INDIA HEALTH AND CLIMATE RESILIENCE FELLOWSHIP

THEORY OF CHANGE

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ABOUT IHCRF

IHCRF GOAL

Sustainable improvement in district-level public health through community-driven, evidence-based health innovation.

The India Health and Climate Resilience Fellowship (IHCRF) is a program that aims to empower and enable communities to solve their health problems while also preparing for climate change. We work in India's most vulnerable districts using a Human-Centered Design (HCD) and systemic approach. Our approach to improve healthcare is to set up an ecosystem at the district level which will enable solution providers to build realistic, human-centric solutions to front-line healthcare problems.

OUR VISION

A responsible and resilient public health system for the people it serves.

MISSION STATEMENT

Our mission is to empower healthcare actors, providers and users through our philanthropic collaborative platform to design and implement realistic, human-centered, systemic solutions for primary healthcare challenges, fostering a problem-solving ecosystem that transforms the healthcare landscape.

IHCRF THEORY OF CHANGE

We believe that to achieve **sustainable improvement in district-level public health**, we must move beyond conventional development approaches that mainly use a top-down approach and external solutions. Instead, we must establish systematic, **community-driven problem-solving capabilities and evidence-based health innovations** that are responsive to local contexts, resilient over time, and replicable across districts.

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THE NEED

Despite many healthcare programs in India, we're still far from achieving a responsible and resilient health system. The main issue is that we don't properly understand problems before trying to solve them, leading to ineffective healthcare and poor service delivery.

THE PROBLEM — THE CORE CHALLENGE

* MISSING INSIGHTS

Most existing work lacks proper analysis and understanding of problems within their specific context

* People jump straight from spotting a problem to creating solutions without proper analysis

* WRONG STARTING POINT

Current approach sees a solution that worked elsewhere and tries to apply it everywhere, instead of understanding the specific problem first to develop contextual solutions

* **"One size fits all"** solutions that ignore local context and culture

* LACK OF SYSTEMATIC THINKING

Instead of reactive, quick fixes, we need proactive, systematic, and resilient problem-solving approaches that address root causes and interconnected challenges

* Work happens in isolated pockets without coordination

THE PEOPLE

WHO WE SERVE

People living in India's most vulnerable districts lack relevant and/ or adequate health solutions and face health inequities which are compounded by climatic change

WHO WE WORK WITH

STAKEHOLDERS

- District level officials including District Collectors (DCs)
- Community members and local changemakers
- Service providers
- Fellows and secretariat staff
- NGOs and community organizations

THE REASON

There is a critical need for a paradigm shift in the way we fund development projects - moving from funding existing solutions (usually developed elsewhere) to designing and funding solutions close to/with the people who are experiencing and are at the centre of the problems.

WHAT IHCRF DOES DIFFERENTLY

We are a public problem-solving program that uses approaches that are **responsive** (adapts to context), **reiterative** (learns and improves), **resilient** (sustainable over time), and **systemic** (addresses root causes and interconnections)

IHCRF'S APPROACH TO CONTEXT AND SCALE

IHCRF works in the most vulnerable and underserved districts. We provide solutions for hardest-to-reach places. By starting with the toughest challenges in the most resource-poor environments, we create solutions that are strong, practical, and can work anywhere.

* WHY THIS MATTERS

If we can make something work in the remotest area with limited resources, it will work in a city with better infrastructure and more resources.

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THE WORK

OUR PHILOSOPHY

Let problems decide stakeholders and solutions – not the other way around.

To strengthen public health infrastructure and preparedness, IHCRF is taking an HCD and systemic approach to collaborative problem-solving driven by empathy, evidence, and a commitment to inclusivity and sustainability

CORE VALUES

- Human Centred
- Collaboration
- Proximity to the problem/solutions
- Catalysing action
- Co-creation

