

# The Ellis-Hadwin Health Legacy Theory of Change

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The Health Legacy Theory of Change tests the assumption that the Christian Aid Community Health approach is appropriate and effective for fragile states and supply and resource challenged settings.

## Expected outcomes of the Health Legacy programme:

- CA has an evidence based understanding of how to ensure stronger, integrated health services in fragile states and supply and resource challenged settings.
- CA has an evidence based understanding of how to ensure improved gender attitudes and changed social norms in fragile states and supply and resource challenged settings.
- CA has an evidence based understanding of how to ensure accountable, inclusive and responsive health systems in fragile states and supply and resource challenged settings.
- CA staff and partners have the funding and technical capacity and evidence needed to sustain the implementation of the CH Framework.

The realisation of these outcomes will fulfil the **Objective** that ‘the Community Health Framework is appropriate and effective for fragile states and supply and resource challenged settings’. The **Expected Impact** of achieving this objective is that through our programmes in fragile states and supply and resource challenged settings, ‘Citizens are accessing appropriate, effective, quality, timely and affordable health services that are responsive to their needs’. The expected Impact will contribute to an **Overall Expected Impact** of ‘Improvement in health outcomes’.

## Programmatic approach

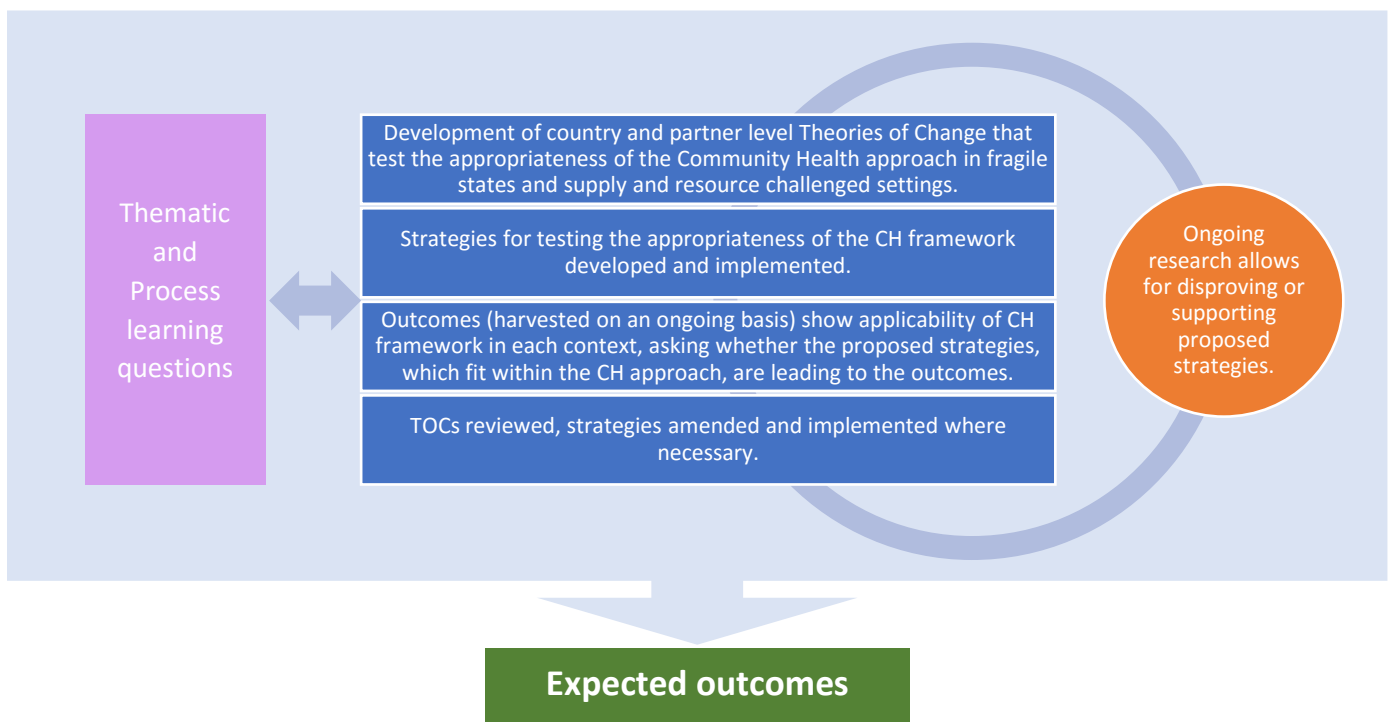
The Theory of Change (TOC) has been developed for the programme to bring coherence across all three countries, support the integration of learning questions into programmatic work and ensure that the project logic is clearly articulated. Each country programme and the implementing partners have developed individual TOCs which contribute to the global programme.

The programme applies an adaptive approach which draws on learning from the implementation of resilience programmes, including the application of community-led participatory vulnerability and capacity analysis (PVCAs) to examine health risks and identify action plans to address these. Country programmes and partners have linked these action plans to strategies they have identified in their TOCs to address specific health risks.

These strategies represent our best guesses, or assumptions, as to what will lead to change in each context. The project applies ongoing ‘[Outcome Harvesting](#)’ to gather and document evidence as to whether change (expected or unexpected) is happening, which is then used to inform project decision-making. TOCs are used to regularly test project assumptions and adapt implementation strategies as needed, at country and partner level.

## Project process

- Development of country and partner level Theories of Change that test the appropriateness of the Community Health approach in fragile states and supply and resource challenged settings.
- Strategies for testing the appropriateness of the CH framework developed and implemented.
- Outcomes (harvested on an ongoing basis) show applicability of CH framework in each context, asking whether the proposed strategies, which fit within the CH approach, are leading to the outcomes.
- TOCs reviewed, strategies amended and implemented where necessary.
- Ongoing research allows for disproving or supporting proposed strategies.



## What are we trying to learn?

The answers to these learning questions will support our understanding of what the building blocks of effective health interventions in all contexts are.

### Thematic learning questions

- How significant are inequitable gender attitudes and social norms as a factor influencing access to health services?
- What are the most effective ways to tackle these two issues?
- How beneficial is it to use integrated programming or is there a more effective way?
- If it is beneficial, what is the most effective way to achieve integrated services?
- What factors determine whether health systems are at a sufficient level of establishment to be able to become accountable, inclusive and responsive?
- What is the most effective way of achieving this?
- If not, what needs to be done to support health systems to become established?
- In the meantime, how can we support Non-State actors who are providing health services on behalf of the state?

### Process learning questions:

- To what extent has the increased capacity of each team, contributed to high quality implementation of the project?
- To what extent is research and learning being channelled back into programming and how effective is this?
- How useful has the process of outcome harvesting been? How have programmes changed as a result?
- What are the necessary project cycle management tools, capacity, resources and organisational culture needed to implement the CHH Framework in fragile states and supply challenged settings?