INDIA HEALTH AND CLIMATE RESILIENCE FELLOWSHIP

THEORY OF CHANGE

Building Responsive and Resilient
Public Health Systems in India

I. INTRODUCTION

India is facing challenges in delivering effective public healthcare, particularly in vulnerable districts where climate change impacts compound existing health disparities. Despite many healthcare programs and initiatives, communities continue to struggle with inadequate health services, and the gap between policy goals and ground-level realities remains significant.

The India Health and Climate Resilience Fellowship (IHCRF) emerges from a recognition that traditional top-down approaches to public health have failed to create lasting, meaningful change. Existing top-down approaches have failed to deliver solutions to address the real problems of health systems. Problem identification and subsequent innovation must come from the ground up by bridging the gap between community needs, front-line health experts, innovators, policy makers and markets. This is where IHCRF takes a fundamentally different approach: rather than implementing a program that assumes what communities need, IHCRF starts by understanding deeply the problems as communities experience them, then work collaboratively with local NGO partners, government administration and communities to develop contextual and sustainable solutions.

This Theory of Change document outlines IHCRF's comprehensive strategy for transforming how to identify, understand, and solve public health challenges at the district level. Our problem-solving approach is based in Human-Centered Design (HCD) principles and systemic thinking, emphasizing building local capacity for systematic problem-solving that can be sustained longer even after the external support ends.

By establishing Problem-Solving Units (PSUs) at the district level and building capacity of fellows who are the local changemakers, we aim to create a replicable model that can fundamentally transform India's public health.

How This Document Is Organised

This Theory of Change is structured to provide a comprehensive understanding of IHCRF's approach, from gaps and challenges to its long-term vision. The document is organised into three broad categories:

THE NEED (Sections 1-3): Establishes the core problems we're addressing, identifies who we work with, and explains why current approaches are failing.

THE WORK (Sections 4-9): Details our Human-Centered Design approach, required resources, key interventions, partnerships, behavioral changes needed, and our central mission.

THE RESULTS (Sections 10-15): Outlines our pathways to impact, expected outputs, short and long-term outcomes, ambitious 10-year targets, and ultimate vision for success.

Each section builds upon previous ones, creating a complete picture of how IHCRF transforms public health systems through community-driven innovation and systematic problem-solving.

Key Terms and Definitions

Term	Definition
Community	The people living and working in a specific geographic area (typically at the district or sub-district or block or village level) who share common health challenges, cultural context, and governance systems. This includes not just residents but also relevant district officials, local service providers, community leaders, and anyone who has a stake in the area's health outcomes.
District	The administrative unit that serves as IHCRF's primary focus for intervention, typically encompassing multiple blocks, villages or towns with shared governance structures and health systems.
Human-Centered Design (HCD)	A problem-solving approach that prioritizes understanding people's actual experiences and needs before developing solutions. It follows a four-step process: Discover, Define, Develop, and Deliver.
Problem-Solving Unit (PSU)	District-level teams ideally led by District Collectors (DC) that use systematic approaches to identify, analyze, and address community health challenges.
Fellows	Local changemakers trained and supported by IHCRF who facilitate problem-solving processes within their districts and serve as ongoing resources for community-driven innovation.
Responsive system	Solutions and systems that adapt to local context, culture, and specific and emerging community needs rather than imposing universal approaches.
Resilient	Solutions that can withstand challenges, adapt to changing circumstances, and continue functioning effectively over time.
Repetitive	Approaches that create systematic processes that can be used again and again, building institutional capacity for ongoing problem-solving.
Evidence-Based	Decision-making is grounded in data and insights gathered directly from communities rather than assumptions or external models.
Participatory	Approaches that actively involve community members as co-creators and decision-makers rather than passive recipients of services.

Systemic	Solutions that address root causes and structural issues rather than just treating symptoms, considering the interconnected nature of health systems and their broader social, economic, and environmental context.

II. ABOUT IHCRF and IT'S GOAL

About IHCRF: The India Health and Climate Resilience Fellowship (IHCRF), implemented by the PHIA Foundation, is a flagship effort to strengthen public health systems in some of India's most underserved districts, with catalytic funding support from Blockchain for Impact.

