assessment team members, including qualifications, experience, and role on the team.**

The methodology and report will be compliant with the [USAID Evaluation Policy and Checklist for Assessing USAID Evaluation Reports](#)

The assessment report should **exclude** any **potentially procurement-sensitive information**. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USIAD separate from the report.

All data instruments, data sets (if appropriate), presentations, meeting notes and report for this assessment will be submitted electronically to the GH EvalS Program Manager. All datasets developed as part of this assessment activity will be submitted to GH EvalS in an unlocked machine-readable format (CSV or XML). The datasets must not include any identifying or confidential information. The datasets must also be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. Qualitative data included in this submission should not contain identifying or confidential information. Category of respondent is acceptable, but names, addresses and other confidential information that can easily lead to identifying the respondent should not be included in any quantitative or qualitative data submitted.

XXI. USAID CONTACTS

	Primary Contact	Alternate Contact 1	Alternate Contact 2
Name:	Bridget McHenry	Wezi Munthali	Alan Bornbush
Title:	Sr Organizational Development Advisor	Supply Chain M&E Advisor	CSL Division Chief
USAID Office/Mission	GH/PRH/CSL	GH/PRH/CSL	GH/PRH/CSL
Email:	bmchenry@usaid.gov	amunthali@usaid.gov	abornbusch@usaid.gov
Telephone:	(202) 916-2170	(202) 916-2163	202-916-2159
Cell Phone:	(703) 618-6692	(202) 340-9659	202-316-9865

List other contacts who will be supporting the Requesting/Funder Team with technical support, such as reviewing SOW and assessment report (such as USAID/W GH EvalS management team staff)

	Technical Support Contact 1	Technical Support Contact 2
Name:	Amani Selim	
Title:	Evaluation Technical Advisor	
USAID Office/Mission	PRH	
Email:	aselim@usaid.gov	
Telephone:	(202) 916-2146	
Cell Phone:	(571) 721-9577	

XXII. OTHER REFERENCE MATERIALS

Documents and materials needed and/or useful for consultant assignment, that are not listed above

XXIII. ADJUSTMENTS MADE IN CARRYING OUT THIS SOW AFTER APPROVAL OF THE SOW (To be completed after Assignment Implementation by GH EvalS)

ANNEX – DETAILED QUESTIONS AND CONTEXT

Detailed Questions and context:

I. VALUE & IMPACT: What is IAPHL’s unique value proposition?

This should take into consideration: (a) how various member constituencies derive value from their IAPHL membership; and (b) whether that value is different based on member demographics (students, professionals, donors, implementing organizations, etc.) and/or based on level of engagement with IAPHL (e.g.,: active participation in the online community of practice, membership of a Country Chapter, etc.). Related to this, this question should explore which of IAPHL’s services are most relevant to the work of its members. The assessment team should seek to confirm whether or not IAPHL is the members’ primary source of continuous learning - in particular the supply chain practitioners in low- and middle-income countries.

In exploring impact, the assessment should seek to understand whether IAPHL membership impacts members’ ability to better perform their jobs, and if so, how? Likewise, the assessment should explore whether IAPHL benefits its member’s ability to move upwards on their career path, and, again, if so, how? This should also generate recommendations on how to measure these aspects of the IAPHL value proposition moving forward, including any strategies that would capture IAPHL’s contribution towards supply chain performance (e.g. improving forecasting, reducing stockouts), if possible. The investigation of value proposition should be grounded in the current landscape of supply chain/logistics professional associations and talent-building initiatives, especially in low- and middle-income countries. It should also explore the significance of the IAPHL “brand” -- including name-recognition and perceived importance to its members (both the full name and initialism).

II. STRUCTURE & SUSTAINABILITY: What *is* IAPHL? What is the optimal structure to enable IAPHL to survive and thrive and continue to offer greater value to its members?

IAPHL currently refers to itself as an “association” but in many ways functions more of a community of practice. In terms of structure, it is neither an independent organization nor a stand-alone project. The assessment should both: (a) define IAPHL’s current state; and (b) make recommendations as to how IAPHL should be structured to position itself best for future success. [NOTE: “success” to be defined by maintaining and potentially growing value proposition and impact as defined above.] Considerations should include the benefits and challenges/limitations of IAPHL’s hosting arrangement.

Financial sustainability is a major concern for IAPHL. To this end it would be useful to know if members would be willing to pay for services and training provided by IAPHL - and if so, how much would they be willing and *able* to pay. Would members leave IAPHL if an across-the-board membership fee were imposed? Are there certain “premium” features that members would be willing to pay for on top of a free membership? The current hypothesis is that, even if members were willing and able to pay a nominal membership fee the cost and level of effort to implement a system to collect dues would outweigh the benefit - this hypothesis should be

ground-truthed. The assessment should engage other donors and potential private sector supporters/partners to gauge the likelihood of future revenue streams.

It is important that, in answering this, there be exploration of questions about institutional formalization of IAPHL and feasibility of complete financial “independence” (self-sustaining revenue generation). However, it is critical that this be pursued with an open mind and NOT a presumptive bias that either of the above is necessarily the most desirable “end state” for IAPHL. Recommendations around structure and sustainability for IAPHL should be grounded in the best interests of the value proposition (above) first and foremost.

III. MEASURABILITY & APPLIED LEARNING: How can IAPHL continue to monitor and document its outcome/impact?

Beyond tracking membership numbers and participation analytics and generating anecdotal testimonials from its members, IAPHL’s Secretariat struggles to capture and describe its contribution to public health supply chains in LMICs. This assessment should propose strategies and metrics that would enable IAPHL to continuously learn about its own value proposition for informed programmatic decision-making (e.g., which aspects of its work to continue as-is versus where to innovate and expand its services to members). Consider investigating comparisons to other platforms/communities of practice to inform thinking about value-for-money. NOTE: This should include suggested framework and metrics for a monitoring, evaluation, and learning plan and/or specific guidance on how to formulate such a plan for IAPHL.

ANNEX 2. ASSESSMENT MATRIX

Assessment Question/ Subquestions	Information Required and Data Sources	Data Collection Method	Sample	Limitations	Data Analysis Method
<i>What questions is the team trying to answer?</i>	<i>What information is needed to address each question? What are the data sources for this information?</i>	<i>How will the team collect the data?</i>	<i>What is the criteria for site sample selection? From whom and in what locations?</i>	<i>What are the design's limitations and how will it affect the assessment?</i>	<i>How will the data be managed and analyzed? Note if data will be disaggregated by sex (m/f).</i>
Assessment Question I Value and Impact: What is IAPHL's unique value proposition?					
I. 1 What is the reach of the IAPHL?	Count and demographic information related to the listserv, web users and social media users on all IAPHL web-based sites	The team will download all available data from the IAPHL project, request information from IAPHL and through KIIs	We will use all available data from the earliest date of collection on the IAPHL website, LinkedIn, Facebook, twitter and any other related sites	This portion depends on data collection efforts and sharing from the IAPHL project	Descriptive statistics will be performed. Data will be disaggregated according to available categories such as geolocation, month, unique vs total visitors, newsletters, webinars, etc.
I.2 Are IAPHL users satisfied with the community of practice?	Direct quantitative and qualitative data from IAPHL community members	KIIs and online survey	Participants for KIIs will be purposively selected from among relevant IAPHL community members; all active members of the IAPHL community will be invited to participate in the online survey	Online surveys may not be fully representative of a cross-section of members; we will do our best to encourage participation by reaching members through the appropriate channels	KII will be manually analyzed for thematic representation; the online survey will be analyzed using descriptive statistics and cross-tabulations where appropriate

Assessment Question/ Subquestions	Information Required and Data Sources	Data Collection Method	Sample	Limitations	Data Analysis Method
I.3 What does IAPHL offer that is separate from or complementary to existing products/ communities in the field of logistics?	Information on other logistics/supply-chain communities or services available online	An online landscape analysis	All possible products/ communities	N/A	We will make a list of all existing other websites, communities or products that aim to support global logisticians and analyze the contents of these services in comparison to IAPHL offerings using a matrix, to be designed to ascertain the uniqueness and value of the IAPHL community.
I.4 What is the overall value-add of IAPHL?	Direct quantitative and qualitative data from IAPHL community members; comparative information on other products/com munities in the field	KIs and online survey, landscape analysis	Participants for KIs will be purposively selected from among relevant IAPHL community members; all active members of the IAPHL community will be invited to participate in the online survey; All possible products/ communities for the landscape analysis	Online surveys may not be fully representative of a cross-section of members; we will do our best to encourage participation by reaching members through the appropriate channels. Data collection will largely take place during December/ early January and some informants might not be available during this period.	We will identify the key websites, communities or products that aim to support global logisticians and analyze the contents of these services in comparison to IAPHL offerings using a matrix, to be designed; KII will be manually analyzed for thematic representation; the online survey will be analyzed using descriptive statistics and cross-tabulations where appropriate

Assessment Question/ Subquestions	Information Required and Data Sources	Data Collection Method	Sample	Limitations	Data Analysis Method
1.5 In what ways does IAPHL contribute to professional advancement among its members?	Direct quantitative and qualitative data from IAPHL community members	KIIs, and online survey	Participants for KIIs will be purposively selected from among relevant IAPHL community members; all active members of the IAPHL community will be invited to participate in the online survey	Online surveys may not be fully representative of a cross-section of members; we will do our best to encourage participation by reaching members through the appropriate channels though Country Chapter Leads and Scholarship recipients might provide insights.	KII will be manually analyzed for thematic representation; the online survey will be analyzed using descriptive statistics and cross-tabulations where appropriate
Assessment Question 2: Structure and Sustainability: What is IAPHL? What is the ultimate structure to enable IAPHL to survive and thrive and continue to offer great value to its members?					
2.1 What is the current organizational structure/ roles of IAPHL? How does it relate to governance and current ability to deliver core functions of the IAPHL mission, and how might it be improved?	Direct programmatic data and information from JSI staff and USAID	KIIs, program documents review	All relevant current and former JSI staff will be interviewed, USAID and a selection of Advisory Group members.	N/A	KIIs will be manually analyzed for thematic representation of the topic; programmatic files will be analyzed to ascertain structure and functions of IAPHL

Assessment Question/ Subquestions	Information Required and Data Sources	Data Collection Method	Sample	Limitations	Data Analysis Method
2.2 What are some potential barriers to long-term sustainability of IAPHL?	Direct inputs from JSI team members and other relevant IAPHL stakeholders as well as landscape analysis by assessment team members	KIIs, program documents review, landscape analysis	All relevant JSI staff and key IAPHL stakeholders such as Advisory group members and Country Chapter leads as well as sponsors and donors will be interviewed	We aim to answer this question beyond simply the “funding” component of IAPHL, but this may be conceptually difficult for some to answer; We will do our best to pose the question in a variety of ways to ascertain all threats to sustainability particularly as a perceived ‘unique’ community of practice.	KIIs will be manually analyzed for thematic representation of the topic; programmatic files will be analyzed to ascertain issues of sustainability
2.3 In what ways could IAPHL be improved to better meet the needs of current and future members and map out a more sustainable and strategic pathway forward?	Direct quantitative and qualitative data from IAPHL community members and relevant stakeholders	KIIs and online survey	Participants for KIIs will be purposively selected from among relevant IAPHL community members; all active members of the IAPHL community will be invited to participate in the online survey	Online surveys may not be fully representative of a cross-section of members; we will do our best to encourage participation by reaching members through the appropriate channels	KII will be manually analyzed for thematic representation; the online survey will be analyzed using descriptive statistics and cross-tabulations where appropriate
Assessment Question 3: Measurability and Applied Learning: How can IAPHL continue to monitor and document its outcome and impact?					
3.1 What are existing monitoring and assessment procedures that IAPHL uses to document outcome and impact?	Direct inputs from JSI team members and other relevant IAPHL stakeholders such as USAID and Palladium	KIIs, program documents review	Participants for KIIs will be purposively selected from among relevant IAPHL staff/stakeholders; all available program documents will be reviewed	Existing M&E systems for IAPHL may be limited; we will review all program data and assess viability for improved M&E systems	KIIs will be manually analyzed for thematic representation of the topic; program data will be analyzed by the analyst on the assessment team for gaps and opportunities for improved M&E

Assessment Question/ Subquestions	Information Required and Data Sources	Data Collection Method	Sample	Limitations	Data Analysis Method
3.2 What are some possible ways to introduce improved monitoring & assessment systems into IAPHL?	Direct inputs from JSI team members and other relevant IAPHL stakeholders such as the Advisory Group members and community peers as well as analysis by assessment team members.	KIs, program documents review	Participants for KIs will be purposively selected from among relevant IAPHL staff/stakeholders; all available program documents will be reviewed	Existing M&E systems for IAPHL may be limited; we will review all program data and assess viability for improved M&E systems	KIs will be manually analyzed for thematic representation of the topic; program data will be analyzed by the analyst on the assessment team for gaps and opportunities for improved M&E

ANNEX 3. DATA COLLECTION TOOLS

GH EvaLS 007 Assignment: IAPHL Assessment

Key Informant Interview Form

ADVISORY GROUP MEMBERS

Interviewer:	Interview Date:
	Start time:

Interviewee's Name: First:	Last:
Current Position.	Organization:
Contact email:	Phone:

Thank you for taking the time to speak with us today. We are here to learn about the ways in which the IAPHL community is serving its members and what might be done to improve its efforts.

