

Theory of Change Instructions

This document outlines the **Gavi Theory of Change (ToC) – Step 2 in the Gavi application process** - its purpose and use, ToC requirements for a Gavi application submission, and key steps in the ToC process.



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Introduction – the Theory of Change

As a part of the Full Portfolio Planning process countries are required to develop a Theory of Change for Gavi support. A theory of change is a method that explains how a given intervention, or set of interventions, is expected to lead to a specific programmatic change over time, drawing a causal link between the intervention and expected outcome based on available evidence ([UN Development Group Guidance](#)).

The **Theory of Change for Gavi Support** should articulate **how Gavi investments will contribute to national immunisation goals and reaching zero-dose children and missed communities**. In developing this Theory of Change, applicants are asked to keep in mind the following principles:

1. Development of the Theory of Change should be a **consultative process engaging a multi-stakeholder group of key decision makers and implementers**.
2. The proposed interventions should be **based on evidence** of their ability to achieve the desired outcomes.
3. Implementation of the proposed activities in the Theory of Change should be supported by a **continuous learning process** to ensure the desired outcomes are achieved and course-correct when necessary.

The final product should include a diagnostic of the key pain points in the current immunisation system that prevent higher coverage amongst zero-dose children and should map the desired outcomes of the proposed system investments that will help to achieve improved coverage over time.

There are many ways to map and capture your Theory of Change process. Two templates are included on the Gavi website which you can use to capture your ToC but use of these Gavi templates is not required. **Countries may present their ToC mapping in any template and format so long as it:**

- 1) reflects the national immunisation strategy and how Gavi support will be utilised towards this strategy;
- 2) examines zero-dose communities and populations and how Gavi support will be used to reach them; and
- 3) outlines existing and potential barriers to immunisation and mitigating strategies.

For High Impact countries it is expected that your Theory of Change will link to Universal Health Coverage (UHC) goals. For Fragile and Conflict countries, a Theory of Change is not required but strongly encouraged.

These instructions will answer the following questions:

- How can the Theory of Change be used?
- What is the process for developing a Theory of Change?
- What should a Theory of Change for Gavi support include?

ToC Purpose and Use

The Theory of Change is not just a tool for planning your Gavi support but is meant to be used as a living tool over the life of programme implementation to improve immunisation programme performance.

1. **A planning tool** to test programme logic and map out activities, objectives, and assumptions to get to the desired outcomes and anticipated results. The Theory of Change you develop as part of your Gavi application will serve as a **bridge between your National Immunisation Strategy (or other key country plans) and Gavi support**.

Ideally, your Theory of Change will be based on existing national or subnational health sector and/or immunisation plans that are guided by IA2030 principles. Alternatively, the IA2030 can help as a reference as you develop these plans and the country's vision and goals for immunisation. The Theory of Change should demonstrate how Gavi can contribute to these plans and the desired changes in your immunisation system.

Immunisation Agenda 2030

In 2020, the 73rd World Health Assembly endorsed the Immunisation Agenda 2030: a global strategy to leave no one behind as the new global vision and overarching strategy for vaccines and immunisation for 2021-2030. With its seven strategic priorities, core principles, and impact goals, IA2030 lays out the vision of a world where everyone, everywhere, and at every age, fully benefits from vaccines for good health and wellbeing.

You may capitalise on existing national planning and review processes, such as those convened for the purposes of developing and reviewing your National Immunisation Strategy, as a good opportunity for developing the Theory of Change.

2. **A learning and decision-making tool** - Once it is created, your Theory of Change can be regularly referenced to gauge programme progress against intended outcomes and to see if some of the identified barriers to reaching zero-dose children have been alleviated. Gavi recommends the EPI team review the Theory of Change at least annually with your Senior Country Manager, key implementing partners, and decision-makers in country. Where activities have been unsuccessful in addressing identified obstacles or when there are changes in context, adjustments can be made to your implementation plan to incorporate learnings and to ensure programme course corrections.
3. **An evaluation tool** - Your Theory of Change provides a framework for monitoring and evaluation of your Gavi support and will inform the identification and refinement of the learning and evaluation activities identified in your application. By regularly monitoring progress against your grant-linked Key Performance Indicators, you will be able to recognize what areas of your current programme design are working well and revisit elements of your programme logic that need adjustment. Ultimately, the Theory of Change should enable an environment of continuous programme improvement from design through implementation.