Founded by Polygon co-founder Mr. Sandeep Nailwal, Blockchain for Impact (BFI) continues the mission of the CryptoRelief fund initiative to create transformational change in health infrastructure using technology, networks, and funding. BFI backs IHCRF through the India District Full Stack Fund as part of its broader vision to promote public health preparedness, biomedical innovation, and systems strengthening across India. IHCRF represents a key step in realizing this mission, translating global innovation into local resilience.

IHCRF focuses on addressing health challenges by equipping a new generation of public health and social sector fellows. These fellows are currently embedded in four districts across four states- Khunti and West Singhbhum (Jharkhand), Dhubri (Assam) and Chamarajanagar (Karnataka) - where they work closely with local communities and district administrations to identify contextual problems and co-create climate resilient solutions rooted in real-world needs.

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

IHCRF Theory of Change: IF we establish systematic, community-driven problem-solving capabilities and evidence-based solutioning approach to health that are responsive to local contexts, resilient over time, and replicable across districts, moving beyond conventional top-down solutioning approaches and external solutions, **THEN** we will achieve sustainable improvement in district-level public health outcomes. **BECAUSE** top-down solutioning approaches fail by imposing solutions without understanding the root causes, social structure and interconnectedness of the problems before solving them.

III. THE NEED

1. PROBLEM

The Core Challenge: 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 reactive and uncoordinated service delivery.

Key Gaps We've Identified & Why Current Approaches Don't Work

Understanding & Approach Issues:

- **Missing Insights**: Most existing work lacks proper analysis and understanding of problems within their specific context which is dynamic in nature.
- **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
    - Current approach: See a solution that worked elsewhere → Try to apply it everywhere
    - Better approach: Understand the specific problem → Develop contextual solutions
    - We need to complete the full cycle from problem identification to solution implementation
- People jump straight from spotting a problem to creating solutions without proper analysis
- "One size fits all" solutions that ignore local context and culture
- Solutions are implemented just for the sake of implementation, not to actually solve problems
- Lack of Systemic 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.

Resource & Support Gaps:

- Limited funding for understanding problems deeply before solving them
- Lack of appetite for taking calculated risks in problem-solving
- Missing resources, skills, and proper facilitation for solution development
- A disconnect between different government departments and functions
- Lacks trust based partnership engagements.

Missing Elements in Problem-Solving: At least one of the following is always missing when trying to identify and solve problems:

- **Intention** - People who genuinely want to create change

- **Effort** - Dedicated time and energy to work on deeply understanding the problem before developing and implementing solutions
- **Resources** - Money, materials, and support needed
- **Structure** - An Organized way of working
- **Processes** - Clear steps to follow from problem to solution

Why This Matters: Current ad-hoc approaches are failing communities and preventing from achieving sustainable development goals and effective governance. Without proper problem understanding and systemic approaches, we'll keep seeing the same failures repeated across districts, wasting resources and failing the communities that need help most.

Fostering and supporting local innovation ecosystems will help communities to have the resources they need to build capacity, identify problems, conduct research, prioritise issues, develop, and deliver their own solutions**.**

2. PEOPLE

Which communities do we work with?

- **Who:** People living in India's most vulnerable districts lack relevant and/ or adequate health solutions and face health inequities which are compounded by climatic changes
- **Where they live:** Rural areas and marginalized communities with poor access to and affordability of good healthcare
- **What they face:** Health inequities, climate-related health risks, and a lack of solutions that are locally relevant

Who We Work With:

- **District level officials, including District Collectors (DCs)** and other administrative leaders who make decisions
- **Community members and local changemakers** who understand ground realities
- **Service providers** working at the district, block and village levels (doctors, nurses, health workers)
- **Fellows and secretariat staff** who can facilitate problem-solving
- **Civil Society Organizations and community institutions** that are already working with local communities

Why these People: What Makes Them Important: These are people who are already embedded in the system and, together, have an understanding of the full spectrum of the problem. They understand the local context, culture, language, political environment, and geography. **3.**

REASON

Need for a Paradigm Shift

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 and with the people who are experiencing and are at the centre of the problems.