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person, unless you tell us that you would be willing to have your responses to be quoted in the final report. They will be summarized and included in the final report which will be shared with USAID. At any point, if you do not understand a question, please feel free to ask us for clarification.

Your participation is completely voluntary. Our interview will take about one hour.

We would like to record this interview to ensure that we do not miss any important points. Please know that anything you say during the interview will be kept confidential within the Assessment Team, and that in the final report we will not be attributing specific comments to any specific individual.

Do we have your consent to conduct the interview? [] Yes [] No

Do we have your consent to record the interview? [] Yes [] No

Do you have any questions before we begin?

1. What activities are you responsible for as an Advisory Group (AG) member?
2. How long have you been in this role?

Probe: If a member since Deliver, has IAPHL changed over time? How? Why?

3. Do you now or have you ever served on any other boards or advisory groups? If so, please describe where and in what capacity.
4. Now I would like you to please describe the operations of the AG.

Probe: What is the frequency of meetings? What is usually on the agenda? How do you determine next steps? What kind of follow up management is there?

5. What is the AG structure and governance? How is it run? What are roles/responsibilities?
6. What do you achieve at the end of each meeting?

Probe: Any decision making, performance metrics, strategy development?

7. As a member of the AG, what is expected of you?
8. What is the value for you in participating in this group?
9. In your view, what is the perceived utility of IAPHL? What purpose does it serve?
10. What would you like to see this group doing that it does not already do? In what additional ways could IAPHL serve its community?
11. In your view, what is [the](#) perceived [uniqueness of IAPHL](#)?

Probe: What sets it apart from other communities of practice in this space? To your knowledge, is there anything that IAPHL provides that no other community of practice provides?

12. In your view, what are the main things IAPHL needs to do to improve their service/utility/value?
13. What do you see as IAPHL's biggest successes in meeting its stated purpose?
14. What do you consider as IAPHL's biggest challenges/difficulties in meeting its stated purpose?
15. What is your vision for IAPHL in the future? How might this community evolve to better meet member needs in the next 3-5 years?

16. Is there **anything else** you would like to say about IPAHL that we have not already covered?

Thank you for taking the time to speak with me today. We greatly appreciate your participation.

GH EvaLS 007 Assessment
Key Informant Interview Form
Country Chapter Heads

Interviewer:	Interview Date:
	Start time:

Interviewee's Name:	
First:	Last:
Current Position.	Organization:
Contact email:	Phone:

Thank you for taking the time to speak with us today. We are here to learn about the ways in which the IAPHL community is serving its members and what might be done to improve its efforts.

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person, unless you tell us that you would be willing to have your responses to be quoted in the final report. They will be summarized and included in the final report which will be shared with USAID. At any point, if you do not understand a question, please feel free to ask us for clarification.

Your participation is completely voluntary. Our interview will take about one hour.

We would like to record this interview to ensure that we do not miss any important points. Please know that anything you say during the interview will be kept confidential within the Assessment Team, and that in the final report we will not be attributing specific comments to any specific individual.

Do we have your consent to conduct the interview? Yes No

Do we have your consent to record the interview? Yes No

Do you have any questions before we begin

- I. What is your current professional role? Where do you work? What are your responsibilities?

2. How long have you been in this role?
3. How did you learn about IAPHL?
4. How long were you a member of IAPHL before you decided to open/start or participate in a country chapter?
5. What prompted you to form an IAPHL country chapter? When was the chapter formally established?
6. If you did not start the country chapter, when and how did you become the Chapter Head?
7. Please describe the administrative formation of the country chapter? Are you a legal entity? Did you have to register formally with any governmental departments? Is the chapter tied to any other organizations within the country?
8. Does IAPHL have specific by-laws or standard operating procedures for you to abide as a Country Chapter? If so, please describe. If not, do you think that would be helpful?
9. Do you count with local resources such as zoom or venue facilities to undertake country chapter functions? (*What functions/ activities do you undertake?*). *What other resources are required?*
10. How many members are currently part of your country chapter? How do people learn about the country chapter? How do they join?
11. Please describe the activities you undertake as a country chapter. What do you do? How often do you meet? Who attends? What kind of activities/benefits do you offer to country chapter members?
12. How does IAPHL improve public health supply chain management and/or promote the professional development of your members? Could you provide examples of how you or members of your group have benefited from being part of an IAPHL country chapter? *Please describe any material, professional, personal, etc benefits.*
13. What are some of the challenges you face in running an IAPHL country chapter?
14. What does IAPHL offer you as a country chapter that you could not do if you started a local group on your own?
15. Is there anything else you would like to have in terms of support that you are not receiving now?
16. In your view what is the perceived utility of IAPHL? What purpose does it serve?
17. What would you like to see this group doing that it does not already do? In what additional ways could IAPHL serve its community?
18. In your view what is perceived uniqueness of IAPHL? What sets it apart from other communities of practice in this space? To your knowledge, is there anything that IAPHL provides that no other community of practice provides?
19. In your view what are the main things IAPHL needs to do to improve their service/utility/value?
20. What do you see as IAPHL's biggest successes in meeting its stated purpose?

21. What do you see as IAPHL's biggest challenges/difficulties in meeting its stated purpose?
22. **Is there anything else you would like to say about IPAHL that we have not already covered?**

Thank you for taking the time to speak with me today. We greatly appreciate your participation.

GH EvalS 007 Assignment: IAPHL Assessment

Key Informant Interview Form
CONFERENCE ATTENDEES

Interviewer:	Interview Date:
	Start time:

Interviewee's Name:	
First:	Last:
Current Position.	Organization:
Contact email:	Phone:

Thank you for taking the time to speak with us today. We are here to learn about the ways in which the IAPHL community is serving its members and what might be done to improve its efforts.

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person, unless you tell us that you would be willing to have your responses to be quoted in the final report. They will be summarized and included in the final report which will be shared with USAID. At any point, if you do not understand a question, please feel free to ask us for clarification.

Your participation is completely voluntary. Our interview will take about one hour.

We would like to record this interview to ensure that we do not miss any important points. Please know that anything you say during the interview will be kept confidential within the Assessment Team, and that in the final report we will not be attributing specific comments to any specific individual.

Do we have your consent to conduct the interview? Yes No

Do we have your consent to record the interview? Yes No

Do you have any questions before we begin?

1. What is your current professional role? Where do you work? What are your responsibilities?
2. How long have you been in this role?
3. How did you learn about IAPHL?
4. How long were you a member of IAPHL before you decided to apply to attend a conference?
5. How was the application process for conference attendance? And have you applied/attended more than one conference? *Please explain.*
6. Would IAPHL consider all scholarship holders to have a role of ambassador?
7. What did you see as the benefits of becoming an ambassador? Were those expectations met? Please explain.
8. As an IAPHL ambassador, what responsibilities did you have if any? How were these responsibilities communicated to you?
9. How was being an ambassador different/better than just being a member of the IAPHL community? *Probe: Anything else in addition to going to a conference for free?*
10. What conference (with date and place) did you attend? What was your interest in attending this conference?
11. In what ways, if any, did attending this conference advance your professional development?
12. Was there increased job performance or status as a result of being an ambassador? If there were no changes, please also note.
13. Did you share any of the information you gleaned from the (most recent) conference with other members of the IAPHL community? What information did you share with the community? How did you share? *Probe: Text, documents, links to presentations, post in listserv etc.?*
14. In your view, what is the perceived utility of IAPHL? What purpose does it serve?
15. What would you like to see this group doing that it does not already do? In what additional ways could IAPHL serve its community?
16. In your view, what is perceived uniqueness of IAPHL?
Probe: What sets it apart from other communities of practice in this space? To your knowledge, is there anything that IAPHL provides that no other community of practice provides?
17. In your view, what are the main things IAPHL needs to do to improve their service/utility/value?
18. What do you see as IAPHL's biggest successes in meeting its stated purpose?

19. What do you see as IAPHL's biggest challenges/difficulties in meeting its stated purpose?
20. Is there **anything else** you would like to say about IPAHL that we have not already covered?

Thank you for taking the time to speak with me today. We greatly appreciate your participation.

GH EvalS 007 Assignment: IAPHL Assessment

Key Informant Interview Form

IAPHL/JSI STAFF

Interviewer:	Interview Date:
	Start time:

Interviewee's Name:	
First:	Last:
Current Position.	Organization: JSI
Contact email:	Phone:

Thank you for taking the time to speak with us today. We are here to learn about the ways in which the IAPHL community is serving its members and what might be done to improve its efforts.

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person, unless you tell us that you would be willing to have your responses to be quoted in the final report. They will be summarized and included in the final report which will be shared with USAID. At any point, if you do not understand a question, please feel free to ask us for clarification.

Your participation is completely voluntary. Our interview will take about one hour.

We would like to record this interview to ensure that we do not miss any important points. Please know that anything you say during the interview will be kept confidential within the Assessment Team, and that in the final report we will not be attributing specific comments to any specific individual.

Do we have your consent to conduct the interview? Yes No

Do we have your consent to record the interview? Yes No

Do you have any questions before we begin?

BACKGROUND

I. What activities are you/were you responsible for at IAPHL?

2. How long have you been/were you in this role?
3. What would you say have been/were your main achievements in this role?
4. What percentage of full time is your position? Has this changed over time? How? Why?

MEMBERSHIP

5. Are there any professional or educational requirements for becoming a member of IAPHL? Please specify.
6. What additional benefits do IAPHL members have *other than having access to the listserv*?
7. When or how do IAPHL members receive a certificate? What are they required to achieve in order to get one? Is the certificate for life or renewable? If renewable, with what frequency and what requirements?
8. What do you think motivates individuals to join IAPHL as a member?
9. Is there a process for ceasing IAPHL membership? If so, what is that process? And how often do you receive these types of requests?

ADMINISTRATION AND FUNCTION

10. What is IAPHL staffing structure?
11. Do you have reporting requirements to JSI?
12. How/who determines the effectiveness of your role?

GOVERNANCE and MISSION

13. What is the benefit of having JSI hosting IAPHL instead of it being a standalone association? Do you think there would ever come a time when the community could support itself? Why? Why not?
14. How is IAPHL's aim of 'promoting the professional development of those who work with health supplies, including nurses, pharmacists, and others carrying out logistics tasks' realized? How do you track your aim, and how is it reported to USAID?

