People that Deliver Theory of Action (2018-2020): Articulating how PtD will deliver on its HR4SCM Theory of Change through outputs, outcomes and impacts

MARCH 21, 2019

Promoting sustainable workforce excellence in health supply chain management

Table of Contents

Background Theory of Action

People that Deliver (PtD) was established in 2011 as a global partnership of organizations focusing on the professionalization of supply chain personnel by advocating for a systematic approach to human resources (HR) for supply chain management (SCM) at the global and local level. PtD advocates at the international and national level for interventions that improve the demand and supply of qualified health supply chain professionals in organizations, which in turn strengthens the individual practitioners and the organizations in which they work.

PtD's Theory of Change in Human Resources for Supply Chain Management (HR4SCM ToC) describes the impact of interventions and investments in HR for SCM efforts, which aim to improve supply chain performance by ensuring the availability of commodities at the service delivery point. This Theory of Action (ToA) complements the HR4SCM ToC and explains PtD's delivery model. It describes how PtD will activate the HR4SCM ToC and articulates the strategies and priorities of work through which PtD activities are being delivered.

PtD set strategic goals in 2011, updated them in 2013 when the 2013-2018 Strategic plan was created, and again in 2016 to help guide activities going forward. An organizational and structural evaluation was performed on PtD in early 2018. The ToA explains how PtD will build on what was previously achieved, with a focus on influencing national-level HR for SCM. The ToA delineates the outcomes to which PtD contributes and the outputs of PtD's activities. It provides a detailed blueprint for action, tracking progress and clarifying PtD's role. It accompanies PtD's logframe, which provides indicators, data sources, and assumptions. Finally, a monitoring and evaluation plan will be developed as a supplement to the ToA.

This document is designed for both internal and external audiences — especially current and potential board member organizations and countries.

Organizational and Environmental Context

Since 2011, there has been an increased focus on systematic approaches to HR capacity development and the professionalization of SCM cadres, particularly in low- and middle-income countries. PtD has increased global recognition of the importance of supply chains, developed tools and resources, and engaged a few key focus countries supporting in-country activities through member organizations. This section describes the circumstances under which PtD does its work – the organizational and environmental context in which PtD operates and outlines PtD's specific role.

Organizational Context

1. PtD is an **alliance focused on global technical leadership and expertise in HR for SCM**, **awareness raising and advocacy, and policy change**. It is a coordinating body, a facilitator, leveraging funds and expertise, but also an alliance that has developed evidence-based resources and tools that support countries and organizations to advocate for a systematic approach to HR for SCM.
2. PtD offers a **unique value proposition**, it does not focus on implementation but rather acts as an influencing and catalytic organization.
3. PtD **leverages its board members** to advocate for the use of the tools and resources and empowers members to use them.
4. PtD has the opportunity to operationalize its ToA through a **member base of 250 organizations.**

5. **Member countries and organizations are expected to be the vehicles** for the provision of services and funding.
6. PtD's determined effort to retain its identity as an **impartial and neutral coalition** has helped influence mindset changes and attitudes.
7. **PtD has credibility on global and country levels** due to its rigorous research studies, tool development, and assessments conducted. Also due to governments, ministries of health and implementing agencies owning PtD proposed actions.
8. PtD strategically and operationally **aligns with and receives support from UNICEF's Supply Division**, which ensures the delivery of supplies to children in situations of conflict, disaster or in hard to reach areas requires technical know-how, innovative solutions, collaboration, and financial resources.

Environmental Context

1. The SC workforce **includes a variety of people** dedicated to fulfilling logistics activities at national, district, and health facility levels, such as pharmacists, logisticians, SC managers, data managers, and warehouse and transport personnel. It also includes personnel who contribute only a portion of their time to SC functions, such as doctors, nurses, and other clinical and administrative staff.
2. In 2011, **79 institutions pledged their support** and action to achieve the shared goal of PtD, indicating dedicated support for PtD's goals. PtD's work is now aligned with major donors and international organizations, and there has been an increase in the number of partners at global, regional, and country levels.
3. Local partners, among others such as the International Association of Public Health Logisticians (IAPHL), the Africa Resource Centre (ARC), and the EAC Regional Centre of Excellence, **provide local capacity** to build upon.
4. Systems and supporting regulation for the organization of **pharmaceutical supplies** are organized in-country can provide challenges. For example, distance and transportation infrastructure challenges and pharmaceutical supply chain vulnerabilities to unethical practices.
5. Access to visibility into **supply and demand information** for the workforce can be limited.

Organizational and environmental problems and needs addressed
The following are the organizational and environmental problems and needs PtD aims to address.

