

# People that Deliver: Theory of Action Results Framework



21 February 2019

**Notes:**

- **Dark Gray** indicates highest priority result.
- **Light Gray** indicates medium priority result.
- **Green** indicates recommended indicator.
- **Yellow** indicates an indicator that needs to be explored (depends on PtD strategy and work plan).
- **Red** indicates indicator for which it will be difficult to collect data.

	RESULTS	OUTCOME INDICATORS	DATA SOURCES/MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<b>Goal: A competent, supported, and adequately staffed supply chain workforce is deployed across the public and private sectors within the health system</b>				
<b>Long-term Outcomes</b>	LTO 1. Sustained <b>global community</b> of governments and national and international private and public entities dedicated to mobilizing support and resources toward a competent health supply chain workforce	<ol style="list-style-type: none"> <li>1. #, location/country, area of focus, and type of organizations that are active in or are providing resources for HR4SCM</li> <li>2. # and types of evidence-based approaches that are developed and disseminated</li> <li>3. # and location of countries where national governments are making efforts to improve HR4SCM in 5, 10 years</li> <li>4. # of donors who have made a commitment (\$, strategy) to HR4SCM (by type of donor, location of countries)</li> <li>5. # and location of countries in which SC positions budgeted for</li> </ol>	<ol style="list-style-type: none"> <li>1. Board member and partner interviews and records</li> <li>2. Proceedings from international events</li> <li>3. Social media</li> <li>4. Member survey</li> <li>5. Notes from PtD staff meetings with members and partners</li> </ol>	<ol style="list-style-type: none"> <li>1. Global organization (such as PtD) exists to coordinate global actors.</li> <li>2. Funding for coordination and implementation exists.</li> <li>3. Global political will to support and fund HR4SCM is sustained.</li> </ol>

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	<p>LTO 2. Improved <b>policies, organizational design, and organizational strength</b> in key government entities with supply chain responsibility, which provide funding and support for a competent and sufficient supply chain workforce</p>	<ol style="list-style-type: none"> <li>6. # and types of PtD SC ToC outcomes that are making progress</li> <li>7. # and types of policies passed as indicated in PtD ToC</li> <li>8. SCM exists as an occupational category</li> <li>9. # and types of positions that have SCM responsibilities explicitly in their job description</li> <li>10. # and types of job descriptions dedicated to SCM</li> <li>11. Amount of funding available to SCM professionals for training and professional development compared to other occupational categories</li> <li>12. Amount/% change of funding provided in countries in which PtD has influenced being allocated to HR4SCM (disaggregated by government, nongovernment)</li> </ol>	<ol style="list-style-type: none"> <li>6. Board member and partner interviews and records</li> <li>7. Surveys, interviews and/or focus group discussions with key individuals in countries where PtD has worked</li> <li>8. Records from countries in which PtD has worked</li> <li>9. Board member survey</li> </ol>	<ol style="list-style-type: none"> <li>4. Advocates are active in persuading targets to improve policies, organizational design, and organizational strength.</li> <li>5. National political actors translate policy into policy implementation.</li> <li>6. Improving organization structure and support will translate into organizational strength.</li> <li>7. Competing issues do not overtake the focus on HR4SCM.</li> </ol>
	<p>LTO 3. Increased and improved <b>resources</b> (government, non-government; national international) to support a qualified, educated health supply chain workforce</p>	<ol style="list-style-type: none"> <li>13. # and type of organizations providing support to HR4SCM (by government, national and international, focus of organization)</li> <li>14. # and types of governments and donors who made financial commitments (by ongoing, new; national and international)</li> <li>15. # and types of internal resources (e.g. computers, office, supplies, support staff) available to SC staff</li> </ol>	<ol style="list-style-type: none"> <li>10. Board member and partner interviews and records</li> <li>11. Interviews with key government representatives or international entities with knowledge of international and government funding</li> <li>12. Survey and/or interviews with organizations</li> </ol>	<ol style="list-style-type: none"> <li>8. Advocates are active in persuading targets to increase and improve resources.</li> <li>9. Competing issues do not overtake the focus on HR4SCM.</li> </ol>

