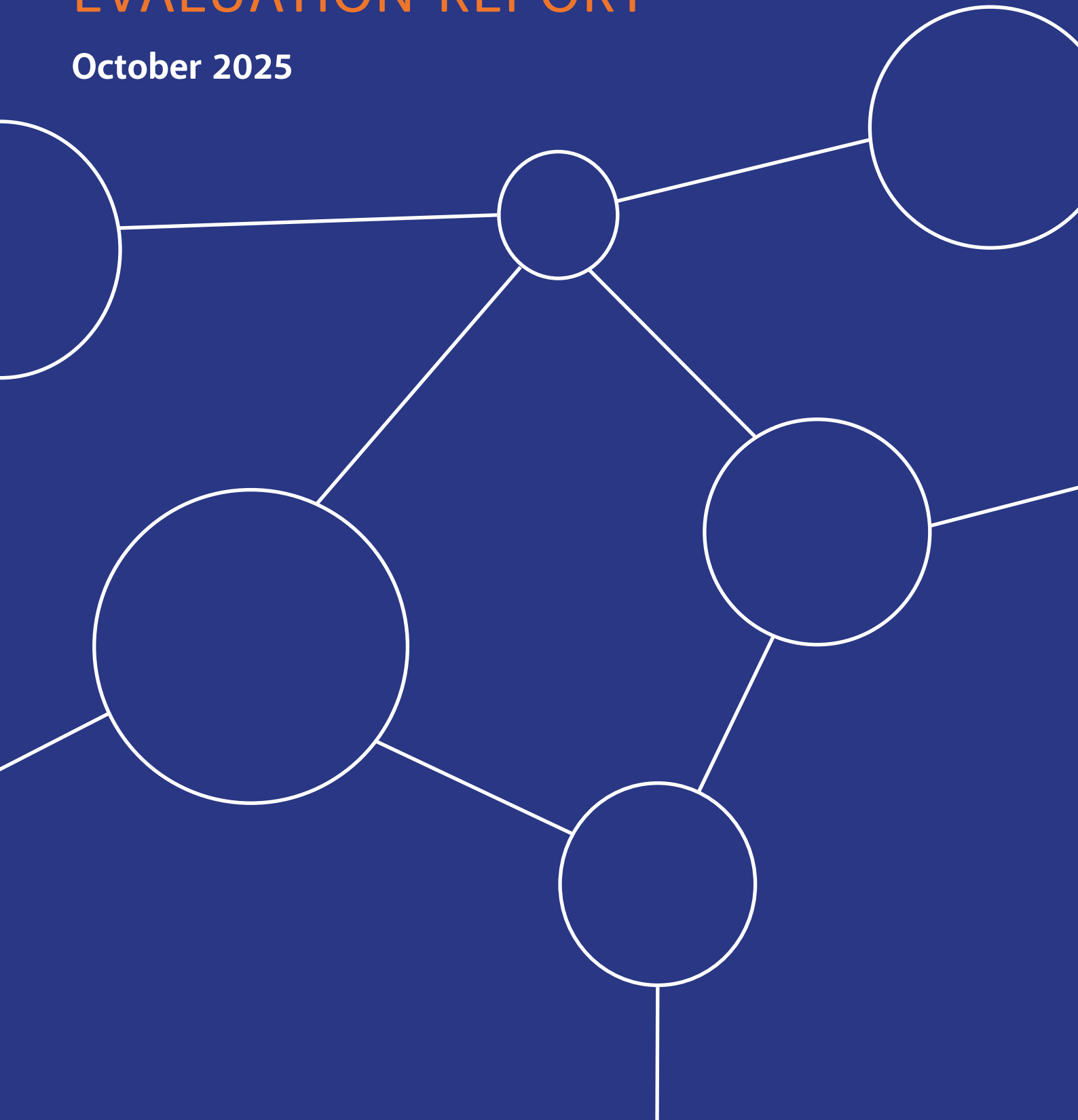


STEP 2.0

MONITORING AND EVALUATION REPORT

October 2025



CONTENTS

EXECUTIVE SUMMARY	4
STEP 2.0 OVERVIEW GRAPHIC	6
INTRODUCTION	7
PURPOSE AND SCOPE OF THE REPORT	7
OVERVIEW OF THE STEP 2.0 PROGRAMME	7
GOALS AND OBJECTIVES	8
TARGET AUDIENCE	8
PROGRAMME STRUCTURE AND DELIVERY MODEL	8
DONOR COLLABORATION GROUP	8
METHODOLOGY	9
M&E FRAMEWORK	9
DATA SOURCES	9
SAMPLING METHOD AND PARTICIPANT PROFILE	9
ASSUMPTIONS	10
LIMITATIONS	10
THE ORIGINAL STEP PROGRAMME	11
THE FOOTPRINT OF STEP	13
RESULTS AND OUTCOMES	15
PERSONAL DEVELOPMENT	15
PERSONAL DEVELOPMENT CASE STUDIES	17
ORGANISATIONAL IMPROVEMENT CASE STUDIES	21
COUNTRY CASE STUDY: RWANDA	27
ANALYSIS AND DISCUSSION	28
KEY ENABLERS	28
KEY BARRIERS	28
RECOMMENDATIONS FOR THE DESIGN AND IMPLEMENTATION OF THE NEXT GENERATION OF STEP	29
REFLECTIONS FROM FACILITATORS AND COACHES	31
REFLECTIONS ON THE NEXT GENERATION OF STEP	32
ANNEXES	33



PEOPLE THAT
DELIVER

Strategic Training Executive Programme (STEP)



EXECUTIVE SUMMARY

Since 2016 the Strategic Training Executive Programme (STEP) has been developing the leadership and change management competencies of public health supply chain leaders. To date, more than 800 leaders from 33 countries have graduated from the programme with the support of 145 private sector coaches. It was created to address prevailing leadership style gaps and has since undergone rigorous revisions to improve its applicability, scalability and usefulness in low- and middle-income countries (LMICs).

In 2021 the newly expanded programme – rebranded STEP 2.0 – began implementation under the coordination of People that Deliver (PtD). As the coordination hub, PtD is responsible for donor coordination, programme oversight, monitoring and evaluation, and knowledge and content management. PtD has also supported the institutionalisation and accreditation of STEP 2.0 into national and regional training institutions and universities to ensure the continuity of the programme.

Outcomes of the STEP 2.0 programme

- STEP 2.0 has been **delivered 22 times** since 2021
- **444 public health supply chain leaders** have graduated from the programme
- The graduation rate is **92 percent**
- Evidence shows that the programme increases participant **competency by 20 to 30 percent**
- Evidence shows that **STEP 2.0 contributes to improved supply chain performance**, increased data accuracy and greater evidence-based decision making

The qualitative and quantitative data presented in this report indicate that STEP 2.0 has a positive impact on health supply chain leaders, their organisations and the health systems in which they operate.

Through *Your transformation challenge* (YTC), participants set measurable objectives to improve supply chain processes. A 92 percent graduation rate means that 92 percent of participants achieved their YTC objectives. As reflected in the case studies, very often participants also spark cultural change within their organisations and become great advocates of workforce development leading to increased investments and policy changes.

Considerations for the next generation of STEP

1. Reposition STEP as a system optimisation programme

In response to the changing donor landscape the programme should be tailored to country and regional contexts, and the supply chain operation. Leadership development should be presented as a mechanism to optimise health supply chain systems.

2. Strengthen post-programme implementation support structures

A community of practice would offer support to participants after the formal programme ends, providing the support required to maintain motivation and consider how to address new challenges.

3. Enhance organisational and policy-level integration

Integrate participants' YTCs within organisational plans, budgets and HR strategies. Onboarding and sensitisation sessions for senior leaders should ensure alignment.

4. Tailor the programme to different leadership levels

Develop tiered pathways for emerging, mid-level and senior leaders to meet their distinct professional development needs.

