Monitoring and Evaluation Framework for Ethiopian Pharmaceuticals Supply Agency

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Foreword

The Ethiopian Pharmaceuticals Supply Agency (EPSA) has been implementing the five-year pharmaceutical supplies transformation plan (PSTP) since 2016. This monitoring and evaluation (M&E) framework, an integral part of the transformation plan, plays a vital role in governing assessments of implementation status, identifying successes and challenges as well as guiding implementers and stakeholders towards targets set.

EPSA's current performance monitoring system has challenges including poor culture of information use at service delivery points, lack of or poor standard performance measurement system and inability to generate reliable data for decision making.

I believe that this M&E framework will address these challenges and bring about significant improvement in the overall performance of the agency. The framework, which passed through several reviews and consultations, avails mechanisms for data collection, analysis, use and reporting. The framework enhances informed decision making, institutionalizes information use at point of data generation and facilitates the practice of documenting, organizing and sharing best practices.

I look forward to the accelerated implementation of the M&E framework as part of the Agency's transformation targets on product availability and reduction of wastage.

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ACRONYMS

AMC	average monthly consumption
AWB	airway bill
B/L	bill of lading
BI	bank and insurance
BPR	business process reengineering
BSC	balanced score card
BVA	budget vs. actual
CA	credit advice
CAD	cash against document
CDS	cash deposit slip
CHAI	clinton health access initiative
CMD	contract management directorate
CPO	cash payment order
CPV	cash payment voucher
CRV	cash receipt voucher
CSA	consumption to stock ratio assessment
D&R	drugs and reagents
DAs	debit advice
DFM	distribution and fleet management
DN	debit note
DN	delivery note
DS	deposit slip
EFY	Ethiopian fiscal year
EPHI	Ethiopian Public Health Institute
EPSA	Ethiopian Pharmaceuticals Supply Agency
ERCA	Ethiopia Revenue and Customs Authority
ESLSE	Ethiopian Shipping and Logistic Services Enterprise
EFDA	Ethiopian food and drug authority
FMOH	federal ministry of health
FS	financial statemen
GHSC-PS	global health supply chain program - procurement and supply management
GIV	goods issue voucher
GPS	geographic positioning system
GRM	goods receiving memo
GRNF	good receiving notification format
GRV	good receiving voucher
HCMIS	health commodity management information system
HF	health facility
HR	human resource
HRMIS	human resource management information system
IGRV	inter good receiving voucher
IPLS	integrated pharmaceuticals logistics system
JV	journal voucher
KPI	key performance indicator

LC	letter of credit
LMIS	logistics management information system
LQAS	lots quality assurance system
M&E	monitoring and evaluation
ME	medical equipment
MOS	months of stock
NA	not available
NBE	National Bank of Ethiopia
PC	petty cash
PG	performance guarantee
PI	performance invoice
PO	purchase order
POD	proof of delivery
PSM	procurement and supply sanagement
PV	payment voucher
RDF	revolving drug fund
RDQA	routine data quality assessment
RHB	regional health bureau
RIG	record of incoming goods
RRF	report and requisition format
SCM	supply chain management
SDPs	service delivery points
SOE	statement of expenditure
SOP	standard operating procedure
SRM	stock return memo
SSA	stock status assessment
SSL	short shelf-life
SS	supportive supervision
STV	stock transfer voucher
TBA	to be assessed
TBD	to be determined
TMD	tender management directorate
TEC	tender endorsing committee
TET	tender evaluation team
TV	transfer voucher
TWG	technical working group
USAID	United States Agency for International Development
UNFPA	United Nations Population Fund
VAT	value added tax
VDD	valuation detail declaration form
VEN	vital, essential and non-essential
WoHO	wereda health office
WHT	whithholding tax
WIM	warehouse and inventory management
WIM	warehouse and inventory management
WMs	warehouse managers
ZHD	zonal health department

1. Introduction

The EPSA has been determined to meet the increasing pharmaceuticals demand in the country since its establishment in 2007. The agency has been expanding hubs, warehouse infrastructure, increasing procurement volume, integrating the supply management of pharmaceuticals that were previously managed vertically, enhancing direct delivery to health facilities and deploying automated health commodities management system (HCMIS) in all its hubs and in most of the high-volume health facilities.

Despite the significant achievements in the last ten years, there are challenge that needs to be addressed to realize a highly responsive and seamless pharmaceutical supply chain able to meet the growing for pharmaceuticals demand. Assessments conducted at different levels of the supply chain and by different organizations identified interrupted supplies, delayed installation of medical equipment, wastage, and inefficiencies as major problems across the entire supply chain. In effect, there is high dissatisfaction of health providers, patients, and the community at large. To address these challenges, transforming the agency has been acritical concern of the health sector.

Accordingly, the Federal Ministry of Health (FMOH) and EPSA board of directors decided to undertake business process reengineering and ensure the use of balanced score card to guide planning and strategic management. EPSA, in collaboration with partners, has been developing performance measurement tools to monitor and evaluate performance at corporate, process and individual levels. The M&E framework intends to accelerate the change management process and improve outcome of the overall pharmaceutical supply chain management.

The following sections describe the result framework, indicators, performance monitoring plan, data quality assurance, information use, and evaluation plan and indicator reference sheet.

2. Description of Supply Chain Monitoring and Evaluation

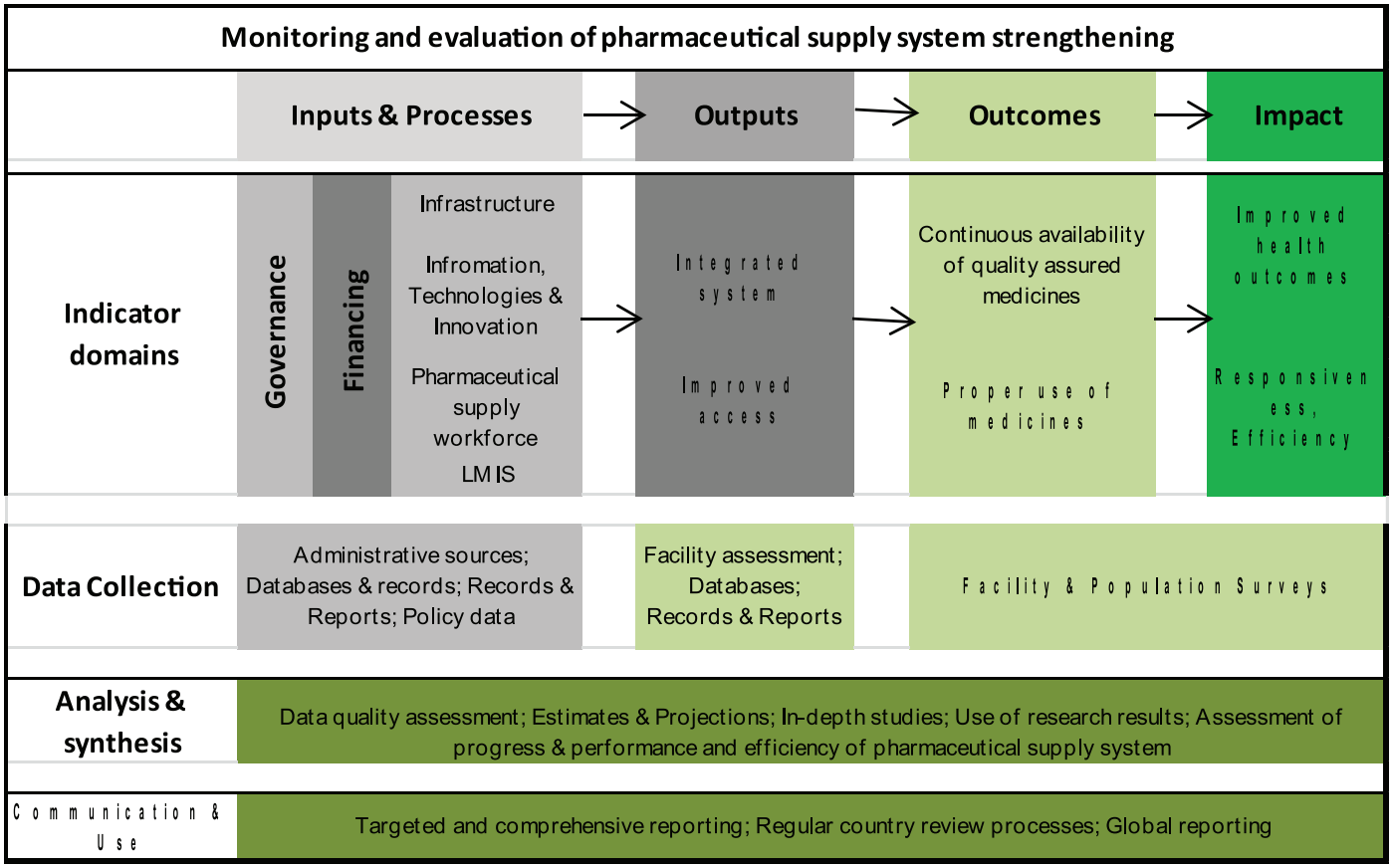
This framework describes the processes, methods, and tools that EPSA will use to collect, compile, report, and use data, and provide feedback as part of the M&E system. The framework specifies the type of monitoring, monitoring reports, timing of evaluations, roles, and responsibilities for the overall process and how they interact with the reporting of each implementer with clear roles and responsibilities in relation to data gathering and reporting. The framework aligns the main M&E activities to the annual plan and accounts phase-by-phase implementation of the BPR study during the budget year. The intention is to document what needs to be monitored, with whom, by whom, when, how, and how the M&E data will be used.

This comprehensive M&E framework, to which process owners at EPSA's main office and hubs subscribe, shall be the basis for improving the quality of information systems and institutionalizing mechanisms and tools for measuring product availability along the supply chain and loss of efficiency due to wastage. It should also strengthen dissemination and use of information at both central and hub level. To realize this, staff members need to be familiarized with the measurement tools with close follow-up and support from EPSA's Plan and M&E Directorate, process owners, branch managers, and top-level leadership.

The development of the M&E framework considered adoption of international and local M&E practices such as the supply chain operation reference model (SCOR), the international practice for data quality assurance and data use, and alignment with the country's information revolution roadmap. The SCOR-model is a business process reference model that links process elements, metrics, best practice and the features associated with the execution of a supply chain in a unique format. The five supply chain attributes based on SCOR model are reliability, responsiveness, agility, costs, and asset management. There are 10 level 1 strategic metrics that are directly associated with the five performance attributes.

In the M&E framework, there are seven corporate level KPIs. Six of the corporate level KPIs are set by considering each performance attributes of SCOR and the context of EPSA. In addition, one corporate level KPI, customer satisfaction, is added to make triangulation with the quantitative data of the six corporate level key performance indicators. Considering the attribute reliability, line fill rate is identified and determined; considering responsiveness, procurement lead time is determined; for agility, wastage rate is considered as it a proxy measure for value at risk. Cost to income ratio is chosen for cost and finally for asset management attribute, cash to cash cycle time and inventory turnover are considered.

The process level key performance indicators are also standardized to be line with the SCOR level 2 metrics. As these metrics are standard metrics in supply chain arena, it enable EPSA to compare its performance with other similar firms and also to benchmark others performances for continual improvement.



Critical Assumptions:

- Improved human resource development and motivation system; and minimize staff turnover
- Strong internal quality assurance system (implementation of QMS and other models)
- Strong political commitment from the government
- The expansion in road and railway construction
- Availability of specialty medicines market
- Improved/adequate capacity of local pharmaceuticals manufacturers
- Expansion of EPSA service
- Implementation of framework agreement
- Expansion of Center of Excellence initiative

Figure 1: EPSA M&E framework

2.1. Role and Responsibilities

This section of the M&E framework describes role and responsibilities of various actors who are involved in the implementation of EPSA M&E system. The system is implemented at EPSA central and branches. The table below shows role and responsibilities of key actors in the implementation of the framework.

Table 1: Role and responsibilities of key actors in the implementation of M&E framework

List of actors	Role and responsibilities in the implementation of M&E framework
EPSA Board of Directors	▪ Ensure allocation of resources for the implementation of M&E framework ▪ Approve strategic and annual plan ▪ Endorse data quality assurance framework ▪ Steward resources to implementation of high impact interventions/ approve annual budget ▪ Oversee the performance of supply chain ▪ Set target for high level indicators ▪ Review performance of EPSA and set direction
EPSA Senior Management Team	▪ Establish performance review team ▪ Lead the overall implementation of the M&E framework ▪ Approve M&E framework, guidelines, tools, and formats ▪ Periodically review status of process and corporate level Key Performance Indicators(KPIs) ▪ Ensure implementation of periodic performance review (review meeting and supportive supervision). ▪ Monitor overall performance of the agency ▪ Authorize user access for partners and other government bodies related to M&E information ▪ Promote use of information in coordination meetings with partners and within the organization ▪ Ensure availability of qualified and competent staff to implement the system ▪ Takes necessary corrective measures
Directors-coordinators (Central)	▪ Conduct performance appraisal for coordinators and officers under their respective directorates ▪ Lobby for allocation of resources to implement the M&E system at their directorate ▪ Ensure timeliness and quality of report submitted to the next level ▪ Advocate data visualization and use ▪ Engage in evaluation and operational research ▪ Uses individual KPI for performance management and appraisal
Hub Managers/Cluster Coordinators/Coordinators or Team Leaders	▪ Establish and lead performance review team ▪ Coordinate execution of joint supportive supervision at their respective branch, warehouses, and sample SDPs ▪ Conduct and coordinate hub level and cluster level review meetings ▪ Coordinate and conduct data quality assessment for their respective hub ▪ Monitor the overall performance of their respective units and hubs ▪ Conduct performance appraisal for coordinators and officers under their respective hubs ▪ Lobby for allocation of resources to implement the M&E system ▪ Ensure timeliness and quality of report submitted to the next level ▪ Ensure availability and utilization of standard recording and reporting tools at all levels ▪ Advocate data visualization and use ▪ Uses individual KPI for performance management and appraisal
Plan, M&E Unit	▪ Lead development and implementation of M&E system and related documents ▪ Build capacity of staff on M&E ▪ Lead joint supportive supervision, performance review meetings, and dissemination of M&E findings ▪ Conduct data quality assessment and evaluations ▪ Produce M&E products such as regular report, fact sheet and bulletins ▪ Conduct RDQA and LQAS as per the outlined schedule and standard ▪ Provide/facilitate capacity building training ▪ Provide technical support through mentorship and supportive supervision ▪ Ensure quality and timeliness of reports and take necessary corrective measures ▪ Advocate data visualization and use
EPSA Employee	▪ Ensure implementation of M&E system through proper recoding and reporting of their respective KPIs ▪ Use M&E data and findings ▪ Participate in monitoring and evaluation activities

2.2. Guiding Principles

The following four overarching principles are identified to effectively implement the M&E system as part of the organizational management system and to achieve expected results:

- Simplification: collecting, analyzing, and interpreting information relevant to performance improvement makes best use of scarce resources, especially human resource. This principle entails the use of information technology.
- Standardization: common definitions of indicators, data collection and reporting tools, standard operating procedures, and data management procedures are necessary for common understanding, to compare results across groups, to compare results overtime and to reach similar conclusion.
- Data use partnership: focus will be given in supporting the enabling environment in data production and information use. Thus, all stakeholders in supply chain information system and management will collaborate to make decisions based on one-report.
- Data visibility: enhance data visibility of the supply chain will be a priority. Data visibility will show commodity and the financial flow in real time. Automation and enforcement of data quality initiatives will support visibility of supply chain data at all levels.

3. Goal and Objectives of the Monitoring and Evaluation Plan

3.1. Goal

The goal of the M&E framework is to establish a system that guides data collection, aggregation, and use for monitoring and evaluation of the agency's pharmaceutical supply transformation plan.

3.2. Objectives

- To provide framework for the agency's management, process owners, and branch offices to regularly and systematically track progress of implementation of strategic and annual work plan.
- To provide objective data that help to cultivate competitive working environment by motivating best performers (sub-process, team, and individual) based on result.
- To facilitate continuous learning through documenting and sharing lessons learnt among units and staff.

4. Indicator

Indicators are critical components of the M&E system. Three types of indicators are selected to inform decision making in supply chain management. These are corporate, process and individual level indicators. The corporate level indicators show outcome at organizational level. Process level indicators aim to measure the performance of the systems and processes with in EPSA. Individual level indicators aim to monitor the accomplishment of individuals against the standard operating procedure. A total of seven corporate, 41 process and more than 300 individual level indicators are selected through an iterative process of consultation with EPSA experts, managers and higher officials. The indicators development considers standardization to use the data at national and international level and streamlining the data collection process. Details of the performance indicator reference sheet is presented in section eight below.

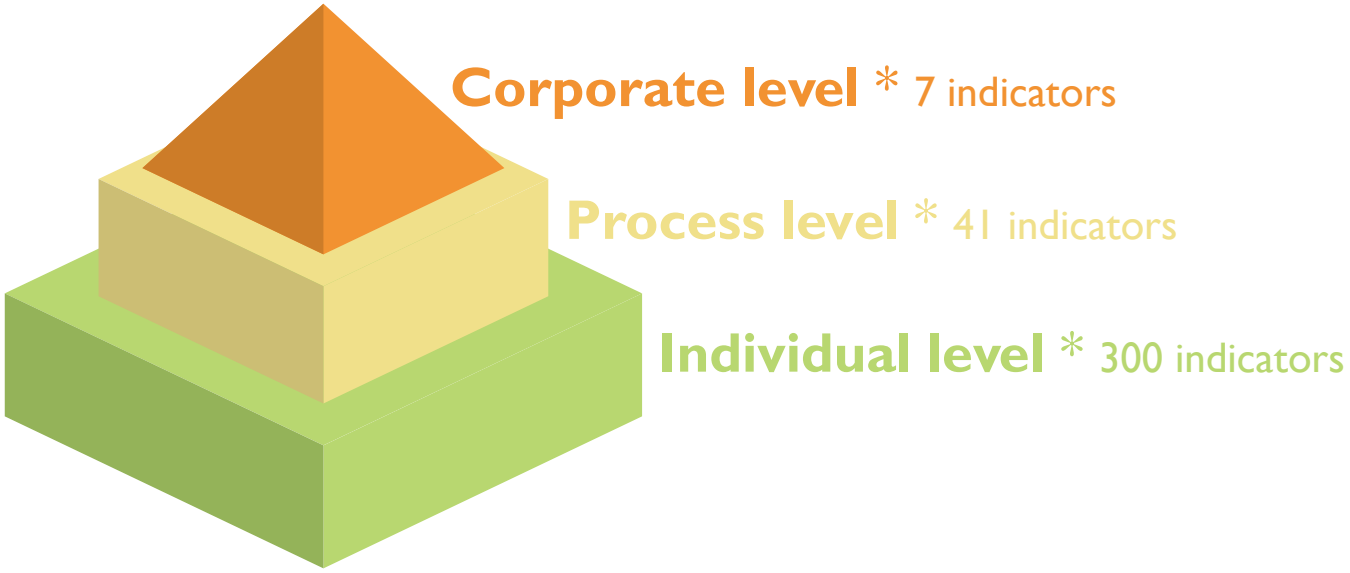


Figure 2: EPSA indicator prism

4.1. Baseline and Target

The agency tracks its performance against the baseline and target values. Baseline data is collected from several sources. For indicators without a baseline, the agency will develop baseline during a pilot phase or will take performance of the EFY 2011 or initiate a special study. All indicators will have a baseline by the end of EFY2011. Target setting considered baseline performance, historic trend, anticipated level of effort and resource, the required level of maturity of the supply chain and the expectation of the government. The agency's business process reengineering document is also considered to set baseline and target for individual level KPIs. It will be refined after the pilot phase implementation for each unit. In addition to the baseline and target value, threshold value will be set to judge performance of the transformation plan.

4.2. Disaggregation

Data disaggregation is a process by which performance indicators are separated into subgroups to meet analytical needs of EPSA experts, managers and leadership. Disaggregation improves the utilization of data by increasing ability to make meaningful comparisons. When analyzing disaggregated data, three simple comparisons are considered as key to enabling the use of the data: comparing across subgroups, comparing to previous periods of performance, and comparing to specific targets.

The following are viable subgroups for disaggregation of EPSA indicators. They are explicitly illustrated in the performance indicator reference sheet for each indicator as required.

