Project Planning: Theory of Change

About this guide

Project planning can be difficult even when you have a good understanding of the situation and a clear goal. A **Theory of Change** is a tool for thinking through the steps from the situation to the goal. It uses a graphical representation of changes to articulate and test the causal links between objectives. It highlights threads that do not fit into the overall change framework, which will help to clarify the project's objectives.

How to use this guide

This guideline takes you through the **Theory of Change** process and examples so that you can incorporate the tool into your project planning. It then shows you how to summarise your theory of change in a logframe.

How to create a theory of change

- Describe your project – the results you want to achieve and the activities you therefore need to do. Use the words that come naturally – don't worry about the jargon of outputs and outcomes at this stage.

- As you describe it, write individual elements and steps on small pieces of paper and place them on a larger piece of paper. Sticky notes and flipchart paper are ideal for this.

- Try to get the activities towards the left and the results towards the right, and add some arrows on other pieces of paper to indicate how one element causes or leads to another.

- As you do this, you may find yourself adding more elements and arrows to clarify details. You may have several arrows going to or from a single element, and arrows going "backwards".

- Pay particular attention to gaps or jumps in the causal logic, i.e. where there seems to be a lot going on "behind" an arrow. They may indicate points where other factors play a role such as the availability of a practical resource that your project itself cannot provide.

- Keep adding, removing and rearranging until you feel your diagram includes the main points. Remember, though, that you will not be able to incorporate everything in your Theory of Change – it is a useful simplification.

Step 1a: Here, we have started with the results we want to see, placed on the right hand side. However, you may find that you lay down results and activities (towards left) alternately; it is really a matter of the order in which you come up with the ideas.

Diabetes and hypertension screening in rural areas

Patients are treated

Reduce distance people have to travel thereby encouraging treatment seeking

200,000 people in rural communities have better access to treatment for chronic disease

Better educated communities

Step 1b: Next, lay down some of the activities that you will do, based on the results you want to achieve. Place these towards the left hand side.

Address major chronic diseases: epilepsy, hypertension, diabetes, rheumatic heart disease

Diabetes and hypertension screening in rural areas

Patients are treated

Reduce distance people have to travel thereby encouraging treatment seeking

Update and disseminate training materials to clinics

Nurse-led chronic health clinics at rural health centres

Staff from Gondar and Jimma UTHs supervise staff at clinics

200,000 people in rural communities have better access to treatment for chronic disease