IAPHL NOW AND IN THE FUTURE

15. What do you see as IAPHL's biggest successes in meeting its stated purpose?
16. What do you see as IAPHL's biggest challenges/difficulties in meeting its stated purpose?
17. What is your vision for IAPHL in the future? How might this community evolve to better meet member needs in the next 3-5 years?
18. IAPHL seems to have four sources of funding: i. USAID who support the majority of IAPHL's activities; ii. JSI in-kind contributions, iii. Sponsors and iv. Grants (Gates). How is the sponsorship and grant resources allocated and how do you see IAPHL attaining financial sustainability in the future?

ACTIVITIES

According to the IAPHL website you offer a variety of services. I'd like to ask specific questions related to each one:

19. IAPHL has a listserv where you can ask logistics questions and receive answers from peers and supply chain management experts. *How often, if ever, do you involve supply chain management experts to help respond to these questions? When do you decide you need their involvement?*
20. Are IAPHL members provided with guidelines/code of conduct on how to interact in the listserv, how to raise topics, respond, appropriate language, etc.?
21. When an IAPHL member posts a comment for the listserv, how long does it wait until it is approved or rejected by the administrators? *What sort of content would be rejected and what proportion of posts never make it to the listserv? Do you inform the IAPHL member of the lack of success?*
22. IAPHL has moderated discussions providing authoritative information about innovations and best practices. *Your website mentions these occur every month, but they seem to happen with a lot less frequency than that (probably three per year though your website shows once every 18 months (March 2019 and October 2020). Why is this? How do you decide when to hold moderated discussions and what topics to discuss? Do the members contribute to the topics? Is there a workplan/calendar where the membership knows what moderated discussions will happen and when? How many members typically participate on these? Equally, there seem to be no established frequency (i.e., monthly) for the executive newsletters as there has been 3 in 2020, none in 2019, 3 in 2018 and 1 in 2017. Why the irregularity? What purpose do they serve?*
23. IAPHL offers information on courses and events in supply chain management. *How often do you post news, events and courses? Do you get asked by others to announce those or do you find them in other sites and place them here? Who decides what gets posted?*
24. The website mentions that it offers members and non-members access to information through on-line courses, on-site courses, webinars, case studies, publications and other e-learning opportunities under the Resources tab. Looking at the Resource tab, there seem to be no on-site courses currently listed. The editorial output is limited to two blog articles, 3 notes from the desk of the ED and one resource digest from 2018. *Can you please explain how resources are gathered and shared for this part of the website? What is the reason that there are not more resources available? Are resources shared with the IAPHL community through means other than the website?*
25. For the professional development, internships, and employment opportunities, there seems to be very limited information on the website. *Are these opportunities shared with the IAPHL community through any other means, such as the listserv? Given IAPHL's mission to provide professional development opportunities, could you elaborate on the lack of professional development and employment resources on the site?*
26. IAPHL sponsors national chapters. *How do countries decide to create a national chapter? Is it with your approval or is it a country decision? Does IAPHL always agree to the creation of a country chapter? In your view, how is it beneficial to create a country chapter? Any drawbacks? What support does IAPHL provide in the constitution and or running the national chapters? Do you think country chapters could potentially separate from IAPHL and become independent?*
27. IAPHL offers mentoring support. *Please describe the nature of this support (Probe: How and when is mentoring support provided?). Who at IAPHL provides mentoring and under which*

circumstances? Do you have a mentor/mentee system? (Probe: Please explain your mentorship program in detail.)

28. IAPHL has a scholarship program through which members are selected to attend a relevant conference free of charge. *How many people have you put through this program? Do you have an annual target? What are the selection criteria and what obligations recipients of the scholarships have? Who monitors their compliance?*

M&E

29. Please describe any monitoring, evaluation and learning tools or processes you use to track performance or services for the IAPHL community. Is there anything you did in the past that you no longer do? Is there anything you wish you could do for MEL that you are unable to do? If so, why are you unable to do this?

30. How often is the IAPHL listserv cleaned to ensure that the membership you have (over 8,000 members) are current members (and not an accumulation of emails)?

If not cleaned: What processes do you have in place to ensure that the listserv is up to date with active emails/members?

31. From the tracked IAPHL analytics for 2019 and 2020, you track the number of new and returning visitors. Do you also track returning visitors who are IAPHL members?

32. How does IAPHL measure the professional skills improvement of its community of practice?

33. Is there **anything else** you would like to say about IAPHL that we have not already covered?

Thank you for taking the time to speak with me today. We greatly appreciate your participation.

GH EvaLS 007 Assignment: IAPHL Assessment

Key Informant Interview Form

PEER GROUP

Interviewer:	Interview Date:
	Start time:

Interviewee's Name:	
First:	Last:
Current Position.	Organization:
Contact email:	Phone:

Thank you for taking the time to speak with us today. We are here to learn about the ways in which the IAPHL community is serving its members and what might be done to improve its efforts.

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person, unless you tell us that you would be willing to have your responses to be quoted in the final report. They will be summarized and included in the final report which will be shared with USAID. At any point, if you do not understand a question, please feel free to ask us for clarification.

Your participation is completely voluntary. Our interview will take about one hour.

We would like to record this interview to ensure that we do not miss any important points. Please know that anything you say during the interview will be kept confidential within the Assessment Team, and that in the final report we will not be attributing specific comments to any specific individual.

Do we have your consent to conduct the interview? Yes No

Do we have your consent to record the interview? Yes No

Do you have any questions before we begin?

1. What is your current professional role? Where do you work? What are your responsibilities?
2. How long have you been in this role?
3. Please describe the community of practice you run/manage. What is its stated purpose/mission? What services or products do you provide to your members? How do members in your community connect/communicate?
4. How do you define and measure your success/impact?
5. What kind of monitoring and evaluation metrics/tools do you use to understand things such as the size of your community? Needs of your community members? Your performance? Etc? Are you willing/able to share those tools with us?
6. What are some of the challenges you face in collecting/using monitoring and evaluation metrics/tools?
7. How does your organisation sustain themselves? How are you funded?
8. Would you say that your organisation is self-sustaining and if so, how has this been achieved? If not, is there a path to sustainability? Please describe.
9. How do you engage/share issues with IAPHL? Do you have a mutually beneficial arrangement? How do you meet/discuss? How frequently do you meet? What other types of collaboration do you have with IAPHL?
10. What value do you derive from engaging with peer organizations such as IAPHL? How does engaging these types of organizations help you run your own community of practice? Is there any other type of support/structure that could help you in this regard?
11. In your experience from your own organisation/community, what are challenges that communities of practice like yours face?
12. Are you an IAPHL member? Why? Why not?
13. In your view what is the perceived utility of IAPHL? What purpose does it serve?
14. What would you like to see IAPHL doing that it does not already do? In what additional ways could IAPHL serve its community?
15. In your view, what is the perceived uniqueness of IAPHL? What sets it apart from other communities of practice in this space? To your knowledge, is there anything that IAPHL provides that no other community of practice provides?
16. In your view, what are the main things IAPHL needs to do to improve their service/utility/value?

17. What do you see as IAPHL's biggest successes in meeting its stated purpose?
18. What do you see as IAPHL's biggest challenges/difficulties in meeting its stated purpose?
19. Is there **anything else** you would like to say about IAPHL that we have not already covered?

Thank you for taking the time to speak with me today. We greatly appreciate your participation.

GH EvalS 007 Assessment
Key Informant Interview Form
USAID

Interviewer:	Interview Date:
	Start time:

Interviewee's Name:	
First:	Last:
Current Position.	Organization: USAID
Contact email:	Phone:

Thank you for taking the time to speak with us today. We are here to learn about the ways in which the IAPHL community is serving its members and what might be done to improve its efforts.

Before we begin, I want to let you know that any information or examples we gather during this interview process will not be attributed to any specific person, unless you tell us that you would be willing to have your responses to be quoted in the final report. They will be summarized and included in the final report which will be shared with USAID. At any point, if you do not understand a question, please feel free to ask us for clarification.

Your participation is completely voluntary. Our interview will take about one hour.

We would like to record this interview to ensure that we do not miss any important points. Please know that anything you say during the interview will be kept confidential within the Assessment Team, and that in the final report we will not be attributing specific comments to any specific individual.

Do we have your consent to conduct the interview? Yes No

Do we have your consent to record the interview? Yes No

Do you have any questions before we begin?

BACKGROUND

1. What activities are you responsible for at USAID?
2. How long have you been in this role?
3. How does your role interact or oversee IAPHL?
4. In your view, what is the perceived utility of IAPHL? What purpose does it serve?
5. In your view, what is the perceived uniqueness of IAPHL?

Probe: What sets it apart from other communities of practice in this space? To your knowledge, is there anything that IAPHL provides that no other community of practice provides?

6. IAPHL's main means of connecting their community is through their email listserv. What are your thoughts on this offering?
7. Have you ever participated in or observed any of the other community offerings from IAPHL, such as webinars or moderated discussions? What are your impressions of these community deliverables?
8. In addition to the listserv and webinars, IAPHL provides a number of resources such as a job site, resource library, blog, etc. Do you see these resources? What are your impressions?
9. What are additional modes of connection/communication that you think might be useful for the IAPHL community? What would you like to see IAPHL do that it is not currently doing?
10. In your view what are the main things IAPHL needs to do to improve their service/utility/value?
11. What performance metrics do you currently receive to gauge IAPHL's performance? What additional performance metrics or measures of impact you would find useful to receive and with what frequency? *(Any specific ideas would be helpful)*

IAPHL NOW AND IN THE FUTURE

12. What do you see as IAPHL's biggest successes in meeting its stated purpose?
13. What do you see as IAPHL's biggest challenges/difficulties in meeting its stated purpose?
14. What is your vision for IAPHL in the future? How might this community evolve to better meet member needs in the next 3-5 years?
15. If IAPHL demonstrates value, functionality and utility, would USAID be willing to continue or increase funding?

16. How does USAID think IAPHL can be self-sustaining? What would the biggest challenges be?

17. Is there **anything else** you would like to say about IAPHL that we have not already covered?

Thank you for taking the time to speak with me today. We greatly appreciate your participation.

Survey Questionnaire

NOTE: This tool will be designed in SURVEY MONKEY, so please review for content only - not skip patterns or formatting, which we will tend to when we upload into the software.

IAPHL Community Improvement Survey Draft

Thank you for agreeing to take the IAPHL Community Improvement Survey. We're conducting research on the effectiveness of the IAPHL community and ways that we might improve your experience, as a user. We'd love to hear from you about your experience with IAPHL, how you use its resources and any additional needs and suggestions you may have. This will help us make improvements to the existing community and prioritize new features. The survey should only take 10 minutes, and your responses are completely anonymous.

You can only take the survey once, but you can edit your responses until the survey is closed on XXXXXX.

If you have any questions about the survey, please email us: XXXXXXXX

We really appreciate your input!

BACKGROUND/DEMOGRAPHICS

We will begin with some basic background questions.

1. In what country are you primarily based?
[drop down list of all countries]
2. How old are you?
[drop down of age ranges]
3. In what area did you receive your **most recent** educational training? (please select one)
 - a. Pharmacy
 - b. Nursing
 - c. Medicine
 - d. Supply chain
 - e. Computer science
 - f. Human resources
 - g. Public Health
 - h. Other (please specify)
4. How many years have you been working in the supply chain field?
 - a. Less than one year
 - b. 1-3 years
 - c. 4-6 years

- d. 7-10 years
 - e. More than 10 years
 - f. I do not work in the supply chain field (please specify the field in which you work) – SKIP PATTERN
5. In which supply chain sector do you **primarily** work? (please select one)
- a. Non-governmental/development/civil society organization
 - b. Public sector/government
 - c. Humanitarian supply chain sector
 - d. Donor agency/Foundation/Multilateral organization
 - e. Academic/research/training institution
 - f. Private sector
 - g. Independent consultant
 - h. Other (please specify)
6. At what level of the supply chain do you **primarily** work? (please select one)
- a. International
 - b. Central/national
 - c. Sub-national (district, regional, provincial, etc.)
 - d. Service delivery point (clinic, hospital, dispensary, warehouse, distribution center, etc.)
 - e. Across 2 or more levels
 - f. Others (please specify)

IAPHL MEMBERSHIP AND USAGE

Now we would like to learn about your membership history and use of IAPHL resources.