Disaggregation elements:

- Program type (RDF, Program)
- Health program type (HIV/AIDS, TB, malaria, family planning, maternal newborn and child health, etc.)
- Ownership of facility (government, private, NGO)
- Supply chain level (central, hub, health facilities)
- Supply chain functions (LMIS, quantification, inventory management, distribution, supply planning, procurement, transportation, monitoring and custom clearance)
- Health system level (central, regional, woreda, health facilities)
- Stock status (stocked according to plan, overstocked, understocked, stocked out)
- Funding source
- Health facility type (hospital, health center, health post etc.)
- Distribution type (direct delivery and pass through delivery)
- LMIS report timeliness (by deadline or up to 1 week after deadline, between 1-2 weeks after deadline, between two weeks and one month after deadline, more than one month after deadline)
- Type of product loss (theft, damage, expiry)
- Product type (drug, supplies, reagents, equipment's, vaccines)
- Human resource by type or level
- Suppliers and stakeholders by level

4.3. Tracer Products

The pharmaceutical procurement list (PPL) is a reference document to measure EPSA's performance on stock related indicators such as availability of pharmaceuticals. As a subset of PPL, tracer products will be used to regularly monitor EPSA's performance. The level of performance based on the tracer products can be considered as a litmus blue to check the overall performance of the organization and to give focus on priority products. A total of 359 tracer products are selected for RDF essential drug list. EPSA will also set a tracer product list for reagents, medical equipment, and medical supplies. The tracer products for programs will be set in consultation with the FMOH, donors, and implementing partners. For details, please refer EPSA's procurement list.

4.4. Data Source

Multiple data sources will be used to track PSTP targets. Data sources will include routine administrative sources, such as the logistics management information system (LMIS) from service delivery points and hub reporting and requisition formats, health commodities management information system (HCMIS), electronic financial system, and administrative documents (bin card, stock card, vouchers, PO, GRV etc.),surveys such as IPLS survey, customer satisfaction survey, assessments (transport assessment, warehouse improvement assessment), performance review and supervision reports, master facility list, health management information system (HMIS), demographic and health survey, lab information system, and targeted researches (end use verification, data collected for quantification etc.)

Performance Tracker

A tracker is a recording tool to capture necessary information for operational decision making and performance monitoring. The main purpose of the tracker is to record data elements that are input to calculate the required indicator, and to conduct further analysis of the process performance. Snapshot of the tracker tool also helps to monitor if critical activities are being done as per the required standard and on time. Hence, they are used as an early warning for change in the execution of tasks of a given process. Data elements recorded on the tracker are summarized in to reporting form to submit for the next level.

Moreover, trackers link the primary source of data such as government vouchers, purchase order documents etc. with the reported data element. This can be used as source of data to verify the reported indicator value during data quality assessment. Currently trackers are developed in excel spreadsheet. Simple software/ database will be developed to simplify recording and reporting using trackers.

Key elements of tracker include

- General identifier: name of tracker, unit, responsible individual, period and version
- Raw: unit of measurement determines the row.
- Column (critical process components, disaggregation, etc…)
- Remark/ reason code
- Summary
- Target/ Baseline value: setting threshold as a reference for performance judgment is optional
- Formula

More than 25 trackers are developed and being implemented in all units of the EPSA.

Reporting format

Reporting format is developed to get pertinent information to calculate the required indicators. The reporting form includes general information, reporting period and date, authorization, indicator code, name, general disaggregates (supply chain level, programs, denominator, and nominator). Target and baseline data are optional in reporting format.

5. Performance Monitoring

EPSA's M&E framework will apply result-based performance monitoring approach in which progress of results (i.e. individual, process and corporate level performance) is tracked using key performance indicators (KPIs) against the targets and standards (BPR standards). Thus, performance monitoring systems will be established to capture, analyze and present performance data at individual, directorate/unit, sub-national (hub and cluster) and at national/agency level. This section will describe the three major performance monitoring mechanisms: supportive supervision, review meeting, and reporting.

5.1. Supportive Supervision

Supportive supervision (SS) is a process of guiding, helping and encouraging staffs to improve their performance so that they can meet the defined standards or target set for KPI. It is a routine and scheduled activity in which experts from higher level transfer their knowledge and skill (technical and problem-solving skills) to employees working in the lower level of the system, with aim of improving performance of the SCM system.

To bring the desired changes in the SCM system, EPSA M&E framework recommends well planned supportive supervision system. The figure below shows summary of supportive supervision practice expected at all levels of the SCM system.

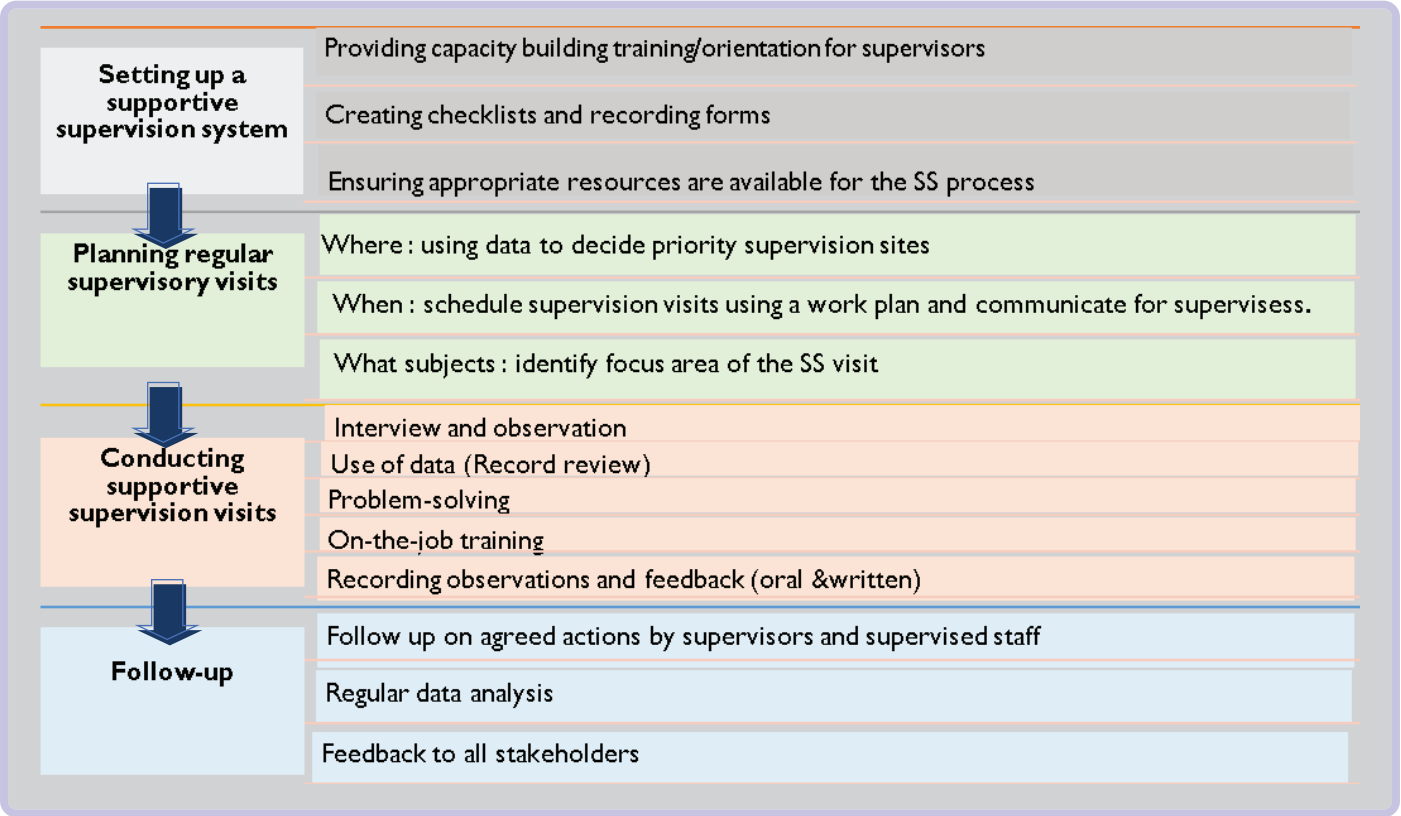


Figure 3: Summary of EPSA supportive supervision system

To provide regular and continuous supervision and to assure active involvement of supply chain management actors at all levels, it is worth that different supervision approaches are implemented at different levels based on the needs of the supervisees. Frequency of the supervision and requirement of resources varies from place to place across the levels. This framework mainly recommends the two common SS approaches: joint supportive supervision (JSS), and targeted supportive supervision (TSS).

Joint supportive supervision is usually provided by higher level supervisors who are selected from different SCM actors/ organization including NGOs/partners. In this case the SS is conducted bi-annually by a team of experts who have subject matter knowledge and managerial skill. On the other hand, the TSS is provided on quarterly basis to help and guide experts in overcoming technical difficulties in their day to day activities. The TSS encompasses mentorship and on-job training. Detail activities and guidance to the SS approaches is clearly described in EPSA supportive supervision manual. The figure below depicts the targeted SS and JSS practice at national, sub-national and service delivery level.
One of the main objectives of supportive supervisions is to understand the overall supply chain performance by

decomposing the supply chain into more simple elements. The decomposition or simplification process generates manageable system pieces which allow an easier monitoring, evaluation and improvement of the complex supply chain system. EPSA`s supportive supervision approach will consider the concept of supply chain maturity scoring model, in which performance of the supply chain will be assessed and managed using effective modeling tools (maturity model) that enable analysis of multiple and interdependent processes at various levels of the system.This approach will enhance evidence-based decisions for supply chain improvements with adequate cross disciplinary view and interpretation. Details of EPSA supportive supervision practice, methods, approaches, and scoring model (maturity model) will be described in complementary documents.

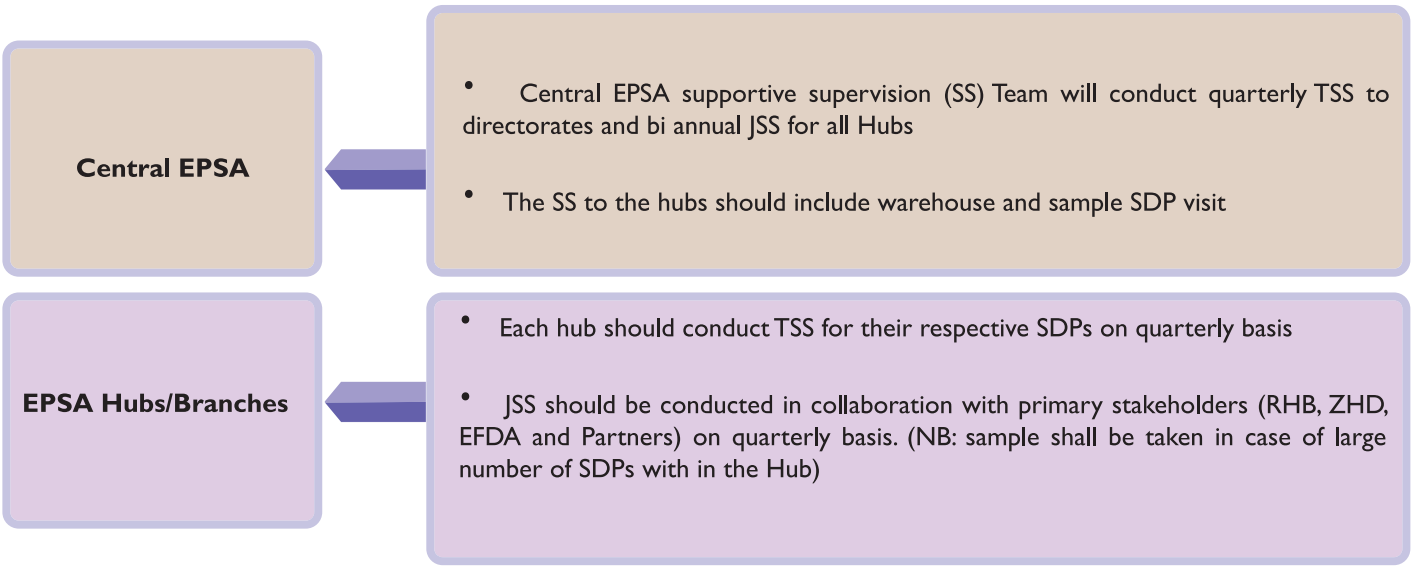


Figure 4: Supportive supervision schedule at various levels of SCM

5.2. Review Meeting

EPSA will establish result and activity level review meetings at national, directorate/unit hub, and cluster levels. Regardless of their level all review meetings are intended to track our progress towards the targets. Quarterly and bi-annual performance review meetings should follow the EPSA review meeting guide, which describes the procedures, focus areas/contents, and potential participants of the meeting.

Table 2: Level and types of performance review meetings among EPSA structures

Review meeting category	Level	Frequency/ Timeline	Participants
One to five networks	All	Weekly	All staffs within their unit/case team
Monthly performance review meeting	Directorate/Unit/Hub-level	Monthly	Coordinators/Directors
Quarterly performance	Central EPSA/ Directorate/Hub-level	Quarterly	Directors/Hub-managers/Coordinators/Unit representatives/Partners
Cluster review meeting	Cluster level	Quarterly	Directors/Hub-managers/Coordinators/Unit representatives/Partners/ Selected SDPs from hosting region
Bi-annual review meeting	National level	Every six months (twice a year)	Directors/Hub-managers/Coordinators/Unit representatives/Selected SDPs/Partners

5.3. Reporting

Routine performance data will be aggregated and reported monthly/quarterly/biannually, as outlined under the performance indicator reference sheet (PIRS) of each KPI. Data should flow from the lower level SDPs through each level of the supply chain management (SCM) to the central EPSA (Figure 5). As shown in the diagram individual KPIs shall be compiled and reported to case-team leaders/coordinators and/or directors of the respective units. Moreover, there shall be information sharing/reporting system with other stakeholders at national and sub-national (regional and zonal levels).

As outlined under data quality section, all reports should attain the maximum possible level of data quality. Data quality should be checked before submitting reports to the next level. Above all, standard recording and reporting formats shall be used across all levels of the SCM system.

The KPI will flow from individual level to process and corporate level through EPSA reporting system.

Figure 5: EPSA KPI flow map

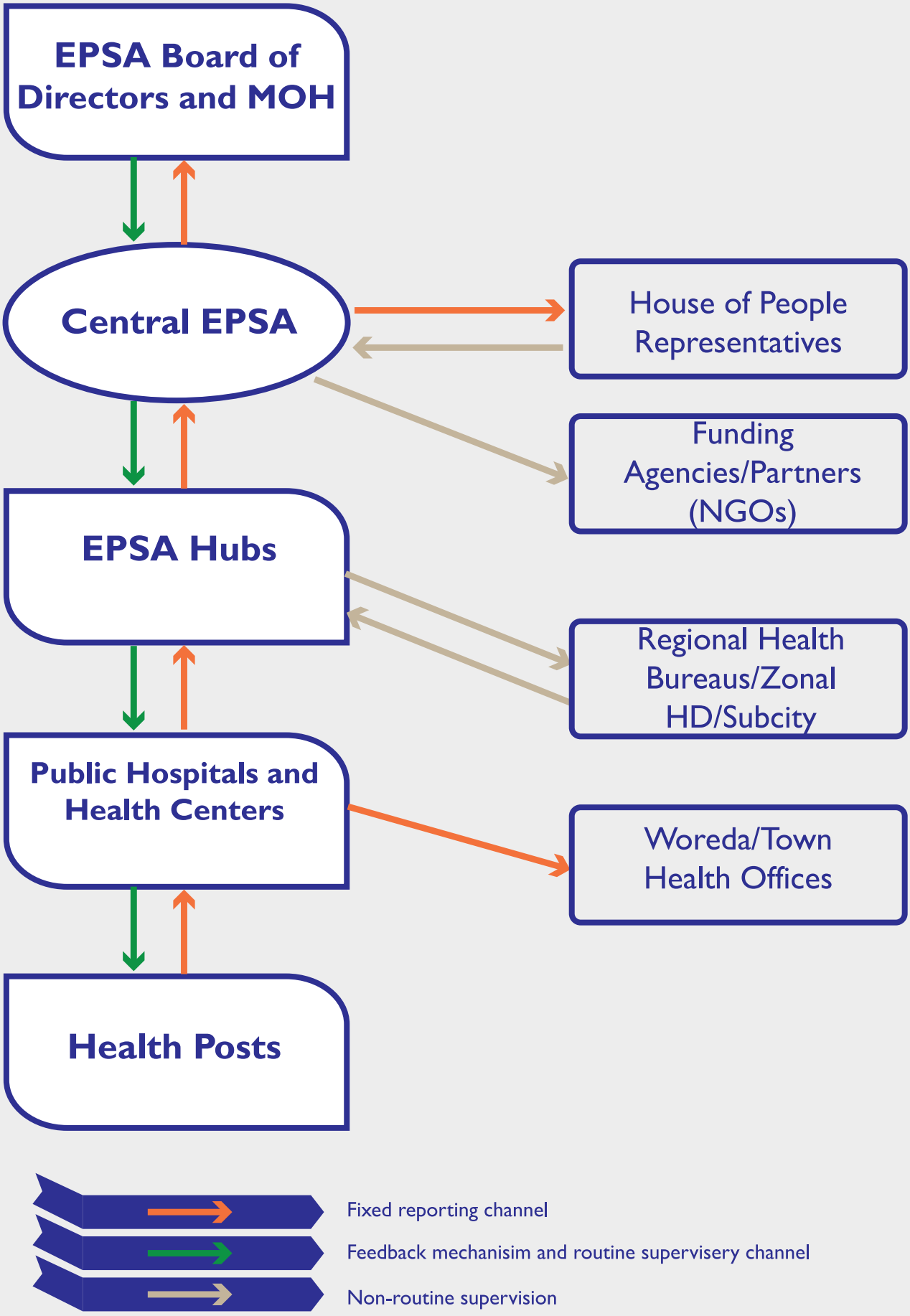


Figure 6: EPSA reporting and supervision flow map

6. Data Quality Assurance and Use

6.1. Data Quality Assurance

Data quality is one of the key areas in the M&E framework that serves as a basis for measurement of KPIs and evidence-based decision making in the supply chain management system. Maintaining data quality requires commitment and collaboration of all individuals working at different levels of the SCM system. This section of the framework highlights EPSA's approaches and procedures for data quality management.

Valid data will improve reporting and will provide EPSA and key stakeholders with assurance that the data is credible and consistently collected and reported in accordance with standards. Moreover, the use of high quality data for decision making enhances efficiency and effectiveness of the organization by minimizing errors and negative effects from inaccurate and unreliable data. Hence, high data quality is a prerequisite for better information, better data use for decision-making, efficient and effective SCM system and improved health outcome.

Data quality refers to the extent to which data measures what they intend to measure. It can be appraised by pre-defined data quality criteria and the process of data capturing/recording, verification, and analysis. Data quality assessment (DQA) is procedure that provides an organization with a means to determine the status of data quality and the opportunity to develop and implement strategies to address gaps. Thus, DQA is undertaken to understand how much confidence can be placed in the data that is used to assess performance of the sector and to understand the relative strengths and weaknesses of the data management process.

The agency requires data quality assessment to be conducted routinely, using routine data quality assessment (RDQA) approach in which data is checked for level of quality based on predetermined dimensions or standards which mainly include: validity, integrity, precision, reliability, and timeliness. RDQA should be conducted twice a year before the semi-annual and annual review meetings using a standardized checklist. The checklist will guide the data quality assessment team to measure/quantify the level of data quality, identify pertinent data quality problems/challenges, propose appropriate solutions, and develop agreed upon action plan to improve data quality. The RDQA team must share the agreed action plan immediately (at the end of RDQA sessions), whereas detail report of the assessment finding should be shared for the supervised/assessed unit, hub or SDP within three working days from the assessment date. The assessment report should be properly documented and archived by both parties (the assessment team and their supervisees).

Moreover, routine lots quality assurance system (LQAS) will be established to undertake monthly data quality check on KPIs (i.e. recorded vs. reported) and this should be conducted by supervisors/coordinators at directorate level and performance review team (PRT) at organizational level. The LQAS will be conducted with the aim of checking the level of consistency between reported figures with the sources documents (records or tracking sheets) for randomly selected KPIs. Data quality assessments (RDQA and LQAS) will be conducted before submitting reports and physical inventory. This will help to timely identify problems and take actions.

Table 3 below shows timeline and data quality assessment approaches at different levels of the SCM system. Performance monitoring team (PRT) are a group of experts (6-10 individuals), officially assigned by senior management to oversee the overall performance and data quality issues. The hub level RDQA which will be conducted by central EPSA PRT/DQA team will be accompanied by site level visits, in which all warehouses and at least five percent of SDPs under the respective hub should be assessed using facility/warehouse level checklist. The selection of SDPs will consider representation of best and poor performing health facilities. In case of an overlapping schedule between conducted by central and hub the central EPSA PRT/DQA team shall avoid the field visit to health facilities and conduct the assessment at hub/warehouse level only.