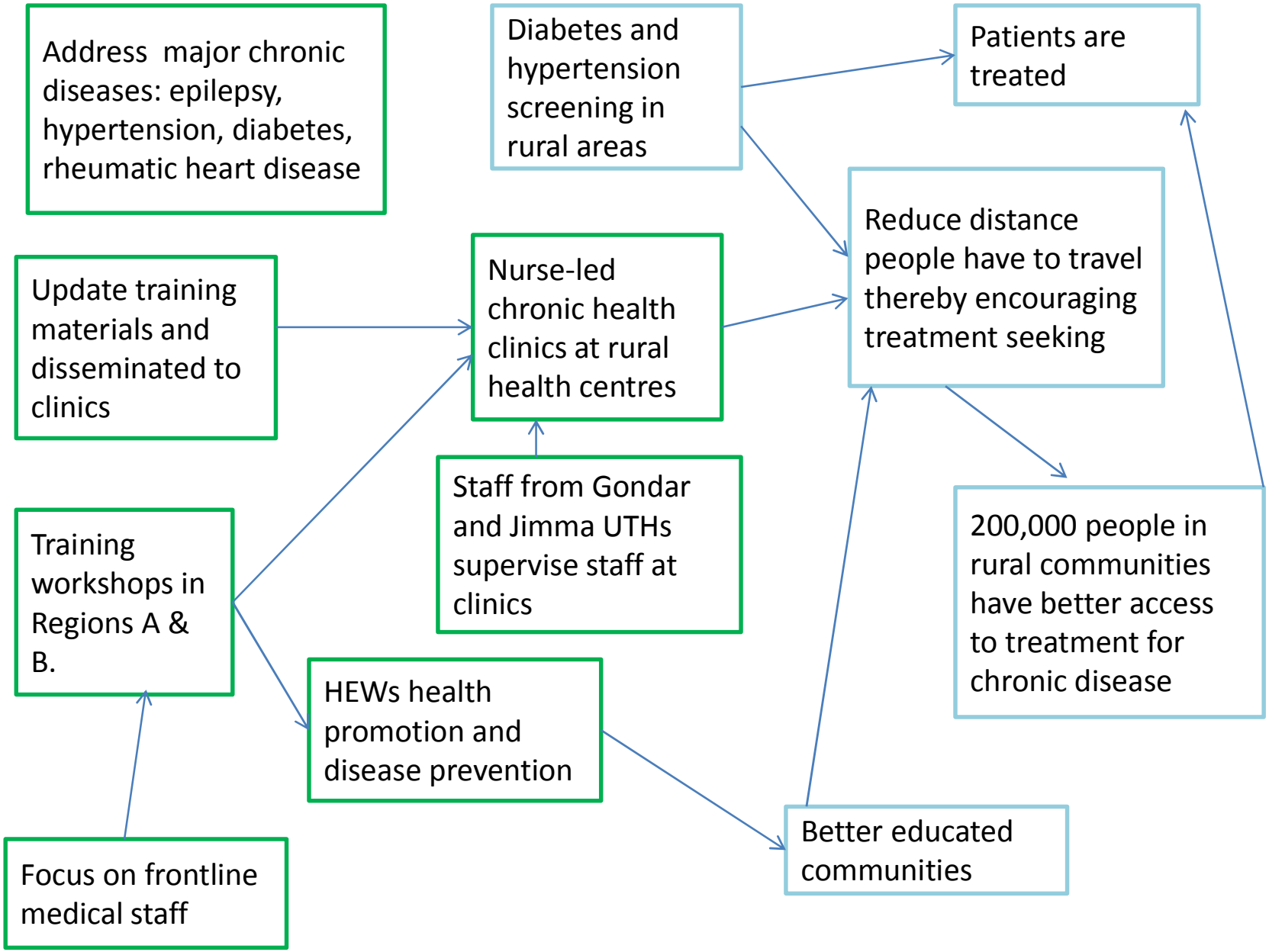
Training workshops in Regions A & B.