7. How long have you been a member of IAPHL?
- a. >6 months
 - b. Between 6-12 months
 - c. Between 1-2 years
 - d. Between 2-3 years
 - e. More than 3 years
8. Are you associated with an IAPHL country chapter?
- a. Yes, I am a chapter leader [DROP DOWN OF CHAPTER COUNTRIES]
 - b. Yes, I am a member of a country chapter (not the leader)

- c. No
9. How frequently do you read emails from the IAPHL listserv?
- a. I read all the emails from IAPHL
 - b. I read most of the emails from IAPHL
 - c. I read fewer than half of the emails from IAPHL
 - d. I hardly ever read emails from IAPHL
 - e. I never read emails from IAPHL *[please specify why not]*
10. How frequently do you contribute to the IAPHL listserv by either asking a question or responding to a question via email?
- a. I have never contributed to the IAPHL listserv *[please specify why not]*
 - b. Less than once a year
 - c. At least once a year
 - d. Several times a year
 - e. At least once a month
 - f. More than once a month
11. How frequently do you visit the IAPHL website?
- a. I have never visited the IAPHL website
 - b. Less than once a year
 - c. At least once a year
 - d. Several times a year
 - e. At least once a month
 - f. More than once a month
12. What areas of the IAPHL website/community do you **most frequently** use? (please select all that apply)
- a. Facebook
 - b. Linked-in
 - c. Twitter
 - d. Job board
 - e. IAPHL editorial output (blog articles, Executive Director desk emails, resource digest)
 - f. Webinar series
 - g. E-learning resources
 - h. Moderated discussions

- i. COVID-19 resources
 - j. Publications
 - k. News and events
 - l. FAQs
 - m. Member spotlights
13. How do you primarily use the IAPHL community? (please select all that apply)
- a. As a way of gathering answers to supply chain questions
 - b. As a resource for finding jobs
 - c. As a means of increasing my supply chain knowledge/education
 - d. As a means of networking with other supply chain experts
 - e. As a means of funding conference attendance
 - f. Other, please specify
14. In addition to IAPHL, which of the following related organizations do you engage with (this includes online engagement and/or membership)? (please select all that apply)
- a. SAPICS
 - b. Humanitarian Logistics Association (HLA)
 - c. People that Deliver
 - d. Reproductive Health Supplies Coalition (RHSC)
 - e. Resolog
 - f. Technet
 - g. Chartered Institute of Procurement and Supply (CIPS)
 - h. Other (please specify)
 - i. I am not a member of any other related organizations
15. Would you be willing to pay money to be a member of the IAPHL community?
- a. If yes, how much would you be willing to pay? [open ended]
 - b. If no, why not? (please describe any barriers to payment as well as any thoughts you have on the value of IAPHL)

IAPHL INFORMATION QUALITY

In this section, we would like to ask you about the quality of the information you encounter as a member of the IAPHL. This includes information shared via the website, social media accounts or listserv.

	Strongly agree	Agree	Disagree	Strongly Disagree	NA/ Don't know
16. I trust the information provided by the IAPHL to be accurate
17. I find the information on the IAPHL website to be timely and up to date
18. IAPHL provides me with all the supply chain information I need as a practitioner
19. IAPHL provides adequate learning opportunities for practitioners like me
20. Sometimes I find the responses posted to the listserv to be incorrect or irrelevant					

IAPHL FUNCTIONALITY

Now we would like to ask your opinion about the functionality of the IAPHL operations and its various community sites.

	Strongly agree	Agree	Disagree	Strongly Disagree	NA/ Don't know
21. The IAPHL website allows me to easily search directories to find what I am looking for
22. Responses to my listserv questions are fulfilled in a timely manner by IAPHL members and/or moderators

	Strongly agree	Agree	Disagree	Strongly Disagree	NA/ Don't know
23. The IAPHL listserv is a convenient means of connecting with colleagues
24. The IAPHL social media sites (Facebook, LinkedIn, Twitter) are an important part of my IAPHL experience

PROFESSIONAL UTILITY

In this section, we would like to gauge the professional impact that IAPHL has had on your work.

	Strongly agree	Agree	Disagree	Strongly Disagree	NA/ Don't know
25. Being part of the IAPHL community helps me to feel like a respected member of my field
26. The IAPHL community helps me to form professional relationships that I would not otherwise have
27. Being a member of IAPHL is helpful to my career advancement
28. IAPHL is useful in helping me conduct my day-to-day professional tasks
29. Being part of the community has provided me with professional development opportunities

MEMBER SATISFACTION AND COHESION

In this last section, we would like to assess your overall satisfaction with the IAPHL community.

	Strongly agree	Agree	Disagree	Strongly Disagree	NA/ Don't know
30. I enjoy being a member of the IAPHL community
31. I feel a strong sense of belonging to the IAPHL community
32. I am satisfied with the resources that the IAPHL community provides me
33. There is no other virtual community that provides me with the services that IAPHL provides

SUGGESTIONS FOR IMPROVEMENT OF IAPHL

We would like to solicit your suggestions for how to improve the IAPHL community. Please share any thoughts or ideas you have for how to improve the IAPHL website, listserv, social media accounts or any other aspects of the community.

34. In what ways does IAPHL contribute to your professional advancement?

In what ways does IAPHL help you conduct your day-to-day professional tasks?

In what ways could IAPHL improve its support for your professional development?

[OPEN ENDED RESPONSE]

In what ways could IAPHL improve the usability of its website/social media content?

[OPEN ENDED RESPONSE]

In what ways could IAPHL improve connections/communication among members of the community?

[OPEN ENDED RESPONSE]

Thank you for taking the time to complete this survey! We look forward to using your insights to improve the IAPHL community experience.

ANNEX 4. DATA SOURCES

KEY INFORMANTS

Name	Job Title	Organization & Location
USAID		
Bridget McHenry	Sr Organizational Development Advisor	USAID
Wezi Munthali	Supply Chain M&E Advisor	USAID
Alan Bornbush	CSL Division Chief	USAID
Amani Selim	Evaluation Technical Advisor	USAID
IAPHL Management		
Liz Igharo	Former director	IAPHL Nigeria
Walter Proper	Executive Director	IAPHL
Rachel Simon	Project Officer	IAPHL
Eddy Wiley	Social Media	IAPHL
Camit Keddani	Senior Advisor	IAPHL
IAPHL Advisory Group (Selection)		
Dan Schoenfeld		ASCM
Dominique Zwinkels	PtD Executive Manager	People that Deliver
Carolyn Hart	JSI Vice President	JSI
Alexandre Pascutto	Technet	World Health Organization
Jocelyn Copper		Humanitarian Logistics conference organizer
Marasi Mwencha	Head of Supply Chain	The Global Fund
Amadi Chima	IAPHL Nigeria Chapter Head	IAPHL Nigeria

Name	Job Title	Organization & Location
Jim Coughlan		UPS Foundation
Mozzamil Sidiqqi		The GAVI Alliance
David Sarley		The Gates Foundation
Barry Chovitz		Chemonics
Sponsors		
Pamela Steele	Executive Director	PSA
Paul Lalvani		Empower School
Annette de Nie		Iplus solutions
Dan Schoenfeld	Vice-President	ASCM
Rich Tong		Restart Partners
Edward Wilson		Partnership for Supply Chain Management (PFSCM)
Monica Otto	Director for Executive Education in Health, Government and Non Profit	Bocconi School of Management
IAPHL PEERS		
Luis Ortiz Echeverria	Head of the Group of practice managers	Senior Knowledge Management Advisor Global Programs Jhpiego
Jenny Frome	COO, SA Production and Inventory Control Society	SAPICS, Professional body for SCM in SA
Dan Brigden Alexander Pascutto		Technet-21 and Partnership for Immunisation Networks (PIN)
George Fenton	Chairman and Executive Director	Humanitarian Logistics Association

Name	Job Title	Organization & Location
Shannon Creggan	Community Manager	CIPS
Country Chapter leads		
Jenny Frome	SAPICS	IAPHL South Africa
Amadi Chima		IAPHL Nigeria
Fantaye Teka	Results for Development	IAPHL Ethiopia
Ricardo Misshoun	Senior Advisor USAID	IAPHL Benin
David Sarley	Gates Foundation	IAPHL USA
Professional Logistics Institutions for Landscape Analysis		
Shannon Creggan	Community manager	CIPS
Jenny Frome	COO, SA	SAPICS
Pamela Steele		PSA
Rahul Sharma Sachin Jagtap		Empower School of Health