What IHCRF Does Differently:

- **WHAT**: 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)
- **HOW**: We combine insights with action through skilled people, financial resources, coordination, and continuous learning

Our Core Process: Insights → Action → Reflection → Better Insights → Better Action (and the cycle continues)

Our Philosophy: Let the problems decide what stakeholders, resources, and solutions we need - not the other way around. While we currently focus on health, our problem-solving approach can adapt solutions from any sector that works.

IHCRF's Approach to Context and Scale: IHCRF works at the ground level - in the most vulnerable and underserved districts of the country. We provide solutions for these hardest-to-reach places first. By starting with the toughest challenges in the most resource-poor environments, we create solutions that are strong, practical, and can work anywhere.

IV. THE WORK

IHCRF's Primary Approach to Problem-Solving: Human-Centered Design (HCD) Framework

Core Values that Guide Our Work:

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

Our Approach: 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.

This program employs Human-Centered Design (HCD) as its solutioning approach, placing end-users at the center of the research and design process to develop solutions grounded in their actual needs, experiences, and contexts. The IHCRF follows a four-step HCD approach.

The Four-Step Process:

1. DISCOVER - Learning deeply about community needs and the root cause of the problems faced by the community

- Engage directly with local community through research and conversations
- Understand what communities actually experience, not what we assume they need

2. DEFINE - Making sense of what we learned

- Analyze and synthesize all our findings from the community
- Identify the main problems and real opportunities for solutions

3. DEVELOP - Creating solutions together

- Work side-by-side with communities to create and test potential solutions
- Co-design and co-create with stakeholders to ensure solutions are relevant and communities feel ownership
- Use rapid prototyping and pilot programs to generate evidence and learn what works

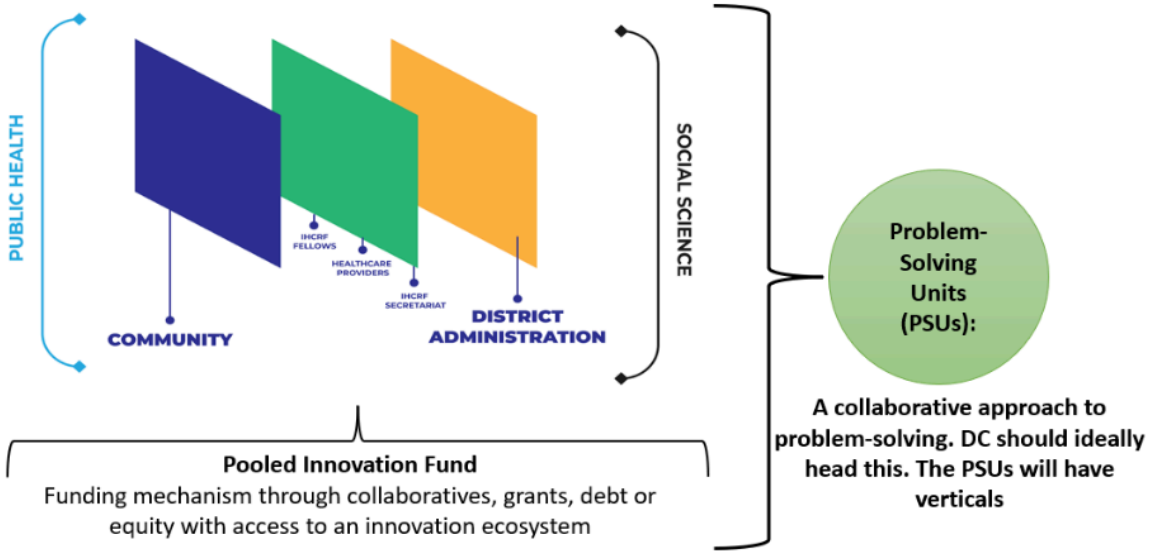
4. DELIVER - Putting solutions into practice

- Implement solutions in real communities with ongoing feedback
- Continuously improve based on what people tell us is working or not working
- Build evidence through testing and redesign based on community input

Enhanced Collaborative Framework: Throughout every phase, we regularly consult with district administration, including but not limited to government health departments and partner Civil Society Organisations. This ensures community-driven solutions are technically sound, follow policy requirements, and can actually be implemented within existing health system structures.