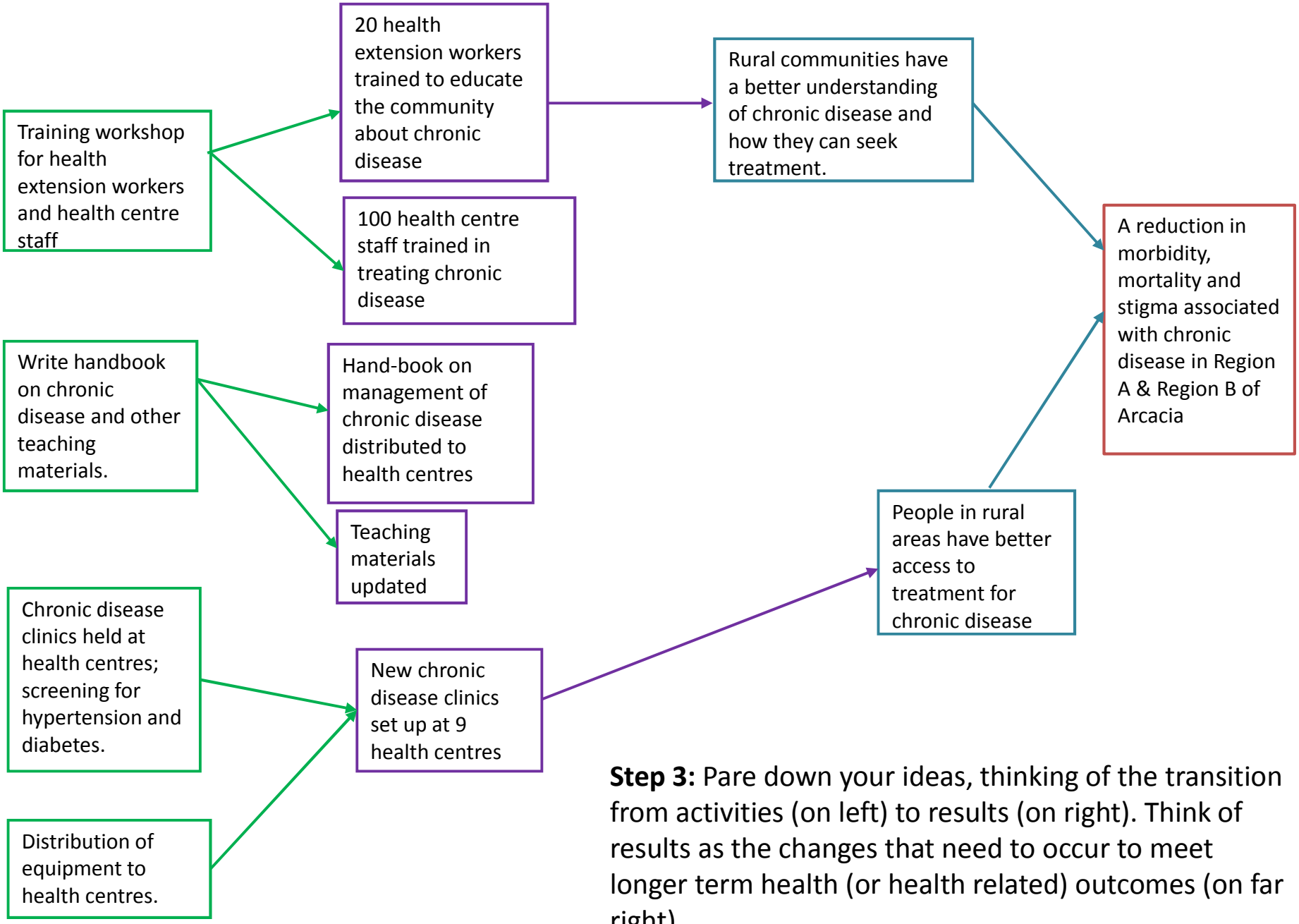
Health Extension Workers (HEWs) health promotion and disease prevention