5. Institutionalise monitoring and data use

Participants demonstrate the improved use of key performance indicators, data dashboards and feedback loops but future versions should further embed data-driven performance management within national systems. Modules on digital transformation, analytics and adaptive leadership could strengthen this focus.

6. Align more closely with donor priorities

Strengthen alignment between programme goals, donor strategies and national health system reforms.

7. Align more closely with national policies

Incorporate joint planning with national HR units and supply chain directorates to institutionalise leadership development and change management as part of national workforce strategies and planning.

8. Measure organisational supply chain metrics

Expand the monitoring and evaluation framework to include organisational-level supply chain performance indicators, providing a more comprehensive measure of system improvement.

STEP 2.0 2021-2025

22 programme implementations

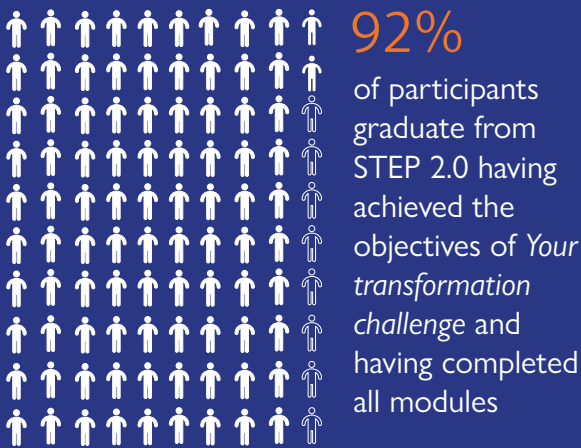
444
public sector supply
chain leaders
have graduated
from STEP 2.0

and...

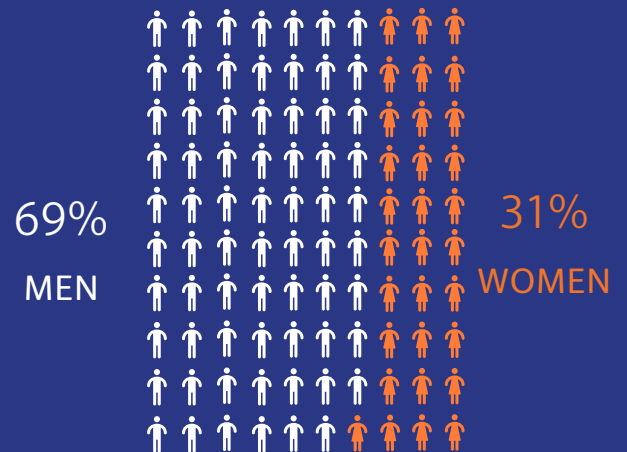
70

more participants
will graduate by
December 2025

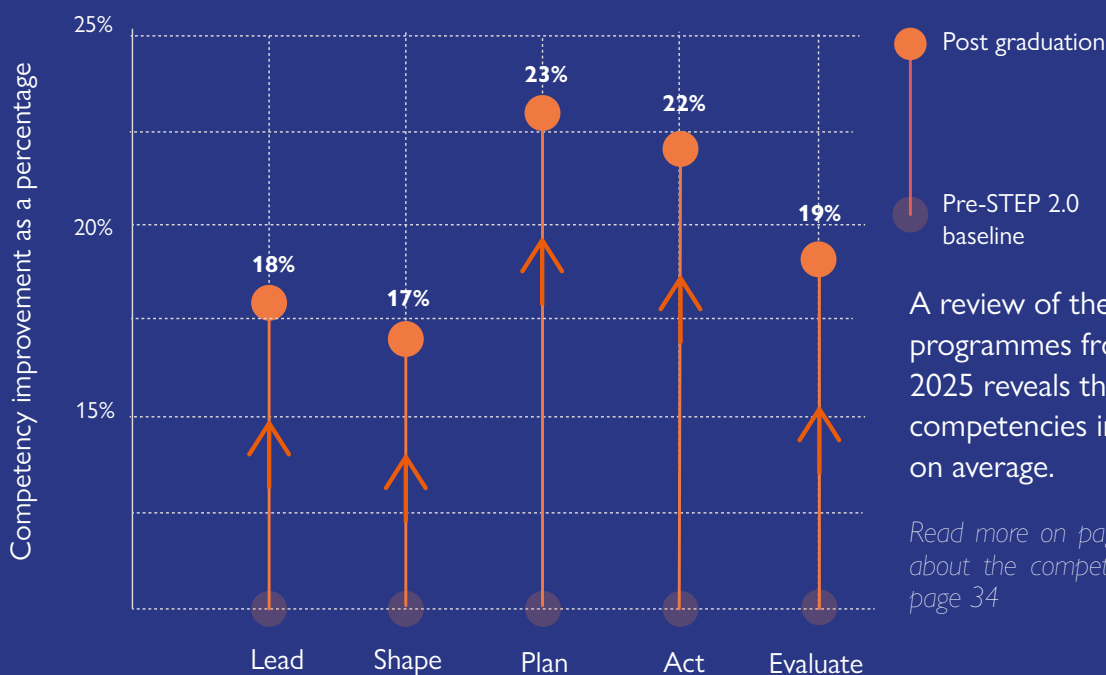
Graduation rate



Participants' gender



Average increases in participant competency



A review of the eight completed programmes from 2023 to 2025 reveals that participant competencies increased by 20% on average.

INTRODUCTION

Purpose and scope of the report

This report assesses the effectiveness, relevance and impact of the programme over a five-year period (2021–2025).

The primary purposes of the report are to:

- Evaluate progress towards the programme's goals and objectives
- Assess the impact of the programme on participants' individual competency and their organisations' performance
- Identify effective practices, lessons learned and persistent challenges
- Document how participants have applied STEP 2.0 principles in real-world contexts
- Provide evidence-based recommendations for the future scale-up, adaptation and improvement of the programme

The scope of the evaluation includes:

- An analysis of programme implementation from 2021 to 2025
- A review of participants' *Your transformation challenge* (YTC) projects
- A review of the programme's impact on organisational performance
- A review of the programme's contribution to broader national health system strengthening goals

The report draws from both quantitative and qualitative data sources, including key informant surveys, structured interviews, case studies and performance metrics aligned with STEP 2.0 implementation.

While the content may also be of interest to implementing partners, national governments and programme alumni, the findings and recommendations are intended to support the oversight, strategic planning and investment priorities of the STEP 2.0 donors' collaboration group (Gavi, Global Fund, IFPW Foundation, UNICEF and USAID) and future donors.

Overview of the STEP 2.0 programme

The second generation of the Strategic Training Executive Programme (STEP 2.0), launched in 2021, was designed to strengthen the capacity of public health supply chain leaders in low- and middle-income countries (LMICs) through leadership and change management. It builds on the foundation of the original STEP programme, with a greater focus on systems thinking, change management and practical application through real workplace challenges.

Goals and objectives

The primary goal of STEP 2.0 is to equip health supply chain professionals with the leadership and change management skills, strategic mindset and practical tools required to drive sustainable improvements and transformation in supply chain performance within their organisations, and ultimately improve health outcomes in their countries.

Specific objectives include:

- Enhancing leadership and management capacity of mid- and senior-level supply chain professionals
- Promoting a culture of accountability, transparency and continuous improvement
- Strengthening workforce development, particularly in supply chain planning, execution, and evaluation
- Supporting the implementation of transformational projects within participant organisations
- Embedding leadership and change management behaviours aligned with national human resources (HR) and supply chain strategies

Programme structure and delivery model

STEP 2.0 is delivered through a blended learning model that combines in-person and virtual engagement, practical implementation and peer learning. The programme is structured around five core leadership competency domains:

Lead: Clarifying vision, values, and purpose

Shape: Building relationships and influencing systems

Plan: Setting priorities and mapping the path forward

Act: Executing plans and making timely decisions

Evaluate: Monitoring results, learning and adjusting

Read more about the competency domains in Annex 2 on page 34

STEP 2.0 is both a leadership development (people-focused) and a change management (process-focused) programme. The first two competency focus areas (Lead and Shape) are people-leading and team-building competencies, while the last three are change-management focused competencies.