Why Human-Centered Design Works: Because it keeps people at the center of everything we do. It requires developing soft skills like empathy, reasoning, observing, prototyping, and reiteration. It means staying close to the people, listening carefully, being hands-on and action-based.

IHCRF Learning Layer Framework: Approach to Collaborative Problem Solving: 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.

4. INPUTS

Essential Resources Required:

- **People**: Trained fellows who can work directly with communities and district administration, partner Civil Society Organisation in the districts who understand local systems and help us coordinate with district administration, secretariat staff for organizational support, and district administration as partners
- **Secretariat:** A team of experts who will anchor IHCRF and provide foundational support and deep community knowledge
- **Partners:** Partners include Civil Society Organisation partners, government administration and any other agency hired for solutioning
- **Money**: Funding for capacity building programs; funding for the staff (human resources), M&E and research; prototyping and piloting solutions; and implementing what works. The funding will also include other operational costs such as field work etc.

- **Knowledge, Tools, and Systems**: Human-Centered Design (HCD) frameworks, systemic thinking methodologies, and community-centered design approaches that put people first, training materials and resources, ways to document and evaluate our work
- **Infrastructure**: Establishing learning systems and a repository to capture and share knowledge across districts

5. IHCRF PROCESS FOR INTERVENTIONS

Our Objectives:

- **Strengthen District Health System Capacity and Resilience**
    - Build skills, problem-solving mindsets, and collaborative cultures in district health teams using human-centred design.
    - Target underserved, rural, tribal, and climate-vulnerable communities to reduce inequities and improve preparedness.
- **Enable Context-Appropriate Tech Innovation and Adoption**
    - Pilot, evaluate, and scale medical and digital technologies that align with district needs and realities; ensuring affordability, usability, and safety.
    - Establish platforms for continuous learning and feedback, enabling iterative improvement guided by real-world evidence and community input.
- **Foster Collaborative Ecosystems for Scale and Sustainability**
    - Foster partnerships between government, academia, innovators, NGOs, communities, and the private sector so that governance systems and communities better understand each other's needs, capacities, and constraints; enabling the co-creation of solutions that are both feasible to implement and genuinely responsive to people's realities.
    - Generate scalable district models that inform state and national policies, procurement, and health system reforms.

Core Activities We Undertake:

Step 1: Discover - Understanding What's Really Happening

- Spend deep time with communities to understand their real needs and existing solutions
- Map out all the people and organizations involved and understand systemic relationships
- Document how health issues affect each other and interconnect within the broader system
- Learn about each district's unique situation
- Meet with government officials to understand their perspective and challenges
- Research what's already been documented about local problems
- Find and document the smart solutions communities have already created

Multi-stakeholder approach: We talk separately with communities, government departments, and NGO partners to understand healthcare challenges from all angles.

Step 2: Define - Agreeing on What Problems to Solve

- Work with communities and government to identify and prioritize problems
- Create "How might we (HMW)..." questions. If needed, these will translate to local languages
- Create frameworks for solutions based on evidence and systemic understanding
- Hold workshops with government officials to understand their view of problems
- Frame problems using what communities already know and their existing solutions

Collaboration: We bring together the community, its representatives, government officials, and Civil Society Organisation partners in joint workshops to agree on priority problems.

Here, each district's unique situation shapes how we understand, describe and prioritise problems for solutioning.

Step 3: Develop - Creating Solutions

- Form an advisory board
- Create systemic solutions for the communities that fit the context and address root causes. The solutions can also come from communities that already have and know
- Test whether solutions actually work and whether communities accept them
- Improve designs based on continuous feedback
- Build solutions using community strengths, resources, and existing networks
- **Prototyping and Iteration**: Implement hands-on, action-based learning with rapid adaptation cycles that allow for quick testing and improvement

Partnerships and Collaborations: Advisory board can include, but are not limited to, government technical advisors, and Civil Society Organisation specialists and expert consultants to ensure solutions are community-owned but technically sound.

Here, solutions are designed and tested in real community settings, and reported to government administration for policy compliance and Civil Society Organisation partners for practical feasibility.