Table 3: Frequency and approaches to DQA at central EPSA and hub-level

Supervisor/Assessors	Supervisee	Data quality assessment approach	Frequency/ Timeline
Central EPSA level			
Central EPSA-PRT	Directorates/Units	LQAS & RDQA	Quarterly
Central EPSA-PRT/DQA team	Hubs, warehouses and sample 5%SDPs	RDQA	Bi-annually
Coordinators	Officers/subordinate	LQAS	Monthly
Directorates	Coordinators/subordinate	LQAS	Monthly/quarterly
Hub-level			
Coordinators	Officers/subordinate	LQAS	Monthly/quarterly
Hub level PRT	Coordinators/units	LQAS	Monthly/quarterly
Hub level PRT	Coordinators/units	RDQA	Quarterly
Hub level PRT	SDPs (take a sample of 5-10% of SDPs, based on the number of SDPs under the hub)	LQAS&RDQA	Bi-annually

6.2. Use of Information for Action

To promote the culture of information use, EPSA will work on improving the system for sharing information, building capacity to use information for action and encourage learning sessions.

Sharing information: The agency will produce and share indicator-based report to government bodies. The agency will produce quarterly and annual factsheets and bulletins to share with stakeholders regularly. The agency will strengthen electronic dissemination outlets for results (email, web and social media). Furthermore, documentation of best practices and dissemination of results will also be promoted at the international level through participation in international conferences and publication of scientific articles in international journals.

Learning: The agency is under transformation that requires learning from implementation. The agency will plan and allocate resources to facilitate learning. The M&E information is a basis for learning that systematically happens when EPSA and its stakeholders use performance monitoring data, take time to reflect on implementation, review and synthesize relevant assessments and evaluations. During annual performance review and planning, the M&E team facilitates the identification of learning questions that relate to result framework, strategic initiatives or potential gaps in knowledge or theory of change. Plan will be developed to answer the learning questions. When the M&E framework is implemented, the learning questions will focus on how best to use IT solutions for organizational transformation, how to comprehensively develop the supply chain workforce, how to adopt innovative interventions such as QMS, optimization tools, and how to manage change during implementation of new interventions.

The M&E team will use different learning approaches to optimize utilization of the M&E data. As required, data review and learning sessions will be arranged to share experiences, learn from implementation and adapt. The M&E team facilitates learning to take place in different governance and coordination platforms that focus on challenges and successes in implementation, changes in the operating environment or context that could affect the activity or related projects, and opportunities to collaborate or other relevant topics.

Plan: The monitoring and evaluation system is implemented as part of the overall quality management system of the agency (Plan-Do-Check-Act). The output from the M&E system will be an input for the planning, actual implementation, and continuous improvement. The data and meanings from the KPI will be regularly used for planning and resource allocation using the balanced score card approach. The M&E team will regularly collect all action points recommended during meetings and monitor their execution. The planning team will produce reports on implementation status of the action points to strengthen the link between planning and M&E.

7. Evaluation Plan

Joint evaluation of the performance will be carried out annually involving key stakeholders. EPSA initiates evaluations on selected strategic interventions that have system wide effect and are resource intensive and are likely to influence corporate level indicators significantly. EPSA's planning, monitoring and evaluation directorate will coordinate the undertaking of evaluations and engage in setting evaluation question, ensuring quality of evaluation and in the use evaluation findings. End-term evaluation will be carried out at the end of the PSTP period.

In addition, the planning unit of the agency will collaborate with other units and government bodies to use the results of operational research and survey. The following surveys, operational/applied researches or evaluations will be carried out in the PSTP period:

- IPLS survey
- Supply chain maturity surveys
- Warehouse and transportation improvement operational research
- Mid-term review of the supply chain performance
- Customer satisfaction survey
- Baseline, midterm and end-term evaluation of the center of excellence project
- Study on market shaping and
- Other evaluations, operational research's

8. Performance Indicator Reference Sheet

Performance Indicator Reference Sheet (PIRS) is a tool that defines indicators, is key to ensuring indicator data quality and consistency. The elements of PIRS include name of the indicator, result and level of the indicator, precise definition, unit of measure, disaaggregation elements, data source, method of data collection, reporting frequency, responsible person, baseline and target, rationale for targets, DQA (date and limitation), points for clarification, and last updated/ changes.

PIRS is required for all corporate and process level indicators and selected individual level indictors (deemed necessary by leadership). PIRS is developed with engagement of EPSA experts, managers and directors with planning team facilitating the process. The development of PIRS considers international and national documents to identify EPSA specific demands and keep standard for comparability at national and international levels. PIRS will be piloted and enriched to ensure the quality of the data collection.

Operational Definitions

EPSA central is the physical location where pharmaceutical and medical products are delivered to and stored at a central site in the country. The central medical store then supplies those products to EPSA hubs and lower level sites across the country - either distribution centers or health facilities - for distribution and use at the facility level.

A EPSA branch is a physical location which receives pharmaceuticals and medical products from the central medical store, safely stores the products, accepts orders from or supplies products to lower level facilities such as regions, and then distributes those pharmaceuticals to those facilities where the pharmaceuticals are presumably used.

These sub-national level EPSA branches are 19 in number.

Report and requisition form (RRF) is a form used to report on pharmaceuticals used and stocks available and request pharmaceuticals for the health facility. RRF should be completed at the end of the reporting month and send to EPSA until the 10th day of the month following the end of the reporting period.

Annex 1: Performance indicator reference sheet of EPSA corporate and process level KPIs

EPSA CORPORATE LEVEL KEY PERFORMANCE INDICATOR

Indicator number: CO. 1
Intermediate result/Strategic objective/Initiative: improve pharmaceuticals availability at health facilities
Indicator name: Line fill rate

Description

Precise definition(s):
This indicator measures the percentage line items refilled correctly in terms of items and quantities requested by health facilities from the total items requested or ordered. In this indicator reference sheet, considering the existing situation of the agency and the country, it is defined that a product is correctly refilled when EPSA refill 80% and above of the quantity health facilities requested.

Numerator: number of line items filled at least 80% of requested quantity.

Denominator: total number of line items health facilities requested from EPSA RRF list or purchase request form.

Calculation: line fill rate is

$$= \frac{\textit{the total number of Line items filled at least 80\% of requested quantity}}{\textit{the total number of line items health facilities requested from EPSA RRF list or purchase request form}}$$

Unit of Measure: percentage

Disaggregated by:

- Program type (RDF and Health program);
- Commodities type/ category (parametrical, medical supplies, chemical reagents and medical equipment)
- Level of importance, vital vs. essential (VEN)
- Specific health programs (TB/Leprosy, Malaria, HIV/AIDS, Family planning, MNCH)

Purpose: This indicator is used to determine how effective EPSA head office and branches supply chain management is in satisfying customer orders in the correct quantities and the correct items. It indicates the percentage of pharmaceuticals EPSA address and resupply the health facilities demand and guide the EPSA management to make informed decision.

Plan for Data Acquisition

Data collection method: Data will be collected through record review of health facilities report and request and STV.
Data Source:
The primary source of data for this indicator is requisition and issue vouchers or HCMIS transaction information.
Data Requirements
Requisition vouchers or similar order forms submitted by the requesting facility(customer) to the supplying distribution center (EPSA head office/branch), showing items and amounts requested. Same requisition forms or similar forms issued by the distribution center, showing items and amounts supplied (alongside amounts originally requested)
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: minimal.
Responsible individual(s) at the agency: WIM team coordinator/officer

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any): customer requisition data quality problems.
Actions taken or planned to address data limitations:
Date of future data quality assessments: N/A
Procedures for future data quality assessments: N/A

Plan for data analysis, review, andreporting

Data analysis: percentage, followed by trend analysis of health facilities at the hub.
Presentation of data: table and line and bar charts.
Review of data: monthly
Reporting of data: bimonthly

Points of clarification (other notes)

- Request backlog is not considered in the calculation of this metrics and only these SDPs request that are accepted by EPSA will be considered during the calculation of the metrics.
- Each hub and the center must review and analyze line fill rate within five working days after completion of distribution every month.
- In case there is high confidence on the quality of data, eLMIS or HCMIS might be used as the source of truth with randomly checking only 20%of requests.
- If the average line fill rate of a given facility is below 80%, EPSA should further assess and identify causes for the observed under performance and take necessary corrective action to improve the performance of the indicator.

Performance Indicator Values

Year 2011	Baseline	Target 95%	Comments (Justification)

EPSA CORPORATE LEVEL KEY PERFORMANCE INDICATOR

Indicator number: CO. 2
Intermediate result: improve availability of pharmaceuticals
Indicator name: procurement lead time

Description

Precise definition(s): It is defined as the time it takes to complete the procurement cycle, beginning with the date a requisition is submitted until the date pharmaceutical delivered to EPSA warehouse. This represents the time from the point where EPSA initiates or raises purchase request to the time that EPSA received the requested pharmaceutical from suppliers. Time required for a supplier to complete a single order, beginning with receipt of an order and ending with the fulfillment of the order.
Note that the number of days elapsed for LC/CAD opening will not be included in the procurement lead time.

Numerator: Sum of the total number of days taken to receive the requested pharmaceutical to EPSA warehouse, excluding number of days that elapsed for processing letter of credit/CAD.
Denominator: number of orders

Calculation

Procurement Lead Time = $\frac{Sum\ of\ days\ taken\ to\ receive\ pharmaceutical\ to\ EPSA\ warehouse}{the\ number\ of\ orders\ in\ the\ period}$

Unit of Measure: days.
Disaggregated by:

- Program vs. RDF
- Local vs. international procured items

Purpose: This metric is used to ensure that commodities are obtained through fair, consistent, and reliable means with minimal time. Without efficient mechanisms to manage procurement processes, the acquisition of commodities may easily become disorganized and costly, resulting in stock-outs of products or the placement of emergency orders to fill anticipated supply gaps.

Plan for data acquisition

Data collection method: The primary data collection method is review of procurement related documents and systems.
Data source: The source data for procurement lead time will be the tracking sheet and procurement related documents
Frequency/timing of data acquisition: monthly, quarterly
Estimated cost of data acquisition: low
Responsible Individual(s) at the Project: tender management and contract management team

Data quality issues

Date of initial data quality assessment: N/A
Known data limitations and significance (if any): N/A
Actions taken or planned to address data limitations: N/A
Date of future data quality assessments: N/A
Procedures for future quality assessments: N/A

Plan for Data Analysis, Review, & Reporting

Data analysis:
Presentation of data: table, line and bar charts
Review of data: quarterly, biannually, and annually
Reporting of data: biannually and annually

Points of clarification (other notes)

Performance indicator values

Year 2011	**Baseline** 252 days	**Target 210** days	**Comments**

EPSA CORPORATE LEVEL KEY PERFORMANCE INDICATOR

Indicator number: CO. 3
Intermediate result: improve availability of pharmaceuticals
Indicator name: pharmaceuticals wastage rate

Description

Precise definition(s): It is defined as the percentage of pharmaceuticals wasted by value due to expiry and damage from the total of pharmaceuticals stocked and distributed in the period.
Numerator: the total value of pharmaceuticals wasted(expired and damaged) in the period
Denominator: the total value of pharmaceuticals stocked and distributed in the period
Calculation

Pharmaceuticals wastage rate $= \frac{the\ total\ value\ of\ pharmaceuticals\ wasted (expired\ \&\ damaged)\ in\ the\ period}{the\ total\ value\ of\ pharmaceuticals\ stocked\ \&\ distributed\ \ in\ the\ period}$

Unit of measure: percentage.
Disaggregated by:

- Hub specific
- Program vs. RDF
- Local vs. international procured items

Purpose: It is a value metric used to measure how efficiently EPSA utilizes its limited resource and how effectively EPSA manages the pharmaceutical supply chain, as EPSA plan to reduce wastage rate from eight percent to two percent.

Plan for data acquisition

Data collection method: The primary data collection method is review of records (documents retained) and EPSA MIS.

Data Source: the source data for pharmaceuticals wastage rate will be:

- HCMIS
- Sales report
- Distribution report
- Physical inventory
- Tracking sheet

Frequency/timing of data acquisition: annually, quarterly
Estimated cost of data acquisition: minimal
Responsible individual(s) at the project: WIM Team

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any): N/A
Actions taken or planned to address data limitations: N/A
Date of future data quality assessments: N/A
Procedures for future data quality assessments: N/A

Plan for data analysis, review, and reporting

Data analysis:
Presentation of data: table, line, and bar charts.
Review of data: annually, quarterly
Reporting of data: annually, quarterly

Points of clarification (other notes)

Performance indicator values

Year 2011	Baseline ___	Target <2%	Comments

EPSA CORPORATE LEVEL KEY PERFORMANCE INDICATOR

Indicator number: CO. 4
Intermediate result: improve availability of pharmaceuticals
Indicator name: inventory turnover rate

Description

Precise definition(s): It is an inventory metric that measures the rate at which the inventory is used. It is the rate at which the agency distributes its inventories (stocks). The inventory turnover measures the speed of the inventory turnover and shows how many of the inventory turnovers the agency makes in one year, that is, how many times during the year the agency is able to distribute a quantity of goods corresponding to its inventory.
The most typical way to calculate the stock turnover rate is to divide the monetary value of stock issued in a year by the monetary value of stock held at the time of measurement.
Numerator: cost of commodities distributed (monetary value of stock issued in the period)
Denominator: value of the average inventory stocked (the monetary value of stock held at the time of measurement)
Calculation

$$\text{Inventory turnover rate} = \frac{monetary\ value\ of\ stock\ issued\ in\ the\ period}{monetary\ value\ of\ the\ average\ inventory\ stocked}$$

Unit of measure: number
Disaggregated by:

- Program type (HIV, Malaria, TB, FP, MCH…)
- RDF

Purpose: Inventory turnover is a performance metric that is used to assess the effectiveness of inventory management. It is used to measure how well an inventory is managed and looks at how many times an inventory is replaced over a period of time. The speed of inventory turnover indicates the success of the agency in the use of its investment in inventories that are the primary current assets of the agency. Success in inventory management is measured by the inventory turnover. The higher inventory turnover rate, the better is the agency's liquidity. To improve inventory turnover, consider reducing the quantity the agency normally buys from the supplier. Inventory turns improve when the agency buys less of product more often.

Plan for data acquisition

Data collection method: The primary data collection method is review of documents retained and extracted from system.
Data source: inventory records, HCMIS and tracking sheet
Frequency/Timing of data acquisition: annually
Estimated cost of data acquisition: medium.
Responsible individual(s) at the project: WIM and DFM team

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any): N/A
Actions taken or planned to address data limitations: N/A
Date of future data quality assessments: N/A
Procedures for future data quality assessments: N/A

Plan for data analysis, review, andreporting

Data analysis:
Presentation of data: table, line and bar charts.
Review of data: annually
Reporting of data: annually

Points of clarification (other notes)
Calculate inventory turnover separately for every product line in every warehouse. This will allow to identify situations in which inventory is not providing an adequate return on investment. In calculating the inventory turnover ratio, it is necessary to bear in mind the following facts: First, only the purchase value of commodities distributed from a warehouse is taken into account (whereas the commodities that are not held in stock or direct shipment are not taken into account, since they do not take up storage space). Second, the size of cost of commodities distributed in the numerator formulas contain and transfer the stored commodities to other warehouse or hub. Third, the inventory turnover ratio based on the purchase value (which it is paid by EPSA) or to the selling price (which EPSA charges from SDPs). In the denominator of the formula for calculating the inventory turnover, the average value of inventories during the year is used. In determining the average value of capital invested in inventories: 1. Calculate the total value of all commodity items in inventory (quantity on hand times cost) every month, on the same day of the month. It is necessary to take into account the principle of consistency and ensure the use of the same cost basis (average cost, last cost, replacement cost, etc.), in order to calculate both the cost of commodities distributed and average inventory investment. 2. If inventory levels in the company fluctuate throughout the month, calculate the total inventory value on the first and fifteenth day of every month. 3. Determine the average inventory value by averaging all inventory valuations recorded during the past 12 months.

Performance Indicator Values			
Year	**Baseline**	**Target**	**Comments**
2011	0.9	2.5	

EPSA CORPORATE LEVEL KEY PERFORMANCE INDICATOR

Indicator number: CO. 5
Intermediate result: improve effective and efficient utilization of resource and minimize operating cost.
Indicator name:cost to income ratio (total supply chain management cost)

Description

Precise definition(s): Cost to income ratio is one of the EPSA corporate level key performance indicators. It describes the comparison of the total cost of operating the supply chain process with that of its income. Total cost is the cost incurred in the total functioning of the supply chain right from placing the order to execute it. It covers all the costs the company incurs for the successful functioning of the supply chain in the organization. Typical costs include labor, materials, systems, and transportation costs.

Numerator: the sum of the costs associated with all the supply chain processes (the sum of the costs incurred for each of these functions individually).
Denominator: total income (revenue)

Calculation:

Cost to income ratio = : $\frac{Total\ costs\ incurred\ during\ the\ period}{Total\ income\ of\ the\ period}$

Unit of measure: percentage
Disaggregated by: functional areas (directorates)

Purpose: Cost to income ratio is a performance metric that is used to measure the cost of the supply chain operation. It is used to assess the effectiveness and efficiency of the supply chain operation. This is a very important metric as it helps to know the total cost for Supply Chain Management and compare it to the its income. Dividing this into functional areas (directorates) gives a better clarity to understand which function in SCM is more cost effective and which is not and helps to take corrective actions accordingly

Plan for data acquisition

Data collection method: Resource expenses (e.g. salary, supplies) and other expenses are initially captured in the agency's general ledger accounting system.
Data source: general ledger accounting system
Frequency/Timing of data acquisition: annually
Estimated cost of data acquisition: medium.
Responsible individual(s) at the project: finance directorate

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any): N/A
Actions taken or planned to address data limitations: N/A
Date of future data quality assessments: N/A
Procedures for future data quality assessments: N/A

Plan for data analysis, review, and reporting

Data analysis:
Presentation of data: table.
Review of data: annually
Reporting of data: annually

Points of clarification (other notes)

Performance indicator values

Year 2011	**Baseline** TBD	**Target** 20%	**Comments**

IN-COUNTRY PERFORMANCE

Indicator number: CO. 6
Intermediate result: improve availability of pharmaceuticals
Indicator name: cash-to-cash cycle time

Description

Precise definition(s): It is the time it takes for an investment for procurement of commodities made to flow back into EPSA after it has been spent for commodities. This represents the time from the point where EPSA pays for the commodities procured to the time that EPSA received payment from customers/SDPs for those commodities.
Numerator: [Inventory Days of Supply] + [Days Sales Outstanding] - [Days Payable Outstanding] in days
Denominator: NA
Calculation
Cash-to-cash cycle time = [Inventory Days of Supply] + [Days Sales Outstanding] - [Days Payable Outstanding] in days.

Inventory days of supply = [[average inventory value]/[annual COGS]/365]
Days sales outstanding = [[average account receivable]/[total gross annual sales /365]
Days payable outstanding = [average AP]/[total gross annual purchases /365]

The cash-to-cash cycle time is measured by converting into days the supply of inventory in stock and the number of days outstanding for accounts receivable and accounts payable. The inventory days of supply is added to the days outstanding for accounts receivable. The accounts payable days outstanding is subtracted from this total to determine the cash-to-cash cycle time. The longer the cash-to-cash cycle, the more current assets needed (relative to current liabilities) since it takes longer to convert inventories and receivables into cash. In other words, the longer the cash-to-cash cycle, the more net working capital required.
Unit of measure: days.
Disaggregated by:

- Local vs. international procured items
- Program vs. RDF

Purpose: It is a value metric used to measure how efficiently a company manages its working capital assets and it is used to evaluate the supply chain asset management performance of the agency.

Plan for data acquisition

Data collection method: The primary data collection method is review of financial documents and systems. Then after, it is 'calculated' by importing data from these systems, financial documents and transforming them into the prescribed analytics/information.

Data source:
The data source for cash-to-cash cycle time will be:
• General ledger
• Accounts receivable
• Accounts payable
• Purchasing
• Sales or distribution report
• Tracking sheet
Frequency/Timing of data acquisition: annually
Estimated cost of data acquisition: minimal.
Responsible individual(s) at the project: finance team together with WIM team

Data quality issues			
Date of initial data quality assessment: N/A. **Known data limitations and significance (if any):** N/A **Actions taken or planned to address data limitations:** N/A **Date of future data quality assessments:** N/A **Procedures for future data quality assessments:** N/A			
Plan for data analysis, review, and reporting			
Data analysis: **Presentation of data:** table, line and bar charts. **Review of data:** annually **Reporting of data:** annually			
Points of clarification (other notes)			
•			
Performance Indicator Values			
Year 2011	**Baseline** TBD	**Target** 365 days or 12 months	**Comments**

EPSA CORPORATE LEVEL KEY PERFORMANCE INDICATOR

Indicator Number: CO - 7

Intermediate Result: To measure the health facilities level of satisfaction and to triangulate it with the quantitative data of EPSA KPIs

Indicator Name: customer satisfaction

Description

Precise Definition(s): This indicator measures the percentage of health facilities that are satisfied by EPSA's performance interms of delivering the required quantities of products requested by health facilities in a timely manner including EPSA's overall activities of service provision and customer relationship management. This indicator is measured by a survey based on the developed protocol twice a year.