Theory of Change Process

Developing your Theory of Change should be a consultative and collaborative process, giving you the opportunity to bring together a diverse set of stakeholders from government, implementing partners, and civil society to review programme performance and develop a strategic framework and plan to create change in your programme.

To have a productive outcome, use the following tips to include diverse participants, design a thoughtful process, and use the right materials to bring it to life.

These tips are simply illustrative and can be tailored to your own needs and context. Your Gavi SCM can help you develop the right process for your situation.

Participants

Developing your ToC should be a consultative and collaborative process where you align on your strategy for Gavi support with your colleagues at the Ministry of Health, implementing partners, civil society representatives and other key stakeholders, including the Gavi Secretariat.

Broad participation by diverse stakeholders is essential to a good process. Ensure you have considered all stakeholders and partners that need to be involved in the development of the Theory of Change, including:

- Relevant colleagues from diverse departments¹ within the Ministry of Health and other government ministries.²
- Gavi Alliance partners, including traditional immunisation and expanded partners, and demand and gender equality partners.
- Representatives of CSOs, caregivers, health workers, and local leaders from missed communities.
- Representatives from vaccine-specific initiatives (e.g., Measles & Rubella community) as well as from the broader health sector (e.g., primary health care leadership, national pharmacists association, etc.).
- Gender experts from within government, CSOs, Alliance partners, and from missed communities.
- Other multilateral donors (e.g., Bill & Melinda Gates Foundation, World Bank, Global Fund) and bi-lateral donors (e.g., USAID, DFID etc.) with whom alignment of Gavi support is needed.
- New partners from the civil society or private sector that might be critical to help plan your approach to identify and reach zero-dose children and missed communities.

Relevant Gavi Secretariat representatives including your Senior Country Manager, Programme Manager, and relevant technical focal points.

Identify a Project Leader. Assign a single in-country lead (ideally a member of the EPI) to take ownership and drive the development of the Theory of Change and Request for Gavi Support.

¹ Including. ICC/HSCC, Sexual and Reproductive Health, Primary Health Care, Maternal Health, Non-communicable Diseases), at national and subnational (state/provincial/county) levels.

² e.g., Ministry of Education, Ministry of Finance, Ministry of Gender, Ministry of Planning, etc.

Analyse Data. A critical early step in this process is to compile all relevant national and regional immunisation data to inform your situational analysis. You should review data on your immunisation programme to identify key challenges and areas of opportunity for your Theory of Change.

- If you have a National Immunisation Strategy, review it to identify objectives which may be relevant to your Gavi Theory of Change.
- Before convening partners and colleagues to develop your Theory of Change, assemble a presentation of key context, data, and challenges, especially those relating to reaching zero-dose children and missed communities.

Kick-off Workshop. Set up a first workshop to kick-off your Theory of Change process, bringing together all key stakeholders and partners identified to:

- Align participants on the process for the development of the Theory of Change and Request for Gavi Support.
- Ensure clarity on expected roles and responsibilities, underscoring the need for approach to collaboration and active participation from all stakeholders and partners.
- Review pre-work that includes national and subnational data and context, including specific discussions on analysis of zero-dose children and missed communities.
- Document key obstacles and known challenges and get input from stakeholders on how they see challenges.
- Develop an overall plan with timelines for how you will develop your Theory of Change, leading to eventual submission to Gavi.

TIP: Find a facilitator who can lead the dialogue and is neutral to the interests represented by the convened stakeholders.

Planning Workshops. Hold one, or several (as needed), brainstorming and alignment workshops with all key stakeholders and partners. Consider convening workshops at subnational levels in priority areas to gain the benefit of provincial and district level insights, including local Civil Society Organisations (CSOs) and non-traditional partners. These planning workshops should be an opportunity to:

- Develop the ToC: align on objectives, determine key activities, and reflect on assumptions and risks. Use key resources like the Analysis Cards to help guide analysis and discussion.
- Involve all partners and enable them to understand how partners can ultimately contribute to reaching objectives set and deliver on prioritised activities.
- Ensure coordination with programmes funded by other donors involved in this process.

TIP: Leverage (where possible) the timing of existing or planned events—such as an existing EPI review or strategic planning session—and/or any planned funding applications to other donor agencies to ensure coordination and harmonisation.

Check the quality of your ToC throughout its development. Build time in the agenda at the end of each planning workshop—both those at the national and subnational levels—to identify where your ToC could be improved.