Step 4: Deliver - Making Solutions Work

- Start implementing solutions either with partner Civil Society Organisation or with other agencies
- Continuously improve based on real-time community feedback
- Plan for expanding and making solutions sustainable
- Document and share knowledge so others can copy successful approaches
- Implement solutions that communities can explain, adapt, and teach to others

Sustainability focus: We work with relevant government departments to integrate successful solutions into official programs, while Civil Society Organisation partners provide ongoing support.

Here, we aim for sustainability by plugging in solutions into existing district programs and schemes.

Step 5: Advocacy for scaling of successful solutions.

Simultaneous to the four steps from discovery to delivery of solutions, IHCRF also includes:

- **Fellowship Program**: Develop cohorts of local changemakers who drive district-level innovation and serve as ongoing problem-solving resources
- **Build Capacity**: Provide comprehensive training in soft skills, empathy, reasoning, systemic thinking approaches, and systematic problem-solving capabilities to the cohorts of local changemakers
- **Creation of Knowledge Products**: Build comprehensive repositories of problems identified, solutions developed, and best practices that can be shared and adapted

6. PARTNERS

Key Collaborators in This Work:

- **Anchor Organizations**: Civil Society Organizations that provide foundational support and deep community knowledge
- **District Administration**: Government administration and officials who have the authority and systems to implement solutions at scale
- **Local Communities**: The end users and beneficiaries who are central to identifying problems and creating solutions - they're not just recipients but active participants
- **Resource Mobilizers**: Funding agencies and supporters who provide financial backing for capacity building and implementation
- **Learning Institutions**: Knowledge partners, universities, and capacity-building organizations that help us understand what works and why
- **Collaboration with Healthcare Innovators:** Collaboration with healthcare innovators and integration with Biome's innovator ecosystem during solutioning, wherever required and relevant.

7. BEHAVIORS

Critical Mindset Shifts Required:

- **From problem avoidance to problem engagement**: Instead of ignoring difficult issues, identify them and address

- From Solution-first to Problem-first mindset: Moving from a solutions mind-set to problem-understanding mindset.
- **From individual work to collaborative approach**: Move away from working in isolation to building teams and partnerships
- **From assumptions to evidence-based decision making**: Stop guessing what people need and start basing decisions on real data from communities
- **From top-down to participatory, bottom-up problem-solving**: Replace top-down imposed solutions with approaches that involve people in creating their own answers
- **From symptomatic fixes to systemic solutions:** Focus on addressing root causes and structural issues rather than just treating surface-level symptoms
- **From short-term fixes to sustainable solutions**: Focus on building lasting change rather than quick approaches
- **Risk Capital Mindset:** Not afraid of failures, rather treat them as learning opportunities and necessary steps toward finding what works. IHCRF is willing to invest time, money, and effort, knowing that not every attempt succeeds
- **Government Partnerships:** Collaborating with government agencies, public officials, and policy makers to create more comprehensive and scalable solutions to community problems
- **Systems Thinking:** Look at how different problems and solutions connect to each other rather than treating each issue in isolation

8. BIG IDEA

Core Innovation: Establish a replicable Human-Centered Design approach at the district level that builds sustainable problem-solving capabilities, enabling communities to systematically identify, understand, and solve their own interconnected health challenges through local ownership and systemic thinking.

Decade-Scale Vision and Scaling Strategy: On a decade scale, IHCRF's sustainability and expansion will depend on multiple scaling pathways where philanthropy plays a crucial role. IHCRF will help in raising funds for the process and solutions as a form of sustainability, enabling scaling through government adoption or additional philanthropic partnerships. As IHCRF expands to other districts, we recognize that the government may be unwilling to invest in fellows or the program long-term, potentially requiring IHCRF to absorb and institutionalize fellows to ensure on-ground program continuity.

Delegation Model for Scale: IHCRF plans to document its entire process based on learning and delegate implementation to local partners in new districts. These partners will take responsibility for hiring fellows, building capacity, and following IHCRF's established processes and guidelines, while IHCRF provides overall support and assists in fundraising. This delegation model ensures sustainable expansion while maintaining the quality to our core approach.