LIST OF BACKGROUND DOCUMENTS

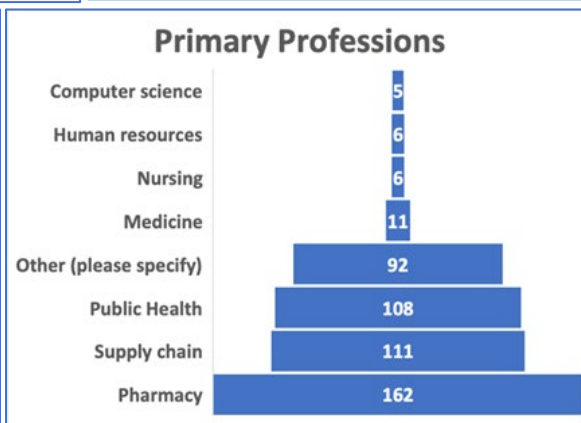
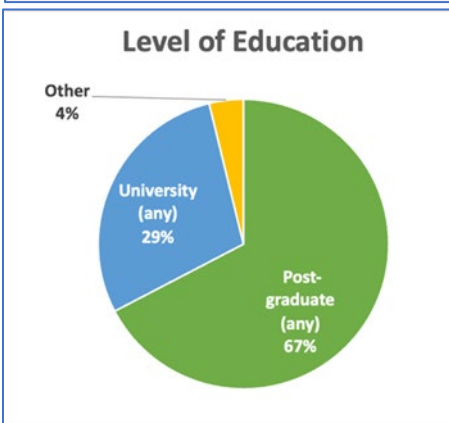
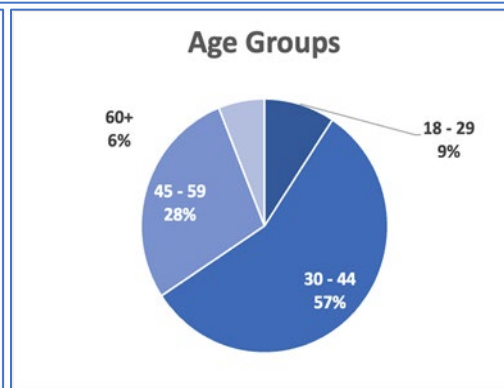
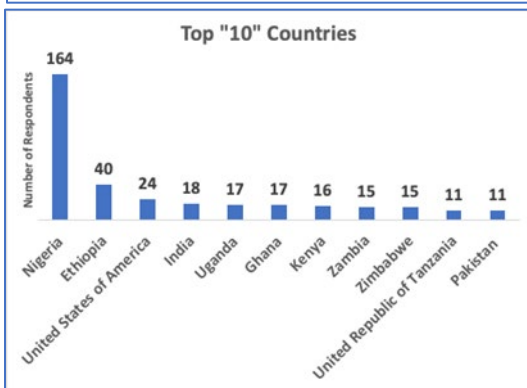
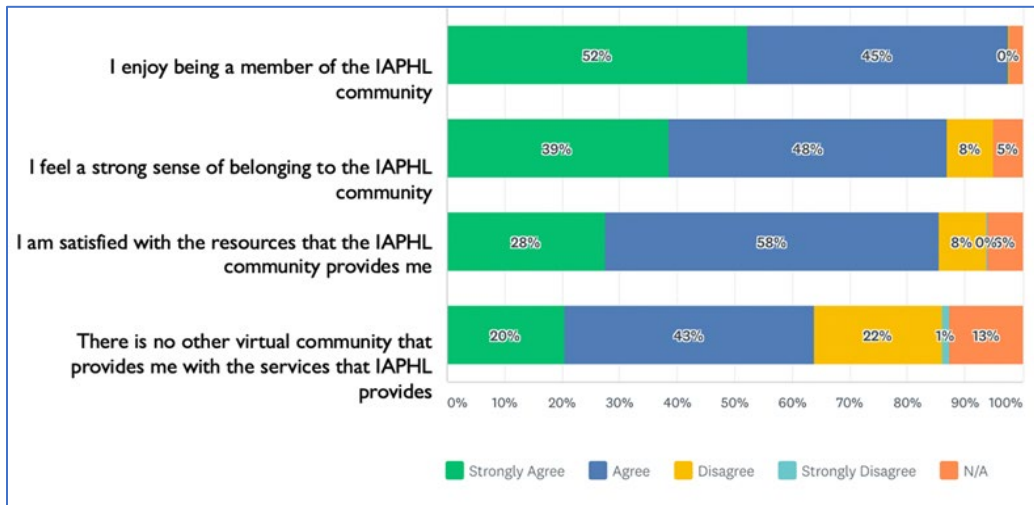
Title	Author	Date
2011 IAPHL Annual Survey Summary	IAPHL	2011
2013 IAPHL Annual Survey Summary	IAPHL	2013
2014 IAPHL Annual Survey Summary	IAPHL	2014
2015 IAPHL Annual Survey Summary	IAPHL	2015
2016 IAPHL Vision	IAPHL	2016
2016 June IAPHL Business Plan	IAPHL	2016
2016 Positioning Paper PtD and IAPHL	IAPHL	2016
IAPHL Executive Director Letters: December 2017	IAPHL	2017
IAPHL Executive Director Letters: April 2018	IAPHL	2018
IAPHL Executive Director Letters: December 2018	IAPHL	2018
2018 IAPHL Scholarship Recipient listserv entry to the 11th Global Health Supply Chain Summit Lameck Manada	Lameck Manada	2018
2018 IAPHL Scholarship Recipient Report to the 11th Global Health Supply Chain Summit Akbar Ali Rabbani	Akbar Ali Rabbani	2018
2018 IAPHL Annual Survey Analysis	IAPHL	2018
2019 Survey_IAPHL_USAID Assessment	IAPHL	2019
FY 2019 JSI R&T In-Kind Support to IAPHL	IAPHL	2019
Witness Hussain IAPHL Scholarship Beneficiaries' Report	Hussain	2019
IAPHL Flyer: How to Join a National IAPHL Chapter	IAPHL	2019
IAPHL Overview 2019	USAID	2019
IAPHL Overview Jan - October 2019	USAID	2019
IAPHL Scholarship Beneficiaries' Report	Joseph Desire	2019
Takeda Proposal No. 2	JSI	2019
Takeda Proposal No. 1	JSI	2019
IAPHL Executive Director Letters: May 2019	IAPHL	2019
2019 January to October. Overview of Social Media	IAPHL	2019
2019 IAPHL Scholarship Recipient Report to the HHL Conference Francis Oboi	Francis Oboi	2019
2019 Nigeria. Report on how members reported the benefit of the IAPHL platform. An anecdotal account from members.	IAPHL	2019
FY2019 IAPHL Workplan	IAPHL	2019
2019 IAPHL Annual Survey Results	IAPHL	2019

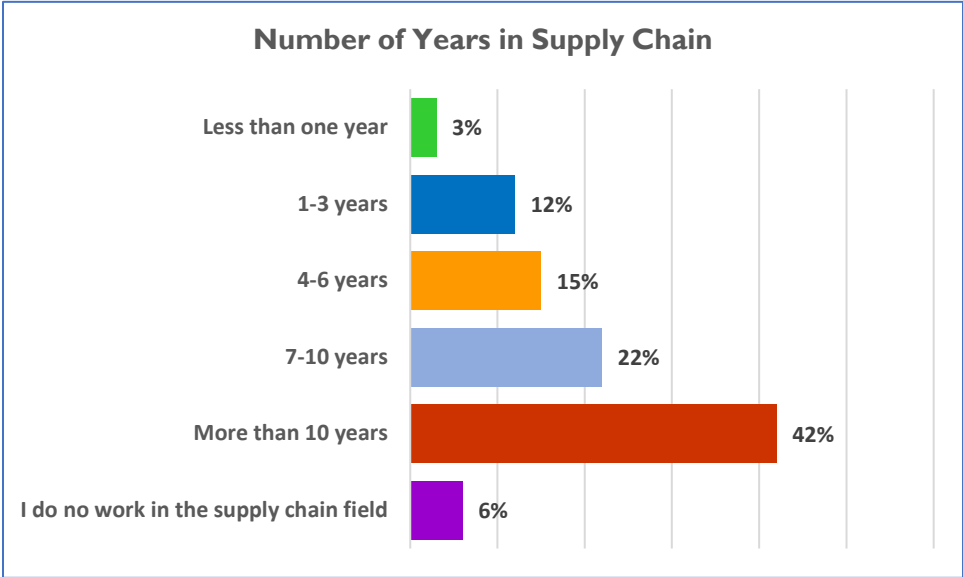
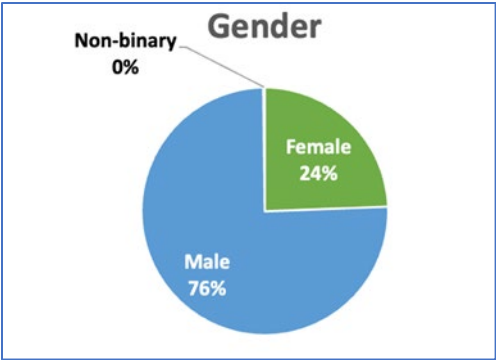
Title	Author	Date
2018 and 2019 IAPHL Survey Analysis	IAPHL	2019
2017-2019 IAPHL results report for HP+	IAPHL	2019
Accumulative Sponsorship Details	USAID	2020
Advisory Group Members	USAID	2020
FY 2020 IAPHL Workplan	IAPHL	2020
Gates Grant Activities	USAID	2020
HP+/ International Association of Public Health Logisticians (IAPHL) PRH Results Report	IAPHL	2020
IAPHL Looking Forward	USAID	2020
IAPHL 2020 Sponsorship Package	IAPHL	2020
IAPHL Brief 2020	IAPHL	2020
IAPHL Case Study	IAPHL	2020
IAPHL Chapter Tracker	USAID	2020
IAPHL Funding History	USAID	2020
IAPHL Overview 2020	USAID	2020
Witness Hussain IAPHL Scholarship Beneficiaries' Report	Hussain	2020
IAPHL Start a Chapter Flyer 2020	IAPHL	2020
JSI Subaward to Palladium FY20	Palladium	2020
Social Media Analytics 2020	IAPHL	2020
Sponsors and Contacts List	USAID	2020
USAID CSL Funding by Fiscal Year	USAID	2020
2020 December IAPHL Advisory Group Meeting	IAPHL	2020
IAPHL Chapter Lead Meetings: May 2020	IAPHL	2020
IAPHL Chapter Lead Meetings: June 2020	IAPHL	2020
IAPHL Chapter Lead Meetings: July 2020	IAPHL	2020
IAPHL Chapter Lead Meetings: August 2020	IAPHL	2020
IAPHL Chapter Lead Meetings: September 2020	IAPHL	2020
IAPHL Chapter Lead Meetings: October 2020	IAPHL	2020
IAPHL Chapter Lead Meetings: November 2020	IAPHL	2020
IAPHL Chapter Lead Meetings: December 2020	IAPHL	2020
IAPHL Executive Director Letters: July 2020	IAPHL	2020
2020 June IAPHL Advisory Group Meeting	IAPHL	2020

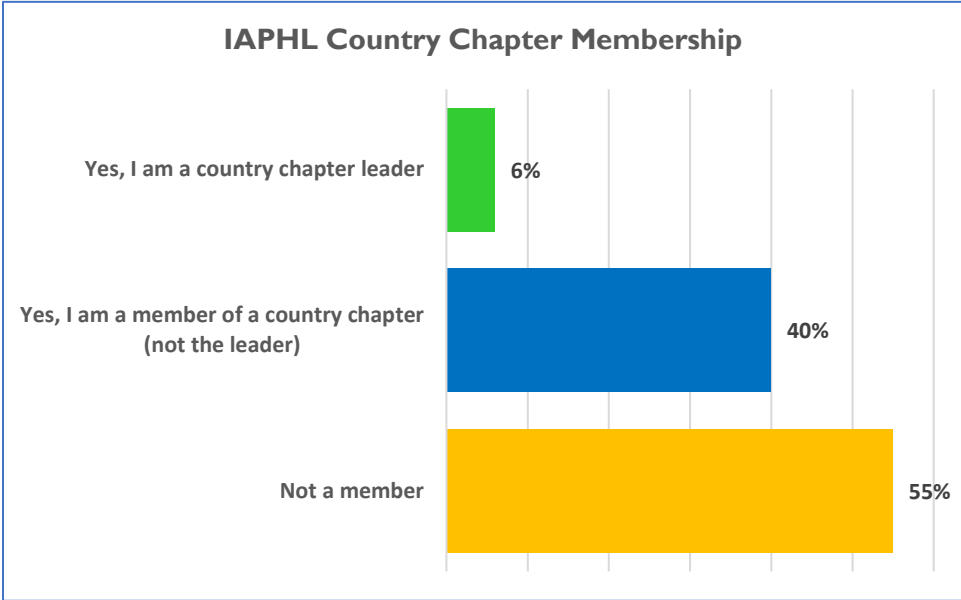
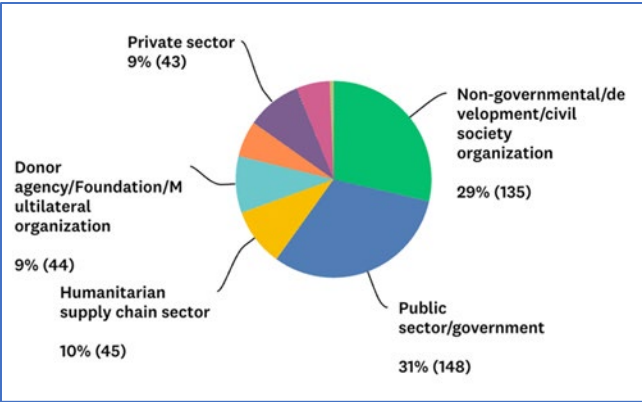
Title	Author	Date
2020 Overview of Social Media	IAPHL	2020
20219-2020 IAPHL Annual Results Report of Activities to Palladium	IAPHL	2020
IAPHL Moderated Discussions	IAPHL	2020
IAPHL's Workforce Investments PtD and IAPHL	IAPHL	2020
FY 2021 IAPHL Workplan	IAPHL	2021
Think Place. IAPHL Professional Development and Capacity Building Human Centered Design Assessment. Summary of Findings. 2021	IAPHL	2021
PRH Results Framework and Indicators 2012	USAID	2021
2021 IAPHL Country Chapter Tracker	IAPHL	2021
IAPHL Chapter Lead Meetings: January 2021	IAPHL	2021
IAPHL Executive Director Letters: April 2021	IAPHL	2021
Positioning Paper IAPHL-PtD	IAPHL	10/24/2016
IAPHL FY2019 Annual Workplan	IAPHL	3/24/2018
Looking at CSL's Supply Chain Workforce Inventions: PtD & IAPHL	IAPHL	4/23/2018
IAPHL Scholarships to Attend Supply Chain Conferences	IAPHL	7/1/2018
Health and Humanitarian Logistics Conference IAPHL Report	Ahamed Kallon	1/23/2019
Original IAPHL Advisory Group Idea	USAID	7/6/2019
IAPHL Scholarship Beneficiaries' Report	Nadiya Jiwa	7/11/2019
IAPHL Scholarship Beneficiaries' Report	Olivier Wane	7/11/2019
IAPHL Scholarship Beneficiaries Report	IAPHL	7/12/2019
How IAPHL members report the benefit of the IAPHL platform February 20, 2018 – October 16, 2019	IAPHL	10/16/2019
Executive Director June Letter	Walter Proper	6/1/2020
2020 IAPHL Advisory Group Meeting	IAPHL	6/25/2020
Executive Director July Letter	Walter Proper	7/1/2020
Partner Organizations and Persons that the Assessment Team May Wish to Contact	USAID	7/1/2020
Executive Director's August Letter	Walter Proper	8/1/2020
Executive Director September Letter	Walter Proper	9/1/2020
Executive Director October Letter	Walter Proper	10/2/2020
Executive Director's October Letter	Walter Proper	10/7/2020
Executive Director October Letter	Walter Proper	10/7/2020