THE INPUTS · ESSENTIAL RESOURCES REQUIRED

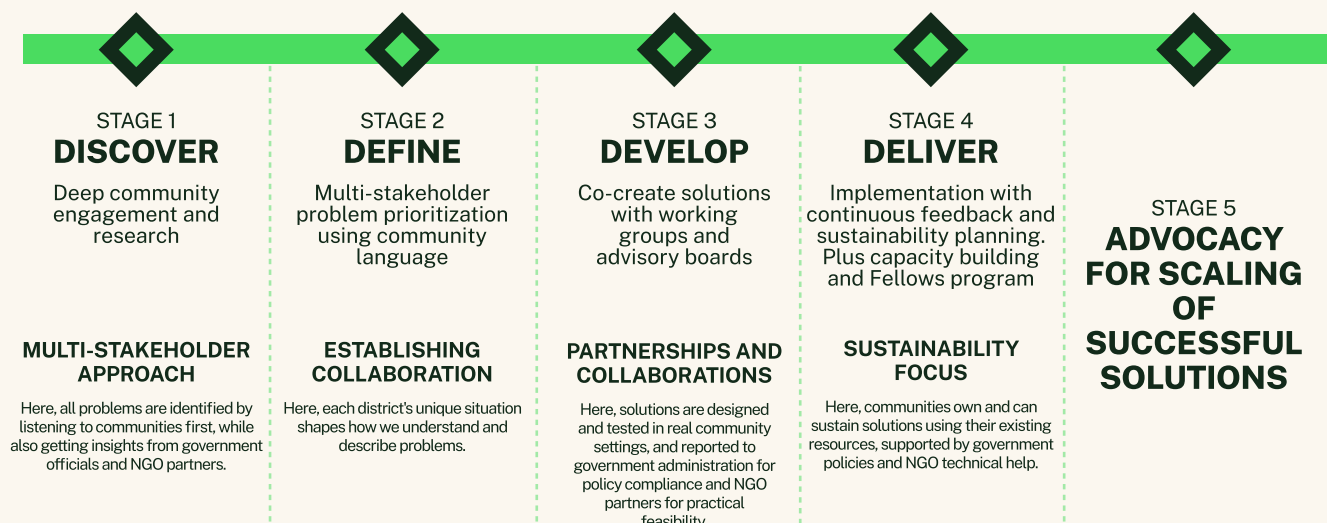| PEOPLE	SECRETARIAT	PARTNERS	MONEY	KNOWLEDGE	INFRASTRUCTURE
Trained fellows, partner NGOs, secretariat staff, district administration	Who will anchor IHCRF and provide foundational support and deep community knowledge	NGO partners, government administration and any other agency hired for solutioning	Capacity building, staff, M&E, prototyping, implementation, operations	HCD frameworks, training materials, documentation systems	Learning systems and repositories

INTERVENTIONS · FOUR-STEP HCD PROCESS ACTIVITIES

INTERVENTIONS: OUR OBJECTIVES

- To foster and support local innovation ecosystems to build local capacity to identify problems, conduct research, prioritise issues, develop, and deliver their own solutions at the local district health level.

- Build a health care ecosystem which is competitive, resilient and responsive to its users (including the providers).

- Develop learning circles for understanding what works and what doesn't work.

STAGE 1
DISCOVER
Deep community engagement and research

STAGE 2
DEFINE
Multi-stakeholder problem prioritization using community language

STAGE 3
DEVELOP
Co-create solutions with working groups and advisory boards

STAGE 4
DELIVER
Implementation with continuous feedback and sustainability planning. Plus capacity building and Fellows program

STAGE 5
ADVOCACY FOR SCALING OF SUCCESSFUL SOLUTIONS

MULTI-STAKEHOLDER APPROACH
Here, all problems are identified by listening to communities first, while also getting insights from government officials and NGO partners.

ESTABLISHING COLLABORATION
Here, each district's unique situation shapes how we understand and describe problems.

PARTNERSHIPS AND COLLABORATIONS
Here, solutions are designed and tested in real community settings, and reported to government administration for policy compliance and NGO partners for practical feasibility.

SUSTAINABILITY FOCUS
Here, communities own and can sustain solutions using their existing resources, supported by government policies and NGO technical help.

IN ADDITION TO THE STAGES, IHCRF WILL ALSO:

BUILD CAPACITY
Provide comprehensive training in soft skills, empathy, reasoning, systemic thinking approaches, and systematic problem-solving capabilities

