

HEALTH PROGRAMME EVALUATION

THEORY OF CHANGE AND LOGIC MODEL

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Fundamental to all health programme evaluations is a clear definition of what is effectiveness (or “success”); this would be determined by the aim of the programme and the hypothesised mechanism of expected effect. This requires a theoretical understanding of how the intervention causes change and of the links within the causal chain (“theory of change”). Theories of Change (TOC) and Logic Models (LM) are critical elements in programme design and evaluation. TOC is the “theory” that explains how the interventions achieve the outcome, and LM is a “roadmap” from actions to outcomes.

WHAT IS THEORY OF CHANGE?

A TO is the chain of reasoning that explains why you believe your project will make a difference in the problem you want to impact. It draws on research and knowledge of “best practices” to validate each step in a “causal pathway” between the interventions and the final outcomes of the project (Figure 1).

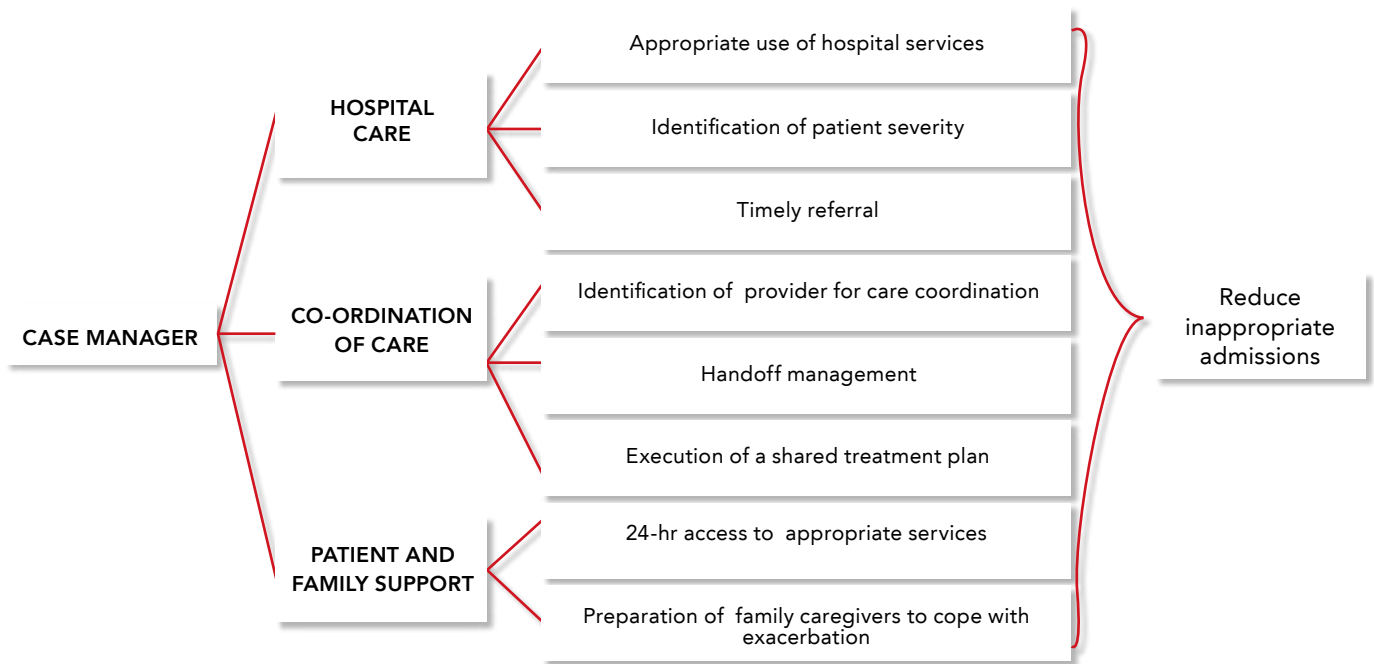


Figure 1 – Theory of change example: Case management to reduce re-admissions

WHAT IS A LOGIC MODEL?

LM is a graphical or textual representation of how a programme should work and links outcomes with processes and the theoretical assumptions of the programme (Figure 2). LM is a successful tool for programme planning, implementation and performance management. Funding decisions are favourable if we can demonstrate how and why they will succeed.