***Numerator**: Number of health facilities satisfied.*

***Denominator**: Total number of health facilities participated in the survey.*

Calculation

$$\frac{\textit{The number of health facilities satisied}}{\textit{Total number of health facilities participated in the survey}}$$

Unit of Measure: percentage

Disaggregated by: hub; health facility type, performance attribute

Purpose: this indicator is meant to assess how much of the health facilities are satisfied with the performance of EPSA and to identify the areas that EPSA needs to improve. It also helps to see which hub is good and which one is weak in satisfying the health facilities.

Plan for Data Acquisition

Data collection method: Data will be collected from health facilities personnel using structured self-administered questioner.

Data Source: The primary data were collected from relevant personnel of the health facilities mainly the health-facility pharmacy head or delegated one as well as head of the facility using structured self-administered questioner

Frequency/Timing of Data Acquisition: annually

Estimated Cost of Data Acquisition: high

Responsible Individual(s) at the Project: EPSA PM&E

Data Quality Issues

Date of Initial Data Quality Assessment:

Known Data Limitations and Significance (if any):

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments:

Procedures for future Data Quality Assessments:

Plan for Data Analysis, Review, & Reporting

Data Analysis: Data cleaning and analysis will be conducted using SPSS.

Presentation of Data: Descriptive statistics, including frequencies, cross tabulation, averages, and percentages, will be presented using tables, graphs and charts.

Review of Data:

Reporting of Data:

Points of Clarification (other notes)

This indicator will be measured using the developed protocol for customer satisfaction survey.

Performance Indicator Values

Year 2011	**Baseline** 75%	**Target** 80%	**Comments**

Forecast accuracy

EPSAPROCESS LEVEL KEY PERFORMANCE INDICATOR

Indicator number: QMS/FCB-01
Intermediate result/Strategic objective/Initiative: improve pharmaceuticals Forecast
Indicator name: forecast accuracy

Description

Precise definition(s): This indicator measures the percentage difference between quantity of forecasts previously made over a period and the quantity of actual consumption or issues data for that particular period. It describes the degree of closeness to the actual consumption.

Numerator: the sum of the absolute percent of the actual quantity/value minus forecasted quantity/value divided by actual quantity/value for a given period.
Denominator: total number of pharmaceuticals forecasted for a given period.

$$MAPE = \frac{\sum \left| \frac{Actual - Forecast}{Actual} \right| * 100\ \%}{n}$$

Unit of measure: percentage
Disaggregated by:

- Program type (RDF and health program)
- Commodities (medicines, vital of vitals, lab reagents, and medical supplies.)
- Specific health programs (TB/Leprosy, Malaria, HIV/AIDS, family planning, MNCH, and immunization)
- Value
- Level (EPSA central, EPSA hubs)

Purpose: This indicator is used to determine the accuracy of forecasts and may lead to insights for improving future forecasts. This promotes efficient commodity management practices, thus reducing the likelihood of wastage or shortage, and increasing the likelihood of meeting client needs with available products.

Plan for data acquisition

Data collection method: Data will be collected from quantification reports and HCMIS
Data source:

- the primary source of data for this indicator isquantification reports, HCMIS (dash board) andfacility demand tracking system

Data requirements

- EPSA hubs or central biannual forecasts for all products
- Consumption or issue data
- Days out of stock
- Facility demand request

Frequency/Timing of data acquisition: biannually
Estimated cost of data acquisition: minimal.
Responsible individual(s) at the agency: forecasting and capacity building/quantification and market shaping team

Data quality issues

Date of initial data quality assessment: to be determined
Known data limitations and significance (if any):consumption data recording and reporting problem, issue data mayn't show actual consumption at SDP
Actions taken or planned to address data limitations: issue data adjusted with days out of stock used as a proxy data.
Date of future data quality assessments: to be determined
Procedures for future data quality assessments: to be determined

Plan for data analysis, review, and reporting

Data analysis: MAPE, followed by trend analysis of deviations for different periods
Presentation of data: table, line, and bar charts.
Review of data: biannually
Reporting of data: biannually

Points of clarification (other notes)			
- The above formula calculates forecast error. To calculate the forecast accuracy, the result will be subtracted from 100%. - The forecast should be revised biannually. - Absolute percentage indicator variant should be calculated using absolute values. Ideally, the values should be as a close to zero as possible. Forecasts are rarely 100% accurate, but a forecast error of 25% or less is usually the accepted standard margin. As this number deviates from 25%, the forecasts become increasingly inaccurate.			
Performance indicator values			
Year EFY2011	Baseline --	Target 75%	Comments (Justification)

Percentage of trainees

PROCESS LEVEL INDICATOR

Indicator number: CBOR-01
Intermediate result/Strategic objective/Initiative: increased Capacity Building efforts
Indicator name: percentage of trainees.

Description

Precise definition(s):
Numerator: number of trainees who are competent
Denominator: total number of trainees who took the training.

Percentage of trainees who are competent in knowledge and skill $= \frac{\text{No. of trainee who are competent}}{\text{Total number of trainees who took the training}} * 100$

Unit of measure: percentage
Disaggregated by:

- Training type/Category (IPLS, DTC…)
- Supply chain level (central, branch, SDP)

Purpose: This indicator serves as a crude measure of supply chain training activities. It will be used to assess the skill and knowledge of personnel trained.
Trainee: refers to any type of participant, student, or learner in a training event, regardless of its duration. It also refers to the different categories of participants (pharmacist, druggist, nurse, Medical doctor….)
Competent: refers to a trainee who has qualified stated on the specific training curriculum standards.

Plan for data acquisition

Data collection method: data collection from training database tool and post training assessment report.
The data is collected via pre and post training competency evaluation.
The data is collected from post training assessment reports at facilities.

Data source: The sources of data are training report and post training assessment report.
Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: moderate, data will be collected by EPSA staff according to the capability and procedures for each branch.
Responsible individual(s) EPSA: capacity building and operational research team

Data quality issues

Date of initial data quality assessment: N/A
Known data limitations and significance (if any): trainee recording/capturing problems and lack of training database.
Actions taken or planned to address data limitations: availing central training database
Date of future data quality assessments: quarterly
Procedures for future data quality assessments: conducting JSS using standard checklist.

Plan for data analysis, review, and reporting

Data analysis: percentage,
Presentation of data: tabular, graphical
Review of data: quarterly
Reporting of data: quarterly

Points of clarification (other notes)

1. Each hub and the center have to collect and organize trainee information (database) and facilitate for ease of retrieval.
2. Each hub has to submit the report before 5 days of every quarter.

Performance indicator values

Year EFY2011	Baseline -	Target 100%	Comments (Justification)

Percentage of operational researches done

PROCESS LEVEL INDICATOR

Indicator number: CBOR-02
Intermediate result/Strategic objective/Initiative: improve efficiency gain, enhance Innovation and cost minimization.
Indicator name: number of operational researches done with appropriate intervention.

Description

Precise definition(s): Number of new operational research studies that were developed, implemented or introduced and related to Health commodity Supply chain management.
Numerator: number of Operational researches done with suggested interventions.
Denominator: NA
Unit of measure: Number
Disaggregated by:

- Type/Category of operational researches (Inbound, outbound, internal…)
- Process type (core, supportive…)

Purpose: to assess the planned Operational researches are implemented within the defined timeframe.
Innovation: refers to new technologies, new products, new approaches and/or operational research studies introduced during the period of reporting.
Operational research: refers to scientific study of operations for the purpose of making better decisions.

Plan for data acquisition

Data collection method: non-routine periodic report on operational research.
Data source :the source of data is operational research records.
Frequency/Timing of data acquisition: annually
Estimated cost of data acquisition: minimal, data to be collected by EPSA staff.
Responsible individual(s)EPSA: capacity building and operational research team

Data quality issues

Date of initial data quality assessment: N/A
Known data limitations and significance (if any): N/A
Actions taken or planned to address data limitations: N/A
Date of future data quality assessments: N/A
Procedures for future data quality assessments: N/A

Plan for data analysis, review, and reporting

Data analysis: percentage,
Presentation of data: tabular, graphical
Review of data: annually
Reporting of data: annually

Points of clarification (other notes)

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	-	100%	

Percentage of supportive supervision conducted

PROCESS LEVEL INDICATOR

Indicator number: CBOR-03
Intermediate result/Strategic objective/Initiative: increased capacity building efforts
Indicator name: percentage of supportive supervision conducted

Description

Precise definition(s): This indicator measures the number of facilities that received technical support through field visit using standard check list.
Numerator: No. of facilities supported.
Denominator: Total no. of facilities planned to be supported within the specified time.

Percentage of facilities supported = *No. of facilities supported*100*
Total no. of facilities planned to be supported within the specified time

Unit of measure: Percentage.
Disaggregated by:

- By program type (TB, FH…);
- Type and level of Health facilities (Hospital, Health center,Woreda…)

Purpose: this indicator serves as a crude measure of supply chain activities. It will be used to identify the performance gap, develop agreed action plan and follow implementation of action points with the overall aim of improving supply chain performance at health facilities.

Plan for data acquisition

Data collection method: data collection from assessment/supportive supervision report using a standard checklist.

Data source:

- The source of data is routine assessment/supportive supervision report(SS checklist count) and plan
- Excel supportive supervision database

Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: high
Responsible individual(s) EPSA: capacity building and operational research team

Data quality issues

Date of initial data quality assessment: quarterly
Known data limitations and significance (if any): lack of proper recording, reporting and documentation.
Actions taken or planned to address data limitations: improve data recording, reporting, documentation and filing.
Date of future data quality assessments: quarterly
Procedures for future data quality assessments: giving support and feedback.

Plan for data analysis, review, and reporting

Data analysis: percentage, number
Presentation of data: tabular, graphical
Review of data: quarterly
Reporting of data: quarterly

Points of clarification (other notes)

1. Each hub and the center have to collect and organize assessment/supportive supervision information (database) and facilitate for ease of retrieval.
2. Each hub has to submit the report before 5 days of every quarter.

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	-	100%	

Average lead time from the request to PO date/contract submission date

PROCESS LEVEL INDICATOR

Indicator number: TMD-01
Strategic objectives/initiatives:
1. Strengthening follow up and tracking before and after issuing PO
2. Improve partnership with suppliers and stakeholders to increase number of possible suppliers and improve collaboration.
3. Reduce the repetitive tendering process
Indicator name: average lead time from the request to PO date/contract submission date

Description

Precise definition(s): This indicator measures the time period between the request initiated date and PO issue date of the procured products in days.
Numerator: the sum of dates between the request and PO issued/contract submitted for each tender
Denominator: The total number of request initiated/ tenders reviewed
Unit of measure: Days
Disaggregated by: Tender type (direct tender and request for quotation, restricted and open tender, and two stage bidding) line items and number of bidders (up to 20 bidders), 21 to 45 bidders, and above 45 bidders.
Purpose: to ensure uninterrupted supply of products by improving the timely tender document evaluation and timely delivery period.

Plan for data acquisition

Data collection method: data will be extracted from the HCMIS and in case of HCMIS failure excel tracking sheet exported from HCMIS will be used as a backup.
Data source: HCMIS
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition:
Responsible individual(s): procurement team

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any): Unknown
Actions taken or planned to address data limitations:
Date of future data quality assessments:
Procedures for future data quality assessments:

Plan for data analysis, review, and reporting

Data analysis: Average days will be calculated by subtracting dates of the request from dates PO issue date(date entry should be in Gregorian calendar)
Presentation of data: tables and graphs
Review of data: monthly
Reporting of data: bi-Annual

Points of clarification (other notes)

In the disaggregation, the tender types are categorized based on the time period/days/ floated on air as per the regulations and the item lines and bidders number are also categorized based on the repetitive trends in the directorate.

Performance indicator values

Year 2011	Baseline --	Target TBD	Comments

Percentage price increment or decrement of all procured items

PROCESS LEVEL INDICATOR

Indicator number: TMD-02
Strategic objectives/initiatives: assure efficient procurement of pharmaceuticals with the international prices
Indicator name: percentage price increment or decrement of all procured items.
Percentage of the item price increment or decrement from the reference price /market price.

Description

Precise definition(s): This indicator measures the percentage of increment or decrement of items price procured relative to the reference price.
Numerator: The quoted price of the item minus the reference price of the same items.
Denominator: The reference price of the same item.

$$\frac{(\text{Quoted price of the item} - \text{Reference price of the items}) \times 100}{\text{The reference price of the item}}$$

Unit of measure: percentage of increment or decrement
Disaggregated by:
a. The sum of each items price increment or decrement of all procured items
b. The sum of increment or decrement by categories(pharmaceuticals, medical supplies, medical equipment and reagents, and chemicals
c. By program(RDF and program)
Purpose: to achieve the lost possible total cost of the procurement.

Plan for data acquisition

Data collection method: Data will be collected from the POs, tenders and reference price documents,
Data source: POs, tenders and reference price documents,
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition:
Responsible individual(s): procurement officers and teams leaders

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any): there is no standard and approved reference prices for most of the items
Actions taken or planned to address data limitations:
Date of future data quality assessments:
Procedures for future data quality assessments:

Plan for data analysis, review, and reporting

Data analysis: The percentage will be calculated: the quoted price of the item minus the reference price of the item divided by the reference price of the item.
Presentation of data: tables and graph
Review of data: monthly
Reporting of data: bi-Annual

Points of clarification (other notes)

In the aggregations, the price increment or decrement are categorized in program types and product types so that it will indicates on which product and program type the increment or decrement are manifested.
As a recommendation, there should be a team to set the current market price for each items so that it will be used as reference for each items to show the effectiveness of the procurement system and efficiency the acquisition of products in the lost possible total cost.

Performance indicator values

Year 2011	Baseline --	Target TBD	Comments

Supplier lead time variability

PROCESS LEVEL INDICATOR

Indicator number: CMD 02
Strategic objectives/initiatives:
Indicator name: Supplier lead time variability

Description

Precise definition(s): The average days between the lead time promised (by supplier) (goods availability date) for purchase orders and the actual lead time the order is delivered for the same purchase orders (promised days minus actual days). When the value of the indicator is positive, the delivery is earlier then the promised where as the value is negative, the delivery is late from the promised days.
Numerator: NA promised date variability by supplier
Denominator: NA total number of orders placed for the supplier
Unit of measure: Days
Aggregated by:
a. The sum of variance of the lead time in days for the each POs in the reporting periods (∑(PO1+PO2+…)/total number of POs).
b. The sum of the variance of the lead time in days for each Pos of the same suppliers/total number of Pos of the same supplier.

Purpose: to insure uninterrupted supply of products by improving timely delivery, decrease the incurred cost and to provide input for the performance of bidder for selection of quality supplier.

Plan for data acquisition

Data collection method: Data will be extracted from the excel tracking sheet and future development by HCMIS.
Data source: excel
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: NA
Responsible individual(s): contract teams leaders and director and M&E team

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any): Since the indicator is quantitative, it does not consider/ explain the context-nature of the products, urgency, line of items for production, etc.
Actions taken or planned to address data limitations:
Date of future data quality assessments:
Procedures for future data quality assessments:

Plan for data analysis, review, and reporting

Data analysis: the promised days for each purchase orders minus actual days the purchase order**Presentation of data**: tables and graphs
Review of data: monthly
Reporting of data: quarterly

Points of clarification (other notes)

In the aggregation under `b` will help to assess the performance of suppliers with multiples purchase orders.

Performance indicator values

Year 2011	Baseline --	Target TBD	Comments

Lead time from port to EPSA warehouses

PROCESS LEVEL INDICATOR

Indicator number: CMD 03
Strategic objective/Initiatives:
Indicator name: Lead time from port to EPSA warehouses

Description

Precise definition(s): the total number of days taken from port of destination as per the agreed Inco terms to the assigned EPSA warehouses.
Numerator: NA
Denominator: NA
Unit of measure: days
Disaggregated by:

a. The sum of days taken from the port of destination to dry port or airport.
b. The sum of days taken in the dry port/airport for custom clearance and FDA quality inspection.
c. The sum of days taken to transport products from the dry port/air port (after clearance and inspection) to the assigned warehouses until inspected and claimed and ready for putting away.

Purpose: To ensure uninterrupted supply of products by improving timely delivery and decrease the demurrage cost.

Plan for data acquisition

Data collection method: Data will be collected from the excel tracking sheet and for the future on development by HCMIS.
Data source: excel
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: NA
Responsible individual(s): Contract directorate data clerk and teams leaders

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any): the data is collected through excel tracking sheet and may be miss-located intentionally and accidentally.
Actions taken or planned to address data limitations: HCMIS based data collections system to assure the quality of the data.
Date of future data quality assessments:
Procedures for future data quality assessments:

Plan for data analysis, review, and reporting

Data analysis: counting the total number of days elapsed in each steps of the processes.
Presentation of data: tables
Review of data: monthly
Reporting of data: bi-monthly

Points of clarification (other notes)

The days taken from the port of destination to the Dry port/Airport has not been considered in the previous KPI draft for the directorate and the responsible party determined by the types of Incoterm used
The total number of days will help to assess the performance of each stakeholder in the processes.

Performance indicator values

Year	Baseline	Target	Comments
2011	--	TBD	

Supplier fill rate

PROCESS LEVEL INDICATOR

Indicator number: CMD 05
Intermediate result/Strategic objective/Initiative:
Indicator name: supplier fill rate

Description

Precise definition(s): The percentage of purchase orders made to a supplier that are filled correctly by the supplier in terms of items including their shelf life listed in the contract agreement and quantities during a specific period of time.
Numerator: number of orders filled correctly
Denominator: the total number of orders
Unit of measure: percentage
Disaggregated by:

a. Program type (RDF, Health programs)
b. Product category (pharmaceuticals, medical equipment, medical supplies, chemicals/reagents)
c. Supplier

Purpose: to ensure uninterrupted supply of products by improving accuracy of suppliers fill rate

Plan for data acquisition

Data collection method: Data will be collected from Ggoods receiving voucher or the excel tracking sheet and for the future on development by HCMIS.
Data source: Excel
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: NA
Responsible individual(s): contract directorate data clerk and teams leaders

Data quality issues

Date of initial data quality assessment: N/A
Known data limitations and significance (if any): the data is collected through excel tracking sheet and may be miss-located intentionally and accidentally.
Actions taken or planned to address data limitations: HCMIS based data collections system to assure the quality of the data.
Date of future data quality assessments:
Procedures for future data quality assessments:

Plan for data analysis, review, and reporting

Data analysis: calculating percentage of suppliers fill rate by dividing the total number of POs which are accurately filled by the total number of POs in the reporting period.
Presentation of data: tables
Review of data: monthly
Reporting of data: quarterly

Points of clarification (other notes)

A supplier fill is considered accurate when the type of the product, quantity, shelf life and other technical specifications described in the PO are delivered correctly as per the agreement.

Performance indicator values

Year	Baseline	Target	Comments
2011	--	TBD	

This PIRS table should be removed as it is duplicated in the document.

EPSA CORPORATE LEVEL KEY PERFORMANCE INDICATOR

Indicator number: WIM-01
Intermediate result/Strategic objective/Initiative: Improve pharmaceuticals availability at health facilities
Indicator name: line fill ate

Description

Precise definition(s):
This indicator measures the percentage line items refilled correctly in terms of items and quantities requested by health facilities from the total items requested or ordered. In this indicator reference sheet, considering the existing situation of the agency and the country, it is defined that a product is correctly refilled when EPSA refill 70% and above of the quantity health facilities requested.

Numerator: number of line items filled at least 70% of requested quantity.
Denominator: total number of items health facilities requested from EPSARRF list or purchase request form.
Data type : percentage
Unit of measure: pharmaceuticals
Disaggregated by:

- Program type (RDF and Health program);
- Commodities type/ category (parametrical, medical supplies, chemical reagents and medical equipment)
- Level of importance (VEN)
- Specific health programs (TB/Leprosy, Malaria, HIV/AIDS, family planning, MNCH)

Purpose: This indicator is used to determine how effective EPSA head office and branches supply chain management is in satisfying customer orders in the correct quantities and the correct items. It indicates the percentage of pharmaceuticals EPSA addresses and resupplies the health facilities demand and guides the EPSA management to make informed decision.