ToC Elements

As you approach your ToC, there are a few elements to keep in mind to help structure your thinking and inform your discussions:

1. Design by reasoning backwards

The Gavi ToC allows you to test the causal logic underlying your programme design by reasoning backwards. This thinking lays the foundation for your application and will directly inform your detailed activity planning captured in the workplan. Therefore, it is helpful to think through the following:

- **Outcomes** → **objectives**: from long-term mutual outcomes and outlined vision of 'success' of what you want to achieve to nearer-term objectives that will help get to those longer-term outcomes. (See more on Gavi outcomes below.)
- **Objectives** → **activities**: from the nearer-term objectives to the key activities needed to achieve those objectives.

At each step in this process, it is also helpful to identify **assumptions** and **risks**.

- **Assumptions** are beliefs, implicit or explicit, about how and why change might happen. Assumptions have been described as "things we believe to be true."³ They can be assumptions about why change happens, necessary conditions for success, or the context in which the programme is being delivered. Assumptions can also include how we expect different objectives or activities to work together to achieve an outcome.

Risks are things that could prevent the outcomes or supporting objectives from being achieved. Risks can include uncertainties as well as known bottlenecks or obstacles that your proposed activities do not address. They should also serve as a trigger that, when identified or encountered, signal a review of the outlined strategy and revision of the Theory of Change.

Assumptions

- Are there external interventions that will impact your activities and your ability to reach your objectives and outcomes?
- Are there other stakeholders, government involvement, or funding sources that are necessary for the outlined activities?
 - For example, if an objective is to increase the number of female vaccinators in the workforce by a certain percent in five years, will Ministry of Health Human Resource Policy need to change in order to achieve this objective?
- Would the Ministry of Health be receptive to the policy change and have the ability to enact such a change within the needed timeframe?

- ### 2. Gavi 5.0 Strategic Outcomes:
- To ensure Gavi processes are aligned with the new strategy, the Gavi application has been built around key goals, objectives, and strategic enablers included in Gavi 5.0, notably **four strategic outcomes**⁴

1. Introduce & Scale
2. Extend & Reach,

³ Vogel, Isabel. Review of the use of 'Theory of Change' in international development (DFID 2012) at 30.

⁴ See Annex 1 for further detail

3. Manage, Monitor & Learn; and
4. Commit & Sustain

These four strategic outcomes represent key elements of effective and sustainable immunisation systems. Building your ToC around these four strategic outcomes will help weave your ToC into the Gavi workplan and the rest of your application.

3. **Gavi's Strategic Investment Areas:**

There are several areas (8 priority and 2 additional) where Gavi investments can be focused to achieve key immunisation objectives. Gavi investments can be used in:

1. Service delivery
2. Human resources for health
3. Supply chain
4. Health information systems and monitoring and learning
5. Vaccine preventable disease surveillance
6. Demand generation and community engagement
7. Governance, policy, strategic planning, and programme management
8. Health financing
9. Grant management and indirect costs
10. Results-based financing

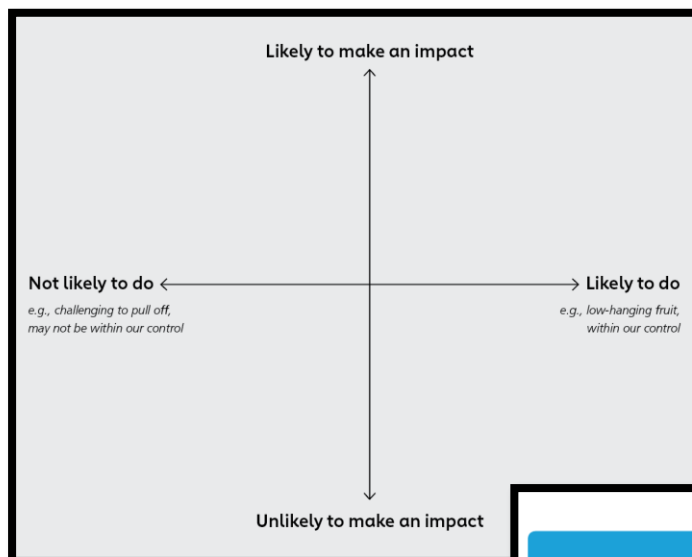
Tip: Gavi's [Programme Funding Guidelines](#) outlines Gavi's strategic investment areas and corresponding objectives which you will also use in the development of your costed workplan. The full list of investment areas and objectives can be found in Annex 2.

