**INDICATOR: Number of individuals trained in supply chain management (SCM) at a facility**

<table>
<thead>
<tr>
<th>STANDARD SECTOR INDICATOR CODE:</th>
<th>HEALTH SECTOR</th>
<th>PROJECT AREA:</th>
<th>DISAGGREGATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HE_HIV_202</td>
<td></td>
<td>HIV/AIDS</td>
<td>Sex: Male, Female</td>
</tr>
<tr>
<td>Type: Output</td>
<td>Unit of Measure: Individual</td>
<td>Provider Type: Nursing Staff (RN, Nursing Officer, Principle/Chief Nurse)</td>
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<tr>
<td></td>
<td></td>
<td>Pharmacy Staff (Pharmacy Assistant, Pharmacy Technician, Pharmacist)</td>
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<tr>
<td></td>
<td></td>
<td>Health Lay Worker/Health-Care Auxiliary: Physician</td>
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<td></td>
<td></td>
<td>PCV</td>
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**Related Objective:** Improve the community environment to support people living with or affected by HIV/AIDS (Objective 2.2)

**Precise definitions**

**Individuals:** Unique individuals trained directly by the PCV and their counterparts. The type of individuals will be broadly in the following categories: nursing staff (RN, nursing officer, principle/chief nurse); pharmacy staff (pharmacy assistant, pharmacy technician, pharmacist); health lay worker/health-care auxiliary: physician; or PCV.

**Training:** Training is meant to be individual or in small groups of 25 or less. Training is not meant to be a once-off activity but should be done over time or paired with coaching to ensure the content is learned.

**Supply chain management (SCM):** encompasses the processes needed to procure, manage, and distribute essential pharmaceuticals and commodities for the prevention and treatment of HIV/AIDS and other priority health conditions. SCM activities reach from the global market to the village level. They focus on the dependable provision of the highest-quality medicines and other HIV and health commodities through needs assessments, forecasting, procurement, shipping, warehousing, and distribution at the national level. At lower levels of the health system—where PCVs typically operate—SCM efforts improve the ability of health management teams and health facilities to ensure proper storage and management of supplies and monitoring and reporting.

**SCM facility training:** The PCV works directly with the health facility’s staff to improve their SCM skills. This includes the following:

- Develop and explain standard operating procedures and visual aids on storage standards or how to complete reports and forms.
- Work as a member of a supervisory team (PCVs and counterparts) specifically to support SCM at health facilities, which may include providing onsite training for staff on national SCM standards, processes, and reporting practices.
• Directly assist or enlist clinic volunteers (such as village health teams) to help with nonclinical tasks (records management, restocking procedure rooms, registration of patients) during peak service periods, freeing up time for medical providers to complete their stock records and logistics management reports accurately.

**Data collection**

**Tool:** Supply Chain Reporting Tool. This tool is a way for the PCV to summarize their data for entry into the VRT. The post or PCV can modify the Excel template as needed. When working at a facility, the PCV may want to use the Supply Chain Management Facility-Level Tool, which tracks much more detailed information. The VRT only requires summary data.

**Frequency of data collection and tracking:** Data should be tracked on an ongoing basis as PCVs implement training activities. Data should be aggregated and reported based on the post-determined reporting frequency.

**Reporting**

**To be counted for this indicator the following criteria must be met:**

1. The Volunteer worked with the health facility’s staff or their counterpart to train and/or build the capacity of clinic staff to adopt new logistic management practices.
2. The training was done in a small group setting of 25 or less.
3. There was documentation of the training (sign-in sheets, photos, etc.) and the content of the training.

**Reporting on disaggregated data in the VRT:** This indicator is disaggregated by provider type and sex.

**Note:** Individuals may only be counted once as part of this indicator within a fiscal year (October 1–Sept 30).