9. MISSION

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

V. THE RESULTS

10. PATHWAYS

How We Create Impact - Our Route to Success:

The Change Process: District/Sub-district-level capacity building → Enhanced systemic problem-solving capabilities → Improved service delivery → Better public health outcomes for the community

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

Ways We Scale Up

- **Creation of Problem-Solving Unit (PSU) Establishment**: Create district-level teams, ideally led by District Collectors to systematically solve problems using systemic approaches. Embed PSUs within existing district governance structures
- **Government Adoption:** The Government adopts the solutions and scales up to their similar regions with similar problems
- **Philanthropic Partnerships:** Philanthropy will be crucial in scaling up IHCRF on a decade-scale. Philanthropic funding will enable IHCRF to raise funds for solutions as a form of sustainability, supporting scale-up through government partnerships or additional philanthropic initiatives
- **Geographic Expansion:**
    - We expand to more vulnerable districts
    - Adapt approaches to different regional contexts while maintaining core principles
- **Fellow Institutionalization:** Eventually, IHCRF might need to absorb fellows as permanent staff, recognizing that the government may be unwilling to invest in fellows or the program long-term. This institutionalization ensures someone remains on the ground to oversee program continuity and quality
- **Delegation and Local Partnership Model:** IHCRF will document its complete process based on learning and delegate implementation to local partners in new districts. These partners will have responsibility for hiring fellows, building capacity, and following IHCRF's

established processes and guidelines, while IHCRF extends overall support and assistance in raising funds

- **Policy Influence:** We provide evidence-based recommendations for health-climate policy
- **Community Capacity Building:** We build sustainable local capacity for ongoing innovation
- **Knowledge Scaling**
    - Share HCD playbook and methodologies
    - Share problem-solving frameworks
    - Create learning networks among districts and practitioners

Sustainability: We build our solutions into existing government systems so they continue working even after we leave.

11. OUTPUTS

Tangible Results:

- **Problem Statement Repository**: A district-level collection of all the actionable problem statements co-developed with communities, creating a bridge between what communities experience and what district officials need to know
- **Knowledge Products**: Documents, guides, and resources that capture what we've learned
    - **Playbook for Human-Centered Design**: A step-by-step guide that any organization can use to copy IHCRF's systemic approach and process
    - **District Case Studies:** Showcasing the challenges and successes of program implementation in each of our districts.
    - **Evidence Reports**: Clear documentation showing whether our programs actually work or not
    - **Fact Sheets**: Easy-to-understand fact sheets of the health-related indicators in the IHCRF district
    - **District Base Papers:** Based on the secondary data, the base papers analyses the socio-economic and health indicators of the district
    - **District Survey Reports:** Analysis of a comprehensive community health survey that will include data across multiple health domains, including maternal and child health, healthcare access, disease burden, and social determinants of health
- **Trained Personnel**: Fellows and district staff who have the skills to continue this work
- **PSU Formation Guidelines**: A framework showing exactly how to set up Problem-Solving Units in any district
- **Empowered Community Organizations**: Local NGOs and civil society groups with stronger capabilities
- **Sustained Pooled Innovation Fund (PIF)**: Ongoing funding mechanism for continued innovation

- **District Decision Support System**: The District Decision Support System will be a comprehensive platform to facilitate evidence-based decision-making in District Health Society (DHS) review meetings chaired by Deputy Commissioners, promoting interdepartmental convergence across health and related sectors

12. SHORT-TERM OUTCOME

In the First Year:

Knowledge Systems Established:

- **District Knowledge Bank**: A comprehensive collection of information at the district level, including problem statements, fact sheets, base papers, and other consolidated information
- **Trained Change-makers**: A skilled group of fellows and local leaders who can work on systemic problem-solving in their districts
- **Operational Learning System**: A working system that captures and shares knowledge with an initial knowledge base
- **Enhanced Community Participation**: More people from communities are actively involved in identifying problems and solution development
- **Playbook for Human-Centered Design**: A standardized guide that other organizations can use to replicate IHCRF's systemic approach
- **Strengthened Evidence-Based Decision-Making and Governance for the Districts**: Improved decision-making, resource prioritisation/ allocation, and governance related to health and related sectors in the district
- **Network of Collaborators:** Service providers, partner NGOs, district officials, fellows, local changemakers, local leaders, etc.
- **Theory of Change Document:** This document will help IHCRF onboard new local partners in new districts
- **IHCRF process documents:** This will document all the knowledge, learnings, principles and guidelines for the new partners to follow who wants to adopt IHCRF process for solving problems