Better educated communities

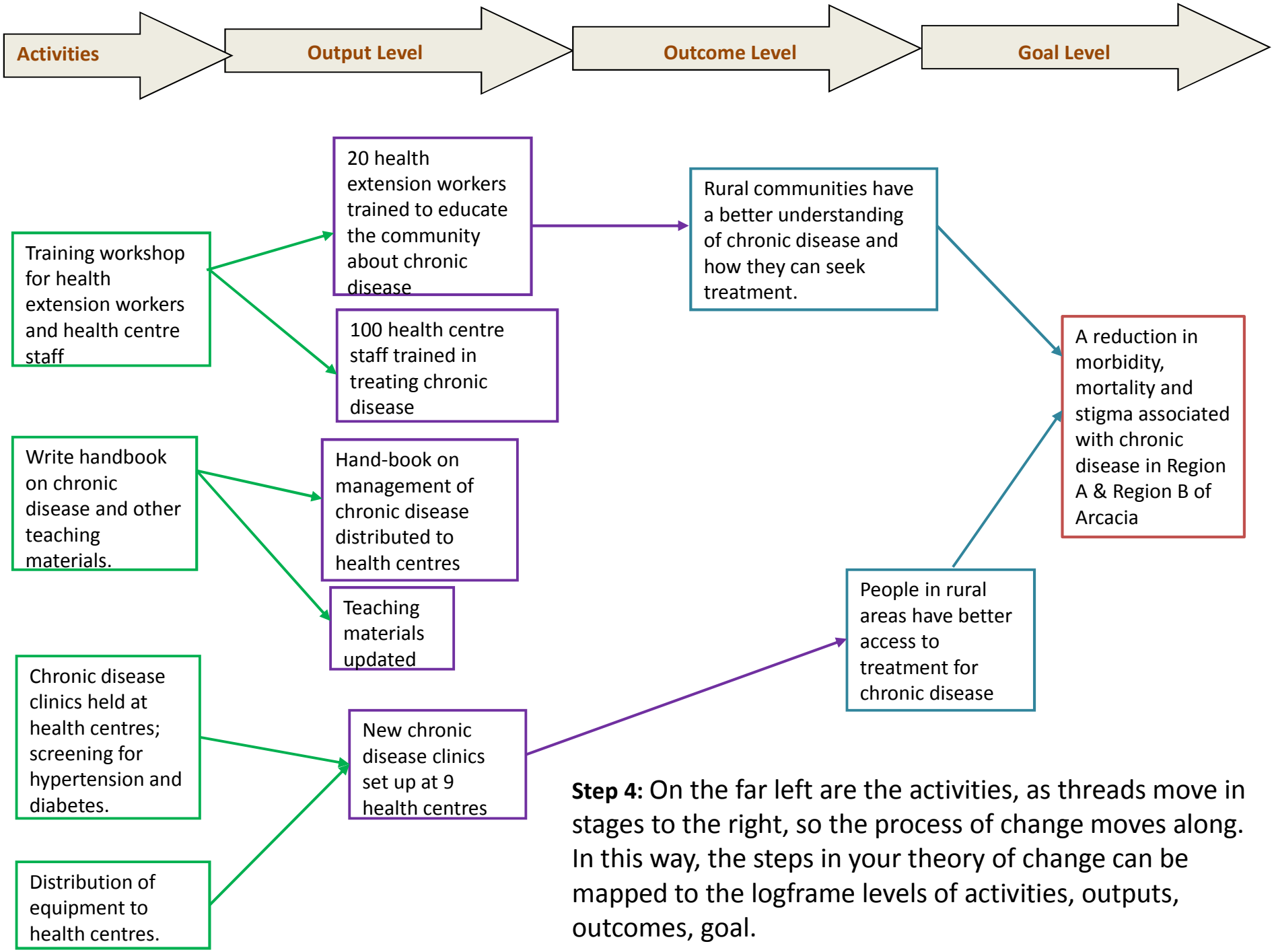
Focus on frontline medical staff

Step 2: Draw arrows to indicate how the elements of your project are *causally* connected.