Your transformation challenge (YTC) is at the centre of STEP 2.0. It is a workplace-based initiative through which each participant applies their newly-acquired knowledge to solve a real-world supply chain challenge within their organisation. This approach ensures the programme is practical, outcome-oriented and tied to the daily realities of the health supply chain workforce.

Participants also benefit from facilitated coaching, team exercises, cohort learning and structured reflection sessions, which help translate theory into tangible system-level impact.

Donor collaboration group

STEP 2.0 is supported through a multi-donor collaboration group, which provides strategic and technical guidance and financial resources. The group of organisations that fund the programme has included Gavi the Vaccine Alliance (Gavi), the Global Fund to Fight AIDS, Tuberculosis and Malaria (TGF), the United States Agency for International Development (USAID), the International Federation of Pharmaceutical Wholesalers (IFPW) and UNICEF. At the time of writing this group counts Gavi, TGF, IFPW Foundation and UNICEF.

METHODOLOGY

M&E framework

In 2023 PtD launched an evidence-based monitoring and evaluation (M&E) system for STEP 2.0 to capture evidence of impact at multiple levels (individual, organisational and system) and to assist with refining the programme over time. The M&E system ensures the quality of programme delivery and is important for capturing and publishing cross-organisational lessons. The STEP 2.0 M&E system includes a methodology for collecting data from participants, coaches and implementing partners, and evaluating the transformation challenges and experiential learning approach. This is done through indicators, tools and templates such as the readiness assessment, YTC assessment and participants' feedback survey.

Data sources

A mixed methods approach was used for this report, combining both qualitative and quantitative research methods. Qualitative data came from key informant interviews (KIIs) and surveys, and was complemented by quantitative data in the

form of key indicators collected during and after programme implementation.

Thirteen KII questions were developed (see Annex 3 page 35) to assess personal and organisational development. The key quantitative indicators indicate individual competency improvement (lead, shape, plan, act and evaluate), assignment completion, programme rating (from participants, coaches and facilitators), graduation rate and participant/coach ratio, among others (see Annex 1 page 33 for key indicator dashboard).

Sampling method and participant profile

STEP 2.0 has been delivered to 22 cohorts since it was launched in 2021. As of October 2025 three programmes are currently active: in Nigeria, Pakistan and Vietnam, and eight programmes concluded recently. Therefore, 12 implementations were eligible for sampling. As agreed with TGF, ten countries were included in the sample size. Participants from three countries (Ethiopia, Zambia, and Timor-Leste) were unresponsive to our request for data (or contact information was not available). The final list of interviewees is presented below.

Table 1

Participants interviewed for this report

PARTICIPANTS INTERVIEWED	
Bangladesh	Tauhid Ahmed , deputy director, Central Medical Stores Depot
Cote d'Ivoire	Watau Tcherro , assistant regional director, Nouvelle Pharmacie de la Santé Publique
DRC	Brigitte Frieda Mbusse Maholo , chief physician, Kinshasa West Léon Makambu , provincial medical coordinator, Kenge Province
Pakistan	Altaf Bijarani , director of supply chain, Common Management Unit
Rwanda	Diana Mutoni , deputy CEO, Rwanda Medical Supply Ltd (RMS)
Uganda	Olivier Nsanzabaganwa , company secretary, RMS Faustin Karangwa , internal audit manager, RMS Derick Lubangakene , medical logistics officer, Baylor College of Medicine, Uganda Joseph Makawa , managing director, Masapharm Uganda Ltd

Assumptions

The following assumptions have been made about participant engagement:

- Participants attend, complete and meaningfully engage in programme activities
- Implementing partners have the technical and administrative capacity to deliver STEP 2.0 as designed
- Measured outcomes can reasonably be linked wholly or partially to STEP 2.0 rather than external influences

Limitations

Factors that limit the reliability and/or generalisability of the findings include:

- Incomplete baseline data for several of the early programmes (including Côte d'Ivoire, Ethiopia and Zambia)
- Reliance on self-reported data through the interviews and surveys
- Small sample size
- Short evaluation window, which doesn't consider the long-term benefits of the programme



THE ORIGINAL STEP PROGRAMME

Recommendations and key shifts for STEP 2.0

In 2019, after three years and 13 implementations of the original STEP programme, Gavi sponsored a mid-term assessment to provide a historical overview of the programme and to provide recommendations for redesigning the programme (STEP 2.0) for the 2021–2025 replenishment period.

In this context, the assessing organisation made the following recommendations for the programme based on qualitative and quantitative data analysis:

Content refresh and private sector conflict of interest

- Create a formal private sector engagement model
- Redesign STEP instructional materials
- Address perceptions of conflict of interest arising from the public–private partnership approach used in STEP’s design and implementation
- Build long-term partnerships with implementing partners to enable their significant investment in the programme

Sustainability

- Reinforce STEP strategic planning and programme management to establish STEP as a Gavi flagship training programme rather than a short-term project
- Build long-term partnerships with implementing partners to secure sustained investment to deliver STEP
- Develop and nurture a STEP community

Scalability

- Diversify sources of funding

Based on these recommendations and stakeholder input, the following key shifts were made in the redesign of the programme (now known as STEP 2.0) for the period 2021–2025:

Content refresh

- Complete overhaul of the curriculum, including a merger with a USAID/PtD-sponsored programme entitled Transformational Leadership, which combined leadership development (STEP) with change management principles
- Stronger conflict of interest provisions, including a formal statement of conflict of interest
- Development of a multi-sector, cross-functional design team with representation from the international donor community, implementing partners, academia, and the private sector

As part of its responsibilities, PtD developed an institutionalisation and accreditation strategy as well as an institutionalisation framework.