Plan for data acquisition

Data collection method: Data will be collected at the EPSA central and branches through record review of health facilities report and request and STV.
Data source: The primary source of data for this indicator is requisition and issue vouchers or HCMIS transaction information
Data requirements: requisition vouchers or similar order forms submitted by the requesting facility(customer) to the supplying distribution center (EPSA head office/branch), showing items and amounts requested. Same requisition forms or similar forms issued by the distribution center, showing items and amounts supplied (alongside amounts originally requested)
Frequency/timing of data acquisition: monthly
Estimated cost of data acquisition: minimal.
Responsible individual(s) at the agency: WIM team coordinator/officer

Data quality issues

Date of initial data quality assessment: N/A
Known data limitations and significance (if any): Customer requisition data quality problems.
Actions taken or planned to address data limitations:
Date of future data quality assessments: N/A
Procedures for future data quality assessments: N/A

Plan for data analysis, review, and reporting

Data analysis: percentage, followed by trend analysis of health facilities at the hub.
Presentation of data: table, line and bar charts.
Review of data: monthly
Reporting of data: bimonthly

Points of clarification (other notes)			
- Each hub and the center must review and analyze line fill rate within five working days after completion of distribution every month. - In case there is high confidence on the quality of data, eLMIS or HCMIS might be used as the source of truth with randomly checking only 20 percent of requests. - If the average line fill rate of a given facility is below 70%, EPSA should further assess and identify causes for the observed under performance and take necessary corrective action to improve the performance of the indicator. - Operational research is necessary to support the expertise decision for customer satisfaction with 70% and above refill.			
Performance indicator values			
Year	Baseline	Target	Comments (Justification)
EFY2011	--	60	

Inventory accuracy rate

PROCESS LEVEL INDICATOR

Indicator number:**WIM-02**
Intermediate result/Strategic objective/Initiative: improved warehousing and inventory management.
Indicator name: inventory accuracy rate

Description

Precise definition(s):
This indicator measures the accuracy of stock balances by comparing quantity of each item recorded on stock card, bin card, or automated system (i.e. HCMIS) against a physical stock count.
Numerator: number of items where stock record count equals physical stock count
Denominator: total number of items counted
Unit of measure: percentage
Disaggregated by:

- Program type (RDF and Health program);
- Commodities type/ category
- Level of importance (VEN)
- Specific health programs (TB/Leprosy, Malaria, HIV/AIDS, Family planning, MNCH)

Purpose: This indicator measures the accuracy of data on product stock levels at central and branch EPSA.It provides information on how accurately the institutions are tracking their inventories. It measures the ability of a facility to correctly record the stock balance for all items over a given period. Having accurate stock-on-hand values is essential for forecasting and procurement exercises as well as for proper picking and distribution.

Plan for data acquisition

Data collection method: Data will be collected at the central and EPSA branches. Inventory should be done for each item and the data will be aggregated and disaggregation by program type (RDF and Health program), commodities type/ category, level of importance (VEN), specific health programs (TB/Leprosy, Malaria, HIV/AIDS, Family planning and MNCH is accomplished by entering numerator and denominator data for the appropriate category. The WIM team is responsible for data collection and aggregation.

Data requirements

- Quantities recorded in the HCMIS, stock ledger, bin card, or other inventory management recording instrument on which stock balances are maintained.
- Physical counts of items in the institution

Data source:

- Direct observation (physical count of items)
- HCMIS, stock ledger, bin card, or other inventory management recording instrument on which stock balances are maintained

Frequency/Timing of data acquisition: quarterly and /or annually
Estimated cost of data acquisition: transport, refreshment, stationery
Responsible individual(s) EPSA: WIM Coordinator/officer

Data quality issues

Date of initial data quality assessment:
Known data limitations and significance (if any):system related problems (regular updating, connection problems), MHE failure to properly conduct physical count, personnel error while recording on bin/stock record cards
Actions taken or planned to address data limitations: stabilize working system, timely maintenance, train bin/stock record clerks
Date of future data quality assessments: to be determined
Procedures for future data quality assessments:

Plan for data analysis, review, and reporting
Data analysis: percentage, followed by trend analysis **Presentation of data**: component bar chart, pie chart **Review of data**: quarterly and/or annually **Reporting of data**: quarterly and/or annually

Points of clarification (other notes)
• Each hub and the center must review and analyze inventory accuracy rate at end of each quarter. • In case there is high confidence on the quality of data, HCMIS might be used to analyze inventory accuracy rate. • According to various international standards, inventory accuracy rate should be above 95%. If the inventory accuracy rate is below 95%, further investigation should be made on the overall inventory management practices and necessary corrective actions should be taken.

Performance indicator values			
Year	Baseline	Target	Comments (Justification)
EFY2011	--	95%	

Order turnaround time

PROCESS LEVEL INDICATOR

Indicator number:WIM-03
Intermediate result/Strategic objective/Initiative: improve warehouse and inventory management; and customer satisfaction
Indicator name: order turnaround time

Description

Precise definition(s):
The average amount of time it takes for a WIM unit to fill an order from the date the order is received by the WIM until the date the order is shipped to the customer. The actual turnaround time starts with the receipt of the order and ends with the loading of products on trucks.
Numerator: sum of the number of days to process all orders received
Denominator: total number of orders processed
Unit of measure: number of day(s)
Disaggregated by:

- Type of request (emergency, normal)
- Level of distribution (head office to branch, branch to health facilities)
- Type of health facility (hospital, health center)
- Program type (RDF and health program)
- Route (optional)

Purpose: This indicator measures the efficiency with which requests are processed because it measures only the time between when the request was received by the distribution source and the time the order was shipped. Improving turnaround time will improve customer satisfaction, improve productivity and thus reduce costs for staff time. This indicator is developed to measure turnaround time from center to hub, as well as from hub to health facilities.

Plan for data acquisition

Data collection method: For the purposes of data collection for this indicator, data will be collected at the EPSA central and branches. Disaggregation by type of request (emergency, normal), level of distribution (head office to branch, branch to health facilities) and type of health facility (hospital, health center) by entering numerator and denominator data for the appropriate category. AEPSA central or EPSA branch WIM staff will register date of requisition receipt and dispatched date on order tracking sheet.
Data requirements
Data found on order tracking sheet showing the date the order was received by distribution center (EPSA Center, Branch) and the date the order was shipped out to customer.
Data source: The primary source of data for this indicator is order tracking sheet.
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: none, staff time
Responsible individual(s) EPSA:WIM coordinator/officer

Data quality issues

Date of initial data quality assessment: none
Known data limitations and significance (if any): none
Actions taken or planned to address data limitations:
Date of future data quality assessments: to be determined
Procedures for future data quality assessments:

Plan for data analysis, review, and reporting

Data analysis: Mean/Average/, followed by trend analysis
Presentation of data: component bar chart
Review of data: monthly
Reporting of data: every two months

Points of clarification (other notes)

- Each hub and the center must review and analyze order turnaround time at end of each month.
- One day will have eight hours(i.e. 2 hours=1/4 day, 4 hours=1/2 day and 6 hours=3/4 day)

Performance indicator values

Year	Baseline			Target (%)			Comments (Justification)
	Emergency	Center to hub	Hub to Facility	Emergency	Center to hub	Hub to Facility	
EFY2011	-	-	-	½ day	2 days	1 day	

Percentage of pharmaceuticals stocked according to the plan (SAP)

PROCESS LEVEL INDICATOR

Indicator number: WIM-04
Intermediate result/Strategic objective/Initiative: improved warehousing and inventory management.
Indicator name: percentage of pharmaceuticals stocked according to the plan.

Description

Precise definition(s):
This indicator measures the optimum stock level at the storage (i.e. warehouses and health facilities) sites as per established min-max stock level. It will measure stock status of each item by indicating whether the item is stocked out, under stocked, stocked according to the plan, or over stocked.

Numerator: number of stock status observations for a tracer commodity (refer to the tracer list in this document) that are within the designated minimum and maximum quantities at storage sites.
Denominator: total number of stock status observations for a tracer commodity at storage sites.

Minimum Stock level: At branch, 2 months
Maximum Stock level: At branch, 4 months
Unit of measure: percentage
Disaggregated by:

- Program type (RDF and health program)
- Stock status (stocked according to plan, overstocked, under stocked, and stocked out)
- Level of the supply chain system (EPSA central and EPSA branch)

Purpose: Identify stock management by distribution site to provide support and thus improve the inventory management of all commodities. This indicator checks to see if the supply chain system is functioning as it was designed by tracking if both the central level and branches can maintain the designated quantity of months of stock to treat patients or to distribute to treatment facilities or secondary distribution centers. A view of each level of the system, using this metric level by level can also help to locate bottlenecks within the system, which could prevent patients from receiving needed commodities; cause needless stock outs, or unnecessary expiries.

EPSA central is the physical location where pharmaceutical and/or medical products are delivered to and stored at a central site in the country. The central medical store then supplies those products to lower level sites across the country - either distribution centers or health facilities - for distribution and use at the facility level.

AEPSA branch is a physical location which receives pharmaceuticals and/or medical products from the central pharmaceutical warehouse, safely stores the products, accepts orders from or supplies products to lower level facilities within a discrete geographic area in the country and then distributes those pharmaceuticals to those facilities where the pharmaceuticals are presumably used.
These sub-national level medical stores are 19 in number.

Policy on setting average monthly consumption (AMC) shall be stated. AMC might be updated every year.
Tracer products/essential drugs for this and other stock metrics should be listed in separate section.
Minimum and Maximum stock level should be listed in detail in separate section.

Plan for data acquisition

Data collection method: For the purposes of data collection for this indicator, data will be collected at the EPSA central and branches. Disaggregation by warehouse level is accomplished by entering numerator and denominator data for the appropriate facility: A EPSA central or EPSA Branch. EPSAWIM staff will count the number of stock status observations per store level and aggregate store levels as defined above in the 'definition' section.

There may be multiple observations (through physical counts performed) of stock status for the products of interest per reporting period. The number of observations is determined by the capability and procedures of each country. These observations will be analyzed in this fashion:

- Document observations for each product of interest.
- Sort observations for each product of interest into "quantities between maximum and minimum quantities/months of stock" and "quantities above or below maximum and minimum".
- The number of observations where quantities are between maximum and minimum is the numerator.
- The total number of observations available is the denominator.

Example 1: If the Adama branch has monthly stock observations for RTKs, nine of which are within max and min levels but the remaining three of which represent a stock-out, then for Adama branch, the resulting measurement would be 9/12 (75%). Likewise, in the stock-out disaggregation, 3/12 (25%) of the observations would represent a stock-out.

Data source:
The primary source of data for this indicator is observation at the warehouse. After observation the warehouse and distribution specialist may check the data against the HCMIS (electronic data). In cases, where it is not feasible, only products with data quality problem or rapid stock flow might be selected for observation and reconciliation against the HCMIS. HCMIS is the source for AMC.

Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: data to be collected by EPSA staff according to the capability and procedures for each country.
Responsible individual(s): EPSA, WIM coordinator/officer

Data quality issues

Date of initial data quality assessment:
Known data limitations and significance (if any): The physical count might not corroborate with physical count due to delay in updating, hubs might conduct the observation at different time span etc…
Actions taken or planned to address data limitations:
Date of Future Data Quality Assessments:
Procedures for future data quality assessments: RDQA SOP

Plan for data analysis, review, and reporting

Data analysis: proportion, supplement by months of stock and trend analysis
Presentation of data: component bar chart
Review of data: monthly
Reporting of data: quarterly

Points of clarification (other notes)

- Each hub and the center have to conduct the stock observation at the 1st date of each month.
- In case there is high confidence on the quality of data. eLMIS or HCMIS might be used as the source of truth with randomly checking only 20 percent of health facilities.

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	--	60%	

Average delivery time

PROCESS LEVEL INDICATOR

Indicator number: DFM-01
Intermediate result/Strategic objective/Initiative: Improved distribution and fleet utilization
Indicator name: average delivery time

Description

Precise definition(s): This indicator is defined as the average time it takes to deliver an order to a facility
Numerator: sum of total number of hours spent to deliver the assigned facility orders from dispatch to receipt at destination
Denominator: total number of facility order delivered
Unit of measure: hours
Disaggregated by:

- Road type (Asphalt, Gravel)
- Routes (distance)

Note: Disaggregation is optional. IF GPS is functional, disaggregate the time by travel vs. waiting time (time spent for waiting, parking time & unloading)
Purpose: This indicator reflects the efficiency of the transport and distribution systems. Long transit times should be considered when planning inventory levels and shipment schedules. Monitoring average transit times for a specific region, route, or facility can also help managers improve response time and efficiency (optimize resources usage) and reduce wastage.

Plan for data acquisition

Data collection method: Data will be collected at EPSA central and branches record review. EPSA central or EPSA branch deliverer/driver will register departure and return dates and hours of all shipments on vehicle log sheet/GPS.

Data requirements
Data found on vehicle log sheet showing the date and time of departure and arrival at specified health facilities (shipment destination).
Data source:
The primary source of data for this indicator is vehicle log sheet or GPS tracking record.
Frequency/Timing of data acquisition: Monthly
Estimated cost of data acquisition: None, staff
Responsible Individual(s) EPSA: Distribution and fleet management team

Data quality issues

Date of initial data quality assessment: TBD
Known data limitations and significance (if any): Problems related completeness due use of secondary data
Actions taken or planned to address data limitations: enforce to ensure completeness of records
Date of future data quality assessments: NA
Procedures for future data quality assessments: TBD

Plan for data analysis, review, and reporting

Data analysis: calculate and analyze the average time spent using excel tracking sheet
Presentation of data: table, bar chart
Review of data: monthly
Reporting of data: monthly

Points of clarification (other notes)

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	--	TBD	

Percentage of delivery vehicle availed

PROCESS LEVEL INDICATOR

Indicator number: DFM-02
Intermediate result/Strategic objective/Initiative: improved timely product distribution and efficient fleet utilization
Indicator name: percentage of delivery vehicle availed

Description

Precise definition(s): This is defined as the percentage of delivery vehicles requested and availed based on agreed time as per the specified vehicle for product distribution.
Numerator: number of delivery vehicles availed on time based on agreed schedule
Denominator: total number of delivery vehicles requested as per agreed scheduled
Unit of measure: number of vehicles
Disaggregated by:

- type of vehicle

Purpose: to fulfill vehicle demand for timely and efficient distribution of commodities.

Plan for data acquisition

Data collection method: vehicle request form record review using tracking sheet. Documented delivery vehicle requested and availed.
Data source:
The primary source of data for this indicator is review of delivery vehicle availability tracking sheet. Vehicle request and approval form can also be used as data source for this indicator.
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: minimal, staff time
Responsible individual(s) EPSA: distribution team

Data quality issues

Date of initial data quality assessment: None
Known data limitations and significance (if any): proper recording and documentation of delivery vehicle requisition and approval documents
Actions taken or planned to address data limitations: missing or incompleteness due to use of secondary data.
Date of future data quality assessments: TBD
Procedures for future data quality assessments: TBD

Plan for data analysis, review, and reporting

Data analysis: percentage, supplement by types of vehicles requested and availed and trend analysis
Presentation of data: Component bar chart, pie chart
Review of data: Monthly
Reporting of data: Quarterly

Points of clarification (other notes)

NA

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	--	90%	

Vehicle down time

PROCESS LEVEL INDICATOR

Indicator number: GS-01
Intermediate result/Strategic objective/Initiative: improved distribution and fleet utilization
Indicator name: vehicle down time

Description

Precise definition(s): Downtime is defined as those periods of time (working days), during which, a vehicle was not ready for operational activity due to the vehicle being serviced or other operational issues including maintenance.
Numerator: number of days during which a vehicle was not ready for operational activity
Denominator: total number of working days in the review period (monthly)
Unit of measure: days
Disaggregated by:

- Reason for downtime (service and maintenance, idle time at distribution center)

Purpose: This indicator helps to improve fleet management by identifying reasons for downtime, resolving it and thereby keeps vehicles on proper utilization by proactive planning for maintenance and distribution.

Plan for data acquisition

Data collection method: review records (vehicle log sheet), GPS data
Data source:
The primary source of data for this indicator is GPS or vehicle log sheet.
Frequency/Timing of data acquisition: daily
Estimated cost of data acquisition: minimal
Responsible individual(s) EPSA: General service team

Data quality issues

Date of initial data quality assessment: none.
Known data limitations and significance (if any): none
Actions taken or planned to address data limitations: missing or incompleteness due to use of secondary data.
Date of future data quality assessments: None
Procedures for future data quality assessments:

Plan for data analysis, review, and reporting

Data analysis: proportion, supplement trend analysis
Presentation of data: component bar chart, pie chart, line graph
Review of data: monthly
Reporting of data: quarterly

Points of clarification (other notes)

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	--	TBD	

Average days to request and collect cash from donors

PROCESS LEVEL INDICATOR
Indicator number: FM-01 **Intermediate result/Strategic objective/Initiative**: improved the collected cash from the different donors **Indicator name**: average days to request and collect cash from donors
Description
Precise definition(s): This indicator measures the days took to request and to collect cash from donors. **Numerator**: summation of cash request date –cash collected date **Denominator**: Total number of requests **Unit of measure**: days **Disaggregated by**: program type; by SDG, MOH, CHAI… **Purpose**: identify and measure the cash collected from different donors and the performance of individual working progress which is cash collected request date and to know our cash collected from donors and the remaining balance we have.
Plan for data acquisition
Data collection method: For the purposes of data collection for this indicator, data will be collected at the reviewing the letters, review the advice and reviewing the bank advice **Data source**: The primary sources of data for this indicator are agreement letters and request letters, bank advice, and finance tracking sheet. **Frequency/Timing of data acquisition**: monthly **Estimated cost of data acquisition**: data to be collected by both RDF and program directorate staff according to the capability and procedures. **Responsible individual(s)** EPSA: both RDF and Program coordinators and senior accountants
Data quality issues
Date of initial data quality assessment: **Known data limitations and significance (if any)**: incomplete data might not corroborate with the agreements of grants. **Actions taken or planned to address data limitations**: incomplete documents agreements assessments. **Date of future data quality assessments**: **Procedures for future data quality assessments**: RDQA, SOP
Plan for data analysis, review, and reporting
Data analysis: proportion, supplement by quarterly service charge claimed reports **Presentation of data**: component bar chart **Review of data**: monthly **Reporting of data**: quarterly
Points of clarification (other notes)
Each hub and the center have to conduct the fund utilized status at the 1st date of each month.

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	>30	7	

Average days to collect credit sales

PROCESS LEVEL INDICATOR

Indicator number: FM-02
Intermediate result/Strategic objective/Initiative: to improve the timely submission of clean, complete and accurate credit sales speediness and the collection from credits customers and strengthen receivable management.
Indicator name: average days to collect credit sales

Description

Precise definition(s): This indicator measures the average number of days between the dates a credit sale is made and the date cash received.
Numerator: summation of /date of credit sales –date of cash received /
Denominator: Total number of credit sales
Unit of measure: number of **days**
Disaggregated by: program type; by RDF, BY program /project, at branch level
Purpose: to Identify and measure the highest updated record of each customer ledger or data on credit sales made and follow up the branch

Plan for data acquisition

Data collection method: For the purposes of data collection for this indicator, data will be collected at the reviewing the STVs, review credit sales, reviewing CRV, reviewing by Sales collecting tracking sheet letters
Data Source: The primary source of data for this indicator STVs, credit sales, CRV/cash receipt voucher, sales collection tracking sheet letter.
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: data to be collected by both RDF and program directorate staff according to the capability and procedures, branches and center.
Responsible individual(s) EPSA: both RDF and program coordinators and senior accountants

Data quality issues

Date of initial data quality assessment:
Known data limitations and significance (if any): limitation of credit sales and not collected from health bureau
Actions taken or planned to address data limitations: cycle reviewing in branches for unfinished proof of delivery documents assessments.
Date of future data quality assessments:
Procedures for future data quality assessments: RDQA SOP,

Plan for data analysis, review, and reporting

Data analysis: proportion, supplement by quarterly credit sales reports
Presentation of data: component bar chart
Review of data: monthly
Reporting of data: quarterly

Points of clarification (other notes)

Each hub and the center have to conduct the STV and Proof of delivery status at the 1st date of each month.

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	TBD	75 days	

Average payment time

PROCESS LEVEL INDICATOR

Indicator number: FM-03
Intermediate result/Strategic objective/Initiative: improved the average payment time, and to increase the satisfaction of the customer by preparing the payments immediately.
Indicator name: average payment time.

Description

Precise definition(s): This indicator measures the average number of days it took to effect payments
Numerator: summation of (date payment requested - date payment is effected to the clients)
Denominator: total authorized payments
Unit of measure: hours.

Disaggregated by: program type; internal payments and external payments
Purpose: to Identify the delays of payment, to increase the satisfaction of clients, to decrease the customer complaints in case of check retards.

Plan for data acquisition

Data collection method: For the purposes of data collection for this indicator, data will be collected by identify the payments request, by reviewing authorization letters, by reviewing ledger books and payment tracking sheets.
Data source:
The primary source of data for this indicator is payments request, authorization letters, ledger books and payment tracking sheets
Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: data to be collected by both RDF and program directorate staff according to the capability and procedures.
Responsible individual(s) EPSA: both RDF and program coordinators and senior accountants

Data quality issues

Date of initial data quality assessment:
Known data limitations and significance (if any): inaccuracy documents might not corroborate with the requested procedure.
Actions taken or planned to address data limitations: give awareness for the customer before the documents received and post the citizen charter for clear display place
Date of future data quality assessments:
Procedures for future data quality assessments: RDQA SOP

Plan for data analysis, review, and reporting

Data analysis: proportion, supplement by quarterly average payment reports
Presentation of data: component bar chart
Review of data: monthly
Reporting of data: quarterly

Points of clarification (other notes)

Each payment has to conduct the report status at the 1st date of each month.