4. **Gavi Objectives:** Within these investment areas you can identify **objectives** which represent the changes needed in your immunisation system to achieve the outcomes that are the foundation of your ToC.

With your country context in mind, you should review the **objectives** (see full list in Annex 2) to determine which are priorities within your national immunisation system and identify where Gavi support could be most effective and contribute to your broader national immunisation goals. If you have a specific objective within a Gavi investment area that is not explicitly listed, you can develop your own.

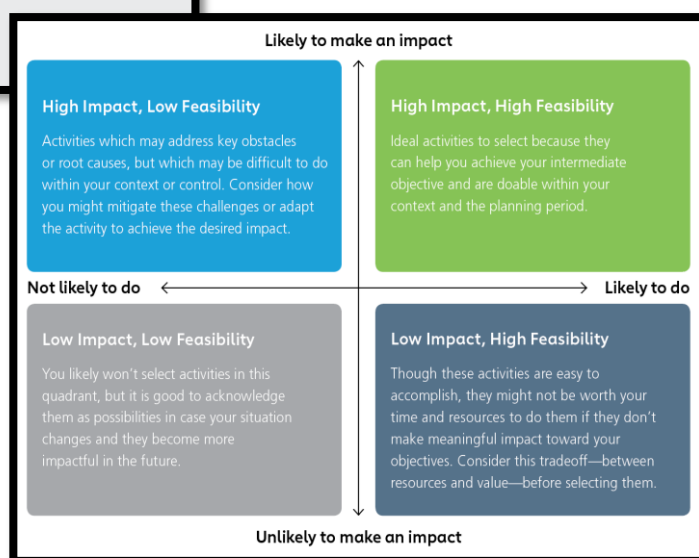
5. **Activities:** For each objective, you will need to begin thinking through what activities will help you to achieve that objective, and then prioritise between possible key activities based on their potential impact and feasibility. When considering what activities you'd like to implement, it is a good idea to reference the [Gavi Programme Funding Guidelines](#) and [Gavi Budget Eligibility Guide](#).

To prioritise your activities, it can be helpful to map out all that was discussed into a feasibility mapping:



Ideally, you should select the most feasible and impactful activities to pursue (those in the upper right quadrant of your map), but you may in some cases decide to select activities that lie elsewhere. For instance, it may be more strategic to select key activities that are hard to do, because they would have a greater impact on your immunisation system.

The objectives and key activities you've selected will be the foundation of your costed workplan (found in the Gavi Support Detail), which you will develop after completing your ToC.



Tips for exploring activities

Explore multiple pathways to achieve objectives. There can be different pathways to achieving the same objective. Urge participants not to land too quickly on a particular set of activities to address a given objective. Stay open to exploring different potential approaches and evaluating them thoroughly for effectiveness, impact, and feasibility.

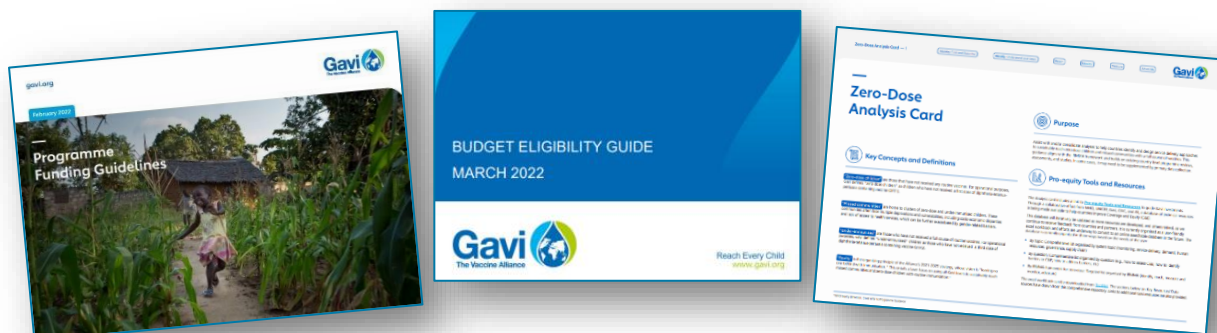
Consider capacity, resources, and context. Participants should be realistic in selecting potential activities to achieve their objectives. Consider capacity, resources, and context in prioritising potential activities to address a given objective. Participants should also have in mind which partners, including Alliance and expanded partners, local partners and CSOs¹, will be involved in implementation of proposed activities. This information will be required at a later stage for developing the costed workplan.