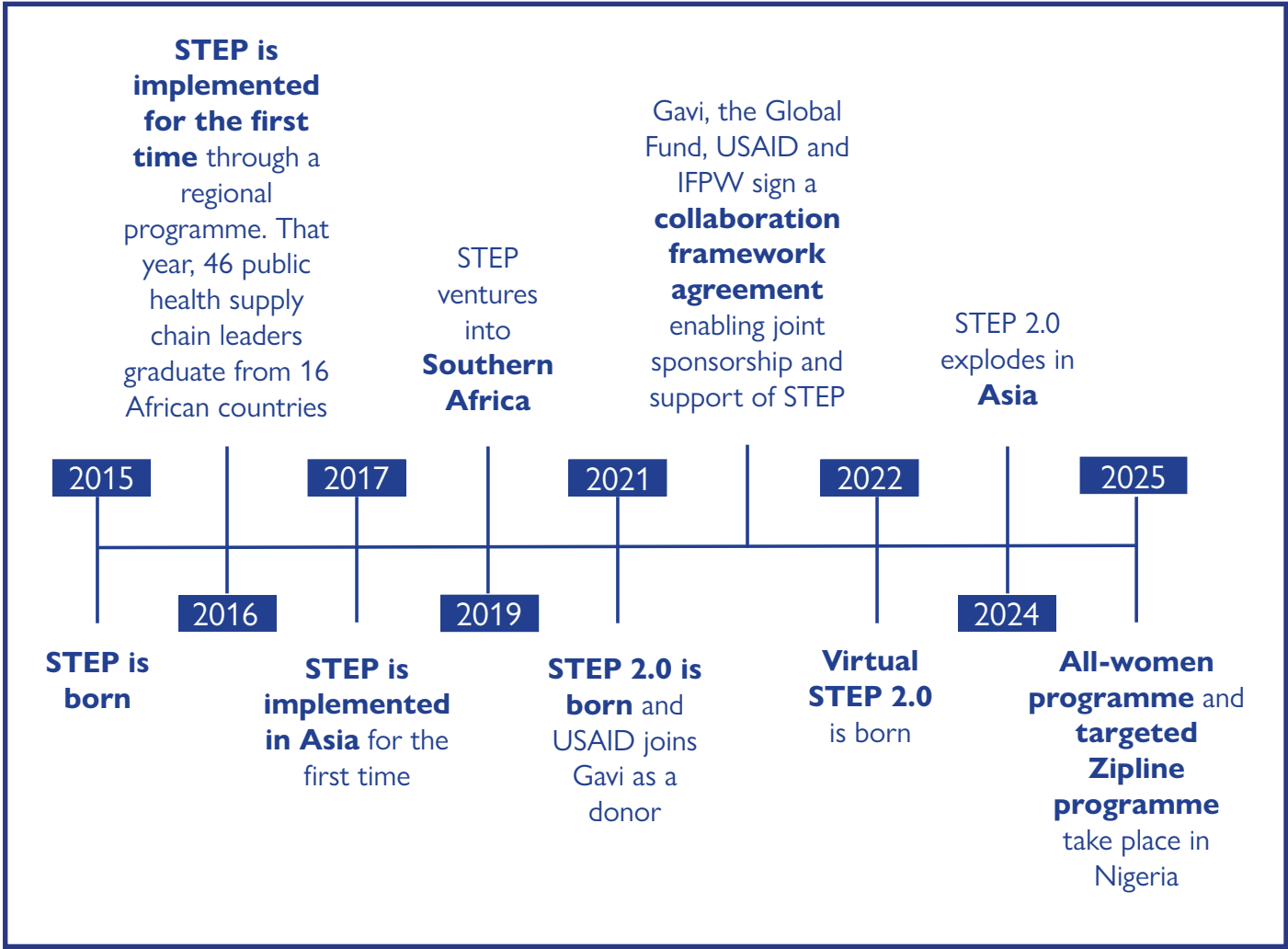
Sustainability

- Outsource programme management to a pre-selected (vetted) group of implementing partners
- Develop and implement a measurement and evaluation framework
- Establish a community of practice for STEP alumni (including participants, coaches, implementers, donors and other stakeholders)

Scalability

- In partnership with Gavi, the STEP 2.0 donor group expanded to include the Global Fund, USAID, IFPW and UNICEF
- PtD was designated as the STEP 2.0 hub, with responsibility for coordinating both the donor group and the programme itself

Figure 1
STEP milestones: 2015-2025



THE FOOTPRINT OF STEP 2.0

2021-2025

Public supply chain leaders from the countries highlighted on the map participated in the programme between 2016 and 2025.

2021-2025

444 graduates
19 countries
113 coaches
6 implementing partners

STILL TO COME IN 2025

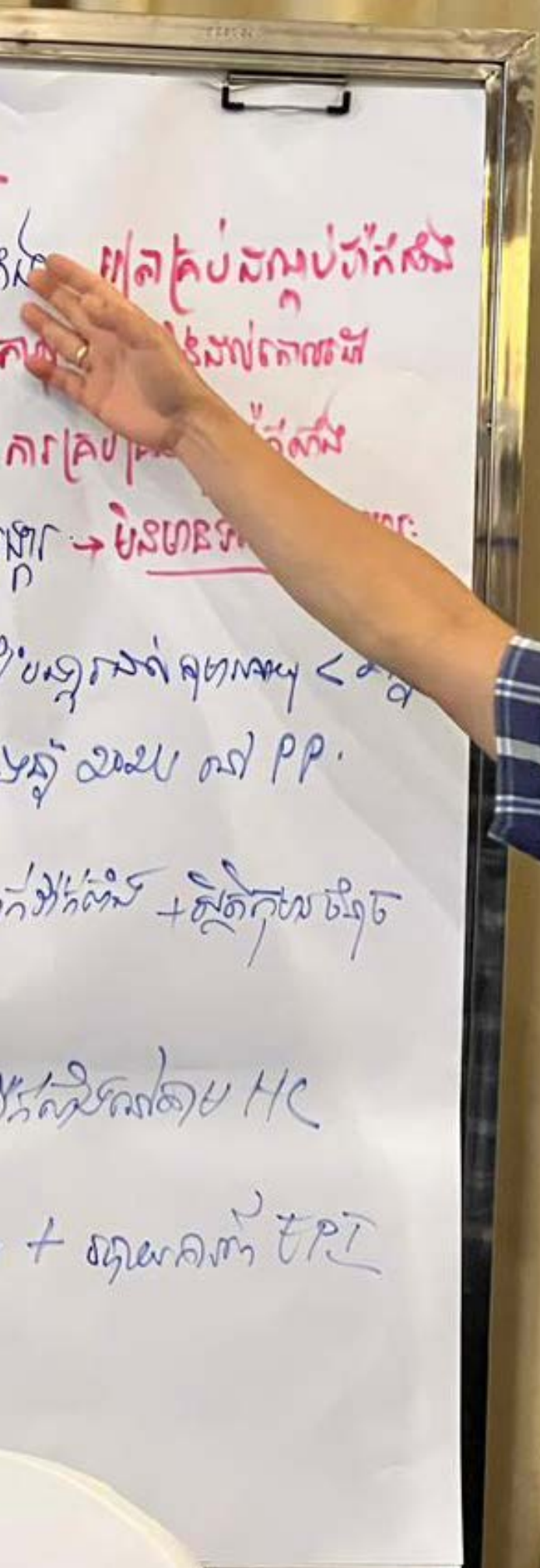
*After the completion of programmes in
Nigeria, Pakistan and Vietnam...*

70 more graduates
3 countries
25 coaches
2 implementing partners



Since 2016 more than

800 public sector supply chain leaders
from **33** countries
have graduated
from the STEP programme



១/គ្រប់ស្តង់ដារកម្ពុជា
ក្នុងការងារសាងសង់
ការគ្រប់គ្រងគុណភាព
ការងារ → បំណង
បង្កើនការងារគុណភាព < ២០២០
ឆ្នាំ ២០២០ លើ PP.
កម្ពុជា + ប្រព័ន្ធគ្រប់គ្រង
កម្ពុជាគ្រប់គ្រង HC
+ ប្រព័ន្ធគ្រប់គ្រង EPT

RESULTS AND OUTCOMES

Personal development

One of the gaps identified in the original STEP programme was the absence of a framework to track and document programme results. The development of an M&E framework thus became a priority of the PtD STEP 2.0 hub. USAID and TGF funding for the development of this framework was secured by PtD in 2022 and a consultant was hired. The M&E framework was developed and rolled out to implementing partners in 2023 and although uptake was initially slow, by 2025 there was an improvement and greater consistency in data collection and reporting.

An evaluation of implementing partners' measurement of participant competency growth (as measured pre workshop, post workshop and at graduation against of a set of 25 leadership and change management competencies) shows a year-on-year improvement in M&E reporting (see Table 2).

Table 2
Number and percentage of STEP 2.0 programmes for which participant competency growth data were collected

YEAR	NUMBER OF PROGRAMMES FOR WHICH PARTICIPANT COMPETENCY GROWTH DATA WERE COLLECTED	M&E COMPLIANCE RATE
2021	0/2	0%
2022	0/2	0%
2023	3/8	38%
2024	3/5	60%
2025	5/5 (anticipated)	100%

Table 3
Average increases in participant competency from 2023 to 2025

COMPETENCY	2023	2024	2025	AVERAGE
Lead	12%	14%	29%	18%
Shape	10%	15%	27%	17%
Plan	15%	19%	34%	23%
Act	12%	22%	32%	22%
Evaluate	12%	15%	29%	19%
Overall	12%	17%	30%	20%

A review of the eight completed programmes from 2023 to 2025, (for which final results are known) reveals that average participant improvement in competency indicators across the evaluation spectrum increased by 20 percent overall, with a range of 17 percent (Shape) to 23 percent (Plan).