Environmental problems and needs
1. Although hundreds of millions of dollars in commodities may flow through a country's health supply chain (SC) system, the **critical, strategic function of the supply chain within health systems is rarely acknowledged.**
2. Despite a 300% increase in procurement, there has been little change in SCM staffing, leading to **critical staff shortages**. It can be difficult to attract SC staff due to the perception of logistics and supply chain management as menial activities.
3. The SC workforce **lacks the technical and managerial competencies** to perform optimally or the empowerment to affect supply decisions and policies.
4. Many low- to middle-income countries have an **insufficient number of adequately trained staff**, particularly logistics staff, to manage health supply chains. Countries face significant gaps in technical capacity and knowledge among their existing health SC

staff, often due to the lack of experience or formal training, either through supply chain/logistics degree programs or in-service training for staff.

5. Many low- to middle-income countries **lack a professionalized supply chain occupational category**, formed either via formal education or through the civil service structure. This professionalization is critical to embedding a workforce with specific supply chain competencies in the health system. In addition, health systems lack a logistics/supply chain cadre.

6. **Working conditions do not support performance**. Salaries are inequitable, staff lack job descriptions, and there is duplication of roles and chain of command. This results in poor retention through staff leaving or moving horizontally.

7. Domestic and external donor **budgets are not coordinated**, which leads to challenges in addressing these problems.

Organizational problems and needs

1. PtD board members and other members lack **clear roles and responsibilities** and guidelines for their involvement**. There is a lack of clarity between the roles of board and other members.

2. PtD lacks an optimal **governing model and operating structure**.

3. The **relationship between PtD and UNICEF** would benefit from improved clarity.

4. PtD relies on a few donors to support its activities. It needs to **diversify its funding base**.

5. The PtD **secretariat has limited capacity** to achieve results. The balance between responsibilities of secretariat staff and consultants needs to be defined and aligned.

Ultimate Impact

PtD envisions a world where health supply chain workforces are empowered and equipped to optimize health outcomes by improving access to health commodities. PtD's one goal is to create a competent, supported, and adequately staffed supply chain workforce that is deployed across the public and private sectors within the health system.

Results

PtD has set new strategic results below. The results are grounded in the principles of why it is important to define and measure success.

- **Accountability** – Accountable to partners, board, and funders.
- **Program improvements** - Make decisions about how to adjust strategy or tactics.
- **Prioritization** – Prioritize resources (e.g. time and money) by aligning those resources with the results PtD wants to achieve.
- **Expand and sustain impact** - Use program results to demonstrate PtD's impact, sharing knowledge internally and externally to improve visibility, use for advocacy, and to fundraise.

Outcomes

PtD has limited direct influence on improving HR for SCM. PtD relies on and aims to influence global and national actors who then need to act – in such areas as skilling up supply chain workers; creating systems; enacting or modifying laws, policies, regulation, or budgets; and providing funding. The PtD Secretariat will monitor progress toward intermediate and long-term outcomes during the time frame of 2018-2020.

Long-Term Outcomes

PtD has identified the following long-term outcomes, the overall change in organizations, systems, or behaviors PtD **HOPES** to achieve. Long-term outcomes (LTOs) may be achieved within the timeframe of 2018-2020 but are more likely to be achieved after this timeframe. To be achieved, LTOs rely heavily on other actors (e.g. international funders and implementers, national governments) to contribute to achieving the outcomes.

To date, PtD has been successful at building global awareness and coordinating global actors. To continue to have impact on HR for SCM, that momentum needs to continue. PtD aims to develop a:

> **LTO 1. Sustained global community dedicated to mobilizing support and resources toward a professional health supply chain workforce**

For HR for SCM to be strengthened, policies that govern SCM need to improve, organizations that implement SCM strengthened, and resources to implement those policies increased. To that end, PtD identified two LTOs.

> **LTO 2. Improved policies, organizational design, and organizational strength in key government entities with supply chain responsibility, providing funding and support for a competent and sufficient supply chain workforce**
>
> **LTO 3. Increased and improved resources (government, non-government; national and international) to support a qualified, educated health supply chain workforce**

In addition to improved policies and resources, supply chain staff need to be supported through educational opportunities and professional associations that provide credentialing and career paths, which are reflected in the following LTO.

> **LTO 4. Improved mechanisms to support professionalization to support of a qualified, educated health supply chain workforce**

Intermediate Outcomes

Intermediate outcomes are the short to medium changes in organizations, systems, or behaviors that need to be achieved to realize the long-term outcomes. Intermediate outcomes (IOs) are key changes that PtD **WANTS** to see as a result of program outputs. PtD anticipates seeing progress towards these outcomes, and potentially partial achievement, during the timeframe of 2018-2020 but not full achievement.

To improve policies, increase resources, and strengthen professionalization, the issue of HR for SCM needs political momentum. Therefore, PtD aims to influence the following.