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	TBD	3	

Average time from GRNF (good receiving notification format) to cost set date (GRV)

PROCESS LEVEL INDICATOR

Indicator number: FM-04
Intermediate result/Strategic objective/Initiative: to improve the delays of costing both RDF and Program and to measure the performance individual work to cost setting
Indicator name: average time from GRNF to cost set date (GRV)

Description

Precise Definition(s): This indicator measures the average number of days after receiving GRNF and the date cost is set on HCMIS
Numerator: the sum of the difference of days between GRNF receiving and cost setting
Denominator: total number of GRNF
Unit of Measure: hours
Disaggregated by: program type; by RDF,MOH,PSM SDG GF HAPCO,MOH GF, consignments
Purpose:

- To identify the time gap receiving GRNF from WIM to fund and to come up the delays o Costing in individual cost accountants and to set costing quickly and ready to issue for WIM
- To distribute the STV to hubs.
- To measure how the time gap between we receiving GRNF and we set the cost as all.
- To discuss one to five corresponding low performance of costing and delays as well.

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Plan for data acquisition

Data collection method: For the purposes of data collection for this indicator, data will be collected at the WIM, contract managements and RDF Directorate,
Data source: The primary source of data for this indicator is GRNF, check the data/GRNF/against the HCMIS/Electronic data/packing list and commercial invoice
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: data to be collected by both RDF and program directorate staff according to the capability and procedures.
Responsible individual(s)EPSA: both RDF and program coordinators, senior cost accountants

Data quality issues

Date of initial data quality assessment:
Known data limitations and significance (if any): incomplete documents comes from WIM, delays
Cost elements from contract managements
Actions taken or planned to address data limitations: immediate communication from the concerned body
Date of future data quality assessments:
Procedures for future data quality assessments: RDQA ,SOP

Plan for data analysis, review, and reporting

Data analysis: proportion, supplement by months of GRNF number
Presentation of data: component bar chart
Review of data: monthly
Reporting of data: quarterly

Points of clarification (other notes)

The center has to conduct the total GRNF number status at the 1st date of each month.

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	3	1	

Financial reporting timelines

PROCESS LEVEL INDICATOR

Indicator number: FM-05
Intermediate result/Strategic objective/Initiative: to enhance the financial reporting timelines, and to increase the accuracy and reliability of the financial statements.
Indicator name: financial reporting timelines.

Description

Precise definition(s): This indicator measures the submitted of the financial report to responsible body on time.
Numerator: number of financial reports submitted
Denominator: within 30 days of next month
Unit of measure: number of financial reports.
Disaggregated by: type; evolving drug fund and program/project financial reports and consolidation financial reports against branch

Purpose: to Identify the sustainability of the agency financial reports, to address the audit speediness, and to know the capital of the agency. As well as to trace the revenue and expense and to release from the backlog clearance.

Plan for data acquisition

Data collection method: For the purposes of data collection for this indicator, data will be collected by identify the payments request, by review the assessments of financial reports.
Data source: The primary source of data for this indicator is financial reports for the center and branch.
Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: data to be collected by both RDF and program directorate staff according to the capability and procedures.
Responsible individual(s)EPSA: both RDF and Program coordinators and senior accountants

Data quality issues

Date of initial data quality assessment:
Known data limitations and significance (if any): inaccuracy financial documents might not corroborate with the control ledger and subsidiary ledger.
Actions taken or planned to address data limitations: recording truthfulness of the documents, reviewing the recording and correctly reconciliation the bank with in the month before releasing the financial statements.
Date of future data quality assessments:
Procedures for future data quality assessments: RDQA SOP

Plan for data analysis, review, and reporting

Data analysis: proportion, supplement by quarterly financial reports
Presentation of data: component bar chart
Review of data: monthly
Reporting of data: quarterly

Points of clarification (other notes)

The financial reports have to conduct the report status at the 1st date of each month.

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	0	4	

Fund/Budget utilization rate

PROCESS LEVEL INDICATOR

Indicator number: FM-06
Intermediate result/Strategic objective/Initiative: to Improved the fund utilization management.
Indicator name: fund/budget utilization rate.

Description

Precise definition(s): This indicator measures the rate of budget utilization over the grant period
Numerator: Total amount of budget utilized for all grant in the budget year
Denominator: Total value for all grant in the budget year
Unit of measure: percentage
Disaggregated by: program type; program directorate disaggregation by central and branch is accomplished by entering numerator and denominator data for the appropriate fund utilization
Purpose: identify and measure the rate of budget utilized over the grant period and to enhance the fund utilization management. To implement successful financial management practice and meet the agency's objective of uninterrupted supply of pharmaceuticals, it would be essential to design functional based processes with specific emphasis for effective fund utilization and cost recovery or collection system.

Plan for data acquisition

Data collection method: For the purposes of data collection for this indicator, data will be collected at the reviewing working plan and RDF Directorate payment voucher. Disaggregation by central and branch is accomplished by entering numerator and denominator data for the appropriate fund utilization.
Data source: The primary source of data for this indicator is observation working plan and check the payments.
Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: data to be collected by both RDF and program directorate staff according to the capability and procedures.
Responsible individual(s) EPSA :both RDF and Program coordinators

Data quality issues

Date of initial data quality assessment:
Known data limitations and significance (if any): incomplete data might not corroborate with the agreements of grants.
Actions taken or planned to address data limitations:
Date of future data quality assessments:
Procedures for future data quality assessments: RDQA SOP

Plan for data analysis, review, and reporting

Data analysis: proportion, supplement by months of fund utilization rate
Presentation of data: component bar chart
Review of data: monthly
Reporting of data: quarterly

Points of clarification (other notes)

Each hub and the center have to conduct the fund utilized status at the 1st date of each month.

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	80	100%	

Percentage of collected proof of delivery /M19/

PROCESS LEVEL INDICATOR

Indicator number: FM-07
Intermediate result/Strategic objective/Initiative: improved the timely submission of clean, complete, and accurate proof of delivery
Indicator name: percentage of collected proof of delivery /M19/

Description

Precise definition(s): This indicator measures the percentage of Model 19 collected out of the total STV distributed to health facilities
Numerator: number of model 19 collected
Denominator: total number of STVs /sales invoices/
Unit of measure: Percentage
Disaggregated by: program type; by RDF,BY Program /project/,regional health bureau
Purpose: to Identify and measure the receiving delivery of HF (model 19) from distribution and verify proof of delivery (model 19) with summary by communicate branches so that branches send POD to center (HO) and to prove that all stock issued through STV reached and are received by the health facilities, in addition to prepare for receivable clearance or settlements through journal voucher and to collect service charge based on the summarized POD.

Plan for data acquisition

Data collection method: For the purposes of data collection for this indicator, data will be collected at the reviewing the STVs, review sales invoice, reviewing the Model 19, reviewing by conformation letters from health bureau and sales collection tracking sheet
Data source: The primary source of data for this indicator STVs, sales invoice, Model 19, conformation letter from health bureau and sales collection tracking sheet

Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: data to be collected by both RDF and Program directorate staff according to the capability and procedures, branches and centre.
Responsible individual(s)EPSA: both RDF and Program coordinators and senior accountants/document follow up officer

Data quality issues

Date of initial data quality assessment:
Known data limitations and significance (if any): incomplete proof of delivery from health facilities not corroborate with the summary of sheets.
Actions taken or planned to address data limitations: cycle reviewing in branches for unfinished proof of delivery documents assessments.
Date of future data quality assessments:
Procedures for future data quality assessments: RDQA SOP

Plan for data analysis, review, and reporting

Data analysis: proportion, supplement by quarterly proof of delivery (Model 19) and STV reports
Presentation of data: component bar chart
Review of data: monthly
Reporting of data: quarterly

Points of clarification (other notes)

Each hub and the center have to conduct the STV and Proof of delivery status at the 1st date of each month.

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	TBD	100	

Percentage of service charge claimed

PROCESS LEVEL INDICATOR			
Indicator number: FM-08 **Intermediate result/Strategic objective/Initiative**: improved the collected service charge from different donors **Indicator name**: percentage of service charge claimed.			
Description			
Precise definition(s): this indicator measures the percentage of service charge claimed from different donors **Numerator**: total service charge claimed. **Denominator**: total estimated service charge **Unit of measure**: quarterly. **Disaggregated by**: program type; by SDG, MOH, CHAI… **Purpose**: identify and measure the service charge claimed from different donors.			
Plan for data acquisition			
Data collection method: for the purposes of data collection for this indicator, data will be collected at the donors' agreements document against the EPSA. **Data source**: The primary source of data for this indicator is observation agreement documents, purchase order and service charge tracking sheet. **Frequency/Timing of data acquisition**: quarterly **Estimated cost of data acquisition**: data to be collected by both RDF and program directorate staff according to the capability and procedures. **Responsible individual(s)**EPSA: both RDF and Program coordinators and senior accountants			
Data quality issues			
Date of initial data quality assessment: August 2010. **Known data limitations and significance (if any)**: incomplete data might not corroborate with the agreements of grants. **Actions taken or planned to address data limitations**: incomplete documents agreements assessments. **Date of future data quality assessments**: January 2011 **Procedures for future data quality assessments**: RDQA SOP			
Plan for data analysis, review, and reporting			
Data analysis: proportion, supplement by quarterly service charge claimed reports **Presentation of data**: component bar chart **Review of data**: monthly **Reporting of data**: quarterly			
Points of clarification (other notes)			
Each hub and the center have to conduct the fund utilized status at the 1st date of each month.			
Performance indicator values			
Year EFY2011	Baseline 60	Target 80%	Comments (Justification)

Percentage of good governance index

PROCESS LEVEL INDICATOR

Indicator number: GG-01
Intermediate result: to improve the good governance.
Indicator name: percentage of Good governance index

Description

Precise definition(s): Good governance is "the manner in which power is exercised in the management of a country's economic and social resources for development" according to the World Bank, Good governance index is an indicator that measures precise situation of good governance of the Agency. Based on the picture it provides about the agency in terms of good governance, this index is intended to allow those in charge of governance to raise the appropriate questions and able to make decisions for solution required accordingly.
Good governance index is composed of the following components:

- Order turnaround time or warehouse order cycle time
- Percentage of stock according to plan
- Line fill rate
- Forecast accuracy by quantity
- Inventory accuracy rate
- Attrition rate
- Percentage of collected proof of delivery
- Average procurement lead time
- Average delivery time
- Percentage availability of delivery vehicle
- Financial reporting timelines.
- Percentage of women in leadership position
- Data confidence level
- Percentage of governing board meeting with productive agenda
- Percentage of client satisfaction
- Budget utilization rate
- Number of stakeholders meeting conducted per annum

Unit of measure: good governance level
Disaggregated by:

- Head office
- Branches
- Department

Purpose: to measure the level of EPSA's good governance level and to take corrective action. It should allow actors in charge of governance to raise the right questions in order to consider solutions.

Plan for data acquisition

Data collection method: The data will be collected from directorates and braches through questionnaire.
Data source:
The source document will be gather information through questionnaire. These questionnaires will be prepared and gathered in/by the reform and good governance directorate. In the process of solving the trucking of good governance problems concerned directorates will be involved.

Frequency/Timing of data acquisition: semi annually
Estimated cost of data acquisition: medium
Responsible individual(s) at the project: reform and good governance directorate director, team, expert and other supervision team.

Data quality issues
Date of initial data quality assessment: N/A **Known data limitations and significance (if any):**N/A **Actions taken or planned to address data limitations:** **Date of future data quality assessments:** N/A **Procedures for future data quality assessments:** survey the good governance index through questionnaire
Plan for data analysis, review, and reporting
Data analysis: percentage will be calculated**.** The indicator will be analyzed by disaggregation **Presentation of data:** Table. The good governance Index report will be provide to top management and concerned bodies of the agency and released to internal staff semi annually **Review of data:** semi annually **Reporting of data:** semi annually
Points of clarification (other notes)
The index will be calculated by using the table given on the GG index tracking sheet and the data for the indicator named variance rate (stock at central vs. stock at hub vs. stock at facility) shall be gathered and computed differently.
Performance indicator values

Year	**Baseline**	**Target**	**Comments**
2011	TBD	70%	

Percentage of grievance or complain resolved

PROCESS LEVEL INDICATOR

Indicator number: GG-02
Intermediate result: to improve good governance at the agency
Indicator name: percentage of grievance/complain resolved

Description

Precise definition(s):
Grievance**:** refers to the state of mind or condition of a person who has a complaint, that is, the feeling or emotion that a person has when he or she feels that he or she has been treated unfairly.
Complaint: refers to: the action of complaining; or the issue that the person is complaining about. Complain is to make a formal accusation or charge.
Numerator: number of grievances resolved
Denominator: total number of grievance/complain received or registered
Unit of measure: percentage
Disaggregated by:

- Head office level
- Branches

Purpose: to measure the resolved grievances/complains, improve good governance and create good working environment; to secure a mutually acceptable resolution of a grievance; to address complaints by employees, suppliers, customers; to protect employees against arbitrary decisions of management regarding discipline, discharge, promotions, or benefits.

Plan for data acquisition

Data collection method: The data will be collected from different receiving mechanism (suggestion boxes and books), directorates and braches' employees through grievance letter.
Data source:
The source document will be grievance letter, suggestion boxes, suggestion books, staff meeting minute, monthly truck report and public wing meeting minute. These suggestion boxes, suggestion books, grievance letter will be received and compile in the reform and good governance directorate. In addition to this staff meeting minute, monthly truck report and Public wing meeting minute will be prepared in the reform and good governance directorate. In the process of solving the received grievances/complains concerned directorates, branches and bodies will be involved.
Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: low
Responsible Individual(s) at the Project: reform and good governance directorate, team, expert and focal person from branches

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any):N/A
Actions taken or planned to address data limitations:
Date of future data quality assessments: N/A
Procedures for future data quality assessments: received grievances and complains and follow up for resolution

Plan for data analysis, review, and reporting

Data analysis: Percentage will be calculated. The indicator will be analyzed by disaggregation
Presentation of data: table. The resolved grievances and complains report will be provide to top management and concerned bodies of the agency and released to internal staff quarterly.
Review of data: quarterly
Reporting of data: quarterly

Points of clarification (other notes)

Performance indicator values

Year 2011	**Baseline** TBD	**Target** 90%	**Comments**

Number of assessment conducted

PROCESS LEVEL INDICATOR

Indicator number:GG-03
Intermediate result: to enhance the effectiveness and efficiency of the Agency through usage of change tools
Indicator name: number of assessment conducted on change management tools implementation

Description

Precise definition(s):
Change management is the process, tools and techniques to manage the people side of change to achieve the required business outcome. Change management incorporates the organizational tools that can be utilized to help individuals make successful personal transitions resulting in the adoption and realization of change.
Numerator: number of assessment conducted on each tool
Denominator: total number of assessment standard on each tools
Unit of measure: assessment conducted
Disaggregated by:

- ∞ Head office level
- ∞ Branches

Purpose:

- ∞ To measure the implementation of change tools (BSC, Citizen charter, Kaizen philosophy and ARM)
- ∞ To drive organizational results and outcomes by engaging employees and inspiring their adoption of a new way of working

Plan for data acquisition

Data collection method: The data will be collected from assessment/supportive supervision of directorates and branches through prepared check list.

Data source:
The source document will be assessment report. This assessment report will be prepared in the reform and good governance directorate. In the assessment of change tools process concerned bodies will be involved in branches wise.

Frequency/Timing of data acquisition: quarterly/semi annually for branches
Estimated cost of data acquisition: medium
Responsible individual(s) at the project: reform and good governance director, team, expert and other directorates experts

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any):N/A
Actions taken or planned to address data limitations:
Date of future data quality assessments: N/A
Procedures for future data quality assessments:

Plan for data analysis, review, and reporting

Data analysis: Percentage will be calculated. The indicator will be analyzed by disaggregation
Presentation of data: table. The assessment of change tools report will be provide to top management and concerned bodies of the agency quarterly/semi annually for branches.
Review of data: quarterly/semi annually for branches
Reporting of data: quarterly/semi annually for branches

Points of clarification (other notes)

∞

Performance indicator values

Year	Baseline	Target	Comments
2011	TBD	90%	

Proportion of completeness and timeliness of regular reports

PROCESS LEVEL INDICATOR

Indicator number: PME-01
Intermediate result/Strategic objective/Initiative: strengthening monitoring and evaluation system
Indicator name: proportion of completeness and timeliness of regular reports

Description

Precise definition(s):
Numerator: number of reports submitted completely and timely
Denominator: total number of expected reports
Time taken and completeness by branch
Time taken and completeness at central
Unit of measure: proportion/percent
Disaggregated by: Regular performance reports according to the plan which have timeliness, completeness and accuracy dimensions at system (EPSA Central and EPSA Branch).
Purpose:
Performance system is set to establish a system that is responsive, comprehensive, efficient, integrated, harmonized and well-coordinated to guide monitoring of the implementation of the plan and evaluate the agency performance against the standard.
Completeness: the report that have necessary/appropriate data/ information
Timeliness :- the report submitted on time as per the defined reporting schedule

Plan for data acquisition

Data collection method: for the purposes of data collection for this indicator, data will be collected at EPSA central and branches. Disaggregation is accomplished by entering numerator and denominator data for the appropriate EPSA central and branch level. PMED will compile and aggregate the performance report of branches and directorates.
Data source: the secondary source of data for this indicator is directorate and branch's performance report. There will be a need to check the data against the HCMIS (electronic data).
Frequency/Timing of data acquisition: Quarterly
Estimated cost of data acquisition: data to be collected by EPSA staff according to the capability and procedures.
Responsible individual(s) EPSA: PMED

Data quality issues

Date of initial data quality assessment: TBA.
Known data limitations and significance (if any): The performance report with HCMIS check and verify through communication means.
Actions taken or planned to address data limitations:
Date of future data quality assessments
Procedures for future data quality assessments: PMED SOP

Plan for data analysis, review, and reporting

Data analysis: proportion, supplement by performance report and previous' trend analysis
Presentation of data: component bar chart, graphically
Review of data: quarterly
Reporting of data: quarterly

Points of clarification (other notes)

Each branch and directorate has to do their report at the end of each quarter.

Performance indicator values

Year	Baseline	Target	
EFY2011	--	90%	

Proportion of branches/woredas/health facilities that received supportive supervision

PROCESS LEVEL INDICATOR			
Indicator number: PME-02 **Intermediate result/Strategic objective/Initiative**: strengthening monitoring and evaluation system **Indicator name**: Proportion of branches/woredas/health facilities that received supportive supervision			
Description			
Model			
Plan for data acquisition			
Data collection method: For the purposes of data collection for this indicator, data will be collected at branches. Disaggregation is accomplished by entering numerator and denominator data for the implementation of supportive supervision feedback. PMED will coordinate to aggregate the supportive supervision report and provide feedback for branches. **Data source**: The secondary source of data for this indicator is annual plan and report of branch's **Frequency/Timing of data acquisition**: quarterly/annually **Estimated cost of data acquisition**: data to be collected by EPSA staff according to the capability and procedures. **Responsible individual(s)** EPSA: PMED, center and branches staff			
Data quality issues			
Date of initial data quality assessment: TBA. **Known data limitations and significance (if any)**: annual plan against performance report and provided feedback to take corrective actions. **Actions taken or planned to address data limitations**: **Date of future data quality assessments**:- **Procedures for future data quality assessments**: PMED SOP			
Plan for data analysis, review, and reporting			
Data analysis: proportion, supplemented by plan against performance report. **Presentation of data**: written feedback, chart **Review of data**: quarterly/annually **Reporting of data**: quarterly/annually			
Points of clarification (other notes)			
Each branch and directorate has to be done their report at the end of each quarter.			
Performance indicator values			
Year EFY2011	Baseline --	Target 90%	

Proportion of EPSA central directorates and branches implemented M&E plan

PROCESS LEVEL INDICATOR

Indicator number: PME-03
Intermediate result/Strategic objective/Initiative: strengthening monitoring and evaluation system
Indicator name: proportion of EPSA central directorates and branches implemented M&E plan

Description

Precise definition(s):
Numerator: the number of directorate or branches that met at least eight criteria for functional M&E system
Denominator: total number of directorate or branches
A given unit is considered as implemented M&E system when fulfilling the following criteria. 1. Assign M&E focal person, 2. Record data using the standard format, 3. Review data quality 4. Submit report of KPIs as per agreed schedule 5. Monitor performance using indicator at process level 6. Monitor individual performance using KPIs 7. Take corrective action to improve performance as per agreed schedule. 8. Conduct management and staff performance review, 9. Keep M&E documents properly/ (if possible in database), 10. Use KPIs to review performance with stakeholders.