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		<p>16. % change in funding for educational opportunities for supply chain workforce (disaggregated by government, non-government; national and international)</p>	<p>providing support to HR4SCM</p>	
		<p><b>Qualitative</b></p> <p>17. Board member and partner reporting of increased resources</p>		
	<p>LTO 4. Improved <b>mechanisms to support professionalization</b> of a qualified, educated health supply chain workforce</p>	<p>18. Professional associations have credentialing systems for HR4SCM exists</p> <p>19. # of countries in which the credentials can be accessed</p> <p>20. # of countries that accept credentials</p> <p>21. # of SC organizations demonstrating career paths for SCM</p> <p>22. # of SC organizations that have a defined SC role</p> <p>23. # and types of educational opportunities available for SC workforce (by type of provider)</p>	<p>13. Professional associations interviews and records</p> <p>14. Board member and partner key interviews and records</p> <p>15. Interviews with in-country representatives involved with HR4SCM</p>	<p>10. National governments and international non-government entities use PtD resources to draft policy.</p> <p>11. Improved mechanisms translate into a stronger supply chain workforce.</p>
<p><b>Intermediate Outcomes</b></p>	<p>IO 1. Improved HR4SCM is on the <b>policy agenda</b> (national legislative bodies or administrative entities)</p>	<p>24. # and location of countries whose national governments are making efforts to improve HR4SCM</p> <p>25. #, level, and location/country of presidents, cabinet members, parliament, congress, or ministers of health, finance, education, or other relevant ministries are addressing</p>	<p>16. Board member and partner interviews and records</p> <p>17. Media monitoring</p> <p>18. Interviews with national leaders</p>	<p>12. Competing national issues do not overshadow HR4SCM.</p>

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		<p>HR4SCM (by government entity)</p> <p>26. # and location of countries in which HR included in national supply chain strategy</p> <p>27. # and location of countries in which SC is included in the national MOH HR strategy</p>		
		<p><b>Qualitative</b></p> <p>28. Type of action being taken by decision makers</p> <p>29. Status of any policy, law, regulation, operating procedures, or other administrative act related to HR4SCM</p>		
	<p>IO 2. Improved <b>political will</b> towards improving HR4SCM systems, policies, and resources</p>	<p>30. # and types of places in which HR4SCM is acknowledged in public documents or statements as a problem that needs to be addressed</p> <p>31. Position/level of individuals expressing support for addressing HR4SCM</p>	<p>19. Board member and partner interviews and records</p> <p>20. Media monitoring</p> <p>21. Key informant interviews (phone, in-person at workshops/conferences/convenings)</p> <p>22. Monitoring public statements at workshops/conferences/forums)</p>	<p>13. Improving HR4SCM is viewed as critical to national health care systems.</p>
	<p>IO 3. Increased <b>issue salience</b> (i.e. HR4SCM issues have risen to prominence in policy</p>	<p>32. # and type of policy discussions in which PtD's framing of HR4SCM issues are referenced</p> <p>33. # of HR4SCM issues that are known, agreed upon, in process</p>	<p>23. Board member and partner interviews records</p>	<p>14. Evidence-based resources are effective in explaining HR4SCM issues.</p>

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	discussions), globally and nationally	<p>of being addressed, fully addressed</p> <p>34. # and type of government and nongovernment actors who express an understanding of HR4SCM issues that aligns with PtD</p>	<p>24. Surveys, interviews, and/or focus group discussions with key relevant government and nongovernment actors</p> <p>25. Minutes or other recordings of policy discussions</p> <p>26. Meeting notes</p> <p>27. Final reports of PtD assessments</p> <p>28. Case studies</p>	15. Advocates can target the most critical actors.
	IO 4. Strengthened <b>stewardship</b> and <b>leadership</b> at the national level to address health supply chain workforce needs	<p>35. # and level of national leaders expressing support for allocating government resources for improved HR4SCM (by government, nongovernment)</p> <p>36. # and level of national leaders taking action to effect HR4SCM systems</p> <p>37. # of national leaders trained</p> <p><b>Qualitative</b></p> <p>38. Ability of national leaders to positively impact and improve the SCM workforce (using PtD and other supporting materials)</p>	<p>29. Board member and partner interviews and records</p> <p>30. Media monitoring</p> <p>31. Interviews with national leaders</p>	16. Individuals who are interested in championing HR4SCM exist and have the resources (e.g. time, energy) to take up the issue.
	IO 5. Increased <b>use of HR4SCM evidence-based approaches</b> that are	39. # and type of international and national actors working on evidence-based approaches to HR4SCM (PtD, PtD recommended, and other)	32. Board member and partner interviews records	17. Advocates and critical, relevant decision makers are aware of, are able to access, and see value in