> **IO 1. Improved HR for SCM is on the policy agenda (national legislative bodies or administrative entities)**
>
> **IO 2. Improved political will towards improving HR for SCM systems, policies, and resources**
>
> **IO 3. Increased issue salience (i.e. HR for SCM issues have risen to prominence in policy discussions), globally and nationally**

Political support will be increased by strengthened leadership capacity and evidence needed to influence political decision-makers.

IO 4. Strengthened stewardship and leadership at the national level to address health supply chain workforce needs

IO 5. Increased use of evidence-based approaches for HR for SCM that are informed by best practices and respond to an evolving environment

---

In addition, political support will be influenced by champions and partners advocating for change, as delineated in these outcomes.

IO 6. Increased and improved advocacy activity by members, partners, alliances, advocates, and champions, globally and nationally

IO 7. Improved collaboration and alignment between partners, advocates, champions, and donors on tactics and messaging to improve HR for SCM, globally and nationally

---

Outputs

Outputs are the specific goods, services, events, or deliverables produced during the timeframe and context of the strategic plan. Outputs are direct products that PtD **EXPECTS** to see because of PtD's activities and inputs whose attainment depends on and is mainly attributable to PtD. Outputs provide the necessary conditions to achieve the outcomes. PtD has more control over achieving outputs than outcomes. Outputs are the results that PtD will be directly accountable for.

The first output links directly to the first Long-Term Outcome.

O 1. Global HR for SCM actors are coordinated

Evidence of best practices in HR for SCM is a primary focus of PtD. Strong evidence informs decision-makers and provides tools for leaders and advocates. In addition to evidence, leaders need improved capacity to influence policies and resources for HR for SCM. To that end, PtD will achieve the following.

O 2. Evidence-based approaches are developed and disseminated

O 3. Leaders have knowledge, understanding, will, and are empowered to support health supply chain workforce

---

PtD members will have significant influence on global and in-country actors. Therefore, PtD will aim to influence members capacity and behavior.

O 4. PtD's members use tools, have knowledge and appropriate attitude, and are coordinated to advocate for HR for SCM

The final three outputs relate to PtD's effectiveness, the foundation for PtD to achieve all other results.

O 5. PtD grows its credibility and visibility as critical resource for best practices, expertise and innovative approaches in HR for SCM

O 6. PtD organizational, governing, and operating structure are optimized for PtD's role
O 7. PtD has diversified a funding base that supports sustainability

Strategies and Priorities of Work

To achieve the outcomes above, PtD will use the following strategies and tactics.

1. **Engaging with and focusing support at the country-level**
   - PtD will help to ensure that implementers have technical ability and work with each other
   - PtD will focus advocacy and technical know-how at the country level, working through existing coordination mechanisms, i.e. national committees, supply chain technical working groups, national logistics working groups, IAPHL local chapters, professional associations, Africa Resource Center (ARC), etc.
   - PtD will organize and host regional workshops (including the PtD Global Indaba 2020) to roll-out and advocate for PtD resources and tools, build a community of practitioners through dialogue, sharing, networking, and peer to peer learning, and provide practical guidance on implementation of PtD resources and tools
2. **PtD will enable and support technical leadership and expertise**
   - PtD will continue to develop and disseminate a wide range of technical materials and evidence-based approaches in HR for SCM that are non-proprietary and can be shared
   - Members will continue to carry out HR for health SCM assessments that produce a comprehensive picture of the state of HR for health SCM in a country and develop HR for health SCM strategies and interventions
   - PtD has built and will continue to build a body of vetted professionals, the majority of which will be regionally based, that can conduct assessments and implement
3. **Working with and coordinating a dedicated global community**
   - PtD will continue to build strategic partnerships with global and regional organizations to increase awareness, action, and resources for the health SCM workforce. This will include new and existing donors, IAPHL, SCM professional associations, academic and training institutions, Centers of Excellence, and the Africa Resource Center (ARC) among others.
   - PtD will continue to build its brand awareness to increase the visibility and credibility of PtD's expertise.
4. **Advocating for better policies, more resources, and improved political will, including policy change and awareness raising**
   - PtD will leverage its in-country stakeholders to coordinate advocacy efforts and leverage existing opportunities and structures
   - PtD will analyze country context, mobilize in-country actors, facilitate discussion, and build capacity (as needed).

Assumptions

The following are assumptions that affect PtD's ability to influence HR for SCM and translate PtD's outputs into outcomes.

Assumptions that impact PtD's ability to have longer-term impact and to sustain PtD's effort:
1. WHO will create standards for the health SCM workforce.
2. Donors provide support for HR reform that comes out of PtD's recommendations.