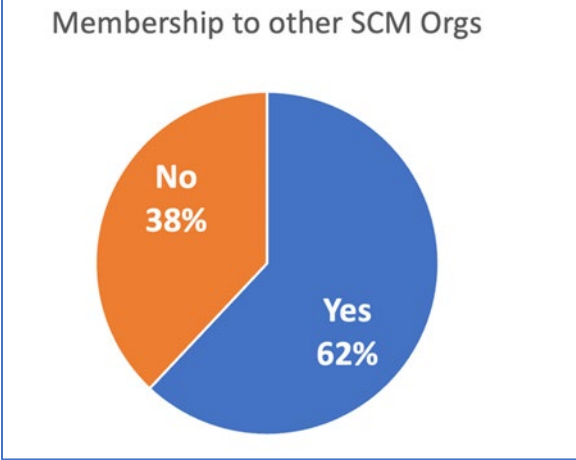
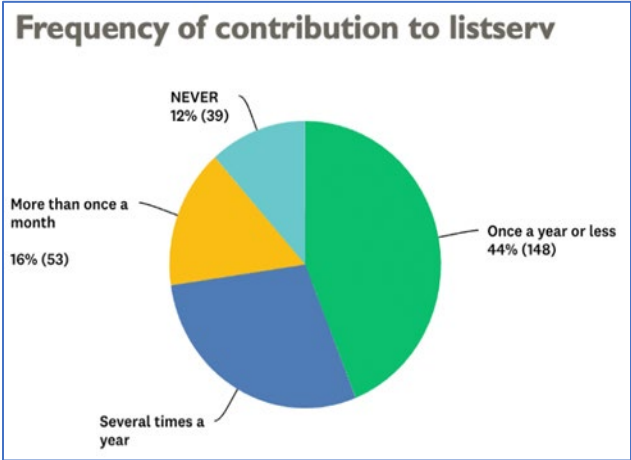
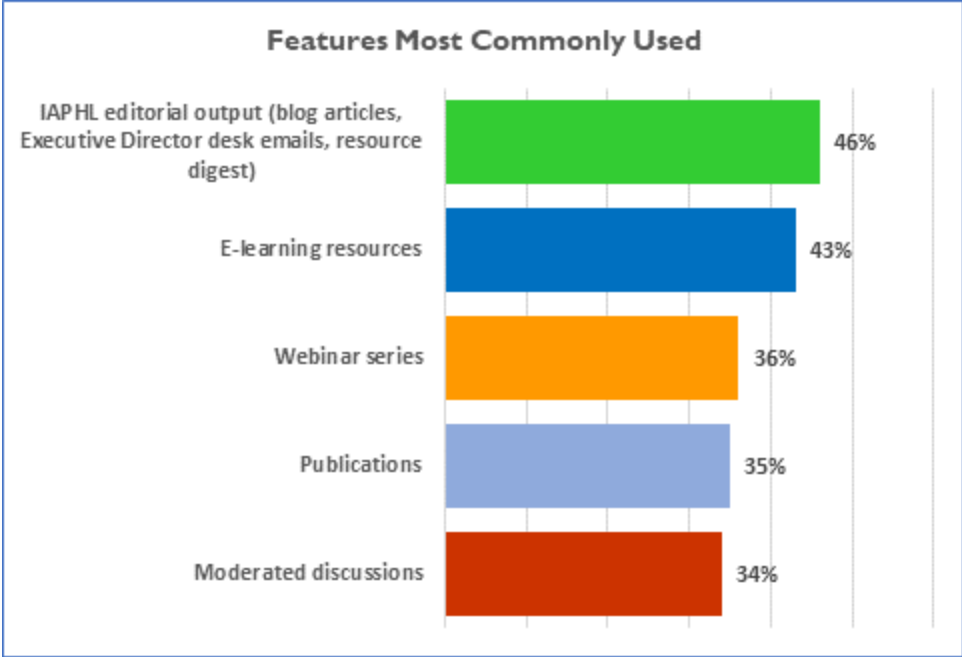
Title	Author	Date
Executive Director November Letter	Walter Proper	11/3/2020
JSI AOR Approval Memo	Veena Menon	11/13/2020
JSI Approval Certificate	Veena Menon	11/24/2020
AOR Approval Letter	Veena Menon	11/24/2020
Note from Recent Scholarship Recipient	Evelyne Kahare	11/24/2020
217655.JSI.02 Subaward Palladium	Suneeta Sharma	11/25/2020
IAPHL Annual Report of Activities	IAPHL	11/30/2020
Executive Director's December Letter	Walter Proper	12/2/2020
IAPHL Advisory Group Meeting	IAPHL	12/11/2020
IAPHL Business Plan 2016 - 2018		

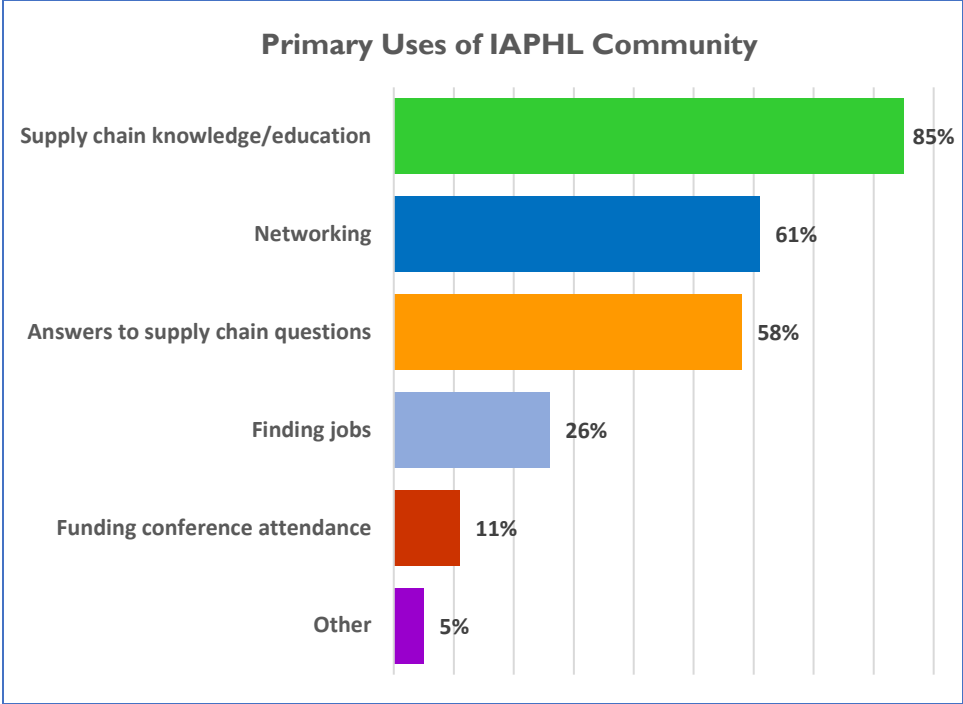
ANNEX 5. KEY FINDINGS FROM ONLINE SURVEY











ANNEX 6. COUNTRY CHAPTER LEADS ATTENDANCE AT MONTHLY MEETINGS

Country Chapter	May 2020	June	July	August*	Sept.	Oct.	Nov.	Jan. 2021
Angola								
Benin								
Burundi		√				√		√
Cameroon	√	√				√		√
Côte d'Ivoire								
DRC								
Ethiopia	√				√			
Ghana	√		√		√	√		√
India							√	√
Kenya	√	√					√	
Liberia								√
Malawi					√			
Mozambique								
Nepal	√							
Nigeria	√					√		
Pakistan								
Sierra Leone	√	√			√		√	√
South Africa					√	√	√	
Togo	√		√				√	√
Tanzania								

Country Chapter	May 2020	June	July	August*	Sept.	Oct.	Nov.	Jan. 2021
Uganda	√	√				√		√
USA			√					
Zambia	√		√					
Zimbabwe			√			√		√

Source: IAPHL Country Chapter Leaders Meeting Minutes from May 2020 to January 2021 (except for December)

*There was no list of CC attendees in August

ANNEX 7. LANDSCAPE ANALYSIS

Landscape Analysis- Part I

Organization	SAPICS	Humanitarian Logistics Association	CIPS	Pharmaceutical Systems Africa	Technet-21
Location	South Africa	UK	UK	USA & Africa	Switzerland
Vision					
Mission	Striving to build a vital community of educated supply chain professionals in Africa	HLA works to increase understanding and forge alliances between aid organizations, the private, public and academic sectors	Leading global excellence in procurement and supply. Think global, be local	To work with developing countries to build sustainable capacity in pharmaceutical supply system management and to enhance program efficiency	To bring together immunization professionals at every level, in every country, and from every sector; helping them to build relationships, coordinate activities, share knowledge, and align priorities and goals
Objectives/ Goal	To advance individuals and organizations in the supply chain profession, through participation in its educational programs, conferences, and events	To help make a difference to the effectiveness & efficiency of our members by setting standards, facilitating training, and encouraging collaboration for humanitarian logisticians	Voice-of the profession. CIPS is the world's largest organization dedicated to the profession, with a global community of over 200,000	To build sustainable capacity in pharmaceutical supply system management; To enhance program efficiency	To improve immunization services by bringing together immunization professionals at every level, in every country, and from every sector through community, knowledge and coordination

Organization	SAPICS	Humanitarian Logistics Association	CIPS	Pharmaceutical Systems Africa	Technet-21
Impact	N/A	“83% of HLA members say their membership is valuable”	Global recognition, including the UN & WB Development of the right value propositions for the different career stages of a Procurement and Supply professional that enabled CIPS become “Professional Partner for Life”	N/A	N/A
Geographical coverage	Africa	Global	Global	Africa	Global
Number of members	700	N/A	70,606 (2019)	Not an association	4000+
Target membership	N/A	N/A	New membership acquisition (growth) @7% & retention at 81%	Low-income countries in Africa	None

Organization	SAPICS	Humanitarian Logistics Association	CIPS	Pharmaceutical Systems Africa	Technet-21
Key services	Professionalization of SCM, events, conferences	Training and education, Professionalism Global network –foster communities and knowledge-sharing. Research and knowledge – knowledge bank of internationally recognized best practice. Lastly, Events – provides training and networking opportunities	Professional body for procurement and supply: Qualification/professionalism, networking, and training. (A professional institute, A membership association, An awarding body & A commercial organization)	https://pharmasystafrica.com/services/ : System and needs assessments Capacity building, Curriculum development Procurement, Product selection, Product storage and distribution, Pharmaceutical management information systems, Rational use of medicines and case management, and enhancing the role of therapeutics committees, Drug information, including pharmacovigilance Drug quality assurance and quality control Drug policy, Enhancing access, including enhancing the role of the private sector, Evidence-based practices (adaptation and implementation research), Operations research as well as Monitoring and evaluation	Conference every 2 years. TechNet-21 forum organized into eight categories. Network with different groups to join, Library, Cold Chain Equipment (CCE)