ToC Reference Materials and Guidelines

Before and during the development of your ToC process and mapping, Gavi support guidelines should be referenced, in particular:

- The [Gavi Programme Funding Guidelines](#) outline the priority **investment areas** and a **menu of objectives** (see annex for complete list), under which countries are invited to invest Gavi's financial and technical support. The Gavi Programme Funding Guidelines also give **examples of specific activity types** that are encouraged and discouraged for Gavi investments.
- The [Gavi Budget Eligibility Guide](#) clarifies which activities are eligible/ineligible across the different Gavi support types.
- The [Zero-Dose Analysis Card](#) provides helpful guidance on identifying and relevant analysis on zero-dose children and missed communities.

These reference materials will help as you develop your objectives, activities, and examine your zero-dose populations.



Annexes

Annex 1: Gavi 5.0 Strategic Outcomes - Introduce & Scale, Extend & Reach, Manage, Monitor & Learn, Commit & Sustain

Introduce and Scale	
Outcome →	Breadth and equity of protection against vaccine-preventable diseases are expanded through effective prioritisation, introduction, and sustainable scaling of vaccines via the routine immunisation system. Use objectives under this outcome to prioritise investment and activities to support effective prioritisation, introduction, and sustainable scaling of new vaccines.
Extend and Reach	
Outcome →	Community-centred immunisation services build resilient demand for immunisation, including addressing gender-related barriers, and regularly and sustainably reach zero-dose children and missed communities integrating them into the routine system. Use objectives under this outcome to prioritise investments and activities related to identifying and sustainably reaching zero-dose children and missed communities.
Manage, Monitor, and Learn	
Outcome →	Sustainable and well-managed immunisation programme has robust technical advisory forums, effectively collects and uses data for decision-making and learning, and harnesses innovation. Use objectives under this outcome to prioritise investments and activities at the programme level that strengthen and enhance the capacity, sustainability, and effectiveness of the EPI programme.
Commit and Sustain	
Outcome →	Sustainable approach to immunisation, including national and subnational health planning, policies, and domestic financial resources, reflects a robust political and social commitment to immunisation. Use objectives under this outcome to prioritise investments and activities to enhance domestic financial resources for immunisation and to strengthen national and subnational political and social commitment to immunisation through engagement with CSOs and new partnerships and enshrine that commitment in national policies and plans.

Annex 2: Gavi Menu of Objectives

Investment Areas	Menu of Gavi Objectives	
Service Delivery	1.1	Extend immunisation services to reach zero-dose, underimmunised children and missed communities
	1.2	Integrate delivery of services to improve efficiency, regularity and/or reliability of planned immunisation activities with a focus on zero-dose and underimmunised children and missed communities
	1.3	Improve service quality and user experience of immunisation services, including bringing a strong gender lens
	1.4	Establish and/or continue partnerships with civil society organisations to provide immunisation services
	1.5	Establish and/or continue partnerships with (for profit) private sector actors, including professional associations, to reach zero-dose, underimmunised children and missed communities
	1.6	Address gender considerations in the planning and implementation of immunisation services
	1.7	Design and implement life-course immunisation approaches relevant to Gavi-supported vaccine programmes (HPV, MCV2)
	1.8	Other service delivery objective
Human Resources for Health	2.1	Improve technical and managerial capacity of healthcare workers to plan, implement and monitor immunisation services
	2.2	Improve quality of immunisation-related pre-service training among physicians, midwives and nurses for immunisation
	2.3	Ensure the immunisation health workforce is regularly supported by performance management systems, including supportive supervision and continuous professional development
	2.4	Improve distribution and retention of health workers to increase equitable access to immunisation services
	2.5	Address gender and protection considerations in policies and practices relevant to healthcare providers
	2.6	Other human resources for health objective
Supply Chain	3.1	Improve design of immunisation supply chain system to improve efficiency and vaccine availability, especially in the last mile
	3.2	Improve stock management for vaccines and devices to avoid facility-level stock-outs
	3.3	Increase capacity and quality of vaccine storage and distribution to improve vaccine availability, especially in the last mile