Unit of measure: submitted report as per KPI.
Disaggregated by: M&E plan and performance report (EPSA Central and EPSA Branch).
Purpose: Monitoring and evaluation helps to improve performance and achieve results. More precisely, the overall purpose of monitoring and evaluation is the measurement and assessment of performance in order to more effectively manage the outcomes and outputs known as development results. Performance is defined as progress towards achievement of results at agency level.

Plan for data acquisition

Data collection method: The purpose of data collection for this indicator is the M&E matrix that summarizes a monitoring and evaluation plan by including a list of methods to be used in collecting the data. The matrix provides a visual format for presenting the indicators and their corresponding activities-for each project objective. What information is or is not included is determined by what is deemed most important to the team that is utilizing the M&E plan.

Data source:
The secondary source of data for this indicator is directorates and branch's performance report and M&E system audit.
Frequency/Timing of data acquisition: monthly/quarterly
Estimated cost of data acquisition: Data will be collected by EPSA branches and central M&E focal person according to the capability and procedures.
Responsible individual(s)EPSA: PMED

Data quality issues

Date of initial data quality assessment: TBA.
Known data limitations and significance (if any): center and branches report with HCMIS.
Actions taken or planned to address data limitations: to be assessed
Date of future data quality assessments: quarterly
Procedures for future data quality assessments: PMED SOP

Plan for data analysis, review, and reporting

Data analysis: proportion, supplement by performance report and previous trend analysis
Presentation of data: component bar chart, graph, Table
Review of data: quarterly
Reporting of data: quarterly

Points of clarification (other notes)

Each branch and directorate has to be done their report at the end of each quarter.

Performance indicator values

Year	Baseline	Target	
EFY2011	--	90%	

RRF reporting rate

PROCESS LEVEL INDICATOR

Indicator number: FCB/WIM-01
Intermediate result/Strategic objective/Initiative: improved logistics information availability for effective and efficient supply chain decision making
Indicator name: RRF reporting rate

Description

Precise definition(s): This indicator measures the proportion of health facilities that submitted RRF against the total facility expected to report as per established schedule for odd and even route sites.

Numerator: No. of facilities submitting RRF reports according to the established schedule
Denominator: Total number of facilities required to submit reports.
Percentage of facilities submitting RRF According to established schedule $= \frac{\text{No. of facilities submitted RRF report}}{\text{Total no. of facilities required to submit report}} * 100$

Unit of measure: percentage
Disaggregated by:

- Data quality dimensions (timeliness, completeness, accuracy, validity)
- Health facility level (hospital, HC),
- Program (RDF and health program)
- Route (odd and even),

Purpose: to determine whether timely service delivery point (SDP) level data is available to supply chain decision makers at central and EPSA branches. It illustrates whether SDP data is flowing smoothly up through the Logistics Management Information System (LMIS), without becoming stuck in bottlenecks along the way. Performance on this indicator requires both timely submission of reports by the SDPs, as well as timely aggregation and/or data entry at branch and central EPSA Levels as required. As such, it is a holistic measure of performance of the entire LMIS, rather than performance at any one supply chain level.

The purpose of an LMIS is to collect, organize, and report information to other levels in the system to make decisions that govern the logistics system and ensure that all six rights.

Plan for data acquisition

Data collection method: Routine data collection from the RRF and analysis will align with the LMIS reporting schedule. LMIS may be collected using paper-based, electronic or a hybrid.
Data source: Data source for this metric is the health facility and hub RRF which is then cross-referenced with the national facility list, ensuring that the total represented in the denominator is accurate. SDPs submit their completed report and requisition form (RRF) to their respective supplying hubs (EPSA branches) every two months. EPSA hubs capture SDPs data by entering in to excel spreadsheet template developed to calculate the indicators and submit to central team for aggregation and reporting. The indicator can also be generated from HCMIS and the data source (s) utilized will be reported.
Frequency/Timing of data acquisition: every month
Estimated cost of data acquisition: minimal, data to be collected by EPSA staff.
Responsible individual(s):FCB/WIM Team

Data quality issues

Date of Initial Data Quality Assessment: N/A
Known data limitations and significance (if any): Non-reporting health facility
Actions taken or planned to address data limitations: monitoring and alarming Health facilities
Date of future data quality assessments:
Procedures for future data quality assessments: review of LMIS reports (RRF)

Plan for data analysis, review, and reporting			
Data analysis: percentage **Presentation of data**: tabular, graphical, trend **Review of data**: monthly **Reporting of data**: every two months			
Points of clarification (other notes)			
Please refer national IPLS SOP for timeliness, completeness, etc. Independent report is expected from all health facilities including woreda pass through facilities			
Performance indicator values			
Year EFY2011	Baseline -	Target 95%	Comments (Justification)

Percentage of stuff satisfaction

PROCESS LEVEL INDICATOR

Indicator number: MIS-01
Intermediate result: ensure hardware, software and network systems will run smoothly and provide high-level support when needed.
Indicator name: percentage of networking and ICT support.

Description

Precise definition(s):
Numerator: number of hardware, software or networking support provided.
Denominator: the total number of hardware, software, or networking maintenance/installation requests submitted to MIS directorate.
Unit of measure: number of help desk ticket/request.
Disaggregated by: hardware support, software support and network administration.
A support ticket system enables the collection of data which can be used to improve EPSA's support team. The data can easily track the ratio of open to resolved tickets, while keeping an eye on the most important open tickets to complete tasks on time.
A network administrator is responsible for installing network and computer systems. Maintaining, repairing and upgrading network and computer systems. Diagnosing and fixing problems or potential problems with the network and its hardware, software and systems.
Purpose: to make sure every user has reliable access to computer systems at all times. IT technical support officers monitor and maintain the computer systems and networks of the agency, including installing and configuring computer systems, diagnosing hardware and software faults and solves technical and application problems, either over the phone or in person.

Plan for data acquisition

Data collection method: The data for this indicator will be collected from Helpdesk Software and Ticketing systems. The Helpdesk Software allows to easily collecting the type of data when support team needs at any time.
Data source:
Data and information posted onto the EPSA's server is the source document for the indicator calculation.
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: Low.
Responsible individual(s)at the project: hardware and software technician, network administrator, network administrator coordinator, and MIS Director.

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any): N/A
Actions taken or planned to address data limitations:
Date of future data quality assessments: the Helpdesk already started.
Procedures for future data quality assessments: review and capture important data on all critical areas of the helpdesk system.

Plan for data analysis, review, and reporting

Data analysis: descriptive data analysis.
Presentation of data: Data should be organized according to their categories and presented in a table or a graph, including bar charts and pie. The progress will be released in internal staff update monthly.
Review of data: monthly
Reporting of data: monthly

Points of clarification (other notes)

Performance indicator values

Year	Baseline	Target	Comments
2011	TBD	90%	

Percentage of server manageability

PROCESS LEVEL INDICATOR
Indicator number: MIS-02 **Intermediate result**: ensure for maximizing services uptime, maintaining backups/replication, manage software licensing and maintain electronic security infrastructure. **Indicator name**: percentage of server manageability.
Description
Precise definition(s): What is server? What do we mean by server manageability? How do we measure it? **Numerator**: average daily service requests fulfilled **Denominator**: average service fulfillment time **Unit of measure**: days **Disaggregated by**: database administration, system administration, and website administration. The systems administrator is ensuring the servers and the services running on those servers; operate in a manner that meets EPSA's needs and to expedite corrective action in the event of system failure or breakdown. Database administrator work with database management systems software and determine ways to organize and store data. Involved in planning, installation, configuration, database design, migration, performance monitoring, security, troubleshooting, as well as backup and data recovery. Website administration is the process of maintaining the website of the agency. This website is the interface through which the agency will be visible for the outside world. A Website Administrator has a broad range of administrative privileges across the EPSA website, primarily managing the infrastructure of site content (such as templates, style sheets, and processes). **Purpose**: ensure effective administration of server systems and ensure that data remains consistent across the database.
Plan for data acquisition
Data collection method: The data for this indicator will be collected every month from Helpdesk Software and Ticketing systems and EPSA's owned servers and received document from procurement, HR, and PR directorates. **Data source**: sources of data for this indicator are the data and information stored onto the EPSA's server and is the source document for the indicator calculation. **Frequency/Timing of data acquisition**: monthly **Estimated cost of data acquisition**: low **Responsible individual(s) at the project**: database administrators, website administrators, database coordinator, and MIS Director.
Data quality issues
Date of initial data quality assessment: N/A **Known data limitations and significance (if any)**: N/A **Actions taken or planned to address data limitations**: **Date of future data quality assessments**: the helpdesk already started. **Procedures for future data quality assessments**: review important data.

Plan for data analysis, review, and reporting
Data analysis: Descriptive data analysis. Apply standards methods and tools for measuring and reporting on wide set of relevant performance indicators (response time, availability, safety, integrity …) Mean Time to Repair (MTTR) Average time (e.g. in hours) between the occurrence of an incident and its resolution. Availability (excluding planned downtime) Percentage of actual uptime (in hours) of equipment relative to the total numbers of planned uptime (in hours). Planned uptime = service hours – planned ... Mean-time between failure (MTBF) The average time between equipment failures over a given period i.e. the average time a device will function before failing. It is the reliability rating ... Availability The general formula for availability is: Availability = [MTBF/(MTBF+MTTR)] x 100 Availability is a function of the total service time, the mean time between failure ... **Presentation of data**: Data should be presented in a table or a graph, including bar charts and pie **Review of data**: Monthly **Reporting of data**: Monthly
Points of clarification (other notes)

Performance indicator values			
Year	Baseline	Target	Comments
2011	TBD	90%	

Average lead time from need compiling to receiving good and service

GENERAL SERVICE AND PROPERTY ADMINISTRATION DIRECTORATE PERFORMANCE

Indicator number: 1
Intermediate result: timely procurement of office supply.
Indicator name: average lead time from need compiling to receiving good and service.

Description

Precise definition(s): This is a measure of general service and property administration directorate's ability to quickly serve user demands. This figure measures speed of service and indicates the average time from requisition to warehouse receipt.
Numerator: NA
Denominator: NA
Unit of measure: days.
Disaggregated by:

- Procurement and property disposal services (PPDS)
- User department

The date GS procurement team received request from branches or central directorates compared against the date of items delver to central warehouse.
Purpose: to measure the performance of the procurement process and enhance timely procurement of goods and services implementation. To measure timely procure of the requested item and to settle complaints raised from user departments and branch offices.

Plan for data acquisition

Data collection method: The data for this indicator will be collected by reviewing GRM (good receiving memo), user department, recording purchase items and receiving purchase requisition records.
Data Source: The primary source documents for the indicator is procurement request from user department or branch GRM.
Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: low
Responsible individual(s) at the project: G\S, procurement team G\S directorate.

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any): N/A
Actions taken or planned to address data limitations:
Date of future data quality assessments: June 2018
Procedures for future data quality assessments: review of G\S documents, like GRM, purchase requisition, bid document, PO, ETC.

Plan for data analysis, review, and reporting

Data analysis: The indicator will be analyzed by referring from trend and procurement directive.
Presentation of data: table, the progress will be released in internal staff update monthly.
Review of data: semi annually
Reporting of data: semi annually

Points of clarification (other notes)

Performance indicator values

Year	Baseline	Target	Comments
2011	TBD none	150 days	

Percentage of maintenance and service

GENERAL SERVICE AND PROPERTY ADMINISTRATION DIRECTORATE PERFORMANCE
Indicator number: 3 **Intermediate result**: improve vehicle maintenances and service. **Indicator name**: percentage of maintenance and service.
Description
Precise definition(s): **Numerator:** number of vehicles maintained and serviced. **Denominator**: total number of request **Unit of measure**: request. The date GS procurement team received request from branches or central directorates compared against the date of items delver to central warehouse. **Purpose**: to measure timely procure the requested item and to settle complain raised from users.
Plan for data acquisition
Data collection method: The data for this indicator will be collected from GRN(good receive note), user department, recording purchase items and receiving purchase requisition records. **Data source**: The source document will be for the indicator calculation. An Excel based tracking sheet will be used to calculate the indicator. In case there is a need to further investigate, the primary source documents are procurement request form from user department or branch, letter to bank, and ABACUS **Frequency/Timing of data acquisition**: quarterly **Estimated cost of data acquisition**: low\none **Responsible individual(s) at the project**: GSD, procurement team,
Data quality issues
Date of initial data quality assessment: N/A. **Known data limitations and significance (if any)**:N/A **Actions taken or planned to address data limitations**: **Date of future data quality assessments**: June 2018 **Procedures for future data quality assessments**: Review of G\S documents, and interview with staff.
Plan for data analysis, review, and reporting
Data analysis: descriptive data analysis. Percentage will be calculated. The indicator will be analyzed by disaggregation. **Presentation of data**: table, line and bar charts. The progress will be released in internal staff update monthly. **Review of data**: monthly **Reporting of data**: monthly
Points of clarification (other notes)

Performance indicator values			
Year	Baseline	Target	Comments
2011	TBD	40 Days	

Distribution/transportation cost

Process level indicator

Indicator number:DFM-01

Indicator name: transportation cost

Intermediate result/Strategic objective/Initiative: improved efficient distribution of commodities.

Description

Precise definition(s): This indicator is defined as the cost required to move a truckload of commodities 1 km. It is calculated by dividing the total cost of the shipment by the distance it traveled from point of origin to the destination (in km) and then dividing it by the cost of commodities shipped.
Numerator: Total cost of the shipment by the distance it traveled from point of origin to the destination (in Km). Total shipment cost includes all variable costs such us fuel, per-diem, parking, on the road repair etc.
Denominator: The cost of commodities shipped
Unit of measure: percentage
Disaggregated by: vehicle type (large, medium, and small)
Purpose: This indicator reflects the shipment productivity & efficiency of the transport and distribution systems. It measures the cost required/spent for a shipment per kilometer and the shipment cost per kilometer compared with the cost of items shipped.

Plan for data acquisition

Data collection method: Data will be collected at EPSA central tracking record review. EPSA central will register cost required for the shipment and cost of items shipped.
Data requirements: data on total cost spent, cost of item shipped & travel km are required.
Data source: the primary source of data for this indicator is transportation tracking sheet
Frequency/Timing of data acquisition: monthly
Estimated cost of data acquisition: none, staff
Responsible individual(s) EPSA: distribution and fleet management team

Data quality issues

Date of initial data quality assessment: TBD
Known data limitations and significance (if any):problems related completeness due use of secondary data
Actions Taken or Planned to Address Data Limitations: enforce to ensure completeness of records

Date of future data quality assessments: NA
Procedures for future data quality assessments: TBD

Plan for data analysis, review, and reporting

Data analysis: calculate and analyze the percentage of cost and cost per km from the tracking sheet
Presentation of data: table, bar chart
Review of data: monthly
Reporting of data: monthly

Points of clarification (other notes)

Performance indicator values

Year 2011	Baseline	Target TBD	Comments (Justification)

Dispatch confirmation rate

PROCESS LEVEL INDICATOR
Indicator number: WMT-07 **Indicator name**: dispatch confirmation rate
Intermediate result/Strategic objective/Initiative: improved timely dispatching of products and distribution.
Description
Precise definition(s): This indicator is used to measure confirm transaction dispatched on HCMIS, can be configured to allow the warehouse manager to confirm item were correctly sent or issued from warehouse. **Numerator:** number of dispatched confirmed by warehouse during the reporting period **Denominator:** total number of STV dispatched during the reporting period **Unit of measure:** percentage **Disaggregated by:** warehouse **Purpose:** This indicator used to monitor items issued with STV from warehouse against HCMIS dispatched. This ensures that the order being dispatched is 100% correct.
Plan for data acquisition
Data collection method: Data will be collected from HCMIS (Outstanding transactions) **Data requirements:** data found on vehicle log sheet showing the date and time of departure and arrival at specified health facilities (shipment destination). **Data source:** The primary source of data for this indicator is vehicle log sheet or GPS tracking record. **Frequency/Timing of data acquisition:** weekly **Estimated cost of data acquisition:** none, staff **Responsible individual(s)EPSA:** warehouse management team
Data quality issues
Date of initial data quality assessment: TBD **Known data limitations and significance (if any):** problems related completeness due use of secondary data **Actions taken or planned to address data limitations:** enforce to ensure completeness of records **Date of future data quality assessments:** N/A **Procedures for future data quality assessments:** TBD
Plan for data analysis, review, and reporting
Data analysis: calculate and analyze the average time spent using excel tracking sheet **Presentation of data:** table, bar chart **Review of data:** monthly **Reporting of data:** monthly
Points of clarification (other notes)
Performance indicator values

Year	Baseline	Target	
EFY2011	--	TBD	Comments (Justification)

Inventory accuracy rate

SERVICE AND PROPERTY ADMINISTRATION DIRECTORATE PEDFORMANCE
Indicator number: WMM- 02 **Intermediate result:** improve inventory accuracy. **Indicator name:** inventory accuracy rate.
Description general
Precise definition(s): **Numerator:** the sum of number of items where stock record count equals physical stock count. **Denominator:**total number of items **Unit of measure:** **Disaggregated by:** a. Program/RDF b. Health programs (Malaria, TB, HIV, etc…) The date GS procurement team received request from branches or central directorates compared against the date of items delivered to central warehouse. **Purpose:** to measure timely procure the requested item and to settle complain raised from user.
Plan for data acquisition
Data collection method: The data for this indicator will be collected from GRN (good receive note), user department, recording purchase items and receiving purchase requisition records. **Data source:** The source document will be for the indicator calculation. An excel based tracking sheet will be used to calculate the indicator. In case there is a need to further investigate, the primary source documents are procurement request form from user department or branch, Letter to bank, and ABACUS **Frequency/Timing of data acquisition:** quarterly **Estimated cost of data acquisition:** low\none **Responsible individual(s) at the project**: GSD, procurement team,
Data quality issues
Date of initial data quality assessment: N/A. **Known data limitations and significance (if any)**:N/A **Actions taken or planned to address data limitations**: **Date of future data quality assessments**: June 2018 **Procedures for future data quality assessments**: review of G\S documents, and interview with staff.
Plan for data analysis, review, and reporting
Data analysis: descriptive data analysis. Percentage will be calculated. The indicator will be analyzed by disaggregation. **Presentation of data**: table, line and bar charts. The progress will be released in internal staff update monthly. **Review of data**: monthly **Reporting of data**: monthly
Points of clarification (other notes)
Performance indicator values

Year	Baseline
2011	TBD

EPSA HR Directorate KPIs
Percentage of staff satisfaction

HUMAN RESOURCE ADMINISTRATION AND DEVELOPMENT DIRECTORATE PROCESS LEVEL INDICATOR

Indicator number: PHRM 33
Intermediate result/Strategic objective/Initiative: employee satisfaction and enable sustainable working environment in the agency.
Indicator name: percentage of employee/staff satisfaction

Description

Precise definition(s): employee satisfaction rate refers to the percentage of employees who had positive perception towards various aspects of their work, working environment, leadership, benefits, motivation mechanisms, leadership and other issues of the organization. Survey will be conducted to assess level of EPSA staff satisfaction. The details of staff satisfaction assessment (method, approaches, data collection tools, reporting, etc…)is outlined in the staff satisfaction survey protocol.

***Numerator**: Number of health facilities satisfied.*

***Denominator**: Total number of staffs participated in the survey.*
Calculation

$$\frac{\textit{The number of satisied staffs}}{\textit{Total number of staffs participated in the survey}}$$

Unit of Measure: percentage

Disaggregated by: hub; sex, age, experience, and educational status of employees
Purpose: this indicator is meant to assess how much of the health facilities are satisfied with the performance of EPSA and to identify the areas that EPSA needs to improve. It also helps to see which hub is good and which one is weak in satisfying the health facilities.

Plan for Data Acquisition

Data collection method: Data will be collected from all EPSA staffs who are willing to participate and available during the data collection period using structured self-administered questioner.

Data Source: survey

Frequency/Timing of Data Acquisition: bi-annual
Estimated Cost of Data Acquisition: high
Responsible Individual(s) at the Project: HR, EPSA PM&E, and other team members specified in the protocol

Data Quality Issues

Date of Initial Data Quality Assessment:
Known Data Limitations and Significance (if any):
Actions Taken or Planned to Address Data Limitations:
Date of Future Data Quality Assessments:
Procedures for future Data Quality Assessments:

Plan for Data Analysis, Review, & Reporting

Data Analysis: Data cleaning and analysis will be conducted using SPSS.
Presentation of Data: Descriptive statistics, including frequencies, cross tabulation, averages, and percentages, will be presented using tables, graphs and charts.
Review of Data:
Reporting of Data:

Points of Clarification (other notes)

This indicator will be measured using the developed protocol for staff satisfaction survey.

Performance Indicator Values

Year	Baseline	Target	Comments
EFY2011	57.7%	80%	

Percentage of trained employees.