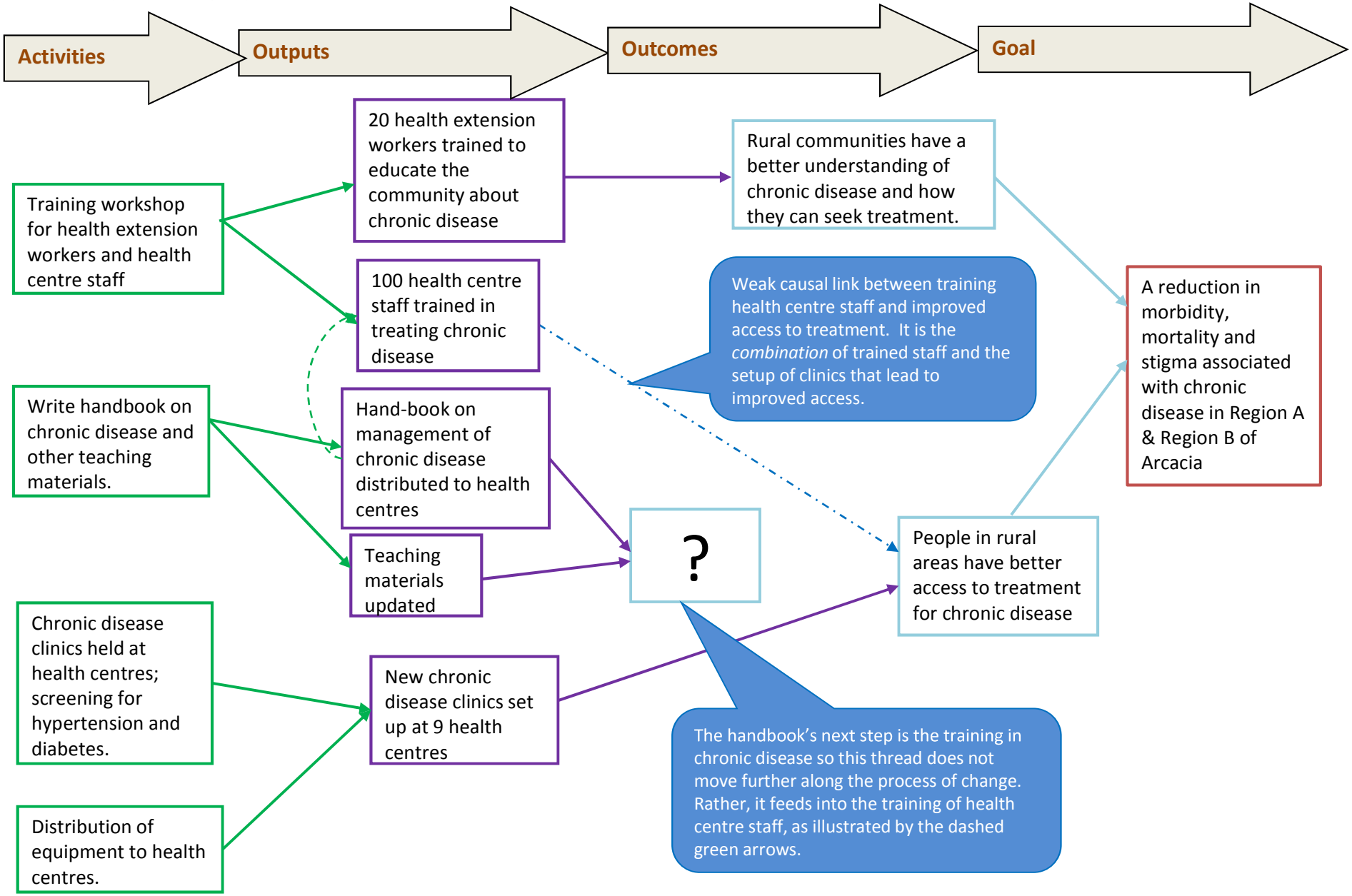


Step 3: Pare down your ideas, thinking of the transition from activities (on left) to results (on right). Think of results as the changes that need to occur to meet longer term health (or health related) outcomes (on far right).