Organization	SAPICS	Humanitarian Logistics Association	CIPS	Pharmaceutical Systems Africa	Technet-21
Cost	See Figure 6 below	Associate member is Free & full membership \$35 per year & priced according to organization's turnover	Affiliate member new =GBP 99 and renew 64; Student new =88 renewal =53; Full member =99, renewal 64 and fellows pay GBP 75. Reinvest its income to advance global best practice	Paid training Fee differs per country & course	Free service
Certification	No. They endorse trainings offered by others	Yes. HLA collaborates in the development of humanitarian logistics training standards. They assess and accredit training courses. They also facilitate training, including a series of free webinars and workshops	Yes. Provides Professional Register that shows membership grade and ethical training	No	No
Other benefits	Reduced price to professional trainings and conferences	They can post jobs on site and access to Hum-Log Portal, as well as discounts on books, training, relevant products, and events	Discounts on training, events, and professional books	Internship Program	Members have access to all services

Organization	SAPICS	Humanitarian Logistics Association	CIPS	Pharmaceutical Systems Africa	Technet-21
Administrative structure	SAPICS is managed on a day-to-day basis by the professional administration delivered by Upavon Management. Secretariat is managed by 13 staff members of whom 4 are admin and are volunteers.	The Chartered Institute of Logistics and Transport (CILT-UK) hosts its secretariat.	Global Board of trustee, Executive, 6 standing committees & Congress See fig. 2 for details	In-country, team-of experienced health technicians including public health doctors, health economists, hospital managers, pharmacists, social economists and logisticians. Board of eight Advisors from the United States, Canada, Finland, Kenya, Zimbabwe, Tanzania and Ghana	4 staff members: the manager (full time), project coordinator (90%), websites developer responsible for knowledge management (full time) and an assistant coordinator (part time, 40%)
Governance	Executive committee (11 members) and the Board of Directors led by Chair/President and 3 directors	The Founders, Trustees, Advisory Group & Key Team Members (Volunteers)	Global Board of trustee, Executive, 6 standing committees & Congress See Figure 7: CIPS Governance Structure for details	In-country, team-owned organization. Technical strategy and outputs are quality-assured by a board of eight Advisors from the United States, Canada, Finland, Kenya, Zimbabwe, Tanzania and Ghana	WHO & UNICEF

Organization	SAPICS	Humanitarian Logistics Association	CIPS	Pharmaceutical Systems Africa	Technet-21
Partnerships	IAPHL, ASCM, ARC, DDI, IBF, LIA, PtD, SAIIE [1]	23 partners from various institutions: Aero Africa, Aston University – Aston Logistics & Systems Institute, Astral Aerial, Astral Aviation, ATCO Frontec, Atlas Logistique, Aviation Sans Frontières International, Bolloré Logistics, Durbin, EASST Academy, Field Ready, Flexport.org, Footprint, ILS Oman, International Association of Public Health Logisticians, RedR UK, Save the Children International, Sheltereach, Sisu Global Health, SkyLife, Spartan Relief Supplies, The Chartered Institute of Logistics and Transport and the Transaid	Individuals and many employers: international funding institutions, manufacturing businesses, oil, gas and energy, public sector, financial institutions (services), & transport sector	N/A	The ISC2 group (Gavi Alliance WHO, UNICEF, Bill and Melinda Gates Foundation and expanded partners (PATH, JSI, VillageReach, CHAI, USAID), PATH, JSI, Clinton health access Initiative
Funding	None	Grants, volunteer time and in-kind support	Membership fee, Professional Development income, corporate business income & CIPS charity/Foundation & Investments	Training fees	Partnership of Immunization Networks (PIN): Boost, IAPHL, IAWatch, The Geneva Learning Foundation WHO, UNICEF, BMGF
Results in website	None	“83% of HLA members say their membership is valuable”	In 2019, annual report published on the website	None	None

Organization	SAPICS	Humanitarian Logistics Association	CIPS	Pharmaceutical Systems Africa	Technet-21
web link	https://www.sapics.org/	https://www.humanitarianlogistics.org	https://www.cips.org	https://pharmasystafrica.com	https://www.technet-21.org
For profit/non for profit?	For profit	NGO	NGO, A commercial organization, & network	In-country, team-owned organization	CoP
Country Chapters/branches	No	Yes: 2 i.e., Country chapters in Kenya (Africa region) and in Southeast Asia (region)	International offices in Australia, New Zealand, South Africa, Singapore, Turkey and USA	USA & Africa offices: Ghana, Liberia, Tanzania, Uganda, & Zambia. Consultants based in Rwanda, South Africa, Malawi, and Mali	No. But considering geographical sub-groups for localized discussions

Landscape Analysis- Part II

Organization	ASCM	<u>People that Deliver (PtD)[1]</u>	I+ academy	<u>African Resource Centre DwP [2] ARC</u>	IAPHL
Location	USA	Denmark (hosted by UNICEF Supply Division)	Netherlands	Across Africa with offices in South Africa and Kenya	USA
Vision	<p>Creating a better world through supply chain excellence. As supply chains grow more complex, global and sophisticated, organizations across every industry face a mounting need for skilled, diverse and dedicated professionals. The ASCM Foundation works to attract more people to the field, prepare them for rewarding career opportunities and give tools and knowledge to make a difference anywhere in the world. Our work creates more effective and sustainable supply chains and high-quality jobs that advance individuals, organizations, communities and economies. We are proving the value of our educational and supply chain development initiatives with a full range of programs and meaningful results</p>	<p>Envisions a world where health supply chain workforces are empowered and equipped to optimize health outcomes by improving access to health commodities</p>	<p>Believe in a world without unmet medical needs. Partner with governmental, private sector, public and charitable organizations to develop health infrastructures to help low and middle-income countries become resilient societies</p>	<p>Every person should have access to basic healthcare and medicines to live a healthy, happy and productive life. ARC aims to increase access to medicines and health commodities for patients in Africa by working with ministries of health in countries with the greatest need</p>	<p>Envisions a world where all people have access to life saving health products, delivered by sustainable supply chains which are managed by competent, empowered and connected practitioners</p>

Organization	ASCM	<u>People that Deliver (PtD)[1]</u>	I+ academy	<u>African Resource Centre DwP [2] ARC</u>	IAPHL
Mission	The Association of Supply Chain Management (ASCM) is the global leader in supply chain organizational transformation, innovation and leadership. Largest non-profit association in supply chain	Promote global awareness, generate evidence-based approaches, and catalyze national capacity to plan, finance, develop, support and retain national health supply chain workforces through global partnership	To save and improve lives by creating functioning health supply chains	The Africa Resource Centre (ARC) aims to be an independent advisor to support and enable ministries of health to build resilient supply chains that contribute to the United Nations' Sustainable Development Goals. Our mission is to partner with ministries of health to help build a sustainable, self-sufficient African healthcare landscape by 2030, with significantly increased availability of medicines and health products when and where they are needed	To support the professionalization of supply chain managers and others working in the field of public health logistics and commodity security, with particular focus on developing countries, equipping individuals to strengthen the health systems in which they work

<p>Objectives/ Goal</p>		<ol style="list-style-type: none"> 1. Achieve global recognition that supply chains require a competent and supported supply chain workforce 2. Promote stewardship and leadership at the national level to understand the technical and managerial capacity needs for human resources in supply chain planning, strategy, design, and management 3. Advocate for a common pool of human resources that are appropriately trained with supply chain competencies and qualifications to support supply chain activities across governments, health facilities, and private sector 4. Catalyze and disseminate evidence-based approaches for human resources for supply chain management that is informed by best practices and responsive to an evolving environment 	<p>Our goal is to offer quality online training and ensure that we reach high records of successful completion for our sessions. We are convinced that quality training services make an impact, either directly on the job or indirectly, through personal development</p>	<p>ARC is growing a community of practice and collaboration in the public health and supply chain environment in Africa through connecting practitioners and shared learning. Join the movement to help build a sustainable, self-sufficient supply chain system in Africa. ARC is:</p> <ol style="list-style-type: none"> 1) Focused on quality delivery driven by agility and responsiveness 2) Dedicated to building transparent and innovative partnerships 3) Committed to growth 4) Respectful of diversity 5) Open to learning. Intranet goals: Increase staff efficiency, productivity and satisfaction Improve decision making Improve customer service by providing accurate and consistent advice. Support internal communications and collaboration Reduce duplication of effort and costs 	<ol style="list-style-type: none"> 1. Educates, empowers, and connects individual members nationally and globally 2. Enhance member sense of community through professional growth, career opportunities, and job performance 3. Enables country chapters of members to work together for country change 4. Energizes the global community, providing convening power and a catalytic environment for information exchange across commodity groups, levels, and private and public sectors 5. Encourages the adoption of supply chain best practice from multiple sectors 6. Engages with local, regional and international organizations working in health supply chains
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Organization	ASCM	<u>People that Deliver (PtD)[1]</u>	I+ academy	<u>African Resource Centre DwP [2] ARC</u>	IAPHL
Impact	150,000 APICS certified individuals. The median salary for individuals with at least one APICS certification is 25% higher			ARC is a trusted independent enabler of long-term supply chain transformation initiatives and investments in Africa. To drive long-term transformation and build the capacity of ministries of health, ARC follows a government-led process of generating demand for supply chain investment and brokering resources and expertise from all sectors. ARC endeavors to build an extensive network of private sector, academic and professional institution partners to achieve this	
Geographical coverage	Worldwide 40% members outside the US 100 countries	Worldwide	Africa wide	Across Africa with offices in Nigeria, Kenya, South Africa and Senegal. The Kenyan and South African offices serve as solution centers to achieve the organizational mission	Worldwide in 150 countries but with an African continent focus
Number of members	43,000	Organizational membership with representation across country governments, multilateral, private sector, academia, technical agencies such as GAVI, USAID, UNFPA and UNICEF. A total of 79 institutions	Around 4,000 in the CoP	In the CoP 803, not taking members	8,500 (though listserv never cleaned, nor members removed, or information updated.