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	<p>informed by best practices and respond to an evolving environment</p>	<p><b>Qualitative</b></p> <p>40. Evidence of PtD tools in policies and procedures of international and national organizations</p>	<p>33. Surveys and/or interviews with international and national actors</p> <p>34. Records of international and national organizations working on HR4SCM Board member and partner interviews and records</p>	<p>PtD evidence-based resources.</p>
	<p>IO 6. Increased and improved <b>advocacy activity</b> by members, partners, alliances, advocates and champions, globally and nationally</p>	<p>41. # and types of advocacy actions</p> <p>42. # and types of advocacy actors</p>	<p>35. Board member and partner interviews records</p> <p>36. Reports from national-level partners</p> <p>37. Surveys, interviews, and/or focus group discussions with national-level partners</p> <p>38. Interviews with government representatives</p>	<p>18. Partnerships, alliances, advocates, and champions are interested in and have sufficient knowledge, skills, financial support needed to advocate.</p>
	<p>IO 7. Increased and improved <b>collaboration and alignment</b> between partners, advocates, champions, and donors on tactics and messaging to improve HR4SCM, globally and nationally</p>	<p>39. # and types of new partnership and alliances (Cross indicator with LTO 1)</p> <p>40. # and types of coordinated actions by partnerships/alliances (Cross indicator with LTO 1)</p> <p>41. # and types of individuals and entities involved in partnerships and alliances (by government and nongovernment; international and national; donors and implementers)</p> <p>42. # and types of meetings between SC actors with a focus on HR</p>	<p>39. Board member and partner interviews and records</p> <p>40. Reports from national-level partners</p> <p>41. Surveys, interviews, and/or focus groups discussions with national-level partners</p> <p>42. Interviews with government representatives</p> <p>43. Reports from 1:1 meetings and conferences/workshops</p>	<p>19. Partners, advocates, champions, and donors can agree on advocacy tactics.</p>
<p><b>PtD Sphere of Direct Influence</b></p>				

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	OUTPUTS	OUTPUT INDICATORS	ACTIVITIES	INPUTS
	O 1. <b>Global HR4SCM actors</b> are coordinated	<ol style="list-style-type: none"> <li># and type of actors connected to PtD</li> <li># of meetings held with relevant actors</li> </ol>	<ol style="list-style-type: none"> <li>Conduct issue/policy analysis and research</li> <li>Develop/translate tools</li> <li>Update tools</li> <li>Validate tools through operational research</li> <li>Develop and disseminate written external communications (e.g. newsletter, website)</li> <li>Conduct briefings and make presentations</li> <li>Building relationships with relevant stakeholders</li> <li>Google alert/google analytics for website</li> <li>Manage peer review group</li> </ol>	Leadership and staffing; branding
		<p><b>Qualitative</b></p> <ol style="list-style-type: none"> <li>Topics of meetings</li> <li>Coordinated actions that SCM actors undertake</li> </ol>	<ol style="list-style-type: none"> <li>Build relationships with leaders</li> <li>Present to leaders</li> <li>Train leaders</li> </ol>	
	O 2. <b>Evidence-based approaches</b> are developed and disseminated	<ol style="list-style-type: none"> <li># and type of materials developed</li> <li># of tools updated</li> <li># and type of presentations made</li> <li># and type of workshops held</li> <li># and type of briefings</li> </ol>	<p>TBD – what PtD is doing towards this output (e.g. ideas generated in brainstorm on 11/5).</p> <p>Being done by members:</p>	Leadership and staffing; funding; consultants; branding