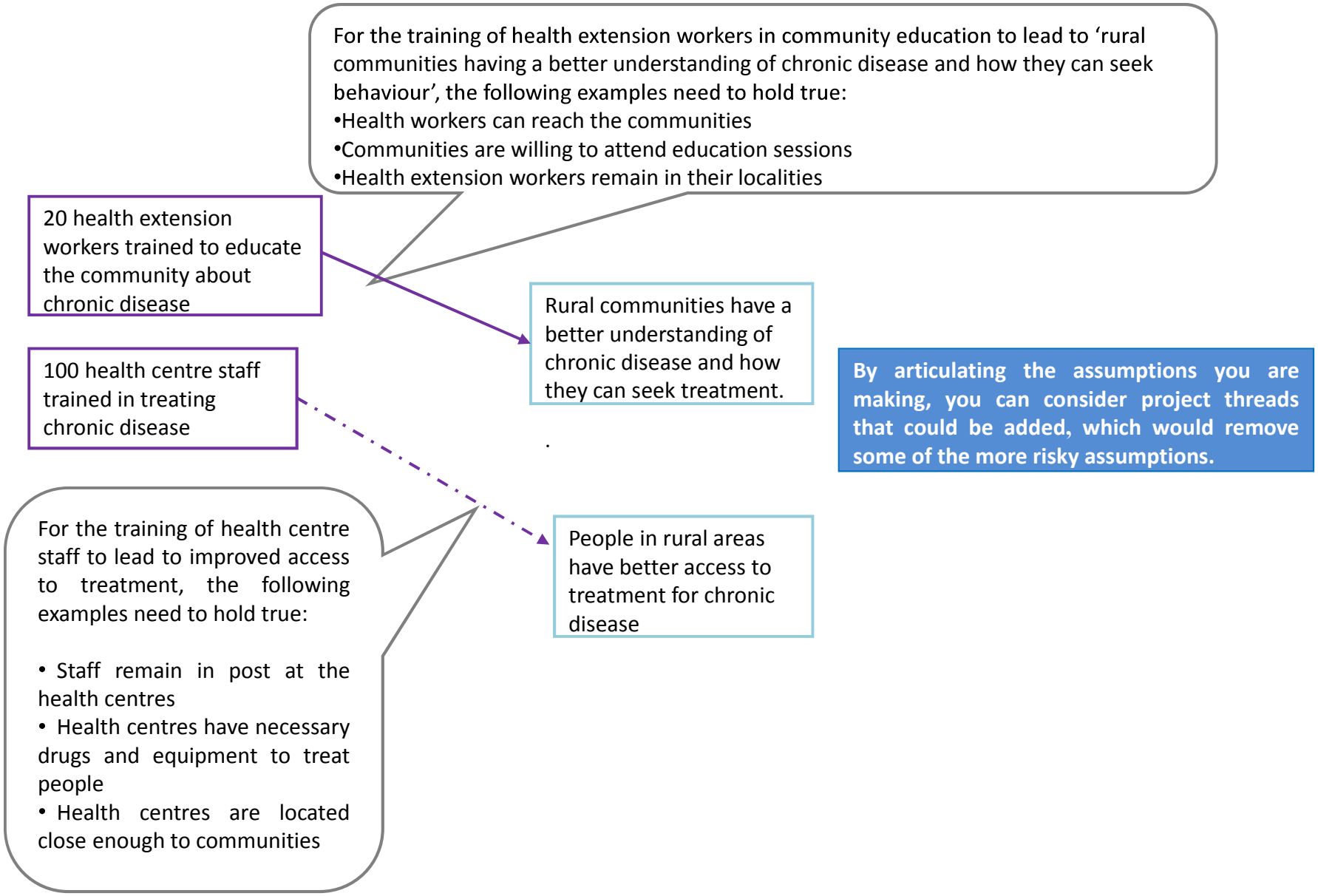


Step 4: On the far left are the activities, as threads move in stages to the right, so the process of change moves along. In this way, the steps in your theory of change can be mapped to the logframe levels of activities, outputs, outcomes, goal.

Step 5: You should be able to draw arrows from the start of the change process to the end for each thread. If you can't, reconsider the relevance of a thread to meeting your objectives. This process helps to test causality in your project.



Step 5 cont.: Consider the assumptions that you are making. What would stop your project from moving toward its end goal?



Logframe

Once you have expressed your project as a Theory of Change, it should make working with the logframe's 'outputs/outcomes/goal' structure easier.

Mapping to a logframe is useful because a logframe is a good format for thinking about monitoring and an easy way to communicate your project to other people. Keep in mind that it might not be realistic to implement every thread you have articulated in the Theory of Change within the resource constraints on your partnership.

The logframe is an opportunity to refine your thinking even further to make sure that you have as accurate and clear depiction of your project objectives as possible. In this way, the logframe provides a summary of your objectives and thereby works as a tool for consensus between the partners; you are clear on what you are doing and how your progress will be measured.

Logframe example

In the following example, we map the objectives in the Theory of Change into the logframe structure of Goal, Outcomes, Outputs, and Activities. The annotations provide further guidance on writing a clear logframe that illustrates the ambition and scale of the project.

Note that a logframe forces you to express your project at four levels – activities, outputs, outcomes and goal (or 'impact'), implying that there is a simple, linear progression from one to the next. Your Theory of Change may have more or fewer levels and may include multiple linkages, so the logframe is a further simplification.

Goal

Reduced morbidity, mortality and stigma associated with chronic disease in Region A and Region B of Arcacia.

Good example of a goal. This describes a broad health issue that the project will contribute to, restricting the geographical scope to specific regions. Health Partnerships will need to be able to show their c*ontribution* to their goal; you are not solely responsible for the achievement of the goal as there are multiple other factors external to your project's remit that impact at this level.

Outcomes

1. Improved access to treatment for chronic disease.
2. Rural communities have a better understanding of chronic disease and how they can seek treatment.

These outcomes are the longer-term changes that are the result of the Health Partnership's intervention. In this example the longer-term changes are in service provision and in care-seeking behaviour through education.

Outputs

1a. 100 health centre staff trained in chronic disease.

1b. New chronic disease clinics at 9 health centres.

1c. Teaching material updated.