Note: the 25 leadership and change management competencies referenced above are subdivided across the five workshop themes: Lead, Shape, Plan, Act and Evaluate. See Annex 2 on page 34 for more information.

STEP 2.0 is both a leadership development (people-focused) and a change management (process-focused) programme. The first two competency areas (Lead and Shape) focus on people leadership and team building, while the latter three are centred on change management. Based on these results, we can see that more significant growth has been achieved in process-related competencies.

Personal development case studies

Interviews with STEP 2.0 participants provide insight into life after the programme. Self-reported competency improvements indicate the programme's impact on individuals' ability to affect their organisations, while the following case studies demonstrate the impact STEP 2.0 has had on individual performance.

The following pages contain case studies taken from a sample of participants.

ALTAF BIJARANI

DIRECTOR OF SUPPLY CHAIN, COMMON MANAGEMENT UNIT
PAKISTAN

Becoming a mentor

Altaf's role and leadership influence have evolved significantly since completing the STEP 2.0 programme in 2023 through the regional Southeast Asia cohort. Altaf has become a key figure in cross-programme coordination at both the provincial and national levels. This reflects growing trust from leadership and stakeholders in his ability to manage complex, high-impact supply chain issues.

Applying STEP 2.0 leadership competencies – particularly *shape* and *plan* – Altaf is now intentional about identifying key influencers and celebrating team wins to keep morale high. His style of leadership now emphasises responsiveness, motivation and inclusive decision-making.

He has taken on a mentorship role for junior supply chain professionals, guiding them through planning, budgeting and capacity-building processes for donor-funded programmes. He also supported the supply chain management (SCM) leadership programme at the provincial and district levels, contributing to a stronger foundation of supply chain capacity.

Although Pakistan's public sector currently lacks a formal performance management system, Altaf has advocated the introduction of key performance indicators linked to individual and team performance – particularly for donor-funded projects. He has also flagged the need to update outdated terms of reference and align accountability structures with evolving operational needs.



“

My role has shifted from task-based to adaptive – I now focus more on behavioural change, coaching and collaborative leadership.

”

STEP 2.0 IMPACT ON INDIVIDUALS**Leadership style**

Participants report a significant shift in leadership style following graduation from the programme

Mentorship

Many report having introduced formal or informal mentorship

Performance evaluation

Measures to evaluate performance – including those that incorporate data – are being translated from theory into practice

Inclusive management

Many participants are more collaborative in the way they interact with staff and colleagues

Communicative leadership

Adopted by participants this improves morale and productivity

“

“STEP 2.0 taught me to break big tasks into smaller, manageable ones. I’ve learned to assign tasks not just based on roles, but on individual strengths and personalities.”

”

TAUHID AHMED

DEPUTY DIRECTOR, CENTRAL MEDICAL STORES DEPOT

BANGLADESH

Performance monitoring and intelligent delegation

Since graduating from the STEP 2.0 programme Tauhid’s responsibilities have evolved significantly based on the demands of the environment and the organisation. His leadership style has become more structured and data-driven, and he has adopted a more analytical approach to team assignment and task delegation.

Performance monitoring has become a major features of the multiple functions he manages, using data to assess where delays occur in the workflow and reallocating tasks to maintain efficiency. He supports his teams through training and supervision, especially for new staff, and ensures clear accountability through defined responsibilities and real-time tracking.

Even though the STEP 2.0 framework (*lead, shape, plan, act, evaluate*) is not formally embedded in the organisation, Tauhid uses its principles regularly – particularly in planning and action. For example, before tenders are issued, historical documents are reviewed to avoid repeat issues. He has implemented a cataloguing system using a green card method and there is now a dedicated team that manages the cataloguing of historical documents, document filing and traceability.

JOSEPH MAKAWA

MANAGING DIRECTOR, MASAPHARM UGANDA LTD

UGANDA

From employee to managing director

Since graduating from the STEP 2.0 programme, Joseph Makawa's role has changed dramatically. When he began the programme he was an operational employee and he now leads his organisation as the managing director.

He indicates that he has grown in areas of responsibility that now include managerial, recruitment, procurement, training and marketing duties. He credits STEP 2.0 with providing the leadership skills that allows him to juggle multiple responsibilities by recognising when and to whom he can share (and sometimes delegate) these responsibilities.

“

STEP 2.0 has enabled me to manage, lead and keep the team motivated to execute given tasks.

”

DERICK LUBANGAKENE

MEDICAL LOGISTICS OFFICER, BAYLOR COLLEGE OF MEDICINE

UGANDA

Becoming a strategic manager

Derick's role has changed from a clinical focus to supply chain management and leadership. Before he graduated from STEP 2.0 his tasks centred on operations, ensuring patients received medicines in the right dose, quality and time. Since completing the programme he has transitioned to strategic management and leadership in supply chain management. In his role with Baylor College of Medicine Children's Foundation, he now coordinates medicine management processes for nine districts in Western Uganda.

The leadership skills he nurtured through the STEP 2.0 programme have also enabled him to adapt to an emergency response and humanitarian logistics setting: he was deployed to the Bidibidi refugee settlement where he managed procurement, storage and distribution for over 210,000 displaced persons.

“

My focus has changed from a transactional approach to transforming people through change management and systems thinking. Previously I had a negative view of change, but as of today I embrace and advocate for change to improve how things are done”

”

“

“Since graduating from STEP 2.0 I’ve seen real improvements in how I interact with staff, solve problems and make decisions. I’ve learned how to create urgency and identify short-term wins that move us forward.”

”

FAUSTIN KARANGWA

INTERNAL AUDIT MANAGER, RWANDA MEDICAL SUPPLY

RWANDA

Communication to boost morale and productivity

Faustin Karangwa’s role and leadership influence have evolved significantly since completing the STEP 2.0 programme, with the scope and complexity of requests he receives from senior management expanding. He has become more involved in high-level meetings, cross-functional engagements and internal training opportunities. His ability to contribute to strategic initiatives has increased, particularly in organisational performance, audit readiness and data quality.

Faustin now adopts a more adaptive leadership style, focused on agility, interpersonal communication and maintaining a better work-life balance for both him and his team. These shifts have improved morale and productivity within RMS. He applies the STEP 2.0 principles he has learned to secure buy-in from stakeholders, and in evidence-based planning and collaborative execution.

He has also assumed a mentorship role, guiding colleagues through audit and performance management processes. Notably, he has helped develop and implement key performance indicators at both departmental and organisational levels. His coaching now influences RMS’s broader strategic direction, especially in aligning internal audit with operational performance.



Organisational improvement case studies

The *Your transformation challenge* (YTC) project enables participants to apply new skills to the most significant supply chain obstacles they have identified within their organisations. Addressing supply chain obstacles gives health supply chain organisations every chance to improve the delivery of health commodities and increase health outcomes in the country. YTCs are always measurable and scalable.

STEP 2.0 has a 92 percent graduation rate, which means that in 92 percent of programme implementations, participants have achieved the objectives of their YTCs. Encouraged to select challenges that are achievable, we have seen some participants achieve the objectives of their YTC and then set their sights on a new, more-ambitious challenge.

Very often we see improvements in the participants' chosen topic as well as a shift in an organisation's attitude to workforce development, evidenced by increased investments in workforce development or changes in organisational policy or strategy.

The following pages contain case studies taken from a sample of participants.

STEP 2.0 COACHES

STEP 2.0 participants directly engage with private sector skills-based volunteers, who provide individual and team consulting throughout the programme.

Private sector supply chain management experts offer new and innovative approaches to long-standing public health supply chain barriers and play a significant role in contributing to the modernisation and development of sustainable supply chain infrastructure. They share their expertise and insight with STEP 2.0 participants who are then able to navigate organisational challenges and ensure sustained progress within their organisations. Strong supply chains in turn give confidence to governments, communities and development partners, ensuring the continuation of, or increase in, in-country investments and economic growth.