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		<p>10. #, type and position/level of individuals/institutions briefed</p> <p>11. # and location of decision makers with whom relationships have been developed</p> <p>12. Key advocacy or talking points for HR4SCM published on PtD website</p> <p>13. # of social media/traditional media mentions of PtD and its tools</p> <p>14. #, type of individuals/organizations who read newsletter</p> <p>15. #, type and position/level of individuals/institutions briefed (cross-cutting indicator for O1)</p> <p>16. # of downloads of tools (by tool, user) (cross-cutting with O 1)</p>	<p>13. Analyse stakeholders and identify individuals or institutions with power to change HR in SC</p> <p>14. Analyse context of SC in-country</p> <p>15. Mobilize SC stakeholders</p> <p>16. Establish platforms for collaboration where needed</p> <p>17. Communicate with and provide support for SC coordination champions</p> <p>18. Train and/or provide TA advocates Document and share successes, challenges and lessons learned</p>	
	<p>O 3. <b>Leaders</b> have knowledge, understanding, will, and are empowered to support health supply chain workforce</p>	<p>17. # of leaders targeted whose understanding of HR4SCM aligns with PtD</p> <p>18. # of leaders targeted taking action on HR4SCM</p> <p>19. #, type and position/level of individuals/institutions briefed (cross-cutting indicator for O1)</p> <p>20. # of leaders who have committed to improving HR4SCM subsequent to PtD interaction</p>	<p>19. Identify additional relevant actors Develop and maintain relationships with actors</p>	<p>Leadership and staffing; technical assistance providers</p>



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	<p>O 4. PtD's <b>members</b> use tools, have knowledge and appropriate attitude, and are coordinated to advocate for HR4SCM</p>	<p>21. # of members who attend meetings (by meeting)                  22. #, type of reported uses of tools by members (by tool)                  23. # of downloads of tools (by tool, user) (cross-cutting with O 1)                   24. # of members targeted who report improved knowledge and attitude about HR4SCM                  25. # of members who report that they are collaborating with other members</p> <p>Following are being done and reported by members:</p> <p>26. # of stakeholder analysis conducted                  27. # of context analyses completed                  28. # of initial meetings with in-country stakeholders                  29. # and type/position/level of participants at initial in-country stakeholder meetings                  30. # and topics of follow-on meetings/ discussions                  31. # and type/position/level of participants at follow-on meetings/discussions                  32. # and types of trainings for advocates                  33. # and types of participants at trainings</p>		<p>Leadership and staffing; funding; relationships and connections with relevant in-country SC champions; technical assistance providers</p>
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		<p>34. # of advocacy plans with performance measurement developed</p> <p>35. # and type of stakeholders communicating and coordinating about HR4SCM without PtD initiation</p>		
	<p>O 5. PtD's <b>credibility</b> and <b>visibility</b> as critical resource for best practices, expertise and innovative approaches in HR4SCM is grown</p>	<p>36. # of global and regional forums attended</p> <p><b>Qualitative</b></p> <p>37. Feedback on value of contribution of reports providing evidence of impact of strengthening HR4SCM</p>	<p>20. Appear regularly at global and regional forums raising awareness of HR4SCM</p> <p>21. Gather information on GH/SC field activities (e.g. attending conferences, ongoing research) to understand and position PtD's value</p> <p>22. Collect evidence on and produce reports impactful changes related to strengthening HR4SCM</p> <p>23. Promote PtD's resources and tools</p> <p>24. Tracking global and regional forums</p> <p>25. Generating ideas and developing abstracts for global and regional forums</p> <p>26. Participate in organization of HHL conference</p>	<p>Leadership and staffing; travel support; PtD branding</p>

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	<p>O 6. PtD <b>organizational governing and operating structure</b> are optimized for PtD's role</p>	<p>38. Revised Terms of Reference (ToR) provide more clarity about board roles, responsibility and level of effort</p> <p>39. ToR for membership base are developed and approved</p> <p>40. ToR between PtD and UNICEF finalized and approved</p> <p>41. Staffing structure is reviewed, revised (as needed), and aligned with strategic need</p> <p>42. Transition plan for sustainability developed</p> <p>43. # of board members who read board updates</p>	<p>27. Assessing staff time use (admin v. programmatic), including management of consultants, UNICEF compliance (ToRs for consultants and activities), drafting Notes for Record, donor reporting</p> <p>28. Review job descriptions</p> <p>29. Prepare for and manage board meetings</p> <p>30. Prepare for and disseminate board updates</p> <p>31. Survey at end of board meeting</p>	<p>Leadership and staffing; technical/consultant support</p>
	<p>O 7. PtD has a <b>diversified funding</b> base that supports sustainability</p>	<p><b>Qualitative</b></p> <p>44. Quality of board meetings</p> <p>45. # of donors that have funded</p> <p>46. # of donors that have indicated a willingness to fund</p> <p>47. \$/% number of donors (committed, awarded) sufficient to cover each annual budget</p>	<p>32. Building relationships (attend meetings, attend conferences) with donors</p> <p>33. Maintaining contacts with donors</p> <p>Writing concept papers/proposals</p>	<p>Leadership and staffing; Board members time and effort; travel support; connections with funders</p>