	3.4	Strengthen Logistics Management Information Systems to assure real-time monitoring at all immunisation supply chain levels
	3.5	Improve planning, coordination and monitoring of supply chain management at all levels
	3.6	Strengthen waste management to reduce infection risk and/or environmental impact
	3.7	Other supply chain objective
Health Information Systems and Monitoring & Learning	4.1	Ensure timely, fit-for-purpose information is available at all levels of the system, and is used regularly and systematically to improve programmatic reach and performance
	4.2	Improve data use-related capacity, tools, evidence generation and/or systems for programme monitoring and learning, especially at the subnational level
	4.3	Strengthen information systems relevant for the identification and reach of zero-dose and under-immunised children
	4.4	Strengthen country capacity to detect, evaluate and respond to serious adverse events following immunisation
	4.5	Scale up digital health information interventions based on country needs, priorities, plans, strategies, and readiness
	4.6	Other objective related to HIS and M&E
Vaccine Preventable Disease Surveillance	5.1	Improve the availability and use of timely and accurate data for decisions on vaccine introduction and preventive campaign targeting
	5.2	Increase timely detection of and response to vaccine-preventable disease outbreaks
	5.3	Sustainably integrate vaccine-preventable disease surveillance, which meets immunisation programme needs, into a resilient national disease surveillance system
	5.4	Use surveillance data to identify ways to improve immunisation programme effectiveness in preventing disease
	5.5	Other objective related to VPD surveillance
Demand Generation and Community Engagement	6.1	Support the scale-up of social and behavioural data and information systems, including social listening
	6.2	Design and implement social and behaviour change interventions
	6.3	Improve capacity in designing, implementing, monitoring and/or evaluating demand generation activities at all levels
	6.4	Increase advocacy for social and political commitment as well as increased accountability for equitable immunisation at all levels

	6.5	Strengthen partnerships with local and community actors to improve demand for immunisation
	6.6	Other Demand Generation and Community Engagement objective
Governance, Policy, and Strategic Planning, and Programme Management	7.1	Strengthen capacity of governance/technical bodies for planning, coordination, and tracking progress at all levels, particularly for reaching zero-dose children
	7.2	Strengthen programme performance monitoring and management systems at all levels
	7.3	Assure gender equality, inclusion and protection considerations are addressed in management structures, immunisation policies, guidelines, practices, and accountability measures
	7.4	Other objective related to governance, policy, strategic planning, and programme management
Health Financing	8.1	Support planning of Gavi and non-Gavi-supported vaccine procurement costs based on quality vaccine forecasts as part of national and subnational health budgets
	8.2	Support the budgeting and targeting of domestic resources for immunisation and/or primary healthcare based on equity considerations
	8.3	Improve the efficient use and tracking of domestic fund flows going to the frontline, including for reaching zero-dose children
	8.4	Other objective related to health financing
Grant Management and Indirect Costs	9.1	Gavi grant management costs
	9.2	TA for Gavi management support to grant implementation
	9.3	Other objective related to grant management and indirect costs
RBF	10.1	Results-based financing

Annex 3: Additional Resources

The following are some resources to consult in furthering your understanding of Theory of Change development:

Anderson, Andrea (2009). The Community Builder's Approach to Theory of Change: A Practical Guide to Theory Development (Aspen Institute),
http://www.theoryofchange.org/pdf/TOC_fac_guide.pdf

→ Good resource on facilitation of Theory of Change development.

Starr, L. (2019). Theory of Change: Facilitator's Guide. Washington, DC: The Technical and Operational Performance Support (TOPS) Program,
https://www.fsnnetwork.org/sites/default/files/TheoryofChange_final_508_compliant_0.pdf

→ Excellent facilitator's guide for developing theories of change developed by USAID. Although some steps in the process are slightly different, the guide has helpful suggested agendas and tips for facilitation.

Van Es, M. et al (2015). Hivos ToC Guidelines: Theory of Change Thinking in Practice,
https://content.changeroo.com/wp-content/uploads/Academy/2017/07/hivos_toc_guidelines_final_nov_2015.pdf

→ Well-developed Theory of Change concepts and process and stepwise guidance to Theory of Change development and resources.

Vogel, Isabel (2012). Review of the use of 'Theory of Change' in international development, http://www.theoryofchange.org/pdf/DFID_ToC_Review_VogelV7.pdf

→ Very comprehensive resources on the theory behind and usage of Theory of Change tools in international development.