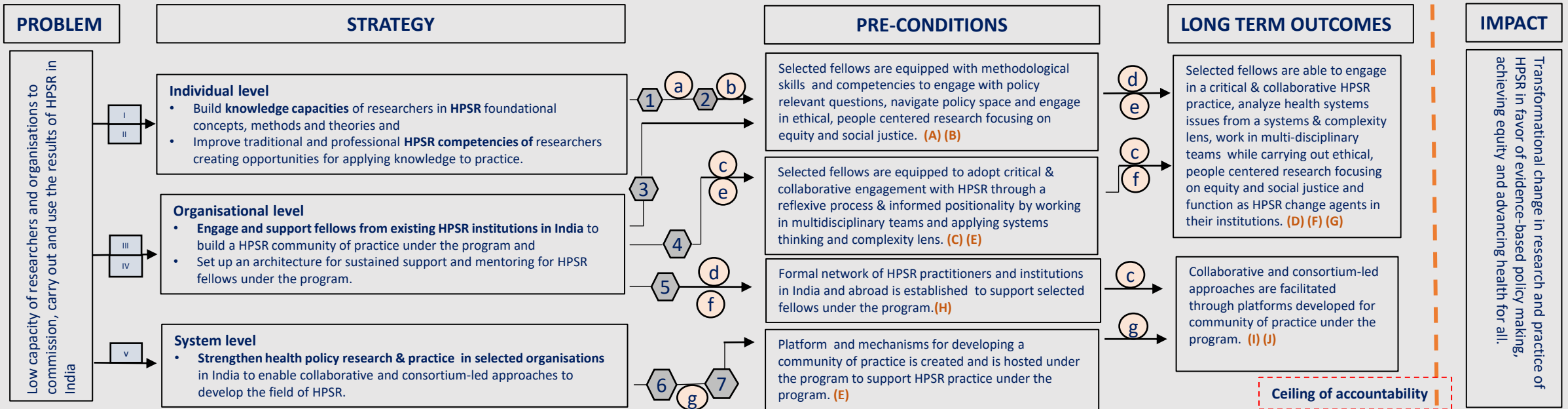


THEORY OF CHANGE (ToC) –INDIA HEALTH POLICY AND SYSTEMS RESEARCH (HPSR) FELLOWSHIP PROGRAM



RATIONALE

- Evidence on low HPSR capacities in Indian researchers as reflected in publication outcomes.
- Evidence on role of grants (for production of original research) in building individual HPSR capacity.
- Evidence on lack of organisational support for researchers as one of the main reasons for low production of HPSR work.
- Evidence on role of networking with colleagues in other organisation and national settings in building individual HPSR capacity.
- Evidence on gathering all stakeholders who hold pieces of relevant knowledge for successful policies.

ASSUMPTIONS

- Right mix of mid-career research fellows (from a diverse pool within individual and institutional tracks representing disciplinary & professional backgrounds, belonging to different sector & levels of health systems in India) is selected.
- Uninterrupted delivery of blended learning plan is maintained & seed grant is disbursed on time.
- Collaborations with selected HPSR practitioners and institutions for supporting the selected fellows are established.
- Effective grouping and professional bonding among fellows and mentors is created & maintained.
- Fellows and mentors remain motivated and are able to devote the time required by the program.
- Role and expectation from fellows, tutor, host-organisation and mentors are clearly communicated and accepted by them.
- Inherent tensions in HPSR arising from power hierarchies between different actors in the health systems are managed

INTERVENTIONS

Individual

- Long-term HPSR fellowship program is delivered to selected 20 mid-career research fellows, designed as blended program (mix of 2 months foundational program in HPSR methods & practice, 7 days face to face training workshop to develop and present research proposal & 12 months opportunity for research grant to implement the research proposal with support from mentors & peers) for building HPSR knowledge capacities & practice competencies.
- Seed grant is provided for implementing the research proposal, for applying knowledge to practice.
- Structured mentorship (having 2-3mentors per fellow) is provided throughout the research implementation phase of the program.
- Structured peer-support (inbuilt in selection process, delivery of module, learning exercises) is provided throughout the program.

Organisational

- Collaborations with selected HPSR institutions in India and abroad are developed for teaching and mentoring selected fellows.

Systems level

- Consortium of HPSR institutions is built in India and abroad for effective exchange of HPSR knowledge under the program.
- Structured mechanisms are created for convening HPSR practitioners involved in the program through online platforms and conferences to develop a community of HPSR practice.

MONITORING INDICATORS

REACTION

- 75% of the fellows score more than 75% score in five-point survey designed to measure affective reaction and utility judgement of the program.

LEARNING

- 70% of the fellows score above 60% in all assignments designed to test knowledge of HPSR concepts, methods and theories during the online phase
- 100% of the fellows prepare a good quality research proposal at the end of face to face workshop to be eligible for seed grant

BEHAVIOR

- 80% of research projects being implemented by fellows adhere to values of multidisciplinary, collaborative and people centered research focusing on equity and social justice
- 80% of the fellows start planned HPSR practices in their organisations after completion of online phase.

RESULTS

- 80% of the fellows are able to complete an original research project as per requirements of the program
- 80% of the fellows who started the planned HPSR activities in their organisation continue to do so over next 12 months

H. 80% of the selected institutions and practitioners accept the proposal to collaborate with the fellowship program.

I. 60% of the identified stakeholders become members of the platforms created for developing the community of practice for HPSR.

J. 50% of these members participate in 70% of the planned meetings and discussions over a period of 12 months