## Glossary of Terms

### Process Definitions

<b>Activities</b>	The actions taken or work performed by PtD to produce goods, services, events or deliverables.
<b>Data Sources/Mean of Verification</b>	The people, documents, datasets, activities, events or records from which data are obtained.
<b>Important Assumptions</b>	Important assumptions describe the most critical situations, events, conditions or decisions which are necessary to achieve the results, but which are largely or completely beyond the control of PtD (in other words, they are not results). Important assumptions may be expressed as risks or vulnerabilities.
<b>Indicators</b>	A quantitative or qualitative variable against which progress can be assessed or comparisons made. Indicators reflect intent of the result they measure, capture change PtD intends to make, and are practical for PtD to capture data.
<b>Inputs</b>	The financial, human, and material resources used to produce the outputs.
<b>Intermediate Outcomes</b>	The short to medium changes in organizations, systems, or behaviours that need to be achieved to realize the long-term outcome(s). Intermediate outcomes (IOs) are key changes that PtD <b>wants</b> to see as a result of program outputs. PtD anticipates seeing progress towards these outcomes and potentially partial achievement during the timeframe and context of the strategic plan for 2018-2020 but not full achievement. PtD will monitor progress to IOs during the strategic plan timeframe.
<b>Long-term Outcomes</b>	The overall change(s) in organizations, systems, or behaviours PtD <b>hopes</b> to achieve. Long-term outcomes (LTOs) may be achieved within the timeframe and context of the strategic plan for 2018-2020 but are more likely to be achieved after the strategic plan expires. PtD will monitor progress towards LTOs during the strategic plan timeframe. To be achieved,

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	LTOs rely heavily on other actors (e.g. international funders and implementers, national governments) to contribute to achieving outcome.
<b>Outputs</b>	The specific goods, services, events or deliverables produced during the timeframe and context of the strategic plan. Outputs are direct products that PtD <b>expects</b> to see as a result 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 accountable for.
<b>Results</b>	Results are any inputs, activities, outputs, outcomes, and impacts.

## Content Definitions

<b>Advocacy</b>	Advocacy is a powerful tool to support the long-term political and financial commitment necessary for investments in HR for SCM. PtD understands advocacy as a planned strategy for mobilizing country champions to persuade government and key decision makers to recognize competencies of supply chain workers, adopt policies aimed at creating conditions for appropriate planning, design and management of human resources in health supply chain.
<b>Advocacy Actions</b>	Developing messages and materials, media advocacy and outreach, building relationships with decision makers, and meetings with decision makers. Could also include presentations at meetings/conferences, webinars, documenting what PtD member organizations do within their organizations (e.g. distribution of PtD evidence and approaches for work planning).
<b>Education Opportunities</b>	Academic, on-the-job, and continuing education opportunities to improve SCM skills.
<b>Evidenced-based Approaches</b>	Includes, but is not limited to, assessment, capacity development planning, performance management systems, staff retention policy.
<b>Career Path</b>	A career path is a progressive trajectory in terms of professional development, promotion and/or compensation. Career paths are critical for attracting and developing high-performing staff.
<b>Policies</b>	Formal governing or guidance document reflecting government plan, program or action that informs and/or administers SC programming. These documents are often necessary to solidify commitments made or actions taken. May include, but not limited to policies, laws, regulations, report language, strategies, frameworks, plans, guidelines, executive orders, documented government practices, and applications to multi-laterals for support such as country investment cases.
<b>Policy Agenda</b>	A policy agenda is a list of subjects or problems to which government officials are paying serious attention at any given time. It is most often shaped by political and policy elites, but can also be influenced by non-governmental activist groups, private sector lobbyists, think tanks, courts, and world events. On the political agenda can mean it is being discussed regularly by formal bodies or that there are indications that government taking serious considerations into making changes in HR4SCM.
<b>Positions that support SCM</b>	This could include finance manager, administrative positions and others who are not dedicated to SCM but have SC responsibilities in their job descriptions.