HUMAN RESOURCE ADMINISTRATION AND DEVELOPMENT DIRECTORATE PROCESS LEVEL INDICATOR
Indicator number: PHRM 31 **Intermediate result/Strategic objective/Initiative:** enhance employee competency, build employee motivation, retain the right people, and grow profits **Indicator name:** percentage of trained employees
Description
Precise definition(s): This indicator measures the number of employee that are trained and got the development opportunity in the period comparing with that of the expected or planned one. Training of employee is a program that helps employees learn specific knowledge or skills to improve performance in their current roles. Development is more expansive and focuses on employee growth and future performance, rather than an immediate job role. **Numerator:** number of trained and developed employees in the period **Denominator:** number of planned and expected trainee of employees in the period. Fulfilling working manuals, guidelines, and perfectly applying rules and regulations assign employee with job descriptions, induction and orientation for new employee, conducting regular performance management system, result oriented incentives and benefits packaging system improved information and communication facilities. **Unit of measure:** percentage **Disaggregated by:** ∞ Short term training ∞ Long term training ∞ Gender **Purpose:** It helps to Identify the level of performance and to fulfill the skill gaps. Training increases the needed skill set and helps in development of an employee as well as overall growth of the organization. Employee training is increasingly required to assist the work force in using modern techniques, tools, strategies and materials in their jobs.
Plan for data acquisition
Data collection method: Data will be collected at the EPSA central and branches through review of records and training data base. **Data source:** annual plan, training data base **Frequency/Timing of data acquisition:** quarterly **Estimated cost of data acquisition:** medium **Responsible individual(s) EPSA:**HR Director/coordinators
Data quality issues
Date of initial data quality assessment: none **Known data limitations and significance (if any):** Training data might not be captured properly. **Actions taken or planned to address data limitations:** close monitoring and enforcement of the gathering of data related to training. **Date of future data quality assessments:** **Procedures for future data quality assessments:**
Plan for data analysis, review, and reporting
Data analysis: percentage will be calculated. **Presentation of data: table/chart** **Review of data: quarterly** **Reporting of data: quarterly**

Points of clarification (other notes)			
Each hub and the center have to conduct the collection of questionnaires in collaboration.			
Performance indicator values			
Year EFY2011	Baseline --	Target 100%	Comments (Justification)

Number of work place accident (incidents of work place accident)

HUMAN RESOURCE ADMINISTRATION AND DEVELOPMENT DIRECTORATE PROCESS LEVEL INDICATOR			
Indicator number: PHRM 34 **Intermediate result/Objectives:** to improve the safety work place of supply chain work force. **Indicator name:** number of work place accident			
Description			
Precise definition(s): Workplace accident is a discrete occurrence (unplanned and uncontrolled events) in the course of work leading to physical or mental occupational injury. Whenever there is workplace accident while employees are working. It is expected to report the incident immediately to the respective HR using the incident report form. **Unit of measure:** number of accidents. **Disaggregated by:** ∞ Minor and major injury ∞ Department ∞ Absence/inactive days due to accident **Purpose:** to implement suitable measures to prevent and minimize accidents in the work place and to make sure the working environment is safe for the employee.			
Plan for data acquisition			
Data collection method: Data will be collected at the EPSA central and branches through accidental report. **Data source:** incident report (accident report) **Frequency/Timing of data acquisition:** quarterly **Estimated cost of data acquisition:** none			
Data quality issues			
Date of initial data quality assessment: NA **Known data limitations and significance (if any):** non reporting of incidents **Actions taken or planned to address data limitations:** encourage employees to document and report incidents immediately. **Date of future data quality assessments:** **Procedures for future data quality assessments:**			
Plan for data analysis, review, and reporting			
Data analysis: number. **Presentation of data:** table **Review of data:** quarterly **Reporting of Data: monthly**			
Points of clarification (other notes)			
Performance Indicator Values			
Year EFY2011	**Baseline** --	**Target** 1%	**Comments (Justification)**

Employee turnover rate (Percentage of staff turnover)

HUMAN RESOURCE ADMINISTRATION AND DEVELOPMENT DIRECTORATE PROCESS LEVEL INDICATOR

Indicator number: PHRM 32
Intermediate result/Strategic objective/Initiative: employee satisfaction and enable sustainable working environment in the agency.
Indicator name: percentage of staff turnover.

Description

Precise definition(s): Employee turnover rate refers to the percentage of employees who leave the organization due to whatever reason, it is during a certain period of time.
To calculate the period employee turnover rate, all you need is three numbers: the numbers of active employees at the beginning (B) and end (E) of the period and the number of employees who left (L) during that period. You can get your average (Avg) number of employees by adding your beginning and ending workforce and dividing by two (Avg = [B+E]/2).
Now, you should divide the number of employees who left by your average number of employees. Multiply by 100 to get your final turnover percentage ([L/Avg] x 100).
Numerator: the number of employees who left (voluntary resignations) during the period.
Denominator: average number of employees for the period**.**
Average number of employees is the summation of the beginning and ending workforce and dividing it by two (Avg = [B+E]/2).

Unit of Measure: percentage.
Disaggregated by:

- Profession
- Department
- Level of education.
- Gender
- Experience in the agency

Purpose:
to identify areas of high turnover at which employees leave the agency and to implement solution.

Plan for data acquisition

Data collection method: Data will be collected at the EPSA central and branches through semi-annually report.
Data source:-employee resignation letter, turnover tracking sheet and semi-annually report of hubs and central
Frequency/Timing of data acquisition: semi-annually
Estimated cost of data acquisition: none

Data quality issues

Date of initial data quality assessment: NA
Known data limitations and significance (if any): none**.**
Actions taken or planned to address data limitations: none
Date of future data quality assessments:
Procedures for future data quality assessments:

Plan for data analysis, review, andreporting

Data analysis: calculate percentage by summarizing each hubs and central office report.
Presentation of data: table and chart
Review of data: semi-annually
Reporting of data: semi-annually

Points of clarification (other notes)

Performance indicator values

Year	Baseline	Target	Comments (Justification)
EFY2011	**4.75%**	**3%**	

Percentage of cases or preparation of defenses for the appeals brought to the Federal Civil Service Tribunal within a quarter

PROCESS LEVEL INDICATOR

Indicator number: 03.
Intermediate result: improved the LSD preparation of appeal for the appeal suit that is being brought in the Federal Civil Service Tribunal so as to protect the interest of the agency (so as to bring justice).
Indicator name: percentage of cases or preparation of defenses for the appeals brought to the Federal Civil Service Tribunal within a quarter.

Description

Precise definition(s):
Numerator: number of cases or defense for appeals that is(are) brought to the court(s) and get decided for the interest of the Agency within a quarter of time.
Denominator: total number of cases (defense for the appeal) brought to the court(s)
Unit of measure: number of cases (defenses for the appeal) brought to the court(s).
Disaggregated by:

- Agency
- Customer
- Stakeholders

The date LSD officer brings the case (defense for the appeal) to the Federal Civil Service Tribunal will be compared against the date the Tribunal gives its decision. The date the legal officer brings the case (defense for the appeal) to the court will be counted as full date. The third date will be taken to judge the timeliness of the tribunal (judgment).

Purpose: to measure the efficiency of LSD on settling the cases (defense for the appeal) that are decided in the interest of the agency (center and hubs) and finally brings justice.

Plan for data acquisition

Data collection method: The data for this indicator will be collected from the registry book (document) of the Legal Service Directorate.
Data source:
LSD registry document (book) is the source document for the indicator calculation. An excel based HR medical tracking sheet will be used to calculate the indicator. In case there is a need to further investigation, the primary source documents are the legal officers' agenda written by the officers that can show the appointment date of the court and its day to day and final decision (judgment) given.
Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: low.
Responsible individual(s) at the project: legal service officers, team leader and director

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any):N/A
Actions taken or planned to address data limitations:
Date of future data quality assessments: June 2018
Procedures for future data quality assessments: review of LSD registry documents (book), the officers' agenda, and interview with legal service officers.

Plan for data analysis, review, and reporting

Data analysis: descriptive data analysis. Percentage will be calculated. The indicator will be analyzed by disaggregation.
Presentation of data: Table, line and bar charts. The progress will be released in internal officers, team leader and director update quarterly.
Review of data: quarterly
Reporting of data: quarterly

Points of clarification (other notes)

Performance indicator values

Year 2011	Baseline TBD	Target 90%	Comments

Percentage of cases reported to the justice organs and their follow up once within a quarter

PROCESS LEVEL INDICATOR

Indicator number: 04.
Intermediate result: improved the LSD reporting and providing relevant and admissible evidence to the justice organs (police, Attorney General and Federal courts); and the regular follow up of all proceedings so as to bring justice to the Agency (protect the interest of the Agency).
Indicator name: percentage of cases reported to the justice organs and their follow up once within a quarter.

Description

Precise definition(s):
Numerator: number of cases that are brought to courts and get decided for the interest of the Agency once within a quarter.
Denominator: total numbers of cases reported to justice organs and are being followed up.
Unit of measure: number of cases reported and followed up by LSD
Disaggregated by:

- Agency
- Customer
- Stakeholders

The date LSD officer report the case to Justice organs (police) will be compared against the date the court gives its decision. The date the legal officer brings the case (report) to the court will be counted as full date. The third date will be taken to judge the timeliness of the court decision (judgment).

Purpose: to measure the efficiency of LSD on reporting and follow up of cases (charges) those are decided in the interest of the agency (center and hubs) and finally bring about justice.

Plan for data acquisition

Data collection method: the data for this indicator will be collected from the registry book of the Legal Service Directorate.
Data source:
LSD registry document (book) is the source document for the indicator calculation. In case there is a need to further investigation, the primary source documents are the agenda (book)written by the officers that can show the appointment date of the court, its day to day and final decision (judgment) given.
Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: low
Responsible individual(s) at the project: legal service officers, team leader and director

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any):N/A
Actions taken or planned to address data limitations:
Date of future data quality assessments: June 2018/19
Procedures for future data quality assessments: Review of LSD registry documents (book), the officer's agenda and interview with legal service officers.

Plan for data analysis, review, and reporting

Data analysis: descriptive data analysis. Percentage will be calculated. The indicator will be analyzed by disaggregation.
Presentation of data: Table, line and bar charts. The progress will be released in internal officers, team leader and director update quarterly.
Review of data: quarterly
Reporting of data: quarterly

Points of clarification (other notes)

Performance indicator values

Year	Baseline	Target	Comments
2011	TBD	85%	

Percentage of cases (statement of claims) brought to the court (s) within a quarter

PROCESS LEVEL INDICATOR

Indicator number: 01
Intermediate result: improved LSD's preparation of suits(statement of claim) and providing it to the court in order to bring justice for the agency(protecting the interest of the agency)
Indicator name: percentage of cases (statement of claims) brought to the court(s) within a quarter

Description

Precise definition(s):
Numerator: number of cases (suits) brought to the court(s) and decided for the interest of the Agency within a quarter.
Denominator: total number of cases brought to the court(s)
Unit of measure: number of cases.
Disaggregated by:

- Agency
- Customer
- Stakeholders

The date LSD officer brings the case (statement of claim) to a court will be compared against the date the court gives its decision.

Purpose: to measure the efficiency of LSD in the preparation of cases (statement of claims) and bringing the case to the court(s) for the purpose of protecting the interest of the agency (center and hubs).In other words, it is to bring justice for the agency.

Plan for data acquisition

Data collection method: The data for this indicator will be collected from the registry book (document) of the Legal Service Directorate.
Data source:
LSD registry book is the source document for the indicator calculation. An excel based LSD case record tracking sheet will be used to calculate the indicator. In case there is a need to further investigation, the primary source documents are the legal officers' agendas that can show the appointment date of the court, its step by step orders and final decision (judgment).
Frequency/Timing of data acquisition: quarterly
Estimated cost of data acquisition: low.
Responsible individual(s) at the LSD: legal service officers, team leader and director

Data quality issues

Date of initial data quality assessment: N/A.
Known data limitations and significance (if any):N/A
Actions taken or planned to address data limitations:
Date of future data quality assessments: June 2018/19
Procedures for future data quality assessments: review of LSD registry document (book), agendas, and interviews with legal service staffs.

Plan for data analysis, review, and reporting

Data analysis: descriptive data analysis. Percentage will be calculated. The indicator will be analyzed by disaggregation.
Presentation of data: table, line and bar charts. The progress will be released in internal officers, team leader and director's update quarterly.
Review of data: quarterly
Reporting of data: quarterly

Points of clarification (other notes)

Performance indicator values

Year 2011	Baseline TBD	Target 85%	Comments

ETHICS DIRECTORATE PERFORMANCE

Indicator Number: ED 02
Intermediate Result: Minimize corruption.
Indicator Name: Percentage of report and claims submitted to Ethics Directorate once a week.

Description

Precise Definition(s):
Numerator: Number of report and claims submitted to Ethics Directorate once a week.
Denominator: Total number of Cases or claims submitted to Ethics Directorate.
Unit of Measure: percentage
Disaggregated by: Employee OR Agency
Purpose: To measure the efficiency of Ethics Directorate to settle EPSA staffs' Report and claims.

Plan for Data Acquisition

Data collection method: The data for this indicator will be collected from any Directorate. The primary data collection method is review of documents. Given the number of report and claims of the staffs in the Agency.50any report and claims will randomly be selected from Ethics Directorate. tracking sheet for baseline assessment. After the baseline assessment Ethics Directorate tracking sheet will be used to monitor the performance for all report and claims.
Data Source:
Ethics Directorate reports and tracking sheet are the source document for the indicator calculation. An excel based Directorate tracking sheet will be used to calculate the indicator. In case there is a need to further investigate, the primary source documents are all submitted claims and report.
Frequency/Timing of Data Acquisition: Quarterly
Estimated Cost of Data Acquisition: Low
Responsible Individual(s) at the Agency/H.O/:Senior Officer/team leader/ Director

Data Quality Issues

Date of Initial Data Quality Assessment: N/A
Known Data Limitations and Significance (if any):N/A
Actions Taken or Planned to Address Data Limitations:
Date of Future Data Quality Assessments:
Procedures for future Data Quality Assessments: Review of Ethics Directorate documents, and interview with staff.

Plan for Data Analysis, Review, & Reporting

Data Analysis: Descriptive data analysis. Percentage will be calculated. The indicator will be analyzed by disaggregation.
Presentation of Data: Table, line and bar charts. The progress will be released in internal staff update Quarterly.
Review of Data: Monthly
Reporting of Data: Monthly

Points of Clarification (other notes)

Performance Indicator Values

Year	Baseline	Target	Comments
2011	TBD	80%	

Gender KPI
Indicator Number: Intermediate Result/ Strategic Objective/ Initiative: enhance gender mainstreaming Indicator Name: % of women in leadership position
Description
Precise Definition(s): this indicator is meant to empower women through long term and short-term trainings and enable them to become in leadership positions, director, assistant director, coordinators positions. Numerator: number of women at leadership position Denominator: total number of women who are potentially candidate Unit of Measure: % Disaggregated by: EPSA central EPSA Branch Purpose: The assessment on supply chain gender issues implies that currently there are very few women in leadership position in EPSA. Therefore, it is very important to empower and enable women to beome in leadership positions.
Plan for Data Acquisition
Data collection method: Review and analyze HR data Data Source: HR data/data base Frequency/Timing of Data Acquisition: every six month Estimated Cost of Data Acquisition: Responsible Individual(s) EPSA: W/Y/C/D, HRD
Data Quality Issues
Date of Initial Data Quality Assessment: Known Data Limitations and Significance (if any): data may not be reliable Actions Taken or Planned to Address Data Limitations: Date of Future Data Quality Assessments: Procedures for future Data Quality Assessments:
Plan for Data Analysis, Review, & Reporting
Data Analysis: Percent, trends Presentation of Data: graph, narration, PowerPoint, table Review of Data: Annually Reporting of Data: Annually
Points of Clarification (other notes)
This indicator will be reliable through the commitment of top management and increasing awareness of women to become to leadership positions On the denominator: number of women who are potentially candidate means women that fit to the position in terms of profession and work experience
Performance Indicator Values

Year	Baseline	Target	Comments (Justification)
EFY2011	9%	40%	
EFY2012	Year 1		

Indicator Number: Intermediate Result/ Strategic Objective/ Initiative: enhance gender mainstreaming Indicator Name: % of women in leadership position

Description
Precise Definition(s): this indicator is meant to empower women through long term and short-term trainings and enable them to become in leadership positions, director, assistant director, coordinators positions. Numerator: number of women at leadership position Denominator: total number of women who are potentially candidate Unit of Measure: % Disaggregated by: EPSA central EPSA Branch Purpose: The assessment on supply chain gender issues implies that currently there are very few women in leadership position in EPSA. Therefore, it is very important to empower and enable women to beome in leadership positions.
Plan for Data Acquisition
Data collection method: Review and analyze HR data Data Source: HR data/data base Frequency/Timing of Data Acquisition: every six month Estimated Cost of Data Acquisition: Responsible Individual(s) EPSA: W/Y/C/D, HRD
Data Quality Issues
Date of Initial Data Quality Assessment: Known Data Limitations and Significance (if any): data may not be reliable Actions Taken or Planned to Address Data Limitations: Date of Future Data Quality Assessments: Procedures for future Data Quality Assessments:
Plan for Data Analysis, Review, & Reporting
Data Analysis: Percent, trends Presentation of Data: graph, narration, PowerPoint, table Review of Data: Annually Reporting of Data: Annually
Points of Clarification (other notes)
This indicator will be reliable through the commitment of top management and increasing awareness of women to become to leadership positions On the denominator: number of women who are potentially candidate means women that fit to the position in terms of profession and work experience

Performance Indicator Values			
Year	Baseline	Target	Comments (Justification)
EFY2011	9%	40%	
EFY2012	Year 1		

Corporate and process level indicators, baseline, and target of EPSA, 2011EFY Baseline and 2012EFY Target

	PIRS for all corporate and process level KPIs of EPSA	Baseline	Target
	Corporate KPIs		
1	Cash to cash cycle time (in months)	TBD	365 days
2	Pharmaceuticals wastage rate	TBD	< 2%
3	Availability of essential medicines(Line fill rate)	69%	95%
4	Inventory turnover rate	TBD	1.8%
5	Procurement lead time	280 days	160 days
6	Cost to income ratio	NA	20%
7	Health facilities' satisfaction rate	TBD	80%
	Process level KPIs		
	Forecasting		
1	Forecast accuracy	TBD	75%
2	RRF reporting rate	TBD	TBD
	Capacity building and operational research		
3	Percentage of professionals trained	TBD	100%
4	Number of operational researches conducted	TBD	TBD
5	Percentage of supportive supervisions conducted	TBD	100%
	Tender management and contract management		
6	Average lead time from the request to PO date/contract submission date	TBD	TBD
7	Percentage price increment or decrement of all procured items	TBD	TBD
8	Supplier lead time variability	TBD	TBD
9	Average lead time from letter credit /CAD opened to products reach to port	TBD	90 days
10	Lead time from port to EPSA warehouses	TBD	< 25days
11	Supplier fill rate	TBD	TBD
	Warehouse and inventory management (WIM)		
12	Line fill rate	TBD	95%
13	Inventory accuracy rate	TBD	TBD
14	Order turnaround time (warehouse order cycle time)	TBD	TBD
15	Percentage of pharmaceuticals Stocked according to plan (SAP)	TBD	TBD
16	Dock to stock cycle time	TBD	TBD
17	Dispatch confirmation	TBD	TBD
	DFM and general service		
18	Average delivery time	TBD	TBD
19	Percentage of delivery vehicle availed	TBD	100%
20	Incident of stock return memo (SRM)	TBD	TBD
21	Distribution cost	TBD	TBD
22	Percentage of proof of delivery (M19) collected	TBD	100%
	Fund/finance administration		
23	Average days to request and collect cash from donors	TBD	7 days
24	Average days to collect credit sales	TBD	60 days
25	Percentage of credit sales collected	TBD	50%
26	Average payment time	TBD	3day
27	Average time from GRNF to Cost set date (GRV)	TBD	1day
28	Fund/budget utilization Rate	TBD	100%
29	Percentage of service charge claimed and collected	TBD	80%

	Good governance		
30	Percentage of good governance index	TBD	TBD
31	Percentage of grievance or compliance resolved	TBD	TBD
	Planning, monitoring, and evaluation		
32	Proportion of completeness and timeliness of regular reports	TBD	TBD
33	Proportion of branches/woredas/health facilities that received supportive supervision	TBD	TBD
34	Number of survey/assessments conducted	TBD	TBD
	General service		
35	Vehicle down time	TBD	TBD
36	Average lead time from need compiling to receiving good and service	TBD	TBD
	Human resource(HR)		
37	Average time for recruitment	TBD	40
38	Percentage of trained employees	TBD	100%
39	Number of work place accident	TBD	TBD
40	Employee turnover rate (Staff turnover)	3.72%	3%
41	Employee/Staff satisfaction rate	57.7%	65.0%