Organization	ASCM	<u>People that Deliver (PtD)[1]</u>	I+ academy	<u>African Resource Centre DwP [2] ARC</u>	IAPHL
Target membership	Supply Chain Professionals	Supply Chain Organizations/ Professionals and Development	Supply Chain Professionals	Supply Chain Public Health Logisticians	Supply Chain Public Health Logisticians

<p>Key services</p>	<p>SCM now magazine; APICS Dictionary Events, seminars and webinars; Supply chain learning centers; Free subscription to the basics of distribution and logistics course; APICS certifications and endorsements; Supply Chain Operations Reference (SCOR) Model Framework; Digital capabilities model; Career resources such as student loan refinancing; Salary report and calculator; Mentor center; Recruitment center; Member directory; ASCM foundation; Volunteering opportunities; Virtual community: Supply Chain Channel; Local networking APICS chapters and for training profit partners in over 50 countries</p>	<p>PtD shares resources and tools in the form of advocacy materials, strategies and country best practices and leverages member organization expertise to implement new approaches; PtD provides a solution design by brokering services related to supply chain capacity building with a portfolio of member organizations that have experience and support in capacity building. PtD provides the following three service offerings to governments, NGOs and implementing partners:</p> <ol style="list-style-type: none"> 1. Visibility 2. Addressing and connecting supply and demand sides of HR for health in supply chain 3. Catalyzing and disseminating research Country partnership program <p>Other services: Resource library; Country specific resources; Publications; Vacancy announcements; Conferences and PtD Global Indaba</p>	<p>SCM Flagship courses in English, Spanish, Portuguese and French; Specialist courses; Competency courses; Scholarships to courses; Free mini course on quantification of health supplies required for C-19; Examples such as an online course; for LMIS users</p>	<p>ARC works with ministries of health to address the critical areas for building more efficient and effective health supply chain systems, including:</p> <ul style="list-style-type: none"> • Up-to-date policies and strategies for optimal supply chain functioning • Effective and efficient supply chain planning to achieve optimal utilization of existing assets • Identification and leveraging of resources to address capacity constraints within governments • Access to leading private sector practices and technologies • Analyzing and advocating for appropriate investments in supply chain infrastructure • Recognition of supply chain management as a sophisticated discipline requiring dedicated and specialized <p>Connect: ARC connects in-country stakeholders from different areas of the health supply system with each other and with lessons learnt from other countries</p> <p>Complement: ARC complements transformation initiatives by bringing new ideas and approaches to supply chains</p>	<p>Peer to peer support Technical content Country chapters Scholarships to conference attendance Vacancy announcements Invitation to webinars and seminars Course advertisements</p>
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			<p>Collaborate: ARC collaborates on large-scale transformation initiatives through developing cross-sector partnerships</p> <p>Other services include: Ask the expert Technical topics every week Ability of members to search member directory and send personal messages Resource library Access to supply chain tools developed by ARC Invitation to webinars Research engine in supply chain Private sector ARC strategic initiatives in most of Africa The Digital Workplace from Igloo provides the following capabilities:</p> <ul style="list-style-type: none"> • The digital platform to work solely as a Knowledge Hub and Digital Workspace • Community engagement e.g., Talent brokering, capacity building, events and conferences pages and functions • Team rooms as digital workspaces to allow efficient and traceable collaboration – e.g Round Table style / virtual whiteboarding • Igloo Software Company is contracted to ARC for both strategic governance and ongoing upgrades of the site, 	
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Organization	ASCM	<u>People that Deliver (PtD)[1]</u>	I+ academy	<u>African Resource Centre DwP [2] ARC</u>	IAPHL
				<p>funded from our current budget of 'concierge' hours. We do not rely on third parties for 'business and collaboration critical' functionality, nor for custodianship of private data</p> <ul style="list-style-type: none"> • This option ensures that ARC provides a smooth transition for users currently on the community: • Able to segment current users and deal with each group appropriately in terms of their continued role in ARC's work. • For example, users who were registered only as 'community members', rather than having an active role as ARC team members, collaborators or affiliates could be communicated to and encouraged to join the IAPHL or any other group that BMGF invest in in future. BUT, ARC retain access for those people that we are encouraging to work with us in digitally enabled, efficient ways through Igloo 	

Organization	ASCM	<u>People that Deliver (PtD)[1]</u>	I+ academy	<u>African Resource Centre DwP [2] ARC</u>	IAPHL
Cost	From \$150 pa for core services for international membership to \$220 pa for a PLUS North America membership which includes APIC certification discounts	Free	<p>1. Depending on course though some are free and scholarships are offered. Everybody who creates an account on the platform can access a limited range of free activities and receives the quarterly newsletter. This without any cost.</p> <p>2. Everybody who follows a course on the platform, belongs to group I, but is included in the alumni group of that course (joining all participants of previous sessions). Membership to these alumni groups suppose previous payment for participation of a course. These have a fixed cost (450 Euro in HIC and 390 Euro in LMIC) that is mostly paid via projects, or to a less degree out-of-pocket. In addition, we give out scholarships (around 10 per year)</p>	Free	Free
Certification	Yes	Certification through partners	Yes	Through third parties	Not yet

Organization	ASCM	<u>People that Deliver (PtD)[1]</u>	I+ academy	<u>African Resource Centre DwP [2] ARC</u>	IAPHL
Other benefits	As above. Comprehensive package of services		No other benefits		Planning mentoring once funding is secured
Administrative structure	Executive staff	Secretariat staff consisting of a part time Executive Manager and a project officer		CoP ran by the communication and knowledge management officer FT	Part time ED and one project officer
Governance	Board of Directors composed of industry leaders	PtD Board Members	There is a senior training manager that is a staff of i+solutions, and two platform administrators that are working in a consultancy partnership with the organization		Reports to JSI though an Advisory group attends meetings
Partnerships	Multiple worldwide partnerships	With the 79 organizations part of the PtD coalition		Wide partnership arrangements with Governments, Academia, Private Sector, UN Agencies, multilateral and bilateral donors	No formal partnerships though IAPHL sits in the PtD board

Organization	ASCM	<u>People that Deliver (PtD)</u> [1]	I+ academy	<u>African Resource Centre DwP</u> [2] ARC	IAPHL
Funding	Membership fee	Gavi, USAID, UNFPA and UNICEF. More recently the Global Fund	The work of responding to messages from CoP members and writing the newsletters is assumed as a continuous part of the platform administration, that is mostly being paid for by ongoing or new courses as part of larger projects. There is no separate funding	The Gates Foundation	USAID, JSI, sponsorships and grants
Results in website					
Web link	https://www.ascm.org/membership-community/	https://peoplethatdeliver.org/ptd/	https://www.iplusacademy.org	https://www.africaresourcecentre.org	laphl.org
For profit/non for profit?					
Country Chapters/ branches					

[1] South African Institute for Industrial Engineering

[2] [The African Resource Centre Igloo DwP is no longer taking members as it was deemed to be duplicative from IAPHL. It is expected for IAPHL to take on the ARC's DwP component. However, IAPHL is not interested.](#)

Figure 6: SAPICS Fees/Cost

Designation Fees

Membership Fee	Membership Fee	Application Fee	Designation Fee	Total
Prices Excl. VAT				
SCM Leader	R 900.00	R 500.00	R 2200.00	R 3600.00
SCM Professional	R 900.00	R 500.00	R 1900.00	R 3300.00
SCM Specialist	R 900.00	R 500.00	R 1500.00	R 2900.00
SCM Practitioner	R 900.00	R 500.00	R 1350.00	R2750.00
SCM Associate	R 200.00	R 150.00	R 650.00	R 1000.00

Figure 7: CIPS Governance Structure

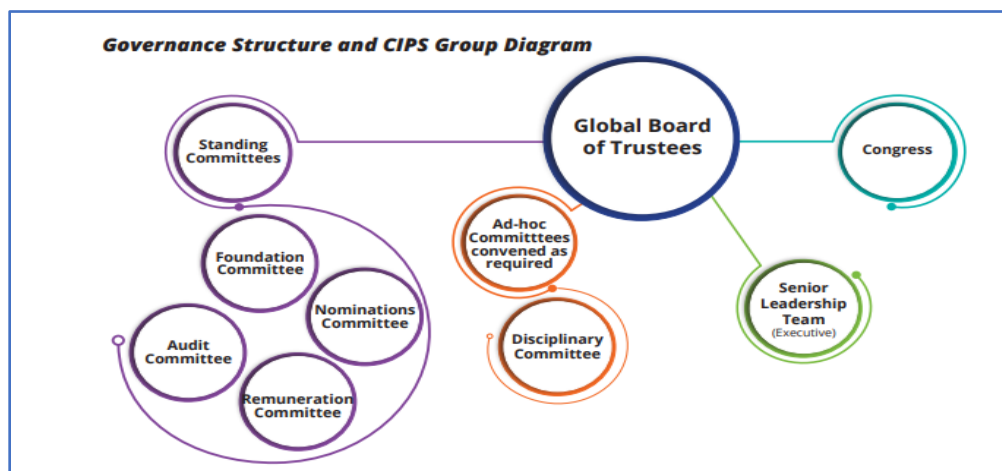


Table 5: CIPS Member Fees

Category		new	renewal
Affiliate		GBP 99	GBP64
Student		88	53
Full member		99	64

Category		new	renewal
Fellow			75

ANNEX 8. CONFLICT OF INTEREST FORMS


CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	Beatriz Ayala-Öström
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	Team Leader
Evaluation Award Number: (or RFTOP or other appropriate instrument number)	GH EvalS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: (Include project name(s), implementer name(s) and award number(s), if applicable)	International Association of Public Health Logisticians
I have real or potential conflict of interest to disclose:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	
Name and Signature: Beatriz Ayala-Öström	
Date: 8 th October 2020	


CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	AIMTONGA AMANI MAKAWIA
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	Supply Chain Specialist
Evaluation Award Number: <i>(or RFTOP or other appropriate instrument number)</i>	GH EvaLS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	International Association of Public Health Logisticians
I have real or potential conflict of interest to disclose:	<input type="checkbox"/> YES <input type="checkbox"/> NO X <input type="checkbox"/> NOT APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	
Name and Signature: Aimtonga Amani Makawia 	
Date: 03.12.2020	

CONFLICT OF INTEREST (COI) VERIFICATION

(please fill/sign/date the form below)

Name:	Ghazaleh Samandari
Title:	Consultant
Organization:	ME&A, Inc.
Evaluation Position:	Analyst
Evaluation Award Number: <i>(or RFTOP or other appropriate instrument number)</i>	GH EvaLS GS-10F-154BA/ 7200AA20M00003
Project(s) Evaluated: <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	International Association of Public Health Logisticians
I have real or potential conflict of interest to disclose:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT <input type="checkbox"/> APPLICABLE
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	
	
Name and Signature: Ghazaleh Samandari Date: 14 October 2020	

ANNEX 9. TEAM BIOS

Beatriz E. Ayala-Ostrom – Team Lead

Ms. Beatriz Ayala-Ostrom is a senior consultant with extensive experience working with and assessing multi-stakeholder processes relevant to Health System Strengthening (HSS); Procurement and Supply Chain for HIV, TB, Malaria; Essential Medicines; Reproductive Health; and Immunization. She has over 10 years of experience in the private sector and academia in operations and supply chain management and 20 years in the health development sector.

Her health systems strengthening experience extends both at national and community levels and focuses on equitable access and last mile systems and services availability and sustainability. Aspects have included policy, human resource capacity, management information systems, transportation, commodity security and access, funding architecture, integrated systems, system sustainability and resilience, joint programming, pool fund arrangements, grant performance management, monitoring, health systems demand mapping and proposal development for Health System Strengthening for immunization and HIV, Tuberculosis and Malaria.

Ms. Ayala-Ostrom has a BA in International Relations from the National University of Mexico in Mexico City and an MSc in Logistics and Transportation Studies from the Cranfield School of Medicine.

Aimtonga Amani Makawia – Logistics/Supply Chain Metrics Specialist

Ms. Aimtonga Amani Makawia is a Tanzanian professional, multidisciplinary and dynamic expert in international development with special focus on management and evaluation of communities of practices (CoP) in Africa. She has extended experience managing a network of Africa think tanks (TTIs) and building capacities of them. She has supported establishment and capacity building of national M&E Communities of Practice in over 18 African countries,

She currently works in areas of Knowledge Management, Monitoring and evaluation (KM&E) supporting the achievement of the AfDB's priority interventions addressing the current African transformation agendas including Human and Social Development for improving the Quality of Life for Africans. Ms. Amani holds a Master's degree in Geography, Population and Environmental Management, a Bachelor's degree in Education and Geography in addition to numerous high-quality professional training and certification in knowledge Management, M&E and learning, and capacity development.

Dr. Ghazaleh Samandari – Analyst

Dr. Ghazaleh Samandari has over 18 years of experience conducting quantitative and qualitative analysis of medical data. She previously served as a Senior Advisor for Research and Evaluation at EngenderHealth where she was responsible for overseeing the quality of indicator data from 30 country offices. This included conducting internal DQAs of projects' reporting indicators. Dr. Samandari has also conducted assessments of other health supply chain activities including an assessment of data and policies around reproductive health supply chain management for Ipas. While a Senior Analyst at JSI, she was responsible for leading the analysis of large-scale USAID health data. Dr. Samandari worked with USAID BGH team members to conduct secondary data analysis of BGH data sets. She holds a Ph.D. in Maternal and Child Health from the University of North Carolina, Chapel Hill; an M.P.H. from George Washington University; and a B.A. from Boston College.