Implementation Research for Health Systems Strengthening (IR-HSS) is a platform created under National Health Mission (NHM) to provide support to States in implementation research funded under NHM.

The first step under IR-HSS was to identify researchable health system needs through state level consultations to identify emerging programme priorities for research, so that health systems research funded through the platform is targeted towards the state's needs. Six workshops on 'Priority setting for Implementation Research to strengthen Health Systems' were conducted, with active participation from 29 States and UTs.

The state representatives participated in these workshops and presented multiple challenges spanning all health systems areas.

NHSRC subsequently worked with technical experts to draft implementation research topics that were aligned with identified research priorities by the states. A few priority topics were selected to address health system challenges faced by multiple states. An NHM-IR Committee comprising of Joint Secretary (Policy), Joint Secretary (RCH), Joint Secretary (Urban Health), and chaired by the Additional Secretary and Mission Director, NHM was constituted by Ministry of Health and Family Welfare to approve the final research topics.

The first meeting of the NHM-IR committee was held on 10th March, 2021 to review the identified research topics. The list of participant is attached at Annexure-C. Based on the deliberations of the meeting, the following studies are agreed to be undertaken under the IR-HSS platform:

**Service Delivery**

1. What are the reasons for ambulatory care patients at secondary and tertiary hospitals bypassing primary health centres? Why do patients bypass government primary care facilities and seek care from private providers?
2. Does access to telemedicine reduce forgone care in communities? What are patient perspectives related to telemedicine.

**Human Resources**

3. What is the ability or quality of care among CHOs for managing common health conditions seen at primary care settings?

**Community Processes**

4. Undertake a landscape analysis of effective working models for delivering primary health care in urban areas.
Others

5. What are the barriers in consumption of IFA supplements by the target age group who have been distributed adequate doses of the IFA supplements and how best the SBCC strategies can address them? (The AS&MD suggested that topics related to barriers for immunization and IFA are already being studied by Development Partners, and if the questions on IFA have not been answered, then can be included under the IR-HSS)

6. What are the factors effecting treatment adherence for Hypertension and Diabetes in different contexts?

In addition to the above topics, remaining topics that can be considered for coming years, have also been deliberated and same are given at Annexure A. Further, Additional Questions are suggested by NHSRC and same are appended at Annexure-B.

This issues with the approval of the AS&MD (NHM).

(Rakesh Kumar Arya)
Under Secretary (NHM-I)
MoHFW

To

ED, NHSRC to communicate to all the concerned stakeholders including the participants of the meeting held on 10th March, 2021.

Copy to:-

- PPS to Secretary (HFW)
- PPS to AS&MD (NHM)
- PS to JS (Policy)
- Dr. Rajani R Ved.
Annexure A

List of priority research topics for consideration of implementation research in the coming years

Service delivery:

1. What demand and supply factors are responsible for variation in immunization coverage across districts?
2. What combination of facility, outreach and mobile health services can address the health needs of people living in difficult geographical terrain?
3. Does access to telemedicine reduce forgone care in communities?
4. Do mothers who have access to good quality perinatal care experience lower neonatal and infant mortality?

Human resources:

1. What are health worker perceptions of virtual (or distance) training programs using mHealth technologies? OR Do health workers trained through distance or virtual training programs learn more compared to those who receive in-person training?
2. What factors affect recruitment and retention of doctors/nurses to rural health posts?
3. What factors affect public sector health worker motivation for their jobs?
4. What is the ability or quality of care among CHOs for managing common health conditions seen at primary care settings?

Community Processes:

1. Undertake a comparative assessment of VHSNC and MAS functioning in selected states to understand facilitators and barriers
2. Undertake an assessment current workload of ASHA in different context of the country to understand issues related to task allocation and capacity building
3. What are the barriers to performance and functioning of VHSNC and MAS in underperforming areas?
4. How can the current workload of ASHAs be assessed in different contexts in order to explore/pilot models to improve efficiency of ASHA’s time?