1d. Hand-book on management of chronic disease for use at health centres distributed.

2a. 20 health extension workers trained in education of the community about chronic disease.

These outputs clearly describe the tangible results of the project activities. For this reason, they are often expressed in the past tense. Note the targets (e.g. 100 health centre staff); your outputs should always state a target.

Test the causal relationships between your outputs and outcomes: Outputs 1a-1d are causally linked to outcome 1 (though 1c and 1d lead directly to 1a and 2a – but it is hard to show this in the logframe format); Output 2a leads to outcome 2. You should not have any outputs that do not lead to 1 (or more) outcomes and likewise, all your outcomes should be the result of 1 or more of your outputs.

Activities

Activities Year 1

Quarter 1

- Develop teaching materials.
- Discussion and planning with heads of individual health centres.
- Discussion with drug distributors to plan for increased demand.
- Start work on hand-book for chronic disease.
- UK specialist nurse visit to DC partner to work together on teaching materials and develop assessment tools.

Quarter 2

- Identification of heath centre staff for training.
- Identification of heath extension workers for training.
- Training workshop for health extension workers and health centre staff.
- Finalisation and production of hand-book on chronic disease.
- UK specialist nurse to visit Regions A and B to support workshop and assessments.

Quarter 3

- Distribution of equipment to health centres.
- Start of chronic disease clinics.
- Supervision visits to health centres by staff from Regions A and B.
- Start screening for hypertension and diabetes.

Quarter 4

- Supervision visits to health centres.
- Monitoring and evaluation visit from UK team.
- Report on year 1 and finalise plans for year 2.

This list of activities shows that the project has realistic targets and a methodical approach to implementation. They do not lose detail for being brief although they could be developed somewhat to include timings, locations, and participant numbers to reflect the thinking that went into the needs assessment.

It is not necessary to include justification or contextual information in the activities section; these details are covered in the needs assessment.

Final Logframe

The following slide shows each of the project's elements incorporated into the full logframe.

To give a sense of the complete logframe, we have included columns for indicators, sources of information ('means of verification'), and assumptions. THET grant applications only ask for the first three columns but it is useful to consider the assumptions you are making so you can gauge how important they are to the success of your project. You may need to consider incorporating other threads which address critical assumptions.

Goal	**Indicators**	**Sources of information**	**Assumptions**
Reduced morbidity, mortality and stigma associated with chronic disease in Region A and Region B of Arcacia.	1. Number of patients with hypertension & diabetes started on treatment. 2. 50% of epilepsy patients are seizure free.	1. Clinical treatment records. 2. Reports from clinical attendance records.	N/A
Outcomes			
1. Improved access to treatment for chronic disease.	1. Increase in number of patients receiving treatment. Rate of default from follow-up	1. Clinic patient registration and treatment records.	1. Patients adhere to treatment regimes.
2. Rural communities have a better understanding of chronic disease and how they can seek treatment.	2. Number of new patients registered. Rate of default from follow-up.	2. Clinic patient registration and treatment records.	2. Patients have the necessary transportation to reach new clinics.
Outputs			
1a. 100 health centre staff trained in chronic disease.	1a. Trainees achieve min. 70% in assessment of knowledge after training.	1a. Post-course assessment results.	1a. Staff remain in post at the health centres; Centres have necessary drugs and equipment to treat people; Centres are located close enough to communities.
1b. New chronic disease clinics at 9 health centres.	1b. Number of clinics.	1b. Audit and observation of clinic set up.	1b. Clinics have a continuous supply of medicine and equipment.
1c. Teaching material updated.	1c. Presentations and videos completed	1c. Confirmation by UK team.	1c. Teaching material accessible by relevant staff at clinics.
1d. Hand-book on management of chronic disease for use at health centres distributed.	1d. Handbook present at all participating health centres.	1d. Confirmation by health centre staff.	1d. Responsible person ensures that the handbook remains in situ and in use.
2a. 20 health extension workers trained in education of the community about chronic disease.	2a. Trainees achieve min. 70% in assessment of knowledge after training.	2a. Post-course assessment results.	2a. Health workers can reach the communities; Communities are willing to attend education sessions; Health extension workers remain in their localities