

Theory of Change

A Practical Guide for Public Health Programmes

A Theory of Change (ToC) sets out the logical pathway connecting what a programme does to the change it is intended to achieve – linking activities to outputs, outcomes and long-term impact, and making explicit the assumptions on which each link depends.

It matters because it forces clarity before implementation begins, gives funders, partners, and teams a shared reference point, and provides the backbone for a coherent monitoring and evaluation framework.

This guide is a practical companion piece: keep it on hand as a quick reference each time you design, review or defend a Theory of Change.

LOOKING FOR THE FULL EXPLANATION?

Read the companion article, *“How to Develop a Theory of Change for Public Health Programmes: A Practical Guide”* – available at www.nadiatekkal.com

PHASE 1 – DEFINE

Building the Foundation

1 Start With the “Why”

- **Define the problem** using data, research or field evidence.
- **Set the vision** – the long-term change you are ultimately working toward.
- **Establish the goal** that operationalises that vision (e.g. vision: improved health outcomes → goal: reduced maternal mortality in rural districts).

Why it matters: a ToC anchored in clearly evidenced need is far more defensible to funders, boards, and technical reviewers than one that starts from activities.

2 Identify Objectives

- Develop **SMART** objectives – specific, measurable, actionable, relevant, time-bound.
- Differentiate short-term (awareness, trained staff), medium-term (changed practice) and long-term (sustainable health improvements) objectives.

Why it matters: objectives translate vision into something measurable – without them, monitoring and evaluation has nothing concrete to track against.

3 Define the Scope

- **What:** key activities (workshops, service delivery, advocacy).
- **Who:** target population.
- **Where:** geographic or institutional focus.
- **How:** implementation approach.

Why it matters: scope discipline prevents mission creep and keeps the ToC realistic, fundable and deliverables within resources.

PHASE 2 – DESIGN

Mapping the Pathway

4 Map the Logical Pathway

Define **inputs** (resources), **activities** (delivery), **outputs** (immediate results) and **outcomes** – short-term (knowledge), medium-term (practice change), long-term (sustained impact).

Why it matters: *this causal chain is what funders and evaluators scrutinise most closely.*

5 Develop Assumptions

List the beliefs each link in the pathway depends on – stakeholder assumptions (e.g. “health workers adopt new practice after training”) and contextual ones (e.g. political stability).

Why it matters: *naming assumptions turns hidden risks into things you can test and discuss openly.*

PHASE 3 – DELIVER & SUSTAIN

From Design to Practice

6 Identify Risks & Barriers

Anticipate resource constraints and external factors (political, economic). Plan mitigation strategies for each one.

Why it matters: *anticipated risks are manageable, unanticipated ones derail programmes.*

7 Develop M&E Indicators

Set KPIs for outputs (people trained, outcomes (behaviours adopted, service uptake) and impact (disease prevalence, life expectancy).

Why it matters: *indicators are what make a ToC accountable rather than aspirational.*

8 Visualise the ToC

Build a single diagram from inputs to impact, including assumptions, risks and feedback loops where relevant.

Why it matters: *a clear visual becomes the reference stakeholders return to throughout delivery.*

9 Validate With Stakeholders

Engage funders, partners and community members to review, challenge, and align the ToC before finalising it.

Why it matters: *a ToC built without buy-in rarely survives contact with implementation.*

10 Review & Adapt Regularly

Treat the ToC as a living document. Revisit it as monitoring data, research findings and contextual shifts (policy, funding, political change) emerge, and adjust activities and assumptions accordingly.

Why it matters: *programmes operate in changing contexts – a static ToC quickly loses relevance*

A SIMPLE ILLUSTRATION

Seeing the Pathway in Action

A simplified example from a maternal health programme — the same five-step logic applies whatever the intervention.

FRAMING

Problem: High maternal mortality in rural districts due to limited access to skilled birth attendance.

Goal: Increase access to skilled birth attendance for women in rural districts.

Impact: Reduced maternal mortality in rural districts.

PATHWAY



ASSUMPTIONS UNDERPINNING THIS PATHWAY

- 1 Communities will engage with trained health workers and attend mobile clinics.
- 2 Health workers retain and correctly apply new skills after training.
- 3 Improved access translates into uptake of skilled birth attendance.
- 4 Political and health-system stability sustains service delivery over time.

SUPPORTING ELEMENTS

RISKS

1. Community distrust or cultural resistance limits engagement.
2. Staff turnover reduces the pool of trained health workers.
3. Supply or funding gaps disrupt mobile clinic operations.
4. Political instability or funding cuts undermine service delivery.

INDICATORS

Output indicators:

- Number of health workers trained
- Number of clinic sessions delivered

Outcome indicator:

- % of births attended by skilled health personnel

Impact indicator:

- Maternal mortality ratio in target districts

Common Pitfalls

- ✗ Confusing outputs with outcomes
- ✗ Starting with activities rather than the problem
- ✗ Forgetting to surface assumptions
- ✗ Developing the ToC without stakeholder engagement
- ✗ Treating it as a one-off donor requirement

Top Tips

- ✓ Keep it simple — a ToC should fit on one page
- ✓ Challenge assumptions, don't just list them
- ✓ Involve stakeholders early, not only at sign-off
- ✓ Review and update it regularly as context shifts

YOUR TURN

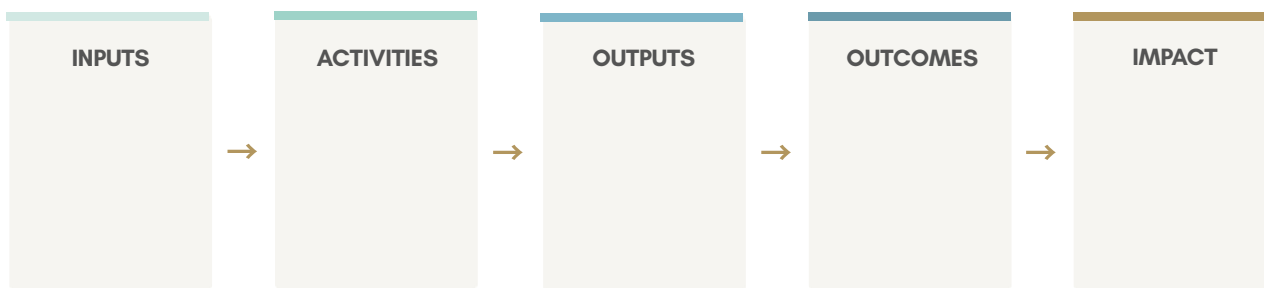
Theory of Change Template

Use this page to draft the first version of your own ToC. Revisit and refine it as you move through the steps.

FRAMING

Problem:
Goal:
Impact:

PATHWAY



ASSUMPTIONS UNDERPINNING THIS PATHWAY

1. _____

3. _____

2. _____

4. _____

SUPPORTING ELEMENTS

RISKS

1. _____
2. _____
3. _____
4. _____

INDICATORS

Output indicators:

- _____

Outcome indicators:

- _____

Impact indicators:

- _____

Need Support Developing a Theory of Change?

I work with governments, international organisations and consulting firms to develop Theory of Change frameworks for programme design, donor proposals, health systems strengthening, and monitoring and evaluation.

Learn more about my consulting services: www.nadiatekkal.com

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