13. LONG-TERM OUTCOMES

Over 2-3+ Years:

Sustained and Deep Impact:

- **Strengthened District Data Systems:** Districts have the ability to make decisions based on solid evidence rather than guesswork

- **Enhanced Community Ownership & Active Participation:** Local communities actively participate in solving public health problems instead of waiting for outside help. Communities take ownership of problem identification, solution development, and testing new ideas
- **Institutional Capacity:** Setting up of PSUs - Permanent systemic problem-solving infrastructure that becomes part of how districts operate
- **Replication Success:** Other districts adopt and adapt our model for their own use
- **IHCRF Process Adoption:** Other organizations begin following IHCRF's approach and methods
- **Established Learning Layer:** A permanent system for capturing, sharing, and using knowledge

14. 10-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.

15. VISION

What Success Looks Like - Our End Goal:

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

The Future We're Working Toward: A future where districts has built-in capacity for systematic, systemic problem identification, solution development, and implementation, resulting in:

- **Responsive and Effective Local Governance**: Districts that actually respond to what communities need
- **Empowered Communities**: People taking ownership of the solutions and actively participating in solving their own problems rather than waiting for help
- **Sustainable, Context-Appropriate Solutions**: Fixes that work for specific places and can be maintained over time
- **Reduced Dependency on External Intervention**: Communities and districts are solving their own problems without always needing outside organizations
- **Enhanced Public Health and Service Delivery**: Better health outcomes and government services for everyone

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VI. SUCCESS, ASSUMPTIONS, RISKS AND CHALLENGES

What Makes Success Possible:

- **Execution Matters**: Moving from good ideas to actual action
- **Context-Specific Approaches**: Solutions that fit specific places rather than generic, one-size-fits-all fixes
- **Continuous Learning and Adaptation**: Always improving based on what we learn
- **Strong Community Engagement and Ownership**: People feel like they own and control the solutions
- **Systemic Thinking and Root Cause Analysis:** Addressing underlying structural issues rather than just symptoms
- **Systematic Documentation and Knowledge Sharing**: Capturing what works so others can learn and adapt
- **Others adopting IHCRF Approach:** Organizations, government agencies, and development programs recognize the effectiveness of our processes and Human-Centered Design methodology and begin implementing similar community-driven, systematic problem-solving approaches in their own work through IHCRF support
- **Resource Mobilization**: Without using a traditional approach, IHCRF has moved to gathering resources and funding from aligned partners who share our commitment to community-centered innovation, creating a sustainable ecosystem of supporters who understand and invest in systemic, long-term change rather than quick fixes

Key Assumptions We're Making:

1. District officials want to solve problems but lack the right tools, contextual information, and approaches
2. Communities are willing and able to participate in and inform solution development
3. Government systems can adapt to include community-centered and systemic approaches
4. Funding will be available for sustained implementation
5. Local leaders will emerge and take ownership of the process

Risks and Challenges We Face:

- **Political Changes**: New administrations might not support the approach
- **Resource Constraints**: Insufficient funding for scaling up
- **Capacity Limitations**: Not enough skilled people to implement effectively
- **System Resistance**: Existing bureaucratic structures may resist change
- **Community Fatigue**: People may lose interest if they don't see quick results
- **Coordination Difficulties**: Managing multiple partners and stakeholders
- **Knowledge Loss**: Key personnel leaving and taking expertise with them

VII. CONCLUSION

IHCRF's Theory of Change represents a fundamental shift from traditional development approaches to a community-centered, systematic, and systemic problem-solving methodology. By building local capacity, fostering community ownership, and creating sustainable innovation systems, we aim to transform India's public health landscape, taking one district at a time.

Our success will be measured not just by the solutions we help create, but by the lasting capacity we build for communities and districts to continue solving their own health challenges long after external support ends. This systemic approach offers a pathway to responsive, resilient, and sustainable public health systems that serve the people they are meant to protect and support.