FELLOW PROGRAM
Develop cohorts of local changemakers who drive district-level innovation and serve as ongoing problem-solving resources.
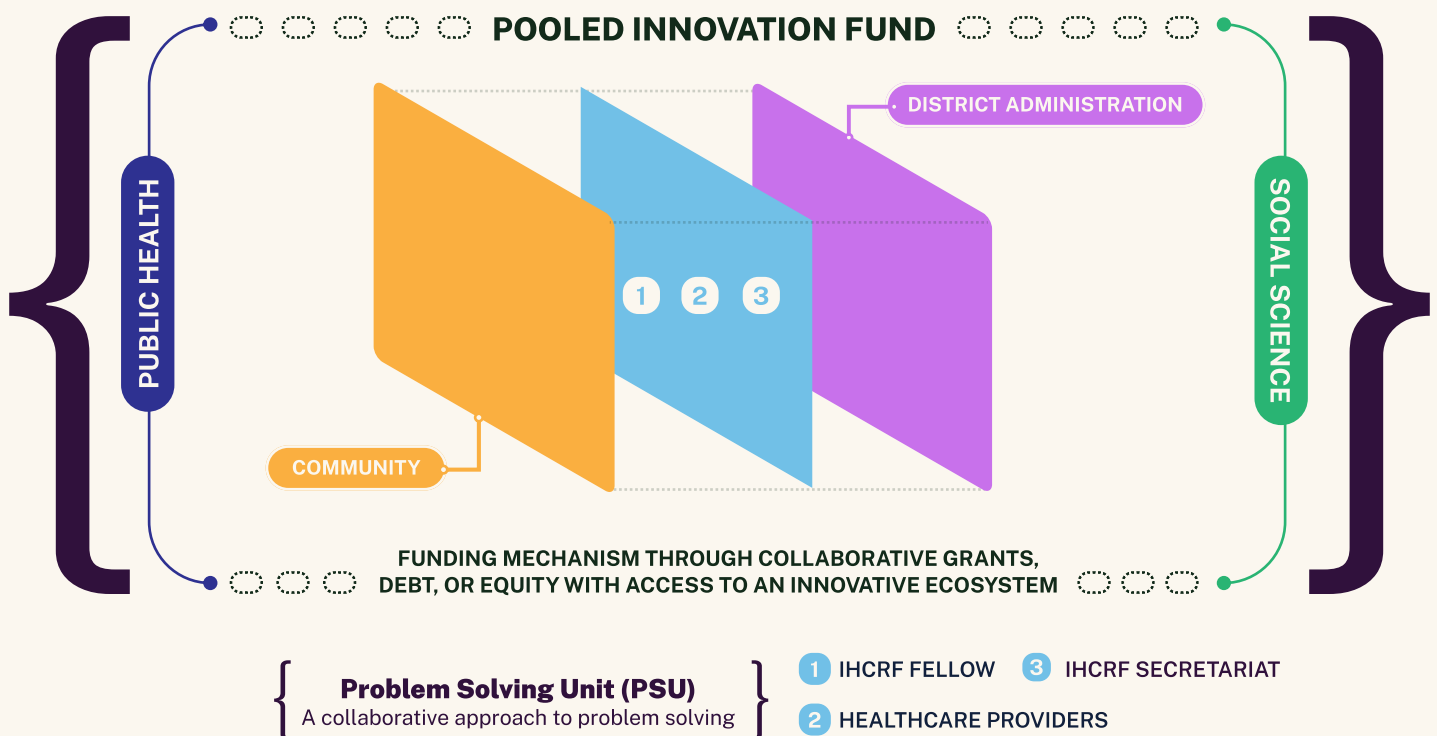
LEARNING LAYER CREATION
Build comprehensive repositories of problems identified, solutions developed, and best practices that can be shared and adapted

WHY HUMAN-CENTERED DESIGN WORKS

At IHCRF, we adopt a learning layer approach with systemic thinking, which serves as a collaborative thinking and problem-solving framework. The learning layer brings together IHCRF fellows, a core team of technical experts, community members, and district administration to identify, understand, and potentially solve/address public health challenges in a district.

A secretariat interfaces and liaises between the learning layer and health systems for innovation and policy.

POOLED INNOVATION FUND

DISTRICT ADMINISTRATION

PUBLIC HEALTH

SOCIAL SCIENCE

1 2 3

COMMUNITY

FUNDING MECHANISM THROUGH COLLABORATIVE GRANTS, DEBT, OR EQUITY WITH ACCESS TO AN INNOVATIVE ECOSYSTEM

Problem Solving Unit (PSU)
A collaborative approach to problem solving

1 IHCRF FELLOW   3 IHCRF SECRETARIAT
2 HEALTHCARE PROVIDERS

THE BIG IDEA ⚛ CENTRAL INNOVATION CONCEPT

Establish a systematic, systemic problem-solving Human-Centered Design approach at the district level to build responsive, repetitive, and resilient problem-solving capabilities that can be used again and again.