Comprehensive urban primary health care

1. What urban primary health care models are appropriate for urban areas and urban slum areas?
Health Care Technology

2. Undertake an assessment of effectiveness of FDI in reducing Out of Pocket Expenditure
3. What are the factors for improving implementation of Free Diagnostics Initiative?
4. Where are gaps in fund flow and procurement of consumables emerging? OR What are the reasons for the variation across health facilities in availability of supplies of equipment, supplies, medicines?
5. What are the attitudes of patients towards telemedicine?

Governance:

1. Can appropriate task allocation improve efficiency of service delivery by decreasing duplication of work?

RCH related

1. Do mothers who have access to good quality perinatal care experience lower neonatal and infant mortality?
2. What combination of facility, outreach and mobile health services can address the health needs of people living in difficult geographical terrain?
3. What are the factors that influence variation in immunization coverage across districts-demand and supply related?
4. Why do patients bypass government primary care facilities and seek care from private providers?

Suggested new topics from RCH:

1. How to design an efficient hybrid model of capacity building of health workers for improving EIBF (Early Initiation of Breast Feeding) rates?
2. Implementation research on Maternal Death Surveillance Response (MDSR) to see the intended outcomes in low v/s high MMR states.
3. Implementation research of C-section audits in high C-section facilities to see their impact on C-section rates.

Others
1. Across income quintile assess perception of quality of care provided in public health facility.
Additional Questions proposed to be added to the list of Research Topics under the IR-HSS Platform

A. Service Delivery

1. How do confounding variables such as socioeconomic status, nutrition, birth weight, gestational age, delivery mode, plurality, sex, maternal education, maternal age, number of prior losses, prenatal care, race, parity and community development etc. influence neonatal and infant mortality?

B. Human Resources

1. What are the differences in teaching/learning outcomes by various methods of trainings for Health Care workforce such as contact learning, e-Learning etc.?

C. Community Processes

1. How do task allocation and capacity building needs of the ASHA vary in relation to current workload in different contexts of the country? What types of pilot models can potentially improve efficiency of ASHA’s time and functioning?

D. Urban Primary Health Care

1. Defining the roles and understanding the relationship between CHW and HCWs. How can we improve the interlinkages between CHWs and HCWs?

E. Healthcare Technology

1. What are the social, economic, organizational and ethical issues in implementation and use of various technologies in Healthcare at various levels-diagnostic services, treatment of NCDs, Vaccines especially adult vaccines including the vaccines for COVID-19
2. How to estimate outcomes regarding treatment/management and patient satisfaction among those the screened for NCDs

F. Governance

1. How has improved cadre management, incentives affected/ impacted the healthcare delivery indicators?

G. COVID-19

1. Understanding Community engagement for COVID-19 prevention and control. Roles undertaken by Community Based platforms in addressing the COVID 19 crisis.
2. Understanding the role of inter-sectoral convergence in COVID 19, and its Feasibility in Epidemic Preparedness and Response at community levels; and using the evidence to develop guidance for future pandemics/ outbreaks?
List of Participants of the meeting held on 10.3.2021

1. Ms Vandana Gurnani, Additional Secretary and Mission Director, NHM, MoHFW
2. Mr Vikas Sheel, Additional Secretary – Policy, NHM, MoHFW
3. Mr Vishal Chauhan, Joint Secretary – Non-Communicable Diseases
4. Dr Rajani R Ved, Former Executive Director, NHSRC
5. Dr N Yuvaraj, Director, NHM, MoHFW
6. Dr Sachin Mittal, Director – Urban Health, MoHFW
7. Mr Robert Singh, Director RCH, MoHFW
8. Dr M A Balasubramanya, Advisor CP CPHC, NHSRC
9. Dr Neha Dumka, Senior Consultant, NHSRC
10. Dr Suman Bhardwaj, Senior Consultant, NHSRC
11. Mr Rajkamal, Consultant, MoHFW