The IFPW Foundation has been valuable in helping to recruit volunteer coaches: many pharmaceutical companies have provided volunteer coaches as a result of their membership of the foundation.

LÉON MAKAMBU

PROVINCIAL MEDICAL COORDINATOR

DEMOCRATIC REPUBLIC OF THE CONGO

Advocating to achieve buy-in

Léon launched the *Enfant pour Enfant* approach in an attempt to increase the rate of child vaccination. Since 2024 there have been no vaccine shortages in Kwango province.

Advocacy has been key to Léon's work since graduating from the STEP 2.0 programme. He engaged the governor of the province in a bid to gain his support and after explaining the challenges his team was facing, the governor agreed to offer more assistance to the province's child vaccination programme. Provincial authorities now provide fuel, vehicles and travel funds on request, enabling supervisory visits to remote areas.

Next he plans to scale the *Enfant pour Enfant* approach to all fourteen health zones – mobilising sufficient resources is his aim. He would also like to create an official STEP 2.0 coordination unit within the provincial health system to embed leadership practices and harmonise donor support.

YOUR TRANSFORMATION CHALLENGE

Managing vaccine rumours in Kwango province to reduce vaccine hesitancy and resistance.

This involved engaging school children and sensitising their parents.

RESULTS

Identification of **4,200 zero-dose children**

Increase in cold chain coverage from **42 percent to 68 percent**

THE ENFANT POUR ENFANT CAMPAIGN

Enfant pour Enfant is a global polio eradication initiative. In DRC, the programme involved the training of 944 teachers from 236 schools. The teachers briefed 55,433 students, providing them with a polio vaccination schedule in the form of stickers and tokens. The programme identified 20 health areas covering and 236 schools. in which students could facilitate the catch-up of zero-dose, under-vaccinated children identified with the tokens.

HIGHLIGHTED AREAS OF FOCUS

- Advocating and securing stakeholder buy-in
- Increasing data quality
- Introducing supportive supervision
- Streamlining financial processes
- Adopting evidence-based decision making

YOUR TRANSFORMATION CHALLENGE

Improving supply chain data quality and visibility for malaria programmes.

As part of his YTC Altaf proposed a systematic approach to problem-solving. He identified critical data gaps, secured funding for further data review, developed reporting tools and advocated staff training. This involved engaging in inclusive and strategic dialogue with different stakeholders to build their ownership and commitment to accomplishing his data-related objectives.

RESULTS

Stock reporting in LMIS/DHIS2 rose to **98 percent**

Stock availability at service delivery points increased to **95 percent**

The improved reporting model **has been scaled** to two additional provinces

ALTAF BIJARANI

DIRECTOR OF SUPPLY CHAIN, COMMON MANAGEMENT UNIT
PAKISTAN

Advocacy to enhance data quality

The success of the malaria programme heavily relies on data-driven decision-making. However, prior to STEP 2.0 reports were often delayed or inaccurate, hindering appropriate decision-making. It was discovered that some districts were not adhering to provided data management protocols, resulting in inaccuracies in reporting. Additionally, resistance from district and provincial stakeholders was encountered during discussions on data quality, particularly concerning underreporting of cases.

Altaf's YTC introduced his team to the use of quantitative indicators in LMIS/DHIS2 to measure data quality, creating a behavioural shift towards maintaining accurate data and more informed decision making across the health supply chain.

Following the conclusion of the STEP 2.0 programme, monthly reports are now submitted on time and with increased emphasis on data accuracy. Altaf has introduced a new checklist, which includes both delivery agent reports and current *stock-in-hand* to improve verification. Lastly, there has been a change in the culture of performance management: discussions about roles and responsibilities have become more open, improving workflow and decision-making.

WATAU TCHERO

ASSISTANT REGIONAL DIRECTOR, NOUVELLE PHARMACIE DE LA SANTÉ
PUBLIQUE

CÔTE D'IVOIRE

Supportive supervision

Watau has recently introduced supportive supervision to his team (field visits with supervision checklists), which he says is based on exchange and collaboration rather than strict control. He uses a system of observation, correction and performance indicator monitoring.

“For supervision, I go out to meet the staff – mainly pharmacists – in the field. They are informed of my visit in advance and we work through a supervision checklist. It’s the same for coaching: I go directly to the staff member who needs support and then we hold working sessions together.”

This has helped Watau to oversee the transition from paper-based stock management to digital stock management with the implementation of the *mSupply* software. Frontline staff (often nurses) were not trained in stock management but through his leadership, reassurance, accompaniment and training, regional adoption of the software has become widespread. As of May 2025, 90 percent of health structures use the software.

“We have asked the staff to integrate mSupply into their daily work to manage stock of all health products. The problem is that we are asking people who are not necessarily stock managers to use a new stock management tool. That has been the challenge: getting these staff members to understand the value of it.”

“The organisation is more effective now thanks to stronger team cohesion,” he says. Staff development and training have become integrated and although no formal leadership development framework has been introduced, adaptive leadership is applied informally.

**YOUR TRANSFORMATION
CHALLENGE**

*To improve the resolution rate of
stockout alerts.*

Watau’s target, as set out in his YTC, was the resolution of 70 percent of stockout alerts. Progress has been gradual: from 41 percent in 2022 to 60 percent in 2023 and 62 percent in 2024. While the regional average remains at 60 percent, some facilities exceed 80 percent. He puts this progress down to the establishment of a strong and motivated coordination team.

RESULTS

Increase in resolution rate
from 41 to 62 percent

90 percent uptake of stock
management software

YOUR TRANSFORMATION CHALLENGE

How can we streamline our processes so that manufacturers engage directly with RMS?

Root cause analyses and a roadmap to solve the identified problems were the foundations of Diana's YTC success. Diana was able to convince RMS of the need to harmonise all legacy bank account names with those of the new RMS – this had been a major issue faced by manufacturers and other suppliers. It was also agreed that RMS start providing remittance advice to suppliers.

RESULTS

50 percent of commodities are now **sourced directly from manufacturers**.

DIANA MUTONI

DEPUTY CEO, RWANDA MEDICAL SUPPLY LTD (RMS)

RWANDA

Financial harmonisation

Guided by her YTC, Diana led her team to redesign procurement and approval processes. As a result, a simplified approval matrix has been developed, lead times have been reduced thanks to fewer approval layers and 50 percent of commodities are now sourced directly from manufacturers.

Since graduating, RMS has increased investment in capacity building (for example with team retreats) and targeted training. A three-year capacity building plan is now in place, supported by a soon-to-be-launched succession plan. Bi-annual reviews now take place to identify individual training needs while there is a focused effort on developing leadership and supply chain competencies across all levels.

All staff now receive general and job-specific **training**

A **three-year capacity building plan** is now in place



FAUSTIN KARANGWA

INTERNAL AUDIT MANAGER RWANDA MEDICAL SUPPLY (RMS)

RWANDA

Introducing evidence-based decision making

Faustin has helped to usher an evidence-based culture into RMS. Forecasting has become more accurate, avoiding the past issues of over- or underestimating stock volumes, leading to fewer stockouts and better procurement alignment.

KPIs, including forecasting accuracy, procurement performance and commodity availability, are now monitored quarterly. Forecasting has improved, reducing instances of stockouts and oversupply, and procurement has become more efficient and costs reduced by sourcing directly from manufacturers. There is now a roadmap to achieve 95 percent data accuracy by the end of the 2025–2026 financial year.

As for workforce development: this has become a higher priority post-STEP 2.0. RMS has increased investments in capacity building. Examples include funding staff to gain external certifications in project management, financial management and IT, the development of a succession plan and the introduction of structured leadership development.

These HR strategies reflect broader alignment with STEP 2.0 values – embedding performance management, recruitment refinement and long-term talent retention into RMS's operational strategy.