THE PARTNERS

KEY COLLABORATORS

- Anchor Organisations
- District Administration
- Local Communities
- Resource Mobilisers
- Learning Institutions:
- Integration with Biome

BEHAVIORS

CRITICAL MINDSET SHIFTS

- From problem avoidance to problem engagement
- From individual work to collaboration
- From assumptions to evidence-based decision making
- From top-down to participatory problem-solving
- From symptomatic fixes to systemic solutions
- From short-term fixes to sustainable solutions
- Risk Capital Mindset
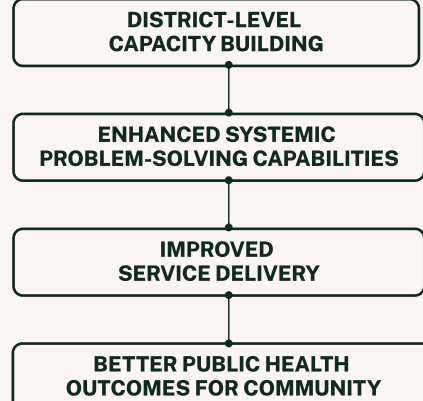
THE RESULTS

PATHWAYS — OUR ROUTE TO SUCCESS

WAYS WE SCALE UP

- CREATION OF PROBLEM-SOLVING UNIT (PSU) ESTABLISHMENT
- GOVERNMENT ADOPTION
- GEOGRAPHIC EXPANSION
- PHILANTHROPIC PARTNERSHIP
- FELLOW INSTITUTIONALISATION
- DELEGATION AND LOCAL PARTNERSHIP MODEL
- POLICY INFLUENCE
- COMMUNITY CAPACITY BUILDING
- KNOWLEDGE SCALING

THE CHANGE PROCESS

Scale: IHCRF approach can be copied and used in multiple districts across the country through multiple strategic pathways:

DISTRICT-LEVEL CAPACITY BUILDING
↓
ENHANCED SYSTEMIC PROBLEM-SOLVING CAPABILITIES
↓
IMPROVED SERVICE DELIVERY
↓
BETTER PUBLIC HEALTH OUTCOMES FOR COMMUNITY

THE OUTPUTS — TANGIBLE RESULTS

- Problem Statement Repository
- Knowledge Products
- Playbook for Human-Centered Design
- Evidence Reports
- Trained Personnel

- Fact Sheets
- PSU Formation Guidelines
- Empowered Community Organizations
- Sustained Pooled Innovation Fund (PIF)
- District: Base Papers and Survey Reports

OUTCOMES

IN THE FIRST YEAR
KNOWLEDGE SYSTEMS ESTABLISHED

- District Knowledge Bank
- Trained Change-makers
- Operational Learning System
- Enhanced Community Participation
- Playbook for Human-Centered Design
- Strengthened District Data
- Network of Collaborators
- Theory of Change Document
- IHCRF process documents

2-3+ YEARS
SUSTAINED AND DEEP IMPACT

- Strengthened District Data Systems
- Enhanced Community Ownership & Active Participation
- Institutional Capacity
- Replication Success
- IHCRF Process Adoption
- Established Learning Layer

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YEAR TARGET

Transform India's public health landscape through systematic, systemic district-level problem-solving capacity creating a replicable model using IHCRF guidelines and HCD principles. Responsive and effective local governance, empowered communities, sustainable context-appropriate solutions, reduced dependency on external intervention that is measurable, achievable, time-bound.

SUCCESS, ASSUMPTIONS, RISKS AND CHALLENGES

WHAT MAKES SUCCESS POSSIBLE

- **Execution Matters**
- **Context-Specific Approaches**
- **Continuous Learning and Adaptation**
- **Strong Community Engagement and Ownership**
- **Systemic Thinking and Root Cause Analysis**
- **Systematic Documentation and Knowledge Sharing**
- **Others adopting IHCRF Approach**
- **Resource Mobilization**

RISKS AND CHALLENGES

- **Political Changes**
- **Resource Constraints**
- **Not enough skilled people**
- **System Resistance**
- **Community Fatigue**
- **Coordination Difficulties**
- **Key personnel leaving and taking expertise with them**

ASSUMPTIONS

1. People in the public health system don't know enough about the actual problems communities face

2. District officials want to solve problems but lack the right tools and approaches

3. Communities are willing and able to participate in solution development

4. Government systems can adapt to include community-centered and systemic approaches

5. Funding will be available for sustained implementation

6. Local leaders will emerge and take ownership of the process

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