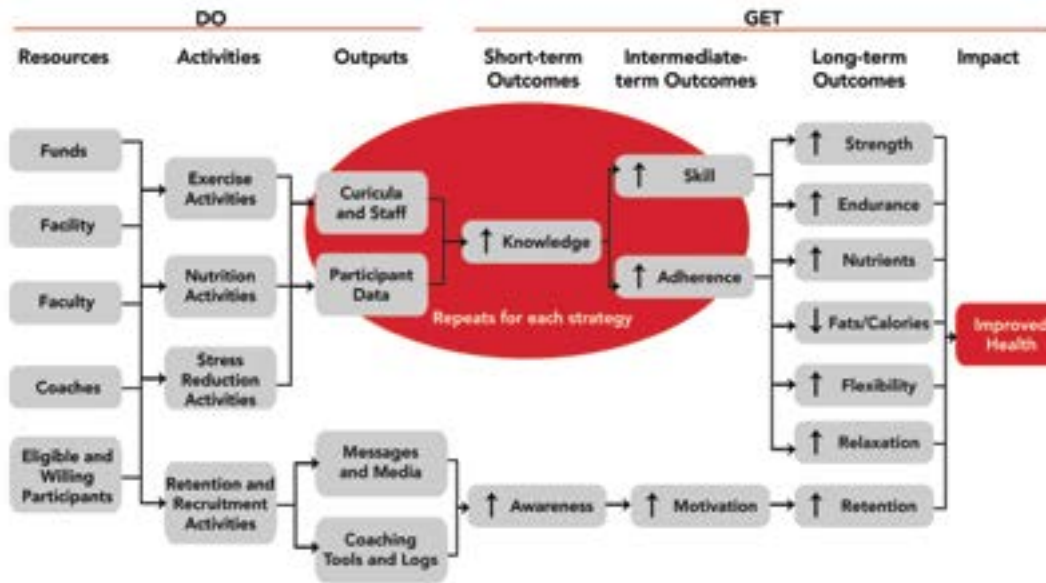


Figure 2 – Logic Model example: Health Improvement programme

THEORY OF CHANGE AND LOGIC MODEL SEQUENCE

TOC is necessary in the design stage while LM is important in the implementation planning stage. Both form a continuous loop that can provide feedback about a programme throughout its lifecycle. Figure 3 demonstrates key points of the design, planning, implementation, and evaluation that the two types of models can support.

Developing a TOC model is time consuming, and LMs used without a clear TOC are often too simplistic. In a LM without a distinct TOC, we would not:

- know which processes are critical to achieve intended outcomes;
- be able to identify processes which lead to a programme failure/success; and
- be able to identify if the programme failure is due to failure in theory or implementation.

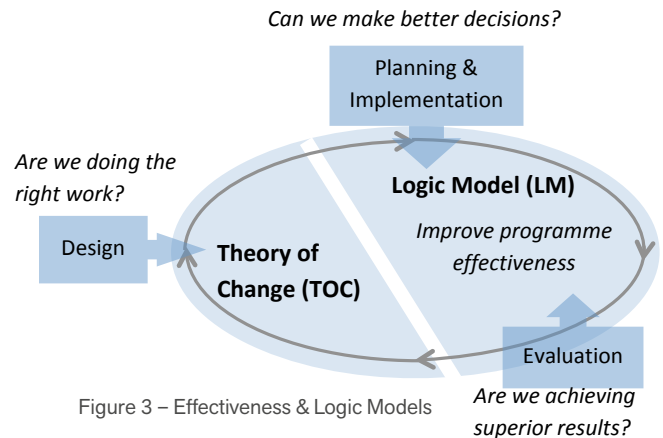


Figure 3 – Effectiveness & Logic Models

DEVELOPING A LOGIC MODEL WITH A THEORY OF CHANGE

- Identify the programme objectives and the intended outcomes;
- List activities that would help achieve the outcomes, document TOC and the assumptions. Review and clarify the links between activities and outcomes;
- Add inputs (resources e.g. manpower) and outputs (quantify services e.g. clinic sessions) for each activity. Note that outcomes are different: they are the ultimate clinical impact;
- Construct a draft model, use arrows to show the connections between inputs and activities, between activities and outputs, and between outputs and each sequence of outcomes. Specify the assumption and TOC in each link; and

- Check that activities are comprehensive, outcomes are significant and understandable, and connections are evidence-based.

Conduct a TOC within a manageable programme scope and stakeholder buy-in. Then summarise TOC alongside the LM in ways that serve the stakeholders' purpose. A logic model that is a summary of an underlying theory is a much more powerful tool than just being a graphical road map.

GUIDE TO PROGRAMME EVALUATION

Successful programmes often have a sound TOC and LM. For example, a programme with a faulty TOC but sound LM indicates a causal logic problem.

		Theory of Change (TOC)	
		Sound	Faulty
Logic Model (LM)	Sound	Programme success	Casual logic problem
	Faulty	Implementation problem	Programme failure

Reference

1. Mertens, Donna M. *Program Evaluation Theory and Practice: A Comprehensive Guide*. Program Evaluation Theory and Practice: Guilford Press, 2012. Print.
2. Grembowski, David. *The Practice of Health Program Evaluation*. Thousand Oaks, CA: Sage Publications, 2001. Print.