YOUR TRANSFORMATION CHALLENGE

How can we improve data quality within the organisation?

Faustin's YTC centred on data quality used in forecasting needs of essential medicines. His aim was to improve the quality and consistency of data recorded in the eLMIS.

RESULTS

Data accuracy improved from 69 percent to over 80 percent

KPIs related to data quality have been **integrated across the organisation**

Regular monitoring and evaluation **processes have been institutionalised**

Country case study: Changing the culture in Rwanda

In 2023, 25 leaders and managers from Rwanda Medical Supply Ltd (RMS) participated in and graduated from STEP 2.0. What was unique about this implementation was that every participant was from the same organisation, offering a real opportunity to change organisational culture and bring about lasting change.

When a significant number of staff understand the STEP 2.0 principles and approach, and participate together in the programme, it becomes far easier to introduce and implement supply chain transformation throughout the organisation. Having participated in the STEP 2.0 programme alongside their colleagues, the RMS cohort now has a mutual understanding about the best way to overcome challenges and lead their teams.

The RMS leadership used the programme-preparation phase to define the organisation's main challenges.

PROGRAMME INFORMATION

Country	Rwanda
Year of implementation	2023
Status	Completed
Donor	USAID
Model	In person
Coaches' organisations	AmerisourceBergen (now Cencora), GSK, Merck, Pfizer
Number of participants	25
Public organisation	Rwanda Medical Supply Ltd
Implementing partner	Empower School of Health
Participants' profiles	RMS directors, C-suite, deputy directors, warehouse, procurement, and audit and logistics managers

The STEP 2.0 facilitation team and coaches then worked with them to identify the top six supply chain transformation priority areas to focus on throughout the programme.

The participants worked together to find solutions to organisational challenges including data integrity, personnel retention, private sector engagement and warehouse management. Bringing together colleagues from various teams with different roles to tackle real problems – with the support of private sector coaches – offered a unique opportunity for RMS leaders to enhance their leadership abilities and to take steps to address organisational challenges.

“

The two main things I learnt from STEP was the importance of communication and team building. One of the coaches said it is important to appreciate and motivate the team first before requesting what to do and informing them how to do it.

The first day of the workshop, we were worried that we were in the same room with management, but we changed from the first day when we saw the team dancing. It was a social way to build the team and I learnt that team building does not have to do with ranks, but with targets and objectives.

Jonah Kwikiriza
STEP 2.0 participant
Rwanda Medical Supply Ltd

”

ANALYSIS AND DISCUSSION

Key enablers

The successful implementation of STEP 2.0 has been enabled by several factors:

Senior-level buy-in and institutional support

Your transformation challenge (YTC) is often supported by senior leadership within national medical stores, ministries of health and public sector agencies. When participants are given this backing they have the capacity and authority to implement changes.

Plans and strategies to address real problems

Tackling real workplace challenges through the YTCs bridges the gap between theory and practice, increasing both relevance and motivation for participants. This approach allows for measurable change at the organisational level, as demonstrated in the case studies on organisational improvement.

Peer learning and cohort engagement

Participants benefit significantly from being part of a cross-functional cohort. Peer feedback, shared experiences and group problem-solving build participants' confidence and help build cross-functional collaboration.

Private sector coaching and expert facilitation

The availability of experienced facilitators and private sector coaches supports participants in navigating technical and organisational challenges, and facilitates participants' achievement of the YTC.

Donor collaboration and strategic alignment

Support from the donor collaboration group provides strong financial and technical backing to programming and ensures STEP 2.0 is aligned with broader health system strengthening goals and national health priorities.

Key barriers

Despite the overall success of the programme several barriers limit or slow implementation in some contexts:

Human resources constraints

Many participants highlight the problem of understaffing in their departments, which hinders their ability to fully participate in the STEP 2.0 programme, as well as their ability to delegate and implement new initiatives. Attrition, retirement and recruitment delays can add pressure to already overburdened teams.

Limited decision-making authority among participants

Some participants, particularly at mid-management levels, lack the formal authority to enact system-level changes, even if they have potentially transformative ideas and plans.

Competing priorities and time constraints

Participants often struggle to balance their regular workloads with the additional time commitment required for the YTC and leadership development activities. This is particularly challenging during times of national crisis (such as pandemics and national crises) mainly owing to chronic understaffing.

Organisational resistance to change

Varying levels of openness to change across organisations poses challenges. Some organisations lack a culture of continuous improvement or do not have systems in place to institutionalise new practices introduced by STEP 2.0 participants.

Variability in programme adaptation at country level

While the recently-implemented targeted STEP 2.0 model (Nigeria women and Zipline programmes) have addressed differences in local context, this model also leads to inconsistencies in implementation and cohort structure.

Recommendations for the design and implementation of the next generation of STEP

The following lessons have emerged from the implementation of STEP 2.0 and should inform the design and rollout of the next version of STEP.

1. Reposition STEP as a system optimisation programme

In order for the programme to continue providing value to participants, their organisations and the STEP 2.0 donors it must evolve. The programme should be updated and repositioned in response to the changing donor landscape and customised to reflect the specific context of each country, region and supply chain operation.

Rather than target individual capacity development, the programme should be positioned to focus on system optimisation (operational improvement). Leadership development should be presented as a means to optimise health supply chain systems.

In tandem, a strategy should be developed to reduce programme cost (particularly the fixed costs).

2. Strengthen post-programme implementation support structures

There is a clear need for ongoing support after the programme ends. Embedding STEP 2.0 graduates in communities of practice would help sustain motivation and peer learning beyond the life of the programme.

3. Enhance organisational and policy-level integration

To have a lasting impact on their organisations, participants' YTCs must be integrated into organisational plans, budgets and HR strategies.

Future versions of the programme should further incorporate onboarding and sensitisation sessions for senior leadership to ensure strategic alignment between the YTCs and organisational objectives from the outset. What's more, it should be ensured that the participants selected have the authority to implement transformative plans within their organisations.

4. Tailor the programme to different leadership levels

While STEP 2.0 has targeted mid- and senior-level professionals, different tiers of leadership require differentiated approaches. The next version of STEP could consider developing tiered pathways for emerging, middle and senior leaders.

5. Institutionalise monitoring and data use

Participants demonstrate the improved use of key performance indicators, data dashboards and feedback loops but the programme should go further to institutionalise data-driven performance management in national systems.

The next generation of STEP should shift from personal development to a focus on operational improvement. It could include modules focused on digital transformation, analytics and adaptive leadership for supply chain resilience.

6. Align more closely with shifting donor priorities

The next generation of STEP presents an opportunity to further align programme goals with re-shaped donor strategies.

7. Align more closely with national policies

Joint planning with national HR units and supply chain directorates will help institutionalise leadership development and change management as part of national workforce strategies and planning.

8. Measure organisational supply chain metrics

For the next version of the programme the M&E framework should be expanded to include organisational supply chain metrics to measure the level of performance improvement. This could include follow-up assessments six and twelve months after programme completion.



Reflections from facilitators and coaches

Facilitators and coaches play a critical role in the success of the STEP 2.0 programme by guiding participants through the leadership and change management curriculum, supporting the implementation of the YTCs. Their unique perspectives offer valuable insights into what works well and what could be improved in future iterations of the programme.

1. Participant growth and engagement

Facilitators consistently observe significant growth in participants' leadership capacity, particularly in how they approach problem-solving, decision-making and team dynamics.

"You could see the shift from technical problem solvers to strategic thinkers. By the end, many participants were leading with a clearer sense of vision and systems thinking."

Coaches note that participants become more confident, more open to feedback and better at engaging stakeholders across levels of their organisations. Many embrace the tools and concepts introduced in the STEP competency framework, particularly those related to planning, shaping relationships and acting decisively.

2. The value of Your transformation challenge

Your transformation challenge (YTC) is widely praised by facilitators and coaches as the cornerstone of the programme. It anchors the theory learned throughout the programme in real workplace challenges and provides participants with a tangible goal towards which to apply the STEP 2.0 methodology.