3. ARC and IAPHL have support to build their capacity.
4. ARC influences private and public sector to ensure that policy is enacted.
5. Global donors will invest in supply chain workforce development.
6. Governments implement public service legislation, regulations, budgets, and programs changes, including:
   - Regulatory changes implemented to delineate SCM cadres.
   - Government HR planning processes engaging SCM partners with a focus on education and standards.
   - Government develops supply chain master plans and training road maps.
   - New recognition of importance of supply chain staff within the HR Directorate of the MOH.
   - Creation of new positions, based on competencies mapped by PtD.
7. Institutes and national universities institutionalize degree programs.

The following are the environmental and organizational assumptions related to impact short- and medium-term change.

Environmental Assumptions
1. National level actors can identify legislation, regulations, budgets, and programs that need to be changed to improve HR for SCM.
2. Leaders are intrinsically motivated around this issue.
3. National actors see PtD as the authority and leader on HR for SCM and trust PtD to provide the most up-to-date resources.
4. Country-level implementers use PtD tools and resources.
5. National leaders are aware of PtD and its resources and go to PtD to get the technical information they need to improve HR for SCM.
6. Nongovernment actors, including professional associations, are also aware of PtD and its resources and use them to advocate.
7. National governments will make and implement feasible plans to improve HR for SCM.
8. PtD can find the right levers within national political systems to effect HR for SCM.

Organizational Assumptions
1. Board prioritizes needs of PtD above interests of their organization when it comes to HR for SCM and acts on their obligations and responsibilities within their role with PtD.
2. PtD will not offer resources and assistance that are outside of PtD's scope.
3. PtD will work closely with national actors and implementers to ensure that PtD-developed tools are adapted to local needs and context.
4. PtD is working with the right leaders to enact change.
5. PtD will have access and visibility to follow-up on outcomes that emerge from the work.
6. PtD will not train supply chain workers. PtD will help coordinate implementers who focus on skilling-up health workers for supply chain management.
7. PtD will provide a repository of non-proprietary tools and knowledge that can be shared.

Target Constituencies
Entities
PtD intends to affect the following individuals, organization, networks, and fields:

1. **Individuals** – International and national government (elected and administrative) and nongovernment leaders who can influence HR for SCM

2. **Organizations** – Ministries of Health; national supply chain organizations; international NGOs; multilateral organizations; philanthropic funders; academic institutions; training institutions
3. **Networks** - International Association of Public Health Logisticians (IAPHL); Supply Chain Professional Associations; Africa Resource Center (ARC)
4. **Field** – Private sector entities involved with SCM

Geographic

1. Re-engage former focus countries (Burkina Faso, Dominican Republic, Ethiopia, Indonesia, Liberia, Mozambique, and Namibia) and align with major donor focus countries in PtD's country-level advocacy efforts.
2. PtD will also analyze country engagement based on the following criteria: a) country support is requested by national stakeholders, donor agencies, or PtD (board) members; b) opportunities and challenges associated with HR capacity development and management of supply chain personnel that PtD can address are identified; and c) PtD can identify members, partners, or consultants that can provide the needed expertise, service offerings, and implementation support.

Monitoring and Evaluation

PtD does not anticipate that outcomes will be fully achieved within the 2018-2020 timeframe but is interested in monitoring and evaluating progress towards outcomes and its contribution. Monitoring and evaluation will focus on:

- Assessing whether outputs have been achieved based on key deliverables and output indicators primarily for accountability and program improvements.
- Assessing whether progress is being made towards outcomes, with the pathways for how PtD contributed to change.

PtD will use developmental evaluation, an evaluation approach that can assist to develop social change initiatives in complex or uncertain environments. Developmental evaluation is an appropriate approach as it is:

- Particularly suited to **innovation**, radical program re-design, replication, **complex issues**, crises.

- Can help to **frame concepts**, test quick iterations, track developments, **surface issues**

- Is suitable for innovations, such as new projects, programs, products, organizational changes, **policy reforms**, and **system interventions**.

- Useful in a complex system characterized by many interacting and interdependent elements **in which there is no central control**.

PtD will complement monitoring outputs and evaluating its established outcomes with outcome harvesting. Outcome harvesting:

- Collects ("harvests") evidence of what has changed ("outcomes") and, then, **working backwards**, determines whether and how an intervention has contributed to these changes.

- Does not measure progress towards predetermined objectives or outcomes, but rather, **collects evidence of what has changed** and, then, working backwards, determines whether and how an intervention contributed to these changes.

- Especially useful in complex situations when it is **not possible to define concretely most of what an intervention aims to achieve**, or even, what specific actions will be taken over a multi-year period.

- Approach to identify, formulate, verify, analyze and interpret 'outcomes' in programming contexts where relations of **cause and effect are not fully understood**.

- **Advocacy**, campaigning, and **policy work** are ideal candidates for this approach.