"The YTC made the learning stick. Participants saw immediate relevance and that motivated them to push for change even when their organisations were resistant."

Coaches also reflected that not all participants receive equal support from their organisations, which sometimes limits the implementation of their YTCs. When supervisors or leadership are engaged, outcomes are greater and more sustainable.

3. Coaching as a catalyst

One of the programme components most valued by participants is the individual and group coaching provided by the private sector coaches. Coaches provide a unique perspective and the programme (Kotter's model and other tools) gives participants deep insight into their challenges and potential solutions.

"Coaching provided a safe space. Participants shared things they wouldn't say in group settings—about resistance they faced or how overwhelmed they were."

Coaches also highlight the importance of continuity and context awareness, noting that coaching is most effective when facilitators are familiar with participants' organisational culture and country context.

4. Challenges in consistently achieving YTC objectives

Facilitators acknowledged implementation challenges related to participants' levels of authority. Not all participants had the decision-making power needed to fully execute their YTCs, particularly in hierarchical institutions. This sometimes required more stakeholder engagement than expected.

Reflections on the next generation of STEP

Facilitators and coaches have offered several suggestions to enhance future versions of the programme:

Incorporate more peer coaching

Encourage participants to support one another through structured peer coaching or learning circles, especially post-programme.

Include participants' organisations in the onboarding process

Ensure participants' supervisors and institutional leaders are briefed on the programme and their role in supporting the YTC.

Extend post-programme engagement

Introduce alumni check-ins, leadership webinars or refresher workshops to help sustain momentum and encourage participation in a community of practice.

Tailor content to organisational level

Offer differentiated tracks or modules based on whether participants are in national leadership, regional SCM or technical support roles.

Use local coaches more strategically

Where possible, facilitators recommend expanding the pool of regional or in-country coaches to increase relevance, cultural alignment and continuity.

"STEP is about building leadership muscle. Like any muscle, it needs to be exercised continuously. STEP 3.0 can help sustain that practice by keeping alumni engaged, learning and challenged."

ANNEXES

Annex 1

Table 4
STEP 2.0 key quantitative indicators dashboard 2021–2025

Year	Country	Donor	AIP	Dates	Program Rating				Overall Competency Improvement (from baseline)					
					Participant (scale 1-5)	Coach (scale 1-5)	Facilitator (scale 1-5)	Overall (%)	Lead	Shape	Plan	Act	Evaluate	Cumulative
2021	DRC	USAID	Village Reach	03/2021 08/2021				91%						
	Zambia	Gavi	Yale	10/2021 03/2022				83%						
	AVERAGE							83%						
2022	Cote d'Ivoire	USAID	Yale	08/2022 12/2022										
	Uganda	IFPW	Empower	06/2022 11/2022				84%						
	AVERAGE							84%						
2023	Ethiopia 1	TGF	Rostec	02/2023 08/2023				94%						
	Ethiopia 2	TGF	Rostec	05/2023 09/2023				100%						
	Ethiopia 3	TGF	Rostec	06/2023 10/2023				89%						
	Rwanda	USAID	Empower	06/2023 12/2023	4.7			94%	8%	8%	7%	8%	7%	8%
	SEA Regional	IFPW	Empower	09/2023 03/2024	4.6	2.6	2.6	65%						
	DRC	Gavi	Village Reach	09/2023 03/2024	4.1			100%						
	DRC	TGF	Empower	10/2023 03/2024	4.5			88%	9%	5%	12%	8%	8%	9%
	Cameroon	Gavi	Yale	10/2023 03/2024					20%	17%	28%	21%	21%	21%
	AVERAGE				4.5	2.6	2.6	90%	12%	10%	15%	12%	12%	12%
2024	Cambodia	UNICEF	GaneshAid	01/2024 06/2024					11%	13%	13%	22%	15%	15%
	India	IFPW	Empower	07/2024 12/2024				92%						
	Niger	Gavi	Logivac	05/2024 12/2024	4.8									
	Djibouti	Gavi	GaneshAid	09/2024 01/2025	4.8				9%	13%	20%	21%	8%	14%
	Togo	USAID	Empower	06/2024 11/2024				79%	22%	19%	25%	24%	22%	23%
	AVERAGE				4.8			86%	14%	15%	19%	22%	15%	17%
2025	Pakistan	Gavi	GaneshAid											
	Nigeria	IFPW	Empower	11/2024 05/2025	4.5	4.3	4.7	88%	39%	30%	40%	38%	26%	35%
	Kenya	IFPW/TGF	Empower	04/2025 09/2025	4.6	4.6	4.6	94%	19%	23%	28%	26%	31%	25%
	Nigeria	Gavi	Empower											
	VietNam	UNICEF	GaneshAid											
	AVERAGE				4.6	4.5	4.7	91%	29%	27%	34%	32%	29%	30%
	PROGRAM AVERAGE (2021-2025)				4.6	2.6	2.6	86%	19%	17%	23%	22%	19%	20%

Annex 2

Table 5
STEP 2.0 competency criteria

Lead	Shape	Plan	Act	Evaluate
Collaborative strategic planning	Professional development environment	Strategic prioritisation	Influence	Evaluating in balance
Emerging trends and practices	People focus	Effective time management	Building consensus	Data centred decisions
Adaptive leadership style	Communicating with influence	Challenge identification and resolution	Communicate vision	Continuous improvement
Difficult situation resolution	Effective feedback	Goal focused objective driven orientation	Implement change organisationally	Contingencies and alternatives
Transformation mind-set	Environments of trust and collaboration	Change management	Anticipate and resolve conflict	Constructive dissatisfaction

Annex 3

Participant interview questions

Personal development questions

1. Has your role changed since graduating from the STEP 2.0 programme?
If so, how?
2. Do you have more responsibility than before?
3. Have you been involved in supportive supervision, coaching or any formal performance management processes since the programme?
4. Are there any elements of the STEP 2.0 programme – lead, shape, plan, act or evaluate – that you have incorporated into your approach to work?
5. What impact do you think your STEP 2.0 experience has had on your leadership style?

Organisational development questions

1. Have you/your team continued to implement your YTC?
Were any permanent changes made in your team's approach?
Has your team/organisation improved in any other ways/areas?
2. Have any STEP 2.0 principles been incorporated into organisational/national HR strategies?
3. Your transformation challenge had a desired objective. Since STEP 2.0 have you set yourself/your team any more challenges/objectives?
4. Since the completion of YTC have you witnessed any operational improvements?
Do you have any stats or examples that demonstrate this improvement?
Have you been measuring and monitoring any supply chain KPIs (selection, availability, procurement, quality, shelf life, service, etc.)?
5. Would you say workforce development has become more or less of a priority for your team/division since you graduated from the STEP programme?
6. Have any investments been made in workforce development and how do these investments compare with investments made before the STEP 2.0 programme (i.e. have investments increased, decreased or stayed the same?)?
7. Would you say your organisation is more or less efficient than before? Indicators could include commodity availability and quality, operating efficiency or cost.
8. Has there been focused approach in developing the leadership and supply chain competencies within your department/team?

CONTACT THE STEP HUB

Kevin Etter

People that Deliver
STEP 2.0 advisor

[**ketter@gavi.org**](mailto:ketter@gavi.org)

Dominique Zwinkels

People that Deliver
Executive manager

[**dzwinkels@peoplethatdeliver.org**](mailto:dzwinkels@peoplethatdeliver.org)

Esther Ndichu

People that Deliver
STEP 2.0 coordinator

[**endichu@peoplethatdeliver.org**](mailto:endichu@peoplethatdeliver.org)

Jonathan Moody

People that Deliver
Communications & advocacy specialist

[**jmoody@peoplethatdeliver.org**](mailto:jmoody@peoplethatdeliver.org)

